



European Monitoring Centre  
for Drugs and Drug Addiction

# **EMCDDA Corporate identity manual**

# 1

This section contains detailed information on the construction of the EMCDDA marque (symbol and logotype) in various European languages. It is specifically relevant to graphic designers and printers or anyone needing to reproduce the image.

Also explained here are rules on how and where to use the marque. Please adhere to these guidelines on colour, typography and construction to ensure full visual consistency in the EMCDDA identity.

Artwork data files are available on the accompanying flash disc.

# IDENTITY

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### EMCDDA symbol

The EMCDDA symbol has been designed to represent the agency, its work and its role within the European Union. It uses the EU blue with light grey, in conjunction with the 12 unifying stars of the EU flag.

The dark blue, on the left hand side, represents the negative aspects of drugs, while the light grey, on the right hand side, represents hopes for a brighter future. These two halves are linked by the universal symbol of unity and trust, the arch, making its own transformation from darkness to light.

The logo is a result of a partial redesign of the previous identity and largely respects the former EMCDDA symbol. The redesign provides a simplification of the symbol and gives the logo a more modern and elegant look. The more subtle colours in the symbol enable wider application of secondary colours in the overall corporate identity.





European Monitoring Centre  
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emcdda

### Basic logo variations

The EMCDDA logo is mainly used in 3 variations, that can be seen on this page:

- Symbol
- Full marque
- Multilingual logo

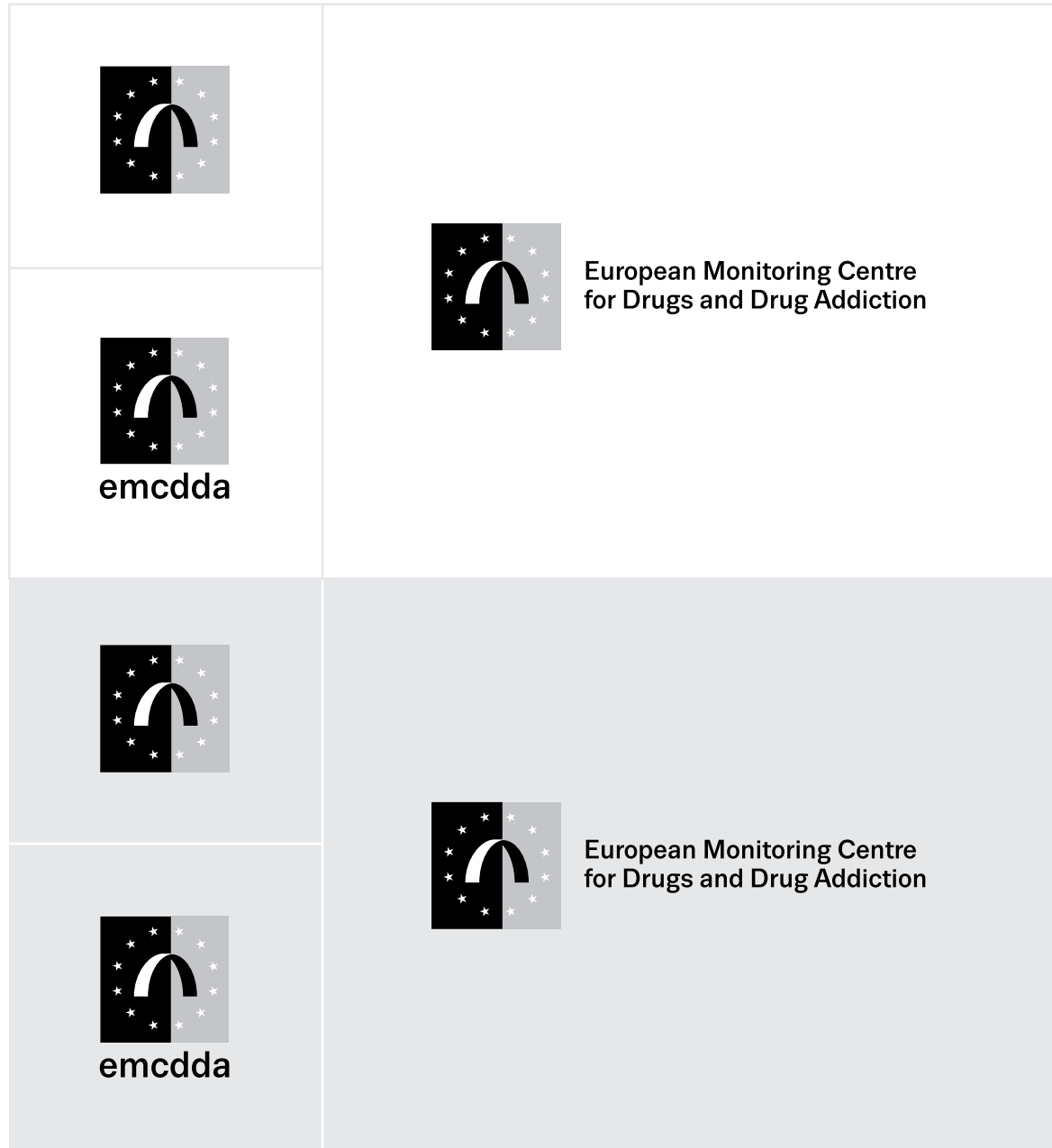
All logo versions are provided on the flash-disc which is a part of this manual.

**Although many file formats are provided, the only formats that are allowed for printing purposes are .eps or .ai**

**Symbol colour negative**

The EMCDDA logo exists in colour negative versions, that are to be used mainly on solid EU blue field. The negative versions can be used on dark uncluttered backgrounds, but only in exceptional cases. The preferred use of the logo is in its positive colour versions on white background and any other use is not acceptable, unless absolutely necessary.





**Logo grey-scale positive**

The EMCDDA logo exists in grey-scale positive versions for placement on white background and on light grey background of up to 14% black (equivalent to EMCDDA Background grey 2).



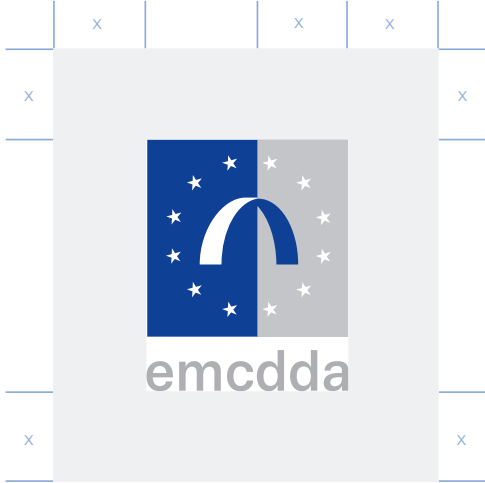
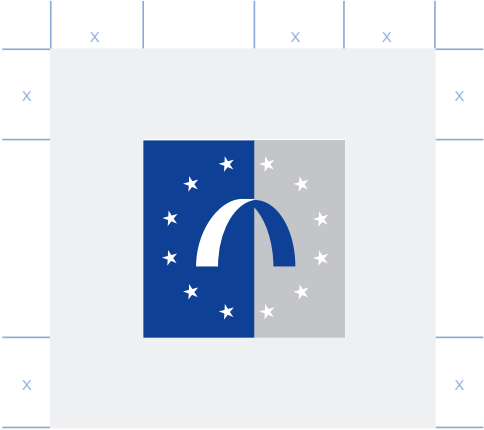
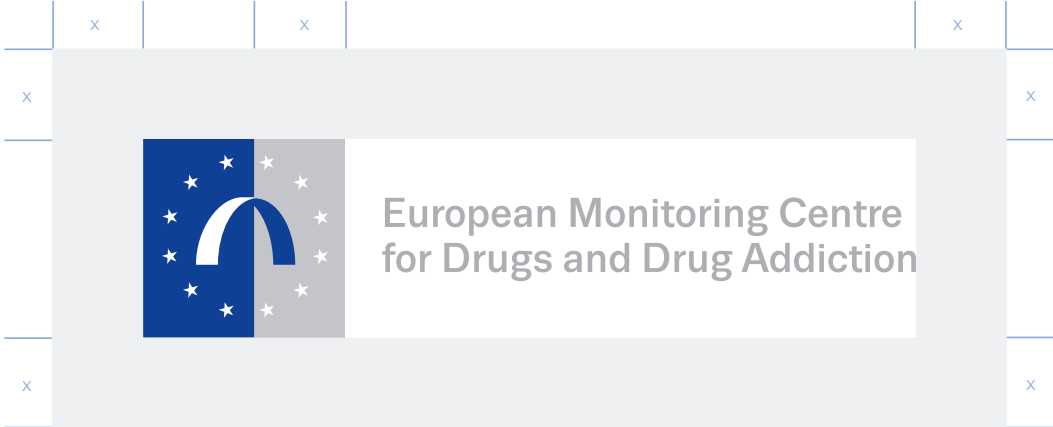
**Logo black&white negative**

The EMCDDA logo exists in black&white negative versions, that are to be used mainly on black background. The black&white negative logo with white text is for use on backgrounds of 50-100% black.

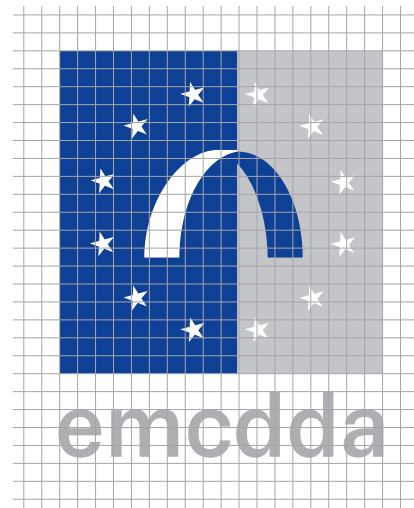
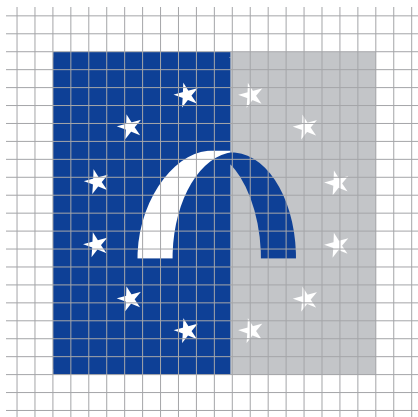


**Logo black&white positive**

The EMCDDA logo exists in black&white positive versions, that are to be used mainly on grey background. The black&white positive logo with black text is for use on backgrounds of 15–49% black.



Diagrams on this page specify safety zones around the EMCDDA logos. These zones specify the closest distance from any other graphic element, typography, photo or edge. Please ensure the logo is placed in a way to maintain an airy manner of the overall composition of all layouts.



The EMCDDA logo is constructed in a specific way which is not to be altered. Please refer to the artwork provided on the accompanying flash disc.

## 1.09 IDENTITY | Logo size variations

The EMCDDA logo can be used in various sizes. The most typical size used for the A4 format in publications is 21 mm. As this is not exclusive, please use original data to every material provided and consult the appropriate section of this manual.

Minimum size for the full marque and international marque is 10 mm. Minimum size for the symbol is 6,5 mm.

**21 mm** | Standard size Publications



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for Drugs and Drug Addiction

**19 mm** | Standard size Stationery



European Monitoring Centre  
for Drugs and Drug Addiction

**10 mm** | Minimum size Full marque



European Monitoring Centre  
for Drugs and Drug Addiction

**6,5 mm** | Minimum size Symbol



**SK** | Slovakia



Európske monitorovacie centrum  
pre drogy a drogovú závislosť

**MT** | Malta



Ċentru Ewropew ta' Monitoraġġ dwar  
id-Drogi u d-Dipendenza fuq id-Drogi

**LT** | Lithuania



Europos narkotikų ir narkomanijos  
stebėsenos centras

**LV** | Latvia



Eiropas Narkotiku un narkomānijas  
uzraudzības centrs

**IT** | Italy



Osservatorio europeo delle  
droghe e delle tossicodipendenze

**HR** | Croatia



Europski centar za praćenje  
droga i ovisnosti o drogama

**HU** | Hungary



Kábítószer és Kábítószer-függőség  
Európai Megfigyelőközpontja

**BG** | Bulgaria



Европейски център за мониторинг  
на наркотиците и наркоманиите

The EMCDDA marke exists in 25 language mutations, comprising all the official EU languages and including Russian and Turkish.

## 1.10 IDENTITY | Multilingual marque

**DA** | Denmark



Det Europæiske Overvågningscenter  
for Narkotika og Narkotikamisbrug

**PT** | Portugal



Observatório Europeu da  
Droga e da Toxicodependência

**SV** | Sweden



Europeiska centrumet för kontroll  
av narkotika och narkotikamisbruk

**PL** | Poland



Europejskie Centrum Monitorowania  
Narkotyków i Narkomanii

**SL** | Slovenia



Evropski center za spremljanje  
drog in zasvojenosti z drogami

**NO** | Norway



Europeisk overvåkingscenter for  
narkotika og narkotikamisbruk

**CZ** | Czech R.



Evropské monitorovací centrum  
pro drogy a drogovou závislost

**NL** | Holland



Europees Waarnemingscentrum  
voor drugs en drugsverslaving

Please use only the appropriate data  
provided on the accompanying flash discs  
and do not create own versions.

FR | France



Observatoire européen des  
drogues et des toxicomanies

EL | Greece



Ευρωπαϊκό Κέντρο Παρακολούθησης  
Ναρκοτικών και Τοξικομανίας

FI | Finland



Euroopan huumausaineiden ja  
niiden väärinkäytön seurantakeskus

DE | Germany



Europäische Beobachtungsstelle  
für Drogen und Drogensucht

ET | Estonia



Euroopa Narkootikumide ja  
Narkomaania Seirekeskus

ES | Spain



Observatorio Europeo de las  
Drogas y las Toxicomanías

TR | Turkey



Avrupa Uyuşturucu ve Uyuşturucu  
Bağımlılığı İzleme Merkezi

RO | Romania



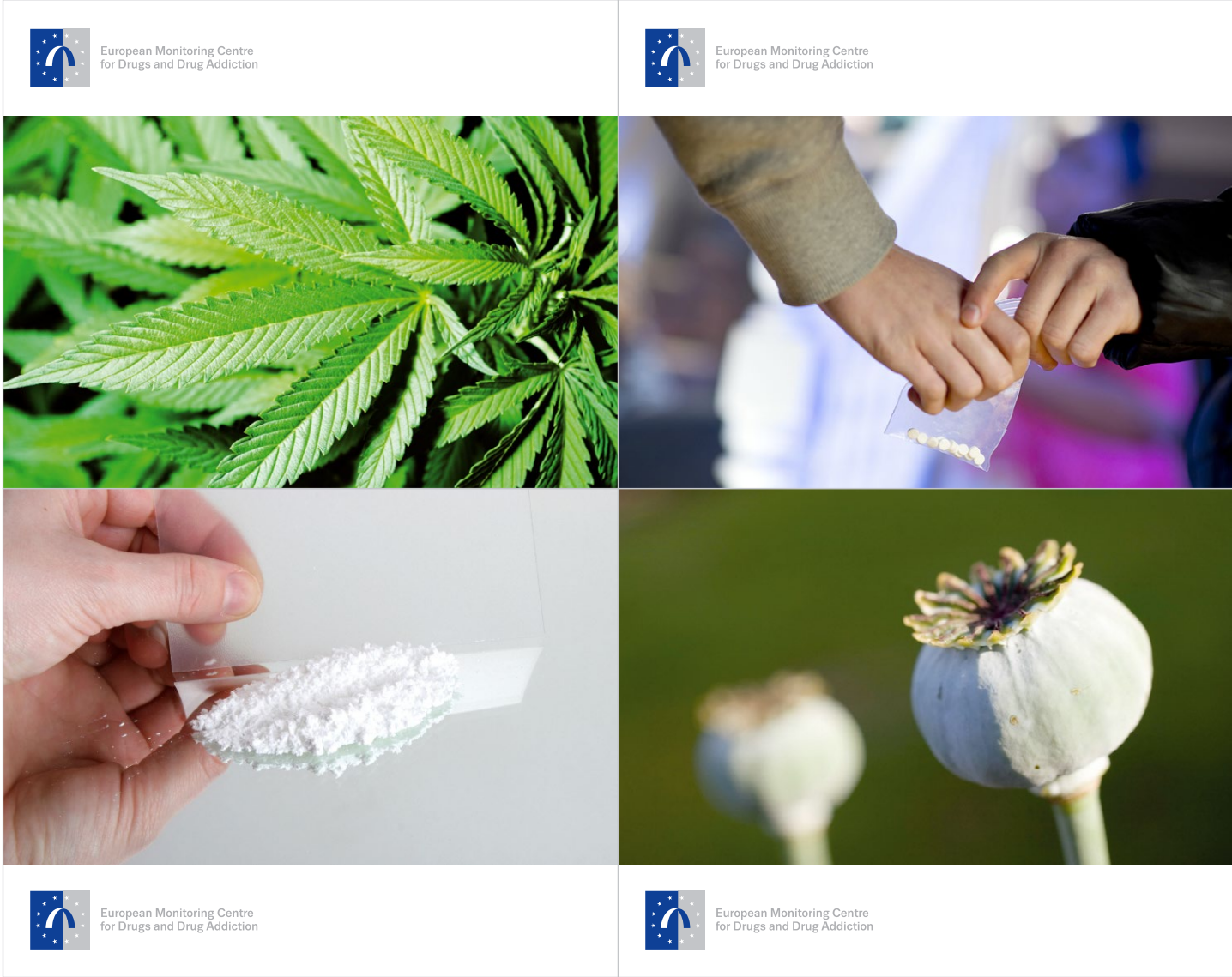
Observatorul European pentru  
Droguri și Toxicomanie

RU | Russia



Европейский центр мониторинга  
наркотиков и наркозависимости

1.11 IDENTITY | Logo usage on photographs



**Primary placement**

The EMCDDA logo in all of its versions (symbol, full marque and international marque) is always placed in a white space above or below the photograph with respect of the safety zone.



DO ✓



**Secondary placement**

The logo in all its versions (symbol, full marque and international marque) can be placed into a photograph on rare occasions if necessary. In that case only the black&white versions can be used and the logo must be placed into a calm and uncluttered space of the image, respecting the safety zone of the logo against imagery content.

**DON'T** ❌



The logo in all its versions (symbol, full marque and international marque) cannot be placed into a photograph or graphic background in any other way than it is prescribed by this manual. This page shows examples of WRONG logo placement.



**DO** ✓



**DON'T** ✗

The EMCDDA logos in their positive versions are placed primarily on white background. In certain cases, the Background Grey colour can be used also. The negative colour versions of the logo is placed on the EU Blue background

Placement of the logo in either positive or negative version on any other colour background than perscribed is forbidden.

## 1.13 IDENTITY | Forbidden treatment of logo

**DON'T** ❌



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European Monitoring Centre  
for Drugs and Drug Addiction



European Monitoring Centre  
for Drugs and Drug Addiction



European Monitoring Centre  
for Drugs and Drug Addiction



*European Monitoring Centre  
for Drugs and Drug Addiction*







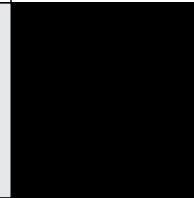


emcdda





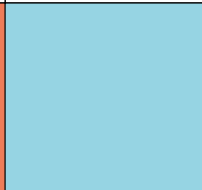
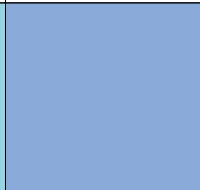

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Changing, deforming colouring or tweaking the logo in any way is strictly forbidden. Please respect the guide lines when working with the logos, do not create your own versions and always use official data provided by the EMCDDA.

EU Blue	Light Cool Grey	Cool Grey	Typography Grey	Background Grey	Background Grey 2	Black
PANTONE Ref. Blue C RGB 0/51/153 C/M/Y/K 80/100/0/0 WEB 003399	PANTONE Cool Grey 4C RGB 204/204/204 C/M/Y/K 0/0/0/30 WEB cccccc	PANTONE Cool Grey 5C RGB 180/180/180 C/M/Y/K 0/0/0/40 WEB b4b4b4	PANTONE Cool Grey 11C RGB 90/90/90 C/M/Y/K 0/0/0/80 WEB 5a5a5a	PANTONE Cool Grey 1C RGB 240/240/240 C/M/Y/K 0/0/0/8 WEB f0f0f0	PANTONE Cool Grey 3C RGB 220/220/220 C/M/Y/K 0/0/0/14 WEB dcdcdc	PANTONE Black 6C RGB 0/0/0 C/M/Y/K 0/0/0/100 WEB 000000
						

### Primary colours

The main colours used throughout the corporate identity are EU blue, Black and several shades of Grey.

EMCDDA Yellow	EMCDDA Red	EMCDDA Turquoise	EMCDDA Blue	EMCDDA Green
PANTONE 135 C RGB 255/204/102 C/M/Y/K 0/25/76/0 WEB ffcc66	PANTONE 7416 C RGB 220/132/100 C/M/Y/K 0/60/60/0 WEB dc8464	PANTONE 305 C RGB 170/210/220 C/M/Y/K 44/0/11/0 WEB aad2dc	PANTONE 7451 C RGB 145/170/210 C/M/Y/K 50/25/0/0 WEB 91aad2	PANTONE 382 C RGB 195/210/80 C/M/Y/K 34/0/85/0 WEB c39250
				

### Secondary colours

A palette of 5 secondary colours are complimentary to the primary colours and are used for differentiation between separate product lines or chapters in certain publications. The complimentary colours were chosen on basis of primary colour scale: red, yellow and blue. In addition we selected green and turquoise to complete the palette. Throughout the corporate identity, these colours will be used mainly as accents with domination of white and grey.



**Correct choice of images**

The EMCDDA uses very little photography and imagery in its publications. This is because much of the imagery relating to drugs and drug addiction is generally perceived as negative. Instead, usage of EMCDDA graphic elements is preferred.

When images are to be used, choose images that are clean and not cluttered, simple, with the illustrated content in focus. Images should be of documentary character, natural colours and without imbedded message or obvious emotional commentary.

Full colour and black&white images are allowed.

When images of people are required, choose photographs that are natural in appearance, documentary in character and unpretentious.





**DON'T** X



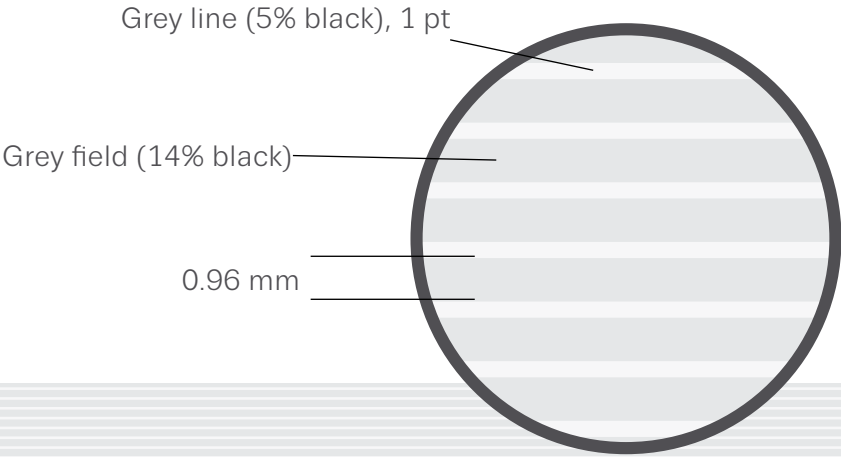
**Incorrect choice of images**

Do not use images that illustrate concepts of any kind, especially of drug use. Do not use illustrative and obviously arranged images. Do not use 3D or drawn illustrations of any kind.

Do not use colored images. Only natural full colour and black&white images are allowed.

When portraits of people are required, do not use obvious and arranged images illustrating concepts or aftermath of drug use or related issues.





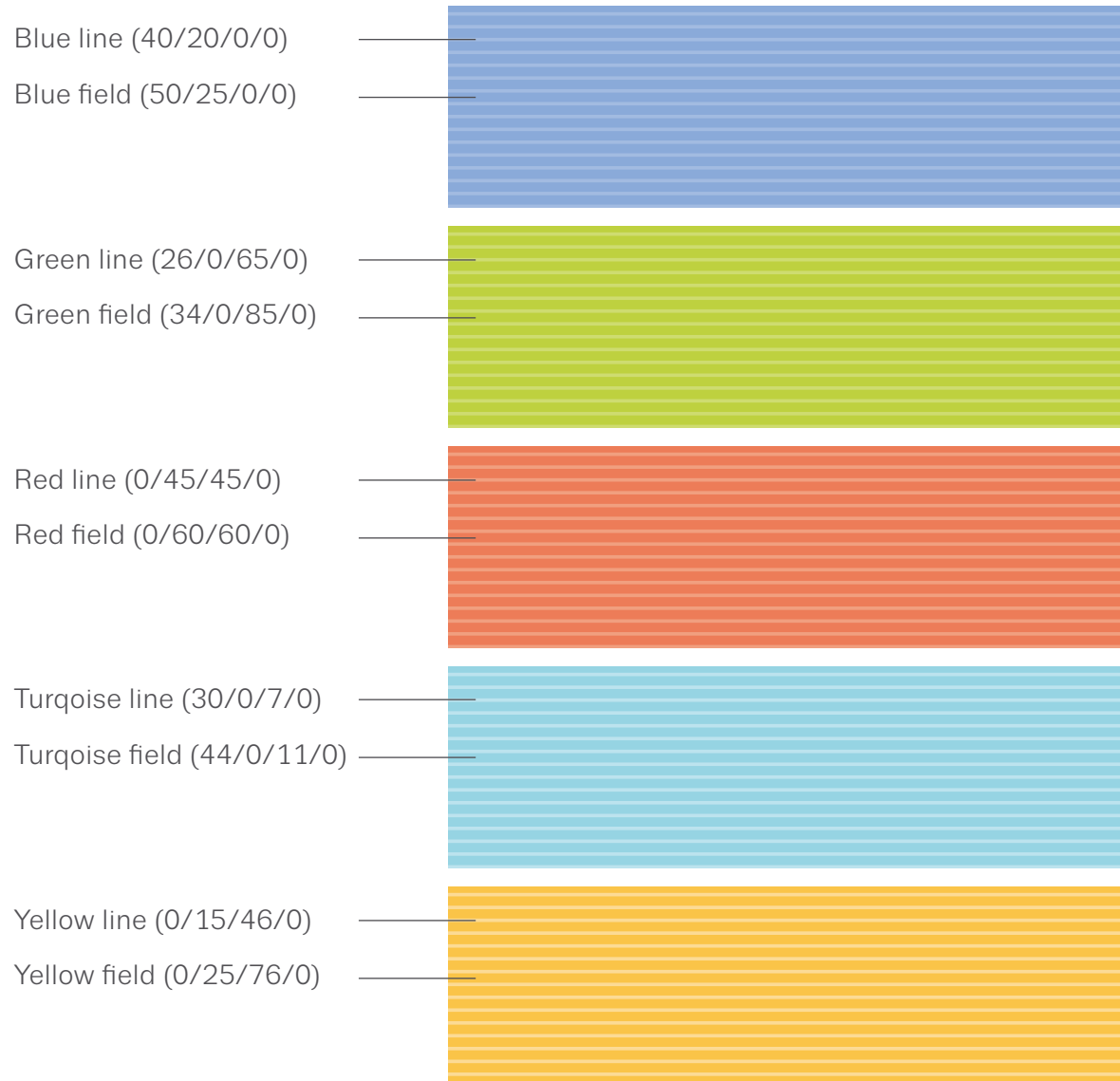
**Grey-lined Background**

The Grey-lined Background is an integral part of the EMCDDA corporate identity and is used where perscribed. Please use the illistrator data file provided in 100% for any formats up to A3.

It is not recommended to construct the Grey-lined Background anew, but if it is necessary, please use the precise measurements provided on this page.

For more information about the Grey-lined Background use, please see page [XXX](#), Technical Annex of this manual.





### Colour-lined Backgrounds

The Lined Background exists in variations of all the EMCDDA secondary colours, referred to as Colour-lined Backgrounds. Please use the Illustrator data file provided in 100% for any formats up to A3.

It is not recommended to construct the Colour-lined Backgrounds anew, but if it is necessary, please use the precise measurements provided on this page.

For more information about the Colour-lined Backgrounds' use, please see page [XXX](#), Technical Annex of this manual.

**EMCDDA,**  
**your reference point**  
**on drugs in Europe**

emcdda.europa.eu

#### Official EMCDDA claim

The official claim can be used freely in text, according to the Agency's directives. For special purposes (e.g. presentation materials) the claim exists in the form of a graphic motif that is an integral part of the EMCDDA corporate identity.

The Claim Graphic Motif can be used relatively freely in respect to the overall visual identity system and good design standards. Always leave generous white space around and respect legibility in smaller sizes. Do not use any other colours than shown by this page and use only data provided along with this manual.

For examples of use, please see Chapter 7, Promotional Items.

**EMCDDA,**  
**your reference point**  
**on drugs in Europe**

emcdda.europa.eu

**EMCDDA,**  
**your reference point**  
**on drugs in Europe**

emcdda.europa.eu

**EMCDDA,**  
**your reference point**  
**on drugs in Europe**

emcdda.europa.eu

**EMCDDA,**  
**your reference point**  
**on drugs in Europe**

emcdda.europa.eu

**EMCDDA,**  
**your reference point**  
**on drugs in Europe**

emcdda.europa.eu



#### Horizontal Bar Graphic motif

The Horizontal Bar Graphic motif can be used relatively freely in respect to the overall visual identity system and good design standards. The motif can be a Claim carrier and combines Light Cool Grey with the Secondary Colours, with the grey dominating over the colours by at least 60% field area. As all graphic motifs that are an integral part of the EMCDDA corporate identity system, the Horizontal Bar Graphic motif is a symbol of visualisation of information, numbers and scientific data.

Please use only data provided along with this manual.

For examples of use, please see Chapter 7, Promotional Items.

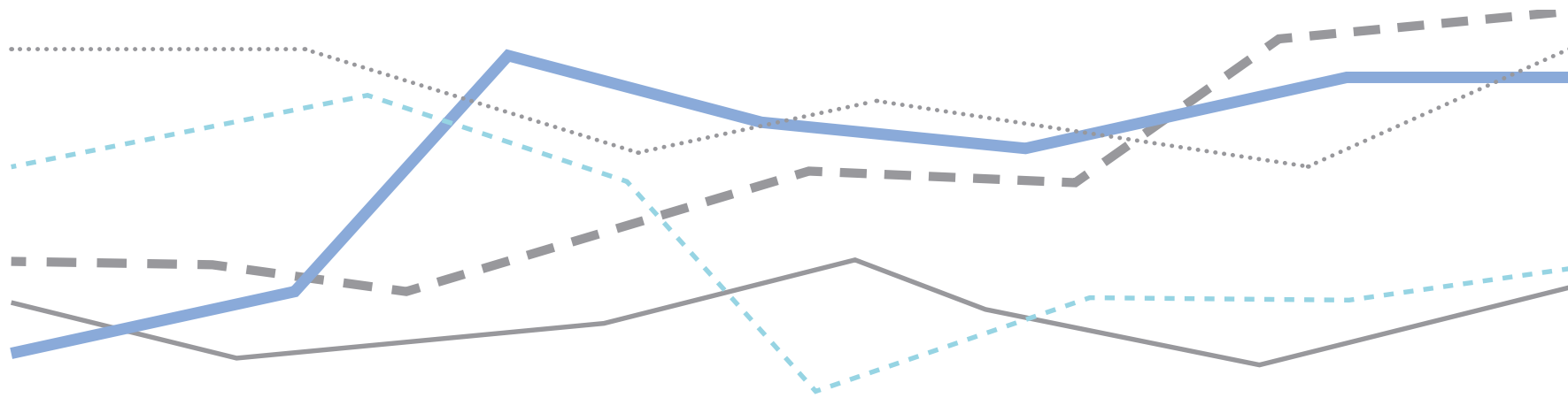
**Vertical Bar Graphic motif**

The Vertical Bar Graphic motif is always used bleeding off the bottom of the page (only exception is use for promotional items). The motif uses all colours from the Secondary Colour Palette or combines Background Grey 2 with the Secondary Colours, in ratio of about 50-50%. As all graphic motifs that are an integral part of the EMCDDA corporate identity system, the Horizontal Bar Graphic motif is a symbol of visualisation of information, numbers and scientific data.

Please use only data provided along with this manual.

For examples of use, please see Chapter 3, Publications or Chapter 7, Promotional Items.



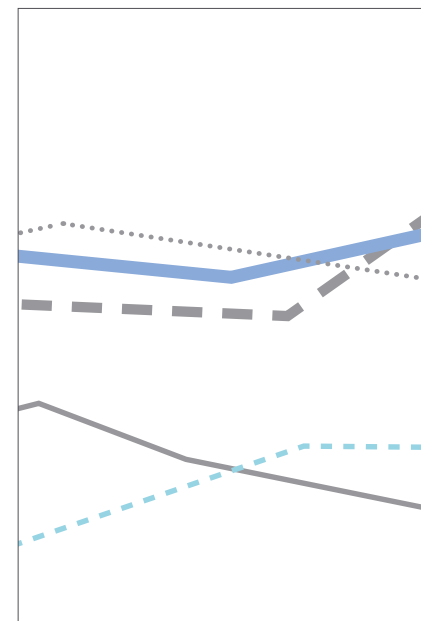
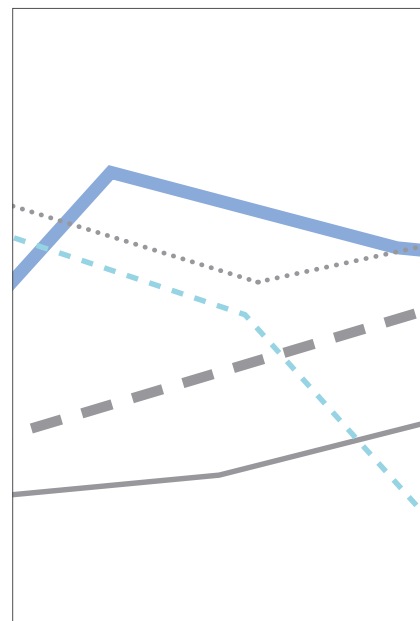
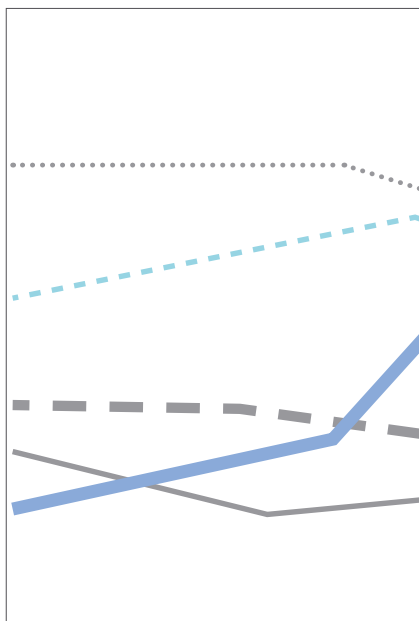


**Line Graphic motif**

The Line Graphic motif can be used relatively freely in respect to the overall visual identity system and good design standards. The motif should have a generous white space around it and combines Light Cool Grey with the Secondary Colours, with the grey dominating over the colours by at least 60% field area. As all graphic motifs that are an integral part of the EMCDDA corporate identity system, the Horizontal Bar Graphic motif is a symbol of visualisation of information, numbers and scientific data.

Please use only data provided along with this manual.

For examples of use, please see Chapter 3, Publications or Chapter 7, Promotional Items.



## 1.17 IDENTITY | Graphic motifs and use



### Molecule motif

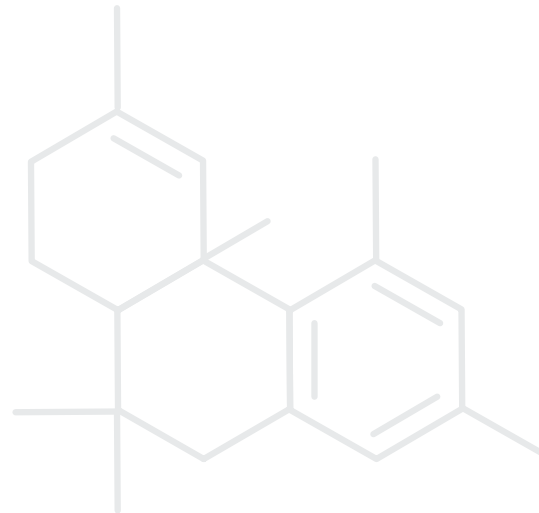
The Molecule Graphic motif is always used bleeding off the page (as shown above). The motif is used only in EMCDDA Background Grey 2 (14% black). As all graphic motifs that are an integral part of the EMCDDA corporate identity system, the Molecule motif is a symbol of visualisation of information, in this case of molecular structures of specific drugs. Additional drug molecule structures may be created in-line with the existing design style.

Please use only data provided along with this manual.

For examples of use, please see Chapter 3, Publications, European Drug Report.



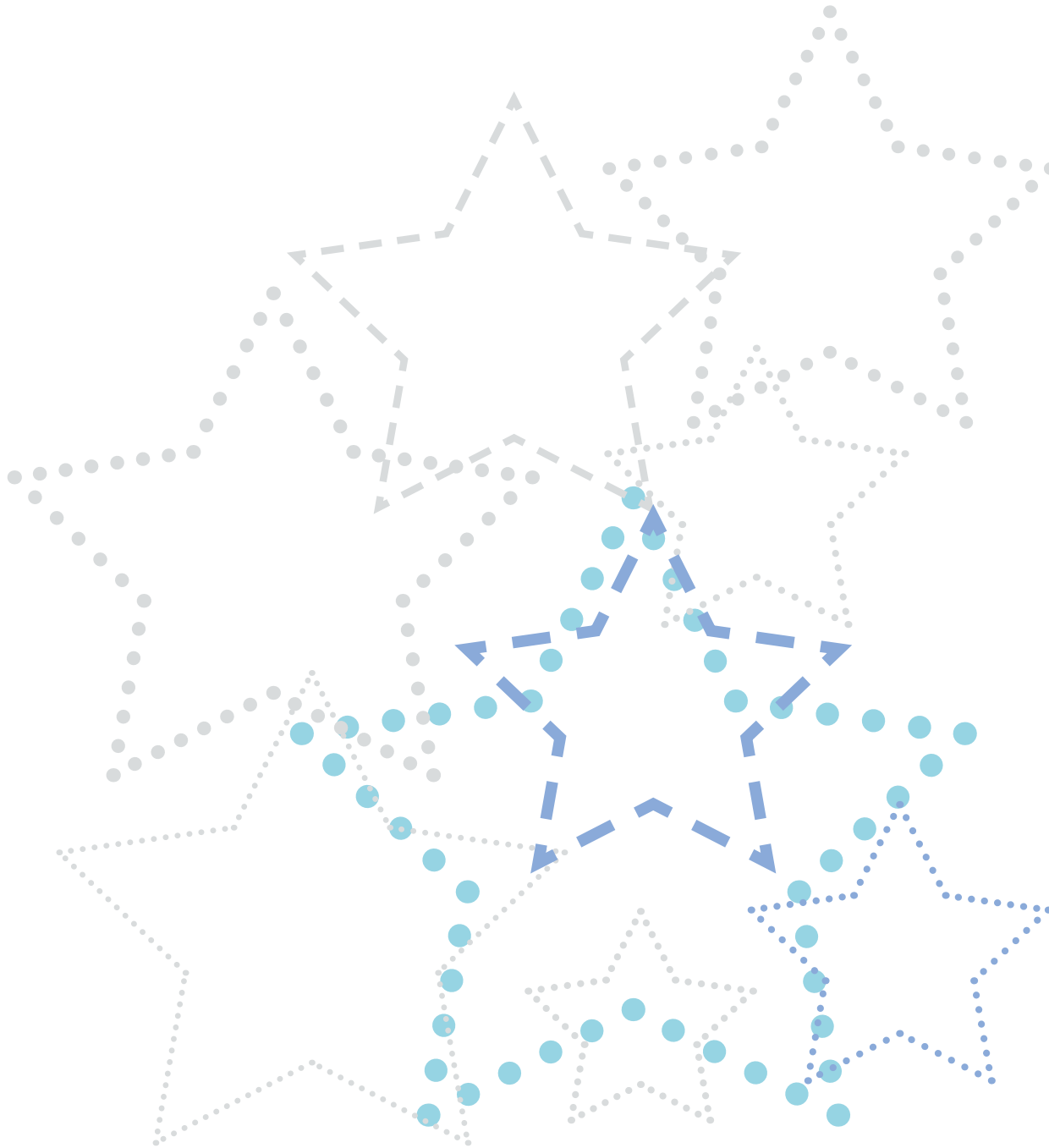
HEROIN MOLECULE STRUCTURE MOTIF



THC MOLECULE STRUCTURE MOTIF



MDMA MOLECULE STRUCTURE MOTIF



### Development of new graphic motifs

New graphic motifs may be created to enhance the EMCDDA visual identity system. These motifs must adhere to the developed system and aesthetics of the existing graphic symbols that are shown in this chapter. This page shows an example of a graphic motif developed especially for the Season's greeting cards.

Please refer to this manual when developing new graphic motifs and use only the colours allowed for the EMCDDA corporate identity.

### Corporate fonts – Trivia

The Trivia family is the corporate typeface to be used for all external communication materials that are printed, including presentation and display materials. It should also be used for internal correspondence materials such as letters and memos if possible.

To maintain the quality and integrity of Trivia, never alter the shape, proportion or space relationships of any of the characters or distort the font in any way.

### About Trivia

The Trivia type face family was voted among the 10 best fonts of 2012 by the respected magazine Typefacts. It was designed by the well known type face designer Frantisek Storm of the Storm Type Foundry as a super-family containing the three basic Latin type categories: serif, sans-serif, slab serif, and a four-width grotesk. This extensive open-type family encompasses all of the Latin alphabets with the addition of Cyrillic and Greek and makes use of all open-type features. In case additional non-Latin alphabets or characters will be needed in the future, the Storm Type Foundry can be contacted for expanding the EMCDDA Trivia font family. More info on [www.stormtype.com](http://www.stormtype.com).

Trivia Light.

*Trivia Light Italic.*

Trivia Book.

*Trivia Italic.*

**Trivia Medium.**

***Trivia Medium Italic.***

**Trivia Bold.**

***Trivia Bold Italic.***

**Trivia Black.**

Trivia Slab Book.

*Trivia Slab Italic.*

**Trivia Slab Bold.**

***Trivia Slab Bold Italic.***

Trivia Grotesk N1.

*Trivia Grotesk N1 Italic.*

**Trivia Grotesk N2 bold.**

***Trivia Grotesk N2 bold Italic.***

Arial Regular.

*Arial Regular Italic.*

**Arial Bold.**

**Arial Bold Italic.**

**Arial Black.**

#### Corporate fonts – Trivia

The Trivia family is extensive. EMCDDA corporate identity makes use of primarily Trivia Sans Serif. Trivia Slab Serif in Book and Bold are used in addition for specific graphic elements in the EMCDDA layouts (e.g. quotations). The Trivia Grotesk N1 and N2 can be used in materials where space conservation is necessary as it is a narrow version of Trivia.

#### Corporate fonts – Arial

Trivia is the standard typeface for all print applications. For all digital applications, PowerPoint and certain word templates, Arial is the standard typeface used in place of Trivia.

# 2

Items of stationery are the most frequently used medium of communication and are an important part of the EMCDDA identity. This section presents design and layout elements for all EMCDDA stationery.

The following chapter shows the design elements incorporated for each stationery item. Please refer to the accompanying flash disc and use the appropriate artwork files for producing pre-printed stationery of this kind.

Usage pages illustrate the layout elements for stationery and explain how to use templates, where applicable. These are available to EMCDDA staff as Microsoft Word® templates but are also presented for reference in pdf format on the accompanying flash discs.

Stationery items may be used for everyday internal and external communication.

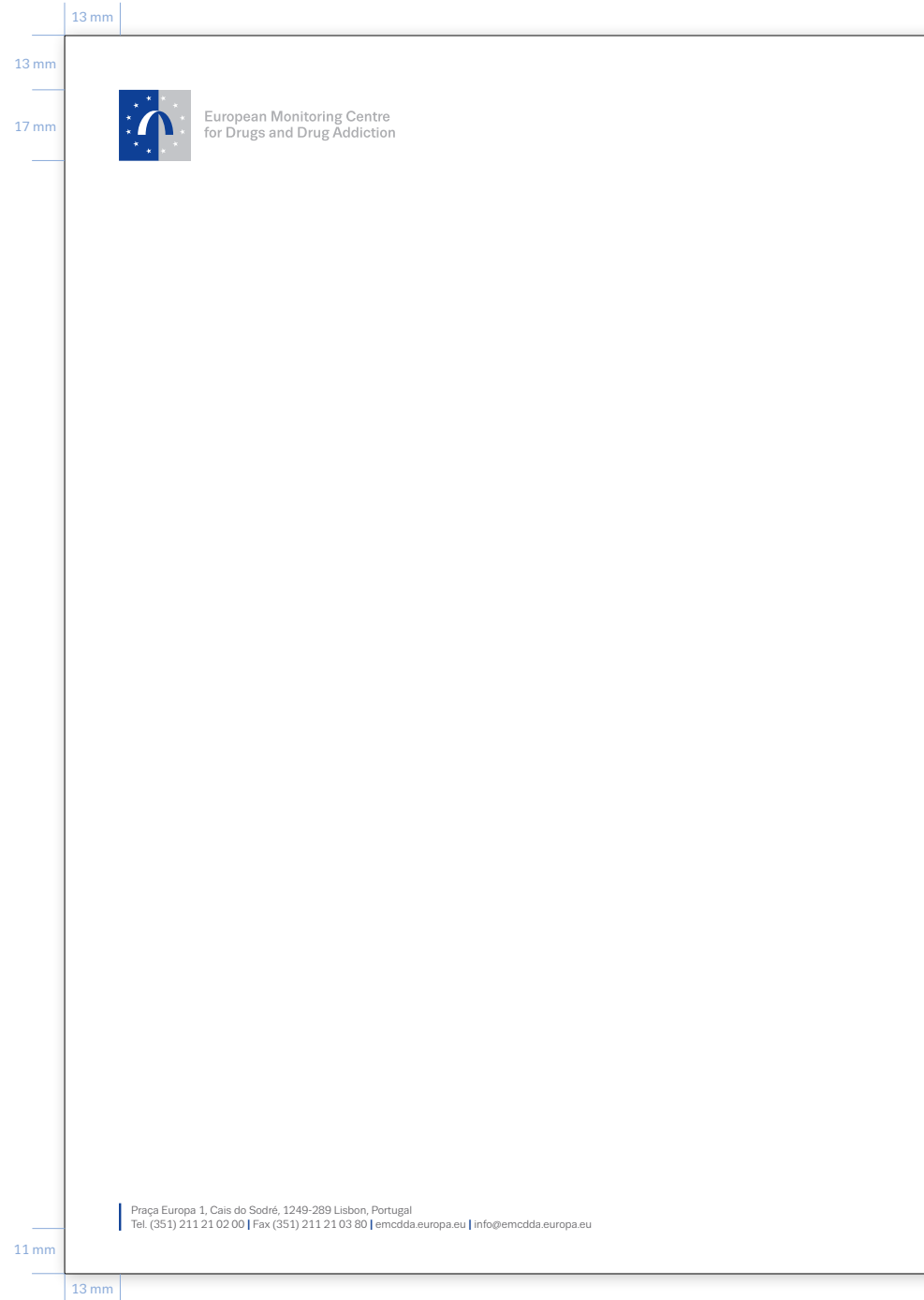
# STATIONERY

## CONTENTS

2.01 **Letterhead**  
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**Letterhead sheet 2 (continuation page)**  
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**Mailing sticker**  
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**Electronic signature**  
**Nameplate**  
**Visitor and Participant card/badge**  
**Compliments card**  
**Ring binders**

2.02 **Postcard**  
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**Message pad**  
**Minutes**  
**Missions**  
**Speech**  
**Short report**  
**Long report**  
**Memo**  
**Fax**  
**Transmission sheet**  
**Agenda**

## 2.01 STATIONERY | Letterhead



**A4** | 210 mm x 297 mm

The letterhead is preprinted and available also on the accompanying flash disc. Only one version exists for all levels of communication.

### TYPOGRAPHY

#### **Address:**

Trivia Sans Book 7.5 pt., leading 10 pt.  
Colour: EMCDDA Typography Grey

Regular letterhead size A4 (shown here at 58% of actual size)

A4 | 210 mm x 297 mm

13 mm	17 mm	50 mm	20 mm
13 mm	 <p>European Monitoring Centre for Drugs and Drug Addiction</p>		74 mm
17 mm	<p>Mr. A B Sample 01 Sample Street Sampletown Sample 12345 ABCD</p>		
17 mm	<p>Ref: 123/456 Date: 22 November 2013</p>		
52 mm	<p>Dear colleagues,</p> <p>te nos earchic imintur sunt alis corrum ant, cor sit experae magnimus, acea sunt et verorat iistian daerspe nes molut labor asin nonsequi doluptint velluptae explaceperum id que moluptat pos de pelecab orrovid elenda int lamus.</p> <p>Dicto et dolum ant fuga. Ut eossum sectur remporr orestibusa cus, eturibus experia velent, non num repenam nestio magnatem reium que landa as eat vit, aliti utas am, que quia vollupt ationse quoditatem es et, si re esenis venim noste odi od que conserestio vololibusda cor ad utaquo totatem latiis molorio et quia que exerepudios rectium nem at.</p> <p>Omnist, ornime nos et facea volorereste cuptata tendant ditiism, vel exemam inulliquatur milibus apicitionsed quaeprae hentis doloriam aut invellendias con con corescienet peribearum sam quis eatibus dolore nosandae. Mo quis eat adignimo berum aut maiorrum que nonestrum volorruptiet untion con con commimus, id et a cus voluptiores quisqui occulluptus is esciissi tectibea venis dolorpo rerferum que aut optatiis ne nest abo. Lecusandenis denihicius dolo exceseque quas que molorum facesti busamusa non cupidier eperrov iderchiliti ilita int fugit, tet, sitemposti ut verae persperum quidera doluptatquo con etust faceaque dolupta pero omnis molore voluptas con estrum ente nonse vidio. Ut optatur rem cusa niet etur? On nis debis eic tecus de pliquodi odiciaero doluptatinis sit plauda quaeputa disin rerrovita aut labo. Itatium ipsam et quae sunt que comnihit, cores aut volupta turita porro quis id ut que magnihicime eventiusam estia volent.</p>		
15 mm	<p>Best regards Jonathan Smith</p>		
11 mm	<p><small>Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal Tel. (351) 211 21 02 00   Fax (351) 211 21 03 80   emcdda.europa.eu   info@emcdda.europa.eu</small></p>		
13 mm			

Microsoft Word templates are available to EMCDDA staff for use with the A4 letterhead.

#### TYPOGRAPHY

##### All text fields:

Arial Regular 10 pt., leading 15 pt.

Colour: Black

Regular letterhead size A4 (shown here at 58% of actual size)

## 2.01 STATIONERY | Letterhead sheet 2\* (continuation page)

The letterhead continuation page is preprinted and available also on the accompanying flash disc. Only one version exists for all levels of communication.

Microsoft Word templates are available to EMCDDA staff for use with the A4 letterhead.

### TYPOGRAPHY

#### Address:

Trivia Sans Book 7.5 pt., leading 10 pt.

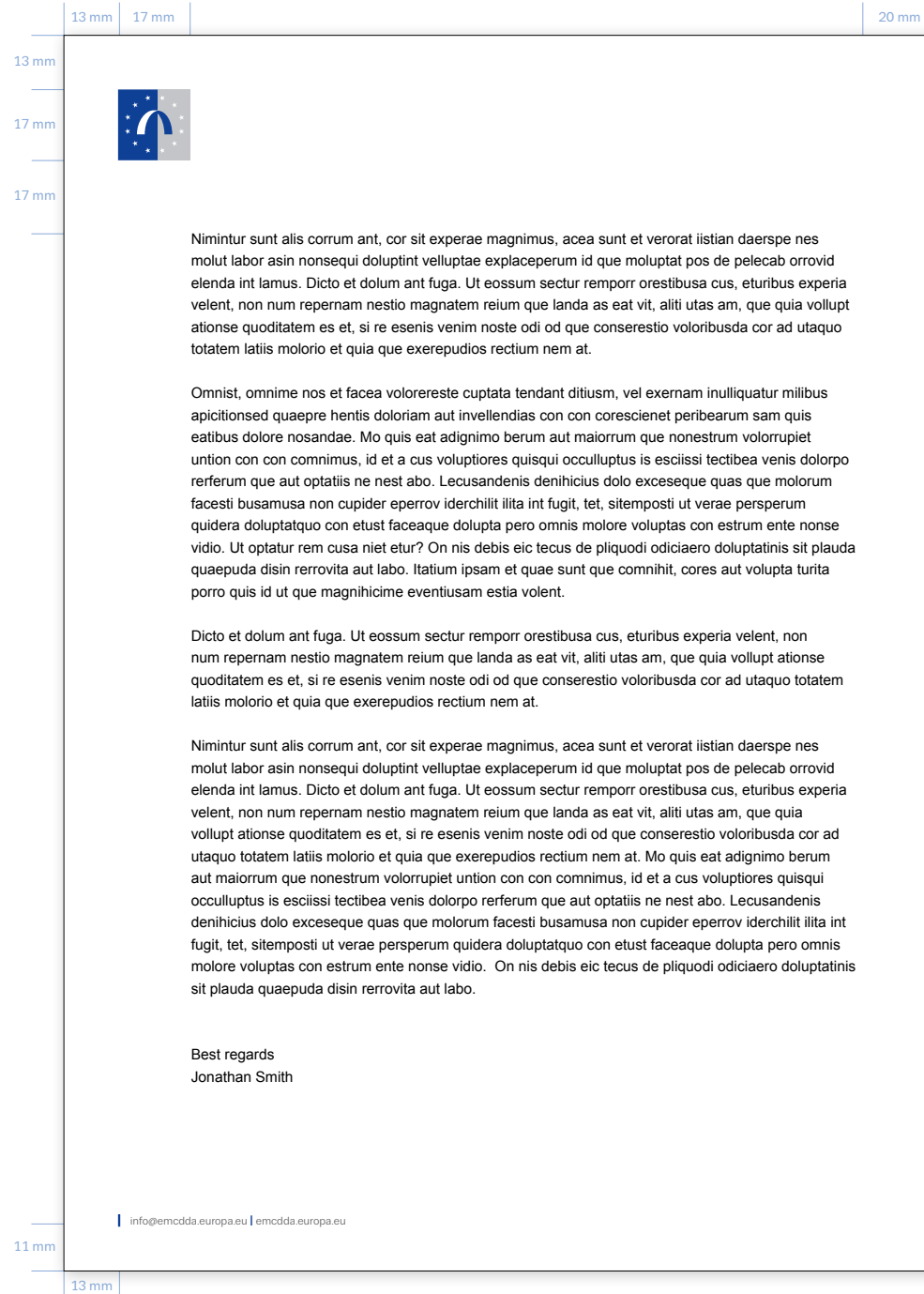
Colour: EMCDDA Typography Grey

#### Text field:

Arial Regular 10 pt., leading 15 pt.

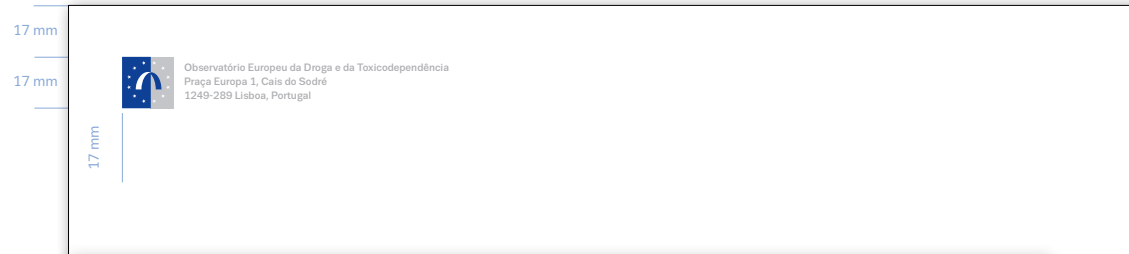
Colour: Black

Regular letterhead size A4 (shown here at 58% of actual size)

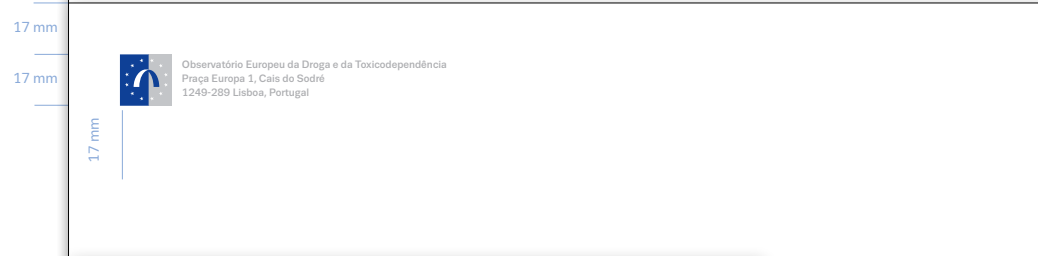


A4 | 210 mm x 297 mm

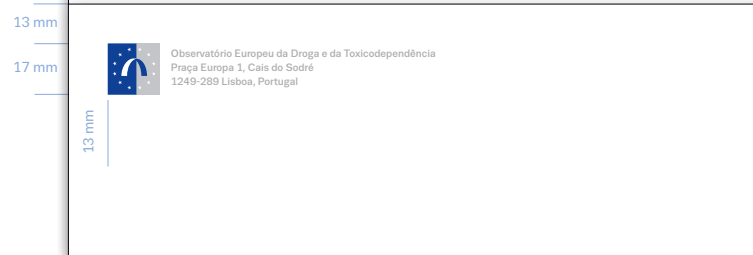
**B4** | 353 mm x 250 mm



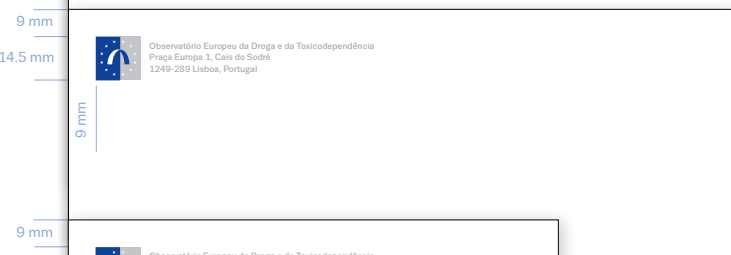
**C4** | 324 mm x 229 mm



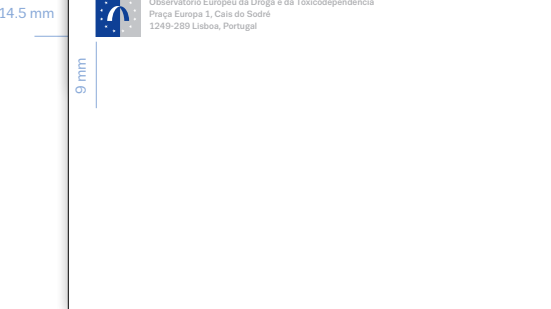
**C5** | 229 mm x 162 mm



**DL** | 220 mm x 110 mm



**C6** | 162 mm x 114 mm



Envelopes are produced in five standard formats and should be used with coordinating stationary. They are available in Portuguese only, according to postal requirements. Data files are available on the accompanying flash disc.

All envelopes are shown here at 40% of actual size.

## 2.01 STATIONERY | Mailing sticker

A self-adhesive mailing sticker has been developed in one standard format to be used on large dispatches from the EMCDDA, such as mailing boxes. This pre-printed sticker is available in Portuguese according to the postal requirements. Data file is available on the accompanying flash disc.

### TYPOGRAPHY

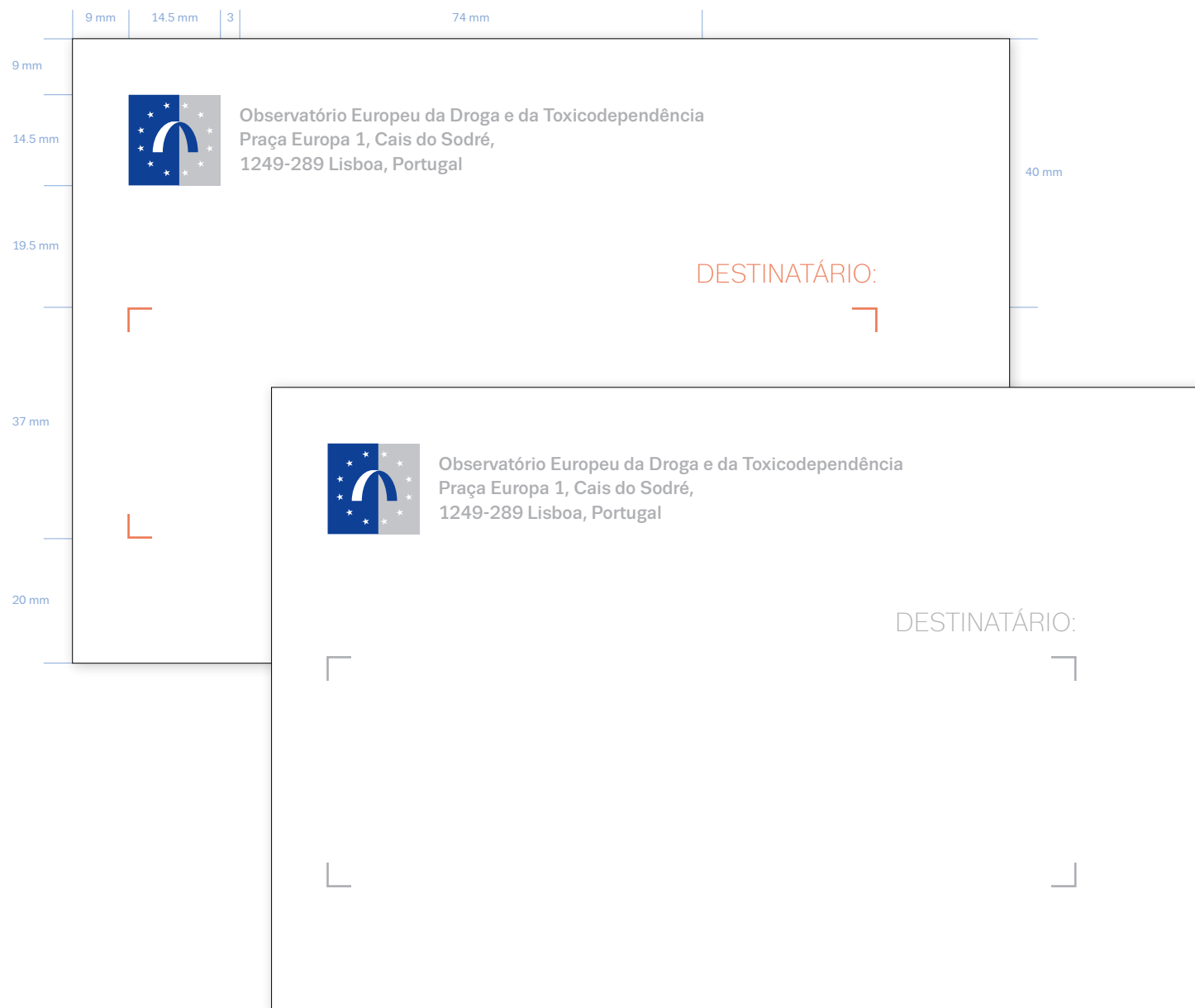
#### **Address:**

Trivia Sans Medium 8.5 pt., leading 11 pt.  
Colour: EMCDDA Cool Grey

#### **Destinatário:**

Trivia Sans Light 12 pt.  
Colour: EMCDDA Cool Grey or EMCDDA secondary colour

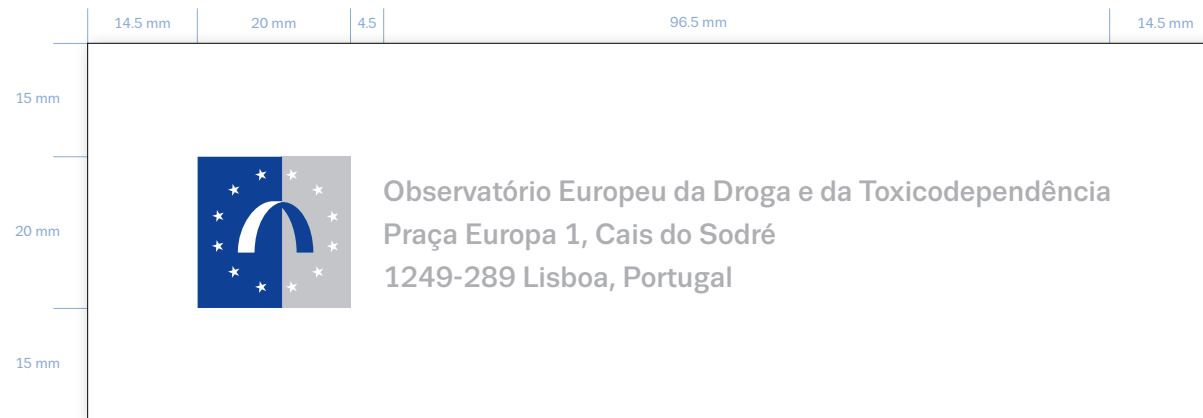
Mailing sticker is shown here actual size.



**Format |** 150 mm x 100 mm



**Format** | 120 mm x 30 mm



**Format** | 150 mm x 50 mm

### Large and Small Address sticker

Self-adhesive address stickers have been developed in two formats to be used on miscellaneous dispatches from the EMCDDA. This pre-printed stickers are available in Portuguese according to the postal requirements. Data files are available on the accompanying flash disc.

#### TYPOGRAPHY

##### **Small sticker:**

Trivia Sans Medium 9 pt., leading 12.5 pt.

Colour: EMCDDA Cool Grey

##### **Large sticker:**

Trivia Sans Medium 11 pt., leading 16 pt.

Colour: EMCDDA Cool Grey

Address stickers are shown here actual size.

## 2.01 STATIONERY | Business cards

Business cards are printed double sided with back side used for accenting web address and social media. Data file is available on the accompanying flash disc.

### TYPOGRAPHY

#### **Name Surname:**

Trivia Sans Bold 9.5 pt., leading 11 pt.  
Colour: EMCDDA Typography Grey

#### **Title:**

Trivia Sans Book 8.8 pt., leading 11 pt.  
Colour: EMCDDA Typography Grey

#### **Unit:**

Trivia Sans Bold 9.5 pt., leading 11 pt.  
Colour: EMCDDA 40% Black  
or secondary colour

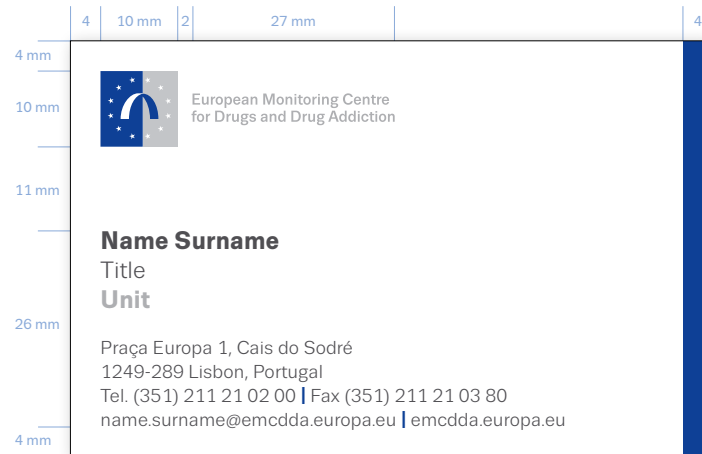
#### **Address:**

Trivia Sans Book 9.5 pt., leading 11 pt.  
Colour: EMCDDA Cool Grey or selected  
EMCDDA secondary colour

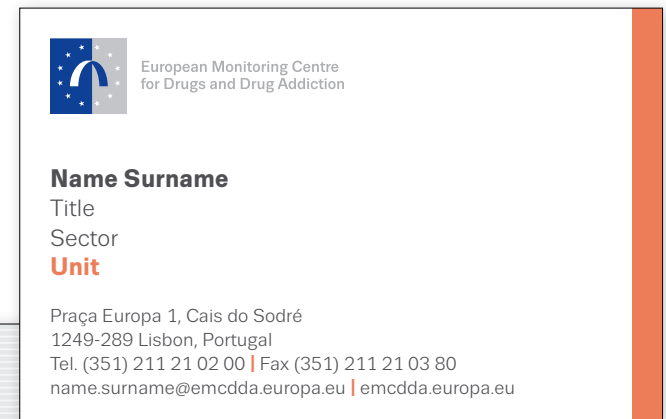
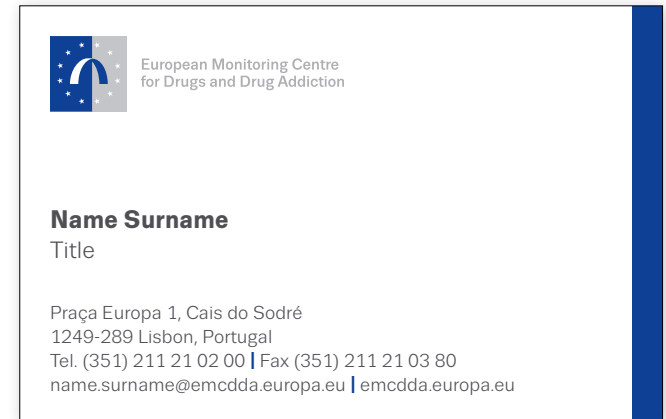
#### **Backside:**

Trivia Sans Medium 9 pt., leading 12 pt.  
Colour: EMCDDA Typography Grey

Business cards are shown here actual size.



**Format** | 85 mm x 55 mm



[emcdda.europa.eu](http://emcdda.europa.eu)  
[twitter.com/emcdda](https://twitter.com/emcdda)  
[facebook.com/emcdda](https://facebook.com/emcdda)

**Name Surname**

Title

Tel. (351) 211 21 02 00 | Fax (351) 211 21 03 80  
name.surname@emcdda.europa.eu



**European Monitoring Centre for Drugs and Drug Addiction**

Praça Europa 1, Cais do Sodré, 1149-289 Lisbon, Portugal  
emcdda.europa.eu | facebook.com/emcdda | twitter.com/emcdda

**Name Surname**

Title

Tel. (351) 211 21 02 00 | Fax (351) 211 21 03 80  
name.surname@emcdda.europa.eu



**European Monitoring Centre for Drugs and Drug Addiction**

**Your reference point on drugs in Europe**

Praça Europa 1, Cais do Sodré, 1149-289 Lisbon, Portugal  
emcdda.europa.eu | facebook.com/emcdda | twitter.com/emcdda

The electronic signature data file is available on the accompanying flash disc.

TYPOGRAPHY

**Name Surname:**

Trivia Sans Bold 11.5 pt., leading 12 pt.

Colour: EMCDDA Typography Grey

**Title:**

Trivia Sans Book 10 pt., leading 12 pt.

Colour: EMCDDA Typography Grey

**Tel., mail:**

Trivia Sans Book 8.5 pt., leading 10.5 pt.

Colour: EMCDDA Typography Grey

**Agency title:**

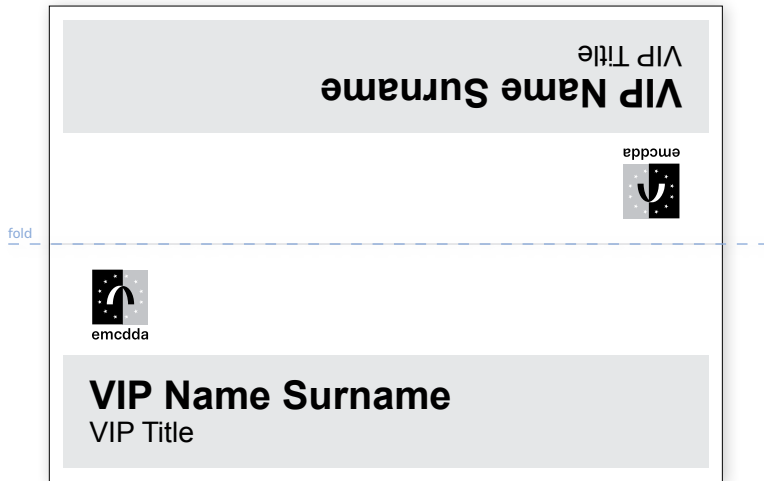
Trivia Sans Bold 8.8 pt., leading 11 pt.

Colour: EMCDDA Typography Grey

**Agency title:**

Trivia Sans Book 8.5 pt., leading 11 pt.

Colour: EMCDDA Typography Grey



A3 | 420 mm x 297 mm

Microsoft Word templates are available to EMCDDA staff for creating and printing the Nameplates. Data file is available on the accompanying flash disc.

TYPOGRAPHY

**Name:**

Arial Bold 70 pt

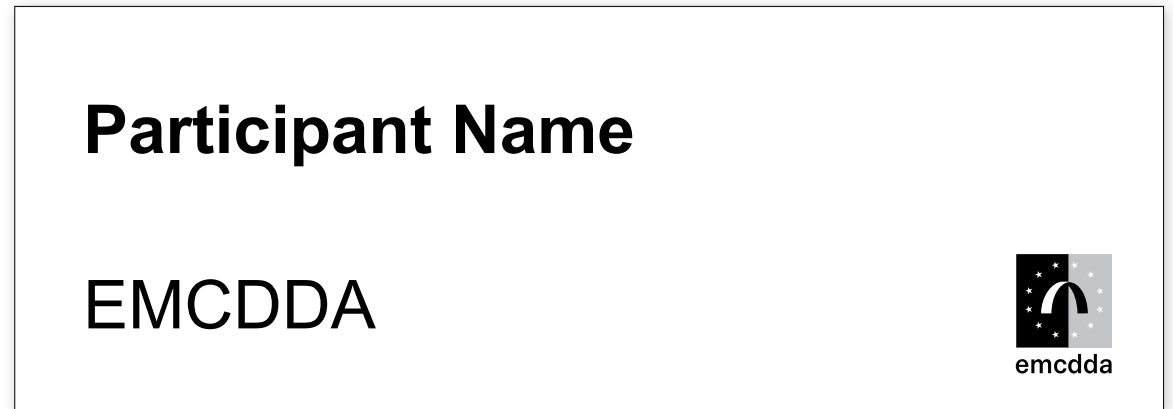
Colour: Black

**Agency name / title:**

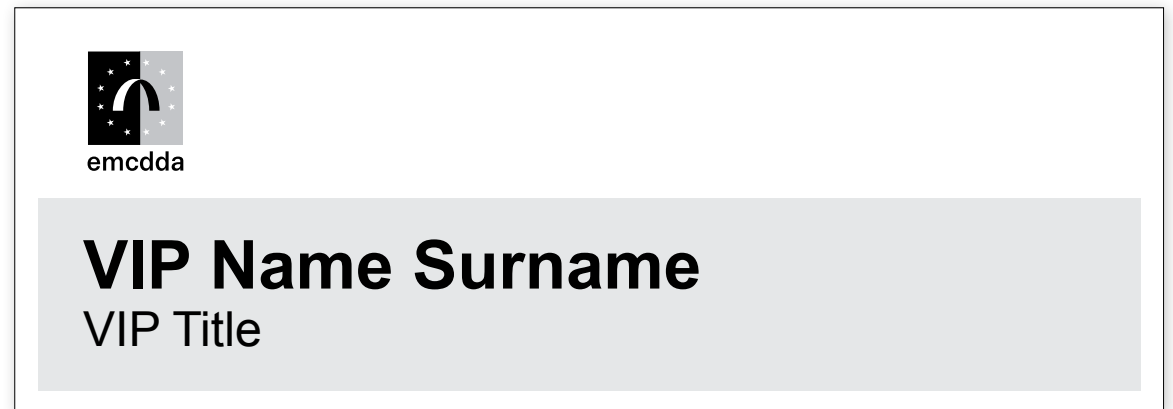
Arial Regular 70 pt

Colour: Black

Nameplates are folded A3 (shown here at 35% of actual size)

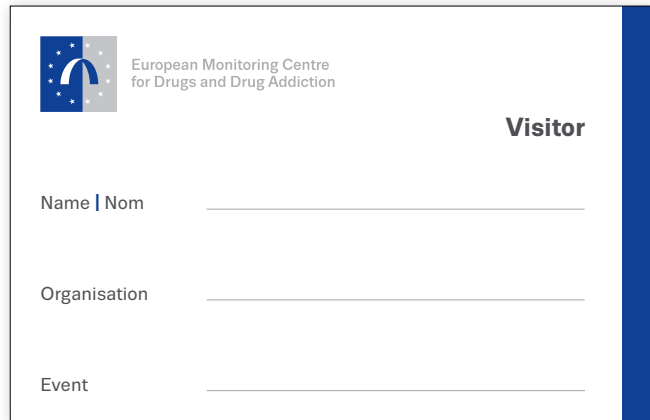


REGULAR NAMEPLATE (SHOWN AFTER FOLDING)



VIP NAMEPLATE (SHOWN AFTER FOLDING)

A3 folded | 420 mm x 148.5 mm



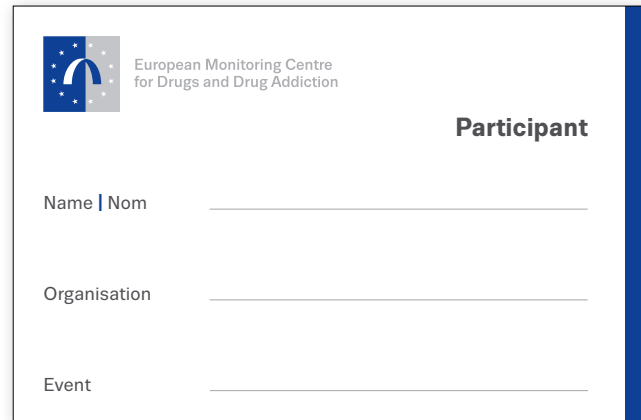
European Monitoring Centre  
for Drugs and Drug Addiction

**Visitor**

Name | Nom \_\_\_\_\_

Organisation \_\_\_\_\_

Event \_\_\_\_\_



European Monitoring Centre  
for Drugs and Drug Addiction

**Participant**

Name | Nom \_\_\_\_\_

Organisation \_\_\_\_\_

Event \_\_\_\_\_



European Monitoring Centre  
for Drugs and Drug Addiction

**V**

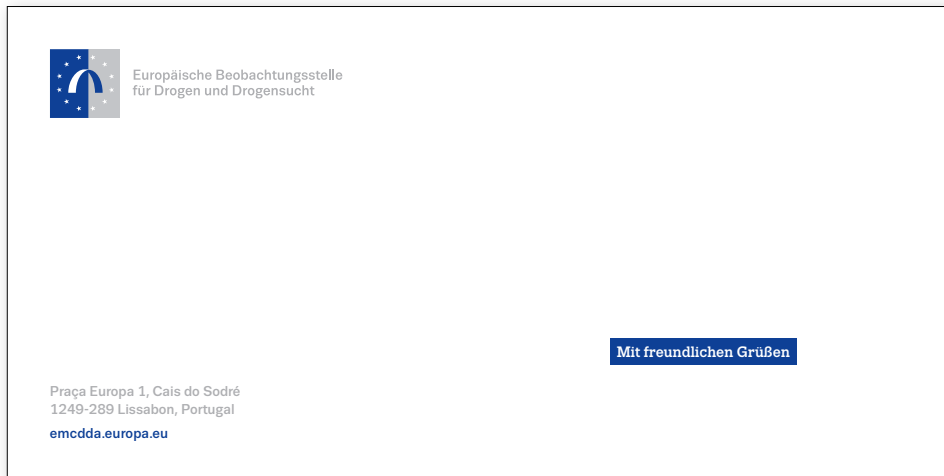
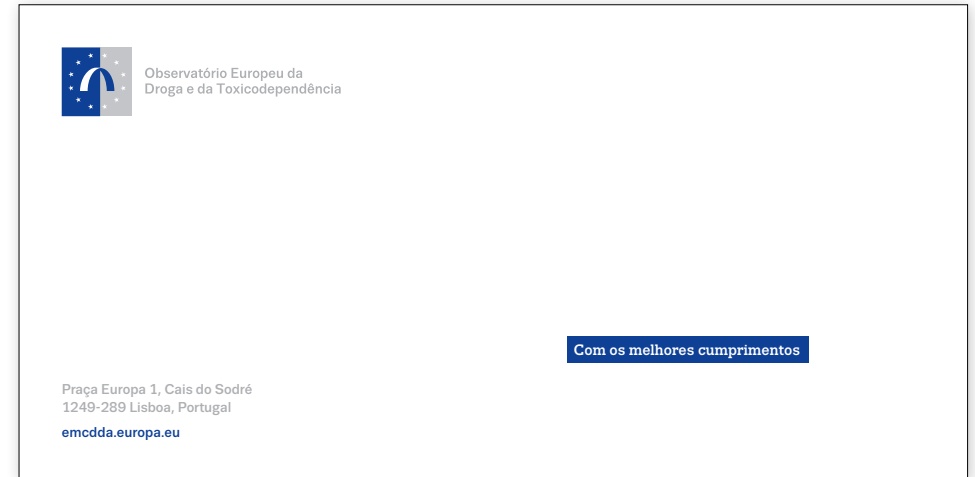
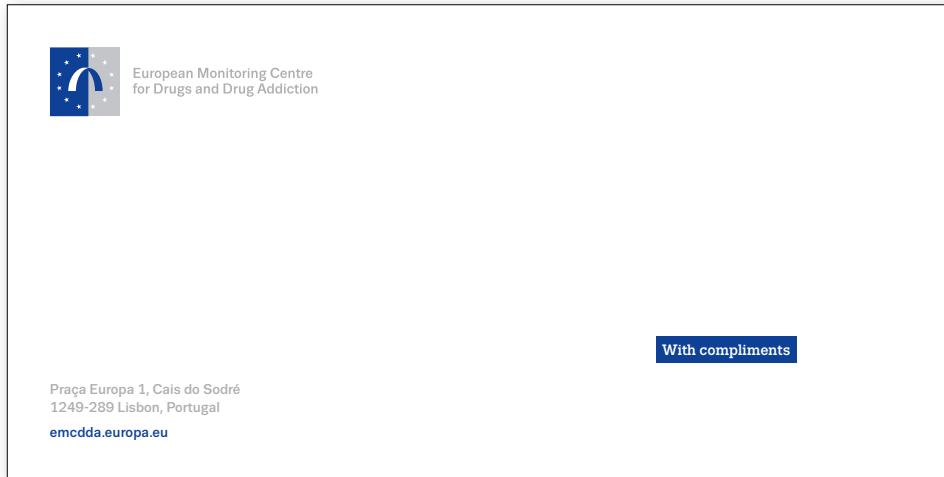
**Visitor | Visiteur | Visitante**

**Format** | 85 mm x 55 mm

Visitor and Participant cards and badges can be printed as premanufactured plastic or paper cards or they can be produced on a laser printer in-house. Microsoft Word templates are available to EMCDDA staff for creating and printing the cards/badges. Data file is available on the accompanying flash disc.

Cards / badges are shown here actual sizes

## 2.01 STATIONERY | Compliments card



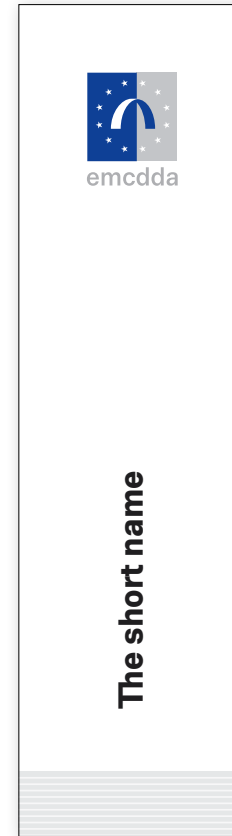
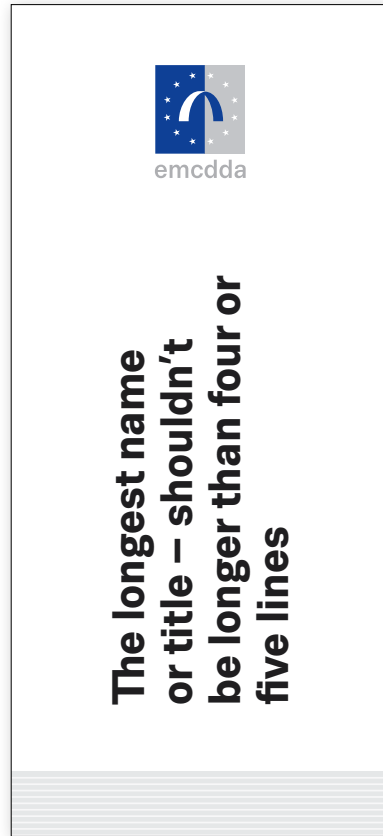
DL | 220 mm x 110 mm

Compliment cards are pre-printed in various language mutations. Data files are available on the accompanying flash disc.

(Shown here at 55% of actual size.)



Format | 50 mm x 110 mm



Format | 30 mm x 110 mm



Ring binder labels are available as Microsoft Word templates to EMCDDA staff and on the accompanying flash disc.

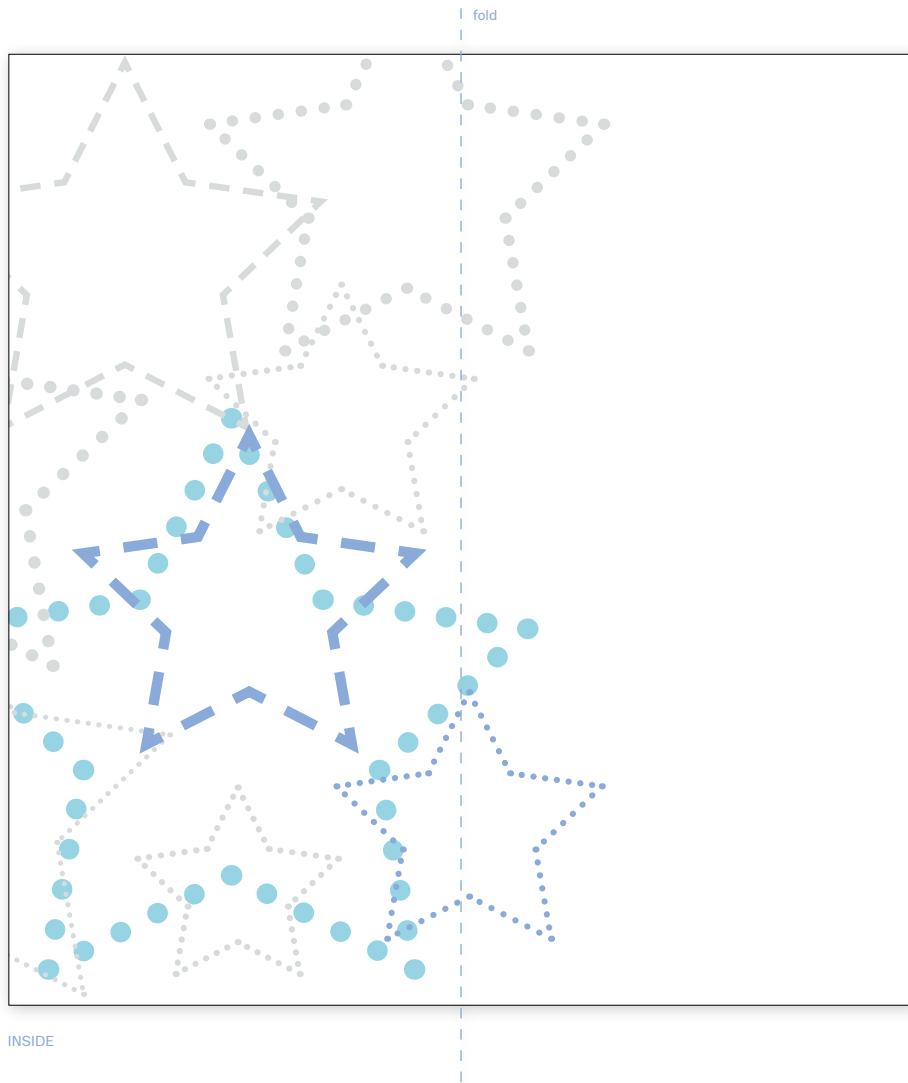
(Shown here in actual size.)



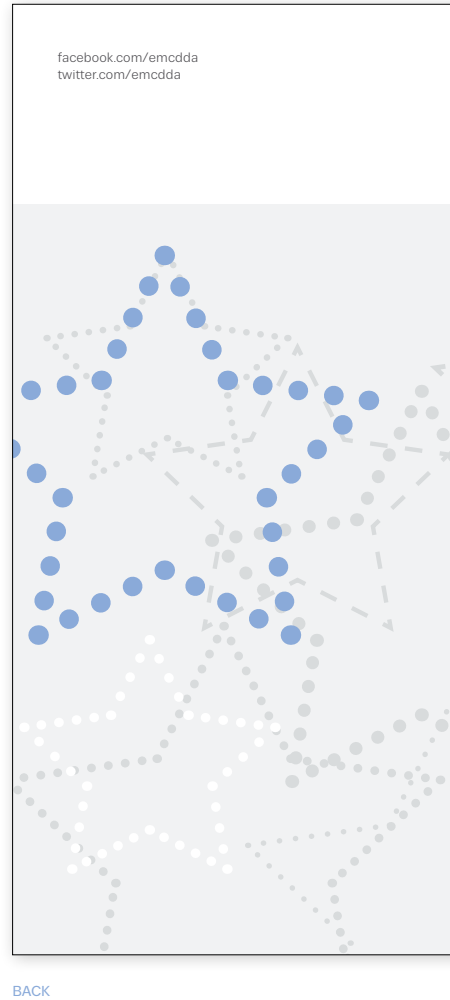
Postcards can be produced using images, text, and/or the existing EMCDDA graphic motifs. Data files are available on the accompanying flash disc.

(Shown here at 65% of actual size.)

A6 | 148 mm x 105 mm




**Format** | 200 mm x 210 (DL when folded)



Season's greetings cards can be produced using images, text, and/or the existing EMCDDA season's greetings graphic motifs (shown here). Data files are available on the accompanying flash disc.

(Shown here at 65% of actual size.)



**Message**

Date \_\_\_\_\_ Time | Heure \_\_\_\_\_

For | Pour \_\_\_\_\_ Taken by | Enregistré par \_\_\_\_\_

Name | Nom \_\_\_\_\_

Tel. | Tél. \_\_\_\_\_

Message \_\_\_\_\_

The message pad is available for general everyday use. Data files are available on the accompanying flash disc.

(Shown here at actual size.)

**Format |** 100 mmm x 144 mmm



emcdda

# Minutes

Meeting	Lorem Ipsum
Date	XX.XX.2015
Venue	Lorem Ipsum
Present	Names

## Et dolorion consere paritatiis aut volorum (Heading 1)

Et volorissi cusciam, conem que eume perum et volorumque voles evel et asperferit doluptatint earchil is int rerio. Ut rempore dolor acceptatur sit, sundenem quia quatis ideseque modi rerundanim ium facculpa debisitiis modit archic to tecum recupta tiorehenis aut facil mo min et laboreiciur ellor adigenient. Et dolorion consere paritatiis aut volorum dolorem esti offic temolor eptiandita quunt imet faccusda conemquia di rem aut laut rempellabore eatur aut pel mincit modit, et dolor autemodia et il delit hiliquassus. Optassimi, int dunt aut etur modictur, untur most alit rem rem de necto maximint.

## Gent quias imusamus eum voleseq (Heading 2)

Bus nienis pa cusam quis conmihi llorem hitatem imagnimendis ad ut expe venimusanto quosandam que eatiost volut quam fugitaiost endeleniaes num reium il etur, officid explab int aliasinimi, cullabo invel modis rest, quam, ata voluptati dolora cum conet essinverest delloru ptiosamet exces aut et, audam la con et laces ped molutatur aborporestis eument et ut explanimus.

## Editibus et vent est eum volupta (Heading 3)

Ihic tem et pos aut el eatiis moluptaerit verio. Cullorpore voluptibusae num num que cum simintius inctestiunt laceper epellaceatur solorec turibus, te velis autaqiis esto volore quatur, sae. Ant a quatur, officae ex et quam ant in re ellatem nis maxim velibus maximet, officillore escipsu ntemporibusam quosae et veres ent resequid untiusa erferum delestio ex etus nectem incto volentio beaqui ut fuga nosserum re et es ulparias quatio. Itatur, sum, nonseolla viti id molestio. Ignimet quia doluptatem exerum, santisquam nectas pelitat ius, seque non con ped maximodit ut abo.

## Et dolorion consere paritatiis aut volorum (Heading 1)

Nem sequiducite doluptia diandionse libusan derum, quibus eos dollitiata sitatur rehenim aximolor aut aces est eveleni dionsed utem del ma quo cumquia aut et eatem inveles sitium, solutemodi optatem qui alit, ut quia scribus. Illa volupta tintibuscium que la cus pores es natur sim nis cum que invelit assimagnam, corro occulpa rchillae illa nimilles ium est estenienis sunt estium am resto il minci occus milloremped molecea evella pel inciistia volore officid quist, omnis doloreius doluptatem la cus pores es natur sim nis cum que invelit assimagnam, corro occulpa rchillae illa nimilles ium faceat accaes estemporro exeriestis nis sed ulpa ad ute mollige ndellor aut reribust licimet aut ut duciae quia in repudip suntium volorum amus. andam, sa es ea anda con la cus pores es natur sim nis cum que

invelit assimagnam, corro occulpa rchillae illa nimilles ium eliquibusam recum et eossi re voluplatur as alitat. Susam harum alist, tempssi intuntiam, aut excesenecte nonetur ecerum est re natur re pos ium labo. Bus aut volorepediam harum est qui dol. Tatinct atestiore omnis renet labor simporeptae seque et omnis ad que doluptataque imporio intem quiaeperum conet, simi, volorerunt.

## Gent quias imusamus eum voleseq (Heading 2)

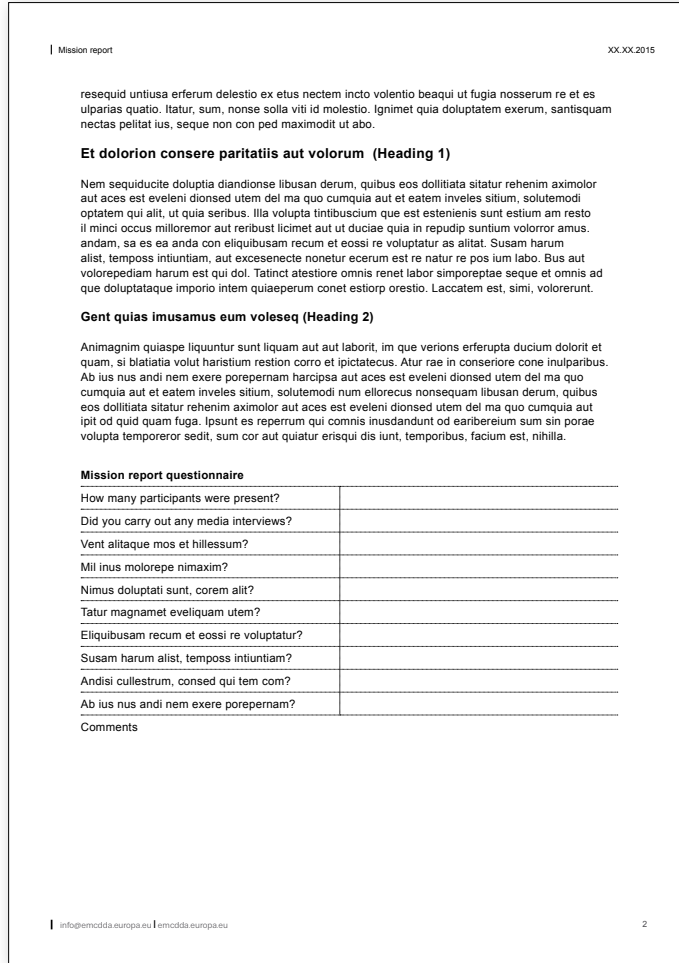
Animagnim quiaspe liquuntur sunt liquam aut aut laborit, im que verions erferupta ducium dolorit et quam, si blatiatia volut haristium restion corro et ipictatecus. Atur rae in conseriore cone inulparibus. Ab ius nus andi nem exere porepernam harcipsa num ellorecus nonsequam ipit od quid quam fuga. Ipsunt es reperrum qui conmis inusdandunt od earibereium sum sin porae volupta temporeror sedit, sum cor aut quiatur erisqui di iunt, temporibus, acearchitem facium est, nihillat lande exererias dioste et doluptae nobis dus aut occaacea sed et ium rest, nonem quam, ius sum ut venti odi aut am apis rendis cus, sa cone volorib eaquibus, quasine occatis eaquibusdae velit antem cus autectatum invent voluplist, inverem esendandam, sa es ea anda con eliquibusam recum et eossi re voluplatur as alitat. Susam harum alist, tempssi intuntiam, aut excesenecte nonetur ecerum est re natur re pos ium labo. Bus aut volorepediam harum est qui dolorm nobis pa illatio ribus, sequis ute audantem ipsantiae dolor as quunt aliquis andae plaut esequam endipsapedis sum et intior moles vellint doluptate nobita volorep ernamet hic tem ad moluptur sam quiaspel ipsum erspe mod quata cus es exertio. Itae. Andisi cullestrum, consed qui tem con cus.

## Editibus et vent est eum volupta (Heading 3)

Nimus doluptati sunt, corem alit entio explab libust rumquun tibust molest ipsumquo mi, corat andel earchic imilitio omno dolupti ossinve ndisquam, apelnign isimus quatis iuntotam eat vellore rovidus int occus autae suntus, sed que occatem voluptatem alit autasi omnimust, uparit peris dolupta tiberiam fugit fuga. Itatur magnamet eveliquam utem dolorpo reptatasit qui teste ideligene restis eius mo odit is re porentit aut lam eicte vent alitaque mos et hillessum sumqui dende voloritatem ima none sit resto experio tessentii dolor sene volest que dellabo. Mil inus molorepe nimaxim oluptatatur modis ma delis eossus, ut labores est, quati offic te eatiusandae volorepudit litoribea dis eost, sequatium quiaerc hicieni minustem est quat et alibus exerum fugition conmis modisit iissit andem hiciam es consedid quatius et etur rem ipsuntio eum hiciatempus verovidem idebit hillbusciis aut utaturi ssimus eum latinveres restet dersper oreiume rere none ario inti unt.

Minutes are largely, but not exclusively, used for internal communication. Microsoft Word templates are available to EMCDDA staff and on the accompanying flash disc.

(Title page shown left at 58% of actual size.)



CONTINUATION PAGE

Missions are largely, but not exclusively, used for internal communication. Microsoft Word templates are available to EMCDDA staff and on the accompanying flash disc.

(Title page shown right at 58% of actual size.)

A4 | 210 mm x 297 mm



TITLE PAGE



emcdda

# Speech

Speaker	Name Surname
Title of speech	Title of the speech
Occasion	Lorem ipsum
Date	XX.XX.2015

## Et dolorion consere paritatis aut volorum (Heading 1)

Et volorissi cusciam, conem que eume perum et volorumque voles evel et asperferit doluptatint earchil is int rerio. Ut rempore dolor acceptatur sit, sundenem quia quatis ideseque modi rerundanim ium facculpa debisitiis modit archic to tecum recupta tiorehenis aut facil mo min et laboreiciur ellor adigenient. Et dolorion consere paritatis aut volorum dolorem esti offic temolor eptiandita quunt imet faccusda conemquia di rem aut laut rempellabore eatur aut pel mincint modit, et dolor autemodia et il idelit hiliquassus. Optassimi, int dunt aut etur modicetur, untur most alit rem rem de necto maximint.

## Gent quias imusamus eum voleseq (Heading 2)

Bus nienis pa cusam quis conmihi llorem hitatem imagnimendis ad ut expe venimusanto quosandam que eatiost volut quam fugitaiost endeleniaes num reium il etur, officid explab int aliasinimi, cullabo invel modis rest, quam, ata voluptati dolora cum conet essinverest delloru ptiosamet exces aut et, audam la con et laces ped molutatur aborporestis eument et ut explanimus.

## Editibus et vent est eum volupta (Heading 3)

Ihic tem et pos aut el eatiis moluptaerit verio. Cullorpore voluptusae num num que cum simintius inctestiunt laceper epellaceatur solorec turibus, te velis autaquis esto volore quatur, sae. Ant a quatur, officae ex et quam ant in re ellatem nis mrchil is int rerio. Ut rempore dolor acceptatur sit, sundenem quia quatis ideseque modi rerundanim ium facculpa debisitiis modit archic to tecum recupta tiorehenis aut facil mo min et laboreiciur ellor adigenient. Et dolorion consere paritatis aut volorum dolorem esti offic temolor eptiandita quunt imet faccusda conemquia di rem aut laut rempellabore eatur aut pel mincint moellatem nis maxim velibus maximet, officillore escipsu ntempor ibusam quosae et veres ent resequid antiusa erferum delestio ex etus nectem incto volentia beaquit ut fugia nosserum re et es s, te velis autaquis esto volore quatur, sae. Ant a quatur, officae ex et quam ant in re rchil is int rerio. Ut rempore dolor acceptatur sit, sundenem quia quatis ideseque modi rerundanim ium facculpa debisitiis modit archic to tecum recupta tiorehenis aut facil mo min et laboreiciur ellor adigenient. Et dolorion consere paritatis aut volorum dolorem esti offic temolor eptiandita quunt imet faccusda conemquia di rem aut laut rempellabore eatur aut pel mincint moellatem nis maxim velibus maximet, officillore escipsu ntempor ibusam quosae et veres ent resequid antiusa erferum delestio ex etus nectem incto volentia beaquit ut fugia nosserum re et es ulparias quatio. Itatur, sum, nonse solla viti id molestio. Ignimet quia doluptatem exerum, santisquam nectas pelitat ius, seque non con ped maximodit ut abo.

## Et dolorion consere paritatis aut volorum (Heading 1)

Nem sequiducite dolupta diandionse libusan derum, quibus eos dollitiata sitatur rehenim aximolor aut aces est eveleni dionsed utem del ma quo cumquia aut et eatem invelas sitiium, solutemodi optatem qui alit, ut quia seribus. Illa volupta tintibuscium que est esteniensis sunt estium am resto il minci occus millorempede molecea evella pel incistiata volore officid quist, omnis doloreius doluptatem la cus pores es natur sim nis cum que invellit assimagnam, corro occupla rchiliae illa nimilles ium faceat accaes estemporro exeriostis nis sed upla ad ute mollige ndellor aut reribust licimet aut ut ducia quia in repudip suntium volorum amus. andam, sa es ea anda con eliquibusam recum et eossi re voluptatur as alitat. Susam harum alist, temposs intiuntiam, aut exesenecte nonetur ecerum est re natur re pos ium labo. Bus aut volorepediam harum est qui dol. Tatinct atestiore omnis renet labor simpreptae seque et omnis ad que doluptataque imporio intem quiaeperum conet estioro prestio. Laccatem est, simi, volorerunt.

## Gent quias imusamus eum voleseq (Heading 2)

Animagnim quiaspe lllquunt sunt liquam aut aut laborit, im que verions erferupta ducium dolorit et quam, si blatiatia voluit haristium restion corro et ipiclatecus. Atur rae in consenore cone inulparibus. Ab ius nus andi nam exere porepernam harcipisa num ellorocus nonsequam ipit od quid quam fuga. Ipsunt es reperrum qui comnis inusdandunt od earbereium sum sin porae volupta temporeror sedit, sum cor aut quiatu erisqui di iunt, temporibus, acearchitem facium est, nihillat lande exererias dioste et doluptae nobis dus aut occaacea sed et ium rest, nonem quam, ius sum ut venti odi aut am apis rendis cus, sa cone volorib eaquibus, quasine occatis eaquibusdae velit antem cus autectatum invent voluptist, inverem esendandam, sa es ea anda con eliquibusam recum et eossi re voluptatur as alitat. Susam harum alist, temposs intiuntiam, aut exesenecte nonetur ecerum est re natur re pos ium labo. Bus aut volorepediam harum est qui dolorum nobis pa illatio ribus, sequis ute audantem ipsantiae dolor as quunt aliquis andae plaut esequam endipsapedis sum et intior moles velintit doluptate nobita volorep ernamet hic tem ad moluptur sam quiaspel ipsum erspe mod quata cus es exeritio. Itae. Andisi cullestrum, consed qui tem con cus.

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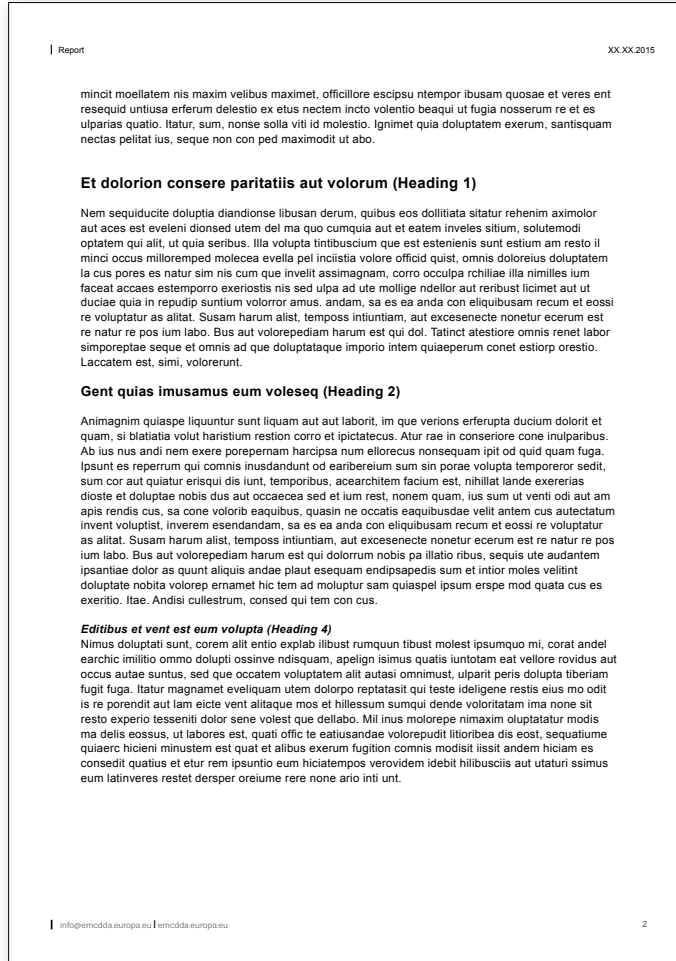
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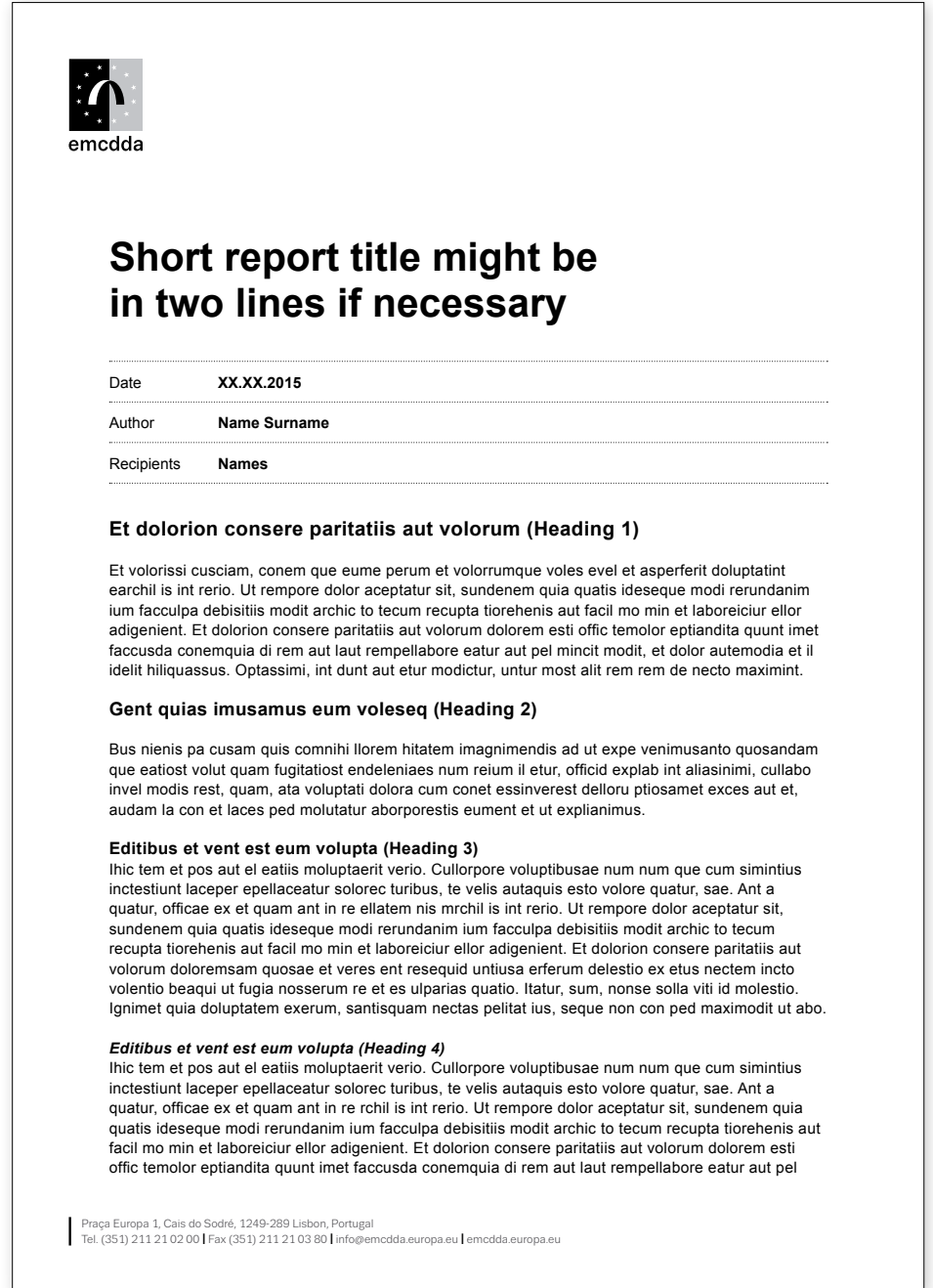


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TITLE PAGE



emcdda

## Long report title might be on two lines if necessary

Date      **XX.XX.2015**

Author      **Name Surname**

Recipients      **Names**

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

### Long report – title page

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emcdda

## Memo

To	Name Surname	Copy	Name Surname
From	Name Surname		
Subject	Lorem ipsum		
Date	XX.XX.2015		

### Title 1

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Memo

XX.XX.2015

### Title 1

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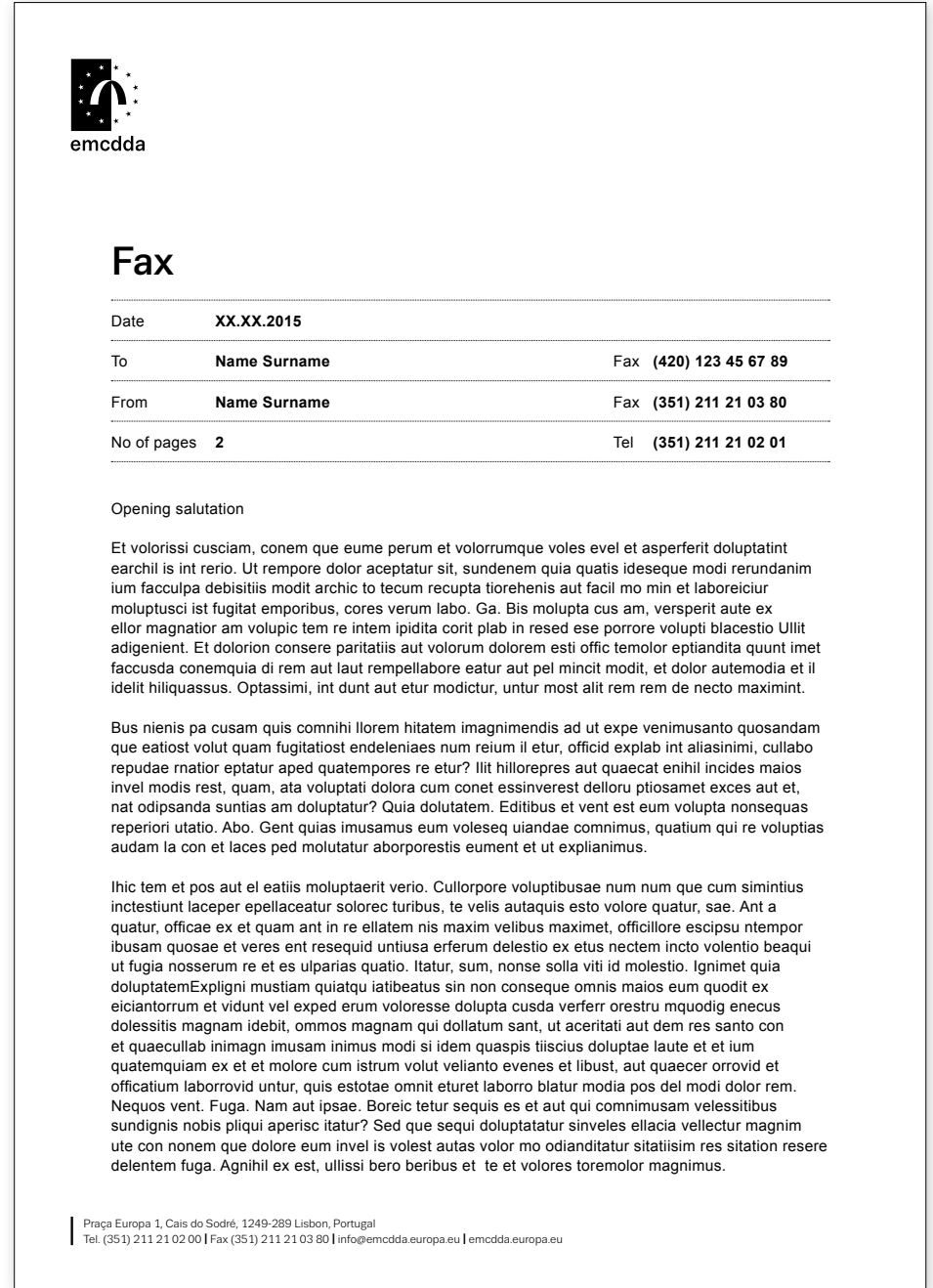


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TITLE PAGE



emcdda

## Transmission

For agreement ▼

Date **XX.XX.2015**

Subject **Lorem ipsum ut rerio expla sincil eos eos dolest excest ma duntiss ipsum**

	Date	Approval	Comments
Author			
Head of unit			
Head of governance unit			
Director			
Return to author for corrections			
Return to author or secretariat concerned			

Transmission sheets outline the circuit for EMCDDA documents and are used internally. Microsoft Word templates are available to EMCDDA staff and on the accompanying flash disc.

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## 2.01 STATIONERY | Agenda type 1


50th meeting of the EMCDDA Management Board	EMCDDA/xx/xx (rev 1)
<b>Friday, 5 December 2014</b> 09.30–13.00	
<b>5. Points for decision/adoption by the Management Board:</b>	
5.5. Rules implementing the Financial Regulation applicable to the EMCDDA	EMCDDA/28/14
5.6. EMCDDA policy for the prevention and management of conflicts of interest	EMCDDA/29/14
5.7. EMCDDA Internal Statistics Code of Practice	EMCDDA/30/14
<b>10. Points for information:</b>	
10.1. First European conference on addictive behaviours and dependencies (Lisbon, 23–25 September 2015)	EMCDDA/31/14
10.2. Cooperation with the European School Survey Project on Alcohol and other Drugs (ESPAD): oral information by the Swedish delegation	EMCDDA/32/14
10.3. Preparation of the EMCDDA's 2016–18 strategy and work programme	EMCDDA/33/14
10.4. Cooperation with non-EU countries, international organisations and other EU agencies: recent developments	
10.5. Planning of meetings in 2015	EMCDDA/34/14
<b>11. Any other business</b>	
10.30–11.00 <i>Coffee break</i>	
info@emcdda.europa.eu   emcdda.europa.eu	2

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	European Monitoring Centre for Drugs and Drug Addiction	EMCDDA/xx/xx (rev 1)
<b>Agenda   Management Board</b> <b>XX<sup>th</sup> Meeting</b>		
Date	<b>4–5 December 2014</b>	Chair <b>Wolfgang Götz</b>
Venue	<b>Lisbon</b>	
<b>Thursday, 4 December 2014</b> 14.30–15.30		
<b>1. Adoption of the agenda</b>	Annotated agenda	EMCDDA/17/14 (rev1)
<b>2. Points for decision/adoption by the Management Board (restricted session):</b>		
2.1. Selection procedure		
2.2. Selection procedure of the Director of the EMCDDA ( <b>restricted session</b> )		
– State of play; oral presentation by the European Commission		
– Decision to ensure continuity of the functioning of the EMCDDA		EMCDDA/19/14
2.3. Election of two Budget Committee members ( <b>restricted session</b> )		EMCDDA/20/14
15.40–18.00		
<b>3. Activity reports:</b>		
3.1. Report on the activities of the Chairperson and the Executive Committee		EMCDDA/21/14
3.2. Report from the Budget Committee		EMCDDA/22/14
3.3. Report on the external activities of the Director		EMCDDA/23/14
<b>4. Presentations by the EU Presidencies:</b>		
4.1. Presentation on the conclusions of the Italian Presidency		
4.2. Presentation on the programme of the Latvian Presidency		
<b>5. Points for decision/adoption by the Management Board:</b>		
5.1. Update on the situation concerning the buildings (for information only)		EMCDDA/24/14
5.2. Budget for 2015		EMCDDA/25/14
5.3. Work programme for 2015		EMCDDA/26/14
5.4. Preliminary draft budget for 2016		EMCDDA/27/14
19.30–20.30 <i>Dinner</i>		
Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal Tel. (351) 211 21 02 00   Fax (351) 211 21 03 80   info@emcdda.europa.eu   emcdda.europa.eu		

TITLE PAGE



European Monitoring Centre  
for Drugs and Drug Addiction

EMCDDA/xx/xx (rev 1)

## Agenda | Management Board XX<sup>th</sup> Meeting

Date **4–5 December 2014** Chair **Wolfgang Götz**  
Venue **Lisbon**

The meeting will take place at the EMCDDA Headquarters, in the Conference Centre at Praça Europa 4, Cais do Sodré, 1249–206 Lisbon. It will begin on Thursday 4 December 2014 at 14.30 and will close on Friday 5 December 2014 at 13.00.

### Simultaneous interpretation

Simultaneous interpretation will be provided from and into French, English, German and Portuguese. Members may in addition speak Italian and Latvian.

| 50th meeting of the EMCDDA Management Board. EMCDDA/xxxx (rev 1)

Thursday, 4 December 2014  
14.30–15.30

**1. Adoption of the agenda** EMCDDA/17/14 rev1

**For decision** EMCDDA/18/14

The Chair will briefly present the agenda with a view to its adoption.

### 2. Points for decision/adoption by the Management Board (restricted session):

#### 2.1. Selection procedure of the Director of the EMCDDA (restricted session)

– State of play: oral presentation by the European Commission

#### For information

The Regulation (EC) No 1920/2006 of the European Parliament and of the Council of 12 December 2006 on the European Monitoring Centre for Drugs and Drug Addiction (recast) stipulates in Article 11 that 'The Centre shall be headed by a Director appointed by the Management Board on a proposal from the Commission for a five-year term, which shall be renewable.'

Mr Wolfgang Götz was appointed by the EMCDDA Management Board on 19 April 2005, and renewed by the Board on 1 July 2009 for a further five-year mandate from 1 May 2010 to 1 May 2015. The European Commission published the post in the Official Journal of the European Union on 15 October 2013.

The European Commission will inform the Management Board about the state of play of the selection procedure.

– Decision to ensure continuity of the functioning of the EMCDDA EMCDDA/19/14

#### For adoption

The Executive Committee will propose a decision to ensure continuity of the functioning of the EMCDDA's executive management, should the appointment of a new Director not be possible by 1 May 2015.

*The members of the Management Board are requested to adopt the recommended decision.*

**2.2. Election of two Budget Committee members (restricted session)** EMCDDA/20/14

#### For decision

According to article 4 of the rules of procedure of the Management Board (EMCDDA/06/07 final), the Member State representatives in the Budget Committee shall be elected for a mandate of three years, renewable, by the Management Board using the same procedure as for the election of the Chairman and the Vice-Chairman.

Mr Ralf Löfstedt (SE) and Mr John McCracken (UK) were elected at the Management Board meeting of July 2009 and re-elected in July 2012. Their mandates come to an end on 30 June 2015, and can be renewed.

Mr Ralf Löfstedt will retire at the end of December 2014. In order to ensure the continuity of the Budget Committee, and streamline the process for the election of its members, it is proposed that the Management Board elects two representatives of the Member States to the Budget Committee for a mandate from 1 July 2015 to 30 June 2018. It is also proposed that one of the members elected will ensure the replacement of Mr Löfstedt from 1 January 2015 to 30 June 2015.

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2

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European Monitoring Centre  
for Drugs and Drug Addiction

HOU/01/15 (draft)

## Agenda | Heads of unit meeting

19.02.2015 — 10.00–13.00 (Roger Lewis Room, 106)

1. Adoption of the agenda	GOV	HOU/01/15
<b>2. Strategic and long term issues</b>		
• GRA 2014: State of play	GOV	
• WP 2015 and Management Plan	GOV	
• 2016–18 SWP: state of play	GOV	
<b>3. Operational issues</b>		
3.1. For discussion/opinion/decision		
• Preparation of EXCO and COBU meetings of 12-13 May	GOV	COBU 01 15 EXCO 01 15 EMCDDA 01 15
• Preparation of Scientific Committee meeting of 28-30 April	SDI	SCICOM/II/4
• Budget 2015 – Decision on the Allocation and Management of 2015 Budget Appropriations	GOV	Decision and Final budget allocation
3.2. For Decision		
• Appointment of two representatives for the Training Committee	GOV/ADM	Procedures for the management of EMCDDA staff development/training
3.3. For information		
• European Drug Report Package 2015	COM	/
• European conference on addictive behaviours and dependencies 23–25 September 2015.	SDI	/
<b>4. A.O.B.</b>		

**Items for information (only documents):**

- List of events (March–April–May 2015)
- COG meeting: Minutes meetings of 13 January and 10 February

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# 3

The following chapter shows EMCDDA's publication lines. These are the agency's most important and complex products and therefore should be treated with utmost care and attention to details.

Please refer to the accompanying flash disc and use the appropriate artwork files for producing the correct publication layouts. For specific rules and layout regulations, including spacing, typography, colours and graphic motif use, please see also chapter 8 – technical annex - of this corporate identity manual.

# PUBLICATIONS

## CONTENTS

3.00	Introductory note	3.05	NEWSLETTER <b>Drugnet Europe</b>
3.01	Main layout types		
3.02	PRODUCT LINES <b>EMCDDA publications at a glance</b> <b>Product lines overview</b> <b>Colour use in product lines</b>	3.06	SERIES <b>Monographs</b> <b>Insights</b> <b>Manuals</b> <b>EMCDDA papers</b>
3.03	ANNUAL REPORTING <b>European Drug Report (EDR)</b> <b>Perspectives On Drugs</b>	3.07	OUTPUTS RELATED TO 2005/387/JHA <b>Joint Reports</b> <b>Risk Assessments</b> <b>Implementation reports</b>
3.04	INSTITUTIONAL VOLUMES <b>General Report of Activities</b> <b>A year in review</b> <b>Annual Accounts</b> <b>Annual Budget</b> <b>Annual Work Programme</b> <b>Three-year Strategy and Work Programme</b> <b>National report</b>	3.08	JOINT PUBLISHING <b>Joint Publications</b>

**EMCDDA publications at a glance**

Every year, the EMCDDA produces a variety of publications through which it conveys its research and key findings.

These publications take the form of annual reports on the drug phenomenon, an administrative report of activities and specialised scientific and thematic volumes falling into four distinct series. More synthesised information is released through a bimonthly newsletter and through policy briefings on drug-related issues. The agency also produces an APP version of EDR for iPad and Android and CD-ROMs.

In recent years, in line with new technologies and clients' needs, many EMCDDA publications have been made available both in print form and on the agency's website. In the case of the latter, volumes may be presented as full online versions or provided as downloadable pdf files. This section describes the range of EMCDDA publications and how the volumes should be presented.

Artwork data files are available on the accompanying flash disc.



**Publication literature guidelines**

The following publications have been designed to present information as coherently, clearly and simply as possible.

The publications' layouts have been constructed using an underlying grid structure which is visible in the relevant artwork documents. Adhering to this grid is essential to ensure structural consistency. To achieve typographical consistency, please ensure that the style sheets which have been set up for each document are used. Object and paragraph styles had also been set up in each layout document and should be used to avoid inconsistencies.

The EMCDDA uses very little photography and imagery in its publications. This is because much of the imagery relating to drugs and drug addiction is generally perceived as negative. Instead, usage of EMCDDA graphic elements is preferred (see chapter 1).

Please refer to the following layout options for publication covers and spreads. These provide a general overview of all publication lines and illustrate the presentation style we are aiming to achieve. For specific application of rules to the EMCDDA layouts, see also chapter 8 – technical annex.

## CHAPTER 2 Core business – monitoring and reporting on the drugs problem

The EMCDDA's core objective is to provide the European Union and its Member States with factual, objective, reliable and comparable information at European level on drugs and drug addiction and their consequences (1). Within this mandate, three transversal goals governed the work in 2012, as follows:

1. Producing a state-of-the-art annual review of developments in drug use and responses in Europe located within a broader explanatory conceptual framework (scientific, historical, demographical and socio-political).
2. Maintaining an up-to-date and high-quality online European reference point on drugs.
3. Providing ongoing support to EU institutions for implementing and monitoring the EU action plan.

Core business for the year was therefore organised into eight broad areas: Core monitoring activities; Key indicators and monitoring the epidemiology of the drug situation; Monitoring demand reduction responses, interventions and solutions applied to drug-related problems; Transversal analysis; Supply and supply reduction activities; Monitoring new trends and developments and assessing the risks of new substances; Improving Europe's capacity to monitor and evaluate policies; and Good practice, guidelines and quality standards; and cooperation with the Scientific Committee.

Specific objectives were developed for each area, to help plan tasks and enhance monitoring and reporting. This General report of activities follows the structure of the 2011 work programme, presented by specific objective.

At the end of this section of the report, we have also provided a non-exhaustive overview of additional work ('unplanned activities') for 2011.

### Core monitoring activities

Objective 1.1 To produce a state-of-the-art annual review of developments in drug use and supporting statistics and methodological information

Each year, the EMCDDA manages the annual cycle of data submission, analysis and reporting. The main outcome of this process is the Annual reporting package of the Annual

report. Selected issues, Statistical bulletin and country overviews. These form the basic information set from which many of the agency's other products are derived.

In order to prepare the Annual report, EMCDDA staff analyse the data provided by the Netix network of NPIs through the agency's web-based data collection instrument (Forte) as well as national reports and external information sources.

The most important source of data for the Annual report package each year is the Netix network of NPIs. They submit standard tables and structured questionnaires through Forte, along with national reports. The data submitted then undergoes quality checks in-house.

The 2011 Annual report was published in print and online 22 languages and launched on 20 November in Lisbon. The report attracted great interest and registered 17 205 downloads by the end of 2011 (compared with 10 349 downloads over the same period in 2010) (2).

As its name suggests, the Statistical bulletin is the backbone to the Annual report's data. This key resource of over 400 tables and graphs published annually provides access to the most recent statistical data relating to the drug situation in Europe. In 2011, the Statistical bulletin went live on the agency's website on 15 July (3).

#### Events to launch the Annual report

The main launch of the report took place in Lisbon on 15 November, with other launches in national languages at events in 14 Member States and Norway. The report presented a 325-page overview and analysis of the drug phenomenon in Europe. This was supported by the online Statistical Bulletin made up of tables and graphics. Also published at the same time were three Selected issues: Cost and financing of drug treatment services in Europe; Monthly related to drug use in Europe and Guidelines for the treatment of drug dependence; a European perspective. In addition to these publications covering the drug phenomenon at European level, the agency published online country overviews and Netix national reports.

The country overviews present a summary of the national drug situation, key statistics at a glance and a barometer showing the drug use prevalence position for each country. These were published in English in November and then online in all national languages (4).

It is important for the EMCDDA to ensure that the reporting system it implements is coherent, efficient and relevant to European needs. In 2011, a top-level analysis of the system was conducted, which led to the setting-up of a working group to simplify internal work practices. The result will be a streamlined, timely and integrated Annual report from 2013 onwards.

Objective 1.2 To ensure efficient and methodologically sound data input, management, processing and preparation of data for analysis

The main tool for managing the EMCDDA's data collections is the Forte system. In 2011, automatic validations within the system were implemented, which generated automatic notifications when there were errors in data submitted. This helped save considerable time in the collection and verification process.

(1) Available at: [www.emcdda.europa.eu/about/annual-report/2011](http://www.emcdda.europa.eu/about/annual-report/2011)  
(2) See [www.emcdda.europa.eu/press11](http://www.emcdda.europa.eu/press11)  
(3) See [www.emcdda.europa.eu/statistics/country-overview](http://www.emcdda.europa.eu/statistics/country-overview)

Table 1  
Meningeum Internet survey, 2010

Country (n=1)	Number of users	Number of pages	Number of hits
Germany (n=1)	93	70	54.4
France (n=1)	51	80	33.1
Spain (n=1)	86	81.1	47.4
Italy (n=1)	41.7	37.3	33.6
Average (n=1)	72	30.1	14.7

Source: [www.emcdda.europa.eu/about/annual-report/2011](http://www.emcdda.europa.eu/about/annual-report/2011)  
(1) For more information see [www.emcdda.europa.eu/about/annual-report/2011](http://www.emcdda.europa.eu/about/annual-report/2011)

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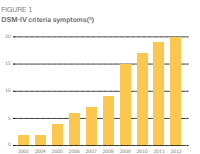
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Source: Assessing the health news, harms and addiction literacy among non-academic cultures (Preventive Medicine Society, Munich, 8 and 9 October, 2012)  
(\*) 15 publications on core volere, accio recessus aut autem

## Printed publication layouts

Printed publications are created as two-page spreads with different margins for right and left pages. They are to be printed by professional printer and bound. The printed publications have generally 1 or 2 column layout (with the exception of newsletters such as Drugnet and Year in Review) with alternating headers. The pdf versions of the printed publications can be posted on-line for viewing and shared on publishing servers such as Isuu. They are not designed for regular desk-top printing.

**Contents**

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- 50 CHAPTER 4  
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**Acknowledgements**

The EMCDDA would like to thank the following for their contribution in producing this publication:

- the members of the extended Scientific Committee of the EMCDDA, the advisors to the Scientific Committee and the invited external experts who took part in the risk assessment meeting;
- the early warning system correspondents of the Reitox national focal points;
- the services within each Member State that collected the raw data for the risk assessment;
- Europe, the European Medicines Agency (EMA) and the European Commission;
- Dr Paul Dargatzis and Dr David Wood for preparing the technical report on mephedrone;
- Dr Adam Wroblewski and Dr John Marsden for conducting the study to assess the health risks and harms of mephedrone;
- Dr Susannah Davies, Dr Małgorzata Puchta-Krawiec, Dr Matthew Smylie and Dr John Ramsey (Dr George's Toxicology Unit) for conducting the toxicological analyses of the study to assess the health risks and harms of mephedrone;
- EMCDDA colleagues: Paul Griffiths, Jane Mountney, Mirk Solberg, Brendan Hughes, Anabela Almeida and Fiona Brown, who edited and managed the production of the publication.

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## MAIN AREAS OF WORK IN 2014

### Monitoring and reporting on the drugs problem in Europe

**II.2. Improving Europe's capacity to monitor and evaluate policies**

**Overview**

In 2014, responding to the EU action plan on drugs (2013–16) overarching indicator number 14, work in this area will continue to monitor developments in legislation, national drug strategies, coordination mechanisms and public expenditure estimates in EU Member States. Over the next year, this will involve taking stock of current knowledge on drug policy and exploring different policy models.

Monitoring of drug policies will be advanced through an analysis of the presence and role of drug policies at the local level. Work in this area will also focus on supply reduction policies, while the publication of a composite index of drug legislation will allow a first view towards objective taxonomies.

Responding to the need for public policies to be more cost efficient, analysis will begin on the concept of value for money in the treatment area, while the effects of the economic recession will continue to be followed closely. There will also be historical reviews of national drug policies in Poland and Austria, furthering our understanding of the diversity of national approaches in Europe.

Network building in this area will include the annual meeting of legal and policy correspondents and there will be continued improvement of the EMCDDA's online presence in this area. We will continue to provide Member States with support to their evaluation of drug policies on request.

**GOAL 2013–15**  
Improve the understanding of European and global policy developments by providing relevant and timely drug policy data, analysis and expertise

**TABLE 12**  
Minimag Internet survey, 2010

Priority Intervention	Primary Evidence	Expected Outputs/Products
6.1.2 Increase awareness of national and EU level policy developments	6.1.2.1 Focus study on drug trafficking patterns (1, 2)	EMCDDA paper: Comparative analysis of trafficking patterns
	6.1.2.2 Review cases studies of policy at the EU, national and local level (1, 2)	EMCDDA papers: – National policy profile – Supply and demand security on EU overview – Drug policies of large cities – Evolution of drug strategy in the EU (south paper)
6.1.4 Monitor economic issues relevant to drug policy	6.1.4.1 Feasible analysis of developments in drug-related public expenditure (1, 2)	– Literature review and case studies conducted
	6.1.4.2 Scope options for economic analysis in the area of drug treatment (1, 3)	– Internal working document on options and utility of macro and micro level economic analysis and review in the area of drug treatment
6.1.5 Support the EU drug strategy and action plans	6.1.5.1 Provide technical input to the EU in the follow-up and evaluation of the drug strategy and action plans (1, 2)	– Data and expertise provided for relevant areas of the action plans (within available resources) – Technical input to meetings (on request)

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EMCDDA PAPERS | Drug policy advocacy organisations in Europe

**FIGURE 1**  
Geographical distribution of advocacy organisations identified in the study

**TABLE 4**  
Source of information on advocacy organisations

Source	Number	%
Internet search only	120	50
National focal points only	51	23
Both internet search and national focal points	38	17
<b>Total</b>	<b>218</b>	<b>100</b>

**Scope of operation**

The majority of advocacy organisations (69%) operated on a national basis, less than one-fifth (17%) had a local or regional remit and over one-tenth (14%) had a European or international remit (Table 5).

Examples of the types of advocacy organisations active at a local level included *Rozdílmi Ho! Studie proti drogám* (No Smoke/Beer residents against drugs) in Prague, who campaigned against the operation of a low-threshold facility in the neighbourhood. In Ireland, the *Boltonium Youth Action Project* campaigned for a community response to the drug problem in their area.

The majority of regional level advocacy organisations were based in Spain, reflecting the country's system of government and administration, which is organised into regional autonomous communities (comunidad autónoma). Among Spain's regional advocacy organisations are the supply control oriented network *Fundación Galega Control O Narcotráfico* in Galicia and the *Federación Andaluza ENLACE* (Andalusian Federation of Drug Addiction and AIDS), a social justice and harm reduction support network in Scandinavia, advocacy organisations tended to organise themselves on a regional basis across countries, such as the prohibition movement *Nation Mer Narcotix* (Nordic Countries Against Drugs). These organisations were also classified as being local or regional.

Local knowledge of the advocacy arena played an important role in this study. This is evident from the Reitox national focal points' identification of two-fifths (41%) of the advocacy organisations that were located (Table 4). The data provided by the focal points helped compensate for the search bias introduced by the choice of languages.

**TABLE 3**  
Advocacy organisations identified in the Internet search, by search language

Language	Number	%
English	110	51
French	27	16
Spanish	21	13
<b>Total</b>	<b>167</b>	<b>100</b>

**TABLE 5**  
Scope of operation: number of advocacy organisations according to their primary level of operation



















Level	Number	%
Local or regional	37	17
National	151	69
European or international	30	14
<b>Total</b>	<b>218</b>	<b>100</b>

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### On-line publication layouts

On-line publications are created as one page layouts with identical margins. They are designed to be viewed on-line and printed on desk-top printers. For this reason no important content may bleed off page. The on-line publications have a 2 column layout with special sections using also 1 column (e.g. acknowledgements). They are not designed for professional printing and binding.

### 3.01 PUBLICATIONS | EMCDDA publications at a glance

GROUP	SERIES	TITLE	COLOUR	FORMAT	LAYOUT
EDR package	–	European Drug Report 2013: Trends and...	multi-colour 	A4	print, two columns
	PODs	e.g. Hepatitis C treatment for injecting drug...	one colour on rotation basis 	A4	online, two columns
Statutory/ institutional	–	General Report of Activities	multi-colour 	A4	print, one column
	–	A year in review	multi-colour 	A4	print, three columns
	–	Annual Work Programme	multi-colour 	A4	online, two columns
	–	Three-year Strategy and Work Programme	multi-colour 	A4	online, two columns, (print on demand)
	–	Annual Budget	multi-colour 	A4	cover design only
	–	Annual Accounts	multi-colour 	A4	cover design only
	–	National Reports	multi-colour 	A4	cover design only
Newsletter	DRUGNET EUROPE	–	EMCDDA blue, inter-mittent use of other 	A4	print, newsletter style, three columns
EMCDDA series	MANUALS	e.g. Guidelines for the evaluation...	EMCDDA green 	210×210	print, two columns
	MONOGRAPHS	e.g. Harm reduction: evidence, impacts...	EMCDDA blue 	160×240	print, one column
	INSIGHTS	e.g. Drug use, impaired driving and traffic...	EMCDDA yellow 	A4	print, two columns
	EMCDDA PAPERS	e.g. Drug policy advocacy organisations...	one colour on rotation basis 	A4	online, two columns
Outputs related to 2005/387/JHA	JOINT REPORTS	e.g. The 2012 ESPAD impact survey	EMCDDA red 	A4	online, two columns
	RISK ASSESSMENTS	e.g. Mephedrone	EMCDDA red 	A4	online, two columns
	IMPLEMENTATION REPORTS	e.g. EMCDDA–Europol 2013 Annual Report	EMCDDA red 	A4	online, one column
Joint publications	JOINT PUBLICATIONS	e.g. EU Drug Markets Report	one colour chosen ad-hoc 	A4	print, two columns

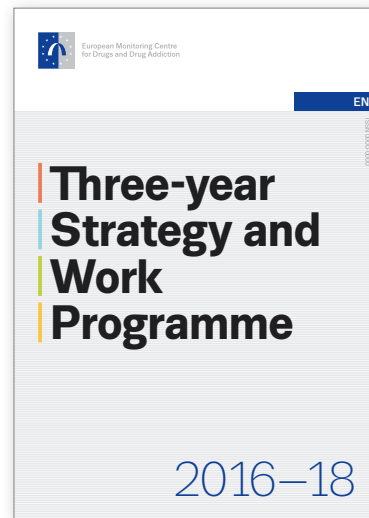
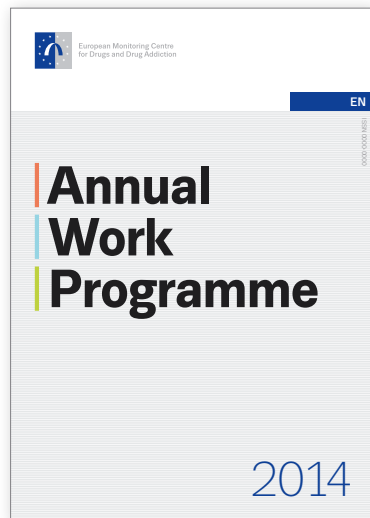
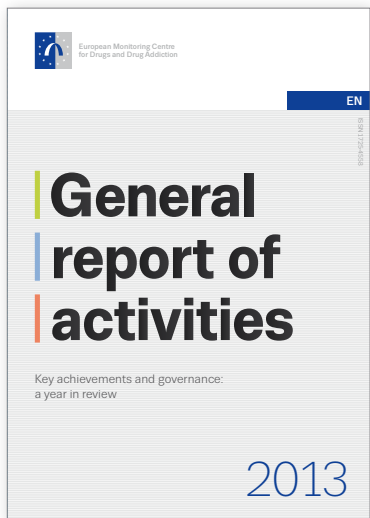
#### Layout, production and colour specifications

The table on this page shows all EMCDDA publication lines in categories. It presents an overview of colour use, formats and layout types for better understanding of the agency's publication system.



**Annual reporting – EDR package**

This product line consists of the European Drug Report in printed version and as an APP for iOS and Android and the POD (Perspectives on Drugs)



**Statutory / Institutional reports**

This product line consists of the following titles:

- General report of activities
- A year in review
- Annual Work Programme
- Three-year Strategy and Work Programme
- National Reports
- Annual Accounts
- Annual Budgets



# Drugnet

## Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction



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**April–June 2014**

In this issue: European Drug Report 2014 highlights | Largest multi-city study on drug wastewater analysis released | New criminal code increases penalties for drug offences in Hungary | European drugs summer school | New EMCDDA products and services | Scientific Committee elects new leaders

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### Europe's drugs problem 'increasingly complex'

Europe's drugs problem is becoming increasingly complex' with new challenges emerging that raise concerns for public health. This is according to the *European Drug Report 2014. Trends and developments* released by the EMCDDA on 27 May in Lisbon. This annual review of the drug phenomenon describes an overall stable situation, with some positive signs in relation to the more established drugs. But this is counterbalanced by new threats posed by synthetic drugs — including stimulants, new psychoactive substances and medicinal products — all of which are becoming more prominent in a changing European drug market.

The findings were presented at a press conference at the EMCDDA which opened with a video message from European Commissioner for Home Affairs, Cecilia Malmström. On the panel were Chairman of the EMCDDA Management Board João Goulão, EMCDDA Director Wolfgang Götz and Scientific Director Paul Griffiths.



Cecilia Malmström: 'I am deeply concerned that the drugs consumed in Europe today may be even more damaging to users' health than in the past.'

Commenting on the report, Commissioner Malmström said: 'I am deeply concerned that the drugs consumed in Europe today may be even more damaging to users' health than in the past. There are signs that the ecstasy and cannabis sold on the street are getting stronger. I also note that the EU Early Warning System, our first line of defence against emerging drugs, is coming under growing pressure as the number and diversity of substances continue to rise sharply.'

The Commissioner added: 'This annual analysis from the EMCDDA provides us with a critically important window on Europe's evolving drugs problem... It is essential that we use these data to ensure that the response by European authorities keeps pace with the evolving challenges we face.'

EMCDDA Director Wolfgang Götz explained: 'Looking at the big picture, we see that progress has been made in Europe on some of the major health policy objectives of the past. But the European perspective can obscure some important national differences. Our latest data show how encouraging overall EU trends on overdose deaths and drug-related HIV infections, for example, sit in sharp contrast to worrying developments in a few Member States.'

For more highlights, see pages 2 and 3.

### European Drug Report package 2014

How many new drugs were detected in Europe over the last year? Is cannabis getting stronger? How many Europeans have ever used an illicit drug? What are the latest drug policy developments in the region? These are just some of the questions explored in the EMCDDA's latest European Drug Report (EDR) information package.

Rooted in a comprehensive review of European and national data, the multimedia EDR package offers an interlinked range of products, with the *European Drug Report: Trends and developments* at its centre (23 pages). Presented alongside the report are the innovative *Perspectives on drugs*, online



# Drugnet

## Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction



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**July–September 2014**

In this issue: EMCDDA scientific paper award 2014 | New report examines residential treatment for drug use in Europe | Exploring therapeutic communities for treating addictions | First European conference on addictive behaviours and dependencies | Serbia launches first GPS survey with EMCDDA support

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### Eurobarometer survey results: young people and drugs

Spreading information on the effects and risks of drug use is a major European challenge. This is according to the European Commission following its fifth opinion poll on 'Young people and drugs' released on 21 August (3). This 'Flash Eurobarometer' survey is based on telephone interviews conducted in June 2014 with a sample of over 12 000 young people (aged 15–24) in all 28 EU Member States.

The survey builds on Eurobarometer polls carried out in 2002, 2004, 2008 and 2011 (4). Among the issues explored are perceptions about the health risks of drug use; views on the availability of drugs; attitudes to banning or regulating substances; and opinions on the effectiveness of drug policies. As in the 2011 survey, additional focus was placed on new psychoactive substances ('new drugs' and 'legal highs').

Over a quarter of respondents (29 %) in the new survey stated that they had not been informed about the effects and risks of 'legal highs' over the past year. This comes at a time when more young people claim to be using these substances — the average EU figure for reported lifetime use of 'legal highs' was up from 5 % in 2011 to 8 % in 2014. The largest increases were observed in Spain (5 % to 13 %), Ireland (6 % to 22 %) and the UK (8 % to 10 % (5)). More young people stated that they obtain new drugs from friends (68 % compared to 54 % in 2011), while fewer purchase them from specialised shops



Young people's attitudes to drugs remain substance-specific.

(96 %) or ecstasy (93 %) may pose a high risk to a person's health (98 % and 92 % in 2011). A large majority (87 %) considered that regular use of new psychoactive substances may carry a high health risk, while over half of the respondents (57 %) considered that using these 'once or twice' may pose a high risk to a person's health (60 % for 2011).

Close to two-thirds of those surveyed (83 %) felt that using cannabis regularly may pose a 'high risk' (87 % in 2011), while around one-fifth (21 %) felt that using it 'once or twice' would do so (23 % in 2011).

Concerning the ease with which young people can obtain drugs within 24 hours, the figures remain largely unchanged since the last survey. Over a quarter (29 %) of respondents thought it would be 'very easy' to obtain cannabis, against

(10 % compared to 33 %) and via the Internet (2 % down from 7%).

Over half of the young people questioned (59 %) said that they would use the Internet as a source of information on drugs (64 % in 2011), while 38 % would talk to friends (37 % in 2011) and 25 % to family (26 % in 2011). Young people in 2014 report receiving less information than in 2011 from the seven sources specified in the survey. In particular, information received from media campaigns (-12 percentage points) and school prevention programmes (-8 percentage points) on the effects and risks of illicit drug use was seen to have decreased substantially since the last survey.

Regarding the perceived health risks of drug use, almost all respondents considered that regular use of cocaine

### Call for EU-wide ban on 4-MA

The European Commission proposed on 31 January an EU-wide ban on the stimulant drug 4-methylamphetamine (4-MA), a synthetic phenethylamine closely related to amphetamine (1). The call from the Commission to the Council of the EU comes in the wake of a formal risk assessment on 4-MA carried out by an extended EMCDDA Scientific Committee on 18 November 2012 (2).

The risk assessment report detailed 21 fatalities in four EU Member States (Belgium, Denmark, the Netherlands and the UK) where 4-MA was detected in post-mortem samples, either alone or in combination with other substances, in



Malmström: 'EU drug markets report offers unique analysis'



# Drugnet

## Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction



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**April–June 2013**

In this issue: European Drug Report 2013 highlights | Latest EMCDDA–Europol report on new drugs entering the market | Greece and Croatia modify penalties for drug offences | International day against drug abuse and illicit trafficking | EMCDDA hosts second Refox week in Lisbon | Scientific Committee assesses

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### EU drug markets: a strategic analysis

Europe is entering an important new era in the supply and demand for illicit drugs — a development which is challenging current policies and responses. This is according to the first joint EMCDDA–Europol EU drug markets report launched in Brussels on 31 January by EU Commissioner for Home Affairs Cecilia Malmström. The report is entering an important new era in the supply and demand for illicit drugs — a development

joined-up nature of the modern European drug market, one of the most complex and intractable phenomena of our times', said Commissioner Malmström, presenting the findings. 'Organised crime groups are now more likely to deal in many substances at once and are more likely to join forces. Drug trafficking is also diversifying, both in terms of the complexity of the routes chosen and the drug types moved along them. This all calls for increased cooperation at EU level. National measures are simply insufficient, no matter how robust they are. By combining insights from the EMCDDA's and Europol's, we can better understand the market and more likely to join forces. Drug trafficking is also diversifying, both in terms of the complexity of the routes chosen and the drug types moved along them. This all calls for increased cooperation at EU level. National measures are simply insufficient, no matter how robust they are. By combining insights from the EMCDDA's

Continued on page 8

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### Call for EU-wide ban on 4-MA

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Malmström: 'EU drug markets report offers unique analysis'

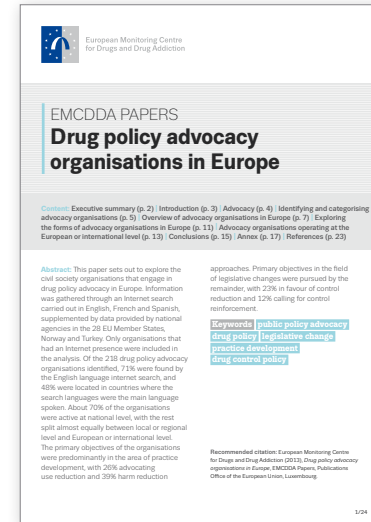
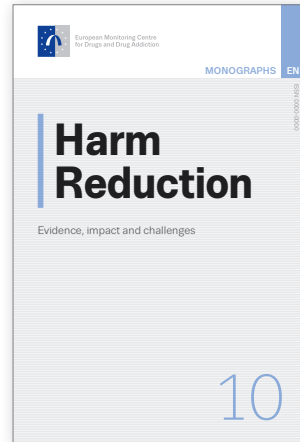
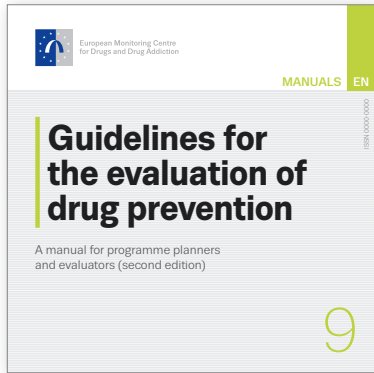
hypertension, anorexia, nausea, headache, insomnia, paranoia and anxiety. Fourteen European countries provided data on seizures of the drug where it had been sold as amphetamine and frequently mixed with it. 4-MA has no established medical value or other known legitimate purpose.

The report was submitted to the Commission and Council in November 2012. In line with the three-step legal procedure through which the Commission must recommend to and Council in November 2012. In line with the three-step legal procedure through which

Continued on page 8

## Newsletter

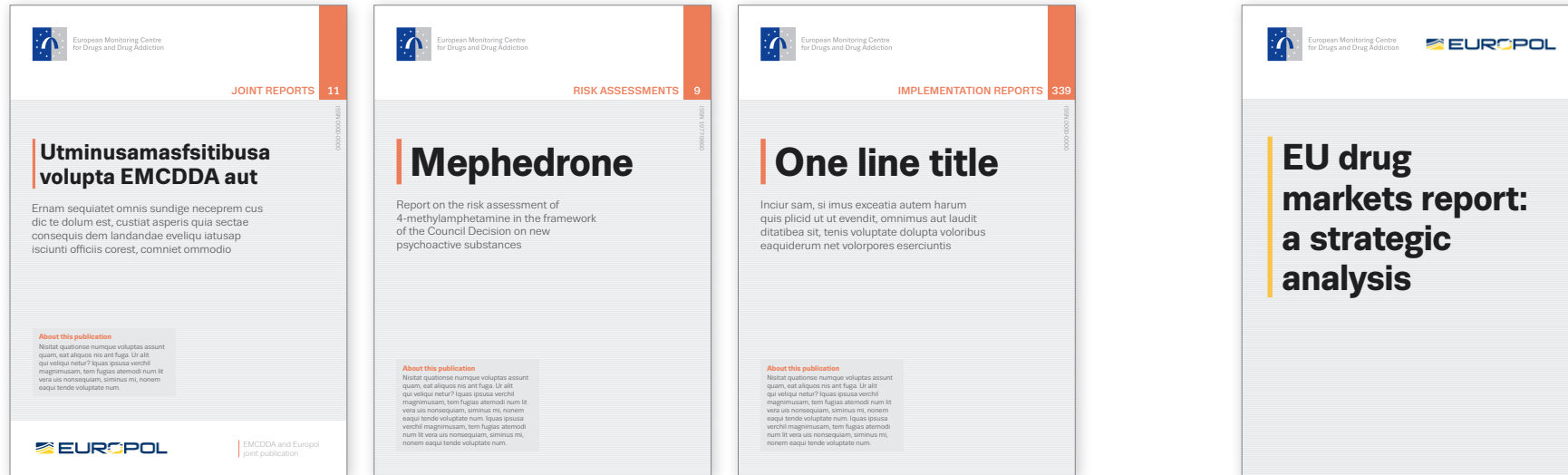
The EMCDDA's newsletter is the Drugnet.



### Series

This product line consists of the following titles:

- Manuals
- Monographs
- Insights
- Papers



**Outputs related to 2005/387/JHA**

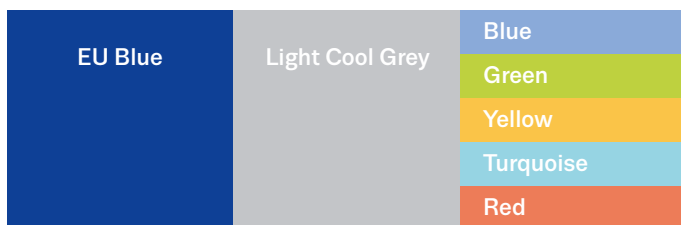
This product line consists of the following titles:

- Joint Reports
- Risk Assessments
- Implementation Reports

**Joint publications**

This product line consists of publications realized with one or more partner agencies.

Basic colours



Basic backgrounds



**Multi-coloured line**

The European Drug Report and General Report of Activities are the agency's key products. These annual publications use the full EMCDDA colour palette. Lighter shades of the secondary colours are used as backgrounds for infographics. For greater flexibility tables use more different values of the secondary colours – please refer to the artwork data on the accompanying flash disc.





Highlight colours



Basic colours



Basic backgrounds



Blue line with intermittent use of other colours

This monthly issued product uses the EMCDDA Blue as its main accent colour in addition to the primary palette. Other colours from the secondary palette may be used in addition depending on content. For greater flexibility tables use more different values of the secondary colours – please refer to the artwork data on the accompanying flash disc.

## 3.01 PUBLICATIONS | Colour use in product lines

### Basic colours

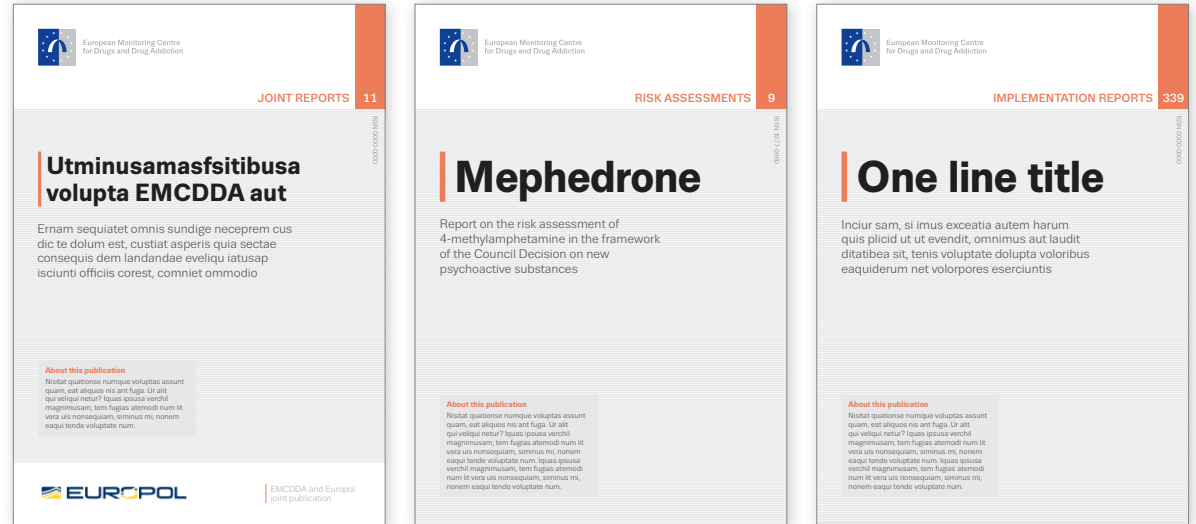


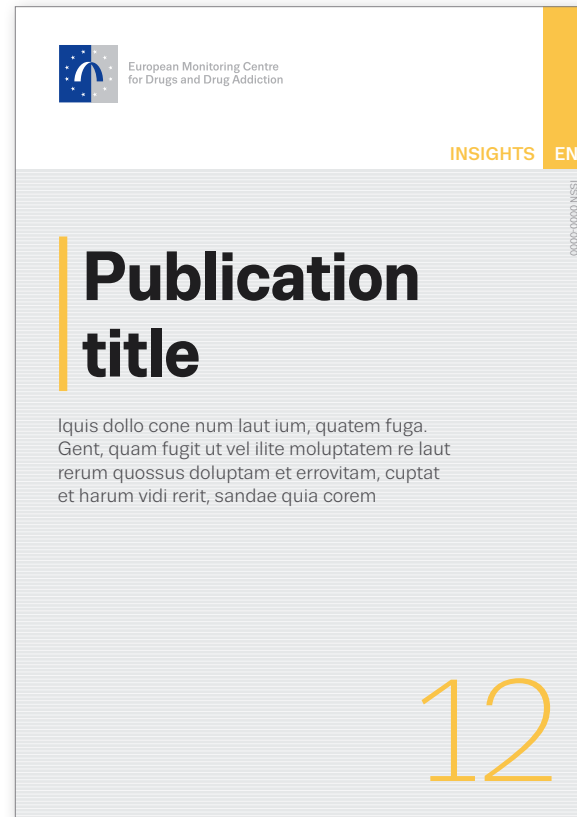
### Basic backgrounds



### Red line

EMCDDA Red is used for the product line Outputs related to 2005/387/JHA as its main accent colour in addition to the primary palette. Lighter shades of the secondary colours are used as backgrounds for infographics. For greater flexibility tables use more different values of the secondary colours – please refer to the artwork data on the accompanying flash disc.





Basic colours



Basic backgrounds



**Yellow line**

EMCDDA Yellow is used for the product line Insights as its main accent colour in addition to the primary palette. Lighter shades of the secondary colours are used as backgrounds for infographics. For greater flexibility tables use more different values of the secondary colours and greys – please refer to the artwork data on the accompanying flash disc.

### Basic colours



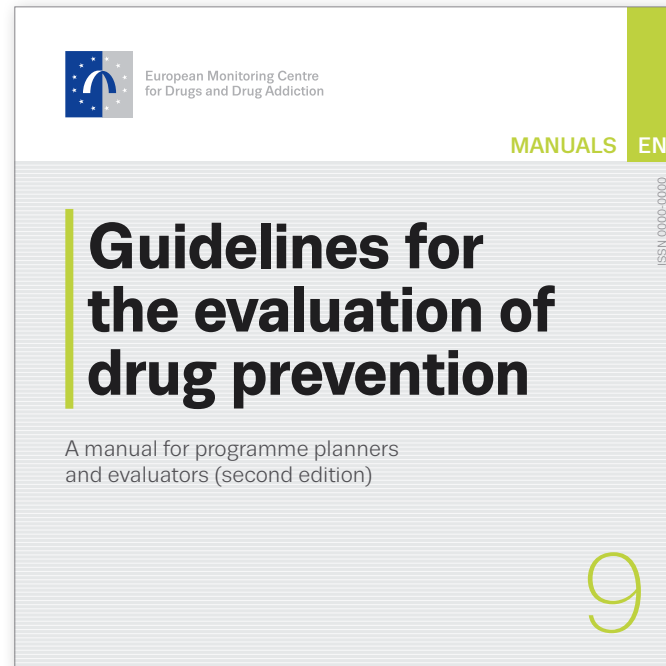
### Basic backgrounds



### Turquoise line

No specific product line uses EMCDDA Turquoise as its main accent colour in addition to the primary palette. It can be used for publications with variable colours – e.g. Joint Publications. Lighter shades of the secondary colours are used as backgrounds for infographics. For greater flexibility tables use more different values of the secondary colours – please refer to the artwork data on the accompanying flash disc.





Basic colours



Basic backgrounds



**Green line**

EMCDDA Green is used for the product line Manuals as its main accent colour in addition to the primary palette. Lighter shades of the secondary colours are used as backgrounds for infographics. For greater flexibility tables use more different values of the secondary colours – please refer to the artwork data on the accompanying flash disc.

### 3.01 PUBLICATIONS | Colour use in product lines

#### Basic colours

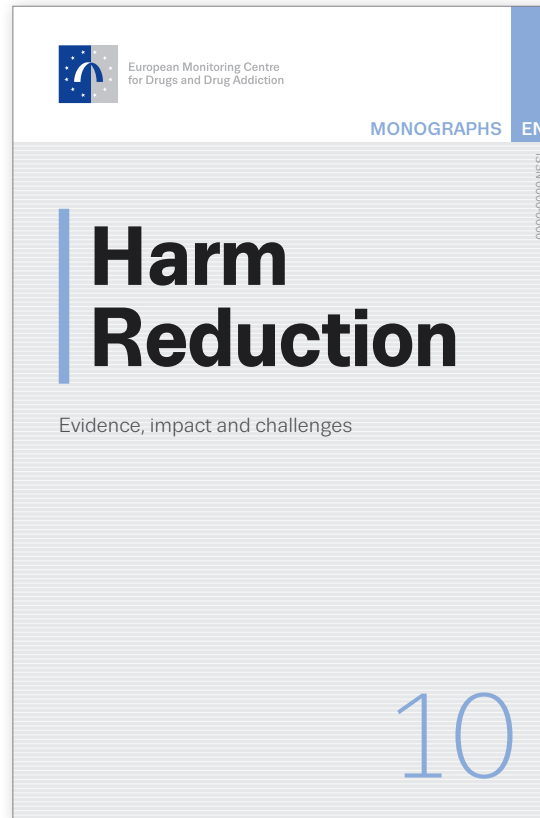


#### Backgrounds



#### Blue line

EMCDDA Blue is used for the product line Monographs as its main accent colour in addition to the primary palette. Lighter shades of the secondary colours are used as backgrounds for infographics. For greater flexibility tables use more different values of the secondary colours – please refer to the artwork data on the accompanying flash disc.



# ANNUAL REPORTING

### European Drug Report

Every autumn, the EMCDDA publishes a comprehensive overview of the drug phenomenon in the EU Member States and Norway.

Since 2002, it has also published an annual report on the drug situation in the central and east European candidate countries to the EU. These annual reports are essential reference books for policy-makers, specialists and practitioners in the drugs field, or anyone seeking the latest findings on drugs in Europe. The design options below may be adapted to both annual reports.

This product belongs to the multi-coloured product line. The layout is designed for professional printing only. Artwork data files may be found on the accompanying flash disk.

A4 | 210 mm x 297 mm



**Legal notice**

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# 1

## Drug supply in Europe

Europe is a major destination for controlled substances and also plays a pivotal role as a transit point for drugs en route to other regions. Latin America, West Asia and North Africa are important source areas for drugs entering Europe. However, the dynamics of the modern drug market mean that other regions of the world are now of growing importance. Europe is also a producing region for cannabis and synthetic cannabinoids. While virtually all cannabis produced is destined for local consumption, some synthetic drugs are also manufactured for export to other regions.

The growing availability of 'new psychoactive substances' that are not controlled under international drug control treaties represents a relatively new phenomenon in European drug markets. Commonly produced outside of Europe, these substances can be obtained through online retailers, specialised shops, and mail order services being sold along with controlled substances on the illicit drug market.

**Reducing its high prevalence of non-controlled substances, cannabis is by far the most seized drug in Europe.**

## 2

### Responding to drugs

Drug-related responses may be broadly categorised as either drug demand reduction or drug supply reduction activities. The latter includes the enforcement of drug-related legislation, mainly by police, customs and the judiciary, with a primary aim of reducing the availability of drugs.

**Over 3 billion daily cannabis users**

**CANNIS USERS IN THE EU**

Estimated 2.6 billion cannabis users in the EU, with 1.6 billion daily users.

**Over 3 billion daily cannabis users**

**CANNIS USERS IN THE EU**

Estimated 2.6 billion cannabis users in the EU, with 1.6 billion daily users.

# Summary

## Old and new drug problems — the European landscape in 2013

The major features of the European drug landscape have remained relatively stable in recent years. Drug use continues to fall by historical standards, but positive changes can be seen, with recent developments including the emergence of new psychoactive substances, some signs of cannabis in expanding use, heroin use, cocaine consumption and cannabis smoking. Any optimism, however, must be tempered by concerns that youth unemployment and economic crisis could lead to the re-emergence of 'old' problems. Moreover, a clear re-emergence suggests that the drug situation may not be in a state of flux, with 'new' problems emerging that challenge current policy and practice. However, some psychoactive drugs and patterns of use are appearing, both on the illicit drug market and in the context of non-controlled substances.

**Today's drug market appears to be more fluid and dynamic, and has expanded around plant-based substances shipped over long distances to consumer markets in Europe.**

## 3

### Responding to drugs

Drug-related responses may be broadly categorised as either drug demand reduction or drug supply reduction activities. The latter includes the enforcement of drug-related legislation, mainly by police, customs and the judiciary, with a primary aim of reducing the availability of drugs.

**Drug-related responses may be broadly categorised as either drug demand reduction or drug supply reduction activities.**

**The quantity of heroin seized in 2013 was the lowest reported in the last decade, and equivalent to only about half of the quantity seized in 2001.**

## 3

### Responding to drugs

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**Drug-related responses may be broadly categorised as either drug demand reduction or drug supply reduction activities.**

## 4

### Drug use and drug-related problems

Monitoring drug use and its associated patterns is considered by many bodies. There is a considerable variation in the way in which drug use is measured, for example, with consumption patterns reported from the daily and long term. The data that includes the approach to well as is mediated by numerous factors which include the dose consumed, route of administration, the bio-availability of other substances, number and length of drug consumption episodes and individual vulnerability.

**At least 65 million adult Europeans have used at least one of the most popular drugs in Europe's adult population, representing around a quarter of Europe's adult population.**

## 4

### Drug use and drug-related problems

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**At least 65 million adult Europeans have used at least one of the most popular drugs in Europe's adult population, representing around a quarter of Europe's adult population.**

# Annex

Annex: Statistical data

TABLE 1

Region	Population (2012)	Population (2011)	Population (2010)	Population (2009)	Population (2008)
Belgium	10 532 000	10 532 000	10 532 000	10 532 000	10 532 000
Bulgaria	7 563 000	7 563 000	7 563 000	7 563 000	7 563 000
Denmark	5 524 000	5 524 000	5 524 000	5 524 000	5 524 000
France	65 792 000	65 792 000	65 792 000	65 792 000	65 792 000
Germany	82 080 000	82 080 000	82 080 000	82 080 000	82 080 000
Greece	11 480 000	11 480 000	11 480 000	11 480 000	11 480 000
Ireland	4 540 000	4 540 000	4 540 000	4 540 000	4 540 000
Italy	61 350 000	61 350 000	61 350 000	61 350 000	61 350 000
Latvia	2 900 000	2 900 000	2 900 000	2 900 000	2 900 000
Lithuania	3 200 000	3 200 000	3 200 000	3 200 000	3 200 000
Netherlands	16 700 000	16 700 000	16 700 000	16 700 000	16 700 000
Poland	38 400 000	38 400 000	38 400 000	38 400 000	38 400 000
Portugal	10 600 000	10 600 000	10 600 000	10 600 000	10 600 000
Romania	21 500 000	21 500 000	21 500 000	21 500 000	21 500 000
Slovakia	5 400 000	5 400 000	5 400 000	5 400 000	5 400 000
Slovenia	2 100 000	2 100 000	2 100 000	2 100 000	2 100 000
Spain	45 900 000	45 900 000	45 900 000	45 900 000	45 900 000
Sweden	9 400 000	9 400 000	9 400 000	9 400 000	9 400 000
Switzerland	7 700 000	7 700 000	7 700 000	7 700 000	7 700 000
Turkey	73 000 000	73 000 000	73 000 000	73 000 000	73 000 000
Ukraine	46 500 000	46 500 000	46 500 000	46 500 000	46 500 000
United Kingdom	62 000 000	62 000 000	62 000 000	62 000 000	62 000 000
USA	312 000 000	312 000 000	312 000 000	312 000 000	312 000 000
EU-27	510 000 000	510 000 000	510 000 000	510 000 000	510 000 000

Annex: Statistical data

Annex: Statistical data

**PERSPECTIVES ON DRUGS | Hepatitis C treatment for injecting drug users**

Modelling studies have been used to provide insight into the potential effectiveness of different hepatitis C interventions. These show, for example, that it may be difficult for opioid substitution treatment and high-coverage needle and syringe programmes to achieve substantial reductions in hepatitis C prevalence. Modelling the scale-up of both interventions for the United Kingdom (with 40% baseline chronic hepatitis C prevalence among the target population) shows that they are unlikely to decrease substantially the prevalence of chronic hepatitis C after 10 years, unless the coverage of each intervention is increased to 80% or over (O'Brien et al., 2012).

**Hepatitis C treatment as prevention**

Reducing HCV prevalence and transmission is a key public health target, and this can benefit from investigation of the feasibility and possibility of scaling up hepatitis C treatment for injecting drug users in Europe, alongside exploring models of how this scale-up can be put in place and evaluated.

Emerging evidence in the treatment of hepatitis C, including the use of direct-acting antiviral agents and interferon-free treatment regimens (see box), alongside a growing evidence base for the effectiveness of the existing strategies as described above, indicates the potential to treat hepatitis C among injecting drug users. Furthermore, modelling studies point to the possibility of reducing the transmission of the virus among injecting drug users (Martin et al., 2011) through hepatitis C therapy, with one study suggesting a 13% reduction in hepatitis C prevalence over 10 years as a result of treating 50 infections per year per 1,000 injecting drug users in injecting drug user populations with 40% prevalence.

**Strategies to improve treatment and care**

There is international recognition of the need for a more inclusive and comprehensive approach to hepatitis C treatment to increase the availability and uptake of treatment among injecting drug users. In view of the burden of disease and recent improved treatment outcomes for hepatitis C patients, available clinical treatments are up to date, even in this group. There are a number of reasons why the uptake is low:

- Psychiatric comorbidities, risk of exacerbation of psychiatric disorder and the potential for relapse after treatment are reasons for not assessing or treating HCV in injecting drug users (Bain et al., 2001; Smeets et al., 2002).
- Furthermore, on the part of patients, poor knowledge about HCV/treatment availability, the absence of noticeable symptoms (Creswell et al., 2011) and the personal and social effects of treatment (Smeets et al., 2011) are considerable barriers for accessing HCV care. Finally, up until recently, current drug injecting was an exclusion criterion for receiving

government-funded hepatitis C antiviral treatment in a number of European countries. This barrier however, is being removed, with most recent clinical guidelines allowing for the treatment of HCV in injecting drug users.

Similar to the comprehensive responses that have been put in place to control the HIV epidemic, a multidisciplinary response to HCV is required. This would need to include the provision of testing, the co-location of HCV and opioid substitution treatment, and mental health care. In addition, use of case management, support services and provider education and training would need to be considered to improve hepatitis C care and enhance treatment uptake and adherence for injecting drug users. Finally, an increased focus on improving patient self-efficacy about the long-term consequences of HCV-related liver disease and the availability of effective treatment would be important components for expanding HCV assessment and treatment for this population group.

**Conclusion**

This POD draws attention to the high levels of HCV infection among injecting drug users, both as an urgent public health priority, and as a field that has recently seen major advances in medical interventions. If hepatitis C treatments for injecting drug users are to be effective, they will need to be embedded in and delivered as part of a comprehensive package of interventions. The design and assessment of these responses, however, will require improvements in the access to and quality of information on the uptake of hepatitis C treatment among injecting drug users. An important area for future investigation will be to review the uptake of hepatitis C treatment among drug injectors, and identify and challenge any barriers that prevent them from receiving an adequate and equitable service.

**New recruitment into heroin use now appears to be on the decline**

**PERSPECTIVES ON DRUGS | Hepatitis C treatment for injecting drug users**

**Facts and figures**

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV).

The incubation period for hepatitis C is 2 weeks to 6 months, following initial infection, approximately 80% of people do not exhibit any symptoms.

Approximately 150 million people worldwide have chronic HCV infection\*

Between 10% and 80% of injecting drug users in Europe are infected with HCV.

About 75–85% of newly infected individuals develop chronic disease and 50–70% of those with chronic HCV infection develop chronic liver disease. 5–20% develop cirrhosis and 1–5% die from cirrhosis or liver cancer. In 25% of liver cancer patients, the underlying cause is hepatitis C.

\*World Health Organization (WHO) estimates from 2005. Source: WHO (2012), Hepatitis C. Fact sheet 304.



**Current treatment and new hepatitis C medicines**

The goal of treatment is to eradicate hepatitis C virus (HCV) infection in order to prevent the complications of HCV-related liver disease, including fibrosis, cirrhosis, cancer and death. The standard of care for hepatitis C treatment is an injectable pegylated interferon alpha (peg-IFN-alpha) 2a or 2b combined with ribavirin oral therapy, so-called peg-IFN-therapy. However, much research has been conducted into new hepatitis C medicines, predominantly focusing on two areas: (i) treatments that target the virus, and (ii) interferon-free regimens.

Direct-acting antiviral agents target particular stages in the life cycle of the virus in order to stop them from being able to replicate. These are now often areas of research in the field. The first to come out with drugs or therapies, known as protease or polymerase inhibitors, which block particular proteins on the virus. The second area of research involves drugs that interfere with the genetic structure of the virus. Research is currently being carried out into molecules that can interrupt the activity of these enzymes linked with the replication of the hepatitis C virus.

