



news release

from the EU drugs agency in Lisbon

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Annual report on EU drugs problem: Special overview of main trends

DRUGS PRESENT EUROPE WITH A CONTINUING CHALLENGE

But marked EU trend from reactive to proactive policies

Today sees the release of the *2001 Annual report on the state of the drugs problem in the European Union* from the Lisbon-based drugs agency, the EMCDDA. It highlights latest trends in the EU drug scene and corresponding social, legal and political responses. Key points are given below. Separate news releases focus on *Cocaine, infectious diseases and synthetic drugs* and the drug problem in *Central and eastern Europe*.

The EMCDDA says drugs present Europe with a continuing challenge. But there is 'a visible EU-wide trend towards strengthening and improving drug policy, with a move from reactive to proactive policies'.

CANNABIS STILL EU'S MOST-TRIED DRUG

Cannabis remains the illegal drug most commonly used in all EU countries, both in terms of lifetime experience and recent use (within the last year). Lifetime experience among those aged 15 to 64 ranges from around 10% in Finland to 20–25% in Denmark, Spain, France, Ireland, the Netherlands and the UK. Recent use is reported by up to 9% while such use of other illegal substances rarely tops 1%.

Cannabis use is higher among young adults (15–34). It has been tried by some 15% in Finland and Sweden and between 28–40% in Denmark, Spain, France, Ireland, the Netherlands and the UK.

Lifetime experience of cannabis among 15 to 16-year-olds ranges from 8% in Portugal and Sweden to 35% in France and the UK⁽¹⁾. In Greece and Sweden, lifetime use of inhalants (volatile substances) is higher than, or equals, cannabis within this group.

UP TO 4% TRY AMPHETAMINES AND ECSTASY

Generally, up to 4% of EU adults have experimented with amphetamines, but nearer 10% in the UK. Ecstasy has been tried by similar numbers.

Amphetamines, ecstasy and cocaine have been tried by up to 6% of 15 to 34-year-olds. But in the UK, figures for amphetamines and ecstasy are around 16% and 8% respectively. School surveys report lifetime use of amphetamines by up to 8% of 15 to 16-year-olds, ecstasy use by up to 5%⁽¹⁾. There is rising EU concern over possible long-term effects of ecstasy. Increases in cocaine use in

some settings in some countries are also under scrutiny (see separate news release covering cocaine, infectious diseases and synthetic drugs).

Ecstasy is the main drug of those in treatment in only a few cases, the highest proportion being **Ireland's** 8.9%. There are big differences in figures for amphetamine treatment, which are highest in **Finland** (39%), **Sweden** (17%) and **Belgium** (15%).

HEROIN USE LOW, BUT CAUSES BIG PROBLEMS

Heroin use is reported by less than one in 100 adults – but causes most drug-related problems, including crime, infectious diseases and overdoses (see separate news release covering cocaine, infectious diseases and synthetic drugs).

New data suggest rises in some countries – **Greece**, **Luxembourg**, **Finland**, **Sweden** and the **UK** – but a stable picture in others, such as **Germany**, the **Netherlands** and **Austria**. Despite some local increases, heroin use is possibly still declining in **Spain** and **France**.

CHANGES IN PROBLEM DRUG USE AND DEMAND FOR TREATMENT

Problem drug use seems highest in **Italy**, **Luxembourg**, **Portugal** and the **UK**, with 5 to 8 in every 1,000 15 to 64-year-olds affected. **Germany** and the **Netherlands** are at the bottom end of the scale with 2 to 3 per 1,000. Injecting drug use is down in most but not all countries, and on the rise again in **Ireland**. **Irish** problem drug users may thus be at increasing risk of drug-related infections and overdoses. Estimates of problem drug use are not easily comparable and still lack precision, making trends hard to identify.

Opiates, especially heroin, are still the main drug of between half and three-quarters of those entering treatment in the **EU**. But the trend is a fall in new clients demanding treatment for heroin and a rise in people affected by cannabis and cocaine.

Those entering treatment tend to be men with an average age of 29. Women are usually younger. The ratio of men to women is higher in the south of the **EU** (86/14 in **Italy**, 85/15 in **Spain** and 84/16 in **Greece** and **Portugal**); more equal in the north – 70/30 in **Ireland** and 72/28 in **Sweden**. The report observes: 'The social conditions of clients demanding treatment seems to be worsening in terms of level of education and employment.'

DRUG-RELATED DEATHS STILL STABLE

Acute drug-related deaths (overdoses or poisonings) seem to have levelled at 7,000–8,000 a year **EU-wide** in recent years, although with divergent national trends. Reasons may include stabilisation of problem drug users; a fall in risky practices; expansion of substitution treatment; and better medical assistance. The annual number of deaths in the **EU**, with its 376 million inhabitants, is roughly 50% that of the **USA**, with a much lower population of 270 million, although such comparisons should be treated cautiously.

The presence of other substances with heroin is common in such deaths. However, acute deaths caused by cocaine, amphetamines or ecstasy without opiates seem infrequent in Europe. Opiate users have a death rate 20 to 30 times higher than in the general population of the same age. In some countries, deaths of addicts are falling, partly due to fewer AIDS deaths.

