European Monitoring Centre for Drugs and Drug Addiction

Annual report 2011: the state of the drugs problem in Europe

Frédéric Denecker, Senior Network and Project Support Officer
Reitox and International Cooperation Unit, EMCDDA
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EMCDDA: The EU Drugs Agency

- Who we are
  - A decentralised EU agency
  - Formally established in 1993
  - Based in Lisbon, Portugal (operating since 1995)
  - The hub of drug-related information in the EU

- What we do
  - Provide the Community and EU Member States with: ‘factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences’

  - New mission (2007) gives agency a broader role:
    - collect, register, analyse information on ‘emerging trends in polydrug use’, including combined use of licit and illicit psychoactive substances
    - provide information on best practice in Member States and facilitate exchange of such practice between them

EMCDDA: The EU drugs agency

- To whom
  - Policy-makers
  - Practitioners, professionals
  - Scientists, researchers
  - General public / media and press

- Cooperating with external partners
  - European institutions (EC, Parliament)
  - EU Agencies (Europol, EMA, ECDC, CEPOL, FRA)
  - International organisations (UNODC, WHO, PG, WCO, Interpol)
  - Third countries (CC, PCC, ENP, Russia, Ukraine, etc.)

EMCDDA: The EU drugs agency

- Main tasks
  - Collecting and analysing existing data
  - Improving data-comparison methods
  - Disseminating data
  - Cooperating with European and international bodies/organisations and with non-EU countries

- Why we do it
  - Sound information is the key to effective drug strategies and policies
  - Cannot propose any kind of policy model, but is making a clear impact on decision-making through its analyses, instruments and standards
  - The importance of evidence-based information on drugs to inform policy-making is increasingly recognised

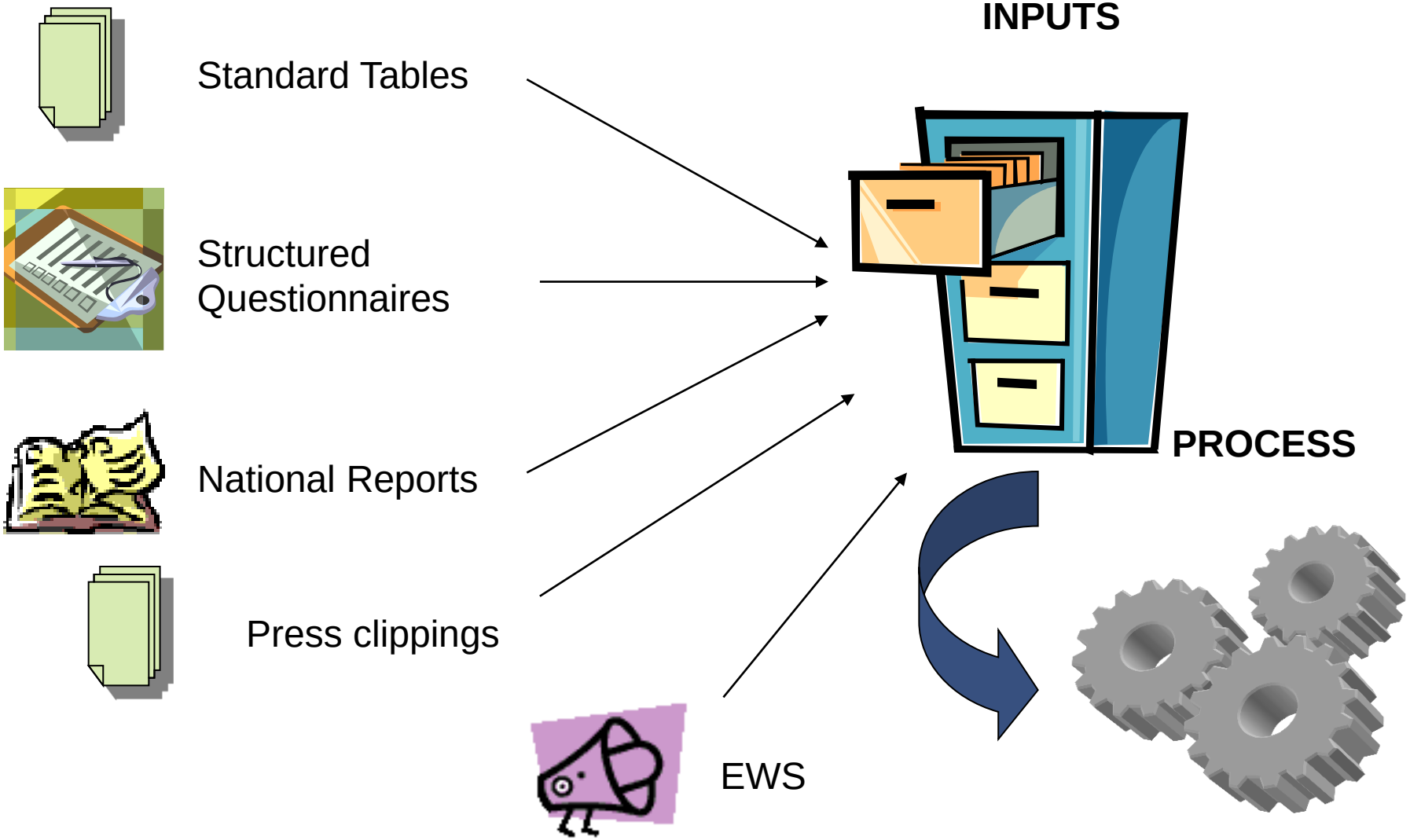
Reitox network of national focal points

- Reitox = mechanism for collecting and exchanging information between the EMCDDA and 30 countries

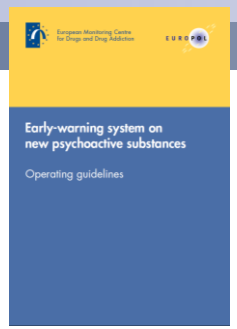
- NFP = information interface between the EU MS and EMCDDA, with double role:
  - **Under MS' responsibility, NFPs are responsible to:**
    - collect, harmonize and analyse national information according to EMCDDA standards and to provide it to the EMCDDA
    - monitor and analyse national scientific, legal and policy developments
    - coordinate and animate national drug information network(s)
    - participate actively in the EMCDDA tasking processes
    - execute the national Reitox work programmes

  - **Under EMCDDA guidance, NFPs are responsible to:**
    - cooperate in the improvement of existing EMCDDA working areas
    - cooperate in conceptualisation of new key indicators and core data sets
    - check language and proof-read of EMCDDA products and publications
    - disseminate broadly, at national level, EMCDDA and REITOX outputs

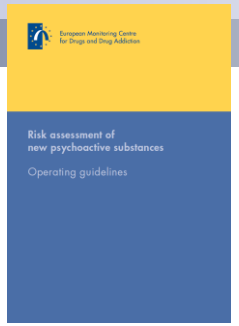
Outputs of EMCDDA-Reitox cooperation



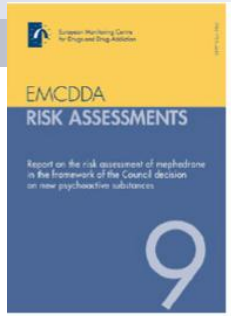
EMCDDA publications



EWS guidelines



Risk assessment guidelines



Risk assessments (new drugs)

