



## NEWS RELEASE from the EU drugs agency in Lisbon

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### 2004 ANNUAL REPORT: HIGHLIGHTS

#### Signs of progress: decline in drug deaths, new HIV infections and heroin use but increasing worries about rising use of other drugs

(25.11.2004 LISBON **EMBARGO 10H00 CET/Brussels time**) 'There are positive signs that progress has been made in reducing some of the worst consequences of drug use', says **Director of the EU drugs agency, Georges Estievenart**. 'The trend in drug-related deaths is now downwards after many years on the rise, heroin use has stabilised in many countries, and the HIV epidemic among injecting drug users may be slowing in some new EU Member States. At the same time, measures to reduce drug-related harm are intensifying and, across much of Europe, drug users have better access to treatment and care'.

'But', adds **Estievenart**, 'there is a risk that some of these positive trends may be short-lived and real concerns surround potential drug epidemics, particularly in some of the new members of our Union. And we should not forget that drug use in general remains at historically high levels – many countries are reporting rising cocaine use and more people are using cannabis and ecstasy in parts of Europe, although here the picture is more mixed'.

This comment comes today as the Lisbon-based **EMCDDA** launches in **Brussels** its **2004 Annual report on the state of the drugs problem in the European Union and Norway** <sup>(1)</sup>.

### OVERVIEW OF THE DRUG SITUATION IN EUROPE

#### Increase in numbers demanding treatment for cocaine use

More Europeans are seeking treatment for cocaine-related problems, says today's report. In the **Netherlands** and **Spain**, cocaine is now the second most commonly reported drug in specialist treatment centres after heroin, representing over a third (35%) and a quarter (26%) of all demands respectively. In most countries, treatment is demanded for the use of cocaine powder rather than smokeable crack cocaine (but there are exceptions: e.g. the **Netherlands**, where around two-thirds of cocaine treatment demands are crack related). Growing concern is noted around crack use in a number of cities in **Germany, Spain, France, the Netherlands** and the **UK**.

No pharmacological substitution treatment for problem cocaine use has yet been identified (unlike for problem opiate use), but treatment approaches aimed at modifying behaviour appear to provide some benefits.

Surveys in **EU** countries show that between 1% and 10% of young Europeans (15–34 years) report using cocaine at some point in their life, around half of them having done so recently, says the **EMCDDA**. Surveys also show recent cocaine use (last 12 months) has risen to some extent among young people in **Denmark, Germany, Spain** and the **UK**, with local increases recorded in **Greece, Ireland, Italy** and **Austria**. On the whole, recent use is reported by less than 1% of all adults (15–64 years) in the **EU**, but in **Spain** and the **UK**, rates are over 2%, similar to **US** figures. In urban areas and specific sub-groups, levels of use can be much higher: some surveys in dance settings have revealed lifetime prevalence rates of 40–60%.

Deaths attributed to cocaine alone are still rare in Europe, but they may be on the rise. In the **Netherlands**, while two deaths were attributed to cocaine alone in 1994, this figure had risen to 26 by 2001, and in the **UK**, references to cocaine on death certificates rose between 1993 and 2001 (although were much fewer than those linked to opiate-related deaths). Toxicological data show that, in some countries, cocaine mixed with opiates was found in a high proportion of drug-related deaths – **Spain** 46% and **Portugal** 22%. There are new concerns that ‘cutting agents’ used in preparing cocaine can pose added health risks. One example is phenacetine – a relatively common adulterant found in cocaine powder – which has been linked to cancer and disorders of the liver, kidneys and blood.

Quantities of cocaine seized in the **EU** trended upwards in nearly all countries between 1997 and 2002. In 2002, the volume rose in **Germany, France** and **Italy** but fell in **Spain**, the **Netherlands** and **Portugal**, possibly indicating a change in entry points used to traffic cocaine into Europe.

### Signs of heavy cannabis use among teenagers

Cannabis remains the most commonly used illegal drug in the **EU** with roughly one in five (20%) adult Europeans having tried it at least once in their lifetime. Cannabis prevalence rates are generally highest for young people (15–34 years), ranging from less than 15% in **Estonia, Portugal** and **Sweden** and to 35% or over in **Denmark, Spain, France** and the **UK**. And surveys show that roughly 5–20% of young Europeans have used the drug in the last 12 months.

