



European Monitoring Centre
for Drugs and Drug Addiction

EN

ISSN 2314-9086

European Drug Report

Trends and Developments

MDMA

Heroin and other opioids

Cocaine

New psychoactive substances

Drug law offences

Drug-induced deaths

Injecting drug use

COVID-19

Cannabis

Amphetamines

2021



European Monitoring Centre
for Drugs and Drug Addiction

European Drug Report

Trends and Developments

2021

Legal notice

This publication of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is protected by copyright. The EMCDDA accepts no responsibility or liability for any consequences arising from the use of the data contained in this document. The contents of this publication do not necessarily reflect the official opinions of the EMCDDA's partners, any EU Member State or any agency or institution of the European Union.

This report is available in Bulgarian, Spanish, Czech, Danish, German, Estonian, Greek, English, French, Croatian, Italian, Latvian, Lithuanian, Hungarian, Dutch, Polish, Portuguese, Romanian, Slovak, Slovenian, Finnish, Swedish, Turkish and Norwegian. All translations were made by the Translation Centre for the Bodies of the European Union.

Luxembourg: Publications Office of the European Union, 2021

© European Monitoring Centre for Drugs and Drug Addiction, 2021

Reproduction is authorised provided the source is acknowledged.

Print	ISBN 978-92-9497-634-5	ISSN 1977-9860	doi:10.2810/725386	TD-AT-21-001-EN-C
PDF	ISBN 978-92-9497-588-1	ISSN 2314-9086	doi:10.2810/18539	TD-AT-21-001-EN-N

Recommended citation:

European Monitoring Centre for Drugs and Drug Addiction (2021), *European Drug Report 2021: Trends and Developments*, Publications Office of the European Union, Luxembourg.



European Monitoring Centre
for Drugs and Drug Addiction

Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal

Tel. (351) 211 21 02 00

info@emcdda.europa.eu | www.emcdda.europa.eu

twitter.com/emcdda | facebook.com/emcdda

Contents

4	Preface
5	Introductory note
6	Acknowledgements
7	Director's message
10	COVID-19 PANDEMIC AND THE DRUG SITUATION
12	LATEST DATA ON EUROPE'S DRUG SITUATION
16	Cannabis
18	Cocaine
20	Amphetamine
22	Metamphetamine
24	MDMA
26	New psychoactive substances
29	LSD, DMT, mushrooms, ketamine and GHB
30	Heroin and other opioids
32	Production and precursors
34	Drug law offences
36	Injecting drug use
38	Drug-related infectious diseases
40	Drug-induced deaths
43	Annex National data tables

Preface

Since early 2020, the COVID-19 pandemic has had a dramatic impact on the way we live, as countries in Europe and around the world have had to introduce unprecedented measures to protect public health. All aspects of the phenomenon in Europe, including the production, trafficking, distribution and use of drugs, have also been affected by this crisis. The *European Drug Report (EDR) 2021: Trends and Developments* provides an overview of these developments and, supported by the [Statistical Bulletin](#), presents the latest data and statistics from our national partners. This report offers you a top-level overview in a concise graphic-rich format, with links to a wealth of online information provided by the EMCDDA.

This year's EDR identifies the continued and escalating challenges to both public health and our security created by the trafficking of drugs into Europe and the production of illicit drugs within our borders. The resilience of organised crime groups involved in the drug trade is highlighted by the preliminary finding that the availability of drugs in Europe has not been seriously affected by the current pandemic. Rather, we continue to observe the risks to public health arising from the availability and use of a wide range of substances, often of high potency or purity. As Europe's drug problems continue to rapidly evolve, so too must Europe's response to drugs. The analysis of the impact of COVID-19 also reveals that while some services for those with drug problems have been disrupted, the care sector has also adapted rather quickly, and services were able to introduce innovative working practices to mitigate the impact of the current crisis on their clients. At the policy level, the new EU drugs strategy and action plan (2021-25), while reaffirming the European Union's commitment on a balanced and evidence-based approach to the drugs phenomenon, provide a robust and comprehensive framework for concerted action to protect and improve public health and wellbeing and to offer a high level of security. I am pleased to note the explicit recognition given by the new strategy to the important role the EMCDDA and its partners play in producing the evidence needed for effective policies and actions in this area.

In conclusion, at this challenging time, I wish to give special thanks to the colleagues in the Reitox network of national focal points, our other national and international partners and the Scientific Committee of the EMCDDA, whose support has been essential for this report. I also gratefully acknowledge the contribution of the many European research groups and experts, who have helped enrich the analysis presented here, and the crucial input we have received from our European partners: the European Commission, Europol, the European Medicines Agency and the European Centre for Disease Prevention and Control.

Laura d'Arrigo

Chair, EMCDDA Management Board

Introductory note

This report is based on information provided to the EMCDDA by the EU Member States, Turkey and Norway, in an annual reporting process.

The purpose of the current report is to provide an overview and summary of the European drug situation up to the end of 2020. All grouping, aggregates and labels therefore reflect the situation based on the available data in 2020 in respect to the composition of the European Union and the countries participating in EMCDDA reporting exercises. The United Kingdom left the European Union as of 1 February 2020 and is not included in the analysis presented in this report. UK data for 2019 can be found in the country data tables annex. Due to the time needed to compile and submit data, many of the annual national data sets included here are from the reference year January to December 2019. Data, where it is available reflecting the composition of the EU up to 2019 can be found in our [Statistical Bulletin](#). Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified and reflects wherever possible the countries participating in the European information system in 2020 (the EU Member States, Turkey and Norway). Some data from other countries may also be included for contextual reasons or because we are reporting on data collection exercises with a broader membership. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour such as drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Although considerable improvements can be noted, both nationally and in respect to what is possible to achieve in a European level analysis, the methodological difficulties in this area must be acknowledged. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. The number of countries with available data varies per indicator, and along with differences in reporting practices and national systems, this makes direct comparisons between countries difficult. The analysis offered here must be regarded as preliminary as a result of the impact of COVID-19 and requires confirmation as more information becomes available. Caveats relating to the data are to be found in the online [Statistical Bulletin](#), which contains detailed information on methodology, qualifications on analysis and comments on the limitations in the information set available. Information is also available there on the methods and data used for European level estimates, where interpolation may be used.

Acknowledgements

The EMCDDA would like to thank the following for their help in producing this report:

- the heads of the Reitox national focal points and their staff;
- the Early Warning System correspondents of the Reitox national focal points and experts from their national early warning system network;
- the services and experts within each Member State that collected the raw data for this report;
- the members of the Management Board and the Scientific Committee of the EMCDDA;
- the European Parliament, the Council of the European Union – in particular its Horizontal Working Party on Drugs – and the European Commission;
- the European Centre for Disease Prevention and Control (ECDC), the European Medicines Agency (EMA) and Europol;
- the Pompidou Group of the Council of Europe, the United Nations Office on Drugs and Crime, the WHO Regional Office for Europe, Interpol, the World Customs Organisation, the European School Survey Project on Alcohol and Other Drugs (ESPAD), the Sewage Analysis Core Group Europe (SCORE), the European Drug Emergencies Network (Euro-DEN Plus), the European Syringe Collection and Analysis Project Enterprise (ESCAPE) network and the Trans-European Drug Information network (TEDI).

Reitox national focal points

Reitox is the European information network on drugs and drug addiction. The network is comprised of national focal points in the EU Member States, Turkey, Norway and at the European Commission. Under the responsibility of their governments, the focal points are the national authorities providing drug information to the EMCDDA. The contact details of the national focal points may be found on the [EMCDDA website](#).



What are the lessons to be learnt from the EDR 2021?

The new EU drugs strategy 2021-25 makes explicit that the European response to drugs should be evidence-based and delivered through a balanced and integrated approach, which ultimately must be judged on its impact on the health, safety and wellbeing of our citizens. The EMCDDA is tasked with helping to provide the evidence needed to ensure that European policies and actions on drugs are effective, well-targeted and responsive to new threats and challenges. The European Drug Report (EDR) 2021 arrives at a difficult time for meeting this objective, as the COVID-19 pandemic has impacted greatly on all areas of life, including the drug situation and our ability to monitor it. I am therefore extremely pleased that we can still provide the detailed analysis presented in this report, which includes an early assessment of the effect of the pandemic on drug markets and drug use. However, I also believe the value of our work is not simply delivered through accurately documenting past events. We also need to look forward and consider what lessons emerge from the findings of the EDR 2021 in order to ensure that we continue in the future to provide the relevant and timely information required to keep our policies and actions commensurate with the growing challenges we face in the drugs area.

In 2019, the EMCDDA conducted, with its stakeholders, a foresight and horizon-scanning exercise to increase our awareness of how the evolution of the drug situation may impact on our work. Among the overarching conclusions of this work was that many of the factors that would shape the drug problems of the future were external ones. Globalisation, developments in information technology, demographic shifts, alongside issues like climate change and human migration, are likely to have important implications for the future drug problems we face. We already see this, as both the drug market and patterns of drug use are becoming ever more dynamic, complex and globally connected. This has made us reflect on the need for more timely reporting, and to consider if both the data sources we use and the targets we select for our analysis are sufficient to meet both current and future policy development needs.

What we did not expect was that the events of 2020 would demonstrate so profoundly the importance of this reflection. Within a few weeks, we needed to reorientate our work to support our stakeholders by providing enhanced resources for sharing information and best practices. The speed of developments required us to recognise that this could only be achieved through a more interactive model for knowledge co-production. I am proud of the work of the EMCDDA during this period, but I recognise that this was only possible because of the input we received from stakeholders across Europe. Particularly important was the possibility provided by our Reitox network of national focal points to engage in an ongoing conversation on national responses to the pandemic. This highlighted the value of sharing experiences and preliminary information when there is a need for rapid action. Beyond

this, we also launched a series of trendspotter studies to collate qualitative and emerging quantitative data to provide a near real-time complementary data source to accompany our routine monitoring information. The latest insights from our third COVID-19 trendspotter, published recently, are summarised here. These results are preliminary, but they help us identify some of the possible longer-term effects of the pandemic on drug markets, drug use and our responses.

Despite interdiction efforts, all our routine indicators suggest that at the beginning of 2020 the European drug market was characterised by the widespread availability of a diverse range of drugs of increasingly high purity or potency. This is illustrated by the large seizures of cocaine and other drugs we observed during 2020. We can also see from a range of indicators that patterns of use are becoming more complex, with people who use drugs being presented with a greater selection of substances. This is creating various health harms, as a result of the use of more novel substances or from the interaction of the effects when multiple substances are used in combination. This convinces me that we need to invest more in understanding the implications of patterns of polydrug use and how they can increase harm. An example of this is visible in the growing concerns around the misuse of benzodiazepines diverted from therapeutic use or appearing as new benzodiazepines on the new psychoactive substances market. These substances can be harmful in themselves but when combined with opioids or alcohol they also increase the risk of overdose, though their role may go undetected. This kind of polydrug use, and more generally the growing importance of synthetic substances, highlights the urgent need to further develop forensic and toxicological resources if we are to better understand and respond to the increasingly complex drug problems we face today.

As you will see from the data presented here, cannabis is another area in which the issues we face are growing in complexity, which is only likely to increase in the future. We are seeing, partly because of developments outside of the European Union, more forms of cannabis appearing and new ways of consuming them emerging. Within Europe, we also see concerns growing about the availability of high-potency products on the one hand, and how to respond to low-THC products on the other hand. Synthetic cannabinoids, and the health risks they pose, only complicate this picture further, as evidenced by deaths reported in 2020 linked to the use of these substances and the fact that we have recently had to release public health alerts warning of the presence on the market of natural cannabis products adulterated with highly potent synthetic cannabinoids. I believe that providing policymakers with the up-to-date and scientifically robust information they need in this area will be of growing importance for the work of the EMCDDA over the coming years.

Drug production and trafficking appears to have adapted rapidly to pandemic-related restrictions, and we have seen little evidence of any major disruptions in supply. Social distancing measures may have affected retail drug dealing, but this appears to have led to a greater adoption of new technologies to facilitate drug distribution, possibly accelerating the trend we have seen in recent years, where the market is becoming increasingly digitally enabled. More positively, technology has also created opportunities for responding to drug problems. We can see this in the way that many drug services in Europe have also demonstrated resilience by adopting telemedicine approaches to allow them to continue offering support to people who use drugs during this difficult period.

The EMCDDA is also increasingly incorporating innovative approaches to monitoring and developing new data sources that complement established indicators. This is essential, in my view, if we are to keep pace with the changes we are seeing and meet our stakeholders' needs by reporting on the role drugs play in exacerbating problems across a broader set of policy areas. Digitalisation also offers us greater opportunities, I believe, in the future for working more dynamically and interactively with our stakeholders to ensure that our policies

and actions in the drugs area are informed by a sound understanding of contemporary drug problems and shaped by a shared understanding of the most effective responses.

In conclusion, the data provided by the EDR 2021 illustrate how much the drug situation has changed over the last 25 years. The events of the past year also highlight a growing need to respond rapidly, and this requires us to increase our capacity for the early identification of threats emerging from an increasingly dynamic and adaptive drug market. Today, drugs have become a much more pervasive problem, one that impacts in some way across all major policy areas. We also see diversification, both in the products available and the people who use them. To ensure we are well-prepared to meet the future consequences of this hyper-availability, we need urgently to recognise that not only is a wider variety of people now personally experiencing drug problems, but drug problems are impacting on our communities in a wider variety of ways. This is why I believe it is crucial, across the areas of social, health and security policy, to develop the evidence-based and integrated responses envisioned by the new EU drugs strategy.

Alexis Goosdeel

EMCDDA Director

We need urgently to recognise that not only is a wider variety of people now personally experiencing drug problems, but drug problems are impacting on our communities in a wider variety of ways

COVID-19 PANDEMIC AND THE DRUG SITUATION

The routine data that underpin this report mostly refer to the period up to the end of 2019. To respond to information needs during the ongoing public health emergency and gain insight into it, the EMCDDA has worked with other EU agencies and national data providers to create resources for the rapid identification and sharing of information relevant to our stakeholder groups. An online gateway to these can be found on our [website](#). The EMCDDA has also conducted a series of rapid 'trendspotter' studies, which triangulate data from key informants, national focal points, online surveys of people who use drugs, city-based wastewater analysis, and emerging data from established and developmental indicators and research studies. While the lack of comprehensive data means that all conclusions must be made with caution and be regarded as preliminary, it is useful to reflect on our current understanding of developments in this area. The results from the most recent of these studies can be found in detail in our accompanying [trendspotter report](#). One of the main conclusions of our work is that the drug market has been remarkably resilient to disruption caused by the pandemic. Drug traffickers have adapted to travel restrictions and border closures. At wholesale level this is reflected in some changes in routes and methods, with more reliance on smuggling via intermodal containers and commercial supply chains and less reliance on the use of human couriers. Although street-based retail drug markets were disrupted during the initial lockdowns, and some localised shortages were experienced, drug sellers and buyers appear to have adapted by increasing their use of encrypted messaging services, social media applications, online sources and mail and home delivery services. This raises the concern that a possible long-term impact of the pandemic will be to further digitally enable drug markets.

The information at hand suggests that any reductions in drug consumption seen during the initial lockdowns rapidly disappeared as social distancing measures were eased. In general terms, there appears to have been less consumer

interest in drugs usually associated with recreational events, such as MDMA, and greater interest in drugs linked with home use. However, the easing of restrictions on movement and travel and a return of some social gatherings during the summer was associated with a rebound in the levels of use. Analysis of wastewater samples, while only available from some cities, is informative here. The available data suggest that levels of use of most drugs appear generally lower during the initial lockdowns, but then appear to bounce back once lockdown was lifted. A comparison with 2019 appears to suggest similar overall consumption of most drugs, and in several cities possibly even higher levels, based on this data source. Exceptions here appear to be MDMA and methamphetamine, two drugs for which the levels observed in 2020 appear lower in most of the participating cities. Less consumer interest in MDMA during 2020 is supported by user reports from online surveys, where a decline in use was noted, and some limited data on hospital emergencies, which showed a decline in MDMA-related presentations. This is against a background of high availability of this drug, as indicated by the continued detection of high-strength tablets in most countries. Interestingly, Dutch drug monitoring services reported the introduction of lower-strength tablets, apparently marketed as more suitable for home use.

Online survey data from people who self-report drug use also suggest higher consumption of alcohol and greater experimentation with psychedelics, such as LSD and 2-CB (2,5-dimethoxy-4-bromophenethylamine), and dissociative drugs such as ketamine. This may reflect a growth in demand for substances possibly perceived as more suitable for home consumption. Survey data also suggest that those using drugs occasionally prior to COVID-19 may have reduced or even ceased their use during the pandemic, but more-regular users may have increased their drug consumption. While these findings are preliminary and require research follow-up, they could have important implications if the changes observed are substantiated and persist into the future.

Among the possible worrying developments associated with the pandemic is the observation that some countries may be seeing an increase in crack cocaine availability and use. Also of concern are reports of the availability of smaller doses or cheaper packages of heroin, crack and benzodiazepines. Drug problems are often found in marginalised groups such as the homeless, and those with drug problems may often rely on the informal economy. It is likely that these groups have been financially disadvantaged by social distancing measures and may be particularly vulnerable to any future economic difficulties resulting from the current crisis. Growing concerns were also noted about the misuse of benzodiazepines, either diverted from therapeutic use or benzodiazepines not licenced for medical use in Europe appearing on the illicit drug market. Increased use of benzodiazepines was seen among high-risk drug users, prisoners and some groups of recreational drug users, potentially reflecting the high availability and low cost of these substances and pandemic-related mental health issues. A sample of sentinel hospitals observed an increase in emergency presentations related to benzodiazepines in 2020 compared with 2019. To accompany this report, the EMCDDA is releasing a study on new benzodiazepines available in Europe. This class of drugs merits closer attention as their use in combination with other psychoactive substances, including opioids and alcohol, increases the risk of fatal and non-fatal overdoses and can be associated with violent or aberrant behaviours.

Reports indicate that cannabis cultivation and synthetic drug production within the European Union continued at pre-pandemic levels during 2020. Diversification of drug trafficking routes was observed, with more cannabis and heroin smuggled by sea, to avoid land border closures, leading to large seizures in Europe's ports. Some changes were observed in the departure locations of cocaine trafficked from Latin America to Europe. However, no decline in supply was evident, and multi-tonne seizures of cocaine were reported in European ports in 2020 and early 2021,

including 16 tonnes in Hamburg in Germany and 7.2 tonnes in Antwerp in Belgium. A trend towards home cultivation of cannabis, partially driven by lockdown measures, appears to have continued in 2020. An increase in reports of cannabis adulterated with synthetic cannabinoids has raised concerns. It is not known what could be driving this development but it could possibly reflect both shortages of cannabis linked to the pandemic or, possibly in some countries, criminal groups exploiting the availability of low-THC cannabis products, which may be difficult to distinguish from cannabis sold on the drug market. Any scenario where people unwittingly consume synthetic cannabinoids is worrying given the toxicity of some of these substances, as illustrated by an outbreak of over 20 deaths related to the synthetic cannabinoid 4F-MDMB-BICA in 2020.

Drug services across Europe had resumed their operations by June 2020, although at reduced capacity due to COVID-19 prevention measures. In six countries that reported monthly data for 2020, the numbers entering treatment fell sharply between February and March, and remained at low levels for the rest of the year. A greater use of telemedicine may have contributed to the reduction in reported treatment demand but also allowed services to continue to meet their clients' needs during the pandemic. Treatment services in prison settings also report service disruptions due to social distancing and restrictions on external service providers. Restrictions on access by external visitors and contractors to prisons also are also reported to have temporarily reduced the availability of drugs in some prisons.



LATEST DATA ON EUROPE'S DRUG SITUATION

Drug use prevalence and trends

Drug use in Europe encompasses a wide range of substances. Among people who use drugs, polydrug consumption is common but challenging to measure, and individual patterns of use range from experimental to habitual and dependent consumption. Cannabis is the most commonly used drug – the prevalence of use is about five times that of other substances. While the use of heroin and other opioids remains relatively rare, these continue to be the drugs most commonly associated with the more harmful forms of use, including injecting. The extent of stimulant use and the types that are most common vary across countries, and evidence is growing of a potential increase in stimulant injecting. Use of all drugs is generally higher among males, and this difference is often accentuated for more intensive or regular patterns of use.

LATEST DATA

- Around 83 million or 28.9 % of adults (aged 15-64) in the European Union are estimated to have used illicit drugs at least once in their lifetime. This should be regarded as a minimum estimate due to reporting biases.
- Experience of drug use is more frequently reported by males (50.6 million) than females (32.8 million).
- The most commonly tried drug is cannabis (47.6 million males and 30.9 million females).
- Much lower estimates are reported for the lifetime use of cocaine (9.6 million males and 4.3 million females), MDMA (6.8 million males and 3.5 million females) and amphetamines (5.9 million males and 2.7 million females).
- Levels of lifetime use of cannabis differ considerably between countries, ranging from around 4 % of adults in Malta to 45 % in France.
- Last year drug use provides a measure of recent drug use and is largely concentrated among young adults. An estimated 17.4 million young adults (aged 15-34) used drugs in the last year (16.9 %), with about twice as many males (21.6 %) as females (12.1 %) reporting doing so.
- The prevalence of high-risk opioid use among adults (15-64) is estimated at 0.35 % of the EU population, equivalent to 1 million high-risk opioid users in 2019.
- There were 510 000 clients in opioid substitution treatment in 2019 in the European Union. Opioid users accounted for 26 % of drug treatment requests.
- Opioids were involved in 76 % of the fatal overdoses reported in the European Union for 2019.

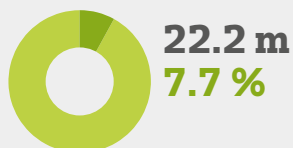
AT A GLANCE – ESTIMATES OF DRUG USE IN THE EUROPEAN UNION

Cannabis

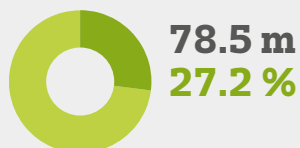


Adults (15-64)

Last year use

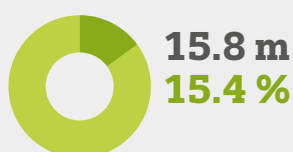


Lifetime use

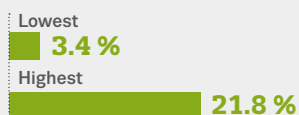


Young adults (15-34)

Last year use



National estimates of use in last year

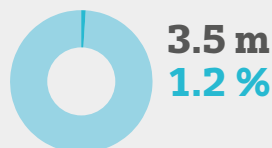


Cocaine

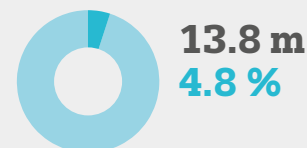


Adults (15-64)

Last year use

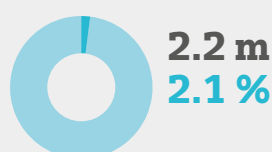


Lifetime use

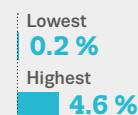


Young adults (15-34)

Last year use



National estimates of use in last year

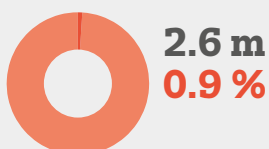


MDMA

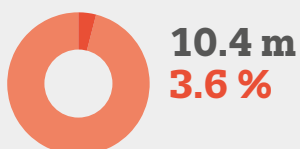


Adults (15-64)

Last year use

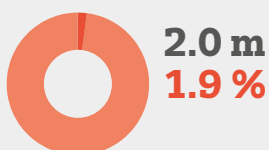


Lifetime use

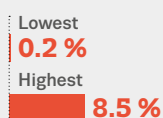


Young adults (15-34)

Last year use



National estimates of use in last year

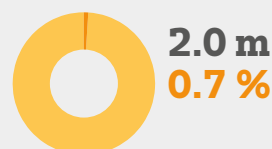


Amphetamines

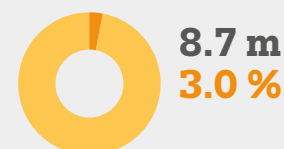


Adults (15-64)

Last year use

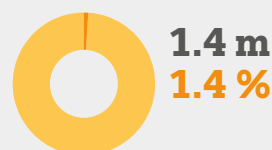


Lifetime use

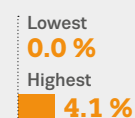


Young adults (15-34)

Last year use



National estimates of use in last year



Heroin and other opioids



High-risk opioid users

1.0 million

510 000

opioid users received substitution treatment in 2019

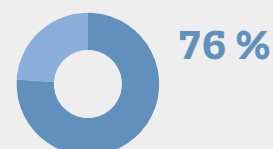
Drug treatment requests

Principal drug in about 26 % of all drug treatment requests in the European Union



Fatal overdoses

Opioids were found in 76 % of fatal overdoses



Drug supply and the market

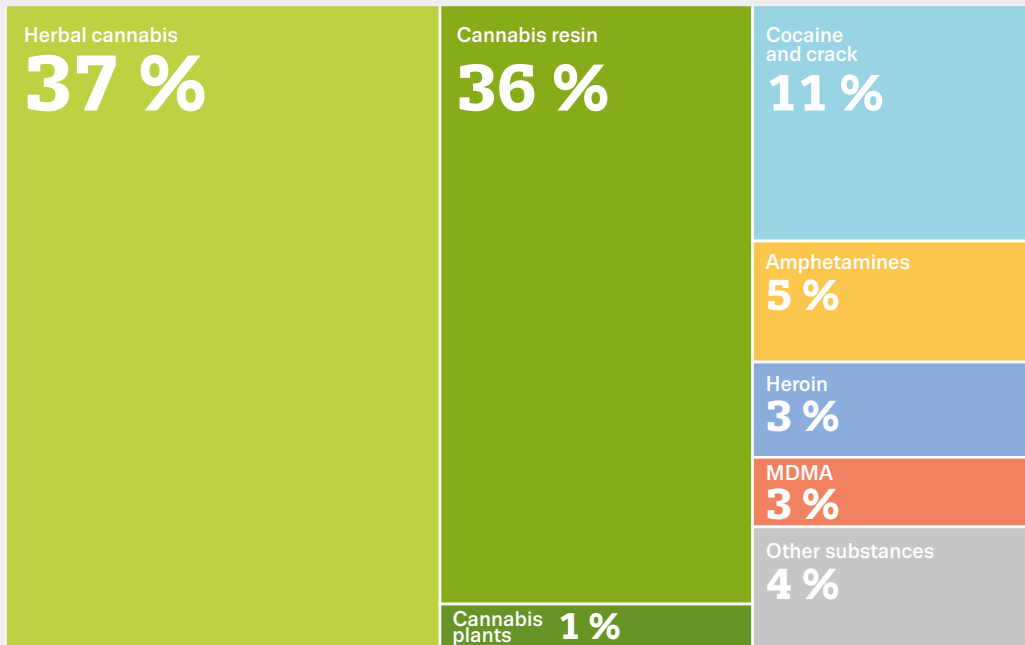
Recent changes in Europe's illicit drug market, largely linked to globalisation and new technology, include innovation in drug production and trafficking methods, the establishment of new trafficking routes and the growth of online markets. In the global context, Europe is an important market for drugs, supplied from both domestic production and trafficking from other world regions. South America, West Asia and North Africa are important source areas for illicit drugs entering Europe, while China is an important source country for new psychoactive substances, drug precursors and related chemicals. In addition, some drugs transit Europe en route to other continents. Europe is also a producing region for cannabis and synthetic drugs; cannabis production is mostly for European consumption, while synthetic drugs are manufactured for the European market and exported to other parts of the world.

LATEST DATA

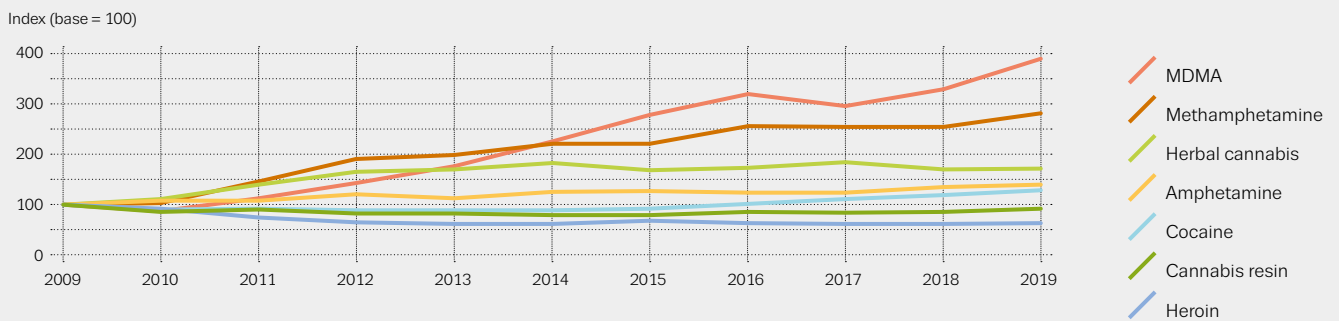
- Around 1.1 million seizures were reported in 2019 in Europe, with cannabis products most often seized. Most reported seizures involve small quantities of drugs confiscated from users, while a relatively small number of multi-kilogram consignments account for most of the total quantity of drugs seized. This underlines the fact that the detection or non-detection of small numbers of shipments can have a significant impact on overall totals.
- Indexed trends in the number of reported drug seizures in Europe between 2009 and 2019 show a diverse picture, but have been generally increasing.
- The numbers of seizures of cannabis resin (–9 %) and heroin (–27 %) were lower in 2019 than in 2009.
- The number of cocaine (+27 %), amphetamine (+40 %) and herbal cannabis (+72 %) seizures increased between 2009 and 2019, but at a slower pace than the quantities seized. This possibly indicates expanding production and transit activities, as well as increasing domestic consumer markets.
- The largest increases in the number of seizures were seen for MDMA (+290 %) and methamphetamine (+182 %).
- Indexed trends in the quantities of drugs seized in Europe indicate that there has been a general increase for all drugs except cannabis resin since 2009 and more markedly since the mid-2010s.
- Between 2009 and 2019, the largest increases in quantities seized have been for methamphetamine (+931 %), MDMA (+456 %) and cocaine (+279 %). Sizable consumer markets for these drugs exist in Europe, however, it is likely that increases in quantities seized reflect, at least partially, the larger role played by Europe as a place of production, export or transit for these drugs. The same factors may also explain the sizeable increase in seized quantities of amphetamine (+180 %).
- Heroin (+17 %) is the only drug for which quantities seized increased by less than 100 % over the period.
- Cannabis resin (–19 %) is the only drug for which less was seized in 2019 than in 2009, while seizures of herbal cannabis increased markedly (+226 %). This probably reflects increasing herbal cannabis production in Europe.

DRUG SEIZURES IN THE EUROPEAN UNION

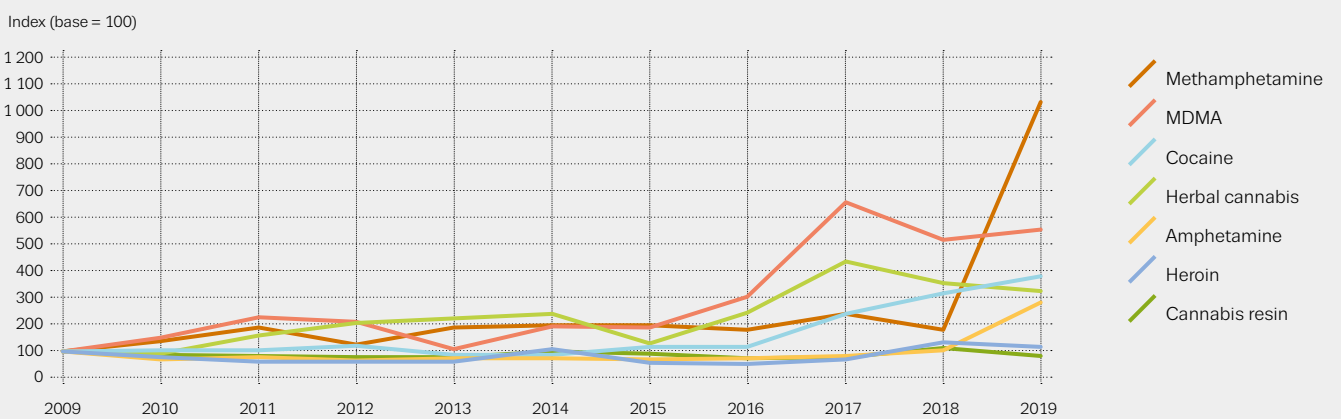
Number of reported drug seizures, breakdown by drug, 2019



Number of drug seizures in the European Union, indexed trends 2009-19



Quantity of drugs seized in the European Union, indexed trends 2009-19



The indexed trends presented reflect relative changes in drug seizures over a 10-year period, but give no indication about the actual amounts.

CANNABIS | Cannabis use remains stable at high levels, but increased THC content raises health concerns



Cannabis resin sold in Europe is now more potent than before, with a THC content on average between 20 % and 28 %, almost twice that of herbal cannabis. Cannabis products available in Europe now include high-THC content products and new forms of cannabis on the illicit market as well as a range of products containing cannabis extracts, but low levels of THC, sold commercially. Alongside these market changes, the numbers of first-time cannabis treatment entrants are increasing. Careful monitoring of this area is necessary to detect changes in cannabis problems and to understand the influence of shifts in the drug markets on them.

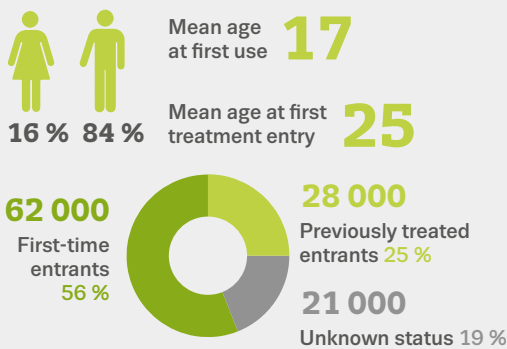
LATEST DATA

- In 2019, EU Member States reported 326 000 seizures of cannabis resin amounting to 465 tonnes and 313 000 seizures of herbal cannabis amounting to 148 tonnes. Additionally, Turkey reported 6 200 seizures of cannabis resin amounting to 28 tonnes and 64 000 seizures of herbal cannabis amounting to 63 tonnes.
- Based on data from 26 countries that undertook a survey between 2015 and 2020, last year cannabis use among EU inhabitants aged 15-34 is estimated at 15.4 %, ranging from 3.4 % in Hungary to 21.8 % in France. When only 15- to 24-year-olds are considered, the prevalence of cannabis use is higher, with 19.2 % (9.1 million) having used the drug in the last year and 10.3 % (4.9 million) in the last month.
- Of the countries that have conducted surveys since 2018 and provided confidence intervals, 9 reported higher estimates than their previous comparable survey, 5 were stable and 2 reported a decrease.
- Among the 24 EU Member States participating in the 2019 ESPAD surveys of school students aged 15-16 years, last year prevalence of cannabis use ranged from 7 % to 23 %, with a weighted average of 17.3 %. Overall, last year prevalence declined from a peak of 20.4 % in 2011.
- General population surveys indicate around 1.8 % of adults aged 15-64 in the European Union are daily or almost daily cannabis users, using the drug on 20 days or more in the last month, most of whom (61 %) are under 35.
- In 2019, around 111 000 people entered specialised drug treatment in Europe for problems related to cannabis use (35 % of all treatment demands); of those, about 62 000 were entering treatment for the first time.
- In the 24 countries with available data, the overall number of first-time entrants for cannabis problems increased by 45 % between 2009 and 2019. Fifteen countries reported an increase between 2009 and 2019 and two reported an increase in the last year (2018-19).
- Overall, 51 % of first-time entrants to treatment for cannabis in 2019 reported daily use of the drug in the last month.
- Cannabis was the most common substance reported by the Euro-DEN Plus network in 2019. Cannabis was present in 26 % of acute drug toxicity presentations, usually with other substances, in the network's 23 hospitals in 17 countries.

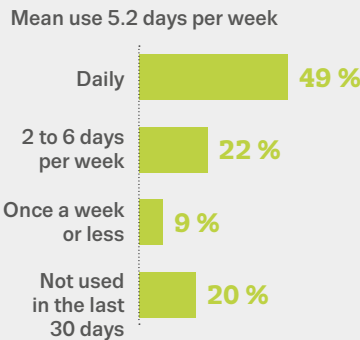
CANNABIS

Cannabis users entering treatment

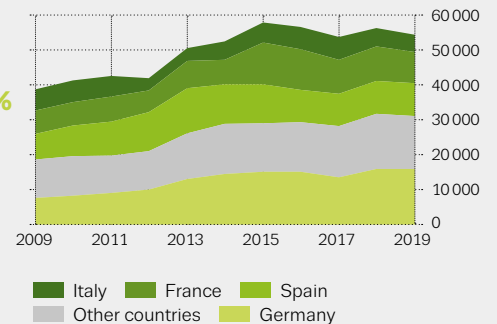
Characteristics



Frequency of use in the last month



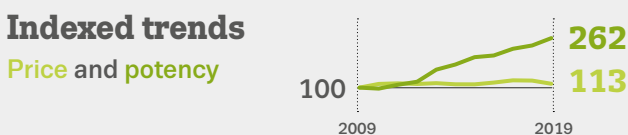
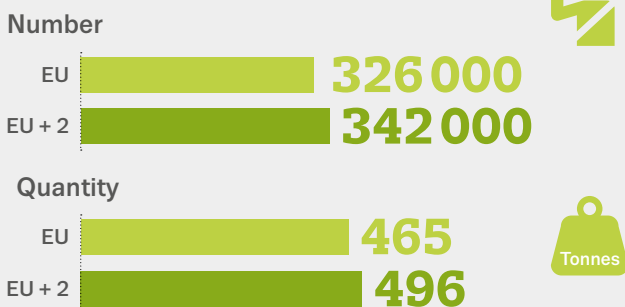
Trends in first-time entrants



Apart from trends, data are for all treatment entrants with cannabis as primary drug. Trends in first-time entrants are based on 24 countries. Only countries with data for at least 8 of the 11 years are included in the trends graph. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level, data since 2014 for Italy are not comparable with earlier years.

RESIN

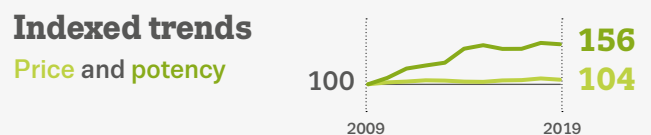
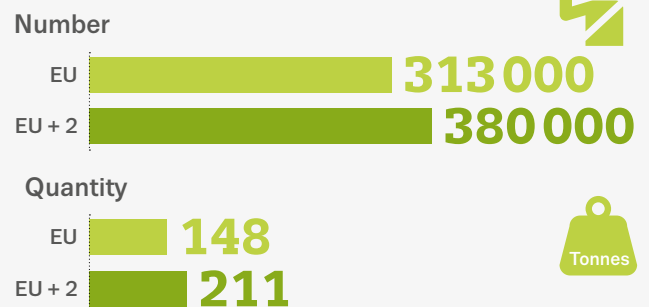
Seizures



EU + 2 refers to EU Member States, Turkey and Norway. Price and potency of cannabis products: national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

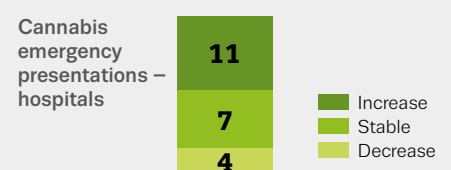
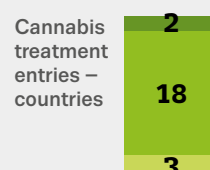
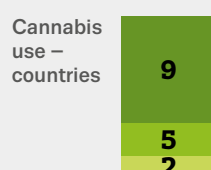
HERB

Seizures



Changes in cannabis indicators

Number of countries or hospitals reporting a change since the last data collection



Cannabis use in last year among young adults (15-34), 2018/19 and previous survey; first-time treatment entries with cannabis as primary drug, 2018-19; presentations related to cannabis in Euro-DEN Plus hospitals, 2018-19.

