

Drugs and

security

*Public opinion regarding
security and victimisation
in the European Union*

Contact with drug-related problems



EUROPEAN COMMISSION

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Eurobarometer surveys 44.3 (1996) and 54.1 (2000)



EUROPEAN COMMISSION
Drugs Coordination Unit
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I. Introduction

Further to a first survey carried out in 1996, a second survey on public opinion regarding security and victimisation was carried out by the European Opinion Research Group at the end of the year 2000 at the request of the Drugs Coordination Unit of the European Commission's Directorate-General for Justice and Home Affairs. The 1996 and 2000 surveys were conducted as part of the standard Eurobarometer survey. Each survey consists of approximately 1 000 representative face-to-face interviews conducted in each Member State.

The primary purpose of the 1996 and 2000 surveys was to provide information relating to the level of fear or concern about crime, drug-related crime and related matters within the European Union. The same question relating to contact with drug-related problems was included in both surveys. The information is intended to indicate national differences within the EU. After the publication of the 2000 Eurobarometer findings, Dr Aromaa ⁽¹⁾ produced a report summarising and comparing the results of the 1996 and 2000 surveys.

The scope of this document is to compare the trend in the perception of security towards drug-related problems among EU citizens between 1996 and 2000 (Chapter II) and to compare this trend with the figures on the drug situation in the EU (Chapter III). This document draws heavily on the findings of the report of Dr Aromaa, as well as on the annual reports of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Comparisons between the responses given in 1996 and 2000 are possible because of the relatively short time elapsed between the two surveys and their largely similar methodology. However, care must be taken when drawing specific and far reaching conclusions from any such comparison. For example, more drug news in the media may lead to increased public awareness of the drugs problem as well as to a greater ability to recognise drug-related phenomena but both may also be a sign for increased drug use and visibility of the drug markets.

⁽¹⁾ Dr Aromaa is the Director of the European Institute for Crime Prevention and Control, Helsinki, Finland.

This document compares the survey results with statistical information provided by the EMCDDA in its annual reports covering the same period. The comparison tries to establish whether the increased public perception of drug-related problems is mirrored in figures on drug prevalence, drug seizures, arrests and patterns of abuse. This may assist in determining whether the increases found in the results of the drug-related section of the Eurobarometer surveys of 1996 and 2000 can be said to be primarily due to (a) increased drug awareness or (b) an indication of an increase in drug use within the EU.

II. Eurobarometer surveys 44.3 and 54.1

The question asked in both surveys in order to monitor contact of the general public with drug-related problems was:

‘Over the last 12 months, how often were you personally in contact with drug-related problems in the area where you live? For example, seeing people dealing in drugs, taking or using drugs in public places or by finding syringes left by drug addicts.’

The responses were subsequently broken down by Member State of residence, age, sex, age of ending of full-time education, occupation and size of household. In addition, responses given in the 2000 survey to questions of personal security and concerns over crime risks were compared with the same respondent’s answers to the drug-related problem question.

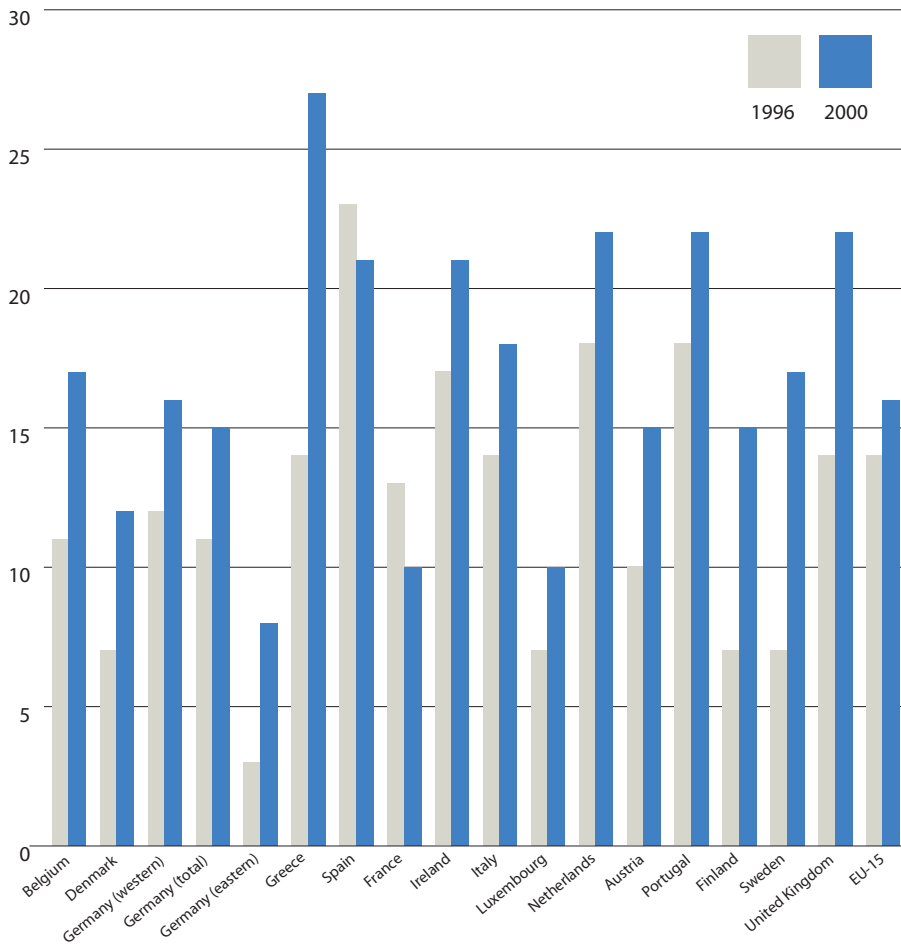
The primary findings can be broken down as shown below.

