



## NEWS RELEASE from the EU drugs agency in Lisbon

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### ANNUAL REPORT 2006: DRUG PRICES DOWN, SEIZURES UP

#### Drugs in Europe now cheaper than ever before

(23.11.2006, LISBON) The price of illicit drugs on Europe's streets has fallen over the last five years and drugs are now probably cheaper across Europe than ever before, reports the **EU drugs agency (EMCDDA)**, in its **2006 Annual report on the state of the drugs problem in Europe** launched today in Brussels. The announcement comes after a five-year trend analysis (1999–2004) of street prices of drugs in Europe revealed that average prices were falling in most countries and for most substances, in some cases by almost half <sup>(1)</sup>. The research is the first of its kind carried out at European level.

Prices in Europe as a whole fell in this period for cannabis resin (19%), herbal cannabis (12%), cocaine (22%) and brown heroin (45%) as well as for amphetamine (20%) and ecstasy (47%). All prices were corrected for inflation to assess 'real' prices more accurately. Although long-term data on drug prices are still not widely available, existing information suggests that prices may have fallen over the last decade. For example, there are signs that in some countries ecstasy and cocaine are cheaper today than in the late 1980s and early 1990s.

Drug prices can be influenced by a variety of factors including: fluctuations in supply, level of purity, type of product and volume purchased. Price analyses are further complicated by the hidden nature of the illicit drug market and national variations in data quality and data-collection methods.

The **EMCDDA** reports that current data show no direct relationship between falling drug prices and the fluctuating or upward trend in drug seizures over the same five-year period. Neither do the data reveal any simple link between price and overall levels of drug use. Nevertheless, today's overview provides a sound basis for important future work by the agency and EU Member States to better understand the dynamics of the European illicit drug market and assess the impact of measures to reduce supply and demand.

Despite an overall downward trend in drug prices across Europe, considerable country variations are reported. Whilst, typically, most countries reported prices for cannabis resin to be between €5 and €10 per gram, prices were as low as €2.3 per gram in **Portugal** and over €12 per gram in **Norway**. Cocaine prices also varied substantially: from €41 per gram in **Belgium** to over €100 per gram in **Cyprus, Romania and Norway**. Similarly, reported ecstasy prices per tablet were as low as €3 in **Lithuania and Poland**, but ranged to €15–€25 in **Greece and Italy**. Prices for the most common form of heroin — brown heroin from **South-West Asia** — also varied considerably: from €12 per gram in **Turkey** to €141 per gram in **Sweden**.

Commenting today, **EMCDDA Chairman Marcel Reimen** said: 'Price is just one of many factors influencing people's decision to take drugs, and at present we see no simple relationship between general consumption levels and the price of drugs on the street. Nonetheless we cannot fail to be concerned that across Europe drugs are becoming cheaper in real terms. If this means that those who have a tendency to consume drugs will use them more, then the ultimate cost of drug-taking in terms of healthcare and damage to our communities is likely to be considerable'.

## Heroin use and drug injecting — new data underline continuing threat to public health

*Today's report underlines that heroin use and drug injecting will remain major public health issues in Europe for the foreseeable future, incurring long-term costs for European healthcare systems. New data presented this year partly call into question the relatively positive assessment of these behaviours presented in 2005.*

### Heroin — seizures and production 'up'

Heroin consumed in Europe is predominantly manufactured in **Afghanistan**, which remains the world leader in the supply of illicit opium. In 2005, the country accounted for an estimated 89% of global illicit opium production (4,100 tonnes), with the latest UNODC analysis suggesting that recent rises in production now mean global supply could be exceeding global demand <sup>(2)</sup>.

Asia (50%) and Europe (40%) still account for the greatest volume of heroin seized worldwide. Total quantities seized in Europe have been increasing steadily since 1999, and in 2004 reached a record level, chiefly due to the large volume of the drug seized in **Turkey**. In 2004, an estimated 46,000 European seizures resulted in the recovery of 19 tonnes of heroin — an increase of over 10% on the volume seized in 2003 <sup>(3)</sup>.

Commenting on the above, **EMCDDA Director Wolfgang Götz** says: 'Afghanistan is the key player in global heroin production and developments in the country have the potential to impact on the kind of drug problem we will face in Europe in the future. Heroin is no longer a fashionable drug and overall we see an ageing population of problem drug users accessing treatment and care. But the epidemic nature of drug problems has taught us that we may see a new generation of young people becoming vulnerable to heroin use and therefore we cannot ignore the dangers posed by a growing surplus of heroin on the global illicit market'.

### Drug injecting — continuing transmission of infectious diseases

Prevalence of HIV infection remains low among injecting drug users (IDUs) in most **EU Member States, acceding and candidate countries**. It is estimated that around 1% of IDUs or less, are infected in the **Czech Republic, Greece, Hungary, Malta, Slovenia, Slovakia, Norway, Bulgaria, Romania and Turkey** and, in most European countries, studies still report HIV prevalence rates of below 5%.

Yet new HIV infections attributed to drug injecting continue to be reported and there are concerns that they may be increasing in some areas and population groups. In countries with historically high HIV prevalence rates among IDUs (around 10% or over) — such as **Spain, France, Italy, Poland and Portugal** — there are signs of continuing transmission in specific regions or subgroups of IDUs. And in the **Baltic States**, although recent large-scale HIV epidemics appear to have peaked in 2001, new data suggest that, in some regions, the situation is still not under control. Meanwhile, in a number of low-prevalence countries — **Luxembourg, Austria, the UK** — small but worrying recent rises in prevalence have been reported.

Concerns about drug-related infectious diseases are not restricted to HIV. Prevalence of HCV infection among IDUs is high in Europe, although considerable variation is found between the different groups tested. High prevalence in excess of 60% has been reported in some samples of IDUs recently tested in **Belgium, Denmark, Germany, Greece, Spain, Ireland, Italy, Poland, Portugal, the UK, Norway and Romania** — although levels among IDUs generally in these countries are likely to be lower.

HCV prevalence in new injectors (injecting for less than two years) serves as a proxy indicator for HCV incidence (the rate at which people become infected) in this group. Although data are limited, high prevalence rates of over 40% have been reported in recent samples in **Greece, Poland, the UK and Turkey**, suggesting that many new injectors are still quickly becoming infected with the virus in these countries.

### HIV — prevention measures move to the mainstream

The increased provision of substitution treatment in Europe from the mid-1990s appears to have made an important contribution to curtailing the epidemic spread of HIV among IDUs and the problems caused by heroin use. The **EMCDDA** estimates that the total number of clients in substitution treatment annually in Europe has

passed the half-million mark and that between one-quarter and a half of those with opiate problems may now be receiving treatment of this kind.

But treatment is only one element in HIV prevention and, across Europe, there is a 'growing consensus that a comprehensive approach to service provision in this area is most likely to be successful'. Other elements include a range of information, education and communication techniques, counselling and testing and the once controversial needle- and syringe-exchange services. Although the nature and range of the latter still varies between countries, these services have now become mainstream in most of Europe.

### Drug-related deaths — 'downward trend may be faltering'

In its last two *Annual reports*, the **EMCDDA** recorded an ongoing decline in acute drug-related deaths: from 2000–2001 (6%), 2001–2002 (13%) and 2002–2003 (7%), possibly resulting from increased access to treatment and harm-reduction measures and falling prevalence of problem drug use. The decline in these deaths followed a 14% increase during the period 1995–2000.

In today's report, however, the agency warns of 'worrying indicators' that this downward trend in the number of drug-related deaths since 2000 may be faltering <sup>(4)</sup>. In the available data for 2003–2004, the number of deaths reported rose by 3%. 'It is too early to judge whether these small changes herald a long-term shift', says the agency, but it is of concern that 13 out of 19 reporting countries recorded an increase of some degree.

On average between 7,000 and 8,000 drug-related deaths are reported each year in Europe. Latest data show that they accounted for 3% of all deaths among adults under 40, although this figure rises to more than 7% in **Denmark, Greece, Luxembourg, Malta, Austria, the UK and Norway**. These (minimum) estimates are directly related to drug use, mainly opioid use, but do not include deaths related to accidents, violence or chronic diseases.

Despite public concerns about drug-related deaths in the very young, in reality the typical overdose victim in Europe is now a male in his mid-thirties. And for men under 45, particularly urban males, drug-related death ranks as one of the main causes of mortality. While across Europe the age of overdose victims is rising, in some of the **new EU Member States and acceding countries — Cyprus, Estonia, Latvia, Slovakia Bulgaria and Romania** — a high proportion were under 25, probably indicating a younger heroin using population in these countries.

New in this year's report are accounts from several countries of the presence of methadone in a substantial proportion of drug-related deaths (although the role it played in these deaths is not always clear). Methadone and buprenorphine are the most commonly used drugs in substitution treatment but as with other prescribed medicines, misuse can be dangerous. In **Denmark**, for example, methadone was the reported cause of poisoning in 95 of 214 drug-related deaths and in the **UK** it was mentioned in 216 overdose cases. In **Germany**, 345 overdoses were attributed to 'substitution substances'. **Spain** reported that only 2% of overdoses involved methadone alone, but the drug was frequently present along with other drugs — in 42% of deaths attributed to opioids and in 20% of deaths attributed to cocaine. The **EMCDDA** points to the importance of monitoring the deaths related to the misuse of substitution drugs and the circumstances surrounding them.

### Cocaine — upward trend continues, but signs of some stabilisation

*The most recent data on cocaine use across Europe reveal a picture of wide variation, with some countries having little experience of the drug and others with high prevalence levels. But in the countries most affected, there are now signs of stabilisation within an overall upward trend <sup>(5)</sup>.*

### Cocaine — global production 'up', importation routes diversifying

Global cocaine production is estimated by UNODC to have increased in 2004 to around 687 tonnes, with **Colombia** (56%) **Peru** (28%) and **Bolivia** (16%) being the major source countries. Most cocaine seized in Europe enters the continent from **South America** or via countries in **Central America** or the **Caribbean**, although increasingly **African countries** are being used as alternative transit routes.

In 2004, preliminary data suggest that about 74 tonnes of cocaine were seized in Europe, mostly in western countries. The **Iberian Peninsula** remains an important gateway for incoming cocaine and over half the cocaine recovered in Europe was seized in either **Spain** or **Portugal**. In 2004, **Spain** accounted for around half of the total number of seizures and also by far the greatest volumes of the drug intercepted (33,135 kg). Meanwhile, the quantity of the drug seized in **Portugal** more than doubled between 2003 and 2004 (from 3,017kg to 7,423 kg). Between 2003 and 2004, the estimated number of seizures increased by 36% in Europe to 60,890. However there was a 20% decline in the volume of the drug seized, possibly explained by the exceptional amount seized in 2003. Nevertheless, the overall long-term trend is probably still upwards.

### Cocaine — use historically high, but wide variation across Europe

The **EMCDDA** estimates that around 10 million Europeans (over 3% of adults aged 15–64 years) have ever used cocaine and around 3.5 million are likely to have used it in the last year (1%). This figure is historically high by European standards, but is still considerably lower than the US estimate of 14% of the population having ever tried the drug. Around 1.5 million Europeans (0.5% of adults) report cocaine use in the last month. Use is concentrated among young adults (15–34 years), particularly young males living in urban areas.

In absolute numbers, cocaine now ranks in second place as Europe's most used illegal drug after cannabis, slightly ahead of amphetamine and ecstasy. Most national surveys estimate that between 1% and 10% of young Europeans (15–34 years) have ever tried the drug and between 0.2% and 4.8% have used it in the last 12 months. The higher rates of use are found among young adults in **Denmark, Ireland, Italy** and the **Netherlands** — where rates of last year use are around 2% — and in **Spain** and the **UK**, which stand out with estimates exceeding 4%. For these two countries, big increases in use in the mid- to late-1990s were followed by a more stable situation from around 2001. Moderate increases in last year cocaine use among young adults were recorded in **Denmark, Germany, Italy** and **Hungary**, although this trend needs to be interpreted with caution as new surveys are awaited to confirm the current situation.

### Cocaine-related problems becoming visible

It would be wrong to conclude that a stabilisation in the upward trend in cocaine use will result in a stabilisation in cocaine-related problems. A time lag usually exists between first use of a drug and the emergence of regular consumption patterns and problems. In **Spain** and the **Netherlands**, where cocaine use is relatively well-established, at least one in four requests for drug treatment is now cocaine related. And **Denmark, Germany, France, Ireland, Italy, Cyprus, Malta**, the **UK** and **Turkey** all report that between 5% and 10% of treatment demands are cocaine related. Across Europe, new treatment demands for cocaine roughly doubled between 1999 and 2004 and currently around 12% of all new treatment demands are related to the drug. But as yet there is little consensus on what constitutes appropriate treatment for cocaine and crack cocaine problems.

Information on cocaine-related deaths is poor in Europe, however, for this year's report, over 400 cocaine-related deaths were identified, most showing cocaine to have played a causal role. In **Germany, Spain, France**, the **Netherlands** and the **UK**, cocaine was associated with between 10% and 20% of all drug-related deaths, although nine other countries reported virtually no cocaine deaths. The **EMCDDA** expresses concerns about the under-reporting of many cocaine-related deaths as well as the drug's potential to aggravate cardiovascular problems.

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#### Notes:

<sup>(1)</sup> See Commentary, 'Drug use in Europe cheaper than ever before'.

<sup>(2)</sup> *Afghanistan Opium Survey 2006*, UNODC — <http://www.unodc.org/pdf/execsummaryafg.pdf>

<sup>(3)</sup> Based on provisional figures, with estimates generated for some countries reporting late.

<sup>(4)</sup> See Chapter 7, Figure 13.

<sup>(5)</sup> See Chapter 5, Figures 6 and 7.

This news release is complemented by a 'Message from the EMCDDA Director' and a summary 'Drugs in Europe — facts and figures'. These items and other 2006 *Annual report* news releases are available in 23 languages at: <http://www.emcdda.europa.eu/?nnodeid=875>. For the report, see <http://annualreport.emcdda.europa.eu> (Data presented in the report relate to 2004 or the last year available).