



European Monitoring Centre
for Drugs and Drug Addiction

TRENDSPOTTER SUMMARY REPORT

RECENT SHOCKS IN THE EUROPEAN HEROIN MARKET:
EXPLANATIONS AND RAMIFICATIONS

15 November 2011

Summary report from EMCDDA Trendspotter meeting 18–19 October 2011

Background

The first EMCDDA Trendspotter meeting, on *Recent shocks in the European heroin market: explanations and ramifications*, took place in Lisbon on 18–19 October 2011. The purpose of the meeting was to increase understanding of the 2010/2011 heroin shortage reported by some European countries and to explore issues of drug replacement. Sixteen experts from 14 European countries presented their experiences of recent trends in heroin availability and use and the replacement of heroin by other illicit drugs or medicines, providing insights from different disciplinary perspectives.

The trendspotter methodology involves the collection of data from multiple sources, and uses a number of different investigative approaches. The heroin market assessment included a review of the available literature, an electronic survey of experts, three rounds of data collection with the EMCDDA network of Reitox focal points and Early-warning system correspondents ⁽¹⁾, fifteen expert presentations (from 14 countries) and three facilitated expert working groups. In addition, data were collected in one country using questions on Twitter. Importantly, the input received covered multiple perspectives on the heroin market including supply-side and law enforcement expertise, forensic and monitoring data, treatment and care experience, and drug user perspectives. Analysis involved the triangulation of the available data, with a view to providing as complete and verified a picture as possible. Bearing in mind important caveats — that much of the data are preliminary and the results are primarily based on expert opinion and grey literature — we present the following findings.

Divergent situations

The data collection suggests that there are divergent situations in Europe. A small group of countries appear to have experienced a severe and to varying degrees documented shortage of heroin, which was most heavily felt between November 2010 and March 2011. These countries include Bulgaria, Ireland, Hungary, Slovakia, Switzerland, the United Kingdom and (at least some regions in) Russia. In some countries, the heroin market is now reported to be recovering, although other countries report ongoing shortages. In another small group of countries, notably Belgium, France, Portugal, there have been no reports of heroin shortage, and there were anecdotal reports of purity increases. Interestingly, a number of European countries identified a more protracted reduction in heroin purity in recent years — independently of whether or not they reported a heroin shortage. Finally, another issue discussed, in all likelihood the result of an early market shock, was the virtual disappearance of heroin from the illicit market in some countries (Estonia, Finland) in 2001/2002.

Replacements — filling the vacuum

One objective of the trendspotter meeting was to identify whether those countries that were experiencing heroin shortages observed the market replacement of heroin by other illicit drugs or illicit use of medicines. This was a question put to experts in the electronic survey, and the summary of their responses is presented in the table below. The topic was also discussed in detail by expert groups. In summary, it appears that in areas experiencing heroin shortages, drug users were reported as increasing their use of both alcohol and non-prescribed benzodiazepines to fill the vacuum. In addition, the illicit use of synthetic opioids (buprenorphine, fentanyl and, to a lesser extent, methadone) as a replacement for heroin is also reported, mainly in Nordic and Baltic countries. The increased use of stimulants (crack,

⁽¹⁾ Two rounds of queries to the EWS experts in 2010 and 2011, and discussion with Heads of focal points, June 2011.

cocaine, amphetamines), particularly by injection, was reported, as was the replacement of heroin by 'legal highs' and injectable cathinones (mephedrone).

There were marked differences between countries in terms of the reported replacement substances. For example, in the absence of heroin, users were described as switching: to fentanyl in Estonia; to 'white heroin' (possibly fentanyl) in Bulgaria; to cathinones in Hungary; to methamphetamine in Slovakia; to buprenorphine in Finland and Norway.

Table 1: Electronic expert survey (10 respondents). Responses to questions on replacement of heroin by other illicit drugs or by illicit use of medicines

	Yes, a few switched	Yes, many switched	No	Don't know	Total number of responses
Methadone	7	2	0	1	10
Buprenorphine	2	3	1	2	8
Fentanyl	1	3	2	4	10
'Compot'/other locally produced opioid preparations	1	0	5	1	7
Benzodiazepines (Xanax)	1	1	2	2	6
Benzodiazepines (phenazepam)	2	0	3	2	7
Benzodiazepines (other)	1	5	2	0	8
Rohypnol	1	0	5	2	8
Ketamine	1	0	5	2	8
Cocaine	0	1	6	1	8
Crack	0	2	5	1	8
Amphetamine	1	1	4	2	8
Methamphetamine	3	0	4	2	9
Mephedrone	1	1	4	2	8
Other cathinones	0	1	4	3	8

Wider impact of heroin shortages

Evidence was presented on a range of largely negative health impacts associated with heroin shortages including increases in reported overdoses, increases in reports of health problems such as abscesses linked to the injection of adulterated heroin, and high levels of stress among problem drug users. Experts from countries experiencing shortages of heroin reported an overall increase in overdose levels, which they attributed to both increases in the use of combinations of depressant substances — 'more mixing of benzodiazepines, alcohol, heroin' — as well as to overdoses associated with either 'high quality' heroin or 'adulterated heroin'. One expert reported decreased attendance levels at a low-threshold service, as heroin users were spending more time on the streets looking for drugs. However, there were also reports of a small number of drug users responding to the heroin shortage by moving into drug treatment or choosing to stop using heroin.

Possible explanatory factors

There is a limited literature available which provides some insight into factors that may have had a part to play in the 2010/2011 heroin shortage in some European countries. Firstly, it has been suggested that reduced production of opium in Afghanistan, due to poppy blight in the spring of 2010, may be responsible. However, this is debatable, as police reports suggest that heroin made from Afghan opium may not appear on the European drug markets until about 18 months after harvest. A second argument is that heroin destined for western Europe has been diverted to the Russian (and Ukrainian) market, although Russia also appears to be undergoing a heroin shortage (Rylkov, 2011). It has also been suggested that law enforcement efforts have disrupted trafficking, in particular through the dismantling of wholesale heroin networks between Turkey and the United Kingdom. Recent years (2007, 2008) have seen record seizures of the heroin precursor acetic anhydride in Europe, and these confiscations may have affected the drug market over a longer period (INCB, 2011). According to SOCA (2011), severe flooding in Pakistan during 2010 may also have had an impact. Finally, other developments in Afghanistan, such as heavy fighting in the south of the country, and law enforcement actions against heroin laboratories and opium stockpiles, may also be influencing heroin supply to Europe (Mansfield, 2011). It is likely that a combination of some of these factors has played a role in disrupting the supply of heroin to Europe.

Dearth of 'real-time' information

The discussions highlighted the lack of information in 'real time', on drug availability and illicit drug markets, as well as the need to improve and scale-up a number of information sources, including:

- 1) Testing and forensic profiling of heroin across Europe;
- 2) Qualitative user accounts, particularly to help understand trends in substitution or replacement substances and possible health costs or gains;
- 3) Price and purity data from different market levels;
- 4) Criminal intelligence — importance of intelligence-led policing;
- 5) Data from frontline services and media sources.

Specifically with regard to the heroin shortage, there remains a need to extend our review to other EU countries. The meeting also highlighted a number of questions for future discussion:

- What are the levels of heroin purity in 'normal' market conditions and during times of shortage?
- Were the countries most affected geographically positioned along (or at the end of) major trafficking routes? Balkan vs. Northern vs. West African routes?
- Is Europe witnessing a more general trend, involving a transition to synthetic drugs or stimulants?
- Why are Ireland and the United Kingdom showing different market reactions to many of the other EU Member States?
- Are new heroin trends emerging, with new routes of transmission, e.g. heroin sniffing, and new users groups, e.g. weekend users, in some countries?
- Will the recent heroin shortage have any long-term impact, or will the market drift back to its 'normal' state?
- As more data become available from routine monitoring sources, will we see increases (or decreases) in overdoses and other health problems for affected countries?

Conclusions

In summary, while some European countries have experienced severe heroin shortages or droughts in the 2010 to 2011 period, not all countries experienced this phenomenon. A key conclusion from the meeting was that it is important to take a holistic approach to the European drug market, moving away from a focus on individual substances to consideration of a complex market model with a range of competing products. The EU probably has a

number of linked but separate marketplaces for heroin and opioids. Local cultural norms can influence preferences, with changes expressed differently at regional and national level. It appears that both synthetic drugs and pharmaceuticals may be becoming more important in European illicit drug markets. Supply side action is probably a factor in recent heroin shortages. Both bounce-back and recovery appear to be occurring and, arguably, Europe may now have a more dynamic and faster moving illicit drug marketplace.

References

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