Thematic papers

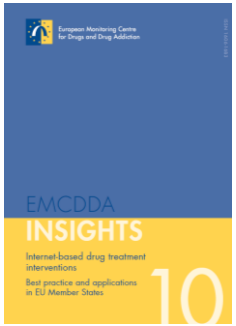
EMCDDA-Europol Joint publications

Drugnet (newsletter)

Work programme

Annual report

Drug policy profiles



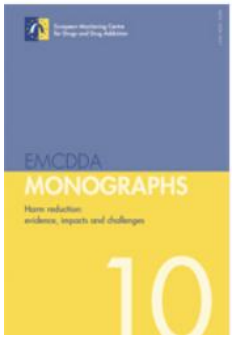
Insights (hot topics)

Drugs in focus

Activities' report

Selected issues

Technical data sheets

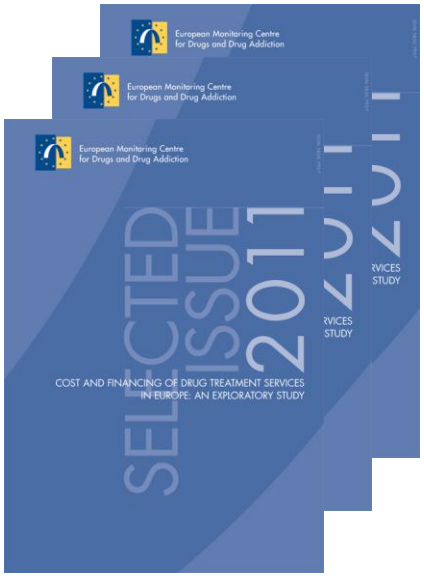


Monographs (scientific)

The annual report package

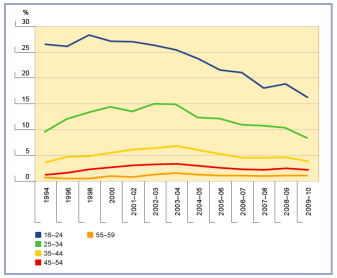
drug situation > publications

Annual report



Drugnet Europe

Country overviews



Statistical bulletin

Selected issues

- Cost and financing of drug treatment services in Europe
- Guidelines for the treatment of drug dependence: a European perspective
- Mortality related to drug use in Europe: public health implications

emcdda.europa.eu/events/2011/annual-report

Heroin problem

Europe’s biggest drug problem

Even larger problem in
some neighbouring countries

Problem opioid users (mainly heroin)

About 1.3 million:
0.4 % of adults in the EU and Norway

Overall stable

Qualitative changes:
ageing cohort, polydrug use, reduction in injecting

Harms

Between 10 000 and 20 000 opioid users die each year

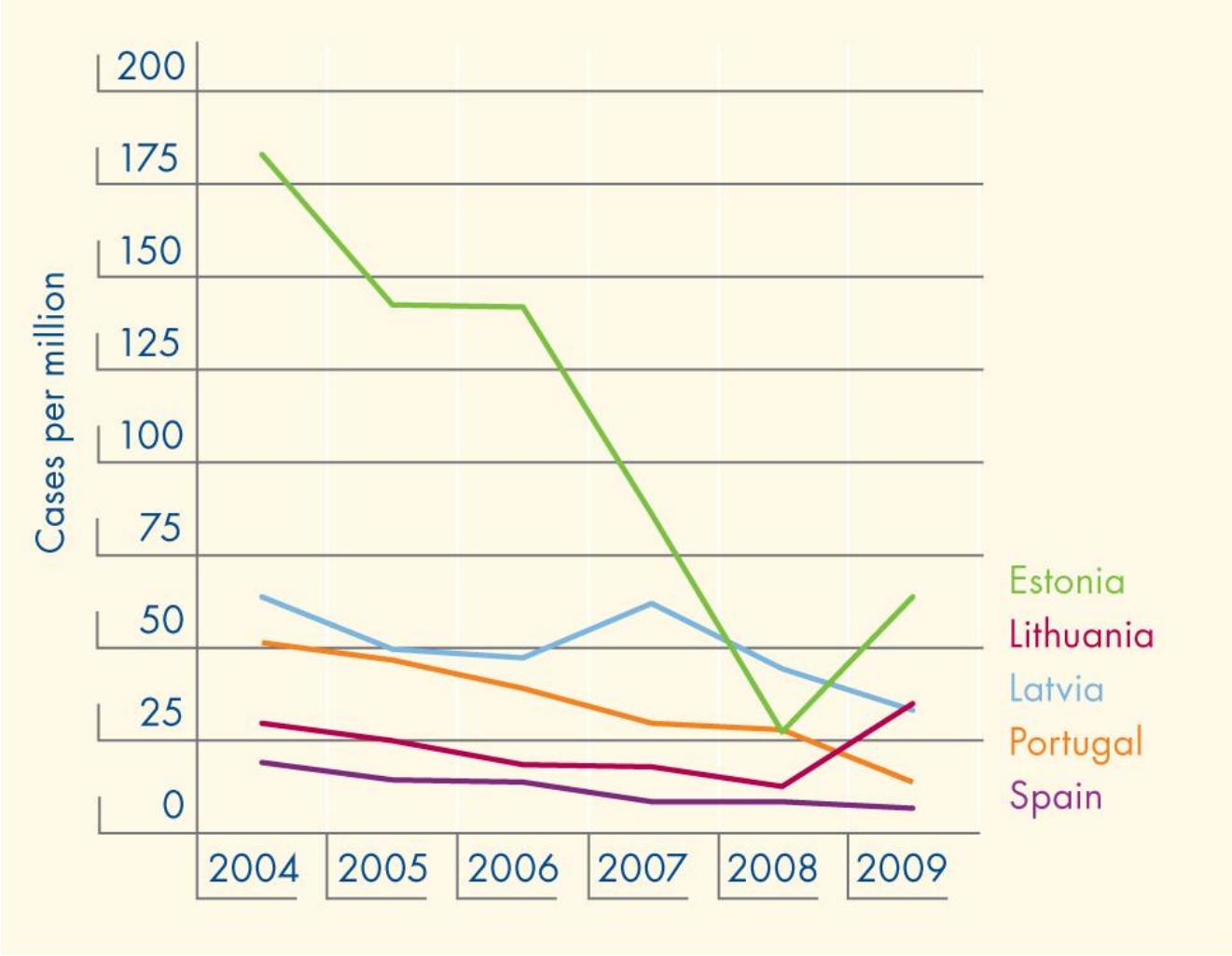
Main causes: overdose, infectious disease, trauma, suicide

About 7 600 reported overdose deaths in 2009 (stable) — mainly opioids, males, polydrug use

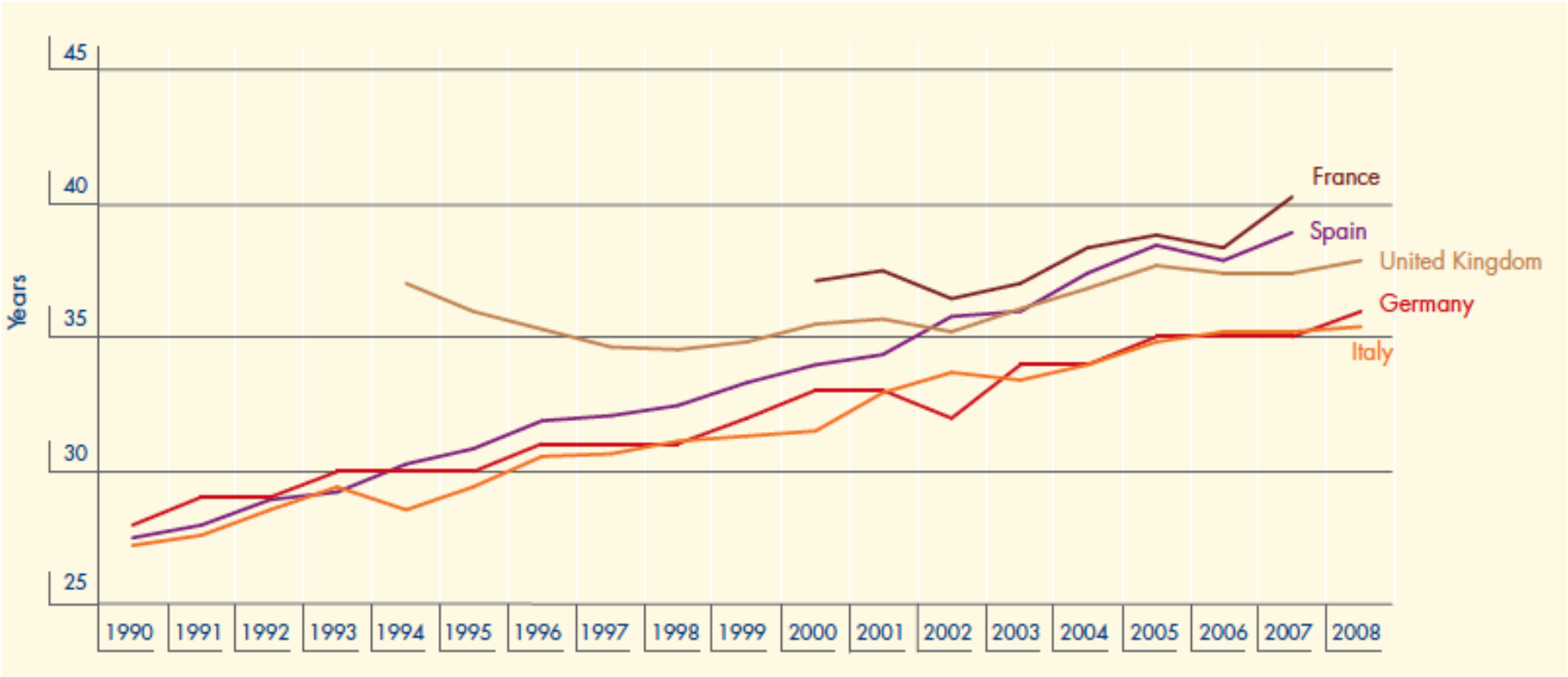
Overall decrease in new HIV infections

Trends in newly reported HIV infections

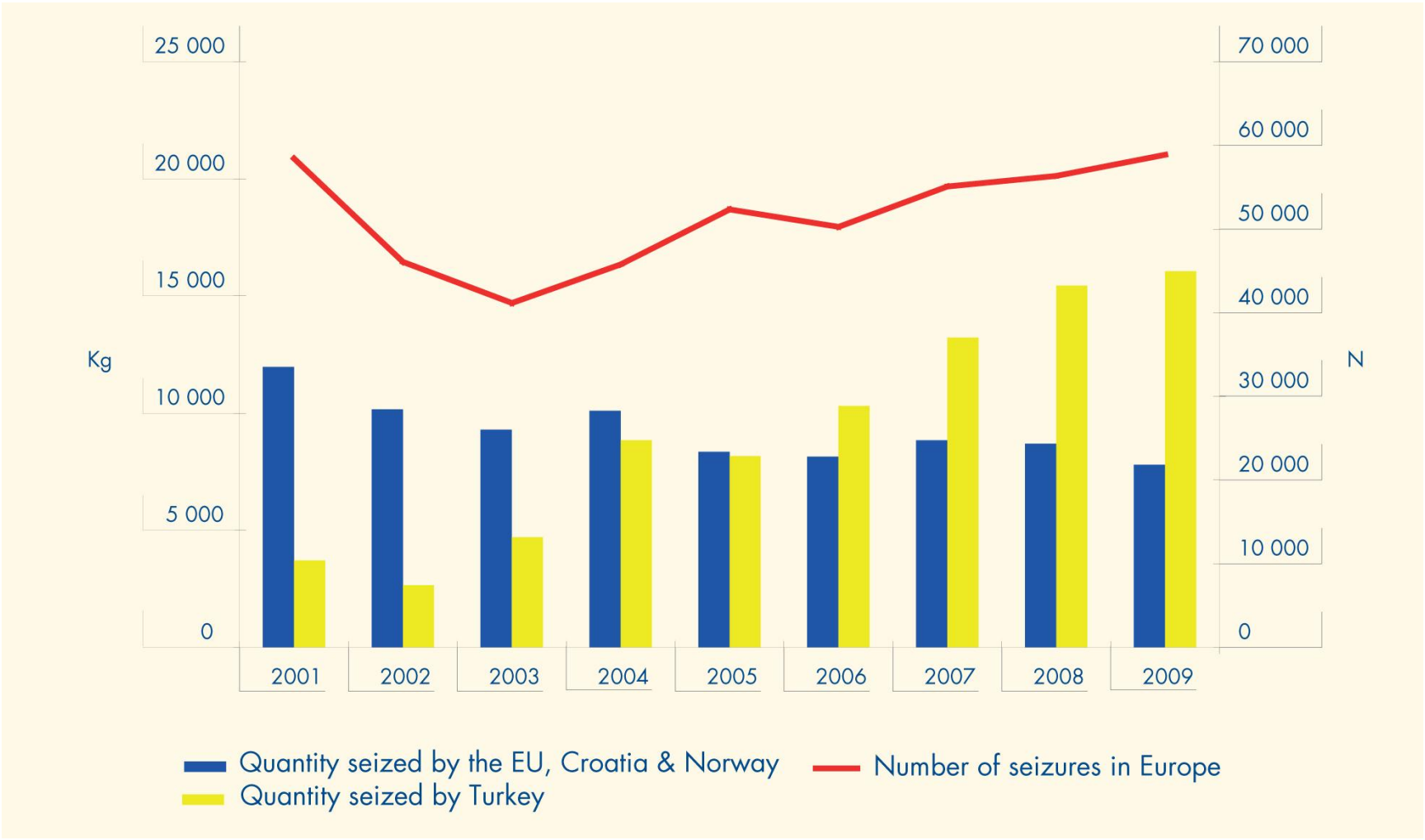
In five EU Member States reporting highest rates of infection



Trends in mean age of overdose deaths



Estimated number of heroin seizures and quantities seized



Heroin supply

‘Drought’ in Ireland and UK late 2010/early 2011

Also shortages in other EU and non-EU countries (Switzerland, Russia)

But other European countries reporting no change

Possible causes: law enforcement efforts, 2010 poppy blight in Afghanistan, etc.

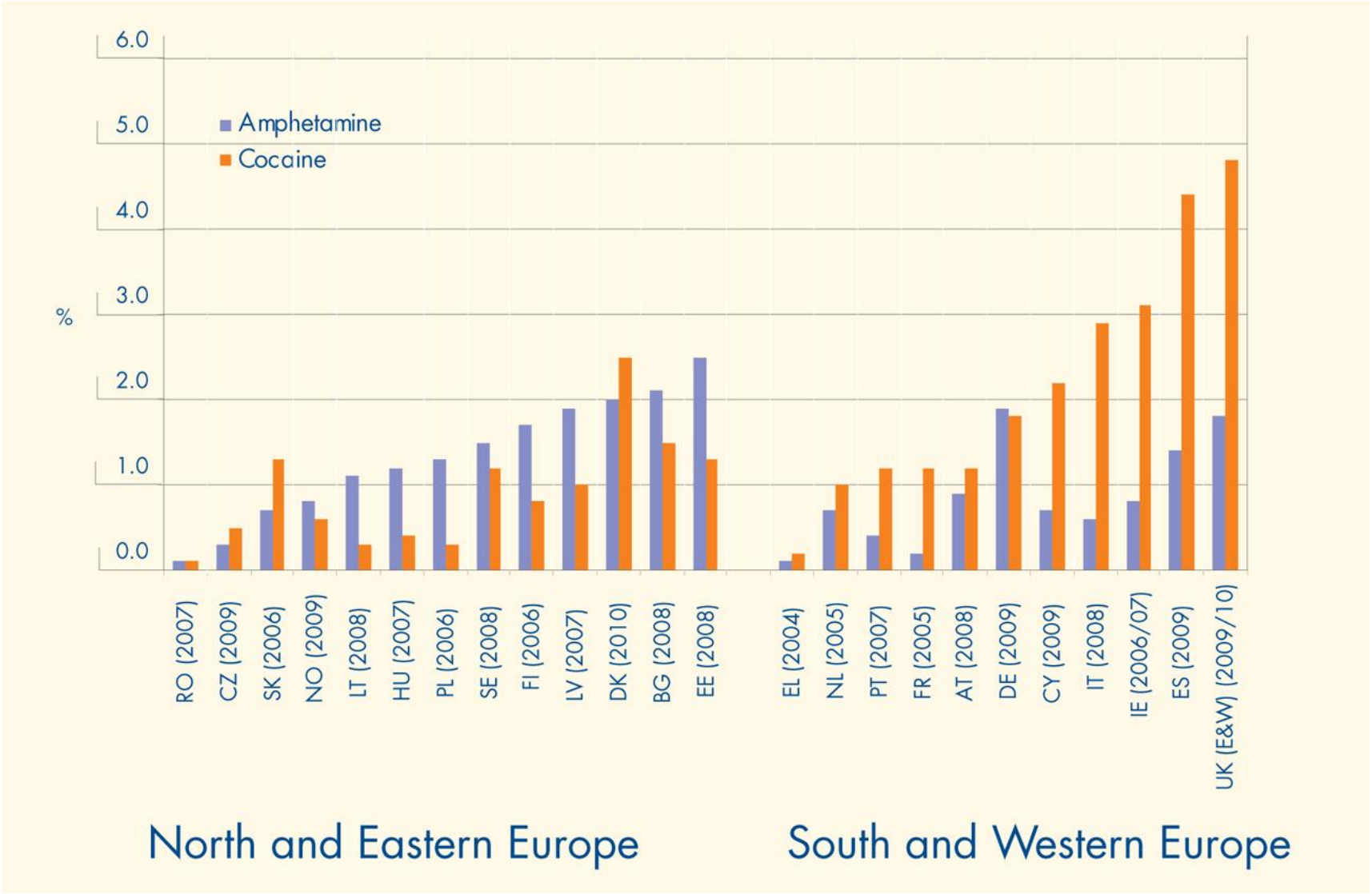
Prevalence of cocaine use

14.5 million Europeans have ever used cocaine (4.3 %)

4 million during the past year (1.2 %)

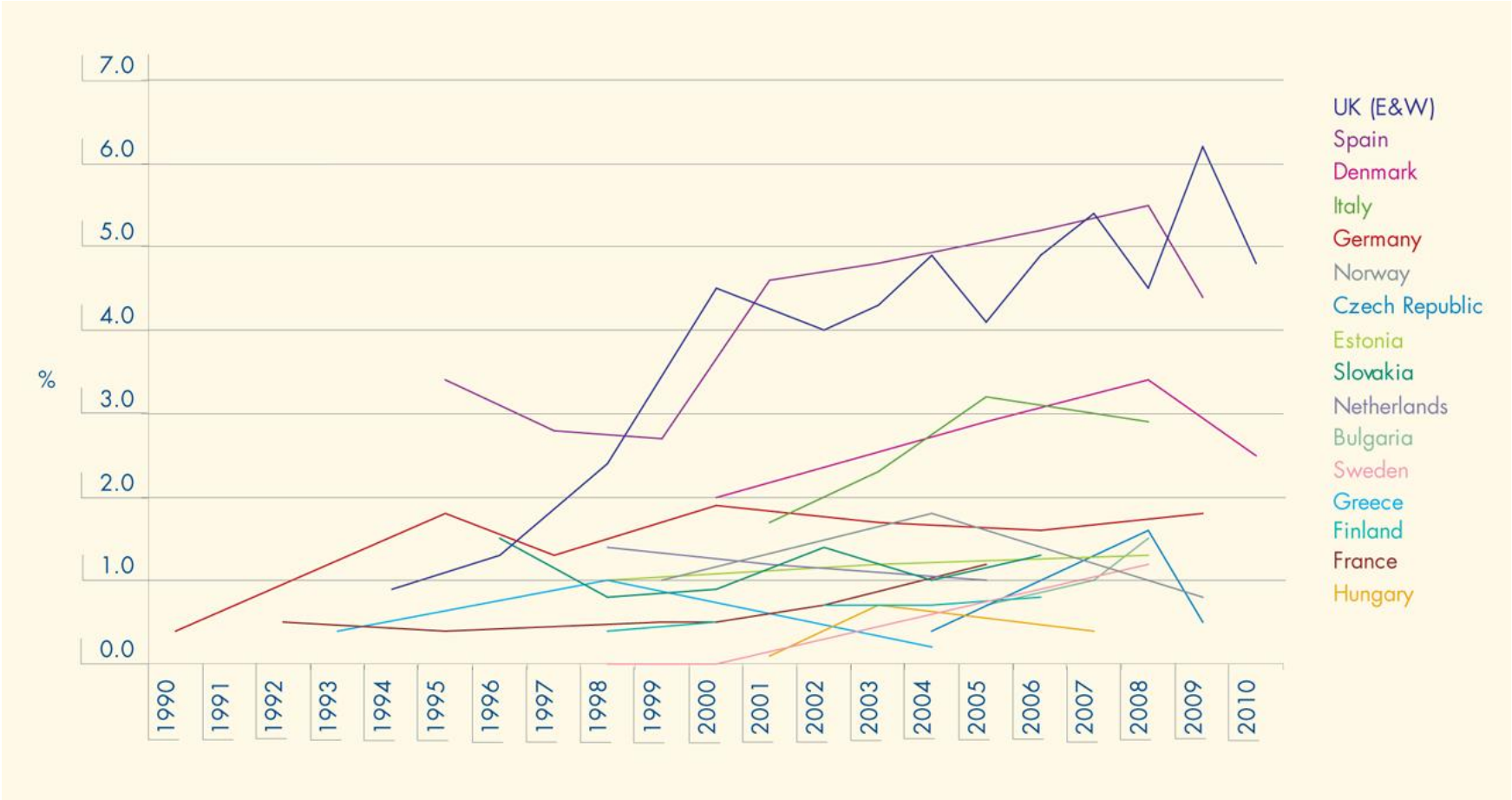
3 million are between 15 and 34 years old

