

**MINUTES FROM THE MEETING OF NATIONAL DRUG AUTHORITIES
OF AUSTRIA, THE CZECH REPUBLIC, GERMANY, HUNGARY, POLAND AND SLOVAKIA
ON TACKLING THE INCREASED ILLEGAL METHAMPHETAMINE PRODUCTION AND TRAFFICKING
(VIENNA, 12 MARCH 2013)**

The meeting was convened and chaired by **CZ**, which invited to discuss and define possible effective ways of reaction to the rising problem of illegal methamphetamine production and trafficking that used to be but is no longer an isolated Czech problem. Earlier small-scale production of methamphetamine (pervitin, Crystal, meth, ice) for self-sufficiency purposes in the Czech Republic was recently eclipsed by mass production and smuggling of this drug from the Czech Republic to Germany. Organized groups of persons of Vietnamese descent participate in the mass manufacture of metamphphetamine to a significant extent (with higher quality and at lower price), while targeting new users in German regions close to the Czech border.

CZ introduced its activities to cope with the problem of rising metamphphetamine abuse (a special Working Group established by Czech Government in January 2013 led by the 1st Deputy Minister of Interior, increased control activities in market places near the border with Germany, negotiations within the “Hofer Dialogue”, a new memorandum of police cooperation with Germany, prevention measures which lead to effective treatment of metamphphetamine addicts).

CZ stressed the need to decrease the availability of precursors (medicals based on pseudoephedrine) used for the production of metamphphetamine. Vast smuggling of these precursors to the Czech Republic from other countries, in particular from Poland, contributes to the problem. **CZ** asked the participating countries to help with looking at common best practices on availability of medicals based on pseudoephedrine.

PL explained that from the point of Polish drug situation metamphphetamine is not a problem, but rather codeine and dextromethorphan. **PL** is willing to deal with the problem, but within broader public health perspective (there is also an argument that every person should have possibility to treat himself). A solution was lately introduced to the Minister of Health – a regulation similar to **DE** regulation, suggestions for regulations – limit a package per one sale, limit psychoactive substances contained in medicines (e.g. dextromethorphan, pseudoephedrine, codeine), age limit (18 year). **PL** also informed about cooperation with customs offices between **PL** and **CZ**.

DE emphasized the need of cooperation among countries based on the principle of common and shared responsibility. **DE** reported on increasing meth seizures in the border area to **CZ** and about an increasing number of meth users asking for treatment in the Federal States bordering to **CZ**. **DE** introduced their regulation of medicines containing pseudoephedrine. The representative of Ministry of Health pointed out that regulation of medicines can be done only on the national level not on the European level, therefore they appreciate the efforts of **PL** and would be glad to see **PL** introducing such regulations.

CZ introduced the regulation of medicines containing pseudoephedrine. A maximum dose of pseudoephedrine per patient is limited. The maximum quantity for an individual purchase not controlled by the central database of electronic prescriptions is up to 900 mg, which is equivalent to 30 tablets or sachets.

HU informed that meth use is low in **HU** as well as the seizures. **HU** has very similar regulation on medicines containing pseudoephedrine as in **DE**. **HU** supports this activity (the meeting) and coordinated actions and considers it to be useful also for countries that do not experience such problems.

AT meth seizures are very low, it is increasing but it is not alarming so far. There were some cases of small kitchen labs for metamphphetamine production; cases of seizures come from **CZ** and **SK**. Medicine containing pseudoephedrine is generally available only on prescription by a doctor, only in special cases of emergency pharmacies may administer such medicines without a prescription but restricted to the smallest package available in trade. **AT** advised to establish a good cooperation with chemistry industry also in order to reduce other precursor's availability such as red phosphorus. Pointed to the experience of **DE** with awareness rising campaigns among pharmacists and chemic industry.

SK informed that heroin was the illicit drug, which prevailed in the past, but lately metamphphetamine and cannabis related problems are on higher demand in **TDI**. On the other hand, abuse of metamphphetamine (pervitin) is not on the peak of its epidemic at the moment. **SK** introduced the regulation of medicines containing pseudoephedrine which is similar to **DE** regulation.

CZ warned about possible spread of metamphphetamine dependence to other countries. Pointed out the metamphphetamine epidemic situations in other continents such as the case out break in the USA. In 90th or

similar in Australia and New Zealand. We should look for joint options, programmes or projects to tackle the problem and to prevent worsening the situation avoiding the balloon effect. We need to think about few steps further and try to predict what could occur if we limit the precursor's availability – is the crime going to be better organized; will there be import of pseudoephedrine from other countries or the domestic production will become more sophisticated and extended? CZ also informed that a reduction of the minimum amount for personal possession of metamphetamine is not planned in CZ.

PL strongly supports cross border cooperation and informs on practical examples which show that such cooperation is possible and can work. PL stressed though that attention should be paid also to other drugs and precursor not only on pseudoephedrine. PL also pointed out the situation with “legal highs” where PL was left without help and therefore urged other countries for more attention to such local epidemics

DE stressed that we have to tackle jointly the production of metamphetamine. It is in the hands of organized criminal groups now. We need a coordinated response. DE further suggested exchanging views on the topic at the HDG meetings. DE also supports the view that metamphetamine demand prevention is very important.

SK advised to look also at treatment and to exchange good practices and good experiences in treatment interventions.

HU suggested that in order to coordinate activities on the demand side we do not need to create additional coordination structure but we should use what already exists such as HDG meetings in Brussels.

Germany and Czech republic agreed on having **German-Czech conclusions** from the meeting as follows:

National drug authorities of the Czech Republic and Germany pointed out the need to tackle the growing production and trafficking of metamphetamine in the Czech Republic and neighboring countries on a principle of common and shared responsibility. They call for better cross border cooperation on both drug supply reduction and drug demand reduction side, in particular to strengthen cross border custom and police cooperation as well as to further develop and implement prevention and treatment measures.

Participating countries agreed on the need to regulate the availability of precursors for metamphetamine production, in particular drugs based on pseudoephedrine, and to harmonize their regulation measures. To prevent the balloon effect, the problem of precursors for and trafficking of metamphetamine should be monitored and discussed at the meetings of the Horizontal Drugs Group

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