European Monitoring Centre for Drugs and Drug Addiction

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2003 ANNUAL REPORT ON DRUGS IN EU ACCEDING AND CANDIDATE COUNTRIES

Drug problems growing but enlargement offers unique chance for concerted responses

(22.10.2003 LISBON/**EMBARGO 10H00 CET**) The arrival of 10 new **EU Member States** in 2004 may well fan the flames of an already complex **EU** drugs problem, but enlargement will also offer countries the chance to play a full part in developing concerted and coordinated responses through increased cooperation.

So says the **Lisbon-based drugs agency**, the **EMCDDA**, in its ***Annual report 2003: the state of the drugs problem in the acceding and candidate countries to the European Union***, launched today in **Strasbourg.**

Presenting the report, **Agency chief Georges Estievenart** said: '**EU** enlargement throws up an array of public concerns that cannot be ignored. Among these are increased drug trafficking, escalating drug use in the new Member States and the spread of infectious diseases. But enlargement also offers countries a unique opportunity to benefit from closer collaboration. This report hits a positive note on how progress can be achieved by new and old Member States' working together to respond to this shared problem through sound analysis and better-informed action.'

On the eve of **EU** enlargement, the report offers a comprehensive historical overview of drugs in the countries under review since the early 1990s. It also carries three selected issues on drug and alcohol use among young people (*see news release on young people*), drug-related infectious diseases and national drug strategies.

Infectious diseases – priority for public health responses

Potential for serious future HIV problems

Today's report warns that some **east European** countries are 'threatened by the most rapidly developing HIV epidemic in the world'. In particular it cites recent and sudden increases in HIV infection among injecting drug users (IDUs) in two of the **Baltic States** – **Estonia** and **Latvia** – where infection has spread at an 'alarming rate', with prevalence rates at up to 13% and 12% respectively in national samples of IDUs. Figures from 2001 show a 41% local prevalence rate among IDUs in the **Estonian** capital **Tallinn**. And data from the same year point to a 282% rise in newly diagnosed HIV infections among IDUs in **Estonia** and a 67% rise in **Latvia.** These rises might be due to the increased availability of heroin in the region in the late 1990s, combined with low risk-awareness among users and high-risk injecting behaviour.

In most other **Central and East European Countries (CEECs)** – **Bulgaria, Czech Republic, Hungary, Romania, Slovakia** and **Slovenia** – the figures are below 1%, lower than in the **EU**, where prevalence ranges from around 1% in **Finland** to 34% in **Spain.** In the third **Baltic State, Lithuania,** HIV prevalence remains below 5%. There are currently no explosive rises in HIV reported among IDUs in **Central Europe.**

Nevertheless, the **EMCDDA** says that a number of indicators suggest that the potential for serious future problems remains considerable. Increasing HIV prevalence among IDUs poses a potential threat for a spread of the virus to the wider population. This, adds the agency, along with continuing high-risk behaviour, makes strengthening public-health measures a 'must', if HIV epidemics among IDUs and the general population are to be averted.

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Hepatitis B and C – high rates in most countries

For all **CEECs** where estimates are available, data show that prevalence of the hepatitis C virus (HCV) among IDUs is generally much higher than that of HIV. In **Bulgaria, Estonia, Latvia** and **Lithuania,** estimates among IDUs are 60% and more, broadly corresponding to the picture in the **EU,** where most figures range from 40–90%. In other countries – **Czech Republic, Hungary, Slovakia** and **Slovenia** – average figures are lower but still high, generally around 20–40%. Evidence from local studies shows HCV rates in this group to be rising.

Overall, HCV rates among IDUs in the **CEECs** are similar to those of the **EU** and are likely to result in considerable long-term public health costs. Yet, at present, responses and treatment options remain under-developed in the region and need to evolve if they are to have a positive impact on long-term health problems.

Data availability on the prevalence of the hepatitis B virus (HBV) is generally poor. This disease can also be very serious, especially among IDUs. But, unlike HCV, it can be prevented by vaccination. Vaccination is available to IDUs in all **CEECs** but coverage is still far from ideal.

Harm reduction – insufficient coverage

Reducing drug-related harm, especially infectious diseases and overdose deaths, is one of the six objectives of the **EU** action plan on drugs (2000–2004) and a clear priority in most **EU** countries. Associated public health measures include: providing access to clean injecting equipment; distributing condoms; testing and counselling for infectious diseases; risk-awareness education for drug users; low-threshold drop-in centres; HBV vaccination and HIV/AIDS treatment.

Although all **10 CEECs** have now implemented preventive and harm-reduction measures, provision and coverage are too limited in most of them, in view of the prevalence of problem drug use, risk behaviour and the scale of potential consequences.

Some measures – especially syringe and needle-exchange programmes and methadone substitution – remain controversial in many parts of **central and eastern Europe**. Only the **Czech Republic** reaches a substantial proportion of IDUs (estimated at over 50%) through a national network of syringe-exchange programmes and low-threshold projects. In **Slovenia**, a reasonable level of coverage is achieved in some cities.

Methadone substitution treatment, which can help reduce health damage, including drug-related deaths and infectious diseases, is available in all countries, but coverage is extremely limited except in **Slovenia**. However, from 1997–2001 the numbers of clients on methadone increased in some countries.

The current low levels of HIV infection rates among drug users in most countries should be no cause for complacency. Some studies have shown that high-risk behaviour is widespread. A 2001 study in one region of **Estonia** reported that 45% of IDUs shared needles. A survey in **Budapest** the same year reported that 33% shared needles and syringes and 41% other paraphernalia.

Strong public-health measures to encourage behavioural change among IDUs and to prevent high-risk injecting and sexual behaviour are still scarce in the region. Such measures, if implemented, might save health and social costs for the individual and the community.

Drug strategies in the future Member States

Governments' intentions to face the drugs problem are examined in the final chapter of today's report, which offers an overview of the main instruments of drug policy – laws, strategies and coordination arrangements. This focuses mainly on the **10 CEECs**, but also examines legislative aspects in **Cyprus, Malta** and **Turkey**.

Drug laws lean towards criminalisation

The report reveals that most of the 13 acceding and candidate countries have made major changes to their drug laws over the last decade. Seven – **Bulgaria, Czech Republic, Estonia, Hungary, Lithuania, Romania** and **Slovakia** – have replaced or revised their penal codes redefining what constitutes a drug offence or penalty. Meanwhile, the **Czech Republic** and **Hungary** have gone a step further by carrying out impact analyses of their legal changes and acting on the results.

Where legal attitudes to drugs are concerned, some countries have tended to criminalise the possession of drugs for personal use and/or drug use *per se* since 1990. This contrasts with more recent drug law modifications in some **EU** countries, which have addressed this question quite differently.

Nine countries – **Bulgaria, Cyprus, Hungary, Lithuania, Malta, Poland, Romania, Slovakia** and **Turkey** – currently treat possession of a small amount of drugs for personal use as a criminal offence, while three – **Czech Republic, Estonia** and **Latvia** – consider this to be an administrative offence. Three countries consider drug use *per se* to be a criminal offence – **Cyprus, Malta** and **Turkey** – although in **Malta** the offence applies exclusively to the use of prepared opium. Sentences for trafficking are similar to those in the **EU**.

Strategies now widespread but more evaluation and support needed

The report observes that national drug strategies are now in place, or about to be adopted, in the **10 CEECs** (information unavailable for **Malta, Cyprus** and **Turkey**). This trend, echoing that in the **EU**, shows that these countries are increasingly committing to the planning and implementation of drug-related activities as part of a more comprehensive approach to global drug policy.

In many cases, the strategies appear to draw on target-oriented management criteria, but this approach is reportedly often weakened by the lack of political will and resources allocated to drugs. Of the **10 CEECs**, only **Lithuania** provided costs of the strategy's planned activities. In other countries, lack of financing was frequently cited as the reason for poor implementation of policy plans. The report refers to the need for political and financial support and the scientific evaluation of results, if the effectiveness of strategies is to be improved.

Most **CEEC** drug strategies aim to address legal and illegal drugs; reduce drug-related infectious diseases and deaths; and improve implementation and delivery of actions. All cover actions in the areas of both demand and supply reduction and most have links to the **EU** action plan on drugs (2000–2004).

Drug policy coordination in the **CEECs** appears quite a new concept. In some countries, national coordination systems are very new and not yet fully operational. In others, structures, although in place for some time, have not been fully implemented due to lack of resources.

Reliable information must underpin policy

The report stresses that reliable and relevant information is essential for 'underpinning the new drug strategies and policies that are under development in all acceding and candidate countries'. It also underlines the need for countries to invest in 'surveillance and reporting systems' necessary for a sound understanding of the drug phenomenon or tracking its evolution over time.

On this note, **Chairman of the EMCDDA Management Board Marcel Reimen** says: 'In the **EU**, national focal points and regional and local centres play a vital role in collecting and making sense of data needed for sound policy-making. It follows that, in the acceding and candidate countries, proper investment in such focal points is a prerequisite for rising to the drug challenge.'

Finally in a region undergoing such rapid change, says the **EMCDDA**, early detection of new trends and emerging problems will be of vital importance, as will reacting quickly when new problems are identified. The importance of this message is particularly relevant to HIV and the potential for future epidemics in the countries under review.

Notes to editors

- The **10 acceding countries** to the **EU** in 2004 are: **Czech Republic**, **Cyprus**, **Estonia**, **Hungary**, **Latvia**, **Lithuania**, **Malta**, **Poland**, **Slovakia** and **Slovenia**. They are sometimes referred to as the new Member States. The three **candidate countries** hoping to join the **EU** are **Bulgaria**, **Romania** and **Turkey**, the first two working towards joining in 2007.

- The **10 CEECs** are **Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia** and **Slovenia**.

- ***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).

- Other **news releases** on the *Annual reports* can be downloaded in 12 languages from: http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm