

Speech

Speaker	Wolfgang Götz, EMCDDA Director
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Ladies and Gentlemen,

It is my great pleasure to present to you today the EMCDDA's new analysis of the drug situation in Europe.

But before I do this I would like — if you will allow me — to make two remarks of a more general nature.

Firstly, on Friday evening we sent you by email our 2014 General Report of Activities in which you will find the details of our achievements last year. If you have any questions on this report I would be most happy to reply to them today, or later by email, or in another of your meetings.

And secondly, I would like to thank the members of the LIBE Committee for your support in bringing the EMCDDA's budget more into line with the exponential growth of our workload. Your positive votes on our budget for the last two years were confirmed in the Budget Committee and in Plenary, but unfortunately each time we lost our case in the conciliation process.

But I am an optimist... and if all good things come in threes, and if you support me again this year, we should have a chance of succeeding on this third attempt. Anyway, as my mandate will come to its end sometime late this year or early next year — the exact date is not yet clear — I can already guarantee that I will not come back to you on this issue.

But now it's high time to come to the drug situation.

[20 years]

The 2015 European Drug Report (EDR) is our 20th annual analysis of the drug problem in Europe. And the comprehensive reporting package we present today bears little resemblance to our first report in 1996. Today, our analysis benefits from a globally regarded European monitoring system covering 30 countries. In 1995, when we started, working with just 15 Member States, European drug policy was being driven by a heroin epidemic. The need to tackle heroin problems and reduce HIV transmission and AIDS-related deaths were paramount. Although these problems persist today, the responses needed are largely in place and other emerging issues now demand our attention.

[Opioids]

While heroin is still responsible for a major share of drug-related problems in Europe, recent trends in this area have been relatively positive. Declines in new recruitment into heroin use are illustrated by the fact that the number of people seeking treatment has more than halved since 2007 (from 59 000 to 23 000). Heroin injection is in decline too, as well as new HIV diagnoses among people who inject drugs (PWID). One of the big success stories of the last 20 years has been the extension of treatment provision to drug users in need — with over half (700,000) of Europe's 1.3 million opioid users now in substitution treatment.

Nevertheless, providing an appropriate response for this group is still a challenge. Heroin dependence is a chronic condition, and as we have warned for some years, services must adapt to the needs of ageing users. Responses for this group are complicated by the consequences of long-term poly-substance use. For example, the misuse of benzodiazepines in combination with opioids creates a greater risk of overdose. And mortality rates continue to be unacceptably high for this group. More than 6 000 overdose deaths were reported in the EU during 2013. But widespread responses to this problem are now being implemented including overdose training for drug users and professionals, take-home naloxone programmes and, in some countries, the use of supervised drug consumption rooms.

Despite outbreaks in Greece and Romania three years ago, our estimate of 1 500 new HIV diagnoses is the lowest for a decade, and this is due, to a large extent, to the impact of targeted services — and their continued provision is essential. However, high rates of hepatitis C infection among injecting drug users persist. New and effective anti-viral medications are now becoming available — but treatment costs can be prohibitively high and access to testing remains a concern.

If we now turn to the heroin market, the picture is mixed. Since 2009, the number of EU-seizures shows a marked decline — the 5.6 tonnes of heroin seized in 2013 is among the lowest reported in the last 10 years. Nonetheless, we have a number of concerns here... First, recent UN estimates suggest a substantial increase in Afghanistan's opium production. As you know, this is the country supplying most of Europe's heroin and there are potential knock-on effects in terms of future availability. And second, there is also innovation in the supply of heroin to markets in Europe, shown, for example, in the detection of two heroin processing laboratories inside Europe (Spain) as well as in changes to trafficking routes.

[Cannabis]

While there are declines in heroin treatment entrants, the numbers being treated for cannabis problems are increasing. Over 60,000 people entered treatment for cannabis problems for the first time in 2013. And cannabis remains Europe's most widely consumed illicit drug, with some 20 million adults (15–64 years) using it in the last year. Around 1% of European adults are daily users.

For some years now, the cannabis policy debate has assumed an international dimension, with initiatives to regulate the sale of cannabis in the Americas drawing global interest. In Europe, discussion largely remains focused on the potential health costs of cannabis, and this drug remains the focus of Europe's law enforcement activity. Currently, cannabis accounts for 80 % of all drug seizures, while cannabis use or possession for personal use accounts for 63 % of Europe's 1.25 million drug law offences.

[Stimulants]

Europe's stimulant market is defined by several competing products, including cocaine, amphetamines, ecstasy and a growing number of new drugs. Cocaine remains Europe's most commonly used stimulant — used by around 2.3 million young adults in the last year. An estimated 1.8 million used ecstasy and 1.3 million used amphetamines. Trends in the medium term for these stimulants indicate overall stabilisation or decline, but new patterns of use as well as high-potency products are of concern. The injection of

methamphetamine and synthetic cathinones (such as mephedrone or MDPV), are worrying localised problems in groups of high-risk drug users in some countries.

[Purity and toxicity]

Increases in purity for most of the commonly used drugs — including cannabis, ecstasy, cocaine, and heroin — are evident. This raises concerns for the health of users who — knowingly or not — are consuming stronger products. With cannabis, we have seen domestically produced, high-potency herbal products take an increasing market share in recent years. Now the data show an increase for imported resin which is probably linked to new production practices — for example in Morocco.

Similarly, high purity MDMA powder and tablets are now more widely available. Together with Europol, we have issued a number of public health alerts on the risk of consuming such products. And, following a series of deaths, alerts were also issued on ecstasy tablets containing other harmful substances (such as PMMA).

Technical innovation and market competition are among the factors behind the increasing purity of many illicit drugs. The quality of synthetic drugs is largely driven by the availability of precursor chemicals. And for the first time, we now have data on seizures and stopped shipments of drug precursors. These data confirm that both scheduled and non-scheduled substances are being used for synthetic drug production in the EU. With regard to market competition, the availability of new psychoactive substances (NPS) appears to play a role. In some national markets high-quality synthetic cannabinoids and cathinones represent a real alternative to low-quality, and relatively more expensive, established drugs.

[NPS]

The pace with which new drugs are emerging continues to accelerate with around two new psychoactive substances detected every week in the EU. And we are now monitoring over 480 new substances — over four times more than four years ago.

The 101 new substances detected last year, include 31 synthetic cathinones and 30 synthetic cannabinoids. These substances are often sold respectively as legal replacements for stimulants and cannabis. Synthetic cathinones and cannabinoids are also the most commonly seized new substances, representing 61 % of the 35 000 seizures of NPS reported in 2013.

In most EU countries, the prevalence of use of these substances appears to be low. However, due to the severe toxicity of some NPS, even limited use can be a concern.

[The Internet]

Both new and established drugs are increasingly available online. Marketplaces exist on both the surface web and the deep web. Without doubt, this area of online drug markets is a challenging area for drug control policies. Developments, such as the introduction of new marketplaces and crypto-currencies, can occur rapidly. Both existing monitoring and regulatory models will need to be adapted to perform in a global and virtual context.

[Concluding remarks]

Ladies and gentlemen,

The new European Agenda on Security (2015–20) acknowledges the dynamic character of the drugs problem. In particular, its connections to organised crime and the evolving threat of market innovation in

the production and sale of drugs. As drug-related threats develop, our monitoring systems must evolve to keep pace with these changes to continuously provide robust information for decision making.

Over the last two decades, European drug policy has been moving in constant progression from ideology to evidence. And the European Union and its Member States have been particularly successful in introducing their unifying values — freedom, democracy, rights — into drug policy. But many parts of the world have not yet followed such an approach.

The next Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016) is fast approaching and I believe that the EU has a crucial role there — to speak with a unified and loud voice, to bring ‘more Europe’ into world drugs policy.

I believe that all regions of the world need to let science and objective and reliable information inform the political debate and contribute to political decisions — just as the EMCDDA has been doing in Europe for the last 20 years.

Ladies and Gentlemen,

I am deeply convinced that for a more effective drug policy approach in the future, we need more faith in evidence and more Europe internationally.

Thank you very much for your attention.