

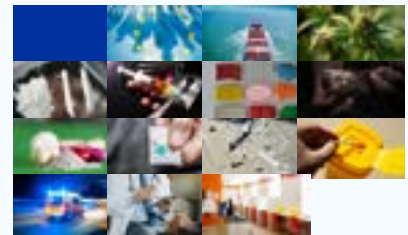
Understanding Europe's drug situation in 2024 – key developments (European Drug Report 2024)

A more recent version of this page exists: [Understanding Europe's drug situation in 2025 – key developments \(European Drug Report 2025\)](#).

The EMCDDA's latest analysis of the European drug phenomenon reveals a drug market that is both resilient and influenced by developments taking place at the global level. The continuing health and security problems presented by established and newer illicit drugs, and increasingly the interplay between them, create a challenging policy context for the shaping and implementation of effective responses. The *European Drug Report 2024* provides a snapshot of the drug situation in Europe based on the latest data available. This introductory section provides a brief analytical commentary on some of the important issues that are currently featuring on Europe's drug policy agenda.

This page is part of the [European Drug Report 2024](#), the EMCDDA's annual overview of the drug situation in Europe.

Last update: 11 June 2024



EVERYWHERE, EVERYTHING, EVERYONE

Responding to Europe's evolving drug problems

A central message from the 2024 *European Drug Report's* analysis is that the impact of the use of illicit drugs is now seen almost everywhere in our society. Almost everything with psychoactive properties has the potential to be used as a drug. This means that everyone, whether directly or indirectly, can be affected by illicit drug use and the problems associated with it.

Everywhere

Today, drug issues have an impact almost everywhere. Domestically, they are manifest in and exacerbate other complex policy problems, such as homelessness, the management of psychiatric disorders and youth criminality. We are also observing greater levels of violence and corruption driven by the drug market in some countries. Internationally, drug problems are growing in many low- and middle-income countries, undermining governance and development, and adding to the already considerable public health and security challenges many countries face.

Everything

Increasingly, we are observing that almost everything with psychoactive properties can appear on the drug market, often mislabelled or in mixtures, leaving consumers potentially unaware of what they are using, increasing health risks and creating new law-enforcement and regulatory challenges.

Everyone

The impact of the developments we are seeing means that everyone is in some way likely to be impacted by illicit drug use, the operation of the drug market and the problems associated with it. Directly, we see this in those who develop problems and need treatment or other services. Indirectly, we see it in the recruitment into criminality of vulnerable young people, the strain on health budgets, and the social costs for communities that feel unsafe or where institutions or businesses are undermined by corruption or criminal practices.

The European Union Drugs Agency – providing Europe with greater capacity to respond effectively to a more complex and rapidly changing drug phenomenon

Since the EMCDDA's foundation in 1993, the extent and nature of the drug phenomenon has changed significantly. To address the new challenges posed by contemporary drug issues, the agency's [mandate](#) has been revised, and on 2 July 2024 the European Monitoring Centre for Drugs and Drug Addiction will be transformed into the European Union Drugs Agency (EUDA).

The EUDA will support the European Union and its Member States through improving and extending our monitoring of drug use and drug-related problems, increasing our preparedness to identify and respond to new threats and investing in competence development. These actions will contribute to the delivery of better interventions in both the health and security areas.

The EUDA will provide services across four overlapping areas: anticipating new and future challenges; identifying and issuing alerts on emerging risks and drug-related threats; assessing needs and available responses; and assisting stakeholders by evaluating and disseminating new knowledge and best practice.

The collection, analysis and dissemination of data will remain key tasks for the EUDA and be complemented by new competences. These include a greater investment in understanding and responding to problems arising from polydrug use and strengthening analytical capacity through the establishment of a new network of forensic and toxicological laboratories. The EUDA will develop a new European drug alert system to extend the current work of our Early Warning System on new psychoactive substances and complement this with new health and security threat-assessment capabilities. Greater investment will also be given to identifying research gaps and needs, and regular foresight and scanning exercises will help increase EU preparedness to respond to future challenges in the drug area. The EUDA will continue to work in close partnership with the Reitox network of national drug focal points, whose role will be reinforced. Support will be provided for the evaluation and development of evidence-based policies, and the agency will be in a position to invest more in supporting EU-level policy needs in its activities. The agency will also be able to do more to develop and promote evidence-based interventions and best practice, play a stronger international role and support the European Union in drug policy at the multilateral level.

The drug situation in Europe in 2024 – an overview

High availability of wider range of often more potent substances

Analysis of supply-related indicators for commonly used illicit drugs in the European Union suggests that availability remains high across nearly all substance types. In addition, the information available suggests that the market is now characterised by the widespread availability of a broader range of drugs than in the past, with substances often available at high potency or purity or in new forms, mixtures or combinations. These include novel substances, where both consumer and scientific knowledge about the health risks may be limited. There is a growing diversity in the forms in which substances can be available on the market and, in some cases, such as cannabis for example, the routes of administration by which they may be consumed, with edibles and various forms of vaping technologies appearing. These developments increase concerns that the risks associated with some substances may be growing. In particular, people who use drugs may be placed at greater risk of experiencing health problems, including potentially fatal poisoning, through consuming, possibly unknowingly, higher-potency or more-novel substances.

Targeting of commercial infrastructure is linked to high drug availability

For substances trafficked into the European Union, an important driver of increased availability is the ability of criminal groups to exploit the opportunities provided by modern commercial transportation infrastructure. Almost 70 % of the drug seizures by customs authorities happen in the European Union's ports, with large-volume seizures of drugs, particularly cocaine, detected in intermodal shipping containers. For example, in 2023 Spain reported its largest ever seizure of cocaine in a single shipment, with 9.5 tonnes of the drug concealed in bananas originating from Ecuador. Large ports in Belgium and the Netherlands are also routinely targeted by trafficking organisations, and there are concerns that smaller ports elsewhere in Europe are now increasingly coming under threat.

The methods used by crime groups operating in this area have become increasingly sophisticated with well-documented instances of infiltration of supply chains and exploitation of key staff

through intimidation and corruption. In response to this, the 2023 EU Roadmap Against Drug Trafficking includes measures to strengthen customs risk-management and the detection of trafficked drugs and precursor chemicals. This includes supporting the deployment of advanced container-scanning equipment and increasing the interoperability of EU customs information systems. The Roadmap also supports the newly established European Ports Alliance, a public-private partnership, which includes actions to increase the resilience of Europe's key logistical centres to drug trafficking and infiltration by organised criminal groups.

Policy concerns grow about drug-related violence and the exploitation of minors

Concerns are growing that as a consequence of high drug availability, large-volume trafficking and competition between criminal groups in Europe, some countries are experiencing an increase in violence and other forms of criminality linked to the operation of the drug market. Historically, the greatest burden of violent crime associated with the drug market has been borne by producer and transit countries outside of the European Union, and this remains the case. However, in Europe, particularly in countries where large volumes of drugs are known to enter or be produced, levels of violence associated with the drug trade appear to be increasing. Accompanying this, concerns are also growing about the recruitment and exploitation of juveniles by criminal networks involved in the illicit drugs trade. This is reflected in the increasing priority given to countering these threats by law enforcement agencies. Currently, monitoring trends and developments in drug-related crime at the European level is challenging. In response, the EMCDDA has been investing in improving monitoring tools in this area, an example of which can be seen in recent work to develop an indicator of drug-related homicides. The EUDA, working in close partnership with Europol and the European Commission, will invest more in this area in the future, as sound information is likely to be a prerequisite for the design of effective intervention strategies to counter the violence, corruption and criminal exploitation increasingly associated with the operation of some contemporary European drug markets.

Polydrug consumption and drug mis-selling increase risks to health

Polydrug use is the use of two or more psychoactive substances, licit or illicit, simultaneously or sequentially. A related issue is that substances may be sold that contain one or more drugs other than the one the purchaser was expecting, either in a mixture with the substance they intended to purchase or as a replacement for it. This means that consumers may be unaware

of what substance or substances they are actually consuming. Using drugs in combination can increase the risk of health problems and complicate the delivery of effective interventions, an issue for example in responding to acute poisoning.

A key message of this year's European Drug Report is that polydrug consumption is common among those consuming psychoactive substances, and using drugs in this way can increase the risks of incurring serious health problems. Challenges in this area also appear to be growing. This is partly due to increased market integration of established illicit drugs and new psychoactive substances, and partly to the wider availability and use of synthetic substances. Concerns in this area include cannabis products adulterated with synthetic cannabinoids, products sold as MDMA but sometimes containing synthetic cathinones as adulterants, and the appearance of highly potent synthetic opioids mixed with or mis-sold as other substances. It is also important to note that the combined use of alcohol with illicit drugs can also increase health risks, for example when alcohol is taken in combination with cocaine, opioids or new or 'street' benzodiazepines.

Forensic, toxicological and innovative new data sources are needed

One of the challenges facing drug surveillance in 2024 is to gain a deeper understanding of what drugs are actually being consumed and in what combinations. Enhancing the monitoring of patterns of polydrug use and increasing our understanding of what constitutes effective interventions in this area will therefore be priorities for the future work of the EUDA. Improving the sources of toxicological and forensic data and the information they provide will be a key component in achieving a better understanding of what substances are being sold on the market and which drugs or drug combinations are particularly associated with harm. In addition, the EUDA will continue to invest in developing new data sources that can provide a more detailed picture of drug consumption patterns, such as data from drug testing services or syringe monitoring studies. For example, multiple substances are commonly detected in used syringes collected at syringe exchange sites, often including stimulants and opioids, suggesting that these drug classes are commonly used together in European cities.

