European Monitoring Centre for Drugs and Drug Addiction

Luxembourg

Luxembourg Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Luxembourg, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

THE DRUG PROBLEM IN LUXEMBOURG AT A GLANCE

Drug use

in young adults (15-34 years) in the last year

Cannabis

9.8 %

Female	Male
6.6 %	14.3 %

Other drugs

MDMA	0.4 %
Amphetamines	0.1 %
Cocaine	0.6 %

High-risk opioid users

1 738

All treatment entrants

by primary drug

- Cannabis, 16 %
- Cocaine, 22 %
- Heroin, 58 %
- Other, 4 %

Opioid substitution treatment clients

1 142

Syringes distributed

through specialised programmes

447 681

Overdose deaths

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Deaths												8

New HIV diagnoses attributed to injecting

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Diagnoses												9

Source: ECDC

Drug law offences

2 525

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Cocaine
4. Heroin
5. Amphetamine

Population

(15-64 years)

410 613

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

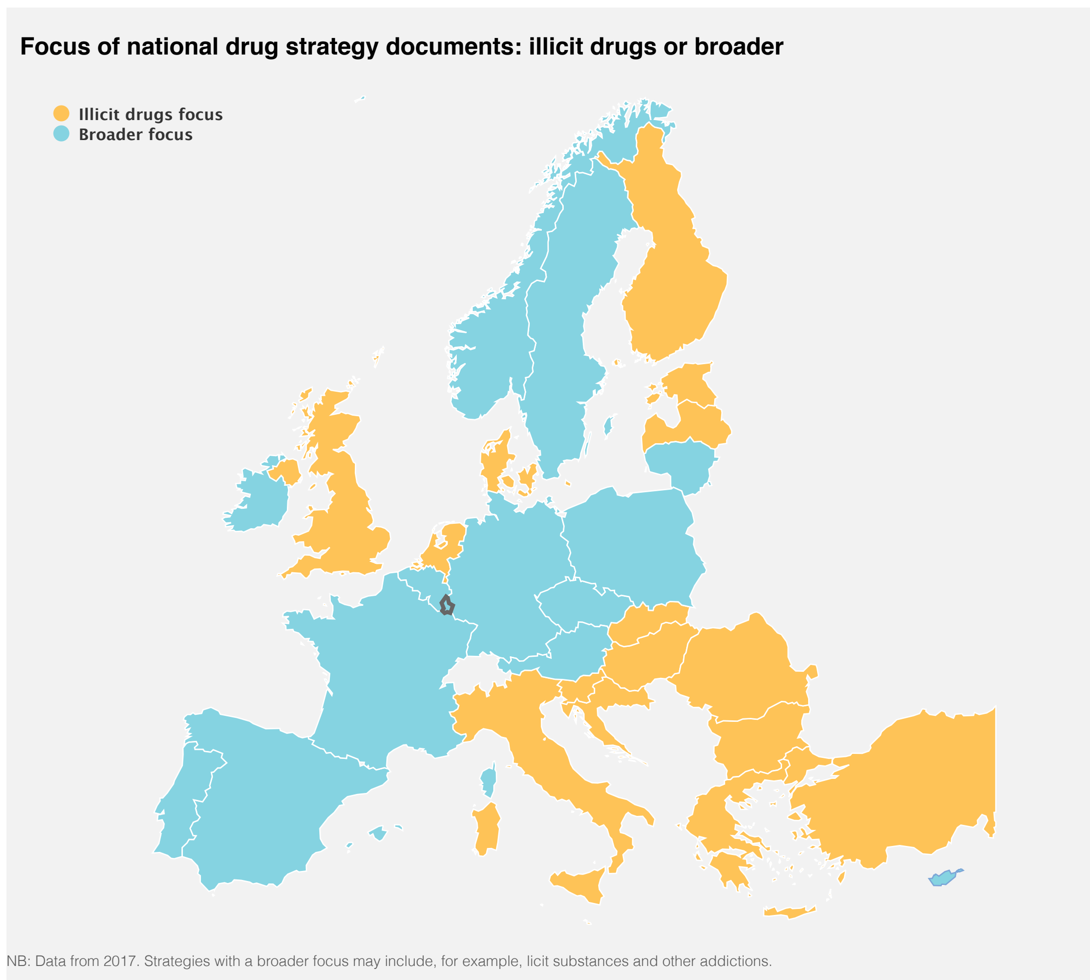
National drug strategy

In Luxembourg, the National Strategy and Action Plan on Drugs and Addictions 2015-19 addresses illicit drugs, alcohol, tobacco, psychotropic drugs and behavioural addictions. The strategy is built around the two pillars of drug demand and drug supply reduction and the four transversal themes of harm reduction, research and information, international cooperation and coordination.

Its overall objective is to contribute to achieving a high level of protection in terms of public health, public security and social cohesion. This high-level objective is, in turn, supported by six sub-objectives across the strategy's pillars and transversal axis. The implementation of the strategy is supported by a 60-point plan that spreads the actions across the pillars and transversal areas. More precisely, the National Strategy and Action Plan on Drugs and Addictions 2015-19 is designed to contribute to preventing drug use and addictive behaviours, developing and maintaining diversity and quality in care and treatment offers, and tangibly reducing drug use prevalence among the general population as well as health and social damage generated by illicit drug use and drug trafficking. The Action Plan's priorities include general and indicated prevention, diversification and decentralisation of care provision, the further development of substitution treatment, specific care for ageing drug users, supervised housing offers, the fight against infectious diseases among drug users and new psychoactive substances.

Like other European countries, Luxembourg evaluates its drug policy and strategy using routine indicator monitoring and specific research projects. In 2014, an external mixed-methods evaluation of the 2010-14 national strategy's implementation was completed and used in the development of the current National Strategy 2015-19. In 2019, an external evaluation of the 2015-19 action plan is planned, and this will support the development of a new National Strategy and Action Plan on Drugs and Addictions 2020-24.

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

At the national level, the Interministerial Commission on Drugs (ICD) coordinates the activities of different ministries involved in

the drugs area. The Commission is chaired by the National Drug Coordinator, who is appointed by the Minister of Health. The Commission is composed of senior delegates from the main governmental departments, the Ministry of Health and invited experts, and it constitutes the top advisory level with respect to the coordination and orientation of drug actions. Both the ICD and the Ministry of Health are responsible for the implementation of national drugs strategies and action plans, supervising field activities and guaranteeing an effective consultation process with other ministries. While the National Drug Coordinator is responsible for coordination in the area of demand reduction, the Ministry of Justice and the Ministry of Interior Security are responsible for supply reduction and the Ministry of Foreign Affairs is responsible for international cooperation.

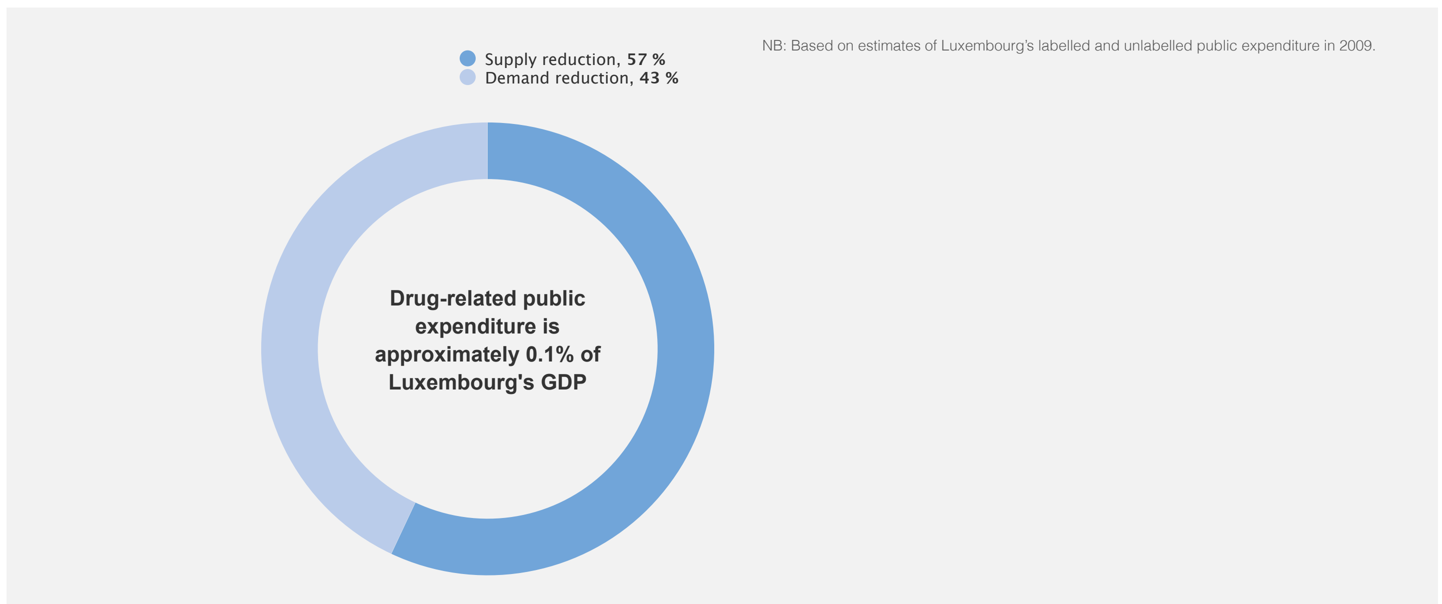
Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In 2014, the National Drug Coordinator set priorities for the National Action Plan on Drugs and Addictions 2015-19, identifying concrete actions and planned budgets. In addition, the government annually approved several drug-related budgets. The last estimate of total drug-related expenditure in the country is from 2009. At this time, it amounted to around 0.1 % of gross domestic product (GDP).

