



Speech

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INTRODUCTION

Dear Commissioner,
Dear Chair of the EMCDDA's Management Board,
Ladies and Gentlemen,

It is a great pleasure to be here today with Commissioner Avramopoulos and with Ms Laura d'Arrigo, Chair of our Management Board, to launch the new edition of the European Drugs Report 2017.

This year, the reporting package has an additional component, the new Country Drug Reports (CDRs) that present in a very graphic and innovative way an overview of the drugs situation, responses and policies in the 28 Member States, Norway and Turkey.

This report is also part of a more comprehensive reporting cycle, that included last year the European Drug Markets Report that we produced jointly with Europol and that we presented together with Commissioner Avramopoulos, and the new European Guide to health and social responses to drug problems, that will be launched this year in October.

I would like to take this opportunity to thank the Reitox network of national focal points and all the national experts for the data, information and analysis provided. I also want to thank the staff of the EMCDDA who have been working hard to produce new products and new analysis, and to better communicate them.

At this stage I would also like to pay tribute to all the victims of the terrorist attack in London. The EMCDDA is chairing this year the network of Justice and Home Affairs agencies (JHA). I would like to express the solidarity on behalf of all the Directors of JHA agencies.

What has changed since last year? What is new? What are the new trends and what are the new challenges related to illicit drugs in Europe?

IN A NUTSHELL

On the positive side:

- Consolidation of the trends for new HIV and HCV infections that have reached their lowest level in the last two decades, despite some new local outbreaks.

- New treatment available for HCV offers new opportunities for EU Member States, but important challenges remain.
- The detection of new psychoactive substances (NPS) through the European Early Warning System showed a substantial decrease in 2016, compared with 2014 and 2015.

More worrying is the fact that:

- Overdoses have increased for the third year in a row after a long period of decrease followed by a stabilisation.
- The overall availability of new psychoactive substances remains high; deaths and intoxications remain a problem.
- We have observed over the last two years the first signs of increased availability of cocaine.

INCREASE OF DRUG-RELATED OVERDOSE DEATHS

In 2015, a total of 8 441 overdose deaths are estimated to have occurred in Europe, a 6% increase from the previous year (7 950) and the third consecutive year we report an overall increase.

Opioids, and often heroin, are present in the majority of cases, often in combination with alcohol or benzodiazepines.

We also note that the picture is not straightforward — in some countries, deaths from other opioids exceed those of heroin.

While Europe's ageing cohort of high-risk opioid users is particularly vulnerable to overdose, we notice that increases in deaths overall have occurred in almost all age bands in the 2014–15 data.

Targeted responses in this area tend to focus either on preventing overdoses from happening at all, or on improving the likelihood of surviving an overdose if it does occur.

This can be achieved through the use of different tools such as:

- Drug treatment, particularly opioid substitution treatment, prevents overdoses and reduces the mortality risk of drug users.
- Good clinical and prescribing practices to prevent diversion of these substances from playing a role in overdose deaths. (Here a short remark: most of the death cases related to diverted opioids were people who were not in treatment.)
- More targeted strategies, although less commonly available in Europe, such as the provision of naloxone programmes (9 countries and Norway) and the establishment of supervised 'drug consumption rooms' (DCRs) (6 countries and Norway, 78 DCRs and others coming).

NEW SYNTHETIC OPIOIDS

We also report a growing concern around the appearance of new synthetic opioids on Europe's illicit drug market.

These are exceptionally potent substances with only small volumes needed to produce many thousands of doses. They are found in various forms — mainly powders, tablets and capsules — with some now available as liquids and sold as nasal sprays.

New synthetic opioids have been found in other products seized on the drug market including heroin, cocaine and benzodiazepines.

They pose a serious risk of intoxication, not only to users, but also to those accidentally exposed to these drugs (e.g. postal and customs workers, emergency service personnel).

One group of new synthetic opioids, fentanils, are of particular concern. These account for over 60% of the seizures of new synthetic opioids and eight new opioids were reported through the EU Early Warning System (EWS) for the first time in 2016 alone.

