



European Monitoring Centre
for Drugs and Drug Addiction

New trends in heroin use in Europe – historical developments, shortages, replacements

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What's happening to Europe's heroin supply?



Sharp drop in availability of heroin reported in UK and Ireland in late 2010 /early 2011, and shortages in Bulgaria, Hungary, Slovenia, Slovakia, Croatia, Switzerland, Russia.

Trendspotter approach 2011– heroin shortage

- Map and explore heroin shortages in Europe
- Identify consequences, replacements
- Multi-source, multi-method and triangulation



Trendspotter methods

Multi source, multi-method, triangulation:

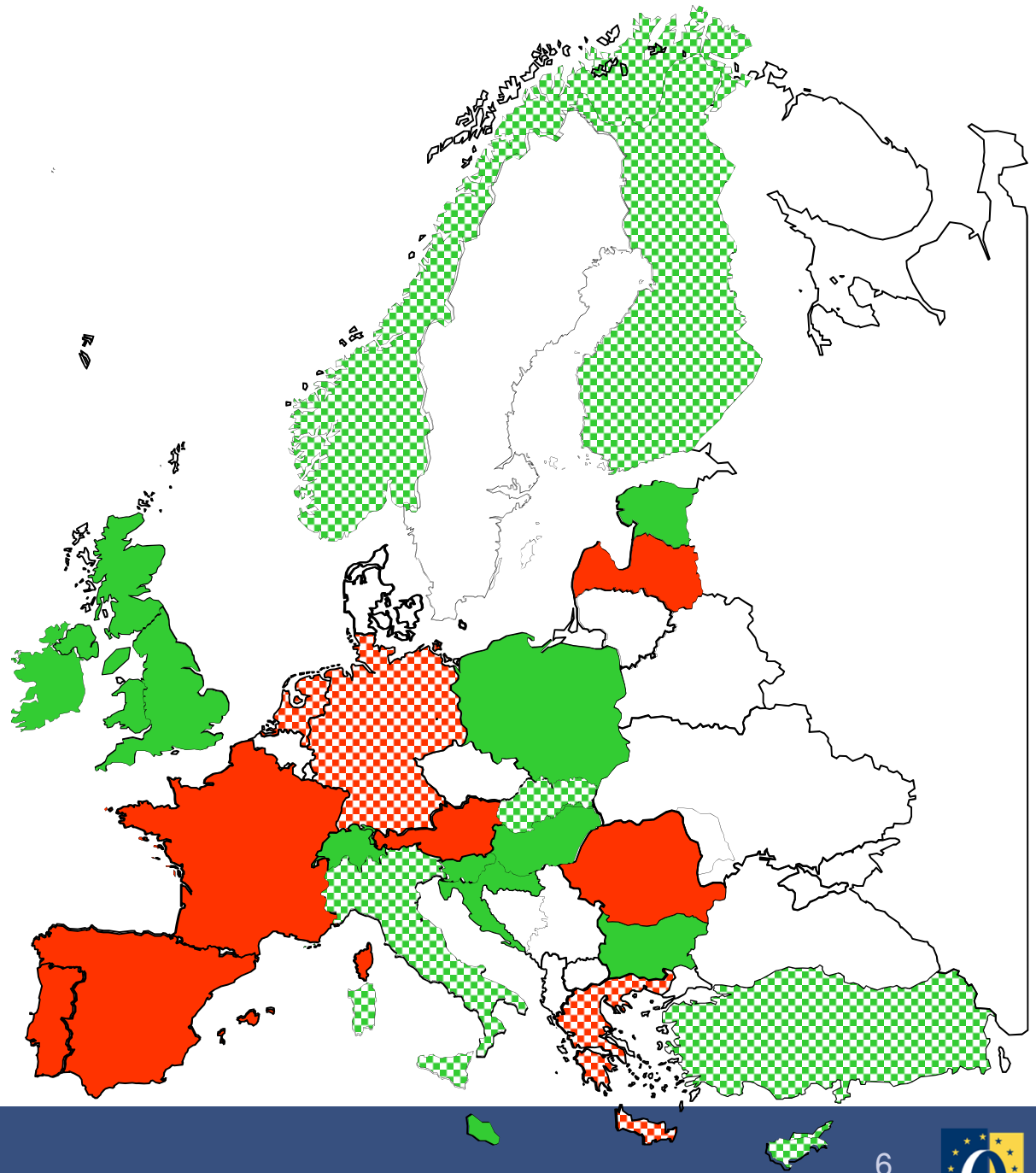
- Literature review
- EWS info request by email
- Hof FP questions
- Electronic survey
- Expert presentations
- Focus groups
- Twitter



Results: countries experiencing shortage



Heroin shortage and 'drought'



Divergent situations

- Severe heroin shortage for a small group of countries - Bulgaria, Ireland, Hungary, Slovakia, UK, Switzerland & Russia.
- Belgium, France, Portugal, no reports of heroin shortage, some reports of purity increases.
- A longer term reduction in heroin purity identified in some countries.
- Heroin disappeared Estonia, Finland markets 2001/2002 - result of early market shock.



Results: switching to other products?



Online survey to experts

10. Looking at the list of drugs below, please indicate for each drug, whether or not heroin users switched to these.

	Yes, a few switched	Yes, many switched	No	Don't know	Response Count
Methadone	70.0% (7)	20.0% (2)	0.0% (0)	10.0% (1)	10
Buprenorphine	25.0% (2)	37.5% (3)	12.5% (1)	25.0% (2)	8
Fentanyl	10.0% (1)	30.0% (3)	20.0% (2)	40.0% (4)	10
'Compot'/other locally produced opioid preparations	14.3% (1)	0.0% (0)	71.4% (5)	14.3% (1)	7
Benzodiazepines (Xanax)	16.7% (1)	16.7% (1)	33.3% (2)	33.3% (2)	6
Benzodiazepines (phenazepam)	28.6% (2)	0.0% (0)	42.9% (3)	28.6% (2)	7
Benzodiazepines (other)	12.5% (1)	62.5% (5)	25.0% (2)	0.0% (0)	8
Rohypnol	12.5% (1)	0.0% (0)	62.5% (5)	25.0% (2)	8
Ketamine	12.5% (1)	0.0% (0)	62.5% (5)	25.0% (2)	8
Cocaine	0.0% (0)	12.5% (1)	75.0% (6)	12.5% (1)	8
Crack	0.0% (0)	25.0% (2)	62.5% (5)	12.5% (1)	8
Amphetamine	12.5% (1)	12.5% (1)	50.0% (4)	25.0% (2)	8
Methamphetamine	33.3% (3)	0.0% (0)	44.4% (4)	22.2% (2)	9
Mephedrone	12.5% (1)	12.5% (1)	50.0% (4)	25.0% (2)	8
Other cathinones	0.0% (0)	12.5% (1)	50.0% (4)	37.5% (3)	8
			Other (please specify)		3
answered question					10
skipped question					4

Replacements - filling the vacuum?



- Alcohol
- Benzodiazepines (UK, IE)
- Amphetamines (SK), crack cocaine (UK)
- Cathinones, synth cannabinoids (HU)
- Buprenorphine (FI, N), fentanyl (SK, EE, BU)

Results: insights into EU heroin trends



Slide, squeeze and shocks in EU heroin market

- Long term slide in some EU countries from 2001 Taliban ban on opium production
 - Irrevocable changes e.g. in Estonia & Finland
- Medium term market squeeze linked to poppy blight, floods, fighting other expanding markets & treatment expansion
- Short term shock – acute drought linked with countries on same supply networks
 - Linked with law enforcement action Turkey/UK

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EDITORIAL

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Understanding changes in heroin availability in Europe over time: emerging evidence for a slide, a squeeze and a shock

In this editorial we discuss the evidence that Europe recently experienced a heroin shortage. The information available suggests that some, but not all, countries experienced a severe market shock linked to law enforcement activities; however, this may be best viewed as an epiphenomenon, accompanying a longer-term decline influenced by both demand and supply side factors.

During the last decade changes in opium production in Afghanistan generated a concern that a potential 'flood of heroin' could enter the European market. To date, no evidence exists that this has happened and, conversely, the question has become whether Europe, in part or as a whole, has recently experienced a heroin shortage.

In late 2010, information began emerging that disruption was occurring in the European illicit heroin market. These accounts were difficult to reconcile, often anecdotal and inconsistent. They included reports of injectors switching to new substances, including cathinones, increased use of benzodiazepines and the appearance of novel synthetic opiates. Most consistent were media reports from Ireland and the United Kingdom, which pointed to a dramatic reduction in heroin availability. These accounts tended to focus on the perceived negative impact of the event, which included increased risk behaviour and the use of adulterated drugs. These themes were developed in the specialised press who were more analytical, suggesting, for example, that not all parts of the United Kingdom and Ireland were affected equally [1]. The lack of supporting empirical data and poor coherence between reports generated initial scepticism that this had wider significance. However, in winter 2010–11 health alerts were issued in both Ireland [2] and the United Kingdom [3] and corroborative data began to emerge from forensic, clinical and law enforcement sources. From a European Union (EU) perspective, the evidence was now sufficient to prompt a wider investigation, which also provided an opportunity to pilot methods, currently in development, to report on emerging trends more rapidly [4]. While the findings from this exercise require further review as more data become available, the exercise did not only reduce levels of uncertainty but also highlighted issues where our current understanding was inadequate. Perhaps the most basic of these was the differing conception of 'normal' levels of heroin availability that existed between countries.

A relatively consistent picture emerged across the sources used, showing that some European countries experienced a notable heroin shortage between November 2010 and March 2011, with a partial rebound occurring after this date. It is important to note that a number of countries did not experience a shortage during this period. The countries in which market disruption occurred include Bulgaria, Ireland, Hungary, Slovakia, Slovakia, the United Kingdom and Croatia. The evidence is less clear, but suggestive, for Greece, Romania, Cyprus and Russia. In Finland and Estonia the market had already largely collapsed before 2010. In contrast, in Germany, Spain, France, Portugal, Austria and possibly the Netherlands, no major changes have been observed – a guess being that in some of these countries heroin purity is low or has fallen. A complicating factor to this analysis is that the dramatic market shock experienced by some countries may have to be viewed as an epiphenomenon, accompanying a longer-term decline.

While it is not possible here to review all the data available to support this conclusion, an illustrative window is provided by drug testing data from Ireland and the United Kingdom. In both countries, large numbers of biological samples from treatment attendees and those in the criminal justice sector are tested. These data reveal a 50% drop in the number of positive tests for heroin between October 2010 and February 2011. The Irish data mirror the United Kingdom figures, but with the drop occurring slightly later (December and January). An emerging hypothesis is that we need to differentiate between a longer-term market slide and shorter-term shocks. A number of countries experienced disruption to availability following the imposition by the Taliban ban on opium production in 2001. This earlier shock seems to have resulted in irreversible changes, with this period seeing the establishment of 'heroin' in Estonia and buprenorphine in Finland, as heroin alternatives. Following this, both demand and supply side factors may have contributed to a longer-term reduction in availability; these include an ageing population, expansion in treatment, increasing availability of synthetic opioids and competition from other markets.

A number of fairly recent events, such as reduced production due to unfavourable weather and poppy blight, floods in Pakistan and fighting in Afghanistan, are likely to have contributed to a medium-term market squeeze. Regarding the more acute period of severe heroin

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Addiction



Questions for future discussion:

- What are the ‘normal’ levels of heroin purity?
- Were the countries most affected on major trafficking routes?
- Is Europe witnessing a more general trend, involving a transition to synthetic drugs or stimulants?
- Are new heroin trends emerging, with new routes of transmission, e.g. heroin sniffing?
- Will the shortage have a long-term impact, or will the market drift back to its ‘normal’ state?
- 2001 ban, changes in heroin market in other countries?



Heroin – EU’s main problem drug for last 30 - 40 years



It still is

About 1.4 million POU's

0.4 % of adults in the EU and Norway

But...diverse PDU and POU in Europe

Diverse problem drug use in Europe...

New opioid clients –
70% smoking

New opioid –
60% sniffing

Cocaine
50% new clients

New opioid –
99% injecting

Amphetamine
68% new clients



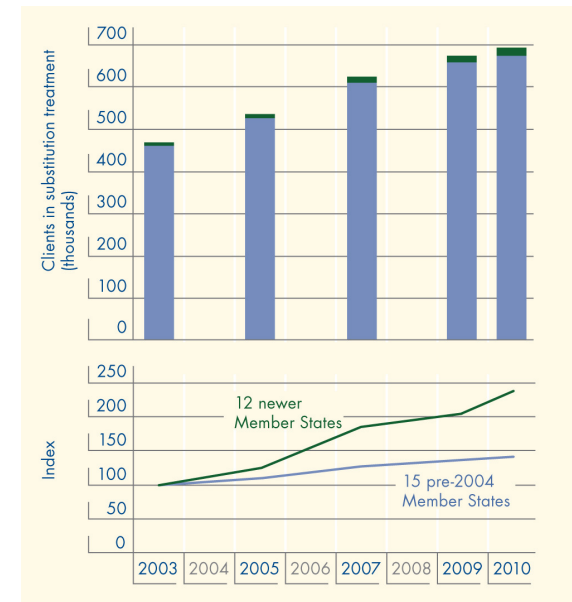
Diverse problem opioid use in Europe...

