



# Feature article

from the EU drugs agency in Lisbon

## Looking back on 25 years of annual reporting on the drugs problem in Europe

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In 1996, the EMCDDA released its first annual report on drug trends in Europe, entitled the *Annual report on the state of the drugs problem in the European Union 1995*. This introduced the work of the agency and presented the limited data then available from European countries on drug use. EU aggregate estimates were largely absent at that time. Since then, although the report's format and name have changed — it is now known as the *European Drug Report: Trends and Developments* — the EMCDDA has continued to provide yearly assessments of drug use in Europe over a quarter of a century.

Looking back at these 25 years of annual reporting, two things stand out: first, Europe's drugs problem has evolved considerably over this period; and second, this evolution has been accompanied by a dramatic increase in the quantity and quality of the information available on this topic.

While today our information systems remain imperfect, they represent a major achievement of the European approach to addressing drug issues, as they now permit a far better understanding of the drug problems faced within the EU and the measures taken to address them.

### The Reitox network: key partners for building the European evidence base

In its review of the situation in 1995, the EMCDDA report presented data on last-year cannabis prevalence from five countries with national surveys, although more (11) were able to provide lifetime estimates based on school survey data. All of the then 15 EU Member States could provide some data on drug-related deaths and most had some data on entrance to drug treatment. The only other data widely available were on drug seizures. However, as noted at the time, the quality of all of this information was often poor and the comparability at EU level was extremely limited.

Today, methodological problems remain, but they are far better understood and, overall, the quality, coverage and comparability of the data have improved considerably. While EU aggregate estimates based on such data must always be used with caution, they can now be made; and, perhaps more importantly, trends in drug use over time can be charted and used to inform policy choices and actions.

This progress would not have been possible without the existence of the EMCDDA's Reitox network of national focal points. This network has allowed countries to learn from each other and work together to produce common standards and methods. Focal points not only facilitate a direct link to, and between, experts across EU countries and provide the data presented in our reporting, but crucially they also allow the EMCDDA's annual analysis to be informed by direct critical input from those working on this topic at a national level.

### Meeting the challenges of a changing drug scene and EU enlargement

The benefits of working together at European level quickly showed, and were evident in the EMCDDA's *Annual report on the state of the drugs problem in the European Union 1999*, which now contained more

elaborations of national data as well as EU-level estimates and new data sources. New infectious disease estimates linked to injecting were presented, along with a thematic chapter on synthetic drugs, where pill testing from the Netherlands illustrated the growing availability in the late 1990s of what was, at the time, a relatively new synthetic drug, 'ecstasy' (MDMA).

The *Annual report on the state of the drugs problem in the European Union and Norway 2002* (Norway joined the EMCDDA's reporting system in 2001 by special agreement) was accompanied by a supplement on drug use in the candidate countries to the European Union. Establishing a drug monitoring system was part of the preparatory activities for those countries that would join the EU in 2004, and supporting this work was a major challenge for the EMCDDA during that period.

The 2002 supplement notes that, while the information available was limited, the data that did exist showed that drug use patterns were changing rapidly. In particular, it was noted that, in a short period of time, the candidate countries were experiencing an 'accelerated growth in problem drug use and treatment responses similar to that experienced by EU Member States over the last 35 years.'

A major leap forward can therefore be found in the *Annual report on the state of the drugs problem in the European Union and Norway 2004*, where data from 26 countries were now included (all of the then 25 EU Member States plus Norway).

Although detailed statistical information and time trends were not available for many countries, and data sets were often limited (especially for some of the new Member States), the yearly report from this date began to have a wider focus and offered a more comprehensive analysis of trends and developments across an enlarged EU, as well as more information on responses.

Interestingly, the 2004 annual report noted that most countries, including the new Member States, had put in place national drug strategies. Over the next few years, the report contained both evidence of growing drug problems, especially relating to injecting drug use in some of the new Member States, but also, at the same time, increased investment in evidence-based responses. Data from Turkey was included in the annual reporting after it formally joined the EMCDDA network in 2014.

A strong argument can be made that the existence at the political level of a national strategy, supported by an established model for drug monitoring, and accompanied by a growing understanding of what constitutes effective responses, allowed many of the new members of the EU to both identify, and begin to respond to, the drug problems they were facing far quicker than otherwise would have been the case. Again, this demonstrates the benefits of sharing experiences at European level to inform policy choices — the underlying principle for the EMCDDA's annual reporting exercise.

### **The information needs for informed policies and actions have evolved over time**

Reviewing the annual report from its earliest version reveals that, while many of the topics reappear, their relative importance changes over time. One of the original policy drivers for the creation of a European drug information system was the epidemic of injecting heroin use in many European countries in the late 1980s and early 1990s and the associated concerns about HIV infection.

By 1998, the report was already observing that, for most countries, HIV transmission among drug users was 'stable or decreasing', although this issue remains important, especially after enlargement and because of the localised problems experienced in some countries.

Today, in 2020, however, while long-term problems associated with heroin use remain present, the current evidence points to an ageing heroin-using population with overall rates of initiation remaining low by historical standards. Rates of new drug-related HIV infection have also fallen dramatically, and now combatting drug-related HCV infections among injectors has become a priority.

While injecting heroin use remains important in our *European Drug Report 2020: Trends and Developments*, it does not play the central role it once did. The opioid situation has become more complex, with growing concerns about problems caused by synthetic opioids, and, overall, it is now recognised that the most problematic forms of drug use are usually characterised by complex patterns of multiple substance use.

In 2020, the EMCDDA's annual reporting must, therefore, address a wider set of drug issues and problematic behaviours, if the report is to keep pace with contemporary information needs. To meet this challenge, not only is there now a greater focus on non-opioid-related drug problems, but in-depth analysis of developments in the drug market and responses have been provided in supporting publications to complement the annual reporting on trends and recent developments.

### **Keeping pace with a more rapidly changing drug landscape**

The annual reporting from the EMCDDA is based on data which often have a time lag. The analysis offered by the agency each year is necessarily top-level, as it needs to address, in a summary form, developments taking place in a large number of countries.

Despite these limitations, the EMCDDA has managed to report, in a timely manner, most of the important changes occurring in the European drug situation over the last 25 years. This has been achieved, in large part, by maintaining a close dialogue with data providers across the EU, monitoring global developments and incorporating new data sources and research findings.

This is illustrated by the fact that some of the most important current concerns for European drug policy first appeared in the annual report a surprisingly long time ago. In 2006, for example, a review on changing patterns of drug use in recreational settings noted the growing importance of the internet for the diffusion of new drug trends. In 2009, the EMCDDA described the selling of 'Spice products', both online and in specialist shops — one of the earliest identifications of the emerging problem caused by synthetic cannabinoids. In 2013, in the newly named *European Drug Report: Trends and Developments*, the recent resurgence in the ecstasy market was noted.

A review of 25 years of reporting reveals that the agency has often been one of the first to identify important new drug-related threats. Sharing this information has allowed European countries to be better prepared for potential future problems, even if they were first observed elsewhere, and this is another concrete example of the benefits of European collaboration in this area.

This forward-looking perspective has, in part, been achieved because the EMCDDA has, whenever possible, tried to complement its more established data sources with new methods. The reporting of city-level wastewater analysis of drug residues, for example, is now an established part of our annual data round-up, but was considered an innovative development when introduced in 2014; and it took time to convince some of the potential value of this approach. This source is now proving particularly sensitive to detecting emerging trends, as demonstrated recently by the early indication of increasing levels of cocaine consumption.

In recent reports, new data sources, such as web surveys, hospital emergency data and the analysis of residues from syringes, have all also been showcased. This reflects the recognition that, as the European drug landscape continues to evolve, we often need to find new ways to report on important developments that may not be fully visible in our existing monitoring tools. It also fits with the ethos of the annual report from its inception, that, in an area such as drug use, where all information sources are imperfect or incomplete, a multi-indicator approach, informed by an ongoing discussion with those working on this issue nationally, is a necessity.

## **The growing importance of stimulants, synthetic drugs and cannabis**

Data on the prevalence of the main drugs used in Europe have always been included in the EMCDDA's annual reporting exercise, as have data on drug seizures. However, the attention given to reporting on the use of stimulants and synthetic drugs, and the problems associated with these substances, has changed over the last 25 years, reflecting the more prominent role they now play in the European drug situation.

The amphetamines are an interesting example here. Apart from regularly noting that long-term problems with injecting amphetamine use have existed for many years in some Nordic countries, these drugs were rarely commented on in detail until recently. In the last few years, however, it has become evident that greater reporting attention needs to be given to the production and use of synthetic stimulants. A worrying observation is that methamphetamine availability is growing in some countries. A drug that has global significance may therefore have the potential to play a greater role in Europe's future drug problems, and the EMCDDA's annual reporting exercise therefore provides a valuable opportunity to stimulate a debate on how this threat may be mitigated.

Cannabis use prevalence has always featured prominently in the annual report, reflecting the drug's status as the most commonly used illicit substance and its high visibility in general population and youth surveys compared with other substances. It is also the drug that is most likely to bring young people into contact with the criminal justice system in most countries.

However, it is only in more recent years that greater attention has been given to cannabis-related problems and cannabis-related policy issues. This reflects a greater recognition of the need to understand better the public health implications of the widespread use of this substance as well as a more dynamic situation in the cannabis market.

Strikingly, across the 25 years of reporting, cannabis has gone from being a drug relatively rarely reported in data from drug treatment registries to being the drug that is now most commonly associated with new treatment entries. The observation made on the 1995 data, that 'typically about 5 to 10 percent of clients report cannabis as their main problem drug', sits therefore in stark contrast with today's figures. This change has been a long-term phenomenon however, with an increase in new clients being treated for cannabis problems being noted from 1999 onwards. A more critical observation is that, even in our most recent reporting, the characteristics of those being treated for problems with this drug, and the treatments they receive, remain overall poorly understood. This point has been made repeatedly in the EMCDDA's annual reporting exercises, and it represents an example of how identifying knowledge gaps and documenting the limits of our current understanding have always been important parts of the agency's work to support a more nuanced debate on complex policy issues.

## **New psychoactive substances become an issue of concern**

A particular challenge for European drug policies over the last decade has been the rapid emergence of new psychoactive substances (NPS). Europe was one of the regions in the world first affected by this problem. Europe is also recognised to have been quick to identify and respond to the emergence of new drugs, due to the existence since 1997 of its early-warning and risk-assessment system.

Reporting trends in newly identified and persistent NPS has therefore become an important theme for inclusion in the EMCDDA's annual reporting. NPS and the activities of the EU Early Warning System (EWS) start taking prominence in the EMCDDA's annual reporting in 2007, where the emergence of piperazines, such as BZP and mCPP, was discussed, as was the sale and aggressive marketing of these substances through specialised shops and the internet.

BZP was reported by 14 European countries by 2007, and it is interesting to note that we were able to discuss the emergent trends in NPS use at European level at a time when many parts of the world were

unaware of this issue. A challenge here for the EMCDDA was to integrate the cases-based data emerging rapidly from the EWS with the aggregated data sets the agency typically worked with in its reporting. By 2009, the number of new NPS being reported annually had increased dramatically, and correspondingly this topic received increasing attention in the reports in the years to come.

### **Supply side data have become more important**

The multi-indicator model that the EMCDDA's annual reporting is based on has always included supply side information, while noting the necessary caveats that need to be considered in its interpretation. Drug seizures, for example, can reflect both underlying trends in the drug market as well as the prioritisation and activity levels of law enforcement. Historically, supply side information sources were not subject to the same methodological investment that demand side measures received.

Over the last decade, however, greater efforts have been invested in extending and improving the quality of information in this area, and supply side data have become more visible in the EMCDDA reporting. In part, this reflects the need to report on a wider variety of substances.

This can be seen in increased analysis of synthetic drug production processes, greater use and reliability of price and purity/potency data in commenting on trends in drug availability. Cannabis is a good example here of how the EMCDDA's annual reporting has needed to keep pace with important changes in the situation. The agency has had to find ways to report on the growth of cannabis production within the EU, increasing potency and a greater heterogeneity in the forms of cannabis available within Europe. Supply side data have been particularly useful here although, as noted earlier, all information sources have limitations that need to be carefully considered in their analysis.

### **Preparing to meet the future challenges of reporting on drug use in Europe**

Many of the issues first raised in the *Annual report on the state of the drugs problem in the European Union 1995* remain important today. Over the intervening 25 years, however, the agency's reporting has had to adapt to both the evolution of the European drug problem and policy priorities. It has also charted how responses to drug problems have changed over this time, informed by a better understanding of what can work.

Some interventions that were once regarded as controversial or innovative have become mainstream; and some that were once considered essential have been shown over time to be ineffective. To keep pace with these changes, new data sets have been developed and new topics introduced. In its analysis, the EMCDDA has always tried to provide a European perspective, while acknowledging the heterogeneity that exists in Europe. In doing this, the reporting from the EMCDDA has contributed to the recognition that European countries share many common problems with regard to drug use and there is value in working together to identify and implement effective solutions.

The world is a very different place in 2020 than it was in 1995. Globalisation, technological developments and, more recently, the COVID-19 pandemic have transformed all areas of modern life and, not surprisingly, they have also impacted on drug use and the drug market. The pace of change in this area shows no signs of slowing down.

Our reporting must therefore keep pace with a world where, for example, new drugs that were unknown 25 years ago can now be purchased online (using encrypted services or social media applications), can be paid for using digital currencies, and can be delivered rapidly across national borders, exploiting commercial delivery services and automated pick-up points. If one thing is clear from a review of the last 25 years, it is that the changes in this area are likely to continue to accelerate and this requires us to continue to innovate in order to ensure our reporting remains aligned to our stakeholders' needs.

This is why the EMCDDA is conducting a futures exercise and reviewing its business model.

An important element of this is a reflection on how the agency communicates with its audiences. This reflection is ongoing but already some conclusions are emerging that are likely to impact on our annual reporting of trends and developments. Among these is the need to move towards a more integrated digital publications model that can allow greater access to the underlying data, more multilingual content and greater user interactivity.

We also recognise that, in addition to our core data sources, which allow us to comment on changes over time, we need more sensitive and timely information that can detect emerging problems. Moreover, the growing importance of synthetic substances, as well as the need to better describe patterns of polydrug use, especially with respect to how drug combinations impact on overdose and death, requires greater use of forensic and toxicological data sources. This is because some people who use drugs may be unaware or misinformed on the actual substance they are consuming, and consequently self-report data, a mainstay of many reporting tools, can be sometimes unreliable.

Within a more global and digitally enabled market, drug trends in Europe are also increasingly impacted on by developments outside of the EU, especially those within our neighbouring countries. This means that, in our future reporting, more efforts will be needed to locate European drug trends within the wider global context.

Twenty-five years ago, when the EMCDDA first reported on drug use at the European level, a policy priority for many countries was simply to better describe the developments that were taking place and the problems countries faced. Today these objectives remain, especially with respect to some of the emerging threats we are facing, but, overall, there is also far greater understanding of drug issues and a corresponding need to, not just describe the problem, but also to do more to identify and support the implementation of effective responses.

The implications for the EMCDDA's annual reporting are likely to be that we need to exploit better the opportunities that the digital environment provides to link our analysis of drug trends to resources on the identification and sharing of best practice and to extend our work to support for the successful implementation of proven approaches in the different contexts and settings that exist across Europe. The challenges for the next 25 years are therefore considerable.

A review of the first quarter century of the EMCDDA's work suggests that, in a complex and politically sensitive area like drug policy, there is enormous value to be drawn from sharing an objective and non-partisan approach to describing drug problems across Europe and matching this with discussion on what constitute effective actions.