Main stimulant



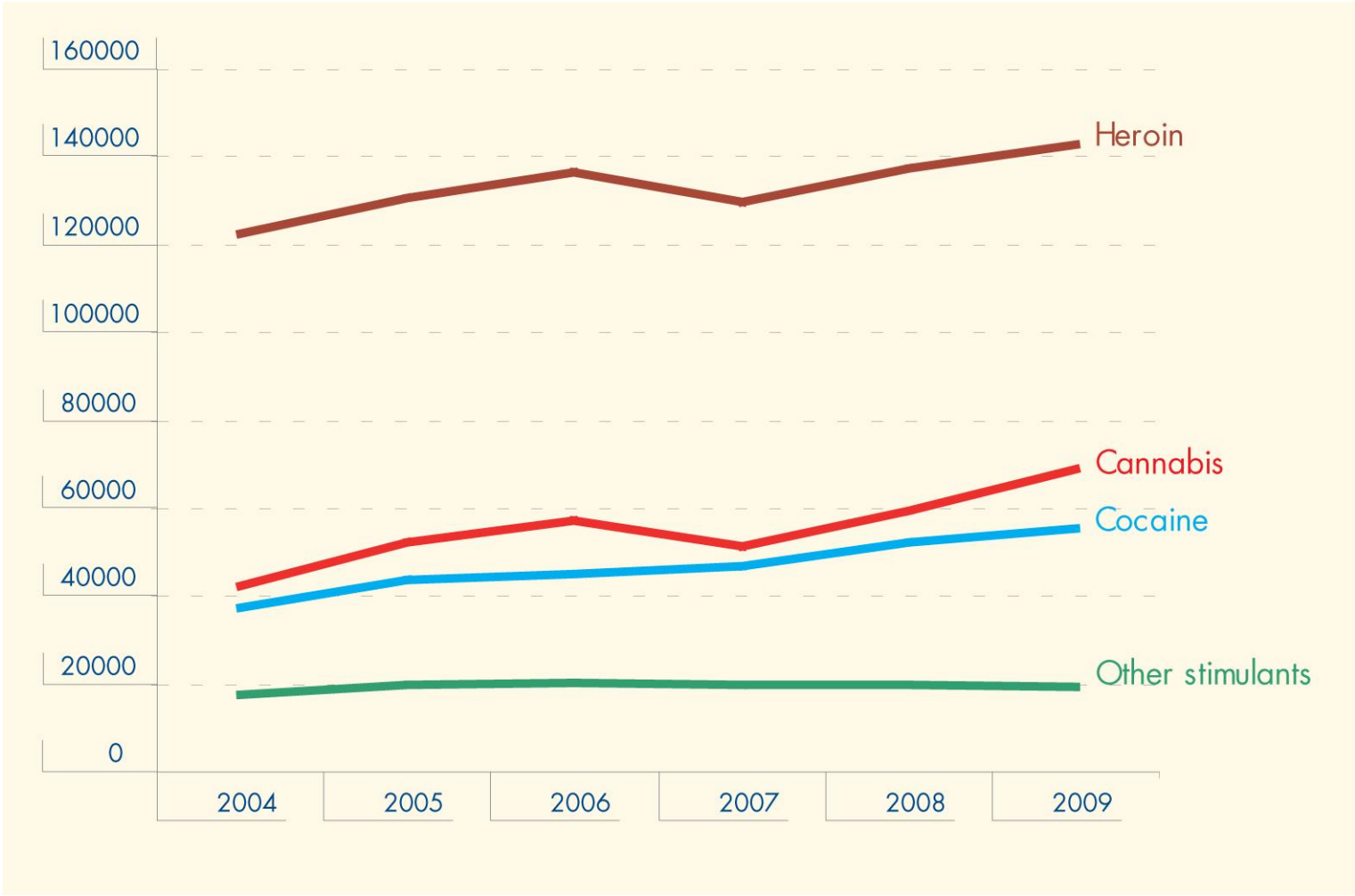
Trends in last year cocaine use among young adults

Countries with three surveys or more



Trends in specialist treatment entries

Clients by primary drug



Cocaine deaths

Around 900 cocaine-related deaths were reported in 2009

Decreases reported in Spain and United Kingdom

Cocaine seizures

Number of seizures increasing for last 20 years
99 000 (2009)

Quantities seized decreased since 2006
49 tonnes (2009)

Trafficking expanding eastwards?

Ecstasy and amphetamines

Ecstasy
2 million young adults (1.4 %) have used ecstasy in the last year

Amphetamines
1.5 million young adults (1.1 %) have used amphetamines in the last year

Ecstasy

Trend – decline in MDMA seizures, prices, purity and drug law offences

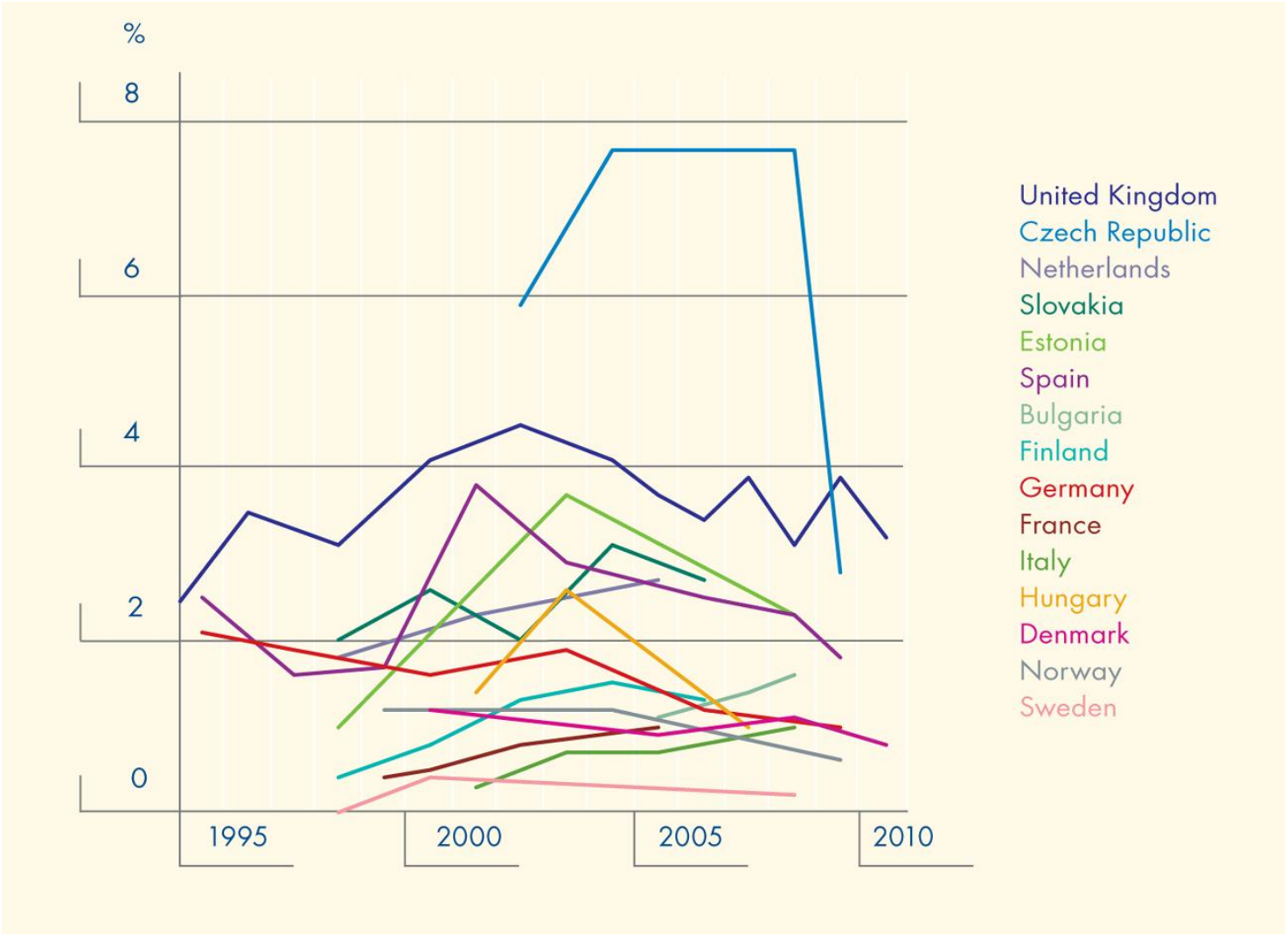
Tablets often contain amphetamines and *m*CPP

