



NEWS RELEASE from the EU drugs agency in Lisbon

2003 ANNUAL REPORT ON THE DRUG SITUATION IN THE EU & NORWAY

Some 'cautious optimism' but beware of complacency, warns agency

(22.10.2003 LISBON/**EMBARGO 10H00 CET**) Despite 'some grounds for cautious optimism' about the drug situation in Europe, the **EU** drugs agency warns today against any complacency. New problems are emerging in some areas, it says, and there are no data to suggest a significant fall in drug use.

The warning comes as the **Lisbon-based EMCDDA** launches its *Annual report 2003: the state of the drugs problem in the European Union and Norway* in Strasbourg.

Agency chief Georges Estievenart said today: 'Although there are some grounds for cautious optimism when examining the European drugs problem, these are outweighed by concern that we are not having sufficient impact on severe, long-term drug use or on regular drug use by a worrying number of young people in many **EU** countries. What is more, our indicators suggest that, overall, the drug-use trend remains upwards and new problems are emerging, such as growing cocaine use in some big cities.'

Chairman of the EMCDDA Management Board Marcel Reimen added: 'On the positive side, we see Europe developing a more coordinated approach to the drugs problem. Overall, there is evidence of a better understanding of what works, and coordination of efforts within and between countries is now recognised as a vital component of effective drugs policy'.

A snapshot of the EU drug situation

1 in 5 have used cannabis, and treatment demand grows

Surveys conducted between 2000 and 2002 estimate that, at least one in five (20%) adult Europeans have used cannabis at least once in their lifetime. Figures for young people between 15 and 34 years are generally even higher, ranging to up to 44% – **Spain** (35%), **France** (40%), the **UK** (42%) and **Denmark** (44%). Estimates of recent (previous year) use among this age group range in most countries from 5–20%. At the higher end of the scale are **Spain** (17%), **Ireland** (17%), the **UK** (19%) and **France** (20%), while at the lower end are **Sweden** (1%), **Finland** (5%), **Portugal** (6%) and **Norway** (8%).

Among young men especially, lifetime and previous-year use can be very high. A new concern highlighted in the report is that a small but significant group might now be using cannabis regularly and intensively. A 2001 **French** study reported that over half of 18-year-old men had used cannabis, 13.8% of them doing so intensively – more than 20 times in the previous month. (See news release on drugs and young people).

The agency says that further investigation is needed into increasing references to cannabis in the records of specialised drug-treatment services since 1996. It is now the most frequently reported substance after heroin, representing 12% of all clients and 25% of new clients in the **EU**.

Europe remains the world's biggest market for cannabis resin (hashish), accounting for some three-quarters of global seizures. Herbal cannabis (marijuana) grown in the **EU** is also increasingly available. Evidence indicates

that the average potency of cannabis in the **EU** (the amount of the psychoactive ingredient tetra-hydro-cannabinol [THC] it contains) has risen and now ranges from around 5–10% for both resin and herbal varieties. But some samples are considerably stronger, with a THC content of up to 30%. This raises public health concerns.

Amphetamines and ecstasy – EU a key area for production and use

Europe remains a key area for the production and use of amphetamines and ecstasy. After cannabis, these are the second most commonly used illicit drugs, with lifetime adult consumption ranging from 0.5–5%.

Although ecstasy use continues to be highly prevalent among Europe's urban youth – and studies show very high use in some groups, such as partygoers – a marked increase is not seen generally in the wider population. Deaths where ecstasy is mentioned, though widely highlighted in the media, remain relatively rare, although these are increasing. The drug is mentioned in less than 2% of all reports of total drug-related deaths. (There were an estimated 8 756 drug-related deaths in the **EU** in 2000).

Amphetamines account for around one third of people treated for drug problems in **Finland** and **Sweden** and 9% in **Germany** – but elsewhere in the **EU** they account for typically less than 1%.

There have been only sporadic recent reports of methamphetamine use in the **EU**, despite global growth and major problems associated with this drug in **Asia** and the **US**. But severe problems elsewhere, and the serious public health impact of this drug, demand **EU** vigilance.

Both amphetamine and ecstasy seizures rose substantially in the **EU** in the last decade, although now seem more stable. Almost 99% of tablets analysed in the last reporting year in **Germany**, **Spain**, **Portugal**, the **UK**, and **Norway** contain MDMA or its close analogues MDEA and MDA, although a range of other substances was occasionally present. The average price of ecstasy tablets decreased in most countries in 2001.

Cocaine – widespread EU concern

Almost all countries express new concerns about rising cocaine use. Surveys suggest it is rising in the **UK** and, to a lesser extent, in **Denmark**, **Germany**, **Spain** and the **Netherlands**. Data from 2000–2002 show that lifetime experience ranges from 1–9% of those aged 15 to 34. Its use is concentrated in major cities, so increases might not be adequately reflected in national data. Toxicological findings from drug overdoses, drug seizures and studies of high-risk groups also indicate that use is up.

