



European Monitoring Centre
for Drugs and Drug Addiction



Drogues : combler le fossé entre médecine, politique et société

Drugs: bridging the gaps between medicine and politics

Marica Ferri, PhD

Head of Sector, Support to Practice

EMCDDA



The problem



Why drug policies are special?

Ethical principles change at a slower pace than reality,

Context changes faster than research results,

Policy is quick, evaluation is slow

Drugs related problems can be life long challenges



Quotes



“Drugs are often spoken of in terms of their physical or psychological ‘effects’.

In turn, they are generally treated as the **origins or causes of other entities**, crime being perhaps one of the most widely assumed. In this respect, beyond the commonplace observation that drugs as substances have ‘effects’ in the body and on society, we can also say that the idea of drugs (their malign powers, their ability to corrupt and so on) itself has effects—at the level of politics and discourse.” (Frazer 2011)

Being ethically intelligent doesn't just mean knowing what is right; it also means **having the courage to *do*** what is right (Weinstein, 2011)



The opportunities



Revamped interest in evaluation;

Technological driven opportunities;

Climate change and COVID 19 increased pressure on decision-making;

New mandates

Research to Action
The Global Guide to Research Impact

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Uncategorized

Powered by Evidence podcast by GEI

By Isobel Fisher 24/05/2023

The Powered by Evidence podcast is a fascinating resource for anyone interested in learning more about public policies powered by evidence and the impact that they achieve. Hosted by Dugan Fraser at the Global Evaluation Initiative (GEI), the podcast invites experts from the GEI network – and other special guests – to explore new ideas and revisit challenges still un-solved in implementing monitoring and evaluation programs and systems.

Whether you are an evaluator, a policymaker, a researcher or just have interest in the value of evidence for your work, join the conversation and [start listening to Powered by Evidence now!](#)

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A shared view



Target

3.5

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Indicators ▲

3.5.1

Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

3.5.2

Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol



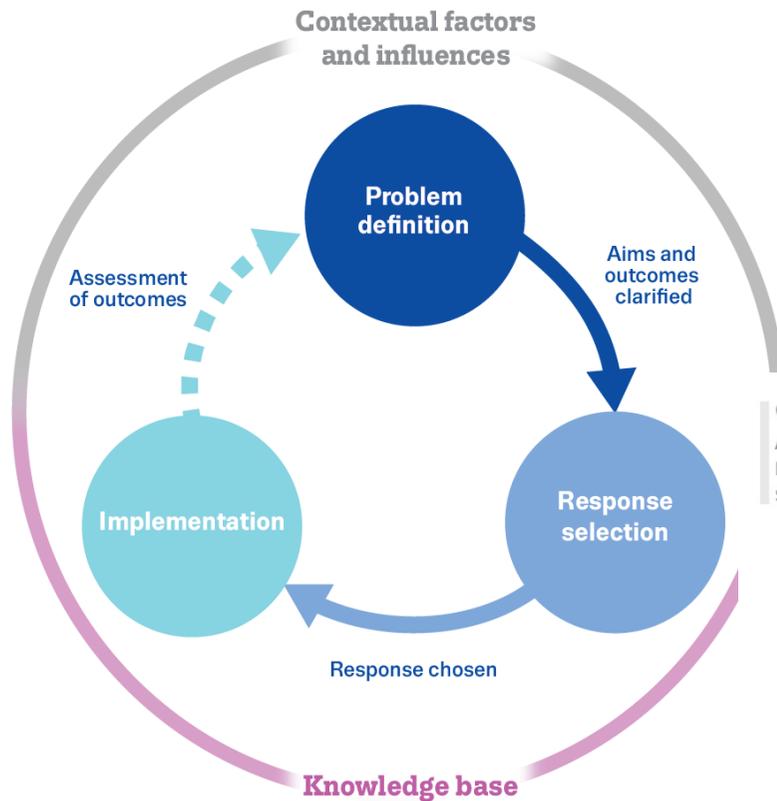
Target

11.1

By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums



Decision-making

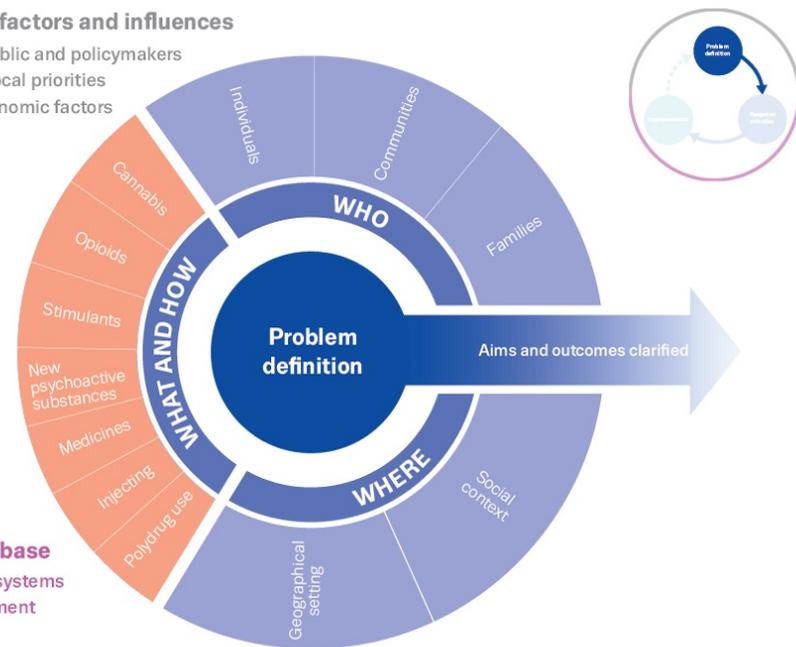


Contextual factors and influences

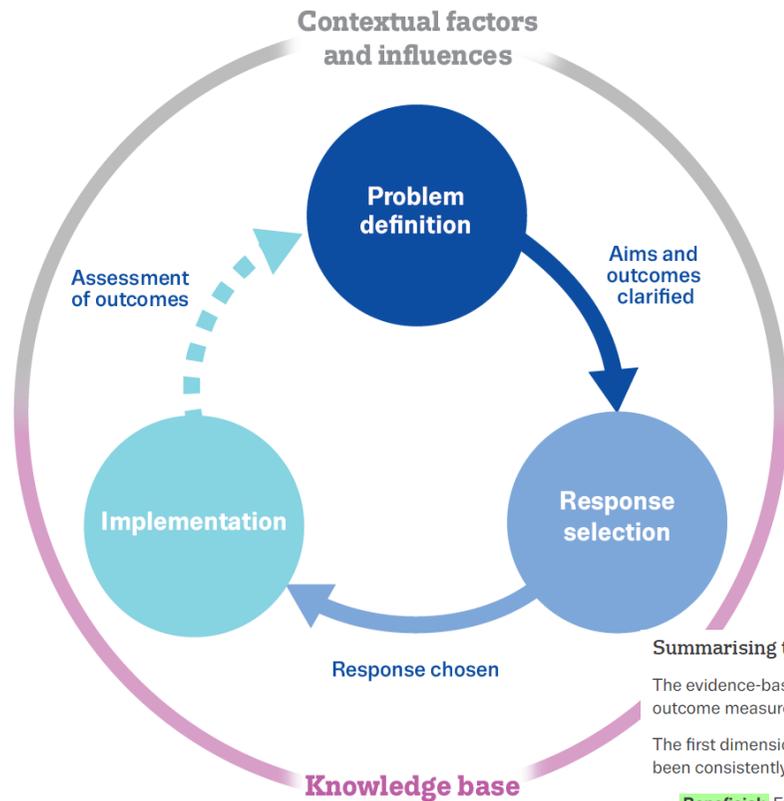
- Attitudes of public and policymakers
- National and local priorities
- Social and economic factors

Knowledge base

- Early warning systems
- Needs assessment
- Key indicators



Decision-making



Summarising the evidence

The evidence-based rating system used in this guide has two dimensions. All evidence refers to a specific outcome measured in a specific population and/or setting and timeframe.

The first dimension reflects the **direction of the intervention's effect** — that is, whether the intervention has been consistently found to produce a benefit, unclear benefit, or potential harm:

- **Beneficial:** Evidence of benefit in the intended direction.
- **Unclear:** Unclear whether the intervention produces the intended benefit.
- **Potential harm:** Evidence of potential harm, or evidence that the intervention has the opposite effect to that intended (e.g. increasing rather than decreasing drug use).

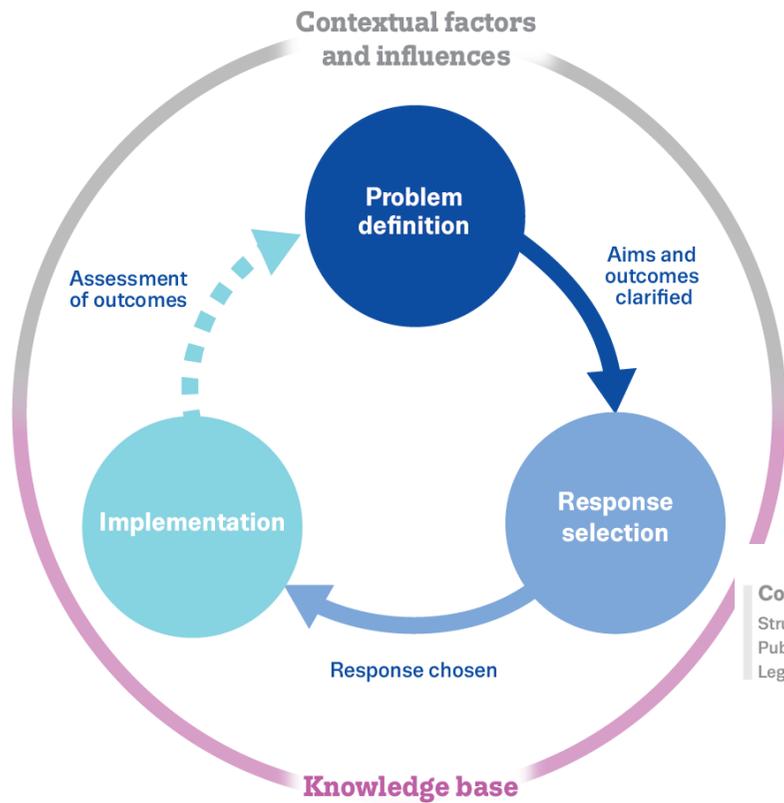
The second dimension represents the **quality of the evidence** and is based on the [Cochrane GRADE rating system](#), where the ratings reflect confidence in the quality of the evidence. This is shown through:

- **High:** We can have a high level of confidence in the evidence available
- **Moderate:** We are reasonably confident in the evidence available
- **Low:** We have limited confidence in the evidence available
- **Very low:** The evidence available is currently insufficient and therefore considerable uncertainty exists as to whether it will produce the intended outcome.

Low or very low-quality evidence will be common for new responses or interventions addressing emerging problems. It is therefore important to include an evaluation and be vigilant for possible adverse or unintended outcomes.

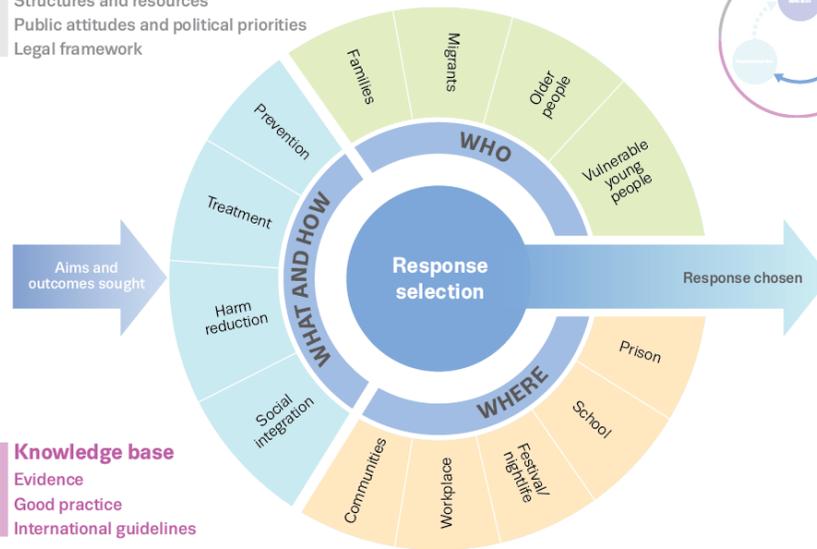


Decision-making



Contextual factors and influences

- Structures and resources
- Public attitudes and political priorities
- Legal framework



EMCDDA resources: publications



European Monitoring Centre
for Drugs and Drug Addiction

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Drug policy evaluation

Page last updated: April 2021

What is drug policy evaluation and why is it important?

Evaluation is essential for effective policymaking, helping ensure that policies and programmes have the desired effect, provide value for money and do not have negative unintended consequences. The importance of evaluation has been recognised in all EU drug strategies and in the strategies of many Member States.

To support those considering or involved in commissioning, managing or undertaking policy evaluations, this page provides access to a range of materials, including a 7-step guide, examples of strategies and evaluations in Europe and potentially useful data sources.

