

New Drug Trends

Insights from
Focus Group
Discussions

Civil Society Monitoring of
Harm Reduction in Europe **2023**

Correlation

 European Harm
Reduction Network

Title

New Drug Trends: Insights from Focus Group Discussions. Civil Society Monitoring of Harm Reduction in Europe 2023.

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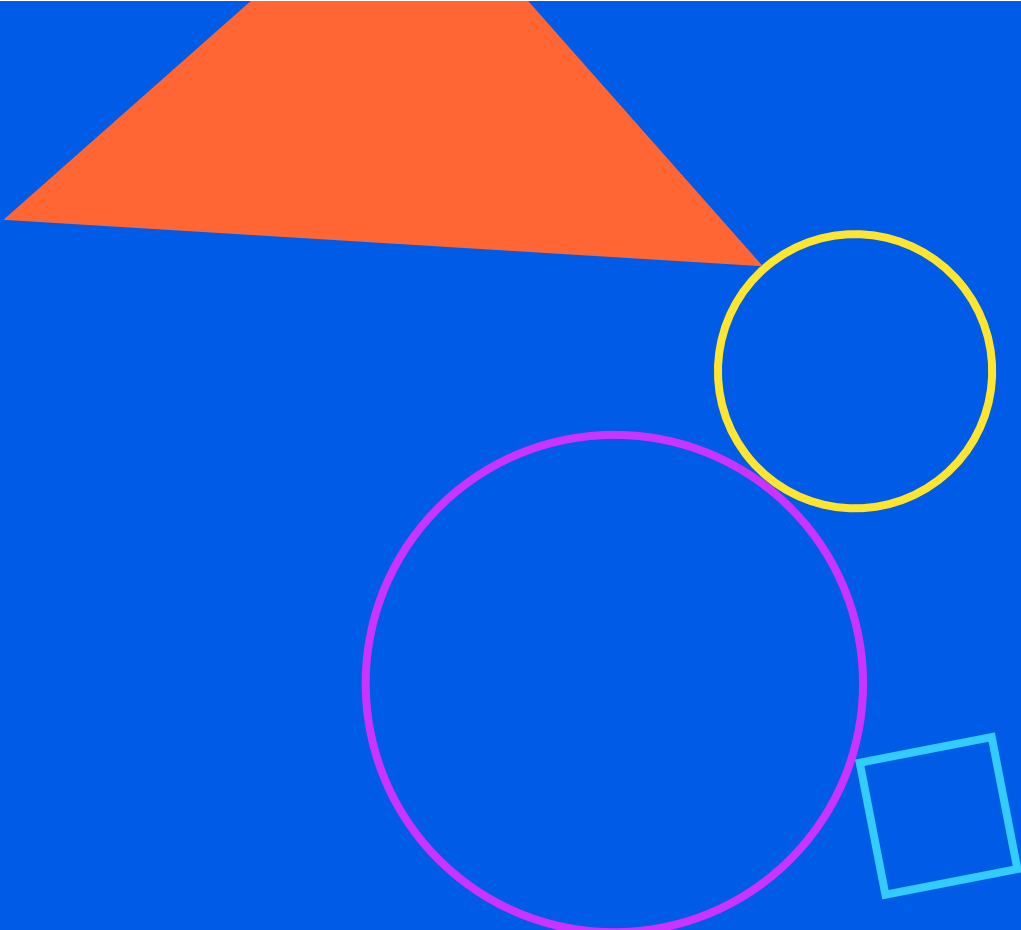


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Acronyms

AI	Artificial Intelligence
C-EHRN	Correlation – European Harm Reduction Network
COVID	Coronavirus Disease
CSO	Civil Society Organisation
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FGD	Focus Group Discussion
FP	Focal Point
MSM	Men who have Sex with Men
NPS	New Psychoactive Substance
OAT	Opioid Agonist Therapy
THN	Take Home Naloxone
UNODC	United Nations Office on Drugs and Crime



1

Introduction & Methodology

Introduction

There are ongoing concerns among policymakers, law enforcement, and civil society organisations (CSOs) about the emergence of New Psychoactive Substances (NPS) in general (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2023; United Nations Office on Drugs and Crime (UNODC), 2023a), about the appearance of NPS in more traditional illicit substances available in global and European markets, and about the emergence of new drug trends in general. International agencies continue to warn about the potential health risks (such as overdose) associated with illicit substances, including synthetic opioids. CSOs, particularly those working closely with people who use drugs, play a pivotal role in notifying signals of change with respect to the use of new substances, changing patterns of drug use, or in changes in local drug markets. This calls for new approaches to rapidly update data on drug trends that include qualitative data provided by people who use drugs and by experts who are in contact with people who use drugs. Data from CSOs are considered complementary to other sources, providing useful intelligence on emerging drug trends. This report aims to explore the latest insights with respect to the emergence of new illicit substances in cities where Focal Points (FPs) of Correlation – European Harm Reduction Network (C-EHRN)¹ are located, as well as other developments in drug use patterns, including polydrug use, routes of

administration, and changes in local drug markets. The focus extends beyond NPS to allow for a full understanding of current local drug market developments.

Methodology

Within the framework of a European Commission funded project², 40 C-EHRN Focal Points (FPs) collected data for the thematic area of civil society-led monitoring of changing drug trends and patterns at the local level. C-EHRN FPs serve as local reference points for collecting data on a wide range of harm reduction-related issues. Most FP organisations primarily focus on delivering harm reduction services, whilst also playing key roles in advocacy, policy initiatives, training and capacity building. At the time of the study, there were 40 FPs among the organisational members of C-EHRN, of which 18 FPs conducted Focus Group Discussions (FGDs). While in previous years, data was predominantly collected via a survey sent to all FPs, data collection on new drug trends in 2023 was undertaken only via FGDs. The main reasons for changing the data collection method from a questionnaire to FGDs included the limited responses over the years by many FPs and the sometimes superficial or unclear data collected via the survey format, hindering a substantiated understanding of local drug markets and the changes thereof. Experimenting with focus groups

1. C-EHRN is a European civil society network focused on drug use and harm reduction, with a diverse membership, including grassroots organisations, service providers, drug user organisations, and research entities. The network has a total of 314 members, comprising 176 organisational members and 188 individual members.
2. EU4H-2022-OG-FPA/SGA Ares (2022) 416518.

has been underway over the past few years with some promising results. As a result, it was decided that from 2023 onwards, data collection on new drug trends would take place only through focus group discussions.

During the C-EHRN FP Meeting in Lisbon (March 2023), FPs were trained in conducting FGDs, and already existing best practice was shared. A protocol was presented according to which FGDs would ideally take place. C-EHRN offered to chair the FGDs if needed; however, most FPs chose to arrange, conduct, and chair the discussions independently. C-EHRN provided an updated (from previous year) set of topics to be reviewed during the group discussions. These topics included the emergence of new or unknown substances on local markets; the emergence of previously known substances but for the first time used (substantially) by a new group of people who use drugs; and changes in the local drug market (such as availability, prices, and perceived quality of substances). Participants also had space to discuss current popular substances used in their city, and by whom, and other topics of interest related to new drug trends, such as changes in legislation affecting local markets, such as prohibited substances.

All 40 FPs were invited to conduct FGDs in their cities, and 18 of them were able to do so, with a response rate of 45%³. Participants represented the cities depicted in Map 1: Amsterdam; Athens; Balti; Copenhagen; Dublin; Glasgow; Helsinki; Kyiv; London; Malta; Newport; Nicosia; Podgorica; Rome; Skopje; Tallinn; Vienna; and Warsaw.

FGDs were organised between June and October 2023 and participants were requested to report on new drug trends they have observed in the past 12 months prior to the group discussion.

The results provided here are not necessarily representative for the whole of Europe; for example, the lack of response from FPs in South-Western Europe.

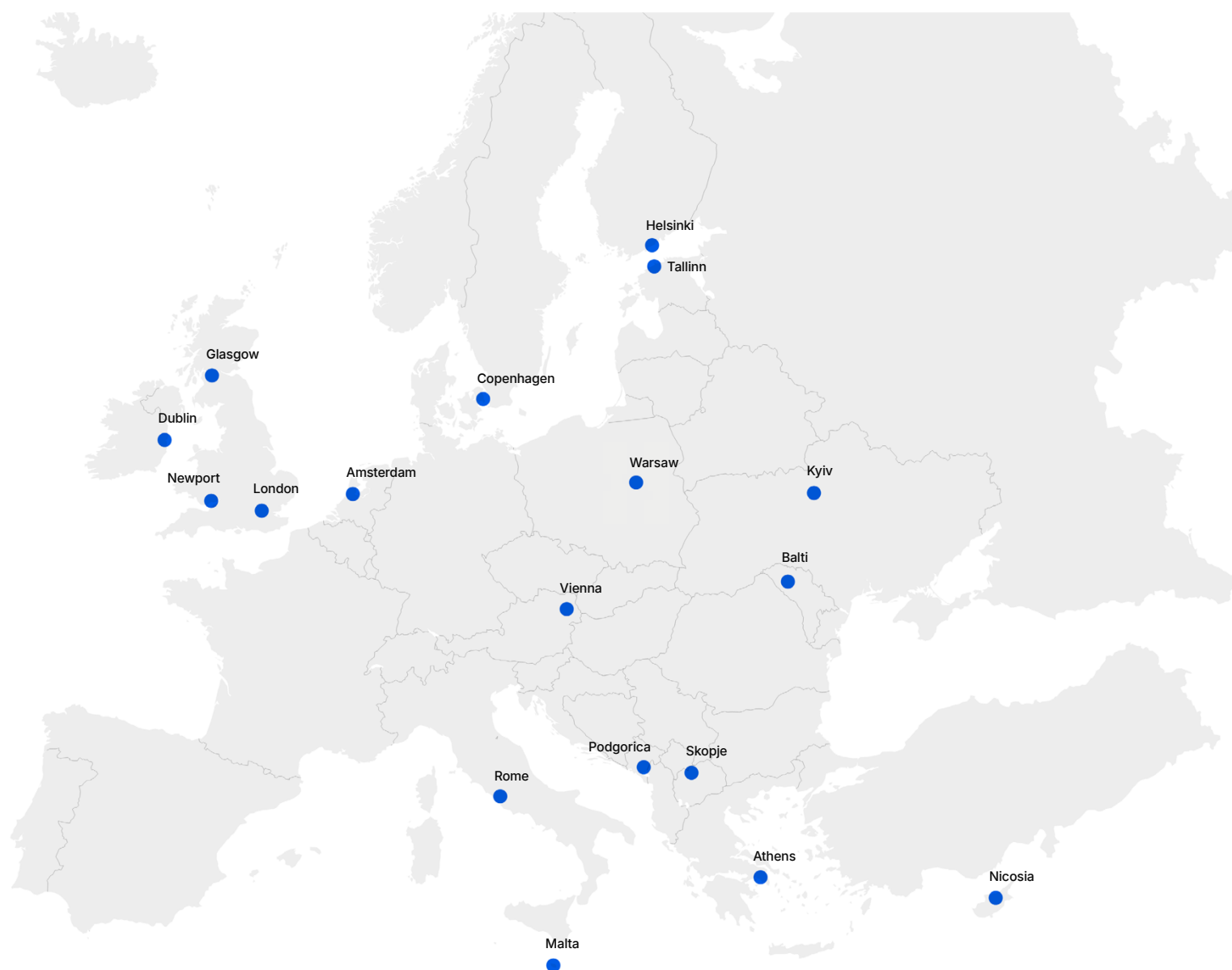
FGDs usually lasted between 1 and 1.5 hours and were conducted mostly face-to-face. C-EHRN FPs were in charge of organising the focus group: inviting relevant persons; chairing the meeting; recording the meeting; and providing a summary and, when available and consented to by participants, a transcript of the meeting or the recorded audio files. These were sent to C-EHRN for further analysis. The summaries and available transcripts were used as background for the thematic analysis and, wherever feasible, the audio files were used to check some of the findings and to gather more depth around the relevant themes. Most FPs conducted one focus group session incorporating representatives of various backgrounds including people who use drugs in recreational settings and/or people with high-risk drug use; harm reduction services; and treatment facilities, etc. Some FPs, however, decided that it would be better to conduct two focus groups in which the groups were divided based on the nature of their expertise regarding the issue at hand, in other words, based on their lived experience or belonging to a community of people who use drugs or expertise stemming from their professional, work-related relationship with people who use drugs. FGDs had, on average, around 5 participants.

3. Those FPs who did not conduct a FGD indicated that lack of time was the main reason.

The outcomes of the FDGs are presented, below, divided per topic. Please note that the outcomes reflect the drug markets at local level, not at regional or national level, and the presented data are not exhaustive. For a full picture of current drug use at country level, available annual

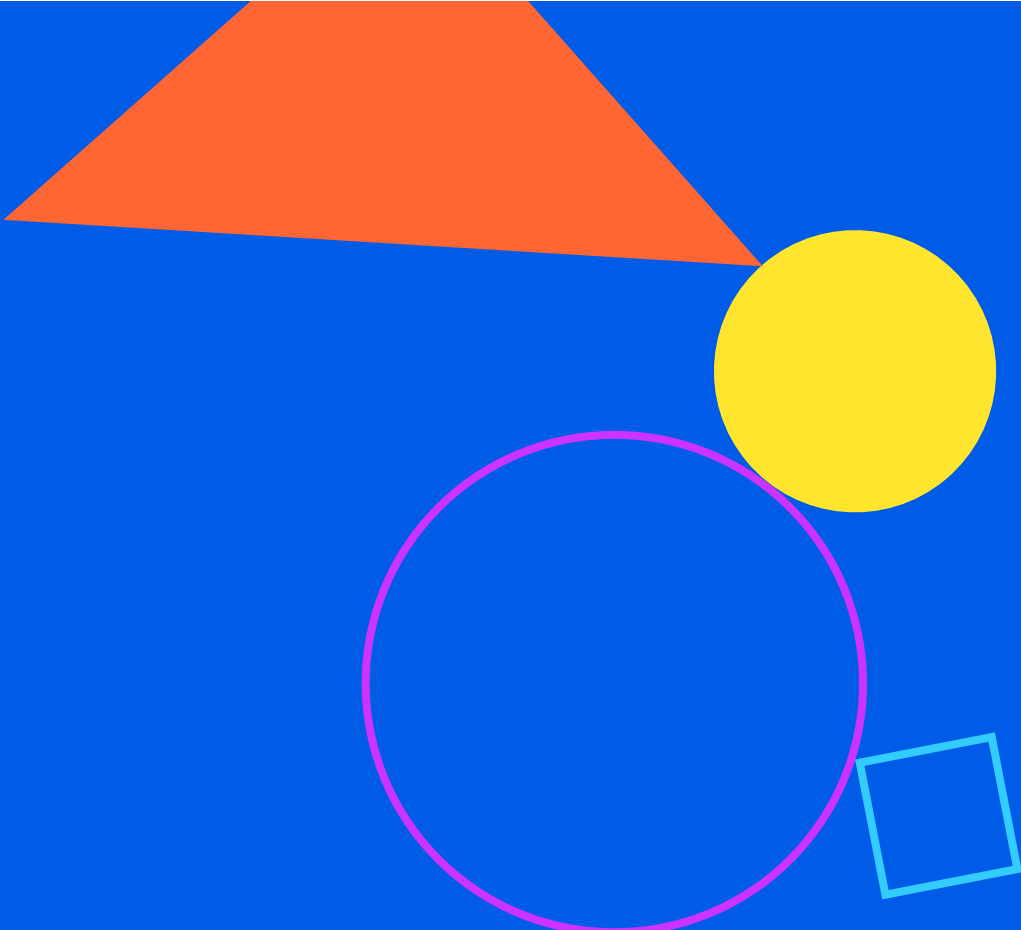
country reports or other national sources are recommended.

Data collected in this report were obtained between June and November of 2023.



● Participating in 2023

Map 1: FPs participating in FDGs on New Drug Trends.



2

Findings

The following describes the emerging substances in local markets and the emergence or increased use of known substances by new groups of users as reported by study participants. For these trends, a differentiation has been made between two main communities of people who use drugs as they differ in drugs of choice and frequency of use. The first group includes the vulnerable, often marginalised, communities of people with high-risk drug use of heroin and (crack) cocaine who are often dependent on these substances and are clients of harm reduction services, such as drop-in centres, needle exchange programmes, Opioid Agonist Treatment, and drug consumption rooms (if available). The second group includes communities of often young people who use drugs recreationally in nightlife and leisure settings, mainly during the weekends, without issues of dependency or in need of support or treatment. Ecstasy, cocaine, some NPS, LSD, 2C-B and ketamine are among the substances frequently used in these communities. The perceived changes in the local drug markets are described, including changes in price and the quality of substances, location of purchase, and the profile of sellers.

The emergence of new or unknown substances, or mixtures of substances on local markets

This chapter describes the recent⁴ appearance of new substances on local drug markets as reported by FGDs. These substances may be new to one city but known or even common substances in others. Please note that only those substances that were recently observed on the local market for the first time are described here, while elsewhere some of the trends regarding substances on the market for a longer period of time are outlined, such as those used by new groups of people who use drugs.

A number of FGDs mention the recent emergence of new substances on the local market. Xylazine and nitazenes were new substances reportedly used by communities of high-risk drug users, as was a new speedball variation. Use of magic mushroom droplets, and Tuci, Changa and other cocktails or mixtures of drugs that were previously not seen in the cities of a number of FGDs, such as Calvin Klein, Candy Flipping, and microdosing (Amsterdam, Kyiv, Rome), were reported among recreational users.

4. Approximately, the 12 months prior to the FGD.

Communities of high-risk drug use

Firstly, the emergence of new substances or mixtures of substances is described within communities of high-risk drug use in some local markets.

Xylazine

In 2023, the appearance of xylazine arose in monitoring activities. Three FGDs (London, Newport, Tallinn) mention the appearance of Xylazine. In Newport and Tallinn, there are laboratory verifications of the presence of Xylazine in synthetic opioids⁵. In London, Xylazine was mentioned during the FGD as a potential threat following media reports rather than actually being confirmed as present on the local market.

FGD London

"Xylazine also came up; however, at the time of the focus group, this was challenged within the group as it was off the back of a right-wing tabloid paper writing a stigmatising piece about xylazine in East London – and we didn't have any local confirmation of its presence recently in London".

In Newport and Tallinn, as reported by their FPs, evidence suggests the presence of Xylazine in local markets:

FP Tallinn

"What is concerning is that some samples and autopsy reports have revealed the presence of Xylazine in metonitazene and/or protonitazene, which is a substance with a completely different receptor effect. Synthetic opioid users are not seeking opioids mixed with Xylazine, but they consume whatever is offered and available on the market. It is not advertised that 'stronger opioids' are now available; it seems to be more of an experiment, attempting to introduce new mixtures to the market and testing them in Estonia, Tallinn as well."

Nitazenes

Similarly, nitazenes (characterised by their high potency, such as from official reports of hundreds- to thousands-fold more potent than morphine and other opioids and tenfold more potent than fentanyl (Perogolizzi, 2023) have emerged on local markets in some FP cities (Glasgow, London). These nitazenes are very potent and may deliberately be mixed with heroin and have led to a number of fatal and non-fatal overdoses in the UK (Johal, 2023).

FP London

"Nitazenes came up but have been around, albeit not to the extent we suspect now, and they are an adulterant in the heroin supply currently (which is newer as a concern; previously these type adulterants were more likely to be found in pills)".

5. Although Xylazine has not been reported as a drug-of-choice in itself, given its associated risks and recent media attention for this substance it was considered useful to add available and relevant information in this publication. Particularly given the fact that the absence of drug checking services in many FP cities means that any information coming from ground-level might be useful to counteract the often misleading and stigmatising information disseminated by the media and allow services to be informed and respond rapidly if such substances enter local markets.

 FP Glasgow

"(...) There are few reports to corroborate (the use of nitazenes), but (...seem to be....) people who have reported long term use of other drugs and have purchased as heroin."

Case 1: Glasgow

NAME (BRAND OR CHEMICAL) SUBSTANCE
Nitazenes.

APPEARANCE (POWDER, TABLET, CAPSULE, LIQUID, BLOTTER, OTHER)

Nitazenes are often mis-sold as other drugs and have been detected in paper, powder and tablet form. One report of an unusual smell from heroin from a participant of a Scottish Drugs Forum engagement group. An alert from Public Health Scotland in March 2023 provided information that N-pyrrolidino-etomidazene and metomidazene was found in counterfeit tablets sold as, and visually similar to, oxycodone, for example, blue (or sometimes yellow), letter M stamped on one side, half score and number 30 on the other. Metomidazene in paper form has been detected mainly in prison seizures on white or cream paper or blotter and detected in samples that also contained synthetic cannabinoids and benzodiazepines.

USED BY WHOM

Males and females of varying age groups generally intending to use other drugs, such as heroin or oxycodone. Also used within the prison population.

DESIRED EFFECTS

These included: relaxation; pain relief; to block out the reality of current life.

UNDESIRE EFFECTS

Overdose and adverse health effects.

WHY HAVE PEOPLE STARTED TO USE THIS SUBSTANCE

Availability/adulterant in other drugs, such as oxycodone or heroin; not being purchased as nitazenes, but being bought as other drugs.

ANY OTHER RELEVANT INFORMATION ACQUIRED REGARDING THIS TOPIC

There is a lack of drug checking available at present in Scotland to confirm the prevalence in circulation of substances for sale. Work is occurring in Glasgow to support people to send samples to the Welsh initiative - WEDINOS - for testing both through Scottish Drugs Forum engagement groups and frontline services. A drug checking pilot is also under development in Glasgow. One sample that the Scottish Drugs Forum tested via WEDINOS came back as a suspected new nitazene not seen in the UK previously and they could not confirm exactly what nitazene it was.

Other sources, including the latest issue of the European Drug Report (EMCDDA, 2023), also mentions the local presence of Xylazine and nitazenes in Europe, such as in the Baltic states.

Heroin laced with other opioids

The FGD in Podgorica mentions that there is some evidence to suggest fentanyl might be appearing in heroin (according to the results of the fentanyl test strip that they use). This has also been reported by FGDs in Glasgow (unverified) and Warsaw (verified), respectively.

FGD Podgorica

📍 *"More positive tests for fentanyl were detected in the last month. As part of a larger project, Juventas received a certain amount of fentanyl tests, in which the substance heroin is tested for the presence of fentanyl. (...) Clients tested their drugs with the fentanyl test provided by the NGO Juventas (through the Scanner project) and we had a few positive tests. We informed the Ministry of Health regarding these changes, and they informed the police. Then, police requested some fentanyl tests so they could test the drugs that they seized".*

New snowballing method

The Dublin FGD made note of a new snowball variation; the injection of crack in combination with heroin and methamphetamine. More detailed information on this combination is limited at present.

Communities of recreational drug use

Within the communities of people engaging in recreational drug use, the appearance of several new substances or mixtures of substances entering some local markets was noted.

Drugs containing mixtures of DMT-like substances

The Amsterdam FGD reports the emergence of magic mushroom droplets (locally known as 'paddodruppels'), such as in nightlife settings. These droplets are supposed to contain DMT-like content, are expensive and can be found in dropper bottles⁶, but also in products such as magic mushroom chocolates.

Other substances containing DMT-like content newly found in local markets include Changa (Rome and Skopje FGDs).

📍 FGD Rome

"Changa is a hallucinogen. It is smoked. It was already used in the rave party scene 3 or 4 years ago; now it seems to be increasingly widespread in leisure settings."

6. It is a container from which the substance is administered using a device that releases the substance in small amounts, drops

Combined use of multiple substances

FGD Dublin

Calvin Klein (slang for the combined use of cocaine and ketamine), was mentioned by FGDs in Malta and Dublin. The combination is used to "(...) Counteract a k-hole or comedown of ketamine by rubbing cocaine into the gums. Very popular in young cohorts and at festivals and nightclubs."

Candy flipping (slang for the combined use of MDMA and LSD), was mentioned by the Maltese FGD.

FGD Malta

"New information we received is that candy flipping is constantly used; it is the same mixing of ecstasy and LSD, and it has become popular recently among young people."

Tuci

Two FGDs (Amsterdam, Newport) mentioned the availability of Tuci (UNODC, 2022).

FGD Amsterdam

"We see Tuci on the menus of Whatsapp dealers and so-called sticker dealers using QR codes to market their products."

FGD Newport

"During the last year we have seen an increase in cocktail drugs from strawberry Tuci – cocaine, MDMA ketamine and 2CB. (...) Strawberry Tuci or Tuci is aimed at a younger more outgoing set of people who are in tune with recreational use."

2C-B

Two FPs mention the recent emergence of 2C-B in local markets (Podgorica, Rome).

FGD Podgorica

"It appears that 2c-b may be present in some local drug markets, although there is no lab check to verify this."

Ketamine

A number of FGDs mentioned the (increased) use of ketamine, including Vienna, Kyiv, Rome, Athens, Helsinki, Tallinn, and Malta.

FP Vienna

"Ketamine emerged recently, sometimes distributed for free. Some users mistook it for cocaine due to unexpected effects."

Other substances

Other substances mentioned by different FGDs include:

FGD Kyiv

"Kratom tea, marijuana concentrate. These are derivatives of existing substances."

FGD Nicosia

"Cannabis (Variants: HHC, CBD, "Bonzai"): Popular among younger individuals. Synthetic cannabinoids are not detectable in urine tests."

FGD Tallinn

"Alfa-PHiP: A new substance has appeared as a replacement for Alfa-PVP."

FGD Dublin

"Nitric oxide (canisters): Large amount of use seen over the summer and in festivals; very 'trendy' in younger cohort with bigger canisters and a large social media presence. Not seen amongst service users though (older cohort)." (Dublin FGD)

FGD Athens

"Peers from the gay community mentioned that G [GHB] is also available in clubs and not only in private "party and play" chemsex sessions and it is consumed also by straight nightclubbers".

The emergence or increased use by a new group

This section describes local developments in known substances, such as by a new group of people who use drugs, or in case there are clear signs of a notable increase or decrease in use. Reference here is made in particular to opioids, crack cocaine, benzodiazepines and methamphetamine.

Communities of high-risk drug use

Firstly, we take a look at communities of high-risk drug use, and changes in drug use in these communities.

Some FPs mention that drug use in general among this group is more visible nowadays (Tallinn, Glasgow).

FGD Tallinn

"Daily street users are now more visible, with an increasing number of people visibly under the influence of substances (it has not been common in recent years)."

Cocaine and crack cocaine

With the exception of FGDs in Balti and Kyiv, all FPs mention the (widespread and/or increased) use of cocaine in their cities. Cocaine, therefore, seems to be widely available within Europe, which is consistent with other sources, such as the European Drug Report (EMCDDA, 2023) and the World Drug Report (UNODC, 2023a). Increased powder cocaine use is reported in both communities, although the method of administration differs, and is in line with other sources such as the latest European Drug Report.

FGD Skopje

"Cocaine is used by people from 20 to 60 years and more, but mostly people from 25-30 years and above, [...and from...] different social and economic status. Last year [summer 2022], cocaine was easily available, and people use it on different occasions and events; a lot of them daily, combined with alcohol and other psychoactive substances. Two participants said that in the last year many of the people who are on methadone therapy are using cocaine or crack cocaine at the same time. They indicated that usually around 7 o'clock in the morning they take the methadone therapy, and after one or two hours they take cocaine by sniffing, smoking it in a pipe, rarely injecting. All participants agreed that cocaine is very available, generally of good quality, and costs about €100 per gram."

Similar to powdered cocaine is the [increased] presence and use of crack cocaine. Many FGDs (Amsterdam, Dublin, Glasgow, Newport, Amsterdam, Nicosia, Malta, Rome, Skopje, Warsaw)

mention the increased use of crack cocaine in their cities in communities of high-risk drug use.

FGD Glasgow

"Crack/freebase cocaine [is] used by all genders, all age groups - predominantly older 35+ but some younger 18-35, typically people with poly substance use."

FGD Malta

"Some of the participants (...) explained that the group of people who use crack is different from the group which uses powdered cocaine (crack users are much more marginalised)."

FGD Newport

"Crack cocaine used by the same people that are using heroin in the city (snowballing has increased, as has groin and neck injecting over the last year)."

There are also reports by the FGD in Amsterdam of increased crack use among labour migrants,

FGD Amsterdam

"Crack/basecoke groups are bigger than we thought; many labour migrants and partly a population we already knew."

and/or young people who use drugs who are homeless (Amsterdam, Rome):

FGD Rome

"Also, the use among the more marginalised and homeless population is increasing, some of them find a way to make a living, becoming dealers according to the rule '7 doses to be sold, 1 dose for the seller'."

While (powdered) cocaine use is mentioned in Tallinn, the use of crack cocaine seems very limited, as is the case in Balti and Kyiv where it might not even be on the market. In these cities, synthetic cathinones seem to be the predominant stimulants and are on sale for very low prices. This has also been previously reported by the Eurasian Harm Reduction Association (EHRA, 2021).

FP Rome mentions the negative stigma around crack cocaine.

FGD Rome

"Participants think that there is a lot of confusion about cocaine and crack; many crack users say to use 'cocaine, not crack!', also giving to crack a negative stigma according to the mainstream common sense. This is true also for some dealers who prefer to sell crack by giving it another name ('coca cotta', cooked cocaine)."

Heroin

Some FGDs mention that the use of heroin is on the decline (FGDs in Malta, Skopje, Glasgow), while others (FGDs in Nicosia, Rome) mention that heroin use has recently made a comeback.

FGD Skopje

"Cannabis, cocaine, amphetamines, ecstasy are the most available. Heroin is also available, but decreased use."

FGD Nicosia

"There is a community of Indian people living in Cyprus that use heroin. This has been noticed for the last few years. Also, people who used to use heroin many years ago seem to have switched again to heroin during the last year. (...) The discussion also revolved around possible causes for the increase in heroin use. Some participants mentioned that is due to the import of good quality heroin; another participant stressed that it is due to the political change in Afghanistan; and another that it is due to the immigration flow of certain ethnicities in Cyprus."

FGD Rome

"The new spread of heroin among people seems stimulated also by a sensible decrease of prices (and also of quality)."

In the cities of many FPs, heroin use is combined with the use of a stimulant, often crack cocaine; but nowadays, also methamphetamine (FP Rome) or mephedrone (FP Warsaw) are reported to balance the effects of heroin.

FGD Warsaw

"The most commonly used substances by people who use drugs are mephedrone and heroin - in most cases used together (to boost the effects of heroin, especially the entry)."

FGD Newport

"We have seen an increase in synthetic opiates, xylazine (non-opioid analgesic), metonitazene (potent synthetic opioids)."

FGD Tallinn

"Synthetic opioids - the confiscated substances mainly contain metonitazene, protonitazene, or both simultaneously. These substances were already on the market last year, but now they have gained a firm foothold as the most common ones."

There is also a concern expressed by several FPs (London, Newport) regarding a possible shortage of heroin in the near future due to the Taliban's efforts to eradicate opium cultivation in Afghanistan (UNODC, 2023b). This shortage may lead to an increased use of synthetic opioids. These concerns are fuelled by media attention (Bach, 2023) for this prognosis; however, there are, as of yet, no clear signs that heroin is becoming less available.

FGDs in Amsterdam, Dublin, and Rome did not report Fentanyl as a drug of choice or as an adulterant of other substances.

FGD Newport

"As professionals, we are aware that there is a decrease in the availability of heroin due to issues with the Taliban. However, the peers have said that there is no decrease in the amount of heroin; this is confirmed through the testing on WEDINOS where the heroin samples have not contained many adulterants."

FGD Rome

"Unlike what happens in some Northern Italian cities, in Rome it [fentanyl] has not appeared. Following the international warning, some services checked drugs to monitor fentanyl, but the results were irrelevant."

FGD Dublin

"Fentanyl has been a common topic amongst substance users; however, evidence of it (based on self-reports) has been limited and it doesn't seem to be circulating as of yet. Large media presence though, with many substance users reporting concern of lacing."

Synthetic opioids

Some FPs reported an increase in the (mostly unintentional) use of synthetic opioids, especially of nitazenes, such as by FPs in Glasgow, Malta, Newport and Tallinn. These reports are in line with recent media reports or alerts about this issue (Mahase, 2023; HSE.ie 2023; CAS view Alert, 2023).

In other FP cities, such as Athens, Podgorica, and Warsaw, fentanyl seems to be more prevalent on the market.

FGD Podgorica

"Also, more positive tests for fentanyl were detected in the last month. As part of a larger project, Juventas [a harm reduction NGO] received a certain amount of fentanyl tests, which the substance heroin is tested for the presence of fentanyl."

FGD Warsaw

"In late March and early April of 2023, we performed - among clients (opioid users) in a Drop-in Centre - 30 tests for fentanyl in urine (ALLTEST Fentanyl Test Kit-Urine Drug Test Strips). Fentanyl was detected in 3 samples. The service clients had not previously reported to us that they had (unintentionally) come into contact with this substance. We intend to purchase fentanyl tests and distribute them to customers to conduct. We are currently finalizing a THN [Take Home Naloxone] pilot project which would start next year."

In Athens, a substance which is supposed to be a synthetic opioid, called 'Thai', seems to be present on the market.

FGD Athens

"A synthetic with the street name 'Thai'. Used by people in the open drug scenes, Greeks and migrants/refugees. People from ex-communist countries (Georgia), North Africans...'Thai' is

a form only for injection, whitish or light brown powder which does not need a catalyst to be injected. It is used by people who inject drugs in the open drug scenes, often with cocaine or an amphetamine sold for cocaine (speedball)."

Benzodiazepines and novel benzodiazepines

The use of benzodiazepines, both prescribed and novel (designer) benzodiazepines, have been reported by a number of FPs. This concerns both counterfeit benzodiazepines, containing other substances than expected, and standalone novel benzodiazepines, such as bromazolam and etizolam. Here, too, this is in line with media reports and alerts, especially in the UK (Public Health Wales, 2023).

FGD Glasgow

"Participants gave reports of various contents, including novel benzodiazepines, in street benzodiazepines. Most commonly found in tablet form, but some bromazolam powders. There have been occasional reports of finding diazepam in tablets which had previously disappeared completely for the last couple of years. Based on analysis provided via public health and police sources and through drug checking services, such as WEDINOS results, street benzodiazepines have contained predominately etizolam until recently, but that is now shifting to bromazolam in the last few months."

Increased use of benzodiazepines, as well as its wide availability, have also been reported by FGDs in Amsterdam, Copenhagen, Dublin, Helsinki, Newport, Nicosia, Rome, Tallinn and Warsaw.

FGD Glasgow

"Benzodiazepines (specifically non-prescribable "street" benzodiazepines, such as etizolam, bromazolam and, rarely, diazepam) used by all genders and all age groups – from young people 13+ to clients in their 60s'. People use them: 'High levels of availability – very few pharmaceutical diazepam tablets for sale on the street. Ongoing reports of novel benzodiazepines taking the place on the market. People describe them as, 'you get them 10-a-penny', and there is a sense that people 'take what's there'."

FGD Helsinki

"The participants mentioned the use of benzodiazepines in working people to ease their back pain or sleeping problems. Other group they mentioned who use harm reduction services, mainly needle and syringe exchange programmes, are construction workers. They use different kinds of benzodiazepine also."

FGD Nicosia

"We have seen an increase in the use of prescription medicines, such as benzodiazepines, especially among women."

FGD Tallinn

"Prescription drugs, like benzodiazepines (Xanax, Rivotril), Lyrica (pregabalin), and opioids (Tramadol, oxycodone), are also used a lot. It is common for people to get prescription drugs easily from doctors in Tallinn, which has led to the phrase, 'my dealer is my psychiatrist'."

Methamphetamine

Some FGDs (Amsterdam, London, Nicosia, Rome), mention an increase in methamphetamine use (also locally called crystal, crystal meth, meth, shisha or chaboo/shabu) by people who also use heroin and choose methamphetamine over cocaine (which is more expensive now than methamphetamine), such as women (FP Rome) or a community 'broader than the historically queer and gay communities' (FP London), or among 'people seeking drug treatment' (Nicosia FGD).

FGD London

"Meth use is on the rise amongst new cohorts – women who are trading sex locally report doing so in exchange for meth as payment or part payment, when historically this would have been for crack cocaine...price of meth has fallen by half of what it was a year ago. This has also changed the Chemsex landscape – previously it was more likely that older/more financially well-off men bought meth and then hosted get-togethers where others came to partake."

FGD Rome

"Chaboo (methamphetamine). It was already known some years ago, but it was a niche drug, related to the Philippine community; today, it is available on the city drug market, particularly in some popular and suburban areas. It is used by old heroin users who live in difficult economic conditions and use chaboo instead of cocaine (which is more expensive) in order to balance heroin effects. Chaboo is used also for performance purpose, by workers subjected to physical effort, for its great effectiveness in relieving the fatigue."

FPGs in Athens and London mentioned some new user groups starting to use methamphetamine.

FGD Athens

"More and more Greek women tend to smoke shisha in the streets, also sex workers and transgender people...Also, that the use of shisha (poor quality of powder or crystalline form of Crystal Meth available in the open drug scenes and different than the Crystal the gay community uses) has taken an enormous share from the pie in the Afghani community who deal with it as a ritual."

FGD London

"Now, younger guys who might have previously been more reliant on popping around the scene to acquire meth can now acquire it themselves from a seller more easily. More people are able to stay home and use meth as a result, and anecdotal evidence says this is an issue as people's problematic use can develop at a faster rate."

Communities of recreational drug use

Within communities of recreational drug users, some other developments were reported. In particular, we refer here to the use of powder cocaine and synthetic cathinone.

Cocaine

Cocaine is reported by almost all FPGs. Its use seems to have increased in recent years, which is in line with the European Drug Report 2023 and many other sources.

Some FPGs report the widespread availability and use of powder cocaine by different groups and at various events.

FGD Malta

"Cocaine is prevalent in all places, including religious festivities (weddings, baptisms, village feasts)."

Crack cocaine use is similarly reported by most of the FPGs and some mention an increased use among new groups of people and in different settings, such as in Rome.

FGD Rome

"There was an increase in crack use during the COVID pandemic, and today there is an increase"

of use in the leisure and nightlife settings, also among very young people: the market adjusts to this new trend; with €5 one can have a crack shot already ready, there is no 'know-how' necessity, so that also the unexpert beginners can use it."

Cathinones (3-mmc/4-mmc (mephedrone), alpha-PVP)

Various cathinones - in some cities, mostly indicated by synonyms such as 'bath salts' or 'salts' - were mentioned by FPs in Kyiv, Newport, Vienna, Malta, Amsterdam, and Warsaw.

FGD Amsterdam

"In the chemsex scene, 3-MMC is the most used substance, and is injected. This leads to a lot of loss of control. Given the short duration of effects, multiple injections occur per session, resulting in nasty abscesses, open wounds, etc."

FGD Warsaw

"In Warsaw, young people increasingly use mephedrone, as well as 'bath salts'."

As for alpha-PVP, increased use is mentioned by FPs in Balti, Helsinki (young people predominantly), Kyiv (young people) and by FPs in Tallinn and Warsaw (within the chemsex scene).

FGD Tallinn

"There have been rumours (unofficially confirmed information) that alpha-PVP is increasingly being used among people who attend swinger parties, adult dating events, including MSM, as it complements sexual activities better than many previous substances (previously, this target group used more methamphetamine, for example)."

FGD Kyiv

"Unfortunately, in clinics, a lot of people take injection with [Alpha-PVP]. This is a big problem right now. And I know a lot of adults who have been taking opioids all their lives, but now they start taking this."

FGD Warsaw

"Needles have been found in the toilets of the organisers of these [chemsex] parties, indicating that it is not only used nasally and orally."

The FP in Warsaw also mentioned a significant increase in young people using mephedrone in particular, as well as 'bath salts'.

FGD Warsaw

"Focus Group participants indicated a significant increase in young people using mephedrone in particular, as well as 'bath salts'. Much younger people also show up where OAT patients are selling, for methadone and prescription drugs."

An interesting insight into drug use in Balti is provided by the Balti FGD:

Case 2: Balti

"The majority of people consume 'salt' in the territory of Balti municipality, from minors to elderly people with an extensive history of drug use. 'Salts' are usually called – salt, crystals, synthetics, Alfa-PVP. They are differentiated more often by colour than by name. (...) Most procure these substances through Telegram channels, but also from known individuals who possess larger quantities and can provide. The salts are smoked, inhaled, and injected.

When these people want to take a break from salts, they seek to illegally obtain methadone from the clients of the substitution treatment programme - they do this either voluntarily by obtaining it from the OAT clients, or by fully applying abuse and pressure to these people.

Salts are consumed by injection, including by teenagers. Differences between men and women in the consumption of salts were not identified by the participants; however, they assumed that boys start consuming at a younger age than girls. Opium is almost unavailable and is consumed only by elderly users who prepare it themselves. Spices are consumed by young people, but to a small extent, as well as by people after 40, who initiated the path of consumption in the '90s. (...) No new drugs appeared on the market during the past year, only an increasing diversity of salts - in colour and in intensity of effect.

People who are released from prison, try to

find more noble drugs in the initial period of time, as in the prison they consume subutex. Thus, the first life they seek is to find subutex, maybe heroin or methadone, and in a short time they switch to salts like the rest of the people, because of the low price and accessibility of salts.

Ukrainian drug users, who took refuge in the country due to the war, use the same substances as the locals (most often salts) and use the same search channels. Chemsex is less often observed in the environment of MSM in Balti; however, its presence is attested to in the environment of young MSM who also use salts".

Changes in local drug markets

Changes in local drug markets reflect changes in substance availability, perceived quality or strength, price, perceived adulteration, and changes regarding how drugs are marketed at the local level and by whom.

Increased use of the internet and internet-based platforms for sourcing drugs

FPs report the internet (Clearnet and darknet) and internet-based applications as a growing source for buying and selling illicit substances (such as in Amsterdam, Athens, Balti, Copenhagen, Dublin, Glasgow, Kyiv, Newport, Rome, Skopje, and Tallinn).

FGD Balti

"Online procurement has continued to gain momentum over the past year, practically all purchases are made this way (Telegram channels)."

FGD Dublin

"Rise of online and Instagram drug dealers, less violence associated, but easier access for young cohorts to obtain drugs."

FGD Copenhagen

"Lots of trade via apps/snapchat and online. Xanax, which earlier was online, is now offline and accessible in the streets."

FGD Glasgow

"In particular, the use of Instagram messages to promote to younger people via menus, etc. Text message contact also being used with contact numbers changing every few days and a new number being circulated to people who have bought before. There have been major changes in the marketing of all drugs by using social media to advertise availability of a range of drugs, including different cannabis strains and purities of drugs, such as for cocaine, 3 distinct traditional tiers for powder cocaine lower grade (council), average grade (50/50) and higher grade (Proper or prop); discussion about this as 5 tier cocaine provision, including deals/smaller bags made available for people who inject, where purity will generally be high and sold for £10-£15, and also crack cocaine. People also being offered cocaine alongside heroin for a cheaper price."

FGD Tallinn

"Telegram is increasingly used for drug transactions."

Also noteworthy is that in some cities these online sources operate rather openly. Examples include Amsterdam and London where dealers share extensive lists of available drugs via Whatsapp groups or Instagram messages, whereas in Balti there seems to be a wide promotion of drugs in public spaces (via codes and links on walls, for example).

FGD Balti

"The promotion of Telegram channels in public spaces is increasingly visible - on fences, on shops, apartment blocks and even schools."

In some cities, internet and social media appear to have become the predominant way of obtaining drugs that further uses geocaching/dead drops⁷ for the delivery of the drugs (FPs in Balti, Kyiv, and Tallinn). These online operations have made face-to-face dealing less common there. Payments are often, but not exclusively, made in Bitcoin.

Case 3: Tallin

"The drug trade is conducted, so to speak, with the help of robots. In the messaging application 'Telegram', there are certain encrypted drug channels. To gain access to these channels, one must know someone who can invite you. Once inside the channel, it is possible to communicate with both individual sellers who personally sell their products, and with robots, meaning fully

automated initial applications where AI generates communication text in three languages (Estonian, Russian, English) and conducts business there. A person can browse through the items these sellers have to offer, state how much they want, and specify their location in the city. When the robot provides the cost, a Bitcoin account (cryptocurrency) is given for the payment to be made. Once the payment is completed, the customer automatically receives the geolocation target, meaning the coordinates of the hidden location, along with a description of how to retrieve the package. Lately, there have been reports of more small neodymium magnets being imported to Estonia since they have become a separate means of exchange on the black market. They are used to secure packages in places where they are easy to find – for example, under metal windowsills using a magnetic surface. These online 'shops' are quite lucrative as they rapidly update their product offerings (so to speak, 'stocking the shelves'). If there's no supply on the same day, there will undoubtedly be new 'packages' ready the next day. The drugs are desired and ordered, and the machine fulfils those orders – encouraging people to use them as they believe the risk of getting caught is lower. Some users of this service mention thrill-seeking as one reason – geocaching is interesting, like 'hunting for Pokémon's'."

Reports also mention the supply, as a gift, of free drugs while ordering at specific sites or dealers (FGDs in Kyiv, Tallinn and Vienna).

6. Once a product is ordered and purchased, a picture of the money transfer is made as evidence of actual money exchange, after which the seller gives details regarding the geographical location where the product will be stored (the so-called hidden packages or zadkladki). In: <https://ehra-uploads.s3.eu-central-1.amazonaws.com/039f6392-5bb0-4626-a9d3-12ae28df124c.pdf>

FGD Kyiv

"Drug markets also propose samples as the opportunity to get the drug for free. This practice is common among new markets or markets that need positive feedback for their effective promotion: a condition for obtaining a sample is usually to write a trip-report about the effect itself, its duration, product quality, etc. The option of delivery to (...) post offices has been added."

FGD Vienna

"I have the feeling that ketamine has been an issue with clients in the last few weeks. I mean, also because it was apparently distributed for free." (FGD Vienna).

The FP in Rome mentioned specifically the link between urban changes and changes in the local drug market.

FGD Rome

"In general, there is a shift of the most important traditional drug dealing places from the centre of the city towards suburban areas. This is the outcome of the urban regeneration processes and of the police controls which push users and dealers to the edge of the city. This shift changes the mobility of people who use drugs and influences the conflict in the urban area between traditional dealer families and migrants." (FGD Rome).

Perceived changes in drug dealer profiles

Some FPs report changes in the profile of people who sell drugs. For example, the FP in Amsterdam reported 'younger dealers'; the FPs in Amsterdam, Newport, and Rome reported an 'increase in drug dealing among immigrant groups from Africa or Eastern Europe'; and the FP in Amsterdam further reported 'more aggressive competition between dealer groups'.

FGD Amsterdam

"Dealers operate based on regions and are more afraid of other dealers than the police. Explosions, extortion, and confrontations are very common nowadays. Increased police success has led to more unrest in the market."

FGD Rome

"In the most popular neighbourhoods where drug dealing is managed by some deep-rooted families, these families complain about the increasing number of immigrant dealers out of their control who are gradually gaining space."

Considerable violence was also noted in Copenhagen, Dublin and Warsaw, such as by dealers towards people who use drugs, or between communities of people who use drugs.

FGD Dublin

"(There has been a..) change in drug dealing: new emergence of a hierarchical business model of dealing that has led to an escalation in extreme violence on people who use drugs."

FGD Warsaw

"Growing protests by the local community against the location of addiction treatment facilities, escalating violence on the street (by police, dealers, between different user groups) created a crisis station."

FGD Copenhagen

"Dealers are more aggressive and with less consideration for users (more gang-based?)."

FGD Copenhagen

"A rise in availability of drugs. More people go partying with more than alcohol."

Two FPs mentioned the increased diversity of drugs offered (Amsterdam, Balti).

FGD Balti

"Accessibility of drugs - increased, thanks to telegram channels. Diversity - increased."

Finally, the FPs in Amsterdam and Glasgow specifically mention the rapidity of delivery of drugs by dealers nowadays.

FGD Glasgow

"Drugs have never been so easy to find and easy to buy. Increased availability of all drugs from dealers on the street, inside and outside hostels/hotels, via the internet and social media. Delivery to homes/areas is rapid, with dealers and runners being available at all times of day or night in all areas to ensure consistent supply can meet demand."

Changes in availability and diversity of drugs

A number of FPs mention the increased availability of drugs (Balti, Copenhagen, Glasgow, Malta, Newport), at least partially explained by the increased use of social media for this purpose. The FP in Newport mentions the increased overall availability of novel benzodiazepines, while the FP in Glasgow mentions a 'decrease in availability of buprenorphine, a main reason why people who use drugs turn to other substances'.

Perceived drug quality

When it comes to the perceived quality of drugs on the market, some cities mention a general decrease in the quality of drugs (Balti, Kyiv), whereas specifically for cocaine, several FGDs mention an increase in quality (such as the FGDs in Glasgow, London, Tallinn, and Vienna).

FGD Glasgow

"High quality purity levels of cocaine reported, especially when sold to people who inject as otherwise the product would congeal on a spoon due to adulterants/cutting agents."

FGD London

"Coke quality has been high with prices falling, which again means more audiences are able to access it."

Other FPs mentioned that the quality of drugs on the market is self-reported and, thus, is not known, and that they lack much needed drug checking services (FGDs in Malta, Podgorica, Nicosia, and Skopje).

Two FGDs reported on the high quality of heroin (Newport, Nicosia).

FGD Newport

"Intravenous users and smokers [of heroin] report high quality at present, evidenced by WEDINOS results."

Despite media reports regarding a possible heroin shortage, the FPs in London and Newport have not yet reported a perceived reduction of heroin quality.

Changes in drug prices

While some FGDs report no major changes in the retail price of drugs (FGDs in Balti, Helsinki, London), others mention a general increase (Kyiv FGD) or decrease (Rome FGD) in prices. It is unclear what caused these changes, nor whether these changes were temporary or long-term.

Other FGDs reported changes in the prices of specific substances. Athens reports a decrease in the price for low quality heroin.

FGD Athens

"Should be also mentioned here that a form of brown Heroin (that looks like Black Tar and it's like a black stone till you make it powder and becomes brown) is at historical cheap levels such as €8 for 1 gram and €5 for 1 gram (depends also the location - usually sold in Roma settlements on the outskirts of Athens)."

The FGDs in London, Amsterdam, Rome and Nicosia reported a sharp decrease in the price of methamphetamine.

 FGD London

"(The...) price of meth has fallen by half of what it was a year ago."

The FGDs in London and Podgorica reported a decrease in cocaine prices, and London also reported a decrease in the price of ketamine. Prices of cannabis were reported to have increased in Podgorica and Rome. In Podgorica, prices for MDMA also went up, according to the FGD, along with reports of stronger pills. In London, heroin prices were reported to have sharply increased.

 FGD London

"We mentioned that since the Taliban has banned opium production in Afghanistan, we have heard reports about drastic price increases for heroin and speculate that this means bad things for the future of synthetic opioids in the UK."

Final Considerations

The collection and sharing of up-to-date information on local drug trends is not common practice, even less so among NGOs working with people who use drugs. In a time of constantly changing drug markets and drug use patterns, it is essential to monitor these developments and to quickly intervene when necessary (such as by a warning campaign).

However, monitoring drug markets is a costly, specialised and time-consuming activity, and if conducted it usually covers trends and developments at the national level and, to a much lesser extent, at the local level. Monitoring tools should also follow changes in drug markets and include new markets (such as internet-based drug markets) and by using new and additional means, such as drug checking data, to identify new substances appearing on local markets. Although drug checking services are gaining ground around the world, especially in Europe, they still cover a limited number of cities.

Without drug checking services, people who use drugs have to rely on the often wrong and misleading information they receive from people selling those substances. As a result, the findings in this report are also largely built on such self-reported data.

However, it is undeniable that CSO monitoring

of new drug trends adds value to data collection as performed by agencies such as the EMCDDA or UNODC. Ground-level information provided by people who use drugs, or by professionals working with people who use drugs, adds nuanced detail to that information. Moreover, the shift from questionnaires to FGDs adds further richness and quality to the gathered information. Besides richness, we have been able to provide current information about local drug markets in a timely manner.

Despite this, a few challenges remain:

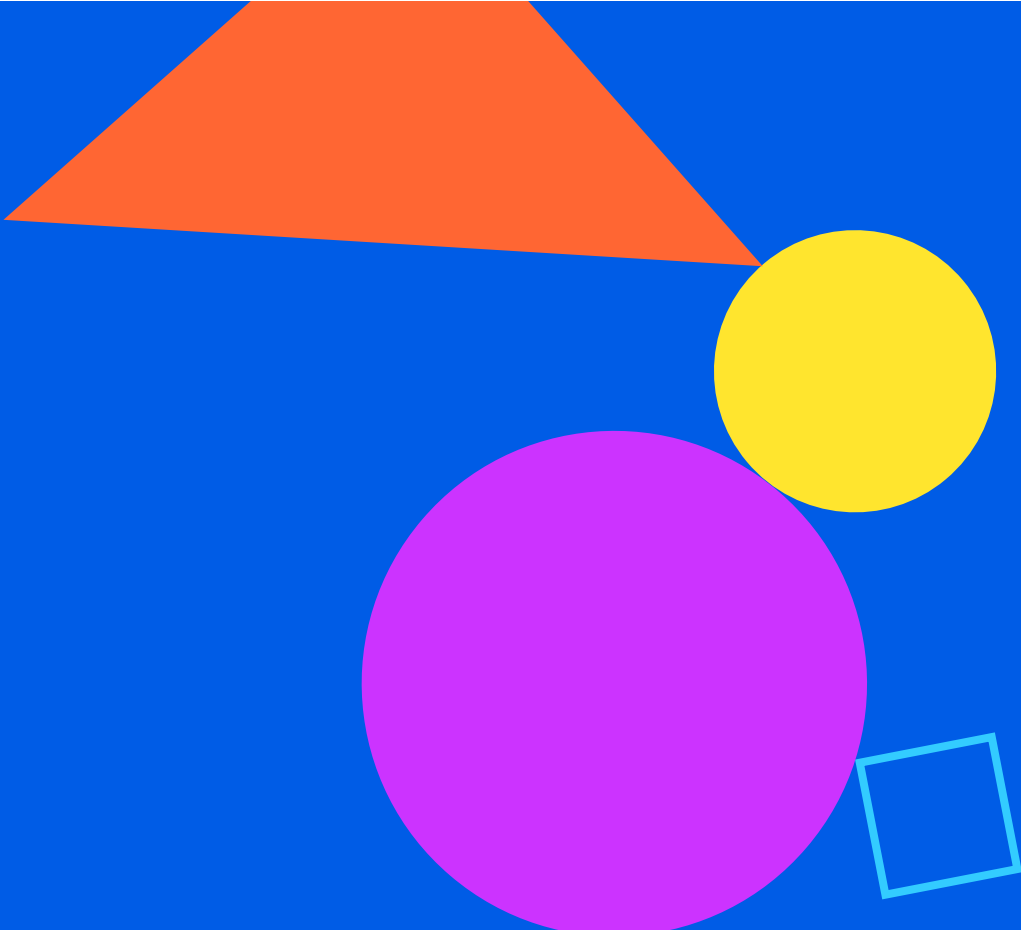
- Lack of drug checking services in most of the FP cities.

Most of the cities that host a C-ERHN Focal Point lack a consumer drug checking service. Therefore, laboratory verification of signals of the emergence of a new substance, or of adulterations of known substances, are unavailable. Reports are, therefore, largely dependent on self-reports of people who use drugs or of people working closely with these communities. In addition, corroboration of local findings with existing local drug checking data would be ideal, and in principle this is possible for the cities hosting both a drug checking service and a C-EHRN Focal Point. However, this was not undertaken for the data collection in 2023 for several reasons:

- a) Just 3 participating cities host both a C-EHRN FP and a drug checking service; and,
- b) The input in the focus group discussion already relied at least partially on such data

since drug checking staff were either involved in the FGD or provided data on local drug checking.

- Since our aim was not to capture perceptions of the general public, the opinions and observed changes described reflect largely the perceptions of the focus group members and their background (such as service providers, treatment professionals, people who use drugs from recreational or from high-risk drug use communities, etc.).
- The fact that some topic or trends as observed by some focus group discussions in some FP cities were not mentioned by other FGDs in other cities does not, in itself, mean that the issues or developments did not occur in those cities as well. The substances mentioned in this report, and by the FPs, are not, therefore, exhaustive. Members of focus groups prioritised substances according to their (emerging) presence. Also, findings need to be read with some flexibility.



3

Conclusions & Policy recommendations

Conclusions

This year's civil society-led monitoring of new drug trends was organised through focus groups. In total, 18 city Focal Points conducted such a group discussion. This led to a deepening of the understanding of the local situation and of differences and similarities across cities in Europe and, as such, increased the quality of the data received. Compared to last year's findings, a few new and concerning developments have come to light this year, both within communities of high risk drug use and of recreational drug use.

Communities of high-risk drug users

Within these communities, and via the FGD in a few cities (London and Glasgow), there are some clear and very disturbing signs of the presence of high-risk potent synthetic opioids, called nitazenes, on local markets, presumed or detected in heroin and benzodiazepines.

Although these substances were not reported by any of the other FGDs held between June and October of 2023, there is reason for major concern. Shortly after the Dublin FGD was held in late October, nitazenes were detected in heroin samples in Dublin that led to a number of overdoses (HSE, 2023); and in Estonia, where strong opioids, such as fentanyl and nitazenes, have been on the market for a much longer period, the number of overdoses related to nitazenes, especially isotonitazene, seems to have spiked in 2023 (Einmaa, 2023). The C-EHRN Focal Point in Tallinn already reported in 2022 on the presence

of this substance on the local market. Furthermore, the London FP has reported that since the focus group was held, nitazenes in heroin has become more prevalent in the city (with caveats that without widescale testing it is hard to know the extent). Similarly, some FPs reported on the emerging presence of another potent opioid, fentanyl, in heroin. Unlike nitazenes, here the presence is reported from cities covering a wider geographic area.

Next year's monitoring on new drug trends, as well as data from other sources, will uncover whether this worrying development has ground to a halt or not; in any case, extra alertness is required by people who use drugs and by people working closely with these communities. Shortages in heroin supply - as a result of the ban on the cultivation of the opium poppy in Afghanistan - have not been reported so far, but should this happen, this might spike the use of synthetic opioids which could further disrupt this specific market.

Within the same communities, an increased use of a number of stimulant drugs was reported, in particular that of (powder) cocaine, crack cocaine and/or methamphetamine. Increased use of these substances, as well as of cathinones, is also witnessed by FPs in chemsex scenes. In chemsex communities, continuous injection is also reported.

Communities of recreational drug users

Among recreational drug users, a broad variety of different substances were reported to have emerged on the market or used more often: 2C-B, ketamine, and various cathinones, especially 3-MMC. Also, mixtures of substances such as Tuci,

or known mixtures or combined intake of several substances at once, such as *Candy Flipping* or *Calvin Klein*, were reported by some FPs.

Both in high-risk drug use communities and in communities of recreational drug users, an increase in the use of cocaine, both in powder or as crack, were noticed in almost all FP cities. This is in line with other sources, such as the European Drug Report 2023 by the EMCDDA (EMCDDA, 2023) and the World Drug Report 2023 by UNODC (UNODC, 2023).

Geographic differences

It appears that there are some geographic differences between cities, such as with regards to drugs-of-choice and drug markets. In the Northern and Eastern European cities of Balti, Kyiv, and Tallinn, the use of heroin and cocaine is very limited among communities of high-risk drug use, whereas in most other cities and regions the use of these substances is very common. Also, in these cities the use of NPS, such as synthetic opioids, and stimulants, such as 'salts', are rather common in these communities, while this is much less the case in other cities and regions.

Changes in drug markets

A remarkable signal concerns the increase in the use of the internet and internet-based applications, such as social media, for the marketing of illegal

substances. This is the case reported by almost all participating FPs and is also noted in the European Drug Report 2023.

Also reported by a few FPs was an increase in violence between groups of people who use drugs, between people who use drugs and the general community, and between people who use drugs and dealers, and between dealers.

Drug quality

Due to the absence of drug checking services in most FP cities, it is difficult to know whether new substances really entered the market, with data instead relying on what is told about the substance, such as by other people who use drugs or dealers. Without these services, it is not known whether purity or adulterations of substances have increased or decreased, or what those adulterants may be.

Drug prices and availability

When it comes to prices and the availability of substances, no major changes or trends were reported. An exception to this is the decrease in price reported for methamphetamine.

Policy recommendations

The need for preparedness to changing heroin markets

It is recommended that NGOs at the local level prepare themselves to changing drug markets, especially to the presence of synthetic opioids as the drug-of-choice or as adulterants in heroin or benzodiazepines. One could make use of the toolkit that was developed within the framework of the SO-PREP project (DRUG-PREP Project, 2023). This toolkit includes best practices, such as interventions that may need policy changes including drug checking services and/or drug consumption rooms, but also easier to reach services such as the provision of Take Home Naloxone and the setup of an online drug monitoring system.

The need for expansion of (harm reduction) services for stimulant users

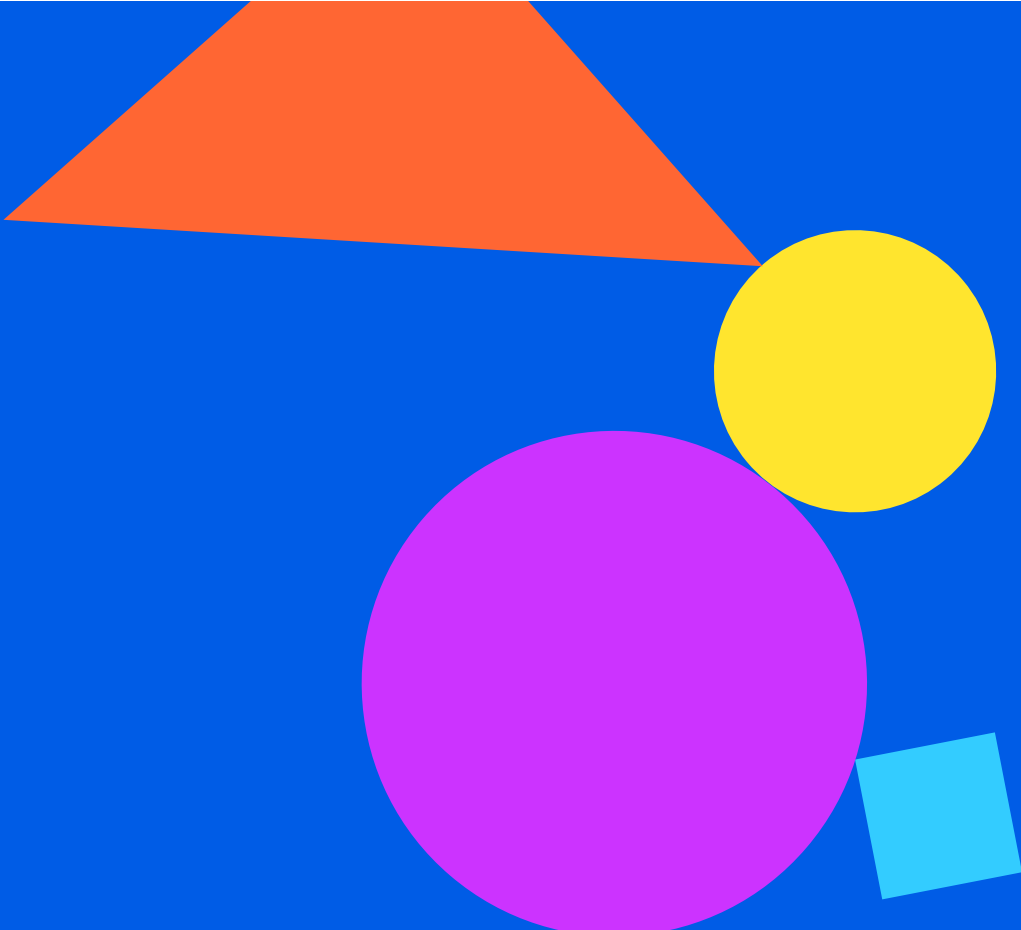
Given the reported increase in use of crack cocaine, methamphetamine, and stimulants such as alpha-PVP and mephedrone in a number of cities, as well as the reported increase in chemsex, it is advised that harm reduction NGOs initiate or increase the provision of harm reduction materials, such as needles and pipes and other paraphernalia. Harm reduction services are reportedly focused on heroin/opioid users, while the increased number of people engaging in stimulant drugs require different services.

The need for internet-based harm reduction

More than ever, drug transactions take place via the internet, alongside or instead of drug dealing in public spaces. In order to keep up with communities of people who use drugs and their changing *modus operandi* for drug sources, it is essential that harm reduction programmes also go online. As well as this, they should consider providing harm reduction services online (Durjava, 2022), such as providing harm reduction capacity building to people who use drugs online through discussion boards and forums on the Darknet.

The need for expansion of drug checking services

This report and the focus groups can be considered as a more qualitative, yet complementary, data source to previous reports regarding new drug trends. However, in order to understand local drug markets, it is crucial to expand drug checking services. In most FGDs, information about the actual content of substances on local markets is missing. Drug checking services provide essential information about the content of substances to both people who use drugs and their environment, and their work is crucial to early intervention in the case of extra risky substances appearing on the market. The need for drug checking is fuelled by worrying developments, as reported by some FPs, such as the emergence of extra potent opioids, including nitazenes, in some local markets.



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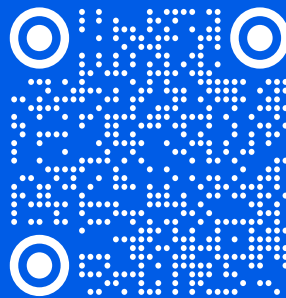
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Correlation

European Harm Reduction Network



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