ANNUAL REPORT 2009: HIGHLIGHTS

Cocaine and heroin maintain firm hold on Europe’s drug scene

(5.11.2009, LISBON EMBARGO 10:00 CET/Brussels time) There is little to suggest any improvement regarding cocaine and heroin use in Europe, the two substances that remain at the heart of Europe’s drugs problem, says the EU drugs agency (EMCDDA). Polydrug use is also a major concern, as the range of available substances grows and drug-taking repertoires become increasingly complex (1). But on a more positive note, new data confirm a continued fall in cannabis use, particularly among young people. These comments come today as the agency launches its Annual report 2009: the state of the drugs problem in Europe in Brussels.

Cocaine, still Europe’s most popular stimulant — some new rises reported

Some 13 million European adults (15–64 years) have tried cocaine in their lifetime. Of these, 7.5 million are young adults (15–34 years), 3 million of whom have used it in the last year. Cocaine use in the EU remains concentrated in western EU countries, but elsewhere in Europe consumption remains low. In highest-prevalence countries Denmark, Spain, Ireland, Italy and the UK, recent surveys show that use in the last year among young adults ranged from 3.1 % to 5.5 % (Chapter 5, Table 8). In most reporting countries, recent data point to a stable or rising trend in last-year use in the 15–34 age group (Figure GPS 14, parts i and ii).

In 2007, the number of cocaine seizures in Europe increased to 92 000 (compared with 84 000 in 2006), although the total quantity recovered dropped to 77 tonnes (down from 121 tonnes in 2006). Among those entering drug treatment services for the first time, 22 % cited cocaine as their primary problem drug. Some 500 deaths associated with cocaine use were reported in 2007.

Heroin — trend no longer declining

Data published today support the EMCDDA’s assessment in last year’s Annual report of a ‘stable but no longer diminishing heroin problem’. Following a decline in heroin-related problems from the mid-1990s to early 2000s, indicators of opioid trends (new demands for treatment, deaths, seizures) still point to worrying developments. ‘While there is currently no evidence of a return to the epidemic spread of heroin use seen in the 1980s and 1990s, the health and social problems arising from the use of this drug remain considerable’, says EMCDDA Chairman Marcel Reimen. ‘Any indications that the situation may be worsening are grounds for substantial concern’.

The EMCDDA estimates that there are between 1.2 and 1.5 million problem opioid users in the EU and Norway, most of these heroin users. New data also suggest that recruitment to heroin use is still occurring, albeit moderately. Based on data from 19 reporting countries, the overall number of new demands for treatment, with heroin as the primary drug, was 6 % greater in 2007 than in 2002 (see Figure TDI-1, part ii). And between 2006 and 2007, eight countries reported that users entering treatment for primary heroin use increased both in number and as a percentage of all clients.

In the period 1990–2006, between 6 400 and 8 500 drug-induced deaths were reported each year in Europe, most of these associated with opioid use (typically over 85 %). Following an overall falling trend in drug-induced deaths between 2000 and 2003, subsequent data show an increasing trend. In 2007, 13 of the 18 reporting countries showed a rise on the previous year (Table DRD-2, part i).
Between 2002 and 2007, the number of reported heroin seizures in the EU and Norway rose on average by around 4 % per year. In 2007, an estimated 56 000 seizures were reported (compared with 51 000 seizures in 2006), the highest number being in the UK (Table SZR-7). While the overall amount of heroin seized in the EU and Norway declined after 2002, it increased from 8.1 tonnes in 2006 to 8.8 tonnes in 2007. Turkey, an important transit country for heroin entering the EU, reported a record 13.2 tonnes seized in 2007, compared to 2.7 tonnes in 2002 (Table SZR-8, Chapter 6, Table 9).

New data confirm declining cannabis use, particularly among the young

Around 74 million Europeans (15–64 years), have tried cannabis in their lifetime, around 22.5 million of them having used it in the last year. This makes cannabis still Europe’s most commonly consumed illicit drug (Chapter 3, Table 3). But, following marked increases in use through the 1990s and early 2000s, new European data confirm the drug’s declining popularity, particularly among the young, reinforcing the analysis in last year’s report.

The trend is particularly noticeable among schoolchildren (15–16 years), as shown by the ESPAD surveys (2). Most west European countries, as well as Croatia and Slovenia, reported a decrease or stabilisation in lifetime cannabis use in 2007, following high prevalence or an upward trend to the 2003 ESPAD survey. In most central and east European countries, the increasing trend to 2003 may be levelling out (only Slovakia and Lithuania report a rise of more than 3 %). A third group of countries, mainly in northern and southern Europe, stand out for their overall stable and low lifetime prevalence of cannabis use from the mid to late 1990s to 2007 (Chapter 3, Figure 4). School survey data from the US and Australia also point to a decreasing trend (Figure EYE-1, part xii).

The data available likewise point to a stabilising or downward trend between 2002 and 2007 in last-year cannabis use among young adults (15–34 years) (Figure GPS 4, part ii). But the numbers of regular and intensive cannabis users in Europe are less encouraging. Up to 2.5 % of all young Europeans could be using cannabis on a daily basis, representing a large population at risk and in potential need of assistance. Innovative responses targeting this population include Internet-based drug treatment interventions, on which the EMCDDA launched a first European review in 2009 (3).

Polydrug use increases risks and complicates treatment

‘In Europe today, polydrug use patterns are widespread, and the combined use of different substances is responsible for, or complicates, most of the problems we face’, states the report. Published today, alongside the report, is a special review Polydrug use: patterns and responses (4). This provides an overview of this behaviour in schoolchildren (15–16 years), young adults (15–34 years) and problem drug users.

Of schoolchildren (15–16 years) surveyed in 22 countries, 20 % reported use in the last month of alcohol with cigarettes; 6 % cannabis with alcohol and/or cigarettes; and 1 % cannabis with alcohol and/or cigarettes plus one other drug (ecstasy, cocaine, amphetamines, LSD or heroin). Research shows that among schoolchildren, polydrug use can increase the risk of toxic effects and chronic health problems later in life. Strategies that address the environment in which young people consume drugs and alcohol (e.g. enforcement of drug and alcohol legislation, safer-clubbing guidelines) appear to have potential for safeguarding health in nightlife settings.

Among young adults (15–34 years), polydrug use is symptomatic of more established patterns of substance use and can be associated with increased risks. Frequent or heavy alcohol users in this age group were between two and six times more likely to have used cannabis in the last year than the general population and between two and nine times more likely to have used cocaine during that period.

Polydrug use is particularly prevalent among problem drug users and can aggravate their already difficult health conditions, leading to increased risk-taking and possibilities of severe consequences (e.g. fatal overdoses). A recent analysis of data from 14 countries found that over half (57 %) of those entering treatment reported at least one problem drug in addition to the primary substance for which they were seeking help. Toxicology reports following fatal overdoses (mostly caused by heroin) often show the presence of more than one substance, suggesting that a substantial proportion of these deaths could be polydrug use-related.
While specific programmes remain rare, existing interventions, such as opioid substitution treatment and contingency management, are showing some positive results in reducing multiple substance use. The management of polydrug use among problem drug users remains a complex task and challenges treatment professionals in the delivery of services.

**Alcohol, a defining factor in Europe’s substance use problem**

‘A defining factor in Europe’s substance use problem is the concomitant consumption of alcohol’, states the report, underlining that almost all polydrug use repertoires show the presence of alcohol. The latest ESPAD survey found that 43 % of school students surveyed in 2007 reported ‘heavy episodic drinking’ (five drinks or more per occasion) in the past 30 days. Increases in this behaviour were particularly visible among girls between the 2003 and 2007 surveys, with an increase in prevalence from 35 % to 42 %. Binge drinking often goes hand-in-hand with recreational drug use, increasing the risks of negative outcomes among young people.

‘The individual experiencing problems with a single substance is fast becoming the exception rather than the rule’, says EMCDDA Director Wolfgang Götz. Europe’s drugs problem increasingly stems from the combined use of different psychoactive substances, both licit and illicit. This reality not only leads to more negative outcomes, but also challenges drug treatment services as they respond to a more complex set of needs. Moreover, our policy perspectives need to reflect that the combined use of drugs with alcohol has become a key feature of the problems we now face’.

**Notes**

(1) Polydrug use — the concomitant or consecutive use of different licit and illicit drugs.


(4) See Selected issue on polydrug use. Also published today is the Selected issue *Drug offences: sentencing and other outcomes*. Both are accompanied by a multilingual summary and are available in English at: [http://www.emcdda.europa.eu/publications/selected-issues](http://www.emcdda.europa.eu/publications/selected-issues)


**Responding to the drugs problem**

Chapter 2 of the *Annual report* provides an overview of responding to drug problems in Europe today. This covers the areas of prevention, treatment, harm reduction, social integration and drug law enforcement. Subsequent chapters focusing on specific substances also contain sections devoted to responses.