



## EU enlargement and drugs — Challenges and perspectives

### Threats and challenges: perception and reality

The perspective of a European Union consisting of up to 28 countries may raise some simplistic fears in the public domain as far as drugs are concerned. In particular, there are serious worries about the risk of an increase in drug trafficking, especially from and through central and east European countries (CEECs).

However, the picture is rather more complex. The most significant increase in trans-border drug trafficking occurred after the fall of the Iron Curtain, and has now reached a critical level. What is new is the internal current situation in most of the candidate countries, which has changed dramatically over the past five to ten

years. Today they have become a clear target for drug consumption.

The available data suggest that drug use is on the increase, both for heroin, which is replacing locally produced opiates, and for cannabis, which is the most widely used drug in these countries, especially for experimental and recreational use.

An increase has also been seen in the use of synthetic drugs, a proportion of which are exported from the EU to CEEC markets.

In this context, the future enlarged Union will face new and more complex challenges, ranging from implementing legislative measures to putting in place administrative and coordinating structures

**'The efforts of the candidate countries to align their actions in the drugs field with those of the EU and its current Member States depend not only on full recognition but also on continuing support. It is essential that they strengthen their coordination and information mechanisms and allocate, where appropriate, adequate resources to them.'**

Marcel Reimen, Chairman  
EMCDDA Management Board

and developing the scope and range of the services provided.

### Definition

Candidate countries are those that have applied for membership of the European Union, and with whom the next negotiations have been decided by the European Councils of Luxembourg in 1997 and Helsinki in 1999. There are 13 candidate countries: Bulgaria, Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia and Turkey. The negotiations for accession were concluded with 10 of them in December 2002 in Copenhagen. The objective is to welcome Bulgaria and Romania as members of the EU in 2007. In December 2004, it is expected that the Council will decide when negotiations will begin with Turkey. All candidate countries are currently coordinating with the EMCDDA on monitoring the drugs phenomenon.

### Key policy issues at a glance

1. Differences in levels of drug use among young people in the 'East' and the 'West' are progressively narrowing.
2. Over the 1990s, heroin emerged as the primary problem drug in most candidate countries and, in some countries, this led to estimated levels of problem drug use that are comparable to the EU average.
3. In the enlarged Union, despite a general framework of common trends and patterns of drug use, it will remain necessary to deal with a considerable diversity of specific situations at local level.
4. The responses of EU Member States to this phenomenon have increasingly balanced a repressive approach with a health-oriented one. In candidate countries, responses have been developed sector by sector, with priority given first to law enforcement and then later to prevention and treatment.
5. The current approach to the drugs phenomenon in western European drug policies is the result of a long-term process, yet to be consolidated, while many candidate countries are still in the early stages of developing their responses.
6. In this context, the European Commission and the Member States have assisted the candidate countries in their efforts to deal with the drugs problem as effectively as possible, but the challenges remain considerable.

## The situation in an enlarged European Union — Overview

### 1. Levels of drug use in the 'East' and 'West' are converging

As in the EU Member States, recreational drug use and experimentation is increasingly becoming an integral part of youth culture in most of the candidate countries. There has been an increase in experimental drug use in the general population in all central and east European countries in the past 10 years.

This trend is particularly visible in the school population, where the number of schoolchildren aged 15 to 16 years who have tried any illicit drug at least once doubled between 1995 and 1999.

Many candidate countries now recognised drug use among young people as one of their most pressing social concerns.

The substances used and the patterns of use are very similar to those in the EU Member States. Cannabis is the most widely used drug, especially in the context of experimental and recreational use. Synthetic drugs are also becoming increasingly popular with young people. These 'new substances', which do not need to be injected, may be perceived as being 'clean', sophisticated and harmless. Whilst drug use was historically viewed as deviant behaviour normally associated with socially maladjusted youth, it has become now an increasingly common practice related to leisure among young people.

Increasing levels of drug use among young people have been accompanied

by a concomitant increase in the use of alcohol and tobacco. The younger age that substance use occurs within these countries raises serious concerns about long-term impact.

### 2. Problem drug use in candidate countries is approaching the EU average

Major drugs seizures along the Balkan route and in central Europe confirm the region's continuing role in the transportation and storage of heroin and other illicit substances, including chemical precursors.

After a period when the major drug problem identified with the candidate countries related to drug trafficking, heroin now has a strong hold on domestic markets and is gradually replacing locally produced opiates and other substances. Consequently, heroin (which is predominantly injected) is the most prevalent drug used among those asking for treatment for opiate dependency.

