**Media briefing**

New report reveals the latest drug trends in Europe

HRB compares situation in Ireland with European findings

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) will publish the ***European drug report 2015: trends and developments*** today. This report summarises the latest trends across the 28 EU member states, and Norway and Turkey.

According to Graham Love, Chief Executive at the Health Research Board, ‘The recent appointment of a Minister of State for the Drugs Strategy is very welcome and will help bring together the work and actions of a range of departments and agencies in Ireland. However, the drugs issue remains a major challenge and this new report highlights the importance of ongoing European collaboration in response to what has become a rapidly changing drugs market.’

The Health Research Board (HRB) provides the Irish figures for the EMCDDA report. This media briefing compares the situation in Ireland with that in Europe.

The EMCDDA report highlights changing dynamics in the heroin market, with an overall stagnation in the demand for heroin in Europe. The European drug market is inter-linked and the indicators for availability and use of heroin in Ireland reflect the overall picture in Europe. The EMCDDA report warns that an increase in production in most of the countries supplying Europe with heroin could result in more of the drug becoming available in European drug markets. Other changes in market dynamics, including processing of heroin inside Europe, the emergence of alternative trafficking routes and diversification of products from opioid producing countries in Asia, need to be monitored carefully. As the age profile of heroin users increases, providing appropriate treatment and care to long-term uses is a growing challenge for drug treatment and social services today.

Cannabis continues to dominate reports on all drug law offences. Around 80% of all drug seizures were of cannabis, two thirds of which were of herbal cannabis demonstrating again the importance of domestically produced herbal cannabis in the European drug market. Cannabis use is around five times more prevalent than that of other substances and the drug is now the most frequently cited reason for entering drug treatment for the first time in Europe. The situation with regard to cannabis in Ireland is consistent with that overall in Europe. Cannabis is the the most common main problem drug for first time entrants into treatment in Ireland. Seizures of cannabis plants in Ireland exceeded those for cannabis resin for the first time 2012 and this continued in 2013.

Dimitris Avramopoulos, European Commissioner for Migration, Home Affairs and Citizenship, says: ‘The report shows that we are confronted with a rapidly changing, globaliseddrug market and, therefore, we need to be united, swift and determined in our response to the drugs threat’. The Commissioner continues:  **‘**I am particularly concerned that the Internet is increasingly becoming a new source of supply, for both controlled and uncontrolled psychoactive substances. 101 new uncontrolled psychoactive substances were reported in 2014, challenging our existing control mechanisms. I look forward to the forthcoming EU legislation in this area, which is currently under negotiation. This will further strengthen our responses and equip us with better instruments to deal with these substances more rapidly and more effectively’.

The situation with respect to Europe and Ireland is presented below under a series of headings.

**Cannabis**

***European situation***

* The EMCDDA estimate that around 14.6 million (11.7%) young Europeans (15–34), used cannabis in the last year, 8.8 million of whom (15.2% of this age group) are aged 15-24 years.
* The use of cannabis in Europe has stablised or is declining, especially among younger age groups. The situation does vary between countries. Of the 14 countries who have conducted new surveys since 2012 four reported lower estimates, two were stable and eight reported higher estimates than in previous comparable surveys.
* Among the 3% of European adults (18-64) who used cannabis in the last month about one quarter used cannabis on a daily, or almost daily, basis.
* The use of cannabis by school students aged 15-16 years varied considerably from 5% in Norway to 42% in the Czech Republic.
* Cannabis is now the most frequently reported main problem drug among those entering treatment for the first time. Between 2006 and 2013 the numbers of such clients increased from 45,000 to 61,000. For all clients entering treatment cannabis is the second most frequently reported main problem drug, after heroin
* In 2013 there were 431,000 seizures of herbal cannabis, 240,000 seizures of cannabis resin, 30,000 seizures of cannabis plants and 10,000 seizures of synthetic cannabinoids
* While the number of seizures of herbal cannabis has exceeded those for cannabis resin every year since 2009, the quantity of resin seized is still much higher (460 tonnes against 130 tonnes).

***Irish comparison***

* The NACD 2010/11 general population survey reported that 10.3% of the general population (15-34) used cannabis in the year prior to the survey (recent use).
* Among the 2.8% of Irish adults (18-64) who used cannabis in the last month 24.0% used cannabis on a daily, or almost daily, basis.
* The survey used two instruments to determine cannabis abuse and dependence. Of recent users 9% were classified as cannabis dependent. Dependence was higher among men (11%) and among young adults (15–34 years) (10%).
* The number of clients entering treatment with cannabis as their main problem drug in 2013 was 2,511 (28.9%). The corresponding figure for 2012 was 2,216 (28.8%). During 2013 a total of 1,545 clients entered treatment with cannabis as an additional problem drug.
* In 2013, 1,631 (47.0%) clients entering treatment for the first time identified cannabis as their main problem drug. This was the most common main problem drug for first time entrants into treatment.
* The 2010/11 European School Survey Project on Alcohol and Other Drugs (ESPAD) reported that 14% of 15–16-year-old students had used cannabis in the year prior to the survey. The number of students who had tried cannabis at some point in their lives decreased marginally from 20% in 2007 to 18% in 2011. These figures are broadly in line with the Health Behaviour in School-aged Children (HBSC) survey of 2010 which reported that 17% of 15–17-year-olds had used cannabis in the previous twelve months.
* Cannabis - including cannabis herb, plants and resin - accounts for the largest number of drug seizures in Ireland. Garda and Revenue Customs officers reported 3,137 cannabis seizures in 2011, 2,912 in 2012 and 2,991 in 2013. There were 427 seizures of cannabis plants in 2013 and 367 of cannabis resin. This was the second year in a row that seizures of plants exceeded those of resin.

**Opioids (mainly heroin)**

***European situation***

* The average prevalence of problem opioid use among adults (aged 15–64) in 2012 is estimated at around 0.4%. This is the equivalent of 1.3 million problem opioid users in Europe.
* In Europe 41% (175,000) of all clients who entered treatment in 2013 were users of opioids (mainly heroin).
* The number entering specialist drug treatment for the first time for heroin use fell from a peak of 59,000 in 2007 to 31,000 in 2013, accounting for 20% of all clients entering treatment for the first time.
* In 11 European countries more than 10% of first-time opioid clients entering specialised treatment in 2013 were misusing opioids other than heroin. In some countries, these drugs now represent the most common form of opioid use.
* Misused methadone is the most commonly reported of these drugs and accounts for 60% of all treatment demand from clients whose main problem drug is an opioid other than heroin.
* Between 2006 and 2013 the median age of clients entering treatment for opioid use increased by 5 years. Many older opioid users are susceptible to a range of chronic health problems with implications for treatment and social support services.
* Among clients entering treatment in 2013, 33% of opioid clients report injecting the drug.
* Injecting continues to play a major role in the transmission of blood-borne infectious diseases such as hepatitis C and, in some countries, HIV/AIDS. There were 1,458 newly reported HIV diagnoses attributed to injecting drug use in 2013, compared with 1,974 in 2012, the first time since 2010 a decrease has been recorded.
* Of the 10 countries with national data available, 5 reported a prevalence rate of more than 50% for HCV antibodies among drug users. Six countries reported an increase with only one, Norway, recording a fall in HCV diagnoses.
* Heroin or other opioids are present in the majority of reported fatal overdoses. Overall, around 6,100 overdose deaths were reported in 2013, slightly up from the previous year and similar to the number reported in 2011. Between 2006 and 2013, the pattern has been one of decreasing numbers of overdose deaths among younger drug users and increasing numbers among older users.
* Heroin seizures have been declining in Europe since 2010 and the number of seizures (32,000) and quantity seized (5.6 tonnes) in 2013 were among the lowest recorded in a decade.

***Irish comparison***

* Opiates (mainly heroin) were the most common main problem drug reported by cases entering treatment in 2013. There were 4,451 cases (51.3%) in 2013.
* The number of those entering treatment for the first time in 2013 for whom heroin was the main problem was 875, the equivalent of 25.2% of new clients.
* In 2013 there were 18 newly-diagnosed HIV cases among intravenous drug users. This is similar to the number diagnosed in the last four years (ranging between 13 and 23 cases since 2010).
* There were 847 notifications for hepatitis C virus (HCV) in 2013, a decrease of 18% on 2012 when there were 1,036 notifications
* The number of deaths where heroin was implicated in the cause of death (alone or with another drug or substance) has continued to decrease; it peaked at 118 in 2009 and fell to 61 in 2012.
* Methadone is implicated in a number of opioid-related deaths. In 2011 methadone (either alone or with another drug) was implicated 113 deaths and there were 86 such deaths in 2012.
* There were 690 seizures of heroin in 2013, decreasing from 766 in 2012.

**Cocaine**

***European situation***

* Cocaine is the most commonly used illicit stimulant drug in Europe, although most users are found in a small number of countries. It is estimated that about 2.3 million young adults aged 15 to 34 (1.9% of this age group) used cocaine in the last year.
* Only Spain and the United Kingdom report last year prevalence of cocaine use among young adults of more than 3%. Most countries which have had highest prevalence rates for cocaine use among young adults over the past few years, reported a peak in use in 2008 and a steady decline since then.
* Cocaine was the main problem drug for 55,000 (15%) clients entering specialised drug treatment in 2013. The number of clients entering treatment for the first time who cited cocaine as their primary drug has been decreasing in recent years, from a peak of 38,000 in 2008 to 25 000 (16%) in 2012. Spain, Italy and the United Kingdom account for more than 70% of all those in treatment for cocaine use.
* The United Kingdom accounted for more than half of the 6000 clients entering treatment with crack cocaine as the primary drug.
* Across the 27 countries reporting data at least 800 deaths related to cocaine use were recorded in 2013.
* In 2013, around 78,000 seizures of cocaine were reported in the European Union, amounting to 63 tonnes of the drug. There was a significant increase in both seizures and volume between 2008 and 2010, and the situation has been relatively stable since then.

***Irish comparison***

* The 2010/11 general population survey reported last-year prevalence of cocaine use among 15–34-year-olds at 2.8%, lower than the 2006/07 figure of 3.1%.
* The proportion of clients entering treatment with cocaine as the main problem drug decreased from 8.5% in 2012 to 7.8% in 2013, continuing the trend over the last few years.
* In both 2011 and 2012 there were 24 deaths recorded in which cocaine was implicated. The peak year for such deaths was 2007 with a peak of 66 deaths reported.
* In 2013, 366 seizures of cocaine were reported in Ireland, accounting for about 7% of all drug seizures. The number of cocaine seizures has declined since 2008, when 1,310 (13% of total) were reported.

**Other stimulants and new psychoactive substances**

***European situation***

* While lifetime use of new psychoactive substances (NPS) remains at a low levels among young people, the number of new NPS reported continues to grow. These data are based on notifications by Member States to the EU Early warning system (EWS). During 2013 the EWS identified 101 NPS for the first time, an increase of 25% on 2012 figures.
* Of the NPS detected for the first time 31 were synthetic cathinones and 30 were synthetic cannabinoids. Other substance groups monitored are substituted phenethylamines tryptamines and piperazines. Thirteen newly reported compounds do not conform to the readily recognised chemical groups (including plants and medicines).
* The EWS has identified more than 70 new cathinone derivatives. In 2013, over 10,000 seizures of synthetic cathinones were reported to the EWS, the best known example of which is mephedrone, controlled in Europe since 2010 and becoming increasingly important in the stimulants market in some countries. Cathinones are used in similar ways to, and often interchangeably with, other stimulants such as amphetamine and MDMA.
* Around 1.3 million Europeans used amphetamines during the last year.
* Ecstasy refers to the synthetic substance MDMA. It is estimated that 1.8 million young adults (15-34) used ecstasy in the last year (1.4%) of this age group. Decreasing prevalence of ecstasy use has been reported in all countries with sufficient data to explore trends.

***Irish comparison***

* In both 2011 and 2012, 42 clients entering treatment reported MDMA (ecstasy) as their primary drug. The figure for 2013 was 41.
* In 2012, MDMA was implicated in 11 deaths. The MDMA-like substances PMA (para-Methoxyamphetamine) and PMMA (para-Methoxy-N-methylamphetamine) were implicated in less than five deaths recorded in 2012.
* There was a very small number of entrants to treatment in 2013 for whom an NSP was the primary problem drug.
* The 2010/11 general population survey reported 3.5% of adults and 6.7% of young adults (15-34) used new psychoactive substances, such as herbal smoking mixtures, party pills or herbal highs, or powders such as cathinones during the year prior to the survey.
* The use of new psychoactive substances appears to have decreased since the introduction of legislation in 2010 and 2011, evidenced by a reduction in the number of adverse events reported. There was also a reduction in the detection of cathinone derivatives in both toxicological samples and in screening of methadone programme clients between 2010 and 2012.

**Sedatives and tranquillisers**

***European situation***

* The EMCDDA does not routinely report sedative and tranquilliser prevalence or treatment data in member states.

***Irish situation***

* The number of cases entering treatment and reporting a benzodiazepine as their main problem drug was 773 in 2013.
* Benzodiazepines were implicated in 123 poisoning deaths in 2012, down from 173 deaths in 2011.
* The number of poisoning deaths involving more than one drug (polydrug use), which had risen from 168 in 2010 to 215 in 2011, decreased to 189 in 2012. The drugs most often implicated in polydrug use were alcohol, diazepam, methadone and anti-depressant medication.

Accompanying the report will be **Perspectives on drugs** (PODs), online interactive articles providing insight into specific issues in the drugs field. The four themes in focus this year are: misuse of benzodiazepines among high-risk drug users; psychosocial interventions; drug consumption rooms; and heroin trafficking routes.