EUDA
EUROPEAN UNION DRUGS AGENCY

European Drug Report 2026: Trends and Developments

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The *European Drug Report 2026: Trends and Developments* presents the EUDA's latest analysis of the drug situation in Europe. Focusing on illicit drug use, related harms and drug supply, the report provides a comprehensive set of national data across these themes, as well as on specialist drug treatment and key harm reduction interventions.

Introductory note

This report is based on information provided to the EUDA by the EU Member States, the candidate country Türkiye, and Norway, in an annual reporting process. While the core analysis draws on national-level reporting, it is supplemented by findings from projects and networks collaborating with the EUDA, which are generally presented at city level.

The purpose of the current report is to provide an overview and summary of the European drug situation up to the end of 2025. All grouping, aggregates and labels therefore reflect the situation based on the available data in 2025 in respect to the composition of the European Union and the countries participating in EUDA reporting exercises. However, not all data will cover the full period. Due to the time needed to compile and submit data, many of the annual national data sets included here are from the reference year January to December 2024. Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Although considerable improvements can be noted, both nationally and in respect to what is possible to achieve in a European level analysis, the methodological difficulties in this area must be acknowledged. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Caveats relating to the data are to be found in the online **Statistical Bulletin 2026** , which contains detailed information on methodology, qualifications on analysis and comments on the limitations in the information set available. Information is also available there on the methods and data used for European-level estimates, where interpolation may be used.

Content

The drug situation in Europe up to 2026

This page draws on the latest data available to provide an overview of the current situation and emerging drug issues affecting Europe, with a focus on the year up to the end of 2025. The analysis presented here highlights some developments that may have important implications for drug policy and practitioners in Europe.
Understanding Europe's drug situation in 2026 – key developments

Drug supply, production and precursors

Analysis of the supply-related indicators for illicit drugs in the European Union suggests that availability remains high across all substance types. On this page, you can find an overview of drug supply in Europe based on the latest data, supported by the latest time trends in drug seizures and drug law offences, together with 2024 data on drug production and precursor seizures.
Drug supply, production and precursors – the current situation in Europe

Cannabis

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

Cocaine

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

Synthetic stimulants

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

MDMA

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

Heroin and other opioids

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

Heroin and other opioids – the current situation in Europe

New psychoactive substances

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

New psychoactive substances – the current situation in Europe

Other drugs

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

Other drugs – the current situation in Europe

Injecting drug use

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

Injecting drug use – the current situation in Europe

Drug-related infectious diseases

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

Drug-induced deaths

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

Opioid agonist treatment

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

Harm reduction

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

PDF version of full report

The European Drug Report 2026 was designed as a *digital-first* product, structured by modules, and optimised for online reading. Within each chapter, you may download a PDF version of the page. We are also making available here a PDF version of the full report (all modules and annex tables combined). Please note that some errors may have occurred during the transformation process and that it is possible that this version does not contain all corrections made since the report was first published (please check the last updated date).

Download full PDF version of the European Drug Report 2026

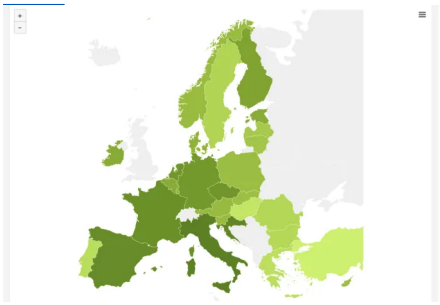
The PDF generated by this button will reflect the current HTML version. Note that it may take over a minute to compile the PDF and complete the download — please keep your browser open during the PDF generation process.

List of figures

A list of all figures in the report is available.

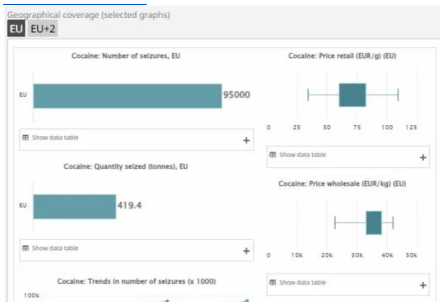
Data visualisations

Prevalence of cannabis use in Europe, 2023 or most recent data



Heroin market in Europe, 2023 (last updated June 2025)

Cocaine market in Europe, 2013-2023



- Load More

Annex tables

These tables, produced specifically for the European Drug Report, provide national data for estimates of drug use prevalence including problem opioid use, substitution treatment, total number in treatment, treatment entry, injecting drug use, drug-induced deaths, drug-related infectious diseases, syringe distribution and drug seizures. The data are drawn from and are a subset of the EUDA Statistical Bulletin 2026, where notes and meta-data are available. The years to which data refer are indicated. In addition, for some indicators, these data tables also provide total values for EU as well as for EUDA reporting countries, 'EU+2' (EU Member States, Norway and Türkiye).

European Drug Report 2026 annex tables

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

Complete set of source data tables for the European Drug Report 2026

Launched alongside this report is the **Statistical Bulletin 2026**, which provides access to not only the underlying data that form the basis of this report, but also additional data and statistics, methodological notes and caveats.

Acknowledgements

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- the Early Warning System correspondents of the Reitox national focal points and experts from their national early warning system network;
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- 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 (UNODC), the WHO Regional Office for Europe, Interpol, the World Customs Organisation (WCO) , 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, the European Network of Drug Consumption Rooms (ENDCR) and the Trans-European Drug Information network (TEDI).

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

Related resources

Statistical Bulletin 2026

Launched alongside this report, the **Statistical Bulletin 2026** is the agency's main annual data publication. It brings together the full set of national indicators—covering drug-use prevalence, treatment demand, drug-induced deaths, infectious diseases, seizures, prices, purity and more—and complements them with city-level metrics from specialist networks such as TEDI (drug checking), Euro-DEN Plus (hospital emergencies), ESCAPE (syringe residues) and SCORE (waste-water analysis). Every table is viewable as online or downloadable in open formats (CSV) and accompanied by detailed methods, definitions and caveats.

Statistical Bulletin 2026

Event launch page

The European Drug Report 2026 was officially launched at the European Commission in Brussels on 9June 2026. You can explore all launch-day resources on our dedicated **launch-event page** — including the full video recording and highlights reel, speaker line-up and agenda, keynote speeches, news release, press contacts and more.

European Drug Report launch event page

Previous editions of this report

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

About this page

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

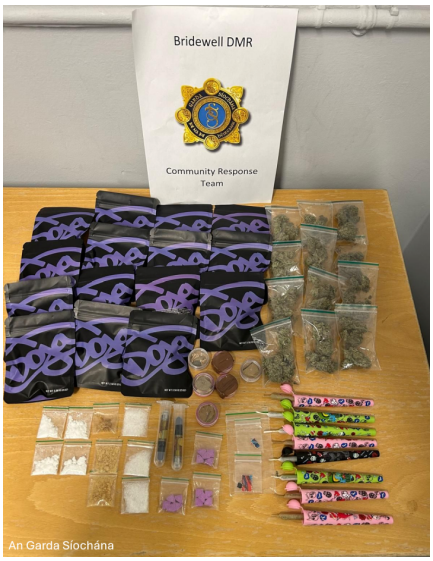
The European Drug Report 2026 provides a snapshot of Europe's drug situation based on the latest data available. Europe's overlapping markets for established and new drugs continue to evolve and are further complicated by the integration of diverted and fake pharmaceutical products, resulting in a wider 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.

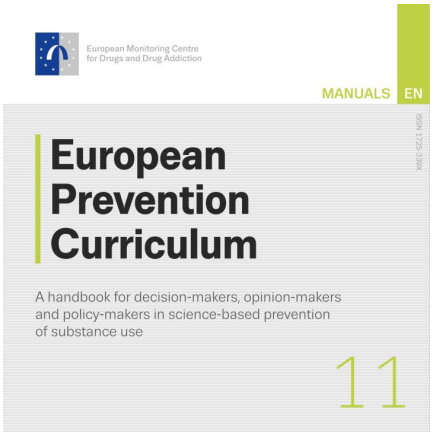
Fluid drug trafficking methods challenge responses, straining resources

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, with non-profit sales in the case of Germany and Malta, 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

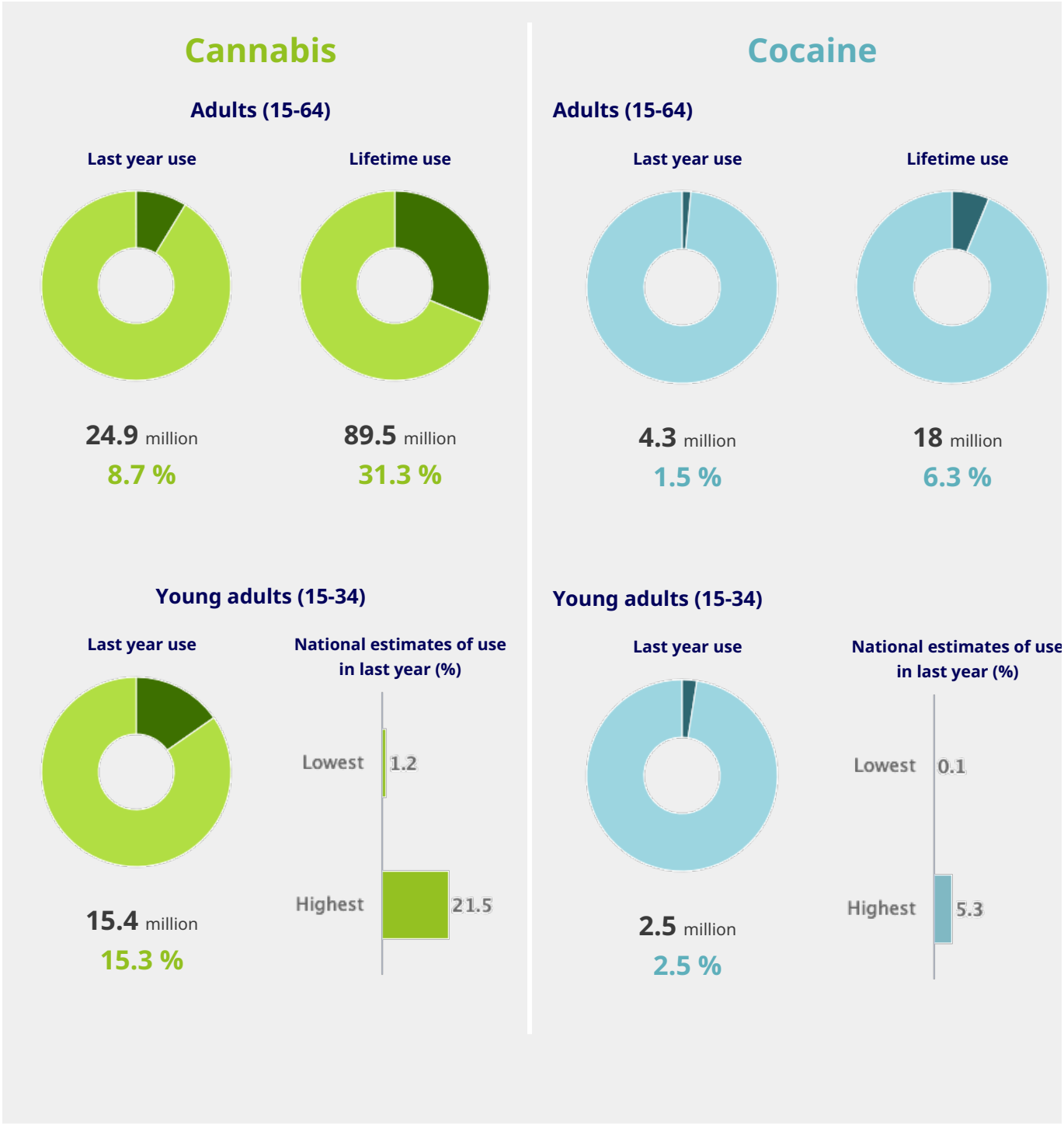
Fentanyl, a highly potent synthetic opioid, has for many years been associated with overdose deaths in Europe, although the geographical spread has been limited to a small number of countries. In terms of supply, fentanyl is sometimes a diverted medicinal product and sometimes illegally produced. Between 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

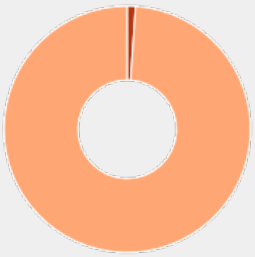
At a glance – estimates of drug use in the European Union



MDMA

Adults (15-64)

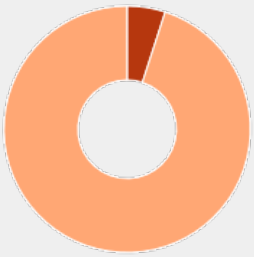
Last year use



3.1 million

1.1 %

Lifetime use

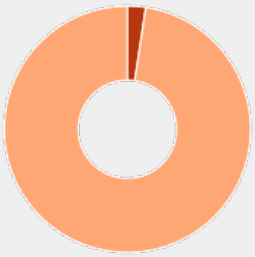


14.3 million

5 %

Young adults (15-34)

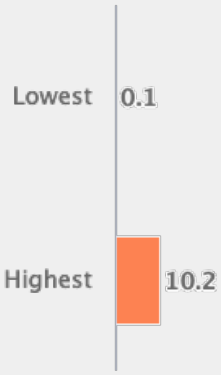
Last year use



2.4 million

2.4 %

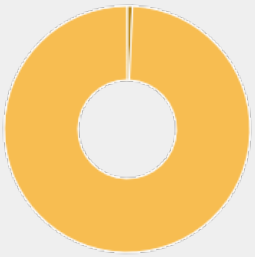
National estimates of use in last year (%)



Amphetamines

Adults (15-64)

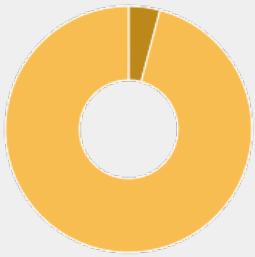
Last year use



2 million

0.7 %

Lifetime use

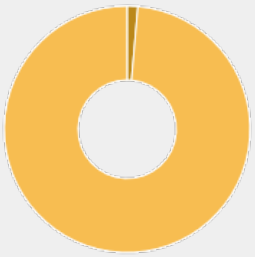


11.7 million

4.1 %

Young adults (15-34)

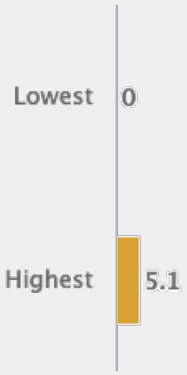
Last year use



1.4 million

1.4 %

National estimates of use in last year (%)



Heroin and other opioids

High-risk opioid users

855 000

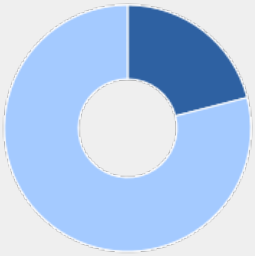
505 000

opioid users received agonist

treatment in 2024

Drug treatment requests

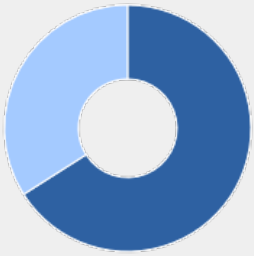
Principal drug in about 21 % of all drug treatment requests in the European Union



21 %

Fatal overdoses

Opioids were found in 66 % of fatal overdoses



66 %

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

Drug supply, production and precursors – the current situation in Europe (European Drug Report 2026)

Analysis of the supply-related indicators for commonly used illicit drugs in the European Union suggests that availability remains high across all substance types. On this page, you can find an overview of drug supply in Europe based on the latest data, supported by the latest time trends in drug seizures and drug law offences, together with 2024 data on drug production and precursor seizures.

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*

High drug availability in Europe sustained by tactical production and trafficking shifts

Drug supply and the market

Market and other indicators for the most commonly used substances suggest drug availability remains high in EU countries. A broad range of drugs are widely available, often at high potency or purity, elevating risks to health. These include novel substances, where both consumer and scientific knowledge about the health risks may be limited. For some drugs, such as cannabis, diverse products are being sold, while for others, including opioids and stimulants, the variety of substances available has increased. Concern exists about growing risks, especially for vulnerable and marginalised groups. These risks include poisonings and deaths from consuming high-potency or novel substances, possibly unknowingly, in drug mixtures and tablets, especially in the context of polysubstance use.

Fluid drug trafficking methods challenge responses, straining resources

Europe's drug market is fed and shaped by agile global supply chains. Countries in South America, West and South Asia and North Africa remain major sources for illicit drugs entering Europe, such as cocaine, heroin and cannabis resin, while China and India remain important source countries for new psychoactive substances. India is an important source of substances such as synthetic cathinones and ketamine, which are also produced within Europe. Drug precursors and related chemicals are also often reported to be sourced from China. In addition, Canada and the United States, which have commercial cannabis markets, are significant sources of cannabis products.

While the overall quantities of cocaine and cannabis seized in Europe decreased in 2024, the infiltration of commercial supply chains remains key to the bulk trafficking that sustains the scale of drug markets, reflected in the continued seizures of large drug shipments in Europe's ports.

Commercial container shipments remain vulnerable to exploitation by trafficking networks using sophisticated concealment methods combined with corruption, intimidation and violence against key staff in the distribution chain.

In the face of intensified law enforcement and customs operations at major European ports and efforts to enhance resilience through the European Ports Alliance, trafficking networks have diversified the routes, methods and concealments they employ, using multiple modi operandi (Figure 1.1). Drugs are trafficked over land, sea and air, including through commercial and private means of transportation, letters and parcels. Increased use of at-sea transfers via a variety of vessels, semi-submersibles, drones and deep concealment has created an increasingly unpredictable, fragmented and resource-intensive target for law enforcement and customs. In 2026, Spanish authorities in conjunction with international partners seized 10 tonnes of cocaine concealed in salt (see Figure 1.2). Such incidents, and growing forms of technology-enabled trafficking such as the use of drones, are demanding to respond to and require a renewed approach to keep pace with the tactics of traffickers. 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. It also includes the updated rules for monitoring and controlling drug precursors, and implementing ProtectEU, a new European internal security strategy. The EUDA continues to develop new tools and services to support Europe's response to shifting risks and emerging preparedness challenges.

Figure 1.1. Examples of drug trafficking methods previously reported by law enforcement in Europe

Figure 1.2. Cocaine seizures at sea

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and Spanish Tax Agency, Civil Guard and National Police (right); the Maritime Analysis Operations Centre-Narcotics collaborated in both operations.

Shifting opium production dynamics and stockpiles fuel European heroin market

The ban on drug production in Afghanistan introduced by the Taliban in 2022 led to a sharp decline in both poppy cultivation and opium production, with estimates indicating a 95% drop in cultivation and production in 2023 and similarly low levels persisting in 2024. This has raised concerns regarding the potential for a heroin shortage in Europe and increased availability of various other drugs, including synthetic opioids. However, recent EUDA-funded research indicates that despite continued low levels of poppy cultivation in 2025, a heroin shortage in Europe remains unlikely in the short to medium term. Mitigating factors, including improvements in heroin processing methods, adulteration practices and the existence of major opium stockpiles have maintained the availability of heroin in Afghanistan and have so far limited the impact on European heroin markets. Importantly, in a structural shift in regional opiate production dynamics, Pakistan has become a large producer, essentially in the province of Balochistan, directly south of Afghanistan and home to Gwadar port, where many Afghan farmers and 'opium cooks' have relocated to lease land and operate illicit heroin laboratories. The relocation of Afghan farmers and 'opium cooks' to this area places production close to the Makran coast, a long-established maritime drug trafficking corridor connecting the region to consumer markets globally, including in Europe. In 2025, Balochistan's opium output may rival Afghanistan's, potentially reducing the overall impact of the Taliban ban on regional flows of opiates (see Understanding Europe's drug situation in 2026). Nonetheless, four years after the imposition of the Taliban ban, European countries should remain alert to any signs of changes on heroin markets, especially increased availability and use of synthetic opioids or stimulants (see also Heroin – the current situation in Europe).

Diverse illicit drug production in Europe threatens health and the environment

Europe remains a significant production region for illicit drugs, with EU Member States annually dismantling thousands of illicit production sites. Most of these relate to cannabis cultivation for domestic markets, while the remainder are primarily involved in the production of synthetic drugs for EU and non-EU markets.

Illicit drug production threatens public health and safety. It creates risks for law enforcement responders, people consuming drugs and by causing environmental damage, can harm local communities near production or chemical waste dumping sites. The illicit drug production facilities dismantled in the European Union in 2024 were manufacturing many different substances, including amphetamine, methamphetamine, synthetic cathinones, MDMA, and processing of cocaine and heroin (Figure 1.3). Smaller sites likely supply local markets and, occasionally, darknet markets. Larger sites supply both local and non-EU markets and are mostly detected in Belgium and the Netherlands, but also in Poland, Germany and Spain. Some laboratories can produce multiple substances, such as synthetic stimulants with similar precursor chemical and manufacturing equipment requirements. Commenting authoritatively on the escalation of illicit drug production in Europe is difficult due to monitoring challenges, including data availability issues and uncertainty regarding the output capacity of production sites.

Figure 1.3. Synthetic cathinone production facility with 185 kilograms of 4-CMC (clephedrone) seized, Pyskowice, Poland, 2024

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Investigation.

Cocaine production

The detection of more and sometimes sizable facilities for cocaine production, extraction, cutting and packaging in recent years indicates innovative methods are used to traffic cocaine to Europe. Large amounts of cocaine hydrochloride are processed in Europe, mostly in Belgium, the Netherlands, Spain and Portugal, from intermediary products (coca paste and cocaine base)

trafficked from South America. Seizures of ethyl acetate, a solvent used in cocaine processing, reached 42 500 litres in 2024, further indicating that cocaine extraction and processing continue at scale.

Synthetic drug production

Innovation in production processes is also evident from seizures of chemicals that can be used to manufacture the precursor chemicals 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.

Alongside large imports of synthetic cathinones into Europe from China and India, the illicit production of various internationally controlled synthetic cathinones (e.g. 3-MMC, 4-MMC, alpha-PVP) has for many years been reported by some European countries, primarily Poland. The EUDA has risk assessed precursor chemicals for manufacturing synthetic cathinones, such as propiophenones, that are not currently internationally controlled as part of EU action to halt their use in illegal drug production.

Signals suggest that semi-synthetic cannabinoids and certain synthetic cannabinoids are also produced in European countries. Concern has arisen regarding the use of CBD as a precursor for the production of semi-synthetic cannabinoids, such as HHC variants.

Illicit drug producers continue to exploit unscheduled chemicals to evade detection

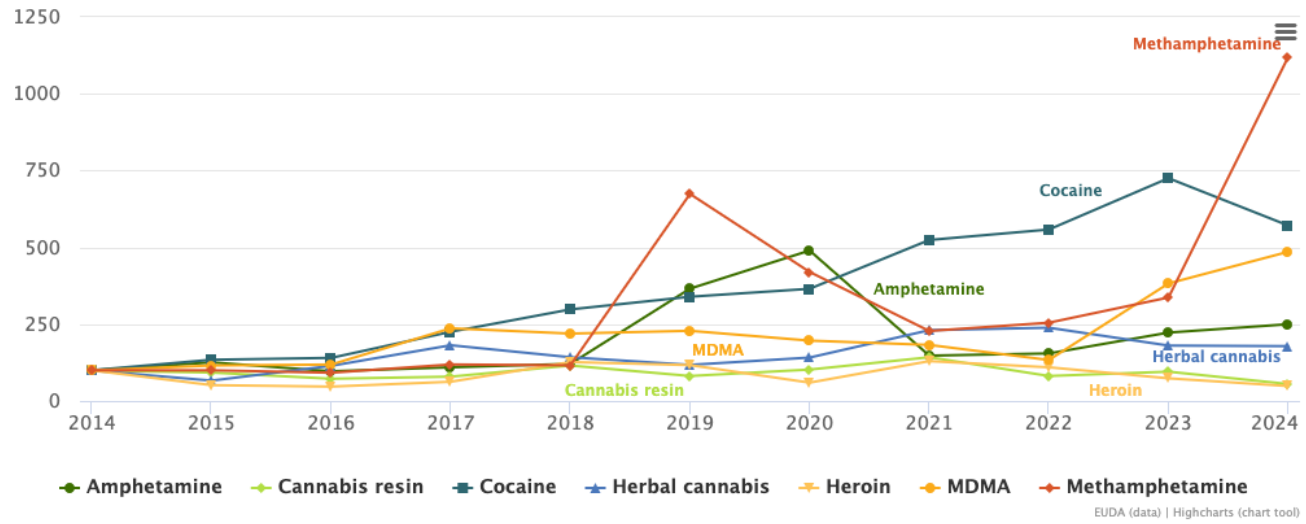
Illicit drug producers continually switch to uncontrolled chemicals to evade international precursor controls. Reflecting this ongoing cycle, large amounts of BMK and PMK glycidic derivatives were seized in 2024 (39.3 tonnes) and preliminary 2025 data indicate that new BMK alternatives have emerged (e.g. methyl 4-phenylacetoacetate and ethyl 4-phenylacetoacetate), with Spain reporting seizures of 2 tonnes of these uncontrolled chemicals. The EUDA will perform risk assessments on these chemicals in 2026. The European Commission’s proposed new precursor control regulation enhances the EUDA’s monitoring role and establishes an EU-wide drug precursors repository. Once adopted by the Council and Parliament, the overhauled precursors legislation should strengthen controls at the European Union’s external borders and within the EU internal market. It should also facilitate the creation of generic (whole chemical families) bans of ‘designer precursors’, which are chemical variants of scheduled substances with no known legitimate use, although allowing the possibility of research use.

Key data and trends

Drug supply trends

- Indexed trends, overall, show that the quantities of drugs seized in the European Union increased between 2014 and 2024, particularly in the past 7 years (Figure 1.5).

Figure 1.5. Drug seizures in the European Union – quantity of drugs seized, indexed trends (2014 = 100)



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

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

- Between 2014 and 2024, the largest increases in quantities seized were for methamphetamine (+1 019%), cocaine (+471%), MDMA (+386%), amphetamine (+150%) and herbal cannabis (+79%).
- EU Member States reported an estimated 1 million seizures in 2024, with cannabis products accounting for 68% of all reported seizures (Figure 1.6 and Figure 1.7).

Figure 1.6. Drug seizures in the European Union – number of reported drug seizures, breakdown by drug, 2024 (percent)

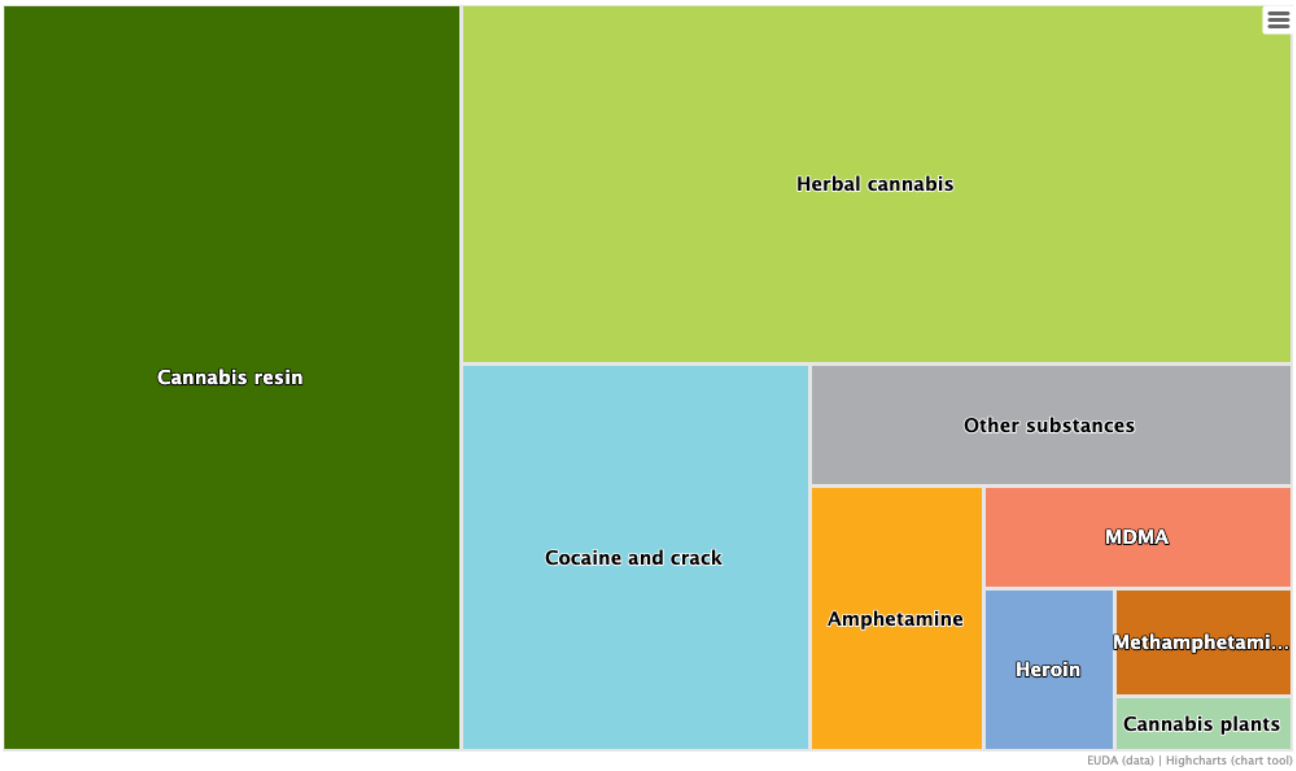


Figure 1.7a. Drug seizures in the European Union – number of seizures in 2024

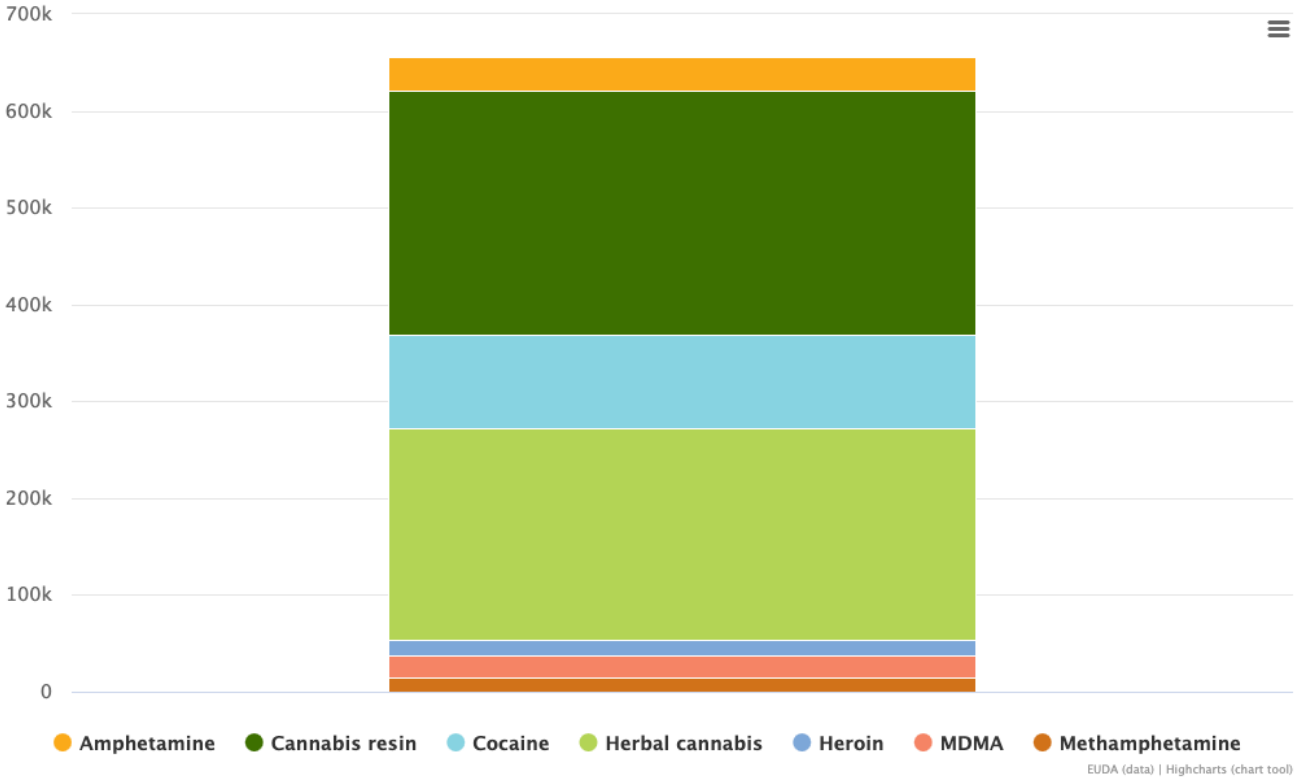
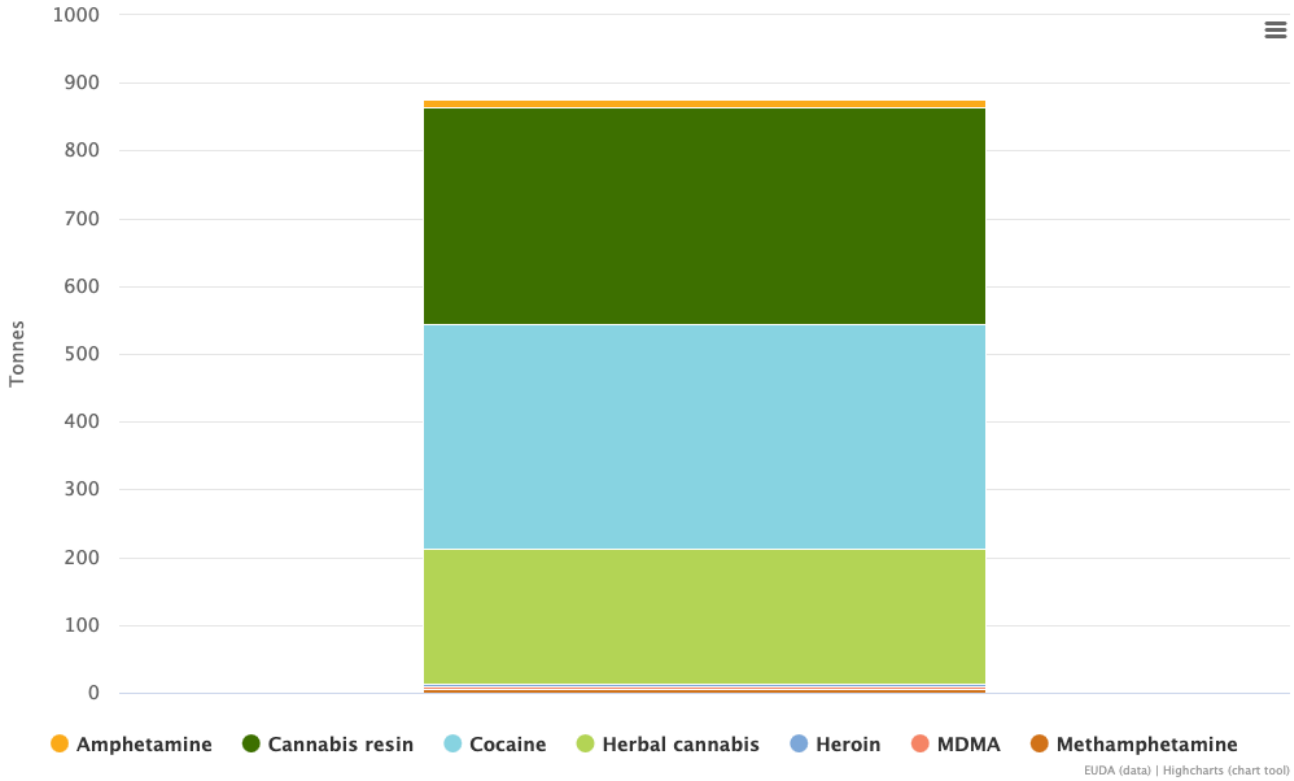


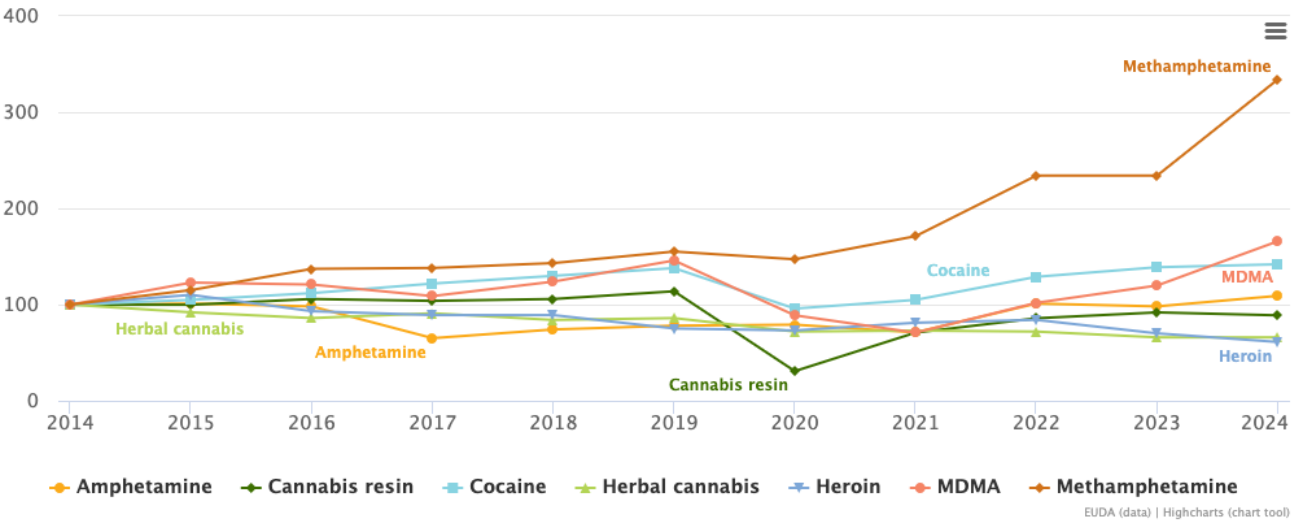
Figure 1.7b. Drug seizures in the European Union – quantity seized in 2024 (tonnes)



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

- Between 2014 and 2024, fewer seizures were made of cannabis resin (-11%), herbal cannabis (-34%) and heroin (-39%) (Figure 1.8). Over the same period, the number of seizures increased for methamphetamine (+234%), MDMA (+66%), cocaine (+42%) and amphetamine (+9%).

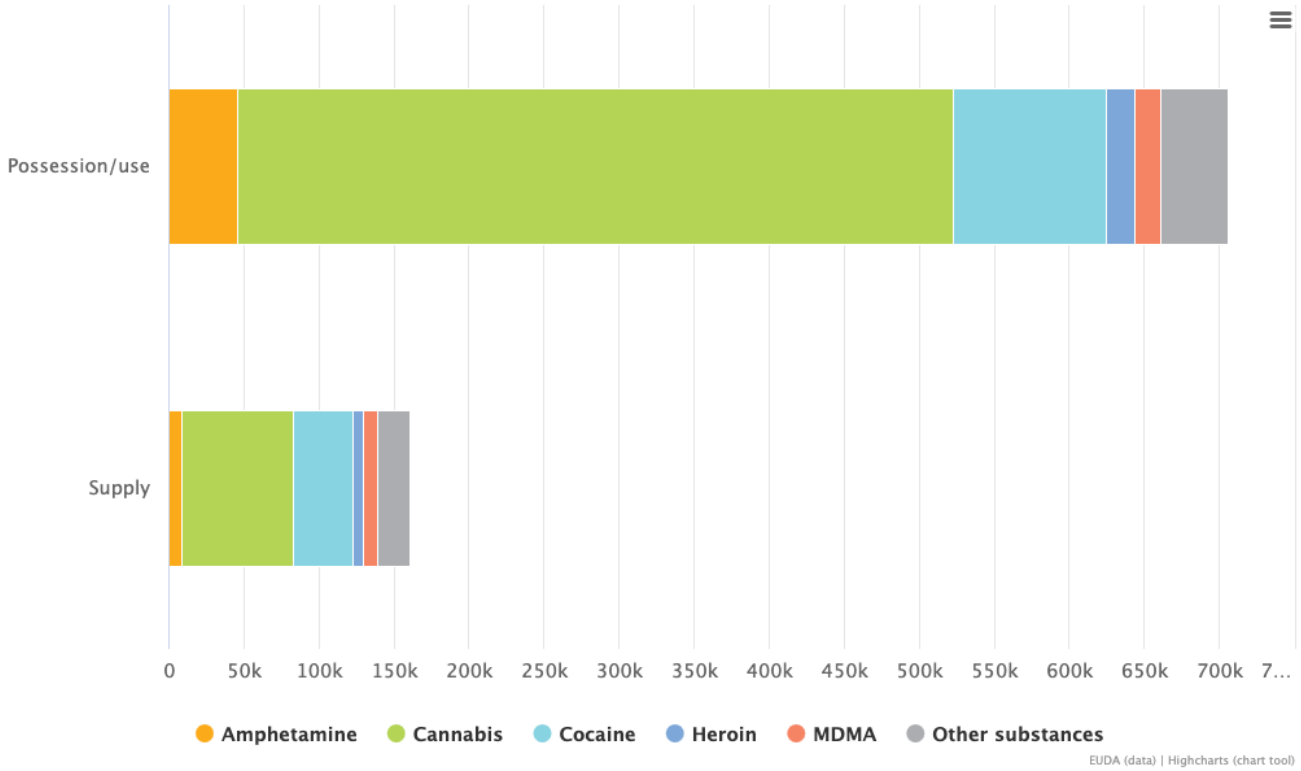
Figure 1.8. Drug seizures in the European Union – number of drug seizures, indexed trends (2014 = 100)



Trends in drug law offences

- In 2024, EU Member States reported an estimated 1.6 million drug law offences, an increase of 38% since 2014. More than three quarters of the offences (76% or 1.2 million) relate to use or possession for personal use.
- Of the estimated 1.6 million drug law offences, the drug mentioned in the offence is reported in just under 871 000 offences, of which 706 000 were for possession or use, 161 000 were for supply-related offences and 4 000 were for other types of offences (Figure 1.9).

Figure 1.9. Drug law offences – number of offences, supply and use/possession, 2024



Note: Data for offences for which the drug involved has been reported. Cocaine includes offences related to cocaine and crack.

- In 2024, cannabis accounted for 477 000 (68%) of the use or possession offences for which the drug is known and accounted for around 74 000 (46%) of the drug supply offences.
- Higher numbers of offences related to cocaine and MDMA, both for possession and supply, were reported in 2024 than in 2014. Over the same period, fewer offences were reported for methamphetamines, heroin and cannabis, both for drug possession and drug supply related offences (Figure 1.10 and Figure 1.11).

Figure 1.10. Drug law offences – possession/use offences, indexed trends (2014 = 100)

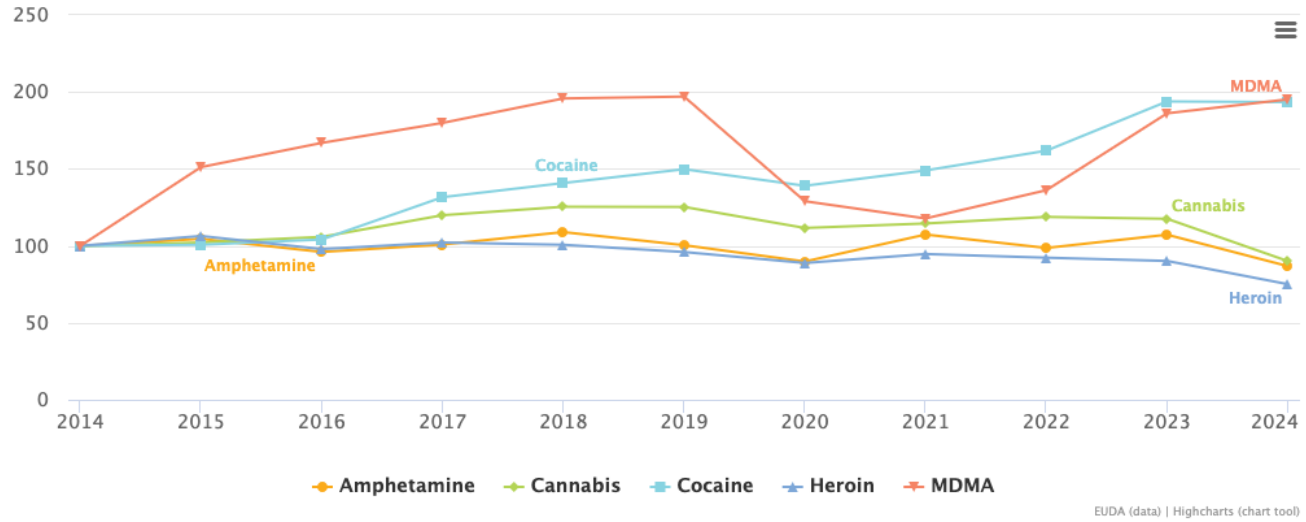
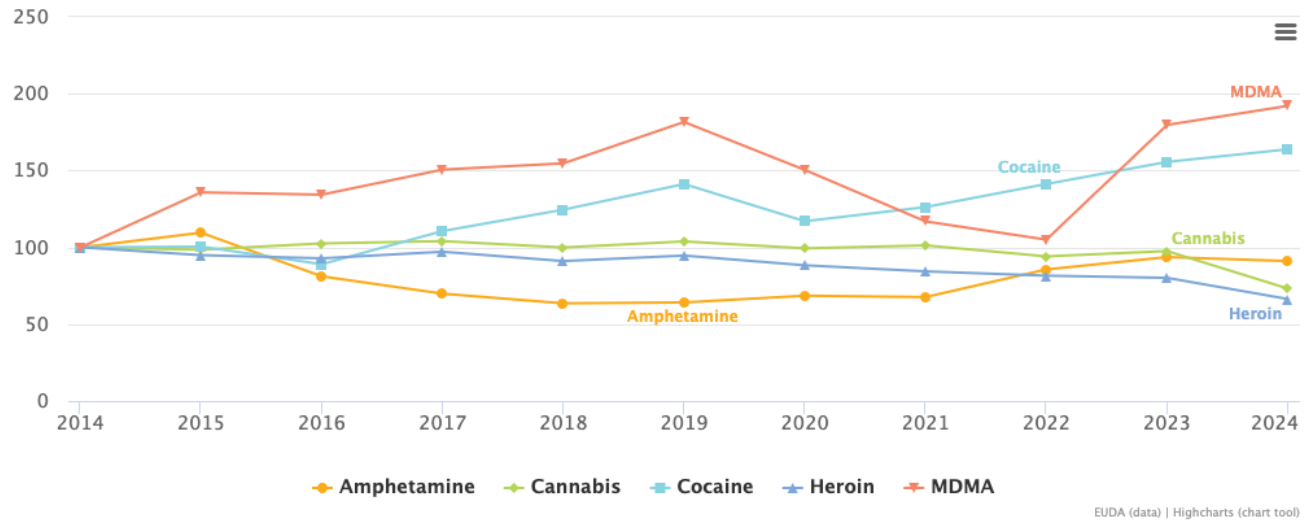


Figure 1.11. Drug law offences – supply offences, indexed trends (2014 = 100)



EU production and precursors data for 2024

- The scheduling of a range of alternative chemicals as precursors under international control caused a sharp reduction in the quantity of chemicals used in the production of synthetic drugs seized in the European Union: from a peak of 178 tonnes in 2023 to 64 tonnes in 2024. About 54 tonnes were seized annually in the last decade (see Figure 1.4).

Figure 1.4a. Quantity of precursors (EU) and key non-scheduled chemicals seized in the European Union (2012-2024)

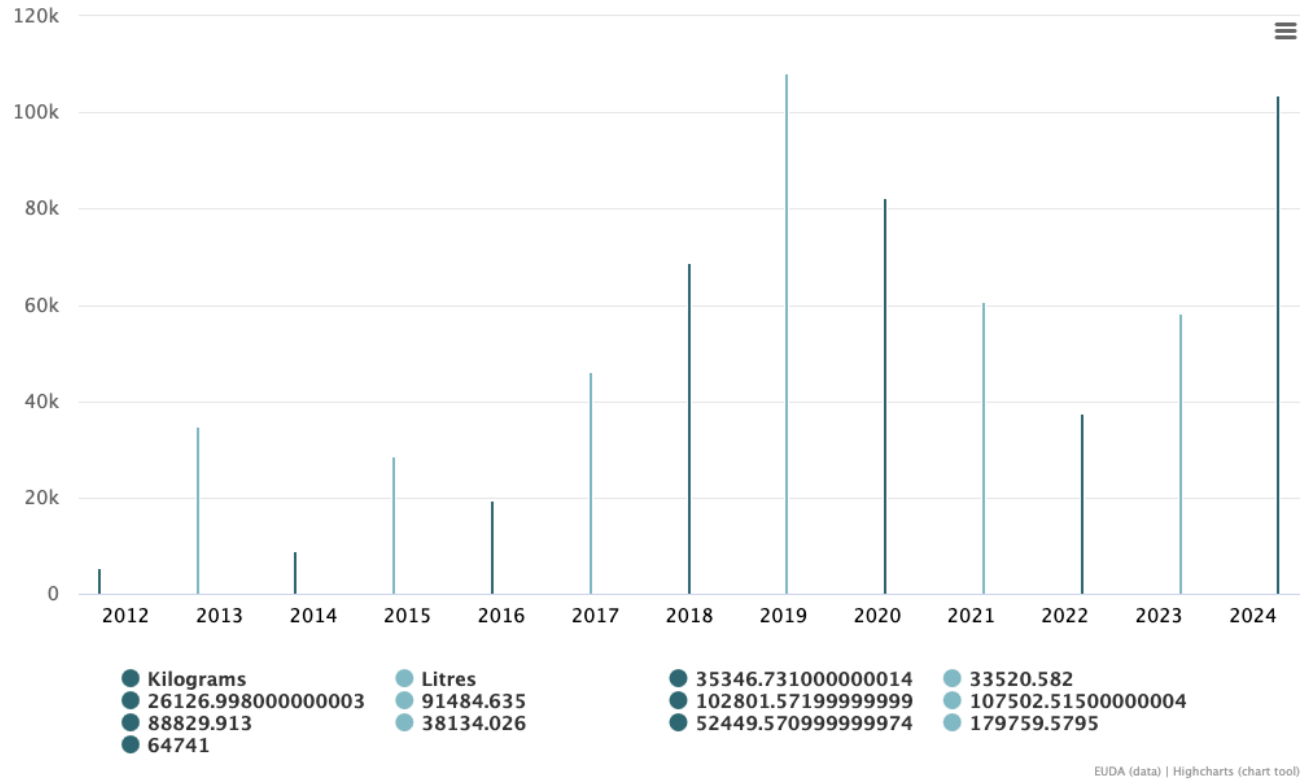


Figure 1.4b. Quantities of precursors and key non-scheduled chemicals seized in the European Union in 2024 (kilograms), by their association with drug production

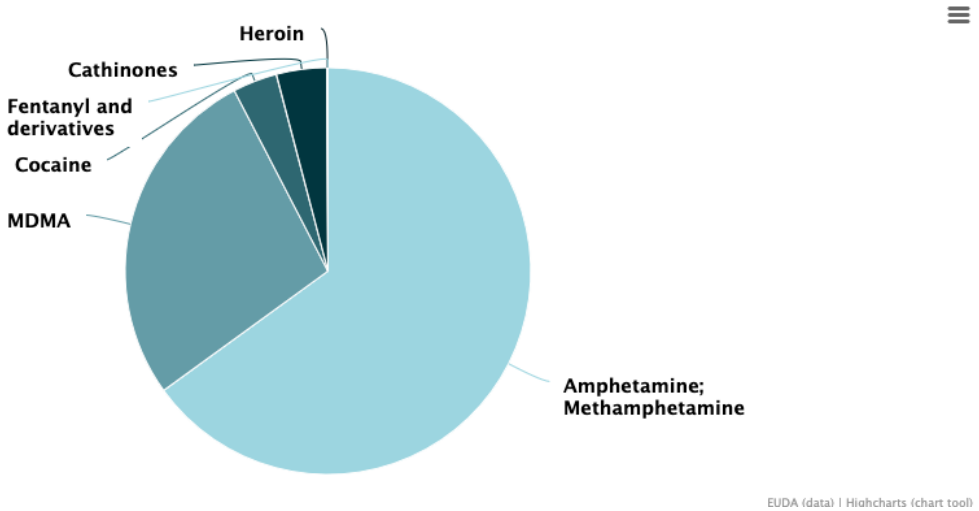
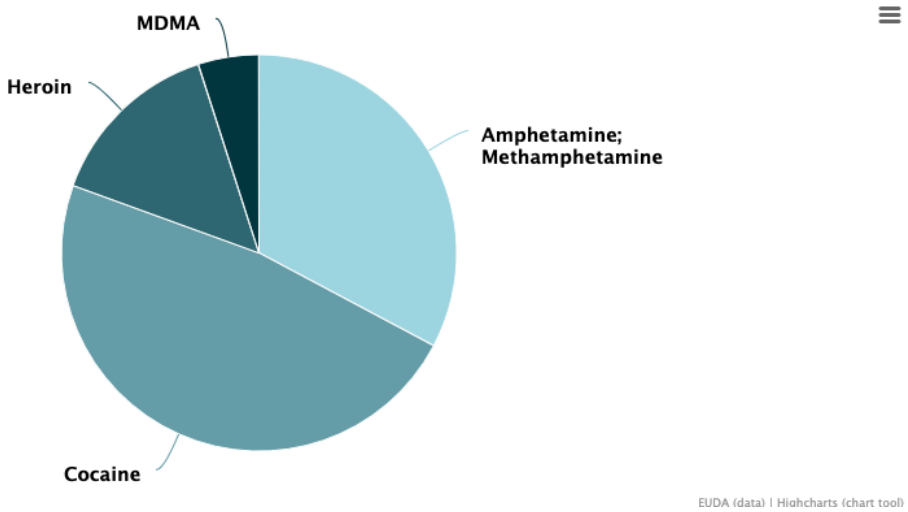


Figure 1.4c. Quantities of key precursor chemicals seized in the European Union in 2024 (litres), by association with drug production



Source: European Drug Precursors Database, 2025

- **Cannabis:** EU Member States reported 7 300 seizures of cannabis plants, amounting to 2.1 million individual plants and 21 tonnes in 2024 (2.3 million plants and 11 tonnes in 2023). In 2024, around 4 000 illicit cannabis cultivation sites were dismantled in 11 EU Member States.
- In 2024, at least three illicit sites involved in the production of THC or semi-synthetic cannabinoids were dismantled, two in the Netherlands and one in Poland.
- **Heroin:** Twenty heroin production (cutting and packaging) sites were dismantled in EU Member States in 2024 (15 in the Netherlands, 4 in Czechia, 1 in Italy). Czechia reported dismantling two morphine sites and the Netherlands reported two sites producing lean, a codeine-containing liquid. Three seizures of the heroin precursor chemical acetic anhydride were reported in the European Union in 2024, two by the Netherlands, amounting to 15 038 litres (740 litres in 2023). Worldwide, seizures of acetic anhydride have been declining substantially since 2019. In 2024, the Netherlands reported an additional theft of 27 000 litres of acetic anhydride.
- **Cocaine:** Six EU Member States reported dismantling 42 sites related to cocaine production in 2024 (34 in 2023): the Netherlands (24), Spain (7), Portugal (4), Belgium (4), Italy (2), Germany (1). One production site was dismantled in Türkiye. Potassium permanganate seizures decreased in 2024 to 17 kilograms (2 082 kilograms in 2023).
- **Amphetamine:** In 2024, 9 EU Member States reported dismantling 110 amphetamine laboratories (93 in 2023): the Netherlands (33), Germany (28), Poland (29), Belgium (11), Austria (2), Sweden (3), Italy (2), Bulgaria (1) and Spain (1). One site related to amphetamine production was dismantled in Norway.
- **Methamphetamine:** Ten EU Member States reported dismantling 252 methamphetamine laboratories in 2024 (250 in 2023): Czechia (184), the Netherlands (23), Bulgaria (18), Germany

(5), Poland (11), Spain (4), Slovakia (2), Belgium (2), Austria (2) and Romania (1). Five sites were dismantled in Türkiye. Czechia also reported dismantling pseudoephedrine (19) and ephedrine (1) sites. Seizures of ephedrine and pseudoephedrine amounting to 6 404 kilograms (both powders and tablets) were reported by 11 EU Member States in 2024 (7 847 kilograms by 16 EU Member States in 2023).

- **BMK:** Amphetamine and methamphetamine can be produced from BMK, a controlled precursor that can itself be manufactured from alternative chemicals. In 2024, the Netherlands reported dismantling 27 laboratories producing BMK. In 2024, 3 732 litres of BMK (5 453 litres in 2023) and 21.6 tonnes of substances (66.2 tonnes in 2022) that can be used to produce BMK were seized in EU Member States. These seizures included 21.6 tonnes of glycidic derivatives of BMK (66.1 tonnes in 2023), 35 kilograms of MAPA (43 kilograms in 2023) and 47 kilograms of APAA and APAAN (1.3 kilograms of APAAN in 2023). Seizures of tartaric acid, used to retrieve the most potent form of methamphetamine (*d*-methamphetamine, used for producing 'crystal meth') from mixtures produced by BMK methods, amounted to 7.5 tonnes in 2024 (10.9 tonnes in 2023) and were reported by the Netherlands, Spain and Germany.

- **MDMA:** Four EU Member States reported dismantling 59 MDMA laboratories in 2024 (36 in 2023): 47 in the Netherlands (32 in 2023), 4 in Belgium (4 in 2023), 7 in Spain and 1 in Germany. In 2024, the Netherlands reported dismantling 24 laboratories producing the controlled MDMA precursor PMK. Seizures of MDMA precursors decreased to 23.9 tonnes in 2024 (64.1 tonnes in 2023). Seizures of the MDMA precursor PMK and its glycidic derivatives amounted to 23.9 tonnes in 2024 (63.1 tonnes in 2023). Seizures of MAMDPA, which peaked at 4.5 tonnes in 2021, were not reported in 2024, and only 5 kilograms of IMDPAM was reported seized in 2024 (450 kilograms in 2023).

- **Cathinones:** Four EU Member States reported 63 synthetic cathinone production sites in 2024: 47 in Poland (40 in 2023), 11 in the Netherlands (8 in 2023), 3 in Germany (2 in 2023), 1 in Latvia and a multi-drug production site in Lithuania. All but one of the sites were producing single drugs: 4-MMC (19 sites), 3-CMC (15), 4-CMC (22), alpha-PVP (5), methcathinone (3). The multi-drug site was producing several cathinones (2-MMC, 3-CMC, 4-CMC). Seizures of synthetic cathinone precursors amounted to 2 620 kilograms in 2024 (2 153 kilograms in 2023), mainly in the Netherlands (2 518 kilograms) and Germany (101 kilograms).

- **Synthetic opioids:** In 2024, one large clandestine methadone production facility was identified in Poland (Figure 1.12), which led to the seizure of 195 kilograms of crystal methadone. Eight sites where methadone and synthetic cathinones were produced side by side were discovered in Poland and Ukraine in 2024. At the end of 2024, four seizures of the fentanyl precursor *N*-boc-4-piperidone totalling 30 kilograms were reported by Spain and the Netherlands.

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

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

- **Ketamine:** One ketamine production site was dismantled in the European Union in 2024 (6 in 2023).
- **Dumping sites:** In 2024, a total of 237 dumping sites for drug production waste and equipment were reported in the European Union (236 in 2023) by Belgium (20) and the Netherlands (217).

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

Summary of seizures of EU scheduled precursors and non-scheduled chemicals used for selected drugs produced in the European Union, 2024

Table 1a. Precursors associated with MDMA production

Attribute	Substance	Quantity seized
Precursors	PMK Ethyl glycidate (kilograms)	17687.48
Precursors	PMK Glycidic acid (kilograms)	1
Precursors	MAMDPA (kilograms)	0
Precursors	IMDPAM (kilograms)	5
Precursors	PMK (litres)	5142
Precursors	Safrole (litres)	1

Attribute	Substance	Quantity seized
Precursors	PMK Ethyl glycidate (kilograms)	17687.48
Precursors	PMK Glycidic acid (kilograms)	1
Precursors	MAMDPA (kilograms)	0
Precursors	IMDPAM (kilograms)	5
Precursors	PMK (litres)	5142
Precursors	Safrole (litres)	1

Attribute	Substance	Quantity seized

Table 1b. Precursors associated with amphetamine and methamphetamine production

Attribute	Substance	Quantity seized
Precursors	AIBN (kilograms)	80
Precursors	APAA (kilograms)	45
Precursors	APAAN (kilograms)	2
Precursors	Benzaldehyde (kilograms)	8892.693193039999
Precursors	Benzylcyanide (kilograms)	1
Precursors	Ephedrine (kilograms)	1090.86257
Precursors	BMK Methyl glycidate (kilograms)	2123.01
Precursors	BMK Glycidic acid (kilograms)	16816.056239999998
Precursors	Iodine (kilograms)	53
Precursors	MAPA (kilograms)	35
Precursors	Phenyl-2-nitropropene (kilograms)	9
Precursors	Pseudoephedrine (kilograms)	5313.612980000001
Precursors	Red phosphorus (kilograms)	136.11373999999998
Precursors	Tartaric acid (kilograms)	7506.65
Precursors	BMK (litres)	3732
Precursors	DEPAPD (litres)	0
Precursors	Formamide (litres)	15393.938053097345
Precursors	Formic acid (litres)	12372.69836
Precursors	BMK Ethyl glycidate (litres)	2470.273762603005
Precursors	Nitroethane (litres)	8

Attribute	Substance	Quantity seized
Precursors	AIBN (kilograms)	80
Precursors	APAA (kilograms)	45

Attribute	Substance	Quantity seized
Precursors	APAAN (kilograms)	2
Precursors	Benzaldehyde (kilograms)	8892.693193039999
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Precursors	BMK Ethyl glycidate (litres)	2470.273762603005
Precursors	Nitroethane (litres)	8

Attribute	Substance	Quantity seized

Table 1c. Precursors associated with heroin production

Attribute	Substance	Quantity seized
Precursors	Acetyl chloride (kilograms)	0
Precursors	Acetic anhydride (litres)	15038.0926

Attribute	Substance	Quantity seized
Precursors	Acetyl chloride (kilograms)	0
Precursors	Acetic anhydride (litres)	15038.0926

Attribute	Substance	Quantity seized

Table 1d. Precursors associated with cathinones production

Attribute	Substance	Quantity seized
Precursors	2-Bromo-4-chloropropiophenone (kilograms)	2437.3
Precursors	2-Bromo-4-methylpropiophenone (kilograms)	5.5
Precursors	4-Methylpropiophenone (kilograms)	1.45
Precursors	2-Bromo-3'-chloropropiophenone (kilograms)	0.7
Precursors	3'-Chloropropiophenone (kilograms)	175

Attribute	Substance	Quantity seized
Precursors	2-Bromo-4-chloropropiophenone (kilograms)	2437.3
Precursors	2-Bromo-4-methylpropiophenone (kilograms)	5.5
Precursors	4-Methylpropiophenone (kilograms)	1.45
Precursors	2-Bromo-3'-chloropropiophenone (kilograms)	0.7
Precursors	3'-Chloropropiophenone (kilograms)	175

Attribute	Substance	Quantity seized

Table 1e. Precursors associated with cocaine production

Attribute	Substance	Quantity seized
Chemicals	Calcium chloride (kilograms)	2277
Chemicals	Potassium permanganate (kilograms)	16.9
Chemicals	Ethyl acetate (litres)	42497.7
Chemicals	Methyl ethyl ketone (litres)	7018

Attribute	Substance	Quantity seized
Chemicals	Calcium chloride (kilograms)	2277
Chemicals	Potassium permanganate (kilograms)	16.9
Chemicals	Ethyl acetate (litres)	42497.7
Chemicals	Methyl ethyl ketone (litres)	7018

Attribute	Substance	Quantity seized

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)

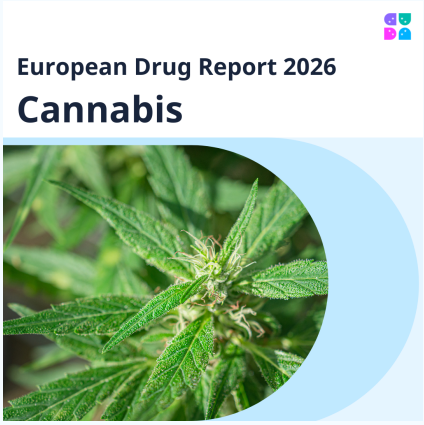
- Table EDR26-Sup-1. Number of reported drug seizures, breakdown by drug, 2024
- Table EDR26-Sup-2. Drug seizures in the European Union — number of drug seizures, indexed trends (2014 = 100)
- Table EDR26-Sup-3. Drug seizures in the European Union — quantity of drugs seized, indexed trends (2014 = 100)
- Table EDR26-Sup-4. Drug seizures in the European Union — number of seizures in 2024
- Table EDR26-Sup-5. Drug seizures in the European Union — quantity seized in 2024 (tonnes)

- Table EDR26-Sup-6. Drug law offences — possession/use offences, indexed trends (2014 = 100)
- Table EDR26-Sup-7. Drug law offences — supply offences, indexed trends (2014 = 100)
- Table EDR26-Sup-8. Drug law offences — number of offences, supply and use/possession, 2024
- Table EDR26-Sup-9. Quantity of precursors (EU) and key non-scheduled chemicals seized in the European Union (2012-2024)
- Table EDR26-Sup-10. Quantities of precursors and key non-scheduled chemicals seized in the European Union in 2024 (kilograms), by their association with drug production
- Table EDR26-Sup-11. Quantities of key precursor chemicals seized in the European Union in 2024 (litres), by association with drug production
- Table EDR26-Sup-12. Summary of seizures of EU scheduled precursors and non-scheduled chemicals used for selected drugs produced in the European Union, 2024

Cannabis – the current situation in Europe (European Drug Report 2026)

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

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



Last update: *9 June 2026*

Public health impact of Europe's evolving cannabis market remains unclear

Cannabis is the most widely consumed illicit drug in Europe, with national surveys showing that an estimated 8.7% of European adults (25 million aged 15 to 64) have used the drug in the last year. However, both the level of use and trends in use in national data appear heterogeneous (see Prevalence and patterns of cannabis use, below). As some EU Member States modify their regulatory approach to cannabis, and as cannabis markets and patterns of consumption continue to evolve, vigilance is needed to understand potential changes in related harms.

