

International - Acceding and Candidate Countries to the European Union

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1.

Regarding drug use in candidate eastern European countries, the European Monitoring Centre for Drugs and Drug Addiction reported in 2003 that "Current trends are hard to assess, as very recent data are lacking in most countries. There are tentative indications from some studies that in some countries the increase in drug use may have started to stabilise in the early 2000s, especially in major cities, where prevalence levels are usually several times higher than in rural areas (e.g. in Warsaw as well as in cities in Hungary and the Czech Republic). In other countries, data are rare or only limited qualitative or impressionistic information suggesting continuing increases is available. In all countries, the pattern of use is dominated by experimental or occasional use, mainly of cannabis. At the same time, these studies suggest an increased intensity of use by those (the minority) who continue to use. In other reports, diffusion of drug use from cities to smaller towns and rural communities is described. The 2003 ESPAD study should help cast light on trends among 16-year-old schoolchildren, although the results will not be available until 2004 and, as noted above, will not reflect trends in older groups of young people, up to the age of 25 or so, in whom drug use prevalence is likely to be higher."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Acceding and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), pp. 18-19.

2.

"From available data, and subject to the reservations expressed above, it appears that the level of problem drug use in the CEECs [Central and Eastern European Countries] is approaching, and in some cases has surpassed, levels reported for EU Member States. The 2002 report on the drug situation in the candidate CEECs (EMCDDA, 2002a) estimated the proportion of problem drug users among the population aged 15 to 64 to be over 1% in Estonia and Latvia, around 0.5% (the EU average) in Bulgaria, the Czech Republic and Slovenia, and around 0.25% in Poland (lower than the EU average but based on older data). Rapid increases in new cases of heroin smoking reflected in treatment data over recent years suggest that the estimate for Poland would now be higher, while a new estimate for Slovenia implies a rate of problem drug use of over 1%. No estimates are available for Hungary, Lithuania, Romania or Slovakia."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Acceding and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 22.

3.

Regarding drug use in candidate eastern European countries, the European Monitoring Centre for Drugs and Drug Addiction reported in 2003 that "Substitution treatment, in particular with methadone, has been slow to develop. The first (experimental) methadone programme started in Slovenia in 1990, to be followed by others in the Czech Republic (1992) and Poland (1993). In other countries, the first methadone programmes date from 1995 or later, although by 2001 all countries had introduced at least one. However, except in Slovenia, the number of programmes is limited and coverage remains very low indeed. In Slovenia, a nationwide network provides methadone treatment to perhaps 20% of the estimated total heroin-dependent population. In all other countries, coverage is less than 5%, and in many countries under 1 to 2%. This contrasts with an average coverage of well over 30% in the EU Member States (Figure 2). Other pharmacological treatments are available to a limited extent in some countries, including naltrexone and buprenorphine, but systematic information is not available."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 24.

4.

Regarding drug use in candidate eastern European countries, the European Monitoring Centre for Drugs and Drug Addiction reported in 2003 that "While needle and syringe exchange programmes (SEPs) have been implemented in all countries, only the Czech Republic reaches a substantial proportion (estimated at over 50 %) of drug injectors through a national network of SEPs and low-threshold projects, although in some countries, such as Slovenia, a reasonable level of coverage is achieved in some cities."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 28.

5.

Regarding drug use in candidate eastern European countries, the European Monitoring Centre for Drugs and Drug Addiction reported in 2003 that "However, most 16-year-olds in the CEECs have never used illicit drugs and, among those who have, the vast majority have used only cannabis. On average, lifetime prevalence of illicit drug use by 16-year-olds in the CEECs is 19%, ranging from 12% in Romania to 35% in the Czech Republic. On average, the lifetime prevalence of cannabis use by 16-year-olds in the CEECs is 16%, ranging from 1% of the surveyed population in Romania (although 8% have tried smoking heroin at least once) to 34% in the Czech Republic. In contrast, in almost all of the CEECs, more than 90% of 16-year-olds have tried alcohol at least once, and nearly two thirds admit to having been drunk at least once in their life."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 35.

6.

"Relatively high national rates of HIV prevalence among different subgroups of IDUs tested during 2001 were reported from Estonia (13%) and Latvia (12%). However, in the capital of Estonia, Tallin, the local HIV prevalence rate in 2001 reached the alarmingly high value of 41%. In Latvia and Poland, HIV prevalence among IDUs rose above 5% in 1998 and has remained above 5% since. In Lithuania, HIV prevalence increased to more than 1% in 1997 but remained consistently below 5% until 2001. In contrast, between 1996 and 2001, HIV prevalence among IDUs remained consistently below 1% in Bulgaria, the Czech Republic, Hungary, Slovakia and Slovenia (European Centre for the Epidemiological Monitoring of AIDS, 2002). In these countries, HIV prevalence rates among IDUs are lower than those in any EU Member State, where levels of infection in different subgroups of IDUs vary from about 1% in the UK (surveys and unlinked anonymous screening) to 34% in Spain (routine diagnostic tests in drug treatment) (EMCDDA, 2002c)."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 48.

7.

"In all CEECs for which information is available, sterile injection equipment can be purchased from pharmacies without a prescription. In 2001, in most CEECs the price of syringes in pharmacies was EUR 0.1. The exceptions were Estonia, where the price was lower (EUR 0.06), and Slovenia and Romania, where it was higher (EUR 0.14 and up to EUR 0.2 respectively). Only in Slovenia and Latvia can syringes also be exchanged or distributed through pharmacies. Not a single CEEC reported the existence of a national programme to support the sale of syringes to IDUs in pharmacies, although Estonia and Latvia reported sporadic efforts to provide at least some training for pharmacists with the aim of raising awareness of the need to prevent drug-related infectious diseases among IDUs. With the exception of Lithuania, no CEEC reported the distribution of prevention information targeted specifically at IDUs through pharmacies. Information on the numbers of syringes sold to IDUs through pharmacies would be very valuable in assessing the overall access of IDUs. The Czech Republic reported that in 2001 approximately one million syringes were sold to IDUs through pharmacies (97.8 syringes per 1 000 total population). National estimates of the proportion of IDUs who purchase sterile injecting equipment through pharmacies are generally not available, except in Hungary, where the figure in 2001 was approximately 30-40%."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), pp. 52-53.

8.

"All CEECs have in place some community-based or outreach harm reduction programmes that provide access to sterile injecting equipment and information on safer drug use and often also promote safer sex, including the distribution of condoms."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 53.

9.

"Substitution treatment is available to IDUs in all CEECs; however, availability varies considerably. In 2001 in Slovenia, 679 IDUs per million total population were on methadone maintenance, but the corresponding rate in Estonia was only 3.6. Total estimated numbers of IDUs receiving methadone substitution treatment per million population in 2001 or the most recent year for which an estimate is available are shown in Figure 15. With the possible exception of Slovenia, access to methadone substitution is clearly insufficient. The next highest rates were in Slovakia and the Czech Republic, but here the numbers of drug users receiving methadone were approximately 10-20 times lower. Like coverage of SEPs, more meaningful rates would take account of the estimated numbers of IDUs."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 54.

10.

"It is interesting to note that a number of acceding and candidate countries have moved towards criminalising possession for personal use, or use itself, over the past 12 years, while the most recent drug law modifications within the European Union countries have addressed the same question in a different way (ELDD, 2002)."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Annual Report 2003: The State of the Drugs Problem in the Accessing and Candidate Countries to the European Union" (Lisboa, Portugal: EMCDDA, 2003), p. 60.

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