



EMCDDA
European Monitoring Centre for
Drugs and Drug Addiction

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1999 *Annual Report* on the EU drug problem

‘3–5 MILLION IN THE EU COULD HAVE TRIED HEROIN’

Over 40 million might have tried cannabis

Heroin lies behind most problem drug use in the **EU** – and three to five million people in the **EU** could have tried it at least once. So says the Lisbon-based EU drugs agency, the **EMCDDA**, in its fourth *Annual Report on the State of the Drugs Problem in the European Union*.

But cannabis is still the illegal substance most frequently used in all **EU** countries. Recent surveys suggest that over 40 million people **EU**-wide have tried it – on average, one in five 15-to-16-year-olds and at least one in four 15-to-34-year-olds.

The heroin problem: spreading to new areas

Today's *Report* reveals that the overall prevalence of problem drug use – caused mainly by heroin – ‘appears to be largely stable in most **EU** countries, although there is a continuing incidence of new cases balanced by others who become abstinent or die’. **EU** problem drug users total an estimated 1–1.5 million out of a population of some 375 million. This is higher than in previous **EMCDDA Annual Reports** due to new or improved estimates from more Member States. Problem users are mostly men, the average age of those entering treatment varying between 24 and 33 across countries.

The drugs agency warns that, although heroin use often goes hand-in-hand with urban deprivation, the link should not be oversimplified. ‘While, in general, heroin is more prevalent in urban areas, it is spreading to smaller towns and rural areas. There are also continuing reports of heroin smoking by new groups, including young people from socially integrated backgrounds, heavy recreational users of ecstasy, amphetamines and other drugs, individuals from some minority groups, and older people who have a problem with heavy consumption of alcohol and/or medicines.’

The **EMCDDA** reports that substitution treatment for opiate dependency is expanding rapidly, with family doctors often involved. Some 300,000 people **EU**-wide are thought to be receiving substitution therapy, mainly with methadone. Throughout the **Union** some 20% of all problem opiate users and 30% of dependent users may be receiving such treatment. In several Member States, medical prescription of heroin is under discussion.

In recent years, 6,000–7,000 deaths by drug overdoses have been officially recorded each year in the **EU**, mainly heroin-related. In many EU countries, the number of drug overdoses peaked in the early 90s. Since then, a decreasing trend has been reported in many Member States.

Despite their large impact, problem drug users are relatively small in number compared to the mostly recreational users of cannabis and ecstasy. In general, prevalence of problem drug use seems lowest in Germany, Austria, Finland and Sweden (around

three people per thousand aged 15–54). It is highest in **Italy** and **Luxembourg** (around eight per thousand) and the **UK** (almost seven per thousand).

Cohort studies indicate that opiate injectors are at 20–30 times a higher risk of death from a variety of causes (overdose, AIDS, accidents, etc.) than non-drug users of the same age.

Infectious diseases such as HIV, and especially hepatitis B and C, are worryingly high among intravenous drug users (IDUs), but HIV infection rates vary from 1% in the **UK** to 32% in **Spain**. Says the **EMCDDA**: *'The HIV epidemic has now entered a stable (endemic) phase in most west European countries'* meaning that new infections balance deaths.

Incidence rates for AIDS in general continue to decline – probably due to a steady rise in uptake of new combination treatments among IDUs which delay the onset of AIDS. In some countries, such as **Portugal**, however, AIDS is not declining. This may indicate lack of access to HIV treatment.

After peaking in 1991, the quantities of heroin seized have fluctuated within a range of five to six tonnes a year. Since 1995, the **UK** has seized the greatest quantities, accounting for nearly half the **EU** total in 1997. The street price is stable in most countries and the purity is reported to range from 10–50%.

Cocaine: tried by 1–3% of adults

Cocaine has been tried by 1–3% of all EU adults, and by 1–5% of young adults. In **Spain** and **France**, rates for cocaine use are higher than for amphetamines, while in most countries amphetamine use is more frequent than that of cocaine. The drug has also been tried by 1–3% of schoolchildren. However, in most countries, cocaine is reported as the main drug by less than 10% of those admitted for drug treatment, although this rises to 15% in **Luxembourg** and 18% in the **Netherlands**. Heroin users frequently use cocaine as a second drug. Acute deaths relating solely to cocaine are unusual.

Quantities of cocaine seized peaked at 38 tonnes in 1997, with the largest seizures in **Spain**. Available data for 1998 seem to indicate that the *amount* of cocaine seized in the EU is down, especially in **Spain**. In the period to 1997, the *number* of seizures was seen to be rising steadily. The average quantity of cocaine per seizure in the EU is much higher than for heroin, and rose from about 250g in 1985 to over 1kg in 1997. The street price of cocaine is relatively stable in most reporting countries – following marked falls in recent years – and 'retail purity' ranges from 50–70%, although **Greece** reports 5–10% purity at user level.

Cannabis use widespread

On cannabis, today's *Report* says lifetime experience of use among adults ranges from 10% in **Finland** to 20–30% in **Denmark**, **Spain** and the **UK**. For young adults the rates are higher: 16–17% in **Finland** and **Sweden** and 35–40% in **Denmark**, **Spain** and the **UK**.

Recent cannabis use (in the last 12 months) is much less usual and ranges from 1% in **Sweden** to 9% in the **UK**.

Cannabis use has risen in most **EU** countries in the 1990s. It seems to have levelled off in recent years in countries with medium-to-high prevalence figures, but has risen in low-prevalence countries.

When it comes to schoolchildren, lifetime use of cannabis among 15-to-16-year-olds ranges from about 5% in **Portugal** and **Finland** to 40% in **Ireland** and the **UK**. Solvents are the second most commonly used substance used by this group – tried by as many as 20% in the **UK**.

The *Report* says that in many Member States, there appears to be a trend towards perceiving cannabis use as normal or mundane rather than deviant.

The **EMCDDA** indicates that the jury seems to be out on the dangers of cannabis and driving, the issue being complicated by other drugs, especially alcohol. *'Some studies suggest that cannabis does not appear to pose a high risk for drivers since it was found that drivers under the influence of cannabis actually drive more carefully.'*

Drugs and crime

Today's *Report* says the number of drug-related arrests **EU**-wide has been rising steadily since the mid-1980s: up twofold in **Denmark, Italy, Luxembourg** and **Sweden** and over six times in **Belgium, Greece, Spain, Portugal** and **Finland**. Cannabis is the main drug involved.

Among the prison population, depending on the country, drug offenders range from 15–50%. Drug use is reported in 30–90% of prisoners. Most prisons assist drug users through treatment programmes within prisons or through programmes provided by external drug agencies.

Up to 50% or more of those in **EU** prisons have or have had problems with substance abuse. Several Member States report that overcrowding in prisons often hinders progress in appropriate care for drug users. However, *'the principle of therapy instead of punishment has been adopted...in a growing number of countries'*.

Drugs and the dance culture

Turning to synthetic drugs, such as ecstasy, the agency says that they are reported to be produced mainly in clandestine laboratories in the **Netherlands, Poland, Spain** and the **UK**, with organised crime involved in manufacturing and distribution.

The EMCDDA notes that conservative estimates of ecstasy use in the **UK** in the mid-1990s put consumption at over a million doses in dance clubs every weekend.

Recent reports from several Member States suggest a stabilisation or decline in the level of ecstasy use and some disenchantment with what is sold as ecstasy. Music-media articles complain about *'the loss of exclusivity on the dance floors of the ecstasy market'* and criticise the physical manifestations of amphetamine-like drug use in terms of *'lolling tongues, red faces and grimaces'*.

In recent years, adds the *Report*, both dance drugs and dance music have appeared in mainstream night clubs and alcohol consumption is beginning to rise. *'The lucrative nature of the music/dance market appears to have drawn the alcohol industry into sponsoring, advertising and promoting alcohol aimed specifically at the dance drug or ecstasy market, often using drug imagery in its strategies.'*

The *Report* reveals a continued rise in amphetamine use, confirming the increases recorded in last year's *Report*, but also points to increased use of cocaine in leisure and recreational contexts.

'As increasing numbers of users integrate (synthetic) drug use into their daily life or leisure activities, preventing health damage means providing information about the risks of use and adulterated pills.'

Some countries, such as the **Netherlands**, consider anonymous, cost-free testing of tablets sold as ecstasy – together with information and on-the-spot counselling – to be a good preventive approach.

A move away from a repressive response

In the policy area, the EMCDDA says that *'striking a balance between demand and supply reduction is a major political consideration'*. Europe is gradually moving away from a purely repressive response and focusing more on prevention and treatment and the need to reduce the risks caused by drug use.

The link between users and traffickers has widened in Europe under new strategies that focus on issues such as prevention, help and treatment for drug users (even if convicted offenders) and punishment for traffickers (even if users). Drug consumption in general seems not to be prosecuted in most EU countries. But debate continues on how to deal with consumers possessing small quantities of drugs for personal use or who commit petty crimes because of their dependency.

There is, the agency adds, *'a shift towards decriminalising some behaviour linked to consuming and possessing drugs for personal use'*. Most Member States reject extreme solutions – such as full legalisation or indiscriminate repression – but continue to prohibit drug consumption while modifying the penalties and measures applied to it. The *Report* states: *'Although the trend in many Member States is to reduce the emphasis on prosecuting and imprisoning drug users, police arrests and indicators of drug use in prison suggest some contradiction between theory and practice within some areas of the criminal justice system.'*

Note to editors

- The **Annual Report** will be launched at the *Presse- und Informationsamt der Bundesregierung, Berlin at 12 noon on Monday 22 November* and will be available on the EMCDDA web site (<http://www.emcdda.org>) in all 11 EU languages from **12 noon** on that day. An extended version of the *Report* in English will also be downloadable from the site. Two EMCDDA press releases on the **Annual Report** will be available on the web site in all EU languages.
- The **Annual Report** will be launched in the presence of Christa Nickels, Drug Commissioner of the German Federal Government, and Georges Estievenart, Executive Director of the EMCDDA.
- The **Annual Report** will be available to journalists at the **daily briefing** by the **Commission's Spokesman Service** in **Brussels** at **12 noon on Monday 22 November**.
- A **help desk** will be open at the EMCDDA on **Monday 22 November** to take journalists' calls. The **EMCDDA's National Focal Points** in each of the 15 Member States will also be answering queries. Their contacts can be found at http://www.emcdda.org/html/focal_points.html

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