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2001 Annual report on EU drugs problem

‘BLURRING OF TRADITIONAL BOUNDARIES’ IN USE OF COCAINE

Signs of HIV up in six EU countries. Growing concern over long-term effects of ecstasy

Traditional boundaries are blurring in the EU between affluent recreational users of cocaine powder and dependent and marginalised ‘base/crack’ injectors or smokers.

Although the overall picture is stable, HIV may be rising again among sub-groups of intravenous drug users (IDUs) in Ireland, Luxembourg, the Netherlands, Austria, Portugal and Finland. Drug-related HIV and hepatitis pose a major health-care challenge in the EU.

Concern is growing around the dangers of long-term effects of ecstasy (MDMA), especially among binge and heavy users.

These highlights emerge from a special focus on cocaine, infectious diseases and synthetic drugs in the 2001 Annual report on the state of the drugs problem in the European Union, out today from the Lisbon-based EU drugs agency, the EMCDDA.

COCAINe: A COMPLEX PICTURE

Today’s report says that, as trends and markets change, traditional boundaries between affluent and marginalised cocaine users might be blurring.

One factor is a new upmarket trend of cocaine smoking in recreational nightlife. Signs include mixing ‘base/crack’ cocaine with tobacco in a ‘joint’ – now reported in five countries: Greece, France, Italy, the Netherlands and the UK. And in the UK, ‘base/crack’ is being turned into ready-to-smoke ‘rock’ or ‘stone’ and pushed ‘up-market’. Such nuances need to be fully understood for effective policy-making, urges the EMCDDA.

Despite some worries over a Europe-wide rise in cocaine use, available evidence does not point to increases among the EU population as a whole. But there is concern about marked increases in specific geographical areas (parts of some cities), age groups and social milieus.

For example, in the UK there is a confirmed rise among 16 to 29-year-olds who have tried cocaine at least once. And some cities in Italy put cocaine use in second place to cannabis and higher than amphetamines or ecstasy.
More generally, school surveys show that, among 15 to 16-year-olds, experimental cocaine use remains low (1) and that, Europe-wide, cocaine is less available to this age group than to their US counterparts. Cocaine appears less available than ecstasy, but with national variations – it is perceived by schoolchildren to be most available in Ireland (21%) and the UK (20%), and least so in Finland (6%). Among this age group, disapproval of cocaine use is still very high across the EU – as high as it is for heroin.

The EMCDDA says cocaine is used much more by groups with higher levels of illicit drug use in general than by young adults as a whole. For example, the drug is used by socially-excluded groups such as homeless young people, sex workers and problem opiate users. And socially integrated youngsters, who choose to use a range of recreational drugs, increasingly use cocaine in nightlife settings combined with alcohol. But the report says that the drug’s relatively high cost, combined with its short effect, mitigates against regular recreational consumption, which demands a high disposable income.

Among the population of drug users receiving treatment, the proportion of problems associated with cocaine use is rising in some countries. For example, in Spain and the Netherlands there are rises in people seeking treatment for problems associated with cocaine as their main drug. Germany, Greece and Italy also show a proportional increase in cocaine treatment, as did Ireland until 1998. But these increases may largely not be due to a real rise in cocaine use but rather an improvement in cocaine services or the result of opiate users switching to cocaine. Italy, Luxembourg and the Netherlands report a rise in drug deaths – and Spain in hospital emergencies – where cocaine is implicated with other drugs.

Prices range from € 24 per gram to € 170, with cities like Amsterdam and Frankfurt at the lower end and Member States such as Finland and Sweden at the higher. On the street, cocaine is sometimes sold already mixed with heroin.

Belgium, Spain and the Netherlands are reported as major EU transit points for cocaine from Latin America – Brazil, Colombia and Venezuela in particular.

The drugs agency says the EU Member States response to rises in cocaine and crack use has taken three main forms of demand reduction. A few cities with a rather high prevalence of cocaine use have developed special services for primary cocaine problems tailored to individual needs. Some Member States adapt existing models and treatment to provide services that will be more effective for cocaine and crack users (e.g. through training of professionals). And some countries address the criminality and health consequences of multiple drug use in general prevention and outreach work. Private clinics are likely to play a significant role in the treatment of more socially privileged cocaine problem users.

INFECTIOUS DISEASES: HIV MAY BE UP AGAIN IN SIX COUNTRIES

The report says that – although HIV prevalence seems to have stabilised in most EU countries since the mid-1990s – it might be rising again among sub-groups of intravenous drug users (IDUs) in six Member States: Ireland, Luxembourg, the Netherlands, Austria, Portugal and Finland. Meanwhile, hepatitis C virus (HCV) remains extremely high EU-wide.