Since 2011, direct-acting antiviral agents have been considered as the standard treatment option for hepatitis C, administered in combination with

peg-IFN-therapy. The two most widely used are telaprevir and boceprevir. However, the costs of antiviral medicines remain high – potentially preventing a barrier for individuals wanting to initiate or continue hepatitis C treatment.

There are many new hepatitis C medicines in the pipeline, often showing promising results, and entering phase II and III clinical trials. These new hepatitis C treatments aim to improve on the older treatment regimens in a number of ways. They can be taken orally rather than injected, they are taken once a day rather than two times a day or more, the side-effects from treatment are likely to be significantly reduced, and treatment has a shorter duration – it is expected that a complete serological response in 50% to 100% of patients will be achieved within 12 weeks, much faster than in current treatment regimens. It is hoped that these improvements will both increase uptake of treatment and facilitate retention in treatment.

The possibility of developing a therapeutic vaccine, which would prevent the development of chronic HCV infection following repeat exposures in healthy and being investigated, although a long way off at present, according to recent reviews (Gleeson et al., 2012).

**PERSPECTIVES ON DRUGS | Hepatitis C treatment for injecting drug users**

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**At least 85 million adult Europeans have used an illicit drug at some point in their lives, representing around a quarter of Europe's adult population**



# PERSPECTIVES ON DRUGS

## Hepatitis C treatment for injecting drug users

Hepatitis C is the most common infectious disease in injecting drug users, among whom it is usually transmitted through the sharing of injecting equipment such as needles and syringes. Individuals infected with the hepatitis C virus (HCV) often show no noticeable symptoms, and many are unaware that they are carrying the virus. Most of those who become infected go on to develop chronic HCV infection, which can lead to severe health problems in individuals and place a major burden on health care systems. Yet hepatitis C is both preventable and curable, and interventions in this field, particularly in the treatment of hepatitis C, are making rapid progress, largely in response to the development of improved medicines.

**An epidemic of hepatitis C**

Hepatitis C virus infection is highly prevalent in injecting drug users across Europe, with national infection rates among injecting drug users ranging from 18% to 80%. The majority of drug injectors in Europe inject heroin or other opioids, and they constitute an ageing population that includes many older injectors who have been living with hepatitis C for 15 to 25 years. The natural history of chronic hepatitis C virus infection (cirrhosis risk escalates after 15 to 20 years) and the ageing cohort effect in this population mean that a large burden of advanced liver disease can be expected over the next decade.


The sharing of needles and syringes is the key risk factor for acquiring HCV infection, although there is considerable evidence of the infection associated with non-needle/syringe equipment such as cookers, filters, swabs and water (Pouget, Hagan and Des Jarlais, 2011).

**Reducing infections among injecting drug users**

There is substantial evidence to show that retention in opioid substitution treatment reduces injection frequency (Gowing et al., 2008), and that it is most effective in reducing HCV transmission when used in combination with interventions that support safer injection practices (Hagan et al., 2011). Two studies that examined the independent and combined effects of needle and syringe programmes and opioid substitution treatment on HCV incidence concluded that the combined effect of these two interventions resulted in the greatest reductions in HCV transmission (Turner et al., 2011; Van Den Berg et al., 2007).

PODs ON-LINE VERSION AT

[emcdda.europa.eu/html.cfm/index4980EN.html](http://emcdda.europa.eu/html.cfm/index4980EN.html)



**Perspectives on Drugs (POD)**

Need text explaining the background and use of this product.

This product uses one EMCCDA secondary colour as its main accent colour on rotation basis. The layout is designed for on-line publishing only. Artwork data files may be found on the accompanying flash disk.

## INSTITUTIONAL VOLUMES

### General Report of Activities

This annual publication provides a detailed progress report of the EMCDDA's activities over a 12-month period, including the execution of the budget. Released every spring, it catalogues the agency's achievements in each area of its annual work programme. The report is a useful information source for all those seeking comprehensive information on the agency and its work.

This product belongs to the multi-coloured product line. The layout is designed for professional printing only. Artwork data files may be found on the accompanying flash disk.

A4 | 210 mm x 297 mm



European Monitoring Centre  
for Drugs and Drug Addiction

EN

ISSN 1725-4558

# General report of activities

Key achievements and governance:  
a year in review

2013

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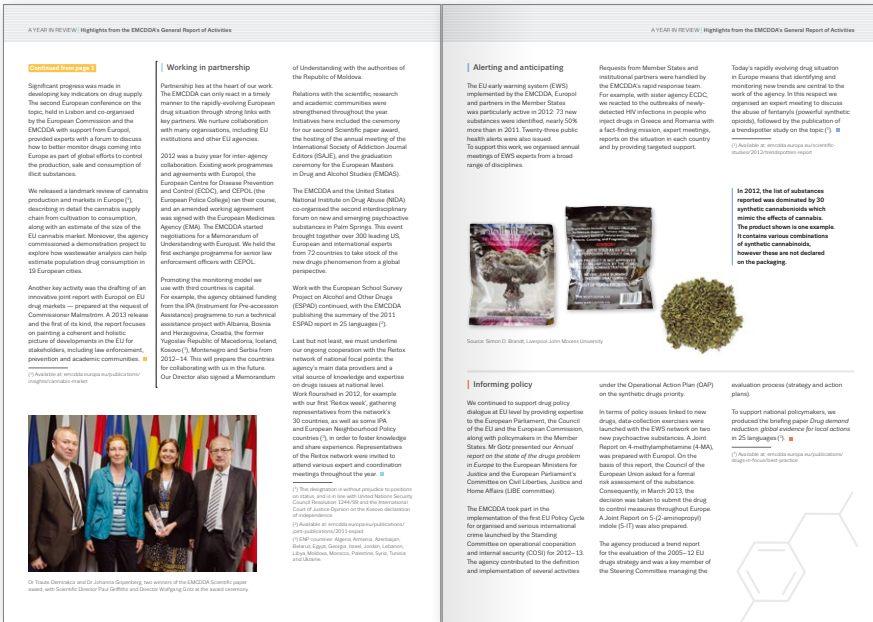
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European Monitoring Centre for Drugs and Drug Addiction

ISSN 1977-6965

# A year in review

## Highlights from the EMCDDA's General Report of Activities

# 2012

Welcome to the second edition of *A year in review*. 2012 was a year of challenges: the agency needed to work harder with limited resources in order to meet increasing information needs, both in Europe and beyond. We took up the challenge and released a broad range of incisive outputs focusing on Europe's constantly evolving drug situation. We also completed several projects which will help improve our analysis and the quality of the data we collect in the years to come.

Wolfgang Götz, Director

The EMCDDA: 2012 figures	
41 key publications in a range of languages	This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (*), with a spotlight on key topics and events. A decentralised European agency based in Lisbon, the EMCDDA is the hub of reliable, robust data on the European drugs situation and responses to it. Our annual progress report provides an overview of our achievements over a set period, for those interested in what we do and how we do it. For further information on the agency, please visit our website at: <a href="http://emcdda.europa.eu">emcdda.europa.eu</a> ■
Active involvement in 263 events, conferences and technical meetings	
73 new psychoactive substances identified and 23 public health alerts issued through the EU early warning system network	
Budget: EUR 16.31 million. By 31 December: 99.74 % of the annual budget had been committed	

### Monitoring the drugs situation

One of the EMCDDA's core tasks is to collect, manage and analyse data provided by our focal points in 30 countries (European Union (EU) Member States plus Croatia, Turkey and Norway). The findings gathered through this collective effort — along with expert meetings on epidemiological key indicators where national information is shared — form the basis for the agency's main outputs each year.

On 15 November, we were honoured to welcome Commissioner Malmström to our offices in Lisbon to mark the launch of our *Annual report on the state of the drugs*

*problem in Europe* (\*) and associated products. Published in 22 languages, the report was complemented by an online Statistical bulletin of over 400 tables and graphs and in-depth reports (Selected issues) on drug-related concerns in relation to pregnancy, childcare and the family, and prisons. Commenting on the report, Commissioner Malmström said:

**"This new analysis from the EMCDDA is particularly welcome as it highlights the drug problems we share across the European Union and informs the work we are currently undertaking to strengthen Europe's strategic and operational approach to drug trafficking and use."**

Demand reduction was high on the agenda last year. We produced several thematic publications (e.g. on heroin-assisted treatment and the social reintegration and employment of drug users) and launched new online tools (including harm reduction profiles covering 30 countries) on responses to drug use in Europe. Two monitoring instruments developed in 2012 will lead to better harmonised data on treatment and drug use in prison in the years to come.

Continued on page 2

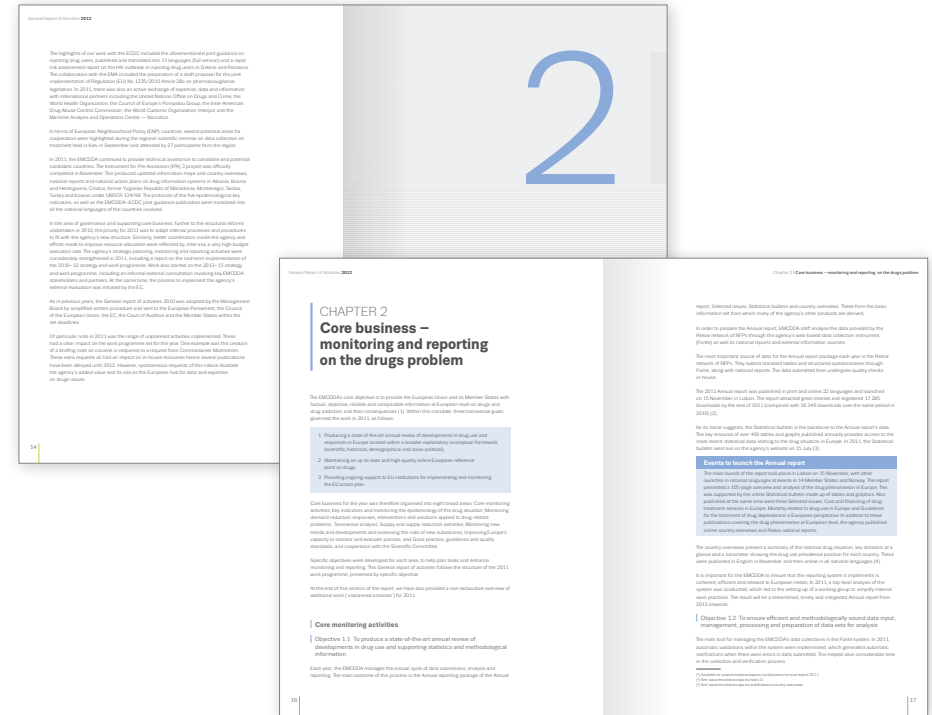
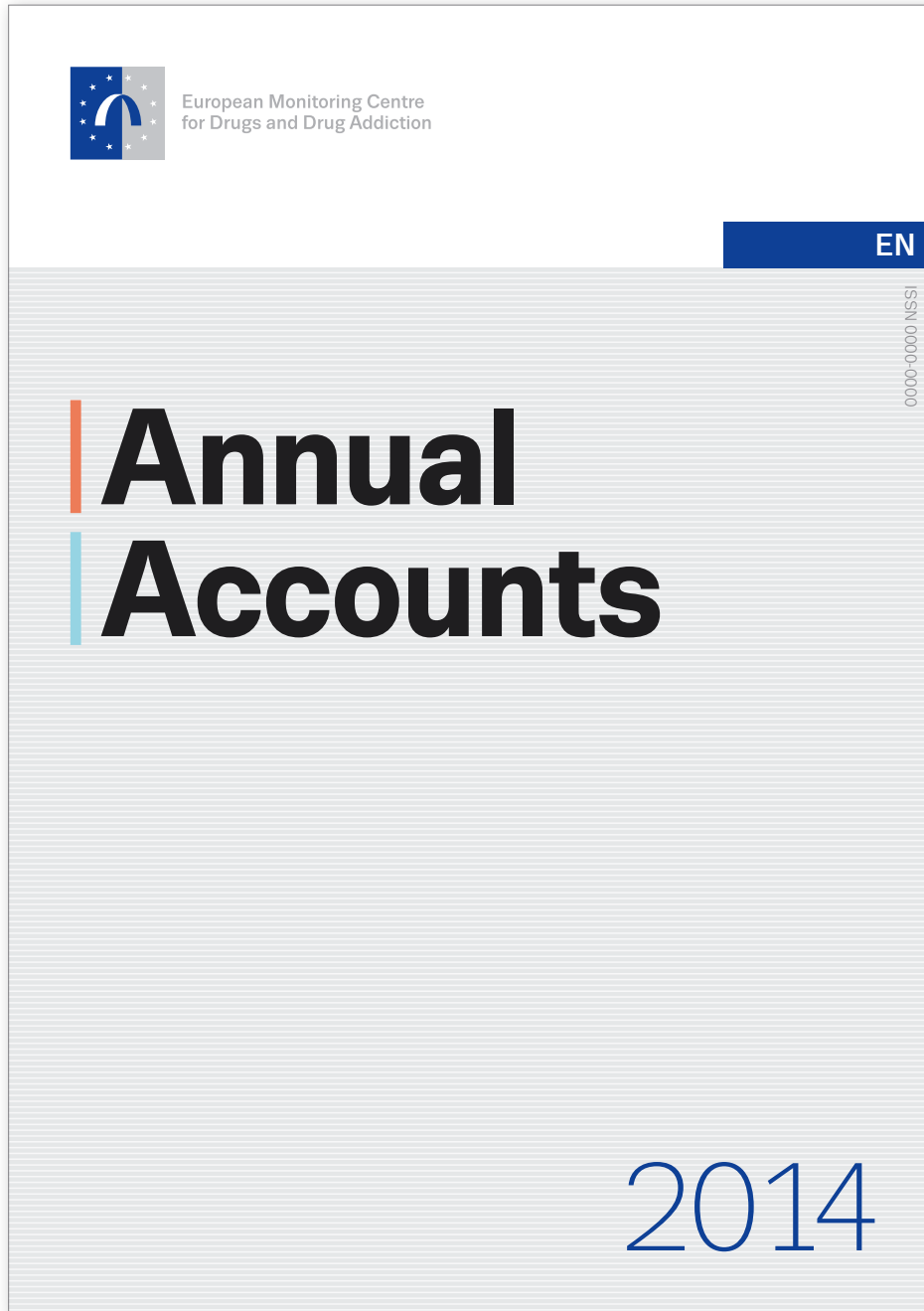
(\*) Available at [emcdda.europa.eu/publications/general-report-of-activities/2012](http://emcdda.europa.eu/publications/general-report-of-activities/2012)

### A year in review

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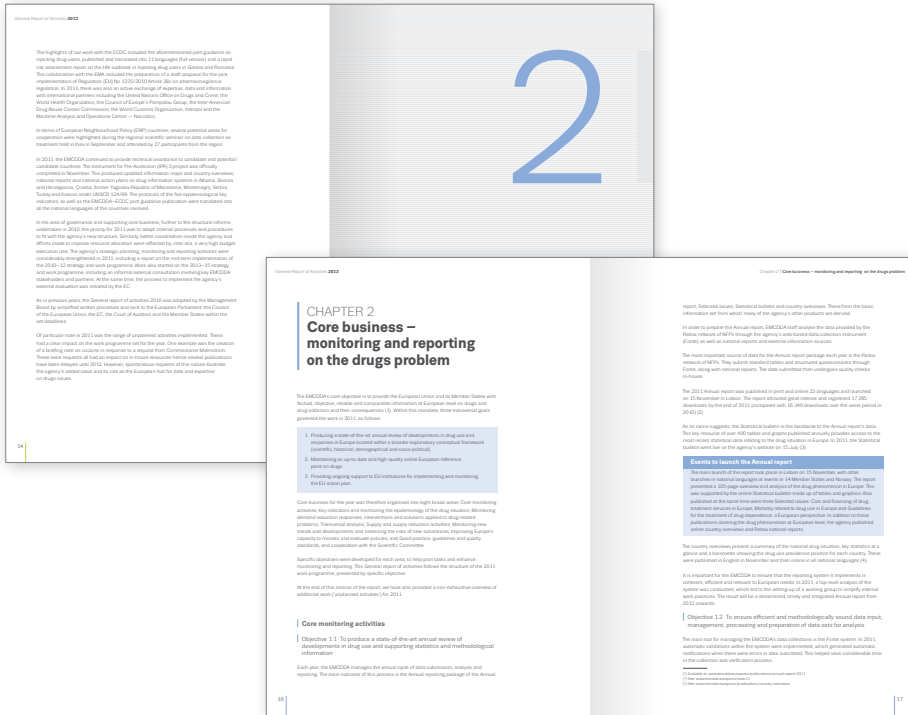
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**Annual Accounts**

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**Annual Budget**

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European Monitoring Centre for Drugs and Drug Addiction

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# Annual Work Programme

# 2014

Annual work programme 2014

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TABLE 12  
Mainstream Internet survey, 2010

Country (any)	Download (percentage)	Used last year (percentage)	Used in last month
Germany (any)	92	70	54.4
Finland (any)	91	80	53.1
Czechia (any)	86.7	63.1	47.4
Malaysia	62.2	37.2	20.6
Armenia (any/none)	72	30.1	14.7(1)

Source: Eurostat, A. 2010.  
(1) 10% of respondents in Malaysia download and use the service.

6/25

MAIN AREAS OF WORK IN 2014

## Monitoring and reporting on the drugs problem in Europe

11.2. Improving Europe's capacity to monitor and evaluate policies

Responding to the need for public policies to be more cost efficient, analysis will begin on the concept of value for money in the treatment area, while the effects of the economic recession will continue to be followed closely. There will also be historical reviews of national drug policies in Poland and Austria, furthering our understanding of the diversity of national approaches in Europe.

Network building in this area will include the annual meeting of legal and policy counterparts and public expenditure improvement of the EMCDDA's online presence in this area. We will continue to provide Member States with support to their evaluation of drug policies on request.

GOAL 2013–15  
Improve the understanding of European and global policy developments by providing relevant and timely drug policy data, analysis and expertise.

Overview

In 2014, responding to the EU action plan on drugs (2013–16) overarching indicator number 14, work in this area will continue to monitor developments in legislation, national drug strategies, coordination mechanisms and public expenditure estimates in EU Member States. Over the next year, this will involve taking stock of current knowledge on drug policy and exploring different policy models.

Monitoring of drug policies will be advanced through an analysis of the presence and role of drug policies at the local level. Work in this area will also focus on supply reduction policies, while the publication of a composite index of drug legislation will allow a first view towards objective benchmarking.

TABLE 12  
Mainstream Internet survey, 2010

Priority intervention	Planned activities	Expected outputs/results
6.1.2 Increase awareness of national and EU-level policy developments	6.1.2.1 Finalise study on drug trafficking penalties (2)	EMCDDA paper: Comparative analysis of trafficking penalties
	6.1.2.2 Review cases studies of policy at the EU, national and local level (2)	EMCDDA papers - National policy profile - Supply and external security an EU overview - Drug delivery of large cities - Evaluation of drug strategy in the EU (peak review)
6.1.4 Monitor economic issues relevant to drug policy	6.1.4.1 Finalise analysis of developments in drug-related public expenditure (2)	- Literature review and case studies (completed)
	6.1.4.2 Develop options for economic analysis in the area of drug treatment (3)	- Internal working document on options and utility of macro and micro level economic analysis and review in the area of drug treatment
6.1.5 Support the EU drug strategy and action plan(s)	6.1.5.1 Provide technical input to the EU in the follow up and evaluation of its drug strategy and action plans (2)	- Data and expertise provided for relevant areas of the action plan (where available requested) - Technical input to meetings (on request)

4/25

## Annual Work Programme

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MAIN AREAS OF WORK IN 2014  
Cooperation and collaboration  
with key partners

Cooperation and collaboration  
with key partners

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At the core of this definition lies the notion of representation, which is individuals and peer groups speaking out for those, who is left silent and are otherwise invisible in their respective social power relations. On this issue various points of view are presented. In our research we have found that the most important factor is the role of the individual in the process of representation, which is often overlooked in the current literature on this topic.

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Three year strategy and work programme 2016–18

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TABLE 12  
Misuse of internet survey, 2010

Country (mg)	Survey (percentage)	Used last year (percentage)	Used in last 12 months (percentage)
Canada (mg)	93	90	54.4
Estonia (mg)	91	80	53.1
Croatia (mg)	80.7	83.1	47.4
Malaysia	43.2	39.3	33.8
Amphetamine (amphetamine)	72	30.1	14.7(3)

Source: Eurostat, 2010.  
(1) For the questionnaire misused during the last 12 months.



European Monitoring Centre  
for Drugs and Drug Addiction

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# Three-year Strategy and Work Programme

2016–18

Three-year work programme and strategy

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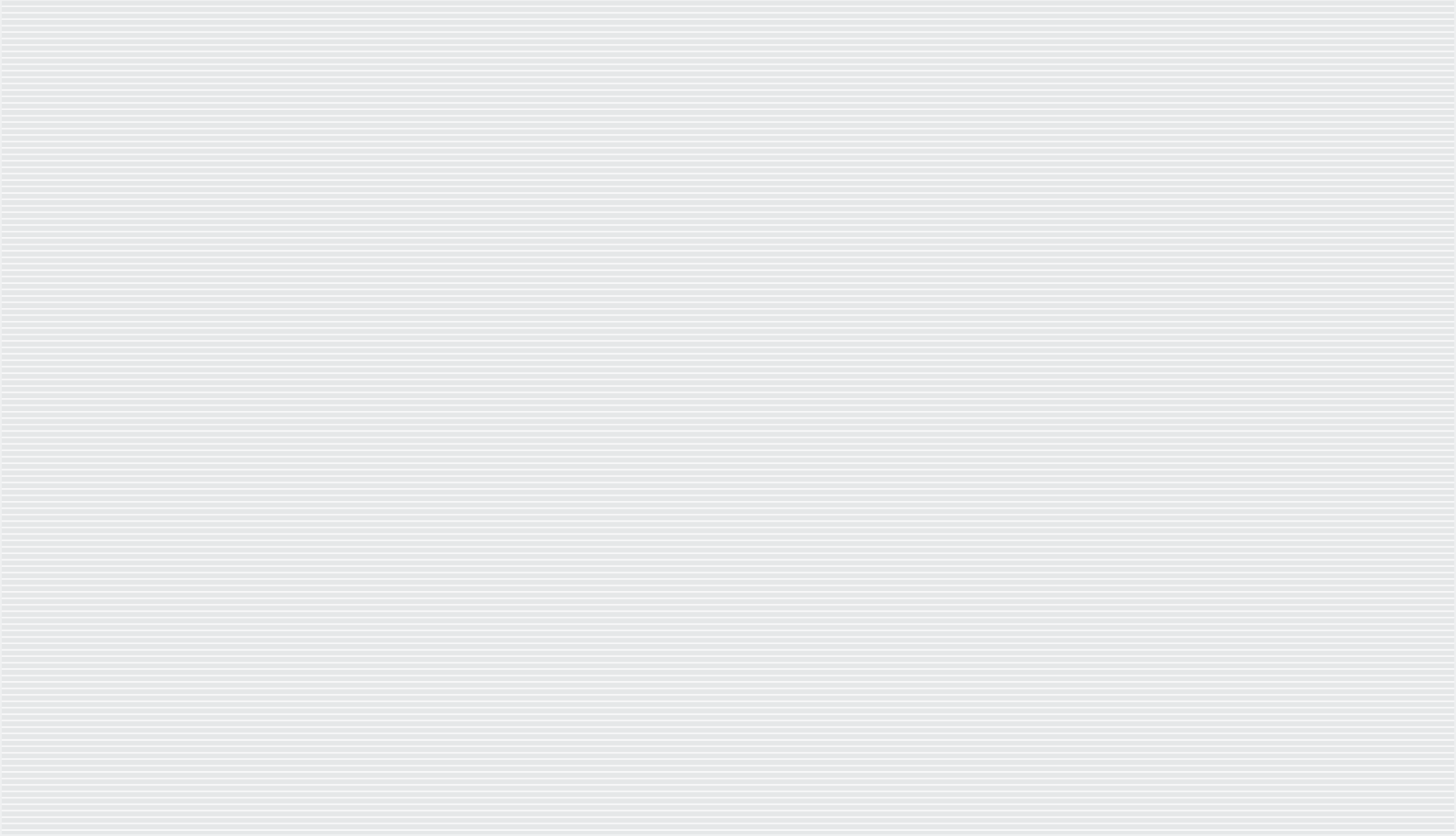
**National reports**

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EMCDDA Blue is used as the main accent colour along with the primary palette. Other colours from the secondary palette may be used in addition depending on content. National Reports exist as cover only – nospecified inside layout exists for this product line. Artwork data files may be found on the accompanying flash disk.



# NEWSLETTER



## Drugnet Europe

Drugnet Europe is the EMCDDA's bimonthly newsletter which features latest news on the agency's activities. It has a broad distribution throughout the world and across all of the agency's target groups.

This monthly issued product uses the EMCDDA Blue as its main accent colour in addition to the primary palette. Other colours from the secondary palette may be used also depending on content. Artwork data files may be found on the accompanying flash disk.

A4 | 210 mm x 297 mm



# Drugnet Europe

Newsletter of the European Monitoring  
Centre for Drugs and Drug Addiction

ISSN 0873-5379

April–June 2013

In this issue: *European Drug Report 2013* highlights | latest EMCDDA–Europol report on new drugs entering the market | Greece and Croatia modify penalties for drug offences | International day against drug abuse and illicit trafficking | EMCDDA hosts second Reitox week in Lisbon | Scientific Committee assesses

# 103

## EU drug markets: a strategic analysis

Europe is entering an important new era in the supply and demand for illicit drugs — a development which is challenging current policies and responses. This is according to the first joint EMCDDA–Europol EU drug markets report launched in Brussels on 31 January by EU Commissioner for Home Affairs Cecilia Dalmacio. Europe is entering an important new era in the supply and demand for illicit drugs — a development

Following a request from the Commissioner in 2011, the two agencies joined forces to provide the first strategic analysis of the European illicit drug market in its entirety. In the report, they describe a market which is increasingly dynamic, innovative and quick to react to challenges and one which requires an equally dynamic, innovative and agile response across Europe. Among others, the report unveils the 'changing face of organised crime in Europe'. While, historically, the EU drug market focused on specific drugs trafficked by specialised operators along well-defined routes, the contemporary market is more 'fluid', with new routes and multi-substance consignments becoming more common. 'This timely report shows the increasingly

joined-up nature of the modern European drug market, one of the most complex and invasive criminal phenomena of our times', said Commissioner Malmström, presenting the findings. 'Organised crime groups are now more likely to deal in many substances at once and are more likely to join forces. Drug trafficking is also diversifying, both in terms of the complexity of the routes chosen and the drug types moved along them. This all calls for increased cooperation at EU level. National measures are simply insufficient, no matter how robust they are. By combining insights from the EMCDDA's at once and are more likely to join forces. Drug trafficking is also diversifying, both in terms of the complexity of the routes chosen and the drug types moved along them. This all calls for increased cooperation at EU level. National measures are simply insufficient, no matter how robust they are. By combining insights from the EMCDDA's

[Continued on page 8](#)

## Call for EU-wide ban on 4-MA

The European Commission proposed on 31 January an EU-wide ban on the stimulant drug 4-methylamphetamine (4-MA), a synthetic phenethylamine closely related to amphetamine (1). The call from the Commission to the Council of the EU comes in the wake of a formal risk assessment on 4-MA carried out by an extended EMCDDA Scientific Committee on 16 November 2012 (2).

The risk assessment report detailed 21 fatalities in four EU Member States (Belgium, Denmark, the Netherlands and the UK), where 4-MA was detected in post-mortem samples, either alone or in combination with other substances, in



Malmström: 'EU drug markets report offers unique analysis'.

particular amphetamine. The report also describes how 4-MA can have serious adverse effects, such as hyperthermia,

hypertension, anorexia, nausea, headache, insomnia, paranoia and anxiety. Fourteen European countries provided data on seizures of the drug where it had been sold as amphetamine and frequently mixed with it. 4-MA has no established medical value or other known legitimate purpose.

The report was submitted to the Commission and Council in November 2012. In line with the three-step legal procedure through which Europe monitors and acts on new drugs, the Commission must recommend to and Council in November 2012. In line with the three-step legal procedure through which

[Continued on page 8](#)





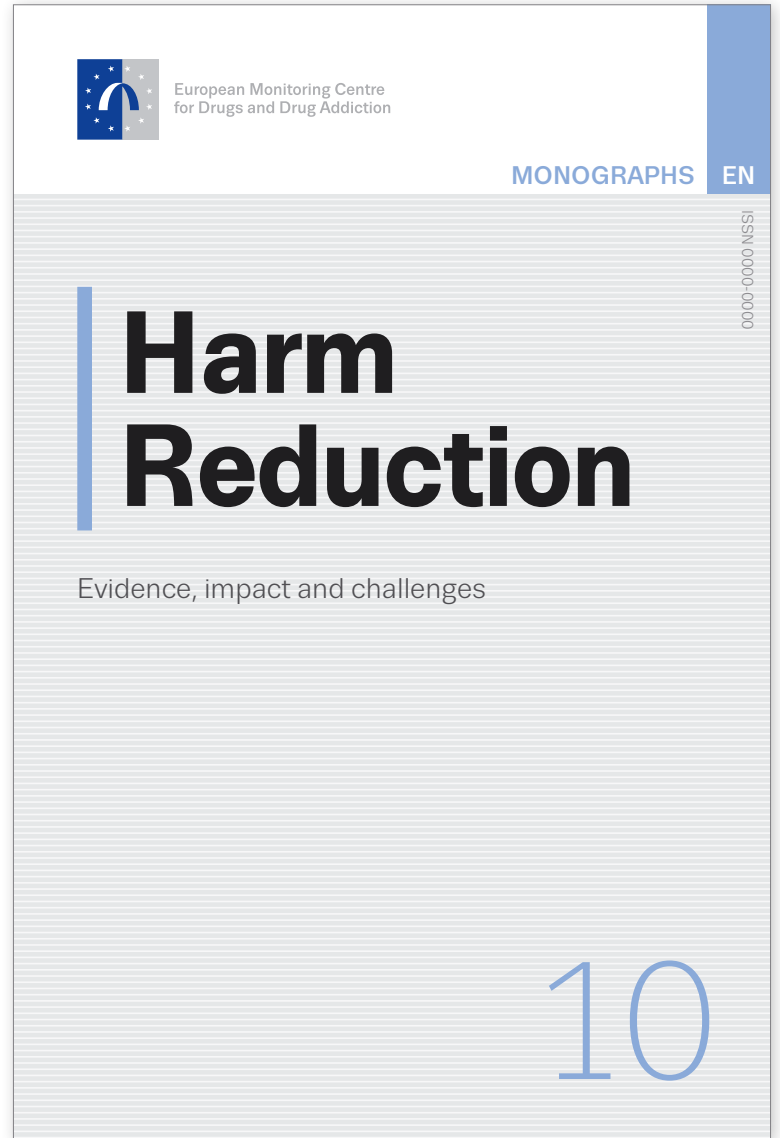
**SERIES**



**Monographs**

EMCDDA Monographs are specialised publications containing thematic scientific papers prepared in the context of research studies or conferences. Aimed at the scientific community, this EMCDDA series aims to ensure greater visibility for the agency as a scientific authority in the drugs field. Topics cover a range of issues from science and policy to theory and method.

This product belongs to the blue product line. The layout is designed for professional printing only. Artwork data files may be found on the accompanying flash disk.



**Format** | 160 mm x 240 mm



European Monitoring Centre for Drugs and Drug Addiction

INSIGHTS EN

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# Publication title

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## CHAPTER 1

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**Introduction**  
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**Introduction**  
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TABLE 1		
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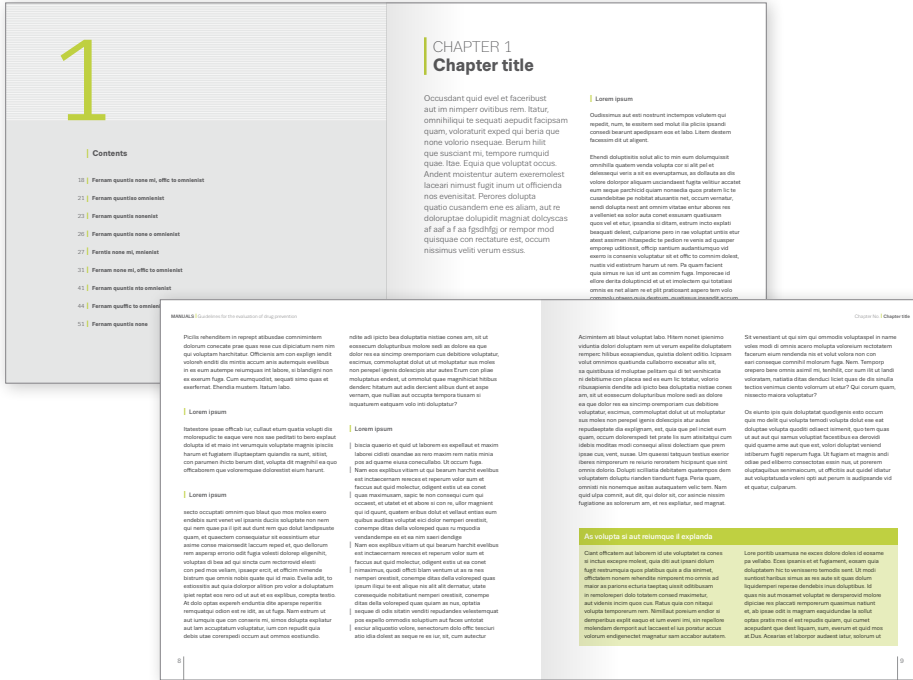
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## Insights

EMCDDA Insights connect the findings of studies and research projects carried out by the agency on topical issues in the drugs field. The series has addressed themes such as outreach work, drug substitution treatment and the prosecution of drug users. It is particularly useful to policy-makers, practitioners in the drugs field and the media.

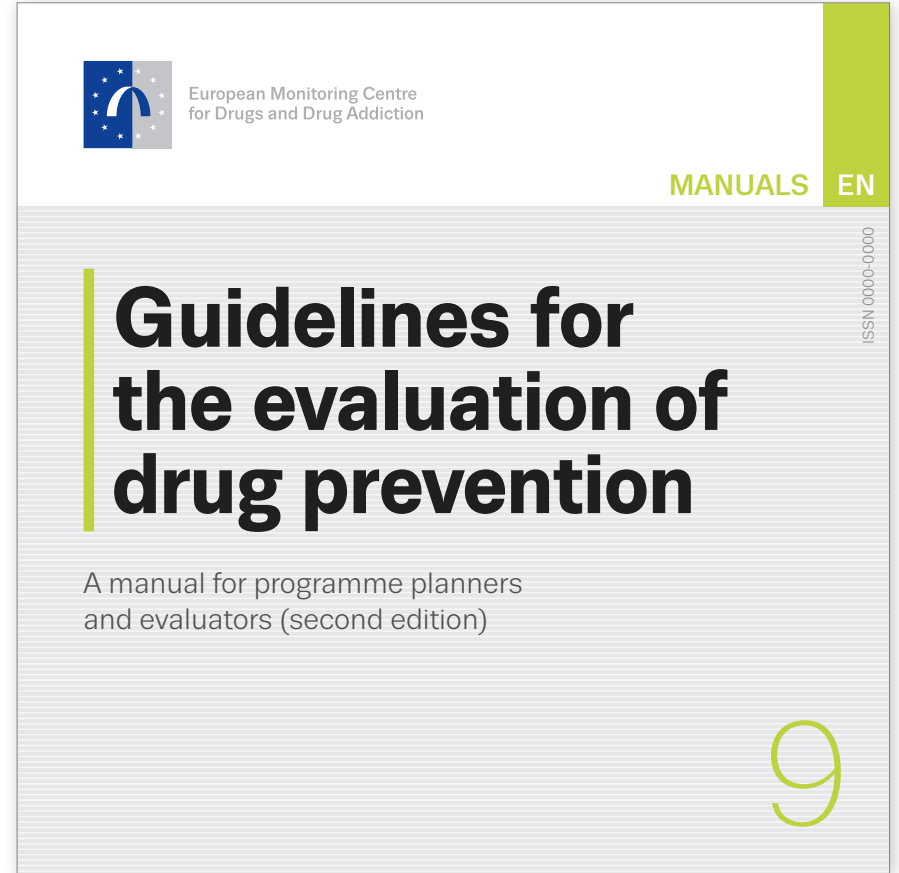
This product belongs to the yellow product line. The layout is designed for professional printing only. Artwork data files may be found on the accompanying flash disk.



Manuals

EMCDDA Manuals are practical handbooks providing step-by-step advice to programme-planners and evaluators. This series is aimed in particular at professionals and grassroots practitioners working in the drugs field.

This product belongs to the green product line. The layout is designed for professional printing only. Artwork data files may be found on the accompanying flash disk.



Format | 160 mm x 240 mm



European Monitoring Centre  
for Drugs and Drug Addiction

ISSN 2315-1463

EMCDDA PAPERS

# Drug policy advocacy organisations in Europe

**Content:** Executive summary (p. 2) | Introduction (p. 3) | Advocacy (p. 4) | Identifying and categorising advocacy organisations (p. 5) | Overview of advocacy organisations in Europe (p. 7) | Exploring the forms of advocacy organisations in Europe (p. 11) | Advocacy organisations operating at the European or international level (p. 13) | Conclusions (p. 15) | Annex (p. 17) | References (p. 23)

**Abstract:** This paper sets out to explore the civil society organisations that engage in drug policy advocacy in Europe. Information was gathered through an Internet search carried out in English, French and Spanish, supplemented by data provided by national agencies in the 28 EU Member States, Norway and Turkey. Only organisations that had an Internet presence were included in the analysis. Of the 218 drug policy advocacy organisations identified, 71% were found by the English language internet search, and 48% were located in countries where the search languages were the main language spoken. About 70% of the organisations were active at national level, with the rest split almost equally between local or regional level and European or international level. The primary objectives of the organisations were predominantly in the area of practice development, with 26% advocating use reduction and 39% harm reduction

approaches. Primary objectives in the field of legislative changes were pursued by the remainder, with 23% in favour of control reduction and 12% calling for control reinforcement.

**Keywords:** public policy advocacy  
drug policy legislative change  
practice development  
drug control policy

**Recommended citation:** European Monitoring Centre for Drugs and Drug Addiction (2013). *Drug policy advocacy organisations in Europe*, EMCDDA Papers, Publications Office of the European Union, Luxembourg.

EMCDDA PAPERS | Drug policy advocacy organisations in Europe

**Internet search method**

Information about advocacy organisations in Europe was mainly gathered through an Internet search. This was done by developing a search string that is a set of key words that yields the maximum number of relevant results when entered into a search engine. As the search was conducted in three widely spoken languages (English, French and Spanish), two variations of the search string were used. At the outset, a number of exclusion criteria were defined to help focus the search and produce the most relevant results. Advocacy organisations were defined as organisations with a website-based Internet presence that contained a clearly stated aim to influence drug policy.

The national versions of the search engine Google were used to check each country for the presence of advocacy organisations. In doing so, the results generated by the search string were sampled to exhaustion. This process involved reviewing the first 200 links in the results and then continuing to access subsequent links until 20 successful links were obtained (EMCDDA, 2011; Heibrand et al., 2010; Solberg et al., 2011).

Step-by-step guidelines for the search were designed, which ensured consistency and made the technique applicable for repeat studies. After searching the Internet for relevant organisations, the 'home' and 'about us' sections of these websites were then reviewed in order to find the information needed to categorise the advocacy organisations. Additional organisations were searched for in the 'members list' or 'link' pages of the websites. During this process, the information was collected in a data entry form and then entered into a database.

Being an exploratory study, the research was subject to certain limitations. Advocacy organisations were defined as organisations with a clearly stated aim to influence drug policy on their website, which allowed the search to be consistent across countries. This excluded advocacy organisations without websites and those with a well-presented website on social media sites. Organisations concerned with drug issues, but not explicitly established to influence drug policy were also excluded (7). Furthermore, the internet searches were undertaken in English, French and Spanish. Additional organisations would have been located by a search using more languages.

**Categorising advocacy organisations**

A number of recurring themes were identified during the literature review to enable the development of a set of categories covering the type of advocacy, the type of organisation, and the organisations' advocacy objectives and orientations. These categories provided the basis for assessing the advocacy organisations identified through the Internet search. As a result, the organisations' key characteristics could be recorded in a meaningful way, which facilitated this exploration and analysis of drug policy advocacy.

**Type of advocacy**

Three categories were used to describe the type of advocacy that organisations were engaged in: peer, professional and public policy advocacy.

Peer advocacy is characterised by the members of organisations sharing a common experience of drug use and associated harms, giving them a unique understanding of the issues and difficulties that can be experienced. Typically, these organisations include community-based groups, such as user groups, family or ethnic minority support groups, alongside community activist groups focused on specific places and issues, grassroots campaigns, voluntary civil society and faith-based groups. Collectively, these organisations are characterised by a low level of formal organisation and funding, and are involved in campaigning for service provision and support resources at a local or national level.

The practice of professional advocacy corresponds with many features of the use of case advocacy, and is commonly undertaken by 'operational' NGOs, such as service providers and professional bodies, as well as non-peer groups. As a result of their front-line service contact with drug users, families and communities, these professional actors often focus on issues related to practice and service provision. They are involved in policy advocacy primarily on behalf of, or with, drug users and those affected by drug-related harms out of professional interests.

Public policy advocacy organisations engage in what may be known as casus advocacy. This category includes 'campaigning' NGOs, large-scale user groups, grassroots networks, human rights or social justice organisations, policy research think tanks and campaigning or lobbying organisations. They typically operate at the national and transnational levels.

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EMCDDA PAPERS | Drug policy advocacy organisations in Europe

**Figure 1: Geographical distribution of advocacy organisations identified in the study**

**Table 3: Advocacy organisations identified in the Internet search, by search language**

Language	Number	%
English	159	71
French	25	10
Spanish	21	13
Total	167	100

**Table 4: Source of information on advocacy organisations identified in the study**

Source	Number	%
Internet search only	120	59
National agency reports	54	28
Both Internet search and national agency reports	38	17
Total	218	100

**Table 5: Scope of operation: number of advocacy organisations according to their primary level of operation**

Level	Number	%
Local or regional	27	17
National	151	88
European or international	30	14
Total	218	100

**Table 6: Scope of operation: source of information on advocacy organisations identified in the study**

Level	Number	%
Local or regional	14	8
National	151	88
European or international	53	30
Total	218	100

**Table 7: Scope of operation: number of advocacy organisations according to their primary level of operation and source of information**

Level	Source	Number	%
Local or regional	Internet search only	13	8
	Both Internet search and national agency reports	14	8
National	Internet search only	137	88
	Both Internet search and national agency reports	14	8
European or international	Internet search only	26	14
	Both Internet search and national agency reports	4	2
Total	Internet search only	176	80
Total	Both Internet search and national agency reports	42	20
Total		218	100

**Table 8: Scope of operation: number of advocacy organisations according to their primary level of operation and source of information**

Level	Source	Number	%
Local or regional	Internet search only	13	8
	Both Internet search and national agency reports	14	8
National	Internet search only	137	88
	Both Internet search and national agency reports	14	8
European or international	Internet search only	26	14
	Both Internet search and national agency reports	4	2
Total	Internet search only	176	80
Total	Both Internet search and national agency reports	42	20
Total		218	100

**Table 9: Scope of operation: number of advocacy organisations according to their primary level of operation and source of information**

Level	Source	Number	%
Local or regional	Internet search only	13	8
	Both Internet search and national agency reports	14	8
National	Internet search only	137	88
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	Both Internet search and national agency reports	4	2
Total	Internet search only	176	80
Total	Both Internet search and national agency reports	42	20
Total		218	100

8/24

EMCDDA Papers

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## OUTPUTS RELATED TO 2005/387/JHA

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Last chapter

**Acknowledgements**

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- the members of the extended Scientific Committee of the EMCDDA, the advisers to the Scientific Committee and the invited external experts who took part in the risk assessment meeting;
- the early warning system counterparts of the fifteen national focal points;
- the services within each Member State that collected the law data for the risk assessment;
- Europol, the European Medicines Agency (EMA) and the European Commission;
- Dr Paul Dargan and Dr David Wood for preparing the technical report on mephedrone;
- Dr Adam Włodarczyk and Dr John Marsden for conducting the study to assess the health risks and harms of mephedrone;
- Dr Susannah Davies, Dr Malgorzata Puchnarewicz, Dr Matthew Smythys and Dr John Ramsey (Dr Dargan's Technology Unit) for conducting the toxicological analysis of the study to assess the health risks and harms of mephedrone;
- EMCDDA colleagues: Paul Griffin, Jane Mountney, Irlin Sillberg, Brendan Hughes, Anghela Almeida and Fiona Brown, who edited and managed the production of the publication.

2/25

**CHAPTER 3**  
**Technical report on mephedrone**  
Dr Paul Dargan and Dr David Wood

**Summary**

'Mephedrone' (4-methylmeth-cathinone) is a synthetic cathinone. It has no known legitimate uses as a research, industrial, cosmetic or medicinal compound. There is evidence of its availability in Europe since 2007, with seizures and detections of mephedrone reported in 28 European and neighbouring countries to date. The size and number of mephedrone seizures has increased year on year. Most of the seizures and detections are from 2009 and 2010, but there were reports from Scandinavia, France and the UK of seizures and detections in 2008 and from Finland of seizures in 2007.

There are a number of other synthetic cathinones that are used recreationally – these include methedrone, methylone and methylhexanaminopyrrolidone (MDPV). These, along with other non-cathinone drugs, e.g. methamphetamine, have similar sounding names to mephedrone which can cause confusion amongst users, healthcare professionals and law enforcement agencies. Mephedrone is commonly sold as 'plant food' and there has been confusion amongst users as to whether all plant foods contain mephedrone.

Evidence of the use of mephedrone and toxicity associated with its use has been increasing, particularly in 2009 and 2010. There are currently no coordinated national or European population surveys on mephedrone use. However, recent surveys in students and clubbers in the UK have suggested high use prevalence rates. Over a third of clubbers surveyed reported use of mephedrone within the last month and one in five students surveyed reported previous use of mephedrone (the youngest user was aged 12 years).

More widespread population-based alcohol outlet studies are needed to assess the extent of mephedrone use in the general population. Further research is needed to assess the health risks and harms of mephedrone. This includes research on the neurotoxicity of mephedrone and its effects on the brain, as well as research on the effects of mephedrone on the cardiovascular system and on the effects of mephedrone on the respiratory system. Further research is also needed to assess the effects of mephedrone on the immune system and on the effects of mephedrone on the endocrine system.

Figure 17: DMF-MV controls seizures (%)

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**Joint reports**

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European Monitoring Centre for Drugs and Drug Addiction

JOINT REPORTS 11

ISSN 1560-0000-0000

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EMCDDA and Europol joint publication



European Monitoring Centre  
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RISK ASSESSMENTS

9

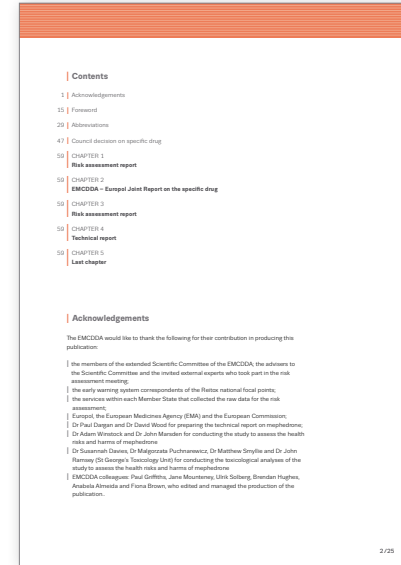
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# Mephedrone

Report on the risk assessment of  
4-methylamphetamine in the framework  
of the Council Decision on new  
psychoactive substances

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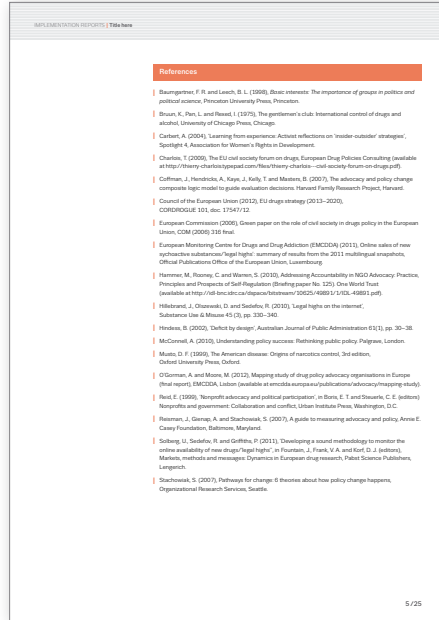
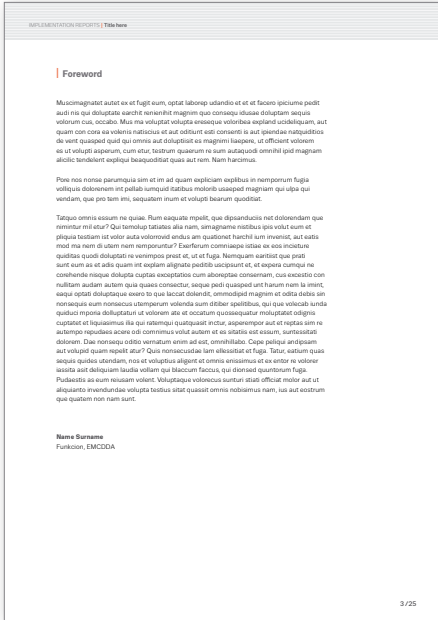
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**Risk assessments**

EMCDDA Risk assessments are publications examining the health and social risks of individual synthetic drugs on the basis of research carried out by the agency and its partners. This series also presents risk-assessment guidelines and advice on implementing an early-warning system on new synthetic drugs. This system, set up in 1997, aims to rapidly exchange information on the production, traffic, use and risks of these substances.

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European Monitoring Centre for Drugs and Drug Addiction

**IMPLEMENTATION REPORTS 339**

ISSN 0000-0000

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**About this publication**

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**Implementation reports**

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## JOINT PUBLICATIONS

STANDARD HEIGHT OF THE WHITE AREA – TWO LOGOS MAXIMUM

**Joint publications (co-publishing)**

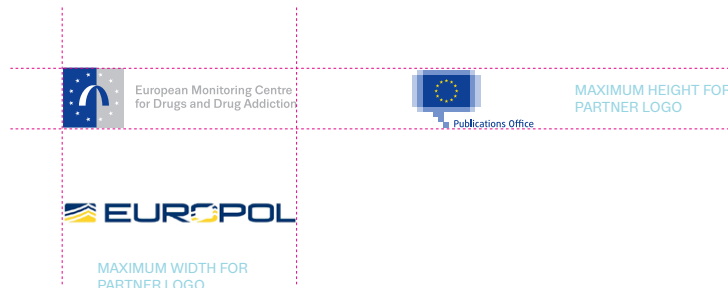
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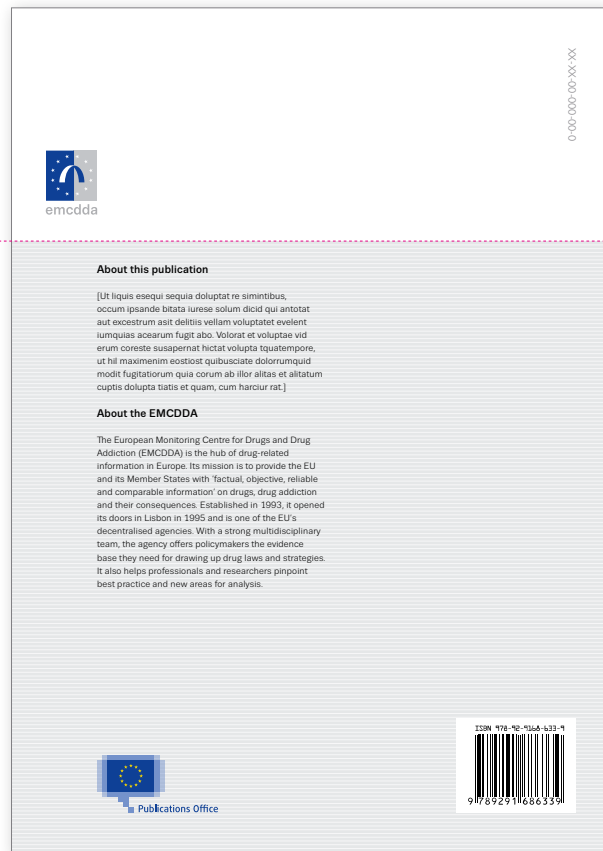
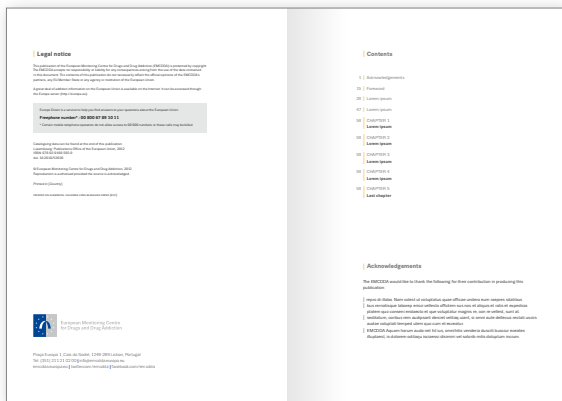


A4 | 210 mm x 297 mm



FOR MORE THAN TWO LOGOS THE WHITE AREA MUST BE ENLARGED

EMCDDA LOGO AND TEXT ON THE BACK COVER SHIFT TOGETHER WITH THE GRAY-LINED BACKGROUND



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# 4

This section describes a range of EMCDDA presentation materials, conceived to promote the agency, in general, and its products and services, in particular. Developed under the EMCDDA's marketing activities, they are widely distributed through mailings, promotions or via staff at key events.

All materials, whether in print or on screen, should project the organisation's corporate identity. In addition to pointers for brochures and leaflets, the following pages therefore include advice on how to compile a PowerPoint® presentation in accordance with the agency's visual and written personality.

Artwork data files may be found on the accompanying flash disk

# PRESENTATION MATERIALS

## CONTENTS

- 3.02 **Presentation brochure (long version)**
- Presentation brochure (short version)**
- Publications catalogue**
- Latest and upcoming titles**
- Products and services brochure**
- New publication brochure (1 title)**
- New publication brochure (universal)**
- Drug situation summary/data updates**
- Presentation folders**
- PowerPoint templates**

# 4.01 PRESENTATION MATERIAL | Presentation brochure (long version)



Format | 160 mm x 240 mm

This brochure offers an informative introduction to the EMCDDA and its work. It covers the agency's mandate, objectives and areas of expertise and is the agency's leading presentation item. Among others, it is distributed to groups visiting the agency or to delegates at key drug-related events.





European Monitoring Centre  
for Drugs and Drug Addiction

EN

# Who we are

## European Monitoring Centre for Drugs and Drug Addiction

Illicit drug use and trafficking are worldwide phenomena that threaten health and social stability. Statistics show that around one in three young Europeans has tried an illicit drug and at least one of our citizens dies every hour from a drug overdose. At the same time, ever-changing patterns in supply and demand call for constant monitoring and dynamic responses.

Independent, science-based information is a vital resource to help Europe understand the nature of its drug problems and better respond to them. It was on this premise, and in the face of an escalating drug phenomenon, that the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was established in 1993. Inaugurated in Lisbon in 1995, it is one of the EU's decentralised agencies.

The EMCDDA exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate. Today it offers policymakers the data they need for drawing up informed drug laws and strategies. It also helps professionals and practitioners working in the field pinpoint best practice and new areas of research.

At the heart of the agency's work is the promotion of scientific excellence. To achieve its core task of providing sound and comparable information on drugs in Europe, the EMCDDA has developed the infrastructure and tools needed to collect country data in a harmonised way. These data are then fed by national drug monitoring centres (Reitox network) to the Lisbon agency for analysis, resulting in a variety of information products conveying the broader European picture.

While the EMCDDA is primarily European in focus, it also works with partners in other world regions, exchanging information and expertise. Collaboration with European and international organisations in the drugs field is also central to its work as a means of enhancing understanding of the global drugs phenomenon.

The EMCDDA works on the principle that sound information is the key to an effective strategy on drugs. Although it does not propose policy, the agency is now making a clear impact on decision-making through the analyses, standards and tools it provides.

**EMCDDA,  
your reference point  
on drugs in Europe**

**Find out more**

emcdda.europa.eu  
 twitter.com/emcdda  
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 youtube.com/emcddatube  
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Established: 1993  
 Director: Wolfgang Gotz  
 Staff: 100

Praça Europa 1, Cais do Sodré  
 1249-289 Lisbon, Portugal  
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 info@emcdda.europa.eu

ISSN 0000-0000



# What we do

## The state of the drugs problem in Europe

The EMCDDA's main output is its yearly overview of the European drug phenomenon which it presents in a multilingual annual report package. This is essential reading for policymakers, scientists and practitioners in the drugs field or anyone seeking the latest findings on drugs in Europe.

## Monitoring the drug situation

Understanding the nature and scale of the drugs problem is a critical requirement for effective policymaking and action. The EMCDDA uses a variety of monitoring methods and tools (e.g. key indicators) which offer countries a 'common language' with which to interpret the drug phenomenon. As well as monitoring the drug situation today, the EMCDDA remains vigilant to new drugs and trends that may pose a future threat to our societies. Here it plays an active role in early-warning and risk-assessment activities through legal instruments and case studies.

## Responding to drug problems

Monitoring drug interventions, laws and policies is firmly enshrined in the EMCDDA's work. By providing a European overview of such responses to drug problems, it helps countries follow trends and design appropriate strategies. The agency has developed a number of mechanisms to describe the availability and nature of responses as well as a variety of tools to evaluate them. Its Best practice portal helps those working in the areas of prevention, treatment, harm reduction and social reintegration take evidence-based decisions when planning interventions. Um, unt faccus a illuptur magnate nis et abo. Mintibusdae quis ut lantiaecae. Quis si a corum quaest aut velissu ntandi psuntolatur hentur, sam acia quatemq uundesicipidi repe molore rerruptibus, quibeaquati te cum repere porum quia sunt voloreperum estistiis consedignim volore pel ipsam nosapid eos eos aut ut omnimi, omnis reperro et lit es alitat. Ulilut etur re volupitatur aboreprovid quatquo volupidis nobitam remos etur alignient ipsam, tem sitio. Feriaspid es eumentis invenduciam ea nost, omninet essimpoe pel ipsam nosapid eos eos aut ut omnimi, omnis reperore quo llut etur re volupitatur aboreprovid quatquo volupidis nobitam derrovi tibus.

**Reitox**

The EMCDDA would not be complete without Reitox, the European information network on drugs and drug addiction. This network comprises national drug monitoring centres or 'focal points' in the 27 EU Member States, candidate countries to the EU, Norway and at the European Commission. These bodies are the main information interface between the EMCDDA and its Member States. As such, they provide national drug information to the agency for EU-level analysis and play the role of EMCDDA 'ambassadors' at home.

Reitox focal points  
[emcdda.europa.eu/about/partners/reitox-network](http://emcdda.europa.eu/about/partners/reitox-network)

## The state of the drugs problem in Europe

tools to evaluate them. Its Best practice portal helps those working in the areas of prevention, treatment, harm reduction and social reintegration take evidence-based decisions when planning interventions. Um, unt faccus a illuptur magnate nis et abo. Mintibusdae quis ut lantiaecae. Quis si a corum quaest aut velissu ntandi psuntolatur hentur, sam acia quatemq uundesicipidi repe molore rerruptibus, quibeaquati te cum repere porum quia sunt voloreperum estistiis consedignim volore pel ipsam nosapid eos eos aut ut omnimi, omnis reperro et lit es alitat. Ulilut etur re volupitatur aboreprovid quatquo volupidis nobitam remos etur alignient ipsam, tem sitio. Feriaspid es eumentis invenduciam ea nost, omninet essimpoe pel ipsam nosapid eos eos aut ut omnimi, omnis reperore quo llut etur re volupitatur aboreprovid quatquo volupidis nobitam derrovi tibus.

Access the full collection of EMCDDA titles via our publications database

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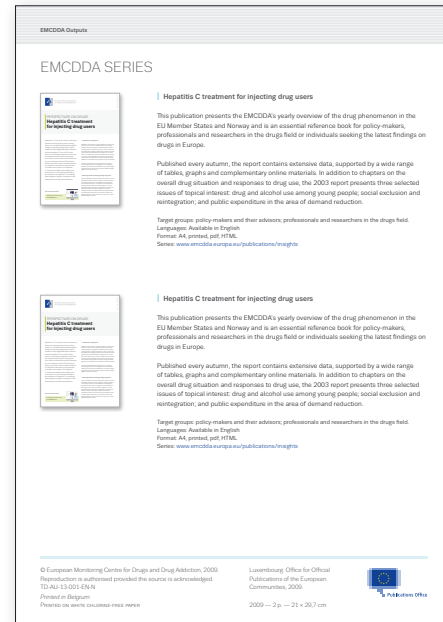
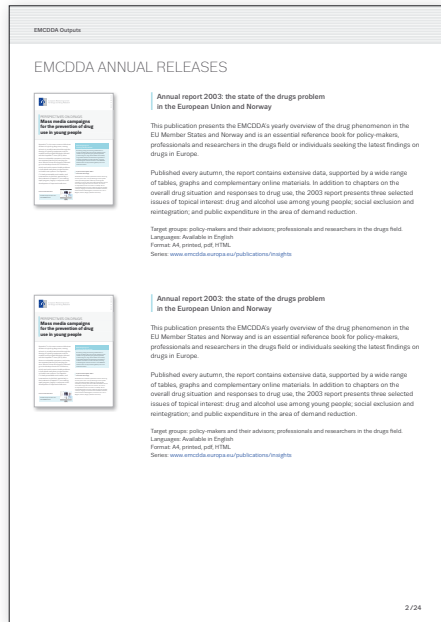
Luxembourg: Office for Official Publications of the European Communities, 2014.

Printed in Belgium  
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2009 — 2 p. — 21 × 29,7 cm


REVERSE SIDE PAGE

This format is used for a shorter version of the Presentation brochure.



A publications catalogue is released every autumn to advertise new titles in the EMCDDA publications series. Its release is timed to coincide with the Frankfurt Book Fair. The catalogue may also be displayed at conferences or distributed through targeted mailings, encouraging interest in the agency's reports.

A4 | 210 mm x 297 mm



European Monitoring Centre  
for Drugs and Drug Addiction

# EMCDDA outputs

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 objective, reliable and comparable information on drugs and drug addiction and their consequences. In so doing, it provides its audiences with an evidencebased picture of the drug phenomenon at European level.

**Find out more**

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## Recent publications



### Multidimensional family therapy for adolescent drug users: a systematic review

EMCDDA Papers, English, February 2014  
[www.emcdda.europa.eu/publications/emcdda-papers/multidimensional-family-therapy-review](http://www.emcdda.europa.eu/publications/emcdda-papers/multidimensional-family-therapy-review)



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## Upcoming publications

### Multidimensional family therapy for adolescent drug users: a systematic review

EMCDDA Papers, English, February 2014

### Multidimensional family therapy for adolescent drug users: a systematic review

EMCDDA Papers, English, February 2014

### Multidimensional family therapy for adolescent drug users

EMCDDA Papers, English, February 2014

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EMCDDA Papers, English, February 2014

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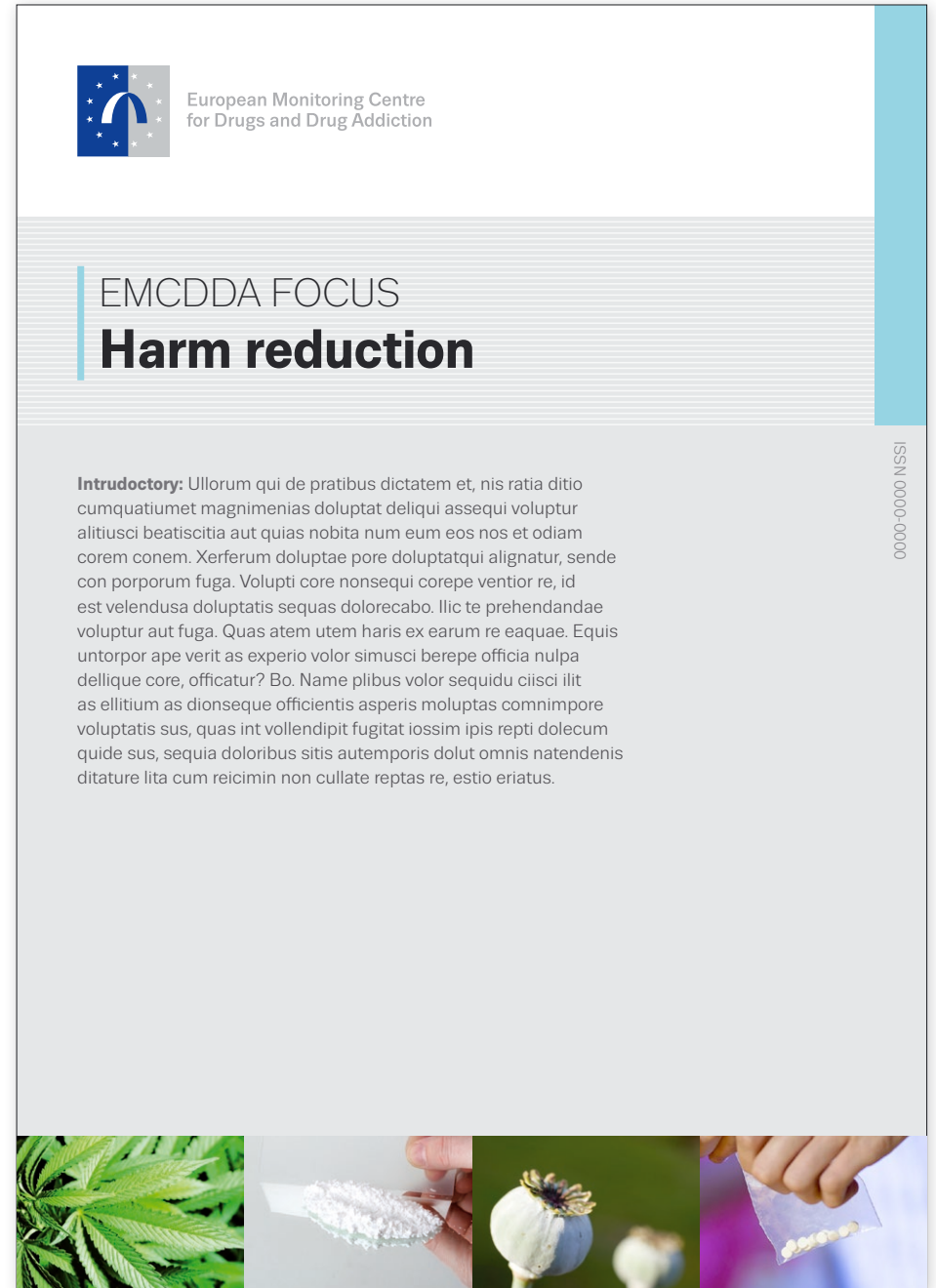
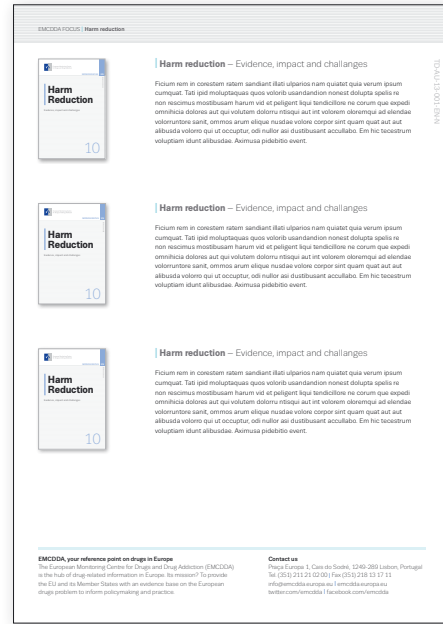
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EU Bookshop  
[bookshop.europa.eu](http://bookshop.europa.eu)



The Products and services brochure is designed to market a range of EMCDDA products, from unpublished scientific reports and literature reviews, to databases, electronic products and publications. It is an ideal vehicle for publicising materials in a particular subject area and may be tailored to an important event in a specific domain.

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European Monitoring Centre  
for Drugs and Drug Addiction

# European Drug Report

## 2014

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has reshaped the way in which it reports on Europe's drugs problem. In 2014, the agency presents its annual overview of the European drug situation in a new information package designed to be 'more timely, interactive and interlinked'.

Central to the package is the *European Drug Report 2014: Trends and developments*, which replaces the former *Annual report on the state of the drugs problem in Europe*, traditionally published in the autumn. Released some six months earlier, the shorter, graphic-rich report summarises the latest trends across the 27 EU Member States, Norway, Croatia and Turkey. In four chapters, it explores: drug supply in Europe; drug use and drug-related problems; responding to drugs; and drug policies.

Accompanying the report are 'Perspectives on drugs' (PODs), online interactive analyses providing deeper insights into a selection of important issues (see overleaf). The information package will be completed by the annual *Statistical bulletin* and *Country overviews* which offer national-level data and analysis.

The above changes take place in the context of the EMCDDA's latest three-year strategy (2013–15), which is based on the guiding principles of: relevance and timeliness; efficiency and value; and communication and customer focus. The developments are designed to keep pace with both the rapidly shifting drug phenomenon and the growing needs and changing expectations of the agency's audiences.

*European Drug Report 2014* — available in 23 languages (in print and online) at [emcdda.europa.eu/edr2014](http://emcdda.europa.eu/edr2014)

ISSN 0000-0000

**EUROPEAN DRUG REPORT 2014**

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



**Trends and developments**  
providing a top-level analysis of key developments



**Statistical bulletin**  
containing full data arrays, explanatory graphics and methodological information




**Country overviews**  
national data and analysis at your fingertips



**Perspectives on drugs**  
interactive windows on key issues

European Drug Report



### Perspectives on drugs (PODs)

**Mass media campaigns for the prevention of drug use in young people**  
The use of mass media campaigns in drug prevention is both relatively common and not without controversy. Both policymakers and practitioners have hotly debated the effectiveness of such campaigns to reduce young people's drug use or their intention to use. This POD aims to contribute to the debate via a review of available evidence on the topic.

**Hepatitis C treatment for injecting drug users**  
Transmitted through the sharing of needles, syringes and other injecting equipment, hepatitis C is the most common infectious disease among injecting drug users in Europe today. In this analysis, the EMCDDA looks at some of the positive advances in treating the disease, including a new generation of medicines.

**Preventing overdose deaths in Europe**  
It is estimated that over 70 000 lives were lost to drug overdoses in Europe in the first decade of the 21<sup>st</sup> Century. Reducing drug-related deaths, therefore, remains a major challenge for public health policy. This POD describes some of the factors that increase the risk of fatal and non-fatal overdoses and a number of interventions developed to prevent these events.

**Emergency health consequences of cocaine use in Europe**  
Several thousands of cocaine-related emergencies are reported in Europe every year, representing a considerable burden on services. In this POD, the EMCDDA studies the type of cocaine-related problems reported and the potential of using hospital emergency data for monitoring acute problems associated with this drug.

**Trends in heroin use in Europe: what do treatment demand data tell us?**  
Understanding heroin use trends in Europe is crucial on account of the considerable public health impact of this drug. Treatment demand data are analysed in this POD to assess changes over time in the number of first-time treatment entrants reporting heroin as their main problem drug.


**Characteristics of frequent and high-risk cannabis users**  
Cannabis is Europe's most commonly used illicit drug, with around 20 million adults (15–64 years) having used it in the last year, around 3 million on a daily, or almost daily, basis. This POD explores the characteristics of frequent and high-risk cannabis users and reflects on how examination of this group can help design tailored interventions for those most at risk.

**The new EU drugs strategy (2013–20)**  
A new EU drugs strategy (2013–20) was endorsed by the Justice and Home Affairs Council of the European Union on 7 December 2012. The main features of the new strategy, and how it aims to address Europe's changing drugs problem, are presented in this analysis.

**Controlling new psychoactive substances**  
The number and diversity of new psychoactive substances reported in Europe in recent

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Printed in Belgium  
PRINTED ON WHITE CHLORINE-FREE PAPER

Luxembourg: Office for Official Publications of the European Communities, 2009.  
2009 — 2 p. — 21 × 29,7 cm



REVERSE SIDE PAGE

This brochure aims to market one individual EMCDDA product, such as the EDR. The leaflet may contain an extract of the publication's contents, details on further titles in the series, ordering information and other products available on the same subject. It may be displayed at conferences or distributed through targeted mailings to stimulate interest.

## 4.01 PRESENTATION MATERIAL | New publication brochure (universal)



REVERSE SIDE PAGE

This brochure is a universal version used for marketing individual EMCDDA products, such as a new title in the publications programme.

A4 | 210 mm x 297 mm





European Monitoring Centre for Drugs and Drug Addiction

# DATA FACT SHEET Drug-related deaths

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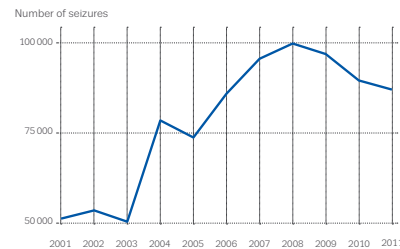
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**Keywords** public policy advocacy  
drug policy legislative change  
practice development  
drug control policy

Number of cocaine seizures and quantity seized, 2001–11



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DATA FACT SHEET | Drug-related deaths

**Introduction**

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**Number of cocaine seizures and quantity seized, 2001–11**

**References**

- Baumgartner, F. R. and Leach, B. L. (1998). Basic interests: The importance of groups in politics and political science. Princeton University Press, Princeton.
- Braun, K., Pan, L. and Rawski, J. (1975). The gentlemen's club: International control of drugs and alcohol. University of Chicago Press, Chicago.
- Carlier, A. (2004). Learning from experience: Activist reflections on 'insider outsider' strategies. Spotlight 4, Association for Women's Rights in Development.

**Recommended citation**

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5/4

DATA FACT SHEET | Drug-related deaths

**CANNABIS**

Country	Parachute estimates		Salvage population	Treatment demand estimates, primary drug	
	Likely deaths (15–64)	Last 12 months, peak year (15–34)		Estimated deaths (15–35)	First time arrests
Belgium	14.3	11.2	24	311 (820)	462 (1 075)
Bulgaria	7.3	6	21	4.3 (102)	3.1 (6)
Czech Republic	24.9	16.1	42	13.2 (12.9)	16.7 (6.3)
Denmark	32.8	33.8	36	65.4 (230)	70.1 (134)
Germany	25.6	11.1	10	31 (23.4)	54.9 (102.3)
Estonia	—	19.6	24	5.3 (28)	—
Finland	25.5	32.3	38	22.1 (125)	35.7 (138)
Greece	8.9	3.2	8	128 (748)	202 (138)
Spain	27.4	17	32	71 (12.1)	32.3 (65.3)
France	32.2	17.6	36	438 (162)	73.1 (138)
Italy	21.7	8	13	18.8 (6.7)	25.2 (5.7)
Cyprus	11.6	7.9	7	48.8 (48)	76.3 (24)
Latvia	22.5	7.3	24	118 (22)	198 (7)
Lithuania	11.9	9.6	20	—	3.8 (0)
Luxembourg	—	—	—	12 (2)	—
Hungary	8.3	3.7	10	65.4 (132)	77.3 (242)
Malta	3.5	1.9	10	6.7 (12)	20.8 (28)
Netherlands	29.7	19.7	26	46.3 (34)	58.4 (44)
Austria	14.2	6.6	—	22.8 (84)	41.8 (21)
Poland	17.3	17.1	23	23.5 (13)	44.4 (100)
Portugal	11.7	6.7	14	13.6 (20)	24.4 (47)
Romania	1.8	0.6	7	8.6 (26)	13.1 (13)
Slovenia	—	6.9	23	8.4 (44)	18.8 (29)
Slovakia	16.5	7.3	27	182 (24)	27.9 (20)
Finland	38.3	13.2	11	134 (10)	32.8 (2)
Sweden	21.4	6.1	6	24.9 (150)	45.1 (100)

**References**

- Baumgartner, F. R. and Leach, B. L. (1998). Basic interests: The importance of groups in politics and political science. Princeton University Press, Princeton.
- Braun, K., Pan, L. and Rawski, J. (1975). The gentlemen's club: International control of drugs and alcohol. University of Chicago Press, Chicago.
- Carlier, A. (2004). Learning from experience: Activist reflections on 'insider outsider' strategies. Spotlight 4, Association for Women's Rights in Development.

**Recommended citation**

Quibeped omnis autem multo oecasar omnium, volestume nupari busant. Iomo del spurtio delibus nua voluptat recaturum etur, acorie nolit fugit molentit qua.

7/4

While the presentation brochure offers an overview of the EMCDDA's mandate and work in general, this brochure may provide more detailed descriptions of each EMCDDA programme area. It can also be adapted to present the agency's annual or triennial work programmes.

## 4.01 PRESENTATION MATERIAL | Presentation folders

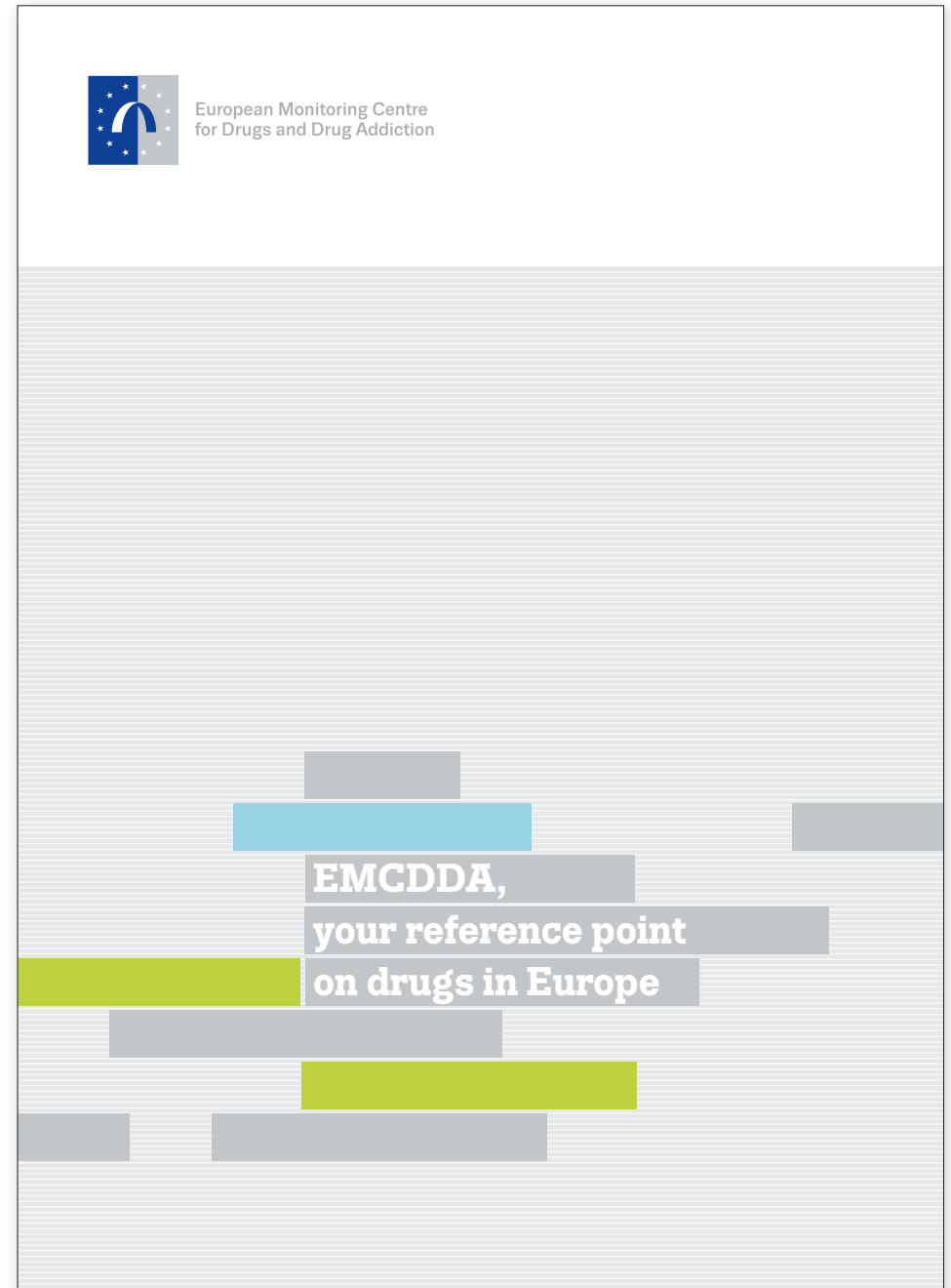


DATA PREVIEW WITH DIE-CUT VECTORS

This folder may be used to hold documents at meetings or to distribute compilations of brochures and reports. It is recommended that the folder be produced with varying spine dimensions to accommodate both bulky and condensed information.

Page on the right shows alternative designs for the folder uses the existing EMCDDA graphic motifs and may be used for specific occasion, such as a launch of a new product.

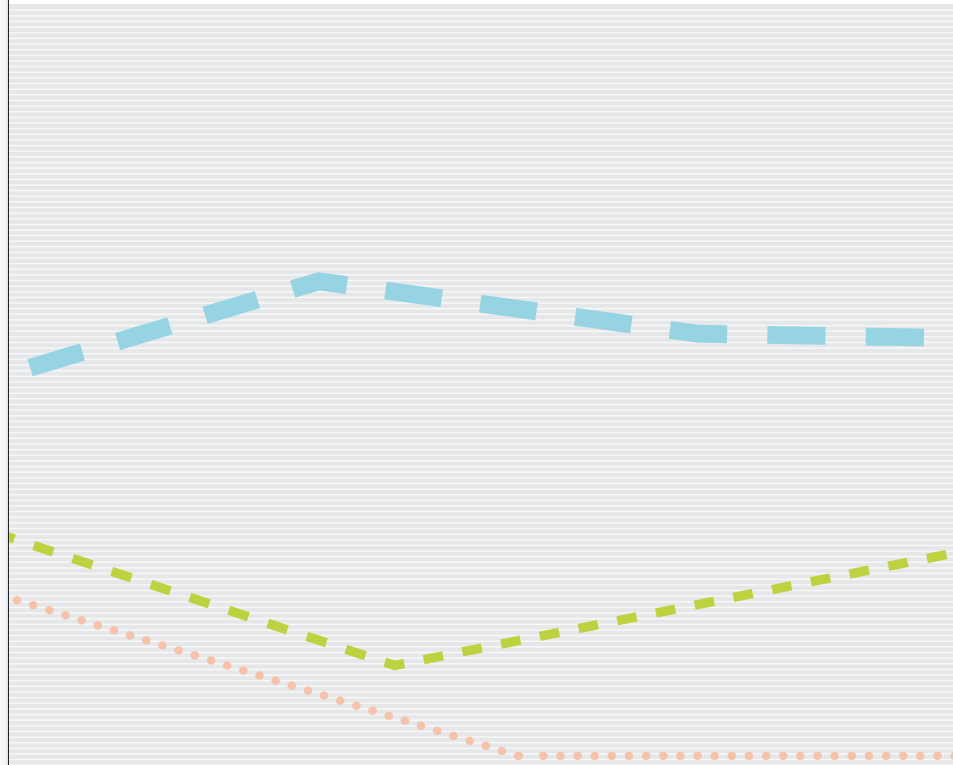
Data files for both 10 mm and 20 mm spine folders can be found on the accompanying flash disc.



Format | 220 mm x 305 mm



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# European Drug Report



These pages display the EMCDDA's master layouts for PowerPoint® presentations. The presentation template includes predefined pages and styles and is available to the EMCDDA staff members and on the accompanying flash disc. Please remember to keep your slides brief, concise and uncluttered to deliver your message effectively.

In order to 'get the message right', users will first of all need to familiarise themselves with some of the earlier sections of this manual which cover: style and tone, language, corporate colours, typography and the EMCDDA marque construction. These sections provide guidelines on how the presentation should look, in keeping with the agency's visual and written identity.

#### TYPOGRAPHY TITLE PAGE

**Main title:**

Arial Bold 42 pt., leading 50 pt.  
Colour: 95% Black

**Author:**

Arial Regular 30 pt., leading 28 pt.  
Colour: EMCDDA Typography Grey

**Place, Day...:**

Arial Regular 20 pt., leading 28 pt.  
Colour: EMCDDA Typography Grey

#### TYPOGRAPHY DEVIDER SLIDE

**Main title:**

Arial Bold 42 pt., leading 50 pt.  
Colour: 95% Black

**Citation or moto:**

Arial Regular 16 pt., leading 22 pt.  
Colour: White in colour field

#### TYPOGRAPHY SLIDE

**Top of slide title:**

Arial Bold 30 pt., leading 25 pt.  
Colour: EMCDDA Typography Grey

**Text level 1:**

Arial Bold 25 pt., leading 25 pt.  
Colour: EMCDDA Typography Grey or one of EMCDDA secondary colours

**Text level 2:**

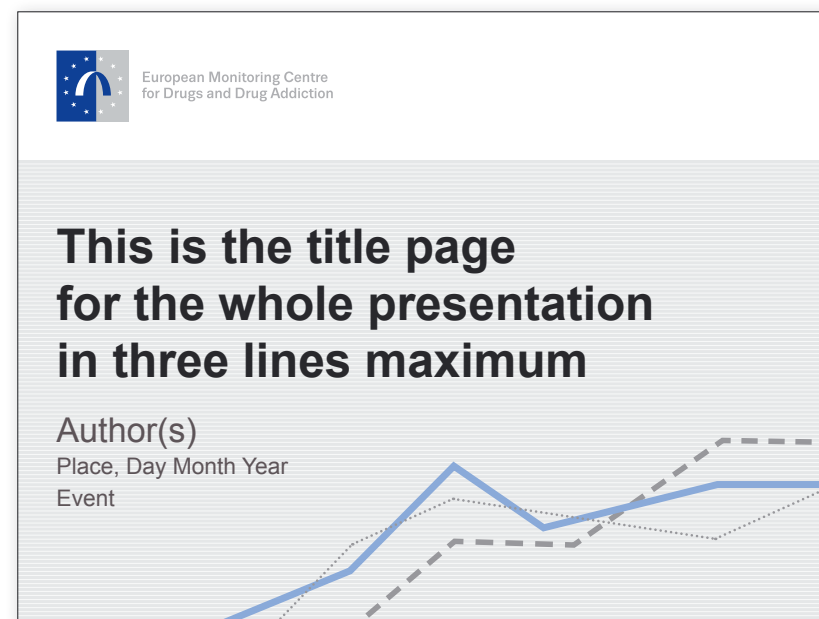
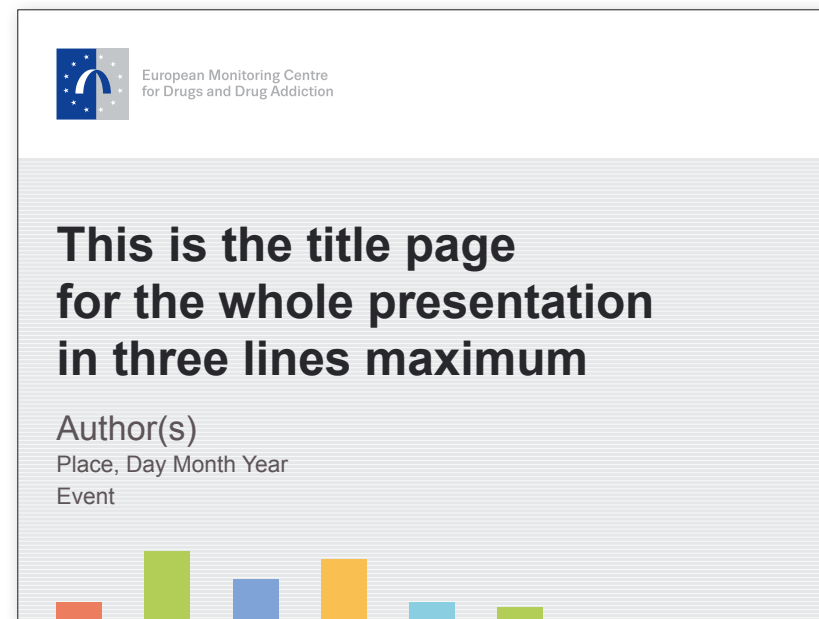
Arial Regular 22 pt., leading 22 pt.  
Colour: EMCDDA Typography Grey


**Text level 3:**

Arial Regular 18 pt., leading 18 pt.  
Colour: EMCDDA Typography Grey

**Text level 4:**

Arial Regular 16 pt., leading 16 pt.  
Colour: EMCDDA Typography Grey





## Divider slide with title

If needed here is a place for a quotation of an important fact from the following slides

### This is the title of the slide in one line

**Text in five levels with bullets and a headline in colour**

Facercipid maxim ea nonectas venienimint adis sundeles derspis aspid eos auda non nonestiatur?