The total number of cocaine seizures in the **EU** has risen steadily since the 1980s with a marked increase noted in 2001. Street prices have stabilised or decreased in all countries in recent years, although they increased in **Norway**. Cocaine purity remains generally stable in every **Member State**, although increases were reported in 2001 by **Denmark**, **Germany**, **Portugal** and the **UK**.

Drug treatment attendance for cocaine use is reported as relatively high in the **Netherlands** (30%) and **Spain** (19%) but, less so in **Germany**, **Italy**, **Luxembourg** and the **UK** (6–7%), possibly reflecting differences in availability of cocaine treatment. European prevalence of crack (or base) cocaine remains low, with use restricted largely to marginalised communities in some cities – e.g. in **Germany**, the **Netherlands** and the **UK** – resulting in severe but very localised problems.

Half of countries report rise in problem drug use estimates

In most countries, problem drug use is characterised by chronic opiate use, except in **Sweden** and **Finland** where amphetamines play a key role. National estimates of problem drug use vary from 2–10 cases per 1 000 adults: some 1–1.5 million Europeans. The highest rates are reported in **Italy**, **Luxembourg**, **Portugal** and the **UK** (6–10 cases per 1 000 adults). Rates are lowest in **Germany**, the **Netherlands** and **Austria** (3 cases per 1 000 adults).

Estimating is difficult and results should be regarded with caution, but available data suggest a rise since the mid-1990s in at least half of the 16 reporting countries. Of these, eight report higher estimates of problem drug use: **Germany, Spain, Italy, Luxembourg, Finland** and **Sweden** and for injecting drug use **Belgium** and **Norway**.

About 60% of estimated problem drug users are active injectors (some 600 000 to 900 000). Injecting rates among treated opiate users fell in some countries in the 1990s but overall the decline was moderate and, in few cases increases were noted.

Disease prevention still critically important

HIV prevalence among injecting drug users (IDUs) varies considerably EU-wide: from around 1% in the **UK** to over 30% in **Spain**. In a number of countries, local rates of over 25% are found in a variety of settings. These mostly reflect established epidemics rather than new infections, but some rises have been reported. Prevention remains critically important to protect the sexual and injecting partners of infected IDUs.

Although national HIV prevalence data remain mostly stable, they can mask considerable variations locally and among certain groups. HIV increases among IDUs have been reported in the last few years from some regions or cities in **Spain, Ireland, Italy, the Netherlands, Austria, Portugal, Finland** and the **UK**.

The report observes that the long-term costs of hepatitis C infection, both in terms of health-care spending and personal suffering, are likely to be considerable. Prevalence rates among current and former injectors are extremely high in all countries, at 40–90%. High infection rates among young injectors suggest that many are still contracting the hepatitis C virus rapidly after short periods of injecting, stressing the need for early interventions.

Most overdose victims are young

In the last decade, between 7 000 and 9 000 drug-related deaths were reported every year in the **EU** and **Norway** and the trend is upwards, with most affected in their 20s and 30s. In almost all countries, opiates are present in most cases of death (over 80%), often combined with other substances such as alcohol, benzodiazepines or cocaine. Simultaneous use of alcohol or depressants is a particular risk in heroin overdoses, as is that of weakened tolerance, as shown by high overdose rates among those leaving prison.

Responses to the drug challenge – key issues

Strategic and legal responses gather pace

The report says that drug policies in the **EU** and **Norway** are geared to results and deliveries. But, while drug strategy and coordination systems are present in almost all 16, evaluation of results is still not widespread.

Countries continue to modify legislation to facilitate the treatment and rehabilitation of drug users and addicts (e.g. **Germany, Greece, Luxembourg** and **Finland**). Systems to monitor drug trafficking and users have also been strengthened against a general background of increased European security awareness. For example, there are now increased legal powers to monitor and investigate data and telecommunications in **Denmark, Portugal** and **Finland**, with the **Netherlands** currently permitting X-rays and ultrasound scans of those suspected of swallowing small packages of drugs.

Over the last year, some **EU Member States (Denmark, Ireland, the Netherlands** and the **UK)** have introduced legislative provisions to minimise the social impact of drug use through stricter controls of public-order offences and nuisance.

Substitution treatment up one third in last five years

The last five years have seen a 34% increase in the availability of substitution treatment in the **EU** and **Norway**. Some 400 000 people now receive substitution treatment in the 16 countries. Over 60% (around 250,000) of these treatment places are found in **Spain, France** and **Italy**. The biggest rise in treatment has been in countries with low initial provision (e.g. **Greece, Ireland, Portugal, Finland** and **Norway**).

Methadone is by far the most common treatment substance, but buprenorphine is increasingly used. Prescription of heroin is practised in the **UK**, is under scientific trials in **Germany** and the **Netherlands** and is in its preliminary stages in **Spain**.

Harm reduction now widely established

The prevention and reduction of health-related harm associated with drug dependence has become an integral part of the response to drugs across Europe.

Syringe exchange to prevent the spread of infectious disease through injecting drug use is now well established and widely available in the **EU** and **Norway**, although coverage is limited in **Greece** and **Sweden**. On the whole, access to sterile equipment has further improved in the past five years. Only in **Spain** are syringe exchange services implemented systematically in prisons.

Since the mid-1990s, the evidence-base of medical and educational measures to prevent drug-related deaths has grown considerably and the reduction of the number of deaths is increasingly considered as an achievable goal. A cut in drug-related deaths is identified as a priority in the new national drug strategies of **Germany, Greece, Ireland, Luxembourg, Portugal, Finland** and the **UK**. Innovative approaches include the training of risk awareness and first-aid among drug users to prevent fatal overdoses. And there are supervised drug-consumption rooms in **Germany, Spain** and the **Netherlands**.

Another important new development Europe-wide is the provision of medical care to drug users through low-threshold services, targeting those that are homeless or leading otherwise unstable lives.

Prevention in schools – quality a priority

School-based prevention is still at the core of activities directed at young people, usually from pre-teenage. Although there is much evidence of effective prevention in schools, its practice is less than state-of-the-art in most countries. Only a few, such as **Spain, Greece** and **Ireland**, implement such programmes systematically in school curricula. **France** and **Sweden** report that they are reviewing school-based prevention on the basis of scientific evidence and are openly questioning current activities, which do not reflect best practice.

Poor services in the criminal justice system

The report says that treatment and harm-reduction measures that are standard in the community are largely unavailable to drug users in prison. Innovations in penal policy are paving the way for alternatives to prison for drug users, diverting them to semi-compulsory treatment or community service on the assumption that their needs are better met this way. Such alternatives avoid young drug users' coming into contact with criminals inside prison. However, scientific evidence of their effectiveness is still largely absent. Acute overcrowding in prisons also drives the need for alternatives.

Critical lack of evaluation

The report says that in the **EU**, innovative and controversial responses are often more systematically evaluated than more traditional types of prevention and treatment. The mid-term evaluation of the **EU** action plan on drugs (2000–2004) by the **European Commission** in 2002 observed that **Member States** give increased priority to demand reduction but regretted that responses are often not routinely assessed.

Selected issues

Today's report contains three special features on: drug and alcohol use among young people (see separate release); social exclusion and reintegration; and public expenditure in the area of drug demand reduction.

Social exclusion and reintegration – complicating factors

The report looks both at drug use among socially excluded populations (prisoners, immigrants, the homeless, sex workers and vulnerable young people) and social exclusion among drug addicts.

Some studies show that up to 54% of prison inmates report using drugs while in prison and up to 34% report injecting. There is no scientific evidence to suggest that drug use is necessarily higher among immigrants than in the general population, although some studies do show higher prevalence of *problem* drug use among specific ethnic minority groups. Contributing factors include: unemployment, lack of economic resources, housing and linguistic problems. **Denmark, France, the Netherlands and the UK** report that up to 80% of homeless people living in shelters are drug dependent, with higher figures for those living on the streets. Among the homeless, heroin is the most common drug.

On social exclusion among drug addicts, the report observes that more than 50% of all clients in treatment in the **EU** in 2001 had only limited schooling and that high drop-out and school exclusion rates are also frequent.

Unemployment rates among drug users are higher than those of the general population – the rate being 47% among drug treatment clients compared to 8% in the general population. Up to 77% of those in treatment survive on social benefits, and debt is common. Living conditions are often very poor with 10% of clients living in unstable accommodation and 8% in a social institution. Homelessness among addicts is estimated to be up to 29%. Social integration interventions include measures to improve the educational, housing and employment situation of drug users. Such interventions are often also directed to other socially excluded groups.

Public expenditure – Estimates suggest at least €2.3 billion spent

The report examines direct public expenditure in the field of drug demand reduction incurred in 1999 in the **15 EU Member States and Norway**. Although data are still limited in this area, the **EMCDDA** estimates that expenditure amounted to at least of €2.3 billion, although the actual figure could be considerably higher. When comparing drug demand reduction expenditure in prevention and treatment, prevention is reported to receive a much smaller percentage of the funds.

The report says that policy-makers are now showing a greater interest in public spending reviews, both as a basis for decision-making and measuring performance. But research and information systems are still under-developed in this area and need to evolve, if accurate figures on total drug expenditure in Europe are to be obtained.

Notes to editors

- **Annual report 2003: the state of the drugs problem in the European Union and Norway** (available in the 11 EU languages and Norwegian at <http://annualreport.emcdda.eu.int>).
- **Annual report 2003: the state of the drugs problem in the acceding and candidate countries to the European Union** (available in English at <http://candidates.emcdda.eu.int>).
- **News releases** can be downloaded from http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm