



news release

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Annual report on drugs in the EU – 2000

PROBLEM DRUG USE – CHANGING TRENDS

Addicts becoming ‘a chronic ageing population’

Rise in multiple drug use

Patterns of problem drug use in the **EU** are changing, according to the **Lisbon-based EU drugs agency, the EMCDDA** in its *Annual report on the state of the drugs problem in the European Union*, out today.

In addition to heroin dependence – which increasingly involves a ‘chronic ageing population’ – there is the emergence of problem use of cocaine (often with alcohol), multiple use of drugs such as amphetamines, ecstasy and medicines, and heavy cannabis use.

The agency says the **EU** estimate of 1.5 million problem drug users – still mainly heroin addicts – has remained fairly stable since last year’s report, with two out of three of these users ‘likely to meet clinical criteria for dependence’. It adds: ‘What *is* noteworthy is that heroin-users are becoming a chronic ageing population with serious, social and psychiatric problems.’

The **EMCDDA** – which defines problem drug use as ‘intravenous or long-duration use of opiates, cocaine and/or amphetamines’ – also observes that, while the proportion of those entering treatment for heroin use is generally declining, new admissions for cocaine or cannabis use show some rises – especially among the young.

Overall, heroin experience remains low (one or two per hundred young adults) and school surveys show pupils are highly cautious about using it. This, explains the report, probably reflects the negative stereotype of ‘the addict’ – and perceptions of heroin as a drug particularly associated with death and disease.

However, ‘heroin use *is* reported among young, heavy “recreational” users of amphetamines, ecstasy and other drugs. Other high-risk groups include marginalised minorities, homeless young people, institutionalised youth and young offenders, prisoners (women in particular) and sex workers’.

And another trend: ‘The proportion of injectors among treated heroin users fell in several countries during the 1990s and is not increasing. The proportion of injectors among new heroin addicts compared with all heroin clients is also markedly lower in all countries where data are available.’

Heavy multiple drug use on the rise

The report reflects growing concern about heavy multiple drug use arising from 'the ecstasy/rave scene'.

The agency says: 'Patterns of weekend and "recreational" drug use increasingly involve combinations of illicit and licit drugs, including alcohol and tranquillisers. There is a significant rise in cocaine use, often in conjunction with heavy alcohol consumption.' And: 'Abuse of lighter fuel, aerosols and glue is often more common among schoolchildren than amphetamines and ecstasy, and is increasing in some countries.'

Concern over infectious diseases

Today's report says new AIDS cases among injecting drug users continue to fall in **France**, **Italy** and **Spain**. The agency suggests that one reason for this decline is the development of new HIV treatments in the late 1990s. However, AIDS cases are still rising in **Portugal**, while HIV infection has risen strongly in **Finland** and is expected to lead to increases in AIDS soon.

The report describes the situation in **Portugal** and **Finland** as serious. 'Risk behaviours that can transmit infection are of concern. High-risk groups may include young injectors not exposed to earlier education campaigns; women, who tend to share injecting equipment more than men; heroin injectors who also use cocaine; and imprisoned drug users.'

HIV infection among drug injectors is highest in **Spain** (32%) and **Portugal** (27%). But in two-thirds of EU countries it is below 5% – in the **UK** as low as 1%.

Since the mid-1990s, the agency reports, HIV prevalence seems to have stabilised in most countries after a sharp fall following the first major epidemic among injecting drug users (IDUs) in the late 1980s. More access to sterile needles and syringes, greater availability of condoms, HIV counselling and testing, and substitution treatment – have all helped control transmission among injectors.

But, in some areas, prevalence might still be increasing. In **Finland**, HIV cases among IDUs have risen sharply since 1998. And, in late 1998, local HIV prevalence in a group of addicts, (mostly injectors) in **Lisbon** was 48%, which was higher than in previous studies, suggesting recent transmission.

The **EMCDDA** observes that the local circumstances of such rises are different, but the implication is that 'new outbreaks of HIV remain a significant possibility'...both where infection is very low and HIV may not be seen as an immediate risk (as it was in **Finland**) ...and among high risk groups not reached effectively by prevention efforts.

Rates of hepatitis C infection among injecting drug users are extremely high all over the **EU** – mostly between 60% and 80%. Explains the agency: 'The reason is that hepatitis C is more easily transmitted than HIV. So measures that helped to contain the spread of HIV are insufficient to control it.'

'The persistence of hepatitis C infection among new injectors requires innovative responses. An **EU**-wide surveillance system is also needed.'

Dying for drugs

The report explains that most opiate deaths occur among injectors in their late 20s or 30s, usually after several years' use. A clear ageing trend is emerging among this group in many **EU** countries – in **Spain**, for example, only 20% were over 30 in 1996; by 1998 this had risen to around 65%.

In **France**, **Germany**, **Spain**, and, to some extent, **Austria** and **Italy**, acute drug-related deaths have stabilised or fallen. However, following few deaths in the early 1990s, **Greece**, **Ireland** and **Portugal** have since reported big rises. After large numbers of such deaths in the early 1990s, rises continue in **Sweden** and the **UK**.

The report says, among some cohorts of drug users, there is a drop in overdose and AIDS deaths, which indicates that some deaths are preventable.

Research indicates that mortality rates are up to 20 times higher in opiate users than in equivalent age groups in the general population. Among women, rates can be over 30 times higher than for women of the same age in the population at large. The mortality of injectors is two to four times higher than non-injectors.

Changing trends in entering treatment

The proportion of clients entering treatment for heroin use is generally falling, the EMCDDA reports. But new admissions for cocaine or cannabis use show some rises – especially among the young. Many Member States report this trend.

The proportion of amphetamine clients is low, but high among new ones. ‘While these variations might indicate real developments, the relevance of increases in cannabis and cocaine clients might in part reflect decreases in the number of opiate cases among new treatment clients.’

EU highs and lows of problem drug use

Luxembourg appears to have the highest proportion of problem drug users – around seven per thousand population aged 15 to 64. Next come **Italy** (around six per thousand), the **UK** and **Spain** (around five), **Ireland** and **France** (around four), and **Austria, Belgium** and **Denmark**, (around three). **Finland, Germany, the Netherlands** and **Sweden** have the lowest proportion: around two per thousand. **EU** neighbour **Norway** weighs in with around four.

The agency says these rates suggest little direct association between prevalence of problem drug use and national drug policies. Countries have similar, often moderate, levels whether their policies veer to the liberal or the restrictive.

One factor might be whether or not the country lies on a trafficking route. This can increase local availability of a drug and also cut the price, especially if local traffickers are paid in drugs rather than cash.

For example, in **Italy**, problem heroin use has spread from north to south and from border regions to the interior. ‘The spread...seems to have followed the main drug trafficking routes (for example from the **Balkans** via **Greece** to **Puglia**), as well as moving out from large cities to smaller towns in rural areas.’

Heroin seizures and prices

Numbers of heroin seizures and quantities involved ‘are stable across the **EU**’, although with national variations.

The street price of heroin appears constant in some countries, for example **Belgium, Ireland** and **Luxembourg** – and stabilising, following a fall, in others, such as **Germany**. Some, such as **Spain** and the **UK**, report increased availability of cheaper heroin, particularly brown smokeable heroin in the **UK**.

The agency concludes: ‘Variations in seizures and street prices of heroin are difficult to interpret country by country. They might reflect a range of factors. These include changes in trafficking routes into, and distribution patterns within, the **EU**, as well as in the demand for heroin. Increased availability of brown heroin might reflect increased production in **south-west Asia**. Overall, the data suggest that, although heroin use and dependence are stable, attempts to reduce supply have had little effect on availability to those who want to use it.’

TRENDS IN OTHER DRUGS

1 in 5 have tried cannabis

On cannabis, today's report says around one in five Europeans have tried it at least once – at least 45 million of us. This is some five million up on last year's estimate. Around 15 million, roughly one in 16 of all 15 to 64-year-olds, have done so in the past 12 months.

The **EMCDDA** comments: 'Cannabis remains the most widely available and commonly used drug across the **EU**, with substantial increases in use over the 1990s.'

When it comes to use in the last 12 months, the **UK (England & Wales)**, with one in 10 adults (almost 10%), heads the list. **Spain** also has a relatively high figure (around 7%). But **Denmark**, with the highest lifetime experience in the **EU**, records only 3% on the last-12-month measure. All other **EU** Member States for which data are available are 5% or under.

Today's report adds that cannabis use is even higher among the young. About one in four (25%) of 15 to 16-year-olds and close on half (40%) of those aged 18 have tried it. Among young adults, the figures range from around 17% in **Finland** and **Sweden** to about 40% in the **UK** and **Denmark**. However, past-12-month use is less than one in 10 of young adults in most **EU** countries. The agency says 'most experimenters do not seem to continue to use in the longer term'.

Cannabis is also the most widely-used illegal substance among schoolchildren, and their use of it rose substantially during the 1990s in almost all **EU** countries. Lifetime experience ranges from 5%–7% in **Portugal** and **Sweden** to 30%–40% in **Ireland**, the **Netherlands** and **UK**. But, in some countries, solvent use is more common at this age – for example, in **Greece** by nearly 15% of 15 to 16-year-olds, compared with 10% for cannabis.

Cocaine use rising and spreading

On cocaine, the agency says that, while less common than amphetamines or ecstasy, its use is rising – particularly among socially-active groups – and spreading to a broader population. **EU**-wide, between 1% and 6% of 16 to 34-year-olds and 1%–2% of schoolchildren have tried it at least once, although some surveys indicate levels of up to 4% among 15 to 16-year-olds.

'Higher levels of use are found among socially-outgoing, employed young adults in urban centres', the **EMCDDA** observes. And 'severe problems associated with smoking "crack" have been identified, particularly among female sex workers'.

Amphetamines and ecstasy – a shift in use

The agency reports that amphetamines and ecstasy are the second most commonly used drugs in the **EU**. Between 1% and 5% of 16 to 34-year-olds have taken them. Rates are higher in narrower age groups but rarely exceed 10%. However, in the **UK**, 16% of young adults are estimated to have used amphetamines. '[Their] use [EU-wide] continues to shift away from large dance events to more geographically diffuse club, bar and private settings', the report adds. Possible long-term neural damage linked to heavy use of ecstasy is a growing concern.

SOME OTHER KEY POINTS FROM TODAY'S REPORT

- New drug strategies have been adopted by **France**, **Portugal**, **Spain** and the **UK**, as well as by the **EU** itself...

Such policies are becoming more balanced, with more emphasis on sound information, prevention and treatment than supply reduction.

Prison for drug offences is becoming less common, with alternatives within the law increasingly implemented. These range from community service to out- or in-patient treatment.

- Drug prevention in schools, recreational settings and among high-risk groups is a priority in all **EU** Member States.

Use of the Internet as an education tool for young people, teachers and parents is growing.

Drug-prevention training for youth workers, nightclub and bar staff is being intensified in some countries.

Interventions targeted at ethnic minority youth have received attention in some countries in the last few years. Drug use is fairly prevalent among some such groups, who make little use of drug services – due to language problems or cultural taboos. Promising alternatives include peer approaches involving ethnic associations and offering treatment in the appropriate language.

- Syringe-exchange programmes are expanding **EU-wide** and activities intensifying to counter falling awareness of the risks of injecting. Low-threshold services are rising in all Member States. Depending on users' specific needs and available resources, such services offer food and drink and hygiene facilities, psycho-social and medical support, clean needles and syringes, beds and, sometimes, methadone.
- 'User rooms', where drugs can be consumed under hygienic and supervised conditions, remain controversial – some consider they legitimise drug use. Although user rooms have been established in four **German** cities since 1994, they only acquired legal status in February 2000 when the narcotics law was modified and a framework regulation introduced providing minimum standards for equipment and management. By contrast, such locations have existed for several decades in the **Netherlands**. Recently, they have also been introduced in **Spain (Madrid)**.
- Specialised drug-treatment services for women exist across the **EU**. Many specifically target pregnant women and mothers with children, as well as female sex workers.
- A large proportion of the **EU** prison population uses drugs. Treatment is increasingly provided to avoid relapse into illegal drug use and crime. Numbers of problem drug users range from 20%–50% of the total prison population in most Member States. The proportion of prison drug users is high by any standards and, says the agency, indicates the importance of treatment and alternatives to prison among such people.

Studies indicate some prisoners start to use drugs in prison and initiation of injecting drugs inside jail has also been reported. Although injecting seems less frequent than outside prison, up to 70% of injectors in some prisons share needles and other injecting equipment.

- Substitution treatment is expanding – including in prisons – both in terms of numbers of clients and substances used.

Notes to editors

1. The **Annual report on the state of the drugs problem in the European Union** may be downloaded from the **EMCDDA's** website on **Wednesday 11 October at 12 noon (Brussels time)**:

http://www.emcdda.org/publications/publications_annrep.shtml

or <http://emcdda.kpnqwest.pt>

2. Other aspects of today's report are highlighted in two separate news releases which can also be downloaded on **Wednesday 11 October at 12 noon (Brussels time)**:

<http://www.emcdda.org/press/press.shtml>

- **Women drug users face greater stigma than men (special-focus release)**
- **Substitution treatment expanding EU-wide – 'but still under-evaluated and patchy' (special-focus release)**

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