

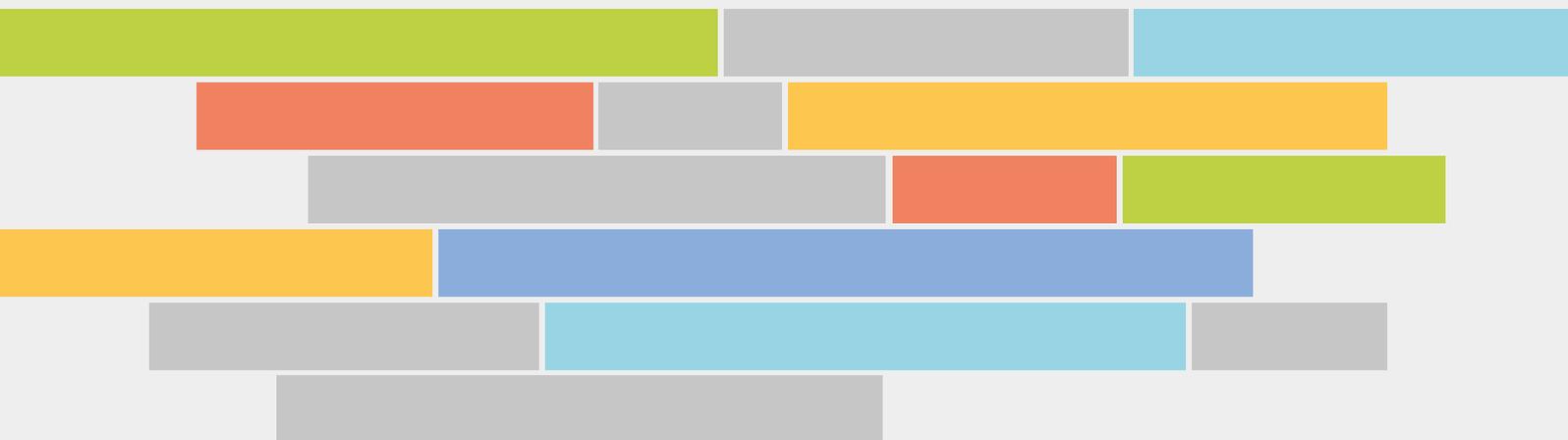


European Monitoring Centre
for Drugs and Drug Addiction

EN

European Drug Report

KEY ISSUES



2020



European Monitoring Centre
for Drugs and Drug Addiction

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Introductory note

The Key Issues of the 2020 European Drug Report (EDR), available in 24 languages, presents a selection of the main findings from the EMCDDA's latest analysis of the drug situation in Europe, chosen for their policy relevance and general interest. A set of top-level tables from the EMCDDA annual Statistical Bulletin are also included here.

The full version of this report, the 2020 EDR: Trends and Developments, is based on information provided to the EMCDDA by the EU Member States, the candidate country Turkey, and Norway, submitted through an annual reporting exercise. All groupings, aggregates and labels reflect the situation based on the available data in 2019 in respect to the composition of the European Union and the countries participating in EMCDDA reporting exercises in that year. Due to the time required for collation of data, annual data sets from national registries often reflect the reference year January to December 2018. Analysis of trends is based only on those countries providing sufficient data to describe changes over the period of interest. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed methodological information can be found in the online EMCDDA [Statistical Bulletin](#) which includes caveats and notes on the interpretation of data; qualifications on the analysis; and methodological information relating to the collection and interpretation of data and statistical information on the calculation of European and other averages, where interpolation may sometimes be used.

Acknowledgements

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

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

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 Turkey, Norway and at the European Commission. Under the responsibility of their governments, the focal points are the national authorities providing drug information to the EMCDDA. The contact details of the national focal points may be found on the [EMCDDA website](#).

COVID-19 PANDEMIC AND THE DRUG SITUATION

The analysis presented in this report is based on the most recent data available from routine monitoring and describes the drug situation in Europe at the end of 2019. Since then, European countries have been greatly affected by the outbreak and rapid spread of the coronavirus disease 2019 (COVID-19) pandemic. The enforcement of restrictive public health measures necessary to curb transmission of the virus have impacted all areas of life including drug use, drug markets and the implementation of law enforcement and health and social responses to the drug phenomenon. Across Europe, 2020 has seen, to varying degrees, the introduction of restrictive measures unprecedented in peacetime, including closure of non-essential services, border closures, limitations on the right to assembly and freedom of movement. This situation has had an immediate impact on many behaviours linked to drug use and drug supply, as well as disrupting health provision and some law enforcement activities. Subsequently, the relaxing or lifting of some of the public health measures has created the conditions for a rebound towards the pre-COVID-19 situation. However, at the time of writing, the situation remains volatile and the pandemic continues to have an impact across many key policy areas, including drugs. Importantly, COVID-19 still poses a major threat to global health and security and is likely to do so for some time. The pandemic is also likely to have, in the medium to long term, an economic and social impact that will have wide-ranging implications, including some for the future problems we are likely to face in the drugs area.

From the start of the pandemic, the EMCDDA has been committed to supporting its stakeholders in responding to the immediate challenges in this area. The agency analysed the special needs and risks for people who use drugs, in order to prevent coronavirus infections among this group. We have also considered how drug services could adapt to mitigate the impact of the pandemic on their clients and staff. The EMCDDA has been closely following the development of the situation and responses to it, acting

as a conduit for information-sharing. In a series of rapid studies, we have also reported on the impact of COVID-19 on drug use and associated problems, help-seeking, service provision and the operation of the drug market. The situation requires regular review and our ongoing work on it can be accessed from our [COVID-19 web area](#).

Looking to the future, three important questions remain to be answered. Will we see a return to the situation as it was at the end of 2019 and, if so, how quickly will this happen? In addition, will there be important medium and long-term implications for drug use and the future drug problems we face, or for how services respond to problems in this area? And finally, what lessons can be learnt from the pandemic in order to increase the resilience of our policy responses in this area if faced by future crises? The data reported here provide a valuable baseline for these considerations, and the EMCDDA is committed to following these issues closely.

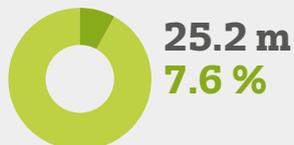
AT A GLANCE — ESTIMATES OF DRUG USE IN EUROPE

Cannabis



Adults (15-64)

Last year use



Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



Cocaine

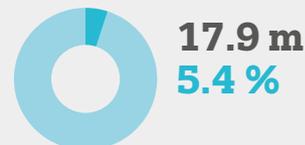


Adults (15-64)

Last year use

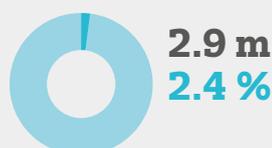


Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



MDMA



Adults (15-64)

Last year use

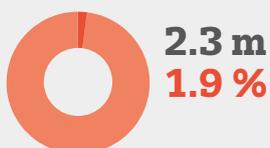


Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year

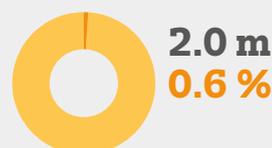


Amphetamines

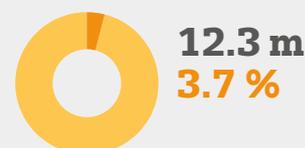


Adults (15-64)

Last year use

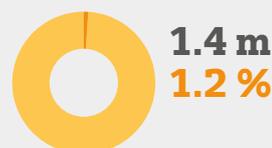


Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



Heroin and other opioids



High-risk opioid users

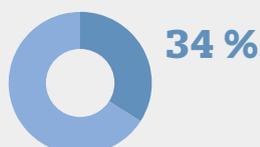
1.3 million

660 000

opioid users received substitution treatment in 2018

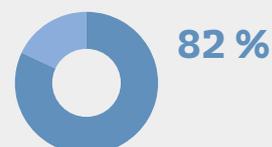
Drug treatment requests

Principal drug in about 34 % of all drug treatment requests in the European Union



Fatal overdoses

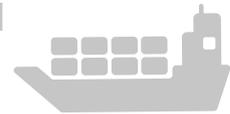
Opioids are found in 82 % of fatal overdoses



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

EUROPE'S DRUG SITUATION UP TO 2020: KEY ISSUES IDENTIFIED

KEY ISSUE | Large drug shipments are increasingly intercepted



Many indicators for the most commonly used substances suggest drug availability remains high. Alongside developments in production, an increase in the interception of large quantities of cocaine, cannabis resin and increasingly heroin transported by sea often in intermodal containers raises concerns around the infiltration by organised crime groups of logistical supply chains, shipping routes and large ports.

MAIN EDR 2020 FINDINGS

- Around 1.3 million seizures were reported in 2018 in Europe, with cannabis products most often seized (Figure 1).
- In 2018 the quantity of cannabis resin seized in the European Union rose to 668 tonnes from 468 tonnes in 2017 (Figure 2). A number of countries that generally seize small quantities of herbal cannabis showed considerable increases in 2018. One example is Belgium, where the 17.3 tonnes seized was 18 times the amount seized in the previous year.
- The quantity of cocaine seized in the European Union reached the highest levels ever recorded in 2018, amounting to 181 tonnes (138 tonnes in 2017).
- In 2018 the amount of heroin seized in the European Union increased to 9.7 tonnes, up from 5.2 tonnes in 2017, mainly due to large individual seizures made in the port of Antwerp. In 2017 and 2018 Turkey seized around 17 tonnes of heroin each year (17.4 and 17.8 tonnes), the largest quantities for a decade.

FIGURE 1

NUMBER OF REPORTED DRUG SEIZURES, BREAKDOWN BY DRUG, 2018

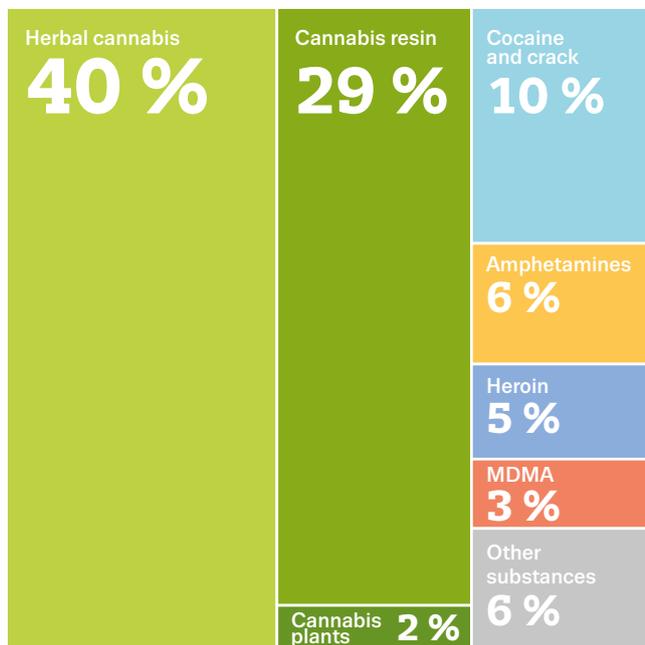


FIGURE 2

TRENDS IN QUANTITIES OF CANNABIS, COCAINE AND HEROIN SEIZED IN THE EUROPEAN UNION



KEY ISSUE | Cocaine's role in Europe's drug problem is increasing



The number and quantity of cocaine seizures are now the highest ever reported, with over 181 tonnes of the drug seized in 2018. Belgium, Spain and the Netherlands are key countries for the interception of large quantities. Indicators point to high availability of cocaine on the European market and signs of growth in countries where it was previously uncommon. Crack cocaine use, while still uncommon, is now reported by more countries. The purity of cocaine at retail level has increased almost every year since 2009, and in 2018 it reached the highest level in the last decade. Collectively, the high purity of the drug, along with data from treatment services, emergency presentations and drug-induced deaths, suggest that cocaine is now playing a more important role in the European drug problem. The cocaine market also appears an important driver for drug-related violence.

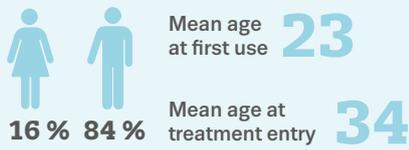
MAIN EDR 2020 FINDINGS

- Belgium (53 tonnes), Spain (48 tonnes) and the Netherlands (40 tonnes) together accounted for 78 % of the estimated 181 tonnes of cocaine seized in the European Union in 2018.
- The average purity of cocaine at retail level varied from 23 % to 87 % across Europe in 2018, with half the countries reporting an average purity between 53 % and 69 %. Overall, cocaine purity in Europe has been on an upward trend over the past decade, while the retail price of cocaine has remained stable.
- Of the 12 countries that have conducted surveys among young adults (15-34) since 2017 and reported confidence intervals, 5 reported higher estimates of last year use compared with their previous survey and 7 had stable estimates.
- Of the 45 cities that have data from analysis of municipal wastewater for cocaine residues for 2018 and 2019, 27 reported an increase, 10 a stable situation, and 8 a decrease. Increasing longer-term trends are observable for most of the 14 cities with data covering the 2011 to 2019 period.
- The number of cocaine first-time treatment entrants increased in 22 countries between 2014 and 2018, and 17 countries reported an increase in the last year.
- Most treatment entrants citing cocaine as their main problem drug are powder cocaine users (56 000 clients in 2018). There were 15 000 crack-related treatment demands reported in 2018.
- Cocaine was the second most common drug involved in presentations monitored by Euro-DEN Plus in 2018.

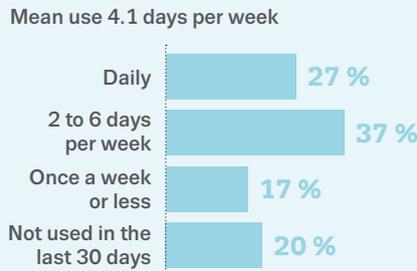
COCAINE

Cocaine users entering treatment

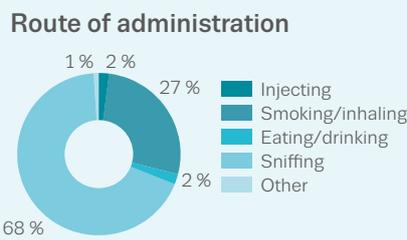
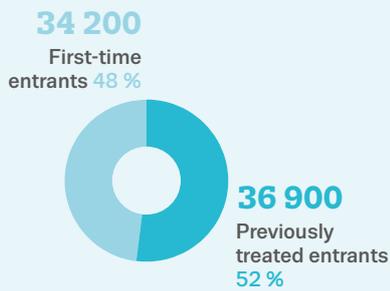
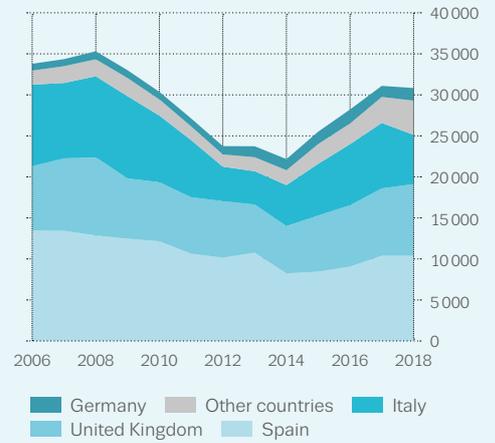
Characteristics



Frequency of use in the last month



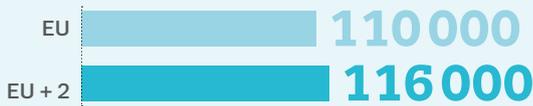
Trends in first-time entrants



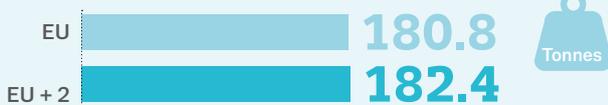
Apart from trends, data are for all treatment entrants with cocaine as primary drug. Trends in first-time entrants are based on 24 countries. Only countries with data for at least 11 of the 13 years are included in the trends graph. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level, data since 2014 for Italy are not comparable with earlier years. United Kingdom data for 2018 do not include Northern Ireland.

Seizures

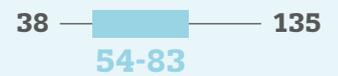
Number



Quantity



Price (EUR/g)

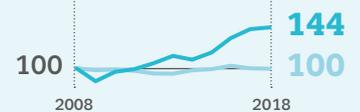


Purity (%)



Indexed trends

Price and purity

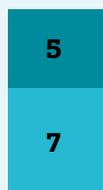


EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of cocaine: national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

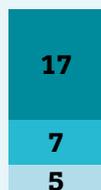
Changes in cocaine indicators

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

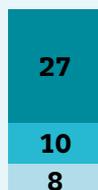
Cocaine use – countries



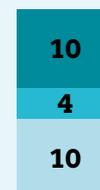
Cocaine treatment entries – countries



Cocaine in wastewater – cities



Cocaine emergency presentations – hospitals



■ Increase
■ Stable
■ Decrease

Cocaine use in last year among young adults (15-34), 2017/18 and previous survey; first-time treatment entries with cocaine as primary drug, 2017-18; wastewater analysis (SCORE), 2018-19; presentations related to cocaine in Euro-DEN Plus hospitals, 2017-18.

KEY ISSUE | **The potential for increased heroin use and existing harms raise concerns**



Indicators of heroin use continue to suggest an ageing cohort of users with low rates of initiation. In addition, new drug treatment entries associated with heroin have also fallen in many countries. However, a doubling of the volumes of heroin seized within the European Union and increasing volumes seized in Turkey are worrying, as are reports of heroin manufacturing taking place within the European Union. This suggests more vigilance is necessary to detect any signs of increased consumer interest in a drug associated with serious health and social problems.

MAIN EDR 2020 FINDINGS

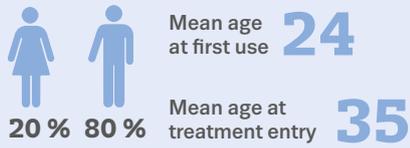
- The prevalence of high-risk opioid use among adults (15-64) is estimated at 0.4 % of the EU population, equivalent to 1.3 million high-risk opioid users in 2018.
- In 2018 primary heroin users accounted for 77 % (almost 20 000 clients) of first-time primary opioid users entering treatment, a drop of 2 200 clients or 10 % compared with the previous year.
- The number of first-time heroin clients has fallen by more than half from a peak observed in 2007. Between 2017 and 2018, the number of first-time treatment entrants for primary heroin use decreased in 18 countries out of the 29 with available data.
- Opioids, mainly heroin or its metabolites, often in combination with other substances, are present in the majority of fatal overdoses reported in Europe.
- After cannabis and cocaine, heroin was the third most common substance involved in drug-related acute toxicity presentations monitored by Euro-DEN Plus in 2018.
- In 2018 half the countries reported a mean purity of heroin at retail level in the range 18-30 % and a mean price in the range EUR 29-79 per gram. Both purity and price of the drug have stabilised in recent years, albeit with purity at a relatively high level. Seizures of heroin in the European Union, however, are increasing (see page 9).

**Indicators of heroin use
continue to suggest an ageing
cohort of users with low
rates of initiation**

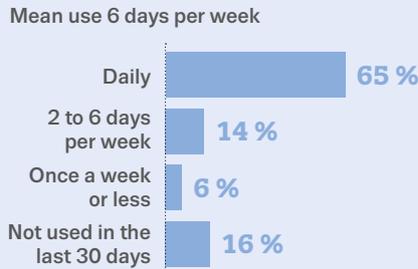
HEROIN

Heroin users entering treatment

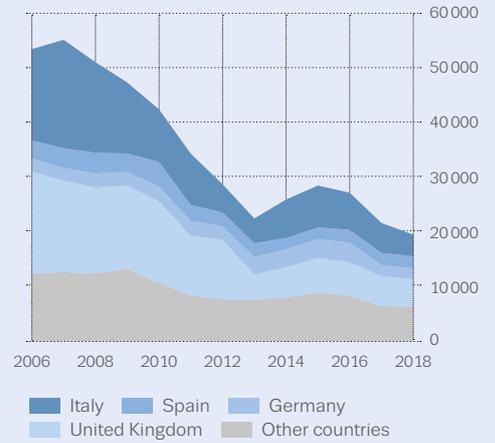
Characteristics



Frequency of use in the last month



Trends in first-time entrants



Apart from trends, data are for all treatment entrants with heroin as primary drug. Data for Germany are for entrants with 'opioids' as primary drug. Trends in first-time entrants are based on 24 countries. Only countries with data for at least 11 of the 13 years are included in the trends graph. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level, data since 2014 for Italy are not comparable with earlier years. United Kingdom data for 2018 do not include Northern Ireland.

Seizures

Number



Quantity



Price (EUR/g)



Purity (%)



Indexed trends

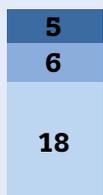


EU + 2 refers to EU Member States, Turkey and Norway. Price and purity of 'brown heroin': national mean values – minimum, maximum and interquartile range. Countries covered vary by indicator.

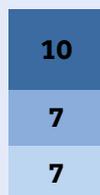
Changes in heroin indicators

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

Heroin treatment entries – countries



heroin emergency presentations – hospitals



■ Increase
 ■ Stable
 ■ Decrease

First-time treatment entries with heroin as primary drug, 2017-18; presentations related to heroin in Euro-DEN Plus hospitals, 2017-18.

KEY ISSUE | Understanding the public health impact of high-potency cannabis and new products



Cannabis now plays a major role in drug treatment admissions, but the relationship between cannabis problems and developments in the drug market remains poorly understood. This is at a time when the cannabis market is changing, with the presence of high-THC (tetrahydrocannabinol) content products, and new forms of cannabis and commercial products based on extracts from the cannabis plant becoming increasingly available. Moreover, cannabis resin and herb now contain on average about twice as much THC as they did just a decade ago. Taken together this suggests that there is a pressing need for greater surveillance in this area. These issues and others like the availability of low-THC products marketed for their high CBD (cannabidiol) content are examined in a forthcoming edition of EMCDDA's *Cannabis: controversies and challenges* series of briefings.

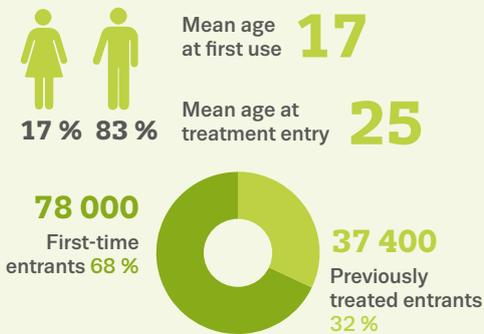
MAIN EDR 2020 FINDINGS

- Analysis of indexed trends shows an overall increase in the potency of both herbal cannabis and cannabis resin since 2008. The latest data suggest that the THC content of resin sold in Europe is now on average almost twice that of herbal cannabis.
- Of the countries that have produced surveys since 2017 and reported confidence intervals, 8 reported higher estimates of last year cannabis use among young adults (15-34), 3 were stable and 1 reported a decrease compared with the previous comparable survey. In 8 of these countries, an increase in use among 15- to 24-year-olds has been reported in the most recent survey.
- From surveys of the general population, it is estimated that around 1 % of adults in the European Union are daily or almost daily cannabis users — that is, they have used the drug on 20 days or more in the last month. The majority of these (60 %) are under 35 and around three quarters are male.
- In 2018 around 135 000 people entered specialised drug treatment in Europe for problems related to cannabis use (32 % of all treatment demands); of those, about 80 000 were entering treatment for the first time.
- In the 24 countries with available data, the overall number of first-time entrants for cannabis problems increased by 64 % between 2006 and 2018. Fifteen countries reported an increase between 2006 and 2018 and 14 reported an increase in the last year (2017-2018).
- Overall, 50 % of primary cannabis users entering treatment for the first time in 2018 reported daily use of the drug in the last month.

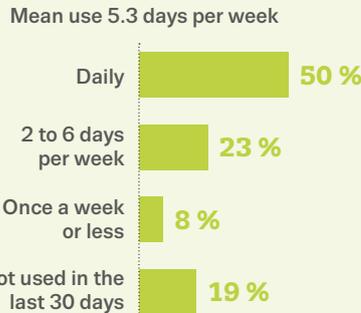
CANNABIS

Cannabis users entering treatment

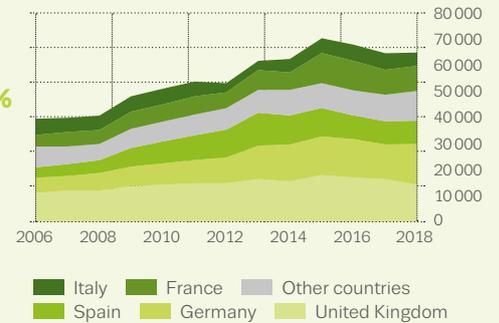
Characteristics



Frequency of use in the last month



Trends in first-time entrants



Apart from trends, data are for all treatment entrants with cannabis as primary drug. Trends in first-time entrants are based on 24 countries. Only countries with data for at least 11 of the 13 years are included in the trends graph. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level, data since 2014 for Italy are not comparable with earlier years. United Kingdom data for 2018 do not include Northern Ireland.

RESIN

Seizures

Number



Quantity



Price (EUR/g)



Potency (% THC)



Indexed trends

Price and potency



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

HERB

Seizures

Number



Quantity



Price (EUR/g)



Potency (% THC)



Indexed trends

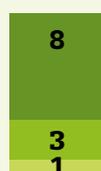
Price and potency



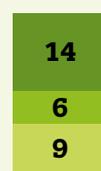
Changes in cannabis indicators

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

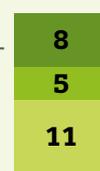
Cannabis use – countries



Cannabis treatment entries – countries



Cannabis emergencies – hospitals



■ Increase
■ Stable
■ Decrease

Cannabis use in last year among young adults (15-34), 2017/18 and previous survey; first-time treatment entries with cannabis as primary drug, 2017-18; presentations related to cannabis in Euro-DEN Plus hospitals, 2017-18.

KEY ISSUE | Increased and diverse drug production within Europe



Established and new drugs continue to be produced in Europe, for local and global markets, with more laboratories and production sites detected by law enforcement. Changes in the production tactics of organised crime groups are part of the reason behind this trend, but also access to cheaper and novel precursor chemicals and processing equipment. The production of illicit drugs is now based on a more diverse set of chemicals, which are both difficult to respond to under European and international laws and challenging to monitor.

MAIN EDR 2020 FINDINGS

- **Cannabis:** There were 3.3 million cannabis plants seized in the European Union in 2018, an indicator of the production of the drug within a country.
- **Heroin:** In 2018 almost 16 tonnes of the heroin precursor chemical acetic anhydride was seized in the European Union and the supply of a further 9 tonnes was stopped before it entered the supply chain.
- The discovery of laboratories producing heroin from morphine in Bulgaria, Czechia, Spain and the Netherlands in recent years, together with an increase in morphine and opium seizures suggests some heroin is now manufactured in the European Union.
- **Cocaine:** Small but increasing seizures of coca leaves have also been observed (243 kilograms in 2018) as have small seizures of coca paste (184 kilograms), indicating the use of laboratories manufacturing cocaine from coca leaves or paste.
- **Amphetamine:** The total quantities of precursors and alternative chemicals used for the production of amphetamine seized in 2018 in the European Union reached an all-time high at 73 tonnes. Seizures of the alternative chemical APAA have increased sharply in the last few years, tripling to over 30 tonnes in 2018 compared with 2017.
- Methamphetamine seized in Europe is mainly produced in Czechia, from pseudoephedrine extracted from medicinal products, and the border areas of neighbouring countries.
- **MDMA:** Twenty-three active MDMA laboratories were reported to have been dismantled in the European Union in 2018, with most (20) detected in the Netherlands. The discovery of 2 MDMA laboratories in Spain and 1 in Sweden suggest a diversification of production locations may be under way.
- The seized quantities of the MDMA precursor PMK (piperonyl methyl ketone) and non-scheduled chemicals for MDMA manufacture have decreased from 26 tonnes in 2017 to under 16 tonnes in 2018.
- **New psychoactive substances:** In 2018, a total of 50 kilograms of the cathinone precursor 2-bromo-4-methylpropiofenone was seized within the European Union, while 3 laboratories were detected producing mephedrone (Spain, Netherlands, Poland), indicating the continued production of this drug within Europe.
- In 2018 more than half a kilogram of 4-anilino-N-phenethylpiperidine (ANPP) was seized in France and a shipment of 3 kilograms of N-phenethyl-4-piperidone (NPP) was stopped in Belgium. Both are precursors for the manufacture of fentanyl and fentanyl derivatives.

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

Established and new drugs continue to be produced in Europe, for local and global markets, with more laboratories and production sites detected by law enforcement

KEY ISSUE | Continuing availability of high-strength MDMA products highlights need for greater user awareness



Innovation and scaling-up of synthetic drug production in Europe is evident in the continued availability of high-content MDMA tablets and high-purity powders. Alongside increases in both the average MDMA content in tablets and the purity of powders in 2018, data show that products containing extremely high levels of MDMA are also being detected. These products pose considerable health risks for people using them and raise an important issue for prevention and harm reduction messaging and interventions.

MAIN EDR 2020 FINDINGS

- On average, MDMA tablets now contain higher levels of the drug than at any time in the past. Trend analysis shows that the average content of MDMA tablets has been stable at high levels since 2014, though due to lack of data this analysis is only possible up to 2017.
- Among the 12 countries that have provided new survey results since 2017 and reported confidence intervals, 4 reported higher estimates than in the previous comparable survey, and 8 reported stable estimates.
- Of the 42 cities that have data for 2018 and 2019, 23 reported an increase, 4 a stable situation and 15 a decrease.
- MDMA was the sixth most common drug recorded in emergency presentations monitored by Euro-DEN Plus in sentinel hospitals in 2018 (Figure 3) and accounted for 8 % of drug-related admissions to critical care.
- An estimated 4.7 million MDMA tablets were reported seized in 2018, down from 6.6 million in 2017.
- Seizures of MDMA powder in the European Union increased from 1.7 tonnes in 2017 to 2.2 tonnes in 2018.
- Large quantities of MDMA tablets were seized in Turkey in 2017 and 2018, amounting in both years to more than 8 million tablets, and exceeding the total amount seized in the European Union.

Innovation and scaling-up of synthetic drug production in Europe is evident in the continued availability of high-content MDMA tablets and high-purity powders

MDMA

Seizures

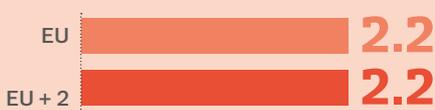
Number



Quantity



Quantity



Price (EUR/tablet)



MDMA content (mg/tablet)



Indexed trends

Price and MDMA content



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

Changes in MDMA indicators

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

MDMA use – countries



MDMA in wastewater – cities



MDMA emergency presentations – hospitals

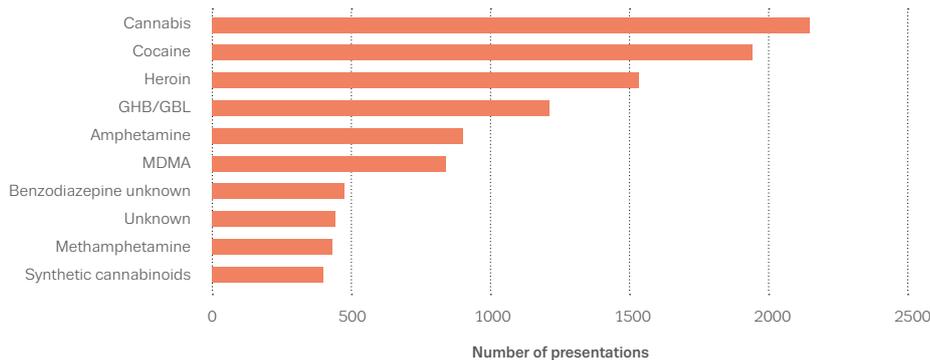


■ Increase
■ Stable
■ Decrease

MDMA use in last year among young adults (15-34), 2017/18 and previous survey; wastewater analysis (SCORE), 2017-18; presentations related to MDMA in Euro-DEN Plus hospitals, 2017-18.

FIGURE 3

THE 10 DRUGS MOST OFTEN REPORTED IN EMERGENCY PRESENTATIONS AT EURO-DEN PLUS HOSPITALS IN 2018



Results from 27 sentinel hospitals in 19 European countries.



KEY ISSUE | Growing complexity in the drug market poses regulatory challenges and health risks

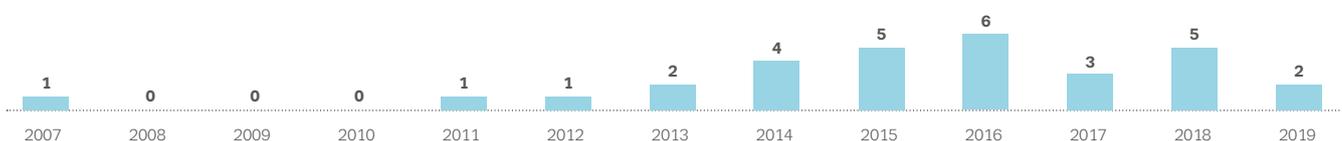
A better understanding of the availability of both uncontrolled and less common substances, and their impact on public health, is clearly needed. These substances are often poorly monitored, but there is evidence to suggest they may constitute a growing problem, as indicated for example by the increased quantities seized of ketamine, GHB (gamma-hydroxybutyrate) and LSD (lysergic acid diethylamide). In addition, concerns have been raised by some countries about the use of substances like nitrous oxide (N₂O, laughing gas). Non-controlled and new benzodiazepines, obtained online or through the more conventional illicit drug market, are also a growing concern. Etizolam, for example, which is not an authorised medicine in most countries, appears to be commonly available on drug markets in some countries and has been linked to increases in drug-induced deaths among people who use opioids.

MAIN EDR 2020 FINDINGS

- In 2018, 15 EU countries reported around 1 900 seizures of ketamine, amounting to an estimated 328 kilograms and 12 litres of the drug.
- An estimated 1 500 seizures of GHB or GBL (gamma-butyrolactone) were reported in 2018 by 13 EU countries, amounting to almost 3.3 tonnes and 1 732 litres.
- National estimates, where they exist, of the prevalence of ketamine and GHB use in adult and school populations appear low.
- Over 2 400 seizures of LSD were reported in 2018, amounting to 1.06 million units. Most of these (93 %) were seized in Spain. The overall number of LSD seizures has more than doubled since 2010, although the quantity seized has fluctuated.
- Among young adults (15-34), most national surveys report last year prevalence estimates equal to or less than 1 % for both LSD and hallucinogenic mushrooms in 2018 or most recent survey year.
- The EU Early Warning System is monitoring 30 new benzodiazepines — 21 of which were first detected in Europe since 2015 (Figure 4). In 2018 close to 4 700 seizures of new benzodiazepines were reported to the EU Early Warning System, amounting to 1.4 million tablets, 1.3 litres of liquids and under 8 kilograms of powders.
- Etizolam, monitored by the EU Early Warning System since 2011, and, more recently, flualprazolam, first detected in 2018, have been associated with poisonings and deaths in some countries.

FIGURE 4

NUMBER OF NEW BENZODIAZEPINES NOTIFIED FOR THE FIRST TIME IN THE EUROPEAN UNION, NORWAY AND TURKEY, 2007-19



KEY ISSUE | New tools and innovative strategies are needed to support the scaling-up of hepatitis C treatment



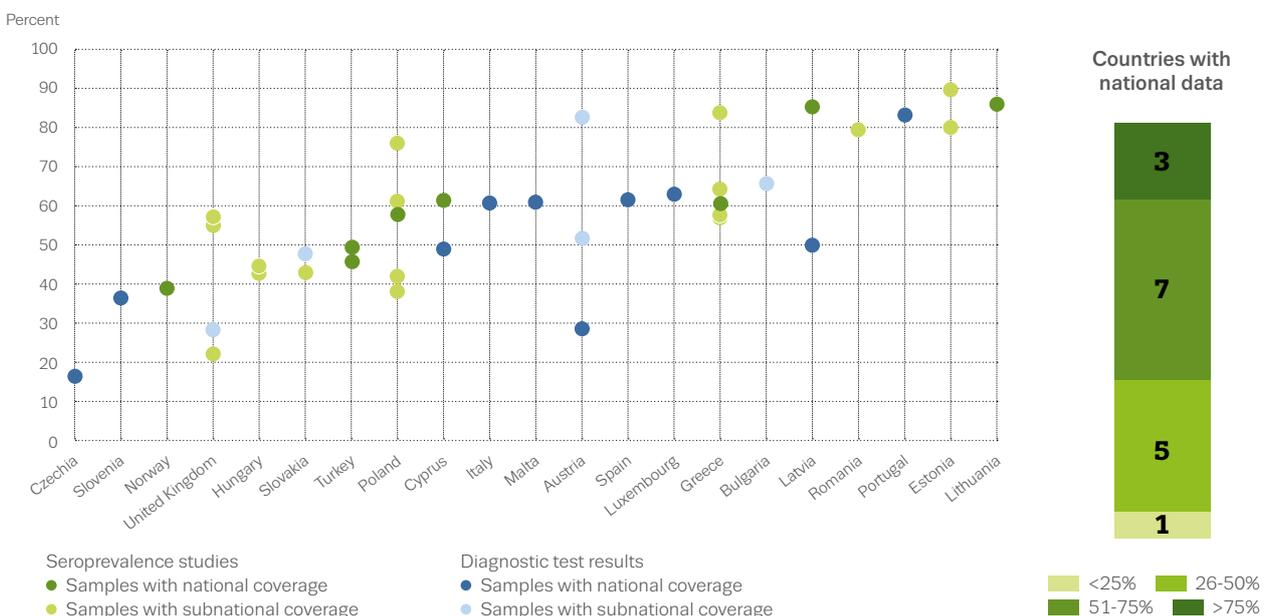
Drug injection remains a major route for hepatitis C virus (HCV) infections in Europe, and access of people who inject drugs to prevention, testing and treatment for hepatitis C is therefore a critical requirement for the elimination of this disease. While effective oral direct-acting antiviral medications are now more available, scaling up the provision of these medicines, together with opioid substitution treatment and needle exchange programmes, remains a challenge for many countries. The introduction of improved diagnostic and surveillance techniques to identify those chronically infected with this virus is important for the targeting of treatment to all those infected.

MAIN EDR 2020 FINDINGS

- Viral hepatitis, particularly infection caused by the hepatitis C virus, is highly prevalent among injecting drug users across Europe.
- In 2017-18, HCV antibody prevalence in national samples of people who inject drugs varied from 16 % to 86 %, with 10 of the 16 countries with national data reporting rates in excess of 50 % (Figure 5).
- It is important to identify individuals who remain chronically infected: they are at risk of cirrhosis and cancer, and can transmit the virus to others when sharing any injecting material that has been in contact with their blood.

FIGURE 5

HCV ANTIBODY PREVALENCE AMONG PEOPLE WHO INJECT DRUGS: SEROPREVALENCE STUDIES AND DIAGNOSTIC TEST RESULTS WITH NATIONAL AND SUBNATIONAL COVERAGE, 2017-18



KEY ISSUE | Drug overdose is increasingly associated with an ageing population



Between 2012 and 2018 the number of drug overdose deaths among the 50-plus age group increased by 75 %, indicating that this problem is increasingly associated with older long-term users. This underlines the need to recognise the increasing vulnerability of an ageing cohort of life-long drug users and make this group an important target for treatment, social reintegration and harm reduction measures.

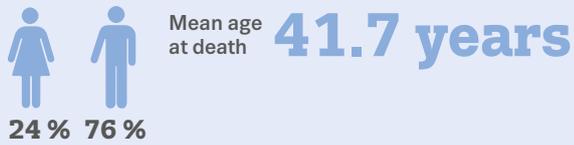
MAIN EDR 2020 FINDINGS

- It is estimated that at least 8 300 overdose deaths involving illicit drugs occurred in the European Union in 2018, representing a stable situation compared with 2017. This total rises to an estimated 9 200 deaths if Norway and Turkey are included, representing a slight decrease in relation to the revised estimate of 9 500 in 2017. The European analysis, however, is provisional and probably understates the actual number of deaths that occurred in 2018.
- Opioids, mainly heroin or its metabolites, often in combination with other substances, are present in the majority of fatal overdoses reported in Europe.
- Three quarters (76 %) of those dying from overdose are male. The mean age of those who died in Europe continued to increase, reaching 41.7 years in 2018.
- Between 2012 and 2018, overdose deaths in the European Union increased in all age categories with the exception of those aged 20-29. Increases were particularly marked among the 50-plus age groups, where the number of deaths rose by 75 % overall. Analysis of fatal overdoses reported by Turkey in 2018 shows a younger profile than the European Union average, with a mean age of 32.5 years (Figure 6).
- The mortality rate due to overdoses in Europe in 2018 is estimated at 22.3 deaths per million population aged 15-64. Males aged 35 to 44 are the most affected, with a mortality rate of 53.7 deaths per million, more than double the average seen for all ages, and more than three times the highest mortality rate in females (13.9 deaths per million females aged 35-44 years).

Between 2012 and 2018 the number of drug overdose deaths among the 50-plus age group increased by 75 %, indicating that this problem is increasingly associated with older long-term users

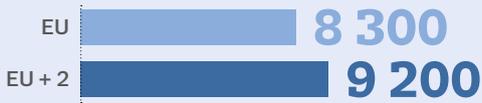
DRUG-INDUCED DEATHS

Characteristics



Mean age at death **41.7 years**

Number of deaths



Data refer to EU Member States, Turkey and Norway (EU + 2).

Number of deaths

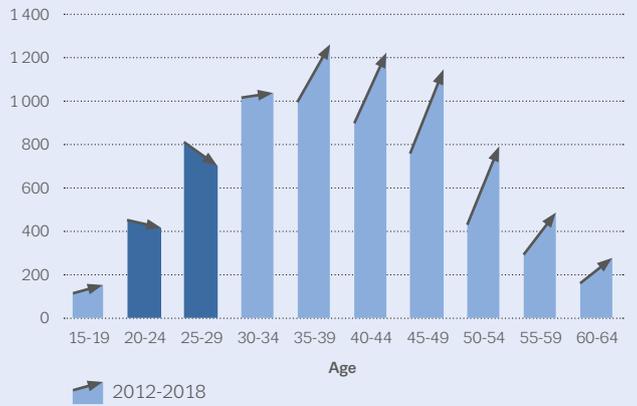
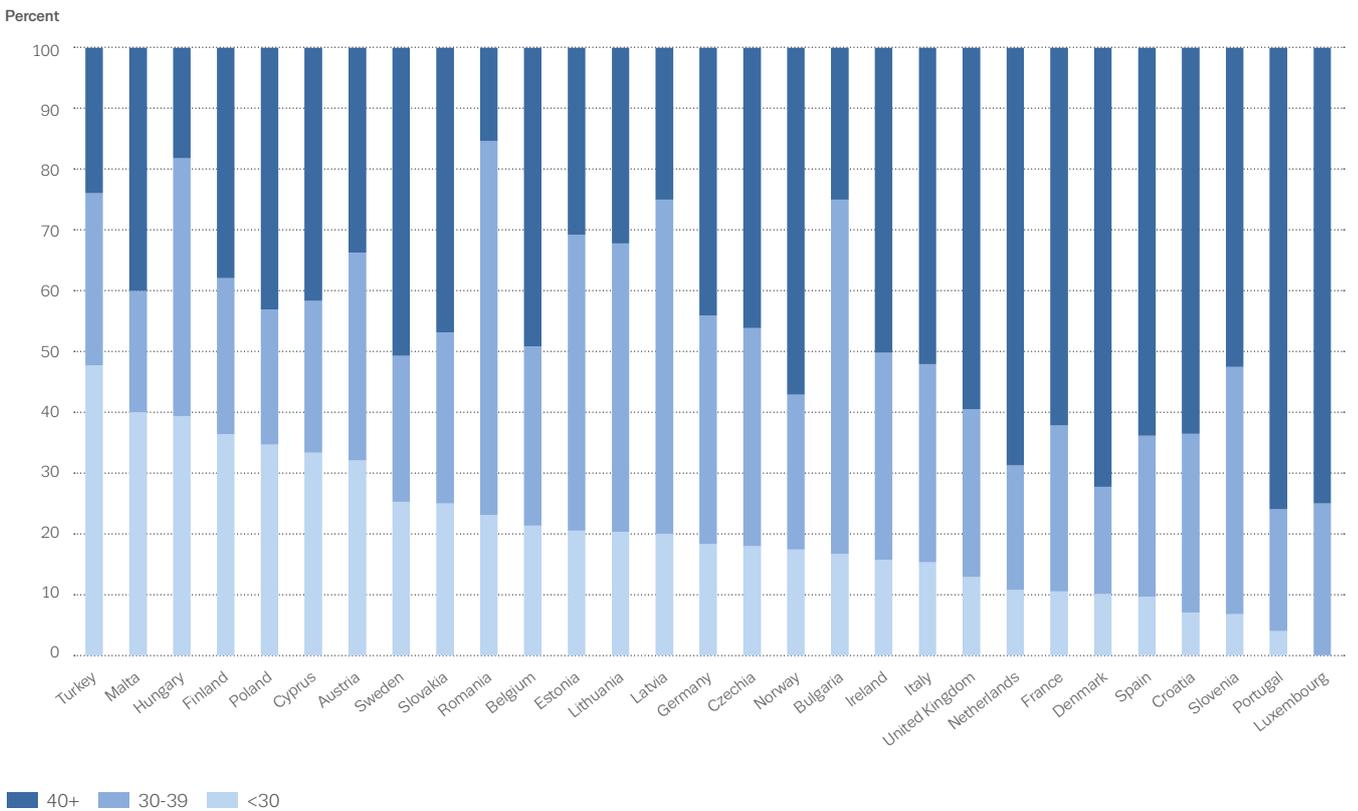


FIGURE 6

AGE DISTRIBUTION OF DRUG-INDUCED DEATHS REPORTED IN 2018, OR MOST RECENT YEAR



KEY ISSUE | **New psychoactive substances have become a more persistent problem**



The pace at which new psychoactive substances are being introduced onto the market has stabilised in recent years. Nonetheless, more than 50 new psychoactive substances continue to be detected for the first time annually by the EU Early Warning System. Alongside this, each year about 400 previously reported new psychoactive substances are detected on the European market. These substances are drawn from a broad range of drug types and are not controlled by international drug laws. They include stimulants, synthetic cannabinoids, benzodiazepines, opioids, hallucinogens and dissociatives.

MAIN EDR 2020 FINDINGS

- At the end of 2019, the EMCDDA was monitoring around 790 new psychoactive substances, 53 of which were reported for the first time in Europe in 2019 (Figure 7).
- Since 2015 approximately 400 previously reported new psychoactive substances have been detected each year (Figure 8).
- During 2018 law enforcement agencies from across Europe reported close to 64 800 seizures of new psychoactive substances to the EU Early Warning System. Of these, approximately 40 200 seizures were reported by the EU Member States, a slight decrease compared with 2017.
- In 2018 more than 5.6 tonnes of new psychoactive substances, mostly in the form of powders, was reported to the EU Early Warning System, 4.4 tonnes of which by Member States. In addition, 4 212 litres of liquids and 1.6 million tablets and capsules were also found to contain new psychoactive substances.
- In Europe, seizures of new psychoactive substances are typically dominated by synthetic cannabinoids and cathinones, which together accounted for 77 % of all seizures reported in 2018 (64 % for the EU Member States).
- Surveys of the general population, where available, suggest low levels of use of new psychoactive substances in European countries.
- New psychoactive substances represented 5 % of all drugs submitted for testing by individuals to a network of drug checking services operating in 11 European countries during the first half of 2019. It should be noted that these results are not representative of the market as a whole.

FIGURE 7

NUMBER AND CATEGORIES OF NEW PSYCHOACTIVE SUBSTANCES REPORTED TO THE EU EARLY WARNING SYSTEM FOR THE FIRST TIME, 2008-19

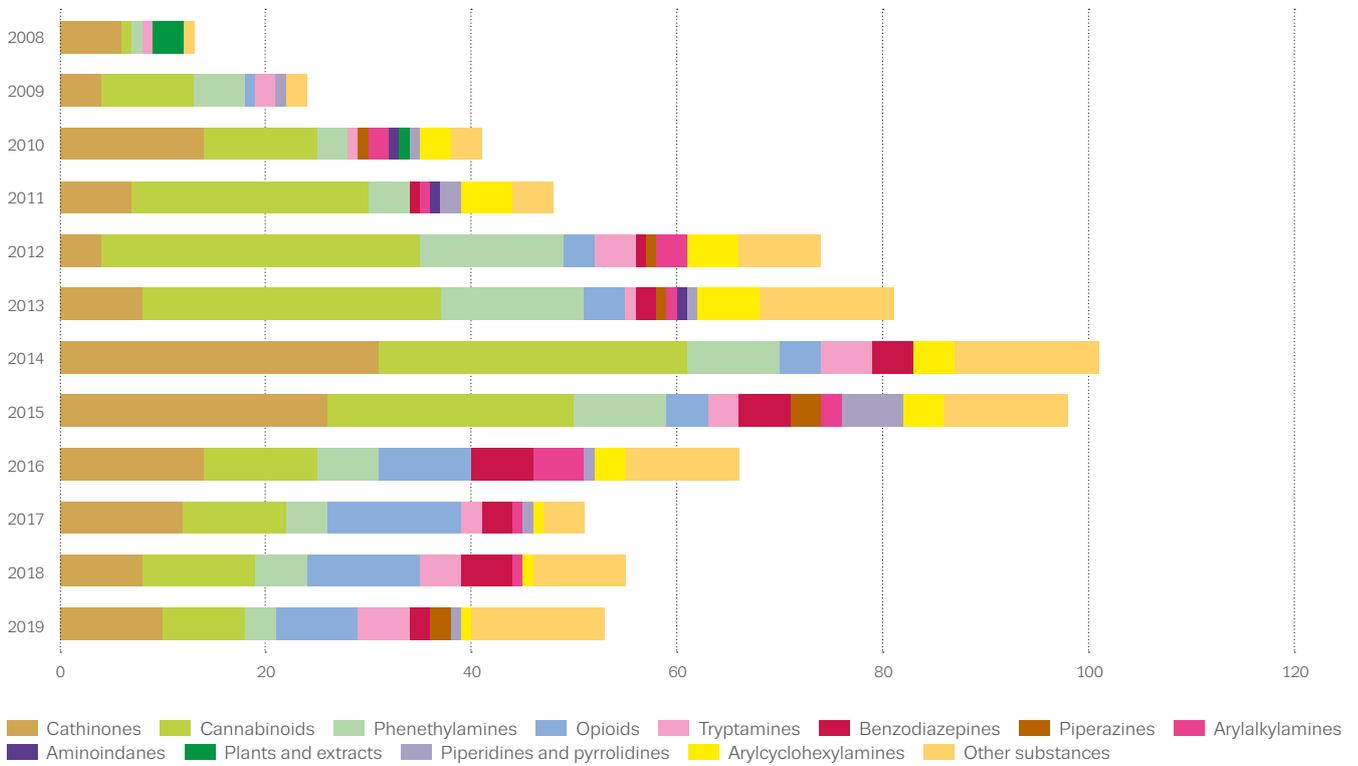
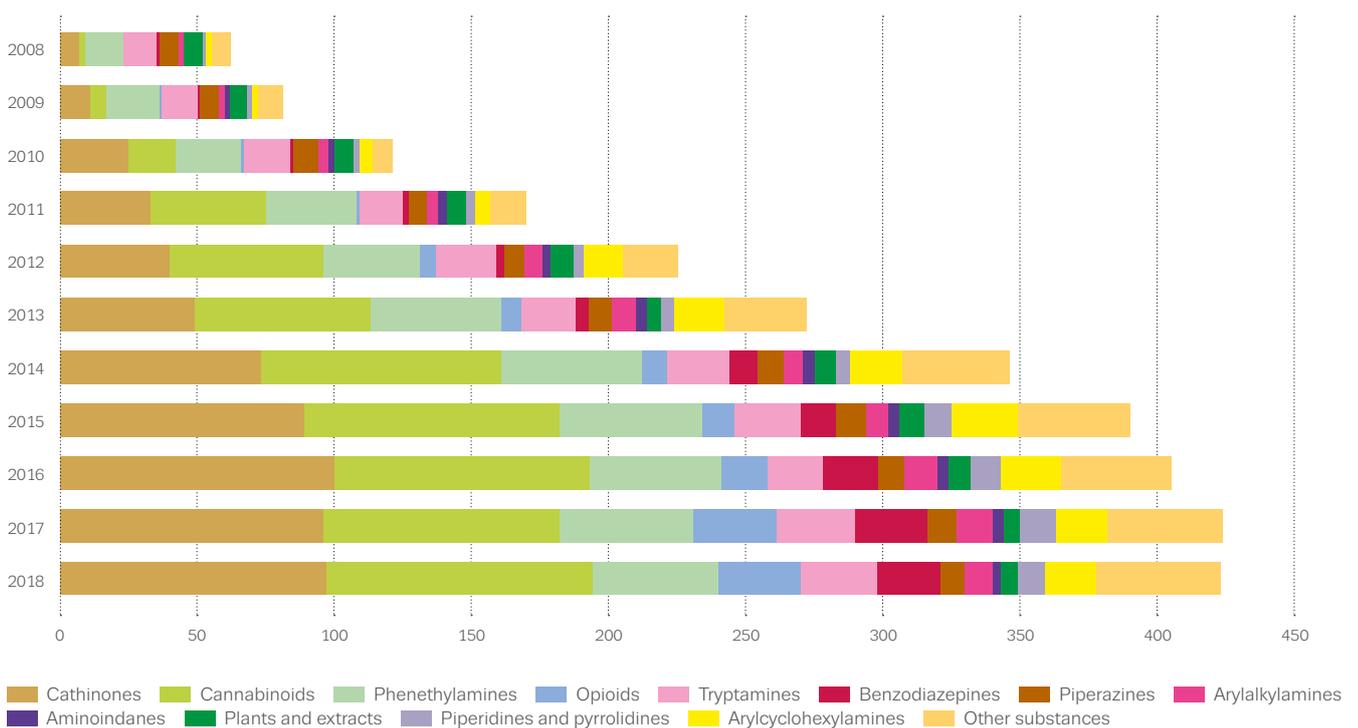


FIGURE 8

NUMBER AND CATEGORIES OF SUBSTANCES DETECTED EACH YEAR, FOLLOWING THEIR FIRST DETECTION, 2008-18



KEY ISSUE | Appearance of new synthetic opioids is a worrying example of continuing market adaptability



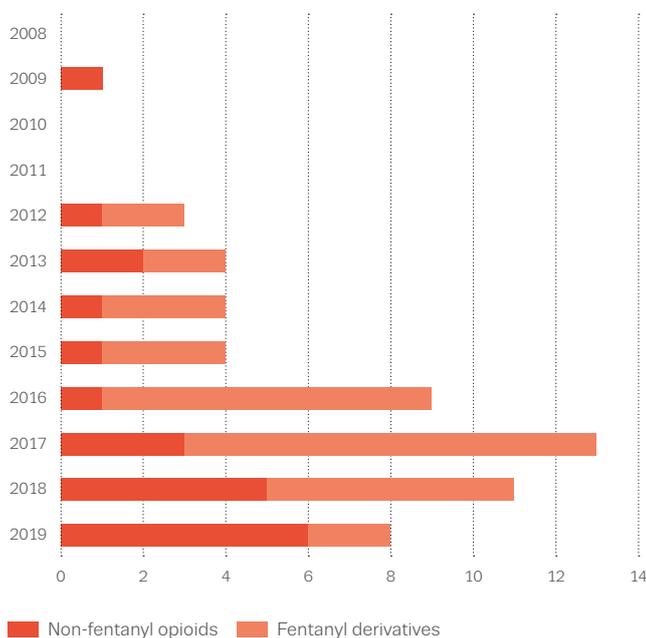
Growing awareness about the individual and public health risks associated with fentanyl derivatives has resulted in actions that include increased restrictions in producer countries. One sign of the market adapting may be that of the 8 new synthetic opioids detected for the first time in 2019 by the EU Early Warning System, 6 were not fentanyl derivatives, though potentially presenting a similar threat to public health.

MAIN EDR 2020 FINDINGS

- Since 2009 a total of 57 new synthetic opioids have been detected on Europe’s drug market – including 8 reported for the first time in 2019 (Figure 9).
- In contrast to recent years, only 2 of these opioids were fentanyl derivatives. The remaining 6 opioids (2-fluoro-viminol, AP-237, 2-methyl-AP-237, piperidylthiambutene, furanyl UF-17 and isotonitazene) are all chemically different from fentanyl, despite posing similar concerns in respect to their toxicity.
- In 2018 approximately 1 000 seizures of new opioids were reported to the EU Early Warning System. This amounted to approximately 9.3 kilograms of material, of which just under 7.3 kilograms was in the form of powders. Additionally, 5.4 litres of liquids and 21 500 tablets and capsules (excluding tramadol) were also reported.

FIGURE 9

NUMBER OF NEW SYNTHETIC OPIOIDS REPORTED TO THE EU EARLY WARNING SYSTEM FOR THE FIRST TIME, 2008-19





ANNEX

National data for estimates of drug use prevalence including problem opioid use, substitution treatment, total number in treatment, treatment entry, injecting drug use, drug-induced deaths, drug-related infectious diseases, syringe distribution and seizures. The data are drawn from and are a subset of the EMCDDA [Statistical Bulletin 2020](#), where notes and meta-data are available. The years to which data refer are indicated.



TABLE A1

OPIOIDS

Country	Problem opioid use estimate		Entrants into treatment during the year						Clients in substitution treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
	Year of estimate	cases per 1 000	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	count
			% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	
Belgium	–	–	21.1 (2 322)	6.6 (269)	30.4 (1 969)	13.7 (287)	11.4 (28)	13.8 (245)	16 179
Bulgaria	–	–	83.1 (987)	52.2 (144)	91.7 (705)	74.2 (710)	67.7 (88)	73.8 (516)	3 181
Czechia	2018	1.5-1.6	17.2 (751)	9.9 (188)	22.9 (525)	61.8 (443)	60.2 (112)	62.4 (311)	5 000
Denmark	2016	4.0-9.6	11 (565)	6.3 (151)	15.6 (404)	15 (85)	2.6 (4)	19.8 (80)	6 600
Germany	2016-17	2.4-3.1	17.3 (6 977)	8.5 (1 972)	–	22.3 (1 067)	17.6 (246)	–	79 400
Estonia	–	–	93.4 (271)	87.4 (76)	95.5 (150)	69.3 (187)	72 (54)	80.7 (121)	1 052
Ireland	2014	6.1-7.0	42.2 (4 178)	18.1 (718)	60.2 (3 312)	29.7 (1 202)	19.7 (141)	32.2 (1 032)	10 332
Greece	2018	1.6-2.4	55.1 (2 036)	32.5 (494)	70.2 (1 485)	26.5 (526)	19.5 (95)	29.1 (424)	9 162
Spain	2017	1.5-3.1	24.9 (11 632)	12 (2 850)	39.4 (8 404)	15.8 (1 816)	8.4 (240)	17.5 (1 457)	59 857
France	2017	4.5-5.9	24.8 (11 935)	11.4 (1 509)	39.7 (7 519)	17.4 (1 774)	10.2 (139)	20 (1 304)	178 665
Croatia	2015	2.5-4.0	–	21.2 (203)	–	–	30.9 (56)	–	4 792
Italy	2018	6.5-7.2	42.6 (16 445)	26.4 (4 256)	54.1 (12 189)	45.9 (6 252)	32 (1 050)	50.4 (5 202)	75 711
Cyprus	2018	1.6-2.7	24.4 (272)	13.3 (72)	38.6 (187)	36.3 (94)	44.1 (30)	34.1 (61)	257
Latvia	2017	4.7-7.0	49.4 (399)	28.7 (123)	72.8 (276)	82.8 (323)	73.8 (90)	86.9 (233)	690
Lithuania	2016	2.7-6.5	82.4 (1 075)	50.7 (105)	89.1 (961)	83.3 (895)	77.1 (81)	84 (807)	1 275
Luxembourg	2015	4.5	51.6 (158)	35.4 (29)	59.6 (115)	46 (64)	34.8 (8)	48.5 (50)	1 142
Hungary	2010-11	0.4-0.5	2.6 (121)	1.2 (43)	6.7 (63)	34.7 (35)	7.9 (3)	52.6 (30)	650
Malta	2017	4.2-4.9	56.3 (1 067)	19.5 (76)	65.8 (991)	54.2 (578)	30.3 (23)	56 (555)	729
Netherlands (¹)	2012	1.1-1.5	11.5 (1 262)	6.2 (402)	19.3 (860)	6.1 (39)	7.6 (13)	5.6 (26)	5 241
Austria	2017	6.1-6.5	47.5 (1 966)	29.8 (548)	61.6 (1 418)	34.7 (553)	21.1 (90)	39.6 (463)	19 216
Poland	2014	0.4-0.7	15.7 (1 035)	6.2 (201)	25.7 (822)	53.5 (545)	36.7 (73)	58 (469)	2 797
Portugal	2015	3.8-7.6	37.1 (1 214)	20.8 (379)	57.7 (835)	11 (127)	5.8 (21)	13.4 (106)	17 246
Romania	2017	0.8-2.9	24.6 (1 048)	10.8 (314)	54 (734)	83.4 (859)	80.8 (253)	84.5 (606)	1 772
Slovenia	2018	3.1-4.3	79.5 (174)	44.9 (22)	89.3 (151)	39.1 (68)	13.6 (3)	42.4 (64)	3 301
Slovakia	2018	0.6-1.6	26.5 (805)	9.3 (115)	39.6 (676)	71.4 (566)	66.1 (74)	72.7 (487)	620
Finland	2017	6.9-8.6	48.5 (328)	35.5 (86)	55.8 (242)	77.3 (252)	75.6 (65)	77.9 (187)	3 329
Sweden (²)	–	–	23.6 (10 005)	16.1 (2 259)	27.7 (7 363)	–	–	–	4 014

Country	Problem opioid use estimate		Entrants into treatment during the year						Clients in substitution treatment
			Opioids clients as % of treatment entrants			% opioids clients injecting (main route of administration)			
	Year of estimate	cases per 1 000	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants	count
			% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	
United Kingdom ^(?)	2014-15	8.3-8.7	49.7 (55 687)	21.9 (7 502)	62.1 (48 081)	30.7 (11 553)	15.6 (646)	32.7 (10 884)	147 568
Turkey	2011	0.2-0.5	63 (7 141)	47.2 (2 446)	76.3 (4 695)	24.1 (1 719)	14.1 (346)	29.2 (1 373)	12 500
Norway ⁽⁴⁾	2013	2.0-4.1	17 (1 010)	11.4 (309)	21.6 (701)	–	–	–	7 762
European Union	–	–	33.1 (134 715)	15.4 (25 106)	48.7 (100 437)	31.6 (30 960)	21.5 (3 726)	34.6 (25 720)	659 778
EU, Turkey and Norway	–	–	33.7 (142 866)	16.3 (27 861)	49.1 (105 833)	31.1 (32 619)	20.6 (4 072)	34.3 (27 093)	680 040

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

Data on clients in substitution treatment are for 2018 or most recent year available: Luxembourg, 2017; Croatia, Denmark, France, Slovakia and Spain, 2016; Netherlands and Finland, 2015; Turkey, 2011. The number for Sweden does not represent all clients.

⁽¹⁾ Data for the number of clients in substitution treatment is not complete.

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

⁽³⁾ The high-risk opioid use estimate and the entrants into treatment data do not include Northern Ireland. Clients in substitution treatment relates to England and Wales.

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

TABLE A2

COCAINE

Country	Year of survey	Prevalence estimates		Entrants into treatment during the year					
		General population		Cocaine clients as % of treatment entrants			% cocaine clients injecting (main route of administration)		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	All entrants	First-time entrants	Previously treated entrants	All clients	First-time entrants	Previously treated entrants
				% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Belgium	2018	–	2.9	25.4 (2 804)	25.3 (1 037)	24.7 (1 600)	3.8 (97)	1.1 (11)	5.4 (77)
Bulgaria	2016	0.9	0.5	3.5 (41)	7.6 (21)	2.6 (20)	0 (0)	0 (0)	0 (0)
Czechia	2018	1.3	0.2	0.9 (38)	1 (19)	0.8 (18)	10.8 (4)	10.5 (2)	11.1 (2)
Denmark	2017	6.4	3.9	18.9 (971)	21.3 (511)	16.7 (432)	1.7 (16)	0.2 (1)	3.6 (15)
Germany	2018	4.1	2.4	6.5 (2 598)	6.6 (1 533)	–	2 (36)	1.7 (18)	–
Estonia	2018	5.0	2.8	0.3 (1)	1.1 (1)	–	–	–	–
Ireland	2015	7.8	2.9	22.1 (2 186)	31.1 (1 231)	15.9 (878)	0.8 (17)	0.5 (6)	1 (9)
Greece	2015	1.3	0.6	11.6 (429)	15.3 (233)	9.2 (194)	8.5 (36)	3.1 (7)	15 (29)
Spain	2017	10.3	2.8	43.1 (20 168)	43.8 (10 393)	42.3 (9 025)	0.9 (179)	0.3 (36)	1.5 (138)
France	2017	5.6	3.2	10.8 (5 182)	9.8 (1 300)	12.5 (2 368)	8.2 (382)	2.7 (33)	12.2 (264)
Croatia	2015	2.7	1.6	–	3.2 (31)	–	–	3.2 (1)	–
Italy	2017	6.9	1.7	32.7 (12 641)	37.3 (6 014)	29.4 (6 627)	2.6 (294)	1.5 (79)	3.6 (215)
Cyprus	2016	1.4	0.4	17.8 (199)	15.9 (86)	20.2 (98)	2.6 (5)	2.4 (2)	3.1 (3)
Latvia	2015	1.5	1.2	0.5 (4)	0.7 (3)	0.3 (1)	0 (0)	0 (0)	0 (0)
Lithuania	2016	0.7	0.3	1.1 (15)	3.4 (7)	0.6 (7)	6.7 (1)	0 (0)	14.3 (1)
Luxembourg	2014	2.5	0.6	20.6 (63)	23.2 (19)	17.6 (34)	51.9 (27)	38.9 (7)	58.3 (14)
Hungary	2015	1.2	0.9	3 (143)	3.2 (113)	2.7 (25)	2.2 (3)	2.7 (3)	0 (0)
Malta	2013	0.5	–	26.8 (508)	49 (191)	21 (317)	16.5 (84)	3.7 (7)	24.3 (77)
Netherlands	2018	6.5	3.9	24.3 (2 675)	20.8 (1 357)	29.6 (1 318)	0.4 (5)	0.1 (1)	0.6 (4)
Austria	2015	3.0	0.4	10.7 (443)	11.4 (210)	10.1 (233)	9.5 (41)	3.9 (8)	14.5 (33)
Poland	2018	0.7	0.5	2.6 (173)	2.2 (72)	3.1 (99)	1.2 (2)	1.4 (1)	1.1 (1)
Portugal	2016	1.2	0.3	19.9 (650)	21.8 (397)	17.5 (253)	2.4 (15)	1 (4)	4.6 (11)
Romania	2016	0.7	0.2	1.5 (64)	1.9 (55)	0.7 (9)	1.6 (1)	0 (0)	11.1 (1)
Slovenia	2018	2.7	1.8	7.3 (16)	18.4 (9)	4.1 (7)	25 (4)	0 (0)	57.1 (4)
Slovakia	2015	0.7	0.3	0.9 (28)	1.5 (18)	0.5 (9)	–	–	–
Finland	2018	3.2	1.5	0.4 (3)	0.8 (2)	0.2 (1)	0 (0)	0 (0)	0 (0)
Sweden (¹)	2017	–	2.5	1.7 (715)	3 (424)	0.7 (190)	–	–	–
United Kingdom (²)	2018	10.1	5.3	19.4 (21 750)	25.4 (8 712)	16.8 (12 981)	1.7 (257)	0.4 (24)	2.7 (226)
Turkey	2017	0.2	0.1	2.9 (328)	3.2 (166)	2.6 (162)	0 (0)	–	0 (0)
Norway	2018	5.1	2.3	1.9 (112)	2.8 (75)	1.1 (37)	–	–	–

Country	Year of survey	Prevalence estimates		Entrants into treatment during the year					
		General population		Cocaine clients as % of treatment entrants			% cocaine clients injecting (main route of administration)		
		Lifetime, adults (15-64) %	Last 12 months, young adults (15-34) %	All entrants	First-time entrants	Previously treated entrants	All clients	First-time entrants	Previously treated entrants
				% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
European Union	–	5.4	2.4	18.3 (74 508)	20.9 (33 999)	17.8 (36 744)	2.4 (1 506)	0.9 (251)	3.7 (1 124)
EU, Turkey and Norway	–	–	–	17.7 (74 948)	20 (34 240)	17.1 (36 943)	2.4 (1 506)	0.9 (251)	3.7 (1 124)

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

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

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

(²) Entrants into treatment do not include Northern Ireland.

TABLE A3

AMPHETAMINES

Country	Year of survey	Prevalence estimates		Entrants into treatment during the year					
		General population		Amphetamines clients as % of treatment entrants			% amphetamines clients injecting (main route of administration)		
		Lifetime, adults (15-64)	Last 12 months, young adults (15-34)	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants
		% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Belgium	2018	–	0.8	9.2 (1 015)	7 (285)	10.9 (706)	14.6 (125)	10.1 (24)	16.4 (100)
Bulgaria	2016	1.5	1.8	7.1 (84)	20.3 (56)	3.3 (25)	1.2 (1)	0 (0)	0 (0)
Czechia	2018	2	0.5	50.1 (2 185)	53.8 (1 018)	46.9 (1 074)	62.5 (1 315)	57 (569)	68 (707)
Denmark	2017	7.0	1.4	6.1 (312)	5 (121)	7.1 (183)	3 (9)	2.5 (3)	3.5 (6)
Germany	2018	4.1	2.9	16.2 (6 511)	14.5 (3 387)	–	1.9 (79)	1.5 (33)	–
Estonia	2018	6.1	2.1	3.8 (11)	6.9 (6)	2.5 (4)	50 (5)	66.7 (4)	33.3 (1)
Ireland	2015	4.1	0.6	0.6 (56)	0.9 (34)	0.3 (18)	7.4 (4)	5.9 (2)	11.1 (2)
Greece	–	–	–	1.1 (41)	1.1 (16)	1.2 (25)	12.2 (5)	6.2 (1)	16 (4)
Spain	2017	4	0.9	1.5 (689)	1.7 (410)	1.2 (252)	1.2 (8)	1.5 (6)	0.8 (2)
France	2017	2.2	0.6	0.5 (220)	0.4 (50)	0.4 (80)	11.6 (20)	18.6 (8)	4.2 (3)
Croatia	2015	3.5	2.3	–	3.4 (33)	–	–	0 (0)	–
Italy	2017	2.4	0.3	0.3 (102)	0.4 (67)	0.2 (35)	4.5 (4)	5.1 (3)	3.4 (1)
Cyprus	2016	0.5	0.1	6.6 (74)	5.7 (31)	8.5 (41)	7 (5)	10 (3)	5 (2)
Latvia	2015	1.9	0.7	17.5 (141)	22.9 (98)	11.3 (43)	64.1 (84)	54.9 (50)	85 (34)
Lithuania	2016	1.2	0.5	2.8 (36)	9.2 (19)	1.3 (14)	16.7 (6)	15.8 (3)	21.4 (3)
Luxembourg	2014	1.6	0.1	0.3 (1)	–	–	–	–	–
Hungary	2015	1.7	1.4	11.4 (538)	11.2 (394)	13 (122)	5.5 (29)	3.1 (12)	12.4 (15)
Malta	2013	0.3	–	0.3 (6)	–	0.4 (6)	50 (3)	–	50 (3)
Netherlands	2018	5.6	2.7	7.4 (817)	7.5 (487)	7.4 (330)	1.3 (4)	1 (2)	1.9 (2)
Austria	2015	2.2	0.9	5.6 (232)	7.1 (131)	4.4 (101)	1.4 (3)	0.8 (1)	2.1 (2)
Poland	2018	2.4	1.4	30.4 (1 998)	33 (1 074)	27.7 (885)	2.3 (45)	1.3 (14)	3.5 (30)
Portugal	2016	0.4	0.0	0.2 (5)	0.2 (3)	0.1 (2)	20 (1)	33.3 (1)	0 (0)
Romania	2016	0.3	0.1	0.5 (23)	0.7 (19)	0.3 (4)	0 (0)	0 (0)	0 (0)
Slovenia	2018	2.3	1.1	0.9 (2)	0 (0)	1.2 (2)	50 (1)	0 (0)	50 (1)
Slovakia	2015	1.4	0.8	40.8 (1 241)	48.9 (602)	34.8 (594)	28.1 (331)	26.8 (158)	30.5 (170)
Finland	2018	4.7	3.0	20.3 (137)	17.8 (43)	21.7 (94)	73.5 (100)	54.8 (23)	81.9 (77)
Sweden ⁽¹⁾	2017	–	1.2	6.6 (2 778)	7.5 (1 055)	4.8 (1 278)	–	–	–
United Kingdom ⁽²⁾	2018	8.6	1.0	2.1 (2 305)	2.6 (880)	1.8 (1 416)	17.6 (262)	11.1 (60)	21.4 (201)
Turkey	2017	0.0	–	7.8 (886)	12.2 (631)	4.1 (255)	0.1 (1)	–	0.4 (1)

Country	Year of survey	Prevalence estimates		Entrants into treatment during the year					
		General population		Amphetamines clients as % of treatment entrants			% amphetamines clients injecting (main route of administration)		
		Lifetime, adults (15-64)	Last 12 months, young adults (15-34)	All entrants	First-time entrants	Previously treated entrants	All entrants	First-time entrants	Previously treated entrants
		% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)	% (count)
Norway	2018	3.5	0.9	12.9 (770)	10.3 (280)	15.1 (490)	–	–	–
European Union	–	3.7	1.2	5.3 (21 560)	6.3 (10 319)	3.6 (7 334)	17.2 (2 449)	13.3 (980)	26.6 (1 366)
EU, Turkey and Norway	–	–	–	5.5 (23 216)	6.6 (11 230)	3.7 (8 079)	16.2 (2 450)	12.3 (980)	25.4 (1 367)

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

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

Data for Germany, Sweden and Norway refer to users of 'stimulants other than cocaine'.

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

(²) Entrants into treatment do not include Northern Ireland.

TABLE A4

MDMA

Country	Year of survey	Prevalence estimates		Entrants into treatment during the year		
		General population		MDMA clients as % of treatment entrants		
		Lifetime, adults (15-64)	Last 12 months, young adults (15-34)	All entrants	First-time entrants	Previously treated entrants
		%	%	% (count)	% (count)	% (count)
Belgium	2018	–	2.5	0.6 (62)	1 (43)	0.2 (16)
Bulgaria	2016	2.1	3.1	0.2 (2)	0.7 (2)	0 (0)
Czechia	2018	5.3	1.6	0.7 (30)	0.7 (14)	0.7 (15)
Denmark	2017	3.2	1.5	–	–	–
Germany	2018	3.9	2.8	–	–	–
Estonia	2018	5.4	2.5	0.3 (1)	–	0.6 (1)
Ireland	2015	9.2	4.4	0.3 (32)	0.5 (18)	0.2 (12)
Greece	2015	0.6	0.4	0.2 (6)	0.3 (4)	0.1 (2)
Spain	2017	3.6	1.2	0.1 (68)	0.2 (56)	0 (10)
France	2017	3.9	1.3	0.3 (168)	0.5 (62)	0.2 (46)
Croatia	2015	3.0	1.4	–	0.8 (8)	–
Italy	2017	2.7	0.8	0.1 (56)	0.1 (24)	0.1 (32)
Cyprus	2016	1.1	0.3	0.2 (2)	0.2 (1)	0.2 (1)
Latvia	2015	2.4	0.8	0.4 (3)	0.2 (1)	0.5 (2)
Lithuania	2016	1.7	1.0	0.5 (6)	1 (2)	0.4 (4)
Luxembourg	2014	1.9	0.4	0.3 (1)	–	0.5 (1)
Hungary	2015	4.0	2.1	2.3 (110)	2.1 (75)	3.3 (31)
Malta	2013	0.7	–	0.9 (17)	–	1.1 (17)
Netherlands	2018	10.3	6.9	0.7 (80)	1 (67)	0.3 (13)
Austria	2015	2.9	1.1	1 (42)	1.3 (24)	0.8 (18)
Poland	2018	1.0	0.5	0.3 (23)	0.6 (18)	0.2 (5)
Portugal	2016	0.7	0.2	0.2 (7)	0.3 (6)	0.1 (1)
Romania	2016	0.5	0.2	1.3 (55)	1.8 (52)	0.2 (3)
Slovenia	2018	2.9	1.3	0.5 (1)	2 (1)	0 (0)
Slovakia	2015	3.1	1.2	0.4 (13)	0.6 (8)	0.2 (4)
Finland	2018	5.0	2.6	0 (0)	0 (0)	0 (0)
Sweden	2017	–	2.0	–	–	–
United Kingdom ⁽¹⁾	2018	9.1	3.1	0.5 (555)	1.2 (396)	0.2 (156)
Turkey	2017	0.4	0.2	1.5 (172)	2.3 (118)	0.9 (54)
Norway	2018	3.6	1.7	–	–	–
European Union	–	4.1	1.9	0.3 (1 340)	0.5 (882)	0.2 (390)
EU, Turkey and Norway	–	–	–	0.4 (1 512)	0.6 (1 000)	0.2 (444)

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

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

(¹) Entrants into treatment do not include Northern Ireland.

TABLE A5

CANNABIS

Country	Year of survey	Prevalence estimates		Entrants into treatment during the year		
		General population		Cannabis clients as % of treatment entrants		
		Lifetime, adults (15-64)	Last 12 months, young adults (15-34)	All entrants	First-time entrants	Previously treated entrants
		%	%	% (count)	% (count)	% (count)
Belgium	2018	22.6	13.6	34.6 (3 808)	51 (2 090)	24.4 (1 579)
Bulgaria	2016	8.3	10.3	2.2 (26)	4.3 (12)	1.7 (13)
Czechia	2018	26.2	16.6	25 (1 092)	29.1 (551)	21.9 (502)
Denmark	2017	38.4	15.4	60.6 (3 109)	64.1 (1 540)	57.2 (1 482)
Germany	2018	28.2	16.9	57.9 (23 301)	68.3 (15 895)	–
Estonia	2018	24.5	16.6	1 (3)	2.3 (2)	0.6 (1)
Ireland	2015	27.9	13.8	23 (2 276)	38 (1 503)	11.6 (637)
Greece	2015	11.0	4.5	28.1 (1 038)	47.7 (725)	14.6 (308)
Spain	2017	35.2	18.3	27.6 (12 932)	38.4 (9 122)	15.5 (3 314)
France	2017	44.8	21.8	59.8 (28 818)	74.4 (9 868)	42.9 (8 124)
Croatia	2015	19.4	16.0	–	62.9 (602)	–
Italy	2017	32.7	20.9	22 (8 514)	32.4 (5 217)	14.6 (3 297)
Cyprus	2016	12.1	4.3	50.7 (566)	64.8 (351)	32 (155)
Latvia	2015	9.8	10.0	24 (194)	36 (154)	10.6 (40)
Lithuania	2016	10.8	6.0	5.1 (66)	19.3 (40)	2.2 (24)
Luxembourg	2014	23.3	9.8	25.8 (79)	39 (32)	21.2 (41)
Hungary	2015	7.4	3.5	67.4 (3 174)	72.4 (2 539)	48.9 (458)
Malta	2013	4.3	–	13.2 (251)	26.9 (105)	9.7 (146)
Netherlands	2018	28.6	17.1	47.3 (5 202)	55.5 (3 625)	35.4 (1 577)
Austria	2015	23.6	14.1	33 (1 367)	48.6 (895)	20.5 (472)
Poland	2018	12.1	7.8	31.5 (2 074)	39.5 (1 286)	23.2 (743)
Portugal	2016	11.0	8.0	40 (1 309)	53.7 (980)	22.8 (329)
Romania	2016	5.8	5.8	54.4 (2 320)	68.9 (2 003)	23.3 (317)
Slovenia	2018	20.7	12.3	6.8 (15)	26.5 (13)	1.2 (2)
Slovakia	2015	15.8	9.3	21.2 (643)	31.2 (384)	13.8 (235)
Finland	2018	25.6	15.5	18.3 (124)	32.2 (78)	10.6 (46)
Sweden (*)	2018	16.7	7.9	10.7 (4 537)	14.4 (2 029)	7.1 (1 875)
United Kingdom (‡)	2018	29.0	13.4	22.4 (25 103)	42.7 (14 647)	13.4 (10 375)
Turkey	2017	2.7	1.8	8.3 (941)	12.9 (668)	4.4 (273)
Norway	2018	23.6	9.6	30.1 (1 795)	39.4 (1 071)	22.3 (724)
European Union	–	27.2	15.0	32.4 (131 941)	46.8 (76 288)	17.5 (36 092)
EU, Turkey and Norway	–	–	–	31.7 (134 677)	45.7 (78 027)	17.2 (37 089)

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

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

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

(‡) Entrants into treatment do not include Northern Ireland.

TABLE A6

OTHER INDICATORS

Country	Year	Drug-induced deaths		HIV diagnoses related to injecting drug use (ECDC)	Injecting drug use estimate		Syringes distributed through specialised programmes
		All ages	Aged 15-64		Year of estimate	Cases per 1 000 population	
		Count	Cases per million population (count)	Cases per million population (count)			Count
Belgium	2014	61	8 (60)	1.1 (12)	2015	2.3-4.6	1 228 681
Bulgaria	2018	24	5 (21)	5.0 (35)	–	–	25 151
Czechia	2018	39	5 (36)	0.8 (8)	2018	5.8-6.0	6 932 269
Denmark	2017	238	52 (191)	1.0 (6)	–	–	–
Germany ⁽¹⁾	2018	1 276	21 (1 120)	1.7 (140)	–	–	–
Estonia	2018	39	43 (36)	18.2 (24)	2015	9.0-11.3	1 680 531
Ireland	2017	235	72 (227)	2.7 (13)	–	–	488 755
Greece	2017	62	– (–)	9.9 (106)	2018	0.4-0.7	245 860
Spain ⁽²⁾	2017	437	14 (437)	1.6 (74)	2017	0.3-2.6	1 603 551
France ⁽³⁾	2016	465	9 (391)	0.9 (61)	2017	2.6-3.3	11 998 221
Croatia ⁽²⁾	2018	85	30 (80)	0.0 (0)	2015	1.8-2.9	244 299
Italy	2018	334	9 (332)	1.8 (106)	–	–	–
Cyprus	2018	12	20 (12)	1.2 (1)	2018	0.4-0.8	243
Latvia	2018	20	16 (20)	37.7 (73)	2016	5.3-6.8	951 063
Lithuania	2018	59	32 (59)	19.6 (55)	2016	4.4-4.9	241 953
Luxembourg	2018	4	10 (4)	6.6 (4)	2015	3.8	492 704
Hungary	2018	33	4 (28)	0.1 (1)	2015	1.0	83 341
Malta	2017	5	16 (5)	0.0 (0)	–	–	275 969
Netherlands	2018	224	18 (206)	0.1 (2)	2015	0.07-0.09	–
Austria	2018	184	31 (184)	1.4 (12)	–	–	6 234 094
Poland	2017	202	7 (168)	0.5 (20)	–	–	129 681
Portugal	2017	51	6 (43)	2.0 (21)	2015	1.0-4.5	1 300 134
Romania ⁽⁴⁾	2018	26	2 (26)	3.5 (68)	–	–	896 397
Slovenia	2018	59	41 (55)	0.0 (0)	–	–	591 080
Slovakia	2018	32	8 (30)	0.2 (1)	–	–	425 880
Finland	2018	261	72 (248)	1.1 (6)	2012	4.1-6.7	5 992 811
Sweden	2018	566	81 (515)	2.3 (23)	–	–	607 195
United Kingdom ⁽⁵⁾	2017	3 284	76 (3 126)	1.4 (94)	–	–	–
Turkey	2018	657	12 (637)	0.3 (24)	–	–	–
Norway	2017	247	66 (229)	1.1 (6)	2017	2.0-2.6	3 000 000
European Union	–	8 317	23.7 (7 660)	1.9 (966)	–	–	–
EU, Turkey and Norway	–	9 221	22.3 (8 526)	1.7 (996)	–	–	–

In some cases, the age band is not specified, and these cases were not included in the calculations of mortality rate referring to the population aged 15-64:

Portugal (1), Greece (62) and Turkey (14).

(1) For 'Drug-induced deaths (aged 15-64)', the data for 2017 were used (147 cases without information on age).

(2) Syringes distributed through specialised programmes refer to 2017.

(3) Syringes distributed through specialised programmes refer to 2016.

(4) Drug-induced deaths data with sub-national coverage: 3 counties out of 42 recorded DRD cases (Bucharest, Arad and Ilfov).

(5) Drug-induced deaths data do not include Northern Ireland. Syringe data: England, no data; Wales 2 658 586; Scotland 4 401 387 and Northern Ireland 337 390 both in 2017.

TABLE A7

SEIZURES

Country	Heroin		Cocaine		Amphetamines		MDMA, MDA, MDEA		
	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized		Number of seizures
	kg	count	kg	count	kg	count	tablets	(kg)	count
Belgium	4 537	1 762	53 032	5 646	75	3 109	225 908	(587)	2 462
Bulgaria	1 033	43	22	29	91	94	5 054	(320)	45
Czechia	1	110	24	297	108	2 053	32 591	(9)	577
Denmark	38	427	151	4 786	379	2 080	18 320	(4)	722
Germany	298	–	8 166	–	1 784	–	693 668	(–)	–
Estonia	<0.1	7	4	164	22	472	–	(8)	275
Ireland	–	313	–	608	–	90	–	(–)	304
Greece	207	2 388	166	766	782	12	62 762	(5)	82
Spain	251	8 058	48 453	45 583	413	4 725	337 904	(293)	4 084
France	1 115	4 103	16 357	12 578	334	615	1 783 480	(–)	1 048
Croatia	5	146	109	455	37	981	–	(12)	642
Italy	975	2 236	3 623	7 995	18	177	23 176	(21)	297
Cyprus	<0.1	9	5	129	1	105	939	(0)	15
Latvia	<0.1	40	5	91	55	487	14 967	(3)	352
Lithuania	3	157	14	99	43	318	–	(17)	167
Luxembourg	3	75	347	215	1.9	11	1 564	(–)	20
Hungary	35	49	25	303	22	1 153	43 984	(1)	792
Malta	5	20	188	166	0.004	1	369	(0)	83
Netherlands (¹)	354	–	40 134	–	7	–	–	(472)	–
Austria	76	1 115	75	1 810	85	1 759	83 037	(12)	1 174
Poland	9	3	277	2	1 354	34	218 442	(408)	–
Portugal	27	225	5 541	501	0.4	52	4 145	(19)	186
Romania	5	264	35	358	3	165	53 072	(1)	819
Slovenia	11	286	12	277	6	242	–	(–)	63
Slovakia	0.6	41	1	32	4	661	–	(–)	74
Finland	0.1	76	10	340	203	2 456	219 352	(–)	839
Sweden	75	780	544	3 995	1 052	6 974	147 792	(22)	2 171
United Kingdom	617	10 868	3 469	19 451	1 668	3 682	713 896	(1)	3 630
Turkey	18 531	18 298	1 509	3 519	6 273	15 528	8 409 892	(–)	9 758
Norway	50	781	98	1 862	418	6 711	60 400	(11)	1 366
European Union	9 681	36 610	180 787	110 196	8 549	46 349	4 684 422	(2 217)	24 443
EU, Turkey and Norway	28 262	55 689	182 394	115 577	15 240	68 588	13 154 714	(2 228)	35 567

All data are for 2018 or most recent year.

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

Cocaine seizures represent the majority of large seizures.

SEIZURES

Country	Cannabis resin		Herbal cannabis		Cannabis plants		
	Quantity seized	Number of seizures	Quantity seized	Number of seizures	Quantity seized		Number of seizures
	kg	count	kg	count	plants	(kg)	count
Belgium	108	6 889	17 290	28 801	422 261	(-)	1 006
Bulgaria	2	21	986	85	24 244	(108 509)	147
Czechia	3	189	948	5 779	28 334	(-)	441
Denmark	8 956	18 715	293	1 803	17 840	(272)	480
Germany	1 295	-	7 731	-	101 598	(-)	-
Estonia	110	48	72	707	-	(20)	40
Ireland	-	176	-	1 352	-	(-)	112
Greece	7 388	291	12 812	9 198	50 597	(-)	635
Spain	436 963	167 530	37 220	143 087	981 148	(-)	2 986
France	85 400	76 227	29 800	30 175	138 564	(-)	462
Croatia	50	326	4 687	7 388	3 614	(-)	132
Italy	78 522	9 661	39 178	10 432	430 277	(-)	1 262
Cyprus	1	28	319	997	301	(-)	21
Latvia	133	57	41	866	-	(108)	46
Lithuania	389	75	168	606	-	(-)	-
Luxembourg	181	434	35	647	34	(-)	9
Hungary	20	164	868	3 492	4 769	(-)	167
Malta	17 366	22	594.6	171	2	(-)	2
Netherlands ⁽¹⁾	7 288	-	3 002	-	516 418	(-)	-
Austria	111	1 077	1 382	16 029	24 571	(-)	565
Poland	8 316	26	4 260	149	118 781	(-)	10
Portugal	4 170	1 774	138	300	8 706	(-)	139
Romania	8	200	266	3 354	-	(28)	87
Slovenia	20	107	838	3 768	13 594	(-)	218
Slovakia	1	26	144	1 115	2 299	(-)	31
Finland	54	280	344	1 040	13 085	(-)	1 073
Sweden	2 709	16 280	960	7 166	-	(-)	-
United Kingdom	8 470	11 876	29 533	101 744	372 207	(-)	8 382
Turkey	31 473	13 798	49 232	51 374	-	(-)	2 812
Norway	2 658	6 771	354	3 908	-	(-)	-
European Union	668 032	318 273	193 909	411 873	3 273 244	(108 935)	20 660
EU, Turkey and Norway	702 163	338 842	243 495	467 155	3 273 244	(108 935)	23 472

All data are for 2018 or most recent year.

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



EMCDDA RESOURCES

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

European Drug Report: Trends and Developments

The Trends and Developments report, of which the Key Issues is a selected summary, presents a top-level overview of the drug phenomenon in Europe focused on illicit drug use, related health harms and drug supply.

emcdda.europa.eu/edr2020

EMCDDA Publications

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

emcdda.europa.eu/publications

Best Practice

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

emcdda.europa.eu/best-practice

Statistical Bulletin

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

emcdda.europa.eu/data/

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

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About this report

The Key Issues of the 2020 European Drug Report presents a selection of the main findings from the EMCDDA's latest analysis of the drug situation in Europe, chosen for their policy relevance and general interest. Illicit drug use, related harms and drug supply are the main focuses of the report, which also contains a comprehensive set of national data across these themes and key harm reduction interventions.

About the EMCDDA

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

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

