



NEWS RELEASE from the EU drugs agency in Lisbon

ANNUAL REPORT 2007: HIGHLIGHTS

Positive messages from EU drugs report marred by high levels of drug-related deaths and rising cocaine use

(22.11.2007, LISBON **EMBARGO 10:00 CET**) After over a decade of rising drug use, Europe may now be entering a more stable phase, says the **EU drugs agency**, the **EMCDDA**. Not only are there signs that heroin use and drug injecting have become generally less common, but new data suggest that levels of cannabis use may now be stabilising after a sustained period of growth. Nevertheless, positive messages are marred by high levels of drug-related deaths and rising cocaine use. These comments come today as the agency launches its **2007 Annual report on the state of the drugs problem in Europe** in Brussels.

- **Cannabis:** Use stabilising and signs of popularity waning among the young. But intensive cannabis use causing health concerns — around 3 million may be using it on a daily, or almost daily, basis.
- **Cocaine:** Estimates rise again. Around 4.5 million Europeans report using the drug in the last year. Record cocaine seizures in Europe: 107 tonnes in 2005, up over 45% on quantities seized in 2004.
- **HIV:** Overall positive assessment, but 3 500 new infections among drug injectors in 2005 underline need for continued efforts. Up to 200 000 drug injectors live with HIV. Up to 1 million live with HCV, 'Europe's hidden epidemic'.
- **Deaths:** Europe risks failing to meet targets to reduce drug-related deaths. Between 7 000 and 8 000 overdose deaths per year, with no downward trend detectable in the most recent data.

Cannabis use stabilising, signs of popularity waning among the young

Nearly a quarter of all adults in the EU — around 70 million aged 15–64 — have tried cannabis at some point in their lives, and around 7% — 23 million — have used it in the last year. But while cannabis remains Europe's most commonly consumed illicit drug, and use is historically high, new trend data are a cause for 'cautious optimism' says the report.

Following escalating cannabis use through the 1990s, and more modest rises after 2000, latest data suggest that cannabis use is now stabilising or falling, particularly in high-prevalence countries. And in some Member States there are signs that, among younger age groups, the drug's popularity may be waning.

According to today's report, on average 13% of young Europeans (15–34 years) have used cannabis in the last year. The highest rates are reported by **Spain** (20%), the **Czech Republic** (19.3%), **France** (16.7%), **Italy** (16.5%) and the **UK** (16.3%) (Table GPS-11, Figure GPS-4, national survey data). Among the high-ranking countries, recent trend data show that rates have stabilised or are beginning to decrease in **Spain** and have dropped by around 3–4 percentage points in the **Czech Republic**, **France** and the **UK**. And latest data from mid-ranking countries show a stabilisation in **Denmark** and the **Netherlands** and falling levels in **Germany**.

Among the **UK's** younger cannabis users (16–24 years), last year use fell from 28.2% in 1998 to 21.4% in 2006, suggesting that the drug has become less popular there in this group (Figure GPS-10). And according to

the Spanish School Survey, last-year use among 14–18 year-olds fell from 36.6% in 2004 to 29.8% in 2006.

While levels of cannabis use still appear to be increasing among young adults in **Hungary, Slovakia** and **Norway**, most rises are small and generally less pronounced in more recent estimates. The exception is **Italy** where rates of last-year cannabis use in this group rose from 12.8% in 2003 to 16.5% in 2005 (Figure GPS-4).

Attention turns to intensive cannabis use

Only a relatively small proportion of cannabis users report using the drug on a regular and intensive basis, but this still represents 'a significant number of individuals', says the report. The **EMCDDA** estimates that around one-fifth (18%) of the 70 million adults (15–64 years) who have ever tried cannabis, reported having used it in the last month — over 13 million Europeans. And an estimated 1% of European adults — around 3 million people — may be using the drug on a daily, or almost daily, basis. Prevalence rates are generally higher in younger age groups, particularly among young males (Figure GPS-7).

EMCDDA Chairman, Marcel Reimen says: 'While we may be heartened that cannabis use has stopped escalating, we must now turn our attention to improving monitoring across Europe of more intensive patterns of consumption. The agency is already developing with Member States new methods to report on this specific issue and to refine its estimates. Understanding how and why cannabis users may develop problems is crucial for planning responses and for estimating the potential health impact of Europe's most consumed illicit drug.'

Between 1999 and 2005, numbers of Europeans demanding treatment for cannabis problems approximately trebled, although this upward trend now appears to be stabilising. In this period, new demands for treatment for cannabis problems rose from 15 439 to 43 677 clients, and in 2005, over a quarter (29%) of all new treatment demands were cannabis-related (Figure TDI-1, part ii; Chapter 3, Figure 4).

