



NEWS RELEASE from the EU drugs agency in Lisbon

ANNUAL REPORT 2008: OPIOIDS STILL AT HEART OF EUROPE'S DRUG PHENOMENON

Warning signs over Europe's biggest drug problem, says EU drugs agency

(6.11.2008, LISBON **EMBARGO 10:00 CET/Brussels time**) Signs of change in Europe's heroin problem mean that countries need to be vigilant and prepared to respond. The statement comes from the **EU drugs agency (EMCDDA)** today, as it launches its **Annual report 2008: the state of the drugs problem in Europe** in Brussels.

The **EMCDDA** estimates that there are between 1.3 and 1.7 million problem opioid users in the **EU** and **Norway**, with heroin responsible for Europe's largest drug-related health and social costs. Data published today call into question previous **EMCDDA** assessments of a slowly improving heroin situation and point to a 'stable but no longer diminishing problem'. Record opium production in **Afghanistan** in 2007 has also heightened the agency's worries over a potential knock-on effect on Europe's heroin problem ⁽¹⁾.

'Current evidence does not point to an epidemic growth in heroin problems as experienced by most of Europe in the 1990s', says **EMCDDA Director Wolfgang Götz**. 'Nonetheless, we cannot ignore the threat posed by the glut of heroin now available on the world market, the concerns raised by indicators of heroin use, or signs that synthetic opioids may be a growing problem. Vigilance is clearly required. But to ensure that Europe is ready to respond rapidly, there is a critical need to improve the sensitivity of our information systems to changes in the availability and use of these most damaging substances'.

In most EU countries, opioid use accounts for between 50 % and 80 % of all treatment demands. At least 7 000 to 8 000 drug-induced deaths occur in Europe every year, with drug overdose one of the leading causes of death among young Europeans. Around 80 % of fatal overdoses are associated with opioid use, and the injection of these drugs is a major vector for drug-related infectious diseases. It is estimated that some 3 000 new cases of drug-related HIV occur every year in Europe, and countries report that typically over 40 % of injectors are infected with HCV (hepatitis C virus). Substitution treatment for opioid use is now available in all **EU Member States, Croatia and Norway**, with around 600 000 opioid users receiving it annually.

Warning signs highlight need for increased vigilance on heroin use

'Indicators of opioid trends point to some worrying developments', says the **EMCDDA**. Today's report shows, for example, that the number of heroin seizures in most reporting countries increased by over 10 % in the period 2003–2006. And the quantity of heroin seized in **Turkey**, an important transit country, more than doubled during this period. Overall, heroin seizures reached an estimated 19.4 tonnes (48 200 seizures) in Europe in 2006 (Tables SZR-7; SZR-8). Monitoring the supply of heroin to Europe is the focus of a recently published briefing from the **EMCDDA** ⁽²⁾.

Also, across Europe, data suggest that new recruitment to heroin use is still occurring 'at a rate that will ensure that the problem will not decline significantly in the foreseeable future'. New demands for treatment with heroin as the primary drug increased in around half of the countries reporting data in 2006 (Table TDI-3, i). Particular concern is raised by studies in some countries which suggest that initiation to opioid injection is still occurring. And in **Estonia, Lithuania, Austria and Romania***, over 40 % of injectors were under 25 (Figure 9, Chapter 6, *Annual report*).

In contrast to an overall falling trend in drug-induced deaths between 2000 and 2003, data now suggest a static or even growing problem, with most Member States since reporting increases (Table DRD-2, Figure DRD-8). Heroin is the drug most associated with drug-related deaths, but other opioids are also being reported. While, overall, the average age of those dying from overdose is rising in Europe (mid-30s), a number of countries (**Bulgaria, Estonia, Greece, Latvia, Luxembourg, Austria and Romania**)* report a relatively high proportion of overdose deaths among the under-25s — another sign of the presence of younger users (Figures DRD-2; DRD-9 i, ii, iii).

Synthetic opioids: diversion and illicit production

Highlighted this year are increased reports of problems related to synthetic opioids. In **Latvia** and **Estonia**, for example, there are indications of a growing problem caused by the availability of 3-methylfentanyl (fentanyl). The origin of this drug is unclear, although some reports suggest illicit production in countries bordering the **EU**. Due to the strength of this drug — fentanyl is considerably more potent than heroin — use can be particularly risky. This is reflected in the over 70 fentanyl-related fatal poisonings reported in **Estonia** in 2006. The **EMCDDA** also releases today a new 'drug profile' on fentanyl ⁽³⁾.

Research shows that the risk of overdose decreases substantially when heroin users are in substitution treatment, which employs drugs such as methadone and buprenorphine. Nevertheless, methadone is identified in the toxicological reports of some deaths in Europe. Evidence exists that good prescribing practices can reduce these deaths, highlighting the need for overdose prevention issues to be taken into account when developing clinical practice in this area. Methadone deaths do not appear to be directly related to overall levels of substitution treatment (see box 'Deaths related to substitution treatment', Chapter 7, *Annual report*).

Wolfgang Götz says: 'Reducing drug-related deaths is an explicit goal of most national drug strategies but our actions are yet to match our words. We cannot tolerate the fact that one of our young citizens dies every hour from an overdose that could have been avoided. We must prioritise overdose prevention measures and target high-risk groups, such as those leaving prison or relapsing after treatment' ⁽⁴⁾.

Notes:

⁽¹⁾ Global opium production increased by 34 % in 2007 to an estimated 8 870 tonnes, mainly due to increased Afghan production (8 200 tonnes in 2007). Consequently, the potential global heroin production reached 733 tonnes (UNODC, 2008). UNODC's recently published *Afghanistan Opium Survey 2008*, estimates that Afghan opium production decreased by 6 % in 2008 to 7 700 tonnes. http://www.unodc.org/documents/publications/Afghanistan_Opium_Survey_2008.pdf

⁽²⁾ EMCDDA Technical data sheet: 'Monitoring the supply of heroin to Europe', available at: <http://www.emcdda.europa.eu/publications/technical-datasheets>

⁽³⁾ EMCDDA drug profile on fentanyl, available at: <http://www.emcdda.europa.eu/publications/drug-profiles>. For further reading see also: Ojanperä, I., Gergov, M., Liiv, M., Riikoja, A. and Vuori, E. (2008), 'An epidemic of fatal 3-methylfentanyl poisoning in Estonia', *International Journal of Legal Medicine* (in press).

⁽⁴⁾ Newly released prisoners are at acute risk of drug-related death, attributable mainly to substance use disorders and drug overdose. A recent study (UK) found the highest risk existing during the first week after release, when the odds of a drug-related death were around 8 times greater for men and over 10 times greater for women than at a year after release (see box on this issue in Chapter 7, *Annual report*).

For further information on the subjects covered in this release see Chapters 6 and 7 of the *Annual report*. Data presented in the *Annual report 2008* relate to 2006 or the last year available.

Figures and tables cited in this news release may be found in the 2008 Statistical bulletin

<http://www.emcdda.europa.eu/stats08>

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<http://www.emcdda.europa.eu/events/2008/annual-report>

* Countries listed in EU country protocol order.