



European Monitoring Centre
for Drugs and Drug Addiction

Problem drug use and new drugs: what can we learn from the EU early warning system?

Michael Evans-Brown — EU expert meeting on the EMCDDA key epidemiological indicator Problem Drug Use (PDU), 25-26 Oct 2012, Lisbon

Background

- Globalization and innovation [in the drug markets] have led to new drugs becoming widely available at an unprecedented pace
- At least initially, many new drugs do not spread beyond small groups of experienced users. Those that do can pose significant social and health risks to society
- In order to take appropriate measures to minimise harms, a range of stakeholders, including policy makers, law enforcement, practitioners, and researchers need access to timely evidence-based and authoritative information on these substances and trends in their use



Background

- Early warning systems play a critical role in detecting, identifying, and monitoring such substances, as well as helping to inform the responses that are likely to be required
- Yet predicting which drugs may lead to problematic use can be difficult



Responding to new drugs: a three step approach

June 1997–May 2005

Joint Action 97/396/JHA concerning the information exchange, risk assessment and the control of new synthetic drugs

May 2005–present

Council Decision 2005/387/JHA on information exchange (known as the **EU early warning system**), risk assessment and control of **new psychoactive substances**

Currently...

Commission has assessed the functioning of the Council Decision and is preparing a new legal framework that will address the emergence of new substances more effectively

What are new drugs?

- New psychoactive substances defined by Council Decision 2005/387/JHA
- Not controlled at International [or national level]
- Can include medicinal products with marketing authorisation in the EU
- 'New' refers to the fact that these substances are new to the drug market or newly misused



What are new drugs?

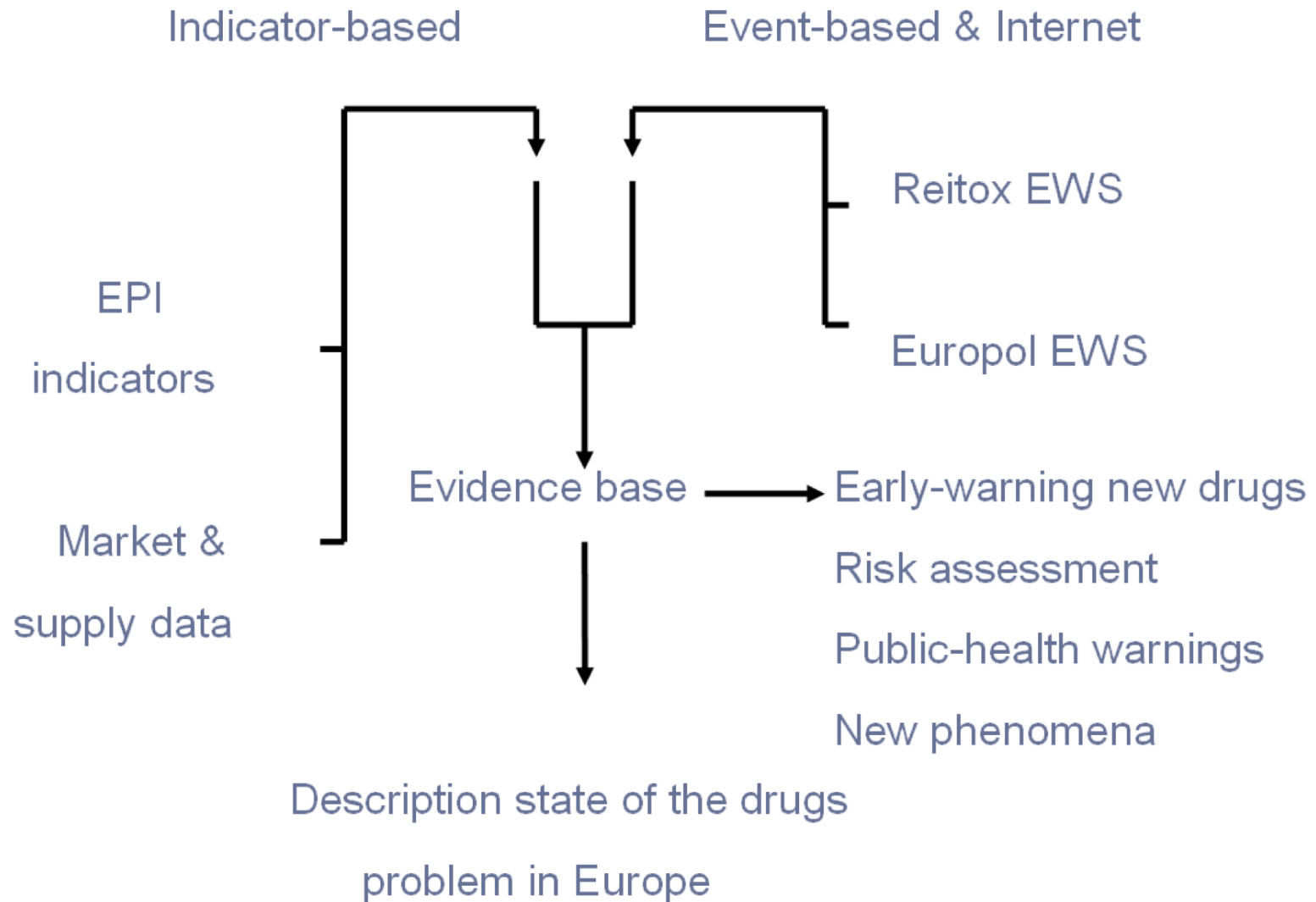
- Conceptually, three broad and overlapping groups (mostly synthetics)
- ‘Designer drugs’ (fentanyls, at least historically)
- So-called ‘legal highs’ (GBL, methoxetamine, AH-7921, non-commercialised pharmaceuticals)
- Medicines (diversion of pregabalin, zopiclone; ‘open sale’ of phenazepam, etizolam; derivatives of medicines such as *O*-desmethylntramadol)