COCAINE | Record cocaine seizures are a worrying signal of potential for increased health harms



Cocaine remains the second most commonly used illicit drug in Europe, and consumer demand makes it a lucrative part of Europe's drug trade for criminals. The record 213 tonnes of the drug seized in 2019 indicates an expanding supply in the European Union. Cocaine purity has been increasing over the last decade, and the numbers of people entering treatment for the first time have risen over the last 5 years. These and other indicators signal the potential for increases in cocaine-related problems.

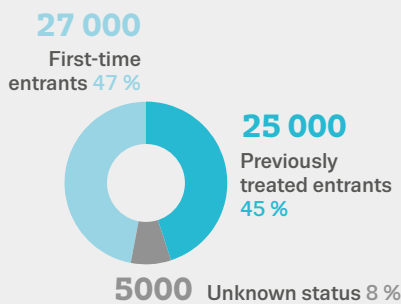
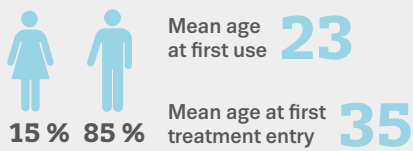
LATEST DATA

- In 2019, EU Member States reported 98 000 seizures of cocaine amounting to 213 tonnes (177 tonnes in 2018). Belgium (65 tonnes), the Netherlands (44 tonnes) and Spain (38 tonnes) together accounted for 69 % of the total quantity seized.
- The average purity of cocaine at retail level varied from 31 % to 91 % across Europe in 2019, with half the countries reporting an average purity between 53 % and 68 %. The purity of cocaine has been on an upward trend over the past decade, and in 2019 reached a level 57 % higher than the index year of 2009, while the retail price of cocaine has remained stable.
- Cocaine was the substance most frequently submitted for testing to drug checking services in 14 European cities between January and June 2020. The average purity of cocaine samples was 60 % (69 % during the same period in 2019), with one in every three samples containing 80 % cocaine or more.
- In the European Union, surveys indicate that nearly 2.2 million 15- to 34-year-olds (2.1 % of this age group) used cocaine in the last year.
- Among the 26 countries reporting surveys between 2015 and 2020, last year prevalence of cocaine use among young adults aged 15-34 ranged from 0.2 % to 4.6 %, with 8 countries reporting rates over 2.5 %.
- Of the 15 countries that have conducted surveys since 2018 and provided confidence intervals, 8 reported higher estimates of last year use than their previous comparable survey and 7 had stable estimates.
- Of the 49 cities that have data on cocaine residues in municipal wastewater for 2019 and 2020, 19 reported an increase, 14 a stable situation and 16 a decrease. Increasing longer-term trends are observable for all the 10 cities with data covering the 2011 to 2020 period. The most recent data indicate that cocaine is becoming more common in cities in the east of Europe, although detection levels remain low.
- First-time entries to specialised drug treatment for cocaine problems increased in 17 countries between 2014 and 2019, and 12 countries reported an increase in the last year.
- Most treatment entrants citing cocaine as their main problem drug are powder cocaine users: 45 000 clients in 2019 or 14 % of all drug clients. Around 92 % of the 8 000 crack-related treatment entries in 2019 were reported by 8 EU countries.
- Cocaine was the second most common substance reported by Euro-DEN Plus hospitals in 2019, present in 22 % of acute drug toxicity presentations.

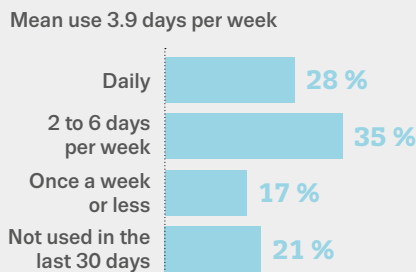
COCAINE

Cocaine users entering treatment

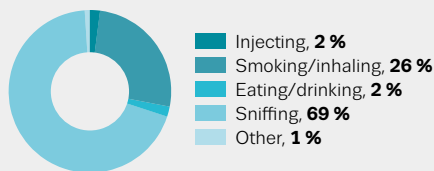
Characteristics



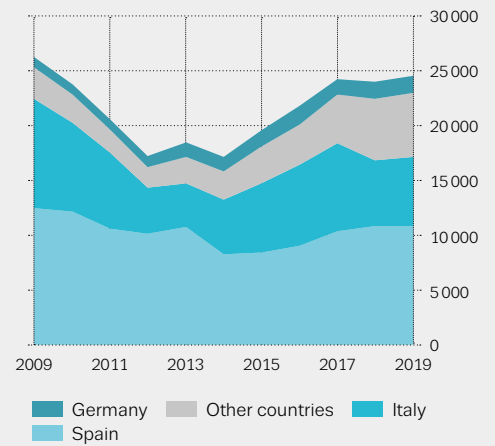
Frequency of use in the last month



Route of administration



Trends in first-time entrants



Apart from trends, data are for all treatment entrants with cocaine as primary drug. Trends in first-time entrants are based on 24 countries. Only countries with data for at least 8 of the 11 years are included in the trends graph. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level, data since 2014 for Italy are not comparable with earlier years.

Seizures

Number



Quantity



Price (EUR/g)

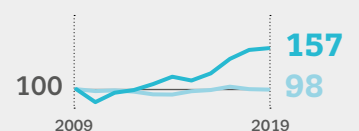


Purity (%)



Indexed trends

Price and purity

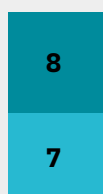


EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of cocaine: national mean values — minimum, maximum and interquartile range. Countries covered vary by indicator.

Changes in cocaine indicators

Number of countries, cities or hospitals reporting a change since the last data collection

Cocaine use – countries



Cocaine treatment entries – countries



Cocaine in wastewater – cities



Cocaine emergency presentations – hospitals



Legend: Increase (Dark Blue), Stable (Medium Blue), Decrease (Light Blue)

Cocaine use in last year among young adults (15-34), 2018/19 and previous survey; first-time treatment entries with cocaine as primary drug, 2018-19; wastewater analysis (SCORE) 2019-20; presentations related to cocaine in Euro-DEN Plus hospitals, 2018-19.

AMPHETAMINE | Stable amphetamine demand makes domestic production near consumers profitable



Amphetamine, Europe's second most consumed stimulant drug after cocaine, is produced near consumer markets in the European Union, mainly in the Netherlands, Belgium and Poland. Final production, converting liquid base oil into amphetamine sulphate, happens in some additional countries. Alongside the health risks from high-risk amphetamine use, dangerous domestic production laboratories remain a challenge for law enforcement.

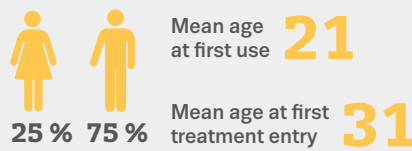
LATEST DATA

- In 2019, EU Member States reported 34 000 seizures of amphetamine, amounting to 17.0 tonnes (8 tonnes in 2018), with the quantity seized increasing over the last four years. Significant increases were observed in Poland (1.7 tonnes) and Belgium (1.0 tonnes). Greece seized 9.6 tonnes of amphetamine in 2019 (including 38 million 'captagon' tablets) and Turkey seized 2.8 tonnes (11 million tablets, including large quantities of captagon tablets). Such tablets, named after a medicinal product, are likely destined for drug markets outside Europe.
- The average purity of amphetamine in the European Union at retail level varied from 13 % to 67 % in 2019, with half the countries reporting an average purity between 20 % and 35 %. Among the countries consistently providing data on purity and price, the average purity of amphetamine has increased markedly over the past decade, while the price has remained relatively stable.
- The average purity of amphetamine samples submitted for testing to drug checking services in 10 European cities between January and June 2020 was 35 % (37 % during the same period in 2019).
- In 2019, laboratories set up to convert amphetamine base oil into sulphate powder were dismantled in Germany (15) and Poland (4). Denmark and Norway indicated that such facilities were operating in their territories.
- Amphetamine and methamphetamine are grouped together as amphetamines in certain data sets. Surveys from 25 countries conducted between 2015 and 2020 suggest that 1.4 million young adults (15-34) used amphetamines during the last year (1.4 % of this age group). National prevalence estimates range from zero in Portugal to 4.1 % in the Netherlands.
- Of the 15 countries that have conducted surveys since 2018 and provided confidence intervals, 4 reported higher estimates than their previous comparable survey, 10 reported a stable trend and 1 a lower estimate.
- Of the 48 cities with data on amphetamine residues in municipal wastewater for 2019 and 2020, 20 reported an increase, 9 a stable situation and 19 a decrease. The 9 cities with data from 2011 to 2020 showed a diverse picture, with increasing trends in 4.
- More than 13 000 clients entering specialised drug treatment in Europe in 2019 reported amphetamine as their primary drug, of whom about 6 000 were first-time clients. Amphetamine users account for at least 15 % of first-time treatment entrants in Bulgaria, Latvia, Poland and Finland.
- About 11 % of amphetamine clients reported injecting as the main route of administration, while 65 % reported sniffing and 16 % reported oral consumption of the drug.
- Amphetamine was the fourth most common substance reported by Euro-DEN Plus hospitals in 2019, present in 12 % of acute drug toxicity presentations.

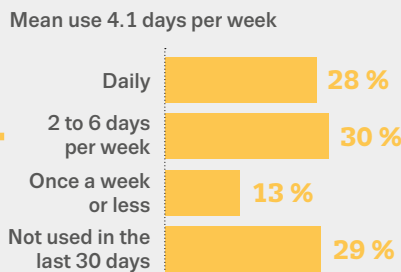
AMPHETAMINE

Amphetamine users entering treatment

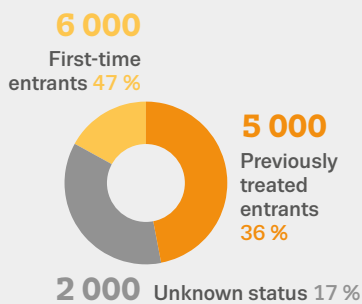
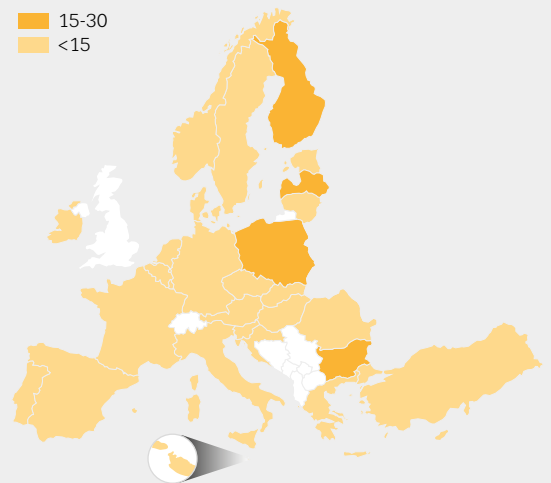
Characteristics



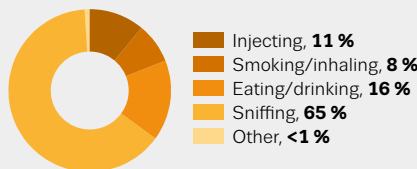
Frequency of use in the last month



Share of first-time entrants for all drugs (percent)



Route of administration



Apart from the map, data are for all treatment entrants with amphetamine as primary drug. Data for Sweden and Norway relate to clients citing a stimulant other than cocaine as primary drug. In the map, data for Germany relate to 'all entrants'.

Seizures

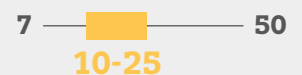
Number



Quantity



Price (EUR/g)

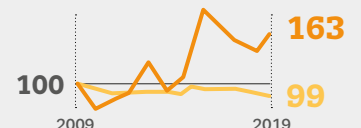


Purity (%)



Indexed trends

Price and purity

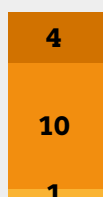


EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of amphetamine: national mean values — minimum, maximum and interquartile range. Countries covered vary by indicator.

Changes in amphetamine indicators

Number of countries, cities or hospitals reporting a change since the last data collection

Amphetamines use – countries



Amphetamine treatment entries – countries



Amphetamine in wastewater – cities



Amphetamine emergency presentations – hospitals



Legend: Increase, Stable, Decrease

Amphetamines (including methamphetamine) use in last year among young adults (15-34), 2018/19 and previous survey; first-time treatment entries with amphetamine as primary drug, 2018-19; wastewater analysis (SCORE) 2019-20; presentations related to amphetamine in Euro-DEN Plus hospitals, 2018-19.



METAMPHETAMINE | Methamphetamine production and trafficking highlights potential for increased use in Europe

Use of methamphetamine in Europe has historically been restricted to Czechia, and more recently Slovakia, where it accounts for a large share of drug-related harms. Demand for the drug within Europe remains small, but production and trafficking shifts highlight the risk of increased consumption. While smaller production sites are detected annually in Europe, large-scale laboratories are also being found, and large quantities of methamphetamine are being transhipped through the European Union to other markets. These changes are linked to collaborations between European and Mexican criminal groups. Given the potential for additional supplies of the drug within Europe to result in increased use and the health risks associated with it, careful monitoring of developments is required.

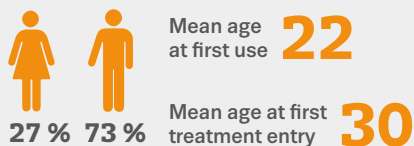
LATEST DATA

- In 2019, EU Member States reported 10 000 seizures of methamphetamine amounting to 2.9 tonnes, up from 0.6 tonnes in 2018. Spain (1.6 tonnes, originating in Mexico), the Netherlands and Poland (0.5 tonnes each) seized the largest quantities. Slovakia reported seizing 1.5 tonnes of methamphetamine originating in Mexico in 2020.
- In 2019, the average purity of methamphetamine ranged from 16 % to 94 %, with half of the 12 countries reporting an average purity between 32 % and 74 %. It is not possible to analyse trends over time for methamphetamine. However, the overall average purity and price in 2019 were comparable to the values reported in 2009.
- Methamphetamine accounted for only 2 % (46) of all samples submitted to drug checking services in 13 European cities during the first half of 2020.
- Alongside the large seizures reported by Spain and Slovakia as originating in Mexico, Belgium has reported that Mexico is an important source country for methamphetamine seized since 2017. Austria and Germany reported in 2019 that methamphetamine is trafficked by postal packages (air freight) from Mexico to Europe.
- Czechia reports that domestically available methamphetamine is mainly produced in Czechia, while some originates in the Netherlands, Belgium and Poland.
- Methamphetamine in Europe appears in powder and crystalline form. Injecting or smoking of methamphetamine is reported among various sub-groups of people who use drugs, including problem drug users and people in the 'chemsex' scene.
- Three countries have recent estimates of high-risk methamphetamine use, ranging from 0.55 per 1 000 population (corresponding to 330 high-risk users) in Cyprus to 5.04 per 1 000 (34 600 high-risk users) in Czechia.
- Of the 50 cities that have data on methamphetamine residues in municipal wastewater for 2019 and 2020, 15 reported an increase, 14 a stable situation and 21 a decrease.
- About 9 200 clients entering specialised drug treatment in Europe in 2019 reported methamphetamine as their primary drug, of whom about 4 500 were first-time clients.
- Treatment entrants reporting methamphetamine as their main problem drug are concentrated in Czechia, Germany, Slovakia and Turkey, which together account for 90 % of the 9 200 methamphetamine clients reported in 2019.
- Methamphetamine was the twelfth most common substance reported by Euro-DEN Plus hospitals in 2019, present in 2.5 % of acute drug toxicity presentations.

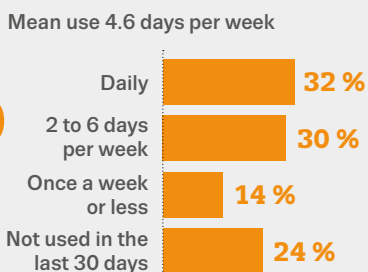
METAMPHETAMINE

Metamphetamine users entering treatment

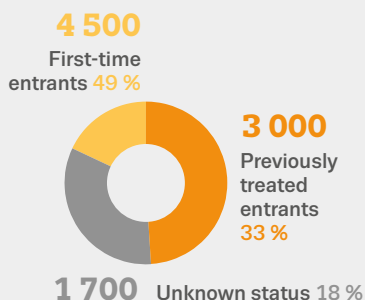
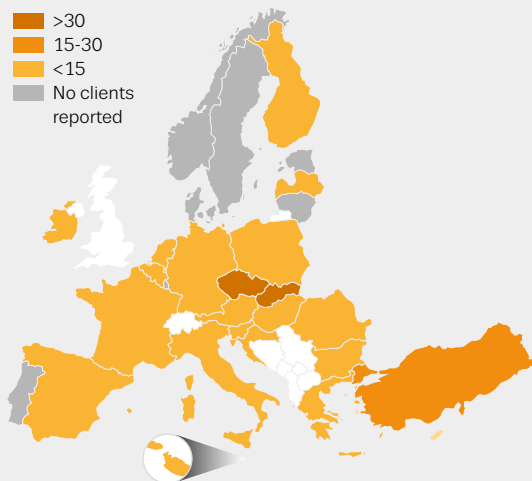
Characteristics



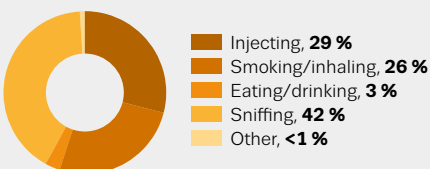
Frequency of use in the last month



Share of first-time entrants for all drugs (percent)



Route of administration



Apart from the map, data are for all treatment entrants with methamphetamine as primary drug. In the map, data for Germany relate to 'all entrants'.

Seizures

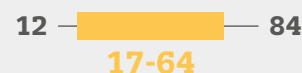
Number



Quantity



Price (EUR/g)



Purity (%)



EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of methamphetamine: national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

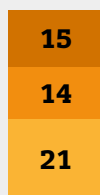
Changes in methamphetamine indicators

Number of countries, cities or hospitals reporting a change since the last data collection

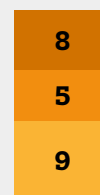
Methamphetamine treatment entries – countries



Methamphetamine in wastewater – cities



Methamphetamine emergency presentations – hospitals



■ Increase
■ Stable
■ Decrease

First-time treatment entries with methamphetamine as primary drug, 2018-19; wastewater analysis (SCORE) 2019-20; presentations related to methamphetamine in Euro-DEN Plus hospitals, 2018-19.

MDMA | Risks to health from supply of high-strength MDMA products



Europe remains an important source of MDMA products that supply the global market. The number of MDMA laboratories dismantled by law enforcement authorities in the European Union continues to rise. Alongside increases in the average MDMA content in tablets and the purity of powders, products containing hazardous levels of MDMA are being detected, putting users at risk and challenging existing prevention and harm reduction responses. Preliminary data for 2020, however, suggest a possible decline in use during periods of lockdown.

LATEST DATA

- In 2019, the average drug content of MDMA (ecstasy) tablets seized in Europe ranged from 118 to 210 milligrams of MDMA per tablet, with half the countries reporting an average between 161 and 193 milligrams. The average quantity of MDMA in tablets has increased by 149 % since 2009.
- The purity of MDMA powders ranged from 34 % to 94 %, with half the countries reporting an average between 58 % and 88 %.
- Seizures of MDMA powder in the European Union increased from 0.3 tonnes in 2016 to 2.2 tonnes in 2018 and, this level was maintained in 2019. The 4.6 million MDMA tablets seized in 2019 confirms the general upward trend observed since 2009.
- In 2017, 2018 and 2019, annual seizures reported by Turkey of more than 8 million MDMA tablets exceeded the total amounts reported in the European Union.
- Between January and June 2020, the average amount of MDMA per tablet tested by drug checking services in 10 European cities was 177 milligrams (180 mg during the same period in 2019). Services in five cities reported individual tablets containing between 270 and 366 milligrams of MDMA. The average purity of MDMA powder reported in 2020 was 81 % (88 % during the same period in 2019).
- The number of dismantled MDMA laboratories reported in the European Union was 28 in 2019 (23 in 2018).
- Surveys from 26 countries conducted between 2015 and 2020 suggest that 2 million young adults (15-34) used MDMA in the last year (1.9 % of this age group), ranging from 0.2 % in Portugal to 8.5 % in the Netherlands. Prevalence estimates for those aged 15-24 years are higher, with 2.2 % (1.0 million) estimated to have used MDMA in the last year.
- No overall trend emerges from the data on MDMA use. Of the 15 countries that undertook surveys since 2018 and provided confidence intervals, 7 reported higher estimates than their previous comparable survey, and 8 reported stable estimates.
- Of the 49 cities that have data on MDMA residues in municipal wastewater for 2019 and 2020, 18 reported an increase, 7 a stable situation and 24 a decrease. Of the 9 cities with data for both 2011 and 2020, 7 had higher MDMA loads in 2020 than in 2011. Among these cities, MDMA loads are particularly high in Amsterdam, likely reflecting its position as a tourism and nightlife destination.
- MDMA was the sixth most common drug reported by Euro-DEN Plus hospitals in 2019, present in 9.5 % of acute drug toxicity presentations. Six of the 26 in-hospital deaths recorded involved MDMA.

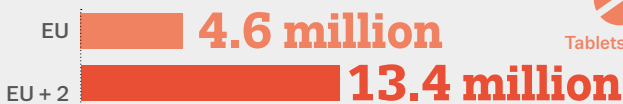
MDMA

Seizures

Number



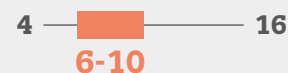
Quantity



Quantity



Price (EUR/tablet)



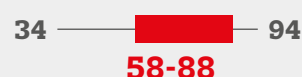
MDMA content

(mg/tablet)



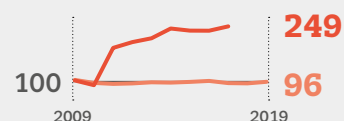
MDMA purity

(powder %)



Indexed trends

Price and MDMA content



EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of MDMA: national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator. Available data do not permit time trend analysis of MDMA content.

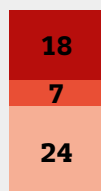
Changes in MDMA indicators

Number of countries, cities or hospitals reporting a change since the last data collection

MDMA use – countries



MDMA in wastewater – cities



MDMA emergency presentations – hospitals

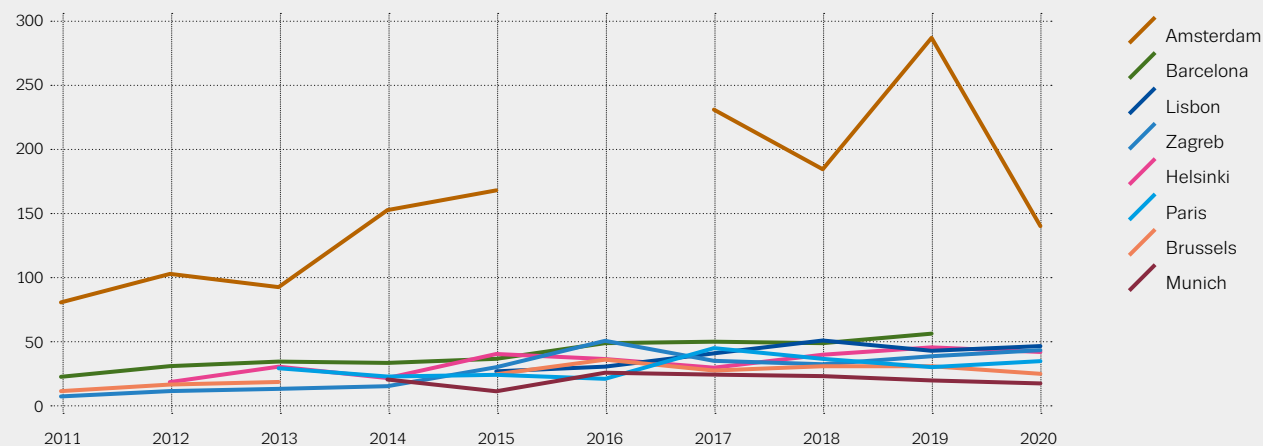


■ Increase
■ Stable
■ Decrease

MDMA use in last year among young adults (15-34), 2018/19 and previous survey; wastewater analysis (SCORE) 2019-20; presentations related to MDMA in Euro-DEN Plus hospitals, 2018-19.

MDMA residues in wastewater in selected European cities

mg/1 000 population/day



Mean daily amounts of MDMA in milligrams per 1 000 population. Sampling was carried out in selected European cities over a week in each year from 2011 to 2020. Source: Sewage Analysis Core Group Europe (SCORE).

NEW PSYCHOACTIVE SUBSTANCES | Harmful potent new psychoactive substances continue to emerge



Over 400 new psychoactive substances were detected on Europe's drug market in 2019. Potent new synthetic cannabinoids and new synthetic opioids continued to emerge, posing health and social threats. Reports of cannabis adulterated with new synthetic cannabinoids, such as MDMB-4en-PINACA, being sold to unsuspecting users highlight the new and potentially growing risks of the inadvertent consumption of these potent substances. New dosage forms for synthetic cannabinoids, including e-liquids and impregnated papers, are increasingly available on the drug market.

LATEST DATA

- At the end of 2020, the EMCDDA was monitoring around 830 new psychoactive substances, 46 of which were first reported in Europe in 2020.
- Since 2015, every year around 400 previously reported new psychoactive substances are detected in Europe.
- In 2019, EU Member States accounted for 22 070 of the 34 800 seizures of new psychoactive substances reported in the European Union, Turkey and Norway.
- In 2019, EU Member States reported seizures amounting to 2.0 tonnes of new psychoactive substances, mainly powders, or 2.7 tonnes taking Turkey and Norway into account.
- Synthetic cannabinoids and cathinones accounted for almost 60 % of the number of seizures reported in 2019 by EU Member States, with arylcyclohexylamines (largely ketamine) accounting for a further 10 %.
- A total of 209 new synthetic cannabinoids have been detected in Europe since 2008, including 11 reported for the first time in 2020. In 2019, EU Member States accounted for approximately 6 500 of the 18 700 seizures reported in the European Union, Norway and Turkey, and 200 of the 900 kilograms seized.
- The 67 new synthetic opioids detected between 2009 and 2020 include 10 first reported in 2020. In 2019, approximately 430 seizures of new opioids were reported, amounting to 17 kilograms of material. EU Member States accounted for 1 240 of the 1 334 new benzodiazepines seizures reported in 2019.
- Based on data from countries that undertook a survey between 2015 and 2018, last year prevalence of new psychoactive substance use among adults (15-64) ranged from 0.1 % to 1.4 %, with an average of 0.6 % across the 15 countries with data for this age group. Among young adults (15-34), last year prevalence ranged from 0.2 % to 3.2 %, with an average of 1.1 % across the 12 countries with data.
- Twenty-two EU Member States, representing 61.6% of the EU population of 15- to 16-year-olds, participated in both the 2015 and 2019 ESPAD school surveys. Among these countries, last year prevalence of use of new psychoactive substances among 15- to 16-year-olds in 2015 ranged from 0.8 % to 8.3 %, with a weighted average of 3.8 %. In 2019, last year prevalence ranged from 0.6 % to 4.9 %, with a weighted average of 2.4 %.
- Three EMCDDA risk assessments in 2020 addressed two synthetic cannabinoids, MDMB-4en-PINACA and 4F-MDMB-BICA (associated with 21 deaths in Hungary in 2020), and a potent non-fentanyl synthetic opioid, isotonitazene.

NEW PSYCHOACTIVE SUBSTANCES

New psychoactive substances

46

first reported in 2020



830

being monitored

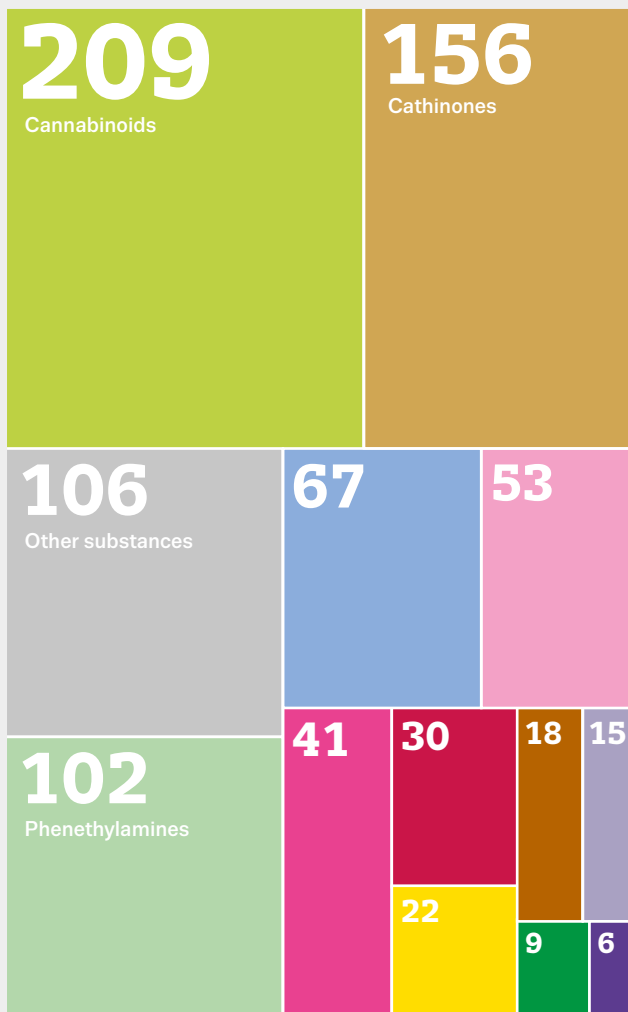


400

on the market each year



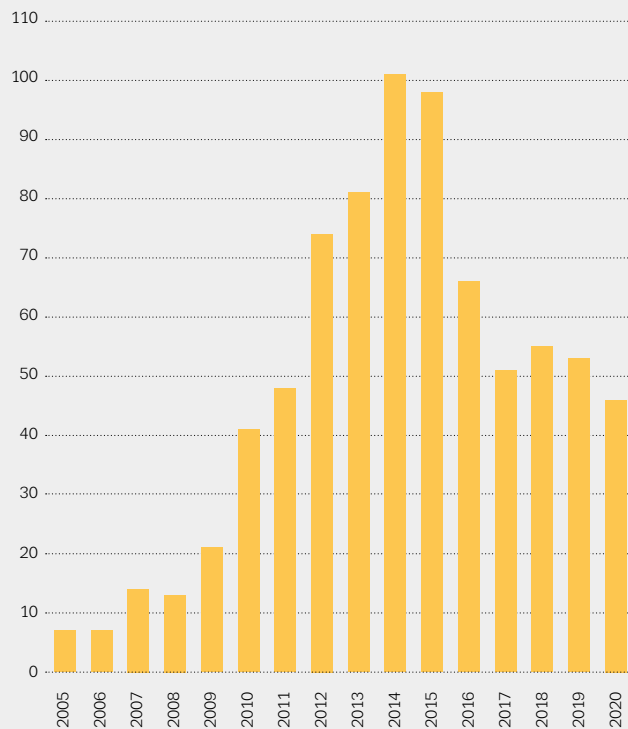
Number of substances monitored by the EU Early Warning System by category



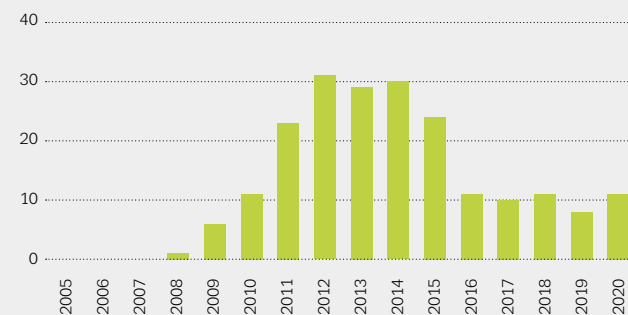
- Cannabinoids
- Cathinones
- Other substances
- Phenethylamines
- Opioids
- Tryptamines
- Arylalkylamines
- Benzodiazepines
- Arylcyclohexylamines
- Piperazines
- Plants and extracts
- Piperidines and pyrrolidines
- Aminoindanes

First-time detections of new substances detected – selected categories

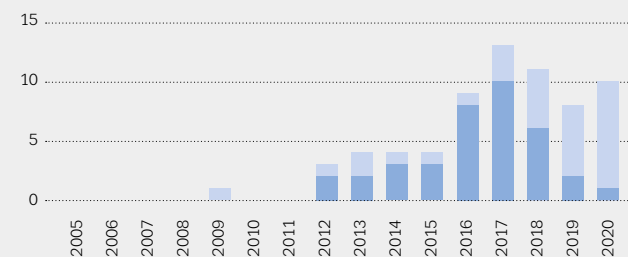
All substances



Cannabinoids



Opioids



Other opioids Fentanyl derivatives continued on next page →

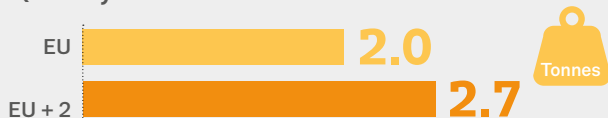
NEW PSYCHOACTIVE SUBSTANCES

Seizures

Number



Quantity

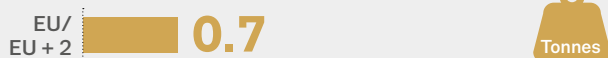


(all physical forms measured in weight units – includes herbal material, powders, resins, others)

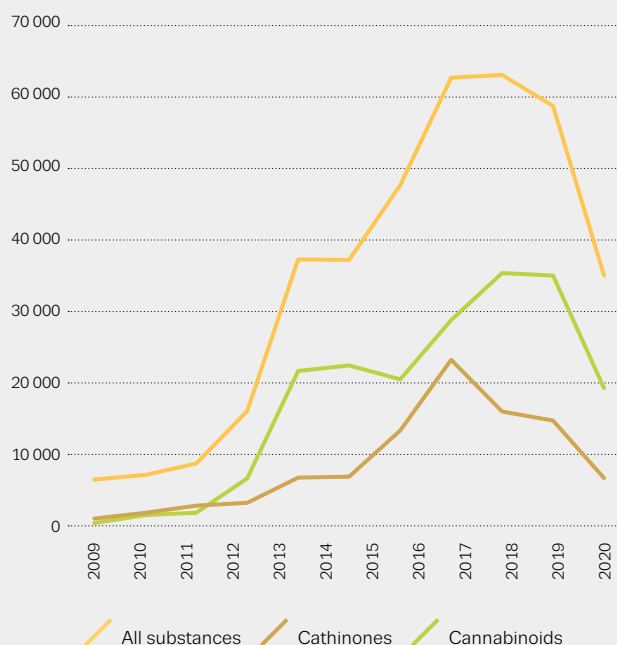
Cannabinoids



Cathinones



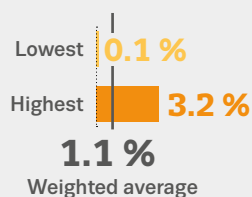
Trends in number of seizures reported to the EU Early Warning System, 2009-19



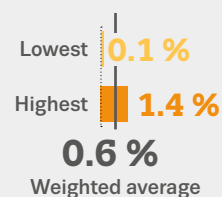
National estimates of last year use of new psychoactive substances

Among all adults (15-64) in the European Union

Young adults (15-34)

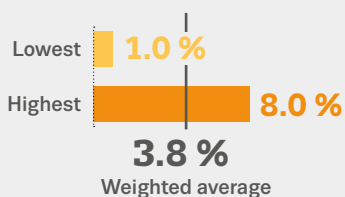


All adults (15-64)

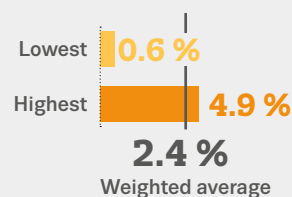


Among school children (15-16) in 22 EU countries

ESPAD 2015



ESPAD 2019



Risk assessments

New psychoactive substance	Type	First appeared in Europe	Harms
MDMB-4en-PINACA	Synthetic cannabinoid	2017	Poisoning leading to death 9 deaths reported by Hungary (8) and Sweden (1)
4F-MDMB-BICA	Synthetic cannabinoid	2020	Poisoning leading to death 21 deaths, occurred between May and August 2020, reported by Hungary
Isotonitazene	Non-fentanyl (benzimidazole) opioid	2019	Acute respiratory depression leading to death 1 death reported by Germany 22 deaths reported by third countries since August 2019

LSD, DMT, MUSHROOMS, KETAMINE AND GHB | Are less commonly used drugs posing increasing challenges for public health?



LSD, DMT, hallucinogenic mushrooms, ketamine and GHB (including its precursor GBL) are available in Europe, but these substances are poorly monitored, and this limits our understanding of their use and impact on public health. There are signs that interest in some of these substances may be growing and that, for some, availability may be increasing in Europe. In particular, there are concerns about the possible risks associated with chronic harms (e.g. regarding ketamine) and risks associated with more intensive patterns of use in certain niche settings and contexts, such as the use of GHB in the 'chemsex' scene. There is a growing need for greater investment in monitoring to support the development of harm reduction and other interventions appropriate to the settings and contexts in which these drugs are being consumed.

LATEST DATA

- Seizures of LSD, DMT, hallucinogenic mushrooms, ketamine and GHB (including its precursor GBL) are not consistently monitored in Europe, but some information is available from reports to different EMCDDA monitoring systems. Data for these substances are incomplete and often divergent, highlighting the need for improved monitoring in this area.
- From the limited information available, in 2019, about 2 400 seizures of LSD (lysergic acid diethylamide), amounting to almost 115 000 units, were reported in Europe. Nineteen countries reported 950 seizures of hallucinogenic mushrooms, amounting to 55 kilograms. Sixteen EU countries reported about 300 seizures of DMT (dimethyltryptamine), amounting to 89 kilograms and almost 75 000 units.
- Seizures of ketamine were reported by at least 16 EU countries, with the total quantity seized estimated to be between 250 and 600 kilograms.
- Large seizures of GHB (gamma-hydroxybutyrate) or its precursor GBL (gamma-butyrolactone) were reported by 18 countries, amounting to 48 tonnes and just under 500 litres. Due to the extensive use of GBL for industrial purposes, the data are challenging to interpret.
- Among young adults (15-34), the most recent national surveys report last year prevalence estimates for LSD and hallucinogenic mushrooms equal to or less than 1 % for both substances. Exceptions to this include Finland (2.0 % in 2018), Estonia (1.6 % in 2018, 16-34) and the Netherlands (1.1 % in 2019) for hallucinogenic mushrooms, and Finland (2.0 % in 2018) and Estonia (1.7 % in 2018, 16-34) for LSD.
- National estimates of the prevalence of ketamine and GHB use in adult and school populations are low, with Denmark reporting last year prevalence of ketamine use among young adults (16-34) of 0.6 % in 2017, and Romania 0.8 % in 2019. The Netherlands reports that ketamine has become a more common drug among young people in the nightlife scene.
- GHB was the fifth most common drug reported by Euro-DEN Plus hospitals in 2019, present in 10.6 % of acute drug toxicity presentations and 27 % of critical care admissions. LSD and ketamine were each present in 1.7 % of the acute drug toxicity presentations reported by Euro-DEN Plus.



HEROIN AND OTHER OPIOIDS | Large heroin seizures signal potential for increased use and harms

With large quantities of heroin seized in Europe in 2018 and 2019, there is increasing concern about the impact a rising supply may have on rates of use. As in 2018, large individual shipments were detected in 2019 in ports in European countries, including Belgium, the Netherlands and Slovenia, reflecting a diversification of heroin trafficking beyond land routes. In Europe, treatment entry and other indicators suggest that those using heroin are an ageing and diminishing group. However, increased surveillance is required to detect any changes in the use of a drug that continues to be associated with a large share of the burden of illness and death linked with drug use in Europe.

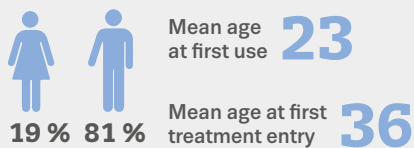
LATEST DATA

- EU Member States reported 26 000 heroin seizures amounting to 7.9 tonnes in 2019. Large quantities were reported by Belgium (1.9 tonnes), Bulgaria (0.8 tonnes), France (1 tonne), the Netherlands (1.3 tonnes) and Slovenia (0.8 tonnes).
- Turkey seized over 20 tonnes of heroin in 2019, the largest amount in a decade.
- The average purity of heroin at retail level varied from 11 % to 51 % in 2019, with half the countries reporting an average purity between 18 % and 31 %. Indexed trends show that the average purity of heroin rose by 23 % between 2009 and 2019, while its price dropped 17 %.
- Almost 13 000 seizures of other opioids, amounting to over 1.7 tonnes and large numbers of tablets, were reported in 2019. Seizures of fentanyl derivatives in 2019 amounted to 15 kilograms, more than double the 6 kilograms seized in 2018. The Netherlands reported a seizure of 1 kilogram of fentanyl in 2020.
- National prevalence estimates range from less than 1 to more than 7 high-risk opioid users per 1 000 population aged 15-64. Overall, this translates into an estimated 0.35 % of the EU population, or 1 million high-risk opioid users in 2019. The four most populous countries in the European Union (Germany, Spain, France and Italy) account for more than two thirds (68 %) of this estimate.
- In 2019, use of opioids was reported as the main reason for entering specialised drug treatment by 84 000 clients, or 27 % of all those entering drug treatment in Europe. Of these, almost 20 000 were first-time entrants.
- Heroin was the primary drug for 13 600 (79 %) of the 17 300 first-time entrants for whom the opioid was reported, a relatively stable number when compared with the previous year.
- The number of first-time heroin clients has fallen by more than half from a peak observed in 2009. Between 2018 and 2019, the number of first-time treatment entrants for primary heroin use decreased in 8 countries out of the 20 with available data.
- Heroin was the third most common drug reported by Euro-DEN Plus hospitals in 2019, present in 16 % of acute drug toxicity presentations. Opioids were found in 10 of the 26 in-hospital deaths recorded, usually with other drugs.

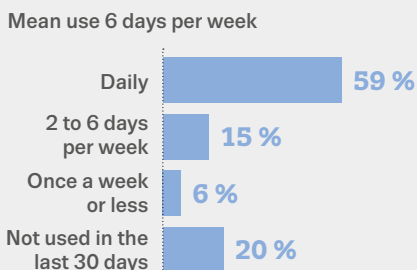
HEROIN

Heroin users entering treatment

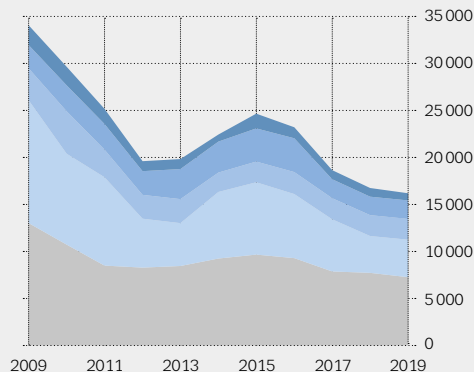
Characteristics



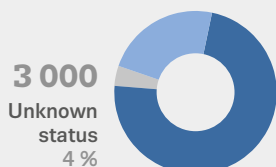
Frequency of use in the last month



Trends in first-time entrants

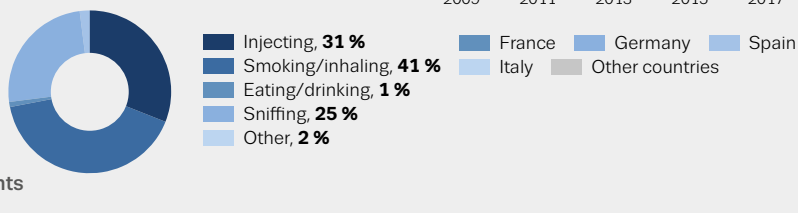


17 000
First-time entrants 23%



54 000
Previously treated entrants 73%

Route of administration



Apart from trends, data are for all treatment entrants with heroin as primary drug. Data for Germany, Sweden and Norway are for entrants with 'opioids' as primary drug. Trends in first-time entrants are based on 24 countries. Only countries with data for at least 8 of the 11 years are included in the trends graph. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level, data since 2014 for Italy are not comparable with earlier years.

Seizures

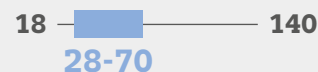
Number



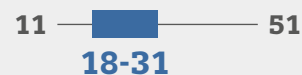
Quantity



Price (EUR/g)



Purity (%)



Indexed trends

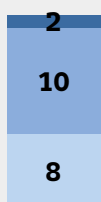


EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of 'brown heroin': national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

Changes in heroin indicators

Number of countries or hospitals reporting a change since the last data collection

Heroin treatment entries – countries



heroin emergency presentations – hospitals



Increase
 Stable
 Decrease

First-time treatment entries with heroin as primary drug, 2018-19; presentations related to heroin in Euro-DEN Plus hospitals, 2018-19.



PRODUCTION AND PRECURSORS | Organised crime groups intensify illegal drug production within Europe

In 2019, more than 370 illegal drug production laboratories were dismantled in Europe. The increased number of facilities detected and the manufacturing of a wider range of drugs reflect the scaling-up of efforts by criminals to produce drugs closer to consumer markets in order to evade anti-trafficking measures. This shift brings with it threats to local environments and risks to the health of people using the drugs. Combating drug production presents legislators with the complex regulatory challenge of controlling precursor chemicals and law enforcement agencies with a hazardous phenomenon to tackle.

LATEST DATA

- **Cannabis:** EU Member States reported seizures of 3.7 million cannabis plants in 2019. Seizures of plants are an indicator of domestic production, which is increasingly sophisticated. Reports are emerging of small-scale production of highly potent cannabis extracts.
- **Heroin:** Four heroin production sites were dismantled in the Netherlands in 2019. In addition, 10 seizures of acetic anhydride, the precursor chemical needed for heroin manufacture, amounting to 26 000 litres, were reported by 6 EU Member States (5 in the Netherlands and 1 in each of Belgium, Bulgaria, Estonia, Poland and Romania). Eleven stopped shipments of acetic anhydride were also reported by 3 EU Member States, amounting to almost 7 000 litres, indicating further attempts to divert this chemical from legitimate supply.
- **Cocaine:** In 2019, Spain reported dismantling 5 cocaine laboratories (3 for secondary extraction, 2 for transformation), while Belgium reported recovering extraction equipment. In 2020, an extraction facility with an estimated daily production capacity of between 150 and 200 kilograms of cocaine was dismantled in the Netherlands.
- **Amphetamine:** 14 500 litres of BMK and 31 tonnes of MAPA (up from 7 tonnes in 2018) – chemicals used to manufacture amphetamines – were seized in the European Union in 2019.
- **Methamphetamine:** Seven EU Member States reported the dismantling of 267 methamphetamine laboratories in 2019, among which were large-scale facilities in Belgium (3) and the Netherlands (9 in 2019 and an additional 32 in 2020), sometimes involving European and Mexican gangs. Seizures of ephedrine and pseudoephedrine amounting to 640 kilograms (both powders and tablets) were reported by 10 other EU Member States in 2019.
- **MDMA:** Four EU Member States reported the dismantling of 28 MDMA laboratories (23 in 2018) in 2019: the Netherlands (20), Belgium (5), Germany (2, 1 of which produced MDA) and Poland (1).
- Seizures of MDMA precursors decreased to almost 7 tonnes in 2019 (16 tonnes in 2018), with no apparent corresponding reduction in MDMA production.
- **GHB:** In 2019, the dismantling of 9 laboratories involved in the production of GHB from GBL was reported by the Netherlands (7) and Germany (2), with Belgium and Estonia also reporting the detection of production sites.
- **New psychoactive substances:** Five sites involved in the production of synthetic cathinones were dismantled in 2019: 1 in the Netherlands and 4 in Poland. Seizures of the synthetic cathinone precursor 2-bromo-4-methylpropiofenone amounted to 432 kilograms in 2019 (50 kilograms in 2018), of which 428 kilograms was seized in Belgium, Germany and the Netherlands.
- In 2019, more than 33 kilograms of N-phenethyl-4-piperidone (NPP), a fentanyl precursor, was seized in 2 separate cases in Estonia. Seizures of non-controlled fentanyl precursors were reported by Belgium (1 kilogram of 4-piperidone monohydrate) and Germany (0.1 kilogram of 1-anilinopiperidine).

Illegal drug production in Europe

Drug type	What is Europe's role in production?	What is the focus of control measures in Europe on the production and movement of drugs?	What are the main challenges for law enforcement?
Cannabis resin	Mostly imported; some resin production in Europe	Supply chain (production, trafficking and distribution)	Variety of smuggling routes and methods Smuggling through unstable territories Use of various maritime vessels (e.g. speedboats), civil aviation and unmanned aircraft
Herbal cannabis	Produced in Europe for European markets	Cultivation sites Supply chain (production, trafficking and distribution)	Localised and dispersed cultivation sites near consumer markets to minimise detection risks Retail-level sales on darknet drug markets Distribution through postal, parcel and delivery systems
Cocaine	Imported; limited production in Europe	Supply chain (production, trafficking and distribution) Precursor control Processing facilities such as crystallisation and secondary extraction labs	Continued use of scheduled precursors in production Variety of smuggling routes and methods Use of container transport Corruption of port and other authorities
Heroin	Imported; limited production in Europe; source region of diverted precursors	Supply chain (production, trafficking and distribution) Precursor control Production facilities	Continued diversion of scheduled precursors Variety of smuggling routes and methods Use of container transport
Amphetamine	Produced in Europe for European and to a lesser extent Middle Eastern markets	Precursor control Production facilities, including waste dumping sites Supply chain (production, trafficking and distribution)	Use of novel chemicals in manufacturing Signs of localised processing and production
Methamphetamine	Produced in Europe for European and global markets	Precursor control Production facilities, including waste dumping sites Supply chain (production, trafficking and distribution)	Continued use of scheduled precursors in production Use of novel chemicals in manufacturing Increasing role of organised crime, including from outside the EU
MDMA	Produced in Europe for European and global markets	Precursor control Production facilities, including waste dumping sites Supply chain (production, trafficking and distribution)	Continued use of scheduled precursors in production Use of novel chemicals in manufacturing Retail-level sales on darknet drug markets Distribution through postal, parcel and delivery systems
New psychoactive substances	Chemicals mainly imported; some production in Europe; processing in Europe	Supply chain (production, trafficking and distribution) Production facilities	Detection of production sites Diverse unscheduled production materials

DRUG LAW OFFENCES | Drug law offences increase, with cannabis possession and supply predominant



Drug law offences statistics provide insights on the implementation of drug laws. They are driven primarily by law enforcement activities, and therefore are influenced by factors that affect these activities and by registration and reporting practices. Thus, while the predominance of cannabis in both supply and possession offences reflects the drug's leading position among illicit substances, it also attests to the policy importance of this drug.

LATEST DATA

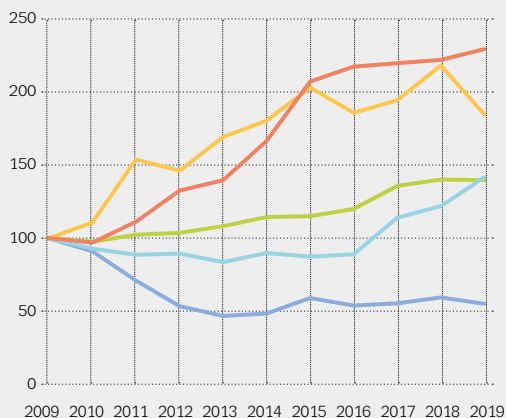
- In 2019, an estimated 1.5 million drug law offences were reported in the European Union, an increase of almost a quarter (24 %) since 2009. Most of these offences (82 % or 1.2 million) related to use or possession for personal use.
- With approximately 617 000 reported offences in 2019, cannabis accounted for three quarters of the use or possession offences for which the drug is known.
- Of the estimated 1.5 million drug law offences, the drug mentioned in the offence is reported in just over 1 million offences, of which 826 000 were for possession or use, 176 000 were for supply related offences and 7 500 were for other types of offence.
- In 2019, the 76 000 use or possession offences involving cocaine continued an upward trend observed during the previous 3 years.
- With almost 55 000 reported cases in 2019, offences for use or possession of amphetamines dropped from the 10-year high level reached in 2018.
- Offences for use or possession of MDMA continued to increase in 2019, with just under 17 000 reported, accounting for 2 % of use-related offences.
- Offences for use or possession of heroin continued to fluctuate around the relatively low level reached in 2013, with approximately 23 000 reported in 2019.
- Overall, the number of drug supply offences in the European Union has increased by 13 % since 2009, with an estimate of about 209 000 cases in 2019.
- Cannabis dominates, with about 101 000 offences reported in 2019, accounting for 57 % of supply offences.
- Supply offences for MDMA have been rising since 2011, with 7 000 reported in 2019. Cocaine supply offences have increased mainly in the last three years, with approximately 34 000 reported in 2019. The situation for heroin was relatively stable over the same period and approximately 10 000 supply offences were reported in 2019.

DRUG LAW OFFENCES

Drug law offences in the European Union related to drug use or possession for use or drug supply: indexed trends and reported offences in 2019

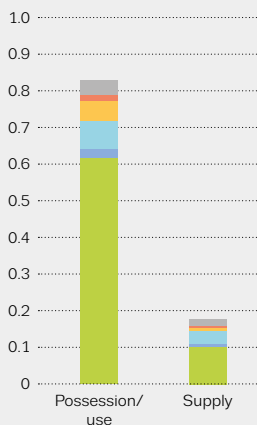
Possession/use offences

Indexed trends



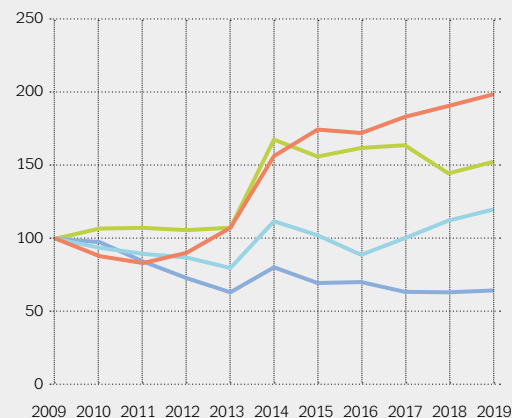
Number of offences

(million)



Supply offences

Indexed trends



Heroin Cannabis Cocaine Amphetamines MDMA Other substances

Data are for offences for which the drug has been reported. Data for amphetamine supply offences are limited and do not allow for EU trend analysis.

In 2019, an estimated 1.5 million drug law offences were reported in the European Union, an increase of almost a quarter (24 %) since 2009

INJECTING DRUG USE | **First-time treatment clients for heroin use continue to inject less**



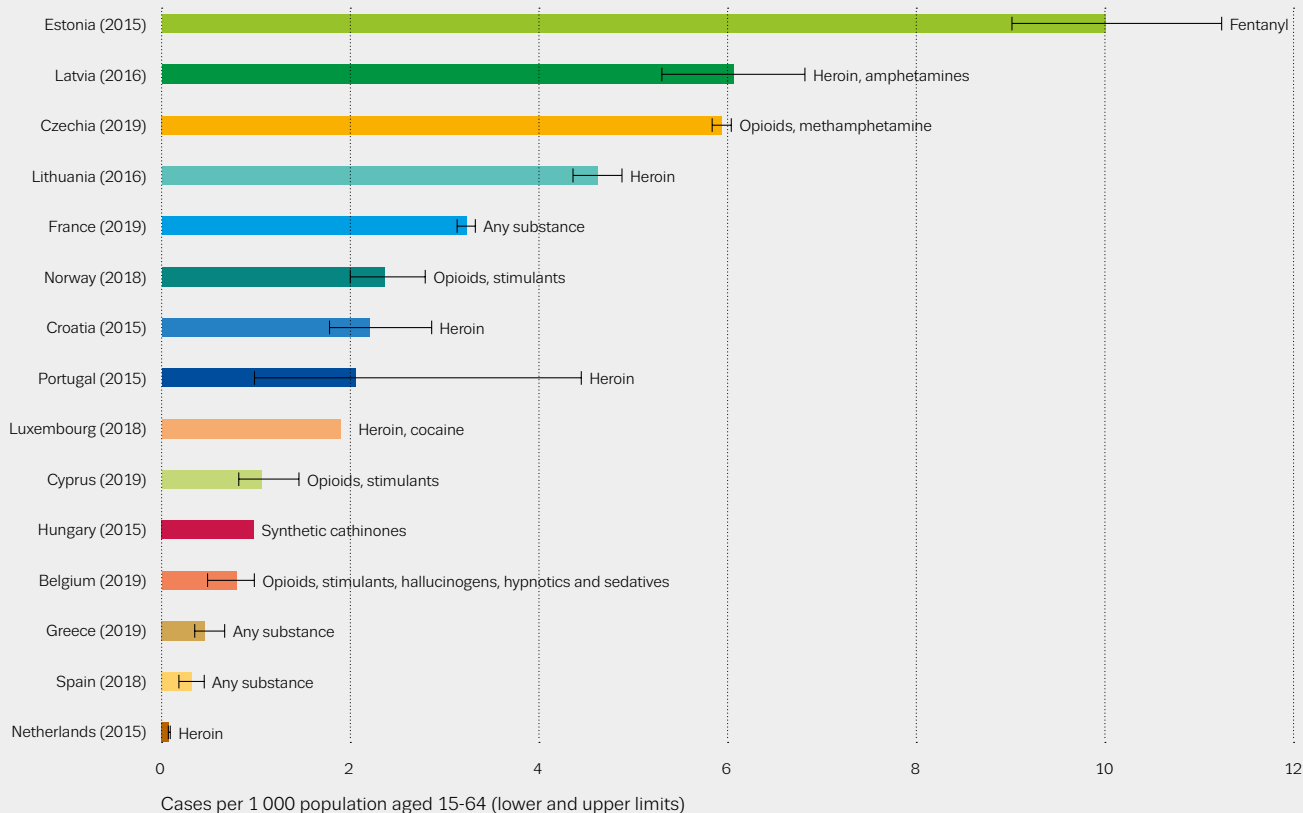
Although injecting drug use has been declining in Europe for the past decade, it remains a major cause of drug-related harms. Considerable differences exist between countries, both in levels of injecting drug use and in injecting practices and substances used. While primarily connected to heroin use, other drugs, including amphetamines, cocaine, synthetic cathinones, opioid substitution medications and other medicines, are also injected. With high-risk drug consumption practices still a significant problem, the provision of effective treatment and early detection of shifts in the substances available on the drug market remain key drug policy issues for targeting resources.

LATEST DATA

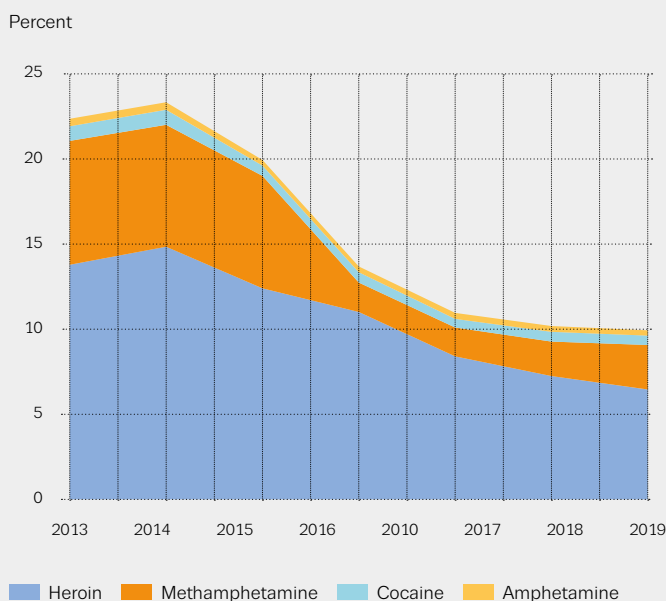
- Only 15 countries have estimates of the prevalence of injecting drug use since 2015, where they range from less than 1 case per 1 000 population aged 15-64 in Belgium, Greece, Spain, Hungary and the Netherlands, to more than 10 in Estonia. Opioids are reported as the main injected drugs in the majority (11) of these countries.
- Among first-time clients entering specialised drug treatment in 2019 with heroin as their primary drug, 23 % reported injecting as their main route of administration, down from 35 % in 2013.
- In this group, levels of injecting vary between countries, from less than 10 % in Denmark, Spain and Portugal to 80 % or more in Czechia, Latvia and Romania.
- Injecting is reported as the main route of administration by less than 1 % of first-time cocaine clients, 3 % of first-time amphetamine clients and 31 % of methamphetamine clients.
- The overall picture for methamphetamine, however, is influenced by Czechia, which accounts for more than 70 % of first-time methamphetamine clients injecting the drug in Europe.
- Considering the four main injected drugs together, injecting as the main route of administration among first-time entrants to treatment in Europe has declined from 22 % in 2013 to 10 % in 2019.
- Analysis of 1 166 used syringes collected by the ESCAPE network of seven European cities in 2020 showed that in four cities over half of the syringes contained stimulants: cathinones in Budapest and Paris; amphetamines in Oslo and Prague.
- Heroin was also found in the majority of syringes in Budapest and Oslo, while opioid substitution medications were commonly detected in syringes in Helsinki (buprenorphine), Prague (buprenorphine) and Vilnius (methadone).
- Fentanyl or carfentanil was detected in more than 40 % of syringes from Riga.
- A third of all syringes contained two or more drugs, indicating polydrug use or re-use of injecting material. The most frequent combination was a mix of stimulant and opioid.

INJECTING DRUG USE

Injecting drug use: most recent estimates of prevalence of injecting any drug in the last year and main drug injected



Injecting among first-time treatment entrants with heroin, cocaine, amphetamine or methamphetamine as primary drug: percentage reporting injecting as main route of administration



Trends in injecting among first-time treatment entrants are based on 23 countries. Only countries with data for at least 5 of the 7 years are included in the trends graph. Missing values are interpolated from adjacent years.

DRUG-RELATED INFECTIOUS DISEASES | **Scaling up treatment and prevention is required to reach HIV and HCV Sustainable Development Goals**



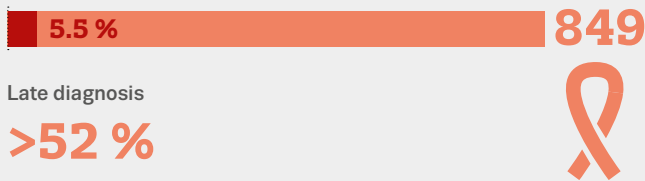
People who inject drugs have a higher risk of contracting infections such as the human immunodeficiency virus (HIV) and the hepatitis C virus (HCV) through shared drug use material. The European Union and its Member States support the 2030 Sustainable Development Goals to end the HIV/AIDS epidemic and combat viral hepatitis. Increased access to integrated testing and treatment for HIV, HBV and HCV within harm reduction and drug treatment services is an important part of reaching the Fast-Track commitments on HIV/AIDS and the continuum of care targets on HCV that support the 2030 goals and remains a challenge within Europe.

LATEST DATA

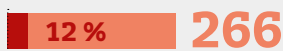
- An estimated 849 new HIV diagnoses and 266 new AIDS cases attributable to injecting drug use were notified in the European Union in 2019. Overall, 5.5 % of the new HIV diagnoses were attributed to injecting drug use.
- While the overall trend in HIV incidence has been decreasing in the last decade, local outbreaks mostly associated with stimulant injecting (cocaine and synthetic cathinones) have been documented in Europe.
- Subnational seroprevalence studies conducted in 2017-19 in Estonia, Lithuania, Poland and Romania indicated a prevalence of HIV antibodies among people who inject drugs greater than 20 %.
- EU data show that more than half of the new HIV diagnoses attributed to drug injecting in 2019 were diagnosed late – when the virus had already begun to damage the immune system.
- France, Luxembourg and Austria reported data in 2018 for all stages of the continuum of care for people who inject drugs living with HIV. Of these, only France had met the related Fast-Track targets to end HIV/AIDS by 2030.
- The latest data suggest that the incidence of HCV transmission is high among people who inject drugs. In 2018-19, HCV antibody prevalence in national samples of people who inject drugs varied from 15 % to 86 %, with 7 of the 15 countries with national data reporting rates in excess of 50 %. Among the 6 countries reporting local or national data on current infections among people who inject drugs, measured by HCV-RNA (or antigen) tests in 2013-19, the average prevalence was 44 %, ranging from 15 % in Belgium to 64 % in Sweden.
- In the 7 countries with national data for 2018-19, an average of 4 % (ranging from 0.4 % in Latvia to 8 % in Spain) of people who inject drugs were estimated to be currently infected with HBV. An effective HBV vaccine is available.
- In 2019, people who inject drugs were reported to face institutional restrictions in accessing direct-acting antiviral HCV treatment in 7 EU Member States.
- In 2019, Luxembourg and Norway reported meeting the World Health Organization's 2020 targets for 200 syringes per person who injects drugs per year and 40 % of the population of high-risk opioid users on opioid substitution treatment.
- Integrating testing and treatment of HCV, HBV and HIV within harm reduction and drug treatment services is key to reaching the continuum of care targets for people who inject drugs.

DRUG-RELATED INFECTIOUS DISEASES

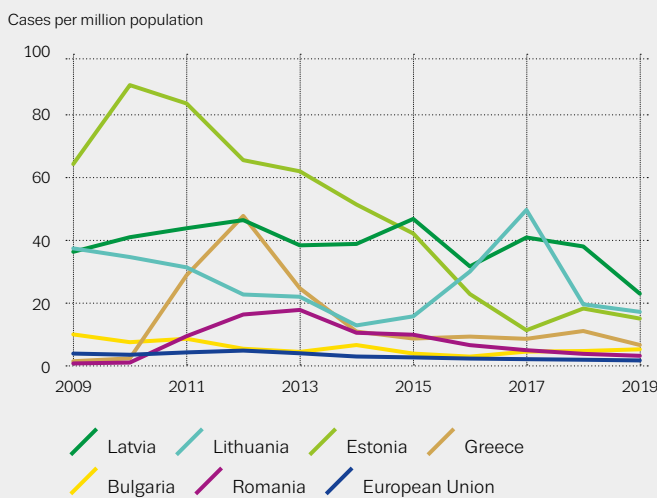
New HIV cases attributable to injecting drug use



New AIDS cases attributable to injecting drug use



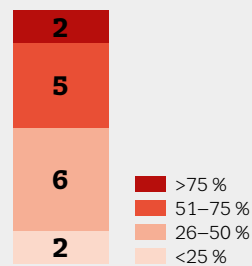
Trends in drug-related HIV: EU and selected countries



HCV antibody prevalence among people who inject drugs

15 % to 86 %
in 15 countries

Countries with national data



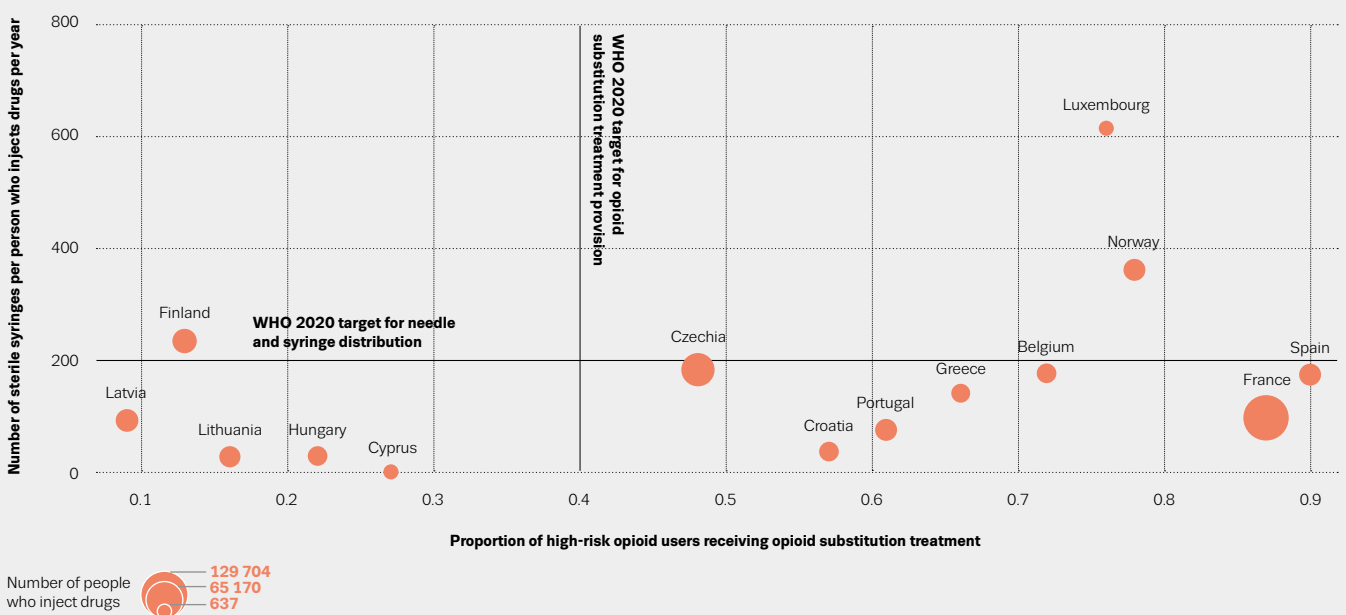
HCV current infections among people who inject drugs 2018/19

15-64 % in subnational samples in 4 countries

HBV current infections, national data for 2018-19

an average of 4 % (0.4-8 %) among people who inject drugs

Needle and syringe distribution and opioid substitution treatment coverage in relation to WHO 2020 targets, 2019 or latest available estimate



The coverage is based on the latest national estimates of injecting drug use and high-risk opioid use matched by harm reduction activity data (within a maximum of 2 years). The estimate of coverage of opioid substitution treatment for Belgium is derived from a subnational study conducted in 2019.

DRUG-INDUCED DEATHS | Overdose deaths driven by opioids and other drugs highlight need for service development



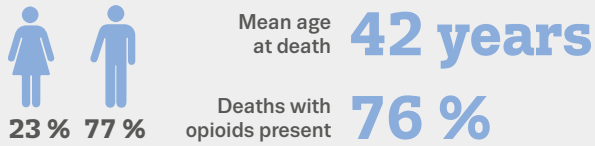
High-risk substance use and polydrug use continue to fuel drug-induced deaths in Europe. Most deaths directly linked to drug use involve opioids, mainly heroin in conjunction with other drugs, while stimulants like cocaine and the amphetamines and, more recently, synthetic cannabinoids are now of concern. Increases in deaths among different age groups, including teenagers in some countries and those over 50, highlight the diversity of the challenge facing service providers and existing models of provision.

LATEST DATA

- It is estimated that at least 5 141 overdose deaths, involving illicit drugs, occurred in the European Union in 2019, representing an increase of 3 % compared with 2018. This total rises to an estimated 5 769 deaths if Norway and Turkey are included, representing a slight decrease in relation to the revised estimate of 5 920 in 2018. In most southern and eastern European countries, this pattern is reversed, with increases in the number of overdose deaths when compared with 2018.
- The mortality rate due to overdoses in the European Union in 2019 is estimated at 14.8 deaths per million population aged 15-64. Over three quarters (77 %) of overdose deaths occurred among males; a rate of 23.7 cases per million males. Among males, those aged 35-39 were the most affected, with a mortality rate of 37.7 deaths per million, more than double the average seen for all ages.
- Opioids, including heroin or its metabolites, often in combination with other substances, were present in three quarters (76 %) of fatal overdoses reported in the European Union.
- In 2019, increases in the number of heroin/morphine deaths were observed in Czechia, Denmark, Germany, Italy, Luxembourg, Romania and Slovakia. Opioids other than heroin, including methadone, buprenorphine, fentanyl and its derivatives and tramadol, were associated with a substantial share of overdose deaths in some countries.
- The number of deaths involving fentanyl or its derivatives reported in the European Union declined in 2019.
- Among the countries providing data, cocaine-related deaths increased in 2019. Cocaine, mostly in the presence of opioids, was involved in over half of the drug-induced deaths reported in Spain and over a quarter in France.
- Deaths linked to amphetamines were reported in 2019 by Germany (124), Finland (48), Slovakia (13), Austria (13), Czechia (12) and Turkey (55).
- Deaths linked to synthetic cannabinoids continued to fall in Turkey. However, the risks associated with these substances were underlined by an outbreak involving 21 deaths reported in Hungary in 2020.
- Comparing the number of deaths over a longer time period, overdose deaths in the European Union have been increasing since 2012, overall and among teenagers and all age categories above 35, with the 74 % increase among the 50-plus age group particularly high.
- In contrast with an overall ageing trend, 116 deaths were reported among teenagers aged 15-19 in 2019 in the European Union, Norway and Turkey. Numbers have been stable or increased in several countries compared with 2012. These increases are based on relatively low numbers, but they should be considered with concern and the situation closely monitored.

DRUG-INDUCED DEATHS

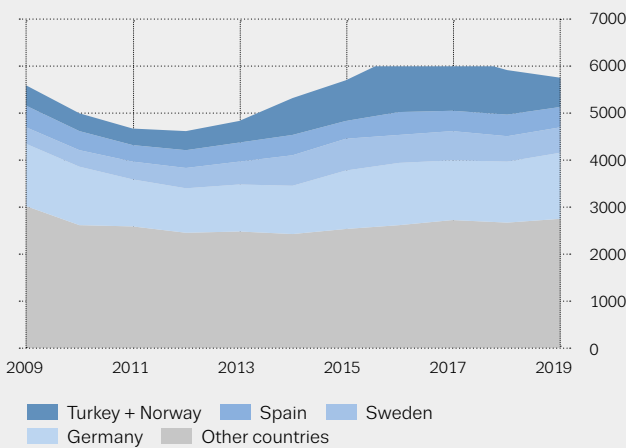
Characteristics



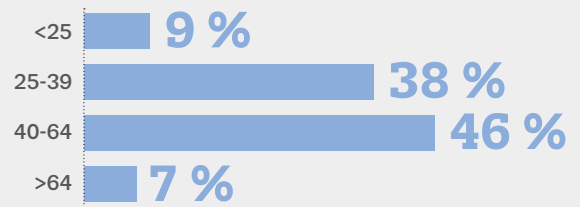
Number of deaths



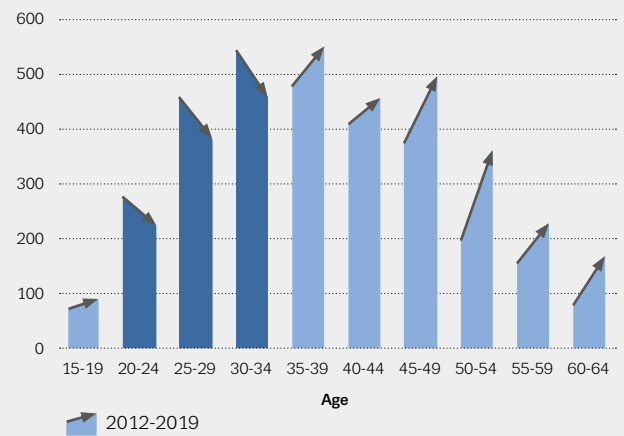
Trends in overdose deaths



Age at death

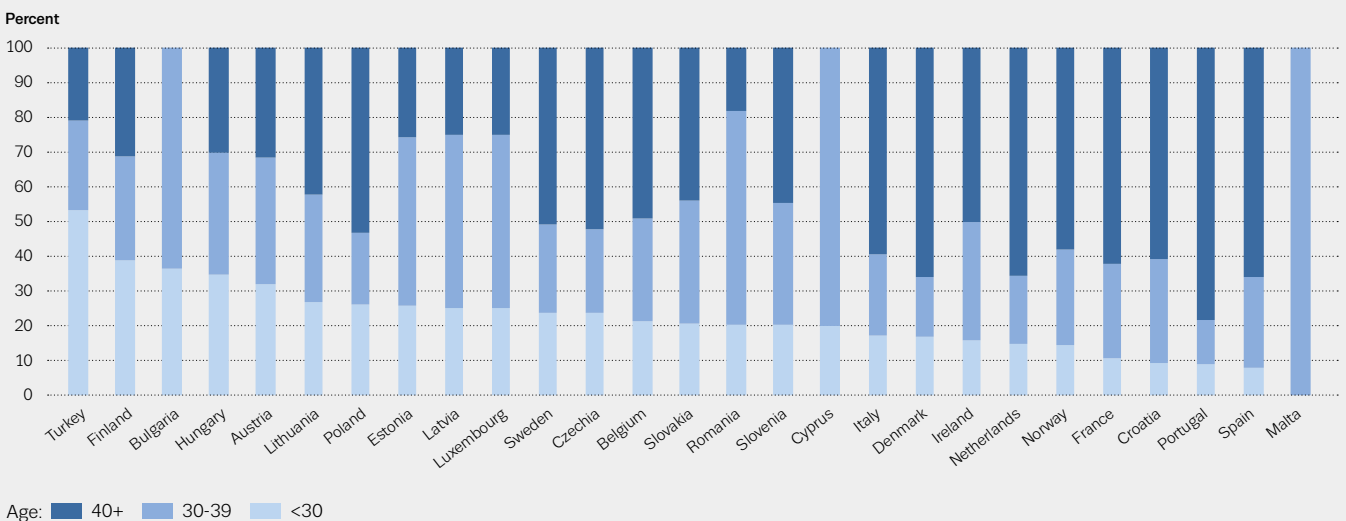


Number of drug-induced deaths reported in the European Union in 2012 and 2019, or most recent year, by age-band



Data refer to the European Union, except where indicated as 'EU + 2' (EU, Turkey and Norway). Where 2019 data were not available, 2018 or otherwise most recent data were used. Due to methodological differences and potential under-reporting in some countries, comparisons between countries may not be valid.

Age distribution of drug-induced deaths reported in the European Union, Norway and Turkey in 2019, or most recent year





ANNEX

National data for estimates of drug use prevalence including problem opioid use, substitution treatment, total number in treatment, treatment entry, injecting drug use, drug-induced deaths, drug-related infectious diseases, syringe distribution and seizures. The data are drawn from and are a subset of the EMCDDA [Statistical Bulletin 2021](#), where notes and meta-data are available. The years to which data refer are indicated.




TABLE A1

OPIOIDS

Country	Problem opioid use estimate		Entrants into treatment during the year						Clients in substitution treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
	Year of estimate	cases per 1 000	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	count
			% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	
Belgium	–	–	19.8 (2 326)	6.4 (271)	28 (1 919)	12.7 (268)	8.2 (20)	13.4 (234)	16 030
Bulgaria	–	–	80 (762)	46.1 (95)	90.2 (617)	66.2 (501)	55.3 (52)	66.2 (406)	3 072
Czechia	2019	1.5-1.6	11.3 (495)	7.6 (151)	14.9 (334)	66.3 (325)	62.4 (93)	68.7 (228)	5 000
Denmark	2016	4.0-9.6	11 (565)	6.3 (151)	15.6 (404)	15 (85)	2.6 (4)	19.8 (80)	6 600
Germany (1)	2018	2.2-2.6	16 (6 835)	8.5 (1972)	– (–)	19.6 (915)	17.6 (246)	– (–)	79 700
Estonia	–	–	93.4 (271)	87.4 (76)	95.5 (150)	69.3 (187)	72 (54)	80.7 (121)	1 054
Ireland	2014	6.1-7.0	38.8 (3 981)	17 (674)	55.9 (3 094)	30.3 (1 148)	17.4 (116)	33.8 (998)	10 318
Greece	2019	1.8-2.7	54.2 (2 124)	31.6 (522)	70.8 (1 592)	24.4 (511)	17.2 (89)	26.8 (422)	9 708
Spain	2018	1.4-2.8	23.7 (11 354)	11.7 (2 888)	37.9 (8 098)	12.1 (1 331)	5.6 (159)	14.1 (1 110)	58 447
France	2019	4.9-5.2	23.9 (11 091)	11.2 (1 361)	37.9 (6 849)	16.2 (1 566)	10.6 (132)	17.9 (1 086)	177 100
Croatia	2015	2.5-4.0	– (–)	23.6 (242)	87.5 (5 148)	– (–)	31.4 (58)	69.4 (3 530)	5 202
Italy	2019	7.2-7.9	40.7 (15 568)	27 (4 350)	50.6 (11 218)	44.2 (5 582)	30.1 (961)	49 (4 621)	75 711
Cyprus	2019	1.3-2.3	18.7 (182)	11.1 (62)	29.9 (117)	53 (96)	37.7 (23)	60.7 (71)	277
Latvia	2017	4.7-7.0	49.4 (399)	28.7 (123)	72.8 (276)	82.8 (323)	73.8 (90)	86.9 (233)	710
Lithuania	2016	2.7-6.5	80.5 (649)	48.7 (57)	87.8 (581)	77.9 (504)	73.7 (42)	– (–)	1 033
Luxembourg	2018	3.5	46.2 (176)	25.4 (34)	59.4 (139)	48.7 (75)	53.1 (17)	47.9 (57)	1 099
Hungary	2010-11	0.4-0.5	3.5 (162)	1.6 (49)	8.9 (96)	43 (64)	22.4 (11)	54.3 (50)	629
Malta	2019	3.0-3.5	58 (1 126)	19.6 (68)	66.3 (1 058)	41.2 (464)	16.2 (11)	42.8 (453)	777
Netherlands (2)	2012	1.1-1.5	11.5 (1 262)	6.2 (402)	19.3 (860)	6.1 (39)	7.6 (13)	5.6 (26)	5 241
Austria	2019	5.2-5.5	47.3 (2 043)	30.1 (542)	59.6 (1 501)	30.5 (473)	16.9 (67)	35.2 (406)	19 587
Poland	2014	0.4-0.7	15.5 (1 002)	6.4 (197)	24.1 (779)	50.3 (495)	36.8 (71)	53.8 (412)	3 021
Portugal	2018	3.0-7.0	34.2 (1 136)	17.8 (346)	57.6 (790)	11.4 (124)	7 (23)	13.4 (101)	16 867
Romania	2017	0.8-2.9	25.4 (1 087)	12.6 (390)	59 (697)	79.6 (855)	76.5 (293)	81.3 (562)	1 905
Slovenia	2019	2.3-2.4	79.6 (148)	60.8 (31)	86.7 (117)	37.8 (56)	12.9 (4)	44.4 (52)	3 301
Slovakia	2019	2.0-2.4	23.5 (774)	7.8 (100)	34 (648)	69.6 (530)	53.5 (53)	72.6 (464)	661
Finland	2017	6.9-8.6	46.1 (240)	35.8 (77)	53.3 (163)	74.1 (177)	74 (57)	74.1 (120)	3 329
Sweden (3)	–	–	24.1 (10 293)	16.2 (2 266)	28.6 (7 697)	63.9 (101)	– (–)	– (–)	4 014
Turkey	2011	0.2-0.5	64.5 (7 164)	49.9 (2 132)	74.4 (4 995)	18.7 (1 339)	14.7 (313)	20.4 (1 021)	7 164

Country	Problem opioid use estimate		Entrants into treatment during the year						Clients in substitution treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
	Year of estimate	cases per 1 000	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	
			% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	
								count	
Norway ⁽⁴⁾	2013	2.0-4.1	16.8 (1 018)	10.6 (280)	21.6 (738)	– (–)	– (–)	– (–)	7 900
European Union	–	–	25.6 (76 051)	13.6 (17 497)	41 (54 942)	29.3 (16 795)	21.5 (2 759)	37.2 (15 843)	510 393
EU, Turkey and Norway	–	–	26.8 (84 233)	14.7 (19 909)	42.1 (60 675)	28.1 (18 134)	20.5 (3 072)	35.4 (16 864)	525 457
United Kingdom ⁽⁵⁾	2014-15	8.3-8.7	47.8 (54 560)	21 (7 429)	59.9 (47 051)	28.5 (10 501)	12.8 (513)	30.4 (9 974)	148 287

High-risk opioid use estimates relate to the population aged 15-64 years.

Data on entrants into treatment are for 2019 or most recent year available: Bulgaria, Czechia, Denmark and Spain, 2018; Latvia, 2017; Estonia, 2016; Netherlands, 2015. Data on clients in substitution treatment are for 2019 or most recent year available: Spain, France, Italy, Slovenia and Sweden, 2018; Denmark, 2017; Netherlands and Finland, 2015.

⁽¹⁾ Data for first-time entrants are for 2018.

⁽²⁾ Data on the number of clients in substitution treatment are not complete.

⁽³⁾ Data for clients entering treatment refer to hospital-based care and specialised outpatient care facilities. Data shown are not fully representative of the national picture.

⁽⁴⁾ The percentage of clients in treatment for opioid-related problems is a minimum value, not accounting for opioid clients registered as polydrug users.

⁽⁵⁾ The high-risk opioid use estimate does not include Northern Ireland. Clients in substitution treatment relates to England and Wales.

TABLE A2

COCAINE

Country	Year of survey	Prevalence estimates			Entrants into treatment during the year					
		General population		School population	Cocaine clients as % of treatment demands			% cocaine clients injecting (main route of administration)		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	Lifetime, students (15-16) %	All entrants	First-time entrants	Previously treated entrants	All clients	First-time entrants	Previously treated entrants
					% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Belgium	2018	–	2.9	1	27.9 (3 277)	28.1 (1 181)	27.1 (1 856)	3.8 (116)	0.6 (7)	5.7 (98)
Bulgaria	2016	0.9	0.5	3	4.2 (40)	10.7 (22)	2.3 (16)	0 (0)	0 (0)	0 (0)
Czechia	2019	1.7	0.3	2	0.9 (40)	1.2 (23)	0.8 (17)	2.6 (1)	– (–)	6.2 (1)
Denmark	2017	6.4	3.9	2	18.9 (971)	21.3 (511)	16.7 (432)	1.7 (16)	0.2 (1)	3.6 (15)
Germany (†)	2018	4.1	2.4	1	7.4 (3 154)	6.6 (1 533)	– (–)	1.9 (41)	1.7 (18)	– (–)
Estonia	2018	5.0	2.8	2	0.3 (1)	1.1 (1)	– (–)	– (–)	– (–)	– (–)
Ireland	2015	7.8	2.9	3	24.1 (2 471)	31.6 (1 256)	17.8 (987)	1.1 (26)	0.7 (9)	1.4 (14)
Greece	2015	1.3	0.6	1	12.5 (488)	16.5 (273)	9.5 (213)	7.8 (38)	2.6 (7)	14.6 (31)
Spain	2020	11.2	3.2	2	43.7 (20 981)	44.1 (10 871)	43.1 (9 226)	0.8 (167)	0.4 (41)	1.4 (122)
France	2017	5.6	3.2	3	11.5 (5 327)	10.3 (1 252)	13 (2 354)	7.2 (352)	3 (35)	11.1 (242)
Croatia	2019	4.8	3.9	2	– (–)	6.3 (65)	1.7 (100)	– (–)	6.2 (4)	6.1 (6)
Italy	2017	6.9	1.7	2	34.5 (13 215)	38.9 (6 255)	31.4 (6 960)	2.3 (273)	1.4 (79)	3.1 (194)
Cyprus	2019	1.8	0.9	4	21.4 (208)	17.8 (99)	25.8 (101)	4.9 (10)	1 (1)	7 (7)
Latvia	2015	1.5	1.2	2	0.5 (4)	0.7 (3)	0.3 (1)	0 (0)	0 (0)	0 (0)
Lithuania	2016	0.7	0.3	2	1.9 (15)	6 (7)	0.6 (4)	21.4 (3)	– (–)	– (–)
Luxembourg	2019	2.9	0.9	2	19.7 (75)	11.9 (16)	22.6 (53)	55.9 (38)	50 (8)	59.6 (28)
Hungary	2019	1.7	0.6	3	4.1 (186)	4.5 (141)	3.3 (36)	0.5 (1)	0 (0)	2.8 (1)
Malta	2013	0.5	–	2	26.1 (507)	48.7 (169)	21.2 (338)	9.7 (49)	2.4 (4)	13.3 (45)
Netherlands	2019	6.5	4.6	2	24.3 (2 675)	20.8 (1 357)	29.6 (1 318)	0.4 (5)	0.1 (1)	0.6 (4)
Austria	2015	3.0	0.4	2	11.9 (514)	13.6 (244)	10.7 (270)	5.7 (28)	2.6 (6)	8.4 (22)
Poland	2018	0.7	0.5	2	3.1 (202)	2.8 (86)	3.5 (112)	0.5 (1)	0 (0)	0.9 (1)
Portugal	2016	1.2	0.3	2	22.6 (749)	25.7 (499)	18.2 (250)	2.5 (18)	1.2 (6)	5 (12)
Romania	2019	1.6	0.7	2	2.5 (107)	3 (94)	1.1 (13)	0 (0)	0 (0)	0 (0)
Slovenia	2018	2.7	1.8	3	4.8 (9)	3.9 (2)	5.2 (7)	22.2 (2)	0 (0)	28.6 (2)
Slovakia	2019	0.9	0.2	1	1.3 (44)	2.1 (27)	0.8 (15)	2.5 (1)	– (–)	7.7 (1)

Country	Year of survey	Prevalence estimates			Entrants into treatment during the year					
		General population		School population	Cocaine clients as % of treatment demands			% cocaine clients injecting (main route of administration)		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	Lifetime, students (15-16) %	All entrants	First-time entrants	Previously treated entrants	All clients	First-time entrants	Previously treated entrants
					% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Finland	2018	3.2	1.5	1	0.4 (2)	0.9 (2)	0 (0)	0 (0)	0 (0)	0 (0)
Sweden ⁽²⁾	2017	–	2.5	2	1.8 (788)	3.4 (470)	0.8 (223)	25 (1)	– (–)	– (–)
Turkey	2017	0.2	0.1	–	2.6 (291)	2.6 (109)	2.4 (163)	0 (0)	0 (0)	0 (0)
Norway	2019	5.2	2.8	2	2.9 (178)	3.8 (102)	2.2 (76)	– (–)	– (–)	– (–)
European Union	–	4.8	2.1	–	18.8 (56 050)	20.6 (26 459)	18.6 (24 902)	2.4 (1 187)	1 (227)	3.7 (846)
EU, Turkey and Norway	–	–	–	–	18 (56 519)	19.7 (26 670)	17.4 (25 141)	2.4 (1 187)	1 (227)	3.7 (846)
United Kingdom	2018	10.1	5.3	5	21.4 (24 473)	26.9 (9 480)	19 (14 916)	1.9 (304)	0.4 (25)	2.9 (273)

Prevalence estimates for the general population: United Kingdom estimates refer to England and Wales only. Age ranges are 18-64 and 18-34 for France, Germany, Greece and Hungary; 16-64 and 16-34 for Denmark, Estonia, United Kingdom and Norway; 18-65 for Malta; 17-34 for Sweden.

Prevalence estimates for the school population are extracted from the 2019 ESPAD survey, except for Belgium (2019; Flanders only), Luxembourg (2014) and United Kingdom (2018; England only, age 15 years). Germany ESPAD 2019 data refer to Bavaria only.

Data on entrants into treatment are for 2019 or most recent year available: Bulgaria, Czechia, Denmark and Spain, 2018; Latvia, 2017; Estonia, 2016; Netherlands, 2015.

(¹) Data for first-time entrants are for 2018.

(²) Data for clients entering treatment refer to hospital-based care and specialised outpatient care facilities. Data shown are not fully representative of the national picture.

TABLE A3

AMPHETAMINES

Country	Year of survey	Prevalence estimates			Entrants into treatment during the year					
		General population		School population	Amphetamines clients as % of treatment demands			% amphetamines clients injecting (main route of administration)		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	Lifetime, students (15-16) %	All entrants	First-time entrants	Previously treated entrants	All clients	First-time entrants	Previously treated entrants
					% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Belgium	2018	–	0.8	1	9.4 (1 100)	6.7 (282)	11.3 (776)	15.7 (142)	8.4 (18)	18.2 (120)
Bulgaria	2016	1.5	1.8	3	10 (95)	24.3 (50)	5.3 (36)	6.5 (6)	2 (1)	2.9 (1)
Czechia	2019	1.9	1.0	1	68.1 (2 986)	68.1 (1 361)	67.5 (1 510)	63.4 (1 818)	59.7 (794)	66.6 (980)
Denmark	2017	7.0	1.4	1	6.1 (312)	5 (121)	7.1 (183)	3 (9)	2.5 (3)	3.5 (6)
Germany (†)	2018	4.1	2.9	2	15 (6 377)	13.6 (3 163)	– (–)	1.8 (72)	1.5 (32)	– (–)
Estonia	2018	6.1	2.1	3	3.8 (11)	6.9 (6)	2.5 (4)	50 (5)	66.7 (4)	33.3 (1)
Ireland	2015	4.1	0.6	2	0.6 (57)	0.9 (37)	0.3 (18)	12.3 (7)	16.2 (6)	5.6 (1)
Greece	–	–	–	1	1.2 (47)	1.3 (22)	1.1 (25)	10.9 (5)	9.1 (2)	12.5 (3)
Spain	2020	4.3	1.1	1	1.6 (755)	1.7 (425)	1.4 (305)	1.2 (9)	1.9 (8)	0.3 (1)
France	2017	2.2	0.6	1	0.6 (261)	0.7 (84)	0.5 (94)	10.7 (21)	7.4 (5)	11.8 (9)
Croatia	2019	4.6	3.5	2	– (–)	5.6 (58)	1.1 (67)	– (–)	1.8 (1)	0 (0)
Italy	2017	2.4	0.3	1	0.2 (89)	0.3 (55)	0.2 (34)	2.6 (2)	2.2 (1)	3.1 (1)
Cyprus	2019	0.4	0.2	2	8.6 (84)	7 (39)	10.5 (41)	16.9 (14)	15.4 (6)	20 (8)
Latvia	2015	1.9	0.7	2	17.5 (141)	22.9 (98)	11.3 (43)	64.1 (84)	54.9 (50)	85 (34)
Lithuania	2016	1.2	0.5	1	3.2 (26)	9.4 (11)	1.7 (11)	12.5 (3)	– (–)	– (–)
Luxembourg	2019	1.3	0.3	1	0.5 (2)	– (–)	0.9 (2)	– (–)	– (–)	– (–)
Hungary	2019	1.5	0.8	3	12.6 (579)	12.8 (399)	12.2 (132)	3.5 (20)	1.5 (6)	8.5 (11)
Malta	2013	0.3	–	1	0.3 (5)	0.6 (2)	0.2 (3)	20 (1)	50 (1)	
Netherlands	2019	5.5	4.1	1	7.4 (817)	7.5 (487)	7.4 (330)	1.3 (4)	1 (2)	1.9 (2)
Austria	2015	2.2	0.9	2	5.4 (233)	5.9 (107)	5 (126)	1.9 (4)	2.1 (2)	1.7 (2)
Poland	2018	2.4	1.4	3	33 (2 137)	35.8 (1 109)	30.1 (974)	1.7 (35)	0.8 (9)	2.5 (24)
Portugal	2016	0.4	0.0	2	0.1 (4)	0.2 (3)	0.1 (1)	0 (0)	0 (0)	0 (0)
Romania	2019	0.2	0.1	1	1.3 (54)	1.5 (47)	0.6 (7)	0 (0)	0 (0)	0 (0)
Slovenia	2018	2.3	1.1	1	1.1 (2)	2 (1)	0.7 (1)	0 (0)	0 (0)	0 (0)
Slovakia	2019	0.9	0.2	1	42 (1 385)	49.7 (639)	37.1 (708)	26 (348)	22.8 (145)	27.9 (188)
Finland	2018	4.7	3.0	2	23.6 (123)	22.8 (49)	24.2 (74)	77.9 (95)	63.3 (31)	87.7 (64)

Country	Year of survey	Prevalence estimates			Entrants into treatment during the year					
		General population		School population	Amphetamines clients as % of treatment demands			% amphetamines clients injecting (main route of administration)		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	Lifetime, students (15-16) %	All entrants	First-time entrants	Previously treated entrants	All clients	First-time entrants	Previously treated entrants
					% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Sweden (²)	2017	–	1.2	2	7.1 (3 035)	8.3 (1 166)	5 (1 351)	51.9 (70)	– (–)	– (–)
Turkey	2017	0.0	–	–	10.8 (1 196)	16.9 (722)	6.9 (463)	1 (12)	1.1 (8)	0.9 (4)
Norway	2019	3.5	0.3	2	13.1 (796)	9.9 (262)	15.6 (534)	– (–)	– (–)	– (–)
European Union	–	3.0	1.4	–	7 (20 717)	7.6 (9 821)	5.1 (6 856)	19.3 (2 774)	15.8 (1 127)	29.1 (1 456)
EU, Turkey and Norway	–	–	–	–	7.2 (22 709)	8 (10 805)	5.4 (7 853)	17.9 (2 786)	14.5 (1 135)	26.7 (1 460)
United Kingdom	2018	8.6	1.0	2	1.9 (2 213)	2.6 (910)	1.6 (1 293)	14.1 (213)	8.9 (51)	17.5 (162)

Prevalence estimates for the general population: United Kingdom estimates refer to England and Wales only. Age ranges are 18-64 and 18-34 for France, Germany and Hungary; 16-64 and 16-34 for Denmark, Estonia, United Kingdom and Norway; 18-65 for Malta; 17-34 for Sweden.

Prevalence estimates for the school population are extracted from the 2019 ESPAD survey, except for Belgium (2019; Flanders only), Luxembourg (2014) and United Kingdom (2018; England only, age 15 years). Germany ESPAD 2019 data refer to Bavaria only.

Data on entrants into treatment are for 2019 or most recent year available: Bulgaria, Czechia, Denmark and Spain, 2018; Latvia, 2017; Estonia, 2016; Netherlands, 2015. Data on entrants into treatment for Sweden and Norway are for 'stimulants other than cocaine'.

(¹) Data for first-time entrants are for 2018.

(²) Data for clients entering treatment refer to hospital-based care and specialised outpatient care facilities. Data shown are not fully representative of the national picture.

TABLE A4

MDMA

Country	Year of survey	Prevalence estimates			Entrants into treatment during the year		
		General population		School population	Ecstasy clients as % of treatment demands		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	Lifetime, students (15-16) %	All entrants	First-time entrants	Previously treated entrants
					% (count)	% (count)	% (count)
Belgium	2018	–	2.5	2	0.4 (46)	0.7 (31)	0.1 (10)
Bulgaria	2016	2.1	3.1	3	0.7 (7)	3.4 (7)	0 (0)
Czechia	2019	5.6	3.2	4	0.3 (14)	0.4 (7)	0.2 (5)
Denmark	2017	3.2	1.5	2	– (–)	– (–)	– (–)
Germany (†)	2018	3.9	2.8	2	0.8 (328)	0.8 (176)	– (–)
Estonia	2018	5.4	2.5	5	0.3 (1)	– (–)	0.6 (1)
Ireland	2015	9.2	4.4	3	0.4 (45)	0.9 (37)	0.1 (8)
Greece	2015	0.6	0.4	1	0.2 (6)	0.3 (5)	0 (1)
Spain	2020	5.0	1.6	1	0.2 (72)	0.2 (57)	0.1 (14)
France	2017	3.9	1.3	2	0.4 (192)	0.5 (66)	0.3 (52)
Croatia	2019	4.2	2.6	2	– (–)	0.7 (7)	0.2 (13)
Italy	2017	2.7	0.8	1	0.2 (59)	0.1 (24)	0.2 (35)
Cyprus	2019	1.2	0.4	3	0.1 (1)	– (–)	0.3 (1)
Latvia	2015	2.4	0.8	5	0.4 (3)	0.2 (1)	0.5 (2)
Lithuania	2016	1.7	1.0	3	0.1 (1)	– (–)	– (–)
Luxembourg	2019	2.0	0.9	1	– (–)	– (–)	– (–)
Hungary	2019	2.5	1.1	3	2.4 (109)	2.5 (78)	1.9 (21)
Malta	2013	0.7	–	1	0.9 (18)	1.2 (4)	0.9 (14)
Netherlands	2019	10.8	8.5	3	0.7 (80)	1 (67)	0.3 (13)
Austria	2015	2.9	1.1	3	0.8 (36)	1.1 (20)	0.6 (16)
Poland	2018	1.0	0.5	3	0.4 (28)	0.5 (16)	0.3 (11)
Portugal	2016	0.7	0.2	3	0.5 (15)	0.8 (15)	
Romania	2019	1.0	0.8	1	1.8 (77)	2.3 (72)	0.4 (5)
Slovenia	2018	2.9	1.3	3	1.6 (3)	3.9 (2)	0.7 (1)
Slovakia	2019	3.1	1.0	3	0.3 (10)	0.4 (5)	0.3 (5)
Finland	2018	5.0	2.6	1	0.6 (3)	0.5 (1)	0.7 (2)
Sweden	2017	–	2.0	2	– (–)	– (–)	– (–)
Turkey	2017	0.4	0.2	–	2.2 (239)	3.1 (133)	1.5 (103)
Norway	2019	3.3	1.1	2	– (–)	– (–)	– (–)
European Union	–	3.6	1.9	–	0.4 (1 154)	0.5 (698)	0.2 (230)
EU, Turkey and Norway	–	–	–	–	0.4 (1 393)	0.6 (831)	0.2 (333)
United Kingdom	2018	9.1	3.1	4	0.4 (450)	0.9 (324)	0.2 (126)

Prevalence estimates for the general population: United Kingdom estimates refer to England and Wales only. Age ranges are 18-64 and 18-34 for France, Germany, Greece and Hungary; 16-64 and 16-34 for Denmark, Estonia, United Kingdom and Norway; 18-65 for Malta; 17-34 for Sweden.

Prevalence estimates for the school population are extracted from the 2019 ESPAD survey, except for Belgium (2019; Flanders only), Luxembourg (2014) and United Kingdom (2018; England only, age 15 years). Germany ESPAD 2019 data refer to Bavaria only.

Data on entrants into treatment are for 2019 or most recent year available: Bulgaria, Czechia, Denmark and Spain, 2018; Latvia, 2017; Estonia, 2016; Netherlands, 2015.

(†) Data for first-time entrants are for 2018.

TABLE A5

CANNABIS

Country	Year of survey	Prevalence estimates			Entrants into treatment during the year		
		General population		School population	Cannabis clients as % of treatment demands		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	Lifetime, students (15-16) %	All entrants	First-time entrants	Previously treated entrants
					% (count)	% (count)	% (count)
Belgium	2018	22.6	13.6	17	32.5 (3 824)	47.9 (2 017)	23.4 (1 602)
Bulgaria	2016	8.3	10.3	17	4.2 (40)	12.1 (25)	2 (14)
Czechia	2019	25.9	17.8	28	12.8 (563)	16.3 (326)	9.8 (219)
Denmark	2017	38.4	15.4	17	60.6 (3 109)	64.1 (1 540)	57.2 (1 482)
Germany ⁽¹⁾	2018	28.2	16.9	22	58.5 (24 902)	68.3 (15 895)	– (–)
Estonia	2018	24.5	16.6	20	1 (3)	2.3 (2)	0.6 (1)
Ireland	2015	27.9	13.8	19	23.4 (2 406)	37.9 (1 504)	12.5 (691)
Greece	2015	11.0	4.5	8	28.2 (1 106)	46.5 (768)	14.8 (334)
Spain	2020	37.5	19.1	23	28.1 (13 459)	38.5 (9 485)	15.8 (3 386)
France	2017	44.8	21.8	23	59 (27 400)	73.3 (8 934)	43.6 (7 872)
Croatia	2019	22.9	20.3	21	– (–)	57.1 (586)	7.7 (453)
Italy	2017	32.7	20.9	27	22.1 (8 451)	30.3 (4 880)	16.1 (3 571)
Cyprus	2019	14.1	8.1	8	50.3 (490)	63.6 (354)	32 (125)
Latvia	2015	9.8	10.0	26	24 (194)	36 (154)	10.6 (40)
Lithuania	2016	10.8	6.0	18	6.3 (51)	23.1 (27)	3.3 (22)
Luxembourg	2019	23.3	12.0	19	33.6 (128)	62.7 (84)	17.1 (40)
Hungary	2019	6.1	3.4	13	64.2 (2 942)	69.3 (2 167)	49.4 (533)
Malta	2013	4.3	–	12	14.3 (278)	29.1 (101)	11.1 (177)
Netherlands	2019	27.7	15.5	22	47.3 (5 202)	55.5 (3 625)	35.4 (1 577)
Austria	2015	23.6	14.1	21	32.5 (1 403)	47.6 (856)	21.7 (547)
Poland	2018	12.1	7.8	21	32.8 (2 128)	40.1 (1 243)	26.2 (847)
Portugal	2016	11.0	8.0	13	39.6 (1 314)	52.3 (1 018)	21.6 (296)
Romania	2019	6.1	6.0	9	54.5 (2 336)	66 (2047)	24.5 (289)
Slovenia	2018	20.7	12.3	23	9.7 (18)	27.5 (14)	3 (4)
Slovakia	2019	17.0	7.7	24	21.2 (699)	31.8 (409)	14.1 (269)
Finland	2018	25.6	15.5	11	15.9 (83)	25.6 (55)	9.2 (28)
Sweden ⁽²⁾	2018	16.7	7.9	8	10.7 (4 564)	14.2 (1 994)	7.2 (1 938)
Turkey	2017	2.7	1.8	–	11 (1 220)	15.3 (654)	7.8 (522)
Norway	2019	23.2	10.5	9	30.2 (1 831)	38.7 (1 026)	23.6 (805)
European Union	–	27.2	15.4	–	36 (107 093)	46.8 (60 110)	19.6 (26 357)
EU, Turkey and Norway	–	–	–	–	35 (110 144)	45.6 (61 790)	19.2 (27 684)
United Kingdom	2018	29.0	13.4	23	23.5 (26 816)	43 (15 181)	14.7 (11 537)

Prevalence estimates for the general population: United Kingdom estimates refer to England and Wales only. Age ranges are 18-64 and 18-34 for France, Germany, Greece and Hungary; 16-64 and 16-34 for Denmark, Estonia, Sweden, United Kingdom and Norway; 18-65 for Malta.

Prevalence estimates for the school population are extracted from the 2019 ESPAD survey, except for Belgium (2019; Flanders only), Luxembourg (2018) and United Kingdom (2018; England only, age 15 years). Germany ESPAD 2019 data refer to Bavaria only. Due to possible overstating, Luxembourg cannabis lifetime prevalence may be slightly overestimated.

Data on entrants into treatment are for 2019 or most recent year available: Bulgaria, Czechia, Denmark and Spain, 2018; Latvia, 2017; Estonia, 2016; Netherlands, 2015.

⁽¹⁾ Data for first-time entrants are for 2018.

⁽²⁾ Data for clients entering treatment refer to hospital-based care and specialised outpatient care facilities. Data shown are not fully representative of the national picture.

TABLE A6

OTHER INDICATORS

Country	Year	Drug-induced deaths		HIV diagnoses related to injecting drug use (ECDC)	Injecting drug use estimate		Syringes distributed through specialised programmes
		All ages	Aged 15-64		Year of estimate	Cases per 1 000 population	
		Count	Cases per million population (count)	Cases per million population (count)			Count
Belgium	2014	61	8 (60)	1.1 (12)	2019	0.5-1.0	1 262 773
Bulgaria	2019	11	2 (11)	5.3 (37)	–	–	124 746
Czechia	2019	42	5 (37)	0.6 (6)	2019	5.8-6.1	7 459 123
Denmark	2018	173	39 (146)	0.7 (4)	–	–	–
Germany	2019	1398	– (–)	1.9 (159)	–	–	4 197 853
Estonia	2019	27	30 (25)	15.1 (20)	2015	9.0-11.3	1 629 477
Ireland	2017	235	71 (227)	2 (10)	–	–	532 761
Greece ⁽¹⁾	2017	57	8 (52)	6.7 (72)	2019	0.4-0.7	464 745
Spain	2018	450	15 (450)	1.4 (68)	2018	0.2-0.5	1 812 069
France	2016	465	9 (391)	1 (65)	2019	3.1-3.3	12 840 577
Croatia	2019	97	37 (97)	0.2 (1)	2015	1.8-2.9	341 900
Italy	2019	373	10 (369)	2.4 (147)	–	–	–
Cyprus	2019	5	8 (5)	3.4 (3)	2019	0.8-1.5	878
Latvia	2019	12	10 (12)	22.9 (44)	2016	5.3-6.8	968 059
Lithuania	2019	52	29 (52)	17.2 (48)	2016	4.4-4.9	241 361
Luxembourg	2019	8	19 (8)	0 (0)	2018	1.9	430 078
Hungary	2019	43	7 (43)	0.1 (1)	2015	1.0	44 602
Malta	2018	3	9 (3)	0 (0)	–	–	223 936
Netherlands	2019	252	20 (224)	0.1 (2)	2015	0.07-0.09	–
Austria	2019	196	33 (193)	2.1 (19)	–	–	6 164 781
Poland	2018	199	6 (153)	0.5 (19)	–	–	181 913
Portugal	2018	55	8 (51)	1.6 (16)	2015	1.0-4.5	1 414 228
Romania ⁽²⁾	2019	45	3 (44)	3.3 (65)	–	–	1 181 768
Slovenia	2019	74	51 (69)	1 (2)	–	–	502 369
Slovakia	2019	34	8 (29)	0 (0)	–	–	441 954
Finland	2019	234	65 (224)	1.4 (8)	2012	4.1-6.7	7 055 191
Sweden	2019	540	77 (490)	2.1 (21)	–	–	999 523
Turkey	2019	342	6 (333)	0.1 (10)	–	–	–
Norway	2018	286	77 (267)	1.5 (8)	2018	2.0-2.8	3 081 586
European Union	–	5 141	15 (3 465)	1.9 (849)	–	–	–
EU, Turkey and Norway	–	5 769	14 (4 065)	1.6 (867)	–	–	–
United Kingdom ⁽³⁾	2017	3 284	76 (3 126)	1.6 (108)	–	–	–

Overdose data must be interpreted with caution. Methodological differences should be considered when comparing between countries. In some cases, the age band is not specified, and these cases were not included in the calculations of mortality rate referring to the population aged 15-64 years: Germany (1 398), Greece (5), Romania (1) and Turkey (7).

HIV diagnoses related to injecting drug use are from 2019, except for Belgium, which are from 2018.

Injecting drug use estimates refer to the population aged 15 to 64 years.

Syringes distributed through specialised programmes refer to 2019, except for Germany and Spain (2018) and France (2017). United Kingdom syringe data: England, no data; Wales, 2 564 798 in 2019; Scotland, 4 401 387 in 2017; Northern Ireland, 387 825 in 2018.

⁽¹⁾ Drug-induced deaths in Greece in 2017 include 52 confirmed cases and 5 still under investigation.

⁽²⁾ Drug-induced deaths data with sub-national coverage: 4 counties out of 42 recorded drug-induced cases (Bucharest, Teleorman, Cluj and Hunedoara).

⁽³⁾ Drug-induced deaths data do not include Northern Ireland.

TABLE A7

SEIZURES

Country	Heroin		Cocaine		Amphetamines		MDMA, MDA, MDEA		
	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized		Number of seizures
	kg	count	kg	count	kg	count	tablets	(kg)	count
Belgium	1 929	1 695	65 248	5 869	1 052	3 098	409 007	250	2 748
Bulgaria	787	32	318	25	97	79	2 184	107	39
Czechia	9	105	187	290	28	1 800	74 832	37	407
Denmark	46	513	190	5 477	217	2 480	35 568	66	1 096
Germany	298	2 991	8 166	3 520	1 669	13 894	693 668	–	3 355
Estonia	<0.1	4	17	149	115	347	–	34	199
Ireland	–	1 305	–	2 266	–	277	–	–	978
Greece	403	2 355	953	812	9 629	303	169 269	2	107
Spain	234	7 421	37 868	48 048	2 043	5 045	270 836	340	5 721
France	1 073	4 103	15 761	12 578	725	–	1 699 848	–	1 048
Croatia	12	116	16	575	41	958	–	16	822
Italy	615	2 414	8 245	8 658	50	349	19 338	37	328
Cyprus	<0.1	13	49	159	1	129	2 400	0	19
Latvia	<0.1	16	2 202	184	108	554	96 003	4	507
Lithuania	2	50	16	133	28	360	–	283	189
Luxembourg	6	138	2	235	0.1	11	46 059	–	32
Hungary	77	37	30	365	46	1 084	66 829	2	803
Malta	1	12	747	92	–	–	149	<0.1	46
Netherlands (¹)	1 326	–	43 836	–	1 025	–	–	599	–
Austria	95	1 267	87	2 089	152	2 312	77 922	9	1 501
Poland	21	1	2 248	12	2 214	85	260 112	323	16
Portugal	15	201	10 567	578	3	32	15 133	2	218
Romania	138	281	16 157	534	7	257	47 283	4	991
Slovenia	759	193	4	267	28	258	9 763	0.2	83
Slovakia	2	52	0.3	51	9	781	1 329	0.3	100
Finland	8	88	223	441	190	2 194	265 511	29	665
Sweden	64	861	121	4 449	1 000	7 719	347 038	59	2 636
Turkey	20 165	16 265	1 634	3 018	3 831	24 970	8 695 605	–	8 530
Norway	88	683	136	1 529	467	5 183	120 474	44	1 167
European Union	7 919	26 264	213 259	97 856	20 480	44 406	4 610 081	2 204	24 654
EU, Turkey and Norway	28 172	43 212	215 029	102 403	24 778	74 559	13 426 160	2 248	34 351
United Kingdom	617	10 868	3 469	19 451	1 668	3 682	713 896	1	3 630

All data are for 2019 or most recent year. Amphetamines includes amphetamine and methamphetamine.

(¹) Data on number and quantity of seizures do not include all relevant law enforcement units and should be considered partial, minimum figures. Cocaine and heroin seizures represent the majority of large seizures.

SEIZURES

Country	Cannabis resin		Herbal cannabis		Cannabis plants		
	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized		Number of seizures
	kg	count	kg	count	plants	(kg)	count
Belgium	108	6 889	17 290	28 801	422 261	–	1 006
Bulgaria	0.6	13	2 939	73	25 696	46 713	124
Czechia	2	138	546	5 417	26 925	–	476
Denmark	2 399	19 312	492	3 503	12 575	124	443
Germany	1 295	5 679	7 731	31 378	101 598	–	2 220
Estonia	2	46	97	807	–	75	31
Ireland	–	422	–	3 072	–	–	197
Greece	6 587	333	12 515	9 597	56 963	–	584
Spain	349 489	187 328	39 861	143 922	1538 995	–	3 074
France	74 340	76 227	29 952	30 175	180 509	–	462
Croatia	148	441	2 231	6 622	3 044	–	118
Italy	20 986	9 225	23 632	9 988	223 541	–	1 172
Cyprus	60	30	227	818	158	–	22
Latvia	372	92	63	1 021	–	100	52
Lithuania	1 775	34	220	986	–	–	–
Luxembourg	273	545	98	651	22	–	3
Hungary	2	185	715	3 111	7 128	–	158
Malta	118	28	389	144	2	–	1
Netherlands (*)	1 552	–	–	–	556 802	–	–
Austria	147	1 081	1 216	15 136	26 568	–	516
Poland	436	32	3 495	281	93 090	–	7
Portugal	3 234	1 709	492	369	12 077	–	131
Romania	21	303	1 207	3 625	–	517	120
Slovenia	9	113	704	3 854	8 810	0.34	230
Slovakia	0.5	27	131	1 075	1 611	–	41
Finland	215	303	397	1 128	15 900	–	1 668
Sweden	1 832	15 484	1 009	7 718	–	–	–
Turkey	27 889	6 162	62 685	63 531	42 276 694	–	2 986
Norway	2 244	10 202	458	2 724	–	–	–
European Union	465 404	326 019	147 650	313 272	3 314 275	47 529	12 856
EU, Turkey and Norway	495 537	342 383	210 793	379 527	45 590 969	47 529	15 842
United Kingdom	8 470	11 876	29 533	101 744	372 207	–	8 382

All data are for 2019 or most recent year.

(*) Data on number and quantity of seizures do not include all relevant law enforcement units and should be considered partial, minimum figures.



EMCDDA RESOURCES

For in-depth information on illicit drugs consult EMCDDA publications and online resources.

European Drug Report: Trends and Developments

The Trends and Developments report presents a top-level overview of the drug phenomenon in Europe focused on illicit drug use, related health harms and drug supply. Resources related to the report can be accessed via the web page below.

emcdda.europa.eu/edr2021

EMCDDA Publications

In addition to the yearly European Drug Report, the EMCDDA publishes Health and Social Responses to Drug Use: A European Guide and, together with Europol, the European Drug Markets Report, alongside a wide range of detailed reports across the full spectrum of drugs issues.

emcdda.europa.eu/publications

Best Practice

The Best Practice Portal provides practical and reliable information on what works (and what doesn't) in the areas of prevention, treatment, harm reduction and social reintegration. It will help you identify tried and tested interventions quickly, allocate resources to what's effective, and improve interventions applying tools, standards and guidelines.

emcdda.europa.eu/best-practice

Statistical Bulletin

The annual Statistical Bulletin contains the most recent available data on the drug situation in Europe provided by the Member States. These datasets underpin the analysis presented in the European Drug Report. All data may be viewed interactively on screen and downloaded in Excel format.

emcdda.europa.eu/data/

Topics

Hub pages and the A-Z index help you find EMCDDA content by topic.

emcdda.europa.eu/topics

Document Library

The EMCDDA Document Library gives you access to documents related to the agency or collected by it in its work. There you can access publications by international and national organisations, scientific articles by EMCDDA staff, material published by other institutions of the European Union and other material acquired by the agency.

emcdda.europa.eu/document-library

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at: https://europa.eu/european-union/contact_en

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by email via: https://europa.eu/european-union/contact_en

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: https://europa.eu/european-union/index_en

EU publications

You can download or order free and priced EU publications at: <https://publications.europa.eu/en/publications>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see https://europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since 1952 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en>) provides access to datasets from the EU. Data can be downloaded and reused for free, both for commercial and non-commercial purposes.



About this report

The Trends and Developments report presents the EMCDDA's latest analysis of the drug situation in Europe. Focusing on illicit drug use, related harms and drug supply, the report contains a comprehensive set of national data across these themes and key harm reduction interventions.

About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For 25 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

