EUDA
EUROPEAN UNION DRUGS AGENCY

Understanding Europe's drug situation in 2026 – key developments (European Drug Report 2026)

The European Drug Report 2026 provides a snapshot of Europe's drug situation based on the latest data available. Europe's overlapping markets for established and new drugs continue to evolve and are further complicated by the integration of diverted and fake pharmaceutical products, resulting in a wider range of risks, and challenging existing response models as never before. Here we provide a brief analytical commentary on key drug policy and practice issues emerging from this year's report.

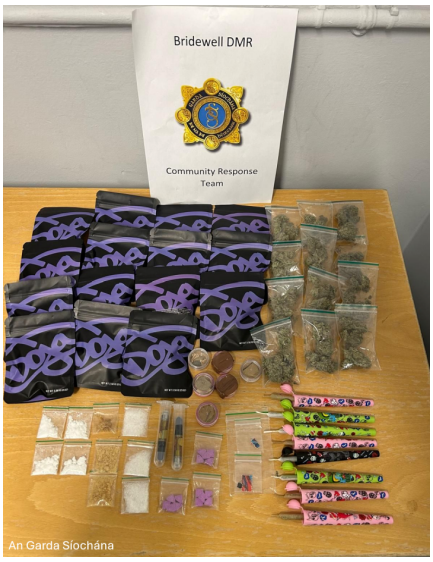
This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.

Last update: *9 June 2026*

The drug situation in Europe in 2026 – an overview

New risks to consumers linked to widespread drug availability

The availability of illicit drugs remains high in Europe, with multiple substances on the market, often at high potency or purity. Among these are novel substances, for which both consumer and scientific knowledge of health risks is limited, alongside more potent drugs, which carry an increased likelihood and severity of harm. For drugs such as cannabis, diverse products are now available, while for substance groups such as opioids and stimulants, the variety of substances sold has increased. Concerns continue about increasing risk levels, especially among vulnerable and marginalised groups, including poisonings and deaths from consuming highly potent drugs or novel substances, possibly unknowingly, in drug mixtures and



tablets, particularly in the context of polysubstance use.

Geopolitical uncertainties, including conflicts and state destabilisation close to the European Union and in other regions, and their effects on trade and the economy, have as yet an unclear impact on the drug market and patterns of use in Europe. The growing complexity of the drug phenomenon is also influenced by technological developments, changing drug trafficking routes and methods, and evolving health risks from greater integration of the markets for illicit drugs and new psychoactive substances. To evade legal and regulatory controls and targeted law enforcement measures, drug producers continue to pursue a reactive replacement strategy, switching precursor chemicals and selling newer drugs. Overall, this creates a challenging drug policy context, potentially straining health and security response models and capacities. This dynamic situation is addressed in the EU Drugs Strategic Framework , endorsed by the Council of the European Union in March 2026. The framework includes the EU Drugs Strategy and the European Commission's Communication for an Action Plan against drug trafficking. Europe's strategic response includes a strengthened regulatory approach to the control of precursors and enhancing coordination, cooperation and capacity building with international partners. In this context, the EUDA continues to develop new tools and services to support Europe's response to shifting risks and emerging preparedness challenges.

More timely identification of new drugs and emerging trends is vital for policy preparedness

The increasing overlap between the illicit drug and new psychoactive substance markets, including fake and diverted medicines, contributes to the potential for sudden shifts in the substance types available at retail level. This can increase people's exposure to unpredictable health risks from unknowingly using highly potent substances that appear on the market. Examples include synthetic cannabinoids in e-liquids for vaping, new psychoactive substances mis-sold as opioid or stimulant powders and pills, and natural cannabis products combined with synthetic compounds.

In this context, rapid identification of changes in drug markets and patterns of use is increasingly important to ensure policymakers, planners and practitioners are prepared. Alongside established monitoring tools and in partnership with the Reitox network, the EUDA continues to support the development of leading-edge systems to help deliver more timely analysis. These include the European Web Survey on Drugs and city-level initiatives covering wastewater analysis, hospital emergencies, syringe residue analysis, drug checking services and drug consumption rooms. The EUDA Network of forensic and toxicological laboratories supports and complements the EU Early Warning System, the European Drug Alert System and the EUDA health and security threat assessment system to rapidly assess and warn of emerging problems. New EUDA data

collections are being developed on drug production incidents and drug precursors. Together, the EUDA's more timely multi-level monitoring tools will deepen our understanding of the drugs being sold and the harms associated with specific substances and combinations, thereby enhancing support for policy and response development.

Fluid drug trafficking methods challenge responses, straining resources

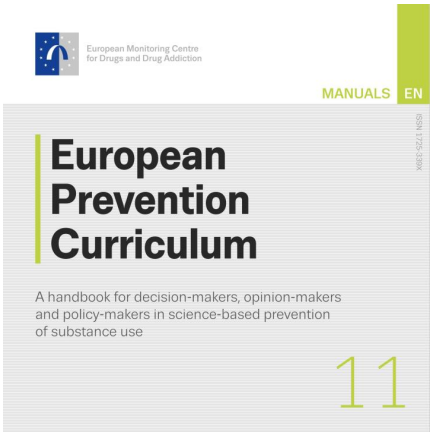
Europe's drug market is fed and shaped by agile global supply chains, with illicit drugs and precursor chemicals trafficked from different world regions. The infiltration of commercial supply chains remains central to the bulk trafficking that sustains drug markets, as evidenced by continued seizures of large drug shipments in Europe's ports. Commercial container shipments remain vulnerable to exploitation by trafficking networks using sophisticated physical and chemical concealment methods combined with corruption, intimidation and violence against key staff in the distribution chain. Following intensified law enforcement and customs operations at major European ports and the creation of the European Ports Alliance , trafficking networks have diversified their routes, methods and concealments, using multiple modi operandi. Increased use of at-sea transfers via a variety of vessels, semi-submersibles, drones and deep concealment has created a more unpredictable, fragmented and resource-intensive target for law enforcement and customs. In addition, growing forms of technology-enabled trafficking such as the use of drones at various levels of the illicit drug supply chain, including trafficking into prisons, are challenging to respond to and underscore the need for enhanced intersectoral collaboration.

Criminal networks target vulnerable young people to operate drug markets and perpetrate violence

The illicit drugs trade is associated with intimidation and violence across Europe. While challenging to monitor, growing evidence from a number of countries suggests that some young people, in particular those already living in deprived and marginalised communities, may be vulnerable to active recruitment into the drugs trade. Of particular concern is the outsourcing of violence to young people through violence-as-a-service arrangements. This involves young people performing acts such as intimidation, assault and homicide under the direction of criminals who provide the planning, weapons, transport and financing. The European Union's responses to this development include counter-recruitment frameworks supported by digital safety partnerships with social media platforms, awareness-raising and digital-literacy measures. Law enforcement responses have included network-informed disruption, targeting key

connectors and facilitators, closer integration with financial and internal security measures, and coordinated action across EU Member States.

Europe's changing drug problems highlight key role of evidence-based prevention



Whether operating at the individual, family, school or community level, both drug and crime prevention programmes typically focus on building resilience and adaptive capacity before harms emerge or escalate, enabling individuals and community systems to anticipate and respond effectively to emerging challenges. This is increasingly important as Europe's drug problems evolve. Regulatory, economic and environmental approaches can shape substance availability, norms and decision-making. The identification and implementation of evidence-based interventions are important, alongside enhancing the prevention workforce and embedding quality standards. The EUDA supports the EU Member States through the European Prevention Curriculum (EUPC), providing a reference framework for prevention capacity-building. It equips policymakers, coordinators and practitioners with competencies to select, design, adapt and evaluate interventions according to quality standards. Although focused on psychoactive substances and addictive behaviours, the EUPC recognises the wider social, behavioural and environmental determinants shaping patterns of use and adopts a broad public health perspective. As a follow-up to the EUPC, the EUDA supports the POLITEA programme, which brings the evidence-based prevention approach to frontline criminal justice actors. At national and EU level, investment in funding prevention activities will be a priority for reducing the future burden of drug use and harms.

Reducing the burden of infectious diseases requires investment in services and equipment

People who inject drugs are at greater risk of infection with blood-borne viruses, including HIV and hepatitis C, B and A. Historically, heroin has been the drug most closely associated with injecting in Europe, but other drugs, including stimulants, opioid agonist medications and new psychoactive substances, are also injected, either in combination or alone. The use of stimulants is associated with more frequent injecting and higher-risk sexual practices and has led to local HIV outbreaks in Europe.

In Europe, people who inject drugs have a high burden of chronic viral hepatitis, and injecting remains the most common risk factor for new HCV diagnoses. Although there is no vaccine for HCV, effective treatments do exist, and

some countries have shown that with at-scale provision of treatment and harm reduction measures, HCV may be significantly reduced among people who inject drugs through a sufficiently funded decentralised and integrated approach to prevention, testing and treatment. In 2025, a hepatitis A outbreak, with person-to-person transmission, affected Czechia, Hungary, Austria and Slovakia, with 39 deaths reported. In many cases, a significant number of infections were among people experiencing homelessness and people who use drugs. Systematically offering HBV and HAV vaccination in prisons as well as in community settings is supported by the joint ECDC-EUDA toolkit and ECDC-EUDA guidance.

More generally, preventing and containing infectious disease transmission requires higher levels of integrated prevention and harm reduction service provision. In some countries, funding challenges and access barriers remain for responses, including infectious disease testing and linkage to care, needle and syringe programmes and opioid agonist treatment.

The provision of appropriate harm reduction equipment is key to enabling people who use drugs to reduce the risk of contracting blood-borne infections and lower their likelihood of injection-related injury and fatal overdose. A recent EUDA miniguide details this intervention, which is typically provided to people who engage in high-risk drug use and may have limited or no access to hygienic supplies for injection, smoking or inhalation. Alongside this, guidance is usually provided on the correct use of the items, how to safely dispose of them after use and options for transition to less risky routes of administration.

Cannabis and cannabinoid products are changing, as are the problems

Wider range of cannabis products raises public health concerns

In Europe, illicit herbal cannabis and cannabis resin remain the most widely available types of cannabis. An estimated 15.4 million young European adults used the drug last year, and cannabis now accounts for about one third of Europe's drug treatment admissions. For a number of reasons, the market is becoming more complex. In several EU Member States, it is now possible to buy or grow small amounts of cannabis legally. New cannabis products are present on both the illicit drug market and the commercial market. Products are appearing that contain low levels of THC, substances that may be derived from the cannabis plant, such as cannabidiol (CBD), or both. Cannabis products adulterated with potent synthetic cannabinoids can be found on the market; more recently, semi-synthetic cannabinoids have also become more widely available. The availability of high-potency extracts and edibles has been linked to acute drug-toxicity presentations in hospital emergency departments. Potential harms are increased and their assessment and the design of appropriate

treatment are complicated by the wider availability of diverse and potent cannabis products. To meet current and future needs, scaling up response capacity in the health services relating to cannabis harms and treatment is a priority.

Europe’s illicit cannabis sources and supply routes are evolving


The Netherlands Customs Administration

Cannabis trafficking networks are diversifying their routes and methods. Spanish law enforcement has seized drones and speedboats carrying cannabis, and in 2025, Belgian and Dutch authorities reported increased cannabis seizures in shipping containers at seaports, with seizures of around 21 tonnes in each of the ports of Antwerp and Rotterdam, originating primarily from Canada. In addition, cannabis is also now being trafficked to Europe from the United States and, to a lesser extent, Thailand. It seems likely that market dynamics in North America linked to changes in regulatory status, including strong competition, overproduction and lower prices, may incentivise European traffickers to source cannabis there. In November 2025, the EUDA issued its first-ever alert via the European Drug Alert System, highlighting potential harms from North American cannabis, due to high-potency products and contamination with potentially hazardous pesticides. Whether these developments signal a structural market shift or a temporary phenomenon remains uncertain, but they pose challenges for authorities and underscore the need for targeted responses and further international cooperation in this area.

Cannabis policy changes highlight role of monitoring and evaluation

Some EU Member States have changed or are in the process of reviewing their policy for cannabis use by adults. While differing in scope and stage of implementation, new cannabis regulation models being developed generally involve prevention measures, limited home cultivation and monitoring and evaluation. Czechia, Germany, Luxembourg and Malta permit limited home cultivation. Germany and Malta also allow non-profit sales to members of regulated growing associations, while the Netherlands is conducting an experiment with cannabis produced in regulated premises sold through coffeeshops. These policy changes are in the early stages of implementation and vary across countries. By the end of 2025, Germany and Luxembourg had published interim evaluation reports considering early data on various health and security objectives. Further monitoring and evaluation is expected to deliver policy-relevant insights. To assist policymakers in the field of cannabis control, the EUDA is developing a cannabis policy toolkit.

Health risks remain from obtainability and appeal of semi-synthetic cannabinoids

Semi-synthetic cannabinoids are chemically modified forms of natural cannabinoids. Following the international control of HHC (hexahydrocannabinol), other semi-synthetic cannabinoids became widely available, reflecting the ongoing cycle of new substances being created to circumvent legal controls. Also of concern is the production of semi-synthetic cannabinoids from CBD, an issue under assessment by the EUDA. In 2024, at least three sites involved in the production of THC or semi-synthetic cannabinoids were dismantled in the European Union. Although the effects of semi-synthetic cannabinoids in humans remain poorly studied, reports suggest they are similar to those of THC, with adverse reactions ranging from mild effects to severe poisoning, sometimes requiring treatment in hospital. Concerns exist about their potential to trigger psychotic episodes and their abuse and dependence potential. Alongside the risk of accidental overconsumption due to uncertainties in dosage, the rapid spread of vapes and edibles, especially gummies, containing synthetic and semi-synthetic cannabinoids is a public health concern as they may attract new, possibly younger, consumers.