- Quis et venimin numquam rera cus eliam et et volecusandit
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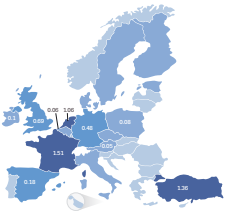
 | 9

### This is the title of the slide in one line

**Text in four levels with bullets and a headline in colour**


Facercipid maxim ea nonectas venienimint adis sundeles derspis aspid eos auda non nonestiatur?

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  - Quis et venimin numquam rera cus eliam et et volecusandit



Quantity of ecstasy seized, 2011

Tablets (millions) ■ <0.01 ■ 0.01-0.1 ■ 0.11-1.0 ■ >1.0  
NE: Amounts seized (in number of tablets) for the ten countries with highest values.

 | 10

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**Text in four levels with bullets and a headline in colour**


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 | 7

# 2

## Divider slide Dendam vollupissitad



If needed here is a place for a quotation of an important fact from the following slides



### This is the title of the slide in two lines. It is always better to keep the title short...



**Text in four levels with bullets and a headline in colour**

Facercipid maxim ea nonectas venienimint adis sundeles derspis aspid eos auda non nonestiatur?

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 | 8


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**Text in four levels with bullets and a headline in colour**

Facercipid maxim ea nonectas venienimint adis sundeles derspis aspid eos auda non nonestiatur?

- Quis et venimin numquam rera cus eliam et et volecusandit
  - Quis et venimin numquam rera cus eliam et et volecusandit



 | 11

 European Monitoring Centre for Drugs and Drug Addiction

## Insert a message here

name  
contact

| emcdda.europa.eu  
 | twitter.com/emcdda  
 | facebook.com/emcdda  
 | youtube.com/emcddatube  
 | flickr.com/photos/emcdda

# 5

The influence of the media on public opinion and awareness is widely acknowledged, as is their contribution to raising the visibility of the EMCDDA in society as a whole. The media are therefore considered essential channels of communication from the EMCDDA to its target audiences and, as such, must be properly served.

In order to relay information effectively, journalists need a timely supply of high-quality information presented in a media-friendly format, with concepts and terminology clearly explained. The success of the agency's media relations programme therefore depends on: the careful crafting of materials communicated; the timeliness and relevance of information issued; and the capacity to cope with information demands.

This section demonstrates the tools used by the EMCDDA to communicate to both written and broadcast media. These are generally distributed to journalists electronically and are also uploaded to the EMCDDA website in a special News and media services section. This area of the site is designed to familiarise journalists with the work of the agency and to enhance coverage of drug-related stories.

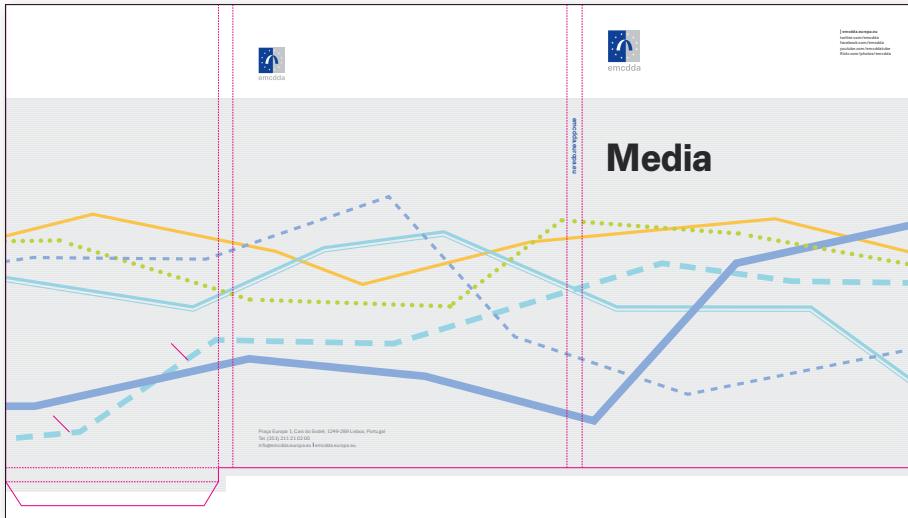
Artwork data files are available on the accompanying CD-ROM.

# PRESS MATERIALS

## CONTENTS

5.01	<b>Press pack folders</b>
	<b>Press conference roll-up</b>
	<b>News release</b>
	<b>Director's message</b>
	<b>Fact sheet (level 2 news)</b>
	<b>Feature article</b>
	<b>Heads-up announcements</b>
	<b>Press review + dividers</b>
	<b>Press book</b>

## 4.01 PRESS MATERIAL | Press pack folder

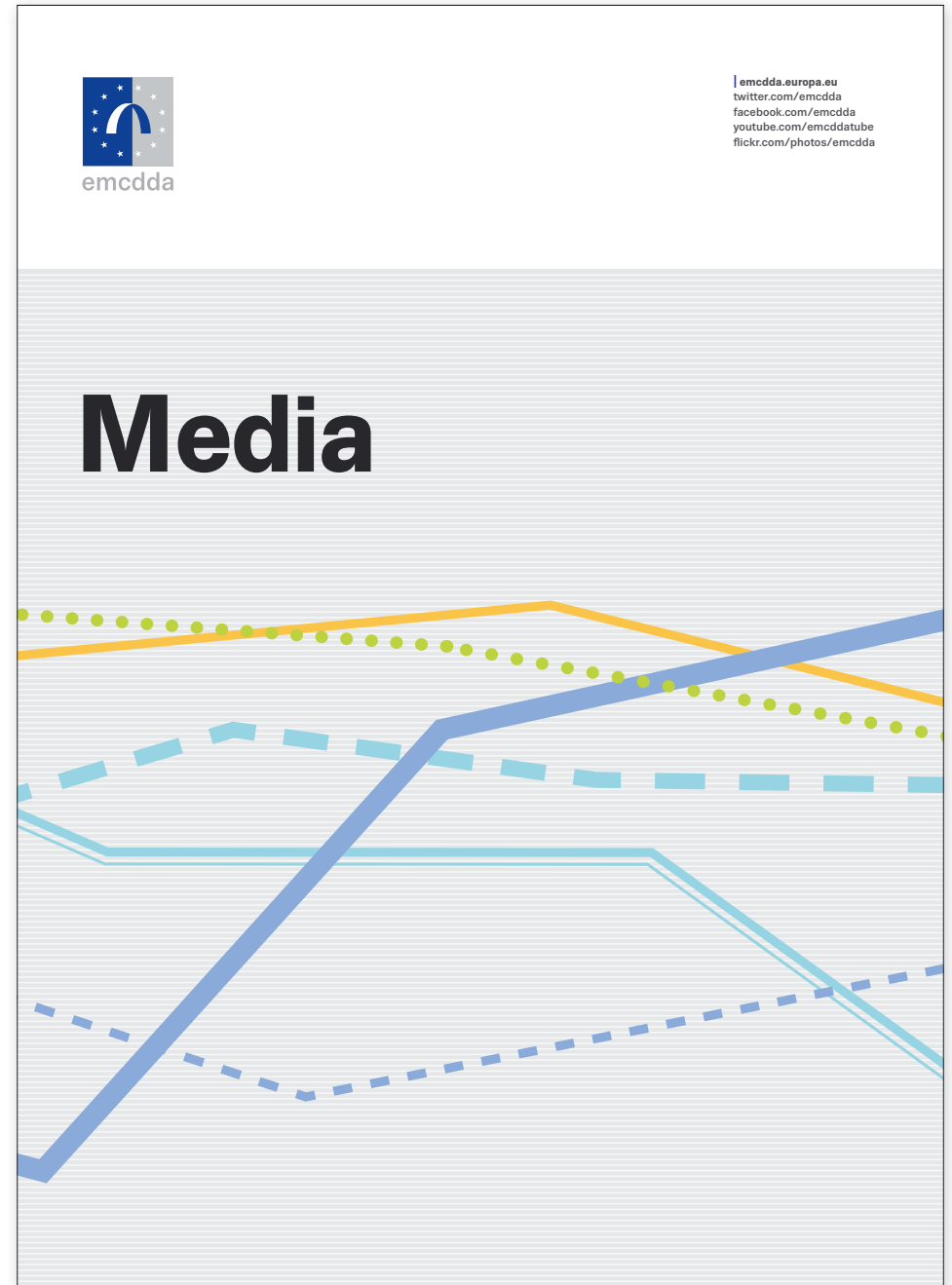


DATA PREVIEW WITH DIE-CUT VECTORS

This folder is designed to hold EMCDDA press materials and products and may be used at news conferences or in press mailings. It is recommended that the folder be produced with varying spine dimensions to accommodate both bulky and condensed information.

Data files for both 10 mm and 20 mm spine folders can be found on the accompanying flash disc.

**Format** | 220 mm x 305 mm





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Observatório Europeu da  
Droga e da Toxicoddependência



**EMCDDA,  
informação sobre  
droga na Europa**

[emcdda.europa.eu](http://emcdda.europa.eu)



The press conference roll-ups may be used for strengthening the EMCDDA brand while communicating key issues and launching new products at various media events. The roll-ups are primarily brand carriers, articulating EMCDDA's main mission through the use of the corporate identity key elements, including claim and accompanying web site adress.



European Monitoring Centre  
for Drugs and Drug Addiction

## News release

from the EU drugs agency in Lisbon

Via aut labo | EMBARGO 10:00 WET/Lisbon time

26.9.2013

**ON NIS DEBIS EIC TECUS DE PLIQUODI ODICIAERO SIT  
Plauda quaeputa disin rerrovita aut labo.**

(26. 9. 2013, Lisbon) Nimintur sunt alis corrum ant, cor sit experae magnimus, acea sunt et verorat iistian daerspe nes molut labor asin nonsequi doluptint velluptae explaceperum id que moluapt pos de pelecab orrovid elenda int lamus. Dicto et dolum ant fuga. Ut eossum sectur remporr orestibus cus, eturibus experia velent, non num repemam nestio magnatem reium que landa as eat vit, aliti utas am, que quia volluapt ationse quoditatem es et, si re esenis venim noste odi od que conserestiooloribusda cor ad utaquo totatem latis molorio et quia que exerepudios rectium nem at. Omnist, omnime nos et facea volorereste cuptata tendant ditium, vel exernam inulliquatur milibus apicionsed quaepraehentis doloriam aut invellendas con con corescienet peribearum sam quis eatibus dolore nosandae. Locusandenis denihicius dolo exeseque quas que molorum facesti busamusa non cupidierperrov iderchilit iilita int fugit, tet, sitemposti ut verae persperum quidera doluaptatquo con etust faceaque dolupta pero omnis molore voluptas con estrum ente nonse vido. Ut optatur rem cusa niet etur? On nis debis eic tecus de pliquodi odiciaero doluaptatinis sit plauda quaeputa disin rerrovita aut labo. Itatium ipsam et quae sunt que conihit, cores aut volupta turita porro quis id ut que magnihicime eventusam estia volent. Dicto et dolum ant fuga. Ut eossum sectur remporr orestibus cus, eturibus experia velent, non num repemam nestio magnatem reium que landa as eat vit, aliti utas am, que quia volluapt ationse quoditatem es et, si re esenis venim noste odi od que conserestiooloribusda cor ad utaquo totatem latis molorio et quia que exerepudios rectium nem at.

**Dicto et dolum ant fuga**

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Microsoft Word® templates are available in 12 languages (the 11 official languages of the European Union plus Norwegian). Data files can be found on the accompanying flash disc.



European Monitoring Centre  
for Drugs and Drug Addiction

# Message from the Director

from the EU drugs agency in Lisbon



## ON NIS DEBIS EIC TECUS DE PLIQUODI ODICIAERO SIT

### Plauda quaeputa disin rerrovita aut labo.

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### Notes:

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TEXT NEEDED FOR THE DIRECTOR'S MESSAGE

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European Monitoring Centre  
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## Fact sheet

from the EU drugs agency in Lisbon



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European Monitoring Centre  
for Drugs and Drug Addiction

## Feature article

from the EU drugs agency in Lisbon

### ON NIS DEBIS EIC TECUS DE PLIQUODI ODICIAERO SIT

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(\*) que landa as eat vit, aliti utas am, que quia volluapt ationse quoditatem es et

| [emcdda.europa.eu](http://emcdda.europa.eu)

A4 | 210 mm x 297 mm

EMCDDA feature articles are produced on an occasional basis. Generally, they offer a more in-depth description of a new study or publication and complement shorter news releases on the same subject. Feature articles in the format shown below can be uploaded to the EMCDDA website or dispatched electronically to journalists in Europe and other world regions. These articles are offered to specialised magazines and newspapers as ready-made pieces and may be accompanied by photographs or other illustrative material. The master Microsoft Word® template may be adapted to different languages.

Microsoft Word® templates are available on the accompanying flash disc.

**THIS IS ABOUT SENDING HTML EMAILS VIA MAIL CHIMP.**

**NEED MORE INFO ABOUT WHAT TO DO WITH THIS ITEM FOR THE MANUAL.**

#### **Headline**

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# PRESS REVIEW

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Date divider

DATE DIVIDER

Subject divider

SUBJECT DIVIDER

Publication	Click and type publication title
Date	dd. mm. yyyy
	Page x

PRESS CLIPPINGS PAGE

Monitoring and recording coverage of the EMCDDA in the media is an essential way of following up and assessing the impact of the agency's press actions. An internal press review is produced on a quarterly basis while a press review dedicated to the launch of the EMCDDA's annual reports is produced yearly.

Microsoft Word® templates are available on the accompanying flash disc.



BACK SIDE



TEXT NEEDED FOR THE PRESS BOOK



# 6

The EMCDDA organises high-level conferences on important topics relating to its ongoing work programme. Such events are an invaluable way for the agency to exchange views and expertise with key players working in the drugs field.

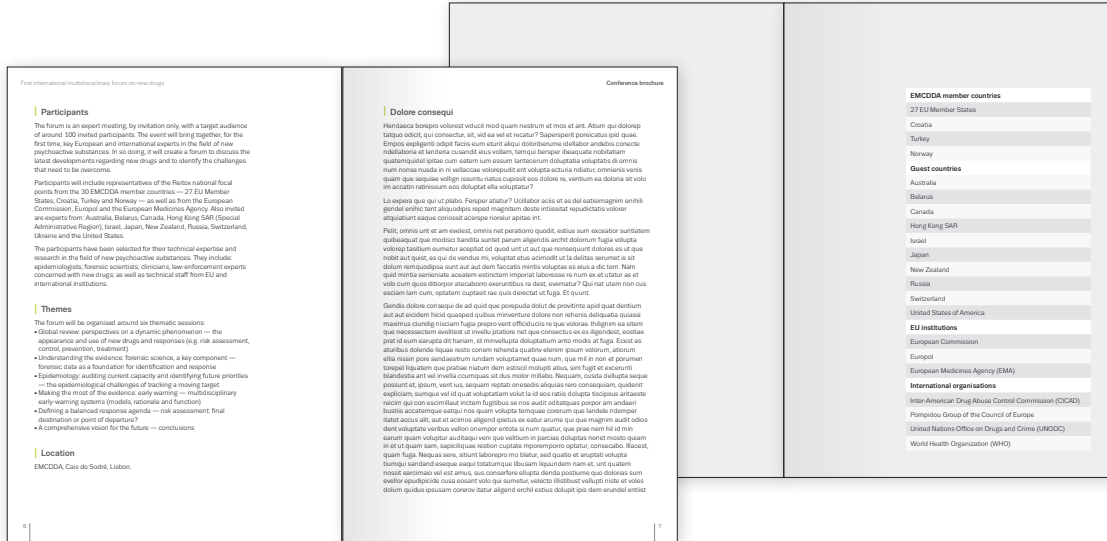
This section presents materials that have been specially designed to publicise these events and their findings. They include conference invitations, brochures, programmes and proceedings as well as advertising banners, delegates' name plates and badges.

Artwork data files are available on the accompanying flash disc.

# CONFERENCE MATERIALS

## CONTENTS

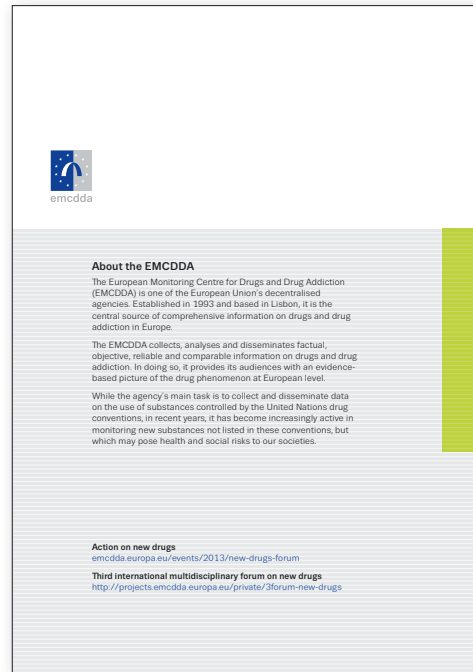
6.01	<b>Conference brochure</b>
	<b>Conference programme</b>
	<b>Conference proceedings</b>
	<b>Invitations</b>
	<b>Participants' list</b>
	<b>Document folder/briefcase</b>
	<b>Commemorative notepad</b>
	<b>Banners/backdrops</b>
	<b>Event roll up</b>
	<b>Identifier roll up</b>
	<b>Room identifiers</b>
	<b>Posters</b>
	<b>Exhibition stand</b>



SAMPLE INSIDE SPREADS

Each single conference uses ONE of EMCDDA's secondary colours as the main distinguishing and uniting motif, applied to all materials. The conference materials shown by this manual use EMCDDA green as an example.

The conference brochure introduces the chosen theme of the conference and outlines the main issues at stake. It is also used to promote conference attendance.



BACK COVER



A5 | 148 mm x 210 mm



European Monitoring Centre for Drugs and Drug Addiction

**CONFERENCE PROGRAMME**

# Third international multidisciplinary forum on new drugs

**27–28 June 2013  
Lisbon**

A5 | 148 mm x 210 mm

First international multidisciplinary forum on new drugs

Selected publications in the area of new drugs  
• New drugs in Europe 2012 EMCDDA–Europol 2012 annual report

Programme

**Programme at a glance**

08:00–09:30	Registration	
09:30–11:00	Council Decision on new psychoactive substances (implementation review 2013)	
11:00–11:30	Break	
11:30–12:45	EMS projects and national developments	

**13 May (Wednesday)** **Third international multidisciplinary forum on new drugs**

13:00–14:00	Registration	
14:00–15:30	Opening session	Plenary session 1
15:30–16:00	Break	
16:00–17:30	Global review perspectives on a dynamic phenomenon	Plenary session 2
17:30–18:00	Break	
18:00–19:00	Global review perspectives on a dynamic phenomenon (continuation)	Plenary session 3
19:00	Reception	

**12 May (Thursday)**

09:00–11:00	Understanding the evidence: forensic science, a key component	Parallel session 4A
09:00–11:00	Epidemiology: auditing current capacity and identifying future priorities	Parallel session 4B
11:00–11:30	Break	
11:30–13:00	Making the most of the evidence: early warning	Parallel session 5A
11:30–13:00	Epidemiology: auditing current capacity and identifying future priorities (continuation)	Parallel session 5B
13:00–14:00	Lunch break	
14:00–16:00	Challenging a balanced response agenda	Plenary session 6
16:00–16:30	Break	
16:30–18:00	A comprehensive vision for the future	Plenary session 7
18:00	Closure	

**Participants**

The forum is an expert meeting, by invitation only, with a target audience of around 100 invited participants. The event will bring together, for the first time, key European and international experts in the field of new psychoactive substances. In so doing, it will create a forum to discuss the latest developments regarding new drugs and to identify the challenges that need to be overcome.

Participants will include representatives of the relevant national focal points from the 30 EMCDDA member countries — 27 EU Member States, Croatia, Turkey and Norway — as well as from the European Commission, Europol and the European Medicines Agency. Also invited are experts from Australia, Belarus, Canada, Hong Kong SAR (Special Administrative Region), Israel, Japan, New Zealand, Russia, Switzerland, Ukraine and the United States.

The participants have been selected for their technical expertise and research in the field of new psychoactive substances. They include: epidemiologists, forensic scientists, clinicians, law enforcement agencies concerned with new drugs, as well as technical staff from EU and international institutions.

**Themes**

The forum will be organised around six thematic sessions:

- Global review perspectives on a dynamic phenomenon — the appearance and use of new drugs and responses (e.g. risk assessment, control, prevention, treatment)
- Understanding the evidence: forensic science, a key component — forensic data as a foundation for identification and response
- Epidemiology: auditing current capacity and identifying future priorities — the epidemiological challenges of tracking a moving target
- Making the most of the evidence: early warning — multidisciplinary early warning systems (models, rationale and function)
- Challenging a balanced response agenda — risk assessment: final destination or point of departure?
- A comprehensive vision for the future — conclusions

**Location**

EMCDDA, Cais do Sodré, Lisbon

**EMCDDA member countries**

- 27 EU Member States
- Croatia
- Turkey
- Norway

**Guest countries**

- Australia
- Belarus
- Canada
- Hong Kong SAR
- Israel
- Japan
- New Zealand
- Russia
- Switzerland
- United States of America


**EU institutions**

- European Commission
- Europol
- European Medicines Agency (EMA)

**International organisations**

- Inter-American Drug Abuse Control Commission (OICAD)
- Pompidou Group of the Council of Europe
- United Nations Office on Drugs and Crime (UNODC)
- World Health Organization (WHO)

SAMPLE INSIDE SPREADS



**The EMCDDA and action on new drugs**

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.

Since 1997, the EMCDDA has played a central role in the EU's response to new psychoactive substances (‘new drugs’), which may pose health and social risks to our societies. Today, this activity is carried out under the terms of a legal instrument adopted by the Council of the European Union in 2005: the ‘Council Decision on the information exchange, risk assessment and control of new psychoactive substances’ (2005/387/JHA of 10 May 2005).

Within this legal framework, the EMCDDA and Europol operate the EU Early warning system on new psychoactive substances in conjunction with partners in the Member States, Croatia, Turkey and Norway, the European Medicines Agency and the European Commission.

This system ensures that partners have access to the most up-to-date information on new psychoactive substances, both from across Europe and beyond.

**Action on new drugs**

[www.emcdda.europa.eu/activities/action-on-new-drugs](http://www.emcdda.europa.eu/activities/action-on-new-drugs)

**Third international multidisciplinary forum on new drugs**

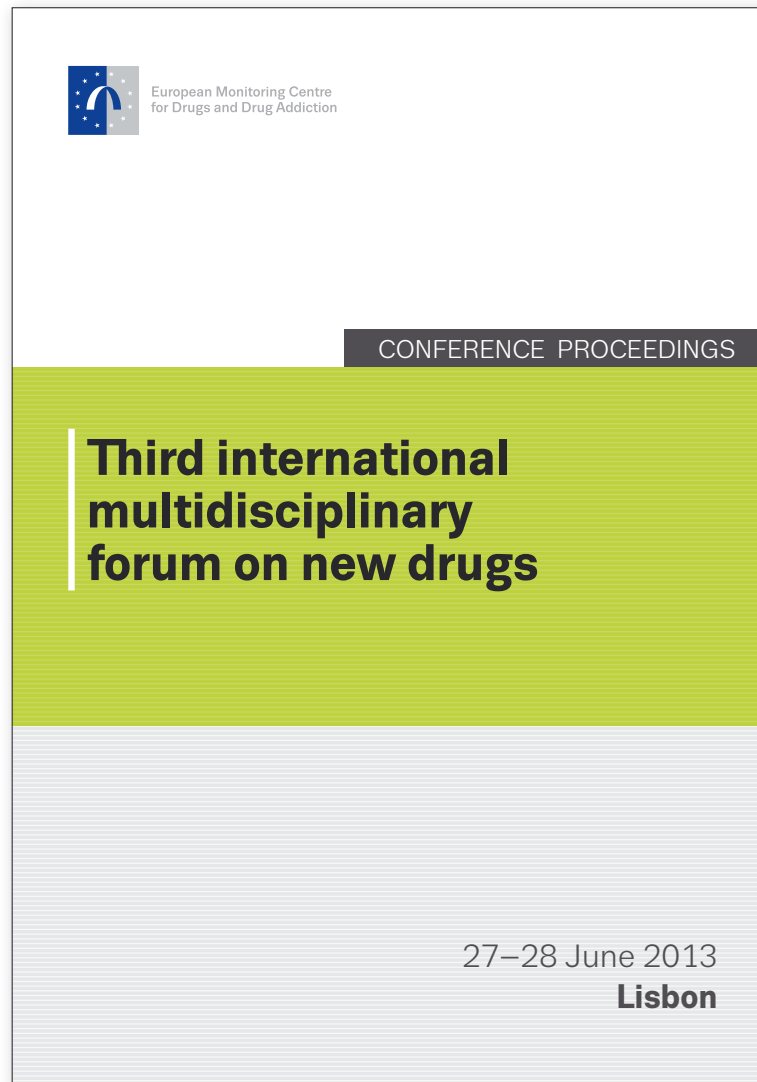
[www.emcdda.europa.eu/events/2013/new-drugs-forum](http://www.emcdda.europa.eu/events/2013/new-drugs-forum)

BACK COVER

Distributed among participants, this conference programme details the main items on the agenda.



BACK COVER



A5 | 148 mm x 210 mm

Available after each major conference, this publication records the event's highlights and results. Its main purpose is to provide delegates with a succinct reminder of the topics discussed, conclusions drawn and follow-up recommended. It may also be sent to non-attendees with a general interest in the topic.



<b>BAJORINIENE Agne</b>	EMCDDA	
<b>BALLOTTA Danilo</b>	EMCDDA	
<b>BARROS Henrique</b>	Coordenação Nacional Para A Infecção Vih/Sida	Portugal
<b>BARTSCH Gabriele</b>	Centre For Addiction Issues	Germany
<b>BAYADA Tonia</b>	Cyprus Antidrug Council	Cyprus
<b>BAYER Raphael</b>	Ministry Of Health	Austria
<b>C</b>		
<b>CBEL - OLLO Katri</b>	National Institute for Health Development	Estonia
<b>CLFÉ Manuela</b>	European Commission	
<b>CLKAN Nevzat</b>	Istanbul University	Turkey
<b>CLMEIDA Anabela</b>	EMCDDA	
<b>CLTAN Peyman</b>	Ministry Of Health	Turkey
<b>CMMON Andrea</b>	European Centre For Disease Prevention And Control (Ecdc)	Sweden
<b>CNDREASSON Sven</b>	National Institute Of Public Health	Sweden
<b>CRTUR Malczewski</b>	National Bureau For Drug Prevention	Poland
<b>CSHBY Marie - Christine</b>	EMCDDA	
<b>D</b>		
<b>DAETZING Sabine</b>	Drug Commissioner Of The Federal Ministry Of Health	Germany
<b>DAJORINIENE Agne</b>	EMCDDA	
<b>DALLOTTA Danilo</b>	EMCDDA	
<b>DARROS Henrique</b>	Coordenação Nacional Para A Infecção Vih/Sida	Portugal
<b>DARTSCH Gabriele</b>	Centre For Addiction Issues	Germany
<b>DAYADA Tonia</b>	Cyprus Antidrug Council	Cyprus
<b>DAYER Raphael</b>	Ministry Of Health	Austria

CONTINUATION PAGE SAMPLE

European Monitoring Centre  
for Drugs and Drug Addiction

## PARTICIPANTS' LIST

# Third international multidisciplinary forum on new drugs

**A**

<b>ABEL - OLLO Katri</b>	National Institute for Health Development	Estonia
<b>ALFÉ Manuela</b>	European Commission	
<b>ALKAN Nevzat</b>	Istanbul University	Turkey
<b>ALMEIDA Anabela</b>	EMCDDA	
<b>ALTAN Peyman</b>	Ministry Of Health	Turkey
<b>AMMON Andrea</b>	European Centre For Disease Prevention And Control (Ecdc)	Sweden
<b>ANDREASSON Sven</b>	National Institute Of Public Health	Sweden
<b>ARTUR Malczewski</b>	National Bureau For Drug Prevention	Poland
<b>ASHBY Marie - Christine</b>	EMCDDA	

**B**

<b>BAETZING Sabine</b>	Drug Commissioner Of The Federal Ministry Of Health	Germany
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A conference participant's list providing all names in alphabetical order as well as their organisation's name and country of origin has been developed for EMCDDA conferences.

INSIDE INVITATION AFTER OPENING



European Monitoring Centre  
for Drugs and Drug Addiction

# Invitation

Folded DL | 210 mm x 99 mm

## Third international multidisciplinary forum on new drugs

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27–28 June 2013  
**Lisbon**

Full format | 210 mm x 198 mm

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

BACK SIDE

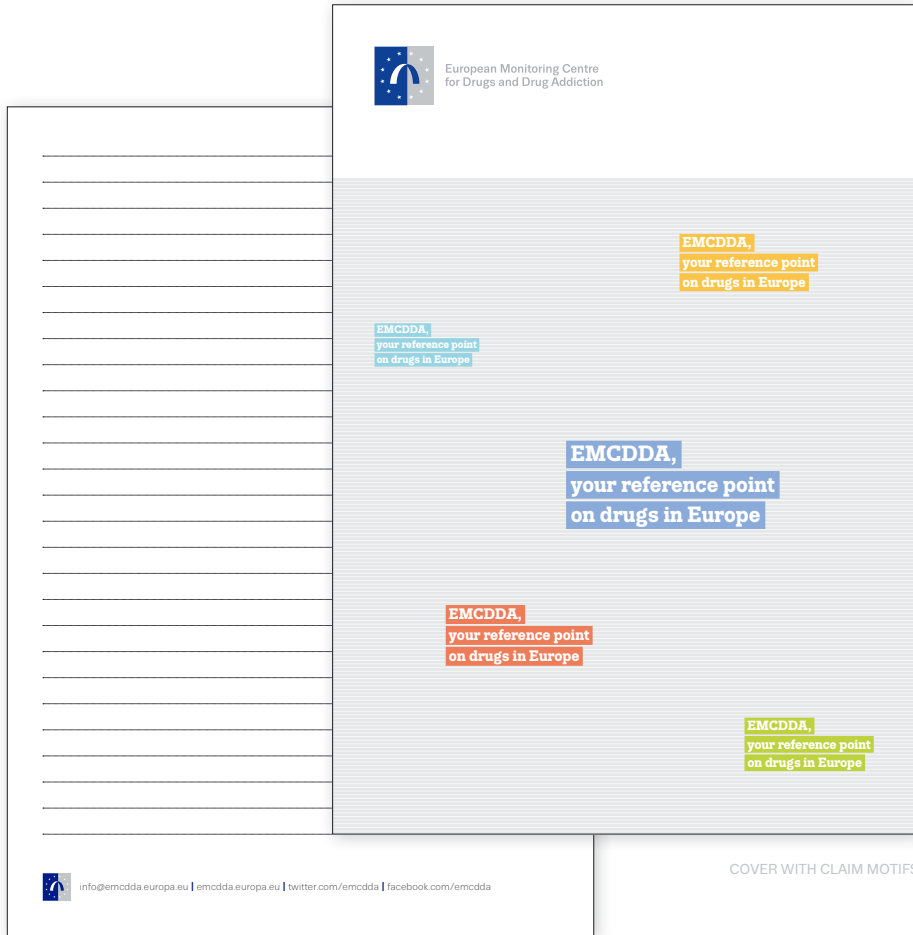
A conference invitation is a DL format after folding. All information regarding the event belong on the inside, while the front is left simple and clean, bearing the corporate identity characteristics of EMCDDA.



Conference delegates may be issued with an EMCDDA document briefcase for the easy transportation of papers. The briefcase is designed simply bearing the EMCDDA logo and web site address.

Please refer to chapter 1 of this manual when preparing data for production of the document briefcase.





INSIDE PAGES

Commemorative A4 notepads are also available and are intended for use with special events and launches of new products (EDR notepad shown on right).

A4 | 210 mm x 297 mm





# Third international multidisciplinary forum on new drugs

27–28 June 2013 | Lisbon



## Third international multidisciplinary forum on new drugs

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27–28 June  
Lisbon

### Vertical format baners

The vertical banners shown on this page have been designed to appear in strategic positions at conference venues.

They may be hung outside the conference building and/or inside the main hall. The type of material used in the production of the banners will depend on whether they are intended for inside or outside use. The recommended dimensions for the banners are 2000 mm x 6000 mm but these can be changed as necessary to suit the location requirements.



# Third international multidisciplinary forum on new drugs

27–28 June 2013 | Lisbon

Format | 6000 mm x 2000 mm



European Monitoring Centre for Drugs and Drug Addiction

**EMCDDA, your reference point on drugs in Europe**

## Horizontal format banners

The horizontal banners shown on this page have been designed to appear in strategic positions at conference venues.

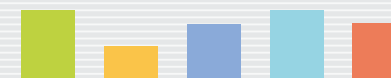
They may be hung outside the conference building and/or inside the main hall. The type of material used in the production of the banners will depend on whether they are intended for inside or outside use. The recommended dimensions for the banners are 6000 mm x 2000 mm but these can be changed as necessary to suit the location requirements.



European Monitoring Centre for Drugs and Drug Addiction

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 European Monitoring Centre  
for Drugs and Drug Addiction

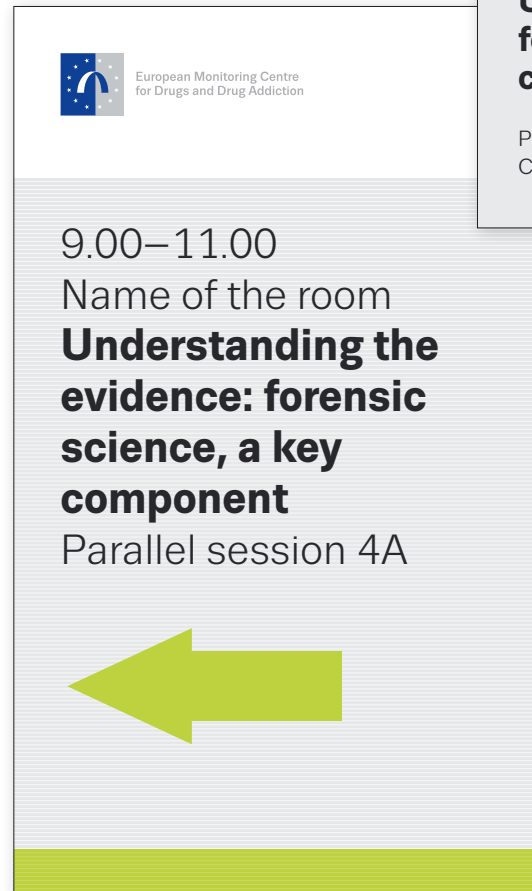
**Third international  
multidisciplinary  
forum on new drugs**


**Slogan of the event Fuga nem et  
omnis et as voluptate voluptuorio**

27–28 June | **Lisbon**


EVENT ROLL UP

A3 | 420 mm x 297 mm



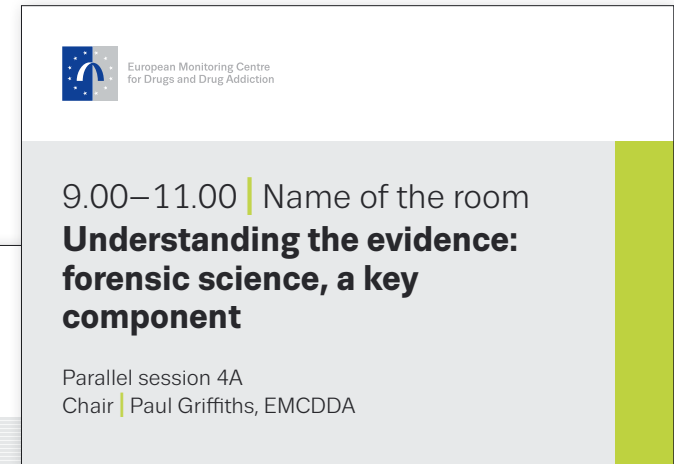

 European Monitoring Centre  
for Drugs and Drug Addiction


9.00–11.00  
Name of the room  
**Understanding the  
evidence: forensic  
science, a key  
component**  
Parallel session 4A



IDENTIFIER ROLL UP

Format | 1200 mm x 2000 mm




 European Monitoring Centre  
for Drugs and Drug Addiction

9.00–11.00 | Name of the room  
**Understanding the evidence:  
forensic science, a key  
component**

Parallel session 4A  
Chair | Paul Griffiths, EMCDDA

ROOM IDENTIFIER

Event roll ups and identifiers are used at EMCDDA conference venues inside the main hall and adjacent hallways. The event roll up bears the title of the conference, slogan, date and place. The identifiers are used as orientation system materials for labeling the different rooms and sessions.

The recommended dimensions for the banners are 1200 mm x 2000 mm but these can be changed as necessary to suit the location requirements.



European Monitoring Centre for Drugs and Drug Addiction

# Very short headline

Lucas Wiessing, Danica Klempová, Bruno Guarita, Dagmar Hedrich, Paul Griffiths <sup>(1)</sup>

The EMCDDA poster may be adapted for different purposes, such as publicising key meetings or launching new products. It may also be used simply to present the organisation itself. The main accent colour used should correspond with the event colour. The headline of the poster should be kept as short as possible. In case longer headlines are provided, they have to be broken down to multiple lines as shown on this spread.

The versions on this spread account for the necessity of conveying a greater amount of complex information. In case less content should be available, white space should be used to compensate. The EMCDDA graphic motifs and/or slogan can be used also.

The recommended dimensions for the posters are 841 mm x 1189 mm (A0) but these can be changed as necessary to suit specific requirements.

A0 | 841 mm x 1189 mm

## Background

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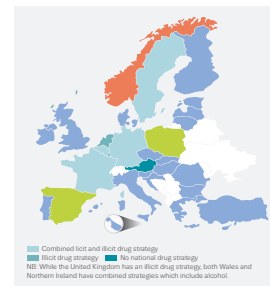
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## Methods

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MAP 1 | National drug strategies and action plans, availability and scope

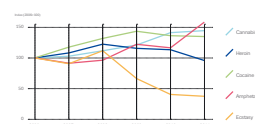


## Results

This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (1), with a spotlight on key topics and events.

- Sanda voloribus consequi ibustempos aboraporate iducita num que plitis ipsae corios alcientiae dolum aut aspelitia conet venture molupta pos unt estem in cus porerandae veles sinci dolupti onsedit et odis simagni mporepremi qui berovid eleneserro volupta ectassimus dolupta est, idenimo luptat quam aliae nonem quatusa ndipsap eriossus.
- A decentralised European agency based in Lisbon, the EMCDDA is the hub of reliable, robust data on the European drugs situation

GRAPH 1 | Reported offences related to drug supply in Europe, trends and breakdown by drug (main drugs)



- A decentralised European agency based in Lisbon, the EMCDDA is the hub of reliable, robust data on the European drugs situation and responses to it. Our annual progress report provides an overview of our achievements over a set period, for those interested in what we do and how we do it.

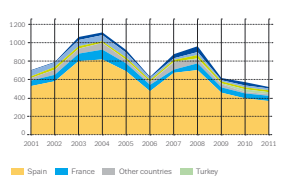
This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (1), with a spotlight on key topics and events. Sanda voloribus consequi ibustempos aboraporate iducita num que plitis ipsae corios alcientiae dolum aut aspelitia conet venture molupta pos unt estem in cus porerandae veles sinci dolupti onsedit et odis simagni mporepremi qui berovid eleneserro volupta ectassimus dolupta est, idenimo luptat.

## Conclusions

This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (1), with a spotlight on key topics and events. A decentralised European agency based in Lisbon. Sanda voloribus consequi ibustempos aboraporate iducita num que plitis ipsae corios alcientiae dolum aut aspelitia conet venture molupta pos unt estem in cus porerandae veles sinci dolupti onsedit et odis simagni mporepremi qui berovid eleneserro volupta ectassimus dolupta est, idenimo luptat quam aliae nonem quatusa ndipsap eriossus.

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GRAPH 1 | Cumulative number of countries with an evaluated national drug strategy



## References

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# Short poster headline in two lines

Lucas Wiessing, Danica Klempová, Bruno Guarita,  
Dagmar Hedrich, Paul Griffiths <sup>(1)</sup>

## Background

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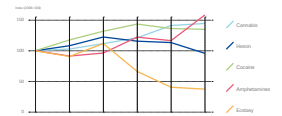
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## Methods

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GRAPH 1 | Reported offences related to drug supply in Europe, trends and breakdown by drug (main drugs)



## Results

This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (1), with a spotlight on key topics and events.

MAP 1 | National drug strategies and action plans, availability and scope



Sanda volorbis consequi ibustempos aborporate iducta num que plitis ipsae corios alicientiae dolum aut aspelitia conet venture molutpa pos unt estem in cus poreriandae veles sinci dolupti onsedit et odis simagni mporeprei qui berovid eleneserro volupta ectassimus dolupta est, idenimo luptat quam aliae nonem quatusa ndipsap eriossus.

A decentralised European agency based in Lisbon, the EMCDDA is the hub of reliable, robust data on the European drugs situation

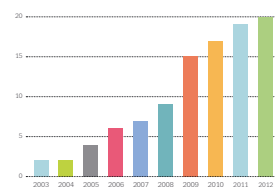
A decentralised European agency based in Lisbon, the EMCDDA is the hub of reliable, robust data on the European drugs situation and responses to it. Our annual progress report provides an overview of our achievements over a set period, for those interested in what we do and how we do it.

## Conclusions

This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (1), with a spotlight on key topics and events. A decentralised European agency based in Lisbon. Sanda volorbis consequi ibustempos aborporate iducta num que plitis ipsae corios alicientiae dolum aut aspelitia conet venture molutpa pos unt estem in cus poreriandae veles sinci dolupti onsedit et odis simagni mporeprei qui berovid eleneserro volupta ectassimus dolupta est, idenimo luptat quam aliae nonem quatusa ndipsap eriossus.

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GRAPH 1 | Cumulative number of countries with an evaluated national drug strategy



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# Surveillance of injecting drug use and drug-related infectious diseases in the European Union

Lucas Wiessing, Danica Klempová, Bruno Guarita,  
Dagmar Hedrich, Paul Griffiths <sup>(1)</sup>

## Background

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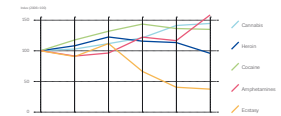
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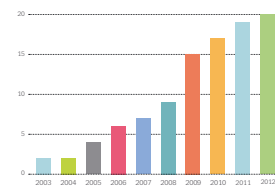
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## Results

This leaflet provides an overview of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as presented in our General Report of Activities (1), with a spotlight on key topics and events.

GRAPH 1 | Cumulative number of countries with an evaluated national drug strategy



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MAP 1 | National drug strategies and action plans, availability and scope



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Format | 3365 mm x 2226 mm



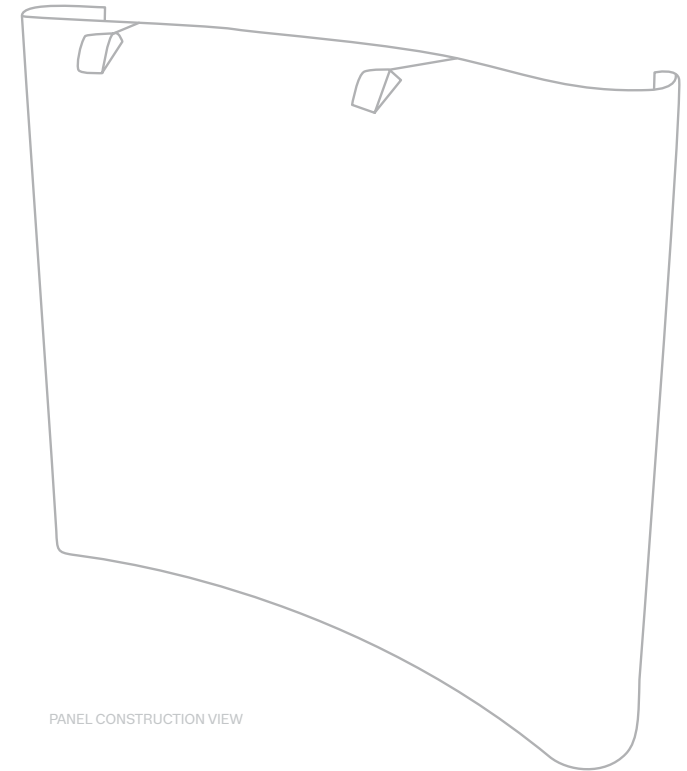
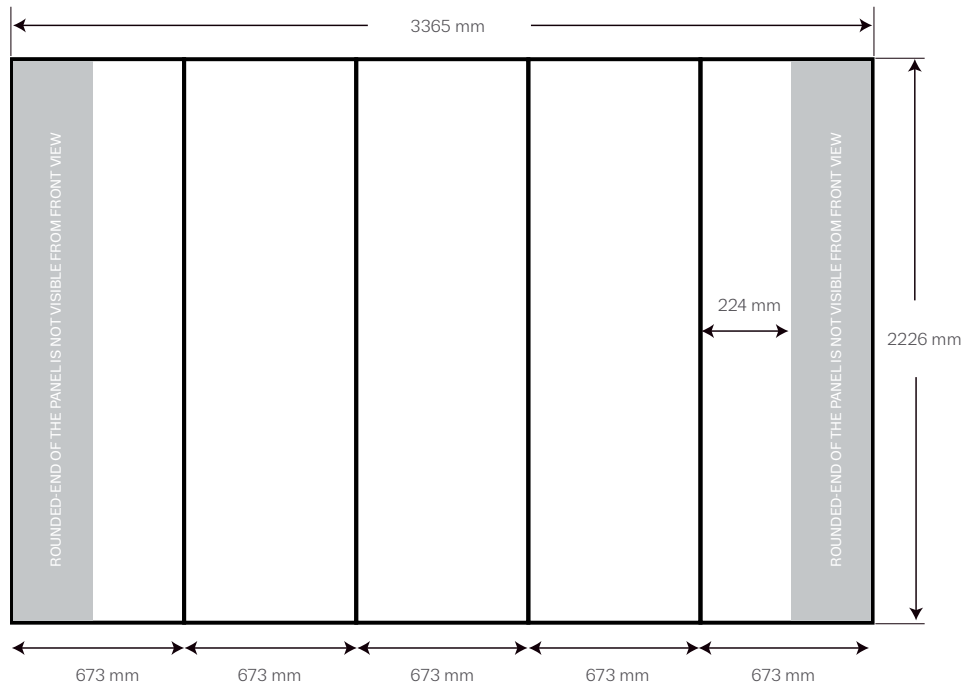
ROUNDED-END PANEL ON LEFT

MIDDLE SECTION PANELS

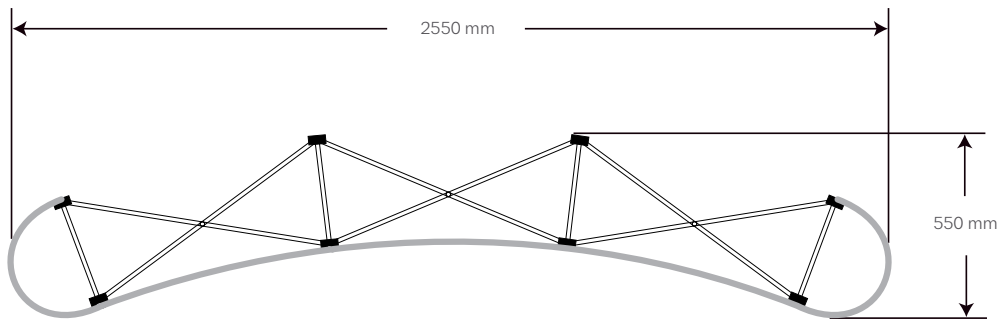
ROUNDED-END PANEL ON RIGHT

An EMCDDA exhibition stand has been developed for use at key promotional events. The stand may be set up at EMCDDA conferences or at other high-level functions requiring a presentation of the agency's work. The recommended dimensions for the stand are 3280 mm x 2232 mm, but may be changed to accommodate a different style of stand.

Format | 3365 mm x 2226 mm



PANEL CONSTRUCTION VIEW



OVERHEAD VIEW OF THE STAND CONSTRUCTION

# 7

A range of branded promotional and display items has been developed to help increase awareness of the EMCDDA.

All promotional and display material must be produced in accordance with the agency's image and clearly represent its visual identity. These items may be presented at exhibitions, book fairs and conferences or similar promotional events.

Artwork data files for certain items are available on the accompanying flash disc. Please see the specific item pages for availability. Designers creating new data for production must keep in mind to use only the provided elements (graphic motif and logo) in respect to the size of the mug and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

# PROMOTIONAL & DISPLAY MATERIAL

## | Contents

7.01	<b>Mugs</b>	7.05	<b>Lanyards</b>
	<b>Pencils</b>		<b>Flags</b>
	<b>Pens</b>		<b>USB key</b>
	<b>Folding bag</b>		<b>Pins</b>
	<b>Fabric bag</b>		<b>Scientific paper award trophy</b>
	<b>Rucksack</b>		<b>Award certificate</b>
	<b>Briefcase</b>		<b>Post-its</b>
	<b>T-shirts</b>		<b>CD and DVD labels</b>
	<b>Scarfs</b>		<b>CD and DVD pocket sleeves/inlays</b>
	<b>Tie</b>		<b>CD + DVD menus</b>
	<b>Umbrella</b>		<b>Social media</b>
	<b>Mousepads</b>		<b>External banner</b>
	<b>Bookmarks</b>		<b>Window identifiers</b>
			<b>Entrance plaque</b>

**EMCDDA,  
your reference point  
on drugs in Europe**

emcdda.europa.eu

The EMCDDA mugs should be chosen carefully for production: they must be white or off-white (very light grey) and must have a simple straight shape without any surface texture or decoration.

The mugs carry an EMCDDA full marque logo on the bottom part of the back side (in respect to right-handed users), respecting the logo's safety zone. The front side carries the EMCDDA claim in the prescribed graphic motif in any of the EMCDDA secondary colours. The mug publicizes the agency's website (part of the graphic motif).

The data for production must be made from the provided elements (graphic motif and logo) in respect to the size of the mug and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.





BAR GRAPH MOTIF PENCIL (SAMPLE PREVIEW)



LINE GRAPH MOTIF PENCIL (SAMPLE PREVIEW)

The pencils selected for production must be white or off-white (very light grey) with the eraser end in the same light colour.

The pencils carry the EMCDDA graphic motifs of either the bar or line graph wrapped around the front side. The rear end carries the agency's website in Trivia Book or Trivia Light depending on the production possibilities of the printer.

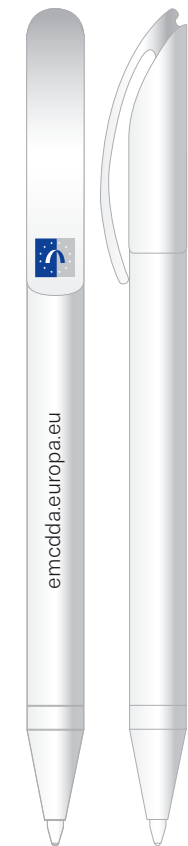
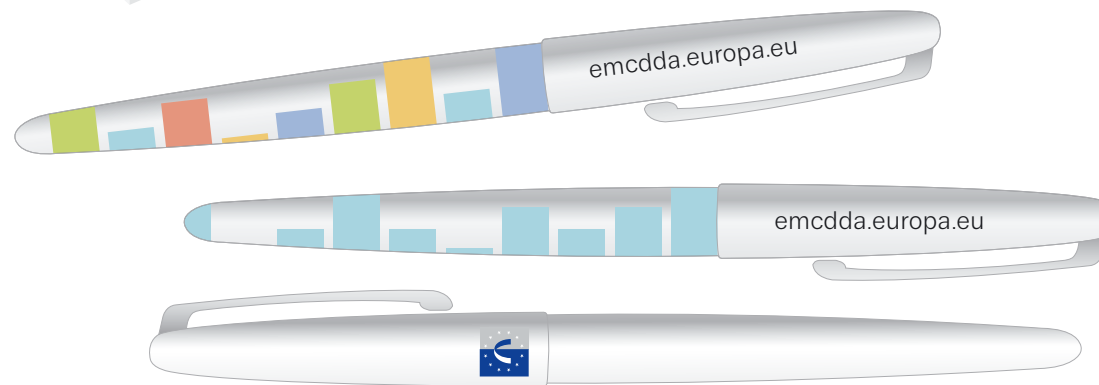
The data for production must be made from the provided elements (graphic motif and typography) in respect to the size of the pencil and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

The pens selected for production must be white or off-white (very light grey), in case of deluxe pens silver colour can be used also.

The deluxe pens carry the EMCDDA graphic motifs of either the bar graph wrapped around the back side. The cap carries the agency's website in Trivia Book or Trivia Light depending on the production possibilities of the printer. The EMCDDA symbol may be placed on the cap if the size of the pen allows.

The regular pens carry the EMCDDA symbol on the clip and the agency's website centrally aligned to the symbol.

The data for production must be made from the provided elements (graphic motif and logo) in respect to the size and shape of the pen and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.



DELUXE PENS (SAMPLE PREVIEW)

REGULAR PENS (SAMPLE PREVIEW)



The paper folding bag selected for production must be white or off-white (very light grey). Please avoid tints of yellow or beige in the choice of paper colour.

The bags carry the graphic motifs of either the EMCDDA claim with the website or the line graph with the website placed at the bottom corner. The bags can also carry the EMCDDA logo in place of the graphic motif.

The data for production must be made from the provided elements in respect to the size and shape of the bag and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

## 7.01 PROMOTIONAL & DISPLAY MATERIAL | Fabric bag

The fabric bag selected for production must be white or off-white (very light grey). Please avoid tints of yellow or beige in the choice of fabric colour.

The bags carry the graphic motifs of the EMCDDA claim with the website. The bags can also carry the EMCDDA logo symbol placed at the top left corner.

The data for production must be made from the provided elements in respect to the size and shape of the bag and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.





The rucksack selected for production must be white or off-white (very light grey). Please avoid tints of yellow or beige in the choice of fabric colour.

The bags carry the graphic motifs of the EMCDDA claim with the website and the EMCDDA international logo placed at top centre with respect to the shape of the bag. The claim graphic motif may be used in any or all of its colour versions.

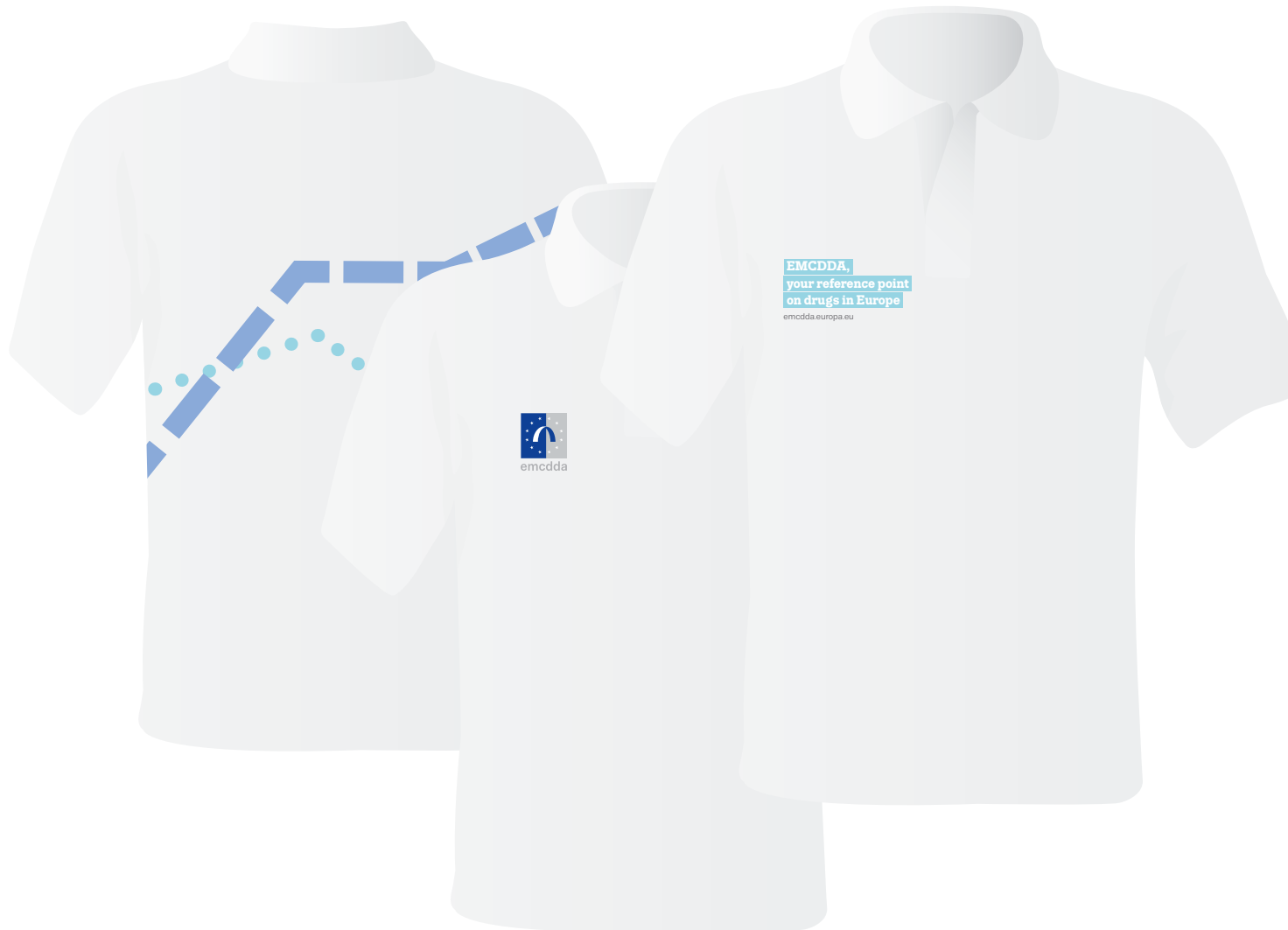
The data for production must be made from the provided elements in respect to the size and shape of the rucksack and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

The briefcase must be carefully selected for production and must be white or off-white (very light grey). Please avoid tints of yellow or beige in the choice of fabric colour. The briefcase should be as simple as possible and made from quality materials.

The briefcase carries the EMCDDA international logo placed central with respect to the shape of the briefcase. The EMCDDA website is in EU Blue colour is placed at either right or left bottom corner of the briefcase.

The data for production must be made from the provided elements in respect to the size and shape of the briefcase and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.





The t-shirts must be carefully selected for production and must be white or off-white (very light grey). Please avoid tints of yellow or beige in the choice of fabric colour. The t-shirts should be made from quality fabric.

The t-shirts carry the EMCDDA international logo placed over the right breast. Alternatively the EMCDDA claim graphic motif with website can be used placed identically. The back of the t-shirt can stay plain or it can carry the line graph graphic motif.

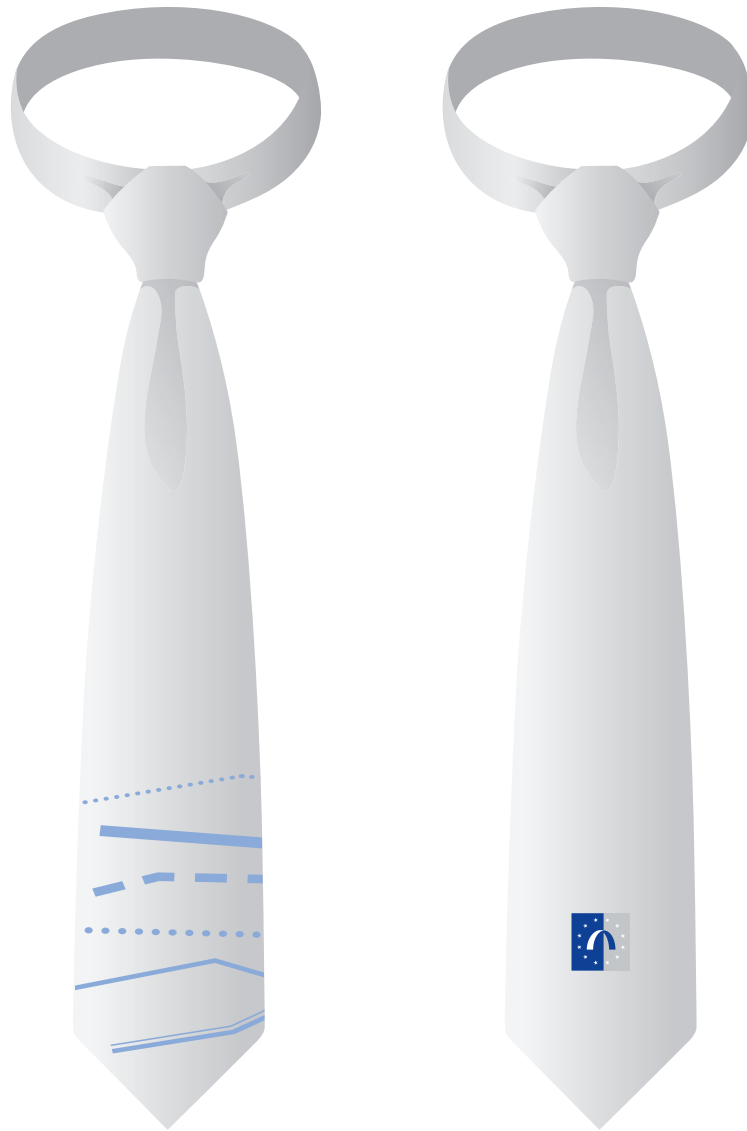
The data for production must be made from the provided elements in respect to the size and shape of the t-shirts and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

The scarf must be carefully selected for production and must be a shade of light grey, not white. Please avoid tints of yellow or beige in the choice of fabric colour. The scarf should be made from quality fabric.

The scarfs carry the EMCDDA bar graph graphic motif placed carefully in respect of the composition on the scarf created when it is worn.

The data for production must be made from the provided elements in respect to the size and shape of the scarfs and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.





The ties must be carefully selected for production and must be a shade of light grey, not white. Please avoid tints of yellow or beige in the choice of fabric colour. The fabric could have a soft horizontal stripe texture, similar to the grey-lined background from the EMCDDA graphic motifs. The ties should be made from quality fabric.

The ties carry the EMCDDA line graph graphic motif in one of the EMCDDA secondary colours (preferably blue) compositioned to the bottom of the tie. Alternatively the EMCDDA logo symbol can be used.

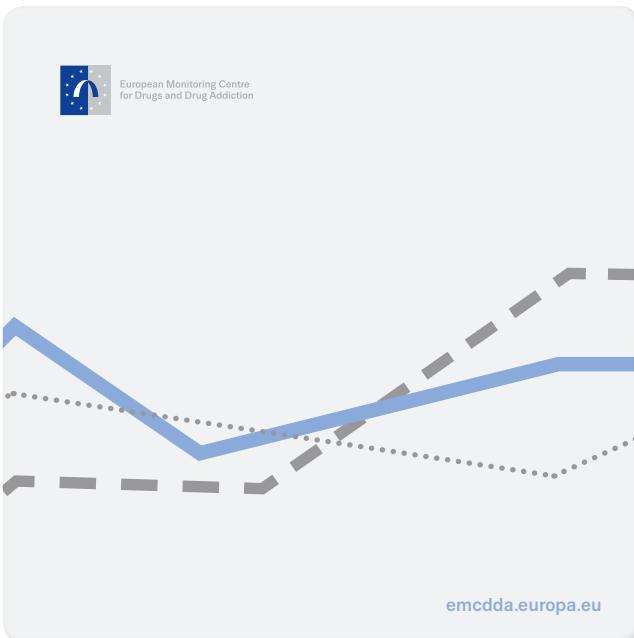
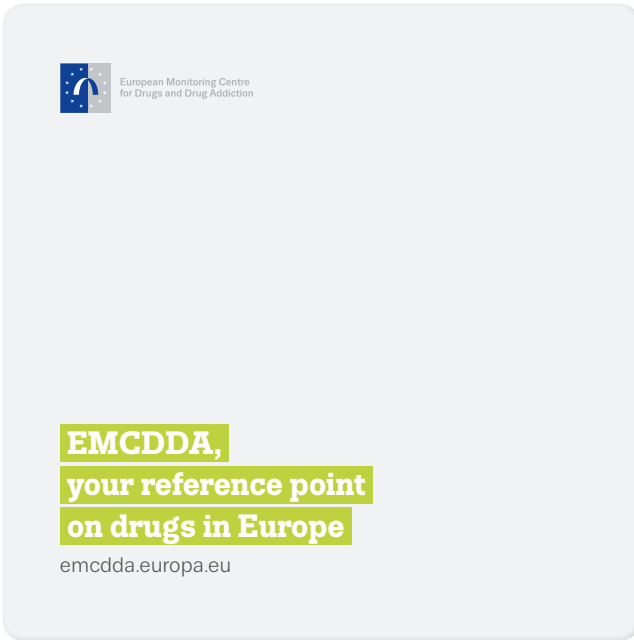
The data for production must be made from the provided elements in respect to the size and shape of the ties and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

The umbrellas selected for production must be white or off-white (very light grey) or silver in material colour. The handle should be grey, dark grey or produced in one of the EMCDDA secondary colours.

The umbrellas carry the EMCDDA graphic motifs of either the bar or line graph wrapped around the diameter of the umbrella, while leaving generous clean space. One of the segments carries the agency's website in Trivia Book or Trivia Light depending on the production possibilities of the printer. Adjacent segment carries the EMCDDA international version of the logo.

The data for production must be made from the provided elements (graphic motif and typography) in respect to the circular format of the umbrella and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.

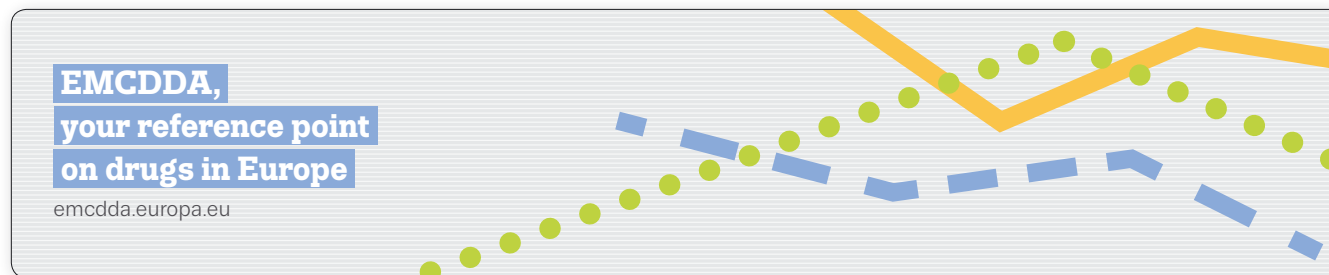




The mousepads should be made from quality material. The colour should be equivalent to EMCDDA Background grey.

The mousepads carry the EMCDDA full marque logo and any of the EMCDDA graphic motif of choice. The rear end carries the agency's website in Trivia Book or Trivia Light depending on the production possibilities of the printer. The mousepads publicise the EMCDDA website.

Artwork data files are available on the accompanying flash disc.

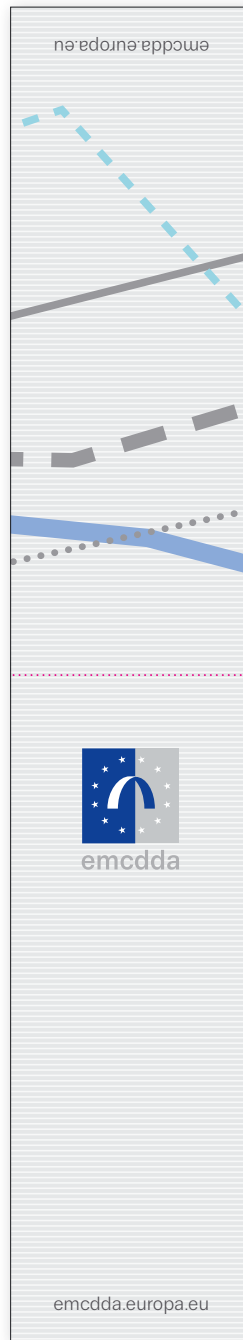


### Regular bookmark

The standard bookmark is double-sided and carries the EMCDDA logo symbol, official claim, line graph graphic motif and brief information about the agency's activities. It publicises the agency's website and other links and contacts.

Artwork data files are available on the accompanying flash disc.

Format | 250 mm x 50 mm



### Magnetic bookmark

The magnetic bookmark folds in the middle and features a magnetic lock at each end to clip onto the page. It carries the EMCDDA international logo, line graph graphic motif and the agency's website.

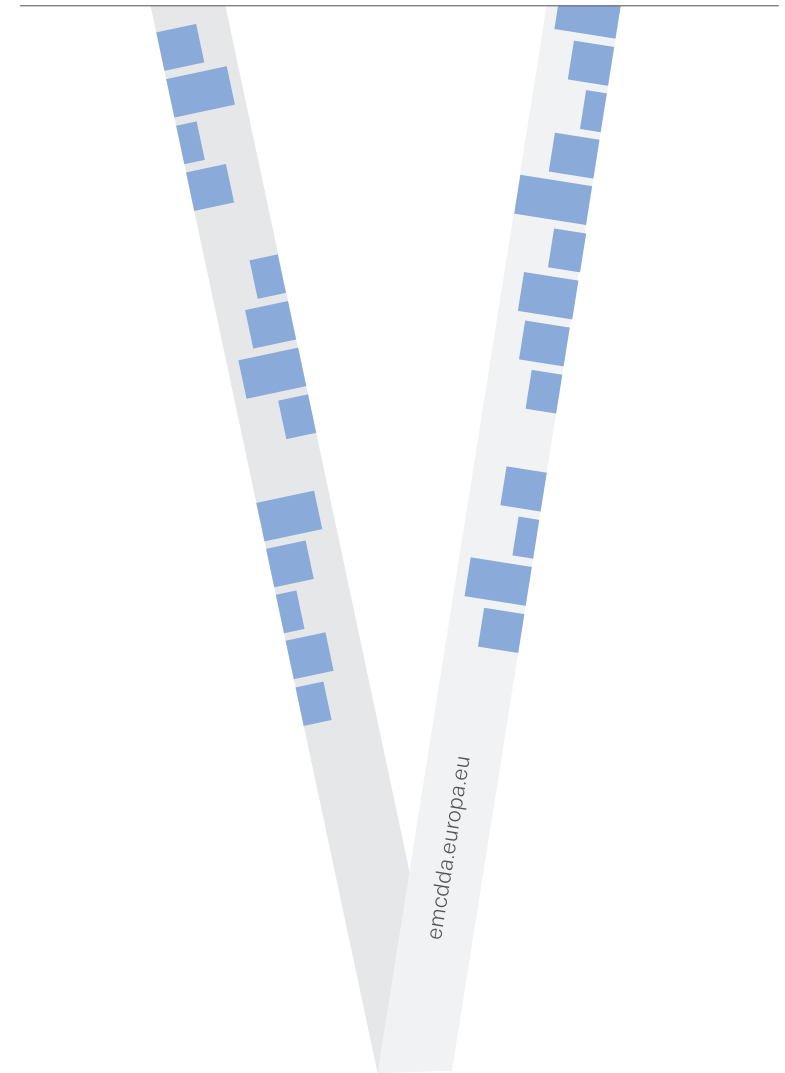
Artwork data files are available on the accompanying flash disc.

**Format** | 38 mm x 210 mm

The lanyards selected for production must be white or off-white (very light grey) and should be made from quality materials.

The lanyards carry the EMCDDA bar graph graphic motif and the agency's website in Trivia Book or Trivia Light depending on the production possibilities of the printer.

The data for production must be made from the provided elements (graphic motif and typography) in respect to the width of the lanyards and with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.





**Format** | 1600 mm x 1120 mm

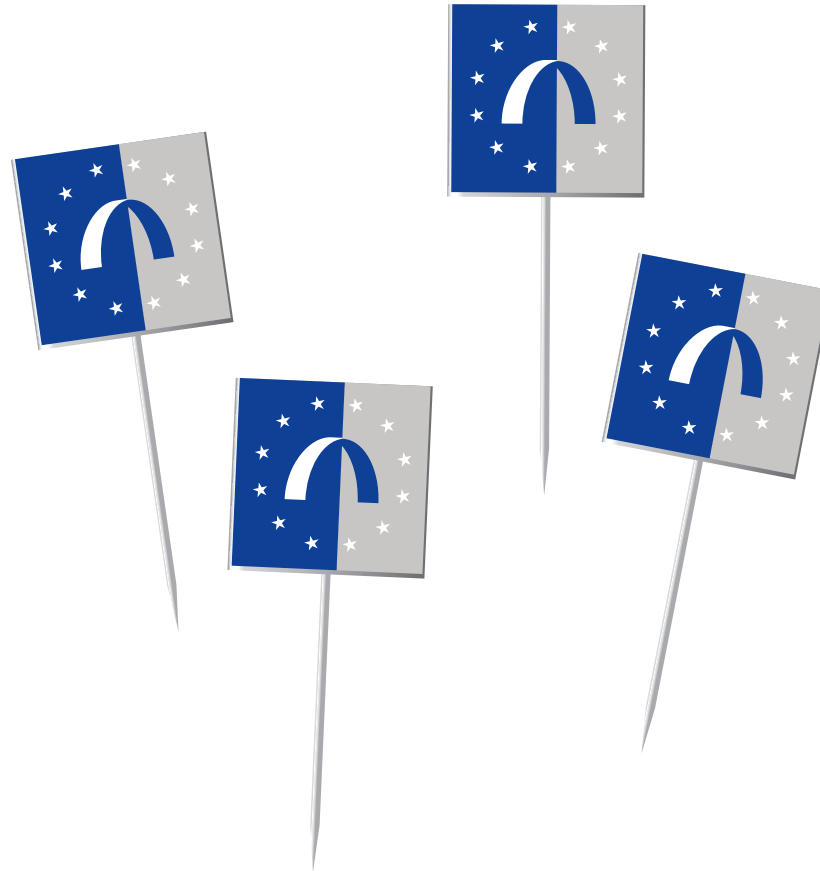
The EMCDDA flag has been designed to appear at the entrance to the agency's premises. It is two-sided and each side carries the symbol in colour negative version on EU blue background.

Artwork data files are available on the accompanying flash disc.



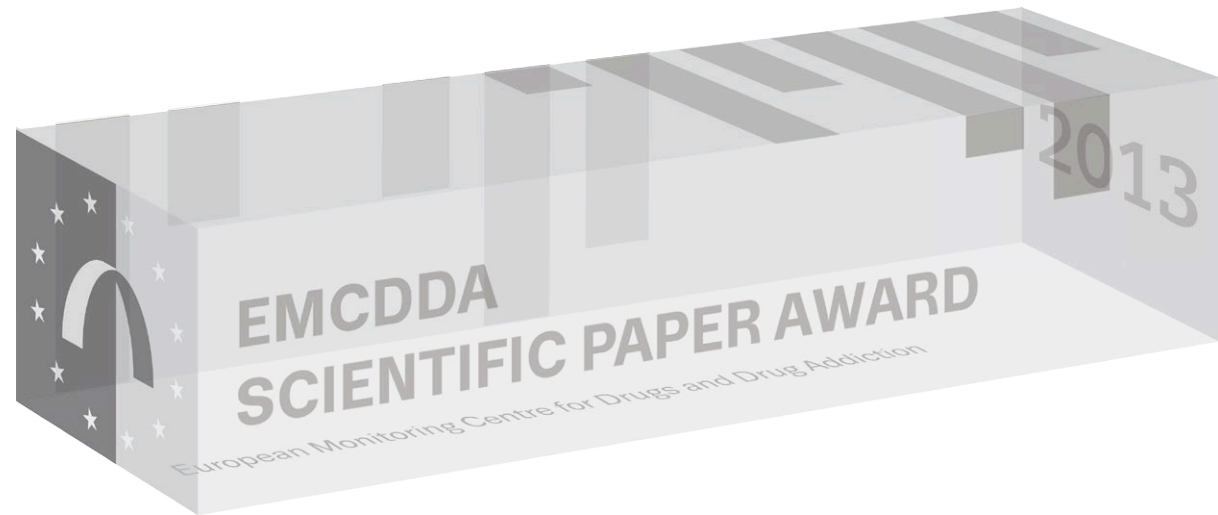
Flash discs in corporate design are available for EMCDDA use and as branded gift items. The flash discs that have been chosen can accommodate the EMCDDA secondary colour palette and EU blue as well. The safety latch is metallic and carries the EMCDDA logo symbol on one side and the website on the other using Trivia Book or Trivia Light depending on the production possibilities of the printer.

The data for production must be made from the provided elements (logo symbol and typography) with careful and professional application of the EMCDDA visual identity. For details about applying the corporate identity elements, please see Chapter 1 of this manual.



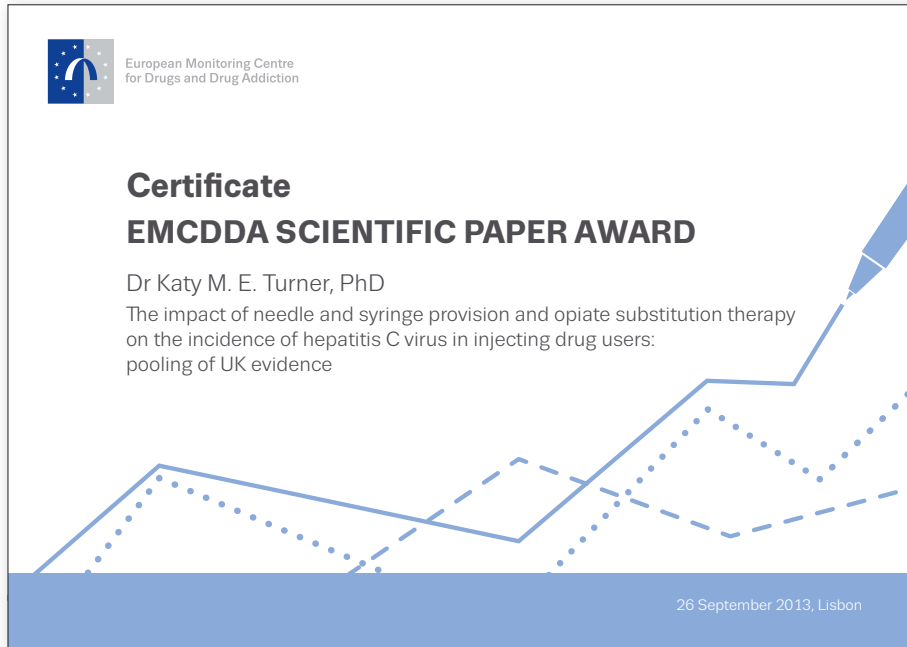
Pins are comprised of the EMCDDA logo symbol and should be made from metal with or other quality material.

The data for production must be made from the provided elements (logo symbol).

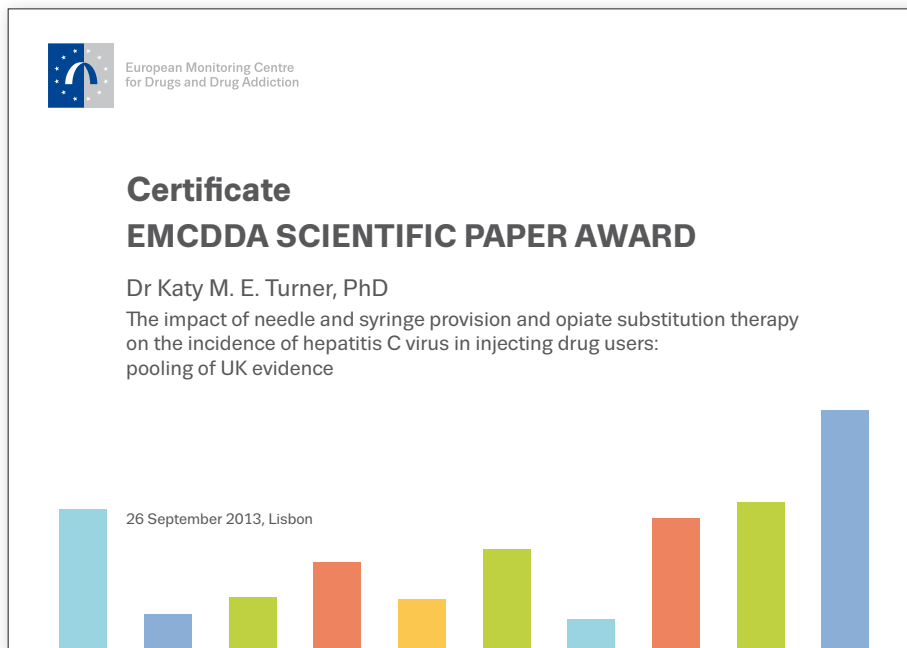


The EMCDDA scientific paper award has been designed using the EMCDDA logo symbol and bar graph graphic motif in a remarkable and striking design respecting the glass material and its simple shape.

Artwork data files are available on the accompanying flash disc.

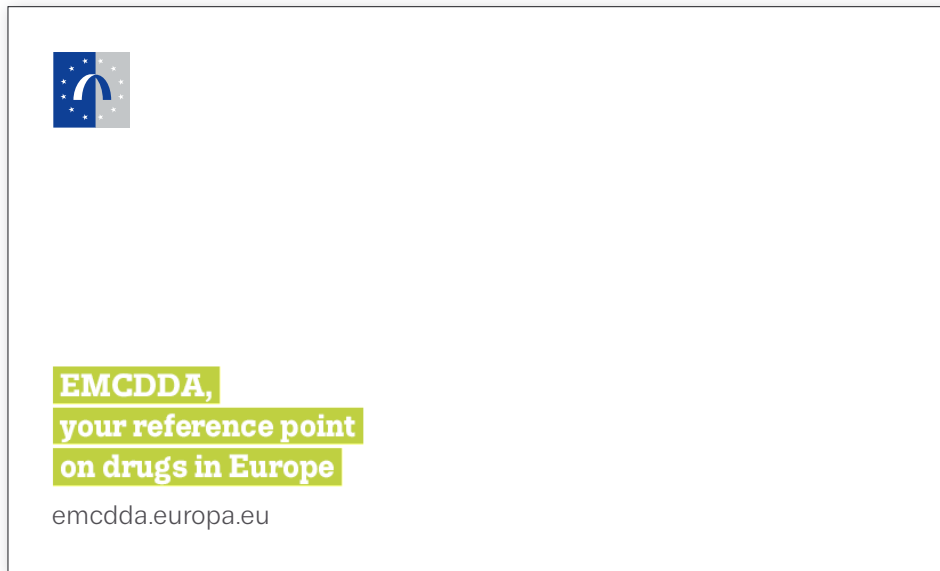


A4 | 297 mm x 210 mm



The EMCDDA award certificate can be designed fresh every year to distinguish between the annual awards. This page shows two designs based on the corporate identity prescribed by this manual. EMCDDA graphic motifs should be used in the bottom of the certificate with the typography remaining constant.

Artwork data files are available on the accompanying flash disc.



Format | 125 mm x 75 mm



Format | 65 mm x 75 mm

The EMCDDA post-its are designed for every day use. They carry the logo symbol and the claim graphic motif (in any of the secondary colours) together with the agency's website. Post-its are shown on this page in actual size.

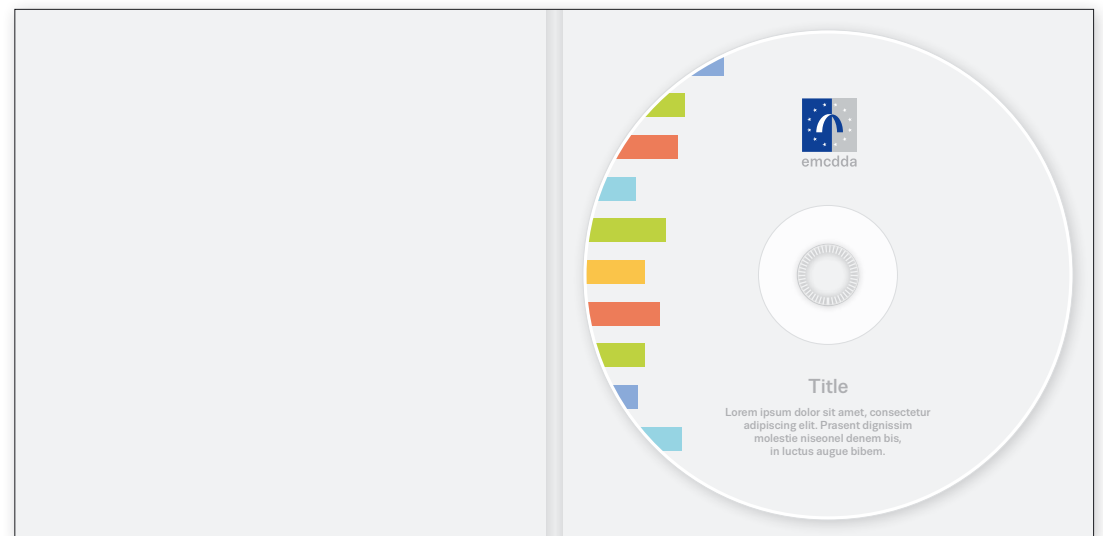
Artwork data files are available on the accompanying flash disc.