The early warning system

- Rapid exchange, collection, triangulation and appraisal of information as well as intervention (early warning) on potentially harmful substances over a short period of time
- Longer-term monitoring of new drugs (routine information collection over time)
- Emerging trends



Early-warning system (EWS): sources and outputs



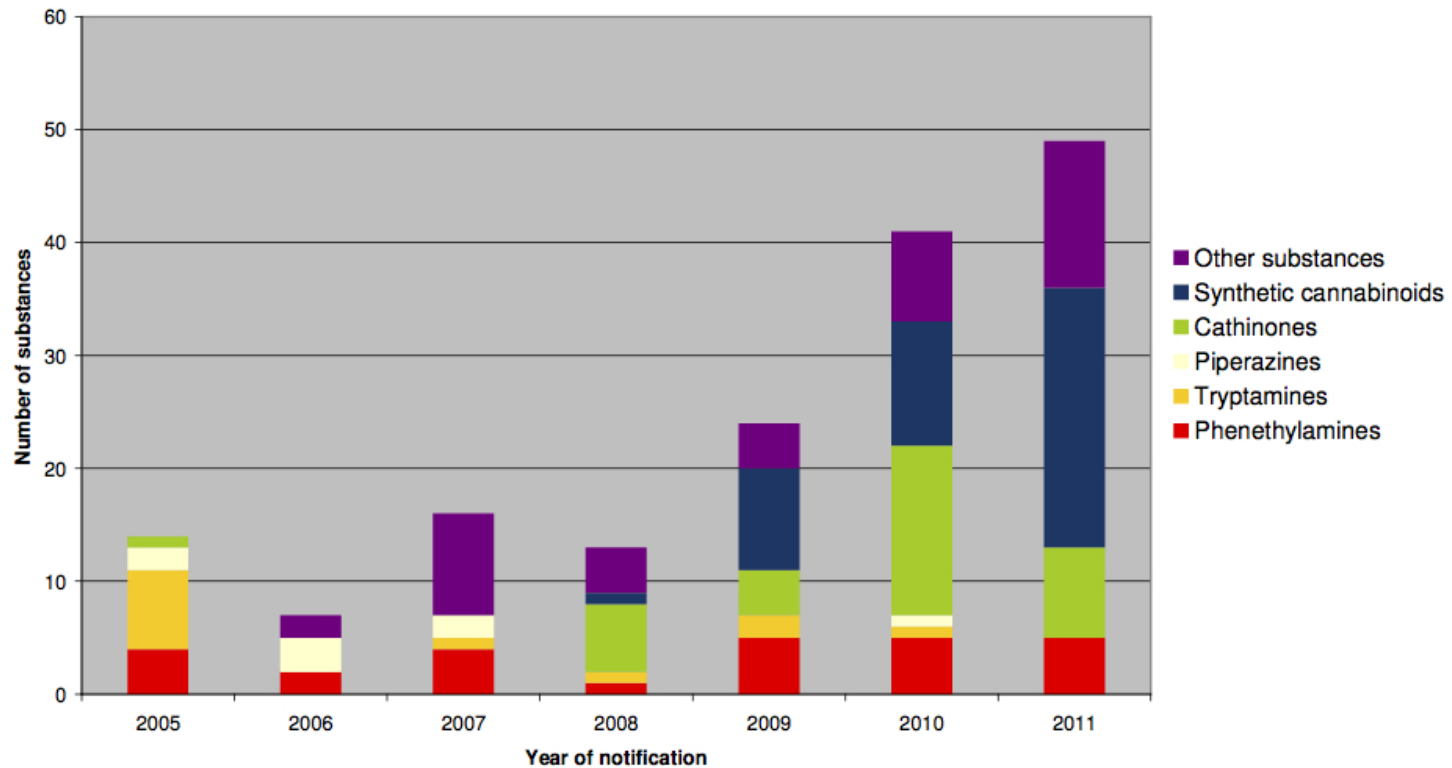
Adapted from R. Kaiser et al., 2005

New drugs in the EU at a glance

- **EU early warning system monitors more than 250 new psychoactive substances**
- Also public health alerts, including those related to 'older drugs' (e.g. heroin contaminated with anthrax, 3-methylfentanyl)
- **50+ substances notified so far in 2012**, up from 49 in 2011, 41 in 2010 and 24 in 2009



New drugs in the EU at a glance



New drugs in the EU at a glance

- 12 substances risk assessed since 1997. Seven (4-MTA, PMMA, 2C-I, 2C-T-2, 2-C-T-7, TMA-2, BZP and 4-MMC) have been controlled across EU and one (GHB) was controlled at international level.
- The number of online shops offering new psychoactive substances/'legal highs' for sale to EU continues to grow, with **693 shops identified in January 2012**, up from 314 in January 2011 and 170 in January 2010.
- Bulk, multi-kilogram, quantities offered with **onward sale by street-level dealers**
- Synthetic cannabinoids and cathinones make up 2/3 of drugs monitored **but growing range of drugs being reported, inc. from new chemical groups**

Diffusion of new drugs

- Predicting the potential for diffusion is difficult
- Will they be substitutes or replacements?
- A complex web, fuelled by globalisation and innovation (inc. the illicit drug, 'legal high' and medicines markets)
- Important factors include:
- Changes in illicit drug market: gaps (e.g. heroin drought) or market creation
- Supply (cheap to manufacture, limited regulation/enforcement, differences in national laws, availability on the 'open market')

Diffusion of new drugs

- Social acceptance (positive ratings within social networks, less stigma)
- Attractiveness: 'a drug of choice' (delivers both acceptable effects and side effects)
- 'Brand switching' (inducement to switch, dissatisfaction with a 'brand', curiosity, availability of 'new or substitute brand', move to multiple 'brands')
- e.g. reduced availability of heroin and use of fentanyl, buprenorphine, mephedrone and MDPV [other reasons?]
- e.g. ketamine to methoxetamine with claims of superior performance or benefit e.g. 'bladder safe' and 'legal'

Predicting the future

- Some new drugs (such as mephedrone, MDPV) as well as ‘older drugs’ (such as fentanyl) have emerged as part of the PDU phenomenon
- Initially some are sourced from the more ‘open market’ (e.g. ‘legal highs’), diverted from medicines supply chains, or from the ‘illicit market’
- However, there is often limited information on these drugs related to their potential for diffusion (substitution or replacement)
- Triangulation of data from a range of information sources are required for the early identification of new trends



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