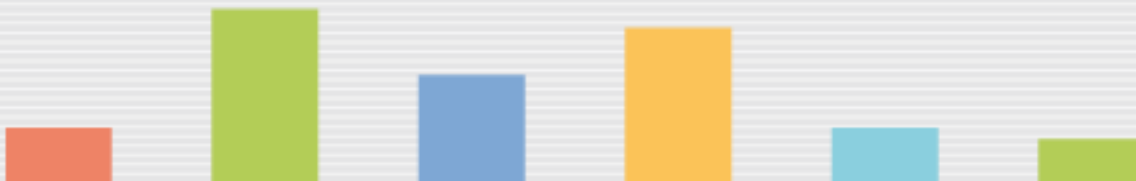




European Monitoring Centre  
for Drugs and Drug Addiction

# An overview of drugs use and drugs policies from an EU perspective.

Paul Griffiths, EMCDDA, Lisbon, Portugal



# As way of an introduction

- European Monitoring Centre for Drugs and Drug Addiction  
**EMCDDA**
- Based in Lisbon Portugal (since 1995)
- We exist to provide information to support policy and actions to address drug issues at the European level
- Policy Neutral
- Health and Security issues



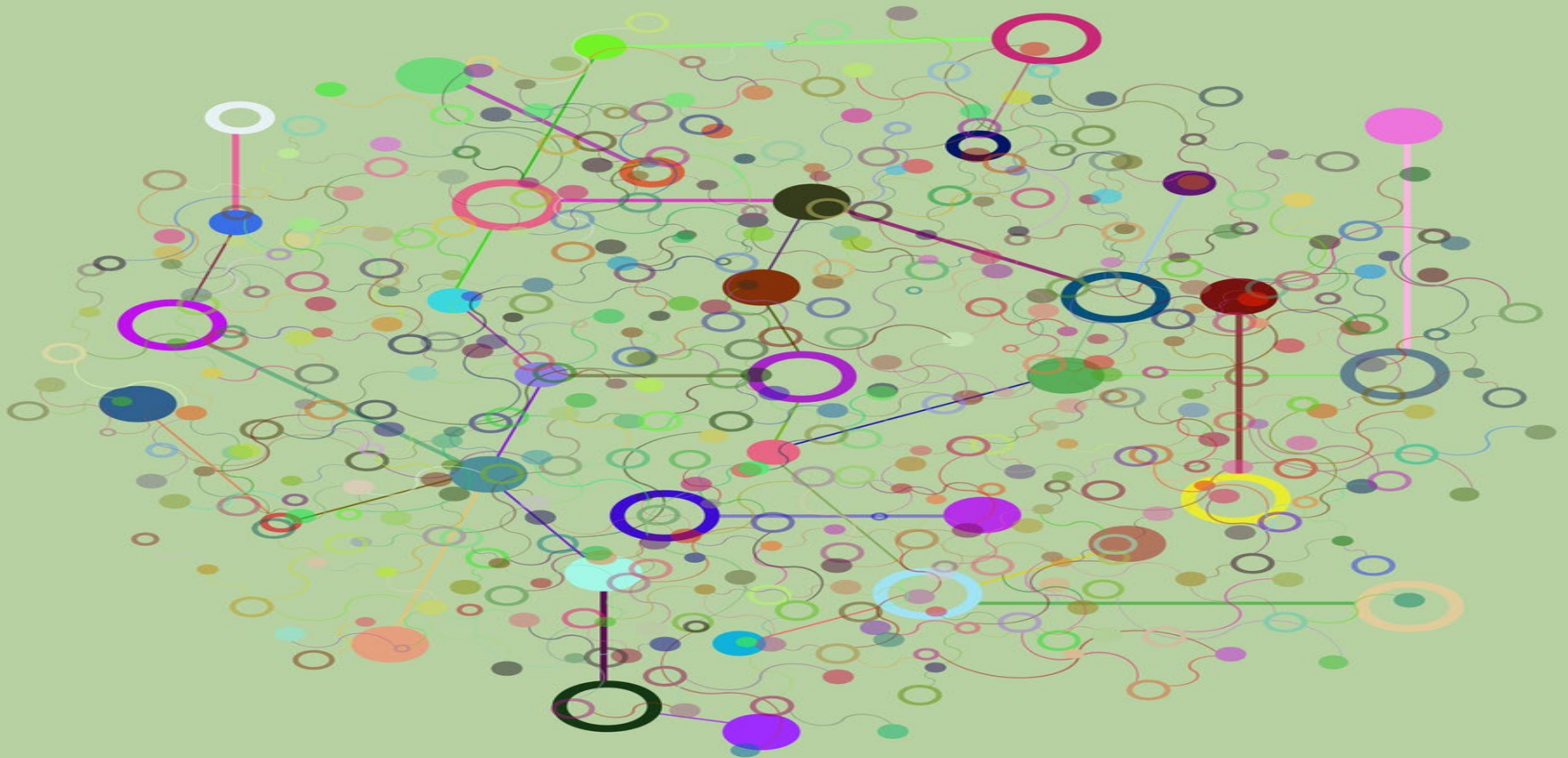
# What I want to talk about today...

