

more than 670 new psychoactive substances were being monitored under the European Union Early Warning System. With a view to responding to the public health and social threats posed by new psychoactive substances, in 2017, the European Parliament and the Council of the European Union passed new legislation that brought such substances into the official definition of a “drug” at the European Union level and streamlined the procedures for responding to them.

746. Seizures of illicit drugs are an important indicator of the size of drug markets. According to EMCDDA, the number of drug seizures in the European Union exceeded 1 million in 2016. Seizures of cannabis, by number, accounted for 71 per cent of all seizures, followed by cocaine (9 per cent), amphetamines (5 per cent), heroin (4 per cent), “ecstasy” (3 per cent) and other drugs (8 per cent). Most reported seizures involved small quantities of drugs seized from drug users.

747. The importance of online markets as platforms for the marketing and distribution of illicit drugs continued to grow in recent years. It is estimated that about two thirds of all purchases on over 100 global darknet markets identified by EMCDDA and Europol were drug-related. The suppliers of illicit drugs operating in European Union member States, in particular Germany, the Netherlands and the United Kingdom, accounted for almost one half of all drugs sold worldwide on 16 selected darknet markets that were monitored from 2011 to 2015.

748. In the period 2016–2018, countries in the European Union became a major source of acetic anhydride seized within the region and in West Asia. The wider availability of acetic anhydride on the European black market could be one of the drivers of an emergence of illicit heroin laboratories, where morphine is converted into heroin, detected in several European Union member States.

749. Continued developments in drug use patterns and the need to provide treatment to drug-dependent persons increased the burden on national health systems in Europe. It is estimated that, in the European Union alone, over 1 million people receive treatment for drug-related problems every year. According to EMCDDA, in the last 10 years, more than half of countries in the European Union reported comprehensive estimates for drug-related public expenditure, including costs of drug treatment. Total drug-related public expenditure was estimated to range from 0.01 to 0.5 per cent of gross domestic product, with health expenditure accounting for 15–53 per cent of total drug-related expenditure.

## D. Europe

### 1. Major developments

744. The European drug problem is increasingly influenced by developments in the drug control situation in countries bordering the region and worldwide. In the global context, Europe is a producing region for cannabis (mostly for local consumption) and synthetic drugs (for both local consumption and onward trafficking to other parts of the world). The region continues to be a major market for drugs originating in and trafficked from other parts of the world, including South America, West Asia and North Africa.

745. A wide range of new psychoactive substances that emerged on the European market more than a decade ago continues to be supplied mainly from China. There have, however, also been reports of the manufacture and tableting of such substances within the region. In 2017,

## 2. Regional cooperation

750. The European Union supported countries in Central Asia in the fight against drugs through a trans-regional programme entitled “EU Action against Drugs and Organised Crime (EU-ACT)” and the Central Asia Drug Action Programme. In 2017 and 2018, EMCDDA continued its support of that programme, the overall objective of which is the gradual adoption by the five countries in Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) of European Union and international good practice on drug policy, in order to contribute to the reduction of drug problems. The beneficiaries of the programme include policymakers, drug control experts, corrections and hospital staff and the general public.

751. In November 2017, a memorandum of understanding was signed between the Government of Belarus and the Government of Georgia on the establishment of a mechanism for the sharing of information to prevent trafficking in and the illicit movement of narcotic drugs and psychotropic substances.

752. A workshop on joint investigation teams and controlled deliveries was held in Tbilisi from 26 February to 2 March 2018. Representatives of law enforcement and customs authorities and prosecutor’s offices of Afghanistan, Armenia, Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Romania, Pakistan and Ukraine shared their experiences in combating drug trafficking and discussed measures to enhance future cooperation in drug control matters.

753. In June 2018, Bulgaria hosted the twentieth high-level meeting of the Coordination and Cooperation Mechanism on Drugs of the European Union and CELAC. During the discussions, a particular focus was placed on joint measures to counteract drug trafficking over the darknet. Discussions were also held on measures to develop and implement programmes aiming at reducing demand for illicit drugs.