Around 10% of 15–16-year-old school students in **Greece, Malta, Finland, Sweden** and **Norway** have ever tried the drug, compared with over 30% in the **Czech Republic, Spain, France** and the **UK**.

Most people who use cannabis do so only occasionally and for limited periods of time. But today’s report shows that around 15% of 15–16-year-old school students in the **EU** who have used cannabis in the last year are ‘heavy’ cannabis users – using a definition of 40 or more times per year. Young male students are more than twice as likely to be ‘heavy users’ as girls. Among males, the proportion of ‘heavy users’ ranges from 1% in **Latvia, Lithuania, Malta, Finland** and **Sweden** to 5–10% in **Belgium, Germany, Spain, France, Ireland, Slovenia** and the **UK**. This compares with a 0–4.6% range for female students. (*For more on cannabis, see news release ‘Selected issues’*).

Overall, a mixed picture is found in relation to cannabis trends, but available data do suggest that numbers of young cannabis users have stabilised over the last 2–4 years in the **Netherlands, Finland, Sweden** and **Norway** – albeit at historically high levels.

Across the **EU**, cannabis is the most seized drug, except for in **Latvia** where heroin seizures predominate. Most cannabis seizures in the **EU** are made by the **UK**, followed by **Spain** and **France**. But in terms of volume, **Spain** has accounted for over half of the total quantity of cannabis seized in the last five years. Both the number and volume of seizures in the **EU** rose in 2002 after a decline in 2001.

### Ecstasy now rivalling amphetamines as Europe’s No 2 drug

Data released today show that in some countries – **Czech Republic, Germany, Ireland, the Netherlands, Portugal** and the **UK** – ecstasy may be catching up or overtaking amphetamines as Europe’s No 2 drug after cannabis. Overall available data show that European trends in the recent use of ecstasy are still upwards, while trends for recent amphetamine use are more mixed in the majority of countries.

Between 0.5% and 7% of adults (15–64 years) have tried ecstasy in their life, compared to 0.5–6% for amphetamines – lifetime prevalence of amphetamines in the **UK** is as high as 12% (15–64 years).

About two-thirds of the **EU Member States** report recent ecstasy use to be more common than that of amphetamines among young people aged 15–34 years. Between 5% and 13% of young men aged 15–24 in the **Czech Republic, Spain, Ireland, Latvia, the Netherlands** and the **UK** report using ecstasy in the last year.

But on the whole, rates of ecstasy and amphetamine use in school survey data (15–16-year-olds) appear to be more stable, or even slightly declining in some countries.

Europe continued to account for the majority of global seizures of amphetamine (86% by volume) in 2002. Over the last five years the main amphetamine seizing country in the **EU** has been the **UK**. Use of amphetamine type stimulants (ATS) is rarely the primary reason for seeking drug treatment but there are some exceptions: 52% of treatment clients in the **Czech Republic**, 35.3% in **Finland** and 29% in **Sweden** report ATS as a primary reason for seeking treatment.

Despite growing problems linked to methamphetamine use in **Asia** and the **United States**, significant use of the drug in the **EU** seems confined to the **Czech Republic** where it has been produced since the 1980s. But sporadic reports are fuelling fears that it may be gaining ground elsewhere in Europe. Minor methamphetamine production has been reported in **Belgium, Germany, Estonia, France, Latvia, Lithuania** and the **UK** and seizures were reported in 2002 in the **Czech Republic, Denmark, Estonia, Lithuania, Norway** and **Sweden**.

Europe remains one of the world's most important areas for the production of ecstasy, but its manufacture is now growing in **North America** and **Asia**. Production takes place to some extent in several European countries, but **Belgium** and the **Netherlands** remain the most significant producing areas. Quantities of ecstasy seized rose in most **EU** countries in 2002.

Deaths involving ecstasy are relatively rare in most **EU** countries. Deaths directly caused by the drug are even rarer. In 2002, **Germany** reported eight deaths where ecstasy was directly involved, **France** and **Austria** each reported two and **Greece** one. Prevention activities in recreational settings where ecstasy may be used have slightly increased in the **EU**, especially in the **new Member States**. These range from the encouragement of non-use attitudes to the promotion of safer environments in such settings (e.g. prevention of emergencies, first aid, security measures).

### The changing face of problem drug use

Patterns of problem drug use continue to evolve, says the **EMCDDA**. In some countries where problem drug users were traditionally chronic opiate addicts, today increasing numbers of polydrug or stimulant users are found. Examples include **Germany** and the **Netherlands**, which report a growing percentage of crack users among their problem drug users and **Spain** and **Italy**, which reports rising numbers of problem cocaine users.

Less than 1% of the European adult population (15–64 years) can be defined as problem drug users, totalling between 1.2 and 2.1 million problem drug users in the enlarged **EU**. The higher estimates are reported by **Denmark, Italy, Luxembourg, Portugal** and the **UK** (6–10 cases per 1000 adults) and lower rates by **Germany, Greece, the Netherlands, Poland** and **Finland** (less than 4 cases per 1000 adults). In the mid to low range are the **Czech Republic** (4.9 per 1000 adults) and **Slovenia** (5.3).

Data show a rise in problem drug use since the 1990s in – **Belgium, Denmark, Germany, Italy, Luxembourg, Finland, the UK** and **Norway** – and indicators in **Estonia** suggest 'strong increases' says the report.

Heroin use is now relatively stable in many **EU** countries and the number of new users has fallen since the 1990s. But this may not be true for the new **EU** countries where data are more limited. Less than half of opiate users new to treatment in the **EU** report injecting, and in **Spain, the Netherlands** and **Portugal**, a relatively small proportion of heroin users appear to do so. But in the **Czech Republic, Slovenia** and **Finland** injecting is more commonly reported and in **Germany, Ireland, Finland** and the **new EU Member States**, evidence suggests it may still be increasing. The **EMCDDA** estimates that there are now between 850,000 and 1.3 million current injectors in the **EU**.

Limited reports of trafficking in fentanyl – a synthetic opiate up to 100 times more potent than heroin – has been a recent cause for concern in **Europe**, with seizures recorded in **Russia** and countries bordering the **Baltic Sea**. Fentanyl and methylfentanyl have both appeared on the drug markets in **Estonia, Finland** and **Sweden**

and a number of related overdoses have been reported in the last two years. 'A substantial increase in fentanyl on the European market would be very worrying as its potential to cause problems is high', says the report.

### Modest, but significant, decline in drug-related deaths

According to today's report, the number of drug-related deaths has shown a modest decline in recent years across the **EU**. Drug-related deaths fell from 8,838 in 2000 to 8,306 in 2001 representing a small but significant 6% decrease. **France** and **Spain** report a decreasing trend since the mid 1990s and **Germany, Greece, Ireland, Italy, Portugal** and **Norway** report a more marked decline after 2000.

This positive development is likely to be due to reductions in drug injecting in some countries and increased access to substitution treatment and prevention services (e.g. peer interventions in drug emergencies and educational materials on overdose risks). But, says the **EMCDDA**, numbers of overdose deaths are still historically high, and this downward trend may not be sustained. There are signs that drug-related deaths may soon rise in the **new EU Member States**.

### HIV declining in some countries but the risk of epidemic spread remains high

Deep concern surrounds the continuing HIV epidemic in some of the **new EU Member States** and their bordering countries. **Estonia, Latvia, Russia** and the **Ukraine** are the countries with the fastest growing HIV epidemic in the world – although there are signs it may have already peaked in **Estonia** and **Latvia**. In **Western Europe**, the epidemic seems to have stabilised or to be declining among injecting drug users (IDUs), but several 'old' **EU** countries are also showing signs of increased risk behaviour, either at local level or in specific sub-groups.

In **Estonia** and **Latvia**, where HIV incidence among tested IDUs peaked in 2001, rates fell between 2001 and 2002, from 991 per million population to 525 in **Estonia** and from 281 to 170 in **Latvia**, but overall rates remain very high. National estimates of HIV prevalence among IDUs are highest in **Estonia, Latvia** and **Poland**, but also suggest a recent decline. Far higher prevalence among IDUs has been found in local studies in these countries (around 40% in **Estonia**, 20% in **Latvia** and 30% in **Poland**), while the local prevalence in Riga (**Latvia**), continues to rise. In other **new EU Member States** – **Czech Republic, Slovenia** and **Slovakia** – rates of HIV among IDUs are very low, at less than 1%.

The prevalence of antibodies to the hepatitis B virus (HBV) (up to 85%) and the hepatitis C virus (HCV) (up to 95%) among IDUs is still extremely high, underlining the need for treatment and prevention. Prevalence of HCV is lower (25–33%) in some countries, which report low HIV prevalence among IDUs (e.g. **Hungary, Slovenia** and **Slovakia**). Prevalence of tuberculosis among IDUs in **EU** countries remains low – with the possible exception of some of the **Baltic countries** – but high rates of infection are found in some countries bordering the Union, highlighting the need for improved surveillance.

The number and geographical coverage of needle and syringe exchange programmes (NSPs) has continued to increase in many **EU** countries. In particular there has been a rapid expansion in new services nationwide in **Estonia** and **Latvia** in response to the HIV epidemics in recent years.

### OTHER HIGHLIGHTS FROM TODAY'S REPORT

- There has been a constant growth in all types of drug treatment at aggregated **EU** level since the mid 1990s. Substitution treatment has become the most commonly available form of specialised drug treatment for opiate users in the **EU**. Latest figures show that whereas an estimated 320,000 individuals were treated with opiate substitutes in the former **15 EU Member States** in 1999, this figure had risen to over 410,000 by 2003. But overall, demand still exceeds supply in some countries. Substitution treatment is less widely available in the **new EU countries** (except in **Malta**, where it has been available since 1987, and **Slovenia** where it has been established since 1991).

- Drug prevention is improving in a number of **EU** countries thanks to better quality control and monitoring (**Czech Republic, Spain, Ireland, Lithuania, Portugal, Slovenia, Sweden** and the **UK**). In **Greece, Portugal** and **Sweden** prevention policies are increasingly based on modern concepts and clearer structures, with school-based prevention better defined and delivered than in the past. But on the whole, the evidence base for prevention in the **EU** remains weak and there is a need for more investment in prevention programmes. This is particularly true for 'selective prevention', which targets those most vulnerable, and remains under-developed in many countries. There is increasing evidence that this approach can obtain tangible results and it has recently been receiving more attention in some countries (e.g. **Hungary, Finland** and **Sweden**).
- Drug consumption rooms – where problem drug users consume their drugs in supervised hygienic conditions – operate in **39 cities** in three **EU** countries, **Spain, Germany** and the **Netherlands**, as well as **Switzerland**. There is some evidence to suggest that they can be successful in helping hard-to-reach groups access primary health care and social and treatment services and reduce health risks, such as drug overdoses. Nevertheless their establishment remains controversial and their legitimacy in terms of obligations imposed by the UN international drug control treaties has been questioned.
- Drug use in prison varies considerably across the **EU**. Studies show that between 8% and 60% of inmates report having used drugs while incarcerated, and between 10% and 36% report recent use. Similar variation is also found in those injecting drugs in prison – the practice is reported by as few as 0.2% and as many as 34% of inmates, depending on the prison sampled. Substitution treatment is now increasingly provided and is available in all prisons in **Belgium, Denmark, Spain, Austria** and **Slovenia**.
- In the **Czech Republic, Estonia, Lithuania, Hungary, Poland** and **Slovenia** reported drug law offences more than doubled between 1997 and 2002. But in 2002 reported drug offences fell in **Estonia, Ireland, Italy, Latvia, Portugal, Finland** and **Slovenia**. (These decreases should be interpreted with caution as they might represent only short-term fluctuations). In most **EU Member States** cannabis is the drug most involved in reported drug law offences, although heroin is the drug most frequently involved in **Lithuania** and **Luxembourg**.

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**Notes:**

(<sup>1</sup>) The EMCDDA **2004 Annual report** is based, among others, on **National reports** from the Reitox network of national focal points submitted in 2003. Statistical registry data contained in these reports therefore reflect the 2002 reporting year. Additional qualitative and contextual information reflect data available at the time of the network's reporting deadline in the second half of 2003.

For news releases in 20 languages as well as the **Annual report, Statistical bulletin, Country situation summaries** and Reitox **National reports** see <http://annualreport.emcdda.eu.int>

To ease traffic on the main website, the **EMCDDA** will also be offering an alternative website at <http://emcdda.kpnqwest.pt> allowing access to the report and news releases.