- How the work of my agency – **has changed** and make...
- **Some personal observations on the reasons for this** that hopefully will be helpful for your deliberations
- Highlight the **complexity in this area** – and why there are **no simple solutions or magic bullets!**
- **Scientific evidence** has an important role in understanding how we should respond to drug problems but **it is not sufficient on its own** to determine overall policy framework.



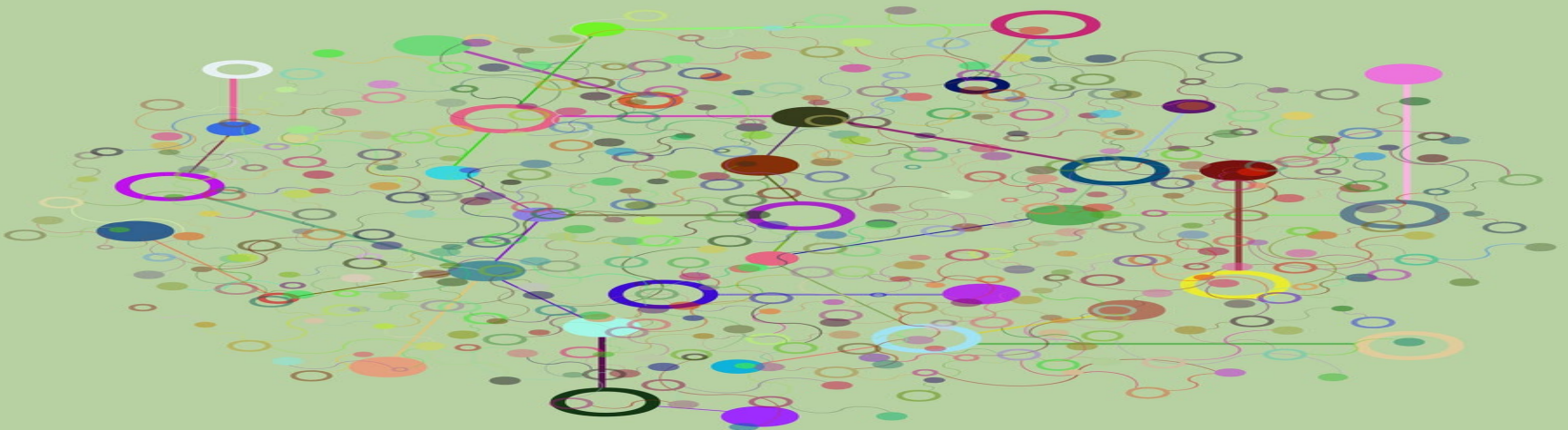
## The main observation I want to make is...

