



NEWS RELEASE from the EU drugs agency in Lisbon

ANNUAL REPORT 2008: MIXED PICTURE ON STIMULANT DRUGS

Amphetamine and ecstasy trends stable, but cocaine use still on the rise

(6.11.2008, LISBON **EMBARGO 10:00 CET**) Stimulant drugs — such as amphetamines, ecstasy and cocaine — are the second most commonly consumed drug type in Europe today, after cannabis. But within this group, data reveal a very mixed picture in terms of prevalence, trends and market developments. 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.

Some 12 million Europeans (15–64 years) have tried cocaine in their lifetime, compared with around 11 million for amphetamines and 9.5 million for ecstasy. While the latest European data confirm reports of a stabilising or even declining trend in the use of amphetamines and ecstasy, they point to a continued rise in cocaine use, albeit in a limited number of countries. Also presented today is a new picture of Europe's 'divided market' for illicit stimulants (see map, Chapter 4).

Amphetamines and ecstasy: situation stable

Around 2 million young Europeans (15–34 years) have tried amphetamines in the last year and around 2.5 million have tried ecstasy. Today's report shows stable to falling trends in last-year amphetamine use in this group since 2003 (Figures GPS-8, i; GPS-23, i, ii), with on average 1.3 % of young adults reporting annual use. Last-year ecstasy use among young adults has also remained largely steady over the last five years, although with some small increases and decreases reported. On average 1.8 % of young adults reported using ecstasy in the last year, although this figure masks considerable inter-country variation. School survey data from the **Czech Republic, Spain, Sweden** and the **UK** also show a stable situation or decline, both in the use of amphetamines and ecstasy among 15–16-year-olds (Table EYE-3).

Cocaine use continues to rise

Around 3.5 million young Europeans (15–34 years) have used cocaine in the last year, and 1.5 million in the last month. Seven countries report a rising trend in last year-use in recent surveys (2005–07) (Figure 5, Chapter 5; Figure GPS-14, i). In high-prevalence countries **Denmark, Spain, Ireland, Italy** and the **UK**, last-year prevalence figures among young adults ranged from around 3 % to 5.5 %. The upward trend in treatment demand for cocaine problems also continues. Between 2002 and 2006, the number of cases in Europe of new clients demanding such treatment rose from around 13 000 to almost 30 000 (Figure TDI-1, ii). Some 500 deaths associated with cocaine use were registered by the **EMCDDA** in 2006. (For seizure data, see below).

Europe's divided stimulant market: holistic response needed

Cocaine now dominates the illicit stimulant market in the west and south of Europe, while elsewhere use and availability remain generally low. In most northern, central and eastern Member States, particularly countries joining the EU since 2004, amphetamines retain a strong foothold as the prevailing stimulant (map, Ch 4). Use of methamphetamine — a drug causing considerable problems outside Europe — remains limited within the **EU** to the **Czech Republic** and **Slovakia**, but its availability or use are sporadically reported by other countries.

Due to similarities in the settings in which they are taken, and the rationales offered for their use, cocaine and amphetamines can, to some extent, be regarded as ‘competing products’ on the European illicit drug market. ‘The interplay between different drugs with the same user appeal remains an important area for investigation’, says **EMCDDA Chairman Marcel Reimen**. ‘Today’s picture of a divided market suggests that, rather than focus on individual substances, we must adopt a holistic approach to stimulants. There is a potential risk that gains made in reducing the availability of one drug, could simply result in consumers switching to another’.

Also in today’s report.....

CANNABIS: ‘Stronger signals’ that popularity may be declining

Nearly a quarter of all Europeans, or around 71 million (15–64 years), have tried cannabis in their lifetime and around 7 % (23 million) have used it in the last year — making it still Europe’s most commonly consumed illicit drug. But, in some important markets, says the **EMCDDA**, there are now ‘stronger signals’ of the drug’s waning popularity, reinforcing the analysis presented in last year’s *Annual report*.

Around 17.5 million young Europeans (15–34 years) are estimated to have used cannabis in the last year. Latest national survey data on last-year cannabis use in this age group reveal a stabilisation or decline in the majority of reporting countries (Figure 4, Chapter 3; Figure GPS-4, i), with on average 13 % of young European adults using the drug in the last year. Lifetime and heavy cannabis use among 15-year-old school students in most **EU** countries also appears to be stable or declining (HBCS surveys*; Figures EYE-4 and EYE-5). In the **UK**, a country that used to stand out for its high levels of cannabis use, a steady downward trend is visible in population surveys, especially in younger cohorts (Figure GPS-10).

‘Trends in the numbers of regular and intensive cannabis users, however, may move independently of cannabis prevalence among the general population’, says **EMCDDA Director Wolfgang Götz**. Some 4 million European adults (15–64 years) are estimated to be using cannabis on a daily or almost daily basis. Among the estimated 160 000 new demands for treatment for drug problems reported in 2006, cannabis clients represented the second largest group (28 %) after heroin (35 %) (Figure TDI-2, i).

SUPPLY: DYNAMIC MARKETS REQUIRE DYNAMIC RESPONSES

‘Drug supply both into and inside Europe is progressively evolving’, says **Wolfgang Götz**, ‘with market innovations now posing significant challenges to existing control and public health strategies’. Significant developments include: the growing importance of domestic cannabis production across Europe; increased reports of synthetic opioid diversion and illicit production, a booming online market promoting ‘legal highs’ and medicinal products; and the environmental impact of synthetic drug production. Also highlighted today is cocaine trafficking via west Africa and the efforts by the international community to support the region.