New (pre)precursors, e.g. safrole rather than PMK

Still very popular in some nightlife settings

Trend in last year ecstasy use among young adults

Countries with at least three surveys



(Meth-)amphetamines

Prevalence mostly stable

Increase in number and quantity of methamphetamine seizures

Northern Europe – methamphetamine replacing amphetamine on some markets

Problem (meth-)amphetamine use reported by a limited number of countries

Prevalence of cannabis use

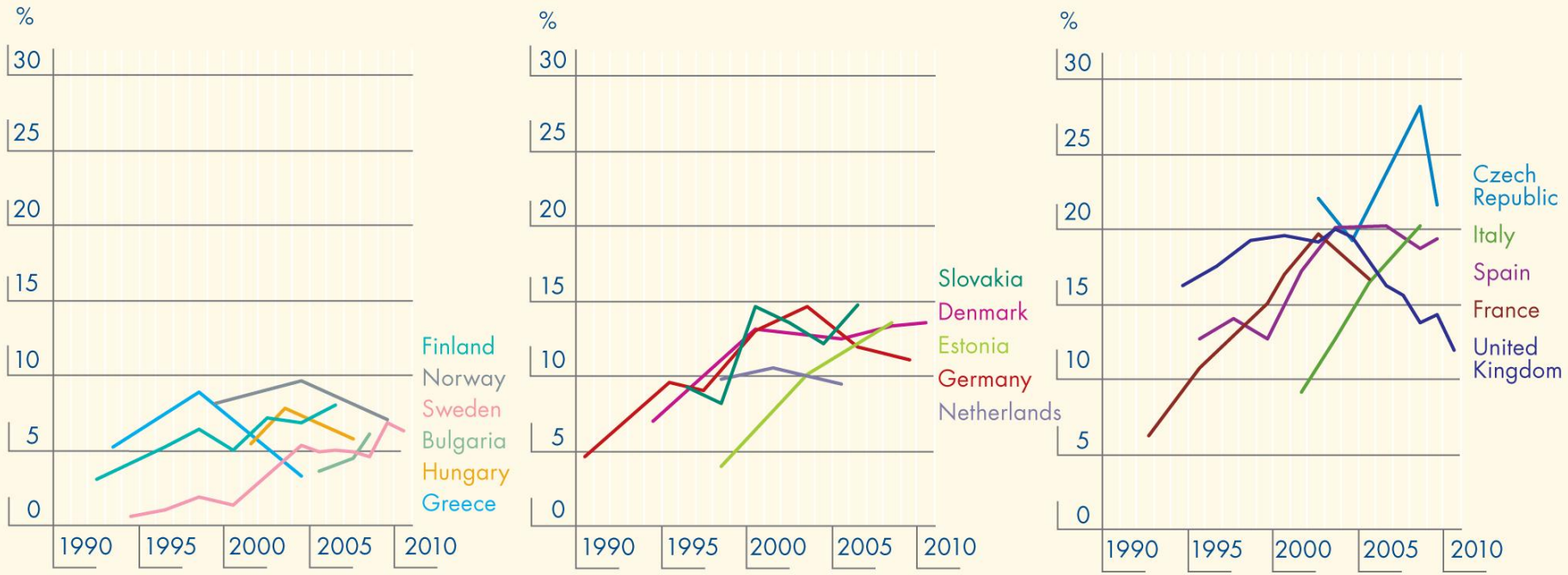
78 million Europeans have ever used cannabis: 23.2 %

22.5 million in the past year: 6.7 %

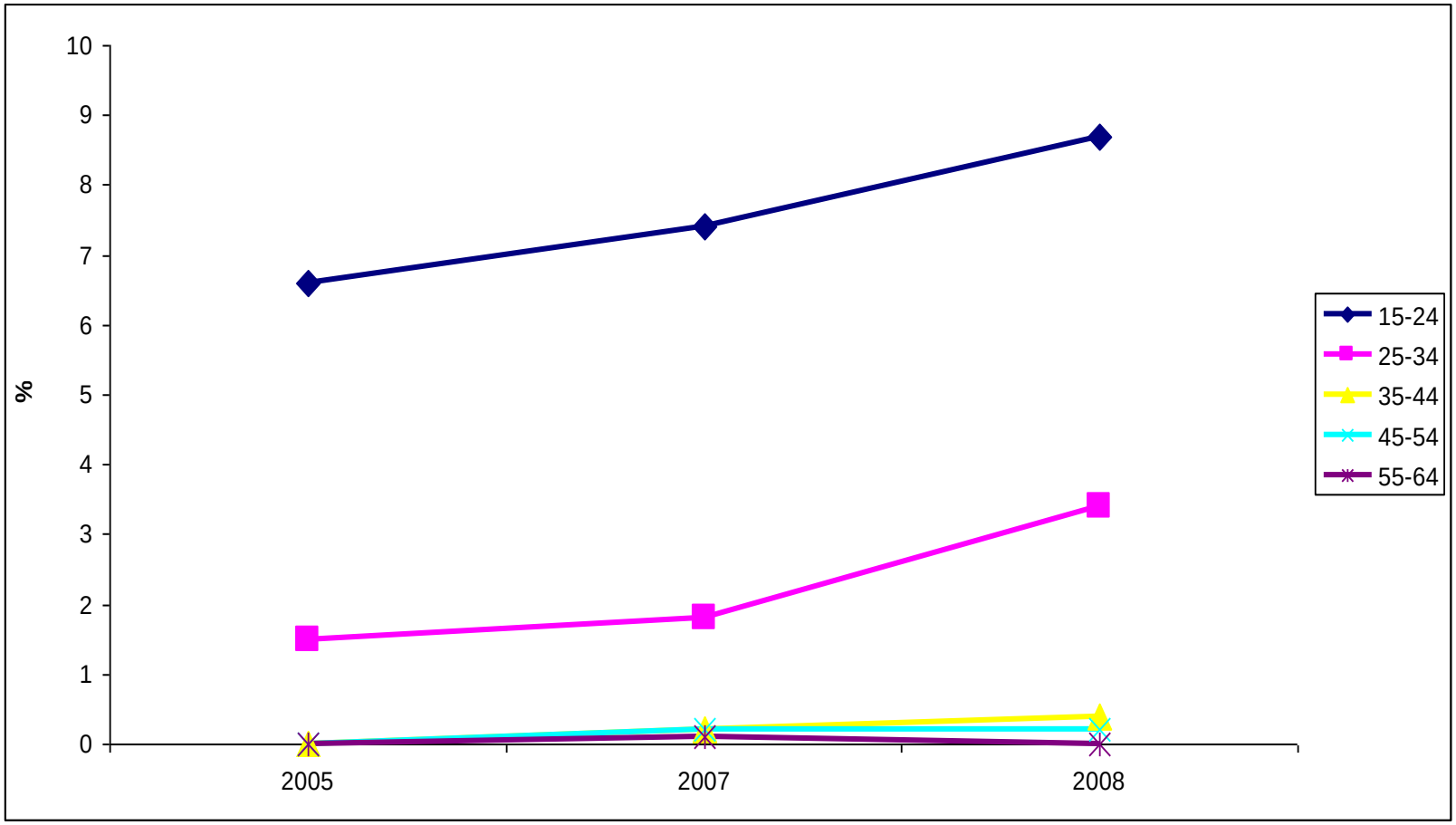
16 million are between 15 and 34 years old

Trends in last year prevalence among young adults

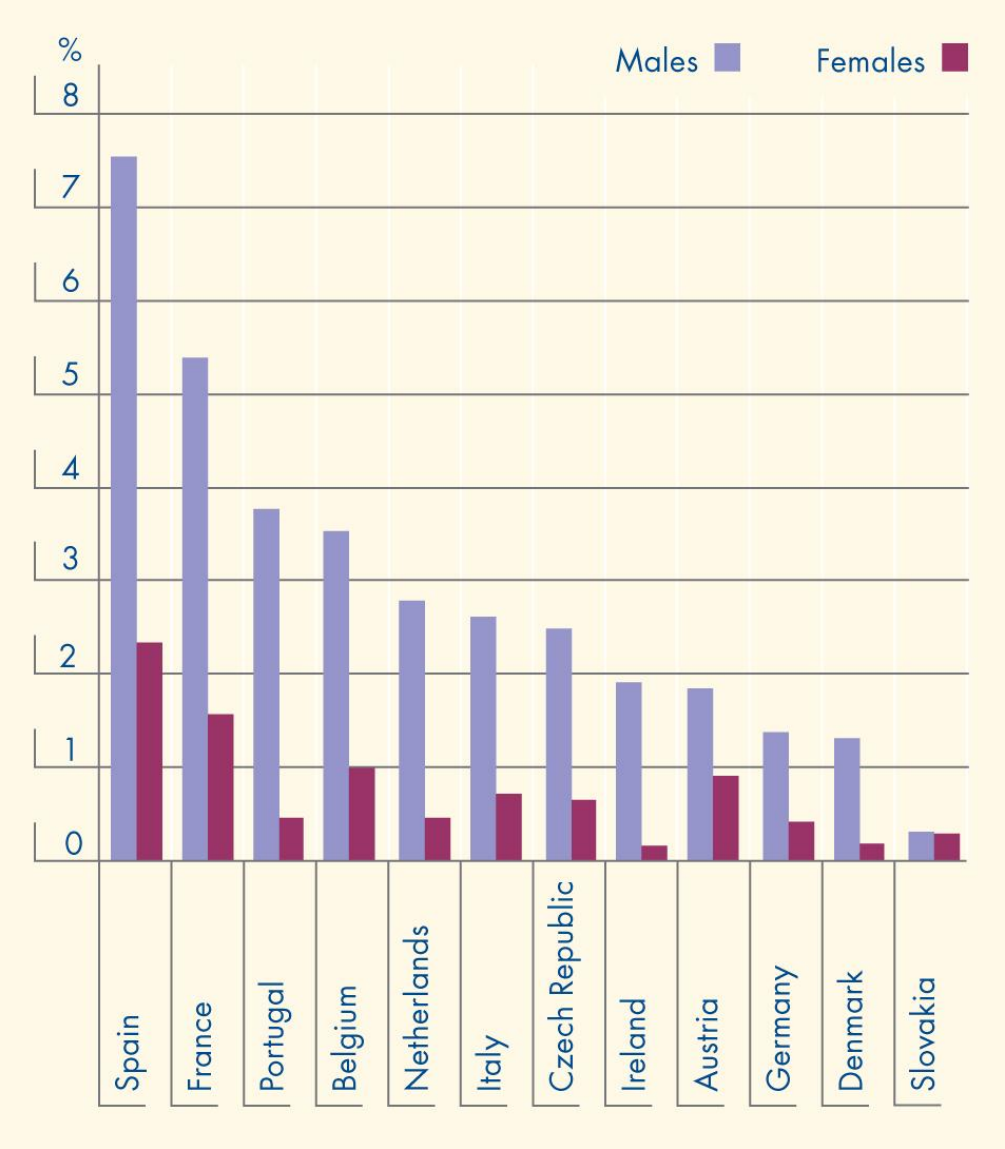
Countries with three surveys or more



Trends in prevalence by age group (Bulgaria)



Daily cannabis use among young adults by gender



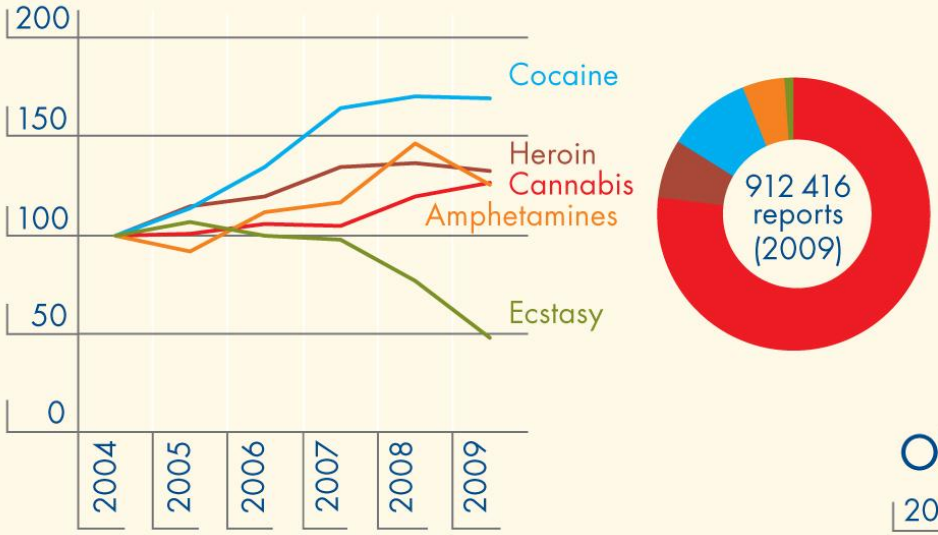
Seizures

About 584 tonnes of cannabis resin and 57 tonnes of cannabis herb seized in 2009 in the EU and Norway

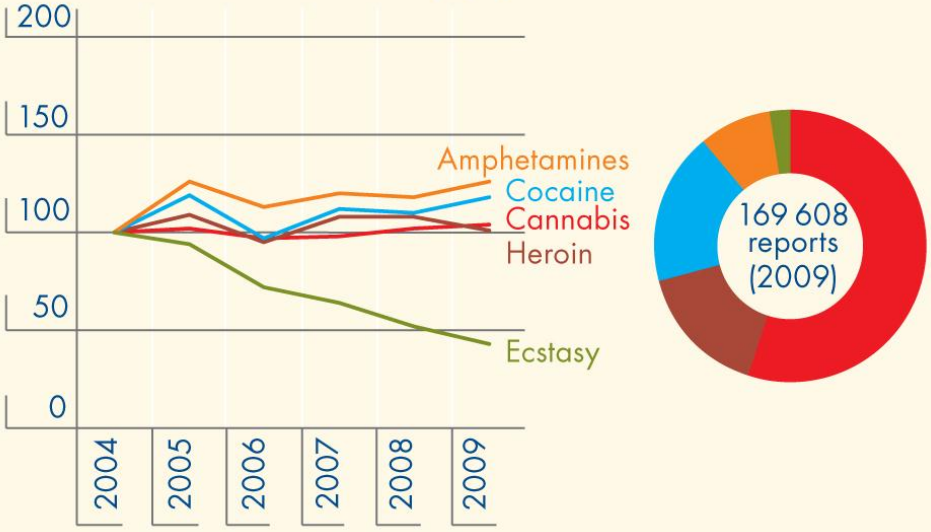
Domestic cultivation reported in all European countries

Reports of drug-law offences in Europe

Offences related to use or possession



Offences related to supply



Detecting new drugs

Record number of new substances reported to the European early-warning system

Growing popularity of synthetic cathinones, including mephedrone

New synthetic cannabinoids

Monitoring the Internet

Expansion of online shops (600+)

Selling psychoactive substances/'legal highs'

Rapid adaptation to control measures

Economic recession and budgetary cuts

Reports of budgetary cuts for drug-related interventions. Size of cuts varies widely

Already affected: research, prevention, social reintegration

Impact on law enforcement and treatment under-reported?

Prevention

Universal prevention – overall small shift towards evidence-based approaches

But also increase in interventions not proven to be effective, e.g. information provision

Increase of interventions for vulnerable groups: young offenders and pupils with academic problems

Indicated prevention still very limited

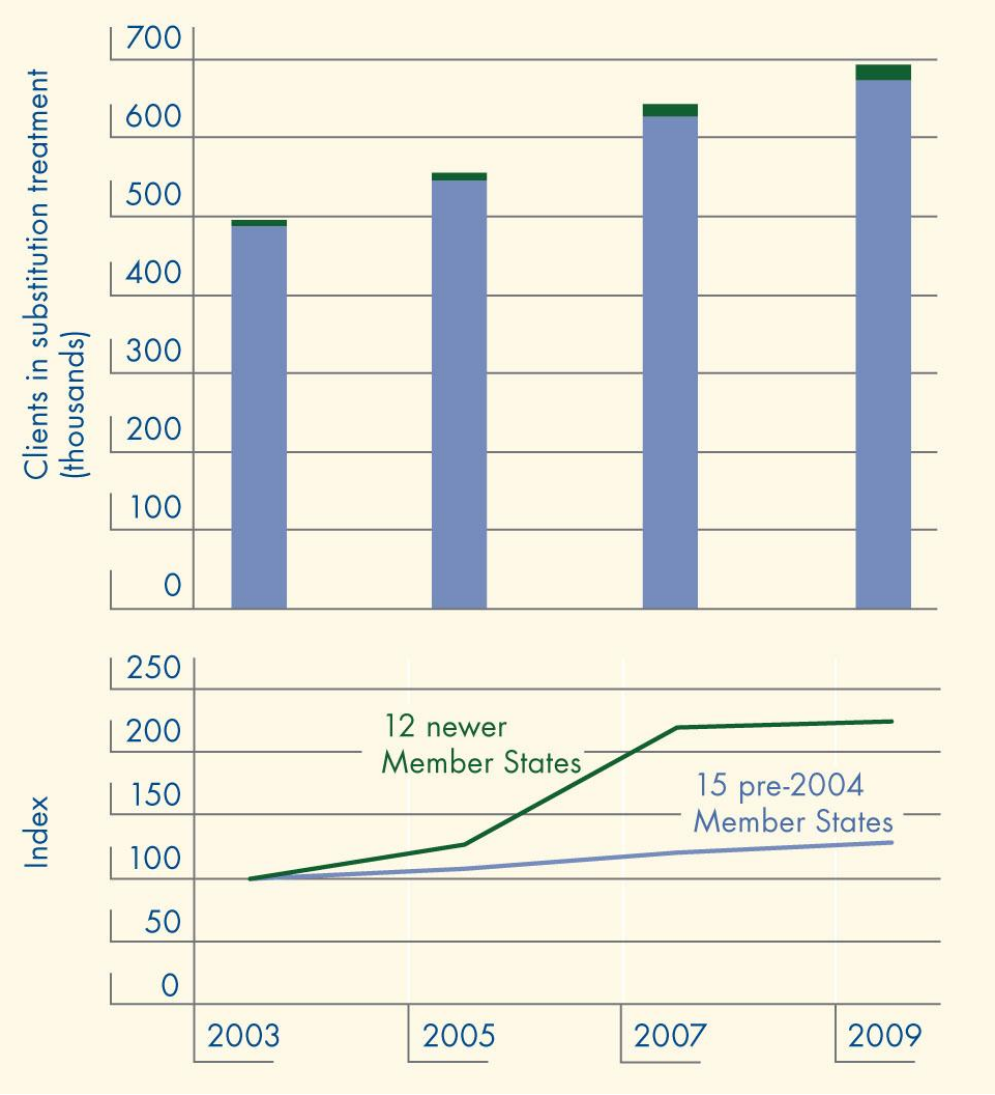
Large investments in treatment

At least 1.1 million Europeans undergo drug treatment every year

Over half undergo opioid substitution treatment

Estimated coverage rate for opioid substitution treatment in the EU: 50 %

Opioid substitution treatment



Social reintegration

High levels of social exclusion amongst treatment clients

Many countries report a social reintegration focus in drug strategies

Housing, education and labour-market participation services available for clients in many countries

But levels of provision in general not sufficient

Harm reduction

Over 50 million syringes distributed through specialised programmes

Overdose training with ‘take-home’ doses of naloxone in some countries

EMCDDA-ECDC Joint guidelines on prevention of infections

Prisons

10–25 % incarcerated for drug law offences

Drug use prevalence much higher than among the general population

Gradual adoption of substitution treatment

Increased overdose risk after prison release

Collaboration between prisons and health care/drug services continues to develop

Conclusions

Europe now has a more stable drug use situation, but some qualitative changes

Many changes in drug markets — new drugs, new trafficking routes, replacement of precursors, heroin shortage, etc.

Important investment in treatment, harm reduction but still room for progress in prevention, social reintegration, prisons

Recession – impact on Europe's drug problems and responses?

Thank you for your attention!

For more detailed information (i.e. 2011 Annual Report, statistical bulletin, 2011 selected issues, EU MS country overviews and 2010 Reitox national reports):

emcdda.europa.eu/events/2011/annual-report