



# news release

from the EU drugs agency in Lisbon

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## 2002 Annual report on EU drugs problem

### FOCUS ON POLYDRUG USE, SUCCESSFUL TREATMENT AND DRUGS IN PRISON

Today's report has a special focus on polydrug use, successful drug treatment strategies and the ever-controversial topic of drugs in prison.

*On polydrug use*, it echoes growing EU concerns and calls for greater study of the 'rituals and social controls' involved. *On successful treatment*, it concludes that what's known to work should be expanded and refined. *On drug use in prisons*, the EMCDDA says it has fundamentally changed the reality of prison life over the past two decades.

*Here are some snapshots from this chapter:*

#### POLYDRUG USE – GREATER INSIGHTS NEEDED

Polydrug use is use at the same time of an illegal drug plus another illegal drug or a legal one such as alcohol. Even energy drinks are sometimes included in definitions and in **France** tobacco. Such behaviour maximises effects, balances or controls negative effects and substitutes sought-after effects.

Some forms of polydrug use are more risky than others. Just one example: while difficult to overdose on benzodiazepines alone, the combination of a large dose and a lot of alcohol or an opiate such as heroin or methadone could be fatal. And there is growing concern about the potential mixture of psychoactive substances in tablets sold as ecstasy. This could lead to unforeseen polydrug health risks.

Most drug deaths are associated with injecting heroin combined with other drugs. At least one other drug or alcohol is involved in over 50% of fatal overdoses in the **UK**, and up to 90% in **Ireland**.

Some polydrug use carries a high risk of dangerous driving but **EU** data on drugs and driving are very limited. Violent or aggressive behaviour has recently been associated with increased use of alcohol combined with stimulant drugs.

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In some countries, polydrug fatalities are still increasing. But the greatest health risks are among problem drug users, particularly those who inject opiates and other drugs. Polydrug users in treatment are mainly men, especially among those using heroin combined with other opiates and cocaine or alcohol. Prevalence of recreational form of polydrug use is higher among young people in dance club settings than among young people in other settings. Older and recreational users are the two groups most at risk.

The report concludes that the rituals and social controls polydrug users employ to achieve the sought-after effects while simultaneously reducing health risk need to be understood better, as do the clinical issues involved.

### **SUCCESSFUL TREATMENT NEEDS TO BE EXPANDED**

One aim of the **EU** action plan on drugs (2000–04) is ‘to increase substantially the number of successfully treated addicts’. There are however no aggregated **EU** data to measure this directly – but many evaluations across the EU of what works.

**Withdrawal treatment**, or detoxification, is generally considered the first step in complete treatment process but the least evaluated. Methadone is widely used. Withdrawal treatment with no use of medicaments, or ‘cold turkey’, exists, although its extent is not really known. Recently-emerged rapid detoxification with Naltrexone under full narcosis – sometimes referred to as ‘turbo withdrawal treatment’ – has not yet been thoroughly analysed but should be investigated more in depth, says the agency.

**Drug-free treatment** applies physic-social techniques. Its first aim is abstinence and then long-term freedom from drug craving. Generally, 30-50% of those entering drug-free treatment complete it successfully. It has been evaluated across Europe applying different methodologies and substantial insights have been gained. But further research is needed to respond to recent drug phenomena.

The outcome of **medically-assisted treatment**, which includes substitution, can be abstinence but may also be to maintain long-term medical treatment. Methadone maintenance is the most widely used. It has been widely evaluated across Europe and generally proved effective in reducing consumption of illegal drugs, risky behaviour and crime. Interventions with methadone have been particularly effective; buprenorphine, too. Despite these apparent ‘successes’, some countries consider neither methadone nor buprenorphine have sufficiently improved the general welfare of particularly-deprived street addicts and have sought alternatives, such as for instance heroin trials.

**On the whole area of successful treatment**, today’s report concludes that in recent years much emphasis has been placed on expanding treatment services. To a large extent this has been achieved. The challenge now is to widen their scope, refine such interventions and boost their success.

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## DRUGS HAVE CHANGED THE REALITY OF PRISON

The report says the presence of drugs and drug use has fundamentally changed prison reality over the past two decades. All **EU** countries experience major problems due to drugs and drug-related infectious diseases in prisons. The prison population is a high risk group in terms of drug use. Compared to the community, drug users are over represented in prison. The proportion of **EU** inmates reporting ever using an illicit drug varies according to prison and country from 29-86 % – over 50 % in most studies.

As in the outside world, experience with cannabis is the most common, but there are also high levels of heroin experience – around 50% of inmates in some cases. Prisoners with a history of regular use, intravenous drug use (IDU), or dependence, can represent up to 69% of a prison's population.

Most drug users tend to stop or cut down after imprisonment because they cannot obtain drugs. But others continue to use them – to an even greater extent in some cases – and some might even start once incarcerated. Routine information on drug use in prison is rare but smaller local studies indicate alarming levels. Drug use inside prison has been reported by up to 54% of inmates; regular drug use by as many as 36%. Up to 26% of drug users in prison report their first experience while inside – and up to 21% of IDUs in prison started injecting there. There is more risky behaviour in prison, such as sharing drugs and injecting material, tattooing and prostitution.

There are fewer women in prison than men but with a higher proportion of drug use. Access to illicit drugs is far more difficult within prison than outside. But anything is obtainable for payment. Prices are an estimated two to four times higher than outside, which makes drugs 10-20 times more expensive in spending power terms. Drug trading within prison is far more distressing than outside, leading to intimidation, bullying and criminality.

The report shows that the current offer of addiction care services does not match the potential need of the estimated 50%+ of drug users in the prison population. The challenge to strive for 'equivalence of care' between community and prison has still to be met by most prisons systems in Europe.

Even though written information material on drugs and drug-related infectious diseases seems available in most prisons in the **EU** and **Norway**, systematic and repeated opportunities to address prevention issues face-to-face are rare and often depend on the initiative of external agencies or individual prison staff. Detoxification is in general offered through medical prison services or in specialised detoxification wards, but quality guidelines are often lacking.

Except for **Greece**, **Sweden** and two *Länder* in **Germany** (**Bavaria** and **Baden-Württemberg**), substitution treatment can be made available in prisons in all **EU** countries and **Norway**. However, even in countries where a large percentage of problem drug users in the community are in substitution treatment, prisons often follow a detoxification policy.

The prevention of the transmission of infectious diseases during incarceration has become a priority for several **EU** prison systems in Europe. However, several key interventions that have shown to be effective in the community are not implemented, as they are politically loaded, meet resistance from staff and are perceived inadequate in prison settings.

### **Notes to editors:**

This year, the EMCDDA offers you a special website: *2002 Annual report online* at <http://annualreport.emcdda.eu.int> 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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