[Contact the policy evaluation team](#)

On this page:

[Introduction](#)

[EU level](#)

[National level](#)

[Examples of national evaluations](#)

[Resources](#)

[Glossary](#)



Spotlight:
[Evaluating drug policy: a seven-step guide to support the commissioning and managing of evaluations](#)



EMCDDA's disseminating tailored syntheses of research evidence



European Monitoring Centre
for Drugs and Drug Addiction

ISSN 2315-1463

EMCDDA PAPERS

Preventing fatal overdoses: a systematic review of effectiveness of take-home naloxone



European Monitoring Centre
for Drugs and Drug Addiction

Contents: Abstract (p. 1) | Background (p. 2) | Methods (p. 4) | Results
Conclusions (p. 11) | References (p. 13) | Annexes (p. 19) | Acknowledgements



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EMCDDA PAPERS

Drug testing in schools

Content: Background (p. 2) | Methods (p. 3) | Results (p. 3) | Conclusions (p. 6) |
References (p. 13) | Appendix (p. 15) | Acknowledgements (p. 17)

EMCDDA PAPERS

Pregnancy and opioid use: strategies for treatment

Contents: Background (p. 2) | Methods (p. 5) | Results (p. 8) | Discussion (p. 17) |
Conclusions (p. 18) | References (p. 19) | Annexes (p. 24) | Acknowledgements (p. 34) |



Health and social responses to drug problems: a European guide

- In this guide:**
- Action framework
 - Strategies for successful implementation
 - Patterns of use
 - Cannabis
 - Medicines
 - NPS
 - Opioids
 - Polydrug use
 - Stimulants
 - Harms
 - Infectious diseases
 - Opioid-related deaths
 - Settings
 - Local communities
 - Prisons
 - Recreational settings
 - Schools
 - Workplaces
 - Vulnerable groups
 - Families

Health and social responses to drug problems: a European guide examines some of the key public health challenges in the drugs field today and offers timely and practical advice to practitioners and policymakers for designing, targeting and implementing effective responses. The guide is composed of four sets of **miniguides** that look at responses to a range of drug problems in Europe. Framing the miniguides are two central resources: an **action framework** for developing responses and a set of **strategies for successful implementation**. Several **spotlights** frame issues cross-cutting the different components.

Subscribe for updates

Action framework and strategies for successful implementation

These two resources provide support to those planning health and social policy or interventions to address drug problems. The **action framework** helps to clarify current thinking about the response process and the factors to consider at each stage, while the **strategies** (to be published at a later stage) detail a number of activities that may help to support successful implementation.



Action framework, health and social responses



Strategies for successful implementation (coming soon)

Patterns of use

Miniguides considering problems from the perspective of particular patterns of drug use and the specific substances that are of concern in many EU countries.



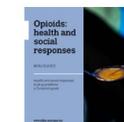
Cannabis, responses miniguide



Medicines, responses miniguide



NPS, responses miniguide



Opioids, responses miniguide



Polydrug use, responses miniguide



Stimulants, responses miniguide

PERSPECTIVES ON DRUGS

Treatment for cocaine dependence: reviewing current evidence

17/05/2014

Cochrane review of evidence on AA

John F Kelly, Keith Humphreys, and Marica Ferri



Objectives

To evaluate whether peer-led AA and professionally-delivered treatments that facilitate AA involvement (Twelve-Step Facilitation (TSF) interventions) achieve **abstinence, reduced drinking intensity**, reduced alcohol-related consequences, alcohol addiction severity, and healthcare cost offsets.

Cochrane review of evidence on AA

John F Kelly, Keith Humphreys, and Marica Ferri



Search strategy

We searched the Cochrane Drugs and Alcohol Group Specialized Register, Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Embase, CINAHL and PsycINFO from inception to 2 August 2019.

We searched for ongoing and unpublished studies via ClinicalTrials.gov and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) on 15 November 2018. All searches included non-English language literature. We handsearched references of topic-related systematic reviews and bibliographies of included studies.

Cochrane review of evidence on AA

John F Kelly, Keith Humphreys, and Marica Ferri

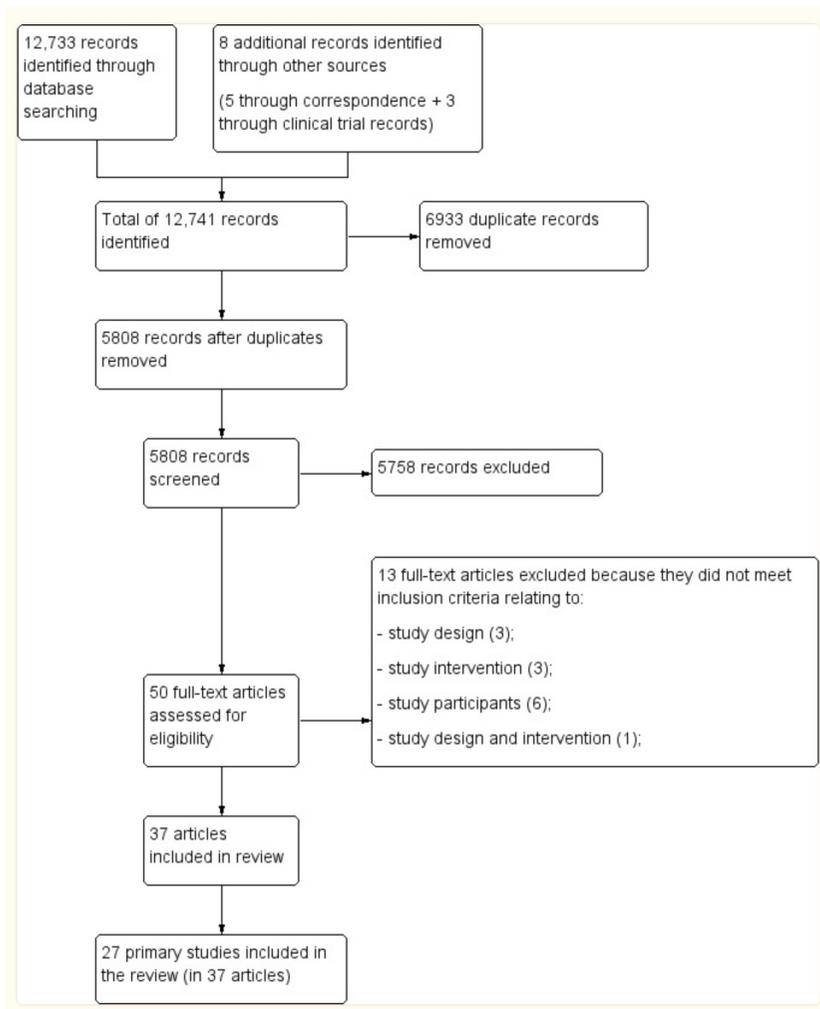


Selection criteria

We included randomized controlled trials (RCTs), quasi-RCTs and non-randomized studies that compared AA or TSF (AA/TSF) with other interventions, such as motivational enhancement therapy (MET) or cognitive behavioral therapy (CBT), TSF treatment variants, or no treatment. We also included healthcare cost offset studies. Participants were non-coerced adults with AUD.

Cochrane review of evidence on AA

John F Kelly, Keith Humphreys, and Marica Ferri



Results

We included 27 studies (N=10,565 participants) (21 RCTs/quasi-RCTs, 5 non-randomized, and 1 purely economic study).

The average age of participants within studies ranged from 34.2 to 51.0 years (no info on gender) AA/TSF was compared with psychological clinical interventions, such as MET and CBT, and other 12-step program variants.

Cochrane review of evidence on AA



Study	Design	Degree of manualization	Treatment comparison
Blondell 2001	Non-randomized	Part/non-manualized	Different theoretical orientation
Blondell 2011	RCT	Part/non-manualized	Different theoretical orientation
Bogenschutz 2014	RCT	Part/non-manualized	Different theoretical orientation
Bowen 2014	RCT	Part/non-manualized	Different theoretical orientation
Brooks 2003	Quasi-RCT	Manualized	Different theoretical orientation
Brown 2002	RCT	Manualized	Different theoretical orientation
Davis 2002	RCT	Manualized	Different theoretical orientation
Grant 2017	Non-randomized	Part/non-manualized	TSF variant
Herman 2000	RCT	Part/non-manualized	Different theoretical orientation
Humphreys 1996	Non-randomized & Economic	Part/non-manualized	Different theoretical orientation
Kahler 2004	RCT	Manualized	TSF variant
Kaskutas 2009	Quasi-RCT	Part/non-manualized	TSF variant
Kelly 2017	RCT	Manualized	Different theoretical orientation
Litt 2007	RCT	Manualized	Different theoretical orientation
Litt 2016	RCT	Manualized	Different theoretical orientation
Lydecker 2010	Quasi-RCT	Manualized	Different theoretical orientation
Manning 2012	RCT	Part/non-manualized	TSF variant
MATCH 1997a	RCT	Manualized	Different theoretical orientation
McCrary 1996	RCT	Manualized	Different theoretical orientation
Mundt 2012	Economic	Part/non-manualized	TSF variant
Quimette 1997	Non-randomized	Part/non-manualized	Different theoretical orientation & TSF variant
Timko 2006	RCT	Manualized	TSF variant
Timko 2011	Quasi-RCT	Manualized	TSF variant
Vederhus 2014	Quasi-RCT	Manualized	TSF variant
Walitzer 2009	RCT	Manualized	Different theoretical orientation & TSF variant
Walitzer 2015	RCT	Manualized	Different theoretical orientation
Zemore 2018	Non-randomized	Part/non-manualized	Different theoretical orientation

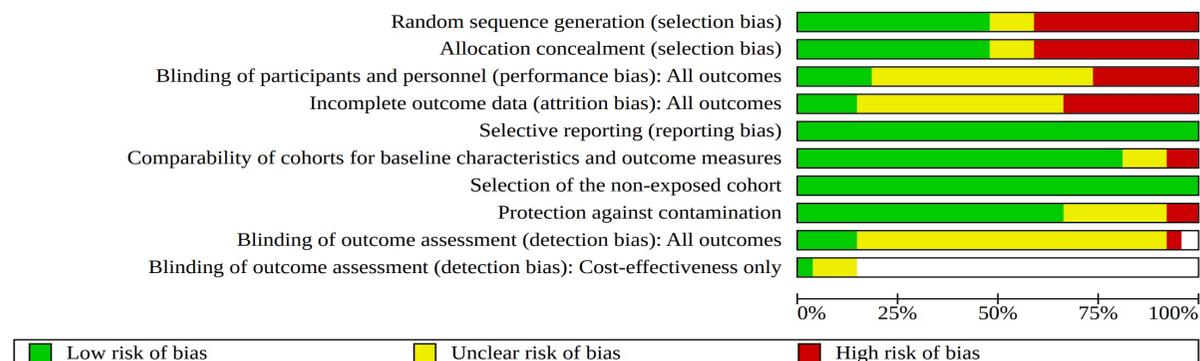


**Cochrane
Library**

Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

Figure 4. Risk of bias graph: review authors' judgments about each risk of bias item presented as percentages across all included studies.



Cochrane review of evidence on AA

John F Kelly, Keith Humphreys, and Marica Ferri



Continuous abstinence (over 12 months)

manualized AA/TSF VS other clinical interventions (e.g. CBT)
(RR) 1.21, 95% (CI) 1.03 to 1.42; 2 studies, N=1936 participants;

AA/TSF (non-manualized) compared to treatments with a different theoretical orientation (e.g. CBT) (randomized/quasirandomized evidence) – gave similar results in all the outcomes.

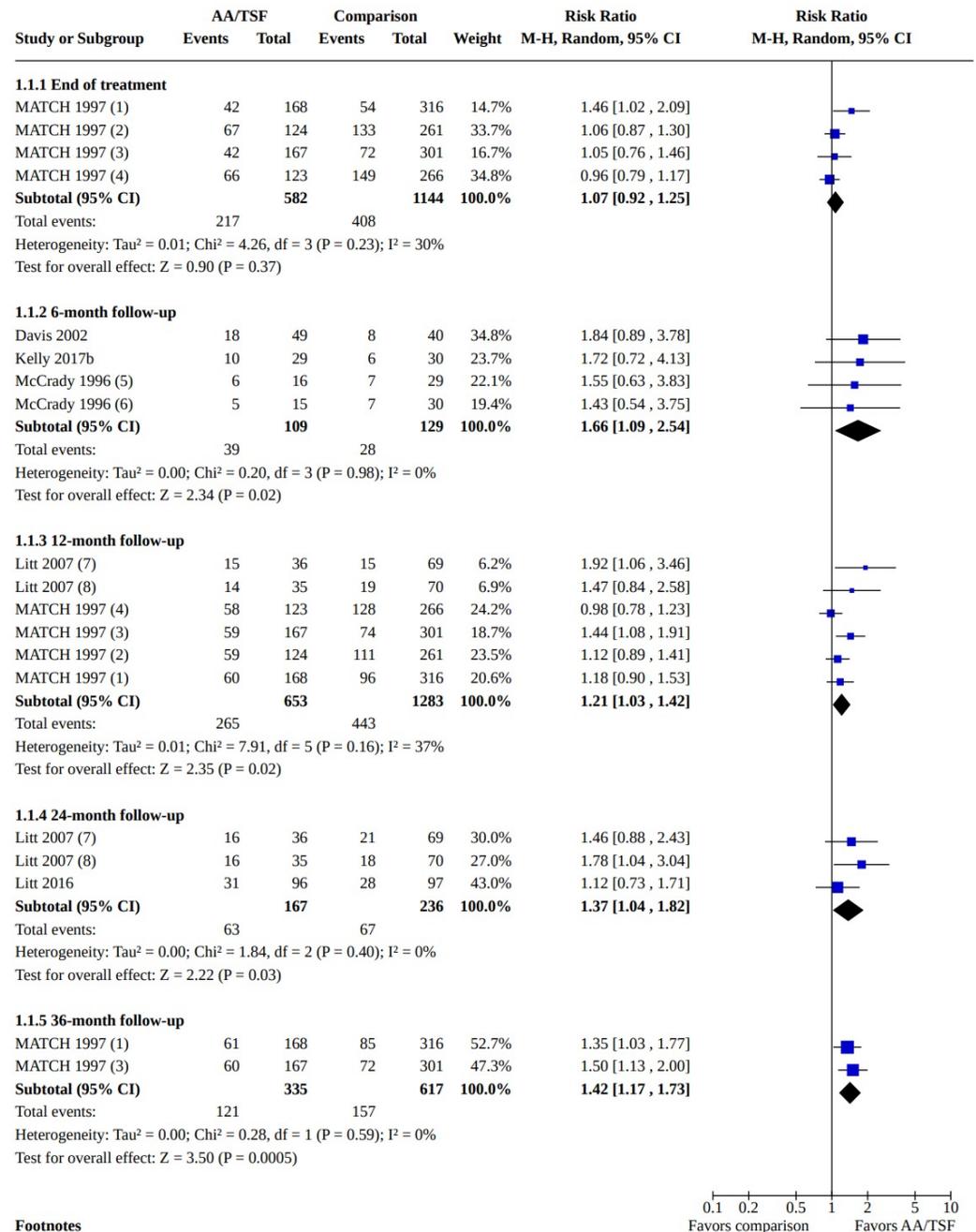
Percentage abstinence day (PDA), Long Period Abstinence (LPA), Drinking Intensity and alcohol related consequences

manualized AA/TSF VS other clinical interventions gave similar results as other clinical interventions;

Cochrane review of evidence on AA

John F Kelly, Keith Humphreys, and Marica Ferri

Analysis 1.1. Comparison 1: 1A Grouping: RCT/quasi-RCT, all treatments manualized, compared to different theoretical orientation, Outcome 1: Proportion completely abstinent



Footnotes

(1) Outpatient TSF vs. MET

(2) Afterschool TSF vs. MET

Cochrane review of evidence on AA

John F Kelly, Keith Humphreys,
and Marica Ferri



Authors' conclusions

There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence. Non-manualized AA/TSF may perform as well as these other established treatments. AA/TSF interventions, both manualized and non-manualized, may be at least as effective as other treatments for other alcohol-related outcomes. AA/TSF probably produces substantial healthcare cost savings among people with alcohol use disorder

EMCDDA evidence for action



Drug demand reduction: global evidence for local actions

The development of evidence-based demand reduction interventions is a primary drug policy objective at national, European Union (EU) and global level. A particular discourse, with its own set of concepts, is used to discuss implementation of this

objective, including terms such as: best practice, quality standards, guidelines, protocols, accreditation systems and benchmarking. This paper provides readers with straightforward definitions of the terms used, whilst highlighting

achievements and current challenges in transferring scientific knowledge into practice in the drug demand reduction arena. A special focus is given to 'best practice' because of this concept's increasing popularity and importance in Europe.

Key issues at a glance

1. The promotion and exchange of best practice is recognised as an important strategy both to improve the effectiveness of drug-related interventions and ensure the efficient use of limited resources.
2. Guidelines and standards are among the most frequently used tools for the promotion of best practice. In Europe, a wealth of guidelines now exist which decision-makers can utilise, update and adapt to suit their own national contexts, rather than starting from scratch.
3. There is a growing body of scientific evidence on the effectiveness of interventions in the drugs field, which can be used for the development and update of standards and guidelines. There is a new emphasis on disinvestment, stopping 'poor practice' and the use of low quality interventions.
4. At European level, a common project has aimed to promote consensus on minimum quality standards in the fields of drug prevention, treatment and harm reduction as well as the translation of quality standards into practice.
5. New disciplines have emerged focusing on methods for successful transfer, such as implementation science, translational science, and knowledge mobilisation. Identification of barriers to change and use of multiple implementation strategies are important success factors.
6. In the best practice arena, there are still many gaps in the scientific evidence base and new issues continually arise that need to be addressed. A systematic gap analysis will help to focus next steps and future developments.



The EMCDDA's online database

Best practice portal

The Best practice portal is designed to help you find practical and reliable information on what works (and what doesn't) in the areas of prevention, treatment, harm reduction and social reintegration. It will help you identify tried and tested interventions quickly, allocate resources to what's effective, and improve interventions applying tools, standards and guidelines.



Get in touch with the
Best practice portal team



Briefings

Policy and practice briefings



Implementation

Xchange, HNT, EDDR, EIB



Evidence

A database of available
evidence



Standards

National and international
standards and guidelines

The EMCDDA's online database

Best practice portal – evidence database

This database gives you access to the latest evidence on drug-related interventions. The information is based on systematic searches is updated regularly. To get started use the search boxes below. [Click here for more information about the Evidence database \(including methods\).](#)

Search Terms cannabis		Evidence rating All	Desired outcome All
Area All		Substance All	Target group(s) or setting(s) All
Go Reset search form			

List of Evidence Summaries

Title	Area	Substance	Target group(s) or setting(s)	Evidence rating
Digital interventions to reduce cannabis use	Treatment	cannabis		Beneficial
Life skill and social influence-based interventions to reduce cannabis use	Prevention	cannabis	school	Beneficial
Multi-substance interventions addressing tobacco and/or cannabis to reduce use	Treatment	cannabis, tobacco		Likely to be beneficial



The EMCDDA's online database

Best practice portal

The Best practice portal is designed to help you find practical and reliable information on what works (and what doesn't) in the areas of prevention, treatment, harm reduction and social reintegration. It will help you identify tried and tested interventions quickly, allocate resources to what's effective, and improve interventions applying tools, standards and guidelines.



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Best practice portal team



Briefings

Policy and practice briefings



Implementation

Xchange, HNT, EDDR, EIB



Evidence

A database of available
evidence



Standards

National and international
standards and guidelines



The EMCDDA's online database



Prevention in various settings



Interventions

This section provides details about interventions in nightlife from around the world.

In the box below, you can search through the interventions by choosing the problem that needs addressing (e.g. alcohol), the intervention type (e.g. education for nightlife users), or keywords. For an overview of knowledge on each intervention type, please see Chapter 3 of the HNT info sheet.

All interventions included have been evaluated. Where possible, links to evaluation documents and articles are provided for more information. For each intervention, the quality of evaluation has been rated on a four-point scale (1=low quality, 4=high quality). The effect of the intervention has also been rated to show positive effects (+), negative effects (-), or no/unknown effect or mixed results (?). For more information about ratings click here.

Contribute
Send us articles, interventions or news

Please note: all interventions submitted in 2016 which were not being published in peer-reviewed journals were rated as 'no/unknown effect or mixed results (?). This is because, during the update process, there was no budget for translating reports received in languages other than English to rate these interventions against.

Filter your search results

Intervention type

- > Education for nightlife users (8)
- > Medical and first aid services (3)
- > Drink driving interventions (2)
- > Training staff and professionals (2)
- > Community / multi component interventions (1)
- > Environmental measures (1)
- > Pill testing (1)

Problem addressed

- 🌿 Drugs (11)
- 🍷 Alcohol (10)
- 🚑 Accidents (9)
- ❤️ Sexual Health (6)



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Best practice

Implementation tools (Xchange, HNT, EUPC, EIB)

Xchange prevention registry

Evidence database

Standards and guidelines

PLATO e-learning platform

Health and social responses to drug problems
A EUROPEAN GUIDE



Health and social responses to drug problems: a European guide

People like to go out

Xchange prevention registry

About the Xchange prevention registry

Xchange is an **online registry of thoroughly evaluated prevention interventions**. Use the options below to find prevention programmes or strategies. Find here [a toolbox for implementers](#) to make their interventions ready for inclusion in Xchange and fitter for real-life use. [Read more about Xchange here.](#)

Our partners

The Xchange prevention registry is a collaborative effort between the EMCDDA and a number of partner organisations. [Learn more about our partners here.](#)

Search for programmes

Enter search terms...

By age group: All

By setting: All

By outcomes targeted: All

By risk factor: All

Year: -Year

Country: All

eXchange rating: All

Go [Reset search form](#)

Prevention and harm reduction in recreational context



EMCDDA resources: training



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← News

Registration opens for European Drugs Winter and Summer Schools 2023

LISBON 11.10.2022

The EMCDDA and the University Institute of Lisbon (ISCTE-IUL) are delighted to open registration today for two upcoming joint events in 2023: the [European Drugs Winter School \(EDWS\)](#) and the [European Drugs Summer School \(EDSS\)](#). ⁽¹⁾⁽²⁾.