A preliminary estimate of future health care costs of one year of drug-related infections of HIV, hepatitis B virus (HBV) and HCV in the EU amounts to about 0.5% of the total Member States’ health-care budget: € 1.89 billion.

The rises in HIV might be evidence of continuing high-risk behaviour among injectors, the report suggests, despite an overall reduction in injecting itself in most EU countries. HIV prevalence is consistently higher in women IDUs. The agency explains: ‘This may be due to [their] higher levels or different ways of needle sharing and/or higher sexual risk…’
On AIDS, the report says there’s a continued general downward trend. This decline is probably the result of new treatments among IDUs that delay the onset of AIDS. Portugal is the only EU country not yet showing a fall, although the rise of the disease there in recent years now appears to be stabilising. Countries where IDUs are most affected are mainly in the south-west of the EU – Spain, France, Italy and Portugal.

Hepatitis C infection is higher and more evenly spread EU-wide than HIV, notes the report. This could ‘lead to a large health burden due to liver disease…over the coming decades’. Between 40% and 90% of IDUs are infected with HCV in the EU.

Hepatitis B infection is also high in the EU but is not as evenly spread as HCV. Recent data in Portugal indicate a decline in current HBV infection. Data from Norway point to a strong rise in HBV. Roughly between 20% and 60% of IDUs in the EU have antibodies against HBV but only between 10% and 30% may have been fully vaccinated (3 injections). This suggests a large potential health gain through vaccination.

The agency underlines the high risk of tuberculosis among IDUs, especially in Spain and Portugal. This is not transmitted by injecting drugs but does have a strong association with drug-injecting related HIV and AIDS due to weakened immunity.

A recent outbreak of unexplained illness with 43 deaths among IDUs in Ireland and the UK illustrates ‘how large the potential is for severe health problems among IDUs, which can be much larger and more life-threatening than problems due to other and more prevalent patterns of drug use’.

Injecting drug use has fallen strongly in the last decade in most EU countries, although it is rising again in Ireland. Rates of injecting among opiate users entering treatment now vary from a low of around 10% in the Netherlands to a high of some 70% in Greece.

At present, there is only limited knowledge of how to prevent injecting drug use. However, says the report, substitution treatment can be an effective response, while needle exchange is important in preventing infections. Some countries are considering innovative harm-reduction approaches such as medically-supervised injecting rooms and controlled heroin distribution. But both pose ethical and legal difficulties and might require changes in national drug laws. Among countries where injecting rooms have been established (Australia, Switzerland, USA, Germany, Spain and the Netherlands), their effectiveness needs to be fully assessed.

SYNTHETIC DRUGS: GROWING CONCERN OVER LONG-TERM EFFECTS OF ECSTASY

The report highlights growing concern about the dangers of long-term effects of ecstasy. Effects on the brain are still under discussion and, among heavy ecstasy users, there is increasing evidence of damage to serotonergic neurons. This might affect future trends in use.

The report says the spread of synthetic drug use in the EU ‘has generally stabilised’. However, upward trends in ecstasy use ‘are still observed in some regions where cities or holiday resorts are more likely to attract young European tourists…’ And urban areas where youth cultures have established ‘may continue to provide a setting for recreational drugs to anchor and develop’. Consumption of such drugs seems to have spread beyond the ‘techno-scene’ to discotheques, nightclubs and private settings.

The agency says combined use of various substances, licit and illicit, is common among young people with an outgoing lifestyle. Poly-use – mixing or alternating a large range of substances, synthetic and non-synthetic – is the main trend.

A trend that ‘needs to be monitored closely’ is the increasing number of psychotropic medicines such as ketamine, diverted from legitimate sources.
However, since outreach and other prevention measures have been taken at techno/house events and parties, there has been a fall in deaths since the early-1990s. Such steps include ‘chill-out rooms’ and on-site pill-testing.

The Netherlands is still the main country for production and export of ecstasy. The Baltic States, Bulgaria, the Czech Republic and Poland are also significant suppliers. By far the most seizures of ecstasy tablets in 1999 was in the UK – over 6,000 seizures of six million tablets. Next largest amounts were in the Netherlands and France.

Synthetic drugs ‘are in the political limelight’ states the report. ‘Their high level of use among socially-integrated groups, their role as a reference model within youth culture and the fact that production and trafficking are set up in Europe…exert strong pressure for responsible action by the EU’.

The EU now has an early-warning system to detect particular dangers posed by such substances. Four drugs – MBDB, 4-MTA, GHB and ketamine – have undergone EMCDDA risk assessments and one involving PMMA is currently underway. As a result, 4MTA (known on the street as ‘flat-liners’) is now subject to control measures in all EU Member States.

Notes to editors:

(1) Figures from the European school survey project (ESPAD).