Monitoring of the evolution of annual budget allocated for drug-related activities by the Ministry of Health indicates that its budget increased from approximately EUR 9.5 million in 2013 to close to EUR 13 million in 2017.

Public expenditure related to illicit drugs in Luxembourg



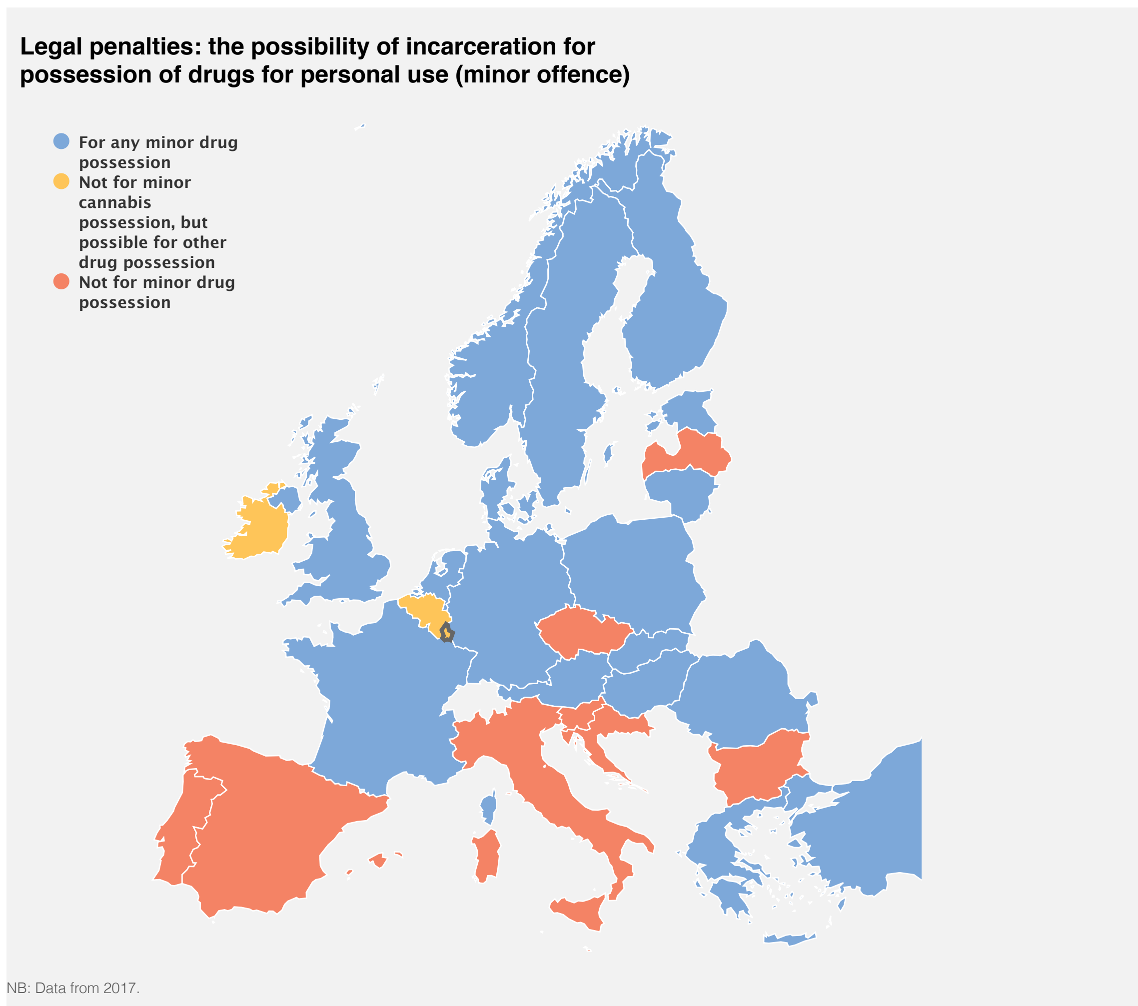
Drug laws and drug law offences

National drug laws

In 2001, cannabis use and possession for personal use were decriminalised and are now punishable only by a fine. Prison sentences are possible if there are aggravating circumstances (e.g. use in schools or in the presence of minors). Users of other illicit substances risk imprisonment for between 8 days and 6 months and/or a fine. Prosecution may be halted or penalties reduced if a drug user has taken steps to seek specialised help.

The law does not differentiate between small-scale and large-scale drug deals or distribution. Sentences for both currently range from 1 to 5 years' imprisonment and/or a fine, while a prison sentence of 5-10 years is imposed if the distributed drug has caused severe damage to health (e.g. an incurable disease). If the drugs have fatal consequences for the user, punishment for the distributor can be increased to 15-20 years' imprisonment.

New psychoactive substances (NPS) are regulated and controlled by the same legal instruments as 'established' illicit drugs. NPS may be added in the national lists of controlled substances by means of an accelerated legal procedure.



Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

NB: Data from 2017.

Drug law offences

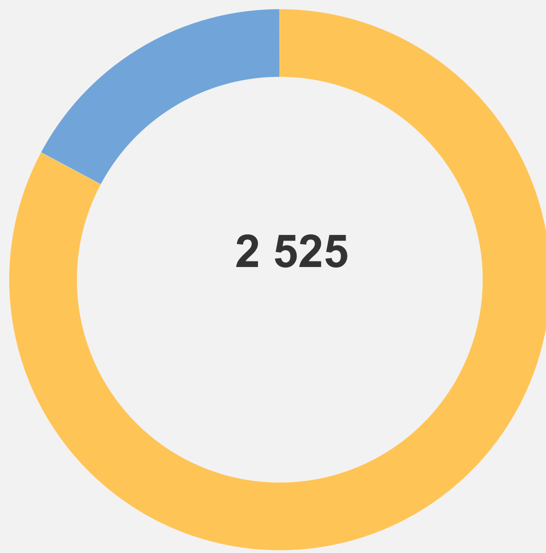
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

Between 2013 and 2015, there were large year-on-year increases in the number of drug law offenders, with a slight decrease in 2016 and 2017.

Reported drug law offences and offenders in Luxembourg

NB: Data from 2017.

