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Speech

Speaker	**Alexis Goosdeel, EMCDDA Director**
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Dear Chair,

Ladies and Gentlemen,

It is a great pleasure to contribute to this Side Event on ‘Evidence-based drug policies’. What I want to do here today is to reflect on our past experience, and then to present some current developments and to highlight what I believe are interesting perspectives and questions for the future.

So what is our starting point?

Our common adventure started at the end of the eighties in the middle of a heroin epidemic that was characterised by a high number of deaths from overdose in many European cities, by the exponential spread of HIV and later of HCV drug-related infections in most countries, and by a general absence of facts and figures about the dimension of the phenomenon.

This is why European countries, following the proposal of President François Mitterrand in 1989, decided to create a European Drugs Observatory with the mission to provide objective, reliable and comparable information on the drugs situation and on the responses to it.

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So let us consider the evolution of policy-making on drugs in Europe over the last 20 years, and the role played by scientific evidence in that process.

1. BEFORE, or 'Challenging the dogmas'

It is important to understand that the nature of the problem (i.e. heroin epidemic) has shaped over time an approach that has an increasingly important public health component.

What has been achieved over the years has required the EU countries and its decision-makers to:

- Build a knowledge base about the situation and the responses, through establishing the EMCDDA and the Reitox network, and through financing a huge number of research, studies and other surveys that have been key to building up this knowledge.
- This evidence base has facilitated the adoption of often courageous decisions by policy-makers, investing in social experimentation and programmes that frequently challenged the dogmas of the day (for instance, the prescription of opiates as a substitution to heroin). This in turn has contributed to the production of new knowledge.
- In parallel, the countries and the EU as such have established and consolidated coordination and cooperation mechanisms, which have led to the adoption of successive European Drug Strategies supported by Action Plans.
- What has been the impact? Over the last 20–25 years we have observed in Europe a dramatic reduction of drug-related deaths, a reduction of injection practice among drug users, a reduction of HIV infections and a stabilisation of HCV infections, associated with a significant increase of the population of drug users in treatment (1.5 million drug users in treatment, compared with maybe 30–40 000 in the late eighties).

2. NOW, or ‘Consolidation and Flexibility’

Moving on to the early nineties, a new drug began to appear on the European market, which was first detected and presented to the public by the media: it is Ecstasy, which was presented then as the ‘love pill’. At that time we were all too preoccupied with the heroin epidemic, and we were slow to respond to the emergence of this new phenomenon both in terms of the monitoring and the policy response.

It was only seven or eight years later, as the evidence became available, that the importance of the problem was recognised, and this resulted in 1997 with the adoption by the European Union of a specific programme called the Joint Action on New Synthetic Drugs. This later became the European Early Warning System on New Psychoactive Substances, coordinated by the EMCDDA.

What started mainly because of one substance, and a few others about which little information was available, has become in the meantime a game changer in the way we are joining forces — and the scientific evidence — to support what is probably one of the strongest examples of evidence-based policy-making on drugs in Europe.

Let’s look at some recent developments:

- Learning from the experience in new psychoactive substances (NPS), new complementary methodologies have been developed, such as **wastewater analysis** (that very few people took seriously at the beginning), the integration of new sources of information and the use of the internet (internet snapshot).
- By complementing our monitoring with other sources of information, we have also been able to improve the sensitivity of our drug monitoring system more generally. For example, it allowed us to detect at an earlier stage issues such as the **heroin drought** in some countries, and the move to consumption of other substances that has followed, such as **injected cathinones** in Hungary.

- We have also been able to better support Member States that were facing new problems, such as the **HIV outbreaks** in **Greece** and in **Romania**. It is a remarkable achievement that with the joint support of ECDC and EMCDDA and other international organisations, a country like Greece has been able to curb the epidemic despite the heavy constraints imposed by its economic crisis. Evidence has contributed to identifying the priority actions and to allocating the limited resources available for cost-effective interventions.
- Today, pharmacological developments are resulting in new opportunities for treatment; a good example of this is **Hepatitis C**, where potentially we could see an eradication of illness, but that requires the evidence from treatment to be combined with what we know about drug use and drug users. I am convinced that in the future we will see many new opportunities that will require us to extend our evidence base.

3. COMING, or 'How to use what we know for what we don't know yet?'

To summarise the lessons learned from the European experience, I would propose 5 "I's":

- **Information**: A renewed monitoring model is operational that combines different tools and methods in what we call 'contemporary approaches' of the monitoring of the drugs situation. To remain policy relevant, the monitoring and the analysis of the drug phenomenon need to integrate information coming from different sources, like for instance what we have done for the analysis of the European drug market.
- **Interventions** are being increasingly supported by a corpus of scientific evidence, for instance on treatment, harm reduction and prevention. It is now important to disseminate and to make more systematic use of that knowledge for the design, implementation and evaluation of demand-reduction interventions.
- **Implications for the future**: Over the last 20 years, European and national policies have integrated in one way or another a harm reduction dimension that clearly contributed to reducing the negative impact of drug use on society. It would be useful to draw the

lessons from that experience at macro level and to identify some general principles (not linked to a single substance such as heroin) that could help the EU and the Member States to address any forthcoming drug problem.

- **Inclusion** of a broader set of issues, to support our understanding of what makes an effective intervention: for example the re-emergence of MDMA in a different context than that of the early nineties, the appearance of 'chemsex', or the unclear relationship between drug trafficking and radicalisation. This suggests that there is a need for integration of approaches and interventions that up until now have remained specific and fragmented.
- **Innovation and imagination:** The drug phenomenon has become very versatile and reveals a very dynamic capacity to adapt to change in its geographic, human, institutional, technological, regulatory and legal environment. So too has our monitoring, that has expanded to include toxicology, forensic data, open source data, and that is developing new methods to produce, for example, an estimate of the size of the drug market in Europe. This capacity of innovation remains a *sine qua non* for the production of new scientific evidence but also for bridging the gap between science and decision-making.

  National and regional drug observatories such as the EMCDDA also need to look forward and to imagine on the basis of long-term monitoring (20 years of data collection in the EU!) what could be the possible developments in the drug situation. This is why the EMCDDA has planned for next year the launch of a Foresight exercise on 'Drugs in Europe in 2030'.

Dear Chair, ladies and gentlemen, dear colleagues,

What the experience shows, is that building together a European Drugs Observatory and a European Drug Information Network has contributed to a major change in the drug policies of countries in the European Union. A political decision made possible the development of a knowledge base that in turn has been feeding the political debate at European and at national

level, and has supported the Member States in their endeavour to work in a more coordinated approach.

Has scientific evidence become the sole criteria for policy-making on drugs in Europe?

Obviously not, and this is to be expected, as the role of scientific evidence is not to substitute, but to serve, the governance of the ‘polis’, the city.

Is scientific evidence strongly established and capable of helping address future challenges for policy-making on drugs in Europe?

It is certainly established and capable of providing support, but monitoring systems need to be flexible to remain adapted to their objective, and the future relevance of their analysis and scientific evidence depend very much on appropriate and recurrent funding of research and data collection. Without ongoing adaptation to the monitoring, that knowledge may become obsolete.

It is therefore necessary to continue to innovate and to produce new knowledge and new services. This is the challenge for the EMCDDA and for the Reitox network of national focal points, and beyond our European experience, for any regional and national drug observatory.

Thank you very much for your attention.