EDWS: 13–24 February 2023 (online): This year, the theme will be ‘Displaced populations and drug-related issues’, with one full day dedicated to this topic. The two-week course will feature live lunchtime lectures with experts and practitioners, followed by afternoon exercises. Virtual fieldwork tours will also be offered. Completion of exercises and an exam are compulsory for those wishing to obtain credits. The sessions will be recorded and available for subsequent viewing.

EDSS: 26 June to 7 July 2023 (Lisbon): In 2023, this face-to-face two-week course will focus on the issue of mental health. Sessions will include lectures on drugs and mental health, dual diagnosis and integrated interventions. Study visits will be organised to one of the Portuguese commissions for dissuasion as well as to mobile methadone units and a drug consumption room in Lisbon. During the course, students will participate in interactive workshops to discuss their own projects and views. The course will conclude with an open debate with guest speakers, followed by an exam for those wishing to obtain credits.

The target audiences for the two events are: university students, researchers, professionals and administrators interested in working on drug issues. The previous rounds of these courses brought together students from the EU Member States as well as from Africa, Asia, Australia and the Americas. Profiles of former alumni and their testimonials can be found on the official summer school website and their statements viewed in a promotional video ⁽³⁾.

The courses prepare professionals and students to meet the complex policy challenges that face Europe in the field of drugs. Involving scientific experts from the EMCDDA, university professors and policymakers, they provide a multi-disciplinary and inclusive approach to the study of the drugs problem in Europe and beyond.

Details on scholarships in 2023 are available on the event web pages. Both events will be conducted in English.

Featured links

- [European Drugs Winter School 2023](#)
- [European Drugs Summer School 2023](#)

Main subject

training

Keywords

partners and cooperation
training

Target audience

EMCDDA partners
general public practitioner
researcher students

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Global overview on drugs related issues



Registration opens for European Drugs Winter and Summer Schools 2023

LISBON 11.10.2022

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Featured links

- [European Drugs Winter School 2023](#)
- [European Drugs Summer School 2023](#)

📁 Main subject
training

📁 Keywords
partners and cooperation
training



Drugs Schools Lisbon

Grupo Privado · 491 miembros



+ Convidar



Learning to disagree



Drugs Schools Lisbon

Grupo Privado - 491 membros



Editar

+ Convidar

No arguments on people but rather on facts, respect the opponent;

No distortions or manipulations of the other part's arguments;

It is mandatory to provide proof of your claims.



Giancarlo Carofiglio

<https://www.raiplay.it/programmi/dilemmi>



Learning to find consensus



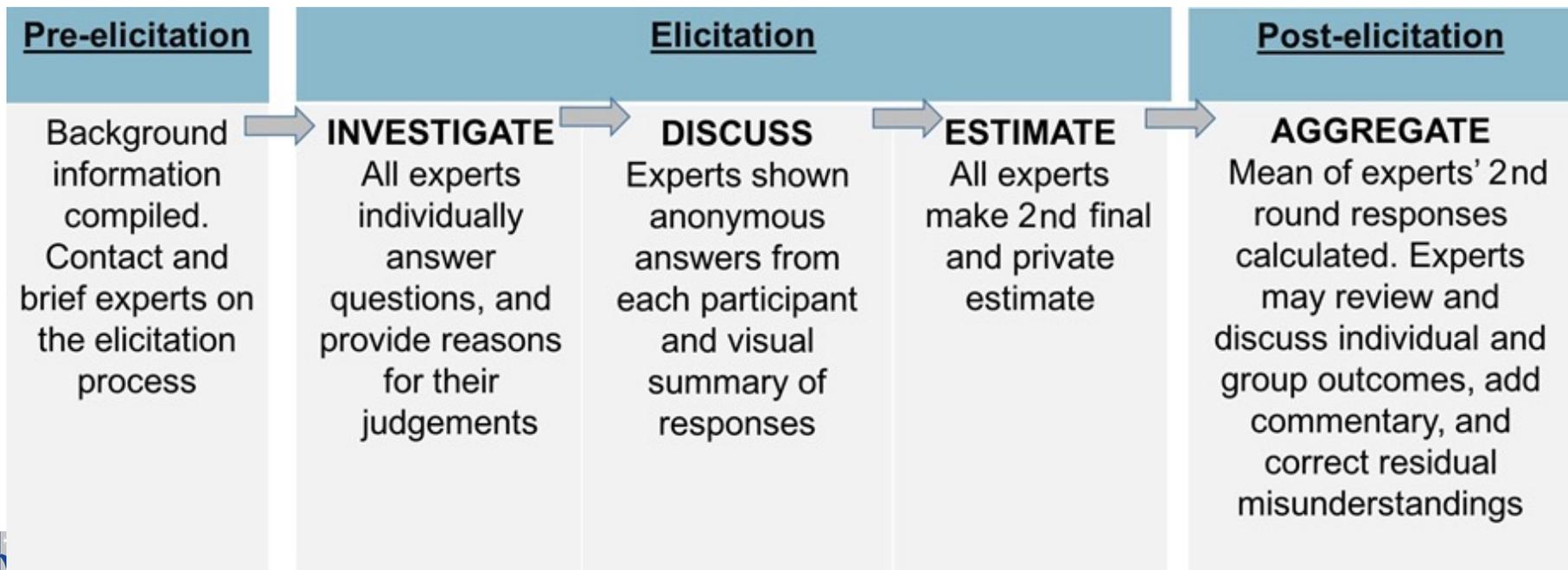
Experts can give opinion based on practice;

This may depend on the group they belongs to;

Their geographical site;

They can be influenced by opinion leaders;

EKE tries to systematise processes, and improve reliability and reproducibility of experts opinion exercises.



EMCDDA training for professionals and decision makers



EUPC (European Prevention Curriculum) Training of Trainers:

 
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Training of trainers for the European Prevention Curriculum (EUPC)

📅 12 SEP 2022 TO 16 SEP 2022 | 📍 KRAKÓW, POLAND

| ORGANISER(S): [EMCDDA; NATIONAL CENTRE FOR PREVENTION OF ADDICTIONS \(POLAND\)](#)

📌 EVENT TYPE: [TRAINING](#)

This training of trainers for the European Prevention Curriculum (EUPC), takes place in Kraków, Poland, from 12 to 16 September. The [EUPC](#)'s curriculum has been designed specifically to provide essential prevention knowledge to decision-, opinion- and policy-makers about the most effective evidence-based prevention interventions and approaches.

It's organised by the EMCDDA and the Polish National Focal point, [National Centre for Prevention of Addictions](#).



📌 Main subject

training

📌 Keywords

EUPC

partners and cooperation

prevention Reitox training

👤 Target audience

EMCDDA partners

prevention specialists



EUPC



European Prevention Curriculum (EUPC): a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use

LISBON 24.09.2019 SERIES TYPE: **MANUALS**

Introduction

This handbook has been developed with the primary purpose of providing specific reference material for the European Prevention Curriculum (EUPC) training courses. It also serves to provide a more general introduction to prevention science and, in particular, to science-based interventions. The training curriculum has been developed by a European project entitled UPC-Adapt, which was co-funded by the European Commission.