## 3. National legislation, policy and action

754. During the reporting period, EMCDDA published a number of publications, technical reports, surveys and overviews that covered a wide range of drug control-related topics, including a European guide on responding to drug problems, a report on European environmental prevention measures to limit unhealthy and risky substance use behaviours, an analysis of drug-related

homicide in Europe, a policy briefing on cannabis and driving and a report on the growing threat of drugs and the darknet to health and security.

755. In October 2017, EMCDDA released a report on new developments in national drug strategies in Europe. The report, prepared in consultation with experts and based on an analysis of national drug policies and scientific literature, gives an overview of recent developments in key tools used to manage national drug policies, such as strategies, coordination mechanisms and evaluations. Among other things, the report points to a gradual change in national drug strategies towards a broader scope that goes beyond controlled substances and covers other substances and, to a lesser extent, other addictions.

756. On 15 November 2017, the relevant European Union institutions passed legislation that, while retaining the current three-step approach to responding to new psychoactive substances (namely, early warning, risk assessment and control measures), allowed for the significant strengthening of existing processes through the streamlining and accelerating of data-collection and assessment procedures. Pursuant to the new legislation, national authorities will have six months to place a substance under control on their territory once the decision of the Council of the European Union and the European Parliament on the substance enters into force. The legislation will be applicable as of 23 November 2018.

757. In 2017, Estonia added the following 11 new psychoactive substances to schedule I of its national list of narcotic drugs and psychotropic substances: meclonazepam; nifoxipam; ephenidine; 1-naphthalenyl(1-pentyl-1H-indazol-3-yl)-methanone; 4-fluoroethylphenidate; metizolam; 1-propionyl-lysergic acid diethylamide; dimethylamylamine; CUMYL-4CN-BINACA; 6-ethyl-6-nor-lysergic acid diethylamide (ETH-LAD); and 4-fluoromethylphenidate (4F-MPH).

758. In December 2017, a new national strategy on serious and organized crime threat assessment was adopted in Montenegro. In the policy, the following six priority areas for the period 2018–2019 were identified: terrorism and religious extremism; drug trafficking; illegal migration; serious criminal offences arising from conflicts between organized crime organizations; unregulated and high-interest moneylending; and high-level corruption.

759. In April 2018, the Government of the Russian Federation adopted a resolution enforcing tighter controls over the movement of narcotic drugs, psychotropic substances and their precursors, to bring the regulatory acts into line with relevant international legislation. The

resolution was adopted for the purpose, among others, of exercising stricter controls over the circulation of the precursor 1-phenyl-2-nitropropene and of rescheduling the precursor diphenylacetoneitrile from table III of catalogue IV to table II of catalogue IV of the list of precursors under control in the Russian Federation.

760. In May 2018, the Council of the European Union decided to place two new synthetic cannabinoids, ADB-CHMINACA and CUMYL-4CN-BINACA, under control in the 28 European Union member States. The substances had been available on the European drug market since at least 2014 and 2015, respectively.

761. In March 2018, the Justice and Home Affairs Council adopted the European Council conclusions on alternatives to coercive sanctions for drug-using offenders, with a view to preventing crime, reducing recidivism, enhancing the efficiency of the criminal justice system and minimizing social risks. Those alternative measures include education, suspension of investigation or prosecution, suspension of sentence with treatment, rehabilitation and recovery and aftercare and social reintegration.

762. In 2017, the Cannabis as Medicine Act, which regulates the import, domestic production and prescription of cannabis-based pharmaceutical products, including herbal cannabis, came into force in Germany. In the Netherlands, where new psychoactive substances are regulated through amendments to schedules of the Opium Act, 4-fluoroamphetamine (4-FA), was listed in 2017, as a list I drug, because of reports of deaths related to use of the substance. The substance was placed in Schedule II of the 1971 Convention by the Commission on Narcotic Drugs in its decision 61/12 of 14 March 2018. In October 2017, the Government of Luxembourg amended its drug control regulations by adding several psychoactive substances to the lists of narcotic drugs and psychotropic substances. Furthermore, in 2018, the Government of Luxembourg passed a bill allowing for the medical use of cannabis. In 2017, new legislation allowing control of synthetic cannabinoids came into force in France. In Czechia, 60 new psychoactive substances were added to the list of controlled substances. In 2018, 43 new psychoactive substances were added to the lists of controlled substances in Sweden.

