

# **NEWS RELEASE** from the EU drugs agency in Lisbon

# **ANNUAL REPORT 2010: HIGHLIGHTS**

# Europe faces new challenges posed by changes in drug supply and use

(10.11.2010, LISBON EMBARGO 10:00 WET/Lisbon time) Changes in the supply and use of established drugs and the emergence of a record number of new substances increasingly test Europe's drug control models, says the EU drugs agency (EMCDDA). These challenges are described in the *Annual report 2010:* the state of the drugs problem in Europe, launched by the EMCDDA today in Lisbon. Among them: sophisticated cocaine smuggling techniques; changes in the stimulant market; widespread domestic cannabis production; and the continuous appearance of 'legal highs' designed to replace controlled substances.

### Cocaine: sophisticated smuggling techniques and growing health concerns

Increasingly sophisticated techniques to conceal and smuggle cocaine into Europe are reviewed today in the *Annual report*. One such technique involves incorporating cocaine base or hydrochloride (HCI) into carrier materials (e.g. beeswax, plastic, clothing, fertiliser) before export, then extracting it in clandestine laboratories set up inside EU borders. Some 25 of these so-called 'secondary extraction' laboratories were uncovered in the EU in 2008 (in **Spain**). These perform a different function from laboratories in **South America** which first extract cocaine base or HCI from coca leaves or coca paste (see box, Chapter 5) (1).

A rise in deaths associated with cocaine use is an additional concern underlined in the report (see box, Chapter 7). Around 1 000 cocaine-related deaths are now reported annually in Europe. In the **UK**, the number of death certificates mentioning cocaine doubled between 2003 (161) and 2008 (325). In 2008, around 70 000 people entered drug treatment for cocaine problems (powder and crack) in 27 European countries (around 17 % of all new drug treatment clients) (Figure TDI-2, part ii).

'Too many Europeans still regard cocaine use as a relatively harmless accompaniment to a successful lifestyle', says **EMCDDA Director Wolfgang Götz**. 'But we are progressively seeing that, as cocaine consumption increases, so too does its impact on public health. A message we must convey is that, not only can use of this drug escalate quickly, but it can also result in fatalities, even when intake is occasional and doses are low'.

Cocaine sold in Europe is often mixed with 'cutting agents' (adulterants) to increase its market value. These may be inert substances (e.g. sugars, starch) or active ingredients that enhance or mimic the drug's effects (e.g. lidocaine, phenactin, procaine, caffeine). Today's report highlights the increased use of levamisole as a cocaine adulterant in the **USA**, where 70 % of the cocaine analysed in July 2009 was estimated to be 'cut' with the drug. Available data in some **EU Member States** suggest that a significant proportion of cocaine seizures analysed contained this cutting agent. Currently only a few European countries monitor cocaine adulterants, underlining the need for improved surveillance and analysis. Prolonged use of levamisole may pose added health risks to cocaine users (see box, Chapter 5) (<sup>2</sup>).

Some 14 million European adults (15–64 years) have tried cocaine in their lifetime, around 4 million having used it in the last year. Cocaine use disproportionately affects a small number of **western EU countries**, where levels of use are high. Elsewhere in Europe, use remains low (Chapter 5, Figure 7). In the highest-prevalence countries, **Denmark, Ireland, Spain, Italy** and the **UK**, surveys show last-year use among young adults (15–34 years) to range from 2.9 % (**Italy**) to 6.2 % (**UK**) in 2008 (Chapter 5, Table 8; Table GPS-2, part ii). In the **UK** 

and **Spain**, the two countries with the highest prevalence, data are fluctuating, with 2008 data showing a rise (Chapter 5, Figure 8; Figure GPS-14, part i and ii), but preliminary data for 2009 some decline.

There were an estimated 96 300 cocaine seizures in Europe in 2008 (Chapter 5, Table 7). While seizures remain low in **central and eastern Europe**, they more than doubled in 10 countries there between 2003 (469 seizures) and 2008 (1 212). This could suggest that cocaine trafficking and availability in the region may be on the rise.

## Amphetamines still a major problem in parts of Europe — volatility in the ecstasy market

Use of amphetamines (amphetamine or methamphetamine) remains overall lower than that of cocaine in Europe, with consumption trends still stable (Chapter 4, Figure 6). But in many countries, one of these substances remains the most commonly used stimulant drug. Around 12 million Europeans (15–64 years) have tried amphetamines in their lifetime, around 2 million in the last year (Chapter 4, Table 5).