- The drug issue has always been a **very complicated one ...**



# But...

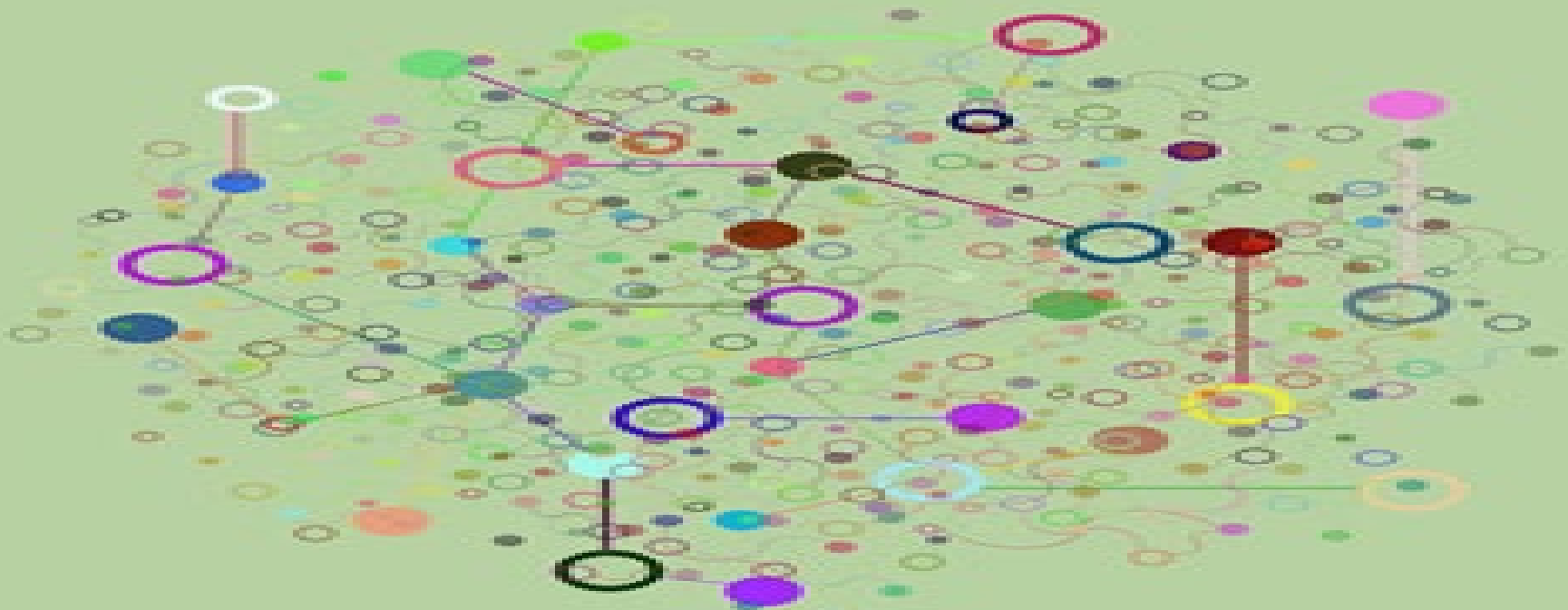
- The drug issue has always been a very complicated one ...
- **but its got even more complicated over time...**  
and this is likely to continue...
- Information **needs have evolved**



## The result of this is...

Over the time I been working in the EMCDDA the focus of **our work has got ever wider...**

and the policy areas relevant to our **work have become ever broader...**



# EDR2022: Europe's drug problems have become more complex

Today, drug-related issues appear almost **everywhere**



Almost **everything** with psychoactive potential can be a drug



**Everyone** can be affected, whether directly or indirectly



# So when back to when I started at the EMCDDA...

- **Heroin use and drug injecting**
- Associated HIV risk behaviour & criminality
- **Plant based** drugs produced **outside the EU**
- Other drugs mainly estimates of use from surveys of the general or school population





# Over time however life become more complicated...

- Emergence of **Ecstasy** (MDMA)
- New psychoactive substances (**NPS**)
- **New drug concerns** (cocaine/crack, methamphetamine, ketamine, cathinones, etc...)
- Misused **medicines**, fake medicines, uncontrolled medicinal products etc...
- **Greater regulatory complexity** (NPS, cannabis, psychedelics)
- **Evolution in the drug market:** more global connected, more digitally enabled, and increased production within the EU



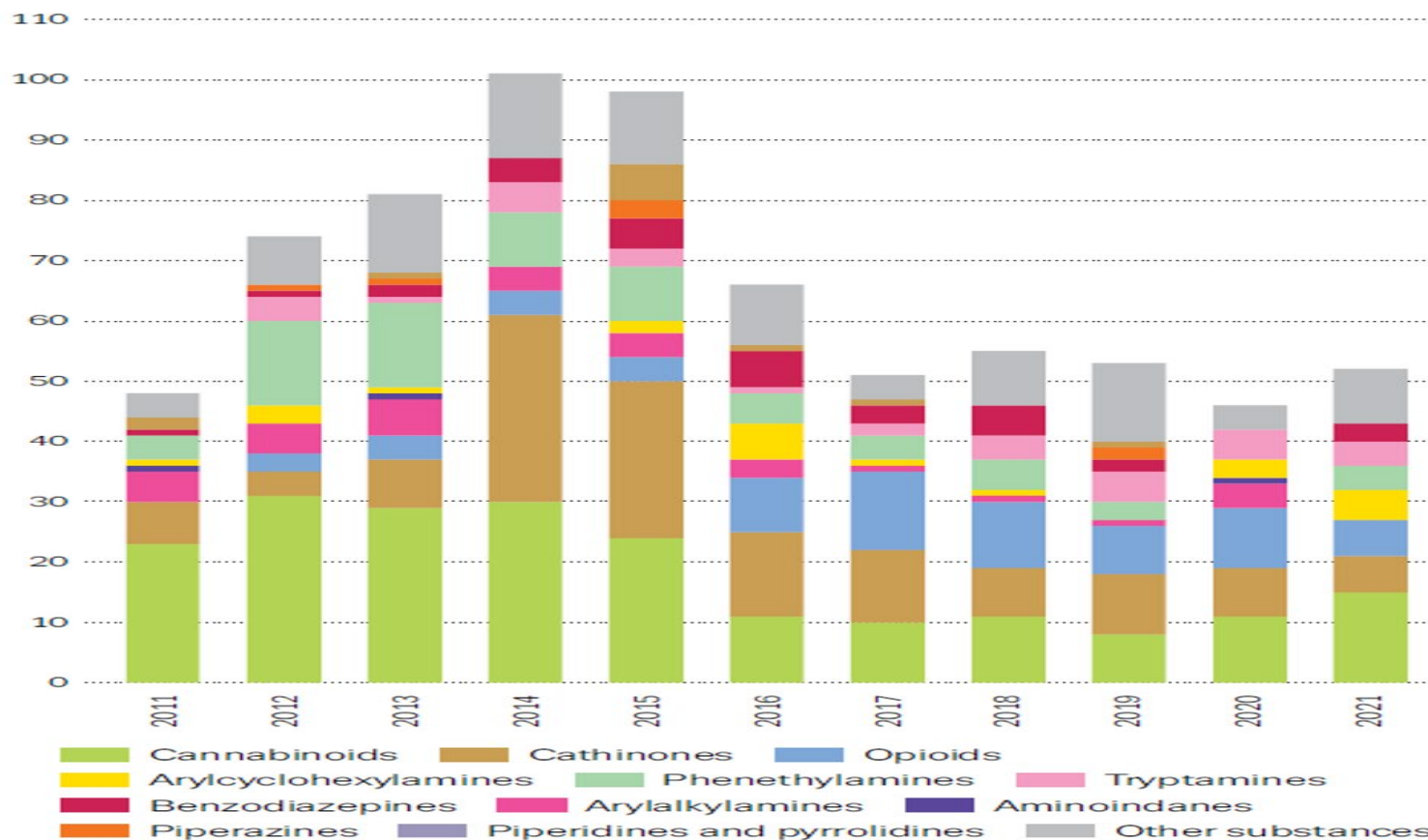
Copyright: Jan Schäper.

# Just a few examples of recent topics we have needed to address...



# Around one new uncontrolled substances a week appearing on market

Number and categories of new psychoactive substances reported to the EU Early Warning System for the first time, 2011–21



# Fake Xanax tablets containing fentanyl



Fake Xanax w/ cyclopropylfentanyl, 2017–18

Swedish Police

# Nitrous oxide (laughing gas)



# HHC: hexahydrocannabinol

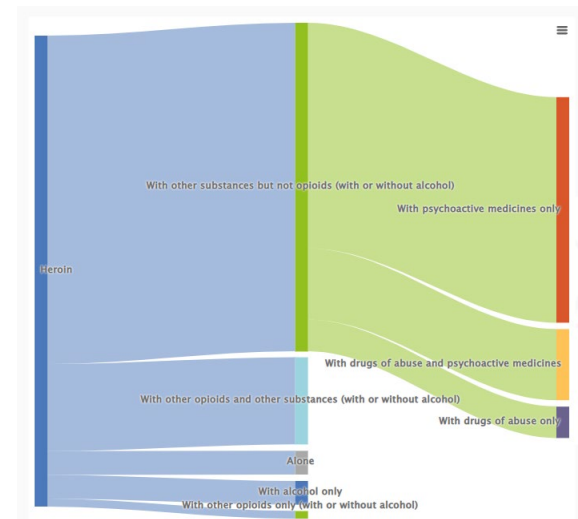
- First reported to us on 21 October 2022
- The first semi-synthetic cannabinoid reported in the EU
- Can be made from cannabidiol extracted from low-THC cannabis (hemp).
- Available in vapes, edibles, and hemp sprayed with HHC — which looks and smells like ‘genuine’ cannabis



