



Speech

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How is the drug situation in Europe today? What has changed? What are the new threats? Are there any innovative responses? What is the EU doing? This is what we are going to see together today.

We are talking about a very fast-changing phenomenon in an even faster-changing world. Just think about how the world was three and a half years ago before COVID-19, before the war in Ukraine and the impact on the whole of Europe and before the economic crisis and the consequences of all those major events.

If we want to characterise the drug situation, there are three main trends:

- The first is that drugs are *Everywhere*.
- *Everything* can be used as a drug today.
- And *Everyone* can be confronted, either directly or indirectly, with any addictive behaviour.

But what is also new are the consequences of drug-related violence. Ten years ago, when we were talking about drug-related violence, we were talking about Central America. Today, we are talking about the European Union, and all Member States are facing the problem.

Everywhere

The first characteristic of the situation is the increased availability of drugs, and it seems that this availability continues to increase and does not stop, or does not stop yet.

In 2021 alone, 303 tonnes of **cocaine** were seized in Europe. And this was taking place not only in the major seaports, but also in smaller ports, where it seems there is a spread of trafficking mostly through container shipping. But we also observed that the purity of cocaine has increased by 43 % in the last 10 years. So, unfortunately, it means that, despite all the efforts, and joint efforts of law enforcement, we do not manage to reduce supply and have a direct impact. We need to continue our efforts.

But it is not only about cocaine...

Heroin seizures doubled between 2020 and 2021, with 9.5 tonnes of heroin seized in Europe plus 22 tonnes seized in Türkiye. There was also a doubling of the quantity of heroin seized in the previous year in Türkiye.

Cannabis: In 2021, we seized 816 tonnes of resin and 256 tonnes of herbal cannabis, of which the biggest part has been produced on the territory of the EU.

And then we have **new psychoactive substances**. In 2021, 41 of these new substances were discovered for the first time and, out of the total of 930 that we have detected so far, and that we have

continued to monitor over the last 25 years, 400 of them were found somewhere on the drug market in 2021.

So, a very important challenge is availability. But when we speak about 'everywhere', we speak also about production and, here, we also see that the trend is towards an increase. An increase in the detection of laboratories. In 2021, we detected 434 laboratories (up from 368 the year before). We see that the scale in the complexity of those laboratories, the way they are conceived, the way they work, is also growing.

We see an increase in the laboratories producing (some of them for the last phase of the production of the chemical process) cocaine and methamphetamine. The detection of laboratories for amphetamines is stable. Temporarily, the production of MDMA or ecstasy and synthetic cathinones (synthetic stimulants) has decreased. But when we talk about the number of laboratories that have been dismantled, it does not mean that we can conclude that there is a decreasing trend in production. All in all, we have increased production and capacity for industrial-level production for all those synthetic substances. It remains to be assessed whether or not the small decrease observed in the detection of laboratories, for some of those substances, is indicating a new trend in production and consumption. We are following that.

Also, another alarming element is that, in 2021, we detected 228 waste dumping sites coming from the illicit production of synthetic drugs. So, an ever bigger impact on the environment in the European Union that deserves all our attention.

Everything

Let's move now to the 'everything'. As I said, the classical distinction between licit or illicit, chemical or plant-based drugs, hard drugs or soft drugs is not relevant to describe the complexity of the situation today. First, there are new substances...

Ketamine, in some groups or subgroups of consumers, is becoming more established or appears to be. This is reflected in the recent web surveys we organise everywhere in Europe, where 13 % of people interviewed who were consuming drugs were consuming, among other things, ketamine.

Then we have also a new **semi-synthetic cannabinoid**, which is **HHC** for which there is a huge increase in the availability and appearance on the drug market. There is not enough information for the moment regarding the risk for health and possible toxicity, but certainly, an overall message is to remain cautious. Also, this substance is called **semi-synthetic**, because it is produced from CBD that is produced from hemp. This means potentially that CBD, which is at the centre of many discussions on cannabis policies, may be considered as a precursor in the future. This new subgroup of cannabinoids would change completely the challenge for law enforcement, for health and for society.

