

# Speech • Discours

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*Ladies and Gentlemen,*

It is my great pleasure to present the EMCDDA's analysis of the drug situation in Europe in 2013. From this year on, we bring this information to you six months earlier to keep pace with the rapidly developing drug phenomenon/situation.

We now provide our analysis in the form of an integrated reporting package which includes extensive online elements that enable our different target audiences to drill down to the level of information required.

Central to the package is the *Trends and developments* report that you have in front of you. It 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

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, heroin and other opioids are still responsible for the greatest share of drug-related health problems. This may be changing, however, we see, for example...

- fewer new demands for heroin treatment;
- less heroin injecting;
- an ageing population of users;
- 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.

As a backdrop to these changes in heroin supply, we have also seen a dramatic increase in the number of clients in treatment. Last year 1.2 million drug treatment episodes were provided in Europe. An estimated 730 000 of them were opioid substitution treatments. ....Today over 50% of Europe's heroin users are in some form of substitution therapy using methadone or buprenorphine.

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.

Investment in treatment, prevention and harm reduction measures means that Europe has 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



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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. 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.

## **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.

Cannabis is found in two main forms, herbal cannabis (marihuana) and cannabis resin (hashish). Recent years have seen the increasing availability of herbal cannabis on the market, and, 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. Cannabis is now the most common reason for clients entering treatment for the first time.



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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. Polydrug use has become a defining characteristic of drug use. Therefore, today, merely focusing on a single drug is often inadequate — especially in the area of synthetic drugs and stimulants — where users switch between powders and pills based simply on their availability, price or perceived quality.

Cocaine is the most consumed 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.

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.

The number of cocaine seizures and the quantities seized both dropped from 2006, supporting the trends we have identified in demand-side indicators.



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## AMPHETAMINES AND ECSTASY

The use of amphetamine in Europe has remained stable in recent years. The same is largely true for amphetamine seizures.

But more worrying developments can be seen on the methamphetamine market. Methamphetamine is associated with more problems than amphetamine and has traditionally been used to only a limited extent in Europe — mainly in the Czech Republic (since 1970s) and in Slovakia (2000).

This is an area that requires vigilance: methamphetamine is now becoming more available on Europe's drug market, and we know that this drug 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 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 MDMA. This has had a knock-on effect on use. But now we are seeing a rebound with high content MDMA tablets and powders becoming more available — producers must have found alternative methods to synthesise the chemicals they need.



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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.

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.

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 drugs’ 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.

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.



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Here, the European Commission is currently preparing a proposal for legislation to strengthen this mechanism.

## CONCLUSION

*Ladies and gentlemen,*

On your agenda today, you have the adoption of the EU action plan for the implementation of the new EU drugs strategy. This strategy and its action plan 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*