European Drug Report 2025

Trends and developments

EUDA
EUROPEAN UNION DRUGS AGENCY

European Drug Report 2025: Trends and Developments

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The *European Drug Report 2025: Trends and Developments* presents the EUDA's latest analysis of the drug situation in Europe. Focusing on illicit drug use, related harms and drug supply, the report provides a comprehensive set of national data across these themes, as well as on specialist drug treatment and key harm reduction interventions.

Introductory note

This report is based on information provided to the EUDA by the EU Member States, the candidate country Türkiye, and Norway, in an annual reporting process.

The purpose of the current report is to provide an overview and summary of the European drug situation up to the end of 2024. All grouping, aggregates and labels therefore reflect the situation based on the available data in 2024 in respect to the composition of the European Union and the countries participating in the EUDA's reporting exercises. However, not all data will cover the full period. Due to the time needed to compile and submit data, many of the annual national data sets included here are from the reference year January to December 2023. Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour such as drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Although considerable improvements can be noted, both nationally and in respect to what is possible to achieve in a European-level analysis, the methodological difficulties in this area must be acknowledged. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Caveats relating to the data are to be found in the online **Statistical Bulletin 2025**, which contains detailed information on methodology, qualifications on analysis and comments on the limitations in the information set available. Information is also available there on the methods and data used for European-level estimates, where interpolation may be used.

Content

The drug situation in Europe up to 2025

This page draws on the latest data available to provide an overview of the current situation and emerging drug issues affecting Europe, with a focus on the year up to the end of 2024. The analysis presented here highlights some developments that may have important implications for drug policy and practitioners in Europe.

Understanding Europe's drug situation in 2025 – key developments

Drug supply, production and precursors

Analysis of the supply-related indicators for illicit drugs in the European Union suggests that availability remains high across all substance types. On this page, you can find an overview of drug supply in Europe based on the latest data, supported by the latest time trends in drug seizures and drug law offences, together with 2023 data on drug production and precursor seizures.
Drug supply, production and precursors – the current situation in Europe

Cannabis

Cannabis remains by far the most commonly consumed illicit drug in Europe. On this page, you can find the latest analysis of the drug situation for cannabis in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.
Cannabis – the current situation in Europe

Cocaine

Cocaine is, after cannabis, the second most commonly used illicit drug in Europe, although prevalence levels and patterns of use differ considerably between countries. On this page, you can find the latest analysis of the drug situation for cocaine in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.
Cocaine – the current situation in Europe

Synthetic stimulants

Amphetamine, methamphetamine and, more recently, synthetic cathinones are all synthetic central nervous system stimulants available on the drug market in Europe. On this page, you can find the latest analysis of the drug situation for synthetic stimulants in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.
Synthetic stimulants – the current situation in Europe

MDMA

MDMA is a synthetic drug chemically related to the amphetamines, but with somewhat different effects. In Europe, MDMA use has generally been associated with episodic patterns of consumption in the context of nightlife and entertainment settings. On this page, you can find the latest analysis of the drug situation for MDMA in Europe, including prevalence of use, seizures, price and purity and more.
MDMA – the current situation in Europe

Heroin and other opioids

Heroin remains Europe's most commonly used illicit opioid and is responsible for a large share of the health burden attributed to illicit drug consumption. Europe's opioid problem, however, continues to evolve in ways that are likely to have important implications for how we address issues in this area. On this page, you can find the latest analysis of the drug situation for heroin and other opioids in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.

Heroin and other opioids – the current situation in Europe

New psychoactive substances

The market for new psychoactive substances is characterised by the large number of substances that have emerged, with new ones being detected each year. On this page, you can find an overview of the drug situation for new psychoactive substances in Europe, supported by information from the EU Early Warning System on seizures and substances detected for the first time in Europe. New substances covered include synthetic and semi-synthetic cannabinoids, synthetic cathinones, new synthetic opioids and nitazenes.

New psychoactive substances – the current situation in Europe

Other drugs

Alongside the more well-known substances available on illicit drug markets, a number of other substances with hallucinogenic, anaesthetic, dissociative or depressant properties are used in Europe: these include LSD, hallucinogenic mushrooms, ketamine, GHB and nitrous oxide. On this page, you can find the latest analysis of the situation regarding these substances in Europe, including seizures, prevalence and patterns of use, treatment entry, harms and more.

Other drugs – the current situation in Europe

Injecting drug use

Despite a continued decline in injecting drug use over the past decade in the European Union, this behaviour is still responsible for a disproportionate level of both acute and chronic health harms associated with the consumption of illicit drugs. On this page, you can find the latest analysis of injecting drug use in Europe, including key data on prevalence at national level and among clients entering specialist treatment, as well as insights from studies on syringe residue analysis and more.

Injecting drug use – the current situation in Europe

Drug-related infectious diseases

People who inject drugs are at risk of contracting infections through the sharing of drug use paraphernalia. On this page, you can find the latest analysis of drug-related infectious diseases in Europe, including key data on infections with HIV and hepatitis B and C viruses.
Drug-related infectious diseases – the current situation in Europe

Drug-induced deaths

Estimating the mortality attributable to drug use is critical for understanding the public health impact of drug use and how this may be changing over time. On this page, you can find the latest analysis of drug-induced deaths in Europe, including key data on overdose deaths, the substances implicated and more.
Drug-induced deaths – the current situation in Europe

Opioid agonist treatment

Opioid users represent the largest group undergoing specialised drug treatment, mainly in the form of opioid agonist treatment. On this page, you can find the latest analysis of the provision of opioid agonist treatment in Europe, including key data on coverage, the number of people in treatment, pathways to treatment and more.
Opioid agonist treatment – the current situation in Europe

Harm reduction

Harm reduction encompasses interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies. On this page, you can find the latest analysis of harm reduction interventions in Europe, including key data on opioid agonist treatment, naloxone programmes, drug consumption rooms and more.
Harm reduction – the current situation in Europe

PDF version of full report

The European Drug Report 2025 was designed as a *digital-first* product, structured by modules, and optimised for online reading. Within each chapter, you may download a PDF version of the page. We are also making available here a PDF version of the full report (all modules and annex tables combined). Please note that some errors may have occurred during the transformation process and that it is possible that this version does not contain all corrections made since the report was first published (please check the last updated date).

Download full PDF version of the European Drug Report 2025 (last updated: *5 June 2025*)

The PDF generated by this button will reflect the current HTML version. Note that it may take over a minute to compile the PDF and complete the download — please keep your browser open during the PDF generation process.

List of figures

A list of all figures in the report is available.

Data visualisations

A selection of data visualisations from the report will be made available shortly.

Annex tables

These tables, produced specifically for the European Drug Report, provide national data for estimates of drug use prevalence including problem opioid use, substitution treatment, total number in treatment, treatment entry, injecting drug use, drug-induced deaths, drug-related infectious diseases, syringe distribution and drug seizures. The data are drawn from and are a subset of the EUDA Statistical Bulletin 2025, where notes and meta-data are available. The years to which data refer are indicated. In addition, for some indicators, these data tables also provide total values for EU as well as for EUDA reporting countries, 'EU+2' (EU Member States, Norway and Türkiye).

European Drug Report 2025 annex tables

Links to all source data tables used in the report to create data visualisations may be found at the bottom of each chapter, as well as, in most cases, beneath each graphic. The entire source data set for the report, including data for tables which appear within the report, may be found using the link below. All data is fully compatible with the *Creative Commons Attribution 4.0 International (CC BY 4.0)* licence.

Complete set of source data tables for the European Drug Report 2025

Launched alongside this report is the **Statistical Bulletin 2025**, which provides access to not only the underlying data that form the basis of this report, but also additional data and statistics, methodological notes and caveats.

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> **Reitox national focal points**
> Reitox is the European information network on drugs and drug addiction. The network is comprised of national focal points in the EU Member States, the candidate country Türkiye, Norway and at the European Commission. Under the responsibility of their governments, the focal points are the national authorities providing drug information to the EUDA.

Related resources

Statistical Bulletin 2025

Launched alongside this report, the **Statistical Bulletin 2025** is the agency's main annual data publication. It brings together the full set of national indicators—covering drug-use prevalence, treatment demand, drug-induced deaths, infectious diseases, seizures, prices, purity and more—and complements them with city-level metrics from specialist networks such as TEDI (drug checking), Euro-DEN Plus (hospital emergencies), ESCAPE (syringe residues) and SCORE (waste-

water analysis). Every table is viewable as online or downloadable in open formats (CSV) and accompanied by detailed methods, definitions and caveats.

Statistical Bulletin 2025

Event launch page

The European Drug Report 2025 was officially launched at the EUDA headquarters in Lisbon on 5 June 2025. You can explore all launch-day resources on our dedicated **launch-event page** — including the full video recording and highlights reel, speaker line-up and agenda, keynote speeches, news release, press contacts and more.

European Drug Report launch event page

Previous editions of this report

Previous editions of the European Drug Report may be found in our Publications database.

About this page

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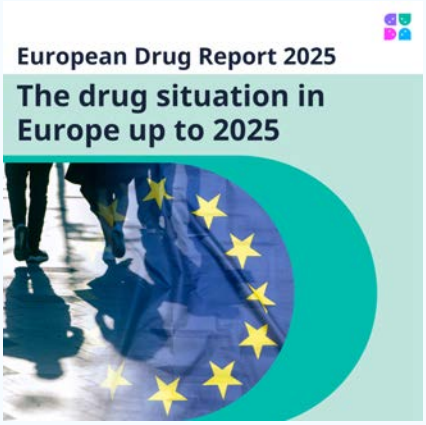
Understanding Europe’s drug situation in 2025 – key developments (European Drug Report 2025)

The EUDA's latest analysis of the European drug phenomenon reveals a drug market that is both resilient and influenced by developments taking place at the global level. The continuing health and security problems presented by established and newer illicit drugs, and increasingly the interplay between them, create a challenging policy context for the shaping and implementation of effective responses. The *European Drug Report* 2025 provides a snapshot of the drug situation in Europe based on the latest data available. This introductory section provides an analytical commentary on some of the important issues that are currently featuring on Europe's drug policy agenda.



This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.

Last update: *5 June 2025*

Ensuring Europe's preparedness for evolving drug problems

The European drug market is evolving rapidly as both suppliers and consumers are finding ways to adapt to geopolitical instability, globalisation and technological advances. This appears to be resulting in the availability of a more diverse range of substances, often of high potency and purity, which are posing new risks to public health. At the same time global events threaten to push Europe's response capacities to the limit, as the complexity and scale of the problem continue to grow.

The impact of the developments we are seeing means that everyone is in some way likely to be affected by illicit drug use, the operation of the drug market and the problems associated with it. Directly, we see this in those who develop problems and need treatment or other services. Indirectly, we see it in the recruitment into criminality of vulnerable young people, the strain on health budgets, and the social costs for communities that feel unsafe or where institutions or businesses are undermined by corruption or criminal practices. We cannot avoid the fact that drug issues have an impact almost everywhere. They are manifest in and exacerbate other complex policy problems, such as homelessness, the management of psychiatric disorders and youth criminality. We are also witnessing greater levels of violence and corruption driven by the drug market in some countries. Increasingly, we are observing that almost everything with psychoactive properties can appear on the drug market, often mislabelled or in mixtures, leaving consumers

potentially unaware of what they are using, increasing health risks and creating new law-enforcement and regulatory challenges.

The EUDA is committed to increasing Europe's preparedness on illicit drugs and new psychoactive substances, supporting the European Union and its Member States through a new, interconnected service model.The *European Drug Report* supports this work by highlighting the latest trends and emerging threats for policymakers and practitioners in the drugs field, in order to inform their efforts and support the development of evidence-based and timely responses to new and changing drug problems.

The European Union Drugs Agency – supporting the response to a changing drug landscape

In Europe today, sudden shifts in the substances available on local drug markets are now more likely to occur than in the past, leading to greater uncertainty about the harms to which people taking them may be exposed. New substances have become increasingly integrated into Europe's illicit drug market, targeting a wide range of consumers, from the episodic and socially integrated to those with problematic patterns of use and experiencing social marginalisation.

Following the transformation of the EMCDDA into the EUDA in July 2024, the Agency is better equipped to respond to these challenges, its proactive role is enhanced, strengthening its mission to support the preparedness of the European Union and its Member States with a high-quality range of customer-centric services. Under the new mandate, the EUDA will utilise expert analysis to support near real-time assessments and responses to emerging drug problems, whether threats from new drugs, precursors or globally linked drug market and technological challenges.

With potent new synthetic opioids such as nitazenes available in the European Union and creating serious health risks, it is essential to improve Europe's ability to identify new substances, determine the purity of drugs and conduct pharmacological profiling to clarify what substances are being sold. To do this, the EUDA is developing a network of national forensic and toxicology laboratories, supporting the development of quality standards in this important area.

Poisoning outbreaks can escalate rapidly, as has been seen with synthetic cannabinoids and nitazene opioids. The EU Early Warning System on new psychoactive substances remains an essential support for national and EU-level awareness and responses to new and controlled drugs. It provides information exchange, advisories, alerts, early warning and risk assessments. Complementing it, the European Drug Alert System will support EU and national preparedness and response activities to serious drug-related risks through the rapid exchange of information, targeted alerts and other risk communications.

The EUDA's health and security threat assessment system is currently under development as a new capability to support preparedness and strategic action in response to emerging drug-related threats in the European Union. In late 2024, the Agency completed a pilot threat assessment, which focused on highly potent synthetic opioids in the Baltic region. Threat assessments are developed in close collaboration with national experts and draw on multiple data sources and multidisciplinary input. They provide structured analysis of the situation and propose tiered response options to help mitigate the threat at both national and EU level.

The drug situation in Europe in 2025 – an overview

Resilient illicit drug flows sustain high availability in Europe

Analysis of supply-related indicators for illicit drugs in the European Union suggests that drug flows appear to be resilient to many market changes, with availability remaining high across all substance types. There is widespread availability of a broader range of drugs, often of high potency or purity, where knowledge about health risks is limited. For some drugs, for example cannabis, there is a growing diversification of consumer products available on the market (such as oils, extracts, edibles and vaping products). For cocaine, the levels of reported seizures in Europe have continued to increase year on year. For synthetic drugs, such as amphetamines, MDMA and cathinones, there is evidence of increased production within Europe, and concerns exist that this local production, closer to consumer markets, may trigger more rapid shifts in consumption trends. The increased integration of new stimulants into Europe's illicit drug market, alongside more commonly used illicit substances, poses evolving challenges in terms of the sensitivity of existing monitoring systems to emerging harms and the appropriateness of existing responses.

Commercial cross-border trade exploited by drug trafficking networks

Globalisation has had a significant impact on drug availability in Europe, as criminals exploit the increased opportunities for trafficking provided by more interconnected communication, trade and transport networks. The infiltration of maritime shipping routes and the trafficking of bulk quantities of drugs in commercial intermodal shipping containers continues to fuel Europe's drug market. Globalised trade is exploited to facilitate the purchase of chemicals and equipment used in illicit drug

production, with European drug producers and traffickers more closely involved with international criminal networks.

The resilience of illicit drug trafficking via commercial supply chains is reflected in the large drug seizures in Europe's ports. In 2024, Spain reported its largest ever seizure of cocaine in a single shipment – 13 tonnes, concealed in bananas originating in Ecuador. Germany seized 43 tonnes of cocaine in 2023 as large consignments amounting to 25 tonnes were seized in the Port of Hamburg that year, double the quantity reported in 2022. Criminal networks use multiple methods to evade detection. Among these are sophisticated concealment techniques, typically involving shipments of goods, which present logistical processing challenges for authorities; targeting smaller ports; transferring consignments from ship to ship at sea or leaving them floating in the water for collection.

The 2023 EU Roadmap against drug trafficking outlines measures to enhance customs risk management and the detection of drugs and precursors. These include enhancing the interoperability of customs information systems among EU Member States and supporting the deployment of advanced container-scanning equipment. The Roadmap also supports the European Ports Alliance, a public-private partnership designed to increase the resilience of key logistical centres against drug trafficking and infiltration by criminal networks.

As drug production and trafficking evolves, countering the risks to health and security created by the activities of criminal networks and the operation of the drugs market remains a challenge. Both organised crime and drug-trafficking are among the key topics addressed in the forthcoming external evaluation of the EU drugs strategy and action plan 2021-25. Developed with insights from Europol's annual Serious Organised Crime Threat Assessments, the recently launched ProtectEU – A European Internal Security Strategy, addresses the evolving threat landscape, including a focus on tackling organised crime and drug-trafficking.

Online platforms are used to facilitate drug trafficking and distribution

A plethora of national and global online platforms are currently used to organise the drugs trade, with an appeal to both suppliers and buyers linked to their immediacy and potential for anonymity. At the retail level, surface websites, including legitimate e-commerce platforms and social media sites, are used to sell new psychoactive substances, illegally produced, fake medicines and, to a lesser extent, established illicit drugs. Surface websites are also used to sell drug precursors and other chemicals used in drug production. Current information suggests retail-level drug distribution is increasingly facilitated through social media platforms and applications, ranging in openness from public profiles to private content and forums for pre-screened users. Retail sales are also facilitated by darknet websites, which provide anonymity through encryption and digital cryptocurrency payments, targeting customers globally, but sometimes in specific countries or

language groups.

Research indicates that buyers and sellers view social media as more appealing than darknets because it facilitates fast and convenient transactions, whether in-person, through online payments, direct delivery or using collection points. Criminal networks also use social media to recruit and exploit adolescents to operate as low-level facilitators in various aspects of the drug trade, including retail sales, cross-border trafficking and targeted intimidation and violence.

The attractiveness of darknets has been diminished by their short operational lifespans, exit-scams and law enforcement-led shutdowns. More generally, law enforcement agencies have disrupted digital criminal infrastructures by infiltrating encrypted communication networks used by traffickers.

Intimidation and violence remain a hallmark of Europe's drug market

Alongside making illicit substances widely available in Europe, the illegal production, trafficking and distribution of drugs generates intimidation and violence, undermining Europe's security. The potential profits from selling illicit drugs appeals to criminal networks, resulting in intense competition for the control of sources, routes and markets, and can lead to violence. Concerns have increased not only about the corruption of staff in logistical supply chains or attempts to destabilise institutions through infiltration, but also regarding homicides and the exploitation of juveniles recruited by criminal networks into various aspects of the illicit drugs trade.

Vulnerable young people are targeted, in person and online, and recruited to work as drug couriers, and, in some extreme cases, to take part in violence and drug-related homicides. People can become victims of drug-related intimidation and violence at various levels, with individuals and families targeted for amassing drug debts. With intensifying law enforcement efforts in key transport centres, criminal networks exploit multiple modi operandi to move drug consignments, creating the potential for intimidation and violence to manifest in new locations where drugs are produced, stored, transiting through or sold.

The EUDA has launched a new project to better understand the nature of drug market-related violence in Europe, to provide decision-makers with the best available information on how to tackle this issue. As part of this effort, and in collaboration with the European Commission, the EUDA organised the first European conference on drug-related violence, which was held in Brussels in November 2024. The conference addressed the different aspects of drug-related violence, balancing both health and security concerns, and promoting community safety and public health. This event highlighted the need to improve monitoring and data collection at the European level and to establish a regular forum for exchanging ideas and best practices to support evidence-based policy-making in this area (see also the EUDA and Europol's EU Drug

Markets – In-depth analysis and Europol's Serious Organised Crime Threat Assessment).

Responding to complex patterns of polysubstance consumption remains challenging

Polysubstance use is associated with higher risks of health and social problems. This term refers to the use of two or more psychoactive substances, licit or illicit, simultaneously or sequentially. Data from a range of indicators including the 2024 European Web Survey on Drugs and syringe residue analysis by the ESCAPE network, suggest that polysubstance use is widespread among people who use drugs. Various factors may be fuelling increasing reports of polysubstance use, including the increasing integration of the markets for new psychoactive substances and illicit drugs. Examples of this include hemp mixed with semi-synthetic cannabinoids, stimulants mixed with synthetic cathinones and ketamine, or new synthetic opioids mixed with or mis-sold as heroin or benzodiazepines.

Whether intentional or not, using drugs in combination, including with alcohol, increases risks and complicates the delivery of interventions, including the response to acute poisoning. The complexity of drug consumption patterns is reflected in the fact that the majority of fatal overdoses involve the use of more than one substance, with opioids usually involved in combination with other drugs. Alcohol and benzodiazepines are present in a significant proportion of fatal overdose cases. Given the growing challenges related to polysubstance use, the EUDA is working to enhance data collection and monitoring of polysubstance use to better support policy and best practice in this area.

Europe's cannabis market continues to evolve

Cannabis product diversity and potency on the increase

Around 1.5 % of adults in the European Union (4.3 million people) are estimated to be daily or almost daily cannabis consumers, and these people are most likely to experience problems from using cannabis. The potency of seized cannabis resin remains very high by historical standards, with the average sample now containing 23 % THC, while the average potency of herb remains at 11 % THC. Although resin and herb continue to be the dominant cannabis products, an increasing range of cannabis-based products are now available to consumers, including high-potency products which have been

linked to acute drug-toxicity presentations in hospital emergency departments. Matters are further complicated by the fact that some products sold on the illicit market as cannabis may be adulterated with potent synthetic cannabinoids, while a number of semi-synthetic cannabinoids, such as hexahydrocannabinol (HHC), have also appeared recently on the commercial markets in some European countries. This diversity of products has health risk implications for consumers, and requires greater research and regulatory attention.

Assessing the impact of cannabis policy changes remains key

The European policy approach to cannabis is also becoming more diverse, as some EU Member States are considering or changing their policy approach to recreational cannabis use by adults, creating legal access to cannabis resin and herb products. In December 2021, Malta legislated for limited home growing, possession of small amounts and cannabis use in private, alongside non-profit communal growing clubs. In July 2023, Luxembourg legislated to permit limited home growing and use in private, and in February 2024, Germany legislated to allow limited home growing, possession and use of small amounts, and non-profit cannabis growing clubs.

The Netherlands is also reviewing its approach, but the cultivation, sale and possession of cannabis remain criminal offences. However, the sale of small quantities of cannabis, up to 5 grams, to people over the age of 18 in 'coffeeshops' that meet certain criteria has been tolerated for decades. As cannabis is still supplied from the illicit market, criminal groups benefit from this trade. To address this, the Netherlands is experimenting with a closed cannabis supply chain in 10 municipalities, with cannabis produced in regulated premises available for sale in cannabis coffeeshops.

It is unclear what direction future European policies will take. What is clear, however, is that policy development in this area should be accompanied by an assessment of the impact of any changes introduced. This sort of evaluation requires good baseline data, underlining the need to improve our monitoring of current patterns of use of Europe's most commonly consumed illicit drug.

Wider availability of semi-synthetic cannabinoids with unknown health risks

Following the introduction of legal controls on the production of synthetic cannabinoids in China in 2021, the supply of these drugs to Europe was disrupted, with some production subsequently moving to Europe. Signs of the presence of synthetic cannabinoid manufacturing in Europe include the seizure of a small number of illicit laboratories and the importation of precursor chemicals for their production in 2023.

Despite indications of a significant reduction in the availability of synthetic cannabinoids in 2024, they remain a public health concern among some vulnerable populations, including people in prison.

Semi-synthetic cannabinoids, which first emerged on the European market in 2022, have spread rapidly. While HHC (hexahydrocannabinol) was the first semi-synthetic cannabinoid to appear, over twenty of these substances have subsequently been detected, typically marketed as legal alternatives to cannabis. Although semi-synthetic cannabinoids were initially imported from the United States, European production is now observed. Semi-synthetic cannabinoids are widely available through online and, in some countries, physical retail locations. The main products are flavoured edibles such as jellies and vapes, as well as low-THC cannabis that has been sprayed or mixed with the cannabinoids. Their accessibility and supposed legal status may attract both cannabis users and first-time users, potentially including youth and children. The specific semi-synthetic cannabinoids present – of varying potencies – and their concentrations may differ significantly between products and batches.

The effects of semi-synthetic cannabinoids on humans remain poorly studied. Reports suggest the substances have cannabis-like effects, with risks of adverse reactions ranging from mild to severe poisoning. Given the pharmacological similarity of semi-synthetic cannabinoids to cannabis, clarity is needed about their potential to trigger psychotic episodes and their dependence liability. Overall, this variability and unpredictability poses a potential poisoning risk for consumers.

Rising concern over cocaine and ketamine availability

Relentless production and trafficking fuelling unprecedented cocaine availability

In 2023, for the seventh year in a row, EU Member States reported a record amount of cocaine seized, amounting to 419 tonnes. Cocaine trafficking through Europe's seaports in intermodal commercial shipping containers drives the drug's high availability. As interdiction measures have increased at major entry points for cocaine, traffickers are also targeting smaller ports in other EU Member States and neighbouring countries, which may be more vulnerable to drug trafficking. This shift in drug trafficking routes may be accompanied by drug-related intimidation and violence. In addition to the exploitation of commercial shipping containers, traffickers use a range of other forms of transport and delivery services, combined with innovative concealment methods, to smuggle cocaine into Europe.

The illicit processing of cocaine products continues to take place within the European Union, with multiple cocaine laboratories dismantled each year. Cocaine processing in Europe often involves the secondary extraction of cocaine that has been incorporated into other materials (e.g. chemically concealed in plastics), creating challenges for its detection in commercial shipments. Cocaine base and paste are trafficked in large quantities to Europe for processing into cocaine hydrochloride. Some large-scale facilities for cocaine processing are detected each year. Overall, the trafficking of cocaine to Europe and the production of the drug within the European Union represent a dynamic and resource-intensive challenge for law enforcement and customs.

Growing social and health harms from cocaine and crack

Cocaine remains, after cannabis, the second most commonly used illicit drug in Europe, with 2.7 million young adults (2.7 % of those aged 15 to 34) reporting its use in the last year. The drug's increasing availability and wider geographical and social distribution is evidenced by cocaine residues detected in municipal wastewater, which increased in a majority of cities with data for 2023 and 2022. European drug checking services, although not nationally representative, reported that cocaine was the second most common substance they screened in the first half of 2024. Cocaine is the second most frequently reported illicit drug by first-time entrants to specialist drug treatment, and it is now the most frequently reported substance in acute drug-toxicity presentations to sentinel hospital emergency departments.

The use of cocaine can result in dependent and compulsive patterns of use and is associated with a number of adverse health consequences, which are exacerbated by polysubstance use, whether with alcohol or other illicit drugs. The combined use of cocaine and alcohol is common, and the presence of the two substances in the body creates cocaethylene in the liver, which is associated with greater health risks. Use of cocaine can induce or precipitate psychotic states, such as stimulant-induced psychosis. The management of psychiatric comorbidity among people with drug use problems remains challenging, as integrated treatment and mental health service responses are often lacking. The available data suggest that cocaine, usually in the presence of opioids, was involved in about a quarter of drug overdose deaths in 2023. As cocaine use can aggravate underlying cardiovascular problems, its contribution to mortality in Europe is likely underestimated.

Cocaine use, and crack cocaine use in particular, appears to be becoming more common, especially among some marginalised communities. Smoking and injecting cocaine are associated with greater health problems, and it is therefore worrying that cocaine injection and the use of crack cocaine are reported by more countries. The number of clients entering treatment for cocaine-related problems for the first time increased by 31 % between 2018 and 2023, while the number of first-time entrants for crack cocaine increased by 35 %. In 2023, drug consumption rooms in 10 cities in 8 EU countries reported crack cocaine use by clients, either alone or with

heroin. To address the needs of people smoking crack cocaine, often alongside the use of opioids, harm reduction services may need to adapt their services to support safer smoking practices. This may involve the provision of kits including, for example, pipes and filters.

Increasing risk of harms from wider ketamine availability

Although ketamine is not widely consumed in Europe and is challenging to monitor for several reasons, including its varying legal status across EU countries, current data suggest it is more available and related health harms are more evident. Among respondents to the European Web Survey on Drugs in 2024, 14 % of those who had used drugs within the last 12 months reported having used ketamine, mainly in the context of polysubstance use with other drugs and alcohol. In 2024, relatively low levels of ketamine residues in municipal wastewater were reported by 82 cities in 22 EU countries and Norway.

Ketamine is not widely produced in Europe, but 6 laboratories typically involved in the crystallisation of bulk ketamine powder were dismantled in 2023. Large quantities of ketamine, mostly originating in India, are trafficked into the European Union and have increased recently, with seizures of powders totalling 2.7 tonnes in 2023 reported to the EU Early Warning System. Ketamine is likely to be consistently available on drug markets and may have become an established drug of choice in some settings.

In 2023, Euro-DEN sentinel hospital emergency departments in Europe reported that cocaine was the substance most often reported in combination with ketamine in acute toxicity presentations. Ketamine has been linked to various dose-dependent acute and chronic harms, including neurological and cardiovascular toxicity, mental health problems, such as depression, and urological complications, such as bladder damage from intensive use or the presence of adulterants. The number of clients reported to receive treatment for problems related to ketamine use remains low, but more than doubled between 2022 and 2023, to an estimated 1329.

Treating stimulant use problems remains complex

Our understanding of what constitutes effective treatment for stimulant-related problems is growing, but remains relatively limited. Greater investment is needed to ensure interventions and services are appropriate to the growing needs observed in this area in some countries. Despite some investment in research, there are currently no effective pharmacological treatments for problematic stimulant use approved by regulatory agencies. Psychosocial interventions can be effective, particularly for people who use cocaine (see Stimulants: health and social responses guide). However, approaches such as contingency management may face implementation challenges within European health systems.

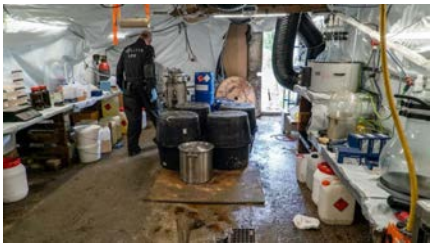
People who inject stimulants are likely to need greater access to needle and syringe provision because they may inject more frequently than people who use opioids. Responses for this group often include some form of outreach and the provision of sterile injection equipment, condoms, information on safer injecting and basic hygiene, vein and wound care, and antibacterial creams and ointments (see the 2025 EUDA publication on harm reduction equipment). These would appear to be appropriate responses, but a strong evidence base does not yet exist in this area. Drug checking services also play a role in responding to stimulant-related harms in some EU Member States, providing information about the risks associated with high-purity or adulterated stimulants.

Noting the link between stimulant use and risky sexual behaviour, initiatives have been developed specifically for people who use stimulants, including methamphetamine and cocaine, in the context of chemsex. These include multidisciplinary services providing drug and sexual health services as well as efforts to improve the linkage between services (see *Spotlight on… Addressing sexual health issues associated with drug use*).

Given that stimulant-related problems appear to be growing, this is an area in need of further research and service development. The EUDA, the UNODC and the WHO are developing a joint initiative named Scale-up to support the treatment of stimulant problems.

Diversity of synthetic stimulants a growing challenge

Signs of increasing synthetic drug production in Europe



The intensification of synthetic drug production within Europe is evident from detections of high-throughput sites in some countries and increasing seizures of key precursors that are required to manufacture these substances. Some laboratories may also be used to produce multiple substances, such as synthetic stimulants that have similar requirements for chemicals and manufacturing equipment.

Seizures of precursor chemicals have both shifted and risen in response to legal and regulatory controls on common illicit drug production chemicals. In the decade up to the end of 2022, an average of 54 tonnes of precursor chemicals, both scheduled and non-scheduled, was seized annually, but this reached an unprecedented 178 tonnes in 2023. The increase was mainly driven by large seizures of alternative precursors for the manufacture of amphetamine, methamphetamine and MDMA in the Netherlands and Hungary. In recent years, there have been increased seizures of the precursors for manufacturing synthetic cathinones and sites for their production, most notably in Poland. The production by criminal networks of key precursors from alternative chemicals, such as glycidic derivatives of BMK and PMK, for the manufacture of

amphetamines and MDMA, represents an evolving challenge for customs and law enforcement. Both the environment and local communities are at risk from the use of hazardous chemicals required for drug production or the reversal of chemical concealment for trafficked drugs, as the by-products are often illegally and dangerously discarded.

European MDMA production increases as high-strength products pose health risks

MDMA is produced in Europe, mainly in the Netherlands and Belgium, for domestic consumption and export to other markets. Reports of increased seizures of MDMA precursors, combined with information about MDMA exports outside the European Union, may reflect an increase in the production of the drug for global markets and a general rebound following a decline related to the COVID-19 pandemic. Also of concern is the possible use of a reverse cocaine trafficking route, from Europe to Latin America, to exchange MDMA for cocaine.

As the MDMA content and purity of batches of pills and powders at the retail level varies, consumers of the drug are exposed to shifting and unpredictable health risks. In addition, the MDMA content of ecstasy tablets has increased markedly, rising from an average of around 84 milligrams in 2011 to between 138 and 158 milligrams, with some tablets containing up 350 milligrams of MDMA. Higher-strength products potentially increase the risk of adverse health outcomes, including death. These health risks can also be exacerbated by polysubstance use, which data from different sources suggest is common among people using MDMA.

Synthetic cathinones are increasingly integrated into Europe's drug market

Current data suggest that synthetic cathinones, a broad family of stimulants, are continuously available on the drug market in some countries and may be intentionally purchased as affordable stimulants of choice. Data from drug checking services indicate that synthetic cathinones are more likely to be intentionally purchased than in the past. Nonetheless, exposure to unexpected substances was evident from submitted samples sold as 3-MMC often containing 2-MMC instead. In the 2024 European Web Survey on Drugs, 9 % of respondents had consumed synthetic cathinones in the last 12 months. While some indicators may suggest the market for these drugs appears to be growing, monitoring a broad group of compounds is challenging for tools originally designed to track long-established illicit drugs, such as cocaine. The EUDA has recently undertaken risk assessments of three new

synthetic cathinones, 2-methylmethcathinone (2-MMC), 4-bromomethcathinone (4-BMC) and *N*-ethylnorpentedrone (NEP) (see EUDA Risk assessments).

Some synthetic cathinones, such as 4-CMC, have been shown to have effects and potential harms broadly similar to other psychostimulants such as MDMA and amphetamine. However, the synthetic cathinones are a broad group of drugs containing substances that have different effects or health risks that may be more severe as a result of higher potency, such as the pyrrolidino-derivatives, which include alpha-PHiP (α-pyrrolidinoisohexanophenone). The effects of many of these drugs on humans have not been extensively researched.

In 2023, imports and seizures of synthetic cathinones amounted to 37 tonnes, up from 27 tonnes in 2022 and 4.5 tonnes in 2021. Most of this involved a small number of bulk consignments imported from India, primarily through the Netherlands. Significant levels of synthetic cathinone production also occur in Europe, where increasing numbers of drug production facilities are detected, including large-scale sites, and rising quantities of precursor chemicals are being seized.

Risk of European production and trafficking of methamphetamine fuelling use of the drug

There are some signals that methamphetamine consumption, which remains low in most EU countries, is now present in more countries than it was in the past.

The production and trafficking of amphetamine and methamphetamine in Europe continues, both for domestic demand and for export to more profitable non-EU markets. Benzyl methyl ketone (BMK) is a key precursor chemical for the manufacture of both drugs. Other substances that can be used to make BMK are chosen by criminal networks to evade detection, and seizures of these have been increasing in Europe. Large-scale production facilities for making these drugs continue to be detected in the European Union. Multi-drug production sites capable of switching between various substances are being dismantled and likely appeal to criminal networks for producing more valuable products for export, such as crystal methamphetamine, alongside less lucrative ones for domestic consumers, such as amphetamine and other synthetic stimulants. Seizures of tartaric acid, a chemical for retrieval of the most potent and sought-after form of methamphetamine (*d*-methamphetamine, used for 'crystal meth') from mixtures produced by BMK methods, more than quadrupled in 2023, reaching 10.9 tonnes.

In addition, while the quantities of both amphetamine and methamphetamine seized have been relatively stable in recent years, slight increases were reported in 2023. Some large consignments of methamphetamine seized may indicate transhipment of the drug through Europe to other destinations. This may reflect the attractiveness for traffickers of routing shipments through locations less associated with international drug trafficking on their way to their intended destination.

European methamphetamine production and trafficking creates the potential for increased availability of these drugs on local stimulant markets, which can, at times, experience dynamic shifts in the products available to consumers

Increasing concern over environmental damage from illicit drug production

From the high water and energy demands of illicit cannabis cultivation to the deforestation associated with coca cultivation, the environmental footprint of drug production is significant. Regulatory changes regarding cannabis in some countries have facilitated research into the environmental impacts of the drug's production, including its carbon footprint, soil erosion and effects on water reserves.

Environmental damage is strongly linked to the production of synthetic drugs, in particular the dumping of toxic chemical waste, but significant knowledge gaps remain.

The dismantling of large-scale synthetic drug laboratories in the European Union, alongside signals of increasing cocaine processing and production of synthetic cathinones, underscores the urgency of addressing these knowledge gaps. The environmental impact of MDMA production in Europe is significant, with each kilogram of MDMA generating approximately 58 kilograms of toxic waste. Overall, MDMA production in the European Union potentially generates between 1000 and 3000 tonnes of chemical waste each year. Production sites are also prone to accidents, explosions and fires due to the volatile chemicals involved – posing significant risks to surrounding communities.

Little is known about the environmental consequences of drug trafficking, which can involve environmentally destructive practices such as clearing forests to create clandestine airstrips. Similarly, drug trafficking routes through environmentally sensitive areas may accelerate habitat destruction and biodiversity loss. In the context of maritime trafficking, vessels used for drug trafficking may be deliberately sunk or abandoned following deliveries or during interceptions attempts.

The EUDA is supporting efforts to estimate the carbon footprint of cannabis cultivation, analysing groundwater contamination from synthetic drug waste disposal and developing a framework for monitoring the environmental effects of illicit drug production. These initiatives aim to build a clearer picture of how drug production affects the natural environment and to inform evidence-based responses.

Europe’s complex heroin and opioid situation

Polysubstance use is linked to most opioid-related deaths

Understanding the factors affecting trends in drug-induced deaths is key for the development of effective responses to prevent and reverse drug overdoses, but limitations remain in the available information. As new drug threats can rapidly emerge, improving the timeliness and completeness of data is central to enhancing preparedness. The available data indicate that an estimated 7500 drug-related deaths were reported in the European Union in 2023, giving a mortality rate of 24.7 deaths per million population aged 15 to 64.

Overall, opioids, usually in combination with other substances, remain the drugs most commonly implicated in drug-induced deaths. However, heroin is no longer found in the majority of overdose deaths except in a few countries, and other opioids and other drugs are now playing an important role. In some countries, a substantial share of overdose deaths is associated with opioids other than heroin, including methadone and, to a lesser extent, buprenorphine, pain-relief medicines containing opioids, and other synthetic opioids. Alcohol, alongside benzodiazepines, is present in a significant proportion of fatal overdoses involving opioids. Stimulants such as cocaine are also reported alongside opioids in toxicological data.

Overall, co-consumption of different drug classes remains an important, but not sufficiently recognised, factor for understanding and responding to drug-induced mortality. The EUDA will coordinate a network of forensic and toxicological laboratories, increasing the analytical capacity available to monitor how different drugs and drug combinations are impacting on mortality trends.

Preventing opioid overdoses and deaths requires scaling up services

With opioids continuing to be involved in the majority of overdose deaths in the European Union, effective responses targeting these drugs are of particular importance. Interventions in this area may be aimed at preventing the occurrence of overdoses in the first place or preventing death when overdoses do occur. The implementation of naloxone programmes, including pilot projects, to prevent overdose deaths was reported by 15 European countries up to 2023. Changing consumption patterns and the availability of various formulations of both injectable and nasal spray naloxone may now

require services to review current delivery protocols and to update them according to the available medicines. Overdoses involving potent synthetic opioids may need, for example, the administration of multiple doses of naloxone to reverse the opioid effects. However, 2024 guidelines for responding to overdoses confirm that the initial management of acute opioid toxicity remains the same, irrespective of whether it is a result of heroin, prescription opioids or new synthetic opioids, such as fentanyl derivatives or nitazenes. It remains important that titrated doses of naloxone are administered to people with acute opioid toxicity. This highlights the value of training people who might respond to or witness an overdose in first aid, including the use of naloxone.

Nitazene opioids increase poisoning risk

New synthetic opioids are highly potent, meaning a small amount is sufficient to produce many retail-level doses and can pose elevated life-threatening poisoning risks. Nitazene opioids have recently entered the illicit drugs market in Europe, where they were the only new opioids reported to the EU Early Warning System in 2023. The availability of these drugs is increasing, creating higher risks for people who use opioids, who may encounter them mixed with other drugs, mis-sold or in fake medicines. In 2023, the quantity of nitazene powders detected in Europe tripled.

Reports to the EU Early Warning System indicate a recent significant increase in the availability of fake medicines containing nitazene opioids in Europe, with at least 8 countries confiscating them in 2023. These products typically mimic legitimate prescription medications, particularly oxycodone and to a lesser extent benzodiazepines. Concerns here include the potential for their spread beyond high-risk opioid users to broader populations without opioid tolerance, including young people.

In Ireland, nitazenes were mis-sold as heroin in 2023 and as benzodiazepines in 2024, resulting in inadvertent consumption and multiple overdoses. Clusters of deaths and acute toxicity linked to nitazenes were reported in 2024 in Germany, France and Norway. Reports from Estonia and Latvia indicate that nitazenes account for a significant share of overdose deaths in these countries. Due to their high potency and novelty, there are concerns that nitazene opioids may not be routinely detected in procedures commonly used for post-mortem toxicology, resulting in underestimates of their involvement.

China expanded the control of nitazene opioids in 2024 to now cover 10 substances. This may redirect the market away from dominant compounds such as metonitazene and protonitazene and towards novel derivatives or alternative opioid families. For example, since mid-2024, there has been a small but significant increase in detections of substances belonging to the benzimidazole ‘orphine’ family, with 5 EU countries reporting cychlorphine and 2 detecting spirochlorphine. While no pharmacological data are currently available for these substances, their structural similarity to

brorphine, a potent opioid, suggests a key health risk is likely to be respiratory depression.

Potential impact of heroin production and trafficking shifts remains unclear but preparedness is key

The ban on drugs, including opium poppy cultivation, introduced by the Taliban in April 2022, has greatly reduced the production of opium and heroin in Afghanistan, the main source of the drug in Europe. If sustained, a decrease in opium and heroin production in Afghanistan is likely to affect heroin availability in Europe, although it is challenging to predict when this might happen and how it might be experienced in different EU Member States. Within Europe, a number of indicators suggest that the heroin market has been shrinking over the past 10 years. Despite wide fluctuations in the amounts seized, the long-term trends in price and purity and in the number of seizures suggest that supply may have increased relative to demand over the period. Beyond supply constraints, market resilience and adaptation remain key considerations for better understanding signals of change in Europe's heroin market. For example, reports indicate that opium stockpiles within Afghanistan may have helped buffer the immediate impact of the ban (see recent EUDA publication on Afghanistan). In conjunction, the high value of the European heroin market might make supplies to Europe somewhat resilient in the short to medium term. Moreover, trafficking networks are highly adaptable and may be shifting routes as a result of Russia's full-scale invasion of Ukraine and conflicts in the Middle East. It would, however, be difficult to fully replace heroin from Afghanistan with supplies from other producer countries, such as Myanmar, given the amount of opium and heroin produced and trafficked from Afghanistan prior to the current ban.

In the face of uncertainty, Europe needs to improve its preparedness to address potential challenges emanating from such a market shift. While increased polysubstance use and substance-switching, whether to other opioids or stimulants, among people who use opioids are likely outcomes of any reduction in heroin availability, a key means to pre-empt this scenario would be to expand rapid access to opioid agonist treatment and related supports, as well as needle and syringe programmes. It is also important to provide sufficient access to naloxone to prevent overdose deaths. Monitoring the drugs available at retail level in local drug markets remains important to rapidly identify changes in the substances for sale and the presence of dangerous batches of drugs. The EU Early Warning System will continue to play a key role in this regard, as will the EUDA's new threat assessment system.

Responding to Europe's changing drug problems

Substance use among school students

Monitoring substance use among adolescents remains central to the development of effective future drug policies. The European School Survey Project on Alcohol and Other Drugs (ESPAD) provides insights into adolescent risky behaviours across Europe. The latest round of the survey, carried out in 2024 in 37 European countries, reveals that despite long-term declines in substance use among adolescents, emerging trends are raising new concerns.

Cannabis remains the most commonly used illicit drug, although lifetime prevalence has declined to its lowest level since 1995. While boys generally report higher use, gender gaps are narrowing, with some exceptions where girls surpass boys. Early initiation and high-risk use remain concerns, although overall current use (defined as within the past 30 days) among EU students has dropped to 5.7 %, reflecting a long-term declining trend.

The use of other illicit drugs has declined among ESPAD students, with gender gaps narrowing, although boys still generally report higher use. Meanwhile, inhalant use is rising among girls, while non-medical pharmaceutical use is also increasing.

Cigarette smoking has decreased markedly over the past decades, with lifetime prevalence halving between 1995 and 2024. Early initiation persists, however, particularly among girls, whose daily smoking rates at age 13 or younger have recently increased. Meanwhile, e-cigarette use has risen sharply among adolescents, with increasing rates of early initiation and daily consumption, fuelling concerns over the dual use of traditional and electronic cigarettes and reflecting a broader shift towards alternative nicotine products.

Alcohol consumption has also declined over time, with overall use and binge drinking decreasing. However, this reduction is more pronounced among boys, with girls showing a more stable trend. Despite this progress, alcohol remains widely accessible, and early initiation and heavy episodic drinking remain significant concerns.

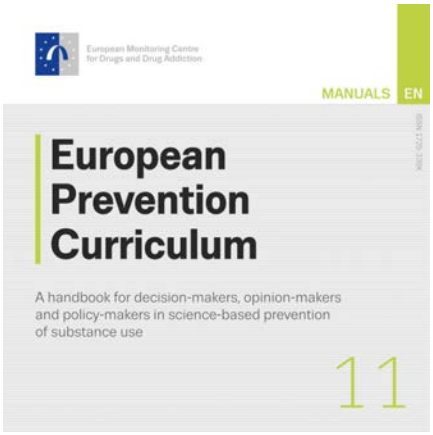
In terms of mental well-being, on average 59 % of students report having a good mental well-being. Findings highlight notable regional differences, as well as gender disparities, with girls consistently reporting lower well-being than boys. The lowest well-being scores are recorded in countries experiencing conflict and instability.

Prevention efforts are widespread, with most students having taken part in at least one intervention. Alcohol is the most frequently addressed topic, while illicit substances and behavioural risks receive less attention. Skills-based prevention programmes, which emphasise

interactive approaches, are more common in western and southern Europe.

Together, these findings reflect the changing nature of substance use among adolescents and the areas existing responses may need to take account of as they are evaluated.

Implementing evidence-based substance use prevention: local-level focus is important



Substance use prevention aims to avoid or delay the use of psychoactive drugs. It can also help those who have started to use substances to avoid the development of drug use disorders. However, not all approaches utilised in this area are effective, and interest in the identification and implementation of evidence-based prevention interventions has increased. In Europe, strategic policy decisions regarding prevention often may be made at the national or regional level, while financing decisions for prevention programmes may be taken at the local level. Implementing evidence-based options is challenging where those involved are not sufficiently trained in prevention, but still need to make operational decisions about interventions. One consequence of this has been that the importance of local environmental prevention policies is often not adequately considered. Environmental interventions are designed to change the context in which people make decisions and support healthier choices. This is achieved by utilising regulatory, economic and physical measures that strongly effect risk behaviours and well-being. Changes are sustained by altering social context, such as beliefs, norms and what behaviours are acceptable.

The EUDA implements the European Prevention Curriculum (EUPC) to train local-level prevention stakeholders and to support the selection and implementation of effective prevention policies and programmes. This work is supported by the EUDA's prevention registry, Xchange, a European online catalogue of evaluated prevention interventions, and the development of the European drug prevention quality standards toolkit. The EUPC covers all psychoactive substances, addressing the underlying behavioural determinants of substance use and other harmful behaviours that share these risk and protective factors, such as youth violence, crime, bullying and risky sexual behaviour.

Polysubstance use and diversity of drugs injected create harm reduction challenges

Although injecting drug use continues to decline in Europe, this behaviour is still responsible for a disproportionate level of both acute and chronic health harms associated with the consumption of illicit drugs. Based on recent data, it is estimated that over half a million people injected drugs in the last year. The ESCAPE network's syringe residue analysis data from 2023 show that a variety of substances are injected in European cities, including opioids, stimulants, medications and new psychoactive substances. Half of the syringes analysed contained residues of two or more drug categories, potentially indicating that people who inject drugs often inject more than one substance or that syringes are reused. In either case, these people are exposed to significant harms.

Over the last decade, Europe has observed at least 7 documented HIV outbreaks in cities driven, at least in part, by injecting stimulant use. High levels of harm reduction service provision are required to prevent acute and chronic harms, but current levels remain inadequate in several EU countries. This is especially true for needle and syringe programmes, with provision levels in many EU countries below the WHO recommendations.

Potential therapeutic uses of psychedelics bring policy questions

Research into therapies assisted by substances such as psilocybin, DMT and LSD for difficult-to-treat neuropsychiatric conditions, such as post-traumatic stress disorder and treatment-resistant depression, is progressing rapidly. While some psychedelics have shown promise in alleviating specific symptoms associated with these disorders, generalising in this area remains difficult, partly because of the large number of substances under review, and partly because of the wide range of conditions that are being studied.

Some jurisdictions outside the European Union have begun regulating the use of psychedelics for medical and therapeutic purposes, bringing significant commercial interest. At the same time, the available data show the presence in all EU countries of unregulated or illegal practices involving psychedelics in wellness, therapeutic or spiritually oriented interventions. These practices typically involve the use of substances such as psilocybin, ayahuasca (*N,N*-dimethyltryptamine or DMT) and 5-methoxy-*N,N*-dimethyltryptamine (5-MeO-DMT). The events often involve group settings led by various facilitators, shamans or coaches. In some countries, they operate relatively openly, but in others they remain underground. While some of these retreats claim to integrate elements of therapeutic support, most operate outside formal healthcare structures, often in illegal, unregulated or legally ambiguous spaces. There are risks involved in these emerging practices,

particularly for vulnerable individuals and those with pre-existing mental health conditions. Research-driven best practices or standardised guidelines are lacking.

If organised unregulated psychedelic practices continue to spread, a key challenge for policymakers and health professionals will be to better understand the scope and impact of these activities, as well as the associated health risks and harm reduction responses. Strengthening monitoring efforts will be crucial in addressing the evolving landscape of psychedelics use in Europe. A recent EUDA publication addresses frequently asked questions regarding psychedelics.

Responding to drug problems in Europe's prisons remains a challenge

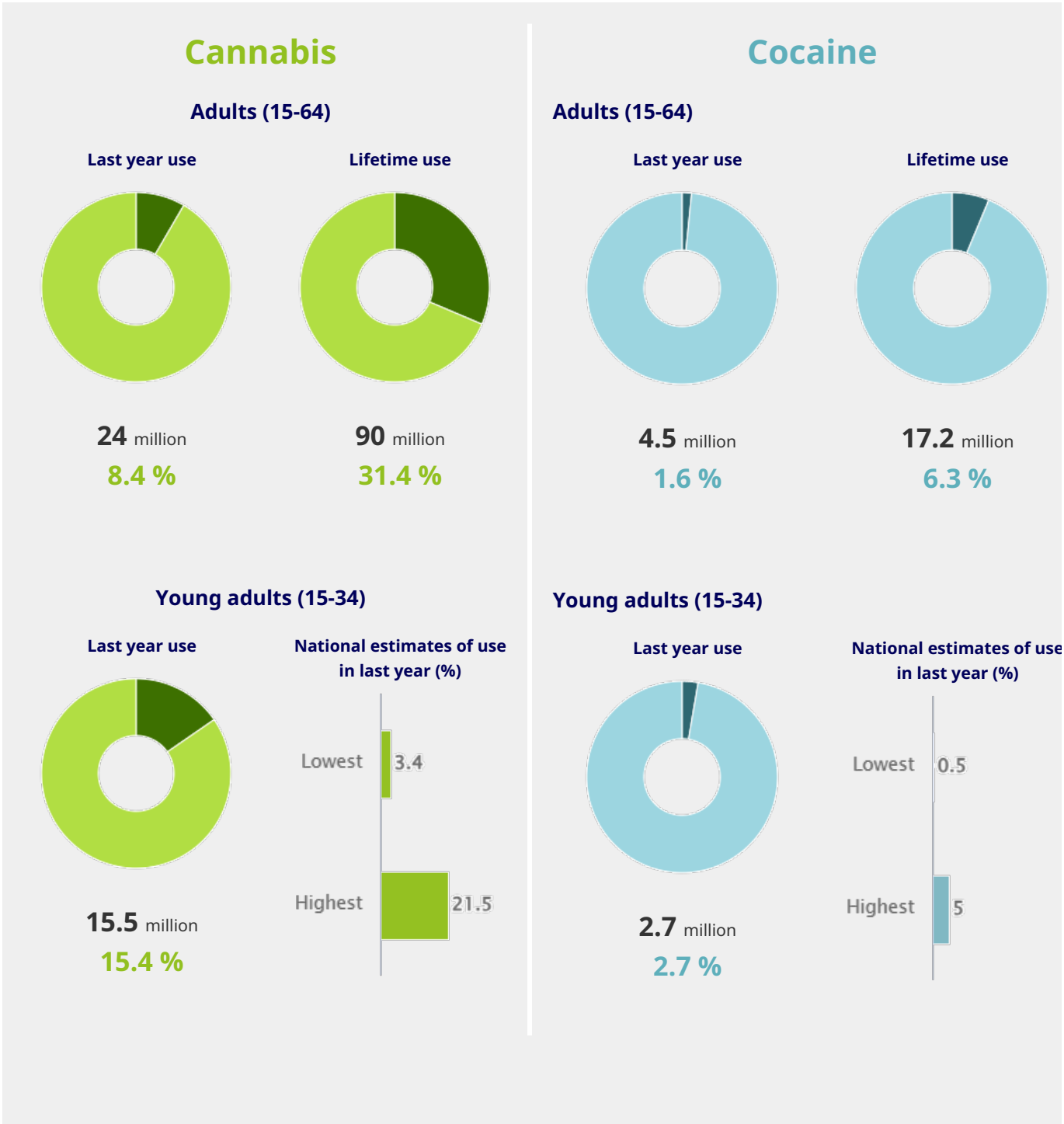
Surveys indicate that people in prison in the European Union report high levels of lifetime prevalence of substance use before imprisonment and increased levels of consumption, especially of heroin, cocaine and amphetamines, compared with the general population. While the range of services for people experiencing drug problems in European prisons has improved in recent years, the need remains for some responses to be scaled up, both during incarceration and post-release.

Drugs are brought into prisons in various ways, including by internal concealment by people in prison, visitors and, in some cases, staff, as well as drone-based trafficking. Potent substances, such as synthetic cannabinoids, opioids and various medicines, may be favoured, as they are more amenable to concealment. These substances pose serious threats to the health of people in prison, including the risk of overdose. During 2024 in Ireland, for example, three poisoning and overdose outbreaks in prisons were reported. Where drugs are injected, in the context of limited access to sterile injecting equipment, the risks of transmission of blood-borne viruses, including HIV and HCV, are increased.

Almost all EU countries report that access to opioid agonist treatment is available in at least some of their prisons. Very few, however, report the provision of needle and syringe programmes, or naloxone programmes to prevent overdose deaths, and linkage to care for infectious diseases remains limited in many EU countries for people in prison. The ECDC and the EUDA toolkit for the elimination of hepatitis in prison supports improving activities targeting infectious diseases among this sub-population.

At a glance

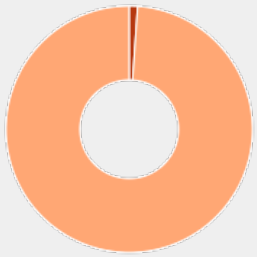
At a glance – estimates of drug use in the European Union



MDMA

Adults (15-64)

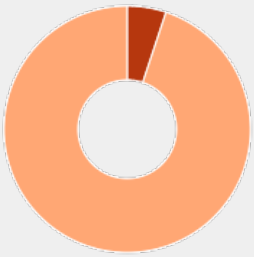
Last year use



3.1 million

1.1 %

Lifetime use

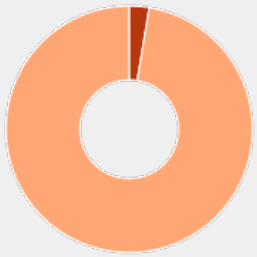


14.1 million

5.1 %

Young adults (15-34)

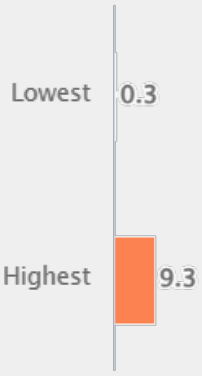
Last year use



2.6 million

2.6 %

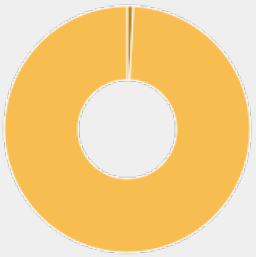
National estimates of use in last year (%)



Amphetamines

Adults (15-64)

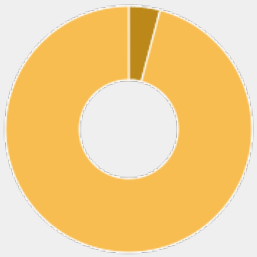
Last year use



2.3 million

0.8 %

Lifetime use

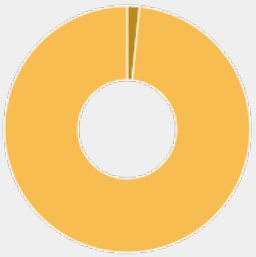


9.7 million

4.1 %

Young adults (15-34)

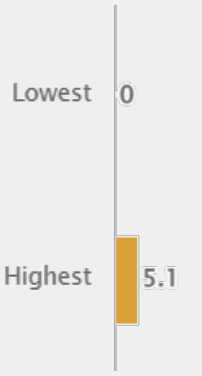
Last year use



1.6 million

1.6 %

National estimates of use in last year (%)



Heroin and other opioids

High-risk opioid users

860 000

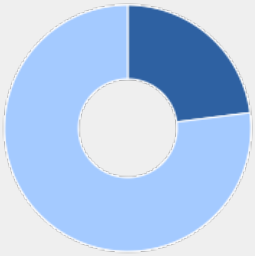
511 000

opioid users received agonist

treatment in 2023

Drug treatment requests

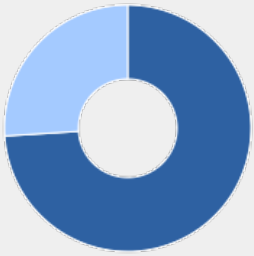
Principal drug in about 23 % of all drug treatment requests in the European Union



23 %

Fatal overdoses

Opioids were found in 74 % of fatal overdoses



74 %

The **complete set of source data for the European Drug Report 2025** including metadata and methodological notes is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-At-a-glance-1. Drug use in the EU in 2024, at a glance (amphetamines, cannabis, cocaine, MDMA)
- Table EDR25-At-a-glance-1.Heroin and other opioids in the EU in 2024, at a glance

Drug supply, production and precursors – the current situation in Europe (European Drug Report 2025)

Analysis of the supply-related indicators for commonly used illicit drugs in the European Union suggests that availability remains high across all substance types. On this page, you can find an overview of drug supply in Europe based on the latest data, supported by the latest time trends in drug seizures and drug law offences, together with 2023 data on drug production and precursor seizures.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.

Last update: 5 June 2025

Resilient production and trafficking drive higher drug availability in Europe

Europe's illicit drug market

Analysis of supply-related indicators for illicit drugs in the European Union suggests that availability remains high across all substance types. In addition, the market is characterised by the widespread availability of a broader range of drugs, often available at high potency or purity, potentially increasing risks to health. These include novel substances, where both consumer and scientific knowledge about the health risks may be limited. For some drugs, there is a growing diversification of consumer products available on the market (such as oils, extracts, edibles and vaping products). These developments raise concerns about increased substance use overall and growing risks, especially for vulnerable groups facing social and economic hardship. A source of particular worry are the increased risks, including poisonings and deaths, from consuming, possibly unknowingly, in drug mixtures and tablets, high-potency or novel substances, especially in the context of polysubstance use.

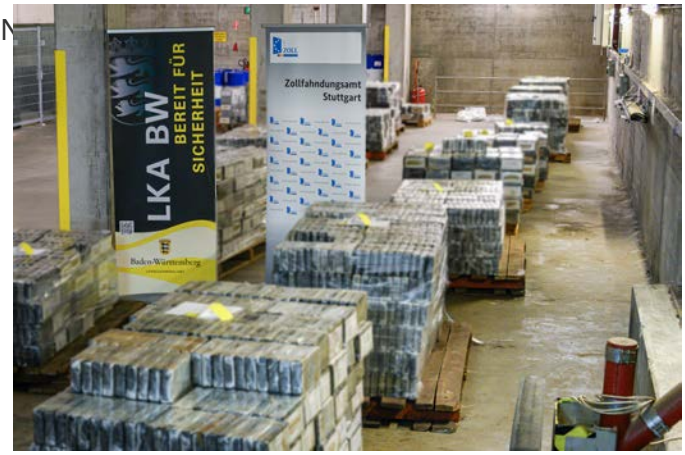
Drug trafficking networks exploit commercial cross-border trade

Globalisation has had a significant impact on drug availability in Europe, as criminals exploit the increased opportunities for trafficking illicit drugs provided by more interconnected communication, trade and transport networks. The infiltration of maritime shipping routes and the illicit trafficking of bulk quantities of drugs in commercial intermodal shipping containers continues to fuel Europe's drug market. Globalised trade is exploited to facilitate the purchase of chemicals and equipment used in illicit drug production. The ongoing compromising of commercial trade infrastructure not only sustains the flow of illicit drugs into and out of the

European Union, but has also led to closer involvement of European drug producers and traffickers with international criminal networks. As a result, Europe's drug market is fed and shaped by a dynamic and intricate web of global supply chains, which involves key source countries for drugs, precursors, essential chemicals and equipment. Shifts in the nodes of the supply chain are triggered by various factors, including disruption from customs and law enforcement operations, regulatory measures and geopolitical developments. Various countries in South America, West and South Asia and North Africa remain major sources for illicit drugs entering Europe, such as cocaine, heroin and cannabis resin, while China and India remain important source countries for new psychoactive substances. India, in particular, has emerged as an important source of some substances, such as synthetic cathinones, which are also to some extent produced within Europe. Drug precursors and related chemicals are also often reported to be sourced from China. In addition, Canada and the United States, which have commercial cannabis markets, are sources of various cannabis consumer products.

The scale and resilience of illicit drug trafficking via global commercial supply chains are reflected in the large volumes of illicit drugs that continue to be seized in Europe's ports. For example, in 2024, Spain reported its largest ever seizure of cocaine in a single shipment – 13 tonnes, concealed in bananas originating in Ecuador. Germany seized 43 tonnes of cocaine in 2023, as large consignments amounting to 25 tonnes were seized in the Port of Hamburg that year, double the quantity reported in 2022 (Figure 1.1). This is emblematic of how criminal networks continue to target legitimate commercial infrastructure to traffic illicit drugs. The infiltration of supply chains and the exploitation of key staff through the use of intimidation and corruption, particularly in shipping ports, is now well documented in Europe. Overall, a significant proportion of the total quantity of drugs seized in the European Union was detected by customs and law enforcement in maritime ports. Responding to this, the 2023 EU Roadmap against drug trafficking outlined measures to enhance customs risk management and the detection of drugs and precursors. These include enhancing the interoperability of customs information systems among EU Member States and supporting the deployment of advanced container-scanning equipment. The Roadmap also supports the European Ports Alliance, a public-private partnership approach designed to increase the resilience of Europe's key logistical centres against drug trafficking and infiltration by criminal networks. Various actions are being implemented to support best practices and recommendations from the 2023 Schengen Thematic Evaluation on drug trafficking in ports. Among these are measures in cooperation with international partners and actions aimed at disrupting the trafficking of drugs on Europe's rail and road networks. Criminal networks use multiple modi operandi (Figure 1.2) to evade detection. While trafficking larger drug consignments by sea fuels drug availability in Europe, trafficking also takes place through a range of other methods over land and air, including commercial and private methods for transportation, letters and parcels.

Figure 1.1. Seizures of cocaine, amounting to 25 tonnes, made in the Port of Hamburg, April to September 2023



Criminal Police.

Figure 1.2. Examples of drug trafficking methods previously reported by law enforcement in Europe

The European Union has consistently placed evaluation as a key phase in the development and assessment of its strategies for addressing the illicit drugs phenomenon. Both organised crime and drug-trafficking are key topics addressed in the forthcoming external evaluation of the EU drugs strategy and action plan 2021-25 and the 2025 ProtectEU – A European Internal Security Strategy.

Operation of drug markets fuels drug-related intimidation and violence

The recruitment and exploitation of young people by criminal networks in the illicit drug trade is a cause of increasing concern. Criminal networks target vulnerable young people both in person and online, recruiting them to perform various roles, such as working as drug couriers, and, in some extreme cases, to take part in violence and drug-related homicides. This has contributed to a growing recognition of the need to do more to counter the violence, corruption and criminal exploitation associated with the functioning of the illicit drug market. While documented and perceived drug-related violence, especially more extreme occurrences, may in the past have been typically associated with locations such as ports and their environs that are used to facilitate wholesale drug trafficking, this is no longer necessarily the case. Violence and intimidation related to the operation of illicit drug markets are now increasingly experienced in smaller cities and municipalities across Europe, undermining the safety of local communities. While most of the violence appears to be concentrated within or between criminal networks, others can become victims of drug-related intimidation and violence at various levels, with individuals and families targeted for amassing drug debts. In some cases, people may be forced into trafficking drugs. These issues reflect the complex nature of drug-related intimidation and violence, and the way boundaries can become blurred between who is considered to be a victim of an organised crime group and who is considered to be an employee of one, raising complex legal issues. Various European initiatives have been addressing this issue, including the inauguration of a European Judicial Organised Crime Network, based at Eurojust, which aims to strengthen judicial coordination between the prosecutors and judges in EU Member States. The EUDA has launched a new project to better understand the nature of drug market-related violence in Europe, to provide decision-makers with the best available information on how to tackle this issue. As part of this effort, and in collaboration with the European Commission, the EUDA organised the first European conference on drug-related violence in Brussels in November 2024. The conference addressed the different aspects of drug-related violence, balancing both health and security concerns, and promoting community safety and public health. This event highlighted the need to improve monitoring and data collection at European level and to establish a regular forum for exchanging ideas and best practices to support evidence-based policy-making in this area (see also EU Drug Markets and Europol's Serious Organised Crime Threat Assessment).

Drug supply dynamics continue to adapt to geopolitical developments

A key challenge in countering the production and flow of illicit drugs is the ability of criminal networks to rapidly adapt to disruption from policing, security and legislative measures. Disruption may also arise from geopolitical developments, internal or regional conflicts and changes in trade routes. For example, conflict, state destabilisation and insecurity in some South American countries are likely to have contributed to the increased availability of cocaine for trafficking to the European Union by criminal networks.

In Afghanistan, the Taliban gained control of the country in 2021 and announced a ban in 2022 on all drugs, including poppy cultivation and morphine/heroin processing. This has raised concerns regarding the potential for a heroin shortage in Europe, with various other drugs, including synthetic opioids, potentially filling the gap in the market in some countries. The United Nations Office on Drugs and Crime (UNODC) estimated that there was a 95 % drop in opium cultivation in 2023, to 10 800 hectares, down from 232 000 hectares in 2022. More recent UNODC figures suggest that poppy cultivation remained at very low levels in 2024, at 12 800 hectares. However, despite the difficulties of obtaining an accurate picture, it is clear that significant opium stocks still exist in Afghanistan and some of its neighbouring countries. This has meant that the production and trade in opiates has continued in the country, reflecting a high level of adaptability and risk-mitigation by drug producers and traffickers in the region. To better understand developments in Afghanistan and potential impacts on health and security in Europe, the EUDA has launched a new project in this area. Although the full impact of the ban on all drugs, including poppy cultivation and morphine/heroin processing, on Europe’s drug market is not yet evident, if the ban continues to be strictly enforced, it is likely to affect the availability of heroin in Europe in the coming years. Nonetheless, the effects of any heroin shortage are unlikely to be experienced uniformly by all countries, as users turn to replacement substances. For this reason, countries with an established heroin problem should be alert to any signs of its replacement by synthetic opioids or stimulants.

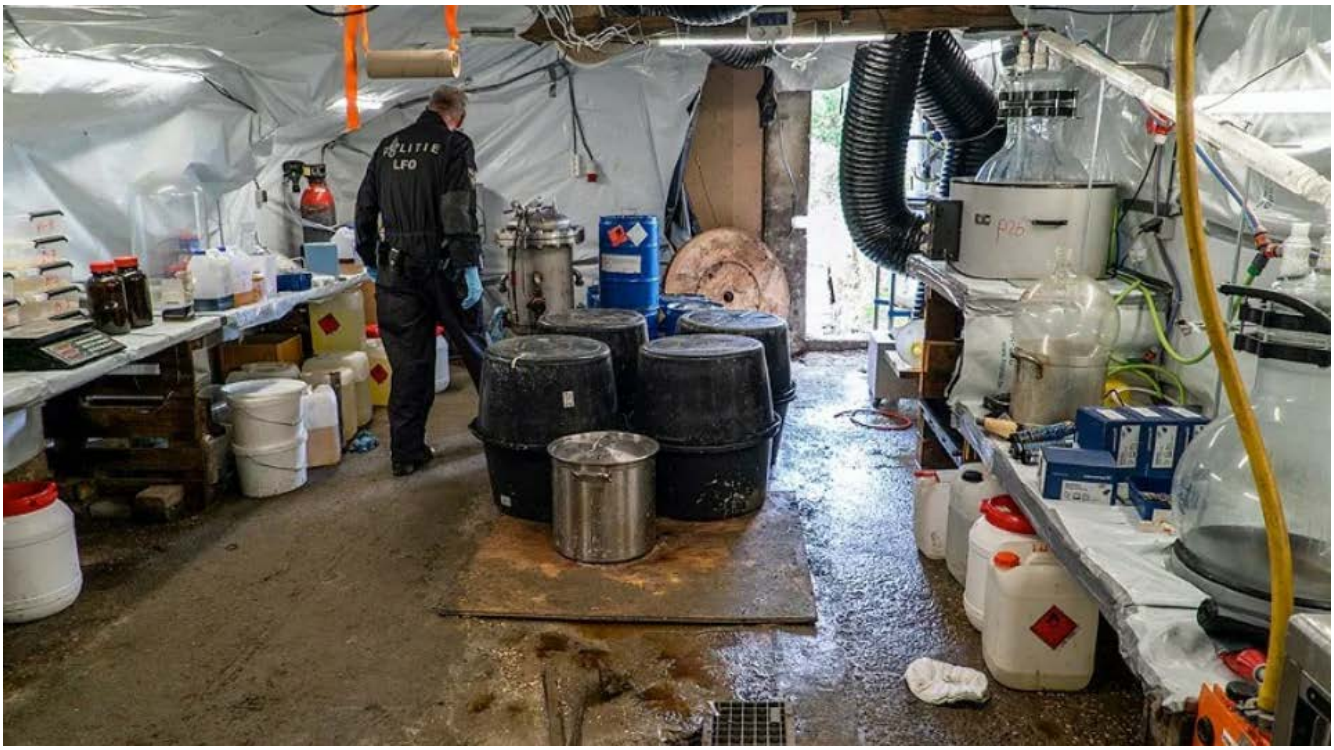
Drug production within the European Union

Europe remains an important production region for various illicit drugs, with EU Member States reporting the dismantling of thousands of cannabis cultivation sites each year. Cannabis produced in the European Union is generally for domestic consumption. Synthetic drugs, such as MDMA, amphetamine and methamphetamine, have been produced in the European Union for domestic markets and export to non-EU markets for many years. Illicit drug production within the European Union poses significant risks to public health and safety. These risks affect not only the consumers of these substances, but also local communities near production or waste dumping sites, who may be exposed to toxic chemicals, fires and explosions. Law enforcement teams involved in dismantling these sites also face considerable risks. The production of synthetic drugs results in the disposal of toxic chemical waste, causing lasting environmental damage. Due to the scale of synthetic drug production within the European Union, significant policy concerns have been raised about the potentially substantial environmental harms caused, for example, by soil and

groundwater contamination and air pollution. In response, the EUDA has launched a project to develop a better understanding of key issues in this area and to respond to concerns raised by policymakers.

The illicit drug production facilities dismantled in the European Union in 2023 were involved in the production of a wide variety of substances, including amphetamine, methamphetamine, synthetic cathinones, MDMA, cocaine and heroin (Figure 1.3). The size and scale of these production sites range from low-volume 'kitchen-scale' laboratories, to high-throughput facilities operated by multiple 'cooks', capable of producing tens of kilograms of drugs per batch in special reactors. In smaller sites, production appears to be destined mostly for local markets and, occasionally, for sale on the darknet. Although information is limited, larger production sites appear to supply both local and non-EU markets. Large-scale synthetic drug production laboratories have mostly been found in Belgium and the Netherlands, although large production sites for synthetic cathinones have also been identified in Poland. Some laboratories may be used to produce multiple substances, such as synthetic stimulants that have similar requirements for chemicals and manufacturing equipment. Reporting on the nature of multi-drug laboratories and the precise details of substances produced can be challenging. Furthermore, it can be difficult to estimate the total production capacity of individual dismantled laboratories.

Figure 1.3. Synthetic drug production facility dismantled by Netherlands Police, National Dismantling Facility (LFO), the Netherlands, 2024



The detection of separate facilities for cocaine production, extraction, cutting and packaging in recent years suggests innovative methods are being used to facilitate the trafficking of this drug to Europe. A significant concern is the emergence of cocaine hydrochloride production in Europe, which appears to be larger and more sophisticated than was previously thought. Reasons for this

likely include the economic advantage of controlling part of the production process in Europe and the comparatively easier access to processing chemicals such as solvents, oxidising agents and reducing agents. Overall, based on the information available, it appears that large amounts of cocaine hydrochloride are now processed in Europe, mostly in Belgium, the Netherlands and Spain, from intermediary products (coca paste and cocaine base) trafficked from South America.

Developments in drug production in Europe underscore how technology and innovation are key drivers of higher outputs, increased potency or purity, and a broader range of consumer products. Innovation in production processes is evident from seizures of chemicals that can be used to manufacture the precursor chemicals needed to produce amphetamine, methamphetamine and MDMA. This illustrates how criminal networks attempt to evade legislative and customs controls by resorting to alternative chemicals. Overall, the use of a wider range of chemicals to produce new substances and pursue different synthesis processes continues to present a complex challenge for customs, law enforcement agencies and regulators. Large seizures of precursors in 2023 continue to suggest that the production of synthetic cathinones is significant, particularly in Poland and the Netherlands.

Record quantities of precursor chemicals were seized in the European Union in 2023 (Figure 1.4). While the total amount of scheduled precursors and key non-scheduled chemicals seized each year between 2012 and 2022 rarely exceeded 100 tonnes, and averaged around 54 tonnes, this figure reached 178 tonnes in 2023. The increase was primarily driven by large seizures of alternative precursors for the manufacture of amphetamine, methamphetamine and MDMA in the Netherlands and Hungary. Both of these countries seized large quantities of BMK glycidic derivatives and PMK glycidic derivatives, which are used to produce BMK and PMK – the controlled precursors needed to make amphetamines and MDMA, respectively. Methylamine, another essential precursor for methamphetamine and MDMA production, was also seized in significant quantities, with 30 tonnes reported in 2023 – the highest level since 2013. Seizures of ethyl acetate, a solvent used in cocaine processing, reached 28 000 litres in 2023, representing a rebound to the quantities seized between 2019 and 2021, after a significant decrease in 2022. This indicates that cocaine extraction and processing continue to take place within the European Union.

Figure 1.4. Precursor seizures in the European Union

Figure 1.4a. Quantity of scheduled precursors (EU) and key non-scheduled chemicals seized in the EU (2012-2023)

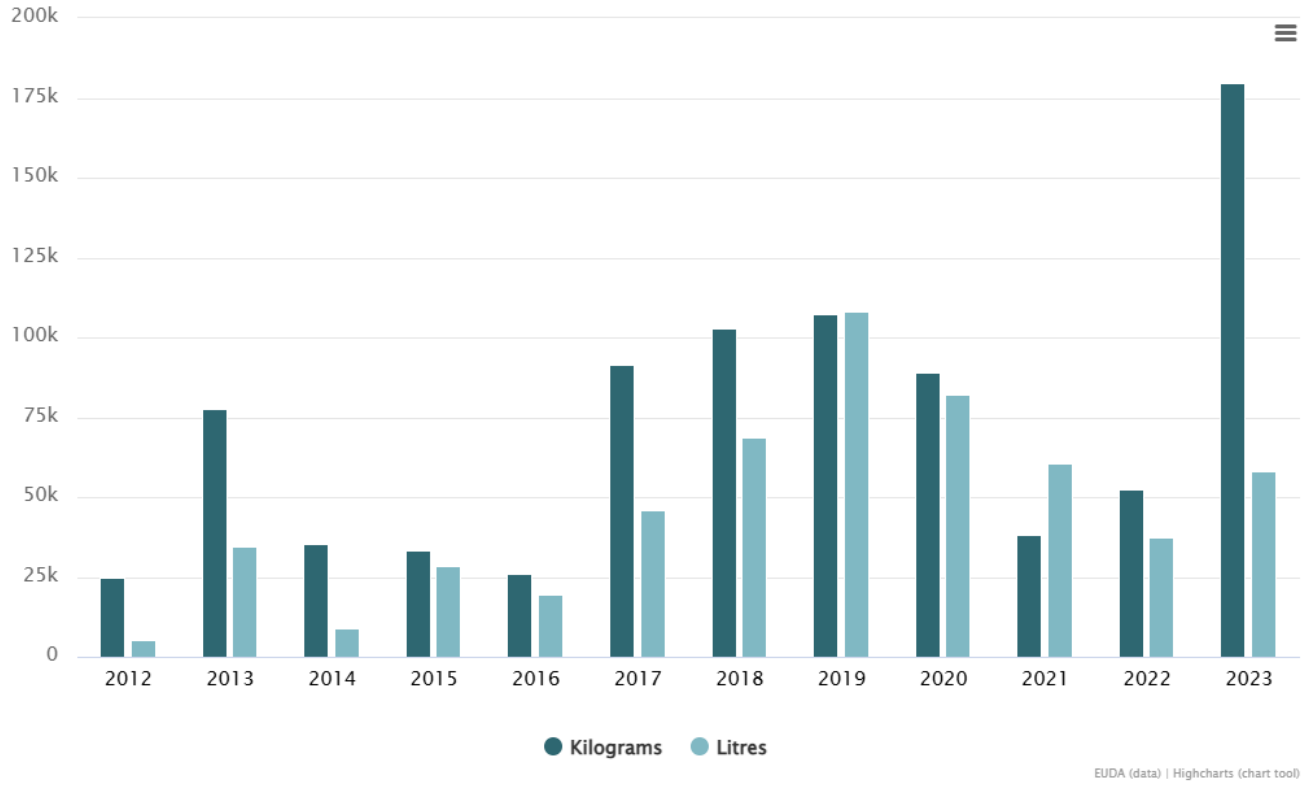


Figure 1.4b. Quantities of scheduled precursors and key non-scheduled chemicals seized in the European Union in 2023 (kilograms), by their association with drug production

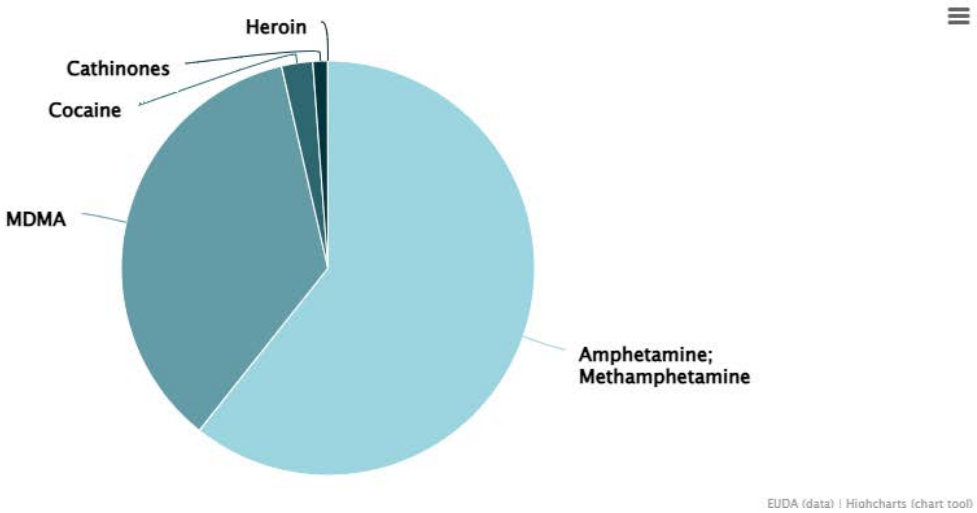
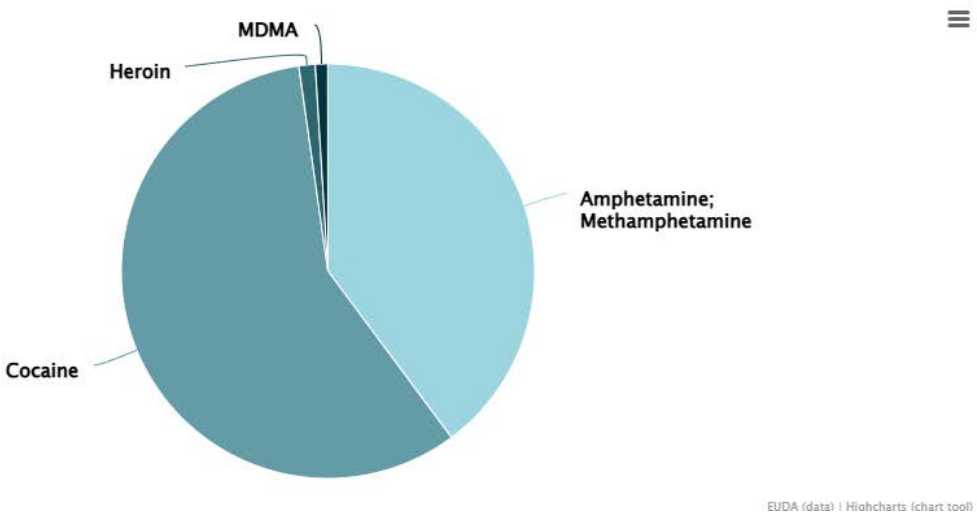


Figure 1.4c. Quantities of key precursor chemicals seized in the European Union in 2023 (litres), by association with drug production



Source: European Drug Precursors Database, 2025.

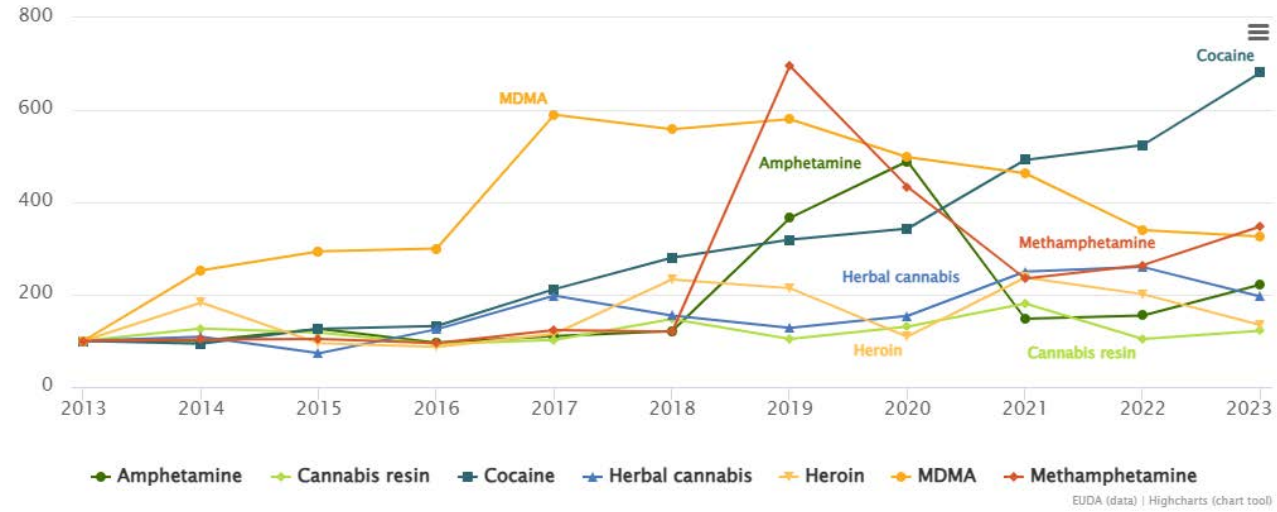
As criminal networks continue to adapt by using alternative chemicals to circumvent controls, efforts at the EU level are increasingly focused on strengthening measures to counter the rapid innovation seen in illicit drug production. For example, the EU Roadmap Against Drug Trafficking facilitates more rapid control of precursors at EU level to match the pace of criminal innovation. It does so by extending scheduling to cover known derivatives and related chemicals that can be converted into or substituted for established drug precursors. The EUDA, under its new mandate, is also playing a greater role in supporting the European Commission in the monitoring, scheduling and threat assessment of precursors. By the end of January 2025, at the request of the European Commission, the EUDA had risk-assessed eight cathinone precursors, associated with the production of 4-MMC, 4-CMC, 3-MMC and 3-CMC, in addition to one amphetamine precursor. These were the first formal precursor assessments ever made at EU level.

Key data and trends

Drug supply trends

- Indexed trends, overall, show that the quantities of drugs seized in the European Union increased between 2013 and 2023, particularly in the past 6 years, although there has been some fluctuation in the quantities of amphetamine and methamphetamine seized in the last 4 years and a decrease of MDMA (ecstasy) since 2019 (Figure 1.5). Importantly, the quantities of drugs seized should be considered minimum estimates, as there are some gaps in reporting at Member State level.

Figure 1.5. Drug seizures in the European Union – quantity of drugs seized, indexed trends (2013 = 100)



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

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

- Between 2013 and 2023, the largest increases in quantities seized have been for cocaine (+581 %), methamphetamine (+248 %), MDMA (+226 %), amphetamine (+122%) and herbal cannabis (+96%). Sizeable consumer markets for these drugs exist in Europe. However, it is likely that increases in quantities seized also reflect, at least partially, the increasing role played by Europe as a place of production, export and transit for these drugs.
- Interpreting trends in drug seizures is complicated by the fact that they are influenced by policing and law enforcement strategies and priorities, the success or otherwise of trafficking networks to avoid detection, and any underlying change in availability and use.
- An estimated 1.2 million seizures were reported in 2023 in the European Union, with cannabis products being the most frequently seized, accounting for 69 % of all reported seizures (Figure 1.6and Figure 1.7).

Figure 1.6. Drug seizures in the European Union – number of reported drug seizures, breakdown by drug, 2023 (percent)

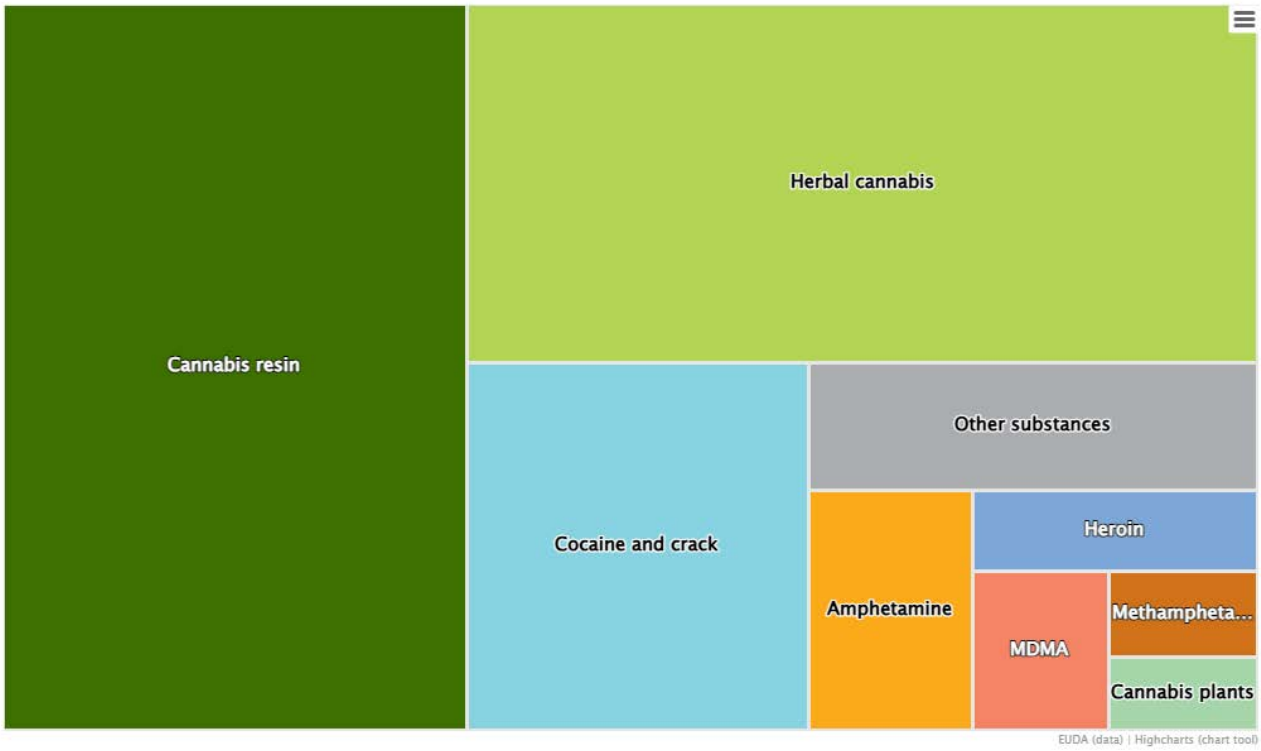


Figure 1.7a. Drug seizures in the European Union – number of seizures in 2023

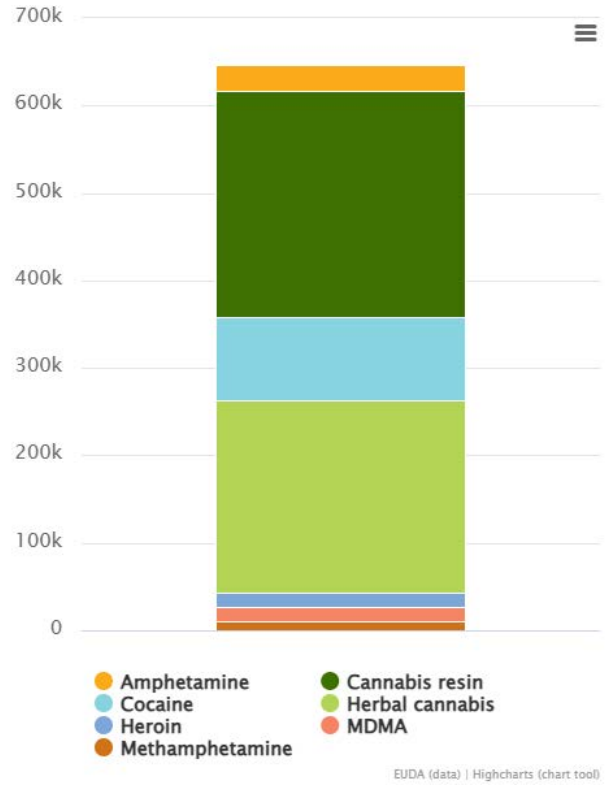
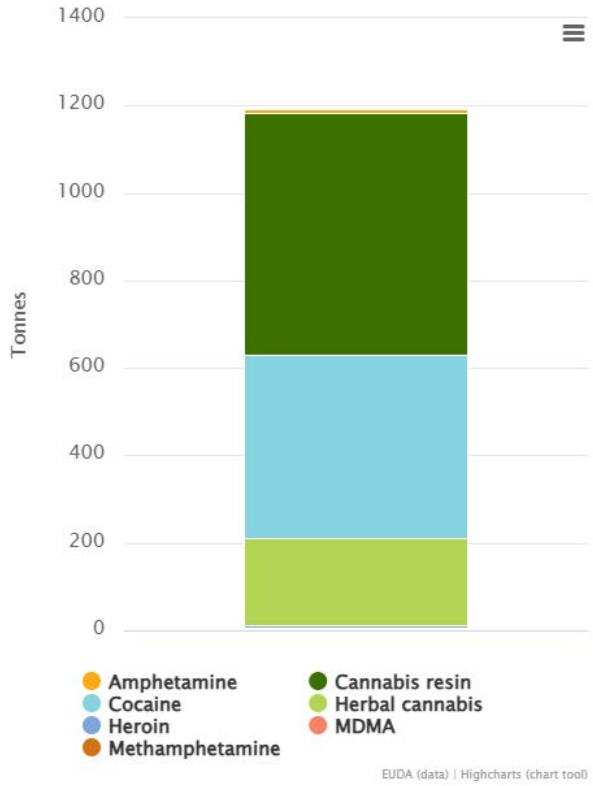


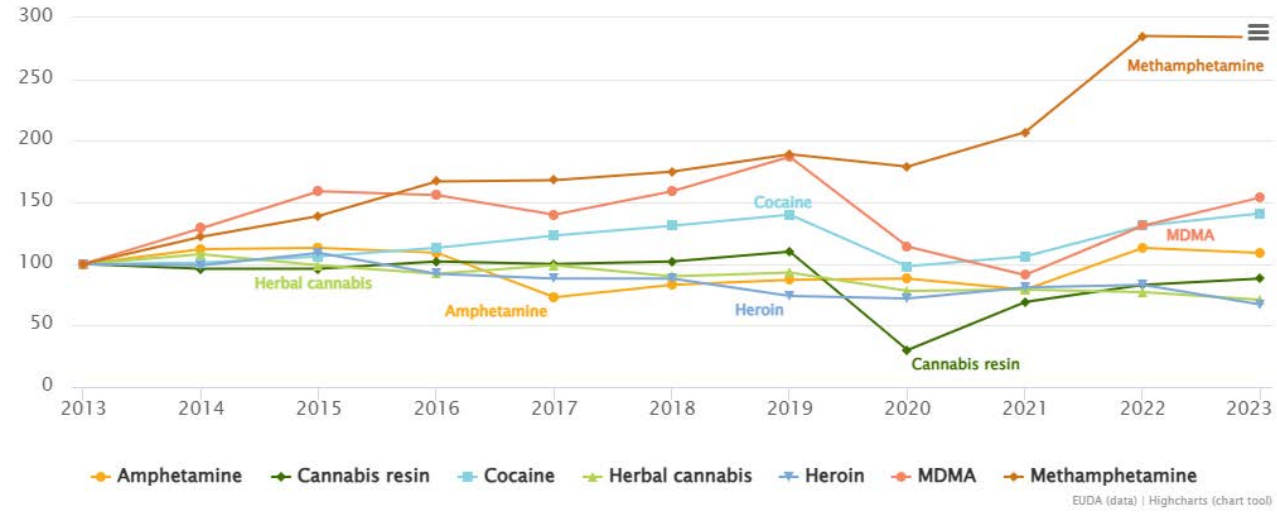
Figure 1.7b. Drug seizures in the European Union – quantity seized in 2023 (tonnes)



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

- In terms of numbers, fewer seizures were made in 2023 than in 2013 of cannabis resin (-12 %), herbal cannabis (-29 %) and heroin (-33 %) (Figure 1.8).
- Increases were observed in the number of seizures between 2013 and 2023 for methamphetamine (+184 %), MDMA (+54 %), cocaine (+41 %) and amphetamine (+9 %).

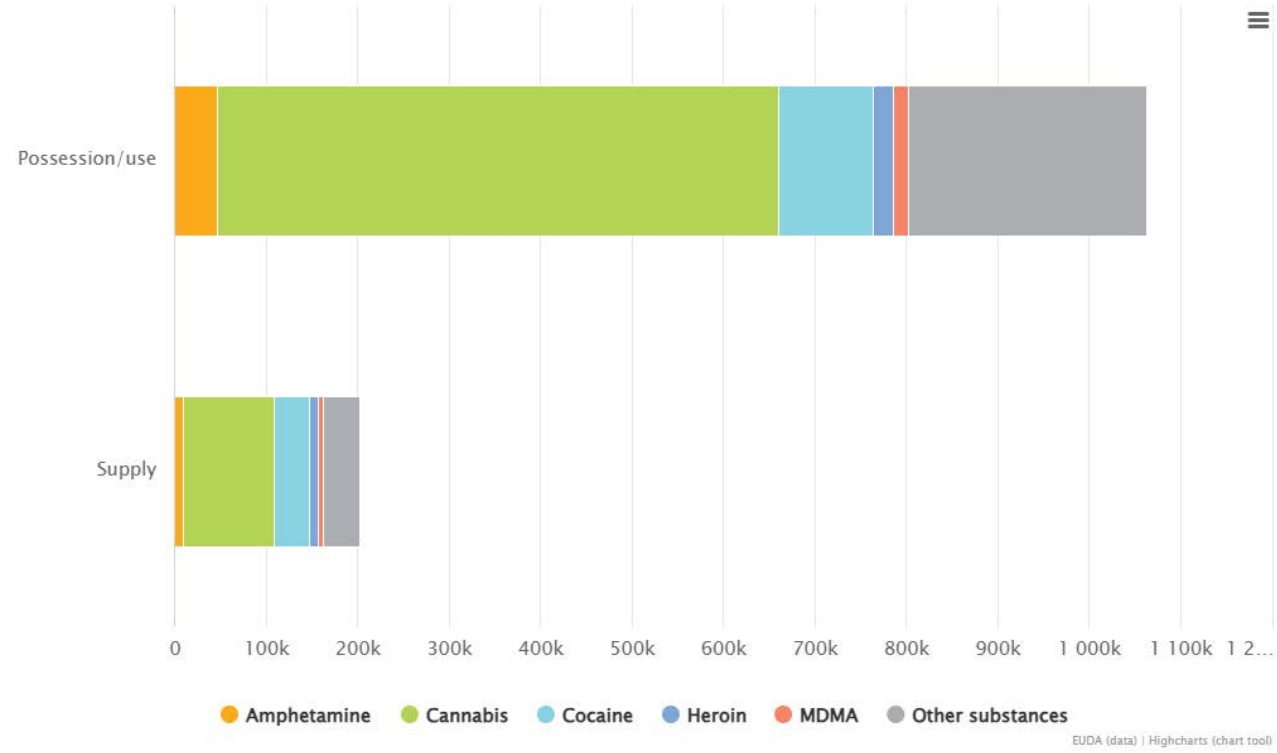
Figure 1.8. Drug seizures in the European Union – number of drug seizures, indexed trends (2013 = 100)



Drug law offences trends

- In 2023, an estimated 1.6 million drug law offences were reported in the European Union, an increase of 30 % since 2013. More than three quarters of these offences (78 % or 1.3 million) relate to use or possession for personal use.
- Of the estimated 1.6 million drug law offences, the drug mentioned in the offence is reported in just under 1.3 million offences, of which almost 1.1 million were for possession or use, 203 000 were for supply-related offences and 14 000 were for other types of offences (Figure 1.9). Definitions of what constitutes a supply-related offence may vary between countries.

Figure 1.9. Drug law offences – number of offences, supply and use/possession, 2023



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

- With approximately 615 000 reported offences in 2023, cannabis accounted for 58 % of the use or possession offences for which the drug is known and around 100 000 of the drug supply offences (49 %). The predominance of cannabis in both supply and possession offences reflects the size of the cannabis consumer market; it may also attest to the policy importance of this drug.
- Both drug possession and drug supply offences remain at higher levels than in 2013 for all drugs apart from heroin-related possession offences (Figure 1.10 and Figure 1.11).

Figure 1.10. Drug law offences – possession/use offences, indexed trends (2013 = 100)

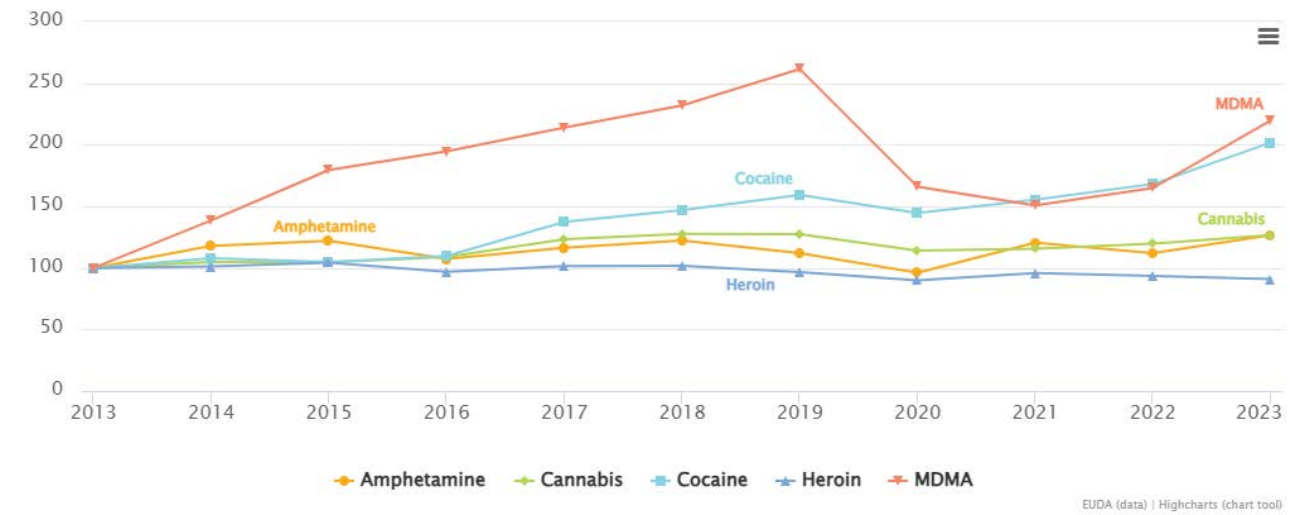
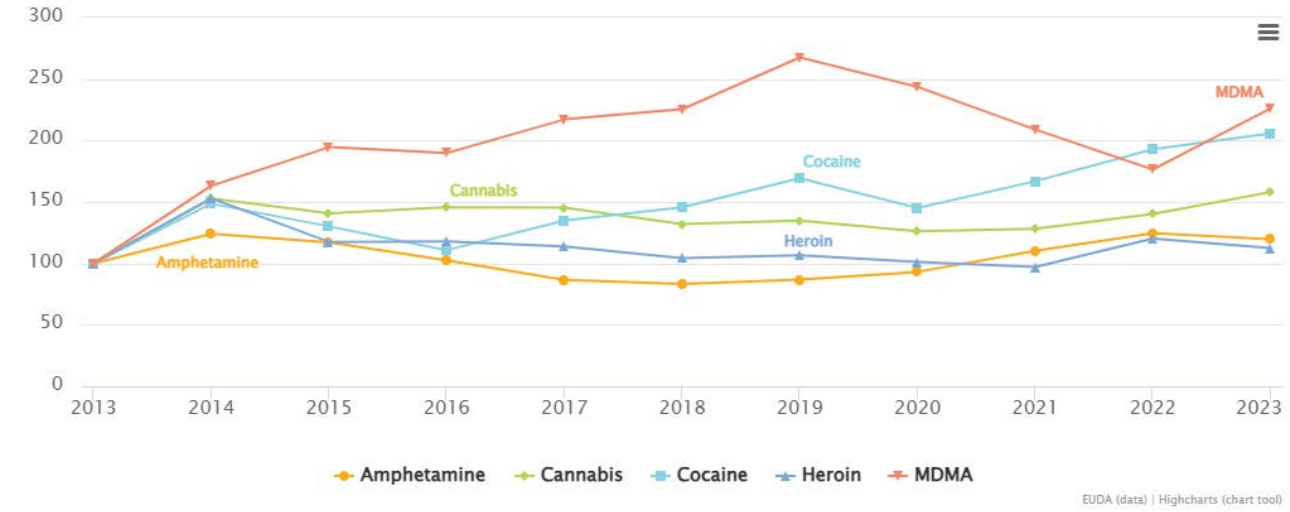


Figure 1.11. Drug law offences – supply offences, indexed trends (2013 = 100)



EU production and precursors data for 2023

- **Cannabis:** EU Member States reported 9800 seizures of cannabis plants, amounting to 2.3 million individual plants and 11 tonnes in 2023 (3.4 million plants and 6.5 tonnes in 2022). In 2023, around 4000 illicit cannabis cultivation sites were dismantled in 11 EU Member States, according to data obtained from open sources and national partners.
- **Heroin:** Fourteen heroin production sites were dismantled in the European Union in 2023 (10 in the Netherlands, 3 in Greece, 1 in France). All locations appeared to operate as cutting and packaging sites for blocks of heroin, likely for sale to both EU and non-EU countries, especially

the United Kingdom. In addition, Czechia reported dismantling two unspecified opioid sites. Only two seizures of the heroin precursor chemical acetic anhydride were reported in the European Union in 2023, both by the Netherlands, amounting to 740 litres (141 litres in 2022, 5730 litres in 2021). Worldwide, seizures of acetic anhydride have been declining substantially since 2019. While the cause of this decrease is unknown, it may indicate a decline in attempts at diverting and trafficking the substance, a shift to other trafficking routes or increased use of alternative production processes or chemicals. Acetyl chloride is one such chemical, 17 kilograms of which was seized in the Netherlands in 2023.

- **Cocaine:** In 2023, at least 34 sites related to cocaine production were dismantled in the European Union (39 in 2022). The increase in the quantity of potassium permanganate seized in 2023 (2082 kilograms) compared with 2022 (173 kilograms) indicates that large-scale processing of cocaine hydrochloride, from imported intermediary products (such as cocaine base and paste), continues to take place in the European Union. For example, 6 of these sites were dismantled in Portugal in 2023 and 2024, leading to the seizure of tens of kilograms of cocaine paste and cocaine hydrochloride, large quantities of chemicals and cutting agents as well as custom-made equipment. In addition, several large seizures have been reported involving unusual substances that contain cocaine (such as cardboard, coal and plastics), requiring chemical extraction to retrieve the drug.

- **Amphetamine:** In 2023, 10 EU Member States reported dismantling 93 amphetamine laboratories (108 in 2022): the Netherlands (38), Germany (21), Poland (19), Belgium (5), Austria (3), Sweden (2), Lithuania (2), Bulgaria (1), Czechia (1), Finland (1).

- **Methamphetamine:** Seven EU Member States reported dismantling 250 methamphetamine laboratories in 2023 (242 in 2022): Czechia (189), the Netherlands (29), Bulgaria (18), Germany (5), Poland (5), Belgium (3), Austria (1). Seizures of the precursors needed to synthesise methamphetamine via the ‘ephedrine method’ (namely ephedrine and pseudoephedrine), amounting to 7847 kilograms (both powders and tablets), were reported by 16 EU Member States in 2023 (352 kilograms by 15 EU Member States in 2022).

- **BMK** can be used as a starting material to produce both amphetamine and methamphetamine. In 2023, 5453 litres of BMK (1329 litres in 2022 and close to 5100 litres in 2021) and 66.2 tonnes of substances (26.6 tonnes in 2022) that can be used to produce BMK were seized in the European Union. These seizures included 66.1 tonnes of glycidic derivatives of BMK (25.6 tonnes in 2022), 43 kilograms of MAPA (379 kilograms in 2022) and 1.2 kilograms of APAA and APAAN (500 kilograms of APAAN in 2022). Two new alternative chemicals that can also be used to make BMK, DEPAPD and DEPAPD enolate, were seized in 2023 (54 litres, compared to 113 litres in 2022). In addition, seizures of tartaric acid, a chemical that allows the retrieval of the most potent form of methamphetamine (*d*-methamphetamine, used for ‘crystal meth’) from mixtures produced by BMK methods, reached 10.9 tonnes in 2023 (2.6 tonnes in 2022) and were reported by Belgium and the Netherlands. This suggests that large-scale production of *d*-methamphetamine continues to take place in Europe.

- **MDMA:** In 2023, two EU Member States reported dismantling 36 MDMA laboratories (48 in 2022). Belgium reported 4 MDMA laboratories in 2023 (27 in 2022), with the Netherlands reporting 32. Seizures of MDMA precursors increased to 64.1 tonnes in 2023 (20.5 tonnes in 2022). Seizures of the MDMA precursor PMK and its glycidic derivatives surpassed 63.1 tonnes in 2023 (19.9 tonnes in 2022). Other alternative chemicals were also reported: a larger quantity of MAMDPA was seized in 2023 compared to 2022 (565 kilograms and 37 kilograms respectively, although 4.5 tonnes was seized in 2021), and IMDPAM was reported seized for the first time in 2023 (450 kilograms). These reports of increased seizures of MDMA precursors, combined with information about MDMA exports outside the European Union, may reflect an increase in the production of the drug for global markets and a general rebound following a decline related to the COVID-19 pandemic.

- **Cathinones:** In 2023, 53 synthetic cathinone production sites (20 of 4-MMC, 7 of 3-CMC, 24 of 4-CMC, 1 of alpha-PVP and 1 of an unspecified cathinone) were reported by 6 EU Member States: 40 in Poland (23 in 2022), 8 in the Netherlands (6 in 2022), 2 in Germany, and single production sites in Belgium, Austria and Sweden. Seizures of synthetic cathinone precursors amounted to 2153 kilograms in 2023 (558 kilograms in 2022), mainly in the Netherlands (1416 kilograms) and Poland (735 kilograms). Additional seizures may have occurred at one of several large-scale cathinone production sites reported in 2023.

- **Synthetic opioids:** At present, the production of synthetic opioids, including new synthetic opioids, appears to be marginal in EU Member States. Nonetheless, there are some concerning signals. In 2024, one large clandestine methadone production facility was identified in Poland (Figure 1.12), which led to the seizure of 195 kilograms of crystal methadone. Eight sites where methadone and synthetic cathinones were produced side by side were discovered in Poland and Ukraine in 2024, some of which may have been destined for the Ukrainian market. At the end of 2024, four seizures of the fentanyl precursor *N*-boc-4-piperidone were reported by two EU Member States (Spain, Netherlands).

- **Ketamine:** In 2023, 6 ketamine laboratories were dismantled in the European Union. They were typically engaging in the crystallisation of bulk ketamine powders.

- **Dumping sites:** In 2023, Belgium (45) and the Netherlands (191) accounted for the 236 dumping sites for drug production waste and equipment reported in the European Union (194 in 2022).

Figure 1.12. Illicit methadone production sites dismantled in Poland, August 2024

Note: Seizure by the Central Bureau of Police Investigation, Poland and Department of Drug Crime of the National Police of Ukraine.

The EUDA and Europol's EU Drug Markets: In-depth analysis provides further detailed information on the production and trafficking of illicit drugs.

Summary of seizures of EU scheduled precursors and non-scheduled chemicals used for selected drugs produced in the European Union, 2022

Precursors associated with MDMA production

Substance	Quantity seized
Glycidic derivatives of PMK (kilograms)	63144
MAMDPA (kilograms)	565
IMDPAM (kilograms)	450
PMK (litres)	571
Safrole (litres)	1

Precursors associated with amphetamine and methamphetamine production

Substance	Quantity seized
AIBN (kilograms)	161
APAA (kilograms)	1
APAAN (kilograms)	0.2
Benzaldehyde (kilograms)	8
Benzylcyanide (kilograms)	3

Substance	Quantity seized
BMK (litres)	5454
DEPAPD (litres)	54
Ephedrine (kilograms)	6152
Formamide (kilograms)	23844
Formic acid (litres)	17628
Glycidic derivatives of BMK (kilograms)	66140
Iodine (kilograms)	82
MAPA (kilograms)	43
Nitroethane (litres)	10
Phenyl-2-nitropropene (kilograms)	34
Pseudoephedrine (kilograms)	1696
Red phosphorus (kilograms)	71
Tartaric acid (kilograms)	10882

Precursors associated with heroin production

Substance	Quantity seized
Acetic anhydride (litres)	740
Acetyl chloride (kilograms)	17

Precursors associated with cathinones production

Substance	Quantity seized
2-Bromo-4-chloropropiophenone (kilograms)	639
2-Bromo-4-methylpropiophenone (kilograms)	1396
4-Methylpropiophenone (kilograms)	34

Precursors associated with cocaine production

Substance	Quantity seized

Calcium chloride (kilograms)	2314
Ethyl acetate (litres)	28015
Methyl ethyl ketone (litres)	5661
Potassium permanganate (kilograms)	2082

The data used to generate infographics and charts on this page may be found below.

The **complete set of source data for the European Drug Report 2024**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

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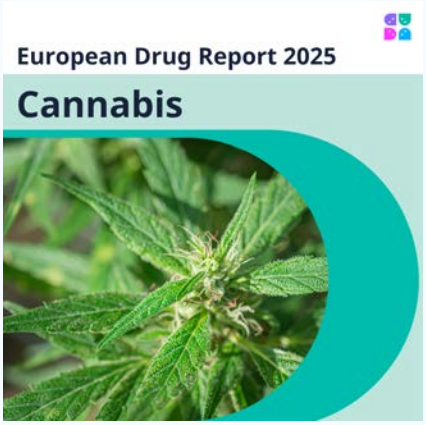
- Table EDR25-Sup-1. Number of reported drug seizures, breakdown by drug, 2023
- Table EDR25-Sup-2. Drug seizures in the European Union — number of drug seizures, indexed trends (2013 = 100)
- Table EDR25-Sup-3. Drug seizures in the European Union — quantity of drugs seized, indexed trends (2013 = 100)
- Table EDR25-Sup-4. Drug seizures in the European Union — number of seizures in 2023
- Table EDR25-Sup-5. Drug seizures in the European Union — quantity seized in 2023 (tonnes)
- Table EDR25-Sup-6. Drug law offences — possession/use offences, indexed trends (2013 = 100)
- Table EDR25-Sup-7. Drug law offences — supply offences, indexed trends (2013 = 100)
- Table EDR25-Sup-8. Drug law offences — number of offences, supply and use/possession, 2023
- Table EDR25-Sup-9. Summary of seizures of EU scheduled precursors and non-scheduled chemicals used for selected drugs produced in the European Union, 2023
- Table EDR25-Sup-10. Quantity of scheduled precursors (EU) and key non-scheduled chemicals seized in the EU (2012-2023), European Drug Precursors Database, 2025
- Table EDR25-Sup-11. Quantities of EU-scheduled precursors and key non-scheduled chemicals seized in the EU in 2023 (kilograms), by their association with drug production
- Table EDR25-Sup-11. Quantities of key precursor chemicals seized in the EU in 2023 (litres), by association with drug production

Cannabis – the current situation in Europe (European Drug Report 2025)

Cannabis remains by far the most commonly consumed illicit drug in Europe. On this page, you can find the latest analysis of the drug situation for cannabis in Europe, including prevalence of use, treatment demand, seizures, price and potency, harms and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.



Last update: 5 June 2025

Understanding the implications of Europe's changing cannabis market a public health priority

Cannabis is the most widely consumed illicit drug in Europe, with national surveys showing that an estimated 8.4 % of European adults (24 million aged 15 to 64) have used cannabis in the last year. The cannabis market accounts for the largest share of the overall illicit drug retail market in the European Union, with an estimated value of at least EUR 12.1 billion. However, both the level of use and trends in use reported in recent national data appear heterogeneous (see Prevalence and patterns of cannabis use, below), while we continue to see significant developments in the cannabis market. Against this backdrop, debate continues about how best to respond to the use of this drug, with some countries modifying their regulatory approach. Overall, there is a pressing need to better understand the potential harms associated with different patterns of cannabis consumption and the implications this raises for policy and practice.

Evolving treatments for cannabis problems require better evidence of effectiveness

Around 1.5 % of adults in the European Union (4.3 million people) are estimated to be daily or almost daily cannabis consumers, and these people are most likely to experience problems associated with use of this drug. Cannabis use can cause or exacerbate a range of physical and mental health problems, including chronic respiratory symptoms, cannabis dependence and psychotic symptoms. In addition, studies have found that regular cannabis use can be associated with poorer educational achievement and an increased risk of involvement with the criminal justice system. Problems are most associated with early onset of use, high-potency products and more regular and long-term patterns of use.

A better understanding is needed of the problems experienced by people who use cannabis, and of appropriate referral pathways and effective treatment options. Cannabis is reported to be responsible for more than one third of all drug treatment admissions in Europe, and this proportion grows to over two fifths when considering those who enter treatment for the first time. People entering treatment for cannabis now tend to be slightly older than before and take longer to access treatment after starting to use the drug. These findings are difficult to interpret, in part because of the wide variety of interventions provided to cannabis users, which may include brief interventions or directive referrals from the criminal justice system. Targeted online interventions for people using cannabis, or more general digital interventions for adolescents experimenting with any illicit drugs, are available in several EU Member States. Although potentially easy to access, these services are often provided outside of established treatment systems, and may be the first port of call for some of those seeking help. Currently, criminal justice and healthcare systems in EU Member States account for about one quarter of cannabis treatment referrals. The largest share of cannabis clients (45 % in 2023) enter treatment on their own initiative.

A recent study of the availability of specific treatments for cannabis problems in European countries observed increasing levels of access to treatment over the last decade. The research found that about half of the EUDA reporting countries now provide these treatments, while coverage of in-person treatments remains limited within countries. Psychosocial treatments, such as cognitive behavioural therapy and motivational interviewing, are commonly offered and are the most well-researched interventions for cannabis problems. Currently, there is no approved pharmacological treatment. e-Health (online) interventions became more widely available during the COVID-19 pandemic. Some of these interventions include automated components, alongside or as a replacement for direct contact with therapists. The evidence on the effectiveness of these approaches remains mixed. However, it suggests that women may benefit more from them, and that programmes with integrated sessions with a trained therapist may have a stronger treatment effect.

Evaluating the risk of harm in this area is complicated by the apparently increasing range of cannabis-based products potentially available to consumers, which can include edibles, high-potency products and various derivatives.

Cannabis trafficking may be becoming more diverse

Seizures of cannabis products overall continued to be at historically high levels in 2023, confirming the high availability of this drug (see Cannabis market data, below). However, the total quantity of cannabis resin seized in the European Union dropped significantly in 2022, largely due to a decrease in seizures reported by Spain, before slightly increasing again in 2023. This may reflect an adaptation in supply routes by those involved in trafficking cannabis resin from North Africa to Europe as a response to measures taken by Spanish law enforcement authorities. In this context, it is also interesting to note that since 2019, the volume of herbal cannabis seized has increased significantly in Spain. In 2023, Spain accounted for 68 % of all resin seized, 30 % of all herbal cannabis seized, and 73 % of the total number of cannabis plants seized in the European Union. These data underline the significant role played by Spain as a transit country for cannabis

trafficking and as a production area. However, it is important to note that large-scale cannabis production also takes place elsewhere in the European Union, for both domestic and international markets. Thousands of cannabis cultivation sites, ranging from small- and medium-scale to industrial, are dismantled by law enforcement authorities in Europe each year. These range from small- and medium-scale sites to more industrial-sized facilities (see Figure 2.1 and Figure 2.2). Illicit cannabis cultivation has high water and energy demands. Regulatory changes for cannabis production in some countries have facilitated research into its environmental impacts, including its carbon footprint, soil erosion and effects on water reserves.

Figure 2.1. Small-scale cannabis cultivation dismantled in Ireland in 2024

N

force, the Garda Síochána.

Figure 2.2. Large cannabis cultivation site dismantled in Spain in 2024

Note: Facility dismantled by the Guardia Civil in October 2024, as part of Operation Califa-Blister-23, in the province of Córdoba.

Europe's large cannabis market generates sizeable profits for organised crime groups involved in the cultivation, trafficking and distribution of the drug, raising various security concerns for Europe's policymakers. This includes the use of violence by production and trafficking networks, as noted in the EUDA-Europol Drug Market: Cannabis – In-depth analysis and Europol's 2025 Serious and Organised Crime Threat Assessment. For example, some EU Member States report unprecedented levels of drug market-related violence, a large share of which has been linked to the cannabis market, in part because of its diversity and profitability. Criminal networks operating in this market are diverse and adaptable, often trafficking multiple types of drugs and associated with violence, corruption and the misuse of legal business structures to achieve their goals. This makes the illicit cannabis trade highly volatile and dynamic, generating internal competition between criminal groups that often leads to violence (see EU Drug Market: Cannabis – Criminal networks).

Although new products and forms of this drug are available, herbal cannabis and cannabis resin remain dominant. While the quantities of cannabis resin seized are greater than those of herbal cannabis, this likely reflects the greater vulnerability of cannabis resin to interdiction measures in cross-border trafficking into the European Union. Herbal cannabis remains more commonly available in most countries. Herbal cannabis may be grown near its intended consumer market, and this may reduce the risk of detection.

The potency of seized cannabis resin continued to increase in 2023, with the average resin sample now containing 23 % THC. This is very high by historical standards, potentially increasing health risks, particularly when associated with early onset of use. In contrast, the average potency of seized herbal cannabis has hovered at around 11 % THC for some years.

Some concerning developments in the detection of cannabis seizures entering Europe may indicate that trafficking routes are continuing to diversify, creating a growing challenge for interdiction efforts. Among these is the trafficking of cannabis products through postal systems and commercial air travel, linked to various countries, including the United States, Canada and, to a lesser extent, Thailand (Figure 2.3).

Figure 2.3. Shipment of 64 kilograms of herbal cannabis trafficked in checked luggage seized in Ireland in 2024

Note: Drugs seized by the national police force (Garda Síochána), Shannon Airport Customs and the Revenue Commissioners, Ireland, from commercial airline passengers travelling from the United States to Ireland, December 2024.

Cannabis policies are addressing a wider range of health concerns

The diversity of cannabis products available in Europe is increasing, both in the illicit drug market and the consumer goods market. Products are appearing that contain low levels of THC, or other substances that may be derived from the cannabis plant, such as CBD, or both. There has been considerable commercial interest in CBD products in food products and food supplements, with the European Commission receiving 194 applications for authorisation of CBD products as novel food since 2018.

On the illicit drug market, the availability of high-potency extracts and edibles is of particular concern and has been linked to acute drug-toxicity presentations in hospital emergency departments. In addition, there are concerns that some products sold on the illicit market as cannabis may be adulterated with potent synthetic cannabinoids. For more information on these synthetic cannabinoids, see New psychoactive substances – the current situation in Europe.

Some semi-synthetic cannabinoids have also appeared recently on the commercial market in parts of Europe. These are substances thought to be produced from cannabidiol extracted from low-THC cannabis (hemp), some of which may not be currently controlled under the international drug conventions. The most commonly encountered semi-synthetic cannabinoid is hexahydrocannabinol (HHC), but more recently hexahydrocannabiphorol (HHC-P) and tetrahydrocannabiphorol (THCP) have become commercially available in some EU Member States. While knowledge of the effects of HHC in humans is limited, concerns have been raised as studies have emerged, including some reports of links to psychosis. Between June 2022 and February 2024, Czechia's Toxicology Information Centre recorded over 170 consultations on HHC. Many of the cases involved young people, including children, who had consumed edibles, such as jelly sweets. Hungary reported an outbreak involving 30 acute non-fatal poisonings associated with jelly sweets containing semi-synthetic cannabinoids, which appeared to be localised and confined to Budapest in June 2024, to the EU Early Warning System. HHC is listed as a controlled drug in at least 22 EU Member States as of February 2025, and in March 2025 the UN Commission on Narcotic Drugs voted to place the drug under the same regulations as delta-9-THC.

The European policy approach to cannabis is also becoming more diverse, as some EU Member States are considering or changing their policy approach to recreational cannabis use by adults, creating various forms of legal access to cannabis resin and herbal products. In December 2021, Malta legislated for limited home growing, possession of small amounts and cannabis use in private, alongside non-profit communal growing clubs. In July 2023, Luxembourg legislated to permit limited home growing and use in private, and in February 2024, Germany legislated to allow limited home growing, possession and use of small amounts, and non-profit cannabis growing clubs. Czechia has also announced plans for a legal framework to permit limited home growing and use. In addition, non-EU Switzerland has started to authorise pilot trials of sales or other distribution systems for specific residents in certain cities.

The Netherlands is also reviewing its approach in this area. The cultivation, sale and possession of cannabis remain criminal offences in the Netherlands. However, the sale of small quantities of cannabis, up to 5 grams, to people over the age of 18 in 'coffeeshops' that meet certain criteria has been tolerated for decades, with one of the policy objectives stated as separating cannabis consumers from the market for other substances. A concern with this approach is that cannabis is still necessarily supplied from the illicit market, and criminal groups therefore benefit from this trade. To address this issue, the Netherlands is experimenting with a model for a closed cannabis supply chain in 10 municipalities, with cannabis produced in regulated premises being made available for sale in cannabis coffeeshops.

The recent legal availability and use of cannabis in some EU Member States has raised concerns about road safety. Some of the countries that now permit cannabis use have chosen to maintain

the existing levels of detection and punishment. Germany, however, set up an interdisciplinary working group to establish a statutory THC limit in road traffic for cases of episodic (non-medical) use, in line with the principle of proportionality and current scientific information. As a result, the German Road Traffic Act now establishes a maximum THC limit of 3.5 micrograms per litre in blood serum, with an impairment risk comparable to 0.2 grams per litre blood alcohol content, as the limit at which a road-safety critical impact on the driver is not unlikely.

More detailed information about national legislative approaches to cannabis can be found in the EMCDDA's 2023 Cannabis laws in Europe: questions and answers for policymaking.

Key data and trends

Prevalence and patterns of cannabis use

- Based on the most recent surveys (Figure 2.4), last year cannabis use among the EU population aged 15 to 34 is estimated at 15.4 % (15.5 million), with males being typically twice as likely to report use as females. Among 15- to 24-year-olds, an estimated 18.6 % (8.8 million) used cannabis in the last year, and 10.1 % (4.8 million) used the drug in the last month. It is estimated that around 1.5 % (4.3 million) of adults (aged 15 to 64) are daily or almost daily cannabis users (that is, using the drug on 20 days or more in the last month). Among 15- to 34-year-olds, an estimated 2.2 % (2.2 million) are daily or almost daily cannabis users. Around three quarters of adult users (aged 15 to 64) are male and the majority (52 %) are under 35.
- Trends in cannabis use at the national level appear mixed. Of the countries that have produced surveys since 2022 and reported confidence intervals, 3 reported higher estimates, 11 were stable and 1 reported a decrease compared with the previous comparable survey.
- The 2024 ESPAD school survey showed that 15- to 16-year-old school students in the European Union perceived cannabis to be the easiest illicit substance to acquire, with around one third of the ESPAD students (30 %) rating the drug as easily obtainable. Cannabis was the most widely used illicit drug in all EU Member States taking part in the survey. On average, 13 % of students had used cannabis at least once in their lifetime. The gender gap decreased compared with the previous survey, carried out in 2019, with 14 % of boys and 12 % of girls, on average, reporting lifetime cannabis use in 2024. Among ESPAD students in EU Member States, 2.6 % reported having used cannabis for the first time at age 13 or younger.
- Trends in cannabis use among 15- to 16-year-old students indicate an overall decrease in both lifetime and last-30-day use between 2003 and 2024, from 21 % to 13 % and from 9.7 % to 5.7 %, respectively. However, for both measures, prevalence rates were highest in 2019, and most of the decline has occurred since then.

Figure 2.4. Prevalence of cannabis use in Europe

This data explorer enables you to view our data on the prevalence of cannabis use by recall period and age range. You can access data by country by clicking on the map or selecting a country from the dropdown menu.

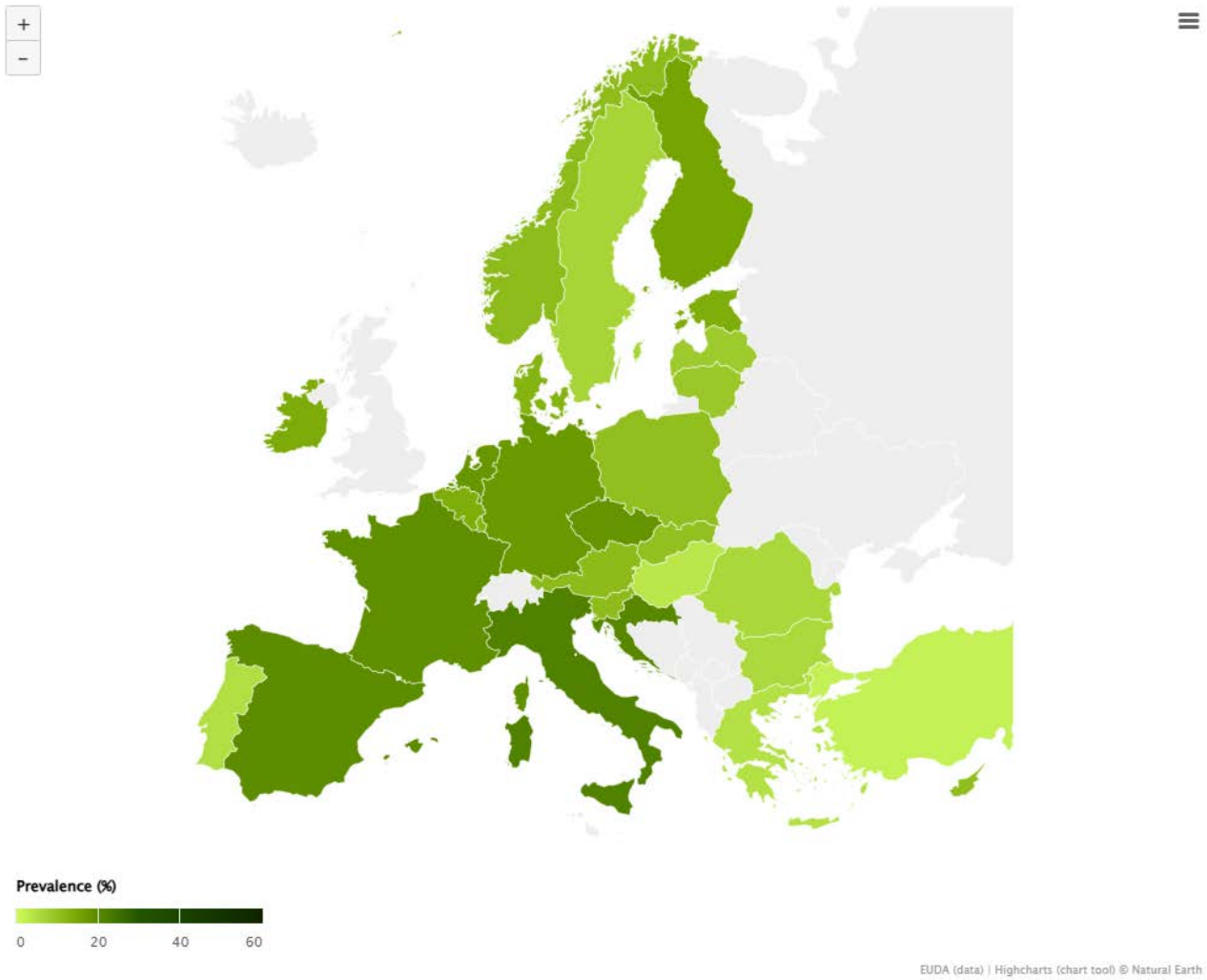
Recall period

Last month | **Last year** | Lifetime

Age

Young adults (15-34) | All adults (15-64)

Country

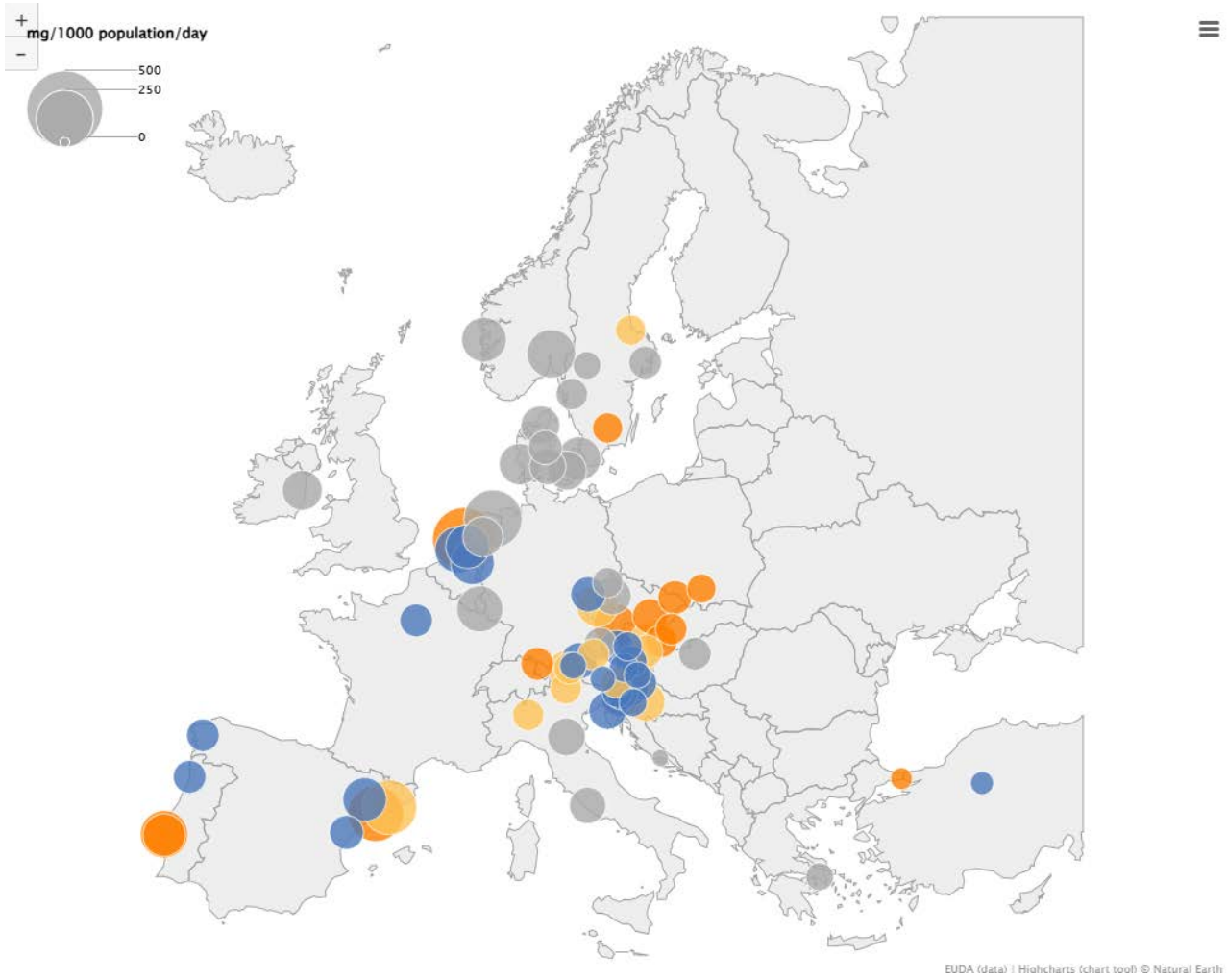


Notes

Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2025: Prevalence of drug use.
Graphics showing the most recent country-level data are based on studies carried out between 2013 and 2023.
Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia and Norway; 18-65 for Malta; 17-34 for Sweden.

- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs aged 18 or older, among participants living in 24 EU Member States or Norway, cannabis was the most commonly used drug (59 %) over the previous 12 months. On the other hand, cannabis had the lowest proportion of polysubstance consumption pattern: a third of users reported using only cannabis in their last episode of consumption. In addition, over 90 % of users indicated that home was the typical setting for their use of the drug, and around 80 % reported using it in a joint, both in herbal and resin forms.
- The THC-COOH loads observed in wastewater indicate that cannabis use was highest in cites in the west and south of Europe, in particular in Spain, the Netherlands, Portugal and Norway. In 2024, of the 51 cities with data available from 2023, 13 reported an annual increase in the cannabis metabolite THC-COOH in wastewater samples, while 25 reported a decrease (Figure 2.5).

Figure 2.5. Cannabis residues in wastewater in selected European cities: changes between 2023 and 2024



= increase = stable = decrease, with respect to previous year = no previous data

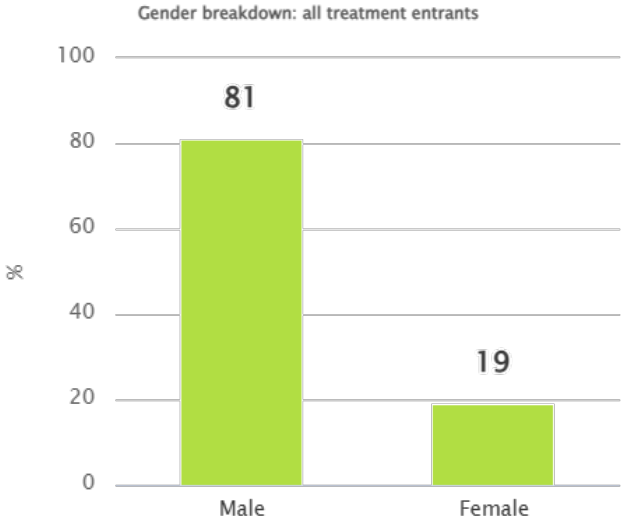
Mean daily amounts of THC-COOH in milligrams per 1000 population. In most cities, sampling was carried out over a week between March and May 2024.
Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study.

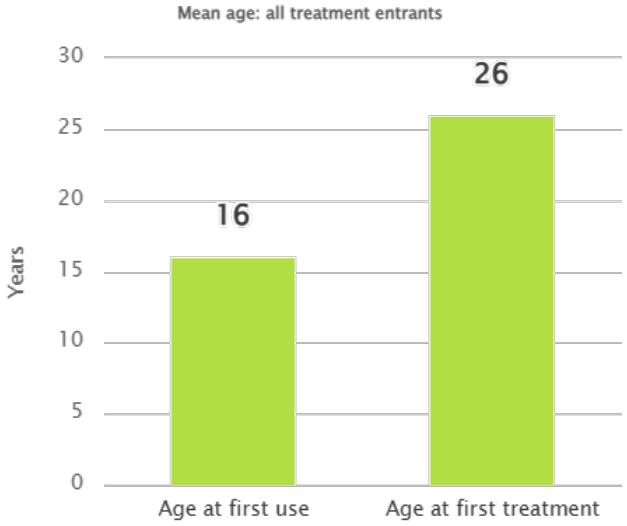
Treatment entry for cannabis use

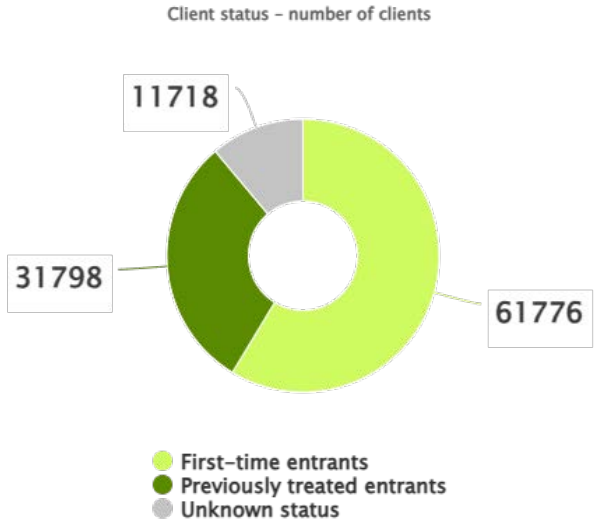
- In the European Union, Norway and Türkiye, an estimated 106 000 clients entered specialist drug treatment for problems related to cannabis use (34 % of all treatment demands) in 2023, with about 62 000 entering for the first time. Cannabis was the main problem drug most frequently cited by new treatment clients, accounting for 42 % of all first-time treatment entrants (Figure 2.6).

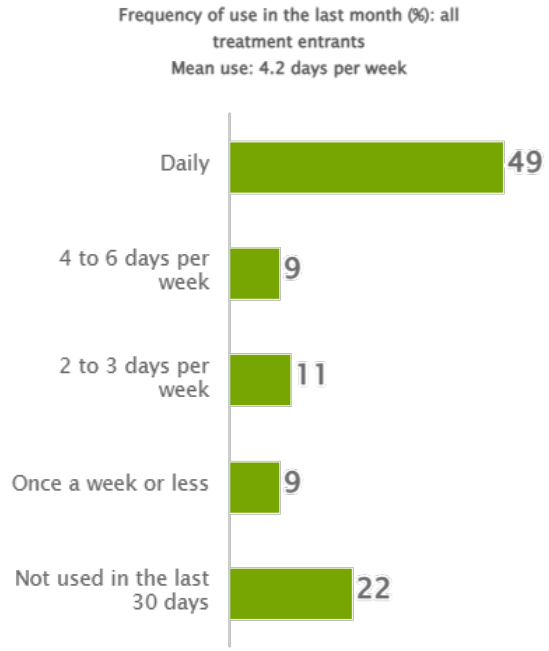
- The majority of those entering treatment for the first time for cannabis are men (81 % in 2023), but the proportion of women has increased in the past 5 years, from 16 % in 2018 to 19 % in 2023.
- On average, men enter treatment for the first time at 28 years of age, 12 years after starting cannabis use, while women enter treatment at 26 years of age, 10 years after first using the drug. Between 2018 and 2023, the time lag between initiation of cannabis use and the first treatment episode has increased – by 4 years for men and by 2 years for women, while the age of first use remained the same (16 years of age, on average) for both genders.

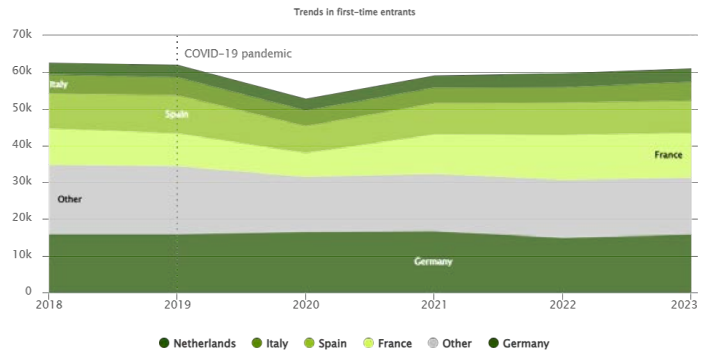
Figure 2.6. Users entering treatment for cannabis in Europe











Apart from the trends, data are for all treatment entrants with cannabis as the primary drug – 2023 or the most recent year available.

Trends in first-time entrants are based on 25 countries. Only countries with data for at least 5 of the 6 years are included in the trends analysis. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019).

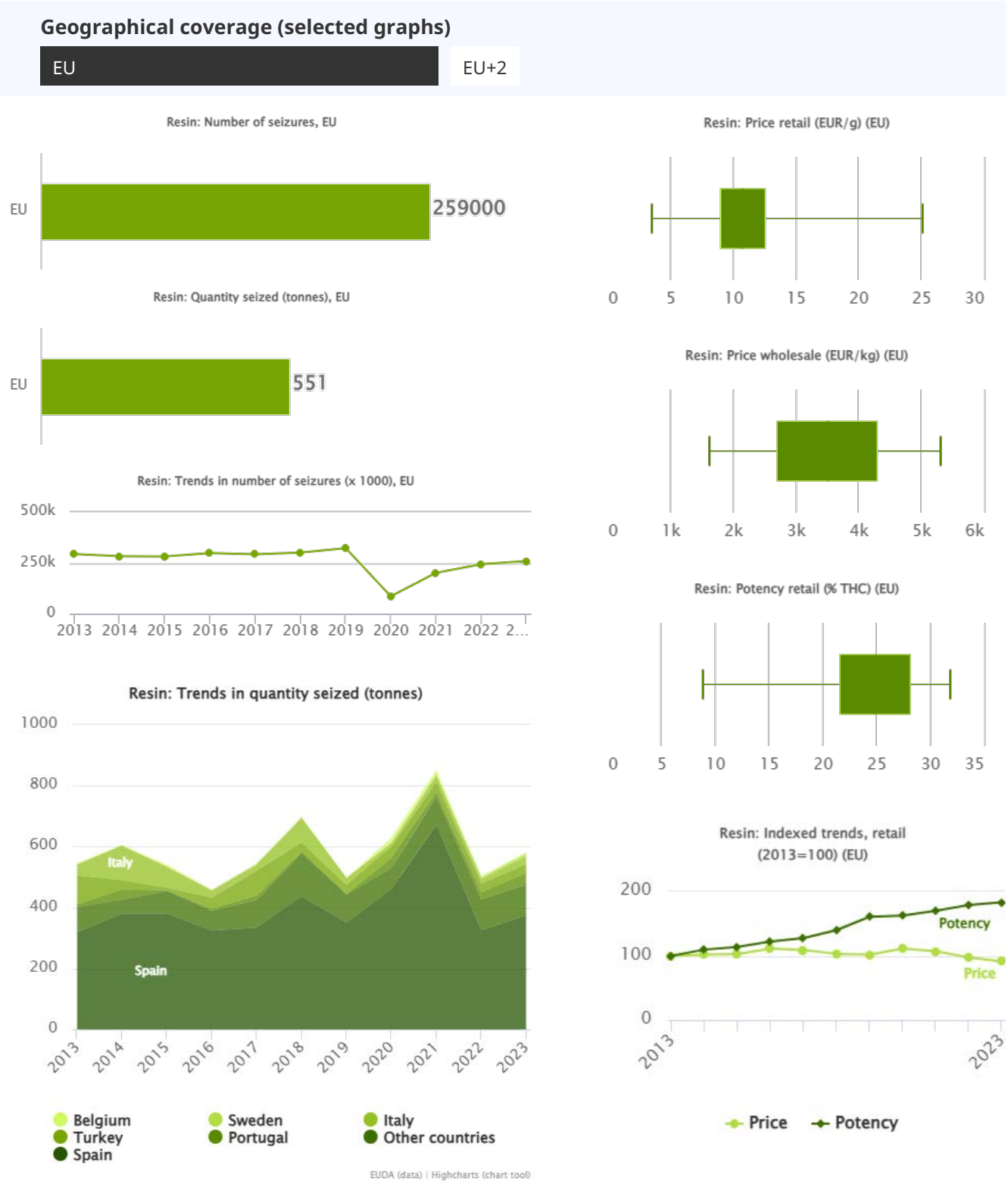
Hospital presentations

- Where national data are available, cannabis is involved in a large proportion of drug-related emergency presentations to hospital services in some EU Member States. In Spain, cannabis was involved in 46 % of the cases (2862 out of 6627) reported in a regular study conducted over one week each month in 2022 in 16 of the 19 autonomous communities. In Germany, cannabis was involved in 9 % of the cases (over 1600 out of 17 900) of acute intoxication and poisoning due to illicit drugs presenting to hospitals in 2022.
- Cannabis was reported by 20 out of the 22 Euro-DEN Plus hospital emergency departments in EU Member States and Norway in 2023. After cocaine, cannabis was the second most frequently reported substance by the Euro-DEN Plus hospital network in 2023. The median proportion of presentations involving cannabis was 21 % across the reporting hospitals. There is no information reported on the type of cannabis used, or on the route of administration. Usually, cannabis was reported in the presence of other substances, reflecting the fact that many of those presenting with drug toxicity were engaged in polysubstance use.
- The number of cannabis-related presentations to emergency departments increased in 12 of the 20 Euro-DEN hospitals reporting cannabis-related cases. The numbers decreased in 5 hospitals, were stable in 2 and could not be compared with previous data in 1 hospital, which started reporting in 2023.

Cannabis market data

- In 2023, EU Member States reported 259 000 seizures of cannabis resin amounting to 551 tonnes (468 tonnes in 2022) and 219 000 seizures of herbal cannabis amounting to 201 tonnes (265 tonnes in 2022) (see Figure 2.7). After a 43 % decrease in 2022, the overall quantity of cannabis resin seized in the European Union increased slightly in 2023, but remained well below the 817 tonnes seized in 2021. As in previous years, Spain was the country that reported seizing the largest quantity of cannabis resin in Europe by a wide margin (375 tonnes). In addition, in 2023, Türkiye reported 12 800 seizures of cannabis resin, amounting to almost 28 tonnes, and 68 777 seizures of herbal cannabis, amounting to 71.5 tonnes.
- Approximately 615 000 cannabis use or possession offences were reported in the European Union in 2023 (609 000 in 2022), alongside 100 000 supply offences (98 000 in 2022).
- In 2023, the average THC content of cannabis resin in the European Union was 23 %, more than twice that of herbal cannabis, at 11 %. Indexed trends show that the average THC content of resin almost doubled between 2013 and 2023, whereas that of herbal cannabis remained generally stable. It should be noted that the THC content of retail level samples of both cannabis resin and herb can vary considerably.

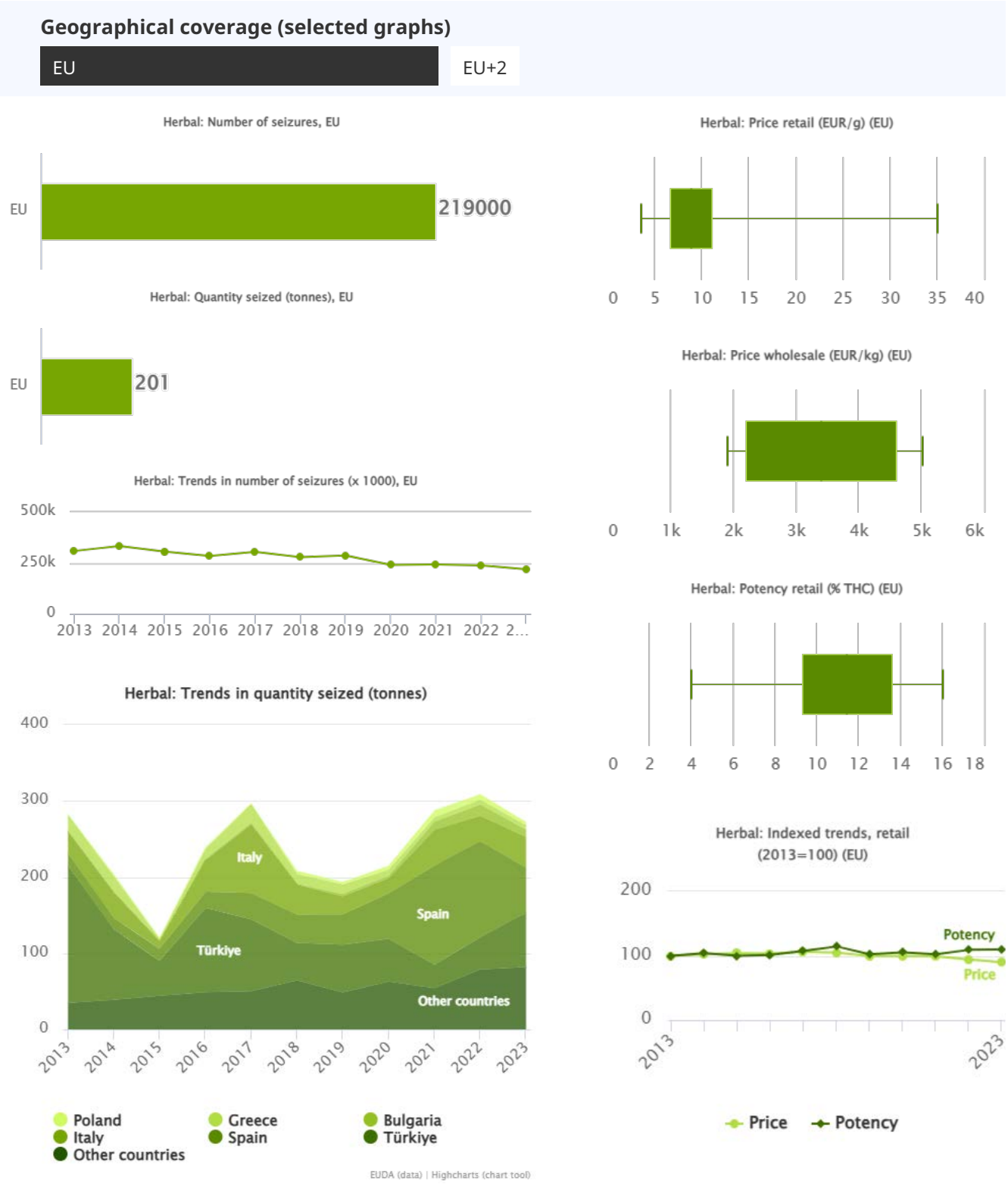
Figure 2.7a. Cannabis resin market in Europe



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

Price and potency: mean national values – minimum, maximum and interquartile range. Countries vary by indicator.

Figure 2.7b. Herbal cannabis market in Europe



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

Price and potency: mean national values – minimum, maximum and interquartile range. Countries vary by indicator.

- Additional detailed information on cannabis can be found in the joint EUDA-Europe EU Drug Market: Cannabis – In-depth analysis and the EUDA's Cannabis: health and social responses.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Prevalence of drug use data tables including general population surveys and wastewater analysis (all substances)

Download all files (zip)

- Table EDR25-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2023 or most recent year)
- Table EDR25-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR25-WW-1 Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2024, in

Other data tables including tables specific to cannabis

Download all files (zip)

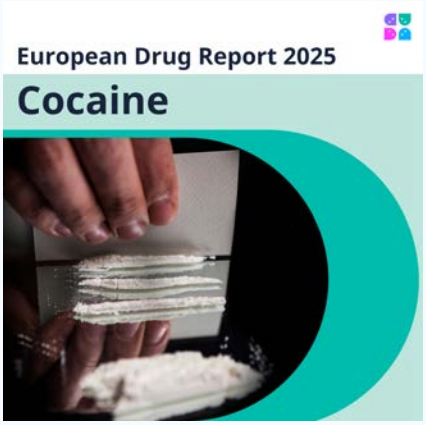
- Table EDR25-TDI-1. Treatment demand indicator (TDI) source data, client characteristics, European Drug Report, 2025. Percentages except where otherwise stated
- Table EDR25-Cannabis-3. Trends in first-time entrants, cannabis, selected countries
- Table EDR25-Cannabis-4. Cannabis markets seizures source data
- Table EDR25-Cannabis-5. Trends in the number of cannabis seizures and quantity of illicit drugs seized (x 1000)
- Table EDR25-Cannabis-6. Trends in the quantities of cannabis seizures and quantity of illicit drugs seized (tonnes)
- Table EDR25-Cannabis-7. Price, potency data for cannabis
- Table EDR25-Cannabis-8. Price and purity/potency indexed trends

Cocaine – the current situation in Europe (European Drug Report 2025)

Cocaine is, after cannabis, the second most commonly used illicit drug in Europe, although prevalence levels and patterns of use differ considerably between countries. On this page, you can find the latest analysis of the drug situation for cocaine in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.

Last update: *5 June 2025*



Unprecedented cocaine availability driving health and social harms

Cocaine is, after cannabis, the second most commonly used illicit drug in Europe. Although prevalence levels and patterns of use differ considerably between countries (see Prevalence and patterns of cocaine use), the availability of this drug continues to increase. Equally, concern has been growing that the health and social costs associated with this drug are rising significantly.

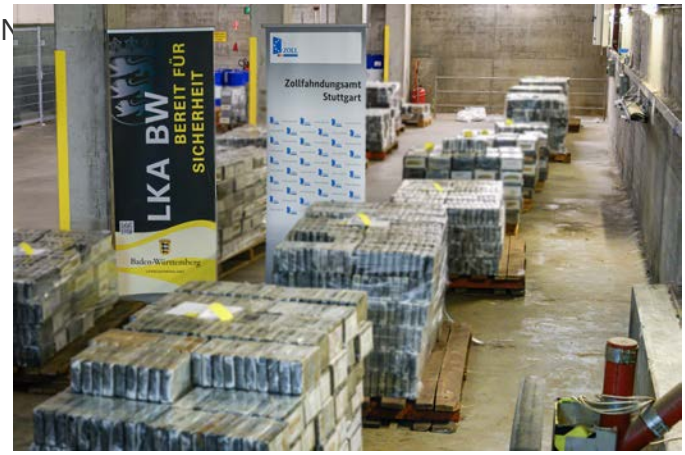
Cocaine is usually available in two forms in Europe. The most common is cocaine powder (the salt form) and less commonly available is crack cocaine (a smokable freebase form). Cocaine is produced from the coca plant, grown in South America. It enters Europe through various routes, but bulk cocaine trafficking through Europe's seaports in intermodal commercial shipping containers fuels the high availability of the drug. In countries with large container ports exploited by cocaine traffickers, high levels of drug-related crime, including the corruption of staff along supply chains, intimidation and violence, have been documented. Competition within the cocaine market, both at the wholesale and retail levels, is an important driver of drug-related crime, including gang-related violence and homicides in some countries. At the same time, cocaine use, and crack cocaine use in particular, appears to be becoming more common, especially among some marginalised communities. Overall, the growing availability and use of cocaine in Europe is resulting in greater costs to society, both through its impact on public health and the crime and violence associated with the cocaine market.

Trafficking networks use multiple methods to increase Europe's cocaine supply

In 2023, for the seventh year in a row, EU Member States reported a record amount of cocaine seized, amounting to 419 tonnes. Belgium, Spain and the Netherlands remain the countries

reporting the highest volumes of seizures, reflecting their importance as entry points for cocaine trafficked to Europe. An increase in the number of seizures of smaller loads has been observed, likely reflecting a change in trafficking tactics. In 2024, Spain reported its largest ever seizure of cocaine (13 tonnes) in a single shipment, concealed in bananas originating from the port of Guayaquil, Ecuador. In recent years, some other countries also appear to have increased in importance as entry points for cocaine to Europe. These include Portugal, which has seized increasing quantities since 2021, reporting almost 22 tonnes of cocaine in 2023. Germany seized 43 tonnes of cocaine in 2023 as large consignments totalling 25 tonnes were seized in the Port of Hamburg that year, double the quantity reported in 2022 (Figure 3.1).

Figure 3.1. Seizures of cocaine, amounting to 25 tonnes, made in the Port of Hamburg, April to September 2023



Criminal Police.

The trafficking of illicit drugs is highly dynamic and quick to adapt to geopolitical developments, regional conflicts and changes in commercial trade routes. In this context, developments in Colombia, Brazil and Ecuador are all thought to have contributed to the increase observed in cocaine trafficked to the European Union by organised crime groups (see the European Drug Market Report: Cocaine for an in-depth analysis). Cocaine cultivation and production increased in Colombia in 2023, driven by various security and economic issues. In addition to the use of commercial containers, a range of other methods are used, often in combination, to evade detection (see Figure 3.2). For example, in September 2023, Ireland seized 2.25 tonnes of cocaine from a cargo ship off its southern coast.

Figure 3.2. Examples of drug trafficking methods previously reported by law enforcement in Europe

As interdiction measures have been scaled up at major known entry points for the drug, cocaine traffickers are also targeting smaller ports in other EU Member States and neighbouring countries, which may be more vulnerable to drug trafficking activities. For example, in one of Sweden's largest ever drug seizures, about 1.4 tonnes of cocaine was confiscated in the small port of Nynäshamn, south of Stockholm, in April 2024.

It is well-established that the illicit processing of cocaine products takes place in several EU Member States, with multiple cocaine laboratories reported to have been dismantled each year. Cocaine processing in Europe often involves the secondary extraction of cocaine that has been incorporated into other materials (e.g. chemically concealed in plastics), creating challenges for its detection in commercial shipments. Cocaine base and paste are trafficked in large quantities to Europe for processing into cocaine hydrochloride. Some relatively large-scale facilities involved in cocaine processing are detected each year. For example, 6 cocaine-processing laboratories were dismantled in Portugal between 2023 and 2024, leading to the seizure of cocaine paste and cocaine hydrochloride.

Cocaine's public health impact more evident

For a number of practical and methodological reasons, cocaine-related health problems can be challenging to monitor, but there are increasing signals that the high availability of this drug is having a growing negative impact on public health in Europe. Cocaine is the second most frequently reported illicit drug by first-time entrants to specialist drug treatment, and it is now the most frequently reported substance in acute drug-toxicity presentations to sentinel hospital emergency departments. European drug checking services, although not nationally representative, reported that cocaine was the second most common substance they screened in the first half of 2024. The available 2023 data suggest that cocaine was involved in about a quarter of drug overdose deaths. As cocaine use can aggravate underlying cardiovascular problems, its overall contribution to mortality in Europe is likely to be underestimated.

Cocaine residues in municipal wastewater also increased in over half of the cities with data for 2024 and 2023. Alongside other information, this suggests that as cocaine has become increasingly available, so too has its geographical and social distribution. Of particular concern is the use of cocaine among more marginalised groups in some countries. Both the smoking and injection of cocaine are associated with greater health problems, and it is therefore worrying that cocaine injection and the use of crack cocaine are reported in a growing number of countries. Stimulants such as cocaine are associated with a higher frequency of injection and have been involved in localised HIV outbreaks among people who inject drugs in 7 European cities over the last decade (see Injecting drug use in Europe – the current situation).

The use of cocaine is associated with a number of adverse health consequences, which can include agitation, psychosis, tachycardia, hypertension, arrhythmia, chest pain and stroke. Most of the chronic harms related to the use of cocaine are associated with intensive, high-dose or long-term consumption which, in addition to dependence, can increase the risk of coronary artery disease, cardiomyopathy and stroke. Cocaine and synthetic stimulants may also induce or precipitate psychotic states, such as stimulant-induced psychosis. The management of psychiatric comorbidity among people with drug use problems remains challenging, as integrated treatment and mental health service responses are often lacking. Regular and problematic cocaine use is also associated with increased risk of mortality from suicide, accidental injury, homicide and AIDS. The combined use of cocaine and alcohol is common, and the presence of the two substances in the body is associated with greater health risks.

Treating people with problems associated with their cocaine use is challenging, whether they are more socially integrated and involved in casual or episodic use of powder cocaine, or more marginalised groups injecting the drug or smoking crack cocaine. Most of the chronic harms related to the use of stimulants such as cocaine are associated with intensive, high-dose or long-term consumption. Acute problems can also affect people who use stimulants experimentally, but they are likely to be less common when the stimulant use is infrequent and low-dose.

Although our understanding of what constitutes effective treatment for stimulant problems is growing, it remains relatively limited. The current evidence available is indicative of the use of psychosocial interventions, including cognitive behavioural therapy and contingency management.

Currently, there is insufficient evidence to strongly support any pharmacological treatment, although some potentially useful new pharmacotherapies are in development. Treating cocaine problems among more marginalised groups can be particularly challenging, as clients may also be experiencing problems with a range of other drugs, including opioids or alcohol, potentially compounded by socio-economic deprivation, including unstable accommodation. For injecting cocaine and smoking crack, existing harm reduction responses, to a large extent, those originally developed for opioid problems, are likely to be appropriate to reduce route-specific harms. However, further work is needed to develop more comprehensive interventions, and greater investment is needed to ensure services are appropriate to the growing needs observed in this area in some countries.

Key data and trends

Prevalence and patterns of cocaine use

- In the European Union, surveys indicate that almost 2.7 million 15- to 34-year-olds (2.7 % of this age group) used cocaine in the last year (see Figure 3.3). Of the 15 European countries that have conducted surveys since 2022 and provided confidence intervals, 6 reported higher estimates than their previous comparable survey and 8 reported a stable trend.

Figure 3.3. Prevalence of cocaine use in Europe

This data explorer enables you to view our data on the prevalence of cocaine use by recall period and age range. You can access data by country by clicking on the map or selecting a country from the dropdown menu.

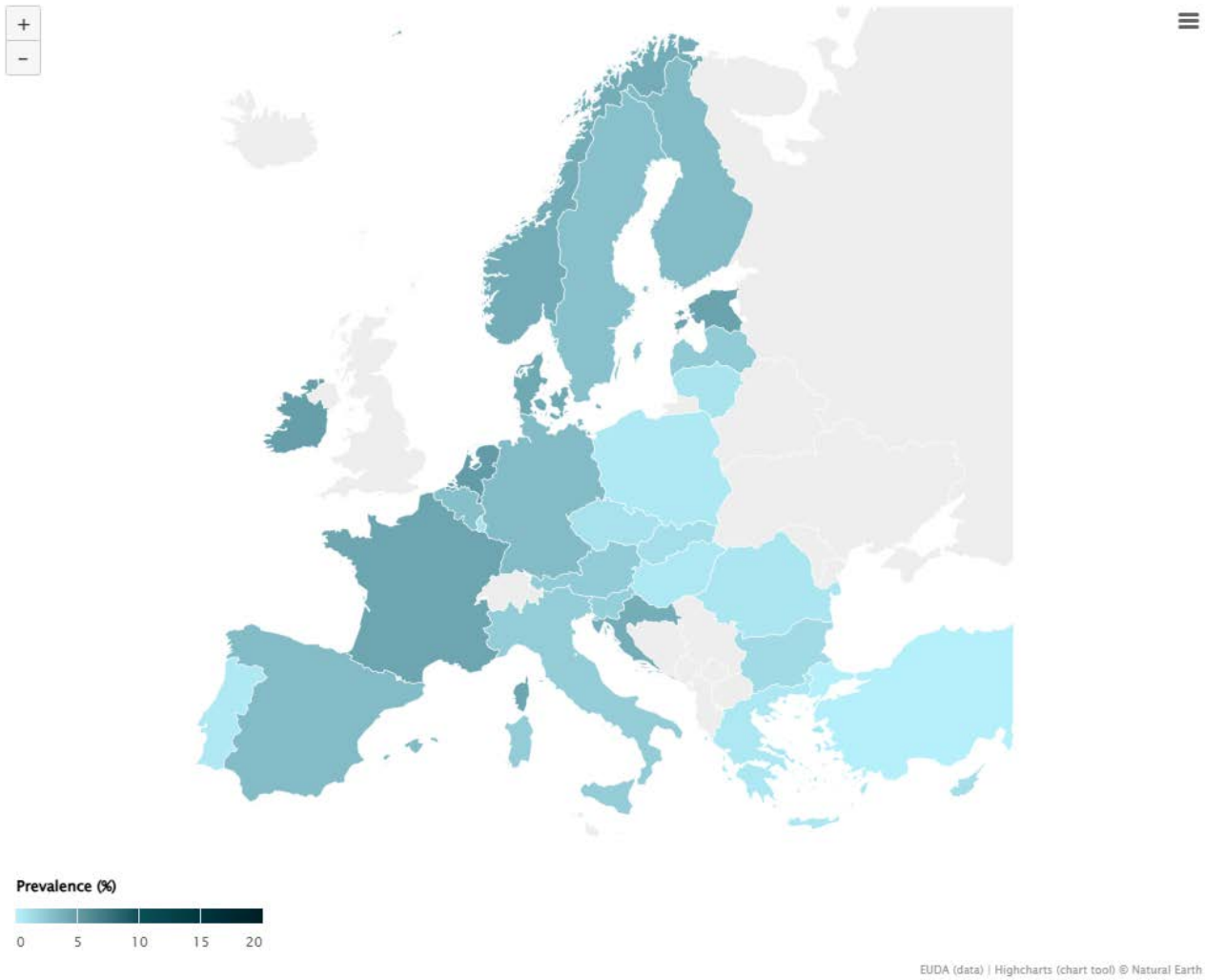
Recall period

Last month | Last year | Lifetime

Age

Young adults (15-34) | All adults (15-64)

Country



Notes

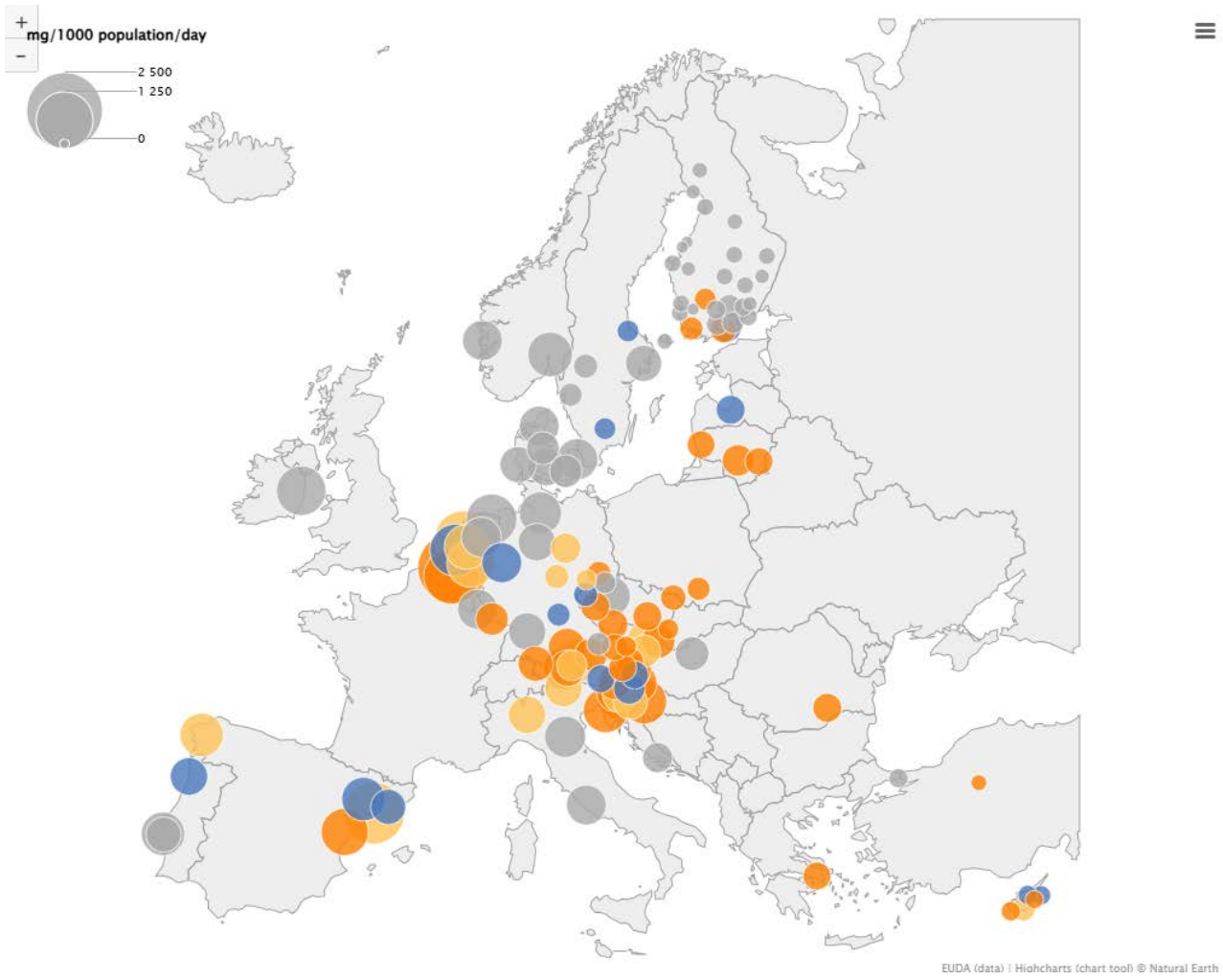
Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2025: Prevalence of drug use.

Graphics showing the most recent data for a country are based on studies carried out between 2013 and 2023.

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia and Norway; 18-65 for Malta; 17-34 for Sweden.

- In the 2024 ESPAD school survey, cocaine was rated as easily obtainable by around 13 % of the 15- to 16-year-old ESPAD students in the European Union. On average, 2 % of the students reported having used cocaine at least once in their lifetime, with less than 1 % reporting having used cocaine for the first time at age 13 or younger.
- Cocaine residues in municipal wastewater increased in 39 out of 72 cities with data for both 2024 and 2023, while 17 cities reported no change and 16 cities reported a decrease (see Figure 3.4).

Figure 3.4. Cocaine residues in wastewater in selected European cities: changes between 2023 and 2024



= increase = stable = decrease, with respect to previous year = no previous data

Mean daily amounts of benzoylecgonine in milligrams per 1000 population. Sampling was carried out over a week between March and May 2024.
Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study.

- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 29 % of respondents living in the European Union or Norway reported having used cocaine powder, crack cocaine or both in the last 12 months. Polysubstance use was the norm among those using cocaine powder, with only 4 % indicating having used it with no other substance, including tobacco and alcohol, in the last episode of use. This was the highest reported rate of polysubstance use among all drugs. Participants reported consuming cocaine powder mostly at a club or bar (68 %), at a music festival or party (62 %), or at home (64 %). Regarding the use of crack cocaine, home was the most reported setting (86 %).
- Analysis of 3276 used syringes by the ESCAPE network of 19 cities in 13 EU Member States and Norway in 2023 found cocaine in more than 50 % of syringes in 6 out of 19 cities (Dublin, 90 %; Barcelona, 89 %; Thessaloniki, 73 %; Riga, 64 %; Cologne, 62 %; Madrid, 56 %).

Treatment entry for cocaine use

- Cocaine was the second most common problem drug among people entering specialist drug treatment for the first time in 2023, cited by an estimated 35 000 clients or 24 % of all first-time entrants (see Figure 3.5).
- The number of clients entering treatment for cocaine-related problems for the first time increased by 31 % between 2018 and 2023.
- The latest European data reveal a time lag of 13 years between first cocaine use, on average at the age of 22, and first treatment for cocaine-related problems, on average at the age of 35. For people using cocaine powder, the lag is 14 years (Figure 3.5).
- Over 80 % of those entering treatment for the first time who cited cocaine as their main problem drug report powder cocaine as the main form of the drug they used. In 2023, the majority (84 %) of clients were men, a quarter reported daily cocaine use in the last month and four fifths mainly sniffed the drug.
- Based on data from 24 countries that report historical data, injecting was reported as the main route of administration by less than 1.5 % of first-time cocaine clients in 2023.

Crack cocaine

- Just 5 EU Member States accounted for 80 % of the estimated 9900 crack-related treatment entries in 2023 (8100 in 2022), of which 3700 were first-time entrants (Figure 3.5). A caveat here is that the term ‘crack’ may not be used consistently by all countries.
- The number of first-time treatment entrants with crack cocaine as primary drug increased by 35 %, from 2700 clients in 2018 to 3700 clients in 2023.
- Over a fifth of those who enter treatment for crack cocaine are women (22 % in 2023), 95 % report smoking as the main route of administration, and 42 % have used the drug daily in the

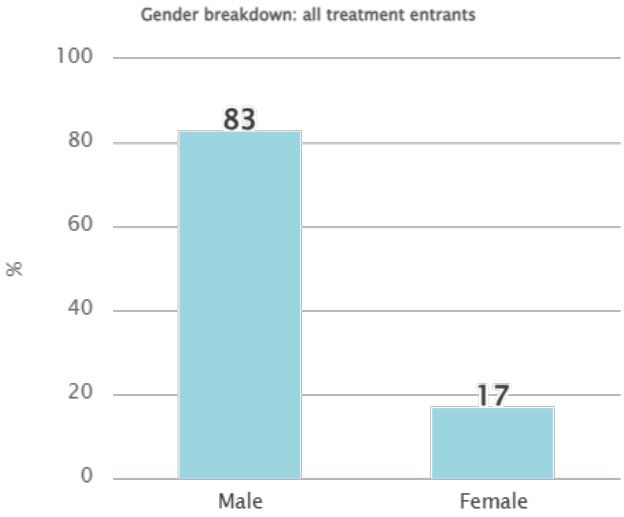
last month before entering the treatment.

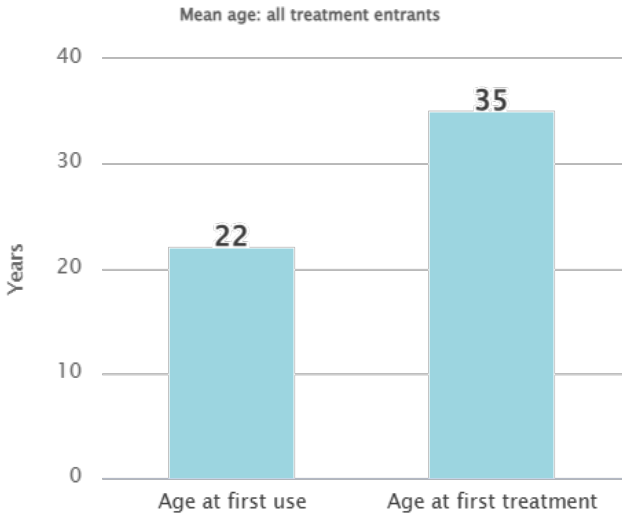
- In 2023, drug consumption rooms in 10 cities in 8 EU Member States reported crack cocaine use by clients, either alone or with heroin. More than three quarters (79 %) of consumption episodes related to crack cocaine involved smoking. Crack cocaine alone was injected in 21 % of consumption episodes and in combination with heroin in 47 % of episodes. Drug consumption rooms may differ as to whether they permit illicit drugs to be injected, smoked, or both.

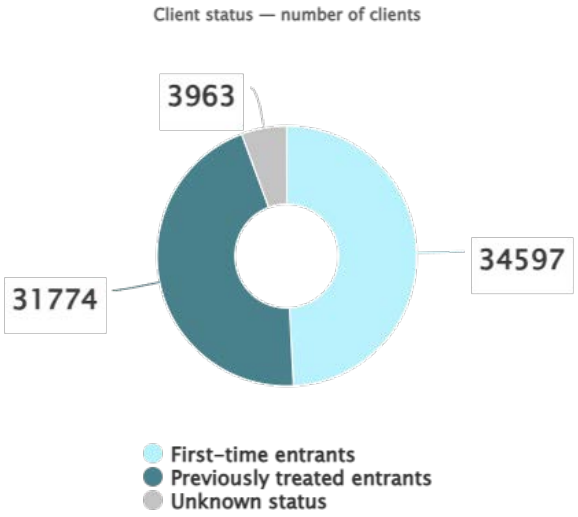
Figure 3.5. Cocaine users entering treatment

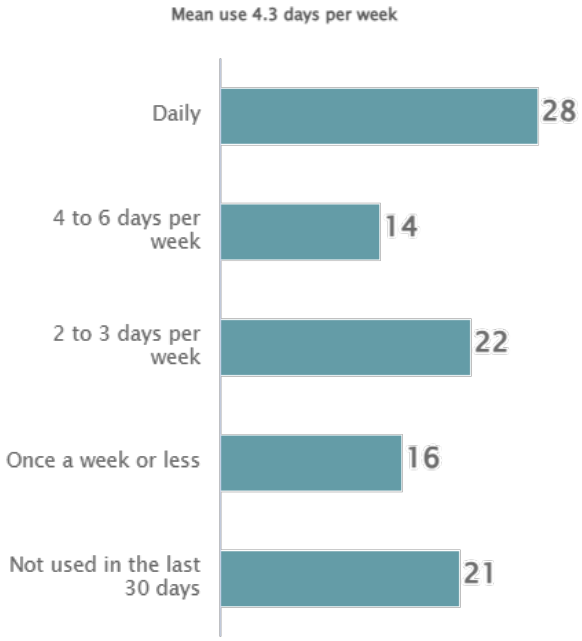
Substance

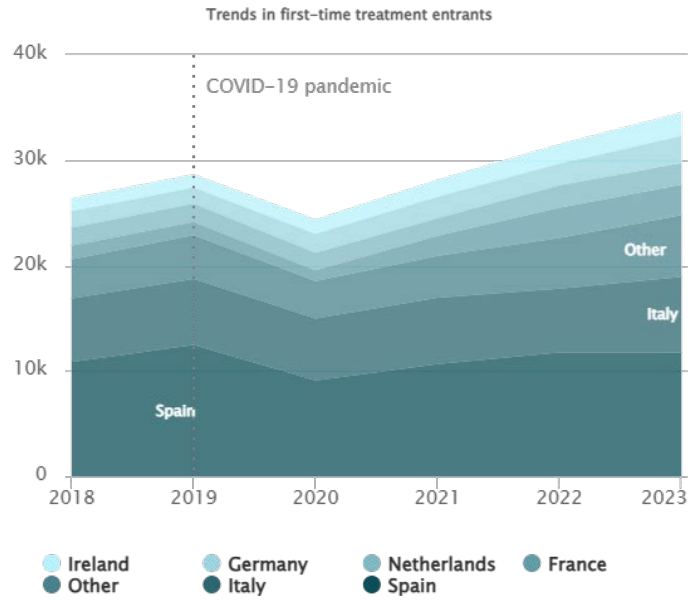
Cocaine | Crack cocaine | Powder cocaine

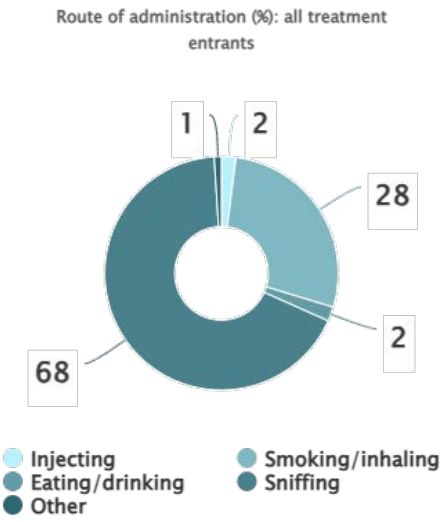












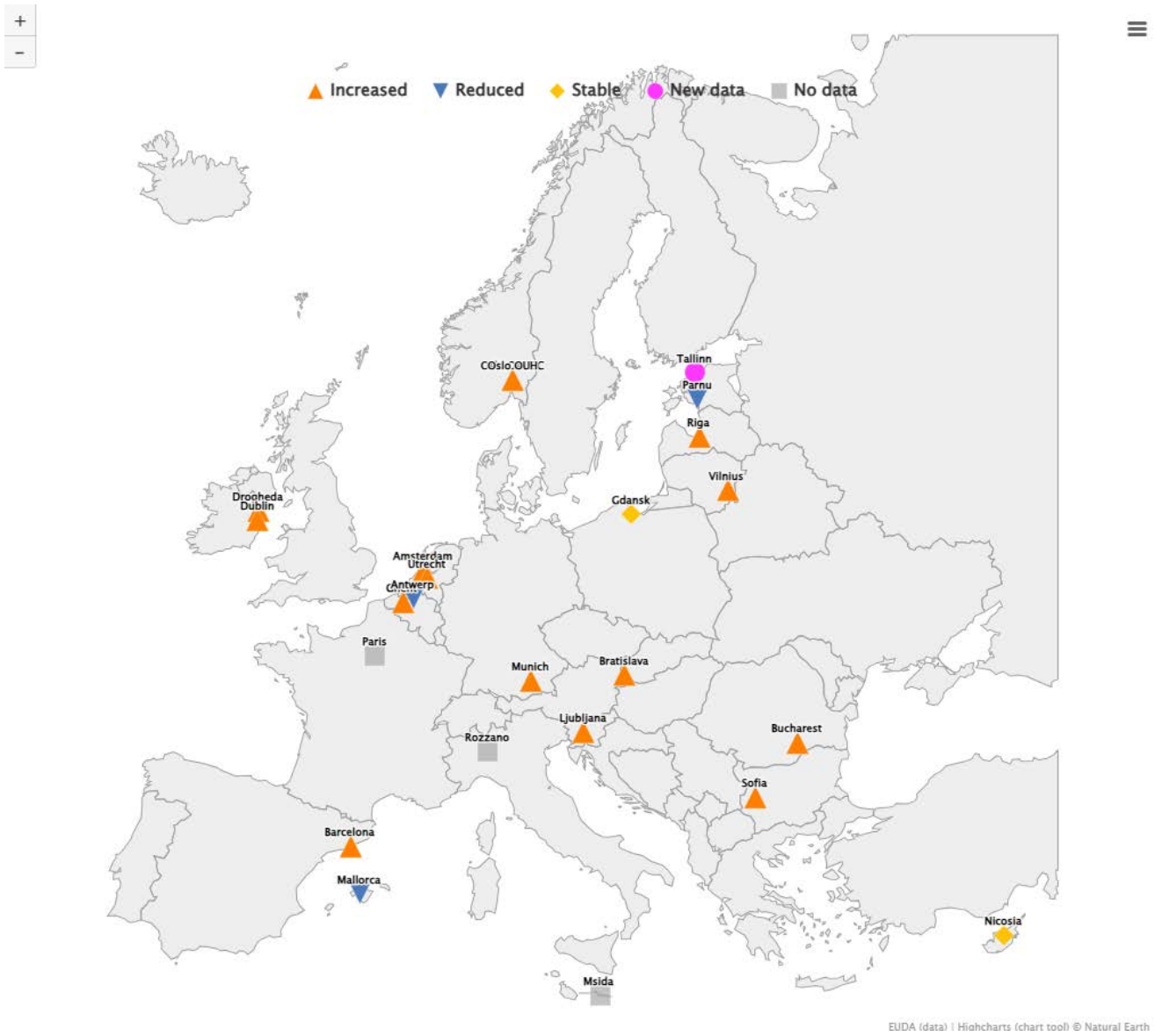
Apart from the trends, data are for all treatment entrants with cocaine as the primary drug – 2023 or the most recent year available.

Trends in first-time entrants are based on 26 countries. Only countries with data for at least 5 of the 6 years are included in the trends analysis. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019).

Harms related to cocaine use

- Cocaine was the most common substance reported by Euro-DEN Plus sentinel hospitals in 2023, mentioned in 25 % (1695) of acute drug-toxicity presentations. Where recorded, around half of the presentations were associated with co-ingestion of alcohol.
- The majority of Euro-DEN Plus sentinel hospitals received more presentations with cocaine involved in 2023 compared to 2022 (Figure 3.6).

Figure 3.6. Trends in the numbers of cocaine-related presentations in Euro-DEN Plus sentinel hospitals, 2022 to 2023

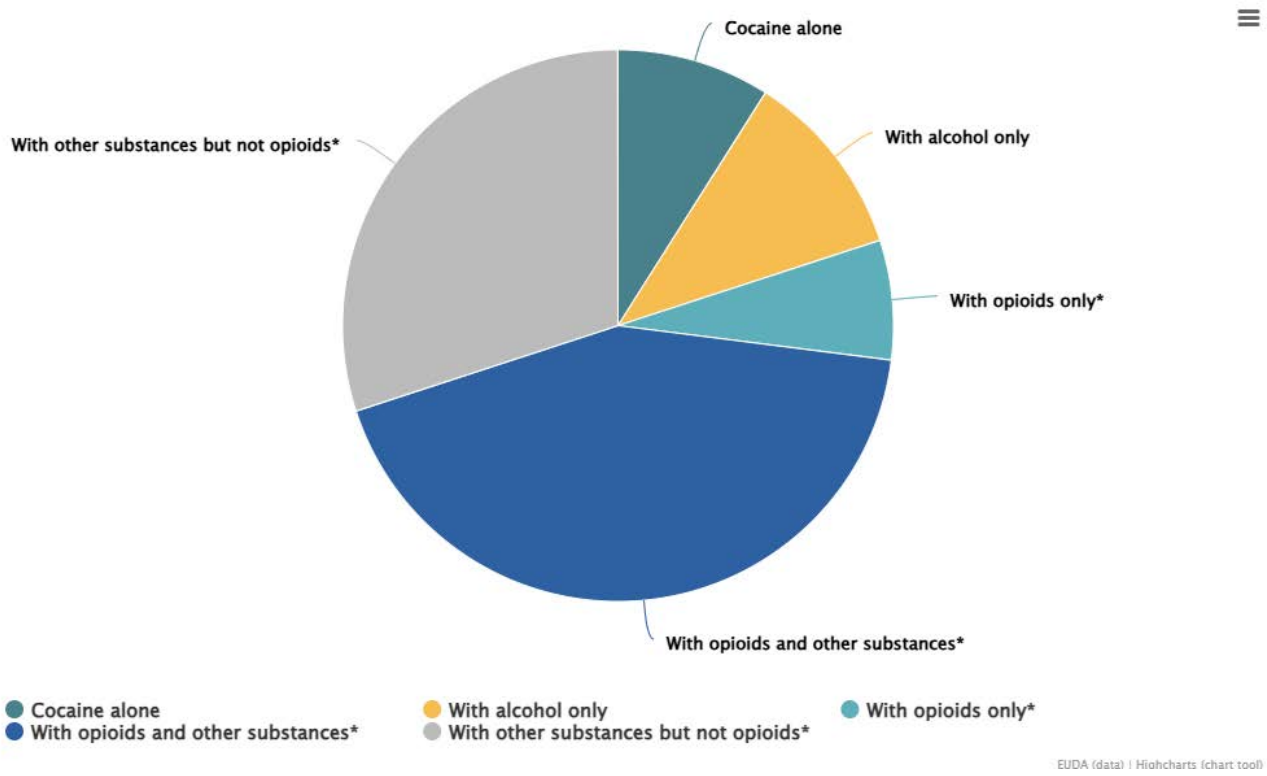


Values that differ by less than 10 % from the previous value are considered stable in this figure.

Presentations to the hospital emergency department data presented here are based on the Euro-DEN Plus network. In Nicosia, Parnu, Gdansk, Utrecht and Bucharest there were 10 or less cocaine related presentations in 2023 and comparison with the previous year should be cautious. For the latest data and detailed methodological information please see: Euro-DEN data explorer.

- Among the 20 European countries providing data for both years, cocaine was involved in approximately one quarter (1051 or 26 %) of the drug-induced deaths in 2023 (956 or 27 % in 2022).
- In Spain, cocaine was involved in 60 % (621/1037) of the drug-induced deaths reported in 2022. Evidence of polysubstance use was common in cocaine-related deaths, with opioids present in most cases, alcohol in more than a third (38 %) and benzodiazepines in more than half (56 %) (Figure 3.7).

Figure 3.7. Polysubstance toxicity in drug-induced death cases with cocaine involved, 2022, Spain



* Some cases in this category may also involve alcohol.

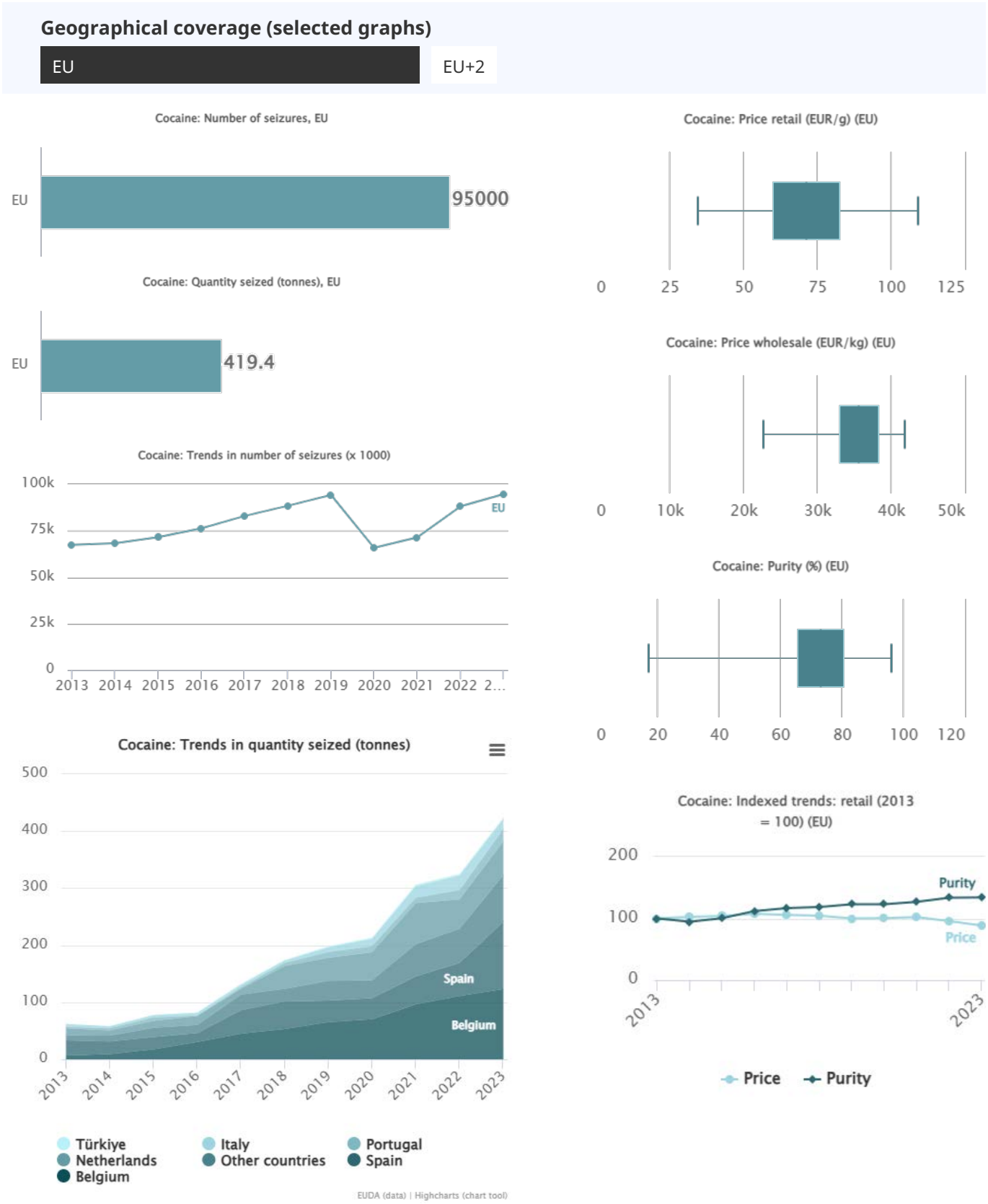
Data for 621 drug-related deaths with cocaine involved out of 1037 drug-related deaths in total.

- France's Oscour network of emergency departments reported an increase of 17 % in cocaine-related cases in 2023, from 21.2/100 000 visits in 2022 to 28.8 per 100 000 visits in 2023.

Cocaine market data

- In 2023, EU Member States reported 95 000 cocaine seizures, amounting to 419 tonnes (up from 323 tonnes in 2022); a record amount for the seventh year in a row. Belgium (123 tonnes), the Netherlands (59 tonnes; incomplete data) and Spain (118 tonnes) together accounted for 72 % of the total quantity seized (Figure 3.8). Among the other countries reporting cocaine seizures, Germany (43 tonnes), France (23 tonnes), Portugal (22 tonnes), Ireland (3.2 tonnes; incomplete data), Norway (2.3 tonnes), Sweden (1.5 tonnes) and Lithuania (1.4 tonnes) seized record quantities in 2023.
- The average purity of cocaine at the retail level ranged from 17 % to 96 % across Europe in 2023, with half of the countries reporting an average purity of between 66 % and 81 %. While the price of cocaine at retail level has remained relatively stable over the past decade, cocaine purity has been on an upward trend, and in 2023 reached a level 34 % higher than the index year of 2013 (Figure 3.8).

Figure 3.8. Cocaine market in Europe



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

Price and purity: mean national values – minimum, maximum and interquartile range. Countries vary by indicator.

- In 2023, EU Member States reported dismantling at least 34 sites related to cocaine production (39 in 2022), representing an indicative estimate. A considerably higher quantity of the essential chemical potassium permanganate was seized in 2023 (2082 kilograms) compared with 2022 (173 kilograms).
- In 2023, cocaine was cited in 97 000 use or possession offences, about 9 % of all such offences for which the drug is known, continuing the upward trend observed over the previous 7 years. After cannabis, cocaine was the second most frequently cited drug in offences related to use or possession.
- Among 11 drug checking services across 10 EU Member States, cocaine emerged as the substance most commonly detected by 3 services during the first half of 2024, the same as during the first half of 2023. Over the same period, the purity of cocaine samples analysed by 7 drug checking services in 6 EU Member States remained high. In the first half of 2023, over 55 % of the samples tested exhibited a purity of 80 % or above. In the first half of 2024, this equivalent share was 46 %.

Detailed information on cocaine can be found in the joint EUDA-Europol EU Drug Market: Cocaine and the EUDA's Stimulants: health and social responses.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Prevalence of drug use data tables including general population surveys and wastewater analysis (all substances)

Download all files (zip)

- Table EDR25-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2023 or most recent year)
- Table EDR25-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR25-WW-1 Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2024, in

Other data tables including tables specific to cocaine

Download all files (zip)

- Table EDR25-TDI-1. Treatment demand indicator (TDI) source data, client characteristics, European Drug Report, 2025. Percentages except where otherwise stated
- Table EDR25-Cocaine-3. Trends in first-time entrants, cocaine, selected countries
- Table EDR25-Cocaine-4. Cocaine markets seizures source data
- Table EDR25-Cocaine-5. Trends in the number of cocaine seizures and quantity of illicit drugs seized (x 1000)
- Table EDR25-Cocaine-6. Trends in the quantities of cocaine seizures and quantity of illicit drugs seized (tonnes)
- Table EDR25-Cocaine-7. Price, potency data for cocaine
- Table EDR25-Cocaine-8. Price and purity/potency indexed trends
- Table EDR25-Cocaine-9. Trends in the numbers of cocaine-related presentations in Euro-DEN Plus sentinel hospitals 2022 to 2023
- Table EDR25-Cocaine-10. Polysubstance toxicity in drug-related deaths cases with cocaine involved, 2022, Spain

Synthetic stimulants – the current situation in Europe (European Drug Report 2025)

Amphetamine, methamphetamine and, more recently, synthetic cathinones are all synthetic central nervous system stimulants available on the drug market in Europe. On this page, you can find the latest analysis of the drug situation for synthetic stimulants in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

High availability of different stimulants creates health concerns

Amphetamine, methamphetamine and synthetic cathinones are all synthetic central nervous system stimulants available on Europe's illicit drug market. Historically, amphetamine use has always been the most common, with the availability and use of methamphetamine and synthetic cathinones being more limited in most countries. Recently, however, a shift appears to have taken place, with synthetic cathinones, a broad family of stimulants, increasingly available in Europe, with unprecedented seizures and imports taking place. Part of the context for this is that trends in synthetic drug production can be dynamic, and consumers may view different stimulants as functionally similar and be willing to try new products. There are therefore concerns about increased health and social problems associated with the more widespread availability and use of these substances. Some existing monitoring tools are better at identifying and tracking changes related to established illicit synthetic stimulant drugs, such as amphetamine, than developments potentially fuelled by new psychoactive substances such as synthetic cathinones, of which there are many individual substances. Data from the EU Early Warning System and other leading-edge indicators are therefore increasingly important for the contextualisation and understanding of these market changes and to consider the implications for policy development.

Health risks from a changing stimulants market

Various synthetic stimulants are produced in Europe for domestic markets and export to non-EU countries; among these are amphetamine, methamphetamine and synthetic cathinones. These substances share a similar chemical structure, but their psychoactive effects and public health consequences may vary significantly. For example, some synthetic cathinones, such as 4-CMC have been shown to have effects and potential harms broadly similar to other psychostimulants such as MDMA and amphetamine. However, the synthetic cathinones are a broad group of drugs containing substances that have different effects or health risks that may be more severe as a

result of higher potency, such as the pyrrolidino derivatives, which include alpha-PHiP (α-pyrrolidinoisohexanophenone). The effects of many of these drugs on humans have not been extensively researched. Polysubstance use also increases the risk of adverse health effects. Alongside the potential for rapid shifts in the availability of substances and small numbers of studies of health risks, and a lack of an established pharmacological therapy for cases of dependency, the increased availability of synthetic stimulants creates a challenge for response models. Methamphetamine is available in high-purity forms that are smokable, and there are particular health concerns associated with the use of this drug by this mode of administration.

For all stimulant drugs, health risks include overdoses, acute and chronic mental health problems and the spread of infectious diseases. The combination of high-risk drug taking and risky sexual behaviours, known as 'chemsex', has also been documented in some populations. There are also particular concerns about the injecting of stimulants, which has been associated with a higher risk of HIV transmission. This could be explained by more frequent use, sharing of injecting material and risky sexual behaviours among people who inject stimulants.

In the last decade, 7 European cities, across 6 countries, have reported localised HIV outbreaks associated with stimulant injecting, mainly among marginalised people who inject drugs involved in open drug scenes (see Drug-related infectious diseases – the current situation in Europe). Syringe residue analysis conducted by the ESCAPE network in 2023 confirms the presence of stimulants, such as amphetamine and synthetic cathinones, in many injecting drug scenes. Reports from the Euro-DEN Plus network of sentinel hospitals across Europe in 2023 highlight the continued presence of synthetic stimulants in acute drug-toxicity presentations to emergency departments.

Europe's methamphetamine production and trafficking highlights risk of increased use

While amphetamine is more widely used in Europe, there are some signals that methamphetamine consumption, which was geographically limited in the past, is now present in more countries. Both of these drugs can be manufactured from various substances, with benzyl methyl ketone (BMK) a key precursor chemical for both drugs. Other substances that can be used to make BMK are chosen by criminal networks in an attempt to evade detection. Seizures of both BMK and substances for making it have been increasing in Europe. The production sites for these drugs are, historically, mostly concentrated in a few countries. For example, large-scale production of both amphetamine and methamphetamine takes place in the Netherlands. Some amphetamine production also takes place in Germany and Poland, while smaller-scale methamphetamine facilities serving only the domestic market are reported in Czechia. A recent concern is the trafficking of amphetamine base oil from the Netherlands and Belgium to other countries for conversion into consumer products.

Illicit drug production facilities for making one or both of these substances continue to be detected in the European Union. Drug production sites capable of switching between various substances are known as 'combination-laboratories' or 'combi-labs'. The use of combi-labs likely appeals to

criminal networks because it allows them to meet changing market preferences easily and produce more valuable products for export, such as crystal methamphetamine, alongside less lucrative ones for domestic consumers, such as amphetamine and other synthetic stimulants. Despite many production facilities being small- to medium-scale, larger, industrial-capacity sites are detected each year, and while the available data make it hard to comment with certainty on their actual output, law enforcement information indicates that large-scale production continues.

In addition, increases in the quantities seized for both drugs were reported in 2023. This includes large seizures of methamphetamine, often of Mexican origin, that indicate transhipment of the drug through Europe to other destinations, including Australia. As noted elsewhere in this report, criminal networks use a range of modi operandi to traffic drugs. EU Member States may be an appealing option for traffickers seeking to tactically route drug shipments concealed in maritime shipping containers through locations less associated with international drug trafficking prior to onward shipping to their intended destination. This is evident from the results of investigations by European law enforcement agencies, such as in Ireland in 2023, where the quantities seized far exceed those likely required to supply EU or national demand (see Figure 4.1).

Figure 4.1. Seizure of 546 kilograms of crystal methamphetamine, concealed in machinery in a shipping container being shipped from Ireland to Australia

Note: Seizure made in February 2024 at the Port of Cork, Ireland, by the Garda Síochána (police) and Revenue.

Together, this information suggests that the production and trafficking of amphetamine and methamphetamine in Europe continues, both for domestic demand and for export to more profitable non-EU markets for the drugs. This brings with it the risk of increased use of these stimulants within the European Union, both in the countries where the drugs are produced and in those through which they are trafficked. This is because this production and trafficking creates the potential for increased availability of these drugs on local stimulant markets can, at times, experience dynamic shifts in the products available to consumers. In addition, uncertainty about the effects of events in Afghanistan on the EU heroin market and any potential shift to replacement substances, temporarily or not, remains a concern for policymakers.

Increased drug market integration of synthetic cathinones

In some parts of Europe, synthetic cathinones have established themselves on the illicit drug market as affordable alternatives to other synthetic stimulants. As a result, synthetic cathinones are now likely to be increasingly available. While some indicators may suggest that the market for these substances appears to be growing, monitoring a broad group of compounds is challenging for tools originally designed to track long-established illicit drugs, such as cocaine. Although only 7 new synthetic cathinones were notified for the first time to the EU Early Warning System in 2023, more than 60 previously reported synthetic cathinones were detected on the EU drug market in the same year, and 178 have been identified.

Imports and seizures of synthetic cathinones have greatly increased year on year. In 2023, imports and seizures of these substances amounted to three times the combined quantity of amphetamine and methamphetamine seized. Most of this involved a small number of bulk imports from India, primarily through the Netherlands. Significant levels of synthetic cathinone production also occur in Europe, where large-scale laboratories have been dismantled and large quantities of precursor chemicals seized. Many of these laboratories were dismantled in Poland (Figure 4.2), where cooperation between Polish and Ukrainian criminal networks has been reported, but also in the Netherlands and, to a lesser extent, Belgium and Germany. The fact that synthetic cathinones can be produced relatively easily from unscheduled chemicals may have facilitated their production in the European Union. Recognising this, the European Commission requested the EUDA to assess the risks associated with eight cathinone precursors, as well as an amphetamine precursor, with a view to scheduling these chemicals at EU level.

Figure 4.2. Part of a seizure of 800 kilograms of synthetic cathinones seized at a dismantled synthetic drug production laboratory in Lublin, Poland, 2024

N

Investigation.

While some level of unintentional consumption of synthetic cathinones in drug mixtures and tablets remains a concern, data from drug checking services support the view that some consumers purchase cathinones intentionally. For example, in the majority of cases where cathinones were identified by European drug checking services, they were the substance expected by the person submitting the sample for analysis.

Nonetheless, exposure to unexpected substances was evident from submitted samples sold as 3-MMC and containing 2-MMC instead.

At present, the number of clients entering treatment for problems related to the use of synthetic cathinones in EU Member States remains relatively small, at just under 2000, but it increased by 356 % between 2018 and 2023. Over a fifth of those seeking treatment for problems related to cathinones report injecting as the main route of administration, and the same proportion used the drug daily before entering treatment.

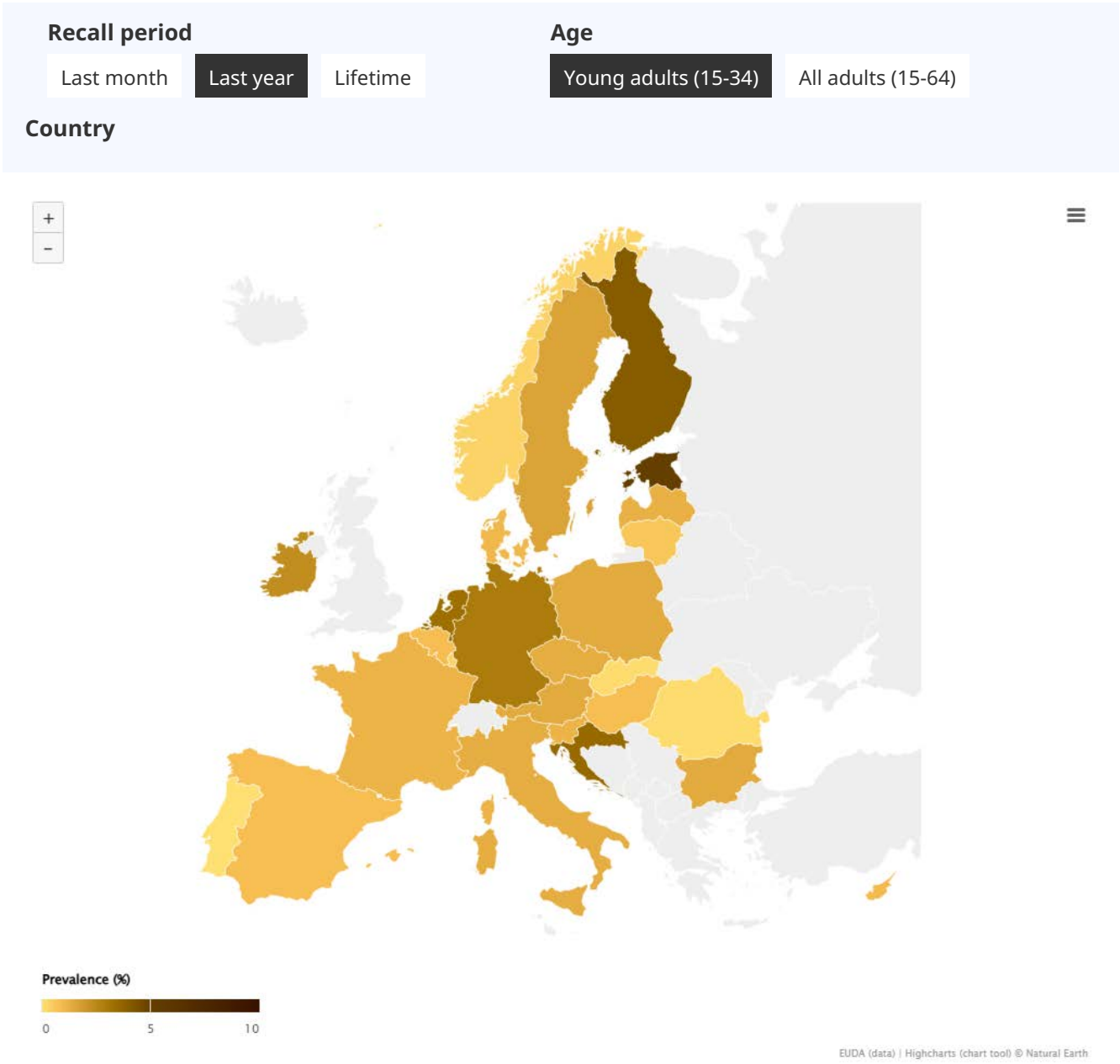
In summary, as the use of illicit stimulants can lead to a range of health problems, these substances continue to represent a challenge for monitoring efforts, policymakers and service providers in Europe. More frequent injecting associated with stimulant use and the potentially much more severe health complications from injecting and smoking methamphetamine mean that any increase in consumption, especially among vulnerable groups, could represent a growing challenge for harm reduction and emergency health services. Increased cathinone consumption highlights the role of forensic and toxicological analysis for understanding consumption trends and the scale and nature of any associated adverse health outcomes. The EUDA has recently undertaken risk assessments of three new synthetic cathinones (see Risk assessments).

Key data and trends

Prevalence and patterns of synthetic stimulants use

- Surveys conducted by 24 EU Member States between 2017 and 2024 suggest that 1.6 million young adults (aged 15 to 34) used amphetamines (amphetamine and methamphetamine) during the last year (1.6 % of this age group). Of the 14 European countries that have conducted surveys since 2022 and provided confidence intervals, 2 reported lower estimates than their previous comparable survey, 4 reported higher estimates, and 8 reported a stable trend (see Figure 4.3 for the most recent survey data).
- In the 2024 ESPAD school survey, 10 % of the 15- to 16-year-old ESPAD students in EU Member States rated amphetamine as easily obtainable, while 7.9 % rated methamphetamine as easily obtainable. On average, 1.8 % of the students reported having used amphetamine at least once in their lifetime, and 1.4 % reported having used methamphetamine. Less than 1 % reported having used either of these substances for the first time at age 13 or younger.
- Among the few countries that report estimates of high-risk use of methamphetamine, prevalence estimates vary, ranging from 0.71 per 1000 population (corresponding to 429 high-risk users) in Cyprus to 5.48 per 1000 (37 900 high-risk users) in Czechia, with 3.9 per 1000 (14 056 high-risk users) in Slovakia.
- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 17 % of respondents living in the European Union or Norway reported having used amphetamine, while 9 % had used synthetic cathinones and 5 % had used methamphetamine. Polysubstance use was common among those using amphetamine and methamphetamine, with only 9 % of those who used amphetamine and 13 % of those who used methamphetamine indicating having used it with no other substance, including tobacco and alcohol, in the last episode of use. Of those who used amphetamine, 86 % usually snorted it, using powders/crystals. On average, one tablet was consumed per day of use. Of those who used methamphetamine, 71 % snorted it and 26 % smoked it in pipes, using powders/crystals. On average, one tablet was consumed per day of use. Of those who used amphetamine, 66 % reported that they used it to ‘get “high”/for fun’, and over half ‘to stay awake’. For methamphetamine, just over half reported that they used the drug to ‘get “high”/for fun’ and 44 % ‘to stay awake’.

Figure 4.3. Prevalence of amphetamines use in Europe



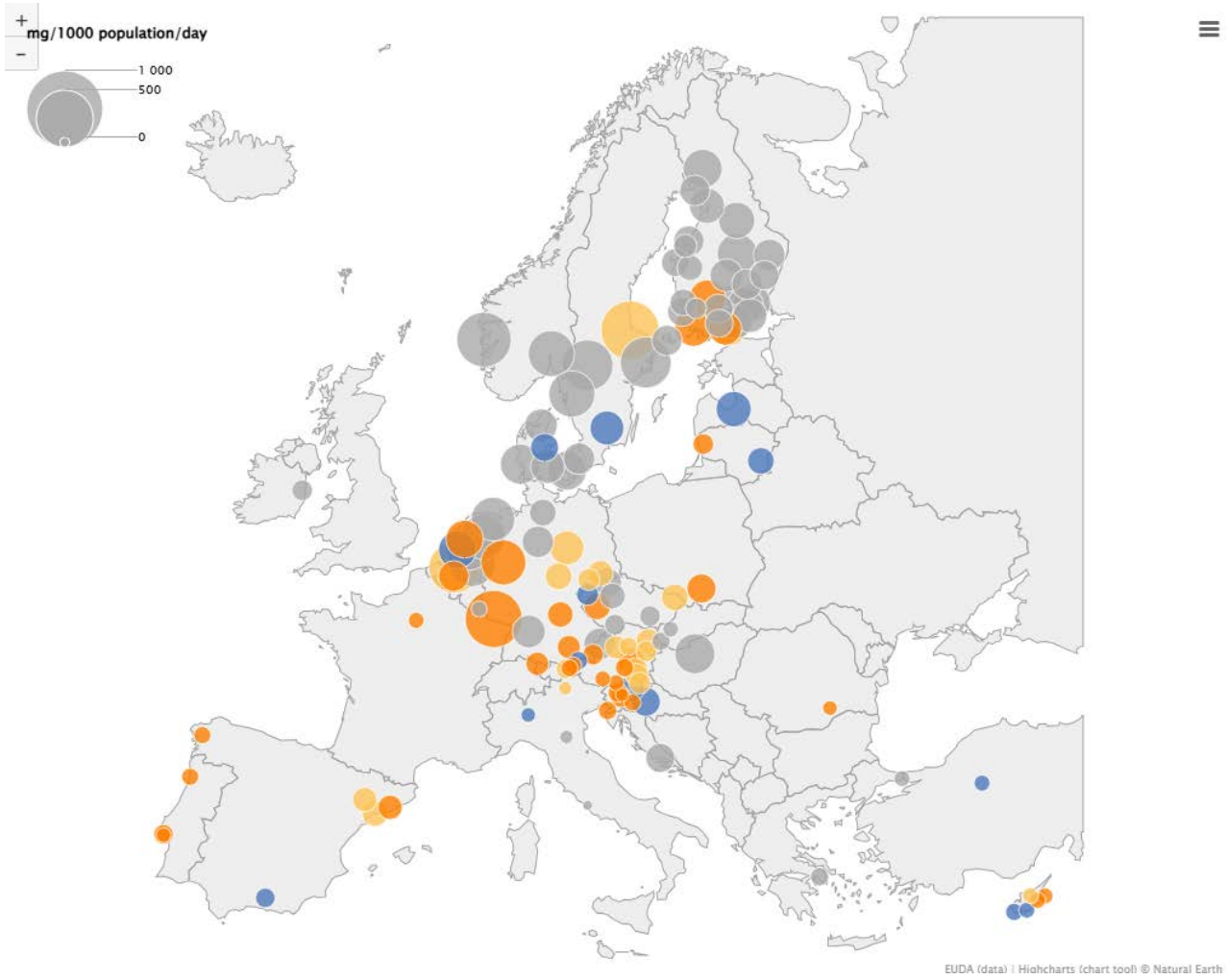
'Amphetamines' covers both amphetamine and methamphetamine. Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2025: Prevalence of drug use.

Graphics showing the most recent data for a country are based on studies carried out between 2013 and 2024.

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia and Norway; 18-65 for Malta; 17-34 for Sweden.

- Of the 68 cities with data on amphetamine residues in municipal wastewater for 2023 and 2024, 34 reported an increase, 20 a stable situation and 14 a decrease (Figure 4.4).

Figure 4.4. Amphetamine residues in wastewater in selected European cities: changes between 2023 and 2024

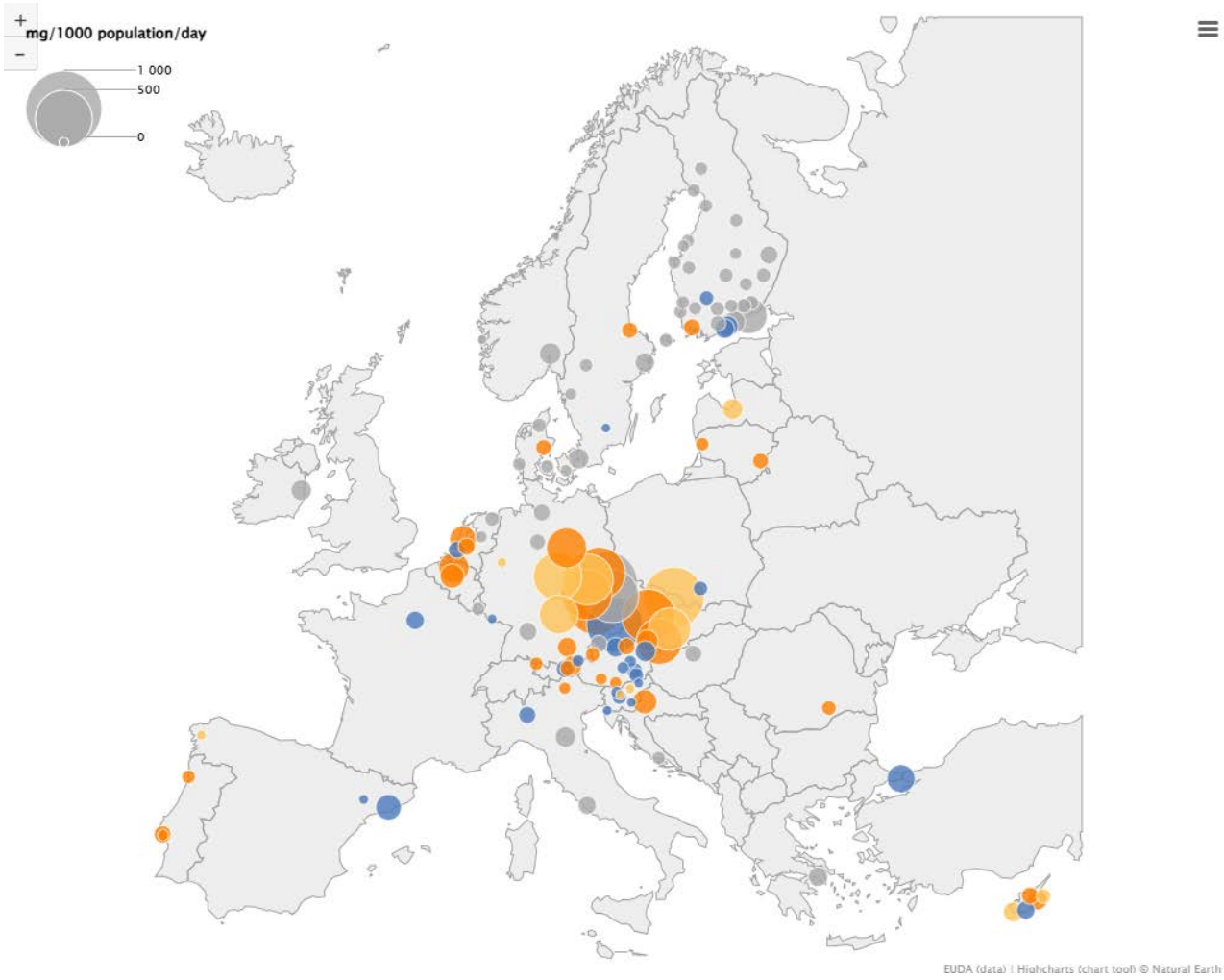


= increase = stable = decrease, with respect to previous year = no previous data

Mean daily amounts of amphetamine in milligrams per 1000 population. Sampling was carried out over a week between March and May 2024.
Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE).
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study.

- Of the 71 cities with data on methamphetamine residues in municipal wastewater for 2023 and 2024, 32 reported an increase, 12 a stable situation and 27 a decrease (Figure 4.5).

Figure 4.5. Methamphetamine residues in wastewater in selected European cities: changes between 2023 and 2024



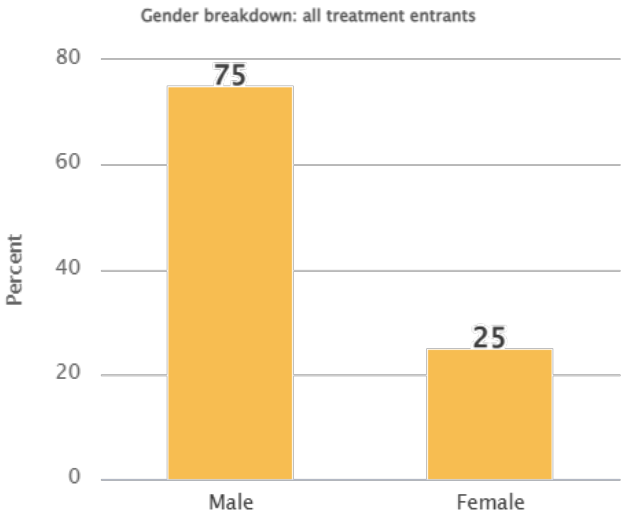
= increase = stable = decrease, with respect to previous year = no previous data

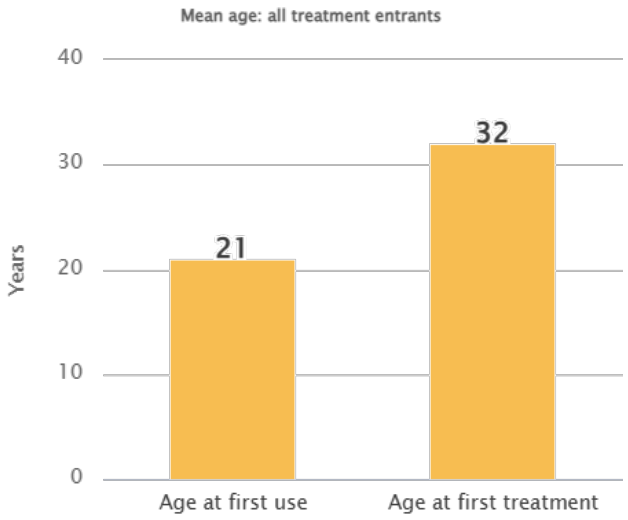
Mean daily amounts of methamphetamine in milligrams per 1000 population. Sampling was carried out over a week between March and May 2024.
Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE).
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study.

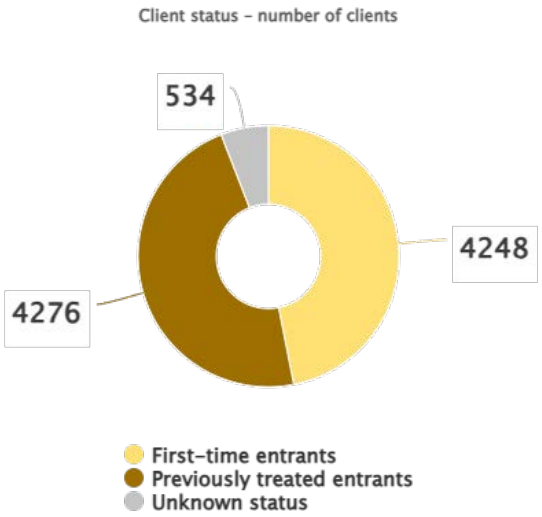
Treatment entry for use of synthetic stimulants

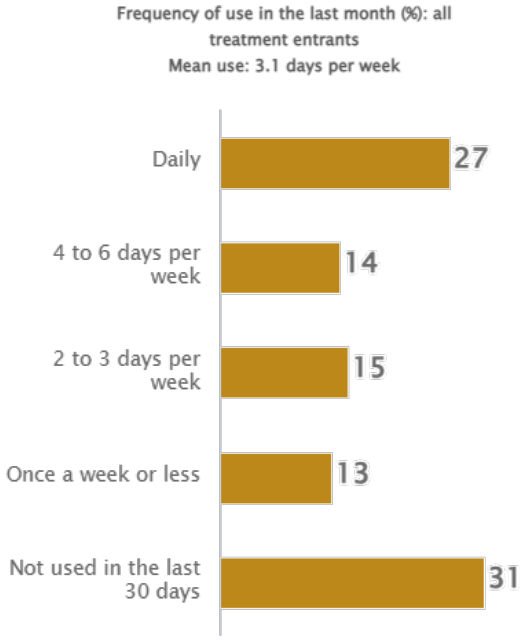
- About 9200 clients are estimated to have entered specialised drug treatment in Europe in 2023, reporting amphetamine as their primary drug, approximately half of them (4300) being first-time clients (Figure 4.6).

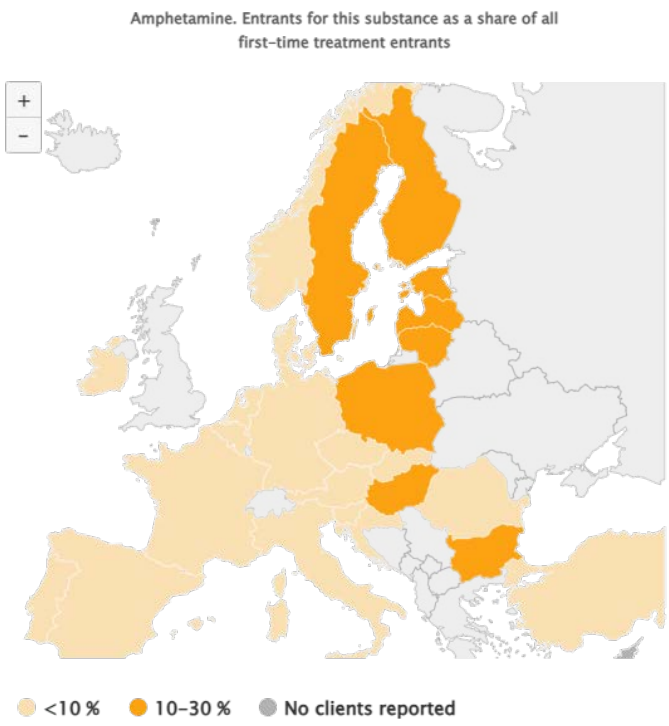
Figure 4.6. Amphetamine users entering treatment in Europe

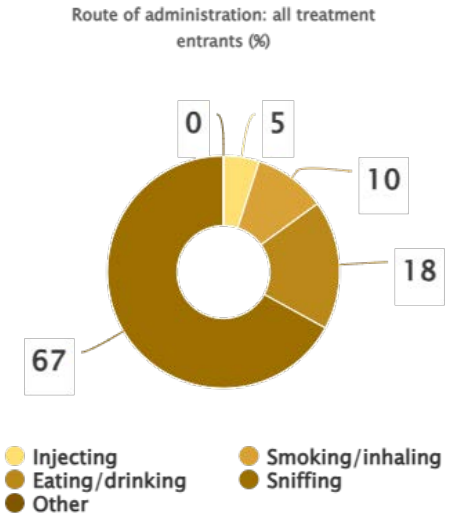








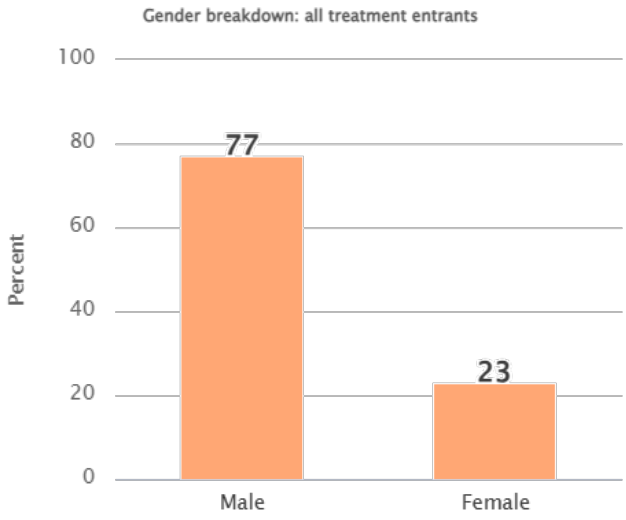


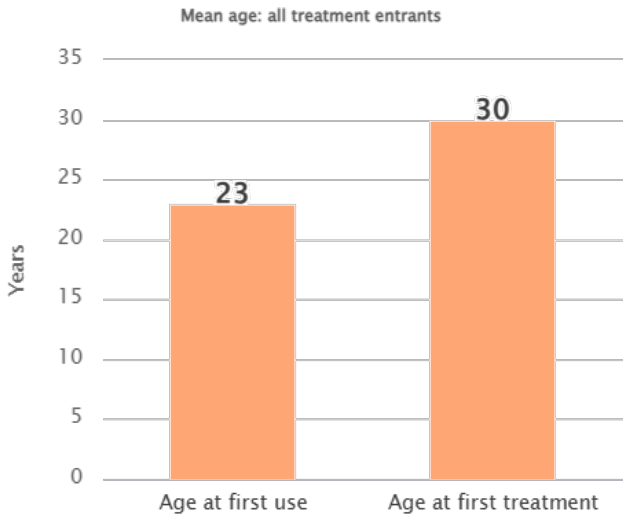


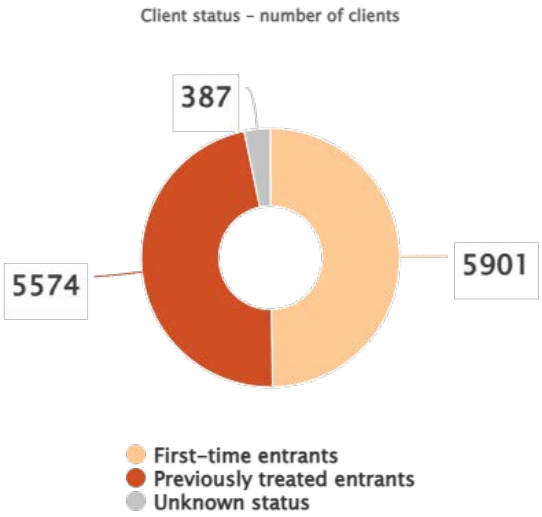
Data are for all treatment entrants with amphetamine as the primary drug – 2023 or the most recent year available. Data for first-time entrants are for 2023 or the most recent year available: Czechia, 2020, Spain, France, 2022. Data for Sweden and Norway relate to clients citing stimulants other than cocaine as primary drug.

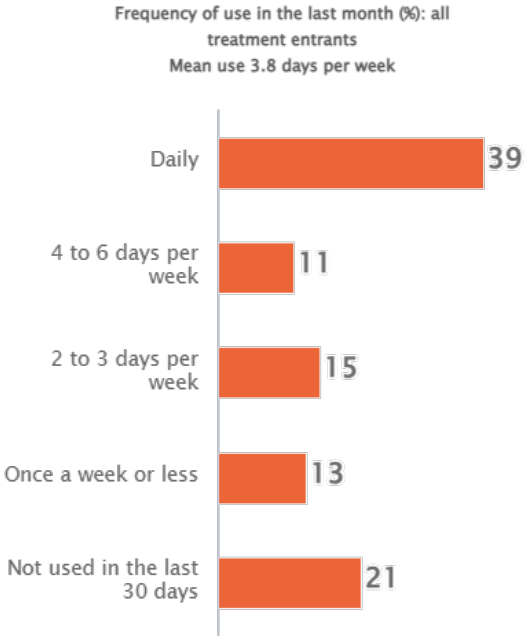
- In 2023 or the most recent year available, amphetamine clients accounted for at least 10 % of first-time treatment entrants in Bulgaria, Estonia, Latvia, Lithuania, Hungary, Poland, Finland and Sweden. In Czechia, Slovakia and Türkiye, over 30 % of first-time clients entered treatment for problems related to methamphetamine.
- Treatment entrants citing methamphetamine as their main problem drug are concentrated in Czechia, Germany, Slovakia and Türkiye, which together accounted for 91 % of the estimated 12 000 methamphetamine clients entering treatment in 2023. Türkiye, where the number of treatment entrants quadrupled, rising by 305 %, between 2018 and 2023, accounts for 43 % of the 5900 first-time clients (Figure 4.7). In addition, harm reduction services in Greece and Spain report significant numbers of clients smoking methamphetamine during 2023.

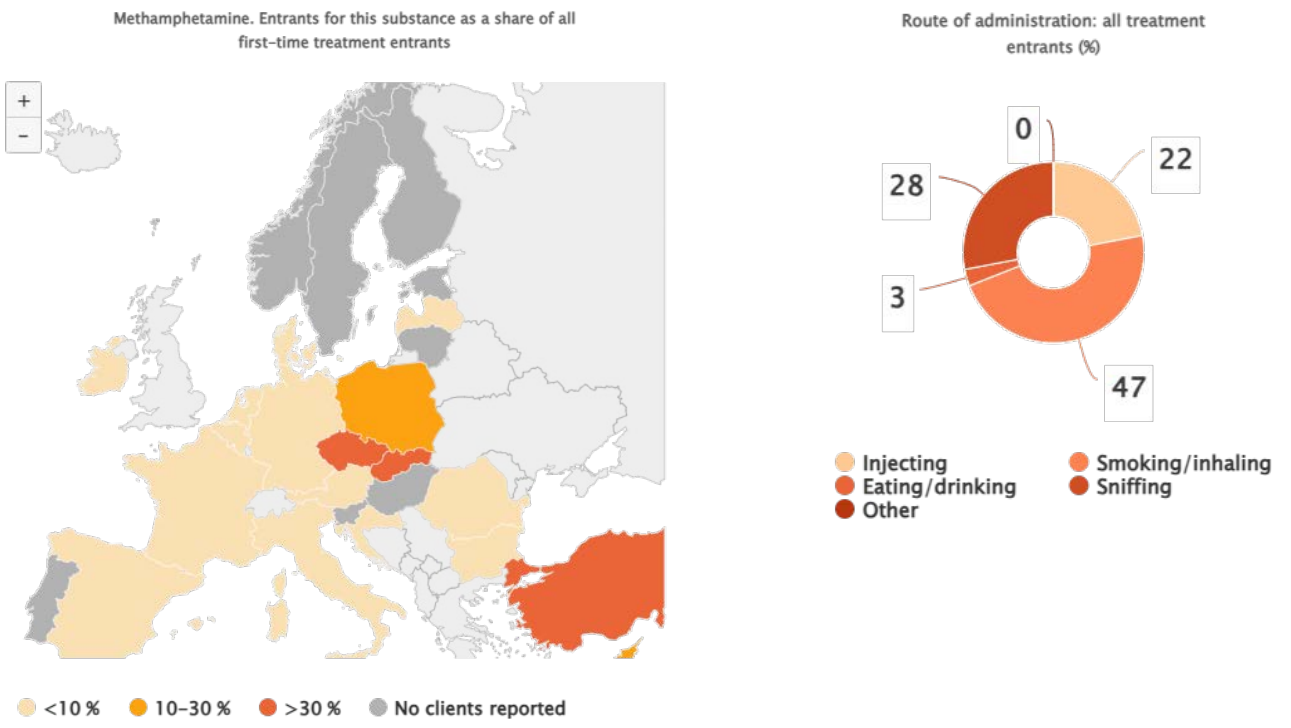
Figure 4.7. Metamphetamine users entering treatment in Europe







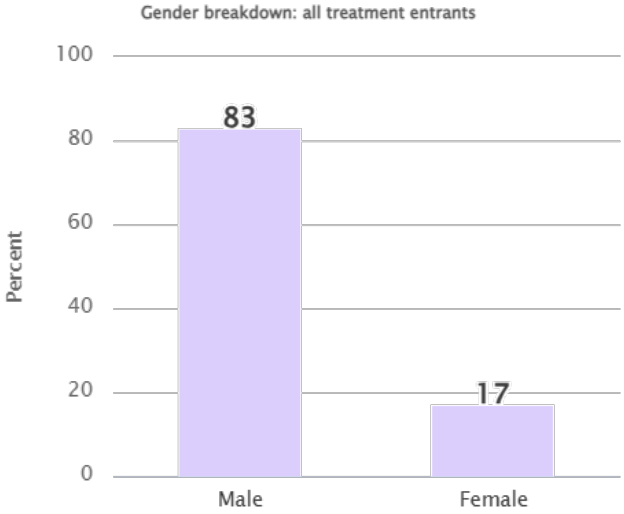


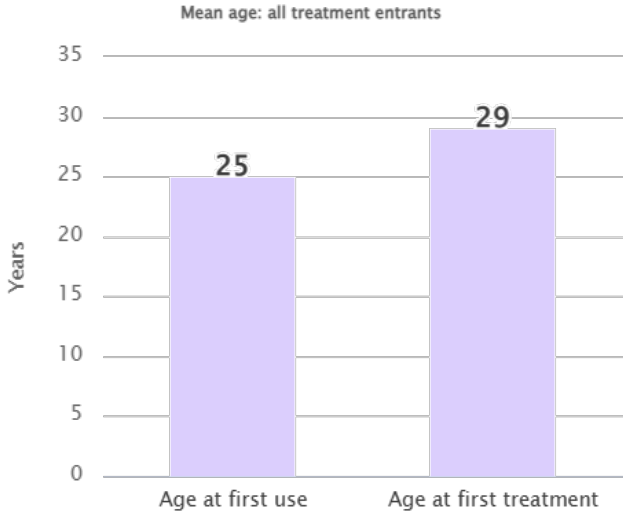


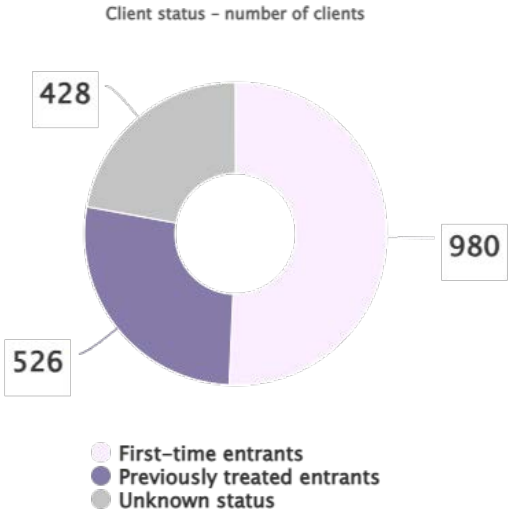
Data for client characteristics are for all treatment entrants with methamphetamine as the primary drug – 2023 or the most recent year available. Data for first-time entrants are for 2023 or the most recent year available: Czechia, 2020, Spain, France, 2022.

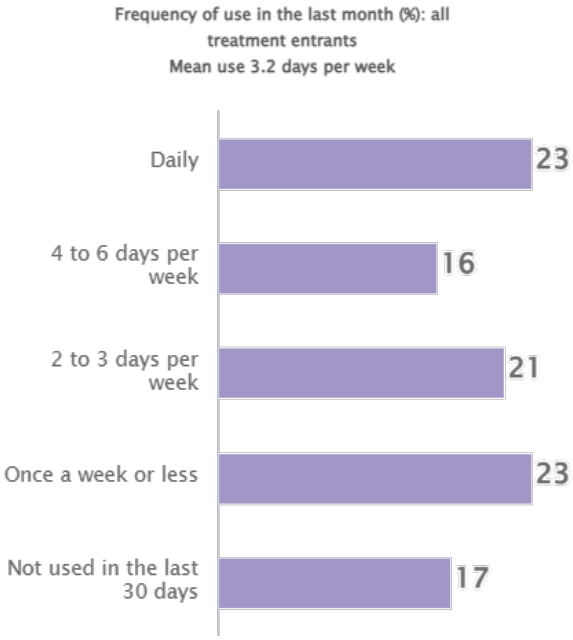
- Available data from countries that report treatment entrants for synthetic cathinones show an increase from 425 clients in 2018 to 1930 clients in 2023, 90 % of whom are accounted for by France (607 clients, 2022 data), Spain (346 clients, 2022 data), Poland (330 clients), the Netherlands (310 clients) and Belgium (162 clients) (Figure 4.8). The share of synthetic cathinones entrants among all treatment entrants with stimulants other than cocaine as their primary drug increased to 12 % in 2023, from 3 % in 2018.

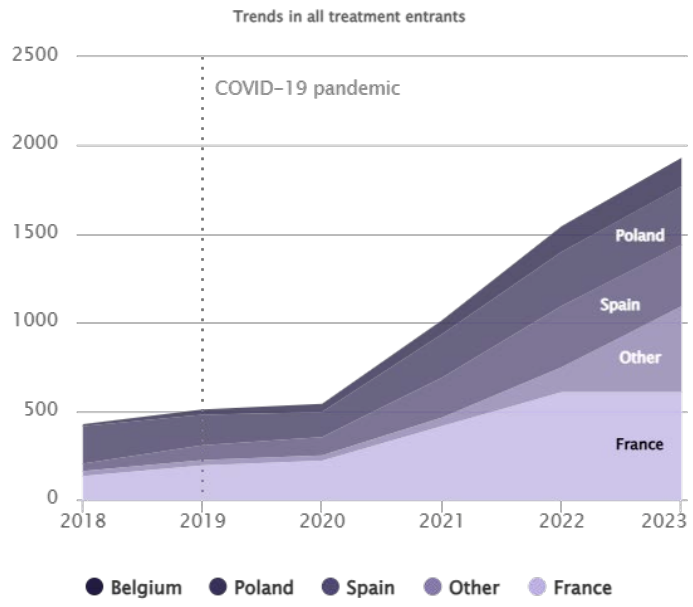
Figure 4.8. Synthetic cathinone users entering treatment in Europe

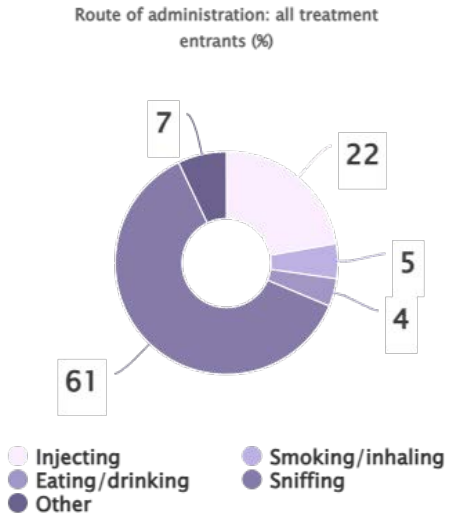












Data on entrants into treatment are for 2023 or the most recent year available. Trends in treatment entrants are based on 22 countries. Only countries with data for at least 5 of the 6 years are included in the trends graph. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019). Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution.

Injecting use of synthetic stimulants

- Injecting is reported as a common route of administration by those entering treatment with amphetamine as their primary drug in a number of countries, including Finland (77 %), Estonia (73 %) and Sweden (72 %).
- About 5 % of amphetamine clients entering drug treatment in Europe in 2023, or the most recent year available, reported injecting as the main route of administration, while 67 % reported sniffing, 10 % reported smoking and 18 % reported oral consumption of the drug. Six countries (Belgium, Germany, Hungary, Netherlands, Poland, Spain) accounted for almost 80 % of the treatment entrants.
- Analysis of 3276 used syringes by the ESCAPE network of 19 cities in 13 EU Member States and Norway in 2023 found that overall, half of the syringes contained residues of two or more drug categories. The most frequent combination was an opioid and a stimulant.
- In the ESCAPE data, synthetic cathinones were commonly detected in Budapest (69 %), Paris (65 %), Madrid (46 %), and to a lesser extent in Amsterdam (15 %) and Helsinki (14 %). A total of 13 distinct cathinones were identified across participating cities, with 3-CMC, N-ethylnorpentedrone, mephedrone, 4-CMC and alpha-PVP being the most frequently detected.

- Methamphetamine was detected in the majority of syringes from Prague (66 %) and a quarter of syringes from Athens (25 %).
- Amphetamine was detected in the majority of syringes in Tallinn (67 %) and Oslo (52 %).

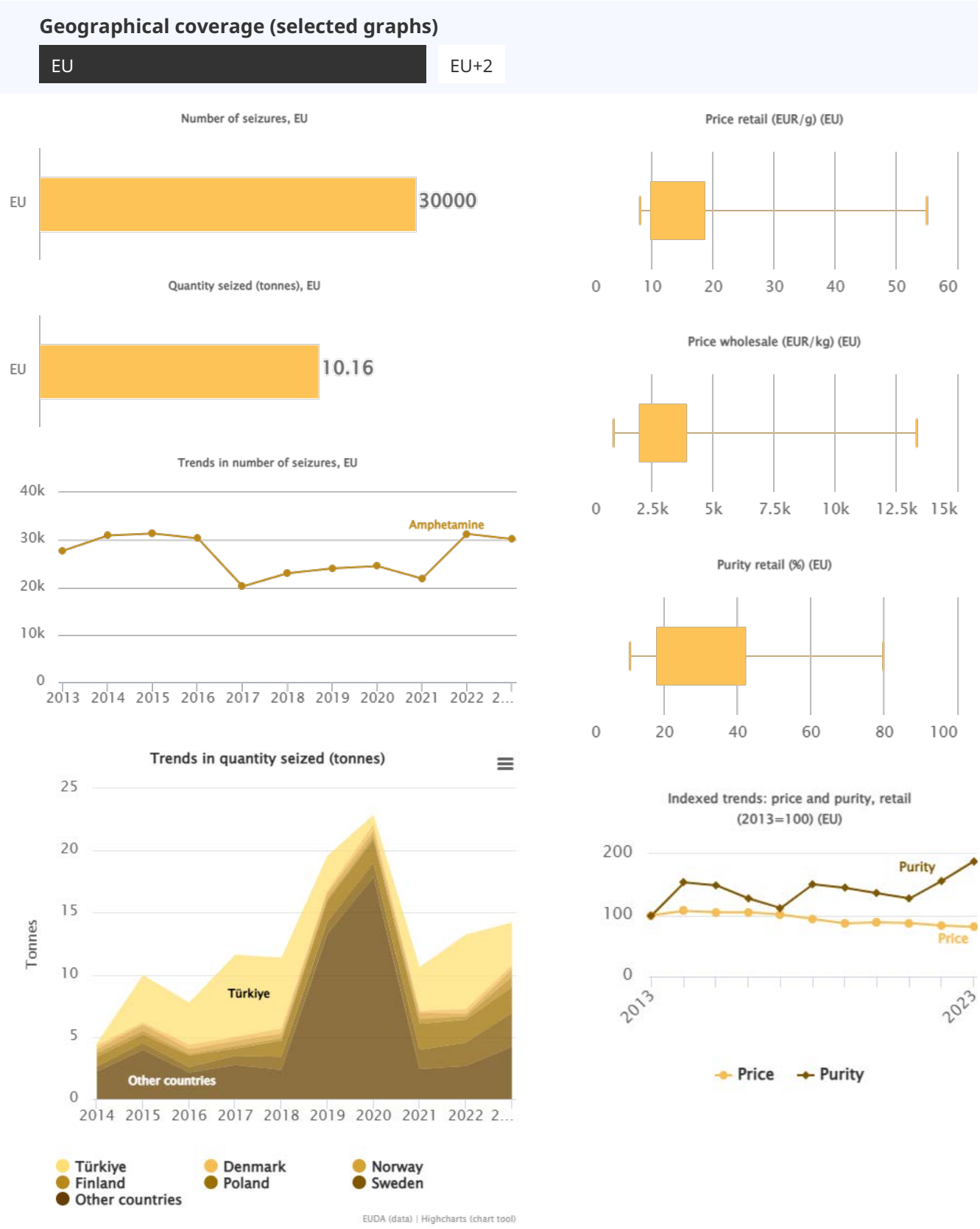
Harms related to use of synthetic stimulants

- In 2023, amphetamine was the fourth most common substance overall, reported by 21 Euro-DEN Plus hospitals located in 15 EU Member States and Norway. It was present in 11 % (718) of the acute drug-toxicity presentations.
- Methamphetamine was reported by 18 Euro-DEN Plus hospitals in 2023, and was present in 2.4 % (163) of the acute drug-toxicity presentations (2.1 % in 2022).
- In 2023, cathinones were reported by 13 Euro-DEN Plus hospitals located in 10 EU Member States and Norway. Cathinones were present in 1.5 % of the acute drug toxicity presentations. In 2023, the synthetic cathinone 3-MMC was involved in 30 acute drug-toxicity presentations in 4 Euro-DEN Plus hospitals (38 in 2022, in 6 hospitals). The majority were reported by the hospitals in Belgium (Antwerp and Ghent).
- Of the 21 EU Member States with post-mortem data available for 2023, 19 reported 907 drug-induced deaths where any amphetamine-type stimulants, including MDMA, were involved (936 in 2022 in the same countries).
- In 2023, 7 countries reported deaths involving synthetic cathinones, with a total of 39 cases. This number is a minimum estimate as these substances may not be systematically searched for in routine post-mortem toxicology analysis in some countries.

Synthetic stimulants market data

- In 2023, EU Member States reported 30 000 seizures of amphetamine, amounting to 10.2 tonnes (7.1 tonnes in 2022) (Figure 4.9). Türkiye seized almost 3.5 tonnes (6 tonnes in 2022), including almost 14 million tablets described as ‘captagon’ (24 million in 2022). The average purity of amphetamine at retail level has increased markedly over the past decade (+88 %), while the average price has decreased (-19 %).

Figure 4.9. Amphetamine market in Europe

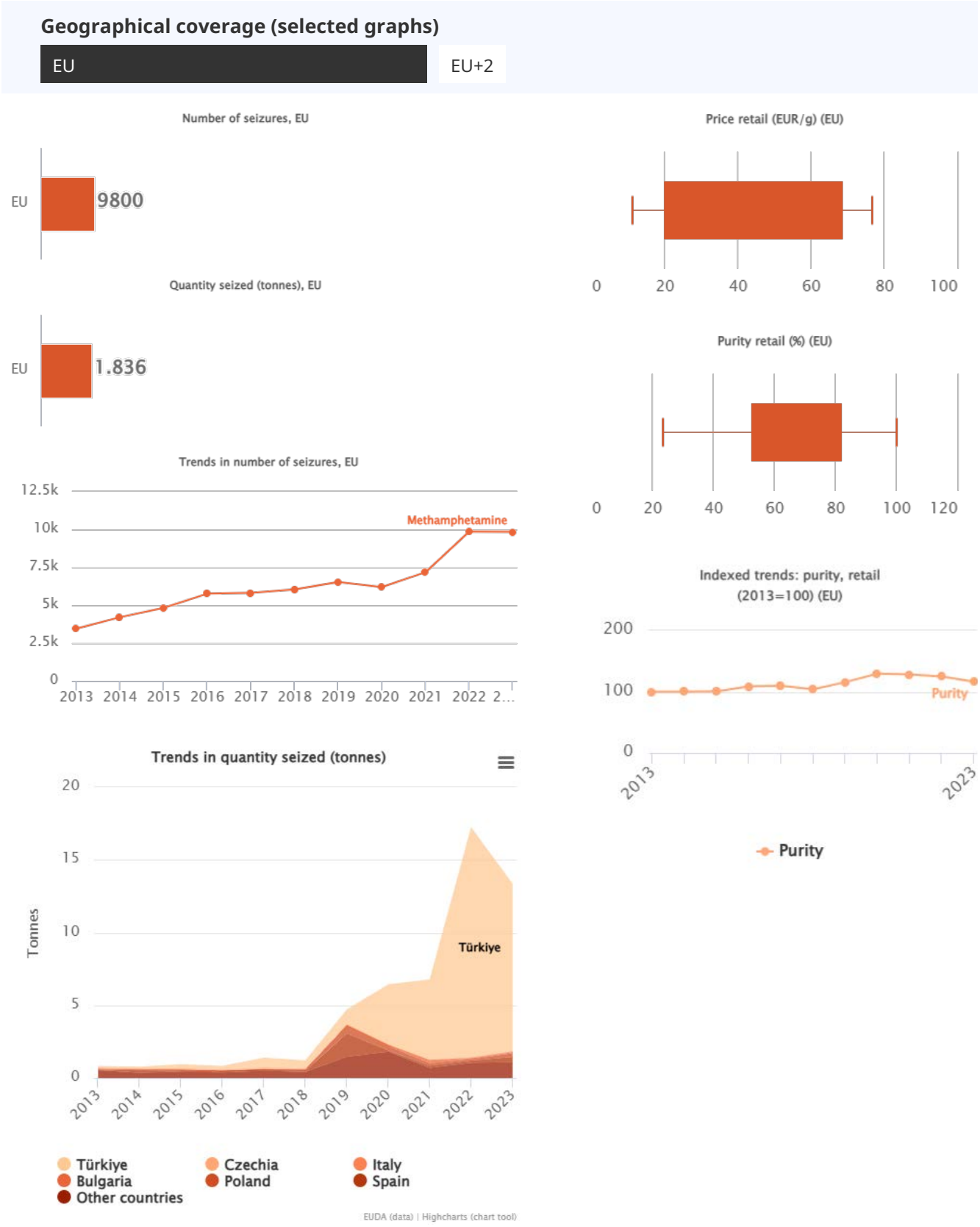


EU+2 refers to EU Member States, Norway and Türkiye.

Price and purity: mean national values – minimum, maximum and interquartile range. Countries vary by indicator.

- EU Member States reported 9800 seizures of methamphetamine amounting to 1.8 tonnes in 2023 (1.4 tonnes in 2022) (Figure 4.10). Türkiye reported 65 800 seizures of methamphetamine in 2023, amounting to 11.5 tonnes and 10 415 litres (15.8 tonnes and 383 litres in 2022). The average purity of methamphetamine increased by 30 % between 2013 and 2020. Since then it has decreased, and in 2023 was 16 % higher than in 2013.

Figure 4.10. Methamphetamine market in Europe



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

Price and purity: mean national values – minimum, maximum and interquartile range. Countries vary by indicator.

- The total quantity of synthetic cathinones reported as seized or imported by EU Member States in 2023, in all forms, amounted to 37 tonnes (27 tonnes in 2022, 4.5 tonnes in 2021). The main substances were 3-CMC, 2-MMC and N-ethylnorpentedrone.
- In 2023, 10 EU Member States reported dismantling 93 amphetamine laboratories (108 in 2022): the Netherlands (38), Germany (21), Poland (19), Belgium (5), Austria (3), Lithuania (2) Sweden (2), Bulgaria (1), Czechia (1), Finland (1).
- Seven EU Member States reported dismantling 250 methamphetamine laboratories in 2023 (242 in 2022): Czechia (189), the Netherlands (29), Bulgaria (18), Germany (5), Poland (5), Belgium (3), Austria (1).
- Seizures of the precursors required to synthesise methamphetamine via the 'ephedrine method' (ephedrine and pseudoephedrine) amounted to 7.8 tonnes in 2023 (352 kilograms in 2022). The large increase is mainly due to the dismantling of a trafficking operation from an apparently legitimate pharmaceutical company in Romania.
- Both amphetamine and methamphetamine can also be produced using BMK as a starting material. Seizures of BMK reached 5453 litres in 2023 (1329 litres in 2022). In addition, 66.2 tonnes of substances (26.6 tonnes in 2021) that can be used to produce BMK were seized in Europe that same year.
- Seizures of tartaric acid, a chemical that allows the retrieval of the most potent and sought-after form of methamphetamine (*d*-methamphetamine, used for 'crystal meth') from mixtures produced by BMK methods, reached 10.9 tonnes in 2023 (2.6 tonnes in 2022) and were reported by Belgium and the Netherlands.
- In 2023, 53 synthetic cathinone production sites, some of which were large-scale, were dismantled in the European Union (29 in 2022): the large majority were seized in Poland (40 sites), with the rest accounted for by the Netherlands (8 sites), Germany (2), Belgium (1), Austria (1) and Sweden (1).
- Seizures of synthetic cathinone precursors amounted to 2.1 tonnes in 2023 (558 kilograms in 2022), most of which was seized in the Netherlands (1416 kilograms) and Poland (735 kilograms). These are likely to be underestimates as precursors for cathinones are unscheduled.
- While not representative of national drug markets, about 60 % of amphetamine samples screened by European drug checking services in 9 EU Member States in the first half of 2024 contained a psychoactive adulterant. Caffeine (57 %) was the psychoactive adulterant most commonly found in amphetamine samples analysed by drug checking services. Other stimulants (5 %), including MDMA, cocaine and cathinones, and hallucinogens (less than 1 %) were also found as adulterants.

- Data from 12 drug checking services in 10 EU Member States from the first half of 2024 show that of all analysed samples containing cathinones, another drug (mostly MDMA) was expected in 12 % (77) of samples, while 88 % (558) were submitted as such. Samples sold as 3-MMC often contained 2-MMC instead.

Detailed information on synthetic stimulants can be found in the joint EUDA-Europol EU Drug Markets: In-depth analysis and the EUDA's Stimulants: health and social responses.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Prevalence of drug use data tables including general population surveys and wastewater analysis (all substances)

Download all files (zip)

- Table EDR25-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2023 or most recent year)
- Table EDR25-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR25-WW-1 Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2024, in

Other data tables including tables specific to synthetic stimulants

Download all files (zip)

- Table EDR25-TDI-1. Treatment demand indicator (TDI) source data, client characteristics, European Drug Report, 2025. Percentages except where otherwise stated
- Table EDR25-Stimulants-1. Amphetamine and methamphetamine entrants as a share of all first-time treatment entrants
- Table EDR25-Stimulants-2. Trends in all entrants for synthetic cathinone users
- Table EDR25- Stimulants-3. Synthetic stimulants seizures source data
- Table EDR25-Stimulants-4. Synthetic stimulants market price and purity data
- Table EDR25-Stimulants-5. Synthetic stimulants retail market price and purity data indexed trends (2013=100)

- Table EDR25-Stimulants-6. Trends in the number of synthetic stimulants seizures 2013-2023
- Table EDR25-Stimulants-7. Trends in the quantities of synthetic stimulants seized, tonnes 2013-2023

MDMA – the current situation in Europe (European Drug Report 2025)

MDMA is a synthetic drug chemically related to the amphetamines, but with somewhat different effects. In Europe, MDMA use has generally been associated with episodic patterns of consumption in the context of nightlife and entertainment settings. On this page, you can find the latest analysis of the drug situation for MDMA in Europe, including prevalence of use, seizures, price and purity and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

Strong MDMA products still posing health risks, as European production increases

MDMA is a synthetic drug chemically related to the amphetamines, but with somewhat different effects. In Europe, MDMA use has generally been associated with episodic patterns of consumption in the context of nightlife and entertainment settings. Survey data indicate that MDMA is the second most commonly used illicit stimulant in Europe, after cocaine. The use of the drug appeared to decline temporarily during the early phases of the COVID-19 pandemic but bounced back when social distancing measures were lifted. The most recently available data would suggest that the current situation is relatively stable in terms of annual consumption, although the national situation is relatively heterogeneous and there are some possible signs of a slight increase in use in some countries. More than half of the European cities reporting wastewater analysis found an increase in MDMA residues between 2023 and 2024.

Europe remains a globally significant source of MDMA

MDMA production is known to take place within Europe, both for domestic consumption and for export to non-EU markets. Europe is recognised as an important global supply source for this substance. Most of this production takes place in the Netherlands and Belgium, where police detect illicit laboratories ranging in size from small-scale to larger facilities each year (Figure 5.1). Recently, MDMA production sites have also been dismantled in Spain and, to a lesser extent, in France, Poland and Sweden. This likely reflects a diversification of production locations. Although monitoring trends in illicit drug production is always challenging, there are signals to suggest that production within Europe may now be increasing, following a decline during the COVID-19 pandemic. In 2023, at least 36 MDMA laboratories were dismantled in the European Union (48 in 2022), while seizures of the internationally controlled precursor chemical PMK (piperonyl methyl

ketone) and its glycidic derivatives for manufacturing MDMA increased markedly for a second year in a row in 2023, to 63.1 tonnes (19.9 tonnes in 2022). Alternative chemicals for the manufacture of MDMA, such as MAMDPA and IMDPAM, continued to be seized in 2023, reflecting how organised crime groups involved in the drug's production switch between precursors to avoid legal controls. These reports of increased seizures of MDMA precursors and alternative chemicals, combined with information about MDMA exports, may reflect an increase in the production of the drug for global markets and a general rebound following the COVID-19 pandemic. Recent increases in the quantities of MDMA tablets and powders seized in Europe also suggest a likely increase in MDMA production in the European Union.

Figure 5.1. MDMA production facilities dismantled by Belgian Police, in Limburg (left) and Liège (right), 2023

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MDMA produced in Europe is trafficked to regions such as Oceania, Asia and Latin America. A development of concern is the possible use of the reverse cocaine trafficking route from Europe to Latin America, with indications of MDMA being exchanged for cocaine. The trafficking of MDMA to Latin America presents an opportunity for MDMA producers in Europe, given the price of synthetic drugs in the region and the large potential market. The possibility of using established cocaine trafficking routes, previously thought to be 'one-way' routes, may further motivate MDMA producers in Europe to traffic the drug to Latin America and collaborate closer with cocaine trafficking networks.

The environmental impact of MDMA production in Europe is significant, with each kilogram of MDMA generating approximately 58 kilograms of toxic waste. Overall, MDMA production in the European Union potentially generates between 1000 and 3000 tonnes of chemical waste each year. Production sites are prone to accidents, explosions and fires due to the volatile chemicals involved – posing significant risks to surrounding communities.

Lack of consumer awareness of MDMA product strength remains a concern

The MDMA content of ecstasy tablets available on the retail market remains high by historical standards. While ecstasy tablets containing up to 350 milligrams of MDMA are still reported as

being sold in Europe, on average, the MDMA content of ecstasy tablets appears to have stabilised in recent years, at a relatively high level of between 138 and 158 milligrams per tablet. This is a decline from the pre-pandemic peak average of 170 milligrams of MDMA per tablet in 2019. Nonetheless, the relatively high strength of current MDMA tablets can be seen from a comparison with 2011, when the average MDMA content in tablets was around 84 milligrams. The continued availability of higher-strength products potentially increases the risk of adverse health outcomes associated with the consumption of this substance. Health risks from consuming MDMA can also be exacerbated by polysubstance use, which remains common.

MDMA tablets are typically available in many designs, often colourful replications of brand logos. Alongside powders and tablets, more novel MDMA products, such as edibles (candies, gelatines and lollipops), have occasionally been detected in recent years in some countries, for example, Belgium and Czechia. As with cannabis edibles, these products pose difficulties in regulating intended dosage and increase the risk of inadvertent consumption, of particular concern if they are consumed by minors.

The use of MDMA is rarely cited as a reason for entering drug treatment in Europe, but acute poisonings and deaths are sometimes associated with its use. Some countries, including Germany, reported relatively small but increasing numbers of drug-induced deaths involving MDMA in 2023. Türkiye remains the only country reporting a high proportion of drug-induced deaths in which MDMA is mentioned in the toxicological analysis. However, the reasons for this are not clear. The identification of MDMA in post-mortem analysis, particularly alongside other substances, does not necessarily mean that the drug either caused or contributed to the fatal overdose. There are, however, some reports of fatalities where only MDMA was involved, suggesting that the drug was the probable cause of death in those cases.

The use of MDMA remains an important issue for prevention and harm reduction messaging and interventions. Measures typically undertaken in this area include risk communications about high-strength products and safer use guidelines, as well as providing drop-in services and, in some countries, drug checking services, where consumers can have the composition of their substances analysed. As the MDMA content and purity of batches of pills and powders in circulation at the retail level can vary, consumers are exposed to potentially shifting and unpredictable levels of risk. For example, in Ireland, the Health Service Executive Safer Nightlife Programme, operating at a large music festival in August 2024, found that over half of the surrendered or confiscated tablets analysed contained 200 milligrams of MDMA. A rapid risk alert was used to inform harm reduction efforts and was shared on social media, festival screens and on the festival application (see Figure 5.2). The communication advised potential consumers of the risks to health, as various medical emergencies, including fits, were reported as linked to the use of the pills at the event.

Figure 5.2. Examples of risk alert communications issued at a music festival in Ireland, August 2024

Nightlife Programme, to warn about high-strength MDMA products.

While it is difficult to generalise due to limitations in national and European coverage, the available information from drug checking services suggests that MDMA products are generally less subject to adulteration than other illicit drugs they screened in 2024. This does occur, however, as illustrated by the occasional detection of synthetic cathinones in MDMA tablets, Nonetheless, the proportion of MDMA samples analysed by European drug checking services that were adulterated with cathinones declined from 6 % to less than 2 % between 2023 and 2024. Such drug mixtures, which have been reported to the EU Early Warning System as being mis-sold as MDMA to consumers, may also increase the risk to consumers of experiencing unexpected adverse effects and potential harm.

Additional detailed information about MDMA can be found in the joint EUDA-Europol EU Drug Markets: In-depth analysis and the EUDA's Stimulants: health and social responses.

Key data and trends

Prevalence and patterns of MDMA use

- Surveys conducted by 26 EU countries between 2015 and 2024 suggest that 2.6 million young adults (aged 15 to 34) used MDMA in the last year (2.6 % of this age group), with 2.7 % (1.3 million) of those aged 15 to 24 years estimated to have used MDMA in the last year (for survey data, see Figure 5.3).

Figure 5.3. Prevalence of MDMA ('ecstasy') use in Europe

This data explorer enables you to view our data on the prevalence of MDMA use by recall period and age range. You can access data by country by clicking on the map or selecting a country from the dropdown menu.

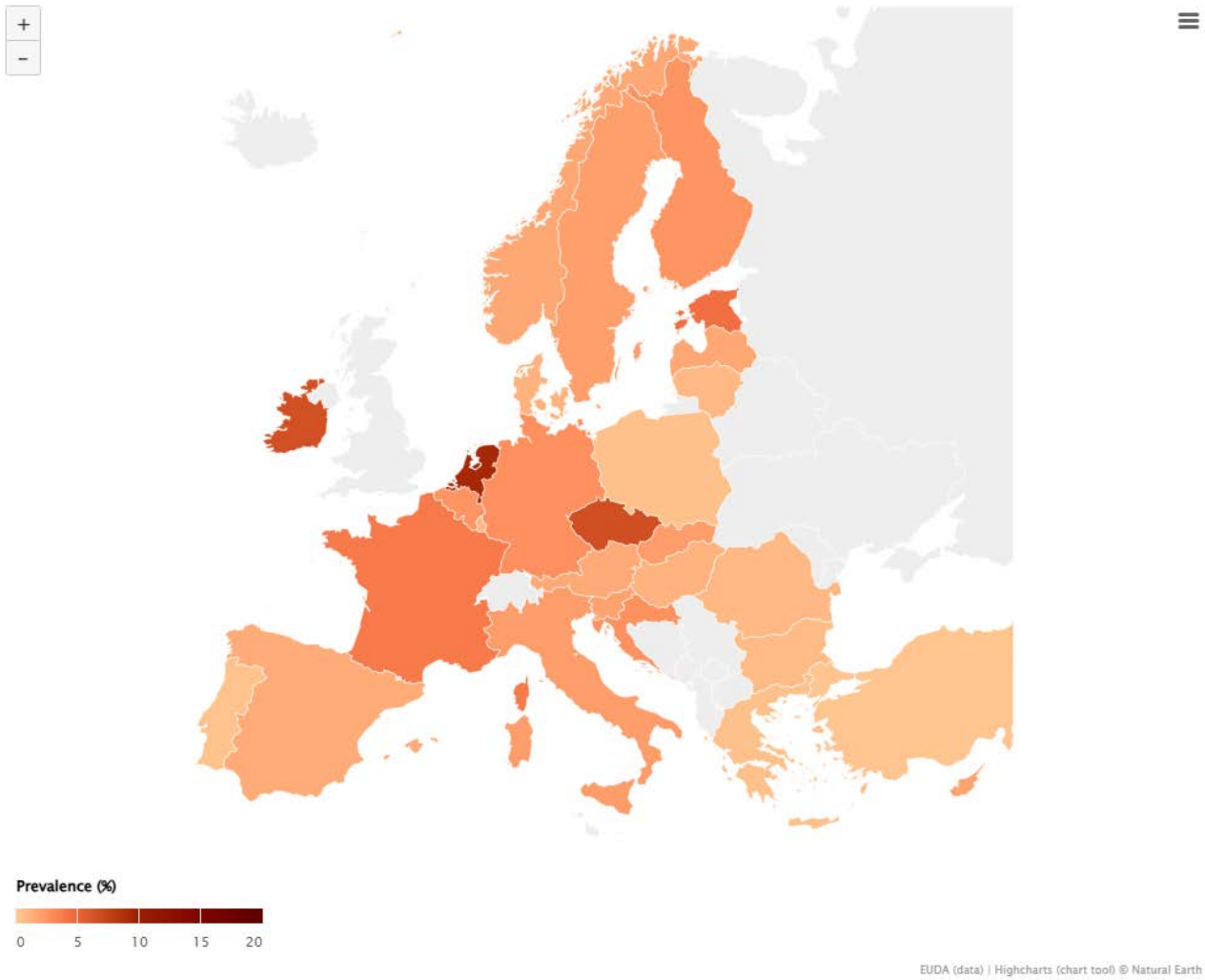
Recall period

Last month | Last year | Lifetime

Age

Young adults (15-34) | All adults (15-64)

Country



Notes

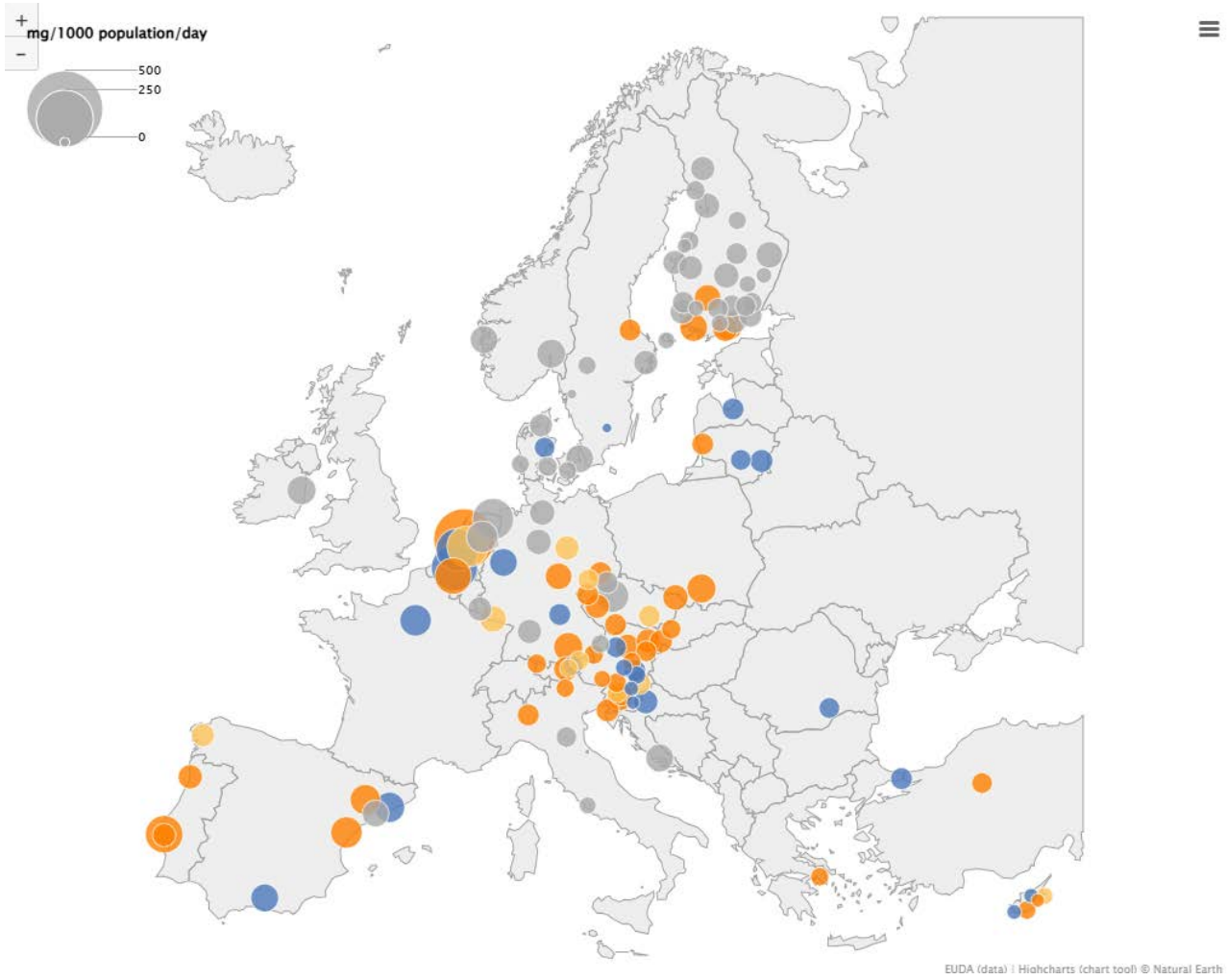
Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2025: Prevalence of drug use.

Graphics showing the most recent data for a country are based on studies carried out between 2013 and 2023.

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia and Norway; 18-65 for Malta; 17-64 and 17-34 for Sweden.

- Of the 15 European countries that undertook surveys since 2022 and provided confidence intervals, 1 reported lower estimates than their previous comparable survey, 6 reported higher estimates and 8 reported stable estimates.
- In the 2024 ESPAD school survey, MDMA/ecstasy was rated as easily obtainable by around 10 % of the 15- to 16-year-old ESPAD students in the European Union. On average, 1.8 % of the students reported having used the drug at least once in their lifetime, and less than 1 % reported having used MDMA for the first time at age 13 or younger.
- Of the 76 cities that have data on MDMA residues in municipal wastewater for 2023 and 2024, 41 reported an increase, 11 a stable situation and 24 a decrease (Figure 5.4). All of the 9 cities with data for both 2024 and 2011 had higher MDMA mass loads in 2024.

Figure 5.4. MDMA residues in wastewater in selected European cities: changes between 2023 and 2024



= increase = stable = decrease, with respect to previous year = no previous data

Mean daily amounts of MDMA in milligrams per 1000 population. Sampling was carried out over a week in March and May 2024. Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study.

- The 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, indicated that MDMA/ecstasy was the second most commonly used drug among respondents, with a third of respondents using it in the last 12 months. For nearly 80 % of respondents, music festivals or parties were the preferred settings for using the drug. Only 10 % of participants indicated using it with no other substance on the last occasion: 70 % used it with alcohol, 55 % with tobacco and 27 % with herbal cannabis. In terms of the products used, around 28 % reported using powders/crystals, 37 % consumed tablets/pills and 36 % had used both types. On average, respondents reported typically consuming 1 tablet on a day of use.

Deaths and hospital presentations related to MDMA

- MDMA is reported in relatively small numbers of drug-induced deaths, and in most countries fewer than 1 in 20 cases involve the drug. Türkiye is an outlier, with MDMA identified in almost 1 in 3 drug-induced deaths (89 out of 300 in 2023). The majority of drug-induced deaths in Türkiye are among younger people, predominantly males, and are more likely to involve stimulant drugs rather than opioids, compared with the European Union and Norway.
- In Germany, toxicology information is confirmed in around 4 out of 10 cases, and autopsies are conducted for just over half of the cases. Information for the other cases comes from the reporting police officers. However, bearing in mind possible underestimation, drug-induced deaths with MDMA mentioned accounted for 6 % of the cases reported in 2023, representing an increase from 4 % in 2021 and 2022. The number of these deaths has increased from 59 cases in 2021 and 65 in 2022 to 105 in 2023. This compares with an increase from a total of 1460 cases of drug-induced deaths in Germany in 2021 and 1631 in 2022 to 1838 cases in 2023. In fewer than 1 in 5 cases where MDMA was mentioned, it was the only drug identified.
- In some countries where full toxicology analysis data were available, a significant proportion of the MDMA-related deaths involved only MDMA. For example, almost a third (28/89, 31 %) of the MDMA-related deaths in Türkiye and around half (6/11) in Finland involved only MDMA.
- MDMA was the eighth most frequently reported drug by Euro-DEN Plus hospitals in 2023. The drug was reported by 20 sentinel hospitals in 2023 and was involved in a median of 5 % of presentations across the 22 hospitals in the European Union and Norway that reported data for that year.
- Only in the sentinel hospitals in Ghent in Belgium and Parnu in Estonia was MDMA involved in more than 1 in 10 presentations.
- In half of the Euro-DEN hospitals in 2023, at least 2 out of 3 presentations with MDMA were among males, over 4.5 in 10 were among young people aged less than 25 years.
- Most MDMA cases were associated with polysubstance use. MDMA was the sole drug reported for around a third of the MDMA-related presentations (2 % of all presentations). However, alcohol was reported in almost half of these.
- Almost half of the cases with MDMA involved (46 %) presented on either Saturdays or Sundays.
- Alcohol was co-ingested with MDMA in more than half (55 %) of the cases for which we have information on alcohol ingestion. Cocaine, cannabis and amphetamine were the drugs most commonly reported in presentations with MDMA involved.

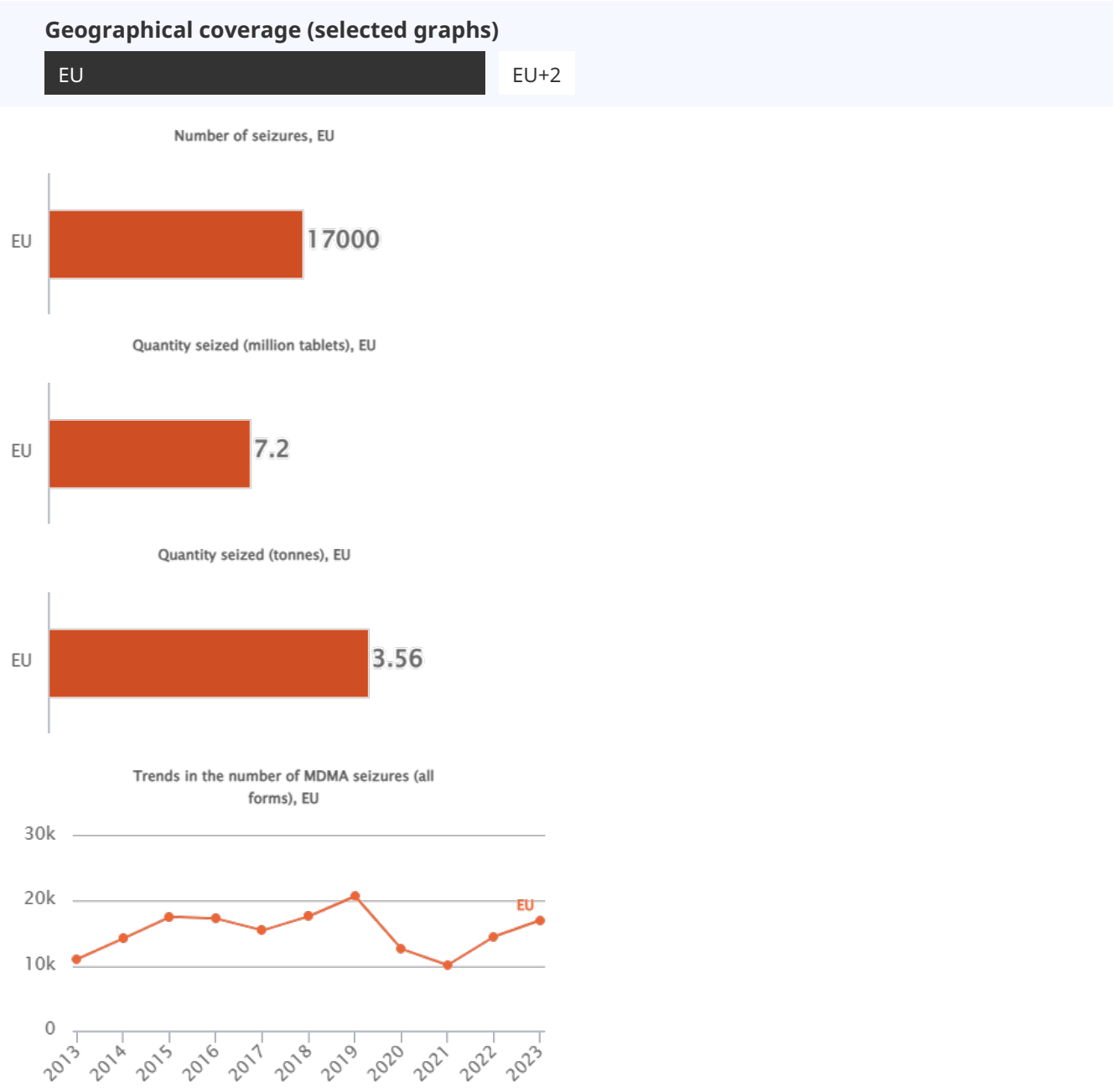
MDMA market data

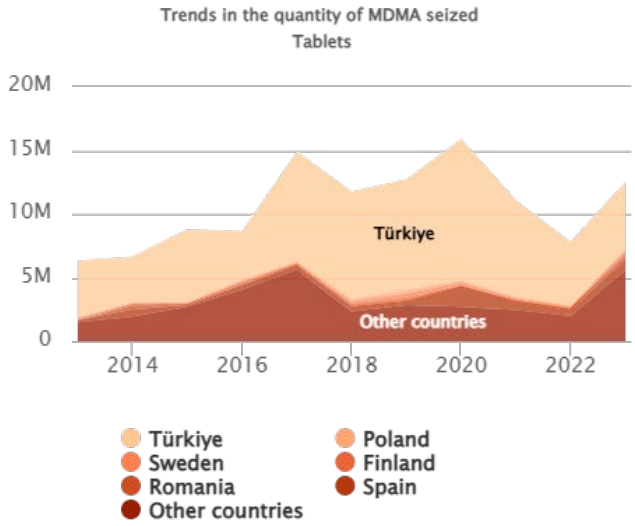
- In 2023, EU Member States reported 17 000 seizures of MDMA (14 500 in 2022), amounting to 3.6 tonnes of MDMA powder (1.2 tonnes in 2022) and 7.2 million MDMA tablets (2.5 million in

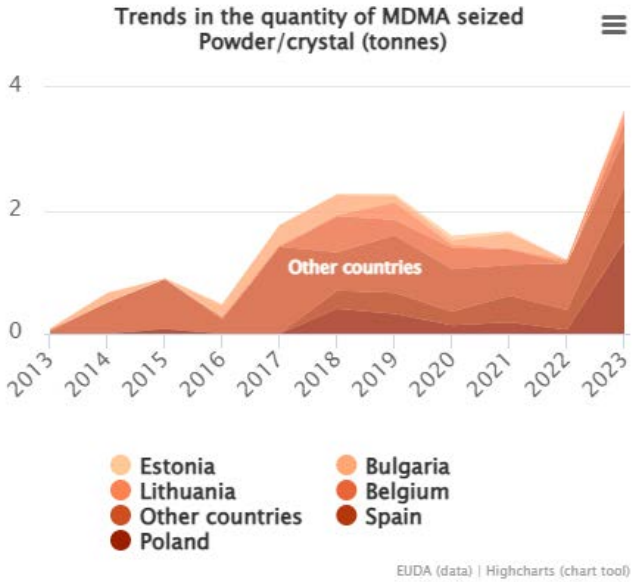
2022). Türkiye seized 5.2 million MDMA tablets in 2023 (5 million in 2022) (Figure 5.5).

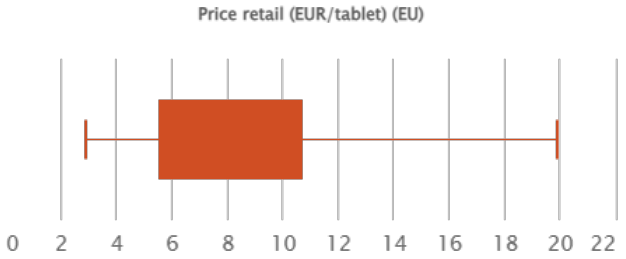
- In 2023, 2 EU Member States reported dismantling 36 MDMA laboratories. Belgium reported 4 MDMA laboratories, with the Netherlands reporting 32.
- Seizures of MDMA precursors increased to 64.1 tonnes in 2023 (20.5 tonnes in 2022), mainly in the form of the MDMA precursor PMK and its glycidic derivatives, of which 63.1 tonnes was seized in 2023 (19.9 tonnes in 2022). Seizures of alternative chemicals for the production of MDMA were also reported in 2023: 565.4 kilograms of MAMDPA (37 kilograms in 2022) and, for the first time, seizures of IMDPAM (450 kilograms).
- In 2023, MDMA tablets seized in Europe contained on average between 138 and 158 milligrams of MDMA (140-157 milligrams in 2022), and the average purity of seized MDMA powders ranged from 24 % to 100 % (46-100 % in 2022), with half the countries reporting values in the range 67-88 % (66-87 % in 2022) (Figure 5.5). The Netherlands, a key source country for the supply of MDMA to Europe, reported an average MDMA content of ecstasy tablets of 133 milligrams and 75 % purity for MDMA powders.

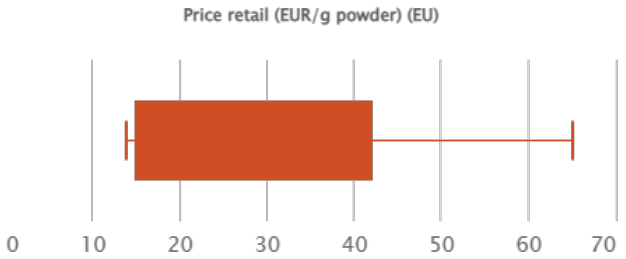
Figure 5.5. MDMA market in Europe

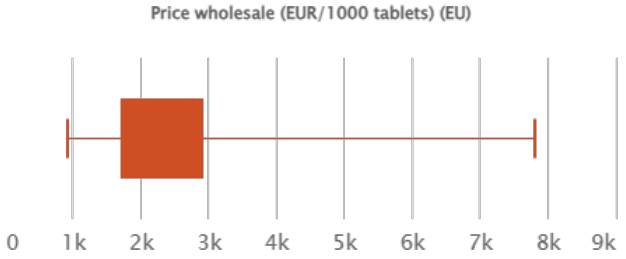


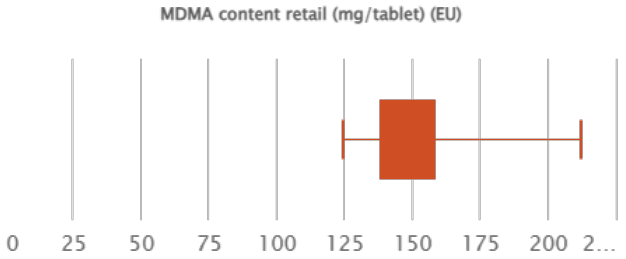

Trends in the quantity of MDMA seized
Tablets
20M
15M
10M
5M
0
2014
2016
2018
2020
2022
Türkiye
Other countries
Türkiye
Sweden
Romania
Other countries
Poland
Finland
Spain

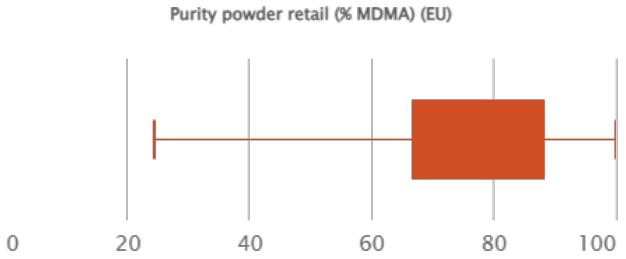

Trends in the quantity of MDMA seized
Powder/crystal (tonnes)
4
2
0
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Other countries
Estonia
Lithuania
Other countries
Poland
Bulgaria
Belgium
Spain
EUDA (data) | Highcharts (chart tool)

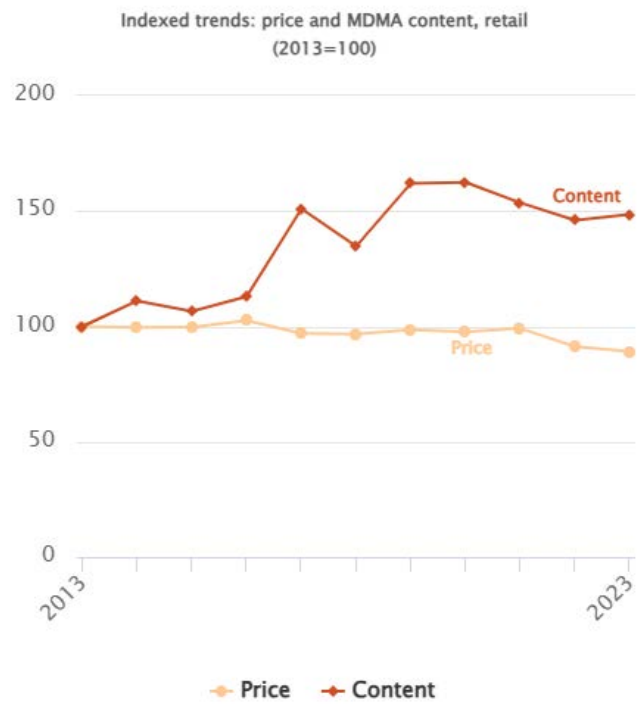

Price retail (EUR/tablet) (EU)
0
2
4
6
8
10
12
14
16
18
20
22


Price retail (EUR/g powder) (EU)
0
10
20
30
40
50
60
70


Price wholesale (EUR/1000 tablets) (EU)
0
1k
2k
3k
4k
5k
6k
7k
8k
9k


MDMA content retail (mg/tablet) (EU)
0
25
50
75
100
125
150
175
200
2...

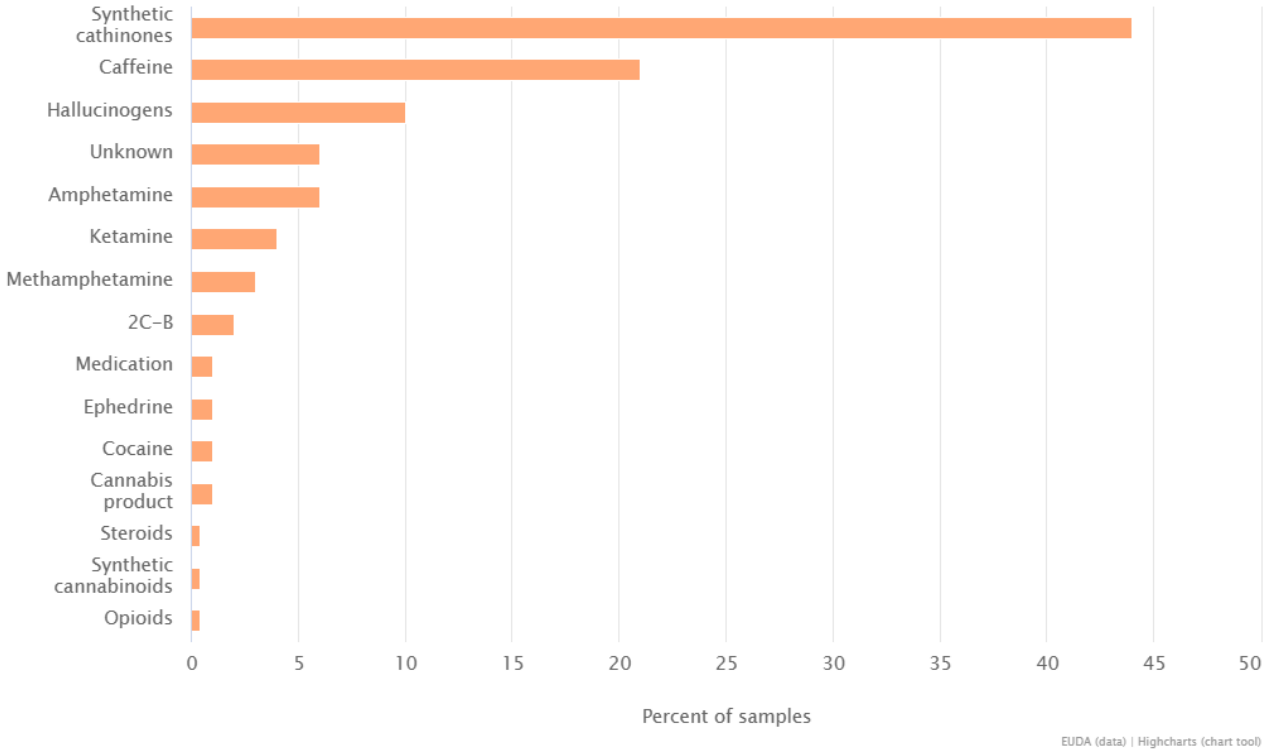

Purity powder retail (% MDMA) (EU)
0
20
40
60
80
100



Notes: EU+2 refers to EU Member States, Norway and Türkiye. Price and content of MDMA tablets: national mean values – minimum, maximum and interquartile range. Indexed trends refer to MDMA tablets. Countries covered vary by indicator.

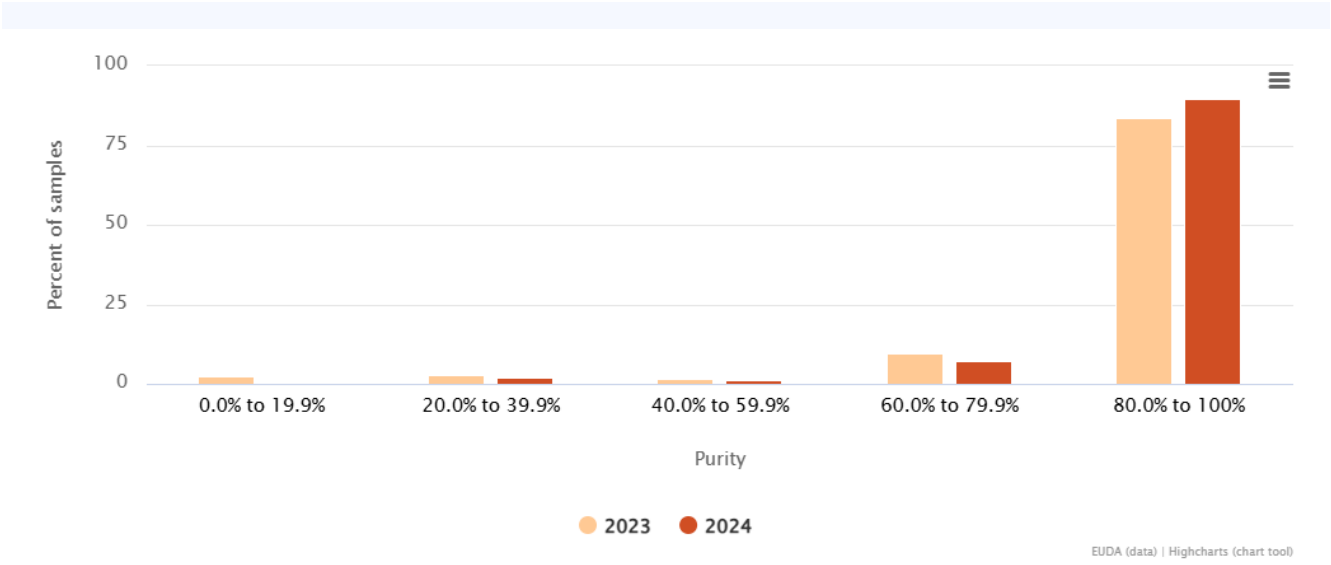
- In the first half of 2024, a total of 2747 samples sold as MDMA were tested for psychoactive adulterants by 13 drug checking services in 10 EU Member States. MDMA was the sole psychoactive substance in 2589 samples, while the remaining 158 samples contained at least one other psychoactive substance. Synthetic cathinones were the most frequently detected of these, representing less than 2 % of samples sold as MDMA (Figure 5.6, Figure 5.7 and Figure 5.8), down from 6 % in 2023.

Figure 5.6. Psychoactive adulterants detected in samples sold as MDMA to users and tested in 12 European drug checking services in 2024



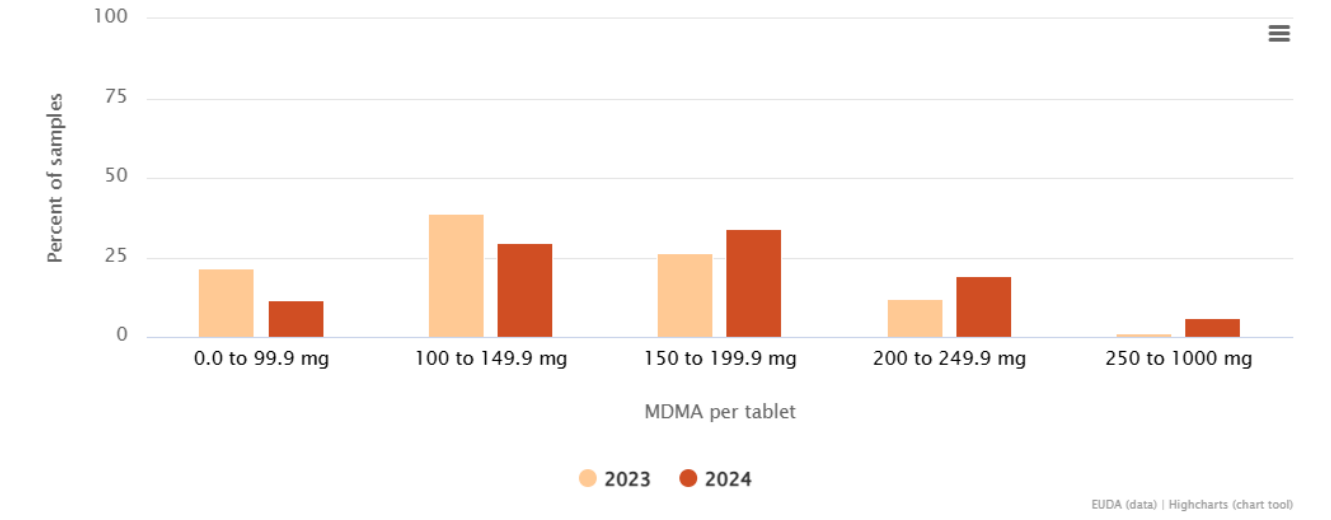
Source: Trans-European Drug Information network (TEDI). Data from 13 European drug checking services in 10 EU Member States, collected between January and June 2024.

Figure 5.7. Purity of MDMA powder samples submitted to drug checking services in 2023 and 2024



Source: Trans-European Drug Information network (TEDI). Data from 13 European drug checking services in 10 EU Member States, collected between January and June of 2023 and 2024.

Figure 5.8. Content of MDMA tablet samples submitted to drug checking services in 2023 and 2024



Source: Trans-European Drug Information network (TEDI). Data from 13 European drug checking services in 10 EU Member States, collected between January and June of 2023 and 2024.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and other elements on this page, may be found below.

Prevalence of drug use data tables including general population surveys and wastewater analysis (all substances)

Download all files (zip)

- Table EDR25-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2023 or most recent year)
- Table EDR25-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR25-WW-1 Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2024, in

Data tables specific to MDMA

Download all files (zip)

- Table EDR25-MDMA-2. MDMA markets seizures source data
- Table EDR25-MDMA-5. Trends in the number of MDMA seizures
- Table EDR25-MDMA-4. Trends in the quantity of MDMA seized: tablets
- Table EDR25-MDMA-5. Trends in the quantity of MDMA seized: powder (tonnes)
- Table EDR25-MDMA-6, price and purity or content data
- Table EDR25-MDMA-7. Price and MDMA content indexed trends
- Table EDR25-MDMA-8. MDMA purity or content of samples submitted to drug checking services (percent)
- Table EDR25-MDMA-9. Psychoactive adulterants detected in samples sold as MDMA to users and tested in 12 European drug checking s

Heroin and other opioids – the current situation in Europe (European Drug Report 2025)

Heroin remains Europe's most commonly used illicit opioid and is responsible for a large share of the health burden attributed to illicit drug consumption. Europe's opioid problem, however, continues to evolve in ways that are likely to have important implications for how we address issues in this area. On this page, you can find the latest analysis of the drug situation for heroin and other opioids in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.

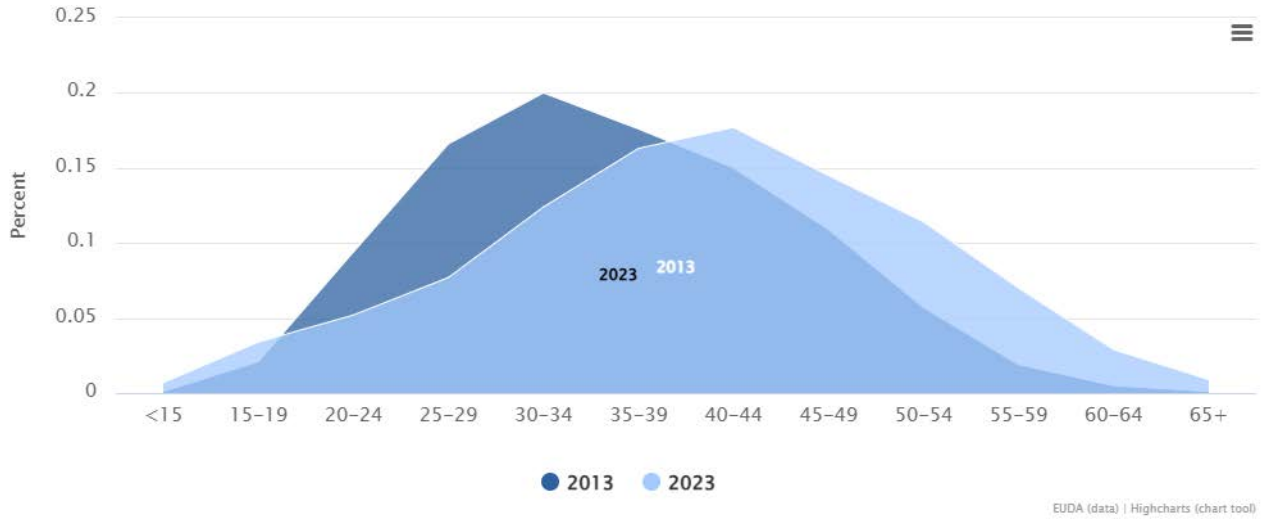
This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

Europe's heroin and opioids market still driving harm reduction and treatment challenges

Heroin remains Europe's most commonly used illicit opioid and is responsible for a large proportion of the health burden attributed illicit drug consumption. Europe's opioid phenomenon, however, continues to evolve in ways that are likely to have important implications for how we respond to problems in this area.

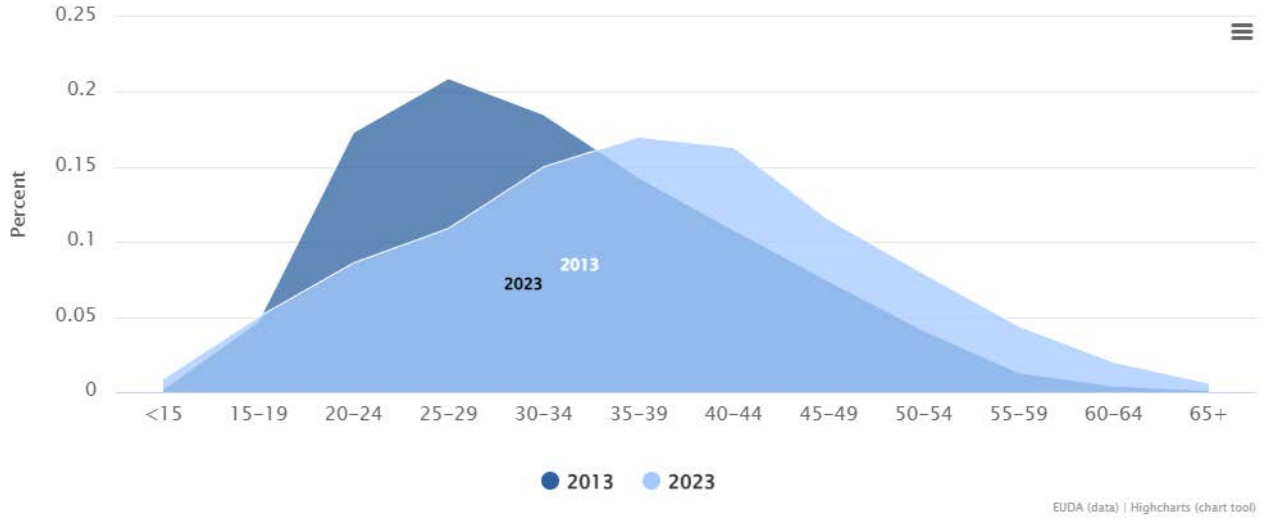
Data on entry into drug treatment and other indicators show that, overall, the cohort of heroin users in Europe is ageing. Between 2013 and 2023, the mean age of all clients entering specialist drug treatment for heroin use and for those doing so for the first time increased, as did the proportion of older clients (see Figure 6.1 and Figure 6.2). Changes in the characteristics of those seeking help increasingly mean that services are now addressing a more complex range of health and social support needs. As well as directly responding to drug-related problems, these include prevention and treatment of age-related illness and a corresponding requirement to establish effective multi-agency partnerships and referral pathways with general health and social support services.

Figure 6.1. Age distribution of all clients entering treatment with heroin as their primary drug, 2013 and 2023



Based on data from 25 EU Member States and Türkiye.

Figure 6.2. Age distribution of never previously treated clients entering treatment with heroin as their primary drug, 2013 and 2023



Based on data from 24 EU Member States and Türkiye.

While heroin continues to be involved in many opioid-related deaths (see Drug-induced deaths – the current situation in Europe), other opioids have become more prominent. In addition, although heroin remained the most commonly reported opioid in acute drug toxicity presentations at Euro-DEN sentinel hospitals in 2023, in some cities, other opioids – opioid agonist medicines, pain relief medicines or potent new synthetic opioids – have overtaken heroin as a driver of presentations. While this data set is not nationally representative, it provides a window on how opioid problems

may be changing at the local level. Moreover, the data needs to be interpreted with care, as some changes in this area appear to reflect the positive impact of long-term policies to reduce the demand for heroin, discourage new initiation and provide adequate and effective treatment responses. Nonetheless, greater attention may now be merited on measures to reduce the risk that opioids intended for therapeutic use may be diverted onto the illicit market. An important caveat here is that the pursuit of this objective should not create additional barriers to the provision of opioid agonist treatment, the coverage of which remains inadequate in a number of countries.

Changes in the route of administration of heroin have also been observed. Among presentations to treatment services, injecting among both first-time and previously treated heroin clients has decreased over the last decade. The most recent data, however, suggest a slowing of the downward trend (see Figure 6.3 and Injecting drug use in Europe – the current situation). The transition from injecting to other routes, mainly smoking/inhaling, could reflect the influence of various factors, including the impact of harm reduction and prevention efforts and changes in drug availability that may affect patterns of use. Only 20 % of new clients entering treatment for heroin-related problems now report injection as their main route of administration. This development is important, as injecting drug use is particularly associated with a range of negative health outcomes. Less positively, as discussed elsewhere in this report, overall, people who inject drugs appear to be injecting a more diverse range of substances, with stimulants, which tend to be injected more frequently than opioids, being more commonly reported. Also, concern exists around the low, and in some cases decreasing, levels of provision of sterile syringes observed in some EU Member States (see also Injecting drug use in Europe – the current situation).

Figure 6.3. Trends in the main route of administration of clients entering treatment with heroin as primary drug, by treatment status

'Other routes' include eating/drinking, sniffing and unspecified main routes of administration. Due to COVID-19 restrictions within specialist drug treatment services, data for 2020, 2021 and 2022 should be interpreted with caution. Trends are based on the 19 EU Member States providing data over the period; only those with data for at least 9 of the 10 years are included. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution.

Alongside the presence of a more diverse range of opioids and other substances on Europe's drug market, polysubstance use by people who primarily use opioids remains a key health concern, as it

increases various risks. Importantly, data from several indicators suggest that heroin and other opioids are often used in combination with other substances, including alcohol, benzodiazepines or stimulants such as cocaine, crack cocaine and amphetamines. Polysubstance use involving opioids and other respiratory depressants increases the risk of fatal overdose, and data from both established and leading-edge sources give an indication of how the simultaneous use of multiple substances is a feature of local drug consumption patterns. In 2023, three out of five clients entering specialised drug treatment in Europe who cited an opioid as their primary problem drug reported a secondary substance. At the local level, in 2023, more than a third of the emergency episodes reported by 13 drug consumption rooms in 9 EU Member States in the European Network of Drug Consumption Rooms were linked to polysubstance use. Data from ESCAPE – the European Syringe Collection and Analysis Project Enterprise – show that patterns of polysubstance use differ between countries and by opioid injected. While heroin was frequently detected in syringes alongside other drugs or adulterants, in sites in Vilnius (Lithuania) and Tallinn (Estonia), new synthetic opioids were often the only active compound detected in syringes. In Thessaloniki (Greece) and Prague (Czechia), buprenorphine was often found alone or with naloxone, likely reflecting the composition of pharmaceutical preparations.

Production and trafficking shifts might alter Europe's heroin market

The ban on opium poppy cultivation, introduced by the Taliban in April 2022, has greatly reduced the production of opium and heroin in Afghanistan, the main source of the drug in Europe, with the United Nations Office on Drugs and Crime (UNODC) estimating a 95 % drop in opium cultivation in 2023, to 10 800 hectares, down from 232 000 hectares in 2022. More recent UNODC figures suggest that poppy cultivation remained at very low levels in 2024, at 12 800 hectares. If sustained, a decrease in opium and heroin production in Afghanistan is likely to affect heroin availability in Europe, although it remains challenging to predict when this might happen and how it might be experienced in different EU Member States. Various factors affect the trafficking of illicit heroin from Afghanistan to Europe, some of which are poorly understood, such as the socioeconomic situation of Afghanistan's rural farmers and landowners, and the likely presence of opium and heroin stockpiles, which are difficult to estimate, or shifts in trafficking routes. Given the economic and humanitarian crises in Afghanistan, the Taliban may face domestic pressure to rescind the ban, as opium cultivation was previously an important income source. Taken together, these developments underscore the need to improve the monitoring of Afghanistan's drug situation. The EUDA has launched a new project in this area to enhance preparedness and provide strategic insights for EU policymakers.

Within Europe, a number of indicators suggest that the heroin market has been shrinking over the past 10 years. Despite wide fluctuations in the amounts seized, the long-term trends in price and purity and in the number of seizures suggest that supply may have increased relative to demand, over the period (see Heroin and other opioids market data, below). However, this may be changing as indicated by the most recent seizure data from key countries along the main trafficking route, Türkiye and Bulgaria, and possibly also by a notable fall in heroin purity in 2023. While the data

may be suggestive of shifts currently taking place in Europe's heroin market dynamics, further monitoring is needed to determine whether the most recent developments are a direct consequence of supply disruptions from Afghanistan or other geopolitical factors, and how they may further develop and impact heroin availability.

Beyond supply constraints, market resilience and adaptation remain key considerations for better understanding signals of change in Europe's heroin market. For example, reports indicate that opium stockpiles within Afghanistan may have helped buffer the immediate impact of the ban (Understanding the impact of the Taliban drug ban). In conjunction, the high value of the European heroin market might make supplies to Europe somewhat resilient in the short to medium term, while a decrease in availability for other, less lucrative markets may be more immediate. Moreover, trafficking networks are highly adaptable and may be shifting routes as a result of Russia's full-scale invasion of Ukraine and conflicts in the Middle East – particularly recent developments in Syria. Downstream at Europe's external and internal borders, trafficking networks continue to use a range of modi operandi to bring heroin into EU countries. These include the concealment of larger loads within equipment and machinery, as seen in a recent Bulgarian seizure and the use of light aircraft and the targeting of regional and smaller airfields to move wholesale loads within the European Union, as observed in a recent Irish seizure (see Figure 6.4, Figure 6.5 and Drug supply, production and precursors – the current situation in Europe).

Figure 6.4. A consignment of 60 kilograms of heroin trafficked through the Netherlands and France on a Cessna 210 light aircraft to Weston Airport, Dublin, Ireland, December 2023

Note: Drugs seized by the Garda National Drugs and Organised Crime Bureau and Revenue's Customs Service.

Figure 6.5. Seizure of 436 kilograms of heroin concealed in cable machines, Port of Burgas, Bulgaria

Note: Drugs seized by the National Customs Agency of Bulgaria.

Faced with a possible sustained reduction in the supply of heroin from Afghanistan, criminal networks involved in drug trafficking may seek alternative sources. It would, however, be difficult to fully replace heroin from Afghanistan with supplies from other producer countries, such as Myanmar, given the amount of opium and heroin produced and trafficked from Afghanistan prior to the current ban. While not a new development, it is interesting to note that quantities of white heroin, adding up to 60 kilograms, presumably manufactured in or near Myanmar, were seized on different occasions from commercial airline passengers flying from Thailand to EU Member States in 2024 and early 2025. This may indicate that some trafficking networks are exploring alternative sources of heroin in anticipation of a future shortage in Afghanistan. This is at a time when commercial trade between the European Union and South-East Asia is set to expand.

Health concerns over possible increased supply and use of new synthetic opioids

Currently, new synthetic opioids play a relatively small role in the drug market in Europe overall, but they are a significant problem in some countries, and there are signals that they could have the potential to play a larger role in Europe's drug problems in the future. Synthetic opioids, such as fentanyl and its derivatives, including carfentanil, which are typically much more potent than heroin, have been reported to the EU Early Warning System for many years now. More recently, a new class of synthetic opioids, nitazenes, some of which are significantly more potent than fentanyl, has appeared in Europe. Since 2019, the EU Early Warning System has received reports of the presence of nitazenes on the drug markets of at least 21 EU Member States (see New psychoactive substances – the current situation in Europe). Seizures of nitazenes in Europe have

risen rapidly, with the quantity detected in powder form tripling to 10 kilograms in 2023. Significantly, the availability of fake medicines containing nitazenes has also increased, with an increasing quantity of seized tablets being reported to the EU Early Warning System by at least 12 countries in 2024. These products typically mimic legitimate prescription medications, particularly oxycodone and, to a lesser extent, benzodiazepines such as diazepam and alprazolam. While generally taken by high-risk opioid users, there are concerns about their potential to spread to broader populations without opioid tolerance, including young people. In 2023, new synthetic opioids were detected by the EU Early Warning System on new psychoactive substances in at least 20 EU Member States, Norway and Türkiye. In the same year, 8 countries reported harms associated with nitazene opioids, including non-fatal and fatal poisonings, as well as outbreaks. There were also reports of nitazene opioids being mis-sold as heroin in Ireland and France, and in 2024, as benzodiazepines in Ireland that were linked to poisonings in the community and prison settings among vulnerable groups of people who use drugs.

With the exception of some Baltic countries, new synthetic opioids do not currently figure prominently in the routine data available at EU level. Nonetheless, developments in this area are worrying because of the potential of these substances to impact negatively on public health in Europe in the future. An increase in the availability of synthetic opioids and associated harms, including drug-related deaths, was reported in 2022 and 2023 by some northern and Baltic countries, including Estonia and Latvia. Clusters or significant numbers of deaths and acute toxicity linked to nitazenes were reported in 2023 in France, in 2024 in Germany and in 2023/2024 in Sweden and Norway. Due to their high potency and novelty, there are concerns that nitazene opioids may not be routinely detected in procedures commonly used for post-mortem toxicology. This raises the possibility that the number of deaths reported could be an underestimate.

Enhancing preparedness remains critical to Europe’s ability to respond rapidly to poisoning outbreaks related to potent synthetic opioids. The EUDA’s health and security threat assessment system is currently under development, with its first pilot assessment conducted in late 2024, focusing on nitazenes and carfentanil in the Baltic region. Among the key findings, the assessment noted that nitazenes have become an increasingly prominent feature of the drug market in Estonia and Latvia, whereas carfentanil remained dominant in Lithuania. These substances appear to have filled a vacuum following the decline of fentanyl and heroin, highlighting the adaptability of local drug markets. Estonia is one of the few EU Member States to have undergone a long-term shift in its opioid market following a reduction in the availability of heroin around 2001, when an earlier Taliban ban on opium cultivation was enacted. However, the ban was eventually allowed to lapse, resulting in the return of heroin to most other EU Member States with significant markets for the drug.

There has been speculation that a reduction in the availability of heroin in Europe, as a result of the Taliban’s ban on opium cultivation in Afghanistan, could create the conditions for greater availability and use of synthetic opioids. Given the potential negative consequences of this, Europe needs to improve its preparedness for the harm reduction and other challenges that such a market shift could bring.

Concerns in this area include the adulteration of heroin with new synthetic opioids, the mis-selling of new synthetic opioids and the replacement of heroin by new synthetic opioids. Such developments could increase the risk of overdose and drug-induced deaths among opioid consumers. It is of note in this context that North America has seen a dramatic increase in opioid-related mortality in recent years, driven by potent synthetic opioids, principally fentanyl derivatives. However, based on previous examples of shocks to the heroin market, it is also possible that stimulants such as cocaine and synthetic cathinones may also have the potential to be used as replacement substances for heroin.

While increased polysubstance use and substance-switching are likely outcomes of any reduction in heroin availability, a key means to pre-empt this scenario would be to expand rapid access to opioid agonist treatment and related supports, as well as needle and syringe programmes. It also remains important to develop sufficient access to naloxone to reverse overdoses and prevent drug-induced deaths. Monitoring the drugs available at retail level in local drug markets remains important to rapidly identify changes in the substances for sale and the presence of dangerous batches of drugs. The EU Early Warning System will continue to play a key role in this regard, as will the EUDA's new drug alert and threat assessment systems.

Most supplies of new synthetic opioids, such as nitazenes, are believed to originate in China and to be trafficked to Europe. However, some limited synthetic opioid production is known to have occurred within Europe, and it is not impossible to imagine that existing illicit synthetic drug production capacity could potentially be used for the production of synthetic opioids, should market conditions become favourable.

For a more detailed insight into the dynamics of heroin supply in the European Union, see the 2024 EUDA-Europol EU Drug Market: Heroin and other opioids – In-depth analysis; see also the EUDA's Opioids: health and social responses.

Key data and trends

Prevalence of opioid use

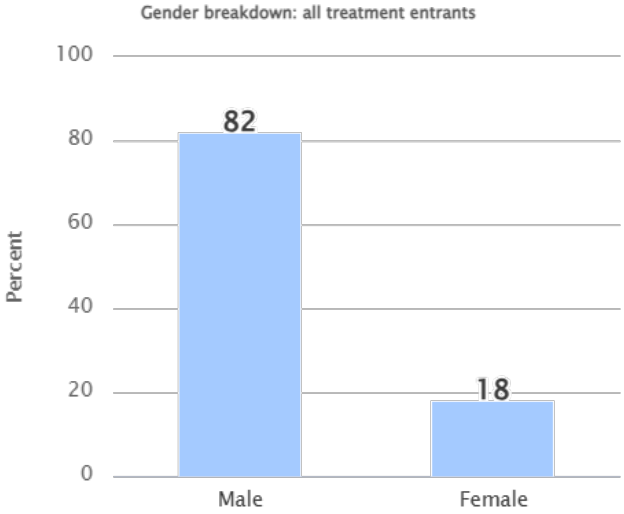
- It is estimated that 0.3 % of the EU adult population, or around 860 000 people, used opioids in 2023 (stable compared to 2022).

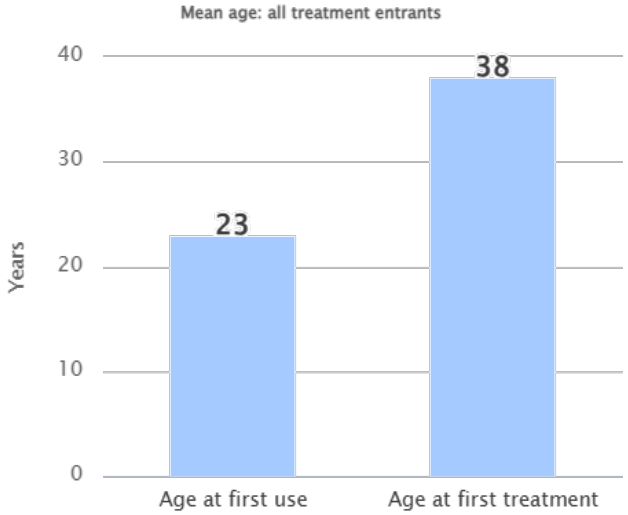
Treatment entry for use of heroin and other opioids

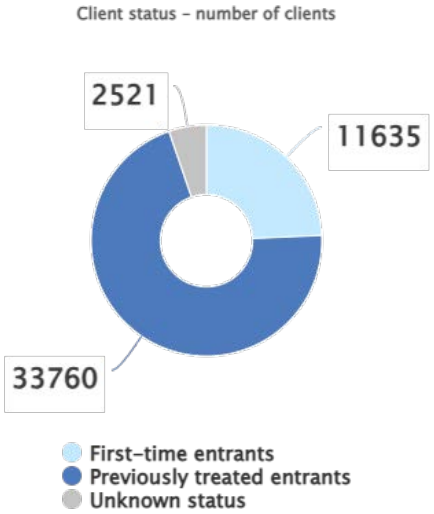
- Opioid use was reported as the main reason for entering specialist drug treatment by 72 000 clients in 2023, representing 23 % of all those entering drug treatment in Europe. Heroin was the primary drug for 12 000 (61 %) of the 19 000 first-time entrants who reported a specific opioid as their main problem drug. Another 3000 first-time opioid clients did not specify their primary drug.

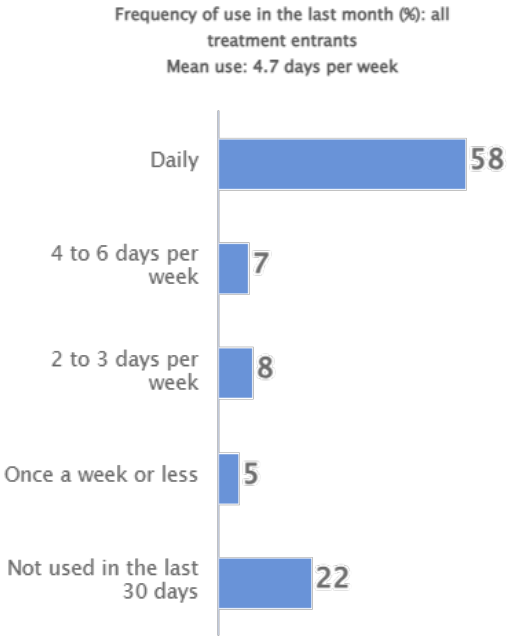
- The majority of those seeking treatment for problems related to opioids are men, who accounted for 80 % of all clients entering treatment with opioids as their main problem drug in 2023. This proportion has been relatively stable, with little variation between 2018 and 2023.
- Due to service disruptions during the COVID-19 pandemic, treatment entry data for 2020-2022 should be interpreted with caution. Nevertheless, the data suggest that the long-term downward trend in the number of people entering treatment for heroin use has continued (Figure 6.6).
- The latest European data show a time lag of 15 years (13 for women and 16 for men) between first heroin use, on average at the age of 23, and first treatment for heroin-related problems, on average at the age of 38. Between 2018 and 2023, the time lag increased by 5 years for women and by 6 years for men.
- National data from 26 EU Member States show that an estimated 511 000 clients received opioid agonist treatment in 2023 (510 000 in 2022).

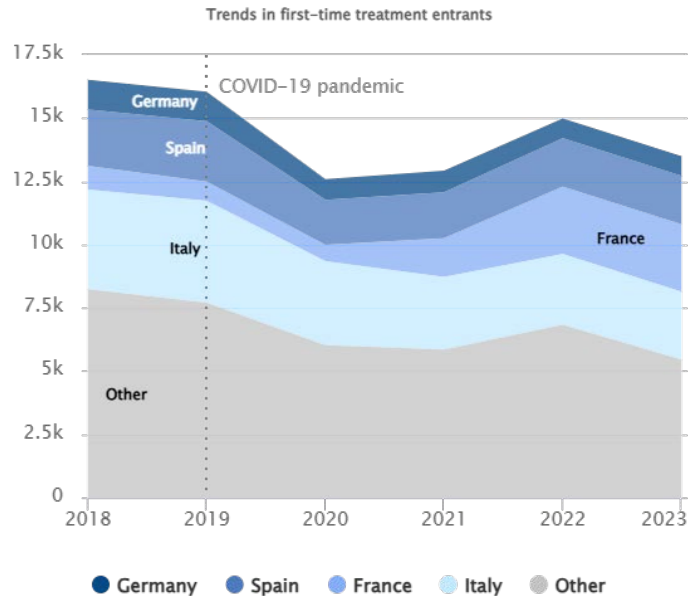
Figure 6.6. Users entering treatment for heroin in Europe

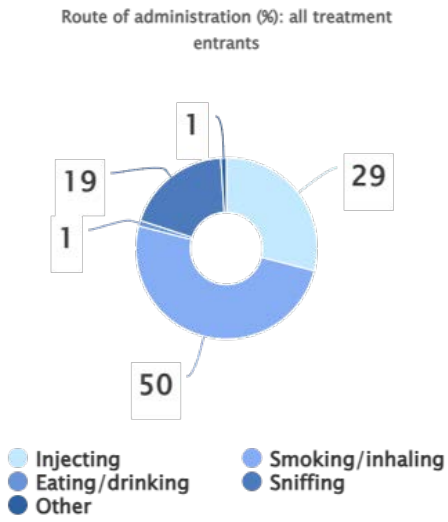












Apart from trends, data are for all treatment entrants with heroin as the primary drug – 2023 or the most recent year available.

Trends in first-time entrants are based on 26 countries. Only countries with data for at least 5 of the 6 years are included in the trends analysis. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021, and 2022 should be interpreted with caution. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019).

Harms related to opioid use

- Opioids, including heroin and its metabolites, often in combination with other substances, were present in 7 out of 10 cases of fatal overdose in 2023 for which toxicological information is available (see Drug-induced deaths – the current situation in Europe). A caveat is that data are available for only 19 EU Member States.
- In 2023, heroin remained the third most frequently reported drug in acute drug toxicity presentations in Euro-DEN Plus hospitals in the European Union and Norway, accounting for 13 % of all cases. Heroin was found in 18 of the 22 hospitals participating in 2023 in the European Union and Norway (Figure 6.7).
- Heroin was reported in more than a fifth of the drug-related presentations at the hospital in Drogheda (Ireland) and the two hospitals in Oslo (Norway). Most presentations with heroin involved were among men aged 25 to 45 years: in 7 of the 18 hospitals in 2023, no cases were younger than 25 years. In half of the hospitals reporting heroin, women represented less than 7 % of the presentations with heroin involved. Depending on the hospital, the drugs most commonly reported together with heroin were benzodiazepines, cocaine and amphetamine.

Figure 6.7a. Proportion of acute drug toxicity presentations with mention of heroin in Euro-DEN Plus hospitals, 2023

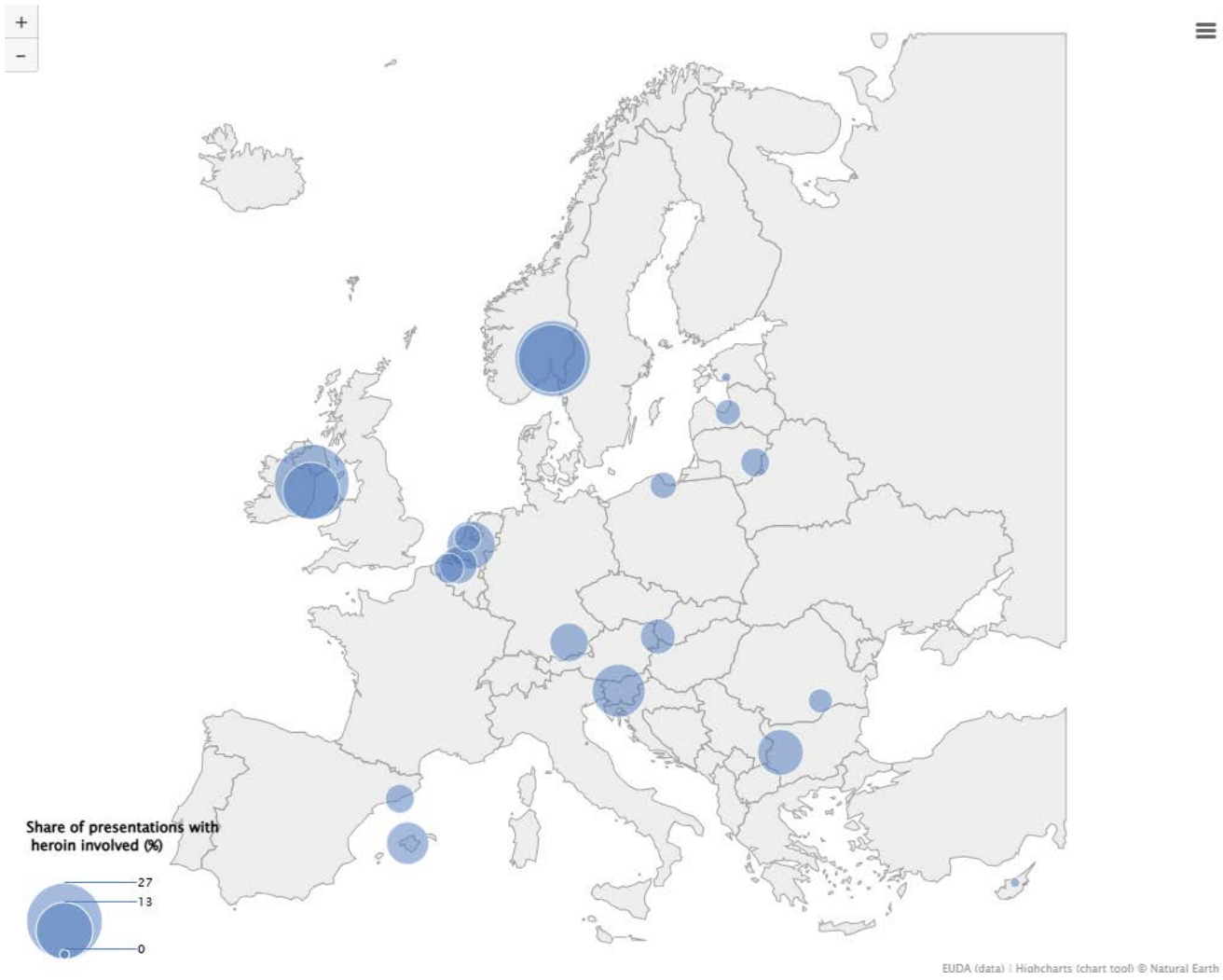
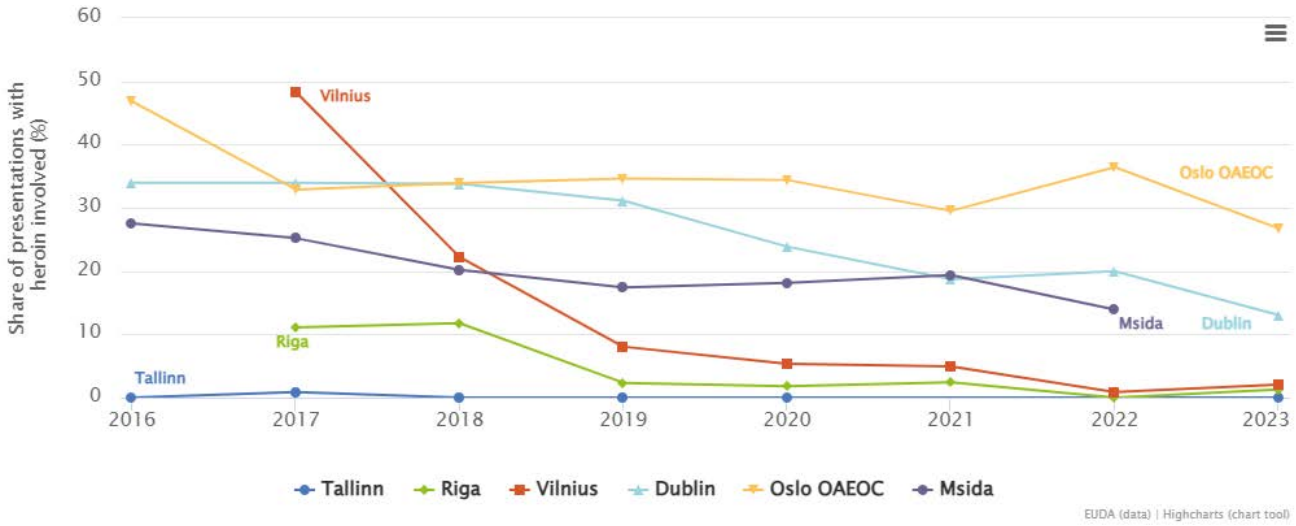


Figure 6.7b. Trends in the proportion of presentations with mention of heroin in 2016-2023, in selected Euro-DEN Plus hospitals



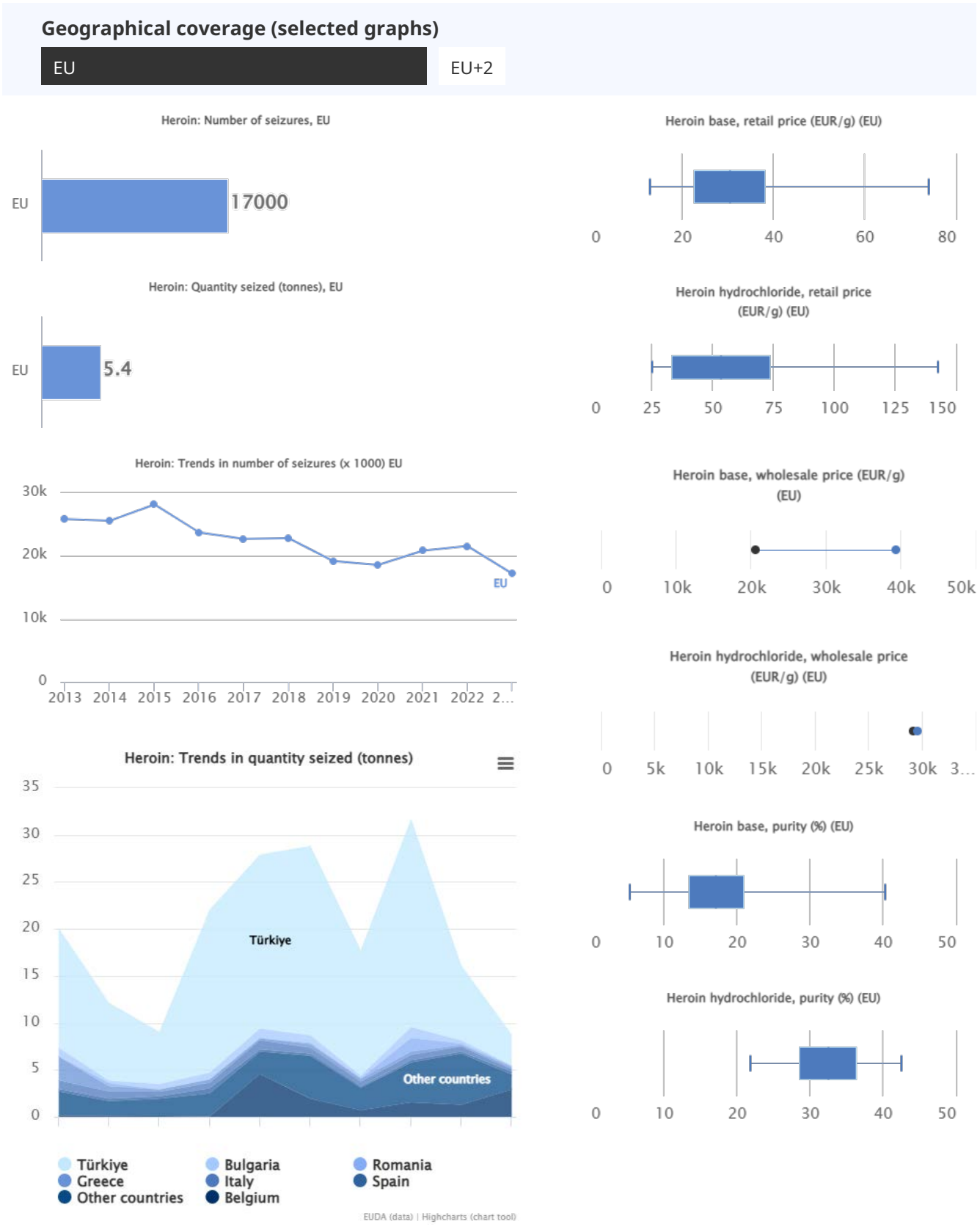
Data source: Euro-DEN. For the complete data set and analysis, see European Drug Emergencies Network (Euro-DEN Plus): data and analysis.

Heroin and other opioids market data

- Following an increase in heroin seizures in 2021 (to 9.5 tonnes), the quantity seized by EU Member States fell by 16 % to 8.0 tonnes in 2022 and dropped by a further 33 % to 5.4 tonnes in 2023. Overall, EU Member States reported 17 000 heroin seizures in 2023 (21 500 seizures in 2022). Belgium (2.9 tonnes), France (1.1 tonnes), Spain (322 kilograms) and Italy (260 kilograms) reported the largest quantities. Türkiye seized 3.3 tonnes of heroin in 2023, 58 % less than in 2022 (8 tonnes).
- The average purity of brown heroin at the retail level ranged from 5 % to 40 % in 2023, with half of the countries reporting an average purity between 13 % and 21 %. Indexed trends indicate the average price of brown heroin dropped by 25 % between 2013 and 2023. The purity of the drug fluctuated during this period and fell markedly in 2023 (Figure 6.8).
- In 2023, 20 countries reported 927 seizures of new synthetic opioids, amounting to 22 kilograms, to the EU Early Warning System, an increase from the 17 kilograms seized in 2022. Notably, the quantity of nitazenes seized in 2023 tripled, from 3 to 10 kilograms. Of the 927 seizures of new opioids reported in 2023, 24 % contained carfentanil, 24 % contained protonitazene, 23 % contained metonitazene and 20 % contained tramadol. Carfentanil accounted for 32 % (7.0 kilograms) of the 22.0 kilograms of seized material, followed by protonitazene at 29 % (6.4 kilograms) and tramadol at 22 % (4.8 kilograms). Most of the reported seizures occurred in northern Europe, with Estonia, Latvia and Lithuania together accounting for 77 % of the seizures and 76 % (16.7 kilograms) of the quantity seized.

- Approximately 22 000 offences for heroin use or possession were reported in 2023.
- Fourteen heroin production sites were dismantled in the European Union in 2023 (10 in the Netherlands, 3 in Greece and 1 in France). All locations appeared to operate as cutting and packaging sites for blocks of heroin, likely for sale to both EU and non-EU countries, especially the United Kingdom. In addition, Czechia reported dismantling 2 unspecified opioid sites.

Figure 6.8. Heroin market in Europe



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

Indexed trends show the price and purity of brown heroin base: national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

Table 6.1. Other opioids: number of seizures and quantities seized, 2023

Substance	Number of seizures	Weight (kilograms)	Tablets	Litres	Patches
Tramadol	3556	1.42	1486594	0.06	
Buprenorphine	3191	51.05	122002		39
Methadone	1156	25.89	86855	35.6	
Morphine	1169	192.14	12659	0.01	
Oxycodone	922	48.44	80041		
Opium	626	1036.36	596	0.02	
Codeine	326	8.93	10164	9.5	
Carfentanil	227	6.41			
Fentanyl derivatives	126	9.7	7461	0.01	820
Nitazene analogues	439	9.6	2552	0.23	

The data used to generate infographics and charts on this page may be found below.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-TDI-1. Treatment demand indicator (TDI) source data, client characteristics, European Drug Report, 2025. Percentages except where otherwise stated
- Table EDR25-Heroin-2. Age distribution of never previously treated clients entering treatment with heroin as their primary drug, 2010 and 2023 (%)
- Table EDR25-Heroin-1. Age distribution of all clients entering treatment with heroin as their primary drug, 2010 and 2023 (%)
- Table EDr25-Heroin-3. Trends in first-time heroin treatment entrants
- Table EDR25-Heroin-4. Trends in the main route of administration of clients entering treatment with heroin as primary drug, by treatment status (%)
- Table EDR25-Heroin-5. Heroin markets seizures source data
- Table EDR25-Heroin-6. Trends in the number of heroin seizures (x 1000)
- Table EDR25-Heroin-7. Trends in the quantities of heroin seizures (tonnes)
- Table EDR25-Heroin-8. Price, potency data for cannabis
- Table EDR25-Heroin-9. Price and purity/potency indexed trends
- Table EDR25-Heroin-10a. Proportion of the acute drug toxicity presentations with heroin involved in 2023
- Table EDR25-heroin-10b. Trends in the proportion of the acute drug toxicity presentations with heroin involved in selected hospitals in Europe
- Table EDR25-Heroin-12. Other opioids: number of seizures and quantities seized, 2023

New psychoactive substances – the current situation in Europe (European Drug Report 2025)

The market for new psychoactive substances is characterised by the large number of substances that have emerged, with new compounds being detected each year. On this page, you can find an overview of the drug situation for new psychoactive substances in Europe, supported by information from the EU Early Warning System on seizures and substances detected for the first time in Europe. New substances covered include synthetic and semi-synthetic cannabinoids, synthetic cathinones, new synthetic opioids and nitazenes.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

Unprecedented volumes, potent new substances and unintentional use raise concerns

The market for new psychoactive substances is characterised by the large number of substances that have emerged, with new compounds being detected each year. The term 'new psychoactive substances' covers a broad range of substance types that are not controlled by international drug control conventions, although some of them may be subject to national regulatory measures. For the second year in a row, law enforcement agencies in the EU Member States reported a record quantity of new psychoactive substances to the EU Early Warning System, amounting to 41.4 tonnes imported or seized.

The most recent data show that drug producers continue to create new substances to avoid legal controls, with 47 new psychoactive substances notified for the first time in 2024. This is close to the annual number typically reported between 2016 and 2022. In addition, around 350 previously reported new substances were detected on the market in 2023, albeit typically in small amounts.

In general, the risks to health of these novel compounds are poorly understood, although some clearly pose an acute risk to consumers of experiencing severe or even fatal poisonings or other health problems. Over time, legislative controls and other regulatory measures taken in Europe and non-EU source countries seem to have contributed to a reduction in the number of new psychoactive substances appearing for the first time annually, particularly those that have been specifically targeted, such as fentanyl derivatives and synthetic cannabinoids. Other substances, however, designed to evade legislation, continue to emerge, with China and India remaining important source countries for these substances or the precursors that are required to produce them.

Potential poisonings from synthetic cannabinoids remain a concern

In 2024, European countries identified 20 new cannabinoids, 18 of which were semi-synthetic cannabinoids, representing over 40 % of the new substances first reported to the EU Early Warning System that year.

Despite signs of a significant reduction in the availability of synthetic cannabinoids in 2023, these substances remain a public health threat, particularly affecting vulnerable populations, such as people in prison. Synthetic cannabinoids are often highly potent and carry poisoning risks. These compounds may also be mis-sold or used to adulterate cannabis and semi-synthetic cannabinoid products without consumers' knowledge, increasing health risks. This can include cannabis edibles, which are foods, often in the form of sweets that are typically infused with cannabis extract that have become more available on the illicit market in Europe since 2021.

Following China's implementation of generic legal control measures in July 2021, the supply of nearly all known synthetic cannabinoids to Europe was disrupted, reducing the availability of dominant compounds such as MDMB-4en-PINACA and ADB-BUTINACA. Producers responded by introducing new compounds such as the OXIZIDs, whose use never became widespread. In addition, there are indications that these substances are now being manufactured in Europe, with reports in 2023 of their production in a small number of seized illicit laboratories and the seizure of over 148 kilograms of MDMB-INACA precursor (Figure 7.1).

Figure 7.1. Seized warehouse and laboratory producing synthetic cannabinoids in Greece, 2023

Source: Greek Police, Central Anti-drug Co-ordination Unit – National Intelligence Unit (SODN-EMP), General Chemical State Laboratory.

The availability of synthetic cannabinoids in Europe may be affected by several factors, including changes in domestic production, the possible re-emergence of previously popular older compounds and the emergence of new large-scale production locations outside of China. In parallel to the developments in the synthetic cannabinoid market, the availability of semi-synthetic cannabinoids grew following the legalisation of the production and sale of hemp in the United States in 2018.

Semi-synthetic cannabinoids carry unknown health risks for consumers

Semi-synthetic cannabinoids are chemically modified forms of the cannabinoids found in the cannabis plant. They were first reported in Europe in 2022, where they were marketed as legal alternatives to cannabis and delta-9-THC. By the end of 2024, 24 semi-synthetic cannabinoids had been identified on drug markets in Europe. These substances have spread rapidly and action has been taken to control them, with HHC (hexahydrocannabinol), the first identified, reported in 27 European countries and listed as a controlled drug in at least 22 EU Member States. It was recommended for international control by the World Health Organization's Expert Committee on Drug Dependence in November 2024. Other semi-synthetic cannabinoids also widely available in Europe include hexahydrocannabinol-O-acetate (HHC-O), hexahydrocannabiphorol (HHC-P), delta-9-tetrahydrocannabiphoro (delta-9-THCP), and hexahydrocannabiphorol acetate (HHC-P-O-A).

At first, semi-synthetic cannabinoids were imported from the United States, now, however, they are also being produced in Europe (Figure 7.2). Production has also evolved from CBD-derived compounds from low-THC cannabis, such as HHC, to now also include apparently fully synthetic products such as HHC-P.

Figure 7.2. Semi-synthetic cannabinoids production facility dismantled in 2023 by Romanian police

Source: DIICOT – Iasi Territorial Service, operation 'Dream Factory'.

Although the effects of semi-synthetic cannabinoids on humans remain poorly studied, reports suggest they are similar to those of cannabis, with risks of adverse reactions ranging from mild to severe poisoning, sometimes requiring treatment in hospital. Some countries report increasing numbers of poisoning cases involving these substances, but systematic reporting is not currently available. The pharmacological similarity of semi-synthetic cannabinoids to delta-9-THC raises concerns about their potential to trigger psychotic episodes as well as their abuse and dependence potential.

Semi-synthetic cannabinoids are widely available through online and, in some countries, physical retail locations, including vape shops and specialty stores selling low-THC cannabis and CBD products. They may also be sold in convenience stores (kiosks) and vending machines in some countries. The main products are flavoured edibles and vapes as well as low-THC cannabis that has been sprayed or mixed with the cannabinoids. Their accessibility and perceived legal status may attract both cannabis users and first-time users, potentially including youth and children. The resemblance of edibles to common foods, especially sweets, also raises significant concerns about accidental consumption, particularly by children.

Laboratory analysis has found that products can differ widely in the concentrations of semi-synthetic cannabinoids present, with some containing very high amounts. Products may include undeclared cannabinoids, such as delta-9-THC or delta-8-THC, or novel semi-synthetic compounds, at varying concentrations. The semi-synthetic cannabinoids present – which may differ in potency – and their concentrations may vary significantly between products and batches. Overall, this variability and unpredictability poses a potential risk of poisoning to consumers.

The rapid spread of vapes and edibles – especially gummies – is particularly concerning from a public health perspective. Their accessibility and appeal may attract new, possibly younger, consumers who might not otherwise use or have access to illicit cannabis or want to smoke cannabinoids. In addition, the slower absorption of cannabinoids from edibles and the later onset of initial effects compared with vaping or smoking can lead to users consuming multiple portions, risking toxic doses. This may be compounded by consumers often lacking awareness of proper dosing or consuming more than recommended, further increasing poisoning risks. In June 2024, Hungary reported an outbreak of 30 acute non-fatal poisonings linked to gummies containing two potent semi-synthetic cannabinoids.

Synthetic cathinones: large-scale imports and EU production creating wider availability

Synthetic cathinones have become established as replacements for stimulants such as amphetamine and cocaine in some parts of Europe. While inadvertent consumption in drug mixtures and tablets remains a concern, some consumers may consider these different stimulants to be functionally equivalent in terms or effects and intentionally seek them out. The market has evolved significantly since the 2014-2015 ‘legal highs’ phenomenon, when nearly 30 new cathinones emerged each year, compared with just seven in 2024. Over 60 previously reported synthetic cathinones were also detected on the EU drug market in 2023.

Despite the emergence of fewer new substances, the quantities reported by law enforcement as imports and seizures have reached unprecedented levels. The quantities reported annually increased by 10 tonnes to 37 tonnes in 2023 in the European Union, with preliminary data indicating continued large quantities through 2024. Most of this involved a small number of bulk imports from India, primarily through the Netherlands. Following recent control measures in the Netherlands on 3-MMC and 3-CMC, evidence suggests 2-MMC is emerging as a replacement. Although not nationally representative, data from 12 drug checking services in 10 EU Member States from the first half of 2024 suggest that half of the samples (powders and tablets) sold as 3-MMC contain 2-MMC instead. As an indication of intentional purchase, of all samples found to contain cathinones, 88 % (558) were submitted as such, while the presence of cathinones in the remaining 12 % (76) of samples, mostly MDMA, was the result of mis-selling or adulteration.

Large seizures of precursors in 2023 suggest that the production of synthetic cathinones remains significant within the European Union, particularly in Poland (Figure 7.3). The size and scale of the production sites reported as dismantled by law enforcement vary from ‘kitchen-scale’ laboratories to higher-throughput facilities, but have been increasing since 2021 (see also Drug supply, production and precursors – the current situation in Europe).

Figure 7.3. Part of a seizure of 800 kilograms of synthetic cathinones seized at a dismantled synthetic drug production laboratory in Lublin, Poland, 2024

Note: Seizure by the Central Bureau of Police Investigation.

While 3-MMC and 3-CMC have dominated the market in recent years, less common cathinones such as alpha-pyrrolidinoisohexanophenone (alpha-PHiP, sometimes sold as 'Flakka') and N-ethylnorpentedrone (NEP) can create localised health problems. These smaller-scale trends may miss early detection by public health agencies, potentially causing serious harm before being identified. The EUDA has recently undertaken risk assessments of three new synthetic cathinones: 2-methylmethcathinone (2-MMC), 4-bromomethcathinone (4-BMC), N-ethylnorpentedrone (NEP).

Life-threatening nitazene opioids still appearing on the EU drug market

New synthetic opioids are often highly potent, meaning a small amount can be sufficient to produce a large number of typical street doses and can pose an increased risk of life-threatening poisoning. Since 2012, two distinct waves of potent opioids have posed a threat to public health in Europe. The first, between 2012 and 2019, was caused by 38 fentanyl derivatives and drove at least 8 documented poisoning outbreaks, resulting in an estimated 285 deaths. Legal controls in the United States, Europe and China led to the rapid disappearance of these drugs. Since 2019, they have been replaced by highly potent benzimidazole 'nitazene' opioids. Recent data suggest that the availability and risks associated with nitazene opioids are growing.

Seven new synthetic opioids were formally notified in 2024 to the EU Early Warning System, all of which were nitazenes, the highest number notified in a single year. Since 2019, at least 21 EU Member States have now reported the presence of a nitazene.

Nitazene opioids have been linked to drug-induced deaths in Europe, with reports from 2023 from Estonia (62 out of 119 deaths) and Latvia (101 out of 154 deaths) indicating that these substances account for an increasing share of overdose deaths in these countries. Due to their high potency

and novelty, there are concerns that nitazene opioids may not be routinely detected in procedures commonly used for post-mortem toxicology. At least 159 deaths were associated with fentanyl and fentanyl derivatives in Europe in 2022. Many of these were associated with fentanyl diverted from medical use as opposed to fentanyl produced for the illicit drug market.

In 2023, the quantity of nitazene powders detected in Europe tripled to 10 kilograms, compared with 2022. Reports to the EU Early Warning System also suggest a recent significant increase in the availability of fake medicines containing nitazene opioids in Europe. These products typically mimic legitimate prescription medications, particularly oxycodone and to a lesser extent benzodiazepines such as diazepam and alprazolam. The seemingly legitimate appearance of these tablets might also intensify potential health threats by contributing to a false sense of security among people who use them. While generally taken by high-risk opioid users, there are concerns about their potential to spread to broader populations without opioid tolerance, including young people (Figure 7.4). During 2023, authorities in 8 countries confiscated nearly 24 000 nitazene-containing tablets, compared to just 430 tablets in 2022. Preliminary data from 2024 support this trend, with over 50 000 tablets seized in 9 EU Member States. While the number of seizures remains relatively small, these data may suggest potential market expansion for these life-threatening substances. These fake medicines pose a significant risk of severe poisoning due to the high potency of nitazenes, particularly for individuals without opioid tolerance. In June 2024, Ireland reported approximately 20 non-fatal overdose cases linked to counterfeit benzodiazepine tablets containing protonitazene.

Figure 7.4. Fake oxycodone tablets containing metonitazene, seized in Sweden in 2023

Source: Swedish Customs Laboratory.

The European opioid landscape continues to face potential shifts arising from international developments. The Taliban's ban on opium poppy cultivation in Afghanistan since April 2022 has significantly reduced opium production, but the extent to which this might constrain heroin supply to Europe still remains unclear as opium stocks exist within Afghanistan. Any potential supply gap could, in some countries, be filled by new synthetic opioids and other substances. However, China's expanded control of nitazene opioids in 2024, now covering 10 substances, may redirect the market away from dominant compounds such as metonitazene and protonitazene and towards novel derivatives or alternative opioid families. For example, since mid-2024, there has been a small but significant increase in detections of substances belonging to the 'orphine' family, with 5 countries reporting cychlorphine (a benzimidazolone) and 2 detecting spirochlorphine (a spirotriazole). While no pharmacological data are currently available for these substances, their

structural similarity to brorphine, a potent opioid, suggests that a key health risk is likely to be respiratory depression (see also Heroin and other opioids – the current situation in Europe).

These developments underscore key preparedness challenges, with a critical need for the European Union, as well as the national early warning systems and their associated laboratory networks, to maintain readiness to detect and address emerging nitazene derivatives and other new synthetic opioids. More generally, the availability of highly potent synthetic opioids requires us to review whether the current approaches used to prevent, treat and reduce the harms related to opioid use remain fit for purpose. For example, it has been suggested that approaches to providing the opioid antidote naloxone need to be reviewed, as models of care may need to be adapted to more effectively respond to those who have consumed new synthetic opioids or mixtures that contain new synthetic opioids and other substances (see also Opioid agonist treatment – the current situation in Europe and Harm reduction – the current situation in Europe).

See also the 2024 EUDA-Europol EU Drug Market: New psychoactive substances – In-depth analysis and the EUDA's Health and social responses to drug problems.

Key data and trends

New psychoactive substances reported

- At the end of 2024, the EUDA was monitoring 1000 new psychoactive substances, 47 of which were first reported in Europe in 2024 (Figure 7.5 and Table 7.1).
- Approximately 350 new psychoactive substances were detected in seizures in 2023 (Figure 7.6).
- In 2024, the EU Early Warning System received reports of 20 new cannabinoids, bringing the total number being monitored to 277.
- Since 2009, a total of 88 new opioids have been identified on the European drug market, with 7 new substances notified in 2024, all of which were highly potent nitazene opioids, which can be hundreds of times more potent than heroin. To date, 22 nitazenes have been identified in Europe (Figure 7.7).

Table 7.1. Notifications of new psychoactive substances under the terms of Regulation (EU) 2023/1322 and Council Framework Decision 2004/757/JHA – 2024

Common name	IUPAC name	EUDA classification	Date of formal notification	Country

Delta-9-THC-methylcarbonate	methyl 6,6,9-trimethyl-3-pentyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	18/12/2024	Sweden
10-hydroxyhexahydrocannabiphorol (10-OH-HHC-P)	3-heptyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1,10-diol	Cannabinoids	17/12/2024	Germany
10-hydroxyhexahydrocannabinol (10-OH-HHC)	6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1,10-diol	Cannabinoids	17/12/2024	Germany
Ro 07-3953	7-chloro-5-(2,6-difluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one	Benzodiazepines	16/12/2024	Sweden
CUMYL-EINACA	(1-ethyl-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide)	Cannabinoids	12-12-2024	Germany
Delta-9-THC-O-acetate	6,6,9-trimethyl-3-pentyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	06-12-2024	Hungary
Pyrophenidone	1-(4-methylphenyl)-2-phenyl-2-(pyrrolidin-1-yl)ethan-1-one	Cathinones	04-12-2024	Sweden
1S-LSD	N,N-diethyl-7-methyl-4-[3-(trimethylsilyl)propanoyl]-4,6,6a,7,8,9-hexahydroindolo[4,3-fg]quinoline-9-carboxamide	Others	02-12-2024	Germany
1P-AL-LAD	N,N-diethyl-1-propanoyl-6-(prop-2-en-1-yl)-9,10-didehydroergoline-8-carboxamide	Others	29/11/2024	Slovenia
N-isopropylnorbutylone	1-(2H-1,3-benzodioxol-5-yl)-2-[(propan-2-yl)amino]butan-1-one	Cathinones	29/11/2024	Sweden
MDMB-4en-P-5BR-INACA	methyl 2-{[5-bromo-1-(pent-4-en-1-yl)-1H-indazole-3-carbonyl]amino}-3,3-dimethylbutanoate	Cannabinoids	21/11/2024	Germany

Desnitroclonitazene	2-{2-[(4-chlorophenyl)methyl]-1H-1,3-benzimidazol-1-yl}-N,N-diethylethan-1-amine	Opioids	15/11/2024	Belgium
Delta-9-THCV	3-propyl-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	30/10/2024	Sweden
Delta-8-THCV	3-propyl-6a,7,10,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	30/10/2024	Sweden
Gidazepam	2-(7-bromo-2-oxo-5-phenyl-2,3-dihydro-1H-1,4-benzodiazepin-1-yl)acetohydrazide	Benzodiazepines	18/10/2024	Denmark
Isobutonitazene	N,N-diethyl-2-(2-{[4-(2-methylpropoxy)phenyl]methyl}-5-nitro-1H-1,3-benzimidazol-1-yl)ethan-1-amine	Opioids	09-10-2024	Norway
Fluetonitazepyne	2-{[4-(2-fluoroethoxy)phenyl]methyl}-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	16/09/2024	Italy
Noravizafone desglycyl	2-amino-N-(2-benzoyl-4-chlorophenyl)acetamide	Others	09-09-2024	Germany
Clonazafone desglycyl	2-amino-N-[2-(2-chlorobenzoyl)-4-nitrophenyl]acetamide	Others	09-09-2024	Germany
Diclazafone desglycyl	2-amino-N-[4-chloro-2-(2-chlorobenzoyl)phenyl]acetamide	Others	09-09-2024	Denmark
3'-Me-PHP	1-(3-methylphenyl)-2-(pyrrolidin-1-yl)hexan-1-one	Cathinones	30/08/2024	Sweden
Delta-8-THCB-O-acetate	3-butyl-6,6,9-trimethyl-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	19/08/2024	Sweden
Delta-8-THC-O-acetate	6,6,9-trimethyl-3-pentyl-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	19/08/2024	Italy
Lophophine	2-(7-methoxy-1,3-benzodioxol-5-yl)ethanamine	Phenethylamines	14/08/2024	Austria

Delta-9-THCP-O-acetate	3-heptyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	09-08-2024	Sweden
Carisoprodol	2-[(carbamoyloxy)methyl]-2-methylpentyl isopropylcarbamate	Others	07-08-2024	France
N-desethyl protonitazene	N-ethyl-2-{5-nitro-2-[(4-propoxyphenyl)methyl]-1H-1,3-benzimidazol-1-yl}ethan-1-amine	Opioids	05-08-2024	France
Delta-9-THC-C8	3-octyl-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	02-08-2024	Denmark
Delta-8-THC-C8	3-octyl-6a,7,10,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	02-08-2024	Denmark
HHC-P-O-acetate	3-heptyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	01-08-2024	Denmark
αMPip-isohexanophenone	4-methyl-2-(4-methylpiperidin-1-yl)-1-phenylpentan-1-one	Cathinones	26/07/2024	Germany
3,4-EtPV	1-(bicyclo[4.2.0]octa-1,3,5-trien-4-yl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	25/07/2024	Germany
Delta-8-THCM	1-methoxy-6,6,9-trimethyl-3-pentyl-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran	Cannabinoids	19/06/2024	Sweden
Delta-9-THCH	3-hexyl-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	31/05/2024	Sweden
Delta-8-THCH	3-hexyl-6a,7,10,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	31/05/2024	Sweden
N,N-dimethyl etonitazene	2-[2-[(4-ethoxyphenyl)methyl]-5-nitro-benzimidazol-1-yl]-N,N-dimethyl-ethanamine	Opioids	29/05/2024	Latvia

Fluetonitazene	N,N-diethyl-2-[2-[[4-(2-fluoroethoxy)phenyl]methyl]-5-nitro-benzimidazol-1-yl]ethanamine	Opioids	14/05/2024	Germany
6-Methyl desnitroetonitazene	2-[(4-ethoxyphenyl)methyl]-N,N-diethyl-6-methyl-1H-benzimidazole-1-ethanamine	Opioids	03-05-2024	Germany
ALEPH-2	1-[4-(ethylsulfanyl)-2,5-dimethoxyphenyl]propan-2-amine	Phenethylamines	24/04/2024	Sweden
9-Hydroxyhexahydrocannabinol (9-OH-HHC)	6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6H-benzo[c]chromene-1,9-diol	Cannabinoids	22/04/2024	Germany
3,4-Methylenedioxyphenmetrazine	2-(1,3-benzodioxol-5-yl)-3-methylmorpholine	Others	19/04/2024	Germany
THCB	3-butyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	22/03/2024	Finland
Delta-8-THCP	3-heptyl-6a,7,10,10a-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	22/03/2024	Denmark
3-Me-PCE	N-ethyl-1-(3-methylphenyl)cyclohexan-1-amine	Arylcyclohexylamines	11-03-2024	Finland
2-CMC	1-(2-chlorophenyl)-2-(methylamino)propan-1-one	Cathinones	04-03-2024	Netherla
2C-iP	2-(2,5-dimethoxy-4-propan-2-ylphenyl)ethanamine	Phenethylamines	16/02/2024	Spain
3-Methyl-α-PHiP	4-methyl-1-(3-methylphenyl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	10-01-2024	Sweden

Figure 7.5. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005-2024

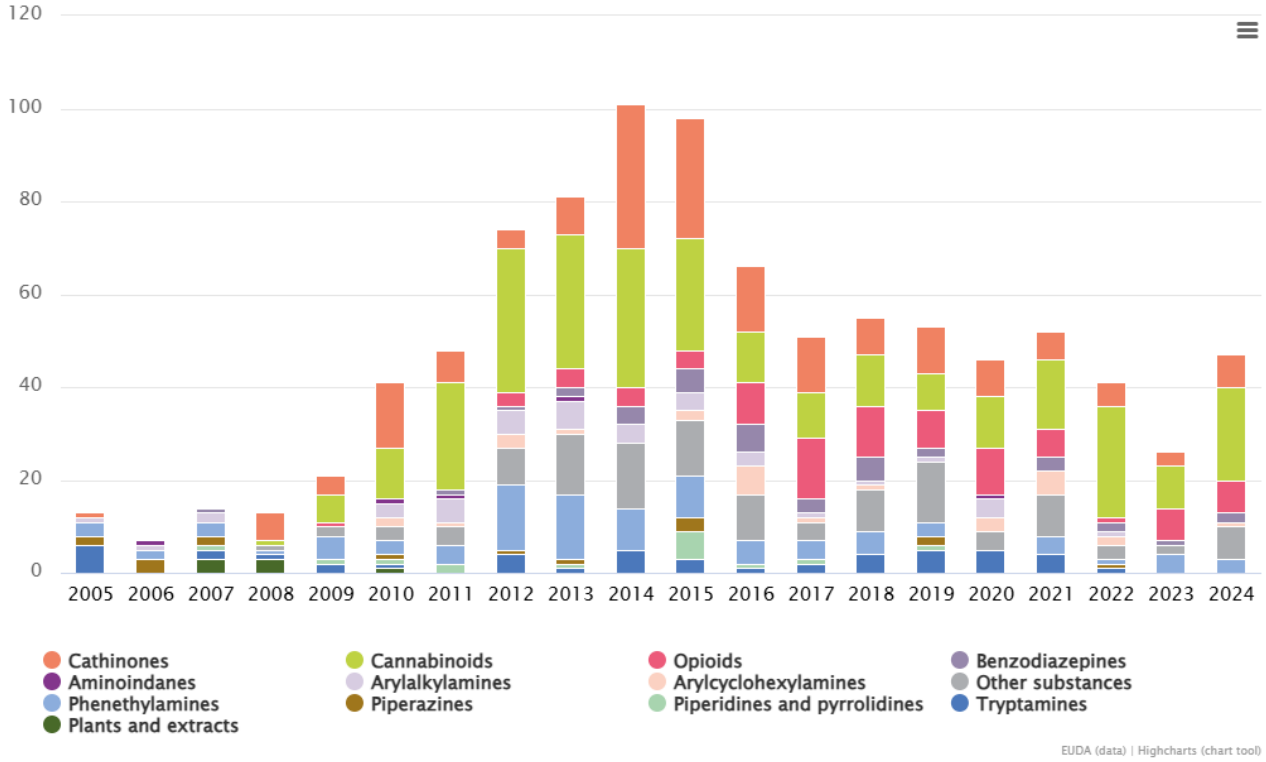


Figure 7.6. Number of new psychoactive substances reported each year following their first identification in the European Union, by category, 2005-2023

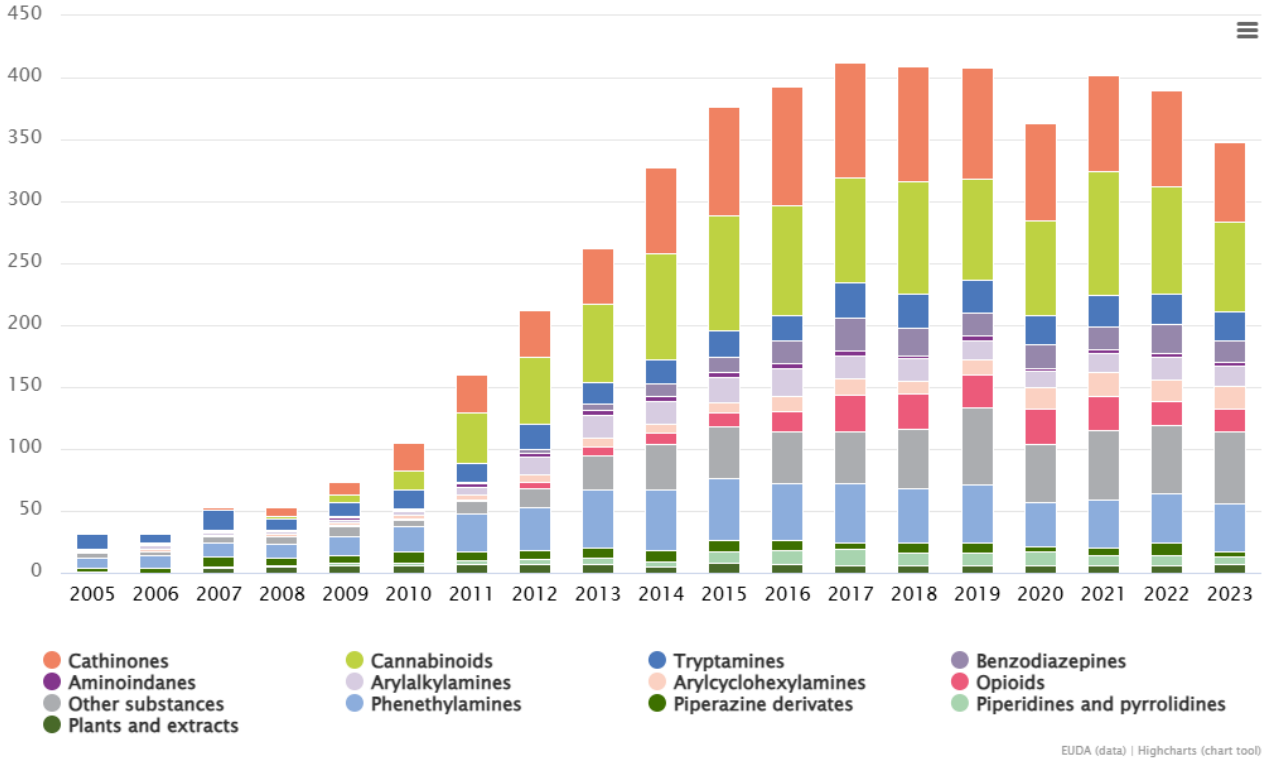
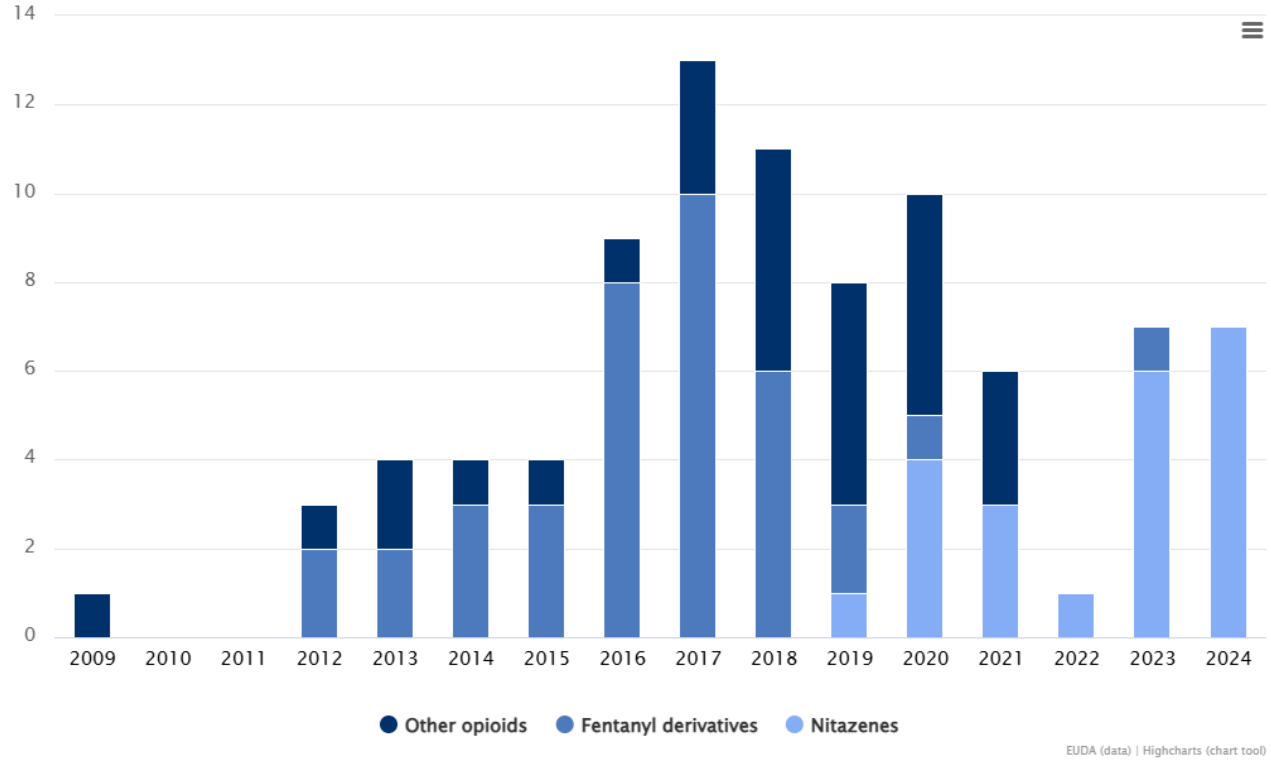


Figure 7.7. Number of new opioids reported for the first time to the EU Early Warning System, 2009-2024



Seizures of new psychoactive substances

- In 2023, EU Member States accounted for 33 710 of the 110 868 seizure or import cases of new psychoactive substances reported in the European Union, Norway and Türkiye, representing 99.9 % of the 41.4 tonnes reported (30.5 tonnes in 2023) (Figure 7.8). The increase was driven by a small number of cases involving cathinones (3-CMC, 2-MMC) (Figure 7.9). In addition, 1286 litres of liquids containing new psychoactive substances were seized, mainly GBL (437 litres) and 3-CMC (432 litres).
- In 2023, just 4 substances accounted for almost 90 % of the quantity of new psychoactive substances reported by EU law enforcement: 3 cathinones (3-CMC, 2-MMC and N-ethylnorpentedrone, amounting to 33.8 tonnes) and ketamine (2.9 tonnes, comparable to the 2.8 tonnes reported in 2022) (Figure 7.9).
- In 2023, 24 countries reported seizing 81 kilograms (234 kilograms in 2022) of synthetic cannabinoids and 181 kilograms (47 kilograms in 2022) of semi-synthetic cannabinoids as herbal material. The quantity of synthetic cannabinoid powder seized decreased significantly, from 503 kilograms in 2022 to 10 kilograms in 2023. With 149 kilograms and 210 litres, HHC accounted for most of the semi-synthetic cannabinoids seized. Low-THC herbal cannabis products containing synthetic cannabinoids or semi-synthetic cannabinoids accounted for

around 50 % of the seized material, amounting to 131 kilograms (76 kilograms in 2022), reported by 15 countries.

- In 2023, countries reported 927 seizures and 22 kilograms of synthetic opioids to the EU Early Warning System, an increase from the 17 kilograms seized in 2022. Notably, the quantity of nitazenes seized tripled, from 3 to 10 kilograms seized in 2023. Of the seizures of new opioids reported, 24 % contained carfentanil, 24 % contained protonitazene, 23 % contained metonitazene and 20 % contained tramadol. A total of 22 kilograms of material was seized, with 32 % (7.0 kilograms) containing carfentanil, 29 % (6.4 kilograms) containing protonitazene and 22 % (4.8 kilograms) containing tramadol. Most of the synthetic opioid seizures occurred in northern Europe, with Estonia, Latvia and Lithuania reporting 77 % of the seizures and 76 % (16.7 kilograms) of the quantity seized. Spain reported 4.6 % of the seizures of synthetic opioids, and 21 % (4.7 kilograms) of the quantity seized, mainly due to two seizures of tramadol.

Figure 7.8a. Seizures of new psychoactive substances in the European Union: number of seizures, 2006-2023

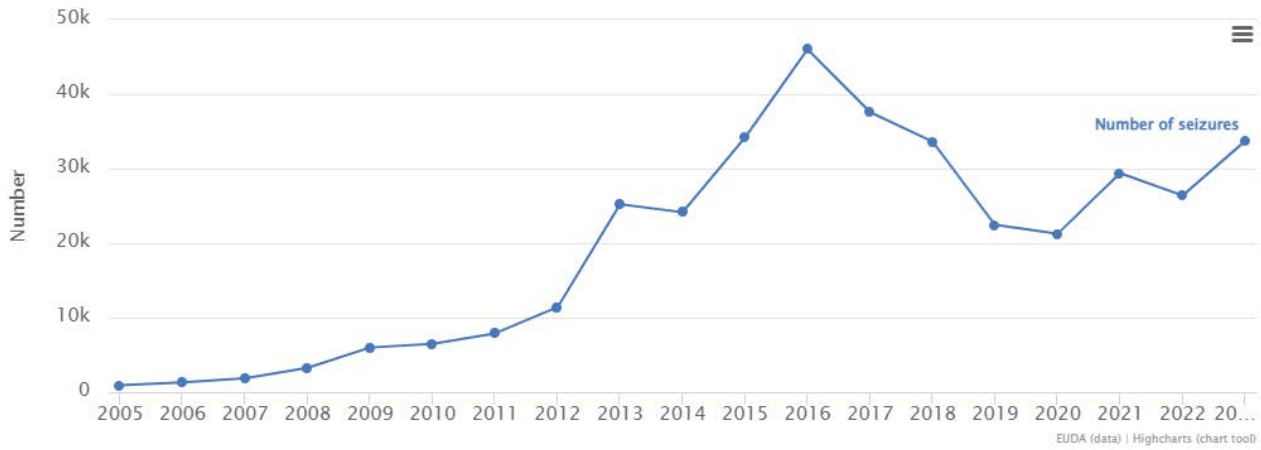


Figure 7.8b. Seizures of new psychoactive substances in the European Union: quantity seized, 2006-2023

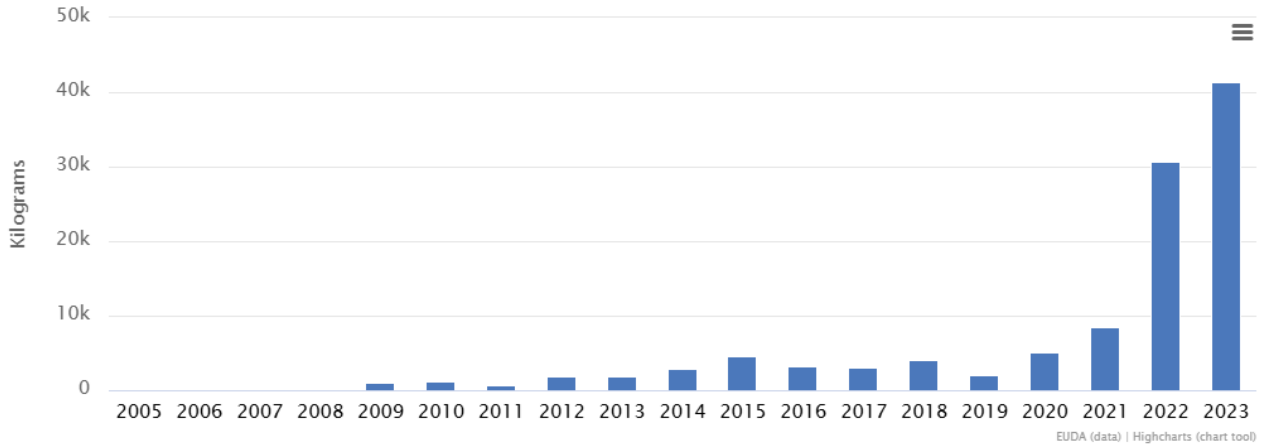
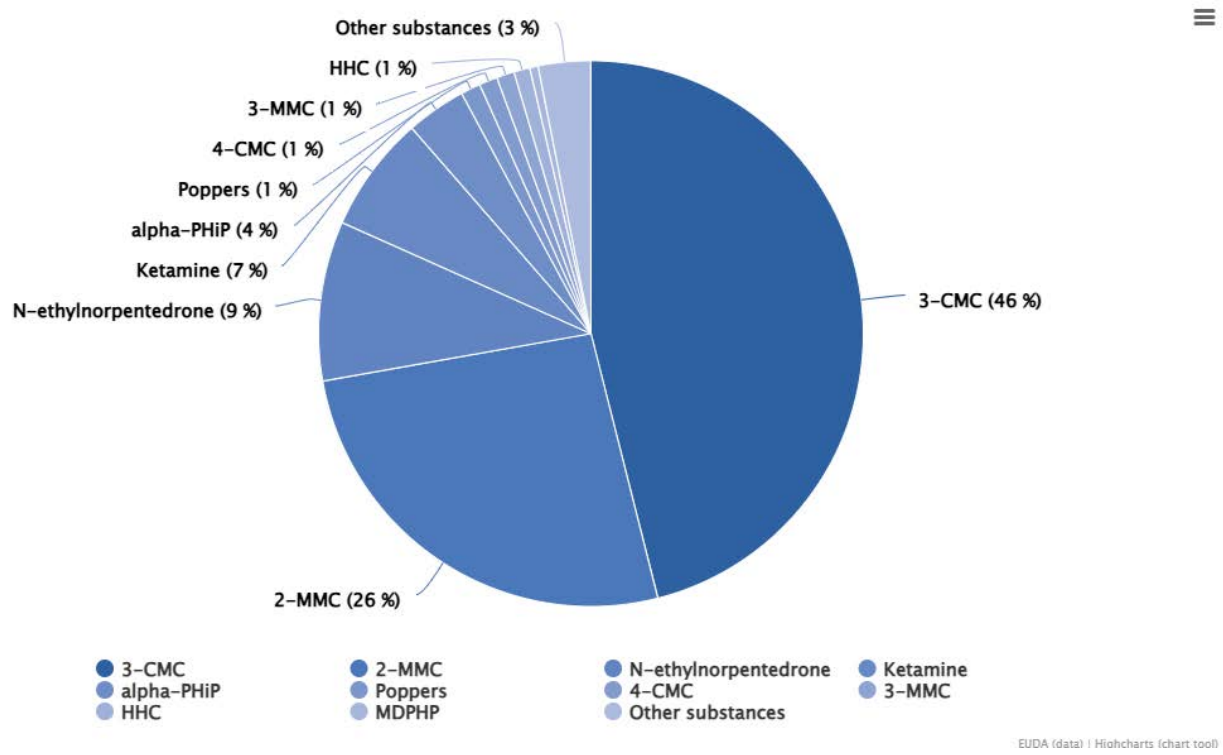


Figure 7.9. Seizures of new psychoactive substances in the European Union: percentage of total quantity seized, by substance, 2023



Based on all physical forms expressed in kilograms.

Prevalence of new psychoactive substances use

- National estimates of last year use of new psychoactive substances (excluding ketamine and GHB) among young adults (aged 15 to 34) range from 0.1 % in Latvia and Norway to 5.1 % in Romania.
- The 2024 ESPAD school survey estimated that among 15- to 16-year-old students in the European Union, the average lifetime use of new psychoactive substances was 2.6 %, ranging from 0.6 % to 6.4 %, with lifetime use ranging from 1.0 % to 16 % for synthetic cannabinoids, 0.4 % to 3.7 % for synthetic cathinones and 0.6 % to 2.2 % for synthetic opioids. The average prevalence of lifetime use of new psychoactive substances was the same for boys and girls.
- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 16 % of respondents had used new psychoactive substances in the last 12 months. Of them, 21 % reported using the substances alongside herbal cannabis and 15 % with MDMA/ecstasy in the last episode of use. With regard to use of individual substances in the last 12 months, 14 % of respondents reported having used semi-synthetic cannabinoids, 3 % synthetic cannabinoids and 9 % synthetic cathinones. Around 70 % of the participants who used

new psychoactive substances stated that they consumed the drug ‘to get high or for fun’.

Abbreviations

Abbreviations of chemical names used on this page

Abbreviation	Chemical name
4-BMC	4-bromomethcathinone
2-MMC	2-methylmethcathinone
3-CMC	3-chloromethcathinone
HHC-O	hexahydrocannabinol acetate
HHC-P	hexahydrocannabiphorol
HHC-P-O-A	hexahydrocannabiphorol acetate
delta-9-THC	delta-9-tetrahydrocannabinol
delta-9-THCP	delta-9-tetrahydrocannabiphorol
CBD	cannabidiol
CBG	cannabigerol
GBL	gamma-butyrolactone
HHC	hexahydrocannabinol

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

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- Table EDR25-NPS-1. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005–2024
- Table EDR25-NPS-2. Number of new psychoactive substances reported each year following their first detection in the European Union, by category, 2005–2023

- Table EDR25-NPS-3a. Seizures of new psychoactive substances in the European Union: total number and total quantity of material seized, 2005–2023
- Table EDR25-NPS-3b. Seizures of new psychoactive substances in the European Union: total number of material seized, 2005–2023
- Table EDR25-NPS-4. Number of opioids reported for the first time to the EU Early Warning System, 2009–2024
- Table EDR25-NPS-5. Seizures of new psychoactive substances in the European Union: quantity seized, by substance, 2023
- Table EDR25-NPS-6. Notifications of new psychoactive substances under the terms of Regulation (EC) no 1920/2006 (as amended) and Council Framework Decision 2004/757/JHA (as amended) – 2024

Other drugs – the current situation in Europe (European Drug Report 2025)

Alongside the more well-known substances available on illicit drug markets, a number of other substances with hallucinogenic, anaesthetic, dissociative or depressant properties are used in Europe: these include LSD (lysergic acid diethylamide), hallucinogenic mushrooms, ketamine, GHB (gamma-hydroxybutyrate) and nitrous oxide. On this page, you can find the latest analysis of the situation regarding these substances in Europe, including seizures, prevalence and patterns of use, treatment entry, harms and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

Less-commonly used substances adding to drug market complexity and health risks

Alongside the more well-known illicit substances available on drug markets, a number of other drugs with stimulant, hallucinogenic, anaesthetic, dissociative or depressant properties are used in Europe: these include khat leaves (from the *Catha edulis* plant), LSD (lysergic acid diethylamide), hallucinogenic mushrooms, ketamine, GHB (gamma-hydroxybutyrate) and nitrous oxide. A number of these substances appear to have become well established in some countries, cities or specific populations, although overall their relative prevalence may remain low in comparison to some other better-known illicit drugs. However, for a variety of methodological and historical reasons, our current monitoring approaches often perform poorly in identifying patterns and trends in the use of these less well-known substances. This makes it difficult to comment with confidence on the prevalence of use and related harms.

Wider ketamine availability brings risk of increased harms

In the European Union, ketamine is an authorised medicine mostly used for anaesthesia. However, it may be subject to different regulatory controls at national level, such as controlled drugs or medicinal products legislation. This differing legal status is one of several factors that make monitoring the availability of ketamine challenging. Despite this, there are signs from a number of indicators that ketamine appears to be increasingly available on the EU drug market.

In 2023, ketamine was seized, mostly as powder, throughout the European Union, but more frequently in Spain and in larger quantities in the Netherlands, which accounted for almost three quarters of the quantity reported. Most of the ketamine seized in Europe is thought to originate from India. The drug is likely imported in bulk to EU Member States with less stringent legal

controls and then distributed within and outside the European Union. Available information suggests that production of the drug in Europe remains limited. Given ketamine's use in both human and veterinary medicine as an anaesthetic, and as esketamine for treatment-resistant depression, the theft and diversion of the drug from legitimate purposes remains a concern.

Overall, there is evidence to suggest that ketamine is likely to be consistently available in some national drug markets and may have become an established drug of choice in some settings. It is also reported to be used in combination with other substances, such as alcohol and various stimulants. In Ireland, for example, the intentional mixing of cocaine and ketamine has been identified at music festivals, as have ketamine-related medical incidents during 2022 and 2023. In 2023, Euro-DEN sentinel hospital emergency departments in Europe reported that cocaine was the substance most often reported in combination with ketamine in acute toxicity presentations. Ketamine is commonly snorted, but can also be injected, and has been linked to various dose-dependent acute and chronic harms, including neurological and cardiovascular toxicity, mental health problems, such as depression, and urological complications, such as bladder damage from intensive use or the presence of adulterants. Reflecting the challenges to healthcare systems posed by the increasing episodic use of the drug, in 2024 a Dutch study called for its inclusion in routine toxicological screenings in order to improve diagnosis.

Ketamine may also be added to other drug mixtures, including MDMA powders, potentially making inadvertent consumption an issue. Ketamine has also been found in mixtures sold as 'pink cocaine' or 'tucibi', which are typically mixtures of ketamine, MDMA and a third substance (such as cocaine, amphetamines or new psychoactive substances). Mixtures sold as 'pink cocaine' or 'tucibi' are not likely to contain the synthetic drug 2C-B, which is sometimes associated with 'tucibi' given the phonetic similarities in their names. In 2024, at least three countries reported detections of 'tucibi' or 'pink cocaine' to the EU Early Warning System's database on new drugs, with most of the cases reported by Spain and Italy. The substance is usually seized in powder form, characterised by its pink colour and sweet smell derived from food colouring. In 2023, Dutch police detected several mixing and processing facilities producing 'pink cocaine'. In addition, at least two criminal networks trafficking 'tucibi' mixtures from Spain to non-EU destinations were disrupted by law enforcement operations.

The number of clients reported to receive treatment for problems related to ketamine use remains low. However, it has risen from around 300 cases reported in 2018 to 1380 in 2023, and more than doubled between 2022 and 2023. The majority of these cases are reported by six countries, which may reflect the higher availability of ketamine in some parts of Europe and the potential lack of treatment options suitable for this emerging population elsewhere. Moreover, this data set is not likely to capture all those experiencing health problems related to this drug. For example, those who have developed urological problems may be poorly represented overall. In this regard, it is notable that the Netherlands has established clinics specialising in the treatment of patients experiencing urological problems resulting from chronic, intensive use of ketamine.

Nitrous oxide use still a concern in some EU Member States

Nitrous oxide, commonly known as laughing gas, has been linked to various health problems, including poisonings, burns and lung injuries and, in some cases of prolonged exposure, neurotoxicity from vitamin B12 deficiency. There is, however, a debate on the extent to which this substance is associated with negative health risks, especially among episodic users, although given its apparent growing popularity among young people, this is clearly an important area for further research and monitoring. In some European cities, discarded nitrous oxide gas canisters have become a relatively common sight, and the disposal of the smaller stainless-steel canisters has been identified as a drug-litter issue in some countries. An EMCDDA review published in 2022 identified a number of EU Member States, including Denmark, Ireland, France, Lithuania, the Netherlands and Portugal, that had observed signs of an increase in the availability and recreational or episodic use of nitrous oxide. More recent data from some of these countries, notably the Netherlands, indicate that nitrous oxide use has since declined. The drug has become more accessible and cheaper, available online and with an increased availability of larger gas canisters aimed at recreational use. However, high-volume cylinders may also increase the risk of lung damage, due to the higher pressure of their contents and, in general, inhaling directly from gas bottles is reported to be associated with a greater risk of harm. Nitrous oxide has various commercial uses; for example, it is used by the catering industry. Regulatory approaches to the sale and use of this substance vary between countries, with the gas legally available for sale in some countries. Several EU Member States, including Denmark, France, Lithuania, the Netherlands and Portugal, have restricted the availability of nitrous oxide in recent years. There is limited evaluative information about the effectiveness of legislative or other approaches to restricting access to nitrous oxide.

Poisoning risks linked to new benzodiazepines remain a challenge

Insomnia and anxiety are among the conditions treated by doctors with benzodiazepines, as they act as central nervous system depressants. However, a market for new and illicit benzodiazepines, which are in some cases manufactured by criminal networks, exists in Europe. Non-controlled and new benzodiazepines also continued to be available in more than two thirds of European countries but, again, more sophisticated monitoring approaches would be needed to comment with confidence on the scale of their use. Nonetheless, signals exist that these substances may have important consequences for health, especially when consumed in combination with other drugs. A key challenge is that the seemingly legitimate appearance of fake medicines can potentially create a false sense of security among consumers regarding their consumption (see Figure 8.1). In some countries, benzodiazepines continue to be linked to poisoning and overdose outbreaks, which can escalate rapidly, with vulnerable populations potentially experiencing disproportionate levels of risk. During 2024 in Ireland, for example, there were three poisoning and overdose outbreaks in prisons, the first two of which involved high-potency nitazene opioids being mis-sold as heroin and benzodiazepines, with the third incident involving a new benzodiazepine, clobromazolam.

Overdoses from new synthetic opioids can be reversed with naloxone, but those caused by benzodiazepines cannot and may, in some cases following evaluation by first responders, require hospitalisation, as was the case in Ireland. The Irish Health Service Executive and the Irish Prisons Service have issued risk alert communications regarding the circulation of these drugs (see Harm reduction – the current situation in Europe). These substances are often very cheap and may also be used by young people in combination with alcohol, sometimes resulting in potentially serious health reactions or aberrant behaviour. Benzodiazepines have also been linked to overdose deaths among people who use opioids. A lack of toxicological information means the role that benzodiazepines play in opioid-related deaths is not sufficiently understood. A total of 38 new benzodiazepines were notified to the EU Early Warning System between 2007 and 2024 (Figure 8.2), with 19 of these appearing on the drug market in 2023 in 22 EU Member States, Norway and Türkiye (see New psychoactive substances – the current situation in Europe). A limited number of new benzodiazepines were analysed by drug checking services in the first half of 2024 in 3 EU Member States. Unless integrated within a drug consumption room, these services are not typically accessed by more marginalised sub-groups of people who use drugs. Instead, they are more generally availed of by people who take drugs episodically, often at nightlife and music events. Ongoing monitoring of the substances appearing on drug markets can help rapidly identify and respond to the circulation of dangerous batches of drugs, and the EUDA's Early Warning System remains a key resource in this respect.

Figure 8.1. Fake benzodiazepine tablets containing nitazene opioids from risk alert issued by Ireland's Health Service Executive, June 2024

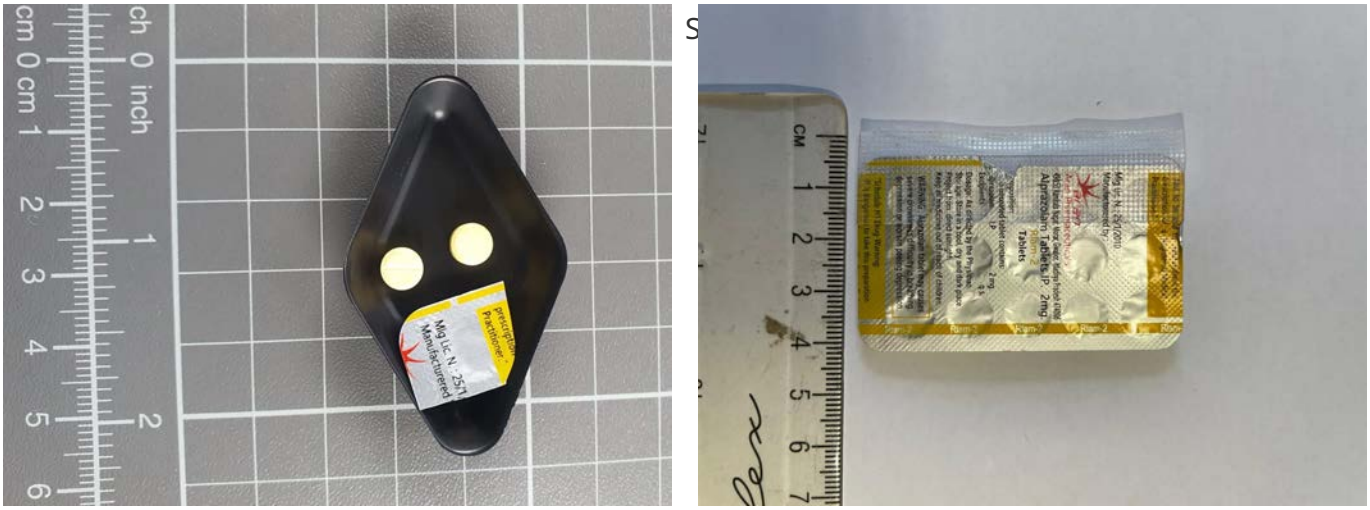
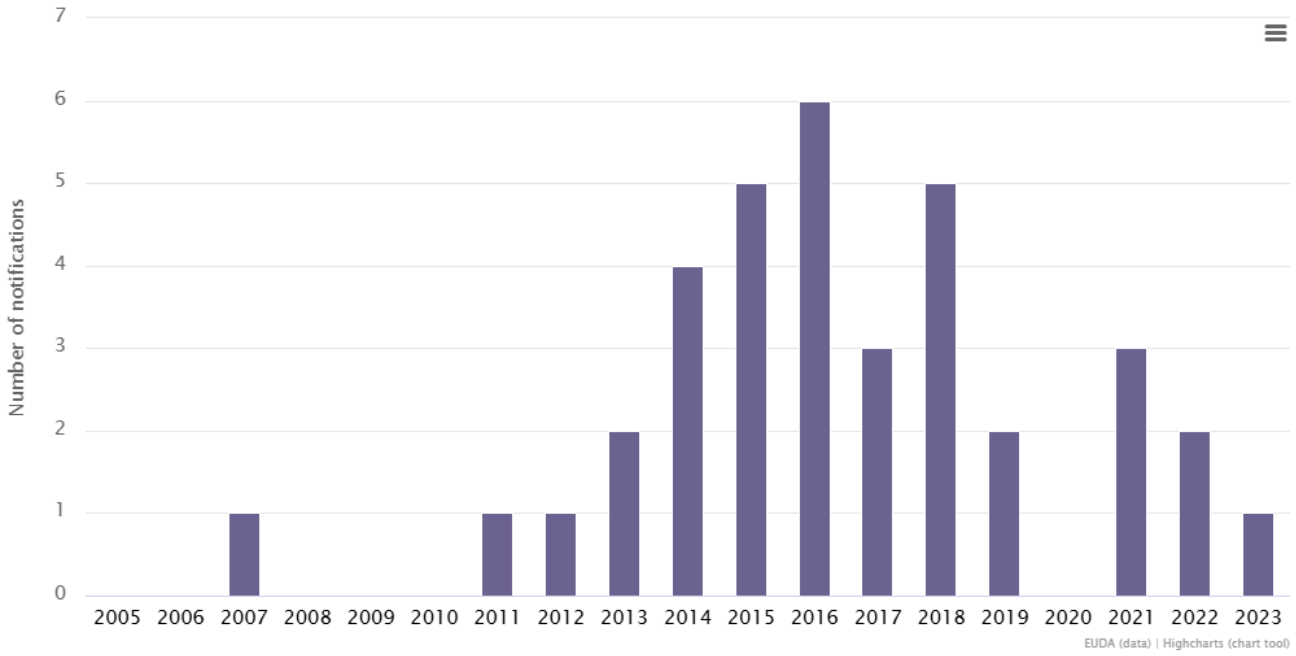


Figure 8.2. Number of formal notifications of benzodiazepines reported to the EU Early Warning System, 2005-2023



Growing interest in potential therapeutic uses of psychedelics raises health and regulatory questions

Public and clinical interest in psychedelics continues to grow, particularly regarding their potential therapeutic applications. Research into therapies assisted by substances such as psilocybin, MDMA, DMT and LSD for difficult-to-treat neuropsychiatric disorders like post-traumatic stress disorder and treatment-resistant depression is progressing rapidly. There have also been some developments in funding for trials involving psychedelics in the European Union. In Czechia, for example, the Drug Action Plan 2023-2025 has earmarked funding for research with psychedelics in addiction treatment. At EU level, in early 2024, the Horizon Europe programme awarded EUR 6.5 million in funding for psychedelic therapy research for treatment-resistant mental disorders in palliative care. While some psychedelics have shown promise in alleviating specific symptoms associated with these disorders, generalising in this area remains difficult, partly because of the large number of substances under review and partly because of the wide range of conditions that are being studied.

Some jurisdictions outside the European Union have begun regulating the use of psychedelics for medical and therapeutic purposes, bringing significant commercial interest. At the same time, the available data show that some changes are evident in the use of psychedelics in Europe. Notably, this includes an increase in unregulated or illegal practices in which these substances are used as part of wellness, therapeutic or spiritually oriented interventions.

Organised events involving psychedelics, including wellness-oriented ceremonies, appear to be present in all EU Member States. These practices typically involve the use of substances such as

psilocybin, ayahuasca (*N*,*N*-dimethyltryptamine or DMT), and 5-methoxy-*N*,*N*-dimethyltryptamine (5-MeO-DMT). The events often involve group settings led by various facilitators, shamans or coaches. In some countries, they operate relatively openly, but in others they remain underground. While some of these retreats claim to integrate elements of therapeutic support, most operate outside formal healthcare structures, often in illegal, unregulated or legally ambiguous spaces.

These developments have raised concerns at policy level. The apparent growing demand for these psychedelic practices may reflect a wider public interest in alternative mental health and self-development approaches. However, there are risks involved in these emerging practices, particularly for vulnerable individuals and those with pre-existing mental health conditions. This, together with the lack of research-driven best practices or standardised guidelines, further complicates issues of safety and oversight.

If organised, unregulated psychedelic practices continue to spread, a key challenge for policymakers and health professionals will be to better understand the scope and impact of these activities, as well as the associated health risks and harm reduction responses. Strengthening monitoring efforts will be crucial in addressing the evolving landscape of psychedelic use in Europe. A recent EUDA publication addresses the therapeutic use of psychedelics.

Key data and trends

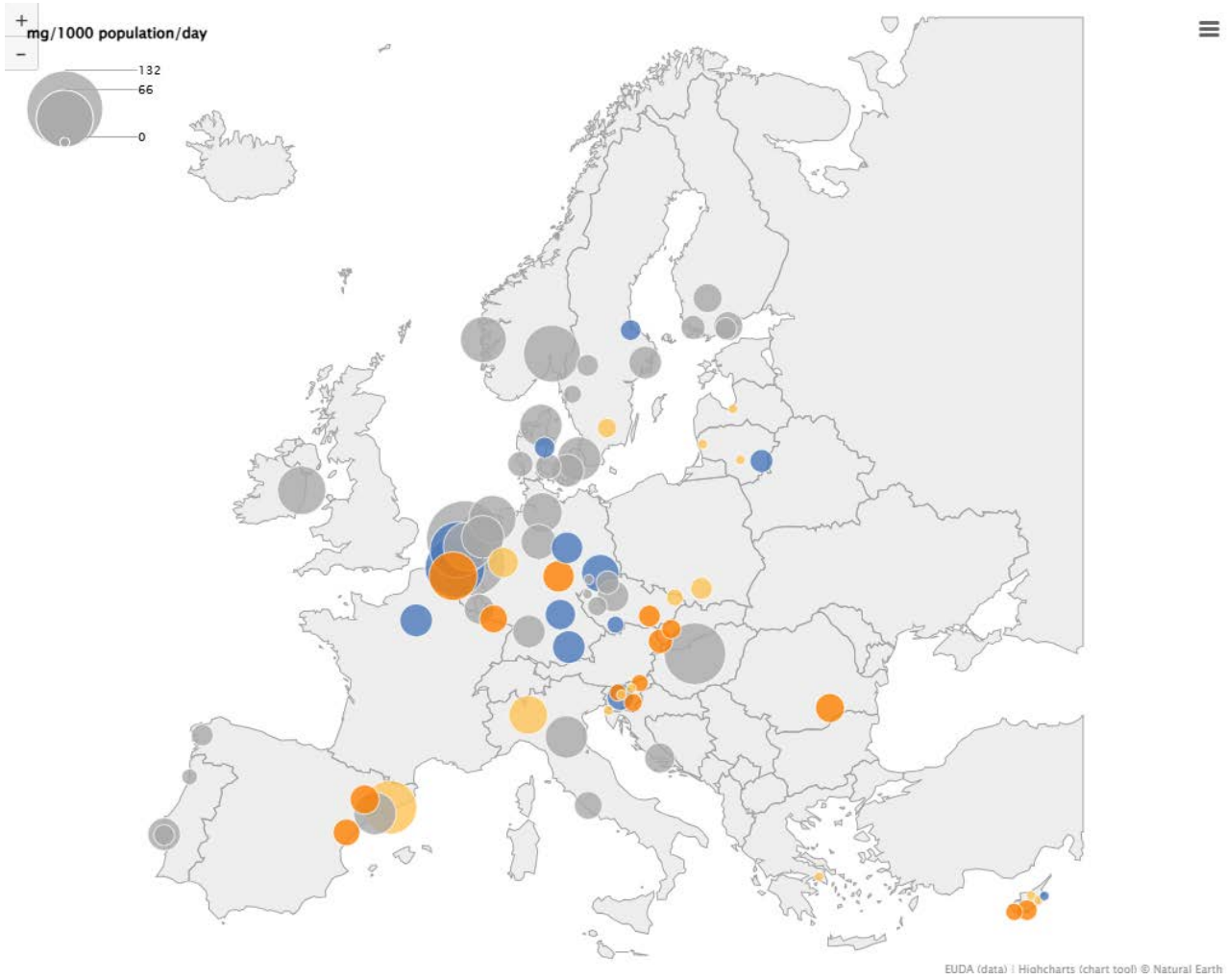
Prevalence and patterns of use of other drugs

- Among young adults (aged 15 to 34), recent national surveys show last year prevalence estimates for both LSD and hallucinogenic mushrooms equal to or less than 1 %. Exceptions for hallucinogenic mushrooms include Czechia (3.8 % in 2023), Finland (2.7 % in 2022), Estonia (2.6 % in 2023, 16-34), the Netherlands (2.2 % in 2023), France (2.0 % in 2023, 18-34), Denmark (1.7 % in 2023, 16-34) and Germany (1.1 % in 2021). Exceptions for LSD include Czechia (2.6 in 2023), Ireland (2.4 % in 2019), Estonia (2.3 % in 2023, 16-34), France (1.6 % in 2023, 18-34), Germany (1.5 % in 2021, 18-34), Latvia (1.4 % in 2020), Finland (1.3 % in 2022) and Denmark (1.1 % in 2023).
- Recent estimates of last year prevalence of ketamine use among young adults (15-34) range from 0.8 % in Romania (2019) to 3.2 % in the Netherlands (2023).
- The 2024 ESPAD school survey estimated that among 15- to 16-year-old school students in the European Union, lifetime use of LSD and other hallucinogens ranged from 0.7 % to 6.8 % and from 0.3 % to 3.4 % for GHB.
- Among respondents to the European Web Survey on Drugs in 2024, a non-representative survey of people who use drugs, 18 % of those who had used drugs within the last 12 months had used hallucinogenic mushrooms, 14 % reported having used ketamine, 10 % LSD or other

hallucinogens, 8 % nitrous oxide and 3 % GHB/GBL (gamma-hydroxybutyric acid/gamma-butyrolactone) and ‘tucibi’. Of those who used ketamine, 97 % mostly snorted it and used powders/crystals. On average, 0.3 grams was consumed per day of use. Signalling the potential scale of associated polysubstance use, only 11 % of respondents reported using ketamine without another substance, including tobacco and alcohol; a third used it with MDMA/ecstasy and a quarter with herbal cannabis. Of the participants who used ketamine, 80 % reported that they used it to ‘get “high”/for fun’ and a third ‘out of curiosity / to experiment’.

- In 2024, relatively low levels of ketamine residues in municipal wastewater were reported by 82 cities, with the highest mass loads being detected in cities in Belgium, the Netherlands, Hungary and Norway (Figure 8.3). Among the 42 cities with data available for 2023 and 2024, 14 showed an increase (of at least 10 %), 15 were relatively stable and 13 showed a decrease.

Figure 8.3. Ketamine residues in wastewater in selected European cities: changes between 2023 and 2024



= increase = stable = decrease, with respect to previous year = no previous data

Mean daily amounts of ketamine in milligrams per 1000 population. Sampling was carried out over a week between March and May 2024.
Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.

Source: Sewage Analysis Core Group Europe (SCORE).
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study.

Treatment entry for ketamine use

- Increases were observed in the number of clients entering treatment for problems related to ketamine use in Belgium, Germany, Italy and the Netherlands in 2023 and France and Spain in 2022 (most recent data), with the overall number rising from 289 in 2018 to an estimated 1329 clients in 2023 in these countries.

Harms related to use of other drugs

- GHB/GBL was the fifth most common drug reported by Euro-DEN Plus hospitals in 2023. Overall, it was reported by 13 emergency departments in 9 EU Member States and Norway in 2023. The drug was involved in an estimated 3.8 % of presentations (median) across the 22 participating hospitals in the 15 EU Member States and Norway that reported 2023 data. The hospitals with the highest proportions of cases reporting GHB/GBL use were in Oslo (44 %), Utrecht (26 %), Barcelona (22 %), Tallinn (17 %) and Ghent (16 %) (Figure 8.4). Alcohol use was noted in one third of the GHB/GBL cases for which such data were available. One in 6 (16 %) of the cases reporting GHB/GBL was admitted to intensive care.

Figure 8.4. Proportion of acute drug toxicity presentations with mention of GHB/GBL, Euro-DEN Plus sentinel hospitals, 2023

- Ketamine was reported by 13 Euro-Den Plus hospitals in 9 EU Member States and Norway in 2023 and was involved in an estimated 1.8 % of presentations (median) across the 22 hospitals that reported 2023 data. In 2023, almost 2 out of 3 cases (63 %) were aged between 25 and 45 years, three quarters (75 %) were males. Half of all the cases presented to the emergency

services on Saturdays and Sundays. Alcohol use was noted in just over half (55 %) of the ketamine cases for which such data were available. Some 4.5 % of the cases reporting ketamine were admitted to intensive care.

- Nitrous oxide was reported in acute drug-toxicity presentations to emergency services of 6 sentinel hospitals in 5 EU Member States and Norway in 2023. Reported cases were young (median age, 21 years), more commonly males (62 %), and presented on weekdays (60 %). In 3 out of the 6 hospitals, cannabis was the most frequent substance reported as used in combination with nitrous oxide. Alcohol use was noted in just under one fifth of the nitrous oxide cases for which such data were available.
- LSD was reported by 17 Euro-Den Plus hospitals in 13 of the participating EU Member States and Norway in 2023 and was involved in an estimated 1.4 % of presentations (median) across all the hospitals that reported data. Almost all cases (94 %) were males; the median age was 23.5 years. Alcohol use was noted in one quarter of the LSD cases for which such data were available.

Market data for other drugs

Seizures of hallucinogenic and dissociative drugs are not consistently monitored across Europe. Different EUDA monitoring systems provide the limited information available, which is incomplete, divergent and difficult to generalise. Sources contributing to the data presented here include the EU Early Warning System on new psychoactive substances, national reporting systems and, for drug checking, the Trans European Drug Information network (TEDI).

- In 2023, almost 2000 seizures of LSD, amounting to 361 900 units and about 1 kilogram and 1 litre, were reported in Europe (Table 8.1). Twenty-four countries reported 3750 seizures of hallucinogenic mushrooms, amounting to 333 kilograms. Seventeen countries reported 145 seizures of DMT, amounting to 36.2 kilograms, mainly in Portugal (26.7 kilograms) and 17.1 litres (Portugal 16.01 litres; Sweden 1.06 litres).

Table 8.1a. Number of seizures and quantity seized of other drugs, European Union

Drug	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/ units/ blotters)
2C-B	944	18.6		3685
LSD	1536	0.9	0.7	335992
DMT	145	36.2	17.1	14
Hallucinogenic mushrooms	1931	213.6		2273
GHB	659	12	73.6	
GBL	243	39.6	432.1	

Table 8.1b. Number of seizures and quantity seized of other drugs, European Union, Norway and Türkiye

Drug	Countries	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/ units/ blotters)
2C-B	15	944	18.6		3685
LSD	25	1986	0.9	0.7	361927
DMT	17	145	36.2	17.1	14
Hallucinogenic mushrooms	24	3750	332.6		2273
GHB	18	996	12	210.8	
GBL	17	273	39.6	528.8	

- In 2023, ketamine seizures reported to the EU Early Warning System amounted to 2.7 tonnes of powders (2.8 tonnes in 2022), with the Netherlands seizing 72 % of the total quantity. Seizures of ketamine have fluctuated at levels above 0.5 tonnes since 2017 (Figure 8.5), while the number of ketamine seizures has doubled (Figure 8.6).

Figure 8.5. Seizures of ketamine powder in the European Union: total quantity (kilograms), 2006-2023

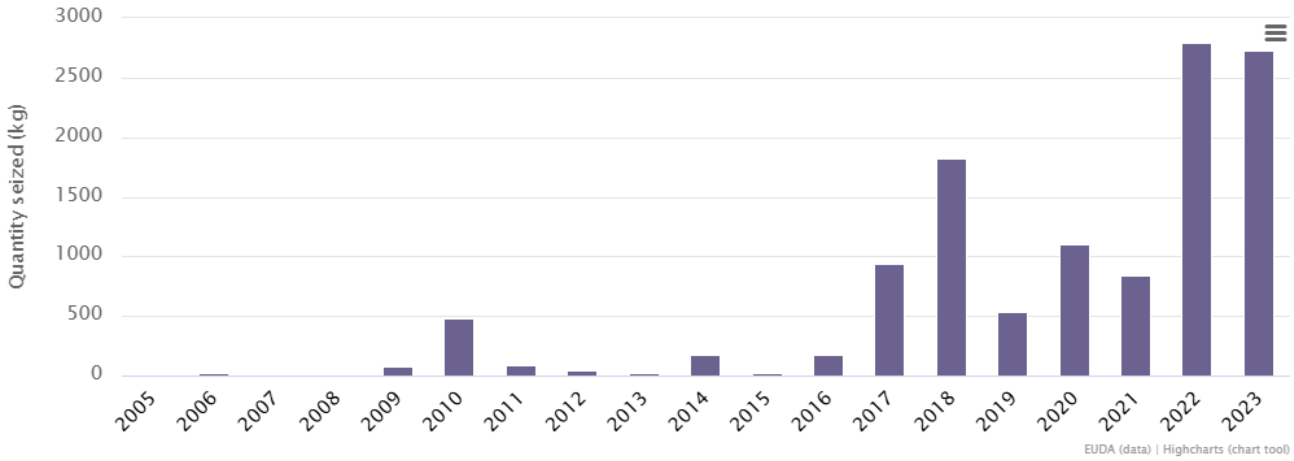
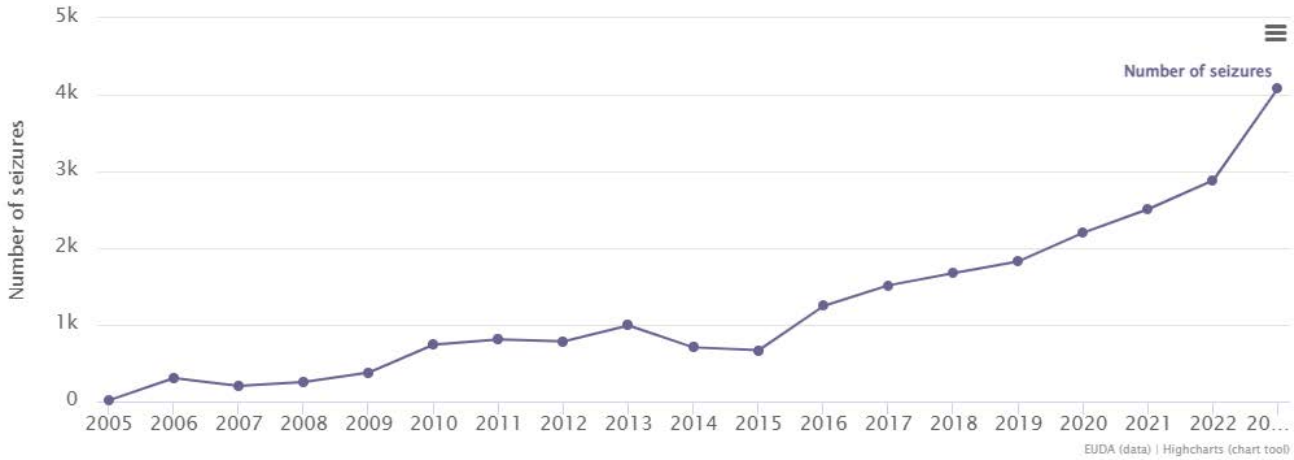


Figure 8.6. Seizures of ketamine powder in the European Union: total number, 2006-2023



- Six ketamine laboratories were dismantled in the European Union in 2023. These sites were typically engaging in the crystallisation of bulk ketamine powders.
- Out of 704 samples submitted as ketamine to drug checking services in 10 EU Member States, 91 % (639) contained only the expected substance without any adulterants, with an average purity of 86 %. This likely reflects the increased availability of the drug and its deliberate purchase by consumers. Also during the first half of 2024, 6 drug checking services in 6 EU Member States reported 74 samples of the 'tucibi' mixture, containing ketamine and other substances, typically MDMA, cocaine or a cathinone. This is reflective of consumers also intentionally seeking to purchase drug mixtures that contain ketamine.
- Samples of mixtures containing ketamine, MDMA and cocaine continue to be reported to the EU Early Warning System at levels comparable to previous years, mostly by Spain. Some of these appear to be sold as 'pink cocaine' or 'tucibi'.

- In 2023, 15 EU Member States reported 944 seizures of the psychedelic drug 2C-B, amounting to 3685 tablets or units and 18.6 kilograms.
- Eighteen European countries reported 1269 seizures of GHB or its precursor GBL, amounting to 51.5 kilograms and almost 740 litres. GBL has many industrial purposes, making the data challenging to interpret.
- In 2023, 11 European countries reported 256 seizures of khat amounting to 15 tonnes (30 tonnes in 2022), with France, Germany, Sweden, Italy and Denmark seizing the largest quantities.
- In 2023, EU Member States reported 531 seizures of new benzodiazepines to the EU Early Warning System, representing approximately 1.5 % of the total number of seizures of new psychoactive substances. Of the 38 new benzodiazepines ever reported to the Early Warning System, 19 were detected in drug seizures in 22 EU Member States, Norway and Türkiye in 2023.

Additional information can be found in the joint EUDA-Europe EU Drug Markets: In-depth analysis and the EUDA Health and social responses to drug problems.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-WW-1 Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2024, in
- Table EDR25-BZD-1. Number of formal notifications of benzodiazepines reported to the EU Early Warning System, 2011-24
- Table EDR25-Ketamine-2. Ketamine residues detected in wastewater in selected European cities: most recent data
- Table EDR24-Ketamine-1a. Seizures of ketamine powder in the European Union: total number, 2006–2023
- Table EDR25-ketamine-1b. Seizures of ketamine powder in the European Union: total quantity, 2006-2023
- Table EDR25-Other-8a. Number of seizures and quantity seized of other drugs, European Union
- Table EDR25-Other-8b. Number of seizures and quantity seized of other drugs, European Union, Norway and Türkiye

Injecting drug use in Europe – the current situation (European Drug Report 2025)

Despite a continued decline in injecting drug use over the past decade in the European Union, this behaviour is still responsible for a disproportionate level of both acute and chronic health harms associated with the consumption of illicit drugs. On this page, you can find the latest analysis of injecting drug use in Europe, including key data on prevalence at national level and among clients entering specialist treatment, as well as insights from studies on syringe residue analysis and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

Diversity of drugs injected and poly-substance use driving health risks

The downward trend in injecting drug use among first-time entrants to drug treatment services in the European Union over the past decade appeared to slow down in 2023. Injecting remains responsible for a disproportionate level of both acute and chronic health harms associated with the consumption of illicit drugs. Half a million Europeans are estimated to have injected an illicit drug in the last year. This underlines the scale of the ongoing challenges in this area and the fact that reducing the harm associated with injecting drug use remains an important public health priority.

People who inject drugs are at greater risk of becoming infected by blood-borne viruses, including HIV and hepatitis B and C viruses, or dying from a drug overdose. Injecting can also exacerbate other pre-existing health problems or be a cause of abscesses, septicaemia and nerve damage. Historically, heroin has been the main drug associated with injecting in Europe, but this has been changing in recent years. Increasingly today, other drugs, including cocaine, amphetamines, synthetic cathinones, opioid agonist medications and various new psychoactive substances, are also injected, either alone or in combination. While it is known that there is considerable variation in injecting between countries, recent studies of syringe residues also reveal that there can also be considerable variation in the drugs injected between different sites within a country.

Multiple substances are commonly detected in syringe residues, often including both stimulant and opioid drugs, and polydrug use can increase the risk of a drug overdose. In addition, various medicines, such as benzodiazepines, pregabalin and methylphenidate, as well as the anaesthetic benzocaine and the pyrrolidone or nootropic piracetam, have also been identified in syringe residues. Some might be used as adulterants without the users' knowledge. Recognising the complexity of injecting drug use in Europe and the significance of polydrug use in this context is

therefore likely to have important implications both for understanding the harms associated with this mode of administration and for designing interventions to reduce them.

Injecting stimulant drugs such as cocaine and synthetic cathinones tends to be more associated with high-frequency injecting patterns of use, and has been associated with local HIV outbreaks in the last decade in Europe. More frequent patterns of injecting may also result in a higher risk of re-infection with the hepatitis C virus (HCV), presenting a potential challenge to the positive impact of HCV treatment now being reported by some countries (see also Drug-related infectious diseases – the current situation in Europe). Methamphetamine injecting carries similar risks, and the drug continued to be detected in 2023 at high levels in used syringes from cities around Europe, including Athens, Barcelona, Madrid, Prague and Tallinn. This is a concern, as various signals continue to indicate that stimulant injecting is becoming a more common behaviour among people who inject drugs. In addition, people who inject drugs may use stimulants as replacement substances, when opioids such as heroin are scarce.

There are multiple long-term risks linked to injecting dissolved medicine tablets and capsules, and also crack cocaine, including vascular damage and infective endocarditis and other bacterial infections. An additional concern is raised by the availability of highly potent synthetic opioids, such as fentanyl and its derivatives and benzimidazole opioids (nitazenes), where the risk of fatal overdoses are likely to be elevated when such substances are injected.

In addition to the provision of drug treatment, harm reduction interventions, such as the provision of sterile injecting equipment, remain among the most common public health measures targeting the risks associated with injecting drugs. Although, by international standards, such interventions are relatively well developed in Europe, it is also clear that some EU Member States face challenges in providing sufficient coverage and access to harm reduction and drug treatment interventions for people who inject drugs. For example, concern exists around the low, and in some cases decreasing, levels of provision of sterile syringes observed in Bulgaria, Croatia, Lithuania, Hungary, Malta, Poland, Romania and Slovakia in comparison with other EU Member States with comparable estimates of injecting drug use (see also Drug-related infectious diseases – the current situation in Europe). Reducing the risk of acquiring blood-borne infectious diseases has been a primary focus of many interventions in this area. This concern remains important, but there is now greater recognition that more also needs to be done to reduce overdose deaths and the broader range of health harms associated with injecting drug use. Forensic and toxicological analysis of drug batches suspected of containing highly potent substances (e.g. nitazenes), combined with rapid risk communication, is an important part of the overall approach to overdose prevention and needs to be scaled up. Other interventions targeting these outcomes, including take-home naloxone and drug consumption rooms, are generally less well developed, and therefore this remains an important area for investment and service development.

Changing patterns of drug injecting, an increasing diversity of substances and the adequacy of the type and level of existing responses remain key issues for both frontline responders and policymakers in the European Union. As injecting drug use continues to change, now encompassing primarily opioid and stimulant-based open drug scenes involving marginalised people who inject drugs, as well as the use of substances such as methamphetamine and

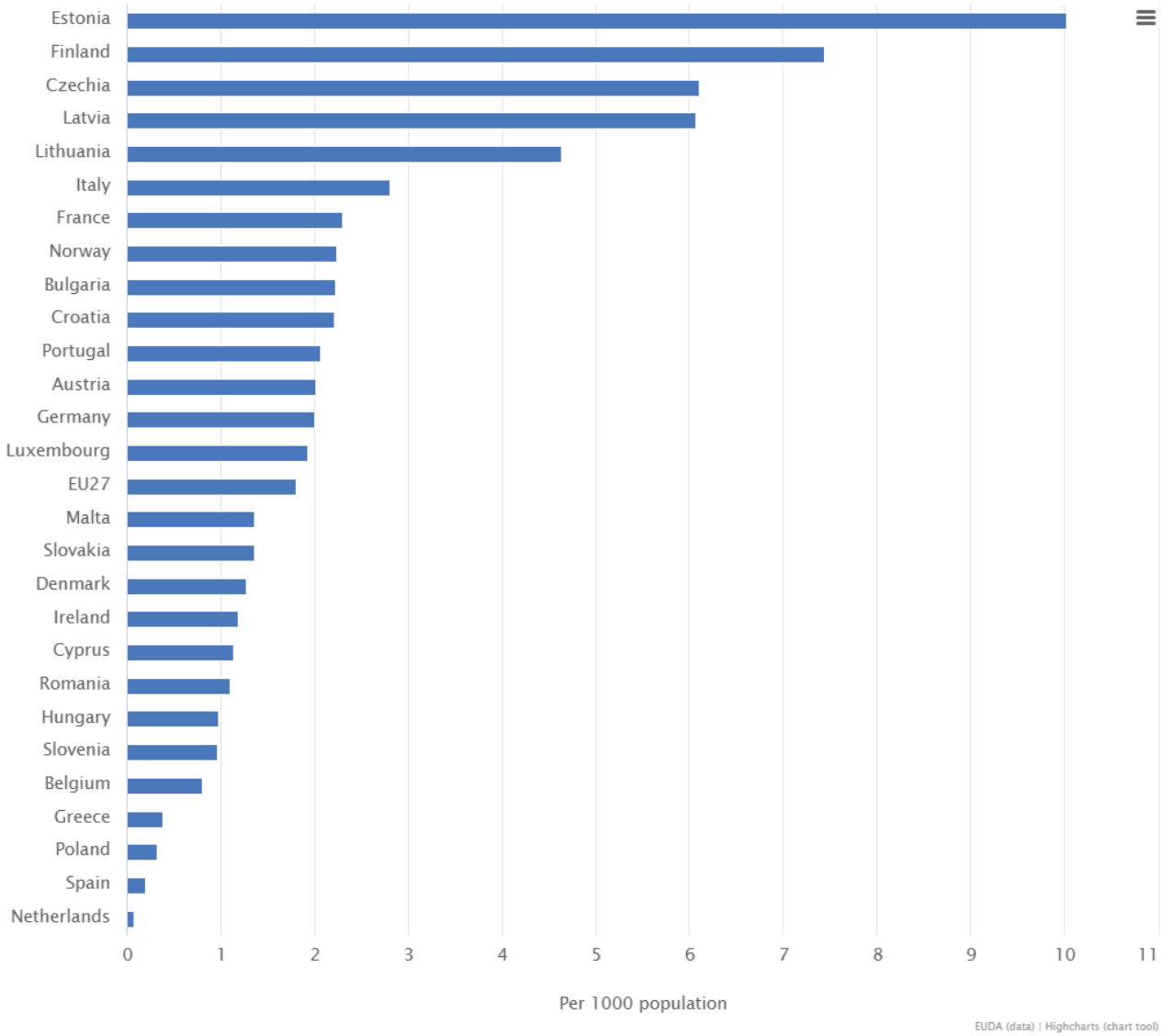
cathinones in some settings and subgroups, responding effectively to the risk posed by drug injecting has become a more urgent and complex challenge.

Key data and trends

Prevalence of injecting drug use

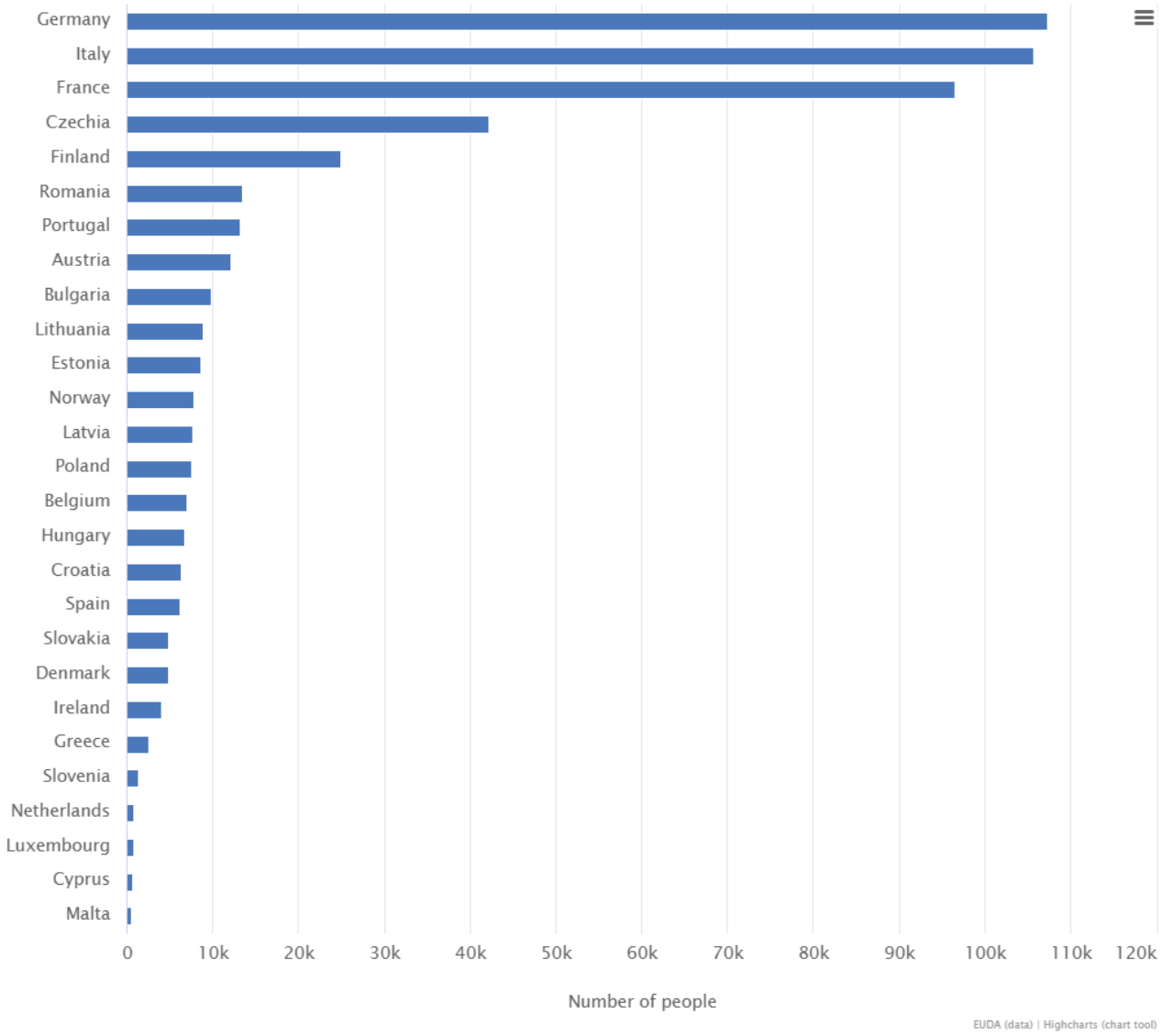
- Injecting drug use estimates range from 0.1 per 1000 population in the Netherlands to 10 per 1000 population in Estonia, with particularly high levels also reported in Finland (7.4 per 1000), Czechia (6.1 per 1000), Latvia (6.1 per 1000) and Lithuania (4.6 per 1000) (Figure 9.1a).
- Opioids were reported as the main injected drugs in the majority (20) of the 24 countries for which data are available for clients entering treatment in 2023. However, data from low-threshold services and syringe residue analysis from the ESCAPE project highlight the increasing role played by stimulants in injecting drug use, which is happening within patterns of predominantly polysubstance use.
- The highest estimated numbers of people who inject drugs in the European Union were reported by the most populous countries: Germany (107 316), Italy (105 652) and France (96 531) (Figure 9.1b).
- The overall prevalence of injecting drug use in the European Union is estimated at 1.8 cases per 1000 population aged 15 to 64 years (Figure 9.1). This suggests there were an estimated 520 000 people who inject drugs in the European Union in 2023, or 528 000 if Norway is included.

Figure 9.1a. Estimated prevalence of people who inject drugs in the last 12 months (per 1000 population), 2023 or latest data



Note: Based on the latest data available from each country.

Figure 9.1b. Estimated number of people who inject drugs in the last 12 months, by country, 2023 or latest data



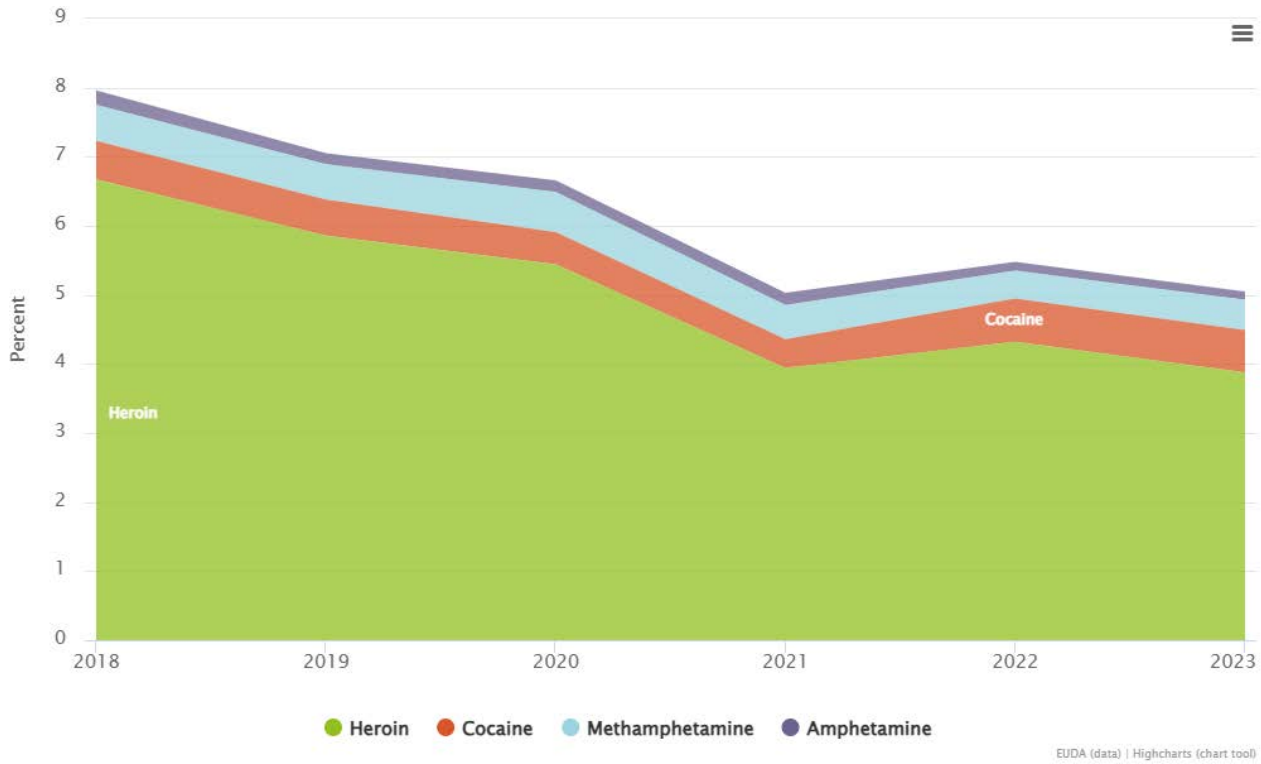
Note: Two thirds of the national estimates of injecting drug use presented here were derived from indirect statistical methods based on health registries covering the period 2015 to 2023, while the remainder were derived by applying injection rates from treatment data to population estimates of opioid and stimulant users.

Injecting drug use among clients entering specialised treatment

- Based on data from 24 countries where historical data are available, among first-time clients entering specialised drug treatment in 2023 reporting heroin as their primary drug, 18 % reported injecting as their main route of administration; stable compared with 2022, but down from 33 % in 2013. In this group, levels of injecting vary between countries, from less than 10 % in Spain and Portugal to 60 % or more in Bulgaria, Czechia, Estonia, Latvia, Lithuania, Romania and Slovakia.

- Available data indicate that injecting is reported as the main route of administration by less than 1.5 % of first-time cocaine clients, 2 % of first-time amphetamine clients and 5 % of first-time methamphetamine clients. It should be noted that Slovakia accounts for almost 60 % of first-time methamphetamine entrants who reported injecting as their main route of administration.
- Considering the four main injected drugs together, injecting as the main route of administration among first-time entrants to treatment in Europe has decreased to 5 % in 2023 (6 % in 2022) following several years of decline from 8 % in 2018 (Figure 9.2).

Figure 9.2. Trends in injecting among first-time treatment entrants with heroin, cocaine, amphetamine or methamphetamine as primary drug: percentage reporting injecting as main route of administration



Note: Trends in injecting among first-time treatment entrants are based on 24 countries with data for at least 5 of the 6 years (missing values were interpolated from adjacent years).

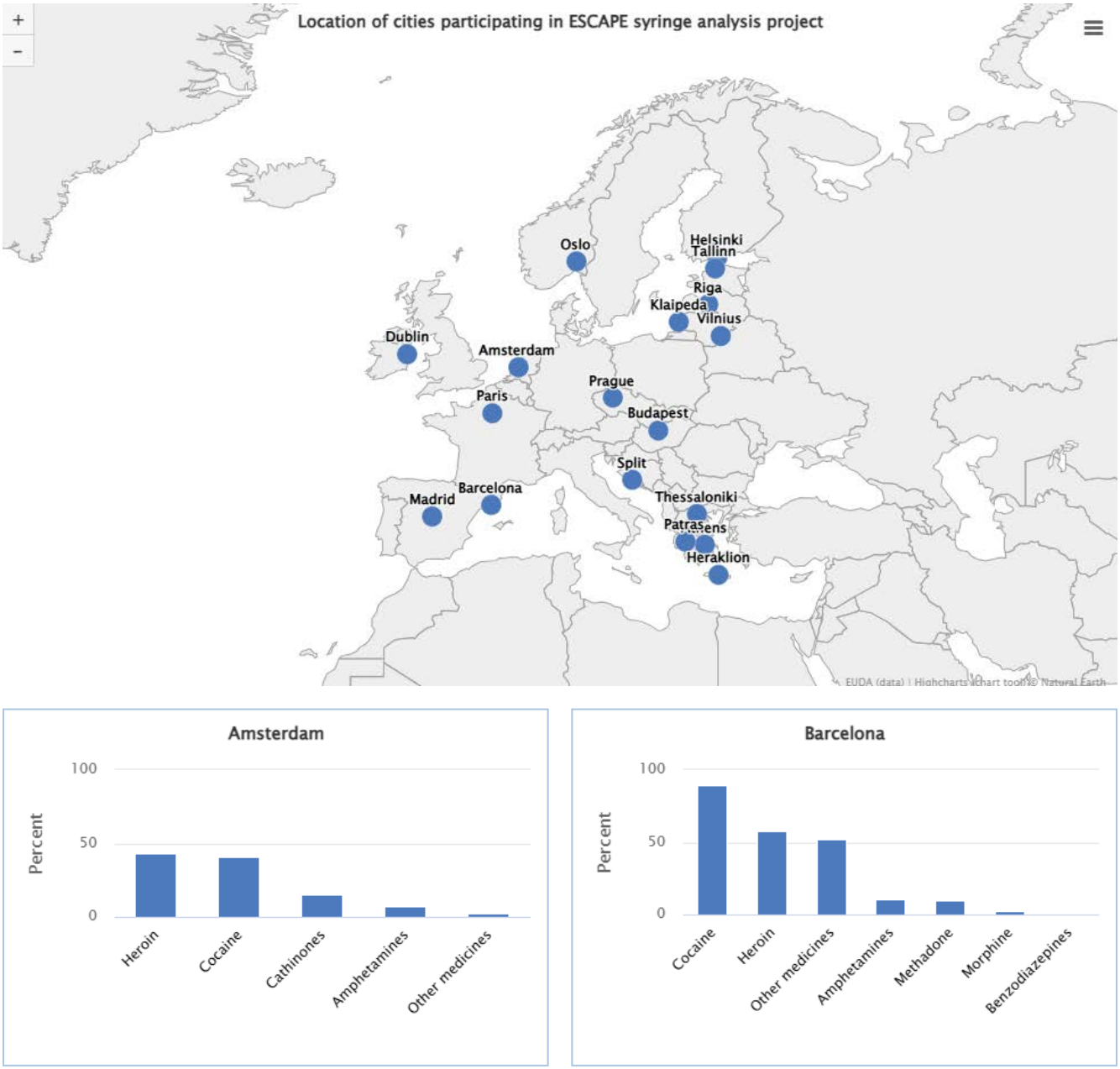
Syringe residue analysis

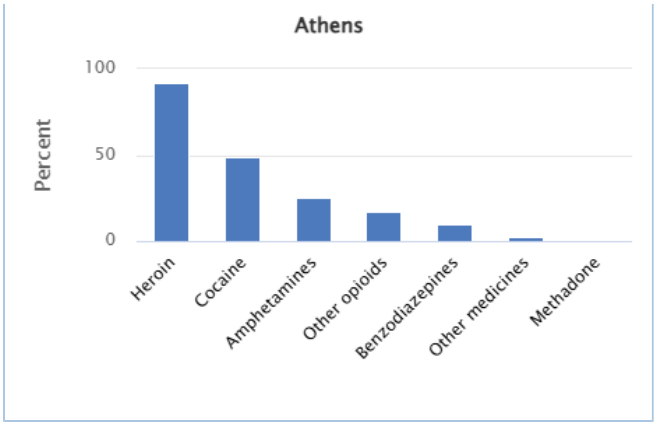
ESCAPE – the European Syringe Collection and Analysis Project Enterprise – aims to identify the range of substances being used by people who inject drugs in a sentinel network of 19 cities in the European Union and Norway. While not nationally representative, the data are indicative of diverse local-level drug use dynamics, rather than reflecting the overall national situations.

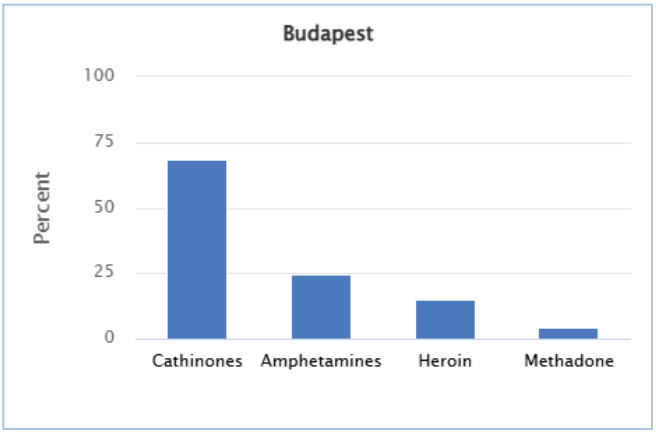
Diversity of substances injected

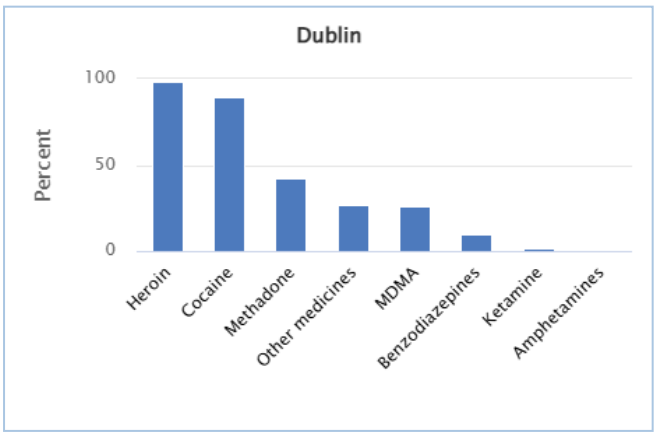
- As in previous years, the 2023 results showed that a wide diversity of substances were detected in used syringes across the participating cities (Figure 9.3), reflecting local markets and different sub-populations of people who use drugs.
- A total of 3276 used syringes tested positive for at least one drug category in the participating cities.
- In total, 91 distinct substances from 15 drug categories were detected.
- Another 39 substances were detected and classified as either adulterants (11) or metabolites and degradation products (28).

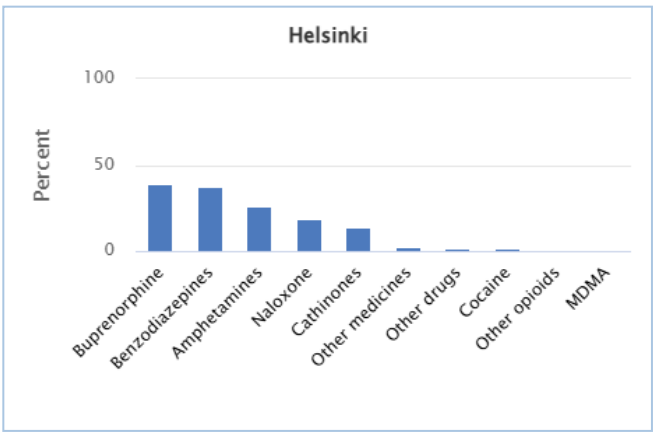
Figure 9.3. Percentage of used syringes tested positive by drug category, by city, 2023




Athens
Percent
100
50
0
Heroin
Cocaine
Amphetamines
Other opioids
Benzodiazepines
Other medicines
Methadone


Budapest
Percent
100
75
50
25
0
Cathinones
Amphetamines
Heroin
Methadone


Dublin
Percent
100
50
0
Heroin
Cocaine
Methadone
Other medicines
MDMA
Benzodiazepines
Ketamine
Amphetamines


Helsinki
Percent
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50
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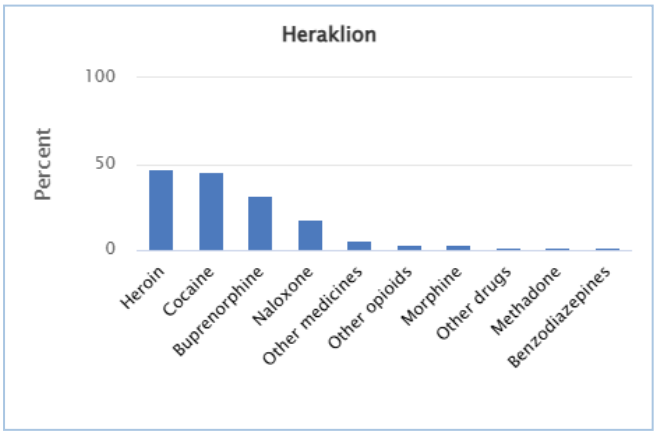
Benzodiazepines
Amphetamines
Naloxone
Cathinones
Other medicines
Other drugs
Cocaine
Other opioids
MDMA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Percent
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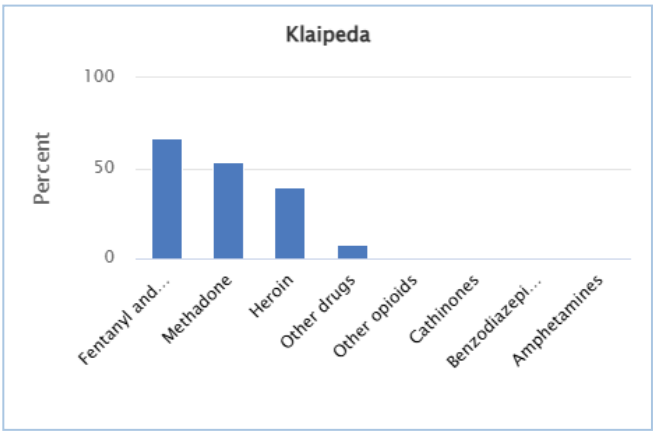
Heroin
Cocaine
Buprenorphine
Naloxone
Other medicines
Other opioids
Morphine
Other drugs
Methadone
Benzodiazepines


Klaipeda
Percent
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50
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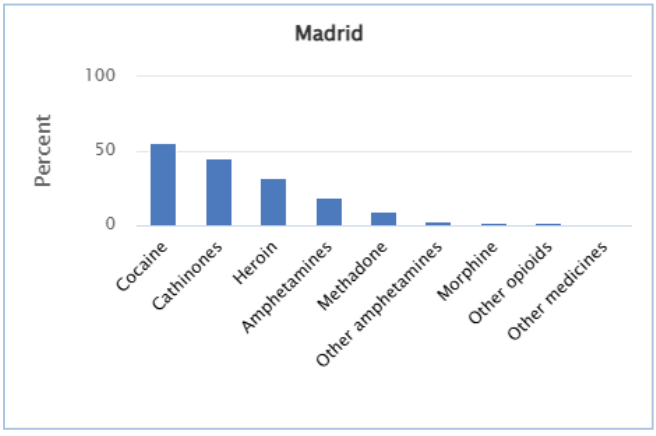
Fentanyl and...
Methadone
Heroin
Other drugs
Other opioids
Cathinones
Benzodiazepi...
Amphetamines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Percent
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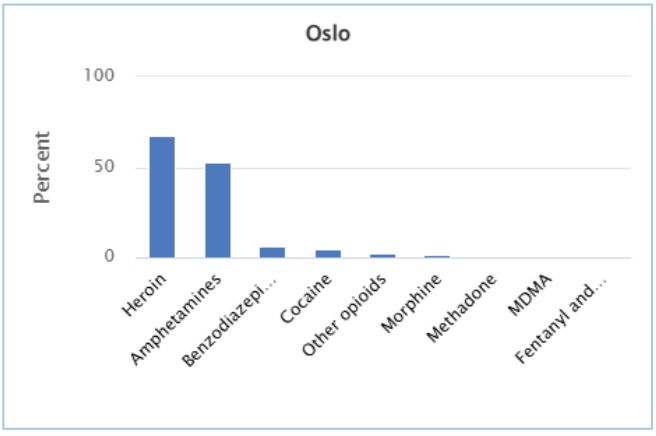
Cocaine
Cathinones
Heroin
Amphetamines
Methadone
Other amphetamines
Morphine
Other opioids
Other medicines


Oslo
Percent
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50
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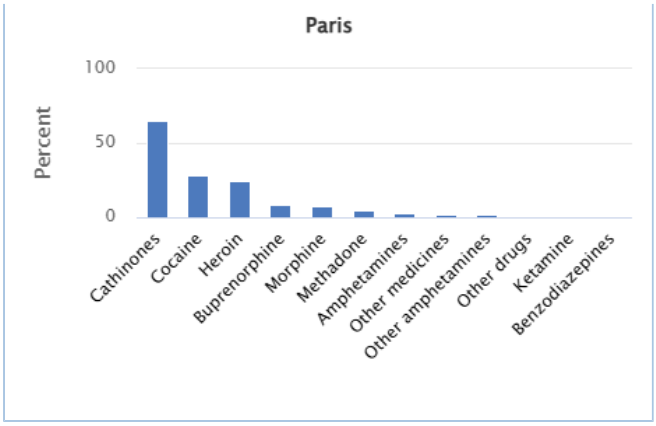
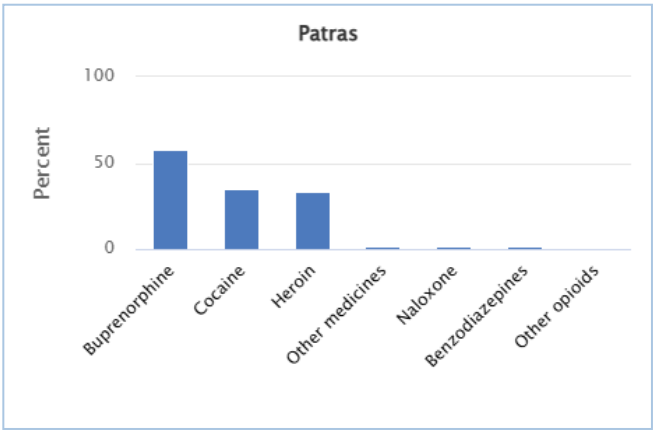
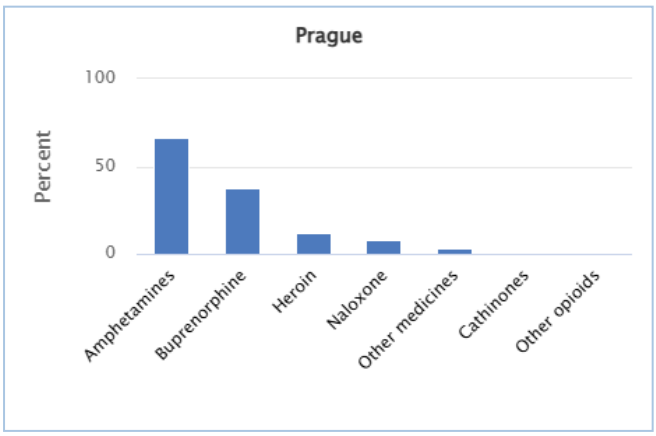
Heroin
Amphetamines
Benzodiazepi...
Cocaine
Other opioids
Morphine
Methadone
MDMA
Fentanyl and...


Paris
Percent
100
50
0
Cathinones
Cocaine
Heroin
Buprenorphine
Morphine
Methadone
Amphetamines
Other medicines
Other amphetamines
Other drugs
Ketamine
Benzodiazepines


Patras
Percent
100
50
0
Buprenorphine
Cocaine
Heroin
Other medicines
Naloxone
Benzodiazepines
Other opioids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Percent
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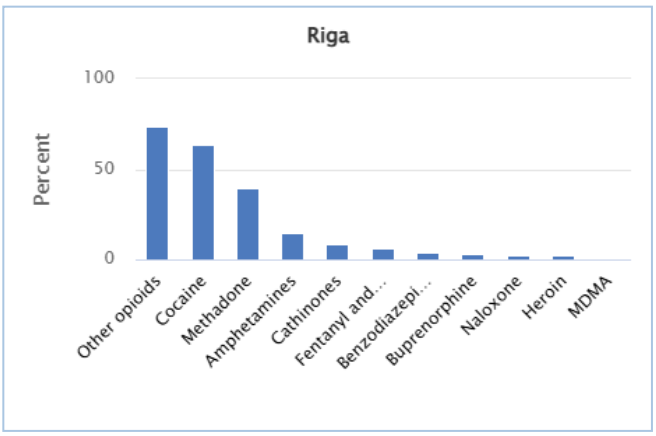
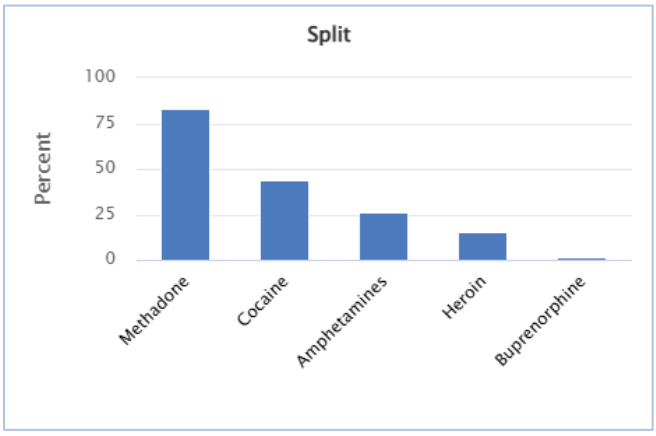
Amphetamines
Buprenorphine
Heroin
Naloxone
Other medicines
Cathinones
Other opioids


Riga
Percent
100
50
0
Other opioids
Cocaine
Methadone
Amphetamines
Cathinones
Fentanyl and...
Benzodiazepi...
Buprenorphine
Naloxone
Heroin
MDMA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Percent
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75
50
25
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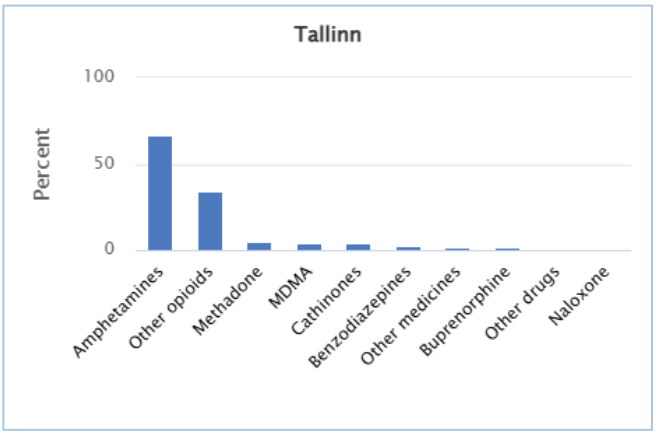
Methadone
Cocaine
Amphetamines
Heroin
Buprenorphine


Tallinn
Percent
100
50
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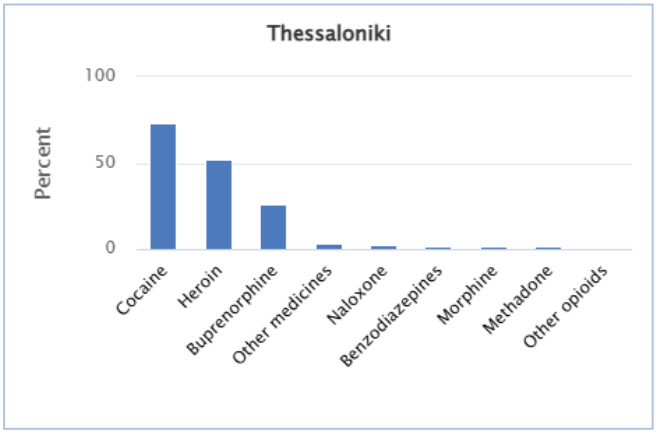
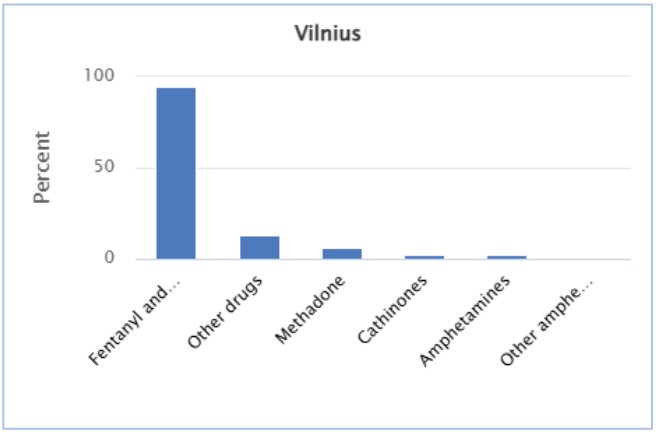
Amphetamines
Other opioids
Methadone
MDMA
Cathinones
Benzodiazepines
Other medicines
Buprenorphine
Other drugs
Naloxone


Thessaloniki
Percent
100
50
0
Cocaine
Heroin
Buprenorphine
Other medicines
Naloxone
Benzodiazepines
Morphine
Methadone
Other opioids


Vilnius
Percent
100
50
0
Fentanyl and...
Other drugs
Methadone
Cathinones
Amphetamines
Other amphe...

Data source: ESCAPE project. For the complete data set and analysis, see ESCAPE: data explorer, analysis and key findings.

Combination of substances

- Half of the syringes contained residues of two or more drug categories, which may indicate that people who inject drugs often inject more than one substance or that syringes are reused.
- The most frequent combination of drugs found in syringes was a mixture of a stimulant and an opioid: heroin and cocaine (Amsterdam, Athens, Barcelona, Cologne, Dublin, Heraklion, Madrid, Patras, Thessaloniki); heroin and amphetamine (Oslo); buprenorphine/heroin and methamphetamine (Prague); methadone and cocaine (Split); nitazenes and cocaine (Riga).
- The exceptions were Budapest (synthetic cathinones and amphetamines), Helsinki (buprenorphine and benzodiazepines), Klaipeda (carfentanil and methadone), Paris (cocaine and synthetic cathinones), Tallinn (amphetamine and methamphetamine) and Vilnius (carfentanil and testosterone).

Opioids

- Reflecting its continued availability on local drug markets, heroin was still the most commonly detected drug in syringes from 6 of the 19 cities (Dublin, 99 %; Athens, 92 %; Cologne, 70 %; Oslo, 68 %; Heraklion, 47 %; Amsterdam, 43 %). In addition, the drug was detected in more than 50 % of syringes in Barcelona (58 %) and Thessaloniki (52 %).
- Carfentanil, a fentanyl derivative, was commonly found in syringes from the Lithuanian cities Vilnius (95 %) and Klaipeda (29 %) and to a lesser extent in Riga (6 %) in neighbouring Latvia.
- Nitazenes, a class of potent new synthetic opioids, were detected in Riga (metonitazene, 66 %; isotonitazene, 41 %) and Tallinn (protonitazene, 33 %; metonitazene, 12 %; isotonitazene, 6 %). Other substances were sometimes found alongside nitazenes in syringe residues, such as amphetamine and methadone in Tallinn and cocaine and methadone in Riga.
- Buprenorphine was commonly detected in Patras (58 %), Helsinki (39 %), Prague (37 %) and Heraklion (32 %), while methadone was frequently detected in syringes from Split (83 %), Klaipeda (54 %), Dublin (42 %) and Riga (39 %).
- Tramadol was detected in 17 % of syringes in Athens, and morphine was detected in 7 % of syringes from Paris.

Stimulants

- Cocaine was detected in more than 50 % of syringes in 6 out of 19 cities (Dublin, 90 %; Barcelona, 89 %; Thessaloniki, 73 %; Riga, 64 %; Cologne, 62 %; Madrid, 56 %).

- Synthetic cathinones were commonly detected in Budapest (69 %), Paris (65 %), Madrid (46 %), and to a lesser extent in Amsterdam (15 %) and Helsinki (14 %). A total of 13 distinct cathinones were identified across participating cities, with 3-CMC, N-ethylnorpentedrone, mephedrone, 4-CMC and alpha-PVP being the most frequently detected.
- Methamphetamine was detected in the majority of syringes from Prague (66 %), in a quarter of syringes from Athens (25 %), and in more than 10 % of syringes in Madrid (19 %), Tallinn (12 %) and Barcelona (11 %).
- Amphetamine was detected in the majority of syringes in Tallinn (67 %) and Oslo (52 %), and in 20 % or more of syringes in Split (26 %), Helsinki (23 %) and Budapest (20 %).

Benzodiazepines and other medicines

- Benzodiazepines were detected in 37 % of syringes from Helsinki (alprazolam, midazolam) and in 10 % of syringes from Athens and Dublin (alprazolam, diazepam).
- Pregabalin (an anti-convulsant medication) was found in 16 % of syringes from Dublin and at lower levels in Heraklion (5 %), Athens (1 %) and Thessaloniki (<1 %), whereas benzocaine (an anaesthetic medicine) was detected in 12 % of syringes from Dublin.
- Piracetam (used as a cognitive enhancer) was detected in 52 % of syringes in Barcelona.
- Methylphenidate (a stimulant medication for treating ADHD) was found in 15 % of syringes from Cologne.
- Testosterone was found in syringes from Vilnius (13 %) and Klaipeda (8 %).

Additional information can be found in Drug-related infectious diseases: health and social responses.

The data used to generate infographics and charts on this page may be found below.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological note,s is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-INJ-1a. Estimated number and prevalence of people who inject drugs, by country (latest available data for each country)
- Table EDR25-INJ-1b. Estimated prevalence (per 1000 people) of people who inject drugs, (latest available data for each country)

- Table EDR25-INJ-2. Trends in injecting among first-time treatment entrants with heroin, cocaine, amphetamine or methamphetamine as primary drug: percentage reporting injecting as main route of administration
- Table EDR25-INJ-3a. European Syringe Collection and Analysis Project Enterprise (ESCAPE) selected data for 2023
- Table EDR25-INJ-3b. ESCAPE project site location data

Drug-related infectious diseases – the current situation in Europe (European Drug Report 2025)

People who inject drugs are at risk of contracting infections through the sharing of drug use paraphernalia. On this page, you can find the latest analysis of drug-related infectious diseases in Europe, including key data on infections with HIV and hepatitis B and C viruses.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.

Last update: 5 June 2025

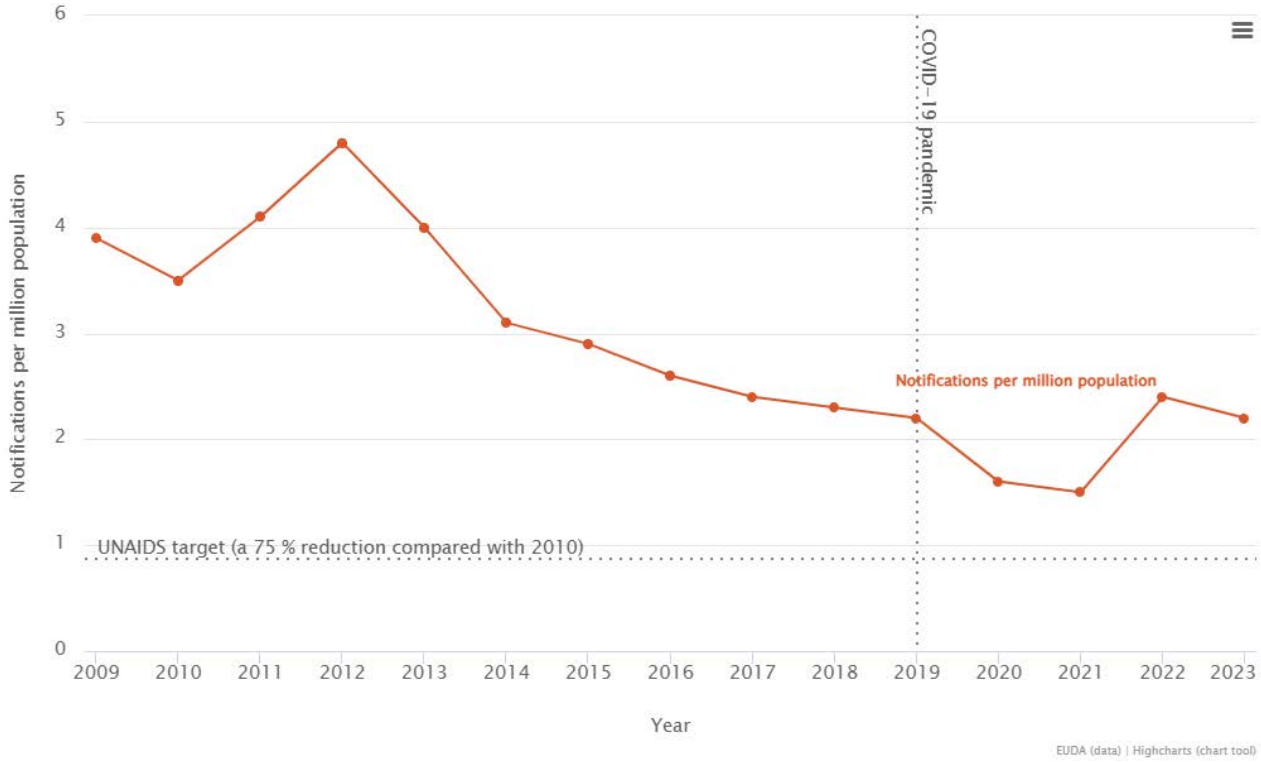
Infectious diseases related to drug use remain a challenge

People who inject drugs are at high risk of becoming infected by hepatitis B and C viruses (HBV and HCV, respectively) and the human immunodeficiency virus (HIV) through the sharing of drug use paraphernalia. These infections can cause chronic diseases that may result in severe health-related harms, including death.

Harm reduction gaps and stimulant use hinder EU reaching HIV Sustainable Development Goals

New HIV notifications are an indicator of both the level of viral transmission and also of the corresponding level of prevention interventions required. While the total number of HIV notifications in the European Union linked to injecting drug use declined to 980 in 2023 (1088 in 2022), the notification rate of 2.18 per million population remained at pre-COVID-19 pandemic levels (Figure 10.1). This may be in part due to a return to previous levels of service, and the increased movement of people living with a known HIV diagnosis in European countries following the full-scale Russian invasion of Ukraine may also have contributed. These data need to be interpreted with caution, as they are not necessarily indicative of an increase in rates of new infections. Nor do they necessarily put into question the long-term decline in HIV notifications.

Figure 10.1. New HIV notifications linked to injecting drug use in the European Union, 2009 to 2023



Source: ECDC.

Harm reduction approaches are now seen as fundamental to reducing HIV transmission among people who inject drugs, particularly the provision of sterile injecting equipment, including in prisons and through pharmacies. Nonetheless, several issues now underline the need for renewed efforts within the European Union to enhance services to counter the burden of infectious diseases and sustain the gains made against HIV transmission in earlier years. Among these are the decreasing availability of sterile injecting equipment in some countries and inadequate geographic coverage. Available data show that in two thirds of EU Member States, the annual average number of sterile syringes distributed per person who injects drugs remains below the WHO target and, in some cases, has decreased (Figure 10.2). Also, the geographical coverage (Figure 10.3) of the provision of sterile syringes remains inadequate in several countries, including Bulgaria, Croatia, Cyprus, Lithuania, Hungary, Malta, Poland, Romania and Slovakia. In Bulgaria, where harm reduction funding and procurement difficulties persist, drug treatment services reported a marked increase in the HIV positivity rate, a proxy measure for HIV prevalence, among people who inject drugs, reaching 16 % in the capital Sofia in 2023. In addition, Europe continues to observe an increased availability of various stimulant drugs, including cocaine, amphetamine, synthetic cathinones and, to a lesser extent, methamphetamine. The injection of stimulant drugs is associated with more frequent and damaging patterns of injecting drug use. Over the last decade, Europe has witnessed at least seven documented HIV outbreaks that were attributable to stimulant injecting (Figure 10.4). As the availability of stimulants continues to increase, the risk of

further outbreaks adds to the challenges for HIV prevention posed by Europe's longstanding opioid problems. Lastly, Europe's experience with HIV outbreaks related to stimulant injection has shown that relatively high levels of harm reduction service provision are required to prevent and contain such events. The implication of this is that countries with inadequate service levels with respect to the size of their estimated injecting drug use problems remain more exposed to potential HIV outbreaks.

Alongside outbreak preparedness, linking all people who use drugs who are HIV-positive to treatment remains a challenge within the European Union. Estimates from seroprevalence studies conducted between 2021 and 2023 showed HIV prevalence among people who inject drugs above 15 % in Estonia, Greece, Latvia, Lithuania, Poland and Romania. The WHO targets for the continuum of care among people living with HIV aim to have 95 % of people living with HIV tested, 95 % of these people on antiretroviral therapy and 95 % of those achieving viral suppression by 2030, to support achieving the Sustainable Development Goals. In 2023, EU Member States reported 186 AIDS notifications linked to injecting drug use (0.41 per million population), indicating either late HIV diagnosis, poor treatment access or low adherence for some patients, which contribute to preventable illness and death. The AIDS notifications rates linked to injecting drug use were higher than 1 per million in Bulgaria, Greece, Cyprus, Latvia, Lithuania and Romania, indicating major gaps in the HIV continuum of care for this key population.

City-level reduction of chronic drug-related HCV infection

In Europe, people who inject drugs also have a high burden of chronic viral hepatitis, and injecting drug use remains the most common risk factor for new HCV diagnoses. A recent study found that at least 36 % of the overall chronic HCV prevalence in the EU Member States, Norway and Iceland is associated with injecting drug use. There is also evidence that harm reduction services, such as needle and syringe programmes, as well as the provision of opioid agonist treatment, can reduce the risk of HCV transmission. As noted earlier, the coverage of and access to these interventions vary considerably between European countries (Figure 10.3). In addressing the harms associated with HCV infection, it is important to identify individuals who remain chronically infected with the virus, as they are at risk of cirrhosis and cancer, and can transmit the virus to others through the sharing of any injecting paraphernalia that has been in contact with their blood. However, barriers to the uptake of HCV testing and treatment exist in many countries and may result in many HCV infections not being diagnosed and treated.

Time trends in the prevalence of viraemic or active HCV infection among people who inject drugs are useful for monitoring the impact of prevention and treatment. The EUDA monitors progress through its viral hepatitis elimination barometer. Among the countries reporting to the EUDA, Spain, Sweden and Norway have evidence of significant reductions in viraemic HCV prevalence over time, as measured by HCV-RNA in city-level seroprevalence studies among people who inject drugs and use harm reduction services. In Stockholm, it decreased from 64 % in 2015 to 30 % in 2021; in Madrid, it decreased from 41 % to 20 % between 2015 and 2022. The largest reduction was observed in Oslo, where it decreased from 46 % in 2015 to 7 % in 2023, thus reaching the 80 %

reduction target set by WHO. In Luxembourg's main prison – a setting where drug use is a common source of HCV exposure – the prevalence of HCV-RNA on admission screening decreased from 10 % in 2015 to less than 5 % in 2021. These encouraging trends are reported from cities where a decentralised and integrated approach to prevention, testing and treatment has been implemented for the key population of drug users. Different aspects of this approach, endorsed in the joint EUDA-ECDC guidelines (see below), are present across the cities with, for example, Madrid providing increased access to harm reduction for outreach service clients and offering free testing and personalised referrals to care when a hospital visit is required. In Stockholm, testing and treatment offers are, as much as possible, made in the same location. Luxembourg aims to ensure that those receiving a diagnosis while in prison complete treatment and are linked to post-release health services. Overall, the decentralised and integrated approach aims to maintain high coverage of prevention and harm reduction provision to prevent re-infections. While this approach requires sufficient financial resources, it is considered cost-effective in many ways, as it can save lives and reduce the burden on other resources in the long term.

Clusters of sexually transmitted infections highlight need for integrated care for people who use drugs

Recently, a cluster of syphilis, a sexually transmitted bacterial infection, was detected among people who use drugs in Luxembourg. In total, 23 cases were detected between November 2023 and September 2024. Among the cases were eight women, some of whom had reported being involved in sex work to finance their drug use and were considered marginalised and had not been in contact with mainstream healthcare services. Despite Luxembourg's overall high level of harm reduction services, the emergence of this cluster of infections and its links to drug use highlight the vulnerability of marginalised populations that may not be in contact with services. It also shows that if a HIV outbreak investigation had not been conducted, the infection cluster may have remained undetected. This in turn raises the possibility that there are similar clusters that have not been detected.

In other populations, the use of illicit stimulants and other drugs to facilitate group sexual encounters, sometimes of an extended duration, among a small sub-population of men who have sex with men is known as chemsex. The drugs associated with this practice include synthetic stimulants, depressants and dissociatives, and both high-risk drug-taking and high-risk sexual behaviours may overlap, making this an important area for outreach and harm reduction. High-risk use of some of these drugs, including by injection, places people at risk of infectious diseases. This includes blood-borne viruses such as HIV and HCV, but also other diseases such as mpox, shigella and hepatitis A, clusters of which were detected among men who have sex with men in several EU Member States in 2023. It also places users at higher risk of acute drug toxicity and other health problems. People using drugs in this way often do not present as clients in drug treatment clinics but may be in contact with other services, including sexual health services.

Where clinically appropriate, the provision of affordable and accessible pre-exposure prophylaxis for HIV prevention for all in need of it, including people who use drugs, is supported by the EUDA and ECDC guidelines as one element of a combination of prevention services. Nonetheless, the

evidence on the optimised use of pre-exposure prophylaxis for people who inject drugs is still building. Following potential exposure events, the guidelines also support access to post-exposure prophylaxis for HIV. Lower-threshold services aiming to provide pre- and post-exposure prophylaxis can often face difficulty funding the treatments, which can present a challenge to prevention efforts where these treatments are clinically indicated.

Providing effective harm reduction responses for people exposed to these drug-related risk factors remains a challenge, and the development of tailored interventions is needed. In Europe, treatment services for drug and sexual health problems are usually funded separately, have different eligibility criteria and are rarely co-located. This makes it difficult to provide integrated care for people exposed to the dual risks of unprotected sex and high-risk drug use in the context of sexualised drug use.

Greater investment needed for European drug services to meet WHO targets

EU policymakers have made a commitment to the WHO global health sector strategies to end AIDS and the epidemics of viral hepatitis and sexually transmitted infections by 2030. Achieving these objectives, however, still requires increased investment in harm reduction services, testing and linkage to treatment, as the provision in many countries remains insufficient. Greater efforts are therefore needed to prevent future outbreaks and reduce transmission, thereby reducing the burden of disease associated with HIV, HCV, HBV and other infections among people who inject drugs.

The joint EUDA-ECDC guidance on the prevention and control of infectious diseases among people who inject drugs supports the implementation of tailored community-based prevention, testing and treatment services. This includes testing outside of formal healthcare settings, for example, in outreach services, and highlights how a more integrated approach to testing and linkage to care is an effective way to reduce persistent health inequity. Inclusive harm reduction approaches, particularly the provision of sterile injecting equipment, including in prisons and through pharmacies, are now seen as fundamental to reducing the transmission of infectious diseases among people who inject drugs. However, coverage and access to free needle and syringe provision remain insufficient in many countries, with only 7 of the 25 countries with available data achieving the WHO service provision targets in 2023 (Figure 10.2). There remains a need for policymakers to make the provision of secure funding for harm reduction services working with people who inject drugs a key public health priority.

Figure 10.2. Number of sterile syringes distributed per person who injects drugs per year, 2023 or latest data

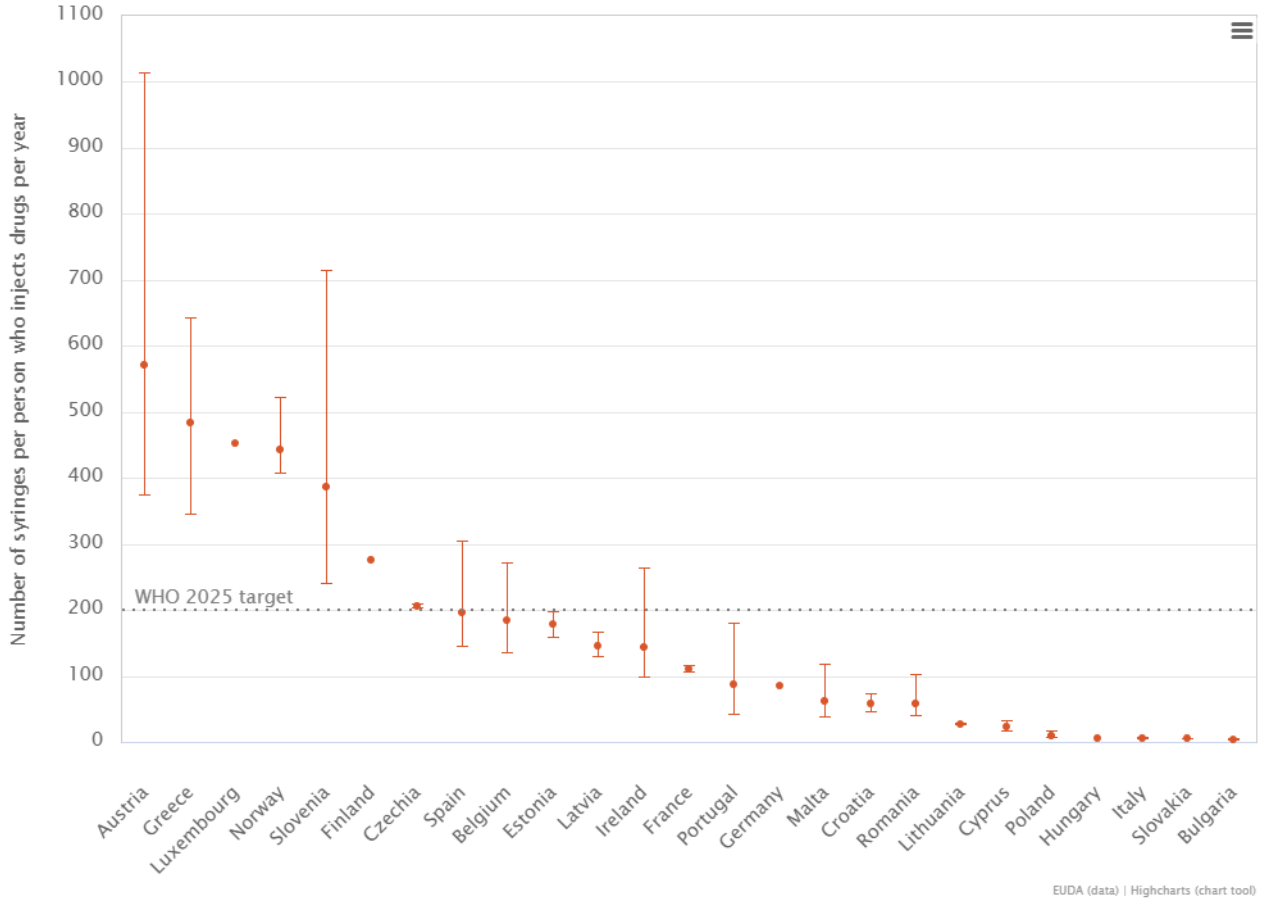
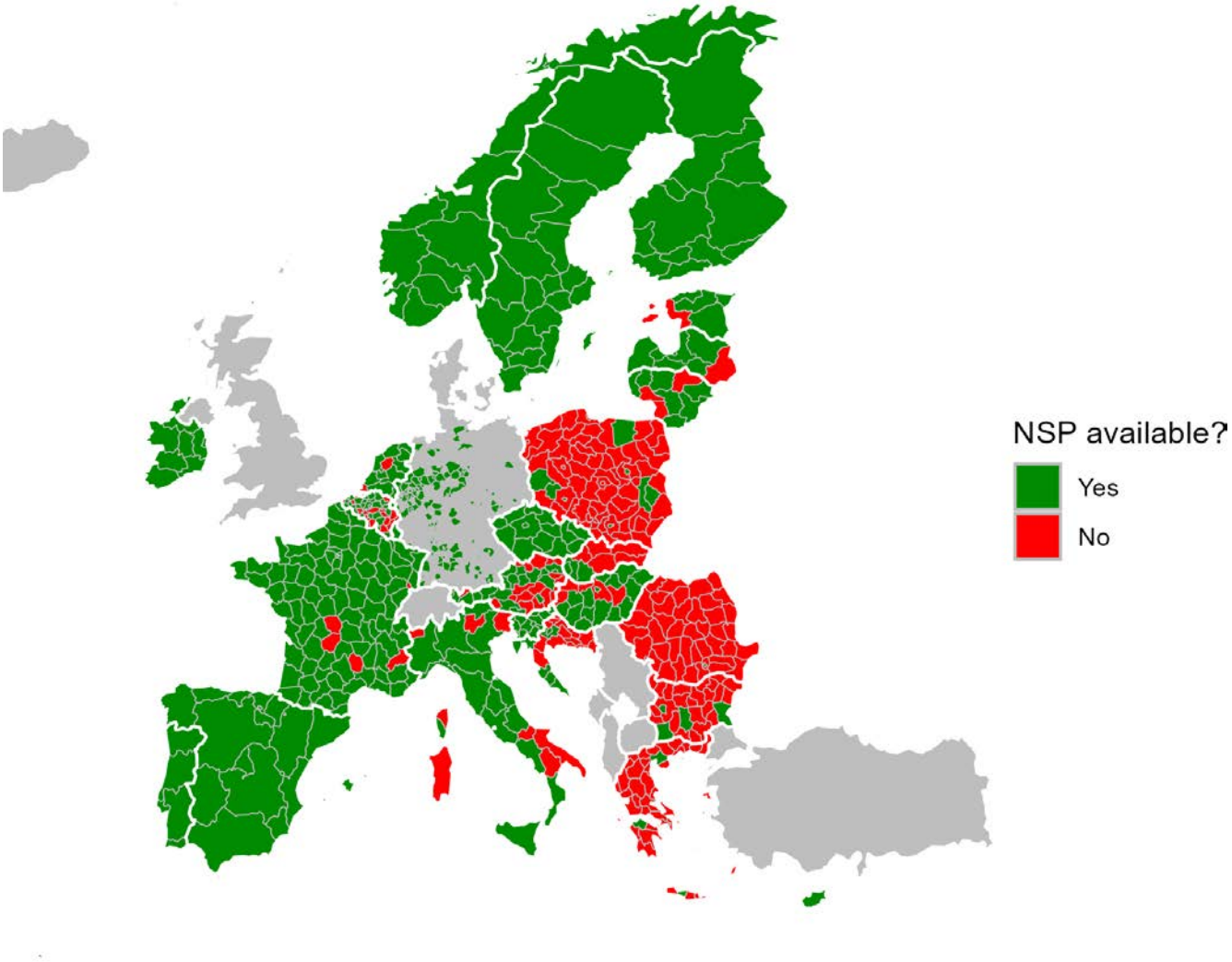
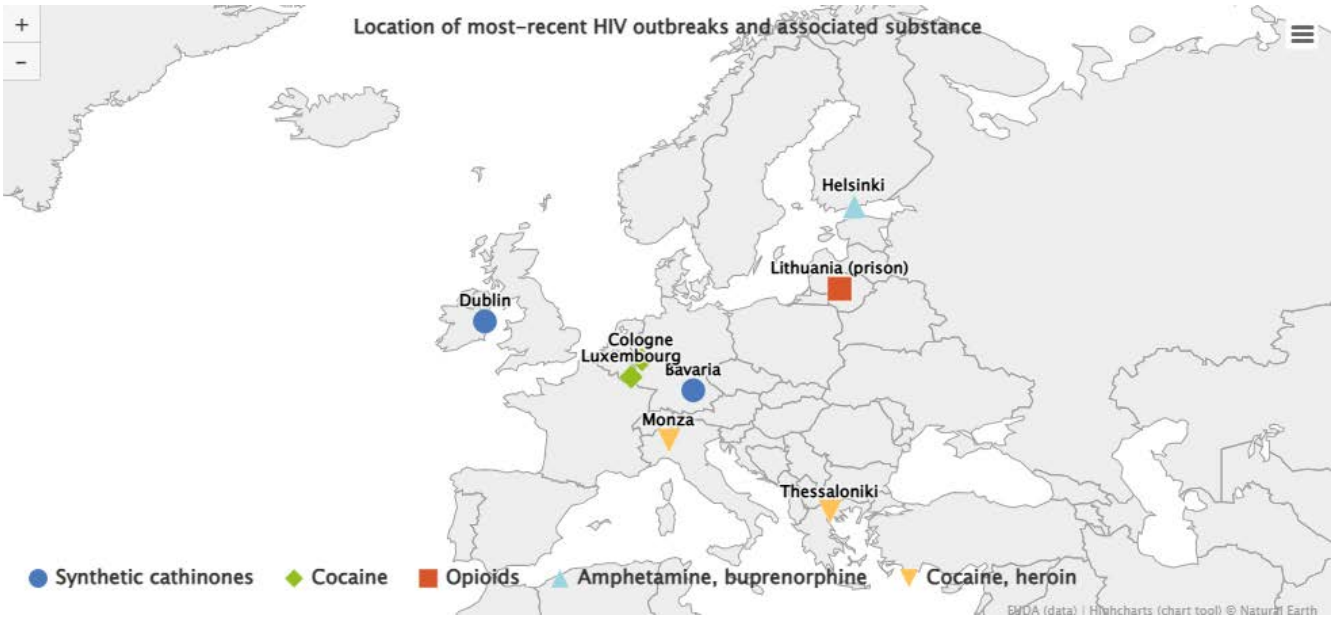


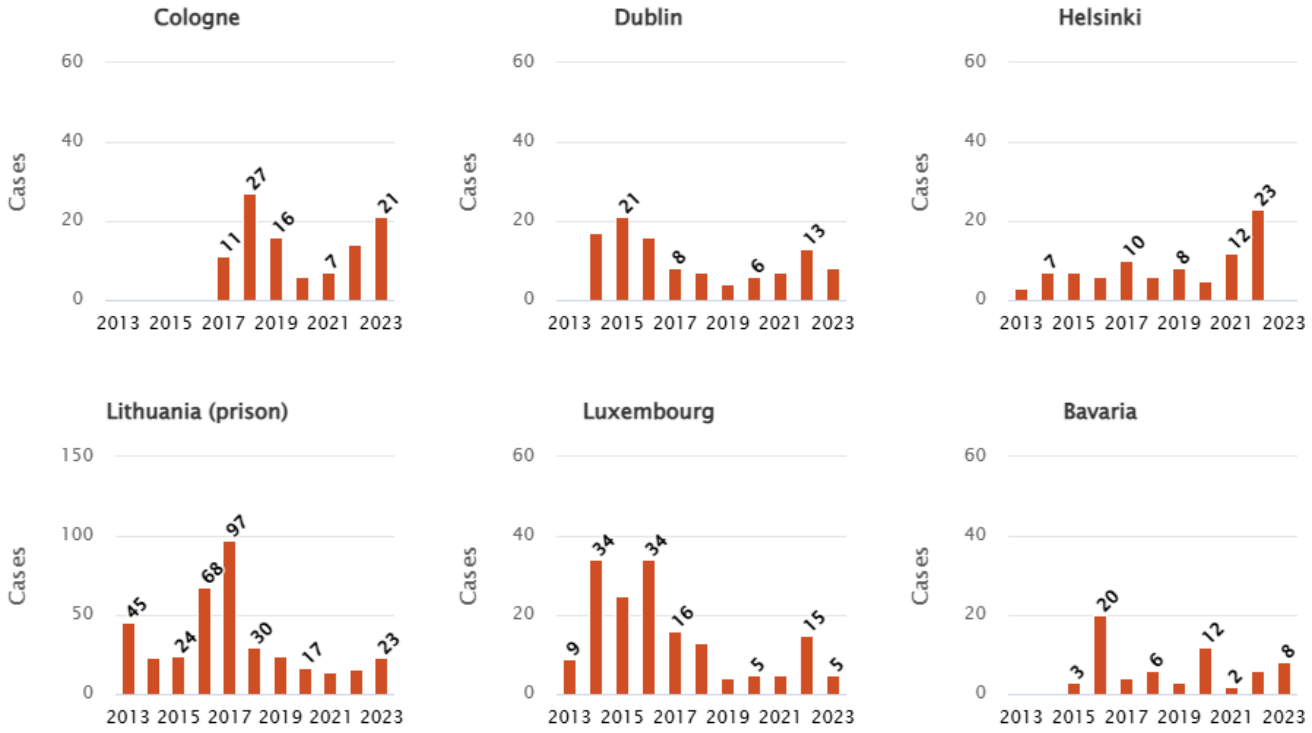
Figure 10.3. Availability of needle syringe programmes in Europe at regional level, 2023 or the most recent year available

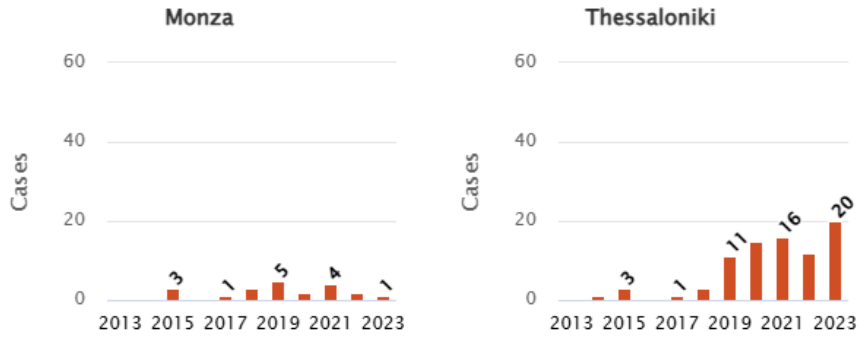


Data are at NUTS levels 2 or 3. For information on NUTS (nomenclature of territorial units for statistics), visit the Eurostat website. The lack of data at NUTS levels 2 or 3 does not mean that the intervention is not available within a country.

Figure 10.4. Most-recent documented HIV outbreaks in EUDA member states among people who inject drugs: number of HIV cases and the associated injected substance, 2014 to 2023







Key data and trends

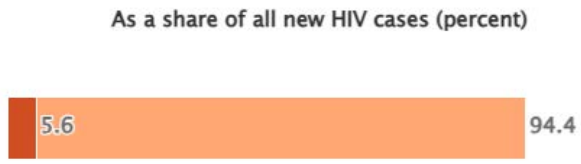
HIV/AIDS

- In 2023, the number of new HIV notifications linked to injecting drug use in the European Union decreased to 980 (2.18 per million inhabitants), compared with 1088 the previous year (Figure 10-5).
- Ireland, Greece, Cyprus, Latvia, Lithuania and Luxembourg reported a HIV notification rate attributable to injecting drug use higher than 5 per million inhabitants.
- New HIV cases related to injecting drug use accounted for 5.6 % of all new notifications with a known route of transmission in 2023. In the same year, HIV cases related to injecting drug use accounted for more than 10 % of new notifications in Latvia (24 %), Lithuania (19 %), Greece (19 %), Austria (14 %), Finland (12 %), Germany (11 %) and Norway (11 %).
- In 2023, 186 new AIDS diagnoses related to injecting drug use were notified in the European Union, with notification rates highest in Bulgaria, Greece, Cyprus, Latvia, Lithuania and Romania.

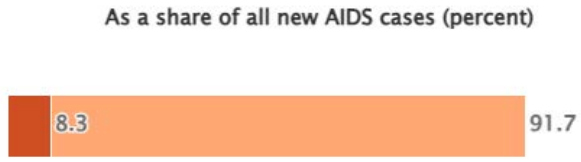
Figure 10.5. Drug-related infectious diseases

HIV and AIDS

New HIV cases attributable to injecting drug use: 980

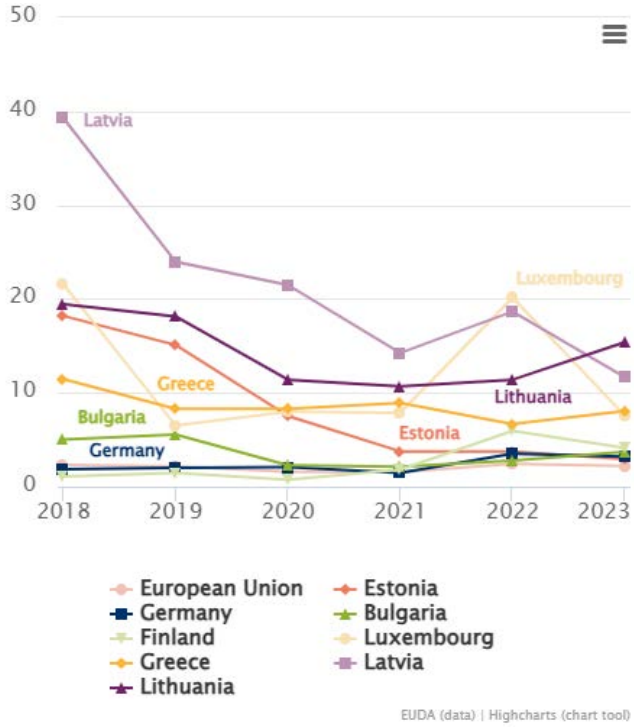


New AIDS cases attributable to injecting drug use: 186



Trends in drug-related HIV: EU and selected countries

Cases per million population



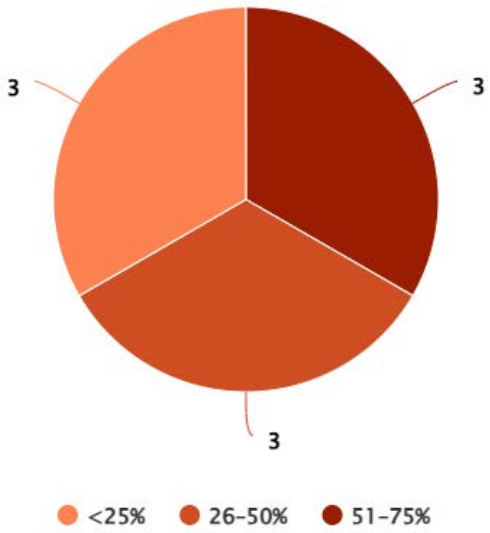
HCV and HBV

HCV antibody prevalence among people who inject drugs 2022/2023

19 % to 72 %

in 9 countries

Countries with national data



HCV active infections among people who inject drugs 2022/2023

7 % to 56 %

in subnational samples in 6 countries

HBV active infections, national data for 2022/2023

an average of 3.1 % (0.0-5.8 %)

among people who inject drugs

HCV and HBV

- Six European countries have recent subnational prevalence estimates of active HCV infection among people who inject drugs and access harm reduction services. The prevalence of active HCV infection derived from seroprevalence studies ranged from just under 7 % in Oslo (2023) to 56 % in Tallinn (2022). Intermediate levels were observed in Madrid (2022) at 20 %, Budapest

(2021) at 24 %, Bavaria (2022) at 27 %, and Stockholm (2021) at 30 %.

- In 2023, people who inject drugs continued to face clinical or financial restrictions in accessing direct-acting antiviral HCV treatment in 4 EU Member States.
- Estimates for HBV infection (as measured by the presence of the hepatitis B surface antigen), derived from the latest seroprevalence studies among people who inject drugs, were highest in Hungary (5.8 % in 2021), Latvia (5.6 % in 2022) and Romania (5.6 % in 2023).
- In 2023, there were 20 EU Member States with a viral hepatitis policy that included people who inject drugs. Integrating testing and treatment for HCV, HBV and HIV into harm reduction, drug treatment and prison health services is key to achieving the continuum of care targets for people who inject drugs.

Additional detailed information can be found in the EUDA's Drug-related infectious diseases: health and social responses.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-DRID-1. New HIV notifications linked to injecting drug use in the European Union, 2009 to 2023
- Table EDR25-DRID-2. Most-recent HIV outbreaks in Europe among people who inject drugs and the associated injected substance, 2014 to 2023
- Table EDR25-DRID-3. Number of sterile syringes distributed per person who inject drugs per year, 2023 or latest data
- Table EDR25-DRID-4. Availability of needle syringe programmes in Europe at regional level, 2023 or the most recent year available
- Table EDR25-DRID-5a. New HIV cases attributable to injecting drug use
- Table EDR25-DRID-5b. New AIDS cases attributable to injecting drug use
- Table EDR25-DRID-5c. Trends in drug-related HIV: EU and selected countries (cases per million population)
- Table EDR25-DRID-5d. Countries with national data on HCV and HBV
- Table EDR25-DRID-6. Prevalence of active HCV infection among people who inject drugs, by country, 2023 or latest available data

Drug-induced deaths – the current situation in Europe (European Drug Report 2025)

Estimating the mortality attributable to drug use is critical for understanding the public health impact of drug use and how this may be changing over time. On this page, you can find the latest analysis of drug-induced deaths in Europe, including key data on overdose deaths, substances implicated and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.

Last update: 5 June 2025

Improving responses to drug-related mortality requires better insight into factors driving trends

Estimating the mortality attributable to drug use is critical for understanding the public health impact of drug use and how this may be changing over time. Understanding the factors driving trends in this area is also likely to be key for the development of effective responses. However, despite improvements over the last decade, there are still important limitations in the information currently available to us, and this hampers the development of both policies and responses.

The term drug-induced deaths is used for an indicator that is intended to capture those deaths that are directly attributable to the consumption of drugs, sometimes referred to as drug overdose deaths. It should be noted that estimates of drug-induced deaths only represent a share of the overall mortality associated with drug use, as this measure does not include mortality from motor vehicle and other accidents, violence, suicides by means other than drug poisoning or chronic disease, where drug use may have played a role. A need exists, therefore, through cohort studies and other approaches, to extend our understanding in these other important areas of drug-related mortality.

Despite these limitations, an assessment of drug-induced deaths is still a key measure for understanding the harm that the use of illicit drugs can cause, but it is also a challenging one to interpret for methodological and data availability and quality issues. This is particularly true when interpreting recent trends in drug-induced deaths, where data for the most recent reporting year (2023) are available for only 21 of the 29 countries covered by this indicator, and estimated values must therefore be calculated if an overall EU estimate is to be derived. Given the speed at which new drug threats can emerge, improving the timeliness and completeness of data in this area is an important priority for the future.

It should also be noted that, for methodological reasons, the numbers of drug-induced deaths identified are likely to represent minimum estimates; that reporting capacity varies between countries, meaning that national comparisons need to be made with caution. In addition, a lack of detailed toxicological information in some countries currently means that our overall understanding of the role different drugs play in driving rates of drug-induced deaths over time is limited. The lack of detailed toxicological information can also hamper an understanding of the role played by different drugs when used in combination. As the majority of fatal overdoses involve the use of more than one substance, and as drug consumption patterns are becoming ever more complex, there is also a growing need to improve our understanding of how changes in patterns of polysubstance use are impacting on mortality. The EUDA's creation has strengthened the capacity for rapid threat assessment, early warning and the issuing of alerts, and support measures to improve routine reporting capacity in this area. Importantly, the EUDA will coordinate a network of forensic and toxicological laboratories, increasing the analytical capacity available to monitor how different drugs and drug combinations are impacting on trends in mortality.

Polysubstance use patterns are linked to most drug-induced mortality

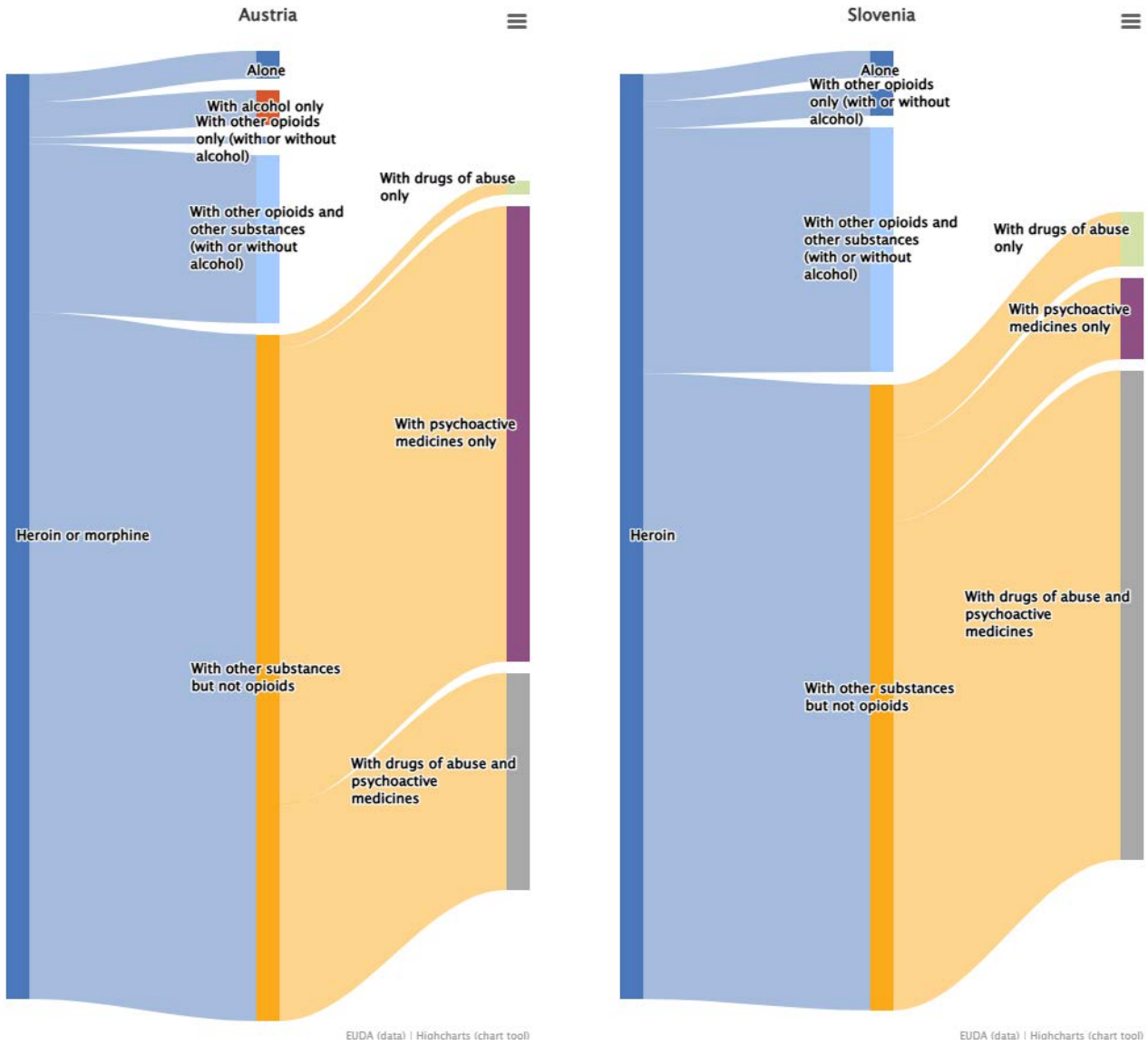
For the year 2023, the number of reported drug-induced deaths increased slightly in some EU Member States and fell in others. The provisional overall estimate of almost 7500 drug-induced deaths in 2023 represents a slight increase on the revised 2022 numbers, but this figure should be interpreted with caution, as a number of countries with large populations have yet to provide data, and estimated values are used to compute this provisional total. The largest increases in the number of drug-induced deaths in 2023 were reported by Germany, Latvia, Finland, Norway and Türkiye.

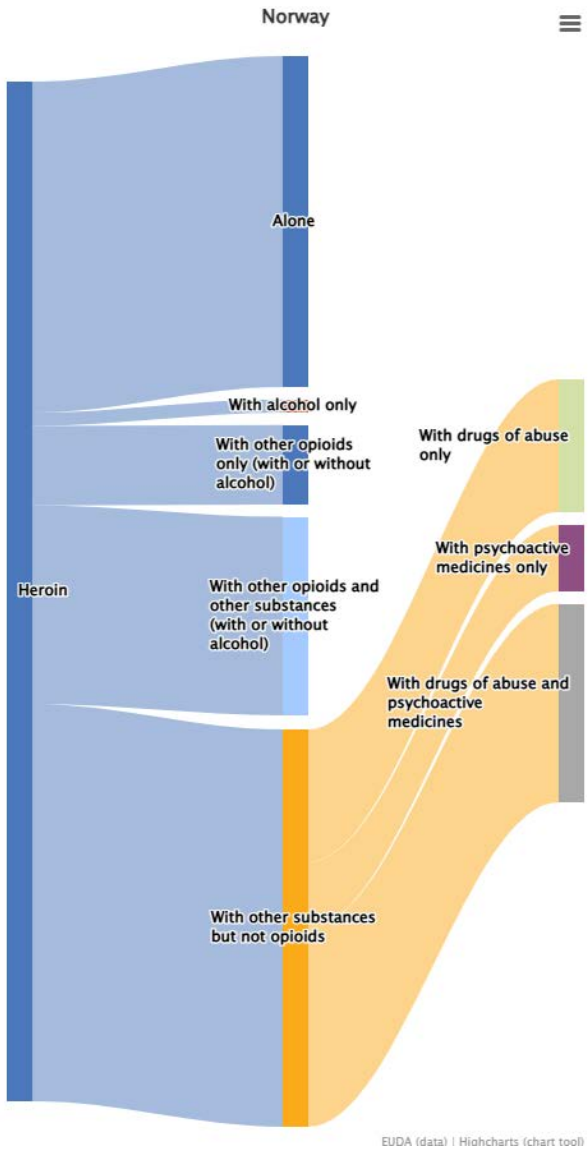
The available information highlights that opioids, usually in combination with other substances, remain the group of substances most commonly implicated in drug-induced deaths. Overall, trends in deaths where opioids are implicated appear stable, but the proportion of deaths in older age groups is increasing. It is estimated that heroin was involved in slightly fewer deaths in 2023, around 1200 (1300 in 2022) in the European Union, a minimum estimate based on data from 18 EU Member States with data available for both years. Heroin remains the drug commonly identified as involved in opioid-related deaths in some western European countries. However, the data available suggest heroin is now present in the majority of overdose deaths in only a few countries, and both other opioids and other drugs are now playing an important role. Opioids other than heroin, including methadone and, to a lesser extent, buprenorphine, pain-relief medicines containing opioids, and other synthetic opioids, are associated with a substantial share of overdose deaths in some countries.

Although detailed toxicological information is not available on all death cases, the information that does exist suggests that polysubstance toxicity is the norm. Where detailed toxicological information is available, it usually reports the presence of multiple substances. While many countries report individual drugs identified in post-mortem toxicology, few countries report how these drugs are combined and the number of deaths related to drug mixtures. An analysis of

mortality case data from Austria, Slovenia and Norway in 2023 reveals a more detailed picture, for example, indicating that most drug-induced deaths were associated with multiple substances. Opioids remained the most frequently mentioned group of drugs detected overall, and some deaths related to opioids involved heroin. Heroin was rarely identified alone or with alcohol only, and most heroin-related cases involved different combinations of substances (Figure 11.1). Alcohol, either alone with heroin or in combination with other substances, was also frequently identified, as well as benzodiazepines. In Denmark, Austria, Slovenia and Finland, benzodiazepines were associated with more than half of the drug-induced deaths in 2023.

Figure 11.1. Distribution of the cases with heroin mentioned in Austria, Slovenia and Norway in 2023





Austria: 132 cases out of 199.
Slovenia: 34 cases out of 67
Norway: 77 cases out of 363.

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The data on drug mortality are also indicative of an ageing opioid-using cohort in Europe, with most cases of mortality linked to drug consumption typically found among males aged 40 or older. This is also illustrated by the more than two-fold increase in the number of drug-induced deaths among 50- to 64-year-olds between 2013 and 2023.

The available data also suggest that deaths where stimulants are implicated are rising in some countries, although with important caveats here. Stimulant deaths are likely to be particularly prone to under-reporting, and stimulants are often implicated in deaths where other drugs, including opioids, are also found to be present. There is also some information to suggest that stimulants appear to be more commonly implicated in deaths reported among younger age cohorts.

Overdoses and deaths related to synthetic opioids remain a concern

Potent synthetic opioids, such as the fentanyl derivative carfentanil and nitazene opioids, have been associated with some outbreaks of fatal and non-fatal poisonings in Europe. However, with the exception of some Baltic countries, these drugs do not currently figure prominently in the routine data available at EU level. Nonetheless, developments in this area are worrying because of the potential of these substances to impact negatively on public health in Europe in the future.

Nitazene opioids were involved in localised poisoning outbreaks in Ireland in 2023 and 2024 and in France during 2023. In Ireland, nitazenes were mis-sold as heroin in 2023 and as benzodiazepines in 2024, resulting in inadvertent consumption and multiple overdoses (see New psychoactive substances – the current situation in Europe). Clusters of deaths and acute toxicity linked to nitazenes have been reported in 2023 in France and in 2024 in Germany. In Sweden, over 30 deaths associated with metonitazene were reported from January 2023 to September 2024, more than 1 per month on average, before declining in the autumn of 2024. In Norway, 35 nitazene-related deaths (mainly metonitazene) were registered between June 2023 and August 2024, more than 2 per month on average, before the incidence sharply declined from September 2024. Metonitazene has been found in fake prescription tablets. Actions undertaken during 2024 included media warnings, national warnings, increased access to naloxone, prioritisation of nitazenes in narcotics classification, and increased police efforts targeting online sellers. Due to their high potency and novelty, there are concerns that nitazene opioids may not be routinely detected in procedures commonly used for post-mortem toxicology. This raises the possibility that the number of deaths reported could be an underestimate. Some evidence of this exists from countries in the Baltic area, where improvements in testing methods have resulted in an increase in the detection of these substances. In Estonia, the number of drug-induced deaths rose from 82 cases in 2022 to 119 in 2023, representing a drug-induced mortality rate of 135 per million population (in the 15-64 age class), six times the EU average. Nitazenes, mostly metonitazene and protonitazene, were implicated in over half (52 %) of these deaths. In Latvia, both the national statistics and the forensic registers provisionally reported an increase in the overall number of drug-induced deaths, from 63 in 2022 to 154 in 2023, representing a drug-induced mortality rate of 130 per million population (in the 15-64 age class), more than five times (5.3) the EU average. Nitazenes were identified in 101 (66 %) of these cases, driving the increase. Although systematic testing for nitazenes was not possible in 2022, there was a dramatic rise in the number of acute drug toxicological presentations involving opioids (from around 2400 in 2022 to over 4000 in 2023). Anecdotal reports from clinical staff suggesting that greater doses of naloxone were required raise concerns that synthetic opioids may have been involved. Since 2019, at least 21 countries have reported the presence of nitazenes to the Early Warning System on new psychoactive substances, which is now monitoring 22 different nitazenes.

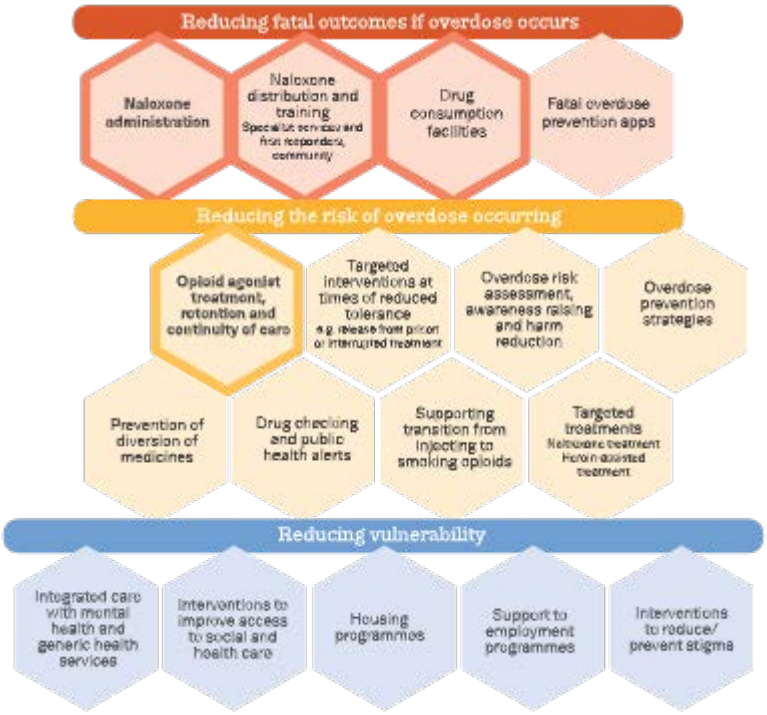
Interventions needed to target deliberate self-harm from poisonings

Determining the intention of a person who has died from a drug overdose can be difficult. Many overdose deaths are reported as accidental, and others have an undetermined intent. However, in some countries, more information is available on intention, and a relatively high proportion of reported overdose deaths (1 in 8 overall) were classified as intentional in 2022 and 2023 (that is, with a suicidal intent). In all EU Member States, except Malta, and in Norway, the most recent available data show that the proportion of overdose deaths with a suicidal intent was higher among women. In the Netherlands and Sweden in 2022-2023, more than a third of the reported overdose deaths among women were classified as having a suicidal intent. In the same period, in Denmark, Hungary, Poland, Slovenia and Finland, a suicidal intent was recorded for one fifth or more of the overdose deaths among females. These findings indicate the need for interventions that target deliberate self-harm and suicidal intent among people who use drugs, and especially to recognise the risk that females may experience in this context.

Services scale-up required to prevent opioid overdoses and deaths

Responses aimed at reducing opioid-related deaths include interventions geared towards preventing overdoses from happening in the first place and those that focus on preventing death when overdoses do occur (Figure 11.2). Changes in both the population of people who inject opioids and the types of substances they are using create new and greater challenges for interventions designed to reduce overdose deaths. These include the challenge to develop differentiated programmes to target the needs of different groups and to configure services to the needs of different age cohorts. Enrolment in opioid agonist treatment is strongly evidenced as a protective factor against opioid overdose and some other causes of death, yet coverage and access issues still exist in many EU Member States, where provision is below levels recommended by the World Health Organization with respect to estimated needs.

Figure 11.2. Interventions to prevent opioid-related deaths, by intended aim and evidence of benefit



Notes: Interventions where there is evidence of benefit, and where we can have a high or reasonable confidence in the available evidence, are highlighted in a bolder frame. Much of the current evidence on interventions listed in this figure is either emerging or deemed insufficient, in part because of the practical and methodological difficulties of conducting research, especially in developing randomised controlled trials (see Spotlight on… Understanding and using evidence), and also because service delivery models often differ considerably.

The evidence is also growing that the increasing availability of opioid antagonists can play an important role in preventing fatal opioid overdoses. However, again, the extent to which this approach is available varies between and within countries. The implementation of naloxone programmes, including pilot projects, to prevent overdose deaths was reported by 15 European countries up to 2023. Changing consumption patterns and the availability of various formulations of both injectable and nasal spray naloxone may require services to review delivery protocols to ensure appropriate access and use of available products. Overdoses involving potent synthetic opioids, such as nitazenes or fentanyl derivatives, can present challenges for overdose reversal. In clinical settings, 2024 guidelines confirm that the initial management of acute opioid toxicity remains unchanged, with titrated administration of naloxone continuing to be the recommended approach. In community settings, including take-home naloxone programmes, more than one dose may be required. In such cases, guidance advises bystanders to administer doses stepwise, assessing the person's response between administrations and providing rescue breathing or cardiopulmonary resuscitation if necessary. This highlights the value of training people who may witness or respond to an overdose in first aid, including the correct use of naloxone. Available 2023 data from 6 EU Member States and Norway indicate that several thousand individuals have been trained in correctly administering the medication. However, coverage and access issues still exist in some countries where this intervention is implemented, and more information on training, provision and use of naloxone is needed at national and local level to support the deployment of this life-saving medication. Implementation in additional European countries continued to progress in 2024: Croatia, Luxembourg and Finland started the piloting of take-home naloxone programmes.

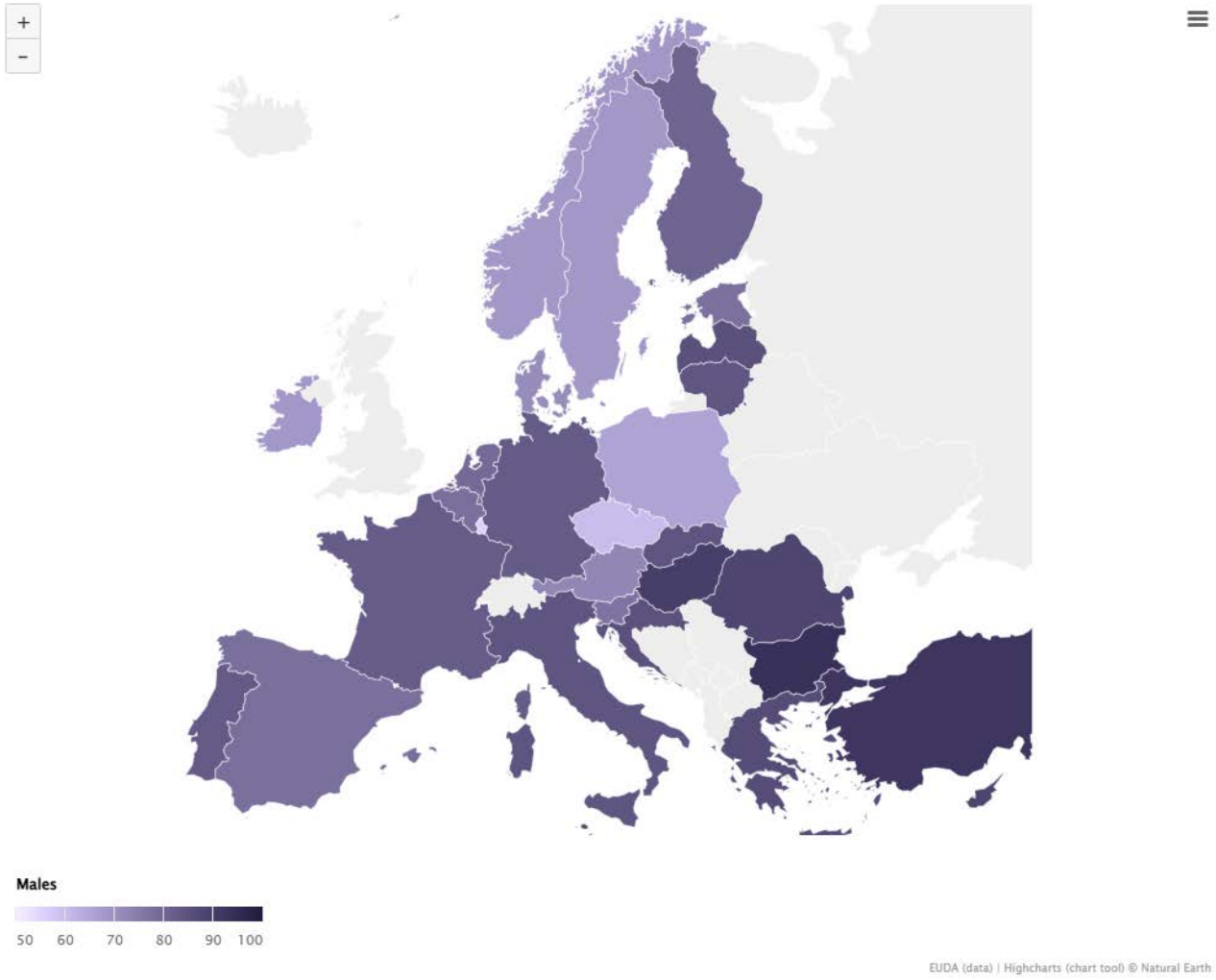
In some countries, drug consumption rooms are also provided in part as a response to reducing overdose mortality. These facilities are now operational in 13 EU Member States and Norway (see Harm reduction – the current situation in Europe). Where multicultural and new immigrant populations are present, increased own-language harm reduction messaging is desirable for high-risk drug users. For more information on health and social responses to prevent opioid-related deaths, see the EUDA's miniguide.

Key data and trends

Mortality rates due to overdose

- The mortality rate due to overdoses in the European Union in 2023 is estimated at 24.7 deaths per million population aged 15 to 64.
- The mortality rates due to overdose are typically 3 to 4 times higher among males compared with females (Figure 11.3), with men aged 25 to 39 the most affected. Overdose mortality rates in this age group can be considerably higher than for the male population aged 15 to 64 (adults). For example, in Sweden, the overdose mortality rate for men aged 25 to 39 was 117 deaths per million in 2023, compared with 89 deaths per million adult men in the country. In Estonia, the comparable figures were 264 deaths per million men aged 25 to 39 and 209 deaths per million adult men.

Figure 11.3. Proportion of males among drug-induced deaths in the European Union, Norway and Türkiye in 2023, or most recent year (percent)



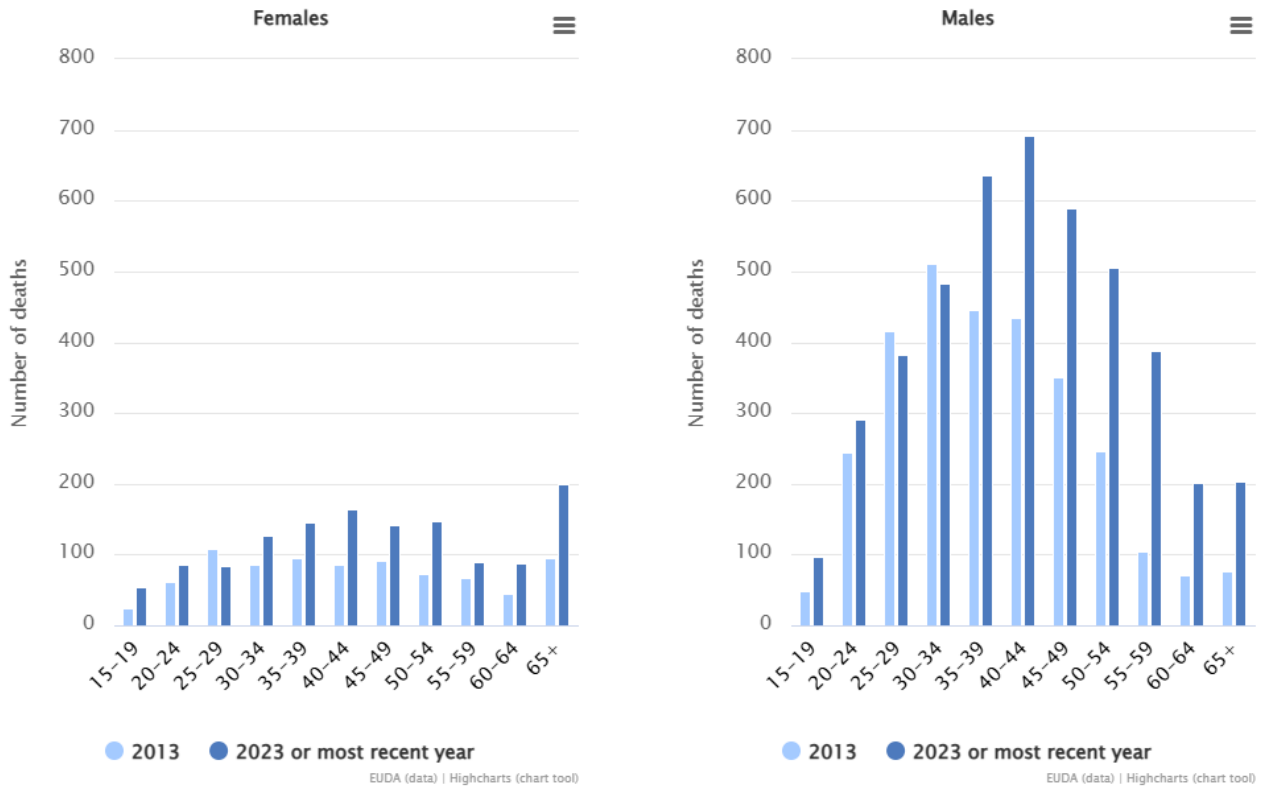
Overdose deaths

It is estimated that at least 7459 overdose deaths involving drugs occurred in the European Union in 2023 (7145 in 2022). This is a minimum estimate, as some countries report that their monitoring system is missing some cases. For example, a cross-validation of the 2022 data from the different registers (general and special registers) in Spain suggested that, when based solely on the general register, only 4 out of 5 cases might be reported. In Germany and Italy, the mortality register only contains cases that have come to the attention of the police. Thus cases outside of police focus may be under-reported. However, the extent of the underestimation is unknown.

Various populations are affected across Europe

- In Finland, drug-induced deaths among people under the age of 25 have remained high, accounting for 29 % (91 out of 310 deaths) of all drug poisoning deaths in 2023; this age group represented 25 % (63 out of 256 deaths) of the drug-induced deaths reported in 2023 in Austria, 22 % (2 out of 9 deaths) in Luxembourg, and 20 % (6 out of 30 deaths) in Hungary.
- The number of overdose deaths reported in the European Union among those aged 50 to 64 is estimated to have more than doubled between 2013 and 2023 overall, increasing by 76 % among women (from 184 to 323 deaths) and by 159 % among men (from 422 to 1094 deaths) (Figure 11.4).

Figure 11.4. Number of drug-induced deaths reported in the European Union in 2013 and 2023, or the most recent year, by age band



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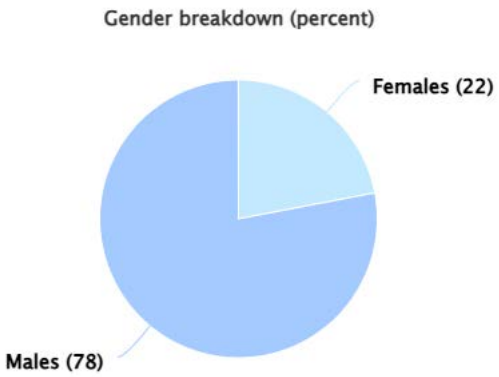
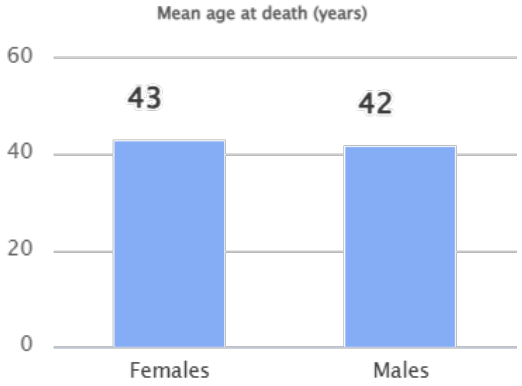
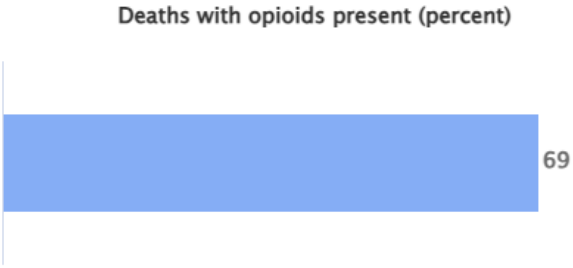
Established and new substances associated with drug-induced deaths

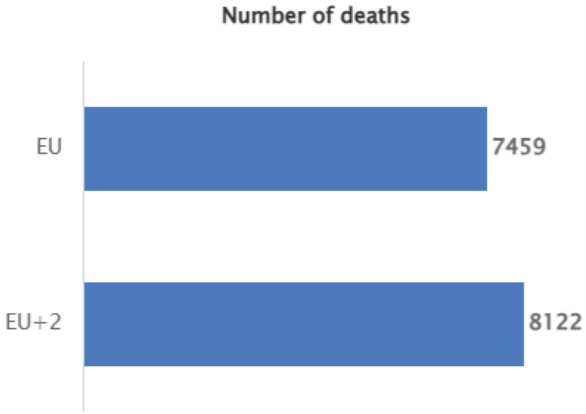
- Opioids, including heroin and its metabolites, often in combination with other substances, were estimated to be present in 7 out of 10 cases of fatal overdose that occurred in the European Union in 2023 (Figure 11.5 and Figure 11.6). Multiple drugs are commonly found in the toxicology reports of drug-induced deaths.

Figure 11.5a. Drug-induced deaths









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

Figure 11.5b. Drug-induced deaths in the European Union: age at death, 2023 or most recent available data (percent)

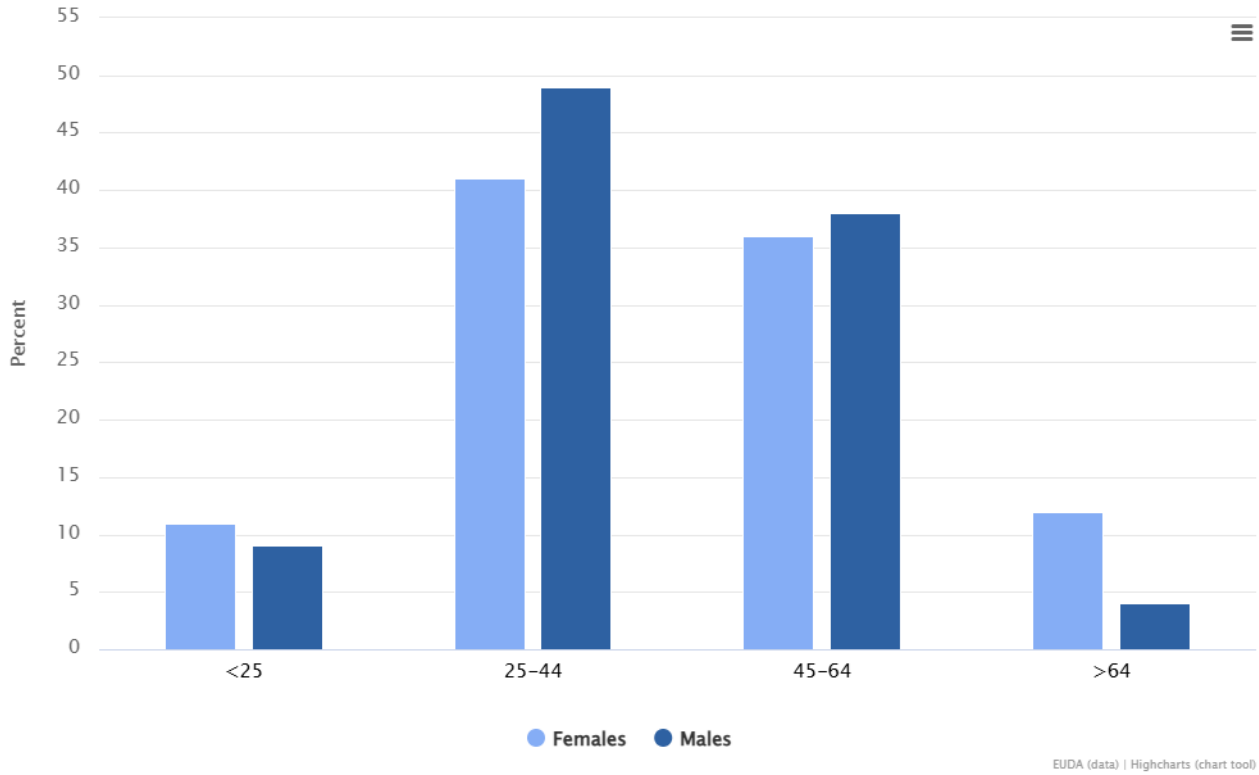
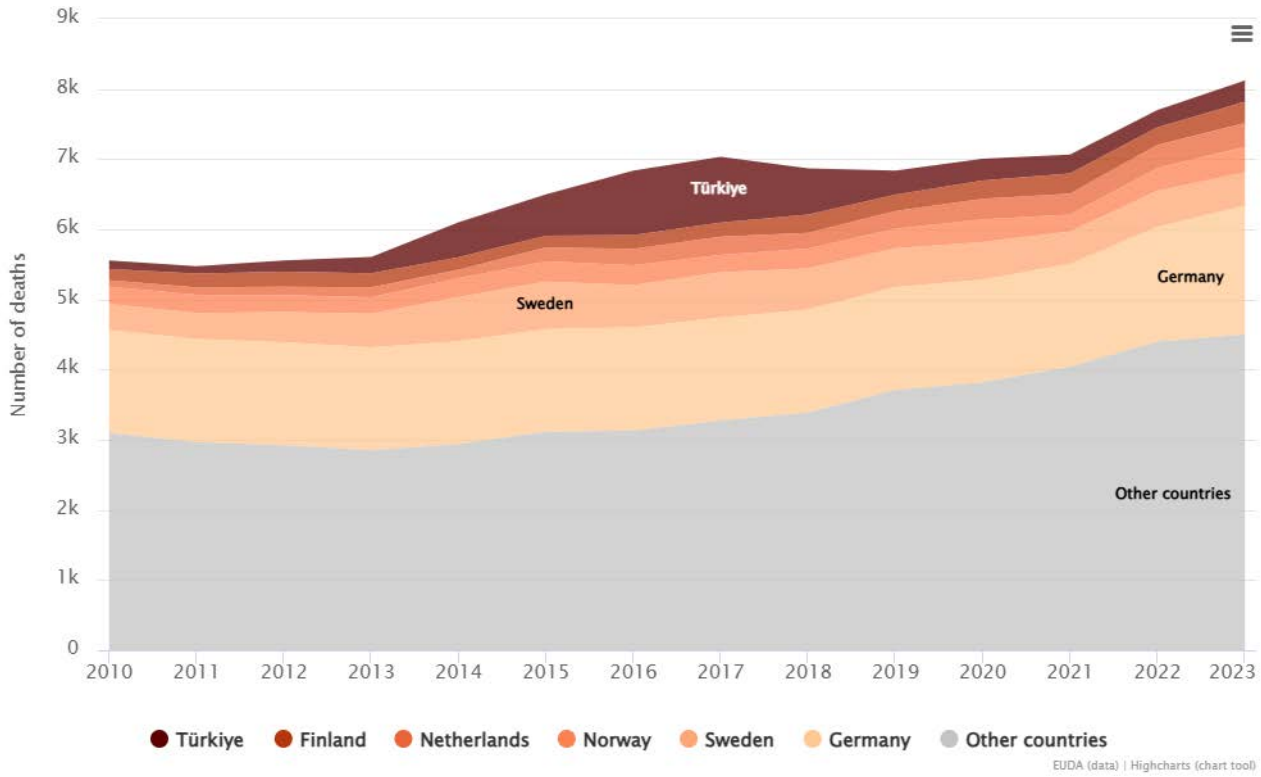


Figure 11.5c. Trends in drug-induced deaths in the European Union, Norway and Türkiye



Note. For Germany, from the year 2021 the data fully comply with the European protocol defining cases to be extracted from special mortality registers such as those of police and forensic services. Comparable data for the previous years are not available. For this series and graph, the previous years were filled in with the first available data point (2021) in order to avoid mixing of different data series with different methods. However, it should be noted that Germany saw an increase in drug-induced deaths during this period, according to the national definition. No data are available for Spain and France for 2023, and the 2022 data were used as estimates for the missing 2023 data.

Figure 11.5d. Age distribution (percent) of drug-induced deaths reported in the European Union, Norway and Türkiye in 2023 or the most recent year

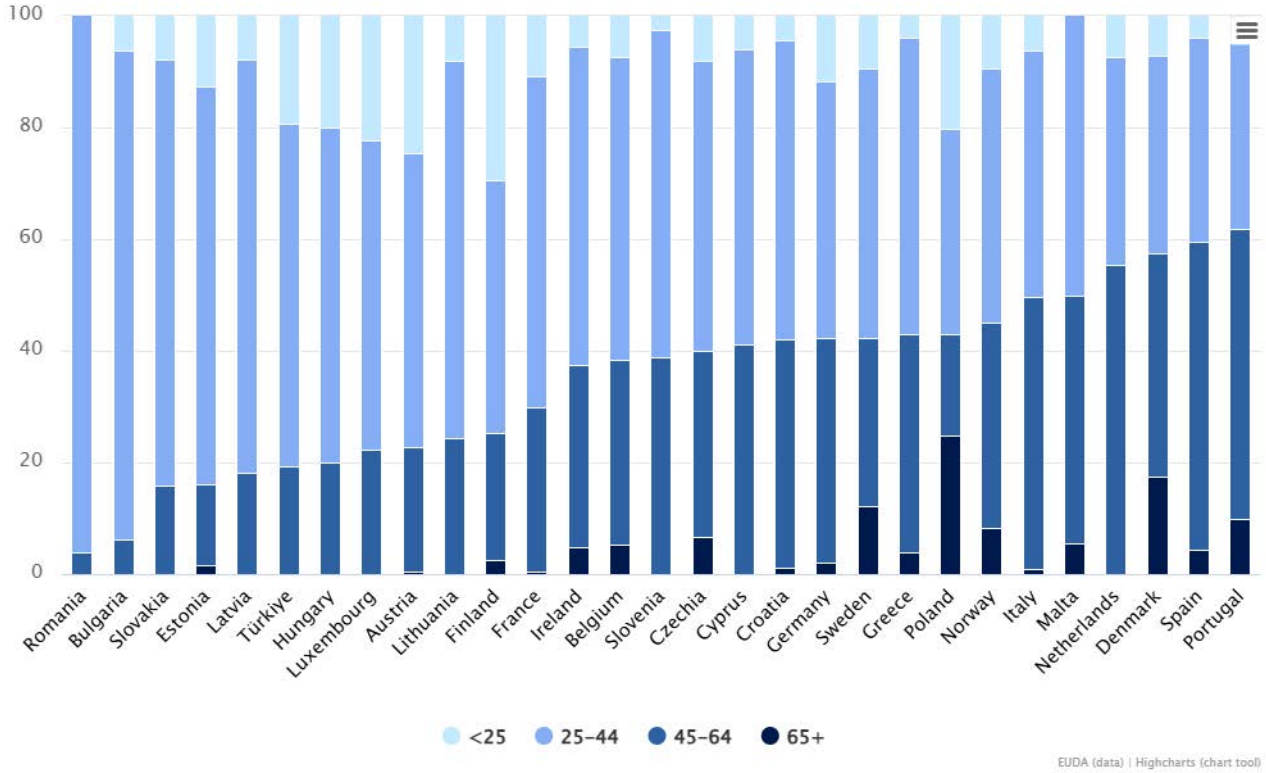
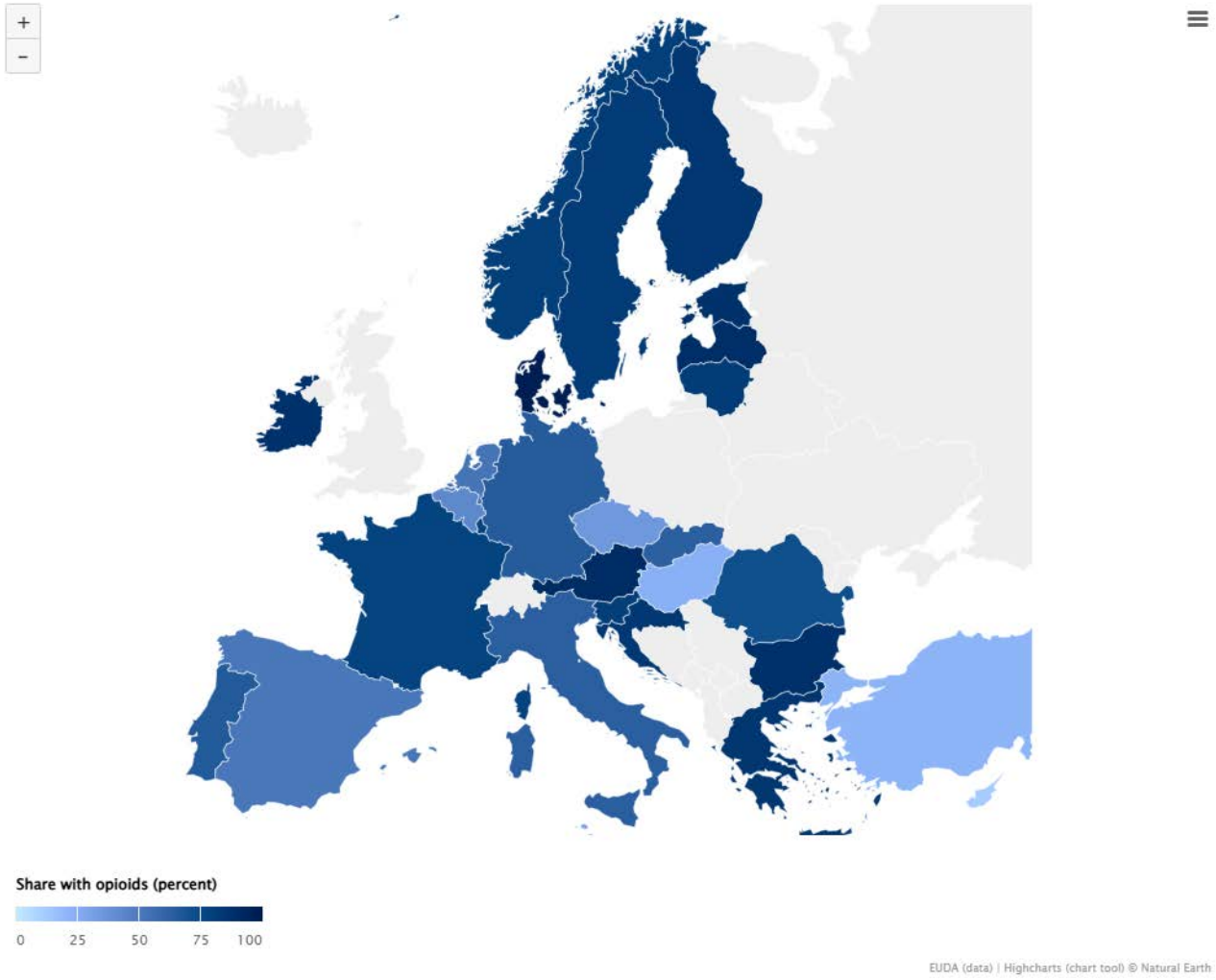


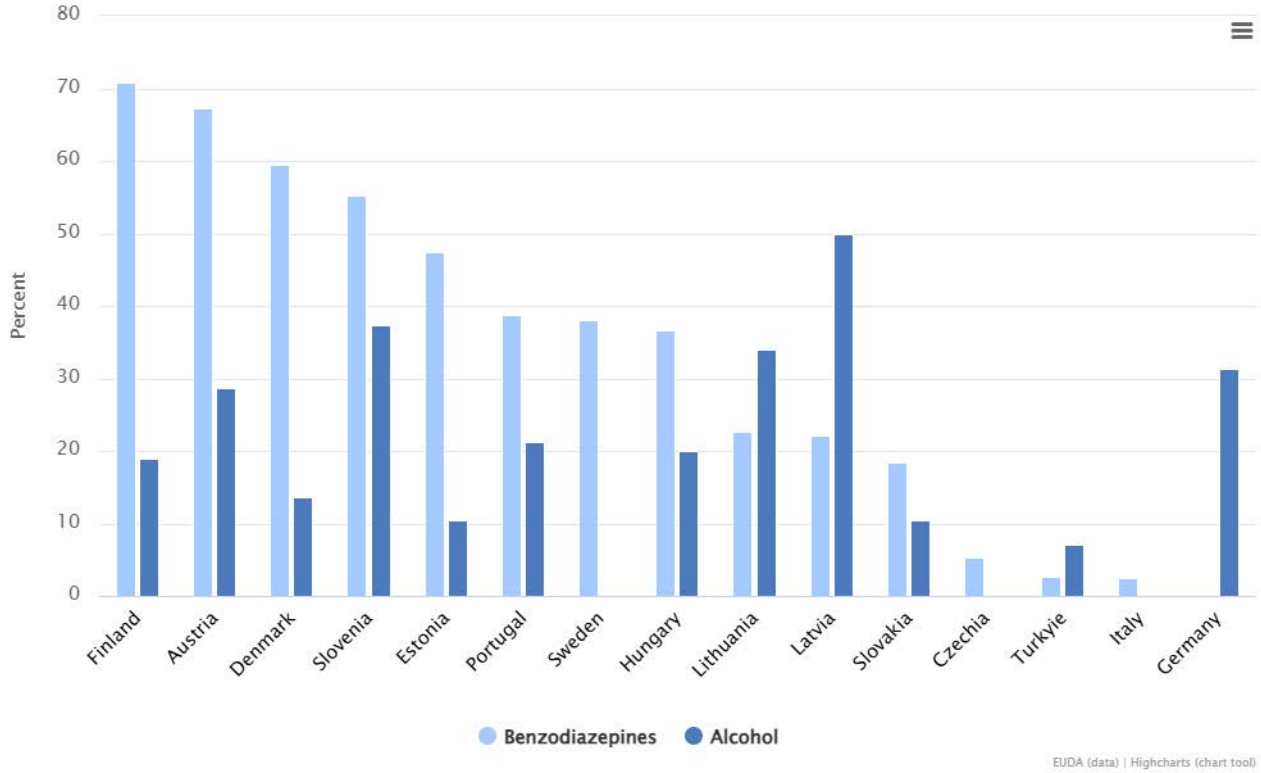
Figure 11.6. Proportion of drug-induced deaths with opioids mentioned, 2023 or most recent available data



Information on toxicology is not available for Poland.

- Heroin remains involved in large numbers of deaths in some western European countries: over 678 cases in Germany, 132 in Austria (heroin or morphine), 83 in Sweden, 77 in Norway and 74 in Italy. Overall, it is provisionally estimated that heroin was involved in 1600 deaths in the European Union. However, the data available have limitations with respect to quality and coverage.

Figure 11.7. Proportion of drug-induced deaths with mention of alcohol and benzodiazepines



Note: Only countries with at least 30 deaths with reported toxicology in 2023 are included. Data for alcohol are not available for Sweden. The data may represent minimum estimates for some countries, due to limitations in the analytical procedures in place and in the reporting of data.

- Heroin was present in the majority of overdose deaths in a relatively small number of EU Member States, namely Austria (heroin or morphine) (66 %), Luxembourg (heroin or morphine) (56 %), Slovenia (51 %) and Bulgaria (50 %). Heroin has been reported in approximately two fifths to one fifth of overdose deaths in Italy (45 %), Germany (37 %), France (34 % in 2022), Portugal (34 %), Croatia (29 %), Romania (28 %), Türkiye (20 %), Spain (20 % in 2022) and Norway (21 %). In 2023, heroin was reported in fewer than 1 in 5 overdose deaths in Czechia, Estonia, Cyprus, Latvia, Lithuania, Hungary, Malta, Slovakia, Finland and Sweden.
- Among 20 EU Member States providing data for 2022 and 2023, cocaine, mostly in the presence of opioids, was involved in 1051 (26 %) overdose deaths in 2023 (956 or 27 % in 2022).
- Deaths involving cocaine are now also being reported in countries where they were previously less common, such as Denmark, Cyprus, the Netherlands, Slovenia and Finland.
- Cocaine was involved in 30 % of the overdose deaths in Germany and in 65 % of the overdose deaths in Portugal in 2023.

- Stimulants other than cocaine, including amphetamine and methamphetamine, are involved in many deaths, often alongside opioids. Out of 19 countries with post-mortem data available for 2023, 17 reported deaths where non-cocaine stimulants were involved. The highest numbers of deaths involving non-cocaine stimulants were reported by Germany (490 cases), Türkiye (228), Sweden (75), Norway (64), Denmark (61), Finland (49), Latvia (41), Estonia (32) and Austria (30). Beyond these drug-induced deaths, other stimulant-related deaths, such as those associated with cardiovascular problems, may go undetected.
- In 2023, cathinones were reported in drug-induced deaths in 7 countries. In Hungary, 12 of the 30 deaths reported in 2023 involved cathinones. In Finland, 12 out of 253 deaths involved cathinones, while smaller numbers of cathinone-related deaths were reported in Lithuania, Austria, Romania, Slovenia and Slovakia.
- In 7 of the 18 countries with post-mortem toxicological data available for 2023, around 1 in 4 drug-induced deaths involved methadone. The opioid agonist medicine was mentioned in 30 % or more of cases with known toxicology reported in Luxembourg (56 %), Romania (40 %), Croatia (38 %), Estonia (37 %), Portugal (36 %), Bulgaria (35 %) and Germany (31 %). There is little information available on whether the medicines were prescribed, misused or acquired on the black market. However, the mention of the drug does not mean that it was the cause of the poisoning, as overdoses often involve polysubstance use with other opioids, alcohol and other medicines such as benzodiazepines.
- In 2023, buprenorphine was identified in 58 % (147) of the drug-induced deaths reported in Finland and in 16 % (73) of cases in Sweden. In all other countries with available data, buprenorphine was reported in less than 5 % of fatal overdose cases or was not reported at all.
- Tramadol, an opioid medicine used to treat moderate to severe pain, was involved in about 5 % (173) of reported overdose deaths in 13 European countries in 2023. However, it was involved in 35 % of the 136 deaths reported by the French registry of medicine misuse-related deaths in 2022, suggesting that improving surveillance and toxicological investigation might increase the detection of deaths associated with opioid-containing medicines. Morphine, oxycodone and fentanyl were involved in 25 %, 20 % and 4 % of the deaths, respectively, reported in 2022 in the registry of medicine misuse-related deaths.
- Available data from 16 EU Member States indicate that the number of deaths related to fentanyl and fentanyl derivatives remained relatively stable, with the drugs being linked to 153 overdose deaths in 2023 (159 in 2022). Germany reported the largest number of fentanyl-related deaths (70). Some of these fatalities might be associated with diverted fentanyl medicines rather than illicit fentanyl. The other cases reported in 2023 were in Sweden (15), Denmark (10), Austria (7), Estonia (7) and Finland (6).
- In 2023, data from Estonia and Latvia indicate that the number of drug-induced deaths involving new synthetic opioids further increased. The most prominent nitazenes detected in Estonia in 2023 were protonitazene (40 of 119 cases) and metonitazene (32 of 119, 27 %).

- In countries with data available for 2023, oxycodone was reported as being involved in 151 drug-induced deaths in 8 countries: Sweden (88), Finland (26), Denmark (24), Estonia (7), Austria (3), Lithuania (1), Luxembourg (1), Portugal (1).
- Consuming opioids in combination with benzodiazepines increases the risk of overdose. In 2023, benzodiazepines, together with other substances, primarily opioids, were detected in the majority of overdose deaths in Denmark, Austria, Slovenia and Finland.
- Few countries report information on the involvement of pregabalin or gabapentin in drug-induced deaths. Among those that do, Finland reported 87 deaths in 2023 (87 in 2022). Two countries reported an increase in the number of deaths with pregabalin or gabapentin mentioned: Denmark (from 58 deaths in 2022 to 60 in 2023), Austria (from 54 in 2022 to 71 in 2023).
- Deaths linked to synthetic cannabinoids increased to 61 in Türkiye in 2023 (8 in 2022).
- Seven countries with available data reported 39 deaths with synthetic cathinones involved in 2023: Finland (12), Hungary (12), Lithuania (6), Slovenia (4), Austria (2), Romania (2), Slovakia (1).

All-cause drug-related mortality

- A 2024 Norwegian cohort study analysed post-release mortality among 92 000 people released from prisons between 2010 and 2022. Mental health disorders and opioid use disorders were strongly associated with an increased risk of post-release mortality. The study showed a reduction in both all-cause and overdose mortality during the first 6 months after release among people who were enrolled in opioid agonist treatment.
- In 2023, opioid agonist treatment could be continued from the community to prison in 28 out of the 29 countries reporting to the EUDA, could be initiated in 24 countries and continued after prison in 23 countries (see Harm reduction – the current situation in Europe).

Additional detailed information can be found in the EUDA's Opioid-related deaths: health and social responses and EUDA answers key questions on overdose deaths.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-DRD-1. Characteristics of drug-induced deaths
- Table EDR25-DRD-1a. Characteristics of drug-induced deaths: gender (percent)

- Table EDR25-DRD-1b. Characteristics of drug-induced deaths: age (by gender)
- Table EDR25-DRD-1c. Characteristics of drug-induced deaths: numbers
- Table EDR25-DRD-2. Age distribution of drug-induced deaths reported in the European Union, Norway and Türkiye in 2023 or the most recent year
- Table EDR25-DRD-3. Proportion of males among drug-induced deaths in the European Union, Norway and Türkiye in 2023, or most recent year (percent)
- Table EDR24-DRD-4. Drug-induced deaths in the European Union: age at death, 2023 or most recent available data (percent)
- Table EDR25-DRD-5. Number of drug-induced deaths reported in the European Union in 2013 and 2023, or the most recent year, by age band
- Table EDR24-DRD-6. Trends in drug-induced deaths in the European Union, Norway and Türkiye
- Table EDR25-DRD-7. Proportion of drug-induced deaths cases with opioids mentioned, 2023 or most recent available data
- Table EDR25-DRD-8. Proportion of drug-induced deaths with benzodiazepines involved, 2020 to 2023, selected countries among those with available information
- Table EDR25-DRD-9. Proportion of drug-induced deaths with mention of alcohol and benzodiazepines
- Table EDR25-DRD-10. Distribution of the cases with heroin mentioned in Austria, Slovenia and Norway in 2023

Opioid agonist treatment – the current situation in Europe (European Drug Report 2025)

Opioid users represent the largest group undergoing specialist drug treatment, mainly in the form of opioid agonist treatment. On this page, you can find the latest analysis of the provision of opioid agonist treatment in Europe, including key data on coverage, the number of people in treatment, pathways to treatment and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.

Last update: 5 June *2025*

Opioid treatment access remains low in some EU countries, as new challenges emerge

While a greater diversity of people now seek help for drug problems, the long-term nature of opioid agonist treatment means that those receiving it still account for a significant share of the resources invested in drug treatment services in many countries. Despite this, access to opioid agonist treatment varies across the European Union and in some countries it is inadequate. Moreover, our responses to opioid dependence are further challenged by emerging shifts in the opioid drug market, potential impacts on the optimisation of treatment and challenges related to the treatment systems' workforce.

An estimated 1.7 million people received treatment for problems related to the use of illicit drugs in the European Union in 2023 (2.1 million, including Norway and Türkiye). Specialist drug treatment encompasses a range of medical (including pharmacological), psychological, social and behavioural approaches to stop or reduce drug use and injecting. Overall, an estimated half a million high-risk opioid users in the European Union received some form of opioid agonist treatment, which remains the main pharmacological treatment approach for people with opioid dependence and may be combined with psychosocial interventions.

Treatment goals and outcomes can vary considerably, depending on the type of intervention and client needs. Goals of treatment can range from abstinence or reduction of illicit drug use to prevention of harms, social reintegration and recovery.

Recent guidance from the EUDA and ECDC on the prevention and control of infectious diseases among people who inject drugs recommends the provision of opioid agonist treatment, in both community and prison settings, to prevent transmission of HCV and HIV and to help reduce injecting risk behaviour and injecting frequency. The guidance also recommends the provision of sterile injecting equipment alongside opioid agonist treatment to maximise the coverage and effectiveness of the interventions among people who inject opioids (see also Injecting drug use – the current situation in Europe and Drug-related infectious diseases – the current situation in

Europe).

There remain, however, differences between countries in the settings and form in which treatment is provided and the extent to which the availability of opioid agonist treatment is sufficient to meet the needs of those requiring this form of care. The provision of opioid agonist treatment remains insufficient and below the levels recommended by the WHO in some EU Member States that report a high prevalence of high-risk opioid use (see Key data and trends, below).

The balance between outpatient and inpatient provision within national treatment systems also varies greatly between countries. About 13 % of drug treatment in Europe is provided in inpatient settings, mainly hospital-based residential centres, such as psychiatric hospitals, though also in therapeutic communities and, in some countries, specialist residential treatment centres in prisons. Overall, however, opioid agonist treatment is more commonly provided in outpatient settings. These can include specialist drug treatment centres, low-threshold agencies, and primary healthcare centres, which can include general practitioners' surgeries. Some countries also introduced more flexible outpatient treatment options during the COVID-19 pandemic, with many of these still in place. In addition, a small number of countries also began providing new modes of treatment administration, such as extended-release formulations of buprenorphine, allowing clients to have sustained opioid agonist treatment with a single monthly injection. Although more research is needed, emerging evidence indicates that this modality may help alleviate pressure on prescribers by reducing the number of visits each client requires, and may also support the extension of coverage to rural or remote areas. The diversity of providers, regardless of the medication, presents a challenge for the monitoring of opioid agonist treatment provision and client characteristics. In some countries, there are signs of a reduction in the addiction treatment workforce, with some treatment personnel, such as general practitioners, not being replaced as they retire or leave the service, potentially challenging the ability of treatment systems to provide care.

Opioid treatment clients now have more complex needs

The long-term nature of opioid problems is underlined by the data available on the characteristics of those receiving opioid agonist treatment. The data also indicate that Europe's cohort of those who have had problems with heroin is ageing. This is illustrated by the fact that almost 70 % of clients in opioid agonist treatment are now aged 40 or older, while less than 10 % are under 30 years old. This has important implications for service delivery and costs, with providers now having to address a more complex set of healthcare needs in a population that is becoming ever more vulnerable. An important consideration here is the need to ensure the existence of effective referral pathways to more generic services offering treatment for other conditions associated with the ageing process. This is becoming increasingly necessary in order to support older opioid treatment clients in need of geriatric care due to the long-term effects of illicit drug use, but also tobacco and alcohol use, on their physical health. The treatment of this marginalised group also

needs to respond to a complex and often long-established set of problems related to mental health issues, social isolation, employment and housing. The development of integrated, multidisciplinary and age-specialised care services for this group will remain an important consideration in policy and provision as the demographics of opioid use in Europe continue to change.

Polysubstance use and the appearance of highly potent new synthetic opioids on local drug markets can increase the risks from opioid use, especially for older people and those with complex healthcare needs. Where highly potent new synthetic opioids may be becoming more established in some drug markets, more research is needed to determine if adaptations are needed to ensure that current approaches to providing opioid agonist treatment remain optimal. Concern has been raised by the continued presence of fentanyl, carfentanil and nitazenes in some European countries. In addition, the evolving situation regarding heroin trafficked to Europe from Afghanistan has added further uncertainty to the assessment of Europe's drug markets. If heroin availability in Europe is reduced, one consequence may be an increase in the need for care among people using highly potent opioids. This raises the question of the options available to drug treatment systems to help those dependent on such drugs. Although clinical practice in America is beginning to provide insights into the role that methadone and buprenorphine might play in treating a population who have switched from heroin to fentanyl, no evidence-based protocols currently exist. Policy and financial support are needed for further research, especially randomised controlled trials, to establish the potential utility of new approaches with existing medications in drug treatment systems.

The number of younger people receiving opioid agonist treatment remains relatively low and stable. This may be explained by a lower initiation of opioid use among young people and ageing cohorts of clients in opioid agonist treatment. However, a relatively high proportion of opioid-related fatal overdoses among people under 30 years old is reported by some countries, including Germany, Austria and Finland, and may indicate that barriers to accessing opioid agonist treatment still exist for this age group (see Drug-induced deaths – the current situation in Europe). Challenges here may include low treatment retention rates among young people, negative perceptions of opioid agonist treatment, a reluctance to prescribe among some service providers and a lack of age-appropriate treatment settings.

More information on health and social responses to opioid use, including among older people, can be found in the EUDA's Health and social responses to drug problems: A European guide.

Key data and trends

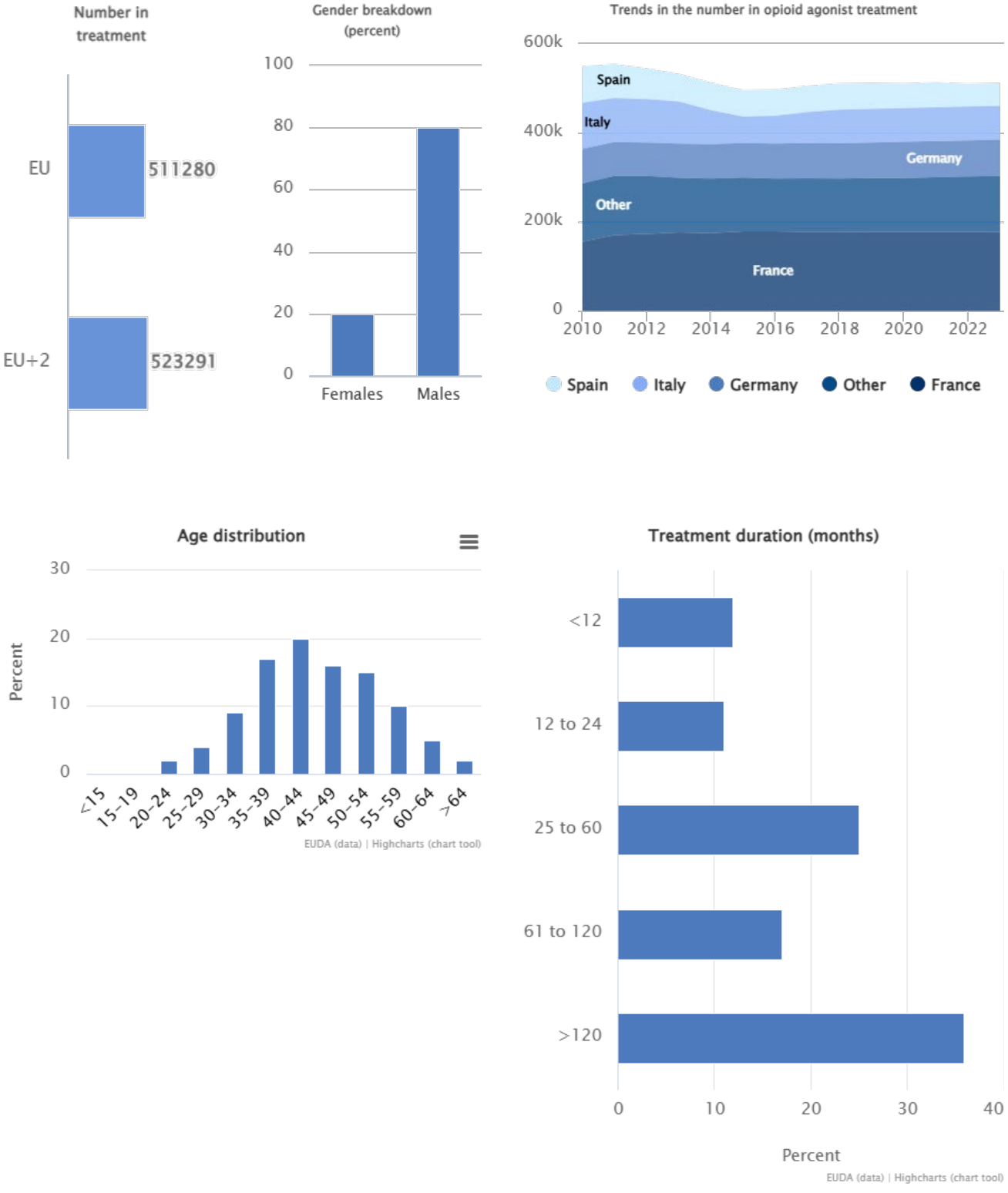
Number of people in treatment

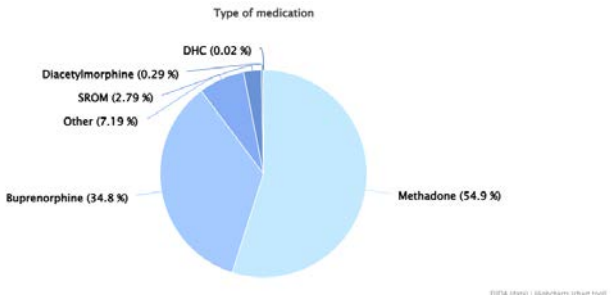
- Overall, opioid agonist treatment was received by over half of the estimated 860 000 high-risk opioid users in the European Union in 2023, an estimated 511 000 (523 000 including Norway

and Türkiye) (Figure 12.1). However, there are differences between countries. In those countries where data from 2012 or 2013 are available for comparison, there was generally an increase in coverage. Levels of provision, however, remain low and insufficient in some countries estimated to have significant numbers of high-risk opioid users, such as Latvia, Lithuania, Poland, Romania and Slovakia (Figure 12.2).

- Data from countries that consistently reported on clients receiving opioid agonist treatment between 2013 and 2023 show an overall stable trend in treatment levels during this period, with little fluctuation in the number of clients receiving this treatment. The reasons for this stability vary. In countries with high treatment provision, it may reflect the often chronic, relapsing nature of opioid dependence and the need for treatment over a prolonged period; in others (e.g. Latvia), it may reflect the low capacity of treatment systems.
- In some countries, the number of people receiving opioid agonist treatment has increased, reflecting increased treatment provision, with 10 countries reporting an increase between 2018 and 2023, including Finland (75 %), Poland (50 %), Cyprus (20 %), Sweden (16 %) and Malta (15 %).

Figure 12.1. Clients in opioid agonist treatment





Trends in the number of opioid agonist clients are based on 27 countries. Only countries with data for at least 9 of the 14 years are included in the trends graph. Missing values are interpolated from adjacent years. Data for age distribution are based on 13 countries representing 41 % (208 665) of all registered clients in the European Union. Data for gender are based on 17 countries representing 27 % (139 406) of all registered clients. Data for treatment duration are based on 7 countries representing 7 % of all registered clients (35 216).

Distribution of OAT clients by type of medication: SROM is slow-release oral morphine and DHC is dihydrocodeine.

Figure 12.2a. Coverage of opioid agonist treatment (percent) in 2023 or the most recent year

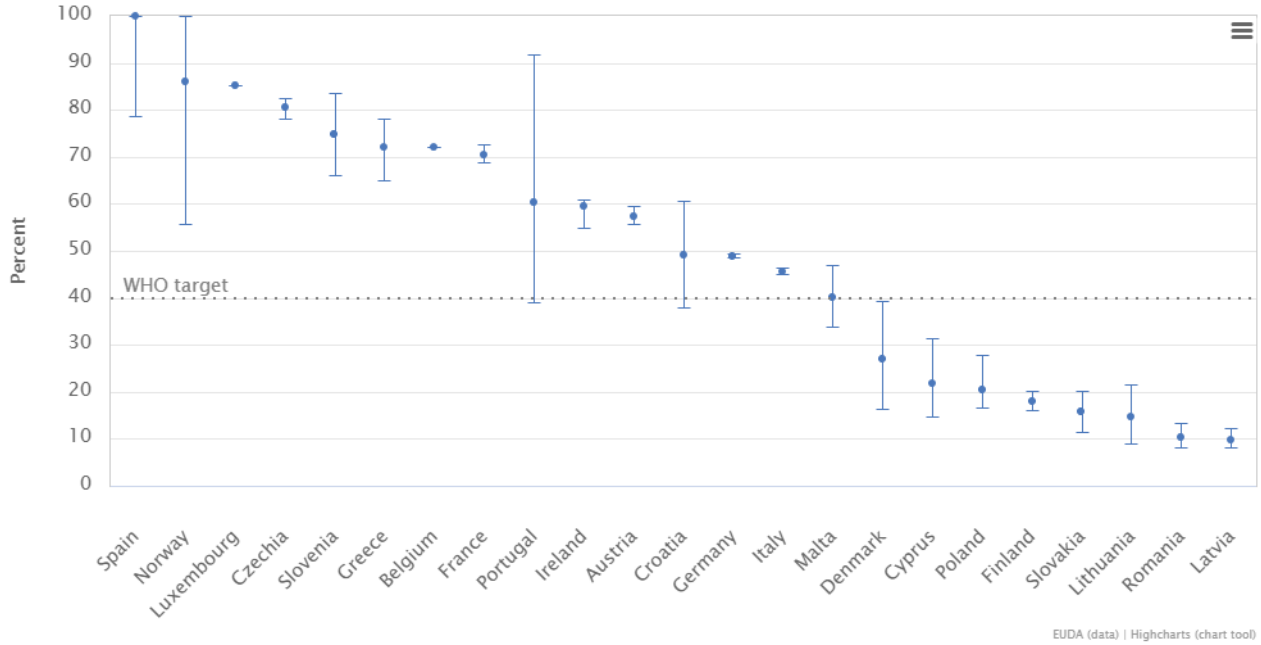
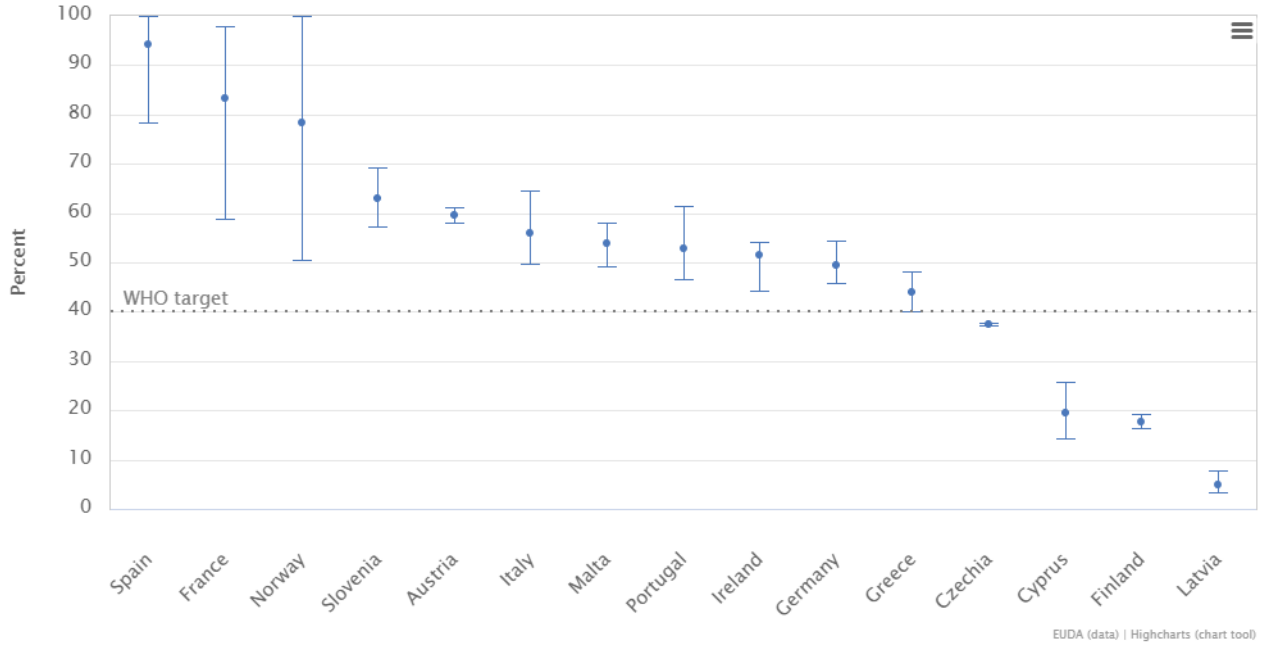


Figure 12.2b. Coverage of opioid agonist treatment (percent) in 2013



Coverage is defined as the share of high-risk opioid users receiving the intervention. Data are displayed as point estimates and uncertainty intervals.

Pathways to treatment

- Self-referral continues to be the most common route into specialist drug treatment for opioid clients. This form of referral, which also includes referral by family members or friends, accounted for about two thirds (64 %) of those with primary opioid problems entering specialist drug treatment in Europe in 2023. More than one fifth (23 %) of clients were referred by health, education and social services, including other drug treatment centres, while 7 % were referred by the criminal justice system.

Opioid agonist medications

- The provision of more than one opioid agonist treatment medication in 2023 is reported by 25 countries. Methadone is the most commonly prescribed medication, received by more than half (55 %) of opioid agonist treatment clients across Europe. Another 35 % are treated with medications based on buprenorphine, which is the principal medication reported to be used in 9 countries. Other substances, such as slow-release morphine or diacetylmorphine (heroin), are more rarely prescribed, being received by 10 % of opioid agonist clients in Europe. Seven countries have reported some provision of heroin-assisted treatment, if discontinued pilot projects are included.
- Five countries report the use of newer buprenorphine preparations: a prolonged-release solution for injection, and a subcutaneous implant. These preparations received a marketing authorisation valid throughout the European Union in 2018 and 2019, respectively.

Alternative treatment options

- Although less common than opioid agonist treatment, alternative treatment options for opioid users are available in all European countries. In the 11 countries for which data are available in 2023, between 3 % and 47 % of all opioid users in treatment receive interventions not classified as opioid agonist treatment, such as medically assisted detoxification and outpatient or inpatient abstinence-oriented interventions.

The data used to generate infographics and charts on this page may be found below.

The **complete set of source data for the European Drug Report 2025**, including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

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- Table EDR25-OAT-1. Coverage of opioid agonist treatment in 2023 or the most recent year and 2012/13 (Percent)
- Table EDR25-OAT-2. Clients in opioid agonist treatment
- Table EDR25-OAT-3. Trends in the number in opioid agonist treatment
- Table EDR25-OAT-4. Number of European countries implementing opioid agonist treatment, up to 2024

Harm reduction – the current situation in Europe (European Drug Report 2025)

Harm reduction encompasses interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies. On this page, you can find the latest analysis of harm reduction interventions in Europe, including key data on opioid agonist treatment, naloxone programmes, drug consumption rooms and more.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025

Harm reduction is faced with increasingly dynamic drug problems

The use of illicit drugs contributes to the global burden of disease. Interventions designed to reduce this burden include prevention activities, intended to reduce or slow the rate at which drug use may be initiated, and the offer of treatment to those who have developed a problem related to their drug use. A complementary set of approaches goes under the general heading of harm reduction and aims at reducing the consequences of drugs for individuals and communities. Here the emphasis is on working non-judgementally with people who use drugs in order to reduce the risks associated with behaviours that are mostly associated with adverse health outcomes, and more generally to promote health and well-being. Probably the best known of these is the provision of sterile injecting equipment to people who inject drugs, with the aim of reducing the risk of contracting an infectious disease. Over time, these sorts of approaches appear to have contributed to the relatively low rate, by international standards, of new HIV infections now associated with injecting drug use in Europe. Nonetheless, gaps in service provision and growing stimulant use pose challenges to Europe achieving its WHO continuum of care targets among people living with HIV (see Drug-related infectious diseases – the current situation in Europe). Over the last decade, as patterns of drug use have changed and the characteristics of those who use drugs have also evolved, to some extent, harm reduction interventions have had to adapt to address a broader set of risk behaviours and health outcomes. Among these are reducing the risks of drug overdose associated with emerging patterns of polysubstance use, including stimulant smoking, and addressing the often-considerable and complex health and social problems faced by people who use drugs in more marginalised and socially excluded populations.

Reducing harms from evolving drug situation requires a range of responses

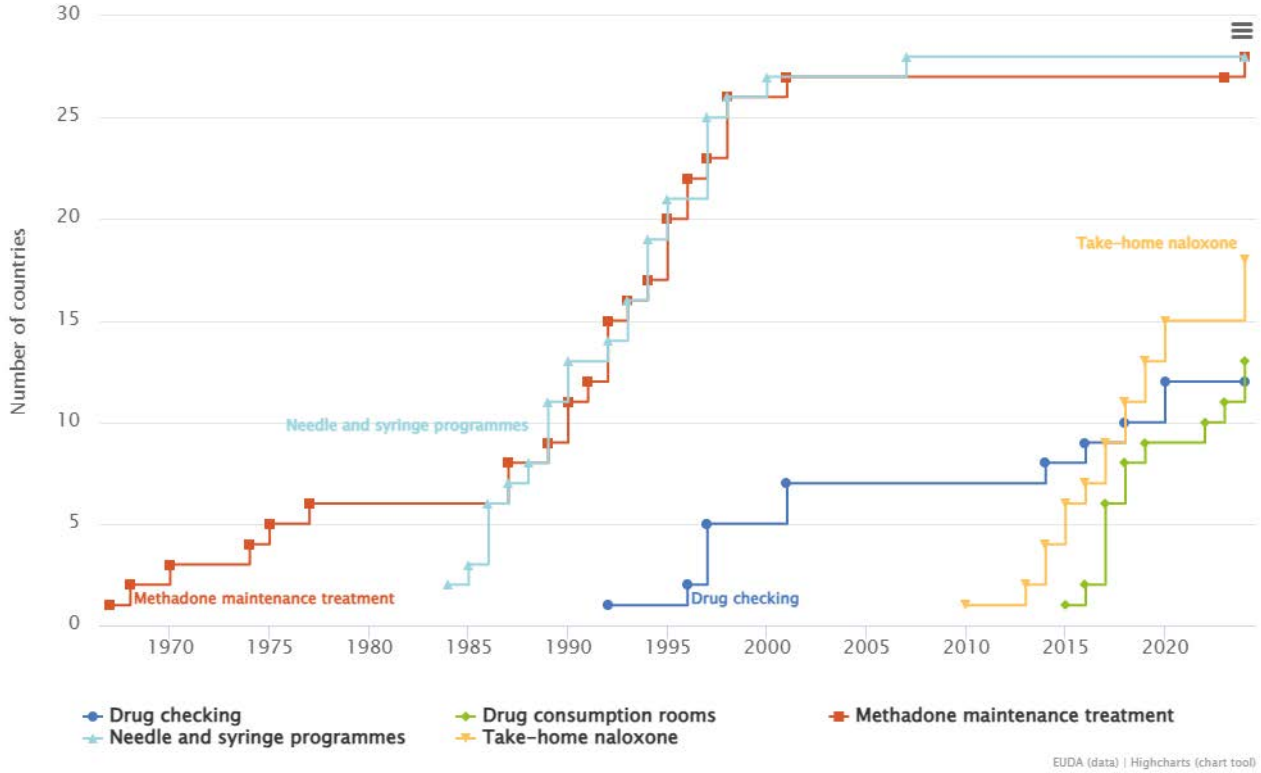
Chronic and acute health problems are associated with the use of illicit drugs, and these can be compounded by factors such as the properties of the substances, the presence of adulterants and pathogens, the route of administration, individual vulnerability and the social context in which drugs are consumed. Chronic problems include dependence and drug-related infectious diseases, while there is a range of acute harms, of which drug overdose is perhaps the best documented. Although relatively rare at the population level, the use of opioids still accounts for much of the morbidity and mortality associated with drug use. Injecting drug use also increases risks, as does polysubstance use. Correspondingly, working with opioid users and those who inject drugs has been historically an important target for harm reduction interventions, and this is the area where service delivery models have been most extensively developed and evaluated.

Reflecting this, some harm reduction services have become increasingly integrated into the mainstream of healthcare provision for people who use drugs in Europe over the last three decades. Initially, the focus was on expanding access to opioid agonist treatment and needle and syringe programmes as a part of the response to high-risk drug use, primarily targeting injecting use of heroin and the HIV epidemic. Updated joint EUDA-ECDC guidance on the prevention and control of infectious diseases among people who inject drugs recommends providing opioid agonist treatment to prevent hepatitis C and HIV, as well as to reduce injecting risk behaviours and injecting frequency, in both the community and prison settings. The guidelines also recommend the provision of sterile injecting equipment alongside opioid agonist treatment to maximise the coverage and effectiveness of the interventions among people who inject opioids.

The provision of harm reduction equipment typically involves the distribution of sterile materials intended to reduce harms associated with continued drug use, and has evolved as patterns of drug use have changed over time. It is generally part of larger integrated harm reduction programmes, usually low-threshold services, and seldom a standalone intervention. Guidance is usually provided on the correct use of the items, safe disposal and less risky routes of administration. Harm reduction equipment generally includes items needed to prepare drugs for consumption, such as filters, cookers, water and also items for administering drugs, including needles and syringes, pipes and foil. Other items are provided to care for and prevent harms related to drug use, such as wound care kits to address bacterial infections from injecting and naloxone kits for responding to overdoses. Current evidence indicates the effectiveness of needle and syringe programmes and take-home naloxone programmes, while there is currently limited evaluation data regarding other harm reduction items.

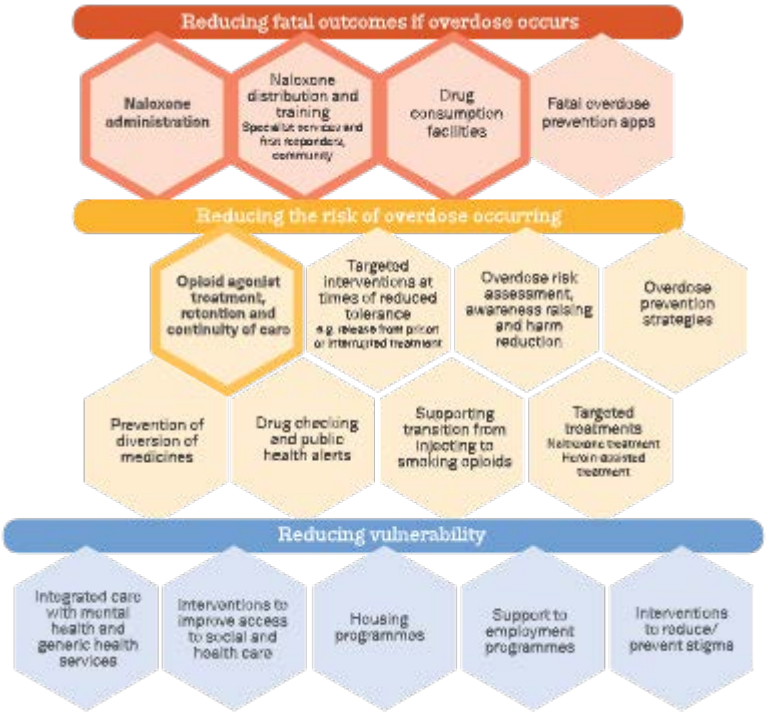
In the last three decades, approaches to harm reduction have been broadened in some EU Member States to encompass other responses, including supervised drug consumption rooms and take-home naloxone programmes intended to reduce fatal overdoses (Figure 13.1). Interventions to reduce opioid-related deaths include those aimed at preventing overdoses from occurring and those aimed at preventing death when an overdose does occur (Figure 13.2).

Figure 13.1. Number of European countries implementing selected harm reduction interventions, up to 2024



Implementation at any level, including pilot projects, is included. In 2024, pilot take-home naloxone programmes were initiated in Croatia and Finland, and a take-home naloxone programme upon release from prison was initiated in Luxembourg.

Figure 13.2. Interventions to prevent opioid-related deaths, by intended aim and evidence of benefit



Note: Interventions where there is evidence of benefit and where we can have high or reasonable confidence in the available evidence are highlighted in a bolder frame. Much of the current evidence on interventions listed in this figure is either emerging or deemed insufficient, in part because of the practical and methodological difficulties of conducting research, especially in developing randomised controlled trials (see Spotlight on... Understanding and using evidence) and also because service delivery models often differ considerably.

Drug consumption rooms are facilities where people who inject drugs may do so in hygienic conditions under the supervision of trained staff. As well as offering the possibility of intervening directly in overdoses that occur on-site and the provision of sterile injection equipment, drug consumption rooms promote engagement with treatment and other health and social services. Some services provide overdose prevention awareness raising and training, including in the use of naloxone. Current evidence indicates that drug consumption rooms can contribute to reducing drug-related deaths, and the evidence base continues to evolve, reflecting the complex nature of evaluating these services (see also Health and social responses: drug consumption rooms).

Take-home naloxone programmes combine training on overdose risk and management with the distribution of naloxone kits to those likely to witness an opioid overdose, such as people who use drugs and their peers, friends and family members. Take-home naloxone programmes can also target other potential first responders to an overdose, such as frontline service workers who interact with people who use drugs, including healthcare providers, staff in homeless shelters and prison officers. While increasing numbers of individuals in EU Member States have been trained in administering naloxone, coverage and access issues still exist in some countries where it is available. Overdoses involving potent synthetic opioids may require more than one dose of naloxone. In community settings, current guidance advises administering doses stepwise, allowing time to assess the person's response between doses and providing rescue breathing or cardiopulmonary resuscitation if needed (see also Opioid-related deaths: health and social responses).

In some countries, drug checking facilities have been established with the aim of enabling people to better understand what substances the illicit drugs they have bought contain. Tablets, for example, purchased as MDMA, may vary in strength as the MDMA content can be different from batch to batch and sometimes adulterants and other drugs are present. With many synthetic stimulants and new psychoactive substances now available on the illicit market in similar-looking powders or pills, consumers may be increasingly at risk of being unaware of what particular stimulant or mixture of substances they may be consuming. While not nationally representative, data from drug checking services indicate, for example, that synthetic cathinones are now both intentionally purchased and, to a lesser extent, sometimes found as adulterants or mis-sold. People purchasing these substances are often unaware of which type of synthetic cathinone they are buying, creating some uncertainty about the effects and health risks they may experience. When integrated within drug consumption rooms, drug checking can reach more marginalised groups of people who use drugs and who are at greater risk of overdose due to a more potent or unexpected opioid. Drug checking services can function alongside other leading-edge indicators to provide insights into current drug market trends and consumer preferences, which are important for developing other harm reduction approaches, including targeted risk communications and alerts (see also Synthetic stimulants – the current situation in Europe and MDMA – the current situation in Europe).

The increasing integration of the markets for new psychoactive substances and illicit drugs is creating new public health challenges. Examples include hemp mixed with semi-synthetic cannabinoids; stimulants mixed with various substances, sometimes including synthetic cathinones; ketamine; or new synthetic opioids mixed with or mis-sold as heroin. As poisoning events can evolve rapidly, understanding what constitutes the delivery of effective risk communication has become more important. Although the range of services provided may differ, all drug checking services undertake some form of health risk communication activity, often by issuing alerts on analysed drug products and sharing data with other stakeholders. The aim is to prevent or reduce harm at the level of the individual (the person submitting the substance for checking) and of the population (others who may be exposed to the same substance). Future steps in this field may include moves towards harmonisation and the building of consensus among European drug checking services on the determination of criteria and thresholds for when and how to issue alerts, as well as the adoption of evidence-based standard operating procedures for health risk communication. These issues are explored in a manual produced by the EUDA with the help of the Trans-European Drug Information project on health risk communication strategies for drug checking services.

Some of these interventions remain controversial for reasons that include their legal status and the evolving nature of the evidence base on the effectiveness of the interventions on health outcomes. Coverage of these newer interventions therefore remains uneven within and between countries, and where they do exist, they are often most commonly found in large cities. Overall, coverage and access to harm reduction services, including some long-established and relatively well-evidenced service models, vary considerably between EU Member States, and in some countries, remain inadequate in comparison to estimated needs.

Increased preparedness is needed to meet the challenge of potent synthetic drugs. Potent synthetic substances have a growing potential to cause drug-related harms in Europe, as intentional and inadvertent consumption of these substances in powders or mixtures mis-sold as other drugs can increase the risk of poisonings and deaths. This, together with more complex patterns of polysubstance consumption, adds to the already considerable challenges of developing effective responses to reduce drug overdose deaths and drug-related acute poisonings. An example of this growing complexity is the emergence of the highly potent nitazene opioids in Europe. These substances, which can be more potent than fentanyl, have been involved in localised poisoning outbreaks in parts of Europe and have been driving the increase in the number of drug-related deaths in Estonia and Latvia (see also New psychoactive substances – the current situation in Europe).

Following the detection of clusters of overdoses related to nitazenes being sold as benzodiazepine tablets in community and prison settings in Ireland during June 2024, a rapid risk communication exercise was undertaken. It was supported by low-threshold services and included leaflet drops to open drug scenes and the distribution of information on social media and news platforms (Figure 13.3). This is an example of how services may now need to respond both more rapidly and more intensively to outbreaks of drug poisonings. The presence of such mixtures and mis-sold substances on the market highlights the ongoing need to review and adapt approaches to the delivery of some harm reduction interventions. The EUDA is developing a new European drug alert system that will support EU and national preparedness and response activities to serious drug-related risks by utilising rapid information exchange, targeted alerts and other risk communications.

Figure 13.3. Example of a rapid risk communication issued in Ireland, 2024

More generally, given possible developments in the synthetic opioids market, it would enhance preparedness to review current plans for responding to any possible increase in the availability and use of synthetic opioids or in the harm associated with these substances. This could include enhancing toxicological analysis capabilities, alert messaging and frontline responder preparedness.

Where drug consumption rooms are operational, the possible benefits and risks of also providing drug checking services may be an issue for consideration. Such integration of services is becoming more common. In a survey among drug consumption rooms in Europe, about a third reported providing drug checking services onsite, and a further half provided referral to an external service.

Various stimulant use patterns linked to harm reduction delivery difficulties

Reducing the risks associated with injecting drug use has always been an important target for harm reduction interventions, and the service models are relatively well developed and evidence-based. However, even in this area, changes in drug consumption are creating new challenges for effective service delivery. In the last decade, there have been HIV outbreaks associated with the injection of illicit synthetic stimulants in 7 European cities, across 6 EU Member States. Stimulant use is associated with a potentially higher frequency of injection compared with heroin use, while crushing and dissolving crack cocaine and other tablets for injection also brings with it additional health risks. These consumption patterns raise questions regarding, for example, the type and adequacy of needles and syringes provided to people in street-based open drug scenes, which are now typically characterised by polysubstance use. They also highlight the need for a relatively high level of harm reduction services to prevent and rapidly contain such outbreaks. This is at a time when, for example, needle exchange provision remains inadequate in some EU Member States.

Synthetic stimulants and various other substances are consumed to facilitate and enhance sex in the context of sexualised drug use by various groups, but mainly among a small sub-population of men who have sex with men, when it is known as ‘chemsex’. While this definition is imprecise, it is usually used to refer to settings or events where both high-risk drug taking and high-risk sexual behaviour may occur. The drugs involved can range from stimulants, such as methamphetamine, cocaine and synthetic cathinones, to alcohol, depressants such as GHB/GBL and dissociatives such as ketamine. While it is difficult to estimate the prevalence of chemsex, information from research studies suggests it is an issue that is present, albeit at a small scale and among specific subgroups of people who use drugs, across Europe. Engaging with and providing effective harm reduction responses for people engaged in these forms of high-risk behaviours remains a challenge for various reasons, including a lack of integrated service provision in many places, and the development of tailored harm-reduction interventions is needed. This underlines the importance of strong multi-agency partnerships between those providing sexual health services and those providing drug-related harm reduction.

Evolving threats to public health require further development of harm reduction approaches

Despite cannabis being Europe’s most commonly consumed illicit drug, an argument can be made that it is also an area in which harm reduction advice and interventions are often lacking. Cannabis users in Europe commonly smoke the drug with tobacco, and an area for the development of harm reduction approaches is the consideration of what might constitute effective interventions to reduce smoking-related harm. More generally, as the types and forms of cannabis products available in Europe continue to change, so too have considerations about the implications this has for harm reduction responses. Overall, cannabis products, both resin and herbal, are now of a higher potency – they contain more THC – than they were historically, and high-potency cannabis products are associated with more acute and chronic harms. In addition, the diversity of product

types has expanded, with edibles, e-liquids and extracts all now available, alongside increased availability of semi-synthetic cannabinoids. These changes create new challenges to identify what constitutes effective harm reduction interventions and opportunities to implement them to reduce harm.

Cannabis is not the only area in which harm reduction approaches have the potential to play a greater role. As noted elsewhere in this year's European Drug Report, there are also signs of increasing consumer interest in a broader set of substances. These substances can cause harms, and some patterns of use are likely to increase the risk of adverse consequences occurring, creating potential opportunities for harm reduction approaches.

While setting up and maintaining some harm reduction responses, such as supervised drug consumption rooms, remain controversial in some European countries, it is largely accepted that evidence-based measures to reduce harm are an important component of balanced drug policies. Nevertheless, many countries stand to benefit from scaling up coverage of their harm reduction interventions. The contexts within which harm reduction services operate, the evidence base that supports them, and what constitutes standards for quality of care in this area therefore remain key areas for further development and policy consideration. Looking forward, the evolving threats to public health arising from Europe's dynamic illicit drugs markets highlight the ongoing need to develop and evaluate new approaches and evolving models of service provision that protect the health of people at risk of adverse outcomes arising from more complex consumption patterns, new substances and mixtures, or associated with particular subgroups or settings.

The EUDA's Health and Social Responses to Drug Problems: A European Guide contains detailed information for those wanting to find out more about the evidence that exists for the relative effectiveness of harm reduction and other forms of intervention.

Key data and trends

Needle and syringe programmes

- Needle and syringe programmes are a widely available and standard component of harm reduction services. In 2023, needle and syringe programmes were in place in all EU Member States and Norway. Needle and syringe coverage and access remain a challenge, with only 7 of the 25 countries with available data reaching the WHO service provision target in 2023 (Figure 13.4); only 5 of these countries also report data on access to opioid agonist treatment.

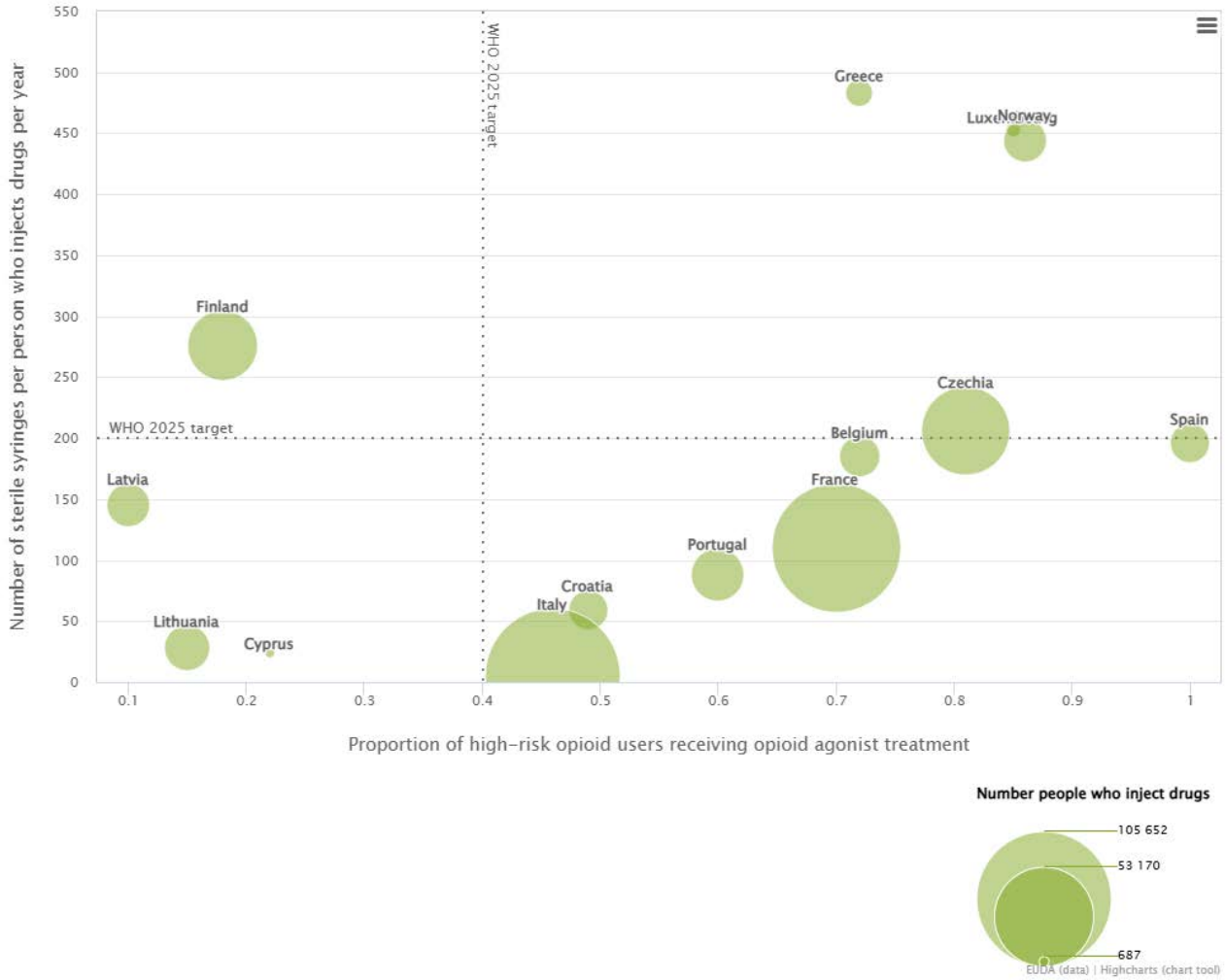
Opioid agonist treatment

- Opioid agonist treatment is an effective form of treatment for opioid dependence and is also a service delivery model that addresses some harm reduction objectives. It is a well-established intervention that is implemented in all European countries and is acknowledged as a protective

factor against opioid overdose deaths. However, in 2023, only 15 of the 23 countries with available data reached the WHO service provision target (Figure 13.4); only 10 of these countries also report data on access to needle and syringe provision.

- A range of opioid agonist medications are prescribed in treatment clinics in Europe, but methadone is the most widely used, with about 55 % of opioid agonist clients receiving it, while another 35 % are treated with buprenorphine-based medications.

Figure 13.4. Needle and syringe distribution and opioid agonist treatment coverage in relation to WHO 2025 targets, 2023 or latest available estimate

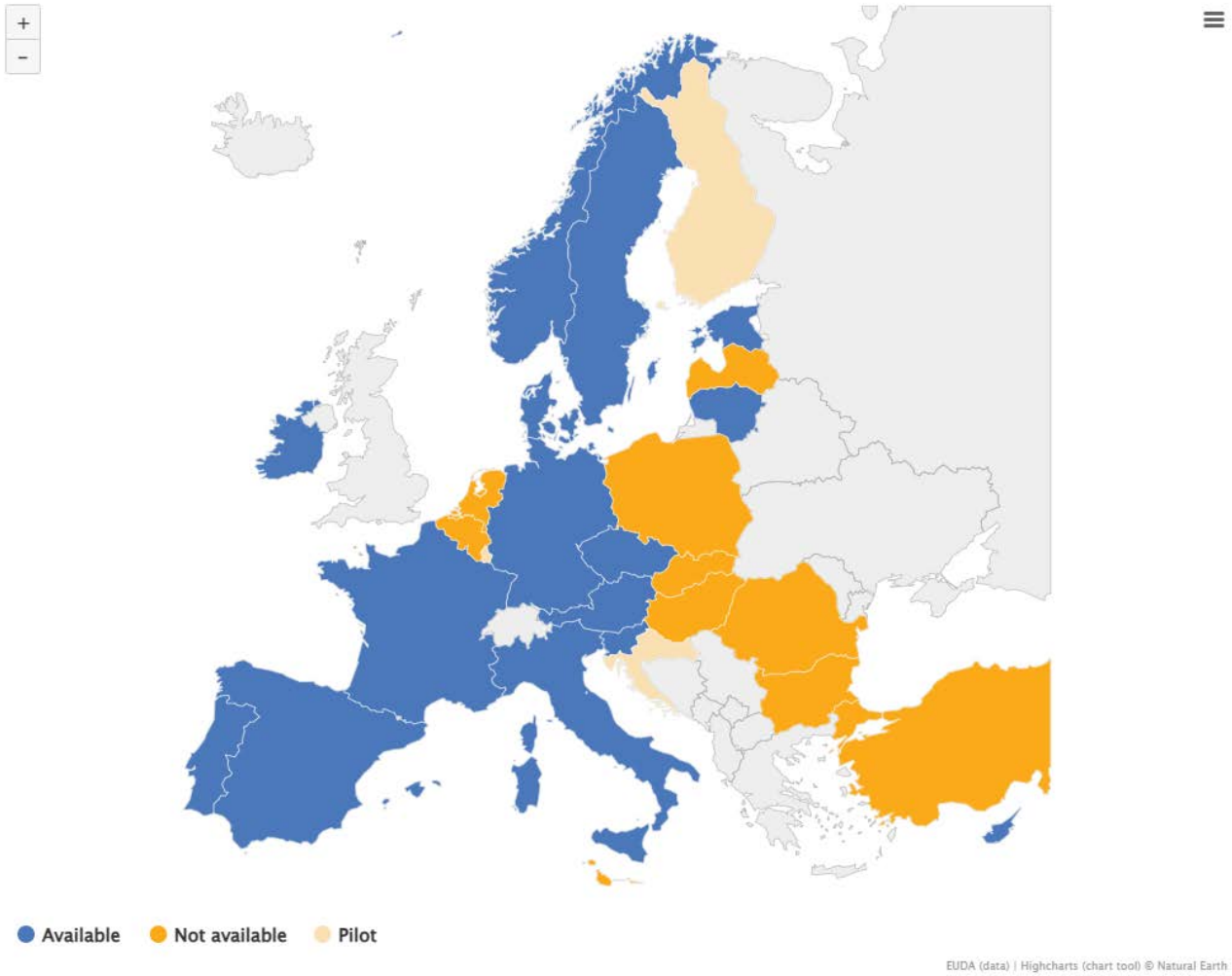


Take-home naloxone programmes

- Up to 2023, the implementation of take-home naloxone programmes, to prevent overdose deaths, has been reported by 15 European countries. In 2024, pilot take-home naloxone programmes were initiated in Croatia and Finland, and a take-home naloxone programme upon release from prison was initiated in Luxembourg.

- Naloxone was available as a nasal spray in 17 of these countries, but not in Lithuania. It was available as a 1.8 mg/ml dose in the 15 countries, and also as a 1.26 mg/ml dose in 5 countries.
- Injectable naloxone formulations were available in 7 countries, with 0.4 mg/ml vials reported in 5 countries and syringes containing 5 doses reported in Ireland and France (Figure 13.5).
- Naloxone is reported as available over the counter in Denmark, France, Italy and Sweden.

Figure 13.5. Availability of take-home naloxone, available formulations, number of persons trained and number of kits given out, in Europe



Data for EU Member States, Norway and Türkiye in 2023. Czechia, Germany, Ireland, France, Lithuania, Austria, Portugal and Slovenia have confirmed that the programmes were continued in 2024. The numbers relate to 2023 for all countries, except for Croatia (2024 pilot) and Czechia (2024). In 2024, Finland initiated a pilot programme and Luxembourg initiated a programme of distribution upon prison release. Austria extended the programme to a new province in 2024. In Greece in 2023, a law was issued for take-home naloxone. However, the programme is not yet available.

Drug checking services

- Twelve European countries report the provision of some type of drug checking service. The services operate in various settings, including festivals, drug consumption rooms and at fixed locations in the community.
- Drug checking services aim to prevent harms by allowing people to find out what chemicals are in the illicit substances they have bought. They also aim to provide access to counselling or brief interventions, although this is not always possible. The analytical techniques used by services range from sophisticated technology that can provide information on the strength and content of a wide variety of substances, to methods that simply show the presence or absence of a particular drug (Figure 13.6). The information collected by the services also provides a leading-edge insight into drug market trends and consumer preferences.

Figure 13.6. An illustration of the range of drug checking technologies available and their relative accuracy and reliability

Drug checking technologies ranked in order of increasing accuracy and reliability of results:

- Multiple methods
  (most accurate and reliable)
- High-performance liquid chromatography
- Fourier transform spectroscopy
- Thin-layer chromatography
- Reagent test kit
  (least accurate and reliable)

Drug consumption rooms

- While supervised drug consumption rooms are recognised as an innovative approach to risk and harm reduction among high-risk populations in the EU drugs strategy 2021-25, establishing them remains challenging in some countries. In 2024, drug consumption rooms were operational in 13 EU Member States and Norway (Figure 13.7). Some of these facilities provide integrated drug checking services to prevent overdose risks from, for example, highly potent drugs, adulteration or unexpected substances.
- Monitoring the characteristics and needs of the clients of drug consumption rooms at the European level is challenging due to local differences. However, the EUDA and the European Network of Drug Consumption Rooms are collaborating on harmonised data collection. Data reported by 12 drug consumption rooms in Europe indicate that the majority of clients are men aged between 40 and 49 years. Specialised facilities for women and transgender clients exist in some countries.

- In 2023, the 13 drug consumption rooms reported 346 emergency episodes, about a third of which were linked to polysubstance use.

Figure 13.7. Location and number of drug consumption facilities throughout Europe, 2023

Source: European Network of Drug Consumption Rooms (ENDCR) and Correlation – European Harm Reduction Network (C-EHRN).

Please note that all geographical coordinates used here are approximate only.

Interventions in prisons

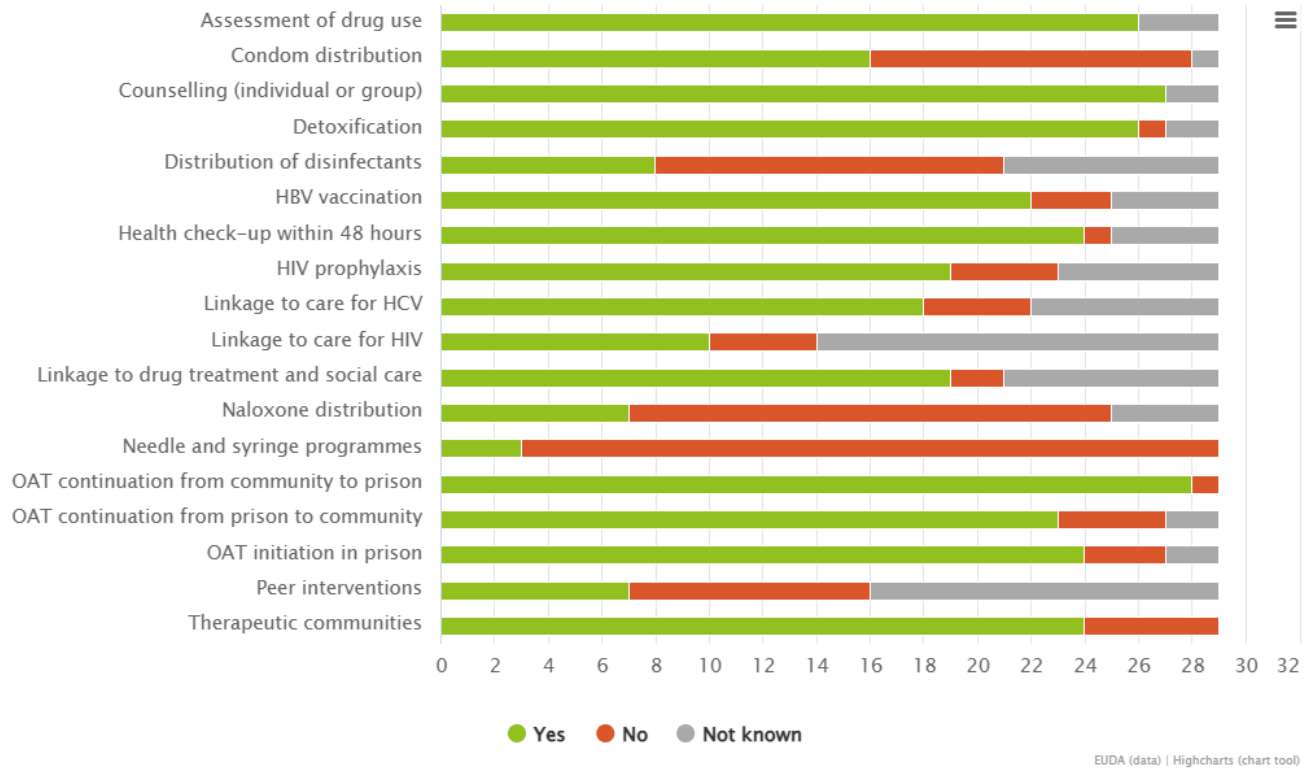
- EUDA data on harm reduction and treatment interventions available in prisons in 2023 show that continuity of opioid agonist treatment was available in all but one EU Member State (Slovakia), and in Norway and Türkiye. Initiation of opioid agonist treatment in prison was not allowed in 3 countries (Bulgaria, Latvia, Slovakia). Needle and syringe programmes were available in prisons in 3 countries: in all prisons in Spain and Luxembourg (1 prison), and 1 prison for women in Germany. Take-home naloxone was available in 7 countries in 2023

(Germany, Estonia, Ireland, France, Italy, Lithuania, Norway) (Figure 13.8).

- In Luxembourg, a programme for the distribution of take-home naloxone upon release from prison was implemented in September 2024.

Figure 13.8. Availability of drug-related and other health and social care interventions targeting people who use drugs and are in prison, Europe, 2023

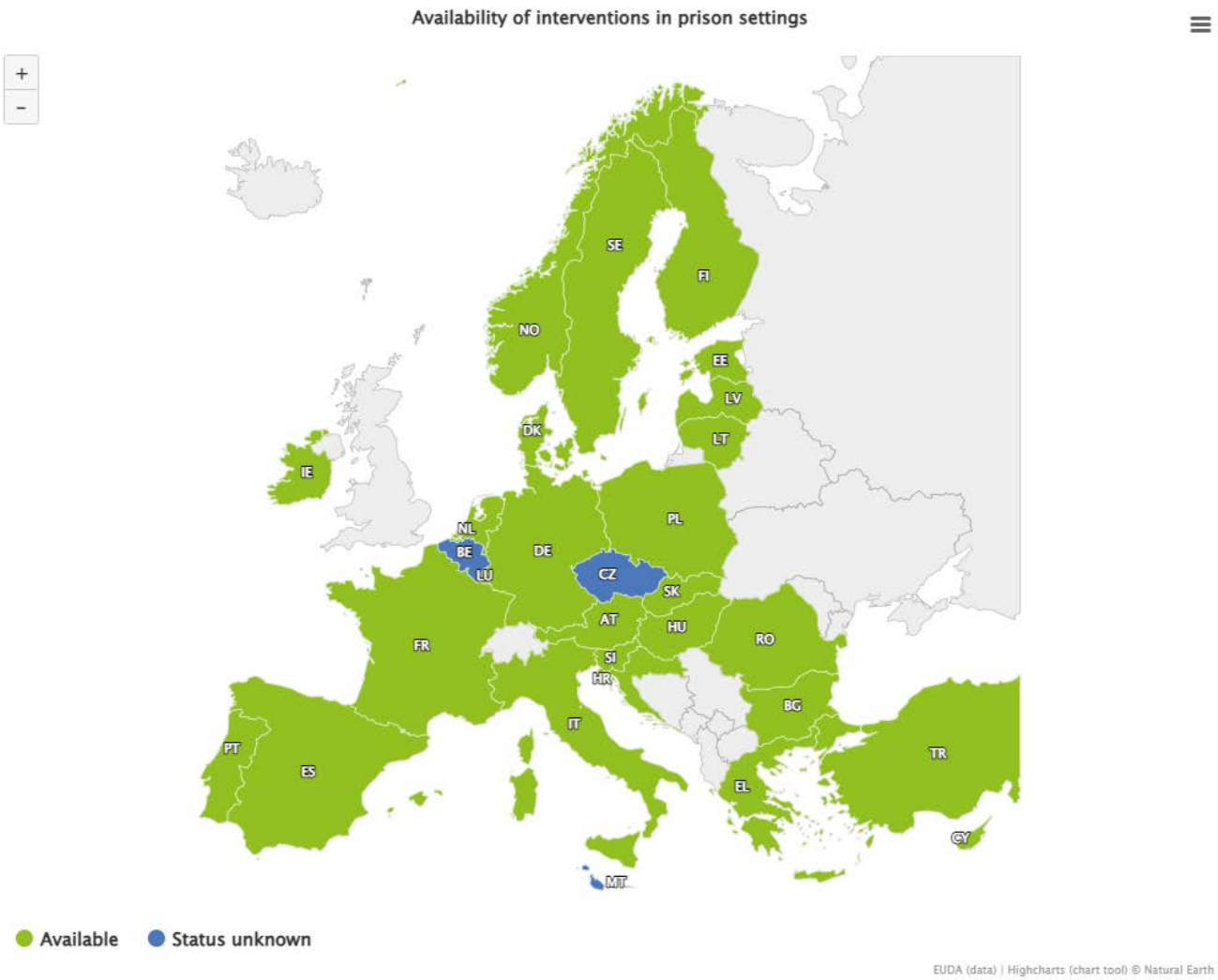
Number of countries reporting the formal availability of interventions in prison



European situation by type of intervention in prison

Select an intervention from the dropdown list below

Assessment of drug use



Source: Prison and drugs in Europe: current and future challenges (EMCDDA, 2021), updated with recent data from 2023 prison workbooks, EUDA national focal points

The data used to generate infographics and charts on this page may be found below.

The **complete set of source data for the European Drug Report 2025,** including metadata and methodological notes, is available in our data catalogue.

A subset of this data, used to generate infographics, charts and similar elements on this page, may be found below.

Download all files (zip)

- Table EDR25-HR-1. Number of European countries implementing harm reduction interventions, up to 2024
- Table EDR25-HR-2. Availability of take-home naloxone in Europe
- Table EDR25-HR-3. Needle and syringe distribution and opioid agonist treatment coverage in relation to WHO 2020 targets, 2023 or latest available estimate
- Table EDR25-HR-4. Location and number of drug consumption facilities throughout Europe 2024
- Table EDR25-HR-5. Availability of drug-related and other health and social care interventions targeting people who use drugs and are in prison, EU+2, 2023

Annex tables to the European Drug Report 2025

These tables, produced specifically for the European Drug Report, provide national data for estimates of drug use prevalence including problem opioid use, opioid substitution treatment, total number in treatment, treatment entry, injecting drug use, drug-induced deaths, drug-related infectious diseases, syringe distribution and drug seizures. The data are drawn from and are a subset of the Statistical Bulletin 2025, where notes and meta-data are available. The years to which data refer are indicated. In addition, for some indicators, these data tables also provide total values for the European Union as well as for all EUDA reporting countries (EU Member States, Türkiye and Norway).

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
Last update: *5 June 2025*

List of tables

Opioids

Table 1a. High-risk opioid use estimates for the population aged 15–64 years (European Drug Report 2025)

Country	Year of estimate	cases per 1000
Belgium	–	–
Bulgaria	–	–
Czechia	2023	1.3-1.4

Country	Year of estimate	cases per 1000
Denmark	2016	4.0-9.6
Germany	2022	1.6-1.9
Estonia	–	–
Ireland	2019	6.6-7.3
Greece	2023	0.8-1.1
Spain	2022	1.1-2.1
France	2022	5.8-6.1
Croatia	2015	2.5-4.0
Italy	2023	3.3-3.4
Cyprus	2023	1.6-3.5
Latvia	2017	4.6-7.0
Lithuania	2016	2.7-6.5
Luxembourg	2019	3.3
Hungary	2010-11	0.4-0.5
Malta	2023	4.6-6.4
Netherlands	2012	1.1-1.5
Austria	2023	5.9-6.3
Poland	2014	0.4-0.7
Portugal	2018	3.0-7.0
Romania	2020	1.0-1.7
Slovenia	2023	2.6-3.3
Slovakia	2023	0.6-1.4
Finland	2017	6.9-8.6
Sweden	–	–
Türkiye	2011	0.2-0.5

Country	Year of estimate	cases per 1000
Norway	2013	2.0-4.2

Notes

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

Table 1b. Entrants into treatment during the year: opioids clients as a proportion of treatment demands (European Drug Report 2025)

Country	All opioids entrants - %	All opioids entrants - count	First-time opioids entrants - %	First-time opioids entrants - count	Previously treated opioids entrants - %	Previously treated opioids entrants - count
Belgium	15.1	1943	5.8	252	20.3	1593
Bulgaria	55.2	553	22	63	72.4	448
Czechia	37.7	2747	18.7	470	36.8	1229
Denmark	12.6	836	9.5	276	15.2	539
Germany	14.1	5976	7.5	1767	23.2	3876
Estonia	59.2	260	48.7	76	65	178
Ireland	29.4	3704	10.5	505	42	2979
Greece	39.5	1803	20.9	441	55.5	1346
Spain	18.7	8553	9.7	2424	30.5	5595
France	22.6	11226	19	3880	35.6	5347
Croatia	63.1	1261	21.5	122	79.6	1139
Italy	32.6	12426	19.2	3047	42.2	9379
Cyprus	15.2	110	11.7	53	22.6	55
Latvia	35.7	263	19.7	87	53.5	192
Lithuania	52.5	240	27.7	18	77.4	209
Luxembourg	25.6	56	14.3	14	34.7	42

Country	All opioids entrants - %	All opioids entrants - count	First-time opioids entrants - %	First-time opioids entrants - count	Previously treated opioids entrants - %	Previously treatedopioids entrants - count
Hungary	2.8	114	1.1	27	4.8	42
Malta	44.1	1019	15.7	82	52.3	937
Netherlands	10.1	1283	7.9	681	14.7	602
Austria	45	1837	28.5	472	56.3	1365
Poland	13.3	517	6.6	138	21.3	371
Portugal	31.7	1115	17.1	332	49.5	783
Romania	20.2	682	8.9	195	40.8	487
Slovenia	58.4	122	37.6	32	75.9	88
Slovakia	15.8	405	11.6	123	19.7	278
Finland	44.7	168	42.7	50	45.6	118
Sweden	26.1	8727	13.8	1874	34.6	6746
Türkiye	32.2	3544	20.1	1141	44.9	2403
Norway	16.4	978	11.5	286	20	692
European Union	22.9	67946	12.7	17501	34.1	45963
EU, Türkiye and Norway	23.1	72468	13	18928	34.1	49058

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Latvia: Data on ‘all’ and ‘previously treated’ entrants are from 2022.

Sweden: Data for main route of administration are for compulsory institutional care only, therefore not representative of the national picture.

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

Table 1c. Entrants into treatment during the year: proportion of opioids clients with injection as main route of administration (European Drug Report 2025)

Country	All opioids entrants - %	All opioids entrants - count	First-time opioids entrants - %	First-time opioids entrants - count	Previously treated opioids entrants - %	Previously treated opioids entrants - count
Belgium	12.8	198	12.2	28	13.1	162
Bulgaria	57.8	311	56.9	33	59.3	261
Czechia	61.7	1059	56.8	246	63.5	704
Denmark	7.8	59	2.8	7	10.7	52
Germany	17.9	725	14.6	178	19.6	504
Estonia	72.3	183	64.5	49	76	130
Ireland	26	936	14	70	27	783
Greece	24.5	440	22.3	98	25.3	340
Spain	8.9	720	4.7	112	10.8	578
France	13.1	1327	11.6	409	15.1	739
Croatia	59.5	719	22.1	25	63.3	694
Italy	39.6	4209	25.4	595	43.6	3614
Cyprus	38.2	42	35.8	19	41.8	23
Latvia	–	–	71.1	59	–	–
Lithuania	72.2	171	55.6	10	73.3	151
Luxembourg	34.5	19	30.8	4	35.7	15
Hungary	28.8	21	18.5	5	40	16
Malta	44.6	454	18.3	15	46.9	439
Netherlands	3.3	16	4.9	14	1	2
Austria	27.3	425	17.1	68	30.8	357
Poland	40.7	209	31.2	43	44	162

Country	All opioids entrants - %	All opioids entrants - count	First-time opioids entrants - %	First-time opioids entrants - count	Previously treated opioids entrants - %	Previously treatedopioids entrants - count
Portugal	10.7	110	8.1	25	11.8	85
Romania	73.9	502	64.6	124	77.6	378
Slovenia	26.2	32	12.5	4	31.8	28
Slovakia	61.4	237	47.5	58	67.7	176
Finland	73.2	120	57.1	28	80	92
Sweden	54	54	–	–	–	–
Türkiye	18.7	661	13.2	151	21.2	510
Norway	–	–	–	–	–	–
European Union	26.4	13486	17.4	2326	30.6	10642
EU, Türkiye and Norway	26.3	14437	17	2477	30	11152

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Missing cases of 30 % or more for main route of administration: Czechia, Germany, Hungary and the Netherlands.

Sweden: Data for main route of administration are for compulsory institutional care only, therefore not representative of the national picture.

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

Table 1d. Number of clients in opioid agonist treatment (European Drug Report 2025)

Country	Count
Belgium	15044
Bulgaria	2833
Czechia	7500
Denmark	5719

Country	Count
Germany	81600
Estonia	957
Ireland	11844
Greece	8626
Spain	51255
France	177000
Croatia	4532
Italy	75711
Cyprus	308
Latvia	694
Lithuania	1002
Luxembourg	1217
Hungary	526
Malta	837
Netherlands	3504
Austria	21116
Poland	4189
Portugal	17073
Romania	1757
Slovenia	2937
Slovakia	700
Finland	8134
Sweden	4665
Türkiye	3544
Norway	8467

Country	Count
European Union	511280
EU, Türkiye and Norway	523291

Notes

Data on clients in agonist treatment are for 2023 or most recent year available: Denmark, 2022; France, 2019; Hungary, 2022; Italy, 2018; Spain, 2022.

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

Netherlands: Data on the number of clients in agonist treatment are not complete.

Cocaine

Table 2a. Cocaine prevalence (percent) estimates among the general population and school students (European Drug Report 2025)

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Belgium	2018	–	2.9	1.4
Bulgaria	2020	2	1.3	3
Czechia	2023	2.2	0.9	2
Denmark	2023	9.4	4.2	2
Germany	2021	5.6	3.1	2
Estonia	2023	7.3	4.6	3
Ireland	2019	8.3	4.8	2
Greece	2015	1.3	0.6	2
Spain	2024	13.3	3.1	1
France	2023	9.4	4.4	2

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Croatia	2019	4.8	3.9	3
Italy	2022	6.6	2.1	2
Cyprus	2022	2.2	1.1	6
Latvia	2020	2.7	2.2	3
Lithuania	2021	1.8	0.8	2
Luxembourg	2019	2.9	0.9	2
Hungary	2019	1.7	0.6	3
Malta	2013	0.5		1
Netherlands	2023	8	5	1
Austria	2022	6.2	2.2	3
Poland	2024	1.5	0.5	3
Portugal	2022	1.1	0.5	2
Romania	2019	1.6	0.7	2
Slovenia	2023	3.1	2	3
Slovakia	2023	2.1	1.1	2
Finland	2022	5.8	3.1	1
Sweden	2021	–	2.8	2
Türkiye	2017	0.168	0.082	–
Norway	2023	6.5	4	3

Notes

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia, Norway, and Sweden; 18-65 for Malta.

Prevalence estimates for the school population are extracted from the 2024 ESPAD survey, except for Belgium (2019; Flanders only) and Luxembourg (2014). ESPAD data for Germany refer to Bavaria only.

Table 2b. Entrants into treatment during the year: cocaine clients as a proportion of treatment demands (European Drug Report 2025)

Country	All cocaine entrants - %	All cocaine entrants - count	First-time cocaine entrants - %	First-time cocaine entrants - count	Previously treated cocaine entrants - %	Previously treated cocaine entrants - count
Belgium	32	4124	30.2	1304	32	2514
Bulgaria	8.4	84	13.6	39	5.5	34
Czechia	0.9	62	1.1	28	1	32
Denmark	26.7	1778	28.5	827	25.6	908
Germany	10.9	4655	10.9	2580	10.9	1821
Estonia	6.2	27	7.7	12	5.5	15
Ireland	37.4	4708	46.1	2206	32.1	2272
Greece	26.4	1205	31.6	667	21.9	530
Spain	47.6	21818	47.2	11753	48.8	8944
France	14.3	7106	14.2	2893	15.1	2261
Croatia	7.6	152	17.6	100	3.6	52
Italy	41.4	15787	45.2	7168	38.8	8619
Cyprus	24.6	178	18.5	84	35	85
Latvia	1.8	13	6.8	30	1.4	5
Lithuania	4.2	19	7.7	5	3	8
Luxembourg	33.3	73	25.5	25	39.7	48
Hungary	6.3	256	6.9	177	5.6	49
Malta	40.6	938	57.2	298	35.8	640
Netherlands	27.3	3473	24.2	2083	33.8	1390
Austria	19.2	785	23.4	388	16.4	397
Poland	3.6	142	3.3	68	4	70

Country	Allcocaine entrants - %	All cocaine entrants - count	First-time cocaine entrants -%	First-time cocaine entrants - count	Previously treated cocaine entrants - %	Previously treated cocaine entrants - count
Portugal	28.5	1004	30.9	599	25.6	405
Romania	4.4	150	5.7	124	2.2	26
Slovenia	16.7	35	20	17	12.9	15
Slovakia	1.6	42	2.3	24	1.2	17
Finland	1.1	4	0.9	1	1.2	3
Sweden	2.5	823	4.4	599	1.1	211
Türkiye	4	445	3.8	217	4.3	228
Norway	7.7	461	11.3	281	5.2	180
European Union	23.4	69441	24.7	34099	23.3	31371
EU, Türkiye and Norway	22.4	70347	23.7	34597	22.1	31779

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Latvia: Data on ‘all’ and ‘previously treated’ entrants are from 2022.

Table 2c. Entrants into treatment during the year: proportion of cocaine clients with injection as main route of administration (European Drug Report 2025)

Country	All cocaine entrants - %	All cocaine entrants - count	First-time cocaine entrants - %	First-time cocaine entrants - count	Previously treated cocaine entrants - %	Previously treated cocaine entrants - count
Belgium	2.8	99	0.8	9	3.7	80
Bulgaria	1.2	1	0	0	2.9	1
Czechia	5	3	3.7	1	6.5	2

Country	Allcocaine entrants - %	All cocaine entrants - count	First-time cocaine entrants -%	First-time cocaine entrants - count	Previously treated cocaine entrants - %	Previously treated cocaine entrants - count
Denmark	0	0	0	0	0	0
Germany	1.5	48	0.6	11	2.5	32
Estonia	11.1	3	8.3	1	13.3	2
Ireland	0.6	30	0.1	3	1.1	26
Greece	6.5	78	0.9	6	13.4	71
Spain	0.6	116	0.3	37	0.9	74
France	5.5	370	4.8	135	9.3	198
Croatia	2.9	4	0	0	8.9	4
Italy	1.5	212	0.9	56	2	156
Cyprus	2.2	4	1.2	1	3.5	3
Latvia	–	–	3.3	1	–	–
Lithuania	16.7	3	25	1	25	2
Luxembourg	25	18	16.7	4	29.2	14
Hungary	2	5	1.2	2	6.1	3
Malta	5.2	49	2.4	7	6.6	42
Netherlands	0.1	1	0.1	1	0	0
Austria	5.2	39	2.7	10	7.7	29
Poland	1.4	2	0	0	2.9	2
Portugal	1.2	12	0.3	2	2.6	10
Romania	0	0	0	0	0	0
Slovenia	14.7	5	5.9	1	28.6	4
Slovakia	4.8	2	–	–	5.9	1
Finland	50	2	0	0	66.7	2

Country	Allcocaine entrants - %	All cocaine entrants - count	First-time cocaine entrants -%	First-time cocaine entrants - count	Previously treated cocaine entrants - %	Previously treated cocaine entrants - count
Sweden	–	–	–	–	–	–
Türkiye	1.1	5	0.5	1	1.8	4
Norway	–	–	–	–	–	–
European Union	1.8	1106	1	289	2.8	758
EU, Türkiye and Norway	1.8	1111	1	290	2.8	762

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Missing cases of 30 % or more for main route of administration: Denmark, Germany and the Netherlands.

Amphetamines

Table 3a. Amphetamines prevalence (percent) estimates among the general population and school students (European Drug Report 2025)

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Belgium	2018	–	0.8	1.2
Bulgaria	2020	2.1	1.4	2
Czechia	2023	3.8	1.3	1
Denmark	2023	7.9	1	1
Germany	2021	6.1	2.9	2

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Estonia	2023	8	5.1	3
Ireland	2019	4.8	2.3	1
Greece	–	–	–	2
Spain	2024	5	0.8	1
France	2023	4.3	1.1	1
Croatia	2019	4.6	3.5	2
Italy	2022	2.2	1.3	2
Cyprus	2022	0.9	0.9	3
Latvia	2020	1.8	1.2	2
Lithuania	2021	1.4	0.6	2
Luxembourg	2019	1.3	0.3	1
Hungary	2019	1.5	0.8	4
Malta	2013	0.3	–	1
Netherlands	2023	6.1	3.3	1
Austria	2022	4.5	1.4	1
Poland	2024	3.1	1.4	3
Portugal	2016	0.4	0	1
Romania	2019	0.2	0.1	1
Slovenia	2023	2.7	1.1	2
Slovakia	2023	1.3	0.1	2
Finland	2022	7.6	4	1
Sweden	2021	–	1.6	2
Türkiye	2017	0.033	–	–
Norway	2023	4.1	0.3	2

Notes

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia, Norway, and Sweden; 18-65 for Malta.

Prevalence estimates for the school population are extracted from the 2024 ESPAD survey, except for Belgium (2019; Flanders only) and Luxembourg (2014). ESPAD data for Germany refer to Bavaria only. Data refer only to amphetamine.

Table 3b. Entrants into treatment during the year: amphetamines clients as a proportion of treatment demands (European Drug Report 2025)

Country	All amphetamines entrants - %	All amphetamines entrants - count	First-time amphetamines entrants - %	First-time amphetamines entrants - count	Previously treated amphetamines entrants - %	Previously treated amphetam entrants - count
Belgium	8.6	1112	5	217	11	865
Bulgaria	14.5	145	17.8	51	11.8	73
Czechia	41.5	3026	51.6	1299	43	1435
Denmark	5.5	369	3.9	113	6.9	244
Germany	13.6	5782	10.4	2469	18.7	3117
Estonia	21	92	25.6	40	18.6	51
Ireland	0.6	75	1.1	53	0.3	19
Greece	2.2	102	2.5	53	2	49
Spain	2.1	951	2.1	518	2.2	398
France	0.7	339	0.5	111	0.7	104
Croatia	4.5	89	9.2	52	2.6	37
Italy	0.3	105	0.4	61	0.2	44
Cyprus	13.7	99	12.8	58	15.6	38
Latvia	22	162	21	93	18.9	68
Lithuania	7	32	23.1	15	5.9	16
Luxembourg						
Hungary	13.9	568	13	333	13.9	122

Country	All amphetamines entrants - %	All amphetamines entrants - count	First-time amphetamines entrants - %	First-time amphetamines entrants - count	Previously treated amphetamines entrants - %	Previously treated amphetam entrants - count
Malta	0.3	6	0.8	4	0.1	2
Netherlands	5.8	741	5.3	461	6.8	280
Austria	5.4	221	5	83	5.7	138
Poland	32.1	1251	33.7	701	29.9	520
Portugal	0.3	11	0.5	10	0.1	1
Romania	5.2	176	6.1	134	3.5	42
Slovenia	1.9	4	3.5	3	0.9	1
Slovakia	43.9	1124	48	508	40.7	573
Finland	17.3	65	19.7	23	16.2	42
Sweden	8.1	2713	11	1493	5.7	1105
Türkiye	39.2	4325	47.4	2686	30.6	1639
Norway	12.5	747	9.3	233	14.9	514
European Union	6.3	16600	6	7463	7.1	8211
EU, Türkiye and Norway	7.8	21672	7.8	10382	8.4	10364

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Data on entrants into treatment for Norway are for ‘stimulants other than cocaine’.

Latvia: Data on ‘all’ and ‘previously treated’ entrants are from 2022.

Table 3c. Entrants into treatment during the year: proportion of amphetamines clients with injection as main route of administration (European Drug Report 2025)

Country	All amphetamines entrants - %	All amphetamines entrants - count	First-time amphetamines entrants - %	First-time amphetamines entrants - count	Previously treated amphetamines entrants - %	Previously treated amphetam entrants - count
Belgium	10	81	4	7	11.8	73
Bulgaria	1.4	2	0	0	2.8	2
Czechia	65.2	1827	62.5	779	67	933
Denmark	2.4	8	1	1	3.1	7
Germany	1.5	54	1.6	25	1.6	29
Estonia	72.8	67	70	28	76.5	39
Ireland	24.7	18	30.2	16	11.8	2
Greece	5.9	6	5.7	3	6.1	3
Spain	4.2	40	5	26	2.5	10
France	5.5	16	5.7	5	7.7	7
Croatia	0	0	0	0	0	0
Italy	1.1	1			2.6	1
Cyprus	10.2	10	12.1	7	7.9	3
Latvia			28.2	22		
Lithuania	9.7	3	6.7	1	13.3	2
Luxembourg						
Hungary	2.4	13	1.5	5	5	6
Malta	20	1	33.3	1		
Netherlands	3.5	11	2	4	6.5	7
Austria	2.9	6	2.7	2	3.1	4
Poland	1.2	15	0.6	4	1.9	10
Portugal	27.3	3	20	2	100	1

Country	All amphetamines entrants - %	All amphetamines entrants - count	First-time amphetamines entrants - %	First-time amphetamines entrants - count	Previously treated amphetamines entrants - %	Previously treated amphetam entrants - count
Romania	1.1	2	0.7	1	2.4	1
Slovenia	0	0	0	0	0	0
Slovakia	24.5	271	24.3	122	24.8	140
Finland	76.6	49	54.5	12	88.1	37
Sweden	68.5	74				
Türkiye	0.9	41	0.7	18	1.4	23
Norway						
European Union	19.8	2637	17.5	1080	21.6	1393
EU, Türkiye and Norway	16.9	3084	12.4	1098	17.5	1416

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Missing cases of 30 % or more for main route of administration: Germany and the Netherlands.

Sweden: Data are for ‘stimulants other than cocaine’, except for main route of administration. Data for main route of administration are for compulsory institutional care only, therefore not representative of the national picture.

Norway: Data are for ‘stimulants other than cocaine’.

MDMA

Table 4a. MDMA prevalence (percent) estimates among the general population and school students (European Drug Report 2025)

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Belgium	2018	–	2.5	1.8
Bulgaria	2020	1.3	0.7	2
Czechia	2023	10.2	6.6	3
Denmark	2023	5	1.1	1
Germany	2021	5.6	2.7	2
Estonia	2023	7.3	4.4	3
Ireland	2019	10.3	6.5	2
Greece	2015	0.6	0.4	2
Spain	2024	5.1	1.4	2
France	2023	8.2	3.8	1
Croatia	2019	4.2	2.6	3
Italy	2022	3.8	2.1	1
Cyprus	2022	2.4	1.8	5
Latvia	2020	1.9	1.6	3
Lithuania	2021	1.8	0.8	2
Luxembourg	2019	2	0.9	1
Hungary	2019	2.5	1.1	5
Malta	2013	0.7	–	2
Netherlands	2023	13.5	9.3	2

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Austria	2022	4.9	1.5	2
Poland	2024	1.6	0.4	3
Portugal	2022	0.9	0.3	1
Romania	2019	1	0.8	1
Slovenia	2023	3.3	1.9	3
Slovakia	2023	4.9	2.1	3
Finland	2022	6.8	2.5	1
Sweden	2021	–	2	2
Türkiye	2017	0.353	0.159	–
Norway	2023	4	1.6	3

Notes

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia, Norway, and Sweden; 18-65 for Malta.

Prevalence estimates for the school population are extracted from the 2024 ESPAD survey, except for Belgium (2019; Flanders only) and Luxembourg (2014). ESPAD data for Germany refer to Bavaria only.

Table 4b. Entrants into treatment during the year: MDMA clients as a proportion of treatment demands (European Drug Report 2025)

Country	All mdma entrants - %	All mdma entrants - count	First-time mdma entrants - %	First-time mdma entrants - count	Previously treated mdma entrants - %	Previously treated mdma entrants - count
Belgium	0.5	65	0.9	40	0.3	23
Bulgaria	2.8	28	6.3	18	1.3	8
Czechia	0.5	33	0.7	18	0.3	9
Denmark	0.2	13	0.3	8	0.1	4
Germany	0.5	218	0.6	143	0.4	60

Country	All mdma entrants - %	All mdma entrants - count	First-time mdma entrants - %	First-time mdma entrants - count	Previously treatedmdma entrants - %	Previously treated mdma entrants - count
Estonia	0.2	1	0.6	1		
Ireland	0.1	11	0.2	8	0	3
Greece	0.3	14	0.5	10	0.2	4
Spain	0.3	122	0.4	97	0.1	11
France	0.3	174	0.2	49	0.3	46
Croatia	0.6	12	1.2	7	0.3	5
Italy	0.1	48	0.2	25	0.1	23
Cyprus	0.4	3	0.2	1	0.8	2
Latvia			1.4	6		
Lithuania	0.4	2	1.5	1	0.4	1
Luxembourg	0.9	2	1	1	0.8	1
Hungary	3.6	146	4.3	111	2.3	20
Malta	0.4	9	0.4	2	0.4	7
Netherlands	0.5	62	0.6	54	0.2	8
Austria	0.7	29	0.8	14	0.6	15
Poland	0.4	17	0.6	13	0.2	4
Portugal	0.4	14	0.5	9	0.3	5
Romania	1.5	51	1.8	40	0.9	11
Slovenia	1	2	1.2	1	0.9	1
Slovakia	0.3	8	0.5	5	0.1	2
Finland	0.5	2	0	0	0.8	2
Sweden						
Türkiye	0.7	79	0.8	45	0.6	34
Norway						

Country	All mdma entrants - %	All mdma entrants - count	First-time mdma entrants - %	First-time mdma entrants - count	Previously treatedmdma entrants - %	Previously treated mdma entrants - count
European Union	0.4	1086	0.5	682	0.2	275
EU, Türkiye and Norway	0.4	1165	0.5	727	0.2	309

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Sweden: Data are for compulsory institutional care only, therefore not representative of the national picture.

Cannabis

Table 5a. Cannabis prevalence (percent) estimates among the general population and school students (European Drug Report 2025)

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
Belgium	2018	22.6	13.6	17.3
Bulgaria	2020	8.7	5.9	17
Czechia	2023	31.5	18.1	28
Denmark	2023	37.6	12.5	17
Germany	2021	34.7	17.2	22
Estonia	2023	29.3	13.5	20
Ireland	2019	24.4	13.8	19
Greece	2015	11	4.5	8
Spain	2024	43.7	19.4	23

Country	Year of survey	General population surveys - lifetime, all adults (15-64)	General population surveys - last 12 months, young adults (15-34)	School surveys - lifetime, students (15-16)
France	2023	50.4	18.9	23
Croatia	2019	22.9	20.3	21
Italy	2022	34.8	21.5	27
Cyprus	2022	18	10.6	8
Latvia	2020	15	8.2	26
Lithuania	2021	13.7	8.8	18
Luxembourg	2019	23.3	12	19
Hungary	2019	6.1	3.4	13
Malta	2013	4.3	–	12
Netherlands	2023	29.5	17.6	22
Austria	2020	22.7	11.1	21
Poland	2024	19.1	10.3	21
Portugal	2022	12.2	4.9	13
Romania	2019	6.1	6	9
Slovenia	2023	22	10.9	23
Slovakia	2023	23.1	10.2	24
Finland	2022	31.2	15.1	11
Sweden (1)	2022	17.8	6.6	5.1
Türkiye	2017	2.725	1.846	–
Norway	2023	28	11	9
European Union	–	31.1	15.1	–
EU, Türkiye and Norway	–	–	–	–

Notes

Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia, Sweden and Norway; 18-65 for Malta.

Prevalence estimates for the school population are extracted from the 2024 ESPAD survey, except for Belgium (2019; Flanders only) and Luxembourg (2018). ESPAD data for Germany refer to Bavaria only. Due to possible overstating, Luxembourg cannabis lifetime prevalence may be slightly overestimated.

Table 5b. Entrants into treatment during the year: cannabis clients as a proportion of treatment demands (European Drug Report 2025)

Country	All cannabis entrants - %	All cannabis entrants - count	First-time cannabis entrants - %	First-time cannabis entrants - count	Previously treated cannabis entrants - %	Previously treated cannabis entrants - count
Belgium	30.4	3922	43.6	1885	23.4	1841
Bulgaria	10.8	108	21.3	61	6.1	38
Czechia	14.7	1072	21.4	539	14.1	469
Denmark	49.7	3308	53.1	1540	46.4	1642
Germany	57.3	24375	66.9	15842	43.3	7223
Estonia	6.8	30	11.5	18	3.6	10
Ireland	17.6	2220	29.1	1394	9.9	704
Greece	27.6	1260	41.3	873	15.8	382
Spain	27.4	12574	35.4	8803	16.4	3003
France	54.9	27319	60.2	12277	41.7	6259
Croatia	18.5	370	40.2	228	9.9	142
Italy	22.9	8713	31.9	5063	16.4	3650
Cyprus	45	325	55.5	252	25.1	61
Latvia			40.3	178		
Lithuania	7.9	36	12.3	8	6.7	18
Luxembourg	38.8	85	58.2	57	23.1	28
Hungary	58.1	2375	61.8	1578	47	412
Malta	13.6	314	24	125	10.6	189

Country	All cannabis entrants - %	All cannabis entrants - count	First-time cannabis entrants -%	First-time cannabis entrants - count	Previously treated cannabis entrants - %	Previously treated cannabis entrants - count
Netherlands	38.3	4870	42.2	3639	30	1231
Austria	26.2	1072	38.5	639	17.8	433
Poland	27.7	1078	30.8	642	24.1	419
Portugal	35.1	1236	45.6	883	22.3	353
Romania	47.1	1592	55.4	1208	32.1	384
Slovenia	15.8	33	31.8	27	3.4	4
Slovakia	19.8	507	23.9	253	15.6	220
Finland	12.8	48	13.7	16	12.4	32
Sweden	13.2	51				
Türkiye	16.1	1771	18.9	1071	13.1	700
Norway	25.4	1515	32.3	807	20.5	708
European Union	37.7	98893	46.7	58028	25.4	29147
EU, Türkiye and Norway	36.6	102179	45.2	59906	24.7	30555

Notes

Data on entrants into treatment are for 2023 or most recent year available: Czechia, 2020; Spain, France, 2022.

Other indicators

Table 6. Other indicators: drug-induced deaths, HIV diagnoses, injecting drug use estimates, take-home naloxone, syringes distributed through specialised programmes (European Drug Report 2025)

Country	Drug-induced deaths - Year	Drug-induced deaths - All ages - Count	Drug-induced deaths - Cases per million population - Aged 15-64	Drug-induced deaths - Aged 15-64 - Count	Drug-induced deaths - Percentage females	HIV diagnoses related to injecting drug use (ECDC) - Cases per million population (a)	HIV diagnoses related to injecting drug use (ECDC) - Count (a)	Injecting drug use estimate - Year of estimate	Inje dru esti Cas 1 00 pop
Belgium	2021	193	25	182	22.3	3.1	36	2019	0.5-
Bulgaria	2023	16	4	16	6.3	3.7	24	2020	2.1-
Czechia	2023	75	10	69	40	2.2	24	2023	6.0-
Denmark	2022	212	47	175	29.2	1.2	7	–	–
Germany	2023	1838	33	1796	17.4	3.2	271	–	–
Estonia	2023	119	135	117	22.7	2.9	4	2015	9.0-
Ireland	2021	286	82	271	31.8	5.3	28	–	–
Greece	2021	249	35	239	13.7	8.1	84	2023	0.3-
Spain	2022	1266	38	1202	22.3	1.1	55	2022	0.1-
France	2022	638	15	621	17.7	1.3	88	2022	2.2-
Croatia	2023	93	38	92	15.1	0.5	2	2015	1.8-
Italy	2023	227	6	225	15.9	1.3	79	2021	2.1-
Cyprus	2023	17	27	17	11.8	6.5	6	2023	0.8-
Latvia	2023	154	130	154	14.9	11.7	22	2016	5.3-

Country	Drug-induced deaths-Year	Drug-induced deaths-Allages-Count	Drug-induced deaths - Cases per million population - Aged 15-64	Drug-induced deaths-Aged 15-64 - Count	Drug-induced deaths - Percentage females	HIV diagnoses related to injecting drug use (ECDC) - Cases per million population (a)	HIV diagnoses related to injecting drug use (ECDC) - Count (a)	Injecting drug use estimate - Year of estimate	Inje dru esti Cas 000 pop
Lithuania	2023	74	40	74	16.2	15.4	44	2016	4.4-
Luxembourg	2023	9	20	9	44.4	7.6	5	2019	1.9
Hungary	2023	30	5	30	10	0.2	2	2015	1
Malta	2023	18	46	17	11.1	0	0	–	–
Netherlands	2023	338	26	300	21	1.1	20	2015	0.07
Austria	2023	256	42	254	27.7	2.5	23	–	–
Poland	2022	337	10	252	34.4	0.8	31	–	–
Portugal	2021	81	11	73	17.3	2.3	24	2015	1.0-
Romania	2023	25	2	25	12	3	57	–	–
Slovenia	2023	86	59	80	23.3	1.4	3	–	–
Slovakia	2023	38	10	37	15.8	0.6	3	–	–
Finland	2023	310	88	302	19.7	4.1	23	2017	7.4
Sweden	2023	474	63	415	31.6	1.4	15	–	–
Türkiye	2023	300	5	297	7.7	0.2	21	–	–
Norway	2023	363	94	333	31.7	5.6	31	2021	1.9-
EU27		7459	24.7	7044	21.6	2.2	980	–	–
EU27, Türkiye and Norway		8122	22.1	7674	21.5	1.9	1032	–	–

Notes

Data on drug-induced deaths must be interpreted with caution. Methodological differences should be considered when comparing between countries. The average mortality rate for the European Union (and the European Union plus Türkiye and Norway) is computed as the weighted average of the mortality rates for the 27 (or 29) countries in 2023 – or the last available year – using the population aged 15 to 64 in 2023 as weights. France changed the preferred source of data in 2024.

HIV diagnoses related to injecting drug use are from 2023.

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

Syringes distributed through specialised programmes refer to 2023, except for Germany (2021), Spain (2022), France (2022) and Norway (2022).

Naloxone is available over the counter in Denmark, France, Italy and Sweden. In France, the latest numbers (2021) include kits given for free by harm reduction and treatment facilities to their clients, and kits ordered by pharmacies. In Luxembourg, since September 2024, all high-risk drug users and people injecting drugs in one closed prison setting should receive a kit upon release.

Data on the distribution of take-home naloxone kits in Czechia and Croatia refer to 2024.

Take-home naloxone programmes were initiated in 2024 in Croatia, Luxembourg and Finland.

Seizures of drugs

Table 7. Seizures data (European Drug Report 2025)

Country	Heroin - Quantity seized (kg)	Heroin - Quantity seized (count)	Cocaine - Quantity seized (kg)	Cocaine - Quantity seized (count)	Amphetamine - Quantity seized (kg)	Amphetamine - Quantity seized (count)	Methamphetamine - Quantity seized (kg)
Belgium	2919	19	123026	139	0.1	1	8
Bulgaria	11	191	57	317	49	621	75
Czechia	1	94	678	275	1	78	34
Denmark	–	–	192	5599	314	1833	7
Germany	171	–	43070	–	2837	–	451
Estonia	< 0.1	2	335	183	65	409	19
Ireland (1)	–	869	2253 (1)	3136	–	202	–
Greece	200	2094	1789	1525	1	22	28
Spain	321	8838	118324.89	61989	457	4535	375

Country	Heroin - Quantity seized (kg)	Heroin - Quantity seized (count)	Cocaine - Quantity seized (kg)	Cocaine- Quantity seized (count)	Amphetamine - Quantity seized (kg)	Amphetamine - Quantity seized (count)	Methamphetamine - Quantity seized (kg)
France	424	–	12300	–	331	–	–
Croatia	44	117	780.417	858	252	1206	2
Italy	260	1352	17789	8439	7	100	54
Cyprus	1	13	25	146	<0.1	4	9
Latvia	0.2089	6	7	197	31	555	5
Lithuania	2	58	1372	322	21	408	1
Luxembourg	1	55	5	238	0.2	15	<0.1
Hungary	2	26	165	333	42	686	2
Malta	8	17	493	38	<0.1	1	–
Netherlands (1)	19	–	59116	–	–	–	474
Austria	57	1682	154	2316	94	892	9
Poland	13	399	2153	713	2055	10017	250
Portugal	41	1073	21721	2102	4	162	2
Romania	191	210	29	814	6	330	1
Slovenia	3	257	44	314	63	133	11
Slovakia	1	40	4	45	<0.1	9	8
Finland	< 0.1	12	106	375	838	1222	3
Sweden	29	562	1528	4330	2759	6738	10
Türkiye	3312	11114	2502	4650	3459	4061	11496
Norway	63	440	2292	1942	597	2725	29
European Union	4719.9	17986	407515.58	94743	10228	30179	1836

Country	Heroin - Quantity seized (kg)	Heroin - Quantity seized (count)	Cocaine - Quantity seized (kg)	Cocaine- Quantity seized (count)	Amphetamine - Quantity seized (kg)	Amphetamine - Quantity seized (count)	Methamphetamine - Quantity seized (kg)
EU, Türkiye and Norway	8095.1	29540	412309.6	101335	14285	36965	13361

Notes

All data are, for 2023 or the most recent year, submitted by the Reitox national focal points and are rounded off to the most significant figures.

Amphetamine (including captagon) and methamphetamine tablets were converted to mass-equivalents by assuming a mass of 0.25 grams per tablet.

Methamphetamine: methamphetamine/methylamphetamine.

Ireland: Data on number and quantity of seizures do not include all relevant law enforcement units and should be considered partial, minimum figures. Revenue and Customs provided the quantity of cocaine seized.

Netherlands: Data on number and quantity of seizures do not include all relevant law enforcement units and should be considered partial, minimum figures. See: Netherlands Customs.

The data used to create these tables may be found in CSV (comma-separated values) format below.

List of figures (European Drug Report 2025)

This page contains a full list of all figures and graphical elements available in the European Drug Report 2025 Note that, if viewing this page as part of a PDF, links will go to the online pages, not the corresponding figures in the PDF. Links are organised below according to the chapter in which they appear.

This page is part of the **European Drug Report 2025**, the EUDA's annual overview of the drug situation in Europe.
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