



European Monitoring Centre  
for Drugs and Drug Addiction

# Heroin shortages in Europe?: results from an EMCDDA trendspotter meeting

## TDI meeting

*September 21th 2012*

*Jane Mounteney*

## What's happening to Europe's heroin supply?



Drop in availability of heroin reported in UK and Ireland in late 2010 /early 2011, and shortages in Bulgaria, Hungary, Slovenia, Slovakia, Croatia, Switzerland, Russia.

## Trendspotter approach 2011– heroin shortage

- Map and explore heroin shortages in Europe
- Identify consequences, replacements
- Multi-source, multi-method and triangulation



# Trendspotter - concept

- Aim: rapid and in depth information gathering
- On subject of concern, uncertainty
- One off and ad hoc
- Topic-based - invitees chosen on basis of their expertise
- Not an ongoing network of trendspotters, as different topics require different experts.





October 2011, first pilot of trendspotter approach:

- data gathering & meeting
- 16 experts
- 14 countries
- mix of professions

# Trendspotter methods

Multi source, multi-method, triangulation:

- Literature review
- EWS info request by email
- Hof FP questions
- Electronic survey
- Expert presentations
- Focus groups
- Twitter



# Results: countries experiencing shortage



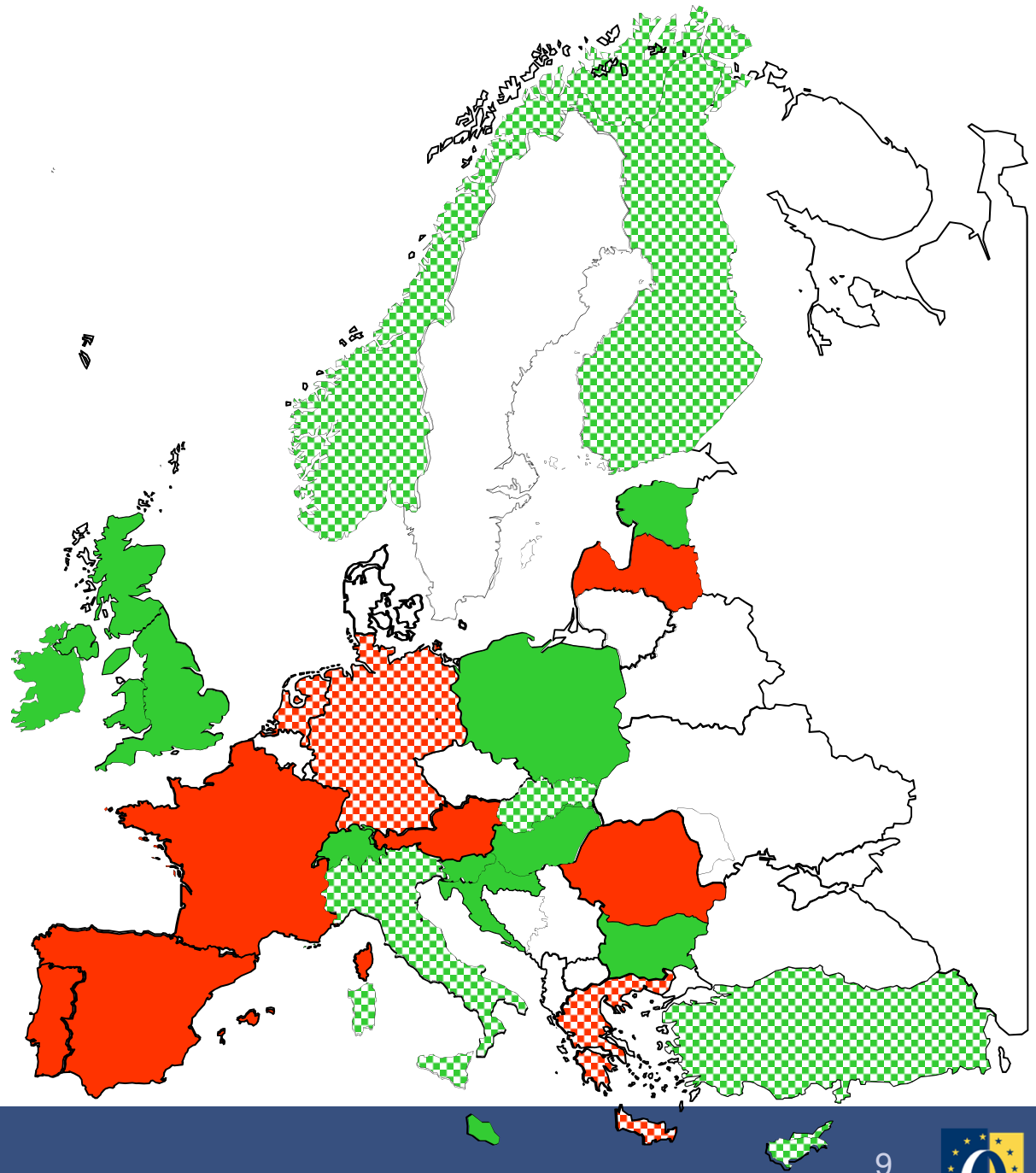
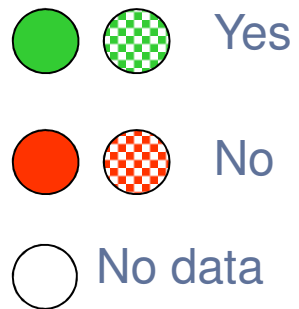
Literature EWS 2010 RTX 2011 EWS 2011 Trendspotters

	Literature	EWS 2010	RTX 2011	EWS 2011	Trendspotters
EE				Yes	Yes(2)
FI					Yes
NO	No			Yes	Yes
HU			Yes	Yes	Yes
UK	Yes	Yes	Yes	Yes	Yes(2)
TR	Yes?			?	
CY				Yes	
BG		Yes	Yes	Yes	Yes
CH		Yes			Yes
SI	Yes	Yes	Yes	Yes	Yes
IE	Yes	Yes			Yes
HR	Yes			Yes	
AT			No	No	
DE				No	
IT	Yes				No
LV				No	
NL					No
PT		No	No	No	No
EL			No?		
ES			No		
FR		No	No		x
MT		Yes?			
PL		Yes			
RO		No			
SE	No				x
SK					x





## Heroin shortage and 'drought'



# Divergent situations

- Severe heroin shortage for a small group of countries, November 2010 to March 2011. Bulgaria, Ireland, Hungary, Slovakia, UK, Switzerland & Russia.
- For some, the heroin market was recovering, for others ongoing shortages.
- Belgium, France, Portugal, no reports of heroin shortage, and anecdotal reports of purity increases.
- A longer term reduction in heroin purity identified in some countries.
- Virtual disappearance of heroin from illicit market in Estonia, Finland 2001/2002 - result of early market shock.



# Results: switching to other products?



# Online survey to experts

**10. Looking at the list of drugs below, please indicate for each drug, whether or not heroin users switched to these.**

	Yes, a few switched	Yes, many switched	No	Don't know	Response Count
Methadone	70.0% (7)	20.0% (2)	0.0% (0)	10.0% (1)	10
Buprenorphine	25.0% (2)	37.5% (3)	12.5% (1)	25.0% (2)	8
Fentanyl	10.0% (1)	30.0% (3)	20.0% (2)	40.0% (4)	10
'Compot'/other locally produced opioid preparations	14.3% (1)	0.0% (0)	71.4% (5)	14.3% (1)	7
Benzodiazepines (Xanax)	16.7% (1)	16.7% (1)	33.3% (2)	33.3% (2)	6
Benzodiazepines (phenazepam)	28.6% (2)	0.0% (0)	42.9% (3)	28.6% (2)	7
Benzodiazepines (other)	12.5% (1)	62.5% (5)	25.0% (2)	0.0% (0)	8
Rohypnol	12.5% (1)	0.0% (0)	62.5% (5)	25.0% (2)	8
Ketamine	12.5% (1)	0.0% (0)	62.5% (5)	25.0% (2)	8
Cocaine	0.0% (0)	12.5% (1)	75.0% (6)	12.5% (1)	8
Crack	0.0% (0)	25.0% (2)	62.5% (5)	12.5% (1)	8
Amphetamine	12.5% (1)	12.5% (1)	50.0% (4)	25.0% (2)	8
Methamphetamine	33.3% (3)	0.0% (0)	44.4% (4)	22.2% (2)	9
Mephedrone	12.5% (1)	12.5% (1)	50.0% (4)	25.0% (2)	8
Other cathinones	0.0% (0)	12.5% (1)	50.0% (4)	37.5% (3)	8
			Other (please specify)		3
<b>answered question</b>					<b>10</b>
<b>skipped question</b>					<b>4</b>

# Replacement products?



- Alcohol
- Benzodiazepines (UK, IE)
- Amphetamines (SK), crack cocaine (UK)
- Cathinones, synth cannabinoids (HU)
- Buprenorphine (FI, N), fentanyl (SK, EE, BU)

# Replacements — filling the vacuum

- Increased use of both alcohol and non prescribed benzodiazepines.
- Illicit use of synthetic opioids (buprenorphine, fentanyl to a lesser extent, methadone) as a replacement, mainly in Nordic and Baltic countries.
- Increased use of stimulants (crack, cocaine, amphetamines), particularly by injection
- Use of ‘legal highs’ and injectable cathinones (mephedrone, MDPV).



# Results: consequences for heroin users



# Wider impact of heroin shortages

- increases in health problems e.g. abscesses linked to injection of adulterated heroin & high levels of stress.
- overall increase in overdose levels, attributed to
  - increases in use of combinations of depressant substances —  
‘more mixing of benzodiazepines, alcohol, heroin’
  - either ‘high quality’ heroin or ‘adulterated heroin’
- decreased attendance levels at a low-threshold service, spending more time looking for drugs.
- some drug users moving into drug treatment or choosing to stop using heroin.





