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Speech • Discours

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Title of speech • Titre du discours *European Drug Report 2013*

Occasion Presentation to the LIBE Committee — 30.05.2013

Dear Members of the Committee, Ladies and Gentlemen,

It is my great pleasure to present to you the EMCDDA's analysis of the drug situation in Europe in 2013. I am also pleased to inform you that we can bring this analysis to you six months earlier this year — a development which I believe is necessary to keep pace with the rapidly developing drug phenomenon.

We also now provide our analysis in the form of an integrated reporting package that is configured to meet the changing expectations and needs of our different target audiences. This includes extensive online elements that enable you to drill down to the level of information you require.

Central to the package is the *Trends and developments* report that provides a graphic-rich, policy-relevant summary on the changes occurring in the European drug situation and Europe's responses to these developments.

Let me start by saying a few words on heroin and other opioids.



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OPIOIDS

Standing back and taking a broad look at the EU drug landscape, we see that for many of the drugs that have defined the drugs problem over the last couple of decades, the situation is stable or even declining. Heroin, the drug that has for so long been central to Europe's drugs problem, appears now to be losing ground. This development has taken place against a dramatic increase in the availability of drug treatment; increased investment in prevention and harm reduction services; and robust and increasingly 'joined up' supply reduction activities ... targeting the main trafficking routes into Europe.

Despite this, in terms of morbidity and mortality, heroin and other opioids are still responsible for the greatest share of drug-related health problems experienced in Europe. This may be changing, however, with data from a range of different indicators now suggesting a decline. We see, for example...

- fewer new demands for heroin treatment;
- less heroin injecting;
- an ageing population of users, both in and out of treatment;
- an overall decrease in the number of overdose deaths linked to this type of drug; and
- a recent drop in the number and volume of seizures which has been mirrored in a reduction in heroin-related drug law offences.

One of our major concerns has been to track which drugs are replacing heroin on the illicit market. It appears to have been benzodiazepines, amphetamines or new drugs such as cathinones in some cases. But some countries have reported heroin being replaced by other opioids, including the particularly potent and harmful synthetic opioid fentanyl.

As a backdrop to these changes in heroin supply, we have also seen a dramatic increase in the number of clients in treatment in Europe. We estimate that 730 000 opioid substitution treatments are delivered in Europe. This represents a significant part of the 1.2 million drug treatment episodes provided in Europe each year.



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Methadone remains the most common form of opioid substitution treatment provided but there is growing interest in the use of buprenorphine as a substitution medicine. To put this all in perspective — we estimate that today over 50% of Europe's heroin users are in some form of substitution therapy. This not only brings important health benefits to them... it has a knock-on effect in reducing acquisitive crimes committed to fund drug habits and also removes a significant part of the demand from the market.

Drug treatment has been shown to have a protective effect in relation to risk behaviour associated with the spread of infectious diseases and overdose deaths.

Positively, investment in treatment, prevention and harm reduction measures means that Europe has, by historical and global standards, made real progress in reducing the threat posed by drug-related HIV infections in Europe. Over the longer term, Europe has seen a steady decline in the number of new HIV infections since 2004. But in 2011, we saw a worrying disruption to this downward trend, with a small increase in the number of new infections largely due to outbreaks of HIV in Romania and Greece.

Another area of concern is what has been called Europe's 'hidden epidemic' of hepatitis C infection among injecting drug users, or those who have previously injected drugs. Infected individuals are often unaware of their condition, but, if untreated, this disease can cause serious health problems and even death. Across Europe, estimates range from 18% to 80% of injectors infected with the virus, depending on the country. There is some light on the horizon, however... new treatments are becoming increasingly available.

An important focus for reducing mortality associated with drug use is on the prevention of drug-related overdoses. There are promising developments here, with new interventions to prevent deaths in overdose situations being implemented in some countries — such as pilot schemes that provide training on the use of agonists such as naloxone among heroin users, their peers and families. This drug is a fast acting and effective response if given to someone experiencing a heroin overdose.



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CANNABIS

Let me now turn my attention to cannabis, Europe's most used and — in some senses — most controversial drug.

Some important changes have taken place in the supply of cannabis in Europe which mirror, to some extent, developments we have seen in the synthetic drug area — for example, in the logic of suppliers locating production as close as possible to the consumer market.

Historically, cannabis is found in two main forms, herbal cannabis and cannabis resin (the drug in a solid form). Recent years have seen the increasing availability of herbal cannabis on the market, and, for the first time in 2010, the number of herbal seizures overtook those of resin. Almost all countries are now reporting domestic production. This can take a variety of forms, from a flower pot on the balcony to major production sites. Intensive cannabis production is of particular concern. Here we see the involvement of organised crime gangs and the potential for violence, and association with other forms of illicit trafficking and crimes.

In terms of use, cannabis remains Europe's most used illicit drug, with an estimated 77 million Europeans having used this drug at some point in their lives. 15.4 million young adults report using it in the last year. Of particular concern, are the over 3 million daily cannabis users — 80 % of them young males. We now see increasing numbers of people entering treatment for cannabis-related disorders. Cannabis is now the most common reason for clients entering treatment for the first time.

Multiple approaches are being used to treat cannabis-related disorders — ranging from brief interventions and use of the Internet to family therapy and even intensive inpatient care. This is a complex issue and we need to understand better both the needs of those experiencing problems with cannabis and what constitutes effective care.



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STIMULANTS

Let me now move on to the area where I think we are seeing most changes in the European situation. In my view, the drugs problem is in flux — it is more dynamic, more complex, and, in many ways more challenging. A defining characteristic of drug use today — whether we think about intensive and regular use [problem use] or recreational drug use — is polydrug use. Today, merely focusing on a single drug is often inadequate — especially in the area of synthetic drugs and stimulants — where users switch between substances based simply on their availability, price or perceived quality.