Vaping as a mode of administration is on the rise

Most vaping or e-cigarette use involves nicotine-containing products, but other substances may be involved. The 2024 ESPAD study of 15- to 16-year-old school students identified e-cigarette use as a concern. Findings show that e-cigarette use among adolescents has increased substantially and is now a central feature of youth substance use patterns in Europe. On average, 44% of the students in ESPAD countries reported having used e-cigarettes at least once in their lifetime. Overall, the upward trend in e-cigarette use contrasts with declining levels of conventional cigarette smoking, suggesting a shift in modes of nicotine delivery rather than a reduction in overall use. Early initiation is notable, with a significant proportion reporting first use at age 13 or younger, raising concerns about long-term dependence.

More generally, alongside the growth of vaping, many EU Member States have reported seizing e-liquids containing synthetic and semi-synthetic cannabinoids. The wider availability of these products creates various health risks, including inadvertent consumption and shifting exposure due to potential batch-to-batch variation in the compounds. In addition, the adaptability of vaping technology allows scope for expansion to other new psychoactive substances beyond cannabinoids, including potent new synthetic opioids, with associated health risks.

Cocaine’s accessibility fuels health concerns

Widespread availability of cocaine driven by diverse trafficking tactics

Globally, production of cocaine in South America is at an all-time high, and wastewater data confirm that its use is still increasing in many European cities. The seizure data is more complex: in 2024, EU Member States reported more cocaine seizures but a lower overall quantity seized, although the total remains higher than in 2022. While no firm conclusions can be drawn at this stage, data suggest that amid a period of increased police and customs activity, there has been a shift towards smaller or more fragmented consignments and more varied trafficking routes and methods. While bulk trafficking through seaports in commercial shipping containers still sustains cocaine’s high availability, traffickers also use other methods to evade detection. There are more reports of smaller ports being exploited, at-sea transfers via a variety of vessels, manned and unmanned semi-submersibles, drones and complex physical and chemical forms of concealment. Recent large at-sea seizures from merchant ships and speedboats and sophisticated concealments in foodstuffs in air freight reflect this trend.

Many illicit cocaine processing sites are dismantled annually in Europe, mostly in the Netherlands, but five other EU Member States dismantled processing sites in 2024, including facilities for secondary extraction of cocaine chemically concealed in other materials, such as plastics. Cocaine base and paste are trafficked in large quantities to Europe for processing into cocaine hydrochloride. Overall, customs and law enforcement are responding to increasingly unpredictable and fragmented trafficking routes, methods and concealments, alongside cocaine production in Europe, creating a more resource-intensive operating environment, calling for strengthened inter-agency and cross-border collaborations and partnerships.

Rising public health challenges from cocaine

Second only to cannabis, cocaine remains one of Europe’s most widely used illicit drugs, and indicators such as municipal wastewater analysis point to an increasingly wide geographical and social distribution. In addition to episodic patterns of consumption by more socially integrated consumers, cocaine is also smoked and injected by high-risk and more marginalised drug-using populations. Reports from drug consumption rooms and syringe residue analysis reflect complex and high-risk patterns of use, including injecting and use alongside opioids such as heroin.

Cocaine also ranks high among illicit drugs for its public health impact. It is a leading driver of acute drug-toxicity emergencies in sentinel hospitals and is frequently implicated in drug-induced deaths, accounting for approximately one quarter of cases in the most recent data available for 20 countries. The drug also features prominently in treatment demand, with indicators suggesting that the problem is still expanding rather than stabilising. The current evidence supports psychosocial interventions, including cognitive behavioural therapy and contingency management. However, evidence remains insufficient to support any pharmacological treatment, although research is ongoing on forms of agonist treatment. Integrated drug treatment and mental health services are often lacking for clients in this area, and a scaling-up of tailored provision, while potentially challenging to achieve, is indicated.

Crack cocaine raising concern in some cities

Crack cocaine remains a visible and potentially growing problem in several European cities, although uneven monitoring makes it difficult to determine to what extent this reflects wider geographical spread, greater availability or improved reporting. The available evidence points to concentrated use among highly marginalised groups, particularly in contexts of homelessness, socio-economic deprivation and polysubstance use, while more socially integrated consumers may remain under-represented in reporting. This development appears to be driven by high cocaine availability, the ease of local conversion from powder cocaine and the varying dynamics of local retail-level drug markets. Increased crack cocaine availability can fuel severe health harms, open drug scenes, repeated hospital emergency presentations and generally chaotic living conditions, which can result in those affected experiencing fragmented care and treatment trajectories. In some cities, there have been reports of violence driven by local retail drug-market dynamics, placing pressure on health, social and public safety responses. The latest data indicate that, although remaining relatively low, the number of people entering treatment for crack-related problems is increasing. Moreover, almost a quarter are women, underscoring the need for gender-responsive service provision. Some drug consumption facilities support safer crack cocaine consumption, with sites in 12 cities reporting crack consumption episodes in the first half of 2025. Overall, crack cocaine use is placing increasing strain on harm reduction and treatment providers as they respond to the needs of a group experiencing serious health and social problems.

Synthetic drugs pose diverse health concerns

Responding to evolving synthetic drug production and designer precursors

Illicit drug production threatens public health and safety, creating risks for law enforcement, first responders and the environment. Synthetic drug production facilities dismantled in the European Union in 2024 were manufacturing many different substances, including amphetamine, methamphetamine, synthetic cathinones and MDMA. Some illicit laboratories produce multiple synthetic stimulants with similar precursor and manufacturing equipment requirements. Innovation in production processes is evident from seizures of chemicals used to manufacture the precursors needed to produce synthetic drugs. The use of a wider range of chemicals to produce new substances and pursue different synthesis processes creates a shifting and complex challenge for customs, law enforcement agencies and regulators. Illicit drug producers continually switch to uncontrolled chemicals to evade international precursor controls. Reflecting this cycle, large quantities of glycidic derivatives of BMK and PMK, used in the manufacture of amphetamines and MDMA, were seized in 2024. Preliminary 2025 data indicate that new BMK alternatives have emerged, which will be the subject of EUDA risk assessments in 2026. These 'designer precursors' are chemically similar to scheduled precursors, purpose-made to circumvent controls, and usually have no known legitimate use. The European Commission's proposed new precursor control regulation enhances the EUDA's monitoring and risk assessment role and establishes an EU-wide drug precursors repository, strengthening the response to illicit drug production and helping halt the importation of precursors.

Increased supply of synthetic cathinones driven by imports and production

Synthetic cathinones have become established in parts of Europe as affordable alternatives for illicit stimulants such as amphetamine and cocaine. While inadvertent consumption in drug mixtures and tablets remains a concern, cathinones are sought intentionally as affordable alternatives. EU Early Warning System data indicate that *N*-ethylnorpentedrone (NEP), now controlled under EU law, was being mis-sold as 3-MMC, another cathinone, in 2025, causing unintended consumption and poisonings.

Data from drug checking services suggest that synthetic cathinones are sought intentionally, although the cathinone found in the sample often differs from the one believed to have been purchased. This reflects the dynamic nature of cathinone production and creates shifting health risks. Reported seizures and imports of synthetic cathinones in the European Union increased in the latest reporting, while large seizures of precursors and the dismantling of a large number of illicit laboratories suggest synthetic cathinone production remains significant in Europe, particularly in Poland. There are also signs it may be shifting towards more potent compounds, with an increasing number of sites producing alpha-PVP (α-pyrrolidinovalerophenone). This substance has a particularly high potency and the potential to trigger agitation, paranoia, aggression and psychosis. In 2026, the EUDA risk-assessed multiple synthetic cathinone precursors to support measures to inhibit their supply.

Growing health risks from ketamine's integration into drug markets

Ketamine is a legitimate medical anaesthetic and analgesic, which is also misused, often in nightlife settings, and is commonly snorted in powder form. The drug appears to be increasingly available in Europe. Among respondents to the 2024 European Web Survey on Drugs, a non-representative survey, 14% of those who had used drugs in the last year reported having used ketamine, mainly in the context of polysubstance use, with other drugs and alcohol. Wastewater monitoring provides further signals of wider diffusion, with the majority of European cities with sufficient data reporting increased levels of ketamine residues between 2024 and 2025. Patterns of combined use are also reflected in acute harms data, with cocaine being the substance most often reported in combination with ketamine in acute toxicity presentations to Euro-DEN sentinel hospitals in 2024. There are also reports of ketamine mixed with stimulants in drug cocktails known as 'pink cocaine'. However, data from drug checking services show that most ketamine samples tested contained only the intended drug, indicating that combining ketamine with other drugs may often be intentional. A recent EUDA report indicates that most ketamine seized in Europe originates from licit production in India and is imported in bulk to EU Member States, mainly Germany, then diverted to the illicit market.

Ketamine is commonly snorted and is associated with dose-dependent acute and chronic harms, notably bladder damage from intensive use. The number of clients entering specialised treatment for problems related to ketamine use remains low, although it quadrupled in the last five years of reporting. Treatment access and referral pathways to specialised care remain a challenge for people with ketamine-related health problems, calling for better access to appropriate services and targeted prevention and risk communication for those who may be unaware of the health risks related to ketamine use. Enhanced information sharing between regulatory and law enforcement agencies should focus on identifying and addressing vulnerabilities within legitimate supply chains, while considering the potential for displacement, including a shift to illicit

production, arising from targeted supply reduction measures.

Opioid harms continue to challenge responses

Polysubstance use and diverse opioids fuel drug-induced mortality

A minimum estimate of 7 600 deaths directly related to the use of drugs occurred in the European Union in 2024. Most involved the use of more than one substance, reflecting increasingly complex drug consumption patterns, including polysubstance use. Opioids, usually in combination with other substances, remain the group of substances most implicated in drug-induced deaths. Opioids other than heroin, including methadone, buprenorphine, highly potent synthetic opioids and pain-relief medicines containing opioids, are associated with a substantial share of overdose deaths in some countries. Highly potent synthetic opioids such as nitazenes have been associated with outbreaks of fatal and non-fatal poisonings in Europe. However, except in some Baltic countries, these drugs are not prominent in the routine data at EU level. Nonetheless, sudden drug market shifts can lead to the rapid emergence of other highly potent synthetic opioids, such as orphines. The EUDA coordinates a network of forensic and toxicological laboratories to increase analytical capacity and provide frontline insights. This supports rapid information exchange and risk assessment, aiding national authorities undertaking monitoring activities.

On the response side, the primary strategy is to provide opioid agonist treatment to those in need. From a public health perspective, some recent concerns have arisen in EU Member States around threats to the availability of buprenorphine-based opioid agonist treatment, which is received by about 36% of opioid agonist treatment clients. Medication access difficulties could complicate treatment continuity, raising issues around the availability of equivalent formulations, as well as possible risks associated with patients needing to switch products. Additionally, a growing body of evidence suggests that increasing the availability of opioid antagonists such as naloxone can help prevent fatal opioid overdoses. While naloxone is used in clinical settings in all countries, take-home naloxone programmes were reported in 19 European countries by 2025, although availability varies within and between countries, highlighting the challenge that remains in ensuring naloxone access is sufficient across settings and groups

Potent new synthetic opioids continue to appear in Europe

New synthetic opioids are often highly potent, posing an increased risk of life-threatening poisoning. In the last five years, three quarters of EU Member States have reported a nitazene, and over a third have reported an orphine. The EU Early Warning System on new psychoactive substances has received increasing reports of fake medicines containing nitazene opioids. While predominantly used by people engaged in high-risk opioid use, there are also concerns that such tablets may spread among populations without opioid tolerance, including young people. In addition, there are increased reports of orphines, likely linked to the imposition in July 2025 of a blanket ban on nitazenes in China. Orphines have been linked to acute non-fatal poisonings and deaths in EU Member States. While limited pharmacological data are available, orphines are structurally similar to brorphine, a potent opioid, suggesting respiratory depression is the key health risk. The EUDA began reviews of cychlorphine and spirochlorphine in spring 2026, and the findings will be used by the Commission to decide whether formal risk assessments are required. Strengthening provision of treatment and harm reduction services at appropriate scale to meet the needs of high-risk populations is key to limiting current and future harms from new potent synthetic opioids.

Deaths from fentanyl use underscore the need for vigilance

Fentanyl, a highly potent synthetic opioid, has for many years been associated with overdose deaths in Europe, although the geographical spread has been limited to a small number of countries. In terms of supply, fentanyl is sometimes a diverted medicinal product and sometimes illegally produced. Between 2024 and 2025, fentanyl was involved in over 100 drug-induced deaths in Bulgaria, while multiple kilograms of material containing fentanyl were seized. The repeated large seizures, geographical spread and unidentified sources of fentanyl production and trafficking increase the potential for further fentanyl problems in Bulgaria and beyond. Four seizures of the fentanyl precursor *N*-boc-4-piperidone, totalling 30 kilograms, were reported by Spain and the Netherlands in 2024. It remains unknown whether the shipments were destined for EU production facilities or transiting to non-EU locations. Enhancing access to opioid agonist treatment, needle and syringe programmes and take-home naloxone remains key to addressing current opioid problems and ensuring preparedness and resilience against opioid market shifts.

Europe’s resilient heroin market is fuelled by opium stockpiles and diversifying production

The relative stability of heroin availability in Europe is partly attributed to the existence of large stockpiles in Afghanistan, estimated at around 12 000 tonnes of opium in 2025. Advanced processing and adulteration practices and tactical supply management by trafficking networks have also sustained heroin availability, despite reduced opium poppy cultivation in Afghanistan. This makes a heroin shortage in Europe less likely in the short to medium term. Large heroin seizures are still occurring in countries on key trafficking routes, and multiple sites for cutting and packaging heroin were dismantled in the European Union in 2024. Pakistan, particularly the province of Balochistan, bordering Afghanistan and home to major seaports linked to drug trafficking to Europe, has also emerged as a source of opium and heroin, with satellite imagery analysis suggesting over 9 000 hectares of opium poppy cultivation in 2025, potentially rivalling Afghanistan’s output. Elsewhere in Asia, Myanmar’s opium poppy cultivation reached a 10-year peak of more than 45 000 hectares in 2025. European countries will need to remain vigilant for signs of market shifts over the next years, including increased synthetic opioid or stimulant use.

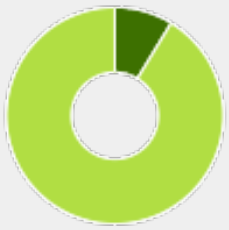
At a glance

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

Cannabis

Adults (15-64)

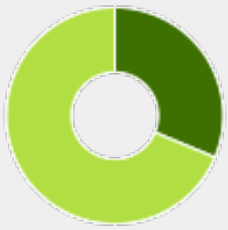
Last year use



24.9 million

8.7 %

Lifetime use

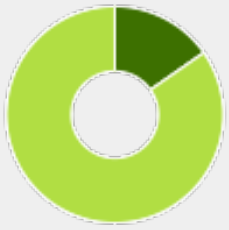


89.5 million

31.3 %

Young adults (15-34)

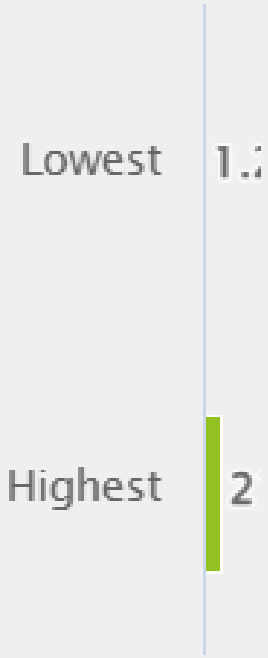
Last year use



15.4 million

15.3 %

National estimates of use in last year (%)



Cocaine

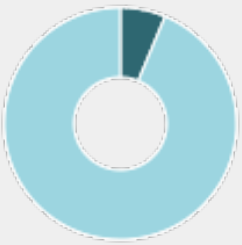
Adults (15-64)

Last year use

4.3 million

1.5 %

Lifetime use

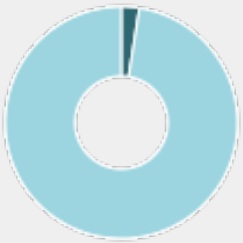


18 million

6.3 %

Young adults (15-34)

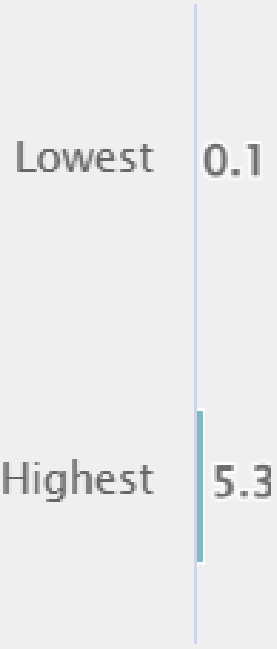
Last year use



2.5 million

2.5 %

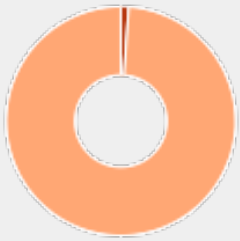
National estimates of use in last year (%)



MDMA

Adults (15-64)

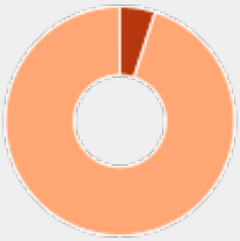
Last year use



3.1 million

1.1 %

Lifetime use

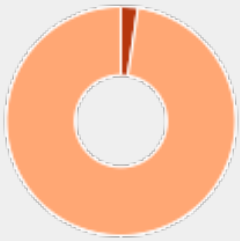


14.3 million

5 %

Young adults (15-34)

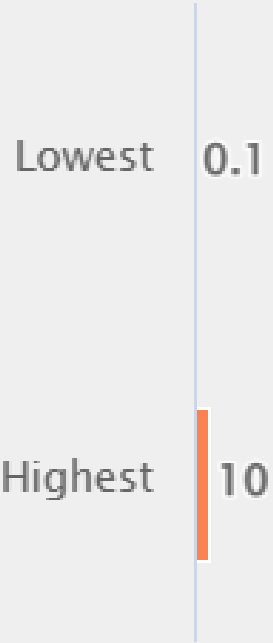
Last year use



2.4 million

2.4 %

National estimates of use in last year (%)



Amphetamines

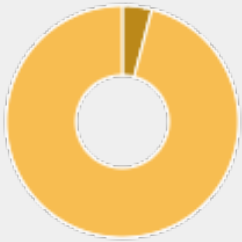
Adults (15-64)

Last year use

2 million

0.7 %

Lifetime use



11.7 million

4.1 %

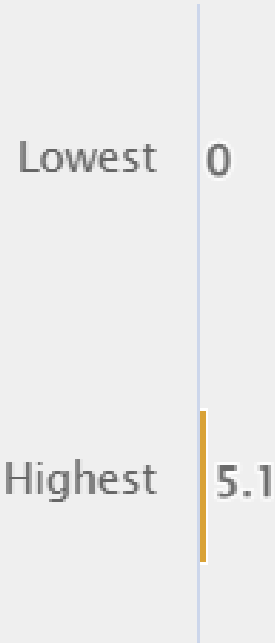
Young adults (15-34)

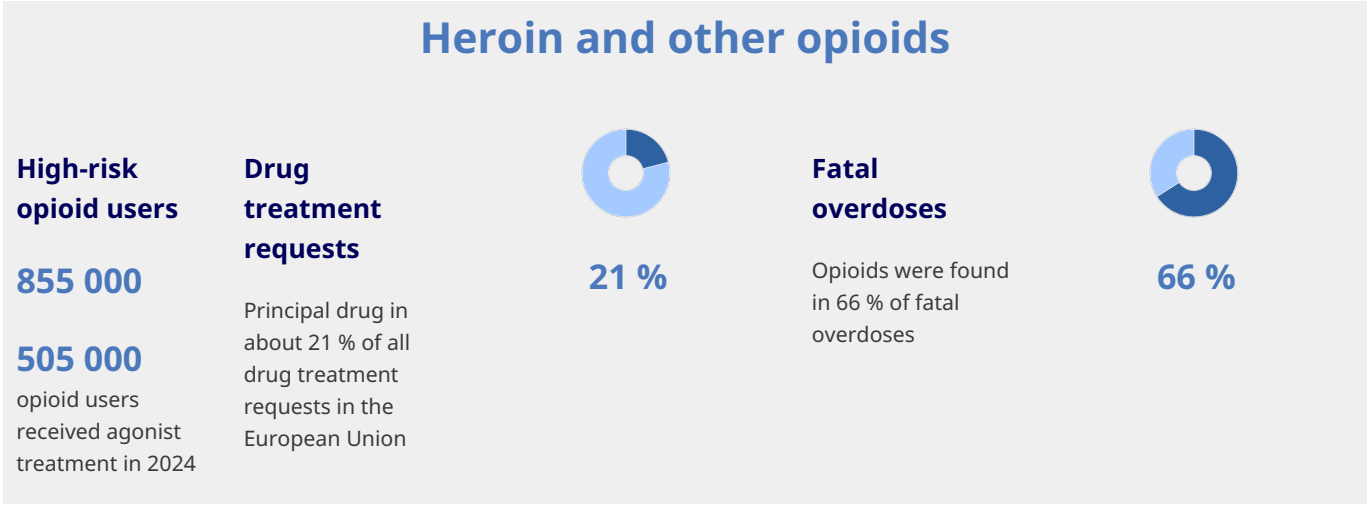
Last year use

1.4 million

1.4 %

National estimates of use in last year (%)





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

The **complete set of source data for the European Drug Report 2026**, including metadata and methodological notes, is available in our data catalogue.

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

View this data in our Data catalogue

Download all files (zip)

- Table EDR26-At-a-glance-1. Drug use in the EU in 2024, at a glance (amphetamines, cannabis, cocaine, MDMA)
- Table EDR26-At-a-glance-2. Heroin and other opioids in the EU in 2024, at a glance