**'The challenge for an enlarged Union will be to help new Member States build together a more comprehensive and more sustainable response to this complex issue. It will probably require new initiatives to set up the appropriate tools.'**

GEORGES ESTIEVENART  
EMCDDA EXECUTIVE DIRECTOR

Whereas, in the EU, the population of problem drug users is largely stable and ageing (especially users of opiates), in the majority of candidate countries the phenomenon is newer and problem drug users are generally younger. There is considerable concern about the potential for future problems.

Although, thus far, the HIV epidemic has largely bypassed injecting drug users in most of the candidate countries, there is considerable evidence of high-risk behaviour related to drug consumption. This could lead to a substantial increase in drug-related infectious diseases. Some groups, such as detainees and prisoners and members of ethnic and minority groups, may be particularly vulnerable to HIV and hepatitis infection, due to the lack of access to services.

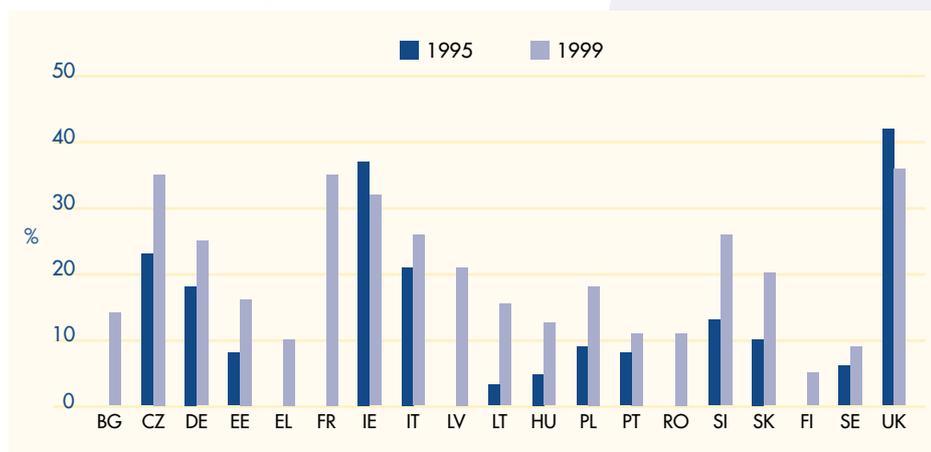
In Russia (including the territories of Kaliningrad), Belarus and the Ukraine, the spread of HIV infection is associated, to a large extent, with drug injecting. This epidemic poses a threat at the future external borders of the Union and requires the development of a common approach to the problem.

### 3. Common trends and increased diversity

Some trends and problems that are shared by all Member States can be identified in the enlarged Union.

- There is general agreement on the significance and extent of substance use and experimentation.
- Cannabis is the first drug used/experimented with.
- Heroin is the most problematic drug used.
- There is an increase in synthetic drug use and, to a lesser extent, cocaine use.
- Levels and patterns are becoming comparable between cities of equal size (Amsterdam, Berlin, Prague), and among social groups with the same characteristics.
- There is a complex relationship between drug trafficking, organised crime, civil society and the global economy, which is not constrained by external borders.

### ESPAD study among 15- and 16-year-old schoolchildren — Lifetime prevalence of any drug use, excluding alcohol (once in their life) in %



However, there is an increasing diversity of patterns and problems at local and regional level.

- Heroin use is stable in most EU Member States, but it is still increasing in the candidate countries.
- The profile of problem drugs users and in particular heroin users varies considerably.
- Specific substances and patterns of use can also vary across geographic areas, independent of official borders.
- AIDS/HIV are more prevalent in the EU, but high-risk behaviour related to drug consumption is more evident in the candidate countries.
- There are diverse populations of minority groups and vulnerable populations both at a local level and across borders.
- Socioeconomic development differs significantly between regions.
- Drug production and trafficking varies across the regions.
- There is increased pressure at the new outer borders of the EU (in terms of production and trafficking, and infectious diseases).

#### 4. A patchwork of responses

Combating organised drug trafficking is a priority both for Member States and candidate countries. Consequently, this is one of the key issues in preparing candidate countries for accession.

Health responses in the EU include a number of prevention and treatment initiatives in different settings. However, there is a substantial gap between policy aims and the reality (and quality) of prevention. Over the past decade, there has been a considerable increase in treatment facilities and harm-reduction activities in the Member States.

Some Member States are introducing national standards, accreditation procedures or guidelines, with a view to assuring the quality of demand-reduction responses. Such initiatives are almost non-existent in the candidate countries, and the limited funding available is often more oriented towards law enforcement.