Cocaine is the most prevalent stimulant with an estimated 2.5 million young adults [aged 15–34] using this drug in the last year. For the synthetic stimulants, the estimates for ecstasy are at 1.8 million and amphetamines at 1.7 million for last-year use among young adults. The most popular stimulant drug varies from country to country, although there are generally more amphetamines used in northern European countries and cocaine in the south and west.

In passing, I would just like to mention the increasing potential of wastewater analysis. Wastewater analysis is a new and complementary data source which measures the levels of metabolites and residues in wastewater. Analysis of these data generally supports our picture of variation in stimulant consumption across Europe — and importantly can provide an early indicator of change — for example, cocaine diffusion into Eastern Europe.

COCAINE

Now returning to cocaine trends... the use of cocaine has peaked in Europe around 2008 and has declined slightly after this. This drop has mainly been documented for the small number of countries with high prevalence of the drug. In low prevalence countries we are not detecting any significant changes.

Looking at the market, the number of cocaine seizures dropped from 2008, supporting the trends we have identified in demand-side indicators. Quantities of cocaine seized, however, declined earlier, from 2006 with the volume of cocaine seizures halving in this period.



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AMPHETAMINES AND ECSTASY

The use of amphetamine in Europe appears to have remained stable in recent years. The same is largely true for seizures of this drug.

More worrying developments can be seen, however, in the methamphetamine market. This drug is known to be associated with more problems and has traditionally been used to only a limited extent in Europe — mainly in the Czech Republic (since 1970s) and in Slovakia (2000). This drug is now becoming more available on Europe's drug market, and, although availability is still low when compared to other stimulants. I think this is an area that requires vigilance as we know that methamphetamine has the potential to diffuse rapidly and can have a major impact on public health.

If we look at developments in the stimulants market as a whole, the drivers for change include innovation and the scaling up of synthetic production processes. Law-enforcement efforts in this area have increasingly targeted precursors and essential chemicals, and this approach has been successful to some extent.

But we also see a cat-and-mouse game developing, with illicit producers using more diverse precursors and pre-precursors to respond to increased regulation and policing, in order to source the materials they need for drug production.

A good example of this development can be seen in the ecstasy area. The seizure of tablets containing MDMA has been on the wane in Europe for a number of years, following law enforcement efforts targeting the key precursors (PMK) for this substance. This appears to have had a knock-on effect on use. However, we are now seeing a recent rebound with high content MDMA tablets and powders becoming more available — as producers have found alternative methods to synthesise the chemicals they need. It remains to be seen if this is reflected in increased interest in this drug among users in the future.



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NEW DRUGS

This brings me on to one of the most important developments we are now seeing in the drugs area — a development that I think poses a considerable challenge to existing drug control models — which is the emergence of new psychoactive substances.

These substances sometimes appear on the illicit drug market and sometimes as supposed 'legal' alternatives to controlled drugs. They are sold and consumed despite the fact that we know very little about their safety profile.

Last year, the EU Early warning system received reports of 73 new substances and a total of 280 substances are now being tracked by the system. A new development is that an increasing proportion of substances reported are from less-known and more obscure chemical groups. Recent years have been dominated by the appearance of new synthetic cannabinoids, which are usually sold as an alternative to cannabis, and cathinones — a class of mostly stimulant drugs.

This area has seen a number of innovations including the appearance of cannabinoids in resinous form, in tablets sold as ecstasy, and even the spraying of cannabinoids onto herbal cannabis.

Over the past eight months, we have held formal risk assessments on two substances: 4-MA, a drug sold on the illicit market as amphetamine, which is now recommended for control in Europe; and 5-IT a complex chemical, sold as a so-called 'legal-high' product where a decision is pending.

More than 40 deaths of young Europeans have been associated with these two substances alone. This highlights for me the public health problems we face in this area, where young people have become the unknowing 'guinea pigs' for testing the safety of obscure and unknown chemicals that are now appearing in Europe at an ever growing pace.

To date, countries have experimented with a range of control measures to respond to the new drug problem. The three main approaches used have been to extend existing drug laws, develop new laws focusing on new psychoactive substances, or to use other controls such as medicines and consumer safety legislation.



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In this area, we need to develop effective prevention and risk reduction strategies and we need to improve the speed at which we can identify and respond to particularly dangerous products. Europe leads the world in terms of its existing Early warning system but we can, and need, to do better. The European Commission is currently preparing a proposal for legislation to strengthen this mechanism.

Globalisation and technical innovation are potentially drivers of this phenomenon. The Internet has become, not only a medium for communication, but also a market place for both non-controlled and controlled substances. We need to adapt environmental prevention and other approaches to meet the challenges of this medium.

CONCLUSION

Ladies and gentlemen,

Let me finish with the important framework provided by the new EU drugs strategy. This strategy will have to address a new landscape that is driven by globalisation and technical innovation. Moreover, although some types of experimental drug use may be falling, there remains a core of entrenched users — of opioids, stimulants and even cannabis — who experience the greatest problems, and they must remain the focus for our intervention efforts.

In many respects, I believe we can be optimistic that Europe's policy of balancing rigorous and comprehensive demand reduction measures with robust supply reduction actions are bearing fruit. However, I have to temper this optimism with the realism that although much has been achieved, many problems remain with us and new issues are emerging that leaves no room for complacency — particularly at this difficult economic time for many EU countries.

Finally, I believe the analysis presented in the *European Drug Report 2013* shows how we can, and indeed must share experiences and learn from each other... It is only through cooperation and coordinated action that our efforts are likely to prove effective.

Thank you for your attention