(a) The personal exposure of Community citizens to drug-related phenomena has increased significantly over the period. In 1996, 14 % of the citizens had experienced such exposure compared with 17 % in 2000 (in terms of ‘often or from time to time’).

(b) In 1996, the level of exposure varied depending on the degree of urbanisation of the respondent (i.e. higher levels of exposure in cities than in rural areas). Unfortunately this variable was not included in the 2000 survey. Therefore, any changes in this aspect of the situation between 1996 and 2000 cannot be identified.

There is a change in the relative positions of Member States over the period of the two surveys. The seven Member States declaring the highest levels of contact with drug-related problems remained more or less static (with the exception of Sweden who entered that group in 2000). However, their relative positions changed, with Greece showing the highest level of contact; up from fifth position in 1996 to first position in 2000. Greek respondents declared that 26 % of them had had contact with drug-related problems in 2000 as opposed to only 14 % in 1996.

Percentage who had often or from time to time observed drug-related problems, 1996 and 2000



Finland and Sweden, who had the lowest level of positive response to the question on drug-related problems in 1996, saw sharp increases in the level of that response in percentage terms in 2000. As many as 15 % of the Finnish respondents in 2000 had observed drug-related problems, up from 7 % in 1996. Finland's relative position within the Member States according to that response also rose from 14th (equal with Sweden) to 10th (equal with Austria and Germany). Sweden saw an even larger increase. In 1996, 7 % of the Swedish respondents had observed drug-related problems. In 2000, the figure was 18 %. This is the largest increase in percentage terms, leading to a comparative increase to joint seventh position among Member States when ranked by that response.

(c) Overall, most Member States showed some increase in contacts with drug-related problems. The exceptions were France (16 % decline) and Spain (8 % decline). However, most of the larger Member States (France, Germany, Italy and Spain) have seen a relative decline in their position in the Community 'league table'.

Observing drug-related problems by sex, age and age of ending full-time education, 1996 and 2002 (%)

		Often	From time to time	Rarely	Never	Often or from time to time
Sex						
Male	1996	5	10	12	71	15
	2000	5	13	16	64	18
Female	1996	4	9	11	75	13
	2000	5	11	15	67	16
Age						
15-24	1996	9	16	15	59	25
	2000	8	18	20	53	26
25-39	1996	5	10	13	71	15
	2000	5	14	19	61	19
40-54	1996	3	9	12	74	12
	2000	5	11	16	66	16
55+	1996	3	5	8	82	8
	2000	3	8	11	76	11
Age of ending full-time education						
< 15	1996	4	7	9	79	11
	2000	5	9	12	72	14
16-19	1996	5	10	12	72	15
	2000	5	13	16	65	18
20+	1996	4	11	13	71	15
	2000	5	12	18	64	17
Still studying						
	1996	6	15	17	60	21
	2000	8	18	21	52	26

Being confronted with drug-related problems is quite clearly related to respondents' age. This is also reflected in the findings according to the respondents' education, as those still studying also generally belong to the youngest age group. The 1996–2000 increase in the proportion of those who have been exposed to such phenomena has taken place in all education groups. However, the change is largest among those still studying, perhaps reflecting a real trend (even if the numbers are not very large) where drugs have become increasingly popular among the student population in particular, and/or where knowledge or sophistication regarding narcotics has improved.

The frequency of observation of drug-related problems in the Member States seems to be clearly related to the age of the respondent. Younger respondents indicate greater observation of drug-related phenomena. There is a uniform downward change as the age groups questioned get older. Also, the percentages of respondents who have 'never' observed drug-related phenomena showed a uniform increase as the respondents' age increased. This situation is the same for both the 1996 and 2000 surveys. This may indicate a relatively recent increase in the drug problem. Otherwise, one might expect the 'never' figure to decline markedly with the age of the respondent, as the opportunity for at least one exposure to drug-related problems could have been expected to be greater for older respondents. Factors such as lifestyle may have a significant impact here; younger people frequent areas such as bars and clubs where drugs are more often available, whereas older people are perhaps less likely to be out late in the evening.

(d) In the age-related tables, the greatest percentage increase between 1996 and 2000 in responses showing personal contact with drug-related problems was among those aged over 55. This increase of 37 % still left that age group as the smallest of the four age groups.

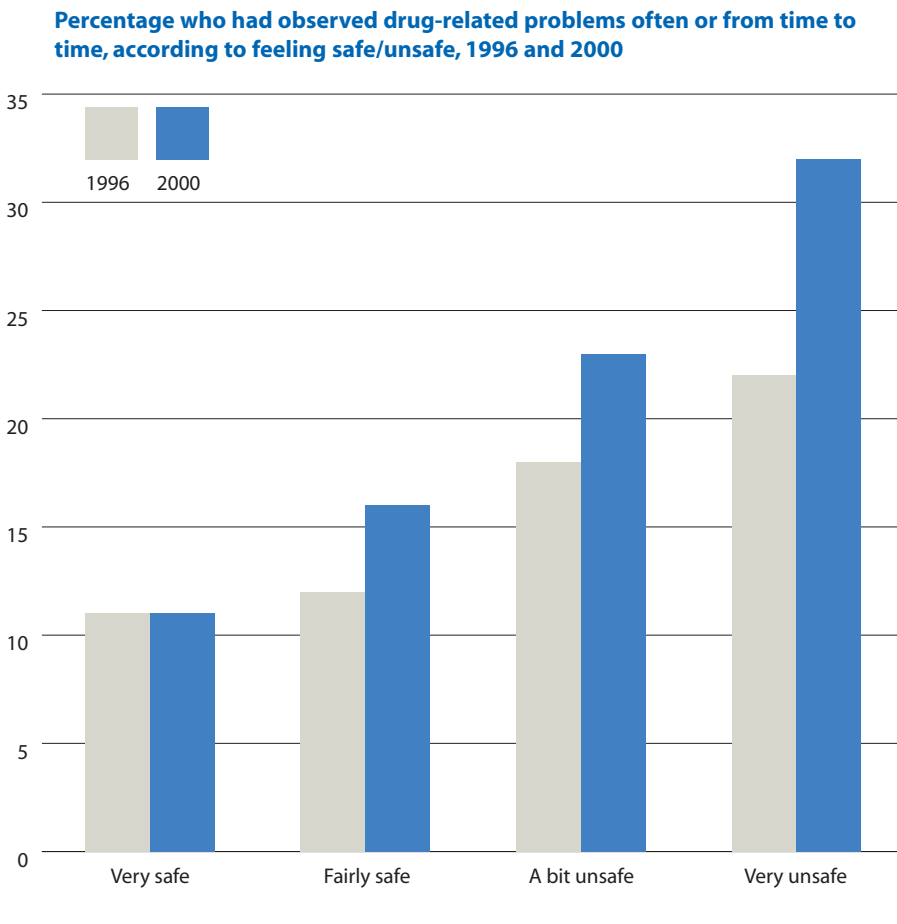
(e) In terms of occupation, the results of the two surveys show small increases across the board in the level of observation of drug-related phenomena for most occupational groups. The greatest increase (50 % from 1996 to 2000) can be seen among the unemployed. Increases in exposure to drug-related problems over the period of the two surveys was 12.5 % for the self-employed and around 19 % for manual workers.

A higher figure among the unemployed might not, in itself, be surprising in view of the social and economic factors such as deprivation that accompany unemployment. Still, the percentage increase in this group's responses may indicate a worrying trend towards greater exposure to drug-related problems for the more disadvantaged sectors of society. This is especially the case compared with the more moderate increases in the previously equally high groups (manual workers and the self-employed).