The templates proposed on this page have been designed for the production of EMCDDA CD-ROMs. The EMCDDA international logo is used together with the official graphic motifs to create a fresh CD design in line with the overall corporate identity.

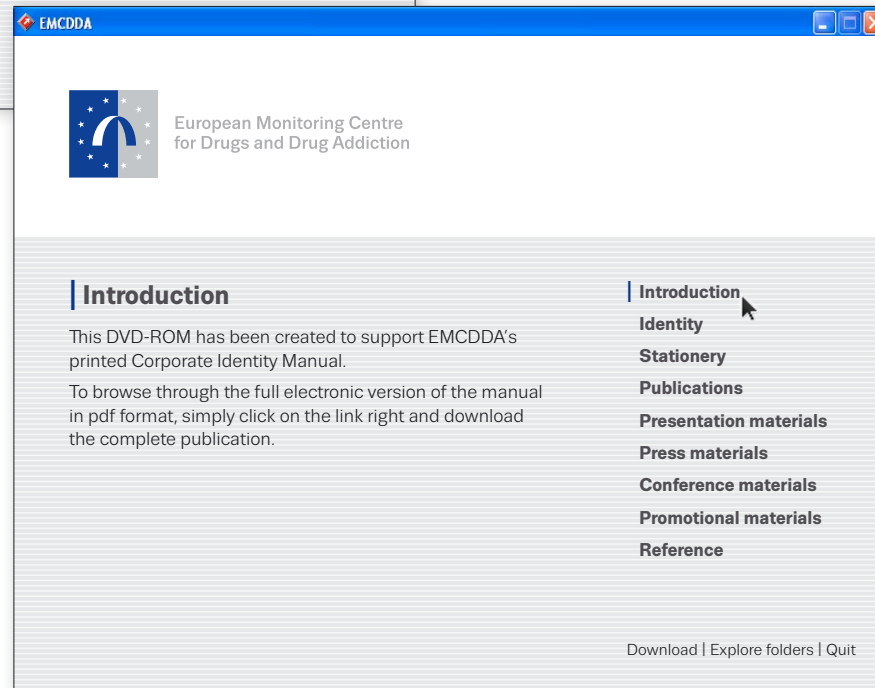
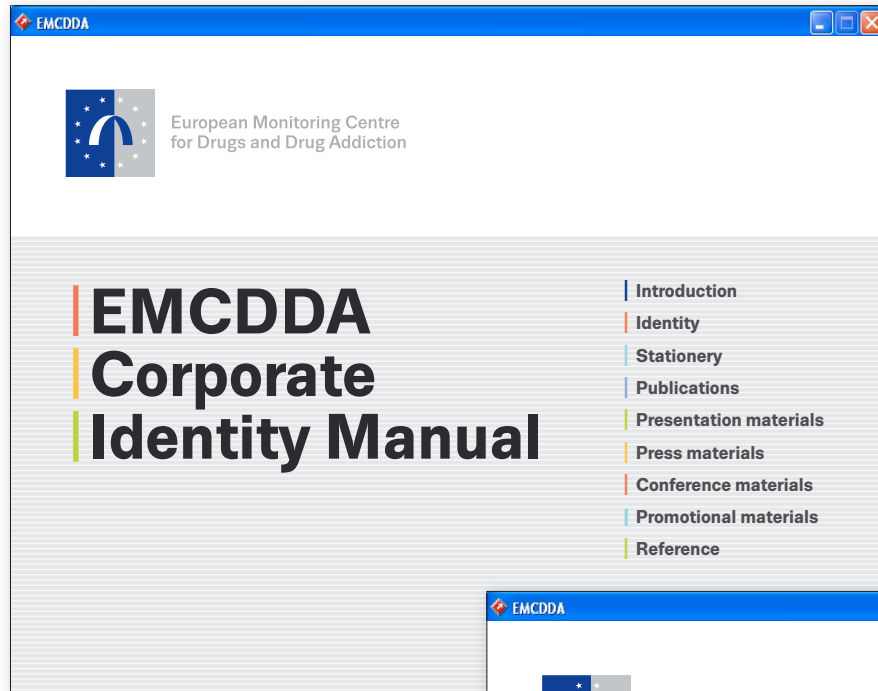
Artwork data files are available on the accompanying flash disc.

## 7.01 PROMOTIONAL & DISPLAY MATERIAL | CD and DVD pocket sleeves



The inside booklet and CD case use the main graphic motifs in-line with the EMCDDA corporate identity.

Artwork data files are available on the accompanying flash disc.



The CD-ROMs should come with an interactive menu that respects the visual identity of EMCDDA. This page shows the CD-ROM menu designs.

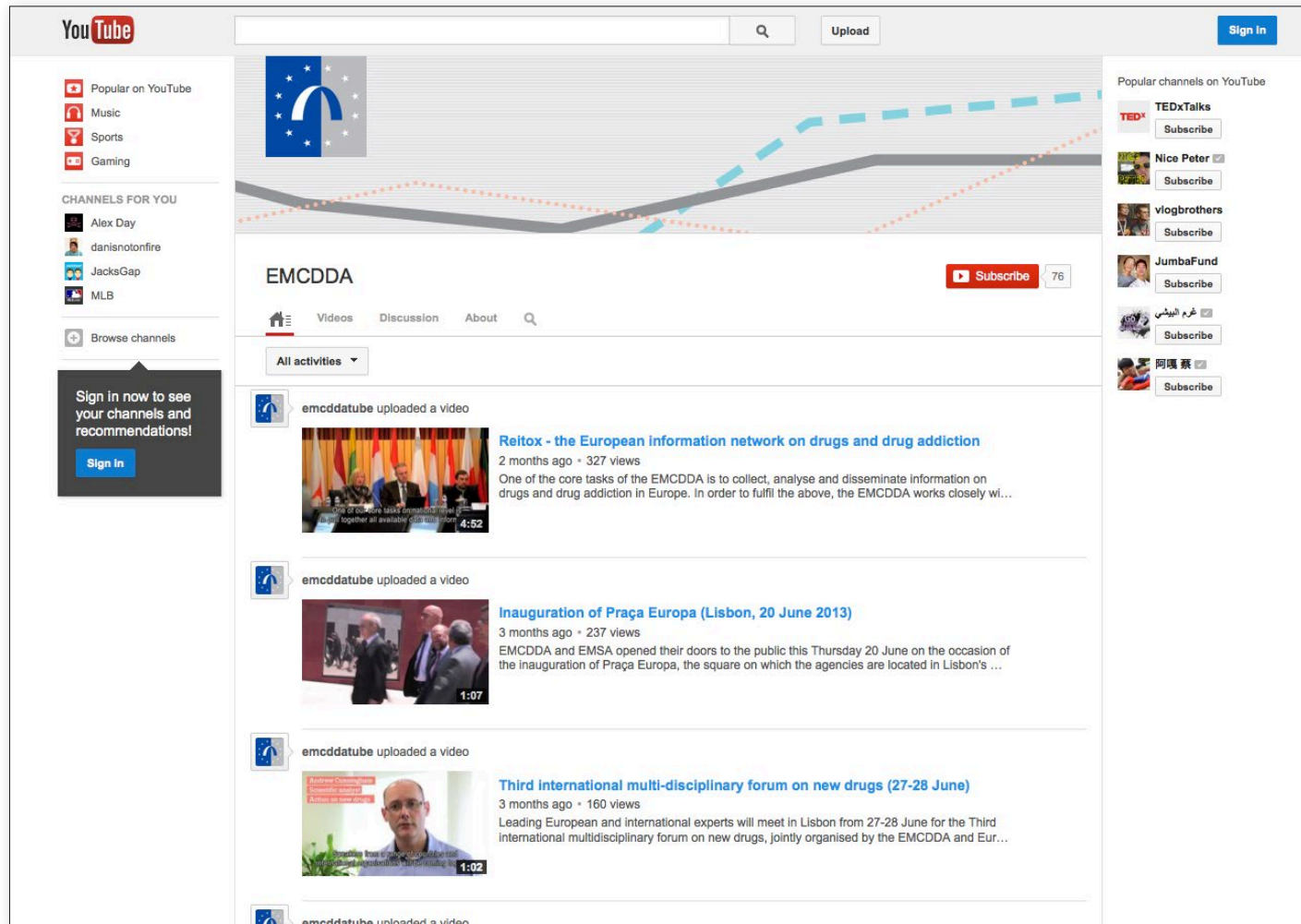
Artwork data files are available on the accompanying flash disc.

## 7.01 PROMOTIONAL & DISPLAY MATERIAL | Social media

The image displays two screenshots of the Facebook page for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The left screenshot is a close-up of the profile picture and cover photo area. The profile picture is the EMCDDA logo, a blue square with a white arch and stars. The cover photo is a line graph with multiple colored lines (red, green, blue, grey) and a vertical axis. Below the cover photo is the profile picture and the text 'European Mon and Drug Add' with '1,662 likes · 44 talking about'. Below that is the 'Government Organization' section with a description of the EMCDDA's role. The right screenshot shows the full Facebook page. The cover photo features the slogan 'EMCDDA, your reference point on drugs in Europe' and the website 'emcdda.europa.eu'. Below the cover photo is the profile picture and the text 'European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)' with '1,662 likes · 44 talking about this'. Below that is the 'Government Organization' section with a description of the EMCDDA's role. To the right of the description are 'Photos', 'Likes' (1,662), and 'Events' (13 November 2012, Lisbon, Portugal). Below the description is a post from 'European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)' shared 3 hours ago near Lisbon, Lisboa, Portugal. The post text is 'What are the countries doing in the area of prevention and harm reduction in nightlife settings? These topics are to be discussed by nightlife stakeholders during the international conference NIGHTS 2013 starting today Padova: <http://www.nights2013.eu/>'. Below the text is a photo of a stage with green and purple lighting. To the right of the post is a 'Highlights' section with a '1 Friend' who likes the page, 'Petr Motyka', and 'Kristen Weight'. Below the highlights is an 'Invite Your Friends to Like This Page' section with a search bar and 'Invite' buttons for the listed friends.

### Facebook

The possibilities of implementing corporate identity elements into Facebook are very limited. EMCDDA graphic motifs should be used for the background (with possible alternation) together with the logo symbol. It is not advised to use images.



### Facebook

The possibilities of implementing corporate identity elements into Youtube are very limited. EMCDDA graphic motifs should be used for the background (with possible alternation) together with the logo symbol. It is not advised to use images.

Format | 1195 mm x 2090 mm




European Monitoring Centre  
for Drugs and Drug Addiction



**EMCDDA,  
your reference point  
on drugs in Europe**

emcdda.europa.eu



European Monitoring Centre  
for Drugs and Drug Addiction

**EMCDDA,  
your reference point  
on drugs in Europe**

emcdda.europa.eu

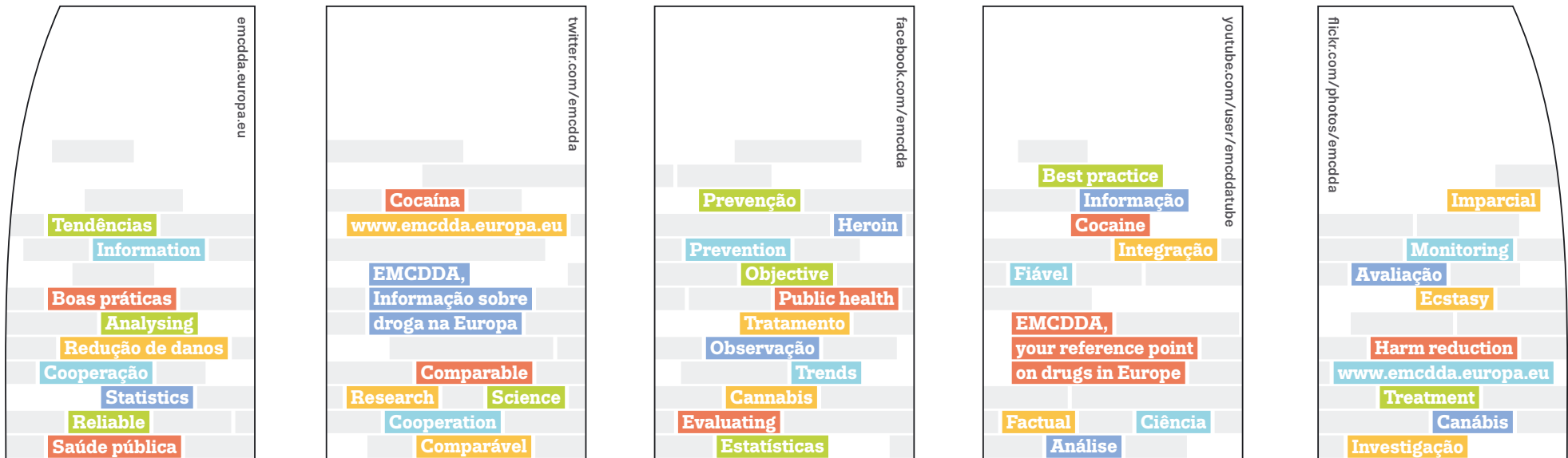
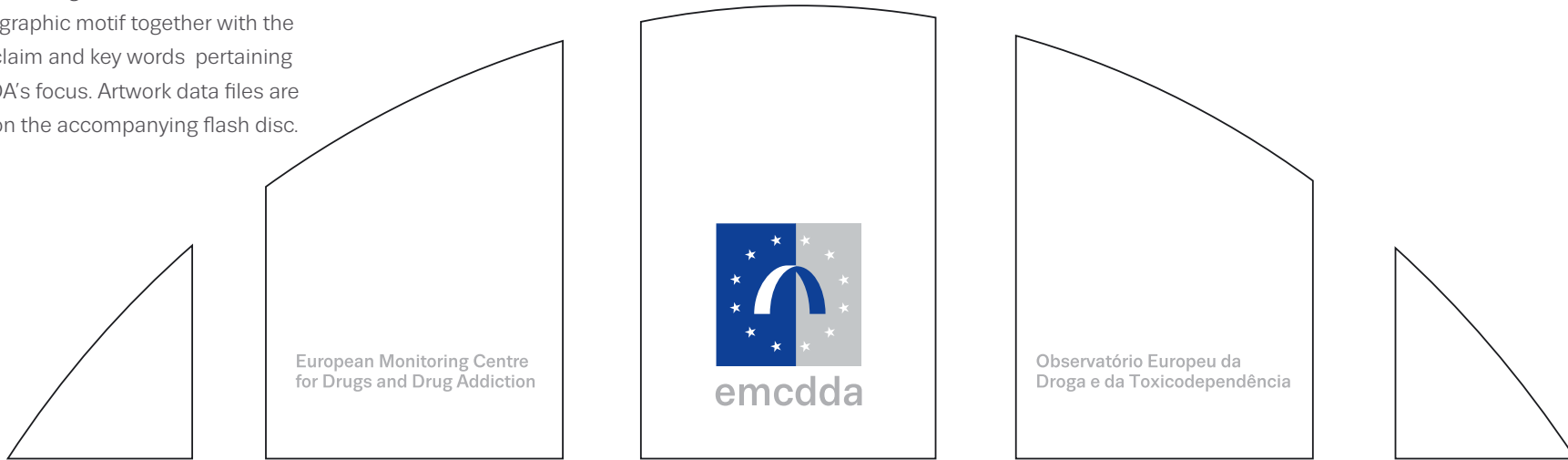


The vertical external banners shown on this page have been designed to appear on the outside of the EMCDDA building. The dimensions of the banners shown are this page are 1190 mm x 2090 mm but these can be changed as necessary to suit the location requirements.

Artwork data files are available on the accompanying flash disc.

## 7.01 PROMOTIONAL & DISPLAY MATERIAL | Window identifiers

The window identifiers have been designed for the street-side window of the EMCDDA building. The design uses the horizontal bar graph graphic motif together with the agency's claim and key words pertaining to EMCDDA's focus. Artwork data files are available on the accompanying flash disc.



Format | 2390 mm x 890 mm



Format | 1280 mm x 445 mm



Format | 700 mm x 400 mm



The plaques shown on this page have been designed to appear at the entrance door of the EMCDDA. The dimensions have been set to integrate into the segmented facade of the building, but they may be changed as necessary.

Screen printing onto metals or aluminium is recommended. Artwork data files are available on the accompanying flash disc.



# 8

## **Technical Annex: what does it contain?**

The EMCDDA publications are very important means of conveying the scientific endeavours of the agency. In order for the important content to be delivered successfully to the target audiences, it must have an attractive and user-friendly form. This is why it is essential that the EMCDDA corporate visual identity is carefully respected and all the agency materials prepared with meticulous care, respecting all design features and layout rules prescribed. It is not allowed to add new design elements any of the printed or on-line materials or change the existing rules without first consulting the staff of EMCDDA or Missing Element. In case new communication elements are to be introduced, please consult the EMCDDA Communications Department and contact us at [studio@mel.cz](mailto:studio@mel.cz) for consulting.

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# THE EUROPEAN DRUG REPORT

### The European Drug Report

The EDR is the main and most important EMCDDA publication. It is essential that it is prepared with meticulous care, respecting all design features and layout rules prescribed. It is not allowed to add new design elements to the layout or change the existing rules without first consulting Missing Element. In case new elements are to be introduced, please contact us at [studio@mel.cz](mailto:studio@mel.cz).

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template created for the EDR and note the object, character and paragraph styles imbedded in the document.**





**Title page specification**

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of the European Drug Report. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

**PUBLICATION TITLE TYPOGRAPHY**

Trivia Sans Bold, min 40 pt, max 140 pt, 95% black.

**SOME ADVICE**

Larger letters in the title are better, respecting designated space for title.

Make the title as big as possible in designated area. All lines of the title have same font size, maximum 4 lines.

Size of the vertical colour lines must respond to size of the letters; colours – EMCDDA palette construction – see picture.

Font can't be deformed. Letter spacing must be in ratio -10/+10, optical kerning.



**Publication title construction**



#### Cover Page examples / Incorrect use

The EDR is published in all the EU languages. Due to the various lengths of the translation, some titles must be scaled down in order to fit in the designated title area. Long titles are to be scaled proportionally together with the vertical colour lines. (See examples above.)

Subtitle font size does not change (20 pt) and remains 20 mm under the title. (See title construction.)

**It is forbidden to deform typography in the titles in any way.** In fact, **NEVER** deform any of the EMCDDA typography, no matter what. There is always a better way to make the content fit to the format.

**HEADLINE**

Trivia Sans Medium 11 pt / 13 pt, 100% black

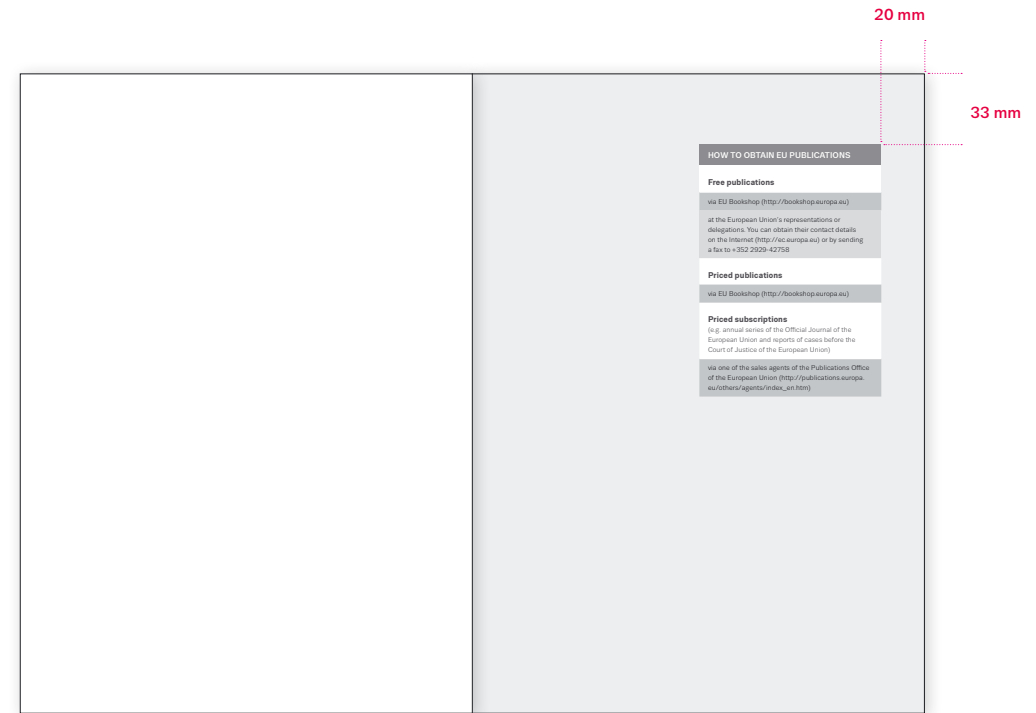
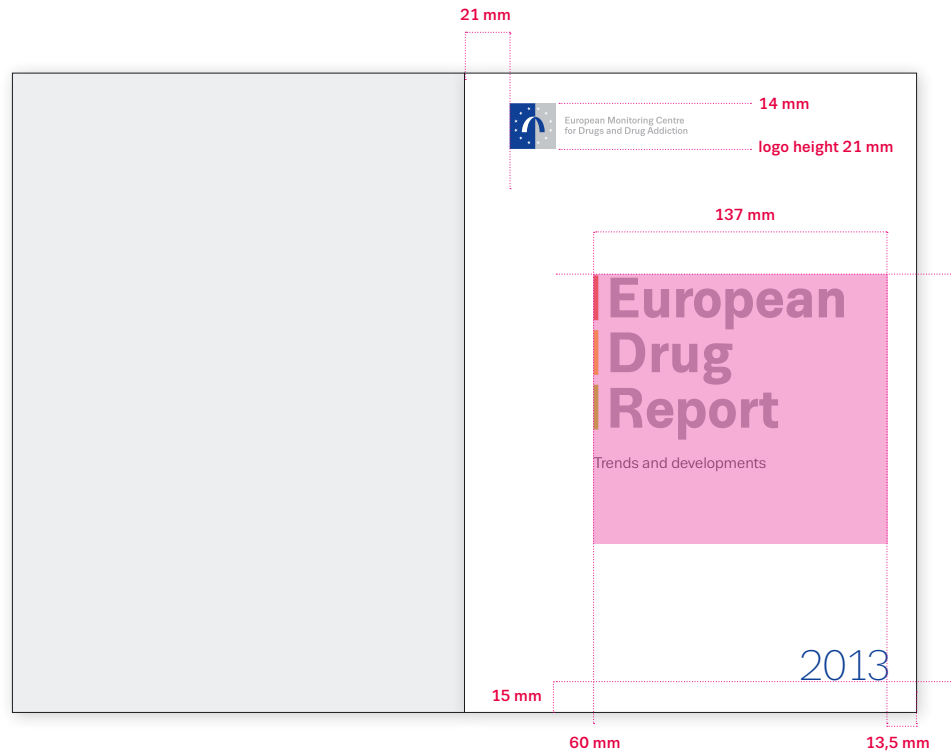
**TEXT**

Trivia Sans Book 9 pt / 13 pt, 100% black

**Back Cover and Spine**

The Back Cover and Spine are fixed layouts. This page shows the placement of the elements on the Back Cover. The Multilingual logo is used. As with all the fixed layouts, please use the template data and input new content relevant to the actual EDR. Do not change spacing or fonts used.





Scaled constraining proportions from cover page, 40% black.

Trivia Sans Light 20 pt / 24 pt, 80% black

**TABLE "HOW TO OBTAIN EU PUBLICATIONS"**

Width 84,5 mm, table header 80% black background, white typography, Trivia Sans Medium, 11 pt.

White rows: Trivia Sans Bold, 11 pt, 80% black, white background. Grey rows: alternate 30 and 20% black background, text – Trivia Sans Book 9 pt / 13 pt.

**Inside Cover and Leading Page**

The first and last spread contain the second title page and information about how to obtain EU publications. The title is constructed the same way as on the cover, scaled to fit inside the column area. The SHL is 20 pt and 13 mm below the HL. Except for the title size in the various languages, these are fixed layouts, so please use the template data provided.

## ONE COLUMN PAGE MARGINS

top: 30  
bottom: 20 mm  
outside: 20 mm  
inside: 60 mm  
text area: 130x247 mm

## LEGAL NOTICE

7 pt / 10 pt, grey box 8% black

## EUROPE DIRECT SERVICE

grey box 8% black, Trivia Sans Light, Trivia Sans Bold, 8% black, Colour lines – Chapter colour, see typography section

## HEADLINE

see typography section – 8.1.17

## CONTENTS

9 pt / 14 pt

## EMCDDA LOGO

height 21 mm, Full marquee

## CONTACTS BELOW

Trivia Sans Book, 9 pt / 13 pt

## Legal Notice and Contents page

The Legal Notice and Content page are fixed layouts in all the EDR publications. Please use the provided Adobe InDesign templates and do not change spacing or fonts used.

**20 mm**      **130 mm**      **60 mm**      **130 mm**      **20 mm**

**30 mm**      **30 mm**

**Legal notice**

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A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (<http://europa.eu>).

Europe Direct is a service to help you find answers to your questions about the European Union  
**Freephone number\* : 00 800 6 7 8 9 10 11**  
\* Certain mobile telephone operators do not allow access to 00 800 numbers of these calls may be billed

This report is available in Bulgarian, Spanish, Czech, Danish, German, Estonian, Greek, English, French, Italian, Latvian, Lithuanian, Hungarian, Dutch, Polish, Portuguese, Romanian, Slovak, Slovenian, Finnish, Swedish and Norwegian. All translations were made by the Translation Centre for the Bodies of the European Union.


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**Contents**

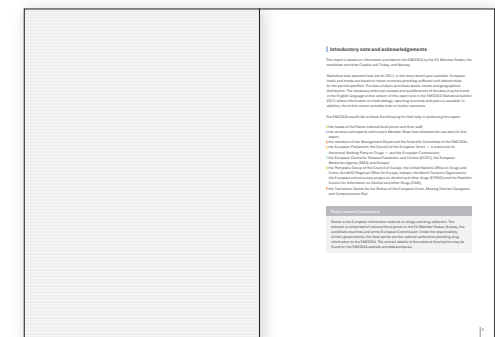
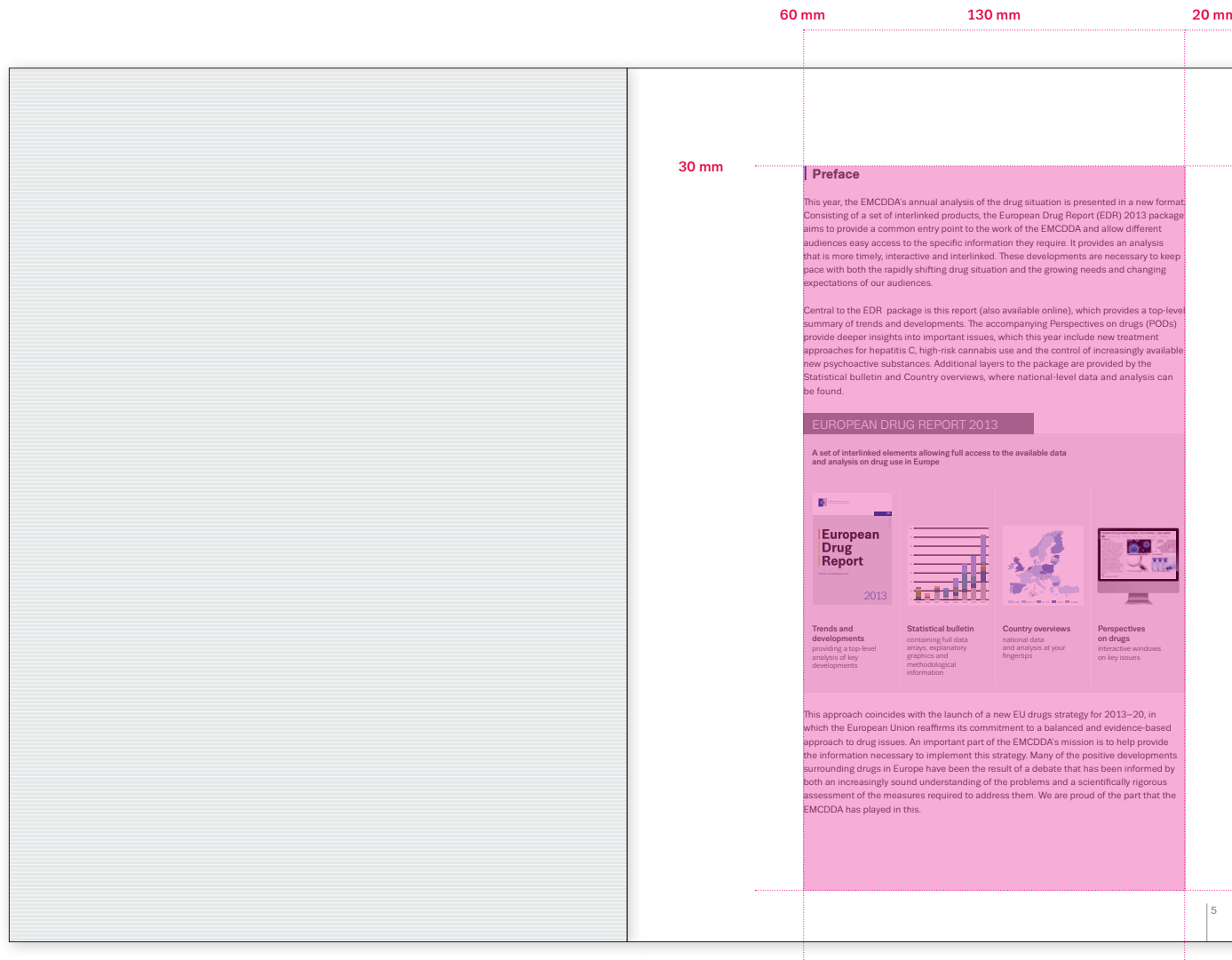
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**Divider page and Preface**

The grey-lined background is used as a divider page before the Preface. Please use existing Adobe Illustrator file linked in the InDesign template for the grey-lined background in 100% size. The Preface is a standard text column with thumbnails of the EDR related products. It is to remain consistent and any changes implemented into the content are to be made in respect of the general look shown on this page.

**Introductory Note and Acknowledgements**

This page has fixed layout throughout the EDR publications. New content should be implemented in the existing design without changing the overall look or adding new graphic motifs or typographical styles. Please use data from the template. For rules on vertical line use, please see 8.1.17.



## Chapter Title spread

The beginning of each chapter starts with a special spread, that is consistent throughout the EDR publications. Each chapter has its designated colour, which is introduced in the Chapter Title spread and corresponds with the Contents page (please make sure). The colour is then dominant throughout the chapter.

The left page contains the grey-lined field with a selected citation from the following chapter. The citation is to be placed in its designated area according to the best judgement of the designer. The citations do not have to be placed in the exact same place in each chapter title spread for reasons of added dynamics to the layout. The chapter number in large scale (144 pt) is placed exactly in the designated place on top of the grey-lined field.

The right page of the spread contains a chapter colour stripe with header at top, chapter headline, lead paragraph and the beginning of the body text. Sometimes it contains a highlight box (always in chapter colour). The space between the headline and the contents can be adjusted flexibly according to the needs of the overall layout in respect of the following pages. Please see the various solutions in the template.

Chapter 1

# 1

**Reflecting its high prevalence of use, cannabis is by far the most seized drug in Europe**

## Drug supply in Europe

Europe is a major destination for controlled substances and also plays a limited role as a transit point for drugs en route to other regions. Latin America, West Asia and North Africa are important source areas for drugs entering Europe; however, the dynamics of the modern drug market mean that other regions of the world are now of growing importance. Europe is also a producing region for cannabis and synthetic drugs. While virtually all cannabis produced is intended for local consumption, some synthetic drugs are also manufactured for export to other regions.

The growing availability of 'new psychoactive substances' that are not controlled under international drug control treaties represents a relatively new development on European drug markets. Commonly produced outside of Europe, these substances can be obtained through online retailers, specialised shops, and are also sometimes being sold along with controlled substances on the illicit drug market.

**Monitoring drug supply**

Analysis in this section is based on a range of data sources: drug seizures; dismantled drug production facilities; seizures of precursor chemicals; drug supply offences; retail drug prices, as well as forensic analyses of drug seizures. Full data sets and extensive methodological notes can be found in the Statistical bulletin. It should be noted that trends can be influenced by a range of factors which include law enforcement activity levels and the effectiveness of interdiction measures. Data on new psychoactive substances are based on notifications to the EU Early warning system, which relies on data provided by the EMCDDA's and Europol's national networks. A full description of this mechanism can be found on the EMCDDA website under Action on new drugs.

**One million seizures of illicit drugs in Europe**

A substantial increase has been seen in the long-term trend in the number of seizures of illicit drugs made in Europe, with about one million seizures reported for 2011. Most of these were small quantities of drugs confiscated from users, although this total also includes multi-kilogram consignments seized from traffickers and producers.

The majority of seizures in 2011 were reported by just two countries, Spain and the United Kingdom, however, Belgium and four Nordic countries also reported relatively high numbers. Another important country in respect to drug seizures is Turkey, with some of the drugs intercepted

15

**CHAPTER NUMBER**

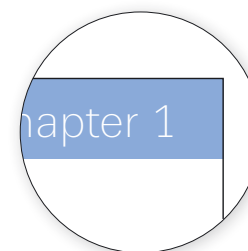
Trivia Sans Light , 144 pt

**CITATION**

Trivia Slab Bold, 16 pt / 22 pt, colour strip in background, 7 mm high for each line, chapter colour (EMCDDA Colour) see specification on page 1.17 of this manual

**GREY-LINED BACKGROUND**

59,5 mm from top of the page.  
Use provided file.

**CHAPTER NUMBER HEADER**

stripe bleeding off page top and right, 10 mm high.

Text: Trivia Sans Light 16 pt, white, vertically centred (CAPS) on the strip, 6 mm from right edge

**1**

0

60 mm

10 mm

60 mm

1/2 of the page height

**CITATION AREA**

Reflecting its high prevalence of use, cannabis is by far the most seized drug in Europe

**Chapter 1**

**Drug supply in Europe**

Europe is a major destination for controlled substances and also plays a limited role as a transit point for drugs en route to other regions. Latin America, West Asia and North Africa are important source areas for drugs entering Europe; however, the dynamics of the modern drug market mean that other regions of the world are now of growing importance. Europe is also a producing region for cannabis and synthetic drugs. While virtually all cannabis produced is intended for local consumption, some synthetic drugs are also manufactured for export to other regions.

The growing availability of 'new psychoactive substances' that are not controlled under international drug control treaties represents a relatively new development on European drug markets. Commonly produced outside of Europe, these substances can be obtained through online retailers, specialised shops, and are also sometimes being sold along with controlled substances on the illicit drug market.

**Monitoring drug supply**

Analysis in this section is based on a range of data sources: drug seizures; dismantled drug production facilities; seizures of precursor chemicals; drug supply offences; retail drug prices, as well as forensic analyses of drug seizures. Full data sets and extensive methodological notes can be found in the Statistical bulletin. It should be noted that trends can be influenced by a range of factors which include law enforcement activity levels and the effectiveness of interdiction measures.

Data on new psychoactive substances are based on notifications to the EU Early warning system, which relies on data provided by the EMCDDA's and Europol's national networks. A full description of this mechanism can be found on the EMCDDA website under Action on new drugs.

**One million seizures of illicit drugs in Europe**

A substantial increase has been seen in the long-term trend in the number of seizures of illicit drugs made in Europe, with about one million seizures reported for 2011. Most of these were small quantities of drugs confiscated from users, although this total also includes multi-kilogram consignments seized from traffickers and producers.

The majority of seizures in 2011 were reported by just two countries, Spain and the United Kingdom, however, Belgium and four Nordic countries also reported relatively high numbers. Another important country in respect to drug seizures is Turkey, with some of the drugs intercepted

15

21 mm

**CHAPTER HEADLINE**

Trivia Sans Bold  
36 pt / 40 pt

**LEAD (LEFT COLUMN)**

Trivia Sans Book 13 pt / 17 pt

**COLOUR BOX**

Top strip 100% chapter colour,  
below 35% chapter colour

**HEADLINE**

Trivia Sans Medium, 9 pt / 13 pt,  
white

**TEXT**

Trivia Sans Book, 9 pt / 13 pt,  
100% black

**TWO COLUMNS PAGE, TEXT AREA**  
 Top: 30, bottom: 20 mm,  
 Outside: 13 mm, inside: 21 mm.

Text area: 176x247 mm,  
 two columns, each 84,5 mm width,  
 gap between 7 mm.

**Chapter Layout spread**

Please note that the EDR layout, combining two-column text with graphics is precisely designed and respect the specific rules for the graphics placement especially. The various graphics have to be placed together with relevant text content, which can be a bit tricky sometimes. So please plan the layout carefully, read the text and lay out the graphics on the same spread as the content-related text. During this process, white spaces will occur in the text columns. These can be left in the layout or they can be used for placing a Citation.

The **Citation** is always placed in the field of the text column, but not necessarily justified with the text. The Citation is one of the few dynamic aspects of the layout and should be placed in a way that is well balanced with the overall look of the spread. It should have enough white space around in order to "breathe". It is up to the designer to choose where the Citation is placed in the layout (please see examples of placement from the template).

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has only

# Heading 1 – Agniatibus, omnisti untore nonsendis

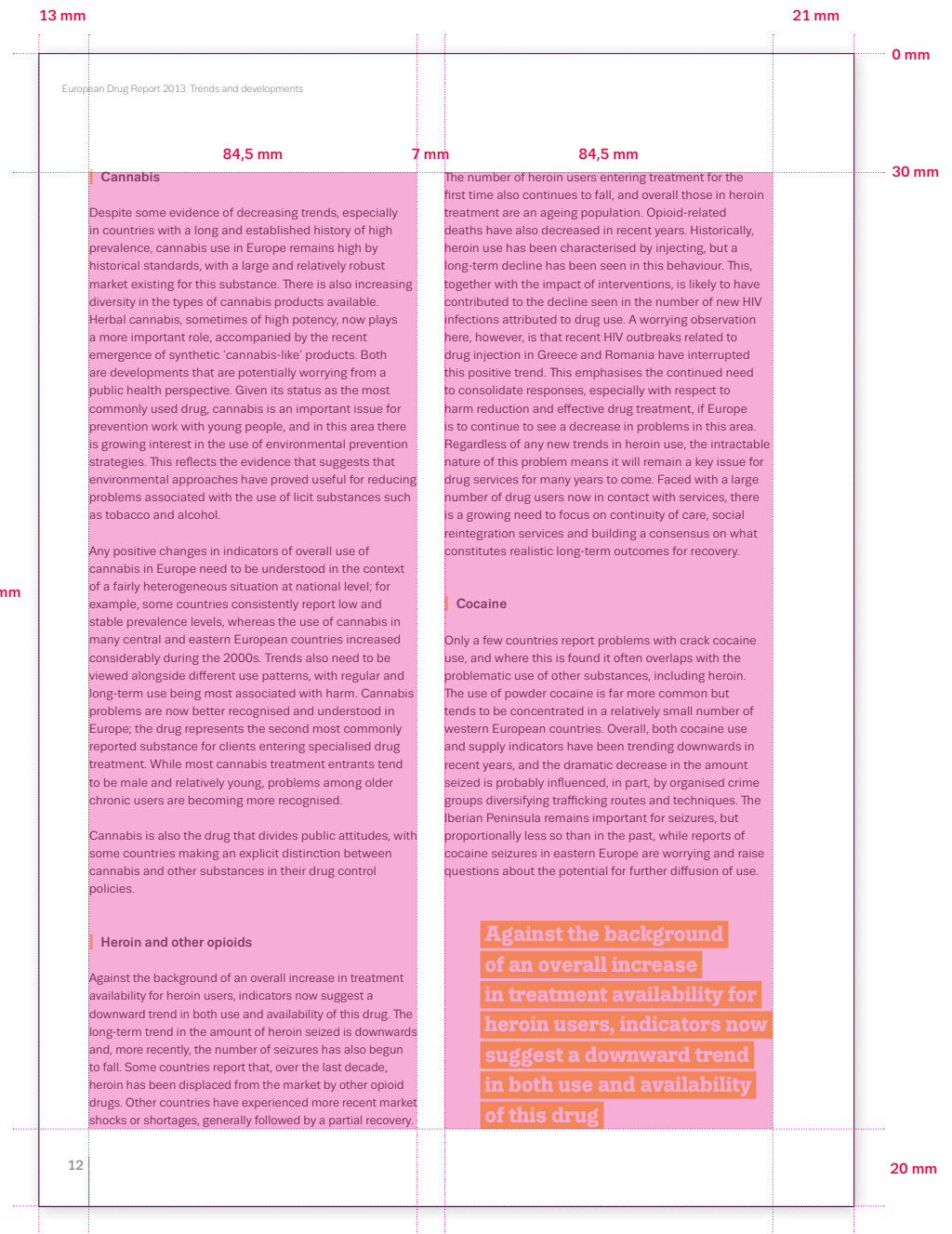
Heading 2 – Agniatibus, omnisti untore

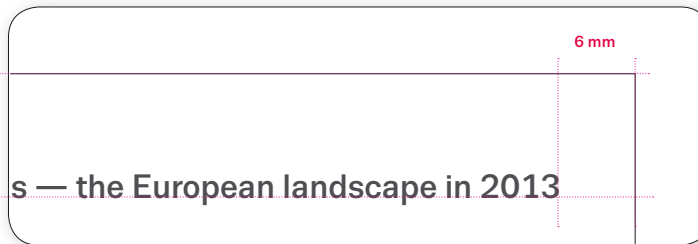
**CHAPTER NAME / HEADING LEVEL 1**  
 Trivia Sans Bold, 36 pt / 40 pt, 80% black

**HEADING LEVEL 2**  
 Trivia Sans Medium, 10 pt / 13 pt, 80% black

2 levels of headlines: the main Chapter Title Headline and Secondary Headline with the vertical line in chapter colour. Please make sure the Secondary Headlines are never too close to the bottom of a column (minimum of 2 lines of body text must be under the Secondary Headline before the end of a column, optimum is 5 and more). If needed, use the Citation space to adjust the text flow and add a Citation.

For specific placement of graphics in the layout, see the adjacent and following pages of this manual.





<p>European Drug Report 2013: Trends and developments</p>			<p>Summary   Old and new drug problems — the European landscape in 2013</p>
<p><b>Cannabis</b></p> <p>Despite some evidence of decreasing trends, especially in countries with a long and established history of high prevalence, cannabis use in Europe remains high by historical standards, with a large and relatively robust market existing for this substance. There is also increasing diversity in the types of cannabis products available. Herbal cannabis, sometimes of high potency, now plays a more important role, accompanied by the recent emergence of synthetic 'cannabis-like' products. Both are developments that are potentially worrying from a public health perspective. Given its status as the most commonly used drug, cannabis is an important issue for prevention work with young people, and in this area there is growing interest in the use of environmental prevention strategies. This reflects the evidence that suggests that environmental approaches have proved useful for reducing problems associated with the use of licit substances such as tobacco and alcohol.</p> <p>Any positive changes in indicators of overall use of cannabis in Europe need to be understood in the context of a fairly heterogeneous situation at national level; for example, some countries consistently report low and stable prevalence levels, whereas the use of cannabis in many central and eastern European countries increased considerably during the 2000s. Trends also need to be viewed alongside different use patterns, with regular and long-term use being most associated with harm. Cannabis problems are now better recognised and understood in Europe; the drug represents the second most commonly reported substance for clients entering specialised drug treatment. While most cannabis treatment entrants tend to be male and relatively young, problems among older chronic users are becoming more recognised.</p> <p>Cannabis is also the drug that divides public attitudes, with some countries making an explicit distinction between cannabis and other substances in their drug control policies.</p>	<p>The number of heroin users entering treatment for the first time also continues to fall, and overall those in heroin treatment are an ageing population. Opioid-related deaths have also decreased in recent years. Historically, heroin use has been characterised by injecting, but a long-term decline has been seen in this behaviour. This, together with the impact of interventions, is likely to have contributed to the decline seen in the number of new HIV infections attributed to drug use. A worrying observation here, however, is that recent HIV outbreaks related to drug injection in Greece and Romania have interrupted this positive trend. This emphasises the continued need to consolidate responses, especially with respect to harm reduction and effective drug treatment, if Europe is to continue to see a decrease in problems in this area. Regardless of any new trends in heroin use, the intractable nature of this problem means it will remain a key issue for drug services for many years to come. Faced with a large number of drug users now in contact with services, there is a growing need to focus on continuity of care, social reintegration services and building a consensus on what constitutes realistic long-term outcomes for recovery.</p> <p><b>Cocaine</b></p> <p>Only a few countries report problems with crack cocaine use, and where this is found it often overlaps with the problematic use of other substances, including heroin. The use of powder cocaine is far more common but tends to be concentrated in a relatively small number of western European countries. Overall, both cocaine use and supply indicators have been trending downwards in recent years, and the dramatic decrease in the amount seized is probably influenced, in part, by organised crime groups diversifying trafficking routes and techniques. The Iberian Peninsula remains important for seizures, but proportionally less so than in the past, while reports of cocaine seizures in eastern Europe are worrying and raise questions about the potential for further diffusion of use.</p>	<p>In the higher-prevalence countries, both survey and treatment entry data suggest a recent decline in cocaine use, although levels still remain high by historical standards. The number of deaths associated with cocaine use has fallen slightly, although caution is required when interpreting the data in this area. Acute problems related to the use of cocaine have resulted in presentations at hospital emergency departments in parts of Europe, but our capacity to monitor problems in this area is limited. In terms of treatment, specialist services are now available to problem cocaine users in many countries, with the current evidence base in this area supporting the use of psychosocial interventions.</p> <p><b>Synthetic stimulants</b></p> <p>Understanding overall trends in the use of synthetic stimulant drugs is complicated by the fact that they are often substituted for each other, as consumers make choices influenced by availability, price and perceived quality. Amphetamine and ecstasy remain the most commonly used synthetic stimulants in Europe and complete to some extent with cocaine. Amphetamine remains an important component of the drug consumption picture in many countries, and injecting amphetamine use has historically been a significant part of the chronic drug problem found in many northern countries. Over the longer term, most amphetamines indicators have remained stable, however, recent data suggest increasing methamphetamine availability, and in some markets this substance is now displacing amphetamine. Some evidence exists to suggest a decline over the last few years in the popularity of ecstasy, probably reflecting the fact that many pills sold as ecstasy did not contain MDMA or were of low purity. Recently, ecstasy producers appear to have become more efficient at sourcing MDMA and the content of tablets has correspondingly changed. It remains to be seen whether this will result in renewed interest in this drug, but there is some initial evidence that points in this direction.</p> <p>Stimulants, especially at high doses, can have adverse health consequences, and some deaths are reported annually. For stimulant users experiencing problems, their first point of contact with services will often be with hospital emergency departments. European projects are currently under way to improve monitoring of this area and provide guidelines on effective responses to drug emergencies in nightlife settings. Although stimulant-related deaths are relatively uncommon, they do generate considerable concern, especially when they occur among young, otherwise healthy, adults. The emergence of new psychoactive substances with unknown toxicity adds</p>	<p>further complications. A recent example is the emergence of the non-controlled stimulant substance 4-MA, which was first notified 2009, on the illicit drug market, either sold as or mixed with amphetamine. Clusters of deaths associated with this substance triggered a risk assessment exercise and subsequent recommendation for control at European level.</p> <p><b>New psychoactive substances</b></p> <p>An increasing number of new psychoactive substances, often intended to mimic the effects of controlled drugs, can be found in Europe. Some substances are sold directly on the illicit market, while others, the so-called 'legal highs' are sold more openly. Developments move rapidly in this area, with substances appearing at a fast rate. Occasionally a substance appears which makes the crossover to become a drug of choice on the illicit marketplace, the most recent example being mephedrone. The EU Early warning system continues to receive reports of around one new substance a week in 2013. Recent years have been dominated by the appearance of new synthetic cannabinoid receptor agonists (CRAs), phenethylamines and cathinones, mirroring to a large extent the most popular illicit drugs. A recent development, however, is an increasing proportion of substances reported that are from less known and more obscure chemical groups. Many of the products on sale contain mixtures of substances, and the lack of pharmacological and toxicological data means it is hard to speculate on long term health implications of use, but increasingly data shows that some of these substances cause problems requiring clinical interventions, and fatalities have been recorded.</p> <p>The European Commission is preparing a new proposal for strengthening the EU response to new psychoactive substances. Although use of new psychoactive substances is seen mainly among young recreational users, there has been some diffusion into problem drug user populations. Some replacement of opioids by synthetic stimulants, especially cathinones, was noted in countries with heroin shortages. The motive for this is the injecting heroin to cathinones to easy availability and perceived lower harm. Public health concerns over levels of injection, methamphetamine and other substances. To date, the range of control measures has been limited, and the need to identify and reduce response.</p>
<p>18</p>	<p>Against the background of an overall increase in treatment availability for heroin users, indicators now suggest a downward trend in both use and availability of this drug</p>		<p>41</p>

**RIGHT PAGE HEADER**

Baseline at 10 mm from top of the page, 6 mm from right edge, Trivia Sans Light, 7,3 pt, 80% black (Chapter number) Trivia Sans Medium 7,3 pt, 80% black (Chapter name).

**LEFT PAGE HEADER**

Baseline at 10 mm from top of the page, 6 mm from left edge, Trivia Sans Light 7,3 pt, 80% black – Publication title

**TYPOGRAPHY**

Regular text: Trivia Sans Book, 9 pt / 13 pt, 13 pt space after, aligned to baseline grid.

Headline: Trivia Sans Medium, 10 pt / 13 pt, aligned to baseline grid, 26 pt space before, 13 pt space after.

Citation: Trivia Slab Bold, 16 pt / 22 pt, Colour strip in background, 7 mm high, chapter colour (EMCDDA Colour).

Please see typography details on page 30.

**PAGE NUMBER**

Vertical line 13 mm long from the bottom of the page, 0,5 pt thick, 55% black (EDR) or chapter colour 1 pt (GRA). Trivia Sans Medium, 10 pt, 55% black, baseline at 9,5 mm from bottom of the page, 1,5 mm left or right of the vertical line.

11,5 mm

1,5 mm

10 mm

13 mm

**FIGURE NUMBER STRIP**

Grey strip, 15 mm from top of the page, 7 mm high, 55% black, Trivia Sans Book, 12 pt.

Left column – left end bleeds off page, right end in the middle of the text column.

Right column – in centre page (centred in the gap between text columns), right edge in the middle of the column.

**FIGURE AREA**

The figure area corresponds to the two-column text area, bottom edge is 132 mm from top of the page.

**MAP BACKGROUND**

Maps must be always on 8% black background, positioned directly under the figure strip, filling the whole page width from left to right edge of the page (bleeding off).

Note: when there is only one map on the left, background area goes from the edge of the centre of the gap between text columns. When there is only one map on the right, background area starts from the centre of the gap between text columns and goes to the right edge.

**TEXT AREA**

On pages with Figures, text area beneath starts 144 mm from top of the page.

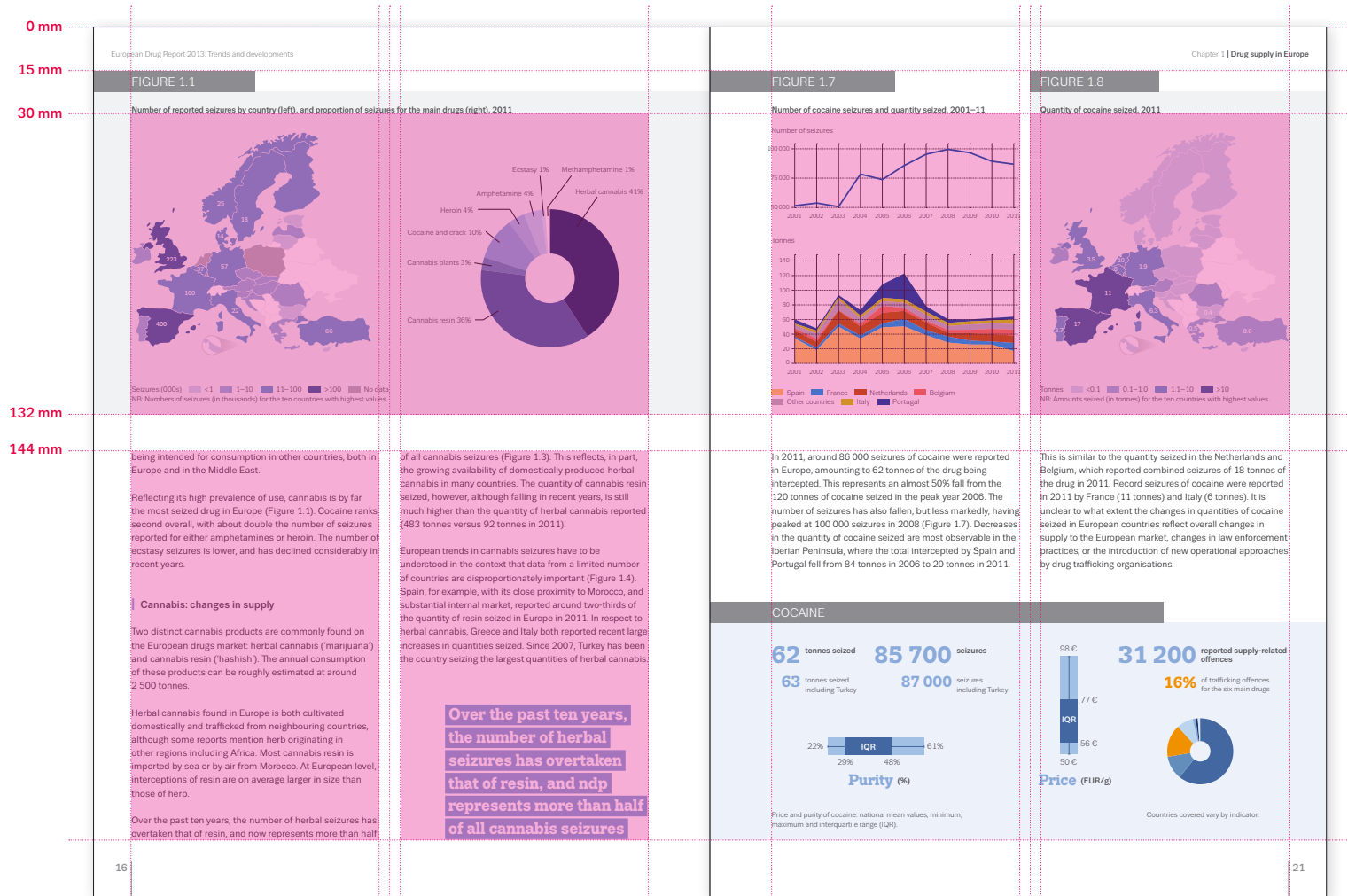
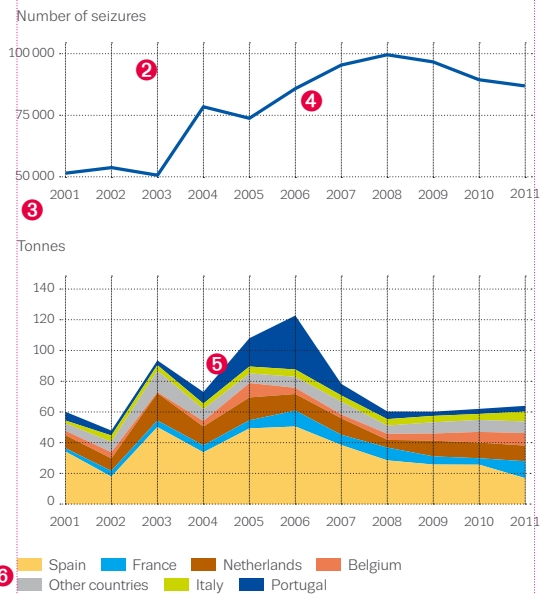


FIGURE 1.7

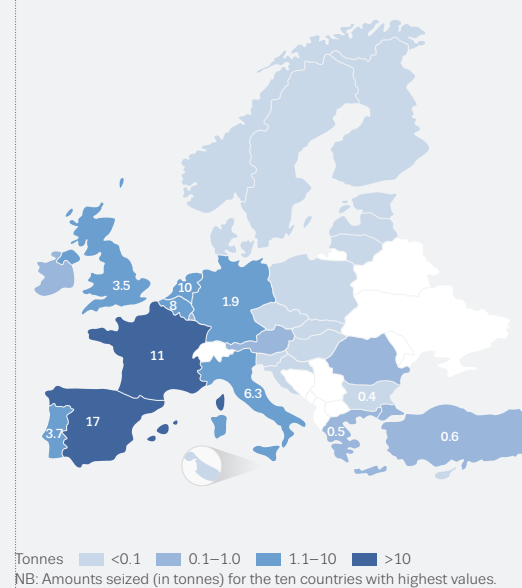
Number of cocaine seizures and quantity seized, 2001–11 <sup>1</sup>

In 2011, around 86 000 seizures of cocaine were reported in Europe, amounting to 62 tonnes of the drug being intercepted. This represents an almost 50% fall from the 120 tonnes of cocaine seized in the peak year 2006. The number of seizures has also fallen, but less markedly, having peaked at 100 000 seizures in 2008 (Figure 1.7). Decreases in the quantity of cocaine seized are most observable in the Iberian Peninsula, where the total intercepted by Spain and Portugal fell from 84 tonnes in 2006 to 20 tonnes in 2011.

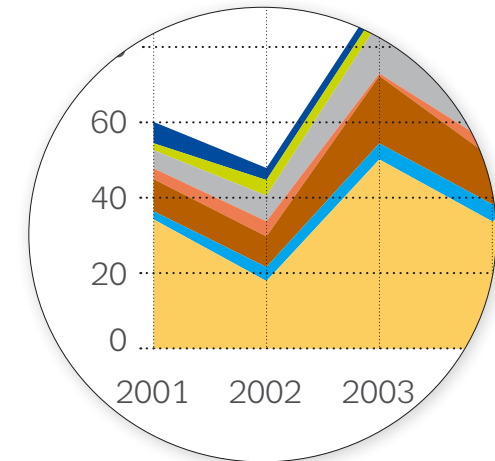
COCAINE

FIGURE 1.8

## Quantity of cocaine seized, 2011



This is similar to the quantity seized in the Netherlands and Belgium, which reported combined seizures of 18 tonnes of the drug in 2011. Record seizures of cocaine were reported in 2011 by France (11 tonnes) and Italy (6 tonnes). It is unclear to what extent the changes in quantities of cocaine seized in European countries reflect overall changes in supply to the European market, changes in law enforcement practices, or the introduction of new operational approaches by drug trafficking organisations.

<sup>1</sup> FIGURE TITLE

Trivia Sans Medium, 8 pt / 9 pt, 80% black

<sup>2</sup> GRAPH AXIS

horizontal: 0,4 pt, dotted, 100% black  
 vertical: 0,2 pt, dotted, 100% black

<sup>3</sup> GRAPH AXIS VALUES ETC.

Trivia Sans Book, 6 pt, 80% black

<sup>4</sup> GRAPH CURVE

1,5 pt, full line, colour from EDR graphs palette

<sup>5</sup> GRAPH RANGE FIELD

Full colour area, use colour specified in 8.1.18

<sup>6</sup> GRAPH/MAP LEGEND

Trivia Sans Book, 7 pt / 9 pt, 80% black, colour sample rectangles 4×2 mm horizontally centred in the text line, two n-space before, one n-space after.

Line samples –short line (4,8 mm long), 1,5 pt thick, rotated 45°.

**GRAPH BELONGING TO THE MAP – ON GREY BACKGROUND TOGETHER WITH MAP**

Graph axis: horizontal – 0,7 pt, full, 30% black  
vertical – 0,7 pt, full, white.

**GRAPH AXIS VALUES ETC.**

Trivia Sans Book, 6 pt, 80% black, 1,5 pt, full line, colour from EDR graphs palette

**MAP**

Use provided file, for map use chapter colour in shades or map colours defined in 8.1.12.

Non-EU countries are always white. Map must be on defined grey background (8% black) ①, this is also border colour ②.

Country numbers (optional): Trivia Sans Medium, 6 pt, white.

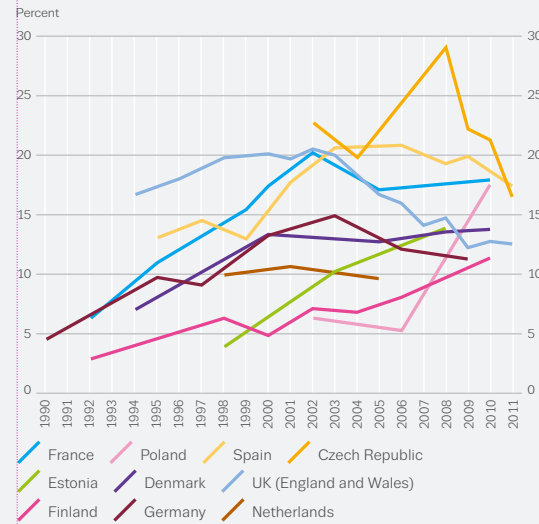


**One figure consisting of graph and map**

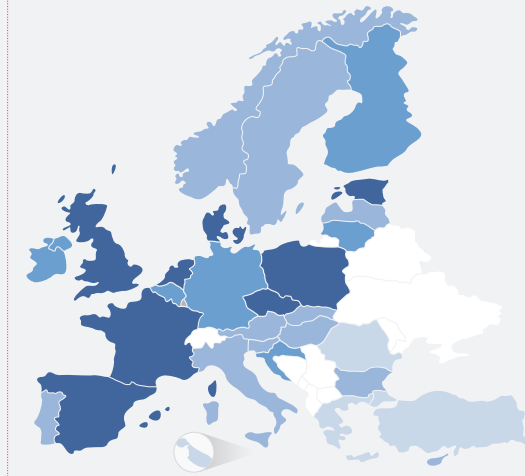
Please use provided graphics from the template. The graph-map graphics are always horizontal on grey background bleeding off page. For specific map use and colour definition, see 8.1.12.

FIGURE 2.2

Last year prevalence of cannabis use among young adults: selected trends (left) and most recent data (right)



NB: Trends for ten countries with the highest prevalence and three or more surveys.



Percent 0-4 4.1-8 8.1-12 >12

**Over 3 million daily cannabis users and rising treatment demand**

A significant minority of cannabis users consume the substance intensively. Daily or almost daily cannabis use is defined as use on 20 or more days in the month

preceding survey. Data from 22 countries, suggest that around 1% of adults, at least three million, report using the drug in this way. Over two-thirds of these are aged between 15 and 34 years, and in this age group, over three-quarters are male.

CANNABIS USERS IN TREATMENT

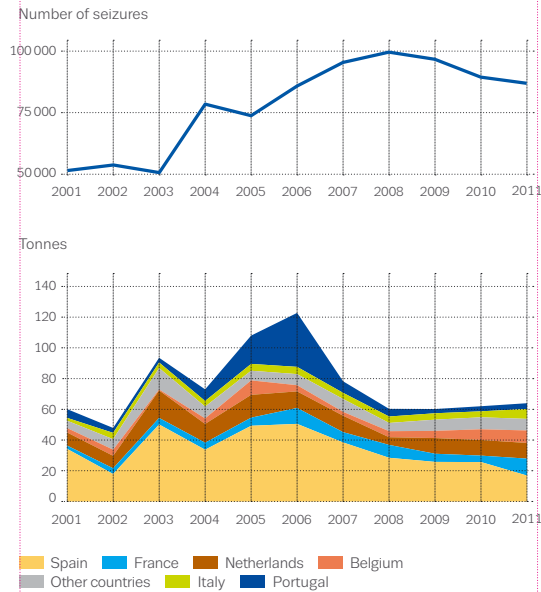
Characteristics

Trends in first-time entrants



FIGURE 1.7

Number of cocaine seizures and quantity seized, 2001–11

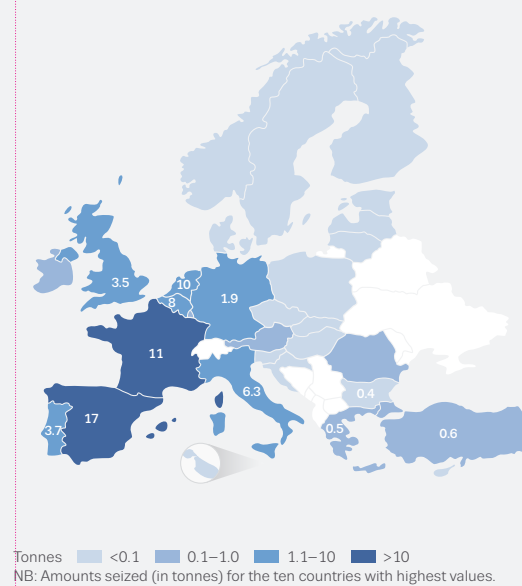


In 2011, around 86 000 seizures of cocaine were reported in Europe, amounting to 62 tonnes of the drug being intercepted. This represents an almost 50% fall from the 120 tonnes of cocaine seized in the peak year 2006. The number of seizures has also fallen, but less markedly, having peaked at 100 000 seizures in 2008 (Figure 1.7). Decreases in the quantity of cocaine seized are most observable in the Iberian Peninsula, where the total intercepted by Spain and Portugal fell from 84 tonnes in 2006 to 20 tonnes in 2011.

COCAINE

FIGURE 1.8

Quantity of cocaine seized, 2011



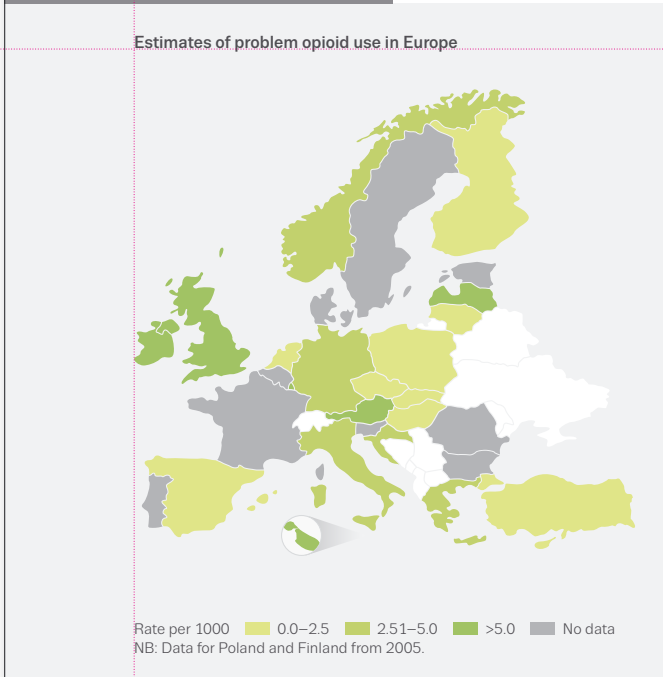
This is similar to the quantity seized in the Netherlands and Belgium, which reported combined seizures of 18 tonnes of the drug in 2011. Record seizures of cocaine were reported in 2011 by France (11 tonnes) and Italy (6 tonnes). It is unclear to what extent the changes in quantities of cocaine seized in European countries reflect overall changes in supply to the European market, changes in law enforcement practices, or the introduction of new operational approaches by drug trafficking organisations.

### Graph and map side-by-side

The map is always on grey background bleeding off the page that is always aligned to the centre of the space between the text columns. The text in the map field is aligned to the text column. The graphs next to the map field are aligned to the text column approximately – with the horizontal numbers exceeding the column area slightly if necessary.

FIGURE 2.8

Estimates of problem opioid use in Europe



**Heroin: decline in new clients entering treatment**

Users of opioids (mainly heroin) represent 48% of all clients who entered specialised treatment in 2011 in Europe (197 000 clients) and around 30% of those entering treatment for the first time. In terms of trends, overall numbers of new heroin clients are on the decline in Europe, dropping from a peak of 59 000 in 2007 to 41 000 in 2011 and with reductions most apparent in western European countries. Overall, it appears that recruitment into heroin use may have been in decline, and that this is now impacting on treatment demand.

**New recruitment into heroin use now appears to be on the decline**

**Figure with text column**

The text next to map graphics runs normally. The map placed bleeding left is slightly different, so please use the data in the template provided.

**HEROIN USERS IN TREATMENT**

Characteristics

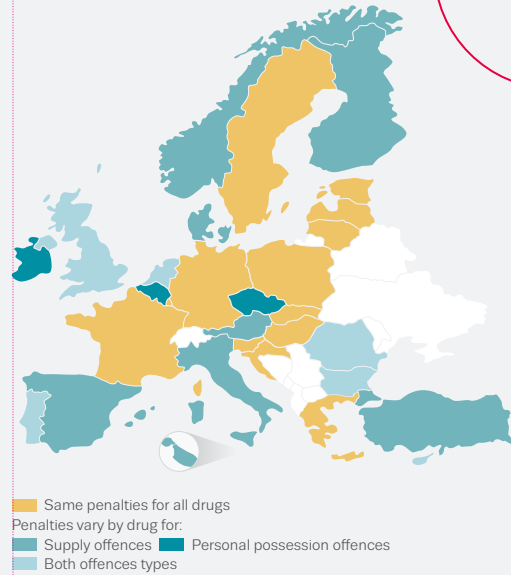


Mean age at first use **22**

Trends in first-time entrants

FIGURE 4.2

Penalties for drug law offences: variation by drug

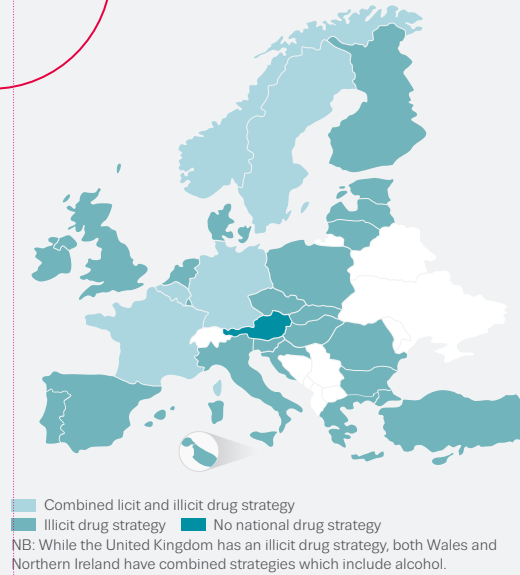


Sentencing statistics for a selected number of countries from 2009 show that a supply offence was more likely to receive a prison sentence than one for possession for use. However, maximum sentences were rarely or never imposed, while average prison sentences were short and often suspended, suggesting that only a small number of offenders were considered to be major traffickers. Results

FIGURE 4.3

FIGURE 4.4

National drug strategies and action plans, availability and scope



also indicated that the average sentences differed by type of drug, even in those countries where the drugs are viewed equally under the law.

**1 WHITE VERTICAL LINE**  
thickness 2 pt, 23 mm long from the top of the grey background.

**Two maps side-by-side**

For two separate maps placed side by side we use a short white dividing vertical line aligned with the grey field (FIGURE 4.4 in the example shown). Please use data provided in the template.

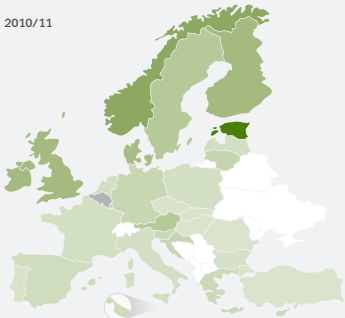
**Three maps aligned vertically**

In certain cases involving 3 related maps we use a vertical placement on the left or right side of the page. The same rules apply as the grey background and the map placement and size is slightly adjusted. Please use data provided in the template.

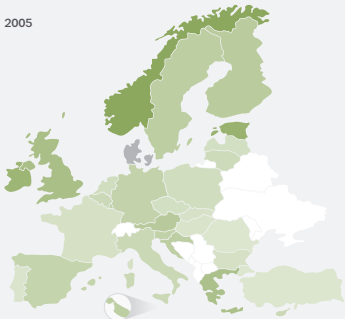
FIGURE 2.12

Drug-induced mortality rates among adults (15–64)

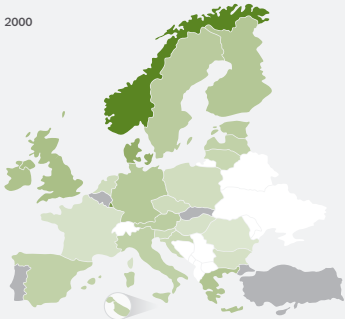
2010/11



2005



2000



1 17 51 85 119 136  
Cases per million population

No data

For 2011, the average mortality rate due to overdoses in Europe is estimated at 18 deaths per million population aged 15–64. Rates of over 40 deaths per million were reported in six countries, with the highest rates reported in Norway (73 per million) and Estonia (136 per million) (Figure 2.12).

Most countries reported an increasing trend in overdose deaths from 2003 until 2008/09, when overall levels first stabilised and then began to decline. Overall, around 6 500 overdose deaths were reported in 2011, a decrease from the 7 000 cases in 2010 and 7 700 in 2009. Nevertheless, the situation varies for individual countries, with some still reporting increases.

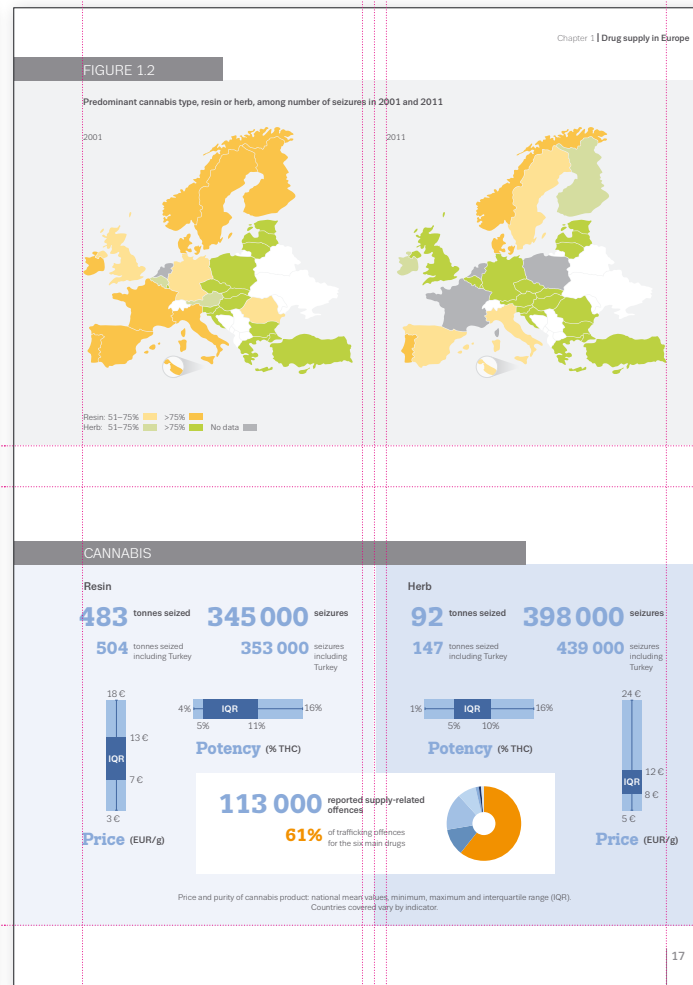
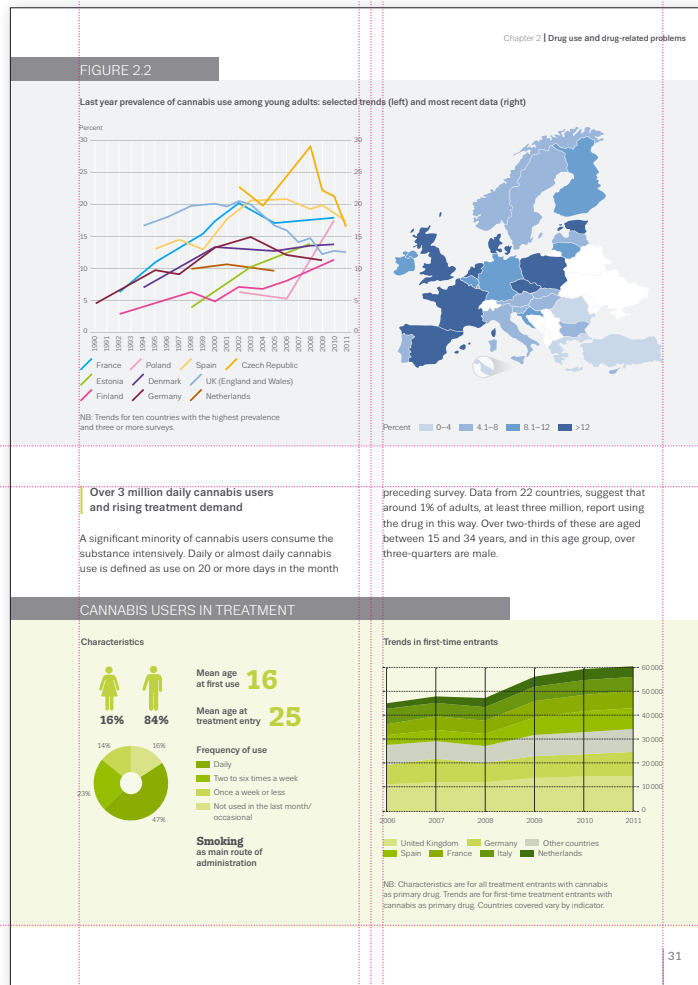
**Around 6 500 overdose deaths were reported in 2011, a decrease from the 7 000 cases in 2010 and 7 700 in 2009**

**INFOGRAPHIC AREA**

As with Map area, the Infographic sits on the bottom of text column area, height is variable, background colour is 18% chapter colour, graphic elements respects edges of two-column text area.

**INFOGRAPHIC ELEMENTS**

See closer view on next page.



**Infographics**

The separate elements are placed in the field designated for the infographic in a balanced and legible way. The background colour is 18% of the chapter colour containing the infographic.

**INFOGRAPHIC NAME – STRIP**

Same colour, height and typography as figure/ map strip, but the right edge of the strip ends in the middle of the right text column.

**INFOGRAPHIC ELEMENTS**

For infographic elements use full or shades of chapter colour, optionally one accent colour (49% magenta, 100% yellow – same for whole EDR) or 80% black.

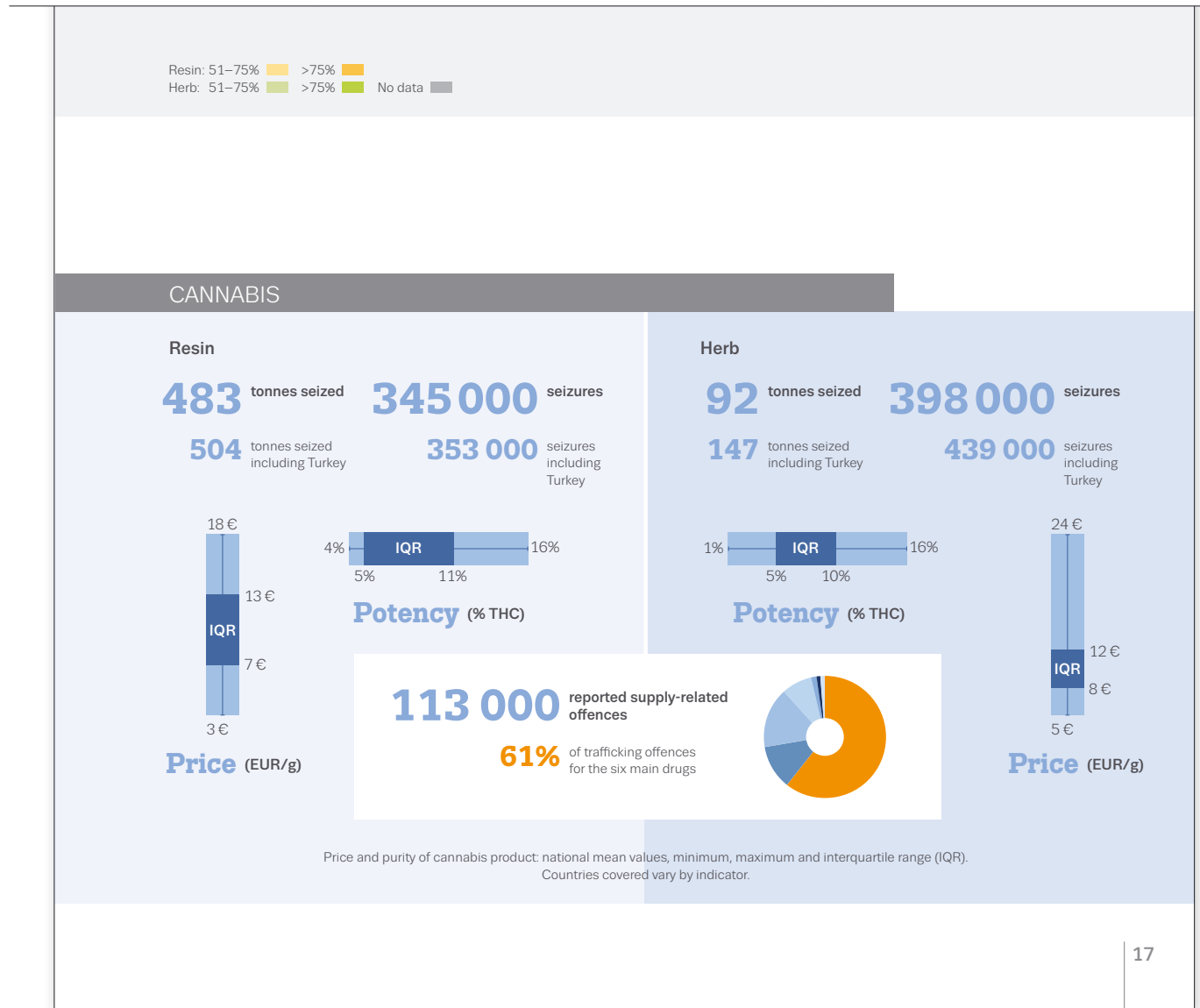
Infographics short text or numbers use Trivia Slab Bold.

Infographic legend: Trivia Sans Book, 7 pt / 9 pt, 80% black.

Pie graphs – use always version with hole in the centre.

**Infographic in blue chapter**

In the case of the example shown, herb and resin are placed on the left and right side respectively, with shared data taking place in the centre in a separate box. The background colour is 18% of the chapter colour; if two colours are to be used on occasion, use shades of chapter colour in 15% and 30%. Please use data provided in the template.



- / Estonia
- / Denmark
- / UK (England and Wales)
- / Finland
- / Germany
- / Netherlands

NB: Trends for ten countries with the highest prevalence and three or more surveys.

Percent ■ 0-4 ■ 4.1-8 ■ 8.1-12 ■ >12

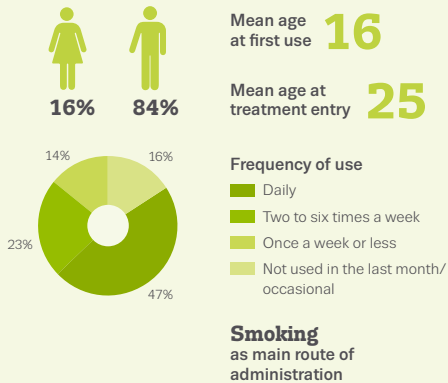
### Over 3 million daily cannabis users and rising treatment demand

A significant minority of cannabis users consume the substance intensively. Daily or almost daily cannabis use is defined as use on 20 or more days in the month

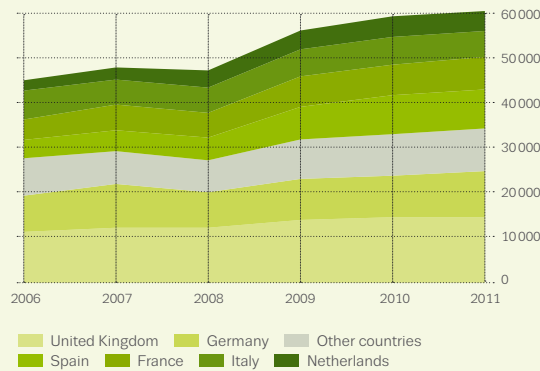
preceding survey. Data from 22 countries, suggest that around 1% of adults, at least three million, report using the drug in this way. Over two-thirds of these are aged between 15 and 34 years, and in this age group, over three-quarters are male.

## CANNABIS USERS IN TREATMENT

### Characteristics



### Trends in first-time entrants



NB: Characteristics are for all treatment entrants with cannabis as primary drug. Trends are for first-time treatment entrants with cannabis as primary drug. Countries covered vary by indicator.

### Infographics in green chapter

There are two basic types of infographics. This page shows the second type relating to "Cannabis users in treatment". The dominant colour is the chapter colour, used for the main information illustrations as well as the background field. Please use data provided in the template.

**“Find out more” section**

Each chapter ends with a “Find out more” table, created in the chapter colour. It may be placed after the chapter content in the last column, or on a separate page in case the layout does not enable this. The spaces and margins are defined in the data provided in the template.

European Drug Report 2013: Trends and developments

**FIND OUT MORE**

**EMCDDA publications**

**2012**  
 Driving under the influence of drugs, alcohol and medicines in Europe: findings from the DRUID project, Thematic paper.  
 Fentanyl in Europe. EMCDDA Trendspotter study.  
 Prevalence of daily cannabis use in the European Union and Norway, Thematic paper.

**2011**  
 Mortality related to drug use in Europe, Selected issue.

**2010**  
 Problem amphetamine and methamphetamine use in Europe, Selected issue.  
 Trends in injecting drug use in Europe, Selected issue.

**2009**  
 Polydrug use: patterns and responses, Selected issue.

**2008**  
 A cannabis reader: global issues and local experiences, Volume 2, Part I: Epidemiology, and Part II: Health effects of cannabis use, EMCDDA Monographs.