The extent to which this growing demand was the result of a rise in intensive use and subsequent treatment needs remains unclear. Other factors could also be important, such as a greater number of referrals from the criminal justice system, better reporting, or the opening of new cannabis-specific treatment services.

'The European cannabis situation is also complicated by market factors', says the report. Over half the EU Member States now report some domestic cannabis production. Such home-grown cannabis can be of high potency but more difficult to track than the imported variety, being less likely to be intercepted due to shorter supply routes. Analysing the cannabis market will be one of the agency's priorities for 2008.

Innovative interventions are now developing in Europe to meet the very different needs of occasional, regular and intensive cannabis users (although research in this area remains largely American or Australian). Such interventions include web-based interventions, enabling users to audit their patterns of use, and mobile phone messaging to inform and advise them. Almost half of the EU Member States (13 countries) now report the availability of specialised treatment facilities for problem cannabis users.

Latest estimates show cocaine use rising again

Around 4.5 million Europeans (15–64 years) are likely to have used cocaine in the last year, says the **EMCDDA**, revising its estimate in the **2006 Annual report** of 3.5 million adults. According to today's report: 'The general picture reported last year of a stabilising situation is called into question by the new (European) data, which point to an overall increase in use'.

Despite wide variation between countries, the new data confirm cocaine's place as Europe's stimulant drug of choice and as its second most commonly used illicit drug after cannabis — ahead of ecstasy and amphetamines. The **EMCDDA** estimates that around 12 million Europeans — 4% of all adults — have ever tried cocaine. Around 2 million have taken it in the last month, more than double the estimate for ecstasy.

Among young adults (15–34 years), increases in last-year cocaine use were registered in most countries reporting recent survey data, although in countries with the highest prevalence — **Spain** and the **UK** — increases were relatively small, suggesting that prevalence may be levelling off. Clear increases were reported by **Denmark** and **Italy** (Chapter 5, Figure 7).

Impact of cocaine on public health

One indication of how cocaine use is impacting on public health is the rise in demand for treatment relating to the drug. In 2005, close to a quarter (22%) of all new demands for treatment in Europe were cocaine-related: a total of 33 027 clients, compared with 12 633 in 1999 (Figure TDI-1, part ii). High proportions of cocaine users among drug clients are reported by **Spain** and the **Netherlands**. These countries are also responsible for the majority of reports of cocaine treatment in Europe.

According to the report, treatment services are faced with offering care to a broad spectrum of clients: socially integrated recreational users, who consume cocaine along with alcohol or other drugs; users with opioid problems, who inject cocaine with heroin; and a limited number of highly marginalised crack cocaine users. Around 400 deaths relating to cocaine use were registered in Europe in 2005. But health consequences of cocaine use are often not well detected in current reporting systems. Special attention is given to this topic in today's *Selected issue* 'Cocaine and crack cocaine: a growing public health issue' (see press summary).

Record amount of cocaine seized

Other factors also point to an upward trend in cocaine use, 'confirming the growing importance of cocaine in Europe's drug problem', says the report. Both numbers of cocaine seizures and quantities seized increased in Europe between 2000 and 2005. In 2005, there were an estimated 70 000 cocaine seizures amounting to a record 107 tonnes, up over 45% on quantities seized in 2004.

The main point of entry of cocaine into Europe remains the **Iberian Peninsula** and there have been marked increases in cocaine seizures and quantities seized in **Spain** and **Portugal**. **Spain** accounted for around half of the total number of seizures and the greatest volume intercepted (48.4 tonnes in 2005, compared with 33.1 tonnes in 2004). And **Portugal** overtook the **Netherlands** as the country with the second largest quantities intercepted (18.1 tonnes in 2005, compared with 7.4 tonnes in 2004) (Table SZR-10).

Most cocaine seized in Europe enters the continent from **South America** or via **Central America** and the **Caribbean**, with **West African countries** increasingly being used as transit routes. The EU responds to changes in trafficking routes through enhanced coordination and cooperation between Member States. One example is the establishment in Portugal in September 2007 of the Maritime Analysis and Operations Centre – Narcotics (MAOC-N), a collaboration between seven EU Member States (**Spain, Ireland, France, Italy, the Netherlands, Portugal** and the **UK**) and with the involvement of Europol.

Cocaine-related offences rose in the period 2000–2005 in all European countries except **Germany**, where the number remained relatively stable. The EU average increased by 62% in this period (Chapter 1, Figure 1).

HIV: overall positive assessment, but around 3 500 new infections among IDUs in 2005

The rate of HIV transmission among injecting drug users (IDUs) was low in most EU countries in 2005. This positive picture can be seen in the context of greater availability of prevention, treatment and harm-reduction measures and declining popularity of drug injecting in some countries. With the expansion of services, the HIV epidemics seen earlier in Europe seem largely to have been avoided.

