Introduction

Focusing on European countries where amphetamine or methamphetamine is an important part of the drug problem, this Selected issue looks at the current situation in the light of the historical development of amphetamines use since the introduction of these substances as medicines in the 1930s. The history of amphetamines use is the result of an interplay of global forces, such as the spread of recreational drug use in the 1960s and the arrival of heroin on the European drug scene in the 1970s, and local events such as the rise of small-scale pervitin (methamphetamine) production in what was then Czechoslovakia. The outcome of this is that, in the present day, problem amphetamines use across Europe is marked by strong national characteristics, possibly more so than any other of the major illicit drugs.

Amphetamine and methamphetamine

• Amphetamine and methamphetamine are two closely related synthetic substances that act as stimulants of the central nervous system. They can be ingested, snorted or injected, and methamphetamine, particularly in its crystalline form, can be smoked.

• The two substances can be so similar in their effects and appearance that often the user cannot tell them apart.

• Their sought-after effects include elevated mood; a sense of well-being; increased energy, wakefulness, concentration, alertness, and motor and speech activities; improved performance in physical and mental tasks; reduced fatigue; and decreased social or sexual inhibitions.

• Their harmful effects include psychosis, cardiovascular and cerebrovascular problems, dependence, psychological and psychiatric problems, infectious diseases – when injected – and death.

Production and availability of the drugs

• Global production of amphetamine is concentrated in Europe, accounting for 80% of all amphetamine laboratories seized in 2008. In Europe, amphetamine production appears to be situated primarily in the Netherlands, Poland and Belgium, and to a lesser extent in Estonia, Lithuania and Germany.

• Illicit supply of methamphetamine in Europe ranges from local small-scale ‘kitchen laboratories’ to – by global standards – limited international trafficking, and is centred on two regions: central Europe (especially the Czech Republic) and the Baltic Sea.

• While crystal methamphetamine and ‘meth’ smoking are increasingly prevalent in many parts of the world, methamphetamine in Europe is available almost exclusively in powder form, and thus is virtually indistinguishable from amphetamine in appearance and effect.

• Recent data from countries in the north of Europe show that amphetamine could be increasingly replaced by methamphetamine on the markets of some Scandinavian and Baltic countries.

(1) Amphetamine and methamphetamine are collectively referred to as amphetamines.
Use of amphetamines in the general population

• General population surveys and surveys among school students show a relatively low prevalence of amphetamines use in most European countries. But, in at least five countries, it is estimated that more than 2% of young people (15–34) have used the drug in the last year: Czech Republic (3.2%), Denmark (3.1%), Estonia (2.5%), the United Kingdom (England and Wales) (2.3%) and Bulgaria (2.1%).

• Much of the less problematic use of amphetamines takes place in recreational settings, particularly around dance music events, where use of the drug appears to be more closely associated with certain music genres.

• Ever in lifetime use of amphetamines among young people in such settings varies considerably, with levels of 30–70% recorded in some studies in the Czech Republic, Hungary, Slovakia and the United Kingdom.

• Over the long term, there are signs that, at least in some countries, amphetamines may have lost ground in nightlife settings to cocaine or ecstasy, or new substances such as mephedrone.

Regional analysis of problem amphetamine and methamphetamine use

• In western and southern European countries, problem amphetamines use is rare but can reach a certain level of importance in some countries and among specific populations of problem drug users.

• In many northern, eastern and central European countries, amphetamines users, often injecting, make up a sizeable proportion of the problem drug using population.

• In this wide geographical area, several distinct sub-patterns emerge. The most obvious are the enduring amphetamine problem in Sweden and Finland and the historical methamphetamine problem in the Czech Republic, which is also affecting Slovakia.

• The estimated 16 296 (12 000–22 000) problem amphetamine users in Finland (in 2005) make up about three-quarters of the overall problem drug using population. Recent estimates of problem methamphetamine users are available for the Czech Republic, putting it at 21 200 (20 700–21 800) in 2008, and Slovakia at 8 083 (5 783–15 742) in 2007. For these three countries, the number of problem amphetamines users per 1 000 inhabitants aged 15–64 represented by the central estimates are 4.7 (Finland), 2.9 (Czech Republic) and 2.1 (Slovakia).

• Other countries in these regions are also affected, including Estonia, Lithuania, Latvia and Norway, where amphetamines are often injected, and Denmark where the drug is reported to be mainly snorted.

Responses to problem amphetamines use

• Withdrawal from amphetamines is not considered life-threatening, and successful detoxification is possible.

• Across Europe, the treatment options available for amphetamines users often reflect the national patterns and history of problem amphetamines use.

• In western and southern European countries, treatment systems have specialised in responding mainly to the needs of opioid users, especially with opioid substitution treatment.

• In northern and central European countries with a long history of treating amphetamines use, some programmes are directed towards the needs of amphetamines users.

• In some other central and eastern European countries, significant problem amphetamines use is more recent. Thus, treatment systems in these countries have primarily developed services for problem opioid users and appear to experience difficulties and shortcomings in addressing the needs of amphetamines users.