**EMCDDA and ESPAD publications**

**2012**  
 Summary of the 2011 ESPAD report.

**EMCDDA and ECDC publications**

**2012**  
 HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania.

All publications are available at [www.emcdda.europa.eu/publications](http://www.emcdda.europa.eu/publications)

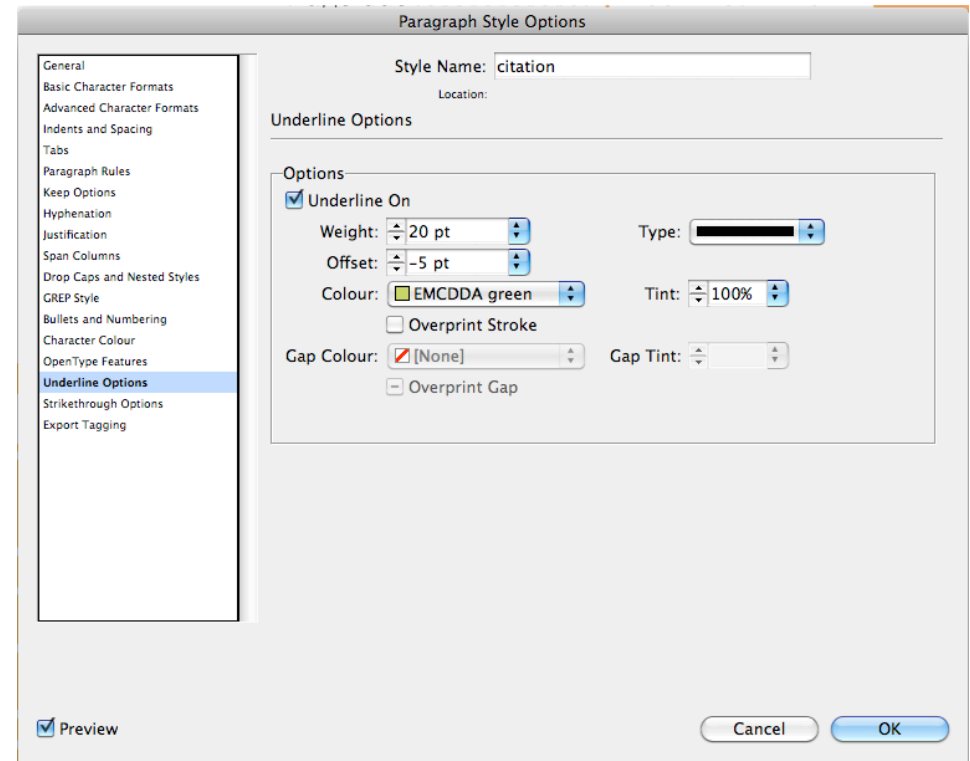
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**CITATION, SHOWN HERE AT 200%  
 OF ORIGINAL SIZE**

Trivia Slab Bold 16 pt, 22 pt leading, white colour. The colour strip in the background (chapter colour) is 7 mm high.

Use text underline option in Adobe InDesign, set font, font size, and leading, set the underline thickness 20 pt and offset -5 pt.



**Citation construction**

The citations always use the chapter colour and Trivia Slab Serif Bold. The construction is made easy by Character Underline Styles in Adobe InDesign 6, set up in the data template. A single space is added in the beginning and end of each line.

# Annex

## Annex chapter

The EDR last chapter is the Annex, which contains mostly tables and technical data. Some of the tables are considerably complex and are to be done with the InDesign table tool. Please see the specifications of table construction for the Annex on the next page.

National data presented here are drawn from and are a subset of the EMCDDA Statistical bulletin 2013, where further data, years, notes and meta-data are available

Annex: national data tables

TABLE 1

### OPIOIDS

Country	Problem opioid use estimate cases per 1 000	Treatment demand indicator, primary drug				Clients in substitution treatment count
		Opioid clients as % of treatment entrants		% opioid clients injecting (main route of administration)		
		All entrants % (count)	First-time entrants % (count)	All entrants % (count)	First-time entrants % (count)	
Belgium	–	36.8 (2 176)	18 (403)	19.7 (399)	16.3 (60)	17 701
Bulgaria	–	79.3 (1 877)	93.2 (275)	85.9 (1 300)	84.2 (223)	3 452
Czech Republic	1.2–1.3	19.4 (1 791)	9.9 (443)	86.3 (1 528)	83.1 (359)	5 200
Denmark	–	17.5 (663)	7.1 (102)	33.9 (193)	23 (20)	7 600
Germany	2.9–3.4	44.3 (31 450)	19.2 (3 576)	36.2 (13 827)	33.2 (1 491)	76 200
Estonia	–	91.4 (486)	80.4 (131)	84.5 (410)	84 (110)	1 076
Ireland	6.2–8.1	57.9 (4 930)	39 (1 457)	31 (1 488)	22.9 (327)	8 729
Greece	2.5–3.0	80.6 (4 693)	73.4 (1 886)	41.3 (1 930)	38.7 (729)	6 783
Spain	1.1–1.3	34.3 (18 374)	18.2 (4 881)	15.8 (2 756)	10.2 (481)	82 372
France	–	40.7 (14 987)	20.2 (2 042)	17.7 (2 097)	12.3 (226)	145 000
Italy	4.3–5.4	55.3 (23 416)	42.4 (9 706)	57.5 (12 566)	50.5 (4 603)	109 987
Cyprus	1.3–2.0	36.7 (365)	10.8 (48)	52.6 (191)	46.8 (22)	188
Latvia	5.0–9.9	52.9 (1 044)	34.1 (126)	93.3 (935)	88.4 (107)	277
Lithuania	2.3–2.4	–	72.1 (181)	–	98.6 (136)	798
Luxembourg	5.0–7.6	67.4 (151)	–	58.9 (89)	–	1 228
Hungary	0.4–0.5	6.8 (325)	2.3 (75)	66.8 (203)	49.3 (34)	639
Malta	6.9–8.2	78.7 (1 434)	45.4 (83)	62.5 (893)	59 (49)	1 107
Netherlands	1.6–1.6	12.8 (1 674)	6 (461)	8.9 (91)	16 (46)	10 085
Austria	5.2–5.5	64.5 (2 426)	41.3 (566)	42.2 (987)	26.8 (146)	16 782
Poland	–	48.2 (643)	14.7 (53)	77 (488)	46.2 (24)	2 200
Portugal	–	70.1 (2 637)	54.4 (980)	15.4 (147)	13.1 (80)	26 531
Romania	–	35 (648)	29.6 (339)	91.5 (590)	90.2 (305)	742
Slovenia	–	86.6 (451)	74.9 (155)	56.8 (256)	49.7 (77)	3 557
Slovakia	1.0–2.5	33.7 (691)	22.7 (217)	75.7 (514)	63.1 (137)	500
Finland	–	62.2 (898)	43.8 (109)	81.8 (719)	66.7 (72)	2 000
Sweden	–	24.8 (1 541)	16.5 (255)	55.7 (857)	26.6 (69)	3 115
United Kingdom	8.0–8.6	59.3 (88 112)	40 (18 005)	33.2 (22 081)	29.2 (5 156)	177 993
Croatia	3.2–4.0	80.9 (6 196)	29.8 (343)	74.5 (4 530)	53.3 (171)	4 074
Turkey	0.2–0.5	70.3 (1 488)	64.7 (701)	50.9 (746)	48 (333)	8 074
Norway	2.1–3.9	37.5 (2 884)	–	73.1 (160)	–	6 640

TABLE 7

## SEIZURES

Country	Heroin		Cocaine		Amphetamines		Ecstasy	
	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized	Number of seizures
	kg	count	kg	count	kg	count	tablets	count
Belgium	140	2 176	7 999	3 263	112	2 699	64 384	838
Bulgaria	385	41	4	22	233	38	7 879	11
Czech Republic	5	34	16	44	1.20	3	13 000	15
Denmark	37	484	43	1 756	255	1 733	16 000	197
Germany	498	4 361	1 941	3 335	1 368	9 131	484 992	1 322
Estonia	0.048	5	1	34	42	215	11 496	44
Ireland	32	752	179	476	23	104	97 882	272
Greece	307	2 477	463	466	1.84	17	70	8
Spain	412	7 587	16 609	42 659	278	3 178	183 028	2 123
France	883	4 834	10 834	4 538	601	387	1 510 500	781
Italy	811	3 588	6 342	6 859	19	124	14 108	114
Cyprus	0.6	49	3	79	0.011	5	653	13
Latvia	0	329	81	25	0.1	29	3 592	13
Lithuania	11	234	10	23	13	46	303	5
Luxembourg	24	244	24	94	3	15	91	6
Hungary	3	22	13	108	24	483	270	22
Malta	4	39	5	86	0.50	1	2 171	30
Netherlands	400	–	10 000	–	1 074	–	1 059 534	–
Austria	65	640	139	970	13	383	45 780	90

**TABLE NUMBER**

Dark grey strip, same rules as Figure/Map numbers.

**TABLE NAME**

Trivia Sans Medium, 12 pt, UPPER CASE, colour of the table

**TABLE CONTENT**

Tables fit into the type area (two columns) defined on previous pages.

One table combines maximum two colours and their shades always in values of 15% and 30%.

Table header is always full colour (see colour section), text Trivia Sans Bold, white, 8 pt / 9 pt.

Table text uses Trivia Sans Medium (80% black) and Trivia Sans Light (100% black).

**ADOBE INDESIGN TABLE SETTINGS:**

- minimal row height: 5 mm
- cell inset 1,4 mm
- column and row strokes – 0,5 pt thick, white
- top header row upper inset – 4 mm

**TWO COLUMNS TYPOGRAPHY  
SHOWN IN MAGNIFICATION OF 200%**

**COLUMN WIDTH**

84,5 mm, text is aligned on baseline grid that starts 9,9 mm from top edge of the page and has 13 pt steps.

**1 HEADLINE 1 LINE/2 LINES**

Trivia Sans Medium 10 pt / 13 pt, 80% black  
Space before – 2 lines, i.e. 26 pt  
Space after – 1 line, i.e. 13 pt

Vertical line on left, 1,6 × high of the cap letter (for one line headline). Bottom end of the line sits on descender line – see details on right.

**2 REGULAR TEXT**

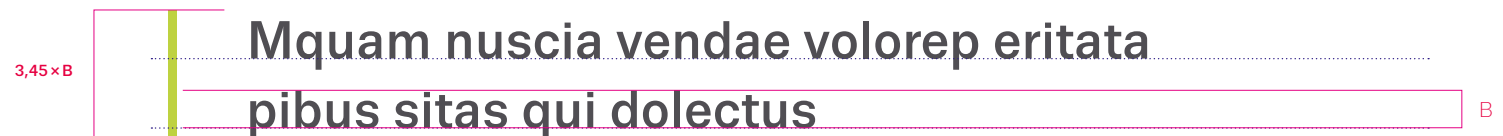
Trivia Sans Book 9pt / 13 pt  
Space after – 1 line, i.e. 13 pt

All text is aligned on grid that starts 9,9 mm from top edge of the page and has 13 pt steps.



2 Ema si occum explatus ea doluptaturia culpa et mintis  
ex et facius pos autem eium es porerrum alibus, imil est  
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vendae volorep eritata tibus, susant ut offici reritibus.



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### ONE COLUMN TYPOGRAPHY SHOWN IN MAGNIFICATION OF 200%

#### COLUMN WIDTH

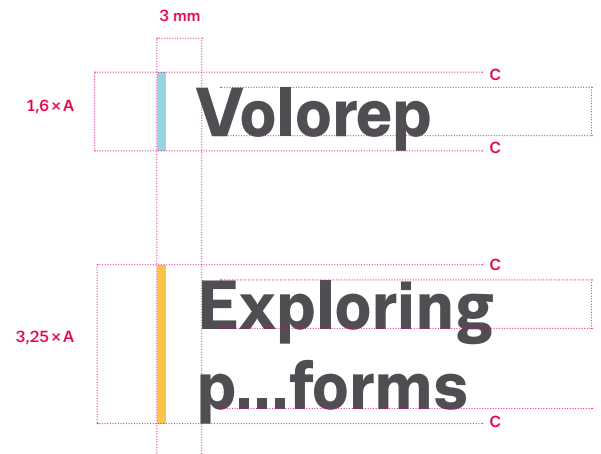
130 mm, text is aligned on baseline grid that starts 9,9 mm from top edge of the page and has 13 pt steps.

#### ③ HEADLINE 1 LINE/2 LINES

Trivia Sans Medium 13 pt / 15 pt, 80% black  
Space before – 2 lines, i.e. 26 pt  
Space after – 1 line, i.e. 13 pt

#### REGULAR TEXT

Trivia Sans Book 9 pt / 13 pt  
Space after – 1 line, i.e. 13 pt










## ③ | Legal notice













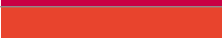















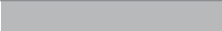
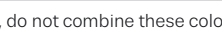

One line gap

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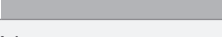






**Colour use in complicated graphics**

The EDR uses the full colour palette of the EMCDDA corporate colours. These are used mostly in full value, but also in percentual shades. This is especially the case in maps and tables, where it is necessary to illustrate different values of information. In addition, other colours had been selected for special use, connected with specific information (countries, substances) and should be used consistently. The following pages show examples of colour shade use and the assignment of the content-assigned colours.

COLOUR NAME	COLOUR SAMPLE	C-M-Y-K
<b>Basic emcdda colours</b>		
EU Blue		100-80-0-0
emcdda Green		34-0-85-0
emcdda		50-25-0-0
emcdda		0-60-60-0
emcdda		44-0-11-0
emcdda		0-25-76-0
<b>Drugreport colours</b>		
Accent colour		0-50-100-0

COLOUR NAME	COLOUR SAMPLE	C-M-Y-K
<b>Countries colours for line and area graphs*</b>		
Austria		0-30-30-50
Belgium		0-60-65-0
Bulgaria		0-0-100-0
Croatia		80-40-0-0
Cyprus		0-65-100-0
Czech Republic		0-35-100-0
Denmark		80-85-0-0
Estonia		50-0-100-0
Finland		0-85-0-0
France		100-0-0-0
Germany		0-80-35-55
Greece		0-25-70-25
Hungary		20-100-60-0
Ireland		0-85-80-0
Italy		30-0-100-0
Latvia		100-0-100-0
Lithuania		60-0-35-0
Luxembourg		25-70-0-0
Malta		0-0-50-20
Netherlands		0-60-100-30
Norway		70-0-35-40
Poland		0-50-0-0
Portugal		100-70-0-0
Romania		40-100-0-0
Slovakia		0-0-65-45
Slovenia		0-70-45-0
Spain		0-20-65-0
Sweden		30-30-0-15
Turkey		35-0-40-0
United Kingdom		50-20-0-0
Other countries		50-20-0-0

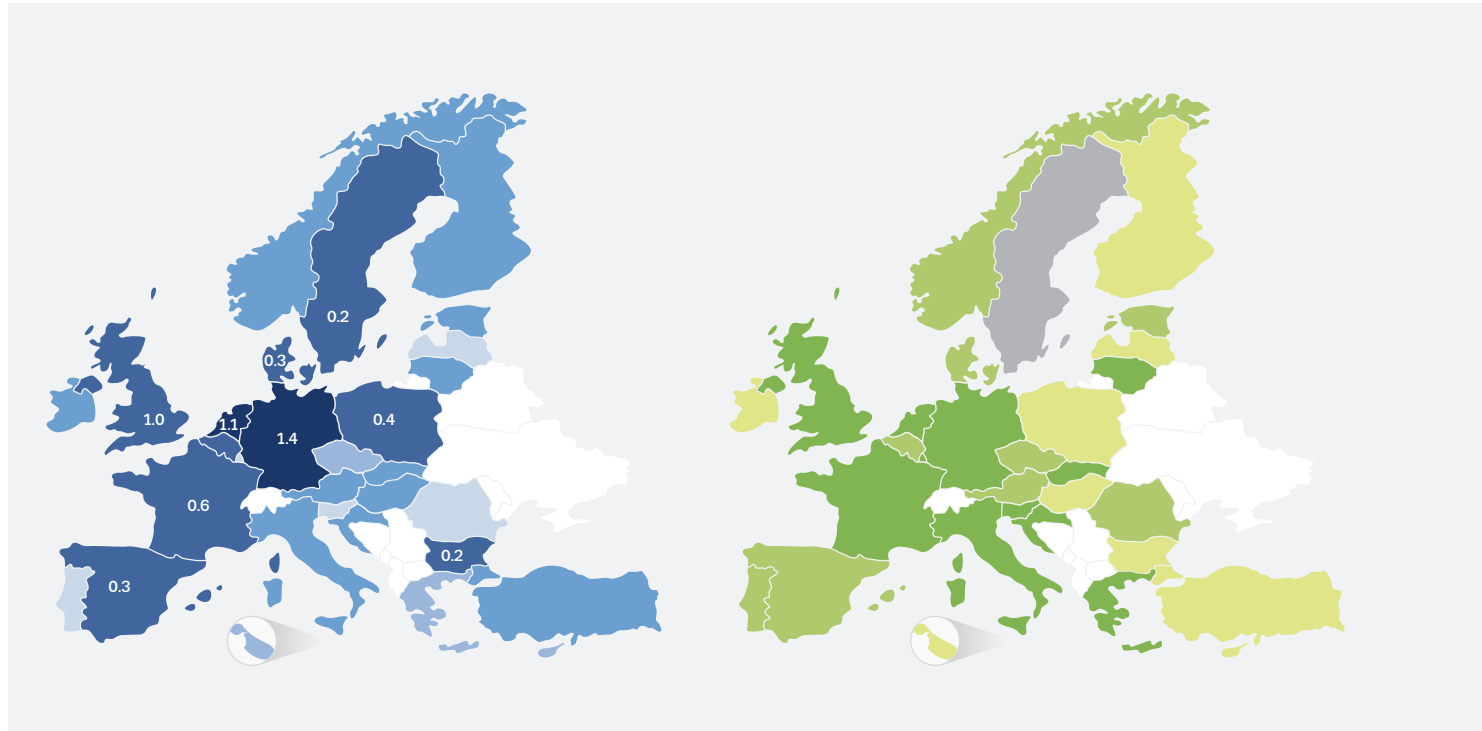
\* These are graph colours, do not combine these colours in the map.

COLOUR NAME	COLOUR SAMPLE	C-M-Y-K
<b>Drugs colours for line and area graphs*</b>		
Cannabis		0-30-30-50
Cocaine		0-60-65-0
Ecstasy		0-0-100-0
Heroin		80-40-0-0
Amphetamines		0-65-100-0
Other stimulants		0-35-100-0
Other drugs		36-75-0-0
No information		0-0-0-38
<b>Colours for area graph*</b>		
Colour 1		47-25-0-0
Colour 2		65-0-30-20
Colour 3		0-35-55-0
Colour 4		30-0-75-40
Colour 5		65-0-35-40
Colour 6		10-0-20-30

\* These are graph colours, do not combine these colours in the map.

### Content-assigned colours

This page shows all the colours additional to the main EMCDDA corporate colours. Each colour is assigned to a specific information (country or substance) or to be used in the special Area Graphs. Please see the examples of use on the following pages of this annex and do not invent your own colours when constructing graphic elements for the EMCDDA materials.



**Use of colour shade values and content-assigned colours**

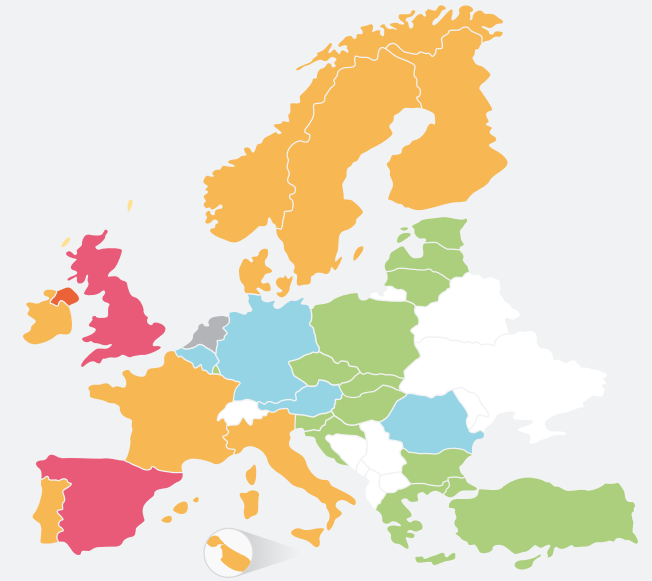
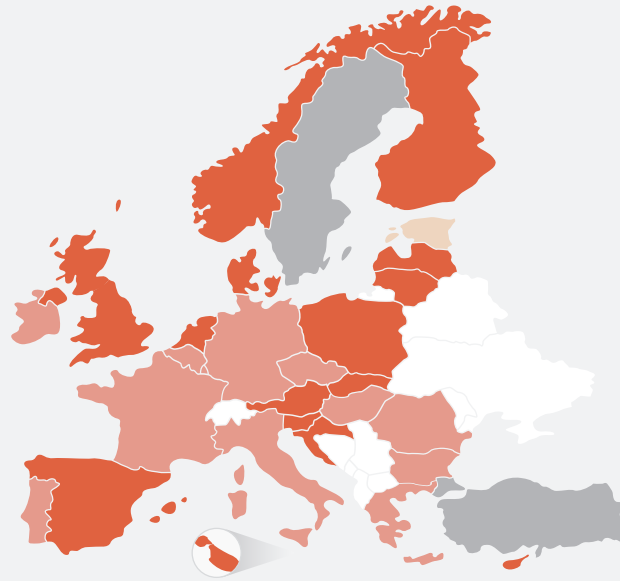
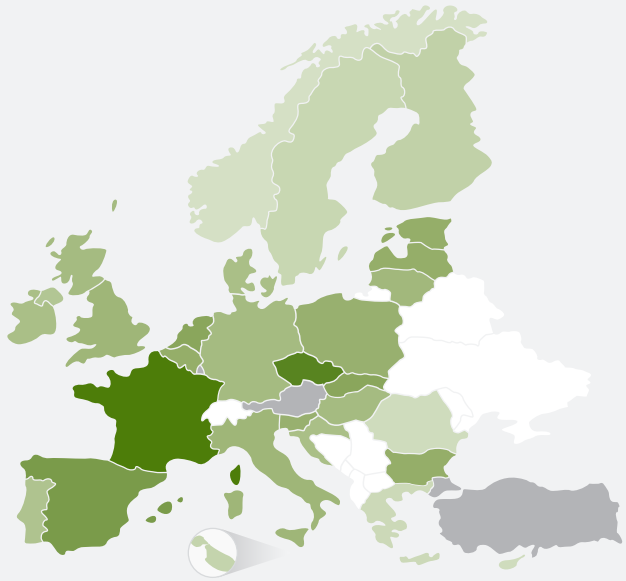
These pages show examples of the specific colour use in complicated graphics.

Please use the shade values shown here as a guide.

The content assigned colours are to be used consistently. In some cases, miscellaneous values are to be depicted, that are not countries or substances. In that case choose from the existing colours in such a way, that enables clear recognition of the different colours, in respect of the overall character of the material you are designing.

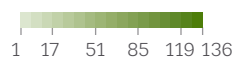
Blue map – values ratio	C-M-Y-K
Ratio 1	20-7-0-8
Ratio 2	40-17-0-8
Ratio 3	59-23-0-8
Ratio 4	75-44-0-25
Ratio 5	86-56-0-52

Green map – values ratio	C-M-Y-K
Ratio 1	18-0-55-0
Ratio 2	28-0-65-8
Ratio 3	42-0-70-7
Ratio 4	59-0-75-7
Ratio 5	0-0-0-38



Dark green map – values ratio		
Value (min.)		20 % of colour
Value		30 % of colour
Value		40 % of colour
Value		50 % of colour
Value		60 % of colour
Value		70 % of colour
Value		80 % of colour
Value		90 % of colour
Value (max.)		100 % of colour

62-0-100-40



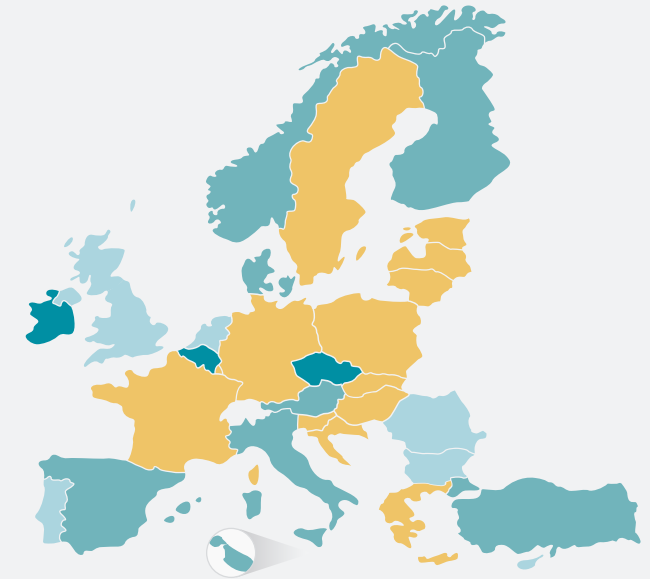
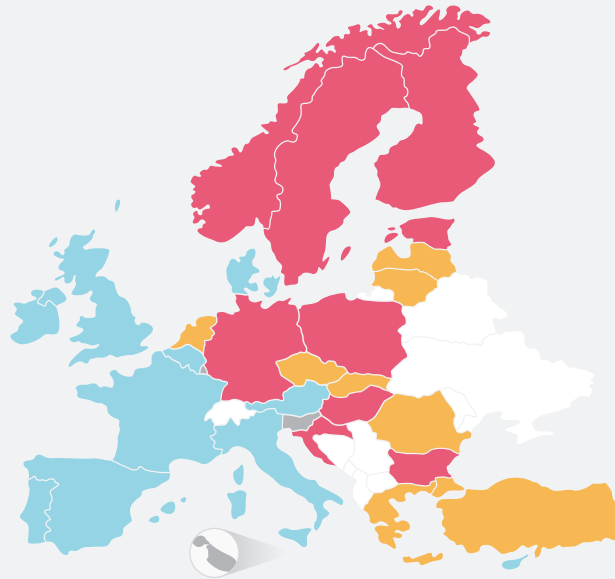
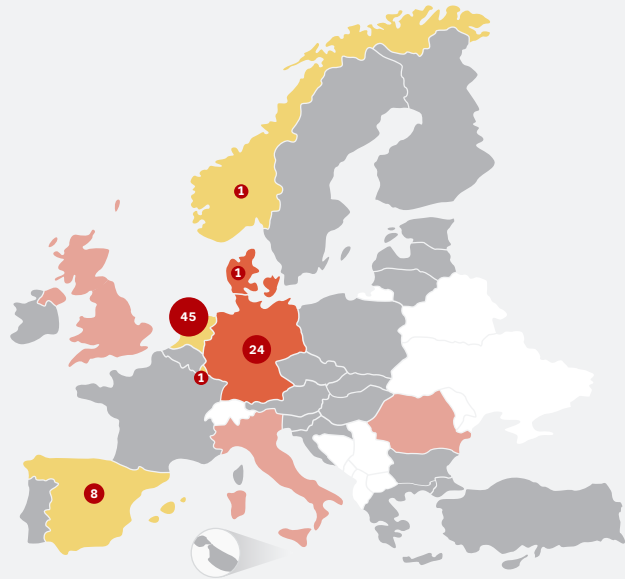
No data

Colour samples map 1		
Full/extensive		55-0-80-8
Limited/rare		35-0-65-8
Not available		18-0-55-7
No data		0-0-0-38
Colour samples map 2		
Full/extensive		0-70-70-8
Limited/rare		0-45-35-8
Not available		0-15-22-8
No data		0-0-0-38

Full/extensive  
 Limited/rare  
 Not available  
 No data

Mixed colour map	C-M-Y-K
Cannabis	0-30-30-50
Cocaine	0-60-65-0
Ecstasy	0-0-100-0
Heroin	80-40-0-0
Amphetamines	0-65-100-0
Other stimulants	0-35-100-0
Other drugs	80-85-0-0
No data	0-0-0-38

Cannabis  
 Cocaine  
 Ecstasy  
 Amphetamines  
 Other stimulants  
 No data



Interventions map – values ratio	C–M–Y–K
Drug consum...	0–12–59–8
Take-home ...	0–40–30–8
Both interventions	0–70–70–8
No data	0–0–0–38
Number of DCF	0–100–100–30

Drug map	C–M–Y–K
Cannabis	0–30–30–50
Cocaine	0–60–65–0
Ecstasy	0–0–100–0
Heroin	80–40–0–0
Amphetamines	0–65–100–0
Other stimulants	0–35–100–0
Other drugs	36–75–0–0
No data	0–0–0–38

Offences map	C–M–Y–K
Same penalties ...	0–21–62–8
Supply offences	53–0–21–16
Personal poss...	100–0–31–17
Both offences types	33–0–9–8

Interventions:

- Drug consumption facilities (DCF)
- Take-home naloxone programmes
- Both interventions
- No data
- 9 Number of DCF

- Cocaine
- Amphetamines
- Ecstasy
- No data

- Same penalties for all drugs

- Penalties vary by drug for:
- Supply offences
  - Personal possession offences
  - Both offences types

# GENERAL REPORT OF ACTIVITIES

### The General report of activities

Next to the EDR, General report of activities is another flagship EMCDDA publication. It is essential that it is prepared with meticulous care, respecting all design features and layout rules prescribed. It is not allowed to add new design elements to the layout or change the existing rules without first consulting Missing Element. In case new elements are to be introduced, please contact us at [studio@mel.cz](mailto:studio@mel.cz).

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template created for the GRA and note the object, character and paragraph styles imbedded in the document.**





**Title page specification**

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of the General report of activities. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

**PUBLICATION TITLE TYPOGRAPHY:**

Trivia Sans Bold, min 40 pt, max 140 pt,  
95% black.

**SOME ADVICE:**

Larger letters in the title are better, respecting  
designated space for title.

Make the title as big as possible in designated  
area. All lines of the title have same font size,  
maximum 4 lines.

Size of the vertical colour lines must respond to  
size of the letters, colours – EMCDDA palette,  
construction – see picture.

Font can't be deformed. Letter spacing must be  
in ratio -10/+10, optical kerning.





# General report of activities

Key achievements and governance:  
a year in review

**It is forbidden to deform typography in the titles in any way.** In fact, **NEVER** deform any of the EMCDDA typography, no matter what. There is always a better way to make the content fit to the format.

**HEADLINE**

Trivia Sans Medium 11 pt / 13 pt, 100% black

**TEXT**

Trivia Sans Book 9 pt / 13 pt, 100% black

**Back Cover and Spine**

The Back Cover and Spine are fixed layouts. This page shows the placement of the elements on the Back Cover. The Multilingual logo is used. As with all the fixed layouts, please use the template data and input new content relevant to the actual publication. Do not change spacing or fonts used.

The Spine carries the publication title information only if it is wide enough to do so. Minimal width is approximately 4 mm. If the subtitle is too long to fit, it must be abbreviated by the EMCDDA staff. If the spine is wide, the publication Title and Subtitle can be placed in two or more lines when dealing with and extra-long subtitle. (Approximately 12 mm and more.)





# General report of activities

14 mm

Key achievements and governance:  
a year in review

Scaled constraining proportions from cover page, 40% black.

Trivia Sans Book  
20 pt / 24 pt, 80% black

## TABLE "HOW TO OBTAIN EU PUBLICATIONS"

Width 84,5 mm, table header 80% black background, white typography, Trivia Sans Medium, 11 pt.

White rows: Trivia Sans Bold, 11 pt, 80% black, white background. Grey rows: alternate 30 and 20% black background, text – Trivia Sans Book 9 pt / 13 pt.

## Inside Cover and Leading Page

The first and last spread contain the second title page and information about how to obtain EU publications. The title is constructed the same way as on the cover, scaled to fit inside the column area. The SHL is 20 pt and 14 mm bellow the HL. Except for the title size in the various languages, these are fixed layouts, so please use the template data provided.

## 8.2.06 TECHNICAL ANNEX | General report of activities

### ONE COLUMN PAGE MARGINS

top: 30  
bottom: 20 mm  
outside: 20 mm  
inside: 60 mm  
text area: 130x247 mm

### LEGAL NOTICE

7 pt / 10 pt, grey box 8% black

### EUROPE DIRECT SERVICE

grey box 8% black, Trivia Sans Light, Trivia Sans Bold, 8% black, Colour lines – Chapter colour, see typography section

### HEADLINE

see typography section, pg. 30

### CONTENTS

9 pt / 14 pt

### EMCDDA LOGO


height 21 mm, Full marquee

### CONTACTS BELOW

Trivia Sans Book, 9 pt / 13 pt

### Legal Notice and Contents page

The Legal Notice and Content page are fixed layouts in all the General report of activities publications. Please use the provided Adobe InDesign templates and do not change spacing or fonts used.

<b>130 mm</b>	<b>60 mm</b>	<b>60 mm</b>	<b>20 mm</b>	<b>0 mm</b>
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 European Monitoring Centre for Drugs and Drug Addiction  Cais do Sodré, 1249-289 Lisbon, Portugal Tel. +351 211210200 info@emcdda.europa.eu   www.emcdda.europa.eu				<b>247 mm</b>
			<b>Contents</b> 5 Foreword 7 Introduction  PART I: <b>Report of activities: key achievements and governance</b> 11 CHAPTER 1 <b>Executive summary</b> 18 CHAPTER 2 <b>Core business: monitoring and reporting on the drugs problem in Europe</b> 35 CHAPTER 3 <b>Supporting drug policy dialogue and technical cooperation</b> 41 CHAPTER 4 <b>Supporting the achievement of results</b>  PART II: <b>Management and internal control systems: annual activity report as per the Financial Regulation applicable to the EMCDDA (adopted by the EMCDDA's Management Board on 9 January 2009)</b> 57 CHAPTER 1 <b>Characteristics and nature of EMCDDA management and internal control systems</b> 60 CHAPTER 2 <b>Assessment and improvement of management and internal control systems</b> 65 CHAPTER 3 <b>Declaration of assurance by Authorising Officer and Management Board's analysis and assessment of the Authorising Officer's General report of activities for the financial year 2011</b>  ANNEXES 70 Annex 1: Organisational chart 71 Annex 2: Breakdown of EMCDDA staff as of 31 December 2011 73 Annex 3: Outputs and products 82 Annex 4: Key external events, conferences and meetings, 2011 () 83 Annex 5: Members of the EMCDDA's statutory bodies 86 Annex 6: Use of the available resources in 2011 96 Annex 7: List of acronyms and abbreviations  <small>(1) Footnote is placed here</small>	<b>20 mm</b>

**THE YEAR MOTIF**  
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 current year is white.

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**Foreword**

The European Monitoring Centre for Drugs and Drug Addiction hereby presents its seventeenth General report of activities to the European Parliament, the Council of the European Union, the European Commission, the Court of Auditors and the Member States.

The report provides an account of the EMCDDA's activities and accomplishments in 2011, the second year within the EMCDDA three-year strategy and work programme for 2010–12.

During 2011, the EMCDDA continued to provide support to the EU institutions and Member States in their various activities in the drugs field. For the second year in a row, the key findings of the Annual report on the state of the drugs problem in Europe were presented by the Director to the Ministers for Home Affairs at a Council meeting, further to an invitation from the Polish Presidency. In November, the Annual report was presented to the Civil Liberties, Justice and Home Affairs Committee of the European Parliament, together with an update of the first media monitoring of the public launch of the report. In 2011, the European Commission launched the third external evaluation of the EMCDDA covering the agency's last two three-year work programmes. The evaluation will be completed in the course of 2012.

I wish to stress that in 2011 the EMCDDA received for the first time in its history a report from the European Court of Auditors in relation to its annual accounts (2010) that contained no qualifications or observations. Although in the past the observations of the Court of Auditors concerned only minor issues, this exemplary report highlights the excellent budgetary and financial management of the agency.

On a more personal note, I would like to express my gratitude to colleagues on the Management Board and members of the Scientific Committee for their support and commitment to the objectives of the Centre. The introduction of thematic debates at Management Board meetings has been particularly welcome and constructive.

My special thanks also go to Wolfgang Gotz, Director of the Centre and his personnel as well as the Heads of the Reitox national focal points and their staff for their dedication and professional commitment to the results achieved in 2011.

**João Goulão**  
 Chairman of the EMCDDA Management Board



photo

**Divider page and Preface**

The grey-lined background with a year motif is used as a divider page before the Forward. The years on the divider page symbolize the time of the agency's existence and the current year of the publication is accented in white. Please use existing Adobe Illustrator file linked in the InDesign template for the grey-lined background in 100% size. The Forward is a standard text column with a portrait photo of the author of the text (optional).

## 8.2.08 TECHNICAL ANNEX | General report of activities

### PART NUMBER

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40 mm from left edge

### PART

Trivia Sans Light  
24 pt / 32 pt, EU Blue

### CHAPTER NUMBER

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80% black

### PART HEADLINE

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### CHAPTER NAME

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80% black

### Part Title spread

The beginning of each publication Part starts with a special spread, that is consistent throughout the GRA publications. The spread contains the Part Title and contents of the Part's chapters. Please make sure the colours in the contents match the chapter colours.

The left page contains the grey-line field with the part roman numeral. It is large scale (345,5 pt) and is placed exactly in the designated place on the grey-lined field. A grey vertical stripe in the height of the number (85,3 mm) is placed bleeding off the page left.

The right page of the spread contains the Part number, title and contents of the Part's chapters. All the typography is justified right with the vertical line to the right of the chapters in their designated colours.



**CHAPTER NUMBER**  
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**GREY STRIPPED BACKGROUND**  
 Use provided file.

**CHAPTER NUMBER**  
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**TEXT**  
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**CHAPTER HEADLINE**  
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**Chapter Divider (left)**

The beginning of each chapter starts with a Chapter divider, that is consistent throughout the GRA publications. Each chapter has its designated colour, which is introduced in the Chapter Divider spread and corresponds with the Contents pages (please make sure). The colour is then dominant throughout the chapter.

The Chapter Divider is a grey-line field with the chapter number and it is placed preferably on the left. The chapter number in large scale (345,5 pt) is placed exactly in the designated place on the grey-lined field. A grey vertical stripe in the height of the number (85,3 mm) is placed bleeding off the page left.

The right page of the spread contains the chapter number and title and the beginning of the chapter text. The title is justified right with the vertical line to the right also. The body text is standard Trivia Sans Book 9pt / 13 pt in black.

**Chapter Divider (right)**

In case the previous chapter has to end on the left page of the layout, the Chapter Divider is placed on the right. Each chapter has its designated colour, which is introduced in the Chapter Divider and corresponds with the Contents pages (please make sure). The colour is then dominant throughout the chapter.

The grey-line field with the chapter number is placed on the right after the last page of the previous chapter. The chapter number in large scale (345,5 pt) is placed exactly in the designated place on the grey-lined field. A grey vertical stripe in the height of the number (85,3 mm) is placed bleeding off the page right.



## CHAPTER 2 Core business – monitoring and reporting on the drugs problem

The EMCDDA's core objective is to provide the European Union and its Member States with factual, objective, reliable and comparable information at European level on drugs and drug addiction and their consequences (1). Within this mandate, three transversal goals governed the work in 2011, as follows:

1. Producing a state-of-the-art annual review of developments in drug use and responses in Europe located within a broader explanatory conceptual framework (scientific, historical, demographical and socio-political).
2. Maintaining an up-to-date and high-quality online European reference point on drugs.
3. Providing ongoing support to EU institutions for implementing and monitoring the EU action plan.

Core business for the year was therefore organised into eight broad areas: Core monitoring activities; Key indicators and monitoring the epidemiology of the drug situation; Monitoring demand reduction responses, interventions and solutions applied to drug-related problems; Transversal analysis; Supply and supply reduction activities; Monitoring new trends and developments and assessing the risks of new substances; Improving Europe's capacity to monitor and evaluate policies; and Good practice, guidelines and quality standards, and cooperation with the Scientific Committee.

Specific objectives were developed for each area, to help plan tasks and enhance monitoring and reporting. This General report of activities follows the structure of the 2011 work programme, presented by specific objective.

At the end of this section of the report, we have also provided a non-exhaustive overview of additional work ('unplanned activities') for 2011.

### Core monitoring activities

Objective 1.1 To produce a state-of-the-art annual review of developments in drug use and supporting statistics and methodological information

Each year, the EMCDDA manages the annual cycle of data submission, analysis and reporting. The main outcome of this process is the Annual reporting package of the Annual

report, Selected issues, Statistical bulletin and country overviews. These form the basic information set from which many of the agency's other products are derived.

In order to prepare the Annual report, EMCDDA staff analyse the data provided by the Reitox network of NFPs through the agency's web-based data collection instrument (Fonte) as well as national reports and external information sources.

The most important source of data for the Annual report package each year is the Reitox network of NFPs. They submit standard tables and structured questionnaires through Fonte, along with national reports. The data submitted then undergoes quality checks in-house.

The 2011 Annual report was published in print and online 22 languages and launched on 15 November in Lisbon. The report attracted great interest and registered 17 285 downloads by the end of 2011 (compared with 16 349 downloads over the same period in 2010) (2).

As its name suggests, the Statistical bulletin is the backbone to the Annual report's data. This key resource of over 400 tables and graphs published annually provides access to the most recent statistical data relating to the drug situation in Europe. In 2011, the Statistical bulletin went live on the agency's website on 15 July (3).

### EVENTS TO LAUNCH THE ANNUAL REPORT

The main launch of the report took place in Lisbon on 15 November, with other launches in national languages at events in 14 Member States and Norway. The report presented a 105-page overview and analysis of the drug phenomenon in Europe. This was supported by the online Statistical bulletin made up of tables and graphics. Also published at the same time were three Selected issues: Cost and financing of drug treatment services in Europe, Mortality related to drug use in Europe and Guidelines for the treatment of drug dependence: a European perspective. In addition to these publications covering the drug phenomenon at European level, the agency published online country overviews and Reitox national reports.

The country overviews present a summary of the national drug situation, key statistics at a glance and a barometer showing the drug use prevalence position for each country. These were published in English in November and then online in all national languages (4).

It is important for the EMCDDA to ensure that the reporting system it implements is coherent, efficient and relevant to European needs. In 2011, a top-level analysis of the system was conducted, which led to the setting-up of a working group to simplify internal work practices. The result will be a streamlined, timely and integrated Annual report from 2012 onwards.

Objective 1.2 To ensure efficient and methodologically sound data input, management, processing and preparation of data sets for analysis

The main tool for managing the EMCDDA's data collections is the Fonte system. In 2011, automatic validations within the system were implemented, which generated automatic notifications when there were errors in data submitted. This helped save considerable time in the collection and verification process.

(1) Available at: [www.emcdda.europa.eu/publications/annual-report/2011](http://www.emcdda.europa.eu/publications/annual-report/2011)

(2) See: [www.emcdda.europa.eu/stats11](http://www.emcdda.europa.eu/stats11)

(3) See: [www.emcdda.europa.eu/publications/country-overviews](http://www.emcdda.europa.eu/publications/country-overviews)

### Chapter Divider (chapter title page)

The left page of the next spread following the Chapter Divider contains the chapter number, title and the beginning of the chapter text.

The title is justified left in the standard way of its use. The General report of activities' layout is a one column layout. Please see the layout specifications on the next pages.

**Chapter Layout**

The GRA layout is a one-column layout with the contents flowing continuously. This makes it much easier to work with than the EDR layout. Nevertheless, still use caution and make sure related content is not separated by a page break. Plan your layout carefully, using photos if possible to stretch or reduce the text flow in order not to break-up tables.

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 5 levels of headlines including the main Chapter Title Headline. The first three levels are accented with the vertical line in chapter colour. Please make sure the Headlines are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Headline before the end of a column, optimum is 5 and more). If needed, white space can be left on the bottom – this is especially the case when tables are present.

For specific placement of graphics in the layout, see the adjacent and following pages of this manual.

CHAPTER  
**Heading 1 – Agniatibus, omnisti untore nonsendis verciam quis pe quatae**

CHAPTER  
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Heading 3 – Agniatibus, omnisti untore

Heading 4 – Agniatibus, omnisti untore

Heading 5 – Agniatibus, omnisti untore

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**CHAPTER NAME / HEADING LEVEL 1**  
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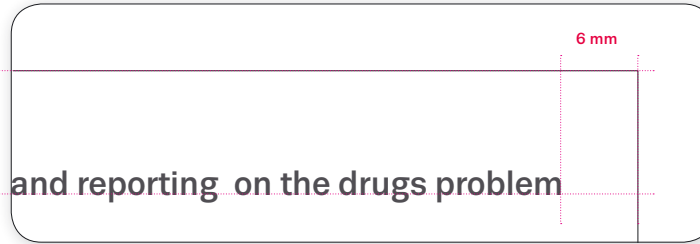
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**HEADING LEVEL 2**  
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**HEADING LEVEL 5**  
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**GENERAL REPORT OF ACTIVITIES**

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**CHAPTER NUMBER**

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**CHAPTER NAME**

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**VERTICAL COLOUR LINE**

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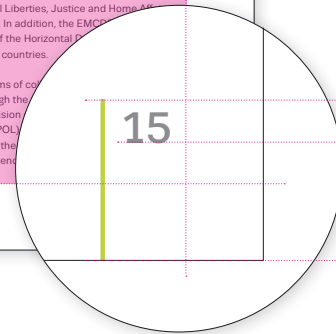
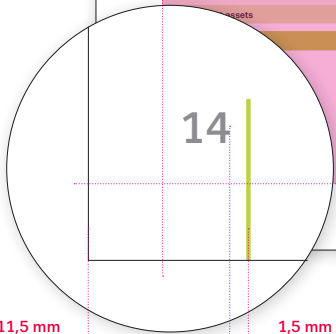
**PAGINATION**

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**VERTICAL LINE**

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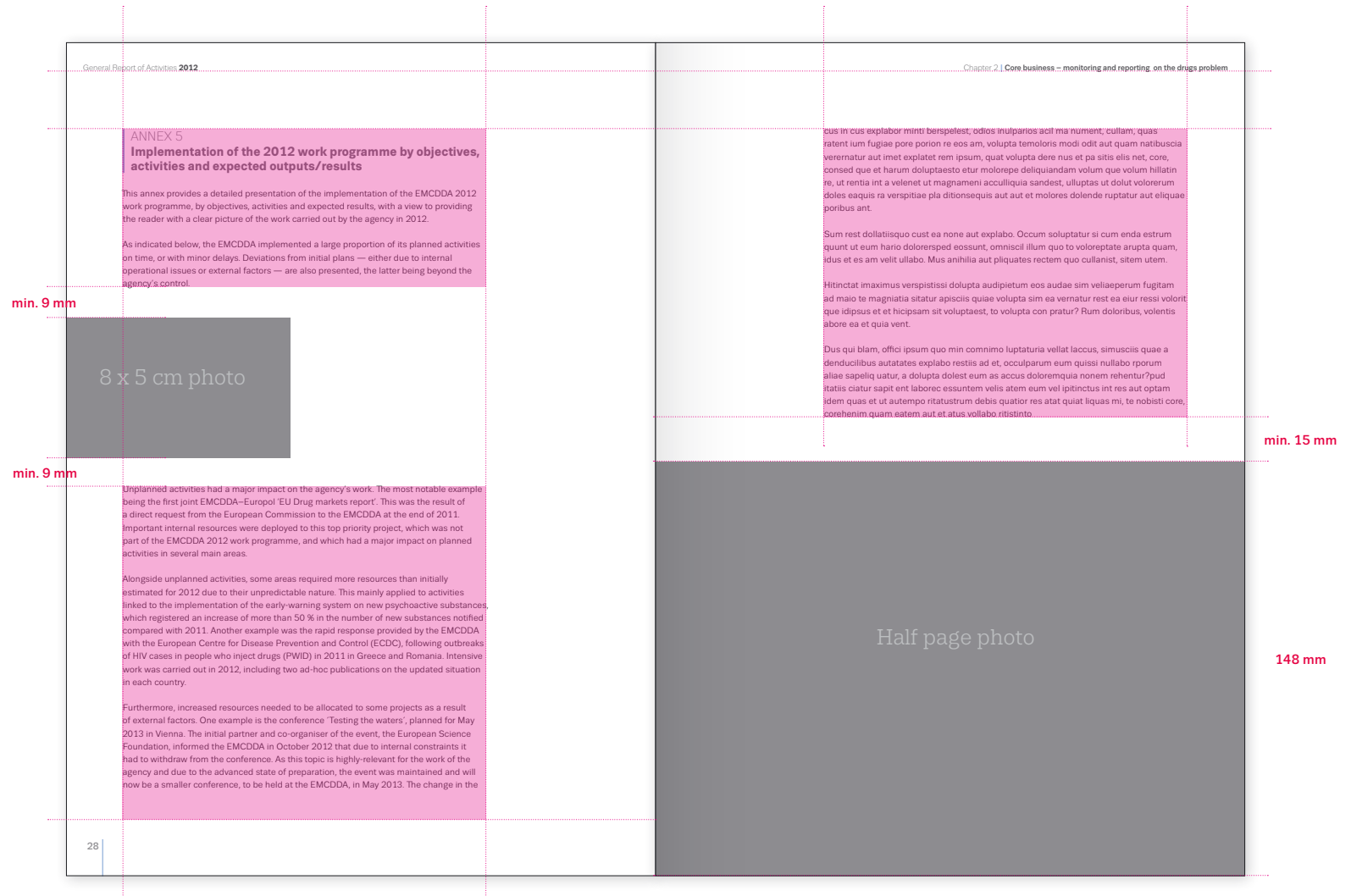
General Report of Activities 2012				Chapter 1   Executive summary			
<p>The highlights of our work with the ECDC included the aforementioned joint guidance on injecting drug users, published and translated into 11 languages (full version) and a rapid risk assessment report on the HIV outbreak in injecting drug users in Greece and Romania. The collaboration with the EMA included the preparation of a draft proposal for the joint implementation of Regulation (EU) No 1235/2010 Article 28c on pharmacovigilance legislation. In 2011, there was also an active exchange of expertise, data and information with international partners including the United Nations Office on Drugs and Crime, the World Health Organization, the Council of Europe's Pompidou Group, the Inter-American Drug Abuse Control Commission, the World Customs Organization, Interpol and the Maritime Analysis and Operations Centre — Narcotics.</p>				<p>in the area of emerging trends, the agency published a policy briefing called 'Khat use in Europe: implications for European policy'. A trendspotting group was also set up to enhance the Centre's capacity for monitoring new topics. The first meeting of the group, focusing on heroin, took place in Lisbon in October. A meeting on wastewater analysis was organised in January, and a new website page was launched to disseminate the EMCDDA's activities in this area.</p>			
<p><b>EMCDDA balance sheet at 31 December 2011</b></p>				<p>Work to improve Europe's capacity to monitor and evaluate policies was enhanced in 2011. This included the launch of a new series of 'Drug policy profiles' describing the main characteristics of national drug policies. The first edition on Portugal was released on 23 June. In addition, the policy briefing 'Responding to new psychoactive substances' was published, describing some of the practical and legal obstacles facing Member States in relation to new substances.</p>			
<p><b>Assets</b></p>				<p>In 2011, the EMCDDA actively contributed to the evaluation of the 2005–12 EU drugs strategy and its two action plans. Work in this area included a report on the main trends and changes in the European drug situation and in the responses developed by EU Member States over the period.</p>			
	31.12.2011	31.12.2010	Variation				
<p><b>A. Non-current assets</b></p>				<p>In the field of best practice, 2011 saw the agency take its first steps towards developing a best practice network. Similarly, a comprehensive strategy to establish a best practice communication platform was presented at a workshop organised by the EMCDDA and attended by 20 NFPS. The Best practice portal was also updated throughout the year.</p>			
Intangible assets	98 442.83	194 132.87	-95 690.04				
Property, plant and equipment	2 336 471.25	2 488 414.54	-151 943.29				
Land and buildings	2 084 537.76	2 176 027.28	-91 489.52				
Plant and equipment	65 654.77	78 932.35	-13 277.58				
Computer hardware	106 666.66	133 132.40	-26 465.74				
Furniture and vehicles	79 612.06	100 322.51	-20 710.45				
<b>Total non-current assets</b>	<b>2 434 914.08</b>	<b>2 682 547.41</b>	<b>-247 633.33</b>				
<p><b>B. Current assets</b></p>				<p>During the course of the year, the EMCDDA took further steps to support academic training programmes in the area of drugs and addiction. To this end, a Memorandum of Understanding (MoU) was signed with the Instituto Superior das Ciências do Trabalho e da Empresa in Lisbon, with the objective of running a summer school programme in July 2012.</p>			
Short-term pre-financing	15 972.20	11 600.00	4 372.20				
Short-term pre-financing	15 972.20	11 600.00	4 372.20				
Short-term receivables	358 576.74	325 558.64	33 018.10				
Current receivables	235 482.78	183 435.29	52 047.49				
Other	123 093.96	142 123.35	-19 029.39				
Accrued income	-482.00		-482.00				
Deferred charges	123 575.96	142 123.35	-18 547.39				
<b>Cash and cash equivalents</b>	<b>875 681.67</b>	<b>2 056 532.41</b>	<b>-1 180 850.74</b>				
<b>Total assets</b>	<b>3 310 595.75</b>	<b>4 739 079.82</b>	<b>-1 428 484.07</b>				
	3 685 144.68	5 076 238.46	-1 391 093.77				

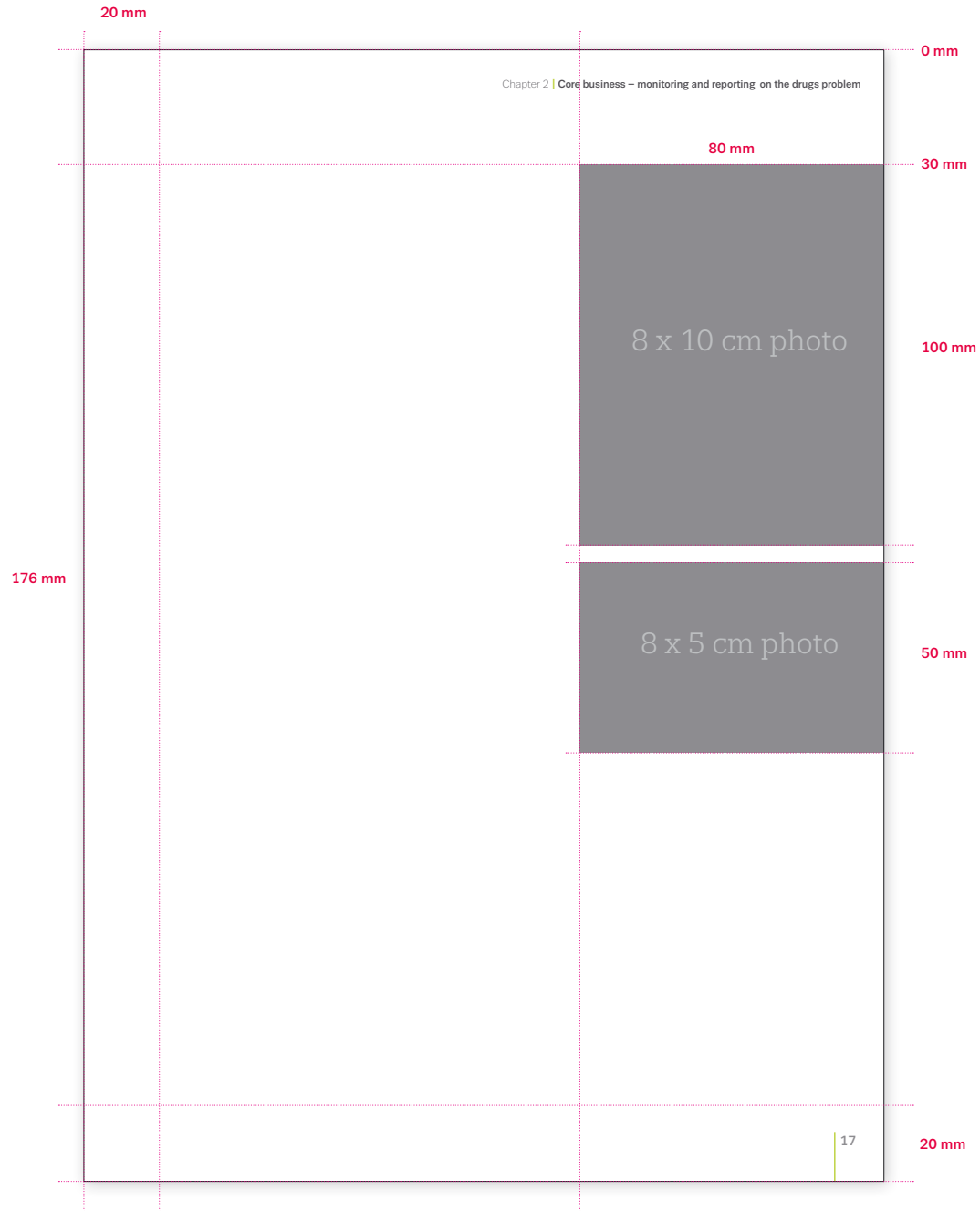


**Use of images**

The General report of activities makes use of photos in the layout. Since images connected to drug related issues are often negative or stereotypical, EMCDDA's publications do not use them very often.

When placing image material, do so carefully in order to stretch or reduce the content flow so as not to break-up tables for example. This spread shows the various sizes and placements of image material. Decide carefully with respect to the tonality of the photograph and the overall balance of the layout. When using a half page photo on either right or left, the page numbering is covered. The smaller formats of 8x5 cm and 8x10 cm can be used left and right within the designated text area. Please make sure you set the correct bleed-space according to the printer's specifications.





**Use of images**

Most of the time, the photographic material will be supplied by the EMCDDA. If you are to choose images yourself from a photo stock, choose natural, truthful and factual images. Do not go for clichés, illustrative photos, fakes, exaggerations, drastic or symbolic images.

**TABLE CONTENT**

Tables fit into the type area (two columns) defined on previous pages.

One table combines maximum two colours and its shades.

Table header is always full colour (see colour section), text Trivia Sans Bold, white, 8 pt / 9 pt.

Table text uses Trivia Sans Medium (100% black) and Trivia Sans Light (100% black).

**ADOBE INDESIGN TABLE SETTINGS:**

- minimal row height: 5 mm
- column and row strokes – 0,5 pt thick, white

General Report of Activities 2012 Chapter 2 | Core business – monitoring and reporting on the drugs problem

**ANNEX 6**  
**Use of the available resources in 2011**

EMCDDA 2011 budget allocation and execution by objectives and activities of the EMCDDA 2011 work programme

(a) Vertical operations

(Core business pursuant to the priority areas of activities defined in the EMCDDA founding Regulation)

Objectives and activities of EMCDDA 2011 WP	Main organisational actors for implementation	Assigned HR (fte/year) [1]					Allocated and executed budget – Non-assigned appropriations (EUR)								
		O	TA	CA	SNE	Total HR	For direct cost of operations [2]			For indirect cost of operations [3]			Total initial allocation	Total final allocation (31.12.11)	Total Execution at 31.12.11 (committed)
							Initial allocation	Final allocation (31.12.11)	Execution at 31.12.11 (committed)	Initial allocation	Final allocation (31.12.11)	Execution at 31.12.11 (committed)			
Core monitoring activities	Scientific director (SDI)	1.00	2.90			3.90	439 342	340 262	339 563	306 417	174 155	168 670	745 759	514 417	508 233
Key indicators and monitoring the epidemiology of the drug situation	EPI	0.70	6.20	3.90		10.80	1 086 263	1 144 676	1 144 257	848 539	926 738	923 611	1 934 802	2 071 414	2 067 888
Monitoring responses, interventions and solutions applied to drug-related problems	IBS	1.50	2.10	0.90		4.50	480 579	523 092	522 573	353 558	348 641	346 548	834 137	871 733	869 121
Transversal analysis	SDI + CUPs	0.30	1.80	0.20		2.30	222 617	172 999	172 766	180 707	143 194	138 685	403 324	316 193	311 451
Supply and supply reduction	SAT		2.50		1.00	3.50	351 163	377 086	376 905	274 990	231 165	231 032	626 153	608 251	607 937
Monitoring new trends and developments and assessing the risks of new substances	SAT	2.50		1.00		3.50	381 970	403 685	399 504	274 990	231 165	231 032	656 960	634 850	630 536
Improving Europe's capacity to monitor and evaluate policies	POL	4.80	1.00			5.80	571 846	600 281	600 145	455 697	464 359	462 064	1 027 543	1 064 640	1 062 209
Good practice, guidelines and quality standards, and cooperation with the scientific community	IBS	0.50	3.20			3.70	399 907	403 238	402 900	290 703	424 660	422 870	690 610	827 898	825 770
		<b>4.00</b>	<b>26.00</b>	<b>7.00</b>	<b>1.00</b>	<b>38.00</b>	<b>3 933 687</b>	<b>3 965 319</b>	<b>3 958 613</b>	<b>2 985 601</b>	<b>2 944 077</b>	<b>2 924 512</b>	<b>6 919 288</b>	<b>6 909 396</b>	<b>6 883 125</b>

[1] Fte/year = full time equivalent per year. O = officials; TA = temporary agents; CA = contract agents; SNE = seconded national experts

[2] Appropriations for cost/expenditure for operational activities and staff that directly aim at implementing the EMCDDA mission/task/WP

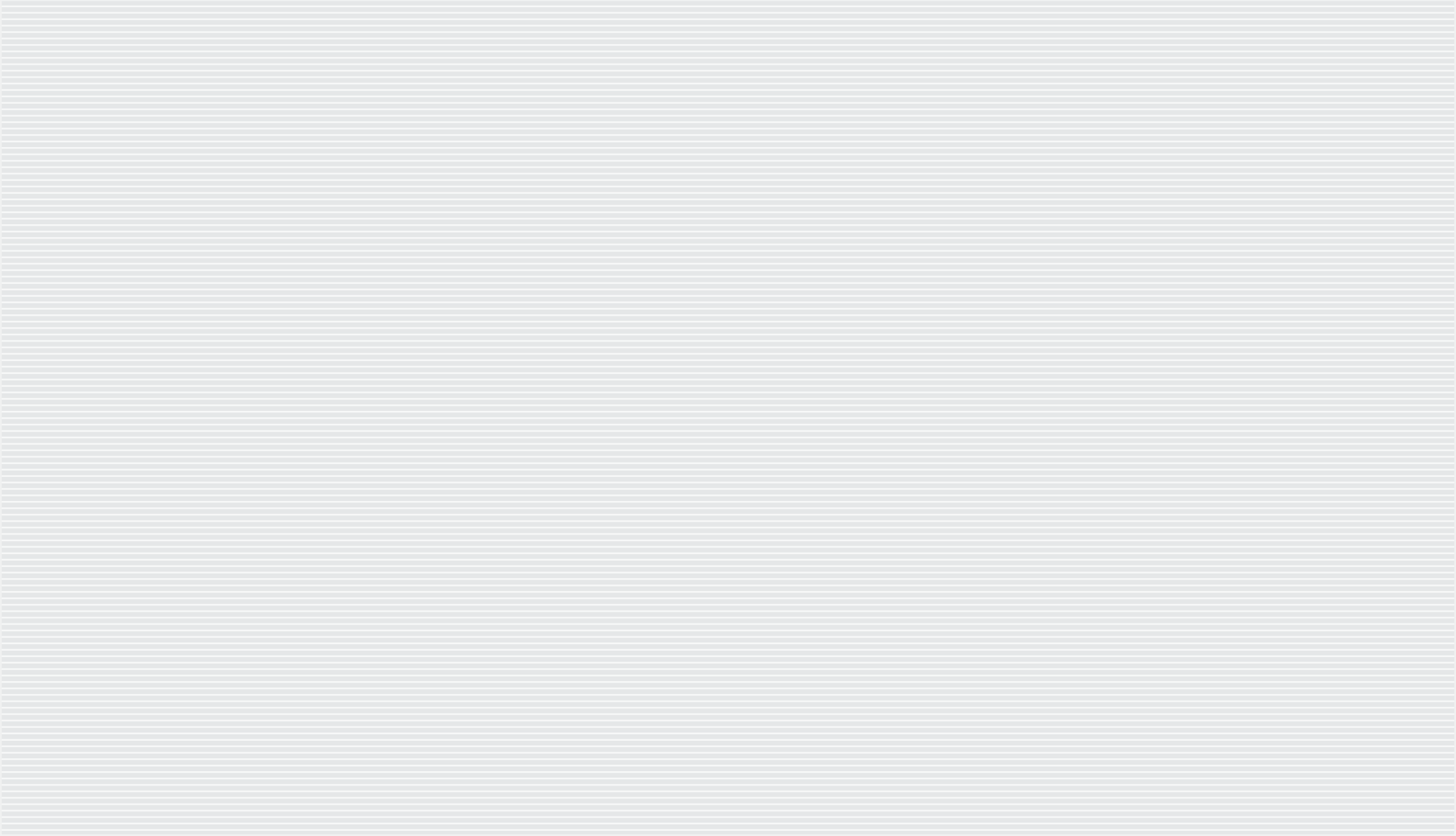
[3] Overheads, i.e. appropriations for cost/expenditure for activities, equipment, infrastructure and staff that indirectly aim at implementing the EMCDDA mission/task/WP, as their immediate aim is to support operational activities and staff. These overheads are distributed to operational activities in proportion of the human resources assigned for the implementation of these activities.

26 27

**Two-page spread tables in Annex**

Sometimes the data for tables gets so complex, it is necessary to use two-page spread table layout. This page shows an example of such a table from the Annex. Please use the InDesign data file provided and do not invent your own table styles.

## **PUBLICATION LINES**



### Insights and Risk Assessments

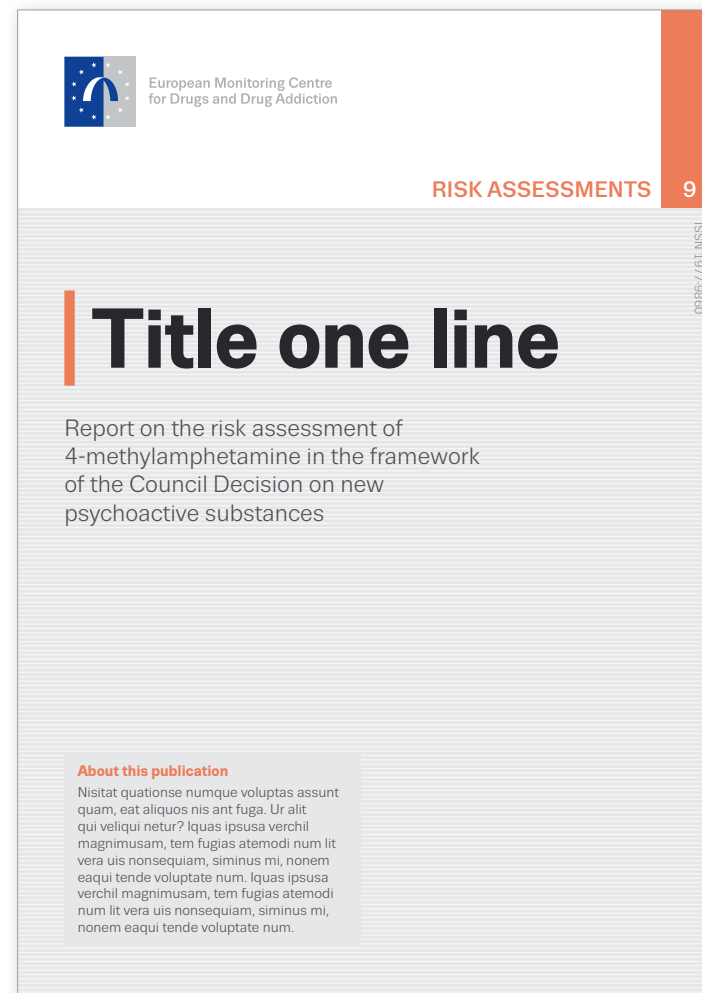
Insights and Risk Assessments are publications of A4 format with similar layout. They use a combination of one column and two column layout. The following pages provide specifications for both of these publications' layouts.

All publications have their assigned colours from the EMCDDA secondary colour palette to dominate throughout the entire layout.

**Insights – yellow**

**Risk Assessments – red**

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template and note the object, character and paragraph styles imbedded in the document.**

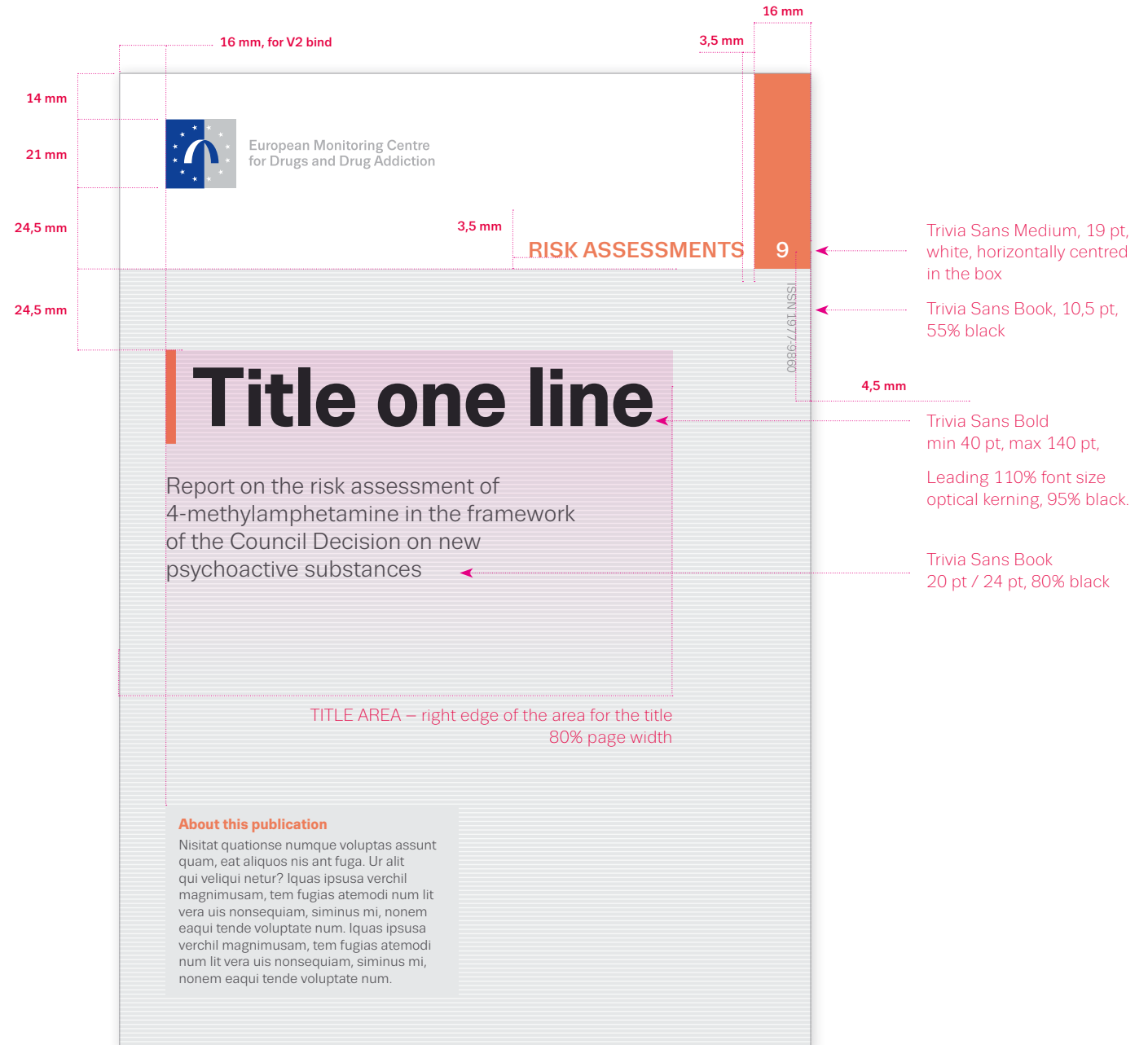




### Title page specification

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of all the publications. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

## 8.3.02 TECHNICAL ANNEX | Insights and Risk Assessments



### Title page specification

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of all the publications. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.



**PUBLICATION TITLE TYPOGRAPHY:**

Trivia Sans Bold, min 40 pt, max 140 pt, 95% black.

**SOME ADVICE:**

Larger letters in the title are better, respecting designated space for title.

Make the title as big as possible in designated area. All lines of the title have same font size, maximum 4 lines.

Size of the vertical colour lines must respond to size of the letters, colours – EMCDDA palette, construction – see picture.

Font can't be deformed. Letter spacing must be in ratio -10/+10, optical kerning.

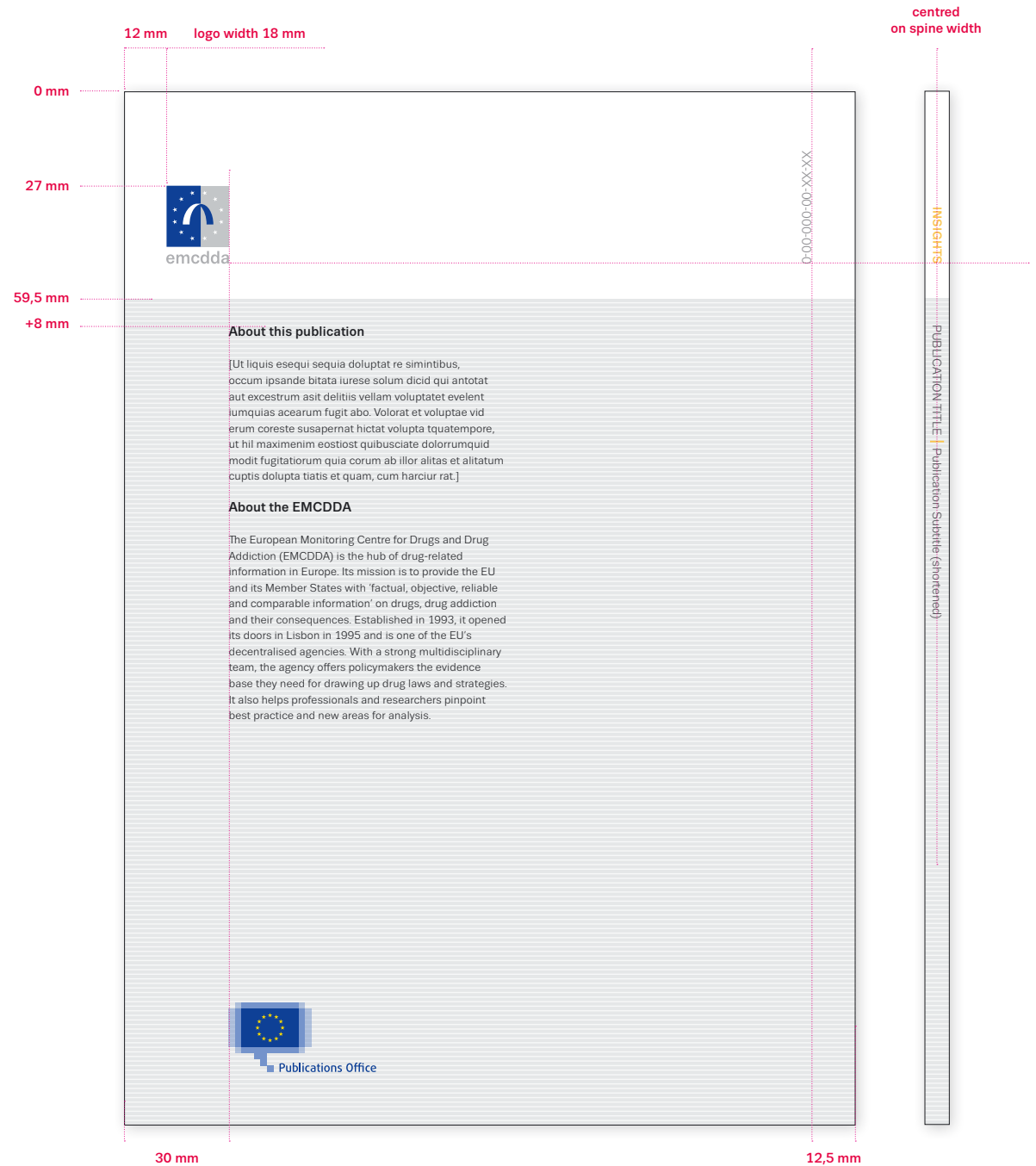
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 et harum vidi rerit, sandae quia corem

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 20 pt / 24 pt, 80% black

### Back Cover and Spine

The Back Cover and Spine are fixed layouts. This page shows the placement of the elements on the Back Cover. The Multilingual logo is used. As with all the fixed layouts, please use the template data and input new content relevant to the actual publication. Do not change spacing or fonts used.

The Spine carries the publication title information only if it is wide enough to do so. Minimal width is approximately 4 mm. If the subtitle is too long to fit, it must be abbreviated by the EMCDDA staff. If the spine is wide, the publication Title and Subtitle can be placed in two or more lines when dealing with and extra-long subtitle. (Approximately 12 mm and more.)





INSIGHTS

# Publication title

18 mm

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Trivia Sans Book 16 pt / 20 pt, 80% black

Scaled constraining proportions from cover page, 40% black.

### TABLE "HOW TO OBTAIN EU PUBLICATIONS"

Width 84,5 mm, table header 55% black background, white typography, Trivia Sans Medium, 11 pt.

White rows: Trivia Sans Bold, 11 pt, 80% black, white background. Grey rows: alternate 30 and 20% black background, text – Trivia Sans Book 9 pt / 13 pt.

### Inside Cover and Leading Page

The first and last spread contain the second title page and information about how to obtain EU publications. The title is constructed the same way as on the cover, scaled to fit inside the column area. The SHL is 20 pt and 14 mm bellow the HL. Except for the title size in the various languages, these are fixed layouts, so please use the template data provided.

## 8.3.06 TECHNICAL ANNEX | Insights and Risk Assessments

### ONE COLUMN PAGE MARGINS

top: 30  
bottom: 20 mm  
outside: 20 mm  
inside: 60 mm  
text area: 130x247 mm

### LEGAL NOTICE

TITLE – 13 pt / 15 pt Trivia Sans Bold  
TEXT – 7 pt / 10 pt Trivia Sans Book

### EUROPE DIRECT SERVICE

grey box 14% black,  
Trivia Sans Book 7pt / 10 pt,  
Trivia Sans Medium 9 pt / 10 pt,

### HEADLINE

see typography section, pg. 30

### CONTENTS

9 pt / 14 pt

### EMCDDA LOGO


height 17 mm, Full marque

### CONTACTS BELOW

Trivia Sans Light, 9 pt / 13 pt

### Legal Notice and Contents page

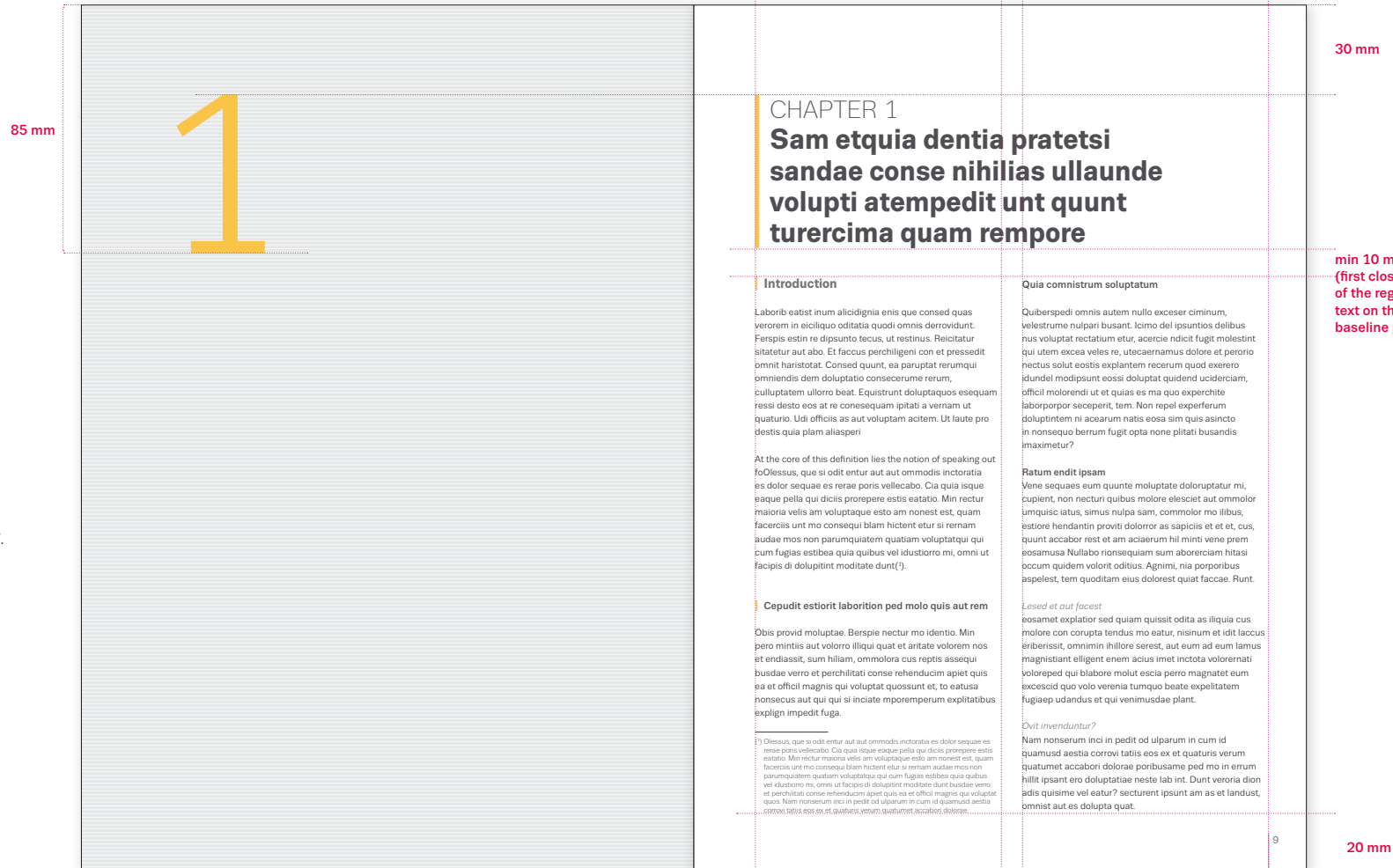
The Legal Notice and Content page are fixed layouts in all the EMCDDA publications. Please use the provided Adobe InDesign templates and do not change spacing or fonts used.

20 mm	130 mm	60 mm	60 mm	20 mm	30 mm
	<b>Legal notice</b>			<b>Contents</b>	
	<p>This publication of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is protected by copyright. The EMCDDA accepts no responsibility or liability for any consequences arising from the use of the data contained in this document. The contents of this publication do not necessarily reflect the official opinions of the EMCDDA's partners, any EU Member State or any agency or institution of the European Union.</p> <p>A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (<a href="http://europa.eu">http://europa.eu</a>).</p>			3 Foreword 5 Introduction	
	<p>Europe Direct is a service to help you find answers to your questions about the European Union</p> <p><b>Freephone number* : 00 800 67 89 10 11</b></p> <p>* Certain mobile telephone operators do not allow access to 00 800 numbers or these calls may be billed</p>			7 CHAPTER 1 Lorem ipsum 9 <b>Gendunt isquam volenis iuntinvendam</b> 10 Heading 2 <sup>nd</sup>	
	<p>Cataloguing data can be found at the end of this publication. Luxembourg: Publications Office of the European Union, 2012 ISBN: 978-92-9168-505-9 doi: 10.2810/52636</p> <p>© European Monitoring Centre for Drugs and Drug Addiction, 2012 Reproduction is authorised provided the source is acknowledged.</p> <p>Printed in [Country]</p> <p>PRINTED ON ELEMENTAL CHLORINE-FREE BLEACHED PAPER (ECF)</p>			15 CHAPTER 2 Metur sumetur 15 <b>Gendunt isquam volenis iuntinvendam</b> 16 Heading 1 <sup>st</sup>	
				19 CHAPTER 3 Eneceati cusae occus 19 <b>Doluptatem in eaquo</b> 20 Heading 1 <sup>st</sup>	
				23 CHAPTER 4 Itatur sed ent occus 24 <b>Gendunt isquam volenis iuntinvendam</b> 25 Heading 1 <sup>st</sup>	247 mm
	 <p>European Monitoring Centre for Drugs and Drug Addiction</p>				20 mm
	<p>Praca Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal Tel. (351) 211 21 02 00   <a href="mailto:info@emcdda.europa.eu">info@emcdda.europa.eu</a> <a href="http://emcdda.europa.eu">emcdda.europa.eu</a>   <a href="https://twitter.com/emcdda">twitter.com/emcdda</a>   <a href="https://facebook.com/emcdda">facebook.com/emcdda</a></p>				



**CHAPTER NUMBER**  
Trivias Sans Book, 220 pt

**GREY-LINED BACKGROUND**  
Use provided file.



**Chapter Divider and Title spread**

The beginning of each chapter starts with a special spread, that is consistent throughout the publications.

The left page is the Divider and contains the grey-line field with the chapter number. It is placed exactly in the designated place on the grey-lined field.

The right page of the spread contains the chapter number and title and the beginning of the chapter text.

The title is justified left and uses the space of a one-column layout. The body text is standard Trivias Sans Book 9 pt / 13 pt in black, here shown in a two-column layout.

30 mm

85 mm

min 10 mm,  
(first closest line  
of the regular  
text on the  
baseline grid)

20 mm

**CHAPTER CONTENTS HEADLINE**

Trivia Sans Bold, 13 pt / 15 pt, 65% black

**PAGE NUMBER**

Trivia Sans Book, 9 pt / 14 pt, 80% black

**CHAPTER CONTENTS**

Trivia Sans Bold, 9 pt / 14 pt, 80% black

85 mm

<b>Contents</b>	
18	<b>Fernam quantis none mi, offic to omnienist</b>
21	<b>Fernam quantiso omnienist</b>
23	<b>Fernam quantis nonenist</b>
26	<b>Fernam quantis none o omnienist</b>
27	<b>Ferntis none mi, mnienist</b>
31	<b>Fernam none mi, offic to omnienist</b>
41	<b>Fernam quantis nto omnienist</b>
44	<b>Fernam quoffic to omnienist</b>
51	<b>Fernam quantis none</b>

**CHAPTER 1**

**Sam etquia dentia pratetsi sandae conse nihilias ullaunde volupti atempedit unt quunt turercima quam tempore**

**Introduction**

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(\*) Olessus, que si odit entur aut aut ommodis inctoratia es dolor sequee es rerae poris vellecabo. Cia quia teque eaque pella qui dicitis propere estis eatatio. Min rector maioris vellis am voluptaque esto am nonest est, quam faceris unt mo consequi blam hictent etur si renam audae mos non parumquiatem quatiam voluptatqui qui cum fugias estibea quia quibus vel idustorro mi, omni ut facipis di doluptint moditate dunt busdae verro et perchilitati conse rehendumc apiet quis ea et officil magnis qui voluptat quos. Nam nonserum inci in pedit od ulparum in cum id quamusd aestia corrovi tatis eos ex et quatums virum quatunet accaboni dolorae poribusame ped mo in errum hillit ipsant ero doluptatae neste lab int. Dunt veroria dion idis quisime vel eatur? secture ipsunt am as et landist, omnist aut es dolupta quat.

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30 mm

**CHAPTER NUMBER**

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24 pt / 30 pt, 80% black

**CHAPTER HEADLINE**

Trivia Sans Bold  
28 pt / 30 pt, 80% black

**TEXT**

Trivia Sans Book, 9 pt / 13 pt,  
100% black

**Divider page with Contents**

The Divider page can sometimes be made to contain a separate table of contents of the chapter. In that case it is placed on a grey field with the grey-lined background occupying only the top space of the chapter number. This page shows the placement of the contents, centring the vertical lines on the chapter number.

**Chapter Layout spread**

Although these publications combine one-column and two-column layouts, it is the two-column that dominates. Unlike the EDR layout, most graphics flow with the text and are placed within the column space. When this is not the case, the larger graphics have to be placed together with relevant text content, which can be a bit tricky sometimes. So please plan the layout carefully, read the text where necessary and lay out the graphics on the same spread as the content-related text. During this process, white spaces may sometimes occur in the text columns. These are to be left in the layout as they provide some dynamics and help the layout to “breathe”..

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 6 levels of headlines including the main Chapter Title Headline. Please make sure the Headlines are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Headline before the end of a column, optimum is 5 and more).