Addressing a more diverse and complex set of needs

Supporting the implementation of evidence-based substance use prevention

Substance use prevention aims to stop or delay the use of psychoactive drugs. It also may help those who have started to use substances to avoid the development of drug use disorders. However, not all approaches utilised in this area have been found to be effective, and interest in the identification and implementation of evidence-based prevention programmes has been increasing. Achieving this objective is now supported by the establishment of prevention programme registries, training initiatives and the development of quality standards. The [European Prevention Curriculum](#) is designed to improve the overall effectiveness of prevention efforts. More than 25 EU Member States and neighbouring countries now have national European Prevention Curriculum trainers. Prevention efforts are also supported by [Xchange](#), a European online registry of evaluated prevention interventions. Despite the availability of high-quality tools to help identify programmes that are likely to be effective, in many countries there is still either a lack of investment in drug prevention work or evidence that resources are not being used efficiently by investing in programmes that lack robust evidence of effectiveness.

Greater diversity of substances injected increases health risks

Ensuring an effective and comprehensive response for people who inject drugs in Europe remains a key issue for policy and practice if drug-related harm is to be reduced. Challenges in this area are becoming more complex, however, as data reported here highlight the increasing diversity of substances being injected in Europe and that this diversity can be associated with a greater risk.

People who inject drugs are often at greater risk of harms, such as contracting blood-borne infections or dying from drug overdose, than those who use other routes of administration. Injecting drug use can also exacerbate pre-existing health problems or cause abscesses, septicaemia and nerve damage. Although injecting drug use has continued to decline in Europe over the past decade, it still accounts for a disproportionate share of both the acute and chronic harms to health resulting from substance use.

Historically, heroin has been the main drug associated with injecting in Europe, but syringe residue data reported here illustrate how variable and complex injecting patterns have become. A wide range of drugs, including amphetamines, cocaine, synthetic cathinones, opioid agonist medications, other medicines and various new psychoactive substances, are now being detected in syringe residues, often in combination, potentially increasing the risk of overdose. Syringe monitoring studies support other data suggesting that stimulant injecting, in particular, has become more common among people who inject drugs. This is a concern, as stimulant injecting has been associated both with more frequent injecting and a number of local outbreaks of HIV reported in Europe over the last decade. Local HIV outbreaks linked to stimulant injecting continue to be reported in the most recent data, including an outbreak in Monza, Italy, in 2022.

Harm reduction [approaches](#) are now seen as fundamental to reducing HIV transmission among people who inject drugs, particularly the provision of sterile injecting equipment, including distribution both in prisons and through pharmacies. Again, however, our analysis indicates that coverage and access to free needle and syringe programmes remain inadequate in many EU countries.

HIV notifications return to pre-pandemic levels

While new HIV infections related to injecting drug use have been declining in the European Union over the long term, more than half of the countries reporting data saw an increase in new HIV notifications in 2022 compared with 2021. In 2022, the number of new HIV notifications linked to injecting drug use in the European Union increased to 968, compared with 662 in the previous year, returning to a level similar to that observed in 2019. This increase may in part reflect increased rates of HIV testing following the lifting of COVID-19-related restrictions and the return of health services, including HIV testing, to pre-pandemic functioning. Another possible contributory factor is the movement of people living with a known HIV diagnosis between European countries following the Russian invasion of Ukraine. Regardless of its cause, this finding deserves further investigation, as any change in the long-term downward trend observed in this data set would be a concern. Moreover, although the European Union compares favourably with many other regions of the world, the 38 % reduction in HIV notifications since 2010 falls short of the World Health Organization's (WHO) target of a 75 % reduction, indicating that more needs to be done to eliminate drug-related HIV transmission in Europe.

Signs that ketamine is increasingly available and may be causing harm

Part of the mission for the new EUDA will be to extend our monitoring capacity to more-novel substances that currently are not sufficiently visible within the data sets used for routine drug monitoring. A good example of this is ketamine, where the evidence that exists is limited but does suggest that this drug is likely to be consistently available in some national drug markets and may have become an established drug of choice in some settings. However, despite anecdotal evidence that ketamine is widely used by some groups of young people, we lack a good understanding of the patterns of use of this substance.

While not necessarily representative at European level, the quantity of ketamine seized and reported to the EU Early Warning System on new psychoactive substances has varied over time, but has remained at relatively high levels recently, with reported seizures increasing from just under 1 tonne in 2021 to 2.8 tonnes in 2022. Most of the ketamine seized in Europe is believed to originate from India, but Pakistan and China may also be source countries for this substance.

Ketamine may be used alone or in combination with other substances. In 2022, data from hospital emergency departments participating in the Euro-DEN Plus network reported that cocaine was the substance most often reported in combination with ketamine in acute toxicity presentations.

Ketamine is commonly snorted, but can also be injected, and has been linked to various dose-dependent acute and chronic harms, including neurological and cardiovascular toxicity, mental health problems and urological complications, such as bladder damage from intensive use or the presence of adulterants. Currently, our understanding of the extent that this drug is associated with significant harm in Europe remains limited, and there is a strong case for improving the monitoring of ketamine use and any related harms.

'Pink cocaine': an example of new synthetic drug mixtures appearing on the EU market

Ketamine may also be added to other drug mixtures, including MDMA powders and tablets, potentially increasing the risk of inadvertent consumption. Mixtures sold as 'pink cocaine' can also contain ketamine. This product appears in parts of the EU drug market, but has a longer history in Latin America, where it has often been reported to contain the substance 2CB, which is reflected in its alternative street name 'tucibi'. In Europe, however, a range of synthetic substances, including ketamine and

MDMA, have been found in this brightly coloured, distinctive product. In many respects, pink cocaine is an example of the more sophisticated marketing of synthetic substances to consumers, who are likely to have very little understanding of what chemicals they are actually consuming.

Europe's response to cannabis

A need to better understand what responses are most effective for treating cannabis-related problems

Cannabis remains the most commonly used illicit drug in the European Union, with the prevalence of use about five times that of the nearest other substance ([Figure At a glance](#)). Cannabis use is associated with a range of physical and mental health problems; with early initiation, regular and long-term use and high-dose use all thought to increase the risks. There remains, however, a need to understand better the types of problems experienced by cannabis users, as well as what might constitute appropriate referral pathways and effective treatment options for those seeking help for their cannabis use. Cannabis accounts for more than one third of all reported admissions to drug treatment in Europe. This finding is difficult to interpret, in part because of the wide variety of interventions provided to cannabis users, which may include brief interventions or directive referrals from the criminal justice system. Further work is needed to understand better the types of services offered to people with cannabis problems. However, the information that does exist suggests that psychosocial treatments, such as cognitive behavioural therapy, are commonly offered and that e-health interventions are becoming increasingly available.

Evaluating the risk of harm associated with cannabis use is complicated by the apparently increasing range of cannabis-based products potentially available to consumers, which can include edibles, various forms of vaping technologies, high-potency products and various derivatives of the drug. This diversity may have implications for the risk of an individual experiencing problems with their cannabis use, but these are poorly understood. This remains therefore an area that requires greater research and regulatory attention.

Monitoring and evaluation are key to assessing the impact of cannabis policy changes

Some EU Member States have changed, or are considering changing, their approach to the regulation of recreational cannabis use, creating the possibility of greater access to the drug for some consumers or under certain conditions. In

December 2021, Malta legislated to permit home growing and cannabis use in private, alongside non-profit communal growing clubs. In July 2023, Luxembourg legislated to permit home growing and use in private, and in February 2024, Germany legislated to allow home growing and non-profit cannabis growing clubs. Czechia has also announced plans for a regulated and taxed distribution system.

The cultivation, sale and possession of cannabis remain criminal offences in the Netherlands. However, the sale of small quantities of cannabis to adults (aged over 18) in 'coffeeshops' has been tolerated for decades. One of the policy objectives for this tolerance was to separate the cannabis market from the market for other drugs. A concern with this approach is that cannabis sold in coffeeshops is supplied from the illegal market, and criminal groups therefore benefit from this trade. To address this issue, the Netherlands is piloting a closed cannabis supply chain model, where cannabis sold in coffeeshops is produced in regulated facilities.

In Europe and elsewhere, the current dynamic public and policy debate on how cannabis should be regulated is likely to continue. The large commercial markets for this drug that exist in North America and elsewhere are already driving innovation, and are probably indirectly influencing the wider range of cannabis products now available on the European market. It is unclear what direction future European policies will take. What is clear, however, is that any policy development in this area should be accompanied by an assessment of the impact of any changes introduced. This sort of evaluation will depend on the existence of good baseline data; underlining again the need to improve our monitoring of current patterns of use of Europe's most commonly consumed illicit drug.

Changing cannabis markets create new challenges for drug policies

The diversity of cannabis products available in Europe is increasing. This is true for the illicit drug market. It is also true for the consumer market, where products are appearing that contain low levels of THC, or other substances that may be derived from the cannabis plant such as CBD, or both. On the illicit drug market, the availability of high-potency extracts and edibles is of particular concern and has been linked to acute toxicity presentations in hospital emergency departments. In addition, there are concerns that some products sold on the illicit market as cannabis may be adulterated with potent synthetic cannabinoids.

Some semi-synthetic cannabinoids have also appeared recently on the commercial market in parts of Europe. Probably the most commonly encountered semi-synthetic cannabinoid is hexahydrocannabinol (HHC), but also more recently hexahydrocannabiphorol (HHC-P) and tetrahydrocannabiphorol (THCP) have become commercially available in some EU Member States. These substances have been sold as purportedly 'legal' alternatives to cannabis, adding to the regulatory challenges in this area. While knowledge of the effects of HHC in humans is limited,

concerns have been raised as studies have emerged, including some reports of links to psychosis. There have also been reports of intoxication among children caused by consuming edibles containing HHC.

Cocaine and synthetic stimulants now play a greater role in Europe's drug problems

For the sixth year running, record quantities of cocaine seized in Europe

Record quantities of cocaine were again seized by EU Member States in 2022, amounting to at least 323 tonnes. European seizures now exceed those made by the United States, historically a country considered to be among the largest markets for this drug. Cocaine enters Europe by various routes, but the trafficking of large volumes of cocaine through Europe's seaports in intermodal commercial shipping containers remains a significant factor in its high availability.