# Results: insights into EU heroin trends



# Disruption of heroin supply to Europe - possible explanatory factors

- Reduced production of opium in Afghanistan, due to **poppy blight**
- Heroin destined for western Europe **diverted to Russian market**
- **Disrupted trafficking** networks between Turkey and UK.
- Record **seizures of acetic anhydride**
- Severe **flooding in Pakistan** during 2010
- Fighting and LE actions **in Afghanistan** re heroin labs and opium stockpiles

**Likely that a combination of these factors played a role**



# Slide, squeeze and shocks in EU heroin market

- Long term slide in some EU countries from 2001 Taliban ban on opium production
  - Irrevocable changes e.g. in Estonia & Finland
- Medium term market squeeze linked to poppy blight, floods, fighting other expanding markets & treatment expansion
- Short term shock – acute drought linked with countries on same supply networks
  - Linked with law enforcement action Turkey/UK

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EDITORIAL

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## Understanding changes in heroin availability in Europe over time: emerging evidence for a slide, a squeeze and a shock

*In this editorial we discuss the evidence that Europe recently experienced a heroin shortage. The information available suggests that some, but not all, countries experienced a severe market shock linked to law enforcement activities; however, this may be best viewed as an epiphenomenon, accompanying a longer-term decline influenced by both demand and supply side factors.*

During the last decade changes in opium production in Afghanistan generated a concern that a potential 'flood of heroin' could enter the European market. To date, no evidence exists that this has happened and, conversely, the question has become whether Europe, in part or as a whole, has recently experienced a heroin shortage.

In late 2010, information began emerging that disruption was occurring in the European illicit heroin market. These accounts were difficult to reconcile, often anecdotal and inconsistent. They included reports of injectors switching to new substances, including cathinones, increased use of benzodiazepines and the appearance of novel synthetic opiates. Most consistent were media reports from Ireland and the United Kingdom, which pointed to a dramatic reduction in heroin availability. These accounts tended to focus on the perceived negative impact of the event, which included increased risk behaviour and the use of adulterated drugs. These themes were developed in the specialised press who were more analytical, suggesting, for example, that not all parts of the United Kingdom and Ireland were affected equally [1]. The lack of supporting empirical data and poor coherence between reports generated initial scepticism that this had wider significance. However, in winter 2010-11 health alerts were issued in both Ireland [2] and the United Kingdom [3] and corroborative data began to emerge from forensic, criminal and law enforcement sources. From a European Union (EU) perspective, the evidence was now sufficient to prompt a wider investigation, which also provided an opportunity to pilot methods, currently in development, to report on emerging trends more rapidly [4]. While the findings from this exercise require further review as more data become available, the exercise did not only reduce levels of uncertainty but also highlighted issues where our current understanding was inadequate. Perhaps the most basic of these was the differing conception of 'normal' levels of heroin availability that existed between countries.

A relatively consistent picture emerged across the sources used, showing that some European countries experienced a notable heroin shortage between November 2010 and March 2011, with a partial rebound occurring after this date. It is important to note that a number of countries did not experience a shortage during this period. The countries in which market disruption occurred include Bulgaria, Ireland, Hungary, Slovakia, Slovakia, the United Kingdom and Croatia. The evidence is less clear, but suggestive, for Greece, Romania, Cyprus and Russia. In Finland and Estonia the market had already largely collapsed before 2010. In contrast, in Germany, Spain, France, Portugal, Austria and possibly the Netherlands, no major changes have been observed – a guess being that in some of these countries heroin purity is low or has fallen. A complicating factor to this analysis is that the dramatic market shock experienced by some countries may have to be viewed as an epiphenomenon, accompanying a longer-term decline.

While it is not possible here to review all the data available to support this conclusion, an illustrative window is provided by drug testing data from Ireland and the United Kingdom. In both countries, large numbers of biological samples from treatment attendees and those in the criminal justice sector are tested. These data reveal a 50% drop in the number of positive tests for heroin between October 2010 and February 2011. The Irish data mirror the United Kingdom figures, but with the drop occurring slightly later (December and January).

An emerging hypothesis is that we need to differentiate between a longer-term market slide and shorter-term shocks. A number of countries experienced disruption to availability following the imposition by the Taliban ban on opium production in 2001. This earlier shock seems to have resulted in irreversible changes, with this period seeing the establishment of 'heroin' in Estonia and buprenorphine in Finland, as heroin alternatives. Following this, both demand and supply side factors may have contributed to a longer-term reduction in availability; these include an ageing population, expansion in treatment, increasing availability of synthetic opiates and competition from other markets.

A number of fairly recent events, such as reduced production due to unfavourable weather and poppy blight, floods in Pakistan and fighting in Afghanistan, are likely to have contributed to a medium-term market squeeze. Regarding the more acute period of severe heroin

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# Questions for future discussion:

- What are the ‘normal’ levels of heroin purity?
- Were the countries most affected on 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?
- Are new heroin trends emerging, with new routes of transmission, e.g. heroin sniffing, and new users groups?
- Will the shortage have a long-term impact, or will the market drift back to its ‘normal’ state?
- 2001 ban, changes in heroin market in other countries?