(f) With regard to the breakdown of responses to the two surveys by size of household, it appears that there may be a direct relationship between the size of a household and the frequency of exposure to drug-related problems. This could be linked to the relative age of members of the households concerned. Larger households tend to have in them people who are younger than those in smaller or single-person households, and other parts of the surveys demonstrate that younger respondents show greater observation of drug-related phenomena than older ones.

From the 2000 Eurobarometer survey, a strong link appears to exist between those respondents who expressed elevated feelings of insecurity ('a bit or very unsafe'), when responding to the question on perceived street safety, and those who had most frequently observed drug-related problems. Around half of the respondents who had often been exposed to drug-related problems felt unsafe, compared with only around a quarter of those who had never observed such problems. People who feel unsafe for non-drug-related reasons may be more observant, because of this fear, and therefore more likely to notice drug-related phenomena. Or does the existence of higher levels of exposure to drug-related problems in a given neighbourhood automatically lead to increased feelings of insecurity for the people living there?

The response elsewhere in the two surveys to the question on perceived street safety also showed a significant proportion (32 % in 1996, 35 % in 2000) of unemployed people responding that they feel 'a bit or very unsafe' when walking alone in their own neighbourhood after dark.



Whether these results indicate that unemployed people tend to live in areas where drug-related problems are highest or that living in potentially more socially deprived areas leads to greater feelings of insecurity and higher awareness of drug-related problems would require further analysis.

III. Comparison with EMCDDA statistics

This chapter tries to establish a general analysis on whether the increased public perception of drug-related problems demonstrated by the results of the two surveys is mirrored by Member States' figures for drug prevalence, drug seizures and patterns of abuse. A comparison with statistics provided by the EMCDDA in its annual reports is carried out here. One of the difficulties is that much of the statistics provided by and to the EMCDDA only cover the period up to 1998 or 1999. Nonetheless, they can still be indicative of change over the period.

The purpose of this comparison is also to assist in determining whether the increases found in the Eurobarometer survey of 2000 compared with that of 1996 can be said to be, at least partly, due to an increased awareness of the existence of drug-related problems or an indication of increased drug use within the EU.

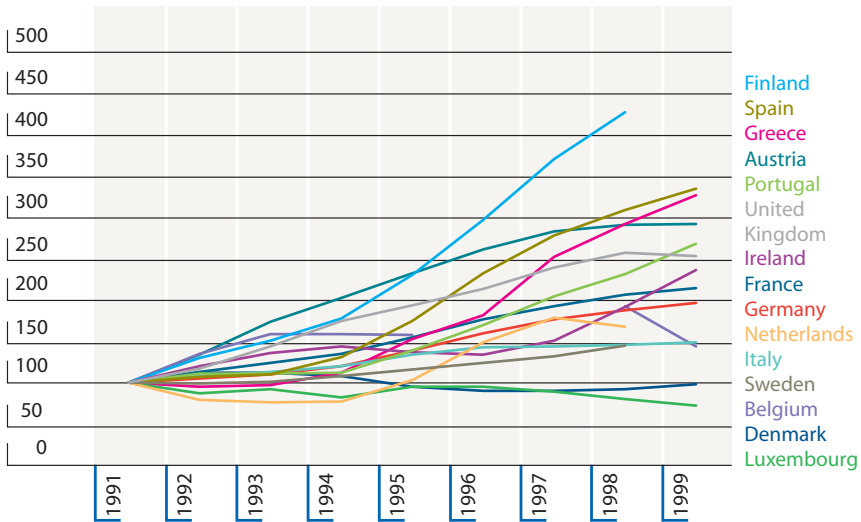
(a) Arrests for drug offences in EU Member States, 1996–98

Statistics on arrests are compiled from EMCDDA annual reports. It should be remembered in interpreting the results that the percentage increase and the ranking order of the countries change, depending on the time period considered. The figures from the chosen period (1996–98) show either a stable situation or slow but steady growth for the majority of Member States (Denmark, Germany, France, Italy, Luxembourg, the Netherlands, Austria and Sweden). Certain Member States (Spain, Portugal and the United Kingdom) report higher increases for the same period (25 to 40 %) and three Member States (Greece, Ireland and Finland) show even higher increases (around 45 to 90 %) over the period ⁽²⁾. These figures may, of course, also reflect greater allocation of resources to law enforcement or changes in priorities of government and local policies.

⁽²⁾ No figures for Belgium were available for 1996/97.