Cocaine trafficking: West Africa, a major hub, and new activity in eastern Europe

It is estimated that almost a quarter of the cocaine trafficked into Europe in 2007 was transited via **west Africa** (UNODC, 2008), which has developed in recent years into a major cocaine trafficking hub. Cocaine enters Europe by a number of routes, with the **Caribbean** still a key transit zone. But it is the dramatic increase in trafficking via the west African route that is thought to have contributed to increased availability and falling cocaine prices in Europe and to bolstering the role of the **Iberian Peninsula** as a key entry point into the **EU**. Of the estimated 121 tonnes of cocaine seized in Europe in 2006, 28 % was intercepted in **Portugal** and 41 % in **Spain**. (This compares with 2005 figures of 17 % and 46 % respectively). In 2006, there were an estimated 72 700 seizures in Europe, over half of them in **Spain** (58 %) and 2 % in **Portugal** (Tables SZR-9, SZR-10).

Recent reports of cocaine importation via **east European countries (Bulgaria, Estonia, Latvia, Lithuania, Romania and Russia)** could also herald the development of new trafficking routes. As cocaine use continues to rise, more efforts are focusing on interception, with the Lisbon-based MAOC-N (Maritime Analysis and Operations Centre–Narcotics) playing a key role in targeting trans-Atlantic shipments and the new CECLAD-M in Toulon set up to address trafficking in the Mediterranean (*Centre de Coordination de la Lutte Anti-Drogue en Méditerranée*).

Mapping domestic cannabis production, 'the big unknown'

Also highlighted today is Europe's domestic herbal cannabis production, with reports from Member States suggesting that this 'may no longer be considered as marginal'. Cannabis resin, mostly from Morocco, has historically been the dominant product in many EU countries. But, domestic production of herbal cannabis has been growing in Europe since the early to mid-1990s and, in some countries, a switch from resin to locally-grown herbal cannabis is now being reported. Some 2.3 million cannabis plants were seized in Europe in 2006.

Most European countries now report local production of cannabis, from small-scale cultivation for personal use to large plantations for commercial ends. Local production poses a major challenge for law-enforcement bodies, as no trans-border trafficking is involved and production sites are situated close to the consumer and are relatively easy to conceal. Highlighting a blindspot in the data on this issue, the **EMCDDA** has launched a mapping study to assess the extent and relative market share of domestically produced herbal cannabis.

Over 200 psychoactive substances advertised by online shops

The **EMCDDA** also reports that over 200 psychoactive substances are now being advertised by online retailers in Europe, following a 2008 mini survey of 25 online shops. While many of these substances are implicitly advertised as 'legal highs', in some countries the contents are covered by the same laws as controlled drugs, and may incur penalties. Given the small sample, results should be interpreted with caution, but most of the shops identified appear to be based in the **UK** and the **Netherlands** and, to a lesser extent, **Germany** and **Austria**. Reports suggest that the number of online retailers of these products is growing and that they adapt rapidly to new attempts to control the market.

Among the most common substances being sold as 'legal highs' are: *Salvia divinorum*; kratom (*Mitragyna speciosa*); Hawaiian baby woodrose (*Argyreia nervosa*); hallucinogenic mushrooms and a variety of 'party pills' sold as alternatives to ecstasy (MDMA). Often the main ingredient of synthetic 'party pills' is advertised as benzylpiperazine (BZP), but these pills may contain a wide range of plant material, semi-synthetic or synthetic substances. An **EMCDDA** risk assessment of BZP led to a Council decision in March 2008 giving countries one year to place the drug under control. Some countries have also introduced controls on *Salvia divinorum* and/or its active principle, *Salvinorine A*.

EMCDDA Chairman Marcel Reimen says: 'Those who make their business from the production, trafficking and sale of illicit drugs are creative, determined and ready to exploit any opportunity to expand their market. This may be through the use of new technology or exploiting the social problems in some parts of the developing world. Our policies must be equally creative if we are to keep pace with an evolving market that cares little for the costs to the individual, the community or the environment'.

Also released today: *Drugs and vulnerable groups of young people*

EU Member States are increasingly prioritising 'vulnerable groups' in their drug and social policies in a move to reduce the risks of potential drug use problems where they are most likely to occur. But more services are needed to match these good intentions. An EMCDDA review of the issue out today states that some groups of vulnerable young people (such as children in care institutions, homeless young people, early school leavers or truants) are more susceptible to early drug use than their mainstream peers and may experience faster progression to problem drug use. Knowing the profiles of these vulnerable groups and where they are found can serve as an important entry-point for drug prevention strategies and interventions. Drug use may be just one of a number of behaviours arising among vulnerable groups, prompting drug policies to address a range of social factors that may aggravate, predict or accelerate health problems in these groups. Today's review highlights examples of best practice.

Summary in 23 languages at <http://www.emcdda.europa.eu/publications/selected-issues>

Notes: 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> — Information on, and links to, all *Annual report* products, news releases, services and events are available at: <http://www.emcdda.europa.eu/events/2008/annual-report>

* Health Behaviour in School-aged Children (HBSC) <http://www.hbsc.org>