New fentanils continue to be detected and cause problems on the drug market and three new fentanils are currently under investigation by the EMCDDA.

FEWER NEW NPS DETECTIONS BUT HIGH AVAILABILITY

In 2016, 66 new psychoactive substances were notified by the Member States for the first time. This is a decline from the 2014 total but still represents more than one a week.

The causes of this decrease are unclear, but may in part be due to

- measures taken by national governments in Europe to prohibit new substances,
- law-enforcement operations, and
- control measures targeting NPS laboratories in China.

By the end of 2016, the EMCDDA was monitoring more than 620 NPS, compared with around 350 monitored in 2013. In 2016, 423 of them were detected on the European market.

The new legislative proposal concerning NPS is extremely important, especially as it will allow a reduction in the time needed by the Member States to implement decisions to put those substances under control.

NPS and high-risk drug use has been explored by the EMCDDA in a new study also published today.

While surveys suggest NPS use by the general population is relatively low, the new analysis identified pockets of high-risk use in Europe:

- The use of synthetic cathinones was reported in half (15) of countries, and was reported among small groups of men who have sex with men (MSM) in some cities.
- The smoking of synthetic cannabinoids in marginalised populations, including among homeless people and prisoners, is an emerging problem identified in around two thirds of European countries.

INCREASING AVAILABILITY OF COCAINE

Looking across multiple indicators, some of our routine and leading-edge data sources are reporting signs of increasing availability of cocaine on Europe's illicit drug market.

For example, both the number and quantity of cocaine seized increased between 2014 and 2015: almost 70 tonnes in the latest data, most seized in Spain and Belgium.

Overall, indexed trends also suggest a small increase in the purity of cocaine in 2015.

While survey data for 2014 and 2015 show relatively stable trends, new 2016 data from wastewater monitoring at city level, back up the market indicators and point towards some recent increases. Of the 33 cities with wastewater data for 2015 and 2016, 22 cities reported an increase in cocaine residues (four a decrease and seven a stable situation).

SOME RECENT DATA ABOUT CANNABIS IN THE EU AND IN THE US

Cannabis is Europe's most commonly used illicit drug, tried by around 88 million adults, of these, an estimated 17 million young Europeans (15–34 years) used cannabis in the last year.

Daily or almost daily cannabis users are 1% of European adults (use on 20 days or more in the last month).

The most recent survey results show that countries continue to follow divergent paths in last-year cannabis use.

However, cannabis continues to be associated with health problems and is now responsible for the greatest share (45%) of new entrants to drug treatment in Europe.

Overall, the number of reported first-time treatment entrants for cannabis problems rose from 43 000 in 2006 to 76 000 in 2015. Many factors may be behind this rise, including higher prevalence of use and intensive use, the availability of higher potency products and increases in treatment referral and levels of provision.

In this year's report, we include an analysis comparing patterns of substance use among European and American students (15–16 years).

We see last-month cannabis use among European students was around half the level reported in the US. However, looking at other substances, last-month alcohol use was more than double and tobacco use was almost four times higher among the European students.

In both surveys, smoking and drinking among school students have been declining, while trends in cannabis use appear to be more stable.

CONCLUSIONS

Ladies and Gentlemen,

As you can see from this short overview, the drugs situation in Europe continues to be very dynamic and is characterised by a stable or increasing availability of substances, some of them being of higher purity or more potent than ever.

At the same time, the responses, in particular in the area of Public Health have demonstrated their effectiveness over the last 20 years, as we have registered significant results, for instance in reducing the number of drug-related infectious diseases, or in increasing the number of persons using drugs entering treatment.

But there is no room for complacency:

- the recent increases in drug-related deaths in some countries and the variety of their causes,
- the evolution of the NPS market and the new problems seen in marginalised communities and particular settings, and
- the recent developments regarding new synthetic opioids

call for more attention and more cooperation if we want to maintain the good results achieved so far and to protect Europeans from the new threats.

In that perspective, the EMCDDA, through its new Strategy 2025, remains committed to delivering high-quality services to our stakeholders and to contributing to a healthier and a more secure Europe through better informed drug policy and action.

Thank you very much.