According to the report: 'The situation in **Estonia, Latvia** and **Lithuania** remains a concern, but here again most of the recent data point to a relative decrease in new infections'. As a result of lower rates of transmission, the overall burden of infection ⁽¹⁾ resulting from injecting drug use is likely to be falling, especially in areas where prevalence has been high (Figure INF-2). **Portugal** reports the highest HIV transmission rate in IDUs among the EU countries where data are available (around 850 new infections diagnosed in 2005).

Although injecting drug use has become less important as a route of HIV transmission, the **EMCDDA** estimates that, in 2005, it still accounted for some 3 500 newly diagnosed cases of HIV in the EU. This figure may be low by historical standards, yet it still represents a considerable public health problem. The report states that between 100 000 and 200 000 people who have ever injected drugs are living with HIV. The hepatitis C virus (HCV), however, is more prevalent among IDUs in the EU than HIV and more evenly distributed. The **EMCDDA**

estimates that around 1 million people who have ever injected drugs are living with HCV. Studies carried out in the period 2004–2005 revealed overall high levels of HCV prevalence, illustrated by the fact that most countries (17) reported rates of over 60% in at least one group of injectors studied. In contrast to the apparent success in preventing HIV infection, prevention and harm-reduction services appear to be having a weaker impact on HCV, 'Europe's hidden epidemic'.

Europe risks failing to meet targets to reduce drug-related deaths

Overdose is a major cause of preventable death among young Europeans, says the **EMCDDA**. Yet latest European data show that levels of drug-related deaths are historically high and no longer falling, underlining the need for policy-makers to pay more attention to this issue (Chapter 8, Figure 13). Reducing drug-related deaths is a specific target of the current EU drugs action plan (2005–2008).

The **EMCDDA** estimates that there were between 7 000 and 8 000 drug-related deaths in the **EU** and **Norway** in 2005, mainly associated with opioid use. Recent rises in deaths have been recorded in several countries, with clear increases of over 30% in: **Greece** (2003–2005), **Austria** (2002–2005), **Portugal** (2003–2005) and **Finland** (2002–2004).

Drug-related deaths in the **EU** and **Norway** fell by 6% in 2001, by 14% in 2002 and by 5% in 2003 (Chapter 8, Figure 13), following sharp increases in the 1980s and early 1990s and steady increases from the late 1990s to 2000. The significant downward trend in deaths between 2000 and 2003 was noted to be faltering in last year's **Annual report**, following a small rise in drug-related deaths between 2003 and 2004 (Table DRD-2, part i).

Whereas escalating heroin use and injecting were the probable causes of the previous rises in deaths, this is not the case today where heroin use in Europe appears stable in most countries. 'There is an urgent need to research why drug-related deaths remain so high', says **EMCDDA Director Wolfgang Götz**. Risk factors that could be contributing to the problem include more polydrug use by opioid users and rises in heroin availability.

An estimated 6 610 tonnes of opium were produced in 2006 — 92% in **Afghanistan**. Global potential of heroin production was estimated at 606 tonnes in 2006, up from 472 tonnes the previous year (UNODC, 2007). While the impact of record opium production is not yet seen in European heroin consumption figures, today's report warns: 'The sustainability of the general stable or improving situation seen in heroin use in Europe is called into question by increasing opium production in Afghanistan'.

Research shows that substitution treatment reduces the risk of fatal overdose, yet every year deaths are reported which are associated with the misuse of substitution medicines. The presence of the synthetic opioid methadone, along with other psychoactive substances, is reported by several countries in a sizeable proportion of drug-related deaths. Monitoring these deaths, and the circumstances surrounding them, can provide key information for improving substitution programmes and shaping prevention and harm-reduction initiatives.

Measures which can contribute to reducing drug-related deaths and mortality include: easier access to treatment; risk-reduction strategies for drug users leaving prison; first aid training for drug users on responding in an emergency; and training for treatment staff in addressing the risks of polydrug use. But according to the report: 'Europe still lacks a comprehensive approach to overdose prevention'.

Wolfgang Götz says: 'Over 7 000 lives lost a year is compelling indication that we are not getting it right when it comes to overdose prevention in Europe. We have made real progress when it comes to HIV reduction among drug users. We now need to match this with equally effective actions to reduce drug-related deaths. This will require innovation, determination and vision, and ultimately the commitment of policy-makers to invest in overdose reduction programmes'.

Notes: Data presented in the report relate to 2005 or the last year available. Figures and tables mentioned in this news release may be found in the report itself or in the *2007 Statistical bulletin*. Information on, and links to, all *Annual report* products, services and events will be available at: <http://www.emcdda.europa.eu/events/2007/annualreport.cfm>

(¹) For 'burden of infection', see <http://www.who.int/healthinfo/bod/en/index.html>