Increasing range of cannabis products available in Europe

In Europe, illicit herbal cannabis and cannabis resin remain the most widely available and consumed types of cannabis. However, new cannabis products and forms are available on both the illicit drug market and the consumer goods market. Products are appearing that contain low levels of THC, or other substances that may be derived from the cannabis plant, such as cannabidiol (CBD), or both. Some products sold on the illicit market as cannabis may be adulterated with potent synthetic cannabinoids. In addition, availability of high-potency extracts and edibles raises concern and has been linked to acute drug-toxicity presentations in hospital emergency departments and to telephone enquiries to poison centres. Also of concern is the appearance of semi-synthetic cannabinoids on the commercial market in parts of Europe. These are substances often produced from CBD which may be extracted from low-THC cannabis (hemp) (see New psychoactive substances – the current situation in Europe).

Cannabis product diversity complicates the evaluation of harms and treatment

People who use cannabis daily or almost daily are the most likely to experience problems from use. Such cannabis use is linked to chronic respiratory symptoms, dependence and psychotic

symptoms, as well as poorer educational achievement and risk of involvement with the criminal justice system. Early onset of use, high-potency products and regular, long-term use are the factors most closely associated with the development of problems. The risk of harms is increased, and their evaluation and treatment design are complicated by the wider availability of a more potent and broader range of products.

Cannabis now accounts for about one third of Europe's drug treatment admissions, representing the largest group of people entering drug treatment. On average, there is an 11-year gap between the first episodes of use and treatment, indicating a long period of risk exposure. A better understanding is needed of the problems now experienced by people who use cannabis and the effectiveness of referral pathways and treatments as cannabis problems evolve. However, this analysis is also complicated by the wide variety of interventions provided, either within general substance use treatment, which may include psychosocial interventions or directive referrals from the criminal justice system, or as specialised interventions targeting people using cannabis, which may include brief interventions. Targeted online interventions are available in several EU Member States. Tobacco use cessation often needs to be addressed during cannabis use treatment.

More fluid tactics are being used by cannabis trafficking networks

Valued at over EUR 12 billion, Europe's large cannabis market generates sizeable profits for organised crime groups involved in the cultivation, trafficking and distribution. Some EU Member States report high levels of cannabis market-related violence, arising from its diversity and profitability (see EU Drug Market: Cannabis – Criminal networks). Although seizures of cannabis products overall continued to be at high levels in the European Union in 2024, cannabis resin decreased by 42% compared with 2023 to a historical low of 321 tonnes. This reflects a 45% decrease in resin seizures reported by Spain, where the largest quantities are generally seized, likely driven by targeted law enforcement operations and changes in trafficking patterns.

The quantity of herbal cannabis seized in the European Union remained stable overall. However, notable changes compared with 2023 included a decrease in Spain (-18%) and significant increases in Belgium (1 075%) and the Netherlands (278%), where large consignments originating from North America and other non-European regions were seized. Trafficking networks have diversified their methods and routes in recent years, as evidenced by seizures by Spanish law enforcement of drones and speedboats used to traffic cannabis, and by cannabis being trafficked to Europe from Canada, the United States, and to a lesser extent, Thailand (see Figure 2.1; also Understanding Europe's drug situation in 2026). In November 2025, the EUDA issued its first-ever alert via the European Drug Alert System (EDAS), highlighting the risk of harms from the emergence of North American cannabis on European drug markets, due to higher potency products and contamination with potentially hazardous pesticides.

Figure 2.1. Drones (left) and a speedboat (right) used in cannabis trafficking seized in Spain in 2025

M
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c
by the Guardia Civil.

Cannabis is produced in Europe near consumer markets

In addition to trafficking, illicit cultivation within the European Union is a source of cannabis in Europe. In 2024, Spain accounted for 75% of the total number of cannabis plants seized in the European Union. Large-scale cannabis production also takes place in other EU Member States, for both domestic and international markets. Thousands of cannabis cultivation sites, ranging from small- and medium-scale to industrial, are dismantled annually by law enforcement authorities (see Figure 2.2).

Figure 2.2. Small- and large-scale illicit cannabis cultivation sites dismantled in Ireland (left) and Spain (right)

M
Síochána in 2024; large-scale site dismantled by the Guardia Civil in 2024.

The use of CBD in the production of semi-synthetic cannabinoids, such as hexahydrocannabinol (HHC), is a cause of concern. In 2026, the EUDA has been asked to assess CBD as a precursor to support the evaluation of its role in the production of THC or other psychoactive cannabinoids. In

2024, at least three illicit sites involved in the production of THC or semi-synthetic cannabinoids were dismantled: two in the Netherlands and one in Poland.

Cannabis policy developments highlight role of evaluation

A number of EU Member States are considering or changing their policy approach to regulating recreational use of cannabis use by adults. While differing in terms of scope and stage of implementation, the regulation models being developed generally involve prevention measures, non-profit sales and monitoring and evaluation. In December 2021, Malta legislated for limited home growing, possession of small amounts and cannabis use in private, alongside non-profit communal growing clubs. In July 2023, Luxembourg legislated to permit limited home growing and use in private, and in February 2024, Germany legislated to allow limited home growing, possession and use of small amounts, and non-profit cannabis growing clubs. The Netherlands is conducting an experiment with a closed cannabis supply chain in 10 municipalities, starting in 2025. During the trial, cannabis produced in regulated premises will be sold through coffeeshops. In January 2026, Czechia legislated to permit individuals to cultivate up to three cannabis plants for consumption in private. Home-growing activity in Germany, Luxembourg and Malta is not systematically monitored, making the scale of uptake unclear. By the end of 2025, Germany and Luxembourg had published interim evaluation reports. Further monitoring and evaluation will provide policy-relevant insights into outcomes.

See also Cannabis laws in Europe: questions and answers for policymaking and Drug policy evaluation in Europe

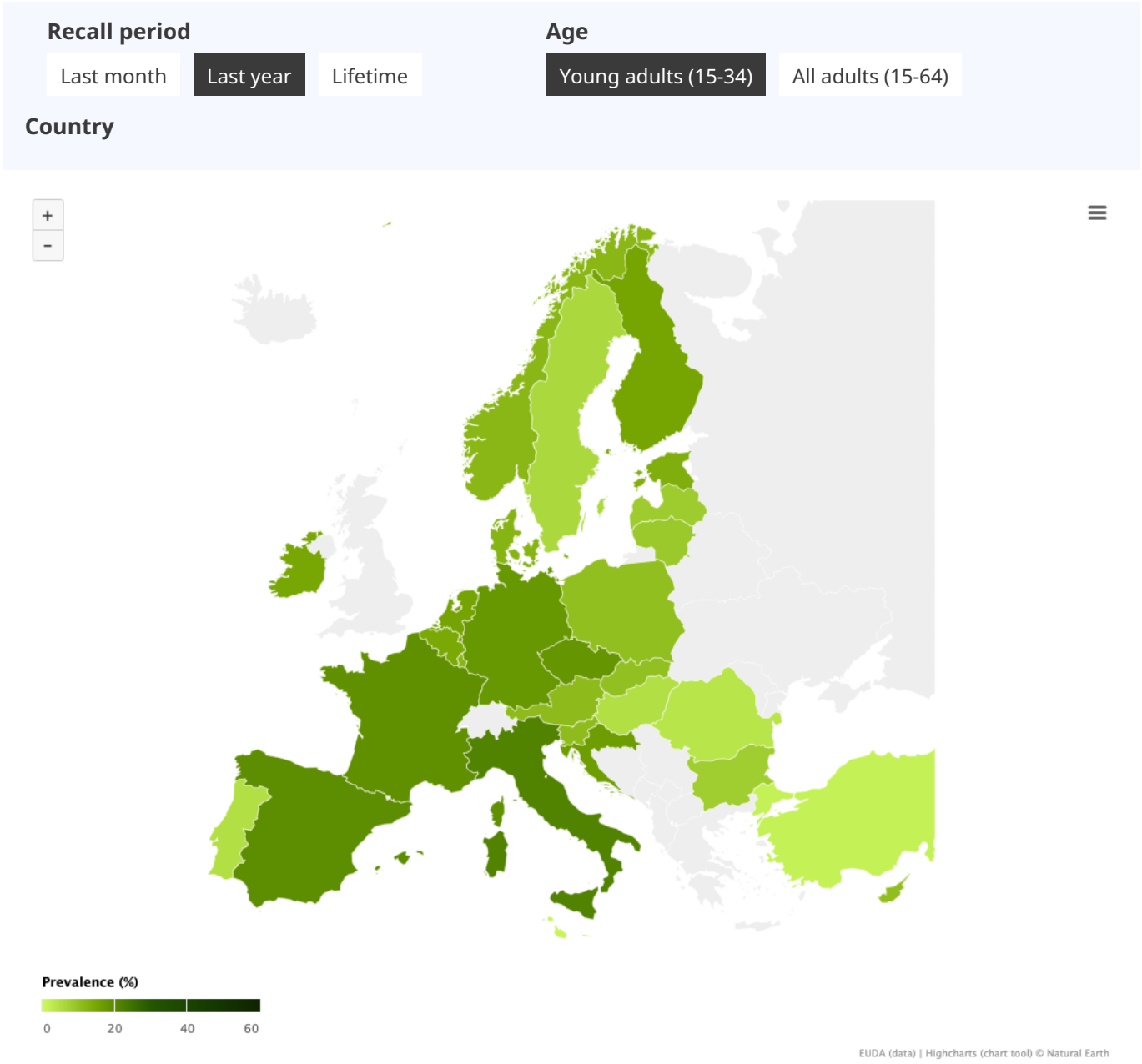
Key data and trends

Prevalence and patterns of cannabis use

- Last year cannabis use among the EU population aged 15 to 34 is estimated at 15.3% (15.4 million), with males being typically twice as likely to report use as females (Figure 2.3). Among 15- to 24-year-olds, an estimated 18.0% (8.6 million) used cannabis in the last year, and 9.6% (4.6 million) used the drug in the last month. It is estimated that around 1.6% (4.5 million) of adults (aged 15 to 64) and 2.3% (2.3 million) of young adults (aged 15 to 34) are daily or almost daily cannabis users (that is, using the drug on 20 days or more in the last month).

Figure 2.3. Prevalence of cannabis use in Europe

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

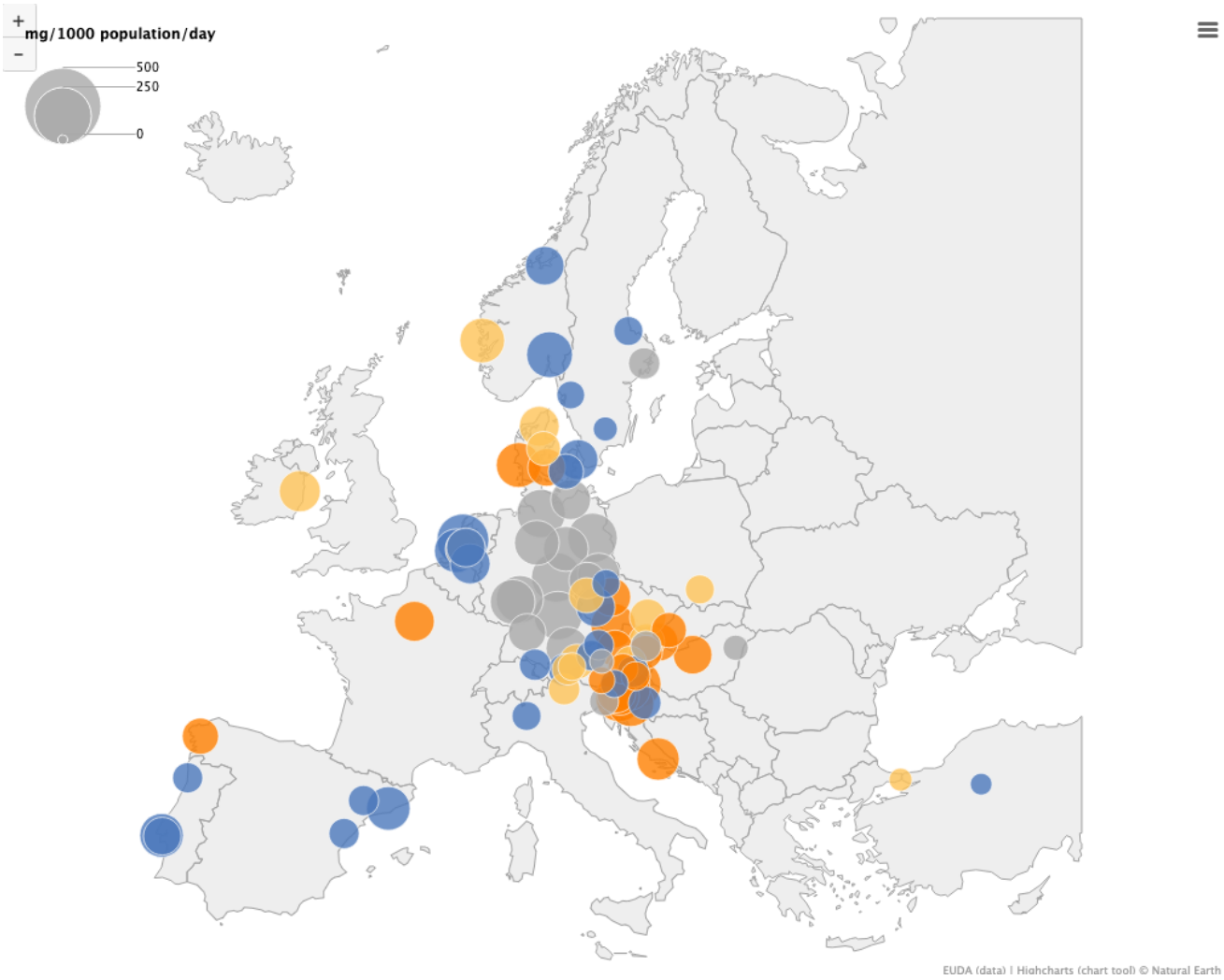


Note: Prevalence data presented here are based on general population surveys submitted to the EUDA by Reitox national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2026: Prevalence of drug use.
Graphics showing the most recent country-level data are based on studies carried out between 2015 and 2024.
Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia, Sweden and Norway; 18-65 and 18-34 for Malta.

- Trends in cannabis use at the national level appear mixed. Of the countries that have produced surveys since 2023, 3 reported higher estimates, 10 were stable and 2 reported a decrease compared with the previous comparable survey.

- The 2024 ESPAD school survey of 15- to 16-year-old school students showed cannabis was the most widely used illicit drug in all participating EU Member States. On average, 13% of students had used cannabis at least once in their lifetime.
- In 2025, of the 63 cities from 17 EU Member States, Norway and Türkiye with data available from 2024, 21 (33%) reported an annual increase in the cannabis metabolite THC-COOH in wastewater samples, while 28 (44%) reported a decrease (Figure 2.4).

Figure 2.4. Cannabis residues in wastewater in selected European cities: changes between 2024 and 2025

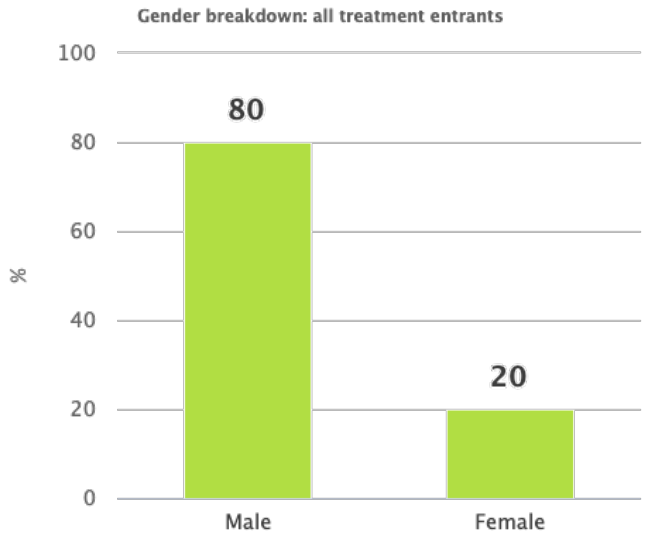


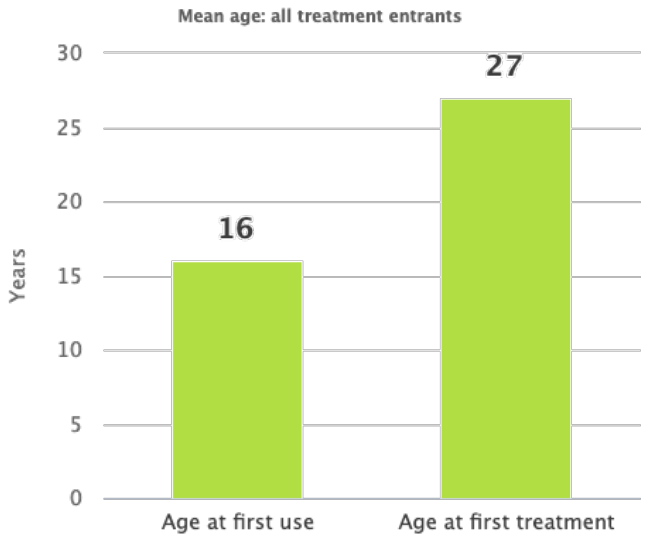
Mean daily amounts of THC-COOH in milligrams per 1 000 population. In most cities, sampling was carried out over a week between March and May 2025.
Taking into account statistical errors, values that differ by less than 10% from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study

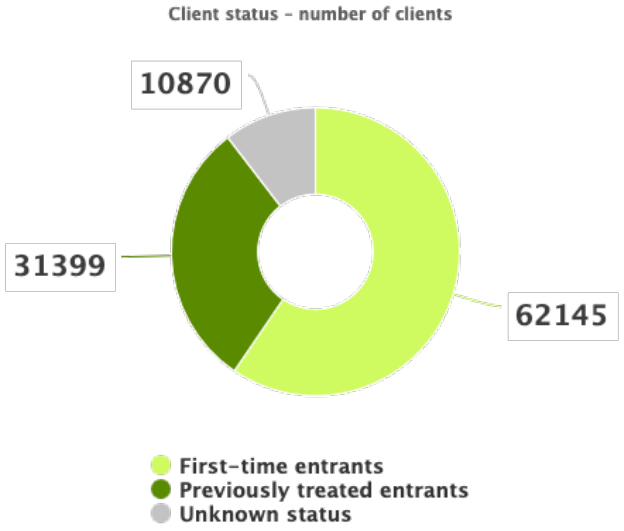
Treatment entry for cannabis use

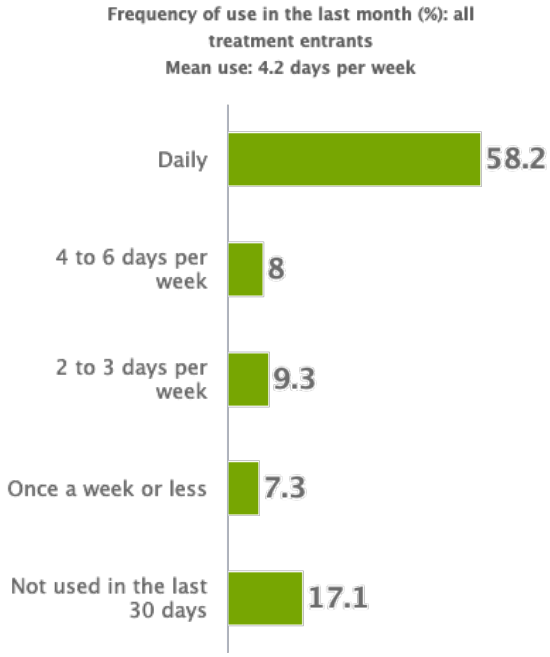
- People entering specialist drug treatment for problems related to cannabis use accounted for 33% of all treatment demands reported in the European Union, Norway and Türkiye in 2024. Of the estimated 104 000 clients, about 62 000 were first-time entrants. Cannabis was the main problem drug most frequently cited by new treatment clients, accounting for 41% of all first-time treatment entrants (Figure 2.5).

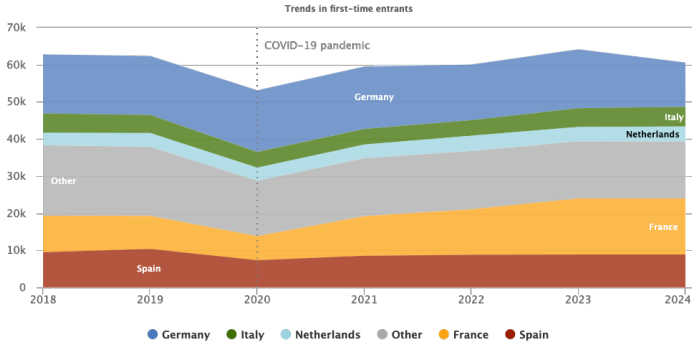
Figure 2.5. People entering treatment for cannabis in Europe











Apart from the trends, data are for all treatment entrants with cannabis as the primary drug – 2024 or the most recent year available.

Trends in first-time entrants are based on 26 countries. Only countries with data for at least 6 of the 7 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 (2024) and Germany (2019). In Germany, trends are affected by the near disappearance of referrals from the criminal justice system following legislation change in February 2024.

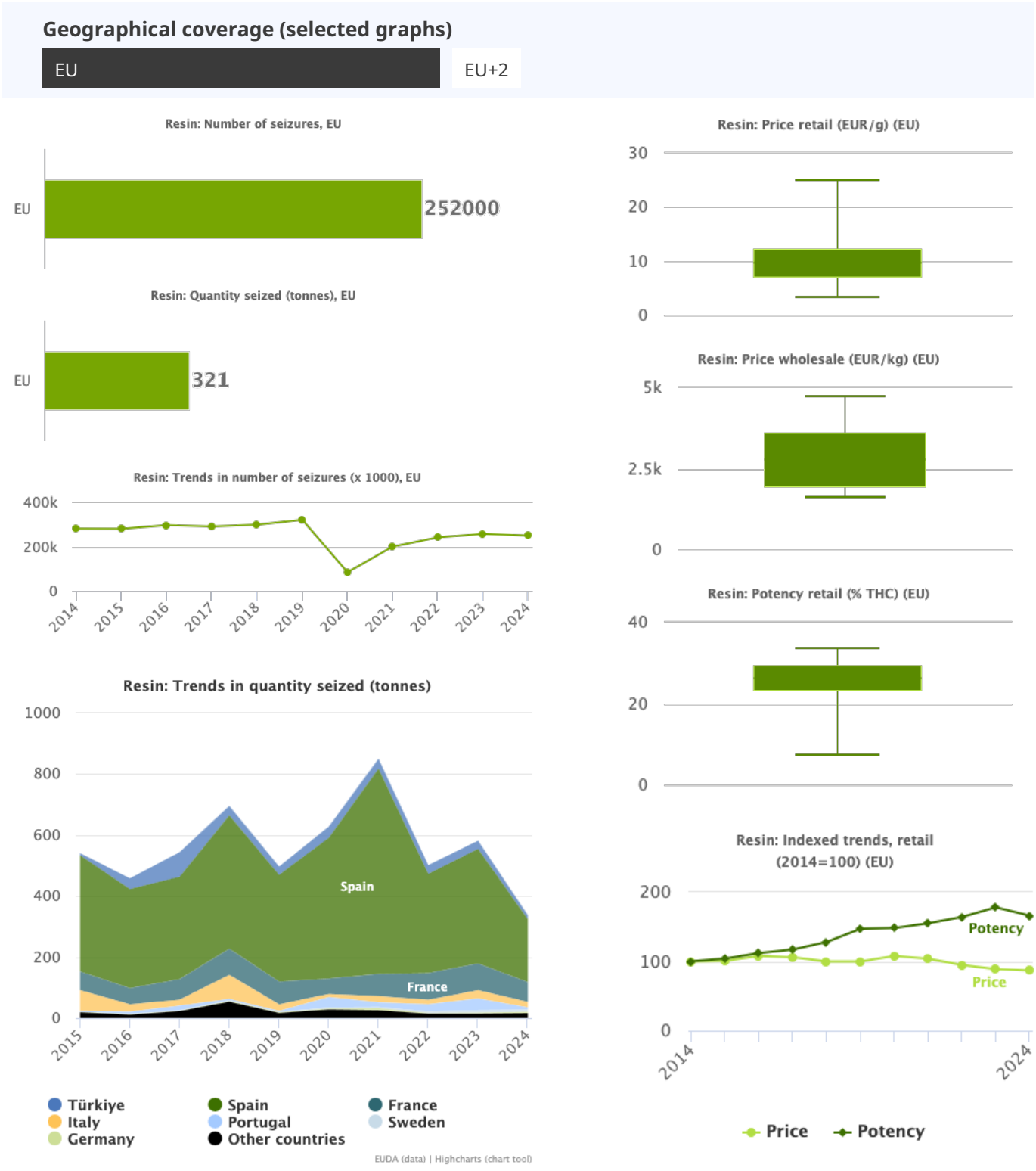
Hospital presentations

- Available national data indicate cannabis is involved in a large proportion of the thousands of drug-related emergency presentations to hospitals in some EU Member States. In 2023, cannabis was involved in over 46% of the cases (3 700 out of 8 000) reported in Spain and in 28% (over 6 300 out of 24 300) of the cases reported in France.
- After cocaine, cannabis was the second most frequently reported substance by the Euro-DEN Plus network of sentinel hospitals in 2024. The median proportion of presentations involving cannabis was 20% across the reporting hospitals. Cannabis was typically reported in the presence of other substances. The median age of those presenting with cannabis was 28 years; 74% were males.

Cannabis market data

- In 2024, EU Member States reported 252 000 seizures of cannabis resin, amounting to 321 tonnes (551 tonnes in 2023), and 219 000 seizures of herbal cannabis, amounting to 199 tonnes (201 tonnes in 2023) (see Figure 2.6). In 2024, Türkiye reported 17 400 seizures of cannabis resin, amounting to almost 14 tonnes, and 80 000 seizures of herbal cannabis, amounting to 47.7 tonnes.

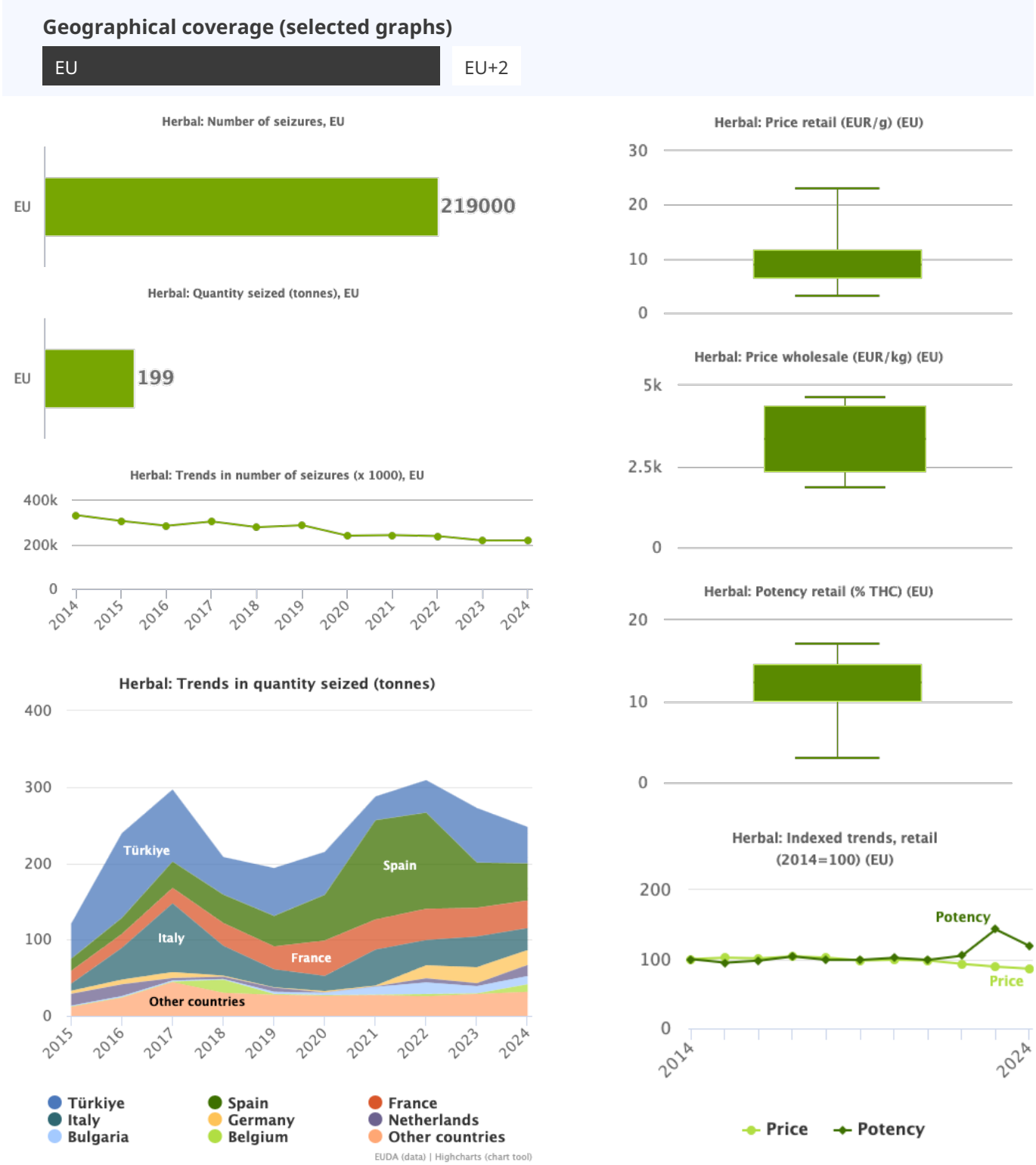
Figure 2.6a. Cannabis resin market in Europe



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

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

Figure 2.6b. Herbal cannabis market in Europe



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

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

- After a 43% decrease in 2022, followed by a small increase, the overall quantity of cannabis resin seized in the European Union decreased markedly again in 2024 (-42%). Despite a 45% decrease compared with 2023, Spanish cannabis resin seizures remained the largest in Europe (206 tonnes).
- Approximately 477 000 offences relating to cannabis use or personal possession were reported in the European Union in 2024 (615 000 in 2023), alongside 74 000 supply offences (100 000 in 2023).
- In 2024, the average THC content of cannabis resin seized in the European Union was 24.6%, twice that of herbal cannabis, at 12%. Indexed trends show that the average THC content of resin increased by 66% between 2014 and 2024, whereas that of herbal cannabis increased by 19% over the same period.

See also EU Drug Market: Cannabis – In-depth analysis and Cannabis: health and social responses.

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

The **complete set of source data for the European Drug Report 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.

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

View this data in our Data catalogue

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- Table EDR26-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2024 or most recent year)
- Table EDR26-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR26-WW-1. Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2025

Other data tables including tables specific to cannabis

View this data in our Data catalogue

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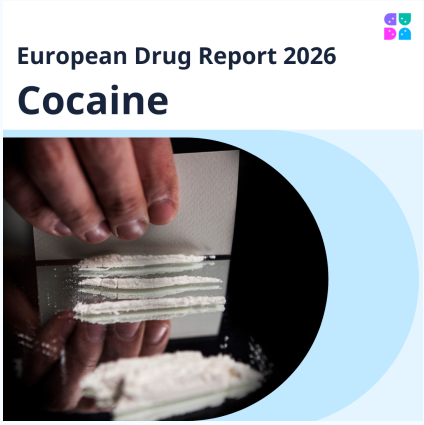
- Table EDR26-TDI-1. Treatment demand indicator (TDI) source data, client characteristics, 2024 or most recent year. Percentages except where otherwise stated
- Table EDR26-Cannabis-3. Trends in first-time entrants, cannabis, selected countries
- Table EDR26-Cannabis-4. Cannabis markets seizures source data, 2024 or most recent year
- Table EDR26-Cannabis-5. Trends in the number of cannabis seizures and quantity of illicit drugs seized (x 1000)
- Table EDR26-Cannabis-6. Trends in the quantities of cannabis seizures and quantity of illicit drugs seized (tonnes)
- Table EDR26-Cannabis-7. Price, potency data for cannabis, 2024 or most recent year
- Table EDR26-Cannabis-8. Price and purity/potency indexed trends

Cocaine – the current situation in Europe (European Drug Report 2026)

Cocaine is, after cannabis, the second most commonly used illicit drug in Europe. Here you can find the latest analysis regarding cocaine in Europe, including prevalence of use, treatment demand, seizures, price and purity, harms and more.

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



Last update: *9 June 2026*

Resilient cocaine supply driving public health challenges

Cocaine is, after cannabis, the second most commonly used illicit drug in Europe, although prevalence levels and patterns of use differ considerably between countries (see Prevalence and patterns of cocaine use). Most commonly available as powder cocaine (a salt form), the drug may also be available as crack cocaine (a smokeable, freebase form). As cocaine's availability continues to increase, concerns have grown that cocaine's health and social costs are rising significantly.

Cocaine is produced from the coca plant, grown in South America. It enters Europe through various routes and methods, but bulk trafficking through seaports in commercial shipping containers sustains cocaine's high availability. Where container ports are exploited by cocaine traffickers, high levels of drug-related crime, including corruption of staff, intimidation and violence, have been documented. Competition within the cocaine market is an important driver of crime, including gang-related violence and homicides in some countries. Cocaine use, and crack cocaine use in particular, appears to be becoming more common, especially among some marginalised communities. Overall, increased cocaine availability in Europe is linked to public health harms and drug-related crime and violence.

Diverse trafficking tactics fuel cocaine availability

In 2024, the quantity of cocaine seized by EU Member States decreased to 330 tonnes from 419 tonnes in 2023. However, against a backdrop of increased cocaine production in South America, the number of seizures increased, suggesting shifting trafficking routes and methods rather than a decrease in the quantities shipped to Europe (see also Europe's drug situation in 2026). Spain and France reported the largest quantities seized in 2024, with Spain confiscating 124 tonnes and France reporting the largest amount of cocaine it had ever seized, 53.5 tonnes. Meanwhile, quantities seized decreased significantly in Belgium (-64%), Germany (-45%) and the Netherlands (-36%), in part reflecting intensified law enforcement and customs operations at large ports.

Traffickers use other methods to evade detection, with 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 concealment. This is evident from, for example, recent large at-sea seizures from merchant ships and speedboats and sophisticated concealments in foodstuffs in air freight (see Figure 3.1). Customs and law enforcement are responding to increasingly unpredictable and fragmented trafficking routes, methods and concealments, all contributing to a more demanding operating environment.

Figure 3.1. Seizures of cocaine trafficked by sea and air

Note: Seizures of 10 tonnes of cocaine concealed on a merchant ship by the Spanish National Police and the Ministry of the Interior, 2026 (left); 4 tonnes of cocaine from a speedboat by the Spanish Tax Agency, Civil Guard and National Police, 2024 (middle); and 508 kilograms of cocaine concealed in air freight seized by the Luxembourg Customs and Excise Agency, 2025 (right).

European cocaine production

The illicit processing of cocaine products takes place in Europe, with multiple cocaine laboratories dismantled each year, some of which are relatively large-scale (see Figure 3.2). While cocaine production in Europe is mostly concentrated in the Netherlands, five other EU Member States reported dismantling processing sites in 2024. Among these sites were facilities for secondary extraction of cocaine chemically concealed in other materials (e.g. plastics) to evade detection in commercial shipments. In addition, cocaine base and paste are trafficked in large quantities to Europe for processing into cocaine hydrochloride.

Figure 3.2. Large cocaine production site dismantled in Spain, 2024

Note: Seizure by the Civil Guard.

Cocaine-related health problems continue to grow

The high availability of cocaine is having a growing negative impact on public health in Europe, and use of the drug remains an important issue for prevention and harm reduction messaging and interventions. Cocaine is the second most frequently reported illicit drug by first-time entrants to specialist drug treatment and remains the most frequently reported substance in acute drug-toxicity presentations to sentinel hospital emergency departments. In 2024, cocaine was involved in 27% of drug-induced deaths. As cocaine use can aggravate cardiovascular problems, its role in mortality in Europe is underestimated. Data on cocaine residues in municipal wastewater and other sources suggest that cocaine's increasing availability has been accompanied by a wider geographical and social distribution. European drug checking services reported that cocaine was the second most common substance they screened in 2025. Of particular concern is the use of cocaine, including crack cocaine, among more marginalised groups in some countries. Injecting of both powder cocaine and crack cocaine, either alone or in combination with heroin, is reported by drug consumption rooms across Europe. Cocaine injecting has been involved in localised HIV outbreaks in four European cities over the last decade (see Injecting drug use in Europe – the current situation).

Reducing harms and treating cocaine use remain challenging

Cocaine use is associated with adverse health consequences, with most chronic harms related to intensive, high-dose or long-term consumption which, in addition to dependence, can increase the risk of cardiovascular problems. Cocaine use can trigger stimulant-induced psychosis, for which integrated drug treatment and mental health services are often lacking. Regular cocaine use and high-risk use patterns are more strongly associated with harmful outcomes, such as suicide, accidental injury, homicide and HIV/AIDS. The combined use of cocaine and alcohol is common, and in the presence of the two substances, the body creates cocaethylene, potentially increasing

the health risks.

Treating people with cocaine-related problems remains challenging, whether they are socially integrated and involved in episodic use of powder cocaine, or more marginalised groups injecting cocaine or smoking crack cocaine. The current evidence supports the use of psychosocial interventions, including cognitive behavioural therapy and contingency management. However, the evidence remains insufficient to support any pharmacological treatment. Treatment can be particularly challenging among more marginalised groups, potentially requiring integrated services, when patients also experience problems with their mental and physical health and with other drugs, including opioids or alcohol, possibly compounded by socio-economic deprivation and unstable accommodation. Existing harm reduction responses can reduce route-specific harms from injecting cocaine and smoking crack. However, more comprehensive interventions are needed, as is greater investment to ensure services are aligned with growing needs in some countries.

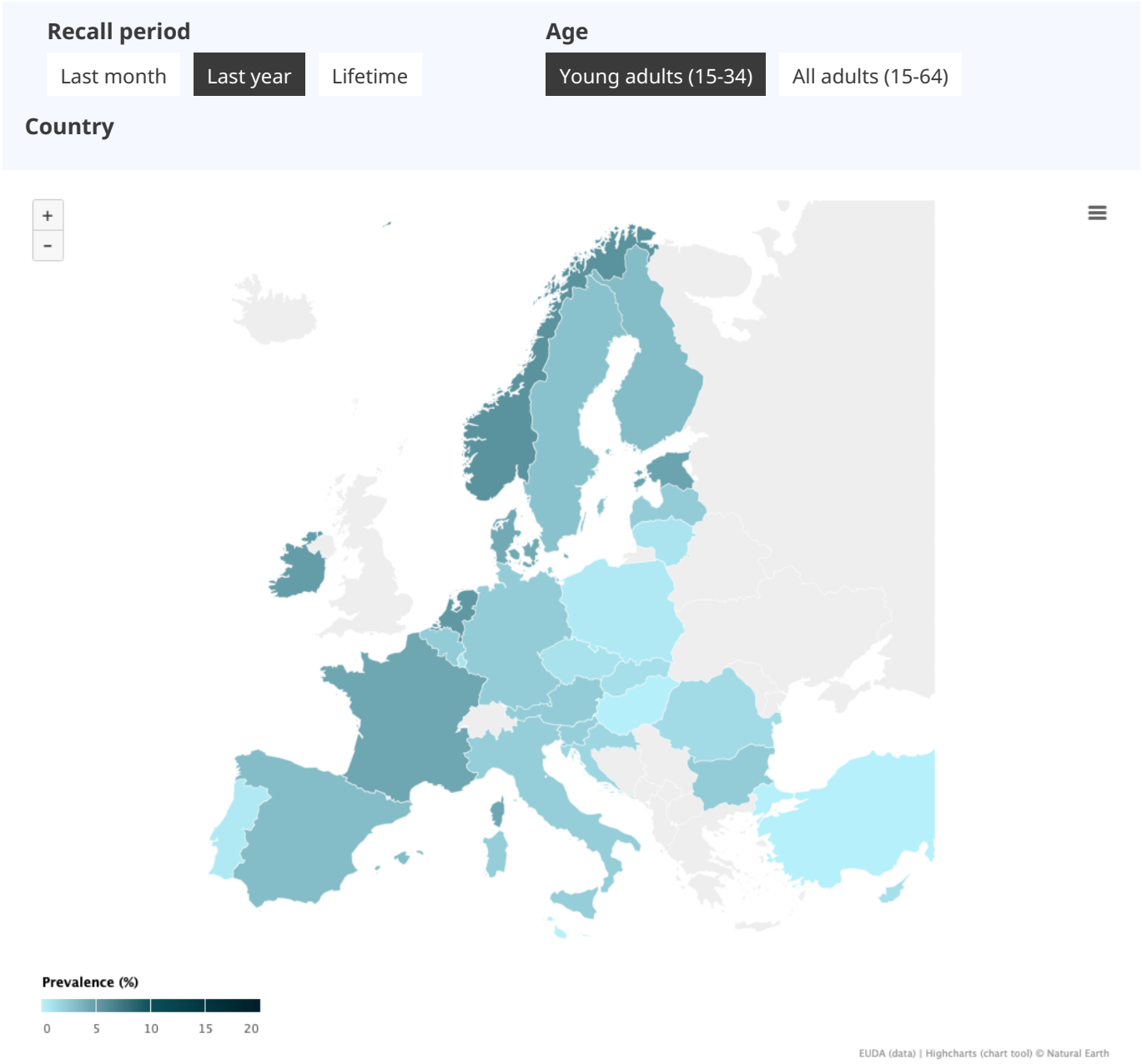
Key data and trends

Prevalence and patterns of cocaine use

- In the European Union, surveys indicate that 2.5 million 15- to 34-year-olds (2.5% of this age group) used cocaine in the last year (see Figure 3.3). Of the 14 European countries that have conducted surveys since 2023, seven reported higher estimates than their previous comparable survey and four reported a stable trend.

Figure 3.3. Prevalence of cocaine use in Europe

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

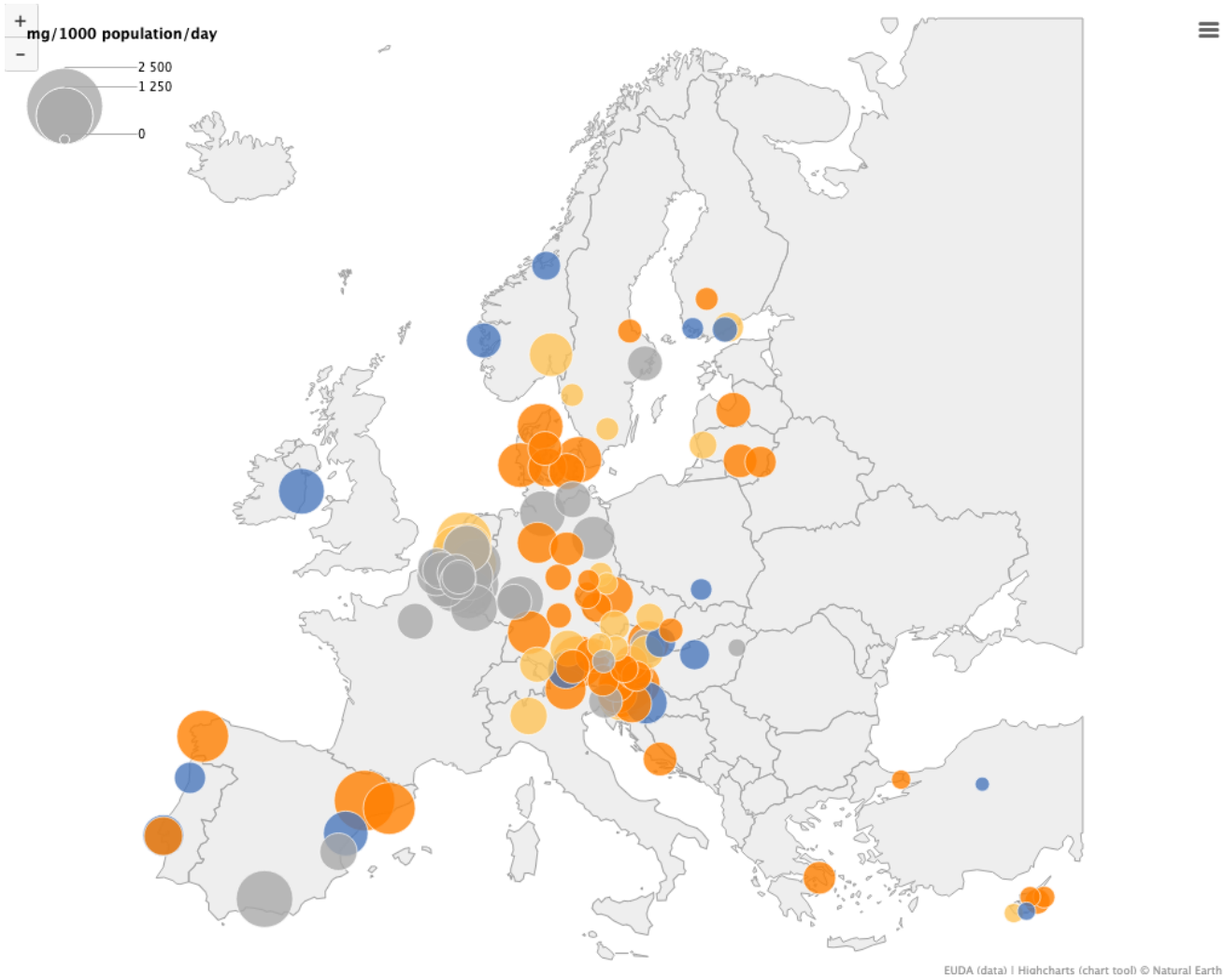


Note: Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information, please see the Statistical Bulletin 2026: Prevalence of drug use.
Graphics showing the most recent data for a country are based on studies carried out between 2015 and 2024.
Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia and Norway; 18-65 and 18-34 for Malta; 17-34 for Sweden.

- In the 2024 ESPAD school survey, on average, 2% of 15- to 16-year-old school students reported having used cocaine at least once in their lifetime.

- Cocaine residues in municipal wastewater increased in 48 (57%) out of 85 cities from 23 EU Member States, Norway and Türkiye with data for both 2025 and 2024, while 21 (25%) cities reported no change and 16 (19%) cities reported a decrease (see Figure 3.4).

Figure 3.4. Cocaine residues in wastewater in selected European cities: changes between 2024 and 2025



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

Mean daily amounts of benzoylecgonine in milligrams per 1 000 population. Sampling was carried out over a week between March and May 2025.
Taking into account statistical errors, values that differ by less than 10% from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study

- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 29% of EU or Norwegian respondents reported having used powder cocaine, crack cocaine or both in the last 12 months. Polysubstance use was reported by 96% of those using powder cocaine.

- Analysis of 3 256 used syringes by the ESCAPE network of 21 cities in 14 EU Member States and Norway in 2024 found that cocaine was detected in more than 50% of syringes in 10 cities: Thessaloniki (95%), Barcelona (94%), Limerick (91%), Split (87%), Dublin (70%), Madrid (69%), Cork (69%), Volos (68%), Cologne (62%) and Athens (61%).

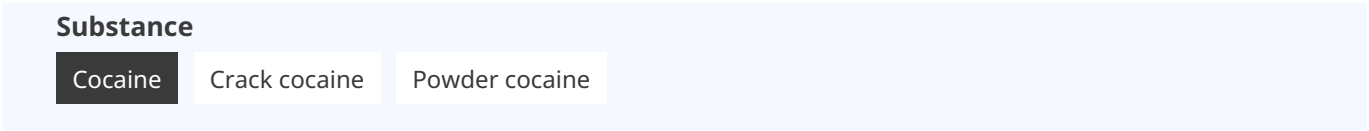
Treatment entry for cocaine use

- Cocaine was the second most common problem drug among people entering specialist drug treatment for the first time in 2024, cited by an estimated 37 000 clients or 25% of all first-time entrants (see Figure 3.5).
- The number of clients entering treatment for cocaine-related problems for the first time increased by 39% between 2018 and 2024.
- A time lag of 14 years exists between first use of powder cocaine (12 years for crack), on average at the age of 22, and first treatment for cocaine-related problems, on average at the age of 36 (Figure 3.5).
- Injecting was reported as the main route of administration by less than 2% of first-time cocaine clients in 2024.

Treatment entry for crack cocaine use

- Just 5 EU Member States accounted for 85% of the estimated 11 400 crack-related treatment entrants in 2024 (9 900 in 2023), of which 4 300 were first-time entrants (Figure 3.5).
- The number of first-time treatment entrants with crack cocaine as primary drug increased by 53%, from 2 800 clients in 2018 to 4 300 clients in 2024.
- Almost one quarter of those who enter treatment for crack cocaine are women (23% in 2024).
- In the first half of 2025, powder cocaine use was reported by drug consumption rooms in 10 cities across 7 EU Member States and Norway, while crack cocaine use was reported in 12 cities across 8 EU Member States and Norway. Crack cocaine was mostly smoked, while powder cocaine was mostly injected. Injection accounted for a minority (4-20%) of crack cocaine consumption episodes in drug consumption rooms that allow smoking in 4 cities in 3 EU Member States, but for all episodes in 2 cities in 2 countries where smoking was not permitted.

Figure 3.5. Clients entering treatment for cocaine use

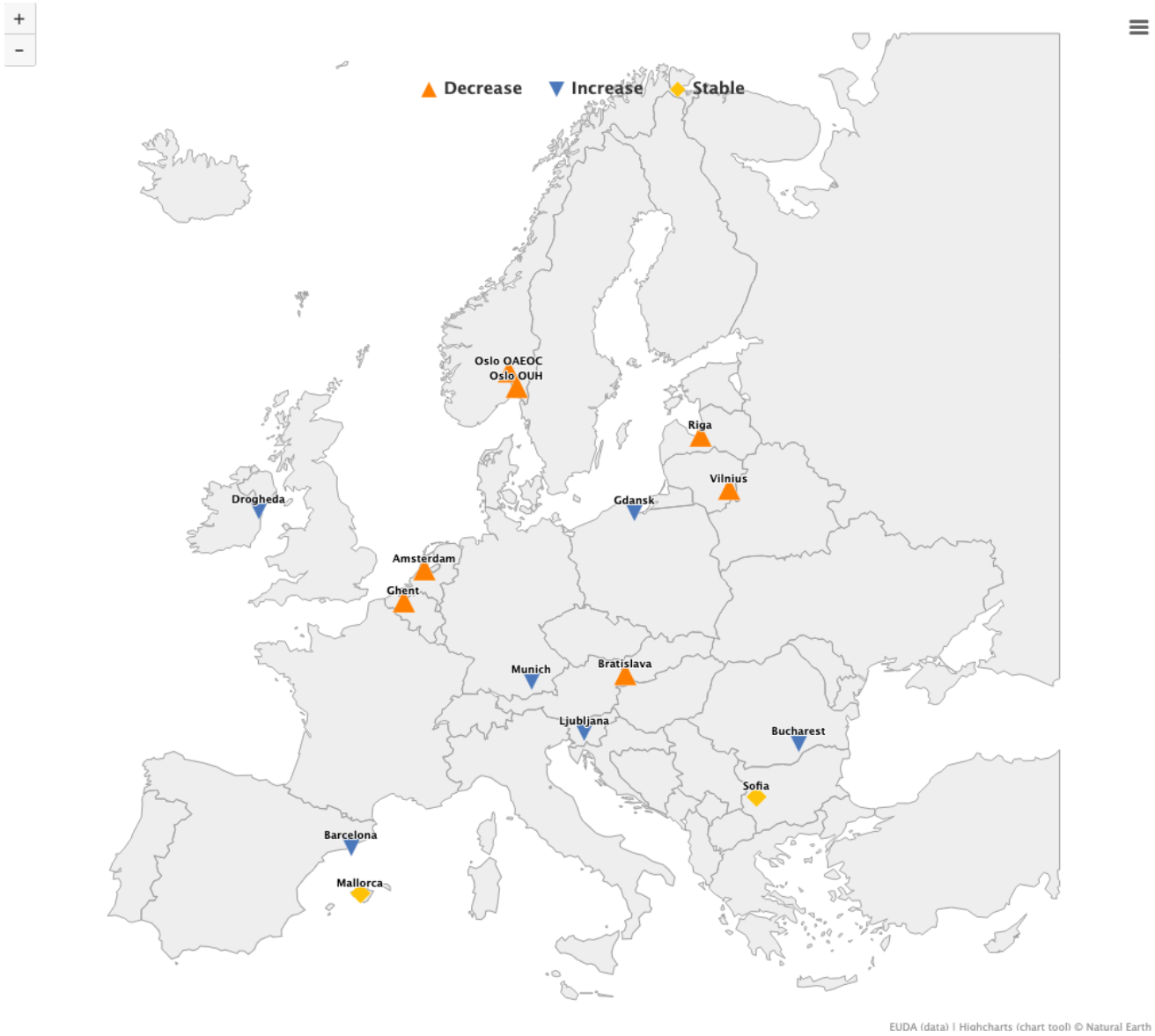


Note: Apart from the trends, data are for all treatment entrants with cocaine as the primary drug – 2024 or the most recent year available. Trends in first-time entrants are based on 26 countries. Only countries with data for at least 6 of the 7 years are included in the trends analysis. Missing values 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 (2024) and Germany (2019).

Harms related to cocaine use

- Cocaine was the most common substance reported by Euro-DEN Plus sentinel hospitals in 2024, mentioned in 26% (1 374) of acute drug-toxicity presentations.
- The median age of those presenting was 33 years; 79% were males.
- Six Euro-DEN Plus sentinel hospitals reported an increase in presentations involving cocaine in 2024 compared with 2023, while 8 reported a decrease (Figure 3.6).

Figure 3.6. Trends in the numbers of cocaine-related presentations in Euro-DEN Plus sentinel hospitals, 2023 to 2024



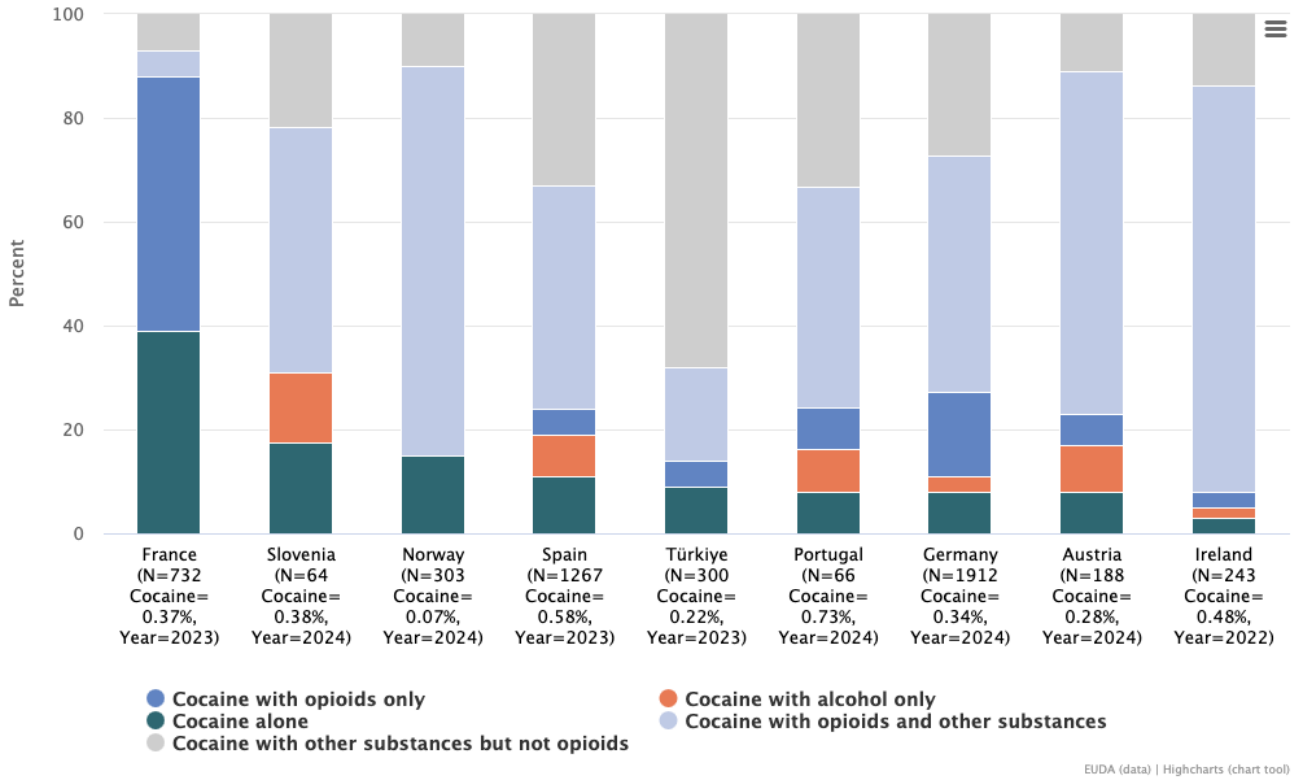
Data source: Euro-DEN Plus network.

Note: Values that differ by less than 10% from the previous value are considered stable. Only centres reporting at least 20 presentations for each year are represented.

In Bratislava, Bucharest, Gdansk and Riga, there were 10 or fewer cocaine-related presentations in 2024, limiting comparability between years. For the latest data and detailed methodological information please see: Euro-DEN data explorer.

- Among the 20 European countries providing data for both years, cocaine was involved in approximately one quarter (1 133 or 27%) of the drug-induced deaths in 2024 (1 053 or 26% in 2023).
- Most cocaine-related deaths involved polysubstance use (see Figure 3.7).

Figure 3.7. Polysubstance toxicity in drug-induced death cases with cocaine involved, 2024 (or most recent year available)

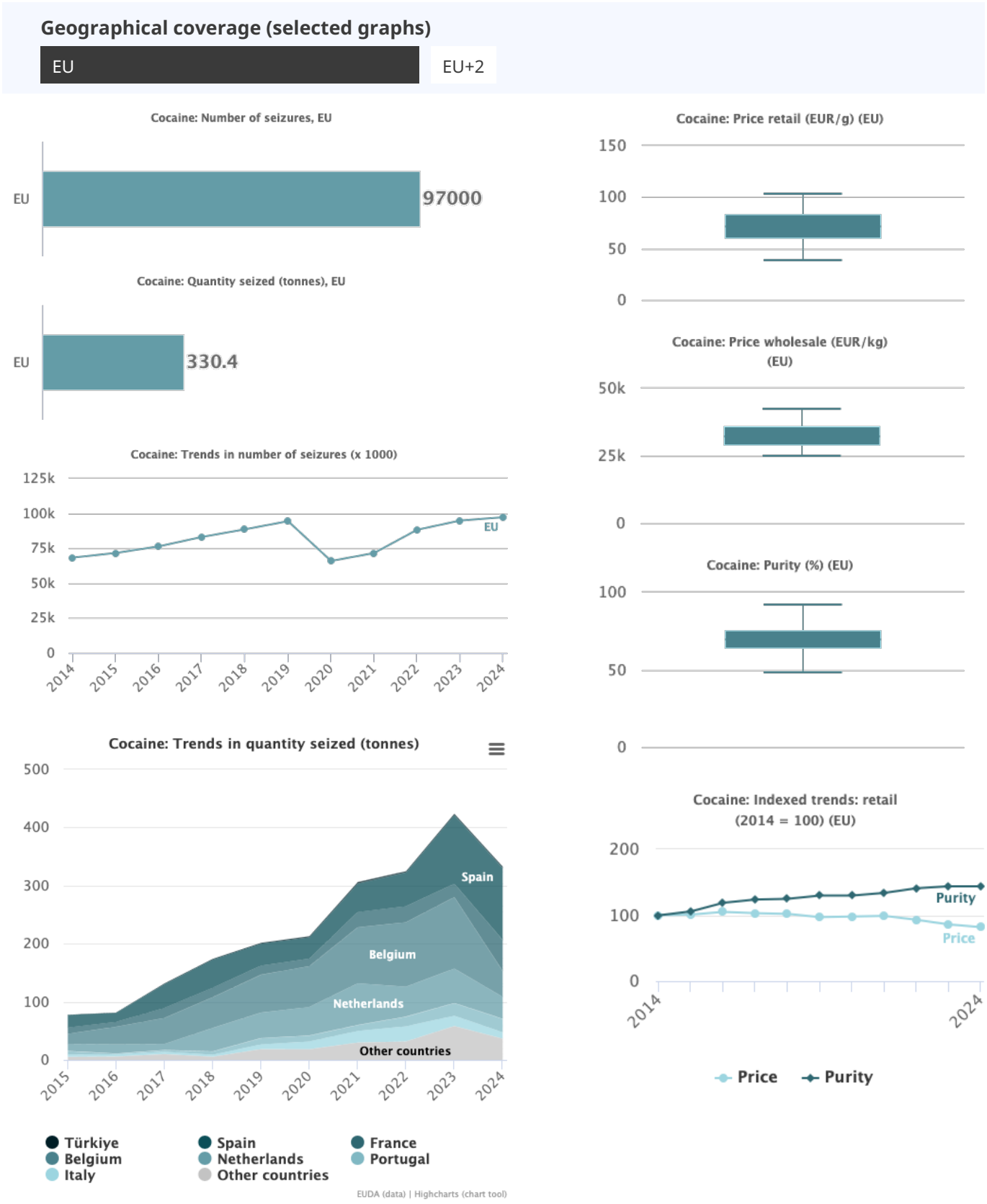


Note: Data on cases with cocaine involved from special mortality registers. Countries are sorted in descending order by the proportion of cases involving cocaine alone. In the country label, *N* represents the total number of drug-induced deaths, with the total share involving cocaine given as a percentage. Only countries with at least 20 cocaine-related cases are included. The year of data is indicated for countries where 2024 data were unavailable. For France, only implicated substances are reported, while for other countries, all mentions are reported.