Notes on translations:

Croatian: translated and produced by the Laboratory for Prevention Research (PrevLab), Faculty of Education and Rehabilitation Sciences, Department of Behaviour Disorders, University of Zagreb

Dutch: translated and produced by [HOGENT](#)

Estonian: translated and produced by [Tervise Arengu Instituut](#)

French: translated and produced by the [EU4MD project](#)

Georgian: translated and produced by the [Tomas Zabranski Institute of Addiction Studies, Ilija State University](#), within the framework of the [EMCDDA4GE project](#).

German: translated and produced by [Finder Akademie](#)

Latvian: translated and produced by the [Centre for Disease Prevention and Control of Latvia](#).

Lithuanian: translated and produced by the Lithuanian focal point

Polish: translated and produced by Prevention Unit, [Institute of Psychiatry and Neurology in Warsaw, Poland](#)

Portuguese: translated and produced by the EMCDDA

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Ukrainian: translated and produced by the Geopolitical Alliance of Women with support from the EU4MD project

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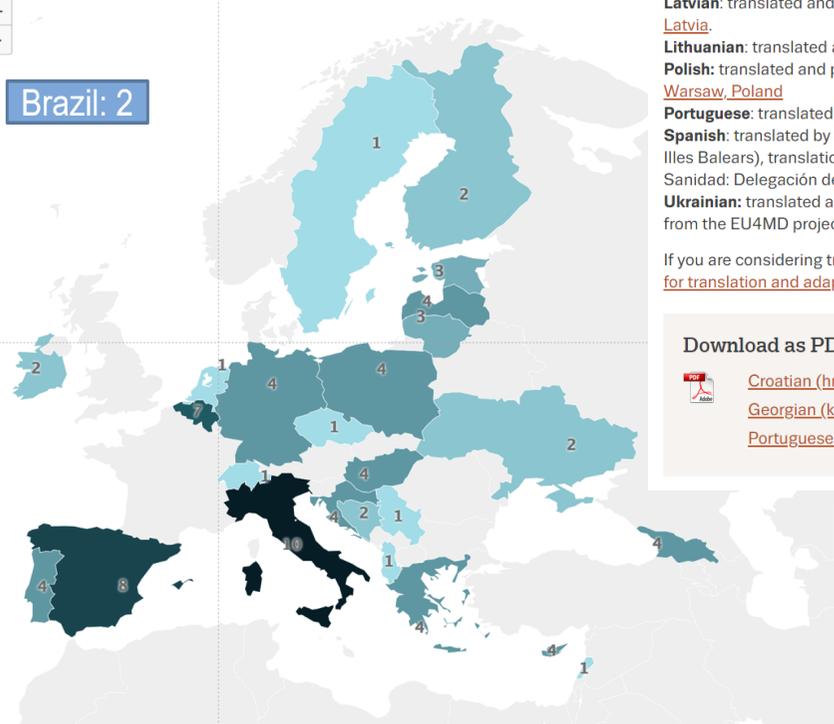
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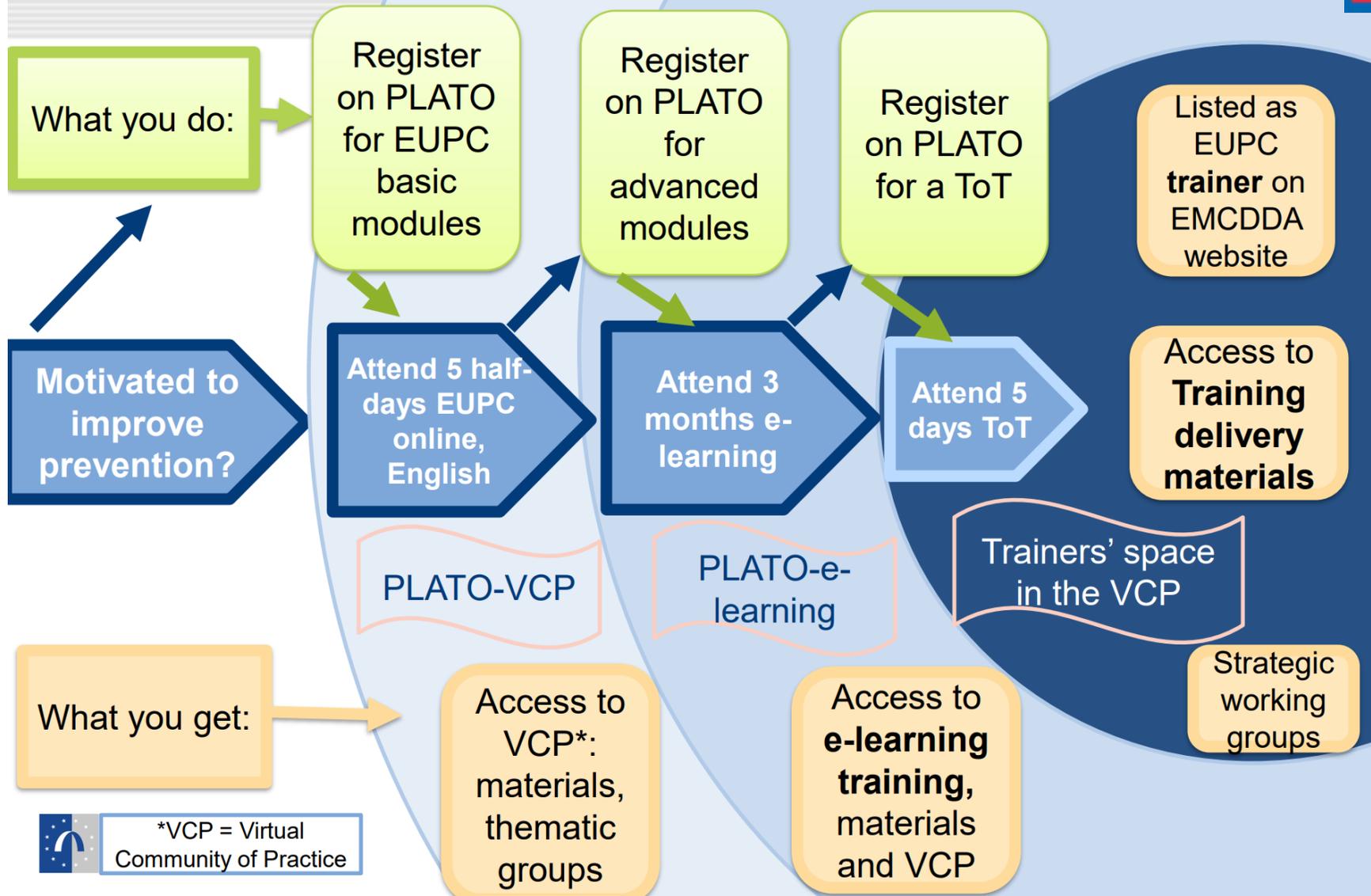
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Objective: to explore wastewater analysis as a methodology contributing to EU preparedness and response Background: COVID-19 has raised the attention of Europe, and globally, on the importance of...

