



## EMCDDA: 2004 Annual Report



Justus Lipsius building

### Signs of progress: decline in drug deaths, new HIV infections and heroin use but increasing worries about rising use of other drugs

Lisbon-based EMCDDA launched its 2004 Annual report on the state of the drugs problem in the European Union and Norway.

'There are positive signs that progress has been made in reducing some of the worst consequences of drug use', says Director of the EU drugs agency, Georges Estievenart. 'The trend in drug-related deaths is now downwards after many years on the rise, heroin use has stabilised in many countries, and the HIV epidemic among injecting drug users may be slowing in some new EU Member States. At the same time, measures to reduce drug-related harm are intensifying and, across much of Europe, drug users have better access to treatment and care'.

'But', adds Estievenart, 'there is a risk that some of these positive trends may be short-lived and real concerns surround potential drug epidemics, particularly in some of the new members of our Union. And we should not forget that drug use in general remains at historically high levels - many countries are reporting rising cocaine use and more people are using cannabis and ecstasy in

parts of Europe, although here the picture is more mixed'.

Ecstasy now rivalling amphetamines as Europe's No 2 drug. Data show that in some countries - Czech Republic, Germany, Ireland, the Netherlands, Portugal and the UK - ecstasy may be catching up or overtaking amphetamines as Europe's No 2

drug after cannabis. Overall available data show that European trends in the recent use of ecstasy are still upwards, while trends for recent amphetamine use are more mixed in the majority of countries.

Between 0.5% and 7% of adults (15-64 years) have tried ecstasy in their life, compared to 0.5-6% for amphetamines - lifetime prevalence of amphetamines in the UK is as high as 12% (15-64 years).

About two-thirds of the EU Member States report recent ecstasy use to be more common than that of amphetamines among young people aged 15-34 years. Between 5% and 13% of young men aged 15-24 in the Czech Republic, Spain, Ireland, Latvia, the Netherlands and the UK report using ecstasy in the last year.

But on the whole, rates of ecstasy and amphetamine use in school survey data (15-16-year-olds) appear to be more stable, or even slightly declining in some countries.

Europe continued to account for the majority of global seizures of **amphetamine** (86% by volume) in 2002. Over the last five years the main amphetamine seizing country in the EU has been the UK. Use of amphetamine type stimulants (ATS) is rarely the primary reason for seeking drug treatment but there are some exceptions...

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## EU Drugs strategy 2005-2012

The European Council adopted the Drugs strategy 2005-2012, which will be included in the

Hague Programme. The Strategy will be a key instrument to effectively confront drugs use and trafficking with a view to ensuring a high level of health protection, wellbeing and social cohesion, as well as a high level of security for the general public. The European Council invited the Commission to present to the Council a proposal for an Action Plan for implementation of the Strategy in 2005-2008 with a view to its adoption by the Council early in 2005 and to prepare an evaluation of its implementation in 2008.

## ★ ECAD NEWS

### New ESPAD Study

Data on young people's alcohol and drug habits have been collected in three waves of the European School Survey Project on Alcohol and Other Drugs, ESPAD. The first study was conducted in 26 countries in 1995. The second survey was done in 1999 and reached 30 participating countries. Here are highlights from the surveys that were performed in 35 countries in 2003.

The participating countries include Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany (6 Bundesländer), Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Russia (Moscow), the Slovak Republic, Slovenia, Sweden, Switzerland, Turkey (6 cities), Ukraine and the United Kingdom.

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# 2004 Annual Report: Highlights

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52% of treatment clients in the Czech Republic, 35.3% in Finland and 29% in Sweden report ATS as a primary reason for seeking treatment.

Despite growing problems linked to methamphetamine use in Asia and the United States, significant use of the drug in the EU seems confined to the Czech Republic where it has been produced since the 1980s. But sporadic reports are fuelling fears that it may be gaining ground elsewhere in Europe. Minor methamphetamine production has been reported in Belgium, Germany, Estonia, France, Latvia, Lithuania and the UK and seizures were reported in 2002 in the Czech Republic, Denmark, Estonia, Lithuania, Norway and Sweden.

Europe remains one of the world's most important areas for the production of ecstasy, but its manufacture is now growing in North America and Asia. Production takes place to some extent in several European countries, but Belgium and the Netherlands remain the most significant producing areas. Quantities of ecstasy seized rose in most EU countries in 2002.

## The changing face of problem drug use

Patterns of problem drug use continue to evolve, says the EMCDDA. In some countries where problem drug users were traditionally chronic opiate addicts, today increasing numbers of polydrug or stimulant users are found. Examples include Germany and the Netherlands, which report a growing percentage of crack users among their problem drug users and Spain and Italy, which reports rising numbers of problem cocaine users.

Less than 1% of the European adult population (15-64 years) can be defined as problem drug users, totalling between 1.2 and 2.1 million problem drug users in the enlarged EU. The higher estimates are reported by Denmark, Italy, Luxembourg, Portugal and the UK (6-10 cases per 1000 adults) and lower rates by Germany, Greece, the Netherlands, Poland and Finland (less than 4 cases per 1000 adults). In the mid to low range are the Czech Republic (4.9 per 1000 adults) and Slovenia (5.3).

Data show a rise in problem drug use since the 1990s in - Belgium, Denmark, Germany, Italy, Luxembourg, Finland, the UK and Norway - and indicators in Estonia suggest 'strong increases' says the report.

Heroin use is now relatively stable in many EU countries and the number of new users has fallen since the 1990s. But this may not be true for the new EU countries where data are more limited. Less than half of opiate users new to treatment in the EU report injecting, and in Spain, the Netherlands and Portugal, a relatively small proportion of heroin users appear to do so. But in the Czech Republic, Slovenia and Finland injecting is more commonly reported and in Germany, Ireland, Finland and the new EU Member States, evidence suggests it may still be increasing. The EMCDDA estimates that there are now between 850,000 and 1.3 million current injectors in the EU.

## Modest, but significant, decline in drug-related deaths

According to the report, the number of drug-related deaths has shown a modest decline in recent years across the EU. Drug-related deaths fell from 8,838 in 2000 to 8,306 in 2001 representing a small but significant 6% decrease. France and Spain report a decreasing trend since the mid 1990s and Germany, Greece, Ireland, Italy, Portugal and Norway report a more marked decline after 2000.

But, says the EMCDDA, numbers of overdose deaths are still historically high, and this downward trend may not be sustained. There are signs that drug-related deaths may soon rise in the new EU Member States.

## Other highlights

- There has been a constant growth in all types of **drug treatment** at aggregated EU level since the mid 1990s. Substitution treatment has become the most commonly available form of specialised drug treatment for opiate users in the EU. Latest figures show that whereas an estimated 320,000 individuals were treated with opiate substitutes in the former 15 EU Member States in 1999, this figure had risen to over 410,000 by 2003. But overall, demand still exceeds supply in some countries. Substitution treatment is less widely available in the new EU countries (except in Malta, where it has been available since 1987, and Slovenia where it has been established since 1991).
- **Drug prevention** is improving in a number of EU countries thanks to better quality control and monitoring (Czech Republic, Spain, Ireland, Lithuania, Portugal, Slovenia, Sweden and the UK. In Greece, Portugal and Sweden prevention policies are increasingly based on modern concepts and clearer structures, with school-based prevention better defined and delivered than in the past. But on the whole, the evidence base for prevention in the EU remains weak and there is a need for more investment in prevention programmes. This is particularly true for 'selective prevention', which targets those most vulnerable, and remains under-developed in many countries. There is increasing evidence that this approach can obtain tangible results and it has recently been receiving more attention in some countries (e.g. Hungary, Finland and Sweden).
- **Drug consumption rooms** - where problem drug users consume their drugs in supervised hygienic conditions - operate in 39 cities in three EU countries, Spain, Germany and the Netherlands, as well as Switzerland. There is some evidence to suggest that they can be successful in helping hard-to-reach groups access primary health care and social and treatment services and reduce health risks, such as drug overdoses. Nevertheless their establishment remains controversial and **their legitimacy** in terms of obligations imposed by the UN international drug control treaties **has been questioned**.

## MORE RESEARCH!

### Trends

Specialised drug treatment centres in many EU countries report increasing contact with cannabis users. Overall, after heroin, cannabis has become the next most frequently recorded primary drug for which users are seeking help.

In a special focus on '**cannabis problems in context**', the report examines the issues behind this rising demand for treatment for the world's most commonly produced, trafficked and consumed illicit drug.

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## New ESPAD Study: Highlights

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The project is a collaborative project between independent research teams in the participating countries. More than 100,000 students participated in the 2003 data collection. As in earlier studies, the surveys were conducted with a standardised methodology and a common questionnaire to provide as comparable data as possible. Data were mainly collected during Spring 2003 and the target population was students born in 1987. Thus, the age group studied turned 16 during the year of data collection.

### Illicit drugs

The vast majority of students in all ESPAD countries that have tried any illicit drug have used marijuana or hashish. Thus, the number of students reporting cannabis use is almost identical with the total illicit drug prevalence.

The top country in this respect is the Czech Republic where 44% of the students have used marijuana or hashish. High prevalence rates are also reported in France, Ireland, Isle of Man, Switzerland and the United Kingdom (38–40%). Other countries where more than one fourth have used cannabis include Belgium, Germany, Greenland, Italy, the Netherlands, the Slovak Republic and Slovenia (27–32%).

The lowest levels are reported in Cyprus, Greece, Sweden, Romania and Turkey (3–7%), but also in the Faroe Islands, Finland and Norway (around 10%).

The use of cannabis during the last 30 days may indicate regular use. In some countries about one fifth of the students report this, in others much lower prevalence rates are noted. The countries with the highest 30 days prevalence include the Czech Republic, France, Isle of

Man, Switzerland and the United Kingdom (19–22%).

In most ESPAD countries there are more boys than girls who have used cannabis. However, the gender differences are small in Bulgaria, Croatia, Greenland, Hungary,

Iceland, Ireland, Russia (Moscow), the Slovak Republic and Slovenia.

The countries with the highest percentages of students reporting use of amphetamines are Estonia, Germany, Iceland, Lithuania and Poland (5–7%). In 13 countries 1% or less reported use of amphetamines.

The ESPAD students do not use LSD very frequently. The highest percentages are found in the Czech Republic and Isle of Man where 5–6% reported such use.

Ecstasy is the most used drug of those included in the questionnaire apart from cannabis. In the Czech Republic 8% had used it, followed by Croatia, Estonia, Ireland, Isle of Man, the Netherlands and the United Kingdom (5–7%).

The highest prevalence of inhalants is reported in Greenland, where 22% had ever used them.

Other countries with high levels of inhalant use include Cyprus, Greece, Ireland, Isle of Man, Malta and Slovenia (15–19%).



## 2004 Annual Report

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**C h a n g i n g   p a t t e r n s   o f   u s e :   R e g u l a r   a n d   i n t e n s i v e   c a n n a b i s   u s e   o n   t h e   r i s e**

The majority of those using cannabis do so only occasionally or for limited periods of time. But there is concern that a small but significant group, of predominantly young men, are now using the drug more intensively and that numbers of those doing so may be growing. The EMCDDA offers a 'crude estimate' that there may be up to 3 million daily cannabis users across the EU.

Today's report shows that, in most countries, estimates of current cannabis use (last 30 days) range from 3–12% of young adults (15–34) and 1–7% of all adults (15–64), the higher estimates reported in the **Czech Republic, Spain, France, Ireland** and the **UK**. Between 0.9%–3.7% of young adults are reported by surveys to be using the drug intensively (daily or almost daily). Rates of daily use among young males can be higher: an annual survey of 17–19 year-olds in **France** reported daily use by 9.2% of boys and 3.3% of girls.

The EMCDDA has found no clear evidence of a direct link between the rise in regular and intensive use of cannabis and increasing demand for drug treatment. (!)

**E v a l u a t i o n   o f   N a t i o n a l   D r u g   S t r a t e g i e s**



National drug policies in the EU are now 'more accountable than ever before' says the today's report. Twenty two countries (including Norway) have adopted national drug strategies and many have made evaluation a priority in measuring performance and financial management.

In a special chapter on the evaluation of national drug strategies, the report states that the majority of countries now evaluate how they implement actions, while some – **Spain, France, Ireland** and **Portugal** – go a step further by trying to assess the effectiveness of their policy on the drug problem itself (impact assessment).

Such political will for more evidence-based policy is in itself an important achievement. But, in practice, says the report, there are no reported signs of countries fully assessing the impact of their efforts on the drug phenomenon. Causal links between a policy and the drug situation are difficult to draw, the picture often confounded by socio-economic and broader societal factors.

Experts and professionals agree that in order to evaluate a strategy scientifically, objectives must be spelled out in a clear, unambiguous and measurable way and accompanied by performance indicators to measure achievements. As yet only a few countries – e.g. **Spain** and **Ireland** – rely on such indicators.



## Europe one of the world's leading ecstasy manufacturers and importers

The European Council of Ministers agreed on a proposal to strengthen controls of the import of chemicals that are used to produce illegal drugs, in particular ecstasy. In recent years, the European Community has become one of the world's leading manufacturers and importers of ecstasy, using imported drug precursors. Taxation and Customs Commissioner Lazlo Kovacs said "The measure aims to cut off supplies of the essential raw materials that criminals need to produce illicit and dangerous

drugs." The chemicals needed for the production of drugs are not available in the Community and have to be imported.

The regulation would introduce authorisation requirements for listed drug precursors, require all importers to be licensed and to document and label the drug precursors and to ensure that the movement of drug precursors is monitored within the Community.

/di-ve news

### ★ NEW ART

*He said* – Do you have the inspiration?  
*She said* – As if not!

### ★ NEGOTIATIONS

*He said* – Hit me with a good one!  
*She said* – Only when you can admit the last one!

*Our European societies have experimented and evaluated both tolerance and intolerance to illicit drug use and drug abuse. It is our reflection upon this which guides us towards non-use. This in regard to our **families'** well being.*



**ECAD** is Europe's leading organisation promoting a drug free Europe and representing millions of European citizens. Drug dealing and drug abuse cause enormous problems in Europe. Nations and their citizens are affected by the consequences of drug abuse. ECAD member cities work to develop initiatives and efforts against drug abuse supporting the United Nations Conventions which oppose legalisation and promote policies to eradicate drug abuse worldwide. Has your city joined ECAD?

## Netherlands wake?

At the same time as Canada is discussing further measures to facilitate use of cannabis, Canada's role model in this respect, the Netherlands, is slowly realizing that there is a need for change in regard to Dutch cannabis policy. It is also worth noting that Switzerland, often referring to the Netherlands when it comes to cannabis policy, has noted that Swiss teenagers smoke more cannabis than their peers in more than 30 other European countries, according to a survey published recently.

Quotes from a document to the President of the House of Representatives, signed by the Dutch Minister of Health, Welfare and Sport, H. Hoogervorst; the Minister of Justice, J.P.H. Donner, and the Minister of the Interior and Kingdom Relations, J.W. Remkes:

"Cannabis is a threat to health"... "The high concentration of THC in cannabis and the correlation between cannabis use and psychiatric disorder give cause for concern"... "The government cannot ignore the fact that coffee shops are themselves not blameless in this respect. Nor is the coffee shop regime satisfactory when it comes to the third aim of the policy, namely law enforcement and the suppression of drug-related crime"... "There is an inherent contradiction in suppressing drug traffic but allowing or tolerating the possession of a quantity of drugs for personal consumption"... "Since it is out in the open and plain to see, the Dutch policy on cannabis – and indeed the policy on drugs as a whole – is in danger of being brought into discredit"... "It is important to tighten up measures againsts street dealing, drug tourism and cannabis cultivation, and continue to reduce the number of coffee shops".

/HNN

European Cities Against Drugs  
ECAD, Stadshuset  
105 35 Stockholm, Sweden  
Tel. +46-8-5082 93 62 Fax +46-8-5082 94 66  
e-mail: [ecad@ecad.net](mailto:ecad@ecad.net) [www.ecad.net](http://www.ecad.net)  
ECAD Regional office in Russia [www.ecad.ru](http://www.ecad.ru)  
[zazulin@ecad.ru](mailto:zazulin@ecad.ru) Phone +7-812-328 96 65  
ECAD Regional office in Latvia  
[vilnis.kipens@kurzeme.rcc.lv](mailto:vilnis.kipens@kurzeme.rcc.lv)  
Phone +371-7037330 Fax +371-7037331