



Speech

Alexis Goosdeel, EMCDDA Director



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European Drug Report 2022: Trends and Developments

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(Transcript)

Good morning,

First of all, I would like to express our warm thanks to Commissioner Ylva Johansson for her permanent support and also to Dr Franz Pietsch, the Chair of the EMCDDA Management Board.

Are drugs different today? What can we do about this?

Well, the answer is simple. In a few words, drugs are back. Drug supply and use are bouncing back in Europe. We have reached again pre-COVID pandemic levels of consumption, increased complexity of supply and use and a huge pressure from the drug market on the customer base. First of all, three words can be used to summarise and illustrate the situation today.

The first is drugs are **Everywhere** today. We never had such high availability of drugs in the territory of the European Union. 213 tonnes of cocaine were seized in 2020, and even more in 2021. 21 tonnes of amphetamines were seized in 2020. At the same time, we see a change, an increase in the production of synthetic drugs in the territory of the EU, with over 350 laboratories dismantled and record seizures of new psychoactive substances (NPS).

The next word is **Everything**. Everything can be used as a drug. This breaks from the old definitions: soft versus hard, chemical versus plant-based, licit versus illicit. There is a much broader offer of substances today that are the cause of addictive behaviours. New potent and hazardous substances are appearing every week on the drug market, with synthetic cathinones — a group of synthetic stimulants — being extremely worrying. These are now the second largest category of NPS under observation.

Then, we see an increase in the diversification of cannabis products, with some contents of cannabis in edibles/food, but also in e-liquids for vaping, that may create potential new risks and new harms for the people who are using them. And then, locally, the emergence of crack use as one of the consequences of the high availability of cocaine and also, locally — still, not in a very big dimension, but still increasing — the appearance of crystal meth in some cities in Europe.

So, the consequence of this — and this comes to the third word — **Everyone**. Everyone can suffer and be impacted by these changes. It can be because of adulterated cannabis. What we have observed recently is herbal cannabis that has been sprayed with synthetic cannabinoids, and that for instance, can cause a delusional state. So, for psychiatrists and physicians who have to assess the status of those persons arriving in the emergency room, it is extremely important to be aware of the existence of these sprayed synthetic cannabinoids in order to make a more correct, differentiated diagnosis.

We also observe a huge increase in the concentration of cannabis resin, with the average THC content of cannabis resin now reaching 21 %. But we also see an increase in the health threats associated with cocaine and, in some countries — including outside the EU, like in the UK — we see the emergence of cases of death from overdose after combining the use of cocaine together, for instance, with benzodiazepines. And then we also observe that there is a much broader range of substances that can be used by injection. Last but not least, what is appearing as a recent change is that we see that there may be, at least in some cities in Europe, a correlation between the increase in the cases of overdose and the increase in the consumption of methamphetamine and chemsex. All of that shows that there is much more diversity in the number of people who can be affected by addictive behaviours and their harmful consequences, and that the drugs problem today certainly cannot be described only in terms of heroin use.

So, what can we do?

Well, we need to continue to protect young people. That's the main priority. We need to scale up treatment and harm-reduction services. We need also to diversify, to adapt the offer of services to the needs and to the situation.

And, from that perspective, it's quite alarming to see that only four out of 29 countries (27 EU Member States, Norway and Turkey) are meeting the WHO targets that consider the minimum number of syringes that have been distributed to people who are injecting drugs and the minimum coverage of 40 % of the needs for treatment. And the average in Europe for high-risk opioid users in treatment is only 50 % and, in many countries of the EU, this percentage does not go beyond 20 %. So, we need to continue the effort. There is a need also to sustain those approaches by re-insisting on the respect of fundamental rights for people who are using drugs and, at the same time, as the Commissioner said, we need to continue and strengthen the law-enforcement effort because there is no way to act only on reducing demand if we do not work at the same time on reducing supply.

So, what are the new challenges?

Many of them. The first is that Europe, more than ever, is a big drug production area, which means that there are consequences and potential consequences for the future. Some of these drugs today are for export, but we already notice there is pressure from the offer of these substances on local markets in the territory of the EU.

Methamphetamine is potentially a new danger and, when we know the situation, the negative impact on health caused by methamphetamine use in the US, in Australia or in Southern Asia, certainly it would be 'breaking very bad' if this was developing in Europe. So, we need to act before it is spreading and spilling over into the territory of the EU.

There may be consequences of changes in Afghanistan, not only regarding the production of heroin but also, as the Commissioner said, the production of methamphetamine, that could be a new source of methamphetamine in the territory of the EU. We need to continue to monitor and observe the situation. We also have strengthened global organised crime and also digitalisation, which has been boosted by the COVID pandemic and which is here to stay. This means higher difficulty, higher complexity but also new opportunities for law-enforcement forces, as demonstrated by EncroChat and Sky ECC.

The Commissioner mentioned the war in Ukraine. There may be consequences for the Ukrainians in treatment in Ukraine, for people fleeing Ukraine and needing support and assistance in the countries neighbouring Ukraine. But also, there is potentially an impact on drug trafficking routes and there are already some indications that there may be a higher pressure on the risk for cross-border crime and trafficking between Turkey and Bulgaria or Turkey and Greece.

And then what we should not forget, during and after COVID, that there was already an economic crisis and we have only seen the beginning. Now, the war in Ukraine is bringing an additional dimension to that

problem that, in any case, will have a negative impact on vulnerable groups. So, we need to address those challenges combining different policies.

Last but not least, what are our resources? What can we do? What are the ways in which we can address or anticipate the problem?

First, we have the European Drug Strategy and Action Plan that give a common framework for all the EU Member States and the EU to work together on this. What we also know is that we have a portfolio of evidence-based responses and there are new developments, new needs. So, we need not only to continue to invest, we certainly need to invest more, in implementing and making use of evidence-based best practice for demand reduction. We need to continue to monitor the trade in precursors, and the fact that the report is showing that there is an increase, as I mentioned, in the production of different drugs in Europe, means the challenge created by chemical precursor diversion becomes now an even more important problem at European level.

We started already during the COVID pandemic to invest and to develop activities to strengthen our preparedness. At the moment, we have expanded this activity to try to assess the immediate consequences of the war in Ukraine for the neighbouring countries of Ukraine. Finally, we need to provide even more support for forensic and toxicology labs because the more we have and produce accurate knowledge about the content of the seizures, the content of the products, but also the body liquids, the forensic examination of people who died from overdose, the better we understand those overdoses and try to prevent them.

Talking about toxicology and forensic labs, we are celebrating this year a very special 25th anniversary. This is the anniversary of the EU Early Warning System on new psychoactive substances. In 1997, the so-called Joint action on new synthetic drugs was created. It was a very forward-looking initiative from the European Commission at a time, where there were not yet so many synthetic drugs discovered on the drug market. Today, we discover one every week. One new drug that was never seen on the European drug market is discovered in Europe every week. Until around four or five years ago, this was two NPS per week.

It is also the first time that there is a cooperation, and close cooperation, between public health and law enforcement forces with immediate results. Those results are: 884 new substances have been detected in Europe over the last 25 years. We have produced 168 public health risk communications to the Member States on those substances and the associated risks. We have performed 37 risk assessments and, on the basis of those assessments, 27 substances have been put under control, first at European level, and then we have shared all the information, all the analysis with the WHO and with the UN to feed the process at UN level. This has led in turn to 26 out of 27 substances being put under control.

So, this shows, this illustrates that we, in Europe, we can save lives, we are actually already saving lives. The challenge for us now is to learn from the past experience of the past 30 years of EU drug policy. We need to learn for the present and, on that basis, and on the basis of the scientific evidence, this is the best way for us to anticipate new risks, new emerging threats and try to prevent them and to continue to protect our citizens.

Therefore, the proposal made by the European Commission, supported by Commissioner Johansson, to modify the mandate of the EMCDDA, to make it even more useful and to make it even more ready to help the EU and the Member States to address emerging threats, is extremely important and extremely welcome.

Thank you very much