'Arrests' for drug offences in EU countries, 1991–99

Three years' moving averages indexed (1991 = 100)



NB:

- For definitions of 'arrests', please refer to the complementary statistical tables at www.emcdda.org
- Real values have been input for 1999 for all countries, and for 1998 for Belgium, the Netherlands, Finland, and Sweden, since available data do not allow calculation of moving averages in these cases.
- The series is discontinued for Belgium in 1996 and 1997 (data not available).
- Greece: 1998 figure relate to a number of charges.

Sources: Reitox national focal points.

The exact figures are available in the 2001 annual report of the EMCDDA at http://ar2001.emcdda.eu.int/multimedia/Annual_Report_2001/ar01_en.pdf

Interestingly, a comparison between the Eurobarometer results and an analysis of the EU arrest statistics for 1996–98 shows that five Member States (Greece, Spain, Ireland, Portugal and the United Kingdom) appear in the top six of each list ⁽³⁾. It is difficult to determine whether the increase in arrests, together with greater media coverage, is partly responsible for the higher level of observation of drug-related problems in these Member States. It is possible that the increased level of arrests merely indicates an increased prevalence of drug-related phenomena in these countries.

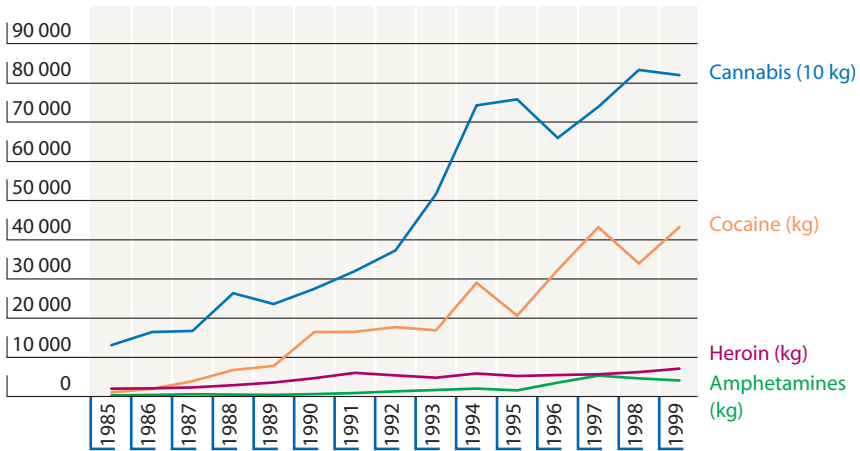
Police data on arrests could be interesting, since in most Member States the majority of drug-related arrests involve the drug-user level. However, differences between Member States on how and what actual police data are recorded and reported are so large that it is almost impossible to use them. The most recent actual figure for arrests for drug offences in the Community largely follows the line of comparative population size, with the five most populous Member States being those with the greatest arrest figures for drug-related offences. Comparing dissimilar statistics is dangerous (e.g. some Member States report the number of arrests for drugs offences while others report the numbers of drug-related offences) but it is perhaps interesting to note that Spain (~ 81 000 offences related to drug trafficking) is significantly ahead of Italy (~ 33 000 arrests).

(b) Drug seizures in EU Member States, 1996–99

The total quantities of drugs seized may not be the most appropriate indicator to compare to the perceptions of the general public. This is because seizures are only very indirectly linked to local personal experience and perceptions.

⁽³⁾ *The exceptions are Finland, which is in third position in the table of increased arrest statistics from 1996 to 1998 and in 10th position in the 2000 Eurobarometer survey, and the Netherlands, which is ninth in the arrest statistics table but equal third in the list of Member States in the Eurobarometer survey of 2000.*

Quantities of cannabis, cocaine, heroin and amphetamines seized in EU countries, 1985–99



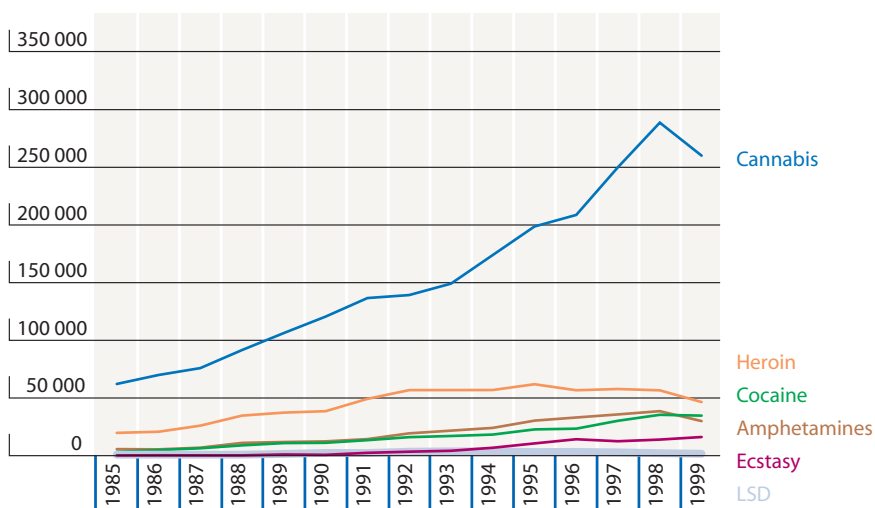
NB:

- Some of the quantities seized are underestimated since data are not available.
- Amphetamines: data are not available for Austria since 1998. Since 1996, data for Belgium include both amphetamines and ecstasy powder seized (tablets of amphetamine and ecstasy seized are not included here).

Source: Reitox national focal points.

The exact figures are available in the 2001 annual report of the EMCDDA at http://ar2001.emcdda.eu.int/multimedia/Annual_Report_2001/ar01_en.pdf

Number of cannabis, heroin, cocaine, amphetamines, ecstasy and LSD seizures in EU countries, 1985–99



NB:

- Data are not available for Greece; for some other countries, data are only available since 1988 (Denmark, Portugal), 1993–96 (Finland) and 1997 (the Netherlands). Numbers of seizures are underestimated in 1999, since data are missing for Italy and the Netherlands.
- Cannabis, heroin and cocaine data are not available for 1999 for Italy and the Netherlands.
- Amphetamine data are not available for the period since 1998 for Austria and the Netherlands and for 1999 for Italy. The 1998 and 1999 data for Belgium include ecstasy seizures.
- Ecstasy: most of the data series start in the mid-1990s (except Spain, France, Italy and the UK). Data are not available for 1999 for the Netherlands and Italy. The 1998 and 1999 data for Belgium include amphetamine seizures. Between 1985 and 1994, data for Spain include LSD seizures.
- LSD: data are not available for 1999 for the Netherlands and Finland.

Source: Reitox national focal points.

The exact figures are available in the 2001 annual report of the EMCDDA at http://ar2001.emcdda.eu.int/multimedia/Annual_Report_2001/ar01_en.pdf

Analysis of the EMCDDA figures for the quantities of cannabis, cocaine, heroin and amphetamines seized in the EU between the years 1996 and 1999 demonstrate a similar, relatively steady increase. The comparison between the 1996 and 1999 figures for seizures across the whole Community shows an increase of 24 % for cannabis, 34 % for cocaine, 30 % for heroin and 17 % for amphetamines. This increase appears to mirror the overall picture of the public's perception of drug-related problems within the Community, as provided by the two Eurobarometer surveys.

However, when we look at the EU drug seizure figures for the period 1996–99 at the level of certain individual Member States, and compare those with a similar breakdown by Member State of the responses to the two Eurobarometer surveys of 1996 and 2000, we obtain interesting results.

On questioning the public's observation of drug-related problems within the EU in the Eurobarometer surveys of 1996 and 2000, Spain was in first position in 1996 and, despite an 8 % reduction, in second position in 2000. In terms of drug seizures over approximately the same period (1996–99), Spain was first among the Member States every year for seizures of both cannabis and cocaine. For heroin seizures, Spain was in the top five Member States by quantity seized during every year from 1996 to 1999. It may be that these figures receive a fair share of media coverage in Spain. Therefore, it is not altogether surprising that Spanish respondents to both the 1996 and 2000 Eurobarometer surveys gave the highest number of positive responses to the question on the frequency of their observation of drug-related problems.

In terms of a positive response to the question on the frequency of observation of drug-related problems, Greece moved from fifth position in the 1996 Eurobarometer to first in 2000, with a near doubling of the percentage figure. The drug seizure figures for Greece demonstrate a relatively stable situation for seizures of cannabis, cocaine and heroin, when compared with the position among the 15 Member States.

Sweden also saw a fairly significant change in its comparative position among Member States between the Eurobarometer surveys of 1996 and 2000. In 1996, the Swedish response to the question on the frequency of observation of drug-related problems of 7 % led to a position as last

equal Member State (together with Finland). In the 2000 Eurobarometer survey, the proportion of respondents had increased to 18 % and led to a rise in Sweden's position to joint seventh. Drug seizures in Sweden have remained fairly stable during the period.