Drug law offences



Drug law offenders

1 969

- Use/possession, **130**
- Supply, **27**

Drug use

Prevalence and trends

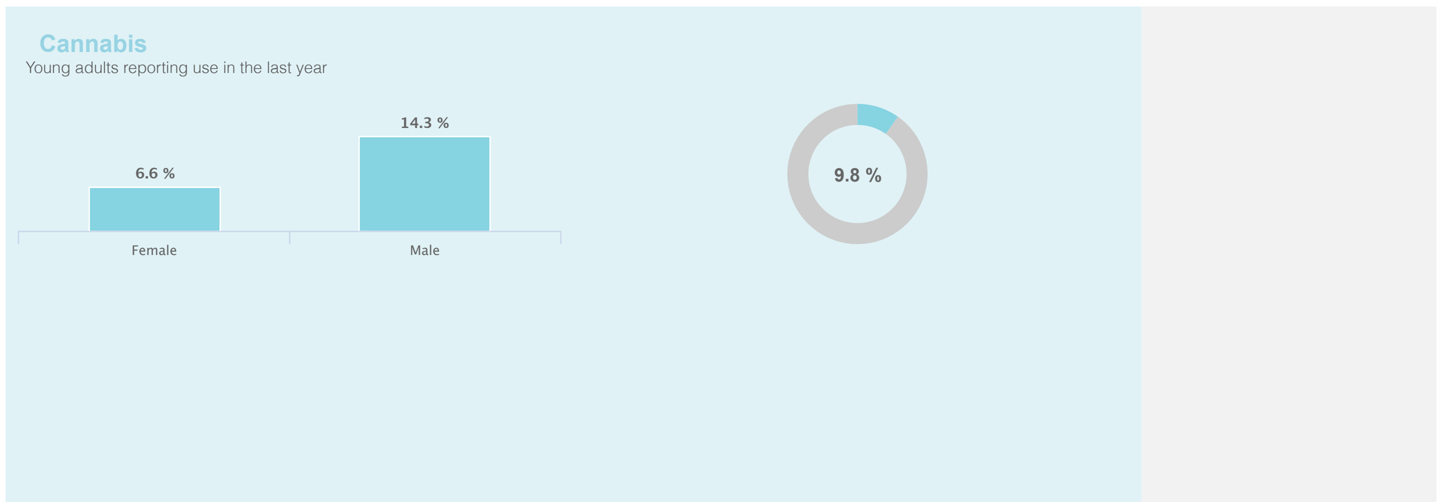
The latest wave of the European Health Interview Survey (EHIS) was launched in 2015, and a drug-related protocol based on the requirements of the European Monitoring Centre for Drugs and Drug Addiction and the European Model Questionnaire was added to collect data on drug use among the general population aged 15-64 years. Almost a quarter of adults reported lifetime use of cannabis, with cocaine and other stimulant drugs the next most commonly reported drugs of use.

A rapid assessment survey is carried out every year by the project PIPAPO at several festival venues in Luxembourg, though its results do not represent the general population. The survey assesses partygoers' recreational drug use during the last 2 weeks in festival contexts in Luxembourg. Cannabis is the substance whose use is most frequently reported , followed by cocaine, ecstasy and amphetamines (speed). Data from 2017 suggest an increase in last year use of all substances, except for heroin.

The most recent data on drug use among students in Luxembourg result from the HBSC surveys carried out in 2010 and 2014. The data show a decline in lifetime prevalence of any illicit drug use among students aged 12-18 years since 1999. The 2014 survey data show that last year prevalence of cannabis use reached 16 % among students between the ages of 13 and 18.

Information on the use of new psychoactive substances (NPS) is available from the 2014 Eurobarometer. The data indicated that 7 % of 15- to 24-year-olds had used some kind of NPS in their lifetime, close to the EU average of 8 %. More recent EHIS data (2015) indicate that lifetime prevalence of NPS use was reported by 0.5 % of people aged 15-64 years and 0.7 % of those aged 15-34 years.

Estimates of last-year cannabis use among young adults (15-34 years) in Luxembourg



NB: Estimated last-year prevalence of drug use in 2014.

High-risk drug use and trends

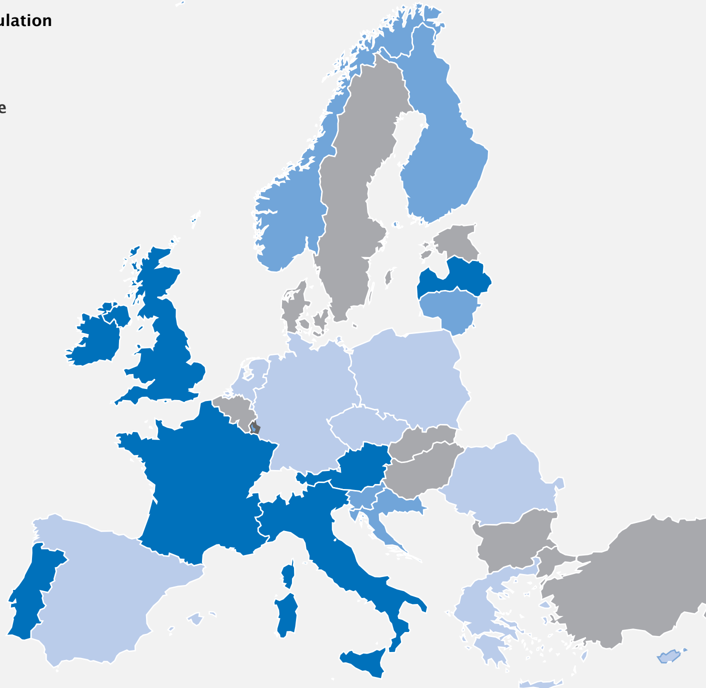
Studies reporting estimates of high-risk use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

The estimated number of high-risk opioid users in Luxembourg in 2015 was 1 738, corresponding to a prevalence rate of 4.46 per 1 000 inhabitants aged 15-64 years. Injecting drug use in Luxembourg is linked to heroin and cocaine consumption. The prevalence of people who inject drugs was estimated at 3.77 per 1 000 in 2015, representing around 1 500 people.

Data from specialised treatment centres indicate that most first-time clients enter treatment for primary use of opioids (mainly heroin), cannabis, or cocaine. Almost three quarters of all people entering treatment report polydrug use. Data from 2017 suggest a decrease in the number of new treatment demands for cannabis and an increase in new heroin treatment demands. The number of first-time treatment demands for cocaine remains stable. Around one third of all opioid users

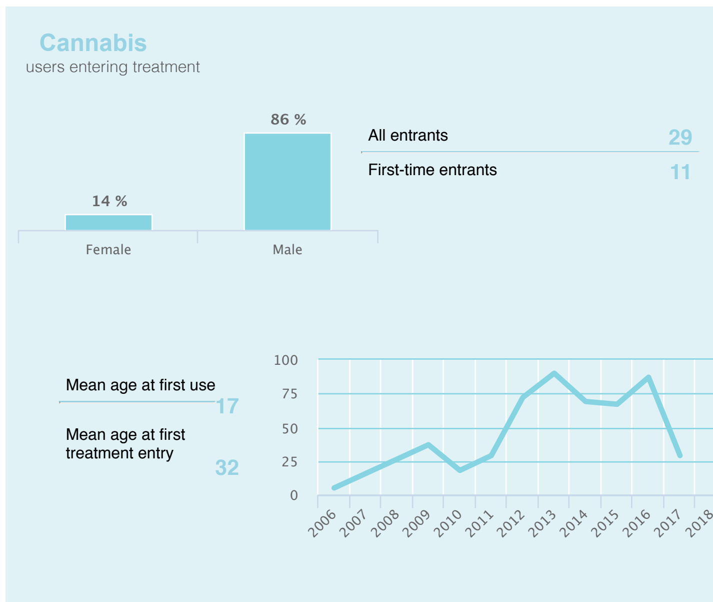
entering treatment injected their primary illicit drug, and the number of injectors among treatment clients has decreased over the past 10 years. One fifth of heroin users entering treatment in 2017 were female.

National estimates of last year prevalence of high-risk opioid use



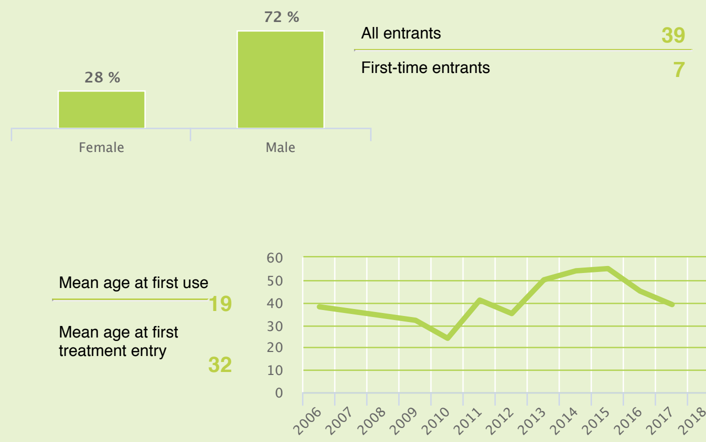
NB: Data from 2017, or the most recent year for which data are available.

Characteristics and trends of drug users entering specialised drug treatment in Luxembourg



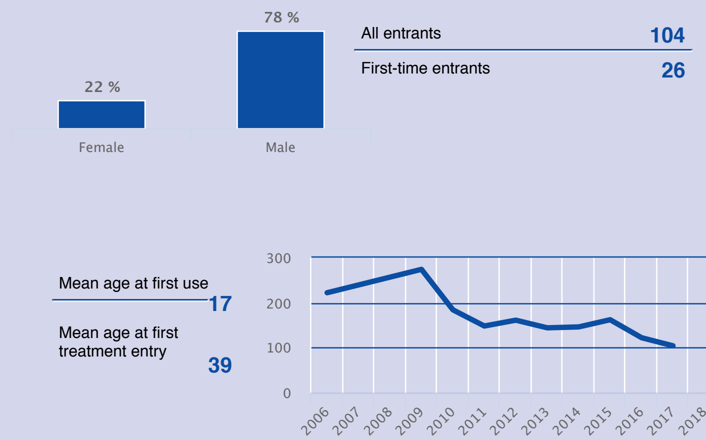
Cocaine

users entering treatment



Heroin

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants. Caution is needed when interpreting trends as data from 2017 are not as encompassing as that of previous years. As a result of limited data coverage in 2017, treatment data is likely not representative.

Drug-related infectious diseases

Data on drug-related infectious diseases are collected at the national level through the National Retrovirology Laboratory and complemented by the information obtained through the multi-sector national network RELIS (the national monitoring system on drugs and drug addictions, based on self-reports) and specific studies. Luxembourg experienced a human immunodeficiency virus (HIV) outbreak among people who inject drugs (PWID) with a peak of 19 reported cases in 2016. In 2017, there were nine newly diagnosed cases of HIV infection associated with injecting drug use. The outbreak has been linked to, among other factors, an increase in cocaine injecting among marginalised groups. Responses to the outbreak included scaling up prevention and harm reduction services, testing and linkage to HIV treatment.

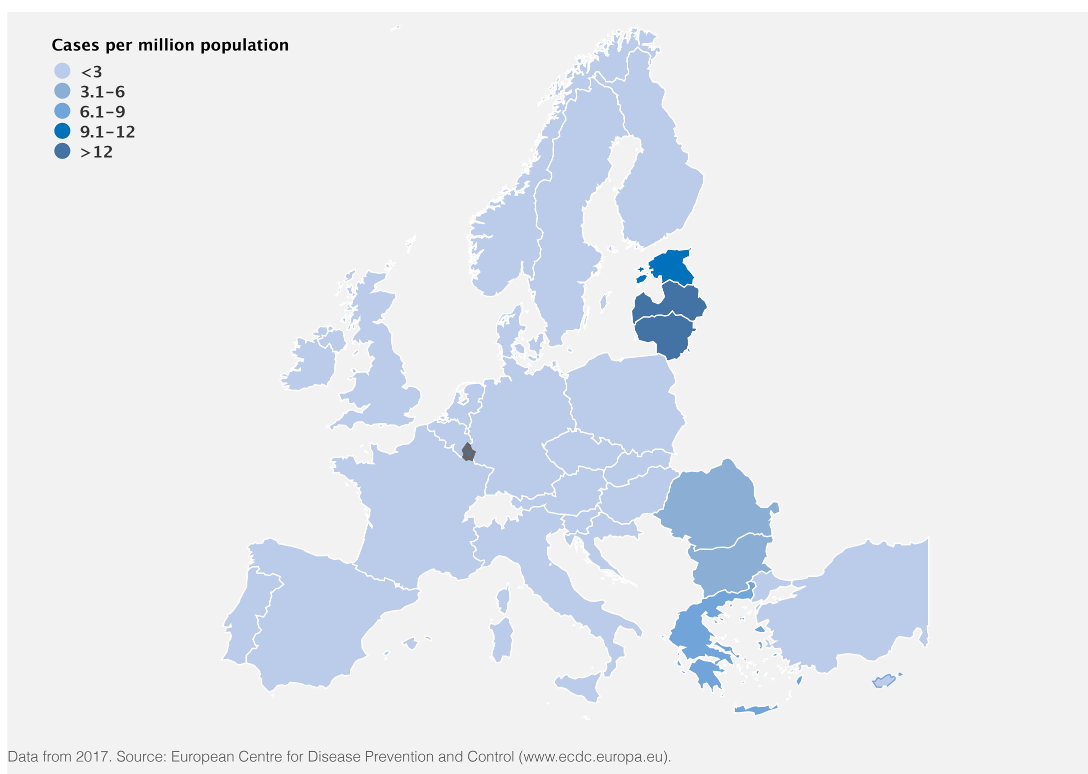
Prevalence of HIV and HCV antibodies among people who inject drugs in Luxembourg (%)

	Region	HCV	HIV
	National	75.8	9.09
	Sub-national	:	:

Data from 2017.

In 2017, diagnostic testing of 66 PWID from drug treatment centres, needle and syringes programmes, sexually transmitted infection clinics and prisons showed that around 1 in 10 PWID were HIV positive and three quarters were positive for hepatitis C virus (HCV) antibodies.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

Data from RELIS on non-fatal and medically assisted emergencies for drug overdose based on annual statistics of the national low-threshold emergency centre suggest that, between June 2005 and December 2017, more than 2 200 non-fatal overdose incidents occurred in the national supervised drug consumption room; assistance was provided onsite. Non-fatal and medically assisted emergencies for drug overdose have decreased over the past years, with 20 occurrences reported in 2017.

Drug-induced deaths and mortality

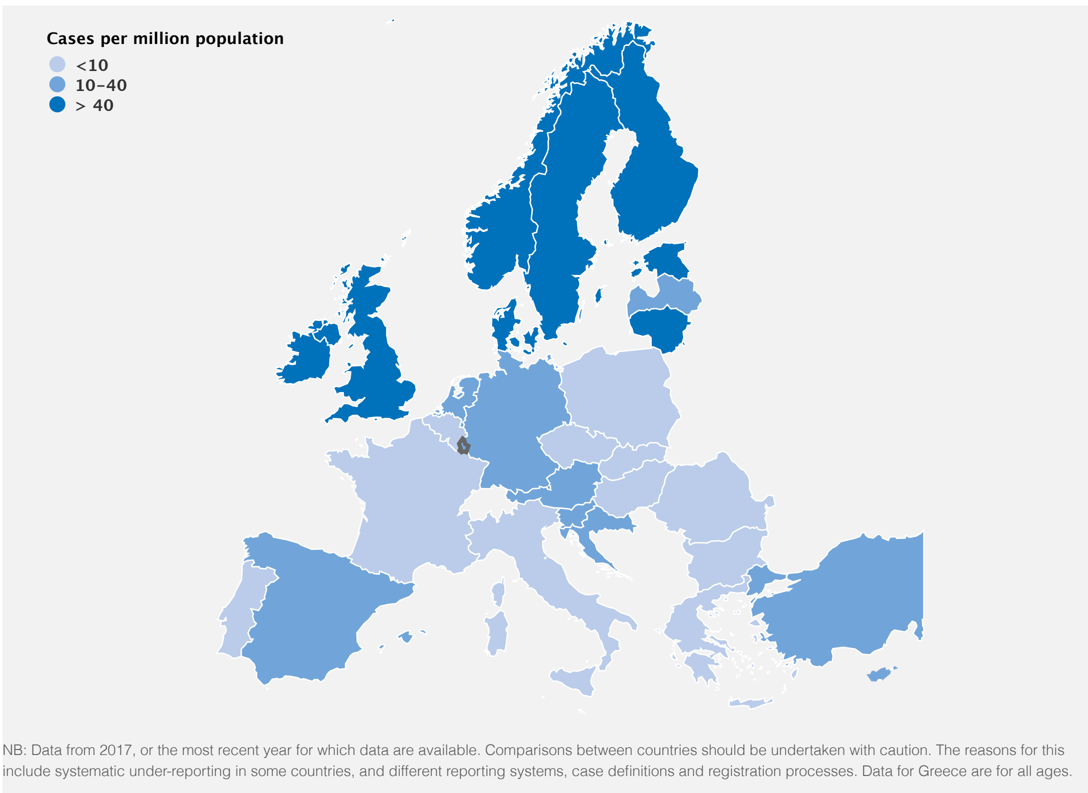
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

Data from the Special Registry in Luxembourg indicate that the number of drug-induced deaths in the country has been relatively stable in recent years. Opioids (heroin and methadone) are the substances most frequently involved in drug-related

deaths, followed by prescription drugs. Opioids are usually taken in combination with other licit or illicit substances. In 2017, males accounted for seven out of eight deaths. The mean age at drug-induced death has increased over the past 20 years.