According to the *Annual report*, problem amphetamine use is mainly reported by countries in the north of Europe and accounts for a sizeable proportion of those entering treatment in **Sweden** (32 %), **Finland** (20 %) and **Latvia** (15 %). Quantities of amphetamine seized in Europe have increased steadily in recent years (2003–08), reaching 8.3 tonnes in 2008 (Chapter 4, Table 4 and Table SZR-12).

Problem methamphetamine use remains limited in Europe and largely restricted to the **Czech Republic** and **Slovakia**. But the drug appears to be becoming more available in parts of northern Europe (e.g. **Norway**, **Sweden**, **Latvia**, **Finland**), where it may be being sold as a replacement for amphetamine. Seizures of methamphetamine in Europe have increased in recent years (2003–08). In 2008, 4 700 seizures of the drug were made, amounting to 300 kg. In 2008, a record 458 production sites were detected in the **Czech Republic** (up from 390 in 2007) (Chapter 4, Figure 5). Methamphetamine production is also reported in **Slovakia** and in **Lithuania** and **Poland**, mainly servicing the Scandinavian market.

The consequences and responses to problem amphetamine and methamphetamine use in Europe are explored in a **special review** released by the **EMCDDA** today alongside the **Annual report** (see news release No 12/2010, summary and http://www.emcdda.europa.eu/publications/selected-issues).

Trends in ecstasy use in Europe are generally stable (Chapter 4, Figure 6 and Table 6). Around 11 million Europeans have tried ecstasy, around 2.5 million having used it in the last year. Seizures of ecstasy tablets are estimated to have declined by 14 % to 13.7 million tablets in 2008 (compared to 2007 data), while over the period 2003–08, the estimated average price fell by 32 % to EUR 4–10 per tablet in 2008 (range price in most reporting countries). In 2009, the presence of piperazines (<sup>3</sup>) in ecstasy tablets continued to be commonly reported (alone or in combination with MDMA). These changes reflect an increasingly complex ecstasy market and have a possible impact on users' perceptions of the quality of the drug.

### Cannabis: levels of use in parts of eastern Europe now rival or exceed those in western countries

Levels of cannabis use appear to be rising in some countries of **eastern Europe**, in some cases now rivalling or exceeding prevalence levels found in parts of **western Europe** (Table GPS-2, part ii; Figure GPS-4, part i). In eastern EU Member States, the highest levels of last-year cannabis use among young adults (15–34 years) were in the **Czech Republic** (28.2 %), **Slovakia** (14.7 %) and **Estonia** (13.6 %). In western countries, the highest prevalence was reported in **Italy** (20.3 %), **Spain** (18.8 %) and **France** (16.7 %). Levels of use differ greatly between countries, with the highest prevalence estimate of last-year use among young adults (**Czech Republic** 28.2 %) being over 30 times greater than the lowest (**Romania** 0.9 %) (Chapter 3, Table 3).

Latest data confirm the general stabilising or downward trend in cannabis use in Europe cited in the previous three **EMCDDA** *Annual reports*. But within this trend, diverging patterns are now seen. Among young adults (15–34 years) who report using cannabis in the last year, three major trends are observed for the period 1998–2008 (Chapter 3, Figure 4). Five countries in the north and south-east of Europe — **Bulgaria**, **Greece**, **Hungary**, **Finland**, **Sweden** — stand out for their overall stable and low levels of use (under 9 %). Six countries in western Europe — **Denmark**, **Germany**, **Spain**, **France**, **the Netherlands**, **the UK** — report higher levels of use but with

a decrease or stabilisation in recent years. While four countries — **Czech Republic, Estonia, Italy, Slovakia** — still report rising trends in cannabis use. Data from the European school survey project on alcohol and other drugs (ESPAD) show similar divergence in time trends in cannabis use among 15- to 16-year old school students (1995–2007) (Figure EYE-1, part xi).

Europe's appetite for cannabis is reflected in annual seizures of around 1 000 tonnes of the drug (Chapter 3, Table 2). In 2008, around 900 tonnes of cannabis resin were intercepted in Europe, almost 10 times the volume of herbal cannabis seized (around 90 tonnes). Herbal cannabis, however, is now commonly produced inside Europe (29 European countries reported domestic cultivation in 2008) and, being closer to its intended market, is less likely to be intercepted. The number of seizures of cannabis plants has increased since 2003, reaching an estimated 19 000 seizures in 2008 (Table SZR-5) (<sup>4</sup>).

'The public perception of domestic cannabis production is often that of a pot on the windowsill or a few plants in the garden greenhouse', says **Wolfgang Götz**. 'But the reality today is a very different one. Organised crime gangs have woken up to the profits that can accrue from the large-scale cultivation of cannabis near its intended market. The collateral damage of this development is the rising level of violence and criminality within urban communities, which is now triggering new action by national and European law-enforcement bodies'.

Around 75.5 million Europeans — one in five adults aged 15–64 years — have tried cannabis in their lifetime, around 23 million of them having used it in the last year (Chapter 3, Table 3). Some 4 million Europeans are estimated to be daily or almost daily users. Around one fifth (21 %) of clients entering specialised drug treatment report cannabis as their main problem drug (around 85 000 clients) (Figure TDI-2, part ii). Yet the number of clients entering treatment for the first time ever for primary cannabis use is declining slightly.

#### Record number of new drugs reported in 2009

A record number of new drugs were officially reported in 2009 to the **EMCDDA** and **Europol** via the EU fast-track early-warning system (EWS) (Chapter 8). Twenty-four new psychoactive substances were officially notified for the first time to the two agencies in that year. This represents, not only the largest number of substances ever reported in a single year, but almost double the number notified in 2008 (13). All of the new compounds were synthetic, including three substances with medicinal properties.

A new development highlighted in this year's report is the growing popularity of synthetic cathinones. These are derivatives of the parent compound cathinone, which is structurally related to amphetamine. Over 15 synthetic cathinones are currently being monitored through the EWS. Towards the end of 2009, increased evidence of the use and availability of one of these drugs, mephedrone, prompted the EMCDDA's extended Scientific Committee to assess the health and social risks of the drug in 2010 ( $^5$ ). In the wake of this risk assessment, Europe is currently considering controlling the substance. Several countries have already adopted measures to control mephedrone (Belgium, Denmark, Germany, Estonia, Ireland, France, Italy, Lithuania, Luxembourg, Malta, Austria, Poland, Romania, Sweden, the UK, Croatia and Norway). Two Member States — the Netherlands and Finland — apply control measures to mephedrone under their medicines legislation.

The 'Spice' phenomenon — smokable herbal products laced with synthetic cannabinoids — also continues to evolve. Both the names and brand packaging of 'Spice'-like products diversified, with their psychoactive compounds changing in response to control measures. A total of nine synthetic cannabinoids, from at least four distinct chemical groups, were reported via the EWS in 2009.

The appearance of new unregulated synthetic compounds, marketed on the Internet as 'legal highs' or 'not for human consumption', presents a growing challenge for monitoring, responding to, and controlling the use of new psychoactive substances. Already in 2010, 31 new substances have been detected via the EWS. These include: synthetic cathinones, synthetic cannabinoids, as well as new synthetic substances resembling cocaine and amphetamines (<sup>6</sup>). In the most recent **EMCDDA** online snapshot survey of online retailers (early 2010), 170 online shops were identified selling 'legal highs' and hallucinogenic mushrooms.

#### Notes:

- (¹) See also p. 25 *Cocaine: a European Union perspective in the global context* (April, 2010). www.emcdda.europa.eu/publications/joint-publications/cocaine
- (2) See p. 26 www.emcdda.europa.eu/publications/joint-publications/cocaine
- (3) A group of chemical compounds including BZP and mCPP see EMCDDA drug profile on BZP and other piperazines www.emcdda.europa.eu/publications/drug-profiles
- (4) A new EMCDDA publication on cannabis production and markets will be published in 2011.
- (5) See www.emcdda.europa.eu/drug-situation/new-drugs. See also EMCDDA drug profile on synthetic cathinones www.emcdda.europa.eu/publications/drug-profiles
- (6) See EMCDDA drug profile on synthetic cocaine derivatives. www.emcdda.europa.eu/publications/drug-profiles

Data presented in the Annual report 2010 relate to 2008 or the last year available.

Figures and tables cited in this news release may be found in the 2010 Statistical bulletin:

http://www.emcdda.europa.eu/stats10

Information on all *Annual report* products, news releases, services and events are available at: http://www.emcdda.europa.eu/events/2010/annual-report