Some health-oriented responses that are well established in the EU, such as

substitution treatment and needle exchange programmes, are not yet supported politically and financially in all candidate countries. As a result, the approach towards supply and demand reduction remains unbalanced. In particular, treatment availability is not yet sufficient to meet demand, while the implementation of harm-reduction activities, despite examples of good practice in most countries, does not correspond to the extent of high-risk behaviour.

There is now a legal and institutional framework in place for national drugs strategies in most candidate countries, but the capacity to implement the adopted measures is limited and the resources allocated are in general insufficient.

#### 5. The EU approach is the result of a long process

The current European Union approach to the drug problem, which aims at balancing demand and supply reduction and contains a strong commitment to public health objectives, is a result of over 20 years of experience. It has been informed by the experiences of Member States in addressing escalations in heroin use, epidemics or potential epidemics of HIV and hepatitis among injectors, and rapidly evolving patterns of drug consumption. The social cost of the drug problem has been considerable, considering the number of lives that have been ruined, or lost, due in particular to overdoses or drug-related infectious diseases.

During this period, it has been necessary to resolve many ideological and political issues, both within and between Member States, before arriving at a number of responses that are now regarded in many countries as an integral part of any drugs policy. Not all the problems have been solved and responses are still evolving.

As a result, a wide range of instruments and responses have been adopted in the EU and are being implemented in all Member States. Among others, commitment to basing actions on a sound assessment of the situation are now at the heart of an increasingly comprehensive set of intervention options.

Over time, this will provide the evidence base necessary to respond effectively to both current and future drug problems.

#### 6. The challenge of an enlarged European 'drugs scene'

In parallel with the developments described above, the need for a common European approach to drugs has progressively emerged. The first step in this process was the creation, at the end of the 1980s, of a European Committee to Combat Drugs (CELAD). CELAD drew up the first European plan to combat drugs, which was adopted by the European Council of Rome in December 1990.

Cooperation between Member States in the fight against drugs has since increased as a result of the new powers conferred on the Union by the Maastricht and Amsterdam Treaties. Subsequent action plans have also played an important role in coordinating national policies, thus contributing to greater convergence and mutual confidence as a result of ongoing dialogue.

A Phare programme offering assistance to the central and east European countries in their fight against drugs has been in place since 1991. At that time, the beneficiary countries to a large extent only perceived the drugs issue to be relevant to them in terms of their position as 'transit countries'.

The decisions taken in Luxembourg in December 1997 to start the negotiations for accession with a first group of countries have considerably changed the nature of the ongoing cooperation between the EU and the candidate countries, as it has become increasingly 'accession-driven'. This is why the drugs issue is now one of the elements of the EU *acquis* in the area of justice and home affairs.

Today, on the eve of enlargement, the situation is more complex in the new European 'drugs scene'. European and national coordination mechanisms and the resources allocated remain, on the whole, limited. A common approach on drugs in an enlarged European Union is becoming increasingly imperative.

## Conclusions

### EU enlargement and drugs — policy considerations

This policy briefing summarises the information available on the drugs situation in the enlarged Union and indicates primary sources for those who wish to know more. The following conclusions are considered to be prime areas of concern for EU policy-makers.

1. The increase in recreational drug use and experimentation as an integral part of youth culture is now a general trend throughout Europe, and calls for a new political culture fostering common European responses.
2. If serious future public health problems are to be avoided, there is an urgent need to invest in health responses that cover all aspects of the drugs phenomenon. This is especially true in the candidate countries.
3. There is a need for a better balance and more coherence in the responses developed at national level, based on a better understanding of the situation and evidence-based practice.
4. In order to address the increased diversity of the situations within the enlarged EU, there is a need for a stronger political and financial framework, whose aim is to use common tools through a differentiated approach at local level.
5. The formal adoption of EU standards and instruments, covering both supply and demand reduction, as well as information and evaluation, is essential for the implementation of well-established responses (best practice).
6. Enlargement gives the European Union a unique opportunity to deal with the complexity of the drugs phenomenon in Europe through an innovative integrated approach to the problem.

## Key sources

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## Web information

EMCDDA web site dedicated exclusively to candidate countries: <http://candidates.emcdda.eu.int>

United Nations Office on Drugs and Crime: <http://www.unodc.org/odccp/index.html>

European Centre for the Epidemiological Monitoring of AIDS/WHO-UNAIDS Collaborating Centre <http://www.eurohiv.org/>

World Health Organisation: [http://www.who.int/substance\\_abuse/](http://www.who.int/substance_abuse/)

Pompidou Group: [http://www.coe.int/T/E/Social\\_cohesion/Pompidou\\_Group/](http://www.coe.int/T/E/Social_cohesion/Pompidou_Group/)