



European Monitoring Centre
for Drugs and Drug Addiction



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Improved drug supply indicators for Europe: progress report

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Introduction

The mandate of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is to provide the European Union (EU) and its Member States with factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences. The EMCDDA collects, compiles and analyses information on the drug situation and responses in the 28 EU Member States, as well as Turkey and Norway, while maintaining awareness of the global context.

The development of key epidemiological indicators in the field of drugs and drug addiction started in the EU in the late 1980s and the beginning of the 1990s, and these indicators have evolved over the years to the extent that objective data, primarily related to drug demand, are available for most Member States. Supply-related data on seizures, prices, potency/purity and tablet content, as well as drug law offences, have been collected since 1995. At the EMCDDA, the developments reported here commenced in early 2014, following the adoption of the *Council Conclusions on the implementation of the EU Drugs Action Plan (2009-2012)* and the *Council Conclusions on improving the monitoring of drug supply in the European Union* (November 2013).

When reading this report, it must be borne in mind that during this same period internal and external factors have influenced how the EMCDDA monitoring system has developed; examples include the switch from national reports to providing workbooks for collecting qualitative information from the Member States and the introduction of the EU policy cycle for serious and organised international crime, which has had a profound impact on the EMCDDA's work in the area of security.

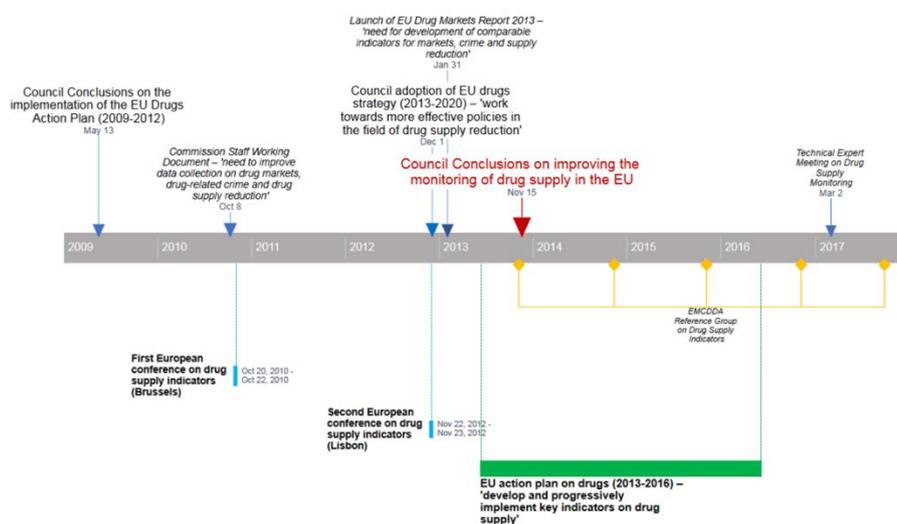
It must also be emphasised that making sense of supply indicators for research or policy development, monitoring and evaluation is a challenging undertaking. Nevertheless, these data provide an important window on an otherwise hidden area, so improving the quality of the data collected and expanding the scope of the collection should be a priority for those seeking to understand drug markets and/or plan or evaluate supply reduction activities (Singleton et al., 2018).

It should be noted from the outset that the present report is not intended as an evaluation of the quality of national data in this area. Rather, the aim is to assess the extent of the implementation of the revised and improved drug supply indicators developed by the EMCDDA, in cooperation with Europol, the Member States and the European Commission — and in line with the Council Conclusions of November 2013. In addition, information has been included where necessary to contextualise the purpose and aims of the data collection by the EMCDDA.

Key events in the development of the revised and improved EU drug supply indicators

The events listed in Figure 1 below set the context for the development of the revised and improved EU drug supply indicators.

FIGURE 1
Timeline of events and key milestones



The *Council Conclusions on the implementation of the EU Drugs Action Plan (2009-2012)* of **May 2009** stressed the lack of reliable data on drug markets and supply, which limited capacity for timely action.

The Commission Staff Working Document of **8 October 2010** highlighted the need to improve the collection of data in the EU in three areas: drug markets, drug-related crime and drug supply reduction measures.

Two European conferences on drug supply indicators were held — in **October 2010** in Brussels and **November 2012** in Lisbon. Between these events, the scope and conceptual framework for the development of drug supply indicators were established, building on earlier, published work.

In **December 2012**, the Council adopted the EU drugs strategy for the period 2013-2020, setting a priority for the EU to 'work towards more effective policies in the field of drug supply reduction, by reinforcing policy evaluation and analysis to improve the understanding of drug-markets, drug-related crimes and the effectiveness of drug-related law enforcement responses'.

The EU action plan on drugs (2013-2016), as adopted by the Council in **June 2013**, called on the parties concerned 'to develop and progressively implement key indicators on drug supply by standardising, improving and streamlining data collection in this field, building on currently available data' (Action 16).