The drug-induced mortality rate among adults (aged 15-64 years) in Luxembourg was 19 deaths per million in 2017, which is slightly lower than the most recent European average of 22 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

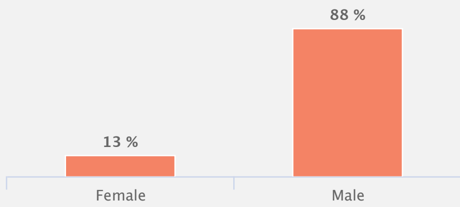


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

Characteristics of and trends in drug-induced deaths in Luxembourg

NB: Year of data 2017

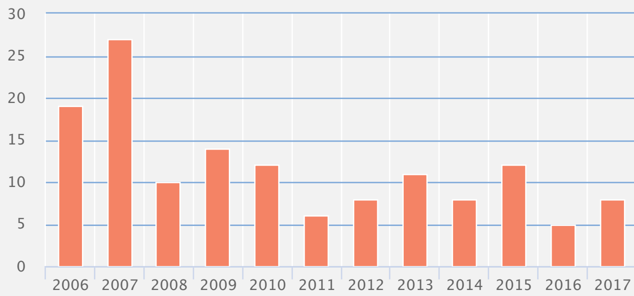
Gender distribution



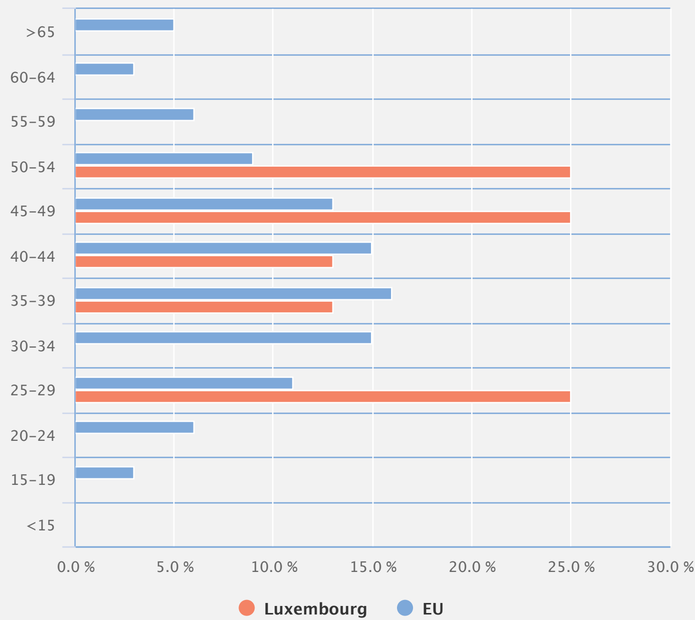
Toxicology

Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



Prevention

The National Strategy and Action Plan on Drugs and Addictions 2015-19 identifies prevention as a main intervention area and aims to reduce initiation of drug use, delay the onset of drug use and encourage protective actions and healthy lifestyles among the general population and at-risk groups. The planning and implementation of drug prevention is under the authority of several governmental actors and involves collaboration between the Ministry of Health, the National Drug Coordination Office, the Division of Preventive Medicine of the Directorate of Health and the National Drug Addiction Prevention Centre (CePT).

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

Universal prevention is mainly implemented in schools, although drug-related information and prevention modules are not mandatory in school curricula. School-based programmes are usually implemented in cooperation with non-governmental organisations (NGOs), and teachers are offered specific training. Annual 'adventure weeks' aim to give young people the opportunity to experience group dynamics, conflict management, risk assessment and a feeling of solidarity within a group of socially and culturally diverse people. Recent developments include the launch of the CePT Toolbox to assist with the implementation of school-based prevention activities, and the publication of recommendations for educational professionals on how to tackle cannabis in the school environment. Training modules on how to communicate with young people about psychoactive substances in non-formal environments have been developed for professionals working with young people. Trained police staff members periodically visit schools to inform students on drugs and their risks, reaching around 6 000 students every year. Some manual-based school prevention programmes are now implemented in schools.

Selective prevention focuses on crisis interventions in schools and avoiding social exclusion. Activities are also carried out in recreational settings and with high-risk groups, such as at-risk families, polydrug users and those who show excessive use of alcohol. Choice is an early intervention programme for juvenile first-time offenders. The NGO 4Motion asbl organises the PIPAPO project, which operates information points that provide information, earplugs, condoms, soap, breath testing and drinking water in recreational settings, and DrUg CheCKing (DUCK) checks substances used in these settings. More recently, risks and harms related to synthetic drugs and new psychoactive substances have been targeted by specific prevention programmes. The Youth and Drug Help Foundation offers psychosocial help to drug-dependent parents and their children, and provides intervention to strengthen the parenting skills of drug-using mothers.

With regard to indicated prevention, early detection is a priority for children exhibiting high-risk behaviour in school settings and at home; further interventions are provided by psychiatric care services.

Provision of interventions in schools in Luxembourg (expert ratings)

NB: Data from 2015.

Harm reduction

Harm reduction has been a part of the national drugs strategy and action plans in Luxembourg since the early 2000s, and minimising the negative health and social consequences of drug use is recognised as an important element of the current National Strategy and Action Plan on Drugs and Addictions 2015-19.

A legal framework conducive to introducing harm reduction measures, such as needle and syringe exchange, supervised injection rooms and medically assisted heroin distribution, was established in 2001, although some harm reduction interventions had already been initiated and developed prior to this.

Harm reduction interventions

The national needle and syringe programme in Luxembourg is decentralised and consists of five fixed sites and three vending machines situated in the towns most affected by injecting drug use. Clean syringes are available from drug counselling centres, drop-in centres for sex workers and at-risk populations and low-threshold centres, and in prison. In addition to needles and syringes, testing for blood-borne infectious diseases, vaccinations and counselling on safe use practices are also provided. A mobile medical care unit facilitates the provision of primary medical care at low-threshold agencies. A new mobile outreach service designed for drug users in an urban environment was launched in September 2017.

The number of clean syringes distributed in the framework of the national needle programme reached a first peak in 2005, when more than 435 000 syringes were given out, and decreased thereafter to under 200 000 syringes in 2013. Since then, provision has increased again, reaching its all-time high in 2017, with approximately 448 000 syringes handed out (including syringes distributed in prisons and from vending machines). The vast majority of syringes (98 %) are given out at low-threshold agencies and, for every 100 syringes given, out 92 used syringes are returned.

A supervised drug injection room opened in 2005 and has been integrated into a low-threshold emergency centre for drug users, providing day care and night shelter (42 beds). The number of clients using the facility has constantly increased. By 2017, a total of 1 850 clients had signed the facility's mandatory user contract, with more than 73 000 consumptions supervised by trained staff during that year. The centre also provides facilities for non-injecting drug users, such as a separate blow room.

As part of the suite of harm reduction measures for the most vulnerable group of people who use drugs, heroin-assisted treatment was introduced in January 2017.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

The current national strategy and its associated action plans envisage further expansion of the national treatment system by adopting a more holistic concept of dependence treatment, which covers both licit and illicit substances. In recent years, counselling and specialised care networks have been developed, which have enabled drug users to start treatment at an earlier stage.

Specialised drug treatment infrastructure in Luxembourg relies on government support and oversight and is provided through specialised outpatient treatment facilities, low-threshold agencies, hospital-based drug treatment units and a therapeutic community. Treatment units are available in prisons. Treatment is decentralised and is most commonly provided by state-accredited non-governmental organisations. Most of these specialised agencies have signed an agreement (i.e. convention) with the Ministry of Health that guarantees their annual funding. Outpatient treatment is provided free of charge, whereas inpatient treatment is covered by health insurance.

The overall management of these agencies is ensured by a ‘coordination platform’, which includes three members of the institution and at least one representative from the competent ministry. All major decisions must be approved by the coordination platform. All institutions work in close collaboration and could be viewed as an interdependent therapeutic chain. Detoxification treatment is provided by five hospitals within psychiatric units. The programme provided by the residential therapeutic community is divided into three progressive phases and the duration varies from 3 months up to 1 year. The programme offers special treatment opportunities to pregnant women, drug-using couples and mothers with children. An outpatient centre and a non-specialist residential centre admit young problem drug users. A dedicated therapeutic psychosocial and medical care programme is operational in national prisons (Programme Tox).