The trafficking of illicit drugs is highly dynamic and quickly adapts to geopolitical developments, regional conflicts and changes in trade routes. Developments in Colombia, Brazil and Ecuador are all thought to have contributed to the increase observed in cocaine trafficked to the European Union. As interdiction measures have been scaled up at major known entry points for the drug, traffickers increasingly appear to be targeting smaller ports in other EU countries and countries bordering the European Union, where deterrent measures may be less intensively applied. Some northern European countries, including Sweden and Norway, reported record cocaine seizures at seaports in 2023, suggesting that all entry points to the European Union have now become vulnerable.

Cocaine production sites in Europe reveal how trafficking groups are innovating to avoid detection

The regular detection of large-scale cocaine processing laboratories across Europe, particularly in Belgium, Spain and the Netherlands, reveal how transnational criminal networks from both sides of the Atlantic are working together to develop new methods to traffic cocaine into Europe. This can be seen in the use of specialised equipment and the involvement of chemists with expertise in cocaine concealment and processing. Cocaine processing in Europe usually involves the secondary extraction of cocaine that has been

incorporated into other materials in order to reduce the risk of detection when it is included in commercial shipments of legitimate goods. These trafficking methods range from the simple impregnation of cocaine into a material, to more sophisticated chemical concealments, where the drug is incorporated into a variety of plastics, polymers or metal complexes.

In addition, coca paste and cocaine base, are also now being trafficked into Europe, with the final stages of processing into cocaine hydrochloride being completed in clandestine laboratories. The reasons for this are not known, but it has been suggested that it may be a response to the relative scarcity of cocaine-processing chemicals in Latin America and the economic advantage of controlling the final stages of the production process in Europe.

Impact of high cocaine availability on public health becoming more visible

Cocaine is, after cannabis, the second most commonly used illicit drug in Europe. There are increasing signs that the continued high availability of this drug is having a growing negative impact on public health in Europe. Although there is considerable geographical heterogeneity observable in the data, overall cocaine is the second most frequently reported illicit drug, both by first-time entrants to drug treatment services and in the more limited information available on acute drug toxicity presentations to hospital emergency departments. European drug checking services, although not nationally representative, note that cocaine was the most common substance they screened in 2022. The available toxicological data suggest that the drug was involved in about one fifth of drug overdose deaths in 2022, often in association with other substances. Moreover, as cocaine use can aggravate underlying cardiovascular problems, a major cause of death in Europe, it is likely that the overall contribution of this drug to mortality is not sufficiently recognised.

Cocaine residues in municipal wastewater also increased in two thirds of cities with data for 2023 and 2022. This, together with other information, suggests that as cocaine has become increasingly available, so too has its geographical and social distribution. Of particular concern is that, in some countries, cocaine use appears to be increasing among more marginalised groups. This contrasts with the public perception of the drug as being more commonly used by socially integrated and affluent people. Smoking and injecting cocaine are both associated with greater health problems than nasal insufflation, and it is therefore worrying that cocaine injection and the use of crack cocaine are reported to be growing in a number of countries. Smokable crack cocaine is a form of the drug that is associated with more problematic patterns of use and use by more marginalised groups. As noted elsewhere in this report, the injection of cocaine has been linked to a number of localised HIV outbreaks in Europe in recent years.

Europe remains a significant producer of synthetic drugs

While monitoring illicit activity is always challenging, the information available suggests that the scale and complexity of illicit drug production within Europe is continuing to grow. In 2022, hundreds of synthetic drug production facilities were reported as having been dismantled in the European Union. These facilities were producing a variety of substances, including amphetamine, methamphetamine, synthetic cathinones and MDMA. Facilities for the final stages of heroin production were also detected. In addition, the regular detection of separate sites for cocaine production, extraction, cutting and packaging in recent years suggests that secondary cocaine production is now well-established in parts of Europe, facilitating the use of innovative methods of chemical concealment and trafficking of this drug into Europe.

Innovation in production processes is also suggested by recent seizures of chemicals that can be used to produce the precursor chemicals needed to manufacture amphetamine, methamphetamine and MDMA, thereby circumventing the controls in place to reduce the availability of these drugs.

A challenge in this area is that the use of a more diverse set of chemicals and the introduction of new routes of chemical synthesis mean that customs, law enforcement and existing regulations can struggle to keep pace with market developments. Moreover, where illicit synthetic drug production takes place, there is a growing awareness of the risks to public health and the environment from the dumping or disposal of the often large volumes of hazardous substances used in the drug production process.

Methamphetamine production and trafficking highlight the potential for increased use in Europe

Globally, methamphetamine problems appear to be growing, and this synthetic stimulant is making a major contribution to drug-related harms in many parts of the world. In Europe, with the notable exception of a few countries, methamphetamine is a relatively uncommonly used stimulant. However, drug trends are increasingly dynamic and can change rapidly. It is a worry, therefore, that some signals exist that methamphetamine use may be spreading to more countries, even if overall levels of use remain low. An additional concern is the continuing evidence of production in Europe. Although the number of methamphetamine production sites dismantled slightly declined in 2022, these overall numbers fluctuate from year to year, as they largely reflect numerous small-scale 'kitchen-labs'. Low-

volume methamphetamine production for local consumption is a long-standing phenomenon in parts of Europe, such as Czechia, with established populations using this drug. More recently, however, there is increasing evidence of the existence of larger-scale facilities, often located elsewhere in Europe, that have produced this drug in large volumes for export to non-EU markets.

Seizures of glycidic derivatives of BMK, a precursor used for large-scale methamphetamine production, increased significantly in 2022, while new alternative chemicals from which BMK can be made were also seized. In addition, large volumes of tartaric acid continued to be seized. Tartaric acid is used in the production of the potent and sought-after form of methamphetamine (*d*-methamphetamine, used for 'crystal meth'). Taken together this information suggests that large-scale production of methamphetamine is now established in the European Union. Currently, production on this scale appears to be mainly for export to non-EU markets. This is a concern in itself, but it also poses a risk that the use of this drug could become more common in the European Union, should market conditions become conducive to this.

Synthetic cathinones represent a growing challenge

The dynamic nature of the European drug market is highlighted by increased reports of the production and use of synthetic cathinones, a class of drugs relatively new to Europe. Data reported here continue to indicate the large-volume trafficking of synthetic cathinones into Europe from source countries such as India. At the same time, there is increasing evidence of production in the European Union, most notably in Poland. The size and scale of the production sites reported as dismantled by law enforcement agencies varies from relatively small-scale 'kitchen-scale' laboratories to facilities capable of producing large quantities of these substances. Given the volumes of precursor chemicals now seized and the interception of unregulated alternative chemicals, it appears likely that large-scale production for both European and external markets is now taking place.

Developments in the opioid area create new challenges for both drug policies and response models

Presence of multiple substances in most opioid deaths deserves greater recognition

The observation that drug consumption patterns are becoming both more dynamic and more complex comes under the spotlight again in our analysis of drug-induced deaths, sometimes referred to as 'overdose deaths'. Opioids remain the group of substances most commonly implicated, but they are often found in combination with other substances, highlighting how patterns of polydrug use are an important driver of drug-related harms in Europe. Benzodiazepines, alcohol or cocaine, for example, are all often reported alongside opioids in the available toxicology data, and it is likely that the co-consumption of these different drug classes is an important, but not always sufficiently recognised, factor for understanding and responding to drug-related mortality.

At EU level, recent trends in deaths where opioids are implicated appear stable, but the proportion of deaths in older age groups is increasing. It is estimated that heroin was involved in more than 1 800 deaths in 2022 in the European Union, and it remains the drug most commonly identified in opioid-related deaths in some western European countries. However, the data available suggest that heroin is now present in the majority of overdose deaths in only a minority of countries, with other opioids and other drugs playing a more important role. Overall, the situation appears more heterogeneous than in the past, with opioids other than heroin, including methadone and, to a lesser extent, buprenorphine, pain-relief medicines containing opioids and other, more-novel, synthetic opioids being associated with a substantial share of overdose deaths in some countries.

The available data suggest that deaths where stimulants are implicated are rising in some countries. However, interpreting these data is difficult, both because stimulant-related deaths are likely to be particularly prone to under-reporting, and because stimulants are often implicated in deaths where other drugs, including opioids, are also found to be present.

Concern is growing that highly potent synthetic opioids pose a significant threat to public health

Deaths associated with the use of opioids are an important public health concern in Europe, but they currently represent only a small fraction of the number of deaths associated with this class of drugs reported in North America. Both the United States and Canada have been experiencing a public health emergency driven by synthetic opioids, principally derivatives of fentanyl. The situation in Europe is very different. Although some under-reporting is likely, fentanyl derivatives were only linked to 163 deaths in 2022. These fatalities also include deaths associated with fentanyl diverted from medical use rather than obtained from the illicit market.

Despite this difference in scale, concerns are growing that highly potent synthetic opioids are increasingly appearing on the European drug market and are causing harm. Moreover, even if the North American context is different, it does provide a warning on how rapidly trends in opioid use can develop, with dramatic implications for public health. It is therefore worrying that 81 new synthetic opioids have been reported to the EU Early Warning System since 2009, with 7 new substances appearing in 2023. Six of these were highly potent nitazene opioids. Nitazenes were first reported to the EMCDDA around 2019. Since then, 16 nitazenes have been identified in Europe, with the majority of countries having detected one of these substances on their territory.

Appearance of nitazene opioids already associated with harm in some countries

Nitazenes have been sold in preparations that resemble street heroin, or online as 'synthetic heroin', and have also appeared in tablets mis-sold as medicinal opioids or other medicines. There are also reports of smoking mixtures adulterated with nitazenes. These drugs have been linked to an increase in drug-induced deaths in Estonia and Latvia in 2023, where they now account for a significant share of overdose deaths. Localised poisoning outbreaks have also been reported in Ireland and France in 2023.

In Ireland, nitazenes were mis-sold as heroin, resulting in multiple overdoses, and were also linked to overdoses in two prisons in 2024. Outside the European Union, nitazenes have been linked to drug overdoses in Australia, North America and the United Kingdom. These drugs do not currently figure prominently in the routine data available at EU level. However, due to their high potency and novelty, there are concerns that nitazene opioids may not be routinely detected in procedures commonly used for post-mortem toxicology. This raises the possibility that the number of deaths or non-fatal poisonings attributed to these substances could be an underestimate.

These developments are occurring in the context of other recent signals of worrying changes to the opioid market in Europe. These include the emergence in 2021 of ‘tranq-dope’, in which synthetic opioids are mixed with the animal sedative and analgesic xylazine, and ‘benzo-dope’ in 2022, in which synthetic opioids are mixed with new benzodiazepines (such as bromazolam). Such mixtures are commonly found in parts of North America, where they have been associated with a range of health concerns.

New challenges for policy, practice and research

The emergence of novel and highly potent synthetic opioids creates new challenges for drug policy and practice. It also highlights important knowledge gaps requiring research scrutiny. Many of these substances are not subject to drug control when they first appear. In this respect, Europe is fortunate to have put in place, through its Early Warning System, a fast-track mechanism for drug identification, risk assessment and control. It is vital, however, that Member States support this mechanism with appropriate national measures. Currently, most new synthetic opioids appear to be supplied from Asian countries. Consequently, multilateral follow-up is likely to be important. Some production of fentanyl derivatives is known to take place in Europe, but thus far this has been limited. However, the technical barriers to the production of these substances are relatively low, and it is therefore imperative to consider what may constitute effective measures to prevent the possibility of the large-scale production of these drugs within the European Union.

Recent experience within the European Union has demonstrated how the sudden emergence of potent synthetic opioids can result in multiple poisonings occurring over a short period, with the potential to overwhelm local services. Resilience in this area can be increased by having in place a multiagency rapid response plan, which includes an effective risk communication component in order to alert both those at risk and frontline services. Furthermore, response models in this area need to be expanded in recognition that, as these substances have been sold as or in mixtures with other substances, the population at risk is not necessarily restricted to those with a history of consuming opioids. The capacity to rapidly identify the presence of highly potent opioids on local drug markets will also be important. A critical requirement of response models in this area will be ensuring that adequate supplies of the opioid antagonist naloxone are available to frontline workers, such as police, ambulance and low-threshold service providers, and they are enabled to administer this drug when it is needed. Finally, our evidence base in Europe for what constitutes effective responses to opioid problems has been built largely on our historical experience of responding to heroin problems. Research is therefore urgently required to assess the extent to which our current response models may require adjustment in order to remain fit for purpose in the context of the availability of more-novel and highly potent opioids, especially if these substances appear in mixtures with other drugs such as xylazine.

Could a decline in heroin availability lead to a larger market for synthetic opioids?

In April 2022, the Taliban announced a ban on opium poppy cultivation. A similar, albeit short-lived, ban in 2001 saw the introduction of replacement substances, including stimulants and synthetic opioids, into the European market. These changes were short-lived in most countries, but long-term changes in the opioid market were observed in a small number of countries. Given that Afghanistan is the main source of heroin consumed in Europe, the latest opium ban has prompted speculation that it could result in a future heroin shortage, which might lead to increased supply of synthetic opioids and their use in Europe.

The United Nations Office on Drugs and Crime (UNODC) estimates that opium production fell by 95 % in 2023. While there is considerable uncertainty in this area, evidence suggests that a substantial inventory of opium remains in Afghanistan. This may help explain why we have not observed evidence of any disruption of heroin flows towards the European Union. However, some market adjustments may have occurred in response to a reported increase in opium prices in Afghanistan. At the time of writing, it is too early to say if the current ban on opium production will be sustained over time. Nevertheless, it would be prudent to prepare for a possible heroin shortage in late 2024 or 2025. An immediate response would include ensuring that sufficient drug treatment places were available to those seeking help with managing their opioid use. It would also be important to monitor closely whether changes in heroin supply were having an impact on the availability or use of other substances. Substances to be considered include potent synthetic opioids, but also more established substances such as stimulants.

