



Message from the Executive Director

EUROPE AND DRUGS — CHANGES, CHALLENGES AND FUTURE PERSPECTIVES

Final statement by Alexis Goosdeel, Executive Director of the EUDA at the end of his 10-year mandate

(12.12.2025, LISBON) As I conclude my 10-year mandate as Executive Director of the European Union Drugs Agency (EUDA), I would like to offer a personal reflection on a decade marked by profound transformation. These years have been shaped by crises and uncertainty: major terrorist attacks in Europe, the migration emergency, instability in neighbouring regions, Brexit, the COVID-19 pandemic and, more recently, the war in Ukraine and other new geopolitical tensions. Each of these events has affected public health, security and social cohesion. Against this backdrop, the drug phenomenon in Europe has evolved at a pace and scale unseen in my 35 years of working in this field.

A decade of major shifts

When I began my mandate in 2016, heroin was still the main problem drug, and we were detecting around two new psychoactive substances (NPS) every week. While innovation in synthetic chemistry was already accelerating, the situation today is radically different. Over the past 27 years, the EU Early Warning System on NPS has identified more than 1 000 previously unseen substances, and each year around 400–450 reappear on the market somewhere in the European Union. This reflects the extraordinary dynamism of the illicit drug market and the growing complexity of what we must monitor.

The most significant change, however, has been the exponential increase in cocaine production and trafficking. This trend began around the time of the peace negotiations in Colombia and has developed into an unprecedented phenomenon. Cocaine is today more accessible, more affordable and more potent in Europe than ever before. Its arrival in record quantities through maritime containers has fundamentally changed the operational environment for customs, law enforcement and judicial authorities. In parallel, synthetic drug production (amphetamines, methamphetamines, ecstasy) within the EU has expanded, supported by precursor chemicals sourced internationally and facilitated by increasingly sophisticated criminal logistics.

This ‘hyper-availability’ of drugs has contributed to a profound transformation in consumption patterns. Polysubstance use has become the norm, and the boundary between illicit drugs, non-classified substances and misused medicines is increasingly blurred. Many people now use substances, not only for recreation, but also to manage stress, anxiety or performance pressures — reflecting a wider mental-health crisis that has particularly affected young people and was exacerbated by the COVID-19 period. Not all of these substances are drugs, and not all of them are equally dangerous, which means we need to change our approach: we cannot consider all of these people to be criminals or ‘drug addicts’, so we need a new model that better takes into account the situation in its increasing complexity.

Organised crime in evolution

The decade has also exposed the extent to which organised crime has adapted, expanded and diversified. When much of Europe’s attention was focused on counterterrorism, criminal networks were consolidating their influence. As we demonstrated in our early *EU Drug Markets Reports*, drug trafficking already accounted for at least 30% of organised crime revenues in Europe. What has changed is the scale and sophistication of these organisations and their geographical coverage.

Criminal groups have globalised their activities and now operate simultaneously in their regions of origin, across EU Member States and in drug-producing countries. The surge in cocaine has intensified competition, bringing with it a rise in market-related violence and an escalation in criminal capabilities. A defining trend has been the emergence of 'crime as a service', with specialised networks providing everything from industrial-scale laboratory construction to chemical procurement, logistics and violence on demand. Major investigations in recent years have revealed unprecedented levels of coordination between groups operating across continents.

Within Europe, the detection of synthetic drug laboratories — including facilities with industrial production capacity — has increased markedly. Some show signs of external technical support or international links. Young people are being recruited via social media and transported across borders to commit violent acts. These developments underline the adaptability and ruthlessness of the networks involved.

A more complex international environment

The international landscape is also changing. While the main cocaine-producing countries are still Colombia, Peru and Bolivia, the displacement of criminal activities has deeply affected neighbouring countries, including Ecuador. Difficult-to-control borders and established trafficking corridors have created new vulnerabilities.

The situation regarding the production and trafficking of amphetamine and methamphetamine in other regions, such as the Middle East and Central Asia, is also changing quickly, both as a result, or as a driver, of more structural change in specific countries or regions. For instance, the fall of the Assad regime in Syria exposed the significant level of involvement of the national authorities, at the highest level, in the production and trafficking of an amphetamine called captagon.

Another example of the global impact of local decisions is the ban by the Taliban regime in Afghanistan on the production of opium and its likely impact on the European heroin and synthetic opioids market. It is considered that the effectiveness of the ban on opium may have a knock-on effect in Europe, provoking a heroin drought that could lead to a shift to the use of synthetic opioids, a group of new substances responsible for more than 100 000 deaths from overdose per year in the US in the last decade.

In this context, structured international cooperation remains essential, both at political and at operations level. Over the last 10 years, cooperation has been strengthened between the EU and other regions of the world, such as Latin America and the Caribbean, the Western Balkans and Central Asia.

Political dialogue with key partner countries — particularly on chemical precursors and synthetic drug trends — has deepened and will be increasingly critical for addressing an interconnected, rapidly evolving global market. Cooperation at the operational level has also been scaled up, through specific programmes such as [EU-ACT](#) or [EI PAcCTO](#), as well as between EU agencies and partner countries and between European and national police forces and customs.

Changing patterns of health and social harm

The changing drug landscape intersects with broader social vulnerabilities. Europe faces an urgent mental health challenge, especially among its young people. Even before COVID-19, rising levels of psychological distress were evident; the pandemic and subsequent disruptions in education and social life intensified these problems. In this context, substance use often becomes a coping mechanism.

One particularly concerning issue is cocaine dependence. Evidence shows a delay of around 12–13 years between first use and the first request for treatment. Since cocaine availability in Europe surged seven to eight years ago, we must prepare for a notable increase in treatment demand. Yet Europe still lacks widely effective treatment protocols for cocaine and for stimulant dependence and does not have sufficient specialised services. Investing in research, innovation and service capacity is now urgent, this is where the EU can make a difference.

But opioids and synthetic opioids remain a major threat. While our average level of delivery of responses is overall quite good, there are significant disparities between countries and regions, and between the EU and some of its neighbours, such as the Western Balkan countries.

The major areas for improvement are the adoption and implementation of quality standards for treatment, the development of more evidence-based prevention programmes for individuals and their communities and the design and expansion of harm reduction programmes better adapted to current and future risks and harms.

As an example, there are still eight countries out of 27 in the EU that have not adopted any measures for the administration of naloxone in case of opioid overdoses. At a time when we all look at the epidemic of opioid-related deaths in North America, to voice concerns is legitimate, but taking the right decisions in anticipation of a possible outbreak in the EU is critical to ensure EU preparedness.

Remarkable progress has been made in the EU over the last 30-40 years, with the invention and inclusion of harm reduction as a key principle of a modern and balanced drug policy. By designing interventions to reduce the risks and harmful consequences of drug use, those services saved lives and offered better living conditions to clients who were put at the centre of the interventions by design. If the EU wants to be ready and prepared to face new challenges, the inclusion of people using drugs and their families in the conversation will be essential.

Has Europe lost control?

The scale of trafficking and the growth of organised crime naturally raise the question of whether Europe is losing control. My answer is clear: Europe has not lost the battle. But the challenge is formidable and collective action is essential.

This year marks an important milestone: the adoption of the new [EU Action Plan against drug trafficking](#), together with a renewed [EU Drugs Strategy](#). These instruments introduce concrete and coordinated measures, developed with Member States and accompanied by robust monitoring. Across Europe, ports are strengthening security and coordination through the [European Ports Alliance](#). Judicial responses are being reinforced, including the establishment of specialised courts in countries such as France and Belgium.

Nevertheless, we must acknowledge that state capacities have been stretched. Successive crises have reduced public budgets, while criminal networks have grown stronger, richer and more interconnected. Rebalancing this equation will require sustained investment, not only in law enforcement, customs and justice, but also in prevention, treatment, social support and community development.

Strengthening resilience and cooperation

Corruption remains a persistent threat. Criminal organisations are quick to adapt — as ports tighten access control systems, they shift their focus to other critical roles, such as logistics planners. In some countries, justice and prison staff have been threatened. The experience of Italy shows that strong judicial independence and specialised anti-mafia structures are indispensable for reclaiming territory and rebuilding trust in public institutions.

We also need to recognise that many European cities have neighbourhoods that have faced drug-related problems for decades. The recent rise in violence often reflects underlying social and economic vulnerabilities. Strengthening community resilience, improving living conditions and offering opportunities to young people must be part of our long-term strategy.

Looking ahead

Brexit disrupted long-standing scientific and operational cooperation, but I am pleased that we have now completed the content of a new bilateral cooperation agreement with the United Kingdom. Once formally approved, it will restore structured collaboration in crucial areas such as early warning, new drugs, harms and community-based interventions, an important step for both sides.

As I conclude my mandate, I am deeply grateful for the commitment of colleagues and partners across Europe and beyond. I remain convinced that Europe has the tools, knowledge and partnerships required to confront the challenges ahead. The threat posed by the modern drug phenomenon is multifaceted — criminal, social and public-health-related. Addressing it requires unity, realism and determination, as well as the ability to innovate and adapt.

However, what will guarantee our success goes far beyond resources, tools and funding. It will be our commitment to our values, to a model of society based on democracy and respect for the fundamental rights of all, including people who use substances of any kind. A model that places human beings at its centre, which aims to ensure the well-being of all, and that promotes dialogue, respect and the valuing of differences.

This is what our European agency has contributed to since its creation as the European Monitoring Centre for Drugs and Drug Addiction in February 1993, providing data, information and analysis to enable the adoption of policies that are more informed by science, civil society and the voices of people with experience of addiction.

Promoting and supporting policymaking based on scientific evidence is a constant struggle against resistance to change, ignorance and bad faith, post-truth and fake news. It is to the credit of the European Union that it created the European Union Drugs Agency with a new and expanded mandate, now operating since 2024.

It has been a great privilege and honour for me to have served as Executive Director of the agency and to have contributed to building a fairer and more effective Europe for its citizens, its decision-makers and for people who use drugs and their families.

I leave this role confident that the EUDA is ready to fulfil its new mission, and I trust that my successor, Dr Lorraine Nolan will successfully drive the agency through its next challenges and further evolutions. On a more personal note, I will continue to support efforts to build a safer, healthier and more resilient Europe, and I extend my sincere thanks to all those who have contributed to this shared mission over the past decade.