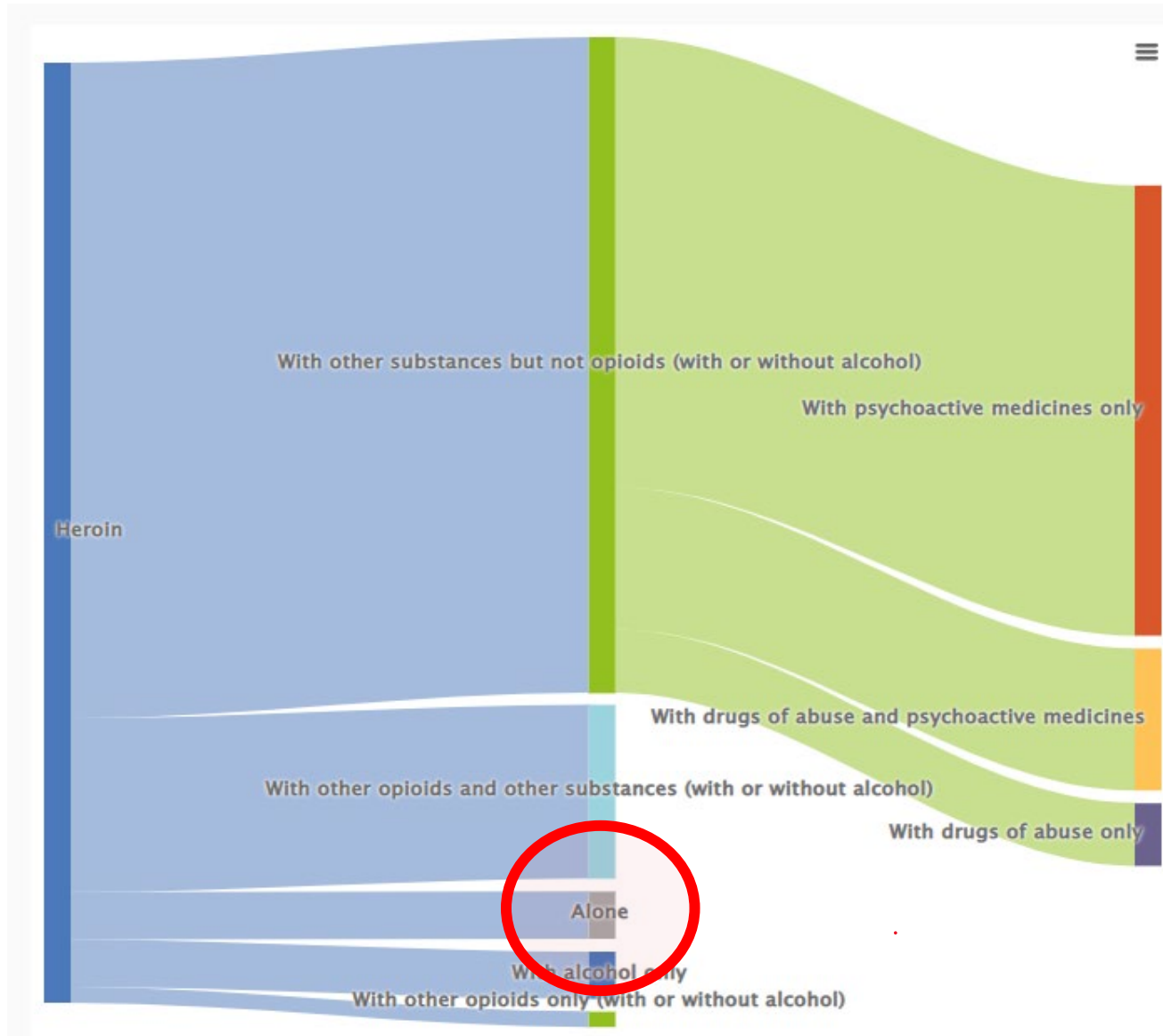
# We also seeing greater complexity in patterns of drug use...

## Polydrug has always been very important but now...

- Can be a driver of many of the problems we face especially **in respect to toxicity**
- **Increases risks through drug interactions and because people may be (un)knowingly consuming mixtures**
- Includes **legal drugs and medicines**



# Case example – toxicology of fatal heroin overdose cases – rarely is heroin found in isolation





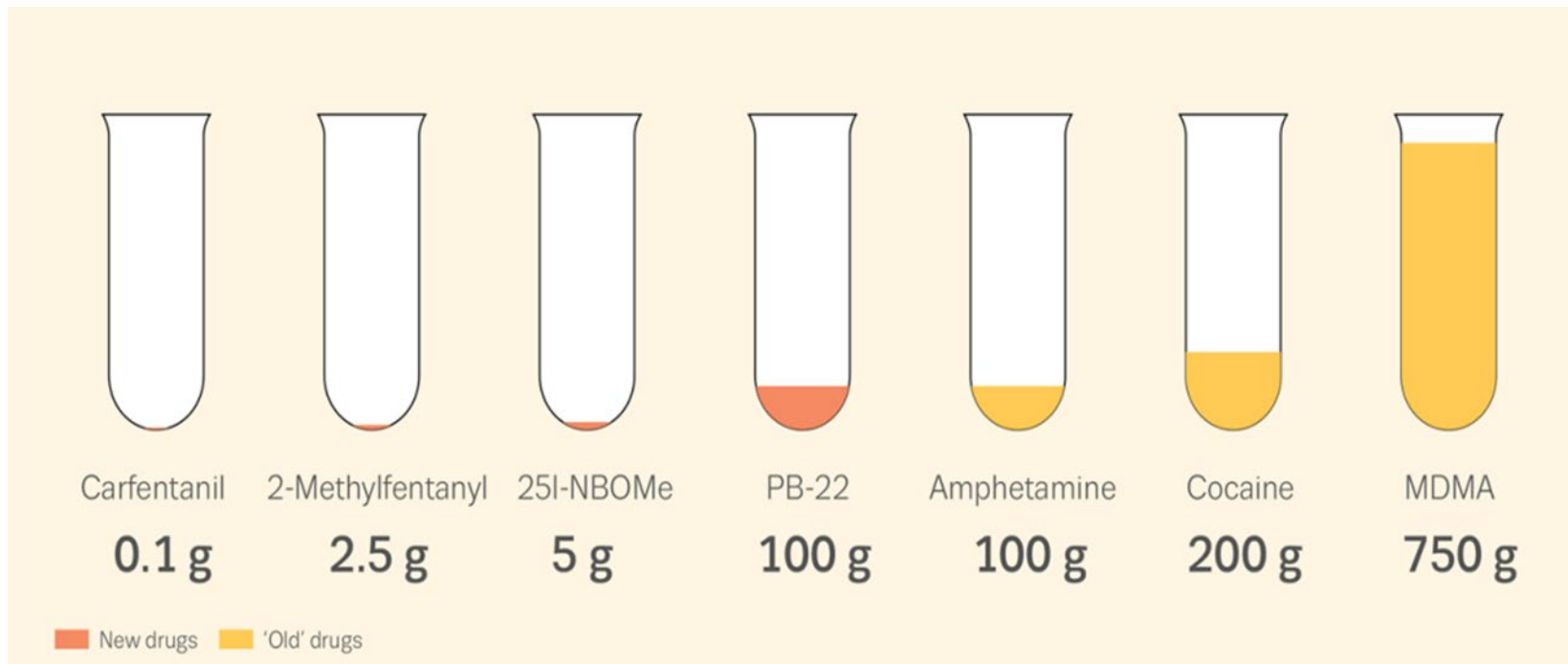
# Synthetic drugs have become more important and create new challenges for drug control & public health

- They can be **extremely potent** increasing the risks to health
- They can be produced **near to consumer markets** reducing the risk of detection using a wide variety of hard to control precursor chemicals
- Small volumes can represent a **large number of `potential street doses`** potentially increasing health risks and making interdiction by law enforcement more challenging



# How much pure drug is required to make 10,000 'street doses'?

(this a very back of the envelope calculation)



For comparison 4g is a typical individual serving of sugar



# All this complexity is happening during a period of rapid global change...

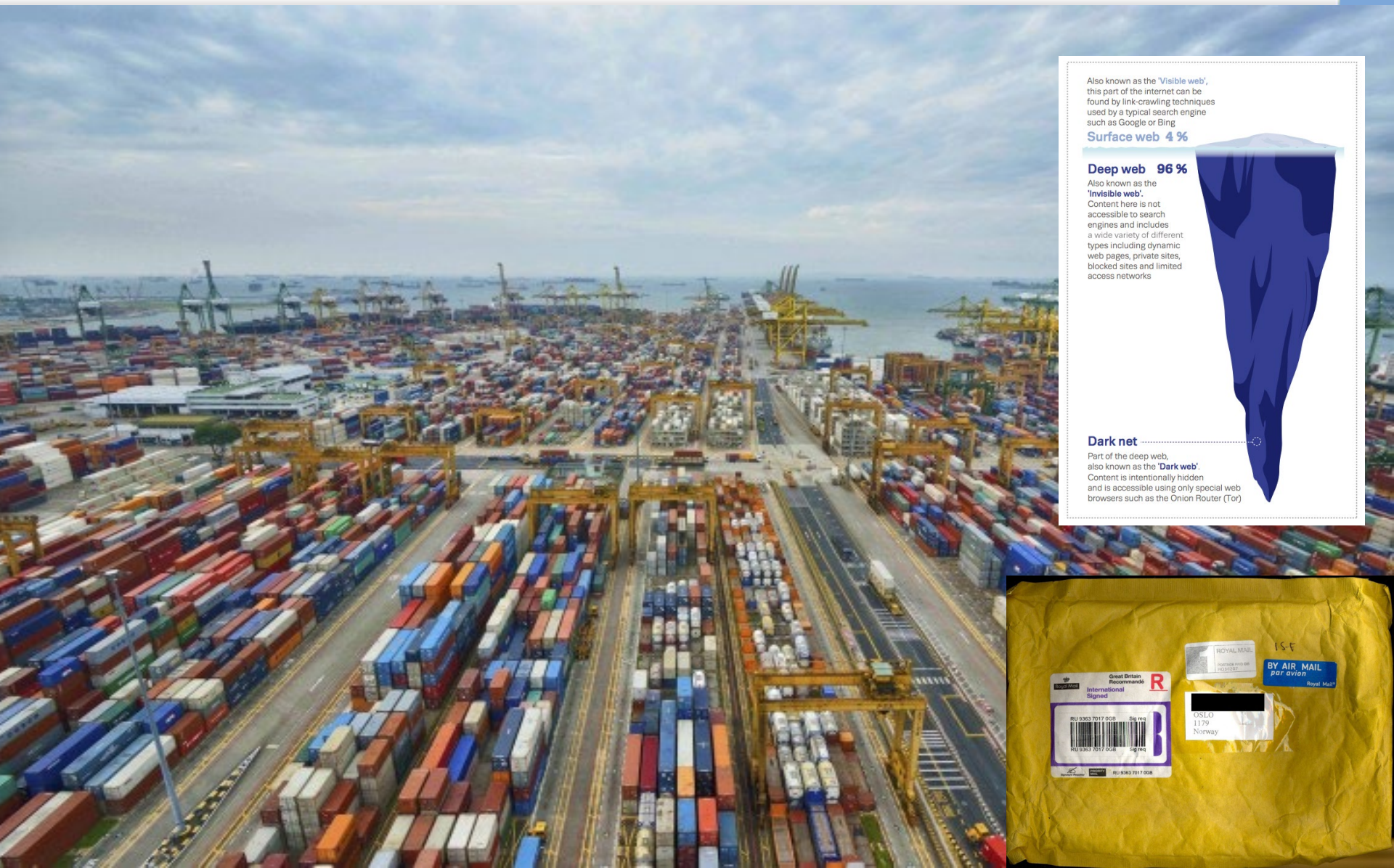
- The **world has changed, and is changing rapidly**, in ways that has profound implications for most areas of life... including the drugs area...
- **Many of the drivers that** are impacting on drug use and drug problems **are external and common to other policy areas**
- At the EU level to increase **resilience and preparedness a foresights exercise** is now regarded as key element in the policy formation process

# Many of the important global drivers of change lie outside the drugs policy area but may impact profoundly on it

**5 MEGA TRENDS – identified from a recent EMCDDA foresights study as likely to be MOST SIGNIFICANT FOR the DRUGS AREA in the next 10 years**



# Globalisation & digitalisation – the world is getting smaller and more joined up



Also known as the 'Visible web', this part of the internet can be found by link-crawling techniques used by a typical search engine such as Google or Bing

**Surface web 4 %**

**Deep web 96 %**

Also known as the 'Invisible web'. Content here is not accessible to search engines and includes a wide variety of different types including dynamic web pages, private sites, blocked sites and limited access networks

**Dark net**

Part of the deep web, also known as the 'Dark web'. Content is intentionally hidden and is accessible using only special web browsers such as the Onion Router (Tor)



# If all this all sounds a bit pessimistic...

- Whilst national policy perspective differ in Europe there is far **more consensus** than there used to be.
- General support for **a balanced approach** that addresses both supply and demand holistically and recognises the role **prevention, treatment and harm reduction** can play.
- We have better **evidence on what can work** and better understanding of things that don't.
- Overall by global comparisons the situation in Europe looks in many ways **more positive** than it does for many other parts of the world.
- We do have evidence **that policy approaches can make a difference** – in respect to the societal costs that are associated with drug consumption - both positively and negatively!



# Finally some concluding observations

- All policy options trend to bring with them **both costs and benefits**
- **Good evidence is useful in understanding what these are**
- **But it tends to be framed within a specific context and linked to specific outcome(s)** that we can measure but at the broader policy level there might be other outcomes that are also important
- **There is always considerable uncertainty** – and we cannot assume that **what works with one group, or in one context, or in one country**, will necessary work in the same way elsewhere.
- As the problems we face can change rapidly we need to ensure our policies are appropriate to **future challenge.**



***Drug problems don't exist in a vacuum but interact with, complicate, and exacerbate problems in other policy areas...***

## What is a Wicked Problem?

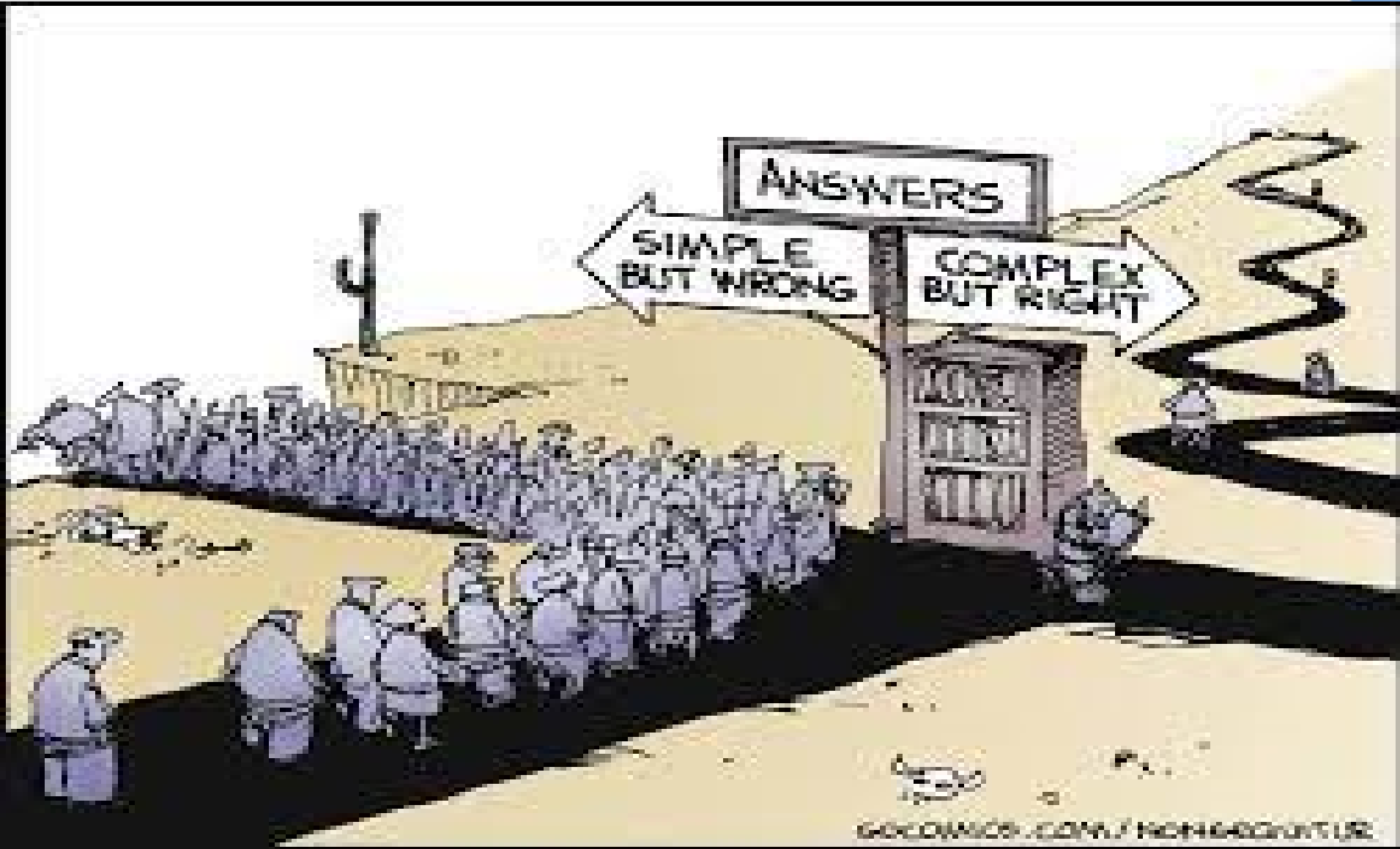
A wicked problem is a social or cultural problem that is difficult or impossible to solve for as many as four reasons:

- incomplete or contradictory knowledge,
- the number of people and opinions involved,
- the large economic burden, and the
- interconnected nature of these problems with other problems.





**Complex multisectoral policy issues are likely to require complex multisectoral approaches!**





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**Thank you and good luck!**