The first joint EMCCDDA-Europol report on this area, *EU Drug Markets Report: A Strategic Analysis*, published in 2013, was vital in creating a better understanding of the strengths and weaknesses of supply-side data and the information already available. The report stated that the standardisation and comparability of data on drug supply were of critical importance and that the timeliness of data availability and the coverage of EU data sets as a whole were frequently inadequate. The report

highlighted the need to develop comparable indicators for drug markets, drug-related crime and drug supply reduction to help assess trends and to better measure the effectiveness, efficiency and sustainability of supply reduction measures. Their development would require a collective effort on the part of the European Commission, the EMCDDA and Europol, as well as the Member States.

The *Council Conclusions on improving the monitoring of drug supply in the European Union of November 2013* set the following principles to guide efforts to improve the quality and comparability of data on supply:

- A developmental approach is required that builds on existing data collection and reporting practices and structures in the Member States and at EU level, in particular the Reitox network and relevant EMCDDA, Europol and Commission activities.
- Progress is achieved incrementally, recognising the differences that exist between Member States as regards needs, priorities, capacities and policies. Not all Member States must necessarily participate in all data collecting activities.
- Activities must be cost-effective, realistic, feasible and deliver a clear value at EU level by producing relevant, timely and useful outputs.
- The drug supply indicators are based on a set of core data that are routinely collected by many Member States.
- Synergy and complementarity with related reporting obligations and activities at national, European and international level shall be actively pursued.

Specifically, the Council Conclusions asserted that, in the short and medium term, experts should work towards the improvement of quality and on the assessment of relevance of the following data sets:

- drug seizures (data set relevant to drug market and supply reduction indicators);
- purity and content (data set relevant to drug market indicator);
- drug prices (data set relevant to drug market indicator);
- drug production facilities dismantled (data set relevant to drug market and supply reduction indicators);
- drug law offences (data set relevant to drug market, drug-related crime and supply reduction indicators);
- drug availability in population surveys (data set relevant to drug market indicator);
- market size estimates, which will be developed based on already existing data sets such as epidemiological and drug demand data.

In addition, the Council Conclusions invited the Member States to:

- work, with the Commission, the EMCDDA and Europol, towards improving the comparability and quality of data collected in the area of drug supply, as well as towards timely submission of available data sets to relevant agencies, in particular the EMCDDA and Europol, using the existing reporting instruments and channels;
- prioritise at national level the improvement of the comparability and quality of data;
- ensure an appropriate participation of the drug supply correspondents in the EMCDDA Reference Group on Drug Supply Indicators;
- share expertise on data collection on drug supply;
- make better use of the existing EU financial support instruments.

They invited the Commission to:

- support the sharing of expertise between the Member States;
- help improve the comparability and quality of the data collected.

They invited the EMCDDA to:

- work in close cooperation with its network of national focal points (Reitox), and other relevant EU networks, on improving the methodology of data collection in the area of drug supply, with a view to improving the accuracy, reliability, comparability and quality of the data;
- support this process by organising meetings of the Reference Group on Drug Supply Indicators and to ensure its continuity;
- inform annually the Horizontal Working Party on Drugs about the progress made.

Finally, they invited Europol to:

- work, in close cooperation with Member States, the EMCDDA and the Commission, to improve the methodology and quality of relevant data collection.

To support the work on drug supply indicators envisaged in the Council Conclusions, the EMCDDA established the Reference Group on Drug Supply Indicators, which fulfils the following objectives:

- to support methodological development of indicators, guidelines, standard measures and quality feedback;
- to provide input to strategic analyses of the drug supply situation;
- to support the identification of new trends and threats;
- to support the analysis of non-standard data, and contextual and research information, and to act as a conduit to national-level expertise;
- to support the development of multi-indicator analysis;
- to provide guidance and a critical assessment of findings, identification of information gaps and priorities.

The Reference Group consists of a drug supply correspondent from each of the 28 Member States, Norway and Turkey; the correspondents are closely linked at national and EU level with data providers and with the existing expert networks and information systems. Furthermore, the Reference Group includes representatives of the European Commission, Europol and Eurojust. Since 2013, the Reference Group has been meeting once a year, and it is supported by a dedicated closed extranet to facilitate ongoing communication and information exchange.

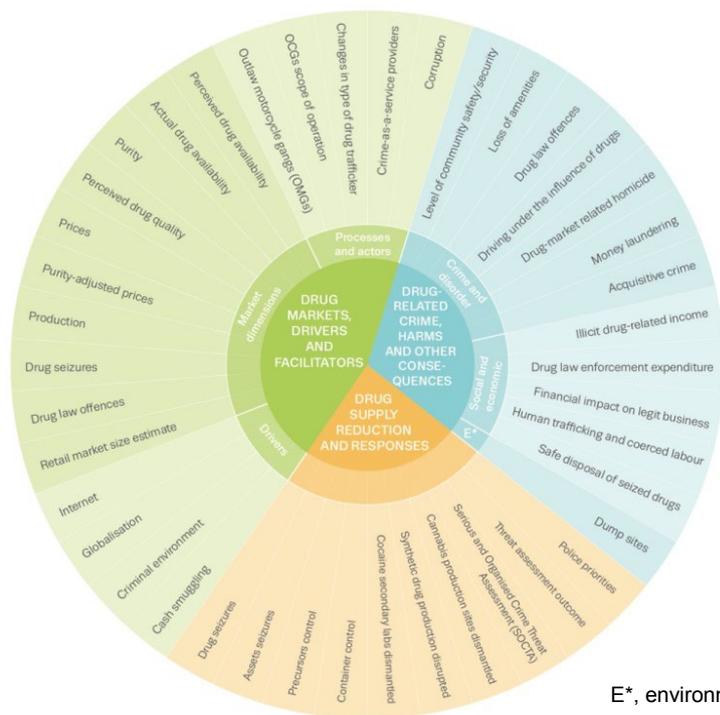
Extent of implementation of data collection for the revised drug supply indicators

Using the Council Conclusions as a guide, the EMCDDA developed the data collection tools for the new indicators, diligently building on existing data collection and working closely with the Member States, the European Commission and Europol. For each indicator, the methodology involved some or all of the following stages: initial concept; expert working group meeting leading to a proposal and perhaps a feasibility study; mapping exercise and analysis; development of a data collection tool and guidelines; presentation to the Reference Group on Drug Supply Indicators and national focal points for endorsement; pilot implementation/data collection in all or a selected number of Member States; further revision of tools and guidelines, if required; and, finally, full routine implementation/data collection. The process was supported and informed by an international group of drug supply experts, including in a meeting and discussions in Lisbon in early 2017.

The initial conceptual framework, which focused on drug markets, drug-related crime and drug supply reduction, has been developed to encompass the wider scope of drug markets, drivers and facilitators; drug-related crime, harms and other consequences; and drug supply reduction and responses. This more detailed conceptual framework, including the thematic areas and domains for

potential monitoring (Figure 2), is described in the EMCDDA Paper *Developing drug supply monitoring in Europe: current concepts* (EMCDDA, 2017a).

FIGURE 2
Thematic areas, domains and potential indicators

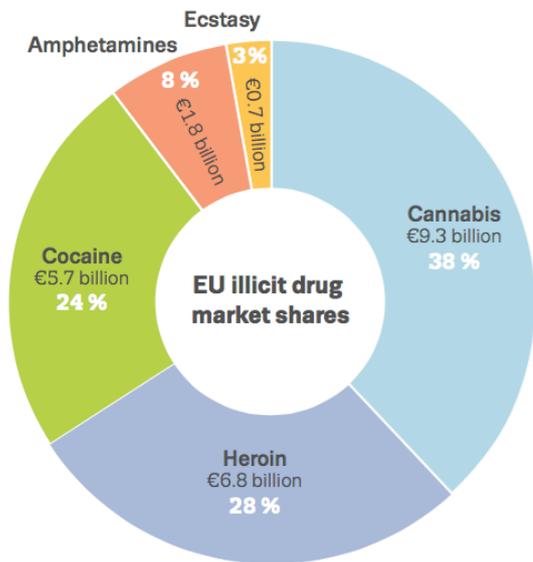


E*, environmental; OCGs, organised crime groups.

Across the board, all data collection tools had their drug lists updated in line with contemporary drug market developments. To improve their utility and to aid cross-indicator analysis, data collections were stratified wherever possible into the three market levels — ‘retail, middle and wholesale’ — using definitions developed in consultation with topic experts.

The EMCDDA also developed a methodology for estimating the size of the retail market for the main drugs in the EU. The first figures were published in the EU Drug Markets Report in 2016, when it was estimated that the retail drug market in the EU was worth at least EUR 24 billion (Figure 3), with cannabis accounting for 38 % of the market, heroin 28 %, cocaine 24 %, and the synthetic drugs amphetamine, methamphetamine and MDMA/ecstasy having a combined 11 % share. These figures will be updated in 2018 for the third EU Drug Markets Report, which will be published in 2019.

FIGURE 3
Estimated minimum retail value of the illicit market for the main drugs in the EU in 2013



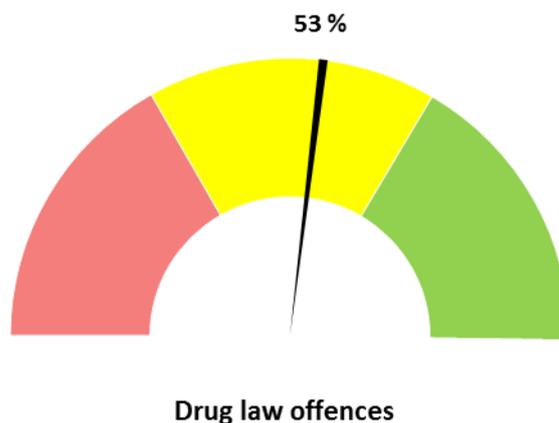
Note: Percentages do not add up to 100 % due to rounding.
 Source: EMCDDA.

In the sections below, a simple meter indicating the percentage of countries reporting in the new way has been included to allow readers to see at a glance the level of progress made towards the full implementation of each indicator.

Drug law offences (EMCDDA-Eurostat)

The reporting of drug law offences was revised and given a major update in 2017. Before 2016, the standard table contained a total of eight illicit substances and an open category. For each drug, three types of offences could be reported: use/possession; dealing/trafficking/production; and use and trafficking. With an updated template and protocol guiding the data collection process, the reporting was changed to accommodate a wider range of substances in broad categories (e.g. opioids, synthetic stimulants, hypnotics and sedatives, hallucinogens). In this way, new substances (e.g. methadone, fentanils, tramadol, ketamine) could be introduced into the table. In addition, a new category for reporting new psychoactive substances controlled at national level was introduced. Furthermore, for each drug, 11 categories of offences were created for reporting purposes, mapping closely the United Nations Office on Drugs and Crime’s International Classification of Crimes for Statistical Purposes (UNODC, 2015).

An analysis of both data sets reveals that while, in 2015, 26 countries reported drug law offences, in 2016 the number of reporting countries increased to 28. A further analysis of the data received through the updated version of the standard table shows that most countries are progressively adapting to the newly introduced categories; for many countries, the transition to the new categories has not been straightforward. Further support and collaboration among Eurostat and the Member States is needed to increase consistency



with the categories of the International Classification of Crimes for Statistical Purposes, to facilitate the reporting of drug law offences.

Drug seizures

The drug seizures indicator has been carefully reviewed to improve the reliability and comparability of the drug seizures data set. The revision process was launched in 2013 and followed the methodology described above, featuring expert input and collaboration. Based on the findings of a technical meeting, a mapping exercise and a pilot study, a revised seizures data collection tool and accompanying protocol were drafted and tested in 2015. To reflect the different stages of the supply chain, in the revised protocol, three levels of the supply chain were defined for statistical purposes. In addition, to increase knowledge about supply routes, the pilot data collection phase included the option to report countries of manufacture, transit (last known country before seizure) and destination. Another option introduced was the reporting of drug precursors. The drug routes section was given a minor update in 2017.

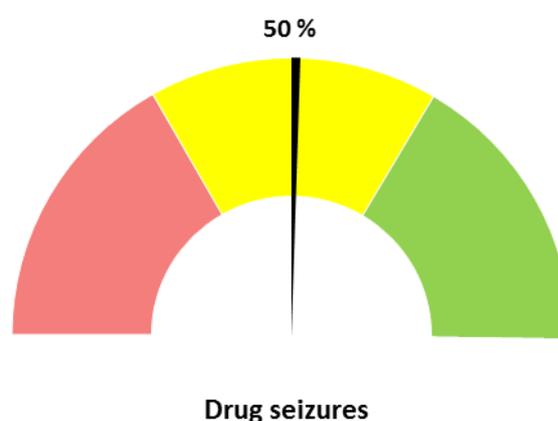
The protocol that was developed to accompany the data collection tool has been key to guiding the process. National focal points have highlighted the need to update certain parts of the protocol as well as the need to add examples of how to populate certain tables in certain complex situations. This has been an excellent opportunity for both the EMCDDA and the Reitox network to dive into the seizures 'data lake', to scale up data collection capacity and to increase use and analysis of the data.

Overall, the Member States have quite consistently reported total numbers of seizures. Of the 30 reporting countries, for the last 3 reporting periods, at least 25 have reported total numbers of seizures. With respect to the

breakdown of seizures at different levels of the market, in the first 2 years after the revision about one third of Member States were reporting seizures at different levels of the supply chain. Eight Member States have consistently been reporting these broken-down seizure data. In the last reporting cycle, half of the reporting countries submitted data broken down in this manner, which is a clear improvement on previous years. However, the absence of data by level of the market from key drug production and/or trafficking countries in Europe is a weakness that must be addressed if we are to fine-tune our understanding of EU drug markets.

An examination of the data on drug routes received reveals that, in the last 3 years, 12 countries reported data, of which nine reported each year. In looking at the different drug categories, some minor deficiencies in the reporting form were identified and the form will be revised to eliminate these.

Despite some limitations, drug seizure data, when taken together with data from other sources, play an important part in enabling us to understand drug supply, as has been evidenced by several key strategic reports. For example, in addition to the EMCDDA's own reporting, Europol's *European Union Serious Organised Crime Threat Assessment 2017* made use of this EU-level data collection. Other, complementary data, such as those derived from monitoring drug residues in wastewater, present new opportunities in this regard. Furthermore, the data are very useful in the context of strategic analysis regarding drug trafficking and production affecting Member States: the data can be used to identify possible new trafficking routes and/or changes in transit countries.

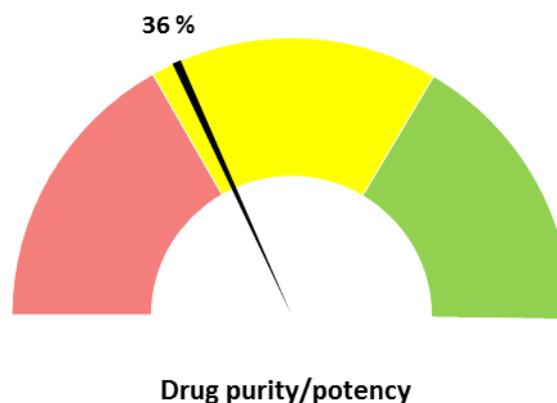


Purity and potency of illicit substances

Data collection for this indicator was revised in 2017. The main new feature was the introduction of reporting on drug purity/potency by market level.

As for the other indicators, the way in which drugs were categorised was improved so that more drugs could be reported. At the same time, the reporting form was made more accessible through the introduction of tabs and a dropdown list for each drug category.

Before the update, Member States reported purity/potency for a limited list of drugs and only at retail level. The update has brought greater functionality, making it possible to provide, in a standardised format, data regarding purity/potency for different types and forms of drugs at different market levels.



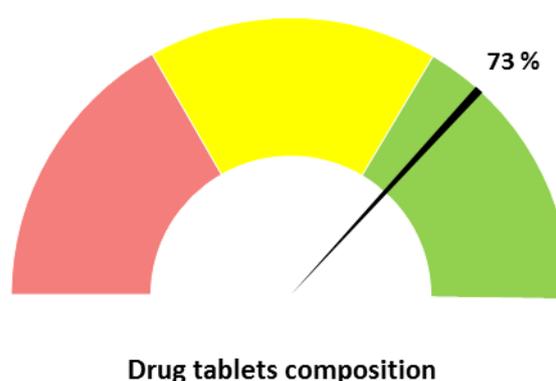
An analysis of the data set gathered in 2017 showed that 11 countries had provided data in the newly created categories. For example, in 2017, six countries reported the purity of cocaine at wholesale level, two countries reported cannabis potency at wholesale level, four countries reported opioid purity at wholesale level and five countries reported the purity of non-cocaine stimulants at wholesale level. A small reduction in reporting was observed at retail level when comparing 2017 data with 2016 data. In 2016, 29 countries submitted data, while, in 2017, 27 countries did so.

The data collected on the potency/purity of illicit substances are consistently valuable for the strategic analysis of the European drug market, making it possible to analyse drug trafficking patterns and trends. Furthermore, used in connection with other available indicators, the data may reveal other important information, such as production areas and trafficking hubs. Combining potency/purity data with information on prices at different market levels is particularly beneficial and is an approach that was explored in a recent paper on drug affordability, which also takes national economies into account (Groshkova et al., 2017). Awareness of the importance of submitting accurate and comparable data should be further raised, as such data are vital for producing high-quality analysis and reports that could be useful for a number of stakeholders.

Composition of illicit drug tablets

In line with the methodology for indicator development described above (Section 3), the EMCDDA used the outcome of a study commissioned in 2015 to revise two existing data collection instruments to improve data gathering on drug purity/potency and tablet content data in the EU. Tablets are not routinely adulterated between wholesale and retail level, and therefore there was no need to introduce reporting by market level in this instance. The following improvements were introduced in the 2017 data collection exercise:

- The category of 'amphetamine-type stimulants' was split into two categories, 'amphetamine' and 'methamphetamine'.
- The fields for providing information under the categories 'other', 'miscellaneous' and 'adulterants/cutting agents' were moved from the methodology section to the data section.



In the 2016 data collection exercise, 25 of the 30 countries reported data on the content of tablets containing illicit drugs. In 2017, 2 further countries did not report data on the composition of illicit drug tablets, reducing the number of reporting countries to 23. Although slight, this decrease is clearly undesirable and, should this downward trend continue in the 2018 reporting cycle, action will be taken to identify the issues and seek solutions.

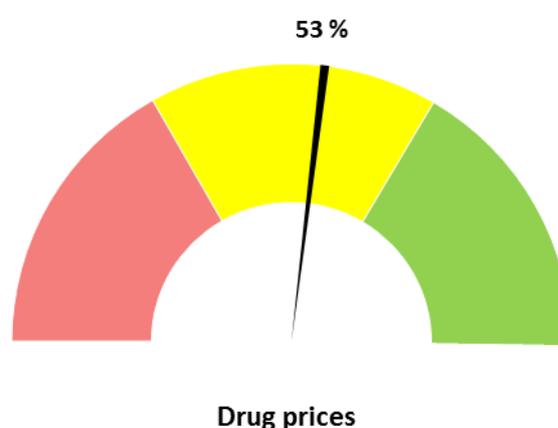
The reporting of a consistent set of data on the content of illicit drug tablets facilitates in-depth analysis of changes in the EU drug market. A lack of data from countries that play key roles in the production and/or distribution of illicit drug tablets, most notably MDMA tablets, hampers our strategic understanding of the market.

Price of illicit substances

In November 2016, the EMCDDA Reference Group on Drug Supply Indicators endorsed a revised prices data collection template and protocol, which were adopted later that month by the Reitox national focal points. The revision was the result of a mapping exercise executed in 2015.

Before the introduction of the revised data collection instrument, the Member States reported retail prices only for a predefined list of main drugs. The revisions provided greater functionality by making it possible to report, in a standardised format, price data for different types and forms of drugs at different market levels.

In the first data collection exercise with the revised instrument, executed in 2017, 17 Member States provided data in the new format: all 17 reported wholesale prices for cannabis, 15 reported wholesale cocaine/stimulants prices and 13 reported wholesale prices for heroin. All but one EMCDDA reporting country reported retail prices in at least one of the categories that had existed before the introduction of the revised data collection.



Data on illicit drug prices are an essential element for understanding drug markets, which makes this revised data collection extremely valuable. The collection of these data allows the EMCDDA to analyse drug market dynamics to understand trends in availability and to compile reliable market size estimates. In addition, new insights have become possible; for example, the data, when combined with purity data and measures of national purchasing power, highlight the importance of drug affordability (Groshkova et al., 2017). It is essential that the EMCDDA receives more accurate and comparable data from all Member States to gain greater insight and thus deliver higher quality products that can help law enforcement, policymakers and researchers in their understanding of drug markets and drug supply reduction.

Drug production monitoring tools (EMCDDA-Europol)

Developing the drug supply indicators related to drug production involved close cooperation between the EMCDDA, Europol and the Member States. This cooperation focused on developing tools for monitoring dismantled synthetic drug production sites (ERISSP), cocaine secondary extraction sites (ERICES) and cannabis production sites (ERICP).

Every effort was made to keep the tools simple and as user friendly as possible to facilitate reporting. Indeed, the tools were developed in full consultation with the Member States with most experience of the production phenomena. The tools allow Member State law enforcement agencies to collect and

report their data in a comparable manner at EU level on an annual basis and the data can then be analysed at European level for the purposes of strategic understanding of drug markets and drug supply reduction efforts.

The EMCDDA and Europol, often in partnership with CEPOL, the European Union Agency for Law Enforcement Training, have been training Member State law enforcement officials to use the tools through training sessions and webinars.

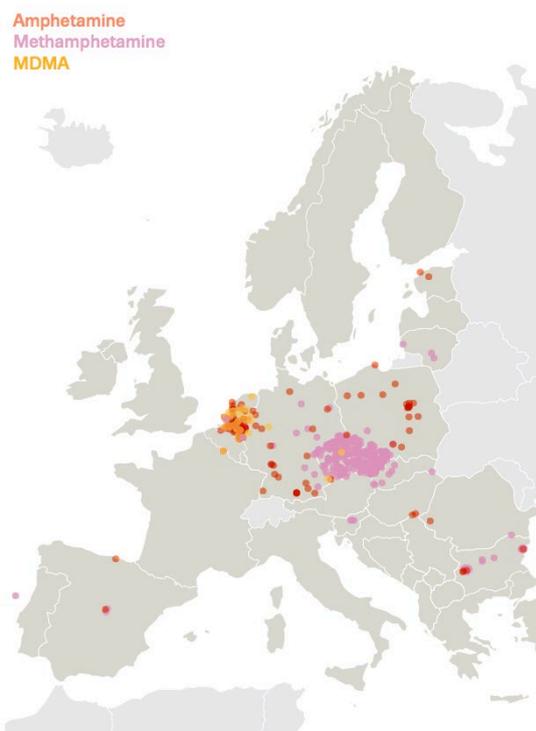
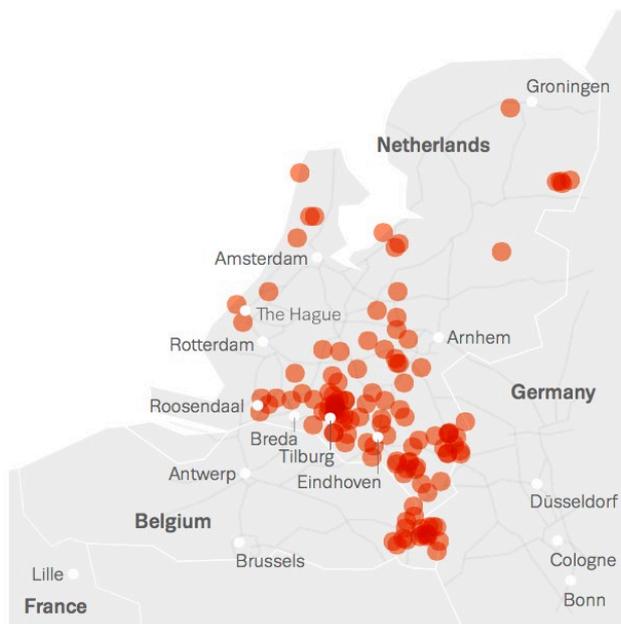
The synthetic drug production monitoring tool was the first to be developed, by an expert working group, and was quickly adopted by the Member States. A review of this tool and its accompanying protocol was carried out in 2017 at the request of the Member States. Some Member States have adopted ERISSP as their national monitoring system. All countries in which synthetic drug production is known to take place have provided data from the beginning.

The reporting tool on dismantled secondary cocaine extraction laboratories was developed based on the successful synthetic drug reporting tool. The discovery of secondary cocaine extraction laboratories in Europe is fairly rare, and the low numbers of reports — so far from across five countries — partly reflect this. Recently, there have been signs emerging of the processing of coca paste in Europe, so this tool may need to be adapted to what could become a new reality.

The cannabis production data collection tool was developed based on recommendations arising from a study and mapping exercise. Despite several attempts to introduce the new tool across the EU, the level of uptake has not been encouraging, with data submitted by only a handful of Member States. After the decision in 2017 of the Standing Committee on Operational Cooperation on Internal Security to make cannabis a priority in the EU policy cycle for 2018-2021, the Member States agreed to implement the ERICP data collection under the auspices of the EMPACT 2018 operational action plan. This will presumably result in reporting from more Member States.

Data are reported using these tools to Europol annually (although Member States are encouraged to report several times a year, and many do so) through SIENA (Secure Information Exchange Network Application). Subsequently, Europol transmits the data received to the EMCDDA using the same platform. An example of the type of analysis that can be carried out using the information is the mapping of synthetic drug production sites in Europe and of waste dump sites in the Netherlands and Belgium produced for the 2016 EU Drug Markets Report (Figure 4).

FIGURE 4

Maps of (a) illicit synthetic drug production sites in the EU (2013-2015) and (b) waste dump sites in the Netherlands and Belgium (2013-2014)**(a) Amphetamine, methamphetamine and MDMA production sites in the EU, 2013-15****(b) Dump sites of waste from synthetic drugs production in the Netherlands and Belgium, 2013-14**

Note: Data reported to Europol by national authorities using ERISSP tool.

Source: Europol.

Ongoing developmental work

As well as the work detailed above, which was, in the main, undertaken using the Council Conclusions as a guide, we at the EMCDDA have been working with our partners to investigate, trial and pilot other means of collecting information in the domains identified as priorities for improving our knowledge and understanding of the drug situation in the EU. Although this work is resource intensive, we consider it to be critical for building the monitoring centre of the future, as set out in the *EMCDDA Strategy 2025* (EMCDDA, 2017b), which presents the case for the Centre to pay greater attention to development of multi-source analytical models and to the use of innovative approaches to identify, track and monitor new drug trends.

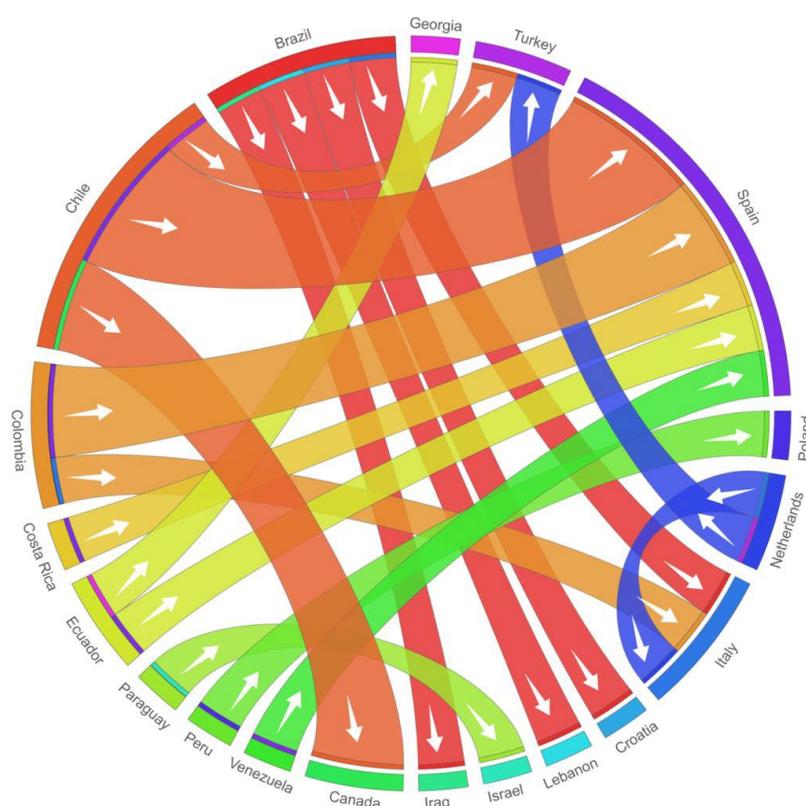
Some of the most important work streams are summarised below.

Improving the timeliness of data

Despite the progress made, one important deficiency of routine data remains: timeliness. The data collection and EU-level reporting cycle are such that the European Drug Report published in June 2018 contains the data submitted to the EMCDDA at the end of 2017, which relates to the national data of 2016. With the pace of change in drug markets, this situation is considered suboptimal. Exceptions to this tardiness are the data provided on a day-to-day basis through the EU Early Warning System on New Psychoactive Substances. The data on drug residues in wastewater are also more timely, being published within months of the measurements being taken. For instance, data

from the spring 2017 European wastewater monitoring campaign were available at the EMCDDA for analysis in December 2017. Another way to compensate for the lack of timeliness is through monitoring of open source information (OSI) ⁽¹⁾. Notwithstanding the limitations, useful information can be derived through the monitoring of OSI, such as on trafficking flows (Figure 5). The EMCDDA will continue to work with the European Commission Joint Research Centre to improve capacity in this regard.

FIGURE 5
Example of cocaine flow analysis using open source information



Monitoring drug-related crime

There are also some very obvious gaps in the data collection system, notably in respect of drug-related crime. Currently, monitoring in this domain is restricted to drug offences themselves, such as possession/use offences, production offences and various types of supply offences. One of the major impacts of drug markets is serious violence and homicide, which may be psychopharmacological, economic-compulsive or systemic. The EMCDDA is supporting work that is already under way elsewhere to develop a sensitive system to collect drug-related homicide data, the European Homicide Monitor, and there are some promising early results. Two recent papers (EMCDDA, 2018; de Bont et al., 2018) explore this topic. The development of similar ad hoc data sets for drug-related acquisitive crime, considered a major burden in many countries, is planned.

Drug precursor monitoring

There have been many significant developments and innovations in the area of drug precursors in recent years, and it is possible to understand drug market dynamics only if one has a firm grasp of the precursor situation. Synthetic drug producers, in particular, have been active in developing new substances to circumvent international control regimes. Following a request from and with the support

⁽¹⁾ Although there are some clear limitations with this kind of data source, unpublished data show that information on large seizures of cocaine and heroin can be collected in near real time by OSI techniques, thus improving the analysis capability.

of the European Commission, the EMCDDA has stepped into the arena of precursor monitoring, in close cooperation with Europol. This has been extremely beneficial for the three partners, with each gaining a greater understanding of this area based on the knowledge and experiences of the others. The data on seizures and stopped shipments of drug precursors used for the production of synthetic drugs in the EU submitted by the Member States to the European Commission have been included in the European Drug Report since 2015 (Table 1).

TABLE 1
EU drug precursor data from the European Drug Report 2018

TABLE 1.2

Summary of seizures and stopped shipments of EU scheduled precursors and non-scheduled chemicals used for selected synthetic drugs produced in the European Union, 2016

Scheduled/non-scheduled	Seizures		Stopped shipments		TOTALS	
	Number	Quantity	Number	Quantity	Number	Quantity
MDMA or related substances						
PMK (litres)	8	1077	0	0	8	1077
Safrole (litres)	5	63	0	0	5	63
Piperonal (kg)	2	1	4	7700	6	7701
Glycidic derivatives of PMK (kg)	16	5905	1	1000	17	6905
N-t-BOC-MDMA (kg)	1	123	0	0	1	123
Amphetamine and methamphetamine						
Ephedrine bulk (kg)	33	64	0	0	33	64
BMK (litres)	24	2506	0	0	24	2506
Pseudoephedrine bulk (kg)	12	20	0	0	12	20
APAAN (kg)	7	597	0	0	7	597
PAA, phenylacetic acid (kg)	0	0	5	112	5	112
APAA (kg)	27	5884	2	2025	29	7909
Glycidic derivatives of BMK (kg)	19	3290	0	0	19	3290

Synergies with other data sources

Besides the developments noted above, exploiting alternative data sources has also been under consideration by the EMCDDA recently. It is possible that there are other established data collections, such as those on crime statistics, that could be adapted to collect some drug-relevant data. A mapping of desirable data has been carried out, and it was described in the EMCDDA Paper *Developing drug supply monitoring in Europe: current concepts* (EMCDDA, 2017a). Work is being pursued with the European Commission to influence the revisions of such data collections wherever possible, and there could be some 'quick wins' in this respect.

Conclusion

The Council Conclusions of 2013 that guided the EMCDDA's work on improving the drug supply indicators, while focusing the work to achieve the improvements noted in this paper, were fairly prescriptive. It has become clear that, while some countries found it relatively straightforward to adapt their national reporting systems, for other countries it remains a difficult exercise.

When assessing the progress made, it should be noted that it was achieved against a backdrop of considerable austerity in Europe and competing priorities such as countering the terrorist threat and heightened concerns about cyber threats. Nevertheless, some countries managed to 'do more with less'. When referring back to the stipulation in the Council Conclusions that 'progress is achieved incrementally, recognising the differences that exist between Member States as regards needs, priorities, capacities and policies', on the basis of what is reported here, good progress has clearly been made. In view of the EMCDDA's experience of developing the key epidemiological indicators, we consider that the progress made in the supply area thus far has been notable, given the challenges in this area. That being said, at the current rate of progress, reaching a critical mass of countries reporting on each indicator appears to still be a few years away, unless some fresh impetus

is injected. A third European conference on drug supply monitoring would provide such impetus. The EMCDDA proposes that such a conference could be held in 2020 or 2021 if resources are available.

Combining the progress made in terms of the quantitative data supplied in the standard tables, the qualitative information provided in the workbooks and the ad hoc information collected through expert networks and from meetings and conferences, the EMCDDA's strategic overview of the EU drug market is now, more than ever, well supported by evidence. Some of the new developments and capacities in our monitoring briefly presented above demonstrate that more improvements are under way, and we are committed to investing in innovation. Monitoring drug markets and supply is a constantly evolving activity and we are optimistic that more countries will report in the revised data collections, providing enhanced analysis, improved insights and the opportunity for a greater understanding of the drug situation leading to better policy responses.

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