ARRESTS AND TRAFFICKING ACROSS THE EU

Over the last three years, drug-related arrests rose in most **EU** countries. Biggest rises were in **Greece**, **Ireland** and **Portugal**. In 1999, **Belgium** and the **UK** were the only countries to see a drop in such arrests.

Most drug offences are related to drug use or possession for use, except in **Spain, Italy** and the **Netherlands**, where they result from dealing or trafficking. As before, **Luxembourg** reports most arrests involving offences for both drug use and trafficking.

CANNABIS STILL THE MOST-SEIZED DRUG

Cannabis remains the most-seized drug in every **EU** Member State, except **Portugal** where heroin is most-seized. Amphetamines are the second most commonly seized drug after cannabis in **Finland** and **Sweden**. The **UK** accounts for most amphetamines, ecstasy and LSD seized in the **EU**.

In 1999, more than 7 tonnes of heroin were seized in the **EU** – a third in the **UK**. Marked falls in quantities of heroin seized were reported in **Greece**, **France**, **Ireland**, the **Netherlands** and **Austria**, but big rises in quantities seized in **Spain** and **Italy**. Ecstasy seizures rose in all **Member States** in 1999 except **Belgium** and **Luxembourg**. Since 1997, amounts seized have been rising **EU**-wide except in **Ireland** and **Austria**. Biggest rises were in **Germany**, **Greece**, **Portugal**, **Finland**, **Sweden** and the **UK**.

Spain still has the highest level of cocaine seizures. Total cocaine seizures rose steadily **EU**-wide from the mid-1980s but seemed to stabilise in 1999. LSD seizures are less common in the **EU**. In 1999, quantities fell everywhere except **Greece**, **Austria**, **Portugal** and the **UK**.

MORE TARGETED RESPONSES

Drug prevention in schools is a top priority in all **Member States**. Peer approaches are favoured, although difficult to practice. The report notes that it is increasingly recognised that students *do* take drugs. 'This was formerly largely denied since schools feared damage to their images.'

Demand for substitution treatment is still high in many countries, for example by pregnant women. In some **Member States**, buprenorphine is favoured over methadone - it causes fewer neonatal problems. Heroin continues to be prescribed selectively for addicts in the **UK**, with trials underway in the **Netherlands**, and imminent in **Germany**. The report says there is 'evidence of its effectiveness for very deprived drug users in terms of crime reduction, health improvement and social integration'. Drug-free objectives continue to dominate treatment in **Greece**, **Finland**, **Norway** and **Sweden**.

On-site pill testing – mainly of synthetic drugs – in clubs or at dance events has been adopted in **Spain**, the **Netherlands** and **Austria**. An **EMCDDA** study suggests that this can 'efficiently warn against the unexpected and dangerous effects of dance drugs'. Training of nightclub staff, chill-out facilities and interactive websites are other examples of increasingly innovative ways of harm-reduction measures being introduced within the **EU**.

Drug users in prison continue to pose a major problem. In some Member States, more than half the inmates report lifetime use of an illicit drug. Problem and/or intravenous drug users might represent half the population in some prisons. It is estimated that at least 180,000 and perhaps as many as 600,000 drug users pass through **EU** prisons every year. A recent **EMCDDA** report highlighted big gaps **EU**-wide and from prison to prison in prevention, treatment and care of drug users.

A MOVE TO MORE PROACTIVE MEASURES

Drugs agency Chairman Mike Trace (UK) says 'today's report highlights a visible **EU**-wide trend towards strengthening and improving drug policy, with a move from reactive to proactive policies'. He adds that, 'at Community level, the **EU** action plan on drugs (2000–2004), with its six targets, is a major step forward in the campaign against drugs, demonstrating strong commitment by **Member States**'. It calls for countries to set up or strengthen national co-ordination mechanisms to tackle drugs through a 'global, multidisciplinary, integrated and balanced approach'.

Nationally, over the past two years, seven **Member States** have adopted some sort of strategy, plan or policy statement declaring their intentions.

Drugs agency chief Georges Estievenart says: 'The multi-faceted problems posed by drugs demand multi-faceted responses within a co-ordinated long-term strategy. It is encouraging to see so many **Member States** acting in concert within a framework supplied by the **EU**...'. He adds that 'scientific assessment and evaluation are essential if we are to keep on top of the problem...and if we hope to alleviate it. The **EMCDDA**'s role becomes ever-more critical as the volume of data in this area continues to burgeon, as does the demand by policy-makers for clear and accurate analyses.'

'This year the improvement in the quality and comparability of data produced by **Member States** is significant', affirms **Estievenart**. To enhance this progress, five epidemiological indicators – standards allowing **EU** countries to measure the extent and effects of drug use and its consequences in a harmonised way – are now being implemented **EU**-wide under the agency's aegis.

Notes to editors:

(¹) Figures from the European school survey project (ESPAD).

This year, the EMCDDA offers you a special website: **2001 Annual report online** at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt> The site contains downloadable PDF files of the report and this and other news releases in 12 languages (11 **EU** + **Norwegian**).

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