And then we have the **new synthetic opioids** that recently appeared to have replaced fentanyl. We have also overall the **new synthetic cannabinoids**. In 2022 alone, we discovered 24 and all together since we started operating the Early Warning System, we have detected 245 of this category of substances.

Coming back to the **synthetic opioids**: what we observe is an emerging, and a slightly increasing problem in the Nordic countries, in the Baltic States, with recently some notification of an alert in Latvia, which we are further investigating. Also, there is a new substance called '**benzo-dope**' or '**tranq-dope**' in some countries. This is an opioid or synthetic opioid mixed with **benzodiazepine** plus **xylazine**. And then we have the other synthetic stimulants. Finally, one substance that has caused some debate and created some problems is **nitrous oxide** for which we issued a report recently.

But if we look at these new substances, we need also to look at the harms and here also there are new potential risks, potential negative consequences. What we observe is that the population consuming heroin is remaining more or less stable and it is an ageing population. Still, we see an increase in the time lag between the initiation of drug use, which is around 23 years old, and the moment when heroin users will ask for treatment. For the first time, 15 to 20 years ago, this time lag was 7 to 8 years. Today it is 13 years.

We also observe that opioids (and when we say opioids, it is not only heroin) are responsible, or they are present in, 74 % of the fatal overdoses. We can also say that in the context of general polydrug use, there is an increasing risk for polydrug toxicity.

Finally, to cocaine... many people would underestimate the risk of cocaine consumption. From the data we have, which is certainly partly underestimated, one-fifth of all drug-related deaths is associated with cocaine use or abuse. And then, according to the areas and regions in Europe, there are emerging substances and problems. In the Baltic states, substances like benzemidazole or carfentanyl, that are synthetic opioids, are creating some problems. There may be some problems for chronic ketamine use such as bladder damage and urinary complications. And then what is also new today is that injecting drug use is not limited to heroin, there are plenty of substances that are consumed through injection. This means that we need to take into account this new information for the responses to the problem.

Everyone

This is what we are going to see now. When we say, everyone may face an addictive behaviour or may know someone who's having an addictive behaviour. The first question of course is how to protect. And therefore, one of the questions is: what is the European Union doing? So, the first thing we can say, there is incredible progress towards a better knowledge base for evidence-based prevention programmes. We now have a European prevention curriculum. Now the challenge is to use it to train more professionals as there is an average of 10-15 % of professionals working in the area of prevention in Europe who have received an evidence-based training or education.

But there is also the need for law enforcement interventions, for cooperation and coordination between the European countries. Last week, in Antwerp, there was the ministerial meeting of the coalition of European countries against serious and organised criminal organisations. But here is also the need, increasingly, for international cooperation. This is why, at the beginning of the year, the European Commissioner for Home Affairs Ms Johansson together with the Minister of Interior of Belgium Ms Verlinden, went to Ecuador and to Colombia to assess the situation together with their counterparts in those countries. And one of the results is that both Ecuador and Colombia have asked and have concluded a cooperation agreement with Europol and they plan to have a similar cooperation agreement with the EMCDDA.

Next from prevention, it is also what are the conclusions, what are the consequences, what are the questions, what is it that we know or that we don't know for treatment and for harm reduction. And here we have new opportunities, but plenty of questions. The first is, it seems that there is increased availability for cannabis treatment including with online support, platforms, applications. We do not know exactly, what is their efficacy, but we also do not know exactly how can we attract, how can we invite people who are using cannabis and, especially those who have problematic use of cannabis, how can we reach them for harm reduction interventions or for treatment.

And certainly, the major challenge caused by this inflation of substances and the risk associated is that we need to adapt the treatment offer to the use and to the substances. Including we need to reinvent harm reduction. Why? Because harm reduction interventions in the last 30 years in Europe, they have been thought, they've been designed starting from what was the problem 30 years ago which was heroin injection use.

Today, there are more substances, more different users, so we need to adapt the offer. We can observe that in recent years, we have 12 countries that have established one or many drug-checking programmes, we have naloxone that has been adopted and implemented and used as a tool to reduce the death from overdose of opioids in 16 countries, and we have 10 countries that have adopted, designed and are now working to evaluate their drug consumption rooms. Those drug consumption rooms being designed now not only for injecting use of heroin, but taking into account what are the risks, what are the substances and what are the needs at local level. An interesting development, is still a need for evaluation and the EMCDDA is producing support for that purpose.

We need also to see how to better address overdose prevention, keeping in mind it is not only for heroin use. And finally, when we speak about prevention, but especially about treatment and harm reduction, we need to do more and better and differently for women and drug use.

Before finishing... Drugs: everyone can be concerned, not only on the territory of the EU, which means that we are facing what we call a global threat, which means we have a lot of critical crises, humanitarian crises in different places in the world that have, or can have, a direct or indirect impact on the drug situation in the European Union.

One example is of course the situation in Ukraine. With the invasion of Ukraine by Russia, there was an impact on the citizens, impact on the health system, impact on the economy, but also on the availability of medicines including methadone. One of the factories producing methadone in Ukraine was destroyed. But also, the impact on the neighbouring countries including the countries from the EU. They faced a massive arrival of people fleeing the war and the war zone and the potential impact for those populations, but also for the hosting population, for their mental health, for their safety or feeling of safety and the need for all the risks for substance use or abuse and the need to provide support to them.

But it is also in places far from Europe, for instance, the evolution of the situation in Afghanistan. The Taliban regime has announced that it would put a total ban on the production of opium, which in turn may have an impact on the production of heroin and the consumption of heroin on the territory of the European Union. The last information received some days ago including satellite pictures are suggesting that this control, this ban has been put in place. It is a bit premature now to assess what might be the impact on the drug situation in Europe and this impact will probably not be immediate. Maybe in one year or two years' time. But we need to be prepared, because the drought of heroin on the European market may have an impact, for instance reorienting some of the opioid users towards synthetic opioids, which may have also very important consequences. We know the situation in the United States and the negative impact in that country of the epidemic of fentanyl use.

New mandate

And then, finally, to help the EU and the Member States to address this problem and those new challenges, we are going to become a new agency, we are going to have a new mission.

The EMCDDA will soon disappear and mutate into the European Union Drugs Agency. That is important, because we have been created already 30 years ago and when we have been created, there were no data about this drug situation. We did not know, how many people were using drugs, how many were dying from overdose or how many were dying from AIDS. There was even not yet hepatitis C known at that time... So, the reality has changed and we are going to move with the new mandate from monitoring to preparedness, which means that our new mission in the future will be supporting the EU and the Member States with better anticipation and monitoring of the current situation, increasingly in real-time.

Providing and improving the various alerts and alert systems and resources. Providing support to the Member States to respond in a timely way and with evidence-based interventions to address those new threats. And then to assess and learn from those interventions, not only for crisis management, but also what is the best practice, what are the new lessons for instance from the COVID-19 pandemic. What are the changes that have been made to the treatment systems and harm reduction that we should keep or that maybe we should disseminate through guidelines, education for professionals.

These are the new opportunities and the new challenges for our agency. This would not have happened without the support and initiative from the European Commission, from DG-HOME, but also from our Commissioner Ms Johansson. Also, this would not have taken place without the strong support from all EU Member States and the European Parliament and all our networks of colleagues and partners — including those who are already important partners and will become even more important in the future, all the representatives from civil society.

So, we are there to address the challenge with you and in 12 months' time, we will say 'Goodbye, EMCDDA. Welcome, EUDA!' Thank you very much!