

Heroin and other opioids – the current situation in Europe (European Drug Report 2024)

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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 2024](#), the EMCDDA's annual overview of the drug situation in Europe.
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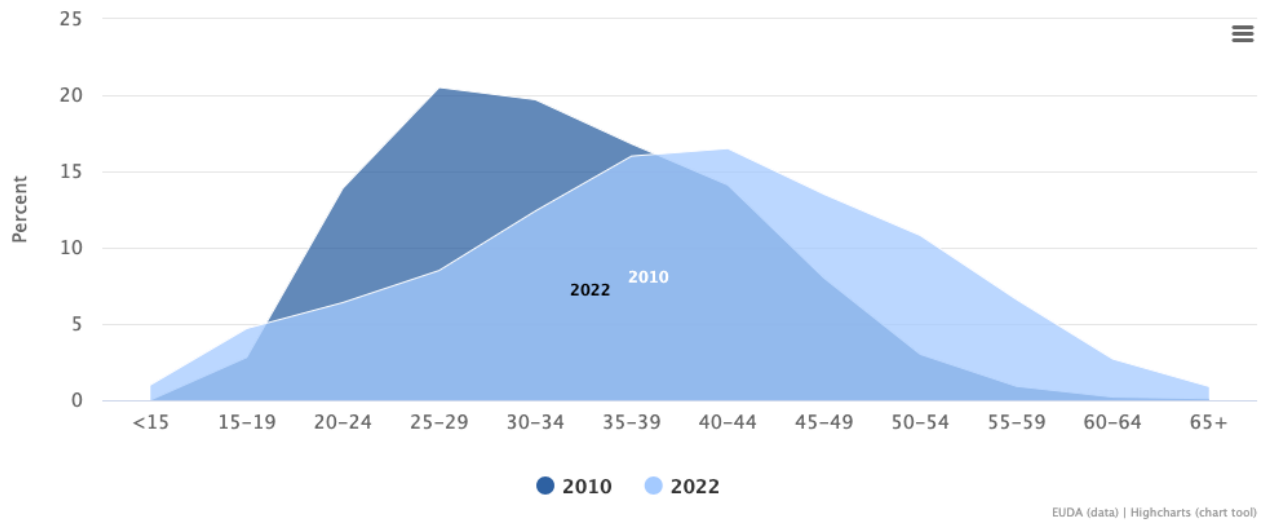
Being prepared for possible changes in opioid availability and use

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.

Data on entry to drug treatment and other indicators show that Europe’s cohort of heroin users is ageing, with little current evidence to suggest significant new recruitment into this behaviour. Between 2010 and 2022, 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

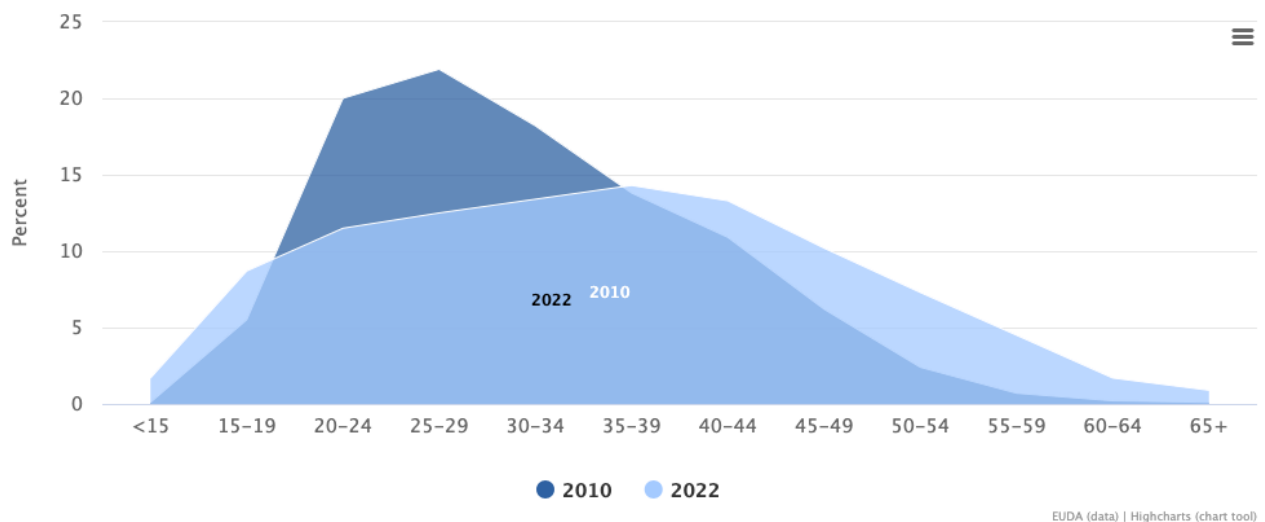
that services must respond to the needs of clients presenting with an increasingly complex range of health and social support needs. As well as directly responding to drug-related problems, these include the need to provide care and support to prevent or treat age-related illness and a corresponding 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, 2010 and 2022



Based on data from 19 EU countries and Türkiye.

Figure 6.2. Age distribution of never previously treated clients entering treatment with heroin as their primary drug, 2010 and 2022



Based on data from 20 EU countries and Türkiye.

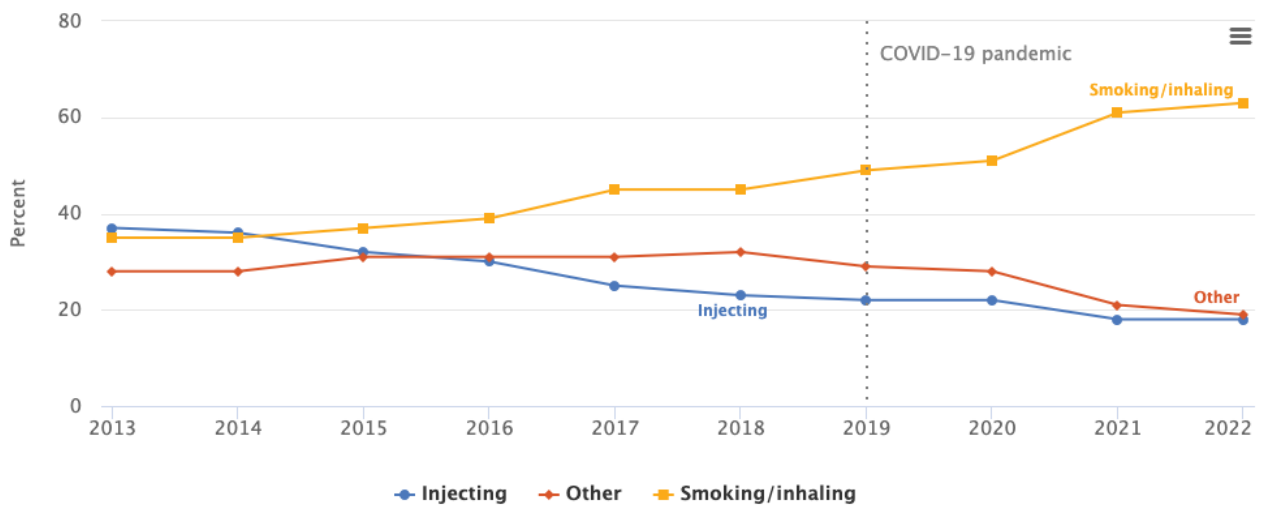
While heroin continues to be involved in many opioid-related deaths (see [Drug-induced deaths – the current situation in Europe](#)), the number of countries in which this is the case has decreased; at the same time, other opioids have become more prominent. In addition, although heroin remained the most commonly reported opioid in acute drug toxicity presentations at Euro-DEN sentinel hospitals in 2022, in some cities other opioids – often those used for opioid agonist treatment, but also in some locations, medicines containing opioids used for pain relief or potent new synthetic opioids – have now 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. This data also 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 effective treatment for those with opioid problems. Moreover, it must be recognised that access to opioid agonist treatment remains inadequate in many 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 (see [Figure 6.3](#) and [Injecting drug use in Europe – the current situation](#)). This change 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 18 % 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 wider range of substances, with stimulants in particular being more commonly reported.

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

Treatment status

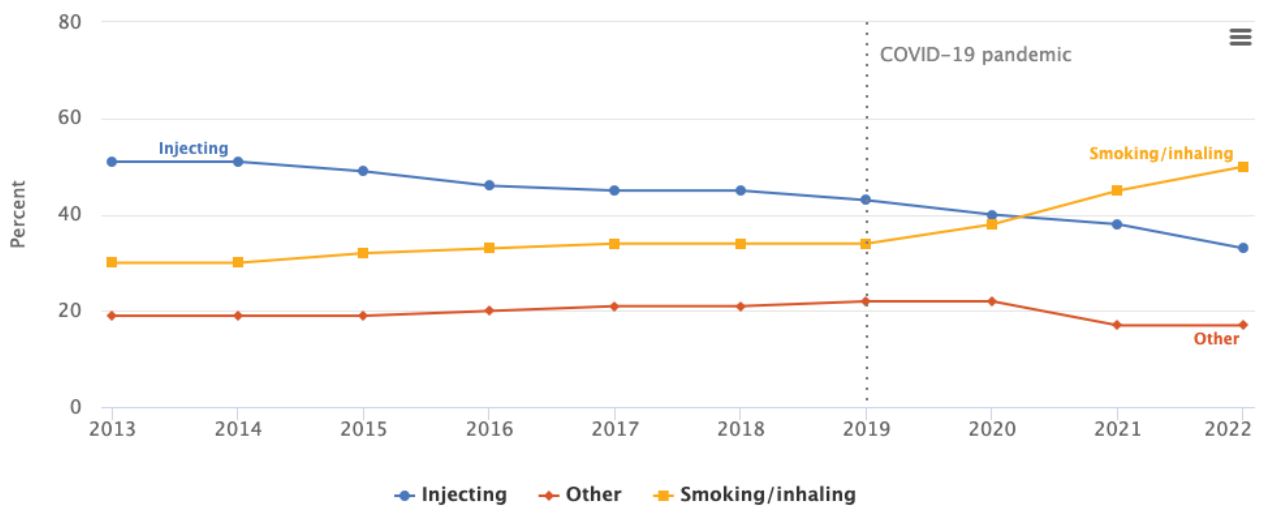
First-time



EUDA (data) | Highcharts (chart tool)

Treatment status

Previously treated



EUDA (data) | Highcharts (chart tool)

'Other routes' includes eat/drink, sniff 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. Dashed lines refer to the COVID-19 pandemic period.

Possible signs of change in Europe's heroin market

The United Nations Office on Drugs and Crime has estimated a 95 % drop in opium cultivation in 2023 in Afghanistan following the Taliban's opium ban. While it is too early to determine the full impact of this development on European drug markets, if sustained, it is likely to affect the availability of heroin in Europe in the coming years. The most recent aggregate data presented here are from 2022 and predate this development. These show a slight decrease in the overall quantity of heroin seized in the European Union. In addition, substantial decreases in heroin seizures were noted in Bulgaria and Türkiye, key countries on the heroin trafficking routes (see [Heroin and other opioids market data](#) below). Also in 2022, a slight decline can be observed in indexed trends in retail-level prices, with purity estimates slightly rising. At the same time, conflicts in Ukraine and the Middle East may affect the routes used by criminals to traffic illicit drugs to Europe. The EMCDDA's current assessment of the most recent data would be to cautiously conclude that, as yet, there are no strong signals of an impact on flows of heroin trafficked towards European markets, although increases in opium prices in Afghanistan may have possibly had an impact in some areas on price and purity. More generally, it is thought that stocks of opium existing within Afghanistan and the relatively high value of the European market would make supplies to Europe somewhat resilient in the short to medium term. Nonetheless, should the ban be sustained and rigorously enforced, we would expect to see an impact on the availability of heroin in the future. It is also possible that we might also see in the future some more limited supply of this drug to Europe from other producing regions in South-East Asia. It is therefore prudent to consider now what might be the implications of any changes in this area for drug policies and responses in order to be better prepared to mitigate any possible adverse consequences. One important implication would be the need to ensure the adequate availability of drug treatment provision for those seeking help, as disruptions to the illicit opioid market could increase demands in this area. A second implication would be the need to monitor and respond appropriately to reduce any possible additional harms that might result if other substances are used as substitutes for heroin. Experience suggests that these may include not only other opioids but also other drug classes, including stimulants such as cocaine or synthetic cathinones.

Could we see greater availability and use of new synthetic opioids or other drug classes?

Currently, 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.

In 2023, new synthetic opioids were detected by the EU Early Warning System on new psychoactive substances in at least 16 EU Member States, Norway and Türkiye (see [New psychoactive substances – the current situation in Europe](#)). In the same year, outbreaks of poisonings and overdoses involving nitazene opioids were reported in 5 countries. There were also reports of nitazene opioids being mis-sold as heroin in Ireland and France.

An increase in the availability of synthetic opioids and of associated harms, including drug-related deaths was reported in 2022 by some northern and Baltic countries, with preliminary 2023 data from some countries confirming this trend. Historically, concerns in this area have been focused on fentanyl derivatives, such as the highly potent carfentanil, which continues to be seized in some EU countries. However, in the last few years, the nitazenes, highly potent opioids derived from 2-benzyl benzimidazole, have been detected in Europe. The most commonly identified nitazenes include protonitazene, metonitazene and isotonitazene. In 2022, 14 countries reported seizures of nitazenes to the Early Warning System, amounting to 3 kilograms. These substances are discussed in more detail in [New psychoactive substances – the current situation in Europe](#).

There has also been speculation that if the availability of heroin in Europe is reduced as a result of the Taliban's ban on opium production in Afghanistan, this 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, in an extreme scenario, the replacement of heroin by new synthetic opioids. Such developments could increase the risk of overdose and drug-related death 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. It is therefore of concern that, as noted elsewhere in this report, the use of cocaine, and crack cocaine in particular, appears to be increasing among more marginalised groups and spreading to more countries.

While increased polydrug 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 prevent overdoses and drug-related deaths.

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 EMCDDA-Europol [EU Drug Market: Heroin and other opioids – In-depth analysis](#).

Key data and trends

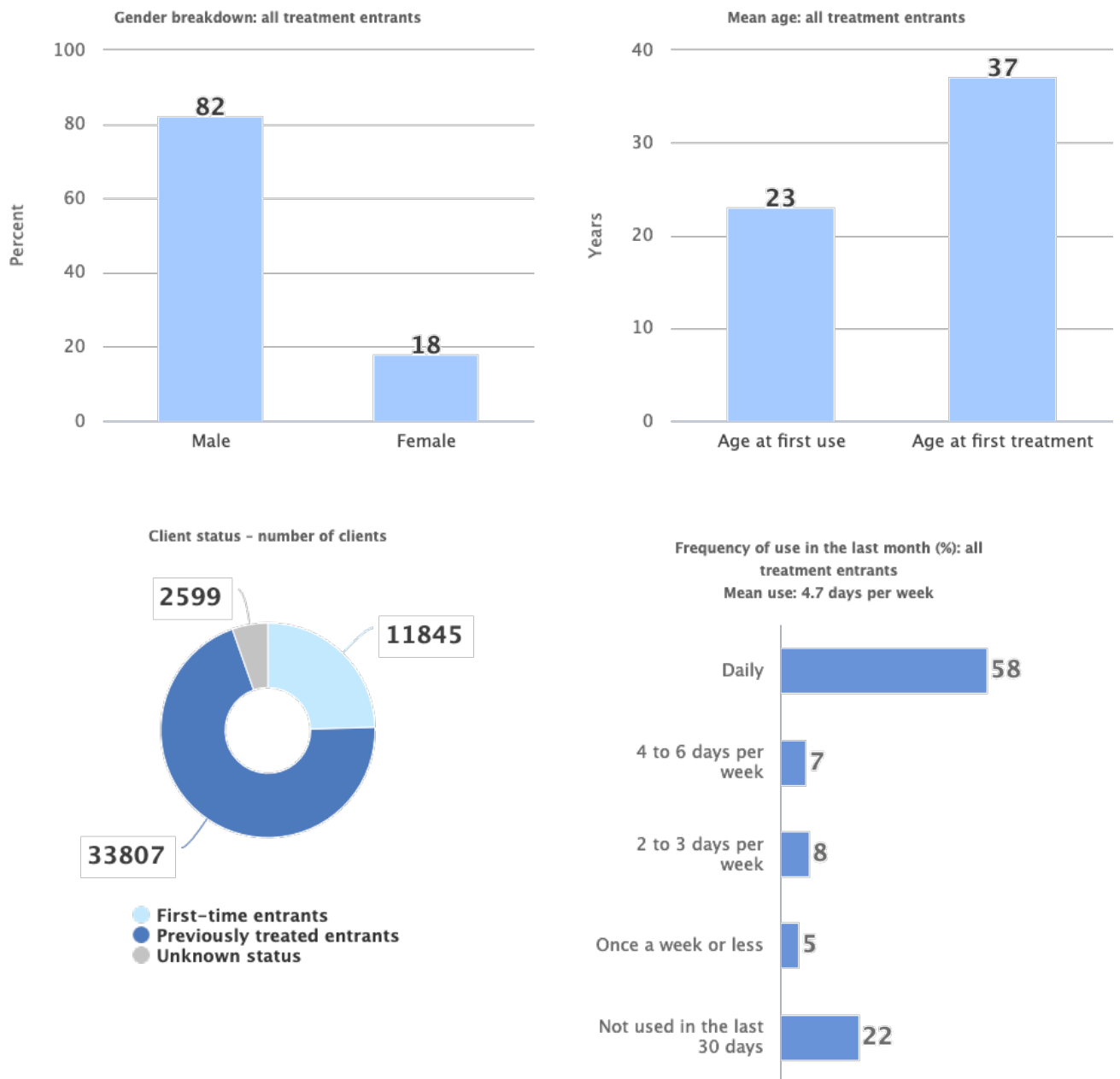
Prevalence of opioid use

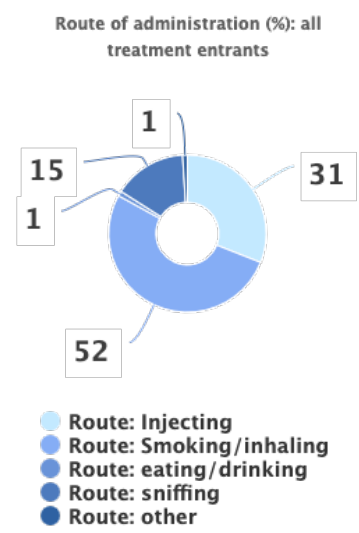
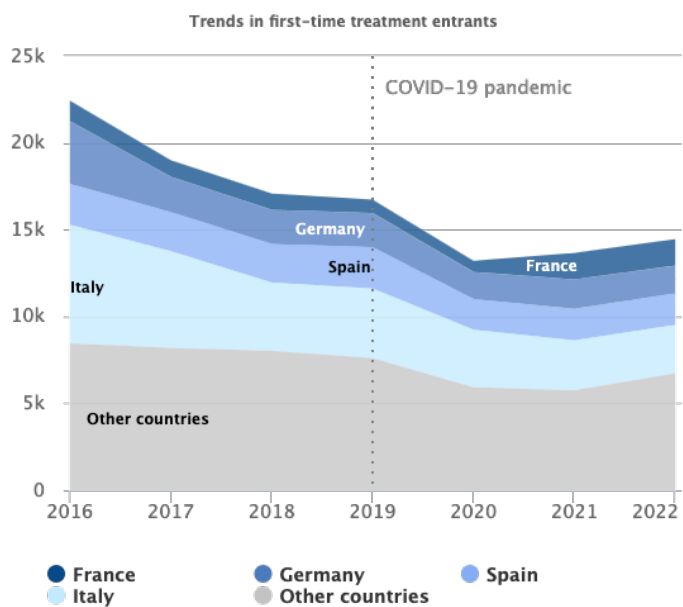
- It is estimated that 0.3 % of the EU adult population, or around 860 000 people, used opioids in 2022 (950 000 in 2021). This apparent decrease, compared to previous years, is mainly due to a change in the indirect statistical method used to estimate the population of people who use heroin in Italy.

Treatment entry for use of heroin and other opioids

- Opioid use was reported as the main reason for entering specialist drug treatment by 63 000 clients in 2022, representing 25 % of all those entering drug treatment in Europe. Heroin was the primary drug for 12 000 (64 %) of the 19 000 first-time entrants who reported a specific opioid as their main problem drug (see [Figure 6.4](#)). Another 2 400 first-time opioid clients did not specify their primary drug.
- 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 6.4](#)).
- The latest European data reveal a time lag of 14 years between first heroin use, on average at the age of 23, and first treatment for heroin-related problems, on average at the age of 37.
- National data from 26 EU Member States show that an estimated 508 000 clients received opioid agonist treatment in 2022 (506 000 in 2021).

Figure 6.4. Users entering treatment for heroin in Europe





Apart from trends, data are for all treatment entrants with heroin as the primary drug – 2022 or the most recent year available.

Trends in first-time entrants are based on 25 countries. Data for Germany are for entrants with ‘opioids’ as primary drug. 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 (2022) and Germany (2019).

Harms related to opioid use

- In 2022, heroin remained the third most frequently reported drug in acute drug toxicity presentations in Euro-DEN Plus hospitals, accounting for 16 % of all reported cases. A small number of centres accounted for many of the reports received by the sentinel network. Heroin was found in 19 of the 23 European hospitals participating in 2022 (see [Figure 6.5](#)). Half of the participating hospitals reported that 4.3 % or more of their presentations involved heroin in 2022. Heroin was reported in more than a fifth of the drug-related presentations at centres in Drogheda and Dublin (Ireland), Ljubljana (Slovenia) and one of the two centres in Oslo (Norway). Most presentations with heroin involved were among men aged 25 to 45 years: in 6 of the 19 centres in 2022, no cases were aged less than 25 years. In half of the centres, women represented 19 % or less of the presentations with heroin involved. Depending on the centre, the other drugs most commonly reported in these presentations were benzodiazepines, cocaine and amphetamine.
- Opioids were found in an estimated 74 % of fatal overdoses reported in the European Union. This finding is based on toxicological data submitted between 2015 and 2022, in which opioids were identified in 3 305 out of a total of 4 439 deaths. It should be noted that multiple drugs are commonly found in toxicology reports from suspected drug-induced deaths.

Figure 6.5a. Proportion of acute drug toxicity presentations with heroin involved in 2022, Euro-DEN Plus

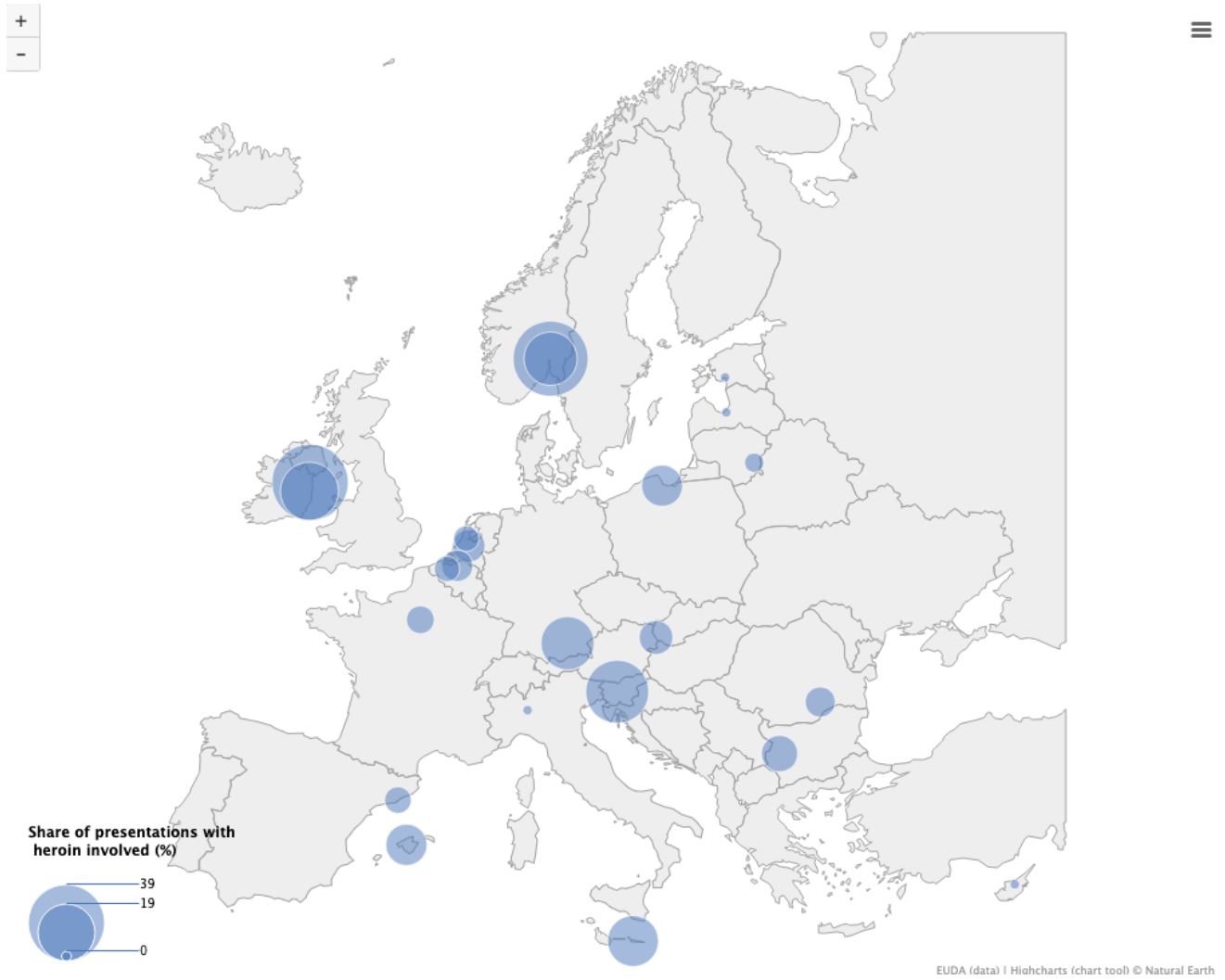
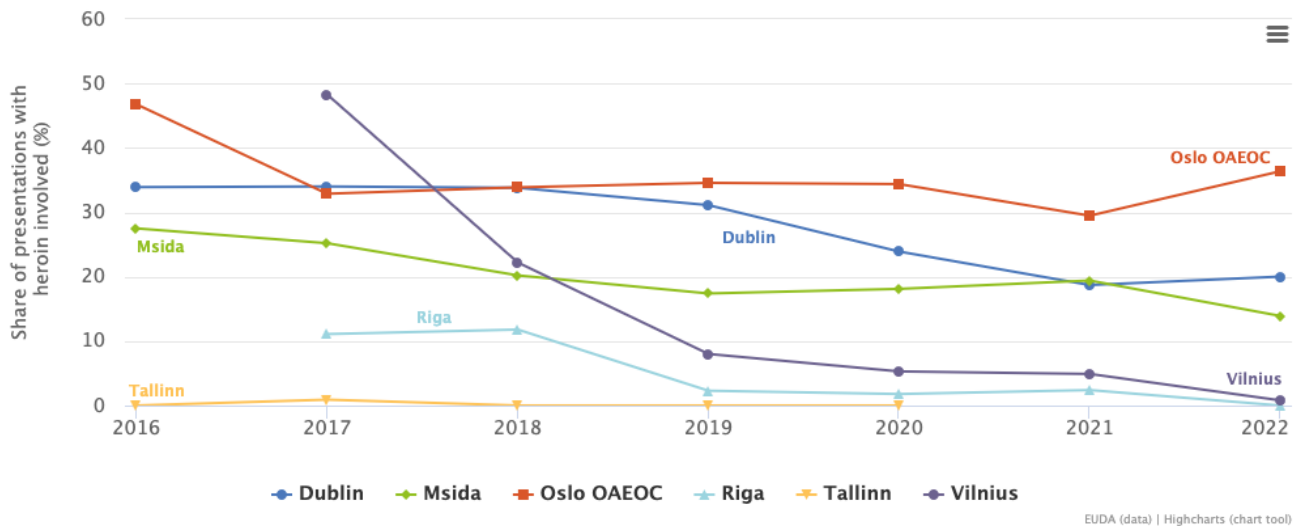


Figure 6.5b. Trends in the proportion of presentations with heroin involved, selected hospitals



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

- EU Member States reported 19 000 heroin seizures amounting to 8.0 tonnes in 2022 (9.5 tonnes in 2021). The Netherlands (2.6 tonnes), France (1.4 tonnes), Belgium (1.3 tonnes), Italy (0.6 tonnes) and Bulgaria (0.3 tonnes) reported large quantities. Türkiye seized 8 tonnes of heroin in 2022 (22.2 tonnes in 2021).
- 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. Türkiye reported a more marked decrease in the quantity seized in 2022 (to 8.0 tonnes, or -64 %, compared with 22.2 tonnes in 2021) ([Figure 6.6](#)). Bulgaria reported a 71 % reduction in the quantity seized in 2022 (to 0.3 tonnes) compared with 2021 (1.2 tonnes).
- The average purity of brown heroin at the retail level ranged from 5.4 % to 41.7 % in 2022, with half of the countries reporting an average purity between 14.4 % and 25.0 %. Indexed trends indicate the average purity of brown heroin rose by 44 % between 2012 and 2022, while its price dropped by 24 %. A slight decline in heroin’s average price and a slight rise in its purity are observable in the most recent data ([Figure 6.6](#)).
- Available data show that almost 13 600 seizures of opioids other than heroin were reported in 2022, amounting to almost 1.2 tonnes, 216 litres and over 2 million tablets (including tramadol, buprenorphine, oxycodone, morphine, methadone, codeine and nitazene opioids) ([Table 6.1](#)). A total of 3.5 kilograms of nitazene analogues was reported as seized in 2022 by Estonia, Latvia, Poland and Sweden. In the same year, reports of seized quantities of fentanyl and carfentanil in the European Union amounted to 9.2 kilograms (2.7 kilograms of fentanyl seized by two countries and 6.5 kilograms of carfentanil seized by 14 countries), 168 litres of fentanyl (in one seizure in Bulgaria) and 8 435 tablets (fentanyl).

- An increase in fake medicines containing nitazenes was reported to the EU Early Warning System, with 430 tablets or capsules reported in 2022 (189 in 2021). In 2023, Portugal seized 5 752 fake oxycodone tablets containing N-desethyl isotonitazene, while Sweden seized 3 100 fake Oxycontin (oxycodone) tablets containing metonitazene. In 2024, Finnish police reported a seizure of 1 000 fake Subutex (buprenorphine) tablets containing metonitazene.
- Approximately 22 400 offences for heroin use or possession were reported in 2022.

Figure 6.6. Heroin market in Europe

Geographical coverage (selected graphs)

EU

EU+2

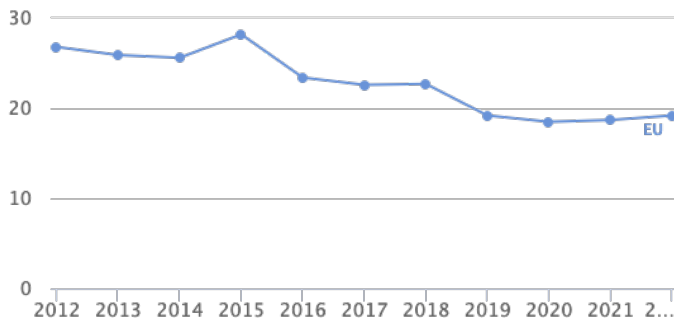
Heroin: Number of seizures, EU



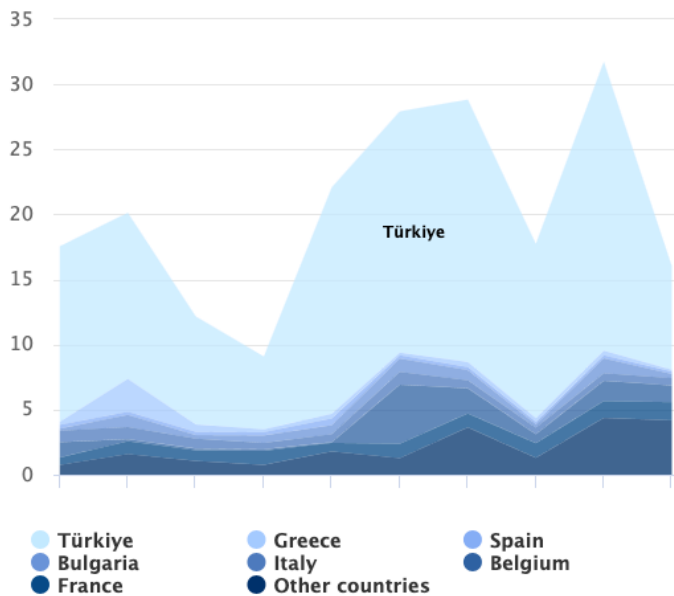
Heroin: Quantity seized (tonnes), EU



Heroin: Trends in number of seizures (x 1000) EU



Heroin: Trends in quantity seized (tonnes)

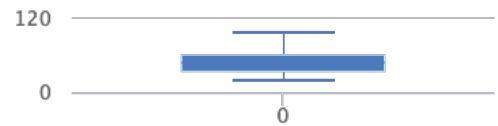


EUDA (data) | Highcharts (chart tool)

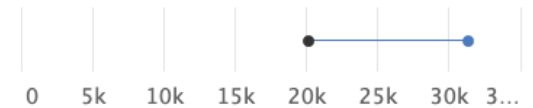
Heroin base, retail price (EUR/g) (EU)



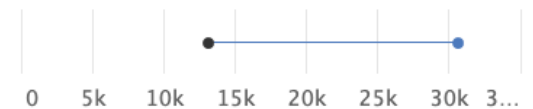
Heroin hydrochloride, retail price (EUR/g) (EU)

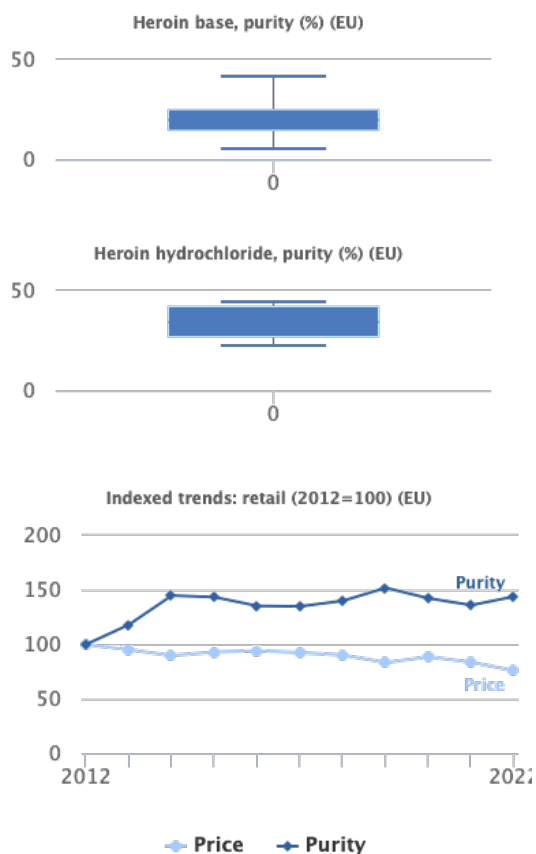


Heroin base, wholesale price (EUR/g) (EU)



Heroin hydrochloride, wholesale price (EUR/g) (EU)





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, 2022

Substance	Countries	Number of seizures	Weight (kilograms)	Tablets	Litres	Patches
Tramadol	13	4185	0.1	958094	1.7	
Buprenorphine	17	4578	3.4	918819	0.001	21
Methadone	19	1136	17.3	76447	43.8	
Morphine	16	761	2.8	11259	1.3	
Oxycodone	15	894	1.3	76342	0.5	
Opium	17	826	1116.4	298	0.02	
Codeine/dihydrocodeine	14	390	26.4	13384	0.4	
Fentanyl	14	177	2.7	8435	168.2	1521

Substance	Countries	Number of seizures	Weight (kilograms)	Tablets	Litres	Patches
Carfentanil	2	273	6.5		0.17	
Nitazenes	4	350	3.5	108	0.44	

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

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