TECHNICAL REPORT

Estimating trends in injecting drug use in Europe using national data on drug treatment admissions

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Introduction

Drug injection generates by far the most serious health problems related to psychoactive drug use, such as blood-borne infections (e.g. human immunodeficiency virus (HIV)) or drug overdoses. Previous studies suggest that the prevalence and incidence of drug injection could be declining in some European countries, especially in western and southern Europe; nonetheless, considerable uncertainty remains about the magnitude and geographic extent of the phenomenon. A study of drug users recruited in health services, such as drug treatment centres, may contribute to a better understanding of the current position. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has been collecting national data on drug injection through the treatment demand indicator (TDI) since 2000. The aim of this work is to use the data to estimate recent time trends in the drug injection epidemic in Europe, and country differences in such trends.

Methods

Participants were patients admitted for drug treatment from 2000 to 2011 in the countries with available data, Members of the European Union in 2013, plus Norway and Turkey (Europe-30 ([1])) who were included in data reported to the EMCDDA as part of the TDI programme. During the study period the number of reporting countries increased from 18 in 2000 to 24 in 2005 and 30 in 2010–11, and the number of reporting centres increased from 3 070 in 2000 to 4 040 in 2005 and 6 606 in 2010–11. Reporting centre coverage increased in many countries, with no clear downward trend in coverage in any country. We analysed the annual aggregated data on three indicators related to current drug injectors among first treatment admissions and all treatment admissions (absolute number, population rate and a proportion of all drug treatment admissions), and a fourth indicator, number per treatment centre, which was only calculated for first treatment admissions. In addition, in order to obtain an overview of the trend in the drugs more frequently involved in injection, the percentage distribution of patients' primary drug among those who used injection as the usual route of administration of such drug was analysed. The definitions of the variables used in the indicators can be found in the TDI standard protocol 2.0.

Results

Current drug injection indicators among people admitted to drug treatment in Europe-30 have declined in recent years. Among first treatment admissions the population rate of current drug injectors was 2.74/100 000 inhabitants in 2011 compared to 4.03/100 000 inhabitants in 2005; the average number per treatment centre was 1.86 in 2011 compared to 3.92 in 2005; and the percentage over the total first treatment admissions was 10.1 % in 2011 compared to 17.0 % in

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([1]) 28 EU Members States + Norway and Turkey

2005. The magnitude of the reduction in indicators for all drug treatment admissions was similar or higher. Evidence of a statistically significant downward trend in four or more of the seven indicators analysed was found in eight countries (Denmark, Ireland, Spain, Croatia, the Netherlands, Slovenia, Slovakia and Finland), while evidence of a statistically significant downward trend in one to three indicators, with no evidence of a statistically significant upward trend in any indicator, was found in nine other countries (Bulgaria, France, Cyprus, Luxembourg, Hungary, Austria, Portugal, Sweden and the United Kingdom). Mixed evidence of downward or upward trends depending on the indicator, but predominantly a downward trend, was found in three countries (Greece, Italy and Latvia). Evidence of a statistically significant upward trend in any drug injection indicator, with no evidence of a statistically significant downward trend in any indicator, was found in four countries (the Czech Republic, Germany, Malta and Turkey). Heroin was the most common primary drug among drug injectors admitted to drug treatment in most countries, except in the Czech Republic, Hungary, Sweden and Norway, where 'stimulants' were the most common, particularly stimulants other than cocaine, and in Estonia and Finland, where 'opioids other than heroin' were the most common. The relative weight of heroin as the primary drug among drug injectors has decreased in some countries, while that of stimulants has increased.

Discussion

Results indicate that current drug injection among people admitted to drug treatment in Europe-30 has declined in recent years, both in absolute (population rate and average number per treatment centre) and relative (percentage over total drug treatment) terms. These findings strongly support the impression that injecting drug use in Europe, especially its incidence, has followed a downward dynamic in recent years, and are consistent with other indicators (e.g. HIV infection related to drug injection, or TDI-based prevalence of current drug injection among first heroin treatment admissions) and the few published studies on this issue in Europe. The findings also support the idea that, while heroin remains the drug most frequently involved in drug injection, the decline in the number of heroin injectors has meant that drug injectors are now more likely to be using stimulants than previously. There are still difficulties in estimating drug injection trends from the TDI data in European countries, especially in some countries, mainly due to limitations in reporting coverage, the quality of data, differences in drug treatment policy and other factors, such as increasing retention in treatment.

Introduction

Although psychoactive drugs can be administered by many routes (predominantly orally, injected, smoked or snorted), drug injection generates by far the most serious health problems, such as blood-borne infections (e.g. HIV) or drug overdoses (1–4). A recent meta-analysis found that mortality is much higher in people who inject drugs than in their age and sex peers in the general population (standardised mortality ratio (SMR): 14.7; 95 % CI: 13.01–16.35) (5, 6). Injecting behaviour is a major contributor to the global burden of disease attributable to illicit drug use worldwide, in particular opioid use (7). Given the seriousness of these problems, many countries have implemented large-scale harm reduction and treatment interventions that have proven effective in reducing them; namely, needle exchange programmes, opioid substitution programmes, supervised injection facilities and HIV and hepatitis virus therapies (8–11). There are also interventions to prevent initiation into injecting drug use, but these have been less thoroughly evaluated (12).

Injecting drug use dramatically increased during the 1980s and 1990s in many European countries, and this was accompanied by an increase in the number of HIV infections related to this behaviour and the number of deaths from acquired immune deficiency syndrome (AIDS) and overdose (13–15). Since then, assessing the magnitude of the phenomenon, its consequences and its evolution has been an issue of concern and a challenge for European public health services.

As injecting drug use is a hidden phenomenon that affects a very small proportion of the population, it is very difficult to obtain valid and reliable estimates of prevalence through direct methods such as surveys, making it necessary to use indirect statistical methods, such as capture–recapture or benchmark multipliers (http://www.emcdda.europa.eu/html.cfm/index65519EN.html). In many countries there are no estimates of injecting drug use and, when available, estimates show large variations between countries. In 2008, for example, data were available for 12 of the 27 countries that constituted the European Union (EU) at the time, and the weighted average of estimated prevalence for those 12 countries was 0.25 %, with an uncertainty range (weighted averages of lower and upper limits of the country estimates) of 0.22–0.30 %, resulting in an estimate of 859 000 (753 000–1 019 000) drug injectors (13, 14). More often, there are estimates for regional or local levels (16–18).

Regarding temporal trends in drug injection in Europe, some studies suggest that in several countries the epidemic was already declining by the early 1990s (and even possibly as early as the latter half of the 1980s, as in the Netherlands). This phenomenon is related to evidence on the occurrence of transitions from injection to other routes (e.g. heroin users giving up injection and transitioning to a smoked or snorted use), or even to a decline in the incidence of drug or opioid injection, although incidence data from prospective cohorts are scarce (19–29).

Furthermore, data at the European level are infrequent. An EMCDDA report published in 2010 found that only five European countries had data series for the prevalence of drug injection for the period 2002–08, and a significant downward trend in the prevalence of injecting drug use was found in only one country (the United Kingdom) (13). Furthermore, trends in drug injection prevalence series, estimated using indirect methods, have been published for only a few European countries, including Spain, Luxembourg and Switzerland (30–32). In this context, the study of drug injecting behaviours among subgroups of drug injectors or problem drug users recruited in legal or health services or in the community will contribute to a better understanding of the phenomenon in Europe.

Drug treatment data are a source of information that, together with other sources, may allow estimates of the prevalence of injecting drug use to be obtained, and can themselves be an indirect indicator of problem drug use, particularly concerning heroin and injection (as those are the drug users most often targeted by treatment policies as the most problematic), and consequently contribute to the estimation of time trends in the prevalence and incidence of drug injection. Specifically, since 2000 data on drug injection are collected under the TDI, which are available for many European countries. Despite limitations (such as differences in availability, coverage and use of drug treatment services, poor centre coverage data or missing values), an analysis of these data can provide estimates of temporal trends in the incidence and prevalence of drug injecting in Europe, in the main drugs involved in drug injecting behaviours, and in changes in injecting behaviours among users of specific drugs. It is important to consider the different primary drug distribution by country and the trends in people entering treatment by their primary drug when making these analyses, as these factors have an influence on the trend of drug injection. To this end, findings from this analysis should be examined for their consistency with the results from other data sources, such as estimates of the prevalence of injection, surveys among drug injectors or heroin users, mortality indicators or changes in the incidence of drug injecting observed in cohort studies and available data on needle and syringe exchange programmes. This paper focuses on the analysis of TDI data as an important first component of an assessment of drug injection at the European level. Previous analysis of the TDI data has suggested that in many countries there may be a downward trend in the proportion of drug injectors among individuals admitted to drug treatment (13). However, at the time that this analysis was carried out no systematic analysis had been performed of the entire treatment data series (2000–11) using several indicators to try to control the effect of time changes in coverage within countries regarding the number of reporting centres (13,14, 33, 34).

The aim of this report is to estimate time trends in the drug injection epidemic in Europe, and differences in these trends between geographic areas, using data on drug treatment admissions reported by 30 European countries to the EMCDDA over a recent 12-year period (2000–11). The study used several indicators derived from the TDI to analyse and assess time trends in drug injection (see Table 15).

Methods

Participants

Participants were patients admitted to treatment for drug-related problems in countries of the European Union-2013 plus Norway and Turkey (Europe-30), reported to EMCDDA during the period 2000–11 as part of the TDI. The number of reporting countries increased from 18 in 2000 to 24 in 2005 and 30 in 2010 (27 with available data for 2011). The number of reporting centres increased from 3 070 in 2000 to 4 040 in 2005 and 6 606 in 2010 (4 584 in 2011), with a substantial increase in Ireland after the inclusion of data from general practitioners (GPs) in 2006. However, it should be noted that the coverage of GPs in TDI data is low, since only two countries (Ireland and the United Kingdom) report treatment data from GPs.

Among those countries with sufficient information about the number of reporting centres (23 countries), this number showed a significant increase in 14 countries, and a decrease in three countries. The largest increases were observed in Bulgaria, Romania, Ireland and Greece. Centre coverage (the proportion of available treatment centres covered by the reporting system) is not easy to calculate because the number of available centres in each country was not reported to EMCDDA until 2005. Since then there have been data for most of the countries, but data are still lacking in some large countries such as the United Kingdom, while validity is probably limited in other countries; data on centre coverage are variable and not stable over the study period. Taking this into account, we see that in nine countries with data for the entire period 2005–11 the number of available centres increased from 465 to 732. In 15 countries with data for 2007–11 the number of available centres increased from 1 512 to 1 769. Centre coverage increased from 71 % in 2005 to 78 % in 2011 (after excluding Italy, because of its change from an exhaustive reporting system to a sampling system in 2008, and Belgium and Slovakia because of important inter-annual variations). When looking at the 15 countries with data for 2007–11, and after excluding Poland because of changes in the monitoring system resulting in large inter-annual variations, coverage increased from 76 % to 83 %. Some countries with full or partial coverage data (Bulgaria, France and Lithuania) showed coverage below 50 % for some years. Centre coverage increased over the period in Bulgaria, Denmark, France, Lithuania Romania, Slovenia, Slovakia, Sweden and Croatia, and it decreased in the Czech Republic, Germany, Greece and Latvia.

The number of treatment admissions for Italy in 2008–11 was estimated to account for the mentioned change in the reporting system.

Data collection

TDI is one of the five key epidemiological indicators that contribute to the overall EMCDDA aim of providing objective, reliable and comparable information at the European level concerning drugs, drug addiction and their consequences. The objective of the TDI is to collect information

in a harmonised and comparable way across all reporting countries on the number and profile of people entering drug treatment (clients) during each calendar year. Although the name of the indicator is the 'treatment demand indicator', it collects information on people entering treatment and excludes individuals who came into treatment in a previous year and continue to receive treatment in the current year. As people retained in treatment for a long time (e.g. heroin users in opioid substitution treatment) are no longer part of the pool of people at risk of starting treatment each year, the TDI indicator represents a sub-section of the entire population of drug users in need of treatment. It can therefore be considered as an *indirect indicator* of the unobserved level ([2]) of people that are potentially in need of drug treatment.

Routine, anonymous case-reporting of standardised core data on the number and characteristics of problem drug users presenting for treatment are collected nationally and sent to the EMCDDA in aggregate form. The TDI provides a uniform structure for reporting on the number and characteristics of clients referred to specific drug treatment facilities. The TDI collects information on clients at, or close to, their point of entry into treatment facilities for problems with one or more drugs. A core dataset of 20 items are collected anonymously about each presenting client concerning their socio-demographic characteristics, treatment contact details and drug profile. Each national drug treatment monitoring system may include more items than those defined in the EMCDDA TDI protocol, according to national and local information needs. Also, the categories of the items collected at the national level may be different from those requested in the TDI protocol, as far as it is possible to conduct a reliable conversion to the TDI categories (35).

The EMCDDA has been implementing the data reporting from the EU Member States since 2000, and has adopted formal agreements with the Member States to stimulate and facilitate data collection and reporting from the national to the European level. Data were reported based on the TDI Protocol 2.0 (35), and collected using the FONTE online tool, and mainly cover outpatient and inpatient treatment centres ([3]). In the 10 years following its implementation it has proven difficult in most countries to collect information from other types of treatment centres. The level of harmonisation is sufficiently good to enable comparability across countries, even though caution should be made in data interpretation due to country differences in the drug treatment systems and variability in implementing some TDI definitions.

The TDI standard protocol 2.0 provides system requirements, a classification of treatment centres, definitions of terms (e.g. treatment, coverage, first treatment demand), case definition, a core item list of 20 variables covering treatment contact, socio-demographic characteristics, drug use profiles and injecting behaviour, guidelines on methods of data collection, coding,

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([2]) According to the estimates in the *2015 European Drug Report: Trends and Developments* there are 1.3 million opioid users in Europe and recent estimates on injecting drugs available in 14 countries range from less than one to more than nine cases for 1000 population.
([3]) TDI version 3.0 has now been released and has been used by the European countries since 2013.

analysis and reporting of results, and rules for existing national systems, procedures for quality control and a consideration of ethical issues (35).

A case is a person who starts treatment for his/her drug use at a treatment centre during the calendar year 1 January to 31 December. If a person starts treatment more than once during the same year at the same or another centre, only the last treatment in the year is counted. Treatment is considered to have started when a client begins formalised face-to-face contact with a treatment centre. First treatment is defined as the very first time in his or her life that a person starts treatment for drug problems. Drug treatment centres are defined as outpatient, inpatient, low-threshold services, general practitioners and prison treatment units. Primary drugs are those reported as causing the client the most problems, as defined by the clients themselves or by diagnoses based on ICD-10. Use of the primary drug will usually be the main reason for asking for treatment. Admissions to treatment for problems related to the use of tobacco or alcohol (tobacco or alcohol as the primary drug) are not reported at the European level. Secondary drugs (up to four for each client) are those used in addition to the primary drug. Alcohol can be reported as a secondary drug. The protocol includes procedures for minimising double counting whilst respecting confidentiality. The use of an attributor (initials, date of birth and gender) is recommended to minimise multiple counts.

Among other variables, the protocol includes the following: year of treatment, ever previously treated, primary drug, usual route of administration of primary drug, and drug injection behaviour in the individual's lifetime and the last 30 days. 'Previously treated' refers to whether or not a client had been previously admitted to drug treatment other than the current treatment, although in some countries it refers to previous treatments for the same primary drug (see Table 15).

The primary drug, i.e. the drug reported as causing the client the most problems, can be based on problems as defined by clients or on short diagnoses based on the ICD-10. The use of this drug is generally the main reason for entering treatment. Items are fully specified in the protocol, but they do not necessarily have to be collected in exactly the same form as long as each Member State can draw these data from within their national systems. National systems frequently collect a broad range of additional information considered relevant or important for strategic planning and other purposes.

Data are collected at treatment centre level and collated at regional/country level (35). Through FONTE, countries also report annually the number of drug treatment centres that have reported data for the reference year.

Data analysis

For this study, analysis focused on drug injection among people starting drug treatment in European countries reporting such data to EMCDDA ([4]). The unit of observation and analysis was time period (year) in each country, because no individual data were reported.

Several indicators related to drug injection were considered in order to study the temporal and geographic differences in drug injection, specifically:

- The number of current drug injectors admitted to drug treatment (for all drug treatment admissions and first drug treatment admissions — people entering drug treatment for the first time in their life).
- The percentage of current drug injectors admitted to drug treatment in relation to the total treatment admissions (for all drug treatment admissions and first drug treatment admissions).
- The population rate of current drug injectors admitted to drug treatment per 100 000 of the population aged 15 years and over (for all drug treatment admissions and first drug treatment admissions).
- The average number of current drug injectors admitted to drug treatment per treatment centre (only for first drug treatment admissions, since this indicator is used to correct possible fluctuations in coverage).

The definition of current drug injection was extracted from the TDI standard protocol 2.0 (35). It refers to whether a client has injected any drug at least once in the 30 days before treatment admission. The reference point for the 30-day period of use is the start of treatment, in other words the first face-to-face session. Injection refers to any drug, regardless of whether such drugs were primary or secondary. Injection for medical purposes (such as for diabetes) is excluded.

The population of the European countries for the denominators of rates was obtained from Eurostat (http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/themes, accessed 14 January 2014).

Indicators were calculated for each reporting country, Europe-30 and European Union-2013. The indicators refer to cases with known values of the variables involved, as reported to EMCDDA. The proportion of missing values in Europe-30 in 2011 was 26.8 % for injecting behaviour, 8.5 % for primary drug, 12.7 % for main route of administration of primary drug and

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([4]) The cases reported by Italy in 2004 did not meet TDI definition because they included all persons who were already receiving treatment at the beginning of the year (drug treatment prevalence). For this reason they were excluded from the analysis

8.3 % for treatment status (ever previously treated). In 2005, these proportions were 27.8 %, 4.1 %, 26.2 % and 13.3 %, respectively.

The analysis focused on the aforementioned indicators (seven in total) to characterise time trends within the same country, assuming that coverage, reporting criteria and treatment policies had not changed in any significant way during the study period. In this context, each of the indicators has strengths and weaknesses. For example, the percentage of current drug injectors admitted to drug treatment in relation to the overall treatment admissions is less dependent on the evolution of coverage and use of treatment services than the number or rate of treatment admission, but instead it depends heavily on the evolution of the number of treatment admissions by drugs administered by non-injection routes. Therefore, to capture or obtain information on the underlying trends in the incidence and prevalence of injecting drug use it is convenient to use several indicators and observe the consistency of the results.

However, to analyse between-country differences, indicators that referred to the percentage of current drug injectors admitted to drug treatment in relation to the total treatment admissions were the only ones used, because the use of absolute numbers or population rates of current drug injectors is not recommended due to differences in the availability, coverage and use of drug treatment services, the coverage of the TDI and missing data. Percentages were calculated from cases with known values for the corresponding crossing variables. Data from 2011 were not available for Ireland, Spain and Poland, and hence those of 2010 were used for estimations.

Furthermore, to assess which was the main drug involved in drug injection, the percentage distribution of the primary drug among patients admitted to drug treatment who used injection as the usual route of administration of such drug was obtained. Injection as the usual route of administration refers to injection being the most frequent route of administration of the primary drug, without explicitly stating a specific reference period. Primary drug categories considered here were opioids, cocaine, other stimulants (mainly amphetamines) and other drugs. The statistical significance ($p<0.05$) of monotonic time trends (2000–11) of each aforementioned indicator within each geographic area was assessed by calculating Spearman's correlation coefficient (rho) between calendar year and the considered indicator.

Results

Number of current drug injectors admitted to drug treatment

The number of patients admitted to drug treatment (all drug treatments) who had injected drugs in the last 30 days before starting treatment (current drug injectors) in Europe-30 in 2011 was 49 006. The United Kingdom (33.0 %) accounted for the largest proportion of current drug injectors reported in Europe-30 in 2011, followed by Germany (14.0 %), the Czech Republic (9.3 %), Italy (7.2 %), France (6.5 %) and Spain (5.1 %). A total of 12 909 current drug injectors were admitted to first drug treatment in 2011, with the United Kingdom (34.8 %) accounting for the largest proportion of reported cases, followed by the Czech Republic (16.6 %), Italy (13.7 %), Greece (6.6 %), Spain (5.7 %) and Germany (5.0 %).

Regarding time trends, the number of current drug injectors among all treatment admissions in Europe-30 was 52 842 in 2000; 52 847 in 2005; and 49 006 in 2011. Using the Spearman's rho, a statistically significant downward trend was identified in 10 countries and a significant upward trend in five countries (Table 1). The number of current drug injectors among first treatment admissions in Europe-30 varied from 5 398 in 2000 to 15 854 in 2005 and 12 909 in 2011.

Using the Spearman's rho, a statistically significant downward trend was identified in seven countries and no significant upward trend was found in any country (Table 2). It is important to note that the increase in the period 2000–05 at the European level is explained by the fact that countries did not join the monitoring system at the same time, and the incorporation of large countries to the system resulted in large increases in the number of treatment admissions.

Percentage of current drug injectors among people admitted to drug treatment

Current injectors in Europe-30 in 2011 represented 15.0 % of all drug treatment admissions, and 10.1 % of first drug treatment admissions. Countries with the highest percentage of current drug injectors among all drug treatment admissions were: Latvia (78.5 %), Bulgaria (59.5 %), Finland (53.9 %), the Czech Republic (52.5 %) and Romania (51.9 %); and countries with the lowest percentages were: Malta (4.6 %), Spain (5.1 %), the Netherlands (5.7 %), Denmark (6.1 %), Belgium (8.7 %), and Croatia (9.2 %). Meanwhile, countries with the highest percentage of current drug injectors among first drug treatment admissions were: Bulgaria (75.2 %), Latvia (62.1 %), the Czech Republic (52.8 %), Romania (39.8 %), Estonia (39.5 %), Finland (35.8 %) and Greece (32.2 %); and countries with the lowest percentages were: Malta (2.4 %), Spain (2.9 %), Denmark (3.1 %), Belgium (3.4 %), France (3.8 %) and Cyprus (5 %). In general, both in 2005 and in 2011, the countries with the highest percentages were located in northern or eastern Europe (Tables 3–4).

The percentage of current drug injectors among all treatment admissions in Europe-30 was 34.4 % in 2000; 23.4 % in 2005; and 15.0 % in 2011. A statistically significant downward trend was identified in 13 countries (Bulgaria, Denmark, Ireland, Greece, Spain, Croatia, Italy, Cyprus, Latvia, Luxembourg, Hungary, Slovakia and the United Kingdom), and a significant upward trend was seen in Germany. In other countries the trends were stable, or valid data to accurately describe trends were unavailable. In 2000–01 the percentage of current drug injectors among people admitted to drug treatment was already low (below 20 %) in countries like the Netherlands, Belgium, Spain and Sweden (Table 3). Meanwhile, the percentage of current drug injectors among first treatment admissions was 22.1 % in 2000; 17.0 % in 2005; and 10.1 % in 2011. A statistically significant downward trend was identified in 12 countries (Denmark, Ireland, Greece, Spain, Croatia, Italy, Cyprus, Latvia, Austria, Slovenia, Slovakia and the United Kingdom) and a significant upward was not identified trend in any country. In 2000–01 the percentage of current drug injectors among people admitted to their first drug treatment was already low (below 20 %) in countries like the Netherlands, Belgium, Spain and Germany (Table 4).

Population rate of current drug injectors admitted to drug treatment

The rate of current drug injectors admitted to drug treatment in Europe-30 in 2011 was 10.14 per 100 000 of the population aged 15 and over. The countries with the highest rates per 100 000 were: Malta (203.3), Latvia (57.47), the Czech Republic (49.36), the United Kingdom (30.33) and Ireland (26.20); and the countries with the lowest rates were: the Netherlands (0.14), Poland (0.93), Portugal (0.94), Turkey (1.37), and Hungary (2.32). Belgium, Denmark, Germany, Spain, France, Italy, Romania and Sweden all had rates lower than 10 (Table 5). Also, the rate of current drug injectors admitted to their first drug treatment in Europe-30 in 2011 was 2.74. The countries with the highest rates were: the Czech Republic (23.25), Malta (13.61), Greece (8.71), the United Kingdom (8.42) and Latvia (8.20); and the countries with the lowest rates were: the Netherlands (0.06), Poland (0.06), Portugal (0.48) and Turkey (0.6100). Other countries, such as Belgium, Denmark, Germany, Spain, France, Croatia, Hungary and Finland, showed rates below 2 (Table 6).

The rate of current drug injectors admitted to any drug treatment in Europe-30 was 21.05/100 000 of the population aged 15 and over in 2000; 13.73/100 000 in 2005; and 10.14/100 000 in 2011. A statistically significant downward trend was identified in 10 countries (Denmark, Ireland, Spain, Croatia, Luxembourg, Hungary, the Netherlands, Slovenia, Slovakia and Finland) and a significant upward trend in three countries (Germany, Malta and Turkey) (Table 5). In terms of current drug injectors admitted to their first drug treatment in Europe-30, the population rate was 3.96/100 000 in 2000; 4.03/100 000 in 2005; and 2.74/100 000 in 2011. A statistically significant downward trend was identified in eight countries (Denmark, Ireland, Spain, the Netherlands, Portugal, Slovenia, Slovakia and Finland) and a significant upward

trend in one country (Turkey). Trends in other countries were stable, or valid data to accurately describe trends were unavailable (Table 6).

Average number of current drug injectors admitted to first drug treatment per centre

The average number of current drug injectors admitted to their first drug treatment per treatment centre in Europe-30 was 1.76 in 2000; 3.92 in 2005; and 1.86 in 2011. A statistically significant downward trend was identified in 10 countries (Bulgaria, Ireland, Greece, Spain, France, Cyprus, the Netherlands, Slovenia, Finland and Sweden) and a significant upward trend in two countries (the Czech Republic and Italy). Trends in other countries were stable, or valid data to accurately describe trends were unavailable (Table 7).

Primary drug of clients who usually injected

The primary drug of clients who usually injected was explored using the percentage distribution of the primary drug among those who reported injecting as their usual route of administration. In Europe-30 in 2011 opioids were the primary drug most commonly used among all drug treatment admissions who reported that they usually injected, at 84.4 %, followed by stimulants other than cocaine (8.2 %) and cocaine (5.6 %) (Table 8). In two countries, the Czech Republic (74.9 %) and Norway (50.9 %), stimulants were the most common primary drugs among those reporting they usually injected, although in some other countries they reached percentages over 20 % (Belgium, Hungary, Slovakia and Sweden) (Table 12). Among first drug treatment admissions, the primary drug most commonly reported by those who usually inject was also opioids, although stimulants other than cocaine represented a higher percentage (14.5 %) than among all treatment admissions (Table 9). In three countries, namely the Czech Republic (85.8 %), Hungary (68.6 %) and Sweden (65.8 %), stimulants were the drugs most commonly used by those who usually injected, and in some other countries they represented percentages over 20 % (Belgium, Spain, Latvia, Hungary, Poland, Slovakia, Finland and Sweden) (Table 13). Heroin was the most commonly injected opioid in most countries, although other opioids were predominant in Finland and Estonia. Moreover, in France and Austria opioids other than heroin were commonly used by those reporting that they usually injected (in over 30 % treatment admissions). In all countries where stimulants were the primary drug for a substantial percentage of those who usually injected, the most commonly used stimulants were stimulants other than cocaine (presumably amphetamines or amphetamine-like substances), except in Spain where it was cocaine (26 %). Another country where a substantial percentage of those usually injecting reported cocaine as the primary drug was Germany (18.6 % of all treatment admissions and 16.6 % of first treatment admissions with injection as the main route of administration of the primary drug).

Time trends in Europe-30 were unclear, although a statistically significant upward trend has been identified in the proportion of those usually injecting who reported 'other drugs' as their

primary drug among all drug treatment admissions and first drug treatment admissions. Nevertheless, injectors of 'other drugs' still only accounted for 1.8 % of all those usually injecting (Tables 8–9). By country, among all drug treatment admissions, a statistically significant downward trend was identified in the proportion of those who usually injected with opioids as the primary drug in seven countries (the Czech Republic, Greece, Spain, Hungary, Malta, Slovenia and Sweden) and a statistically significant upward trend in one country (Finland) (Table 10). Among first drug treatment admissions, statistically significant trends were identified in the same aforementioned countries. In other countries the trend was stable or there were insufficient data to derive trends (Table 11). Regarding trends in the proportion with stimulants as the primary drug, a statistically significant upward trend was identified in nine countries (Bulgaria, the Czech Republic, Denmark, Greece, Spain, Hungary, Malta, Slovenia and Slovakia) and a statistically significant downward trend in one country (Finland). Among first drug treatment admissions, statistically significant trends were identified in the aforementioned countries, except Slovakia. The trend was stable in other countries, or there were insufficient data to derive trends (Table 12).

Discussion

Indicators related to first treatment admissions can provide a window on recent trends in injecting drug use, as they are likely to include those in the treated population who started injecting more recently. The results of this analysis indicate that injecting drug behaviour among people admitted to first drug treatment in Europe-30 has declined in recent years, both in absolute terms (the population rate of current drug injectors and the average number of current drug injectors per treatment centre; although it should be noted this data can be affected by an expansion of TDI to small treatment centres) and in relative terms (current drug injectors as a proportion of total clients admitted to drug treatment). The population rate of current drug injectors among first drug treatment admissions was 2.74/100 000 in 2011 compared to 4.03/100 000 in 2005, the average number of current drug injectors per treatment centre was 1.86 in 2011 compared to 3.92 in 2005 and the percentage of current drug injectors was 10.1 % in 2011 compared to 17.0 % in 2005. Similar decreases were seen for clients admitted to any drug treatment (first drug treatment admission or subsequent treatment).

By country, evidence of a statistically significant downward trend was found in four or more indicators of the seven studied in eight countries (Denmark, Ireland, Spain, Croatia, the Netherlands, Slovenia, Slovakia and Finland), while evidence of a statistically significant downward trend in one to three indicators, with no evidence of a statistically significant upward trend in any indicator, was found in nine other countries (Bulgaria, France, Cyprus, Luxembourg, Hungary, Austria, Portugal, Sweden and the United Kingdom). Mixed evidence of downward or upward trends depending on the indicator, but predominantly a downward trend, was found in three countries (Greece, Italy and Latvia). Evidence of a statistically significant upward trend in some drug injection indicators with no evidence of a statistically significant downward trend in any indicator was found in four countries (the Czech Republic, Germany, Malta and Turkey). Finally, specific temporal trends were not found for any indicator, due to a lack of data or other reasons, in five countries (Estonia, Lithuania, Poland, Romania and Norway) (Table 14).

While heroin remains the drug most commonly involved in drug injection among treatment clients in most countries, data suggest that the involvement of stimulants is increasing in some countries.

These findings support the idea that the epidemic of injecting drug use in Europe has followed a downward dynamic in recent years. The decline seems to be clearer from 2008–09 in several countries, but further analysis is needed to assess recent trends in drug injection. Specifically, the incidence of injecting drug use may have begun to decline for some years prior to the study period (2000–11), which was probably followed by slower changes in the prevalence of drug injecting, particularly opioid injecting. Some studies suggest that in some European countries the incidence of injecting drug use may have begun to decline in the 1990s, and even in the

1980s, especially in some western European countries such as the Netherlands and Spain (20, 21, 25, 29, 36). Additionally, the decrease in the number of new HIV diagnoses related to drug injection in the European general population in 2000–12 supports the view that a decrease in the prevalence of drug injection has occurred, together with a decrease in the risk of HIV infection due to the impact of harm reduction services and other factors (37, 38). Moreover, the low proportion of young people or people with a short history of drug injection within samples of drug injectors recruited for infectious disease surveillance suggests a low rate of recent initiation into injecting, except perhaps in some countries in eastern Europe (34).

These reductions in drug injection could be due to the decline in the incidence and prevalence of heroin use (22, 33, 36, 39–41) and the change in route of administration of this drug (usually from injecting to smoking or snorting) observed in some countries in the 1990s (21, 27, 29, 42). These changes in administration route may have been linked to an increase in awareness of the risks associated with injection, the effectiveness of treatment and harm reduction interventions, particularly methadone treatment, the type of heroin and other drugs available in the market (more or less suitable for injection) or other factors (43, 44).

The results of this study suggest that in Europe-30 the most frequently injected drug is still by far heroin, although in some countries the most commonly injected drugs are stimulants other than cocaine (the Czech Republic, Hungary, Sweden and Norway) or other opioids (Estonia and Finland). In addition, the results also suggest that there are important subgroups of cocaine or other stimulants injectors in Belgium, Spain, Germany, Latvia, Poland and Slovakia, and of injectors of opioids other than heroin in France and Austria. An increase in injection as the route of administration of amphetamine has previously been observed in some European regions since the 1990s (45–47), as TDI data presented by the EMCDDA in the European Annual Reports shows
(http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=w36).

There are still many difficulties in interpreting time trends in relation to the incidence and prevalence of drug injection, due to possible changes in reporting coverage (countries, centres, patients), availability and drug treatment policy, drug enforcement policies regarding drug use, episode selection criteria, procedures to avoid double counting, variable definitions and volume and meaning of missing values in drug injection variables. Trends in all indicators, and particularly those referring to the number and population rates of current drug injectors admitted to drug treatment, may be affected by changes in the aforementioned factors. In recent years countries have scaled up and extended treatment options such as opioid substitution treatment, which tend to attract and retain drug injectors in treatment for longer periods. This decreases the turnover and repeated treatment admissions in consecutive years (15, 33, 48).

Estimating the net effect of changes in treatment policies on the number and rate of drug injectors is difficult, since increased attraction would tend to increase these indicators, while increased retention would tend to decrease them. Moreover, even though data are scarce, coverage of the reporting system has probably improved (15, 48), resulting in an increase in the number and rate of drug injectors admitted to treatment.

The percentage of current drug injectors admitted to drug treatment in relation to the total treatment admissions, and the average number of current drug injectors per treatment centre, are expected to be less affected by changes in the coverage of the reporting system than the absolute number and the population rate of drug injectors. However, the percentage of current drug injectors can be affected by changes in treatment policies tending to attract a higher proportion of users of non-injecting drugs (e.g. cannabis users), which would artificially reduce the magnitude of this indicator. In turn, the average number of drug injectors per treatment centre can be affected by changes in the average size of treatment centres included in the reporting system (e.g. if a large number of small treatment centres, such as GPs, join the reporting system, this will tend to artificially reduce the magnitude of the indicator under study). Taken together, the effect of those factors that have tended to artificially increase the magnitude of the indicators in more recent years, particularly regarding the absolute number and population rate of current drug injectors is probably counteracted by other factors of opposite effect, hence we can cautiously state that the incidence and prevalence of injecting drug use appears to have declined in Europe from 2000 to 2011. Moreover, and as already stated, several indicators other than treatment admissions also show a descending trend during the study period.

Apart from those limitations already mentioned, when interpreting the results it is necessary to note that indicators related to all treatment admissions can take more time to reflect changes than can the corresponding indicators related to first treatment admissions.

Precautions were taken in the present study to minimise the effect of common confusion factors encountered when using drug treatment data to estimate trends in drug injection. Such precautions included consultation with national experts or using several indicators, including some less affected by system coverage notification. Moreover, we have predominantly focused analysis on individual countries in order to minimise the effect on the trends of changes in the number of reporting countries. For the same reason, when groups of countries as Europe-30 or European Union-2013 are analysed it is advisable to focus only on the 2005–11 period, because until 2005 several large countries had not yet joined the reporting system. Before 2005 the number of reporting countries was small, and global trends could be greatly influenced by the progressive entry into the reporting system of large countries such as Germany, the United Kingdom or Italy, with different characteristics from those who were already reporting data.

Consequently, in the period 2000–05 trend analysis should focus primarily on the individual countries (8–10, depending on the indicator) with available data for that period.

Furthermore, interpretation of TDI information would benefit considerably from a more detailed cross-validation with other indicators (e.g. drug-related deaths, emergency room visits) and ad hoc studies (e.g. qualitative or quantitative studies on street samples, studies and reports from other drug services not covered in TDI data).

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Tables

Table 1. Number of current drug injectors admitted to drug treatment, by country (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30 (u*)	52 842	31 722	45 735	37 847	40 330	52 847	53 339	57 476	58 390	59 058	54793	49 006
European Union- 2013 (u*)	52 842	31 722	45 735	37 847	40 330	52 300	52 850	56 957	57 892	58 457	53623	47 795
EU before 2004	52 308	31 263	41 032	30 745	32 390	45 277	43 108	48 078	47 799	48 327	42696	37 452
EU 2004 and after (u*)	534	459	4 703	7 102	7 582	7 023	9 742	8 879	10 093	10 130	10 927	10 343
Belgium	89					156				645	592	456
Bulgaria				993	1 219	998	942	882	1 056	1 064	776	973
Czech Republic			4 266	4199	4 271	4 119	4 129	3 818	3 907	3 777	4 073	4 425
Denmark (d*)	909	656	595	654	454	503	441	563	541	530	379	287
Germany (u*)	992			293	1 562	2 157		2 968	3 568	3 629	5 817	6 683
Estonia									496	447	536	233
Ireland (d*)	1 359	1 240	1 134	1 131	1 012	949	1 015	1 016	1 046	940	943	943
Greece (u*)	1 143	1 908	1 806	1 793	1 981	1 810	2 146	1 952	1 771	2 035	2 059	2 104
Spain (d*)	8 406	7 110	5 229	4 391	5 911	3 188	3 351	3 285	7 680	2 565	2 434	2 434
France						1 939	3 334	2 294	3 125	3 390	3 259	3 106
Croatia (d*)							2 353	1 929	2 156	1 192	912	665
Italy	4 233					9 369	6 231	6 548	2 323	6 846	4 654	3 425
Cyprus				99	211	163	185	216	180	205	187	147
Latvia (u*)						385	488	523	428		996	1 023
Lithuania												
Luxembourg (d*)	539		470	238	413	458	538	195	191	215	132	111
Hungary (d*)								242	202	232	199	198
Malta (u*)				73	236	31	441			831	668	717
Netherlands (d*)	383	491	396	283	219	185	126	103	31	35	31	19
Austria							1 124	1 320	1 341	1 325	1 190	922
Poland									293	168	304	304
Portugal											172	84
Romania								180	201	1 099	1 223	762
Slovenia (d*)	534	459	437	624	534	361	321	273	286	368	232	165
Slovakia (d*)				1 114	1 111	966	883	816	888	747	821	731
Finland (d*)	1 689	1 395	1 585	1 484	1 371	1 310	1 170	1 100	1 036	1 034	665	726
Sweden	174	1 361	947	1 072	1 236	1 269	1 343	1 380	1 191	1 573	1 723	401
United Kingdom	32 392	17 102	28 870	19 406	18 231	21 984	22 289	25 354	23 955	23 565	18 646	15 751 ([1])
Norway											453	462
Turkey (u*)					358	547	489	519	498	601	717	749

Notes
(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.
(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
([1]) United Kingdom data for 2011 cover April 2010–March 2011.
EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 2. Number of current drug injectors admitted to first drug treatment, by country (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30 (^{u*})	5 398	4 413	5 488	11 959	11 694	15 854	17 380	17 238	13 832	14 891	13 941	12 909
European Union-2013 (^{u*})	5 398	4 413	5 488	11 959	11 694	15 659	17 223	17 045	13 641	14 631	13 941	12 576
EU before 2004 (^{u*})	4 346	3 528	2 940	8 918	7 996	12 334	13 579	13 316	9 883	10 934	10 360	9 206
EU 2004 and after (^{u*})	1 052	885	2 548	3 041	3 587	3 325	3 644	3 729	3 758	3 697	3 581	3 370
Belgium	8					21				112	129	73
Bulgaria				293	400	243	178	192	196	224	177	209
Czech Republic			2 149	1 959	2 236	2 184	2 050	1 964	1 905	1 810	2 053	2 084
Denmark (^{d*})	149	120	119	296	60	76	58	75	57	49	28	49
Germany				1 011	70	88		712	332	416	590	634
Estonia									129	99	87	64
Ireland	326	301	259	305	214	206	227	241	264	288	240	240
Greece	604	966	812	824	936	888	985	846	786	897	798	827
Spain (^{d*})	1 797	1 493	1 143	1 019	1 389	798	737	804	820	674	714	714
France						196	413	323	310	317	321	287
Croatia							357	305	283	185	110	69
Italy	949					2 933	3 503	3 164	978	2 345	2 126	1 721
Cyprus				59	76	50	53	92	50	69	42	22
Latvia	821	708	337	154	195	358	461	589	505	218	106	146
Lithuania												
Luxembourg	12											
Hungary								77	81	62	63	73
Malta				29	78	16	165	0	0	73	37	48
Netherlands (^{d*})	98	177	130	66	50	29	29	38	12	12	15	8
Austria							261	238	242	260	216	158
Poland									41	23	20	20
Portugal (^{d*})						288	345	313	311	202	71	43
Romania								171	182	558	540	353
Slovenia (^{d*})	231	177	62	225	237	154	111	86	99	108	56	42
Slovakia (^{d*})				322	365	320	269	253	287	268	290	240
Finland (^{d*})	374	258	346	242	207	204	168	145	120	109	87	79
Sweden	29	213	131	151	163	129	187	186	150	151	161	
United Kingdom				5 004	4 907	6 478	6 666	6 231	5 501	5 102	4 864	4 373 ([1])
Norway												
Turkey					111	195	157	193	191	260		333

Notes
(^{d*}) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.
(^{u*}) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
([1]) United Kingdom data for 2011 cover April 2010–March 2011.
EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 3. Percentage of current drug injectors admitted to drug treatment, by country (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30 (d*)	34.4	30.8	34.4	27.6	25.9	23.4	22.1	20.9	21.2	18.5	16.6	15.0
European Union-2013 (d*)	34.4	30.8	34.4	27.6	25.9	23.4	22.1	20.9	21.1	18.5	16.4	14.8
EU 2004 and after (d*)	56.4	42.0	48.8	54.3	49.0	49.8	49.0	36.4	37.6	35.7	35.6	32.8
Belgium	15.1					3.7				8.9	8.6	8.7
Bulgaria (d*)				78.0	71.4	74.7	74.2	69.0	61.3	62.9	59.1	59.5
Czech Republic			51.8	53.5	52.2	54.6	55.4	55.8	53.9	51.3	53.3	52.5
Denmark (d*)	51.9	31.8	23.5	19.2	15.5	14.9	13.0	14.5	13.3	11.2	7.5	6.1
Germany (u*)	6.3			2.9	13.4	11.3	11.3	18.9	16.8	15.5	16.0	14.8
Estonia									84.6	67.8	83.4	45.4
Ireland (d*)	30.6	27.8	25.2	23.6	24.8	21.6	20.4	18.6	17.2	13.7	11.8	11.8
Greece (d*)	59.0	52.3	50.3	49.8	47.2	43.2	44.7	41.1	38.1	37.1	36.6	36.2
Spain (d*)	19.6	17.0	14.7	11.6	11.8	8.1	7.5	7.2	16.0	5.6	5.1	5.1
France						12.8	12.6	10.1	11.6	11.5	11.7	11.0
Croatia (d*)							33.0	27.1	30.2	16.1	12.6	9.2
Italy (d*)	73.1					35.2	27.2	20.9	19.0	23.3	16.7	12.4
Cyprus (d*)				50.5	49.3	39.5	35.3	30.2	30.5	31.0	24.8	15.0
Latvia (d*)						100.0	100.0	94.9	90.3	90.3	81.2	78.5
Lithuania												
Luxembourg (d*)	86.4	86.4	78.3	79.3	80.2	82.2	87.8	75.3	70.2	68.5	65.3	49.8
Hungary (d*)								6.4	6.8	5.7	4.8	4.6
Malta				23.0	40.8		68.5			66.6	36.6	38.7
Netherlands	8.1	8.7	7.1	5.4	4.6	4.2	3.7	2.7	6.8	7.4	7.2	5.7
Austria							23.6	25.9	27.7	24.8	25.3	23.7
Poland									15.0	12.3	23.5	23.5
Portugal											17.4	13.1
Romania								10.7	11.8	78.4	68.9	51.9
Slovenia	56.4	42.0	31.3	40.8	47.4	53.0	50.6	41.3	47.6	41.7	30.2	32.0
Slovakia (d*)				57.9	53.2	51.9	50.3	46.4	47.8	46.1	40.7	36.5
Finland	53.3	52.0	51.7	52.2	51.4	52.5	54.1	55.7	58.2	59.7	51.1	53.9
Sweden	26.0	40.8	36.4	36.5	32.6	20.5	21.5	24.1	21.8	28.8	30.2	37.3
United Kingdom (d*)	46.1	44.7	44.4	36.7	33.7	27.6	23.5	24.8	21.5	19.3	15.9	14.2 (1)
Norway											44.8	43.6
Turkey					27.6	27.8	18.1	22.2	24.9	24.3	28.0	37.0

Notes

(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.

(1) United Kingdom data for 2011 cover April 2010–March 2011.

EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.

EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 4. Percentage of current drug injectors admitted to first drug treatment, by country (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30 ($^{d^*}$)	22.1	17.3	19.4	22.0	17.9	17.0	19.3	16.9	15.9	14.7	13.3	10.1
European Union-2013 ($^{d^*}$)	22.1	17.3	19.4	22.0	17.9	16.9	19.5	16.9	15.9	14.7	13.3	9.9
EU before 2004 ($^{d^*}$)	18.7	14.5	12.7	18.4	13.9	14.4	13.9	12.2	10.5	9.8	8.9	8.0
EU 2004 and after ($^{d^*}$)	87.8	79.7	50.4	51.3	47.5	47.2	46.6	33.6	33.7	32.1	31.0	28.9
Belgium						3.8				3.8	4.3	3.4
Bulgaria				67.7	60.3	64.8	66.2	60.4	53.4	65.7	65.3	75.2
Czech Republic			51.3	51.6	52.9	53.8	55.4	55.1	53.6	48.9	54.5	52.8
Denmark ($^{d^*}$)	33.0	15.8	12.3	21.5	5.2	5.9	4.9	5.3	4.0	2.8	1.5	3.1
Germany				57.9	4.2	5.4	5.4	11.6	6.2	6.2	6.6	5.5
Estonia									75.4	63.5	49.7	39.5
Ireland ($^{d^*}$)	17.7	15.2	13.4	14.9	12.2	10.5	10.3	10.1	9.8	8.8	6.7	6.7
Greece ($^{d^*}$)	57.6	48.3	45.8	43.6	43.9	40.4	41.5	38.0	35.6	34.7	32.9	32.2
Spain ($^{d^*}$)	11.8	9.7	8.0	5.8	5.5	3.9	3.5	3.7	3.8	2.9	2.9	2.9
France						5.1	5.6	3.8	4.7	4.1	4.5	3.8
Croatia ($^{d^*}$)							19.8	19.9	19.5	15.1	10.9	6.8
Italy ($^{d^*}$)	81.5				40.9	19.4	24.3	17.5	14.1	14.9	11.9	11.0
Cyprus ($^{d^*}$)				47.6	34.2	24.0	23.9	24.9	18.1	21.7	12.5	5.0
Latvia ($^{d^*}$)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.0	94.0	82.6	53.5	62.1
Lithuania												
Luxembourg	57.1											
Hungary								2.9	4.1	2.2	2.2	2.4
Malta				23.4	52.3	5.8	51.4			29.7	12.0	23.9
Netherlands	5.0	7.4	5.3	2.8	2.3	1.5	1.7	1.5	9.2	8.6	12.9	7.1
Austria ($^{d^*}$)							13.7	13.1	13.7	13.0	12.6	10.9
Poland									5.1	4.2	5.7	5.7
Portugal						16.7	17.7	14.8	13.2	9.0	21.1	17.1
Romania								17.4	20.0	69.5	55.8	39.8
Slovenia ($^{d^*}$)	61.3	44.0	11.7	43.4	45.3	46.5	39.6	31.9	40.4	30.4	21.0	20.7
Slovakia ($^{d^*}$)				41.3	38.5	37.1	35.1	31.4	33.3	35.0	29.3	25.8
Finland	40.5	39.7	38.5	37.6	33.4	38.1	39.1	39.2	40.0	38.5	32.5	35.0
Sweden	9.9	19.1	14.9	15.9	13.1	11.0	15.1	15.6	13.5	10.5	11.0	11.0
United Kingdom ($^{d^*}$)				25.3	22.9	19.4	16.0	15.5	13.1	12.3	11.3	9.9 ([1])
Norway												
Turkey				20.1	21.8	10.9	14.9	18.3	18.5			31.9

Notes
($^{d^*}$) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.
($^{u^*}$) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
([1]) United Kingdom data for 2011 cover April 2010–March 2011.
EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 5. Rate of current drug injectors admitted to drug treatment, by country (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30 (d*)	21.05	25.34	33.81	17.31	20.42	13.73	16.71	15.69	12.87	12.74	11.40	10.14
European Union-2013 (d*)	21.05	25.34	33.81	17.31	20.42	15.67	19.78	15.55	14.41	14.23	12.68	11.26
EU before 2004 (d*)	20.98	25.32	32.82	15.66	16.40	14.64	18.03	15.40	15.20	14.86	12.73	11.12
EU 2004 and after (d*)	32.03	27.38	45.80	31.86	33.89	28.83	34.71	16.39	11.57	11.82	12.49	11.81
Belgium	1.06					1.80				7.22	6.57	4.99
Bulgaria				14.82	18.21	14.92	14.12	13.42	16.17	16.40	12.04	15.22
Czech Republic			49.71	48.79	49.41	47.48	47.31	43.49	44.04	42.21	45.42	49.36
Denmark (d*)	20.90	15.06	13.64	14.96	10.37	11.45	10.00	12.70	12.11	11.77	8.36	6.29
Germany (u*)	1.43			0.42	2.22	3.06	3.05	4.19	5.03	5.12	8.22	9.44
Estonia									43.44	39.27	47.25	20.62
Ireland (d*)	46.08	41.26	36.91	36.12	31.75	29.10	30.33	29.36	29.46	26.71	26.83	26.20
Greece	12.41	20.63	19.42	19.21	21.10	19.18	22.63	20.51	18.53	21.29	21.57	22.16
Spain (d*)	24.66	20.59	14.90	12.27	16.25	8.61	8.91	8.59	19.70	6.51	6.15	6.14
France						3.80	6.47	4.42	5.99	6.47	6.19	5.87
Croatia (d*)							64.79	52.98	59.17	32.70	25.04	18.29
Italy	8.68					18.66	12.35	12.89	4.53	13.26	8.97	6.57
Cyprus				17.55	36.67	27.76	30.84	35.12	28.34	31.24	27.57	21.05
Latvia						20.13	25.63	27.60	22.71	23.03	54.72	57.47
Lithuania												
Luxembourg (d*)	153.34	151.46	130.52	65.41	111.68	122.00	140.63	50.14	48.23	53.10	31.96	26.32
Hungary (d*)								2.83	2.37	2.72	2.33	2.32
Malta (u*)				22.61	72.17	9.35	131.36			239.72	190.45	203.27
Netherlands (d*)	2.96	3.77	3.02	2.15	1.65	1.39	0.94	0.77	0.23	0.26	0.23	0.14
Austria							16.19	18.89	19.05	18.68	16.69	12.86
Poland								0.91	0.52	0.94	0.93	
Portugal											1.92	0.94
Romania								1.01	1.15	6.34	7.11	4.45
Slovenia (d*)	32.03	27.38	25.90	36.79	31.32	21.10	18.66	15.79	16.53	21.05	13.18	9.38
Slovakia (d*)				25.32	25.10	21.69	19.72	18.13	19.64	16.44	18.02	16.03
Finland (d*)	39.95	32.86	37.18	34.68	31.89	30.31	26.90	25.14	23.51	23.31	14.90	16.18
Sweden	2.41	18.77	12.99	14.63	16.76	17.08	17.94	18.25	15.59	20.39	22.11	5.11
United Kingdom	68.13	35.74	59.94	40.02	37.33	44.63	44.82	50.51	47.29	46.13	36.21	30.33 [1]
Norway											11.50	11.55
Turkey (u*)					0.71	1.07	0.94	1.00	0.96	1.14	1.34	1.37

(d*) Statistically significant ($p<0.05$) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant ($p<0.05$) upward trend by calendar year estimated with Spearman's rho.
[1] United Kingdom data for 2011 cover April 2010–March 2011.
EU up to 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 6. Rate of current drug injectors admitted to first drug treatment, by country (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30 (d*)	3.96	5.57	6.19	5.43	5.92	4.03	5.30	4.60	2.99	3.14	3.30	2.74
European Union-2013 (d*)	3.96	5.57	6.19	5.43	5.92	4.58	6.25	4.55	3.33	3.47	3.30	3.02
EU before 2004	3.28	4.66	3.84	4.55	4.05	3.88	5.49	4.15	3.06	3.28	3.09	2.80
EU 2004 and after	29.05	24.44	20.88	12.56	14.76	13.65	12.98	6.88	4.31	4.22	4.09	3.85
Belgium	0.09					0.24				1.25	1.43	0.80
Bulgaria				4.37	5.97	3.63	2.67	2.92	3.00	3.45	2.75	3.27
Czech Republic			25.04	22.76	25.87	25.17	23.49	22.37	21.47	20.23	22.89	23.25
Denmark (d*)	3.43	2.76	2.73	6.77	1.37	1.73	1.31	1.69	1.28	1.09	0.62	1.07
Germany				1.44	0.10	0.12	0.12	1.00	0.47	0.59	0.83	0.90
Estonia									11.30	8.70	7.67	5.66
Ireland (d*)	11.05	10.02	8.43	9.74	6.71	6.32	6.78	6.96	7.44	8.18	6.83	6.67
Greece	6.56	10.45	8.73	8.83	9.97	9.41	10.39	8.89	8.22	9.38	8.36	8.71
Spain (d*)	5.27	4.32	3.26	2.85	3.82	2.15	1.96	2.10	2.10	1.71	1.81	1.80
France						0.38	0.80	0.62	0.59	0.60	0.61	0.54
Croatia							9.83	8.38	7.77	5.07	3.02	1.90
Italy	1.95					5.84	6.94	6.23	1.91	4.54	4.10	3.30
Cyprus				10.46	13.21	8.52	8.83	14.96	7.87	10.51	6.19	3.15
Latvia	42.02	36.41	17.43	7.98	10.14	18.71	24.21	31.08	26.79	11.73	5.82	8.20
Lithuania												
Luxembourg	3.41											
Hungary								0.90	0.95	0.73	0.74	0.86
Malta				8.98	23.85	4.83	49.15			21.06	10.55	13.61
Netherlands (d*)	0.76	1.36	0.99	0.50	0.38	0.22	0.22	0.28	0.09	0.09	0.11	0.06
Austria							3.76	3.41	3.44	3.67	3.03	2.20
Poland									0.13	0.07	0.06	0.06
Portugal (d*)						3.27	3.90	3.53	3.49	2.26	0.79	0.48
Romania								0.96	1.04	3.22	3.14	2.06
Slovenia (d*)	13.85	10.56	3.67	13.27	13.90	9.00	6.45	4.97	5.72	6.18	3.18	2.39
Slovakia (d*)				7.32	8.24	7.19	6.01	5.62	6.35	5.90	6.37	5.26
Finland (d*)	8.85	6.08	8.12	5.66	4.81	4.72	3.86	3.31	2.72	2.46	1.95	1.76
Sweden	0.40	2.94	1.80	2.06	2.21	1.74	2.50	2.46	1.96	1.96	2.07	2.05
United Kingdom				10.32	10.05	13.15	13.40	12.41	10.86	9.99	9.45	8.42 (1)
Norway												
Turkey (u*)						0.22	0.38	0.30	0.37	0.37	0.49	0.61

(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
(1) United Kingdom data for 2011 cover April 2010–March 2011.
EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 7. Average number of current drug injectors admitted to first drug treatment per treatment centre, by country (Europe-30, 2000–11.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Europe-30	1.76	1.38	1.54	3.20	3.52	3.92	2.65	2.36	2.19	2.95	2.11	1.86
European Union-2013	1.76	1.38	1.54	3.20	3.53	3.89	2.64	2.34	2.17	2.90	2.17	1.90
EU before 2004	2.29	1.72	1.31	3.81	4.43	4.27	2.78	2.11	1.88	2.75	1.85	1.69
EU 2004 and after (u*)	0.90	0.77	1.95	2.17	2.38	2.91	2.21	3.81	3.63	3.44	4.30	2.89
Belgium						0.40				0.31	1.26	0.60
Bulgaria (d*)				22.54	20.00	12.15	10.47	11.29	8.91	7.23	5.71	3.48
Czech Republic (u*)			7.33	6.78	8.04	8.63	8.37	8.61	8.32	8.34	9.59	10.17
Denmark								0.42	0.32	0.30	0.21	0.38
Germany				1.43	0.07	0.10	0.10	0.79	0.36	0.36	0.48	0.45
Estonia									11.73	9.00	6.69	4.92
Ireland (d*)	2.33	2.23	1.82	1.97	1.59	1.10	0.59	0.58	0.53	0.54	0.44	0.44
Greece (d*)	50.33	37.15	27.07	22.89	21.27	17.76	18.24	15.96	14.83	13.39	10.64	10.09
Spain (d*)	3.65	3.03	2.30			1.61	1.48	1.59	1.63	1.33	1.41	1.41
France (d*)						2.09	2.91	2.38	1.89	1.60	1.89	1.51
Croatia							12.31	5.98	5.15	3.30	2.00	1.25
Italy (u*)	1.85					5.91	6.82	6.13	8.89	17.90	11.25	18.91
Cyprus (d*)				6.56	5.43	3.57	3.53	5.41	3.33	3.45	2.21	1.05
Latvia	25.66	22.13	10.53	4.81	6.09	9.18	11.24	13.70	11.74	6.41	3.12	4.29
Lithuania												
Luxembourg	0.92											
Hungary								0.77	0.87	0.75	0.77	0.86
Malta					29.00	78.00	3.20	33.00		14.60	7.40	9.60
Netherlands (d*)	0.74	0.95	0.78	0.41	0.31	0.18	0.19	0.25	0.08	0.06	0.07	0.04
Austria							1.84	1.54	0.79	1.68	1.39	1.02
Poland									0.14	0.08	0.91	0.91
Portugal						3.74	4.42	4.01	4.20	2.56	0.90	0.55
Romania								2.80	2.94	7.97	7.61	4.53
Slovenia (d*)	14.44	10.41	3.44	12.50	9.88	9.06	6.94	5.06	5.50	5.68	3.11	2.33
Slovakia				1.13	1.03	2.08	0.73	2.50	2.73	2.09	1.66	0.55
Finland (d*)	3.31	1.84	2.12	1.47	1.25	1.27	1.49	1.45	1.13	1.31	1.12	1.10
Sweden (d*)	0.88	1.63	1.15	1.12	1.06	0.61	0.84	0.78	0.59	0.46	0.56	0.56
United Kingdom							3.97	2.17	2.83	2.63	2.68	2.41[1]
Norway												
Turkey					12.33	17.73	10.47	11.35	11.94	16.25		30.27

(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
([1]) United Kingdom data for 2011 cover April 2010–March 2011.
EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 8. Distribution of primary drug among people admitted to drug treatment with injection as main administration route of primary drug (%) (European Union and Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
European Union-2013												
Opioids	92.7	90.0	84.1	82.2	81.5	84.5	85.5	85.4	85.9	75.5	84.0	84.5
Stimulants	6.5	9.0	14.6	16.2	16.2	13.6	12.7	12.7	12.3	23.2	14.1	13.6
Cocaine	3.2	3.4	3.2	6.0	5.6	5.4	5.0	5.2	5.5	4.8	5.6	5.6
Other stimulants	3.3	5.6	11.4	10.2	10.6	8.2	7.7	7.5	6.8	18.4	8.5	8.0
Other drugs (ᵘ*)	0.8	0.9	1.1	1.6	2.3	1.9	1.8	1.9	1.8	1.3	1.9	1.9
n	49 430	37 565	57 267	66 874	66 522	88 454	95 634	100 064	101 005	109 488	87 252	84 338
Europe-30												
Opioids	92.7	90.0	84.1	82.2	81.5	84.6	85.6	85.5	86.0	75.6	83.9	84.4
Stimulants	6.5	9.1	14.6	16.2	16.2	13.5	12.6	12.6	12.3	23.1	14.2	13.7
Cocaine	3.2	3.4	3.2	6.0	5.6	5.4	4.9	5.2	5.5	4.8	5.6	5.6
Other stimulants	3.3	5.6	11.4	10.2	10.6	8.1	7.7	7.4	6.8	18.3	8.6	8.2
Other drugs (ᵘ*)	0.8	0.9	1.1	1.6	2.3	1.9	1.8	1.9	1.8	1.3	1.9	1.9
n	49 430	37 565	57 267	66 874	66 522	88 986	96 228	100 588	101 501	110 126	88 359	85 495
EU before 2004												
Opioids	92.6	89.9	89.8	86.3	85.8	88.0	88.3	88.2	88.4	75.9	87.4	89.1
Stimulants	6.5	9.2	8.9	12.0	12.6	10.6	10.4	10.3	10.3	22.6	10.7	9.2
Cocaine	3.2	3.5	3.7	7.2	7.5	6.5	6.3	6.5	6.9	5.6	7.0	7.0
Other stimulants	3.3	5.7	5.2	4.8	5.1	4.1	4.1	3.8	3.4	17.0	3.7	2.2
Other drugs (ᵘ*)	0.8	0.9	1.1	1.8	1.7	1.4	1.3	1.5	1.4	1.5	2.0	1.7
n	48 712	36 833	48 387	55 777	49 584	72 665	75 156	80 345	79 839	93 476	69 548	66 717
EU_2004 and later												
Opioids	99.6	99.0	53.2	61.6	68.5	68.3	75.2	73.9	76.6	73.4	70.7	67.2
Stimulants	0.4	0.0	45.6	37.3	27.3	27.1	21.1	22.5	20.0	26.1	27.4	30.1
Cocaine	0.4	0.7	0.3	0.2	0.2	0.2	0.2	0.1	0.1	0.4	0.4	0.4
Other stimulants	0.0	0.0	45.6	37.3	27.3	27.1	21.1	22.5	20.0	26.1	27.4	30.1
Other drugs	0.0	0.3	0.9	1.0	4.1	4.4	3.4	3.5	3.4	0.1	1.6	2.3
n	718	732	8 880	11 097	16 647	15 789	20 478	19 719	21 166	16 012	17 704	17 621

(ᵈ*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(ᵘ*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.

EU before 2004: Belgium, Denmark, Germany, Ireland, Greece, Spain, France, Italy, Luxembourg, Netherlands, Austria, Portugal, Finland, Sweden and United Kingdom.
EU 2004 and after: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia.

Table 9. Distribution of primary drug among people admitted to first drug treatment with injection as main administration route of primary drug (%) (European Union and Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
European Union-2013												
Opioids	92.7	87.9	64.2	77.5	72.9	82.8	83.1	84.4	84.1	76.1	78.5	79.2
Stimulants	6.8	11.2	35.3	23.5	25.1	16.3	15.9	14.4	14.6	22.2	19.5	19.0
Cocaine	2.3	4.0	4.6	5.6	6.1	4.4	5.6	4.3	3.6	4.6	4.1	4.3
Other stimulants	4.5	7.1	30.6	17.9	19.0	11.9	10.2	10.1	11.0	17.6	15.4	14.7
Other drugs (^{u*})	0.4	0.9	0.6	1.1	2.0	0.9	1.0	1.1	1.2	1.8	2.0	1.8
n	5 363	5 450	7 800	14 184	16 315	24 304	27 050	29 989	24 805	22 620	19 161	19 183
Europe-30												
Opioids	92.7	87.9	64.2	77.5	72.9	82.9	83.2	84.5	84.2	76.4	78.8	79.5
Stimulants	6.8	11.2	35.3	23.5	25.1	16.2	15.8	14.3	14.5	21.9	19.2	18.7
Cocaine	2.3	4.0	4.6	5.6	6.1	4.4	5.6	4.3	3.6	4.5	4.0	4.2
Other stimulants	4.5	7.1	30.6	17.9	19.0	11.8	10.2	10.1	10.9	17.3	15.2	14.5
Other drugs (^{u*})	0.4	0.9	0.6	1.1	2.0	0.9	1.0	1.1	1.2	1.8	2.0	1.8
n	5 363	5 450	7 800	14 184	16 315	24 483	27 231	30 183	24 993	22 916	19 458	19 519

(^{d*}) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(^{u*}) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.

Table 10. Percentage of drug treatment admissions with injection as main administration route of primary drug who reported opioids as primary drug (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
European Union-2013	92.7	90.0	84.1	82.2	81.5	84.5	85.5	85.4	85.9	75.5	84.0	84.5
Europe-30	92.7	90.0	84.1	82.2	81.5	84.6	85.6	85.5	86.0	75.6	83.9	84.4
Belgium	87.9					71.8				69.9	73.6	79.3
Bulgaria				99.9	100.0	99.9	100.0	99.6	100.0	99.6	99.5	99.7
Czech Republic (d*)			33.5	32.9	31.5	30.3	31.5	28.4	31.0	29.0	28.2	24.8
Denmark	99.6	98.4	75.1	94.1	92.9	89.2	93.3	91.1	89.4	89.3	90.6	86.9
Germany	77.1	77.4	80.4	76.0	78.0	76.1	77.3	74.4	76.7	44.9	77.2	76.9
Estonia									98.7	97.9	95.8	98.1
Ireland	99.7	99.5	98.5	97.9	95.8	96.8	98.1	97.9	98.8	98.8	98.8	98.8
Greece (d*)	99.7	99.6	99.4	99.5	99.4	99.3	99.2	99.6	99.2	97.8	97.7	97.3
Spain (d*)	95.8	95.2	91.8	91.3	90.7	90.0	89.1	87.5	88.0	85.6	84.8	84.8
France						90.8	89.5	89.9	89.6	90.5	90.6	89.4
Croatia							100.0	100.0	100.0	100.0	99.9	100.0
Italy	99.1					96.1	92.7	96.5	96.2	94.7	95.1	96.0
Cyprus				100.0	100.0	98.4	97.9	98.5	99.1	99.2	99.6	97.9
Latvia						83.0	83.7	83.1	83.7	83.7	80.4	79.8
Lithuania					85.6	85.9	85.7	85.7	85.3			
Luxembourg	94.9		94.5	90.8	88.1	84.7	84.7	86.8	89.6	90.1	93.8	84.8
Hungary (d*)			89.0	85.6	86.2	87.5	87.8	73.8	75.7	74.5	69.8	49.2
Malta (d*)				98.2	98.7	97.6	95.9			96.2	94.6	93.9
Netherlands	87.1	90.9	90.0	86.0	78.9	82.2	84.8	81.9	78.9	83.1	68.0	89.2
Austria							96.0	97.7	97.5	97.3	97.1	97.1
Poland									92.9	89.6	94.4	94.4
Portugal											92.9	94.2
Romania						99.9	98.4	99.8	99.8	99.9	99.5	78.8	62.7
Slovenia (d*)	99.6	99.0	99.5	99.5	99.1	98.5	99.4	98.2	98.5	96.1	97.4	96.6
Slovakia				85.3	74.6	76.7	78.0	78.0	79.0	76.5	71.7	67.7
Finland (u*)	52.8	53.0	52.5	54.5	59.0	64.0	65.2	70.7	73.2	77.4	73.8	81.1
Sweden (d*)	48.9	50.4	46.9	49.1	49.0	33.4	35.5	36.9	39.6	37.1	38.1	11.7
United Kingdom	94.7	95.8	94.9	94.1	94.0	95.0	94.4	92.9	93.1	94.3	95.2	95.2 (1)
Norway											48.9	39.3
Turkey						96.9	98.1	99.7	99.2	98.6	99.4	97.6	99.5

(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.

(1) United Kingdom data for 2011 cover April 2010–March 2011.

Table 11. Percentage of first drug treatment admissions with injection as main administration route of primary drug who reported opioids as primary drug (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
European Union-2013	92.7	87.9	64.2	77.5	72.9	82.8	83.1	84.4	84.1	76.1	78.5	79.2
Europe-30	92.7	87.9	64.2	77.5	72.9	82.9	83.2	84.5	84.2	76.4	78.8	79.5
Belgium	85.0					70.6				58.1	67.4	77.9
Bulgaria				100.0	100.0	99.6	100.0	99.6	100.0	98.5	100.0	99.6
Czech Republic (d*)			24.7	23.3	20.9	22.4	22.3	20.6	21.0	20.5	17.8	13.9
Denmark	98.3	94.9	92.5	93.3	91.7	81.4	93.3	100.0	80.0	66.7	83.3	100.0
Germany		84.1	85.1	81.7	78.3	81.0	79.2	78.2	79.2	45.6	78.9	79.0
Estonia									96.5	93.9	89.1	96.5
Ireland	99.6	99.4	99.1	98.6	99.2	98.3	98.5	99.6	97.8	99.4	98.5	98.5
Greece (d*)	99.7	99.6	99.4	100.0	99.3	99.6	99.1	99.7	99.6	98.6	99.0	98.4
Spain (d*)	92.7	92.8	85.2	84.7	84.0	83.1	82.0	78.2	79.0	73.5	73.1	73.1
France						89.5	87.2	90.7	91.1	90.4	88.8	90.8
Croatia							99.8	100.0	100.0	100.0	100.0	99.4
Italy	99.5					92.8	89.0	96.0	96.3	90.5	93.9	94.4
Cyprus				100.0	100.0	96.6	98.4	100.0	100.0	100.0	97.8	100.0
Latvia	96.2	95.3	79.8	67.8	55.3	66.3	69.4	71.3	71.4	68.4	73.1	67.7
Lithuania				84.8	84.2	82.0	76.9	74.2	85.7	82.7	78.2	
Luxembourg	87.5											
Hungary (d*)					75.8	84.0	79.1	53.5	60.2	53.8	41.8	24.8
Malta (d*)				93.1	98.7	97.1	94.1	0.0	0.0	85.9	93.0	84.5
Netherlands	80.4	91.6	87.8	75.0	65.6	73.2	82.9	87.8	80.5	80.0	69.2	92.0
Austria							94.5	98.2	96.7	99.2	95.6	93.6
Poland									88.2	84.8	75.0	75.0
Portugal											93.9	97.6
Romania					100.0	99.4	99.8	99.9	99.7	99.2	83.1	67.9
Slovenia (d*)	99.6	98.0	100.0	99.6	99.6	99.3	100.0	98.9	99.0	96.7	97.0	97.5
Slovakia				75.6	62.4	63.3	63.8	69.5	69.5	68.3	62.0	57.6
Finland (u*)	52.8	50.0	45.5	39.8	41.3	47.6	52.8	61.9	56.6	69.7	71.4	78.3
Sweden (d*)	38.8	39.9	31.2	33.3	31.2	29.2	29.1	32.6	29.3	33.9	30.3	30.3
United Kingdom				93.2	91.4	93.3	93.3	90.9	89.2	89.7	92.0	93.3 (1)
Norway												
Turkey						97.8	97.8	100.0	99.0	97.9	99.3	97.3	99.1

(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
(1) United Kingdom data for 2011 cover April 2010–March 2011.

Table 12. Percentage of drug treatment admissions with injection as main administration route of primary drug who reported stimulants as primary drug (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
European Union-2013	6.5	9.1	14.6	16.2	16.2	13.6	12.7	12.7	12.3	23.2	14.1	13.7
Europe-30	6.5	9.1	14.6	16.2	16.2	13.5	12.6	12.6	12.3	23.1	14.2	13.7
Belgium	11.2					28.0				28.9	25.5	20.5
Bulgaria (u*)						0.1		0.1		0.2	0.2	0.3
Czech Republic (u*)			66.3	66.8	68.4	69.6	68.3	71.5	68.8	70.9	71.8	74.9
Denmark (u*)		1.4	3.3	5.3	6.5	9.4	6.4	8.9	9.8	9.6	8.2	11.7
Germany	20.4	19.0	17.5	19.9	19.1	21.4	20.0	21.7	19.9	52.9	18.3	18.6
Estonia									1.3	1.9	4.2	1.9
Ireland	0.3	0.4	1.4	2.0	4.1	3.2	1.9	2.1	1.1	1.2	1.0	1.0
Greece (u*)	0.2	0.3	0.5	0.5	0.4	0.6	0.7	0.3	0.7	2.0	2.0	2.5
Spain (u*)	3.8	4.7	8.1	8.6	9.1	9.8	10.7	12.4	11.9	14.1	14.9	14.9
France						6.6	7.9	8.6	9.6	8.3	8.5	9.9
Croatia											0.1	
Italy	0.8					3.7	6.6	3.5	3.7	5.1	4.6	4.0
Cyprus						1.6	2.1	1.5	0.9	0.8	0.4	2.1
Latvia						16.4	16.3	16.6	16.3	16.3	19.3	19.8
Lithuania					1.7	1.7	1.6	1.7	1.8			
Luxembourg	5.1		5.5	9.2	11.9	15.3	15.3	13.2	10.4	9.9	6.3	15.2
Hungary (u*)			7.5	10.5	10.5	9.6	10.1	24.3	23.5	24.8	27.2	44.3
Malta (u*)				1.4	1.3	2.4	4.1		3.8	5.3	6.0	
Netherlands	10.6	8.2	9.0	12.1	15.4	16.2	13.9	15.2	18.0	12.8	29.6	8.8
Austria							3.7	2.3	2.4	2.3	2.4	2.2
Poland									6.8	9.7	5.0	5.0
Portugal											7.1	5.1
Romania							0.1			0.1	0.4	0.2
Slovenia (u*)	0.4	0.7	0.5	0.5	0.9	1.5	0.6	1.8	1.5	3.9	2.6	3.4
Slovakia (u*)				13.8	23.0	21.1	21.9	21.8	21.0	23.5	28.3	32.0
Finland (d*)	47.0	46.7	47.1	44.5	40.3	35.3	34.4	29.0	26.3	22.2	25.3	18.6
Sweden	51.1	49.1	52.4	50.3	50.3	54.7	54.9	53.3	59.6	50.1	50.8	33.1
United Kingdom	4.0	3.3	3.7	4.8	4.9	4.2	4.9	6.0	5.6	4.6	4.1	4.4 [1]
Norway											44.5	50.9
Turkey						0.3	0.9	0.2	0.2	0.4	0.7	0.3

(d*) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(u*) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.

[1] United Kingdom data for 2011 cover April 2010–March 2011.

Table 13. Percentage of first drug treatment admissions with injection as main administration route of primary drug who reported stimulants as primary drug (Europe-30, 2000–11).

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
European Union-2013	6.8	11.2	35.3	23.5	25.1	18.3	15.9	14.4	14.6	22.2	19.5	19.0
Europe-30	6.8	11.2	35.3	23.5	25.1	18.2	15.8	14.3	14.5	21.9	19.2	18.7
Belgium	10.0					29.4				41.1	30.2	20.8
Bulgaria						0.4		0.4		0.4		0.4
Czech Republic (^{u*})			75.1	76.3	79.1	77.4	77.6	79.4	78.7	79.5	82.1	85.8
Denmark (^{u*})		5.1	6.0	6.7	6.3	11.6	6.7		17.1	25.0	16.7	
Germany (^{u*})		12.9	13.1	16.5	16.3	15.7	16.7	17.8	16.7	51.7	16.3	16.6
Estonia									3.5	5.3	10.9	3.5
Ireland	0.4	0.3	0.6	1.4	0.4	1.7	1.5	0.4	2.2	0.6	1.5	1.5
Greece (^{u*})	0.1	0.3	0.5	0.0	0.4	0.4	0.7	0.1	0.4	1.1	0.8	1.6
Spain (^{u*})	7.0	6.9	14.7	15.4	16.2	16.9	17.6	21.6	20.5	26.0	25.7	25.7
France						6.4	8.6	8.5	8.2	8.7	10.4	8.4
Croatia							0.2					0.6
Italy	0.4					7.1	10.1	4.0	3.7	9.0	5.8	5.6
Cyprus						3.4	1.6				2.2	
Latvia	3.2	4.3	19.6	32.2	44.7	32.5	30.6	28.4	28.6	31.6	26.2	31.6
Lithuania					1.0	3.2	3.1	3.4	2.8	0.7	2.3	1.7
Luxembourg	12.5											
Hungary (^{u*})					17.9	12.6	18.3	45.6	38.2	46.2	52.0	68.6
Malta (^{u*})				0.9	1.3	2.9	5.9			14.1	7.0	15.5
Netherlands	12.5	5.6	10.1	22.1	20.0	24.4	14.6	4.9	14.6	10.0	25.0	6.0
Austria							4.8	1.3	2.9	0.4	3.1	4.5
Poland									9.8	12.1	25.0	25.0
Portugal											6.1	2.4
Romania							0.2			0.2	0.7	0.4
Slovenia (^{u*})	0.4	1.0		0.4	0.4	0.7		1.1	1.0	3.3	3.0	2.5
Slovakia				22.0	34.8	31.8	36.2	30.2	30.5	31.7	38.0	41.6
Finland (^{d*})	46.9	49.6	54.3	59.5	57.3	51.5	46.6	38.1	43.4	29.5	26.2	21.7
Sweden	61.2	58.7	67.8	65.4	67.1	68.2	69.7	64.8	70.1	65.6	65.8	65.8
UK				5.5	6.6	5.6	6.0	7.3	8.2	6.5	5.8	5.8 (^{1})
Norway												
Turkey						1.1	0.6		0.5		0.7	0.3

(^{d*}) Statistically significant (p<0.05) downward trend by calendar year estimated with Spearman's rho.

(^{u*}) Statistically significant (p<0.05) upward trend by calendar year estimated with Spearman's rho.
(^{1}) United Kingdom data for 2011 cover April 2010–March 2011.

Table 14. Summary of time trends in injecting drug use in European countries based on data from the treatment demand indicator (Europe-30, 2000–11).

Country	All drug treatment admissions			First drug treatment admissions				Summary
	Indicator I	Indicator II	Indicator III	Indicator I	Indicator II	Indicator III	Indicator IV	
Belgium								
Bulgaria		D					D	2D
Czech Republic							U	1U
Denmark	D	D	D	D	D	D		6D
Germany	U	U	U					3U
Estonia								
Ireland	D	D	D		D	D	D	6D
Greece	U	D			D		D	3D1U
Spain	D	D	D	D	D	D	D	7D
France							D	1D
Croatia	D	D	D		D			4D
Italy		D			D		U	2D1U
Cyprus		D			D		D	3D
Latvia	U	D			D			2D1U
Lithuania								
Luxembourg	D	D	D					3D
Hungary	D	D	D					3D
Malta	U		U					2U
Netherlands	D		D	D		D	D	5D
Austria					D			1D
Poland								
Portugal				D		D		2D
Romania								
Slovenia	D		D	D	D	D	D	6D
Slovakia	D	D	D	D	D	D		6D
Finland	D		D	D		D	D	5D
Sweden							D	1D
United Kingdom		D			D			2D
Norway								
Turkey	U		U			U		3U
Nº countries with D	10	13	10	7	12	8	10	
Nº countries with U	5	1	3	0	0	1	2	

Indicator I: Number of current drug injectors admitted to drug treatment.
Indicator II: Percentage of current drug injectors over people admitted to drug treatment.
Indicator III: Rate of current drug injectors admitted to drug treatment per 100 000 population aged 15 and over.
Indicator IV: Number of current drug injectors admitted to drug treatment per treatment centre.
D: Statistically significant downward trend estimated with Spearman's rho.
U: Statistically significant upward trend estimated with Spearman's rho.

Table 15. List of items relevant to an analysis of drug injection.

Item	Possible answers	Definition
Year of treatment	Year…	The starting date of treatment is essential for creating trend analyses over time and for separating time periods (treatment episodes) for reporting. This enables a dynamic analysis of the treatment data.
Ever previously treated	1. Never 2. Previously treated 0. Not known	This item makes it possible to estimate the incidence of cases and client flow through treatment services. The category 'never' refers to a client who has never received treatment for drug misuse at any centre anywhere. He or she is thus making a first ever treatment demand. 'Previously treated' refers to a client who has received treatment for his/her drug misuse at some point in the past, either from the current treatment centre or from another treatment centre.
Primary drug	Opiates (total) 11 Heroin 12 Methadone 13 Other opiates 2. Cocaine (total) 21 Cocaine 22 Crack 3. Stimulants (total) 31 Amphetamines 32 MDMA and other derivates 33 Other stimulants 4. Hypnotics and sedatives (total) 41 Barbiturates 42 Benzodiazepines 43 Others 5. Hallucinogens (total) 51 LSD 52 Others 6. Volatile inhalants 7. Cannabis (total) 9. Other substances (total)	This item is of central importance. The main drug is defined as the drug that causes the client the most problems. It should be noted that different systems may define this category differently. It can be based on problems as defined by clients (e.g. NL and UK) or on short diagnoses based on the ICD10 (D). As empirical research is still lacking on this matter, it remains unclear if this really provides sufficient comparability between countries. Alcohol must not be recorded as the primary drug. Clients whose primary drug is alcohol should be excluded from this protocol. For users of 'speedball', heroin should be recorded as the main drug and cocaine as a secondary drug. If the exact substance is not known (e.g. amphetamines or MDMA and derivates), the generic category (e.g. stimulants (total)) should be recorded. Where prescribed drugs are mentioned, it is essential that psychological, social or medical problems are caused by the substance.
Usual route of administration (primary drug)	1. Inject 2. Smoke/inhale 3. Eat/drink 4. Sniff 5. Others 0. Not known	Injection of drugs represents a primary form of risk behaviour for drug users It is of particular importance with regard to infectious diseases (hepatitis, HIV) as well as other diseases and injuries, and the reduction of injecting behaviour is the aim of many harm reduction programmes. The 'usual route of administration' refers to the route of administration of the primary drug.
Ever injected/currently (last 30 days) inject	1. Ever injected, but not currently 2. Currently inject 3. Never injected 0. Not known	Here injection behaviour with regard to all drugs has to be taken into account, regardless of whether the drugs are primary or secondary drugs. This item and item number 16 in the TDI Protocol ver.2.0 identify the injection of drugs other than the main drug and thus give a good indication of risk behaviour. This is of particular importance with regard to the transmission of infectious diseases (hepatitis, HIV) as well as other diseases and injuries, and issues of harm reduction. Injection for medical purposes should be excluded (diabetes, etc.). 'Currently injected' refers to whether a client has injected any drug at least once in the past 30 days. The reference point for the 30-day period of use is the start of treatment, i.e. the first face-to-face session.