Cocaine market data

- In 2024, EU Member States reported 97 000 cocaine seizures, amounting to 330 tonnes (419 tonnes in 2023). Spain (124 tonnes), France (53.5 tonnes) and Belgium (44.6 tonnes) together accounted for 67% of the total quantity seized (Figure 3.8). In addition, significant quantities were reported by the Netherlands (37.6 tonnes), Germany (23.8 tonnes), Portugal (23 tonnes), Italy (11 tonnes), Ireland (3.3 tonnes) and Türkiye (2.5 tonnes).
- The average purity of cocaine at retail level ranged from 48% to 92% across Europe in 2024, with half of the countries reporting an average purity between 64% and 75%. While the price of cocaine at retail level has decreased over the past decade, cocaine purity has been on an upward trend, and in 2024 reached a level 44% higher than the index year of 2014 (Figure 3.8).

Figure 3.8. Cocaine market in Europe



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

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

- In 2024, 6 EU Member States dismantled at least 61 sites related to cocaine production (34 in 2023). An additional facility was dismantled by Türkiye. A considerably lower quantity of potassium permanganate, an essential chemical in cocaine production, was seized in 2024 (17 kilograms) than in 2023 (2.1 tonnes). In contrast, seizures of the cocaine adulterant procaine surged in 2024 to 7.3 tonnes (130 kilograms in 2023).
- In 2024, cocaine was cited in 102 000 use or possession offences, representing about 14% of all such offences for which the drug is known.
- In 2025, a purity of 80% or higher was found in about 65% (50% in 2024) of the cocaine samples tested by 9 drug checking services across 5 EU Member States. The same services reported caffeine (5% of samples), procaine and phenacetin (4% each) and levamisole (3%) as the most frequently detected adulterants.

See also EU Drug Market: Cocaine and Stimulants: health and social responses.

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

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

View this data in our Data catalogue

Download all files (zip)

- Table EDR26-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2024 or most recent year)
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- Table EDR26-WW-1. Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2025

Other data tables including tables specific to cocaine

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- Table EDR26-Cocaine-5. Trends in the number of cocaine seizures and quantity of illicit drugs seized (x 1000)
- Table EDR26-Cocaine-6. Trends in the quantities of cocaine seizures and quantity of illicit drugs seized (tonnes)
- Table EDR26-Cocaine-7. Price, potency data for cocaine, 2024 or most recent year
- Table EDR26-Cocaine-10. Price and purity/potency indexed trends, cocaine
- Table EDR26-Cocaine-9. Trends in the numbers of cocaine-related presentations in Euro-DEN Plus sentinel hospitals 2023 to 2024
- Table EDR26-Cocaine-11. Polysubstance toxicity in drug-related deaths cases with cocaine involved

Synthetic stimulants – the current situation in Europe (European Drug Report 2026)

Amphetamine, methamphetamine and, more recently, synthetic cathinones are all synthetic central nervous system stimulants available on Europe's drug market. Here, you can find the latest analysis regarding synthetic stimulants in Europe, including prevalence, treatment, seizures, price and purity, harms and more.

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

Last update: *09 June 2026*

Resilient supply of stimulants creating health and monitoring challenges

Amphetamine, methamphetamine and synthetic cathinones are all synthetic central nervous system stimulants available on Europe's illicit drug market. Historically, amphetamine use has been the most common, with methamphetamine and synthetic cathinones less widely available and used. However, recent market signals suggest increasing use and diffusion of methamphetamine, and in particular, synthetic cathinones in Europe. Synthetic drug production in Europe is dynamic, influencing and responding to shifts in consumer preferences for specific stimulants, while also driving market expansion by introducing new substances at retail level. Consumers may view different stimulants as functionally similar and be willing to try new products. People may also consume new replacement substances without their knowledge. Therefore, the more widespread availability and use of synthetic stimulants raises concerns about increased health and social problems. Emerging stimulants such as synthetic cathinones also pose monitoring challenges, as some existing tools are better suited to identifying and tracking changes related to established illicit synthetic stimulant drugs such as amphetamine. Multilevel monitoring systems incorporating more sensitive tools, such as improved forensic and toxicological analysis, the EU Early Warning System and other leading-edge indicators, are necessary for understanding market changes earlier.

Harm reduction and treatment must respond to an evolving stimulants market

Although amphetamine, methamphetamine and synthetic cathinones share a similar chemical structure, their psychoactive effects and health risks vary significantly. For example, some synthetic cathinones, such as 4-CMC, have effects and potential harms similar to MDMA and amphetamine, while others, such as alpha-PVP (α-pyrrolidinovalerophenone), may elicit stronger effects and harms. The effects of many synthetic cathinones on humans have not been extensively

researched. Polysubstance use also increases health risks. For all stimulant drugs, health risks include overdoses, cardiovascular complications, acute and chronic mental health problems and, depending on the mode of administration, the spread of infectious diseases. The combination of high-risk drug taking and risky sexual behaviours, known as sexualised drug use, has been documented in some populations. Methamphetamine smoking is reported by drug consumption rooms around Europe, raising additional health concerns. In the last decade, 7 European cities, across 6 countries, have reported localised HIV outbreaks associated with stimulant injecting, which tends to be more frequent than opioid injecting, mainly among marginalised people who inject drugs (see Drug-related infectious diseases – the current situation in Europe). Syringe residue analysis conducted by the ESCAPE network in 2024 confirms the presence of various stimulants in many European injecting drug scenes. The Euro-DEN Plus network of sentinel hospitals across Europe continued to report synthetic stimulants in acute drug toxicity presentations to emergency departments in 2024. With the potential for rapid shifts in the availability of substances, limited knowledge of health risks and the lack of an established pharmacological therapy for dependence, the increased availability of synthetic stimulants poses an evolving challenge for response models.

Risk of wider methamphetamine use from production and trafficking

Although amphetamine is more widely used in Europe, signals indicate the spread of methamphetamine consumption to an increasing number of countries. These drugs can be manufactured from benzyl methyl ketone (BMK), and seizures of BMK and chemicals from which it can be synthesised remain significant in Europe. Seizures of tartaric acid, used in the production of 'crystal meth' to retrieve potent *d*-methamphetamine from mixtures produced by BMK methods, remained high in Europe in 2024. While the available data make it hard to comment with certainty on the actual output of dismantled methamphetamine laboratories, law enforcement information indicates that large-scale production continues, mostly in the Netherlands, but also in Germany and Poland. Small 'kitchen-scale' sites producing methamphetamine using ephedrine methods are dismantled in Czechia and Bulgaria. However, the detection of medium- and larger-scale production facilities using ephedrine or BMK-based synthesis in Czechia and some other countries signals a change in methods and the possible expansion of production into more EU Member States. While amphetamine production remains concentrated in the Netherlands, Germany and Poland, sites in other EU Member States are involved in preparing the drug for retail markets by converting amphetamine base oil into the sulfate salt.

Amphetamine and methamphetamine are trafficked in various ways (see Figure 4.1), and increased quantities of both drugs were seized in the European Union in 2024. Reported large seizures of methamphetamine, often of Mexican origin, indicate transhipment through Europe to other destinations. Overall, evidence of increased production and trafficking of amphetamines in Europe, for domestic demand or export, suggests the potential for increased availability and use. Furthermore, uncertainty remains about the effects of events in Afghanistan on the EU heroin

market and any potential shift to stimulants as replacement substances.

Imports and dynamic production are embedding synthetic cathinones in Europe's drug market

In some parts of Europe, synthetic cathinones have established themselves on the illicit drug market as affordable alternatives to other synthetic stimulants and are now increasingly available. In 2024, the EU Early Warning System received notifications of 4 new synthetic cathinones not previously detected in the European Union, bringing the number identified to date to 182. At the same time, 69 previously reported synthetic cathinones were detected on the EU drug market, highlighting the challenges faced by monitoring systems. Imports and seizures of these substances in 2024 amounted to almost three times the combined quantity of amphetamine and methamphetamine seized. A small number of large imports from India, primarily through the Netherlands, accounted for most of the quantity of cathinones reported. Significant levels of synthetic cathinone production also occur in Europe, where large-scale laboratories have been dismantled and large quantities of precursor chemicals seized. Although production is mostly concentrated in Poland (see Figure 4.2), facilities are dismantled in several other countries, likely reflecting diffusion and tactical evasion of legislative changes. European synthetic cathinone production is characterised by adaptable facilities, both in terms of location and the substances manufactured, and large-scale output. The same laboratory can manufacture different synthetic cathinones by adjusting precursor chemicals or synthesis steps, enabling drug producers to respond rapidly to market demand, precursor availability or legal controls. While some cathinone production is destined for EU markets, evidence suggests that some large-scale operations are aimed at export and domestic supply, as illustrated by the dismantling of a high-capacity clephedrone laboratory in Latvia in 2024 (see Figure 4.3).

Data from drug checking services support the view that synthetic cathinones are sought intentionally, at least by some people, although the exact 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.

Relatively few people enter specialised treatment for problems related to the use of synthetic cathinones in EU Member States. However, the number has increased five-fold between 2018 and 2024, to approximately 2 700. Among these, 17% report injecting as the main route of administration, and 17% report daily use before entering treatment.

Synthetic stimulants are a growing challenge for responses

As consuming illicit stimulants can lead to a range of health problems, these substances continue to represent a challenge for monitoring, policymakers and service providers in Europe. Given the higher frequency of injecting typically associated with stimulant use and the potentially severe health complications from injecting and smoking methamphetamine, any increase in consumption

of this substance, especially among vulnerable groups, could challenge harm reduction and emergency health services. Increased cathinone consumption highlights the importance of forensic and toxicological analysis for understanding consumption trends and the scale and nature of any associated adverse health outcomes.

Key data and trends

Prevalence and patterns of synthetic stimulant use

- Surveys conducted in 26 EU Member States between 2018 and 2024 suggest that 1.4 million young adults (aged 15 to 34) used amphetamines during the last year (1.4% of this age group). Of the 11 European countries that have conducted surveys since 2023, 2 reported lower estimates than their previous comparable survey, 5 reported higher estimates, and 4 reported a stable trend (see Figure 4.4 for the most recent survey data). National estimates of last year use of cathinones among young adults (aged 15 to 34) range from 0.1% in Romania to 4.4% in the Netherlands.
- In the 2024 ESPAD school survey, on average, 1.8% of the 15- to 16-year-old students reported having used amphetamine at least once in their lifetime, and 1.4% reported having used methamphetamine.
- Among the few countries that report estimates of high-risk use of methamphetamine in 2024, prevalence estimates vary, ranging from 0.42 per 1 000 population (corresponding to 250 high-risk users) in Cyprus to 5.51 per 1 000 (38 200 high-risk users) in Czechia, with 4.4 per 1 000 (15 725 high-risk users) in Slovakia.
- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 17% of respondents living in the European Union or Norway reported having used amphetamine, while 9% had used synthetic cathinones and 5% had used methamphetamine. Polysubstance use was common among those using amphetamine (91%) and methamphetamine (87%).
- Of the 82 cities in 23 EU Member States, Norway and Türkiye with data on amphetamine residues in municipal wastewater for 2024 and 2025, 36 (44%) reported an increase, 19 (23%) a stable situation and 27 (33%) a decrease (Figure 4.5).
- Of the 80 cities in 24 EU Member States, Norway and Türkiye with data on methamphetamine residues in municipal wastewater for 2024 and 2025, 37 (46%) reported an increase, 15 (19%) a stable situation and 28 (35%) a decrease (Figure 4.6).

Treatment entry for use of synthetic stimulants

- About 8 900 clients are estimated to have entered specialised drug treatment in Europe in 2024 reporting amphetamine as their primary drug, approximately half of them (4 300) being first-time clients (Figure 4.7).
- In 2024 or the most recent year available, amphetamine clients accounted for at least 10% of first-time treatment entrants in Bulgaria, Estonia, Croatia, Latvia, Hungary, Poland, Finland and Sweden.
- Treatment entrants citing methamphetamine as their main problem drug are concentrated in Czechia, Germany, Slovakia and Türkiye, which together accounted for 92% of the estimated 14 500 methamphetamine clients entering treatment in 2024. Methamphetamine accounts for more than 30% of first-time entrants in Czechia, Slovakia and Türkiye (Figure 4.8).
- Data from countries that report treatment entrants for synthetic cathinones show an increase from 536 clients in 2018 to 2 671 clients in 2024, 95% of whom are accounted for by France, the Netherlands, Spain, Poland, Hungary, Belgium and Romania (Figure 4.9).
- At least one consumption episode of amphetamine or methamphetamine was reported by drug consumption rooms in 9 cities across 8 EU Member States providing data in 2025. Drug consumption rooms located in 3 cities across 3 Member States reported at least a two-fold increase in the use of amphetamine and methamphetamine between 2024 and 2025.

Injecting use of synthetic stimulants

- Injecting is reported as a common route of administration by those entering treatment with amphetamine as their primary drug in several countries, including Finland (75%), Estonia (60%) and Sweden (56%).
- About 5% of amphetamine clients entering drug treatment in Europe in 2024, or the most recent year available, reported injecting as the main route of administration.
- Analysis of 3 256 used syringes by the ESCAPE network of 21 cities in 14 EU Member States and Norway in 2024 found that half of the syringes contained residues of two or more drug categories. The most frequent combination was an opioid and a stimulant.
- In the ESCAPE data, synthetic cathinones were commonly detected in Paris (71%), Budapest (58%), Madrid (30%), Riga (30%) and Helsinki (23%). Twenty-seven different synthetic cathinones were detected in the 2024 campaign.
- Amphetamine was commonly detected in Tallinn (69%), Oslo (69%), Riga (52%), Budapest (28%) and Helsinki (21%).
- Methamphetamine detection was highest in Brno (72%), Prague (68%), Riga (38%), Amsterdam (37%), Tallinn (28%) and Paris (25%).

Harms related to use of synthetic stimulants

- In acute toxicity presentations to the Euro-DEN Plus network of sentinel hospitals, amphetamine was the third most common substance overall in 2024, reported by 25 hospitals located in 18 EU Member States and Norway. It was present in 14% (765) of the acute drug-toxicity presentations.
- Methamphetamine was reported by 22 Euro-DEN Plus hospitals in 2024 and was present in 4% (200) of the acute drug-toxicity presentations (2.4% in 2023).
- In 2024, cathinones were reported by 19 Euro-DEN Plus hospitals located in 13 EU Member States and Norway. Cathinones were present in 2.1% of acute drug toxicity presentations.
- The 18 EU Member States with relevant post-mortem data available for 2024 reported around 1 000 drug-induced deaths where synthetic stimulants, including MDMA, were involved (897 in 2023 in the same countries).

Synthetic stimulants market data

- In 2024, EU Member States reported 34 000 seizures of amphetamine, amounting to 11.4 tonnes (10.2 tonnes in 2023; see Figure 4.10). Türkiye seized 4.2 tonnes (3.5 tonnes in 2023), including 15.9 million tablets described as 'captagon' (14 million in 2023). Between 2014 and 2024, the average purity of amphetamine at retail level has slightly decreased (-8%), while the average price has decreased (-25%).
- EU Member States reported 14 100 seizures of methamphetamine amounting to 6.1 tonnes in 2024 (1.8 tonnes in 2023) (Figure 4.11). Türkiye reported 60 300 seizures of methamphetamine in 2024, amounting to 25.9 tonnes and 7 904 litres (11.5 tonnes and 10 415 litres in 2023). Between 2014 and 2024, the average purity of methamphetamine has increased by 21%, although this is below the 36% increase reported in 2020.
- The total quantity of synthetic cathinones reported to the EU Early Warning System as seized or imported by EU Member States in 2024, in all forms, amounted to 48.5 tonnes (37 tonnes in 2023, 27 tonnes in 2022). The main substances were 2-MMC, NEP, 4-CMC and MDPHP, amounting to 44 tonnes.
- In 2024, nine EU Member States reported dismantling 110 amphetamine laboratories. Also, one site related to amphetamine production was dismantled in Norway. Ten EU Member States reported dismantling 252 methamphetamine laboratories (251 in 2023). Türkiye reported five production/conversion sites.
- Seizures of the precursors required to synthesise methamphetamine via the 'ephedrine method' (ephedrine and pseudoephedrine) amounted to 6.4 tonnes (7.8 tonnes in 2023). Seizures of BMK, a precursor for amphetamine and methamphetamine, reached 3 732 litres (5 453 litres in 2023). In addition, 21.6 tonnes of substances (66.2 tonnes in 2023) that can be used to produce

BMK were seized in 2024. In 2024, the Netherlands reported dismantling 27 precursor production laboratories where BMK was made.

- Seizures of tartaric acid, used in the production of 'crystal meth', reached 7.5 tonnes in 2024 (10.9 tonnes in 2023).
- EU Member States reported dismantling 63 synthetic cathinone production sites, some of which were large-scale, in 2024 (54 in 2023).
- Seizures of chemicals used to manufacture synthetic cathinones amounted to 2.6 tonnes in 2024 (2.1 tonnes in 2023). Most of these substances are unscheduled.
- In 2025, data from 12 drug checking services in 8 EU Member States, the majority of samples found to contain synthetic cathinones were submitted as such (76%, 1 534); 16% (323) were submitted as another drug (mostly MDMA), while for 8% (154) the expected substance was not declared. Samples sold as 3-MMC often contained 2-MMC instead.

See also EU Drug Markets: In-depth analysis and Stimulants: health and social responses.

Figures and in-page tables

Figure 4.1. Seizures of amphetamine in Sweden (left two) and methamphetamine in Germany (right two), 2025

Note: Seizures by Swedish Customs Authority Office and Customs Investigation Office Frankfurt am Main, Germany.

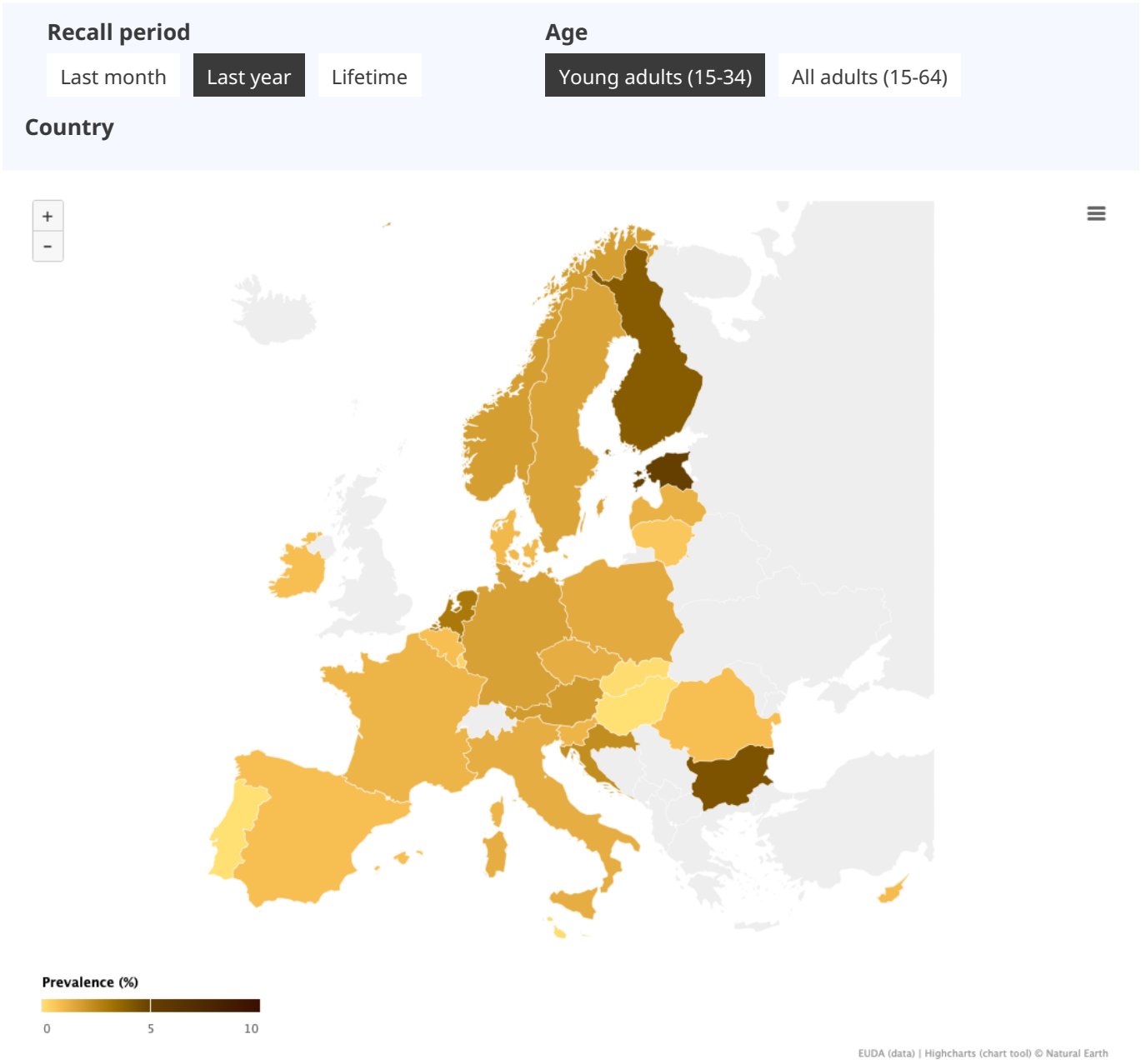
Figure 4.2. Synthetic cathinones seized at a laboratory in Poland, 2024

Note: Seizure by the Central Bureau of Police Investigation.

Figure 4.3. Large synthetic cathinone laboratory dismantled in Latvia, 2024

Note: Seizure by the State Police of Latvia.

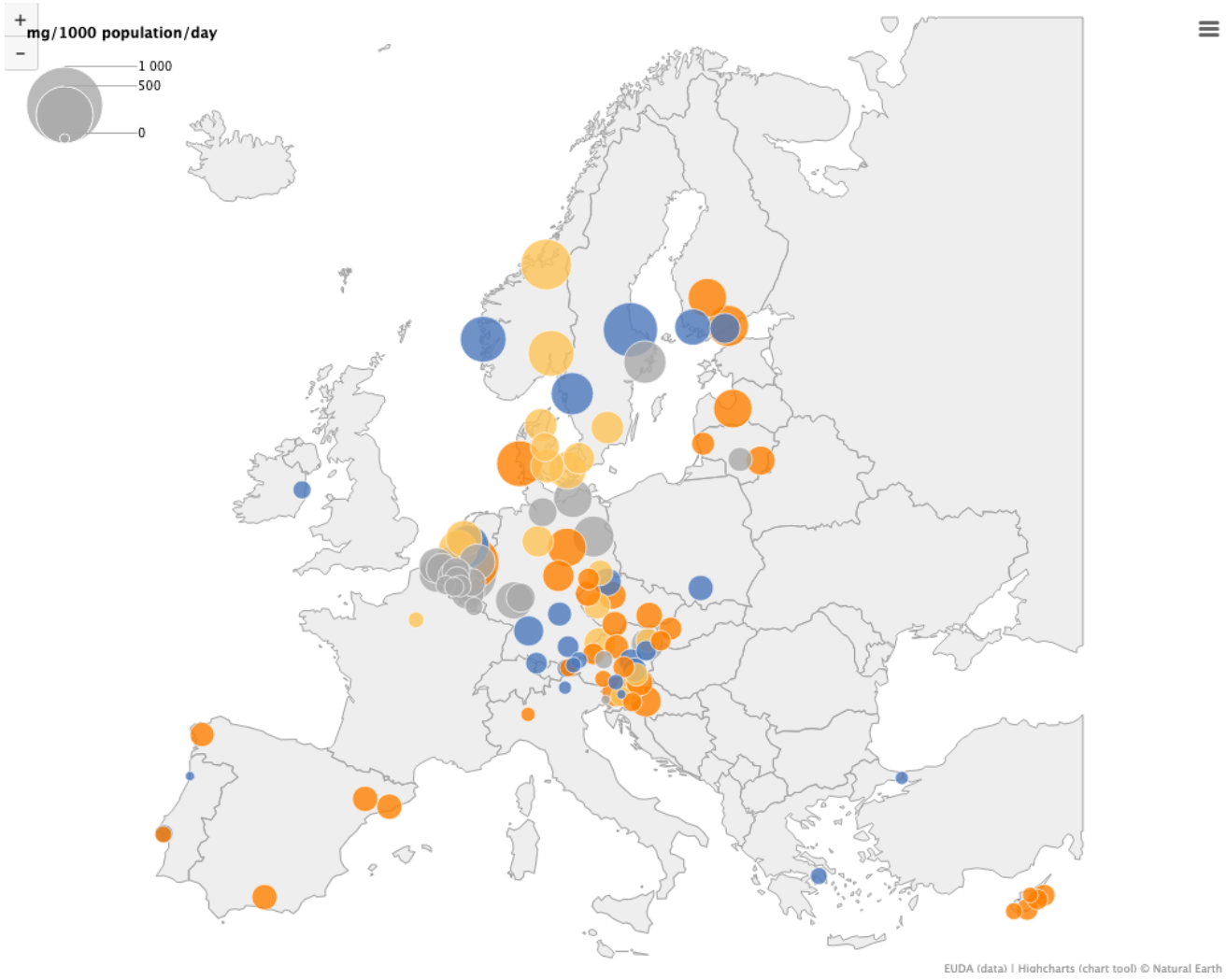
Figure 4.4. Prevalence of amphetamines use in Europe



Notes: 'Amphetamines' covers both amphetamine and methamphetamine. Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2026: Prevalence of drug use.

Graphics showing the most recent data for a country are based on studies carried out between 2014 and 2024.
Prevalence estimates for the general population: age ranges are 18-64 and 18-34 for Germany, Greece, France, Italy and Hungary; 16-64 and 16-34 for Denmark, Estonia and Norway; 18-34 for Malta; 17-34 for Sweden.

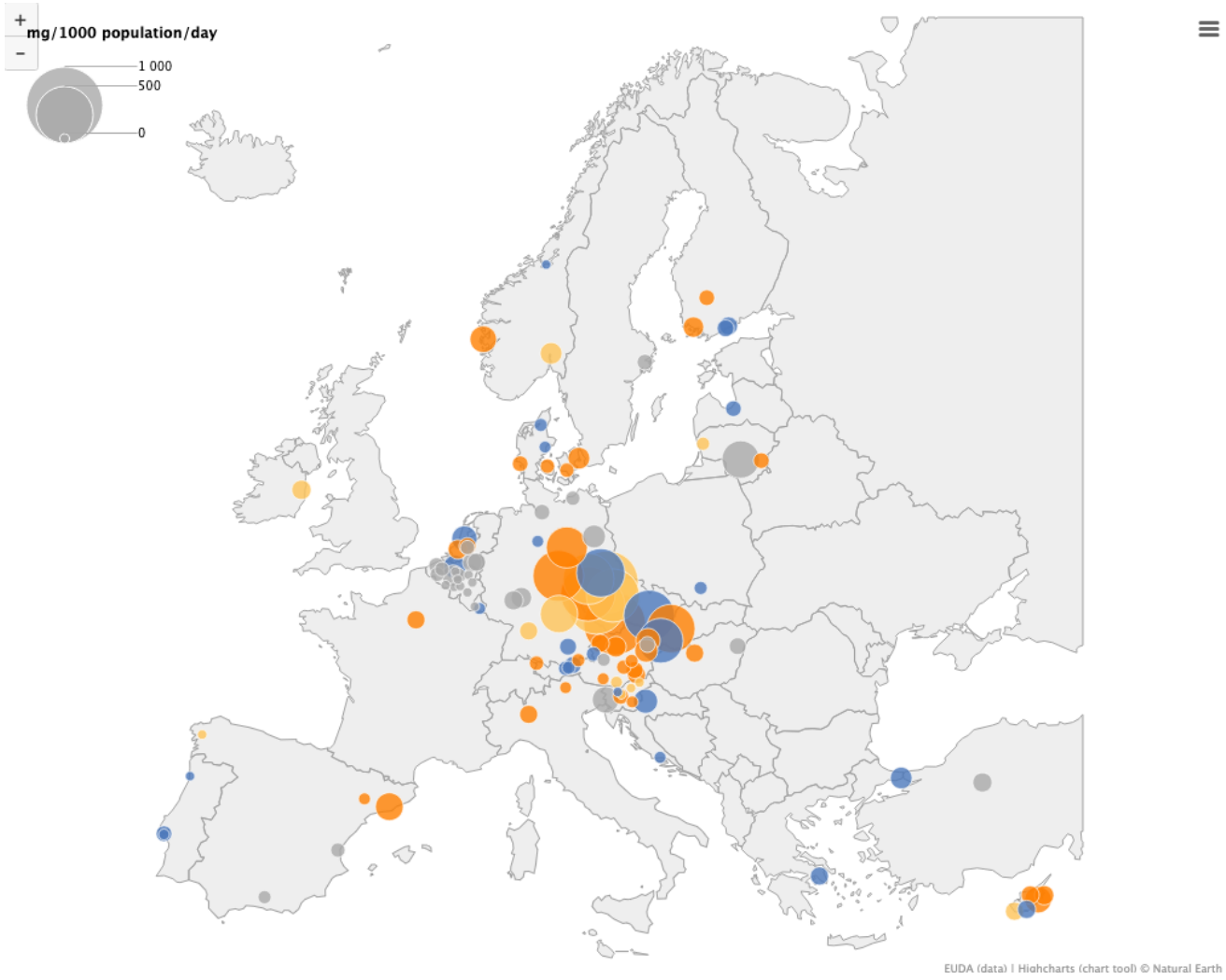
Figure 4.5. Amphetamine residues in wastewater in selected European cities: changes between 2024 and 2025



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

Notes: Mean daily amounts of amphetamine in milligrams per 1 000 population. Sampling was carried out over a week between March and May 2025.
Taking into account statistical errors, values that differ by less than 10% from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study

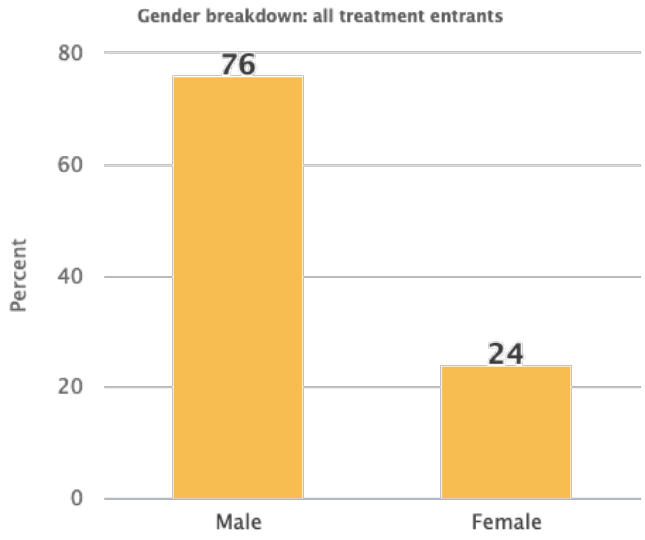
Figure 4.6. Methamphetamine residues in wastewater in selected European cities: changes between 2024 and 2025

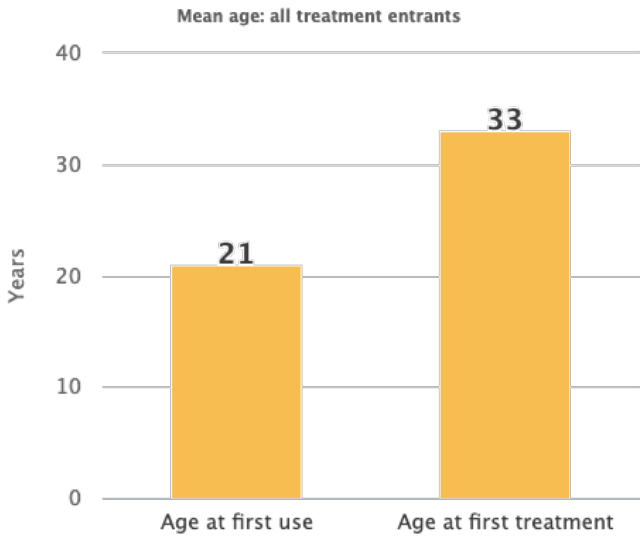


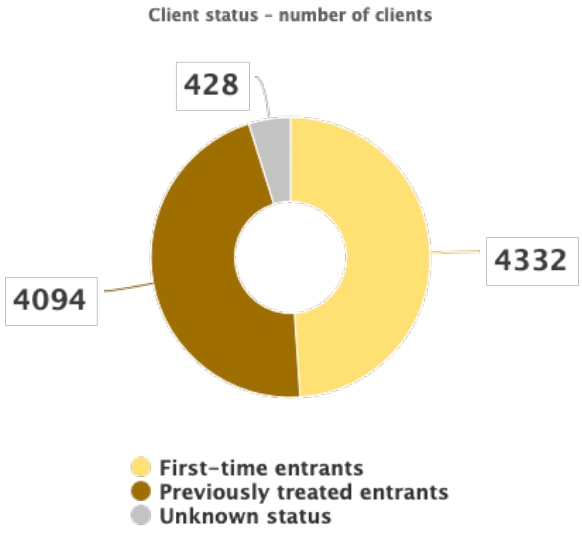
= increase = stable = decrease, with respect to previous year = no previous data

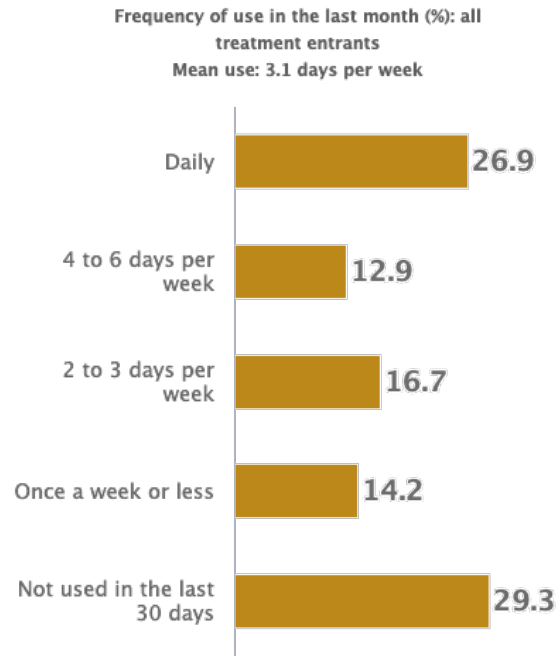
Notes: Mean daily amounts of methamphetamine in milligrams per 1 000 population. Sampling was carried out over a week between March and May 2025.
Taking into account statistical errors, values that differ by less than 10% from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study

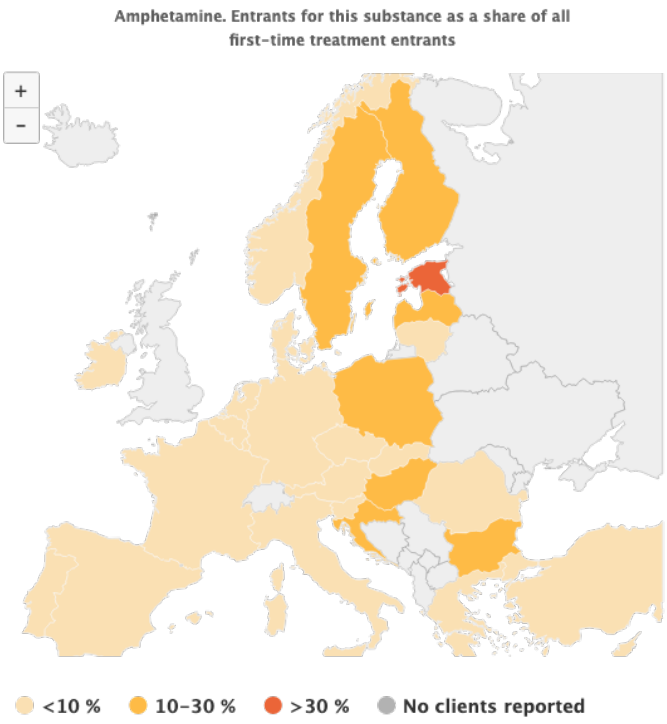
Figure 4.7. Clients entering treatment for amphetamine use in Europe

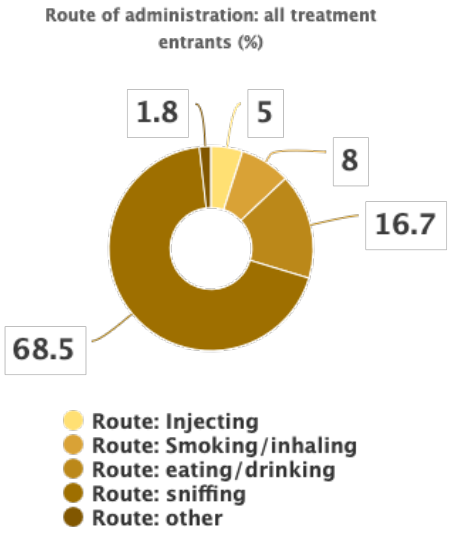






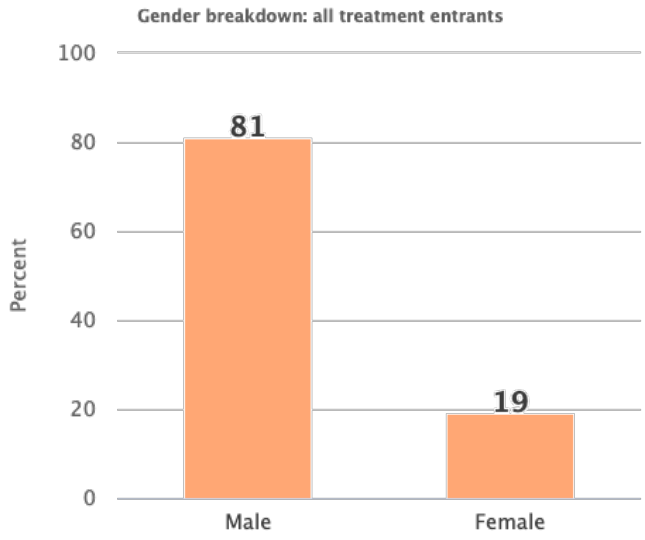


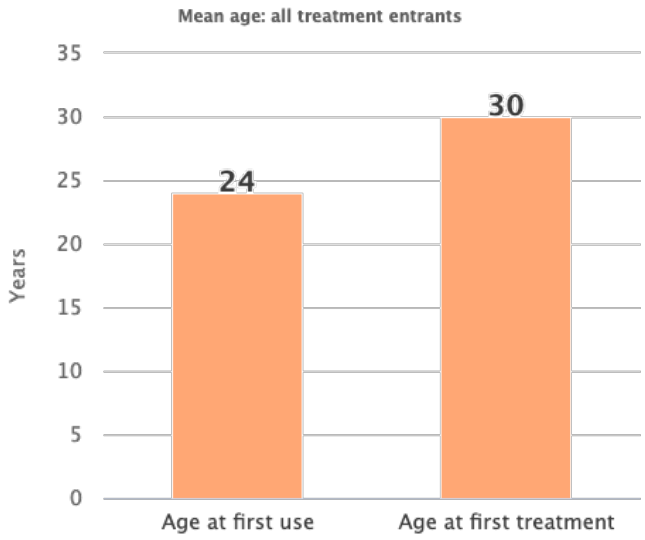


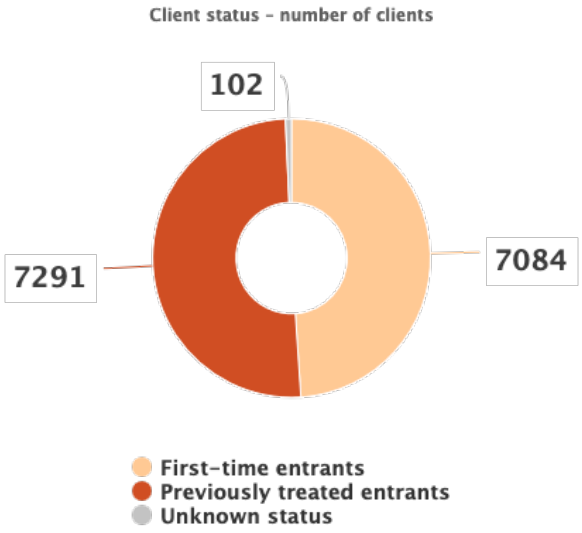


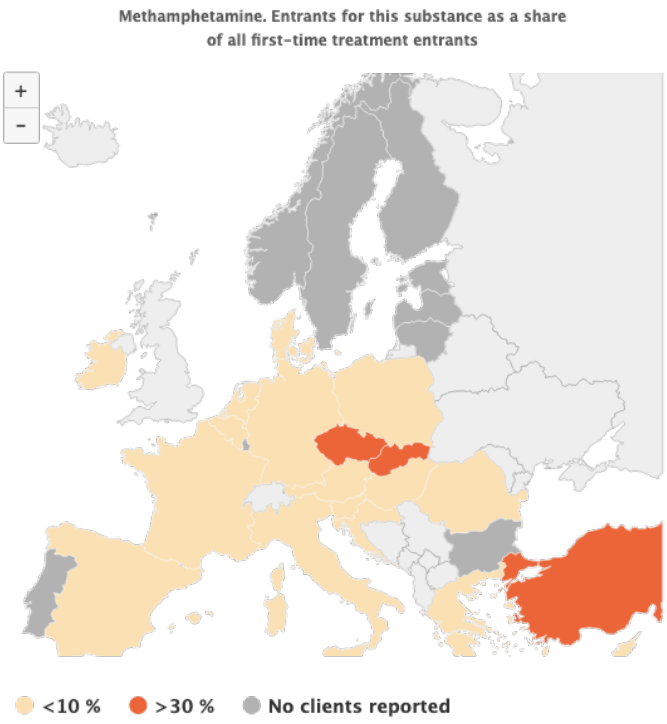
Notes: Data are for all treatment entrants with amphetamine as the primary drug – 2024 or the most recent year available. Data for first-time entrants are for 2024 or the most recent year available: Spain, France, Türkiye, 2023. Data for Sweden and Norway relate to clients citing stimulants other than cocaine as primary drug.

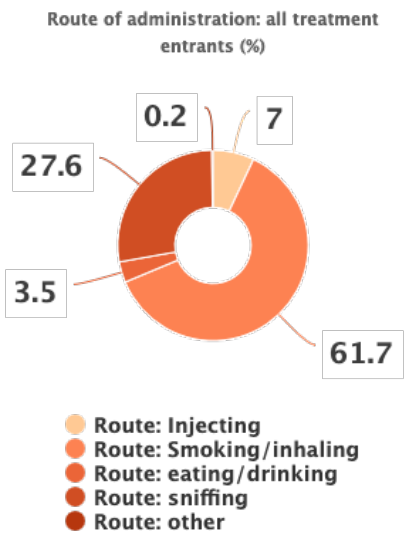
Figure 4.8. Clients entering treatment for methamphetamine use in Europe





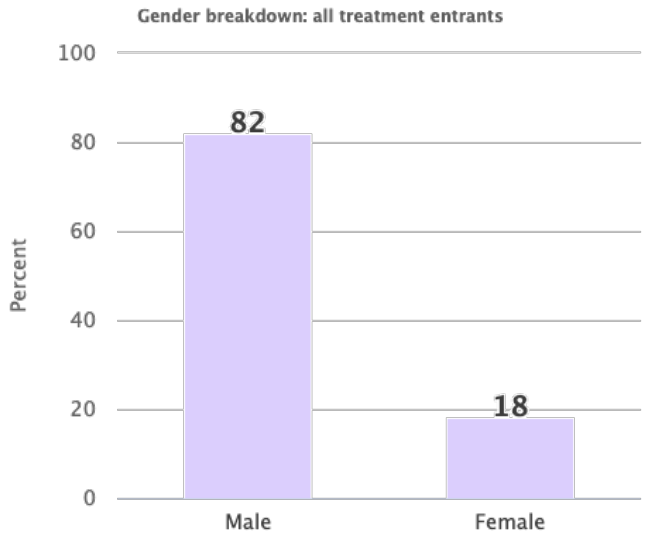


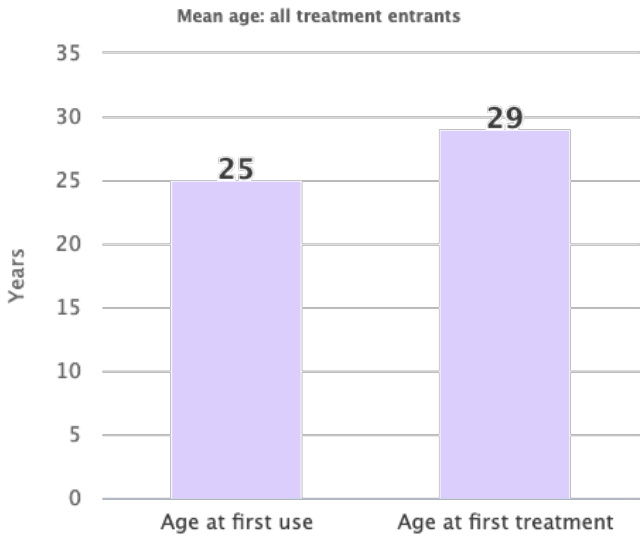


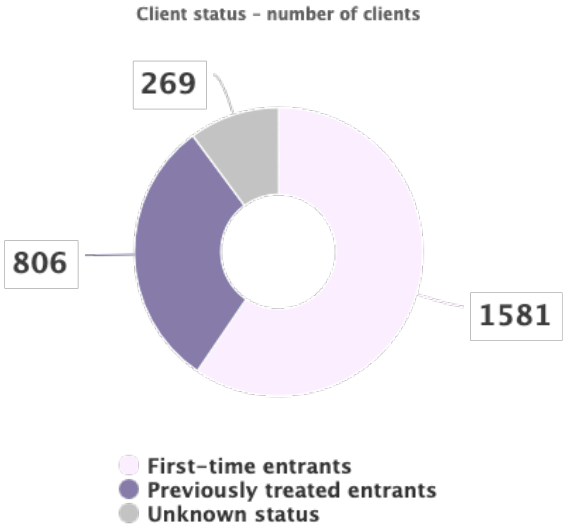


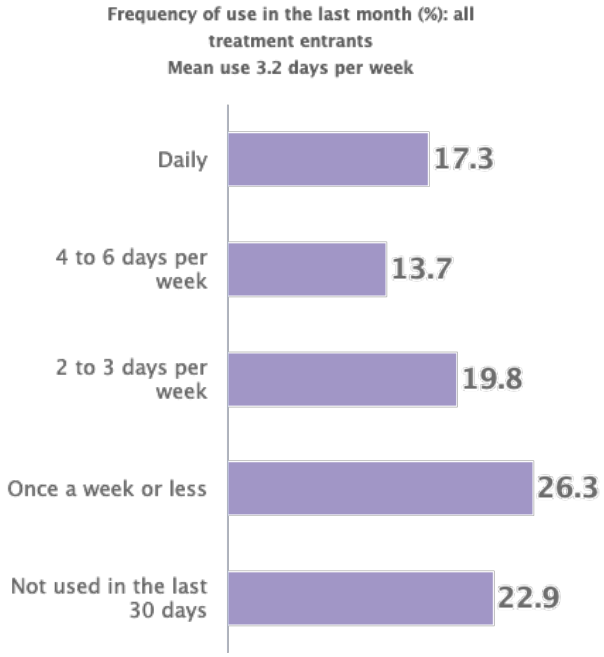
Notes: Data for client characteristics are for all treatment entrants with methamphetamine as the primary drug – 2024 or the most recent year available. Data for first-time entrants are for 2024 or the most recent year available: Spain, France, Türkiye, 2023.

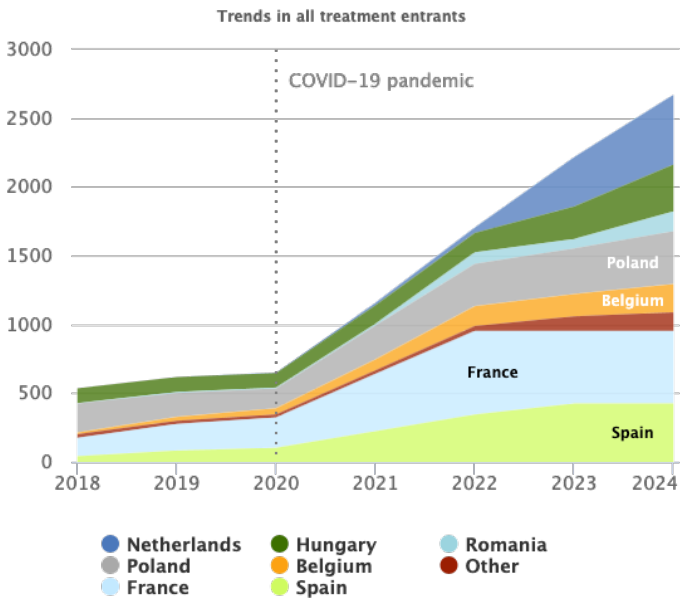
Figure 4.9. Clients entering treatment for synthetic cathinones in Europe

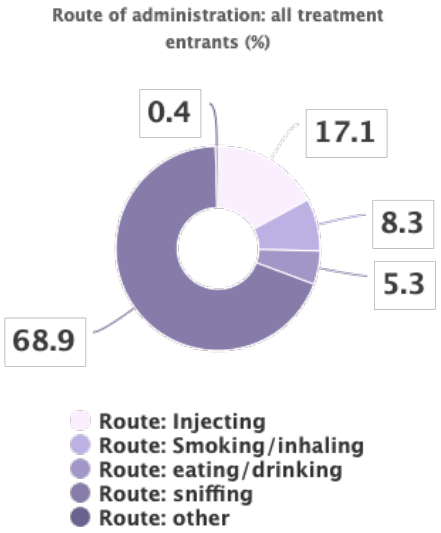






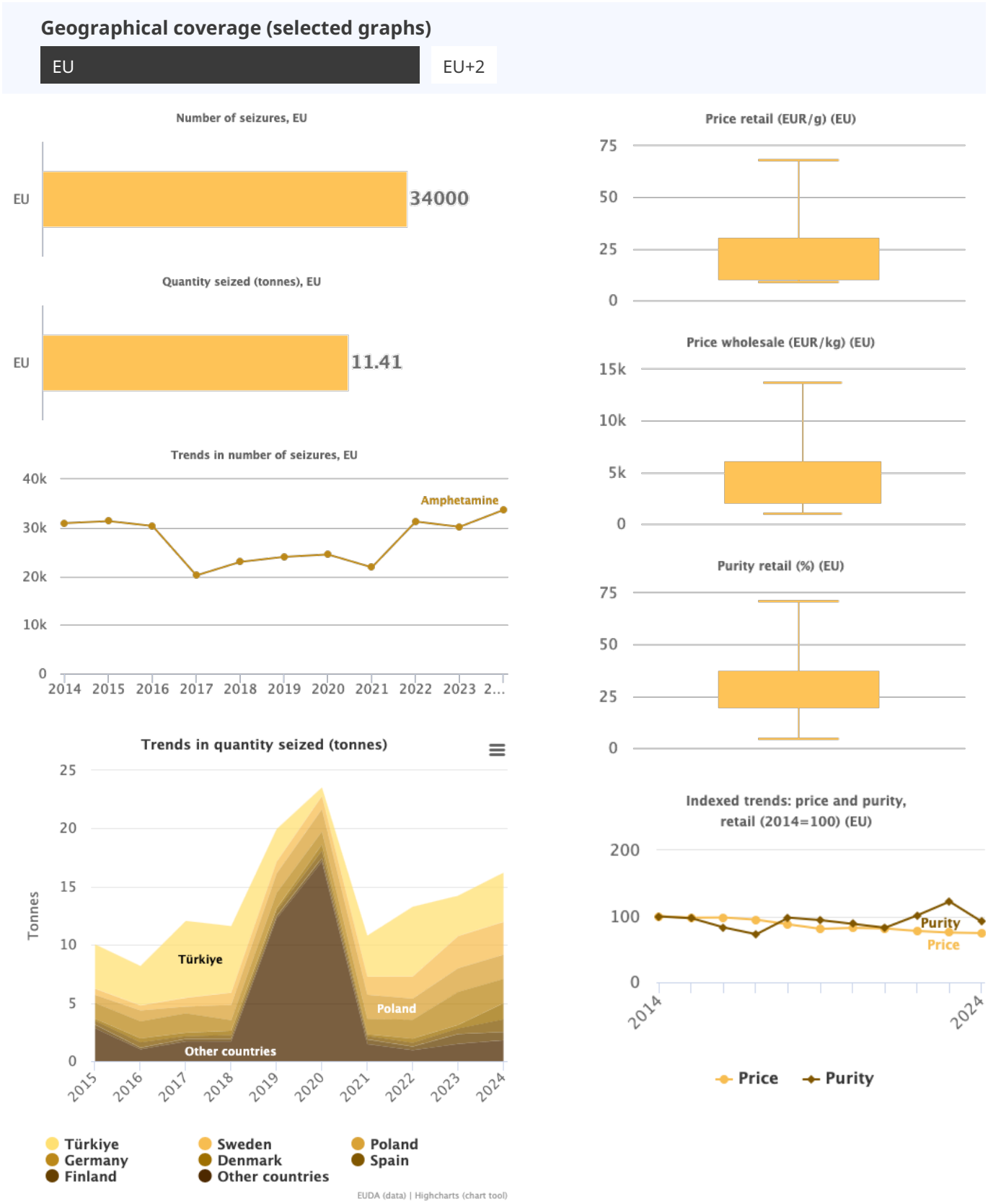






Data on entrants into treatment are for 2024 or the most recent year available. Trends in treatment entrants are based on 26 countries. Only countries with data for at least 6 of the 7 years are included in the trends graph. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019). Data for Hungary were corrected to account for changes in reporting of cathinones in 2024. Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution.

Figure 4.10. Amphetamine market in Europe



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

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

Figure 4.11. Methamphetamine market in Europe

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

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

The 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.

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

View this data in our Data catalogue

Download all files (zip)

- Table EDR26-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2024 or most recent year)
- Table EDR26-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR26-WW-1. Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2025

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- Table EDR26-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2024 or most recent year)
- Table EDR26-GPS-2. Prevalence of drug use in Europe, trends
- Table EDR26-WW-1. Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2025

Other data tables including tables specific to synthetic stimulants

View this data in our Data catalogue

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- Table EDR26-TDI-1. Treatment demand indicator (TDI) source data, client characteristics, 2024 or most recent year. Percentages except where otherwise stated
- Table EDR26-Stimulants-1. Amphetamine and methamphetamine entrants as a share of all first-time treatment entrants
- Table EDR26-Stimulants-2. Trends in all entrants for synthetic cathinone users
- Table EDR26- Stimulants-3. Synthetic stimulants seizures source data, 2024 or most recent year
- Table EDR26-Stimulants-4. Synthetic stimulants market price and purity data, 2024 or most recent year
- Table EDR26-Stimulants-7. Trends in the quantities of synthetic stimulants seized, tonnes 2014-2024
- Table EDR26-Stimulants-6. Trends in the number of synthetic stimulants seizures 2014-2024
- Table EDR26-Stimulants-5. Synthetic stimulants retail market price and purity data indexed trends (2014=100)

MDMA – the current situation in Europe (European Drug Report 2026)

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

This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.
Last update: *09 June 2026*

Increased MDMA production and seizures, continued health risks from high-strength products

MDMA is a synthetic drug chemically related to the amphetamines, but with somewhat different effects. In Europe, MDMA is associated with episodic patterns of consumption in nightlife and entertainment settings. Survey data indicate that MDMA is the second most commonly used illicit stimulant in Europe, after cocaine. Current data suggest that annual consumption is relatively stable overall, although signals from wastewater monitoring suggest MDMA consumption may be declining.

Rising European MDMA production reflects innovative tactics and global demand

MDMA production takes place within Europe, both for domestic consumption and for export to non-EU markets. Europe remains an important global supply region for MDMA. Production is mainly concentrated in the Netherlands and Belgium, with Spain becoming increasingly prominent (Figure 5.1). Evidence from a number of sources indicates rising MDMA production in Europe, including increased seizures of tablets and powders, alongside historically low retail and wholesale prices and elevated MDMA content. In addition, illicit MDMA production sites of varying sizes and output capacities are dismantled annually, and the number more than doubled between 2023 and 2024. Reflecting new efforts to circumvent international controls on the MDMA precursor chemical PMK (piperonyl methyl ketone), over a third of the illicit laboratories were combination facilities, mostly based in the Netherlands, manufacturing both the PMK precursor and MDMA. This may partly explain the increase in European MDMA production, despite reductions in seizures of PMK and its glycidic derivatives. However, seizures of these substances remained at significant levels in 2024. Alongside MDMA production for domestic consumption in Europe, the drug is also trafficked to regions such as Oceania, Asia and Latin America. MDMA production in Europe has a significant

environmental impact, potentially generating between 1 000 and 3 000 tonnes of chemical waste each year. Production sites are prone to accidents, explosions and fires, posing significant risks to surrounding communities.

MDMA product strength continues to pose health risks

MDMA tablets are typically available in many designs, often colourful replications of brand logos. While MDMA may sometimes appear in other forms, such as edibles, gelatines and lollipops, tablets and powders remain predominant. The MDMA content of retail-level ecstasy tablets is high by historical standards, having increased from around 84 milligrams per tablet in 2011 to 170 milligrams in 2019 and remained at elevated levels since. Ecstasy tablets containing 300 milligrams or more of MDMA remain available in Europe. The continued availability of high-strength products potentially increases the health risks related to MDMA use, as does polysubstance use, which remains common. Use of MDMA is rarely cited as a reason for entering drug treatment in Europe, but it is associated with acute poisonings and deaths. Some countries, including Germany, reported relatively small but increasing numbers of drug-induced deaths involving MDMA in 2024. Türkiye remains the only country reporting data to the EUDA with a high proportion of drug-induced deaths in which MDMA is mentioned in the toxicological analysis.

MDMA-related consumer awareness challenges remain

The use of MDMA remains an important issue for prevention and harm reduction messaging and interventions. As the MDMA content and purity of retail-level batches of pills and powder can vary, consumers are exposed to potentially shifting and unpredictable levels of risk. Measures typically undertaken in this area include risk communications about high-strength products and safer use guidelines, as well as providing drop-in services and, in some countries, drug checking services, where consumers can have the composition of their substances analysed. In Ireland in 2025, the Health Service Executive Safer Nightlife Programme issued two risk alerts informing about unusually strong MDMA tablets detected at two music festivals (see Figure 5.2).

Drug checking indicates low levels of adulteration but concerns about high MDMA content

While it is difficult to generalise due to limitations in national and European coverage, the available information from drug checking services suggests that MDMA products are generally less subject to adulteration than other illicit drugs that they screened in 2025. This does occur, however, as illustrated by the detection of other substances in MDMA tablets. The proportion of MDMA samples analysed by European drug checking services that were adulterated increased from 9% in 2024 to 15% in 2025, with cathinones, cocaine and ketamine being the most common other unexpected substances found. In 2024 and 2025, the majority of MDMA samples submitted to drug checking services continued to show high MDMA content (tablets) or high purity (powder), creating health risks for consumers (see Figure 5.3 and Figure 5.4).

See also EU Drug Markets: In-depth analysis and Stimulants: health and social responses.

Key data and trends

Prevalence and patterns of MDMA use

- Surveys conducted by 27 EU Member States between 2015 and 2024 suggest that 2.4 million young adults (aged 15 to 34) used MDMA in the last year (2.4% of this age group), with 2.1% (1.0 million) of those aged 15 to 24 years estimated to have used MDMA in the last year (for survey data, see Figure 5.5).
- Of the 14 European countries that undertook surveys since 2023, 1 reported a lower estimate than their previous comparable survey, 5 reported higher estimates and 8 reported stable estimates.
- In the 2024 ESPAD school survey, on average, 1.8% of the 15- to 16-year-old students reported having used MDMA at least once in their lifetime.
- Of the 78 cities in 22 EU Member States, Norway and Türkiye that have data on MDMA residues in municipal wastewater for 2024 and 2025, 18 (23%) reported an increase, 12 (15%) a stable situation and 48 (62%) a decrease (Figure 5.6).
- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, one third of respondents reported using MDMA/ecstasy in the last 12 months. Only 10% indicated using it with no other substance on the last occasion: 70% used it with alcohol, 55% with tobacco and 27% with herbal cannabis.

Deaths and hospital presentations related to MDMA

- MDMA is reported in relatively small numbers of drug-induced deaths, and in most countries fewer than 1 in 15 cases involve the drug.
- In Germany, MDMA was mentioned in 6% (over 110) of the cases reported in 2024.
- In some countries with full toxicology data available, a significant proportion of the MDMA-related deaths involved only MDMA. In Türkiye, MDMA was the only drug detected in almost one quarter (23%) of such cases in 2024.
- MDMA was the eighth most frequently reported drug in Euro-DEN Plus hospitals in 2024. The drug was reported in 24 sentinel hospitals in 2024 and was involved in a median of 5.3% of presentations across the 29 hospitals in the European Union and Norway. The median age of those presenting with MDMA was 25 years; 68% were males.

- Most MDMA cases were associated with polysubstance use. Alcohol was co-ingested with MDMA in more than half (51%) of the cases with available information on alcohol ingestion. Cocaine, cannabis and amphetamine were the drugs most commonly reported in presentations involving MDMA.

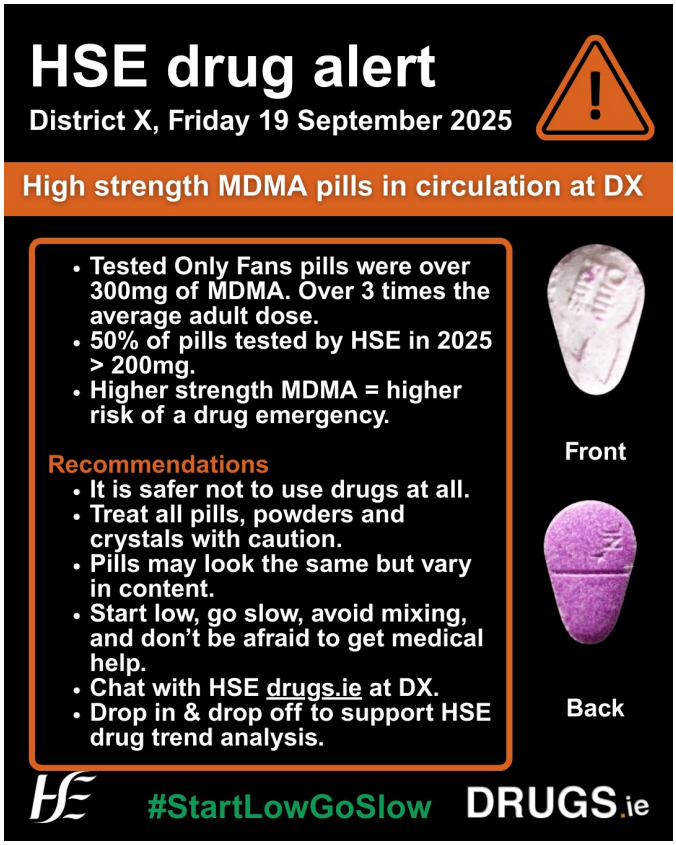
MDMA market data

- In 2024, EU Member States reported 24 000 seizures of MDMA (17 000 in 2023), amounting to 4.2 tonnes of MDMA powder (3.6 tonnes in 2023) and 10.7 million MDMA tablets (7.2 million in 2023). Türkiye seized 5.1 million MDMA tablets in 2024 (5.2 million in 2023) (Figure 5.7).
- In 2024, 4 EU Member States reported dismantling 81 MDMA laboratories (47 in 2023): the Netherlands reported 69, Spain 7, Belgium 4 and Germany 1.
- Seizures of MDMA precursors totalled 23.9 tonnes in 2024 (63.1 tonnes in 2023), mainly in the form of PMK and its glycidic derivatives. At least 24 sites producing PMK from alternative chemicals were reported in 2024.
- In 2024, MDMA tablets seized in Europe contained on average between 148 and 232 milligrams of MDMA (138-158 milligrams in 2023), and the average purity of seized MDMA powders ranged from 47% to 100% (24-100% in 2023), with half the countries reporting values in the range 69-87% (67-88% in 2023) (Figure 5.7). The Netherlands, a key source country for the supply of MDMA to Europe, reported an average MDMA content of ecstasy tablets of 137 milligrams and 74% purity for MDMA powders.
- In 2025, a total of 5 857 samples sold as MDMA were tested for psychoactive adulterants by 14 drug checking services in 8 EU Member States. MDMA was the sole psychoactive substance in 85% of the samples, while the remaining 15% contained at least one other psychoactive substance. In the 11 drug checking services in 7 countries that reported in 2024 and 2025, synthetic cathinones were the most frequently detected of these, representing almost 4% of samples sold as MDMA (Figure 5.8) (less than 2% in 2024). Cocaine was found in 2% of MDMA samples tested in 2025, while ketamine was found in 1%.

Figures and in-page tables

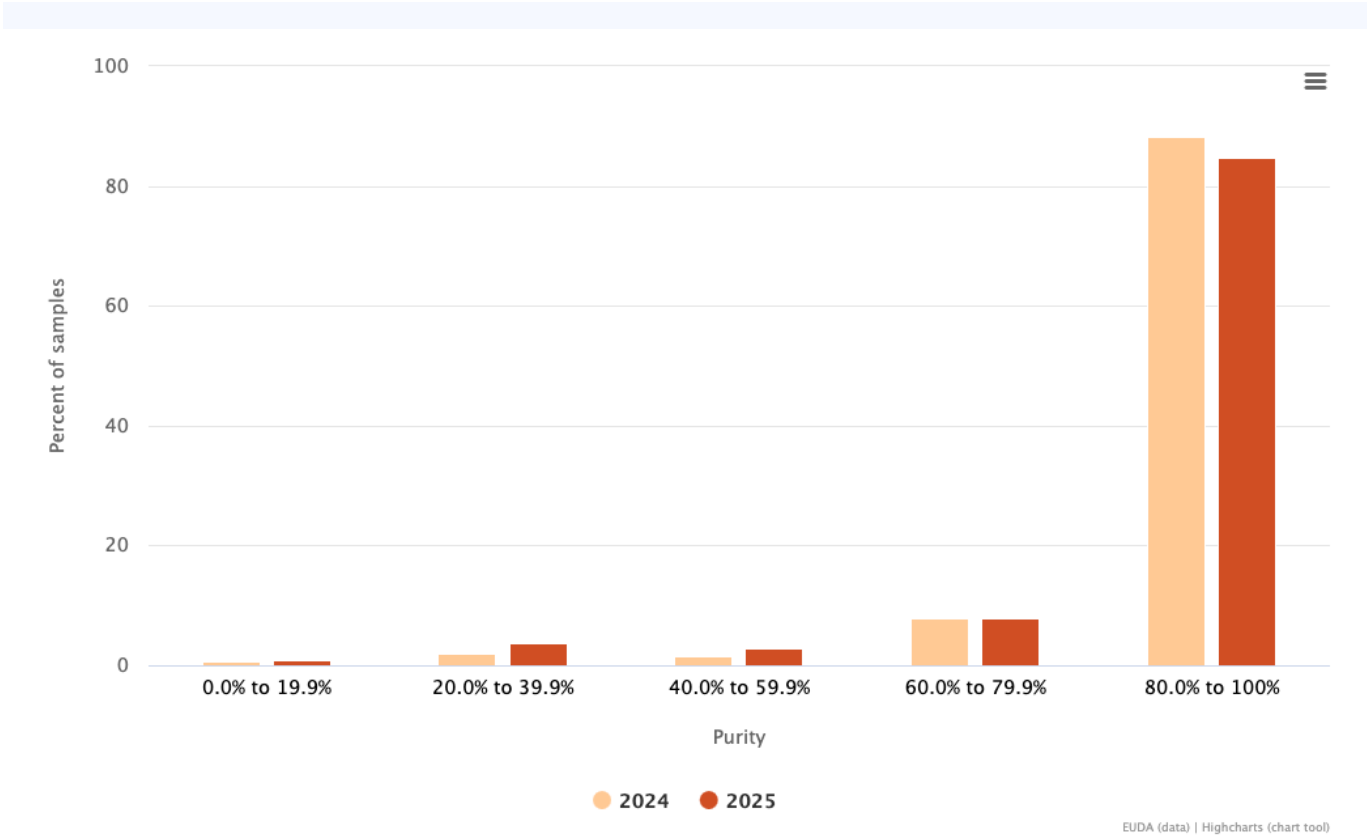
Figure 5.1. MDMA production facility dismantled by Belgian Police in 2024

Figure 5.2. Example of risk alert communications issued at two music festivals in Ireland, 2025



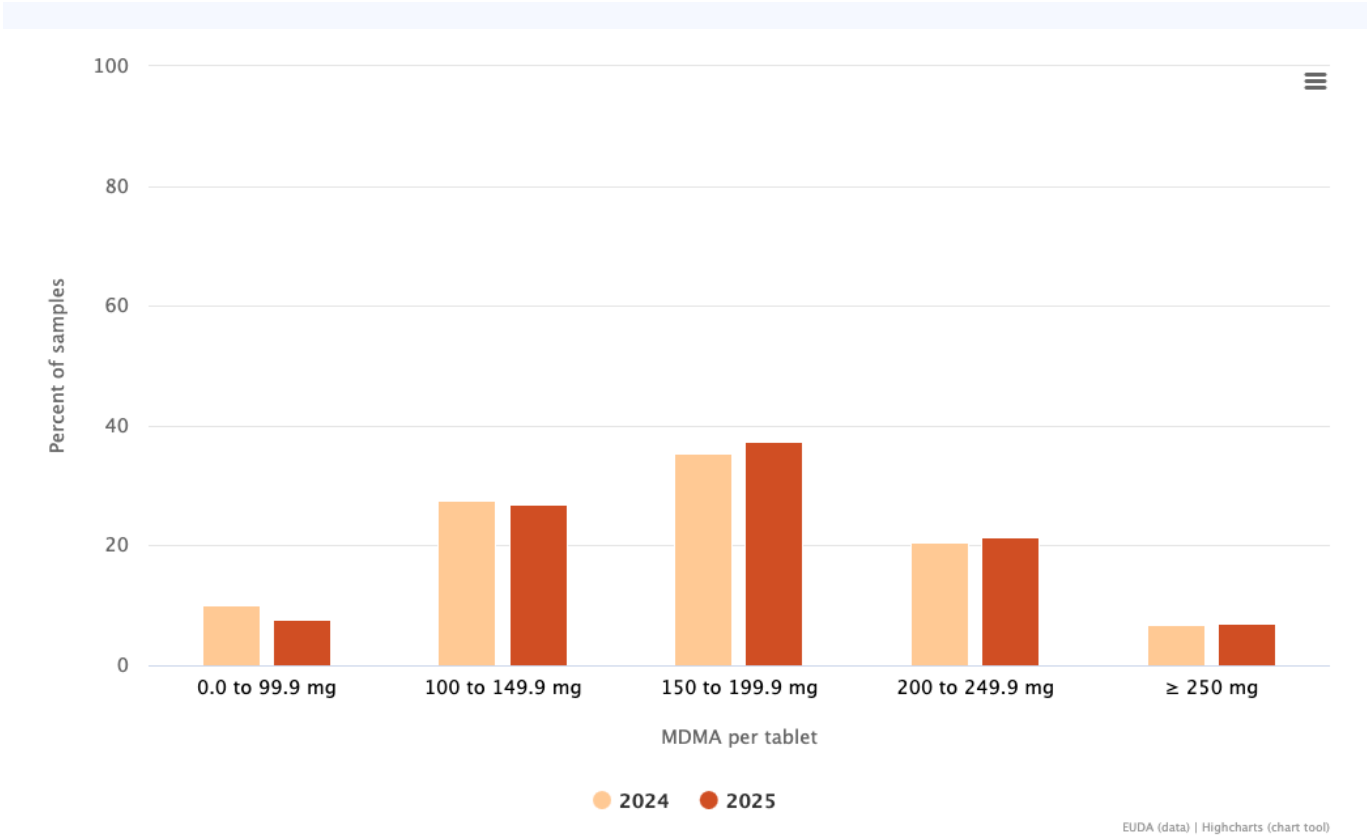
Note: Issued by the Health Service Executive Safer Nightlife Programme to warn about high-strength MDMA products

Figure 5.3. Purity of MDMA powder samples submitted to drug checking services in 2024 and 2025



Source: Trans-European Drug Information network (TEDI). Data from 11 European drug checking services in 7 EU Member States, 2024 and 2025.

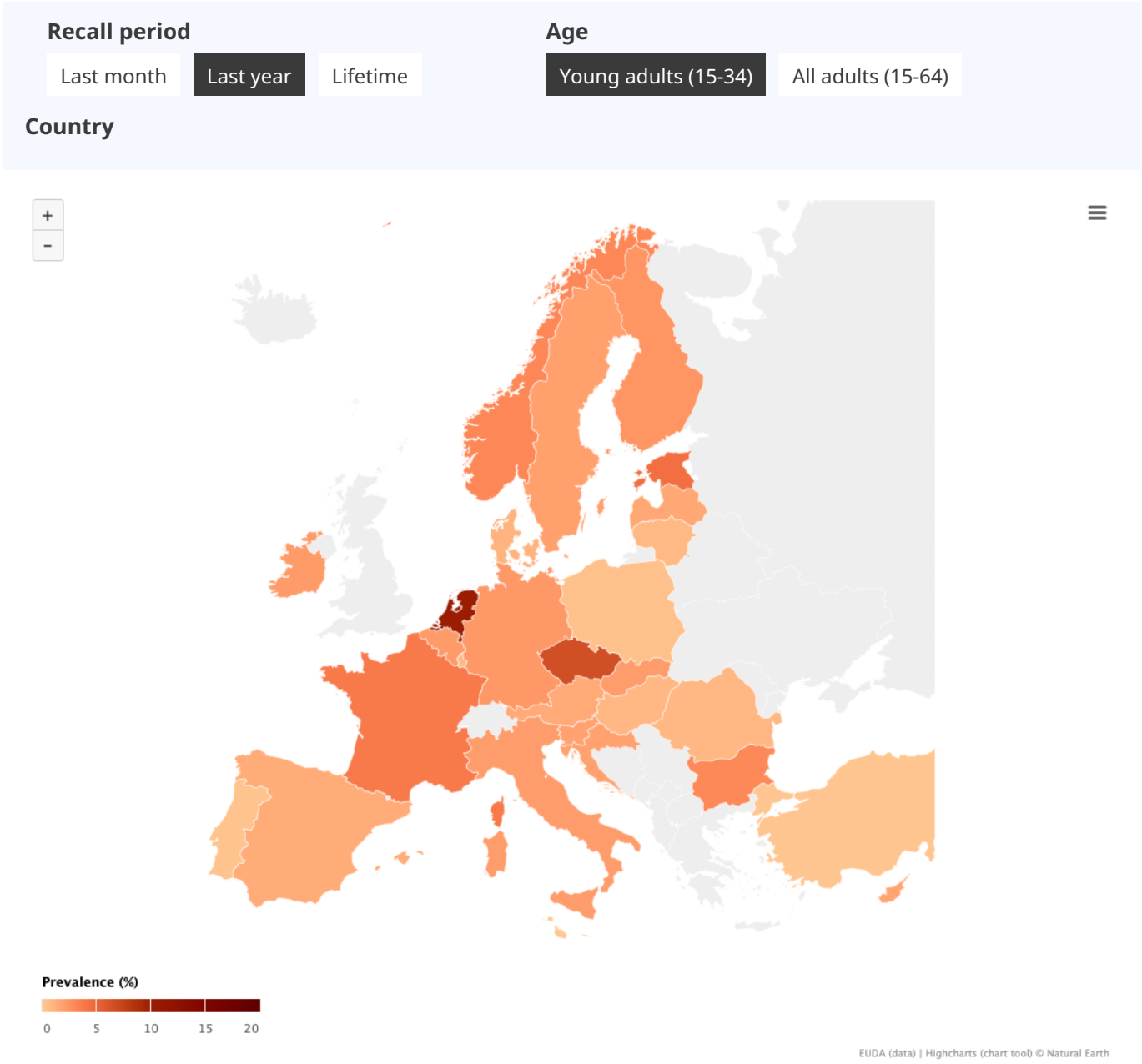
Figure 5.4. Content of MDMA tablet samples submitted to drug checking services in 2024 and 2025



Source: Trans-European Drug Information network (TEDI). Data from 11 European drug checking services in 7 EU Member States, 2024 and 2025.

Figure 5.5. Prevalence of MDMA ('ecstasy') use in Europe

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

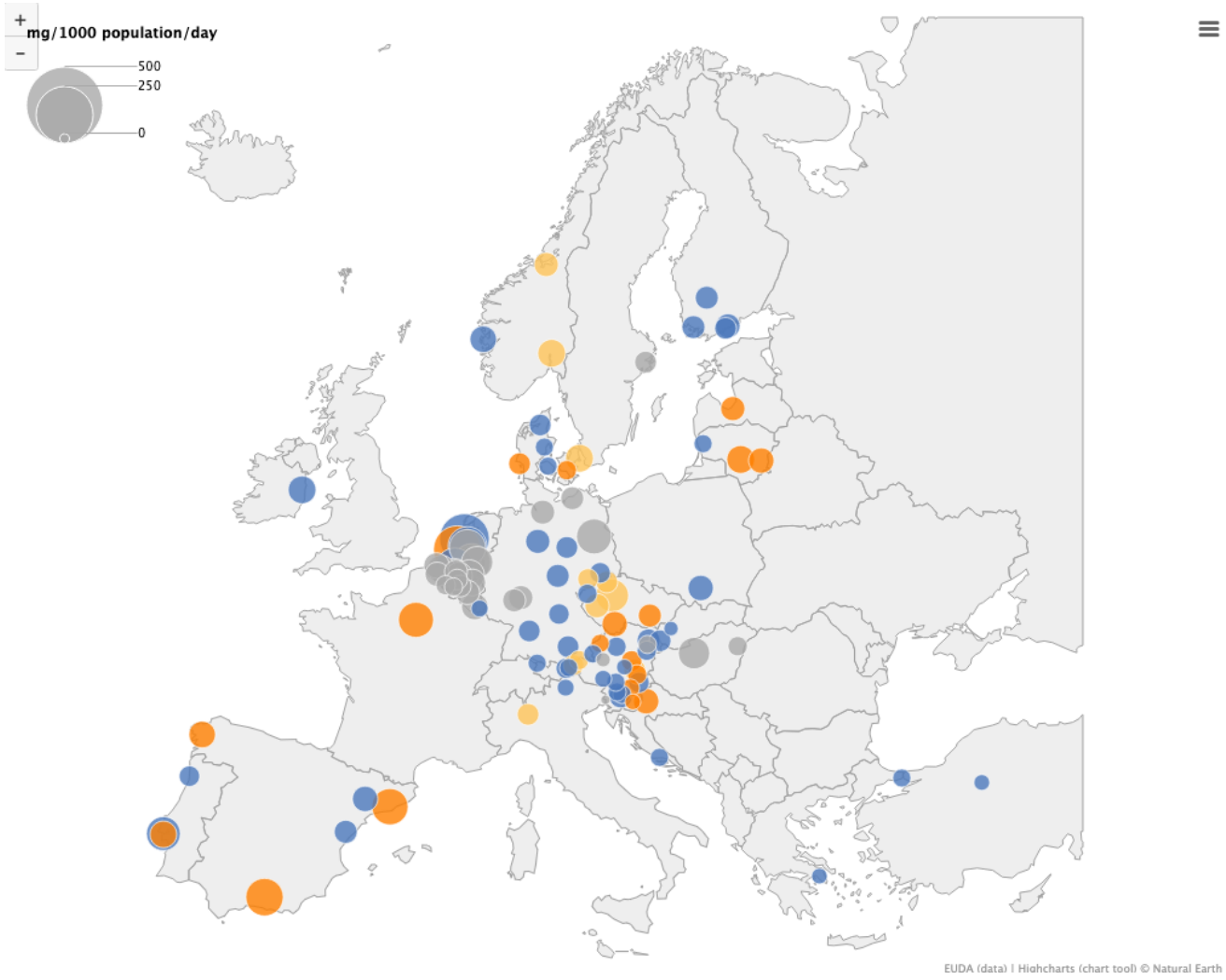


Notes: Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the Statistical Bulletin 2026: Prevalence of drug use.

Graphics showing the most recent data for a country are based on studies carried out between 2014 and 2024.

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

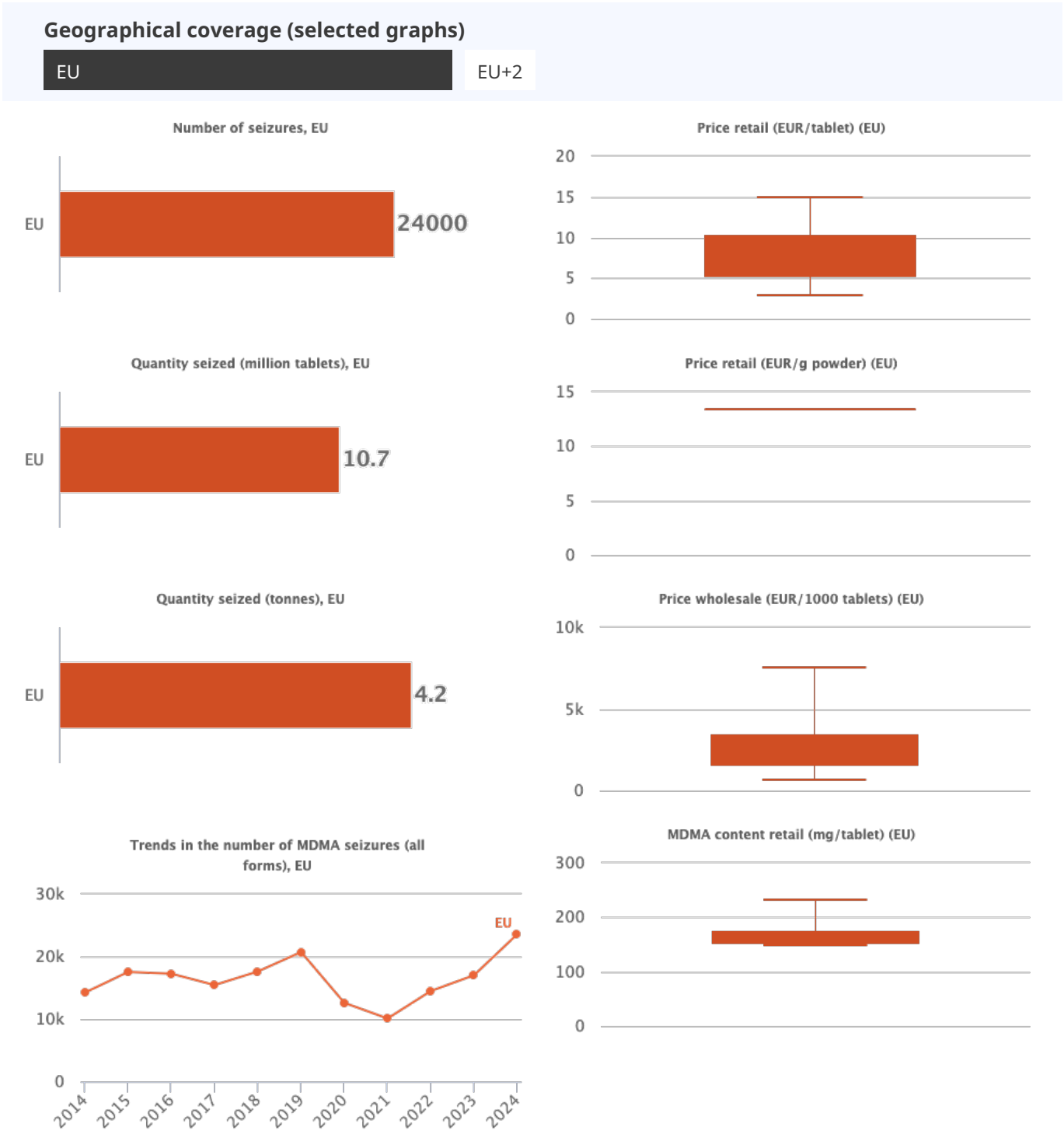
Figure 5.6. MDMA residues in wastewater in selected European cities: changes between 2024 and 2025

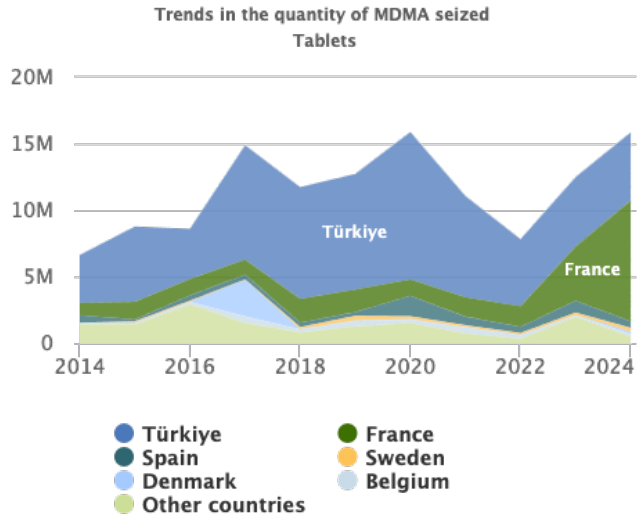


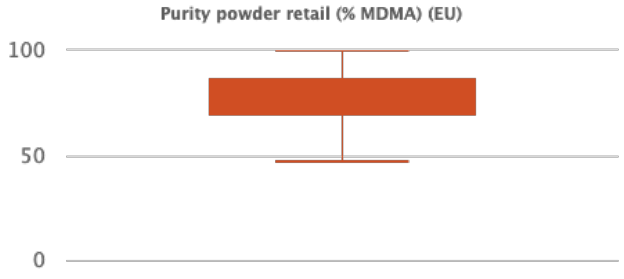
= increase = stable = decrease, with respect to previous year = no previous data

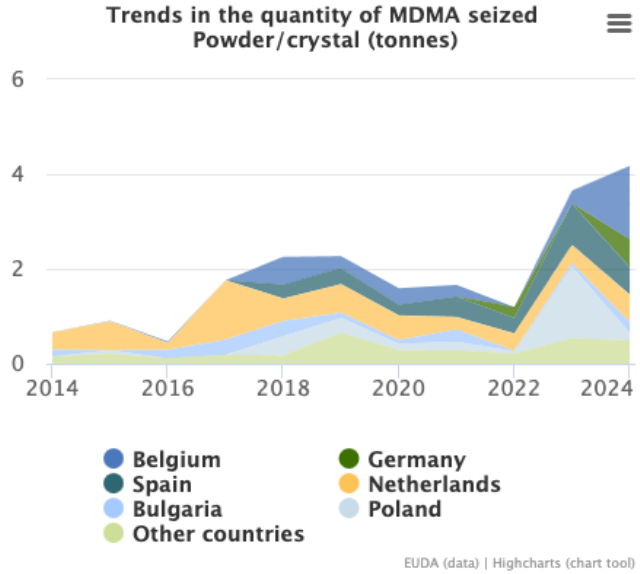
Notes: Mean daily amounts of MDMA in milligrams per 1000 population. Sampling was carried out over a week between March and May 2025.
Taking into account statistical errors, values that differ by less than 10% from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study

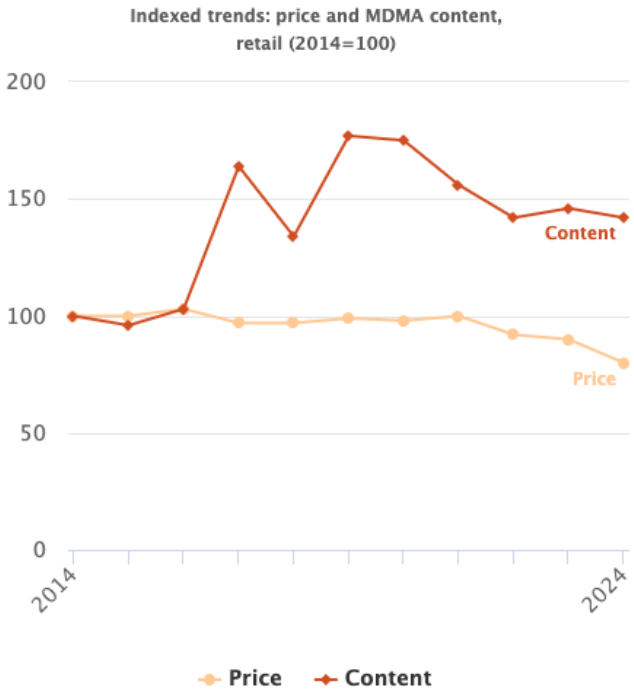
Figure 5.7. MDMA market in Europe





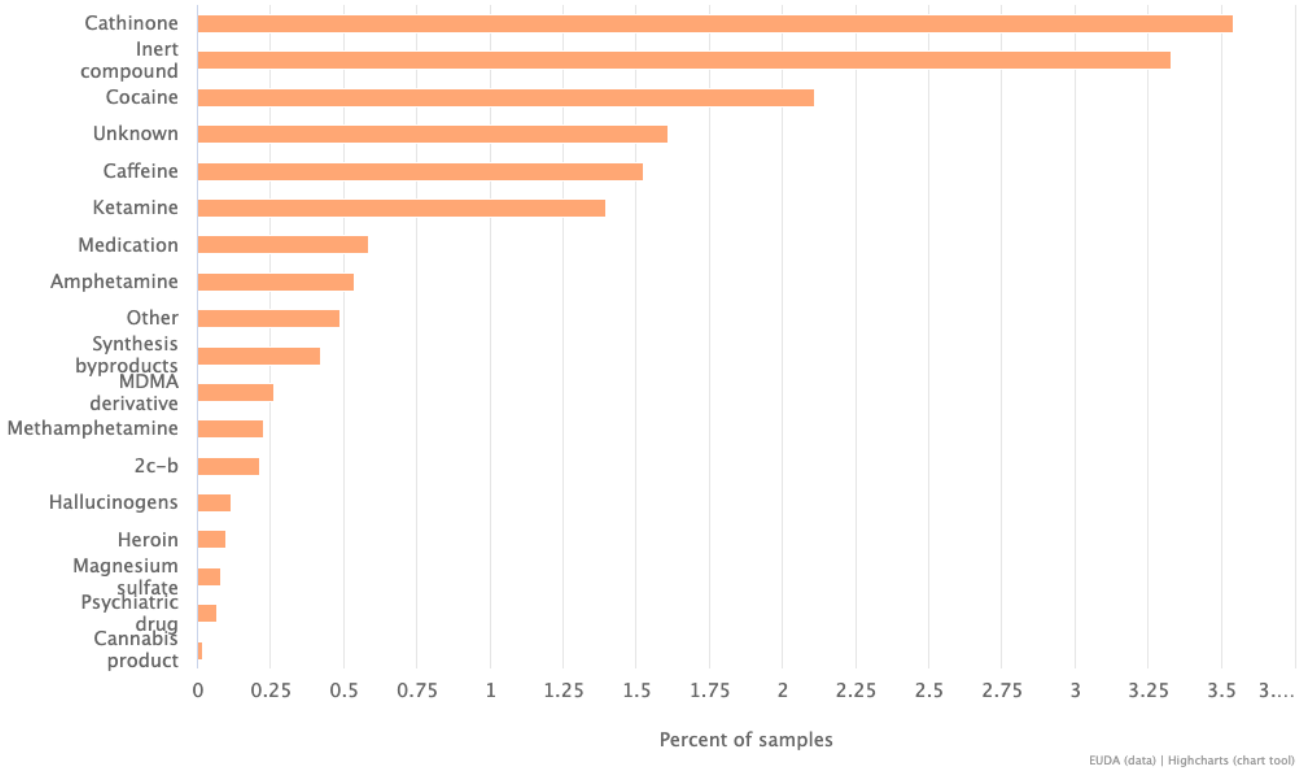






Notes: EU+2 refers to EU Member States, Norway and Türkiye.
Price, content and purity: national mean values – minimum, maximum and interquartile range.
Indexed trends refer to MDMA tablets. Countries covered vary by indicator.

Figure 5.8. Adulterants detected in samples sold as MDMA tablets or powder and tested in 14 European drug checking services in 2025



Source: Trans-European Drug Information network (TEDI). Data from 14 European drug checking services in 8 EU Member States, collected between January and December 2025.

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

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

View this data in our Data catalogue

Download all files (zip)

- Table EDR26-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys (2024 or most recent year)
- Table EDR26-GPS-2. Prevalence of drug use in Europe, trends

- Table EDR26-WW-1. Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2025

Data tables specific to MDMA

View this data in our Data catalogue

Download all files (zip)

- Table EDR26-MDMA-2. MDMA markets seizures source data, 2024 or most recent year
- Table EDR26-MDMA-5. Trends in the number of MDMA seizures
- Table EDR26-MDMA-4. Trends in the quantity of MDMA seized: tablets
- Table EDR26-MDMA-5. Trends in the quantity of MDMA seized: powder (tonnes)
- Table EDR26-MDMA-6. MDMA price and purity or content data, 2024 or most recent year
- Table EDR26-MDMA-7. Price and MDMA content indexed trends
- Table EDR26-MDMA-8. MDMA purity or content of samples submitted to drug checking services (percent), 2024
- Table EDR26-MDMA-9. Psychoactive adulterants detected in samples sold as MDMA to users and tested in 12 European drug checking services, 2024

Heroin and other opioids – the current situation in Europe (European Drug Report 2026)

Heroin remains Europe's most 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, creating new challenges. On this page, you can find the latest analysis regarding 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 2026**, the EUDA's annual overview of the drug situation in Europe.

Last update: *09 June 2026*

Europe's changing opioid market complicates harm reduction and treatment

Treatment challenges

Heroin remains Europe's most used illicit opioid, accounting for a large proportion of the health burden attributed to illicit drug consumption. Europe's opioid phenomenon, however, continues to evolve in ways that are likely to have important implications for responses.

Data on entry into drug treatment and other indicators suggest that Europe's heroin-using population is ageing and possibly declining. Between 2014 and 2024, 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). Fewer people are now entering treatment for heroin than for other opioids, including new synthetic opioids and the opioid agonist medications methadone and buprenorphine. Services are now addressing more complex patterns of drug use and a broader range of health and social support needs. These include challenges linked to polysubstance use, prevention and treatment of age-related illness, the need for effective multi-agency partnerships and referral pathways with general health and social support services. In addition, opioid agonist treatment provision remains insufficient in some EU Member States (see Opioid agonist treatment – the current situation in Europe).

Risks from other opioids

While heroin continues to be involved in many opioid-related deaths in some countries, other opioids are more prominent overall (see Drug-induced deaths – the current situation in Europe). In acute drug toxicity presentations at Euro-DEN sentinel hospitals in 2024, heroin remained the most commonly reported opioid, but in some cities other opioids – opioid agonist medicines, pain relief medicines or potent new synthetic opioids – have overtaken heroin as a driver of presentations. Polysubstance use involving opioids increases the risk of drug-induced death. Among those

entering specialised drug treatment services, injecting has decreased over the last decade, with only 18% of new heroin clients reporting injection as their main route of administration (Figure 6-3). Moreover, people who inject opioids are injecting a more diverse range of substances, including other opioids, stimulants and new psychoactive substances, either alone or in combination with other drugs (see also Injecting drug use in Europe – the current situation).

Diversifying opium production and stockpiles supply Europe's resilient heroin market

Estimating opium and heroin supplies

The ban on opium poppy cultivation, introduced by the Taliban in April 2022, has greatly reduced the production of opium and heroin in Afghanistan, the main source of Europe's heroin. The United Nations Office on Drugs and Crime (UNODC) estimated a 95% drop in opium cultivation in 2023, to 10 800 hectares, down from 232 000 hectares in 2022, with similar estimates for 2024 (12 800 hectares) and 2025 (10 200 hectares). High-resolution satellite analysis using census-based methodology by Alcis, a geospatial analysis company, suggests a substantial increase in cultivation from 7 382 hectares in 2024 to 12 818 hectares in 2025. Estimates of Afghan opium production in 2025 differ, with Alcis estimating opium output at 414 tonnes and the UNODC estimating 296 tonnes. Based on its opium production estimate, the UNODC estimates a potential export quality heroin production of 22-34 tonnes, far below the 350-580 tonnes of heroin estimated for 2022.Our most recent estimate of heroin demand in the European Union was that 124 tonnes of heroin (range 97 to 155 tonnes) at retail-level purity was consumed in 2021.

Diversifying opium suppliers and stocks

The relative stability of heroin availability in Europe is partly attributed to Afghanistan's large stockpiles, estimated in an Alcis report to the EUDA at around 12 000 tonnes of opium in 2025, advanced processing and adulteration practices, and tactical supply management by trafficking networks. These factors appear to have sustained heroin supply levels to date, despite declining opium cultivation in Afghanistan. Pakistan, particularly the province of Balochistan, bordering Afghanistan and home to major seaports, has also emerged as a source of opium and heroin, with satellite imagery analysis suggesting around 9 116 hectares of opium poppy cultivation in 2025, potentially rivalling Afghanistan's output in 2025 (see Understanding Europe's drug situation in 2026). The emergence of regional sources, such as Pakistan, highlights the role of the 'southern route', a maritime corridor linking South Asia to Europe, in heroin trafficking to Europe. See also Drug supply, production and precursors – the current situation in Europe.

Vigilance needed to detect drug market shifts

While a sustained decrease in heroin production in Afghanistan could eventually lead traffickers to seek alternative sources, fully replacing heroin from Afghanistan with other sources such as

Myanmar would be difficult due to Afghanistan's relative proximity and historically large production and trafficking volumes. Nonetheless, it is notable that UNODC estimates that opium poppy cultivation in Myanmar reached a ten-year peak of 45 200 to 53 100 hectares in 2025, and trade routes between South-East Asia and Europe are growing. European countries should remain vigilant for signs of market shifts, such as increased synthetic opioid or stimulant use. While supply constraints are evident, market resilience, supported by stockpiles, trafficking adaptations and regional production, will likely maintain heroin availability in Europe, with large seizures still occurring in countries on key trafficking routes (see Figure 6.4).

Life-threatening new synthetic opioids remain available in Europe

New synthetic opioids play a relatively small role in Europe's drug market. However, they represent a significant problem in the Baltic countries, and signals suggest they have the potential to become more prominent in Europe's drug problems overall. Highly potent synthetic opioids, such as fentanyl and its derivatives, including carfentanil, as well as nitazenes and orphines, are reported to the EU Early Warning System annually. Minuscule amounts of these substances are needed to make a retail-level dose. Reflecting a broadening of overdose risk, in 2024 authorities in 10 countries detected more than 50 000 nitazene-containing tablets, up from 23 000 in 2023 and only 380 in 2022 (see New psychoactive substances in Europe – the current situation).

Fentanyl availability and deaths raise concern

Several indicators suggest that fentanyl has become more widely available in Bulgaria, where it is associated with serious harms including fatalities. During 2024, police seized multiple kilograms of material containing fentanyl in operations across Bulgaria. Fentanyl is believed to be sourced abroad and imported. Over the period 2024-2025, fentanyl has been associated with over 100 drug-induced deaths in Bulgaria. Fentanyl-related deaths and hospitalisations, initially reported mainly in Sofia, were observed in other Bulgarian cities in 2025. In the context of limited harm reduction service provision, including the absence of take-home naloxone programmes, this is of particular concern.

The repeated large seizures, geographical spread and unidentified fentanyl production and trafficking sources create the potential for further fentanyl problems in Bulgaria and possibly elsewhere. Elsewhere in Europe, four seizures of the fentanyl precursor *N*-boc-4-piperidone totalling 30 kilograms were reported by Spain and the Netherlands at the end of 2024. It remains unknown if these precursors were destined for EU production facilities or transiting through Europe to non-EU locations when seized.

Responding to shifting opioid risks

Enhancing preparedness remains critical to Europe's ability to respond rapidly to poisoning outbreaks related to highly potent synthetic opioids or the increased use of other drugs, such as cocaine, amphetamines or synthetic cathinones, as replacement substances during reduced

availability of heroin. Enhancing EU and national preparedness to anticipate and respond to drug-related health and security threats is a central pillar of the EU Drugs Strategy. Enhancing access to opioid agonist treatment, needle and syringe exchanges and take-home naloxone remain key tools for addressing current opioid problems and ensuring resilience in the fact of potential market shifts. Monitoring the drugs available at retail level in local drug markets is vital for identifying sudden changes in substances for sale and the emergence of dangerous batches of drugs. The EU Early Warning System will continue to play a key role in this regard, as will the EUDA's new drug alert and threat assessment systems.

See also Opioids: health and social responses.

Key data and trends

Prevalence of opioid use

- It is estimated that 0.3% of the EU adult population, or around 850 000 people, used opioids in 2024 (860 000 in 2023).

Treatment entry for use of heroin and other opioids

- Opioid use was reported as the main reason for entering specialised drug treatment by 68 000 clients in 2024, representing 22% of all those entering drug treatment in Europe.
- Heroin was the primary drug for 10 000 (64%) of the 18 000 first-time entrants who reported a specific opioid as their main problem drug. Another 3 400 first-time opioid treatment clients did not specify their primary drug.
- The available data suggest that the long-term downward trend in the number of people entering treatment for heroin use has continued (Figure 6.5), while diverse opioids (e.g. misused medications, new synthetic opioids) are increasingly cited as the main reason for entering treatment.
- An estimated 505 000 clients received opioid agonist treatment in EU Member States in 2024 (511 000 in 2023).

Harms related to opioid use

- Opioids, including heroin and its metabolites, often in combination with other substances, were estimated to be present in around 7 out of 10 fatal overdoses in the European Union in 2024, often in combination with other substances (see Drug-induced deaths – the current situation in Europe).

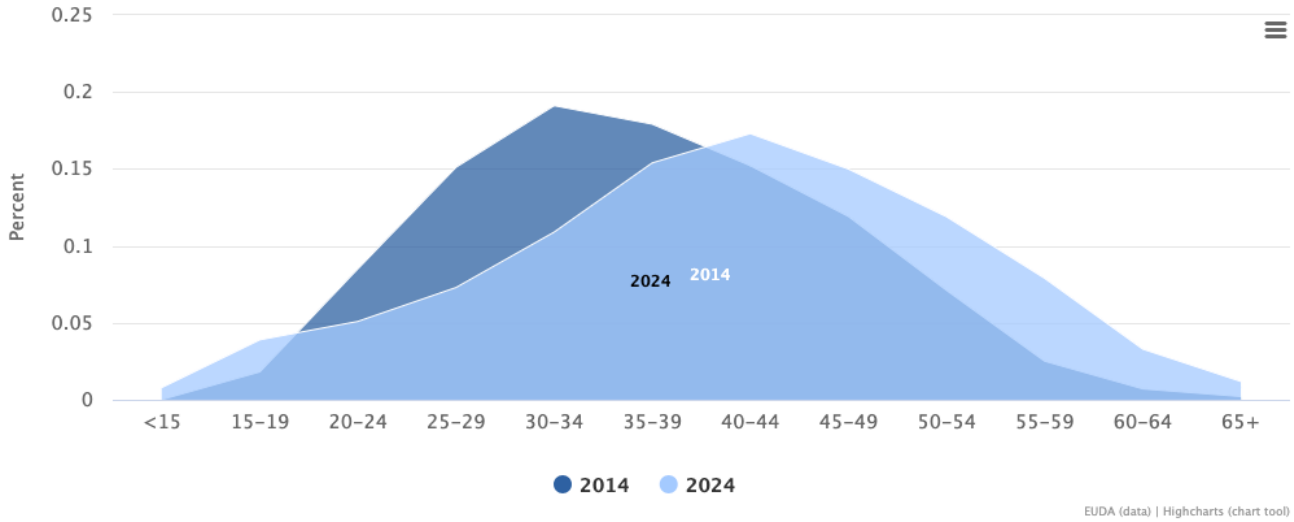
- In 2024, heroin was the fourth most frequently reported drug in acute drug toxicity presentations in Euro-DEN Plus hospitals in the European Union and Norway, accounting for 10% of all cases. Presentations involving heroin were reported in 21 of the 29 hospitals (Figure 6.6). The median age of those presenting with heroin was 37 years; 75% were males.
- In 13 of the 21 hospitals reporting heroin in 2024, no cases were younger than 25 years. Depending on the hospital, the drugs most often reported together with heroin were benzodiazepines, cocaine and amphetamine.

Heroin and other opioids market data

- Seizures of heroin reported by EU Member States have declined from 9.5 tonnes in 2021 to 3.6 tonnes in 2024, with year-on-year declines of 16% (to 8.0 tonnes) in 2022, 33% (to 5.4 tonnes) in 2023 and a further 33% in 2024. The quantity seized in 2024 is similar to the quantities seized in 2015 (3.7 tonnes) and 2016 (3.5 tonnes).
- Overall, EU Member States reported 15 500 heroin seizures in 2024 (17 000 seizures in 2023). France (1.045 tonnes), Bulgaria (868 kilograms) and the Netherlands (376 kilograms) reported the largest quantities. Türkiye seized 4.3 tonnes of heroin in 2024, 31% more than in 2023 (3.3 tonnes).
- The average purity of brown heroin at the retail level ranged from 8% to 33% in 2024, with half of the countries reporting an average purity between 10% and 21%. Indexed trends indicate the average price of brown heroin declined by 25% between 2014 and 2024. Over the same period, the purity of the drug fluctuated but has fallen markedly over the last four years (Figure 6.7).
- Countries reported 1 063 seizures of synthetic opioids, amounting to 35.5 kilograms, to the EU Early Warning System in 2024, an increase from the 22 kilograms seized in 2023. The quantity of nitazenes seized decreased, from 10 to 7 kilograms seized in 2024. Of the seizures of new opioids reported, 26% contained metonitazene, 25% contained carfentanil, 22% contained tramadol and 10% contained protonitazene. Of the 35.5 kilograms of material seized, 31% (11.1 kilograms) contained 2-methyl-AP-237, 21% (7.6 kilograms) contained tramadol and 16% (5.6 kilograms) contained spirochlorphine. A small number of countries accounted for most of the synthetic opioid seizures: Germany, Estonia, Latvia and Lithuania reported 62% of the seizures and 70% (25.0 kilograms) of the quantity seized.
- Approximately 19 000 offences for heroin use or possession were reported in 2024.
- Twenty sites involved in the cutting and packaging of heroin were dismantled in the European Union in 2024 (15 in the Netherlands, 4 in Czechia, 1 in Italy).

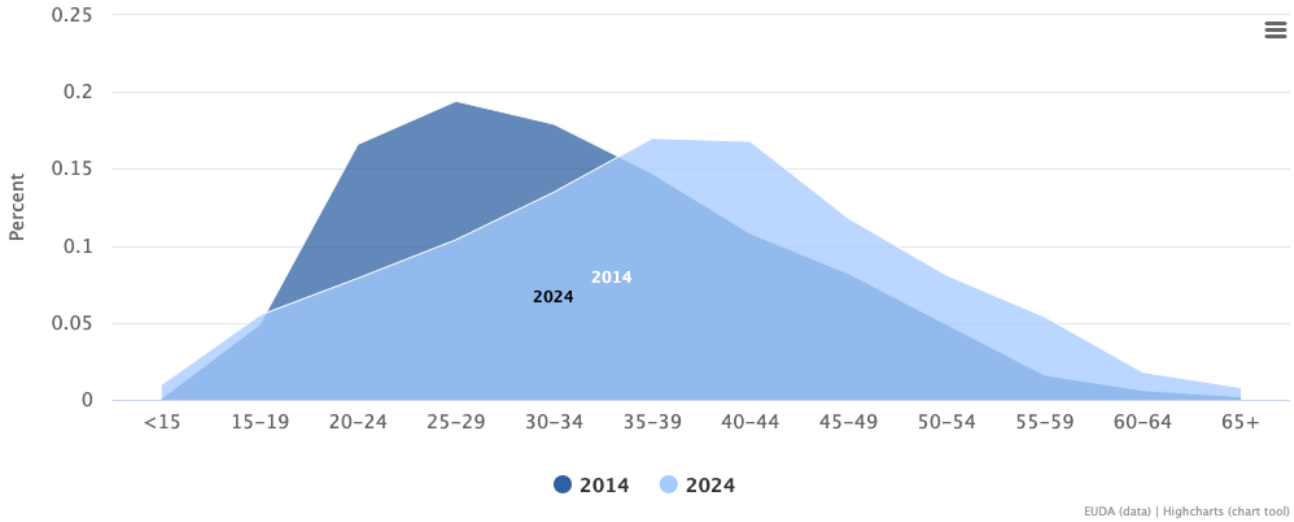
Figures and in-page tables

Figure 6.1. Age distribution of all clients entering treatment with heroin as their primary drug, 2014 and 2024



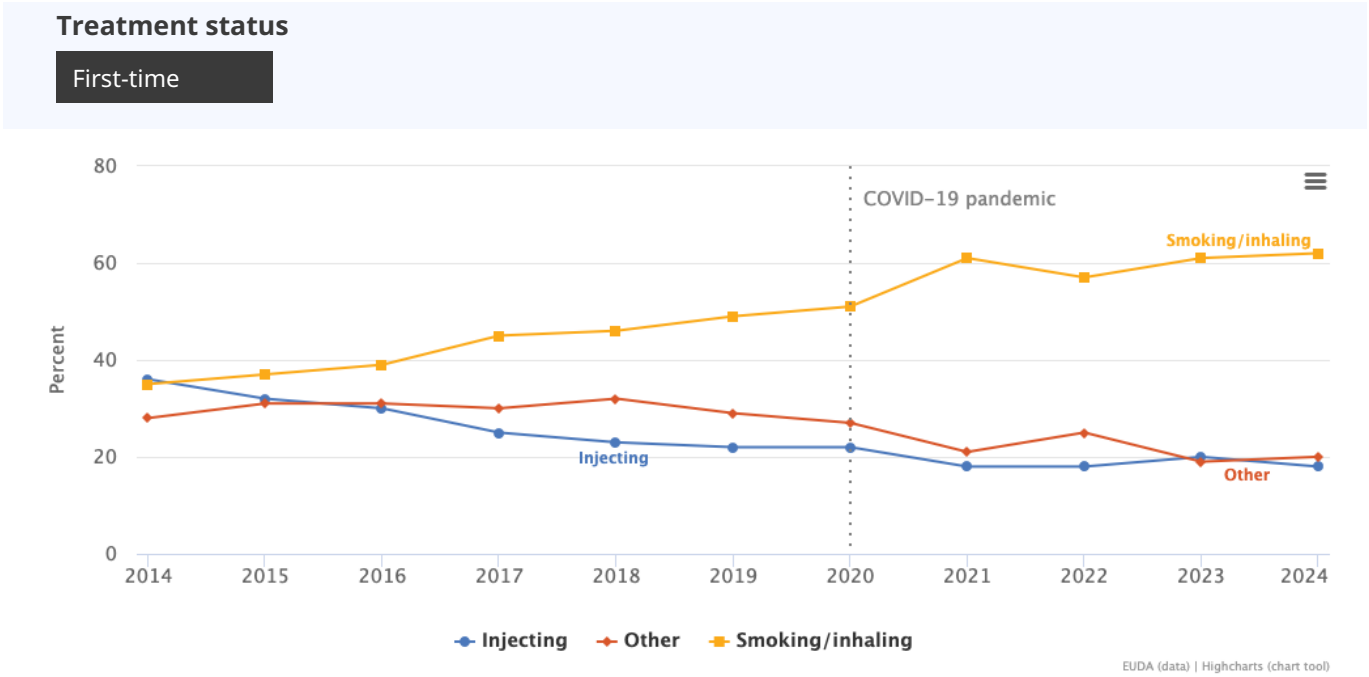
Note: Based on data from 25 EU Member States and Türkiye.

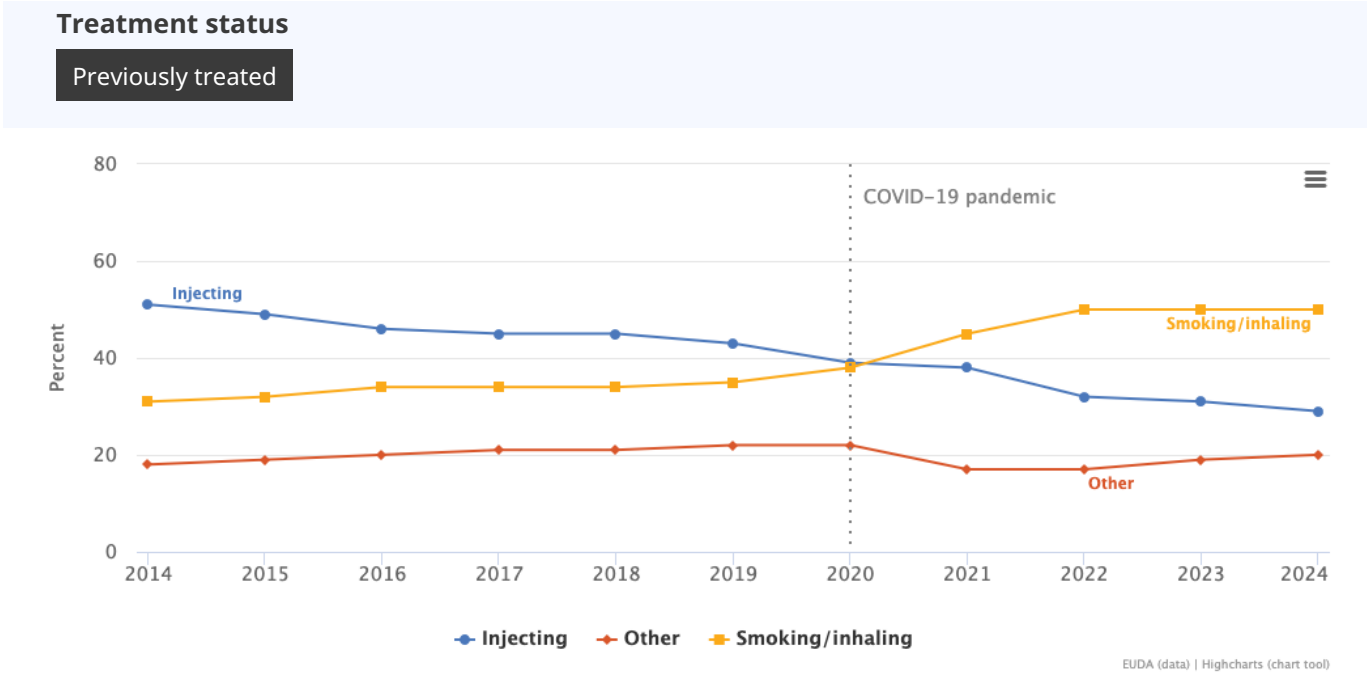
Figure 6.2. Age distribution of never previously treated clients entering treatment with heroin as their primary drug, 2014 and 2024



Note: Based on data from 24 EU Member States and Türkiye.

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



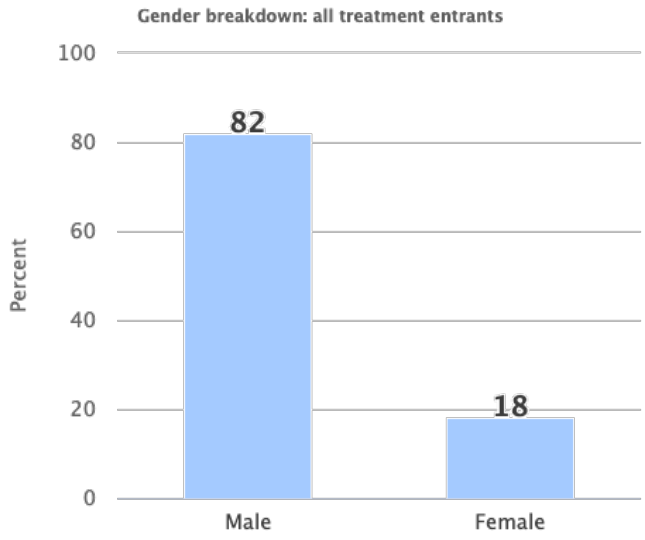


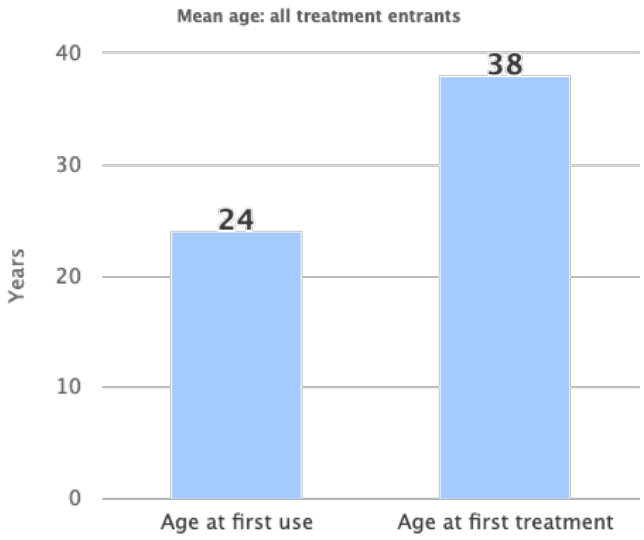
Note: 'Other routes' include eating/drinking, sniffing and unspecified main routes of administration. Trends are based on the 19 EU Member States providing data over the period; only those with data for at least 9 of the 11 years are included. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution.

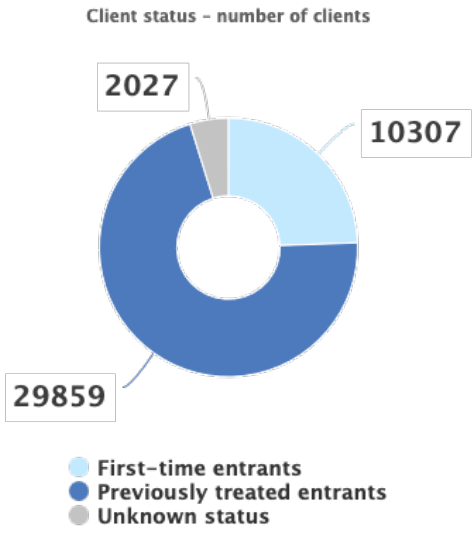
Figure 6.4. Lage seizures of concealed heroin concealed in cable machines and mattress, Bulgaria, 2024

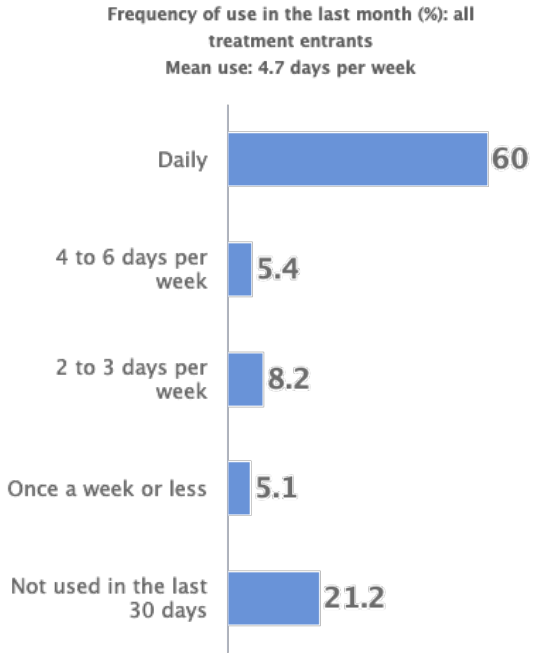
Note: Drugs seized by the National Customs Agency of Bulgaria.

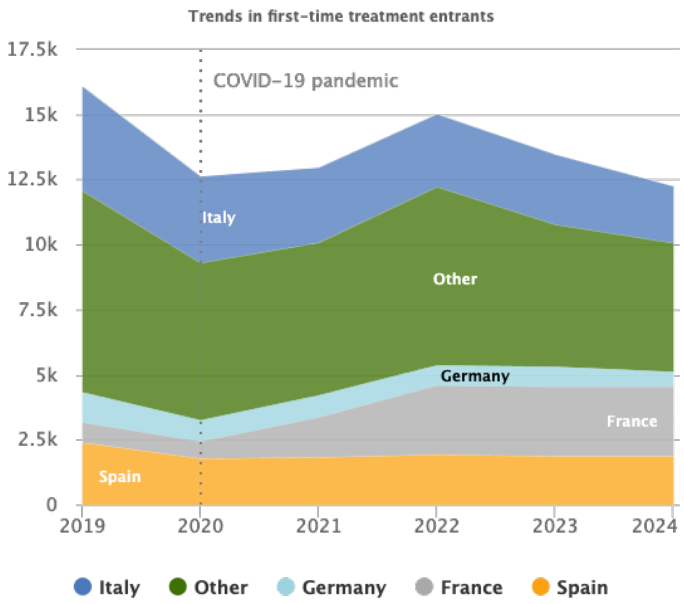
Figure 6.5. Users entering treatment for heroin in Europe

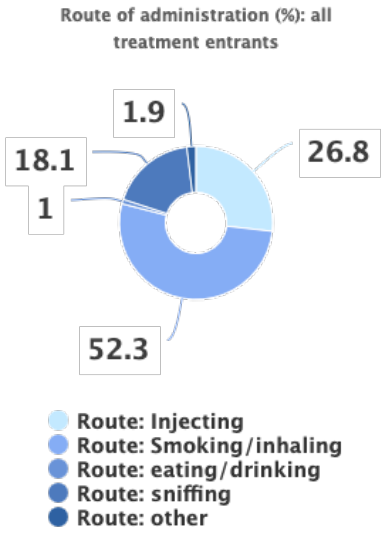












Notes: Apart from trends, data are for all treatment entrants with heroin as the primary drug – 2024 or the most recent year available. Trends in first-time entrants are based on 26 countries. Only countries with data for at least 6 of the 7 years are included in the trends analysis. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021, and 2022 should be interpreted with caution. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019).

Figure 6.6a. Proportion of acute drug toxicity presentations with mention of heroin in Euro-DEN Plus hospitals, 2024

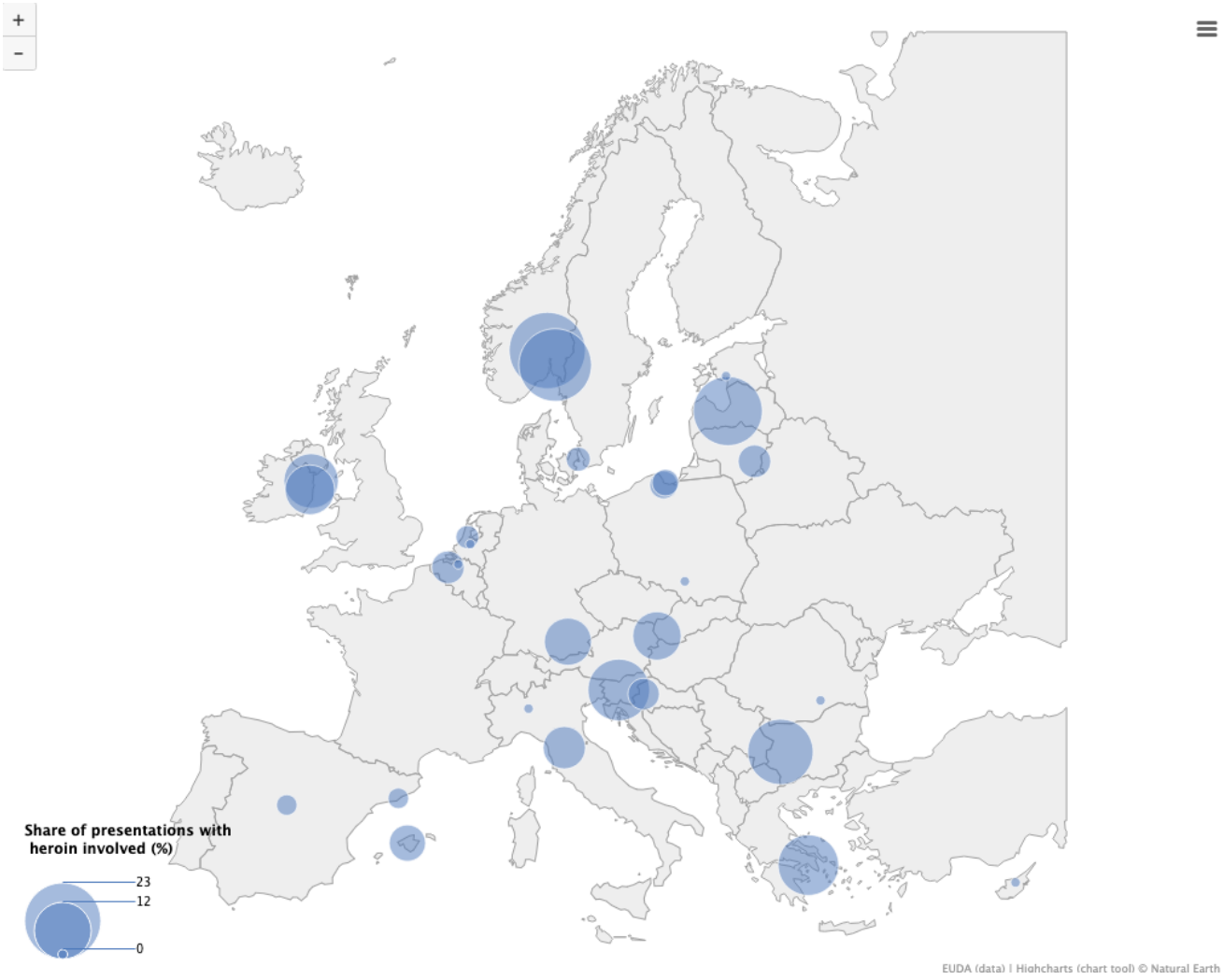
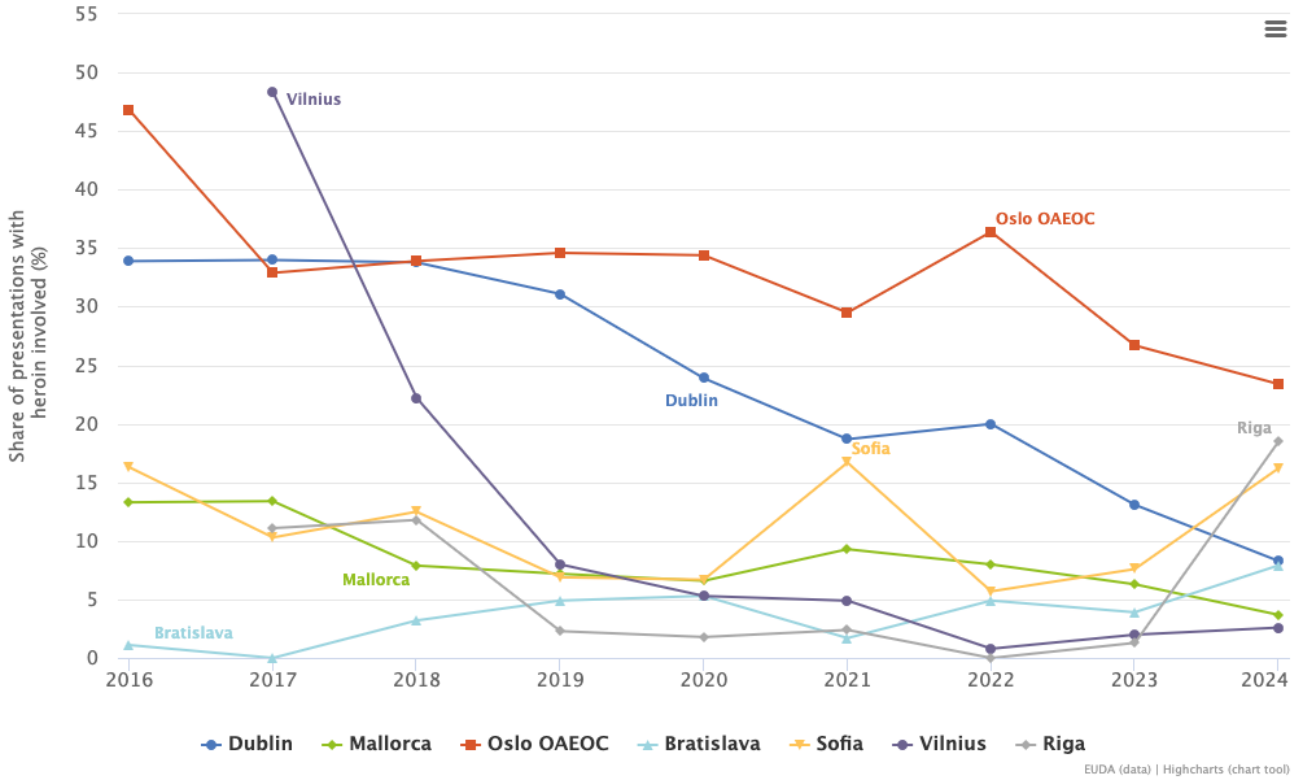
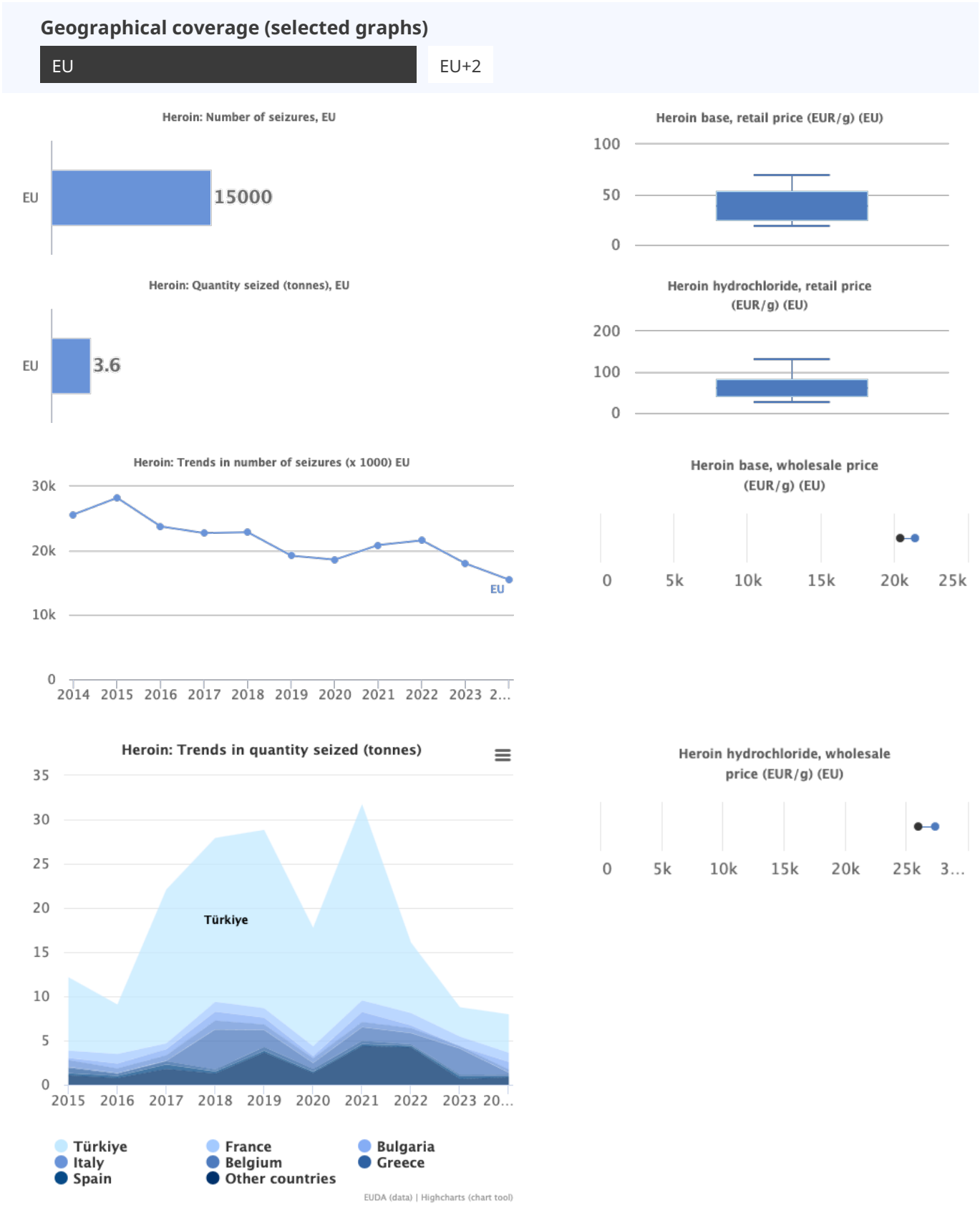


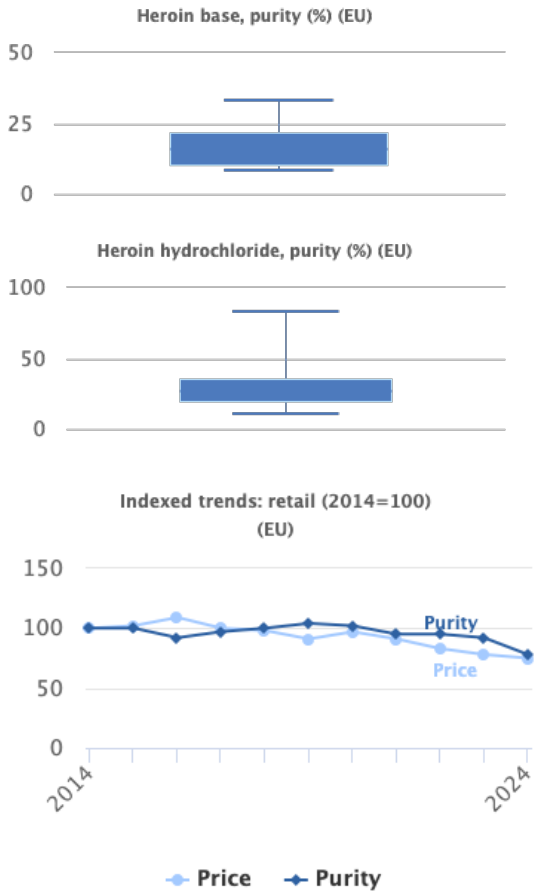
Figure 6.6b. Trends in the proportion of presentations with mention of heroin in 2016-2024, in selected Euro-DEN Plus hospitals



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

Figure 6.7. Heroin market in Europe





Notes: 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, 2024

Substance	Countries	Number of seizures	Weight (kg)	Tablets	Litres	Patches
Tramadol	15	3600	459.88553	1911879	0.1502	
Buprenorphine	16	3217	4.961076	180587		12
Methadone	20	1046	16.07006	126152	18.7013	
Morphine	14	982	25.48165	18605	2.01932	
Oxycodone	11	1495	1.5004	72677	54.617	
Opium	12	536	236.6706	167	0.001	
Codeine	13	316	64.8451681	62297	2.23	
Carfentanil	3	32	2.32687		0.00025	
Fentanyl derivatives	14	119	0.432275	1085018.5	115.992	299
Nitazene analogs	3	385	4.264366	28435	0.00247	

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

View this data in our Data catalogue

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New psychoactive substances – the current situation in Europe (European Drug Report 2026)

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

This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.
Last update: *09 June 2026*

Record volumes and hazardous new substances highlight market adaptation driving health risks

Concern continues to grow about the integration of the markets for new psychoactive substances and illicit drugs and the response complications this raises, including addressing inadvertent consumption. Reflecting the relentless efforts of drug production and distribution networks, for the fifth year in a row, law enforcement agencies in EU Member States reported a record quantity of new psychoactive substances to the EU Early Warning System, amounting to 55 tonnes imported or seized. New and harmful substances continue to be created to circumvent legal controls, with 50 new psychoactive substances notified for the first time in 2025. In addition, around 400 previously reported new substances were detected on the market in 2024.

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

Highly potent synthetic cannabinoids in various forms pose risk of poisoning

In 2025, European countries identified 27 new cannabinoids, 16 of which were semi-synthetic cannabinoids, representing over 50% of the new substances first reported to the EU Early Warning

System that year.

Vulnerable populations, including people in prison or experiencing homelessness, are particularly affected by the public health risks posed by synthetic cannabinoids, which are often highly potent and carry poisoning risks. These compounds may be mis-sold or used to adulterate cannabis and semi-synthetic cannabinoid products without the consumers' knowledge, increasing the risk of poisonings. Cannabis edibles, which include foods such as sweets infused with cannabis extract, represent an evolving risk as they have become more available on Europe's illicit market.

After China implemented generic legal controls in July 2021, the supply of synthetic cannabinoids to European markets diminished. This led to a marked reduction in the availability of dominant compounds, such as MDMB-4en-PINACA and ADB-BUTINACA. There are now signals that the manufacture of these substances has shifted to Europe, near consumer markets. These include reports of dismantled production laboratories (see Figure 7.1) and seizures in 2023 of 148 kilograms of MDMB-INACA, which can be used to manufacture various cannabinoids, including MDMB-4en-PINACA. In 2024, over 107 kilograms of powder and 130 litres of MDMB-4en-PINACA were seized in the Netherlands.

Concerns also exist about the increasing adulteration of low-THC cannabis and CBD products with synthetic cannabinoids, the re-emergence of 'legal high'-type products and increased vaping of e-liquids containing these substances. In September 2025, Czechia reported an outbreak of poisonings linked to a new synthetic cannabinoid, MDMB-PINACA, sold in 'legal high' type products (see Figure 7.2).

Continued availability of semi-synthetic cannabinoids creates health concerns

Semi-synthetic cannabinoids are chemically modified forms of the cannabinoids found in the cannabis plant. They were first reported in Europe in 2022, marketed as legal alternatives to cannabis and delta-9-THC. By the end of 2025, a total of 40 semi-synthetic cannabinoids had been identified on European drug markets. HHC (hexahydrocannabinol) was the first of these substances to be identified, and it was placed under international control in December 2025. Reflecting the cycle of creating new substances to circumvent legal controls, other semi-synthetic cannabinoids are now available in Europe as replacements for HHC, including hexahydrocannabinol acetate (HHC acetate) and hexahydrocannabiphorol (HHC-P).

While initially most semi-synthetic cannabinoids were imported from the United States, they are now also produced in Europe (Figure 7.3). Production has evolved from CBD-derived compounds from low-THC cannabis, such as HHC, to now include products such as HHC-P, which seem to be fully synthetic.

Although the effects of semi-synthetic cannabinoids on humans remain poorly studied, reports suggest they are similar to those of cannabis, with adverse reactions ranging from mild to severe poisoning, sometimes requiring treatment in hospital. Some countries report increasing numbers of poisoning cases involving these substances. The pharmacological similarity of semi-synthetic

cannabinoids to delta-9-THC raises concerns about their potential to trigger psychotic episodes as well as their abuse and dependence potential.

Semi-synthetic cannabinoids are widely available through online and, in some countries, in physical retail locations, including vape shops and stores selling low-THC cannabis and CBD products. They may also be sold in convenience stores and via vending machines. The main products are flavoured edibles and vapes and low-THC cannabis sprayed or mixed with the cannabinoids. Their accessibility and perceived legal status may attract both cannabis users and first-time users, potentially including children and young adults. The resemblance of edibles to common foods, especially sweets, poses accidental consumption risks, particularly for children.

Laboratory analysis reveals that products and batches can differ widely in the type and concentrations of semi-synthetic cannabinoids present, with some containing very high amounts. Products may include undeclared cannabinoids, such as delta-9-THC or delta-8-THC, or novel semi-synthetic compounds in high doses, which may pose a risk of poisoning. Overall, such variability and unpredictability add to the risk of poisonings.

The rapid spread of vapes and edibles – especially gummies – is particularly concerning from a public health perspective. Their accessibility and appeal may attract new, possibly younger, consumers who might not otherwise use or have access to illicit cannabis or want to smoke cannabinoids. In addition, the slower absorption of cannabinoids from edibles and the later onset of initial effects compared with vaping or smoking can lead to users consuming multiple portions, risking toxic doses.

Imports and production fuel crossover of synthetic cathinones into illicit drug markets

Synthetic cathinones have become established as replacements for stimulants such as amphetamine and cocaine in some parts of Europe. While inadvertent consumption in drug mixtures and tablets remains a concern, some consumers may consider these different stimulants to be functionally equivalent in terms of their effects and intentionally seek them out as affordable alternatives. In 2025, four new cathinones were notified, while 69 previously reported synthetic cathinones were also detected on the EU drug market in 2024. Reports to the EU Early Warning System indicate that *N*-ethylnorpentedrone (NEP) was being increasingly mis-sold as another cathinone, 3-MMC, in 2025, leading to unintended consumption and increased poisonings.

Reported seizures and imports of synthetic cathinones in the European Union increased by 11.5 tonnes to 48.5 tonnes in 2024, with preliminary data indicating continued large quantities through the first half of 2025. A small number of bulk imports from India, primarily through the Netherlands, accounted for most of the reported material. In July 2025, the Netherlands introduced generic (all-encompassing) legal controls covering synthetic cathinones, which may significantly affect their importation.

Responding to evidence of the increasing availability and associated health harms, in 2025, the EUDA Scientific Committee carried out risk assessments on three cathinones: 2-

methylmethcathinone (2-MMC), 4-bromomethcathinone (4-BMC) and *N*-ethylnorpentedrone (NEP). Based on the assessments, the Commission adopted legislation subjecting these substances to EU drug control measures in January 2026.

The continuation of large seizures of precursors in 2024 and the dismantling of 65 illicit laboratories suggest that the production of synthetic cathinones remains significant within the European Union, particularly in Poland (Figure 7-4) (see also Drug supply, production and precursors – the current situation in Europe). While 3-MMC, 3-CMC and 2-MMC have been the dominant cathinones in recent years, less common cathinones such as alpha-pyrrolidinoisohexanophenone (alpha-PHiP, sometimes sold as 'Flakka') can create localised health problems and are difficult to monitor. These smaller-scale trends may miss early detection by public health agencies, potentially causing serious harm before being identified.

Availability of new synthetic opioids remains a potentially lethal threat

New synthetic opioids are often highly potent, posing an increased risk of life-threatening poisoning. Since 2019, fentanyl derivatives in Europe have been largely replaced by benzimidazole 'nitazene' opioids and, more recently, by benzimidazolone 'orphine' opioids. Seven new synthetic opioids were formally notified to the EU Early Warning System in 2025, including three nitazenes and three orphines. Since 2019, at least 21 EU Member States have reported a nitazene and at least 10 have reported an orphine.

Reports of poisonings linked to nitazene opioids, including fatal cases, have been increasing in some European countries since 2022. In 2024, the quantity of nitazene powders seized in Europe decreased to 7 kilograms, while over 5 kilograms of powders containing orphine opioids were reported. The high potency of these substances means minuscule amounts can make retail-level doses or mixes. The EU Early Warning System has received increasing reports of fake medicines containing nitazene opioids. These products typically mimic legitimate prescription medications, particularly oxycodone and, to a lesser extent, benzodiazepines such as diazepam and alprazolam. Their seemingly authentic appearance may contribute to a false sense of security among consumers. Although predominantly used by high-risk opioid users, such tablets may also be used by other groups, including people experiencing chronic pain. There are concerns that they may spread among populations without opioid tolerance, including young people (Figure 7.5). In 2024, 10 countries detected more than 50 000 nitazene-containing tablets, up from 23 000 in 2023 and 380 in 2022. Preliminary data for 2025 indicate further detections in at least seven EU Member States. In addition, Bulgaria reported more than 100 fentanyl-related deaths over the period 2024-2025.

The Taliban's ban on opium poppy cultivation in Afghanistan since April 2022 has significantly reduced opium production, but its impact on heroin availability in Europe remains uncertain. Any emerging supply gap could, in some countries, be partially filled by new synthetic opioids and other substances.

In view of generic controls on nitazene opioids introduced by China in July 2025, and preliminary evidence that these measures may substantially reduce nitazene availability in Europe, novel opioid families are candidates to fill this emerging gap in the opioids market. One possible replacement is the 'orphine' family of opioids: 11 countries have reported detecting cychlorphine and 6 have detected spirochlorphine. Between June 2024 and January 2026, 5 EU Member States reported 5 cases of acute non-fatal poisoning and 18 deaths with confirmed exposure to orphines, mostly cychlorphine (see Figure 7.5). Estonia and Latvia have reported injecting use of both substances. While limited pharmacological data are available for these substances, their structural similarity to brorphine, a potent opioid, suggests that a key health risk is likely to be respiratory depression (see also Heroin and other opioids – the current situation in Europe).

These developments underscore key preparedness challenges for the European Union and Member States. In particular, national early warning systems and their associated laboratory networks must maintain readiness to detect and respond to emerging new synthetic opioids, such as the orphines. More generally, the availability of highly potent synthetic opioids requires us to review whether the current approaches used to prevent, treat and reduce the harms related to opioid use remain fit for purpose and whether existing systems have the capacity to respond effectively (see also Opioid agonist treatment – the current situation in Europe and Harm reduction – the current situation in Europe).

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

Key data and trends

New psychoactive substances reported

- At the end of 2025, the EUDA was monitoring 1 050 new psychoactive substances, 50 of which were first reported in Europe in 2025 (Figure 7.7 and Table 7.1).
- Approximately 400 new psychoactive substances were detected in seizures in 2024 (Figure 7.8).
- In 2025, the EU Early Warning System received reports of 27 new cannabinoids, bringing the total number being monitored to 304.
- Since 2009, a total of 95 new opioids have been identified on the European drug market, with 7 new substances notified in 2025, 6 of which were highly potent new opioids: nitazenes (3) and orphines (3), which can be hundreds of times more potent than heroin. To date, 25 nitazenes have been identified in Europe (Figure 7.9).

Seizures of new psychoactive substances

- In 2024, EU Member States accounted for approximately 54 600 of the 184 000 seizure or import cases of new psychoactive substances reported in the European Union, Norway and Türkiye, representing 99.8% of the 55.1 tonnes reported (41.4 tonnes in 2023) (Figure 7.10). The increase was driven by a small number of cases involving cathinones (2-MMC, NEP) (Figure 7.11). In addition, approximately 11 700 litres of liquids containing new psychoactive substances were seized, mainly 4-CMC (564 litres) and H4-CBD (416 litres).
- In 2024, just 5 substances accounted for almost 90% of the quantity of new psychoactive substances reported by EU law enforcement agencies: 4 cathinones (2-MMC, NEP, 4-CMC and MDPHP, amounting to 44 tonnes) and HHC (3.2 tonnes) (Figure 7.11).
- In 2024, a total of 24 countries reported seizing 110 kilograms (100 kilograms in 2023) of synthetic cannabinoids and 1 320 kilograms (154 kilograms in 2023) of semi-synthetic cannabinoids as herbal material. The quantity of synthetic cannabinoid powder seized increased in 2024, with 159 kilograms of material seized in a small number of seizures. With 3.2 tonnes and 200 litres, HHC accounted for most of the semi-synthetic cannabinoids seized. Edibles and vape products containing synthetic cannabinoids or semi-synthetic cannabinoids accounted for around 37% of the seized material, amounting to 1.9 tonnes, reported by 18 countries.
- Countries reported 1 063 seizures and 35.5 kilograms of synthetic opioids to the EU Early Warning System in 2024, an increase from the 22 kilograms seized in 2023. The quantity of nitazenes seized decreased, from 10 to 7 kilograms seized in 2024. Of the seizures of new opioids reported, 26% contained metonitazene, 25% contained carfentanil, 22% contained tramadol and 10% contained protonitazene. A total of 35.5 kilograms of material was seized, with 31% (11.1 kilograms) containing 2-methyl-AP-237, 21% (7.6 kilograms) containing tramadol and 16% (5.6 kilograms) containing spirochlorphine. A small number of countries accounted for most of the synthetic opioid seizures: Germany, Estonia, Latvia and Lithuania reported 62% of the seizures and 70% (25.0 kilograms) of the quantity seized.

Prevalence of new psychoactive substances use

- National estimates of last year use of new psychoactive substances (excluding ketamine and GHB) among young adults (aged 15 to 34) range from 0.1% in Latvia and Norway to 2.9% in Bulgaria. National estimates of last year use of cathinones among young adults (aged 15 to 34) range from 0.1% in Romania to 4.4% in the Netherlands.
- The 2024 ESPAD school survey estimated that among 15- to 16-year-old students in the European Union, the average lifetime use of new psychoactive substances was 2.6%, ranging from 0.6% to 6.4%. Lifetime use ranged from 0.7% to 16% for synthetic cannabinoids, 1.1% to 3.7% for synthetic cathinones and 0.6% to 2.2% for synthetic opioids.

- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 16% of respondents had used new psychoactive substances in the last 12 months. Of those respondents, 21% reported using the substances alongside herbal cannabis and 15% with MDMA/ecstasy in the last episode of use. With regard to the substances used in the last 12 months, 14% of respondents reported having used semi-synthetic cannabinoids, 3% synthetic cannabinoids and 9% synthetic cathinones. Around 70% of the respondents who had used new psychoactive substances stated that they consumed the drug 'to get high or for fun'.

Figures and in-page tables

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

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

Figure 7.2. Products containing the synthetic cannabinoids MDMB-PINACA and MDMB-4en-PINACA linked to poisonings in Czechia, September 2025

Source: Czech Reitox national focal point.

Figure 7.3. Semi-synthetic cannabinoids production facility dismantled in 2023 by Romanian police

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

Figure 7.4. Part of a seizure of 185 kilograms of synthetic cathinones seized at a dismantled synthetic drug production laboratory in Pyskowice, Poland, 2024

Figure 7.5. Cychlorphine mis-sold online as a benzodiazepine pro-drug (alprazolam tTriazolobenzophenone pellets I 1 mg), Germany, September 2025

Source: University of Freiburg Clinic.

Figure 7.6. Fake oxycodone tablets containing metonitazene, seized in Sweden in 2023

Source: Swedish Customs Laboratory.

Figure 7.7. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005-2025

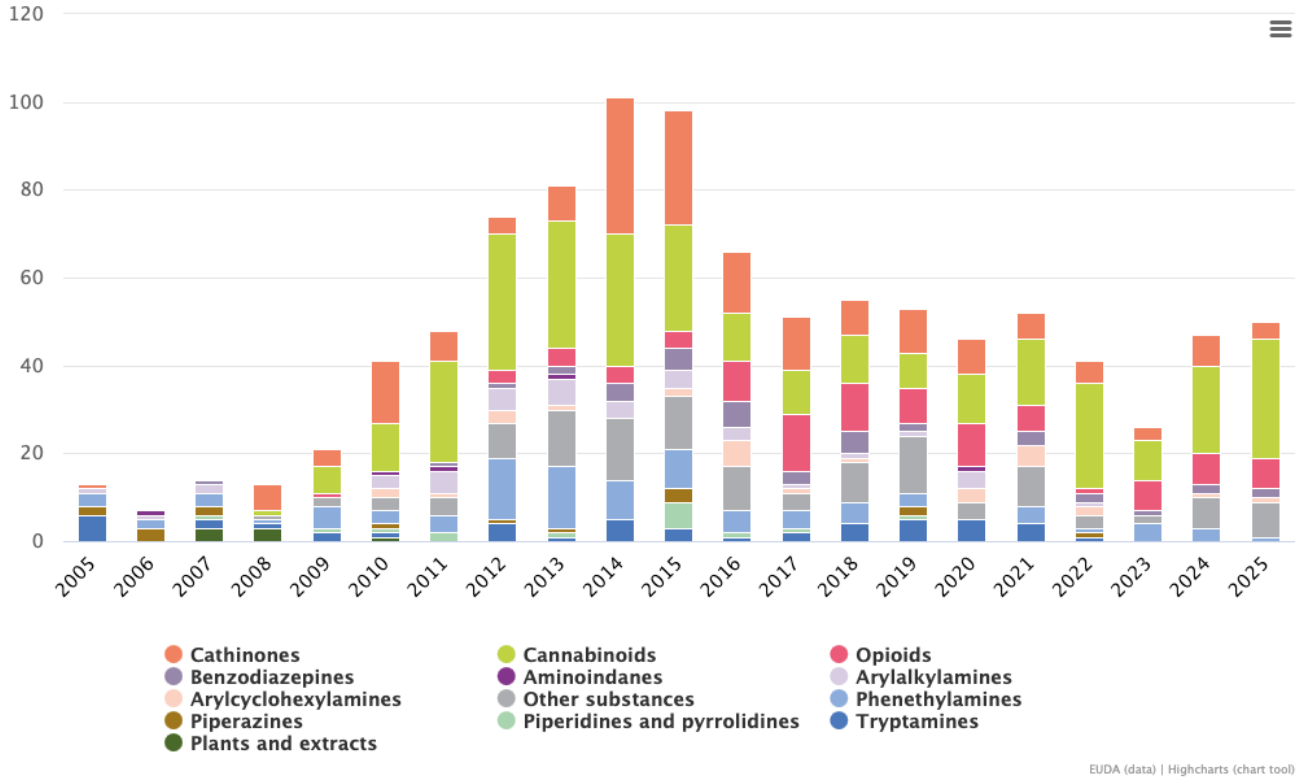


Figure 7.8. Number of new psychoactive substances reported each year following their first identification in the European Union, by category, 2005-2025

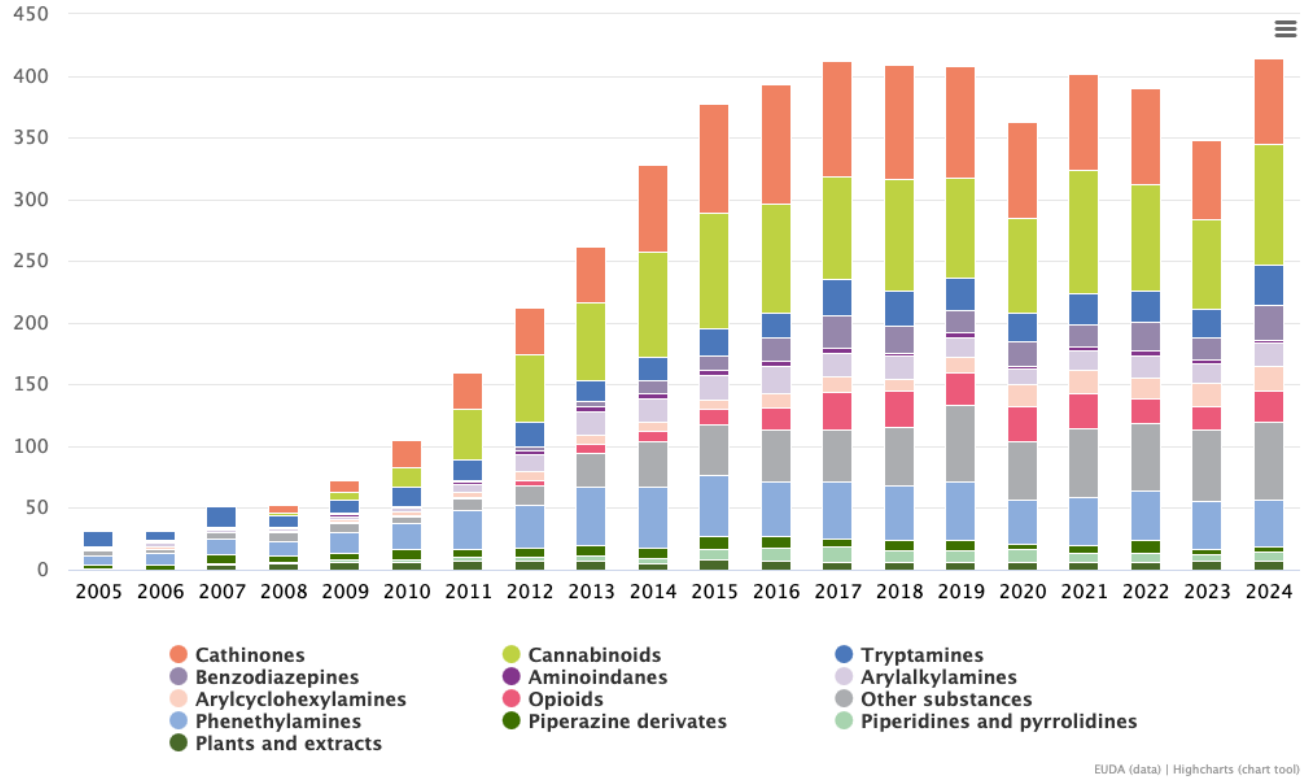


Figure 7.9. Number of new opioids reported for the first time to the EU Early Warning System, 2009-2025

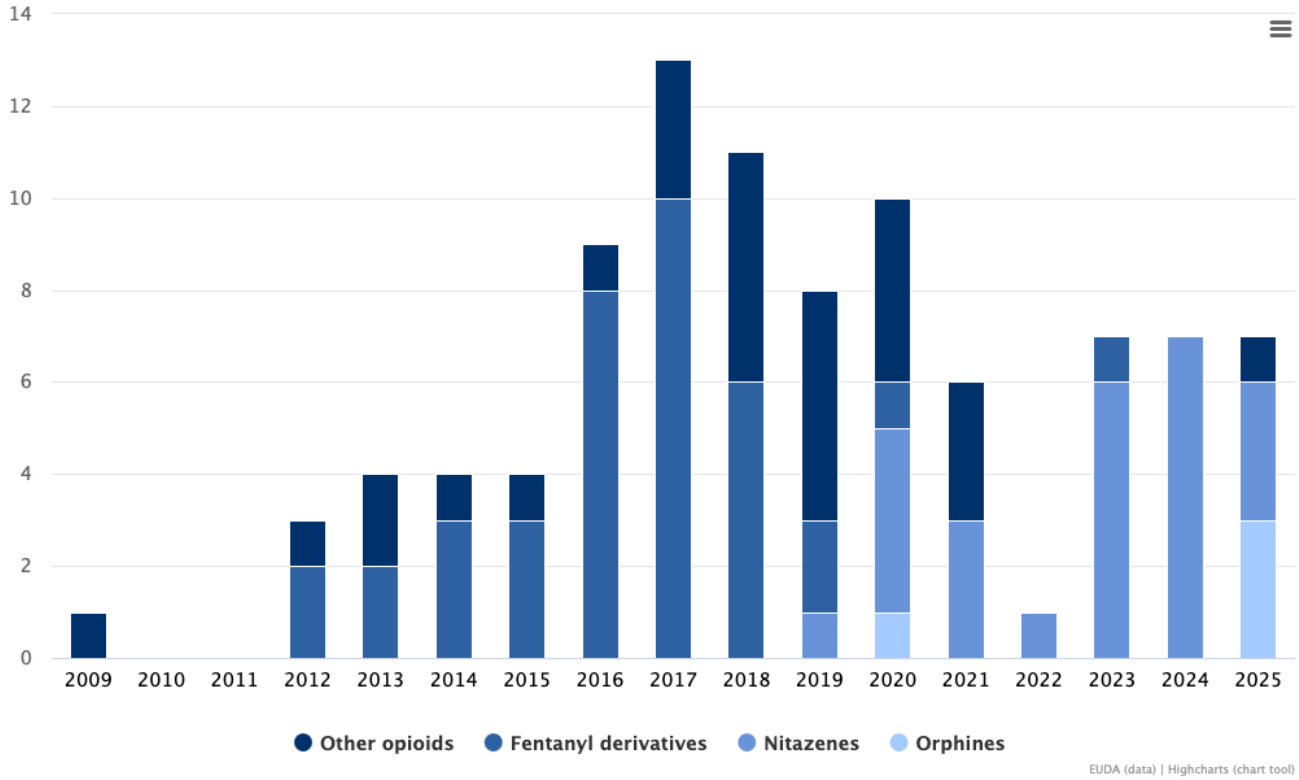


Figure 7.10. Seizures of new psychoactive substances in the European Union, 2006-2024

(a) Number of seizures

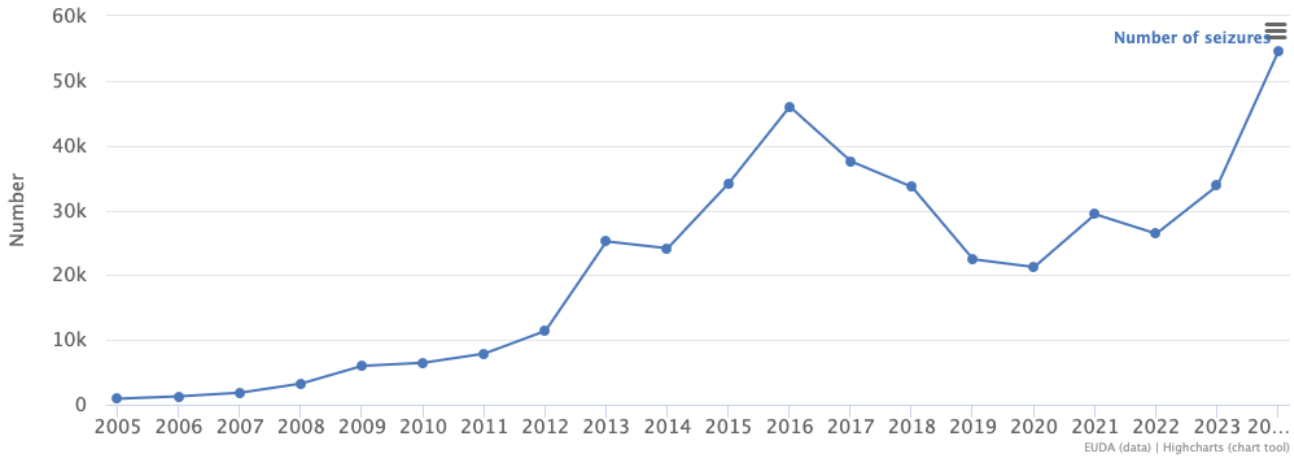


Figure 7.10. Seizures of new psychoactive substances in the European Union, 2006-2024

(b) Quantity seized

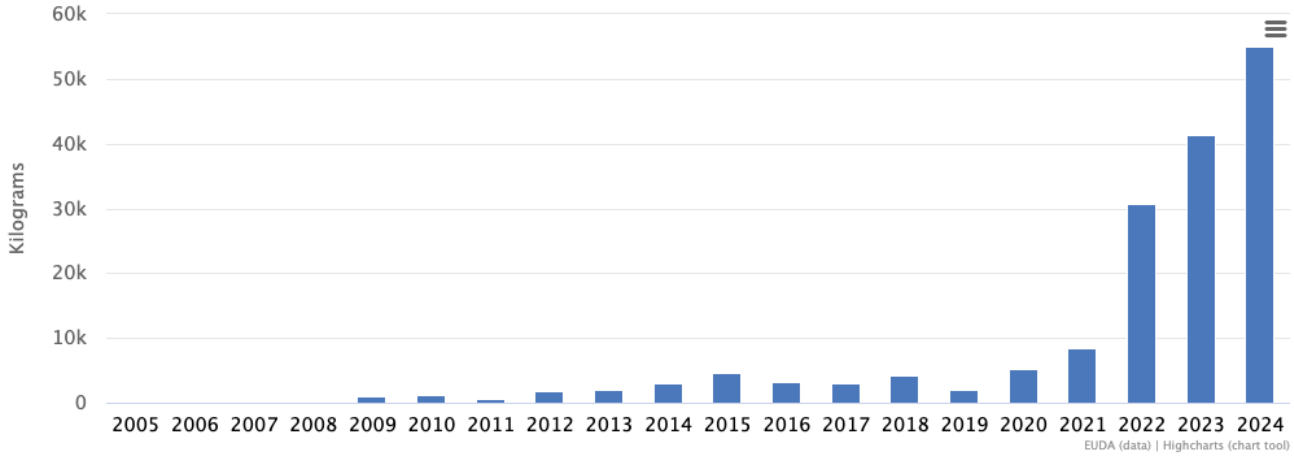
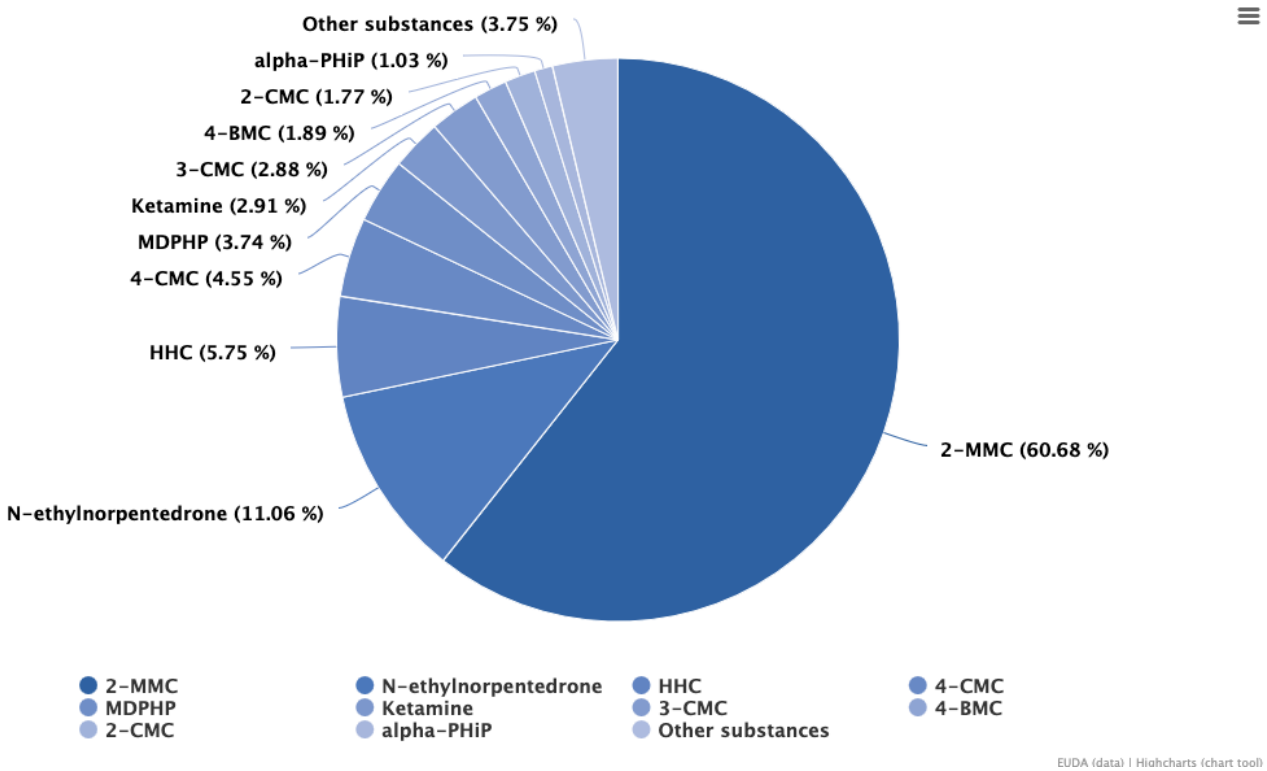


Figure 7.11. Seizures of new psychoactive substances in the European Union: percentage of total quantity seized, by substance, 2024



Note: Based on all physical forms expressed in kilograms.

Table 7.1. Notifications of new psychoactive substances under the terms of Regulation (EU) 2023/1322 and Council Framework Decision 2004/757/JHA – 2025

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Tilmetamine	2-(methylamino)-2-(thiophen-2-yl)cyclohexan-1-one	Arylcyclohexylamine	2025-11-28 00:00:00	Finland
Ethylbromazolam	8-bromo-1-ethyl-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine	Benzodiazepines	2025-09-24 00:00:00	Sweden
Rilmazolam	8-chloro-6-(2-chlorophenyl)-N,N-dimethyl-4H-[1,2,4]triazolo[1,5-a][1,4]benzodiazepine-2-carboxamide	Benzodiazepines	2025-04-15 00:00:00	Germany
1'-Ethyl-HHC	3-(heptan-3-yl)-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-03-06 00:00:00	Sweden
2-Allyl-delta-8-THC	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-10-02 00:00:00	Sweden
2-Allyl-delta-8-THC-methylcarbonate	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-10-02 00:00:00	Germany
2-Allyl-delta-8-THC-O-acetate	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-12-19 00:00:00	Germany
2-Allyl-delta-9-THC	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-10-02 00:00:00	Germany
2-Br-HHC-O-acetate	2-bromo-6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-08-07 00:00:00	Slovenia
2-Formyl-delta-9-THCP	6,6,9-trimethyl-3-heptyl-2-formyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-12-19 00:00:00	Germany
4F-ADMB-BINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobutyl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-11 00:00:00	France

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
4F-MDMB-PINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobutyl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-11 00:00:00	France
ADMB-5en-HEXINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(hex-5en-1-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-07-04 00:00:00	Denmark
ADMB-FUBBIOCA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-3-[(4-fluorophenyl)methyl]-2-oxo-2,3-dihydro-1H-1,3-benzimidazole-1-carboxamide	Cannabinoids	2025-12-18 00:00:00	Germany
CH-BINACA	1-butyl-N-cyclohexyl-1H-indazole-3-carboxamide	Cannabinoids	2025-08-11 00:00:00	Germany
CUMYL-FUBINACA	1-[(4-fluorophenyl)methyl]-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-08-11 00:00:00	Germany
CUMYL-PMINACA	1-pentyl-N-(2-phenylpropan-2-yl)-4,5,6,7-tetrahydro-1H-4,7-methanoindazole-3-carboxamide	Cannabinoids	2025-11-12 00:00:00	Germany
Delta-8-THC-methylcarbonate	methyl 6,6,9-trimethyl-3-pentyl-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-10-01 00:00:00	Germany
Delta-9-THCB-O-butanoate	3-butyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl butanoate	Cannabinoids	2025-07-29 00:00:00	Sweden
Delta-9-THCP-methylcarbonate	methyl 6,6,9-trimethyl-3-heptyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-12-19 00:00:00	Germany
Delta-9-THCP-O-butanoate	3-heptyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl butanoate	Cannabinoids	2025-07-29 00:00:00	Sweden
EDMB-4en-PINACA	ethyl 3,3-dimethyl-2-{[1-(pent-4-en-1-yl)-1H-indazole-3-carbonyl]amino}butanoate	Cannabinoids	2025-08-07 00:00:00	Italy
HHC-C8	3-octyl-6a,7,8,9,10,10a-hexahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-08-01 00:00:00	Ireland

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
HHC-C9	3-nonyl-6a,7,8,9,10,10a-hexahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-04-16 00:00:00	Italy
HHCH-O-acetate	3-hexyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-07-16 00:00:00	Germany
HHCP-TBDMS	tert-butyl[(3-heptyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl)oxy]di(methyl)silane	Cannabinoids	2025-12-19 00:00:00	Sweden
HHC-TBDMS	tert-butyl[(3-pentyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl)oxy]di(methyl)silane	Cannabinoids	2025-12-19 00:00:00	Sweden
MADMB-4en-PINACA	N-[3,3-dimethyl-1-(methylamino)-1-oxobutan-2-yl]-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-27 00:00:00	France
MDMB-PINACA	methyl 3,3-dimethyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate	Cannabinoids	2025-07-01 00:00:00	Denmark
MMB-PINACA	methyl 3-methyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate	Cannabinoids	2025-07-14 00:00:00	Germany
3,4-EtMC	1-(bicyclo[4.2.0]octa-1,3,5-trien-3-yl)-2-(methylamino)propan-1-one	Cathinones	2025-01-20 00:00:00	Austria
3’,4’-Dimethyl-α-PVP	1-(3,4-dimethylphenyl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	2025-09-04 00:00:00	Sweden
4’-Ph-PVP	1-([1,1'-biphenyl]-4-yl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	2025-04-11 00:00:00	Portugal
α-PiHPP	5-methyl-1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one	Cathinones	2025-12-02 00:00:00	Portugal
5,6-Dichloro desmethylchlorphine	5,6-dichloro-1-{1-[(4-chlorophenyl)methyl]piperidin-4-yl}-1,3-dihydro-2H-benzimidazol-2-one	Opioids	2025-06-20 00:00:00	Germany

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Cychlorphine	3-(3-{1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl}-2-oxo-2,3-dihydro-1H-1,3-benzimidazol-1-yl)propanenitrile	Opioids	2025-02-24 00:00:00	Sweden
Ethylene isotonitazepyne	5-nitro-2-(2-{4-[(propan-2-yl)oxy]phenyl}ethyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	2025-09-29 00:00:00	Estonia
Isotonitazepyne	5-nitro-2-({4-[(propan-2-yl)oxy]phenyl}methyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	2025-03-14 00:00:00	Germany
Methiodone	4-(ethanesulfonyl)-N,N-dimethyl-4,4-diphenylbutan-2-amine	Opioids	2025-05-28 00:00:00	France
Protodesnitazene	N,N-diethyl-2-{2-[(4-propoxyphenyl)methyl]-1H-1,3-benzimidazol-1-yl}ethan-1-amine	Opioids	2025-10-30 00:00:00	Finland
Spirochlorphine	8-[1-(4-chlorophenyl)ethyl]-1-phenyl-1,3,8-triazaspiro[4.5]decan-4-one	Opioids	2025-04-15 00:00:00	Sweden
Avizafone	2,6-diamino-N-{2-[(2-benzoyl-4-chlorophenyl)(methyl)amino]-2-oxoethyl}hexanamide	Others	2025-12-18 00:00:00	Denmark
CL-218,872	3-methyl-6-[3-(trifluoromethyl)phenyl][1,2,4]triazolo[4,3-b]pyridazine	Others	2025-09-26 00:00:00	Germany
Clonazafone	2-amino-N-{2-[2-(2-chlorobenzoyl)-4-nitroanilino]-2-oxoethyl}acetamide	Others	2025-09-30 00:00:00	Germany
Homomazindol	6-(4-chlorophenyl)-2,3,4,6-tetrahydropyrimido[2,1-a]isoindol-6-ol	Others	2025-01-31 00:00:00	Germany
Medetomidine	4-[1-(2,3-dimethylphenyl)ethyl]-1H-imidazole	Others	2025-10-21 00:00:00	Sweden
Mephenaqualone	8-methoxy-3-(2-methylphenyl)-2-phenylquinazolin-4(3H)-one	Others	2025-09-23 00:00:00	Germany
N-propyl ephenidine	N-(1,2-diphenylethyl)propan-1-amine	Others	2025-12-02 00:00:00	Portugal

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
O-2172	methyl cyclopentyl(3,4-dichlorophenyl)acetate	Others	2025-04-14 00:00:00	Germany
2C-EF	2-[4-(2-fluoroethyl)-2,5-dimethoxyphenyl]ethan-1-amine	Phenethylamines	2025-07-08 00:00:00	Belgium

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Tilmetamine	2-(methylamino)-2-(thiophen-2-yl)cyclohexan-1-one	Arylcyclohexylamine	2025-11-28 00:00:00	Finland
Ethylbromazolam	8-bromo-1-ethyl-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine	Benzodiazepines	2025-09-24 00:00:00	Sweden
Rilmazolam	8-chloro-6-(2-chlorophenyl)-N,N-dimethyl-4H-[1,2,4]triazolo[1,5-a][1,4]benzodiazepine-2-carboxamide	Benzodiazepines	2025-04-15 00:00:00	Germany
1'-Ethyl-HHC	3-(heptan-3-yl)-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-03-06 00:00:00	Sweden
2-Allyl-delta-8-THC	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-10-02 00:00:00	Sweden
2-Allyl-delta-8-THC-methylcarbonate	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-10-02 00:00:00	Germany
2-Allyl-delta-8-THC-O-acetate	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-12-19 00:00:00	Germany
2-Allyl-delta-9-THC	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-10-02 00:00:00	Germany
2-Br-HHC-O-acetate	2-bromo-6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-08-07 00:00:00	Slovenia

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
2-Formyl-delta-9-THCP	6,6,9-trimethyl-3-heptyl-2-formyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-12-19 00:00:00	Germany
4F-ADMB-BINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobutyl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-11 00:00:00	France
4F-MDMB-PINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobutyl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-11 00:00:00	France
ADMB-5en-HEXINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(hex-5en-1-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-07-04 00:00:00	Denmark
ADMB-FUBBIOCA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-3-[(4-fluorophenyl)methyl]-2-oxo-2,3-dihydro-1H-1,3-benzimidazole-1-carboxamide	Cannabinoids	2025-12-18 00:00:00	Germany
CH-BINACA	1-butyl-N-cyclohexyl-1H-indazole-3-carboxamide	Cannabinoids	2025-08-11 00:00:00	Germany
CUMYL-FUBINACA	1-[(4-fluorophenyl)methyl]-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-08-11 00:00:00	Germany
CUMYL-PMINACA	1-pentyl-N-(2-phenylpropan-2-yl)-4,5,6,7-tetrahydro-1H-4,7-methanoindazole-3-carboxamide	Cannabinoids	2025-11-12 00:00:00	Germany
Delta-8-THC-methylcarbonate	methyl 6,6,9-trimethyl-3-pentyl-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-10-01 00:00:00	Germany
Delta-9-THCB-O-butanoate	3-butyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl butanoate	Cannabinoids	2025-07-29 00:00:00	Sweden
Delta-9-THCP-methylcarbonate	methyl 6,6,9-trimethyl-3-heptyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-12-19 00:00:00	Germany

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Delta-9-THCP-O-butanoate	3-heptyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl butanoate	Cannabinoids	2025-07-29 00:00:00	Sweden
EDMB-4en-PINACA	ethyl 3,3-dimethyl-2-{[1-(pent-4-en-1-yl)-1H-indazole-3-carbonyl]amino}butanoate	Cannabinoids	2025-08-07 00:00:00	Italy
HHC-C8	3-octyl-6a,7,8,9,10,10a-hexahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-08-01 00:00:00	Ireland
HHC-C9	3-nonyl-6a,7,8,9,10,10a-hexahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-04-16 00:00:00	Italy
HHCH-O-acetate	3-hexyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-07-16 00:00:00	Germany
HHCP-TBDMS	tert-butyl[(3-heptyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl)oxy]di(methyl)silane	Cannabinoids	2025-12-19 00:00:00	Sweden
HHC-TBDMS	tert-butyl[(3-pentyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl)oxy]di(methyl)silane	Cannabinoids	2025-12-19 00:00:00	Sweden
MADMB-4en-PINACA	N-[3,3-dimethyl-1-(methylamino)-1-oxobutan-2-yl]-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-27 00:00:00	France
MDMB-PINACA	methyl 3,3-dimethyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate	Cannabinoids	2025-07-01 00:00:00	Denmark
MMB-PINACA	methyl 3-methyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate	Cannabinoids	2025-07-14 00:00:00	Germany
3,4-EtMC	1-(bicyclo[4.2.0]octa-1,3,5-trien-3-yl)-2-(methylamino)propan-1-one	Cathinones	2025-01-20 00:00:00	Austria
3’,4’-Dimethyl-α-PVP	1-(3,4-dimethylphenyl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	2025-09-04 00:00:00	Sweden
4’-Ph-PVP	1-([1,1'-biphenyl]-4-yl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	2025-04-11 00:00:00	Portugal

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
α-PiHPP	5-methyl-1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one	Cathinones	2025-12-02 00:00:00	Portugal
5,6-Dichloro desmethylchlorphine	5,6-dichloro-1-{1-[(4-chlorophenyl)methyl]piperidin-4-yl}-1,3-dihydro-2H-benzimidazol-2-one	Opioids	2025-06-20 00:00:00	Germany
Cychlorphine	3-(3-{1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl}-2-oxo-2,3-dihydro-1H-1,3-benzimidazol-1-yl)propanenitrile	Opioids	2025-02-24 00:00:00	Sweden
Ethylene isotonitazepyne	5-nitro-2-(2-{4-[(propan-2-yl)oxy]phenyl}ethyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	2025-09-29 00:00:00	Estonia
Isotonitazepyne	5-nitro-2-({4-[(propan-2-yl)oxy]phenyl}methyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	2025-03-14 00:00:00	Germany
Methiodone	4-(ethanesulfonyl)-N,N-dimethyl-4,4-diphenylbutan-2-amine	Opioids	2025-05-28 00:00:00	France
Protodesnitazene	N,N-diethyl-2-{2-[(4-propoxyphenyl)methyl]-1H-1,3-benzimidazol-1-yl}ethan-1-amine	Opioids	2025-10-30 00:00:00	Finland
Spirochlorphine	8-[1-(4-chlorophenyl)ethyl]-1-phenyl-1,3,8-triazaspiro[4.5]decan-4-one	Opioids	2025-04-15 00:00:00	Sweden
Avizafone	2,6-diamino-N-{2-[(2-benzoyl-4-chlorophenyl)(methyl)amino]-2-oxoethyl}hexanamide	Others	2025-12-18 00:00:00	Denmark
CL-218,872	3-methyl-6-[3-(trifluoromethyl)phenyl][1,2,4]triazolo[4,3-b]pyridazine	Others	2025-09-26 00:00:00	Germany
Clonazafone	2-amino-N-{2-[2-(2-chlorobenzoyl)-4-nitroanilino]-2-oxoethyl}acetamide	Others	2025-09-30 00:00:00	Germany
Homomazindol	6-(4-chlorophenyl)-2,3,4,6-tetrahydropyrimido[2,1-a]isoindol-6-ol	Others	2025-01-31 00:00:00	Germany
Medetomidine	4-[1-(2,3-dimethylphenyl)ethyl]-1H-imidazole	Others	2025-10-21 00:00:00	Sweden

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Mephenaqualone	8-methoxy-3-(2-methylphenyl)-2-phenylquinazolin-4(3H)-one	Others	2025-09-23 00:00:00	Germany
N-propyl ephenidine	N-(1,2-diphenylethyl)propan-1-amine	Others	2025-12-02 00:00:00	Portugal
O-2172	methyl cyclopentyl(3,4-dichlorophenyl)acetate	Others	2025-04-14 00:00:00	Germany
2C-EF	2-[4-(2-fluoroethyl)-2,5-dimethoxyphenyl]ethan-1-amine	Phenethylamines	2025-07-08 00:00:00	Belgium

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Tilmetamine	2-(methylamino)-2-(thiophen-2-yl)cyclohexan-1-one	Arylcyclohexylamine	2025-11-28 00:00:00	Finland
Ethylbromazolam	8-bromo-1-ethyl-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine	Benzodiazepines	2025-09-24 00:00:00	Sweden
Rilmazolam	8-chloro-6-(2-chlorophenyl)-N,N-dimethyl-4H-[1,2,4]triazolo[1,5-a][1,4]benzodiazepine-2-carboxamide	Benzodiazepines	2025-04-15 00:00:00	Germany
1’-Ethyl-HHC	3-(heptan-3-yl)-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-03-06 00:00:00	Sweden
2-Allyl-delta-8-THC	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-10-02 00:00:00	Sweden
2-Allyl-delta-8-THC-methylcarbonate	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-10-02 00:00:00	Germany
2-Allyl-delta-8-THC-O-acetate	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-12-19 00:00:00	Germany
2-Allyl-delta-9-THC	6,6,9-trimethyl-3-pentyl-2-(prop-2-en-1-yl)-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-10-02 00:00:00	Germany

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
2-Br-HHC-O-acetate	2-bromo-6,6,9-trimethyl-3-pentyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-08-07 00:00:00	Slovenia
2-Formyl-delta-9-THCP	6,6,9-trimethyl-3-heptyl-2-formyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-12-19 00:00:00	Germany
4F-ADMB-BINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobutyl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-11 00:00:00	France
4F-MDMB-PINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobutyl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-11 00:00:00	France
ADMB-5en-HEXINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(hex-5en-1-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-07-04 00:00:00	Denmark
ADMB-FUBBIOCA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-3-[(4-fluorophenyl)methyl]-2-oxo-2,3-dihydro-1H-1,3-benzimidazole-1-carboxamide	Cannabinoids	2025-12-18 00:00:00	Germany
CH-BINACA	1-butyl-N-cyclohexyl-1H-indazole-3-carboxamide	Cannabinoids	2025-08-11 00:00:00	Germany
CUMYL-FUBINACA	1-[(4-fluorophenyl)methyl]-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-08-11 00:00:00	Germany
CUMYL-PMINACA	1-pentyl-N-(2-phenylpropan-2-yl)-4,5,6,7-tetrahydro-1H-4,7-methanoindazole-3-carboxamide	Cannabinoids	2025-11-12 00:00:00	Germany
Delta-8-THC-methylcarbonate	methyl 6,6,9-trimethyl-3-pentyl-6a,7,10,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-10-01 00:00:00	Germany
Delta-9-THCB-O-butanoate	3-butyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl butanoate	Cannabinoids	2025-07-29 00:00:00	Sweden

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Delta-9-THCP-methylcarbonate	methyl 6,6,9-trimethyl-3-heptyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl carbonate	Cannabinoids	2025-12-19 00:00:00	Germany
Delta-9-THCP-O-butanoate	3-heptyl-6,6,9-trimethyl-6a,7,8,10a-tetrahydro-6H-dibenzo[b,d]pyran-1-yl butanoate	Cannabinoids	2025-07-29 00:00:00	Sweden
EDMB-4en-PINACA	ethyl 3,3-dimethyl-2-{[1-(pent-4-en-1-yl)-1H-indazole-3-carbonyl]amino}butanoate	Cannabinoids	2025-08-07 00:00:00	Italy
HHC-C8	3-octyl-6a,7,8,9,10,10a-hexahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-08-01 00:00:00	Ireland
HHC-C9	3-nonyl-6a,7,8,9,10,10a-hexahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol	Cannabinoids	2025-04-16 00:00:00	Italy
HHCH-O-acetate	3-hexyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl acetate	Cannabinoids	2025-07-16 00:00:00	Germany
HHCP-TBDMS	tert-butyl[(3-heptyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl)oxy]di(methyl)silane	Cannabinoids	2025-12-19 00:00:00	Sweden
HHC-TBDMS	tert-butyl[(3-pentyl-6,6,9-trimethyl-6a,7,8,9,10,10a-hexahydro-6H-dibenzo[b,d]pyran-1-yl)oxy]di(methyl)silane	Cannabinoids	2025-12-19 00:00:00	Sweden
MADMB-4en-PINACA	N-[3,3-dimethyl-1-(methylamino)-1-oxobutan-2-yl]-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide	Cannabinoids	2025-11-27 00:00:00	France
MDMB-PINACA	methyl 3,3-dimethyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate	Cannabinoids	2025-07-01 00:00:00	Denmark
MMB-PINACA	methyl 3-methyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate	Cannabinoids	2025-07-14 00:00:00	Germany
3,4-EtMC	1-(bicyclo[4.2.0]octa-1,3,5-trien-3-yl)-2-(methylamino)propan-1-one	Cathinones	2025-01-20 00:00:00	Austria
3’,4’-Dimethyl-α-PVP	1-(3,4-dimethylphenyl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	2025-09-04 00:00:00	Sweden

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
4’-Ph-PVP	1-([1,1'-biphenyl]-4-yl)-2-(pyrrolidin-1-yl)pentan-1-one	Cathinones	2025-04-11 00:00:00	Portugal
α-PiHPP	5-methyl-1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one	Cathinones	2025-12-02 00:00:00	Portugal
5,6-Dichloro desmethylchlorphine	5,6-dichloro-1-{1-[(4-chlorophenyl)methyl]piperidin-4-yl}-1,3-dihydro-2H-benzimidazol-2-one	Opioids	2025-06-20 00:00:00	Germany
Cychlorphine	3-(3-{1-[1-(4-chlorophenyl)ethyl]piperidin-4-yl}-2-oxo-2,3-dihydro-1H-1,3-benzimidazol-1-yl)propanenitrile	Opioids	2025-02-24 00:00:00	Sweden
Ethylene isotonitazepyne	5-nitro-2-(2-{4-[(propan-2-yl)oxy]phenyl}ethyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	2025-09-29 00:00:00	Estonia
Isotonitazepyne	5-nitro-2-({4-[(propan-2-yl)oxy]phenyl}methyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-1,3-benzimidazole	Opioids	2025-03-14 00:00:00	Germany
Methiodone	4-(ethanesulfonyl)-N,N-dimethyl-4,4-diphenylbutan-2-amine	Opioids	2025-05-28 00:00:00	France
Protodesnitazene	N,N-diethyl-2-{2-[(4-propoxyphenyl)methyl]-1H-1,3-benzimidazol-1-yl}ethan-1-amine	Opioids	2025-10-30 00:00:00	Finland
Spirochlorphine	8-[1-(4-chlorophenyl)ethyl]-1-phenyl-1,3,8-triazaspiro[4.5]decan-4-one	Opioids	2025-04-15 00:00:00	Sweden
Avizafone	2,6-diamino-N-{2-[(2-benzoyl-4-chlorophenyl)(methyl)amino]-2-oxoethyl}hexanamide	Others	2025-12-18 00:00:00	Denmark
CL-218,872	3-methyl-6-[3-(trifluoromethyl)phenyl][1,2,4]triazolo[4,3-b]pyridazine	Others	2025-09-26 00:00:00	Germany
Clonazafone	2-amino-N-{2-[2-(2-chlorobenzoyl)-4-nitroanilino]-2-oxoethyl}acetamide	Others	2025-09-30 00:00:00	Germany
Homomazindol	6-(4-chlorophenyl)-2,3,4,6-tetrahydropyrimido[2,1-a]isoindol-6-ol	Others	2025-01-31 00:00:00	Germany

Common name	IUPAC name	EUDA classification	Date of formal notification	Country
Medetomidine	4-[1-(2,3-dimethylphenyl)ethyl]-1H-imidazole	Others	2025-10-21 00:00:00	Sweden
Mephenaqualone	8-methoxy-3-(2-methylphenyl)-2-phenylquinazolin-4(3H)-one	Others	2025-09-23 00:00:00	Germany
N-propyl ephenidine	N-(1,2-diphenylethyl)propan-1-amine	Others	2025-12-02 00:00:00	Portugal
O-2172	methyl cyclopentyl(3,4-dichlorophenyl)acetate	Others	2025-04-14 00:00:00	Germany
2C-EF	2-[4-(2-fluoroethyl)-2,5-dimethoxyphenyl]ethan-1-amine	Phenethylamines	2025-07-08 00:00:00	Belgium

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

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

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

View this data in our Data catalogue

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- Table EDR26-NPS-1. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005–2024
- Table EDR26-NPS-2. Number of new psychoactive substances reported each year following their first detection in the European Union, by category, 2005–2024
- Table EDR26-NPS-3a. Seizures of new psychoactive substances in the European Union: total number and total quantity of material seized, 2005–2024
- Table EDR26-NPS-3b. Seizures of new psychoactive substances in the European Union: total number of material seized, 2005–2024
- Table EDR26-NPS-4. Number of opioids reported for the first time to the EU Early Warning System, 2009–2024

- Table EDR26-NPS-5. Seizures of new psychoactive substances in the European Union: quantity seized, by substance, 2024
- Table EDR26-NPS-6. Notifications of new psychoactive substances under the terms of Regulation (EC) no 1920/2006 (as amended) and Council Framework Decision 2004/757/JHA (as amended) – 2024

Other drugs – the current situation in Europe (European Drug Report 2026)

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

This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.
Last update: *09 June 2026*

Signals of harms from uncommonly used drugs highlight monitoring challenges

Alongside well-known illicit substances available on drug markets, a number of other drugs with stimulant, hallucinogenic, anaesthetic, dissociative or depressant properties are used in Europe: LSD (lysergic acid diethylamide), hallucinogenic mushrooms, ketamine and GHB (gamma-hydroxybutyrate). Some of these substances are well established in some countries, cities or among specific populations, but their relative prevalence may remain low in comparison to other illicit drugs. However, current monitoring approaches often perform poorly in identifying patterns and trends in the use of these less well-known substances. This makes commenting with confidence on the prevalence of use and related harms difficult.

Ketamine's integration into drug markets creates harm reduction and treatment challenges

Ketamine is consistently available in some national drug markets and may have become a drug of choice in some settings. It is also consumed in combination with other substances (e.g. alcohol and stimulants). For example, cocaine was the substance most often reported in combination with ketamine in acute toxicity presentations to Euro-DEN sentinel hospital in 2024.

Ketamine is commonly snorted and is associated with dose-dependent acute and chronic harms, such as urological complications, notably bladder damage from intensive use.

Ketamine is also added alongside other stimulants to drug mixtures, such as 'pink cocaine' or 'tucibi'. However, data from drug checking services indicate that combining ketamine with other drugs is often intentional, with the majority (83%) of ketamine samples tested in 2025 containing only the intended drug.

The availability of ketamine is underpinned by well-established supply routes. In 2024, ketamine was seized, mostly as powder, throughout the European Union, but more frequently in Spain and in larger quantities in Germany, which accounted for more than three quarters of the quantity reported. A recent EUDA situational assessment confirms that most of the ketamine seized in Europe originates from licit production in India and is imported in bulk to EU Member States, mainly Germany, and then diverted to Europe's illicit market and also exported. Ketamine production in Europe remains limited, although sites engaged in crystallisation rather than synthesis are sometimes dismantled. Theft and diversion of ketamine medicines play a minor role in the illicit market.

Treatment access and referral pathways to specialised care remain a challenge for people with ketamine-related health problems. The number of clients entering specialised treatment for problems related to ketamine use remains low. However, it has quadrupled over the last five years, from 413 cases reported in 2019 to 1 796 in 2024. The majority of these cases are reported by six countries (Belgium, Germany, Spain, France, Italy, Netherlands), likely reflecting higher ketamine availability in some parts of Europe and limited treatment options elsewhere. People who have developed urological problems may be poorly represented in drug treatment data. The Netherlands, which has seen a small but steady increase in ketamine-related urological problems from 2022 to 2024, established an outpatient hospital clinic specialising in the treatment of patients experiencing problems resulting from chronic, intensive use of ketamine.

Availability of new benzodiazepines poses public health risks

Non-controlled and new benzodiazepines continue to be available in more than two thirds of European countries. A total of 40 new benzodiazepines were notified to the EU Early Warning System between 2007 and 2025 (Figure 8.1), with 27 of these appearing on the drug market in 2024 in 22 EU Member States and Norway (see New psychoactive substances – the current situation in Europe). Commenting with certainty on the scale of their use is difficult because of monitoring challenges.

The seemingly legitimate appearance of fake medicines can create a false sense of security among consumers regarding their use. In some countries, benzodiazepines are widely available on the illicit market (see Figure 8.2) and continue to be linked to poisoning and overdose outbreaks, which can escalate rapidly, with vulnerable populations potentially experiencing disproportionate levels of risk. Ireland, for example, experienced three poisoning and overdose outbreaks in prisons in 2024, including one incident involving a new benzodiazepine, clobromazolam; the other two involved highly potent nitazene opioids being mis-sold as heroin and benzodiazepines.

Overdoses from new synthetic opioids can be reversed with naloxone, but those caused by benzodiazepines require a different antidote that is generally only administered in medical settings and may require hospitalisation, as was the case in Ireland. Prolonged use of benzodiazepines can cause dependence and withdrawal symptoms can be life-threatening. Among people entering treatment in Europe, Ireland reported the highest number (1 711) citing benzodiazepines as their main problem drug. In Finland and Lithuania, 10% or more of treatment

entrants cited benzodiazepines.

Key data and trends

Prevalence and patterns of use of other drugs

Among young adults (aged 15 to 34), recent national surveys show last year prevalence estimates for LSD equal to or less than 1%. Exceptions for LSD include Estonia (2.3% in 2023, 16-34), France (1.6% in 2023, 18-34), Germany (1.4% in 2024, 18-34), Latvia (1.4% in 2020), Finland (1.3% in 2022), the Netherlands and Denmark (both 1.1% in 2024 and 2023).

Countries that reported last year prevalence estimates for hallucinogenic mushrooms among young adults greater than 1% include Czechia (2.7% in 2024), Finland (2.7% in 2022), Estonia (2.6% in 2023, 16-34), the Netherlands (2.5% in 2024), Norway (2.3% in 2024, 16-34), Ireland (2.0% in 2023), France (2.0% in 2023, 18-34), Denmark (1.7% in 2023, 16-34) and Germany (1.2% in 2024, 18-34).

Recent estimates of last year prevalence of ketamine use among young adults (15-34) range from 0.3% in Romania (2024) to 3.1% in the Netherlands (2024).

The 2024 ESPAD school survey estimated that among 15- to 16-year-old school students in the European Union, the average lifetime use of LSD and other hallucinogens was 1.8%, ranging from 0.7% to 6.8%. The average lifetime use for GHB was 1%, ranging from 0.3% to 3.4%.

Among respondents to the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs, 18% of those who had used drugs within the last 12 months had used hallucinogenic mushrooms, 14% reported having used ketamine, 10% LSD or other hallucinogens and 3% GHB/GBL (gamma-hydroxybutyric acid/gamma-butyrolactone) and 'tucibi'.

In 2025, compared with other substances, relatively low levels of ketamine residues in municipal wastewater were reported by 113 cities in 23 EU Member States, Norway and Türkiye (Figure 8.3). Of the 66 cities in 21 EU Member States with data available for 2024 and 2025, 40 showed an increase (of at least 10%), 14 were relatively stable and 12 showed a decrease.

Treatment entry for ketamine use

- The number of clients entering treatment for ketamine-related problems has increased in recent years, rising from 413 in 2019 to an estimated 1 796 in 2024.

Harms related to use of other drugs

- GHB/GBL was the fifth most common drug reported by the 29 Euro-DEN Plus hospitals across 21 EU Member States and Norway participating in 2024. Overall, it was reported by 17

emergency departments in 12 EU Member States and Norway in 2024. The drug was involved in an estimated 1% of presentations (median) across the 29 hospitals. The highest proportions of cases involving GHB/GBL were reported by hospitals in Oslo (49%), Utrecht (32%), Amsterdam (18%), Barcelona (17%), Ghent (13%) and Ljubljana (12%) (Market data for other drugs

- In 2024, almost 4 100 seizures of LSD, amounting to 214 000 units and about 24.36 kilograms, were reported in Europe (Table 8.1). Eighteen countries reported 1 025 seizures of hallucinogenic mushrooms, amounting to 42.3 kilograms. Sixteen countries reported 136 seizures of DMT (dimethyltryptamine), amounting to 92.4 kilograms and 2.2 litres.
- In 2024, ketamine seizures reported to the EU Early Warning System amounted to 1.6 tonnes of powders (2.7 tonnes in 2023), with Germany seizing 77% of the total quantity. Seizures of ketamine have fluctuated at levels above 0.5 tonnes since 2017 (Figure 8.5), while the number of ketamine seizures has increased by more than 4 times (Figure 8.6).
- One ketamine laboratory was dismantled in the European Union in 2024 (6 in 2023). These sites were typically engaged in the crystallisation of bulk ketamine powders.
- Drug checking services in 7 EU Member States reported an almost three-fold increase in samples submitted as ketamine between 2023 and 2025; from 652 to 1 587. The proportion of samples containing only the expected substance, without adulterants, remained stable, at approximately 82% (1 306) in 2025 in 8 EU Member States in 10 drug checking services, compared with 83% (544) in 2023.
- Fifteen European countries reported almost 1 500 seizures of GHB or its precursor GBL, amounting to 34.9 kilograms and 455 litres.
- In 2024, EU Member States reported 828 seizures of new benzodiazepines to the EU Early Warning System, representing approximately 1.4% of the total number of seizures of new psychoactive substances. Of the 40 new benzodiazepines ever reported to the Early Warning System, 27 were detected in drug seizures in 22 EU Member States and Norway in 2024.

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

Figures and in-page tables

Figure 8.1. Number of formal notifications of benzodiazepines reported to the EU Early Warning System, 2005-2025

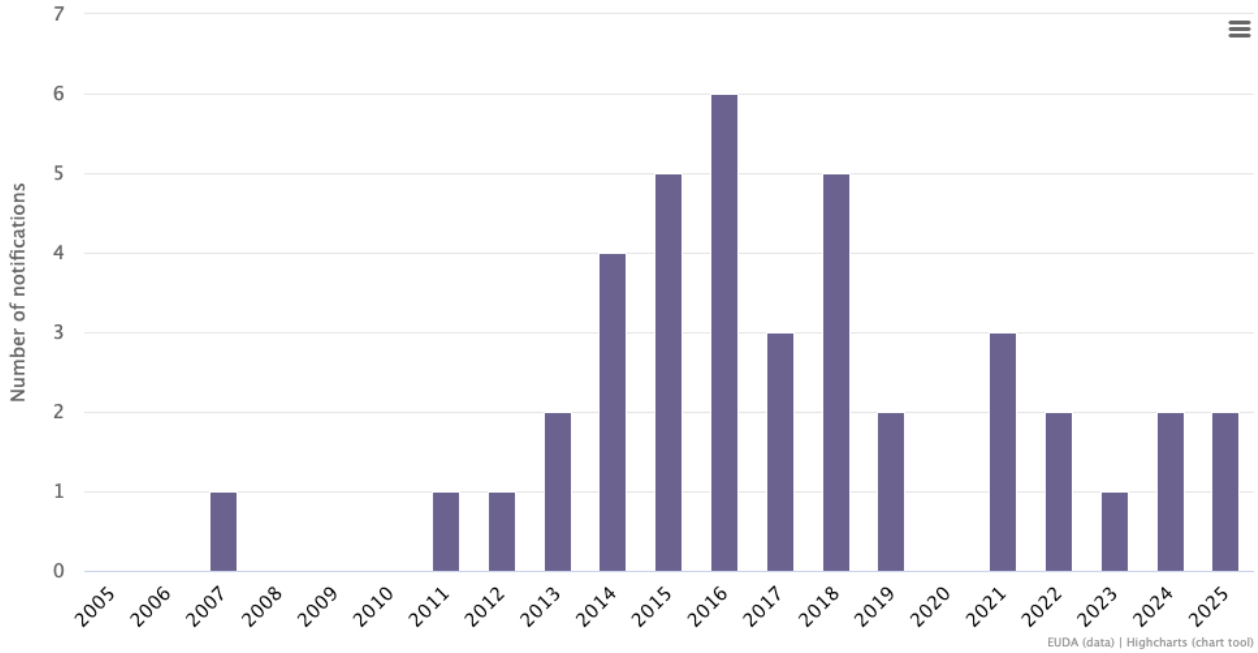
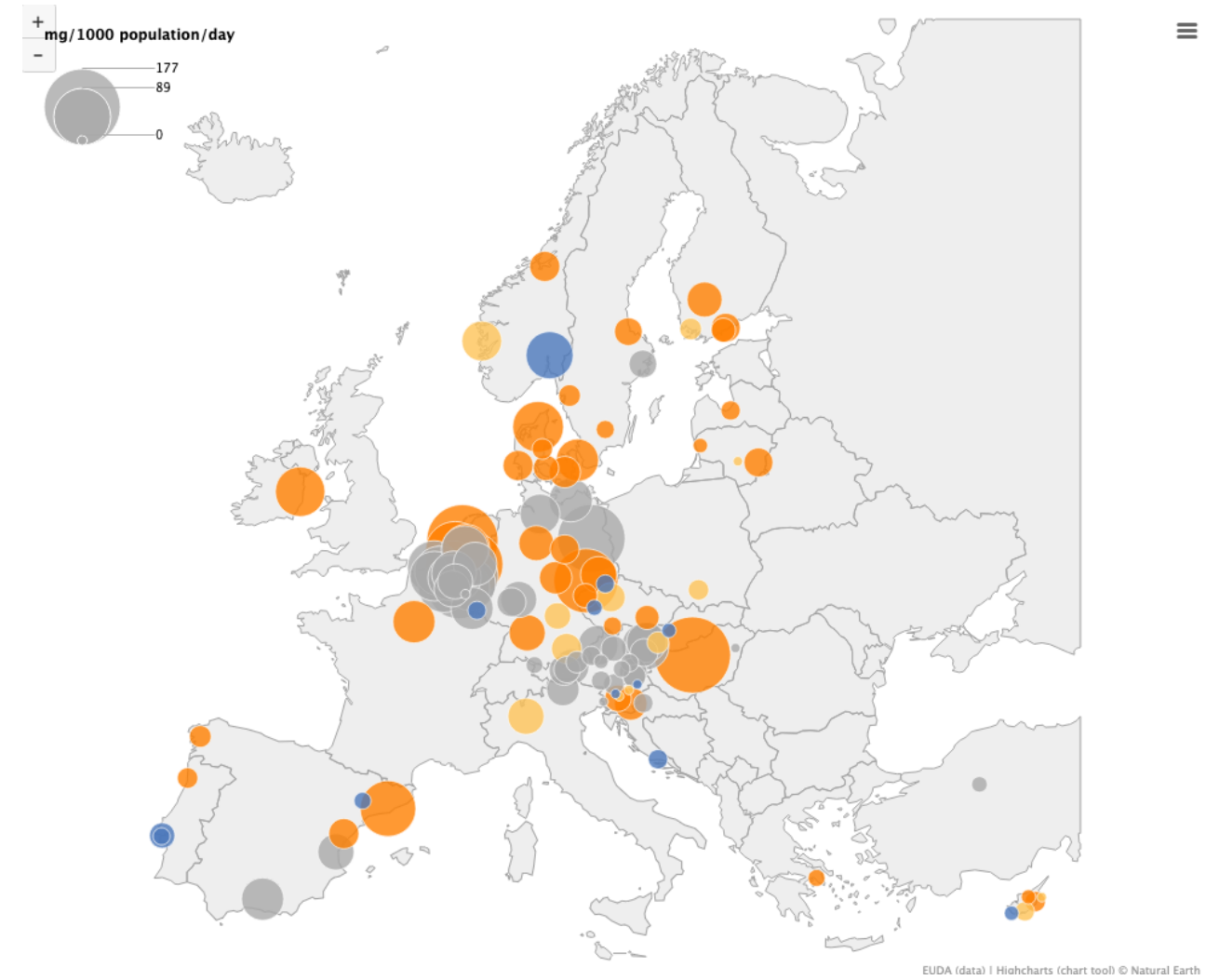


Figure 8.2. Illicit benzodiazepine tablets seized in Ireland

Note: Seizure made in October 2024 during Operation Citizen by the Dublin Crime Response Team, Garda Síochána (police), Ireland. Value of seizure estimated at EUR 1.9 million.

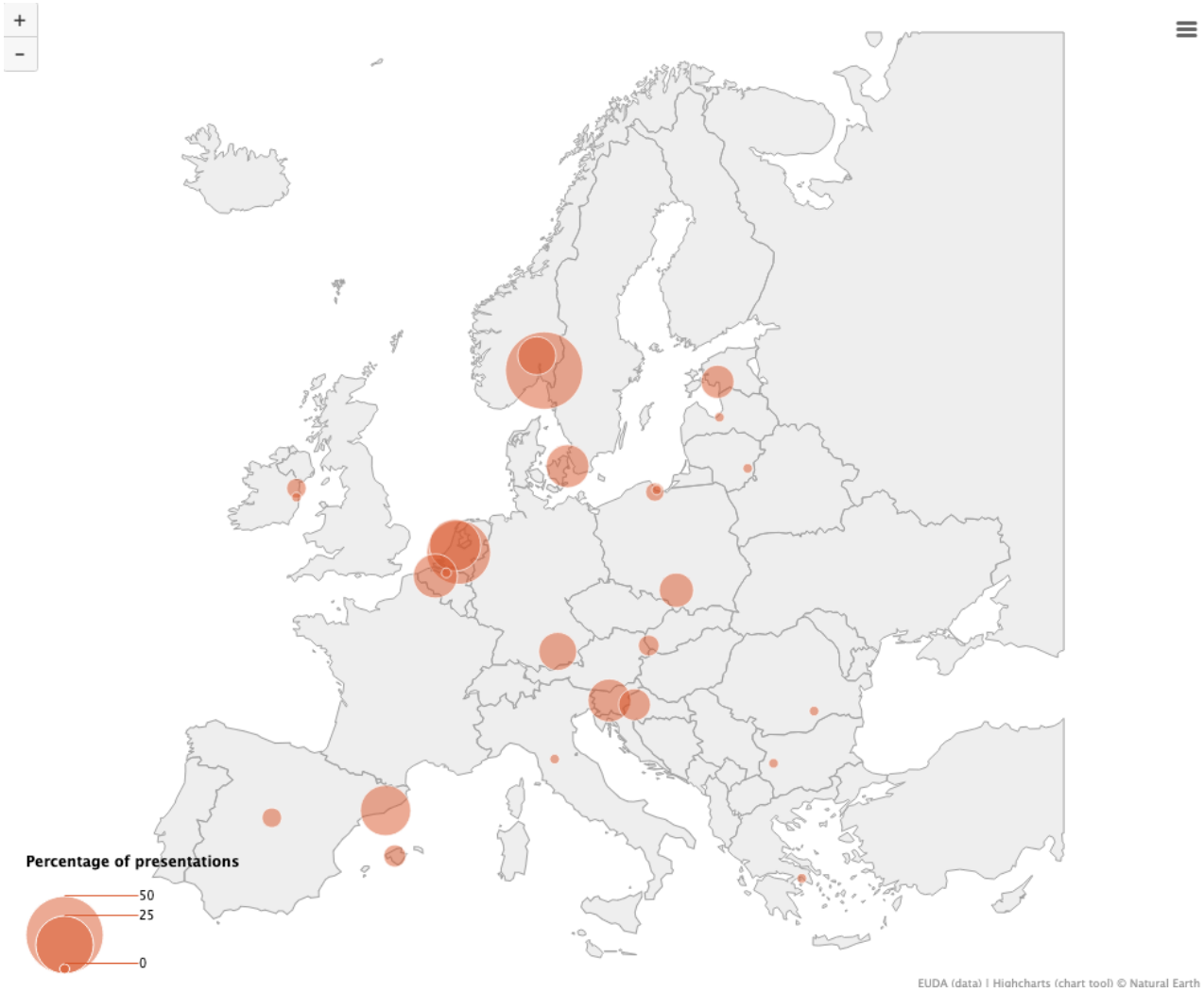
Figure 8.3. Ketamine residues in wastewater in selected European cities: changes between 2024 and 2025



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

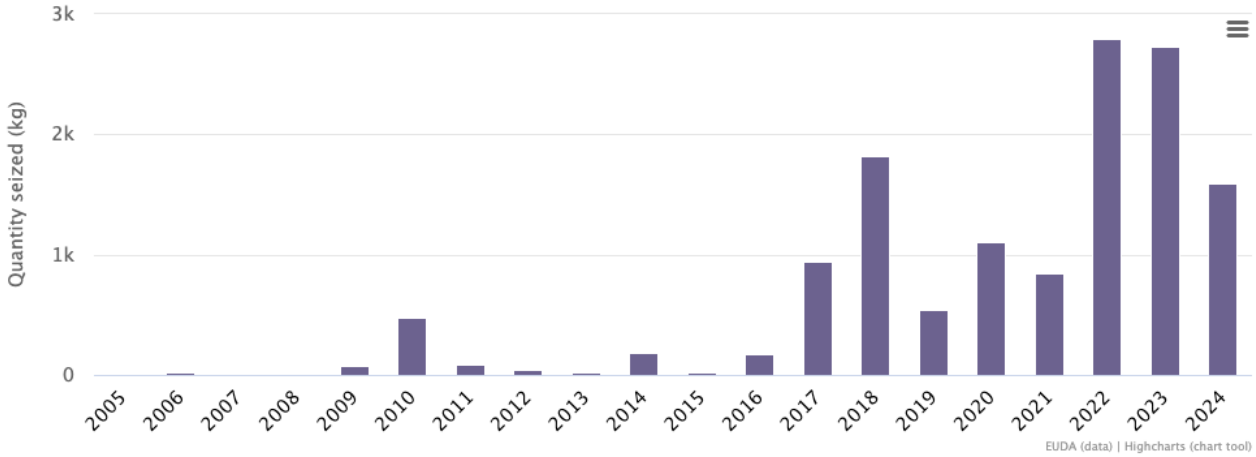
Notes: Mean daily amounts of ketamine in milligrams per 1 000 population. Sampling was carried out over a week between March and May 2025. Taking into account statistical errors, values that differ by less than 10% from the previous value are considered stable in this figure.
Source: Sewage Analysis Core Group Europe (SCORE)
For the complete data set and analysis, see Wastewater analysis and drugs – a European multi-city study

Figure 8.4. Proportion of acute drug toxicity presentations with mention of GHB/GBL, Euro-DEN Plus sentinel hospitals, 2024



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

Figure 8.5. Seizures of ketamine powder in the European Union: total quantity (kilograms), 2006-2024



Bar chart showing the annual quantity of ketamine powder seized, 2006-2024

Figure 8.6. Seizures of ketamine powder in the European Union: total number, 2006-2024

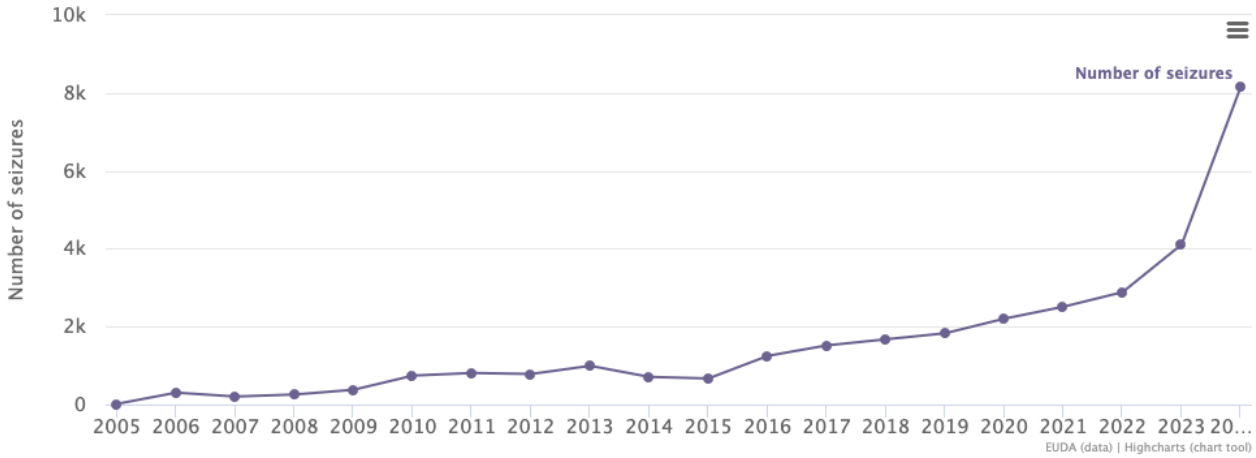


Table 8.1a. Number of seizures and quantity seized of other drugs, European Union

Drug	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/units/blotters)
2C-B	1860	9		50069
LSD	2253	24.6	0.02	184637
DMT	135	70.8		
Hallucinogenic mushrooms	933	39.9		144
GHB	1070	18.2	89.7	51
GBL	167	14.9	178.1	

Drug	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/units/blotters)
2C-B	1860	9		50069
LSD	2253	24.6	0.02	184637
DMT	135	70.8		
Hallucinogenic mushrooms	933	39.9		144
GHB	1070	18.2	89.7	51
GBL	167	14.9	178.1	

Drug	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/units/blotters)
2C-B	1860	9		50069
LSD	2253	24.6	0.02	184637
DMT	135	70.8		
Hallucinogenic mushrooms	933	39.9		144
GHB	1070	18.2	89.7	51
GBL	167	14.9	178.1	

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

Drug	Countries	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/units/blotters)
2C-B	12	1860	9		50069
LSD	26	4131	24.6	0.02	214064
DMT	16	136	92.4	2.2	
Hallucinogenic mushrooms	18	1025	42.3		144
GHB	15	1313	18.2	167.1	51
GBL	12	185	16.7	288	

Drug	Countries	Number	Quantity (kg)	Quantity (litres)	Quantity (tablets/units/blotters)
2C-B	12	1860	9		50069
LSD	26	4131	24.6	0.02	214064
DMT	16	136	92.4	2.2	
Hallucinogenic mushrooms	18	1025	42.3		144
GHB	15	1313	18.2	167.1	51
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LSD	26	4131	24.6	0.02	214064
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Hallucinogenic mushrooms	18	1025	42.3		144
GHB	15	1313	18.2	167.1	51
GBL	12	185	16.7	288	

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

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- Table EDR26-WW-1. Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2025
- Table EDR24-Ketamine-1a. Seizures of ketamine powder in the European Union: total number, 2006–2024
- Table EDR26-Ketamine-1b. Seizures of ketamine powder in the European Union: total quantity, 2006-2024
- Table EDR26-Ketamine-2. Ketamine residues detected in wastewater in selected European cities: 2024
- Table EDR26-BZD-1. Number of formal notifications of benzodiazepines reported to the EU Early Warning System, 2011-25
- Table EDR26-Other-8a. Number of seizures and quantity seized of other drugs, European Union, 2024
- Table EDR26-Other-8b. Number of seizures and quantity seized of other drugs, European Union, Norway and Türkiye, 2024 or most recent year
- Table EDR26-Other-9. Proportion of all acute drug toxicity presentations related to GHB/GBL (percent), 2024

Injecting drug use in Europe – the current situation (European Drug Report 2026)

Despite representing a small share of all drug use in the European Union, injecting drug use is responsible for a disproportionate level of both acute and chronic health harms associated with the consumption of illicit drugs. On this page, you can find the latest analysis of injecting drug use in Europe, including key data on prevalence at national level and among people entering specialised treatment, as well as insights from studies on syringe residue analysis.

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

Last update: *09 June 2026*

Harms from injecting fuelled by range of drugs and polysubstance use

Harms and risk environment

Injecting drug use is a high-risk behaviour associated with a range of serious acute and chronic harms. The health risks from injecting drug use are heightened by the potential for sudden shifts in the availability of different substances on Europe's drug markets. Half a million Europeans are estimated to have injected an illicit drug in the last year, underlining the scale of injecting harms as a public health priority.

Over the last decade, Europe has seen a gradual downward trend in the proportion of people entering drug treatment who report injecting their primary drug. However, this assessment is complicated by changing patterns of use, including increased stimulant use and polysubstance use, and by the time lag between initiation of drug use and treatment entry.

People who inject drugs are at greater risk of becoming infected by blood-borne viruses, including HIV, hepatitis B and C viruses, or of dying from a drug overdose. Injecting can also be a cause of abscesses, septicaemia and nerve damage. Additional long-term risks arise when people inject substances that are difficult to dissolve and may introduce insoluble particles into the bloodstream, such as crushed medicine tablets, capsules and crack cocaine. Injection of these substances is associated with vascular damage, infective endocarditis and other bacterial infections.

Drug market signals

Historically, heroin has been the main drug associated with injecting in Europe, but other drugs, including cocaine, amphetamines, synthetic cathinones, opioid agonist medications and various new psychoactive substances, may also be injected, either alone or in combination. Syringe

residue analysis conducted in cities across Europe shows a diverse range of substances present in used syringes, including illicit drugs, new psychoactive substances and medicines. Combinations of substances, including those used as adulterants, are commonly detected. The injection of multiple substances, for example both stimulants and opioids, can increase health risks, including overdose, and complicates the delivery of appropriate responses.

New synthetic opioids continue to be integrated into Europe's illicit drug markets, with syringe residue analysis from 2024 indicating they are prevalent in some Baltic countries, although the substances involved vary. Data suggest that nitazenes have become established on the drug market in some Estonian and Latvian cities, and there are signals of their use in some Lithuanian cities. Carfentanil continues to be detected in syringes in Latvia and Lithuania, while orphines were detected in syringes in Riga (Latvia) in 2024. In addition, evidence from Estonia and Latvia appears to suggest that nitazenes are being adulterated by potent veterinary medicines, such as xylazine. In other countries, fentanyl and its derivatives are sometimes detected, but at much lower levels. For example, the detection of fentanyl in Thessaloniki (Greece) in 2024 is concerning given the fentanyl-related deaths reported in neighbouring Bulgaria the same year. The presence of these potent opioids in European cities further escalates the risk of overdoses and deaths and raises preparedness challenges.

Stimulant and other substances

The injection of stimulant drugs, such as cocaine and synthetic cathinones, tends to be associated with a higher frequency of injecting and at-risk sexual practices, and has been associated with local HIV outbreaks in the last decade in Europe. Recent syringe residue analysis confirms the presence of this pattern of use in some European cities. More frequent patterns of injecting may also result in a higher risk of infection and re-infection with HCV, presenting a potential challenge to the positive impact of HCV treatment now being reported by some countries (see also Drug-related infectious diseases – the current situation in Europe). Methamphetamine injecting carries similar risks; in 2024, the drug continued to be detected at high levels in used syringes in several European cities. This is a concern, as various signals continue to indicate that stimulant injecting is increasing among people who inject drugs.

In 2024, the most frequently detected benzodiazepines in analysed used syringes were diazepam, alprazolam and desmethyldiazepam. Various opioid agonist medications, either diverted or illicitly manufactured, were also detected.

Public health response and service coverage

Although by international standards, harm reduction interventions, such as the provision of sterile injecting equipment, are relatively well developed in Europe, coverage and access to this cost-effective intervention remain a challenge in some EU Member States. Concern exists around the low, and in some cases decreasing, levels of provision of sterile syringes reported in Bulgaria, Cyprus, Lithuania, Hungary, Poland and Slovakia (see also Drug-related infectious diseases – the current situation in Europe).

Alongside reducing the transmission of blood-borne infectious diseases, reducing overdose deaths as well as the broader range of health harms associated with injecting drug use are key objectives of interventions in this area. However, changing patterns of drug injecting, the increasing diversity of substances used and persistent gaps in the adequacy and coverage of existing responses continue to pose major challenges for Europe's frontline responders and policymakers.

Key data and trends

Prevalence of injecting drug use

- The number of people who inject drugs is estimated through indirect statistical methods such as capture-recapture studies and treatment multiplier studies and comes with a high degree of uncertainty.
- The overall prevalence of injecting drug use in the European Union is estimated at 1.8 cases per 1 000 population aged 15 to 64 years (Figure 9-1). This suggests there were an estimated 522 000 people who inject drugs in the European Union in 2024, or 530 000 if Norway is included.
- Injecting drug use estimates range from 0.1 per 1 000 population in the Netherlands to 10 per 1 000 population in Estonia, with particularly high levels also reported in Finland (8.2 per 1 000), Latvia (6.1 per 1 000), Czechia (6.1 per 1 000) and Lithuania (4.6 per 1 000) (Figure 9.1).
- Italy (105 652), France (102 648) and Germany (84 606) reported the highest estimated numbers of people who inject drugs in the European Union (Figure 9.2).

Injecting drug use among people entering specialised treatment

- Based on data from 24 countries, among first-time clients entering specialised drug treatment in 2024 reporting heroin as their primary drug, 19% reported injecting as their main route of administration (20% in 2023, down from 37% in 2013). Injecting is reported as the main route of administration by less than 1% of first-time cocaine clients, 1% of first-time amphetamine clients and 6% of first-time methamphetamine clients (Figure 9.3).

Syringe residue analysis

- ESCAPE – the European Syringe Collection and Analysis Project Enterprise – aims to identify the range of substances being used by people who inject drugs in a sentinel network of 21 cities in the European Union and Norway.

- The results are based on a sample of syringes and reflect local specificities of the drug markets and sub-populations of users accessing the participating harm reduction services: they are not necessarily representative of the national situation.
- A total of 3 256 used syringes tested positive for at least one drug category in the participating cities. A total of 96 substances from 19 drug categories were detected, while an additional 33 substances were classified as adulterants, metabolites or degradation products (Figure 9.4).
- Half of the syringes collected contained residues of two or more drug categories, which may indicate that people who inject drugs often inject more than one substance or that syringes are reused. The most frequent combination was a mix of a stimulant and an opioid.

Opioids

- Heroin was detected in over 50% of analysed syringes in 8 of the participating cities (Amsterdam, Athens, Barcelona, Cologne, Cork, Dublin, Limerick, Oslo).
- Carfentanil – a fentanyl derivative – was commonly found in syringes in Lithuania and Latvia: Vilnius (93%), Klaipeda (66%) and Riga (16%). Fentanyl was found in syringes in Riga and Klaipeda, but at lower levels (4% and 2%). Low levels of fentanyl were detected in syringes in Thessaloniki (2%), Oslo (1%) and Madrid (1%).
- Nitazenes were detected in multiple cities. In Tallinn, metonitazene was found in 35% of syringes and protonitazene in 35%. In Riga, *N*-desethyletonitazene was found in 23% of syringes, isotonitazene in 21%, metonitazene in 20% and protonitazepyne in 4%. In Lithuania, 4% of syringes in Klaipeda were positive for protonitazene and 1% for etonitazene.
- Orphines, potent synthetic opioids, first detected by ESCAPE in 2024, included spirochlorphine (7% of syringes in Riga) and cychlorphine (6% in Riga).
- Opioid agonist medications detected in syringes included buprenorphine (more than 10% of syringes in Helsinki, Paris, Patras, Prague, Thessaloniki, Volos) and methadone (more than 10% of syringes in Barcelona, Cork, Klaipeda, Madrid, Patras, Riga). Morphine was detected in 13% of syringes in Paris.

Stimulants

- Cocaine was detected in over 50% of syringes in 10 cities: Thessaloniki (95%), Barcelona (94%), Limerick (91%), Split (87%), Dublin (70%), Madrid (69%), Cork (69%), Volos (68%), Cologne (62%) and Athens (61%).
- Amphetamine was commonly detected in Tallinn (69%), Oslo (69%), Riga (52%), Budapest (28%) and Helsinki (21%).

- Methamphetamine detection was highest in Brno (72%), Prague (68%), Riga (38%), Amsterdam (37%), Tallinn (28%) and Paris (25%).
- Synthetic cathinones were most frequently detected in Paris (71%), Budapest (58%), Madrid (30%), Riga (30%) and Helsinki (23%). A total of 27 distinct cathinones were identified across participating cities in 2024, with 2-MMC being the most frequently detected.

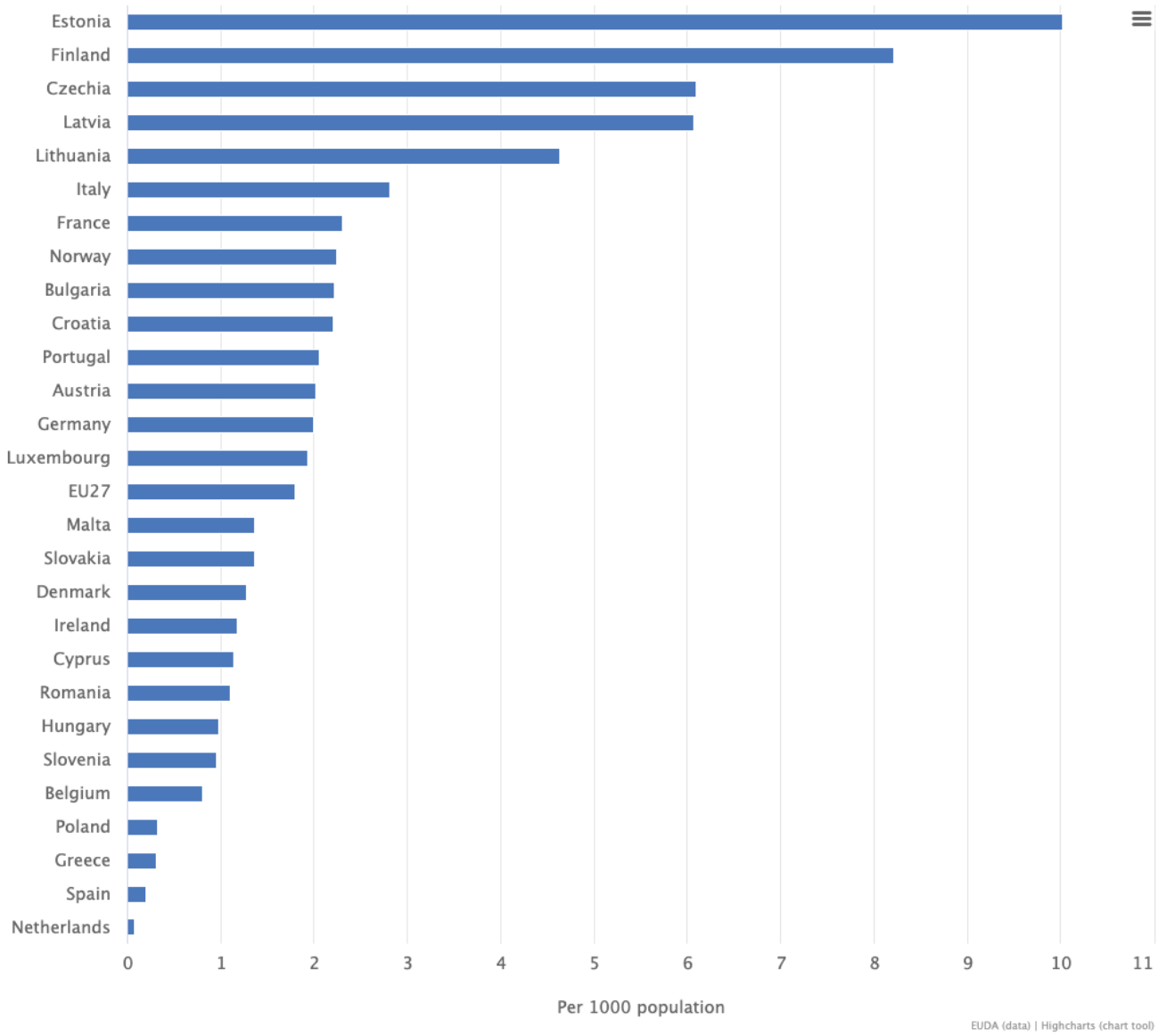
Other substances

- Benzodiazepines were detected in more than 10% of syringes in Athens (54%), Dublin (46%), Limerick (35%), Volos (29%), Cork, Helsinki (each 21%), Thessaloniki (17%), Patras (13%) and Riga (10%). Overall, the most commonly detected benzodiazepines were diazepam, alprazolam and desmethyldiazepam.
- Potent tranquillisers were also found in syringe residues. Xylazine, most likely as an adulterant, was detected in 7% of syringes in Riga in 2024 (previously detected in Riga in 2021-22). In preliminary 2025 data for Tallinn (Estonia), medetomidine was found in 8% of syringes and xylazine in 2%.
- Ketamine was detected in notable levels in Dublin (15%), Split (13%), Paris (6%), and at low levels in 6 other cities.
- Other substances detected for the first time in 2024 included the antipsychotic drug promazine (10% in Riga). Also detected for the first time was the synthetic cannabinoid ADB-4en-PINACA, found in 3% of syringes in Cologne in the presence of heroin. This combination was associated with poisoning outbreaks during 2023 in France and Lithuania.

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

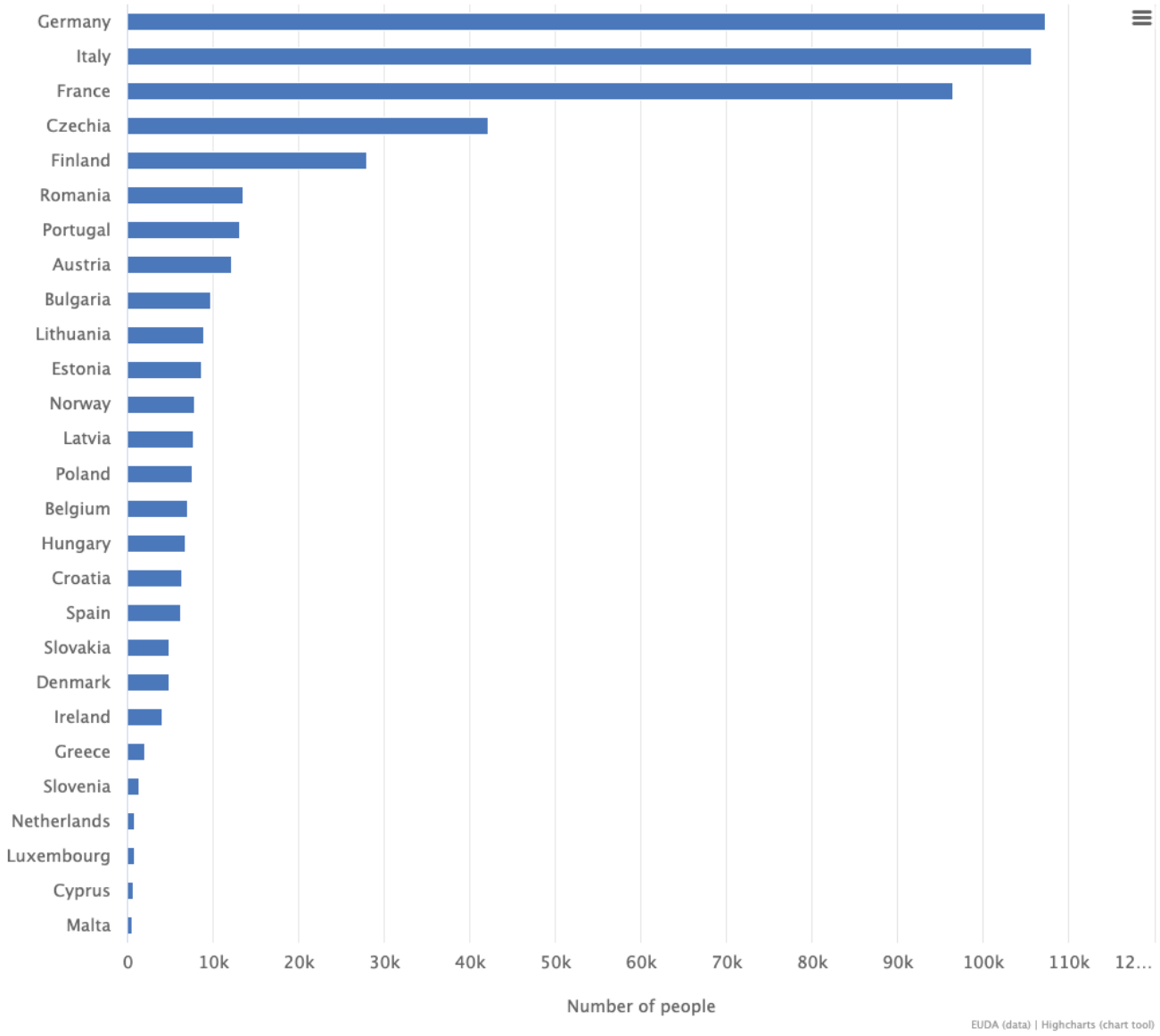
Figures and in-page tables

Figure 9.1. Estimated prevalence of people who inject drugs in the last 12 months (per 1000 population), 2024 or latest data



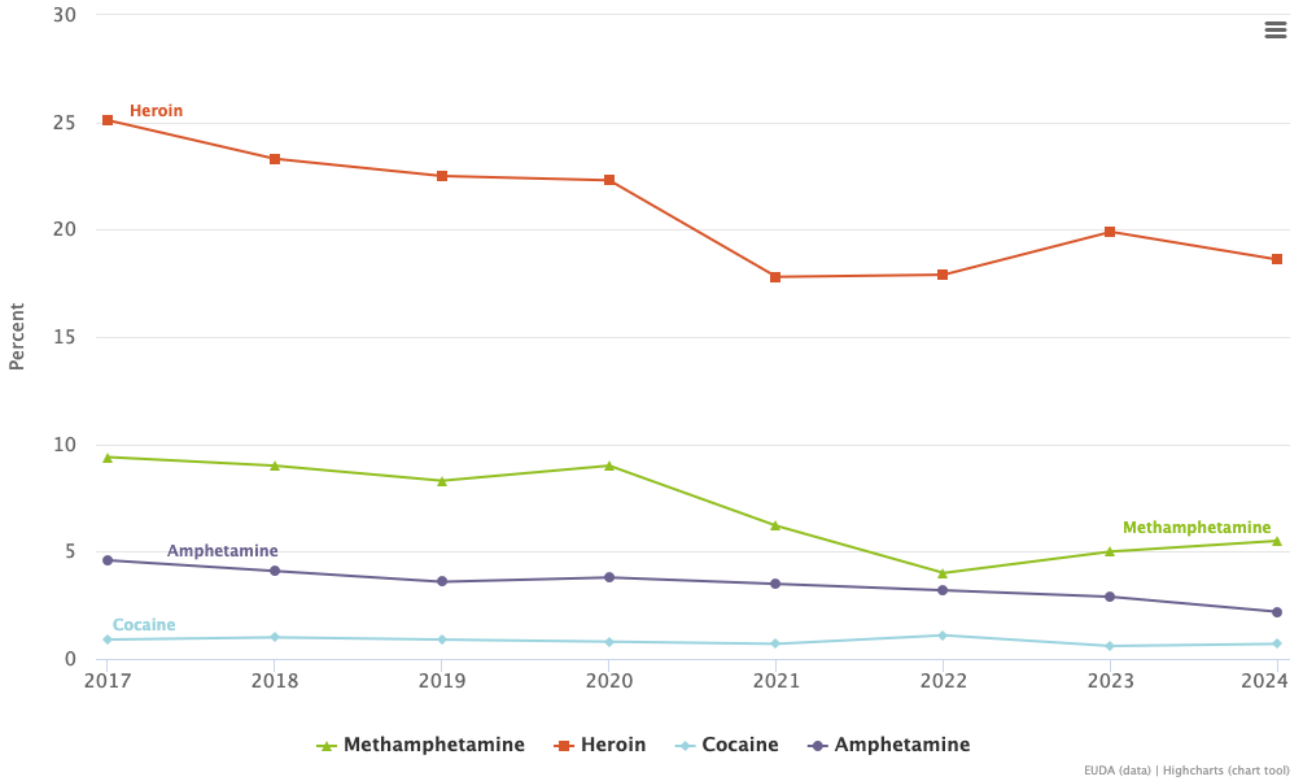
Note: Based on the latest data available from each country.

Figure 9.2. Estimated number of people who inject drugs in the last 12 months, by country, 2024 or latest data



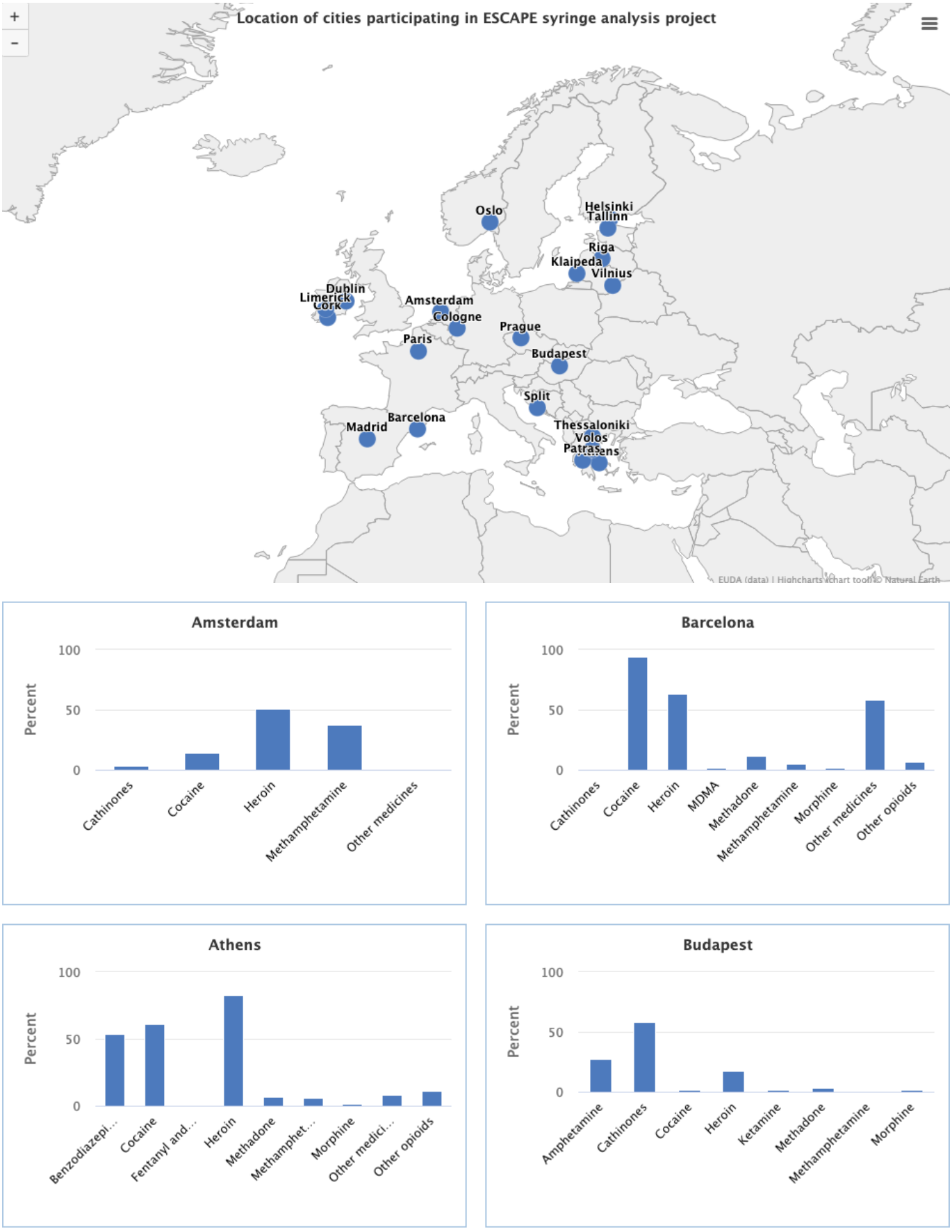
Note: Two thirds of the national estimates of injecting drug use presented here were derived from indirect statistical methods based on health registries covering the period 2015 to 2024, while the remainder were derived by applying injection rates from treatment data to population estimates of people using opioids and stimulants.

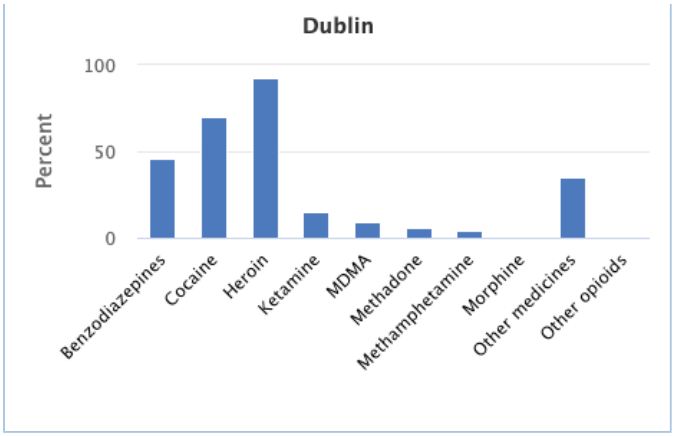
Figure 9.3. Trends in injecting among first-time treatment entrants with heroin, cocaine, amphetamine or methamphetamine as primary drug: percentage reporting injecting as main route of administration



Note: Trends in injecting among first-time treatment entrants by substance are based on 24 countries with data for at least 7 of the 8 years (missing values were interpolated from adjacent years).

Figure 9.4. Percentage of used syringes tested positive by drug category, by city, 2024

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Benzodiazepines
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Heroin
Ketamine
MDMA
Methadone
Methamphetamine
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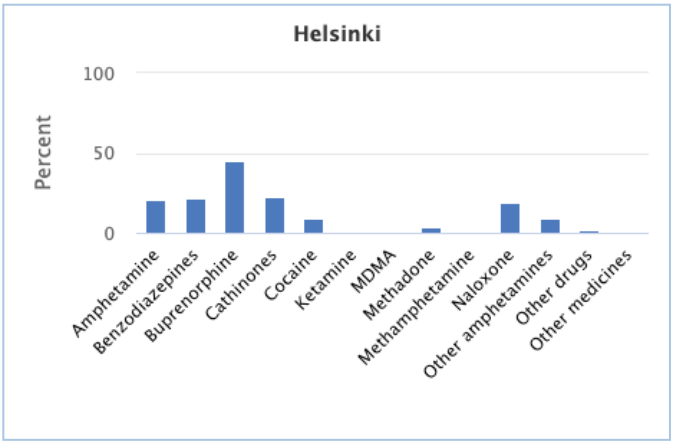
Other medicines
Other opioids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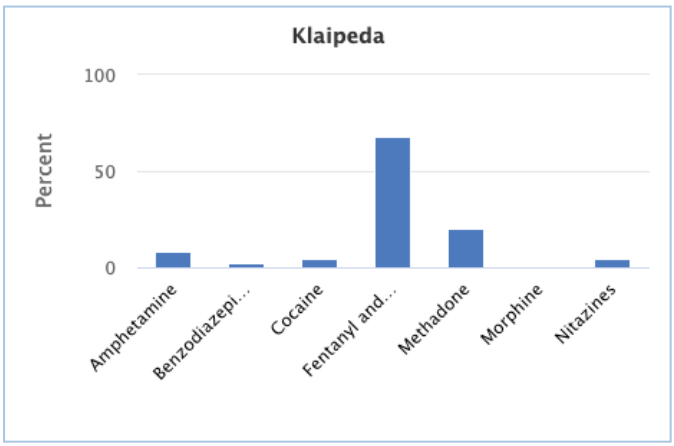
Methadone
Methamphetamine
Naloxone
Other amphetamines
Other drugs
Other medicines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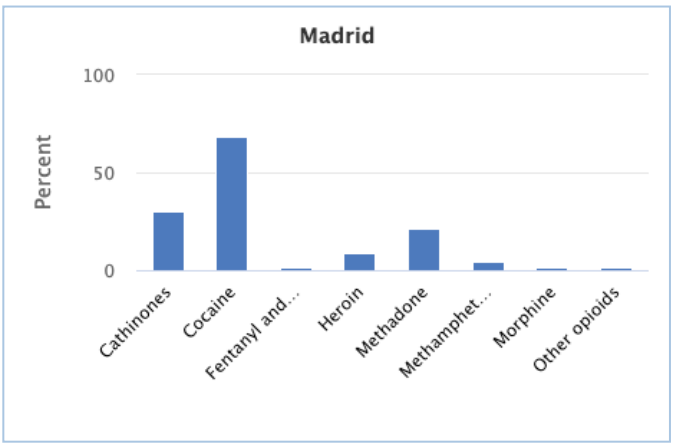
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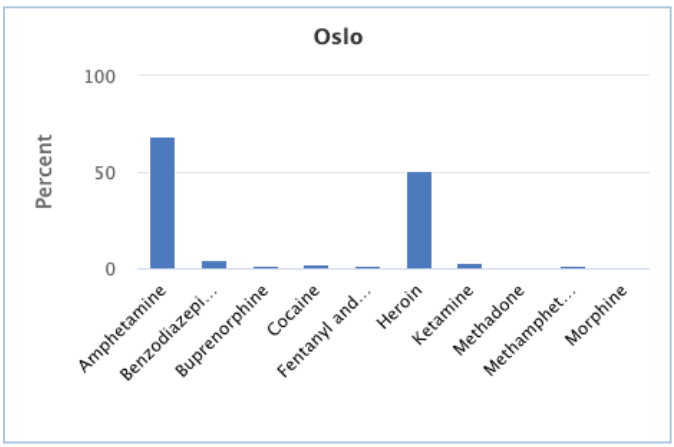
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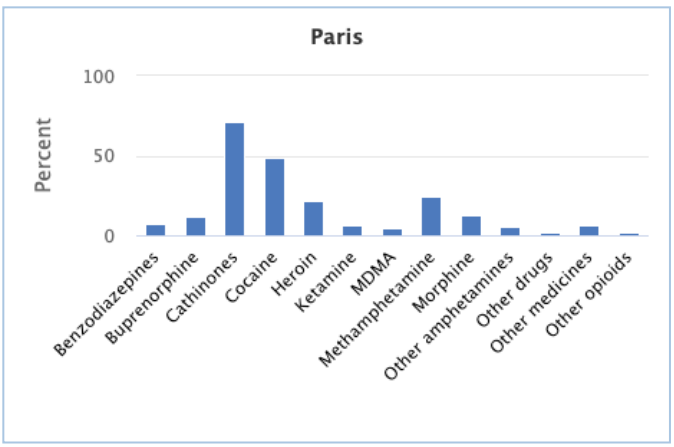
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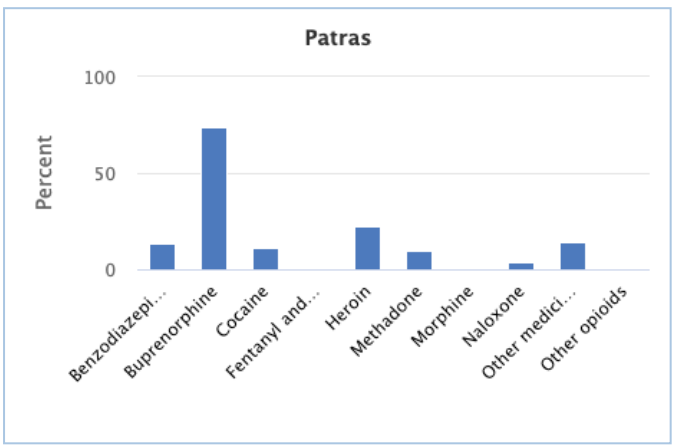
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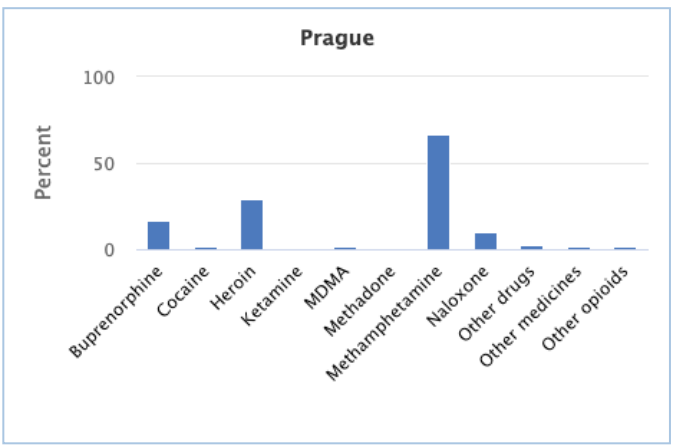
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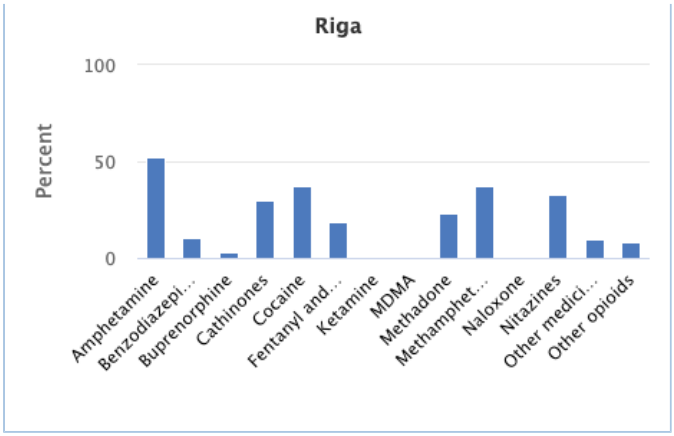
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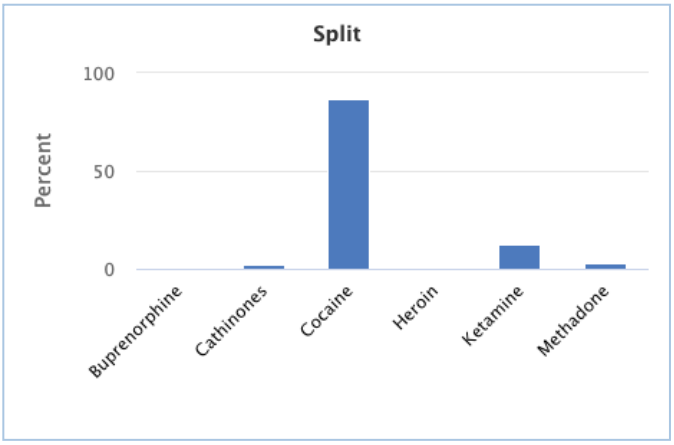
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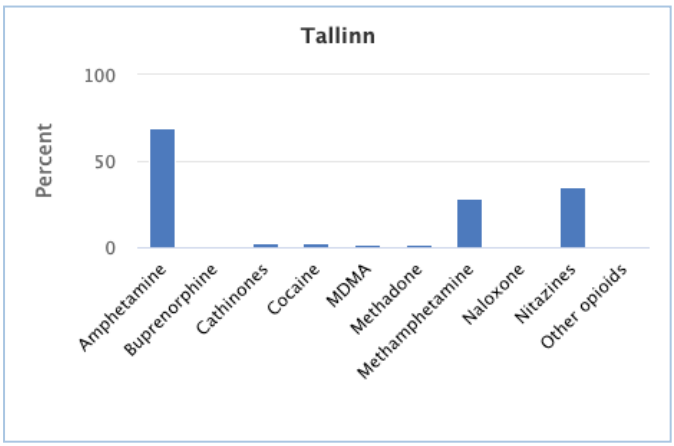
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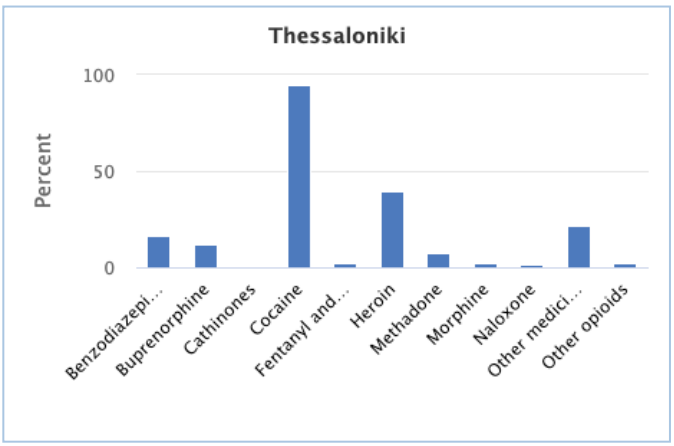
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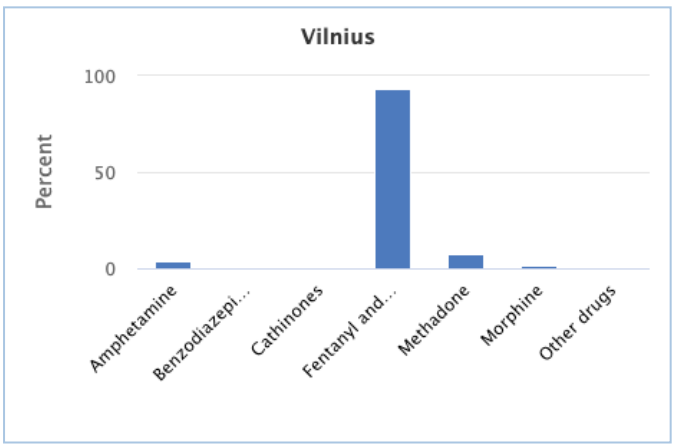
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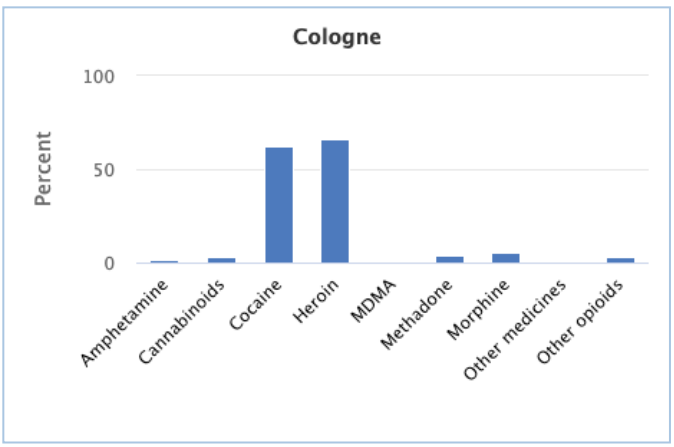
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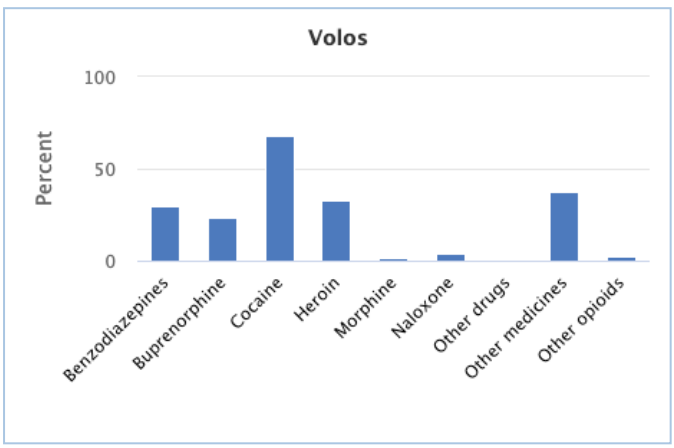
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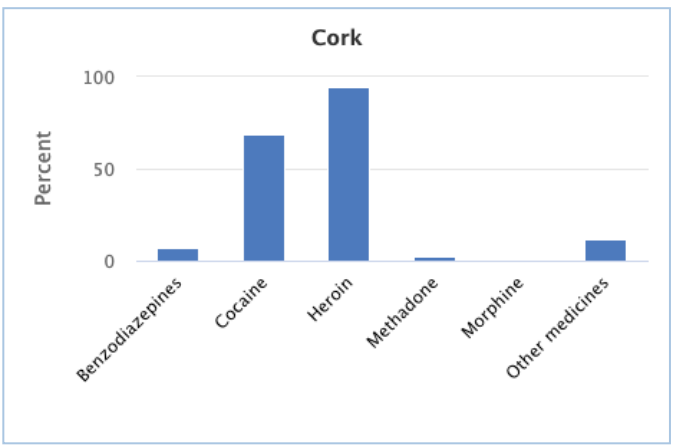
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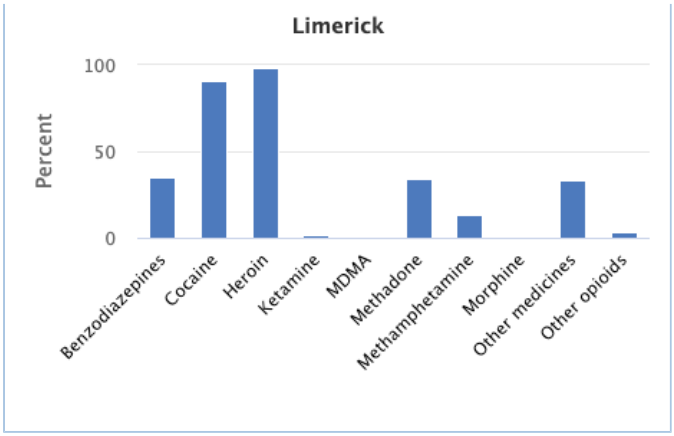


Data source: ESCAPE project. For the complete data set and analysis, see ESCAPE: data explorer, analysis and key findings.

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.

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

View this data in our Data catalogue

Download all files (zip)

- Table EDR26-INJ-1a. Estimated number and prevalence of people who inject drugs, by country (latest available data for each country)
- Table EDR26-INJ-1b. Estimated prevalence (per 1000 people) of people who inject drugs, (latest available data for each country)
- Table EDR26-INJ-2. Trends in injecting among first-time treatment entrants with heroin, cocaine, amphetamine or methamphetamine as primary drug: percentage reporting injecting as main route of administration
- Table EDR26-INJ-3a. European Syringe Collection and Analysis Project Enterprise (ESCAPE) selected data for 2024
- Table EDR26-INJ-3b. ESCAPE project site location data

Drug-induced deaths – the current situation in Europe (European Drug Report 2026)

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

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

Last update: *09 June 2026*

Enhanced understanding of drug-related mortality trends will improve responses to overdoses

Estimating the mortality attributable to drug use is critical for understanding the changing public health impact of drug use. Understanding the factors driving trends is key for developing effective policies and responses. A key component is drug-induced deaths, defined as deaths directly attributable to drug use and often referred to as drug overdose deaths. However, this measure captures only a share of the overall mortality associated with drug use, as it excludes deaths from accidents, violence, suicides by means other than drug poisoning or chronic disease, where drug use may also have played a role.

An assessment of drug-induced deaths remains a key measure for understanding drug-related harms, albeit challenging to interpret due to methodological and data availability issues. Data for the most recent reporting year (2024) are available for only 22 of the 29 countries, and estimated values are calculated to derive an overall EU estimate. Improving the timeliness and completeness of data will help develop better responses to overdoses at a time when Europe's drug problems are increasingly diverse and new drug threats can rapidly emerge, straining existing response models.

Several important caveats frame the available data. Because of methodological limitations, the numbers of drug-induced deaths represent minimum estimates. Moreover, as reporting capacity varies between countries, national comparisons must be made cautiously. The scarcity of detailed toxicological information in some countries limits our overall understanding of the role played by different drugs and polysubstance use in driving rates of drug-induced deaths over time. Most fatal overdoses involve the use of more than one substance, and drug consumption patterns, including polysubstance use, are increasingly complex. To help respond to this, the EUDA coordinates a network of forensic and toxicological laboratories, increasing the analytical capacity available to monitor how different drugs and drug combinations influence mortality trends.

Drug-induced mortality is driven by polysubstance use and diverse opioids

The provisional overall estimate for the European Union of almost 7 600 drug-induced deaths in 2024 is stable compared to the revised 2023 estimate, although it represents an increase of 6.5% on the consolidated 2022 estimate. The largest annual increases in the number of drug-induced deaths in 2024 were reported by Bulgaria, Germany, the Netherlands and Türkiye.

Opioids, usually in combination with other substances, remain the group of substances most implicated in drug-induced deaths. Heroin was involved in an estimated 1 600 deaths in the European Union in 2024 and was commonly identified in opioid-related deaths in some western European countries. However, in 2024, it was present in the majority of overdose deaths only in Luxembourg and Austria (heroin and morphine are not reported separately in Austria). 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 (Figure 11.1).

Where detailed toxicological information is available on drug associations, it usually shows the presence of multiple substances, indicating that polysubstance toxicity is the norm.

In all countries, most drug-induced deaths are among males (Figure 11.2). The data are indicative of an ageing opioid-using cohort in Europe, with the number of drug-induced deaths among 50- to 64-year-olds having doubled between 2014 and 2024 (Figure 11.3).

The available data also suggest that deaths where stimulants are implicated are rising in some countries (see also Cocaine – the current situation in Europe and Synthetic stimulants – the current situation in Europe). Data from 20 countries suggest that one quarter of the drug-induced deaths reported in 2024 involved cocaine. It should be noted that stimulant deaths may be under-reported and their role may be underappreciated, as other drugs, including opioids, are often detected in deaths where stimulants are implicated.

Europe's changing synthetic opioid market creates potential for overdose outbreaks and deaths

Highly potent synthetic opioids such as the 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 (see also New psychoactive substances – the current situation in Europe), while limitations in toxicological detection can delay identification, making it harder to assess and respond to the threat. To support consistent testing and reporting in Europe, in 2025, the EUDA laboratories network launched an analytical reference standards toolkit containing 14 samples of nitazenes and orphines.

In addition to the key role played in Estonia and Latvia, nitazene opioids were involved in localised poisoning outbreaks in Ireland in 2023 and 2024 and in France in 2023. Deaths and acute toxicity linked to nitazenes have been reported in 2024 in Germany (9), as well as in Sweden (31) and Norway (21). Since 2019, at least 21 EU Member States have reported the presence of one or more nitazenes. Because nitazenes degrade in post-mortem blood samples, deaths involving these substances are likely to be underestimated.

Over the period 2024-2025, fentanyl has been associated with over 100 drug-induced deaths in Bulgaria. Fentanyl-related deaths and hospitalisations, initially reported mainly in Sofia, were observed in other Bulgarian cities in 2025. In the context of limited harm reduction service provision, including the absence of take-home naloxone programmes, the diffusion of highly potent synthetic opioids in Bulgaria is particularly concerning.

Some EU Member States have responded to the presence of highly potent synthetic opioids on their drug markets by strengthening existing harm reduction and treatment responses. Measures taken include the development of overdose warning systems, rapid alert media warnings, national warnings, increasing access to naloxone, prioritising nitazenes in narcotics classification and increasing police efforts targeting online sellers.

Preventing self-harm from poisonings requires targeted interventions

Many overdose deaths are reported as accidental, and for others the intent is undetermined. Where information on intentionality is available, a relatively high proportion of reported overdose deaths (1 in 7 overall in 2024) were classified as intentional, that is, with a suicidal intent. Current data reveal a higher proportion of overdose deaths with a suicidal intent among women than men. Addressing overdose deaths with a suicidal intent requires targeted interventions, including tailored mental-health and suicide-prevention services for people experiencing drug problems and co-occurring mental health conditions.

Improved access to services and integrated care can help reduce overdoses and deaths

Responses aimed at reducing opioid-related deaths include interventions to reduce vulnerability, prevent overdoses and prevent death when overdoses occur (see also Harm reduction – the current situation in Europe). These interventions are challenged, however, by changes over time in the population and characteristics of people consuming opioids, their patterns of use, the social context of their drug taking and the substances consumed. Enrolment in opioid agonist treatment is strongly evidenced as a protective factor against opioid overdose and some other causes of death. However, in many EU Member States, treatment coverage and access remain below the levels recommended by the World Health Organization.

Growing evidence suggests that increasing the availability of opioid antagonists can help prevent fatal opioid overdoses. While all countries provide naloxone in clinical settings, by 2025, take-home naloxone programmes were also reported in 19 European countries, although availability varies between and within countries. In addition, drug consumption rooms, also designed to reduce overdose deaths, were operational in 12 EU Member States and Norway in 2025 (see also Harm reduction – the current situation in Europe and Health and social responses: drug consumption rooms). However, the presence of highly potent synthetic opioids, such as nitazenes, can complicate overdose reversal and challenge the effectiveness of these interventions. When offered within drug consumption rooms, drug checking can reach more vulnerable groups and may help reduce overdose risk linked to unexpected or potent opioids and polysubstance use.

Drug-induced deaths represent only a portion of the overall mortality associated with drug use. Opioid dependence is typically a chronic condition, characterised by multiple episodes of treatment and relapse. People consuming opioids over many years are likely to have accumulated other health problems related to their substance use, which often includes alcohol and tobacco consumption, and the cumulative effects of economic and social marginalisation on their general health. Among these are infectious diseases (e.g. HIV, HCV infections), liver damage, cancer and mental health conditions. Improving access to general healthcare through multidisciplinary care and integrated pathways is key both to helping people with opioid problems manage illness and to reducing preventable mortality.

Key data and trends

Mortality rates due to overdose

- The mortality rate due to overdose in the European Union in 2024 is estimated at 25 deaths per million population aged 15 to 64.
- Mortality rates rate due to overdose were highest among people aged 40-44, for both females and males (Figure 11.3).

Overdose deaths

- A minimum estimate of 7 598 fatal overdoses involving drugs occurred in the European Union in 2024 (7 653 in 2023; see Figure 11.4).
- The number of overdose deaths reported in the European Union among those aged 50 to 64 is estimated to have more than doubled between 2014 and 2024 overall, increasing by 99% among women (from 169 to 337 deaths) and by 132% among men (from 458 to 1 063 deaths). In the same period, the number of overdose deaths among teenagers (aged 15 to 19 years) has almost tripled among young females (from 14 to 44 deaths) and almost doubled among young males (from 49 to 82) (Figure 11.3).

Established and new substances associated with drug-induced deaths

- Opioids, including heroin and its metabolites, often in combination with other substances, were estimated to be present in around 7 out of 10 fatal overdoses in the European Union in 2024 (Figure 11.4 and Figure 11.5).
- Heroin continues to be involved in large numbers of deaths in some European countries, with over 698 cases in Germany, 121 in Austria (heroin or morphine) and 63 in Sweden. Based on provisional data, heroin was estimated to be involved in at least 1 600 deaths in 2024 in the European Union (1 700 in 2023). Data from the 20 EU Member States providing data for 2024 may indicate a downward trend in heroin-related deaths, declining from around 1 300 in 2022 to 1 200 in 2023 and 1 100 in 2024.
- Among the 20 EU Member States providing data for 2023 and 2024, cocaine, mostly in the presence of opioids, was involved in 1 133 overdose deaths (27%) in 2024, and in 1 053 deaths (26%) in 2023. In 2024, cocaine was involved in the majority of overdose deaths in Spain, Cyprus, Luxembourg, Malta and Portugal.
- Of the 21 countries with post-mortem data available for 2024, 20 reported deaths where non-cocaine stimulants (e.g. amphetamines) were involved. Other stimulant-related deaths, such as those associated with cardiovascular problems, may go undetected.
- In 2024, synthetic cathinones were reported in 38 drug-induced deaths in 7 countries, with Finland accounting for 19.
- In 8 of the 21 countries with post-mortem toxicological data available for 2024, at least 1 in 4 drug-induced deaths involved methadone. There is no information on whether methadone was prescribed, misused or illicitly produced, and its presence in toxicology findings does not imply that it caused the poisoning, as overdoses often involve multiple substances.
- Available data from 15 EU Member States indicate that the number of deaths related to fentanyl and fentanyl derivatives increased significantly, with the drugs being linked to 208 overdose deaths in 2024 (129 in 2023). Germany reported the largest number of fentanyl-related deaths (95). Some of these fatalities might be associated with diverted fentanyl medicines rather than illicitly produced fentanyl.
- Nitazene opioids were linked to drug-induced deaths in 2024 in Estonia (43 out of 97 deaths) and Latvia (36 out of 77 deaths).
- Between June 2024 and January 2026, 5 EU Member States reported 5 cases of acute non-fatal poisoning and 18 deaths with confirmed exposure to orphines, mostly cychlorphine (See also New psychoactive substances in Europe – the current situation in Europe).

- In countries with data available for 2024, oxycodone was reported as being involved in 248 drug-induced deaths in 9 countries.
- In 2024, benzodiazepines, together with other substances, primarily opioids, were detected in most overdose deaths in Denmark, Estonia, Luxembourg, Austria, Slovenia and Finland; pregabalin was involved in at least a quarter of the cases in Denmark, Austria and Finland.
- Deaths linked to synthetic cannabinoids more than tripled from 61 cases in 2023 to 202 in 2024 in Türkiye (up from 8 in 2022). Preliminary data suggest a further increase in 2025.

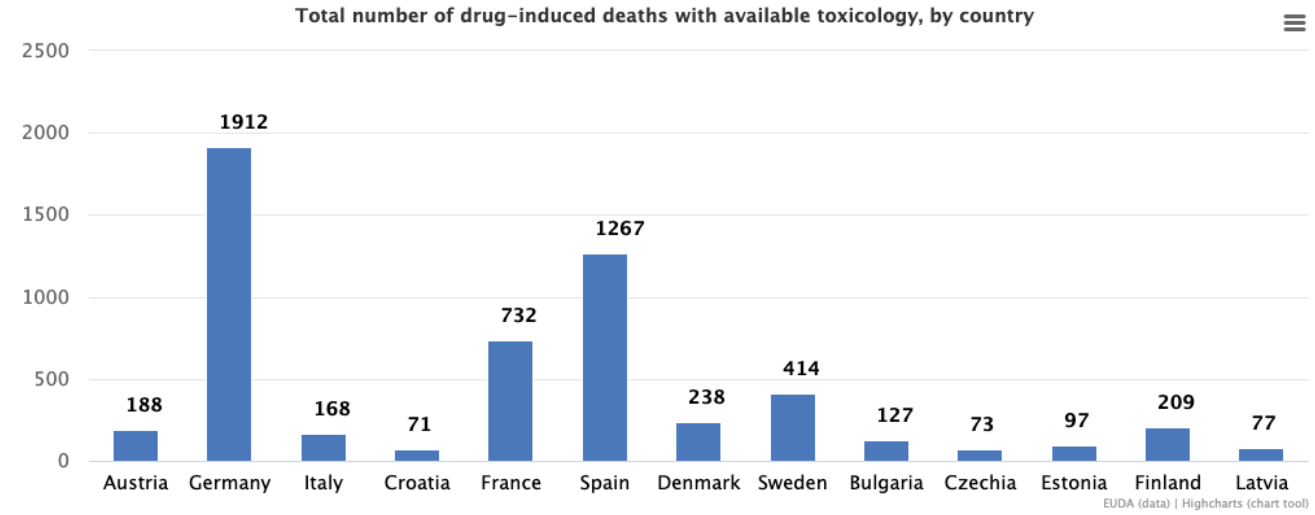
Overall mortality

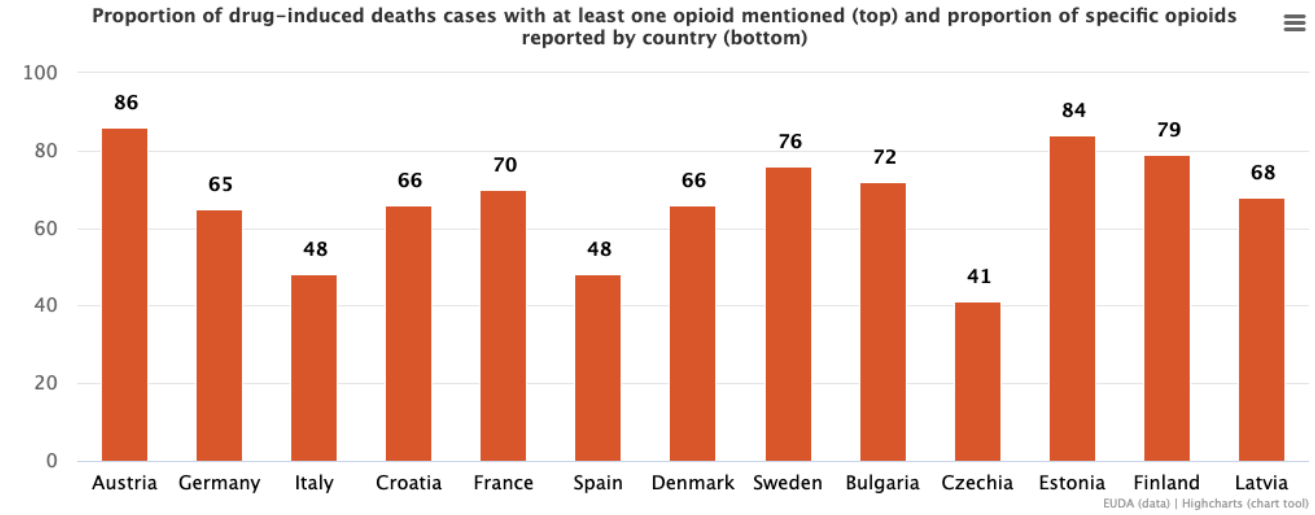
- An Austrian national cohort study followed 26 000 individuals who had ever been prescribed opioid agonist treatment for almost 20 years and recorded approximately 2 400 deaths. All-cause mortality among cohort members was more than 7 times that of the Austrian general population, with greater excess among women (12-fold) than men (7-fold). Age-specific analyses showed that by the age of early to mid-40s, deaths from non-communicable diseases collectively exceeded those from drug-related causes.

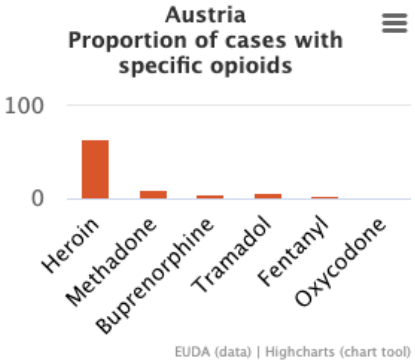
Additional detailed information can be found in the EUDA's Opioid-related deaths: health and social responses and EUDA answers key questions on overdose deaths.

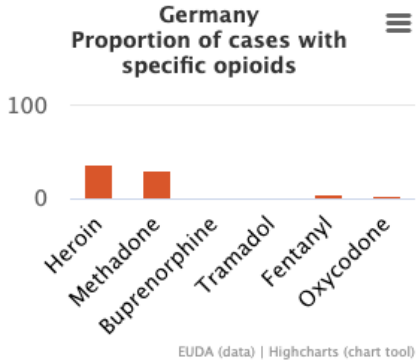
Figures and in-page tables

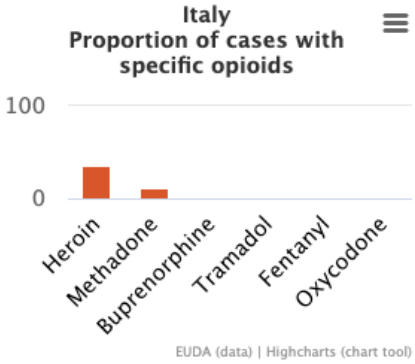
Figure 11.1. Opioids mentioned in drug-induced deaths, by substance, 2024

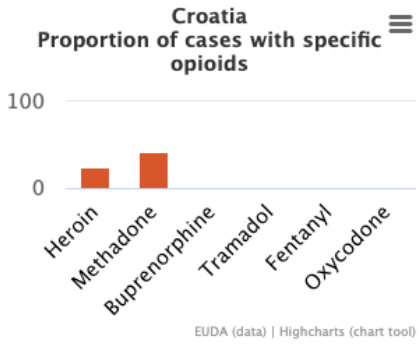


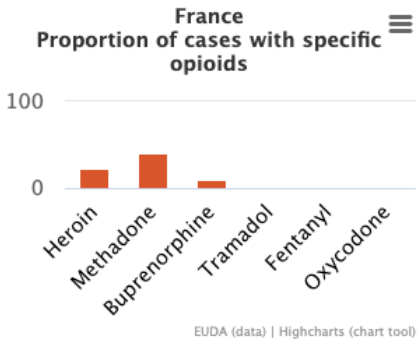


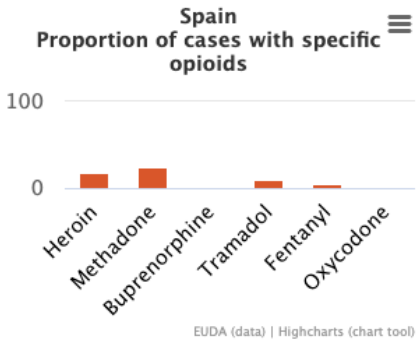


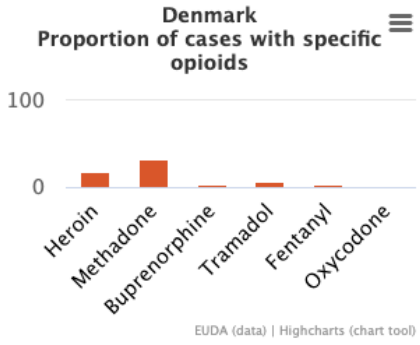


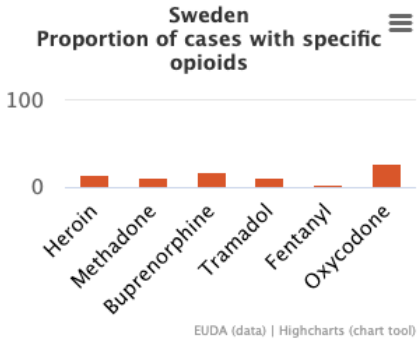


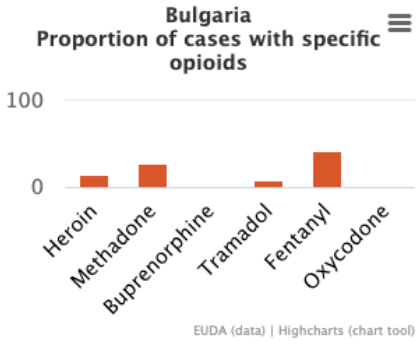


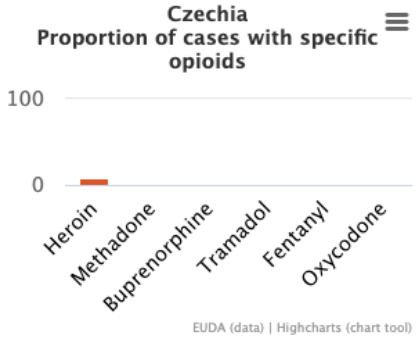


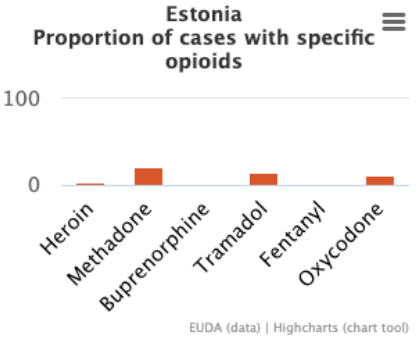


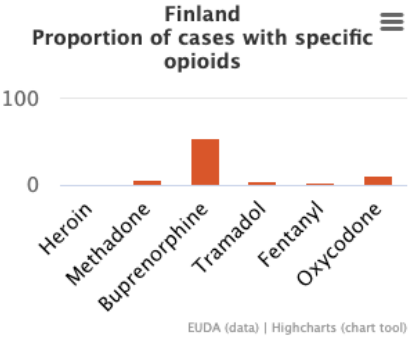


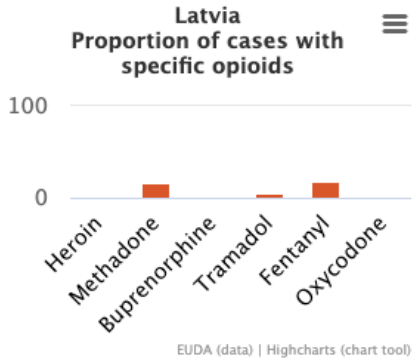












Note: Data from special mortality registers. Countries with at least 70 cases reported are included. Countries are sorted in descending order by the proportion of cases involving heroin. In some countries, the details on the exact opioids involved are missing.

Figure 11.2. Proportion of males among drug-induced deaths in the European Union, Norway and Türkiye in 2024, or most recent year (percent)

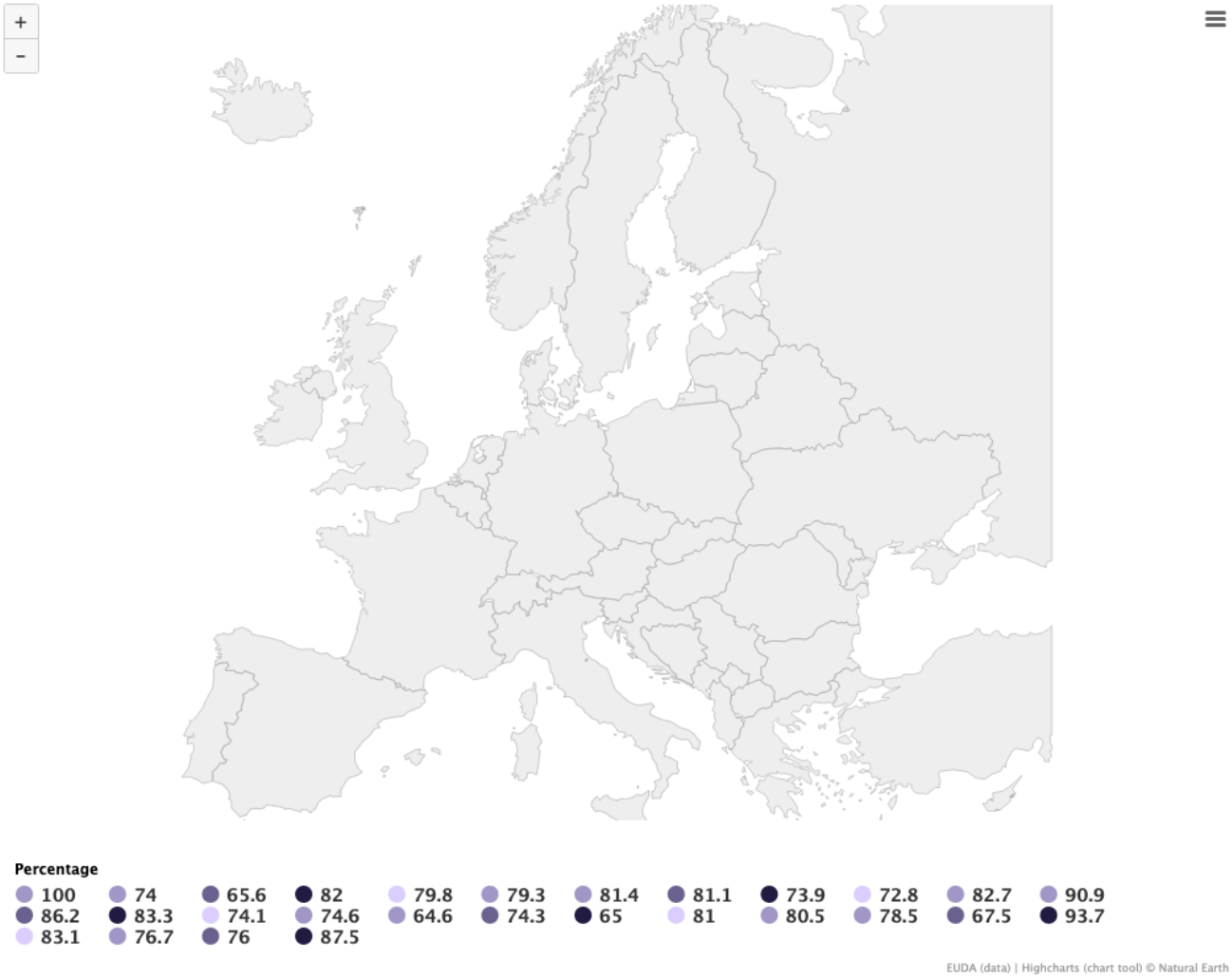


Figure 11.3. Number and rates per million population of drug-induced deaths reported in the European Union in 2014 and 2024, or the most recent year, by sex and age band

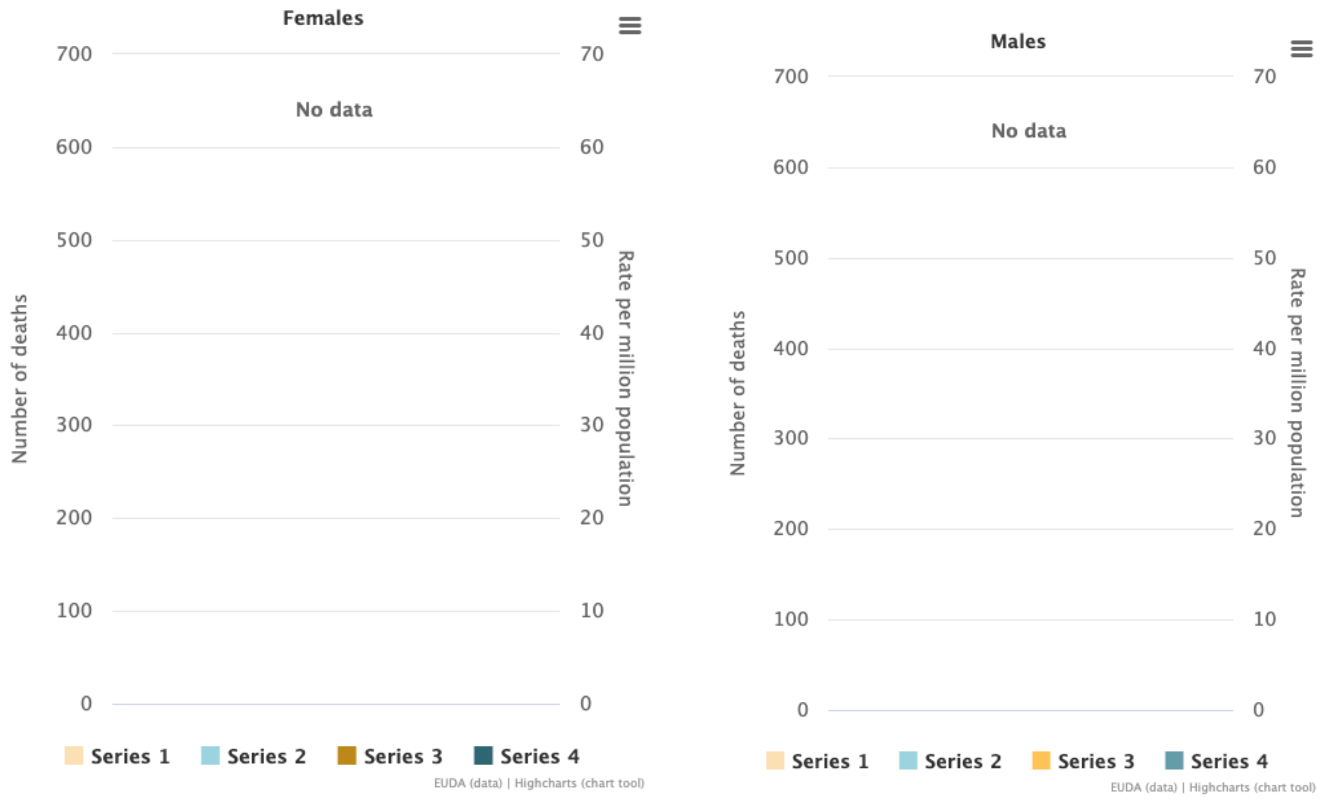


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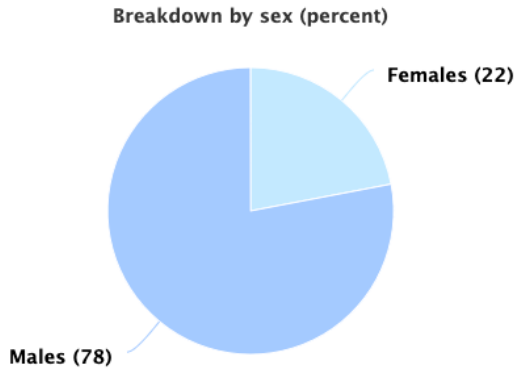
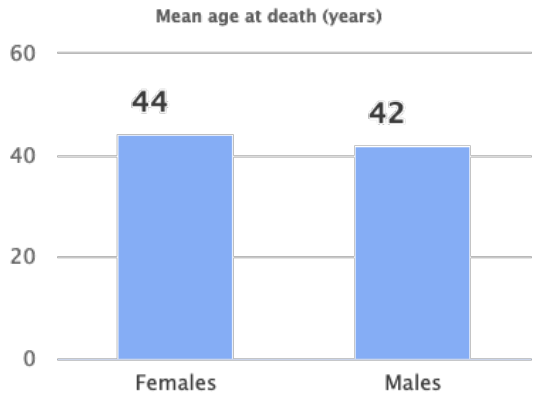
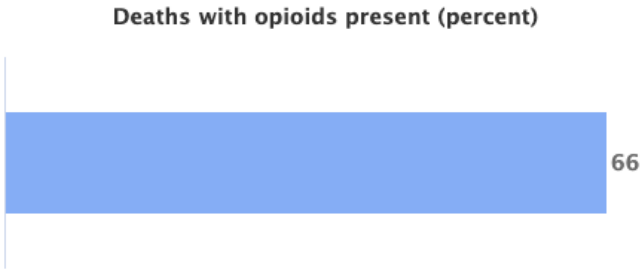
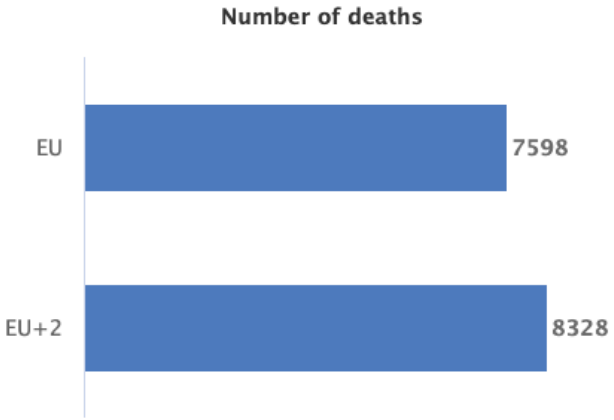
Figure 11.4a. Drug-induced deaths in the European Union









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

Figure 11.4b. Drug-induced deaths in the European Union: age at death, 2024 or most recent available data (percent)

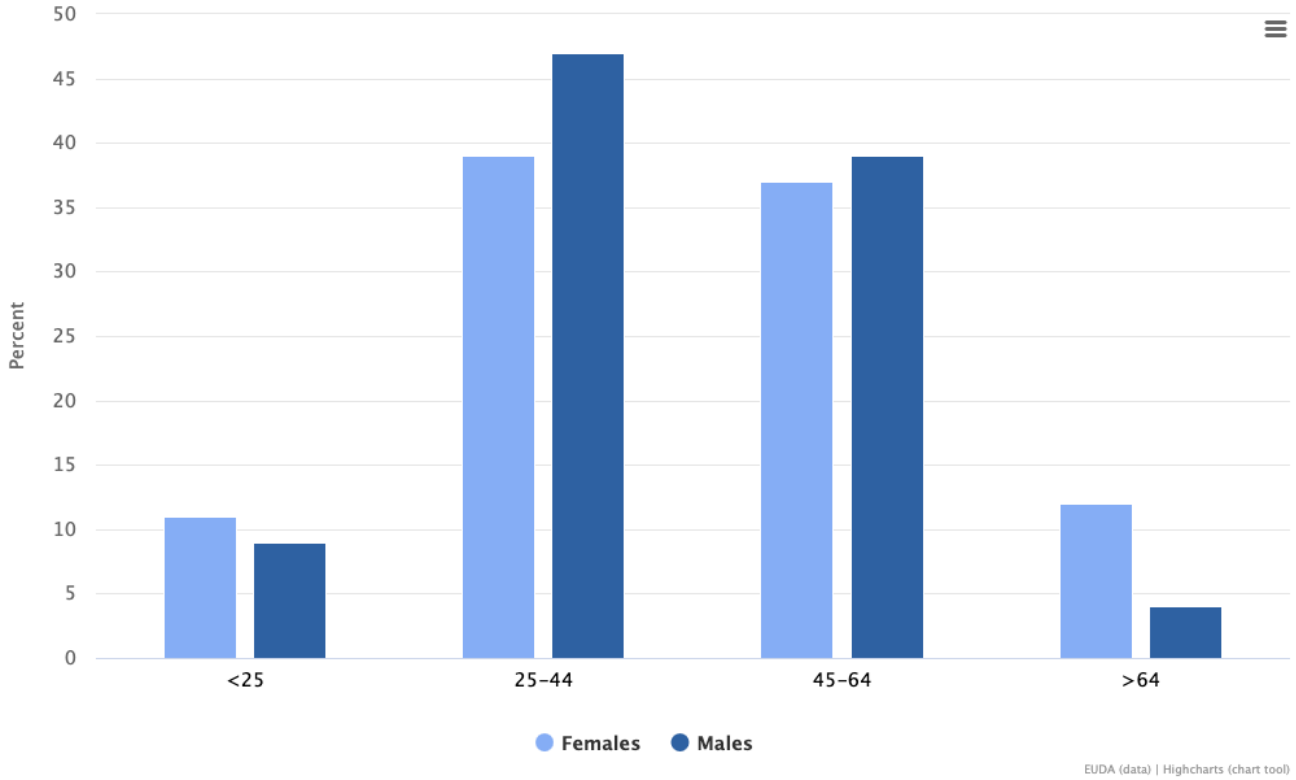
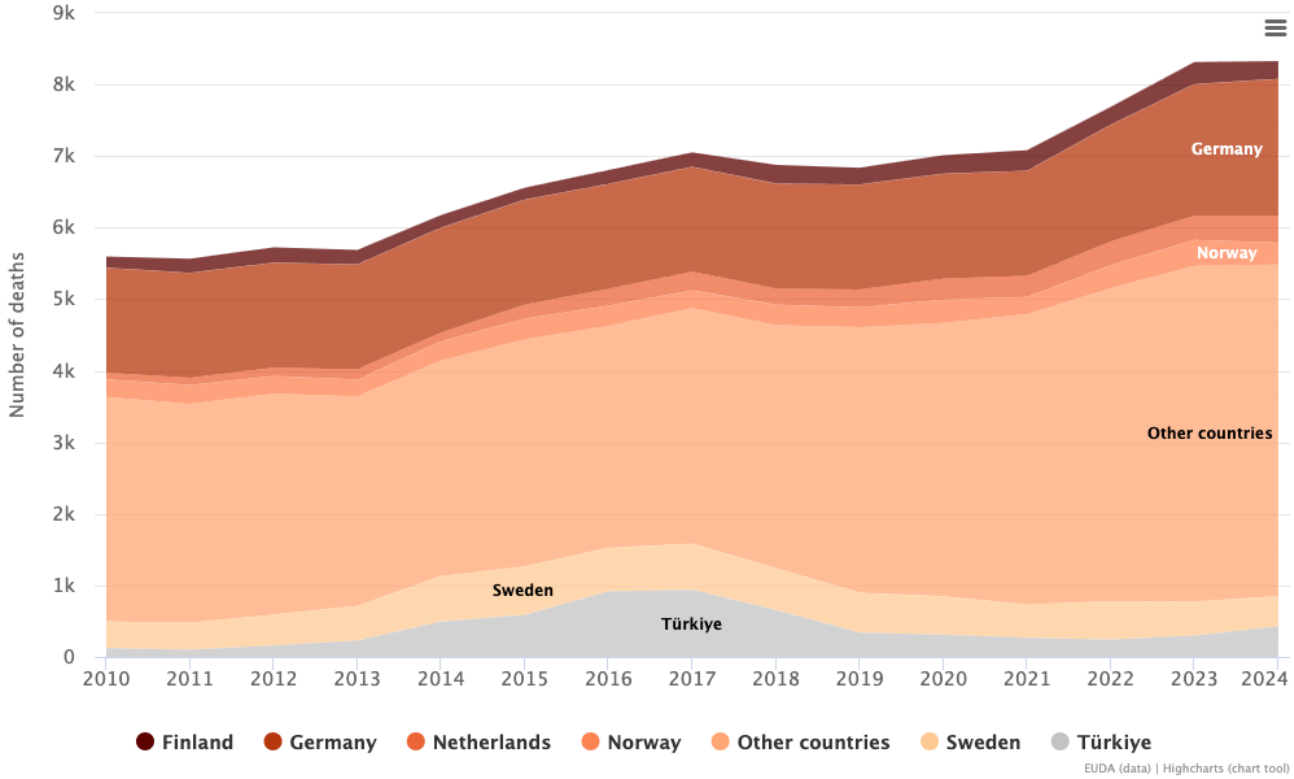


Figure 11.4c. Trends in drug-induced deaths in the European Union, Norway and Türkiye



Note: Comparable data for Germany are not available before 2021. For trend visualisation, earlier years were populated using the first available data point. However, according to the national definition used at the time, drug-induced deaths in Germany increased up to 2020. Data are not available for some countries for 2023 or 2024. In those cases, the most recent available data were used in place of the missing values (2022 for Belgium, Ireland, Greece; 2023 for Spain, France, Poland, Portugal).

Figure 11.4d. Age distribution (percent) of drug-induced deaths reported in the European Union, Norway and Türkiye in 2024 or the most recent year

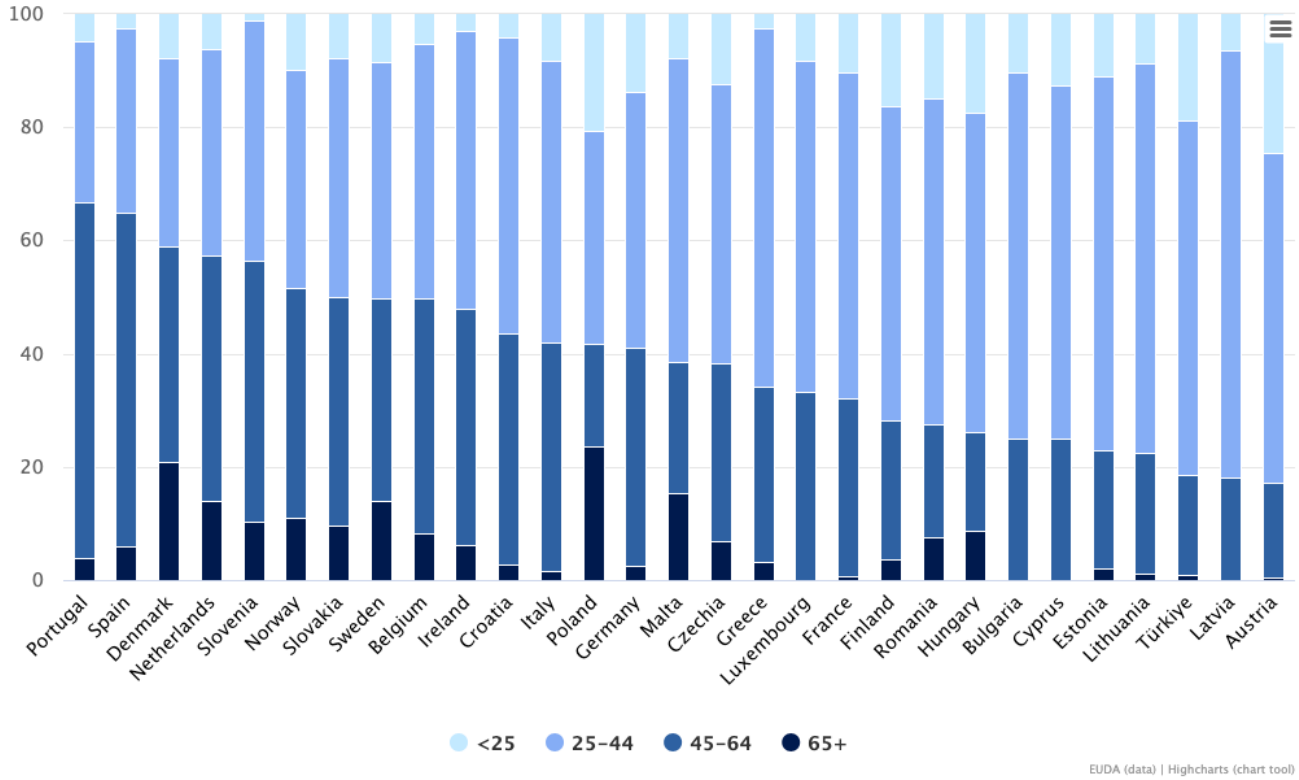
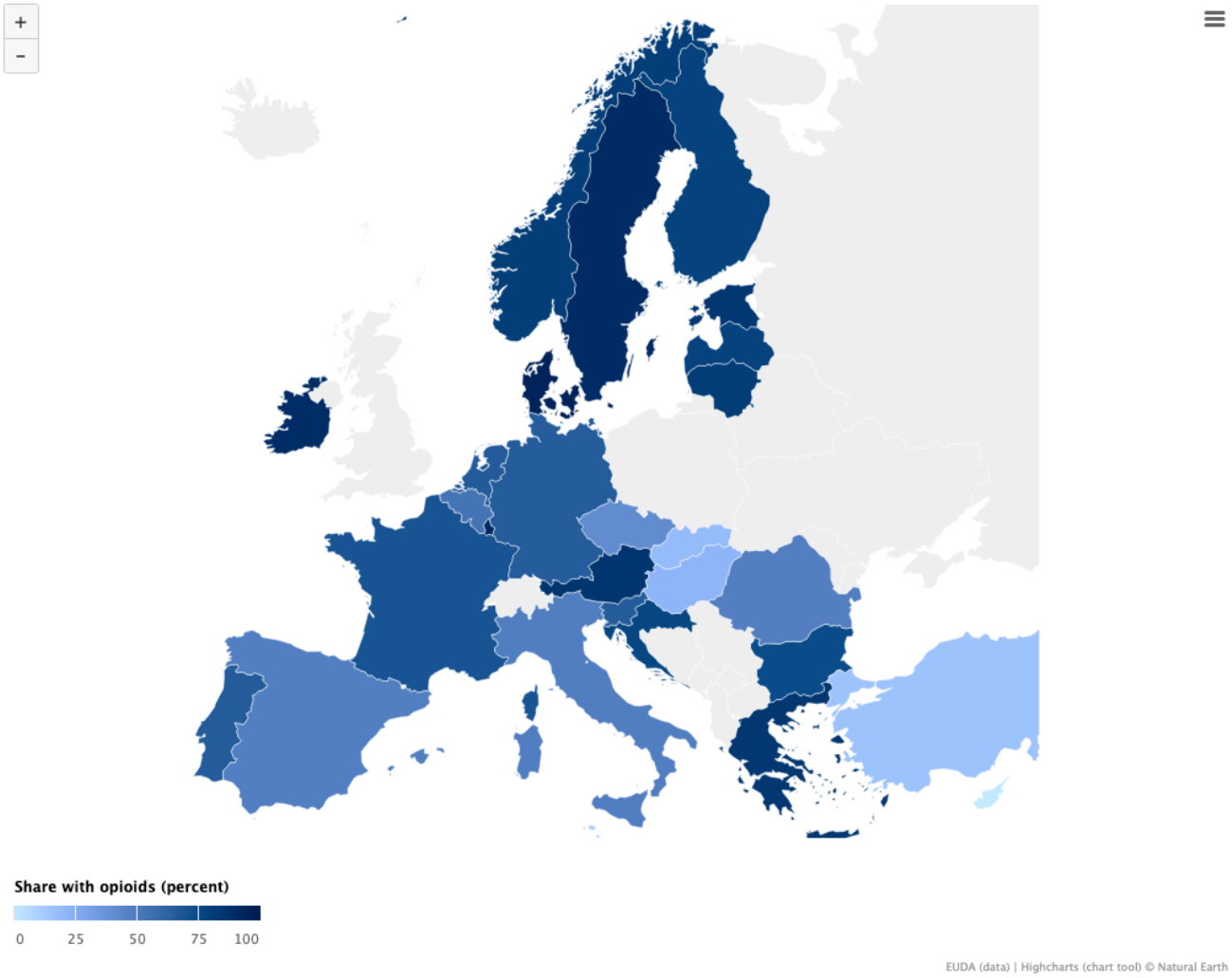


Figure 11.5. Proportion of drug-induced deaths with opioids mentioned, 2024 or most recent available data



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

View this data in our Data catalogue

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- Table EDR26-DRD-1. Characteristics of drug-induced deaths: numbers, 2024 or most recent year

- Table EDR26-DRD-1. Characteristics of drug-induced deaths: numbers, 2024 or most recent year
- Table EDR26-DRD-1a. Characteristics of drug-induced deaths: gender (percent), 2024 or most recent year
- Table EDR26-DRD-1b. Characteristics of drug-induced deaths: age (by gender), 2024 or most recent year
- Table EDR26-DRD-2. Age distribution of drug-induced deaths reported in the European Union, Norway and Türkiye in 2024 or the most recent year
- Table EDR26-DRD-3. Proportion of males among drug-induced deaths in the European Union, Norway and Türkiye in 2024, or most recent year (percent)
- Table EDR24-DRD-4. Drug-induced deaths in the European Union: age at death, 2024 or most recent available data (percent)
- Table EDR26-DRD-7. Proportion of drug-induced deaths cases with opioids mentioned, 2024 or most recent available data
- EDR26-DRD-5 Number of drug-induced deaths reported in the European Union in 2014 and 2024, or the most recent year, by age band
- Table EDR24-DRD-6. Trends in drug-induced deaths in the European Union, Norway and Türkiye
- Table EDR26-DRD-10. Opioids mentioned in drug-induced deaths, by substance
- Table EDR26-DRD-11. Number and rates per million population of drug-induced deaths reported in the European Union in 2014 and 2024, or the most recent year, by sex and age band
- Table EDR26-DRD-12. Proportion of drug-induced deaths with mention of alcohol, benzodiazepines and pregabalin/gabapentin

Drug-related infectious diseases – the current situation in Europe (European Drug Report 2026)

People who inject drugs are at risk of contracting infections through the sharing of drug use paraphernalia. On this page, you can find the latest analysis of drug-related infectious diseases in Europe, including key data on infections with HIV and hepatitis C, B and A viruses. These infections can cause acute and chronic diseases that may result in severe health-related harms, including death.

This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.
Last update: *09 June 2026*

Public health risks from drug-related infectious diseases remain a concern

People who inject drugs are at high risk of becoming infected by hepatitis C, B and A viruses (HCV, HBV and HAV, respectively) and the human immunodeficiency virus (HIV) through the sharing of drug use paraphernalia. Stimulant use is associated with increased risk of sexually transmitted infections, while poor living conditions may expose people who use drugs to infections transmitted through close contact. These infections can lead to acute or chronic diseases that may result in severe health-related harms, including death.

Potential for HIV outbreaks driven by wider stimulant use and harm reduction gaps

New HIV notifications are a proxy for the level of transmission. The total number of HIV notifications in the European Union linked to injecting drug use declined to 822 in 2024 (991 in 2023). However, the notification rate of 1.83 new infections per million population remained higher than the 2025 UNAIDS target of 0.9 per million, which represents a 75% reduction from the 2010 baseline (Figure 10.1).

Harm reduction approaches are fundamental to reducing HIV transmission among people who inject drugs. One essential element is the provision of sterile injecting equipment. This is a cost-effective intervention that may be delivered through various modalities and in a range of settings, including prisons and through pharmacies. Nonetheless, levels of needle and syringe provision are inadequate in relation to estimated needs in several EU Member States, including Bulgaria, Cyprus, Lithuania, Hungary, Poland and Slovakia (Figure 10.2). In Bulgaria, where harm reduction services face critical funding challenges, the number of sterile syringes distributed decreased by more than 90% between 2014 and 2024.

The results from a cross-sectional study conducted in 2024 among 480 people who inject drugs in Sofia showed that 12.7% tested positive for HIV (via rapid diagnostic tests). This figure is higher

than the 1.7% HIV prevalence reported in the previous seroprevalence study conducted in 2016 across multiple cities in the country, suggesting a possible increase over time. Over the last decade, Europe has witnessed at least seven documented HIV outbreaks that were attributable to stimulant injecting. Countries with inadequate needle and syringe exchange provision levels with respect to the size of their estimated injecting drug use problems remain more exposed to potential HIV outbreaks. Such outbreaks are costly and can be mitigated through adequate levels of harm reduction services (Figure 10.3).

While people who inject drugs are at much higher risk of HIV transmission when sharing injecting material, non-injecting stimulant use also exposes people to HIV and other infections through risky and unprotected sexual intercourse, requiring appropriate prevention measures (access to condoms and pre- and post-exposure prophylaxis). The availability of stimulants continues to increase in Europe, creating a more diverse risk group. The European Union's experience has shown that higher levels of integrated prevention and harm reduction service provision are required to prevent and contain HIV transmission related to stimulant use. Service funding and access barriers remain a key challenge for policy makers and frontline staff.

Late HIV diagnosis remains a cause of preventable illnesses and deaths

Ensuring the linkage of people who use drugs and who are HIV-positive to treatment remains a challenge within the European Union. In 2024, more than half (52%) of newly notified HIV infections attributable to injecting drug use were diagnosed late, which suggests that more and targeted testing would allow earlier treatment and stop transmission. In the same year, EU Member States reported 118 AIDS notifications linked to injecting drug use (0.3 per million population), indicating either late HIV diagnosis, poor treatment access or low adherence for some patients, factors that contribute to preventable illness and death.

Integrating prevention, testing and treatment to reduce chronic HCV infections

In Europe, people who inject drugs also have a high burden of chronic viral hepatitis, and injecting drug use remains the most common risk factor for new HCV diagnoses. Although there is no vaccine for HCV, unlike HBV and HAV, effective treatments exist. It was estimated that, in 2019, at least 36% of the 1.8 million chronic HCV infections in the EU Member States and Norway were associated with injecting drug use. There is also evidence that harm reduction services, such as needle and syringe programmes, as well as the provision of opioid agonist treatment, can reduce the risk of HCV transmission (see Harm reduction – the current situation in Europe). It is important to identify individuals who remain chronically infected with the virus, as they are at risk of cirrhosis and cancer. Also, they can transmit the virus to others through the sharing of any injecting paraphernalia that has been in contact with their blood. However, in many countries, people who use drugs face barriers to HCV testing and treatment at the system, service provider and client

levels, resulting in many HCV infections not being diagnosed or treated.

Time trends in the prevalence of viraemic or active HCV infection among people who inject drugs are useful for monitoring the impact of prevention and treatment. The EUDA monitors progress through its viral hepatitis elimination barometer. Among the countries reporting to the EUDA, Spain, Sweden, France and Norway have evidence of significant reductions in viraemic HCV prevalence over time, as measured by HCV-RNA in city-level seroprevalence studies among people who inject drugs and use harm reduction services (Figure 10.4). Cities in these countries achieved reductions in viraemic HCV prevalence of more than 50% during the past decade, with Oslo reaching the 80% reduction target set by the WHO for 2030. These encouraging trends are reported from cities where a decentralised and integrated approach to prevention, testing and treatment has been implemented for the key population of people who use drugs. Different aspects of this approach, endorsed in the joint EUDA-ECDC guidelines, are present across the cities. For example, Madrid provides increased access to harm reduction for outreach service clients and offers free testing and personalised referrals to care when a hospital visit is required. In Stockholm, testing and treatment offers are, as much as possible, made in the same location. In France, general practitioners can prescribe direct-acting antiviral treatment under a simplified care pathway. Overall, while the decentralised approach requires sufficient financial resources, it is considered cost-effective, as it can save lives and reduce the burden on other resources in the long term.

Enhanced access to HBV and HAV vaccination needed for people who use drugs

Surveillance data from the European Centre for Disease Prevention and Control (ECDC) reveal that 15% of the 567 acute HBV cases notified in 2023 were attributable to injecting drug use. People with chronic HBV infection are at risk of long-term complications, including liver cirrhosis and cancer. As part of Europe's Beating Cancer Plan, the European Union has committed to improving HBV vaccination coverage across the population, including better access for groups with low uptake. Systematically offering HBV (and HAV) vaccination in prison settings is supported by the joint ECDC-EUDA toolkit, which highlights the sharing of injecting material as a risk factor for HBV infection.

In 2025, a large HAV outbreak with person-to-person transmission affected Czechia, Hungary, Slovakia and Austria. Czechia and Austria observed a significant number of infections among people experiencing homelessness and people who use drugs. In Czechia, 27 deaths were linked to the virus. Most of these fatalities were among people aged 55 to 74, many of whom were using drugs or alcohol and experiencing homelessness. Promoting HAV vaccination through routine or one-off vaccination services delivered through outreach activities can benefit people who use drugs and have difficulty accessing and attending healthcare services.

Key data and trends

HIV/AIDS

- In 2024, the number of new HIV notifications linked to injecting drug use in the European Union decreased to 822 (1.83 per million population), compared with 991 the previous year.
- HIV notification rates attributable to injecting drug use exceeded 5 per million population in Bulgaria, Greece, Latvia and Lithuania.
- New HIV cases related to injecting drug use accounted for 4.7% of all new notifications with a known route of transmission in 2024. In the same year, HIV cases related to injecting drug use accounted for more than 10% of new notifications in Greece (24%), Latvia (15%), Lithuania (15%), Bulgaria (13%), Austria (11%), Norway (11%) and Germany (10%).

HCV and HBV

- Recent estimates of viraemic or active HCV infection (as measured by HCV-RNA) among people who inject drugs and access harm reduction services are available from seven European countries, although only at subnational level. The prevalence of HCV-RNA derived from seroprevalence studies ranged from 5.8% in Oslo (2024) to 56% in Tallinn (2022). Intermediate levels were observed in a multi-city sample in France (14.5% in 2023), Madrid (20% in 2022), Budapest (24% in 2021), Bavaria (27% in 2022) and Stockholm (30% in 2021).
- Estimates for HBV infection (as measured by the presence of the hepatitis B surface antigen), derived from the latest seroprevalence studies among people who inject drugs, were highest in Hungary (5.8% in 2021), Latvia (5.6% in 2022) and Romania (5.6% in 2023).

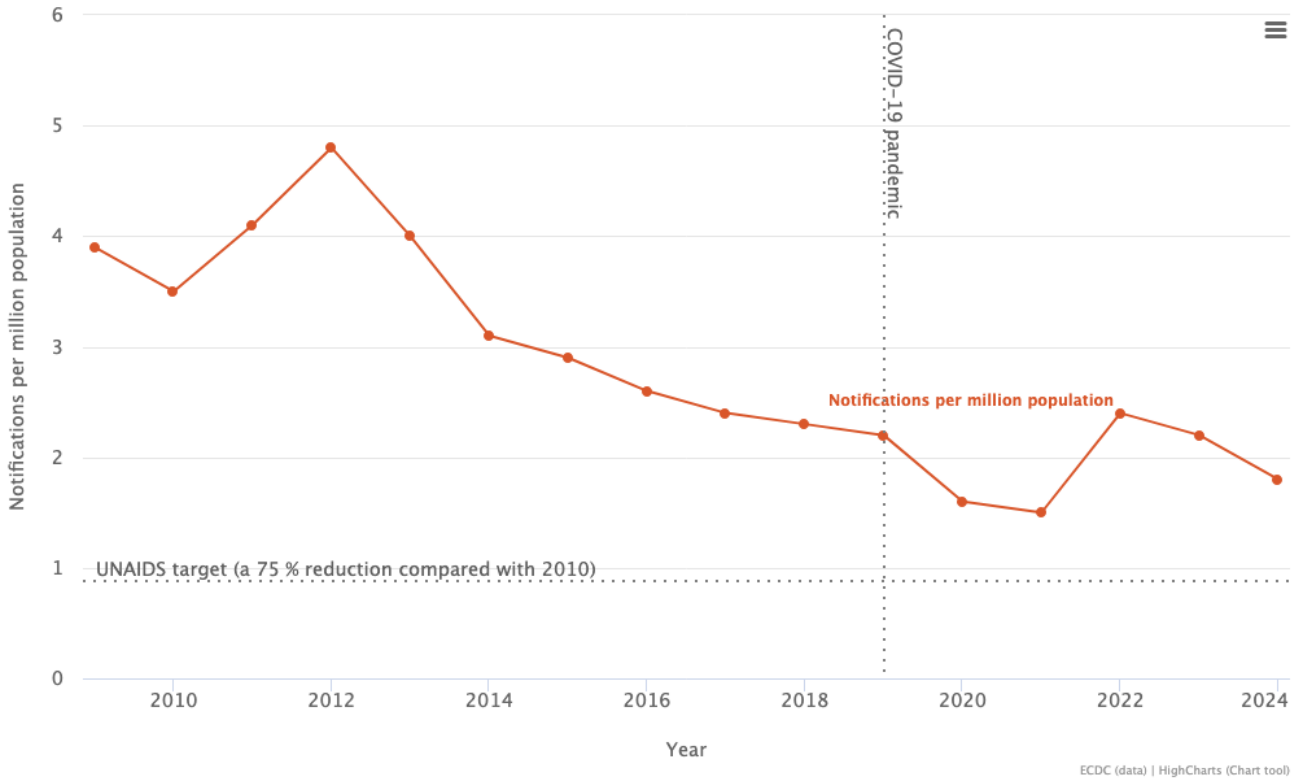
HAV

- In 2025, more than 6 500 cases of HAV were reported to ECDC: Czechia (2 310), Slovakia (2 482), Hungary (1 548) and Austria (216).
- The primary populations affected by the outbreak varied nationally. Austria and Czechia observed a significant number of cases among people experiencing homelessness and people who use drugs. Injecting drug use was linked to 25% of cases in Austria and 8% of cases in Czechia.
- Where data are available, between 41% (Slovakia) and 80% (Czechia) of cases required hospitalisation. In total, 39 deaths related to the HAV outbreak were reported in 2025.

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

Figures and in-page tables

Figure 10.1. New HIV notifications linked to injecting drug use in the European Union, 2009 to 2024



Source: ECDC.

Figure 10.2. Number of sterile syringes distributed per person who injects drugs per year, 2024 or latest data

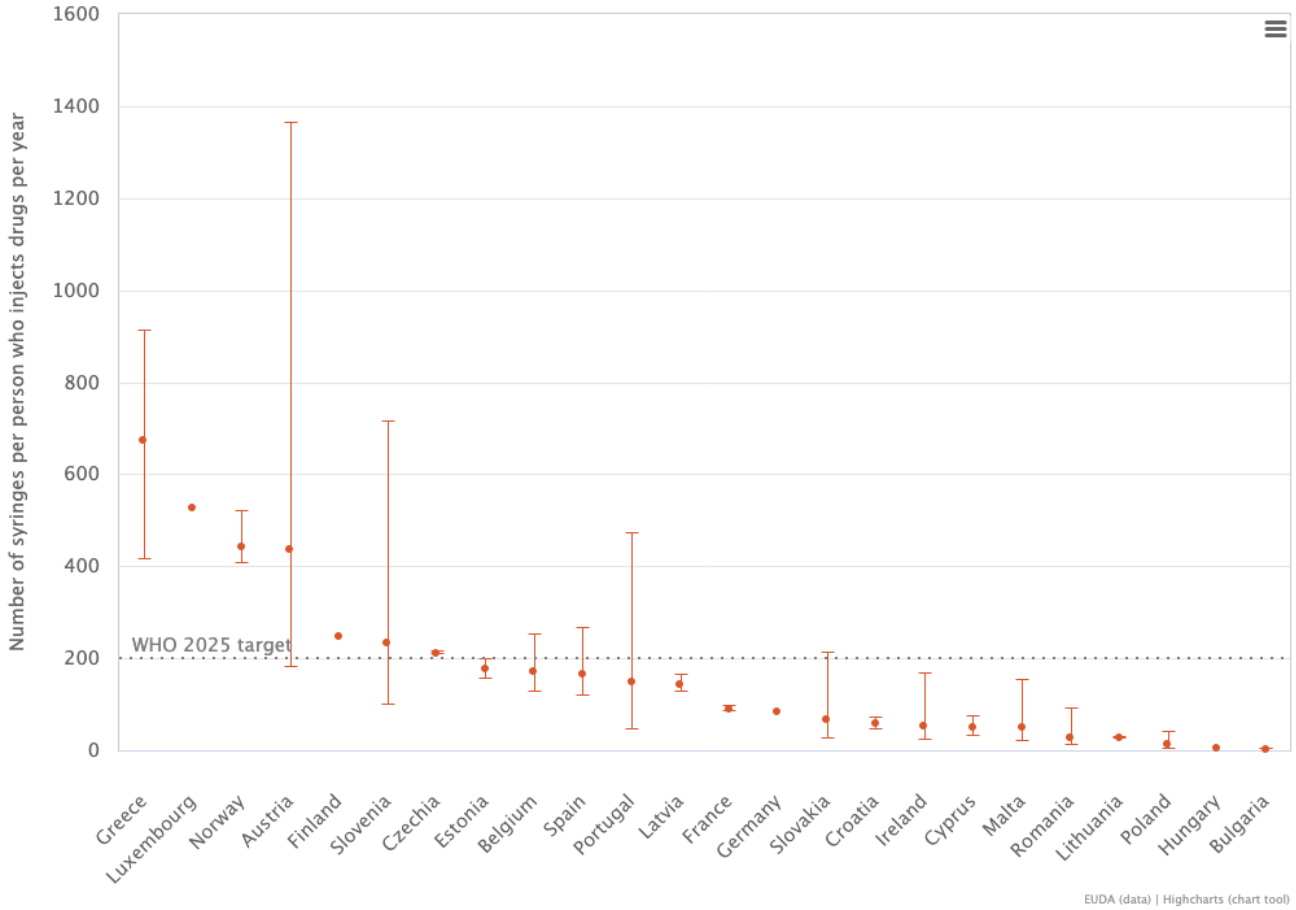


Figure 10.3. Most-recent documented HIV outbreaks in EUDA member states among people who inject drugs: number of HIV cases and the associated injected substance, 2014 to 2024

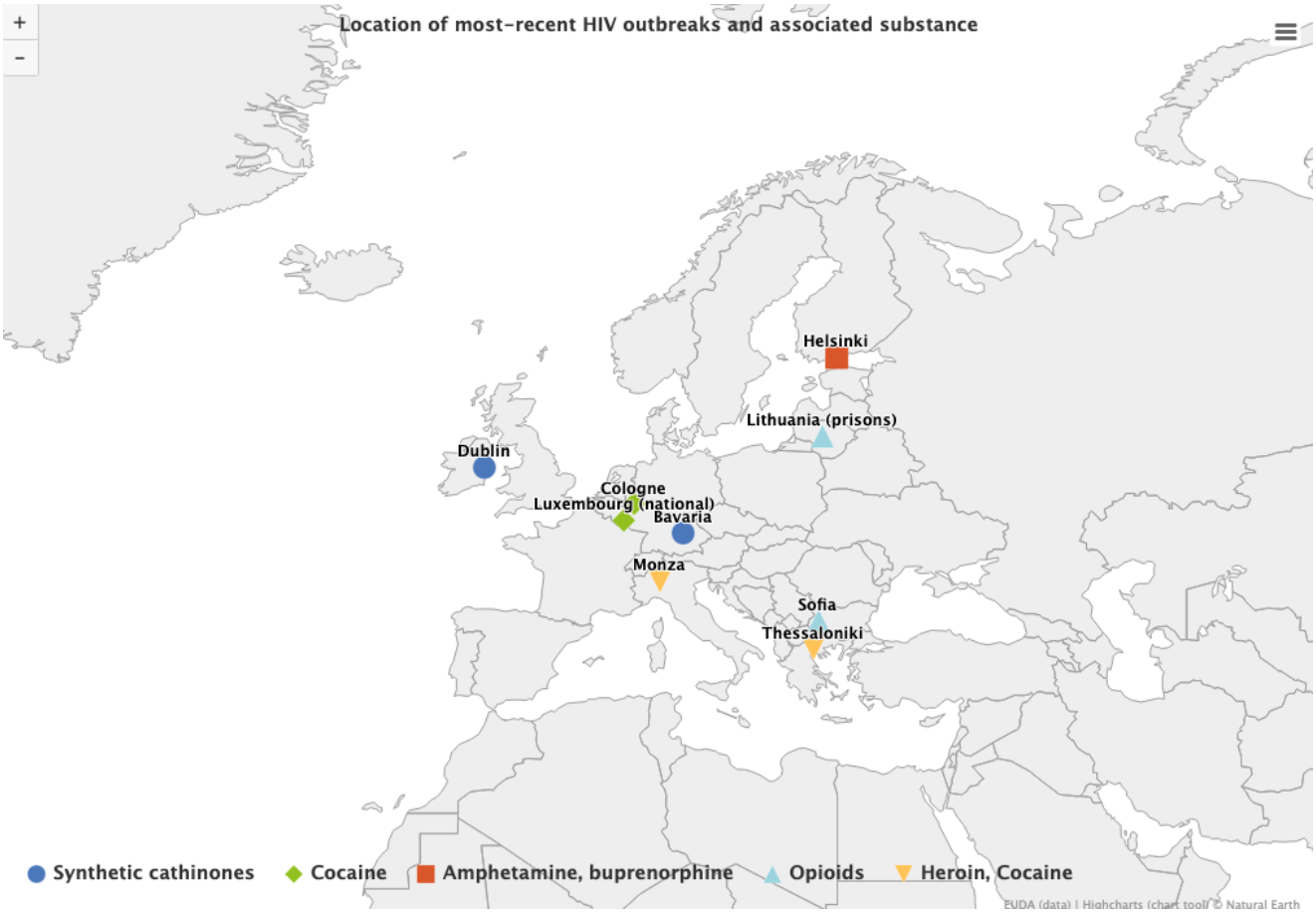
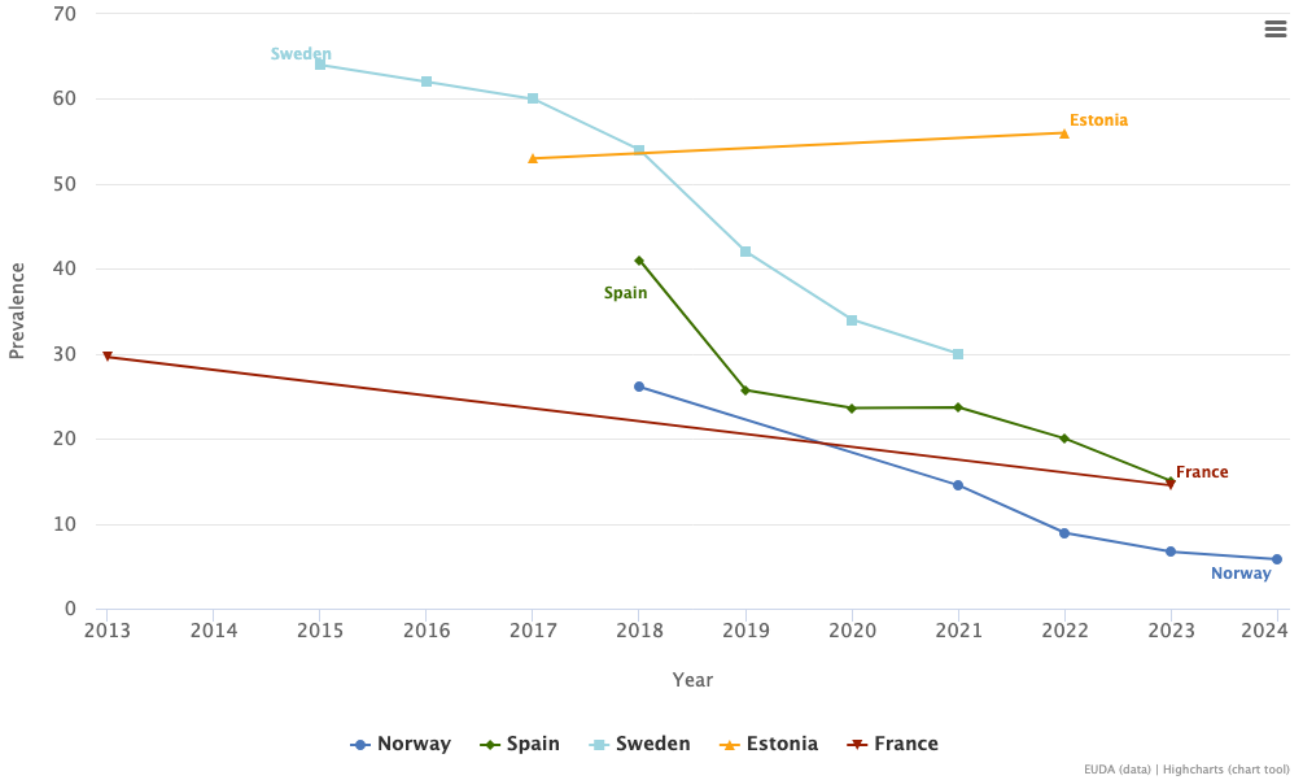


Figure 10.4. Trends in HCV-RNA prevalence (%) among people who inject drugs: results from seroprevalence studies, 2013-2024



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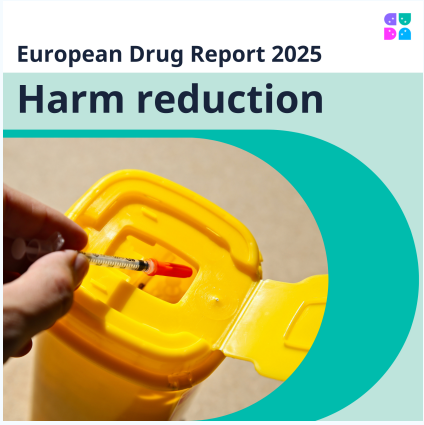
- Table EDR26-DRID-2. Most-recent HIV outbreaks in Europe among people who inject drugs and the associated injected substance, 2014 to 2024
- Table EDR26-DRID-3. Number of sterile syringes distributed per person who inject drugs per year, 2024 or latest data

- Table EDR26-DRID-5a. New HIV cases attributable to injecting drug use, 2024 or most recent year
- Table EDR26-DRID-5b. New AIDS cases attributable to injecting drug use, 2024 or most recent year
- Table EDR26-DRID-5c. Trends in drug-related HIV: EU and selected countries (cases per million population)
- Table EDR26-DRID-5d. Countries with national data on HCV and HBV, 2024
- Table EDR26-DRID-6. Prevalence of active HCV infection among people who inject drugs, by country, 2024 or latest available data
- Table EDR26-DRID-7. Trends in HCV-RNA prevalence (%) among people who inject drugs: results from seroprevalence studies, 2013-2024

Harm reduction – the current situation in Europe (European Drug Report 2026)

Harm reduction encompasses policies, programmes and interventions for reducing the health, social, legal and economic impacts of drug use on individuals, communities and societies. On this page, you can find the latest analysis of harm reduction interventions in Europe, including key data on opioid agonist treatment, take-home naloxone programmes, drug consumption rooms and more.

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*



Harm reduction is adapting to new and evolving drug problems

Illicit drug use contributes to the global burden of disease. Interventions to reduce this burden include prevention, which aims to delay or reduce drug use and its harms, and treatment to support stabilisation and recovery for people with drug-related problems. Harm reduction complements these approaches by working non-judgmentally with people who use drugs to reduce risks linked to their drug use behaviour and unsafe consumption conditions, and to promote health and well-being. A well-documented example is the provision of sterile injecting equipment to reduce the risk of infectious disease transmission. Measures such as this appear to have contributed to the low rate, by international standards, of new HIV infections associated with injecting drug use in Europe. Nonetheless, gaps in service provision and the growing use of stimulants present challenges for the European Union in meeting the WHO continuum-of-care targets among people living with HIV (see Drug-related infectious diseases – the current situation in Europe). In the last decade, evolving drug use patterns and changing user profiles have required harm reduction to address a wider range of risks. Harm reduction has expanded to include preventing overdoses linked to polysubstance use, responding to stimulant smoking and supporting vulnerable people facing complex health and social problems.

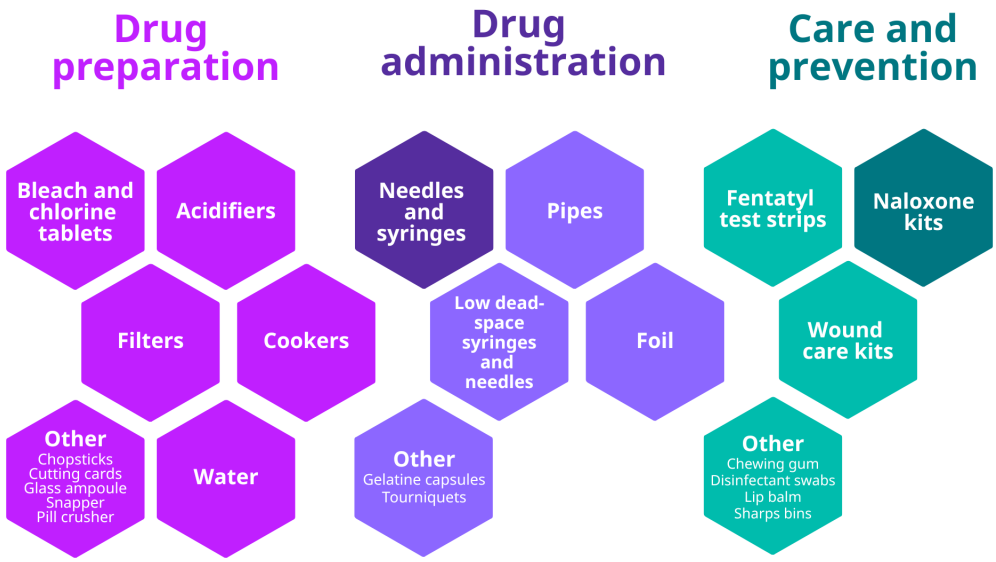
A spectrum of interventions is needed to tackle changing drug-related harms

Illicit drug use can cause chronic and acute health problems, potentially compounded by the properties of the substances, adulterants, route of administration, individual vulnerability and the social context of use. Chronic harms include dependence and infectious diseases, while the range of acute harms includes drug poisonings and overdoses. Although uncommon at the population level, opioid use accounts for much drug-related morbidity and mortality. Risks are higher with injecting and polysubstance use, making people who use opioids and inject drugs long-standing priorities for harm reduction interventions, with well-developed and evaluated service models.

Many harm reduction services, such as opioid agonist treatment and needle and syringe programmes are integrated into mainstream healthcare in Europe. Updated EUDA-ECDC guidance recommends combining opioid agonist treatment with the provision of sterile injecting equipment in community and prison settings to prevent the spread of HIV and hepatitis C, reduce injecting risk and maximise the coverage and effectiveness of these interventions among people who inject opioids.

Harm reduction equipment is usually delivered through integrated low-threshold services, which distribute sterile materials to reduce harms associated with continued drug use. The equipment provided may include items used for drug preparation and administration (e.g. filters, cookers, water, needles and syringes, pipes, foil) and items to prevent or respond to harms (wound care kits, naloxone) (see Figure 13.1). Current evidence indicates the effectiveness of needle and syringe programmes and take-home naloxone, but evaluation data on other items remain limited, although observational studies suggest such provision can help broaden engagement with people who use drugs, including facilitating their access to treatment and social reintegration measures (Health and social responses: provision of harm reduction equipment for high-risk drug use).

Figure 13.1 Common sterile harm reduction supplies for high-risk drug use

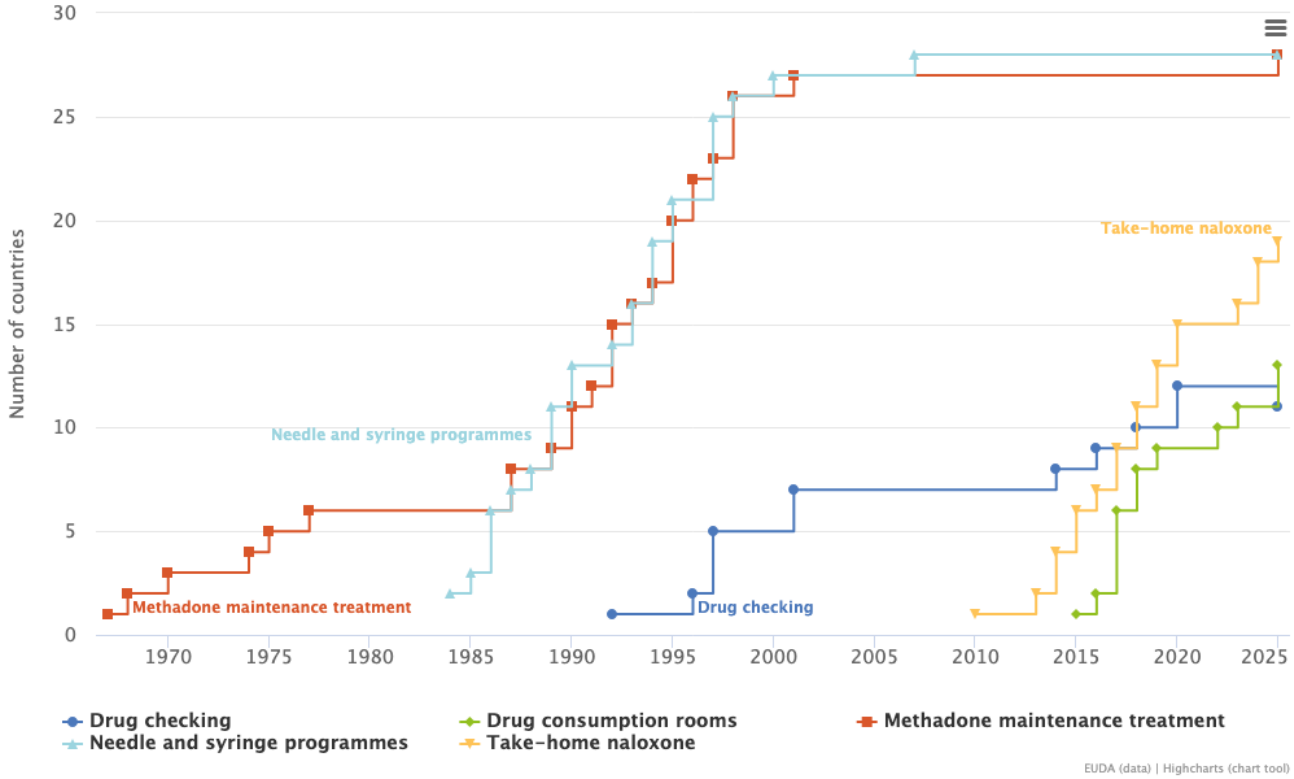


Notes: Supplies for which there is evidence of benefit and where we can have a high or reasonable confidence in the available evidence are shown in a darker tone. Much of the current evidence on the provision of the supplies listed in this figure is either emerging or deemed insufficient (see Health and Social Responses: Provision of harm reduction equipment for high-risk drug use and Spotlight on... Understanding and using evidence

Harm reduction approaches have been broadened in some EU Member States to encompass additional responses. These include supervised drug consumption rooms and take-home naloxone programmes designed to reduce fatal overdoses (Figure 13.2). Interventions to reduce opioid-

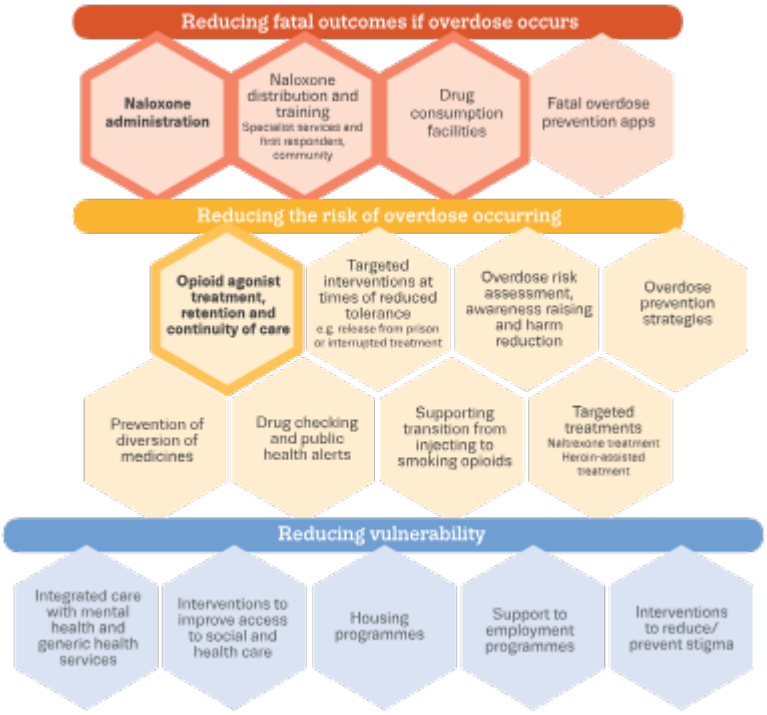
related deaths include measures aimed at tackling vulnerability, preventing overdoses from occurring and preventing fatal outcomes when overdoses do occur (Figure 13.3).

Figure 13.2. Number of European countries implementing selected harm reduction interventions, up to 2024



Implementation at any level, including pilot projects, is included.

Figure 13.3. Interventions to prevent opioid-related deaths, by intended aim and evidence of benefit



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

Drug consumption rooms provide supervised, hygienic spaces for people to use drugs. Sterile injecting equipment and safer use advice, including overdose prevention, are provided and staff can respond to on-site overdoses. These services may also link marginalised people with other harm reduction, treatment, healthcare and social services. They may also help reduce levels of public injecting. While evidence is still developing and evaluation is challenging, available data indicate that drug consumption rooms can contribute to reducing drug-related deaths (see also Health and social responses: drug consumption rooms).

Take-home naloxone programmes provide overdose risk and response training and distribute naloxone kits to people likely to witness an opioid overdose. While increasing numbers of individuals have been trained in administering naloxone, coverage and access issues still exist in some in EU Member States providing the intervention (see Opioid-related deaths: health and social responses).

In some countries, drug checking services allow people to understand what the illicit drugs they have bought contain. With many synthetic stimulants and new psychoactive substances now available on the illicit market in similar-looking powders or pills, consumers may be unaware of what they are consuming. When offered within drug consumption rooms, drug checking can reach more vulnerable groups and may help reduce overdose risk linked to unexpected or potent opioids. Drug checking services provide insights into current drug market trends and consumer

preferences, ultimately supporting targeted risk communications and alerts (see also Synthetic stimulants – the current situation in Europe and MDMA – the current situation in Europe).

The increased integration of the markets for new psychoactive substances and illicit drugs has created new public health challenges. Examples include hemp mixed with synthetic and semi-synthetic cannabinoids; stimulants mixed with various substances, sometimes including synthetic cathinones; ketamine; or new synthetic opioids (e.g. nitazenes) mixed with or mis-sold as heroin (see also New psychoactive substances – the current situation in Europe). As poisoning events can evolve rapidly, risk communication has become more important. For example, when isotonitazepyne, a potent nitazene opioid mis-sold as oxycodone tablets, was linked to a fatal overdose in the Netherlands in March 2025, a rapid risk alert communication was issued to warn unsuspecting opioid consumers who may have purchased similar tablets (Figure 13.4). Events like this underline the need for coordinated systems such as the EUDA's new European Drug Alert System, which supports EU and national preparedness and response activities to serious drug-related risks through rapid information exchange, targeted alerts and other risk communications. Given developments in the synthetic opioids market, preparedness planning will be important and can focus on enhancing toxicological capacity, alert messaging and supporting the readiness of frontline health and social services.

Figure 13.4. A rapid risk communication issued in Netherlands, 2025

!RED ALERT

18-03-2025

ALERT
Fake oxycodone pills in circulation

Isotonitazepyne sold as oxycodone

- Instead of oxycodone, this pill contains the life-threatening nitazene **isotonitazepyne**.
- Using isotonitazepyne results in **troubled breathing**, **unconsciousness** or **death**.
- This pill was bought online as oxycodone and is associated with at least one fatal incident in The Netherlands.
- Do **not** use opioid painkillers that have been bought online.

Call 112 and ask for naloxone if you or someone else has taken this pill and has trouble breathing or loses consciousness. Stay calm and don't leave them alone.

Scan for more information

Trimbos instituut

Growing stimulant use highlights gaps in harm reduction service provision

HIV outbreaks associated with the injection of illicit stimulants have been documented in 7 European cities, across 6 EU Member States during the last decade. Stimulant use is associated with a potentially higher frequency of injection compared with heroin use, while crushing and dissolving crack cocaine and other tablets for injection also brings with it additional health risks. High levels of harm reduction service coverage are needed to prevent and rapidly contain infectious disease outbreaks.

Synthetic stimulants and other substances are sometimes consumed to facilitate and enhance sex in the context of sexualised drug use, known as 'chemsex', by various groups but mainly among a small sub-population of men who have sex with men. Engaging with and providing effective harm reduction responses for this group is challenging due to a lack of integrated service provision, tailored harm reduction interventions and limited knowledge of the prevalence of this pattern of use. Addressing this issue requires strong multi-agency partnerships between sexual health services and harm reduction services.

Diverse drug problems highlight the need to scale up harm reduction services

Despite cannabis being Europe's most consumed illicit drug, harm reduction advice and interventions are often lacking. Cannabis resin and herb are typically of higher potency than in the past and are associated with more acute and chronic harms. Greater product diversity, with edibles, e-liquids and extracts available, alongside increased availability of semi-synthetic cannabinoids, complicates the identification and implementation of effective harm reduction interventions in this area.

Various other substances present additional harm reduction provision challenges. Among these are the unpredictable health effects posed by new psychoactive substances appearing in powders or used in e-liquids for vaping. While difficult to quantify, the potential risk of bladder damage from ketamine use and risk of spinal cord degeneration and peripheral neuropathy from vitamin B12 deficiency induced by the use of nitrous oxide canisters present emerging challenges to harm reduction, treatment and linkage to services (e.g. urology, neurology).

Across the European Union, coverage and access to harm reduction services vary widely and remain below estimated needs in some countries. Rapidly changing drug markets, characterised by more complex use patterns, new substances and mixtures, and risks concentrated in specific groups or settings, underline the need to further develop and evaluate responses such as drug consumption rooms and drug checking services. The EUDA's Health and Social Responses to Drug Problems: A European Guide provides more information on the evidence for harm reduction and other interventions.

Key data and trends

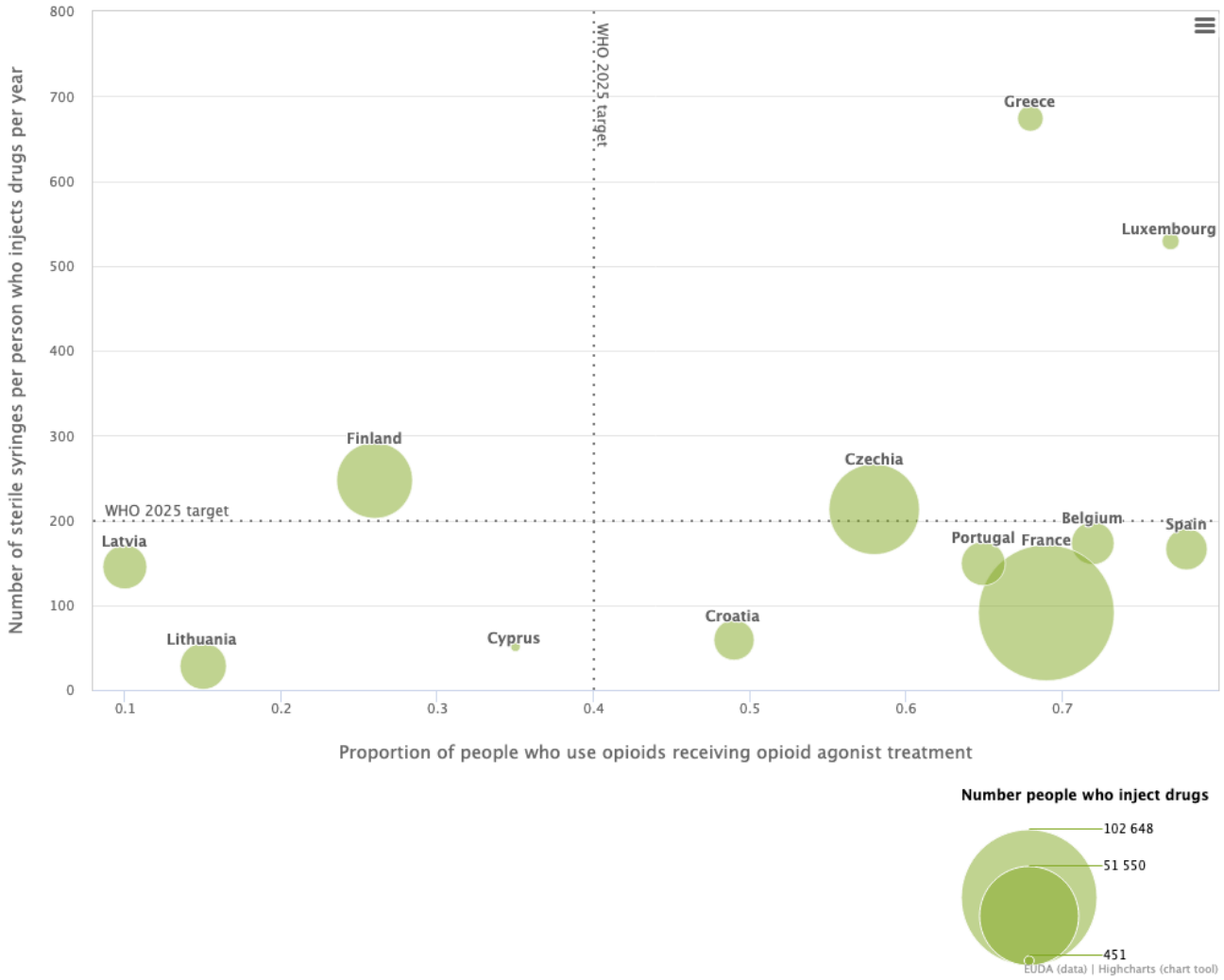
Needle and syringe programmes

- In 2024, needle and syringe programmes were in place in all EU Member States and Norway. Only 7 of the 25 countries with available data had reached the 2025 WHO service provision target in 2024 (Figure 13.5); only 4 of these countries also provide data on the coverage of opioid agonist treatment.

Opioid agonist treatment

- In 2024, of the 22 countries with available data, 14 had reached the 2025 WHO service provision target for opioid agonist treatment (Figure 13.5); only 9 of these also provide data on the coverage of needle and syringe provision.
- A range of opioid agonist medications are prescribed in Europe, with methadone received by 61% of opioid agonist treatment clients, while another 36% receive buprenorphine.

Figure 13.5. Needle and syringe distribution and opioid agonist treatment coverage in relation to WHO 2025 targets, 2024 or latest available estimate



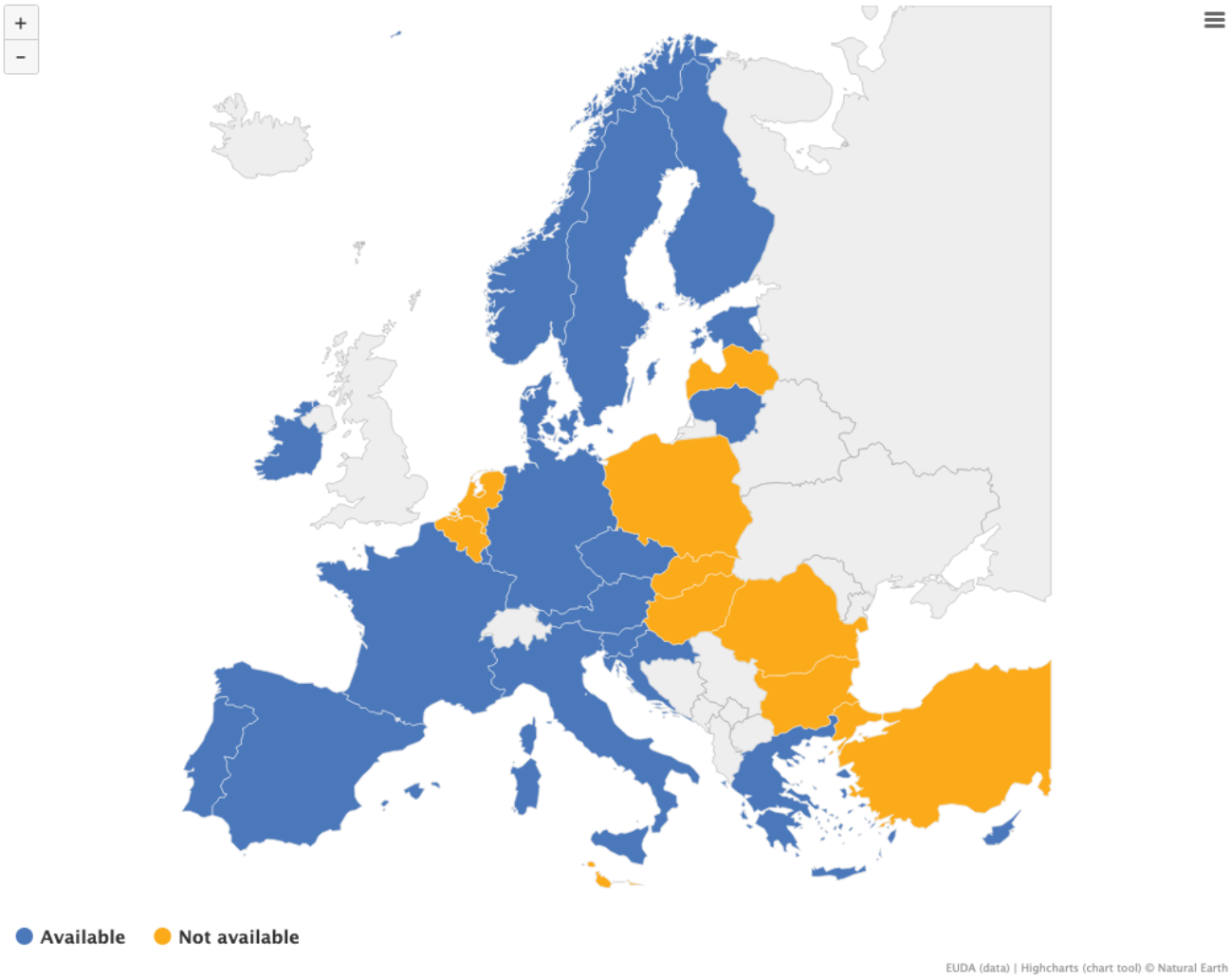
The coverage is based on the latest national estimates of injecting drug use and high-risk opioid use matched by harm reduction activity data (within a maximum of 2 years). The estimate of coverage of opioid agonist treatment for Belgium is derived from a subnational study conducted in 2019.

Take-home naloxone programmes

- Up to 2025, take-home naloxone programmes were available in 19 European countries (Figure 13.6).
- The number of naloxone kits distributed by take-home programmes was reported by 10 of the 19 countries for 2024, with 8 reporting an increase compared with 2023.
- Naloxone was used as a nasal spray in 17 of these countries and injectable naloxone formulations were used in 7 countries.

- Injectable naloxone 0.4 mg/1 ml vials (as included in the WHO essential medicines list) were used in five countries: Ireland, Spain, Italy, Lithuania and Portugal.
- Naloxone is available over the counter in Denmark, France, Italy, Sweden and Norway.

Figure 13.6. Availability of take-home naloxone, available formulations, number of persons trained and number of kits given out, in Europe



Note: Data are for EU Member States, Norway and Türkiye in 2024. In Greece in 2023, a law was issued for take-home naloxone; in 2025, a ministerial decree was issued allowing the implementation of the programme.

Drug checking services

- Eleven European countries reported the provision of some type of drug checking service in 2025 (12 in 2024). The services use various techniques (Figure 13.7) and operate in a range of settings, including festivals, drug consumption rooms and at fixed locations in the community.

Figure 13.7. An illustration of the range of drug checking technologies available and their relative accuracy and reliability

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

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

Drug consumption rooms

- In 2025, a total of 108 drug consumption rooms were operational in 13 EU Member States and Norway (Figure 13.8). Service provision includes supervised injecting, supervised use of stimulants (e.g. smoking crack), drug checking, provision of hygienic equipment and other forms of health and social support.

Figure 13.8. Location and number of drug consumption facilities throughout Europe, 2025

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

Geographical coordinates used here are approximate only. A point on the map may represent more than one drug consumption facility. Hover over a point to view more details.

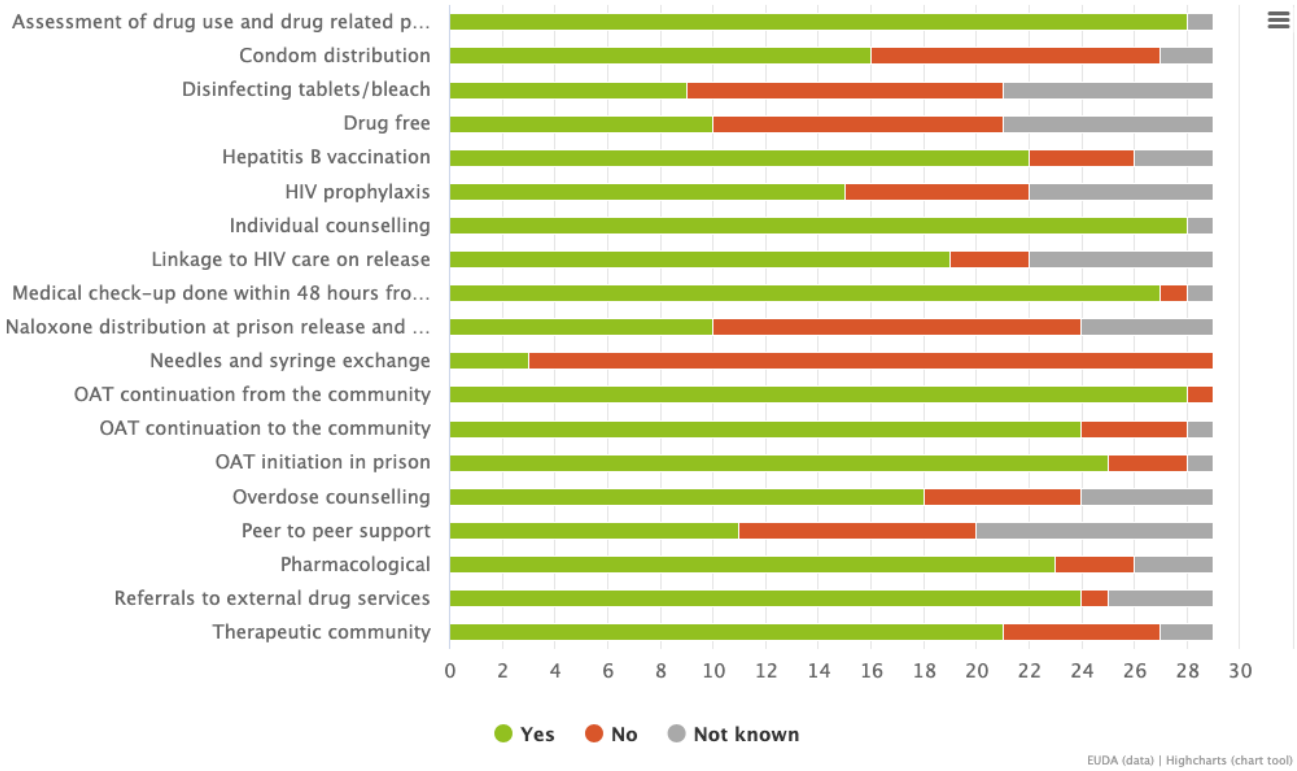
Interventions in prisons

- EUDA data on harm reduction and treatment interventions available in prisons in 2024 show that continuity of opioid agonist treatment between the community and prison settings was available in all but one EU Member State (Slovakia), and in Norway and Türkiye. Initiation of opioid agonist treatment in prison was not allowed in 3 countries (Bulgaria, Latvia, Slovakia). Needle and syringe programmes were available in prisons in 4 countries: in all prisons in Spain and Luxembourg (1 prison), in 10 prisons in France and in 1 prison for women in Germany. Naloxone provision upon release from prison was available in 10 countries in 2024 (Germany, Estonia, Ireland, Greece, France, Croatia, Italy, Luxembourg, Slovenia, Norway). The number of countries reporting the official availability of selected harm reduction interventions (Figure 13.9)

increased in 2024 compared with 2023.

- In 2025, ECDC and the EUDA jointly launched a toolkit for the elimination of viral hepatitis in prison.

Figure 13.9. Availability of drug-related and other health and social care interventions targeting people who use drugs and are in prison, Europe, 2024 Number of countries where the intervention was officially available in 2024



Availability of interventions in prison settings

Select an intervention from the dropdown list below

Assessment of drug use and drug related problems

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.

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- Table EDR26-HR-1. Number of European countries implementing harm reduction interventions, up to 2025
- Table EDR26-HR-2. Availability of take-home naloxone in Europe
- Table EDR26-HR-3. Needle and syringe distribution and opioid agonist treatment coverage in relation to WHO 2020 targets, 2023 or latest available estimate
- Table EDR26-HR-4. Location and number of drug consumption facilities throughout Europe 2025
- Table EDR26-HR-5. Availability of drug-related and other health and social care interventions targeting people who use drugs and are in prison, EU+2, 2024

List of figures (European Drug Report 2026)

This page contains a full list of all figures and graphical elements available in the European Drug Report 2026 Note that, if viewing this page as part of a PDF, links will go to the online pages, not the corresponding figures in the PDF. Links are organised below according to the chapter in which they appear.

This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.
Last update: *2 June 2026*

List of figures by chapter

Opioid agonist treatment – the current situation in Europe (European Drug Report 2026)

People who use opioids represent nearly one third of the clients in specialist drug treatment. Opioid agonist treatment is the main form of treatment for opioid-related problems in these cases. On this page, you can find the latest analysis of the provision of opioid agonist treatment in Europe, including key data on coverage, the number of people in treatment, pathways to treatment and more.

This page is part of the **European Drug Report 2026**, the EUDA's annual overview of the drug situation in Europe.
Last update: *09 June 2026*

As Europe's drug problem changes, improved access to opioid agonist treatment is needed

Opioid agonist treatment

Opioid agonist treatment is a well-established intervention for opioid dependence. It is recommended, in both community and prison settings, to prevent transmission of HIV and HCV and to help reduce injecting risk behaviour and injecting frequency. In addition, enrolment in opioid agonist treatment is strongly evidenced as a protective factor against opioid overdose and some other causes of death (see also Injecting drug use – the current situation in Europe and Drug-related infectious diseases – the current situation in Europe).

The long-term nature of opioid use disorders means that opioid agonist treatment accounts for a major share of the resources invested in drug treatment services in many countries. In 2024, an estimated 505 000 people in the European Union received some form of opioid agonist treatment for opioid-related problems. This represents nearly one third of the estimated 1.76 million people who received treatment for problems related to the use of illicit drugs during the same period.

European countries differ in the settings, forms and extent to which opioid agonist treatment is available. Opioid agonist treatment is primarily provided in outpatient settings. These can include specialist drug treatment centres, low-threshold agencies and primary healthcare centres, which can include general practitioners' surgeries. More flexible outpatient treatment options are also available in some countries, as are new treatment modes, such as extended-release formulations of buprenorphine, which allow clients to have sustained opioid agonist treatment with a single monthly injection or a subcutaneous implant. Emerging evidence indicates that this modality may be effective in reducing opioid and polysubstance use, preventing diversion of opioid agonist medicines in prison settings, help alleviate pressure on prescribers by reducing the number of visits each client requires, and may also support the extension of coverage to rural or remote areas.

Coverage, availability and emerging threats

In terms of treatment availability, a mixed picture emerges across EU Member States, with some reporting increases in access to opioid agonist treatment and others reporting declines. However, limited availability of data continues to hinder rigorous analysis of provision and capacity at the EU level. Nonetheless, the available information shows that opioid agonist treatment provision remains insufficient and below the minimum levels recommended by the WHO in some EU Member States that report a high prevalence of high-risk opioid use (see Key data and trends). Some of these countries have observed the use of potent new synthetic opioids and high rates of drug overdoses (see Drug-induced deaths – the current situation in Europe). The EUDA carried out a threat assessment of the increased availability, use and harms of highly potent synthetic opioids in the Baltic region in 2025. It found that treatment access was hindered by stigma, administrative restrictions and poor adaptation of opioid agonist treatment to the needs of those who use synthetic opioids. The assessment identified the need to expand access and geographic coverage for opioid agonist treatment.

Polysubstance use and the availability of potent new synthetic opioids on local drug markets can increase the risks from opioid use. Recent syringe residue analysis data from the ESCAPE network reveal that, alongside heroin, a range of highly potent new synthetic opioids, including fentanyl, carfentanil, nitazenes and orphines are being injected in some cities. In countries and cities where these new synthetic opioids may be continuously available, more research is needed to determine if adaptations are needed to ensure that current levels of opioid agonist treatment provision remain optimal. There is also a need for further research, especially for randomised controlled trials, to establish the utility and effectiveness of new treatment modalities and pharmaceutical preparations.

Evolving service needs and challenges

Because opioid dependence is a long-term, relapsing condition, people often undergo multiple episodes of treatment and may require a combination of responses for care to be effective. In addition, many people with opioid dependence experience co-occurring mental and physical health issues and social problems, which creates further service needs and underscores the importance of integrated care delivery.

The long-term nature of opioid problems is underlined by the data available on the characteristics of those receiving opioid agonist treatment. The data also indicate that Europe's cohort of people with heroin-related problems is ageing, with more than 70% of clients in opioid agonist treatment now aged 40 or older, while 5% are under 30 years old. A lag of 14 years exists between the average age of first use at 24 and first treatment episode at 38. This has service delivery and cost implications, with providers now addressing more complex healthcare needs in increasingly vulnerable and marginalised clients. There is a need to ensure the existence of effective referral pathways to generic services offering treatment for other conditions associated with the ageing process, including geriatric care, due to the long-term effects of illicit drug use, but also tobacco and alcohol use. Other complex problems among these clients include mental health issues, social

isolation, employment and housing. The development of integrated, multidisciplinary and age-specialised care services for this group remains a key policy and provision consideration.

Another challenge for treatment provision is that, in some countries, younger people with opioid problems have limited access to opioid agonist treatment. Barriers to service access may include regulatory restrictions and stigma associated with the potentially long-term nature of treatment. This issue is particularly relevant in the context of polysubstance use and the presence of new synthetic opioids in Europe. There is also concern about the potential emergence of a more diverse group of people at risk of opioid dependence and related harms, driven by the increased availability of opioid-containing tablets on some local drug markets. For example, Denmark launched an inter-ministerial action plan, Youth Without Opioids, in 2024 to address increased opioid-containing tablet consumption among young people. The plan included measures across multiple policy areas, such as increased prevention initiatives, closer surveillance and strengthened customs control, further training for doctors in opioid agonist and withdrawal treatment, along with efforts to enhance access to treatment.

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

Key data and trends

Number of people in opioid agonist treatment

- Overall, opioid agonist treatment was received by about 60% of the estimated 855 000 high-risk opioid users in the European Union in 2024, an estimated 505 000 (517 000 including Norway and Türkiye) (Figure 12-1). Incomplete availability of data continues to limit our ability to estimate the number of high-risk opioid users and the proportion receiving opioid agonist treatment and to conduct trend analysis.
- The number of people receiving opioid agonist treatment increased in 10 EU Member States between 2019 and 2024, including in Finland (by 114%), Poland (42%), Denmark (18%) and Estonia (10%).
- Levels of provision remain low and inadequate in some countries estimated to have significant numbers of high-risk opioid users, such as Latvia and Lithuania (Figure 12.2), and are decreasing in Bulgaria and Romania.

Pathways to treatment

- Self-referral continues to be the most common route into specialist drug treatment for opioid clients. This form of referral, which also includes referral by family members or friends, accounted for about two thirds (65%) of those with primary opioid problems entering specialist

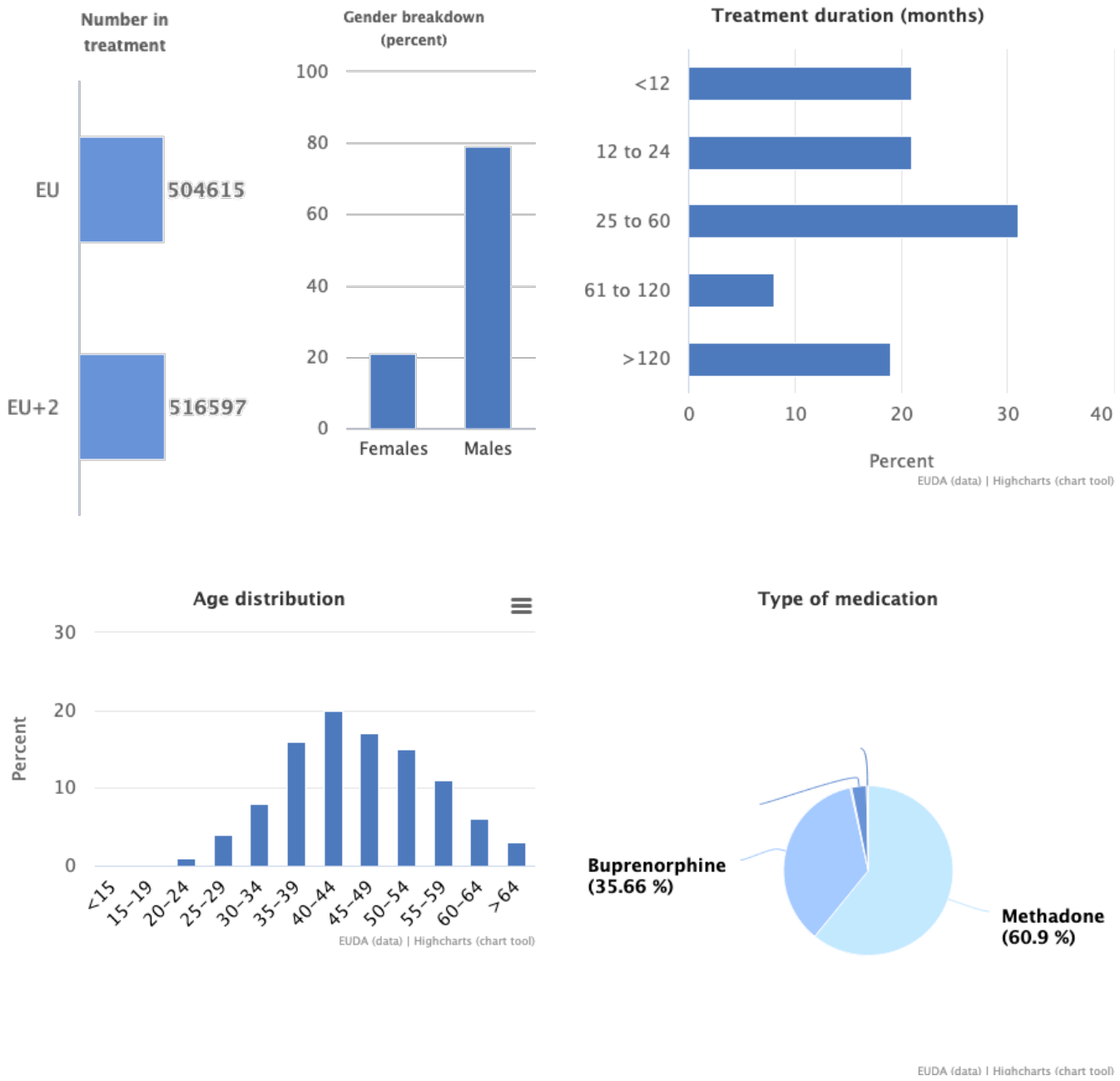
drug treatment in Europe in 2024. Almost a quarter (24%) of clients were referred by health, education and social services, including other drug treatment centres, while 7% were referred by the criminal justice system.

Opioid agonist medications

- The provision of more than one opioid agonist treatment medication in 2024 is reported by 25 countries. Methadone is the most commonly prescribed medication, received by more than half (61%) of opioid agonist treatment clients across Europe. Another 36% are treated with medications based on buprenorphine, which is the principal medication reported to be used in 9 countries. Other substances, including slow-release morphine or diacetylmorphine (heroin), are more rarely prescribed, being together received by 3% of opioid agonist clients in Europe. Three countries reported clients receiving heroin-assisted treatment in 2024.
- Six countries report the use of newer buprenorphine preparations: a prolonged-release solution for injection and a subcutaneous implant.

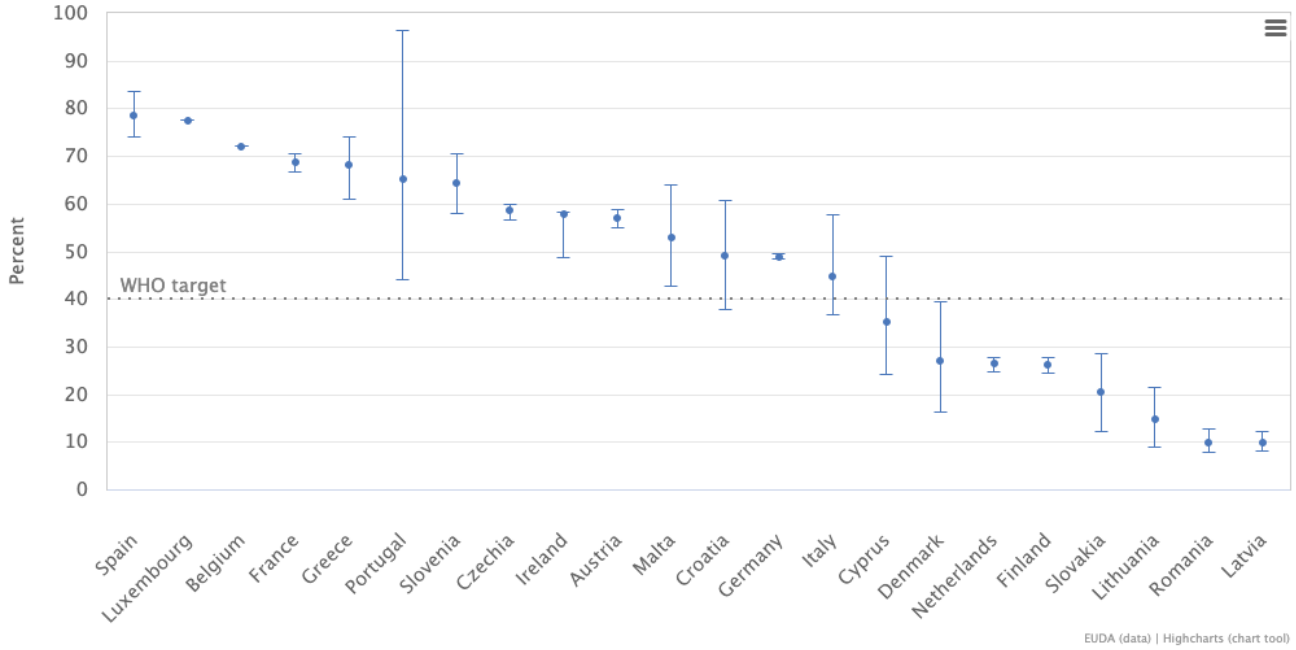
Figures and in-page tables

Figure 12.1. Clients in opioid agonist treatment



Note: Data for age distribution are based on 13 countries representing 41% (209 000) of all registered clients in the European Union. Data for gender are based on 18 countries representing 28% (141 000) of all registered clients. Data for treatment duration are based on 6 countries representing 5% of all registered clients (26 000).
Distribution of opioid agonist treatment clients by type of medication: SROM is slow-release oral morphine and DHC is dihydrocodeine.

Figure 12.2. Coverage of opioid agonist treatment (percent) in 2024 or the most recent year



Note: Coverage is defined as the share of people who use opioids receiving the intervention. Data are displayed as point estimates and uncertainty intervals.

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

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

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- Table EDR26-OAT-1. Coverage of opioid agonist treatment in 2024 or the most recent year and 2013/14 (Percent)
- Table EDR26-OAT-2. Clients in opioid agonist treatment
- Table EDR26-OAT-3 Number of European countries implementing opioid agonist treatment, up to 2025