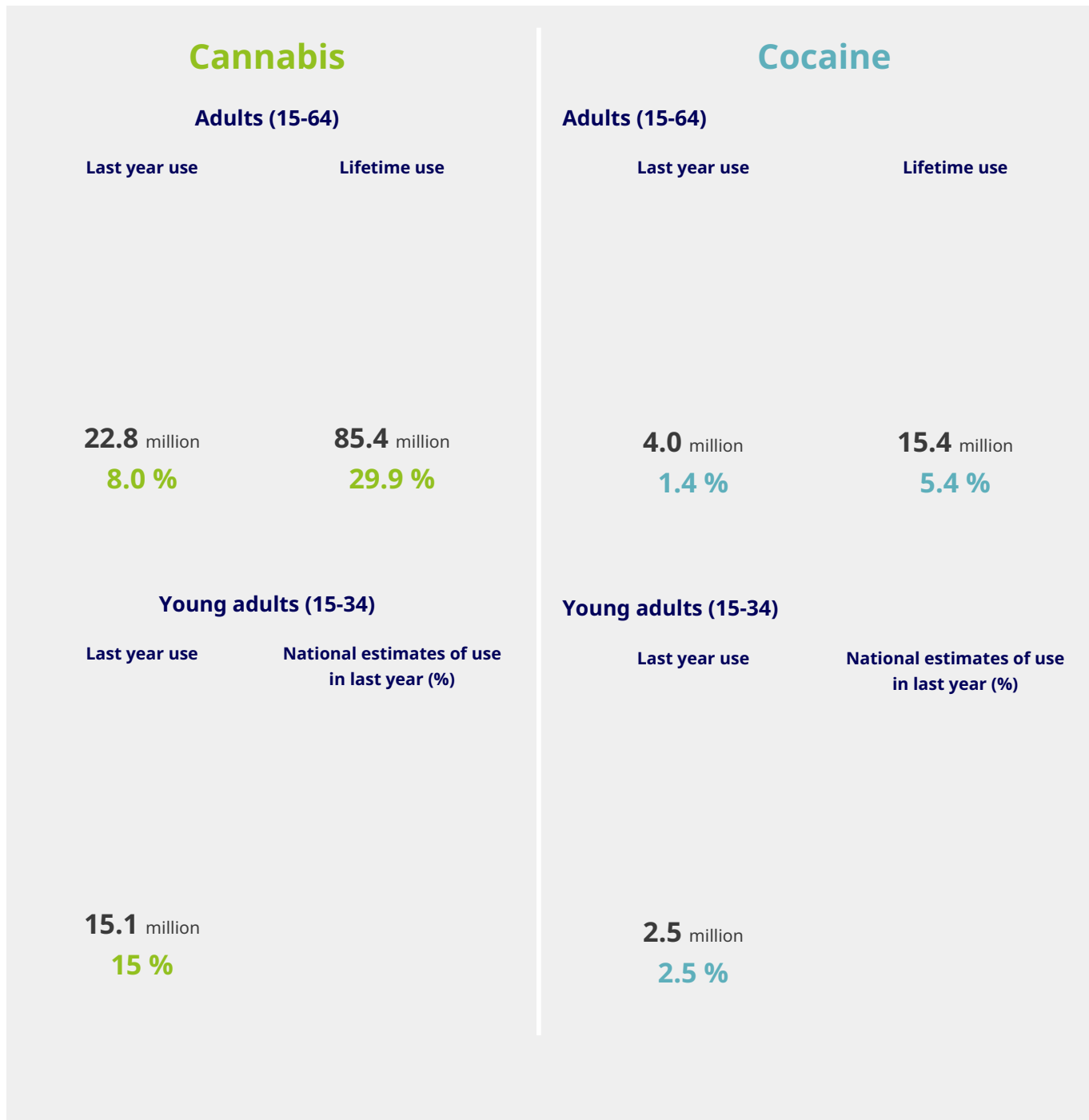
Could Myanmar replace Afghanistan as a source of heroin for Europe?

Myanmar has historically been a notable source of opium and heroin, though generally not for European markets. Heroin from Myanmar is thought to be trafficked to various countries in Asia and Oceania. After a period of decline, there have been reports of increased opium cultivation over the last 3 years. The UNODC estimates that Myanmar produced 1 080 tonnes of opium in 2023, up 36 % on 2022, but still much lower than the quantities produced in Afghanistan in recent years. Given the potential value to traffickers of this crop when converted to heroin, and the increasing maritime trade flows between South-East Asia and Europe, there is a potential risk that a portion could be diverted to service profitable markets in Europe in the future. Monitoring of any appearance of heroin from

this region is merited therefore, but remains challenging given the security context in Myanmar, which has been embroiled in civil war since 2021. However, in the short to medium term, it appears that heroin produced in this region is unlikely to replace the volumes of heroin up to now supplied to the European market from Afghanistan.

At a glance

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



MDMA

Adults (15-64)

Last year use

Lifetime use

2.9 million
1 %

12.3 million
4.3 %

Young adults (15-34)

Last year use

National estimates of use
in last year (%)

2.2 million
2.2 %

Amphetamines

Adults (15-64)

Last year use

Lifetime use

2.3 million
0.8 %

10.3 million
3.6 %

Young adults (15-34)

Last year use

National estimates of use
in last year (%)

1.5 million
1.5 %

Heroin and other opioids

**High-risk
opioid users**

860 000

513 000

opioid users
received agonist

treatment in 2022

**Drug
treatment
requests**

Principal drug in
about 24 % of all
drug treatment
requests in the
European Union

24 %

**Fatal
overdoses**

Opioids were found
in 74 % of fatal
overdoses

74 %

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

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