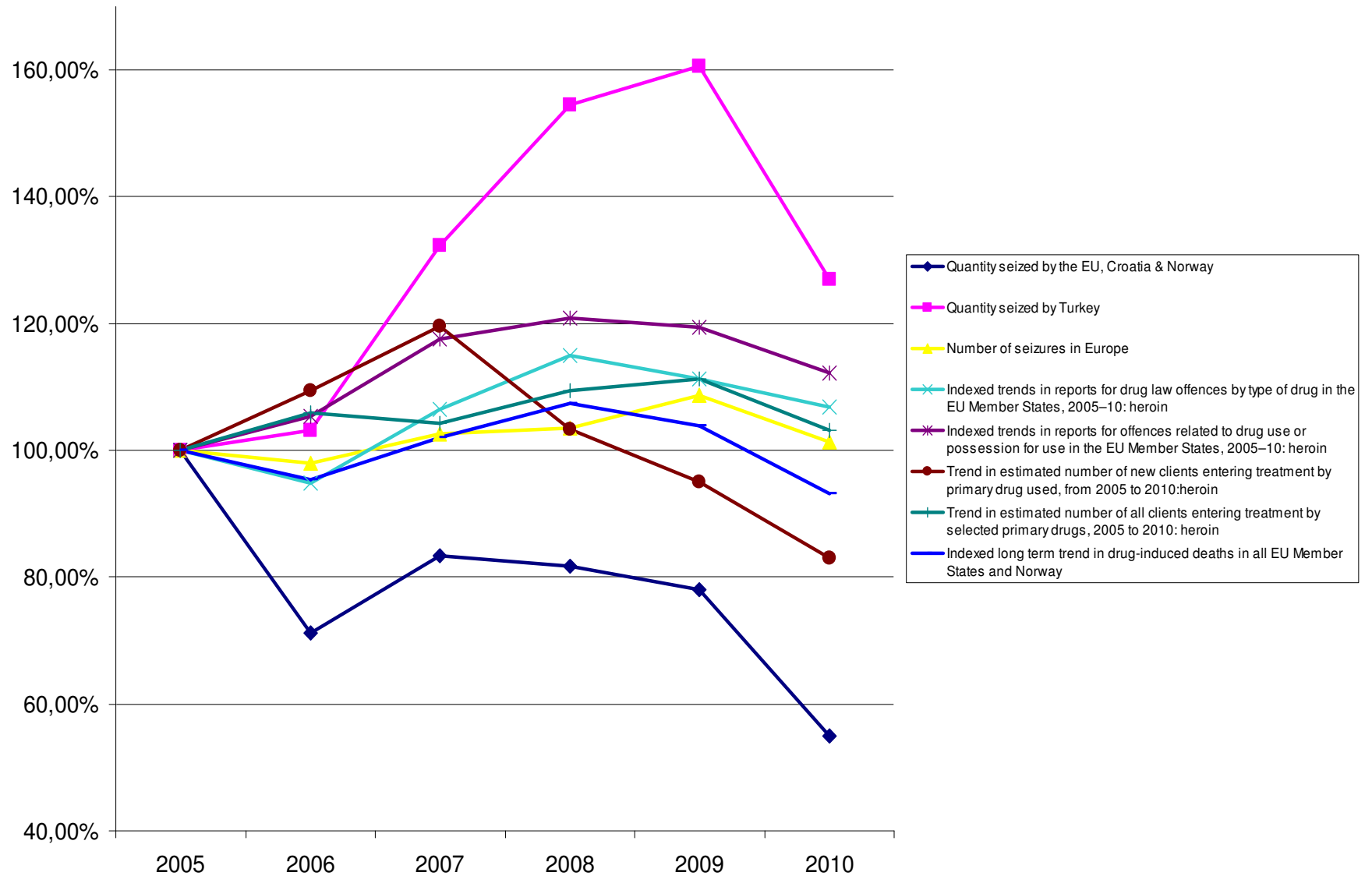
- UK – heroin injecting
- Netherlands – heroin smoking
- France – heroin sniffing
- Finland - buprenorphine
- Estonia - fentanyl



Longer term trends (context for recent shortages)

- Less new treatment entrants (heroin)
- Aging POU population, more frail
- Reduction in injection
- Increased treatment provision & coverage
- Decrease in HIV
- Stable mortality, ODs





Heroin, recent data (mainly 2009-2010) - picking up start of shortage



- Drop in treatment demand
- Small reduction in drug-induced deaths
- Less heroin-related drug law offences
- Reduction in heroin seizures
- Replacement with benzodiazepines, cathinones, fentanyl, amphetamines (NRs)



Temporal glip... ...or end of an era?



- Major increase in numbers in treatment
 - 500,000 in 2003 to 700,000 in 2010 OST
- Less new recruits - reduced demand for heroin
- Globally speaking, EU less interesting market?