Finland was in the best position in the 1996 Eurobarometer survey. Only 7 % of the respondents had observed drug-related problems. In 2000, the level had risen to 15 % and Finland's position in the Community 'league table' had risen to joint 10th. During the same period, Finland's seizure figures remained static.

Finland's drug arrest figures for the period 1996–98 show a relatively high increase of 44 % over the period — equal to Ireland and bettered only by Greece. These significant percentage increases in arrests and their accompanying publicity may have been a factor in the size of the percentage increase in Finnish respondents having observed drug-related problems. Finland and Sweden are the only Member States where the positive response to the drug-related problem question has more than doubled.

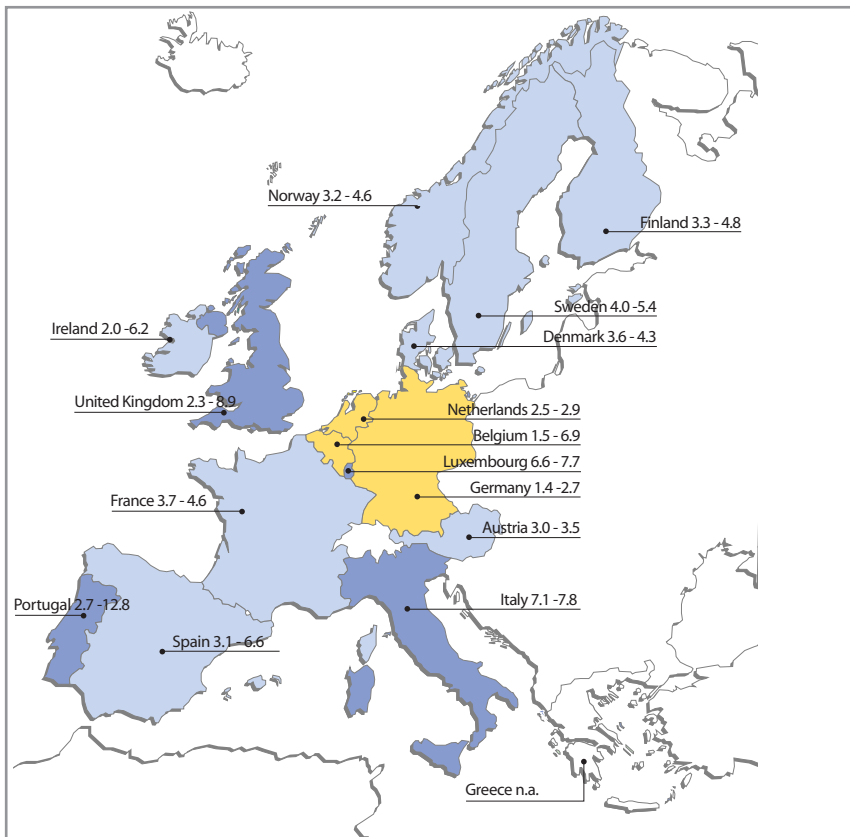
(c) Drug use in the general population (prevalence)

The EMCDDA figures on drug use in the general population (prevalence) in the years 1998 and 1999 also provide a potential point of comparison with the Eurobarometer surveys. Difficulties exist in identifying trends in drugs other than cannabis, due to the lower level of use of these drugs. However, where cannabis is concerned, the situation seems to be relatively clear and lifetime experience of cannabis increased over the decade in most countries.

Given the wording of the Eurobarometer question and the context of the survey (security and victimisation), it is likely that the respondents have focused on the most visible aspects of the drugs phenomenon. This suggests that, once data on this is available in a comparable format, it might be more appropriate to compare these perceptions with the prevalence and trends of problem drug use (addicts, injecting openly, open drug scenes, begging, robbery, etc.).

National prevalence estimates of problem drug use in the EU and Norway, 1996–98

Rate per 1 000 population aged 15–64



NB:

- n.a. = data not available. Differences between countries have to be interpreted with caution due to different methods and target groups. For more detail, see online table 10L (www.emcdda.org). Data are for 1995 for Belgium and Austria and for 1999 for Italy. The Swedish estimate (1992) is outdated and may underestimate current prevalence. Colour for a country indicates the midpoint of the range in estimates, except for Belgium (point estimate – 3.0 — and 95 % confidence interval). The Belgian estimate refers to IDUs and thus underestimates problem drug use.

Source: Reitox focal points, 2000.

If the figures on cannabis prevalence over the previous year in both young adults and all adults for cannabis use are examined, the results are remarkably similar. United Kingdom, Ireland, France and Spain are at the top of the list for both categories. The presence of the United Kingdom, Ireland and Spain in the top five Member States in the surveys of both 1996 and 2000 in terms of the overall level of observation of drug-related problems is unsurprising. France does not appear in the top half of either survey, despite being in third position in the prevalence tables for young adults and for all adults. Greece, which in 2000 presented the highest level of contact with drug-related problems and the highest percentage increase in arrests, only appears in seventh position in the cannabis prevalence figures.

Interestingly, and consistent with the Eurobarometer survey findings on the relationship between age and the level of observation of drug-related problems, the level of drug usage among young adults in the EMCDDA prevalence statistics appears to be roughly double that of the adult population as a whole.

Finally one should remember, once again, that it is almost impossible, on the basis of correlations, to conclude anything about whether or not — and how — ‘objective’ statistical figures play a role in public awareness.

(d) Other joint Eurobarometer/EMCDDA indicators

The Eurobarometer 1996 and 2000 findings on the relevance of age to the level of exposure to drug-related problems and the higher levels of observation of drug-related problems in urban as opposed to rural settings, are in general terms borne out by the results obtained by the EMCDDA. Also, the 1999 ESPAD (European school survey project on alcohol and other drugs) report found that in 13 Member States, the lifetime prevalence of illegal drug use among young people increased between 1995 and 1999.

Unfortunately, some of the other indicators used in the Eurobarometer survey questions cannot be directly linked to results from other potentially more objective studies quite so easily. In the Eurobarometer survey, linkage between unemployment and greater

observation of drug-related problems in particular, and the significant increase in that linkage between 1996 and 2000, can be compared with the EMCDDA annual report for 2000. This highlights the fact that socially deprived people form one of the high-risk groups for drug abuse. Equally, the EMCDDA states that unemployment is one of several factors that impair the rehabilitation of drug users who have been in prison or on treatment programmes.

It is unclear if the above results can be said to support the Eurobarometer 2000 result indicating a 50 % increase on observation of drug-related problems among the unemployed, and by extension, if they also support the trend over time towards greater exposure to drug-related problems for the more disadvantaged sectors of society.

Other important sections of the two Eurobarometer surveys dealing with an analysis of the responses, broken down by household size and feelings of insecurity, are less easy to compare with the existing EMCDDA statistics.

IV. Conclusions

In general terms, the results of the two Eurobarometer surveys into public opinion regarding security and victimisation in the EU, focusing specifically on contact with drug-related problems, are supported by the comparison with the Member States' statistics on drug seizures, arrests for drug offences and figures for prevalence of drugs provided by the EMCDDA.

Overall increases for the period in question have been observed in Member States' figures for drugs seizures, arrests for drug offences and in the levels of drug prevalence. Equally, the personal exposure of Community citizens to drug-related phenomena, recorded in the Eurobarometer survey question on the frequency of observation of drug-related problems, has increased in every Member State. The level of that increase is not too dissimilar to the overall increase in either drug seizures or drug-related arrests within the Community in the same period.

Specific results of the Eurobarometer surveys, which identify higher rates of exposure to drug-related problems among identifiable groups such as young people, urban dwellers and the unemployed, are also supported by evidence from the EMCDDA. Other issues raised by the responses to the Eurobarometer surveys, such as the indications of link between unemployment, insecurity, urban living and the perception of a high level of exposure to drug-related phenomena, clearly require and deserve further study and analysis.

So the range of positive responses to the Eurobarometer survey question on the frequency of observation of drug-related problems does not seem to vary greatly between the 1996 and 2000 surveys. In reality, it could be said that the gap between the Member States is narrowing. An increase of some 40 % for the Member States reporting the lowest level of observation of drug-related problems between 1996 and 2000 is not mirrored by a similar increase for the highest-ranking Member States. Only time will tell whether this indicates a faster increase in drug-related problems in the Member States concerned and a possible 'levelling out' of differences.

Equally interesting is the possible relationship between certain Member States' high levels of positive responses to the Eurobarometer

question on the frequency of observation of drug-related problems and their figures on drug seizures, arrests and drug prevalence. For example, Member States demonstrating significant increases between the surveys of 1996 and 2000, such as Greece, Finland and Sweden also tend to show significant increases in either drug seizures or drug-related arrests or both.

Great care must also be taken in the interpretation of these comparisons, because of the unclear relation between the media attention on drugs, the drug situation and people's perception on drugs. It would be interesting to see more studies in this particular area.

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