New Drug Trends

Insights from Focus Group Discussions

Civil Society Monitoring of Harm Reduction in Europe **2025**

Correlation
European Harm Reduction Network

Title

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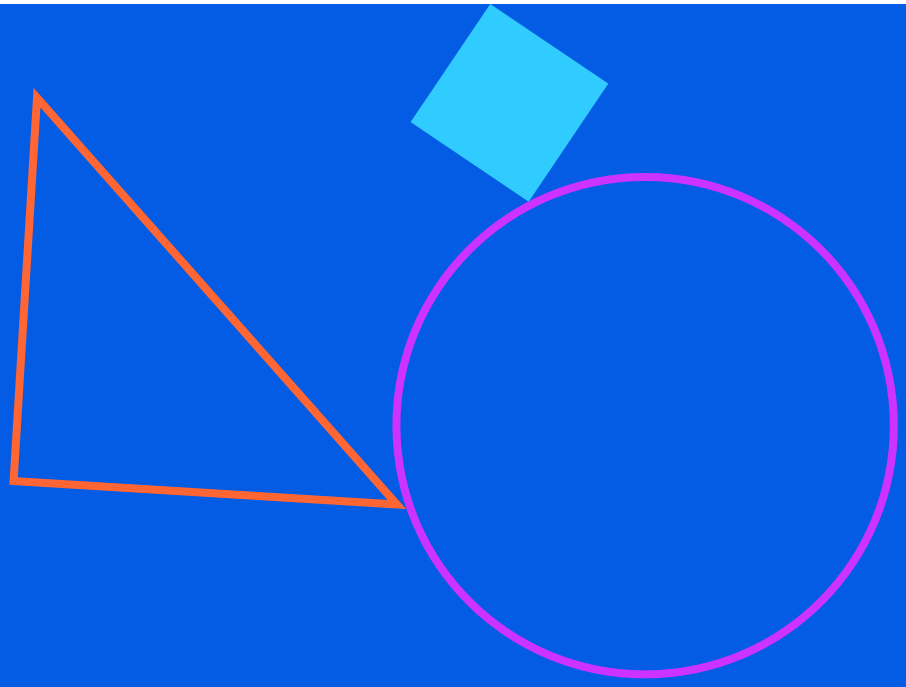

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Introduction & Methodology

Introduction

Drug use has been a persistent feature of human societies, with people consuming substances for a variety of reasons. Despite substantial investments in demand reduction strategies, drug use and drug supply continues to rise globally. In 2023, an estimated 316 million people reported drug use in the past year, representing 6% of the global population aged 15–64[1].

Currently, the World Drug Report indicates that cannabis continues to be the most prevalently used illicit substance, followed by internationally controlled opioids[1]. In Europe, the most widely used illicit drug is also cannabis, but it is followed by cocaine. Availability of cocaine has increased in the past year and, although crack cocaine is still less used than powder cocaine, its use is rising, particularly among marginalised people. Ketamine availability has also increased and there are some indications that it became a commonly preferred substance in certain contexts, but data suggests that ketamine consumption is not prevalent in Europe. At the same time, local production of synthetic drugs, including amphetamine, MDMA, and cathinones, has grown within the continent, raising concerns that proximity to consumer markets may trigger rapid shifts in consumption trends, which existing monitoring systems and responses may not be equipped to address[2].

The availability of heroin has been declining, and it no longer accounts for most overdose deaths in Europe, except in a limited number of countries. Instead, substances such as methadone, prescription painkillers, and synthetic opioids have become more prominent in fatal overdoses. Alcohol, benzodiazepines and cocaine are frequently detected in combination with opioids. In fact, polysubstance use is widespread in Europe, increasing both health and social risks[2]. Furthermore, these monitoring systems indicate a recent significant increase in the availability of fake medicines containing nitazene opioids, while fentanyl remains a challenge globally but largely contained in North America. The non-prescribed use of pharmaceutical drugs has been identified by the World Drug Report[1] as the main current threat.

New Psychoactive Substances (NPS) continue to emerge across drug markets. In Europe, the number of newly detected NPS fell in 2023 but increased again in 2024, with synthetic cannabinoids making up the majority of these substances. By the end of 2024, the EUDA had almost one thousand NPS on its radar, with 47 added to the list following the first detections in Europe that year. At the same time, seizures of NPS continue to increase[2]. Produced through slight chemical modifications of controlled drugs with the goal of circumventing regulations, NPS often mimic the effects of illicit and prescription drugs. The emergence of NPS presents particular challenges because their health effects and risks are often unknown, making timely monitoring and intervention crucial.

At the same time, the wider range of available drugs is often characterised by high potency or purity, heightening health risks. Trafficking networks have become more adaptive and sophisticated,

exploiting globalization and using multiple routes and methods to evade detection (e.g. postal deliveries or dead drops)[2,3]. Violence linked to drug markets has spread to smaller municipalities, undermining community safety. Criminal networks also exploit vulnerable individuals, including minors, for drug transport and street-level distribution, sometimes coercing them through debt or threats[2].

Understanding substance use trends is vital to quickly respond to and reduce associated risks. This study contributes to such knowledge by qualitatively exploring drug use trends across 20 European cities between July 2024 and July 2025. It uses focus group discussions conducted with key informants who are directly or indirectly engaged in the dynamics of local drug markets, including people who use drugs. This approach permits the identification of emerging developments that may not yet appear in quantitative datasets, while providing rapid insights into changes in local drug landscapes.

Global and regional monitoring systems provide us with a good overview of the most prevalent used substances and those in decline. However, the European Drug Report notes that current monitoring systems often struggle to capture patterns and trends related to less well-known substances, making it difficult to assess their prevalence and harms with confidence[2]. Although the findings in this report cannot offer a representation of the European situation, they can help fill this gap by offering grounded perspectives on how the popularity and use of such substances are perceived locally.

The present report aims to complement existing monitoring systems by providing in-depth qualitative insights into trends and dynamics that shape drug markets at the city level. Cities are at the forefront of developing and implementing innovative health, social and drug policy responses and are where both problems emerge and solutions are found. A city-level monitoring offers a more nuanced perspective by producing situated data for local policy planning and implementation.

In the following pages, the report brings a quick overview of which substances stakeholders perceive as being the most popular substances used in their city and proceeds with an overview of new developments in substance use. It provides an examination of polysubstance use trends, tendencies of different groups of people who use drugs groups, patterns in routes of administration and a short overview of local market dynamics in 20 European cities. It focuses not only on which substances are increasing or decreasing in use, but also on the underlying reasons for these changes, providing a nuanced understanding of contemporary drug markets, user practices, and local dynamics. Such understanding is essential for evidence-based harm reduction, targeted interventions, and effective service planning.

Methodology

Research Design

This study employed a **qualitative research design**, using focus group discussions (FGDs) as the method of data collection. The objective was not to generate statistical data but to capture the *perceptions and experiences of key stakeholders* who are directly or indirectly engaged in the dynamics of local drug markets. This approach allows for the identification of emerging developments that might not yet be visible in quantitative datasets, as well as a more nuanced understanding of the reasons behind the changes and potential forms of responding to them.

Participants & Data Collection

Focus group discussions were organized by C-EHRN focal points (FPs), who serve as trusted local reference sources in matters related to harm reduction. A total of 24 focus groups were conducted between April and July 2025 across 20 European cities. A map indicating the participating cities is included below.

All FGDs followed a protocol containing 5 topics:

FGD Protocol

Topic 1: Most Popular Substances
Please discuss the most popular substances used in your city.
· What are the substances?
· How are they used?
· Who is using them?
· Exclude alcohol and tobacco unless they are used in an unusual way.

Topic 2: New Substances
Please discuss the emergence of any new or unknown substances. Please describe the following for each substance:
· What are the substances?
· Appearance? (powder, capsule, blotter, liquid etc.)
· How are they used?
· Who is using them?
· What are the desired and undesired effects?
· Why have people started to use them?

Topic 3: New User Groups
Please discuss any shifts in demographics or new groups of drug users in the community. *(Keywords: chemsex scene, women, LGBT, young PWUD, immigrants, PWID, prison populations, problematic drug use, war veterans, pain medication, homelessness).*

Topic 4: Changes in the Local Drug Market
Please discuss any notable changes observed in the local drug market. Consider the following:
· Availability
· Quality
· Price
· Adulterations
· Online vs. Offline Markets
· Dealer Profiles

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

Topic 5: Other Topics of Interest
Please describe any other relevant topics or observations related to new drug trends that have not been addressed in previous discussions. This section gives the opportunity to provide background information or context related to these trends, for example:
· Local or national legislation
· Regulation
· Policy impact
· Enforcement measures
· Services
· Future plans

Participants were encouraged to reflect on drug use trends and developments observed during the preceding **12 months**. All FPs collected oral consent from participants.

The **average duration** of each session was approximately **57 minutes**. While **12 discussions were held in person, 7 groups** were conducted **online** and **1** had people joining **both online and in-person** to accommodate local circumstances. Participation varied by city, with some cities hosting multiple FGDs in order to create safer and more comfortable spaces for different categories of participants (e.g. people who use drugs, professionals). This was the case in **Berlin (2 FGDs), Glasgow (3 FGDs), and Lisbon (2 FGDs)**. In total, **191 participants** took part in the study. Participants were recruited based on their experiences with drug use and drug-related issues in the cities where the focus groups were hosted. Their expertise spanned a diverse set of backgrounds that included harm reduction staff (including drug checking workers), treatment professionals, prevention professionals, law enforcement workers, monitoring researchers, and representatives of people who use drugs. Only **4 focus group** discussions did not include people who use drugs among the participants. The inclusion of people with lived and living experience was essential to ensure that the findings reflect the realities of drug use.

Since the study aimed to identify and compare **drug trends at the city level**, participants were asked to restrict their input to developments observed within their respective cities. In most cases, this was possible. However, in some contexts, participants noted that strictly separating local from broader dynamics was difficult. In **Malta**[A], the focal point highlighted that the small size of the country makes it challenging to distinguish between different urban trends, as patterns are experienced at the national rather than city level. Similarly, in **Newport**, the group included staff and peers from across the wider Gwent region (Monmouthshire, Torfaen, Caerphilly, Blaenau Gwent, and Newport). While the session was hosted in Newport, the discussion naturally extended to other boroughs due to the mobility of people and substances across these areas. In **Nicosia**, several participants were affiliated with programs that also operate in Larnaca, Limassol, and Paphos, and they occasionally referred to incidents outside of Nicosia. Despite these

A. The focal point would like to stress that there are no drug checking services in Malta, and the availability and use of 'self-reagent test kits' is close to non-existent. Malta does not collect annual data on drug use trends, and the national report on the drug situation in Malta provides data only of people seeking treatment via state run programs, or religious based NGOs, and drug law offences recorded by the police.

references, the discussions are considered to accurately reflect the situation in Nicosia itself. Finally, in **Podgorica**, participants sometimes referred to other cities, but all were based in Montenegro and spoke from direct professional or personal experience in that context.

Data Analysis

FGDs were recorded and transcribed in their original language, and subsequently translated into English. Most transcripts were generated and translated using an AI tool, while a small number were professionally transcribed when the relevant language was not supported by the AI system. In one case, where recording could not be done, the FP sent a report summarizing the results.

All transcriptions and reports were coded and analysed using NVivo software. Categorical content analysis[4] was employed to identify and compare trends across cities. Local developments were first analysed in their city context, then cross-examined to identify recurring patterns across multiple sites. Data was then compared with existing monitoring reports to determine distinguishable trends. Trends may relate to the appearance of new substances, changing modes of use, or shifts in user preferences and practices.

Limitations

Several limitations should be acknowledged when interpreting the findings of this study. First, whilst the participation of stakeholders with **diverse backgrounds** of expertise is paramount to represent different perspectives, it also limits the possibility of presenting consensual trends in this report. Likely because participants draw on very different professional contexts, they typically report what appears "most popular" or "new" in their own setting (e.g. DCR, drug treatment centre) rather than debating whether a substance is one of the "most popular" in the entire city. As a result, discussions around city-trend consensus tend to occur mainly among participants with similar backgrounds.

Second, the **majority** of participants were individuals who either work with vulnerable or marginalised people who use drugs or are in situations of vulnerability themselves. As a result, the substances and practices most frequently mentioned in the focus group discussions likely reflect the perspectives and experiences of this group more strongly than those of the general population of people who use drugs.

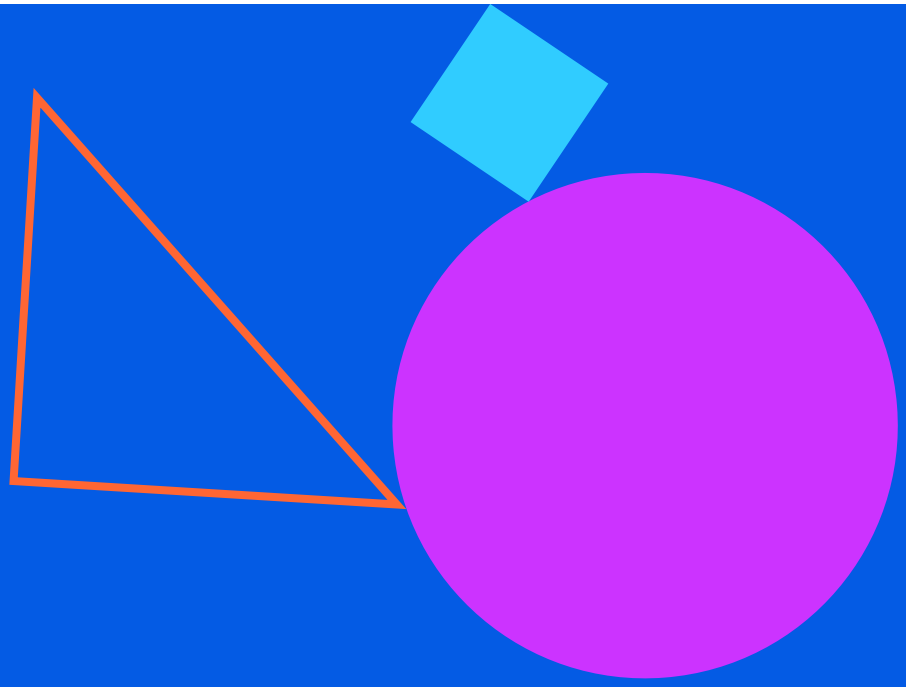
Third, the **visualisations** included in this report represent the number of times each aspect or trend was mentioned within a given city. While this provides an indication of whether a trend is present or perceived as significant by participants, the absence of a mention should not be interpreted as evidence that a particular substance or practice is not present in that city.

Fourth, the **process of recording, transcribing and translating** the FGDs also presents limitations. In some cases, poor audio quality meant that parts of the discussions could not be fully transcribed. However, each focal point provided a written report summarising the focus group, which allowed key trends to be identified. Nevertheless, these may be influenced by the subjective interpretation of the report writer.

Due to the technical and context-specific nature of the discussions, the transcripts contain **specialised jargon**, which sometimes resulted in transcription errors. As the FGDs were conducted in the original language and then translated, some nuance may also have been lost in translation. When city- or culture-specific terminology was identified, we consulted local focal points to ensure accurate interpretation.

Fifth, it is important to emphasise that the data are **qualitative and perception-based**, relying on the experiences and knowledge of key informants rather than on quantitative data. Although participants are generally well informed about local drug scenes, there are instances where their perceptions may be influenced by multiple external factors, and where **knowledge of specific substances may be incomplete or inaccurate**, which could influence the precision of the information shared.

Finally, while the focus group discussions provided valuable opportunities to gather diverse perspectives within each city, **one single discussion** does not yield conclusions about city-level trends. The methodology allows for the identification of **broader European-level patterns**, but not for statistical inference or exhaustive mapping of each local drug market.



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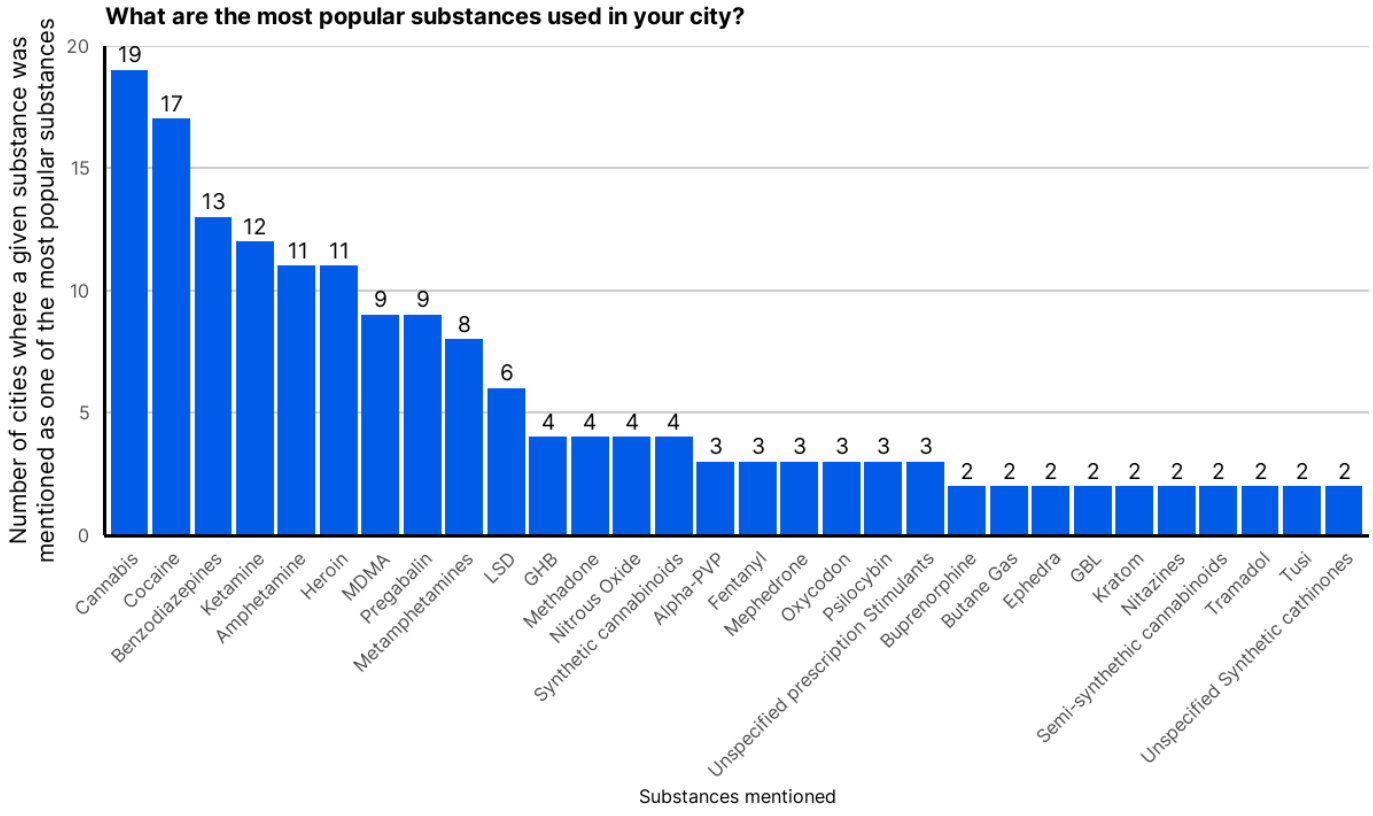
Results

Most popular substances

The graph below represents the substances most commonly perceived as being among the "most popular" in the participating cities. Substances were coded as such whenever participants mentioned them in response to the direct question "***What are the most popular substances used in the city?***" or when the context clearly indicated their frequent use. Each focus group reported several commonly used substances, meaning that the substances represented in the graph were identified as among the most used in each city, but not necessarily the single most used substance in any one city.

The two most commonly used illicit substances identified by participants of the focus group discussions are the same as those reported as most prevalent by the European Drug Report (2025): **cannabis** and **cocaine**. Based on focus group participants' reports, **cocaine seems to be uniquely famous in the cities studied**. Its use spans an exceptionally diverse range of demographics and social contexts, from people described as minors to young and middle-aged adults, women and men, migrants and nationals, poor people and "people who have money", working people and party-goers, in a wide range of entertainment and everyday settings.

Amphetamine, heroin, benzodiazepines, and ketamine, were also considered among the most popular substances by more than half of the



Graph 1: Most popular substances used in the participating cities, as perceived by stakeholders of the focus group discussions

participating cities. **Pregabalin** and **MDMA** use seems to be widely prevalent. A detailed overview of related developments is provided in the following chapter.

Methamphetamine use was reported in some cities (Athens, Dublin, Helsinki, Lisbon, Malta, Nicosia, Prague, Podgorica, Zurich). In Vienna use is mainly connected to people who are experiencing homelessness, in Podgorica only with tourists and in Prague, methamphetamine use has a long tradition. In Athens, methamphetamine use is connected to people who stopped using heroin, sex workers and with chemsex practices. In Dublin the use of methamphetamine is also connected with sex work, and in Malta, Prague and Zurich it is associated with chemsex contexts, as well. In these settings, methamphetamine use is often combined with GHB.

GHB, on the other hand, was mainly connected to chemsex practices. However, reports from Berlin, Copenhagen, Malta, Prague and Tbilisi suggest use among other demographics, including party-goers and young people. In Berlin, stakeholders indicated that an observed increase of awareness of responsible use practices suggests that GHB and GBL use stigma has been reduced. When it comes to **GBL** only participants of Athens, London, and Helsinki made mentions of its use.

LSD use was mentioned in some cities (Athens, Balti, Copenhagen, Lisbon, Vienna, Skopje, Tbilisi, Zurich) in contexts of entertainment-based use, drug checking contexts, and among school-aged people.

As a participant of the Athens' focus group discussion suggested, a lot of drug use takes place in entertainment and occasional contexts, and, therefore, understanding their dynamics and behaviours is crucial to reduce harm related to drug use.

FGD Athens

"Most of the use is not among heroin users, it is in recreational settings and other settings. At the same time, however, all the programs focus on the heroin part and more generally on the market, that is, problematic use. But that's not where the majority of use is, I repeat."

Some stakeholders involved in such settings explained that the type of drugs used during entertainment activities may depend on the scene and type of music of each type of party. For example, in Berlin, participants suggested that opioids are more connected to the hip hop scene, whilst the use of drugs such as LSD, DMT, 2-CB (Tallinn) and benzodiazepines (Berlin) were connected to festival settings.

New substance use trends

When asked about **new substances**, participants often mentioned **new trends in drug use instead**. For example, they would mention drugs that are well known to the markets, but had not been

observed as commonly used by participants before. We deemed it important to maintain the coding and reporting true to the understanding of stakeholders. At times, participants reported certain substances as being simultaneously "most used" and a "new substance". That may indicate that a substance was not commonly used or was not present in the markets before, but is now one of the most used. In three cities (Lisbon, Balti, Tbilisi), participants expressed that they do not perceive new drugs in the markets, only **increased use of certain substances or substances that became more available**.

The substances most frequently reported as new were **synthetic cannabinoids** (named by 6 cities), **pregabalin** (6 cities), **benzodiazepines** (5), **3-MMC** (4), **2-MMC** (5), **nitrous oxide** (5), **semi-synthetic cannabinoids** (5), and **fentanyl** (5). The new substance use trends described below draw on these reports, but were further identified and prioritised by cross-referring the perspectives of Focus Groups participants with existent monitoring literature and concerns in the drug field.

Cannabinoids

Cannabis consumption & adulteration

Mirroring the European Drug Report's findings[2], stakeholders across several cities observed a growing presence of new forms of cannabis consumption, particularly among younger people. Products include **vapes** (Copenhagen, Dublin, Glasgow, London, Newport, Balti, Zurich), **gummies** (Glasgow, Newport, Zurich), **oils** (Balti, Athens), and **vitamin-like edibles** (Newport). In Copenhagen and Skopje, focus group participants suggested that the popularity of these formats is linked to their discreet use, making them easier to conceal from parents or law enforcement, a suggestion already made by Ljubljana's stakeholders last year[5].

Participants' expressed concern with the **quality and authenticity** of such products, particularly with the contamination of cannabis products with **synthetic and semi-synthetic cannabinoids**, which are often associated with high potency and unpredictable effects. In two UK cities, participants reported that items sold as **THC vapes** were **adulterated** with synthetic cannabinoids (Glasgow, Newport) or with ketamine and xylazine (Newport). Stakeholders of both cities commonly perceived that such products "***rarely contain what they should***", and WEDINOS testing[B] confirmed that many samples came back positive for synthetic cannabinoids[6,7].

Synthetic & Semi-Synthetic Cannabinoids

Semi-synthetic Cannabinoids

Semi-synthetic cannabinoids are substances made by modifying the natural cannabinoids compounds found in the cannabis plant. Recent data indicates that around twenty different types of semi-synthetic cannabinoids have now been detected in Europe, with evidence that they are being produced within the region. Although these substances are marketed as legal or

B. WEDINOS, standing for Welsh Emerging Drugs and Identification of Novel Substances, is a drug checking service located in Wales.

"safer" alternatives to cannabis, their effects on humans remain poorly studied, and available reports suggest significant health risks, including acute poisoning, psychotic episodes, and dependence potential[2].

Synthetic Cannabinoids

Synthetic cannabinoids are substances designed to copy the effects of THC[8].

Last year, **semi-synthetic and synthetic cannabinoids** use was referred to as restricted to prison settings of one city[5]. In contrast, this year, their **popularity seems to have increased**, as they were referred to as one of the most popular substances and as a new substance in the following cities (see map 2).

Semi-synthetic cannabinoids, especially **HHC**, emerged in Newport, Nicosia, Zurich and Prague:

FGD Nicosia

"HHC and substances sprayed on paper (notably found in prisons), have also been reported. It was noted to be used among younger users (smoked)."

FGD Prague

"I've been seeing a lot of people taking kratom, CBD, HHC, lately. I'm quite shocked that they're so open about it. (...) Mostly young people, well, but even at an advanced age I saw that it had its place."

HHC was described as **more potent, cheap**, and sometimes **marketed as legal** like CBD, making it particularly appealing to younger people who use drugs. Interestingly, in Zurich stakeholders expressed that semi-synthetic forms are replacing synthetic cannabinoids.

Synthetic cannabinoids or *spice* were reported in vapes in Copenhagen and London, and as commonly "coming through customs" in Zurich. In Nicosia, participants also noted the emergence of a synthetic cannabinoid called "Dream", sold in small sachets and sometimes marketed as "Kush". In Skopje, participants talked about a "variation of cannabis brought from abroad".

Participants in Dublin and Nicosia described increasing **cases of psychosis and hospital admissions** among young people, while in Newport, synthetic cannabinoids were linked to "odd" psychoactive effects.

Recommendations

→ Fund research that guarantees that updated, evidence-based information is available on semi-synthetic and synthetic cannabinoids, including potential risks and effects.

→ Provide updated information on semi-synthetic and synthetic cannabinoids, emphasizing health risks such as psychotic episodes, dependence potential, and acute poisoning, and possible harm reduction strategies, with materials tailored to reach young people.

→ Encourage responsible use and testing.

→ Guarantee that young people, especially minors, can test their drugs anonymously in a safe and private manner.

Drug type

- Semi-synthetic cannabinoids
- Synthetic cannabinoids
- Perceived as being among the most popular substances
- Perceived as a new substance or a new substance use trend

Map 2: Semi-synthetic and synthetic cannabinoids use trends across European cities, as perceived by key informants in focus group discussions

Stimulants

Cocaine[C]

Crack cocaine

Although remaining less popular than powder cocaine, **crack cocaine use** is increasing, particularly among marginalised people[2]. Our data reflects such a pattern: crack cocaine use was mentioned in Amsterdam, Berlin, Dublin, Glasgow, Lisbon, London, Newport, and Zurich and described as increasing or particularly predominant in cities such as Amsterdam, Lisbon, Glasgow, Dublin and Newport. However, in Zurich, participants noted that crack cocaine is **rarely used**, with **freebase** cocaine being more common, and Vienna reported a preference for freebase because it is **easier to manufacture**.

At the same time, our data describes additional use patterns. Last year's report had already indicated the use of crack cocaine across different demographics[5]. This year, participants noted that **younger people** are using crack cocaine in Dublin, Glasgow, and Lisbon. In Glasgow, they do it **live on TikTok**. In Berlin, crack cocaine is used in **private entertainment settings**. In Vienna, freebase cocaine was reported in some **party events**.

Crack cocaine seems to be primarily consumed via **smoking** (Amsterdam, Dublin, Glasgow, Lisbon, London, Zurich) and, in some cases, **injection** (Glasgow, London, Zurich, Lisbon), which is consistent with this year's European Drug Report[2].

Its quality was mentioned in Dublin, Berlin, Lisbon, London, and Glasgow. Across all five cities, participants noted **signs of adulteration**:

FGD Dublin

"There was, like rock that I'll get an especially empty muffler that I know, especially down the bond that and I show actually showed my part to one of my colleagues in Ishka and he would like that, that act, right? Basically it turns the pipe really black. And it was initially I thought it worked washed properly because every time I took a hit I got sick and it tasted, you know, inch. It tastes like lidocaine or just ammonia or or something that. And so we thought it would wash properly or something, but it was also very. (...) But you know, rock is rocky. It feels like pebbles or something, and you can break it up if you're trying sharing stuff. This stuff with squidgy. It was more kind of like you can roll it in pellets or something. It's like washing powder or something and it's really annoying to use because it's it. I'm in that hard format, so don't know what that was, but it was turning pipes, really black as well. It tasted like ammonium baking soda to burn it. It was weird."

In Berlin, people who use drugs described low-quality samples, referred to as "*sleeping stones*" (Schlafsteine), that caused fatigue and a "*bluish*" substance that seems synthetic.

FGD Berlin

Person who uses drugs 1 - ***"When people from Hamburg or Frankfurt come here and say, 'What is that? You call it crack?' They laugh at us. It's actually yellowish-brown."***

C. Participants often spoke about cocaine without noting its form. The patterns described reflect only the data where the form was identified or could be inferred.

Person Who Uses Drugs 2 - *"Yes, because of the cocaine oil. Or better quality. [...] Yes, things are different now. They'll stretch everything to get the quantities they need. They'll give you the money. And once you have good material, it doesn't take that long. They're stretching things. Some have built houses in their hometowns [...]."*

Person Who Uses Drugs 3 - *"If you smoked with ash back then, the stone you cooked, the burnt ash afterwards, was yellow. Like the coca oil that burned. If you smoke with ash today, you get a slightly bluish tinge. That's synthetic. Today, you only have a slightly bluish, sometimes even completely blue, ash. It's synthetic."*

FGD Glasgow

"You're getting stuff in here and it's not even a rock form. As much as a crack gets you angry, as soon as you use the smoke, it was good. And that was the bicarb. This stuff doesn't make a fucking noise. It's like burning a bit of candle wax. (...) You don't get the crackle noise. You're getting that. It is shit. I ain't doing no crack. It's monkey dust or whatever. Crack, shit, whatever the fuck. It's no crack perfume. I've smoked it and I know it's not for me."

FGD London

"There's been instances where we also had -what was it- I think it was a client was using crack and every time come up with some opiates in his urine and then we tested the opiates, it was nitazene and we believe it was nitazene in the crack cocaine as well there must be some sort of contaminants in the crack, I don't know why. (...) but then again I've got clients in the Boer area they use the same dealer for a very long time, I've got two of them same dealer for a very long time and they tell me that their quality of crack and heroin is good so you can't make it up."

In Lisbon, although prices had decreased, participants questioned whether what they were using was truly crack cocaine, as its effects felt markedly different.

FGD Lisbon

Person who uses drugs 1 - *"But what we're smoking isn't crack. What we're smoking isn't crack."*

Person Who Uses Drugs 3 - *"That's right."*

Person Who Uses Drugs 1 - *"I don't know what that substance is, but it's anything but crack. It's a new drug they call 'the poor man's crack' that's just come out..."*

Person Who Uses Drugs 4 - *"They caught someone a while ago, they caught a warehouse full of it, it's a drug, that stuff... I don't even know the name of that crap. It gives you a..."*

Person Who Uses Drugs 5 - *"Yes, of course... [unintelligible]."*

Person Who Uses Drugs 1 - *"Indeed. It really grabs you... What we're doing isn't crack, crack doesn't have those effects."*

Powder cocaine

References to **hydrochloride cocaine** were more limited, appearing in Athens (non-street/private use), London (observed indirectly), and Balti ("natural cocaine" use). However, references to the **snorted use** of cocaine in Glasgow, Lisbon, Tallinn, Copenhagen, Nicosia, Zurich, and London, and **anal ingestion** in Skopje, suggest evidence of HCL cocaine use in these cities.

Reports on cocaine **quality were mixed**. In Copenhagen, participants described **good-quality** cocaine but noted a shift in its characteristics. In Prague and Tallinn, cocaine was said to be **stronger**. In contrast, in Podgorica and Nicosia, participants complained that cocaine quality had **declined**. Across cities, participants suspected different **agents of adulteration** being added to cocaine.

Amphetamine/Speed[D]

Amphetamine is one of the various synthetic stimulants produced in Europe, remaining widely available in high purity in the continent, as per the European Drug Report[2]. Our data suggest that its popularity remains high, but in London participants suggested that amphetamine use is **declining** and a participant from Berlin noted that some people have **stopped using** amphetamine altogether, perceiving the available product as "expensive caffeine powder" due to **frequent adulteration with caffeine**.
In Nicosia, participants argue that people may turn to amphetamine **when cocaine fails** to produce the desired effects, while in Malta, people reportedly wish to use amphetamine but face difficulties accessing them allegedly because a supply of amphetamine might be **deliberately restricted** to avoid competition with the cocaine market.

High quality is also not a given among participants of our focus groups. In fact, quality and purity concerns were common across cities. **Decreased or low quality** was suggested in Amsterdam, Helsinki, Tallinn, Berlin and Tbilisi. In Helsinki and Vienna, participants suggested that amphetamine is **adulterated with cathinones**, but in Vienna participants also reported that the purity of amphetamine had actually improved. Interestingly, in London quality "**remained** about the same".

Synthetic Cathinones[E]

Synthetic cathinones, also known as bath salts, have recently established themselves on the illicit drug market in some parts of Europe as affordable alternatives or replacements for stimulants like amphetamine and cocaine[2]. Last year, our report noted that synthetic cathinones had gained increased prominence in the drug scene and transitioned from chemsex settings to broaden entertainment scenes[5]. This year, synthetic cathinones continue to circulate, though their **prominence was less visible** compared to last year.

Reports were not consistent. In some cases, participants referred to the entire family of substances without distinguishing between compounds, while in others they named specific

D. Locally referred to as "speck" (literally, "bacon") in Vienna.
E. A definition of what cathinones are can be read in last year's report.

drugs. Synthetic cathinones are seen as a **new substance** in Lisbon, present increasingly in **nightlife and entertainment** in Zurich and Berlin, and often seen as a **cheaper alternative** to cocaine that is highly accessible through instagram in Athens. In Athens and Lisbon, synthetic cathinones are used in ***chemsex* practices**.

In Berlin, participants expressed that, a year ago, people did not know a lot about mephedrone, but now people know and there is also **more awareness** of other types of synthetic cathinones. **Mephedron**e (4-MMC) remains the most familiar name in both Berlin and Balti, and in Berlin quality seems to have improved as "4-MMC is actually more often 4-MMC (certainly more than before)".

FGD Berlin

"Actually, in Berlin, mephedrone was initially a substance consumed primarily at chillouts and private chemsex parties. And since it "works so well"—let me put it in quotation marks—it simply spilled over, similar to how G [GHB], I'd say, can also be used in the party or club scene."

Mephedrone is also still seen in Zurich and some of the chloromethyl cathinone (**CMC**) shows up, but **2-MMC** appears to have replaced the remaining cathinones. Participants of Vienna explained that **mephedrone** comes up in drug checking reports and that described a cycle of experimentation that started with 2-MMC, then 3-MMC, then 4-MMC, and **most recently 2-CMC**. In Athens, it was said that **2-MMC** and **3-MMC** are consumed, but to a limited extent. **3-MMC** use is **mainly connected to homosexual men** (snorted and, rarely**,** smoked), in Malta it is snorted and smoked, and in Amsterdam, it is reported as **remaining high, even after prohibition** However, **quality is bad** since prohibited and what is sold as 3-MMC is often 3-CMC or 2-MMC. In Berlin, a participant reported a similar pattern: "***very often, 3-MMC is purchased as 3-MMC and is then ultimately 2-MMC, for example***". Other European data indicate that half of samples sold as 3-MMC contained 2-MMC instead[2].

Monkey dust, specifically referred to as **MDPV** in Amsterdam and Malta, was mainly connected to chemsex practices in Amsterdam and Berlin, and in Malta stakeholders started to see many people taking it. In Athens, people use MDPHP freebase.

Alpha-PVP (also referred to as peakku or flakka) use is highly localized, being restricted to Helsinki and Tallinn. Reported as widespread in Helsinki, and extended to school-aged children in Tallinn. Young people's drug use was linked to several settings, not only nightlife or party scenes but also individual homes, schools, and other everyday environments.

MDMA

According to other European monitoring data, **MDMA** is the second most commonly used illicit stimulant in Europe, after cocaine[2]. However, participants of two of our Focus Group discussions (in Vienna and Malta) noted that MDMA is still present, but its **prevalence has declined** compared to previous years. In Newport, it resurged.
The findings from our focus groups align with existing evidence[2] that MDMA use is commonly

associated with young people (Balti, Lisbon, Nicosia, Podgorica, Vienna) and entertainment settings (Balti, Copenhagen, Newport, Malta, Podgorica, Prague, Tallinn). However, in some contexts, **occasional MDMA** use was reported among **older adults** in Tallinn and, in Lisbon, among people who use other substances more frequently in **consumption rooms**. In Vienna, participants also reported MDMA use occurring in **school settings**.

Quality was perceived as high in Lisbon, Helsinki, and Skopje. However, reports from other cities highlighted concerns regarding adulteration. In Newport and Podgorica, MDMA pills were reportedly **mixed** with 2C-B, while in Vienna, participants mentioned **contamination** with rat poison. In Tbilisi, people who use drugs observed that MDMA **"is not what it used to be,"** often producing effects more similar to amphetamine.

Opioids

Heroin

Heroin occupies a **unique and complex position** in the European drug landscape. While being reported as **one of the most popular substances** in over half of the participating cities, its use is simultaneously considered to be **declining or disappearing** in Amsterdam, Berlin, Copenhagen, Prague, Malta, Nicosia and Newport:

These data are consistent with the European Drug Report's findings that heroin is no longer implicated in the majority of overdose deaths in Europe and its suggestion that heroin supply may now exceed demand[2].

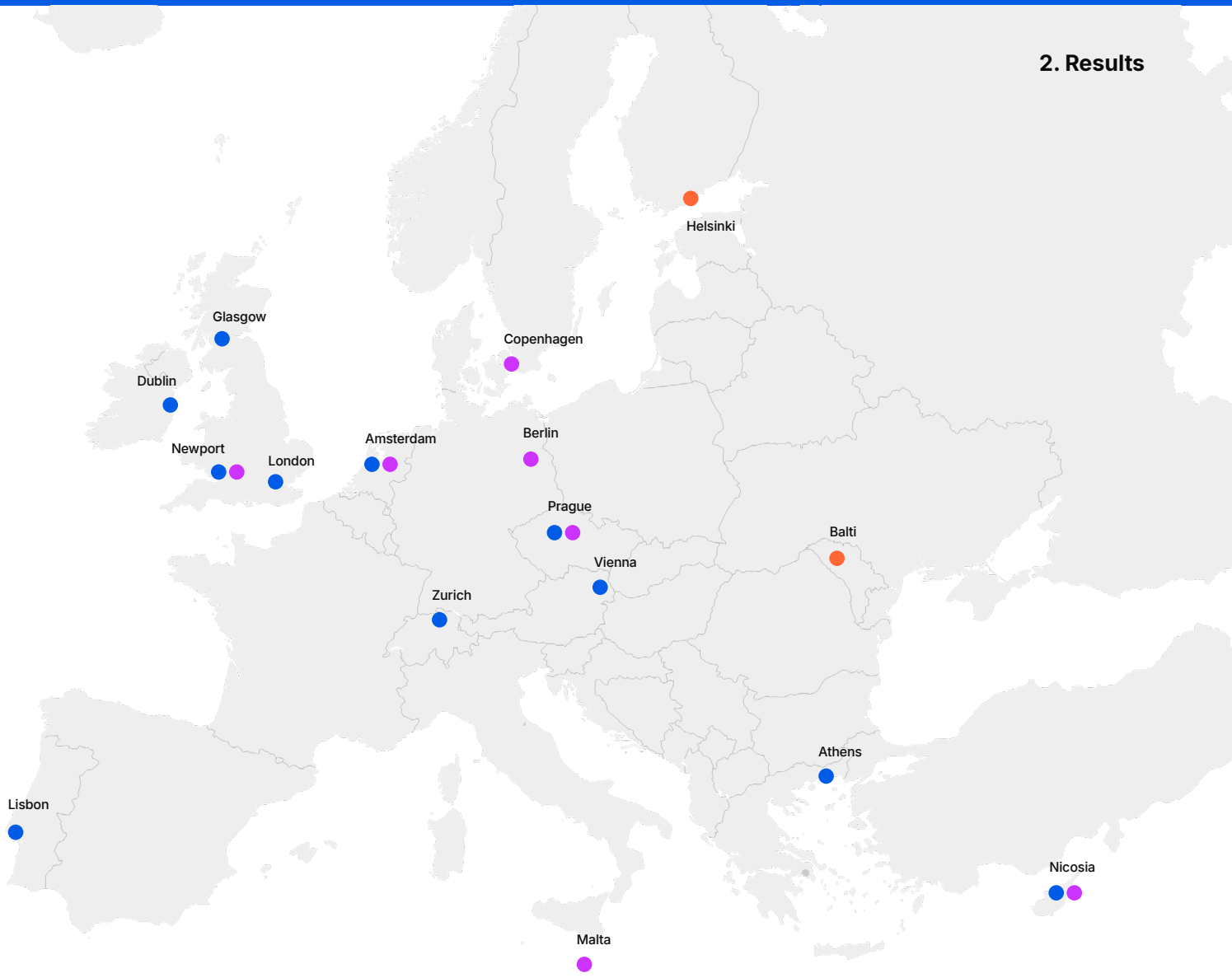
Participants expressed that heroin is **less available** in Berlin and Nicosia, which Berlin participants attribute to the **less interest** in using it. In Prague, heroin has become **less accessible**, but is increasingly being substituted with "homemade" Czech heroin, produced from **poppy heads** or **medications such as Vendal**. Production occurs within small, highly exclusive networks, partly due to concerns over overdose risk.

On another hand, heroin use seems to have **remerged** in Balti, and **increased** in Lisbon. Additionally, in Helsinki, availability has **"increased somehow"** and **it has not changed** in Vienna.

Adulteration and poor quality are the most striking concerns across European cities (Athens, Berlin, Copenhagen, Dublin, Glasgow, Prague, Tbilisi, Zurich):

FGD Dublin

"The other night when I got paid, me and my roommate went out to score and she said that if I tried to buy anything down the keys she would have snapped the money off me and eat it rather than let me score and I went down the keys because it was so bad. But basically, yeah, it started presenting like we were getting a hold of it. So it was really dense and hard and like. I did suspect it were black tar because it turned out not to be. We got it tested anyway. It was just heroin. But like it was really thick like the I was looking for some or to use, but also to show Andy and the guy I were hanging out with at the time said that if you need 4 packets of citric to break down some it for one hit."



Map 3: Heroin use trends across European cities, as perceived by key informants in focus group discussions

FGD Tbilisi

"It's black mud. That is, it has nothing to do with real siretsi. (...) Well, you know what it should be like? It should be like this, a little more gala, even better, real siretsi [crude heroin], even more gala, and it comes out, black, like mud. It doesn't even boil yet, you have to boil it a hundred times and drain it 25 times to get something clean, it's all mud."

According to participants of three cities (Athens, Copenhagen, and Zurich), these concerns were supported by drug checking tests that showed that samples sold as heroin contained extremely **low heroin concentrations**, often below 5–10%. Participants in Berlin noted that the **potency of heroin varies** greatly depending on the dealer and batch, and only those who consistently access the same **trusted dealers** report relatively good-quality heroin, a pattern also observed in Zurich.

Participants expressed that the decline of heroin use is **related** to the perceived low quality of the substance. Some stakeholders further suggest that the decrease of quality leads people who use drugs to **turn to other substances**, such as methadone (Dublin), crystal methadone (Tbilisi), crack cocaine (Berlin), powder cocaine (Glasgow), methamphetamine (Athens), and "tablets" (Dublin). Reports from last year had already indicated that heroin quality had declined, which led some people who use drugs to substitute it with other substances[5].

Synthetic opioids[F]

Synthetic opioids represent a significant public health threat due to their high potency. However, they are not widely recorded in current EU-wide routine data, with the exception of some Baltic countries[1,2]. In the New Drug Trends report written in 2024, nitazenes were identified as the most commonly reported synthetic opioid, while fentanyl had not yet been established in European urban markets, a finding that aligned with the data of the World Drug Report[1,5]. This years' findings show that both have **now appeared in several cities**, as part of **intentional use and as adulterants**, raising concerns about the possible expansion of the synthetic opioid threat.

Intentional fentanyl use was noted in Athens, Berlin, Nicosia, Vienna, London, and Prague. In Athens, such perceptions arise from reports of people being found with **patches** on their bodies after overdosing. In Nicosia, fentanyl use is connected with people that started using it for **pain management in clinics**. In Berlin and Vienna, participants explained that fentanyl patches are obtained through people who have **prescriptions** (e.g. grandmothers), rather than any other type of organised illicit trade.

In most cities fentanyl showed up as patches. In Prague, they described that young people place fentanyl **patches** on their mouths and **suck on it**, but the most common method of use remains boiling the patches and **injecting the solution**, both from new and used patches. People who use drugs participating in the focus group discussion of Berlin were the ones that described fentanyl use more extensively. They explained that fentanyl is **widely used across different circumstances**, and they describe the way in which they are used:

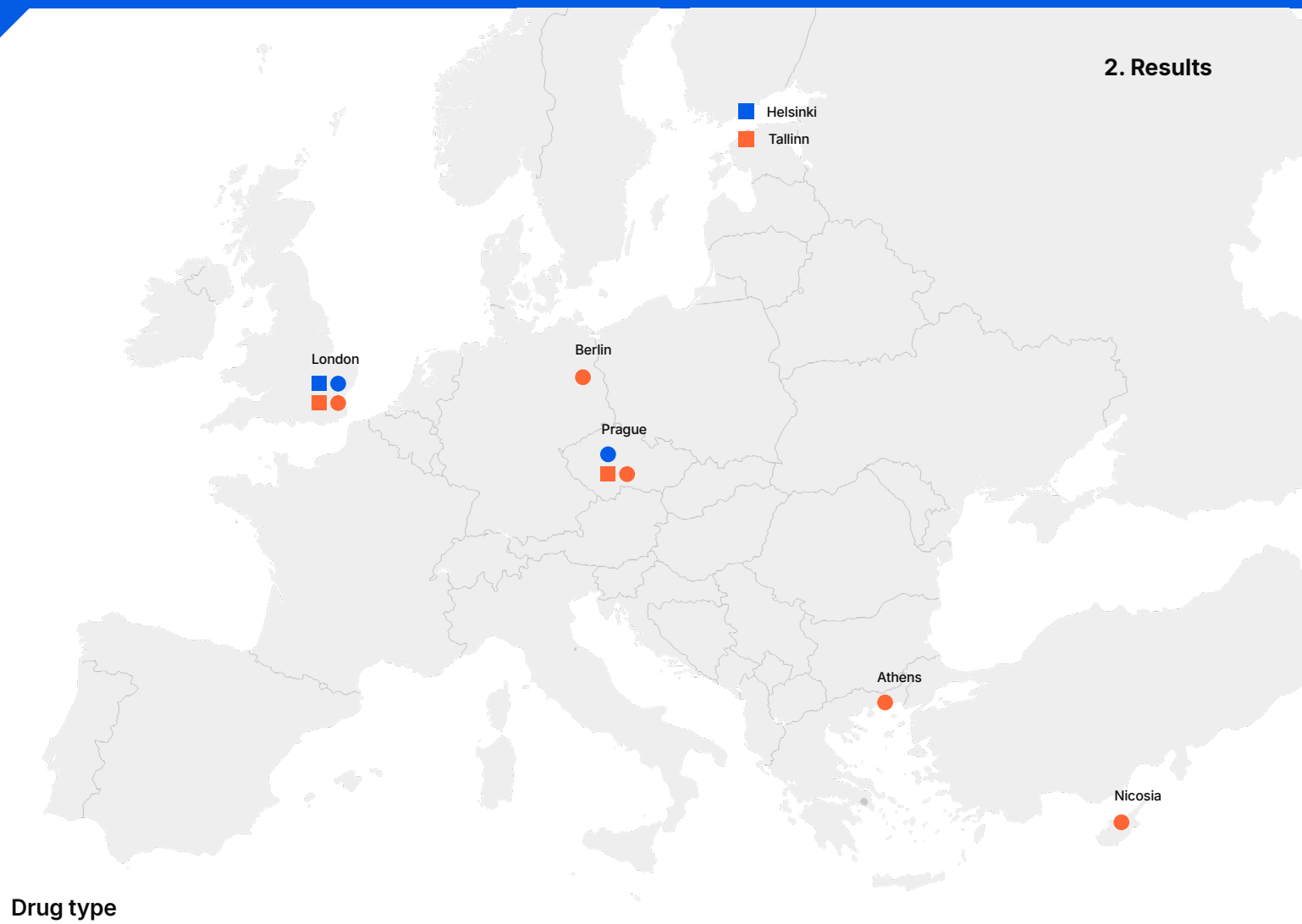
FGD Berlin

"Smoking. You simply cut it into strips, roll it into a ball. You peel off the protective film, the substance, and cut the rest into strips, roll it into a ball, and then you slap it on the surface in a striped pattern."

Another participant says that to the outside look it looks like someone is smoking heroin, but **the smell is different**. They explained that the motivation to use fentanyl is that "***when you smoke fentanyl, you get a sense of what [heroin] used to be.***" They added that they perceive that **heroin is adulterated with it**.

Fentanyl was associated as an **adulterant in heroin** in four cities (Berlin, London, Glasgow and

F. A description of what synthetic opioids are, along with an explanation of its health impacts, can be found in the previous year's report[5].



Map 4: Fentanyl and nitazines use trends across European cities, as perceived by key informants in focus group discussions

Vienna), **and in benzodiazepines** in one (Glasgow). However, experts in Glasgow and London noted that the term "fentanyl" is often used as a general label for synthetic opioids. In Glasgow, drug-checking results did not confirm the presence of fentanyl, but they did detect nitazenes[7], supporting the experts' hypothesis that it is being used as a broad term for synthetic opioids rather than referring to the specific drug.

Nitazenes, on another hand, **have appeared in the drug markets** of London, Tallinn, Prague, and Glasgow.

FGD, Tallinn

"New nitazenes have appeared on the market, and it is difficult to keep track of which analogues are currently circulating in Estonia, as the Estonian Forensic Science Institute identifies them at a certain pace. A problematic development is that nitazenes are being mixed with Alpha-2 Adrenergic Receptor Agonists (previously xylazine), such as medetomidine, to potentiate their effects."

FGD Prague

"Nitazenes [were] recently mentioned in the media in connection with two fatal overdoses."

FGD London

"I've known a lot of people that are buying oxys specifically seeking out nitazenes as opposed to being like, I know that this is an oxy it's like, I know that this is a nitazene and that is what I want. (...) somebody had brought what looked like pressed oxys to the loop, and they said I bought these believing and they were advertised to me as fentanyl and that they contained nitazenes and so you have this three-step of anybody looking at them you can tell they've got the 80 on the side and the OC on the other and then the person's like, but in the description of the market I bought them they said fentanyl, and that's what I wanted was fentanyl, and then actually they contained nitazenes and so you have a whole blending of from new substance, because clearly this actually is marketed as a synthetic opiate but then it's also contaminated which we'll come to at the end with a different thing and all that phenomenon is blurring for the audience right now."

Nitazenes were identified as an **adulterant** of crack cocaine (London), benzodiazepines (Glasgow) and heroin (Glasgow), but only in two countries, both situated in the UK.

Recommendations

→ To mitigate potential risks of novel potent opioid analogues such as synthetic opioids, expand access to naloxone and provide training to people who use drugs, peers, frontline workers and others who are likely to witness an overdose (including friends and family members) for rapid overdose response.

→ Integrate synthetic opioids-specific risk information into public health messaging, including safer dosing guidance ("start low, go slow") and overdose prevention measures.

→ Closely monitor emerging synthetic opioids (fentanyl, nitazenes) and incorporate associated risk information into service provision.

Other Opioids

Opioid use seems to be more **diversified**. Besides heroin and synthetic opioids, participants often referred to the use of known opioids used in agonist-treatment such as methadone and buprenorphine, and to other pharmaceutical opioids like **tapentadol**, **tramadol** and **oxycodone**.

Tramadol was particularly mentioned in Athens, Nicosia, Copenhagen and Prague in groups such as migrants and refugees, "general people" and young people.

Oxycodone use showed up in 5 cities (Amsterdam, Copenhagen, London, Prague, Zurich) as most used by **young people** who are described as to have a "stable background", being "functionall" and not "being disadvantaged". Some participants suggested that people start with oxycodone use and then **move to heroin**. In Amsterdam, participants said that the oxycodone used was "fake".

Kratom is also in use by **young peopl**e, but only in Prague and Vienna.

Benzodiazepines

Benzodiazepines, especially new and illicit benzodiazepines, pose a growing challenge in Europe. **Non-controlled and new benzodiazepines** are available in more than two-thirds of European countries. Because these counterfeit drugs seem familiar or "legitimate," people who use drugs might take them believing they are safe, when in reality, they could contain other drugs[2].

Last year, the New Drug Trends report indicated a rise in benzodiazepine use, which stakeholders interpreted as closely linked to the declining quality and inconsistent supply of heroin[5]. This year, benzodiazepines were described as **one of the most popular substances in several cities** (13), making it the third most frequently mentioned as such. Some participants even stressed that "***everyone uses benzos***" or that benzodiazepines are "***definitely the drug of the moment***". In Vienna, their emergence among very **young people** (as young as 12–14 years old) was seen as a striking new trend.

In Lisbon, data suggests that benzodiazepines are **acquired by prescription and then re-sold** to third parties, and, in London, people buy them as tablets and in blister packs and they have Romanian branding, but the **source is unclear**. However, in **most cities**, benzodiazepines are **acquired illegally** (Amsterdam, Dublin, Glasgow, Helsinki, Newport, Prague, Tallinn and Vienna).

Used benzodiazepines mentioned by the participants included Alprazolam[G] (Copenhagen, Dublin, Helsinki, Tallinn, Zurich), Clonazepam[H] (Prague, Tbilisi), Diazepam (Glasgow[I], Prague, Tallinn), Flunitrazepam[J] (Copenhagen, Prague) and Midazolam (Zurich). In Zurich, **Midazolam** was even described as the "***the most sought-after drug***". In Amsterdam, participants specifically reported that the benzodiazepines used are **novel** and in Newport, participants describe benzodiazepines in **white and blue**, and explained that "***Ethylbromazolam has been detected in a wide range of samples***".

Quality and adulteration issues were commonly reported. In Dublin, experts described "minty" Tranax® and online-sourced Xanax®, with effects reported as producing stimulant-like effects. Furthermore, many hospitalizations have been linked to "low-grade or counterfeit benzos":

FGD Dublin

"Are pills [benzodiazepines] being super dodgy? I've been hospitalised twice by Nitazenes. It's got all of the stage people. I've known people charging £3.00 per pill. [...] Oh shit, that they're trading from the pharmacy because it's legit. People are really exploiting the dodgy shit, you know."

In Glasgow, substances sold as *benzos* were found adulterated with **nitazenes** and others had a variety of **unexpected effects** that people who use drugs taking part in the focus groups described as "weird". Another stakeholder expressed:

G. Xanax® (Copenhagen, Dublin, Tallinn, Zurich) and Tranax® (Dublin)
H. Rivotril® (Prague)
I. Described as street Valium®
J. Rohypnol® (Prague)

FGD Glasgow

"People keep buying these things and they're not getting anything in return. I watched somebody spend £70 on different batches trying to find one that worked."

In Helsinki, stakeholders explained that Alprazolam tablets (more specifically, Ksalol®) have **contained other substances**, and while others may not be adulterated, the **uneven distribution of the active ingredient** over the pack may pose serious health concerns:

FGD Helsinki

"There has been a message from the youth hotline about counterfeit benzos. Not that they contain any other medicine than the active ingredient itself. The active ingredient may have been distributed unevenly in it. There is X amount of active ingredient on the tablet. It may be that it is all the substance in two pills and then the rest is just chalk. It also affects the fact that when you take one, you feel like you are going crazy. Sometimes when you eat a handful of them. This increases the risk of overdose. Because you never know how much of it you have taken."

Adulteration signs are further described in other cities:

FGD Copenhagen

"(...) And it was in a glass with a rainbow and a unicorn, and then it said Wonderland. And then it said F2. Or it said Flunitrazepam. And I handed a pill over to the users' academy to have it tested, and they couldn't see, well they could see that it was Flunitrazepam that was in it, but not how much. That was just what I was most curious about, because I knew there was Flunitrazepam because I had seen a test from it, where the guy who had it, he had sent a picture of such a test, where there was some kind of liquid, and then if it was a certain colour, you could match it to, you also knew that there was a field where it said Flunitrazepam, and then you could see that it had that colour."

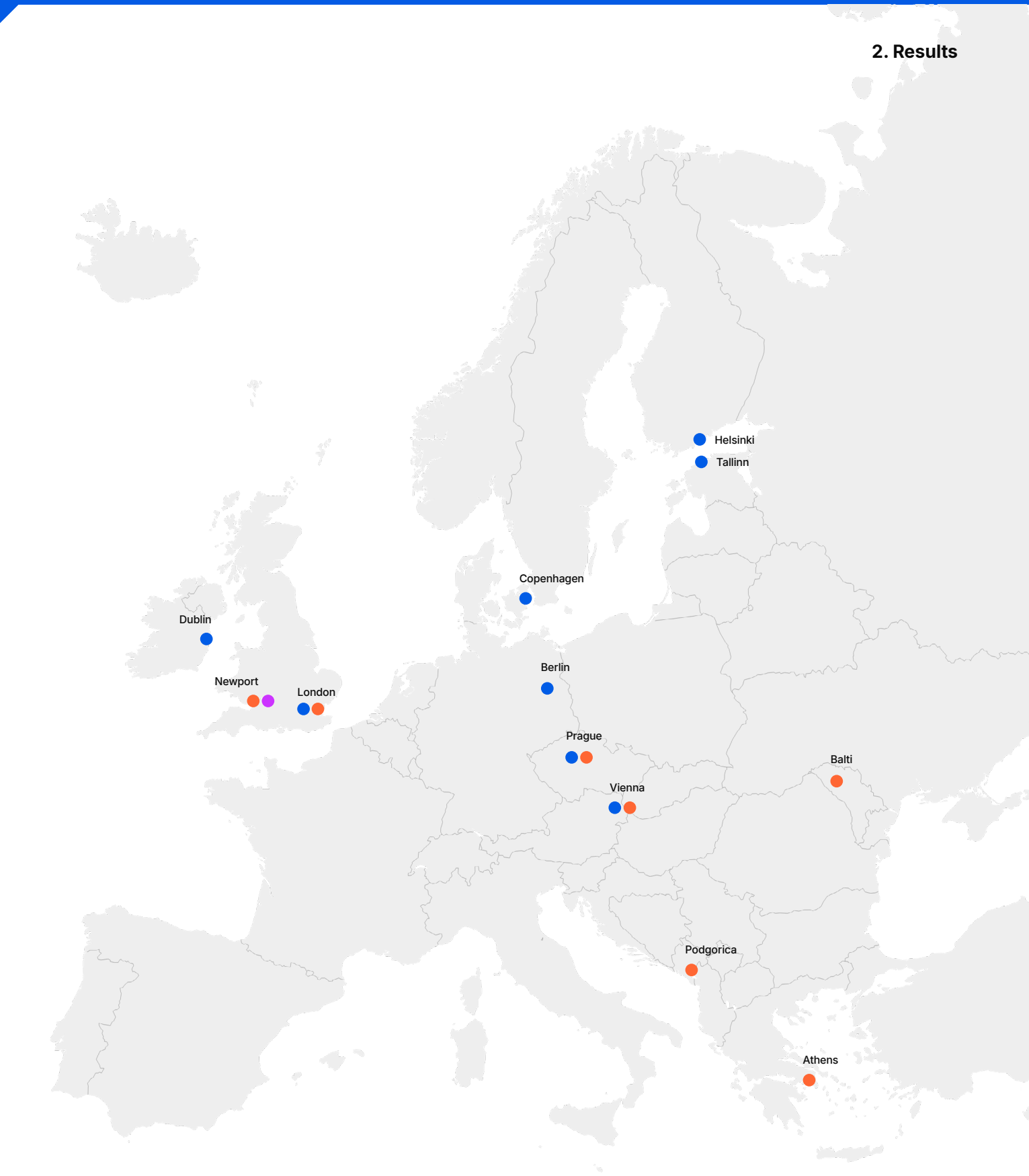
FGD Vienna

"I ordered alprazolam (Xanax®) from the dark web, and it wasn't alprazolam, which is what it was supposed to be. It was fluoralprazolam, and that's twice as potent as regular alprazolam. (...) Yes, I know from the check-it, and it was 100 percent fluoralprazolam. They didn't find a single trace of anything else."

FGD Newport

"Yeah, we have a lot of fake Benzo's coming in. I've tested quite a few of them. The white Benzo's that I haven't seen before. [...] We've seen, as you know, with the Benzos, coming back with varieties of different substances, including [intelligible] samples, that come back with Heroin. For a period of a couple of months, there were Benzos containing mainly Bromazolam that also contained Ketamine. More recently, we've got the new emerging Benzodiazepine Ethylbromazolam, which is being found in a lot of samples."

According to participants, data from WEDINOS further revealed that 6% of all benzos tested between January and September 2024 **contained nitazenes**[9]



Map 5: Pregabalin use trends across European cities, as perceived by key informants in focus group discussions

Pregabalin

Pregabalin is a compound structurally similar to gamma-aminobutyric acid (GABA) that mimics its effects. GABA is a neurotransmitter with inhibitory power that helps regulate nerve signalling. In medical settings, pregabalin is prescribed for conditions such as neuropathic pain, epilepsy, anxiety disorders, and muscle tension. Pregabalin can create a sense of loosened tension and overall calm, and some people may experience a short-lived feeling of well-being or mild euphoria[10,11]. It is often referred to by its brand name Lyrica®, "Gabbers" and "Gabbies".

The scale of non-medical pregabalin use is not well documented, but recent information indicates that it is being used in several regions worldwide[1]. In Europe, syringe residue analysis indicates that pregabalin is being injected, and more countries are now reporting its involvement in drug-induced deaths[2]. Last year, experts in Focus Group Discussions observed that it was increasingly noted in several cities, particularly among young people, people experiencing homelessness and refugees[5]. This year, pregabalin appears to be even **more widespread across Europe**. Its use was **reported in thirteen cities**, suggesting an emerging trend.

Reports point to **rising use** in Dublin, Helsinki, London, Prague, Vienna, and in Podgorica. In Podgorica, it was described as a pattern that **emerged in the past year**, whilst in Vienna it is **increasingly visible among people as young as 12–14 years old**. In Balti, pregabalin is considered one of the most **easily obtainable** substances, even among youth. In Berlin, pregabalin use is **common** and unchanged.

Used in prison settings (Prague), among those in maintenance treatment (Vienna, Podgorica), and in party settings (Tallinn), pregabalin use is connected to a diversity of contexts:

FGD Podgorica

"Perhaps we should mention one substitute that is not new, that is, a drug called lyrica, and all the people who use it found it interesting. It is used by people who want to get rid of the bup [buprenorphine], and I see that it is used more and more, and that it is a natural standard amongst the users, a testimony to how well likes it, and how they don't have a crisis, which is why when the bup [buprenorphine] is in use it is very problematic that when it is used more, they have the problem of having long-term crises."

The use of Pregabalin was further linked to **crises and medical emergencies** in Podgorica, Vienna, Tallinn and Dublin, especially when combined with other substances. In Dublin, participants report many overdoses with heroin and pregabalin. Pregabalin frequently appeared as part of **polysubstance use**[K].

K. A detailed overview of polysubstance use combinations is included in the attachments.

FGD Vienna

"And for maintenance treatment patients, benzos and Lyrica® are very common. We have a lot of emergencies; every second one is induced with Lyrica®, because people are taking maintenance treatment, plus benzos, plus Lyrica®. It's absolute chaos."

FGD Malta

"In the clubbing world, which is what I form part of, ketamine I think remains the number one. Cannabis, then I feel like ecstasy is less prevalent than it used to be in my early 20s. (...) I don't know why, I don't know if it's quality, but ketamine is definitely the king."

Other drugs

Ketamine

Ketamine is an authorised medicine, primarily used for anaesthesia in the European Union. Its availability in European illegal drug markets seems to have increased and there are some indications that it became a commonly preferred substance in certain contexts, but appears to have relatively low prevalence compared with other illicit drugs. However, existent data may only give a partial picture of ketamine's use trends[2].

Conversely, last year, in the New Drug Trends report, ketamine had already been described as "off the charts" in some cities[5], and, this year, **our data suggest that ketamine is widely used**. It was considered as being among one of the most popular substances in **twelve out of the twenty** participating cities (Athens, Berlin, Copenhagen, Dublin, Glasgow, Helsinki, London, Malta, Newport, Prague, Tallinn, Vienna, Zurich), and a **new substance in use in two more** (Lisbon, Berlin):

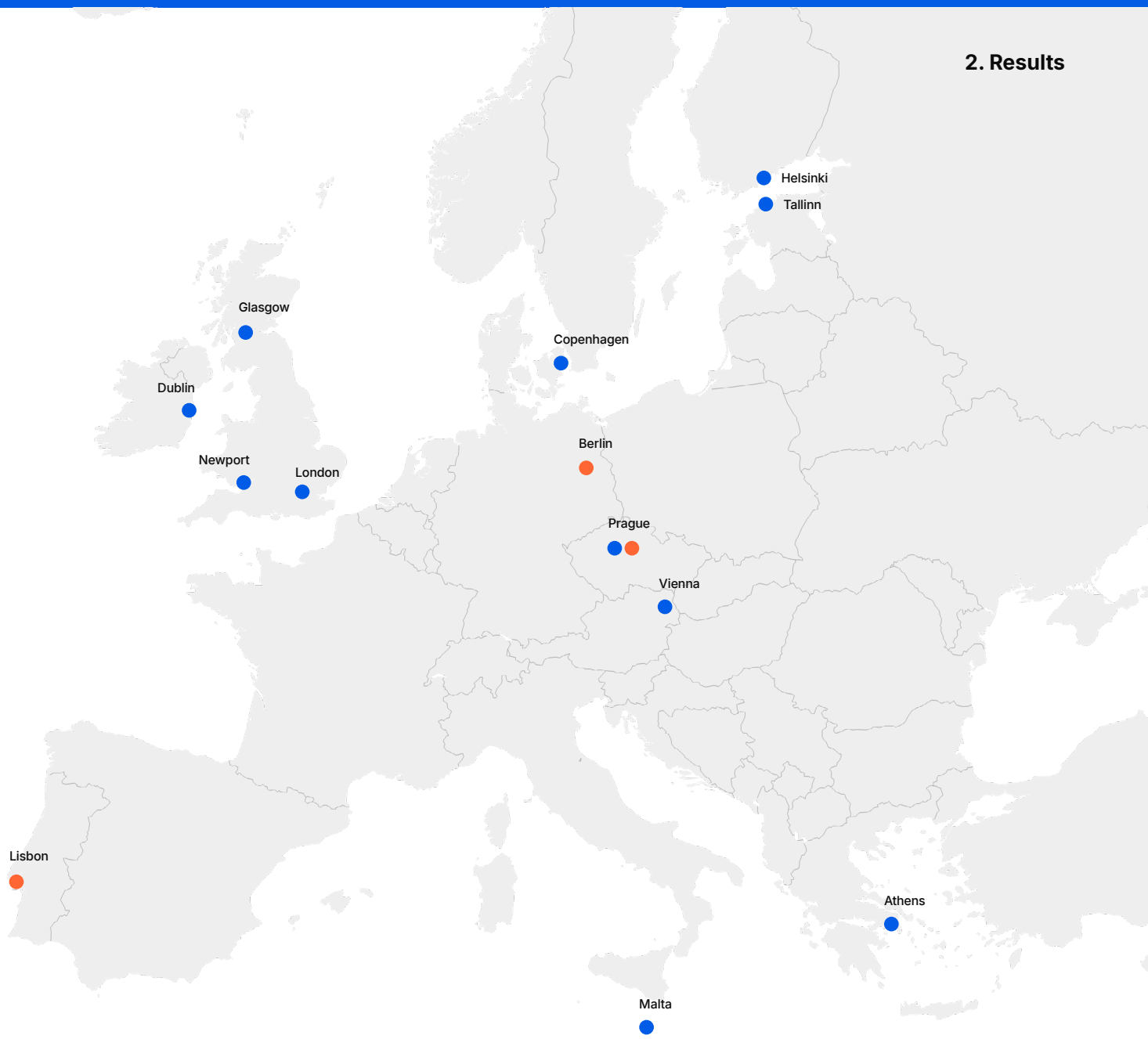
While being **most strongly associated with party and entertainment settings**, ketamine also appears **in daily life contexts** in cities such as London or by used **"regular"** people who use drugs in Tallinn. In Zurich, London and Newport, participants pointed to **significant signs of problematic use**:

FGD Newport

Speaker 4 - "And I got a lot of young, from 16 to 19, maybe 22, on Ketamine. (...) With the younger boys, I got so many mothers phoning me asking for help with a 16. But like, obviously, we can't take them in at that age. And I'm asking where they can go? Why can't you take them in at that age? They've got to be 18 and they've got to go to a different area because they're young."

Speaker 5: "We've had a rise in referrals into our service for Ketamine as well.."

Participants in Zurich and Berlin suggested that some people may use ketamine as a form of **self-medication**, inspired by its clinical application in treatment-resistant depression. However, in Glasgow, it was linked simply to **"having fun,"** in Malta, participants believed it was used to **"take the edge off"** alongside stimulants like cocaine and



Map 6: Ketamine use trends across European cities, as perceived by key informants in focus group discussions

MDMA, and in Zurich, some party-goers described using it as a **replacement for alcohol**, seeking the same dizzy, weak-kneed sensations. In **chemsex contexts**, ketamine is used to manage pain during certain practices (Zurich).

Recommendations

→ Inform people about the risks of ketamine use and provide clear pathways to non-judgemental consultation if adverse effects occur.

Nitrous Oxide

Nitrous oxide, also known as laughing gas, was recently restricted in several European countries, but the effects to its accessibility are limited[2]. Participants of Focus Group Discussions suggest that it **remains popular** in some cities (Lisbon, London, Vienna, Tallinn) and that, in others, it is **seen as a new substance** (Amsterdam, Helsinki, Lisbon, Newport, Vienna). However, in Amsterdam and Copenhagen participants expressed that consumption **declined** following **stricter regulations and enforcement**.

Nitrous oxide is consistently reported as being **used by young people in all cities**. Some connect motivations for use to **copying with neglect, nervous problems, and anxiety**.

FGD Helsinki

"We have seen that when we have been involved in situations where people have used it, it is a way to relieve anxiety. It allows you to temporarily reset. You have grabbed the bottle with both hands. You have had to stop because the person has almost lost consciousness. At that moment, you just wanted to somehow clear your mind. Some say that you get a kind of euphoric feeling. Some just say that when your consciousness starts to blur, you don't have to think about those anxious things."

Others connect its use to **party and festival settings** (Tallinn, Vienna, Prague).

2C-B

2C-B

2C-B is a synthetic psychedelic that can induce euphoria, mild stimulation and shift visual and auditory perception[12,13].

Last year, focus group participants reported the use of 2C-B in Berlin, Helsinki and Rome[5]. This year, 2C-B was **reported in different cities**, namely Balti, Malta, Newport, Podgorica and Tallinn, especially in entertainment settings (e.g. festivals).

FGD Balti

Participant 1 - *"Hey, we still have 2C-B — that's 'Siberia' narcotic. It acts on the organism for 16 hours from a dosage of 0.1. Turns out you're sniffing."*

Moderator - *"This is also synthetic?"*

Participant 1 - *"It's psychotropic."*

Moderator - *"They are all psychotropic." [cross-talk]*

Participant 1 - *"This is the development of Alexander Shulgin, he invented this drug."*

Moderator - *"How is he called?"*

Participant 1 - *"2C-B — 'Siberia'. 2C-B — this powder. It comes in flour, in this form. Some say that you get a kind of euphoric feeling. Some just say that when your consciousness starts to blur, you don't have to think about those anxious things."*

FGD Podgorica

"There is a moment of relief from ecstasy, that if it is not the same drug, it can be considered an NPS because it is not the same drug as the one they have never tried. I think that when we go to the field and to parties, when we talk to a lot of people, and a lot of them testify, it shows me that it is not the same drug, it is not the same drug, that certain pills look stranger. But enough people are showing that it is not the same anymore. We have found that these pills do not have MDMA or speed anymore, that they have 2C-B. This is a substitute which, in dry form, has similar effects to MDMA and speed, I mean more than MDMA, or it has elements of speed which can get you high. It can be considered as an NPS in our country. We do not have to know that it is found in ecstasy, we have to see it to add to this information somehow. Or according to what people tell us, e.g. neither MDMA nor ecstasy are these substances anymore, but it is all laced with other substances which are much more popular, and are not so tempting to use."

However, in Malta, experts suspect that **"fake" 2-CB** is being sold:

FGD Malta

Participant 1 - *"And 2C-B, there's always 2C-B around. It's like a pill. They say it's a mixture between, like the feeling is a mixture between MDMA and like a bit psychedelic. So, it's only fake 2C-B which is readily available in Malta, I think. The real 2C-B is kind of more rare. Like, real 2C-B is like your entire world is literally split in half."*

Participant 2 - *"That's true. Like, they're very, how to say, their effect is very different from each other, but the real 2C-B, as you say, like it took sometimes 40 minutes to come out of it. It's like you're seeing another world."*

Tucibi

Tucibi

Tucibi, also known as 'Tusi' or 'Pink Cocaine' is a label given to a mixture of MDMA, Ketamine and a third substance, usually caffeine, but other stimulants or new psychoactive substances are also detected[2].

2C-B and 'Tucibi' may sometimes be understood as the same drug due to their phonetic similarity. However, mixtures sold as 'pink cocaine' or 'tucibi' are not likely to contain the synthetic drug 2C-B[2].

'**Tucibi**' seemed to have expanded to more countries last year, although there was some confusion regarding its contents[5]. This year, mentions of 'tucibi' were **less frequent**. In Amsterdam, experts explained that "***pink cocaine is more seen in the menu's of dealers, [but it is] unclear how popular it is***". In London it is **still showing up** and although stakeholders from Skopje explain that 'tucibi' has not been reported in the city yet, it has in another city of the country, Kumanovo.

Besides these reports, **content-related confusion seems to remain**:

FGD Berlin

"[Pink cocaine does not play a role] Sometimes there are mix-ups talking about 2C-B, Tuci and pink cocaine, especially if people come from southern parts or Europe."

FGD Dublin

"There's another one they're talking about called pink champagne. They believe it's a combination of MDMA and cocaine with pink food colouring. Sold as a euphoric and affordable stimulant, popular among younger users."

FGD Helsinki

Participant 3 - *"Pink cokes just come out now."*

Participant 5 (22:26 - 22:38) - *"And what are you finding with those pink cokes? Oh, it's just air-cane coke. It's real air-cane, real coke. But they're selling them at a quarter gram for that. And depending on that, that's what you have. That's came from your beef, that's came from your beef."*

Participant 6 (22:39 - 22:41) - *"It's a bit of a bit of a... I don't understand why you'd put it on a plate."*

Participant 5 (22:41 - 22:47) - *"I'd rather just go buy some MDMA, some Coke, and it's about fucking same. A lot cheaper, do you know what I mean? Yeah, it's not that bad."*

Polysubstance Use

Participants from **17 cities** expressed concern about the **increasing tendency to combine multiple substances**. The combinations reported varied widely across cities and contexts. A full list of all combinations mentioned by participants is available in an attached table (attachment 2).

Despite this diversity, several combinations were identified in more than one city, suggesting broader patterns of use at the European level. One of the most frequently mentioned was the combination of **ketamine and cocaine**, reported in Dublin, Glasgow, Prague, and Tallinn. In Glasgow, this mix is colloquially known as "Calvin Klein". In Dublin participants noted that it is often specifically used with crack cocaine.

Another stimulant mix was **methamphetamines and cocaine**, highlighted in both Athens and Dublin. More generally, the practice of speedballing appeared in multiple variations, most notably through combinations such as methamphetamines with cocaine or ketamine with heroin, or heroin with cocaine.

Recurrent depressant mixes were also documented, with (unspecified) **opioids and benzodiazepines** reported together in Glasgow, Podgorica, and Vienna. Meanwhile, the classic combination of **cocaine and heroin** continues to be observed in Glasgow, Nicosia, London and Lisbon.

GHB combined with methamphetamines was reported in Dublin, Prague and Zurich, often in the context of chemsex. More commonplace but still

noteworthy were combinations such as **cannabis and alcohol**, mentioned in Nicosia and Podgorica, while **pregabalin and benzodiazepines** were highlighted in both Prague and Vienna.

Ketamine stood out as the most frequent substance used in combinations. Cocaine, alcohol, and MDMA emerged as the most frequent partners, each reported in three different cities. In two of these cities, ketamine, cocaine, alcohol and MDMA were used altogether. Other pairings, such as ketamine with nitrous oxide, GBL, or heroin, appeared less frequently but nonetheless illustrate the central role of ketamine in polysubstance use.

Recommendations

→ Offer targeted harm reduction advice on common substance combinations and their associated risks.

→ Promote self-awareness, self-reflection, and consumption management tools in counselling activities.

Trends among groups of people who use drugs

During the FGDs, participants were asked to describe shifts in demographics or new groups of people who use drugs. In most focus groups, participants did not identify the emergence of new user groups, but tended to associate certain substances or patterns of consumption with specific communities.

In a few cities, participants noted that some substances cut across social and demographic boundaries and are used by **people of all ages, genders, origins, and socioeconomic backgrounds**. This was said to be the case for **cannabis** (London, Newport, Zurich, Balti), **cocaine** (London, Zurich, Glasgow, Newport, Podgorica), **pregabalin** (London, Glasgow), **benzodiazepines** (Glasgow), **alpha-PVP** (Helsinki), **synthetic cannabinoids** (Glasgow), and **MDMA** (Glasgow). These substances were described as having broad social reach, reflecting both their availability and normalisation in diverse contexts.

Young people who use drugs (YPWD) were a recurring theme throughout focus groups discussions. Participants referred to young adults, but also teenagers, minors, “people too young to enter clubs”, “still living with their parents” and people as young as 13 years old, suggesting that **people are starting to use drugs at a very young age**.

Young people were often said to use cannabis, cocaine, MDMA, synthetic cannabinoids, ketamine, nitrous oxide, pregabalin, benzodiazepines, oxycodone, methamphetamines, amphetamines, semi-synthetic cannabinoids and, to a lesser extent, Alpha-PVP. The use of some of these substances, namely **MDMA, semi-synthetic and synthetic cannabinoids, ketamine, nitrous oxide and oxycodone** were reported as mainly or **almost exclusively** being used by **young people**. In some cities, young people use **products with unknown or unspecified contents** for their psychoactive effects, namely deodorants (Copenhagen), hand sanitizer (Helsinki), and glue (Tbilisi). Furthermore, settings of use varied from **schools** and **private homes** to **nightlife venues** and **informal social spaces**. A few stakeholders explained that due to the age limitation to accessing entertainment spaces, young people may gather in **private settings** to use drugs.

Drug use among people with **migrant backgrounds** was mentioned in several cities (Amsterdam, Athens, Balti, Helsinki, Lisbon, Newport, Nicosia, Podgorica, Prague, Dublin, Zurich). However, in most cases, participants observed that their consumption **patterns did not differ** markedly from those of nationals.

Drug use within **prison settings** was also discussed in multiple cities, though the substances used varied widely. **Synthetic cannabinoids, synthetic opioids, and benzodiazepines** were the only drug categories reported in more than one location. Synthetic cannabinoids were described as appearing in different forms, such as gummies and vapes (Glasgow, Newport). Benzodiazepine use was noted in Skopje and Vienna, while synthetic opioids were linked to prison settings in Prague and Newport, where fentanyl patches and nitazenes were reported, respectively. These accounts suggest that substance use within incarceration settings is diverse and evolving, with **synthetic drugs** playing a central role. In Amsterdam participants say that people in incarceration settings use **everything that is available**, while in Tbilisi people say there are **no drugs available** or specifically connected with people in such settings.

Some participants (in Lisbon and Zurich) commonly noted that **the majority of the drug-using population** they encounter is male, yet there is a visible, though smaller, portion of **female people who use drugs**. Women who use drugs were often described as **less visible within services**, partly due to barriers such as **fear of child removal** (Dublin, Nicosia, Balti). In one city (Nicosia), an observed increase in women entering treatment was attributed to pressure from social services. Additionally, women's drug use was associated with **sex work** in five cities (Athens, Balti, Dublin, Glasgow, Nicosia) and participants from Glasgow highlighted that there is a **lack of services** that address sex work and drug use together, including safety planning.

In 12 cities, focus group participants made references to drug use practices associated with the **LGBTQI+ community**. In Balti and Tbilisi, participants said they either did not know people from the community or felt they lacked enough information to comment. Of the remaining 10 cities, 7 linked the LGBTQI+ community to **chemsex practices** (Amsterdam, Copenhagen, Helsinki, Lisbon, Newport, Prague, Malta). However, in Skopje participants felt that chemsex is often too

narrowly associated with queer communities, which they saw as an inaccurate reflection of reality.

Recommendations

→ Develop policies that support youth-specific prevention and harm reduction programmes, including co-designed interventions that reach young people in their own environments.

→ Develop youth-specific spaces, content, and outreach strategies to engage young people effectively.

→ Expand harm reduction services to prison settings.

→ Investigate the specific needs of Women who use drugs, and shape services accordingly. To prevent fear of child removal, guarantee anonymity and confidentiality.

→ Adapt services to reach those involved in chemsex practices, for example, by creating peer-to-peer online and physical spaces that provide information on how to use drugs more safely.

Routes of Administration Trends

Routes of administration were not reported across all mentioned substances or all focus group discussions equally and consistently. However, when mentioned, **intravenous or injected** use was reported for at least 15 substances (heroin, cocaine, ketamine, methamphetamines, 3-MMC and unspecified synthetic cathinones, amphetamines, benzodiazepines, alpha-PVP, GHB, “steroids”, focalin™). Injection remains **widespread or increasing in selected cities** (Balti, Dublin, Lisbon), but its **decline is perceived in some areas** (Athens, Nicosia, Vienna), and it is perceived as **uncommon in others** (Zurich, Amsterdam). In some cities (Amsterdam, Lisbon, Prague, Zurich), **chemsex practices were connected with intravenous drug use**. One participant noted that economic or availability factors influence the choice of route of administration:

FGD Zurich

"My fear is that in the future, as less and less heroin becomes available on the open market or on the market, intravenous use will increase again. Because it's simply a question of price. As long as heroin was so cheap, I think you could snort it. You don't get 100 percent of it into your bloodstream, I'm just saying that as a layman. And things are different with

intravenous consumption. That's my fear. We're also noticing that the classic addicts have more difficulty buying heroin. And if we then verify, we see that it's at a very low level, at two or four percent. So even if we secure quantities of 100 or 200 grams, that's very, very low. We must bot completely lose sight of the fact that this could potentially spill over again in the future, and that more will be consumed intravenously."

Smoking or inhalation is another prominent route, reported for at least **16 substances** (cannabis, cocaine, heroin, synthetic cannabinoids,methamphetamines, fentanyl, pregabalin, 3-MMC, MDPV and unspecified synthetic cathinones, DMT, GHB, nitrous oxide). A participant from Berlin suggests that the choice of smoking as a route of administration is context-dependent:

FGD Berlin

"So I think this plays a particular role in the party context, the smoking form of consumption, which is still very unusual in the club-party context and, to a certain extent, impractical because I either need a proper container for it, or if I hide it on a tin or something, it absorbs more than I get out of it. So I think this is more of a form of consumption that's found in private or semi-public areas, where people simply have more peace and quiet and more protected spaces to consume, than in the classic club context."

Smoking is the most common route of administration in certain cities (Dublin, Lisbon, Nicosia, Zurich). Whilst it is often used as a harm reduction technique to reduce harms, professionals highlighted that **switching from injection to smoking is not a simple solution**. Focus groups in Glasgow, Helsinki, and Zurich report that **lung-related harms**, including Chronic Obstructive Pulmonary Disease (COPD), are rising, and some people who use drugs cycle between smoking and injecting as each route produces discomfort or injury, suggesting the need for innovative strategies to reduce harm, particularly associated with smoking.

Snorting or sniffing is reported for **10 substances** (cocaine, ketamine, 3-MMC and unspecified synthetic cathinones, amphetamines, benzodiazepines, tusi, methamphetamines), and **oral ingestion** for **12 substances** (cocaine, 3-MMC, synthetic psilocybin, psilocybin, MDMA, amphetamines, mephedrone, benzodiazepines, GHB, steroids, oxycodone, pregabalin, unspecified "medication for ADHD"). The prevalence of such routes of administration indicates a need to further consider them in harm reduction services.

Other administration routes, such as absorption, reported for fentanyl, are noteworthy.

Recommendations

→ Implement interventions tailored to different routes of administration: intravenous, inhalation, snorting, and oral ingestion. Address specific harms associated with each. For example, provide tools for safer use, including individual-use sniffing tools (paper straws, post-its), sanitized water, and guidance on nasal hygiene and dosing, needle and syringes, pipes, sterilized water, citric acid, etc.

→ Investigate ways to reduce harms associated with smoked drug use.

→ Expand needle and syringe exchange programmes to reach people who inject various substances, in diverse settings (including chemsex practices).

Market dynamics

Drug supply markets and strategies

In Europe, the availability of substances is high across drug types[2]. Our data mirrors those findings, as participants of our Focus Groups describe that substances are **easy to obtain and widely accessible** (Helsinki, Lisbon, Malta, Vienna, Tbilisi).

FGD Vienna

"[There is] high availability of everything, anytime of the month/year."

However, in some cities (Amsterdam, Balti and Prague), **participants reported general low or poor-quality drugs**, alongside **growing concern about adulteration** in Amsterdam, Glasgow, Lisbon, Tbilisi and Podgorica, and **rising overdoses** in Athens and Balti. In some cities, such as Glasgow and Lisbon, participants explained that some people choose to "cook" or further process drugs themselves in an effort to reduce risks related to adulteration.

FGD Lisbon

Participant 1 - *"Nowadays, it's impossible to find good drugs anywhere. From what I hear on the streets, people complain a lot that it's all cut, it's all cut, it's all cut, it's all cut. The drugs are the same, they call them the same things, heroin, cocaine, booze, but the quality is zero. Too much cutting, too much cutting, and that causes serious health problems for people, on top of what the drugs already do."*

[...]

Participant 2 - *"There is a request to cook the substance in the [drug consumption] room, and this reflects what was being discussed about the cuts in substances and the fact that people want to have some control over the substance they are consuming, as well as greater control over the substance they are not consuming."*

Drug supply through face-to-face interaction remains common in some cities (Berlin, Glasgow, Nicosia, Podgorica, Tallinn, Prague, Malta and Zurich), while in others, such as Amsterdam, this type of exchange has become less visible. Stakeholders of several cities note a **clear expansion of online-based supply channels**, which transformed how people access drugs.

FGD London

"In general I've seen at least in menus the people looking at this stuff is significant, and I don't know if it's these particular people who are doing very well but diversifying menus, so the amount of stuff in there is significant."

FGD Tbilisi

"There is accessibility, there is no problem, anyone can do it, there is money, and you can have it in your hands in half an hour via the internet."

Drug purchasing now happens **through a range of apps** including **Telegram** (Amsterdam, Balti, Berlin, Copenhagen, Glasgow, Lisbon, Newport, Prague, Tallinn, Vienna), **WhatsApp** (Amsterdam, Balti, Berlin, Copenhagen, Glasgow, Lisbon, Newport, Prague, Tallinn, Vienna), **Snapchat** (Copenhagen, Glasgow, Newport, Vienna), **Signal** (Balti, Copenhagen, Lisbon), **TikTok** (Copenhagen, Vienna), **Session** (Copenhagen), **Facebook Messenger** (Glasgow) and **Instagram** (Vienna). Vendors use **private chat groups**, direct messages, or **posts featuring "menus"** of available products to promote and sell substances. **Website platforms** and "online pharmacies" were also mentioned in London, Newport, Glasgow, Prague, Podgorica and Helsinki.

FGD Glasgow

Participant 2 - *"Yeah, we certainly see that a lot. WhatsApp, Telegram, Snapchat, are also nationally commonly reported to us. Also, less so for heroin, but more so for pills and pharmaceuticals, fake online pharmacies as well, especially for street benzos. That's a really common route that we have reported."*

Participant 6 - *"And there's quite a number of those now that when you go on the website, they actually do look pretty impressive."*

Participant 4 - *"But the website's maybe only up there for a couple of weeks before it disappears and is replaced by something else."*

Participant 2 - *"It's paying by bank transfer normally and accounts are closed and it's very sophisticated."*

Participants further observed **promotion and marketing strategies**, such as QR codes placed in public spaces (Amsterdam, Glasgow, Balti), and temporary price offers such as "sales of the week" or discounts before a substance becomes illegal (Glasgow, Amsterdam).

FGD Amsterdam

"Online aggressive marketing campaigns like 50% discount due to the upcoming [3-MMC] ban. Marginalised consumers in Amsterdam do not use these markets, outside Amsterdam rarely used."

In some places, people still contact suppliers via online platforms but **meet in person** to complete the exchange (e.g. Prague, Vienna). However, participants from Lisbon, Prague, Zurich, Nicosia and Amsterdam said that substances are often

delivered directly to **people's homes**. Other reported **delivery methods** include the use of taxis, private cars, bikes, scooters and couriers.

Several focus groups (Prague, Tallinn, Balti, Glasgow, Tbilisi) highlighted that online platforms have **increased accessibility** for people who might otherwise avoid direct contact with those supplying drugs (London, Balti, Tallinn). **Younger people were** most often associated with the use of online apps and social media to buy substances, as reported in Lisbon, London, Newport, Tallinn and Vienna. In contrast, participants from Amsterdam, Athens, Copenhagen and Glasgow described that **marginalised people who use drugs rarely engage in online markets**. In some of these cities, this was linked to limited access to phones or digital tools required for online purchases, leading to **their exclusion from such markets** and reinforcing reliance on personal connections to obtain drugs. However, it is worth noting that participants from Dublin, Vienna and Helsinki, highlighted that purchasing drugs online does not necessarily ensure higher quality, as adulteration remains a persistent concern.

Recommendations

→ Fund digital harm reduction strategies that operate within the same online and social media environments used for drug supply, delivering risk and safety information through the platforms and communication channels most frequented by young people.

→ Create legal mechanisms for cross-sector collaboration between digital platforms and harm reduction services to improve responses to online market dynamics.

→ Develop online harm reduction initiatives that engage directly within the digital spaces and social media platforms where drug supply and exchange occur, ensuring that people who use drugs receive timely and relevant risk and safety information through familiar channels.

→ Collaborate with digital platforms involved in drug supply, to promote harm reduction interventions and reduce harm related with drug use among people who otherwise would not reach drug services.

Profiles of People Involved in Drug Supply

As for people involved in drug supply, participants in focus group discussions described several types of profiles. However, across cities, two main profiles emerged as most common. First, **young people** were frequently involved (Amsterdam, Tbilisi, Zurich, Balti, Copenhagen, Dublin, Glasgow, London, Helsinki, Nicosia, Vienna). Many of these are **minors** (Tbilisi, Dublin, Glasgow, London, Helsinki, Nicosia). Participants described them using bikes (Tbilisi, Amsterdam, Glasgow) or high-performance vehicles (Balti, Zurich), and noted that they can behave aggressively:

FGD Amsterdam

"Young 'fatbike dealers' [of base cocaine], from other jurisdictions, mostly with migrant backgrounds push out the old street dealers.

Considered less friendly and even (sexual) harass, according to consumers."

FGD Copenhagen

"But it's funny, with what you're saying about crime because, there aren't very many of our young people who-- And they're still at the beginning level, where they're drug-related crime. They're still so innocent, they can beat up grandma for 200 kroner or call home and ask if they can get a 100 kroner for a pizza."

FGD Dublin

"And it's another thing that I've seen: younger and younger and more and more violent. Year by year, they are 14 year olds, 15 year olds. They are not shy of using a knife. Cutting somebody's face with the razor blade or things like that. It's shocking."

Young people from **disadvantaged backgrounds** were sometimes mentioned as targets who are exploited into drug supply, motivated by the desire to earn money and gain social acceptance (Dublin, Glasgow, Helsinki).

FGD Vienna

"It's really cool to sell these days. For young people, it's the be-all and end-all. They don't want to be doctors anymore; they just want to be dealers. And I think that's terrible."

FGD Helsinki

Participant 4 - *"And young people recruit friends because it's harmless and the money comes in neat and tidy."*

Participant 2 - *"And that's pretty scary."*

Participant 5 - *"And at the same time, social media glorifies how cool it is to have a lot of money. Stacks of money. All the jewellery in the world."*

Participant 2 - *"And buy clothes."*

Participant 5 - *"And there are cars and everything."*

Participant 1 - "And we don't have a system to offer anything to these young people, if they want this. No, if they sell and use at the same time. If they want that difference. What are we offering when there is nothing for minors?"

Female young suppliers were reported to experience **sexual exploitation** in Glasgow.

Recommendations

→ Develop targeted interventions for young people involved in drug supply, focusing on prevention, education, and social reintegration rather than punishment. Programmes should include vocational and social support to reduce vulnerability to exploitation and re-entry into supply networks.

The second frequent profile is **foreign-born suppliers**, with different nationalities associated with different substances in Berlin, Dublin,

Glasgow, and Nicosia. Participants in Athens and Berlin explained that many foreign suppliers operate primarily to **survive** and do not use drugs themselves. In Lisbon, foreign suppliers are mainly active in peripheral areas, while local suppliers dominate neighbourhood markets. In Tbilisi, foreign suppliers introduced new substances and increased overall accessibility, but most supply remains in the hands of locals.

Recommendations

→ Provide opportunities for legal labour market integration of people with a migration background.

Legal frameworks & law enforcement

This year's focus group discussions highlighted that perceptions of the effectiveness of drug laws and enforcement **vary widely** across cities. In Amsterdam and Copenhagen, stricter penalties for nitrous oxide were perceived to reduce consumption, while in other cities, tighter regulations had little effect: in Tallinn, non-prescribed use of pharmacological substances persisted, and in Amsterdam, the prohibition of 3-MMC did not reduce use. Furthermore, in several cities (Berlin, Lisbon, Zurich) noted that targeting people involved in drug supply **rarely affects** overall availability, as new suppliers quickly replace those removed.

FGD Lisbon

"So, two stalls open, two close, another one opens, another closes, so they always stay at the same average. (...) It closes here and opens there. It closes here and opens there."

Closures of supply sites also seemed to either have only **short-term effects** (Copenhagen, Helsinki), or **shifted activity** somewhere else (Copenhagen, Vienna).

FGD Copenhagen

"[The closure of Christiania] It's not that it's had a big impact in terms of acquisition and things like that (...) But I mean, they still get stuck out there and smoke out there and stuff. But they're happy that Pusher Street is closed. They have no problem getting it, so."

In Berlin, Balti and Glasgow, law enforcement was perceived to target people who use drugs **more than suppliers**, and participants of several focus groups reported examples of **harassment, surveillance, confiscation of substances, and physical abuse** (Balti, Berlin, Glasgow, Podgorica, Skopje, Tbilisi).

FGD Skopje

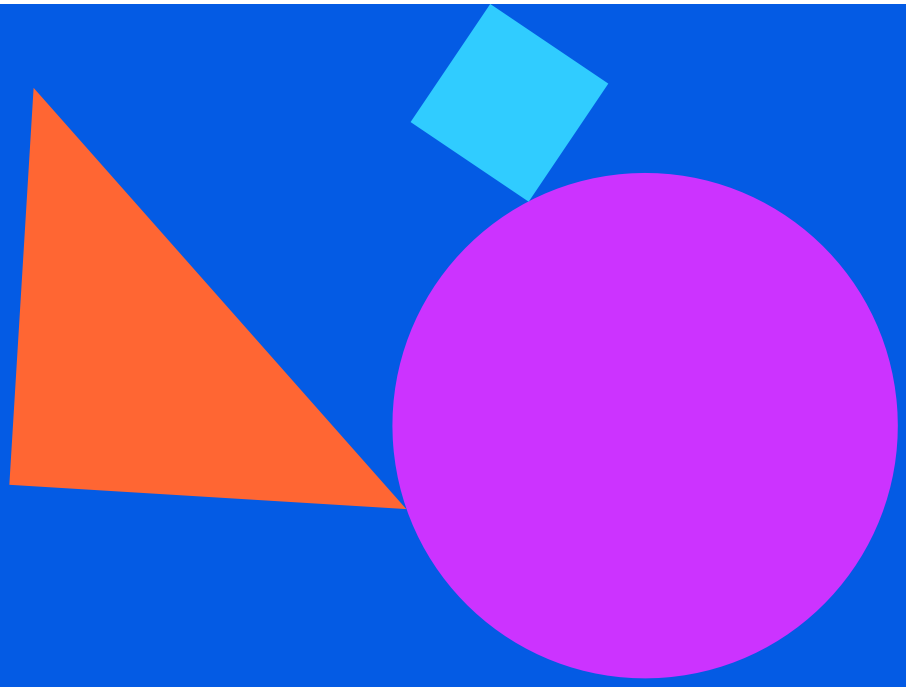
"Previously it was only if you use it in a public space, for example, smoking a joint in a public space, they were fined from 100 to 250 euros,

and now with the new law that was introduced in March, only possession is punished if you carry it in your body and that encourages the police to shake, search and harass people... and the latest I found out, most often minors (18 and 19 years old) are beaten, harassed, stripped... everything and anything is done to them and what they can do is abused."

At the same time, some cities reported more **positive engagement** with authorities: in Newport, police were described as cooperating with harm reduction initiatives, and in Prague, the Czech Police acted professionally when interacting with people who use drugs, although the Municipal Police were criticised for publishing demeaning portrayals in their magazine Municipal Officer.

Recommendations

→ Address law enforcement disparity between people who use drugs and people involved in drug supply. Reconsider punitive approaches to drug possession and use, for example, by prioritizing decriminalisation models and proportional responses that reduce stigma, criminalisation, and barriers to accessing health and harm reduction services.



3

Discussion

The findings of this study offer a **timely and nuanced view** of contemporary drug use patterns across 20 European cities, adding valuable depth to data presented in recent European and World Drug Reports[1,2]. Grounded in the **perceptions and experiences** of people who use drugs, harm reduction staff, and other local stakeholders, it captures the fluidity of urban drug markets and the complex social and health dynamics that accompany them.

When compared with the findings of C-EHRN's New Drug Trends 2024 report[2], the 2025 data confirm a **remarkable degree of continuity** in the main substances of concern (cocaine, cannabis), while also pointing to **emerging shifts** that reflect a drug market in constant adaptation.

Substance use trends

Long-established substances such as cannabis, cocaine, and **heroin** remain widespread. However, heroin is simultaneously declining or disappearing in some cities, likely due to perceptions of adulteration and poor quality. Some stakeholders explain that such perceptions lead people who use drugs to turn to other substances.

Perceived popularity of other substances may suggest that people who use drugs regularly are now using other substances. Our findings are in line with recent data[2] noting prevalent use of **crack cocaine** and illustrate some examples of the substance being used by young people.

Benzodiazepines have **consolidated their presence**, ranking among the three most popular substances this year. In most cities, they are acquired illegally and novel benzodiazepines were reported in two cities.

Our results further suggest that **ketamine** use is widespread, with fourteen cities, in total, reporting its use. Ketamine is particularly popular among **young people** and entertainment settings, but our data suggest that it is also used in day-to-day contexts, by people who use it regularly and in a problematic way. Ketamine has also become deeply embedded in **polysubstance use** patterns, a development also indicated by the European Drug Report[2]. At the same time, pregabalin use appears to be **more widespread across Europe** than flagged last year[5]. Its use was **reported in twelve cities**, suggesting an emerging trend. To the best of our knowledge, this finding has not been documented in other monitoring reports, making it **particularly noteworthy. Pregabalin** is used in different settings and by different demographics, including youth and people on opioid-agonist treatment. Additionally, it is often connected to medical emergencies (including overdoses) and polysubstance use.

Furthermore, other synthetic substances appear increasingly visible across European cities. This year's data suggests the increased presence of **synthetic opioids** in the European drug landscape: in 2024, nitazenes were the most commonly reported synthetic opioid, while fentanyl was not yet established in European urban markets. The 2025 findings show that both have now appeared in several cities, **raising concerns** about the **expanding synthetic opioid threat**. These substances have also appeared as

adulterants in other drugs, compounding the risks of **unintentional** potent opioid consumption and overdose. European overdose response guidelines reaffirm that titrated naloxone administration remains essential across all opioid toxicities, from heroin to synthetic analogues[2].

Synthetic and semi-synthetic cannabinoids seem to have gained popularity in multiple cities, particularly among young people. Stakeholders expressed concern over the health risks of these new substances, especially when they are taken unknowingly. At the same time, further research is necessary to analyse their effects on human beings and guarantee that updated, evidence-based information is available on semi-synthetic and synthetic cannabinoids, including potential risks and effects[2].

Meanwhile, **synthetic cathinones** such as 4-MMC, 3-MMC and 2-MMC, first noted as emerging in 2024 continue **to circulate**, though their prominence was less visible compared to last year.

Harm Reduction services are usually (and historically) developed to respond to heroin use.

Recommendation

→ Our data indicate a tendency of drug use shifting to other substances. Adapting harm reduction services to respond to such use is paramount in successful responses. Involving people who use drugs in the development of harm reduction strategies and service delivery models is essential in guaranteeing such strategies respond to their needs, ensuring their effectiveness.

Quality and Adulteration

The European Drug Report described current substances as often characterised by high potency and purity[2], but our data suggests that stakeholders perceive high levels of adulteration. Concerns **over adulteration** were reported in connection to substances sold as cannabis, cocaine, heroin, benzodiazepines, amphetamine, MDMA and fentanyl.

Recommendation

→ These concerns call for continuous monitoring of drug quality by supporting mobile and fixed-site drug checking services. Our focal points further advocate for the establishment of an EU-level peer-to-peer, app-based Early Warning System where national focal points and drug checking services could share concerns over new drug trends.

Consumption behaviours

Polysubstance use has become a defining feature of the current drug scene, with combinations such as **ketamine and cocaine**, or **benzodiazepines with opioids**, remaining recurrent across multiple cities. While cocaine played a key role in polysubstance combinations last year, **ketamine** has become more prominent this year, often used alongside stimulants, depressants, or alcohol[5]. The ongoing diversification of use patterns reinforces the perception that people who use drugs are increasingly seeking to tailor or balance effects through mixtures, often at the cost of greater health risks. This complex and evolving pattern complicates both prevention and emergency response, as it is further noted by the EUDA[2].

Patterns of consumption also continue to evolve. Injecting drug use was perceived as **declining or uncommon** in five cities, but in some cities it is still widespread. The European Drug Report[2] highlights that injecting use practices continue to drive disproportionate levels of harm, including recent HIV outbreaks linked to injecting stimulants, highlighting the ongoing need for adequate needle and syringe provision across Europe. Nevertheless, and while the 2024 report noted a trend toward smoking crack or heroin as a perceived harm reduction alternative to injecting[5], the 2025 findings indicate new health **concerns related to smoking practices** such as respiratory issues like chronic obstructive pulmonary disease (COPD), suggesting the need for innovative harm reduction strategies.

Recommendation

→ Our data further indicates that people who use drugs navigate a complex landscape of administration methods depending on the substance, availability, setting, and personal preference. This diversity indicates a need for services to address the specific risks associated with each route, monitor emerging practices, and adapt interventions accordingly.

Drug supply

A **diverse, accessible, and highly adaptable** urban drug market was depicted in both this and last year[5]. The digitalisation of drug supply, already noted in 2024, **continues to expand**, with this year's data underscoring how online platforms are making drugs more accessible, particularly for younger people and for those who prefer to avoid direct contact with suppliers.

Broader monitoring literature depicts today's drug supply chains as increasingly sophisticated, while also highlighting the growing **exploitation of vulnerable groups**, including **minors**[2]. Our findings reflect this pattern: young people and foreign-born individuals were frequently identified as suppliers, often drawn in by **economic precarity** or the pursuit of income and social status.

Recommendation

→ These observations suggest that preventing vulnerable individuals from being pulled into drug supply roles may require **addressing the underlying socioeconomic conditions that shape their involvement**.

Perceptions of **drug laws and enforcement** varied considerably across cities. In some contexts, stricter regulations appeared to reduce consumption of specific substances (e.g. nitrous oxide in Amsterdam and Copenhagen), while in others, prohibitions seem to have limited or unintended effects, such as stimulating the emergence of new psychoactive substances. Participants widely observed that targeting suppliers seldom affected overall availability, as new actors quickly replaced those removed. Moreover, this year, we noted that enforcement is often uneven, targeting people who use drugs more than people involved in drug supply, with reports of harassment and surveillance, in line with the global data indicating that the criminal justice response remains focused on drug use and possession offences[1].

Youth in drug demand and drug supply

A noteworthy finding throughout the data is the involvement of **younger people** including minors) **in both drug demand and drug supply**. Global evidence similarly shows that drug use prevalence among young people is comparable to, or even higher than, that among adults for most substances[1] and last year's New Drug Trends report and the European Drug Report had already noted young people's involvement and exploitation in distribution networks[2,5].

Recommendation

→ These findings highlight the need for targeted and accessible interventions, particularly for those in marginalised or in vulnerable situations to prevent early-stage disruption of brain development and entrance into crime activities.

Other groups and settings

Women continue to face specific barriers in accessing harm reduction services, while people who are **incarcerated** and people engaging in ***chemsex*** **practices** seem to adopt different patterns of drug use.

Recommendation

→ These findings suggest a need to adapt services to the specific needs of different groups of people who use drugs.

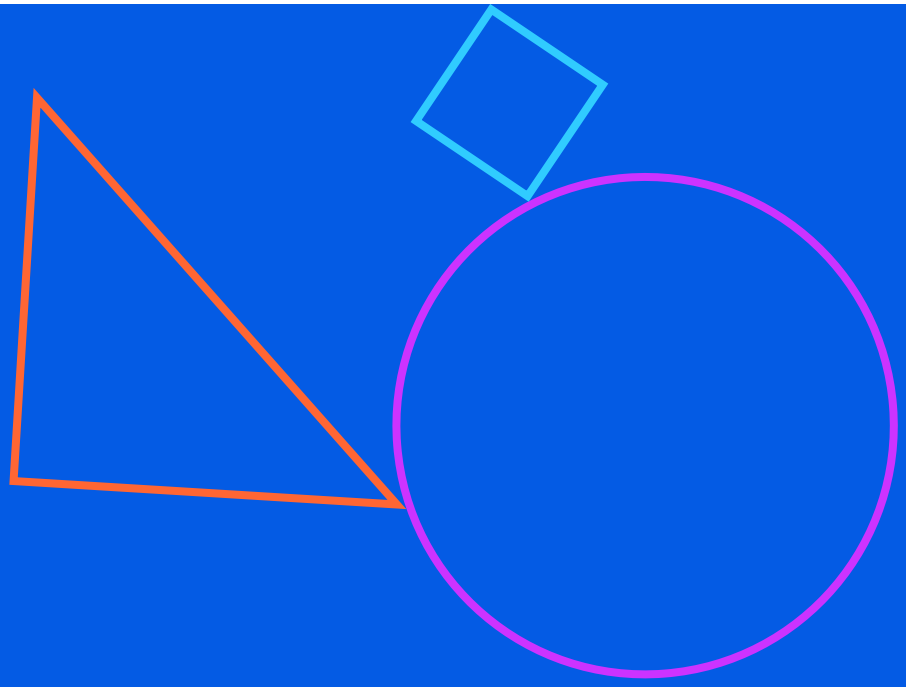
Concluding remarks

Our findings illustrate a **dynamic, diversified, and increasingly complex drug landscape** across European cities. The patterns described here reveal how quickly markets adapt, how new substances become integrated into existing consumption practices, and how these shifts translate into **emerging health and social risks**. These developments underscore the need for **continuous, timely, and flexible monitoring of drug trends across Europe**, capable of capturing transformations that quantitative data alone may miss.

Recommendation

→ Investing in mixed-method research and encouraging studies that explore the social and environmental dynamics that influence substance use, capture evolving drug trends, and polysubstance use patterns is crucial to guarantee timely information.

As the European drug landscape continues to diversify, **responsive harm reduction and public health strategies remain critical to mitigate risks and protect the wellbeing** of people who use drugs. Promoting rapid dissemination of findings to inform timely interventions and policy adjustments is of the utmost importance to support successful interventions.



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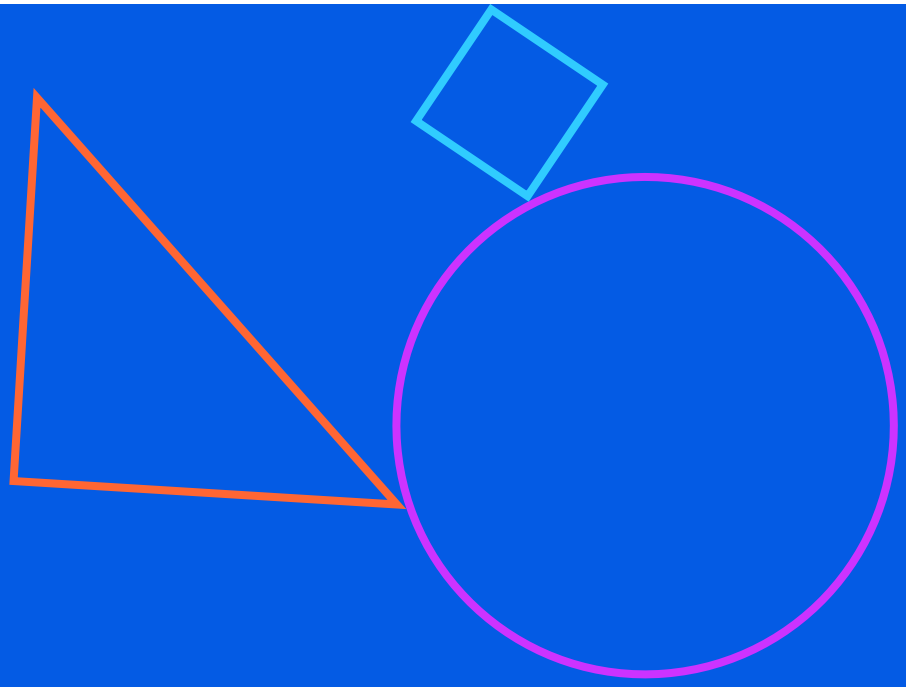

Annex

C-EHRN Focal Points that facilitated New Drug Trends Focus Groups in 2025

City	Organisation	Organiser(s) & moderator(s)
Amsterdam	Mainline	Has Cornelissen
Athens	Positive Voice	Nikos Dedes
Balti	The Union for Equity and Health	Ala Iatco
Berlin	Fixpunkt e. V.	Astrid Leicht & Ralf Köhnlein
Copenhagen	Health Team for the Homeless Copenhagen	Henrik Thiesen
Dublin	Ana Liffey Drug Project	Damien Gagnevin
Glasgow	Scottish Drugs Forum	Lynn Couper
Helsinki	Ehyt Ry	Kim Kannussaari
Lisbon	Ares do Pinhal	Hugo Faria & Carolina Marquez
London	Release	Shayla Schlossenberg
Newport	Kaleidoscope	Claire Thomas
Nicosia	Cyprus National Addictions Authority	Evi Kyprianou
Podgorica	JuventasMáquin	Marija Mijović
Prague	SANANIM z.ú.	Ria Al-Halabiová, Aleš Herzog
Skopje	HOPS	Blagorodna Koceva Simjanov
Tallinn	OÜ ReCuro Estonia	Greete Org
Tbilisi	Georgian Harm Reduction Network	Maka Gogia
Valletta/ Malta	Harm Reduction Malta	Karen Mamo
Vienna	Suchthilfe Wien gGmbH	Marcus Ramusch
Zurich	Drug Information Center (DIZ)	Dominique Schori

Polysubstance use table

Types of Polysubstance use	Cities	Details
Ketamine x Nitrous Oxide	Amsterdam	
Benzodiazepines x Heroin	Athens	
Methamphetamines x Cocaine (in speedball)	Athens, Dublin	In Dublin, the combination is done with crack cocaine.
Benzodiazepines x Methamphetamines	Athens	
GBL x Ketamine	Athens	
GHB x Methamphetamines	Dublin, Zurich, Prague	In Zurich, the mix is restricted to Chemsex scenes
Ketamine x Heroin (speedball)	Dublin	According to participants, people try to do more varieties of speedballing.
Ketamine x Cocaine ("calvin klein")	Dublin, Glasgow, Prague, Tallinn	Called calvin klein in Glasgow. In Dublin, the combination is done with crack cocaine
Pregabalin x crack cocaine x opioids x alcohol	Dublin	
Heroin x Pregabalin	Dublin	
Unspecified opioids x Benzodiazepines	Glasgow, Podgorica, Vienna	
Cocaine x heroin	Glasgow, Nicosia, London, Lisbon	In London, the combination of cocaine and heroin is done with crack cocaine. In Lisbon, the combination is used in the form of a *speedball*.
Cocaine x MDMA	Glasgow	
GBL x Alpha-PVP	Helsinki	Effects described as "screaming "a combination that has an effect like no other" , mix of fast and slow effects
Nitrous oxide x Edible cannabis	Helsinki	
Nitrous oxide x Benzodiazepines	Helsinki	
GHB x Unspecified Cathinones	Lisbon	
Ketamine x MDMA	Malta	People perceive ketamine as a "plus" drug, used to soothe the effects of other drugs.
Ketamine x MDMA x Cocaine x Alcohol x Psilocybin	Malta	
3-MMC x Methamphetamines	Malta	
Cannabis x Cocaine	Nicosia	

Types of Polysubstance use	Cities	Details
Cannabis x Alcohol	Nicosia, Podgorica	
Cannabis x Methamphetamines	Nicosia	
Buprenorphine x Cocaine	Podgorica	
Benzodiazepines x unspecified stimulants	Podgorica	
Ketamine x Alcohol	Prague	
Methamphetamines x Heroin x Benzodiazepines	Prague	Described as a triple combat: methamphetamine x opioid x "hypnotic". Particularly used among people who injected drugs
Alcohol x Methamphetamines	Prague	
Buprenorphine x Benzodiazepines	Prague	
Quetiapine x Benzodiazepines	Prague	
Pregabalin x Benzodiazepines	Prague, Vienna	
Oxycodone x Benzodiazepines x Fentanyl	Prague	
Nitrous oxide x Alcohol	Tallinn	Associated with vomiting, fainting, loss of awareness of boundaries. Participants say that people mix nitrous oxide with other substances to enhance the effects of it
Alcohol x Ketamine x Cocaine x MDMA x Cannabis	Tallinn	
Alpha-PVP x Benzodiazepines x Pregabalin	Tallinn	
Amphetamine type homemade stimulant x methadone	Tbilisi	
Amphetamine type homemade stimulant x Benzodiazepine	Tbilisi	
Methadone x Amphetamine type homemade stimulant	Tbilisi	
Cocaine x methadone	Tbilisi	
Benzodiazepines x Alcohol	Vienna	
Methamphetamines x GBL	Vienna	Use is restricted to chemsex scenes
Cocaine x Unspecified Opioids x Benzodiazepines	Zurich	
Cocaine x Alcohol x Benzodiazepines	Zurich	

Correlation

European Harm Reduction Network

correlation-net.org

Correlation

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