



# news release

from the EU drugs agency in Lisbon

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## 2002 Report on the drug situation in the candidate CEECs

Trafficking problem compounded by personal consumption

### CANDIDATE CEECs MAKING STERLING EFFORTS TO TACKLE DRUGS

A major new report out today on the drugs problem in those **Central and European Countries (CEECs)**, that are candidates for **EU** membership shows 'a drastically different picture' to the one only five to seven years ago. It says these countries were then generally perceived only as drug 'transit' countries, with all the associated stereotypes in terms of 'danger' for the **EU** citizens. 'Today', says the report, 'they have become a clear target for drugs consumption.'

The **EMCDDA 2002 Report on the drug situation in the candidate CEECs** says available data suggest that drugs use in **CEECs** is still on the increase. This is the case for drugs such as heroin, which is progressively replacing locally-produced opiates, as well as 'new' drugs such as amphetamines or ecstasy, a proportion of which are being exported from the **EU** to markets in the **CEECs**.

'There is also evidence', adds today's report, 'that risky behaviour related to drug consumption is very prevalent, and that there is still a strong potential for the spread of drug-related infectious diseases among injecting drugs users.'

It says the phenomenon is taking place in the more general context of burgeoning 'consumerist behaviour' among young people, which is also characterised by the use of alcohol and tobacco.

The report adds that **candidate CEECs** are facing simultaneously the double challenge of developing relevant legislative measures, administrative and coordination structures for the drugs problem – and improving the coverage and range of the services provided, to respect the Community *acquis* and best practice.

While preparation for **EU** accession is actively supported by Commission and Member States, they are facing huge difficulties in implementing and financing within a few years measures that took the **EU** 20 years to develop, and which are still under development.

The Executive Director of the **drugs agency**, **Georges Estievenart**, says 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 political initiatives.'

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## ***Transit routes –now targets as well***

*In more detail...*

Today's report says that major drugs seizures along the Balkan route and in central Europe confirm the place of **candidate CEECs** in the transportation and storage of heroin. However, it adds, as their own heroin consumption increases, the **CEECs** themselves are increasingly becoming targets for distribution as well.

The report observes that patterns of **CEEC** drug use are changing. Imported heroin is progressively taking the place of locally-produced opiates and other substances. At the same time, use is spreading from major urban centres to all regions. Consequently, heroin – mainly injected – is the most prevailing substance of problem drug use. This explains the concurrent increase in demand for opiate dependency treatment.

The **EMCDDA** goes on to say that, although injecting drug users in **CEECs** seem to have been relatively spared the HIV epidemic until mid 1990's – considered to be at a low level – there is evidence that risky behaviour related to drug consumption is very prevalent.

The three **Baltic states** are among the worst affected. **Latvia** and, in particular, **Estonia** recently saw 'an alarmingly rapid increase' in the spread of HIV infection among injecting drug users. And, in 2002, a major outbreak of HIV infection was recorded in a **Lithuanian** prison.

The agency comments: 'it is imperative to improve the coverage and range of the services provided and to introduce harm-reduction measures into all settings where drug use takes place, including, for example, the prison system.'

**CEECs** continue to be a transit region for cannabis destined for the **EU** Member States. As in the **EU** itself, cannabis is the most widely-used drug in these countries, especially experimental and recreational use. Synthetic drugs are also becoming increasingly popular with young people and their production has increased significantly. And, in a novel twist, the worldwide prevalence of ecstasy use has led to exportation of the drug from the **EU** to markets in the **CEECs** and conversely.

### ***European Commission 'a catalyst for action'***

'Within this context', comments the report, 'the candidate **CEECs** have taken substantial steps to develop relevant legislative measures and administrative and coordination structures. In addition, as part of the process of **EU** enlargement, the 10 candidate **CEECs** have adjusted their drug-control activities to adopt and implement the *acquis communautaire* in the multifaceted field of drugs.'

All candidate **CEECs** have signed and ratified the three **UN** drug control conventions, but the process of adopting national legislation varies considerably throughout the region. In line with their new legislation, the national drug coordination and decision-making structures in most candidate **CEECs** 'are undergoing dynamic change'.

The reports adds that, as with most **EU** Member States, the development of drug policies and strategies in **CEECs** since the mid-1990s has been influenced by two factors: the changing nature of the drug phenomenon, which increasingly affects broader segments of society; and the multidimensional character of the problem, which demands a nationally-coordinated response across all sectors. 'Over this period, the initiatives of various international organisations, most notably the **European Commission**, have been a catalyst for the development of national responses to the drug phenomenon.'

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In most cases the national drug strategies are supported by experts from **EU** Member States within the framework of the **EC**-funded Phare national (twinning) drug project.

### ***Essential to maintain momentum***

**EMCDDA management board chairman Mike Trace** says: 'This positive approach to developing national strategies demonstrates the commitment of **CEEC** governments and that the drug problem is acknowledged at political level. Most of the recently-adopted strategy documents are concrete action plans, stating objectives, targets, achievement indicators and financial requirements for policy implementation.'

He adds: 'The need for improved information on drugs and evaluation of interventions is increasingly recognised and integrated into the national action plans. This has resulted in the establishment of the **EMCDDA** national drug information focal points through the implementation of a joint EMCDDA/PHARE project. The **European Commission**, through the twinning projects between **EU** Member States and candidate countries, and the **EMCDDA** are currently supporting the elaboration of national action plans for the development of drug information systems in all candidate **CEECs**.'

The report adds that all new drug strategies in the candidate countries are striving to ensure consistency between domestic policies and those endorsed at **EU** level. Nevertheless, capacity to implement effectively the adopted measures is limited and resources allocated are generally insufficient. As a consequence, the low operational level of the national coordination mechanisms in some countries obstructs the effectiveness of policy implementation, and regional cooperation is still lacking.

'It is therefore essential', the report emphasises, 'that the countries concerned continue to reinforce their policies, institutions and coordination mechanisms and allocate additional resources to this end. It should also be underlined that the efforts of the **candidate countries** to align their actions in the drugs field with those of the **EU** and its Member States are worth not only recognition but continuing support.'

### **Notes to editors**

Co-operation between the EMCDDA and the CEECs was given the green light by the European Commission in December 2000.

The € 2 million project under the Phare Programme began on 1 March last year. It specifically covers the 10 CEEC candidate countries (Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia), while associating as far as possible Albania, Bosnia-Herzegovina and the Former Yugoslav Republic of Macedonia (FYROM). Emphasis is placed on involving the countries as much as possible in the EMCDDA's activities through further development of National Focal Points (NFPs) and drug-information systems. All candidate countries are now establishing NFPs themselves.

**An online interactive version of the 2002 Report on the drug situation in the candidates CEECs is available at <http://candidates.emcdda.eu.int>.**

Contact: Joelle Vanderauwera, Media relations, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Rua da Cruz de Santa Apolónia 23-25, P-1149-045 Lisbon, Portugal.  
Tel: ++ 351 21 811 3000 • Fax: ++ 351 21 813 1711 • E-mail: [Joelle.Vanderauwera@emcdda.org](mailto:Joelle.Vanderauwera@emcdda.org)

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