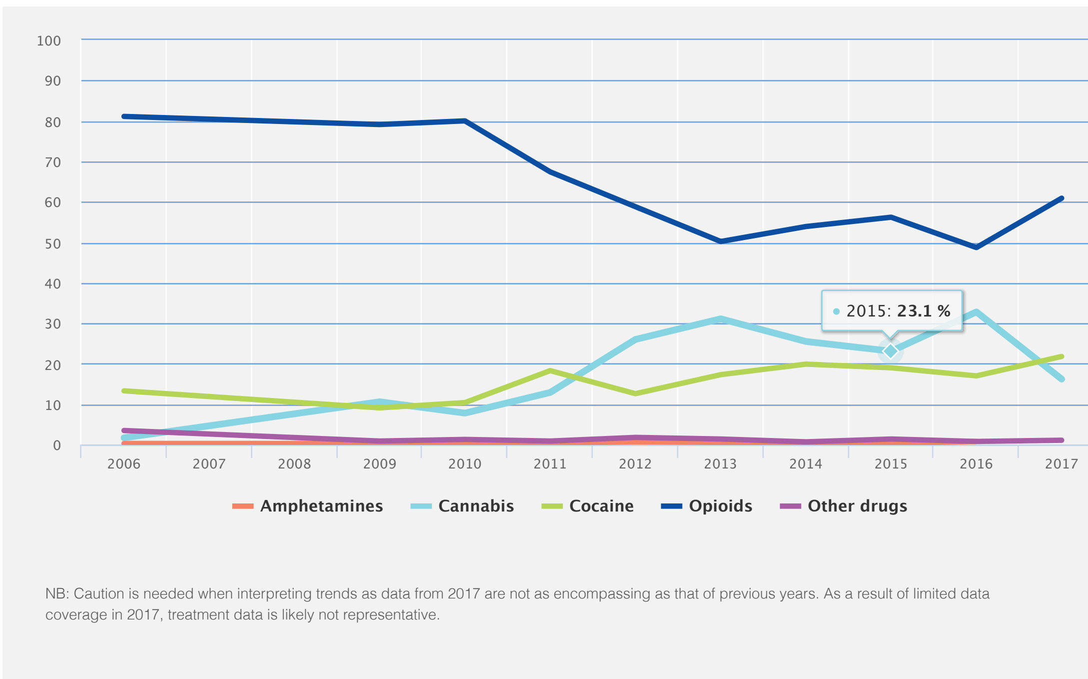
Office-based medical doctors play an important role in the delivery of opioid substitution treatment (OST), but OST is also provided by specialised agencies. The pharmaceutical types of OST registered in Luxembourg include methadone, buprenorphine, morphine-based medications and heroin (within the framework of a pilot project). The costs of OST are partly covered by individuals’ health insurance, while the state covers pharmaceutical costs and pharmacy fees.

Treatment provision

The majority of clients entering treatment in Luxembourg during 2017 were treated in outpatient settings, but prisoners also accounted for a large proportion of clients. While opioids, mainly heroin, are the primary substance used among all treatment clients, the proportion of clients entering treatment as a result of opioids use has decreased since 2010.

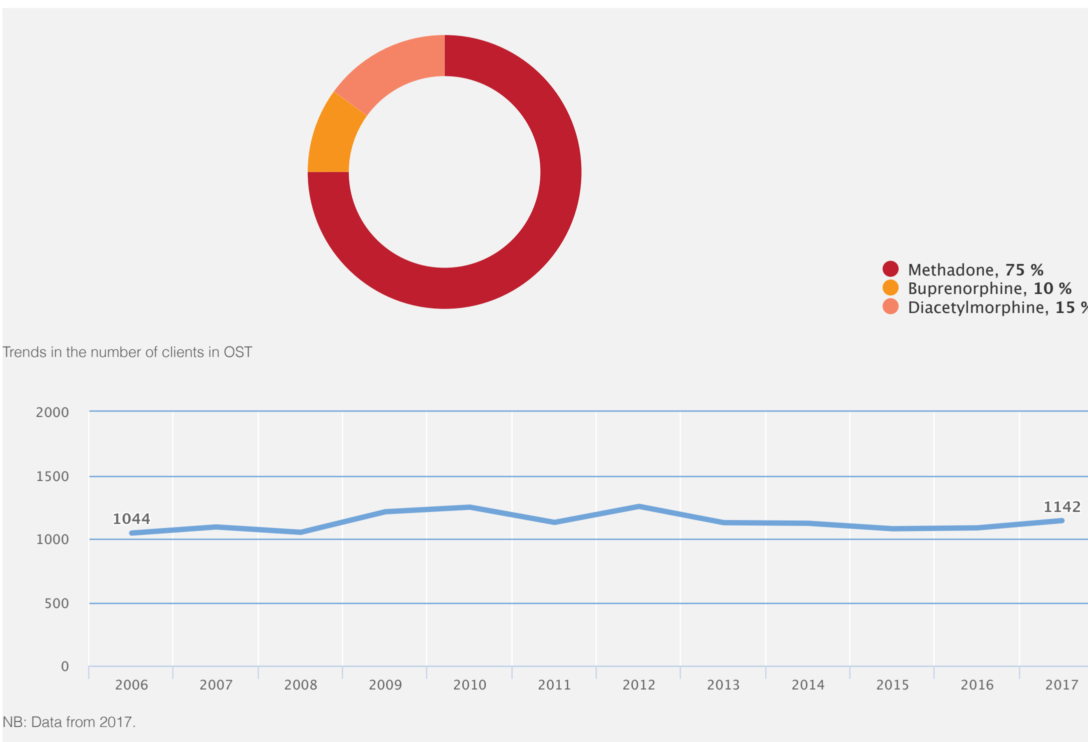
The number of patients receiving OST has remained stable in recent years. The majority of clients receive methadone maintenance treatment.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Luxembourg



NB: Caution is needed when interpreting trends as data from 2017 are not as encompassing as that of previous years. As a result of limited data coverage in 2017, treatment data is likely not representative.

Opioid substitution treatment in Luxembourg: proportions of clients in OST by medication and trends of the total number of clients



NB: Data from 2017.

Drug use and responses in prison

Recent data on the type of offences leading to prison indicate that drug law offences (DLOs) are the most frequent offences leading to imprisonment. More specifically, in 2017, prison admissions related to DLOs accounted for one fifth of admissions of males and almost one third of admissions of females. About one third of all prisoners have committed previous law offences or have been in prison previously.

Health strategies and policies for prisons were established in Luxembourg in 1997 and since 2007 there has been a routine programme in national prisons (Programme TOX). The implementation of health responses in prison is centred around three pillars: (i) psychosocial care, (ii) coordination of interventions and (iii) prevention of sexually transmitted diseases. At admission, new inmates are seen by medical staff, who propose a voluntary human immunodeficiency virus (HIV) test and simultaneous screening for other infectious diseases such as hepatitis A, B and C.

Health responses include detoxification treatment and psychosocial guidance. Detoxification is either the responsibility of the prison medical unit or provided by external units of general hospitals in accordance with set rules and guidelines. Psychosocial and therapeutic care is provided by both staff of the prison medical unit and specialised external agents from accredited drug agencies. Opioid substitution treatment (OST), mainly with methadone and to a lesser extent with buprenorphine, is provided to prisoners who were receiving it prior to incarceration. It may also be initiated in prison. In 2017, a total of 230 prisoners received OST, an increase from the numbers reported in 2016 and 2015. Drug-free zones are also available.

A structured syringe distribution programme was officially launched in 2005. In 2017, 23 kits were distributed and 1 372 syringes were exchanged in the prison setting. Other harm reduction interventions include the provision of ascorbic acid, filters, sterile physiological water and antiseptic wipes.

Continuity of care and social reintegration measures are ensured by the intervention of social workers from external field agencies. The national after-prison reintegration strategy promotes further development of synergies with external drug care agencies aiming at a comprehensive concept of throughcare in terms of psychosocial measures, substitution treatment and economic start-up help.

Quality assurance

The selection of projects or programmes retained in the framework of implementation of the current National Action Plan is based upon a six-criterion matrix comprising relevance, opportunity, feasibility, cost-benefit/quality factors, quality assurance mechanisms and measurability of results or impact.

Governmental accreditation, as set out in law ‘ASFT’ of 8 October 1998, represents the main instrument of a standardised quality control of drug treatment providers. General guidelines on requirements, human resources and target population of a treatment setting are specified by the Grand Ducal Decree of 10 December 1998 regarding the accreditation of services in the medical, social and therapeutic fields. All specialised drug treatment services are dependent on governmental support and supervision. Specialised agencies need formal accreditation from the Ministry of Health to offer their services and need to be eligible for a governmental convention that guarantees their annual funding.

The quality standard certification requires non-governmental organisations to undertake necessary evaluation measures of their activities by means they deem adequate. Drug treatment agencies have developed individual evaluation strategies, mostly in collaboration with external evaluators. Furthermore, an external evaluation of the National Strategy and Action Plan on Drugs and Addictions is performed every 5 years to integrate its results and recommendations in policy planning.

In Luxembourg, specific training exists for professionals working in the field of drug demand reduction. The University of Luxembourg offers special courses in the framework of social work or education studies. Continuous drug-related training is also provided by several specialised agencies.

Drug-related research

The current National Drug Strategy and Action Plan 2015-19 explicitly refers to research as an integrated part of the transversal axes of demand and supply reduction, supporting evidence-based drug policies. Research domains include a wide variety of areas. In 2016 and 2017, a special focus was given to research on hepatitis to design the first national hepatitis action plan. In 2018, a project on border detection of illicit drugs and precursors by robust electrosensors has generated interest.

The bulk of national funding for research is provided by the Ministry of Health, the National Research Fund, the National Fund against Certain Forms of Criminality and the Grand-Duchesse Charlotte National Welfare Organisation (the Oeuvre Nationale de Secours Grand-Duchesse Charlotte). The national focal point is a reference centre for drug-related research and manages most of these funds. Other relevant actors include the National Prevention Centre for Drug Addiction and research departments in the University of Luxembourg.

The national focal point is also in charge of disseminating research through its website and presenting new research studies to the national press. The results of research are published in international peer-reviewed journals. Summaries of the most relevant results are published yearly in the focal point's national drug report, which provides an updated overview of national drug-related research activities.

Drug markets

The majority of illicit substances consumed in Luxembourg arrive from the Netherlands (cannabis and other drugs), Belgium (MDMA/ecstasy and amphetamine-type stimulants) and Morocco (cannabis resin). Cocaine found on the national market originates from Latin America and enters Luxembourg via the south of Europe. Heroin is trafficked into the country via the traditional Balkan route, more specifically its northern branch.

In recent years, an increasing number of organised criminal distribution networks have developed nationally, contributing to a rise in drug availability, particularly in the supply of cocaine and cannabis. In addition, organised crime groups from Western African countries are developing large-scale cocaine trafficking activities throughout Europe, including Luxembourg.

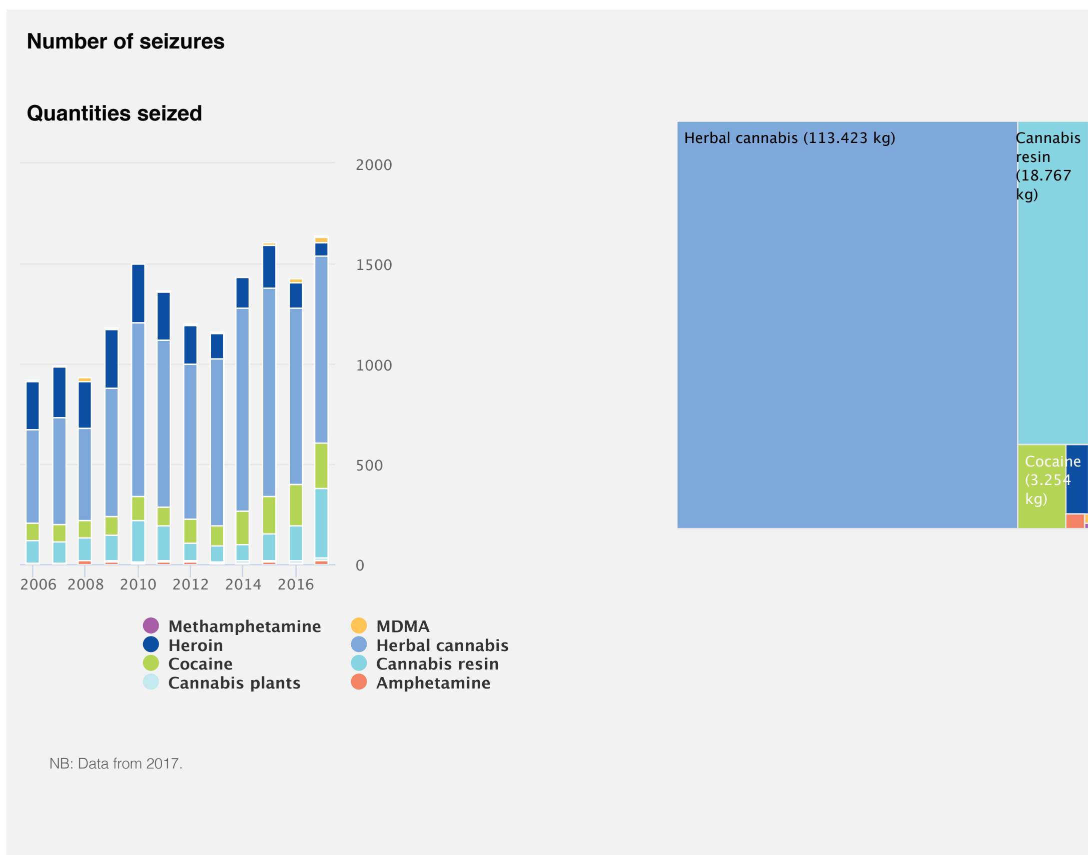
Following a reduction in quantities of heroin seized in 2012, as reported in other European countries, the annual amounts seized have recently been increasing, although they remain comparatively small. No clear trends are evident from these data in respect to cannabis — either herb or resin — or cocaine.

The reported number of heroin seizures has been generally stable since 2000 (ranging from 127 to 292 annually between 2000 and 2016), although in 2017 only 69 seizures were reported. Seizures of cocaine have increased steadily since 2000 (from 51 in 2000 to 222 in 2017). In recent years, an increase in seizures of both cannabis resin and herbal cannabis has been observed. The total number of annual MDMA seizures has also been increasing.

New psychoactive substances are seized occasionally in Luxembourg, and in small quantities, indicating that they are intended for individual use.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

Drug seizures in Luxembourg: trends in number of seizures (left) and quantities seized (right)



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	6.51	36.79
Last year prevalence of use — young adults (%)	2014	9.8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2014	4.9	0.9	11
All treatment entrants (%)	2017	16.2	1.03	62.98
First-time treatment entrants (%)	2017	22.9	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	113.4	11.98	94 378.74
Number of herbal cannabis seizures	2017	935	57	151 968
Quantity of cannabis resin seized (kg)	2017	18.8	0.16	334 919
Number of cannabis resin seizures	2017	348	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0 - 24.8	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	2.3 - 42.9	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	8.333 - 14.286	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	8.333 - 12.5	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.85	4.85
Last year prevalence of use — young adults (%)	2014	0.6	0.1	4.7
Last year prevalence of drug use — all adults (%)	2014	0.4	0.1	2.7
All treatment entrants (%)	2017	21.8	0.14	39.2
First-time treatment entrants (%)	2017	14.6	0	41.81
Quantity of cocaine seized (kg)	2017	3.3	0.32	44 751.85
Number of cocaine seizures	2017	222	9	42 206
Purity (%) (minimum and maximum values registered)	2017	0.7 - 95.1	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	58.33 - 150	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.84	6.46
Last year prevalence of use — young adults (%)	2014	0.1	0	3.9
Last year prevalence of drug use — all adults (%)	2014	0.1	0	1.8
All treatment entrants (%)	2017	0	0	49.61
First-time treatment entrants (%)	2017	0	0	52.83
Quantity of amphetamine seized (kg)	2017	0.2	0	1 669.42
Number of amphetamine seizures	2017	22	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	6.1 - 42.2	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	13 - 15	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.54	5.17
Last year prevalence of use — young adults (%)	2014	0.4	0.2	7.1
Last year prevalence of drug use — all adults (%)	2014	0.2	0.1	3.3
All treatment entrants (%)	2017	0.6	0	2.31
First-time treatment entrants (%)	2017	2.1	0	2.85
Quantity of MDMA seized (tablets)	2017	956	159	8 606 765
Number of MDMA seizures	2017	25	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	23 - 49.6	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	7 - 15	1	40
Opioids				
High-risk opioid use (rate/1 000)	2015	4.46	0.48	8.42
All treatment entrants (%)	2017	60.9	3.99	93.45
First-time treatment entrants (%)	2017	60.4	1.8	87.36
Quantity of heroin seized (kg)	2017	1.3	0.01	17 385.18
Number of heroin seizures	2017	69	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	0 - 52.8	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	20 - 100	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	15.2	0	47.8
HIV prevalence among PWID* (%)	2017	9.09	0	31.1
HCV prevalence among PWID* (%)	2017	75.8	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2015	3.77	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	19.48	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	447 681	245	11 907 416
Clients in substitution treatment	2017	1 142	209	178 665

Treatment demand				
All entrants	2017	179	179	118 342
First-time entrants	2017	48	48	37 577
All clients in treatment	2017	2 726	1 294	254 000

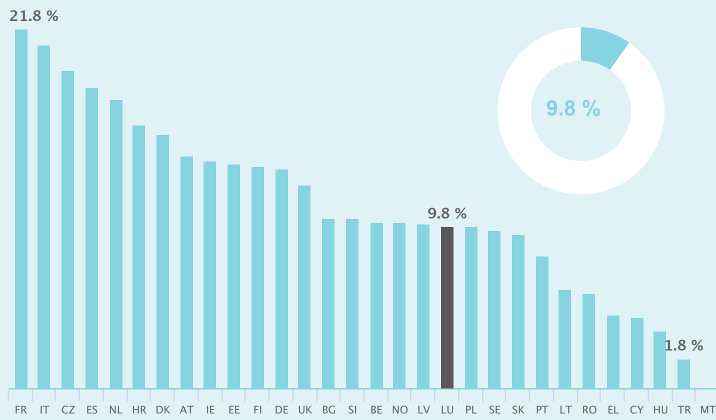
Drug law offences				
Number of reports of offences	2017	2 525	739	389 229
Offences for use/possession	2017	130	130	376 282

'All clients in treatment' includes client-contacts; here, there is a risk of double counting.
Available data on offences for use/possession are not comprehensive.

EU Dashboard

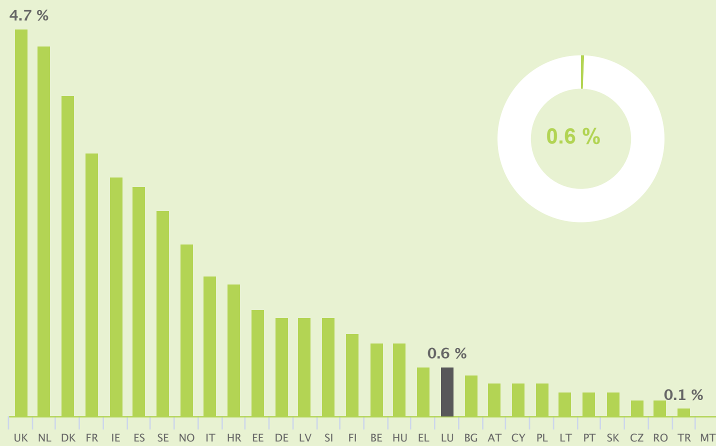
Cannabis

Last year prevalence among young adults (15-34 years)



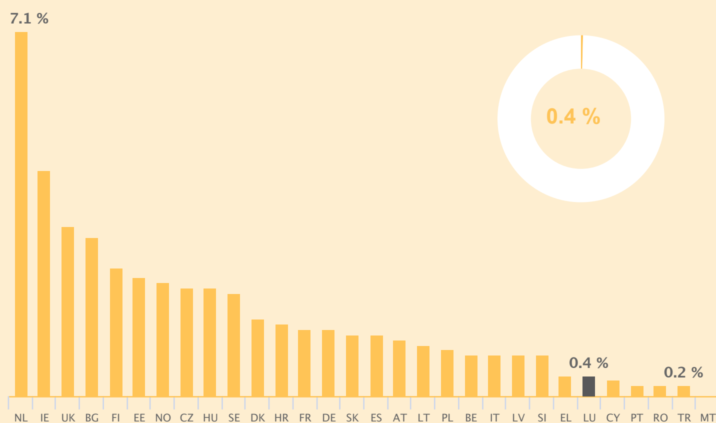
Cocaine

Last year prevalence among young adults (15-34 years)



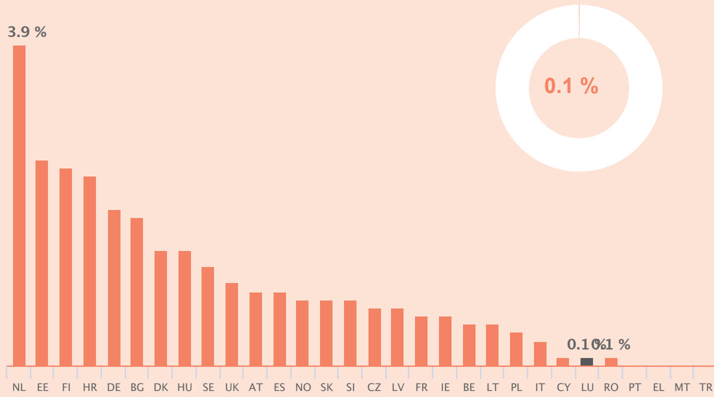
MDMA

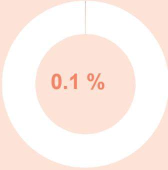
Last year prevalence among young adults (15-34 years)



Amphetamines

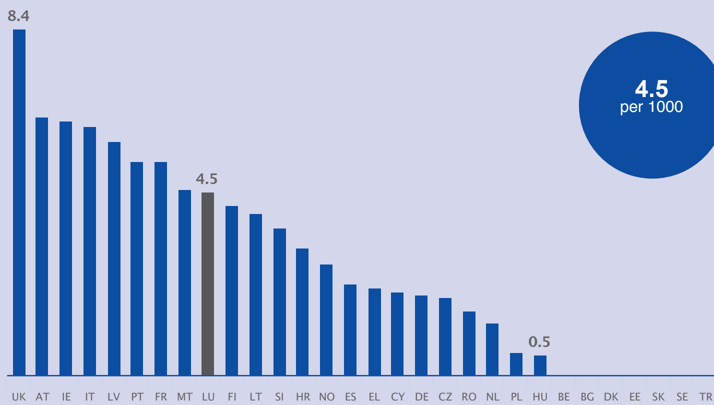
Last year prevalence among young adults (15-34 years)





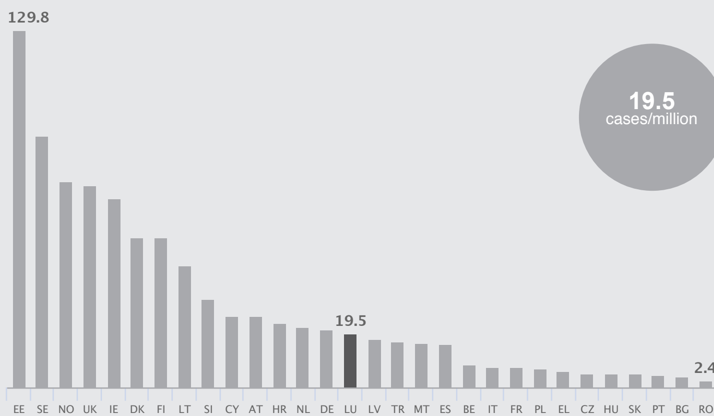
Opioids

High-risk opioid use (rate/1 000)



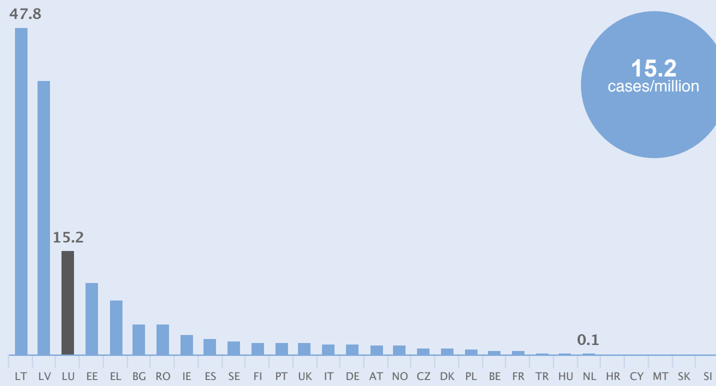
Drug-induced mortality rates

National estimates among adults (15-64 years)



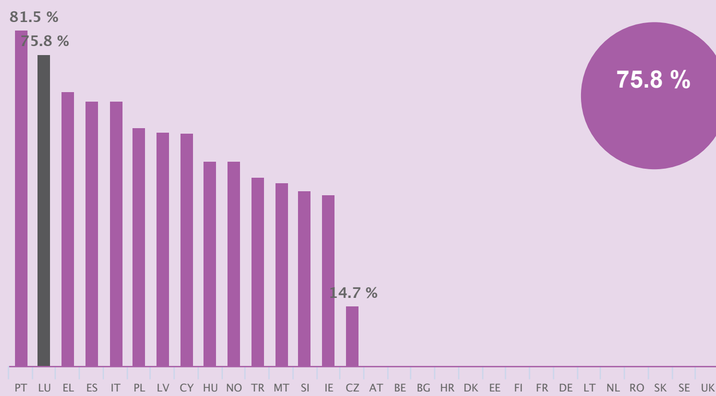
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Luxembourg

The headquarters of the National Focal Point in Luxembourg are located within the Department of Epidemiology and Statistics at the Directorate of Health, Ministry of Health. The main objective of the Department of Epidemiology and Statistics is to support public health actions and policies by offering expertise on relevant health topics guided by scientific data and analysis. The Directorate of Health aims to protect and promote public health by monitoring and evaluating the state of health of the population in Luxembourg.

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Luxembourgish national focal point

PFLDT

Point Focal Luxembourgeois
de l'Observatoire Européen
des Drogues et des Toxicomanies

Direction de la Santé - EMCDDA Focal Point Luxembourg

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Head of national focal point: Ms Nadine Berndt , MSc, PhD

Methodological note: 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. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .