



NEWS RELEASE from the EU drugs agency in Lisbon

2004 ANNUAL REPORT: 10 YEARS OF REPORTING

Information on drugs 'increasingly robust' in the enlarged Union, says EMCDDA

(25.11.2004 LISBON **EMBARGO 10H00 CET/Brussels time**) Information now available on the European drug situation is 'increasingly robust' says the **EU drugs agency (EMCDDA)** today as it presents its **2004 Annual report on the state of the drugs problem in the European Union and Norway** in Brussels.

The statement comes as the EU agency concludes its first 10 years of reporting and offers the first consolidated overview of the European drug phenomenon in 26 countries, from the Atlantic to the Russian border. Over the last decade, the **EMCDDA** has worked with Member States to develop data-collection tools and indicators to provide countries with a 'common language' with which to describe the drug phenomenon. It has also facilitated the creation of national drug monitoring centres across Europe, which now play a vital role in collecting and interpreting data needed for sound policy-making.

EMCDDA Director Georges Estievenart says: 'As our first 10 years draw to a close we now have a deeper and broader understanding of Europe's drug situation and responses to it. Sustained data collection over time has allowed us to pinpoint overall signs of stabilisation or fluctuations in trends but has also opened our eyes to more specific concerns in sub-groups, regions and localities. And now monitoring over a wider geographic expanse has thrown up new discoveries and dynamics that call into question some of our previous assumptions on the nature and direction of trends. Overall our investments in monitoring are now paying dividends, enabling us to talk with confidence about both similarities and differences in drug problems evolving across our Union'.

Common observations on the European drug problem highlighted in today's report include the broad stabilisation in heroin use and injecting. This is offset by a rise in use of other substances, such as cocaine, cannabis and ecstasy, and by the fact that many young Europeans are now using a combination of substances on an intensive or regular basis. Also noted is the general downward trend in drug-related deaths since 2000, although this trend could be reversed in some of the **new EU countries** if adequate responses are not implemented quickly (see today's news releases No 8 – 'Highlights' and No 9 – 'Selected issues').

Meanwhile marked differences can be traced in other areas, such as infectious diseases. Some of the **new EU Member States** have the fastest growing HIV epidemic in the world, says the report, while in the 'old' Member States, levels among injecting drug users (IDUs) have generally stabilised. In most of **central and eastern Europe**, HIV prevalence among IDUs is on average still low at less than 1% (e.g. **Czech Republic, Hungary, Slovenia and Slovakia**), similar to findings in the neighbouring **EU candidate countries – Romania and Bulgaria**. Although epidemic spread has been avoided in the latter countries to date, potential increases in injecting drug use could lead to rises in the prevalence both of HIV infection and hepatitis in the near future, if prevention measures are insufficient, says the report.

Increased capacity to monitor trends is now translated into the faster, and more appropriate, development of policy options and counter-measures, says the **EMCDDA**. Data reported in the last year on the spread of HIV, for example, has triggered a range of new responses in countries where HIV epidemics peaked in 2001.

Estonia and **Latvia** for instance report the rapid nationwide expansion of needle and syringe exchange programmes. They also report a recent fall in HIV incidence rates among IDUs – although these remain very high.

Better monitoring of policy trends has also contributed to the adoption by most European countries of a national drug strategy (see 'National policies' below). Of the **new EU Member States** which have done so in the last year – e.g. **Czech Republic, Estonia, Latvia** and **Lithuania** – all provide a focus on improving treatment and reducing risks, in line with the EU strategy on drugs. In turn drug services are becoming more available in these countries, but capacity and coverage are still far too limited.

'The EU population now stands at 456 million and one in 14 people in the world live in the 25 Member States'. says **Marcel Reimen, EMCDDA Chairman**. 'The wealth of information presented by the EMCDDA today helps us understand better the extent to which drug problems affect these citizens of Europe and the communities in which they live. But it also enables us to reflect on the policies and actions that Member States have developed to respond to the complex and multifaceted challenge that the use of drugs presents'.

The **2004 Annual report** is published just one month after the official evaluation by the **European Commission** of the EU strategy and action plan on drugs (2000–2004), a process in which the **EMCDDA** played a key role by providing technical tools for the evaluation of policy data and analysis of the drug situation (see news release No 6 – 'Snapshots'). It is noteworthy that the **European Parliament's** Committee on Civil Liberties, Justice and Home Affairs will discuss the findings of the **2004 Annual report** at the same time as it examines a recommendation from the **Council of the EU** on the 'European strategy on fighting drugs (2005–2012)'. Drug policy in the EU is now at a pivotal moment as leaders set new objectives and targets from 2005 onwards.