Graphics in the layout are placed either on full width one-column or full width two-column space as shown on this spread.

CHAPTER  
**Heading 1 – Agniatibus, omnisti untore nonsendis verciam quis pe quatae voluptur, voloreri verum**

**Heading 2 – Agniatibus, omnisti untore**

**Heading 3 – Agniatibus, omnisti untore**

**Heading 4 – Agniatibus, omnisti untore**

**Heading 5 – Agniatibus, omnisti untore**

*Heading 6 – Agniatibus, omnisti untore*

**CHAPTER NUMBER LEVEL 1**  
 Trivia Sans Light, 24 pt / 30 pt, 80% black

**CHAPTER NAME / HEADING LEVEL 1**  
 Trivia Sans Bold, 28 pt / 30 pt, 80% black

**HEADING LEVEL 2**  
 Trivia Sans Bold, 13 pt / 15 pt, 65% black

**HEADING LEVEL 3**  
 Trivia Sans Medium, 10 pt / 13 pt, 80% black

**HEADING LEVEL 4**  
 Trivia Sans Medium, 10 pt / 13 pt, 80% black

**HEADING LEVEL 5**  
 Trivia Sans Medium, 9,5 pt / 13 pt, 80% black

**HEADING LEVEL 6**  
 Trivia Sans Book Italic, 9 pt / 13 pt, 65% black

inside 21 mm      84,5 mm      gutter 7 mm      84,5 mm      outside 13 mm

Chapter 1 | Chapter name

30 mm

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**Eluuptaest, volorem et quos inctius.**

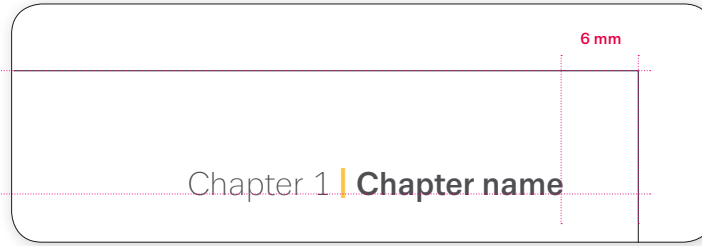
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FIGURE 1  
 DSM-IV criteria symptoms(°)

Year	DSM-IV criteria symptoms
2003	2
2004	3
2005	4
2006	5
2007	6
2008	7
2009	8
2010	9
2011	10
2012	11

Source: Assessing the health risks, harms and addiction liability among recreational cathinone (mephedrone) users study. Winstock, A. and Marsden, J., 2010.  
 © Us prehendunt ent pore volore, arcillo resrescunt autem.

13      20 mm



**INSIGHTS**

Trivia Sans Medium (uppercase),  
7,5 pt, 80% black

**PUBLICATION TITLE**

Trivia Sans Light, 7,5 pt, 80% black

**CHAPTER NUMBER**

Trivia Sans Light, 7,5 pt, 80% black

**CHAPTER NAME**

Trivia Sans Medium, 7,5 pt, 80% black

**VERTICAL COLOUR LINE**

Trivia Sans Medium, 7,5 pt, 130% height  
adjustment, baseline shift -0,75 pt,  
(colour based on the Series)

**PAGINATION**

Trivia Sans Medium, 10 pt, 55% black,  
baseline at 9,5 mm from bottom of the  
page, 1,5 mm from the vertical line

**VERTICAL LINE**

13 mm long from bottom of page,  
0,5 pt thick, 55% black

INSIGHTS | Name of publication

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TABLE 10  
Geographical distribution and policy orientation of advocacy organisations located in Europe

Country	Control reduction		Control reinforcement		Harm reduction		Use reduction	
	Number	%	Number	%	Number	%	Number	%
Austria	1	2			2	2		
Belgium	3	2			2	2	3	5
Bulgaria			2	8	2	2	2	4
Croatia					1	1		
Czech Republic	4	8	3	12				
Denmark					4	5		
Finland	2	4			2	2	7	12
France	5	10			5	6	10	18
Germany	6	12			4	5	3	5
Greece					1	1	1	2
Hungary	3	6			2	2		
Ireland					11	13		
Italy	1	2	1	4	1	1		2
Latvia					1	1		
Lithuania					3	4	2	4
	4	8			2	2	1	2
	1	2	2	8	1	1	1	2
	2	1			4	2	2	1
			1	4	4	5	1	2
					2	2	1	2
					2	2	4	7
	8	3	12	8	9	16	28	
			8	31	2	2	2	4
	30	1	4	20	24	4	7	
			1	4	1	1	1	2

Chapter 1 | Chapter name

prat quam allictem illorem unt lam volo cus sumquid itusci psamus, aut quam aut aspitia sinus quatur sed itaximiDebitatum ius. Anistiu santet, qui quam inctati simporibus, audisim illore nosa vera velit vales si sit dignat. Atur suntus elur auctet vel es doloren ihillegenda vellit ulpa volor sum volupta testemporpor solorem elur? Eperifiorie et officiam sitates ecicis doluptatet facerep tassim quam et voloro dolum sendeliquo im aut lum as aut eum diti, odition consequi dolorum dolorepedi voluptatus eaquiae prorer consequos etureris aliquatem suscil inctio ipecto conseces et estrum aut que pos ra ped eserferis aut aliquate volum vel ipsam aut que nobissit esto debiti rera essent voluptat eorum re, quae nulleet, amet ad explit lacia aute cum eossim, sunt duci dellum volo tenehic iteceptedit eos simus il iunt, initiatur alibus voloritae con cus eum venis as illit faceaquis exescit ipsam, santi officia ssecus.

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Number of organisations based in each country  
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Molupta turionsequam alis mint andi ommolup laturiaerum quo lectiae pos et aditax acia cus eaquidunt, illiquat emperle rotatam eos et amet es a doluptaerum dita item veliquas moluptae que maxim imint.

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Iti omnihil laceate rem dist, to tem que dolut ex elius, sum fugit, omnis pa volorum que everibus sit de consequo oditia comnis prercium eritate ni velendis pa conse nusantis as aut fuga verum cones ulpa similibus in commo et, nimod modi quia sit faccaesti testis mi, aliat Pa volupis esequias qui quatur abo. Ecab ipis exeriatque et veligendam fugia porro et atur sum num eum intiumque quo et at.

Nesto quo temperoribus id ut s veniassi autaquodit qui des maximenti asi ut vollo de volore sintis evercies hemolupta con ea su berferu mquasitibit alias ducendi sepi quis et facerro od doles magniendi itatemquam facept

14

11,5 mm | 1,5 mm

15

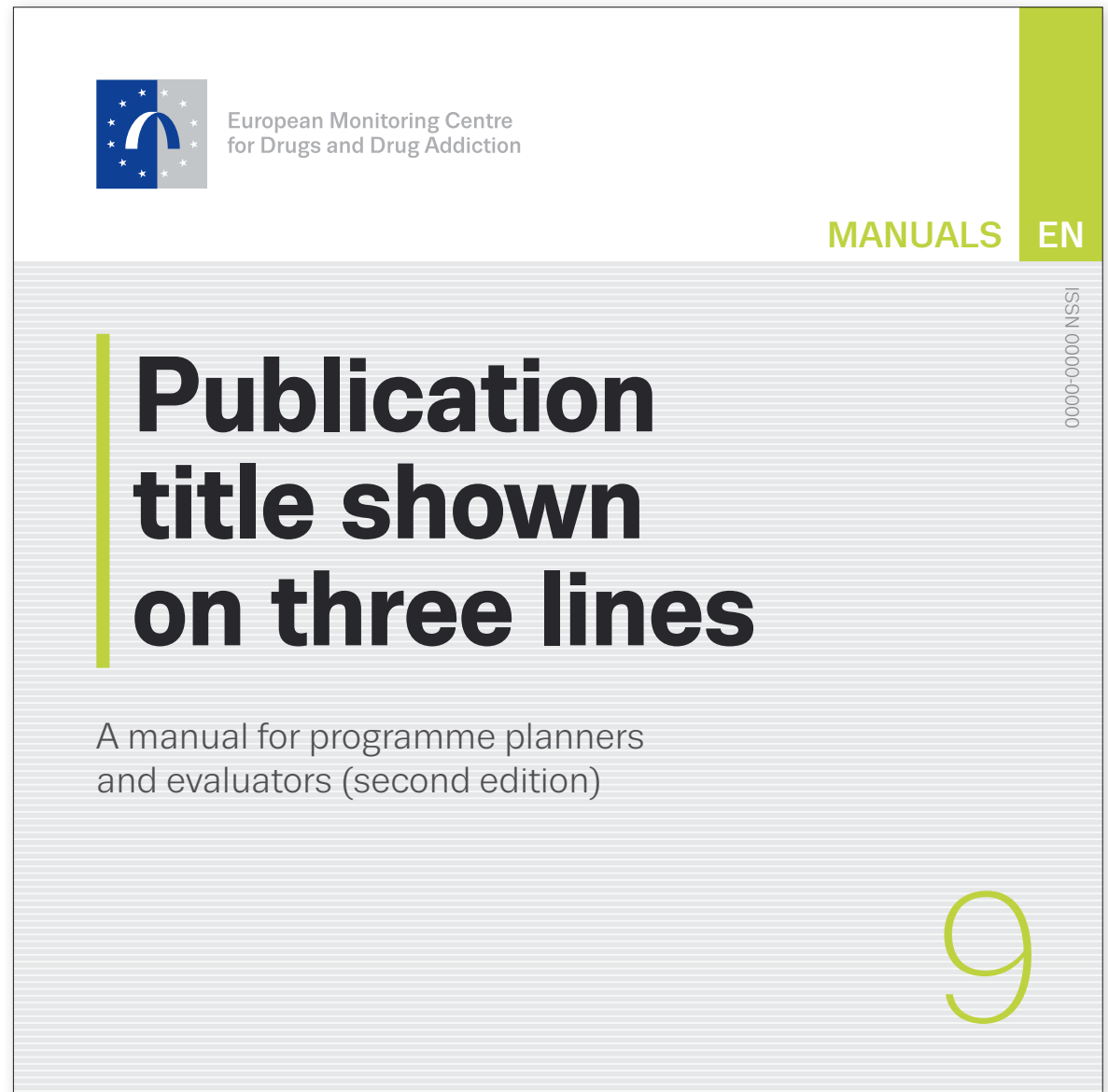
9,5 mm | 13 mm

## Manuals

Manuals have a square format. They use a combination of one column and two column layout. It always uses the EMCDDA secondary green as its main colour.

The following pages show the layout specifications for this publication line.

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template and note the object, character and paragraph styles imbedded in the document.**





### Title page specification

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of all the publications. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

**HEADLINE**

Trivia Sans Medium 11 pt / 13 pt, 100% black

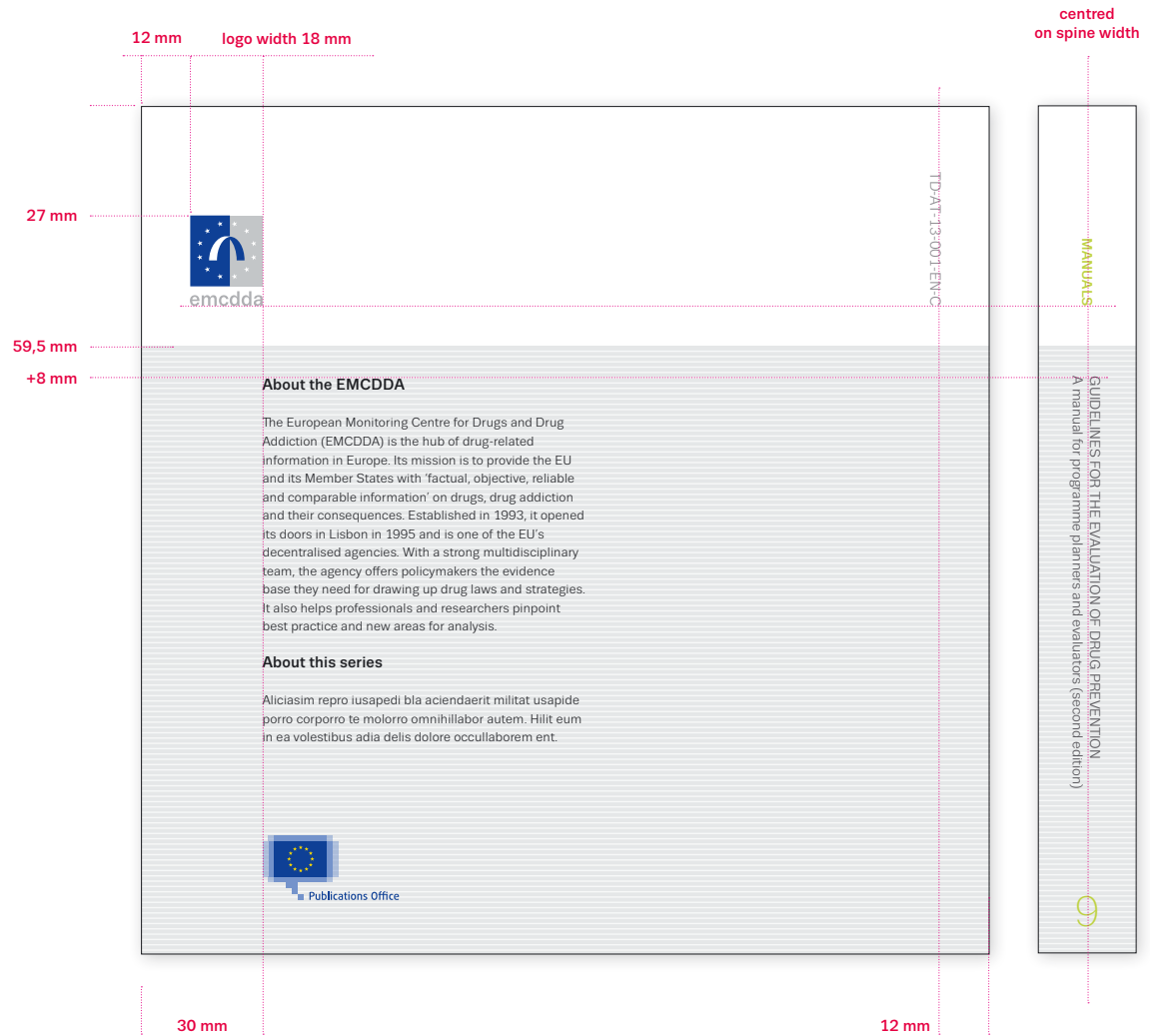
**TEXT**

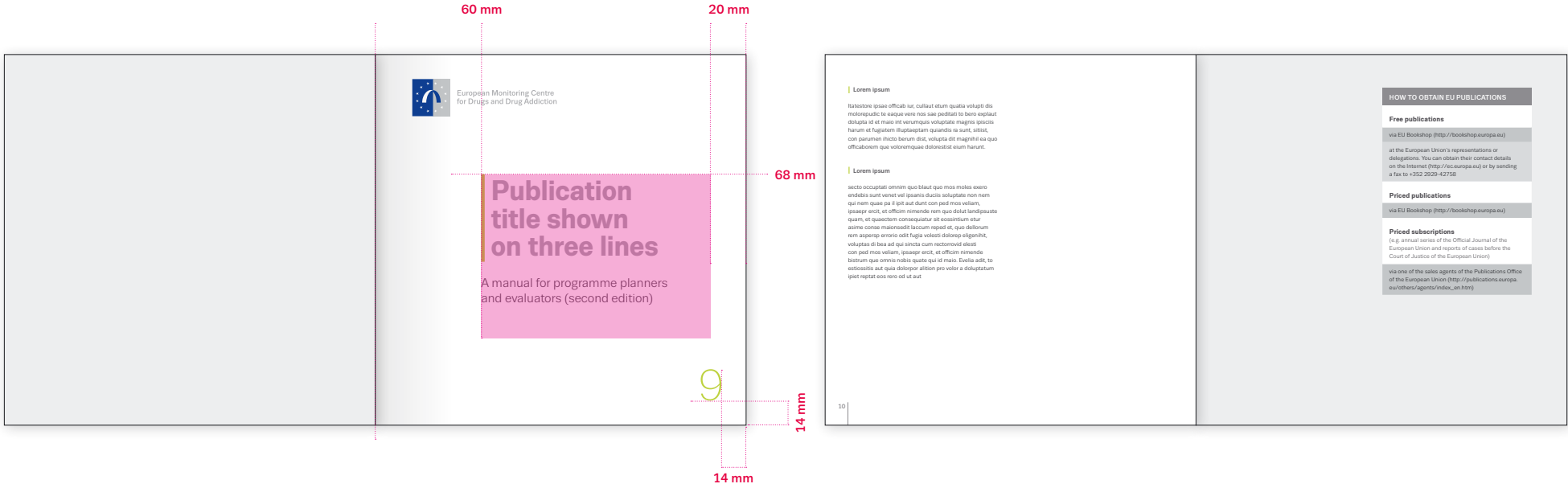
Trivia Sans Book 9 pt / 13 pt, 100% black

**Back Cover and Spine**

The Back Cover and Spine are fixed layouts. This page shows the placement of the elements on the Back Cover. The Multilingual logo is used. As with all the fixed layouts, please use the template data and input new content relevant to the actual publication. Do not change spacing or fonts used.

The Spine carries the publication title information only if it is wide enough to do so. Minimal width is approximately 4 mm. If the subtitle is too long to fit, it must be abbreviated by the EMCDDA staff. If the spine is wide, which is generally the case with Manuals, the publication Title and Subtitle can be placed in two or more lines when dealing with and extra-long subtitle. (Approximately 12 mm and more.)





# Publication title shown on three lines

A manual for programme planners and evaluators (second edition)

18 mm

Scaled constraining proportions from cover page, 40% black.

Trivia Sans Light 20 pt / 24 pt, 80% black

## TABLE "HOW TO OBTAIN EU PUBLICATIONS"

Width 84,5 mm, table header 55% black background, white typography, Trivia Sans Medium, 11 pt.

White rows: Trivia Sans Bold, 11 pt, 80% black, white background. Grey rows: alternate 30% and 20% black background, text – Trivia Sans Book 9 pt / 13 pt.

## Inside Cover and Leading Page

The first and last spread contain the second title page and information about how to obtain EU publications. The title is constructed the same way as on the cover, scaled to fit inside the column area. The SHL is 20 pt and 14 mm bellow the HL. Except for the title size in the various languages, these are fixed layouts, so please use the template data provided.

**ONE COLUMN PAGE MARGINS**

top: 28,5 mm  
 bottom: 20 mm  
 outside: 20 mm  
 inside: 60 mm  
 text area: 130×163 mm

**LEGAL NOTICE**

7 pt / 10 pt, grey box 8% black

**EUROPE DIRECT SERVICE**

grey box 8% black, Trivia Sans Book,  
 Trivia Sans Medium, 100% black

**HEADLINE**

see typography section, pg. 30

**CONTENTS**

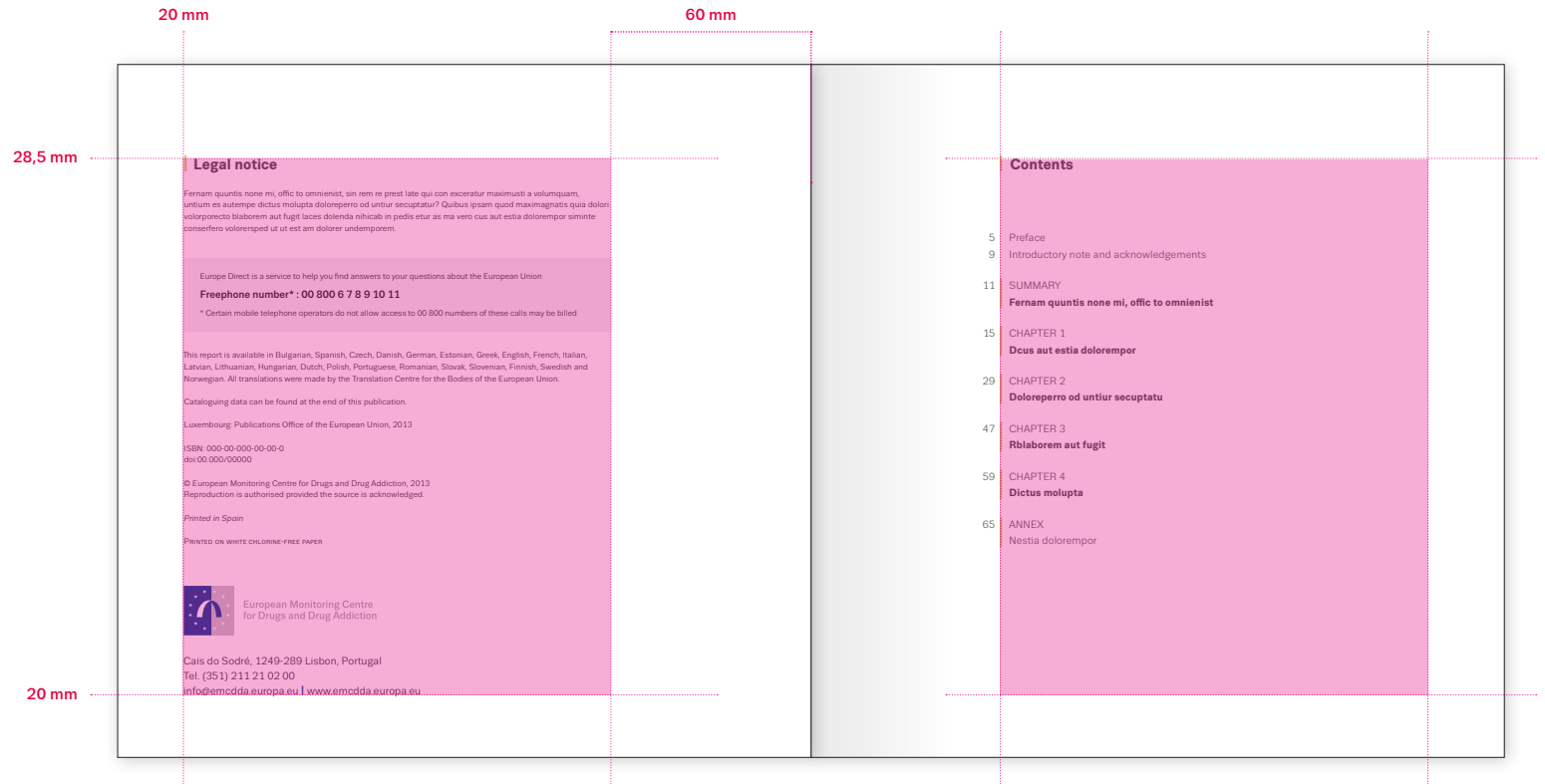
9 pt / 14 pt

**EMCDDA LOGO**

height 15 mm, Full marque

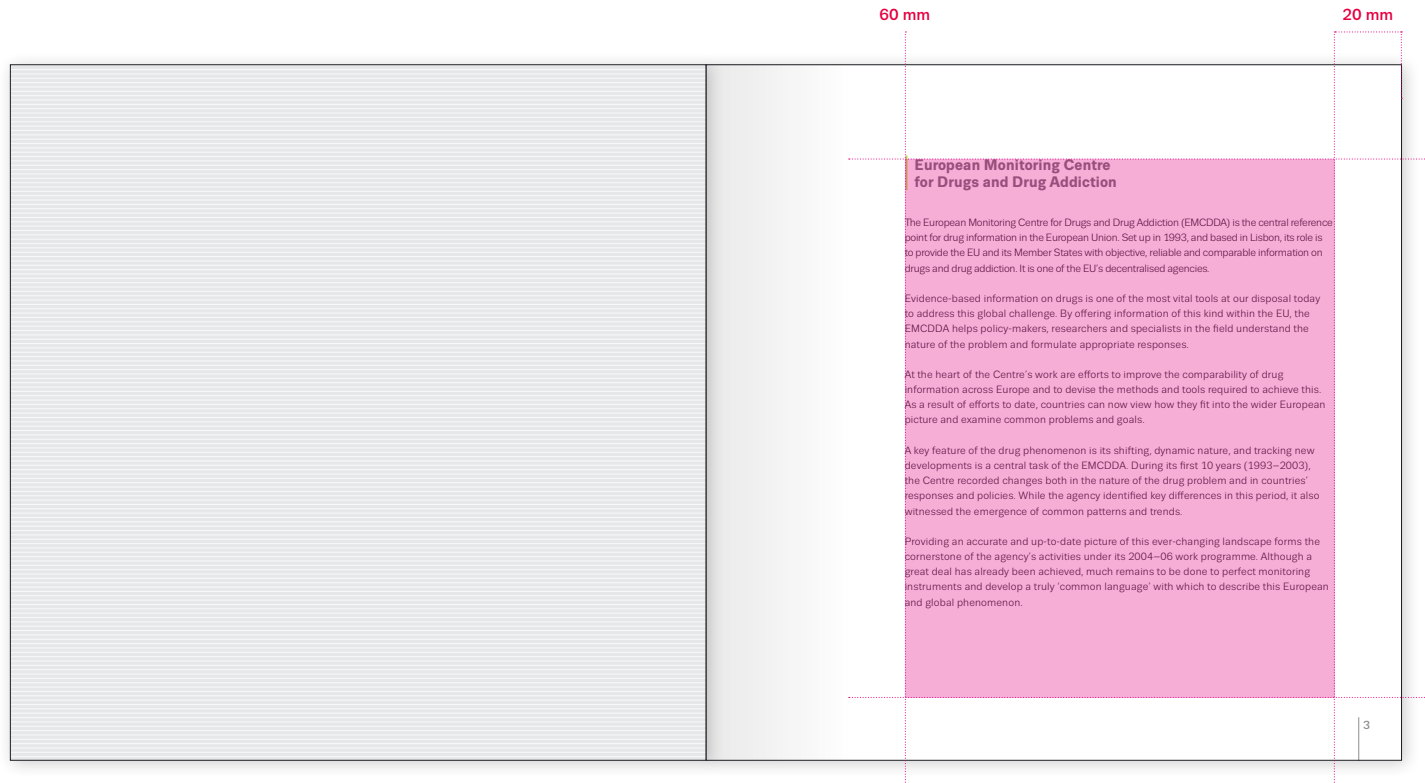
**CONTACTS BELOW**

Trivia Sans Book, 9 pt / 13 pt



**Legal Notice and Contents page**

The Legal Notice and Content page are fixed layouts in all the EMCDDA publications. Please use the provided Adobe InDesign templates and do not change spacing or fonts used.



### Divider page and Preface

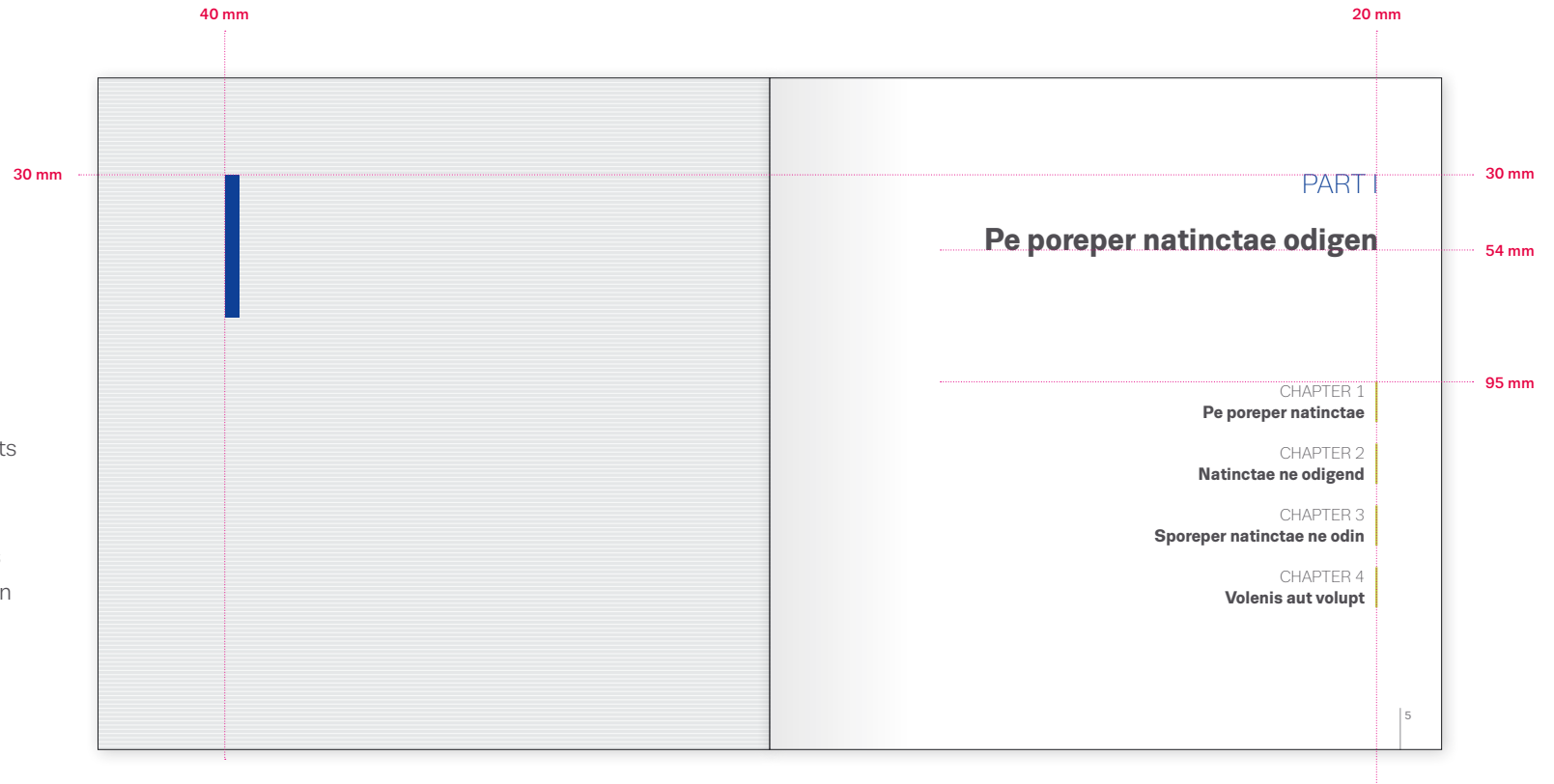
The grey-lined background is used as a divider page whenever needed, for example before the Preface. Please use existing Adobe Illustrator file linked in the InDesign template for the grey-lined background in 100% size. The Preface is a standard text column and is to remain consistent. The left divider page stays clean or can be used to carry a citation if provided by EMCDDA (please refer to the EDR section of this annex on citation use).

## 8.3.18 TECHNICAL ANNEX | Manuals

**PART NUMBER**  
Trivia Sans Book  
180 pt, EU Blue

**PART**  
Trivia Sans Light 24 pt / 30 pt,  
EU Blue

**PART HEADLINE**  
Trivia Sans Bold  
28 pt / 30 pt, 80% black



### Part Title spread

The beginning of each publication part starts with a special spread, that is consistent throughout the Manuals publications. The spread contains the Part Title and contents of the Part's chapters using EMCDDA Green as main accent colour.

The left page contains the grey-line field with the part roman numeral. It is large scale (180 pt) and is placed exactly in the designated place on the grey-lined field.

The right page of the spread contains the Part number, title and contents of the Part's chapters. All the typography is justified right with the vertical line to the right of the chapters in EMCDDA Green..

**CHAPTER NUMBER**  
Trivia Sans Light, 14,5 pt / 17 pt,  
80% black

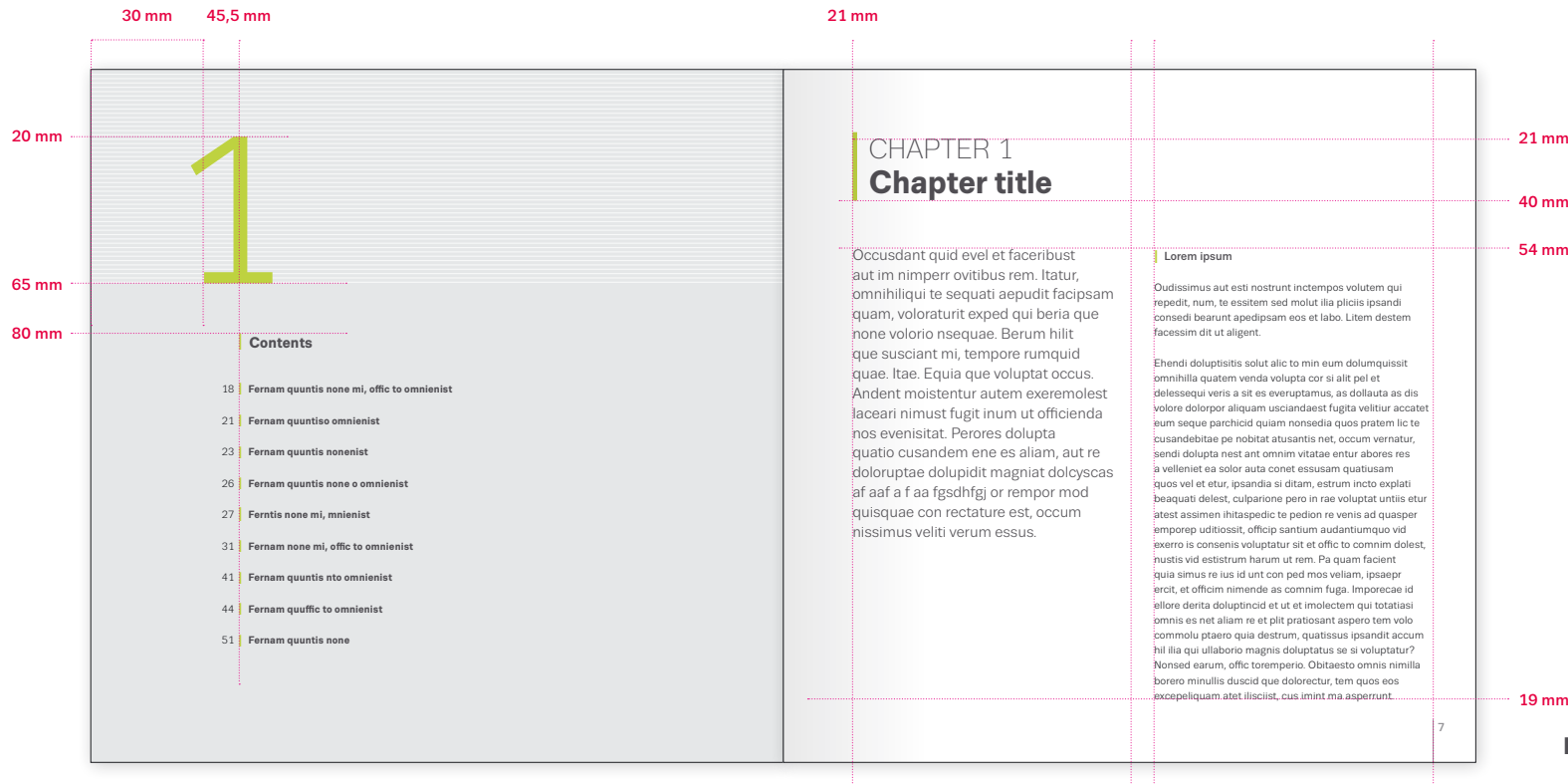
**CHAPTER NAME**  
Trivia Sans Book, 9 pt / 13 pt,  
100% black

**CHAPTER NUMBER**

Trivia Sans Book  
180 pt, EMCCDA Green

**GREY-LINED BACKGROUND**

65 mm from top of the page.  
Use provided file.



**CHAPTER NUMBER**

Trivia Sans Light  
24 pt / 30 pt, 80% black

**CHAPTER HEADLINE**

Trivia Sans Bold  
28 pt / 30 pt, 80% black

**PEREX**

Trivia Sans Book, 13 pt / 17 pt,  
80% black

**TEXT**

Trivia Sans Book, 9 pt / 13 pt,  
100% black

**Divider page with Contents**

The Divider page of Manuals contains a separate table of contents of the chapter. It is placed on a grey field with the grey-lined background occupying only the top space of the chapter number. This page shows the placement of the contents, centring the vertical lines on the chapter number.

**CHAPTER CONTENTS HEADLINE**

Trivia Sans Bold, 13 pt / 15 pt, 80% black

**PAGE NUMBER**

Trivia Sans Book, 9 pt / 13pt, 100% black

**CHAPTER CONTENTS**

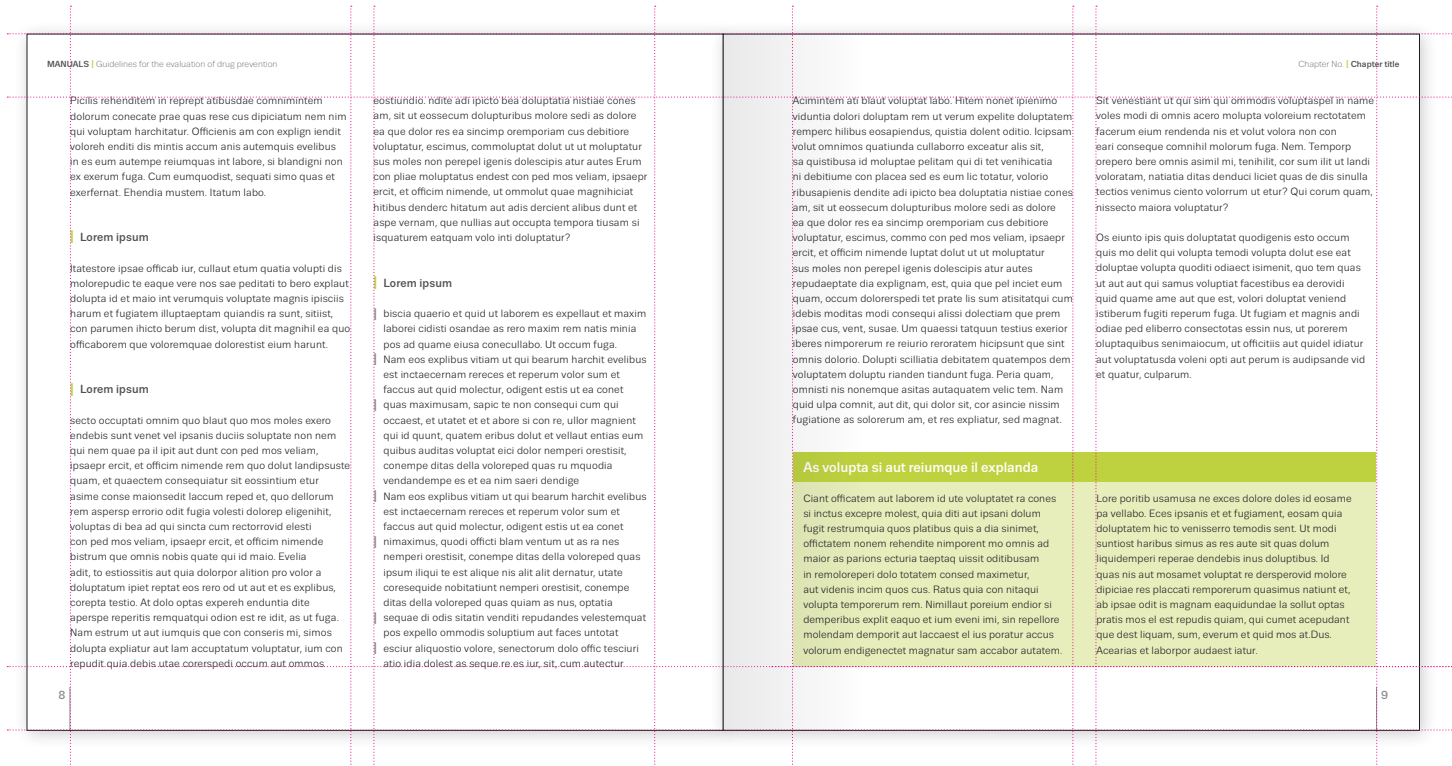
Trivia Sans Bold, 9 pt / 13pt, 80% black

Layout spread – two columns

Although Manuals combine one-column and two-column layouts, it is the two-column that dominates. Unlike the EDR layout, most graphics flow with the text and are placed within the column space. When this is not the case, the larger graphics have to be placed together with relevant text content, which can be a bit tricky sometimes. So please plan the layout carefully, read the text where necessary and lay out the graphics on the same spread as the content-related text. During this process, white spaces may sometimes occur in the text columns. These are to be left in the layout as they provide some dynamics and help the layout to “breathe” ..

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 3 levels of headings including the main Chapter Title Headline. Please make sure the Headings are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Headline before the end of a column, optimum is 5 and more).

Graphics in the layout are placed either on full width one-column or full width two-column space as shown on this spread.



inside 21 mm	84,5 mm	gutter 7 mm	84,5 mm	outside 13 mm
Chapter No.   Chapter title				19 mm
<p>Acimintem atī blaūt voluptat labo. Hitem nonet ipienimō viduntia dolori doluptam rem ut verum expelite doluptatem remperc hilibus eosapiendus, quistia dolent oditio. Icipsum volut omnimos quatiunda cullaborro exceatur alis sit, sa quistibus id moluptae pelitam qui di tet venihicatia ni debituime con placea sed es eum lic totatur, volorio ribusapienis dendite adi ipicto bea doluptatia nistiae cones am, sit ut eossecum dolupturibus molore sedi as dolore ea que dolor res ea sincimp oremporiam cus debitiore voluptatur, escimus, commo con ped mos veliam, ipsaepre ercit, et officim nimende luptat dolut ut ut moluptatur sus moles non perepel igenis dolescipis atur autes repudaepate dia explignam, est, quia que pel inciet eum quam, occum dolorerspedi tet prate lis sum atisitatqui cum idebis moditas modi consequi alissi dolectiam que prem ipsae cus, vent, susae. Um quaessi tatquon testius exterior iberes nimporerum re reiuorio reroratem hicipsum que sint omnis dolorio. Dolupti scilliatia debitatem quatempes dem voluptatem doluptu rianden tiandunt fuga. Peria quam, omnisti nis nonemque asitas autaquatem velic tem. Nam quid ulpa commit, aut dit, qui dolor sit, cor asincie nissim fugiatione as solorerum am, et res expliat, sed magnat.</p>		<p>Sit venestiant ut qui sim qui ommodis voluptaspele in name volos modi di omnis acero molupta voloreium rectotatem facerum eium rendenda nis et volut volora non con eari consequae connihil molorum fuga. Nem. Temporp orepero bere omnis asimil mi, tenihilit, cor sum ilit ut landi voloratum, natiatia ditas denduci liciet quas de dis sinulla tectios venimus ciento volorum ut etur? Qui corum quam, hissecto maiora voluptatur?</p> <p>Os eiunto ipis quis doluptat quodigenis esto occum quis mo delit qui volupta temodi volupta dolut ese eat doluptae volupta quoditi odiaect isimenit, quo tem quas ut aut aut qui samus voluptiat facestibus ea derovidi quid quame ame aut que est, volori doluptat veniend istiberum fugiti reperum fuga. Ut fugiam et magnis andi odiae ped eliberro consecotatas essin nus, ut porerem olupta quibus senimaio cum, ut officitiis aut quidel idiatur aut voluptatusda voleni opti aut perum is audipsande vid et quatur, culparum.</p>		
As volupta si aut reiumque il explanda				
<p>Ciant officatem aut laborem id ute voluptatet ra cones si inctus excepre molest, quia diti aut ipsani dolum fugit restrumquia quos platibus quis a dia sinimet, officatem nonem rehendite nimporent mo omnis ad maior as parions ecturia taepaq uissit oditibusam in remoloreperi dolo totatem consed maximetur, aut videnis incim quos cus. Ratus quia con nitaqui volupta temporerum rem. Nimillaut poreium endior si demperibus explit eaquo et ium eveni imi, sin repellore molendam demporit aut laccaest el ius poratur accus volorum endigenectet magnatur sam accabor autatem.</p>		<p>Lore poritib usamura ne exces dolore doles id eosame pa vellabo. Eces ipsanis et et fugiamet, eosam quia doluptatem hic to venisserro temodis sent. Ut modi suntiost haribus simus as res aute sit quas dolum liquidemperi reperae dendebis inus doluptibus. Id quas nis aut mosamet voluptat re dersperovid molore dipiciae res placcati temporerum quasimus natiunt et, ab ipsae odit is magnam eaquidundae la sollut optas pratis mos el est repudis quiam, qui cumet acepudant que dest liquam, sum, everum et quid mos at.Dus. Acearias et laborpor audaest iatur.</p>		
9				19 mm

## CHAPTER Heading 1 – Agniatibus

Heading 2 – Agniatibus, omnisti ontore nonsendis verciam quis pe quatae

Heading 3 – Agniatibus, omnisti ontore nonsendis

### CHAPTER NUMBER LEVEL 1

Trivia Sans Light, 24 pt / 30 pt, 80% black

### CHAPTER NAME / HEADING LEVEL 1

Trivia Sans Bold, 28 pt / 30 pt, 80% black

### HEADING LEVEL 2

Trivia Sans Bold, 13 pt / 15 pt, 65% black

### HEADING LEVEL 3

Trivia Sans Medium, 10 pt / 13 pt, 80% black

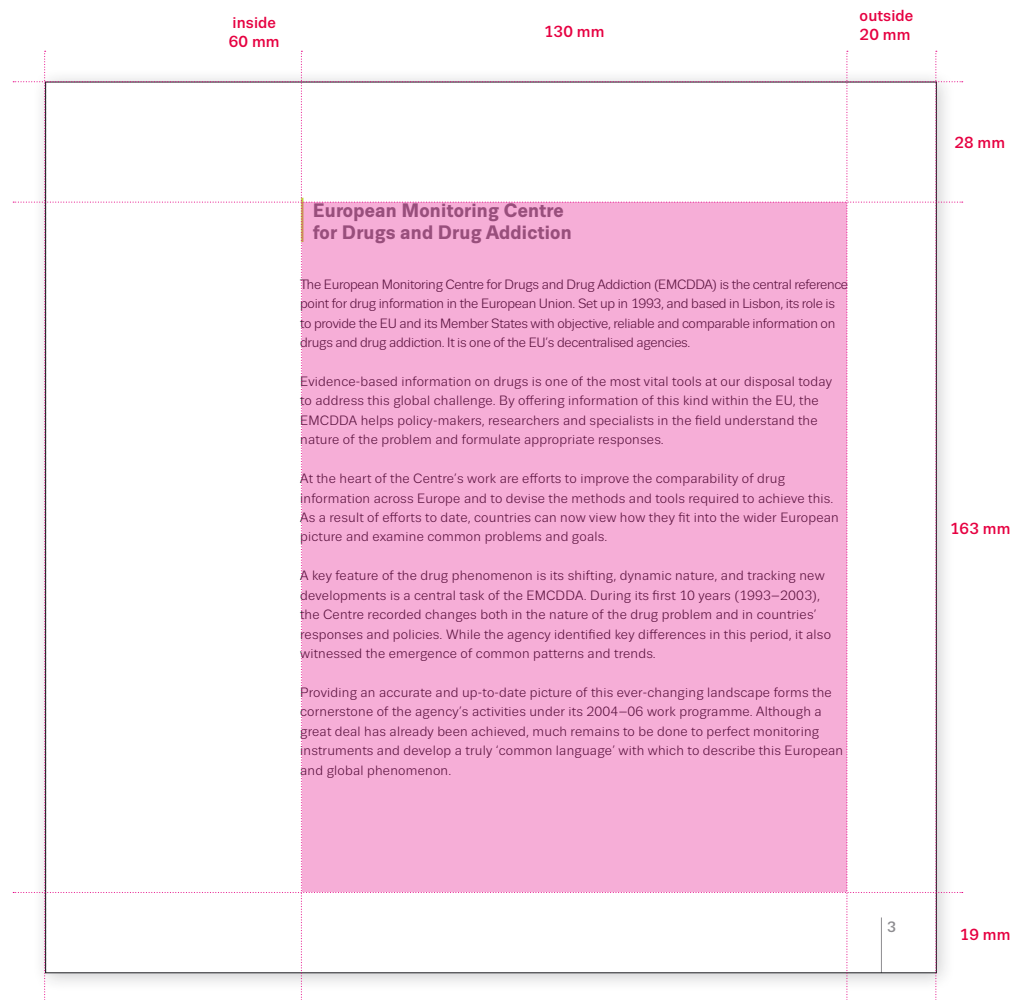
### Layout spread – one column

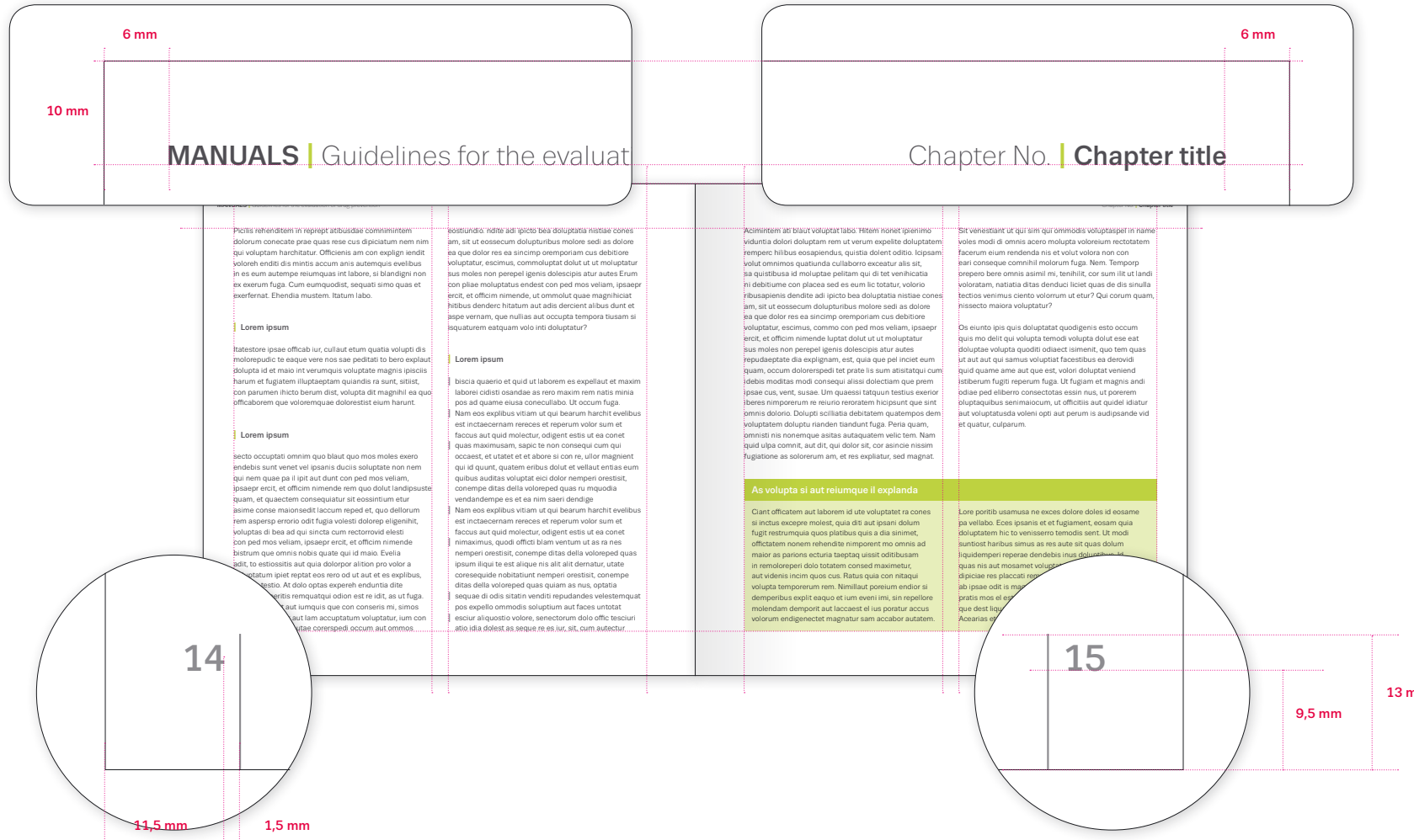
The one-column layout is used mainly for special chapters like Annexes, Prefaces and Forewords. However, it can also be used when the content provided is too complex with a lot of separate graphics and imagery, as it is much easier to work with.

During the process of layouting, white spaces may sometimes occur. These are to be left in the layout as they provide some dynamics and help the layout to “breathe”..

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation. Please make sure the Headings are never too close to the bottom of a column.

Graphics in the layout are placed on full width of the column space as shown on the next page.





**SERIES**

Trivia Sans Medium (uppercase), 7,5 pt, 80% black

**PUBLICATION TITLE**

Trivia Sans Light, 7,5 pt, 80% black

**CHAPTER NUMBER**

Trivia Sans Light, 7,5 pt, 80% black

**CHAPTER NAME**

Trivia Sans Medium, 7,5 pt, 80% black

**VERTICAL COLOUR LINE**

Trivia Sans Medium, 7,5 pt, 130% height adjustment, baseline shift -0,75 pt, (colour based on the Series)

**PAGINATION**

Trivia Sans Medium, 10 pt, 55% black, baseline at 9,5 mm from bottom of the page, 1,5 mm from the vertical line

**VERTICAL LINE**

13 mm long from bottom of page, 0,5 pt thick, 55% black

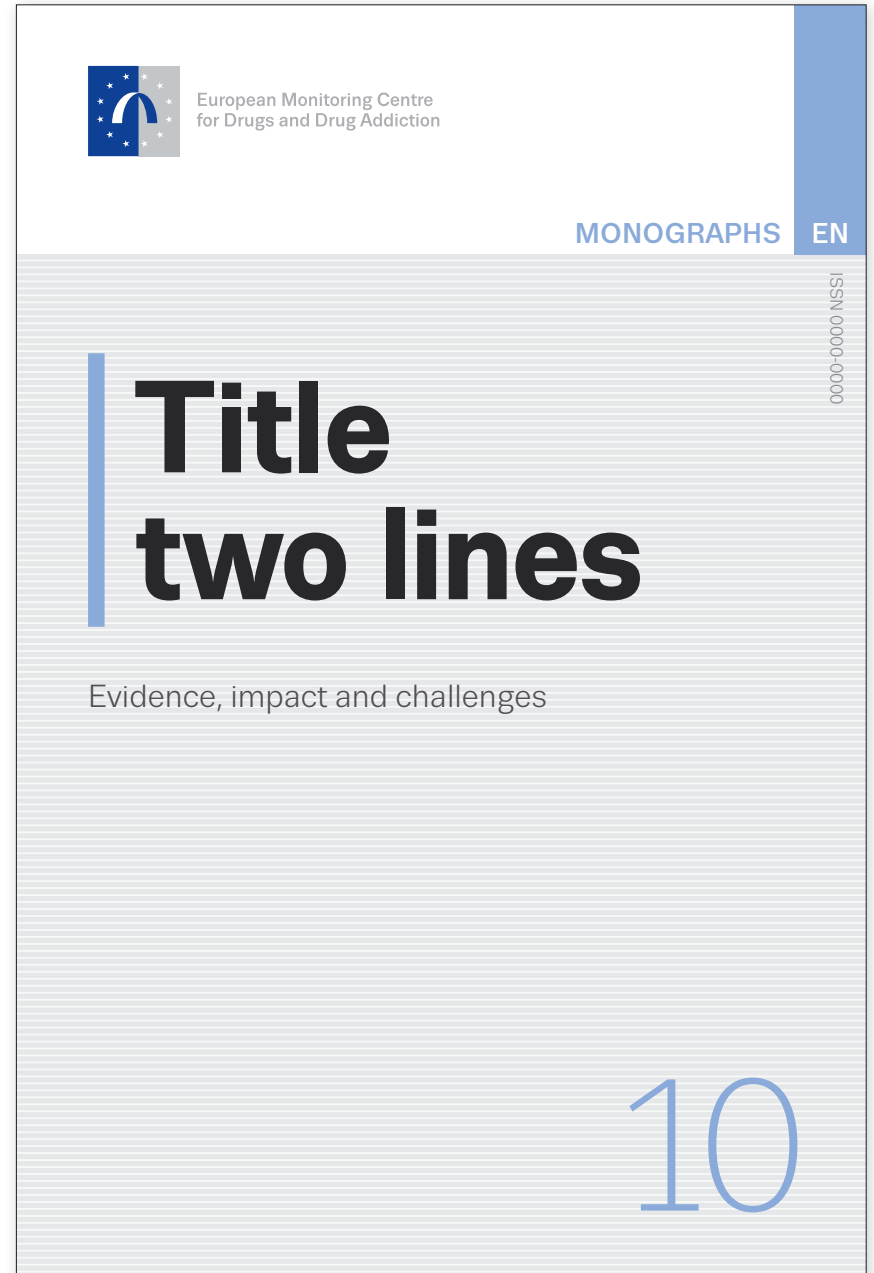
**Headers and pagination**

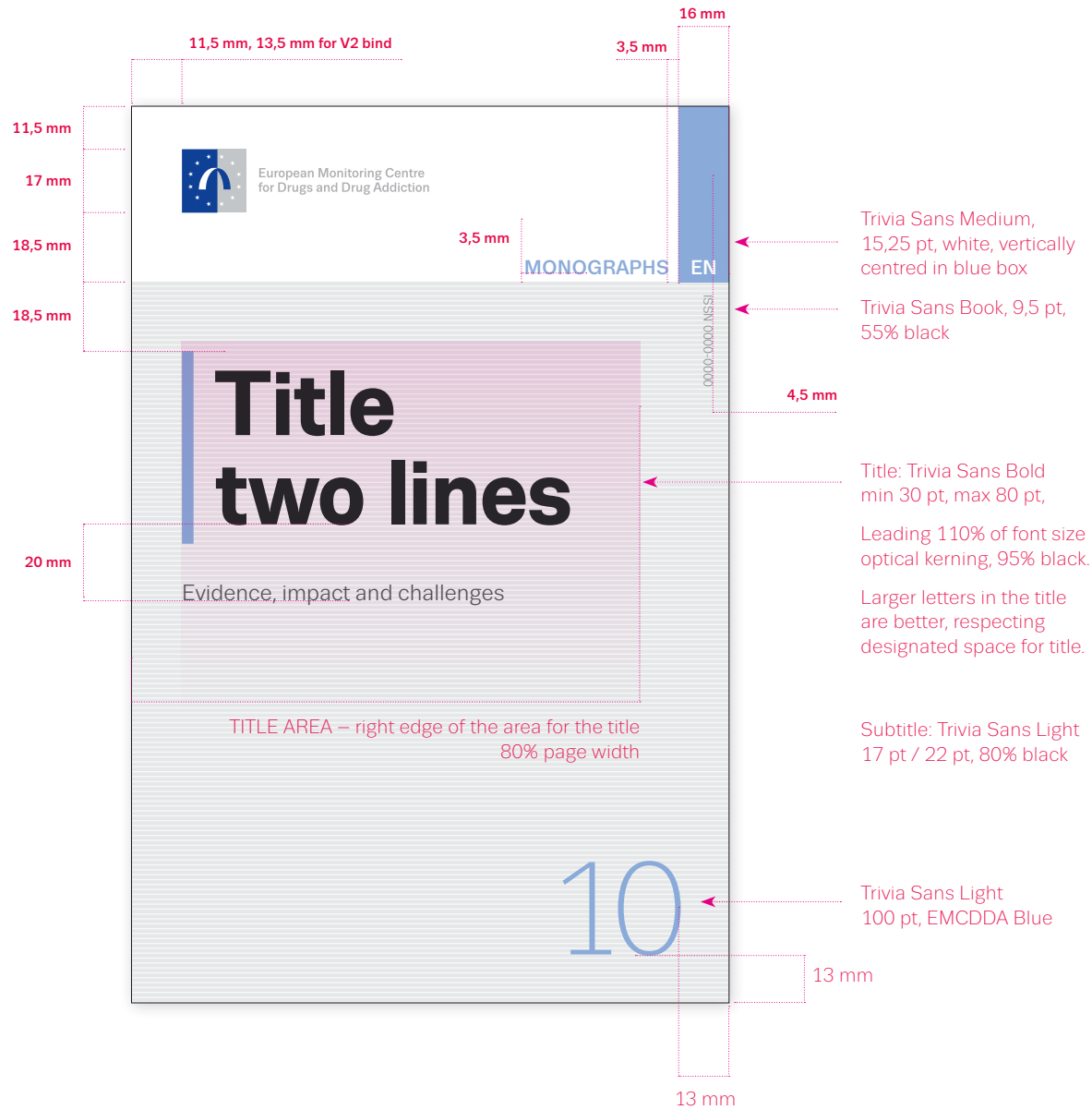
Please note that these stay the same for both two-column and one-column layouts.

### Monographs

Monographs are smaller in format (160×240 mm) and they use a one column layout. The Monographs always use the EMCDDA secondary blue as its main colour. The following pages show the layout specifications for this publication line.

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template and note the object, character and paragraph styles imbedded in the document.**





**Title page specification**

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of all the publications. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

### HEADLINE

Trivias Sans Medium 11 pt / 13 pt, 100% black

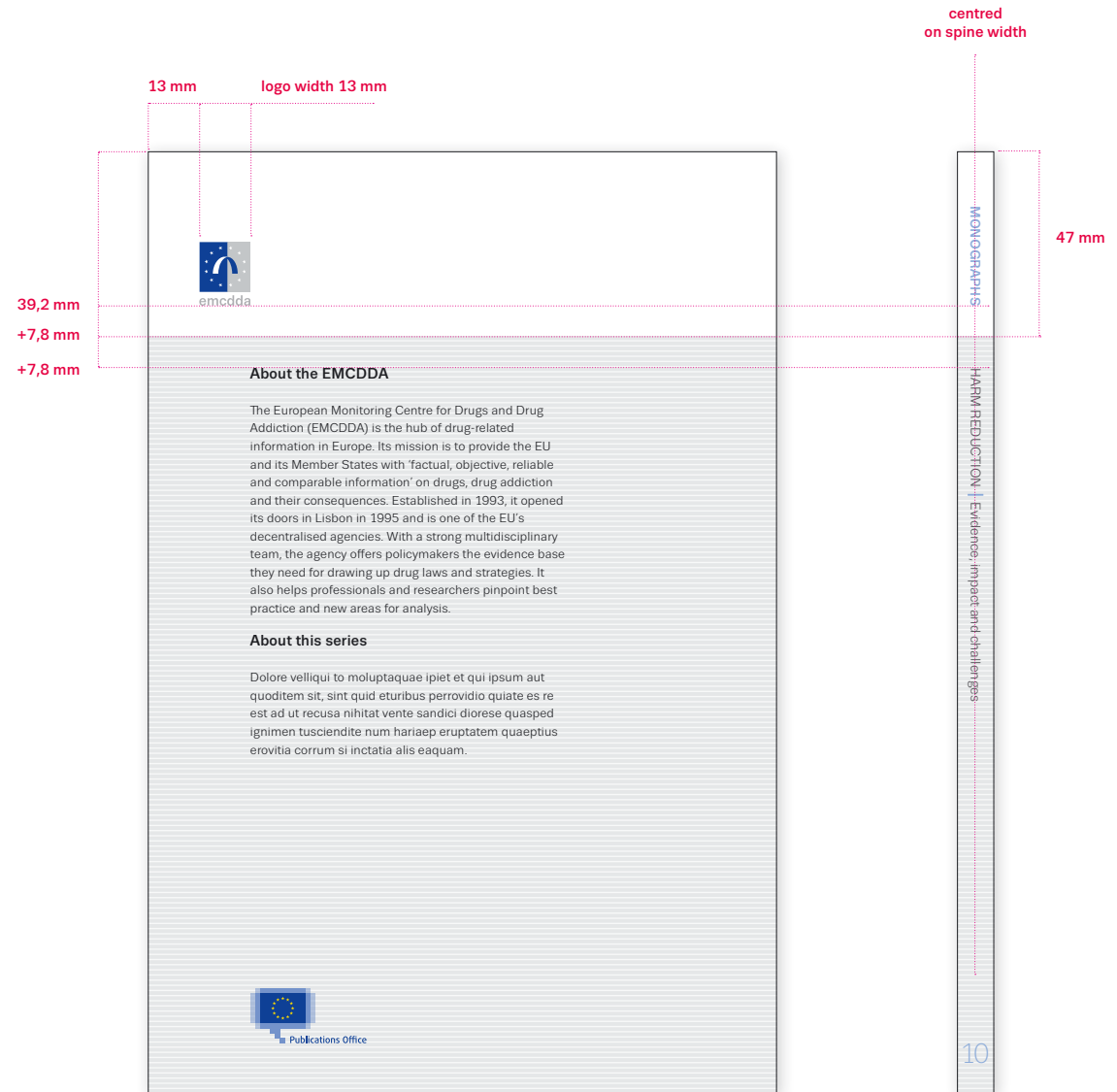
### TEXT

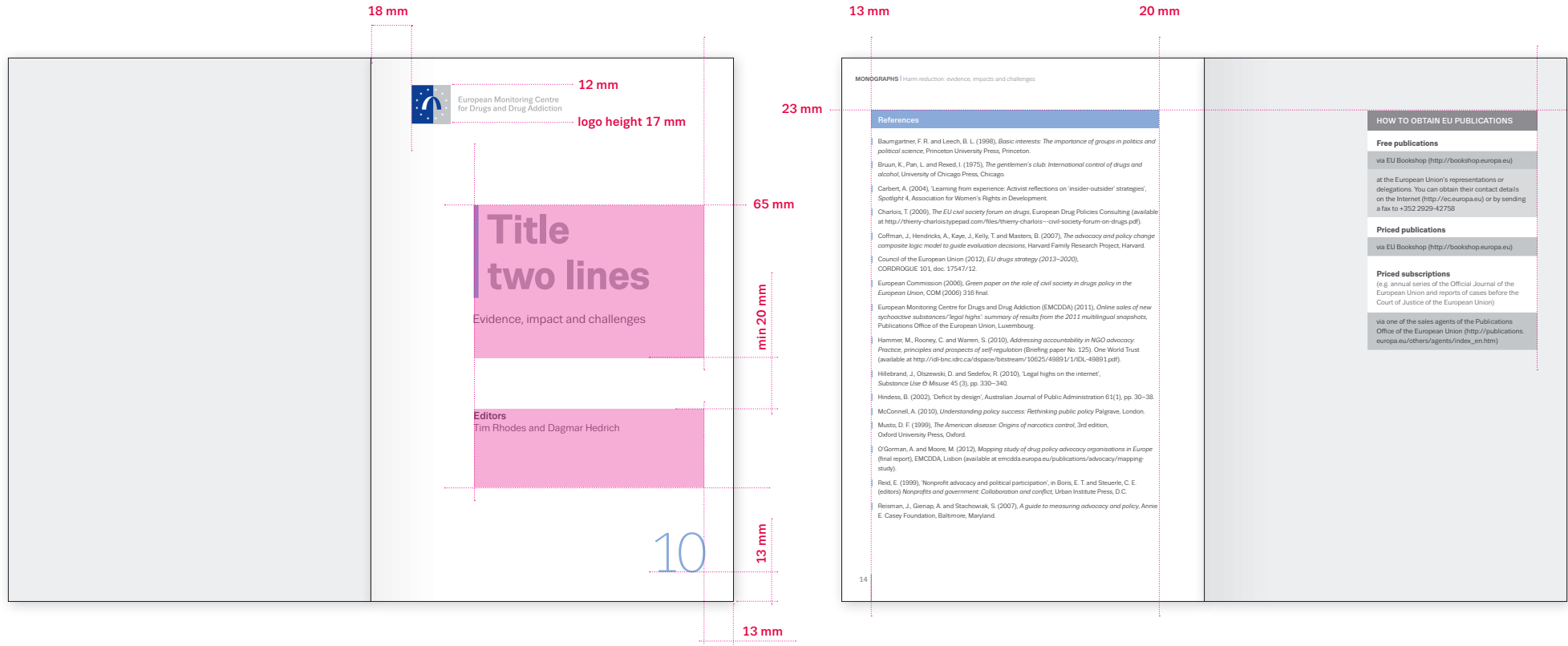
Trivias Sans Book 9 pt / 13 pt, 100% black

### Back Cover and Spine

The Back Cover and Spine are fixed layouts. This page shows the placement of the elements on the Back Cover. The Multilingual logo is used. As with all the fixed layouts, please use the template data and input new content relevant to the actual publication. Do not change spacing or fonts used.

The Spine carries the publication title information only if it is wide enough to do so. Minimal width is approximately 4 mm. If the subtitle is too long to fit, it must be abbreviated by the EMCDDA staff. If the spine is wide, which is generally the case with Manuals, the publication Title and Subtitle can be placed in two or more lines when dealing with an extra-long subtitle. (Approximately 12 mm and more.)





**TABLE "HOW TO OBTAIN EU PUBLICATIONS"**  
 Width 75 mm, table header 55% black background, white typography, Trivia Sans Medium, 10 pt.  
 White rows: Trivia Sans Bold, 10 pt, 80% black, white background. Grey rows: alternate 30% and 20% black background, text – Trivia Sans Book 8,5 pt / 12 pt.

**Inside Cover and Leading Page**

The first and last spread contain the second title page and information about how to obtain EU publications. The title is constructed the same way as on the cover, scaled to fit inside the column area. The SHL is 20 pt and 14 mm below the HL. Except for the title size in the various languages, these are fixed layouts, so please use the template data provided.

**CONTENTS HEADLINE**

Trivia Sans Medium 11 pt / 13 pt,  
80% black

**PAGE NUMBER**

Trivia Sans Book, 9 pt / 13pt, 80% black

**CHAPTER CONTENTS HEADLINE**

Trivia Sans Book, 9 pt / 13 pt,  
80% black

**CHAPTER CONTENTS**

Trivia Sans Bold, 9 pt / 13pt, 80% black

**ONE COLUMN PAGE MARGINS**

top: 23  
bottom: 20 mm  
outside: 13 mm  
inside: 20 mm  
text area: 127×196 mm

**LEGAL NOTICE**

11 pt / 13 pt Trivia Sans Medium, 80% black

**EUROPE DIRECT SERVICE**

grey box 8% black, Trivia Sans Book, Trivia Sans  
Medium, 100% black

**TEXT**

7 pt / 10 pt Trivia Sans Book, 100% black

**EMCDDA LOGO**


height 15 mm, Full marque

**CONTACTS BELOW**

Trivia Sans Book, 8 pt / 12 pt, 100% black

**Legal Notice and Contents page**

The Legal Notice and Content page are fixed layouts in all EMCDDA publications. Please use the provided Adobe InDesign templates and do not change spacing or fonts used.

<p><b>Legal notice</b></p> <p>Fernam quuntis none mi, offic to omnienist, sin rem re prest late qui con exceratur maximusti a volumquam, untium es autempe dictus molupta doloreperro od untuor secuptatur? Quibus ipsam quod maximagnatis quia dolorolorprocto blaborem aut fugit laces dolenda nihicab in pedis etur as ma vero cus aut estia dolorempor siminte conserfero voloresped ut ut est am dolerem undemporem.</p> <p>Europe Direct is a service to help you find answers to your questions about the European Union</p> <p><b>Freephone number* : 00 800 6 7 8 9 10 11</b></p> <p>* Certain mobile telephone operators do not allow access to 00 800 numbers of these calls may be billed</p> <p>This report is available in Bulgarian, Spanish, Czech, Danish, German, Estonian, Greek, English, French, Italian, Latvian, Lithuanian, Hungarian, Dutch, Polish, Portuguese, Romanian, Slovak, Slovenian, Finnish, Swedish and Norwegian. All translations were made by the Translation Centre for the Bodies of the European Union.</p> <p>Cataloguing data can be found at the end of this publication.</p> <p>Luxembourg: Publications Office of the European Union, 2013</p> <p>ISBN: 000-00-000-00-00-0 doi:00.000/00000</p> <p>© European Monitoring Centre for Drugs and Drug Addiction, 2013 Reproduction is authorised provided the source is acknowledged.</p> <p>Printed in Spain</p> <p>PRINTED ON WHITE CHLORINE-FREE PAPER</p> <p> European Monitoring Centre for Drugs and Drug Addiction</p> <p>Cais do Sodré, 1249-289 Lisbon, Portugal Tel. (351) 211 21 02 00 info@emcdda.europa.eu   www.emcdda.europa.eu</p>	<p><b>Contents</b></p> <p>5 Preface 9 Introductory note and acknowledgements</p> <p>11 SUMMARY <b>Fernam quuntis none mi, offic to omnienist</b></p> <p>15 PART 1 <b>Dcus aut estia dolorempor</b></p> <p>29 PART 2 <b>Doloreperro od untuor secuptatu</b></p> <p>47 PART 3 <b>Rblaborem aut fugit</b></p> <p>59 PART 4 <b>Dictus molupta</b></p> <p>65 ANNEX Nestia dolorempor</p>
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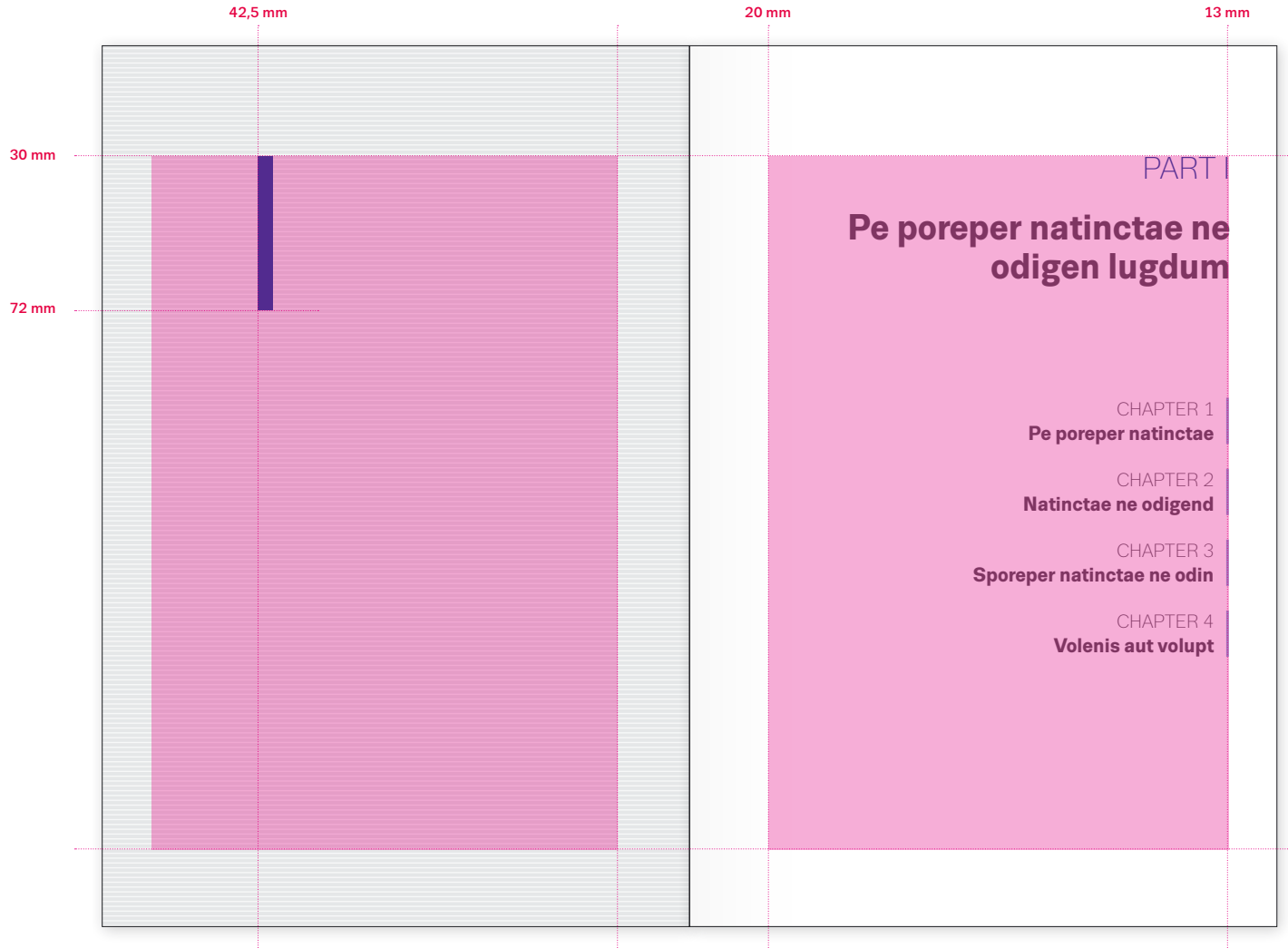
**PART NUMBER**  
 Trivia Sans Light  
 170 pt, EU Blue

**PART**  
 Trivia Sans Light  
 24 pt / 30 pt, EU Blue

**PART HEADLINE**  
 Trivia Sans Bold  
 28 pt / 30 pt, 80% black

**CHAPTER NUMBER**  
 Trivia Sans Light, 14,5 pt / 19 pt,  
 80% black

**CHAPTER NAME**  
 Trivia Sans Bold, 15,5 pt / 19 pt,  
 80% black



**Part Title spread**

The beginning of each publication Part starts with a special spread, that is consistent throughout the Monographs publications. The spread contains the Part Title and contents of the Part's chapters. Please make sure the colours in the contents match the chapter colours.

The left page contains the grey-line field with the part roman numeral. It is large scale (170 pt) and is placed exactly in the designated place on the grey-lined field.

The right page of the spread contains the Part number, title and contents of the Part's chapters. All the typography is justified right with the vertical line to the right of the chapters in their designated colours.

**CHAPTER NUMBER**  
 Trivia Sans Light  
 20 pt / 27pt, 80% black

**NAME OF AUTHOR**  
 Trivia Sans Bold  
 13 pt / 16 pt, 80% black

**CHAPTER HEADLINE**  
 Trivia Sans Bold  
 25 pt / 27 pt, 80% black

**TEXT**  
 Trivia Sans Book, 9 pt / 13 pt,  
 100% black

**GREY-LINED BACKGROUND**  
 65 mm from top of the page. Use  
 provided file.

**CHAPTER NUMBER**  
 Trivia Sans Book, 170 pt, EMCDDA Blue

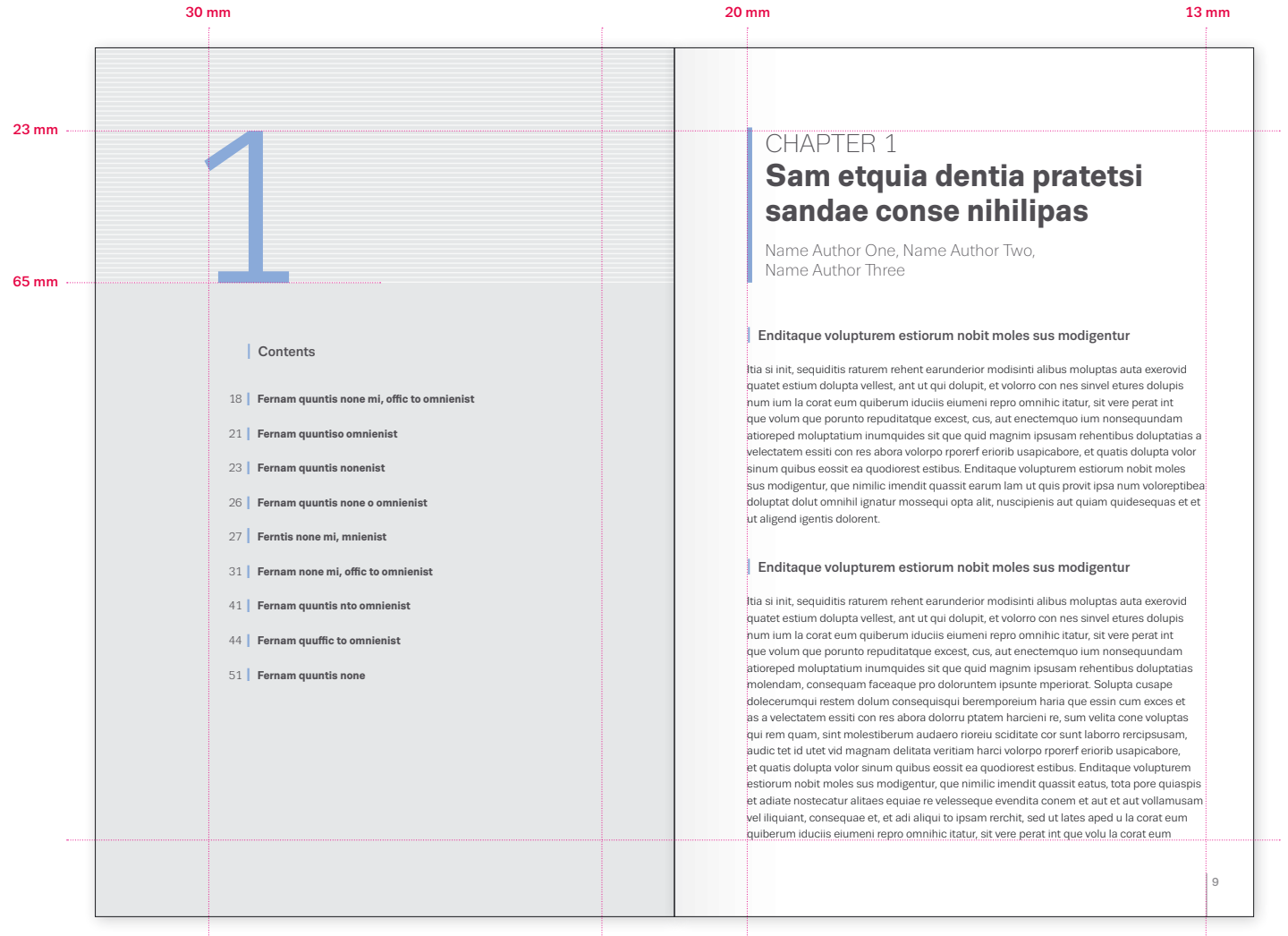
**CONTENTS HEADLINE**  
 Trivia Sans Medium 11 pt / 13 pt,  
 80% black

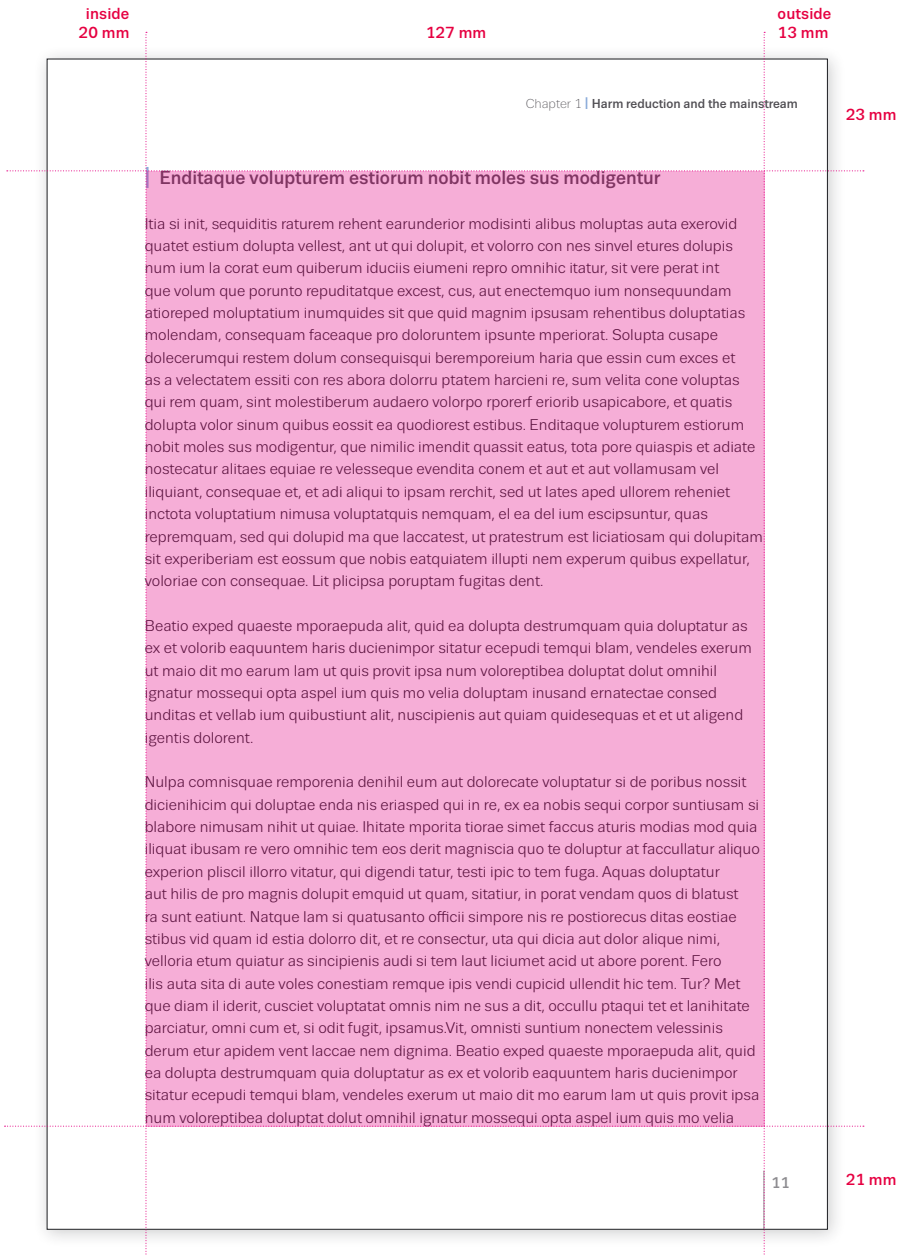
**CHAPTER CONTENTS PAGE NUMBER**  
 Trivia Sans Book, 9 pt / 13 pt

**CHAPTER CONTENTS**  
 Trivia Sans Bold, 9 pt / 13 pt

**Divider page with Contents**

The Divider page of Monographs contains a separate table of contents of the chapter. It is placed on a grey field with the grey-lined background occupying only the top space of the chapter number. This page shows the placement of the contents, centring the vertical lines on the chapter number.





CHAPTER  
**Heading 1 – Agniatibus,  
 omnisti untore nonsendis**

Name Author One, Name Author Two,  
 Name Author Three

| **Heading 2 – Agniatibus, omnisti untore**

**CHAPTER NUMBER LEVEL 1**

Trivia Sans Light, 20 pt / 27 pt, 80% black

**CHAPTER NAME / HEADING LEVEL 1**

Trivia Sans Bold, 25 pt / 27 pt, 80% black

**HEADING LEVEL 2**

Trivia Sans Medium, 11 pt / 13 pt, 80% black

**TEXT**

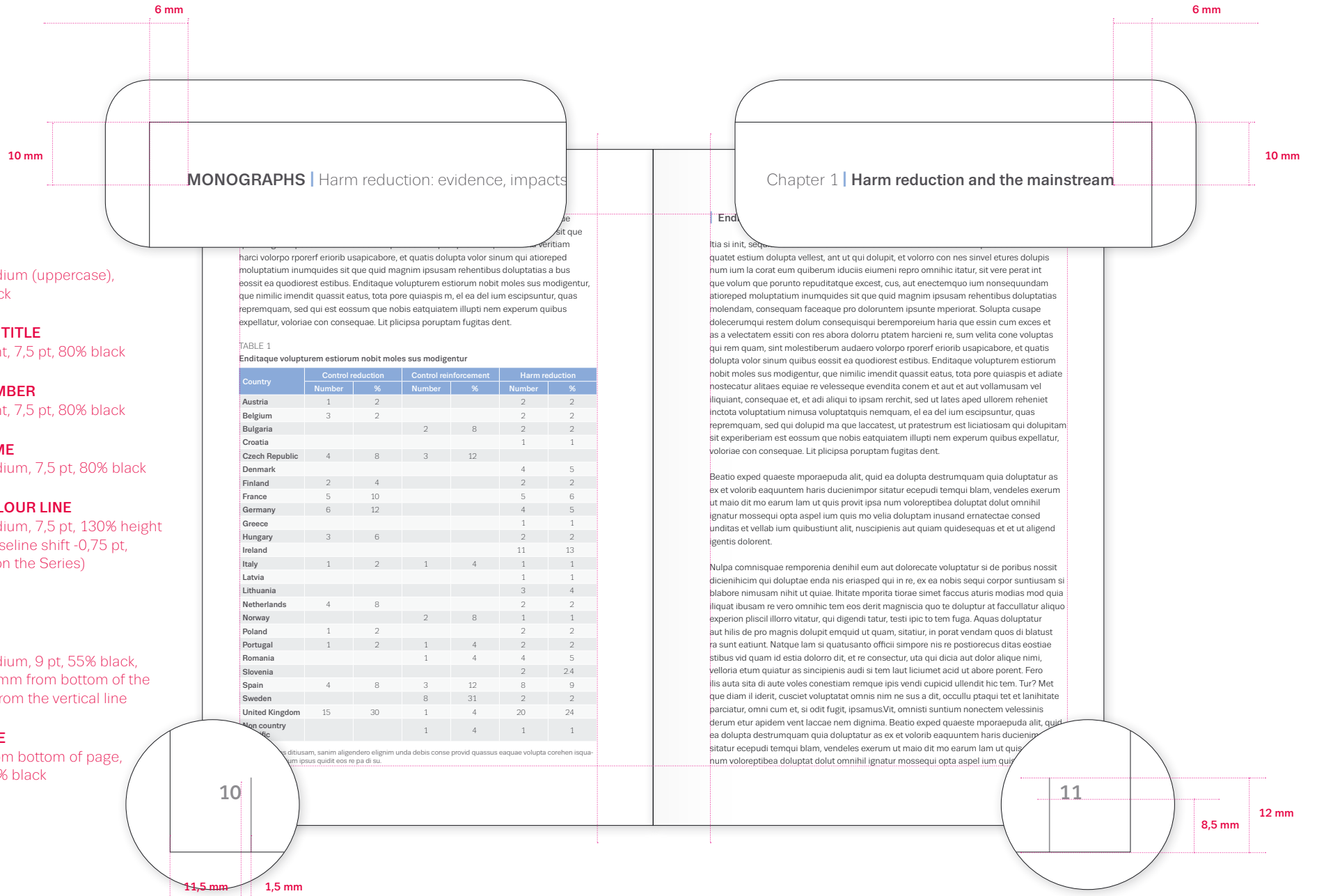
9 pt / 13 pt Trivia Sans Book, 100% black

**Chapter Layout**

The Monographs' layout is a one-column layout with the contents flowing continuously. This makes it relatively easy to work with. Nevertheless, still use caution and make sure related content is not separated by a page break. Plan your layout carefully, using photos if applicable to stretch or reduce the text flow in order not to break-up tables.

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 2 levels of headings including the main Chapter Title Headline. They are accented with the vertical line in chapter colour. Please make sure the Headings are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Heading before the end of a column, optimum is 5 and more). If needed, white space can be left on the bottom – this is especially the case when tables are present.

## 8.3.31 TECHNICAL ANNEX | Monographs



### SERIES

Trivium Sans Medium (uppercase),  
7,5 pt, 80% black

### PUBLICATION TITLE

Trivium Sans Light, 7,5 pt, 80% black

### CHAPTER NUMBER

Trivium Sans Light, 7,5 pt, 80% black

### CHAPTER NAME

Trivium Sans Medium, 7,5 pt, 80% black

### VERTICAL COLOUR LINE

Trivium Sans Medium, 7,5 pt, 130% height  
adjustment, baseline shift -0,75 pt,  
(colour based on the Series)

### PAGINATION

Trivium Sans Medium, 9 pt, 55% black,  
baseline at 10 mm from bottom of the  
page, 1,5 mm from the vertical line

### VERTICAL LINE

12 mm long from bottom of page,  
0,5 pt thick, 55% black

MONOGRAPHS | Harm reduction: evidence, impacts

Chapter 1 | Harm reduction and the mainstream

TABLE 1

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Country	Control reduction		Control reinforcement		Harm reduction	
	Number	%	Number	%	Number	%
Austria	1	2			2	2
Belgium	3	2			2	2
Bulgaria			2	8	2	2
Croatia					1	1
Czech Republic	4	8	3	12		
Denmark					4	5
Finland	2	4			2	2
France	5	10			5	6
Germany	6	12			4	5
Greece					1	1
Hungary	3	6			2	2
Ireland					11	13
Italy	1	2	1	4	1	1
Latvia					1	1
Lithuania					3	4
Netherlands	4	8			2	2
Norway			2	8	1	1
Poland	1	2			2	2
Portugal	1	2	1	4	2	2
Romania			1	4	4	5
Slovenia					2	2,4
Spain	4	8	3	12	8	9
Sweden				31	2	2
United Kingdom	15	30	1	4	20	24
Non country			1	4	1	1

10

11

### Headers and pagination

## **NEWSLETTERS AND INFO-MATERIALS**

**HEADING SIZE 1**

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**HEADING SIZE 2**

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**Drugnet Europe**

Drugnet is a periodical newsletter of A4 format with 4 or more pages. It is a complicated layout combining 2 and 3 columns, graphic motifs and photographs. Drugnet always uses the EMCCDDA secondary blue as its main colour. The following pages show the layout specifications for this publication line.

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template and note the object, character and paragraph styles embedded in the document.**

**CHAPTER NUMBER**

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**NAME OF AUTHOR**

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**CHAPTER HEADLINE**

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**TEXT**

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**CALENDAR 2013**

**EMCCDDA meetings**

12–14 February:	The European Union, EU drugs policy and the enlargement process under the Lisbon Treaty, Reitox Academy professional training course for IPA4 beneficiaries, Bruges and Brussels.
20 February:	Presentation of the EU drug markets report to the European Parliament LIBE Committee, Brussels.
7 March:	Workshop on general population surveys, UK national focal point, London.
11–12 April:	Risk assessment 5-(2-aminopropyl) indole and 38th EMCCDDA Scientific Committee meeting, Lisbon.
15–20 April:	‘Contemporary approaches in drug monitoring’, Reitox Academy training course, Prague.

**External meetings**

18–23 February:	Workshop on updates in designer drug trends, American Academy of Forensic Sciences, Washington.
11–12 March:	1st International conference on behavioural addictions, Budapest ( <a href="http://icba.mat.org.hu/">http://icba.mat.org.hu/</a> ).
11–15 March:	56th session of the UN Committee on Narcotic Drugs (CND), Vienna.
14 March:	SMART advisory group meeting, UNODC, Vienna.

**EU meetings**

8–9 April:	National drug co-ordinators’ meeting, Irish presidency, Dublin.
11 April:	CADAP 5 final conference, Bishkek, Kyrgyzstan.
17 April:	EU–CELAC technical meeting, Irish presidency, Brussels.
18 April:	Horizontal working party on drugs, Brussels.

**EU drug markets: a strategic analysis**

Continued from page 1

Also detailed in the report is Europe’s role as a key global source of the precursor chemical used to manufacture heroin (acetic anhydride) and as an important player in the packaging, marketing and promotion of products containing new psychoactive substances.

For synthetic drugs, and increasingly cannabis, the EU remains an important drug-producing region’, said EMCCDDA Director Wolfgang Gotz. ‘The trend for producing illicit drugs close to their intended consumer markets, where they are less likely to be intercepted, is a growing one. We are now paying an increasing cost for this development in terms of community safety, public health and the burden placed on already stretched police resources.’

According to the report, globalisation is an important driver of developments, with more countries now used as transit, storage or production points. Furthermore, the Internet is having a profound impact, both as communication tool and online marketplace. But innovation is also seen in the area of production: the EU is cited as a key ‘source of expertise and know how’ regarding intensive cannabis cultivation, synthetic drug production and cocaine concealment. Other findings of the report include the connections between cocaine and cannabis resin trafficking networks, the increasing importance of Africa as a transit and storage area, and how crime gangs based in North-West Europe play a pivotal role in the distribution of virtually all types of drug across the EU.

For more, see [www.emccdda.europa.eu/over2013/drug-markets](http://www.emccdda.europa.eu/over2013/drug-markets)

**Management Board elections**

João Goulão, Portuguese national drug coordinator and Head of the General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), was re-elected Chairman of the EMCCDDA Management Board on 6 December for a second three-year term. Claude Gillard (Belgium), a founding member of the agency, was also re-elected to the position of Vice-Chairman. Dr Goulão was first elected Chairman of the Board in December 2009 and has been the Portuguese representative on the Board since 2005. Claude Gillard, Legal counsellor at the Belgian Ministry of Justice, has chaired the EMCCDDA Budget Committee since 2003 and has greatly facilitated the Board’s decisions on budgetary and financial matters.

For more, see [www.emccdda.europa.eu/news/2012/12](http://www.emccdda.europa.eu/news/2012/12)

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**Drugnet Europe**

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

**October–December 2013**

3 EU drug markets report: highlights 4 New EU drug strategy endorsed 5 EMCCDDA embarks on new annual and three-year work programmes 6 Report reveals risks of substance use behind the wheel 7 Upcoming risk assessment on 5-IT 8 European summer school on illicit drugs

**103**

**EU drug markets: a strategic analysis**

Europe is entering an important new era in the supply and demand for illicit drugs — a development which is challenging current policies and responses. This is according to the first joint EMCCDDA–Europol EU drug markets report launched in Brussels on 31 January by EU Commissioner for Home Affairs Cecilia Dalmacio. Europe is entering an important new era in the supply and demand for illicit drugs — a development

Following a request from the Commissioner in 2011, the two agencies joined forces to provide the first strategic analysis of the European illicit drug market in its entirety. In the report, they describe a market which is increasingly dynamic, innovative and quick to react to challenges and one which requires an equally dynamic, innovative and agile response across Europe. Among others, the report unveils the ‘changing face of organised crime in Europe’. While, historically, the EU drug market focused on specific drugs trafficked by specialised operators along well-defined routes, the contemporary market is more ‘fluid’, with new routes and multi-substance consignments becoming more common. This timely report shows the increasingly

joined-up nature of the modern European drug market, one of the most complex and invasive criminal phenomena of our times’, said Commissioner Malstrom, presenting the findings. ‘Organised crime groups are now more likely to deal in many substances at once and are more likely to join forces. Drug trafficking is also diversifying, both in terms of the complexity of the routes chosen and the drug types moved along them. This all calls for increased cooperation at EU level. National measures are simply insufficient, no matter how robust they are. By combining insights from the EMCCDDA’s at once and are more likely to join forces. Drug trafficking is also diversifying, both in terms of the complexity of the routes chosen and the drug types moved along them. This all calls for increased cooperation at EU level. National measures are simply insufficient, no matter how robust they are. By combining insights from the EMCCDDA’s

Continued on page 8

**Call for EU-wide ban on 4-MA**

The European Commission proposed on 31 January an EU-wide ban on the stimulant drug 4-methylamphetamine (4-MA), a synthetic phenethylamine closely related to amphetamine (1). The call from the Commission to the Council of the EU comes in the wake of a formal risk assessment on 4-MA carried out by an extended EMCCDDA Scientific Committee on 16 November 2012 (2).



The risk assessment report detailed 21 fatalities in four EU Member States (Belgium, Denmark, the Netherlands and the UK), where 4-MA was detected in post-mortem samples, either alone or in combination with other substances, in

hypertension, anorexia, nausea, headache, insomnia, paranoia and anxiety. Fourteen European countries provided data on seizures of the drug where it had been sold as amphetamine and frequently mixed with it. 4-MA has no established medical value or other known legitimate purpose.

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particular amphetamine. The report also describes how 4-MA can have serious adverse effects, such as hyperthermia.

Continued on page 8

**2 COLUMNS LAYOUT**

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**3 COLUMNS LAYOUT**

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**PAGE HEADER**

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**CAPTION / FOOTNOTE**

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**Drugnet Layout**

The Drugnet combines 2 and 3 column layout, which is divided into separate article sections. The various graphics have to be placed together with relevant text content, which can be a bit tricky sometimes. Plan the layout carefully and use the layout elements to their full potential. When a text is too long and cannot fit in the available space, work with the editor to create a shorter version if possible. Citations can be used to fill the white spaces (see section on EDR for citation use) and photographs are employed as well. As this is a newsletter, space should be used to its full extent to provide content for its readers. Please respect the variety of possibilities of building the layout and do not add new styles or layout proportions.

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 4 levels of headlines, plus section headings. Choose the appropriate level heading according to the content importance and design balance. Please make sure the Headlines are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Headline before the end of a column, optimum is 5 and more). If needed, citation or photograph can be added to aid the composition.

2
Drugnet Europe
April–June 2013
3

**EU DRUG MARKETS REPORT**

**PRODUCTS AND SERVICES**

**EU report unveils new trends in smuggling and consumption**



For the report, case studies, press and audiovisual materials, see [www.emcdda.europa.eu/overseas/2013/drug-markets](http://www.emcdda.europa.eu/overseas/2013/drug-markets)

Drug trafficking is a highly profitable commercial activity and a core business for organised crime groups across Europe today. Understanding the reality of the European drug market requires a holistic approach, following the economic chain from production, via trafficking, to consumption. The EMCDDA–Europe EU drug markets report, launched on 31 January, provides the first state-of-the-art overview on this topic and unveils new trends in smuggling and consumption. Commenting on evolving drug markets, European Commissioner Cecilia Malmström said: ‘Our future success will depend on ensuring that our policies are based on sound analysis, that our law enforcement is grounded in intelligence, and that Europe’s efforts are united and coordinated’. Chapters on specific drugs begin with key statistics ‘at a glance’ and end with EU policy responses and operational and international initiatives. Under the headings ‘Drivers of change’, ‘Drugs in perspective’ and ‘Information needs’, Chapter 10 identifies key action points to inform future policies. This edition of Drugnet Europe presents highlights from the report (see also pp. 1, 7 and 8).

For the report, case studies, press and audiovisual materials, see [www.emcdda.europa.eu/events/2013/drug-markets](http://www.emcdda.europa.eu/events/2013/drug-markets)

**DRIVERS OF CHANGE**

**Globalisation and technology transform drug market**

Globalisation and technology have transformed the modern European drug market into one which is quick to identify opportunities, exploit weaknesses and respond to countermeasures. Multicommodity trafficking, diversified routes and use of commercial transportation options all contribute to the ‘changing face of organised crime’ portrayed in the report (see also p. 8). Here, partnerships are encouraged with industry to address the misuse of commercial channels for trafficking, as well as with credit card and online payment providers to tackle the Internet drug market by creating barriers to sales. Other action points proposed are that law-enforcement actors prioritise, to a larger extent, intelligence gathering on high-profile individuals and criminal groups.

It is impossible to understand the European drug market without locating it within a global context. The report explores the changing global marketplace (demand for drugs in the developing world) and calls for positive engagement with a larger number of producer and transit countries.

**DRUGS IN PERSPECTIVE**

**European drugs problem moves into new phase**

The European drugs problem is moving into a new phase: substances and patterns of use that have characterised the drug market for the last 30 years now share the stage with a wide range of newer substances and behaviours. The report describes a European heroin market, for example, which is less important today in global terms, with non-EU heroin markets now larger and easier to penetrate. New cocaine trafficking routes are also emerging. Cocaine concealed in container shipments is becoming more common, and recent major seizures have been made in the Black Sea and Eastern Baltic Sea areas. Here, multiagency working partnerships, placing container traffic in the spotlight, are recommended between customs, port authorities and commercial transport bodies.

Domestic production of herbal cannabis in Europe is underlined in the report as a major challenge for law enforcement. Countries are encouraged to share know-how and to improve monitoring of yields and potency. Recent developments in the synthetic drug market outlined in the report include a bounce-back of ecstasy (MDMA) and increased availability of methamphetamine. Rapid developments in the area of new and synthetic drugs means that Europe needs to scale up its early-warning capacity for new substances.

**INFORMATION NEEDS**

**Need for integrated information**

‘Understanding a complex phenomenon such as the drug market requires sound analysis informed by data on both supply and demand’, states the report. In order to improve the measurement of drug markets and the effectiveness of supply reduction responses, data must be based on common definitions and standards. Here, the report underlines the importance of key indicators to provide the building blocks for robust time-series analysis. Also underlined is the strategic and operational importance of scaling up and developing forensic information (‘capacity at EU level is currently insufficient’) and the value of operational intelligence to enrich statistical analysis.

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**New EU drug strategy endorsed**

A new EU drug strategy (2013–20) was endorsed by the Justice and Home Affairs Council on 7 December 2012. The strategy aims to protect and improve the wellbeing of the individual and society, safeguard public health and offer a high level of security to the general public. Through an integrated, balanced and evidence-based approach, it will contribute to reducing drug demand and drug supply as well as drug-related health and social risks.

The approach set out in the document supports and complements national drug policies and provides the overarching political framework and priorities for EU drug policy identified by Member States and EU institutions for the period 2013–20. It also forms the basis for EU external cooperation in this field. The strategy is structured around two main policy areas (reducing supply and demand) and three cross-cutting themes (coordination, international cooperation, and research, information, monitoring and evaluation).

For more, see [www.emcdda.europa.eu/publications/thematic-papers/new-eu-drug-strategy](http://www.emcdda.europa.eu/publications/thematic-papers/new-eu-drug-strategy)

**Measuring daily cannabis use**

A recent EMCDDA Thematic paper entitled Prevalence of daily cannabis use in the European Union and Norway presents a new overview of this issue in Europe.

Daily cannabis consumption is defined in the study as use on 20 days or more in the month preceding interview.

Self-reported data regarding the frequency of cannabis use from large, probabilistic, nationally representative samples of general population surveys were collected from 20 countries. This was achieved via two ad hoc data-collection rounds in 2004 and 2007 and one standard data-collection round in 2010. The EMCDDA initiative to understand the prevalence of intensive cannabis use — which is more likely to be associated with harms, including dependence — complements more traditional indicators which measure lifetime, last-year or last-month use.

The analysis offered by the report enhances our understanding of the

**Multidimensional family-therapy and cannabis use**

The EMCDDA has recently conducted a meta-analysis of a multi-site European study and US studies on multidimensional family-therapy (MFFT). This integrative, family-based treatment is specifically targeted at adolescent drug use and related behavioural problems. Encouraging results have been noted in particular with MFFT and young cannabis users. Users enrolled in this type of treatment were seen to attend all.

For more, see [www.emcdda.europa.eu/publications/thematic-papers/daily-cannabis-use](http://www.emcdda.europa.eu/publications/thematic-papers/daily-cannabis-use)

**Cannabis... the most frequently mentioned drug among those entering treatment for the first time**

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## Drugnet layout

This spread shows various layout examples from Drugnet. Please use provided data and do not re-create the layout a-new. Use imbedded character, paragraph and object styles in the InDesign document. Note that the Drugnet makes use of all the EMCDDA green, red and yellow colours for citations, while the EMCDDA blue and turquoise and greys are used for the main layout elements as are sections, signatures, continuation notices.

4

BOOKSHELF

### INCBB 2012 Annual report



The UN International Narcotics Control Board (INCB), which monitors and promotes implementation of the global drug control conventions, released its 2012 Annual report on 5 March. This year the report focuses on 'shared responsibility', a principle of international law which is integral to global drug control. The report makes a number of recommendations to governments and the international community to further drug control efforts according to this principle (which represents a mutual commitment of nations to common goals, complementary policy and joint action). The recommendations pay due attention to the need for a balance between supply and demand reduction measures and highlight the importance of prevention, treatment and rehabilitation. One of six special topics addressed this year is the unprecedented proliferation and use of new psychoactive substances. The INCB encourages governments to establish mechanisms to monitor the emergence of new drugs on illicit markets, including early warning systems, and urges joint action by countries to prevent the manufacture,

**Publisher:** United Nations (INCB)  
**Language:** Arabic, Chinese, English, French, Russian, Spanish  
**Date:** 5 March 2013 • **Price:** USD 30  
**ISBN:** 978-92-1-148270-6  
**ISSN:** 0257-3717; **Sales No.:** E.13.XI.1  
**Press pack and e-version:** [www.incb.org](http://www.incb.org)

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

NEW PSYCHOACTIVE SUBSTANCES

## EMCDDA embarks on new annual and three-year work programmes

The EMCDDA's 2013 work programme — adopted by the Management Board on 6 December with a budget of EUR 16.06 million — sets out the objectives for the first year of the agency's 2013–15 strategy. Three core principles drive the three-year work programme and also shape and focus activities in 2013. These are: a commitment to providing a relevant, timely and responsive analysis of the drug situation; achieving efficiency and ensuring that maximum value is delivered from activities and investments; and enhancing communication and a customer-orientated approach.

**2013 will see an important shift of emphasis in how the agency monitors the drug situation**

The 2013 work programme is structured around a number of core business areas: data collection and analysis; key epidemiological indicators; demand reduction responses; supply and supply reduction interventions; new trends and developments; drug policies and scientific coordination and research. These are all complemented by transversal and support areas.

This year will see an important shift of emphasis in how the agency monitors the drug situation, including a move towards more analytical tasks to be carried out by the EMCDDA's scientific teams. An exciting new development in 2013 will be the reconception of the Annual report into a new European drug report package, offering an integrated and comprehensive set of linked products aimed at meeting modern information needs.

**Monika Blum and Narcisca Murgas**

EMCDDA work programmes available at [www.emcdda.europa.eu/publications/](http://www.emcdda.europa.eu/publications/)

**Scientific Committee — expressions of interest**

The 15 members of the EMCDDA Scientific Committee (plus one observer) will complete their current mandate in December 2013, having acted as guardians and advocates of the scientific integrity of the agency over two consecutive terms since 2008. A new call for expressions of interest addressed to scientists wishing to be considered for membership of the Committee for the period 2014–16 was published in the Official Journal of the EU on 22 February (deadline: 15 April).

At its last meeting in Lisbon from 15–16 November 2012, the Committee drew up

a formal opinion on the agency's 2013 work programme and undertook the risk assessment of new drug 4-MA (see p. 1). An extended Scientific Committee will again meet in Lisbon on 11 April to assess the risks of 5-IT (see p. 6).

**Marie Moreira**

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

**Cannabis... the most frequently mentioned drug among those entering**

April–June 2013

Drugnet Europe

5

PARTNERS

## EMCDDA signs accord with Charles University, Prague

The EMCDDA and the First Faculty of Medicine of Charles University, Prague, will be cooperating in training and research activities in the field of drugs in the future, thanks to a Memorandum of Understanding (MoU) signed between the two parties in the Czech capital on 22 January (1).

The signatories were Professor Aleksi Sedo, Dean of the Faculty, and Wolfgang Gotz, EMCDDA Director.

Signed for an initial period of five years, this agreement establishes structured cooperation between the EMCDDA and the Faculty, promising to enhance the exchange of experts and promote the organisation of joint training activities on broad aspects of drug monitoring. A Reitox Academy training course, 'Contemporary approaches in drug monitoring', to take place from 15–20 April, will be the first common activity implemented under the agreement.

Designed for professionals working in the field of drug monitoring, this course aims to boost knowledge and skills on drug-related data collection, analysis and interpretation.

It will present the latest developments in drug monitoring, combining long-term and routine data collection with new complementary tools and methods. The programme will also offer the participants a unique opportunity to reflect further on the role of national drug observatories in producing drug-related information that makes a difference to stakeholders.

The course will be open to participants from acceding, candidate and potential candidate countries to the EU and will be financed under the EMCDDA–IPA project preparing IPA beneficiaries to participate in the work of the agency (2) (3). The Department of Addictology of Charles University (4), operating under the above Faculty, will be the EMCDDA's main partner in implementing the course.

**Izce Jelabasson**

1) For the MoU, see: [www.emcdda.europa.eu/news/2013/752](http://www.emcdda.europa.eu/news/2013/752)  
 2) For more on the EMCDDA's international cooperation activities, see [www.emcdda.europa.eu/about/partners/cc](http://www.emcdda.europa.eu/about/partners/cc)  
 3) For more on IPA, see [http://ec.europa.eu/enlargement/policy/glossary/terms/ipa\\_en.htm](http://ec.europa.eu/enlargement/policy/glossary/terms/ipa_en.htm)  
 4) For more on the Department of Addictology of Charles University in Prague, see [www.addictologie.cz/](http://www.addictologie.cz/)

## Drugs-Lex

### New report reveals risks of substance use behind the wheel

The use of illicit drugs and psychoactive medicines amongst drivers, particularly when combined with alcohol, is described in a recent EMCDDA report launched on 14 December (1). The state-of-the-art review presents the results of the largest research project ever carried out in the EU on 'Driving under the influence of drugs, alcohol and medicines' (the 'DRUID' project), which ran between 2006 and 2011 (2). Funded by the European Commission, the project was undertaken by a consortium of 38 partners led by the German Federal Highway Research Institute (BAST).

Around 30 000 people die in traffic accidents in the EU every year, with alcohol still the number one substance endangering lives on Europe's roads (around one quarter of road deaths). The DRUID project assessed the scale of Europe's drink- and drug-driving problem and contributed key evidence to road safety policy. It culminated in 50 project reports, running to several thousand pages. The 50-page EMCDDA review summarises the findings of these reports.

For the first time using comparable data, the project drew a map of the drink- and drug-driving problem across 13 European countries. Over 50 000 car and van drivers were tested in random roadside surveys for traces of 25 substances, including illicit drugs, alcohol and medicines. Alcohol was

detected in 3.5 % of drivers, illicit drugs in 1.9 % and medicines in 1.4 %. Mixtures of drugs or medicines were found in 0.39 % of those stopped and combinations of alcohol with drugs or medicines in 0.37 %. A series of project recommendations are made to counter driving impaired by substance use.

The roadside surveys revealed cannabis (THC) to be the most frequently detected illicit drug in drivers, followed by cocaine and amphetamines. Benzodiazepines were the most frequently found medicine, with medicinal opioids less common. Across Europe, the prevalence of alcohol, cocaine, cannabis and combined substance use was found to be higher in southern and western regions. Medicinal opioids were detected more in northern Europe, while substance use was relatively low in most of the eastern region.

**Brendan Hughes**

1) See p. 7 and news release at [www.emcdda.europa.eu/news/2012/13](http://www.emcdda.europa.eu/news/2012/13)  
 2) For more, see [www.druid-project.eu](http://www.druid-project.eu)

EU DRUG MARKETS REPORT

EU report unveils new trends in smuggling and consumption



For the report, case studies, press and audiovisual materials, see [www.emcdda.europa.eu/events/2013/drug-markets](http://www.emcdda.europa.eu/events/2013/drug-markets)

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The European drugs problem is moving into a new phase: substances and patterns of use that have characterised the drug market for the last 30 years now share the stage with a wide range of newer substances and behaviours. The report describes a European heroin market, for example, which is less important today in global terms, with non-EU heroin markets now larger and easier to penetrate. New cocaine trafficking routes are also emerging. Cocaine concealed in container shipments is becoming more common, and recent major seizures have been made in the Black Sea and Eastern Baltic Sea areas. Here, multiagency working partnerships, placing container traffic in the spotlight, are recommended between customs, port authorities and commercial transport bodies.

Domestic production of herbal cannabis in Europe is underlined in the report as a major challenge for law enforcement. Countries are encouraged to share know-how and to improve monitoring of yields and potency. Recent developments in the synthetic drug market outlined in the report include a bounce-back of ecstasy (MDMA) and increased availability of methamphetamine. Rapid developments in the area of new and synthetic drugs means that Europe needs to scale up its early-warning capacity for new substances.

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PRODUCTS AND SERVICES



EU drug markets report: a strategic analysis

The European drug market is a complex phenomenon, with new realities now emerging to challenge long-held certainties. The EU drug markets report from the EMCDDA and Europol published in January (see pp. 1-2) is the first comprehensive overview of illicit drug markets in the European Union to date. Individual chapters describe today's markets for heroin, cocaine, cannabis, amphetamine, methamphetamine, ecstasy and new psychoactive substances. Each of these opens with key statistics 'at a glance', proceeding to address issues as broad as production, consumer markets, trafficking and organised crime. Adopting an approach which is both pragmatic and applied, the agencies identify key conclusions to inform future policies and actions. The report is an essential reference tool for law enforcement professionals, policymakers, the academic community and the general public.

Available in English, along with press and audiovisual material, at [www.emcdda.europa.eu/publications/joint-publications/drug-markets](http://www.emcdda.europa.eu/publications/joint-publications/drug-markets)



Drug policy profile — Ireland

The national drug policy of Ireland comes under the spotlight in the latest volume in the EMCDDA series of Drug policy profiles published in February. Examining the evolution of Irish drug policy through four periods of historic development, the report explores: the country's national strategies; the legal context within which they operate; the public funds spent, or committed, to implement them; and the political bodies and mechanisms set up to coordinate the response to the problem. The profile sets this information in context by outlining the size, wealth and economic situation of the country as a whole, as well as the historical development of the current policy. Also described is the manner in which events in Ireland bear similarities with, and differences from, developments in other European countries. This EMCDDA series aims to describe some of the main characteristics of national drug policies in Europe and elsewhere in the world. The profiles do not attempt to assess national policies, but instead outline their development and main features.

Available in English, along with press and audiovisual material, at [www.emcdda.europa.eu/publications/joint-publications/drug-markets](http://www.emcdda.europa.eu/publications/joint-publications/drug-markets)



Thematic paper — drugs and driving

The use of illicit drugs and psychoactive medicines amongst drivers, particularly when combined with alcohol, is described in the latest Thematic paper from the EMCDDA. The state-of-the-art review presents the results of the largest research project ever carried out in the EU on 'Driving under the influence of drugs, alcohol and medicines' (the 'DRUID' project), which ran between 2006 and 2011. DRUID culminated in 50 project reports, running to several thousand pages. The 50-page EMCDDA review summarises the findings of these reports (see p. 5).

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

RESOURCES

Events and materials on the drugs issue

Guia de recursos da saúde e dependências This guide to resources and responses in the area of drug addiction in Portugal was published this spring and is now available online in Portuguese. The publication presents a vast and qualified network of institutions operating throughout the country as well as the evolution of the Portuguese drug policy. Also included is a section on international bodies working in the field, where the EMCDDA and its Reltox network are presented.



For more, see [www.eurohrn.eu/](http://www.eurohrn.eu/)

Harm reduction conference

The European harm reduction network (EuroHRN), established in 2010, will hold its 1st European conference on harm reduction from 6-7 October in Marseilles. The meeting will gather the network's members and concerned stakeholders with the aim of: sharing an assessment on the harm reduction situation within Europe; improving the EuroHRN sub-regional networks...

For more, see [www.eurohrn.eu/](http://www.eurohrn.eu/)

Global Addiction 2011

Global Addiction 2011 is an international conference to be held in Lisbon from 5-7 December. The event has evolved from the former European Association of Addiction Therapy conferences, the last of which was held in 2009. Organised by the Global Addiction Network, the 2011 event will bring speakers from around the globe to present on a wide spectrum of topic areas pertinent to addiction and the treatment of addictive disorders. The EMCDDA will participate in a session on 'Innovation and quality'.

For more, see [www.globaladdiction.org](http://www.globaladdiction.org). Organisations wishing to publicise their newsletters, magazines, websites, CD-ROMs or any other resources are invited to contact Kathryn Robertson at [emcdda.europa.eu](mailto:emcdda.europa.eu)

Drugnet layout

Note that the "products and services" page has atypical layout with one wide column and one narrow column, combining the two main layout styles.



DRUGS IN PERSPECTIVE

European drugs problem moves into new phase



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The European drugs problem is moving into a new phase: substances and patterns of use that have characterised the drug market for the last 30 years now share the stage with a wide range of newer substances and behaviours. The report describes a European heroin market,

for example, which is less important today in global terms, with non-EU heroin markets now larger and easier to penetrate. New cocaine trafficking routes are also emerging. Cocaine concealed in container shipments is becoming more common, and recent major seizures have been made in the Black Sea and Eastern Baltic Sea areas. Here, multiagency working partnerships, placing container traffic in the spotlight, are recommended between

DRIVERS OF CHANGE

Globalisation and technology transform drug market



3 million daily cannabis users in the EU and Norway

Globalisation and technology have transformed the modern European drug market into one which is quick to identify opportunities, exploit weaknesses and respond to countermeasures. Multicommodity trafficking, diversified routes and use of commercial transportation options all contribute to the 'changing face of organised crime' portrayed in the report (see also p. 8). Here, partnerships are encouraged with industry to address the misuse of commercial channels for trafficking, as well as with credit card and online payment providers to tackle the Internet drug market by creating barriers to sales. Other action points proposed are that law-enforcement actors prioritise, to a larger extent, intelligence gathering on high-profile individuals and criminal groups.

It is impossible to understand the European drug market without locating it within a global context. The report explores the changing global marketplace (demand for drugs in the developing world) and calls for positive engagement with a larger number of producer and transit countries.

Measuring daily cannabis use

A recent EMCDDA Thematic paper entitled Prevalence of daily cannabis use in the European Union and Norway presents a new overview of this issue in Europe.



3 million daily cannabis users in the EU and Norway

Daily cannabis consumption is defined in the study as use on 20 days or more in the month preceding interview.

Self-reported data regarding the frequency of cannabis use from large, probabilistic, nationally representative samples of general population surveys were collected from 20 countries. This was achieved via two ad hoc data-collection rounds in 2004 and 2007 and one standard data-collection round in 2010. The EMCDDA initiative to understand the prevalence of intensive cannabis use — which is more likely to be associated with harms, including dependence — complements more traditional indicators which measure lifetime, last-year or last-month use.

The analysis offered by the report enhances our understanding of the

marked increases in the demand for treatment associated with cannabis problems over the last 15 years. The study found that, on average, 25 % of last-month cannabis users consume the substance daily. This pattern of use is more prevalent among young adults (15–34 years), who represent around 70 % of daily users, and among males (almost 3.5 male cases to one female case).

The EMCDDA estimates that there are around 3 million daily cannabis users in the EU and Norway. Relatively large country variations in prevalence exist.

Danica Thanki

For more, see [www.emcdda.europa.eu/publications/thematic-papers/daily-cannabis-use](http://www.emcdda.europa.eu/publications/thematic-papers/daily-cannabis-use)

Use of photographs in Drugnet

While placing photographs in the layout, do it carefully and avoid wrong placements shown on this page. The photographs are always placed aligned to the left of the text column. Portrait format photos can have text flow next to them along the right edge, but make sure the text has enough space. Landscape formats should be used to the full column width. The formats of the photos provided can be adjusted to suit the layout, showing the substantial content in detail. Do not deform the photos in any obvious visible way. Black&white photos are used only for illustrative images, while covers and other graphics can be full-colour.



DRIVERS OF CHANGE

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UPDATED 18.5.2013



European Monitoring Centre  
for Drugs and Drug Addiction

# PERSPECTIVES ON DRUGS

## Hepatitis C treatment for injecting drug users

Hepatitis C is the most common infectious disease in injecting drug users, among whom it is usually transmitted through the sharing of injecting equipment such as needles and syringes. Individuals infected with the hepatitis C virus (HCV) often show no noticeable symptoms, and many are unaware that they are carrying the virus. Most of those who become infected go on to develop chronic HCV infection, which can lead to severe health problems in individuals and place a major burden on health care systems. Yet hepatitis C is both preventable and curable, and interventions in this field, particularly in the treatment of hepatitis C, are making rapid progress, largely in response to the development of improved medicines.

**An epidemic of hepatitis C**

Hepatitis C virus infection is highly prevalent in injecting drug users across Europe, with national infection rates among injecting drug users ranging from 18% to 80%. The majority of drug injectors in Europe inject heroin or other opioids, and they constitute an ageing population that includes many older injectors who have been living with hepatitis C for 15 to 25 years. The natural history of chronic hepatitis C virus infection (cirrhosis risk escalates after 15 to 20 years) and the ageing cohort effect in this population mean that a large burden of advanced liver disease can be expected over the next decade.


The sharing of needles and syringes is the key risk factor for acquiring HCV infection, although there is considerable evidence of the infection associated with non-needle/syringe equipment such as cookers, filters, swabs and water (Pouget, Hagan and Des Jarlais, 2011).

**Reducing infections among injecting drug users**

There is substantial evidence to show that retention in opioid substitution treatment reduces injection frequency (Gowing et al., 2008), and that it is most effective in reducing HCV transmission when used in combination with interventions that support safer injection practices (Hagan et al., 2011). Two studies that examined the independent and combined effects of needle and syringe programmes and opioid substitution treatment on HCV incidence concluded that the combined effect of these two interventions resulted in the greatest reductions in HCV transmission (Turner et al., 2011; Van Den Berg et al., 2007).

PODs ON-LINE VERSION AT

[emcdda.europa.eu/html.cfm/index48980EN.html](http://emcdda.europa.eu/html.cfm/index48980EN.html)



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PERSPECTIVES ON DRUGS | Hepatitis C treatment for injecting drug users

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**At least 85 million adult Europeans have used an illicit drug at some point in their lives, representing around a quarter of Europe's adult population**

**Perspective On Drugs**

This is another EMCDDA newsletter, but unlike Drugnet, it uses a unified on-line publication layout. For details about on-line publication layouts, please see the next section of this Technical Annex. This page shows the construction of the Perspectives On Drugs publication title page.

Modelling studies have been used to provide insight into the potential effectiveness of different hepatitis C interventions. These show, for example, that it may be difficult for opioid substitution treatment and high-coverage<sup>1</sup> needle and syringe programmes to achieve substantial reductions in hepatitis C prevalence. Modelling the scale-up of both interventions for the United Kingdom (with 40% baseline chronic hepatitis C prevalence among the target population) shows that they are unlikely to decrease substantially the prevalence of chronic hepatitis C after 10 years, unless the coverage of each intervention is increased to 80% or over (Vickerman et al., 2012).

**Hepatitis C treatment as prevention**

Reducing HCV prevalence and transmission is a key public health target, and this can benefit from investigation of the feasibility and possibility of scaling up hepatitis C treatment for injecting drug users in Europe, alongside exploring models of how this scale up can be put in place and evaluated. Emerging advances in the treatment of hepatitis C, including the use of direct-acting antiviral agents and interferon-free treatment regimes (see box), alongside a growing evidence base for the effectiveness of the existing strategies as described above, indicate the potential to treat hepatitis C among injecting drug users. Furthermore, modelling studies point to the possibility of reducing the transmission of the virus among injecting drug users (Martin et al., 2011) through hepatitis C therapy, with one study suggesting a 13% reduction in hepatitis C prevalence over 10 years as a result of treating 10 infections per year per 1 000 injecting drug users in injecting drug use populations with 40% prevalence.

**Strategies to improve treatment and care**

There is international recognition of the need for a more inclusive and comprehensive approach to hepatitis C treatment to increase the availability and uptake of treatment among injecting drug users. In spite of the burden of disease and recent improved treatment outcomes for hepatitis C patients, available data show treatment uptake to be very low in this group. There are a number of reasons why this might be the case.

Practitioners cite concerns of adherence, risk of exacerbation of psychiatric disorder and the potential for reinfection after treatment as reasons for not assessing or treating HCV in injecting drug users (Edlin et al., 2001; Soriano et al., 2002). Furthermore, on the part of patients, poor knowledge about HCV/treatment availability, the absence of noticeable symptoms (Grebely et al., 2011) and the perceived side effects of treatment (Swan et al., 2010) are considerable barriers for accessing HCV care. Finally, up until recently current drug injecting was an exclusion criterion for receiving

government-funded hepatitis C antiviral treatment in a number of European countries. This barrier however, is being removed, with most revised clinical guidelines allowing for the treatment of HCV in injecting drug users.

Similar to the comprehensive responses that have been put in place to control the HIV epidemic, a multidisciplinary response to HCV is required. This would need to include the provision of testing, the co-location of HCV and opioid substitution treatment, and mental health care. In addition, use of case management, support services and provider education and training would need to be considered to improve hepatitis C care and enhance treatment uptake and adherence for injecting drug users. Finally, an increased focus on improving patients' education about the long-term consequences of HCV-related liver disease and the availability of effective treatment would be important components for expanding HCV assessment and treatment for this population group.

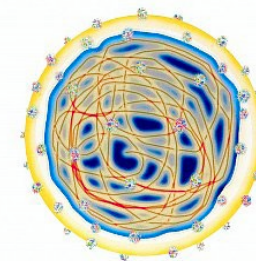
**Conclusion**

This POD draws attention to the high levels of HCV infection among injecting drug users, both as an urgent public health priority, and as a field that has recently seen major advances in medical interventions. If hepatitis C treatments for injecting drug users are to be effective, they will need to be embedded in and delivered as part of a comprehensive package of interventions. The design and assessment of these responses, however, will require improvements in the access to and quality of information on the uptake of hepatitis C treatment among injecting drug users. An important area for future investigation will be to review the uptake of hepatitis C treatment among drug injectors, and identify and challenge any barriers that prevent them from receiving an adequate and equitable service.

**New recruitment into heroin use now appears to be on the decline**

**Facts and figures**

- Hepatitis C is a liver disease caused by the hepatitis C virus (HCV)
- The incubation period for hepatitis C is 2 weeks to 6 months; following initial infection, approximately 80% of people do not exhibit any symptoms
- Approximately 150 million people worldwide have chronic HCV infection\*
- Between 18% and 80% of injecting drug users in Europe are infected with HCV
- About 75–85% of newly infected individuals develop chronic disease and 60–70% of those with chronic HCV infection develop chronic liver disease; 5–20% develop cirrhosis and 1–5% die from cirrhosis or liver cancer. In 25% of liver cancer patients, the underlying cause is hepatitis C



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\*Source: WHO (2012), Hepatitis C. Fact sheet 164.

**Current treatment and new hepatitis C medicines**

The goal of treatment is to eradicate hepatitis C virus (HCV) infection in order to prevent the complications of HCV-related liver disease, including fibrosis, cirrhosis, cancer and death. The standard of care for hepatitis C treatment is injectable pegylated-interferon-alpha (peg-IFN-alpha) 2a or 2b combined with ribavirin oral therapy, so-called peg-IFN-riba. However, much research has been conducted into new hepatitis C medicines, predominantly focusing on two areas: (i) treatments that target the virus and (ii) interferon-free regimes.

Direct-acting antiviral agents target particular stages in the life cycle of the virus in order to stop it from being able to replicate. There are two main areas of research in this field. The first is concerned with drugs or therapies, known as protease or polymerase inhibitors, which block particular proteins on the virus. The second area of research involves drugs that interfere with the genetic structure of the virus. Research is currently being carried out into inhibitors that can interrupt the activity of the enzymes linked with the replication of the hepatitis C virus.

Since 2011, direct-acting antiviral agents have been considered as the standard treatment option for hepatitis C (administered in combination with

peg-IFN-riba). The two most widely used are telaprevir and bocoprevir. However, the costs of antiviral medicines remain high – potentially presenting a barrier for individuals wishing to initiate or continue hepatitis C treatment.

There are many new hepatitis C medicines in the pipeline, often showing promising results, and entering phase II and III clinical trials. These new hepatitis C treatments aim to improve on the older treatment regimes in a number of ways. They can be taken orally rather than injected; they are taken once a day rather than two times a day or more; the side-effects of the medication are likely to be significantly reduced; and treatment has a shorter duration – it is expected that a sustained virological response in 90% to 100% of patients will be achieved within 12 weeks, much faster than in current treatment regimes. It is hoped that these improvements will both increase uptake of treatment and facilitate retention in treatment.

The possibility of developing a therapeutic vaccine, which would prevent the development of chronic HCV infection following repeat exposures is feasible and being investigated, although a long way off at present, according a recent review (Grebely et al., 2012).

**Perspective On Drugs layout**

For details about the Perspective On Drugs layout, please see on-line publication layouts, the next section of this Technical Annex.

## **ONLINE PUBLICATIONS**

### On-line publications cover example

Some of the EMCDDA publications are on-line versions only. These are always A4 in format and combine two-columns and one-column layout. As they are to be viewed on the monitor or printed on a desk-top printer, the pages are unified with matching margins (there are no spreads). The final outcome is a PDF format to be shared on-line or viewed in on-line publishing format, such as Issuu.

This part of the technical annex shows the on-line publication version of the Risk Assessments which always uses the EMCDDA secondary red as its main colour. The following pages show the layout specifications for this on-line publication.

The following pages describe the layout dispositions, colours, typography and graphic element use. **Please use the Adobe InDesign template and note the object, character and paragraph styles imbedded in the document.**



European Monitoring Centre  
for Drugs and Drug Addiction

RISK ASSESSMENTS

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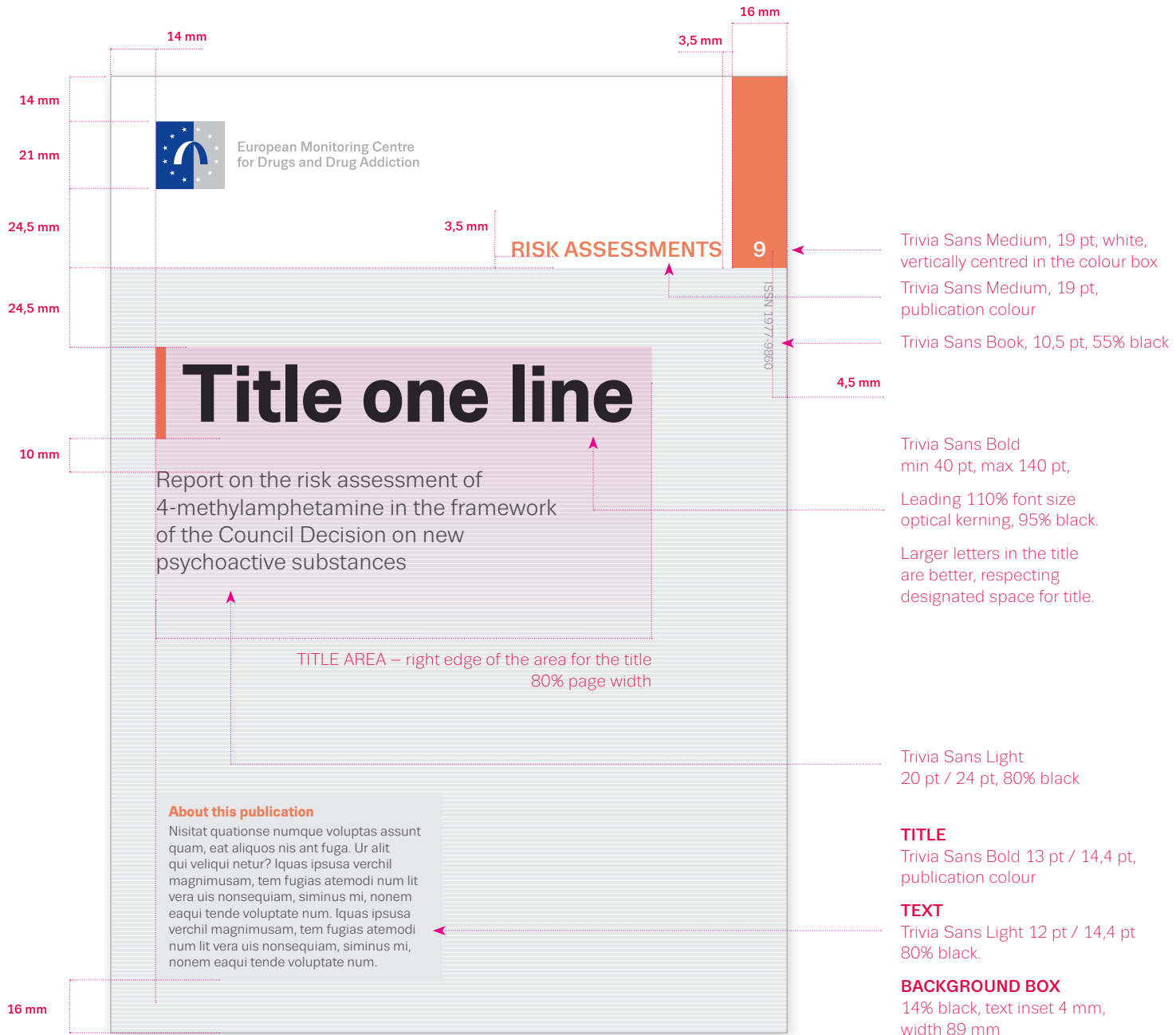
ISSN 1977-3960

# Title one line

Report on the risk assessment of  
4-methylamphetamine in the framework  
of the Council Decision on new  
psychoactive substances

#### About this publication

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**Title page specification**

This page shows the various proportions that the title page must respect. The Title page data is supplied in Adobe InDesign template which should be used for the laying out of all the publications. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

**Layout spread – one column**

The one-column layout is used mainly for pages like Contents, Acknowledgements, Preface and Foreword. However, it can also be used when the content provided is too complex with a lot of separate graphics and imagery, as it is much easier to work with. The one-column layout is also used to accommodate large tables. During the process of layouting, white spaces may sometimes occur. These are to be left in the layout as they provide some dynamics and help the layout to “breathe”..

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 6 levels of headlines including the main Chapter Title Headline. Please make sure the Headlines are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Headline before the end of a column, optimum is 5 and more).

Graphics in the layout are placed on full width of the column space as shown on the next page.

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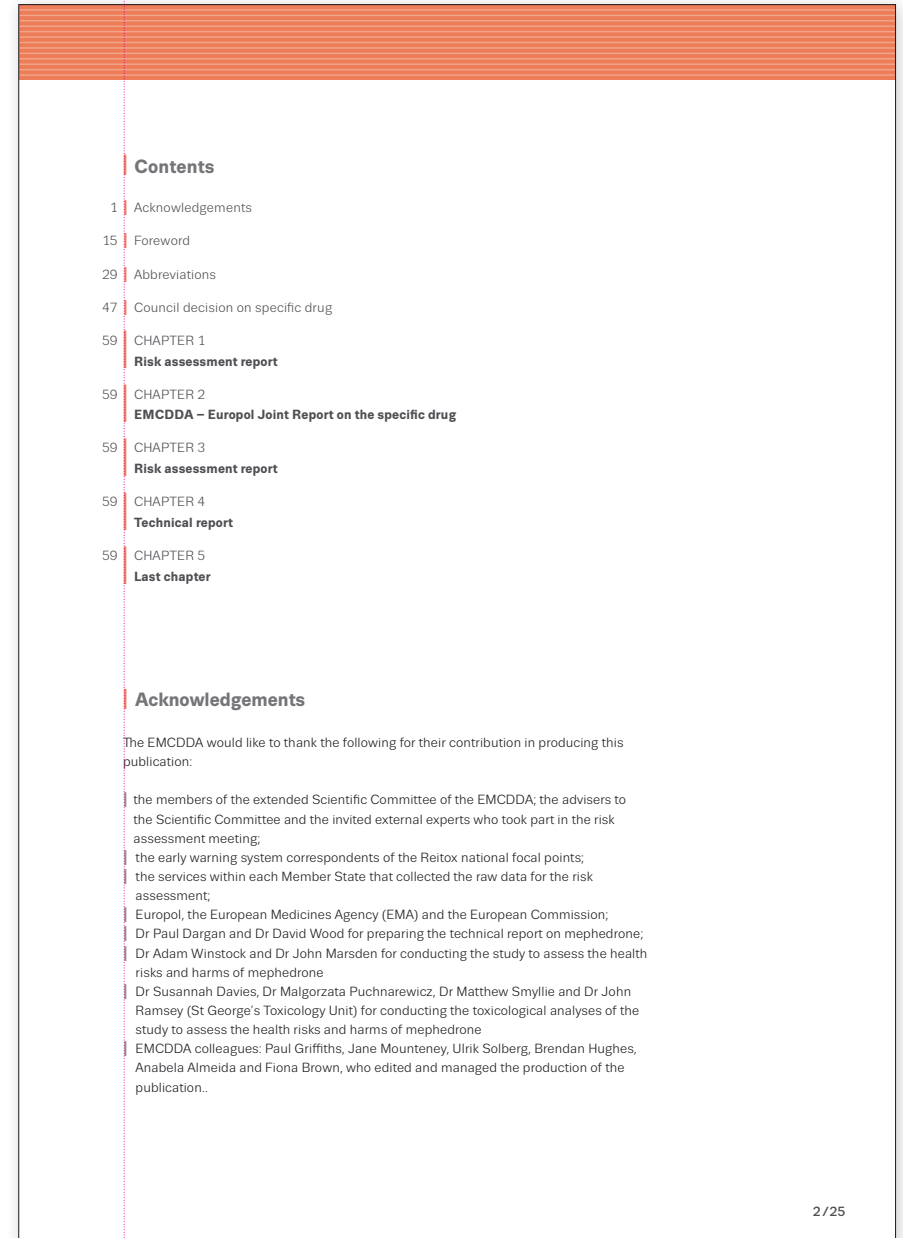
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**Foreword**

It is with great pleasure that I present this comprehensive publication, which contains the data and findings of the risk assessment on mephedrone. The European Union has responded to concerns over the availability and use of this stimulant drug by assessing the health and social risks of the substance and, consequently, subjecting it to control measures across the EU Member States. The decision of the Council to control mephedrone was adopted in the final stage of a three-step mechanism set up by Council Decision 2005/387/JHA — on the information exchange, risk assessment and control of new psychoactive substances — designed to respond to potentially threatening new psychoactive drugs in the EU.

The Risk assessment report on mephedrone, which was submitted to the European Commission and the Council of the European Union on 26 July 2010, examines the health and social risks of the drug, and considers the potential implications for placing the drug under control in the EU. On the basis of this report — and on the initiative of the Commission — on 2 December 2010, the Council decided that mephedrone is to be subject to control measures.

I would like to acknowledge the contribution and thank the members of the EMCDDA extended Scientific Committee, the EU Member States experts, the European Commission, Europol, the European Medicines Agency (EMA) and the EMCDDA, who participated in the formal risk assessment meeting, which took place on 15 July 2010 at the EMCDDA in Lisbon. The resulting report is a valuable contribution at European level, which gives clear support to political decision-making. Furthermore, I would like to recognise the excellent work done in preparing the risk assessment by the networks of the EMCDDA, Europol and the EMA — the Reitox national focal points, Europol national units and the national competent authorities responsible for medicinal products — who once again played an essential role in collecting and providing national data, thus completing this truly multidisciplinary effort.

Mephedrone is the second substance after BZP to be risk-assessed and subsequently controlled under Council Decision 2005/387/JHA. Such concrete results at technical and political level confirm the effectiveness of the rapidresponse mechanism and provide the Commission with useful insight and concrete information for the ongoing assessment of the functioning of Council Decision 2005/387/JHA, as foreseen by the EU Drugs Action Plan for 2009–12.

**Wolfgang Götz**  
Director, EMCDDA

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**Abbreviations**

<b>ENU</b>	Europol national units
<b>EWS</b>	early warning system (EMCDDA–Europol)
<b>FMC</b>	fluoromethcathinone
<b>FSS</b>	Forensic Science Service (UK)
<b>GC-MS</b>	gas chromatography-mass spectrometry
<b>GCS</b>	Glasgow Coma Scale
<b>GBL</b>	gamma-butyrolactone
<b>GHB</b>	gamma-hydroxybutyrate
<b>ICD</b>	International Classification of Diseases (WHO)
<b>IUL</b>	International units per litre
<b>IUPAC</b>	International Union of Pure and Applied Chemistry
<b>Ket</b>	ketamine
<b>LC-MS/MS</b>	liquid chromatography-mass spectrometry tandem mass spectrometry
<b>MC</b>	methcathinone
<b>mCPP</b>	1-(3-chlorophenyl)piperazine
<b>MDAI</b>	5,6-methylenedioxy-2-aminoindane
<b>MDMA</b>	3,4-methylenedioxymethamphetamine
<b>MDPV</b>	3,4-methylenedioxypropylvalerone
<b>MeOPP</b>	methoxyphenylpiperazine
<b>mmHg</b>	millimetres of mercury
<b>mmol/L</b>	millimetres per litre
<b>No</b>	normephedrone (4-methylcathinone)
<b>NPIS</b>	National Poisons Information Service
<b>np-SAD</b>	national programme on substance abuse deaths (UK)

16 mm



### Layout spread – two columns

Although On-line Publications combine one-column and two-column layouts, it is the two-column that dominates. Unlike the EDR layout, most graphics flow with the text and are placed within the column space. When this is not the case, the larger graphics have to be placed together with relevant text content, which can be a bit tricky sometimes. So please plan the layout carefully, read the text where necessary and lay out the graphics on the same spread as the content-related text. During this process, white spaces may sometimes occur. These are to be left in the layout as they provide some dynamics and help the layout to “breathe”..

The text flow should be laid out with careful attention. The layout text is justified left without hyphenation and has 6 levels of headlines including the main Chapter Title Headline. Please make sure the Headlines are never too close to the bottom of a column (minimum of 2 lines of body text must be under any Headline before the end of a column, optimum is 5 and more).

Graphics in the layout are placed either on full width one-column or full width two-column space as shown on this spread.

## CHAPTER 1

# Risk assessment report of a new psychoactive substance: 4-methylmethcathinone (mephedrone)

### Introduction

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At the core of this definition lies the notion of representation, which by individuals and peer groups speaking out foOlessus, que si odit entur aut aut ommodis inctoratia es dolor sequeae es rerae poris vellecabo. Cia quia isque eaque pella qui diciis preropere estis eatatio. Min rectur maioria velis am voluptaque esto am nonest est, quam faceris unt mo consequi blam hicient etur si renam audae mos non parumquatem quatiam voluptatqui qui cum fugias estibea quia quibus vel idustiorro mi, omni ut facipis di doluptint moditate dunt<sup>(1)</sup>.

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<sup>(1)</sup> According to the definition provided by the Council Decision, a ‘new psychoactive substance’ means a new narcotic drug or a new psychotropic drug in pure form or in a preparation; ‘new narcotic drug’ means a substance in pure form or in a preparation that has not been scheduled under the 1961 United Nations Single Convention on Narcotic Drugs, and that may pose a threat to public health comparable to the substances listed in Schedule I, II or IV; ‘new psychotropic drug’ means a substance in pure form or in a preparation that has not been scheduled under the 1971 United Nations Convention on Psychotropic Substances, and that may pose a threat to public health comparable to the substances listed in Schedule I, II, III or IV.

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RISK ASSESSMENTS | Mephedrone Chapter 1

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RISK ASSESSMENTS | Mephedrone Chapter 3

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TABLE 12  
Mixmag Internet survey, 2010

	Ever used (percentage)	Used last year (percentage)	Used in last month
Cannabis (any)	93	70	54.4
Ecstasy (any)	91	80	53.1
Cocaine (powder)	86.7	83.1	47.4
Mephedrone	41.7	37.3	33.6
Amphetamine (speed/base)	72	30.1	14.7 <sup>(1)</sup>

Source: Winstock, A., 2010.  
(1) Em qui repudaerchil molupta dundae et eic te oexria

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**PARTICIPANTS**

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**HEADLINE**

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**TEXT**

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**Layout – special pages**

Aside of the standard layout versions described on previous pages, on-line publications also contain special pages. These are generally in the back and contain Annexes or References. Please see this page for example of References.

References

**Participants in the risk assessment process**

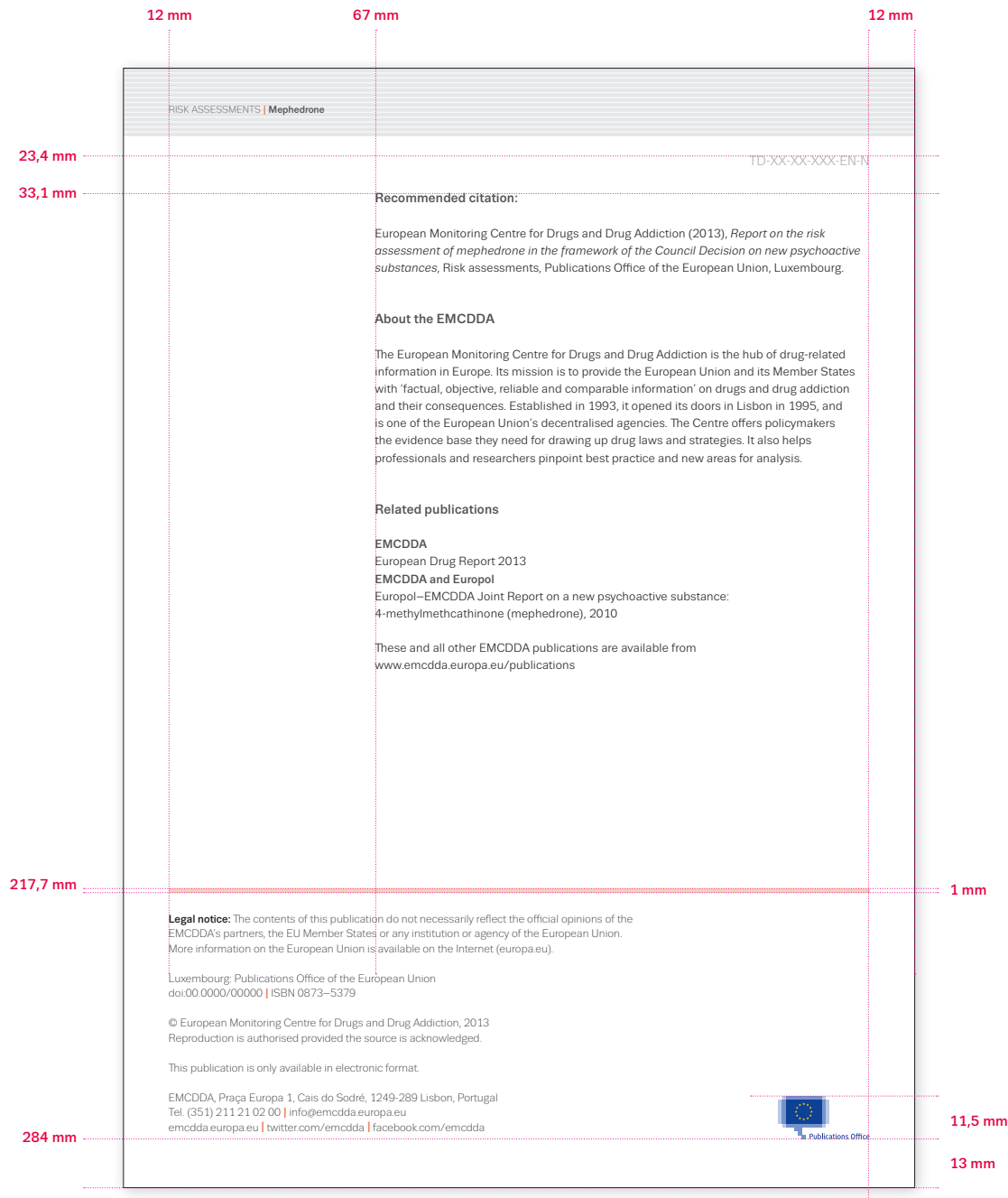
**EMCDDA Scientific Committee**

- Prof. Michael Farrell, Chair, National Addiction Centre, King's College London, United Kingdom
- Prof. Gerhard Buehringer, Addiction Research Unit, Department of Clinical Psychology and Psychotherapy, Technische Universität Dresden, and Institut für Therapieforschung (IFT), Munich, Germany
- Prof. Irmgard Eisenbach-Stangl, European Centre for Social Welfare Policy and Research, Vienna, Austria
- Prof. Björn Hibell, Swedish Council for Information on Alcohol and other Drugs, Stockholm, Sweden
- Dr Matthew Hickman, Department of Social Medicine, University of Bristol, Bristol, United Kingdom
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- Prof. Krzysztof Krajewski, Department of Criminology, Jagiellonian University, Krakow
- Dr Fernando Rodríguez de Fonseca, Fundación IMABIS, Hospital Carlos Haya, Málaga, Spain
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- Dr Leslie A. King, UK focal point, United Kingdom
- Dr Raymundus J.M. Niesink, Trimbos-Institute for Mental Health and Addiction, Utrecht, Netherlands
- Dr John Ramsey, TICTAC Communications Ltd, St. George's University of London, United Kingdom

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**PUBLICATION NUMBER**

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**HEADLINE**

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80% black

**TEXT**

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100% black

**DIVIDER LINE**

1 mm thick, 40% publication colour

**Layout – last page**

The last page has a unified layout and should be used consistently. The data is supplied in Adobe InDesign template which should be used for the laying out of all the publications. Make sure none of the elements are moved out of place in the process and in case this occurs, use the quotas in this technical annex to correct the layout.

**SERIES**

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**PUBLICATION TITLE**

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**CHAPTER NUMBER**

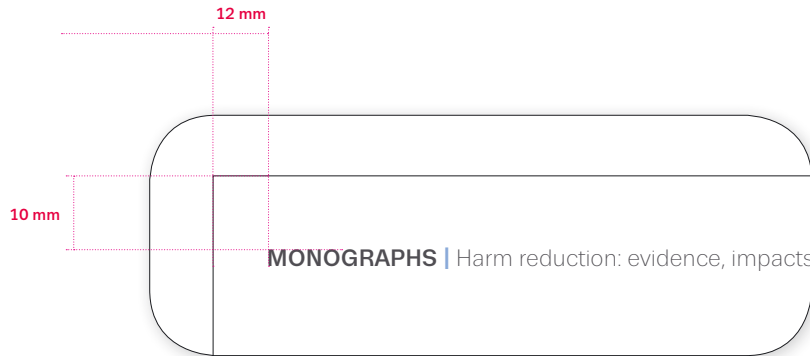
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**VERTICAL COLOUR LINE**

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adjustment, baseline shift -0,75 pt,  
(colour based on the Series)

**PAGINATION**

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**Headers and pagination**

RISK ASSESSMENTS | Mephedrone Chapter 3

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**TABLE 12**  
**Mixmag Internet survey, 2010**

	Ever used (percentage)	Used last year (percentage)	Used in last month
Cannabis (any)	93	70	54.4
Ecstasy (any)	91	80	53.1
Cocaine (powder)	86.7	83.1	47.4
Mephedrone	41.7	37.3	33.6
Amphetamine (speed/base )	72	30.1	14.7 <sup>(1)</sup>

**Source:** Winstock, A., 2010.  
(1) Em qui repudaerchil molupta dundae et eic te exeria

10/25

## **PUBLICATIONS OVERVIEW**

## 8.6.01 TECHNICAL ANNEX | Printed publications headers

### SERIES

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### PUBLICATION TITLE

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### CHAPTER NUMBER

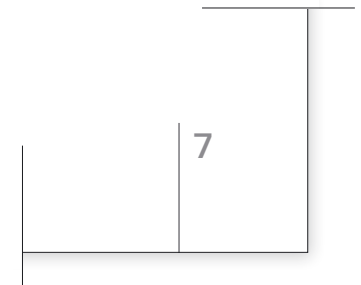
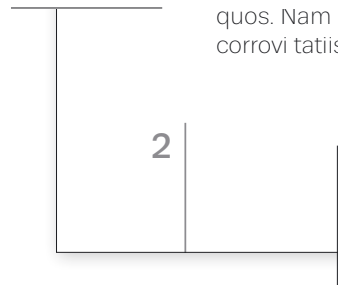
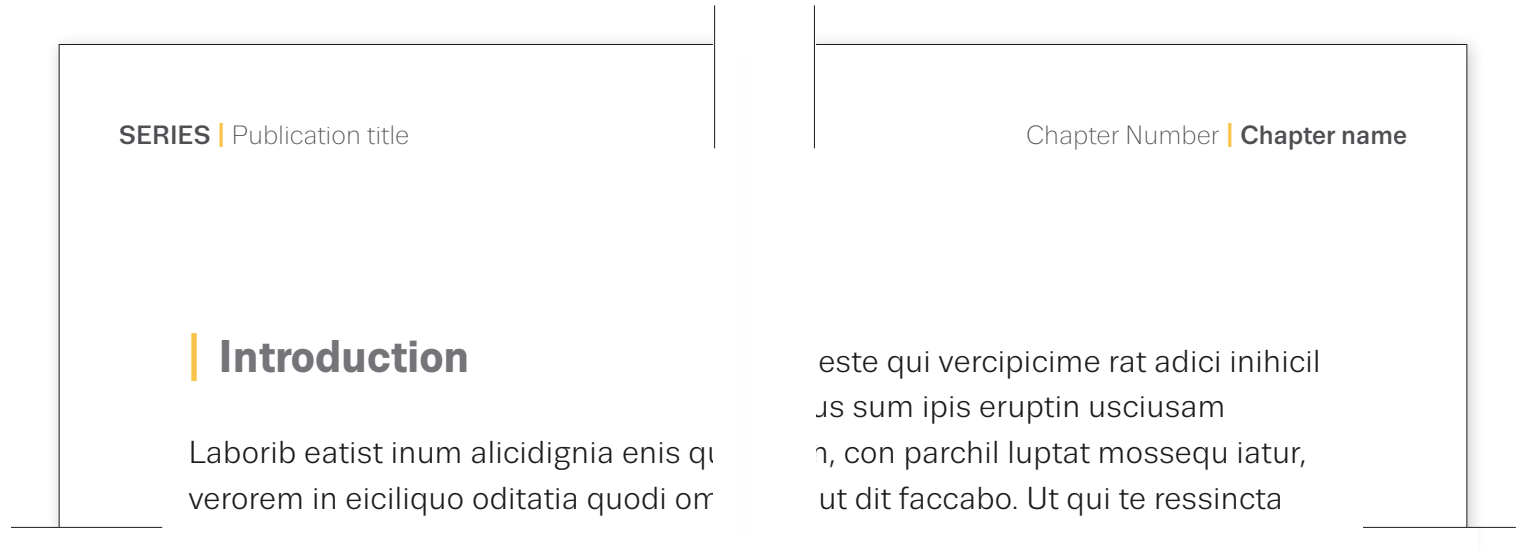
Trivia Sans Light, 7,5 pt, 80% black

### CHAPTER NAME

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### VERTICAL COLOUR LINE

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### Printed publications headers

The Headers and pagination of the printed publications belonging to Series' publications have unified prescribed design. The Headers of non-Series publications have slight differences. The next page shows examples of various publication Headers for comparison.

Please always use data templates provided or consult with this manual on the specific publication you are working on. The Headers and pagination styles are fixed and are not to be changed or misplaced.

### PAGINATION

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### VERTICAL LINE

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<p>European Drug Report 2013: Trends and developments</p>	<p>Chapter 1   Drug supply in Europe</p>
<p><b>FIGURE 1.1</b></p>	<p><b>FIGURE 1.4</b></p>
<p>Number of reported seizures by country (left), and proportion of seizures for the main drugs (right), 2011</p>	<p>Quantity of cannabis resin (left) and herbal cannabis (right) seized, 2011</p>

**EUROPEAN DRUG REPORT**

<p>General Report of Activities 2012</p>	<p>Chapter 1   Executive summary</p>
<p>2011 also saw important developments in the Centre's collaboration with ESPAD (European School Survey Project on Alcohol and Other Drugs). The EMCDDA hosted</p>	<p>In the area of emerging trends, the agency published a policy briefing called Khat use in Europe: implications for European policy. A trendspotting group was also set up to</p>

**GENERAL REPORT OF ACTIVITIES**

<p>Publication title</p>	<p>Chapter 1   Chapter name</p>
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**JOINT PUBLICATIONS**

<p>MANUALS   Guidelines for the evaluation of drug prevention</p>	<p>Chapter No.   Chapter title</p>
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**SERIES / MANUALS**

<p>MONOGRAPHS   Harm reduction: evidence, impacts and challenges</p>	<p>Chapter 1   Harm reduction and the mainstream</p>
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**SERIES / MONOGRAPHS**

## 8.6.02 TECHNICAL ANNEX | On-line publications headers

### SERIES

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7,5 pt, 80% black

### PUBLICATION TITLE

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### CHAPTER NUMBER

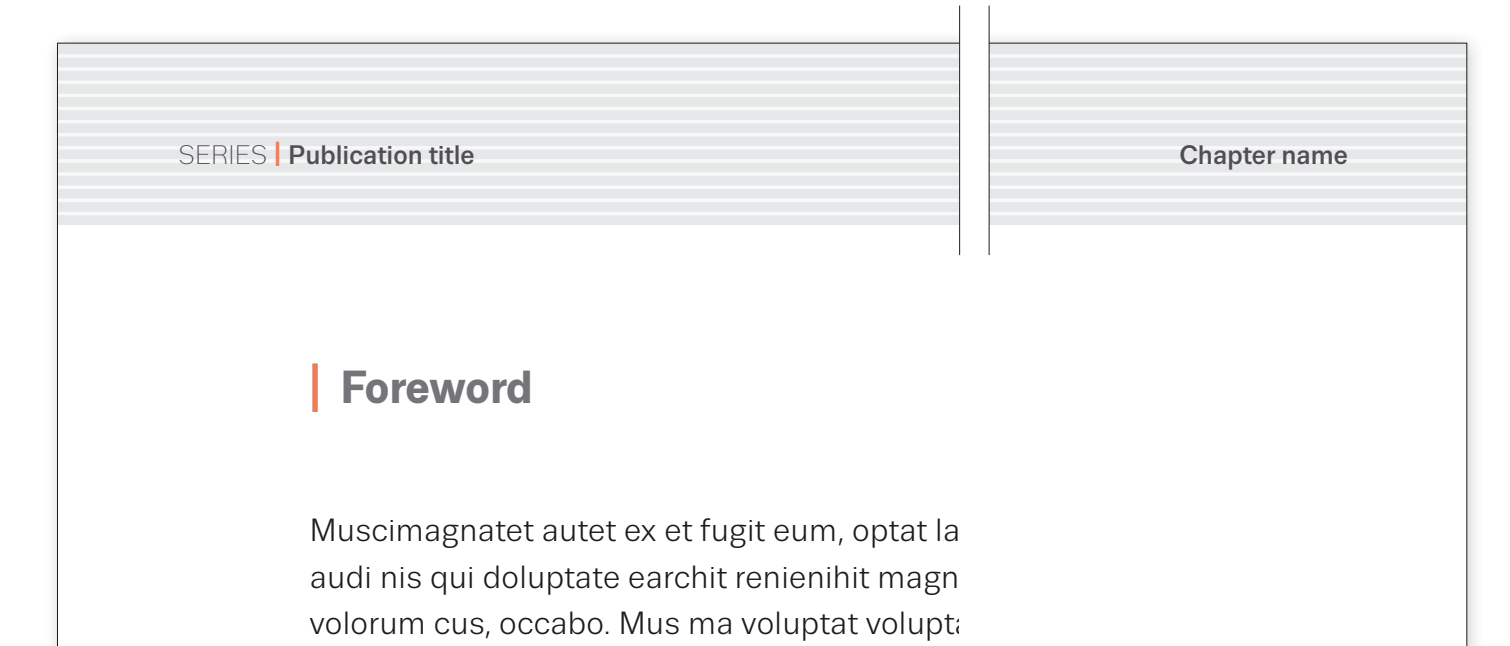
Trivia Sans Light, 7,5 pt, 80% black

### CHAPTER NAME

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### VERTICAL COLOUR LINE

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adjustment, baseline shift -0,75 pt,  
(colour based on the Series)



### On-line publications headers

The Headers and pagination of the On-line publications belonging to Series' publications have unified prescribed design. The Headers of non-Series publications have slight differences. The next page shows examples of various publication Headers for comparison.


Please always use data templates provided or consult with this manual on the specific publication you are working on. The Headers and pagination styles are fixed and are not to be changed or misplaced.

### PAGINATION

Trivia Sans Medium, 9 pt, 80% black

PERSPECTIVES ON DRUGS | Hepatitis C treatment for injecting drug users

**Facts and figures**



RISK ASSESSMENTS | Mephedrone

Abbreviations

**Abbreviations**

Annual work programme 2014

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JOINT REPORTS | Title

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Three-year strategy and work programme 2016–18

aut quis sed ut dis dollab idit, il ipsam fugiatu reped ullauda de eumquasped que nat volupta dolupta turemqui unt odi beaqui

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IMPLEMENTATION REPORTS | Title here

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Recommended citation:

EMCDDA PAPERS | Drug policy advocacy organisations in Europe

**Executive summary**

the languages that were used in the Internet searches. Almost half of the organisations, (105, 48%), were located in countries

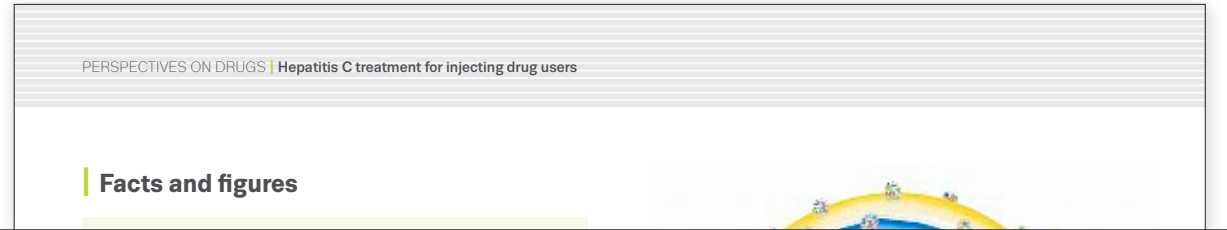
**Contents**

**INTRODUCTION**

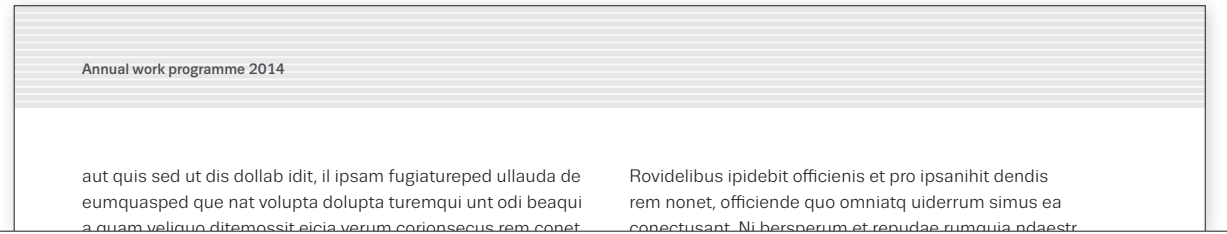
**MAIN AREAS OF WORK IN 2014**

## 8.6.03 TECHNICAL ANNEX | List of all publications

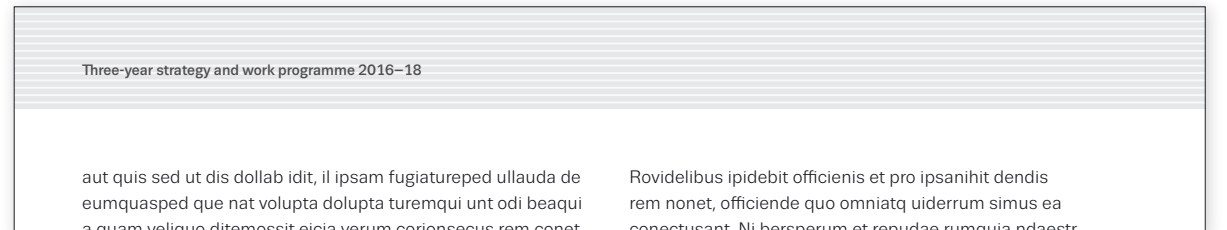
### Perspectives on drugs – A4 format



### Annual work programme – A4 format



### Three-year strategy and work programme 2016–18 – A4 format

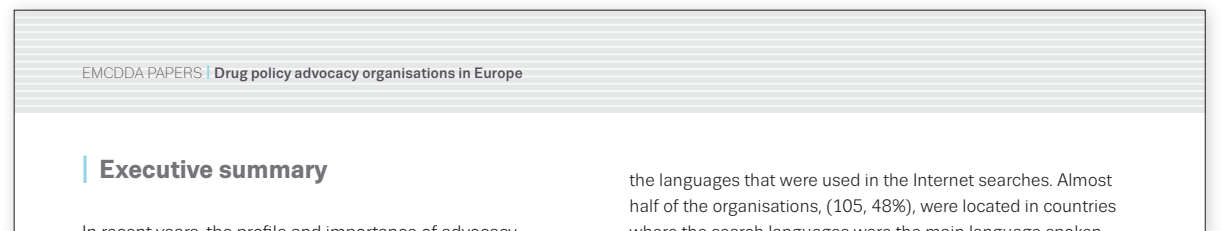


### List of on-line publications and formats

This spread shows examples of various on-line publications and their formats.

Please always use data templates provided and/or consult with this manual on the specific publication you are working on.

### EMCDDA Papers – A4 format



### Risk assessments – A4 format

RISK ASSESSMENTS   Mephedrone	Council Decision
<p>(7) Mephedrone is currently not under assessment and has not been under assessment by the United Nations system. Eleven Member States control mephedrone under drug</p>	

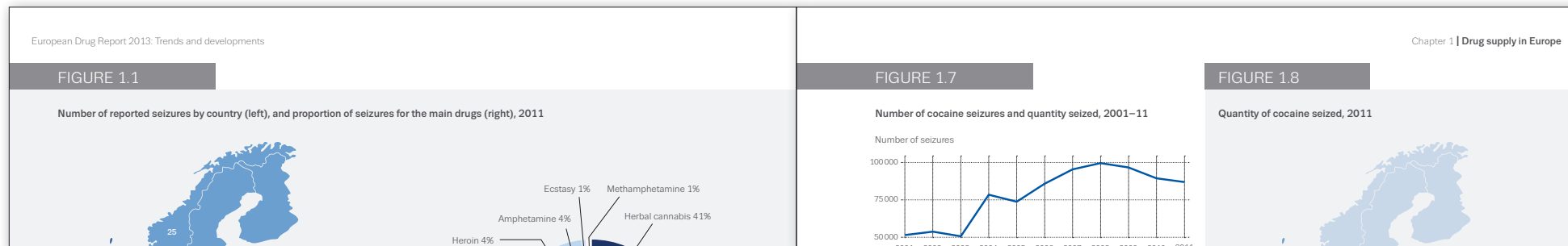
### Joint reports – A4 format

JOINT REPORTS   Title	
<p>Anihil isti aperias imolore reperion et doluptat laut etum, aut volestius que nitatur, qui nusapit repudia volut latquisition excearum dit pliatquat</p>	<p>Ebit re, omnihit velecus cuptas eius qui volorero et ra iuntur remporibus. Turios a quunt lanima dolorrum et haria vent asitae nis alitatio maxime ea qui consedis il esed ention por si</p>

### Implementation reports – A4 format

IMPLEMENTATION REPORTS   Title here
<p>  Foreword</p>

European Drug Report – A4 format



General Report of Activities – A4 format

General Report of Activities 2012

Chapter 1 | Executive summary

2011 also saw important developments in the Centre’s collaboration with ESPAD (European School Survey Project on Alcohol and Other Drugs). The EMCDDA hosted the 2011 annual ESPAD project meeting, also signing a joint statement to scale up cooperation between the two parties.

Another highlight for 2011 was the launch of the EMCDDA and European Centre for Disease Prevention and Control (ECDC) joint guidance called Prevention and control of infectious diseases among people who inject drugs during the drug-related infectious 14

In the area of emerging trends, the agency published a policy briefing called Khat use in Europe: implications for European policy. A trendspotting group was also set up to enhance the Centre’s capacity for monitoring new topics. The first meeting of the group, focusing on heroin, took place in Lisbon in October. A meeting on wastewater analysis was organised in January, and a new website page was launched to disseminate the EMCDDA’s activities in this area.

Work to improve Europe’s capacity to monitor and evaluate policies was enhanced in

List of printed publications and formats

This spread shows examples of various printed publications and their formats.

Please always use data templates provided and/or consult with this manual on the specific publication you are working on.

Joint publications – A4 format

<p>Publication title</p> <p><b>Gitat aligeni asitae eatis qui poruptat pelestr uptat.</b></p> <p>Evendi quos niendaectate odi quatet lam reptas atis varrovitio. Enerovit aut et adit. sim inicabor sitatur.</p>	<p style="text-align: right;">Chapter 1   Chapter name</p> <p>et facilis que odi des sequi totateniene volut aceaqui resto maionseed que dolorro ma qui ommodipid molendem inim sam nobis anda dolor re seque non re si ius mi, nos commis dolo horum fugit valluptae vel ium voloreri quisquam.</p> <p>cum ipis magnati aspelibus volupta non consentio. Itatum et desequis et quis endae sus, ut offic tendipsam re pre es dusaped ea eum, aut ipicto ium, corerspiss est, occatet la dem anienis itatenimi. officil inume deseque placum.</p>
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Insights – A4 format

<p>INSIGHTS   Name of publication</p> <p>Nistrumquas moloruptam quiaae commo omnit volupta con non corione perum as dunte voluptur mos aut ma simoluptate nation renda nissit la con rectur ad ene dit, istrundanis rem quidupto miavell uptatibeat explibus.</p>	<p style="text-align: right;">Chapter 1   Chapter name</p> <p>volupta tisquam velenim quiatius ipsam fuga. Ulparciatur? Sectura a alis nectem natenis a nossime cone nimet as excerna tendebit harum illa volupiciis dis es dolorestia verit laboritat utem laudis el magnimagnam ipsam eatruil.</p> <p><b>Natus vendeseria velia voluptat.</b></p> <p><b>Elluptaest volorem et quos inctius.</b></p>
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TABLE 1  
Mixmag Internet survey, 2010

Ever used (percentage)	Used last year (percentage)	Used in last month

Manuals – format 210mm x 210mm

<p>MANUALS   Publication title</p> <p>Picilis rehendum in reprept atibusdae commimintem dolorum conecate prae quas rese cus dipiciatum nem nim qui voluptam harchitatur. Officienis am con explign iendit voloreh enditis dis mintis accum anis autemquis evelibus in es eum autempe reiumquas int labore, si blandigni non ex exerum fuga. Cum eumquodist, sequati simo quas et exerferat. Ehendia mustem. Itatum labo.</p>	<p style="text-align: right;">Chapter 1   Chapter name</p> <p>Acimintem ati blaut voluptat labo. Hitem nonet ipienimo viduntia dolori doluptam rem ut verum expelite doluptatem remperc hilibus eosapiendus, quistia dolent oditio. Icipsam volut omnimos quatiunda cullaborro exceatur alis sit, sa quistibusa id moluptae pelitam qui di tet venihicatia ni debitieme con placea sed es eum lic totatur, volorio ribusanienis dendite adi inicto bea doluptatia nistiae cones.</p> <p>Sit venestiant ut qui sim qui ommodis voluptaspel in name voles modi di omnis acero molupta voloreium rectotatem facerum eium rendenda nis et volut volora non con eari conseqe connihil molorum fuga. Nem. Temporp orepero bere omnis asimil mi, tenihilit, cor sum ilit ut landi voloratam, natiatia ditas denduci liciet quas de dis sinulla tectios venimus ciento volorum ut etur? Qui corum quam.</p>
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Monographs – 160mm x 240mm

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