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Objective: This webinar marks the official launch of the EMCDDA's foresight toolkit for the drugs field entitled How to run a trends workshop in the drugs field. The event also aims to promote a...

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EMCDDA webinar: Drug consumption rooms in Europe — different realities, challenges and what to expect from the future
02.06.2022
Objective: The main objective of this webinar is to provide an overview of the different types of drug consumption rooms (DCRs) in Europe. It will describe the challenges and current reality, as...

EMCDDA webinar
Wednesday, 25 May 2022
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EMCDDA webinar: Knowing youth — digital platforms for decision making (ESPAD and beyond)
25.05.2022
Objective: The main objective of this webinar is to explore and better understand the potential use of youth survey data in policy and prevention planning in a digital world. Background: With 2022...

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Thursday, 28 April 2022
13:00–14:30 CET (Brussels)



Events
EMCDDA webinar: Workplaces and drugs — issues and challenges for the future
28.04.2022
Objective: In the context of the EMCDDA Health and Social Responses miniguide on 'Workplaces and drugs', this webinar brings together experts in the field to provide an overview of the topic, share...

EMCDDA webinar
Wednesday, 30 March 2022
13:00–14:30 CET (Brussels)



Events
EMCDDA webinar: Women and drugs in Europe — why gender matters
30.03.2022
Description: This webinar will explore recent patterns and trends in drug use among women in Europe and the role played by gender in influencing women's consumption behaviours across settings and the...

EMCDDA webinar
Wednesday, 8 December 2021
13:00–14:30 CET (Brussels)



Events
EMCDDA webinar: Drug-related deaths in Europe, current challenges and implications for responses
08.12.2021
Description: This webinar is linked to the latest bundle of EMCDDA miniguides which focus on responding to drug-related harms. It aims to provide an insight into the current situation regarding drug...



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● Council of the EU Press release 28 March 2023 18:35

EU Drugs Agency: Council presidency and European Parliament agree to strengthen the agency's role

The Council presidency and the European Parliament have reached a provisional agreement on a proposed regulation on the EU Drugs Agency, which will turn the existing European Monitoring Centre for Drugs and Drug Addiction into a **fully-fledged agency and strengthen its role**. The provisional agreement is subject to approval by the Council and the European Parliament before undergoing the formal adoption procedure.



The illegal drugs market is an incredibly lucrative market with a profound impact on our societies. Drugs and drug addictions cause enormous harm to the health of individuals and the wider society. It also affects security, not least because of violent drug-related organised crime. A stronger EU Drugs Agency will be an important tool to tackle these challenges at both EU and global level and to remain ahead of future risks.

— Gunnar Strömmer, Swedish Minister of Justice

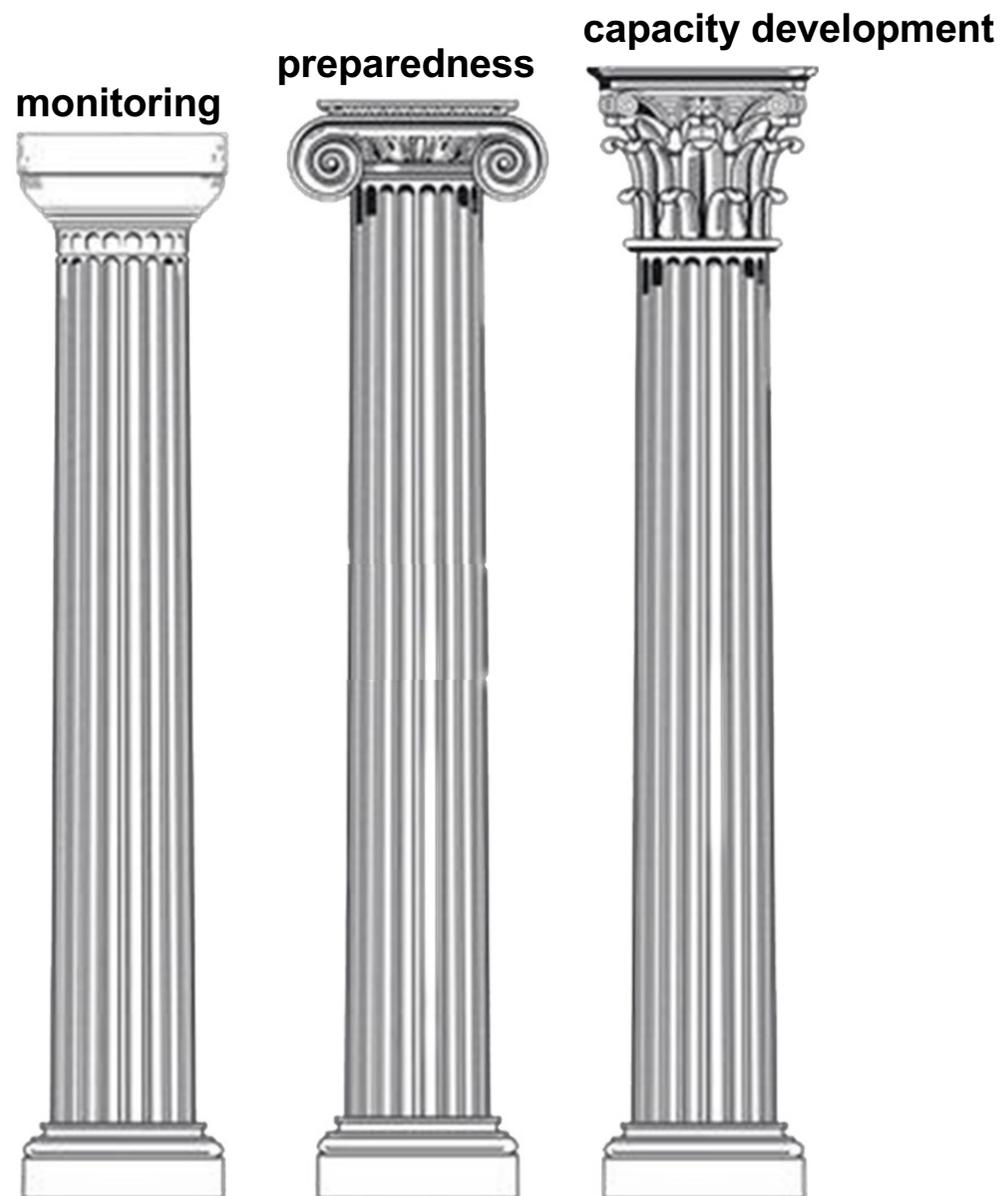


Drugs and drug addictions cause enormous harm to the health of individuals and their families. I welcome the provisional agreement on a new mandate for the EU Drugs Agency, which will provide better opportunities to work against drugs in a more comprehensive manner and facilitate important contributions from civil society to the work of the agency.

— Jakob Forssmed, Swedish Minister for Social Affairs and Public Health

Under the new regulation, the agency will be able to **respond to new health and security challenges posed by illegal drugs** in a more efficient way. It will also be better able to support member states and contribute to improving the situation at the international level.







European Monitoring Centre
for Drugs and Drug Addiction

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