COCAINE TRENDS IN EUROPE

The possible worsening of the cocaine situation in Europe has been a matter of concern since the 1980s. While cocaine trafficking and consumption have indeed been increasing over the last decade, they do not appear to have been driven by the same dynamics which characterized the synthetic drug market. As the rave and dance culture culture grew through the 1990s, much of Europe’s drug taking youth turned to cheaper synthetic drugs, notably to amphetamines and ecstasy (MDMA), rather than to cocaine. As a consequence, abuse of amphetamine-type stimulants today exceeds that of cocaine.

COCAINE SEIZURES IN EUROPE

Though seizures and abuse levels have increased in Europe over the last decade, they still represent less than a third of those in the USA and reports indicate a fall in European cocaine seizures in 1998. A one-year decline is not sufficient to draw conclusions about the long-term prospects, but the upward trend has slowed.

The regional distribution of seizures in 1998 showed a decline in the countries of the Iberian peninsula (Spain, Portugal), which was only partly offset by increased seizures in the Netherlands, Italy and France and some East European countries (notably Bulgaria) reflecting the emergence of the Balkan route for the transit of drugs other than heroin. In this context, it may be interesting to note that cocaine seizures also increased in Turkey. Nonetheless, Europe’s largest cocaine seizures continued to take place in Spain, ahead of the Netherlands. Both countries are not only important consumer markets, but they also play a key role for the transit of cocaine to other destinations in western Europe. Other important cocaine markets in Europe - as reflected in seizures statistics - are the UK and Italy, followed by Belgium, Germany and France. However, seizure trends reported by individual countries have to be interpreted with caution as the West European drug market is increasingly becoming an integrated entity. Even cocaine seized in Germany known to be mainly a consumer market and not a traditional transit country - is to a significant extent destined for other European countries. Over the first six months of 1999, 45% of all cocaine seized in Germany was in fact in transit to other destinations in Europe.17

---

COCAINE PRICES IN EUROPE

Another indicator for the development of the cocaine market are prices. Cocaine prices in both the USA and in Europe moved downwards over the last decade. There are, however, some differences in the pattern. Much of the decline in cocaine prices in the USA occurred in the 1980s. In the 1990s, the downward trend lost momentum and prices have remained relatively stable over the last few years. This would suggest that the US cocaine market has indeed stabilized in the 1990s.
Cocaine prices in Western Europe also show a decline over the last decade. Though they still vary significantly from country to country, discrepancies are becoming less pronounced, suggesting that European integration also affects the cocaine market. The fall in prices was particularly significant among countries which are characterized by rather small sales but high prices (such as the Nordic countries).

If the analysis focuses on the main consumer markets - better reflected in the weighted average figures - data show that price declines were less significant. Among the main cocaine consuming countries in Europe only Italy showed a decline. In the other main markets, prices remained almost stable (Spain, Germany, Switzerland) or even increased (France, UK). This would suggest that the European cocaine market is expanding at the periphery rather than in the centre. While the unweighted average of European cocaine prices continued to show a clear downward trend in 1998, the weighted cocaine prices (better reflecting the situation in the larger markets) came closer to a stabilization, suggesting, as in the case of the USA, a possible stabilization of the market.

**COCAINEx ABUSE IN EUROPE**

For 1998, health authorities in Europe held the view that consumption of cocaine was increasing or at best stable, while US authorities reported “some decline”. Many European countries, however, do not have the monitoring systems required to identify abuse trends on an annual basis. Unlike in the USA, there have not been systematic year-to-year prevalence surveys in Europe. Reported trends for Europe must thus be treated with some degree of caution. In most cases, changes in treatment demand form the basis for the reporting on abuse trends. Increases in the number of people undergoing treatment can be a consequence of growing numbers of drug consumers; but they also can be the consequence of improvements in the capacity of treatment facilities, government policy vis-a-vis treatment, or the consequence of accumulated periods of abuse in the past (the ageing of users) which renders treatment necessary. As the number of people undergoing treatment for cocaine abuse are small in Europe, even a limited number of additional cases can mean a “large increase” for some countries.

The current increase of cocaine use in Europe, however, cannot be compared to the cocaine epidemic in the USA from the late 1970s till the mid 1980s. On the whole, cocaine in Europe is still primarily a drug of the upper- and the upper-middle classes, even though there have been some reports that it is spreading...
to other sections of society. The spread of crack-cocaine is still limited. By contrast, the rapid spread of crack-cocaine in the early 1980s among marginalized sections of US society was linked to a rise in crime and violence in some urban areas. Europe has not witnessed such developments. Though recreational cocaine use is on the rise, cocaine related violence and crime, usually associated with heavy cocaine use, are still limited.

**COCAINEx ABUSE TRENDS IN EUROPE**

(Reports to UNDCP for 1998 or latest year available)

<table>
<thead>
<tr>
<th>Large increase</th>
<th>Some increase</th>
<th>Stable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td><strong>Year</strong></td>
<td><strong>Country</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hungary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latvia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Croatia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ukraine</td>
</tr>
</tbody>
</table>

Cocaine use in the USA, as measured by annual prevalence in general household surveys, grew from negligible levels in the early 1970s to 5.1% of the general population (12 years and above) by 1985, before falling to 2.1% by 1992 and to 1.7% by 1998. In any case most of the decline in the use of cocaine in the USA occurred in the second half of the 1980s - without a commensurate increase of cocaine consumption in Europe.

![Graph: Development of cocaine abuse in the USA](image)

An analysis of US emergency room data shows that the general decline in the number of cocaine users did not result in a corresponding decline in overall consumption in the USA. The number of cocaine related emergency room visits in the USA actually doubled from 80,355 in 1990 to 161,087 in 1997 and increased by another 7% on a year earlier over the first half of 1998. As the bulk of cocaine is abused by a rather small number of heavy users, and as emergency room visits tend to occur more often among people
consuming larger quantities of cocaine, data suggest that - despite the decline in the number of users -
overall cocaine consumption in the USA has at best remained stable in the 1990s.

### COCAINE ABUSE IN NORTH AMERICA, AUSTRALIA AND EUROPE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>3.0</td>
<td>1.7</td>
<td>1.7</td>
<td>1.4</td>
<td>1.0</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Data also show that even after the massive reduction during the last decade, the prevalence of cocaine use in the USA is still two to three times higher than in Western Europe and twice as high as in Australia. Within Europe, available data suggest that cocaine consumption is most widespread in Spain, followed by the UK, the Netherlands and Germany.

Switzerland and Italy also seem to have rather high levels of cocaine consumption - though directly comparable data are not available. One recent survey in Switzerland revealed that 2-3% of the 15-45 year age-group had consumed cocaine in 1998, suggesting that, in this age group, use of cocaine might be on average- only 20% lower than in the USA (3.1%). With regard to Italy, the ESPAD study, conducted in 1995 among 15-16 year old students, revealed that students in Italy (3%) together with those in the UK (3%) - had the second highest level of life-time experience with cocaine, following the Netherlands (4.3%). By contrast, the spread of cocaine in the Nordic countries is still limited.

In terms of “consumption” (i.e. quantities consumed), the difference between the US and the European (or the Australian) markets is still clear, as shown by factors such as the low levels of cocaine related violence, the low level of cocaine related treatment demand, and the far smaller volume of cocaine seizures in Europe.

### HEALTH CONSEQUENCES OF COCAINE ABUSE

In contrast to the USA, where over the last two decades cocaine emerged as the main problem drug, clearly overtaking heroin which was the main problem drug in the early 1970s, cocaine has not replaced heroin as Europe’s main problem drug. This is *inter alia* reflected in treatment statistics. The last edition of the present publication *Global Illicit Drug Trends, 1999*, based on data reported by the Community Epidemiology Network, showed that despite an increase in heroin use in the USA in recent years, 29% of all treatment admissions (average proportion of 20 metropolitan areas in the USA) in 1997 were still

---

18 1.7% according to US household survey 1998, but 3% according to estimates from Office of National Drug Control Policy taking consumption of marginalized groups into account.
related to cocaine abuse while 28% were related to heroin; in Europe, data provided by the Pompidou Group (for 1997) and EMCDDA, revealed that on average just 3% of all treatment demand in European cities (unweighted average of 32 cities across Europe) was related to cocaine abuse while 73% was related to abuse of opiates (mostly heroin); cocaine exceeded the 10% benchmark in just 2 cities (Amsterdam: 31%; Luxembourg: 11%). Treatment demand for cocaine abuse is still low in cities of Eastern Europe, reflecting rather low levels of abuse among the general population. In St. Petersburg, for instance, just 0.1% of all drug related treatment demand was related to cocaine abuse.

At the same time, however, surveys show that in Western Europe, the amount of people consuming cocaine outnumber those consuming heroin (clearly reflected in UNDCP ARQ data as well as in EMCDDA data). But much of this consumption is recreational in character, confined to parties, bars and discotheques. The use of crack-cocaine is limited in Europe, and so is cocaine-related violence.

**COCAINE AND ORGANIZED CRIME IN EUROPE**

The involvement of organized crime in the cocaine trade in Europe is still less established than in the USA, which also has an impact on the level of cocaine related violence. Much of the cocaine retail trade in Europe is in the hands of a relatively large number of individuals or small groups (supplying a network of friends with cocaine) who are otherwise not typical “criminal operators”. Also, some of the wholesale trade is organized by more or less ordinary business companies (often located in Spain, and to a lesser extent in the Netherlands and other west European countries) which are not typical criminal venture. They deal in a number of licit goods with Latin America and use their licit operations to camouflage the cocaine trade, without however getting much involved in other criminal activities. The use of outright violence is usually not part of the business practices of these groups. Exceptions to this picture of almost benign drug traffickers are Italian mafia groups, which have been active in several criminal fields, and some Nigerian groups who have become active in cocaine street dealing (and a large number of other criminal activities) across Europe, and often supply the lower strata in society with drugs. There are also links between the Colombian drug cartels and some organized crime groups in Russia, which supply the small domestic market as well as markets in western Europe. Moreover, some “traditional” drug dealing networks of Turkish, Kurdish, Yugoslav, Kosovo-Albanian and Moroccan origin have started to expand...

---

their product range from heroin or hashish to include cocaine as well. However, none of these groups have secured a dominant role in the European cocaine market, and the involvement of organized crime groups remain small, particularly at the retail level. This also has implications for marketing methods, which are less aggressive than in the USA. Such factors may also explain lower levels of abuse in Europe.

**SUMMARY AND CONCLUSION**

Synthetic drugs, notably amphetamine-type stimulants, were the main growth sector in the European drugs market and heroin remained the main “problem drug” in the 1990s. However, there are indications that cocaine consumption has been rising. There may also be a continued shift from markets in North America to Europe, and there could be some kind of “harmonization of abuse” at levels which are currently seen in the larger cocaine markets of Western Europe.

It appears that the growth of the cocaine market in Europe faced some limitations, as illustrated by the following:

- As far as trafficking is concerned, European cocaine seizures fell in 1998.
- Cocaine prices continued to decline in 1998, but, despite the fall in seizures, the decline was less pronounced than in previous years; in the larger European cocaine markets, cocaine prices were virtually stable, suggesting a possible stabilization of the market.
- In several of the larger cocaine markets of Western Europe, prevalence data suggest a stabilization rather than an increase in use:
  - in Spain the cocaine prevalence rate at the national level fell slightly over the 1984-1997 period; the reported increase of abuse in 1998 is based on treatment data, partly reflecting accumulated high levels of abuse over the last decade;
  - in the UK cocaine prevalence remained stable between 1996 and 1998;
  - in Germany, prevalence data showed a small decline between 1995 and 1997, and in 1999 the number of first-time offenders for cocaine abuse actually fell;
  - in Switzerland, authorities reported a stabilization of cocaine abuse in 1998.
- Cocaine abuse in Europe is already widespread among the upper middle class and some groups of professionals. Yet there are no indications of increasing abuse among such groups, and little likelihood of their initiating a spreading for economic gain.
- If there is an increase in cocaine abuse, it could be expected primarily among the “ecstasy generation” as they age and experiment with other drugs. But these groups, though presenting a potential health problem, are less prone to cocaine-related criminal activities than socially excluded urban youth.
- There is some spread of crack-cocaine towards marginalized groups in a few European cities. But the spread and the popularity are still lower than in the USA.

---