763. The royal decree on controlled substances that entered into force in Belgium on 26 September 2017 enabled the classification of controlled substances according to generic group definitions. The decree, among other things, introduced an exemption to the export authorization requirement for psychotropic substances in case of humanitarian urgency by requiring only an a posteriori

notification to the Federal Agency for Medicines and Health Products.

764. A number of countries in Europe evaluate their drug policy and strategy through ongoing indicator monitoring and specific research projects. In 2017, Croatia evaluated its National Strategy on Combating Narcotic Drugs Abuse for the period 2012–2017. The results of the evaluation assisted the Government in developing a new drug strategy for the period beyond 2017.

765. In 2017, Ireland launched its national drug strategy, entitled “Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017–2025”. The goals of the strategy include promotion and protection of health and well-being, minimization of the harms caused by substance abuse and promotion of rehabilitation and recovery, restriction of access to illicit drugs and development of comprehensive evidence-based policies and actions.

766. The 2017 drug strategy of the United Kingdom, launched in July 2017, is aimed at reducing illicit and other harmful drug use and increasing the rates of people recovering from dependency. In 2018, the Government of the United Kingdom announced a review of the scheduling of cannabis. The review will cover the medicinal and therapeutic benefits of cannabis and cannabis-based medicinal products, and will allow for an assessment to be made that balances harms and public health needs. The review will not cover the classification of cannabis as a class B drug, or any of the penalties for offences involving cannabis.

767. In the Netherlands, cannabis is sold openly in more than 500 so-called “coffee shops” operating in about a quarter of the 380 municipalities in the country. While the sale of cannabis under certain conditions in those outlets is tolerated, the supply of cannabis to the “coffee shops” is not permitted. This has created an illicit market in cannabis production and wholesale distribution. In October 2017, the Government of the Netherlands declared its intention to permit an experiment on the legal supply of cannabis to “coffee shops” in up to 10 municipalities. In March 2018, the Ministry of Justice and Security and the Ministry of Health, Welfare and Sport provided the country’s Parliament with details of the experiment, which will, among other things, require amendments to the drug control legislation, the designation of municipalities and cannabis growers and the establishment of a research consortium in order to facilitate a four-year period of cannabis production and supply of the substance to “coffee shops”. Following the completion of the experiment, the current regulations

governing the control of cannabis will be reinstated. The experiment, according to the authorities, is expected to allow for an evaluation of the impact of supplying cannabis to “coffee shops” on public health, crime and public safety in the municipalities concerned.

768. The Board reiterates that the 1961 Convention, as amended, establishes in article 4 that the parties to the Convention are to take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention within their own territories and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in and use and possession of drugs.

#### 4. Cultivation, production, manufacture and trafficking

##### (a) Narcotic drugs

769. Cannabis remains the most widely used drug in Europe. The drug accounts for the largest share (38 per cent) of the illicit drug retail market in the European Union, which in 2013 was estimated to be worth 24 billion euros. Herbal cannabis is both cultivated within Europe, mostly indoors, and trafficked from third countries. Cannabis resin is mostly trafficked from Morocco but is increasingly produced in Europe itself.

770. In 2016, 763,000 seizures of cannabis products were reported in the European Union, including 420,000 seizures of herbal cannabis, 317,000 seizures of cannabis resin and 22,000 seizures of cannabis plants. Spain, as a major point of entry for cannabis resin produced in Morocco, continued to account for most of the quantity of cannabis resin seized in the European Union in 2016. The countries in Europe that reported seizing more than 1 ton of cannabis resin in 2017 were Spain (334.9 tons), France (57.4 tons), Italy (18.7 tons), Portugal (14.8 tons), Greece (6.3 tons), the United Kingdom (6.3 tons), Sweden (3.2 tons), Lithuania (2.1 tons), Norway (2.0 tons), Poland (1.2 tons) and the Russian Federation (1.1 tons). Seizure data for 2017 for some countries in Europe that have repeatedly reported cannabis resin seizures exceeding 1 ton, notably Denmark and the Netherlands, were not available at the time of drafting the present report.

771. Seizures of cannabis plants may indicate its cultivation within a country. In 2017, seizures and eradication of cannabis plants illicitly cultivated outdoors and/or indoors were reported in most countries in the region,

including a number of States members of the European Union, as well as Albania, Andorra, Bosnia and Herzegovina, Montenegro, the Russian Federation and Ukraine.

772. In Slovakia, both illicit outdoor and indoor cannabis cultivation for local use and trafficking abroad increased by 40 per cent during the reporting year. In Sweden, illicit cultivation has significantly decreased since its peak in 2014. That decrease is possibly a result of interdiction efforts taken by law enforcement authorities and of an increase in trafficking in cannabis products purchased on the Internet into the country.

773. Montenegro has emerged as an entry point and transit country for drugs being trafficked towards Western European markets. Despite having a small domestic market, a slight increase in cannabis use was reported in Montenegro in 2017 owing to trafficking from neighbouring Albania — a major cannabis producer in Eastern Europe — and also to small-scale local production. In 2017, a new record of cannabis seizures was reached in the country, totalling 2.65 tons. The seizures were mainly of cannabis herb originating in Albania.

774. In Belarus, the total amount of narcotic drugs and psychotropic substances seized by customs authorities in 2017 increased by 60 times compared with 2016, according to the Chair of the State Customs Committee.

775. The potency of both herbal cannabis and cannabis resin has largely increased in countries of the European Union since 2006. While the content of THC in herbal cannabis stabilized at about 9–12 per cent in around 2013, THC content in cannabis resin continued to increase, to 14–21 per cent in 2016. In 2016, the black-market price of both drugs was almost the same, in the range of 8–12 euros and 9–13 euros per gram, respectively.

776. Owing to the wide availability of heroin, primarily sourced in Afghanistan, the illicit manufacture of opioids in Europe has until recently been limited to home-made opium poppy products manufactured in some countries in Eastern Europe. The identification of several laboratories converting morphine to heroin in Czechia, the Netherlands and Spain in recent years suggests that some heroin is now manufactured in Europe. The total amount of heroin seized in the European Union was 4.3 tons in 2016 and 4.5 tons in 2015. In 2017, seizures of heroin larger than 100 kg were reported by the United Kingdom (845 kg), Bulgaria (698 kg), Italy (610 kg), Spain (524 kg), Greece (359 kg), Germany (298 kg) and Ukraine (110 kg). Bulgaria also reported seizures of sizeable amounts of morphine (221 kg).

According to authorities in Portugal, Mozambique might have become a new transit point for heroin being trafficked into the country.

777. Other opioids available on the illicit European market include opium, medicinal morphine, methadone, buprenorphine, tramadol, fentanyl and fentanyl-related substances. Some opioids may have been diverted from legitimate pharmaceutical sources, while others may have been illegally manufactured. In 2017, seizures of diverted and/or illicitly manufactured substances of both types of origin were reported by Estonia, Finland, Norway, Portugal, Romania, Slovakia and Sweden, among others.

778. According to EMCDDA, the increase in cocaine manufacture in South America may have had an impact on the European Union market. While cocaine prices in countries of the European Union have remained stable, the purity of the drug is at its highest level in over a decade; also of concern is the increased availability and use of “crack” cocaine. Wastewater analyses show increases in cocaine consumption in some locations in Europe over the period 2011–2017, notably in 2016 and 2017.

779. Cocaine is transported to Europe by various means, including passenger flights, air freight, postal consignments, private aircraft, yachts and maritime containers. The total amount of cocaine reported seized within the European Union in 2016 was 70.9 tons. Given that Belgium (30 tons) surpassed Spain (15.6 tons) as the country with the largest amount of cocaine seized in the European Union in 2016, the importance of cocaine trafficking routes to Europe through the Iberian Peninsula may have slightly declined in favour of ports in other European countries. In 2017, the countries reporting seizures of cocaine hydrochloride of 1 ton or greater were Belgium (44.8 tons), Spain (41 tons), France (17.5 tons), Germany (8.2 tons), the United Kingdom (5.7 tons), Italy (4.1 tons) and Portugal (2.7 tons). However, seizure data for several European countries, including the Netherlands, were not available at the time of drafting the present report.

## (b) Psychotropic substances

780. Amphetamine and methamphetamine are among the synthetic stimulant drugs illicitly manufactured in the European Union for the local illicit market, although some amphetamine in the region is also destined for markets in the Middle East, East and South-East Asia and Oceania. Most amphetamine manufacture is reported from Belgium, the Netherlands and Poland, and to a lesser extent Germany and the Baltic countries. In 2016, seizures of

amphetamine reported by the European Union member States amounted to 5.7 tons. Overall, the quantity of amphetamine seized in the European Union has been stable since 2010, fluctuating around 5 to 6 tons per year. Germany (1,669 kg), the United Kingdom (1,356 kg), Sweden (892 kg), Poland (582 kg), France (439 kg), Norway (427 kg), Bulgaria (400 kg), the Russian Federation (393 kg), Finland (203 kg) and Belgium (128 kg) were among the countries in Europe that reported seizures of amphetamine higher than 100 kg in 2017.

781. Although the availability of methamphetamine has increased over the last decade in the European Union, it is still much lower than that of amphetamine. Most of the illicit manufacture of methamphetamine in the region takes place in Czechia, and to some extent at the border areas of its neighbouring countries. In 2016, of the 291 illicit methamphetamine laboratories reported dismantled in the European Union, 261 were in Czechia. The predominant precursor chemical used in those laboratories was pseudoephedrine, extracted from medicinal products trafficked mainly from or through Poland. While the manufacture of methamphetamine was mostly confined to small-scale laboratories, large-scale manufacture of the drug destined for other countries in the region was also reported. In 2016, seizures of methamphetamine reported within the European Union amounted to 0.5 tons. In 2017, seizures of methamphetamine larger than 50 kg were reported by the Russian Federation (1,131 kg), France (123 kg), Germany (114 kg), Czechia (93 kg), Norway (76 kg), Italy (57 kg), Finland (56 kg) and Slovakia (51 kg).

782. In Czechia, the illicit manufacture of methamphetamine remained stable, and 264 methamphetamine laboratories were identified in 2017. Of those, 19 were considered medium-large-scale laboratories that could yield between 0.5 to 50 kg of drugs per typical manufacture cycle. In 2017, authorities in Slovakia dismantled a total of 11 laboratories manufacturing methamphetamine: 8 were small kitchen laboratories, mostly producing the drug from pharmaceutical preparations containing pseudoephedrine, and the remaining 3 were medium-scale laboratories capable of yielding up to 10 kg of the drug per manufacturing cycle. In 2017, five illicit methamphetamine laboratories were dismantled in Poland, two in Germany and one in Spain. One clandestine laboratory in which methamphetamine was being produced from 1-phenyl-2-propanone was also dismantled in Lithuania.

783. The apparent recent revival of the illicit market for “ecstasy” in the European Union has manifested itself in the increased number of drug production sites, increased

seizures of the drug and the increasing content of MDMA as the active ingredient in “ecstasy” tablets. In 2016, the member States of the European Union reported 24,000 seizures of MDMA (295 kg of the substance), along with 5.3 million tablets containing the substance. In addition, 1.2 tons of MDMA, originating in Europe, were reported seized by Australia. In 2016, 11 illicit MDMA laboratories were dismantled in the European Union (10 in the Netherlands and 1 in Belgium), which was more than double the number dismantled in 2015. In 2017, three illicit MDMA laboratories were identified in Sweden, one in Belgium and one in Poland.

784. In 2017, among the countries in Europe that reported seizures of synthetic drugs other than amphetamine-type stimulants, Estonia, Lithuania, Luxembourg, Slovakia and the United Kingdom reported seizures of LSD; seizures of GHB were reported by Estonia, Luxembourg and Norway, among others. According to EMCDDA, the number of LSD seizures (about 1,800) almost doubled in the European Union during the period 2010–2016, although the quantity of the drug seized fluctuated.

785. According to the Police Academy in the Netherlands, in its study entitled *The Netherlands and Synthetic Drugs: An Inconvenient Truth*, which was published in 2018, revenue from the illicit synthetic drug market in the Netherlands amounted to at least 18.9 billion euros in 2017. That estimated revenue excludes the revenue from the manufacture of amphetamines and MDMA by Dutch nationals abroad, and the revenue generated from the production of drugs other than synthetic ones.

### (c) Precursors

786. For several years, countries in Europe have continued seizing both internationally controlled and non-scheduled substances used for the illicit manufacture of synthetic drugs in the region, in particular amphetamine, methamphetamine and MDMA. Those substances included 3,4-MDP-2-P and 3,4-MDP-2 glycidic acid derivatives that can be used in the illicit manufacture of MDMA and ephedrine; 1-phenyl-2-propanone (P-2-P), including methyl glycidic acid derivatives of the substance; and APAAN and APAA, which can be used in the illicit manufacture of amphetamines. For example, in 2017, a seizure of sizeable amount of APAAN (1.3 tons) was reported by Albania.

787. Since 2016, countries in the European Union have been increasingly targeted by traffickers seeking new sources of acetic anhydride. Attempts to divert the

substance continued until about mid-2017, when the number of identified diversion attempts started declining, although did not disappear completely. In contrast to that decline in diversion attempts, the trafficking of previously diverted acetic anhydride continued throughout 2017 and 2018, as evidenced by a number of seizures of the substance of suspected European origin both within and outside the region. It appears that the diversion of acetic anhydride and the subsequent trafficking in the substance from the region might have been facilitated by the different approaches taken by the States members of the European Union with regard to the implementation of particular provisions of European Union precursor control legislation.

788. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2018 on the implementation of article 12 of the 1988 Convention.

### (d) Substances not under international control

789. New psychoactive substances, in particular highly potent synthetic opioids and synthetic cannabinoids, have continued to cause public health problems in Europe.

790. In 2017, 51 new psychoactive substances were detected for the first time on the European market: about one new substance every week. That number is lower compared with the previous five years, in particular 2014 and 2015, when new identifications reached about 100 annually. The reasons for that decrease in new detections are not clear, but they may include efforts to schedule new psychoactive substances at the international and national levels, and measures taken by the Government of China, in particular law enforcement operations targeting laboratories producing new psychoactive substances in that country.

791. Synthetic cannabinoids have continued to be the largest group of new psychoactive substances monitored by EMCDDA: in 2017, 10 new synthetic cannabinoids were reported to the agency. Synthetic cannabinoids were also the most frequently seized new psychoactive substances, accounting for 45 per cent (32,000 seizures) out of a total of 71,000 seizures of new psychoactive substances reported in Norway, Turkey and the European Union in 2016. Those synthetic cannabinoids were trafficked to Europe from outside the region and then mixed with dried plant material and packaged in processing

facilities in the region. The five most commonly seized synthetic cannabinoids in 2016 were MDMB-CHMICA, 5F-AKB-48, AB-CHMINACA, UR-144 and AMB-FUBINACA, all but the last of which were listed in Schedule II of the 1971 Convention by the Commission on Narcotic Drugs in March 2017 or March 2018.

792. The second-largest group of new psychoactive substances monitored by EMCDDA was synthetic cathinones. In 2017, 12 synthetic cathinones were detected for the first time, bringing the total number found on the European market to 130. With over 23,000 seizures, synthetic cathinones accounted for 33 per cent of the total number of seizures of new psychoactive substances in 2016; a minor decrease compared with the previous year. The five most commonly seized cathinones in 2016 were  $\alpha$ -PVP, 4-CMC, 3-CMC, 4-methyl-*N,N*-dimethylcathinone and 3-MMC;  $\alpha$ -PVP was brought under international control and placed in Schedule II of the 1971 Convention in March 2016.

793. In 2017, 13 new synthetic opioids, including 10 fentanyl derivatives, were detected on the European illicit drug market. Although new fentanyl derivatives do not currently play a major role in that market, their high potency and availability on the market in diverse forms including nasal sprays or in mixtures with other drugs, such as heroin, cocaine or counterfeit medicines, pose a serious health risk not only for users but also for health and law enforcement personnel.

794. In 2016, the number of seizures of new synthetic opioids tripled compared with 2015, and accounted for 2.3 per cent of all new psychoactive substances seized in that year. Fentanyl derivatives accounted for about three quarters of the approximately 1,600 seizures of new synthetic opioids made in 2016.

795. Since 2015, 14 new benzodiazepines have been reported to the European Union Early Warning System. The increasing availability of both established and new benzodiazepines on the illicit drug market in some countries in Europe is of concern because of possible links between their use and opioid overdose deaths.

796. By the end of 2017, EMCDDA was monitoring 23 new benzodiazepines, of which 3 had been detected for the first time in Europe in that year. While the number of seizures of benzodiazepines decreased in 2016, when compared with 2015, the amount of the substances seized increased significantly. Other new psychoactive substances seized in 2016 included arylcyclohexylamines, phenethylamines, tryptamines, piperidines, pyrrolidines and arylalkylamines.

797. Reports of increasing manufacture of new psychoactive substances in Europe can be further corroborated by the identification of laboratories manufacturing or processing flunitrazolam, an internationally non-controlled benzodiazepine derivative, and cyclopropylfentanyl, an internationally non-controlled opioid analgesic, in Sweden in 2017.

## 5. Abuse and treatment

798. More than 92 million people in the European Union, or over a quarter of the population aged 15 to 64, are estimated to have tried illicit drugs at least once in their lives. The prevalence of drug use in the European Union is higher among males (56.0 million) than females (36.3 million). Drug use in Europe encompasses a wide range of substances; polydrug use is common. Individual patterns of drug use range from experimental to more regular and harmful patterns of use.

799. According to the EMCDDA report “Preventing overdose deaths in Europe”, published in 2017 as part of the Perspectives on Drugs series, at least 9,000 people in Norway, Turkey and the countries of the European Union died as a result of drug overdoses in 2016. Evidence shows that educational and training interventions for peers and family members, complemented by the implementation of take-home naloxone projects, can help decrease overdose-related mortality rates.

800. The prevalence of cannabis use in the European Union is about five times that of other substances: about 87.6 million persons aged 15 to 64, or 26.3 per cent of that age group, have tried cannabis in their lives. It is estimated that about 1 per cent of adults in Europe use cannabis daily or almost daily (20 days or more in the past month). Around three quarters of cannabis users are males aged 35 to 64. The most recent EMCDDA drug abuse survey indicates a stable or increasing trend in last-year cannabis use among those aged 15 to 34.

801. Heroin remains the most commonly used illicit opioid in Europe. Other opioids being abused in the region include methadone, buprenorphine, fentanyl, codeine, morphine, tramadol and oxycodone. Eighty per cent of first-time entrants into treatment in the European Union for opioids as the primary drug of abuse cited heroin as the primary drug of abuse, followed by methadone (8 per cent), buprenorphine (5 per cent), fentanyl (0.3 per cent) and other opioids (about 7 per cent). In the European Union, 23 is the mean age of initiation of heroin use and 34 is the mean age of heroin users seeking treatment for drug dependence for the first time.

802. It is estimated that about 5.1 per cent of the population of European Union member States aged 15 to 64 have tried cocaine in their lives. The highest last-year prevalence of cocaine use among young adults was reported by the United Kingdom (4.0 per cent), Denmark (3.9 per cent), the Netherlands (3.7 per cent), Spain (3.0 per cent) and Ireland (2.9 per cent). In 2017, some increase in cocaine use was reported by Albania, Croatia, Lithuania, Slovakia and Switzerland.

803. The available data suggest that, since around 2000, there has been a relatively stable situation in the use of amphetamines in countries in Europe. It is estimated that 11.9 million of those aged 15 to 64 in the European Union, or 3.6 per cent of that age group, have tried amphetamines during their lives. In 2017, decreased use of amphetamine in Europe was reported by Bulgaria, Italy and the United Kingdom. In Norway, the use of amphetamine has increased.

804. Methamphetamine use, which in Europe has been generally low and historically concentrated in Czechia and Slovakia, is now also present in the areas of Germany that border with Czechia and in Cyprus, Spain and countries in Northern Europe, including Finland and Sweden.

805. Approximately 35,000 drug users who entered specialized drug treatment in the European Union in 2016 reported amphetamines as their primary drug; about 15,000 of them were first-time clients. In Germany, Finland, Latvia and Poland, primary amphetamine users accounted for more than 15 per cent of all first-time treatment entrants. Almost 90 per cent of the 9,200 drug users who entered specialized treatment in the European Union and who reported methamphetamine as their primary drug of abuse were from Czechia or Slovakia.

806. The mean age of initiation of use of amphetamines among drug users in the European Union is 20; 29 is the mean age of users of amphetamines entering treatment for drug dependence for the first time. Problems related to long-term, chronic and injecting amphetamine use are most evident in countries in Northern Europe; methamphetamine problems have been more noticeable in Czechia and Slovakia.

807. Until recently, the prevalence of “ecstasy” use had been on the decline from the peak levels reached in many countries in the early to mid-2000s. It is estimated that 4.1 per cent (13.5 million) of persons aged 15 to 64 in the European Union have tried “ecstasy” in their lives. Consumption of “ecstasy” is highest among those aged 15 to 34; about 2.2 million (1.8 per cent) of that age group have used “ecstasy” in the last year. In that age group, the

last-year prevalence of “ecstasy” use ranged from 0.2 per cent in Portugal and Romania to 7.4 per cent in the Netherlands. It is worth noting that use of “ecstasy” is only rarely cited as a reason for entering specialized drug treatment.

808. Although data on the availability of new psychoactive substances in the European Union are gradually improving, estimating the demand for those substances remains a challenge for the region. Since 2011, 13 European countries have provided EMCDDA with national estimates of the use of new psychoactive substances; however, the use of different methods and survey questions limits the comparison of the outcomes of the surveys.

809. The French Monitoring Centre for Drugs and Drug Addiction (OFDT), in a report from March 2018 concerning users of and markets for psychoactive substances, indicated that the habitual use of new psychoactive substances during the period 2016–2017 was confined to particular population groups, such as high-school students aged 15 to 17 and adults who were using cannabis regularly. According to the report, the use of new psychoactive substances also includes inhalation of synthetic cannabinoids, advertised as “e-liquids”. The users of new psychoactive substances in France perceived that purchasing such substances online was a guarantee of their quality; such a perception could motivate them to further use the substances.

810. Although use of new psychoactive substances in the European Union is low overall, their use by high-risk drug users is of particular concern. A number of countries reported the smoking of synthetic cannabinoids within marginalized communities, such as homeless people and prisoners. For example, a survey conducted in prisons in the United Kingdom in 2016 found that 33 per cent of the 625 prison inmates surveyed reported use of synthetic cannabinoids (known as “Spice”) within the last month, whereas 14 per cent reported use of cannabis in the previous month. Use of new psychoactive substances does not, however, account for a sizeable proportion of drug treatment cases in Europe.

811. According to the statistical bulletin of the Office for National Statistics of the United Kingdom, released in August 2018, 61 deaths in 2017 were reported as related to new psychoactive substance poisoning in England and Wales; a significant decrease from the 123 such deaths reported in 2016 following the Government’s approval of the Psychoactive Substances Act in 2016, which established a blanket ban on the import, production and supply of most psychoactive substances not already covered by law.

812. The prevalence of LSD and hallucinogenic mushroom (containing psilocybin) use has been generally low and stable in Europe for many years. In 2017, Croatia, Greece, Norway, Lithuania and Portugal were among the countries that reported abuse of LSD or hallucinogenic mushrooms.

813. In the European Union, injecting drug use is mostly associated with opioids, although the injecting of stimulants such as amphetamines or cocaine has also been reported in a few countries. Since 2011, use of heroin by injection was reported by 13 out of 16 countries from which such estimates of injecting drug use were available. Among the first-time entrants into treatment who reported heroin as their primary drug of abuse when entering specialized drug treatment in 2016, 27 per cent reported injecting as their main route of administration, down from 43 per cent in 2006. With regard to other drugs, abuse of buprenorphine by injecting was reported by, among others, Finland, synthetic cathinones by Hungary, cocaine by France, amphetamine by Latvia and methamphetamine by Czechia.