HIGHLIGHTS FROM THE REPORT: NEW DEVELOPMENTS IN DRUG POLICY AND LAW

The role that evidence-based information on drugs can play in decision-making is highlighted in today's report. New developments in the area of drug policy and law in 2003 are outlined below:

EU developments

- June 2003 – Council of Ministers adopts a recommendation from the European Commission on preventing and reducing health-related harm associated with drug dependence. This is the first EC recommendation in the field of public health concerning drugs. Many countries have already incorporated its proposals (e.g. introducing risk-reduction initiatives) into their national drug strategies.
- November 2003 – European Commission adopts a 'Communication on coordination activities and instruments in the field of drugs in the EU', based on an EMCDDA–European Commission study. (The study defines coordination as 'integrating the diverse elements of national responses to drugs' with the aim of 'harmonising work' and 'increasing effectiveness'). The communication states that coordination is essential if the EU is to respond effectively to the complexity of the drugs problem.
- November 2003 – Council of Ministers adopts a decision regarding control measures and criminal penalties relating to four new synthetic drugs: 2C-I, 2C-T-2, 2C-T-7 and TMA-2. These drugs will consequently be subject to control measures and criminal penalties in the EU Member States.
- November 2003 – Council of Ministers reaches political agreement on a framework decision targeting drug traffickers and criminal and terrorist organisations deriving funds from trafficking. This sets out a common definition of drug trafficking and recommended penalties for this offence in the EU. (This framework decision was adopted by the Council on 26 October 2004). Europol (2002) estimates that the global proceeds of drug trafficking represent 2–5 % of the world GDP.

National policies

- Twenty-two out of 26 countries (25 EU + Norway) have now adopted a national drug strategy. These strategies vary between countries but show common traits (coordinated by national agencies; focus on delivery, monitoring and evaluation; adopt balanced supply–demand approach).
- Most countries have adopted a 3–5 year timeframe for their strategy but others opt for a longer span (8–10 years). And while some countries aim to achieve a ‘drug-free society’, others give priority to reducing the negative consequences of drugs, although some strategies mix the two. National strategies generally focus on illicit drugs, but alcohol and tobacco are covered in an increasing number of countries.
- In recent years, a coordinated EU approach to drugs has been consolidated (EU drugs strategy and action plan 2000–2004). The future direction of drug policies in the enlarged EU and the articulation of 25 different drug strategies under the umbrella of the EU will be the challenge for the Dutch Presidency in 2004 (2005–2012 EU drugs strategy) and the Luxembourg Presidency in 2005 (2005–2008 EU action plan).

National legislation – new developments

- *Confiscation of assets*: **Spain, France, Ireland, the Netherlands** and the **UK** all report new developments in their powers to confiscate the assets of drug traffickers and criminal gangs. In **Spain**, a new law helps speed up the transfer of documents needed to identify and locate seized goods to reinvest them in projects tackling drug supply and demand (prevention, social reinsertion). It widens the range of beneficiaries from NGOs and national public bodies to international and supranational entities and foreign governments.
- *Drugs and driving*: The issue of driving under the influence of drugs and how to deal with it remains of considerable concern in many Member States. In 2003, **France, Italy, Austria** and **Finland** made changes to clarify or reinforce legislation in this area and blood and/or urine tests for drivers were introduced.
- *Cannabis legislation*: **Belgium** and the **UK** reported changes in the legal classification of cannabis over the last year. In **Belgium**, new offences were introduced, so that an adult found with cannabis for personal use, without indications of nuisance or problematic use, may only be fined and/or registered with the police. However, nuisance or aggravating circumstances, such as possession in the presence of minors, may be punished with imprisonment. In the **UK**, cannabis and its derivatives were reclassified from class B and A respectively to class C under the British system, and the maximum penalty for possession for personal use is now two years’ imprisonment. Police guidelines recommend that arrests for possession only be made in certain circumstances that include smoking in public or near minors.

Notes:

This general news release is complemented by two others which focus on statistics and main trends. 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>

EMCDDA news releases can also be found at: <http://www.emcdda.eu.int/?nnodeid=875>

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.