DRUG USE IN EUROPE

Richard Hartnoll places Britain's drug problems in the context of recent trends and current patterns in Europe. The message is — we are not alone.

Richard Hartnoll

Illicit drug use emerged as a social phenomenon among young people across Europe during the late 1960s and early 1970s. This was most marked in the northwestern countries while in southern and eastern Europe, drug use was largely restricted to small social groups.

In France, West Germany, the Netherlands, Denmark and the United Kingdom, the main drugs were cannabis and, to a lesser extent, LSD. Such use was associated with the rapid changes in youth cultures gathering momentum throughout the 1960s.

Among working class youth in England and Germany, and especially in Sweden, the pattern was different. There, amphetamines were the preferred drug, though in Sweden, unlike other countries, they were injected.

Within these broader patterns of drug use, small heroin using subcultures emerged, mainly in large cities in the northwestern European countries (for example, Amsterdam, Berlin, Copenhagen, London, Paris). Only in London did this occur in the context of excessive prescribing of heroin.

Over the 1970s, drug use continued to grow in much of Europe, though, as in England, there was a general perception that the 'drug crisis' of the late 1960s had passed.

The two most important general trends since the mid-1970s have been:
— the emergence of illicit drug use in European countries such as Italy, Spain, Poland and Greece with relatively little previous experience of such use;
— a substantial increase in the availability and use of heroin, especially in the second half of the 1970s.

Heroin through Europe

Until 1976/77, the increase in heroin use primarily involved heroin originating from southeastern Asia, but thereafter, heroin from southwestern Asia became increasingly significant.

Within this broad trend, there were national variations that to some extent reflected links with the two major sources of production, SE and SW Asia.

For instance, in West Germany, the supply of SW Asian heroin rose sharply from around 1976/77 on the basis of previous routes for importing morphine base from Turkey. In the UK, SW Asian heroin did not become significant until 1978/79, associated with the influx of refugees following the fall of the Shah of Iran.

In both countries, however, increase in illicit heroin use was preceded by an apparently steady growth in the use of synthetic heroin-type drugs (opioids), often with drugs such as barbiturates.

In contrast to Germany, heroin markets in the Netherlands, France and the UK, prior to the arrival of heroin from SW Asia, were dominated by the SE Asian product. In all three countries, there were strong pre-existing cultural and economic links to SE Asia. In Italy, increased use of heroin of SE Asian origin was observed in 1973/74, but rapid escalation did not take place until 1978/79, when SW Asian and Sicilian heroin became widely available.

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BY NO MEANS all variations in levels of heroin use can be explained by supply. Factors specific to internal national situations are also likely to be important, though it is not easy to specify what these factors are.

In Sweden, the primary pattern of 'problematic' drug use continues to be the intravenous use of stimulants. In Poland, the major concern is home produced heroin prepared by users themselves from poppy straw (obtained from poppies grown legitimately for their seeds). In Yugoslavia, although there has been some increase in heroin use, the major drug used by addicts in treatment is trihexyphenidyl (used to treat Parkinson's disease).

AFTER OPIATES and opioids, the main drugs causing concern are the stimulants, such as amphetamines and cocaine. It appears that in some countries (eg, Germany, UK, Sweden), they are also, after cannabis, the most widely used illegal drugs. Several countries (for example, France, the Netherlands, West Germany, Italy, Sweden) have noted a recent increase in cocaine seizures. However, there is no clear evidence of 'epidemic' use, nor of increased demand on services due to cocaine-related problems.

Since the second half of the 1970s, several countries, including France, West Germany and the UK, have reported increased use of solvents and other volatile inhalants (glue, butane, etc). In all countries, the phenomenon is largely restricted to 12 to 16 year-old boys.

In countries such as West Germany, Ireland, and the UK, use of barbiturates by young people presented a problem in the 1970s. These have become less significant, partly due to increased availability of heroin, partly due to reduced prescribing. Likewise, LSD does not appear to be as significant as in the early 1970s, though in some countries there is evidence of increased use (France, UK, the Netherlands).

Current drug patterns

It is not possible to make direct comparisons between countries in terms of the 'true' prevalence of drug use. This is partly because few even approximate estimates exist, and partly because different definitions are used.

In many countries, greatest concern is expressed about young drug users. However, the age range of the people involved, including new users, is wider than it was ten or 15 years ago, especially in areas with a longer history of drug use. Thus in Amsterdam, Paris, London, Berlin and Stockholm, significant proportions of drug users are in their thirties. All countries indicate a predominance of males.

Social characteristics of drug users vary considerably. In Sweden, intravenous drug use is concentrated in the working class or in traditional criminal groups. In the Netherlands, as in West Germany and France, it is more widely spread among the population, with higher levels among certain minority groups. In contrast, in the UK drug use except cannabis, has generally been much rarer among minority groups though this may now be changing.

While in some countries it appears that the most serious patterns of drug use are concentrated in the more deprived inner city areas, it is not yet possible to draw firm conclusions regarding the relationship of economic and social factors to changing patterns of drug use.

In countries which experienced 'epidemics' of heroin use in the mid- to late 1970s, it appears that the increase in new users (incidence) is slowing down. This is clearest in regard to cities such as Berlin, London, Dublin, and Amsterdam. But even if the situation is stabilising, many countries will continue to be faced with much higher levels of drug use than a decade ago.

It has been suggested (for example in Italy and the UK) that drug use in the 1980s should no longer be characterised as an 'oppositional' phenomenon on the margins of society. Rather, it may now be viewed as more 'normalised', part of the everyday context within which 'ordinary' people, especially young people, live.

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