



European Monitoring Centre
for Drugs and Drug Addiction

EN

European Drug Report

Trends and Developments

Amphetamines

Injecting drug use

Cannabis

Heroin and other opioids

Cocaine

MDMA

COVID-19

Drug law offences

New psychoactive substances

Drug-induced deaths

2022



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for Drugs and Drug Addiction

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Luxembourg: Publications Office of the European Union, 2022

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Print	ISBN 978-92-9497-769-4	ISSN 1977-9860	doi:10.2810/715044	TD-AT-22-001-EN-C
PDF	ISBN 978-92-9497-742-7	ISSN 2314-9086	doi:10.2810/75644	TD-AT-22-001-EN-N

Recommended citation:

European Monitoring Centre for Drugs and Drug Addiction (2022), *European Drug Report 2022: Trends and Developments*, Publications Office of the European Union, Luxembourg.



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Preface

The European Drug Report (EDR) 2022 arrives at a time when recent major global events have impacted profoundly on all areas of our life and therefore also have implications for the drug problems we are facing in Europe today. Our flagship report is designed to help Europe be better prepared to meet these challenges. It does this by analysing both the trends that are shaping the current situation, and by identifying emerging threats that may impact on the drug problems Europe will face in the future.

It is important to note that this analysis does not stand alone but is supported by a large body of recent work. As always, we accompany this year's EDR with our Statistical Bulletin, which provides access to the underlying data and methodological notes and caveats. This report also draws heavily on recent reviews, conducted in partnership with Europol, of developments in the cocaine and methamphetamine markets. These studies show the increasingly important role stimulants now play in the European drug problem. This year also marks 25 years of the work of the EU Early Warning System on new psychoactive substances. This milestone is celebrated in an accompanying review of the achievements of this ground-breaking network.

For me, the take-home message that stands out from our analysis of drug trends in 2022 can be summarised as **'Everywhere, Everything, Everyone'**. Today, we face a situation where we can observe the impact of drug problems almost everywhere. Within the European Union, drug problems complicate other important issues such as homelessness, the management of psychiatric disorders and reducing youth criminality. We are also observing greater levels of violence and corruption driven by the drug market in some countries. Internationally, events also have the potential to impact on the drug problems we see in Europe. In this report, we consider how developments in Afghanistan could change drug flows in ways that may have important future implications, and how the humanitarian crisis arising from the war on Ukraine could create new challenges for European drug services.

An overarching conclusion I draw from this year's report is that we are now facing a more complex drug situation, characterised by high availability and greater diversity in patterns of drug consumption. We see from our reporting on the new psychoactive substances phenomenon that almost anything that has psychoactive potential is now at risk of appearing on the market, often mislabelled, meaning that those consuming these substances may be unaware of what they are actually using. In this context, I am particularly worried by reports we are receiving about the adulteration of cannabis products with synthetic cannabinoids; just one example of the new drug-related threats we are now seeing. Another is the increasing production of synthetic drugs in Europe, with particular concerns over the scaling-up of methamphetamine production. An important development noted in this year's report is the ongoing impact of the COVID-19 pandemic on both drug services and the way people acquire controlled substances. Also noted is the continuing need in many countries to scale up treatment and harm reduction services for those with drug problems.

Our fundamental mission at the EMCDDA is to support better policies and actions to reduce the harm that drugs cause to individuals, their families and the communities they live in. I think we have to recognise that today, either directly or indirectly, **everyone** is in some way impacted by the use of drugs. Directly, we see this in those who develop problems and need treatment or other services. The indirect consequences may be more hidden but are equally important. They include vulnerable young people being recruited into criminality, increased strain on health budgets, and the costs to society of communities that feel unsafe or where institutions are undermined by corruption and criminality. I remain convinced that we can only hope to address the complex health and social policy issues that drug use presents us with by basing our responses on a sound understanding of the nature of the problems we face,

together with an analysis of the responses that can be shown to be effective. I am proud that with the release of the EDR 2022, the EMCDDA continues to help Europe be better prepared for the current and future challenges we will face in this area.

Finally, this report, like all our work, is a result of co-production, and without the support and input from our partners it simply would not be possible. I would particularly like to acknowledge our Reitox network of national focal points as well as all the other European experts and networks whose work has contributed to this publication. I also note with gratitude the support we have received from the European Commission, other European agencies and international bodies working in this area.

Alexis Goosdeel

Director, EMCDDA

**Everywhere,
Everything,
Everyone**

Introductory note

This report is based on information provided to the EMCDDA by the EU Member States, the candidate country 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 2021. All grouping, aggregates and labels therefore reflect the situation based on the available data in 2021 in respect to the composition of the European Union and the countries participating in EMCDDA reporting exercises. However, not all data will cover the full period. 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 2020. Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like 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. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. 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](#).



THE DRUG SITUATION IN EUROPE UP TO 2022

An overview and assessment of emerging threats and new developments

The 2022 European Drug Report draws on the latest data available to provide an overview of emerging drug issues affecting Europe. Based on a mixed method approach, utilising data from a range of routine and complementary sources, we present an analysis here of the current situation and also highlight some developments that may have important implications for drug policy and practitioners in Europe.

The drug situation in Europe up to 2022

Our overall assessment is that drug availability and use remain at high levels across the European Union, although considerable differences exist between countries. Approximately 83.4 million or 29 % of adults (aged 15–64) in the European Union are estimated to have ever used an illicit drug, with more males (50.5 million) than females (33.0 million) reporting use. Cannabis remains the most widely consumed substance, with over 22 million European adults reporting its use in the last year. Stimulants are the second most commonly reported category. It is estimated that in the last year 3.5 million adults consumed cocaine, 2.6 million MDMA and 2 million amphetamines. Around 1 million Europeans used heroin or another illicit opioid in the last year. Although the prevalence of use is lower for opioid use than for other drugs, opioids still account for the greatest share of harms attributed to illicit drug use. This is illustrated by the presence of opioids, often in combination with other substances, which was found in around three quarters of fatal overdoses reported in the European Union for 2020. It is important to note that most of those with drug problems will be using a range of substances. We are also seeing considerably more complexity in drug consumption patterns, with medicinal products, non-controlled new

psychoactive substances and substances such as ketamine and GBL/GHB now associated with drug problems in some countries or among some groups. This complexity is reflected in an increasing recognition that drug use is linked with, or complicates how we respond to, a wide range of today's most pressing health and social issues. Among these issues are mental health problems and self-harm, homelessness, youth criminality and the exploitation of vulnerable individuals and communities.

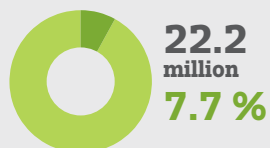
**It is important to note
that most of those with drug
problems will be using
a range of substances**

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

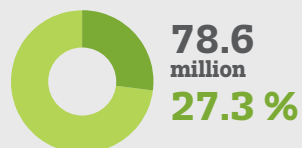
Cannabis

Adults (15–64)

Last year use

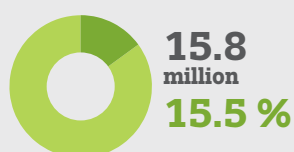


Lifetime use



Young adults (15–34)

Last year use

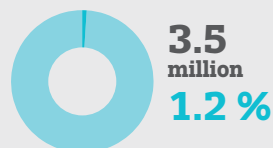


National estimates of use in last year

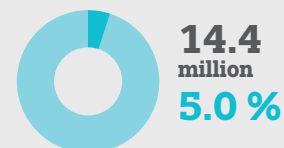
**Cocaine**

Adults (15–64)

Last year use

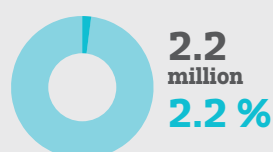


Lifetime use



Young adults (15–34)

Last year use

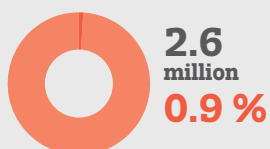


National estimates of use in last year

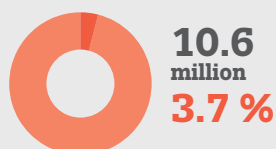
**MDMA**

Adults (15–64)

Last year use

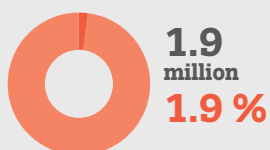


Lifetime use

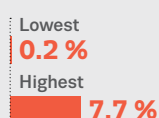


Young adults (15–34)

Last year use

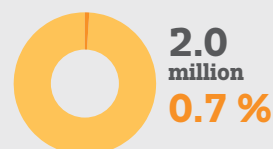


National estimates of use in last year

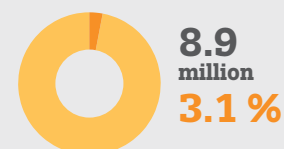
**Amphetamines**

Adults (15–64)

Last year use

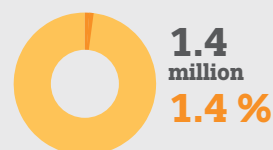


Lifetime use

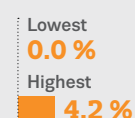


Young adults (15–34)

Last year use



National estimates of use in last year

**Heroin and other opioids**

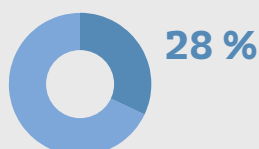
High-risk opioid users

1.0 million**514 000**

opioid users received substitution treatment in 2020

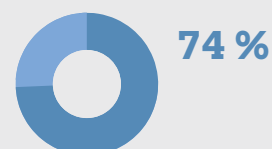
Drug treatment requests

Principal drug in about 28 % of all drug treatment requests in the European Union



Fatal overdoses

Opioids were found in 74 % of fatal overdoses

For the complete set of data and information on the methodology, see the accompanying online [Statistical Bulletin](#).

Globalisation continues to drive innovation in drug trafficking and production

Underlying the drug problems we see in Europe is the continuing innovation in the drug market, which has led to the overall high availability of an increasing number of different substances, often of high potency or purity. Reducing both the importation of drugs into the European Union and production within the European Union remain therefore key policy challenges. Large shipments continue to be detected that are transported using methods that often exploit commercial infrastructure, particularly intermodal container shipments. This has been accompanied by innovation in respect to new trafficking routes, methods for concealment and new production processes. The European Union has also become a significant producer of some drugs, both for domestic consumption and for the global market. This is indicated by the dismantling of over 350 drug production facilities in the European Union in 2020. Globalisation appears to be driving some of these changes, with a particular concern being the greater interaction that now appears to exist between international and European based crime groups. A worrying example of this can be seen in the recent observation that Mexican crime groups have started to become involved with synthetic drug production within the European Union.

COVID-19: rebound in supply and use but potential new challenges for understanding Europe's drug situation

The resilience of the European drug market can also be seen in the rapid bounce back in drug supply and use, after disruptions resulting from social distancing and border control measures introduced during the COVID-19 pandemic. The trend for the drug market to become increasingly digitally enabled also may have accelerated during this period, as social media applications and encrypted services appear to be more commonly used to facilitate drug purchases.

On a positive note, innovation exploiting new technologies has also been observed in drug treatment and harm reduction services during the pandemic, with the increased use of online platforms for the clinical and social management of drug problems. Many services appear to have maintained some of these practices, including appointment-only visits and the greater use of telemedicine. An important caveat here is that the benefits of these approaches still require research evaluation, especially in respect to their appropriateness for marginalised groups that may struggle to access digital services. The long-term impacts of digitalisation on both service delivery and drug purchasing behaviours are therefore important topics meriting future research elaboration and monitoring.

In respect to current monitoring capacity, the COVID-19 pandemic has also had a significant impact on the collection of data. Operational pressures were experienced by many services, and correspondingly, monitoring processes at European and national level that depend on data from these services may have been affected, potentially reducing the availability, completeness and quality of some data sets. Comparisons with previous years based on these data should therefore be made with caution, as changes observed in trends may be explained by disruption to service provision and data collection, particularly during the initial lockdown periods, rather than reflecting changes in drug use or client characteristics as a consequence of the pandemic. The treatment demand indicator, which monitors clients entering specialised drug treatment, appears to be more affected by the pandemic than other epidemiological indicators. Service disruptions and the rapid introduction of telemedicine appear in particular to have led to reporting difficulties in some countries. Overall, in Europe in 2020, the total number of reported first-time treatment entrants decreased by 14 % compared with 2019. At the national level, however, there was considerable heterogeneity, although all but two countries reported fewer clients in 2020 than 2019. It is not clear if these differences reflect service disruption, reporting artefacts, or reduced help-seeking during this period.

As COVID-19 restrictions have been gradually relaxed across Europe, and drug treatment and other services appear to have adapted to operating with COVID-19 as an endemic disease, indicators generally point to a return to the pre-pandemic drug situation. Preliminary national treatment data, alongside complementary indicators more sensitive to short-term changes, show increases in 2021 compared with 2020. This reflects the return of services to a business-as-usual model, albeit with prevention measures such as social distancing and mask-wearing.

Cannabis: new developments for Europe's most popular illicit drug

Developments in the cannabis area are creating new challenges for how we respond to Europe's most commonly consumed illicit drug. Nearly 48 million males and around 31 million females report ever using this substance. Levels of lifetime use of cannabis, however, differ considerably between countries, ranging from 4.3 % of all adults in Malta to 44.8 % in France. Over the last decade, the indexed prices of both resin and herbal cannabis have remained relatively stable while the average THC content of both forms of the drug have increased. Currently, the average THC content of resin (21 %) is almost twice that of herbal cannabis, which is typically around 11 %. This is a reversal of a trend seen in the past, when the THC content of herbal cannabis was typically higher than that of resin. It is another example of innovation and adaptation in the drug market, as resin producers, usually located outside of the European Union, appear to have responded to competition from domestically produced herbal cannabis. It is also of note that cannabis-related problems also now appear more significant in our monitoring data with the drug featuring prominently in both drug-related presentations to emergency services and new drug treatment demands.

Europe's cannabis policy environment is becoming increasingly complex

Policies and regulatory responses to cannabis are increasingly faced with additional challenges posed by new forms and uses of this substance. Developments in this area appear to be influenced in part by the creation of recreational cannabis markets in the Americas and in part by greater commercial interest in developing consumer products that contain extracts from the cannabis plant. The scope of cannabis policies in Europe is gradually widening and now encompasses, in addition to the control of illicit cannabis, the regulation of cannabis for medical and other emerging uses and forms, including as ingredients in foodstuffs and cosmetics. These existing and new dimensions of cannabis policies in Europe are bringing with them a wider set of public health considerations.

Some EU Member States are developing recreational cannabis policies. In December 2021, Malta legislated for home growing and cannabis use in private, alongside non-

profit communal growing clubs, for recreational purposes. Luxembourg is planning to permit home growing, while in Germany and non-EU Switzerland there are discussions about the possibility of setting up systems to permit legal cannabis sales for recreational use. Additionally, the Netherlands is piloting a model for a closed cannabis supply chain for cannabis coffeeshops. To protect public health, the impact of any regulatory changes in this area should be carefully monitored, and this requires good baseline data to support ongoing monitoring and evaluation.

Most EU countries now allow the medical use of cannabis or cannabinoids in some form. However, national approaches vary considerably in terms of the products allowed and the regulatory frameworks used. Currently, large companies that grow and sell cannabis in Canada are also cultivating in Europe and supplying medicinal cannabis products to some EU Member States. A 2022 European Commission Eurobarometer showed that seven in ten respondents think cannabis should be available for medical use.

The expansion of the legal cannabis trade in Europe is evidenced by the registrations of cannabis plant varieties, product trademarks, hectares of hemp grown and applications for novel food products. Additionally, shops selling low-THC cannabis products, including foods, cosmetics and herbal smoking materials, now exist in many EU Member States. These products are marketed for their low THC content or as sources of other cannabinoids like cannabidiol (CBD). In 2020, the European Court of Justice stated that plant-derived CBD was not a 'drug', as the current scientific understanding of this substance was that it does not have psychoactive properties. The implications of this are unclear, but it could potentially be interpreted, provided regulatory conditions are met, that CBD may be used as an ingredient in some commercial products.

Policies and regulatory responses to cannabis are increasingly faced with additional challenges posed by new forms and uses of this substance

Further information is required to thoroughly assess the possible harms or benefits of low-THC cannabis products. Concerns have been raised about the strength of evidence to support claims of purported health benefits, quality control issues, appropriate safety limits and difficulties in measuring dosage. The complex policy environment and perceived grey area around the legality and promotion of these products may have facilitated the rapid expansion of this market. Standardised monitoring of the availability and prevalence of use of cannabis products and cross-national studies are required to understand these developments and any implications they may raise at the European level.

Illicit cannabis products increasing health concern about adulteration with synthetic cannabinoids

Synthetic cannabinoids mimic the effects of THC, the substance primarily responsible for the psychoactive effects of cannabis, but can be both highly potent and toxic. Concerns about the toxicity associated with some synthetic cannabinoids are long established. However, a more recent development is that there have been increasing reports in Europe of cannabis adulterated with synthetic cannabinoids, in particular low-THC herbal and resin products. In most cases, the drugs were purchased as illicit cannabis. Although the extent of the availability of these adulterated products in Europe is unknown, it is worrying that 8 EU Member States have detected them since July 2020. Initially, MDMB-4en-PINACA was the synthetic cannabinoid most detected, but ADB-BUTINACA became more common in 2021.

Potent synthetic cannabinoids can cause more intense intoxication and mental, physical and behavioural effects than cannabis, with severe and fatal poisoning being reported. People may unknowingly consume high doses of synthetic cannabinoids because those adulterating natural cannabis products may use imprecise manufacturing processes, resulting in the adulterants being often potentially unevenly distributed throughout the product. This can result in products containing toxic amounts of synthetic cannabinoids and concentrated pockets of the substances within products.

It is likely that criminals are adulterating cannabis products to maximise profits, as low-THC industrial hemp is cheap, and is similar in appearance to illicit cannabis herb. This makes it easy to deceive dealers and users, while only a small quantity of synthetic cannabinoid powder is required to give strong cannabis-like effects. Available information indicates that some people who used these adulterated products believed that they had purchased natural cannabis. They were unaware that the products they were consuming contained potent synthetic cannabinoids.

Monitoring the availability and effects of these products is complicated because synthetic cannabinoids in cannabis samples will not be detected unless forensic analysis is performed. There is therefore a need for greater analytical and toxicological testing of cannabis samples and for the rapid communication of results. National early warning systems can play a key role in detecting and responding to events related to misleading selling, adulteration, or contamination of illicit drugs. To function, however, adequately resourced and appropriate channels for communicating results, both at the national and European level, need to be further developed. Further research is also needed to inform the development of effective prevention and harm reduction responses to reduce the potential health risks associated with this kind of adulteration.

High availability of cocaine in Europe

Wastewater analysis suggests that a modest reduction in cocaine use appears to have accompanied COVID-19 restrictions. This was probably related to the closure of nightlife and entertainment settings that are associated with the use of this drug. However, more recent data from various sources suggest that levels of use have now returned to pre-pandemic levels. Moreover, a record 213 tonnes of cocaine was seized in the European Union in 2020. This and other indicators suggest that there are currently no signs that the upward trend in the availability of this drug, observed over the last few years, has changed. Over the last decade, indexed prices have also remained stable while average purity has increased. There has also been an increase in the detection of secondary cocaine processing laboratories in Europe, indicating that trafficking groups are employing more innovative methods for supplying the European market. Trends in offences for cocaine use or possession are also increasing. Taken together, these indicators all suggest that cocaine availability and use remain very high by historical standards.

**Cocaine availability
and use remain very high
by historical standards**

Signs that crack cocaine use is spreading among vulnerable populations

Against a background of indicators suggesting high levels of cocaine availability and use, there is growing concern about a corresponding increase in cocaine-related problems. Around 15 % of all first-time drug treatment demands in 2020 were related to cocaine, and there is some evidence to suggest that crack cocaine use, although still relatively uncommon, may be increasing and is now observed in more cities and countries. This is a particular concern, as this form of the drug is particularly associated with health and social problems. In Europe, crack cocaine use is mainly observed in vulnerable and marginalised groups, many of whom have other substance misuse problems including opioid-related problems. Crack is usually produced near or at user level by converting cocaine powder into cocaine base. It is usually smoked but it can also be dissolved for injection.

Long-term trends point to an estimated 7 000 clients entering drug treatment for crack problems in Europe in 2020, triple the number reported in 2016, suggesting growing use, with Belgium, Ireland, Spain, France, Italy and Portugal all reporting notable increases. Germany reports that crack use is now present in cities where it was rarely used before. A French study estimated that the number of people using crack in France increased from 10 000 in 2010 to 42 800 in 2019. Low-threshold harm reduction services in Brussels, Copenhagen, Lisbon, parts of Ireland and northern Italy have reported significant increases of crack use among clients. A 2021 analysis of municipal wastewater in 13 European cities, by the EU-funded [EUSEME project](#), found crack residues in all cities on all sampling days, with the highest loads reported in Amsterdam and Antwerp.

The high availability of cocaine is likely to have contributed to increased levels of crack use in western and southern Europe. Increased economic deprivation during the COVID-19 pandemic among vulnerable high-risk drug users and the availability of small, cheap crack doses may have also contributed to increased use.

Crack use is associated with a range of health and social harms. Drug consumption rooms in Paris and Lisbon report that a significant proportion of their crack-using clients are dissolving it for injection, bringing with it increased risks of HIV and hepatitis C virus (HCV) infection. Reports of wider social problems related to crack include gang-related violence, violence and serious financial problems. Crack use is often characterised by high-frequency consumption

leading to mental and physical health problems and aggressive behaviour, making the delivery of treatment and harm reduction responses challenging.

Given the continuing high availability of cocaine in Europe, it is essential that drug monitoring systems develop the capacity to track any further growth and spread of problem cocaine use more generally and the use of crack-cocaine-related problems in particular. Greater investment in specialist service responses for those experiencing crack-related problems is also likely to be needed in those locations in which this behaviour has become established.

Record synthetic cathinones trafficking to Europe and harms prompt new controls

Increasing diversity in the drug market is also signalled by the availability and use of non-controlled synthetic cathinones, which are sold as alternatives to controlled stimulants. At the end of 2021, the EMCDDA was monitoring 162 cathinones, making them the second largest category of new psychoactive substances monitored by the EU Early Warning System, after synthetic cannabinoids. Seizures of cathinones increased to 3.3 tonnes in 2020, up from 0.75 tonnes in 2019, and large seizures have continued to be reported in 2021 and 2022. This increase was largely driven by a small number of large-scale seizures of *N*-ethylhexedrone and two substances, 3-MMC and 3-CMC, which are structurally similar to the internationally controlled drugs 4-MMC (mephedrone) and 4-CMC (clephedrone).

While 3-MMC and 3-CMC have been available on Europe's drugs market for several years, their availability seems to have increased around 2020. The Early Warning System has also received reports of harms associated with both these substances. The Netherlands, for example, noted that the number of poisonings suspected to involve 3-MMC increased from 10 in 2018 to 64 in 2020. Injection of synthetic cathinones has been linked to chemsex practices and marginalised groups who inject drugs, where it has been associated with HIV and HCV outbreaks. Concerns about the availability and use of both 3-MMC and 3-CMC prompted the EMCDDA to conduct a risk-assessment exercise in 2021, and the European Commission proposed legislation to place them under control in the European Union.

Most bulk quantities of synthetic cathinones seized in 2020 originated in India, where large-scale production of these substances appears to be a relatively new development. Prior to 2020, the origin of comparable consignments, where established, was China. However, in recent years, China has introduced legal controls for various substances, including 3-MMC and 3-CMC. As China has historically been a major source of new psychoactive substances detected in Europe, the latest data may indicate a more general shift to the greater involvement of other countries, with capacity within their chemical or pharmaceutical industries, in the supply of new psychoactive substances and possibly precursors to Europe. If so, it could have important implications for future drug control efforts.

Synthetic cathinones are also produced in Europe, but to date this production is thought to account for only a small portion of the cathinones appearing on the market. This may be changing, however, as both the number of illicit synthetic cathinone production sites that have been dismantled and the quantity of chemical precursors seized have increased since around 2020.

Injecting is associated with more damaging drug consumption patterns and increased risk of contracting blood-borne infections, such as HIV and viral hepatitis

Injecting drug use in decline but still a cause for concern

The data available suggest that injecting drug use in Europe has been declining over the past decade. A caveat here is that only 15 countries have recent (2015 or later) estimates of the prevalence of injecting drug use. These range from under 1 case per 1 000 population aged 15–64 in Greece, Spain, Hungary and the Netherlands, to over 10 cases per 1 000 in Estonia. Opioids are reported among the injected drugs in all of these countries and, historically, heroin has been a drug associated with injecting in many countries. This may no longer be the case. Among first-time clients entering specialised drug treatment in 2020 with heroin as their primary drug, only 22 % reported injecting as their main route of administration, this is down from 35 % in 2013.

Other drugs are also injected, including amphetamines, cocaine, synthetic cathinones, prescribed opioid medications and other medicines. Overall, however, we know very little about patterns of injecting drug use and how these differ between countries, and differences may exist that have implications for the harm associated with this behaviour. Analysis, for example, of 1 392 used syringes collected by the ESCAPE network of 8 European cities in 2020–21 showed that in 5 cities, half or more of the syringes contained stimulants. A third of all syringes contained two or more drugs, indicating polydrug use or re-use of injecting material, with a mix of stimulant and opioid drugs the most frequent combination.

Injecting is associated with more damaging drug consumption patterns and increased risk of contracting blood-borne infections, such as HIV and viral hepatitis. There are concerns that the COVID-19 pandemic disrupted the distribution of sterile drug consumption equipment and contributed to reduced HIV and viral hepatitis testing in 2020. It will be important, therefore, to monitor future trends carefully in order to identify any adverse impact of the pandemic on health outcomes in this area. Positively, long-term trends in new HIV infection associated with drug injection have been falling in Europe. Nonetheless, in some countries, a significant proportion of those injecting drugs will have been infected with HIV at some point. Subnational seroprevalence studies conducted in Estonia, Lithuania, Poland and Romania between 2017 and 2020 indicated a prevalence of HIV antibodies among people who inject drugs greater than 20 %, for example. In 2020, there were 563 new HIV diagnoses (1.3 per million population), and 128 new AIDS diagnoses linked to injecting drug use in the European Union. Over half of new HIV diagnoses attributed to injecting drug use continue

DRUG-RELATED INFECTIOUS DISEASES

New HIV cases attributable to injecting drug use in 2020 (EU)



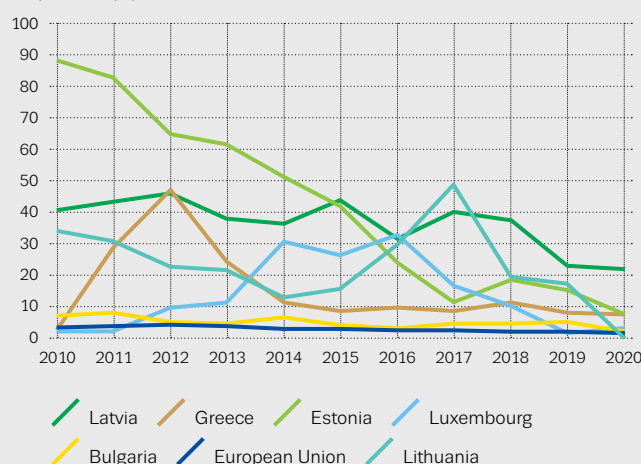
New AIDS cases attributable to injecting drug use



* HIV or AIDS diagnoses with documented transmission mode in 2020.

Trends in new HIV diagnoses attributable to injecting drug use per million population – EU and selected countries

Cases per million population

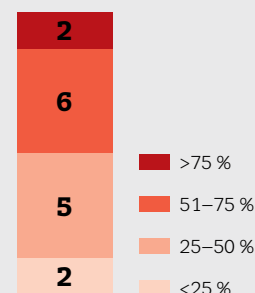


HCV antibody prevalence among people who inject drugs

13 % to 86 %

in 15 countries

Countries with national data



HCV chronic infections among people who inject drugs 2018/20

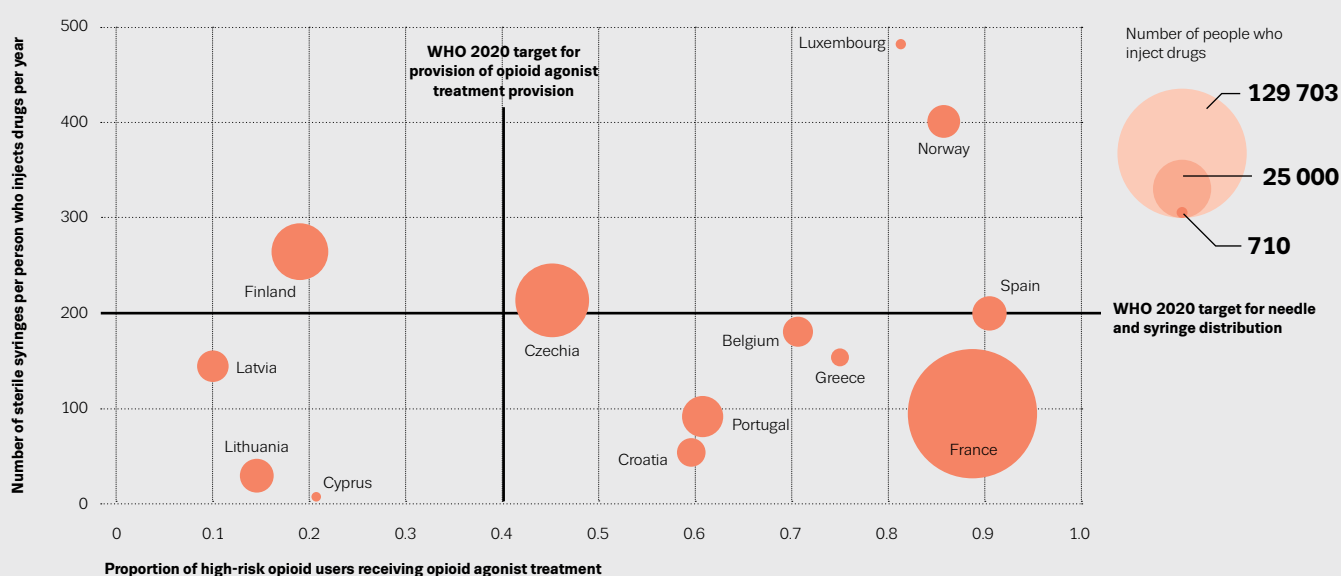
16–49 %

in subnational samples in 4 countries

HBV current infections, national data for 2018/20

an average of 5.3 % (1.3–8.9 %) among people who inject drugs

Needle and syringe distribution and opioid agonist treatment coverage in relation to WHO 2020 targets, 2020 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 agonist treatment for Belgium is derived from a subnational study conducted in 2019.

to be diagnosed late. Earlier diagnosis is associated with better treatment outcomes, so improving the early diagnosis of new drug-related infections must remain a priority for interventions in this area.

Still a need to scale up treatment and harm reduction services

In 2020, only Czechia, Spain, Luxembourg and Norway reported meeting the World Health Organization's 2020 targets of providing 200 syringes per person who injects drugs per year and having 40 % of the population of high-risk opioid users on opioid agonist treatment. This points to a continuing need to scale up treatment and harm reduction provision for opioid users and those who inject drugs. The prevalence of high-risk opioid use among adults (15–64) is estimated at 0.34 % for the EU adult population, equivalent to around 1 million high-risk opioid users in 2020. There were 514 000 clients in opioid agonist treatment in 2020 in the European Union, suggesting that overall treatment coverage is around 50 %. However, this figure masks the fact that there are considerable differences between countries in the extent to which those with opioid problems are likely to be able to access opioid agonist treatment, and in some countries the provision is clearly insufficient.

Enrolment in opioid agonist treatment is also known to be a protective factor in respect to drug overdose. It is estimated that at least 5 800 overdose deaths, involving illicit drugs, occurred in the European Union in 2020, this represents an estimated mortality rate due to overdoses of 17.4 deaths per million for the adult population. Most of these deaths are associated with polydrug toxicity, which typically involves combinations of illicit opioids, other illicit drugs, medicines and alcohol. In some countries, benzodiazepines are commonly mentioned, in combination with other drugs, in toxicological reports on drug-induced deaths. It is usually unclear if these have been prescribed to the individual for therapeutic purposes, but it is likely that this is often not the case. While the data are challenging to interpret, they suggest that benzodiazepines may have caused or contributed to some of these deaths. Opioids are present in around three quarters of all drug-induced deaths, underlining the negative role these substances play as a cause of drug-induced mortality. Worryingly, some countries with available data, such as Austria and Norway reported an increase in the number of heroin/morphine deaths observed in 2020. However, some countries, such as Germany and Sweden, reported a decrease.

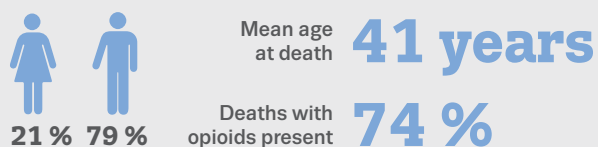
It is also noteworthy that opioids other than heroin, including methadone and, to a lesser extent, buprenorphine, oxycodone and fentanyl, were associated with a substantial share of overdose deaths in some countries.

The number of overdose deaths among the 50–64 age group increased by 82 % between 2012 and 2020. This reflects the ageing trend among high-risk drug users and, in some countries, increased deaths, often among women related to prescription opioids, possibly linked to pain management and the misuse of medicines. There is a growing need, therefore, both to develop responses that cater better for the needs of an ageing population with chronic drug and health problems and to better understand opioid use among older groups and its links to negative health outcomes.

**Enrolment in opioid
agonist treatment
is also known
to be a protective
factor in respect
to drug overdose**

DRUG-INDUCED DEATHS

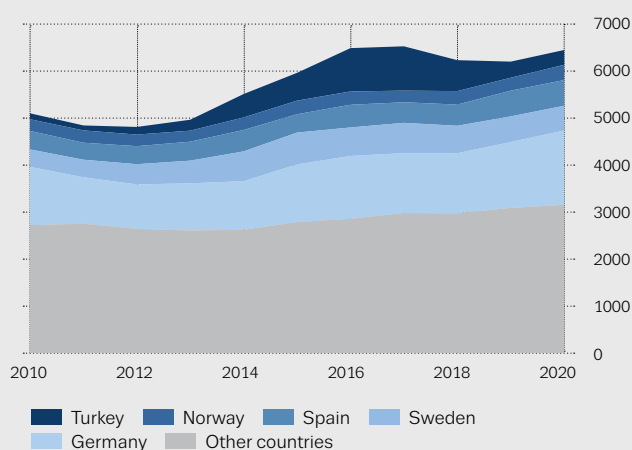
Characteristics



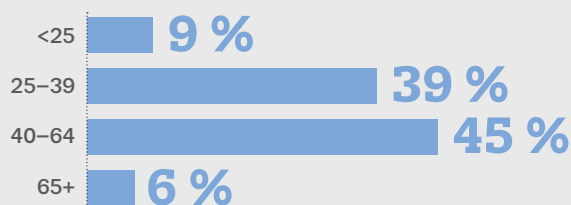
Number of deaths



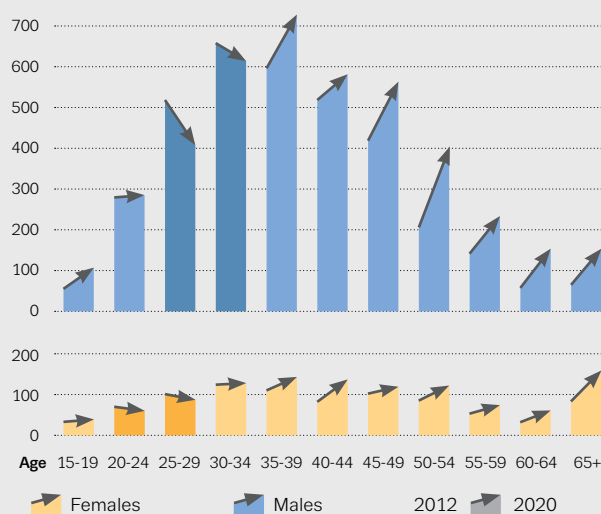
Trends in overdose deaths



Age at death

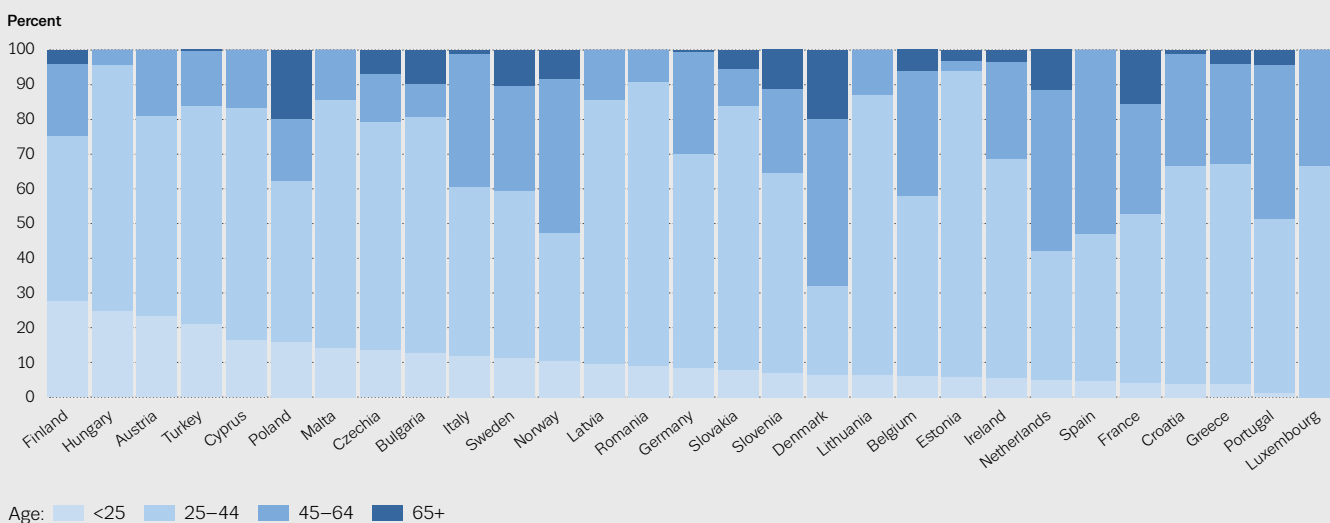


Number of drug-induced deaths reported in the European Union in 2012 and 2020, or most recent year, by age-band and gender



Data refer to the European Union, except where indicated as 'EU + 2' (EU, Turkey and Norway). Where 2020 data were not available, 2019 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 2020 or most recent year



Are darknet drug markets in decline?

Technology remains a key driver of drug markets, with darknet markets, social media and instant messaging apps, and communication and encryption technologies now being used to some extent to facilitate the sale of drugs.

In particular, political and public concern has been growing around the potential for darknet markets to become a more significant source for obtaining illicit drugs. Analysis of drug supply via darknet markets conducted by EMCDDA has shown, however, that a number of factors, including the COVID-19 pandemic, law enforcement activity and long periods of downtime, appear to have influenced activity on darknet drug markets. At the end of 2021, estimated revenues fell dramatically to just under EUR 30 000 per day, down from the EUR 1 million per day seen during 2020.

The online ecosystem is very dynamic, so predictions about future trends need to be made with caution. Nonetheless, we are seeing indications to suggest that law enforcement actions, scams and voluntary exit of markets have all contributed to a drop in consumer confidence in darknet markets as a source of supply. Some research also suggests that the likelihood of successful delivery of drugs purchased from these platforms fell, coinciding with the COVID-19 lockdown period.

Less positively, drug sales using social media and instant messaging apps appear to be attracting greater interest and may be growing, as these technologies are seen as a safer, more convenient and more accessible source of supply. This means that there is a growing need to develop effective strategies both to monitor developments in this area and to consider what responses may be required.

Change in methamphetamine production and supply dynamics raises risk of increased use

In Europe, methamphetamine is generally available in powder form and is typically consumed orally or nasally, or less commonly injected. Large crystals of pure methamphetamine hydrochloride known as 'ice' or 'crystal meth', suitable for smoking, are less common but sometimes reported. Methamphetamine-related harms are typically associated with intensive, high-dose or long-term consumption often linked to injection or smoking the drug among vulnerable groups. Methamphetamine use within Europe was historically concentrated in Czechia but later spread to Slovakia and more recently has been observed in some Baltic countries and Germany. These countries account for most clients entering treatment for problems related to this drug within the European Union. In addition, however, although overall levels of use still remain very low, there is now evidence to suggest continuing diffusion of use to countries in the west and south of Europe.

Methamphetamine production in Europe has historically been characterised by small-scale local 'kitchen' laboratories using precursor chemicals extracted from medicines. In recent years, however, large-scale sites using a different production method have been detected in the Netherlands and Belgium; this area is also important for amphetamine and MDMA manufacturing using similar processes. In this area, some collaboration between European and Mexican criminals to produce large quantities of methamphetamine, using new manufacturing processes, has also been reported linked to medium to large-scale illicit laboratories. This is raising concerns that Europe is now playing a more significant role in global supply, with methamphetamine being produced for export to highly profitable markets in non-European countries. This production may now be beginning to also have an impact on consumption within the European Union, with a number of EU Member States, including Czechia and Germany, reporting that the Netherlands is the likely source of some of the methamphetamine they have detected recently.

Methamphetamine produced in Mexico and Africa is also trafficked to Europe. The quantities trafficked range from small amounts in postal packages connected to darknet market purchases, to multi-tonne consignments imported from Mexico and intended to be transhipped through Europe to other markets, but also having the potential to contribute to increased availability within the European Union.

In summary, changes in methamphetamine production and trafficking have created the potential for the drug to become more available in Europe. Given the harms associated with this drug and the major role it plays in drug problems internationally, Europe needs to be better prepared to identify and respond rapidly to any signs of further diffusion in production or use. To achieve this, distinguishing between methamphetamine and amphetamine in national data collection and reporting is essential to detect increased availability, use and harms. Forensic profiling to identify the origins of methamphetamine seizures and information sharing and raising awareness of the shifting supply dynamics and their consequences at the international level will also contribute to greater preparedness. Particular attention is needed to detect any indication of an increase in methamphetamine trafficking into Europe exploiting established heroin trafficking routes. An in-depth analysis of both methamphetamine and cocaine is available in the first two modules of the new EMCDDA-Europol report, [EU Drug Markets](#).

International situation: new challenges and potential threats

Reports from Turkey of increased use and seizures of methamphetamine, including in liquid form, may indicate the drug is already being imported from Afghanistan. However, there is currently very little evidence of significant trafficking of this drug from Afghanistan into the European Union. This could rapidly change and adds to concerns that we have noted in respect to methamphetamine production and use within Europe. More generally, drug problems in Europe can be influenced by important developments occurring internationally. In this year's report we consider two recent developments that represent a significant humanitarian crisis for the countries involved, but which in the medium to longer term may also have an impact on the kinds of drug problems we need to respond to in the European Union.

Developments in Afghanistan: implications for European drug markets

Afghanistan remains the world's largest producer of illicit opium and heroin and is the main source of heroin available in Europe. In July 2021, opium poppy cultivation was estimated at 177 000 hectares, representing 85 % of global illicit opium production. Large-scale ephedra-based methamphetamine production has also been noted recently, accompanied by increased seizures of this drug along some established heroin trafficking routes.

In August 2021, US and other NATO forces withdrew from Afghanistan and the Taliban gained control of the country. Since then, Afghanistan's economic and humanitarian crisis has deepened. The Afghan economy and state budget depend heavily on development aid, which is now largely frozen. Historically, poverty and insecurity has fuelled the cultivation, production and trafficking of illicit drugs. Afghanistan's current situation therefore creates the potential for these activities to increase, with possible negative implications for transit countries and the European drug market. Any increase in drug problems within Afghanistan are also likely to place further strain on a weak public health system, in which services for those with drug problems remain poorly developed.

**Europe needs to prepare
for the possible consequences
of the changes taking place
in Afghanistan**

Historically, the Taliban has derived revenue from taxing the illicit drugs economy. The Taliban recently announced a ban on the production, sale and trafficking of illicit drugs. However, to date the ban appears largely unenforced, and there are signs that poppy cultivation, an essential income source for many rural households, continues and may have even increased in 2021. Therefore, it does not appear likely that drug flows towards the European Union will reduce in the short term, although the medium to longer term picture is less clear. One possibility is the current financial problems facing the country could mean that drug revenues become a more important source of income and, potentially, this could lead to an increase in heroin trafficking to Europe and other markets. Alternatively, a ban on production could lead to decreased supply of heroin to the European market. If this was the case, it would be important to monitor the impact of reduced heroin supply on patterns of drug use and help-seeking and introduce measures to reduce the possibility of any replacement of heroin with synthetic opioids or other substances.

Reports indicate that methamphetamine manufacturing is continuing in the main production centre in Farah province. Enforcing a ban on the harvesting of ephedra, used for methamphetamine production, is likely to be challenging, as the plant grows wild across large areas of Afghanistan. In recent years, record amounts of methamphetamine thought to originate in Afghanistan have been seized along the main heroin trafficking routes towards Europe. In 2020, for example, Turkey reported seizing over 4 tonnes of methamphetamine, up from 1 tonne seized in 2019. Producers based in Europe currently supply the bulk of the EU methamphetamine market. Key questions will be whether Europe may become a consumer market for methamphetamine produced in Afghanistan and how and if measures taken within Afghanistan will impact on the future production of this drug?

Europe therefore needs to prepare for the possible consequences of the changes taking place in Afghanistan. It will be essential to monitor poppy cultivation and the production of opium, heroin and methamphetamine. This is likely to require remote sensing of opium cultivation alongside cooperation with regional states and international partners to provide timely information on

trafficking flows. Monitoring the trade in drug precursor chemicals, particularly acetic anhydride, and preventing their diversion, is also important. Supporting the chemical profiling of methamphetamine, seized along heroin trafficking routes to Europe, to establish the drug's origin would also assist preparedness.

War in Ukraine adds to the uncertainty of Europe's drug situation

Russia's invasion of Ukraine in February 2022 and its destabilisation of the country triggered a major humanitarian crisis. The attack has caused tragic loss of life directly connected to the fighting and indirectly through undermining Ukraine's health and social systems. Many Ukrainians have sought refuge within the European Union as a result of this conflict, creating the need for a major humanitarian response. The current situation is also likely to have ongoing implications for the global, European and national economies.

At the time of writing, it is too soon to assess the implications of these developments on the drug market, drug use or the provision of services for those with drug problems, but they do exist. People who access drug treatment in Ukraine will account for a small part of the numbers seeking refuge in the European Union. Nonetheless, these clients will need an immediate response to ensure continuity of care tailored to their specific needs, which will potentially include services delivered in their own language. More generally, people fleeing the conflict are likely to have suffered severe psychological stress, making them potentially more vulnerable to substance misuse problems especially if appropriate health and support services are not available.

The medium to long-term effects of the war in Ukraine, although not yet known, could have potentially significant consequences for smuggling routes and the functioning of the drug market, either by creating new vulnerabilities or as a result of trafficking groups seeking to avoid areas with a heightened security presence.

There is therefore an immediate need to assess and address the health and support needs of people fleeing the war in Ukraine who use drugs. This is likely to put additional pressures on existing services, especially in EU countries bordering Ukraine. Continuity of treatment, language services and the provision of accommodation and social welfare supports are likely to be key requirements. Looking to the future, the medium to long-term implications of the war could be potentially profound and will require targeted monitoring of the situation in order to inform the development of appropriate policy and operational responses.



DRUG SUPPLY, PRODUCTION AND PRECURSORS | Synthetic drug production continues to increase in Europe

South America, West Asia and North Africa remain important source areas for illicit drugs entering Europe, while China and India are important source countries for new psychoactive substances. Drug precursors and related chemicals are also often reported to be sourced from China. Recent changes in Europe's illicit drug market include innovations in drug production and trafficking methods, the creation of new trafficking routes and partnerships between European and non-European organised crime networks.

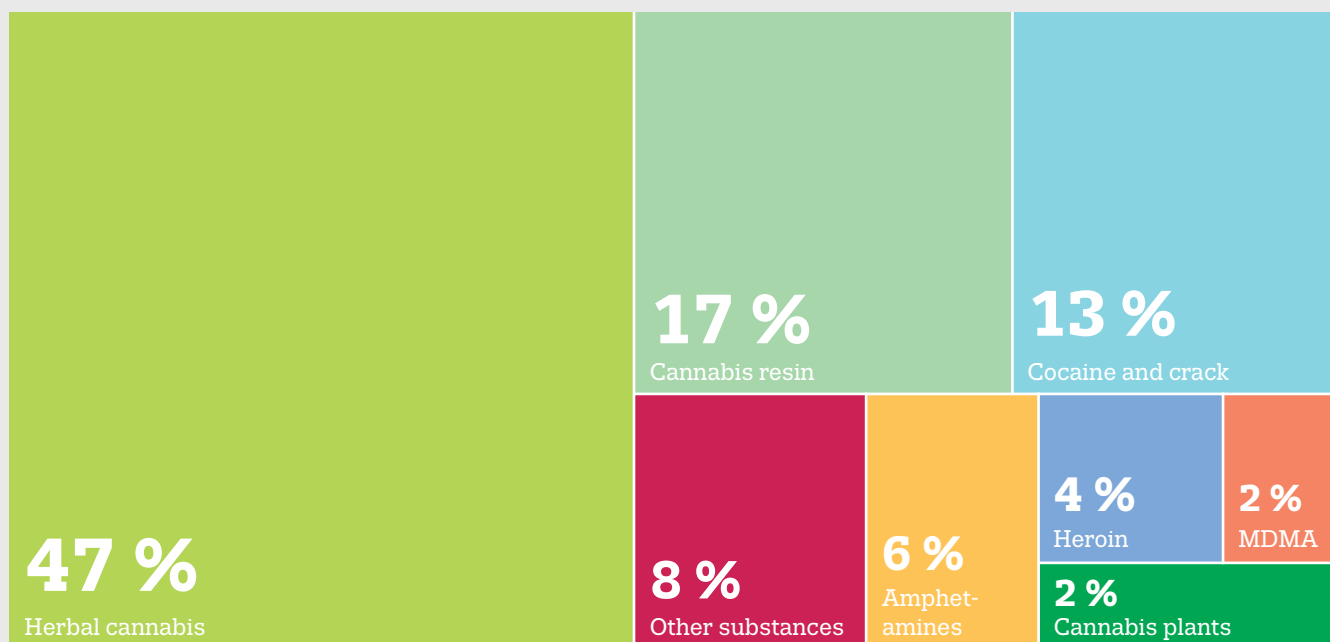
Europe is also a production region for cannabis and synthetic drugs; cannabis production is generally for European consumption, while synthetic drugs are also manufactured for non-EU markets. More than 350 laboratories were detected and dismantled in 2020 and diversification is becoming more evident in the production processes used, with more medium- and large-scale production facilities detected. More cocaine laboratories were also dismantled in 2020 than in 2019, also including some large-scale sites. Additionally, an increasing number of cathinone production sites were dismantled and more chemical precursors for cathinone production were seized in 2020. Illegal drug production remains a diverse law enforcement, regulatory and environmental challenge with complex health and social consequences.

KEY DRUG SUPPLY TRENDS

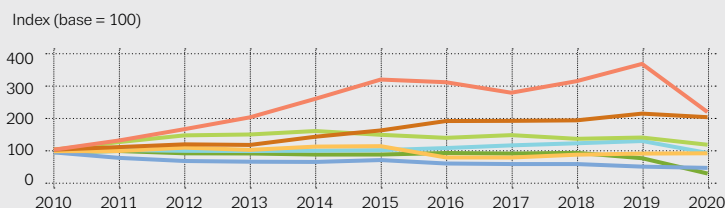
- Around 1 million seizures were reported in 2020 in the European Union, with cannabis products being the most often seized.
- The numbers of seizures of cannabis resin (–72 %), cocaine (–7 %), amphetamine (–7 %) and heroin (–52 %) were lower in 2020 than in 2010.
- The largest increases, expressed in percentage terms, observed in the number of seizures between 2010 and 2020 were for MDMA (+129 %) and methamphetamine (+107 %), while the number of herbal cannabis seizures moderately increased (+19 %).
- Indexed trends show that, apart from cannabis resin and heroin, the quantities of drugs seized in the European Union increased between 2010 and 2020, particularly in the past 5 years.
- Between 2010 and 2020, the largest increases, expressed in percentage terms, in quantities seized have been for methamphetamine (+477 %), amphetamine (+391 %), herbal cannabis (+278 %), cocaine (+266 %) and MDMA (+200 %). Sizeable 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 and transit for these drugs.
- The smallest increase in seizures between 2010 and 2020 was for cannabis resin (+16 %), while seizures of heroin (–2 %) decreased over the period.
- Interpreting trends in drug seizures is complicated by the fact that they are influenced by policing and law enforcement strategies and priorities, the success or otherwise of trafficking groups to avoid detection, and any underlying change in availability and use.

DRUG SEIZURES IN THE EUROPEAN UNION

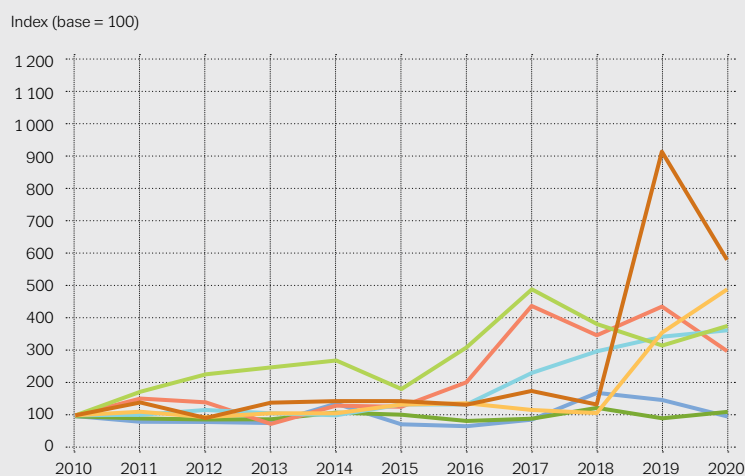
Number of reported drug seizures, breakdown by drug, 2020



Number of drug seizures in the European Union, indexed trends 2010–2020



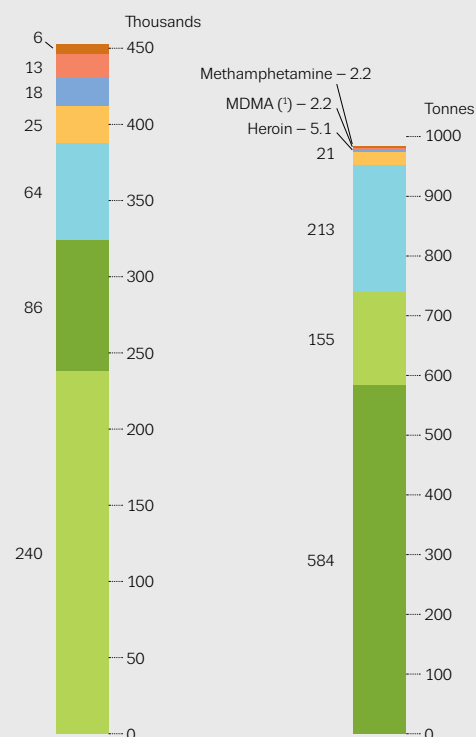
Quantity of drugs seized in the European Union, indexed trends 2010–2020



— Methamphetamine
 — MDMA (¹)
 — Cocaine
 — Herbal cannabis
 — Amphetamine
 — Heroin
 — Cannabis resin

Number of seizures in 2020

Quantity seized in 2020



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

(¹) MDMA tablets were converted to mass-equivalents by assuming a mass of 0.25 grams MDMA per tablet.

KEY DRUG LAW OFFENCES TRENDS

- In 2020, an estimated 1.5 million drug law offences were reported in the European Union, an increase of 15 % since 2010. More than half of these offences (64 % or 1 million) relate to use or possession for personal use.
- Of the estimated 1.5 million drug law offences, the drug mentioned in the offence is reported in just under 1 million offences, of which 740 000 were for possession or use, 171 000 were for supply-related offences and 11 000 were for other types of offence.
- Drug supply offences remain at higher levels than in 2010 for all drugs except heroin.

KEY EU PRODUCTION AND PRECURSORS DATA FOR 2020

- Cannabis:** EU Member States reported seizures of 2.8 million cannabis plants in 2020 (2.8 million in 2019).
- Heroin:** Four heroin production sites were dismantled in the European Union (2 in Belgium and 2 in Czechia). Four seizures of the heroin precursor chemical acetic anhydride amounting to 920 litres (26 000 litres in 2019) were reported by 4 EU Member States (Belgium, Estonia, Netherlands, Austria).
- Cocaine:** Spain reported dismantling 3 cocaine laboratories, while the Netherlands reported 20 (all secondary extraction laboratories, some of which were large-scale sites), an increase on the 15 sites detected in 2019. Belgium reported that cocaine processing was also taking place at the 2 dismantled heroin production sites.
- Amphetamine and methamphetamine:** In 2020, 78 amphetamine laboratories were reported as dismantled (38 in 2019) by Belgium (13), Germany (12), the Netherlands (44), Poland (4) and Sweden (5). In addition, 5 500 litres of BMK (14 500 litres in 2019) and 31 tonnes of MAPA (31 tonnes in 2019) — precursor chemicals for amphetamine and methamphetamine — were seized in the European Union in 2020.

Nine EU Member States reported the dismantling of 213 methamphetamine laboratories, including multiple medium- and large-scale facilities in Belgium (3) and the Netherlands (32). In Czechia, 160 mostly small- to medium-scale methamphetamine laboratories were detected in 2020 (234 in 2019). Seizures of ephedrine and pseudoephedrine amounting to 234 kilograms (both powders and tablets) were reported by 12 EU Member States in 2020 (640 kilograms by 10 EU Member States in 2019).

- MDMA:** The Netherlands reported dismantling 24 MDMA laboratories (28 in 2019), Belgium 3, and Germany and Poland 1 each. Seizures of MDMA precursors decreased to 2 tonnes in 2020 compared with 7 tonnes in 2019.
- Cathinones:** In 2020, 15 synthetic cathinone production sites were dismantled (5 in 2019) in the Netherlands (2) and Poland (13), including some large-scale sites. Seizures of synthetic cathinone precursors increased from 438 kilograms in 2019 to 860 kilograms in 2020, almost all in Germany (450 kilograms) and the Netherlands (405 kilograms).
- Synthetic opioids:** In 2020, over 33 kilograms of *N*-phenethyl-4-piperidone (NPP), a fentanyl precursor was seized in 2 separate cases in Estonia (33 in 2019).
- Other drugs:** Belgium (1) and the Netherlands (1) reported the dismantling of ketamine laboratories, with the Dutch site converting GBL into GHB on a large scale. Two *N,N*-dimethyltryptamine (DMT) production sites were dismantled in the Netherlands and 1 in Belgium.
- Dumping sites:** In 2020, Belgium and the Netherlands reported detecting 181 dumping sites for drug production waste and equipment (204 in 2019).

Summary of seizures of EU scheduled precursors and non-scheduled chemicals used for selected drugs produced in the European Union, 2020

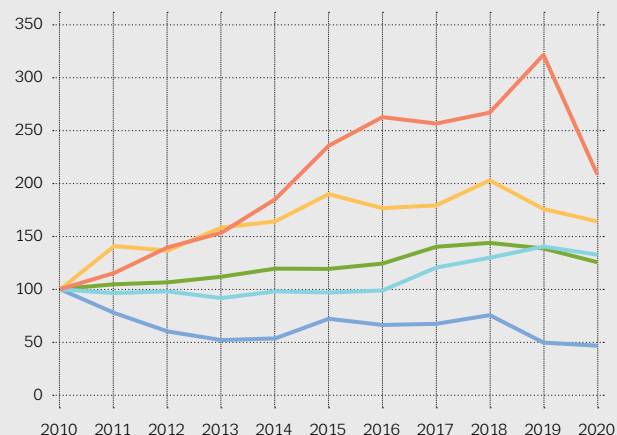
Precursor	Number	Quantity
MDMA or related substances		
Glycidic derivatives of PMK (kg)	11	1 435
Piperonal (kg)	1	1
PMK (litres)	7	639
Safrole (litres)	1	14
Amphetamine and methamphetamine		
APAA (kg)	9	1 447
APAAN (kg)	3	24
Benzaldehyde (kg)	6	403
Benzylcyanide (kg)	2	240
BMK (litres)	48	5 557
EAPA (litres)	2	172
Glycidic derivatives of BMK (kg)	11	1 235
MAPA (kg)	47	31 700
PAA (kg)	4	31
Heroin		
Acetic anhydride (litres)	4	921
Fentanyl and fentanyl derivatives		
NPP (kg)	2	33
Cathinones		
2-Bromo-4-chloropropiophenone (kg)	2	406
2-Bromo-4-methoxypropylphenone (kg)	1	50
2-Bromo-4-methylpropylphenone (kg)	5	407

To ensure a clear interpretation of these data, totals for substances that were reported in litres and kilograms are expressed in kilograms.

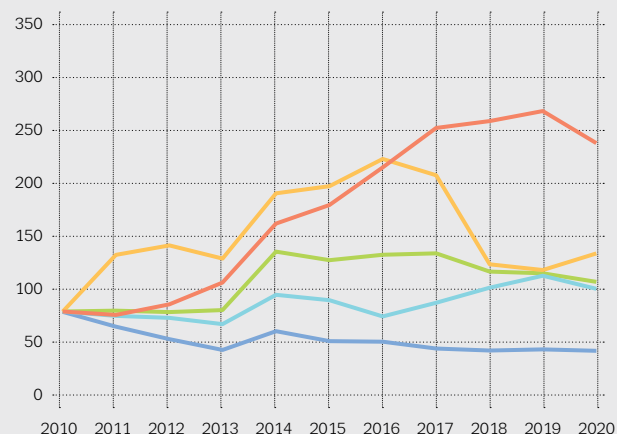
DRUG LAW OFFENCES

Offences related to drug use or possession for use or drug supply in the European Union: indexed trends and reported offences in 2020

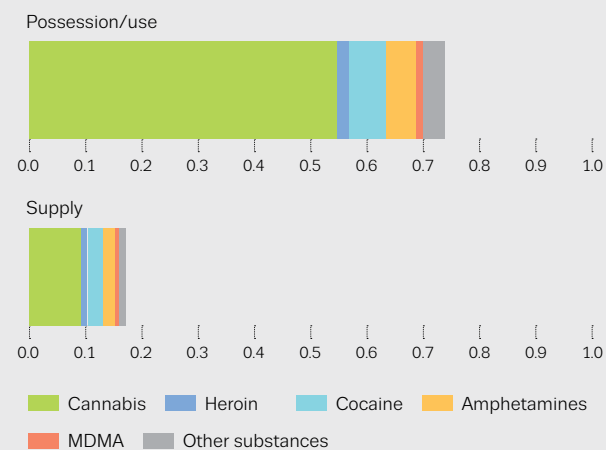
Supply offences (indexed trends)



Possession/use offences (indexed trends)



Number of offences (million)



Data for offences for which the drug involved has been reported.

CANNABIS | **An increasingly complex cannabis market**



COVID-19 travel restrictions appeared to have some effect on the trafficking of both herbal cannabis from the Western Balkans and resin from Morocco. Domestically produced cannabis may have become a more important source for the European market in 2020. For example, reports of increased large herbal seizures originating in Spain suggest that this country may be becoming a more important supplier for the EU market. We also continued to see increasing diversity in the range of cannabis products available in Europe, with extracts and edibles with a high THC content appearing on the drug market and CBD products with a low THC content being commercially marketed. Worryingly, cannabis products adulterated with dangerous synthetic cannabinoids, posing health risks to consumers, were reported by more countries in 2021. The share of new treatment entrants citing cannabis as their main problem drug fell in one third of EU Member States in 2020. Preliminary data for 2021 suggest this drop is possibly explained by a decrease in help-seeking during the pandemic or services prioritising treatment for other forms of drug use, such as opioids.

KEY DATA AND TRENDS

- In 2020, EU Member States reported 86 000 seizures of cannabis resin amounting to 584 tonnes (464 tonnes in 2019) and 240 000 seizures of herbal cannabis amounting to 155 tonnes (130 tonnes in 2019). Additionally, Turkey reported 8 300 seizures of cannabis resin amounting to 37.5 tonnes and 46 900 seizures of herbal cannabis amounting to 56.3 tonnes.
- The 2021 EU Web Survey on Drugs found that herbal cannabis was used by 95 % of respondents who used cannabis in the last 12 months, compared with 32 % for resin, 25 % for edibles and 17 % for extracts. The pandemic impacted cannabis use patterns, with more-frequent herbal cannabis users consuming more and infrequent users consuming less on average.
- Approximately 642 000 cannabis use or possession offences were reported in 2020 (625 000 in 2019), alongside 93 000 supply offences (102 000 in 2019).
- Cannabis was the substance most frequently reported by the Euro-DEN Plus hospital network in 2020. It was involved in 23 % of acute drug toxicity presentations (27 % in 2019), usually in the presence of other substances.
- In 2020, the average THC content of cannabis resin was 21 %, almost twice that of herbal cannabis, at 11 %.
- In 2021, of the 31 cities with comparable data, 13 reported an annual increase in the cannabis metabolite THC-COOH in wastewater samples.
- Drug-checking services are receiving more cannabis products for testing, reflecting product diversity and consumer uncertainty, with services in 7 European cities reporting increases in 2021.
- In 2020, available data from 25 countries show that around 80 000 people entered specialised drug treatment in Europe for problems related to cannabis use, about 43 000 for the first time. Cannabis was the main problem drug most frequently cited by new treatment clients, accounting for 45 % of all first-time treatment entrants in Europe.
- Last year cannabis use among EU inhabitants aged 15–34 is estimated at 15.5 %. Among 15- to 24-year-olds an estimated 19.1 % (9.0 million) used cannabis in the last year and 10.4 % (4.9 million) in the last month.

CANNABIS

RESIN

Seizures

Number



Quantity



Price retail
(EUR/g)



Price wholesale 1 700 — 8 400
(EUR/kg)

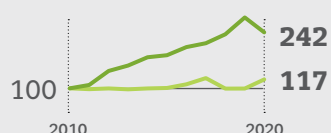
2 700–6 000

Potency retail
(% THC)



Indexed trends

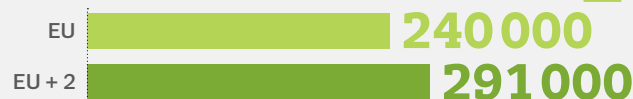
Retail price and potency



HERB

Seizures

Number



Quantity



Price retail
(EUR/g)



Price wholesale 1 800 — 5 250
(EUR/kg)

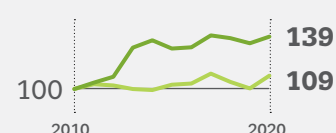
2 100–5 240

Potency retail
(% THC)



Indexed trends

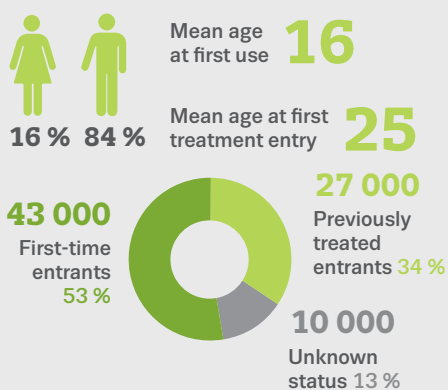
Retail price and potency



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.

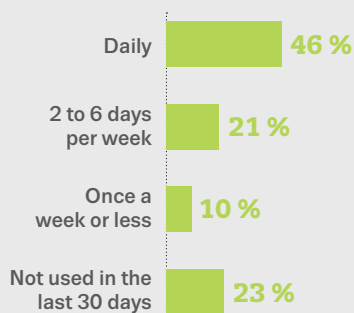
Users entering treatment

Characteristics

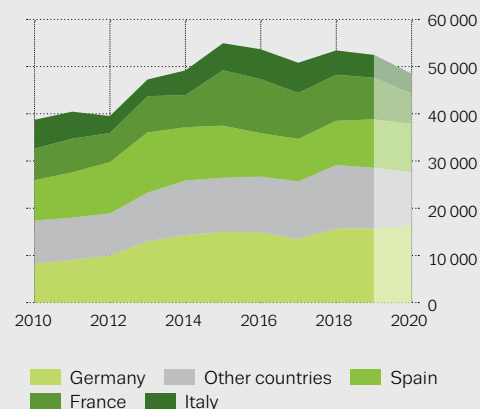


Frequency of use in the last month

Mean use 5.3 days per week



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 22 countries. Only countries with data for at least 9 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. Because of disruptions to services due to COVID-19, 2020 data should be interpreted with caution.

COCAINE | Unprecedented cocaine seizures highlight threats to health



Overall, indicators suggest that the availability and use of cocaine in Europe remains high by historical standards. In 2020, a record high of 213 tonnes of cocaine was seized. Increases in the number of cocaine laboratories dismantled in 2020, seizures of raw materials imported from South America and associated chemicals, together indicate large-scale cocaine processing in Europe. Although some decreases were observed in indicators of cocaine use in 2020, these appear to have been short-lived, with preliminary data for 2021 suggesting a return to pre-pandemic levels. Reports of increased crack cocaine use in a small but growing number of European countries also suggest the spread of cocaine use among people with high-risk drug use patterns. Taken together, the available data highlight that cocaine is now playing a more significant role in drug-related health problems in Europe.

KEY DATA AND TRENDS

- In 2020, EU Member States reported 64 000 seizures of cocaine amounting to 213 tonnes (202 tonnes in 2019). Belgium (70 tonnes), the Netherlands (49 tonnes) and Spain (37 tonnes) accounted for almost 75 % of the total quantity seized.
- The average purity of cocaine at retail level varied from 31 % to 80 % across Europe in 2020, with half the countries reporting an average purity between 54 % and 68 %. The purity of cocaine has been on an upward trend over the past decade, and in 2020 reached a level 40 % higher than the index year of 2010.
- In 2020, the 91 000 use or possession offences involving cocaine continued an upward trend from the previous 4 years.
- In the European Union, surveys indicate that nearly 2.2 million 15- to 34-year-olds (2.2 % of this age group) used cocaine in the last year. Of the 14 European countries that have conducted surveys since 2019 and provided confidence intervals, 8 reported higher estimates than their previous comparable survey, 4 reported a stable trend and 2 a lower estimate.
- Decreases in cocaine residues were observed in 2020 for most cities with data on municipal wastewater for 2019 and 2020. Data for 2021 reveal an increase in cocaine residues in 32 out of 58 cities compared to 2020, while 12 cities reported no change and 14 cities reported a decrease.
- In 2020, cocaine was the second most common problem drug for first-time drug treatment entrants, cited by 14 000 clients or 15 % of all first-time entrants.
- Cocaine was the second most common substance reported by Euro-DEN Plus hospitals in 2020, present in 21 % of acute drug toxicity presentations. The number of presentations involving cocaine decreased by 15 % between 2019 and 2020.
- Among 22 countries providing data, cocaine, mostly in the presence of opioids, was involved in 13.4 % of overdose deaths in 2020 (14.3 % in 2019).
- Cocaine was the drug most frequently submitted for testing to drug-checking services in 10 European cities in 2020 (22 %) and 2021 (24 %).
- Just five EU countries accounted for more than 90 % of the 4 000 crack-related treatment entries reported by countries with 2020 data. This suggests that an estimated 7 000 clients entered drug treatment for crack problems in Europe in 2020.

**Cocaine is now playing
a more significant role in
drug-related health
problems in Europe**

COCAINE

Seizures

Number

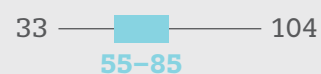


Quantity



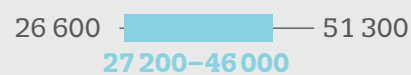
Price retail

(EUR/g)



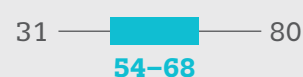
Price wholesale

(EUR/kg)



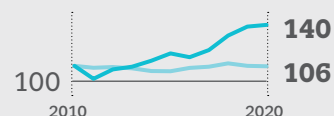
Purity retail

(%)



Indexed trends

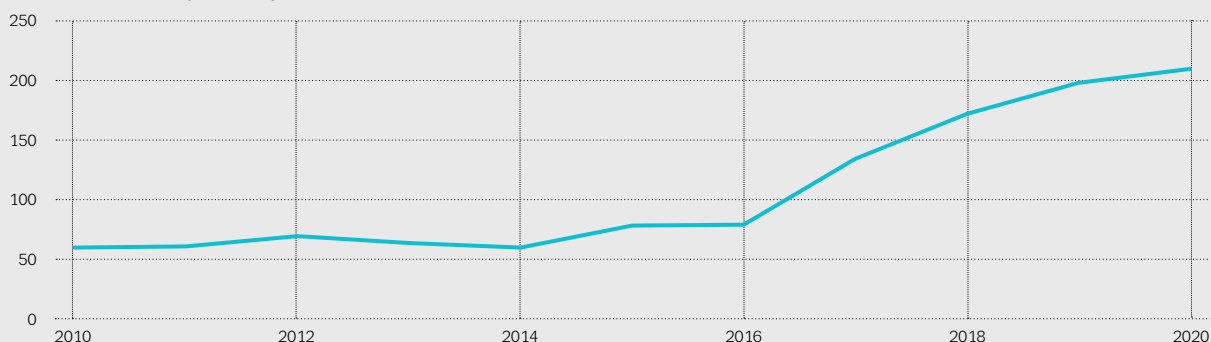
Retail price and purity



EU + 2 refers to EU Member States, Turkey and Norway.

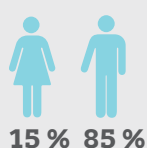
Price and purity of cocaine: national mean values — minimum, maximum and interquartile range. Countries covered vary by indicator.

Cocaine seizures (tonnes)



Users entering treatment

Characteristics



Mean age at first use

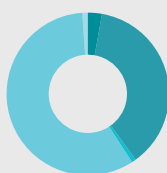
23

Mean age at first treatment entry

32

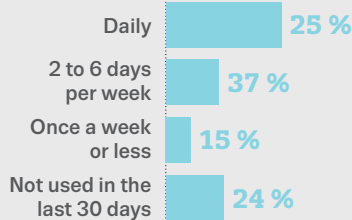
14 000
First-time entrants
44 %2 000
Unknown status 6 %16 000
Previously treated entrants 50 %

Route of administration

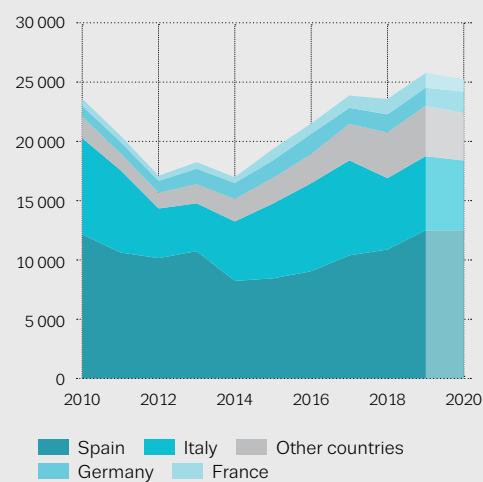


Frequency of use in the last month

Mean use 4.1 days per week



Trends in first-time entrants



Apart from trends, data are for all treatment entrants with cocaine as primary drug for countries that reported data in 2020. Trends in first-time entrants are based on 22 countries. Only countries with data for at least 9 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. Because of disruptions to services due to COVID-19, 2020 data should be interpreted with caution.



AMPHETAMINE AND METHAMPHETAMINE | **Production and use of stimulants in Europe a persistent problem**

Commenting with confidence on recent trends in stimulant use is difficult due to data limitations and inconsistencies in some of the trends observed. However, the COVID-19 pandemic disrupted Europe's nightlife economy, and this appears to have led to reduced demand for stimulants during 2020, although this was probably short-lived. More generally, the relatively high purity of seizures and stable prices along with other information suggest that overall the production of amphetamine and methamphetamine within the European Union remains stable or may have even increased in recent years. As noted elsewhere, there are signals that methamphetamine availability and use appears to be increasing, although from a low base. However, higher rates of methamphetamine use are still only observed in a small number of countries in central and eastern Europe. It is also important to note that all indicators still suggest that amphetamine is overall more commonly available and used within the European Union, although it must be noted that in some data sets methamphetamine and amphetamine may not be reported separately. An increase in the number of amphetamine laboratories dismantled during 2020 and a record 21.2 tonnes of this drug being seized, along with other data, also support the conclusion that amphetamine availability remains high and may even be increasing. A growing concern is that some production in the European Union takes place for export to non-EU markets and this may be increasing. The Netherlands, for example, dismantled more large-scale methamphetamine laboratories producing for export beyond Europe in 2020.

KEY DATA AND TRENDS

- In 2020, EU Member States reported 25 000 seizures of amphetamine, amounting to a record 21.2 tonnes (15.4 tonnes in 2019). Turkey seized 0.7 tonnes (2.8 tonnes in 2019), including 2.9 million tablets (11 million in 2019), reported as 'captagon'. The average purity of amphetamine at retail level has increased markedly over the past decade, while the price has remained relatively stable.
- EU Member States reported 6 000 seizures of methamphetamine amounting to 2.2 tonnes in 2020 (3.5 tonnes in 2019), with Slovakia seizing 1.5 tonnes of Mexican origin. In 2020, Turkey reported 34 000 seizures of methamphetamine, amounting to 4.1 tonnes (1 tonne in 2019). The average purity of methamphetamine has increased over the past decade, mostly since 2019.
- Surveys, which group amphetamine and methamphetamine together, conducted by 25 EU countries between 2016 and 2021 suggest that 1.4 million young adults (15–34) used amphetamines during the last year (1.4 % of this age group). Of the 14 European countries that have conducted surveys since 2019 and provided confidence intervals, 5 reported higher estimates than their previous comparable survey, 8 reported a stable trend and 1 a lower estimate.
- Estimates of high-risk methamphetamine use range from 0.60 per 1 000 population (corresponding to 363 high-risk users) in Cyprus, 2.8 per 1 000 (10 380 high-risk users) in Slovakia to 4.84 per 1 000 (33 100 high-risk users) in Czechia.
- Of the 46 cities with data on amphetamine residues in municipal wastewater for 2020 and 2021, 23 reported an increase, 14 a stable situation and 9 a decrease.
- Of the 57 cities that have data on methamphetamine residues in municipal wastewater for 2020 and 2021, 26 reported an increase, 9 a stable situation and 22 a decrease.
- More than 8 000 clients entering specialised drug treatment in Europe in 2020 reported amphetamine as their primary drug, of whom about 3 700 were first-time clients.

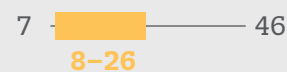
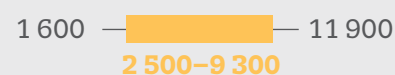
AMPHETAMINE

Seizures

Number

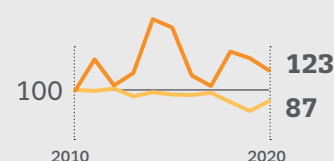


Quantity

Price retail
(EUR/g)Price wholesale
(EUR/kg)Purity retail
(%)

Indexed trends

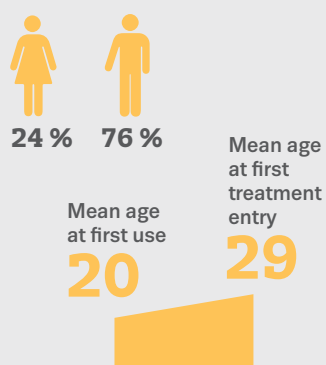
Retail price
and purity



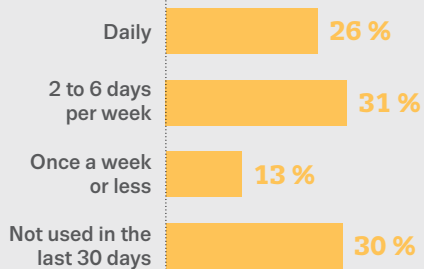
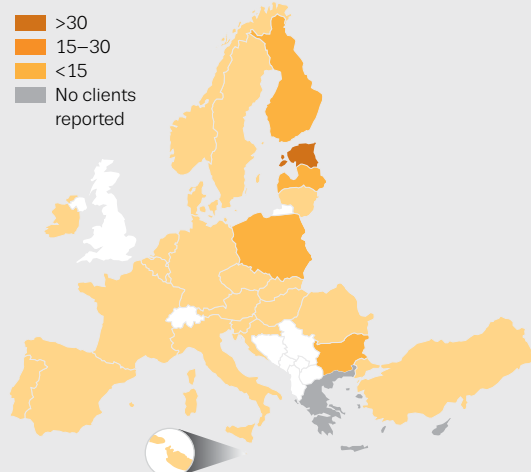
EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of amphetamine: mean national values — minimum, maximum and interquartile range. Countries vary by indicator.

Users entering treatment

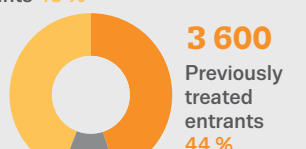
Characteristics

Frequency of use
in the last month

Mean use 4.4 days per week

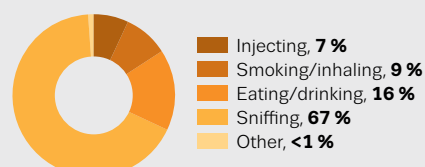
Share of first-time entrants
for all drugs
(percent)

3 700
First-time entrants 45 %



900 Unknown status 11 %

Route of administration



Data are for all treatment entrants with amphetamine as primary drug for countries that reported data for 2020, with the exception of the map, which contains older data for Spain, Croatia, Latvia and the Netherlands. In the map, data for Sweden and Norway relate to clients citing stimulants other than cocaine as primary drug.

- Users of amphetamine or methamphetamine accounted for at least 15 % of first-time treatment entrants in 2020 in Bulgaria, Czechia, Estonia, Germany, Latvia, Poland, Slovakia, Finland and Turkey.
- Injection is reported as a common route of administration for amphetamine in some countries, including Finland, Norway, Poland and Sweden.
- About 7 % of amphetamine clients entering drug treatment in Europe in 2020 reported injecting as the main route of administration, while 67 % reported sniffing and 16 % reported oral consumption of the drug. Treatment demands, however, were heavily concentrated in just a few countries.
- Amphetamine was the fourth most common substance reported by Euro-DEN Plus hospitals in 2020, present in 13 % of the presentations.
- Out of 20 countries with post-mortem data available in 2020, Norway (74 deaths), Finland (67), Austria (28), Czechia (18), Slovakia (17) and Estonia (17) all reported an increase in the number of deaths involving amphetamines compared with the previous year. However, due to small overall numbers of cases in some countries, fluctuations should not be overinterpreted.
- Treatment entrants reporting methamphetamine as their main problem drug are concentrated in Czechia, Germany, Slovakia and Turkey, which together account for 93 % of the 9 400 methamphetamine clients reported in 2020, 4 200 of whom were first-time clients.
- Methamphetamine was the eleventh most common substance reported by Euro-DEN Plus hospitals in 2020, present in 2 % of acute drug toxicity presentations (2 % in 2019).

**There are signals
that methamphetamine
availability and use appears
to be increasing, although
from a low base**

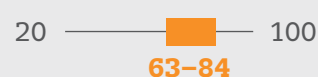
METAMPHETAMINE

Seizures

Number

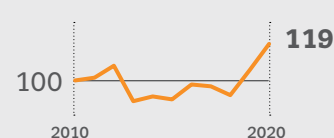


Quantity

Price retail
(EUR/g)Purity retail
(%)

Indexed trends

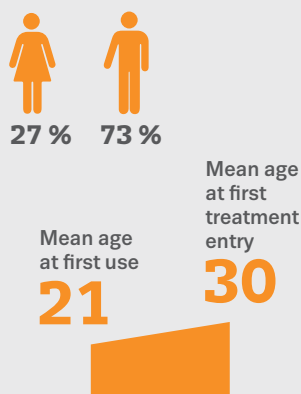
Retail purity



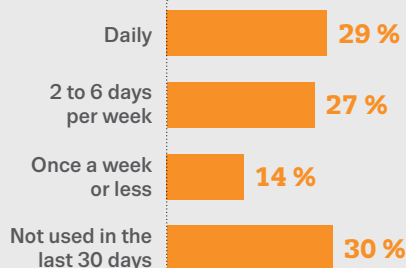
EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of methamphetamine: mean national values — minimum, maximum and interquartile range. Countries vary by indicator.

Users entering treatment

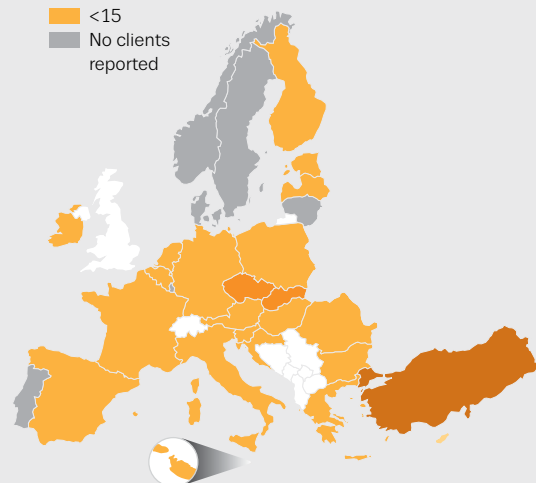
Characteristics

Frequency of use
in the last month

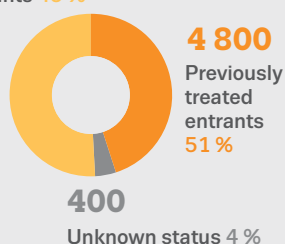
Mean use 4.5 days per week

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

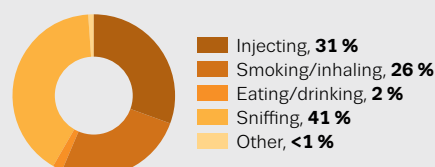
>30
 15–30
 <15
 No clients reported



4 200
First-time entrants 45 %



Route of administration



Data are for all treatment entrants with methamphetamine as primary drug for countries that reported data for 2020, with the exception of the map, which contains older data for Spain, Croatia, Latvia and the Netherlands.

MDMA | Despite pandemic disruption to nightlife, high-strength MDMA products remain a concern



The number of MDMA laboratories dismantled remained relatively stable in 2020 and the quantities of MDMA tablets seized rose, although seizures of powders halved. It is not clear whether these data are indicative of a reduction in the availability of MDMA powder on the drug market. The continued availability of high-strength MDMA tablets puts users at risk of health harms. However, there were signs that levels of MDMA use did experience a decline in 2020, likely associated with severe disruptions of Europe's nightlife economy, which continued into 2021. Reflecting this, non-representative data from wastewater MDMA residue analysis, drug-checking services and focus groups with service providers suggest that levels of MDMA use remained below pre-pandemic levels during 2021. Other data reported by Euro-DEN Plus on the number of MDMA-related emergency hospital visits declined by about a half in 2020. It remains to be seen if MDMA use will start to return to pre-pandemic levels as COVID-19 restrictions around Europe are eased.

KEY DATA AND TRENDS

- In 2020, EU countries reported 13 000 seizures of MDMA (25 000 in 2019). Seizures of MDMA powder in the European Union amounted to 1 tonne (2.2 tonnes in 2019) and seizures of MDMA tablets reached 4.7 million (3.9 million in 2019). Turkey seized a record 11.1 million MDMA tablets (8.7 million in 2019).
- The average MDMA content in tablets and the purity of powders remained stable in 2020, with MDMA tablets seized in Europe containing on average between 125 and 200 milligrams of MDMA, and the average purity of seized MDMA powders ranging from 43 % to 95 %.
- In 2020, the average amount of MDMA per tablet tested by drug-checking services in 17 European cities was 180 milligrams (179 milligrams in 2019). The average purity of MDMA powder reported was 79 % (80 % in 2019).
- Surveys conducted by 26 EU countries between 2015 and 2021 suggest that 1.9 million young adults (15–34) used MDMA in the last year (1.9 % of this age group). 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 14 European countries that undertook surveys since 2019 and provided confidence intervals, 7 reported higher estimates than their previous comparable survey, 6 reported stable estimates and 1 reported a decrease.
- Of the 58 cities that have data on MDMA residues in municipal wastewater for 2020 and 2021, 15 reported an increase, 5 a stable situation and 38 a decrease. Of the 10 cities with data for both 2011 and 2021, 9 had higher MDMA loads in 2021 than in 2011.
- MDMA was the sixth most common drug reported by Euro-DEN Plus hospitals in 2020, present in 6 % of acute drug toxicity presentations. Presentations involving MDMA decreased to 376 in 2020 (661 in 2019).

The continued availability of high-strength MDMA tablets puts users at risk of health harms

MDMA

Seizures

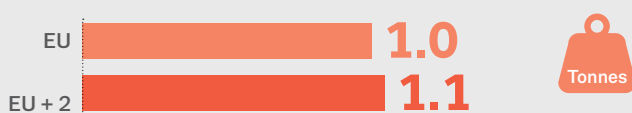
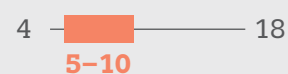
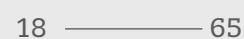
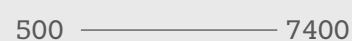
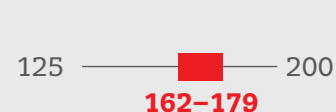
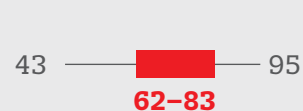
Number



Quantity



Quantity

Price retail
(EUR/tablet)Price retail
(EUR/g powder)Price wholesale
(EUR/1 000 tablets)MDMA
content retail
(mg/tablet)MDMA
purity retail
(powder %)

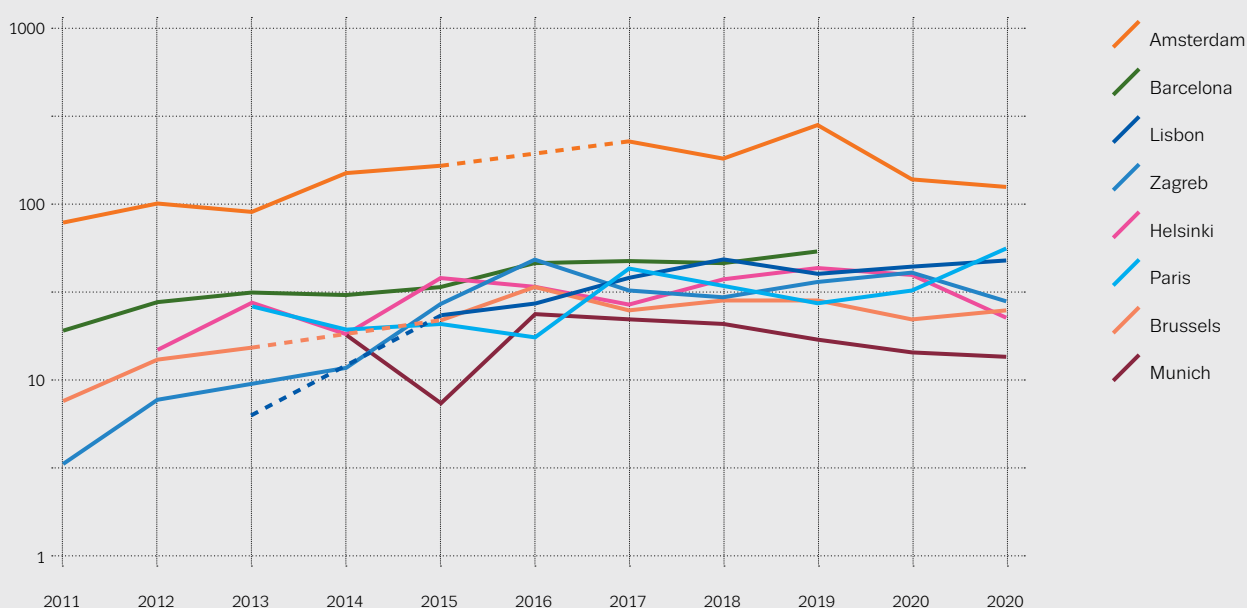
Indexed trends

Price and
MDMA content

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

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 2021. Source: Sewage Analysis Core Group Europe (SCORE).

HEROIN AND OTHER OPIOIDS | Heroin remains Europe's most commonly used opioid, despite trafficking shifts



Indicators of heroin use and reductions in the quantity of heroin seized by Turkey and Bulgaria in 2020 together with large seizures reported in other transit countries are suggestive that COVID-19 transport restrictions may have disrupted the trafficking of this drug along the Balkan route into the European Union. This could also help explain the shortages of heroin in 2020 reported by some countries. Any disruption of trafficking appeared to be short-lived, and preliminary data for 2021 show heroin seizures returning to pre-pandemic levels. Countries that reported a shortage, however, also noted the use of replacement substances, including diverted methadone, stimulants and benzodiazepines.

While heroin remains Europe's most commonly used illicit opioid and the drug responsible for most drug-induced deaths, there has been growing concern about the role synthetic opioids play in Europe's drug problem. Fentanyl derivatives are a particular concern due to the central role this group plays in the North American opioid problem. Fentanyl deaths have been reported in Europe and, historically, fentanyl derivatives have been the most common form of opioids used in Estonia and sometimes reported by other countries. The limited data available suggest that both fatal and non-fatal overdoses attributed to fentanyl fell in 2020. Overall, however, there are also signals that other synthetic opioids may be playing a more important role in drug problems in some countries. An important caveat here is that current surveillance systems may not document trends in synthetic opioid use well, and this is therefore an area where surveillance capacity needs to be improved.

KEY DATA AND TRENDS

- EU Member States reported 18 000 heroin seizures amounting to 5.1 tonnes in 2020 (7.9 tonnes in 2019). France (1.1 tonnes), Belgium (0.7 tonnes), Italy (0.5 tonnes) and Poland (0.5 tonnes) reported large quantities. Turkey seized over 13.4 tonnes of heroin in 2020 (20 tonnes in 2019).
- The average purity of heroin at retail level ranged from 13 % to 55 % in 2020, with half of the countries reporting an average purity between 17 % and 26 %. Indexed trends indicate the average purity of heroin rose by 9 % between 2010 and 2020, while its price dropped by 8 %.
- Almost 10 000 seizures of other opioids were reported in 2020, amounting to over 3.5 tonnes, more than 130 litres and 1.6 million tablets. In the same year, 1.5 kilograms of fentanyl derivatives was seized in Europe, and the Netherlands seized 1.3 kilograms of fentanyl.
- Overall, the available indicators suggest heroin use remained stable in 2020 compared with previous years. It is estimated that 0.34 % of the EU population, around 1 million people, used opioids in 2020.
- Approximately 22 000 offences for heroin use or possession were reported in 2020.
- Opioid use was reported as the main reason for entering specialised drug treatment by 66 000 clients in 2020, representing 28 % of all those entering drug treatment in Europe. Heroin was the primary drug for 8 500 (77 %) of the 11 200 first-time entrants who reported a specific opioid as their main problem drug. Another 2 300 first-time opioid clients did not specify their primary drug.
- National data from 18 EU Member States show an estimated 173 000 clients received opioid agonist treatment in 2020 (170 000 in 2019).
- Heroin remained the third most common cause of acute drug toxicity presentations in Euro-DEN Plus hospitals in 2020, at 18 %.
- Opioids were found in an estimated 74 % of fatal overdoses reported in the European Union. It should be noted that multiple drugs are commonly found in toxicology reports from suspected drug-induced deaths.

HEROIN

Seizures

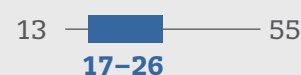
Number



Quantity

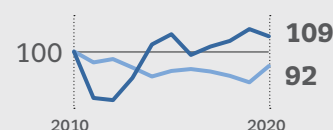

Price retail
(EUR/kg)

Price wholesale
(EUR/kg)

Purity retail
(%)


Indexed trends

Retail price and purity

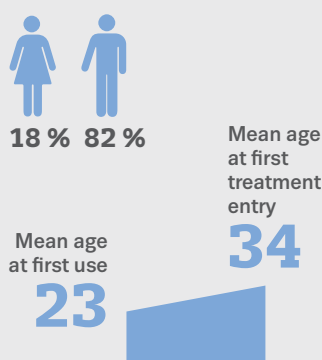


EU + 2 refers to EU Member States, Turkey and Norway.

Price and purity of 'brown' heroin: national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

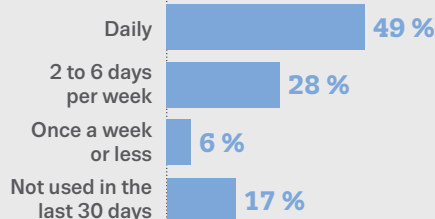
Users entering treatment

Characteristics

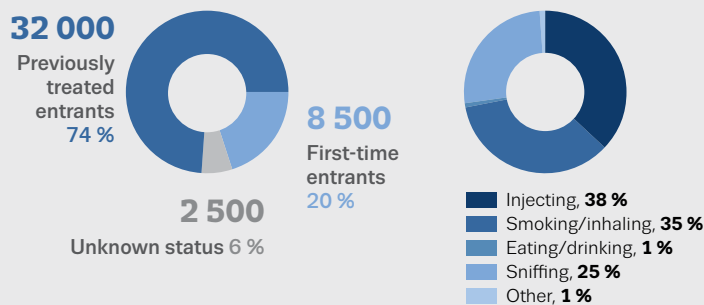


Frequency of use in the last month

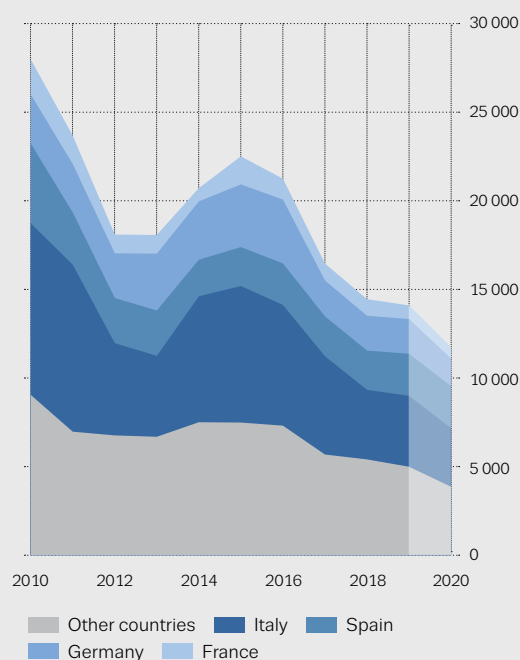
Mean use 5.6 days per week



Route of administration



Trends in first-time entrants



Apart from trends, data are for all treatment entrants with heroin as primary drug for countries that reported data in 2020. Trends data for Germany are for entrants with 'opioids' as primary drug. Trends in first-time entrants are based on 22 countries. Only countries with data for at least 9 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. Because of disruptions to services due to COVID-19, 2020 data should be interpreted with caution.

NEW PSYCHOACTIVE SUBSTANCES | Hazardous substances continue to appear



Nearly 7 tonnes of new psychoactive substances was seized in 2020. These substances are sold for their psychoactive properties but are not controlled under the international drug conventions. The European market for new psychoactive substances has been affected by restrictions on their production and export recently imposed by China, one of the main source countries. Seizures in 2020 appeared to represent a market adaptation to these changes, as they were dominated by a small number of large-scale seizures of synthetic cathinones, mainly trafficked from India, although since 2015 at least 52 laboratories have been detected manufacturing these substances in Europe. China also introduced generic controls on fentanyl derivatives in 2019. Interestingly, no new fentanyl derivatives were detected in Europe in 2021. However, between 2020 and 2021, 15 new synthetic opioids, not covered by fentanyl controls, were detected in Europe. These include 9 potent benzimidazole opioids. In addition, 4 new 'OXIZID' synthetic cannabinoids were detected in Europe in 2021, seemingly as replacement substances following China's class-wide ban on synthetic cannabinoids.

Concern also exists about a growing crossover between the illicit drugs and new psychoactive substances markets. Examples include the adulteration of low-THC cannabis products and edibles with synthetic cannabinoids, the production of fake medicines such as oxycodone tablets that have been found to contain potent benzimidazole opioids and fake Xanax and diazepam tablets containing new benzodiazepines. These developments mean that users may be unknowingly exposed to potent substances that may increase the risk of fatal or non-fatal overdose events.

KEY DATA AND TRENDS

- At the end of 2021, the EMCDDA was monitoring around 880 new psychoactive substances, 52 of which were first reported in Europe in 2021.
- Approximately 370 previously reported new psychoactive substances were detected on the market in 2020.
- In 2020, EU Member States accounted for 21 230 of the 41 100 seizures of new psychoactive substances reported in the European Union, Turkey and Norway, amounting to 5.1 of the 6.9 tonnes seized.
- In 2020, 65 % of the material seized (3.3 tonnes) was cathinone powders, of which *N*-ethylhexedrone accounted for one third, while 3-MMC and 3-CMC each accounted for one quarter.
- A total of 224 new synthetic cannabinoids have been detected in Europe since 2008, including 15 reported for the first time in 2021. In 2020, EU Member States reported 6 300 seizures amounting to 236 kilograms of material containing synthetic cannabinoids.
- Deaths involving synthetic cannabinoids were reported by three countries in 2020: Germany (9), Hungary (34) and Turkey (49).
- The 73 new synthetic opioids detected between 2009 and 2021 include 6 first reported in 2021. In 2020, approximately 600 seizures of new opioids were reported by EU Member States, amounting to 11 kilograms of material.

- National estimates of last year use of new psychoactive substances (excluding ketamine and GHB) among young adults (aged 15–34) range from 0.1 % in Latvia to 5.1 % in Romania. Among schoolchildren, the ESPAD 2019 survey estimated that lifetime use of new psychoactive substances ranged from 0.9 % to 6.6 %, with lifetime use of synthetic cannabinoids between 1.1 % and 5.2 % and synthetic cathinones between 0.2 % and 2.5 %.
- In 2020, 3-MMC was involved in 38 acute drug toxicity presentations in 5 Euro-DEN Plus hospitals.

- Low levels of 3-MMC were detected by drug-checking services in 10 European cities in 2020.
- Analysis of 1 166 used syringes collected by the ESCAPE network of seven European cities in 2020 found synthetic cathinones in over half of all syringes analysed in Budapest and Paris.

NEW PSYCHOACTIVE SUBSTANCES

52

first reported in 2020



880

being monitored



372

on the market each year



Seizures

Number

EU 22 230

EU + 2 41 100



Quantity (tonnes)

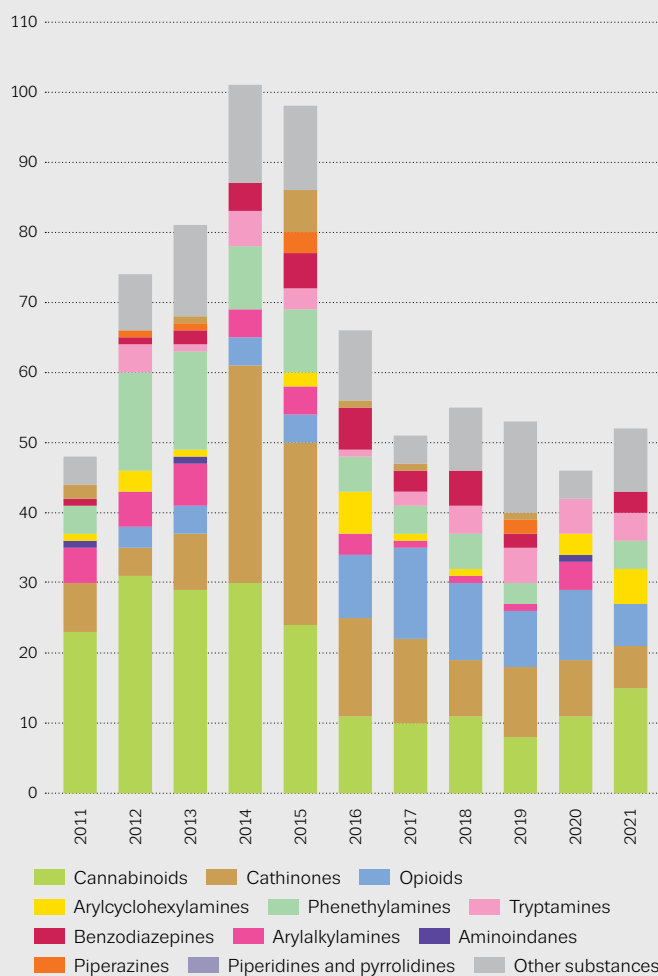
EU 5.1

EU + 2 6.9



All physical forms measured in weight units — includes herbal material, powders, resins, others.

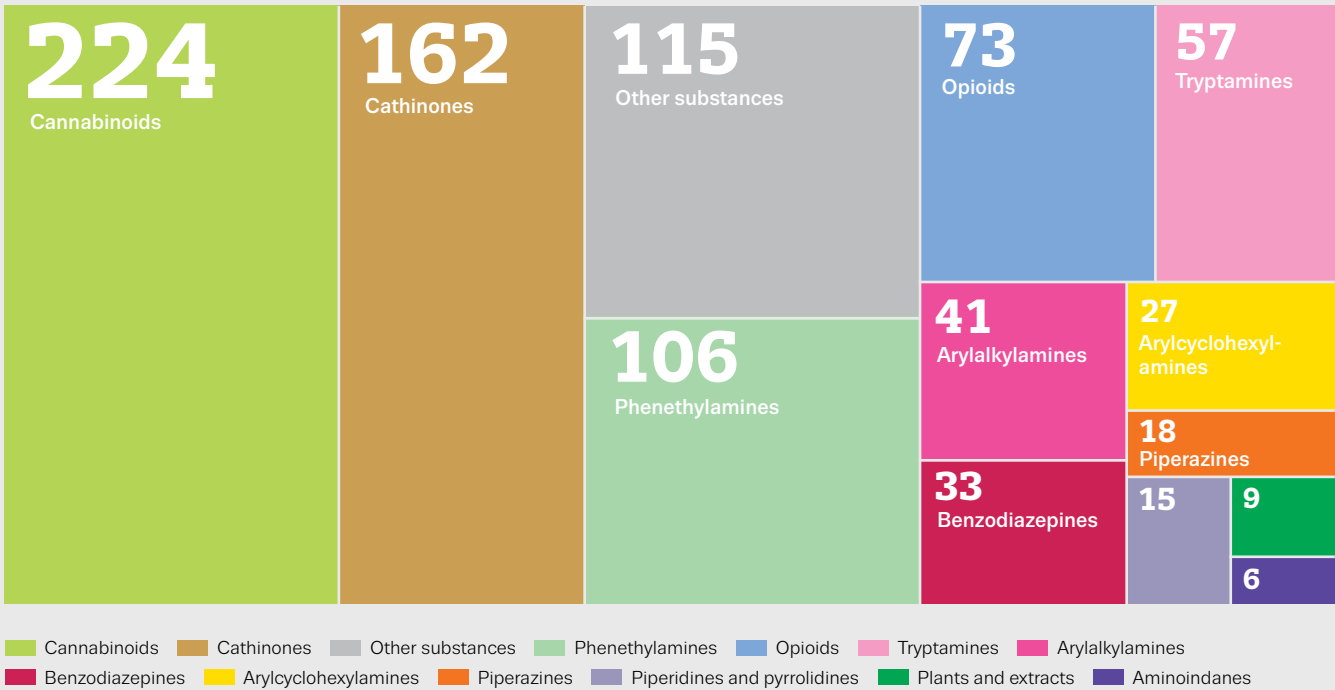
Number and categories of new psychoactive substances reported to the EU Early Warning System for the first time, 2011–21



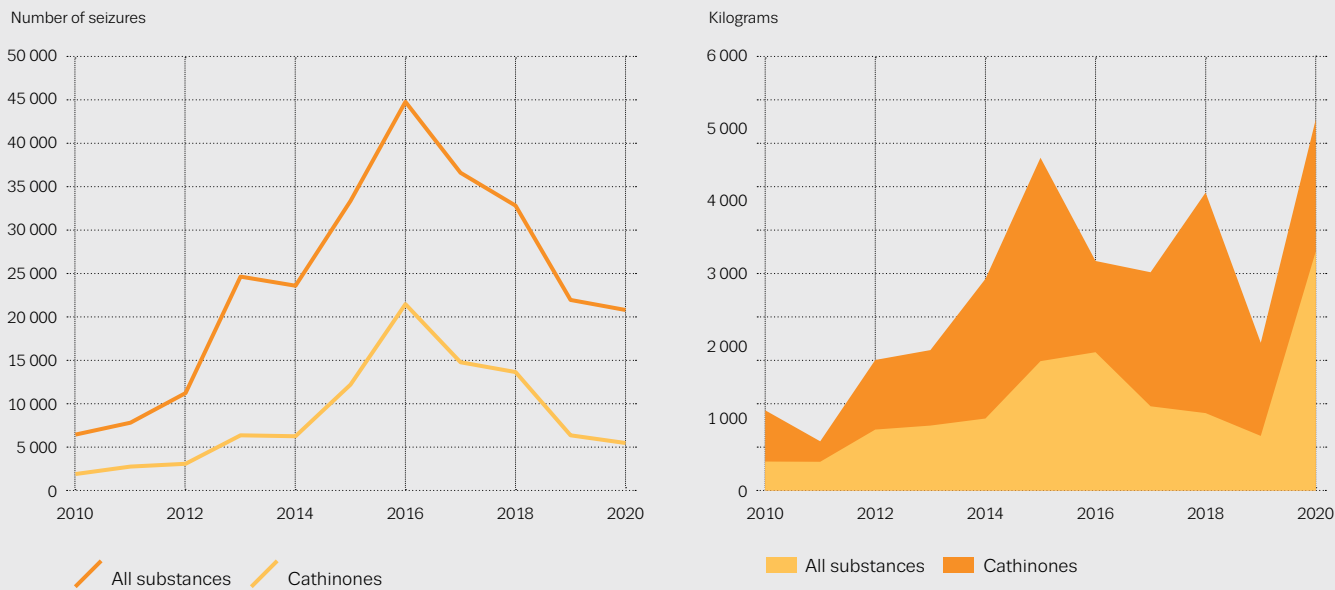
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NEW PSYCHOACTIVE SUBSTANCES

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



Seizures of new psychoactive substances reported to the EU Early Warning System: trends in number of seizures (left) and quantities seized (right), 2010–20



OTHER DRUGS | Signals of harms from uncommonly used dissociative drugs



The prevalence of use of hallucinogenic and dissociative drugs is generally low in Europe. Concerns have been raised in some countries about increased problems related to use of drugs like ketamine and GBL and GHB, for example, but the situation at national level appears very heterogeneous and the scale of problems related to the use of these sorts of substances is difficult to quantify. Monitoring trends in this area is also complicated by the fact that intensive use of such drugs often occurs in niche settings and contexts. Despite these problems, there are signs of increased harms associated with some of these drugs, and improving our surveillance capabilities to monitor trends in hallucinogenic and dissociative drugs is of growing importance. Information from 7 EU Member States indicate, for example, that use of nitrous oxide may be increasing among young people. The use of nitrous oxide for intoxication presents a regulatory challenge, as this substance also has legitimate commercial uses.

KEY DATA AND TRENDS

- Seizures of hallucinogenic and dissociative drugs are not consistently monitored. Different EMCDDA monitoring systems provide the limited information available, which is incomplete and divergent.
- In 2020, 1 600 seizures of LSD (lysergic acid diethylamide), amounting to 71 000 units, were reported in Europe. Nineteen countries reported 1 000 seizures of hallucinogenic mushrooms, amounting to 158 kilograms. Thirteen EU countries reported 200 seizures of DMT (dimethyltryptamine), amounting to 42 kilograms, mainly in Portugal (16 kilograms), Poland (12 kilograms) and Italy (11 kilograms), 4 litres of DMT, mainly in Romania, and 30 600 units, mainly in Spain.
- Sixteen EU countries reported 1 600 seizures of ketamine, amounting to 240 kilograms and 8 litres.
- Eighteen European countries reported 2 000 seizures of GHB (gamma-hydroxybutyrate) or its precursor GBL (gamma-butyrolactone), amounting to 60 kilograms and 16 000 litres. GBL has many industrial purposes, making the data challenging to interpret.
- Among young adults (15–34), recent national surveys show last year prevalence estimates for both LSD and hallucinogenic mushrooms equal to or less than 1 %. Exceptions include Czechia (5.3 % in 2020), Austria (3.8 % in 2020), Finland (2.0 % in 2018), the Netherlands (1.7 % in 2020), Estonia (1.6 % in 2018, 16–34) and Denmark (1.5 % in 2021) for hallucinogenic mushrooms, and Austria (3.4 % in 2020), Ireland (2.4 % in 2019), Finland (2.0 % in 2018), Czechia (1.8 % in 2020), Estonia (1.7 % in 2018, 16–34) and Latvia (1.4 % in 2020) for LSD.
- In the European Web Survey on Drugs, 20 % of people using drugs within the last 12 months used LSD, while 13 % used ketamine.
- Recent estimates of last year prevalence of ketamine use among young adults (16–34) range from 0.4 % in Denmark (2021) to 0.8 % in Romania (2019). The Netherlands reported that ketamine use has increased among young people in nightlife scenes.
- GHB was the fifth most common drug reported by Euro-DEN Plus hospitals in 2020. GHB was present in 11 % of acute drug toxicity presentations and 35 % of critical care admissions, reflecting overdose risks. LSD was present in 1.7 % of acute drug toxicity presentations, while ketamine was present in 1.3 %.
- Drug toxicity data suggest recent increases in the use of nitrous oxide. Increases in presentations involving nitrous oxide were reported by Euro-DEN Plus hospitals in Amsterdam (15 in 2020, from 1 in 2019) and Antwerp (44 in both 2019 and 2020, from 6 in 2017–18), while in 2020, French poison centres reported 134 cases (46 in 2019) and Dutch poison centres reported 144 (128 in 2019).



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 2022](#), where notes and meta-data are available. The years to which data refer are indicated.

TABLE A1

OPIOIDS

Country	High-risk opioid use estimate		Entrants into treatment during the year						Clients in opioid agonist treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
			All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	
	Year of estimate	cases per 1 000	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	count
Belgium	–	–	18.9 (1 898)	6.2 (221)	26.4 (1 583)	13.3 (230)	6.2 (13)	14.2 (204)	15 840
Bulgaria	–	–	72.6 (653)	31 (70)	87.6 (566)	63.9 (408)	62.9 (44)	64.7 (357)	3 031
Czechia ⁽¹⁾	2020	1.6–1.7	37.7 (2 747)	18.7 (470)	36.8 (1 229)	61.7 (1 059)	56.8 (246)	63.5 (704)	5 000
Denmark	2016	4.0–9.6	11 (565)	11.5 (503)	7.8 (150)	8.4 (40)	1.4 (2)	12.1 (38)	6 600
Germany	2019	1.9–2.3	14.1 (6 081)	6.5 (1 559)	24.2 (4 040)	21.1 (851)	15.6 (161)	22.7 (600)	81 300
Estonia	–	–	60.3 (234)	39.5 (47)	68 (155)	78.8 (182)	68.1 (32)	77.9 (120)	1 076
Ireland	2014	6.1–7.0	36.5 (3 419)	14.5 (550)	53.2 (2 716)	32.4 (1 080)	17.3 (95)	35.4 (934)	11 185
Greece	2020	1.5–2.3	53.3 (1 704)	31 (399)	68.3 (1 298)	25.7 (436)	20.4 (81)	27.4 (354)	9 211
Spain	2019	1.4–2.7	22.3 (11 170)	11.2 (3 068)	37.3 (7 719)	10.8 (1 177)	5.9 (179)	12.3 (932)	58 540
France	2019	4.9–5.2	25.6 (9 562)	13.2 (1 229)	37.4 (5 863)	15.4 (1 282)	9.7 (109)	17.2 (888)	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	42.5 (15 889)	25.4 (3 611)	53 (12 278)	47.5 (6 703)	31.6 (929)	51.7 (5 774)	75 711
Cyprus	2020	1.2–2.3	16.8 (154)	10.6 (48)	23 (105)	47.7 (73)	43.8 (21)	50 (52)	208
Latvia	2017	4.6–7.0	49.4 (399)	28.7 (123)	72.8 (276)	82.8 (323)	73.8 (90)	86.9 (233)	721
Lithuania	2016	2.7–6.5	82.2 (470)	46.2 (42)	89.8 (424)	78.8 (369)	78.6 (33)	78.7 (332)	1 044
Luxembourg	2019	3.3	48.8 (98)	29.3 (17)	56.6 (81)	43 (40)	29.4 (5)	46.1 (35)	1 176
Hungary	2010–11	0.4–0.5	3.2 (138)	1.3 (37)	10.1 (90)	28.7 (37)	17.1 (6)	33.7 (29)	508
Malta	2020	2.4–3.0	55.3 (1 098)	20.3 (101)	67 (997)	41.5 (456)	6.9 (7)	45 (449)	855
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	48.3 (1 895)	29.1 (458)	61.2 (1 437)	28.1 (423)	13.7 (49)	32.6 (374)	19 233
Poland	2014	0.4–0.7	13.6 (596)	6.5 (142)	21.3 (451)	40.9 (239)	30.1 (41)	44.1 (197)	3 423
Portugal	2018	3.0–7.0	39.4 (1 037)	20.8 (283)	59.3 (754)	10.8 (106)	7 (19)	12.2 (87)	17 614
Romania	2020	1.0–1.7	24.4 (838)	11 (258)	52.9 (580)	80.8 (677)	76 (196)	81.3 (562)	1 879
Slovenia	2020	3.1–3.6	75.8 (97)	51.4 (19)	85.7 (78)	38.1 (37)	21.1 (4)	42.3 (33)	3 101
Slovakia	2020	1.2–1.7	13.7 (334)	7.2 (80)	19.7 (247)	68.7 (224)	74.7 (59)	66.4 (160)	572
Finland	2017	6.9–8.6	43.4 (206)	38.2 (68)	46.5 (138)	68.4 (141)	60.3 (41)	72.5 (100)	4 729
Sweden ⁽³⁾	–	–	24.1 (9 967)	15.5 (1 994)	28.6 (7 675)	69.4 (109)	–	–	4 224
Turkey	2011	0.2–0.5	60.2 (5 064)	43.9 (1 351)	69.5 (3 713)	19.8 (1 005)	10 (135)	23.4 (870)	5 064

Country	High-risk opioid use estimate		Entrants into treatment during the year						Clients in opioid agonist treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
			All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	
	Year of estimate	cases per 1 000	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	count
Norway ⁽⁴⁾	2013	2.0–4.2	19.7 (1 125)	13.3 (318)	25.5 (807)	–	–	–	8 099
European Union	–	–	25.7 (72 449)	12.8 (15 688)	39.3 (57 128)	30.8 (16 702)	21.5 (2 520)	38.3 (17 078)	514 324
EU, Turkey and Norway	–	–	26.5 (78 638)	13.6 (17 357)	40.1 (61 648)	29.9 (17 707)	20.3 (2 655)	37.2 (17 948)	527 487

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

Data on entrants into treatment are for 2020 or most recent year available: Spain, Croatia, 2019; Latvia, 2017; Netherlands, 2015.

Data on clients in opioid agonist treatment are for 2020 or most recent year available: Czechia, Spain, Croatia, Finland, 2019; France, Italy, 2018; Denmark, 2017; Netherlands, 2015.

⁽¹⁾ Number of clients in opioid agonist treatment is an estimate derived from the treatment demand register and opioid agonist treatment provided by general practitioners.

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

⁽³⁾ Data for clients entering treatment refer to hospital-based care, specialised outpatient care facilities and prison and compulsory care. 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.

TABLE A2

COCAINE

Country	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)		
	Year of survey	Lifetime, adults (15–64)	Last 12 months, young adults (15–34)	Lifetime, students (15–16)	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants
		%	%	%	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Belgium	2018	–	2.9	1	27.5 (2 768)	27.3 (976)	26.9 (1 608)	3.7 (87)	1.2 (10)	5.1 (69)
Bulgaria	2020	2.0	1.3	3	4.3 (39)	10.2 (23)	2.3 (15)	0 (0)	0 (0)	0 (0)
Czechia	2020	2.7	1.8	2	0.9 (62)	1.1 (28)	1 (32)	5 (3)	3.7 (1)	6.5 (2)
Denmark	2021	8.1	2.9	2	18.7 (818)	20.1 (384)	17.6 (411)	1 (8)	0.3 (1)	1.8 (7)
Germany	2018	4.1	2.4	1	7.9 (3 406)	7.5 (1 793)	8.2 (1 376)	2 (44)	0.9 (11)	3.3 (30)
Estonia	2018	5.0	2.8	2	4.1 (16)	8.4 (10)	2.6 (6)	6.7 (1)	11.1 (1)	–
Ireland	2019	8.3	4.8	3	27.2 (2 548)	35.8 (1 359)	20.7 (1 055)	0.5 (13)	–	1.1 (12)
Greece	2015	1.3	0.6	1	14.5 (465)	19.4 (250)	11.3 (214)	8 (37)	0.8 (2)	16.4 (35)
Spain	2020	11.2	3.2	2	44.7 (22 345)	45.4 (12 491)	43.4 (8 989)	0.6 (129)	0.3 (35)	1 (88)
France	2017	5.6	3.2	3	11.8 (4 424)	10.9 (1 014)	13.5 (2 114)	6.9 (276)	2.8 (26)	10.1 (196)
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	34.7 (12 968)	41.4 (5 890)	30.5 (7 078)	2.5 (294)	1.3 (68)	3.5 (226)
Cyprus	2019	1.8	0.9	4	27 (248)	22.2 (101)	31.7 (145)	3.2 (8)	0 (0)	5.5 (8)
Latvia	2020	2.7	2.2	2	0.5 (4)	0.7 (3)	0.3 (1)	0 (0)	0 (0)	0 (0)
Lithuania	2016	0.7	0.3	2	2.1 (12)	9.9 (9)	0.4 (2)	9.1 (1)	–	50 (1)
Luxembourg	2019	2.9	0.9	2	26.4 (53)	19 (11)	29.4 (42)	39.6 (21)	27.3 (3)	42.9 (18)
Hungary	2019	1.7	0.6	3	4.6 (195)	4.7 (136)	3.5 (31)	1.6 (3)	0.8 (1)	3.3 (1)
Malta	2013	0.5		2	30.3 (601)	51.5 (256)	23.2 (345)	1.2 (7)	2 (5)	0.6 (2)
Netherlands	2020	6.6	3.5	2	24.3 (2 675)	20.8 (1 357)	29.6 (1 318)	0.4 (5)	0.1 (1)	0.6 (4)
Austria	2020	6.5	5.6	2	12.6 (493)	14.4 (227)	11.3 (266)	7 (32)	3.9 (8)	9.7 (24)
Poland	2018	0.7	0.5	2	2.6 (113)	2.4 (53)	2.6 (56)	1.8 (2)	0 (0)	3.6 (2)
Portugal	2016	1.2	0.3	2	23 (604)	26.3 (357)	19.4 (247)	2.2 (13)	1.7 (6)	3 (7)
Romania	2019	1.6	0.7	2	2.8 (95)	3.4 (80)	1.4 (15)	0 (0)	0 (0)	0 (0)
Slovenia	2018	2.7	1.8	3	7 (9)	13.5 (5)	4.4 (4)	22.2 (2)	0 (0)	50 (2)
Slovakia	2019	0.9	0.2	1	2 (49)	2.6 (29)	1.5 (19)	2.2 (1)	3.6 (1)	–

Country	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)		
	Year of survey	Lifetime, adults (15–64)	Last 12 months, young adults (15–34)	Lifetime, students (15–16)	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants
		%	%	%	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Finland	2018	3.2	1.5	1	0.2 (1)	0.6 (1)	0 (0)	0 (0)	0 (0)	0 (0)
Sweden ⁽¹⁾	2017	–	2.5	2	1.9 (769)	3.2 (410)	0.9 (249)	10 (1)	–	–
Turkey	2017	0.2	0.1	–	2.4 (206)	3.1 (95)	2.1 (111)	0.5 (1)	0 (0)	0.9 (1)
Norway	2020	4.6	1.9	2	2.8 (160)	4 (96)	2.1 (65)	–	–	–
European Union	–	5.0	2.2	–	19.8 (55 780)	22.4 (27 318)	17.7 (25 738)	2.0 (983)	0.8 (184)	3.3 (736)
EU, Turkey and Norway	–	–	–	–	19.0 (56 146)	21.6 (27 509)	16.9 (25 914)	2.0 (984)	0.8 (184)	3.3 (737)

Prevalence estimates for the general population: age ranges are 18–64 and 18–34 for France, Germany, Greece and Hungary; 16–64 and 16–34 for Denmark, Estonia 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) and Luxembourg (2014). Germany ESPAD 2019 data refer to Bavaria only.

Data on entrants into treatment are for 2020 or most recent year available: Spain, Croatia, 2019; Denmark, 2018; Latvia, 2017; Netherlands, 2015.

⁽¹⁾ Data for clients entering treatment refer to hospital-based care, specialised outpatient care facilities and prison and compulsory care. Data shown are not fully representative of the national picture.

TABLE A3

AMPHETAMINES

Country	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)		
	Year of survey	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	10.5 (1 057)	7.9 (281)	12.5 (748)	11.6 (100)	7.2 (16)	13 (81)
Bulgaria	2020	2.1	1.4	3	12.6 (113)	27 (61)	6.8 (44)	4.6 (5)	5 (3)	4.9 (2)
Czechia	2020	3.4	2.0	1	41.5 (3 026)	51.6 (1 299)	43 (1 435)	65.2 (1 827)	62.5 (779)	67 (933)
Denmark	2021	7.9	1.4	1	6.6 (290)	6.7 (128)	6.9 (161)	0.7 (2)	0.8 (1)	0.6 (1)
Germany	2018	4.1	2.9	2	16.6 (7 141)	13.7 (3 297)	21.5 (3 580)	1.8 (73)	1.6 (32)	1.9 (37)
Estonia	2018	6.1	2.1	3	22.4 (87)	32.8 (39)	18.4 (42)	73.3 (63)	71.1 (27)	73.8 (31)
Ireland	2019	4.8	2.3	2	0.6 (52)	0.7 (28)	0.4 (21)	13.5 (7)	–	–
Greece	–	–	–	1	1.2 (37)	1.4 (18)	1 (19)	13.9 (5)	0 (0)	26.3 (5)
Spain	2020	4.3	1.1	1	1.7 (839)	1.8 (504)	1.5 (305)	1.7 (14)	2 (10)	1.3 (4)
France	2017	2.2	0.6	1	0.5 (201)	0.4 (37)	0.5 (86)	19.3 (32)	6.7 (2)	23.6 (17)
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 (85)	0.4 (50)	0.2 (35)	1.3 (1)	2.2 (1)	–
Cyprus	2019	0.4	0.2	2	11.6 (106)	8.4 (38)	14.7 (67)	2.9 (3)	–	4.5 (3)
Latvia	2020	1.8	1.2	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	3.1 (18)	9.9 (9)	1.7 (8)	13.3 (2)	12.5 (1)	16.7 (1)
Luxembourg	2019	1.3	0.3	1	1 (2)	1.7 (1)	0.7 (1)	–	–	–
Hungary	2019	1.5	0.8	3	11.7 (501)	11.7 (337)	11.8 (105)	3 (15)	1.2 (4)	10.7 (11)
Malta	2013	0.3	–	1	0.2 (3)	0.2 (1)	0.1 (2)	–	–	–
Netherlands	2020	5.3	2.7	1	7.4 (817)	7.5 (487)	7.4 (330)	1.3 (4)	1 (2)	1.9 (2)
Austria	2020	5.1	4.2	2	4.9 (191)	6.5 (103)	3.7 (88)	1.8 (3)	2.2 (2)	1.3 (1)
Poland	2018	2.4	1.4	3	37.7 (1 651)	38.6 (843)	36.7 (778)	1.7 (28)	1.1 (9)	2.5 (19)
Portugal	2016	0.4	0.0	2	0.1 (3)	0.2 (3)	–	33.3 (1)	33.3 (1)	–
Romania	2019	0.2	0.1	1	1 (34)	1 (23)	1 (11)	0 (0)	0 (0)	0 (0)
Slovenia	2018	2.3	1.1	1	0.8 (1)	2.7 (1)	0 (0)	0 (0)	0 (0)	0 (0)
Slovakia	2019	0.9	0.2	1	46.7 (1 138)	50.5 (562)	43.3 (543)	28.1 (311)	26.6 (147)	28.7 (150)
Finland	2018	4.7	3.0	2	26.3 (125)	19.7 (35)	30.3 (90)	79.3 (96)	65.7 (23)	84.9 (73)
Sweden (*)	2017	–	1.2	2	8.6 (3 550)	10.8 (1 393)	6.2 (1 658)	67.4 (93)	–	–
Turkey	2017	0.0	–	–	15.1 (1 275)	22.7 (698)	10.8 (577)	1.5 (19)	1.1 (8)	1.9 (11)

Country	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)		
	Year of survey	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)
Norway	2020	3.7	1.3	2	14.5 (829)	11.6 (277)	17.5 (552)	–	–	–
European Union	–	3.1	1.4	–	7.5 (21 209)	8.0 (9 734)	7.1 (10 267)	20.6 (2 765)	17.4 (1 113)	22.1 (1 406)
EU, Turkey and Norway	–	–	–	–	7.9 (23 313)	8.4 (10 709)	7.4 (11 396)	19 (2 784)	15.8 (1 121)	20.4 (1 417)

Prevalence estimates for the general population: age ranges are 18–64 and 18–34 for France, Germany and Hungary; 16–64 and 16–34 for Denmark, Estonia 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) and Luxembourg (2014).

Germany ESPAD 2019 data refer to Bavaria only.

Data on entrants into treatment are for 2020 or most recent year available: Spain, Croatia, 2019; Latvia, 2017; Netherlands, 2015.

Data on entrants into treatment for Sweden and Norway are for 'stimulants other than cocaine'.

(¹) Data for clients entering treatment refer to hospital-based care, specialised outpatient care facilities and prison and compulsory care. Data shown are not fully representative of the national picture.

TABLE A4

MDMA

Country	Prevalence estimates				Entrants into treatment during the year		
	General population			School population	MDMA clients as % of treatment demands		
	Year of survey	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	0.3 (33)	0.5 (18)	0.2 (12)
Bulgaria	2020	1.3	0.7	3	0.6 (5)	2.2 (5)	0 (0)
Czechia	2020	9.1	4.7	4	0.5 (33)	0.7 (18)	0.3 (9)
Denmark	2021	4.0	1.2	2	0.4 (18)	0.4 (7)	0.4 (10)
Germany	2018	3.9	2.8	2	0.6 (258)	0.8 (186)	0.4 (63)
Estonia	2018	5.4	2.5	5	0.5 (2)	0.8 (1)	0.4 (1)
Ireland	2019	10.3	6.5	3	0.3 (29)	0.6 (21)	0.1 (6)
Greece	2015	0.6	0.4	1	0.3 (10)	0.3 (4)	0.3 (6)
Spain	2020	5.0	1.6	1	0.2 (96)	0.3 (73)	0.1 (22)
France	2017	3.9	1.3	2	0.5 (169)	0.7 (62)	0.3 (54)
Croatia	2019	4.2	2.6	2	–	0.7 (7)	0.2 (13)
Italy	2017	2.7	0.8	1	0.1 (49)	0.1 (15)	0.1 (34)
Cyprus	2019	1.2	0.4	3	0.2 (2)	0.2 (1)	0.2 (1)
Latvia	2020	1.9	1.6	5	0.4 (3)	0.2 (1)	0.5 (2)
Lithuania	2016	1.7	1.0	3	0.5 (3)	2.2 (2)	0.2 (1)
Luxembourg	2019	2.0	0.9	1	–	–	–
Hungary	2019	2.5	1.1	3	2.4 (104)	2.7 (77)	1.6 (14)
Malta	2013	0.7	–	1	0.3 (6)	0.4 (2)	0.3 (4)
Netherlands	2020	11.9	7.7	3	0.7 (80)	1 (67)	0.3 (13)
Austria	2020	4.9	3.4	3	1.2 (46)	1.7 (27)	0.8 (19)
Poland	2018	1.0	0.5	3	0.6 (28)	0.8 (17)	0.5 (11)
Portugal	2016	0.7	0.2	3	0.4 (10)	0.7 (9)	0.1 (1)
Romania	2019	1.0	0.8	1	2.3 (78)	2.9 (68)	0.9 (10)
Slovenia	2018	2.9	1.3	3	0 (0)	0 (0)	0 (0)
Slovakia	2019	3.1	1.0	3	0.5 (13)	0.5 (6)	0.6 (7)
Finland	2018	5.0	2.6	1	0.2 (1)	0.6 (1)	0 (0)
Sweden	2017	–	2.0	2	–	–	–
Turkey	2017	0.4	0.2	–	1.9 (163)	2.3 (70)	1.7 (93)
Norway	2020	3.1	2.4	2	–	–	–
European Union	–	3.7	1.9	–	0.4 (1 076)	0.6 (695)	0.2 (313)
EU, Turkey and Norway	–	–	–	–	0.4 (1 239)	0.6 (765)	0.3 (406)

Prevalence estimates for the general population: age ranges are 18–64 and 18–34 for France, Germany, Greece and Hungary; 16–64 and 16–34 for Denmark and Estonia 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) and Luxembourg (2014).

Germany ESPAD 2019 data refer to Bavaria only.

Data on entrants into treatment are for 2020 or most recent year available: Spain, Croatia, 2019; Latvia, 2017; Netherlands, 2015.

TABLE A5

CANNABIS

Country	Prevalence estimates				Entrants into treatment during the year		
	General population			School population	Cannabis clients as % of treatment demands		
	Year of survey	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	31.2 (3 133)	46.2 (1 654)	22.3 (1 336)
Bulgaria	2020	8.7	5.9	17	6 (54)	16.8 (38)	2.3 (15)
Czechia	2020	29.9	22.9	28	14.7 (172)	21.4 (539)	14.1 (469)
Denmark	2021	37.9	12.0	17	58.1 (2 541)	60.8 (1 164)	55.6 (1 295)
Germany	2018	28.2	16.9	22	58.4 (25 187)	69.1 (16 594)	43.1 (7 198)
Estonia	2018	24.5	16.6	20	8.2 (32)	13.4 (16)	6.1 (14)
Ireland	2019	24.4	13.8	19	21.7 (2 037)	35.2 (1 337)	11.9 (609)
Greece	2015	11.0	4.5	8	26.7 (854)	45.3 (583)	14.3 (271)
Spain	2020	37.5	19.1	23	28.4 (14 202)	37.7 (10 372)	16 (3 306)
France	2017	44.8	21.8	23	56.6 (21 186)	69.7 (6 504)	43.7 (6 851)
Croatia	2019	22.9	20.3	21	–	57.1 (586)	7.7 (453)
Italy	2017	32.7	20.9	27	20.6 (7 693)	29.9 (4 257)	14.8 (3 436)
Cyprus	2019	14.1	8.1	8	43.9 (403)	58.1 (264)	30 (137)
Latvia	2020	15.0	8.2	26	24 (194)	36 (154)	10.6 (40)
Lithuania	2016	10.8	6.0	18	5.1 (29)	16.5 (15)	3 (14)
Luxembourg	2019	23.3	12.0	19	23.9 (48)	50 (29)	13.3 (19)
Hungary	2019	6.1	3.4	13	67.2 (2 876)	71.6 (2 056)	53.2 (473)
Malta	2013	4.3	–	12	13.6 (269)	27.2 (135)	9 (134)
Netherlands	2020	27.8	17.4	22	47.3 (5 202)	55.5 (3 625)	35.4 (1 577)
Austria	2020	22.7	11.1	21	30.6 (1 198)	46.2 (726)	20.1 (472)
Poland	2018	12.1	7.8	21	30.4 (1 332)	37.1 (810)	23.6 (499)
Portugal	2016	11.0	8.0	13	33.9 (890)	47.6 (647)	19.1 (243)
Romania	2019	6.1	6.0	9	56 (1 927)	70.5 (1 653)	25 (274)
Slovenia	2018	20.7	12.3	23	10.9 (14)	24.3 (9)	5.5 (5)
Slovakia	2019	17.0	7.7	24	22 (535)	29.6 (329)	15 (188)
Finland	2018	25.6	15.5	11	15.6 (74)	24.2 (43)	10.4 (31)
Sweden ⁽¹⁾	2020	17.4	7.6	8	9.2 (3 822)	13 (1 676)	6 (1 602)
Turkey	2017	2.7	1.8	–	16.3 (1 369)	22.7 (697)	12.6 (672)
Norway	2020	25.0	10.1	9	23.9 (1 370)	32.4 (773)	25.5 (805)
European Union	–	27.3	15.5	–	34.3 (96 804)	45.7 (55 815)	21.3 (30 961)
EU, Turkey and Norway	–	–	–	–	33.6 (99 543)	44.9 (57 285)	21.1 (32 438)

Prevalence estimates for the general population: age ranges are 18–64 and 18–34 for France, Germany, Greece and Hungary; 16–64 and 16–34 for Denmark, Estonia, Sweden 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) and Luxembourg (2018). 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 2020 or most recent year available: Spain, Croatia, 2019; Latvia, 2017; Netherlands, 2015.

(¹) Data for clients entering treatment refer to hospital-based care, specialised outpatient care facilities and prison and compulsory care. Data shown are not fully representative of the national picture.

TABLE A6

OTHER INDICATORS

Country	Drug-induced deaths			HIV diagnoses related to injecting drug use (ECDC)	Injecting drug use estimate		Syringes distributed through specialised programmes
	Year	All ages	Aged 15–64				
		Count	Cases per million population (count)	Cases per million population (count)	Year of estimate	Cases per 1 000 population	Count
Belgium	2017	148	19 (139)	0.5 (6)	2019	0.5–1.0	1 243 152
Bulgaria	2020	24	5 (23)	2 (14)	–	–	56 457
Czechia	2020	58	8 (54)	1.3 (14)	2020	6.1–6.3	8 892 977
Denmark	2019	202	44 (162)	0.2 (1)	–	–	–
Germany	2020	1 581	–	2 (167)	–	–	4 197 853
Estonia	2020	33	38 (32)	7.5 (10)	2019	9.0–11.3	1 529 814
Ireland	2017	235	73 (227)	1.4 (7)	–	–	473 191
Greece	2018	274	38 (263)	7.6 (81)	2020	0.3–0.5	386 745
Spain	2019	546	18 (545)	1 (47)	2019	0.2–0.4	1 821 923
France	2016	465	9 (391)	0.7 (50)	2019	3.1–3.3	12 572 530
Croatia	2020	99	37 (98)	0.7 (3)	2015	1.8–2.9	376 537
Italy	2020	308	8 (305)	0.7 (44)	–	–	515 445
Cyprus	2020	6	10 (6)	3.4 (3)	2020	0.8–1.8	7 920
Latvia	2020	21	17 (21)	21.5 (41)	2016	5.3–6.8	1 118 439
Lithuania	2020	47	26 (47)	0 (0)	2016	4.4–4.9	245 592
Luxembourg	2020	6	14 (6)	3.2 (2)	2019	1.9	394 690
Hungary	2020	48	7 (48)	0.1 (1)	2015	1.0	43 244
Malta	2018	3	9 (3)	0 (0)	–	–	103 108
Netherlands	2020	295	23 (261)	0 (0)	2015	0.07–0.09	–
Austria	2020	191	32 (190)	0.9 (8)	–	–	6 427 076
Poland	2019	212	7 (168)	0.2 (9)	–	–	109 642
Portugal	2019	72	10 (68)	0 (0)	2015	1.0–4.5	1 155 728
Romania	2020	33	3 (33)	1.9 (37)	–	–	1 160 708
Slovenia	2020	70	46 (62)	0.5 (1)	–	–	480 547
Slovakia	2020	37	9 (34)	0 (0)	–	–	528 153
Finland	2020	258	72 (248)	0.7 (4)	2017	7.4	6 595 051
Sweden	2020	524	73 (470)	1.3 (13)	–	–	1 522 191
Turkey	2020	314	5 (309)	0.2 (14)	–	–	–
Norway	2020	324	85 (297)	1.5 (8)	2019	2.0–2.8	3 400 000
European Union	–	5 796	16.7 (3 904)	1.3 (563)	–	–	–
EU, Turkey and Norway	–	6 434	15.4 (4 510)	1.1 (585)	–	–	–

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 (1 581) and Turkey (4).

HIV diagnoses related to injecting drug use are from 2020.

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

Syringes distributed through specialised programmes refer to 2020, except for Slovakia and Spain (2019), France (2018), and Italy (2017; data from about half of all sites).

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	684	1 833	70 254	5 354	173	2 703	244 203	351	1 376
Bulgaria	269	31	963	27	297	75	7 951	76	40
Czechia	<1	94	3	138	31	1 917	88 794	21	259
Denmark	8	506	375	3 841	552	2 651	33 986	25	880
Germany	–	–	–	–	–	–	–	–	–
Estonia	<1	2	413	139	140	487	–	71	228
Ireland	–	1 017	–	1 994	–	218	–	–	632
Greece	300	2 835	1 787	819	13	477	519 304	2	92
Spain	173	6 769	36 888	35 240	723	3 228	1 535 844	222	2 207
France	1 132	–	13 145	–	–	–	1 227 876	–	–
Croatia	13	130	60	347	46	973	–	4	229
Italy	512	1 988	13 426	7 858	14 257	365	11 374	11	280
Cyprus	<1	17	5	125	<1	141	67	–	12
Latvia	<1	9	68	120	13	486	316 919	12	472
Lithuania	1	70	43	133	203	399	–	50	163
Luxembourg	2	150	11	191	<1	7	28 970	–	17
Hungary	41	30	12	301	83	1 186	50 368	4	552
Malta	2	31	525	83	–	–	15	–	5
Netherlands ⁽¹⁾	1 326	–	48 891	–	–	–	–	–	–
Austria	104	1 309	63	2 000	46	1 818	89 148	15	1 110
Poland	427	–	3 887	6	2 224	64	164 528	139	7
Portugal	23	209	10 066	402	<1	27	363	1	85
Romania	64	228	43	449	1 554	236	30 261	2	652
Slovenia	5	231	9	268	108	181	13 029	–	39
Slovakia	–	42	1	33	1 518	765	2 898	–	70
Finland	<1	28	52	334	262	2 316	137 828	15	591
Sweden	38	940	584	4 204	1 141	9 991	216 396	5	2 618
Turkey	13 376	15 049	1 961	2 573	4 899	36 015	11 096 244	–	5 259
Norway	24	789	49	1 452	447	5 611	75 426	21	1 479
European Union	5 125	18 499	212 574	64 406	23 387	30 711	4 720 121	1 025	12 616
EU, Turkey and Norway	18 525	34 337	214 584	68 431	28 733	72 337	15 891 791	1 046	19 354

All data are for 2020 or most recent year. Numbers are rounded to the nearest integer. 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. Source for cocaine seizures: Dutch Customs report 2020.

SEIZURES (CONTINUED)

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	13 924	6 023	1 135	33 570	–	–	856
Bulgaria	<1	8	3 121	82	13 584	49 027	172
Czechia	1	89	655	4 297	15 990	–	502
Denmark	5 469	17 464	439	3 174	30 039	255	556
Germany	–	–	–	–	–	–	–
Estonia	2	39	60	727	–	36	40
Ireland	–	263	–	3 166	–	–	277
Greece	2 114	285	7 790	8 168	51 149	–	708
Spain	461 020	41 970	59 888	132 796	1 433 213	–	4 303
France	50 248	–	46 277	–	115 365	–	–
Croatia	3	182	1 683	5 399	6 199	–	261
Italy	9 732	6 635	19 869	9 698	414 396	–	1 681
Cyprus	<1	20	212	666	70	–	24
Latvia	282	69	138	1 016	–	235	58
Lithuania	4	49	71	1 107	–	–	–
Luxembourg	12	320	90	678	7	–	3
Hungary	43	117	632	3 184	3 649	–	189
Malta	<1	14	151	113	4	–	3
Netherlands ⁽¹⁾	–	–	–	–	464 169	–	–
Austria	22	574	2 032	12 906	17 881	–	564
Poland	1 994	17	5 316	233	118 600	–	7
Portugal	33 552	724	821	461	28 692	–	234
Romania	1 385	140	929	3 100	–	628	128
Slovenia	1	62	1 413	3 359	23 344	–	182
Slovakia	<1	16	51	910	633	–	29
Finland	12	79	458	996	19 300	–	1 135
Sweden	4 499	11 324	2 127	10 291	–	–	–
Turkey	37 489	8 278	56 244	46 854	114 965 801	–	4 568
Norway	1 785	6 752	819	3 734	–	–	–
European Union	584 319	86 483	155 359	240 097	2 756 284	50 181	11 912
EU, Turkey and Norway	623 593	101 513	212 422	290 685	117 722 085	50 181	16 480

All data are for 2020 or most recent year. Numbers are rounded to the nearest integer.

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



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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.

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