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SUR LES DROGUES

EN

NATIONAL DRUG REPORT 2026

THE DRUG PHENOMENON IN THE GRAND DUCHY OF LUXEMBOURG: TRENDS AND DEVELOPMENTS

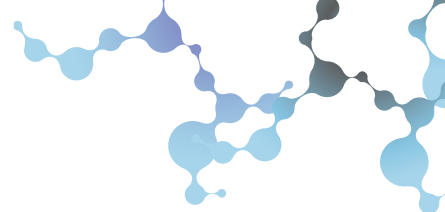


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Network on Drugs and Drug Addictions (RELIS)

LE GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé et de la Sécurité sociale
Direction de la santé - Service épidémiologie & statistique
Point Focal Luxembourgeois de l'EUDA





THE DRUG PHENOMENON IN THE GRAND DUCHY OF LUXEMBOURG:

TRENDS AND DEVELOPMENTS

2026

June 2026

This report presents an overview of the drug phenomenon in Luxembourg, covering drug policy, drug supply and demand, prevalence and patterns in drug use, drug use in prison, health consequences and responses, as well as drug markets and crime. The statistical data and analysis presented in this

report refer to 2024 or the most recent year for which data are available and were provided to the Luxembourg Focal Point of the EUDA (PFLAD) from routine monitoring by the RELIS network, unless stated otherwise.

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Conflict of Interest

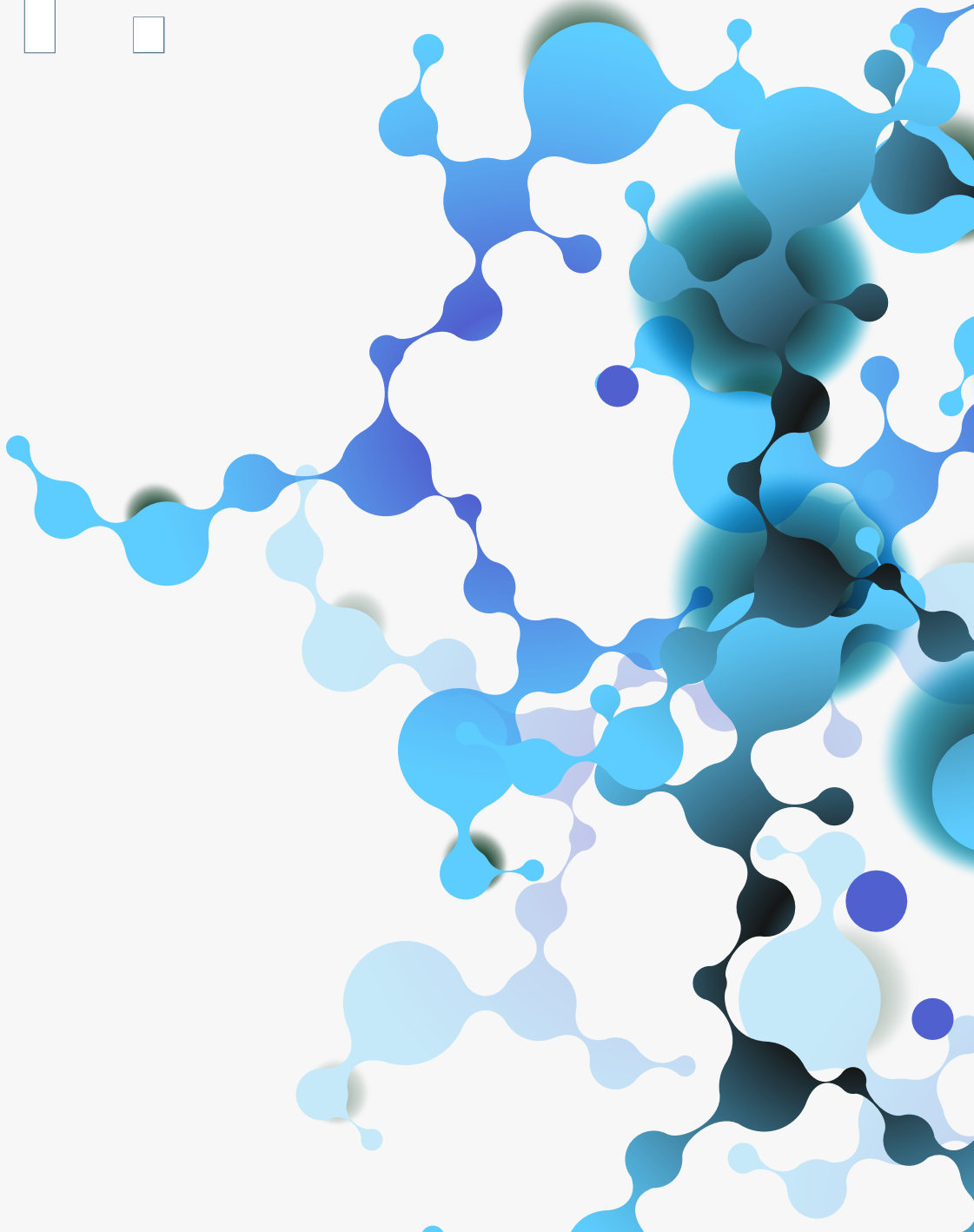
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References



1.

DRUG POLICY





1. DRUG POLICY

1.1. NATIONAL DRUG STRATEGY

The 5th National Drug Strategy and Action Plan 2020-2024¹, grounded in the governmental programme 2018-2023, was presented by the Ministry of Health² and the National Drug Coordinator in 2020 and adopted by the Government Council on 9 October 2020 (Ministère de la Santé, 2020). The National Strategy follows a holistic and integrated approach, covering illicit drugs, alcohol, tobacco, psychotropic drugs and behavioural addictions. The Action Plan 2020-2024 is structured around the two core pillars of drug demand and drug supply reduction, and four transversal themes: (1) harm reduction, (2) research and information, (3) international cooperation, and (4) coordination. Its overarching objective is to contribute to a high level of protection in terms of public health, public security and social cohesion, ensuring a balanced and evidence-based response to substance use and related harms.

The Grand Duchy of Luxembourg evaluates its drug policy and strategy through routine monitoring of key indicators and targeted research and evaluation projects. An external mixed-methods evaluation of the 4th National Drug Strategy and Action Plan was carried out in 2019 by the Trimbos Institute (Netherlands). The evaluation found that most of the objectives outlined in the 2015-2019 Action Plan had been achieved and proven to be effective, recommending the continuation of an evidence-based, balanced, and health- and human rights-oriented approach (Kools, van der Gouwe & Strada, 2019). The recommendations of this external evaluation informed the development of the current 2020-2024 National Drug Strategy and Action Plan. The strategy, entitled '*Stratégie nationale en matière d'addictions et plan d'action gouvernemental 2020-2024 en matière de drogues d'acquisition illicite et de leurs corollaires*' (National addiction strategy and 2020-2024 government action plan on illicit drugs and their related consequences) adopts a transversal and multidimensional framework, while its elaboration also involves stakeholders and experts from different fields at both national and international levels, ensuring a broad and coordinated response to addictions and related harms.

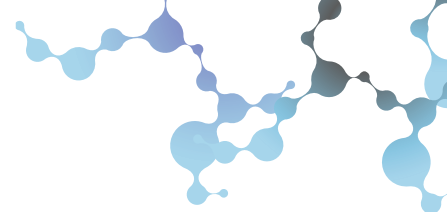
The 2020-2024 National Drug Strategy and Action Plan reflects the priorities set by the government:

- > To provide objective and reliable information on psychoactive substances and the effects and potential consequences of their use;
- > To prevent and reduce the initiation to drug use and addictive behaviours;
- > To ensure decentralised, diversified and high-quality offers of treatment and harm reduction for people suffering from addiction;
- > To reduce the prevalence of drug use and addictive behaviours in the general population, as well as health and social damage generated by illicit drug use;
- > To reduce damage caused by drug trafficking;
- > To contribute to better housing and rehabilitation offers;
- > To enhance collaboration with law enforcement agencies at the national and international level.

The Action Plan 2020-2024 comprises around 80 individual actions, developed in close collaboration with relevant stakeholders and ministries and approved by the 'Groupe Interministériel Toxicomanie'. These actions cover a broad range of domains, including universal, indicated and selective prevention with a focus on young people; diversity and high-quality treatment and care offers; socio-professional reintegration; reduction of risks and harms, with special attention to high-risk groups and the expansion of substitution treatment offers. Additional areas of action include research, evaluation and information; supply reduction; coordination and international relations.

1 Presentation of the « Plan d'action national drogues illicites 2020-2024 »:
https://gouvernement.lu/fr/actualites/toutes_actualites/communiqués/2020/10-octobre/12-plan-action-drogues.html

2 Please note that in October 2023, the Ministry of Health and the Ministry of Social Security were merged into the Ministry of Health and Social Security. The new terminology 'Ministry of Health and Social Security' applies to the governmental period of October 2023-2028.



Special focus is given to regionalisation and decentralisation, aimed at diversifying and improving the accessibility of treatment services. In the area of integration and rehabilitation, the objectives include expanding the existing accommodation and supervised housing offers tailored to the needs of (ex-) drug users, as well as strengthening low-threshold socio-professional reintegration measures. Further efforts are directed towards promoting research in the field of illicit drugs and addictions and the evaluation of specialised offers. The selection of specific actions, projects or programmes is guided by a 6-criteria assessment matrix, covering pertinence, opportunity, feasibility, cost-benefit/quality factors, quality assurance mechanisms, and the measurement of results and impact. Like previous action plans, the 2020-2024 National Drug Strategy and Action Plan will undergo a final evaluation, while the outcomes of the evaluation will flow into the elaboration of the next national strategy and action plan. An external evaluation, currently in preparation, is scheduled for the future to support this process. In parallel, continuous progress monitoring is carried out by the National Drug Coordinators' office to ensure the best possible implementation of national drug action plans.

1.2. CITY-LEVEL ACTION PLAN 'DROGENDÖSCH 2.0'

A new interministerial city-level Action Plan, 'Drogendösch 2.0', was presented by the Luxembourg Government on 8 May 2025. It represents a policy shift toward a more integrated, health- and social-oriented response to drug-related problems, building on the 2021 'package of measures' (section 1.7.) and responding to rising drug-related crime and increasing social distress. The plan establishes an evidence-informed policy framework designed to enhance public security while simultaneously strengthening health, social and preventive systems for people with substance-use problems, reflecting a whole-of-government strategy.

Drogendösch 2.0 comprises 60 concrete measures and involves four key ministries, as well as the City of Luxembourg. All actors involved in Drogendösch 2.0 are responsible for implementing measures within their respective domains, while collectively, these measures span preventive, social, health-related, and repressive interventions, reflecting a coordinated, multi-sectoral approach. The political priorities of the plan are to:

- > Apply a 'zero-tolerance' approach toward drug trafficking and associated criminal networks.
- > Strengthen assistance and care for individuals experiencing severe social or health-related distress.
- > Enhance public safety, health, and the reduction of risks, harms and public nuisance.
- > Restore quality of life in affected neighbourhoods.

The Ministry of Home Affairs leads measures related to public-order management, including intensified police presence and enhanced patrols in high-impact areas, as well as coordinated safety operations with municipal authorities. The Ministry of Justice oversees prosecutorial and judicial actions aligned with a 'tolérance zéro' approach to trafficking, including streamlined procedures, strengthened legal tools, and improved case management. The Ministry of Family Affairs, Solidarity, Living Together and Reception of Refugees implements social-support and reintegration measures aimed at reducing marginalisation, improving access to emergency services, expanding Housing First offers, and supporting vulnerable populations. The City of Luxembourg contributes through local-level interventions, including urban-safety initiatives, cooperation with outreach teams, and logistical support for low-threshold facilities, helping reduce neighbourhood nuisances and improve community well-being. The Ministry of Health and Social Security is responsible for reinforcing psycho-medico-social services, extending opening hours, and expanding facilities such as the harm-reduction centre and supervised drug consumption rooms, thereby improving low-threshold care and crisis prevention. The Ministry of Health and Social Security's broader focus is to reinforce a comprehensive, accessible and person-centred health and social support system for people who use drugs by expanding low-threshold and crisis-oriented services, improving accessibility through extended opening hours and diversified care pathways, and enhancing specialised interventions for women, older adults and highly marginalised groups. Additional priorities include strengthening continuity of care through new housing, post-cure and mobile support structures; reinforcing



substitution treatment capacities; advancing early intervention, crisis prevention and harm-reduction measures; and improving monitoring, intersectoral coordination and investment in evidence-based public health and prevention³. The action plan does not have a fixed timeframe, though completion is expected around 2027.

The current action plan Drogendesch 2.0 reflects core elements of both the 2013–2020 and 2021–2025 EU Drugs Strategies and Action Plans⁴, particularly their balanced integration of supply reduction with health, social and harm-reduction measures. It aligns with EU priorities by targeting the dismantling of local drug markets, strengthening treatment and low-threshold services, addressing the needs of vulnerable groups, and promoting coordinated multi-sectoral governance. The plan also mirrors EU action-oriented principles through the expansion of evidence-based interventions, including drug checking, crisis outreach, substitution treatment, and reintegration support, while simultaneously reinforcing urban safety and community well-being.

1.3. NATIONAL ACTION PLAN ON MENTAL HEALTH

Luxembourg has developed a national action plan on mental health ('Plan national santé mentale') for the period 2024–2028, approved by the Government Council on 14 July 2023. The main objectives of the national action plan are to strengthen and improve the mental health and well-being of the population in Luxembourg, prevent mental health disorders, guarantee access to quality treatment, and facilitate the social integration of people with a mental disorder, focusing particularly on vulnerable populations. Moreover, the national action plan aims to enhance care pathways, reduce stigma, and expand training opportunities for professionals.

The plan is aligned with the objectives of the 2018–2023 government coalition agreement and follows the principles of recovery, empowerment and social inclusion. It is linked to the European Commission's strategic approach to mental health, published in June 2023, which includes 20 initiatives and aims to place mental health at the same level as physical health while promoting a cross-sectoral and comprehensive approach. The 2023–2028 governmental coalition agreement emphasises that mental health is a fundamental pillar of a fulfilling and healthy life, and that the government will prioritise and expand mental health care provision.

Important measures outlined in the national action plan on mental health linked to addictions are, amongst others:

- > the prevention of addiction-related disorders (with or without substance use) among children and adolescents, for example through selective prevention programmes targeting cannabis use;
- > the expansion and development of health care services and facilities for addictive disorders (with or without substance use) among adults, adolescents, and children, for example by increasing inpatient withdrawal treatment capacity; and
- > the adaptation of mental health care services to better meet the needs of people with comorbid psychological and substance-use disorders.

The national action plan on mental health is the result of a collective effort by numerous national stakeholders in the mental health sector. The plan integrates 26 objectives, each including associated measures and actions across six key areas: governance; information systems and research; human resources and qualifications; health promotion and prevention; provision of and access to mental health care; and vulnerable populations. The plan represents a significant step forward in strengthening mental health care in Luxembourg (Ministère de la Santé, 2023a).

3 Drogendesch 2.0: présentation du plan d'action, available at: https://gouvernement.lu/en/actualites/agenda.gouvernement2024+fr+actualites+toutes_actualites+communiqués+2025+05-mai+08-gloden-drogendes2024.html

4 https://home-affairs.ec.europa.eu/news/commission-presents-new-eu-drugs-strategy-and-action-plan-against-drug-trafficking-2025-12-04_en



1.4. DRUG POLICY COORDINATION AND PUBLIC EXPENDITURE

The national drug policy coordination primarily involves five ministries: The Ministry of Health and Social Security, the Ministry of Justice, the Ministry of Home Affairs, the Ministry of Family Affairs, Solidarity, Living together and Reception of Refugees, the Ministry of Foreign and European Affairs, and the Ministry of national Education, Children and Youth. The Ministry of Health and Social Security is in charge of drug-related demand and harm reduction, the Ministry of Justice and the Ministry of Home Affairs are responsible for supply reduction, the Ministry of Family Affairs, Solidarity, Living together and Reception of Refugees is competent in the field of homelessness and related integration measures, and the Ministry of Foreign and European Affairs deals with international cooperation. Finally, the Ministry of national Education, Children and Youth is responsible for prevention measures in school and children/youth settings.

The Ministry of Health and Social Security plays a central role as the National Drug Coordinator chairs the ICD (Inter-ministerial Committee on Drugs). This committee is composed of senior delegates from all ministerial departments involved in the drug field, directors of specialised NGOs and invited experts from civil society. Its main purpose is to organise and follow-up the implementation and effectiveness of the National Drug Strategy and Action Plan, as well as to assess the needs and elaborate national recommendations. A more restricted group, including NGOs, is responsible for drafting action plans and national strategies, to be validated by the ICD and approved by the Government council.

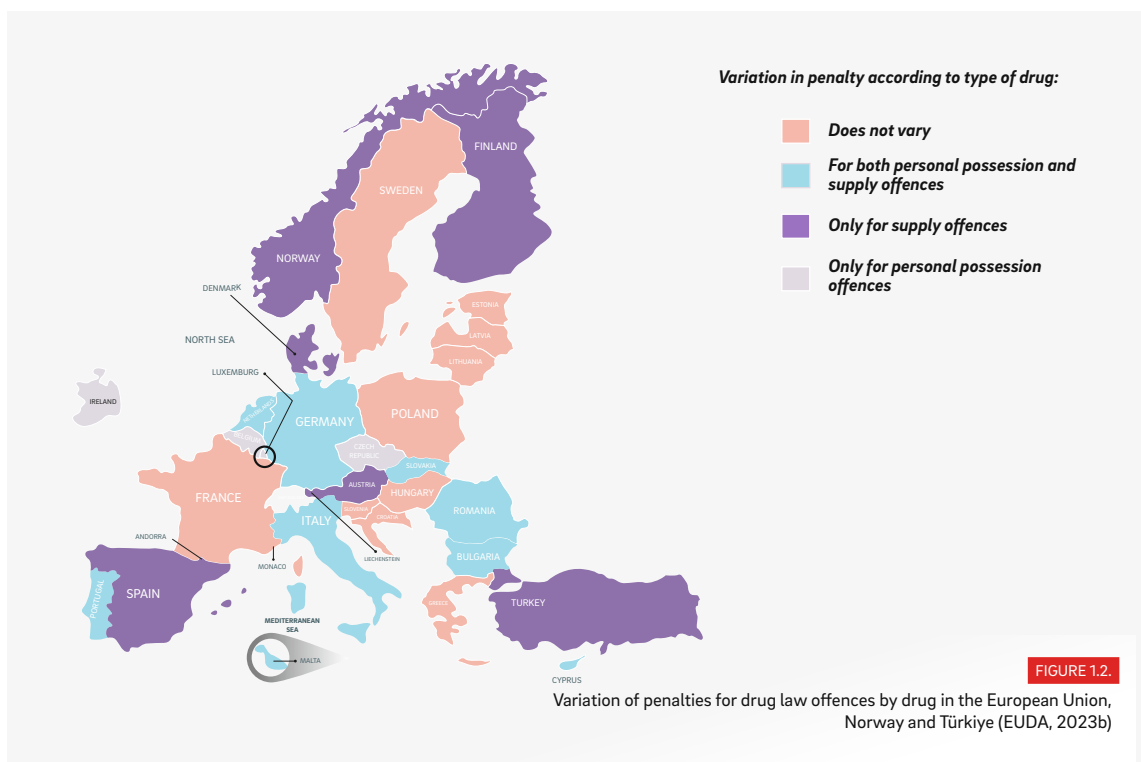
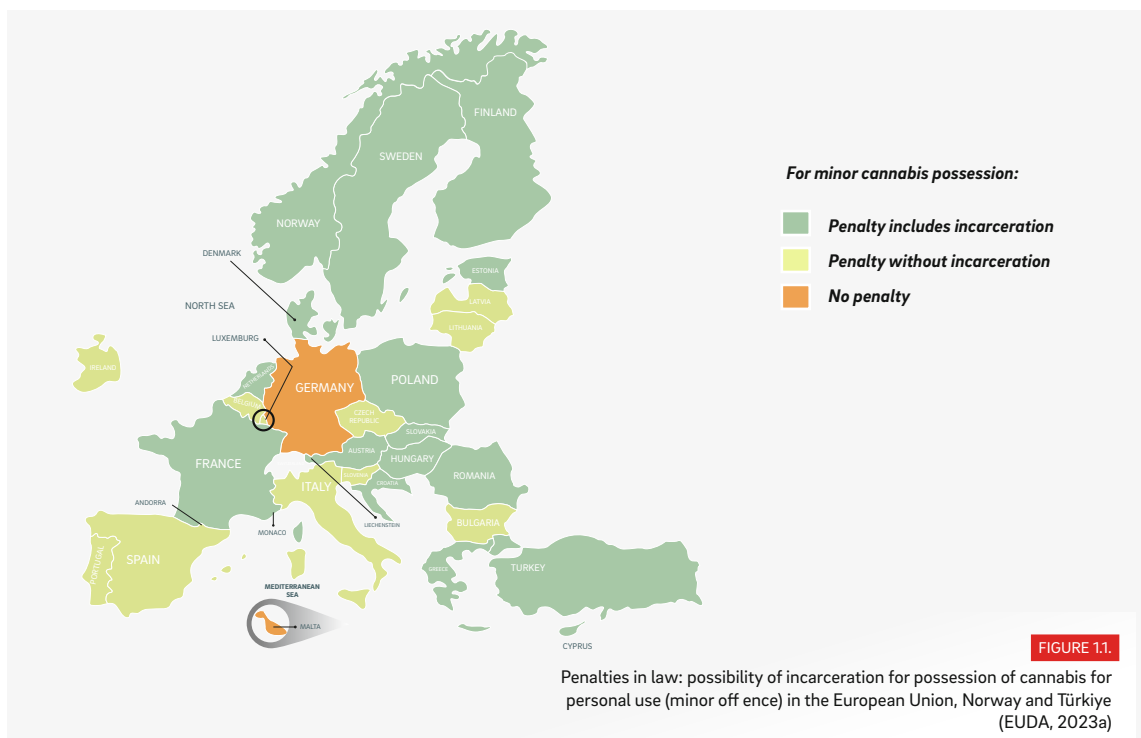
The global budget of the Ministry of Health and Social Security granted to drug demand reduction related services and programmes went up from EUR 21,759,094.- in 2021 to EUR 28,109,136.- in 2022, EUR 34,033,178.- in 2023, and 37,915,832.- EUR in 2024. Comparing the budget exclusively allocated to drug demand activities from 2023 to 2024, a progression rate of 11.4% has been witnessed. Overall public expenditures in the field of drug demand and drug supply reduction per year have previously been estimated at EUR 38,500,000.- (Origer, 2010).

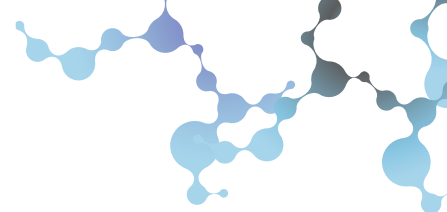
1.5. LEGAL PENALTIES FOR DRUG LAW OFFENCES

The national reference law on drugs dates back to 19 February 1973 and addresses the selling of pharmaceuticals and the fight against drugs and drug addiction. The 1973 basic national drug law regulates both the sale of controlled medicines and the fight against drug addiction. This law prohibits the illicit use, transportation and sale of drugs (Ministère d'Etat, 1974). It has been amended by the law of 27 April 2001 and again in 2018 and 2023 (Ministère d'Etat, 2001; 2018a; 2023a).

In 2001, the respective law of 27 April introduced the following amendments: cannabis use and possession for personal use were decriminalised at the national level and were punishable only by a fine (ranging between EUR 251.- and EUR 2,500.-). Prison sentences were foreseen in case of aggravating circumstances (e.g. transportation of large amounts of substances, use in schools or in the presence of minors). In fact, possession of cannabis for personal use is treated as an offence by all EU Member States, while over one third of the countries - including Luxembourg - do not allow prison sentences for minor offences (Fig. 1.1.). The national law in Luxembourg further introduced reduced penalties for simple drug use, and an enhanced overall differentiation of penalties according to the type of drug offences and the nature of controlled substances involved. Penalties for possession and use of controlled substances other than cannabis include imprisonment 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 (Fig. 1.2.).

The national legislation does not differentiate between small- and large-scale drug deals or distribution. Sentences for both currently range from one to 5 years' imprisonment and/or a fine, while a prison sentence of 5 to 10 years can be imposed if the distributed drug has caused severe damage to health. If the drug has fatal consequences for the user, punishment for the provider can be increased to 15-20 years' imprisonment. New psychoactive substances (NPS) are regulated and controlled by the same legal instruments as other controlled substances. Controlled narcotic, psychotropic and toxic substances are listed through various Grand Ducal Decrees.





The law of 27 April 2001 further establishes a legal framework for a series of treatment and harm reduction measures, including drug substitution treatment accredited by the state, needle and syringe exchange, supervised drug consumption rooms, and Heroin Assisted Treatment (HAT), which was launched as a pilot programme in June 2017 (Ministère d'Etat, 2001). Following a first assessment in 2022, it was decided to maintain and strengthen the offer in Luxembourg City, and to launch a second HAT programme in the South of the country (Esch/Alzette).

1.6. CANNABIS FOR MEDICAL PURPOSES

Legal access to cannabis for medical purposes has been regulated in the Grand Duchy of Luxembourg since 2018 as part of a public health mission aimed at ensuring access to the best possible care for every patient. The respective law was amended and entered into force on 05 August 2018 (« Loi du 20 juillet 2018 modifiant la loi modifiée du 19 février 1973 concernant la vente de substances médicamenteuses et la lutte contre la toxicomanie »). The Grand-Ducal Decree (« Règlement grand-ducal du 21 août 2018 déterminant les modalités de prescription et d'accès à l'usage de cannabis à des fins médicales, ainsi que le contenu et la durée de la formation spéciale pour les médecins-spécialistes »), which defines the modalities for medical prescriptions and the respective conditions, as well as the required specialised training for medical doctors, entered into force on 28 September 2018 (Ministère d'Etat, 2018b).

The law from 20 July 2018 allows the medical use of cannabis in exceptional and limited cases for the benefit of specific health indications, including chronic, advanced, or terminal illnesses causing severe pain, nausea or vomiting caused by chemotherapy, or muscle spasms related to multiple sclerosis. This represents an important step in efforts to reduce pain and suffering for patients in cases where standard treatments do not or no longer allow it.

From 01 January 2025 only flowering tops rich in cannabidiol (known as 'CBD-dominant') and low in delta-9-tetrahydrocannabinol (THC), as well as THC/CBD balanced flowering tops, remain available. Indeed, these flowering tops, with a lower THC content, are considered to induce fewer adverse effects and to present lower risks of addiction or misuse, and improve dose standardisation. Medical cannabis continues to be dispensed exclusively through hospital pharmacies, not community pharmacies. Only physicians who have completed the required specialised training may prescribe it⁵.

1.7. CANNABIS FOR NON-MEDICAL PURPOSES

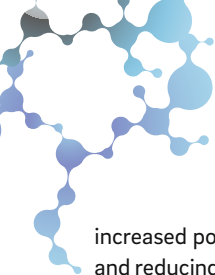
PACKAGE OF MEASURES TO ADDRESS THE PROBLEM OF DRUG-RELATED CRIME IN LUXEMBOURG

On 22 October 2021, the government announced a range of measures regarding the problem of drug-related crime and agreed on a step-by-step approach with an initial phase focusing on the prevention of drug-related crime. The coordinated package was presented by the Ministers of Home Affairs, Justice, Health, National Education, Children and Youth, and Foreign and European Affairs. This included an update on the progress towards a national regulation on controlled cannabis production and supply to adult residents as featured in the governmental coalition agreement of 2018. The package builds on the interministerial note on the fight against drug-related crimes and brings together a range of measures and responses identified during parliamentary debates.

An interministerial monitoring group identified short- and medium-term measures, as well as long term strategies which, directly or indirectly, aim to address the drug problem as a whole and to combat drug-related crime through coordinated action. The catalogue, in which measures are structured around preventive and repressive aspects, focuses on new developments and initiatives that will complement the projects and measures already in place. The Customs Administration, also concerned by the topic, joined the working group as an active member, while the Ministry of Home Affairs continues to be informed of the work.

On 26 October 2022, as requested by the Government Council, the results of the work carried out by the monitoring group were presented to the Parliament. Since the adoption of the package by the government in October 2021, a range of projects and measures as outlined in the catalogue have been initiated or implemented. Measures include an

5 <https://santeseu.public.lu/fr/support/faq/cannabis.html>



increased police presence and visibility on the ground, the elaboration and implementation of a concept for preventing and reducing drug use in high schools, the development of a strategy to promote the well-being of children, adolescents and young people, the implementation of a national residential therapy offer for minors with drug addiction disorders, and the continuation of the national decentralisation of support services for drug users. In total, around half of the measures presented in the package have been or are in the process of being implemented, with other measures being in the development, planning, or deployment phase (Ministère de la Justice, 2024).

DEVELOPMENTS IN THE NATIONAL DRUG LAW

In an approach to reduce health risks and prevent drug-related crime, on 28 June 2023, a bill was passed adopting a new legal framework regarding recreational cannabis use in the Grand Duchy of Luxembourg. The law was published in the official journal on 10 July 2023 and came into force on 21 July 2023. It revises the amended law of 19 February 1973 on the trade of pharmaceuticals and the fight against drugs. The amended law authorises the cultivation of up to four cannabis plants from seeds per domestic community exclusively by adult residents. The place of cultivation must either be at home or at the habitual residence, and under the condition the cannabis plants are not visible to the public. As a corollary, the personal consumption of cannabis in the private sphere is authorised for people aged 18 years and above outside the view or presence of minors. The cannabis seeds that are purchased by growers must be labelled with the producer's contact details, the number of seeds and a health warning defined by a Grand-Ducal decree.

At the same time, the law introduces a reduction of criminal sanctions and a simplified criminal procedure for the consumption, possession, transport and acquisition of small quantities of cannabis in public by adults. In the public sphere, prohibition still applies for public consumption of cannabis, consumption by minors, as well as sale and trafficking of cannabis. However, the law provides for a reduced criminal fine for those who use cannabis in any place other than their home or habitual residence, or those who illegally transport, possess or acquire a quantity of three grams or less of cannabis products, solely for their own personal use. The fine, previously ranging from EUR 251.- to EUR 2,500.-, has been reduced (EUR 25.- to EUR 500.-) and the possibility has been introduced of issuing a warning taxed at EUR 145.- if the three grams threshold is not exceeded. If paid immediately, the fine with no criminal record - similar to a speeding ticket - of EUR 145.- can be applied. In case the quantity for personal use exceeds three grams, a fine of EUR 251.- to EUR 2,500.- is applied - with no option for the reduced EUR 145.- ticket - and a possible prison sentence ranging between eight days and six months may be imposed. As mentioned above, for minors, the cannabis possession, use, and cultivation remain prohibited under any circumstances.

In sum, criminal sanctions, including prison terms and/or fines, may be imposed for cannabis-related offences including, in particular, possession of more than four cannabis plants per domestic community, failure to respect the place of cultivation which is meant to be the official residence, transporting, acquiring and illegally possessing quantities exceeding three grams of cannabis for personal use, facilitating use by others and offering or using cannabis with or in the presence of minors, or at educational establishments or workplaces. Under the adapted law, there are no changes concerning the rules on driving under the influence of narcotics. Further details of the main amendments can be found in the respective law, while only the legislation published in the Official Journal of the Grand Duchy of Luxembourg is deemed legally binding (Ministère d'Etat, 2023a).

The Grand-Ducal decree from 14 July 2023⁶ regarding the list of narcotics, modifying the Grand-Ducal decree from 26 March 1974, further updates the list of controlled narcotic drugs as a result of the amended law on cannabis. In sum, the Grand-Ducal decree from 14 July 2023 on the list of controlled narcotic drugs still includes cannabis plants and its derivatives, with the exception of the four cannabis plants referred to in the amended law of 19 February 1973 on the trade of pharmaceuticals and the fight against drugs and products derived from these plants. Further excluded from the list are cannabis seeds intended for the cultivation of cannabis plants, under the condition that the plants are consumed or used for recreational purposes and the seeds are labelled (e.g. contact details of the producer of the cannabis seeds; quantity of seeds; 'THC' level and a health warning; information that the seeds are not intended for agricultural or ornamental use). Another exception applies to varieties of hemp eligible for a support scheme under the

6 Règlement grand-ducal du 14 juillet 2023 modifiant le règlement grand-ducal modifié du 26 mars 1974 établissant la liste des stupéfiants, Mémorial A no 432 de 2023.



common agricultural policy under the condition that their THC content in relation to the weight of a sample taken at constant weight is less than 1%. For further information on this matter, please consult the Grand-Ducal decree from 14 July 2023 (Ministère d'Etat, 2023b).

The Grand-Ducal decree from 04 June 2024 defining the working code for the Luxembourg Federation of Bus and Coach Operators, the Luxembourg Christian Trade Union Confederation and the Independent Trade Union Confederation of Luxembourg, states the provisions relating to the consumption of substances likely to impair an employee's alertness, concentration and behaviour. It is mentioned that no employee may start work or perform their duties under the influence of psychoactive substances such as drugs and narcotics or other substances including alcohol likely to impair their alertness, concentration or behaviour. No tolerance is granted in this respect (Ministère d'Etat, 2024).

COALITION AGREEMENT 2023-2028

The current coalition agreement 2023-2028 of the government states that the cultivation of cannabis for personal use, as legally regulated under existing legislation, will be maintained. Moreover, the government will closely monitor the position of the three neighbouring countries regarding the legalisation of cannabis for recreational purposes (Belgium, France, Germany) (Ministère d'Etat, 2023c).

1.8. EVALUATION OF THE AMENDED NATIONAL CANNABIS LAW REFORM

BACKGROUND AND METHODOLOGY

A scientifically independent evaluation of the amended cannabis law is essential to determine the impact of the proposed government initiative as part of the experimental scheme, and the extent to which its objectives are achieved. Shortly after the law passed, the Luxembourg Focal Point of the EUDA (PFLAD) conducted a cross-sectional study to enhance the understanding of the situation and establish an initial assessment regarding recreational cannabis use and homegrowing. The data collection was carried out between 4 September and 2 October 2023 by the national market research institute ILRES SA and analysed by the PFLAD in collaboration with ILRES SA.

Based on predefined selection criteria to reach a representative sample, Luxembourg residents being member of the national 'MyPanel'⁷ from ILRES SA were invited to participate in an anonymous online survey. Residents of the Grand Duchy of Luxembourg aged between 18 and 64 years old were eligible to participate. As the survey involved the collection of sensitive health-related data, minors were excluded. Email invitations containing a unique link to the questionnaire, available in English, Luxembourgish and French, were sent to a sample of eligible panellists. The sample was selected by applying the variables of age, gender, region of residence, nationality, and professional activity and by distributing the invitations in a way these variables among the respondents were as close as possible to those of residents according to official statistics from STATEC (National Institute of Statistics and Economic Studies of the Grand Duchy of Luxembourg). The invitations were sent out daily so that the sample structure corresponded to that of the general population throughout the survey area.

The survey was based on scientific indicators and assessed, amongst others, recreational use and cultivation of cannabis, acquisition and consumption habits, psychosocial correlates towards cannabis use and homegrowing, current engagement and future intentions towards homegrowing, cannabis dependency, and several mental health indicators. The data collection consisted of a main survey and a boost component targeting exclusively cannabis users. By integrating the two parts, 3,115 residents participated in the study (31% response rate) of whom 507 were recreational cannabis users.

To ensure continuity and to monitor developments over time, the survey will be repeated in 2026, following the same methodological approach, to provide deeper insight into the potential impact of the adapted cannabis law in Luxembourg.

7 For further information, please consult <https://mypanel.lu/fr/accueil/>



INITIAL FINDINGS AND DISCUSSION

The initial results, summarised in two factsheets published in March 2025, show that among respondents, 46.3% reported to have used cannabis during their lifetime, 14.2% during the past year, and 7.8% during the past month (weighted percentages). A majority of 'past year' cannabis users were below the age of 35 years (24.8%) and male (17.7%). Almost all users reported using herbal cannabis (89.6%) with a median frequency ranging between 5 days per month for 'past year' users to once a day for 'past month' users. Almost half (46.5%) of the 'past year' users buy cannabis, while a large proportion (40.4%) indicated obtaining it for free. Among 'past month' users, 32.6% indicated being aware about the THC level of their products, 37.3% usually consume products with high THC levels, and 34.5% have a strong risk of dependency according to the Cannabis Abuse Screening Test. Most of the respondents (81.4%) were aware of the cannabis policy change. In total, 6.5% of the non-users indicated an increased likelihood to try cannabis, while 15.9% of 'past year' cannabis users tried cannabis for the first time and only 4.5% increased their use since the law change.

At the time the survey was conducted, 11.5% of the 'past year' users were growing cannabis at home. While most of the growers (68.5%) started to do so after the law change, 31.5% of the non-growers indicated an increased likelihood to start growing in the future. According to growers, seeds are mainly obtained from the internet (51.0%) or a national growshop (25.7%). Among 'past year' and 'past month' cannabis users, the main perceived advantages for homegrowing are to avoid contact with the illegal market (63.1%), to obtain a product potentially less harmful than from other (illegal) sources (54.8%), and to spend less money (52.7%).

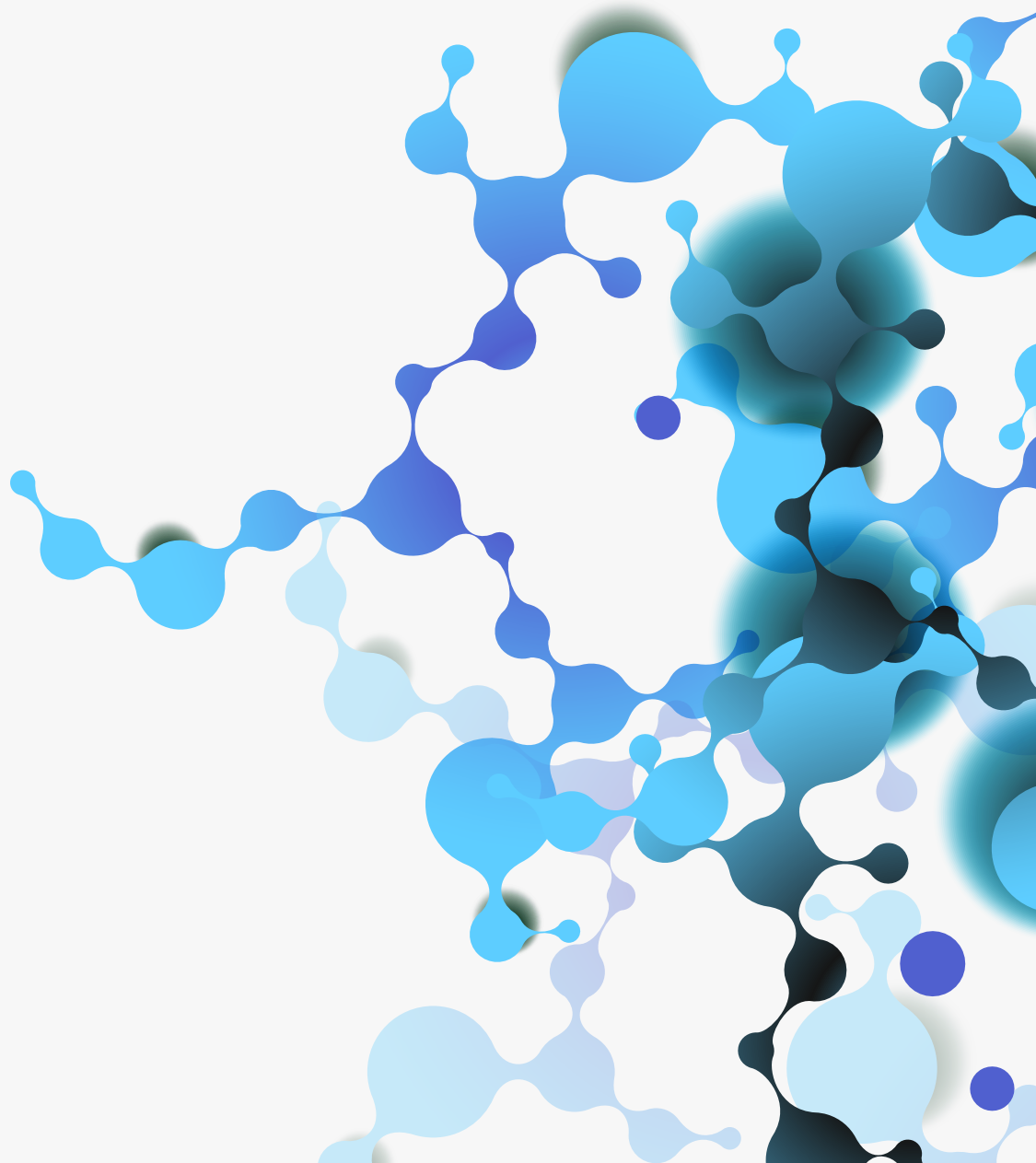
The main perceived disadvantages differ substantially among cannabis users versus non-users. Among non-users, the top three disadvantages are that homegrowing increases the exposure of minors/children to cannabis and associated risks (48.1%), the risk to increase the intensity of use (e.g. frequency and/or quantity used) (47.0%) and to normalise the use of cannabis (42.6%). Among cannabis users, the main perceived advantages are that it is too complicated or requires too much effort (33.0%), that the cultivation process takes too long (28.7%), and that it requires too much space (25.6%). Substantial differences in perceived advantages and disadvantages of using cannabis, perceived social acceptability of using cannabis, motivations of using, as well as perceived mental health between cannabis users and non-users have also been observed through the results of the study. Results have been published and can be obtained online on the dedicated PFLAD page on the website from the Directorate of Health (Ministère de la Santé et de la Sécurité Sociale, 2025a; 2025b).

Although this study provides a first and relevant initial assessment of the drug-related policy changes in Luxembourg, the results need to be interpreted in the light of several limitations. First, the data collection was conducted shortly after the law was amended, making it too early to assess the effects of this change. Self-selection bias among members of the panel may have resulted into the observation of higher cannabis prevalence rates than observed during general population surveys, where different recruitment methods are applied. Moreover, post-policy change data may be more reflective of truthful reporting, and social desirability bias may have played a less important role than before the law change.

Nevertheless, the study results complement existing national and international data and provide new insight to identify priorities for future prevention and public health interventions. The evaluation will continue with a post-implementation assessment planned for autumn 2026 to measure changes in the indicators and a potential impact of the implemented scheme. This continued monitoring approach will support evidence-based decision-making and ensure that cannabis regulation remains embedded within a framework of ongoing evaluation.

2.

PREVALENCE, PATTERNS
AND DEVELOPMENTS
IN DRUG USE AMONG THE
GENERAL POPULATION





2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE AMONG THE GENERAL POPULATION

2.1. EUROPEAN HEALTH INTERVIEW SURVEY

Drug use among the general population in Luxembourg is assessed by means of the cross-sectional population-based survey 'European Health Interview Survey' (EHIS). The EHIS is implemented in all European Union (EU) Member States and is conducted every six years according to the Regulation 1338/2008 on Community statistics on public health and health and safety at work. Since 2014, the EUDA Luxembourg Focal Point (PFLAD) has contributed to the survey with an additional module specifically addressing the use of illicit and new psychoactive substances (NPS). This national module assesses the lifetime prevalence¹, the last year prevalence² as well as the last month³ prevalence of use of several illicit drugs. Data from the latest wave conducted in 2025 are currently in the data quality control process. Preliminary results are to be expected by the end of 2026 or the beginning of 2027.

The data presented in this chapter are based on the 2014 and 2019 EHIS waves (second and third wave, respectively). The EHIS measures drugs and NPS' use among the general population aged 15 years and above without any upper age range. However, the analysis was conducted among respondents aged 15 to 64 years, yielding a total of 3,514 valid questionnaires in 2019, with 1,052 valid questionnaires from respondents aged 15 to 34 years, and 165 valid questionnaires from respondents aged 15 to 18 years.

CANNABIS

Cannabis stands out as the most used drug at national level. Figure 2.1. compares lifetime, last year and last month prevalence of cannabis use across three distinct age groups. Even though, overall data suggest an increase in cannabis use across all age groups between 2014 and 2019, these differences lack statistical significance:

- > Lifetime use – Experimental use of cannabis is highest among young adults (15-34 years) with a proportion of 31.5% in 2014 increasing to 32.7% in 2019. Among youngsters (15-18 years), the proportion of lifetime use raised from 16.6% in 2014 to 18.2% in 2019.
- > Last year use – Recent use of cannabis among the general population (15-64 years) showed an increase since 2014 (2019: 5.4%; 2014: 4.8%). This rise is also observed among young adults aged 15 to 34 years (2019: 12%; 2014: 9.8%) and among youngsters aged 15 to 18 years (2019: 15.2%; 2014: 11.2%). Recent use of cannabis among young adults (15-34 years) in Luxembourg, as assessed in 2019, remains below the EU average – 12.0% in Luxembourg compared to 15.0% EU average as reported in the latest European Drug Report (EMCDDA, 2024).
- > Last month use – Current use of cannabis increased between 2014 and 2019, notably among the youngest users (15-18 years) – 4.7% in 2014 and 7.3% in 2019 (Fig. 2.1.).

1 Lifetime prevalence refers to experimental use.

2 Last year prevalence refers to recent use.

3 Last month prevalence refers to current use.

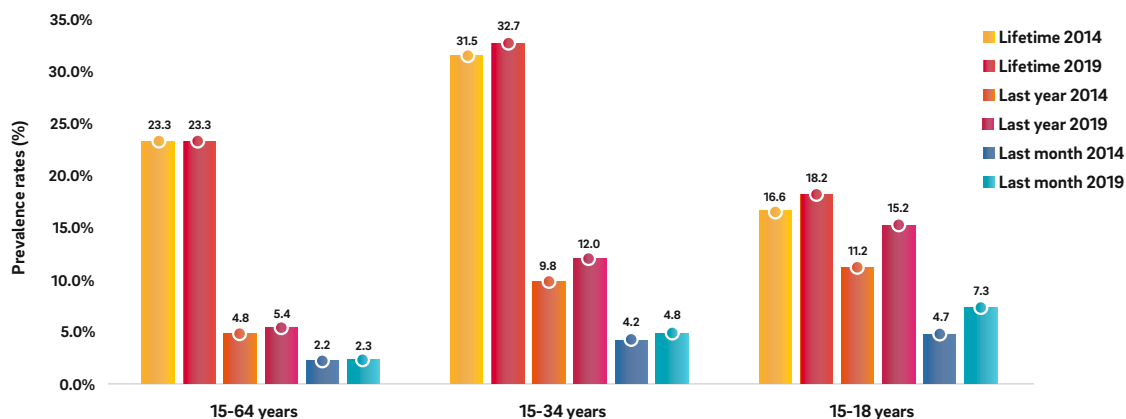


FIGURE 2.1.

Lifetime, last year and last month prevalence rates of cannabis use across different age groups: comparison of 2014 and 2019 data (EHIS, 2014, 2019)

Gender differences – Differences between men and women in cannabis use are worth closer attention. In both 2014 and 2019, a higher proportion of men reported using cannabis compared to women (in lifetime, as well as last year and last month):



- > More men reported recent cannabis use (7.0% of the male respondents aged 15 to 64 years and 16.5% of male young adults aged 15 to 34 years) compared to women (4.0% of all female respondents aged 15 to 64 years and 9.3% of young women aged 15 to 34 years).
- > Regarding current use, the proportion of young male adults who reported having used cannabis is more than double the proportion of young female adults both in 2014 (6.7% of men and 2.1% of women) and in 2019 (7.9% of men and 3.0% of women) (Fig. 2.2.).

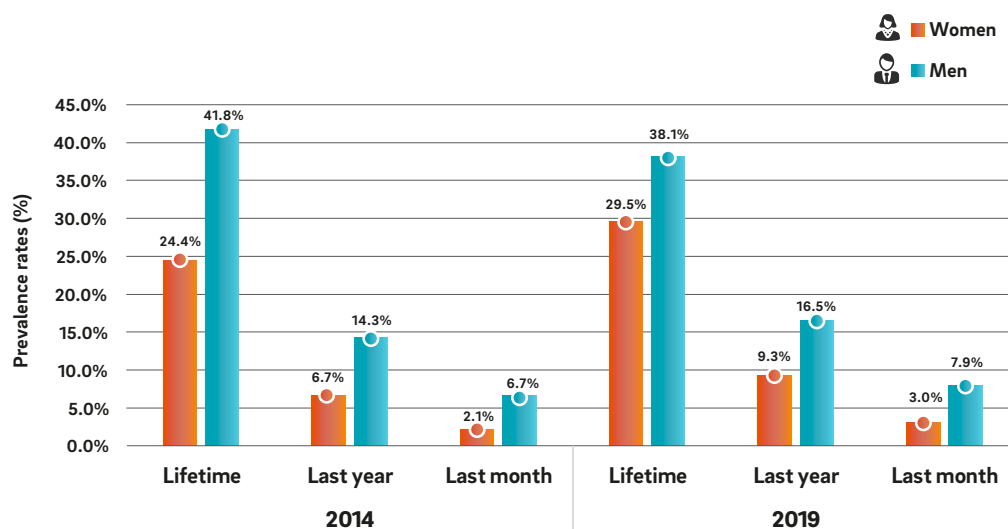


FIGURE 2.2.

Lifetime, last year and last month prevalence rates of cannabis use among male and female young adults (15-34y): comparison of 2014 and 2019 data (EHIS, 2014, 2019)



OTHER SUBSTANCES

The analysis of the 2014 and 2019 EHIS waves unveils stimulants as the second most used drugs among the general population, following cannabis:



- > Lifetime use – In 2019, a marginally higher proportion of young adults (15-34 years) reported experimental use of MDMA/ecstasy (XTC)⁴, cocaine and LSD compared to 2014. On the contrary, use of hallucinogenic mushrooms and NPS decreased slightly. However, these differences are not statistically significant (Fig. 2.3.).
- > Last year use – Data from 2019 suggest an increase in the use of MDMA/XTC, amphetamines, cocaine, mushrooms and LSD among young adults (15-34 years), as well as a rise in recent MDMA/XTC and cocaine use when considering the entire population (15-64 years) compared to 2014 data. These differences are statistically non-significant though. Furthermore, recent stimulant use among young adults in 2019 falls below the EU average (EUDA, 2024) - MDMA (0.9% in Luxembourg compared to 2.2% EU average), amphetamines (0.3% in Luxembourg compared to 1.5% EU average), and cocaine (0.9 % in Luxembourg compared to 2.5% EU average) (Fig. 2.4.).

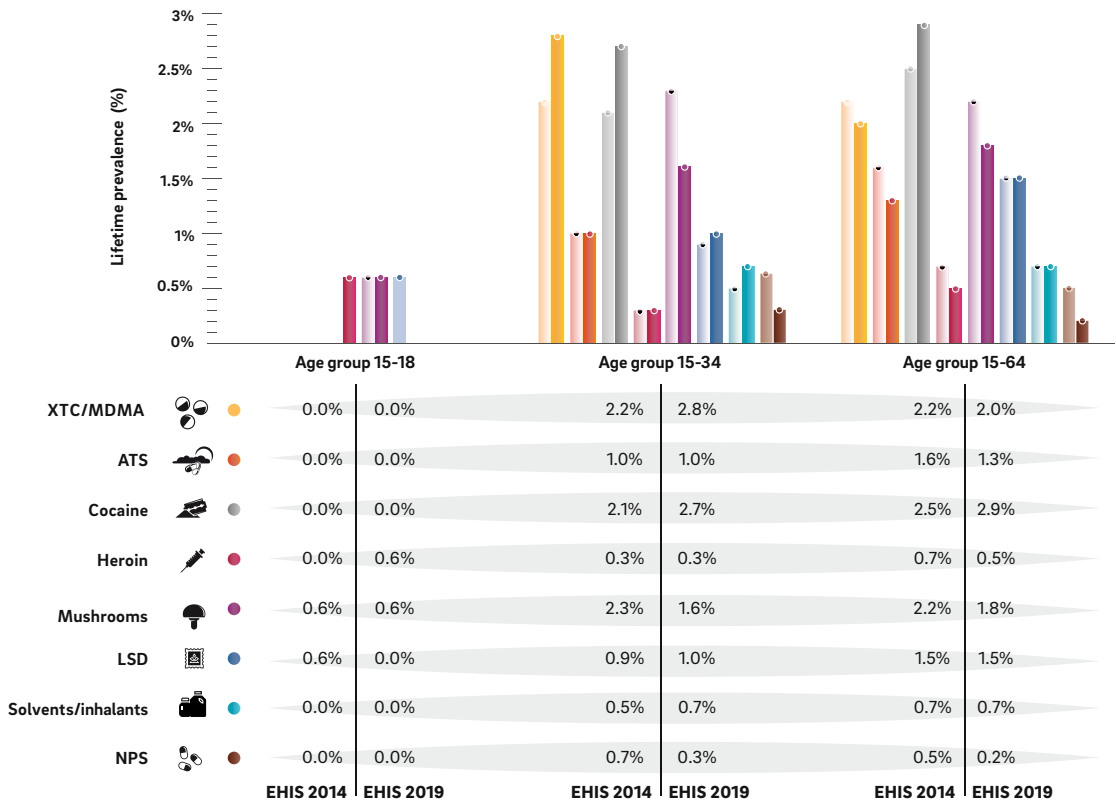


FIGURE 2.3.

Lifetime prevalence rates of illicit drugs' use across different age groups: comparison of 2014 and 2019 data (EHIS, 2014, 2019)

4 Unless specified otherwise, 'MDMA' exclusively refers to the psychoactive compound 3,4-Methylenedioxymethamphetamine and does not encompass physical forms, such as crystals, powders or ecstasy (XTC) pills.

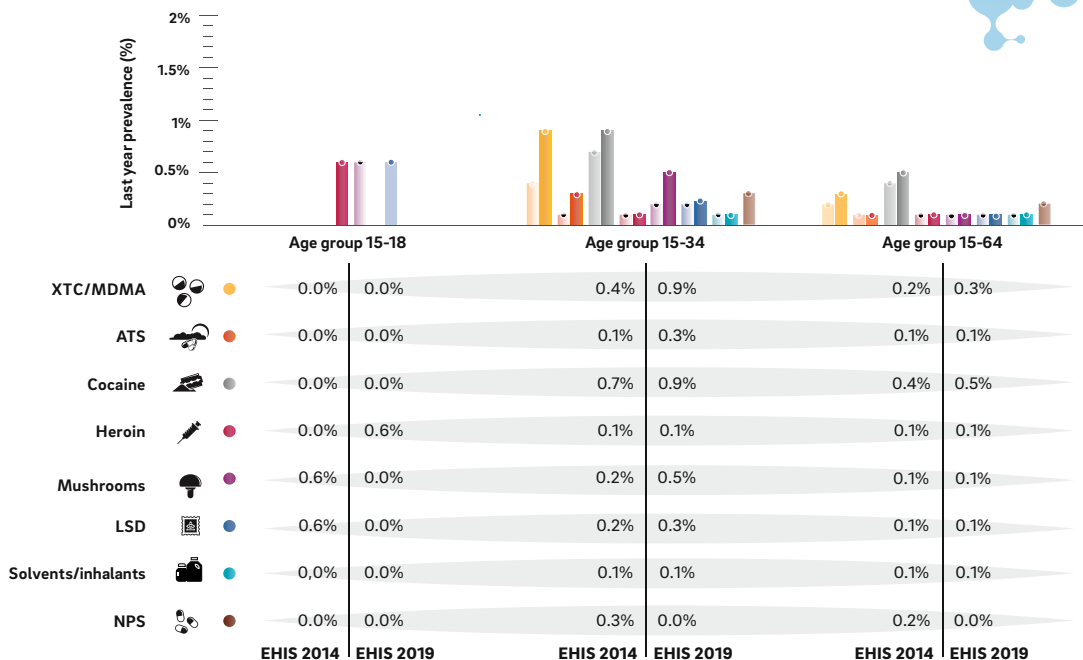


FIGURE 2.4.

Last year prevalence rates of illicit drugs' use across different age groups: comparison of 2014 and 2019 data (EHIS, 2014, 2019)



- > Last month use – As far as current use is concerned, EHIS data suggest a decline in prevalence rates for most drugs. Nonetheless, it is crucial to highlight that in Luxembourg, due to its relatively small population size, the subsamples of specific age groups (e.g., 15-18 years) targeted by questions on recent and current usage are small. Consequently, the differences in prevalence rates are attributed to minimal discrepancies in the number of effective cases (Fig. 2.5.).

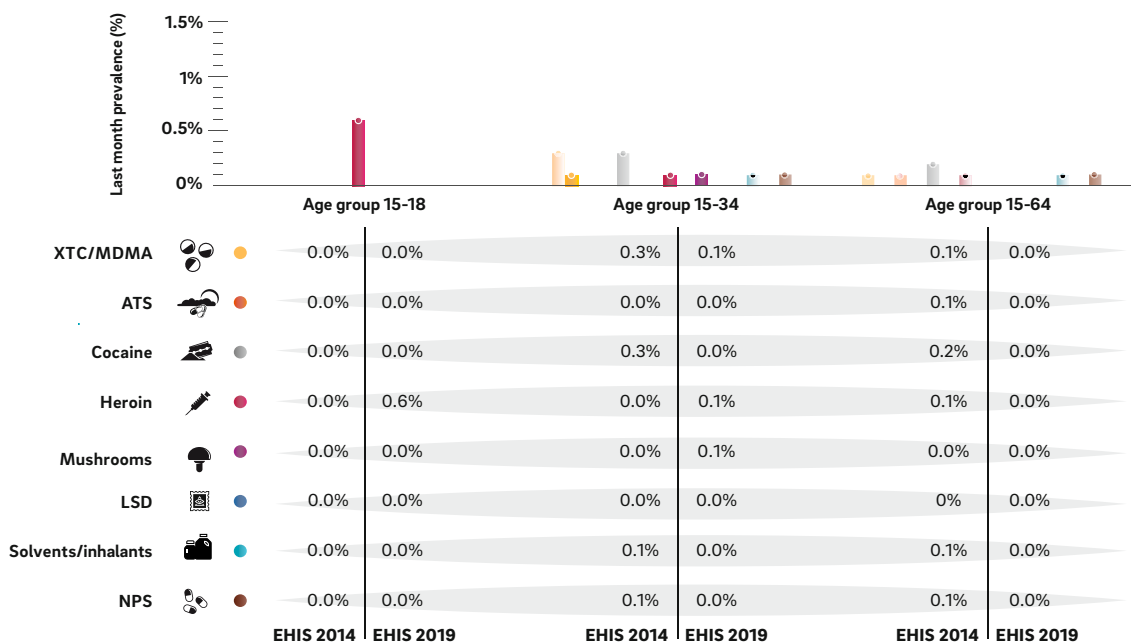


FIGURE 2.5.

Last month prevalence rates of illicit drugs' use across different age groups: comparison of 2014 and 2019 data (EHIS, 2014, 2019)



- > Average age of first use – Cannabis and solvents emerge as the substances with the youngest age of first use (cannabis: 19 years; solvents: 17 years) (EHIS, 2019). Conversely, the initiation of using other drugs such as MDMA/XTC (on average at 22 years), LSD (on average at 21 years), and NPS (on average at 30 years) appears to occur at a later stage. Noteworthy is the observation that the average age of first use of heroin (2019: 19 years; 2014: 23 years) alongside the average age of first use of amphetamines displays a decline (2019: 20 years; 2014: 21 years).
- > Gender differences – EHIS data from both 2014 and 2019 indicate that, on average, women tend to initiate drug use at the same age or later than their male counterparts, except for heroin, hallucinogenic mushrooms and solvents.

2.2. HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN

Drug use among young scholars is assessed using the representative cross-sectional survey 'Health Behaviour in School-Aged Children (HBSC)'. Conducted every four years, the HBSC scrutinises various health behaviours among students aged 11 to 18 years, in both primary and secondary schools. A specific module targeting illicit drug use is only administered to secondary school students. The University of Luxembourg scientifically coordinates the HBSC survey in Luxembourg. To date, five waves of the survey have been conducted, with the inaugural wave dating back to 2006 and the latest in 2022. The next wave is planned for 2026.

In 2025, a pilot of the European School Survey Project on Alcohol and Other Drugs (ESPAD)⁵ was conducted for the first time in Luxembourg. ESPAD is a collaborative effort of the University of Luxembourg, the Ministry of Health and Social Security, the Ministry of Education, Children and Youth, the National Youth Service (SNJ) and a cross-national research project with the overall aim to repeatedly collect comparable data on substance use and addictive behaviours among 15- to 16-year-old students in as many European countries as possible. It is planned to officially participate in the next international wave of ESPAD in 2028.

Throughout the different HBSC waves, adjustments have been made to drug-related questions and methodological approaches to address the unique challenges associated with collecting data from school-aged children. Across all five waves, adolescents in secondary schools were consistently asked if they had ever used cannabis in their life (lifetime prevalence) and/or in the past 30 days (last month prevalence). Notably, questions regarding the use of other illicit substances were omitted in the 2018 wave. Hence, results related to use of cannabis and use of other illicit substances are reported separately.

Even though the cannabis questions were presented to all secondary students, only the results for the students aged 15 to 18 years are presented in the current report. This methodological decision stems from the presence of younger students (below 15 years old) in both primary and secondary schools. Given that the drug module of the HBSC survey exclusively targets secondary schools, prevalence rates for these younger age groups would lack general representativeness, applying solely to those attending secondary schools.

The evolution of lifetime and last month prevalence of cannabis use between 2006 and 2022 are presented here and have previously been published in the HBSC Luxembourg trends report (Heinz et al., 2020), the HBSC Luxembourg Dashboard (Université du Luxembourg, 2024) and the HBSC Risk Behaviours report (Catunda et al., 2024).

Besides cannabis use, the consumption of other substances also contributes significantly to understanding the comprehensive landscape of drug use within this demographic/population. Analyses of these data adhere to different methodological criteria and are reported for scholars aged 13 to 18 years, spanning the period from 2006 to 2022.

5 For more information about ESPAD, please consult <http://www.espad.org/>

CANNABIS



- > While lifetime use has remained stable (around 30%), last month use has been following an increasing trend since 2006 (2022: 15.0%; 2006: 11.1%) (Fig. 2.6.). Current cannabis use is more informative than experimental use, as it captures both lifetime and last-month consumption patterns. In particular, findings from the HBSC study indicate an overall rise of the proportion of young scholars (boys and girls) reporting using cannabis during the last month.

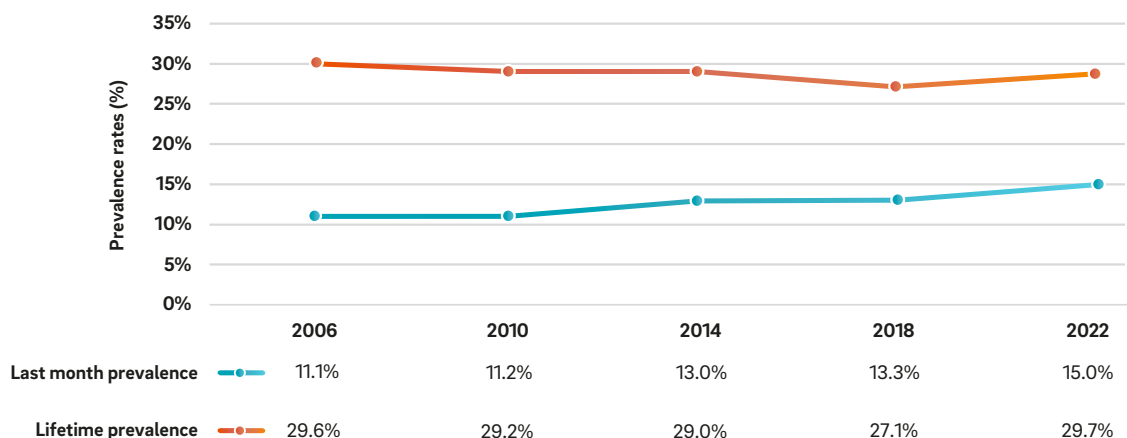


FIGURE 2.6.

Lifetime and last month prevalence rates of cannabis use among scholars (15-18 years old) (valid %) (Université du Luxembourg, 2024)

Type of class – Analyses of lifetime prevalence rates of cannabis use suggest distinct patterns across different educational settings (Fig. 2.7.):



- > Notably, respondents in lower classes of classic secondary education exhibit the lowest lifetime prevalence rates, with only 6.9% reporting cannabis use. In comparison, students in lower classes in general secondary education demonstrate higher rates, at 16.1%, surpassing those in the guidance route of lower classes of general secondary education, where prevalence stands at 12.0%.
- > Results further reveal that lifetime prevalence of cannabis use is most elevated among respondents in vocational training, reaching 40.9%. Compared to lower-class students, the disparity between classic and general secondary education appears less pronounced in upper-class students. Specifically, the lifetime prevalence rates among students in upper classes show marginal differences between classic (34.5%) and general (33.7%) secondary education.

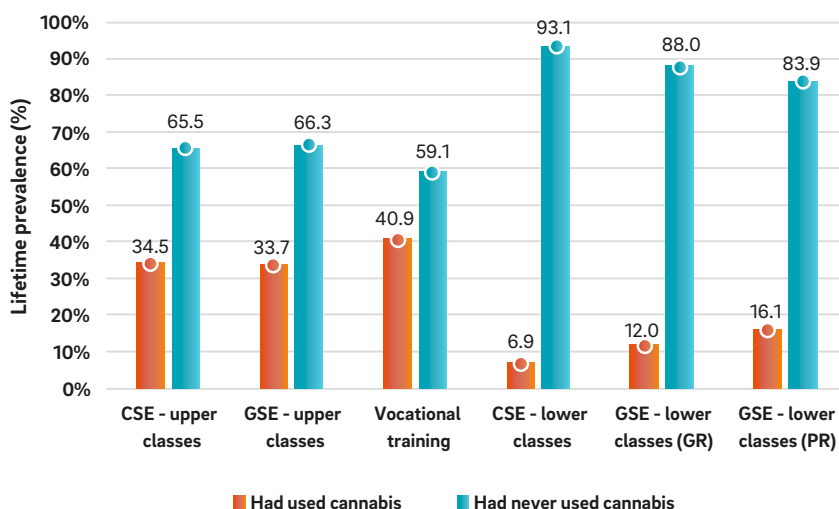


FIGURE 2.7.

Lifetime prevalence rates of cannabis use among young scholars (15-18 years old) across different classes (valid %) (Catunda et al., 2024)

Note: CSE stands for classic secondary education; GSE stands for general secondary education.

- > **Family structure** – There appears to be a clear difference of experimental cannabis use across various family structures (Fig. 2.8.):
 - o The lowest prevalence is observed in students residing with both of their parents, at 18.5%. More elevated rates are noted among students living with a single parent (27%) or within a stepfamily arrangement (28.4%). The highest rate prevalence is recorded among students residing with their grandparents or in a foster home, where the rate reaches 37.5%.

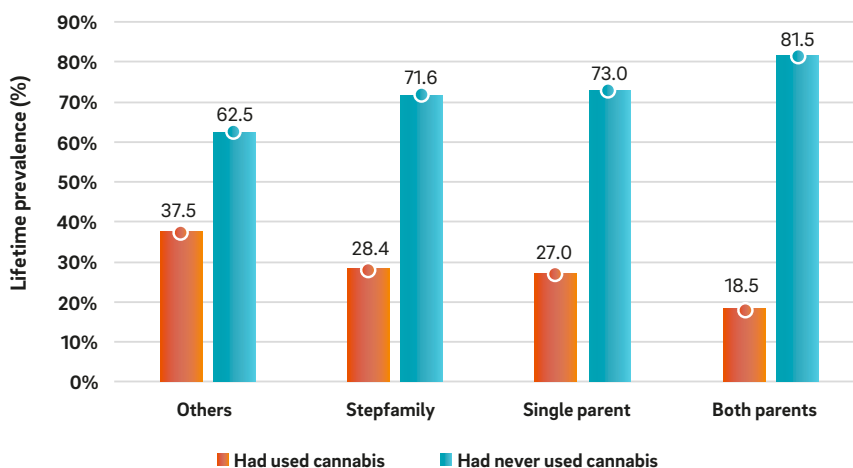


FIGURE 2.8.

Lifetime prevalence rates of cannabis use among young scholars (15-18 years old) across different family structures (valid %) (Catunda et al., 2024)



- > Gender differences – A closer look into gender disparities reveals a slightly higher proportion of experimental and current cannabis use among boys compared to girls (Fig. 2.9.):
 - o Both genders have witnessed an increase in current cannabis use between 2006 and 2022, with figures rising from 8% to 14% for girls and from 14% to 17% for boys over the same period.
 - o The proportion of boys with an experimental use of cannabis has fluctuated between 30% and 35% across the past HBSC waves (2022: 31%; 2006: 34%), whereas the range of their female counterparts has been situating between 23% and 29% (2022: 29%; 2006: 25%). A marginal increase is noticeable among girls between 2018 and 2022 (2022: 29%; 2018: 24%).

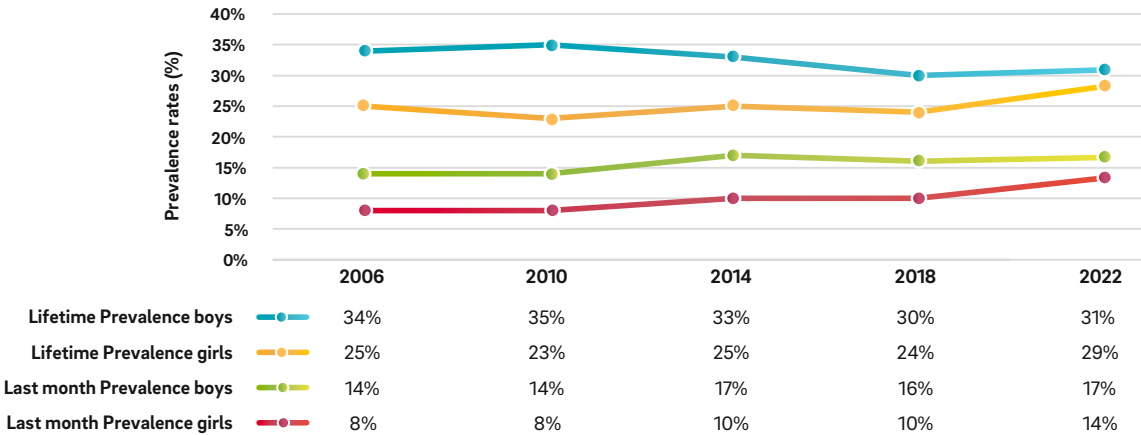


FIGURE 2.9.

Lifetime and last month prevalence of cannabis use among young scholars (boys and girls) (15-18 years old) (valid %)
(Université du Luxembourg, 2006 – 2022)



- > Age differences – In general, prevalence rates of cannabis use are higher among the older age groups (17-18 years) compared to younger age groups (15-16 years).
 - o Among boys, current cannabis use has been slightly decreasing among the youngest (15 years old), while displaying fluctuations among the older scholars (16-18 years old). Most recent data (2022) demonstrate a decrease in current use among the oldest boys (18 years old) and an increase among 16-year-old students (Fig. 2.10.).
 - o On the contrary, among girls, current cannabis use appears to be rising across all age groups except for 18-year-old girls, whose consumption has remained stable compared to 2018 (Fig. 2.11.) (Université du Luxembourg, 2024).

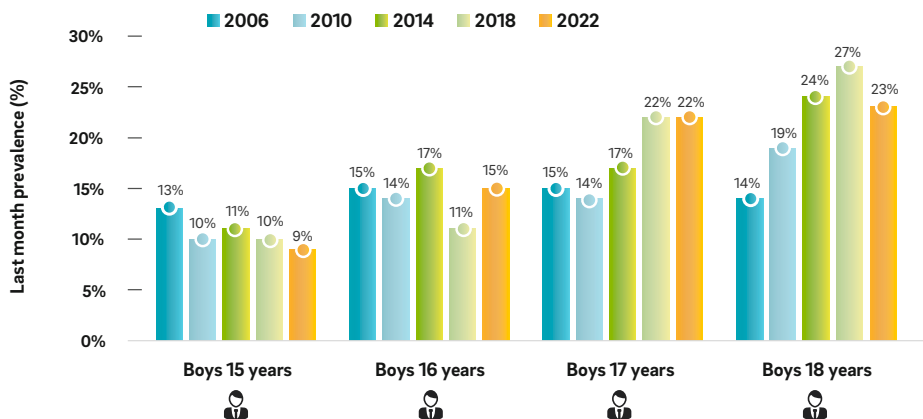


FIGURE 2.10.

Last month prevalence of cannabis use among boys across different ages (valid %) (Université du Luxembourg, 2006-2022)

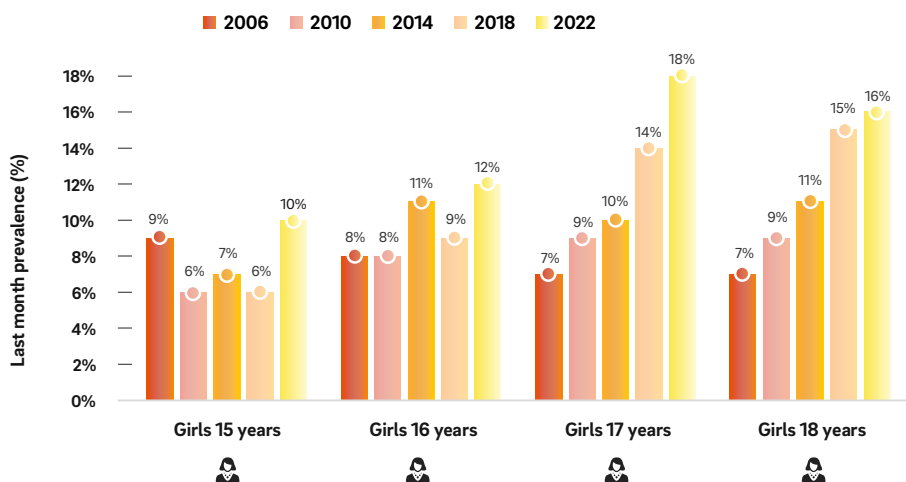


FIGURE 2.11.

Last month prevalence of cannabis use among girls across different ages (valid %) (Université du Luxembourg, 2006-2022)

- > Near daily use – In examining near daily cannabis consumption across age groups, a noteworthy disparity can be observed between genders. Please note that the PFLAD has used a different methodological approach compared as to presented in the online HBSC dashboard in order to respond to the EUDA methodological guidelines, for which figures presented in the following sections may slightly differ:
 - o As depicted in Figure 2.12., girls exhibit a significantly lower proportion of near daily use compared to boys. A clear trend can be observed with increasing age: both boys and girls demonstrate higher proportions of near daily use as they advance in age. However, the escalation in near daily use is more pronounced among boys than girls.



- o Among the youngest group (aged 15 years), the proportion of boys engaging in near daily use reaches 2.2%, while for girls, it reaches 1.5%. This gender discrepancy persists across all age groups, with the highest prevalence among the oldest males (18 years: 5.8%). The reported rate for their female counterparts is only 2.5%.
- o While near daily consumption rates increases with age in both genders, among females, the 18-year-olds report a lower rate than the 17-year-olds (2.9% vs 2.5%).

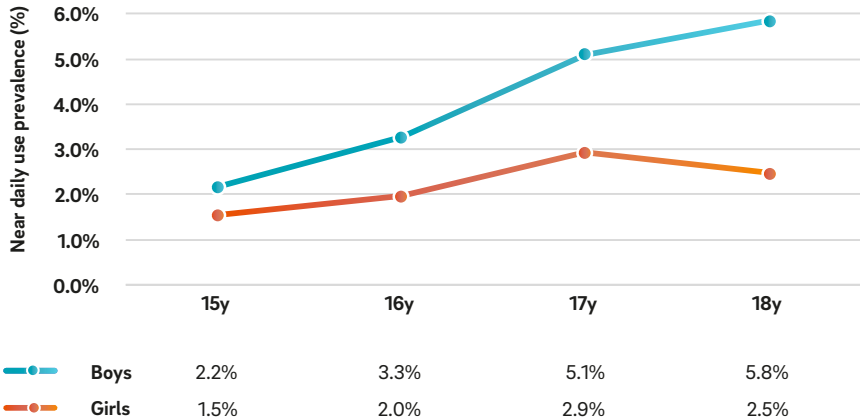


FIGURE 2.12.

Near daily use prevalence of cannabis use among young scholars (boys and girls) across different ages (valid %) (HBSC, 2022)



- > **Age of initiation** – As an additional question in the 2022 wave, the students were queried regarding their age at which they first used cannabis. To prevent potential inflation of earlier consumption patterns, only participants aged 17 to 18 years were included in the analysis. Thus, these rates can be used solely to draw conclusions concerning this particular age group. Individuals who reported never having used the drug were excluded from the analysis.
 - o Overall, 25.1% of those who had previously used cannabis indicated trying the drug for the first time at 14 years or at a younger age (Fig. 2.13.).
 - o An in-depth analysis of family structures reveals that the highest proportion of individuals (51.2%) who reported trying cannabis for the first time at 14 years of age or younger is observed among those living with their grandparents or in a foster home. Approximately one third of respondents living in a stepfamily report their initial cannabis use at 14 years of age or younger (34.7%). The lowest percentage of students who report initiating cannabis use at 14 years of age or younger was found in households where they reside with either a single parent (21.7%) or both parents (21.4%).

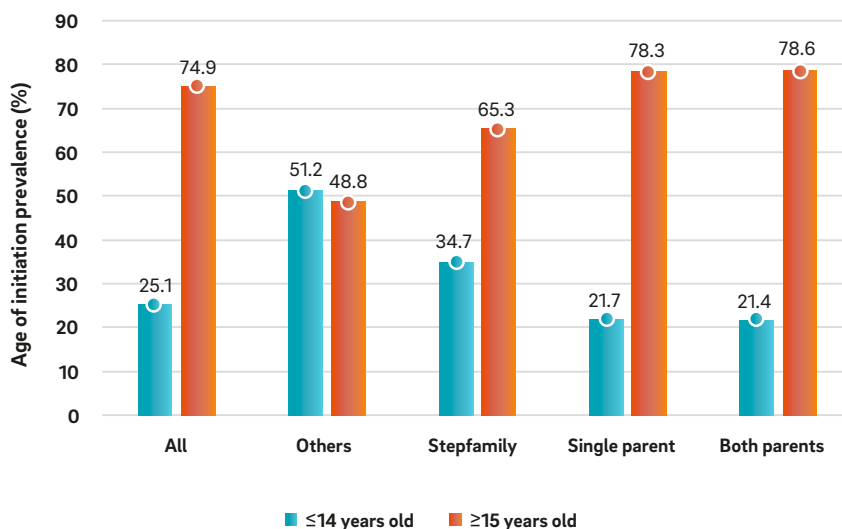


FIGURE 2.13.

Age of initiation of cannabis use across different family structures (valid %) (Catunda et al., 2024)

SOCIAL ACCEPTABILITY

To evaluate acceptability of cannabis use concerning the participants, as well as their perception of friends' and parents' social acceptability regarding cannabis use, respondents were asked to indicate their level of agreement or disagreement with certain statements. These statements entailed that they themselves, their friends or their parents think 'it's okay to use cannabis'. The results were differentiated by age groups (15, 16, 17 and 18 years) and further divided into distinct user groups. Unlike other sections in this report, these findings are not compared to previous years as these specific elements were not included in previous HBSC waves.

- > In all three statements, notable differences emerge when comparing the younger age groups of 15 and 16 years with the older age groups of 17 and 18 years. Generally, older age groups tend to exhibit higher rates of agreement with the statements, contrasting with the higher likelihood of disagreement among younger groups.
 - o Personal acceptance - When asked whether participants themselves think it's okay to use cannabis (Fig. 2.14.), younger participants aged 15 and 16 years reveal to be most inclined to strongly disagree (50.9% and 39.6%, respectively). Conversely, older age groups (17-18 years old) display lower rates of disagreement, ranging between 29.3% and 30.4%. Essentially strong agreement with the statement increases steadily with age, with proportions rising from 3.9% among 15-year-old students to 11.8% among 18-year-old students.
 - o Further examination across user groups (Fig. 2.15.) reveals distinct patterns, with non-users being more likely to strongly disagree (60.9%) compared to near-daily users, who tend to strongly agree (53.2%). Last month users show the highest proportion in agreement (37.7%), while lifetime users remain largely neutral (37.9%). Hence, inherent acceptability towards cannabis use seems to increase the more regularly individuals use the drug.

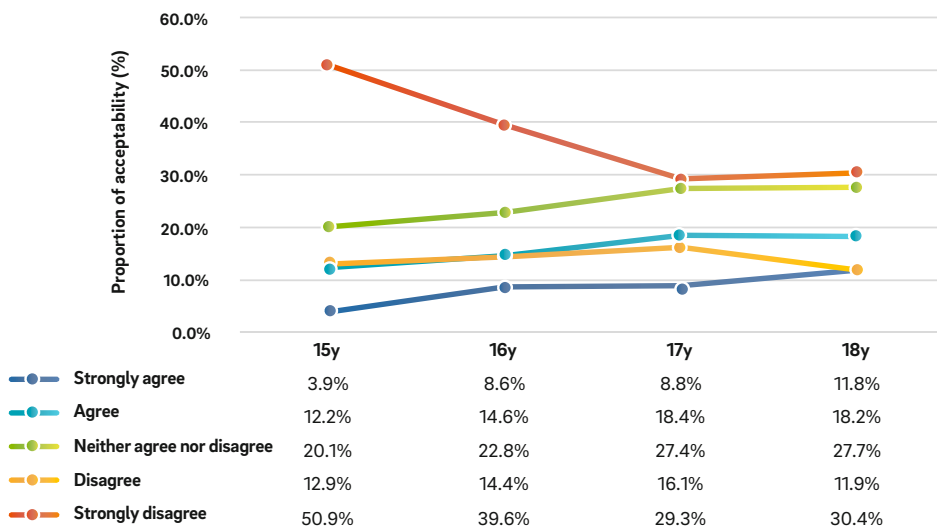


FIGURE 2.14.

Personal acceptability to use cannabis across students aged 15 to 18 years (valid %) (HBSC, 2022)

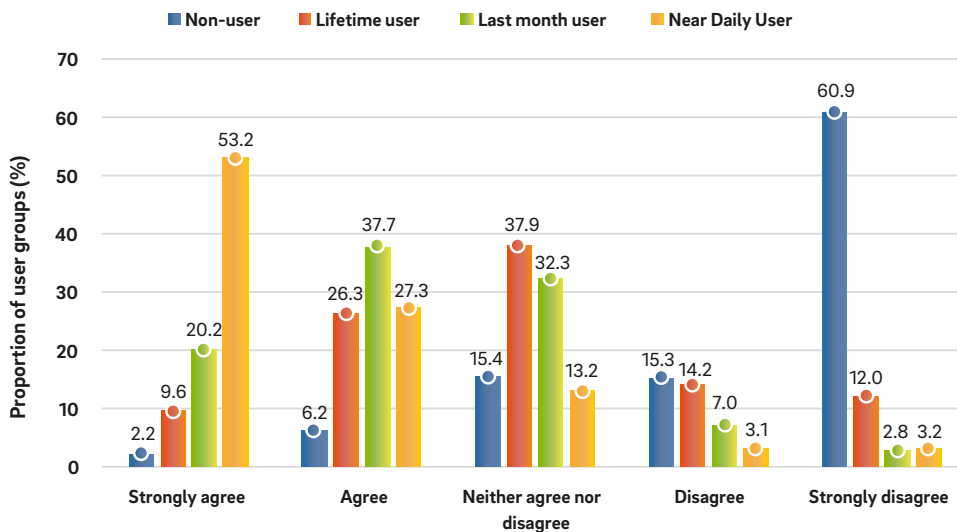


FIGURE 2.15.

Personal acceptability among different cannabis user groups (valid %) (HBSC, 2022)



- > **Peer acceptance** – When asked about whether their friends think it's okay to use cannabis (Fig. 2.16.), the oldest participants (18 years old) reveal to be most likely to strongly agree (16.1%). The proportion of those who strongly agree gradually increases with age (17y: 14.2%; 16y: 11.4%; 15y: 6.5%). A similar trend can be observed, among respondents agreeing with the statement, a gradual increase from youngest to oldest can be observed ranging from 16.0% to 30.1%.



- o Furthermore, the highest proportion of strong disagreement can be observed among 15-year-old students (40.8%), followed by a gradual decrease among older students (16y: 25.9%; 17y: 19.8%; 18y: 20.6%).
- o A correlation coefficient of 0.67 implies that there may be a high positive relation between friends' acceptability towards the use of cannabis and the students' personal acceptability.
- o Once again, near daily cannabis users are most likely to strongly agree (44.0%) with their friends' acceptance, in contrast to non-users who are most likely to strongly disagree (47.5%) (Fig. 2.17). Similar to the rates of personal acceptance towards cannabis use, the highest proportion agreeing with the statement is observed among last month users (40.9%), followed by lifetime users (35.1%).

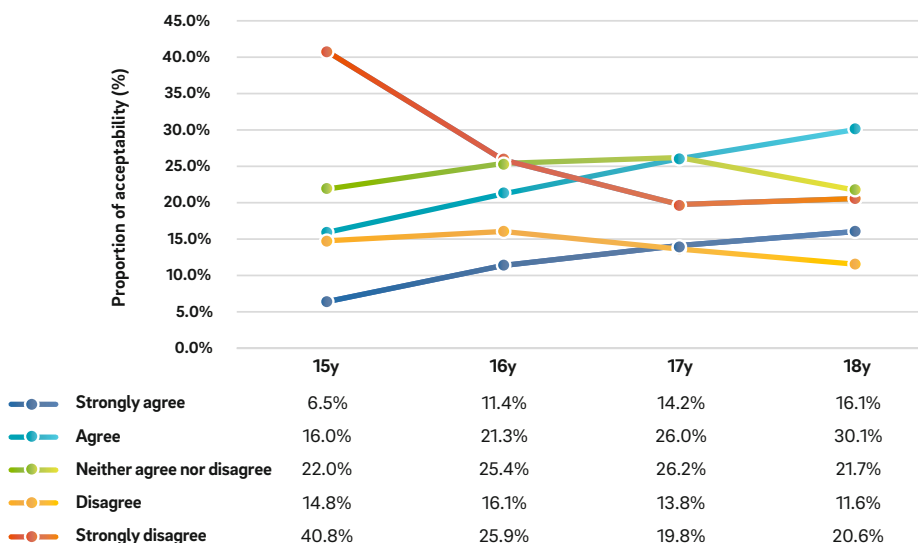


FIGURE 2.16.

Peer acceptability (friends) to use cannabis across students aged 15 to 18 years (valid %) (HBSC, 2022)

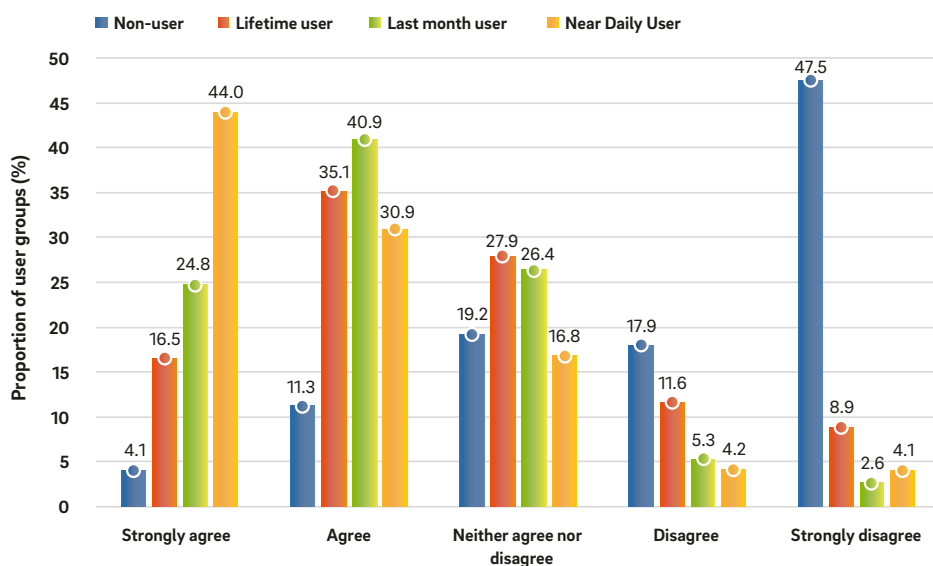


FIGURE 2.17.

Peer acceptability (friends) across different cannabis user groups (valid %) (HBSC, 2022)



- > Parental acceptance – In contrast to personal and peer acceptance, a majority across all age groups strongly disagree that their parents think it's okay to use cannabis. Thus, 77.4% of 15-year-old students indicate strong disagreement with proportions gradually decreasing with age (16y: 71.4%; 17y: 63.7%; 18y: 61.2%) (Fig. 2.18.). The proportion of participants that strongly agree remains low with little variances across all age groups, ranging between 0.9% to 1.2%. Moreover, a slight almost gradual increase from the youngest age group to oldest can be observed among those who agree with the statement, ranging from 2.4% to 6.0%.
- o A correlation coefficient of 0.49 suggests a moderate positive relation between parental acceptance and self-acceptability. Nevertheless, this correlation is still inferior to friends' acceptability which indicates a stronger peer influence on the students' own attitudes towards cannabis use.
 - o Regardless of user group, the majority of students strongly disagree with the statement that their parents accept cannabis use (Fig. 2.19.), with non-users exhibiting the highest proportion (81.0%). The proportion of students that report strong disagreement decreases gradually with higher consumption frequencies (lifetime users: 60.7%; last month users: 48.9%; near daily users: 40.9%). Nonetheless, disregarding the user groups, cannabis use acceptance among parents seems substantially lower compared to peer- or self-acceptance.

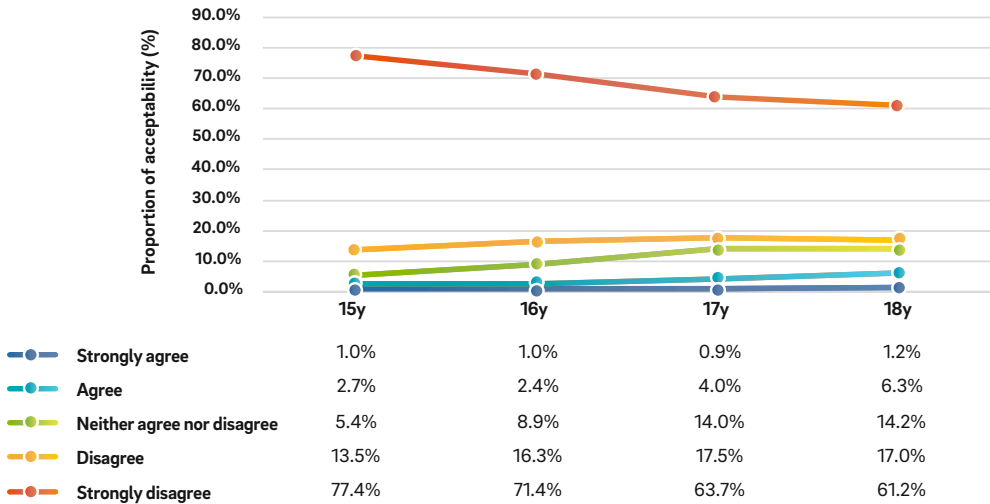


FIGURE 2.18.

Parental acceptability of cannabis use across different ages (valid %) (HBSC 2022)

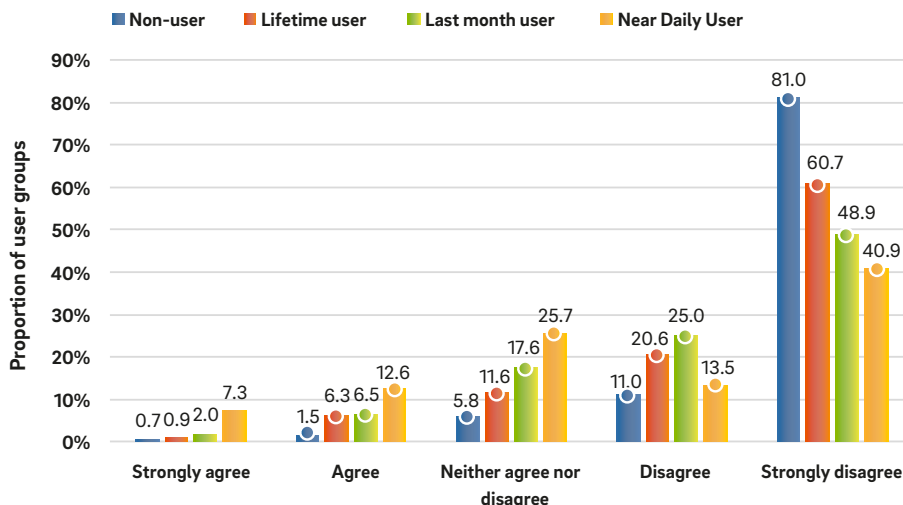


FIGURE 2.19.

Parental acceptability across different cannabis user groups (valid %) (HBSC 2022)

OTHER ILLICIT DRUGS

After other illicit drugs have not been measured in the HBSC wave of 2018, the latest wave (2022) introduced some changes to the questionnaire concerning those substances. Questions regarding opioids, solvents and mushrooms were excluded and LSD and hallucinogenic mushrooms were merged into a single question, encompassing hallucinogens. Consequently, the 2022 results for these substances cannot be compared to previous years. Hence, the findings were depicted in two different graphs. In Figure 2.20., the previously mentioned drugs are compared across the years of 2006, 2010 and 2014, while Figure 2.21. displays the prevalence of MDMA, amphetamines and cocaine across the same years, supplemented with data from 2022.

- > Lifetime use – Experimental use of illicit drugs among young scholars (13-18 years) decreased between 2006 and 2014 for several substances, including opioids (2014: 0.8%, 2006: 0.9%) solvents (2014: 1.2%; 2006: 1.8%) and hallucinogenic mushrooms (2014: 1.4%; 2006: 2.1%) (Origer et al., 2008, 2012).
- o However, during the same period, increases were noted in lifetime prevalence rates of LSD (2014: 0.9%; 2006: 0.7%) and 'abuse of medication to get high' (2014: 2.5%; 2006: 1.9%).

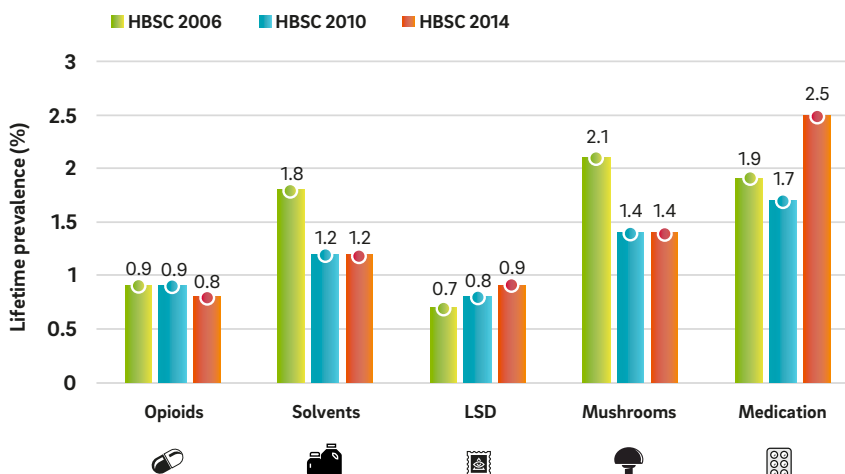


FIGURE 2.20.

Lifetime prevalence rates of illicit drug use among students aged 13 to 18 years (HBSC, 2006-2014)



- Moreover, between 2006 and 2022, the lifetime prevalence rates of amphetamine type stimulants (ATS) (2022: 0.9%; 2006: 1.6%) and cocaine (2022: 1.2%; 2006: 2.1%) experienced their lowest scores in 2022. Conversely, the lifetime prevalence rate for MDMA (2022: 1.9%; 2006: 1.7%) witnessed an increase, reaching an all-time high.

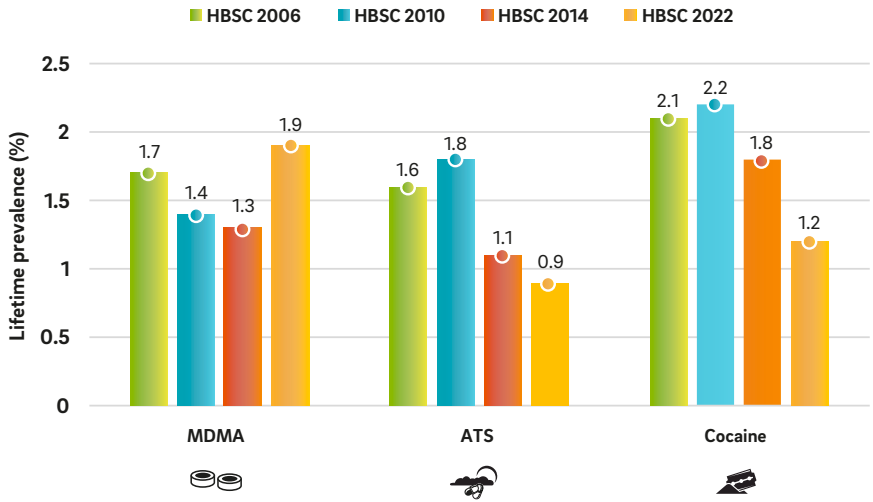


FIGURE 2.21.
Lifetime prevalence rates of illicit stimulants use among students aged 13 to 18 years (HBSC, 2006-2022)



- > Last year use - Regarding recent use of other illicit drugs, the data available are from the 2006 and 2010 HBSC waves:
 - Cocaine emerged as the most prevalent drug used by young scholars (13-18 years), following cannabis, with a usage rate of 2.1% in 2006 and by 1.7% in 2010. ATS, hallucinogens (such as magic mushrooms and LSD), MDMA/XCT, solvents and opioids were also present, although with lower prevalence (Fig. 2.22.).

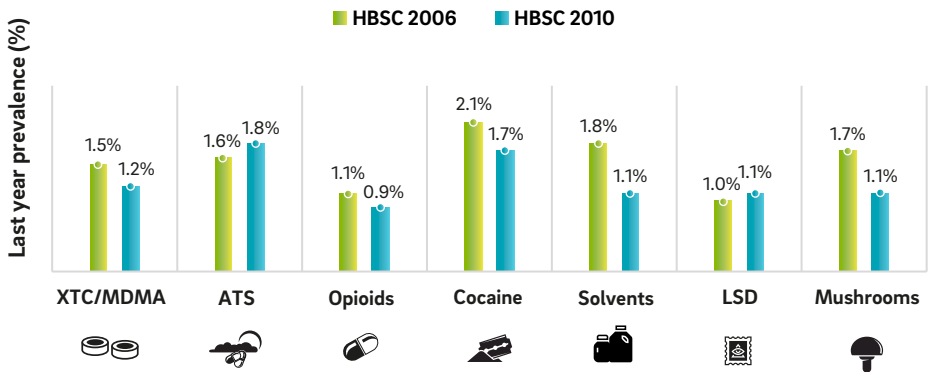
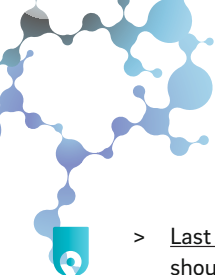


FIGURE 2.22.
Last year prevalence of illicit drug use among students aged 13 to 18 years (HBSC, 2006, 2010)



- > **Last month use** – Use of illicit substances was analysed among boys and girls across different ages. Results should be interpreted with caution as the sample size and differences are very small:
 - o Boys reveal a rise in the last month prevalence rates of using hallucinogens, such as magic mushrooms, LSD, and ketamine, from 13 years of age to 16 years of age. Girls show variations until the age of 17 years before a notable increase at the age of 18 years. In a similar vein, for MDMA, male usage rates are rising with age, whereas female rates fluctuate until the age of 18, when they surpass male rates.
 - o On the other hand, girls' last-month prevalence rates of cocaine usage vary by age group, and boys' rates peak between the ages of 14 years and 16 years. Boys start using amphetamines at the age of 16 years, whereas girls do not start using them until the age of 18 years. Please beware that these results should be interpreted with caution due to small response rates.

2.3. WASTEWATER AND DRUGS

BACKGROUND AND NATIONAL CONTEXT

The origins of wastewater studies can be traced back to the 1930s in the United States, where initial efforts focused on monitoring polio outbreaks. By the 1990s, the introduction of Polymerase Chain Reaction (PCR)⁶ technique drastically enhanced wastewater studies, allowing for precise pathogen detection. In 2001, the contamination of wastewater by human-excreted pharmaceuticals was investigated for the first time (Daughton, 2001a) and it was suggested that wastewater could be applied to the study of illicit drugs in the sewage system (Daughton, 2001b). These findings paved the way for studies that measured the levels of excreted illicit drugs in wastewater (Zuccato et al., 2008). Wastewater research has since become a rapidly developing discipline in the field of drug monitoring. One of its strengths is the ability to collect continuous long-term data, unlike the punctual nature of survey research or data collected through registries in targeted settings, allowing for identification of temporal and geographical trends.

In 2018, the Analytical Chemistry Service (SCAN) of the Luxembourg National Health Laboratory (LNS), in collaboration with the Luxembourg Institute of Science and Technologies (LIST), conducted the first pilot study⁷ on drug residues in national wastewater. This project was the start of systematic drug monitoring in wastewaters in the Grand-Duchy of Luxembourg:

- > Since 2023, the SCAN analyses drugs and drug metabolites from different wastewater treatment plants (WWTPs) on a weekly basis: Mersch (Beringen), Mamer, and Boevange-Attert. In 2024, the plants of Beggen and Hesperange were added.
- > In parallel, the SCAN participates in a European monitoring campaign (Sewage analysis CORE group – Europe (SCORE)), collecting and measuring drug residues each day during one week in April in selected WWTPs. The SCORE network implemented its first wastewater study in 19 European cities in 2011 in order to monitor local drug loads in wastewater, thereby creating a tool to estimate drug consumption among different communities (Thomas et al., 2012). The SCORE network expanded gradually, reaching 88 European cities from 24 countries (23 EU + Turkey) in 2023⁸.

6 The polymerase chain reaction (PCR) is a laboratory technique used to amplify DNA sequences. It involves repeated cycles of heating and cooling to denature DNA, anneal primers, and extend new DNA strands. This process allows for the detection and analysis of specific genetic material.

7 Retrieved from: <https://www.science.lu/sites/default/files/2019-10/Drugs%20in%20Wastewater.pdf>

8 Detailed information about the participating countries can be downloaded from the EUDA website:

https://www.euda.europa.eu/publications/html/pods/waste-water-analysis_en

The data used in this report can be downloaded from the EUDA website: https://www.euda.europa.eu/data/repository/drugs-municipal-wastewater-europe-source-data-2025_en

METHODOLOGY

Wastewater analyses rely on a simple principle to calculate the loads of drug metabolites found in the samples. After drug consumption, the drug is absorbed by the body and metabolised. The metabolites are excreted and discharged in the sewage system, where they can be collected and measured in the wastewater. Since the daily influent flow rate at the respective WWTPs is linked to the number of inhabitants connected to the respective station, the quantity of metabolic residues of (illicit) drugs is calculated by considering the number of inhabitants connected to the WWTP, the metabolite concentration per litre and lastly, the daily influent flow rate. The loads of drug metabolites presented in this report are therefore expressed as milligrams per 1000 inhabitants per day⁹ (Fig. 2.23.).

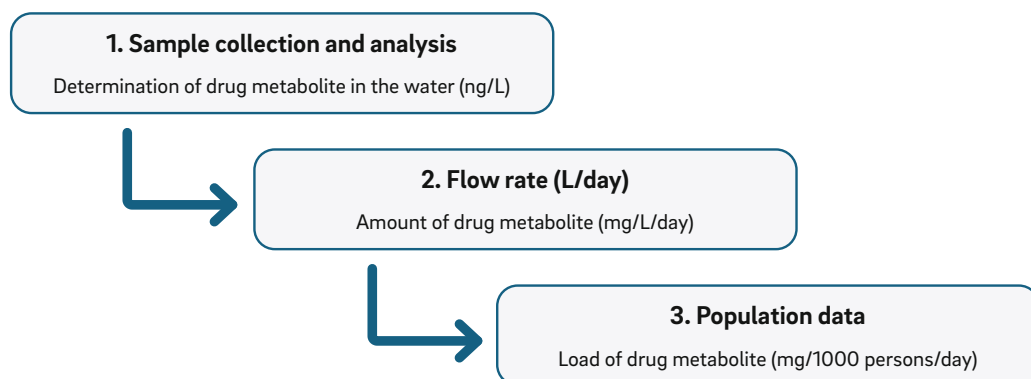


FIGURE 2.23.

Back calculation for measuring drug metabolite loads in wastewater

The sampling method is designed to collect a sub portion of wastewater each hour of the day, in order to obtain a representative sample for the whole day (24h composite sample). The sample is stored at -20°C before transfer to a laboratory for analysis. All substances are extracted and up concentrated using the 'solid phase extraction' technique and dosage is carried out using Liquid Chromatography-Quadrupole Time-of-Flight Mass Spectrometry (LC-QToF; for THC-COOH) or Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS; for all other drugs and drug metabolites).

In line with the methodological guidelines from the SCORE study, the national samples were taken daily from WWTPs in Beringen/Mersch, Boevange and Mamer from the 19 to 24 of April 2023. To be able to compare the data from the three WWTPs at national level, as well as the findings from the SCORE study in association with the EUDA, the data have not been adjusted by a correction factor to account for the metabolisation rate.

9 Knowing the metabolisation rate and the number of people linked to the WWTP, it is possible to do a back calculation to estimate the quantity of drugs consumed. However, the data presented here did not apply any correction factor for metabolisation rates, due to a lack of scientific consensus and significant variations reported (Gracia-Lor et al., 2016). The omission of any correction factor allowed to compare the national data with data published by the SCORE network, in association with the EUDA.



The following table depicts the drugs, or drug metabolites, that were assessed from the samples included in the study:

TABLE 2.1.

Substances monitored in the national wastewater analysis programme

	Amphetamine
	Methylenedioxymethamphetamine (Ecstasy/MDMA)
	Methamphetamine
	Monoacetylmorphine (heroin metabolite)
	Ketamine
	Mephedrone
	Benzoyllecgonine (cocaine metabolite)
	THC-COOH (cannabis metabolite)
	Cotinine (nicotine metabolite) ¹⁰
	Ethyl sulfate (alcohol metabolite) ¹⁰

RESULTS

COMPARISON WITH SCORE

The results in the figures below show the findings of the samples collected by the three WWTPs in the Grand-Duchy of Luxembourg in 2023 compared to the main results obtained from 89 cities across 29 participating countries¹¹, including the EU, Norway, Switzerland, the United Kingdom and Iceland through SCORE.

Cannabis: The highest weekly average loads of cannabis were reported in cities within the Netherlands (225.36), Spain (220.63), Slovenia (167.48), Switzerland (150.01), Luxembourg (133.98), and France (119.10). This placed Luxembourg at the fifth rank compared to 17 other countries. When looking at the national level of average weekly cannabis metabolite loads, Luxembourg ranked at the fourth place (116.18), just below Spain (118.43), France (119.10), and the Netherlands (183.04).

10 Cotinine (nicotine metabolite) and ethyl sulfate (alcohol metabolite) will be included in the national wastewater analysis starting in 2025.

11 In 2023, wastewater measurements were collected by just one city for the following countries: Croatia, Denmark, France, Greece, Hungary, Iceland, Latvia, Poland, Romania and the United Kingdom.

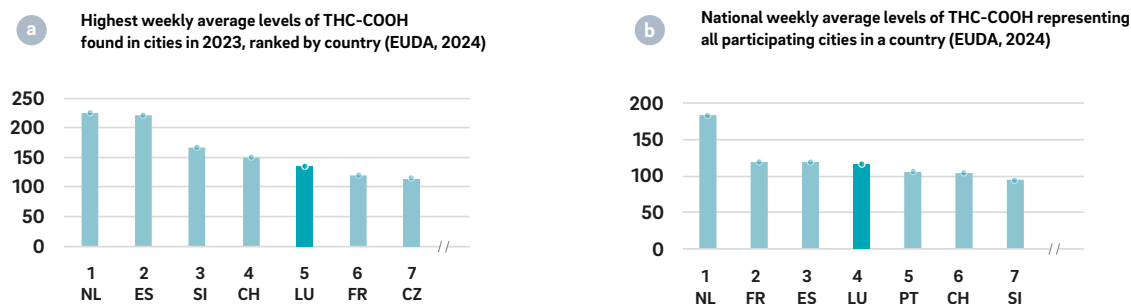
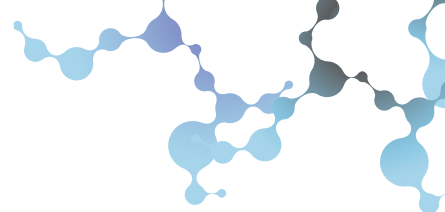


FIGURE 2.24.

Comparison of THC-COOH (cannabis) levels.

Cocaine: The highest weekly average loads of cocaine were reported in cities from Belgium (1721.58), Spain (1463.91), the Netherlands (1209.96), Switzerland (1022.61), Iceland (638.45) and France (616.48) (Fig. 2.25a). Cities from Luxembourg (284.40) ranked at position 15 out of 26 countries. When comparing the national average weekly detection levels, Luxembourg ranked 15th as well (220.58) (Fig. 2.25b).

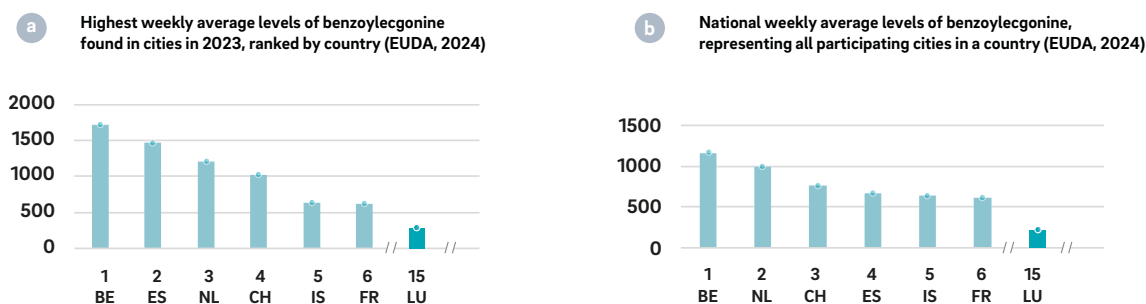


FIGURE 2.25.

Comparison of benzoylecgonine (cocaine) levels.

MDMA: The highest weekly average levels of MDMA were found in the wastewater of cities in Belgium (318.23), the Netherlands (236.71), France (83.04), and Germany (77.18), followed by Spain (54.82), and Lithuania (51.13). The highest weekly average MDMA detection by one of the three WWTPs in Luxembourg was 14.04 mg per 1000 inhabitants per day, placing Luxembourg at the 20th rank out of 26 countries (Fig. 2.26a). When comparing the weekly average MDMA detection from all WWTPs in a country, Luxembourg ranked 18th (13.27) (Fig. 2.26b).

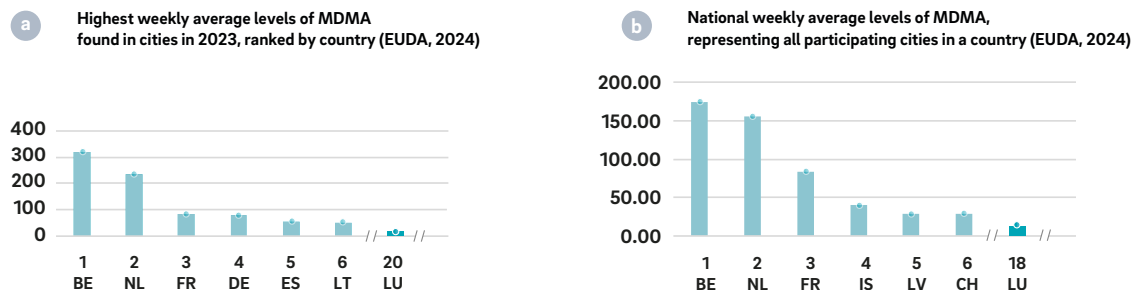


FIGURE 2.26.

Comparison of MDMA levels.

Other substances: Regarding amphetamine, methamphetamine and ketamine, national averages measured by local wastewater treatment plants from Luxembourg were low compared to the mean values of those from other countries participating in SCORE. In the case of ketamine, Luxembourg (2.00) was positioned 16th out of 22 countries. National average ketamine residues were highest in one participating WWTP from the United Kingdom (149.71), followed by averages from WWTPs in Belgium (56.77) and the Netherlands (51.22). For amphetamine, Luxembourg (7.58) was positioned 21st out of 25 countries, and for methamphetamine, 23rd out of 26 countries with only marginal detection levels (0.85).

Comparison with neighbouring cities: The data from the three WWTPs from Luxembourg were compared to the measurements from nearby WWTPs from neighbouring countries (Antwerp (BE), Brussels (BE) and Sarrebrücken (DE)). Results revealed that cocaine residues in Luxembourg (regrouping the results from the sample analysis from the three national WWTPs) were below those of nearby WWTPs in Belgium and Germany. The same observation is seen for MDMA, amphetamine, ketamine and methamphetamine. Cannabis metabolite levels were not reported by neighbouring WWTPs due to complex identification procedures of the main cannabis metabolite (THC-COOH).

It should be noted that the SCORE project¹² is ongoing, and that data for Luxembourg from years 2024 and 2025 will be included in a dedicated, separate publication. However, preliminary results suggest a decline in average methamphetamine, ketamine and MDMA loads found in 2025 relative to 2024 in Luxembourg. Consistent with the findings reported above, Luxembourg remains below the European average for MDMA loads and is positioned near the bottom of the ranking with respect to ketamine and methamphetamine loads.

NATIONAL WASTEWATER ANALYSES 2023

Detection frequency: Wastewater samples were collected throughout the whole year of 2023 on a weekly basis from 02 January to 18 December. Among all valid samples, laboratory analyses revealed that cocaine- and cannabis metabolites were detected in all wastewater samples. MDMA and ketamine were detected in 90% or more of all samples, followed by amphetamine and heroin metabolites. The least detected substances were methamphetamine and mephedrone (Fig. 2.27).

12 A comparison between countries participating in the SCORE project can be consulted via the following link: https://www.euda.europa.eu/publications/pods/waste-water-analysis_en

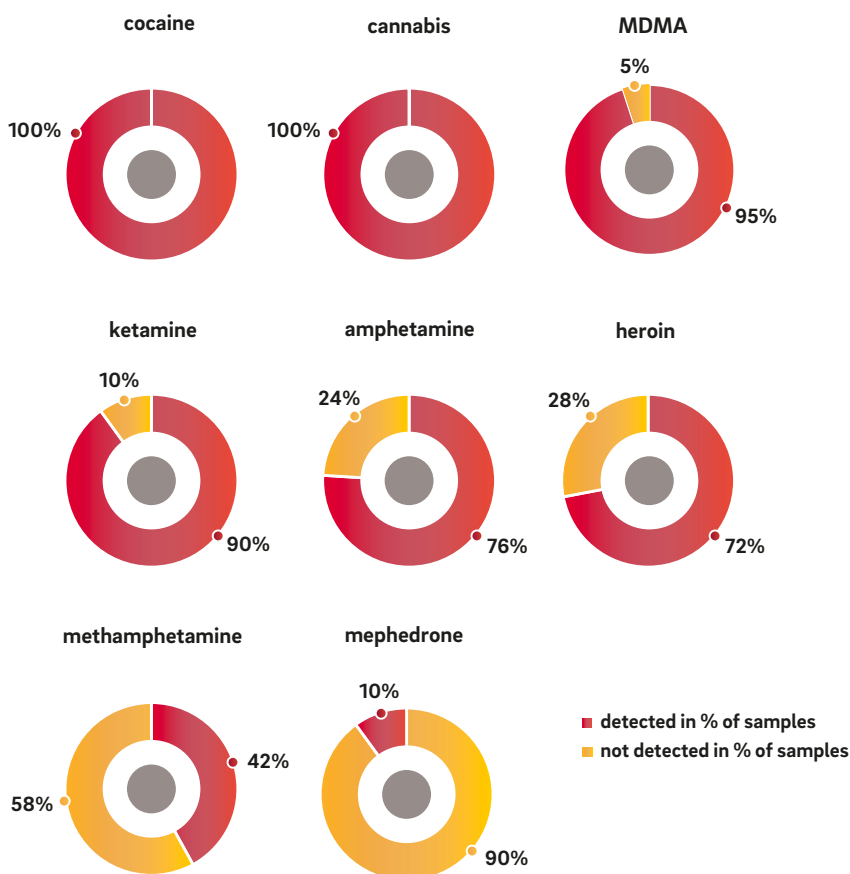


FIGURE 2.27.

Presence of drugs and drug metabolites among valid samples (National Health Laboratory, 2024)

Weekday vs. weekend: To estimate drug metabolite levels on weekdays and compare them with weekend levels, the EUDA's grouping method was applied to categorise the data.

- > Weekday: Samples collected on Tuesdays, Wednesdays and Thursdays
- > Weekend: Samples collected on Fridays, Saturdays, Sundays and Mondays

The analysis encompassed a total of 99 (58%) weekday samples and 72 (42%) weekend samples. When comparing the loads of drug metabolites between weekdays and weekends, the loads of MDMA were higher on weekends ($M = 15.89$, $SD = 14.03$) compared to weekdays ($M = 8.12$, $SD = 9.72$); $p < .001^{13}$. On the other hand, the loads of the cannabis metabolite THC-COOH appeared higher on weekdays ($M = 104.21$, $SD = 54.97$) compared to weekends ($M = 88.29$, $SD = 43.17$). However, these differences were not statistically significant ($p = .054^{14}$). Cocaine loads were slightly higher on weekends ($M = 298.11$, $SD = 134.14$) compared to weekdays ($M = 281.38$, $SD = 117.95$), although the difference was also not statistically significant ($p = .394$) (Fig. 2.28.).

13 Levene's Test for Homogeneity of Variance: $p = .085$, Two Sample t-test assuming equal variances.

14 Levene's Test for Homogeneity of Variance: $p = .941$, Two Sample t-test assuming equal variances.

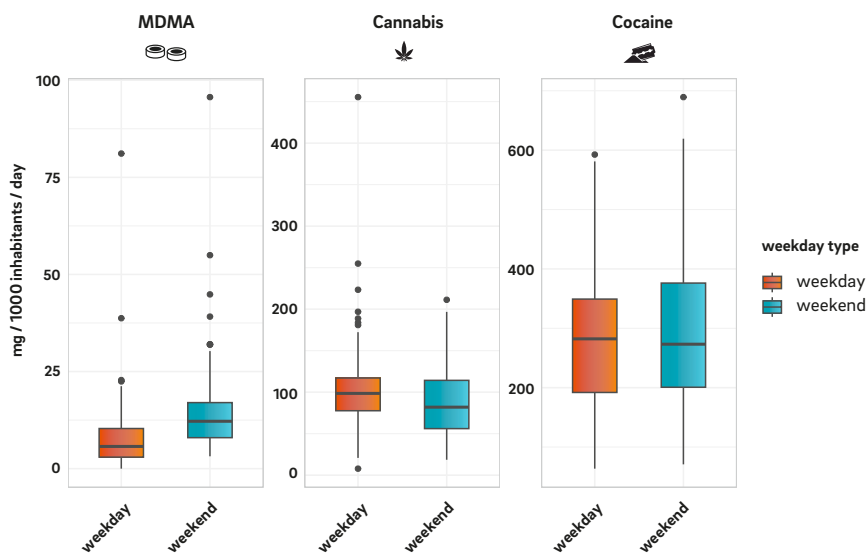


FIGURE 2.28.

Weekday vs. weekend comparison of MDMA, cannabis (THC-COOH) and cocaine (benzoylecgonine) loads (National Health Laboratory, 2024)

Annual and seasonal trends: No clear annual or seasonal trend regarding the detected compounds could be observed. As presented in Figure 2.29., the loads of the cannabis metabolite THC-COOH revealed slightly elevated values during the spring months (March, April and May) only. Moreover, July was the month during which loads were highest for most substances. Regarding the cocaine metabolite benzoylecgonine, high amounts were detected in the beginning of the year (January and February) and during the months June, July and August.

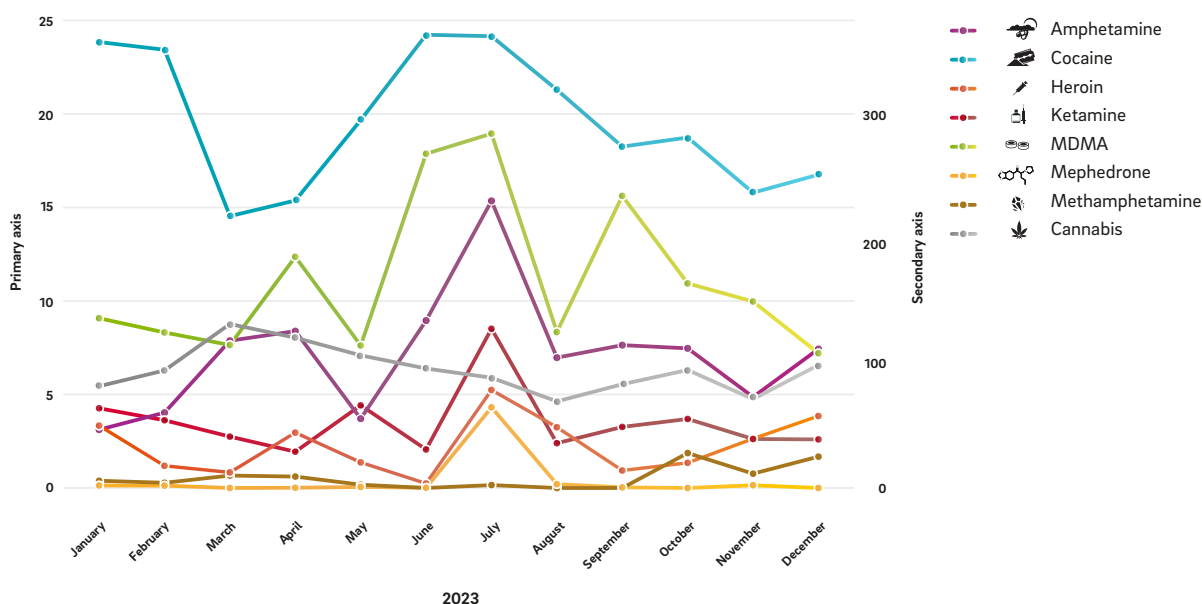


FIGURE 2.29.

National patterns and temporal trends of drug loads found in wastewater. The data are represented as mg/1000 inhabitants/day (National Health Laboratory, 2024)

Note: Values for benzoylecgonine (cocaine metabolite) and THC-COOH (cannabis metabolite) are plotted on the secondary axis.



Similar observations were made for MDMA and amphetamine: detection levels were higher during June and July compared to the other months. A closer look at the data revealed that this spike was caused by a single sample collected from one WWTP. This sample showed higher loads compared to the mean values from the same WWTP of multiple substances.

DISCUSSION OF MAIN FINDINGS

Wastewater studies have shown to be effective as a reliable tool to assess the presence of drugs, thereby providing an indication of their potential use at the population level. The findings from the 2023 study highlight that cocaine and cannabis were the most prominent substances detected by analysis of samples derived from three wastewater treatment plants in the Grand Duchy of Luxembourg. The high cocaine levels on the national level are in line with the observations found among other Western European countries. The cocaine residues revealed higher average values on the weekend than during the week, although this difference was not statistically significant. The opposite observation was found for cannabis. The statistical evaluations for both cocaine and cannabis therefore suggest that cocaine and cannabis are consumed as much on weekday as on weekends. The high detection rates of MDMA and ketamine suggest frequent presence of these substances on the national level. MDMA is typically associated with recreational use in social settings, whereas outcomes for ketamine might also result from medical administration. Findings demonstrated that MDMA residues are higher during weekends, aligning with the temporal patterns of festive events and social activities. Moderate detection rates of other substances, such as amphetamine and heroin, suggest that these substances are present to a lesser extent. The lower detection rates for methamphetamine and mephedrone also suggest that these substances are less commonly consumed in Luxembourg, though higher concentrations of these substances were detected among Eastern European countries. These results are in line with previous observations from wastewater studies, which indicate that – in the European context – estimated methamphetamine consumption is higher in Eastern Europe than in Western Europe (Czech Republic, Slovakia, followed by Germany). The highest average methamphetamine loads were detected on the west coast of the United States, also participating in SCORE, which aligns with the record numbers of methamphetamine-related drug-induced deaths (Shader & Jones, 2024).

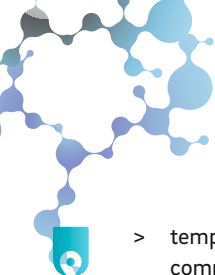
The 2023 study findings revealed no substantial differences among the three WWTPs, however, seasonal differences could be identified regarding the presence of substances. For better evaluation of trends in the presence and seasonal variation of substance residues in wastewater, data should be collected continuously in the future. Concerning the detected loads of the cocaine metabolite benzoylecgonine and MDMA, comparative analysis with data cycles from subsequent years could reveal whether the elevated levels observed at the beginning of the year and during summer 2023 were unique to that year or if this is a confirmed phenomenon. Similarly, this could allow to determine if the increased loads of cannabis during springtime will be detected again.

LIMITATIONS AND STRENGTHS

While wastewater studies provide valuable insights, they are subject to various limitations. Caution should be exercised when interpreting the results, especially when reporting the findings as an estimation of drug use. First of all, as the number of drug users in the analysed samples are unknown, the results do not offer information on the prevalence of drug use within the population. Furthermore, no conclusions can be drawn regarding the purity of the drugs and the presence of impurities, nor the frequency of use and user profiles. Higher drug purity and the mode of consumption could, however, influence the detected loads. There is also a risk that NPS are not identified, while low dosage substances may also not be detected due to too low residue levels in the wastewater. It is also important to bear in mind that some substances are more difficult to identify than others, particularly unstable substances such as cannabis metabolites. Other important limitations relate to the population size used to assess the total loads of drugs present in the samples, the environmental factors involved in the biodegradation of the metabolites, as well as the medical application of the same substances as those included in the study. Some specific explanations for these limitations:



- > the metabolite concentrations resulting from a wastewater analysis are linked to the number of inhabitants connected to the WWTP. As far as Luxembourg is concerned, there are two important factors that are difficult to estimate: Cross-border commuters leading to an increase of people during weekdays and tourism increasing the number of people during holiday seasons;



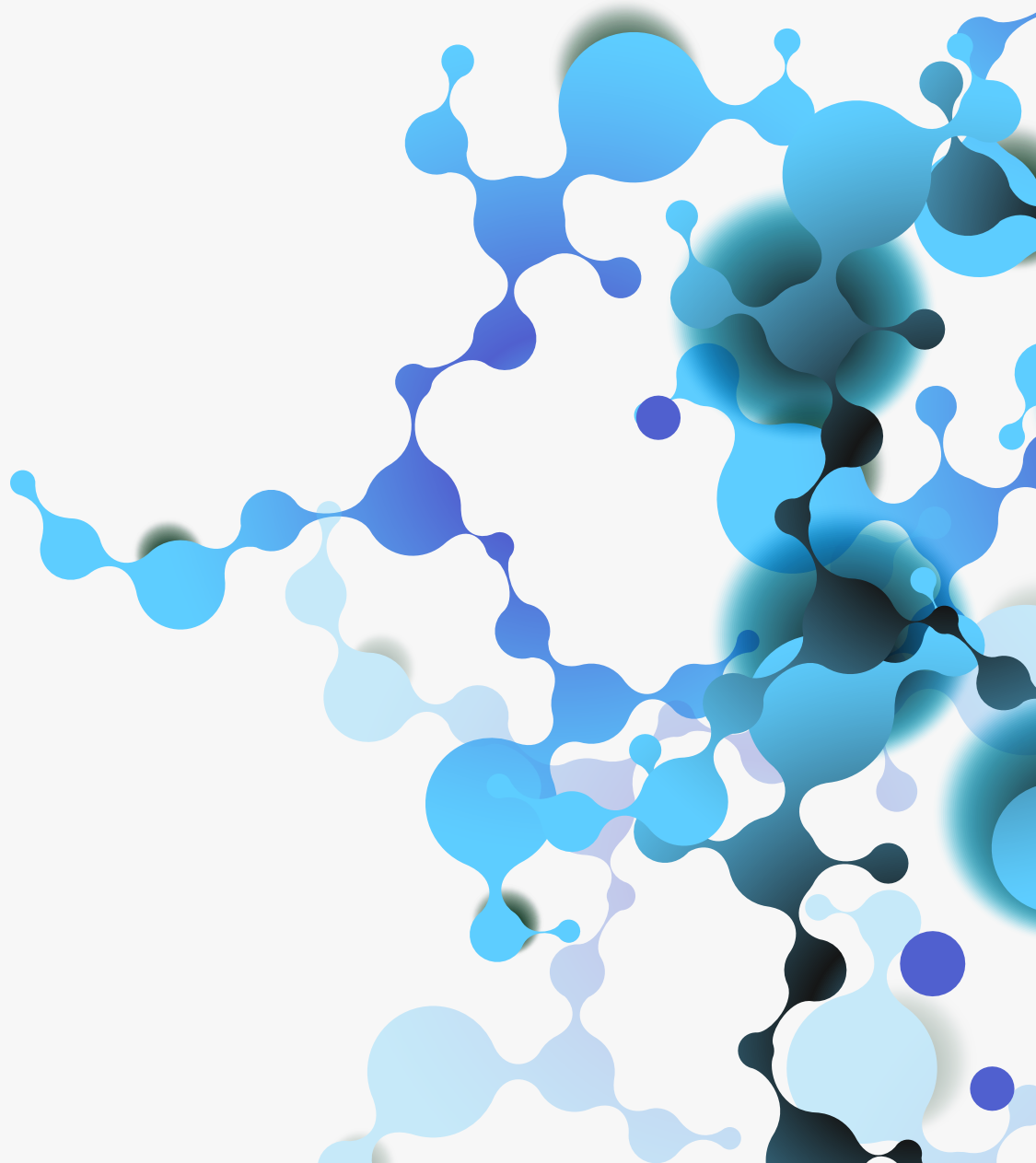
- > temperature levels have an impact on biodegradation, which is different during warm-weather periods compared to cold-weather periods;
- > heavy rainfall can dilute the samples if the retention basins are overfilled;
- > individual events might distort and disproportionately increase the average residue levels that are measured. For our study, this was particularly the case for the month of July for amphetamine, MDMA, heroin, mephedrone and ketamine.

Wastewater analyses offer substantial strengths worth highlighting. First and foremost, wastewater studies provide almost real-time insights into drug consumption of a whole community, which are unaffected by response bias and nonresponse bias. Second, laboratory analyses allow for the targeted analysis of specific substances (in case of available corresponding reference standards), facilitating the rapid detection of new drugs or potentially harmful adulterants, should they be suspected of circulating within the country. Third, the ability to rapidly identify new substances can aid in targeting public health programmes and policy initiatives towards specific groups of people and the various drugs they are using. Fourth, there are financial factors that contribute to the benefits of incorporating wastewater analyses into the epidemiological toolkit. Since the costs of the analyses are relatively moderate, expanding the coverage of wastewater analyses to other municipalities appears promising. Starting in 2024, the national wastewater study in Luxembourg expanded further to include two additional WWTPs, thereby broadening the scope of analysis. In 2026, 8 WWTPs will participate in the study. This will allow further understanding of the drug phenomenon and provide insights into how drug loads vary over time (weekdays, weekends, months, years) and across different geographical areas, offering a clearer picture of both the existence of drug residues and their quantities. Beginning in 2025, cotinine (a nicotine metabolite) and ethyl sulfate (an alcohol metabolite) have been included by the LNS to achieve a more thorough understanding of nicotine and alcohol consumption prevalence in the Grand Duchy of Luxembourg.

In conclusion, wastewater-based studies are both promising and sensitive in nature, since they may reveal information about the drug-taking behaviour of sampled municipalities. Ethical considerations require a careful interpretation of the results, particularly to avoid stigmatising residents in municipalities with higher drug metabolite loads.

3.

PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE AMONG TARGET GROUPS





3. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE AMONG TARGET GROUPS

3.1. DRUG USE IN RECREATIONAL SETTINGS

PIPAPO

Drug use in festive and nightlife settings is assessed annually through the 'Pipapo' project conducted by 4motion asbl. This initiative involves a rapid assessment survey implemented across a range of festive and nightlife venues in Luxembourg. Its primary objective is to describe the characteristics of this specific user group attending these events and to monitor patterns of recreational drug use within Luxembourg's festive context. The Pipapo survey is based on a self-administered paper-and-pencil questionnaire completed on a voluntary basis and without specific exclusion criteria. It targets people who have consumed (il)licit drugs within the last two weeks. In 2024, a total of 1,259 questionnaires were filled out. The sample consisted of 53.3% women and 43.3% men, with a mean age of 28.6 years.



- > Figure 3.1. depicts the last two weeks prevalence among visitors of festive and nightlife events between 2014 and 2024. In 2024, alcohol and tobacco were the predominant substances used in festive setting, with rates of 84.7% and 38.4%, respectively. Regarding illicit substances, THC-dominant cannabis was most frequently used (32.2%), cocaine (6.8%), MDMA (7.5%), amphetamine (5.2%) and ketamine (4.0%). The drugs least used were hallucinogenic mushrooms (3.0%), LSD (2.1%), NPS (1.0%) and opioids (1.0%). It should be noted that these results should be interpreted cautiously due to the small sample size.

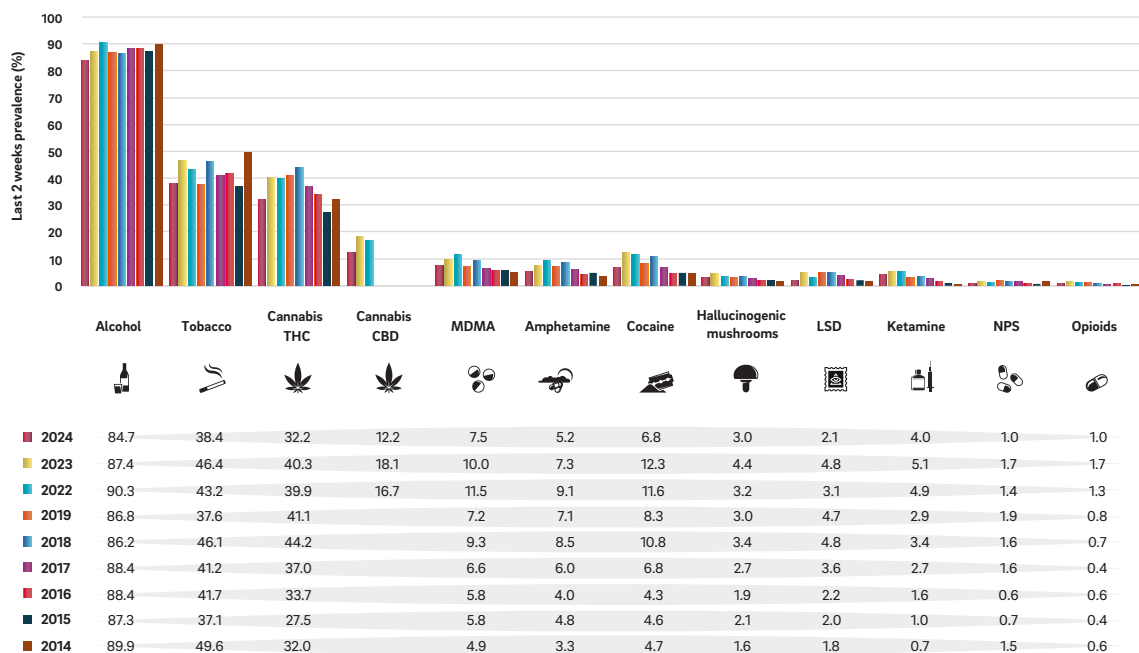


FIGURE 3.1.

Last two weeks prevalence (%) of substance use among visitors of festive and nightlife events (2014-2024 data) (Pipapo survey – Paulos et al., 2026)

Note: Starting in 2022, both THC-dominant and CBD-dominant cannabis have been reported separately. Thus, comparability with previous years, where no distinction between types of cannabis was made, cannot be guaranteed.

Due to restrictive measures during the COVID-19 pandemic, data from 2020 and 2021 were solely collected through the intervention 'Party Safe City'. Results are presented below.



- > Between 2014 and 2023, the data for each substance vary from year to year, but the overall trend suggests an increase in the reported use of all substances, apart from tobacco and alcohol. In 2024, however, data indicate a decrease across all measured substances.
- > In terms of gender differences, males consistently reported higher levels of substance use across all types of drugs in 2024. These disparities were most pronounced for the use of THC-dominant cannabis, MDMA and cocaine. (Fig. 3.2.). However, no statistical tests were performed to determine whether these differences are statistically significant. It is also important to note that the sample size was relatively small, which can lead to large fluctuations in percentages and may limit the reliability of these comparisons. Therefore, caution is advised when interpreting the results.

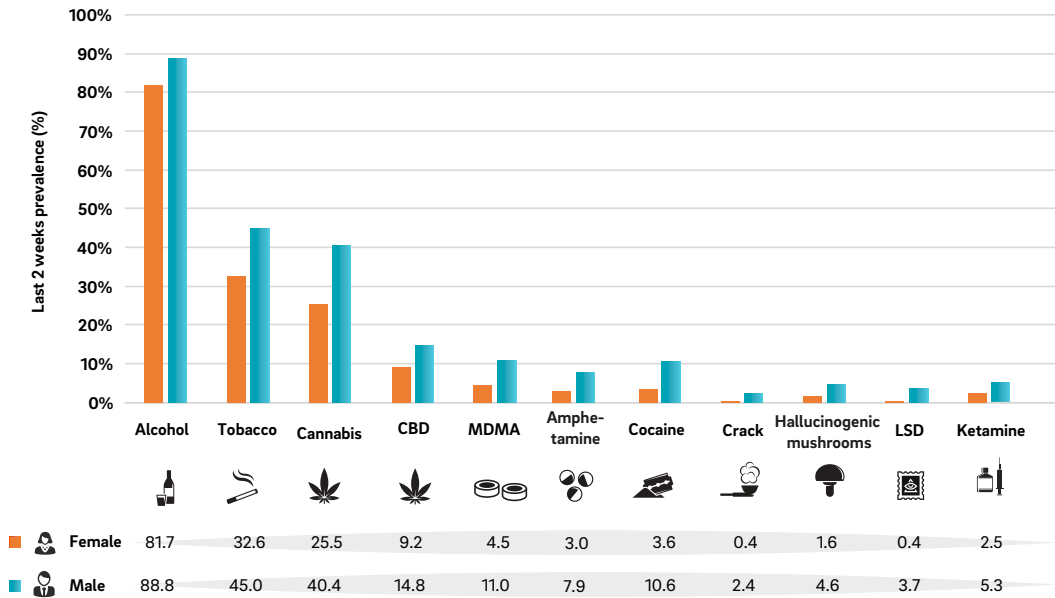


FIGURE 3.2.

Gender differences in last two weeks prevalence of substance use among visitors of festive and nightlife events in 2024 (%) (2024 data) (Pipapo survey - Paulos et al., 2026)

Note: Starting in 2022, both THC-dominant and CBD-dominant cannabis have been reported separately. Thus, comparability with previous years, where no distinction between types of cannabis was made, cannot be guaranteed.

Due to the small sample size, gender difference of NPS and opioids use were not reported.



- > In 2020 and 2021, the COVID-19 pandemic led to restrictive measures, including temporary closure of bars/clubs, cancellation of events, etc., and usual Pipapo activities, such as their presence at festivals and nightlife events. This in turn affected their yearly rapid assessment (Pipapo survey) of drug use among individuals attending these nightlife venues. In order to adapt to the restrictions in place, the intervention 'Party Safe City' was developed. Since 2020, the rapid assessment survey is also conducted in public spaces during Party Safe City interventions. Even though COVID-19 measures were generally less restrictive on nightlife in 2022, 4motion decided to maintain Party Safe City as an additional intervention. Results are, however, not comparable to the traditional Pipapo survey as the targeted individuals have different demographic characteristics. Results are thus presented separately.
- > In 2024, a total of 517 questionnaires were completed in the context of the Party Safe City intervention. The sample consisted of 51.5% men and 44.1% women, with a mean age of 22 years. Data suggest that alcohol was the most prevalent substance used in festive settings (76.0%), followed by tobacco (43.5%). Both rates showed



an upward trend since 2020, but the figures for 2024 are lower than those recorded in 2022. THC-dominant cannabis continues as the predominant illicit drug (40.2%), followed by MDMA (5.8%), cocaine (5.4%), ketamine (2.5%), amphetamine (2.5%), LSD (2.1%), hallucinogenic mushrooms (1.5%), NPS (1.0%), opioids (1.0%) and crack (0.4%). A comparison of the data from 2020 to 2024 show year-to-year fluctuations regarding the past two-week use of most illicit drugs (Fig. 3.3.).

- > It should be noted that crack has only been reported as of 2022. It is possible that some individuals may not distinguish between crack cocaine and cocaine powder, or may have different perceptions of the products, which could lead to reporting bias. Additionally, the sample size for those substances with low prevalence rates were very small. Therefore, these numbers should be interpreted with caution.

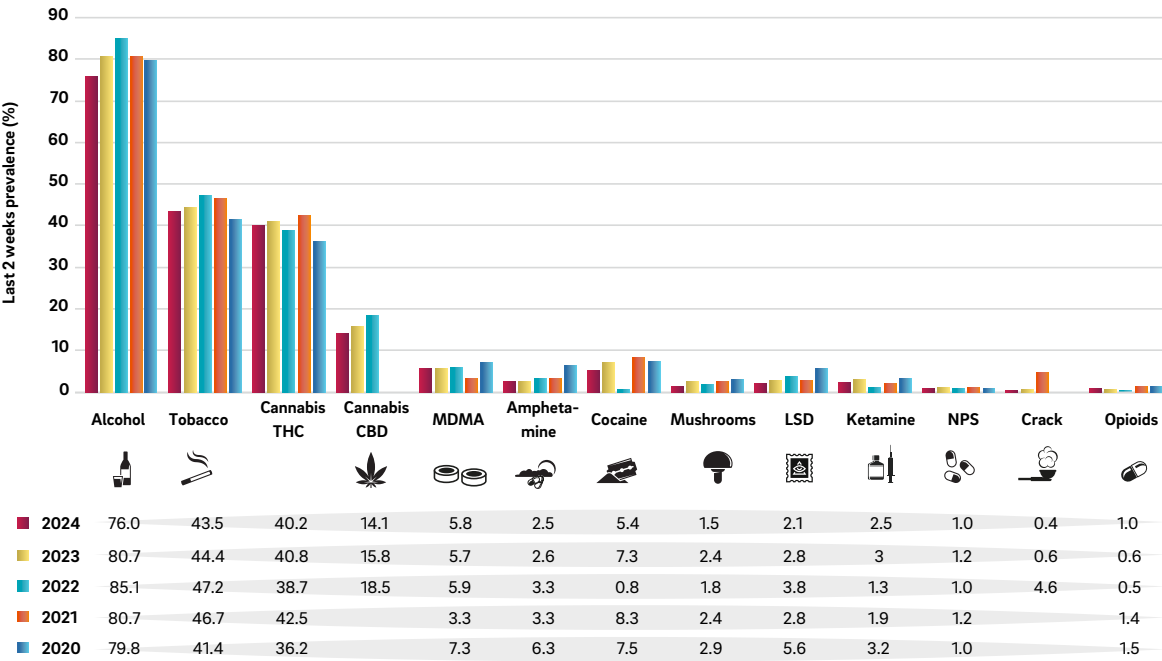


FIGURE 3.3.

Last two weeks prevalence (%) of substance use among visitors of festive and nightlife events (2020-2024 data) (Party Safe City – Paulos et al., 2026)

Note: Starting in 2022, both THC-dominant and CBD-dominant cannabis have been reported separately. Thus, comparability with previous years, where no distinction between types of cannabis was made, cannot be guaranteed. It should also be noted that crack has only been reported as of 2022. In addition, the specific circumstances and restrictions during the COVID-19 pandemic need to be considered when comparing data from 2020 and 2021 with subsequent years.

EUROPEAN WEB SURVEY ON DRUGS (EWSD)

Since 2018, the PFLAD has participated in several waves of the European Web Survey on Drugs (EWSD). The EWSD is a survey coordinated by the EUDA and aims to investigate recreational users' consumption habits, attitudes, and perceptions towards drug use, alongside enhancing knowledge on drug markets at national levels. Regarding the national implementation of the EWSD in Luxembourg, the 2018 and 2021 waves relied on a web-based survey launched in three languages - English, German and French, while Portuguese was added in 2021. Data collection for the first wave took place between August and September 2018 and between April and May 2021 for the second wave, respectively. Participants were recruited through various methods including online promotion (e.g. on Facebook, Google Display, YouTube and Instagram). Distribution of flyers and posters and direct personal approach in festive and nightlife events were only used in 2018 as these recruitment strategies appeared to not have a significant impact on response rates.



Respondents were selected based on three inclusion criteria: a) aged 18 years or above; b) residency in Luxembourg; and c) reported use of at least one illicit drug during the last year. Initial findings on the compiled results from all participating countries across both survey waves were published by the EUDA, followed by the publication of two national factsheets by the PFLAD¹.

EWSD 2018

The 2018 wave included a non-representative sample of 1,223 recreational drug users, primarily consisting of young adults aged 18 to 34 years (67.4% aged 18-24 years and 20.8% aged 25-34 years). The majority identified as male (69.1% males; 30.1% females; 0.8% transgender) and reported having completed secondary or higher education (50.1% secondary and 25.2% university). The study sample reflects a group of young recreational drug users with an interest in festivals and nightlife events, who are also actively engaged in online social networks.

EWSD 2021

The 2021 wave comprised a non-representative sample of 709 recreational drug users, predominantly composed of young adults aged 18 to 34 years (33.8% aged 18-24 years and 31.4% aged 25-34 years). Compared to the EWSD 2018 sample, there was a substantial reduction in the proportion of individuals aged 18 to 24 years (67.4% in 2018), alongside a concurrent increase in participants aged 35 years and above (11.8% in 2018; 34.9% in 2021). The gender distribution in the sample was skewed towards males (73.9% male; 25.7% female; 0.4% transgender or non-binary). Most participants reported having completed secondary or higher education (52% secondary and 37.2% university), mirroring trends similar to those observed in the EWSD 2018 sample.

PREVALENCE RATES

The prevalence rates among the targeted samples of recreational drugs users from the 2018 and 2021 waves of the EWSD markedly surpassed those observed in the general population. Across both survey waves, alcohol and cannabis were the most commonly used substances in terms of last year and last month prevalence. Cocaine appeared as the second most commonly used illicit drug, followed by MDMA. Rather low prevalence rates were observed for methamphetamine, heroin, crack, GHB and synthetic cathinones. The reported use of synthetic cannabinoids and other NPS was considerable, despite data from general population surveys and police seizures suggesting only a marginal presence of these substances in Luxembourg. Caution, however, is required when interpreting these findings due to potential biases related to participants' understanding and classification of NPS (Table 3.1).

Concerning gender disparities, EWSD 2018 data pointed out that, on the one hand, last month use of cocaine ($\chi^2(1) = 5.92, p < .05$) and cannabis ($\chi^2(1) = 4.95, p < .05$) were significantly more common among men compared to women. On the other hand, women tended to use more NPS ($\chi^2(1) = 4.44, p < .05$) and synthetic cannabinoids ($\chi^2(1) = 4.47, p < .05$) than men.

The EWSD 2021 data revealed that men were more likely to have consumed alcohol ($\chi^2 = 2.90, p \leq .1$) and cannabis ($\chi^2 = 2.64, p \leq .1$) in the last month. Conversely, women revealed a higher tendency towards using MDMA ($\chi^2 = 10.63, p \leq .05$) and ketamine ($\chi^2 = 6.95, p \leq .05$). These observations deserve further investigation. No other significant gender differences were identified.

¹ To access the factsheets, please consult the following links:
EWSD 2018 results: <https://santesecu.public.lu/de/publications/e/etat-droque-europe-2019-factsheet-en.html>
EWSD 2021 results: <https://santesecu.public.lu/dam-assets/fr/publications/e/enquete-europeenne-droques/enquete-europeenne-droques-2021.pdf>



TABLE 3.1.

Last year and last month prevalence rates among recreational drug users (EWSD 2018, 2021)

Substance	Last year prevalence rates (%)		Last month prevalence rates (%)	
	2018	2021	2018	2021
Alcohol	93.2	92.7	86.3	82.6
Cannabis	95.6	94.1	81.0	73.5
Cocaine	22.4	25.5	13.9	11.9
MDMA	21.1	17.8	10.0	5.5
Synthetic cannabinoids	11.4	5.1	8.6	2.9
Other hallucinogens	17.1	10.3	8.3	2.6
Amphetamines	15.9	13.1	8.3	5.5
LSD	9.6	10.9	4.1	3.7
Ketamine	7.3	8.3	3.6	3.6
NPS	4.7	15.7	2.6	6.5
Methamphetamines	5.0	2.4	2.4	1.1
Heroin	2.9	3.4	2.4	2.5
Crack	2.8	1.7	2.0	1.4
GHB	2.5	2.5	2.0	1.5
Synthetic cathinones	1.8	2.9	1.2	1.6

Note: Due to slightly differing methodologies, no direct comparisons should be made. NPS prevalence rates of 2018 refer to other NPS only.

Patterns and context of drug use

- > Even though single drug use was predominant among EWSD 2018 participants, multiple drug use was very common – reported by 43.7% of the respondents. The majority of the multiple drugs users reported using two different drugs during last year (47.6%), with smaller proportions reporting the use of three (21.7%), four (16.1%), or five to ten (14.6%) different types of drugs.
- > A similar proportion of participants engaged in multiple drug use in the 2021 wave (46.5%). Among multiple drug users, the majority (40.3%) reported using two different drugs over the past year. Additionally, smaller proportions reported using three (18.8%), four (10.6%), five (10.6%), or more than five drugs (19.4%).
- > Cannabis was the most frequently used illicit drug in both waves, with respondents reporting on average 16 days per month of herbal cannabis use and 12 days per month of resin use. On a typical day, participants indicated smoking two to three joints of cannabis (herbal or resin).
- > Nearly half of the respondents from the 2018 wave reported that they shared the drugs they purchased with other users, while respondents from the 2021 wave reported a greater tendency towards sharing their drugs (Table 3.2.).
- > Regarding the statement 'Taking cannabis should be legal', 80% of respondents in 2021 strongly agreed with the statement, whereas 12.3% somewhat agreed, 4.9% neither agreed nor disagreed, 1.1% somewhat disagreed, and 1.7% strongly disagreed.



TABLE 3.2.

Consumption habits among recreational users (EWSD, 2024)

Substance	Average number of days of use (last month)		Amount used on a typical day (g/unit)		Percentage of drugs shared with others	
	2018	2021	2018	2021	2018	2021*
Cannabis resin	12 days	12.2 (8) days	2.9 joints	2.7 (2) joints	49.3%	57.9%
Herbal cannabis	16 days	15.9 (15) days	2.4 joints	2.4 (2) joints	43.7%	62.4%
Cocaine powder	5 days	5.1 (2) days	1.2 grams	0.7 (0.5) grams	43.4%	79.8%
Amphetamines	6 days	4.3 (1) days	0.8 grams	0.5 (0.2) grams	44.8%	72.2%
MDMA	4 days	2.1 (1) days	0.5 grams	0.4 (0.3) grams / 1.5 (1) tablets	47.8%	90.8%
NPS	14 days	5.3 (1) days	1.8 grams	N.a.	N.a.	59.1%

Drug acquisition



- > The participants from the 2018 wave tended to buy four to five grams of cannabis (herbal or resin) per purchase, while EWSD 2021 participants tended to buy up to 10 grams of cannabis per purchase.
- > Regarding the price, cocaine appeared to be the most expensive drug in both survey waves, while amphetamine was reported as the least expensive substance in the 2018 wave and MDMA in the 2021 wave. Participants reporting buying NPS in the 2018 wave indicated the highest purchase quantities (on average 16.7g), whereas cannabis users in the 2021 wave reported the highest purchase amounts (between 9.8 and 10.6g).
- > Results from both surveys further revealed that drugs were predominantly obtained through a dealer or for free. Other means of supply were not significantly reported (Table 3.3.).



TABLE 3.3.

Drug market characteristics among recreational users (EWSD 2018, 2021)

	Amount bought on a typical purchase (g/unit)		Average price (€ per gram or tablet)		How respondents get their drugs	
	2018	2021	2018	2021	2018	2021
Cannabis resin	4.1 g	9.8 (3.5) g	14.5 €/g	9.0 (8.6) €/g	bought from dealer: 74.2% obtained for free: 43.6%	mostly bought it: 81.5% obtained for free: 12.8%
Herbal cannabis	4.6 g	10.6 (5.0) g	16.7 €/g	10.1 (10.0) €/g	bought from dealer: 62.3% obtained for free: 47.1%	mostly bought it: 73.0% obtained for free: 19.6%
Cocaine powder	2.5 g	1.8 (1.0) g	64.9 €/g	72.1 (70.0) €/g	bought from dealer: 48.7% obtained for free: 42.9%	mostly bought it: 52.9% obtained for free: 43.3%
Amphetamines	8.8 tablets	5.0 (2.0) g	7.3 €/tablet	12.9 (10.0) €/g	bought from dealer: 38.9% obtained for free: 54.4%	mostly bought it: 48.8% obtained for free: 48.8%
MDMA	4.6 tablets	6.7 (5.0) tablets 2.6 (1.0) g	8.7 €/tablet	7.3 (10) €/tablet 31.5 (30.0) €/g	bought from dealer: 42.2% obtained for free: 46.9%	mostly bought it: 51.2% obtained for free: 42.7%
NPS	16.7 g	N.a.	10.7 €/tablet	N.a.	bought from dealer: 40.9% obtained for free: 40.9%	mostly bought it: 74.1% obtained for free: 14.6%

Note: The numbers presented in brackets are median values, as the mean can be inflated by extreme values. They were only added in 2021.

*In 2021, the questionnaire asked respondents whether they shared their drugs with others during their last use. Thus, the percentages of 2021 cannot be compared to those of 2018.

EWSD 2024



- > In 2024, another wave of the EWSD was conducted, following a methodology similar to the 2018 and 2021 rounds. Promotion on social media platforms, such as Instagram and Facebook, along with affiliated organisations, facilitated the recruitment of adult recreational substance users residing in Luxembourg. The web-based survey was accessible in English, German and French. Data collection took place during the summer of 2024 (June and July) yielding a valid sample of 911 responses. One distinction from previous waves' methodologies was that even individuals who reported not having used any illegal drug in the past year were included in the 2024 edition, which may in turn affect the reported prevalence rates.



> The non-representative sample included individuals who have used at least one substance (apart from nicotine) in the past year, aged between 18 to 68 years, with a mean of 29.9 years. The highest proportion of respondents (39.0%) was 25 to 34 years old (Fig. 3.4.). Even though the sample was predominantly composed of individuals identifying as a man (64.0%), the percentage of women increased from 25.7% in 2018 to 34.0% in 2024. Less than one percent identified as transgender or non-binary (0.7%). A bit more than half (53.6%) of the respondents absolved higher education, demonstrating an increase compared to 2021 (37.2%). Meanwhile, the proportion of respondents holding a secondary education degree decreased from 52.0% to 41.5%. Most respondents were employed full time (58.2%), while 19.2% were students.

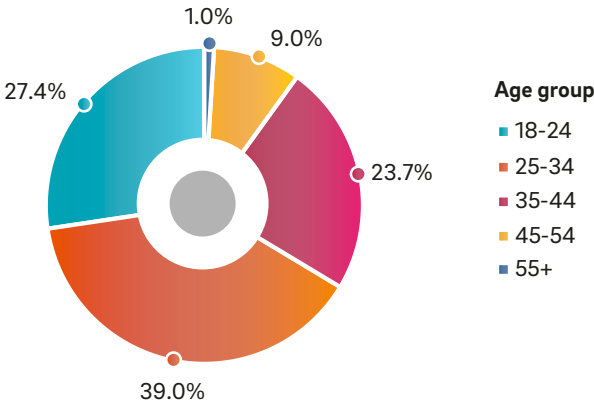


FIGURE 3.4.
Age distribution of targeted sample of recreational users (%) (EWSD, 2024)

Prevalence rates



- > The prevalence rates observed in the 2024 wave follow tendencies similar to those identified in previous national waves of the EWSD. As expected, the rates were substantially higher than those observed in the general population (section 2.1). Nonetheless, prevalence rates appear to be lower than in previous editions, which may be partly explained by the methodological decision to include individuals beyond those who reported having used an illegal drug within the past year. Consequently, caution is warranted when comparing the results across different survey waves.
- o Cannabis and alcohol were leading as the most used substances regarding last year prevalence rates, with alcohol reaching 95.1% and cannabis reaching 70.4%.
 - o Compared to previous waves, MDMA replaced cocaine as the second most commonly used illegal drug during the past year (14.5%). However, cocaine retained its position when considering last month use (6.6%). MDMA and cocaine were followed by amphetamine as the third most used stimulant drug (6.7% last year; 3.0% last month).
 - o NPS emerged as important substances in terms of both last year (9.1%) and last month (5.0%) use.
 - o Semi-synthetic cannabinoids were measured for the first time in this wave and revealed remarkably high prevalence rates (7.3% last year; 2.8% last month), highlighting the importance of continued surveillance of these drugs.
 - o Drugs with lower prevalence rates included heroin (0.7% last year; 0.2% last month), GHB (0.8% last year; 0.0% last month), and methamphetamine (0.4% last year; 0.1% last month) (Table 3.4.).



TABLE 3.4.

Last year and last month prevalence rates of drug use among recreational users (EWSD, 2024)

Substance	Last year	Last month
Alcohol	95.1%	84.9%
Cannabis	70.4%	59.7%
Cocaine	13.0%	6.6%
- Cocaine powder	8.0%	4.8%
- Crack	0.5%	0.2%
MDMA	14.5%	5.7%
Amphetamine	6.7%	3.0%
LSD	6.4%	1.3%
Ketamine	5.7%	2.2%
Other hallucinogens	3.6%	1.0%
Heroin	0.7%	0.2%
GHB	0.8%	0.0%
Methamphetamine	0.4%	0.1%
NPS	9.1%	5.0%
Semi-synthetic cannabinoids	7.3%	2.8%
Synthetic cannabinoids	1.9%	1.0%
Synthetic cathinones	1.8%	0.5%



> Examining gender disparities with a Fisher's exact test revealed that men were significantly more likely to have used cannabis ($p = .031$) and NPS ($p = .012$). Conversely, women were more likely to have used MDMA ($p = .003$) and synthetic cannabinoids ($p = .006$) (Fig. 3.5.).

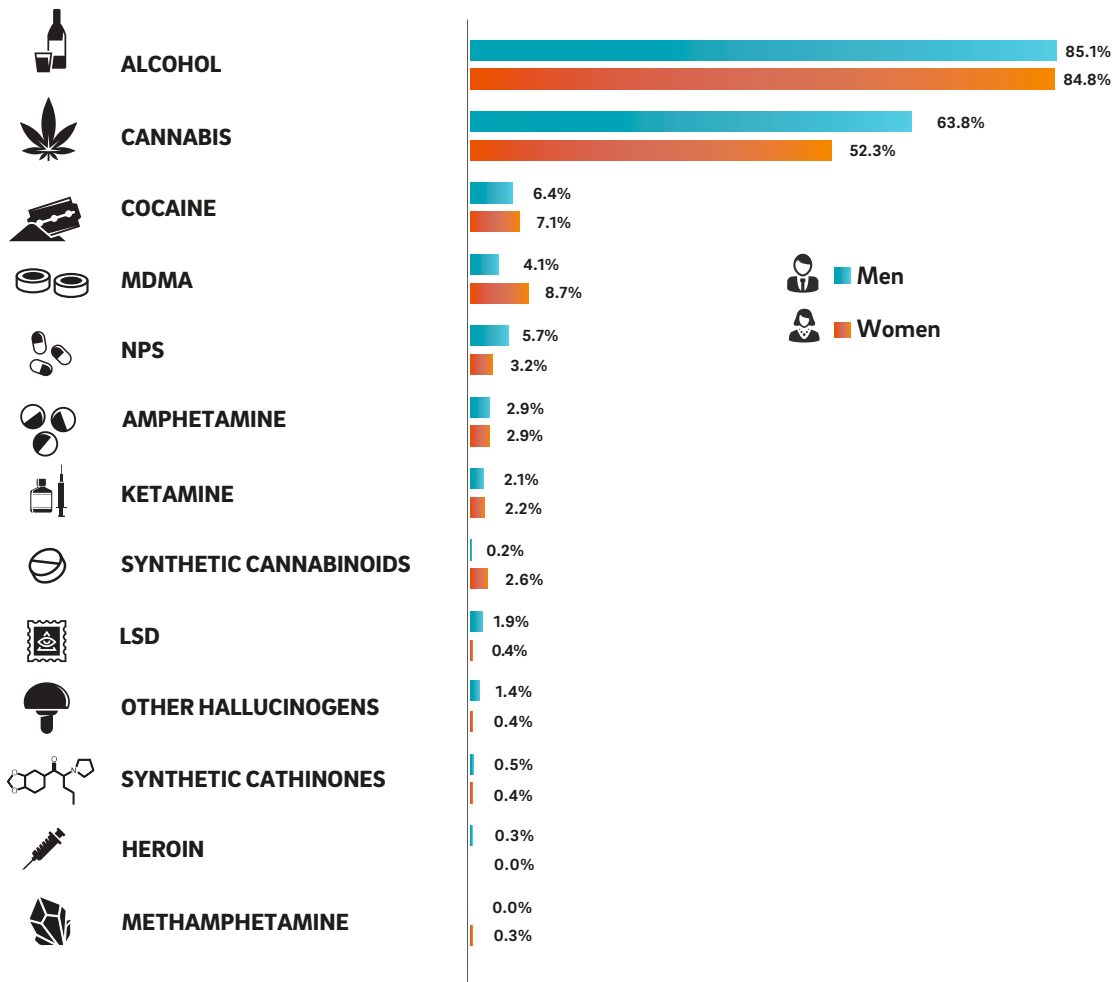


FIGURE 3.5.

Gender differences in the last month prevalence of drug use among recreational users (%) (EWSD, 2024)

Patterns and context of drug use



> In the 2024 EWSD wave, most respondents reported simultaneous use of multiple substances (87.1%). Among those indicating polydrug use, the majority reported having used two substances at the same occasion (78.5%) (Fig. 3.6.). As the number of substances used increases, the proportion of respondents indicating polydrug use decreases (Fig. 3.7.). It should be noted that the inclusion of alcohol and tobacco in the 2024 analyses likely contributed to the higher proportions of multiple drug users and of those using two substances simultaneously (polydrug use) compared to the findings from the EWSD 2021 wave.

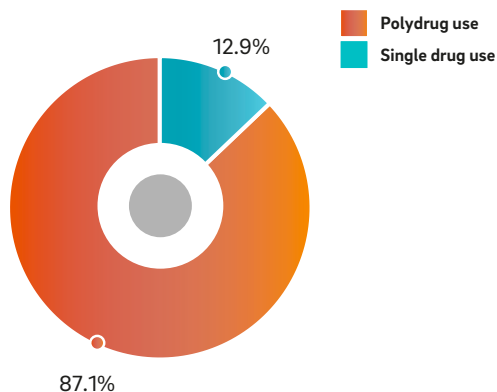


FIGURE 3.6.

Proportions of single and polysubstance users (EWSD, 2024)

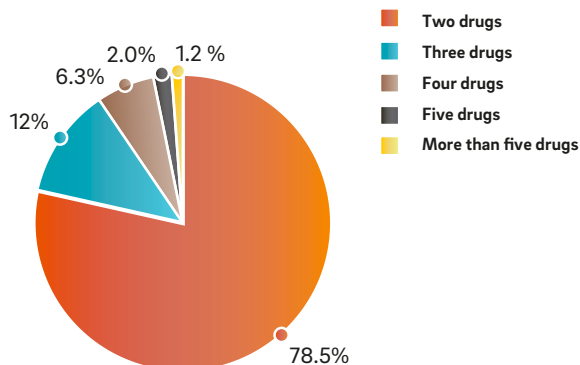


FIGURE 3.7.

Proportions of the number of drugs used at once (EWSD, 2024)



- > The mean age of initiation for cannabis use was 16.6 years. The greatest proportion of respondents (64.9%) indicated that the national change in cannabis legislation had no effect on their cannabis use. Nonetheless, 20.9% claimed that they would use a little more than before the law change. About half of the respondents (51.7%) reported that they had driven a vehicle within hours of using cannabis at some point, including almost one third (26.6%) indicated to have done so within the past 30 days.
- > According to the Cannabis Abuse Screening Test, almost half of the cannabis users (42.8%) claimed that they have used cannabis alone very often in the past 12 months, while the minority indicated to rarely (7.8%) or never (15.4%) having used cannabis alone. Only a small proportion of participants reported having used cannabis before midday often, frequently having experienced memory problems after using cannabis, having been told often by friends or family members to stop or reduce their use or themselves trying to and frequently having had problems related to their use (Table 3.5.).

TABLE 3.5.

Consumption patterns and consequences of cannabis use according to the Cannabis Abuse Screening Test (CAST) in the past 12 months (%) (EWSD, 2024)

Has the following happened to you during the last 12 months?	Never	Rarely	From time to time	Fairly often	Very often
Have you used cannabis before midday?	26.3% (124)	28.2% (133)	22.7% (107)	10.4% (49)	12.5% (59)
Have you used cannabis alone?	15.4% (73)	7.8% (37)	15.0% (71)	19.0% (90)	42.8% (203)
Have you had memory problems after using cannabis?	33.8% (160)	24.9% (118)	23.9% (113)	11.2% (53)	6.1% (29)
Have friends or family members told you that you should reduce or stop your cannabis use?	50.8% (240)	21.6% (102)	16.5% (78)	5.9% (28)	5.1% (24)
Have you tried to reduce or stop using cannabis without success?	62.8% (297)	17.1% (81)	11.6% (55)	4.9% (23)	3.6% (17)
Have you had problems due to your consumption of cannabis (arguments, fights, accidents, poor performance etc.)?	64% (299)	21.0% (98)	9.4% (44)	3.0% (14)	2.6% (12)

The CAST score was calculated based on the 6 items depicted in Table 3.5. Response options ranged from 0 ('Never') to 4 ('Very often'). Scores from 0 to 2 indicate no addiction risk related to cannabis use, scores from 3 to 6 indicate low risk and scores of 7 or higher indicate high risk (Spilka et al., 2013). Based on these categories, a higher proportion of women (25.7%) than men (12.6%) were classified as having no risk. No major difference was found between women (26.3%) and men (28.9%) for low-risk use. Around half of the respondents were classified as high-risk users, with a higher proportion among men (58.5%) than women (48.0%) (Table 3.6.).

TABLE 3.6.

Cannabis use related risk estimations based on the CAST score (EWSD, 2024)

CAST risk categories	Gender	Proportions (%)
No risk (0-2)	Women	25.7
	Men	12.6
Low risk (3-6)	Women	26.3
	Men	28.9
High risk (≥7)	Women	48.0
	Men	58.5



> Additionally, respondents were asked to estimate the health risks and negative consequences of their current cannabis use on a scale from 0 (not risky at all) to 10 (very risky). Results reveal a tendency of low-risk estimation among cannabis users, with the highest proportion estimating it to be not risky at all (0: 18.1%) (Fig. 3.8.).

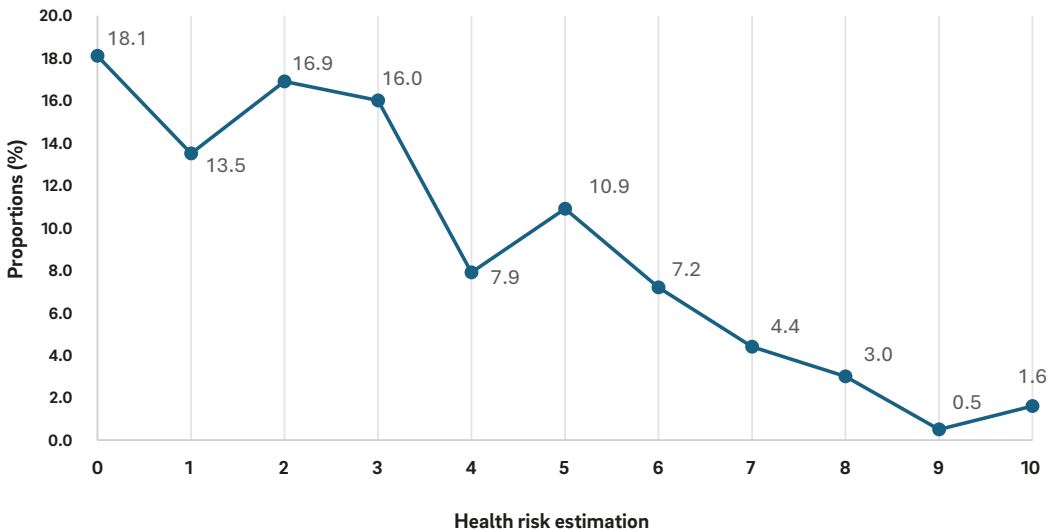


FIGURE 3.8.

Subjective health risks estimation of the respondents' current cannabis use (EWSD, 2024)

Note: The health risks estimations are measured within a range of 0 (not risky at all) and 10 (very risky)



> When distinguishing last month and last year (excluding last month) cannabis users, it becomes apparent that last month users report higher perceived health risks related to their current cannabis use (median: 3) compared with last year users (median: 1) (Table 3.7.). This difference is statistically significant (Wilcoxon rank-sum test, $p < .001$).



TABLE 3.7.

Subjective health risks estimation of the respondents' cannabis use by user group (EWSD, 2024)

Cannabis user group	mean risk	median risk	N
Last month users	3.22	3	366
Last year users	1.74	1	65

Note: The health risks estimations are measured within a range of 0 (not risky at all) and 10 (very risky)



- > The most commonly reported adverse health effects related to cannabis use were memory issues (26.0%) and difficulties with concentration (16.6%), followed by anxiety or panic (14.6%) and dissociation (13.7%) (Fig. 3.9.).

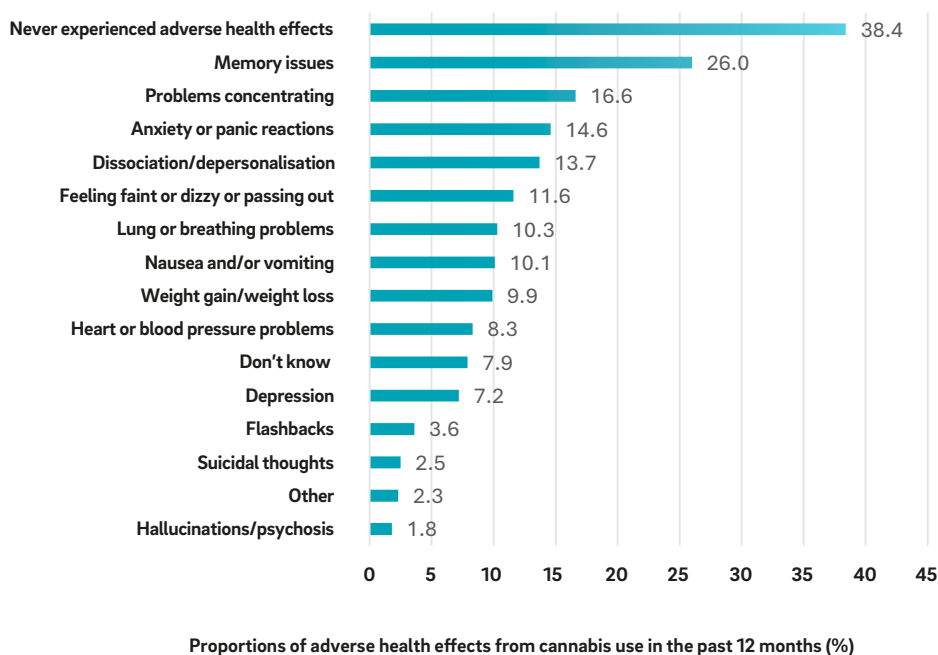


FIGURE 3.9.

Adverse health effects from cannabis use in the last 12 months (EWSD, 2024)

Note: The response option not fully visible is 'Dissociation/depersonalisation (feeling detached or disconnected from yourself)'



- > The most common motivation for using drugs other than cannabis was to get high or to have fun (Fig. 3.10.). In contrast, the primary motivation for cannabis use was to reduce stress and relax, which was reported far less frequently for other substances. Socialising appeared as a common motivation across all drug types. Staying awake was mainly reported among users of cocaine powder and amphetamine. Reducing pain or inflammation was reported almost exclusively by cannabis users, while counteracting the effects of alcohol was primarily cited by users of cocaine powder and amphetamine. Although the main motivations for using illicit stimulants suggest predominantly recreational use, motivations among cannabis users point to more diverse and potentially problematic patterns. Nearly half of respondents reported using cannabis to improve sleep (47.0%), and one in five indicated using it due to dependence (19.5%).

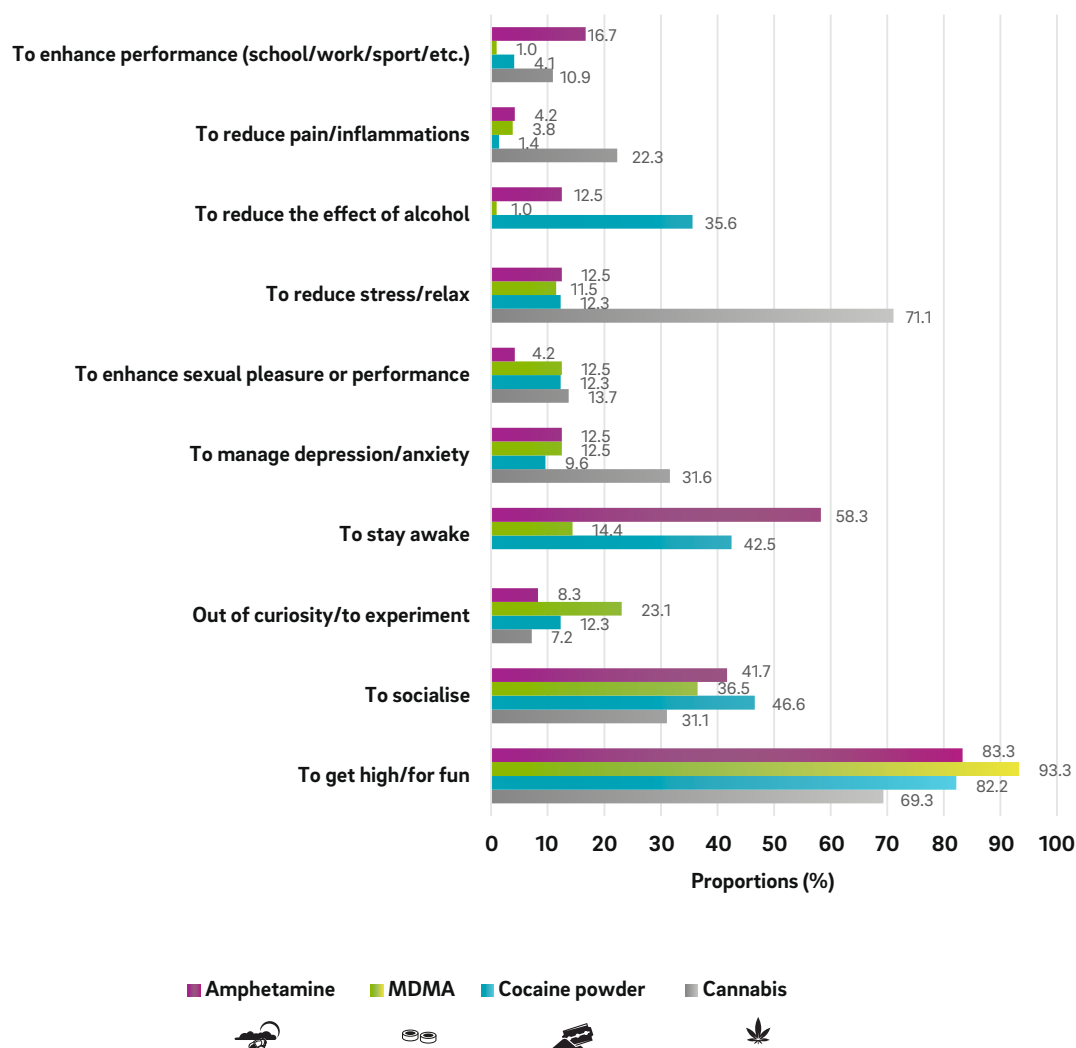
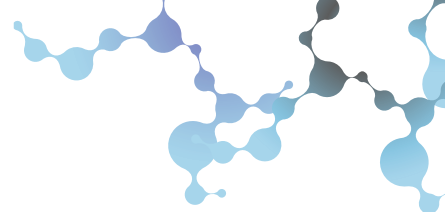


FIGURE 3.10.

Motivations for drug use in the last 12 months (EWSD, 2024)

Note: The motivation items 'to stay awake' and 'to reduce the effect of alcohol' were not assessed for cannabis use.



- > Most types of drugs appear to be used primarily in festive settings, with music festivals and parties being the most commonly reported environments for all substances except cannabis. Although drug use at home was reported across all substances, it stood out particularly for cannabis users, with the vast majority indicating use at home (93.1%). Cannabis users also reported a broader range of settings compared to users of other drugs, including public spaces (56.0%), nature (62.3%), and inside a car (22.5%). When focusing on settings specific to stimulant use, amphetamine users were more likely than users of cocaine and MDMA to report use at work, school, and inside cars (Fig. 3.11.), which is coherent with reported motivations such as staying awake and enhancing performance.

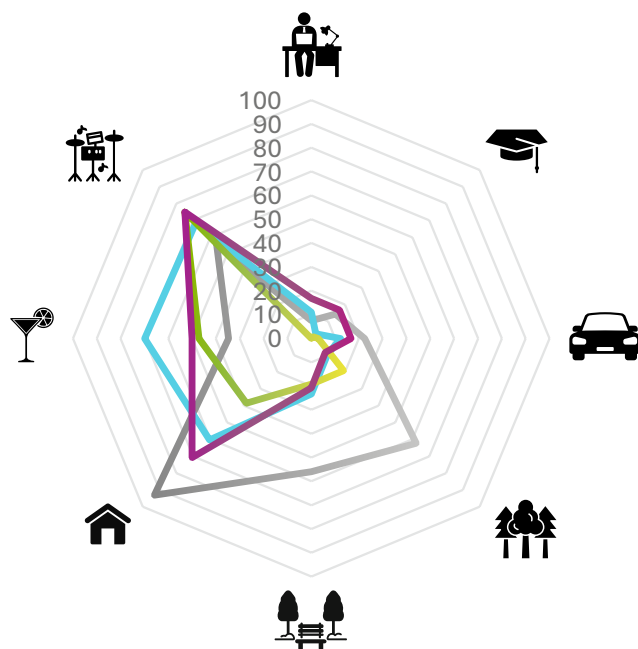
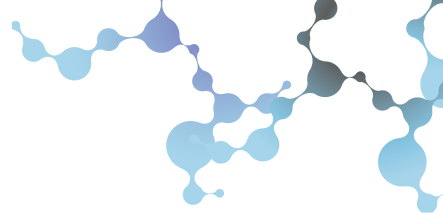


FIGURE 3.11.

Settings of drug use in the last 12 months (EWSD, 2024)

- > Herbal cannabis was used most frequently, with users reporting an average of 14.8 days of use per month, followed by cannabis resin at 12.9 days per month. On a typical day of use, cannabis users reported to consume an average of 2.4 joints, regardless of whether herbal cannabis or resin is used. In contrast, MDMA users reported the lowest frequency of use, averaging 2 days per month, with a typical-day consumption of 1.3 tablets or 137.3 mg. Cocaine users reported using the substance on average 4.2 days per month and typically consuming around 0.7 grams per day of use. Amphetamine users reported a higher frequency, with an average of 6.2 days of use per month and a typical daily amount of 0.9 grams. Finally, users of new psychoactive substances (NPS) reported an average of 3.7 days of use per month (Table 3.8.).

**TABLE 3.8.**

Consumption habits among recreational users (EWSD, 2024)

	Herbal cannabis	Cannabis resin	Cocaine powder	MDMA	Amphetamine	NPS
Average number of days of use (last month)	14.8 (12) days/month	12.9 (9.5) days/month	4.2 (2) days/month	2 (1) days/month	6.2 (3) days/month	3.7 (1) days/month
Amount used on a typical day (g/unit)	2.4 (2) joints	2.4 (2) joints	0.7 (0.5) g	1.3 (1) tablets 137.3 (130) mg	0.9 (0.5) g	N.a.

Note: Median values are presented in brackets



- > In terms of the different types or forms of drugs used, 95.8% of cannabis users indicated using herbal cannabis, while 39.9% indicated using cannabis resin. Other reported cannabis products used include edibles (26.6%), oils/extracts (14.0%) and e-liquids (7.9%). Among respondents who reported using cocaine, the vast majority (93.3%) indicated using cocaine in powder form. Similarly, powder is by far the most commonly used form among amphetamine users (87.5%). In contrast, nearly half of MDMA users reported consuming it in pill form (42.7%) (Table 3.9.).

TABLE 3.9.

Form of stimulant used in the last 12 months (EWSD, 2024)

Form	Cocaine	MDMA	Amphetamine
Powder/crystals	93.3%	22.3%	87.5%
Tablets/Pills	/	42.7%	8.3%
Crack/cocaine base	2.7%	/	/
Both	4.0%	35.0%	4.2%



- > Regarding routes of administration, most cannabis users indicated smoking joints (herbal cannabis: 87.2%; cannabis resin: 93.9%). The most common route of administration for both cocaine (97.3%) and amphetamine (87.5%) is nasal insufflation (snorting), whereas for MDMA the main mode of consumption is oral ingestion, either swallowed or dissolved in a drink (Table 3.10.).

TABLE 3.10.

Route of administration for stimulants (EWSD, 2024)

Route of administration	Cocaine	MDMA	Amphetamine
By nasal snorting	97.3%	12.6%	87.5%
By injection	4.1%	/	4.2%
Smoking in pipes	/	/	4.2%
Chasing the dragon (foil)	1.4%	/	/
Swallowing (alone or in a drink)	2.7%	91.3%	25.0%
By dissolving into the mouth	6.8%	19.4%	8.3%
By rectal insertion (plugging, booty bumping)	/	/	4.2%



Drug acquisition



> During a typical purchase, cannabis users indicated buying an average of 10 grams of herbal cannabis and 10.5 grams of cannabis resin. Cannabis resin is the least expensive substance, priced at 7.6 € per gram. MDMA users reported usually purchasing an average of 4.6 tablets or 2.4 grams, at a price of 7.9 € per tablet or 23.6 € per gram. Cocaine was identified as the most expensive drug, with users reporting a cost of 72 € per gram and a typical purchase quantity of 2.3 grams per transaction. Amphetamine users reported a typical consumption of 0.9 grams per day, while the average purchase quantity was 3 grams at a price of 8 € per gram. Among all substances, NPS users most frequently reported obtaining their drugs for free (43.5%), whereas cannabis resin users showed the highest proportion of individuals primarily purchasing their drugs (67.3%). Among herbal cannabis users, 16.3% indicated to mostly produce it themselves, while only 9.1% of cannabis resin users indicated doing so (Table 3.11.).

TABLE 3.11.

Drug market indicators among the targeted sample (EWSD, 2024)

	Herbal cannabis	Cannabis resin	Cocaine powder	MDMA	Amphetamine	NPS
Amount bought on a typical purchase (g/unit)	10 (5) g	10.5 (5) g	2.3 (1.8) g	4.6 (4) tablets 2.4 (2) g	3 (3) g	N.a.
Price per gram/unit (€)	10 (10) €/g	7.6 (6.7) €/g	72 (70) €/g	7.9 (10) €/tablet 23.6 (25) €/g	8 (8) €/g	N.a.
How respondents get their drugs	59.9% mostly buy it	67.3% mostly buy it				47.8% mostly buy it
	18.7% mostly get it for free	20.7% mostly get it for free	58.9% mostly buy it	63.1% mostly buy it	50.0% mostly buy it	
	16.3% mostly produce it themselves	9.1% mostly produce it themselves	39.7% mostly get it for free	35.9% mostly get it for free	41.7% mostly get it for free	43.5% mostly get it for free

Note: Median values are presented in brackets

3.2. HIGH-RISK DRUG USE

Among people who use drugs (PWUD), some develop more severe patterns of use, classified by the EUDA as ‘high-risk drug use’. High-risk drug users (HRDUs) are defined as individuals whose recurrent drug use poses a significant risk or causes harm to themselves, including dependence and physical, psychological, or social issues (EMCDDA, 2019). According to the definition applied on the national level, HRDU is associated with a high likelihood of requiring intervention or the involvement of third parties, such as law enforcement or treatment demand services. Data on HRDUs are collected through the national drug information system RELIS², which integrates information from both treatment institutions and law enforcement agencies.

2 RELIS = Réseau Luxembourgeois d'Information sur les Stupéfiants et les Toxicomanies (RELIS)

NATIONAL ESTIMATION OF THE NUMBER OF HRDUS

- > The annual number of person contacts with HRDUs recorded by national institutions (treatment demand and law enforcement) amounted to 5,334 in 2024, with multiple contacts per individual included (2023: 5,775; 2022: 5,307; 2021: 5,237; 2020: 4,914; 2019: 5,548).
- > The most recent HRDU estimates were based on 2024 RELIS data (Fig. 3.12.) and calculated using the Incremental OAT Multiplier Method (IOMM), which combines an annual census of patients in Opioid Agonist Treatment (OAT) recorded in the national OAT register with the annual in-treatment rate reported by RELIS (Origer et al., 2017; Berndt et al., 2019; Seixas et al., 2021):
 - o The national number of HRDUs is approximately 2,684, corresponding to a prevalence rate of 5.77 per 1,000 inhabitants aged 15–64 years. This reflects an increase compared to the 2019 estimate (2,162 HRDUs; 5.06 per 1,000).
 - o Among HRDUs, an estimated 1,544 were classified as high-risk opioid users (HROU), corresponding to a prevalence rate of 3.32 per 1,000 inhabitants aged 15-64 years, slightly lower than in 2019 (1,427 opioid users; 3.34 per 1,000).
 - o Approximately 711 individuals were identified as people who inject drugs (PWID), corresponding to a prevalence of 1.53 per 1,000 inhabitants aged 15–64 years, representing a decrease compared with 2019 (822 PWIDs; 1.93 per 1,000).
 - o Since 2007, prevalence rates for HRDUs, HROU, and PWID slightly decreased, while remaining mostly stable in more recent years (Fig. 3.12.). Nevertheless, certain indicators suggest an increasing marginalisation among specific user groups. Consequently, some HRDUs may not be in contact with treatment centres, low-threshold services, or law enforcement agencies.

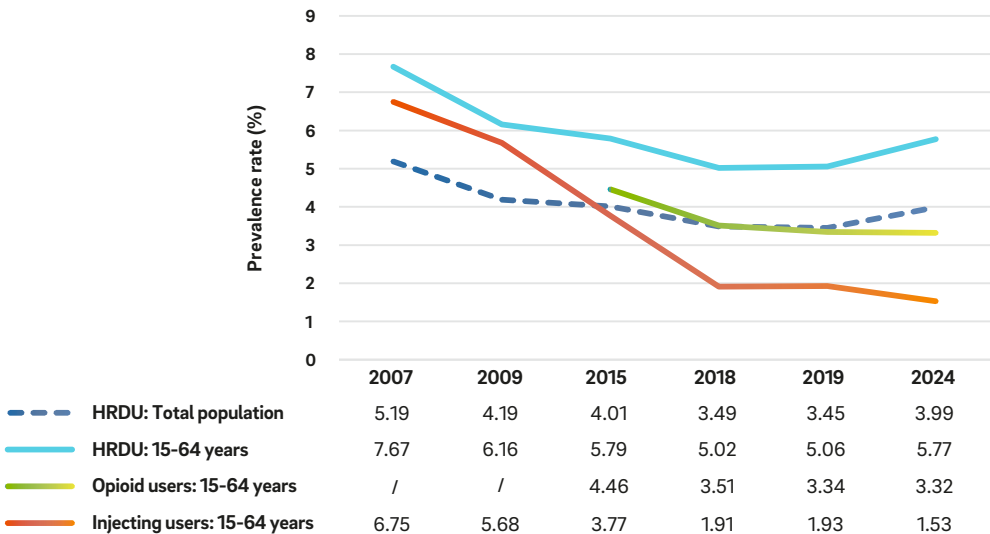


FIGURE 3.12.

Prevalence rates of drug users by sub-population (RELIS, 2007-2024)



CHARACTERISTICS AND PATTERNS OF DRUG USE AMONG HRDUS: RELIS - NATIONAL MONITORING SYSTEM

The data presented in this section are based on self-reported information collected through the national RELIS monitoring system.



- > Over the past 16 years, the average age of HRDUs in Luxembourg has ranged between 30 and 40 years. In 2024, the average age was 40 years (2023: 36 years; 2022: 36 years; 2021: 38 years). While fluctuations have been observed year to year, the data suggest a gradual aging of this population over the past decade, reflecting changes in the demographic profile of HRDUs.
- > The majority of the indexed HRDUs were male in 2024 (76.9%), consistent with previous years (2023: 80.2%; 2022: 82.7%; 2021: 78.8%). The proportion of female HRDUs has fluctuated over the past years (2024: 23.1%; 2023: 19.8%; 2022: 17.3%; 2021: 21.2%).
- > The majority of the HRDUs reported a stable residence over the last years, with more than half (53.4%) maintaining such conditions in 2024 (2023: 59.7%; 2022: 59.4%; 2021: 50.2%). Meanwhile, the proportion of HRDUs reporting homelessness has varied, reaching 23.0% in 2024 (2023: 20.5%; 2022: 17.8%; 2021: 21.0%). Similarly, reports of unstable living situations have fluctuated, with 8.7% in 2024 (2023: 12%; 2022: 13.1%; 2021: 17.7%). These patterns reflect the variability and complexity of housing situations among this population.
- > In 2024, 63.9% of HRDUs were economically inactive, consistent with previous years (2023: 60.9%; 2022: 60.2%; 2021: 65.1%). Among these, slightly more than one-quarter (26.3%) relied on social aids (2023: 31.6%; 2022: 27.4%; 2021: 26.0%), while the remaining inactive individuals were unemployed. Smaller proportions of HRDUs reported stable employment (2024: 14.5%; 2023: 9.5%; 2022: 10.8%; 2021: 14.0%) or unstable employment (2024: 6.6%; 2023: 2%; 2022: 7.6%; 2021: 6.4%), both higher than in 2023. Additionally, a notable share reported studying, though this decreased from 22.4% in 2023 to 12.9% in 2024 (2022: 17.2%; 2021: 6.8%).
- > In 2024, more than half of HRDUs (55.4%) were born in Luxembourg (2023: 65.4%; 2022: 57.8%; 2021: 65.4%), followed by 14.8% born in Portugal (2023: 16.1%; 2022: 19.3%; 2021: 13.1%), and 7.0% in France (2023: 5.4%; 2022: 4.7%; 2021: 4.2%). Those born in other countries accounted for smaller proportions overall.
- > When considering the entire HRDU sample (i.e., individuals in contact with all drug treatment centres across the country, including young treatment demanders in contact with the centre 'Impuls'), a comparison of 2023 and 2024 data suggest a decrease in primary opioid use and an increase in primary cocaine use. More specifically:
 - o The primary use of opioids shows a fluctuating decrease among HRDUs since 2010, falling from 80.6% in 2010 to 26.0% in 2024. This trend contrasts with a fluctuating increase in the primary use of cocaine (2024: 33.1%; 2023: 31.5%; 2022: 25.1%; 2021: 33.2%).
 - o When 'Impuls' treatment demanders are excluded from the analysis, the trends remain consistent: the primary use of opioids continues to decline, and cocaine use is on the rise. However, both trends exhibit year-to-year fluctuations, reflecting variability in substance use patterns (Fig. 3.13.).

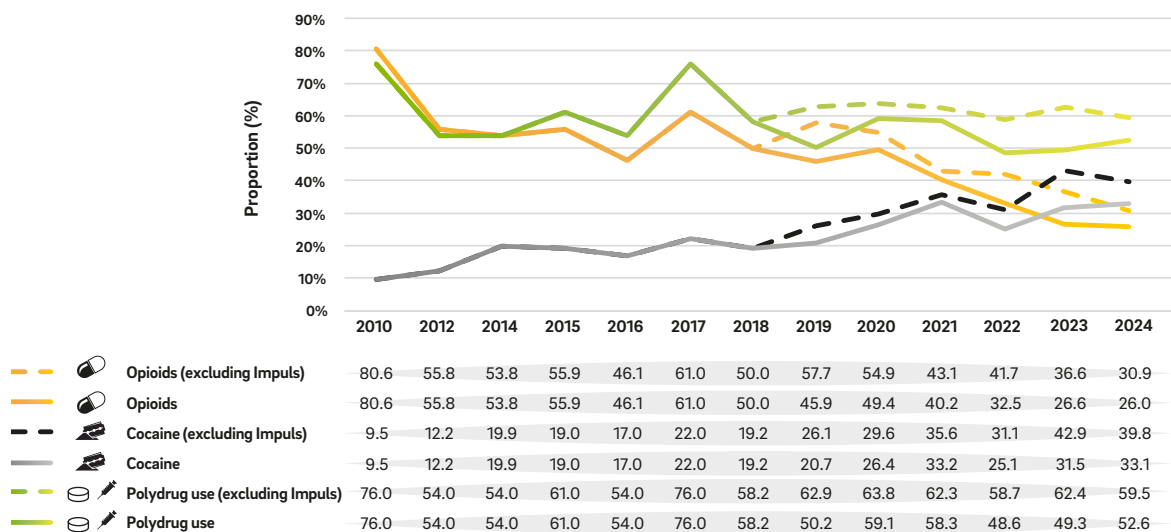
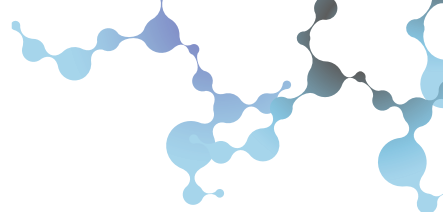


FIGURE 3.13.

Trends in primary drug use among HRDUs since 2010 (self-reported) (RELIS, 2024)



- > Although polydrug use is highly prevalent among HRDUs, it has shown a fluctuating decrease in recent years – a pattern that has remained relatively consistent over time. In 2024, half (52.6%) of HRDUs reported polydrug use (2023: 49.3%; 2022: 48.6%; 2021: 58.3%). When excluding high-risk cannabis users that are common clients at the centre 'Impuls' (to reach sample comparable to previous years), the proportion of polydrug users decreases to 59.5% in 2024 (2023: 62.4%; 2022: 58.7%; 2021: 62.3%) (RELIS, 2024).

CHARACTERISTICS AND PATTERNS OF DRUG USE AMONG HRDUS: HARM REDUCTION CENTRE DATA

The data presented in this section are based on information collected through national harm reduction centres.



- > During the last years, an overall decrease in heroin use, and an increase in the use of cocaine and cocktails (mixtures of heroin and cocaine) has also been observed at the main harm reduction centre in Luxembourg City, which includes two supervised drug consumption rooms (Abrigado CNDS):
 - o While heroin was used in 93% of consumption episodes in 2013, this share decreased to 41% in 2024.
 - o On the contrary, in 2013 only 4% of the consumption episodes involved cocaine and 3% cocktails, while in 2024 cocaine was used in 37% and cocktails in 22% of the consumption episodes (Fig. 3.14.).

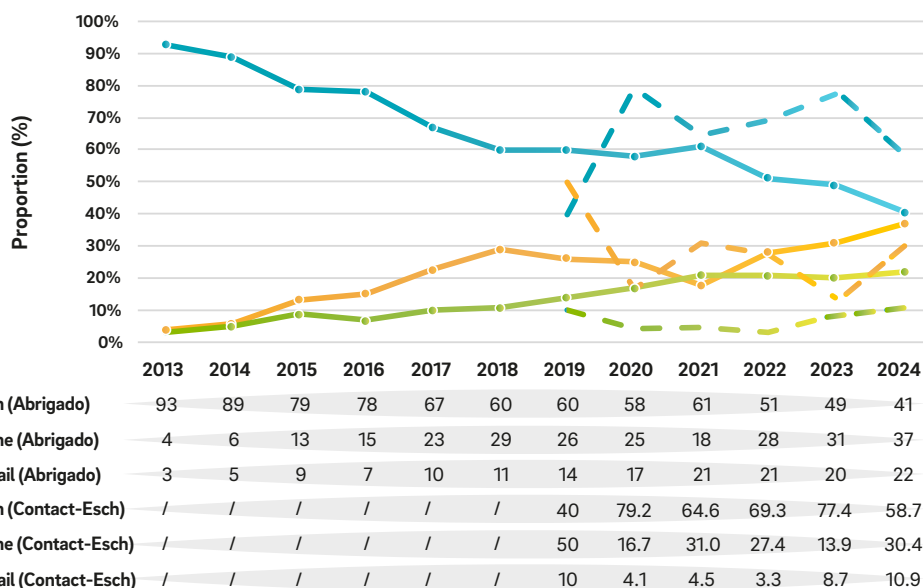


FIGURE 3.14.

Trends in the proportion of heroin, cocaine and cocktails consumption episodes at the national drug consumption rooms (%)
(Abrigado CNDS, 2024; Annual Statistics JDH, 2024)

- > A different pattern has been observed by the harm reduction centre 'Contact-Esch' in the south of the country, which also includes two supervised drug consumption rooms. Over the past five years, heroin has been the most commonly reported substance used in these facilities, with 58.7% of clients reporting heroin use in 2024, representing a significant decline compared to 2023. Cocaine ranked second, with 30.4% of clients reporting use in 2024, showing an increase compared to previous years (Fig. 3.14.). Consumption episodes involving cocktails ranked third, accounting for 10.9%, and also showed an increase in 2024 compared to previous years (Annual statistics JDH, 2024).
- > Inhalation (chasing/blowing/smoking) has been the most common route of drug administration at the supervised drug consumption rooms at both Abridado and Contact-Esch in recent years (Fig. 3.15.). At Abridado, it accounted for 58% of consumption episodes in 2024, while at Contact-Esch, it reached 84% in the same year. Injection has been decreasing as an administration route at both locations, though with some fluctuations. In 2024, injection represented 41% of consumption episodes at Abridado and dropped to 11% at Contact-Esch. The intra-nasal route (sniffing) remains the least common method of drug use at both sites, maintaining a relatively stable trend. In 2024, it accounted for 1% of episodes at Abridado and 4% at Contact-Esch (Abrigado CNDS, 2024; Annual statistics JDH, 2024).

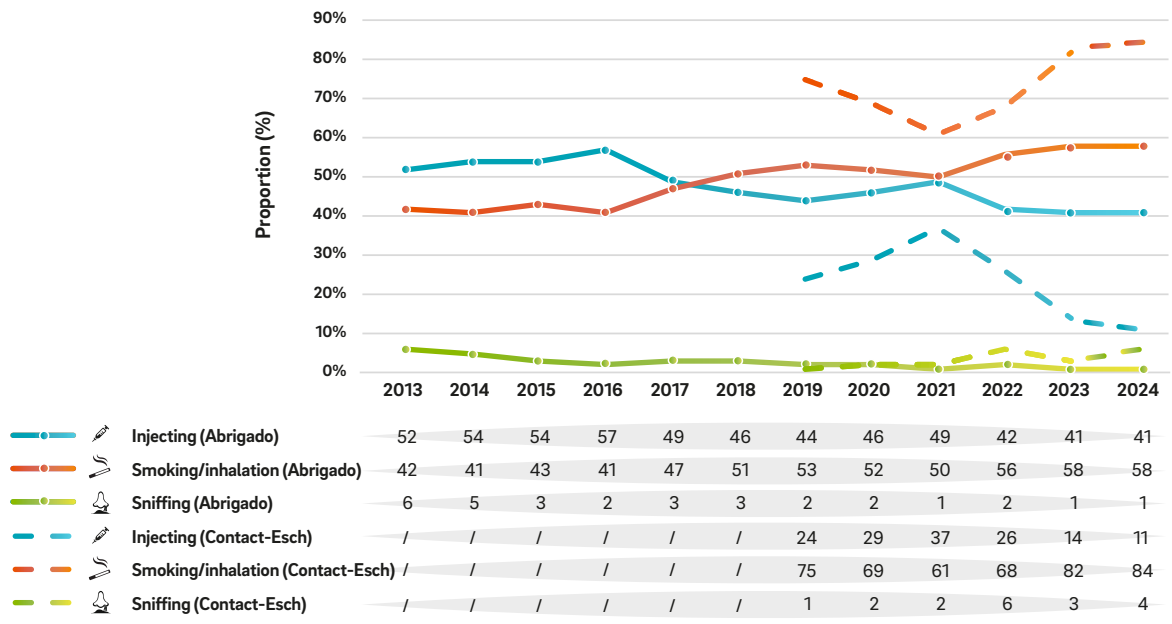


FIGURE 3.15. Trends in the proportion of consumption episodes according to their routes of administration at national drug consumption rooms (%) (Abridado CNDs, 2024; Annual statistics JDH, 2024)

3.3. DRUG USE IN THE WORKPLACE

The Quality of Work Index Luxembourg has been conducting a survey since 2014 to examine key aspects of employees' working conditions. Led by the Chamber of Employees in collaboration with the University of Luxembourg and an independent social research institute, the survey provides valuable insights into subjects such as job satisfaction, work-life balance, and overall well-being (Chambre des salariés Luxembourg, 2024).

In 2024, the survey was conducted between June and September, while data were collected from a representative sample of 2,931 employees, including residents of Luxembourg and cross-border workers from Belgium, France, and Germany. The survey focused on individuals aged 16 to 64 with regular employment of at least 10 hours per week. The 2024 survey particularly examined employees' mental health, substance use, and workplace prevention measures, reflecting the growing importance of these issues in today's professional environment.

SUBSTANCE USE IN THE WORKPLACE

- > In the context of substance use, the survey asked employees about their awareness of substance use by colleagues, followed by questions about their own consumption (Fig. 3.16. and 3.17.). The results show that alcohol is the most commonly used substance at work, with 17% of employees noting that they had seen colleagues using it. In total, 14% of the respondents reported using substances themselves. Among those who had consumed alcohol at work, 71% reported doing so rarely (once a week or less), while 9.2% reported consuming it once or twice a week.



- > After alcohol, the non-medical use of prescription drugs was the second most commonly reported substance use in the workplace. The Chamber of Employees' survey found that 8% of employees observed use among their coworkers, and 5% reported having used these substances themselves. Among those who used prescription drugs for non-medical purposes at work, 47.4% did so rarely, while 22.4% used it once or twice per week.
- > Next, results of the study revealed that cannabis use among colleagues was reported by 5% of employees, with 0.5% admitting to personal use. Of those who reported using cannabis at work, 49.3% indicated doing so rarely, while 39.1% reported not having used it recently.
- > For other drugs (no details provided on the type), 2% of the respondents reported having observed colleagues using them, with 0.3% reporting self-consumption. Among employees who indicated having used other drugs at work, 78.7% had not used them recently, while 8.6% used them almost daily.
- > A notable finding is the gap between observed and self-reported use of cannabis and other drugs, suggesting that these substances are frequently observed among colleagues at the workplace, but employees are less likely to admit to personal consumption.

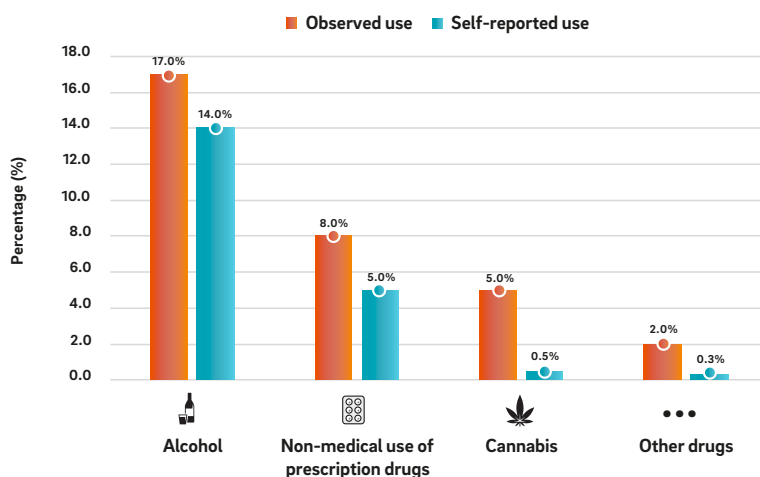


FIGURE 3.16.

Substance use at work: Observed use among colleagues vs. self-reported use (Quality of Work Index 2024, Chambre des Salariés Luxembourg, 2024)

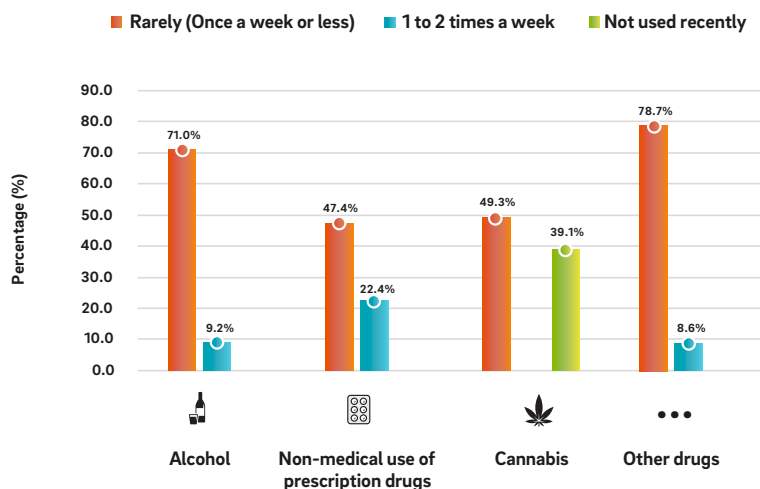


FIGURE 3.17.

Frequency of substance use in the workplace based on self-reported data (Quality of Work Index 2024, Chambre des Salariés Luxembourg, 2024)

3.4. DRUG USE ACROSS DIFFERENT POPULATIONS

Figure 3.18. illustrates the relative importance of certain drugs among different target groups and settings. Due to each study entailing unique characteristics and data collection periods, direct comparisons are not possible. Nonetheless, the observed differences provide valuable insights into drug use prevalence rates looking at a period of the past two to four weeks across various surveys with distinct demographics.

- > In general, cannabis emerges as the most commonly used substance by recreational drug users (59.7%), individuals in festive settings (32.2%), and young scholars (15.0%). While notably lower prevalence rates can be observed for the general population across all substances, cannabis remains the most used drug (2.3%). In contrast, HRDUs in 2023 primarily reported cocaine (66.1%), cannabis (62.2%), and opioids (50.1%) as their main substances of use. The use of MDMA, amphetamine type substances and NPS appears to be less common compared to other substances, with the highest rates among nightlife attendees, followed by recreational users, and then HRDUs.

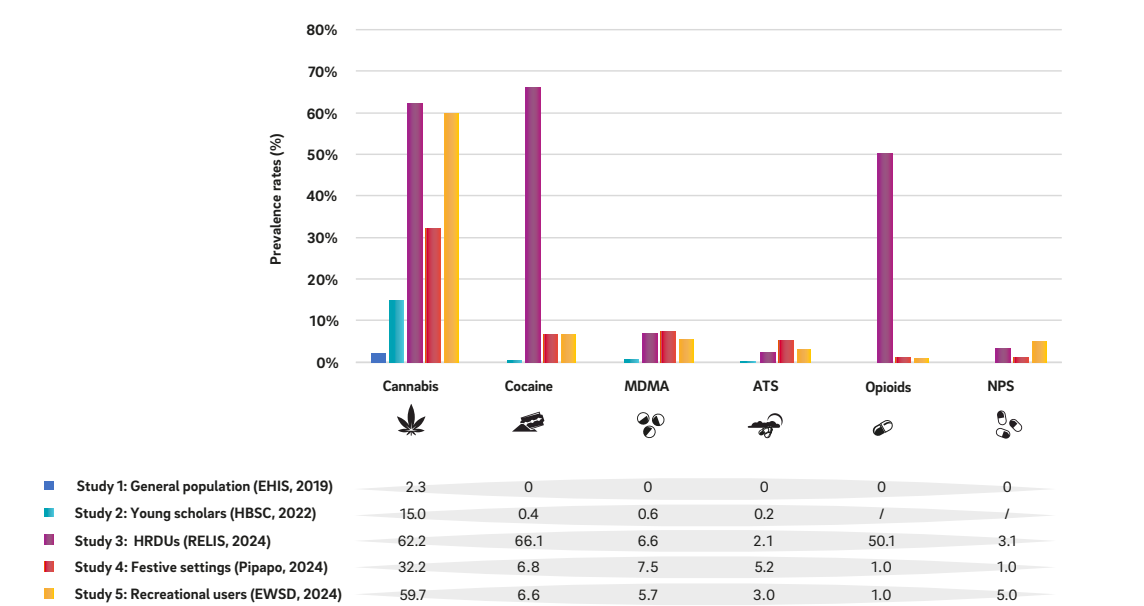


FIGURE 3.18. Prevalence rates of drug use across different surveys targeting different populations and user groups (%)

Note: The studies presented in this figure were conducted at different point of times and encompassed samples of different demographics. Apart from the Pipapo and RELIS surveys, all surveys measured last month or recent use:

Study 1 (EHIS) encompassed a representative sample of the general population aged 15-64 years

Study 2 (HBSC) included a representative sample of school-aged children, 12-18 years old (15-18 years for cannabis). Opioids and NPS were not measured.

Study 3 (RELIS) encompassed a sample of high-risk drug users (HRDUs) in contact with treatment- or harm reduction institutions.

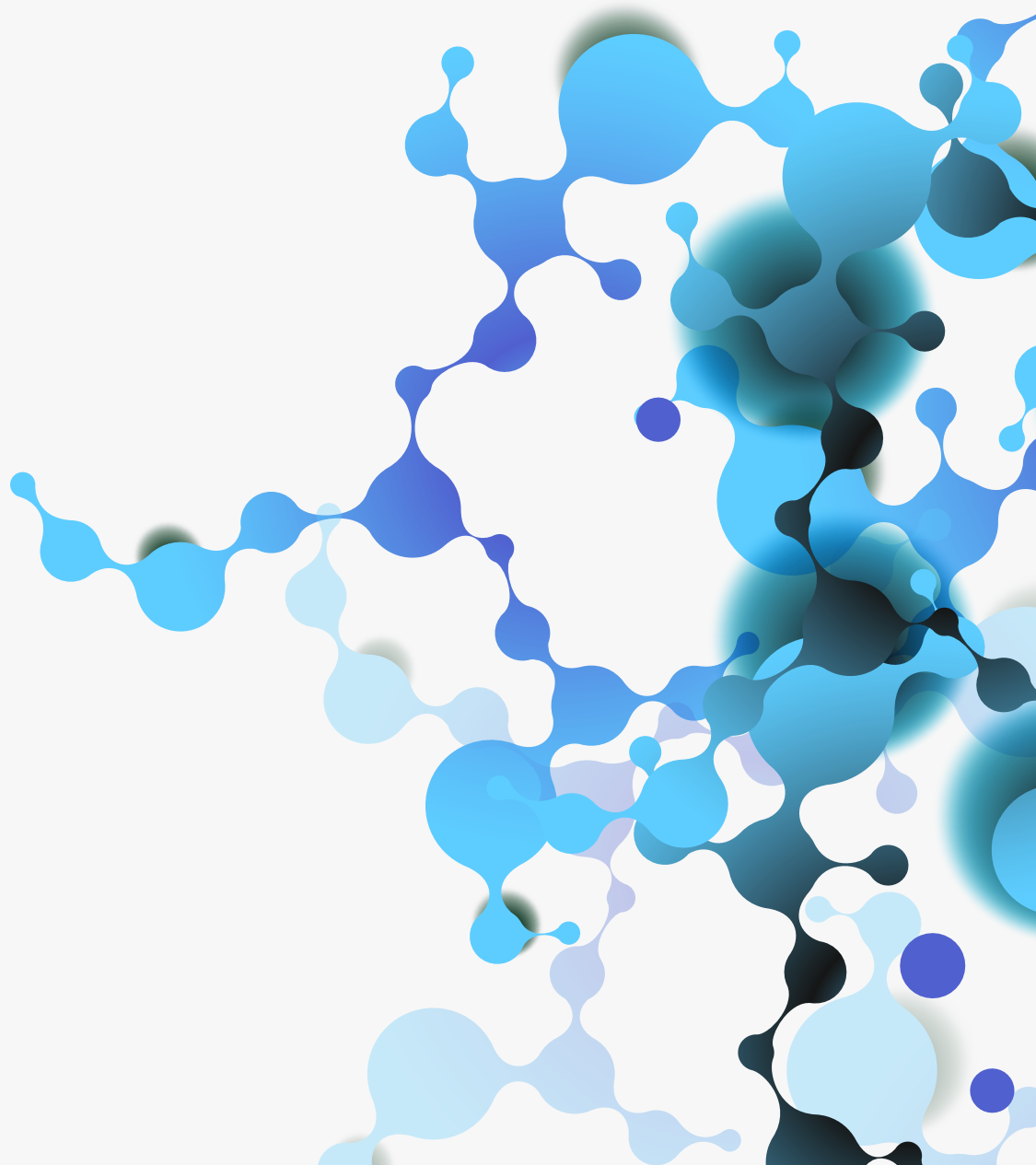
Study 4 (Pipapo) measured drug use during the past 2 weeks among a targeted sample of visitors of festive events.

Study 5 (EWSD) included a targeted sample of individuals who have used drugs recreationally during the past year aged 18 years-old or above.



4.

DRUGS AND PRISON





4. DRUGS AND PRISON

4.1. NATIONAL PRISONS AND THEIR CAPACITIES

The Grand Duchy of Luxembourg has three state prisons at the national level, including two closed prison sites and one semi-open site. The closed prison facility 'Centre Pénitentiaire de Luxembourg' (CPL) is situated in the vicinity of Luxembourg City. The 'Centre Pénitentiaire d'Uerschterhaff' (CPU), a closed prison facility operational since early December 2022, is situated in the south of the country (Sanem), while the semi-open facility 'Centre Pénitentiaire de Givenich' (CPG) is located in the east of the country. The need to separate remand inmates – individuals presumed innocent and held in pre-trial detention – from convicted inmates, in accordance with international standards, along with the risk of prison overcrowding, led the Luxembourgish authorities to construct a second closed prison dedicated specifically to pre-trial detainees. This separation, together with efforts to reduce overall prison occupancy, enables a more appropriate penal approach that better meets the needs of the prison population.

The CPL and the CPU are conventional prisons, whereas the CPG can be considered an alternative to a strict penitentiary regime, as it is defined as a semi-open prison located in a rural setting. At the CPG, inmates engage in regular professional activities or participate in one of the centre's workshops, such as agriculture, animal husbandry, cooking, horticulture, woodworking, locksmithing, or general maintenance tasks. After their work or workshop participation, inmates return to their individual cells for the night. Each block within the CPG is equipped with its own living room, kitchen, bathroom, and laundry area, allowing inmates to live with a higher degree of autonomy.

By the end of 2024, national prisons had a total capacity of 995 beds (CPL: 482 beds; CPU: 400; CPG: 113 beds). The CPL and CPG have separated sections for male and female inmates, while the CPU is exclusively designated for male remand inmates. In 2024, the average prison population remained relatively stable compared to previous years (2024: 623; 2023: 660; 2022: 674; 2021: 598). Over the same period, the average occupation rate across penitentiary centres decreased to 62.6% (2023: 66.4%; 2022: 92.8%; 2021: 84.2%). This decline is largely attributable to the increase in available capacity following the opening of the CPU, which led to a substantial rise in the number of available beds. The number of inmates and the average occupation rate per penitentiary centre are presented in Table 4.1. After an increase in 2022, the national detention rate decreased again in 2023 and 2024 (2024: 92.7 per 100,000; 2023: 99.9 per 100,000; 2022: 104.5 per 100,000 population; 2021: 94.2 per 100,000 population), remaining below the European median of 106.5 inmates per 100,000 population (Ministère de la Justice, 2025).

TABLE 4.1.

Number of inmates and average occupation rate at the CPL, CPU and CPG in 2024

Substance	CPL	CPU	CPG
Number of beds	482	400	113
Average number of inmates	296	260	67
Occupation rate	61.5%	65.0%	59.2%

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE NATIONAL PRISON POPULATION

The proportion of women in prison decreased slightly from 5.1% in 2023 to 4.6% in 2024. However, the sex distribution has remained broadly stable over the past ten years, with men consistently accounting for approximately 94% to 96% of the prison population. On 22 January 2025¹, the mean age of all inmates was 37.7 years (2023: 37.5 years; 2022: 36.6 years; 2021: 36.4 years). The age distribution, as presented in Figure 4.1., has remained stable over the past years, with a slight decrease in the proportion of people below 25 years (2024: 11.1%; 2023: 13.4%; 2022: 15.1%; 2021: 14.4%).

1 The numbers from January 2025 are considered representative for the prison population 2024.

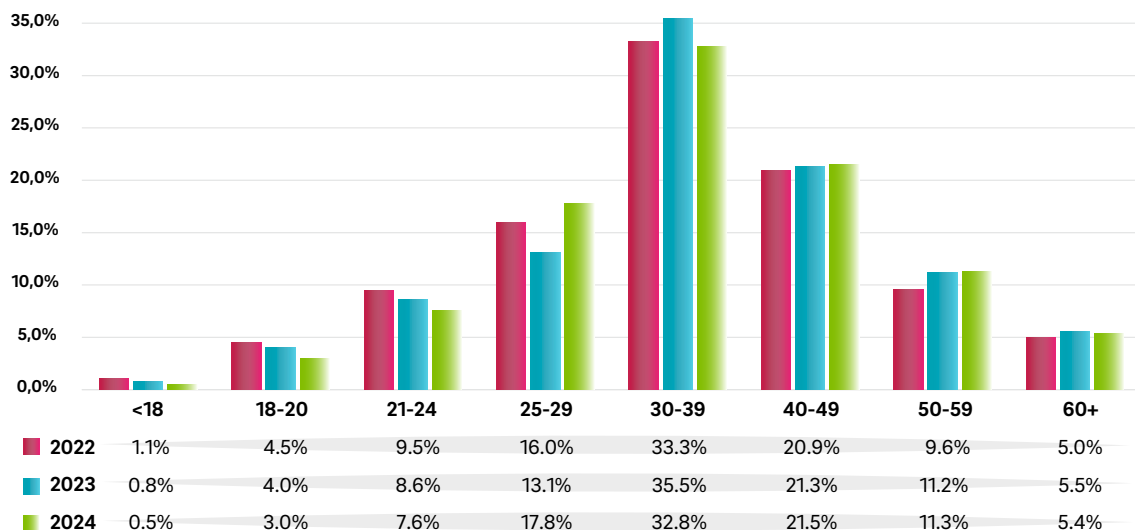
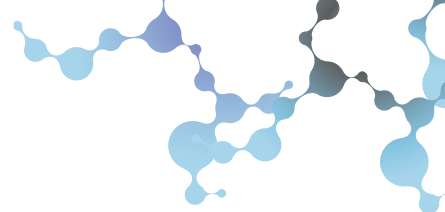


FIGURE 4.1.

Age distribution among people living in Luxembourg prisons 2022-2024 (Ministère de la Justice, 2025)

As of 22 January 2025, among the 628 inmates, 54.8% (n=344) were residents of Luxembourg. Among this group, 42.4% (n=146) held the Luxembourgish nationality, while 57.6% (n=198) held a foreign nationality. The latter (i.e. foreign residents) thus accounted for approximately 31.5% of the total prison population. In addition, 45.2% of the 628 inmates were non-residents of the Grand-Duchy of Luxembourg. Among these non-resident inmates, 97.9% (n=278) were of foreign nationality and 2.1% held Luxembourgish nationality (n=6) (Fig. 4.2.). Overall, non-resident inmates of foreign nationality represented 44.3% of the total prison population.

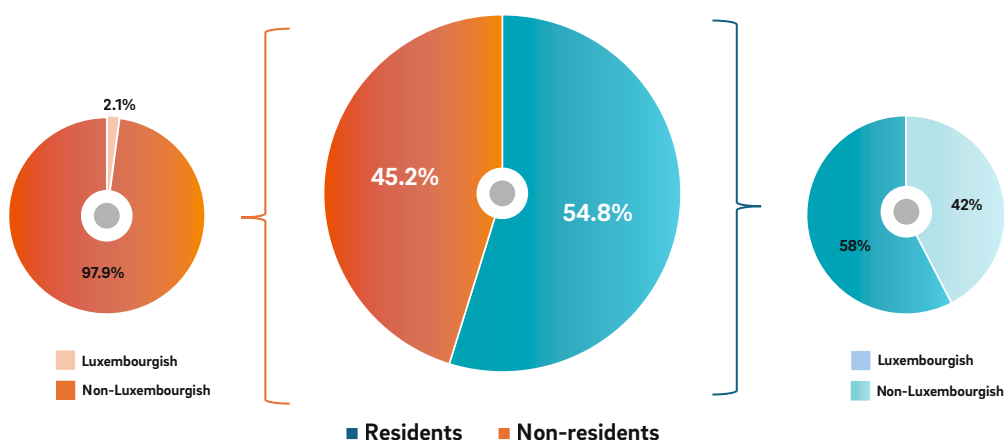


FIGURE 4.2.

Residence and nationality of people living in prison in 2024 (Ministère de la Justice, 2025)



Among the total sample (n=628), 24.2% were Luxembourgish, 16.2% Portuguese, 5.9% Romanian, 5.7% French, 1.7% Italian, 1.3% Polish, and 1.1% Belgian, while all other nationalities accounted for less than 1% of the prison population. The proportion of inmates from EU Member States has overall decreased since 2020, from 69.3% in 2020 to 62.3% (n=391) in 2024. Among the inmates from non-EU countries (2024: 37.7%, n=237), the majority were of African origin (n=171) (2024: 72.2%), followed by European (non-EU) and Asian origins, with 11.4%, respectively. Only 5.1% of the inmates from non-EU countries had American origins (n=12).

Since 2015, following an experimental phase, electronic surveillance tags (bracelets) have been used as an alternative to incarceration, either to avoid imprisonment or to facilitate the reintegration of convicted individuals. In 2024, 63 people were authorised to use an electronic surveillance bracelet (2023: 45; 2022: 36; 2021: 43). The majority (2024: 88.9%, n=56; 2023: 71.1%, n=32) have been wearing the 'frontdoor' version, which enables convicts to avoid prison stays by serving their custodial sentence at home. When the electronic surveillance is used as a transitional phase in the execution of a sentence –facilitating the shift from incarceration to release – it is referred to as the 'backdoor variant'. In both cases, the convicted person is required to have employment, stable housing, and a telephone connection or cellular modem to allow the transmission of surveillance data (Ministère de la Justice, 2025).

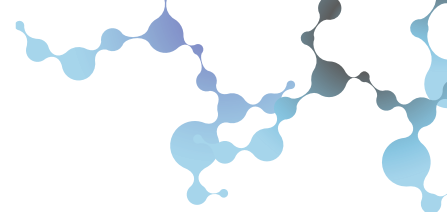
4.2. DRUG-RELATED OFFENCES AMONG PEOPLE LIVING IN PRISON

According to the annual activity report 2024 from the penitentiary administration, the proportion of drug-related offences among male inmates leading to imprisonment was higher compared to previous years (2024: 18.4%; 2023: 13.6%; 2022: 13.8%; 2021: 16.8%). Violent offences (intentional homicide, attempted homicide, assault and battery, robbery with violence) accounted for 34.5% of all offences (2023: 33.9%; 2022: 32.9%; 2021: 32.4%), while sexual offences (rape, other types of sexual offences, indecent assault) represented 10.2% of offences (2023: 10.0%; 2022: 8.8%, 2021: 10.4%). In total, violent and sexual offences constituted 44.7% of offences committed by convicted male offenders (2023: 43.9%; 2022: 41.7%; 2021: 42.8%).

Regarding female inmates, the proportion of drug-related offences leading to imprisonment was lower compared to 2023 (2024: 17.0%; 2023: 25.0%; 2022: 15.0%; 2021: 20.0%). The proportion of violent offences (intentional homicide, attempted homicide) leading to imprisonment among female inmates increased in 2024 (2024: 33.3%; 2023: 31.3%; 2022: 25.0%; 2021: 25.0%), while offences related to theft and robbery declined (2024: 17.0%; 2023: 25.1%; 2022: 25.0%; 2021: 25.0%). In 2024, no women were convicted of sexual violence offences (rape, other types of sexual offences, indecent assault) (Ministère de la Justice, 2025).

4.3. DRUG USE PRIOR TO AND DURING IMPRISONMENT

Drug use in prison remains a reality with major social and health consequences. However, since drug use is strictly prohibited in prisons, the true extent of the issue remains largely unknown in most European countries. In 2020, a study was conducted in the closed prison setting 'CPL' (Foulon, 2020) to examine drug use patterns and associated risk behaviours among the prison population in the Grand Duchy of Luxembourg. This cross-sectional quantitative study employed an anonymous, confidential, and voluntary paper-and-pencil questionnaire, based on the European Questionnaire on Drug use in Prison (EQDP) developed by the EMCDDA (EMCDDA, 2021). At the end of August 2020, the questionnaire was distributed to the prison population (n=488) in four languages (English, French, German and Portuguese). Nearly half (n=238; 48.8%) of the distributed questionnaires were returned. Of these questionnaires, some were entirely incomplete, contained refusals to answer the questions, had clearly inconsistent responses, or had more than 50% of missing values. Based on these criteria, 164 valid questionnaires were included for statistical analysis.



SOCIO-DEMOGRAPHIC CHARACTERISTICS

- > Regarding the sex distribution of the retained respondents (n=164), 138 were male (84.1%) and seventeen were female (10.4%). Information on the sex of the respondent was missing in nine questionnaires (5.5%). On the day the questionnaires were distributed, there were eighteen women in the women's block, indicating that nearly all of them (94.4%) completed the questionnaire. In contrast, slightly less than one-third (29.4%) of male inmates (n=470) completed the questionnaire.
- > More than half of the respondents (56.7%) were between 30 and 49 years of age, while 20.1% were under 30 years old, 14.6% were between 50 and 59 years, and a minority (5.5%) were over 60 years of age.
- > In total, slightly more than one-third of respondents reported holding Luxembourgish nationality (34.8%). Additionally, 42.7% declared a European nationality – with 37.8% from EU Member States and 4.9% from non-EU European countries – while 17.7% reported a nationality from outside Europe. Nationality data was missing for 4.8% of respondents.
- > One-third of respondents (32.8%) said they had not been living in stable, independent housing before their current imprisonment. This includes situations such as homelessness, unstable housing, residence in night shelters, or living in institutions.

LEGAL SITUATION

- > Regarding legal status, 40.2% of respondents reported being in pre-trial detention, while a little more than half (51.2%) stated that they had already been convicted.
- > Concerning the type of offence, 20.1% of respondents reported having committed offences against property (e.g., theft, burglary), and 30.5% indicated a drug-related offence. Among the latter, 17.7% were related to drug possession or use, and 12.8% to drug trafficking.
- > In terms of the time spent in prison, half of the respondents reported being incarcerated for less than one year, one-quarter for less than 92 days, and another quarter just under three years. The average number of prior incarcerations was two, with a minimum of zero and a maximum of fourteen.

DRUG USE BEFORE AND DURING IMPRISONMENT

- > Before imprisonment:
 - o Among participants in the 2020 study, the most commonly used illicit drugs prior to incarceration were cannabis (42.1%), followed by cocaine powder (37.8%), crack cocaine (28.0%), and heroin (28.0%) (Table 4.2. below). Half of the respondents stated that they continued using drugs during their stay in prison.
- > During imprisonment:
 - o The most commonly consumed psychoactive substances remained the same after entering prison: tobacco, alcohol, and cannabis, reported by 21.3%, 20.7%, and 21.3% of respondents, respectively. Heroin, powder cocaine, and crack cocaine were reported by 15.9%, 15.2%, and 12.8% of the respondents.
 - o For most other substances, similar trends were observed. Except for methadone/buprenorphine and benzodiazepines, the number of respondents reporting substance use inside prison was approximately half or less than those reporting use outside prison. This trend did not apply to substances with low prevalence rates (Table 4.2.) (Foulon, 2020).



TABLE 4.2.

Number of persons and prevalence (%) by substance before and during imprisonment (n=164)

Substance	Before imprisonment n (%)	During imprisonment n (%)
Tobacco	102 (62.2)	89 (21.3)
Alcohol	97 (59.2)	34 (20.7)
Cannabis	69 (42.1)	35 (21.3)
Synthetic cannabinoids (e.g. SPICE)	24 (14.6)	17 (10.4)
Cocaine (powder)	62 (37.8)	25 (15.2)
Cocaine « crack »	46 (28.0)	21 (12.8)
Heroin	46 (28.0)	26 (15.9)
Methadone (Mephenon)/ Buprenorphine (Suboxone)	23 (14.0)	13 (7.9)
Other opioids (e.g. tramadol; fentanyl)	11 (6.7)	7 (4.3)
Benzodiazepines	25 (15.2)	15 (9.1)
Ketamine	10 (6.1)	6 (3.7)
Amphetamines (Speed)	25 (15.2)	7 (4.3)
Methamphetamines	12 (7.3)	6 (3.7)
Ecstasy/MDMA	32 (19.5)	8 (4.9)
LSD/Mescaline/Mushrooms	19 (11.6)	5 (3.0)
Volatile substances (e.g. butane; propane)	5 (3.0)	4 (2.4)
Synthetic cathinones	4 (2.4)	3 (1.8)
Other NPS	5 (3.0)	4 (2.4)
Other illicit substance	5 (3.0)	3 (1.8)

RISK BEHAVIOUR AMONG PEOPLE LIVING IN PRISON

The national prison study conducted in 2020, which assessed drug use before and during imprisonment, also examined risk behaviours among people living in prison (n=164), including history of overdose, equipment sharing and injecting drug use.

- > In total, 23.2% of participants reported having experienced an overdose outside prison. Among this group, 10.4% (n=17) reported an overdose related to opioids, and 12.8% (n=21) to other substances.
- > The reported incidence of overdose within prison was significantly lower. Only four respondents reported having experienced an opioid-related overdose in prison, and six respondents an overdose related to other substances (2.4% and 3.7%, respectively).
- > Regarding injecting drug use, 37 respondents (22.5%) indicated that they had injected drugs in the past. Regarding lifetime equipment sharing, 24 respondents (14.6%) reported ever sharing needles or syringes, 35 (21.3%) shared straws or equipment for sniffing, 34 (20.7%) shared spoons or cooking equipment, 54 (32.9%) shared pipes or other smoking equipment, and 20 (12.2%) shared a tattoo equipment (Foulon, 2020).

KNOWLEDGE OF HARM REDUCTION PROGRAMMES AMONG PEOPLE LIVING IN PRISON

The 2020 national study on drug use in prison in Luxembourg further assessed awareness of and participation in two harm reduction programmes specific to the closed prison setting (CPL), i.e., the Safe Tattoo programme and the syringe exchange programme.

- > Of the 164 respondents, 34.1% reported being aware of the Safe Tattoo programme, and 9.1% reported having participated in it.

- > Similarly, 29.9% were aware of the needle and syringe exchange programme, but only 6.7% had benefited from it.
- > These findings suggest that both harm reduction programmes may be insufficiently known and that participation rates could be improved (Foulon, 2020). However, it should be noted that responses to these questions – particularly regarding use of the syringe exchange programme – may be highly sensitive and prone to social desirability bias.

4.4. OTHER DATA ON DRUG USE PRIOR TO IMPRISONMENT: ENTRY FORM

Every person arriving at the CPL meets a healthcare professional from the prison psychiatric service (SPMP - Service psychiatrique en milieu pénitentiaire) within the first 24 hours of incarceration. During this initial check-up, the healthcare professional completes an entry form that includes socio-demographic data, medical history, and self-reported use of legal and illegal substances. Moreover, the behaviour, complaints, and needs of the entrant are recorded, and a preliminary nursing diagnosis is established. A medical examination is also conducted, which may be supplemented by a urine test (quick screening for the presence of most common drugs).

According to the latest available data from 2021, 900 new prison entries were recorded through the entry forms, corresponding to an average of 75 new entrants per month (min: 54 in February; max: 102 in June). Among the new entrants seen by the SPMP in 2021, 844 were male (93.8%) and 56 female (6.2%), with a mean age of 33.5 years (males: 33.5y, min: 14y, max: 72y; females: 34.5y, min: 21y, max: 60y). The majority of entrants recorded by the SPMP in 2021 were between 18 and 40 years old (approximately 60%) (n=893).

The proportion of illicit substance users and the range of substances consumed by new prison entrants in 2021 are depicted in Figure 4.3. Upon arrival, 55% of entrants reported using at least one illicit drug. It is important to note that these figures reflect cases of intense or problematic drug use, as declared by the entrant and assessed by the SPMP staff. Past use of illicit substances is not recorded comprehensively, but rather only when problematic use is declared or suspected. Furthermore, urine drug screening is not performed systematically; therefore, the data rely largely on the self-reported information gathered during the intake interview. Data from 2021 also indicate that problematic alcohol use was recorded in nearly one-third (27.0%) of new prison entrants. Among those, 79.8% also reported using one or more illicit substances.

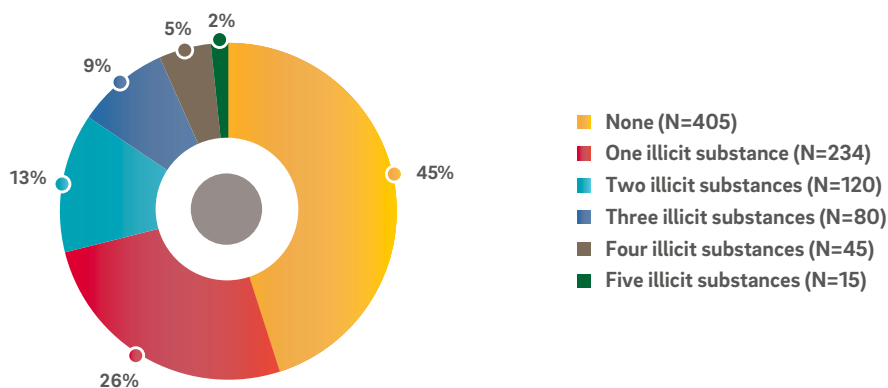


FIGURE 4.3.

Number of illicit substances consumed by new prison entrants recorded through the SPMP entry forms (2021) (SPMP, 2021)

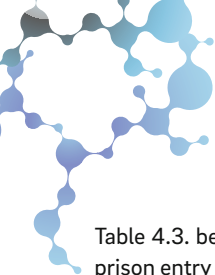


Table 4.3. below presents the most commonly used illicit substances or misused medications according to the SPMP prison entry forms. Cannabis was the most frequently reported (36.2%), followed by cocaine (29.0%), benzodiazepines (14.9%), and heroin (12.1%). In total, 9.8% of new entrants were undergoing opioid agonist treatment (OAT) upon arrival in prison, while 4.4% showed problematic use of LYRICA®² and 1.3% reported problematic use of another (illicit) substance. New prison entrants who reported use of cannabis, benzodiazepines, or Lyrica® were, on average, younger than other prison entrants. Conversely, new inmates with problematic heroin use and/or in OAT were, on average, older than those without problematic heroin use or those not enrolled in OAT (Table 4.3. below).

TABLE 4. 3.

Use of (illicit) substances among prison entrants at the CPL in 2021 (N=899)

	THC	Cocaine	Benzodiazepines	Heroin	OST	Lyrica	Others	Any substance use
Number of users	325 (36.2%)	261 (29.0%)	134 (14.9%)	109 (12.1%)	88 (9.8%)	40 (4.4%)	12 (1.3%)	494 (54.9%)
Mean age of users (SD)	29.9 (9.1)	34.2 (8.8)	31.6 (10.9)	37.1 (8.3)	37.9 (8.5)	23.5 (7.0)	33.3 (10.0)	31.9 (9.7)

Note: Any substance use refers to the use of one or more of the following (illicit) substances: THC, cocaine, benzodiazepines, heroin, opioid substitution products, LYRICA® and others (including MDMA/Ecstasy, LSD, amphetamines, synthetic cannabinoids such as spice and Tramadol).

MENTAL HEALTH DISORDERS AMONG PEOPLE ENTERING PRISON

In 2021, the SPMP recorded 130 (14.5%) cases of mood disorders, 110 (12.2%) of anxiety disorders, 53 (5.9%) of personality disorders, 40 (4.4%) of psychotic disorders, and 14 (1.6%) of ADHD (Attention Deficit/Hyperactivity Disorder) among prison entrants (Table 4.4). Among the 494 individuals recorded as substance users, 32.3% (n=160) received a preliminary diagnosis of at least one mental health condition. In comparison, 26.4% (n=107) of the 405 individuals without an indication of substance use were also affected by a mental health condition (Table 4.4.).

TABLE 4.4.

Mental health disorders among prison entrants at the CPL in 2021 (N=899)

	Mood disorders	ADHD	Personality disorders	Anxiety	Psychotic disorders	Any mental health condition
Number of prison entrants with recorded disorder	130 (14.5%)	14 (1.6%)	53 (5.9%)	110 (12.2%)	40 (4.4%)	267 (29.7%)
Mean age of prison entrants with recorded disorder (SD)	35.0 (8.9)	26.5 (8.1)	32.3 (10.6)	33.4 (10.7)	36.5 (12.0)	33.7 (10.6)

Note: Any mental health condition refers to the presence of one or more of the following conditions: Mood disorders, ADHD, personality disorders, anxiety and psychotic disorders.

2 Anti-epileptic medication containing the active substance pregabalin



4.5. PRS20: UNDERSTANDING DRUG USE AND THE NEEDS AMONG PEOPLE LIVING IN PRISON

From 2020 to 2023, the Luxembourg Focal Point of the EUDA participated in the European PRS20 project aimed at understanding drug use both inside and outside prison and improving the health and quality of life of people living in prison. The project was a collaboration between institutions from Luxembourg, Belgium, Lithuania, Cyprus and Greece. The objectives of the PRS20 project were to assess drug use among people living in prison and those (recently) released, and to gain better insight into their needs regarding treatment and harm reduction services within the prison system. To meet these objectives, both a quantitative and a qualitative data collection took place in Luxembourg during the summer and autumn of 2022, targeting people living in or recently released from prison with a history of drug use. The quantitative tool was an adaptation of the EQDP, whereas the qualitative component was based on semi-structured interviews developed specifically for the project consortium. Results from the national study were published in January 2024 (Berndt et al., 2024).

Overall, the national implementation of the PRS20 study confirms the reality of drug use among people living in prison and those released, many of whom also face mental health issues. Drugs use often serves as a coping mechanism for the psychological stress experienced in these settings. The findings highlight the need to increase awareness of prison-based interventions, expand health education programmes, and ensure continuity of care. They also highlight the importance of developing effective transition and reintegration measures for people with a history of drug use that are released from prison. Improving access to housing, education, training services, and employment is essential for supporting social reintegration and promoting a more stable, balanced life (Berndt et al., 2024).

PRS20: QUANTITATIVE STUDY

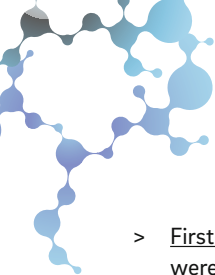
At the end of July 2022, a fully anonymous paper-pencil questionnaire was distributed to the prison population at the CPL in four languages (English, French, German and Portuguese). Of the questionnaires returned, 193 were considered valid, representing approximately 35% of the average prison population in July 2022.

- > Regarding the gender distribution of retained respondents (n=193), 170 were male (88.1%) and 17 female (8.8%). Three participants were identified with a gender other than male or female, and three other participants did not state their gender. The mean age of participants was 40 years.
- > The largest proportion of respondents (n=87; 45.1%) were nationals of other European countries (excluding Luxembourg), followed by people with Luxembourgish nationality (n=58; 30.1%). In total, 44 respondents (22.8%) were nationals of non-EU countries, and four questionnaires lacked nationality information.
- > Concerning the housing situation prior to serving their prison sentence, a total of 120 individuals (62.2%) reported having stable housing situation. Homelessness or unstable housing situations were reported by more than one-third of respondents (n=70; 36.3%).

Drug use prevalence rates during imprisonment and outside prison

- > Lifetime consumption³: At the time of the survey, 84.5% respondents reported having used at least one substance in their lifetime (alcohol included). Among them, 70.5% reported using two or more substances, and over one-third (37.4%) indicated having consumed five or more different substances during their lifetime.
- > Drug type: Cannabis showed the highest lifetime prevalence rates both inside (27.5%) and outside (53.9%) prison. Non-prescribed sedatives and tranquillizers ranked second in terms of psychoactive substances consumed inside prison (15.5%), but sixth for use outside prison (22.8%). Cocaine ranked second for lifetime use outside (51.3%) prison, and third for use inside (13.0%). The consumption of psychoactive substances was notably higher among incarcerated individuals aged 18 to 34 compared to older age groups.

3 Lifetime consumption refers to the prevalence of psychoactive substance(s) consumed during the life, even if only once (inside and/or outside of prison) (in %) (N=193).



- > **First-time use of a substance:** Among lifetime users, cannabis and non-prescribed sedatives or tranquillisers were the most frequently cited substances for first-time use within prison. Initiation rates in prison were 35.0% for cannabis and 43.5% for non-prescribed sedatives or tranquillisers.
- > **Mental health co-morbidities:** Among the participants who reported drug use, 89.0% indicated experiencing symptoms of depression or anxiety within the past two weeks, with a high prevalence of co-occurring symptoms (78.9%). People currently using drugs in prison reported moderate to severe symptoms of depression and anxiety compared to non-users. Recent users also more frequently reported feelings of insecurity and loneliness.

PRS20: QUALITATIVE STUDY

Between September and November 2022, the psychiatrist service of the prison (SPMP) conducted semi-directed interviews with 11 people living in prison, whereas low-threshold services of harm reduction agencies in Luxembourg City (Abrigado CNDS and K28 from the Foundation Jugend- an Drogenhëllef) carried out similar interviews with 12 individuals who had previously been incarcerated. The interviews explored various aspects, including perceived physical health and psychosocial well-being; substance use before and during imprisonment; reasons for and context of illicit substance use; needs and perceived support.

- > The analysis of fully anonymised responses from both – people currently living in prison and those who were formerly incarcerated – showed that individuals in prison generally shared more examples of experiences with a positive connotation compared to the group of individuals released from prison.
- > People who have been released from prison often relapse into drug use or experience a worsening of their substance use habits. This suggests that the physical and psychological condition of ex-inmates tends to decline upon re-entry into society.
- > Several former inmates expressed a need for improved access to medical care, in particular for those requiring OAT.
- > Individuals who were previously incarcerated reported a perceived lack of adequate reintegration support, which may be worsened by the absence of systematic follow-up after release.
- > The designation of a reference person to provide follow-up and support during the preparatory phase of the reintegration and return to society could prevent relapses or further offences (Berndt et al., 2024).

4.6. DRUG HEALTH RESPONSES IN PRISON

HEALTH CHECK-UP AND SPECIALISED COMMUNICABLE DISEASE OFFER

The implementation of health responses is based on a medical health check-up for newly admitted individuals in both the closed and semi-open national prison setting. This initial health assessment serves as a basis for further interventions. During the medical counselling session, individuals are offered a voluntary HIV screening test, alongside screening for other infectious diseases such as syphilis and hepatitis A, B and C. To address the specific needs related to infectious diseases among people living in prison, the somatic nursing unit (CHL) established a specialised communicable disease-counselling offer, which has been operational since 2011.

- > In 2024, a total of 777 serological tests were conducted at CPU and CPL prisons (2023: 793; 2022: 795; 2021: 708), covering 59.7% of all admissions (2023: 66.8%). Among tested inmates, 2.5% had a positive test result for HIV and 10.5% for HCV (2023: HIV: 2.5%; HCV: 18.7%).
- > To prevent further transmission, hepatitis A and B vaccinations were administered to individuals with negative serology results. As a result, 65 inmates received the hepatitis A vaccine (2023: 43; 2022: 26; 2021: 65), 288 hepatitis B vaccine (2023: 167; 2022: 217; 2021: 201), and 123 received both (2023: 59; 2022: 146; 2021: 133) (Comité de surveillance du SIDA, 2025).
- > Vaccination against hepatitis A and B is systematically recommended for those with negative serological results in order to prevent further infections.



Long-term data from 2010 to 2021, analysed by the National Infectious Diseases Service in collaboration with prison healthcare service, showed a significant decline in hepatitis C prevalence, with seropositivity rates dropping from 19% to 10%. The reinfection rates were highest among younger individuals and those living with HIV, however, overall rates have been decreasing over time. These findings underscore the effectiveness of ongoing surveillance, harm reduction, and treatment programmes.

NEEDLE AND SYRINGE DISTRIBUTION PROGRAMME

Since 2005, a needle and syringe distribution programme (NSP) has been operating within the prison system, allowing people living in prison to access sterile injection equipment following a counselling session. To enroll, inmates have to make a written request. After an introductory counselling session, they receive a kit containing two syringes, which can be exchanged later at the medical unit. Inmates who inject drugs possessing a syringe kit are exempt from sanctions related to possession of injection paraphernalia. The programme is confidential and safeguarded by medical confidentiality measures to enhance accessibility and effectiveness. Additional harm reduction supplies – such as ascorbic acid, filters, stainless steel spoons, sterile saline solution, antiseptic wipes, and small plasters – are also available at the prison medical units. Condoms are distributed at discreet locations throughout the prisons, although this distribution is not formally documented. In 2024, 164 syringes were exchanged, witnessing a decrease compared to previous years (2023: 230; 2022: 540; 2021: 800).

OPIOID AGONIST TREATMENT PROGRAMME

An opioid agonist treatment programme (OAT) is also available in both the closed and semi-open prison setting. Further details about health responses available in prison, including those on the OAT programme, are presented in chapter 6 'Responses to health consequences'.

THERAPEUTIC COUNSELLING PROGRAMME (SUCHTHËLLEF)

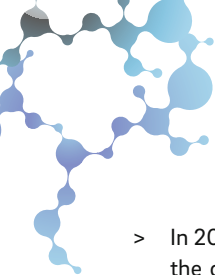
As part of the health response for people with illicit substance addictions, a therapeutic counselling programme, called 'Suchthëllef', has been implemented in both closed prisons (CPL and CPU) and in the semi-open facility (CPG). The programme combines drug treatment counselling with support for socio-professional reintegration. Its primary goal is to address psychological and behavioural issues in order to prevent future use of illicit substances among people living in prison. Suchthëllef also offers health promotion and prevention sessions on infectious and sexually transmitted diseases (including HIV, hepatitis, and syphilis), as well as substance-related information sessions aimed at raising awareness and reducing associated risks. Prevention campaigns are regularly organised to promote harm reduction and overall health. These offers are accessible to all people who live in prison, offering the option to participate in individual or group therapy sessions.

To promote psycho-social reintegration, the Suchthëllef programme assist clients with applications for national and international out- or inpatient therapies. At the CPG, accompanied excursions are organised to support clients in their reintegration process and to help them navigate in real-life situations that may expose them to triggers or substances.

In 2024, 470 individual clients were supported by the Suchthëllef programme (25 women; 455 men) (2023: 567; 2022: 461; 2021: 315). The service organised 1,371 individual counselling sessions (2023: 3,002) and 602 individual psychological follow-up sessions (2023: 1,114).

SAFE TATTOO PROGRAMME

A Safe Tattoo programme has been operational at the CPL prison since March 2017. This peer-to-peer programme enables inmates to make tattoos under appropriate hygienic conditions, aiming to prevent the transmission of communicable diseases such as HIV, hepatitis B and C. The Safe Tattoo project operates under strict regulations. Interested inmates can apply to become official tattoo artists and receive specific training, including hygiene practices and information on various communicable diseases. After passing a qualifying exam, certified tattoo artists are allowed to work with professional equipment provided by the prison, within dedicated facilities and under the supervision of prison nursing staff.



- > In 2024, 14 tattoo artists were trained (2023: 17; 2022: 17; 2021: 19) of whom 12 were actively tattooing. Over the course of that year, tattoos were provided to 35 people living in prison (2023: 37; 2022: 39; 2021: 25), requiring a total of 54 supervised work hours to complete.

TAKE-HOME NALOXONE PROGRAMME

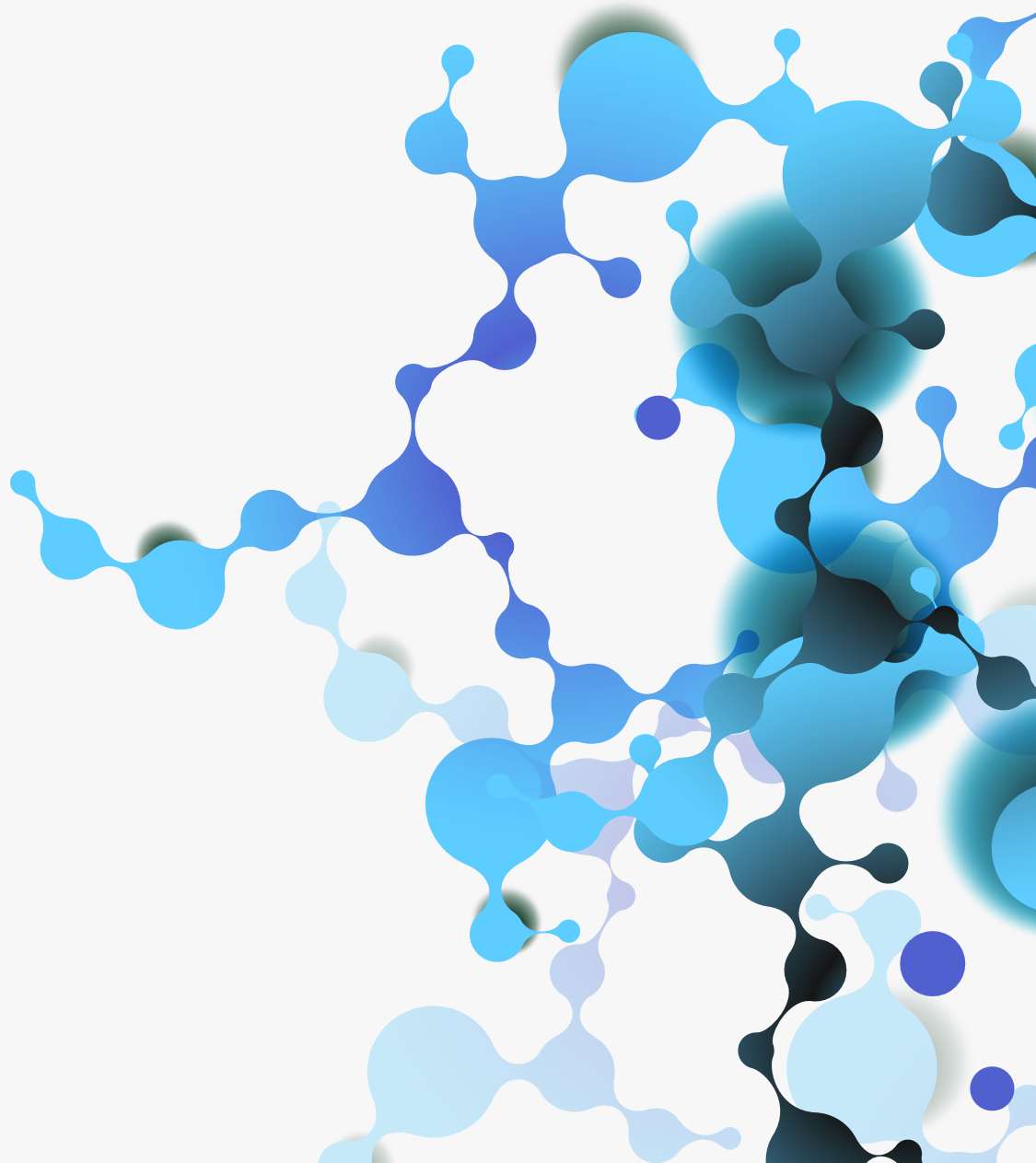
In September 2024, a specialised take-home naloxone (THN) programme was implemented within the closed prison system aimed at preventing fatal opioid overdoses following release from incarceration. The initiative was developed in response to the particularly elevated risk of overdose during the first days after release, a period during which reduced opioid tolerance significantly increases vulnerability to overdose and death.

As part of the programme, inmates with a history of opioid use receive targeted information and training on overdose prevention, including the recognition of overdose symptoms, appropriate emergency responses, and the administration of naloxone. Upon release, eligible individuals are provided with take-home naloxone kits to ensure immediate access to this life-saving medication during the high-risk transition period back into the community.

The programme particularly focuses on ensuring continuity of care during the first 48 hours following release from prison, which is recognised internationally as a critical period for overdose risk. The implementation of THN distribution in prisons represents an important extension of Luxembourg's harm reduction framework and strengthens the integration of prison health services with community-based drug support and overdose prevention interventions.

5.

DRUG-RELATED HARMS AND HEALTH CONSEQUENCES





5. DRUG-RELATED HARMS AND HEALTH CONSEQUENCES

5.1. DRUG-RELATED INFECTIOUS DISEASES – HIV

Data on drug-related infectious diseases are collected by the National Retrovirology Laboratory at the Luxembourg Institute of Health (LIH) in close collaboration with the National Service of Infectious Diseases at the Centre Hospitalier de Luxembourg (CHL). This data collection is further complemented by information from the multi-sector national information network on drugs and drug addictions (RELIS) and by national research studies conducted by the Department of Infection and Immunity, Infectious Diseases Research Unit at the LIH.



- > **RELIS self-reported data:** based on self-declared data, the prevalence rates of HIV among high-risk drug users (HRDUs) and people who inject drugs (PWID) have varied over the years, with periods of relative stability followed by an increase in 2016, associated with an HIV outbreak among HRDUs and PWID. In 2024, the self-reported HIV prevalence rates increased to 8.0% among HRDUs and 15.3% among PWID, thus exceeding levels observed in the early 2010s (Fig. 5.1.) (RELIS, 2025 (2024 data)). It should be noted that self-reported data on HIV infections among PWID/HRDUs show trends that differ slightly from those of serological results, with occasional increases where serological trends indicate a decrease. Thus, these results should be interpreted with caution, as numbers are relatively low, and trends are not necessarily absolute.

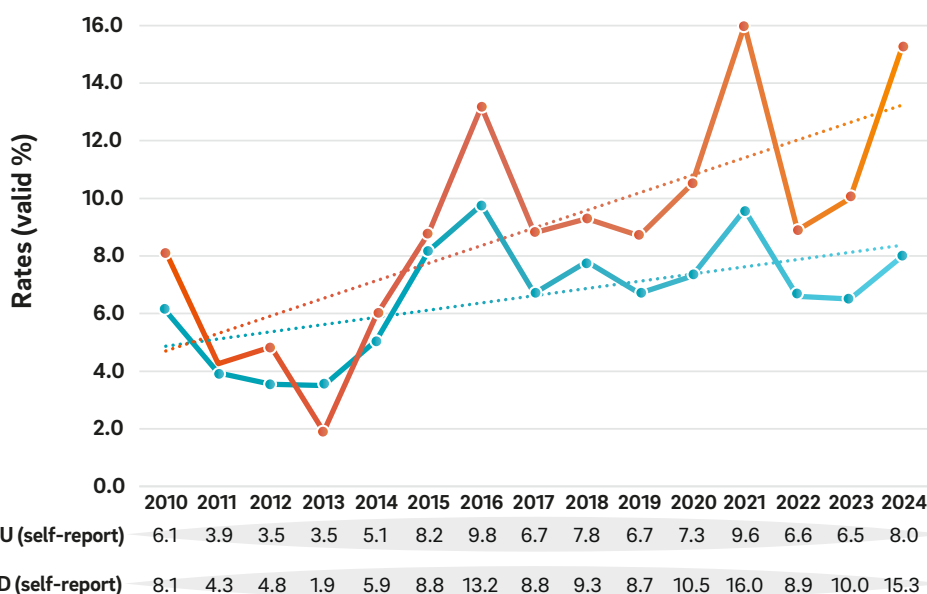


FIGURE 5.1.

Proportion of self-reported HIV infection rate among high-risk drug users (HRDUs) and people who inject drugs (PWID) (valid %) (RELIS, 2025(2024 data))



- > **Serology-based data:** data reveal that since 1989, injecting drug use has been the third most reported mode of HIV transmission, following homosexual/bisexual and heterosexual transmission, which rank first and second, respectively. Serology-based data indicate that, although fluctuating, the number of HIV cases added to the national HIV cohort show an increasing trend. In contrast, the number of HIV cases attributed to PWID within the national HIV cohort appears relatively stable. The lowest proportion of PWID-related HIV transmissions was recorded in 2011, with only two cases added to the national HIV cohort. The period between 2014 and 2016 was marked by an HIV outbreak among this group, partially explained by an increase in stimulant injections (mainly cocaine). Following the implementation of supplementary response measures within the framework of the national drug strategy and action plan, the national HIV and hepatitis action plan, and the recommendations formulated by the EUDA (former EMCDDA) and the European Centre for Disease Control (ECDC) after their country visit in 2018, the number of diagnosed HIV cases attributed to injecting drug use has been decreasing, albeit with fluctuations (Fig. 5.2.).
- o The number of cases added to the HIV-positive cohort in the general population was lower in 2023 and 2024 than in 2022, when the highest increase to date was observed (2024: 125; 2023: 125; 2022: 171). The decrease observed in 2020 and 2021 was primarily due to reduced screening and lower economic and migratory activity during the COVID-19 pandemic. From 2022 onwards, this trend was offset by an increase in detected and treated cases, reflecting patterns observed across Europe (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2024).
- o Among the 125 cases added to the HIV cohort in 2024, six cases (4.8%) were attributed to injecting drug use, revealing a decrease compared to the previous year (2023: 7.2%).

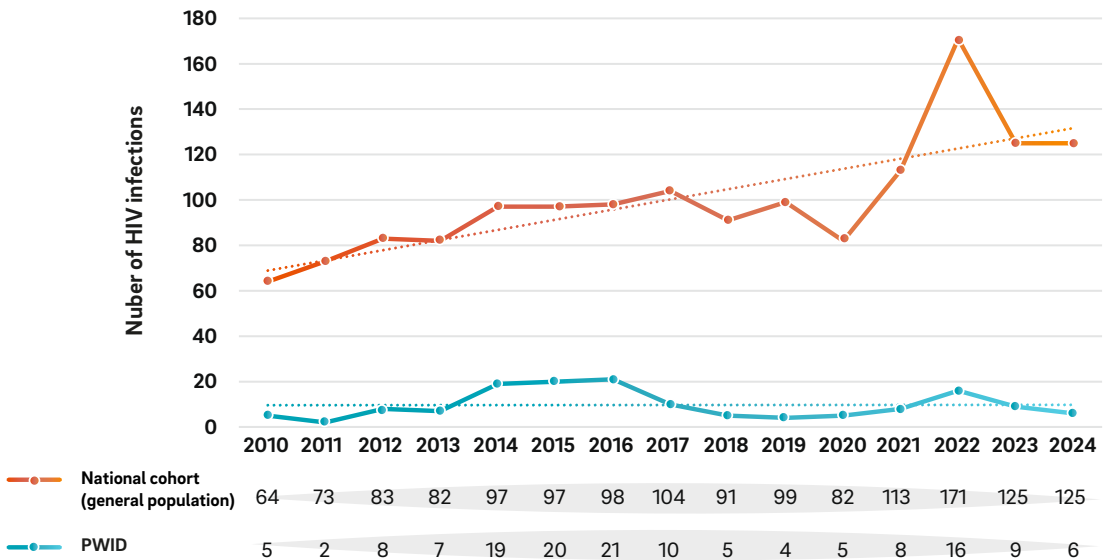
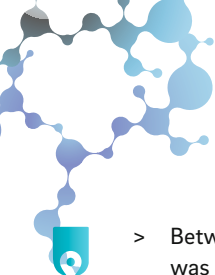


FIGURE 5.2.

Number of HIV cases added to the national HIV cohort and among people who inject drugs (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2025)

Note: The numbers have been revised compared to the National Drug Report 2025 following recent updates.



- > Between 2021 and 2022, an increase in the number of newly diagnosed HIV cases in the general population was observed by the National Service of Infectious Diseases (2022: 68; 2021: 50). This rise may be partially attributed to the resumption of screening activities, which had been significantly impacted by the COVID-19 health crisis. From 2023 and 2024, the number of newly diagnosed HIV cases in national cohort declined, reaching 39 cases in 2024 (2023: 55), possibly reflecting a stabilisation following the disruptions caused by the COVID-19 pandemic (Fig. 5.3.).
- > With regard to newly diagnosed HIV cases among PWID, the trend has been downward between 2012 and 2024 (Fig. 5.3. and 5.4.). This decline may be linked to increased harm reduction efforts, such as safer consumption practices, expanded needle exchange programmes, and improved access to HIV prevention and treatment services (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2024). In 2024, the number of new HIV cases among PWID was lower than in the previous year, with four new cases reported. The age distribution of PWID-related cases in 2024 indicates that most affected individuals were aged between 26 and 44 years (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2025).

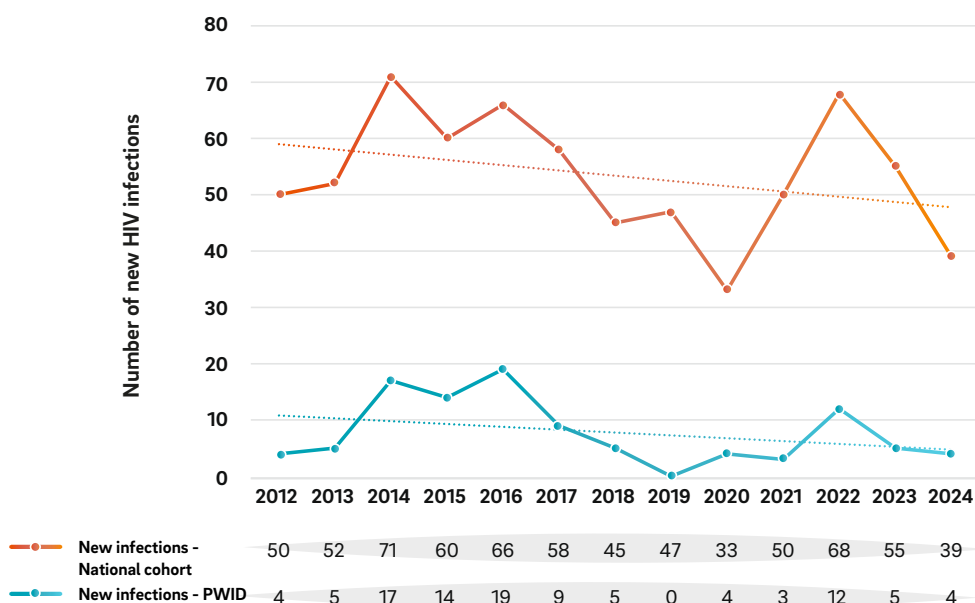


FIGURE 5.3.

Newly diagnosed HIV infections in the general population and PWID (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2025)

Note: The numbers have been revised compared to the National Drug Report 2025 following recent updates.

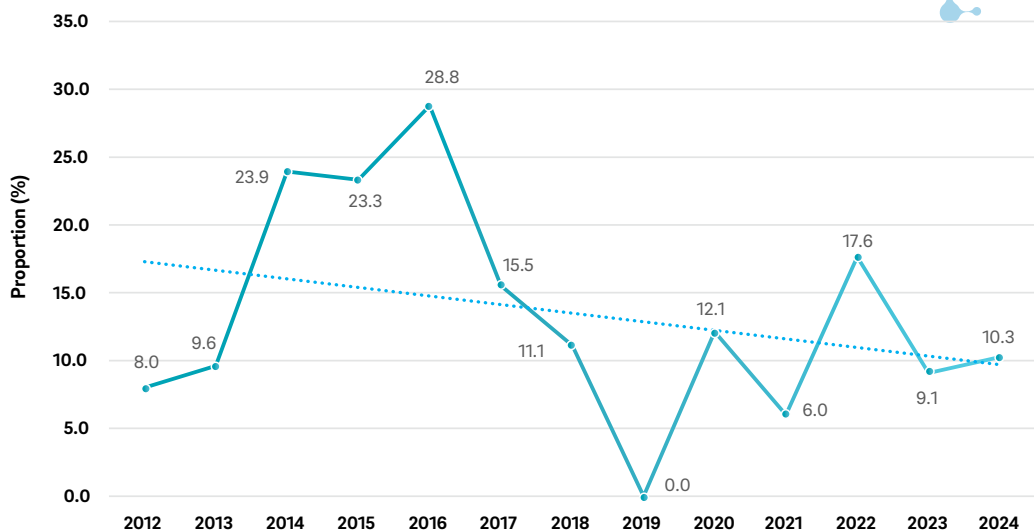


FIGURE 5.4.

Proportion (%) of PWIDs in newly diagnosed HIV patients (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2025)

Note: The numbers have been revised compared to the National Drug Report 2025 following recent updates.



- > In 2021, UNAIDS updated its global HIV targets, originally set in 2014, from 90-90-90 to 95-95-95, with the aim of ending AIDS as a public threat by 2030. In 2024, it was estimated that in Luxembourg, 96% of people living with HIV were diagnosed, 88% were receiving treatment, and 87% had achieved an undetectable viral load (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2025). These figures indicate that Luxembourg is making progress towards the 95-95-95 targets¹. However, the main challenge remains ensuring sustained access to and adherence to treatment for people living with HIV. Long-acting injectable therapies and community-led initiatives offer promising solutions, although their cost and the need to monitor potential treatment failures must be considered in prevention strategies.
- > Luxembourg implements a combination of HIV prevention approaches based on accessible screening, targeted outreach, harm reduction, and biomedical prevention. HIV testing is available through hospital-based blood tests, rapid diagnostic tests (RDTs), and self-testing kits distributed via pharmacies and stores.
 - o Within this framework, the Red Cross's HIV Berodung service provides rapid testing, training activities, and outreach to facilitate access to testing, treatment, and support for people living with HIV and/or hepatitis C (HCV) to reduce onward transmission. A key targeted intervention is the mobile DIMPS (Dispositif d'Intervention Mobile pour la Promotion de la Santé sexuelle) service, developed under the HIV/AIDS Action Plan 2006–2010 in collaboration with the Ministry of Health and Social Security and the CHL. DIMPS delivers free rapid HIV and hepatitis testing and counselling across multiple locations in Luxembourg, with a focus on populations facing stigma or barriers to access, including sex workers, people who use drugs, asylum seekers, and LGBTIQ+ communities. DIMPS also operates in close cooperation with low-threshold services, notably the centre Abrigado, which hosts regular on-site testing sessions. In 2024, DIMPS expanded its activities to include monthly screening sessions at the Rainbow Centre, which is a cultural and community space for the queer community. In total, 677 individuals accessed screening services provided by DIMPS in 2024 (2023: 710).

¹ https://www.ecdc.europa.eu/sites/default/files/documents/CoC_Monitoring%20implementation%20of%20the%20Dublin%20Declaration%20on%20partnership%20to%20fight%20HIV-AIDS%20in%20Europe%20and%20Central%20Asia_2025%20progress%20report.pdf



- o In parallel, the mobile outreach programme *MOPUD/X-Change* (Mobile de Prévention pour Usagers de Drogues), launched in 2017 in partnership with JDH and Abrigado, targets people who use drugs in urban settings. The programme combines harm reduction measures, including syringe exchange, with rapid HIV and HCV testing and referral to care and support services. By 2024, MOPUD/X-Change was operating in five cities—Luxembourg City, Esch-sur-Alzette, Differdange, Remich, and Pétange—with the latter two joining in 2024.
- o These targeted interventions are complemented by broader prevention and awareness activities, such as the 'My Party, My Safety' campaign, which promotes safer sexual practices, condom use, and regular HIV testing in festive and community settings. Biomedical prevention also forms part of the national prevention strategy. Pre-exposure prophylaxis (PrEP) is available in Luxembourg by prescription from infectious disease specialists at the National Infectious Diseases Service at CHL and is reimbursed by the CNS. However, despite its proven effectiveness, PrEP remains too costly to be made universally accessible to all people at higher risk of HIV infection who could benefit from it.

5.2. DRUG-RELATED INFECTIOUS DISEASES – HCV

The HCV prevalence rates among HRDUs and particularly among PWID have remained rather high but have shown a steady decline over the period from 2010 to 2024:

- > RELIS self-reported data: since 2004, HCV prevalence among HRDUs and PWID has remained consistently high, though with periodic fluctuations, including occasional decreases. Since 2014, the proportion of HRDUs and PWID infected with HCV has shown a steady decline, reaching 25.0% and 44.9%, respectively, in 2024 (Fig. 5.5.). In the absence of up-to-date serological data, these figures should be, however, interpreted with caution, as the overall number of infections in these groups remains low and observed trends are not necessarily conclusive.
- > Serology-based data: as part of the national HCV-UD research project², serological data have been collected from a random sample of HRDUs since 2017. Participants were recruited from outpatient drug treatment and harm reduction services, needle and syringe exchange programmes, and prisons. The most recent data from this study indicate an increase in the number of PWID with HCV infection. In 2019, among 45 persons tested, 32 (71.1%) had a positive HCV test result. In 2020, among nine persons screened, four tested positive (44.4%) (Fig. 5.5.). These numbers should be interpreted with caution, as the COVID-19 pandemic significantly impacted HCV screenings, leading to a substantial decrease in sample size compared to previous years. Serology-based data have not been available since 2021.

2 Project HCV-UD « Toxicomanie, hépatite C et substitution: étude épidémiologique, comportementale et clinique au Luxembourg » - <https://www.luxclin.lu/Studies/Details/?c=STP3756SUU>. The project has resulted from a collaboration between the LIH, the CHL and five harm reduction centres in Luxembourg and was implemented in several low-threshold sites with the purpose of providing testing and treatment while identifying risk factors and the transmission clusters related to the HCV infection among people who use drugs (PWUD).

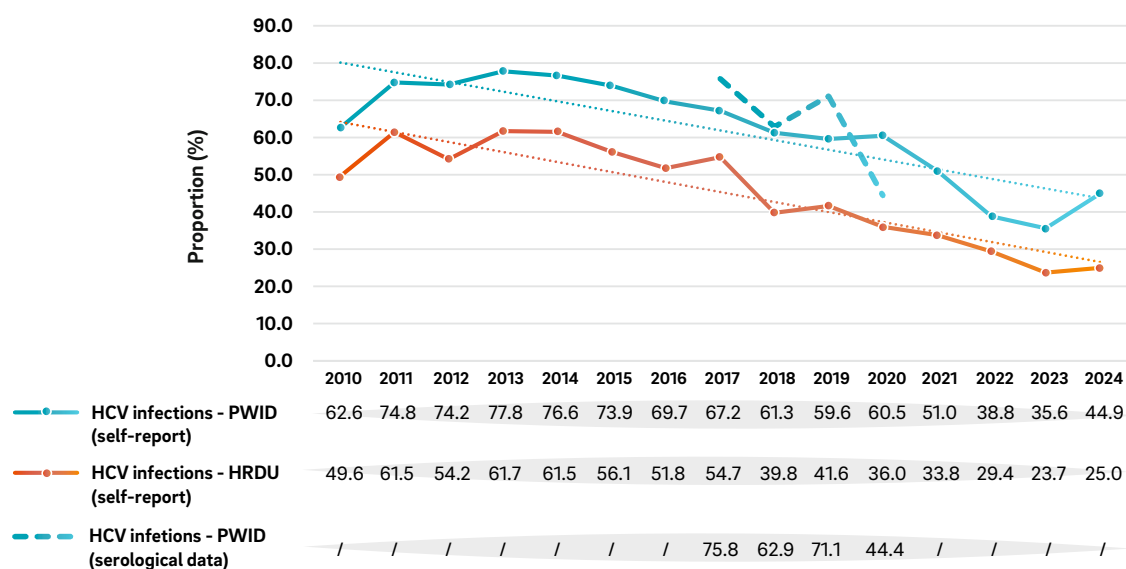
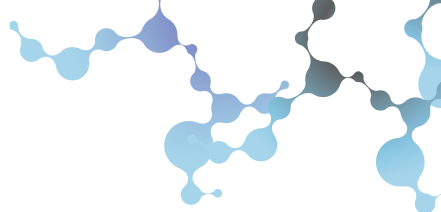


FIGURE 5.5.

Evolution of HCV rates among HRDUs and PWID – self-reported and serological data (valid %) (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2021; RELIS, 2025(2024 data))

Recent efforts in Luxembourg have focused on improving testing, prevention and linkage to care through harm reduction programmes in prisons, low-threshold services, and community-based initiatives:



- > Needle and paraphernalia exchange programmes, together with Opioid Agonist Treatment (OAT) and Heroin-Assisted Treatment (HAT), reduce direct contamination, support user stabilisation through improved treatment adherence, and decrease high-risk behaviours among people who use drugs;
- > A low-threshold medical service and OAT programme has been implemented at the main harm reduction centre which holds two supervised drug consumption rooms in Luxembourg City (Abrigado CNDS). Launched at the start of the COVID-19 pandemic, this initiative was jointly led by the Ministry of Health and specialised NGOs, allowing marginalised people who use drugs to access OAT regardless of social security status;
- > Testing and access to treatment have been expanded for clients of drug treatment centres, many of whom experience social exclusion and barriers to healthcare, strengthening early diagnosis and continuity of care;
- > In the prison setting, Luxembourg's approach to the elimination of viral hepatitis C has been recognised by EUDA and ECDC as a model of care and is described in the 'European Toolkit for the Elimination of Viral Hepatitis in Prisons' (EuroHePP)³. Building on this recognition, a study visit was organised in February 2026, bringing together representatives from EUDA, ECDC and several European countries to better understand the organisational set-up and key success factors of the Luxembourg model. The exchange combined expert discussions with an on-site prison visit. A defining feature of the Luxembourg approach is universal access to a viral hepatitis elimination programme for all people entering prison, including those with substance use disorders. This is complemented by comprehensive prevention and control measures, including needle exchange programmes, safe tattooing services, free condom provision, hepatitis A and B vaccination, regular follow-up, and facilitated access to testing and treatment.



- > It is also worth highlighting that a new initiative, 'PAIRS', was launched in September 2024 as part of the 'Test and Cure the Community' project under Luxembourg's National Hepatitis Action Plan 2023–2028⁴. The main objective of this project is to implement a community-based service for the diagnosis and treatment of hepatitis C among people who use drugs, with the active involvement of peer workers—people with lived experience of drug use who provide support, guidance, and education to participants. The initiative runs nationwide from 2024 to 2028 (Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles, 2025).

5.3. DRUG-RELATED MORTALITY

Drug-related mortality is a complex phenomenon counting as a key indicator of the overall health impact caused by illicit drug use. In Luxembourg, deaths caused by illegal drugs are recorded in two primary sources of information: the Special Registry and the General Mortality Registry (GMR).

The Special Registry, based on forensic evidence, including autopsies and toxicological analysis, provides detailed insight into drug-related deaths. When a suspected overdose case is investigated by the national Judicial Police, post-mortem toxicology performed by the National Health Laboratory (LNS) confirms or rules out drug involvement. Cases confirmed through forensic analysis are classified as acute drug-related mortality, referring to deaths directly caused by illicit drug use, alone or combined with other substances and/or prescription drugs. These include overdoses and acute intoxications (intentional, accidental, or of undetermined intent). While the Special Registry may have limited coverage, it provides rich information on substances involved and circumstances of death and is considered the gold standard in the assessment of direct drug-related deaths.

The GMR, maintained by the Directorate of Health under the supervision of the Ministry of Health and Social Security, is based on the 10th revision of the International Classification of Diseases (ICD-10) codes from death certificates. Nowadays, it provides national coverage, although, it is subject to reporting delays. While the Special Registry includes autopsy-confirmed, direct drug-related deaths, the GMR also covers indirect cases, such as accidents or health complications where drugs were involved but did not directly cause death.

- > Special Registry: The most recent forensic data show that drug-related mortality has followed an overall decreasing trend in recent years, albeit with some fluctuations. In 2000, a total number of 26 acute drug-related deaths were registered. Over the following years, the number of cases gradually declined, with periodic fluctuations, reaching twelve cases in 2024. In 2000, the drug-induced mortality rate in the general population was 6.43 overdose-related deaths per 100,000 inhabitants⁵. In recent years, this rate has shown a general downward trend with some year-to-year variations. In 2024, the drug-induced mortality rate stood at 2.58 per 100,000 inhabitants aged 15 to 64 years, corresponding to the twelve recorded cases (LU 2024 population size for ages 15-64: N=465,093) (STATEC, 2024) (Fig. 5.6.)⁶.

4 Programme national de lutte contre les hépatites virales 2023–2028 - <https://santesecu.public.lu/dam-assets/fr/publications/p/plan-national-hepatites/2025-02-24-programme-de-lutte-contre-les-hpatites-2023-2028-v8-final-2.pdf>

5 All age groups.

6 For Luxembourg, the figures for overdoses and infectious diseases are statistically low. As a result, both positive and negative changes in trends should be interpreted with caution, as they are not definitive. To improve the reliability of trend analysis, methodological adjustments – such as regrouping data into three-year periods – could be considered.

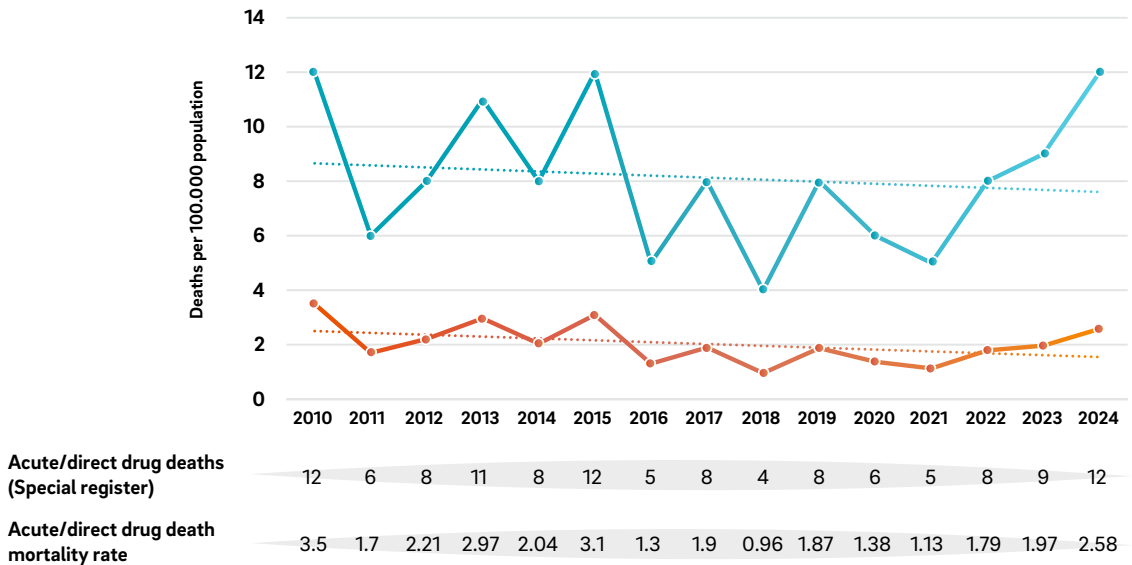


FIGURE 5.6.

Evolution of drug-related death cases and mortality rates per 100,000 inhabitants (Special Registry - National Health Laboratory – LNS, 2024)

CHARACTERISTICS OF OVERDOSE VICTIMS IN THE SPECIAL REGISTRY



- > Regarding the gender distribution of fatal overdose victims, fluctuations have been observed over the years; however, the majority of victims have consistently been male. In 2024, ten victims were male and two were female (Fig. 5.7.).
- > The mean age at the time of death has generally shown an increasing trend over the past 28 years, with some fluctuations. A sharp decrease occurred in 2019, lowering the mean age to 34.6 years (min: 16 years; max: 50 years), mainly due to a single case under the age of 20 (significant impact on the statistic due to the low absolute numbers). The number of victims under the age of 20 has remained relatively stable, with no cases below this age reported between 2020 and 2024. In 2024, the mean age of fatal overdose victims was 42.5 years, which is higher than in 2023 (Fig. 5.7.). Despite recent fluctuations, the overall trend suggests that drug overdose victims are generally getting older, reflecting an aging population of drug users.

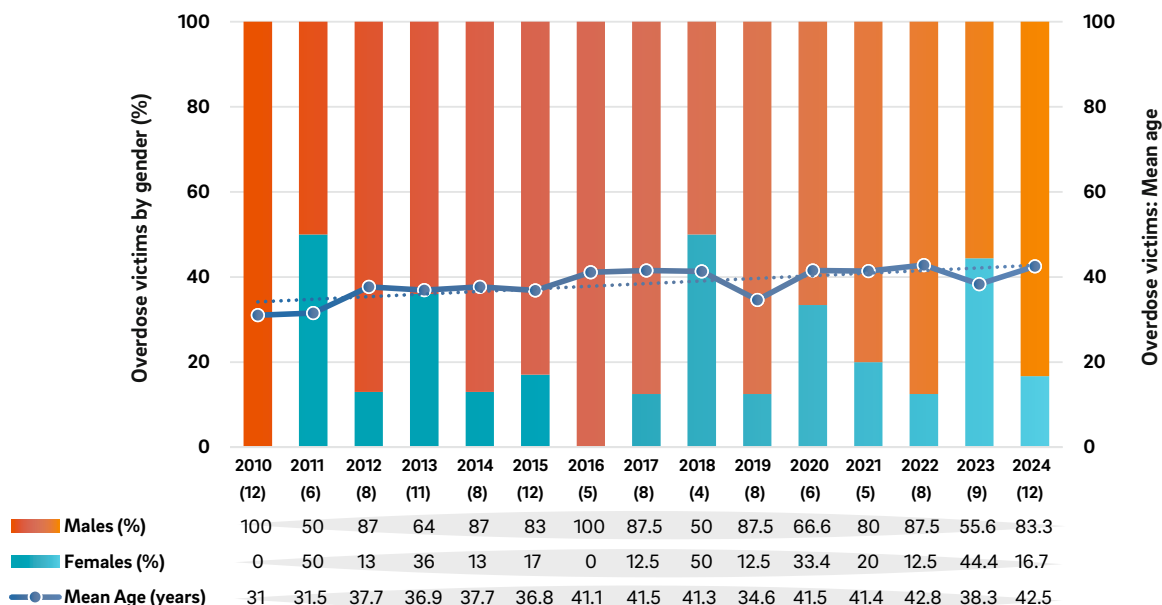


FIGURE 5.7.

Gender and age trends in acute drug overdose victims (Special Registry - National Health Laboratory – LNS, 2024)

- > It is worth noting that some of the acute drug death victims listed in the Special Registry were known to law enforcement for their drug history. In 2024, this applied to approximately 33% of victims (2023: 56%; 2022: 75%; 2021: 80%; 2020: 83%; 2019: 83%). As for the place of death, since 2004, around 50-65% of overdoses occurred at the victims' homes, followed by public places (e.g., parking areas, trains, public bathrooms). In 2024, approximately 58% of deaths occurred at home and 25% at an unknown location, while the remaining cases (each accounting for 8.3%) occurred in hotels or public places. Regarding nationality, natives usually represent the largest group of victims, followed by smaller numbers from residents of neighbouring countries. In 2024, however, five victims (42%) were natives (2023: 100%; 2022: 75%; 2021: 60%; 2020: 66%; 2019: 63%). These distributions should be interpreted with caution due to the small absolute figures.
- > Forensic data from the forensic toxicology department of the National Health Laboratory (LNS) show that opioids (particularly heroin and methadone) remain the most frequently involved substances in overdose cases, followed by cocaine. Notably, since 2000, methadone presence in overdose victims' blood samples has been increasing. In 2024, heroin and methadone were detected in eleven cases (92%), cocaine in ten cases (83%), benzodiazepines in seven cases (58%), cannabis/THC (or its metabolites) in four cases (33%), and alcohol in three cases (25%) (Fig. 5.8). Toxicology data from the same year also indicated the involvement of analgesic drugs, with tramadol detected in four deaths directly attributed to substance use.
- > Overall, the pattern of substances involved in overdose cases in 2024 was similar to that observed in 2023. However, toxicology results indicated a higher frequency of cocaine involvement in 2024 (2024: 83%; 2023: 66%). In addition, benzodiazepines continue to be frequently detected in direct drug-related deaths, often in combination with other substances such as opioids or alcohol.

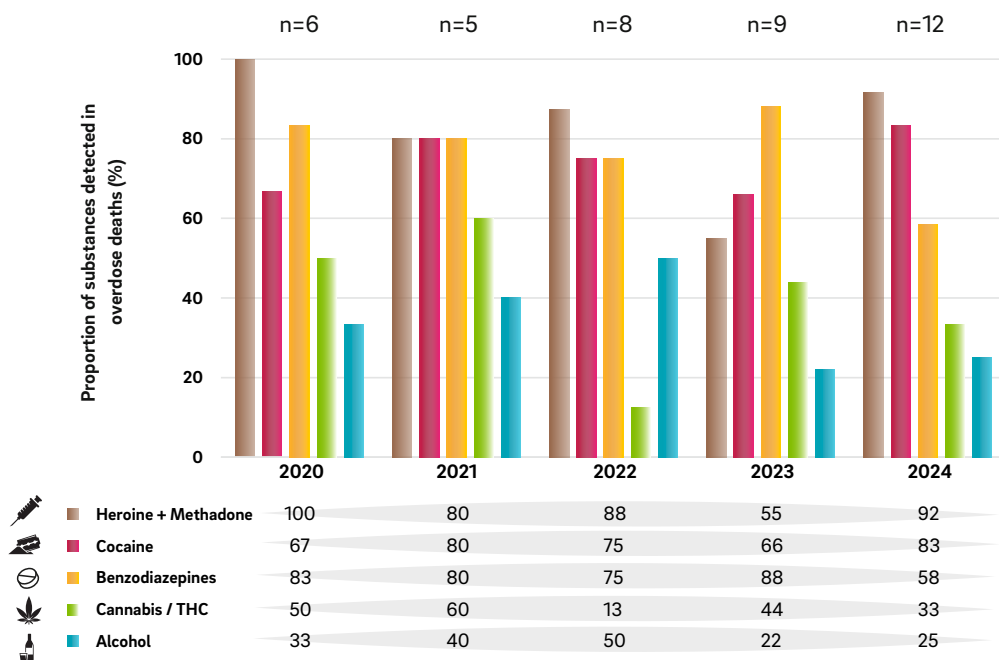


FIGURE 5.8.

Most frequently detected substances in overdose deaths (Special Registry - National Health Laboratory – LNS, 2024)

Note: Percentages represent the proportion of overdose deaths in which each of the most frequently detected substances was present. Individual cases may involve multiple substances, so percentages do not sum to 100%. Total direct deaths per year (n) are indicated at the top of the figure.

- > The general decline in direct drug-related deaths over the years, as shown in Figure 5.6, is likely due to the regionalisation and expansion of the OAT programme, along with the development of low-threshold services, particularly supervised drug consumption facilities. Since its opening in 2005, the harm reduction centre 'Abrigado CNDS' in the city of Luxembourg has assisted around 2,500 overdose episodes. A second centre run by 'Fondation Jugend- an Drogenh lle' (JDH), which also holds two supervised drug consumption rooms, has been operational in the largest southern city (Esch-sur-Alzette) since September 2019. Opioid-related overdoses at these centres have decreased, with no fatal cases. Additionally, the Heroin-Assisted Treatment (HAT) substitution programme, launched in March 2017 by the JDH, was another factor contributing to the decline in direct deaths. For more information about intervention programmes, please refer to chapter 6.

ADDITIONAL INFORMATION ON OPIOID-RELATED DEATHS

Over the past 30 years, the forensic toxicology department of the National Health Laboratory has investigated direct drug-related deaths, including those involving opioids, such as prescribed opioids used in OAT, as well as other illegal substances. As described above, the results of these investigations have been recorded in the Special Registry. Figure 5.9 presents data from this registry on prescription opioid-related deaths for the period 2010 to 2024. These data should be interpreted in the context of the increasing number of autopsies performed over time, although fewer were conducted in 2024 than in 2023 (2024: 118; 2023: 143; 2020: 86; 2010: 80; 2000: 72). Overall, the number of direct deaths attributed to prescription opioids has remained relatively stable across the years, with six cases reported in 2024. While the long-term trend in the proportion of these deaths among all autopsies shows a gradual decline, a slight increase was observed in 2024 (5.1%), which likely reflects the lower number of autopsies rather than a true rise in prescription opioid-related mortality.

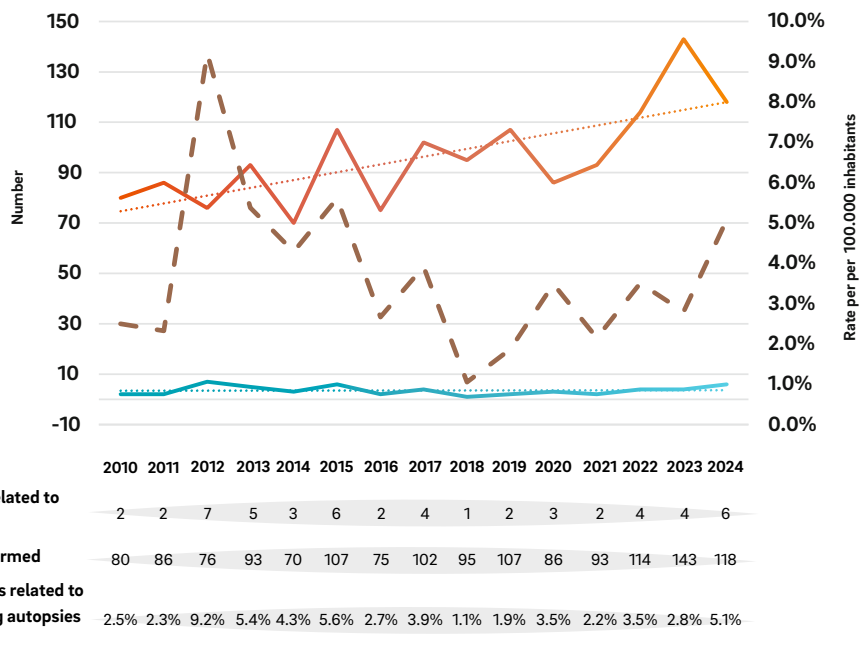


FIGURE 5.9.

Evolution of direct deaths related to prescription opioids (Special Registry - National Health Laboratory – LNS, 2024)

- > General Mortality Registry: the most recent data on drug-related deaths from death certificates coded using ICD-10 show year-to-year fluctuations, with an overall increasing trend between 2010 to 2024⁷. In contrast to the Special Registry, which includes drug-induced deaths confirmed by post-mortem autopsy, the GMR also captures cases in which drugs were involved but were not identified as the primary cause of death. In 2024, nineteen drug-related deaths were reported in the GMR, including twelve cases that were also registered in the SR. Most drug-related deaths in the GMR, are classified as 'accidental poisoning' (ICD codes X41–X42), corresponding to fatal overdoses. Between 2010 and 2024, the number of deaths in this category was initially low; however, from 2017 onwards, a general upward trend has been observed, despite periodic fluctuations. In 2024, six deaths were recorded under ICD code X42 (in combination with codes T40.0–T40.9), with T-codes representing the main injury/poisoning diagnosis (Fig. 5.10. and the associated note for details). Another notable category is 'exposure to other and unspecified drugs' (ICD codes X44 and X64), which has increased in recent years. In 2024, this category accounted for 36.8% (seven deaths) of all drug-related death cases.

⁷ Please note that these fluctuations are partly due to organisational and methodological changes related to the recording of deaths.

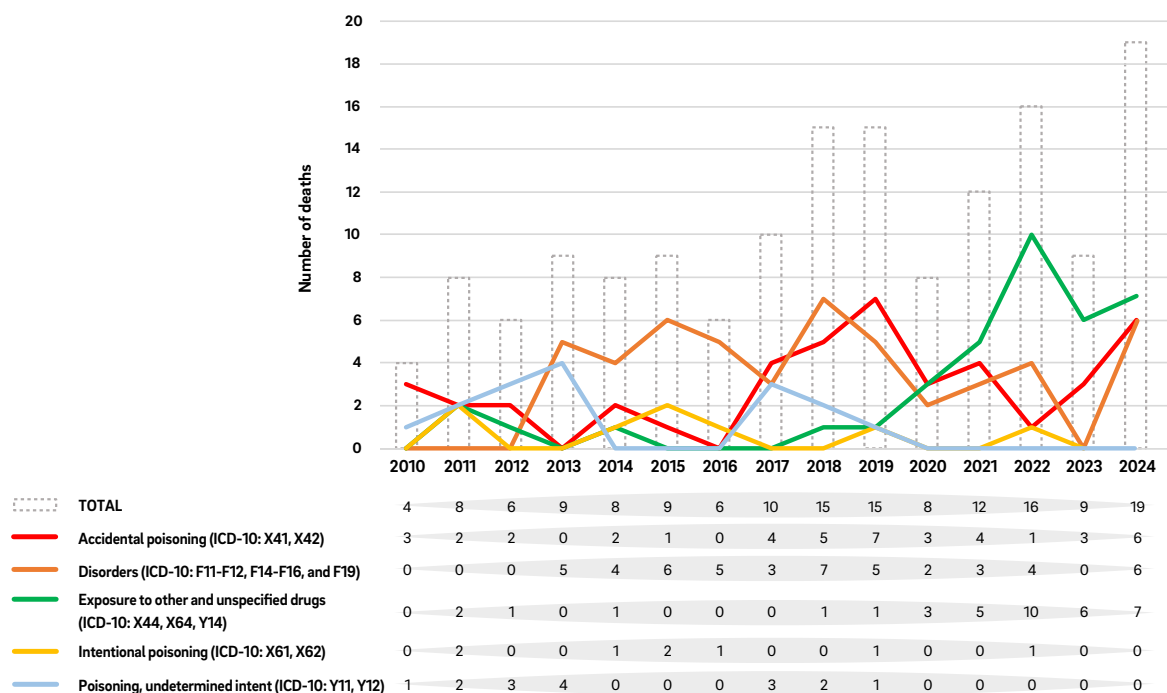
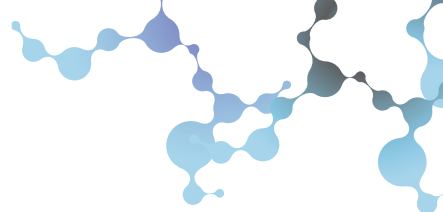


FIGURE 5.10.

Trends in drug-related deaths based on the General Mortality Register (GMR) and ICD-10 Classification (Department of epidemiology and statistics, Directorate of Health, Ministry of Health and Social Security, 2024)

Note: It should be noted that ICD-10 codes for accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning of undetermined intent (Y11, Y12), as well as codes for exposure to other and unspecified drugs (X44, X64, Y14), are combined with main injury codes (T-codes) such as T40.0–T40.9 and T43.6. The T-codes provide further detail on the substances involved, with T40.0–T40.9 categorising narcotics (e.g., opioids, heroin, cocaine) and T43.6 identifying psychostimulants. This coding system enables precise classification of the cause and substances linked to drug-related deaths.



- > **Comparison between the Special Registry and the GMR:** to account for potential underreporting, data from both registries have been compared for the years 2010 to 2024. As depicted in Figure 5.11, this comparison highlights discrepancies in the number of direct drug-related deaths reported, with generally higher numbers recorded in the GMR between 2016 and 2024. These differences likely stem from the distinct scopes of the two registries. The Special Registry includes direct drug-related deaths confirmed through forensic toxicological analysis via autopsy, whereas the GMR also accounts for indirect cases certified by a medical doctor (without post-mortem toxicological analysis). The GMR further includes indirect drug-induced deaths resulting from accidents or health conditions where drugs were involved but were not the direct cause of death or where drugs contributed to death alongside other illnesses.
- > It is also important to note that cases reported in both the Special Registry and the GMR are not limited to PWID or HRDUs. They may also include individuals who misused prescription medicines or took drugs recreationally (occasionally) but are not classified as PWID or HRDU. Consequently, indicators such as accidental poisoning, intentional poisoning, and poisoning of undetermined intent may not always accurately reflect overdose cases, specifically among PWID or HRDUs.
- > Given these differences in case inclusion, the Special Registry and the GMR serve complementary but distinct roles in tracking drug-related mortality. While the Special Registry provides more precise data on the substances involved and their direct contribution to acute overdoses, the GMR offers a broader perspective by including indirect drug-related deaths. Both sources complement each other, but caution is needed when comparing them, as they rely on different methodologies and cover different aspects of drug-related mortality (Fig. 5.11).

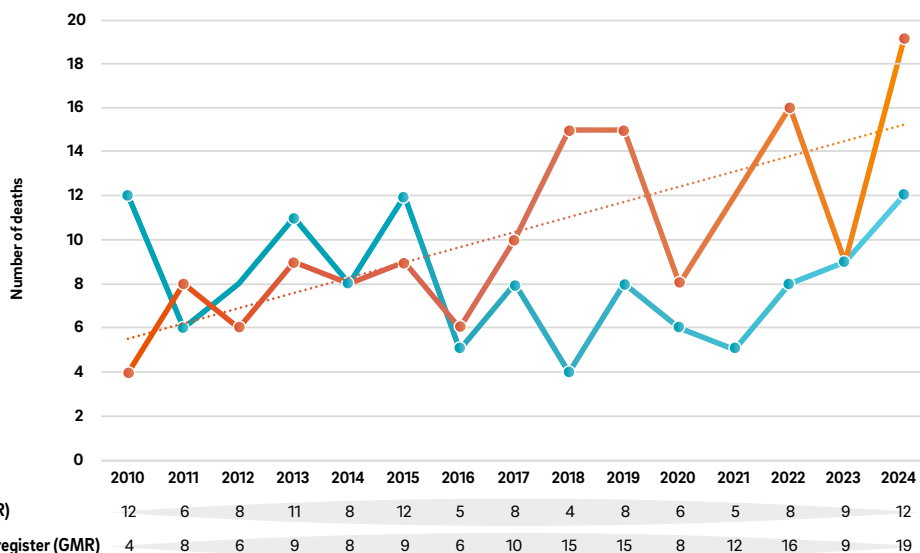


FIGURE 5.11.

Trends in Drug-Related Deaths: A comparison between the Special Registry and the General Mortality Registry (GMR) (National Health Laboratory - LNS (2024); Department of epidemiology and statistics, Directorate of Health, Ministry of Health and Social Security, 2024)

5.4. DRUG-RELATED ACUTE EMERGENCIES AND OVERDOSE INCIDENTS

Data on drug-related acute emergencies are reported by the two low-threshold centres that operate supervised drug consumption rooms (for inhalation and injection). Abrigado CNDS is the main harm reduction centre in Luxembourg City, while Contact Esch, operated by the Foundation 'Jugend- an Drogenh lle', is located in the south of the country.

- > In 2024, two acute emergency episodes related to heroin use were recorded at Abrigado CNDS. All involved loss of consciousness and were classified as non-fatal overdoses; no episodes without loss of consciousness were reported. This reflects the overall declining trend in opioid overdose episodes in recent years.
- > Regarding non-fatal cocaine overdoses, these were higher in earlier years but have shown a decreasing trend in the most recent period. As presented in Table 5.1., 52 non-fatal cocaine overdoses were recorded at Abrigado in 2021, compared to only three in 2024 (Abrigado CNDS, 2025).
- > At the Contact Esch centre, the number of non-fatal acute emergency episodes has also decreased in recent years. In 2024, no acute emergency cases were reported (Fondation JDH, 2025).

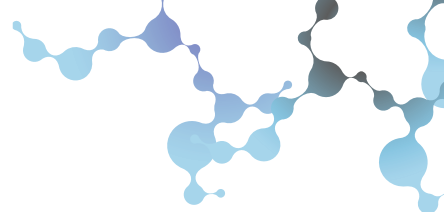


TABLE 5.1.

Overdose incidents (non-fatal) at national low-threshold centres (Abrigado CNDS and Contact Esch, 2024)

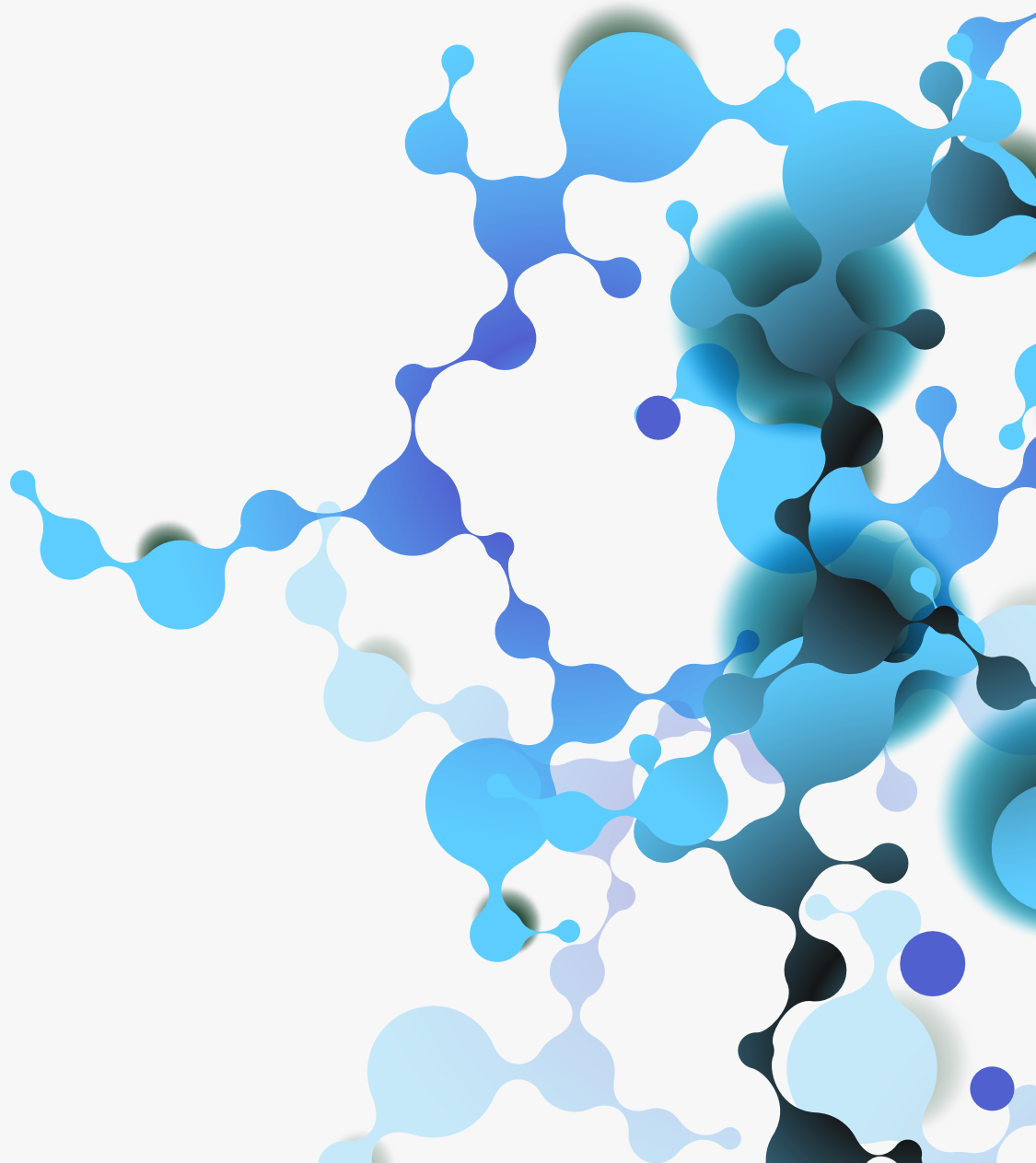
	2020	2021	2022	2023	2024
ABRIGADO CNDS					
- Heroin – with loss of consciousness	10	7	1	1	2
- Heroin – without loss of consciousness	12	2	4	4	0
- Cocaine overdose	3	52	16	8	3
CONTACT ESCH					
- Moderate overdose	11	11	4	1	0
- Severe overdose	1	0	0	0	0

Note: In the past years there have been no fatal overdoses at the low-threshold centres



6.

RESPONSES TO HEALTH CONSEQUENCES





6. RESPONSES TO HEALTH CONSEQUENCES

6.1. A FOCUS ON PREVENTION OF DRUG USE AND ADDICTIVE BEHAVIOUR

The planning and implementation of primary drug prevention is under the authority of governmental actors, and results from collaborations between the Ministry of Health and Social Security, the Directorate of Health and the National Centre for Addiction Prevention (i.e. CNAPA – Centre National de Prévention des Addictions). Prevention is a key pillar of the 2020-2024 National Drug Strategy and Action Plan encompassing a wide range of complementary approaches, areas and actors (Ministère de la Santé, 2020). Preventive interventions of drug use and addictive behaviours generally aim at:

- > reducing initiation to drugs;
- > delaying the onset of drug use;
- > promoting protective actions and healthy lifestyles in the general population and in groups at risk, notably young people and their peers; and
- > reducing the social, mental, and physical health risks linked to drug use.

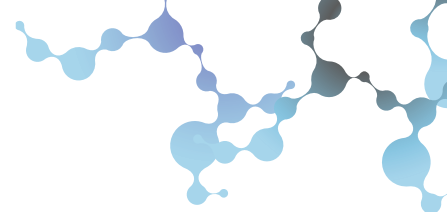
Environmental and universal prevention strategies target entire populations, while selective prevention strategies focus on vulnerable groups at greater risk of developing substance use problems. In contrast, indicated prevention strategies are aimed at individuals already at risk of developing substance abuse and/or behavioural dependency. Selective actions for young people and their peers include prevention measures such as health education and promotion in school settings, which address attitudes and risk perceptions regarding drug use. The goal of these prevention efforts is to increase awareness, promote critical thinking among adolescents, and to build resilience skills, while also promoting harm reduction among recreational and high-risk drug users.

CNAPA – CENTRE NATIONAL DE PRÉVENTION DES ADDICTIONS

The main national actor in the field of drugs and addiction prevention is the 'CNAPA' with the mission of addiction prevention and health promotion. The National Drug Strategy and Action Plan 2020–2024 mandated the CNAPA to develop a national addiction prevention concept. This concept explicitly refers to CNAPA's statutes, underscoring its central role as the coordinating body in the field of addiction prevention. CNAPA, in its role as a central reference point, advisory body, and independent expert authority, is responsible for ensuring overall coordination in this area. CNAPA intervenes in a wide range of settings including schools, extra-curricular institutions such as youth centres, and municipalities. Professional training but also teaching materials and projects in the field of addiction prevention targeting different national stakeholders are developed to best fit the needs of the latter, including children and young people.

The pillars of the national prevention approach are, among others:

- > The development of a catalogue of prevention strategies and measures in the fields of 'childhood and youth', 'workplace' and 'municipalities'.
- > The strengthening of the exchange and coordination of all relevant actors.
- > The establishment of a research group in the field of addictive behaviours.
- > The development of an information centre for the public.
- > The establishment of an evidence-based database / best practice portal providing access to assessed prevention strategies and measures in the Luxembourgish context.



In 2022, CNAPA presented the first structured and national prevention concept. The national concept describes sustainable and effective addiction prevention strategies that have been proven to be scientifically effective, an inventory of prevention activities in Luxembourg, the objectives of national addiction prevention work, as well as strategic considerations for achieving these objectives. A new key area of focus concerns preventive measures accompanying the cannabis regulation adopted in July 2023, which allows adult residents to cultivate up to four plants per household and reduces fines for possession of up to three grams of cannabis in public. As the national centre of expertise for addiction prevention, the coordination concept further proposes that CNAPA should issue expert opinions and formulate evidence-based recommendations on addiction-related issues in order to support policy decision-making processes.

As part of this coordination role, a more structured review of addiction prevention at the national level is planned for 2026. The aim is to obtain a structured overview of all actors and measures in addiction prevention and, where necessary, to identify additional needs. CNAPA will ensure structured collaboration among all key actors involved in addiction prevention.

In October 2024, CNAPA organised a forum about resilience and growing up healthy ('Resilienz, Gesund opwuessen'), attended by more than 200 participants. Moreover, since 2023, CNAPA has supported the dissemination of the Mental Health First Aid training programme¹, both the standard and youth programme, which was initially developed in Australia in 2000. This initiative is supported by the Ministry of Health and Social Security in Luxembourg.

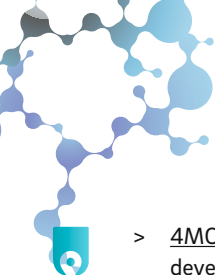
OTHER PREVENTION ACTORS

Besides the prevention work developed by 'CNAPA', the therapeutic addiction treatment service 'Impuls' (Foundation Solina, Solidarité Jeunes asbl) targeting adolescents and young adults provides preventive counselling interventions. The national treatment institution 'Quai 57 (ARCUS)' is also involved in prevention work, providing information and training offers to raise awareness about addictions and substance use among the general public and professionals. Furthermore, the association '4motion asbl' offers prevention and harm reduction interventions in recreational settings. Other actors involved in preventive measures include the Foundation 'Jugend- an Drogenhëllef²' (JDH), the 'Red Cross' and the 'Psychosocial and School Support Centre' (CePAS).

- > **Fondation Solina:** Besides the prevention interventions and training tools developed by CNAPA, the therapeutic drug treatment counselling service 'Impuls' by the 'Fondation Solina' targeting adolescents and young adults also provides preventive counselling interventions. In 2022 and 2023, the youth care institution 'Impuls' continued to expand its prevention services. Further training was offered to teachers and professionals from youth welfare services based on a guideline for dealing with young people using drugs. Recently, the Foundation Solina created a service called SEBRA. SEBRA is intervening in secondary schools, offering addiction prevention, development and specialist advice for interdisciplinary teams, ongoing training for health professionals, teams and multipliers, and systemic coaching and supervision services. In the future, SEBRA aims to target professionals and multipliers from the non-formal and formal sectors who have daily/regular contact with children and young people, such as staff from high schools, teachers, social workers, psychologists and care staff from specialised institutions.
- > **QUAI 57:** The national treatment institution 'Quai 57 (ARCUS)' is also involved in prevention work; providing information, training and offers to raise awareness among the public and professionals. Topics include addiction in general and, recently, and more specifically, alcohol prevention for pregnant women and addiction prevention at workplaces.

1 <https://www.pssm.lu/>

2 EN : Youth- and Drug support



- > **4MOTION ASBL/PIPAPO:** Prevention in recreational and festive settings (such as drug testing) have been developed and implemented nationally in recent years by 4motion asbl, in particular their initiative called PIPAPO, with a focus on 'Education for social change and party culture'.

The harm reduction project 'PIPAPO – sex, drugs and party' under the NGO '4Motion asbl', launched in 2016, informs partygoers and organisers on how to party at low risk. They also offer a free product analysis service for users of psychoactive substances: DUCK – DrUg CheckKing. 'Party Safe City', launched in 2020, provides more outreach and street interventions by directly approaching adolescents/young adults who gathered together in outdoor settings (mainly Luxembourg city) to provide guidelines on how to 'party safe' during the COVID-19 pandemic. 'Pipapoter', launched in 2019, offers drug consumption monitoring and drug checking services. 'SaferNight', which was added in 2022, aims at fighting chemical submission.

Over the past two years, 4motion and the National Health Laboratory continued to develop a mobile drug-checking service offering substance analyses at festive events. This offer provides the user the results of the substance analysis within minutes, together with information and counselling advice for health promotion and safer use strategies. During the summer of 2024, the mobile team of 4motion and the National Health Laboratory provided the first mobile drug checking service at a national music festival using a HPLC machine. Due to technical challenges, this machine will only be used for additional drug checking at the PIPAPO office premises. However, PIPAPO has been equipped since 2025 with a Fourier transform infrared spectroscopy (FTIR) machine, allowing the continuity of mobile drug checking at festive and nightlife events. Since 2023, Drug Checking services are also offered at the supervised drug consumption facilities in Luxembourg City and Esch-sur-Alzette (chapter 5 for further information on these facilities).

POLICE GRAND-DUCAL: From 2022 to 2024, the Police Grand-Ducale steadily increased school-based prevention efforts. In 2022, 406 sessions addressed substance use and 325 focused on violence prevention. These rose to 512 and 425 respectively in 2023, and in 2024, 504 sessions targeted substance use while 540 addressed violence prevention (Police Grand-Ducale, 2023–2025).

6.2. TREATMENT AND HARM REDUCTION RESPONSES IN LUXEMBOURG

Specialised drug treatment in Luxembourg includes inpatient and outpatient services. These services rely on government support and are provided through specialised harm reduction and low-threshold agencies, hospital-based drug treatment units, outpatient treatment facilities, and inpatient treatment facilities. Treatment units are also available in prisons. The treatment system is decentralised and primarily provided by state-accredited and state-financed non-governmental organisations. Outpatient treatment is offered free of charge, whereas inpatient treatment is covered by the national health insurance. All institutions work in close collaboration, forming an inter-connected therapeutic chain.

HARM REDUCTION AND LOW-THRESHOLD SERVICES

- > Currently two centres offer harm reduction services for high-risk drug users (HRDU) in the centre of the country. The first is the 'Abrigado CNDS' centre, run by the national social defence committee³, and the second is the 'Contact 28', run by the Foundation 'JDH'. The Foundation 'JDH' further offers harm reduction services in the South ('Contact Esch') and in the North ('Contact Nord') of the country. Services include offers such as day and night shelter, as well as supervised injection and inhalation facilities (in the centre of the country and in the South).
- > In July 2005, the first supervised drug injection room opened in Luxembourg City. It was integrated into the low-threshold centre 'Abrigado CNDS' providing day care, night shelter (42 beds) and low-threshold services to people who use drugs. In 2015, an additional supervised room for inhalation became operational at the 'Abrigado CNDS' centre.



- > Supervised drug consumption rooms, one for injection and one for inhalation, were established as part of the harm reduction facility ('Contact Esch') in the southern city of Esch-sur-Alzette. Operated by the 'JDH' Foundation, the facility opened in September 2019.
- > The supervised injection facility at the 'Abrigado CNDS' centre provides eight places, and the blow/inhalation room six places, whereas the supervised injection and blow facilities at 'Contact Esch' provide four places each. Another low-threshold offer run by the Foundation 'JDH' was opened in the northern city of Ettelbruck in 2014 ('Contact Nord').
- > In the beginning of 2025, the MARGA centre (CNDS), a harm reduction service for adult women who use drugs and are victims of violence, are homeless, or engage in prostitution was inaugurated in Luxembourg City. The Day Center offers low-threshold services and a safe space: reception and rest areas, safer use and safer sex counselling, individualised support, activities, relaxation options, and medical assistance (Monday through Sunday, 9:00 AM – 4:00 PM).
- > Furthermore, the 'Drop-In service' is available in Luxembourg City, offering a safe place for sex workers and people who use drugs, where they can access medical, social, psychological, and material support, as well as follow-up care. To complement this service, the 'PASS-By service' was established, ensuring 24/7 access to safer use and safer sex equipment, along with low-threshold nursing care for people who use drugs. As of 2024 however, the DropIn service does not exchange any material for safer use and concentrates only on sex-work. The material exchange is provided by the service 'PASS-By' (Prévention par l'Accès au matériel Safer use/sex et aux Soins Bas-seuil).
- > The 'Pipapo' project from the NGO '4motion asbl' provides both prevention and harm reduction services through the 'DrUg CheCKing (DUCK)' project targeting drug users in recreational or festive settings. The 'DUCK' project allows for testing of substances, including NPS, used in these settings. Users have the opportunity to visit the stand of 'Pipapo' at the festive event and hand over a small sample for analysis. During their visit, users are invited to describe what substance they think it is, as well as the expected effects. The 'DUCK' team uses this interaction to raise awareness about the risks associated with drug use and to promote more responsible consumption. The samples collected by the 'DUCK' service have generally been sent to the 'National Health Laboratory' for spectrochemical analysis, while the samples are destroyed after testing.
- > Since 2020, the 'DUCK' project by 'Pipapo' has been complemented by the 'Pipapoter' service, which is an integrated counselling service available on various weekdays at the main office building of '4motion asbl'. In addition to providing drug testing services, clients can ask questions related to safer sex, safer partying, and drug use. These inquiries may concern specific substances or focus on strategies for safer consumption. Clients are generally encouraged to return for a follow-up visit to the 'Pipapoter' service once the test results are available. This allows 'Pipapo' staff to provide personalised feedback on the composition of the substance, its expected effects, and the associated risks or harms based on the user's patterns of use.
- > In August 2024, Pipapo' launched its first mobile drug-checking unit, offering onsite testing and immediate feedback to clients at festive settings.

In 2024, the 'DUCK' team collected 187 samples for the purposes of drug checking (2023: 150; 2022: 117; 2021: 120), of which 31 were collected at festive settings. The samples were safely transported to the 'National Health Laboratory', where the analyses are conducted. The laboratory results were usually available on the next weekday, and generally confirmed the substance expected by the consumer.

In 2024, 46 'Pipapoter' consultations were provided (2023: 46; 2022: 41; 2021: 69). In total, 37 people benefited at least once from the 'Pipapoter' consultation offer in 2024 (2023: 42; 2022: 37; 2021: 48).



SPECIALISED OUTPATIENT DRUG TREATMENT CENTRES

The Foundation 'JDH', created in 1986, is the main treatment provider at the national level. It provides various psychosocial, therapeutic and medical care services for consumers of psychoactive substances, including people who have a problematic drug use, parents with drug addictions and their children, mothers and pregnant women providing intervention to strengthen the parenting skills, and their relatives. The Foundation 'JDH' runs three regional antennas that are situated in Luxembourg City (Centre), in Esch-sur-Alzette (South), and in Ettelbruck (North).

The 'Alternativ Berodungsstell' (Alternative Counselling Centre) is a specialised outpatient service implemented in Luxembourg City. Its main objectives are to establish first contact with people who use drugs searching for treatment and to assist them in the development and organisation of a therapeutic counselling project, detoxification, psychiatric/ psychotherapeutic interventions, and the provision of informative or therapeutic sessions.

The service 'Quai 57 (ARCUS)' implemented in Luxembourg City is primarily a social and psychological counselling and referral agency providing help to people who suffer from addiction or an addictive disorder (with or without substance abuse) or to family members and/or peers of people with an addictive disorder. The service 'Quai 57 (ARCUS)' also offers counselling in other regions of Luxembourg, such as Rédange, Grevenmacher, Mersch, Diekirch, Marnach and Esch-sur-Alzette.

The treatment service 'Impuls' (Foundation Solina) provides, in the framework of youth protection, psychosocial and therapeutic assistance to young people (generally below the age of 21 years) and their families when they are confronted with the consumption of legal and illegal psychoactive substances. The treatment service 'Impuls' has its main seat in Luxembourg City, while there are also antennas in the North (Ettelbruck) and South of the country (Esch-sur-Alzette).

The ÄDDI-C Centre is the Rehaklinik's ('centre hospitalier neuro-psychiatrique' – CHNP) specialised information, counselling, and treatment centre for outpatient addiction treatment. It is designed for adults facing challenges related to the use of alcohol, medications, or illicit substances, as well as their close family and friends. Care is provided within a framework of psychiatric and psychosocial rehabilitation. It aims to support lasting change, taking into account the patient's personal situation, resources, and environment. Support is voluntary and takes place within a structured, safe, and respectful therapeutic setting. When immediate abstinence is not possible, the support first aims to reduce the risks and negative consequences associated with substance use. Mental health conditions frequently associated with addictive behaviors (anxiety, depression, ADHD, trauma, etc.) are assessed and taken into account in the follow-up care.

HOSPITAL-BASED DRUG TREATMENT UNITS

Detoxification treatment is provided by psychiatric units within the following general hospitals:

- > Centre Hospitalier du Nord – CHdN (Ettelbruck - North);
- > Centre Hospitalier Emile Mayrisch – CHEM (Esch-sur-Alzette - South);
- > Centre Hospitalier de Luxembourg – CHL (Luxembourg City - Centre);
- > Hôpitaux Robert Schuman (sites Zithaklinik and Hôpital Kirchberg) – HRS (Luxembourg City - Centre).

INPATIENT TREATMENT SERVICES

The national residential therapeutic centre at the 'Syrdall Schloss' called 'Centre Thérapeutique de Manternach' ('CTM') is managed by the CHNP. The therapeutic centre is situated in the East of the country and provides assistance to people who have a behavioural addiction due to (illegal) substance use. The centre is organised as a therapeutic community and can accommodate up to 25 people. Patients are allowed to follow opioid agonist treatment in-house. Mothers and/or fathers accompanied by their children may also follow a therapeutic programme at the centre. The goal of the therapeutic community is to help each individual lead a life without drugs and reintegrate into society and work. The therapeutic programme of the centre is divided into three progressive phases. Before admission to the 'Syrdall Schloss', it is mandatory to first consult the 'Alternativ Berodungsstell' orientation office in Luxembourg City. All patients have to go through detoxification before entering the therapy.



In 2021, the 'CTM' engaged in an ongoing reform to adapt their offer to the patients' needs and to reduce waiting lists. The reform has shortened the duration of the therapy for some patients, which so far ranged from 6 to 15 months on average. In many other countries, similar therapies usually last between 3 to 6 months. The 'CTM' now implements more individualised, flexible treatment options with an increased focus on psychotherapy. In addition, the value of the therapy outside the therapeutic closed setting is expected to increase, as patients are given more responsibility and fewer restrictions. The 'CTM' furthermore continues to improve the therapy for mothers with children, as their treatment takes longer on average. A working group has been created by the 'CTM' to implement the changes without compromising current patients' therapy.

A specialised residential rehabilitation centre for youngsters (Centre Thérapeutique Putscheid') was opened in the beginning of 2007 in the North of the country under the management of the 'CHNP'. The rehabilitation centre can accommodate up to twelve people of both genders, between 12 and 17 years old, who suffer from a psychiatric disorder or a social behaviour disorder, sometimes associated with psychoactive substances misuse or a post-traumatic dysfunction. While adolescents usually stay between 4 and 6 months, the centre provides therapeutic counselling to adolescents and facilitates family, school and/or socio-professional reintegration.

The Useldange Therapeutic Centre (CTU) is a residential facility specialised in the treatment of alcohol, cannabis, and prescription drug addictions. It is designed for individuals who have already completed detoxification and wish to maintain their abstinence within a structured therapeutic setting. The CTU follows a psychotherapeutic rehabilitation approach. The support provided aims to strengthen patients' motivation, reinforce their ability to maintain abstinence, and prevent relapses, while taking into account their personal, psychological, and social circumstances. The goal is to foster lasting independence and to prepare, in a gradual and safe manner, for social and professional reintegration.

The Foundation JDH manages several inpatient services, covering different populations:



- > The 'Les Niches' programme offers stabilisation and/or social reintegration by providing housing to individuals or families, supported by long-term, personalised psycho-medical-social care. This programme is designed for current and former users of all substances, with or without children. In principle, there is no time limit on occupancy, as this concerns a population that is often highly marginalised.
- > The 'ViTo' service provides assistance with daily living and support in organising care tailored to the needs of elderly individuals who require assistance. The programme has been modified so that the team now provides outpatient care to seniors residing in housing units managed by the 'Les Niches' service. ViTo staff also makes two weekly visits to the 'Villa Armand' senior living community, managed by 'Les Niches'.
- > The mission of the Parenting Service is to assist and support (future) parents struggling with substance abuse in managing their addiction, while ensuring a safe and nurturing environment for their child(ren). This service offers educational, therapeutic, and psychosocial counselling on pregnancy, the parent-child bond, and child development. The service also manages 'Maison Kangourou,' a residential facility with three living units designed for pregnant women and parents with young children.

THERAPEUTIC COUNSELLING TREATMENT SERVICES IN PRISON

The 'service psychiatrique en milieu pénitentiaire' ('SPMP') ensures screening and care for psychiatric disorders among people who live in prison. Furthermore, the programme 'Suchthëllef' targeting people living in prison with an active drug use implemented in both closed prison settings ('Centre pénitentiaire de Luxembourg - CPL' and 'Centre pénitentiaire d'Uerschterhaff - CPU') and in the semi-open prison setting ('Centre pénitentiaire de Givenich - CPG') has established several psycho-educational activities. It is a therapeutic counselling programme of individualised rehabilitation, not time-limited, allowing clients to participate in activities that are in line with their previously established therapeutic plan. The programme allows the clients to combine drug treatment counselling and other necessary steps towards socio-professional reintegration. For further details on drug use and services provided to people living in prison who use drugs, see also chapter 4.



POST-THERAPEUTIC/AFTER-CARE

- > 'Post-therapeutic centre in Schoenfels': In 2016, the 'Stëmm vun der Strooss asbl' ('Voice of the Street') opened a new post-therapeutic centre in Schoenfels for persons previously treated for substance use and addiction. It provides post-therapy, time-limited housing and daytime occupation notably to adults who have a past of drug use or a past of problematic alcohol use who intend to lead a life without drugs and/ or alcohol. A total number of fifteen people who have successfully completed inpatient drug treatment and therapy can be accommodated for a limited time in the residential centre. The post-therapy centre has two main aims:

- o To offer professional and social reintegration;
- o To avoid accommodation in emergency care facilities after the end of inpatient therapy and provide follow-up in a protected setting.

In the accommodation facility, of the 22 residents in 2024, three relapsed, which means that 87% remained abstinent in 2024. Of the nine people who left, two relapsed, and one person left due to inappropriate behaviour which means that 67% of the people successfully completed inpatient therapy. The average age of the residents was 44.3 years. During the same year, 46 people submitted their application for admission to the housing facility, and 29 people were on the waiting list to join the post-therapy centre.

- > 'Post-Cure Service' (CHNP): The aim of this offer is to provide after-care for people having completed their stationary therapy in Luxembourg or abroad. The project team provides support to clients living in community housing facilities or in apartments located in several areas of the country (37 structures at 16 different sites). The objectives of the 'post-cure service' are:

- o abstinence and continuous development of skills towards abstinence from illicit drug use;
- o professional/social reintegration and stabilisation through the acquisition and consolidation of personal skills;
- o physical and mental stability;
- o solidarity across the community/life group;
- o educational support for the clients' children; and
- o provision of professional support to clients beyond their after-care stay.

In 2024, a total of 45 housing places were allocated, including 39 adults and six children (2023: 34 adults & eight children; 2022: 33 adults & nine children; 2021: 37 adults & 11 children).



As shown in Figure 6.1., drug treatment and re-integration facilities are spread over different regions. All listed services are specialised with the exception of regional general hospitals providing detoxification treatment via their respective psychiatric departments.

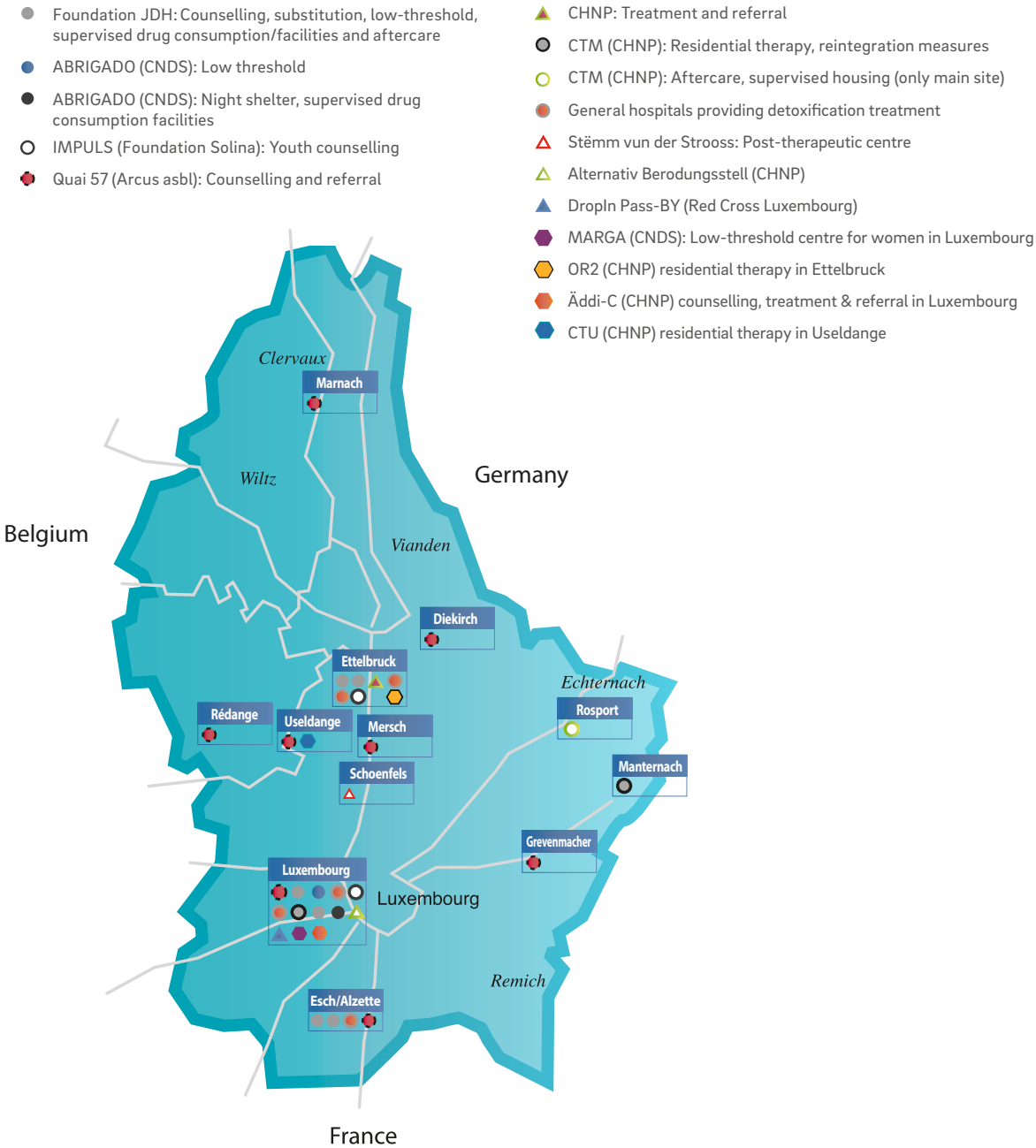
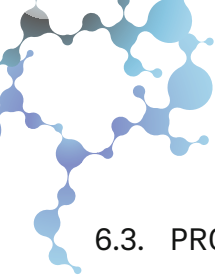


FIGURE 6.1.

Map of the geographical coverage of specialised drug agencies in the Grand Duchy of Luxembourg

Note: The prison sites in Luxembourg ('CPL', 'CPG' and 'CPU') offer therapeutic counselling services ('Suchth llef' and 'Service psychiatrique en milieu p nitentiaire') and OAT to the people who live in prison who use(d) drugs



6.3. PROVISION OF DRUG TREATMENT

The number of drug treatment demanders reported by specialised outpatient drug treatment centres ('JDH' Foundation, 'Quai 57', 'Impuls', and 'Alternativ Berodungsstell') has generally increased over the years. However, a decrease in treatment provision was observed in 2020 due to COVID-19-related restrictive measures, with demand rising again in 2021, as these measures were partially lifted. In 2024, 1,811 clients were reported by these centres, which was slightly lower than the previous year (2023: 1,909). Admission rates for outpatient Opioid Agonist Treatment (OAT) have remained stable in recent years, with a decrease first seen in 2023 and a small further decline in 2024 (2024: 970 patients; 2023: 980 patients; 2022: 1,053 patients). A similar trend was observed in prisons, where the number of OAT patients fell by 27% in 2023, followed by a smaller decline in 2024 (2024: 111 patients; 2023: 120 patients; 2022: 165 patients). In Luxembourg, detoxification treatment is provided in inpatient settings, with four hospitals offering a 1-2 week detoxification that includes both medical and psychological interventions. Over the past few years, the number of drug treatment demanders reported by hospitals has remained relatively stable, with minor fluctuations and a decline in 2020 due to the COVID-19 pandemic. In 2023, however, hospital reports more than doubled compared to 2022 (2023: 675 patients; 2022: 319 patients). In 2024, figures remained similar to 2023, at 681. For more detailed data, Table 6.1. presents the number of clients in other national in- and outpatient therapeutic and harm reduction agencies in 2024, while Figure 6.2. illustrates the trend in total inpatient and outpatient treatment clients from 2010 to 2024.

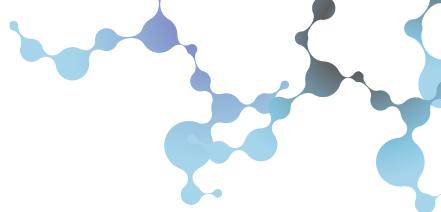


TABLE 6.1.

Overview of harm reduction services and drug treatment provision in the Grand-Duchy of Luxembourg

				Definition	Number of clients/client-contacts in 2024	Total clients in treatment in 2024
Outpatient	Specialised drug treatment centres	Impuls, Quai 57, JDH, Alternativ Berodungstell	Non-government (non-for-profit)	The patient receives drug treatment without staying overnight and may receive pharmacological assistance	1,811	1,811
	Low-threshold agencies	Abrigado, JDH-K28, JDH-Contact Esch, JDH-Contact Nord		Agencies offering harm reduction services including, night shelters, needle exchange programme, supervised consumption rooms, education/counselling, and infectious disease testing	116,496 ⁴	/
	Outpatient OAT	General Practitioners (GPs) and JDH		Opioid Agonist Treatment (OAT) is available to opioid users and can be assessed through general practitioners or the JDH substitution treatment programme	970	970 ⁵
	Mobile outreach unit	MOPUD/X-Change Project		A mobile van promoting 'safer use' and 'safer sex', with the ultimate goal of harm reduction and reducing the risks of infectious disease transmission	1027 ⁴	/
Inpatient	Hospital-based drug treatment	CHL, CHEM, CHdN, HRS	Public/ Government	The patient stays overnight, with or without pharmacological support (including detoxification)	681 ⁶	681
	Therapeutic communities	Syrdall Schlass - Centre Thérapeutique de Manternach (CTM)		The patient stays overnight, and psychological, long-term treatment, which may or may not include pharmacological assistance (excluding detoxification). Detoxification is required prior to entering the community	61	61
	Prisons	Programme SuchtHëllef (CPL, CPG & CPU)		The patient incarcerated in prison can submit a request to enter a specialised drug treatment (Suchthëllef programme). The treatment may include pharmaceutical assistance, but does not involve detoxification	470	470
		OAT treatment in prison (CPL, CPG & CPU)		The patient incarcerated in prison can continue a previously prescribed OAT treatment or begin OAT while in prison	111	111

The number of clients in in- and outpatient treatment has shown an overall increasing trend, with some fluctuations over the years. Following a drop in 2020 due to COVID-19 pandemic (2020: 3,190; 2019: 3,450), numbers returned to pre-pandemic levels in 2021 and continued to rise in 2022 and 2023. In 2024, a slight decrease of less than 5% was observed compared to 2023 (Fig. 6.2.).

⁴ Number of client-contacts (the number of individual-clients is not registered).

⁵ To allow for comparisons to previous years, the OAT clients (N=41) from the DIAM programme and OAT clients (N=74) from low-threshold services were excluded.

⁶ Please note that the total number of clients for hospital-based residential drug treatment is an accurate estimate based on exact figures provided by four hospitals (CHL n=210; CHEM n=35; HRS n=413; CHdN n=23).

⁷ Data provided by the treatment institutions in their annual activities report. Inter-institutional multiple counts are not excluded meaning that a given client could be indexed twice or more in case he/she used several harm reduction and/or treatment services during a given reporting year.

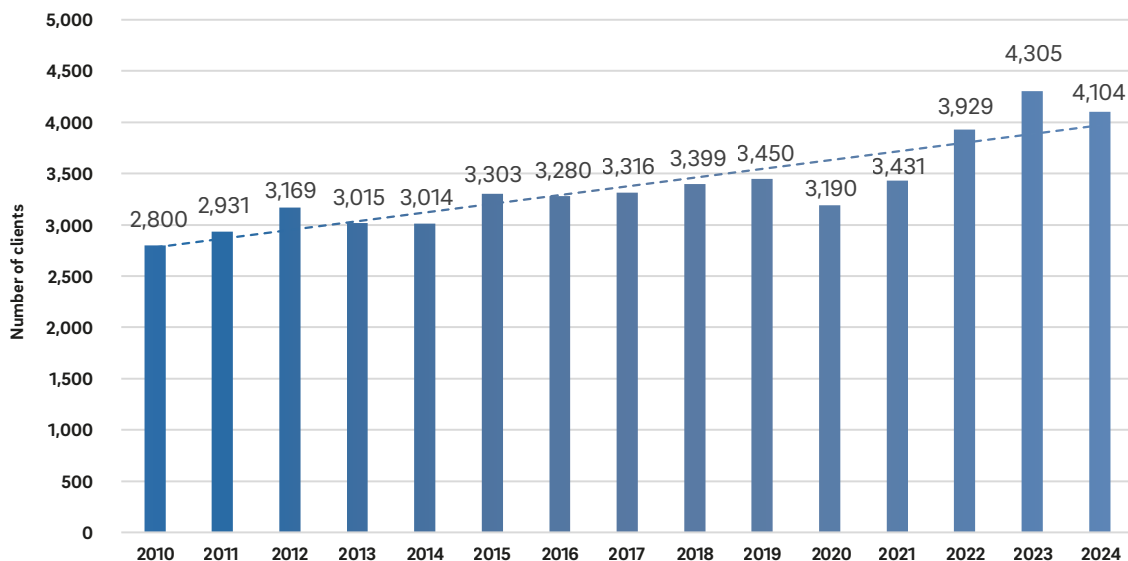


FIGURE 6.2.

Trend in total number of clients in inpatient and outpatient treatment 2010-2024 (RELIS, 2024)

6.4. PATTERNS OF USE AND CHARACTERISTICS OF TREATMENT DEMANDERS

At the national level, treatment demand, the characteristics of treatment demanders, and their drug use patterns are assessed annually through the RELIS monitoring system, which covers the majority of outpatient and inpatient drug treatment centres nationwide.

- > The mean age of all treatment entrants has generally been increasing during the last 30 years. In recent years, the average age of treatment entrants has been around 35 years (2024: 35.9y; 2023: 34.8y; 2022: 35.0y), compared with approximately 28 years in 1997.
- > In 2024, 79.7% of all treatment entrants were male and 20.3% were female (2023: 81.3% male; 18.7% female), representing a slight increase in the proportion of women.
- > In 2024, the largest proportion of treatment demands was related to cannabis use (2024: 40.6%; 2023: 38.8%; 2022: 42.7%). The proportion of treatment demands related to cocaine use has been increasing (2024: 35.5%; 2023: 33.3%; 2022: 23.7%), while the proportion related to opioids has been decreasing (2024: 22.1%; 2023: 25.6%; 2022: 33.6%) (Fig. 6.3.).

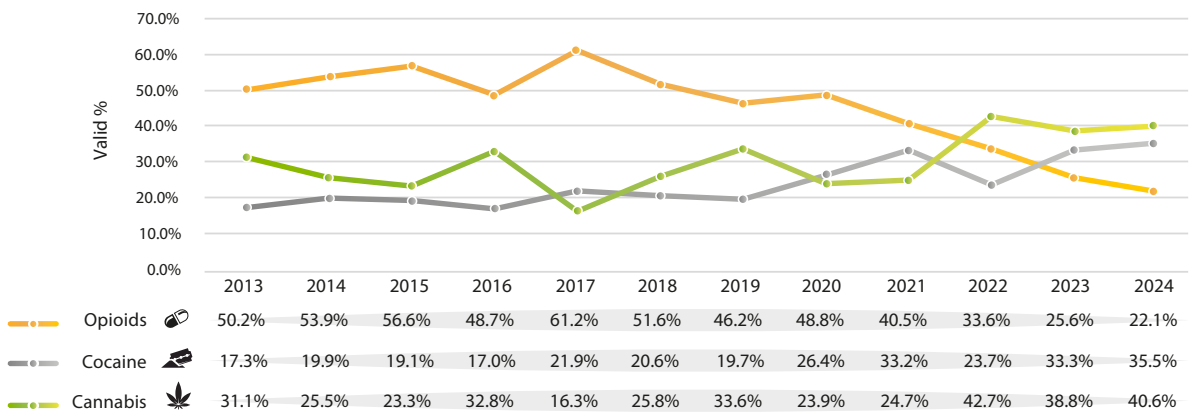


FIGURE 6.3.
Proportion of treatment demands by primary drug (valid %) (RELIS, 2013-2024)

> When excluding 'Impuls' clients from the 2024 analysis, cocaine emerges as the most prevalent (primary) substance among treatment demanders (2024: 43.3%; 2023: 42.9%; 2022: 30.5%), followed by cannabis (2024: 28.1%; 2023: 18.3%; 2022: 24.7%) and opioids (2024: 26.4%; 2023: 36.6%; 2022: 44.7%). Consequently, excluding treatment demanders who entered the 'Impuls' service in 2024 results in an increased proportion of treatment demands related to cocaine and cannabis use, and a decrease in those related to opioid use compared to the previous year (Fig. 6.4.). The same trend is observed among all treatment entrants (Fig. 6.3.).

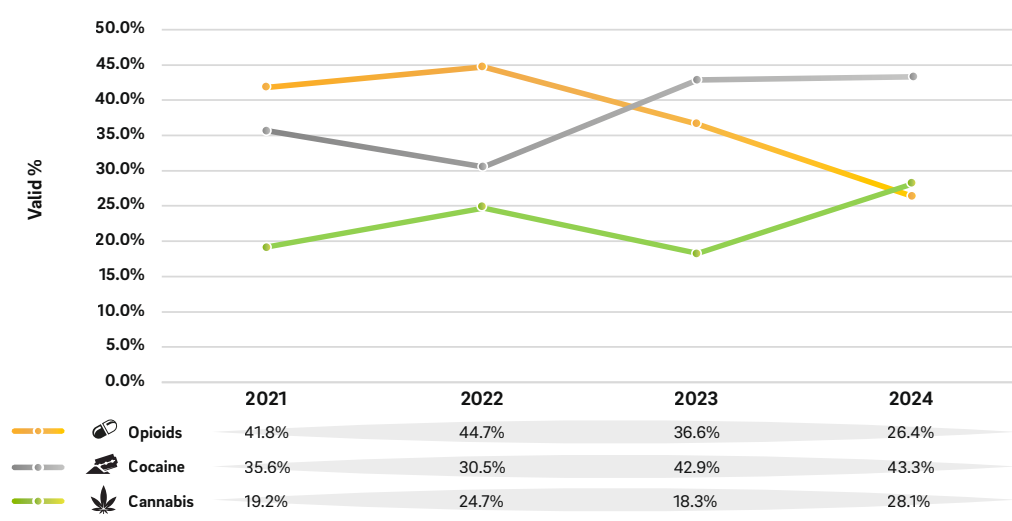


FIGURE 6.4.
Proportion of treatment demands by primary drug in 2021-2024, excluding clients from the 'Impuls' centre (valid %) (RELIS, 2021-2024)



- > In 2024, cannabis use was most prevalent among younger treatment demanders (below 25 years), while opioids and cocaine were more commonly reported as the primary drug among older treatment demanders (Fig. 6.5).

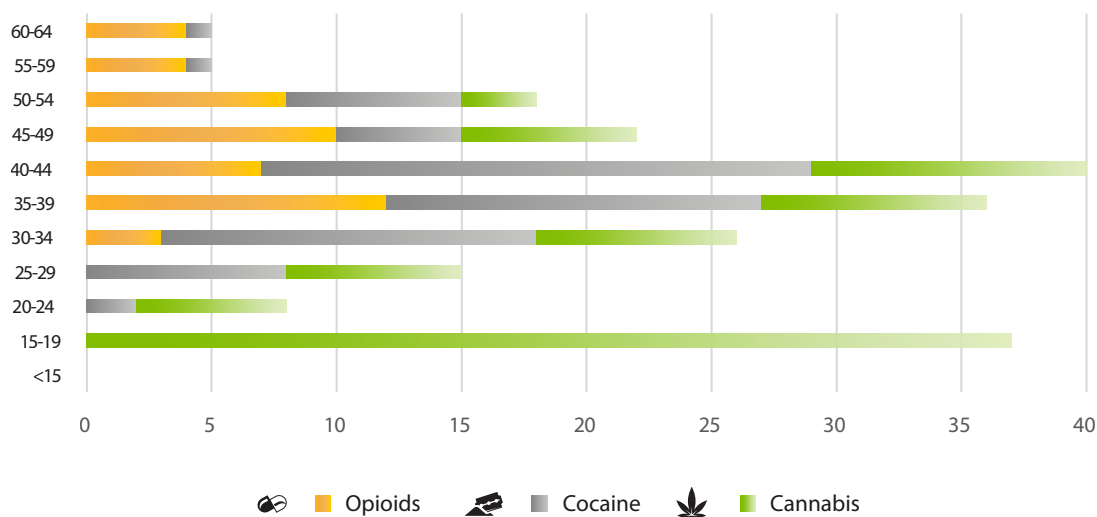


FIGURE 6.5.

Age of treatment demanders by primary drug in 2024 (N=217) (RELIS, 2024)

- > The majority of the treatment demanders reporting cannabis as their primary drug started consuming this substance before the age of 20 (93.2%). For people entering treatment due to cocaine or opioid use, 53.6% started using the respective primary substance before the age of 20, with some clients indicating an older age of first use (Fig. 6.6).

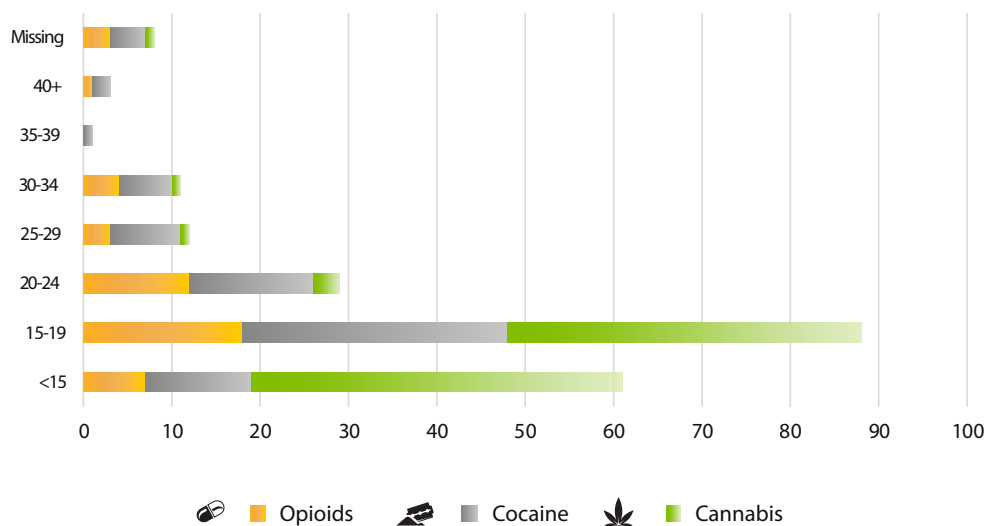


FIGURE 6.6.

Age of first use of treatment demanders by primary drug in 2024 (N=217) (RELIS, 2024)



- > In 2024, 35.5% of all clients entered treatment for problems related to cocaine use (Fig. 6.3.), making it the second most reported drug in treatment demands. This proportion has increased compared to previous years (2023: 33.3%; 2022: 23.7%). The same trend can be observed when excluding 'Impuls' clients from the sample, with cocaine, however, being the most prevalent primary substance (43.3%). This confirms the high prevalence of cocaine on the illicit market and a shift in consumption patterns, with a shift from heroin to cocaine or crack use, especially among younger people who use drugs.
- > In the past years, around 40% of the treatment demanders entered for cannabis use (2024: 40.6%; 2023: 38.8%; 2022: 42.7%). In 2023, the high proportion of 'Impuls' clients in the sample influenced the proportion of cannabis related treatment demands. In 2024, however, when excluding the 'Impuls' treatment clients, an increase can still be observed in the proportion of treatment demands due to cannabis use. In the past 15 years, a general increase in the number of cannabis treatment demanders is evident. This increase may be linked to higher THC levels observed in cannabis products (see also chapter 7), the emergence of new products containing synthetic or semi-synthetic cannabinoids and changes in the cannabis law.
- > In general, other illicit drugs account for only a small proportion of treatment demands. In 2024, individuals reporting primary use of stimulants other than cocaine, as well as hypnotics, sedatives, and hallucinogens, represented only 1.0% of all treatment demands. It should be noted, however, that these substances are often consumed but are not typically the primary reason for seeking treatment. Between 2013 and 2020, the primary route of administration of the main drug remained stable, with around 30% of treatment clients reporting injection practices. In recent years, however, this proportion has declined (2024: 14.3%; 2023: 16.9%; 2022: 26.5%). The data from the drug consumption rooms further highlight this trend (see chapter 5).
- > The proportion of clients using smoking/inhalation as their main route of administration has continuously increased from around 37.4% in 2013 to 71.4% in 2024 (2023: 68.0%; 2022: 66.4%). However, this increase should be considered in the context of changes in the sample characteristics (i.e., higher number of cannabis users).
- > Other routes of administration are less prominent – however, the proportion of people consuming through sniffing (intranasal) has increased in 2023 and remained stable in 2024 (2024: 10.6%; 2023: 11.0%; 2022: 4.3%). There is no consistent trend for swallowing or other routes of administration (Fig. 6.7).

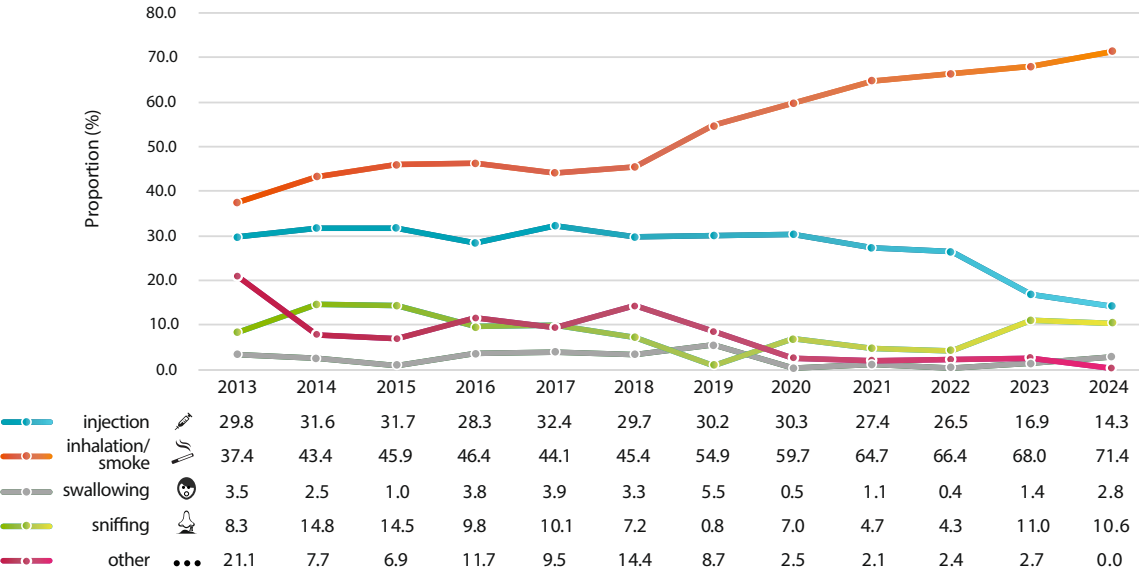


FIGURE 6.7.

Route of administration of the primary drug among treatment entrants (valid %) (RELIS, 2024)



- > The proportion of new treatment demanders⁸ has fluctuated over the past years. Following an increase between 2017 and 2019 (2019: 35.2%; 2018: 26.8%), it declined in 2020 (28.9%), likely due to the COVID-19 pandemic, before rising again in 2021 (30.0%) with the normalisation of the COVID-19 situation. It has since continued on an upward trend, reaching a peak in 2023 (2024: 41.9%; 2023: 44.8%; 2022: 35.6%).
- > Even though a decrease can be observed over the past years, more than half of new treatment demands are related to primary cannabis use. In 2024, 50.5% of the treatment demands of people that were not previously in treatment for substance use, were related to cannabis use (2023: 58.2%; 2022: 63.3%).
- > In 2024, 37.4% of new treatment demands were related to primary cocaine use (2023: 25.5%; 2022: 14.4%), while 9.9% of new treatment demands were related to opioids (2023: 14.3%; 2022: 14.4%). The increase in new treatment demands related to cocaine use, alongside the decrease related to opioid use further highlights the shift among younger individuals entering treatment from heroin toward cocaine use.

6.5. OPIOID AGONIST TREATMENT

Opioid agonist treatment (OAT) is a medically assisted therapy for individuals with an opioid addiction, using opioid agonists, antagonists, or partial agonists as substitutes for the substances normally used. Its primary goal is to stabilise patients medically and psychosocially by replacing 'street' drugs with quality-controlled substitution medications. OAT is typically accompanied by psychosocial support, provided in both inpatient and outpatient settings. Since 1989, the 'JDH' Foundation has offered a structured, multidisciplinary OAT programme nationwide. Licenses may also be granted to medical doctors, general practitioners, and specialised agencies, that meet training requirements, with mandatory reporting of all OAT requests to the Directorate of Health. The 'JDH' Foundation provides oral methadone, and since 2017, diacetylmorphine is available through the national heroin-assisted treatment programme (HAT). State-accredited freelance medical doctors may prescribe other substitution medications allowed by law. OAT medications registered in Luxembourg include methadone, buprenorphine, morphine-based medications, and diacetylmorphine (pharmaceutical heroin), which is available only within the framework of the national HAT/TADIAM programme. Consultation costs are partially covered by health insurance, while the government covers pharmaceutical costs and pharmacy fees.

DEVELOPMENTS IN THE NUMBER OF OAT PATIENTS

The overall number of patients receiving OAT has remained relatively stable over the past 23 years (2002–2024), with some fluctuations between 2008 and 2012. Since 2013, a gradual decline has been observed, with 2024 marking the lowest number (970 patients) recorded in the last 23 years. The majority of OAT patients benefitting from the programme are over 40 years old and primarily receive prescribed methadone, followed by buprenorphine and naloxone. As shown in Figure 6.8., in addition to those registered in the national OAT database by the national health insurance (CNS), OAT is also provided to people living in prison (111 patients in 2024) and through low-threshold services at harm reduction centres (74 patients in 2024). Furthermore, HAT programme (diacetylmorphine-assisted treatment – DIAM), coordinated by the Directorate of Health and implemented by the 'JDH' Foundation since 2017, also provides treatment to OAT patients, with 41 patients participating in 2024. All these patients are included in the overall number of OAT patients (Fig. 6.8.). It is important to note that the prescription of diacetylmorphine (DIAM) is not considered a low-threshold intervention, but rather a specialised, supplementary form of substitution treatment.

8 New treatment demanders are defined as people who have not previously been in treatment for substance use related problems

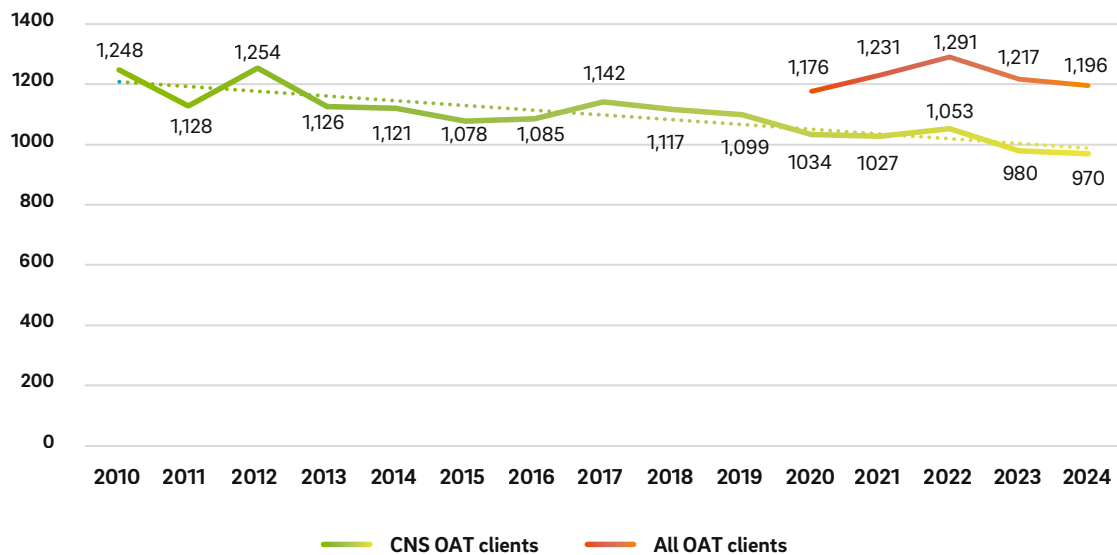


FIGURE 6.8.

Trends in the number of opioid agonist treatment (OAT) patients 2010-2024 (RELIS, 2024)

Note: To ensure comparability with previous years, the number of OAT patients recorded in the CNS register and the total number of OAT patients (since 2020) are reported separately. Since 2020, additional OAT services have been included in the statistical reporting, specifically OAT provided in prisons, OAT provided by low-threshold facilities, and heroin-assisted treatment (DIAM).

2020: Prison: N=142

2021: Prison: N=132; Low-threshold facilities: N=36; DIAM: N=36

2022: Prison: N=165; Low-threshold facilities: N=44; DIAM: N=29

2023: Prison: N=120; Low-threshold facilities: N=89; DIAM: N=28

2024: Prison: N=111; Low-threshold facilities: N=74; DIAM: N=41

LOW-THRESHOLD OAT

In response to the COVID-19 pandemic, the Ministry of Health⁹ in collaboration with the 'Abrigado' centre, the 'JDH' Foundation, and 'Médecins du Monde', rapidly established a low-threshold medical service to ensure continuity of OAT. This service provides weekly medical counselling sessions, a seven-day-a-week nursing service and coordinated access to essential medications through a local pharmacy.

Marginalised drug users can access low-threshold OAT regardless of social security status, and take-home doses of up to three days are provided when appropriate. Clients are registered in the system, and their treatment plans are documented and adapted as needed. The rapid implementation of this first low-threshold OAT programme was driven by concerns over illicit drug shortages, increased OAT demand, reduced access due to stricter controls, and a heightened risk of overdoses.

⁹ Please note that in 2023, the Ministry of Health and the Ministry of Social Security were merged into the Ministry of Health and Social Security.



OAT PROVISION IN PRISON

Regarding the provision of OAT in Luxembourg's two closed prisons ('CPL' and 'CPU'), official data indicates that in 2024, 111 inmates received OAT, representing a slight decrease compared to 2023 (120) (Table 6.2.). At the 'CPL', 56 individuals received methadone treatment in 2024 (2023: 54). Suboxone® was also prescribed, with five people at the CPL receiving this medication in 2024 (2023: 2). The average duration of treatment in 2024 was 130 days for methadone and 248 days for Suboxone® (2023:104 and 365 days, respectively).

At the 'CPU', which opened at the end of 2022, 45 prisoners received methadone treatment in 2024 (2023: 64), while five received Suboxone®. The average duration of methadone treatment in 2024 was 18.08 days (2023: 14.7 days).

TABLE 6.2.

Number of prisoners receiving opioid agonist treatment (OAT) at the 'CPL' and 'CPU' prisons (2010-2024) (service psychiatrique en milieu pénitentiaire – SPMP, 2024)

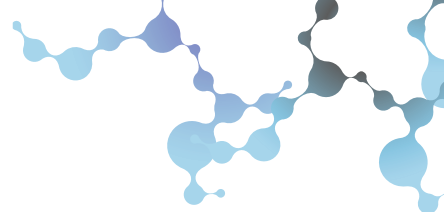
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Methadone															
CPL	200	181	200	154	181	165	172	204	159	136	134	123	148	54	56
CPU													10	64	45
Suboxone ®															
CPL	28	58	72	70	66	46	33	26	10	10	8	9	7	2	5
CPU															5
Total (persons)	228	239	272	224	247	211	205	230	169	146	142	132	165	120	111

Note: Data for 2022 and 2024 cover both the 'CPL' and 'CPU'; the latter became operational in December 2022. Data for earlier years (2010–2021) reflect the 'CPL' prison only.

6.6. HARM REDUCTION RESPONSES

Harm reduction responses in Luxembourg consist of offers such as needle and syringe exchange programmes, HIV/ HCV testing, supervised drug consumption facilities, and outreach offers (see also chapter 5). The national needle and syringe programme is decentralised and operates through five fixed sites in locations most affected by injecting drug use. In the past, vending machines were also used; however, as they no longer met clients' needs and required intensive maintenance, they have been phased out. These have been replaced by syringe dispensers integrated into the mobile outreach initiative 'MOPUD/X-Change', led by the 'JDH' Foundation. Launched in 2017, 'MOPUD/X-Change' targets urban areas with high levels of drug use, providing clean syringes and essential harm reduction services in locations where traditional infrastructure is lacking.

Clean syringes are also available at drug counselling centres, drop-in centres for sex workers and other at-risk populations, low-threshold centres, including supervised drug consumption rooms, and in prisons. Alongside needle distribution, these services offer testing for bloodborne infections, vaccinations and counselling on safer-use practices. To further decentralise harm reduction services and expand access, two additional supervised drug consumption rooms have been operating since 2019 within the main low-threshold harm reduction centre in the south of the country (Esch/Alzette), complementing the two rooms at the Abrigado facility in the city centre. These facilities continue to play a key role in improving access to safer-use services. Since September 2021, the Red Cross has been operating a complementary service 'PASS-By' alongside the existing 'Drop-In service'. This initiative provides safer-sex and safer-use materials—including needles and syringes—as well as a low-threshold nursing service, ensuring 24/7 over-the-counter access to free harm reduction supplies in the capital. As part of ongoing efforts to expand harm reduction services, a new care centre, 'Marga,' opened in January 2025. Dedicated exclusively to female high-risk drug users, the



centre addresses the specific needs of this vulnerable and often marginalised group by offering psychological, medical, and social care, OAT, supervised drug consumption facilities, and relaxation rooms.



- > The number of person-contacts recorded by low-threshold facilities has steadily increased since the opening of the first drug consumption room in 2005 (2005: 47,739). In 2024, there were 116,496 contacts across various national harm reduction services, showing an increase compared to previous years (2023: 109,107; 2022: 105,369; 2021: 91,647) (Fig. 6.9).
- > In 2024, all 'JDH' low threshold services reported a total of 46,612 client contacts, including 'K28' in Luxembourg City, 'Contact Nord', and 'Contact-Esch' (2023: 42,672; 2022: 30,327; 2021: 23,394), which also includes supervised drug consumption facilities. This total represents a 9% increase in client contacts compared to 2023.
- > The 'Abrigado' centre (run by CNDS) reported approximately 37,178 client contacts in 2024 (2023: 33,546; 2022: 39,336; 2021: 53,175), which represents an increase compared to the previous year. Additionally, in 2024 the 'Abrigado' centre reported an increase in the number of clients attending the drug consumption room (2024: 45,645; 2023: 44,517; 2022: 45,405; 2021: 42,423), along with a small increase in the number of clients contacting medical services (2024: 13,534; 2023: 12,839; 2022: 12,808; 2021: 10,729). These trends, however, should be interpreted with caution due to substantial changes in the working and statistical counting procedures at the 'Abrigado' centre (Note: these figures do not exclude multiple counting).

Methodological note: The reported numbers have been adjusted retrospectively, as the method for counting clients across the different services provided by the 'Abrigado' centre has changed over the years due to structural changes and developments. In previous editions of the Luxembourg National Drug Report, client contacts were reported separately for the Contact Café, medical services, and supervised drug consumption rooms. In the current 2025 National Drug Report, only Contact Café clients are reported, as individuals using the drug consumption room or medical services are generally included in the Contact Café figures.

- > In 2024, the 'PASS-By' service recorded 32,706 clients, representing a 70% increase compared to 2023 (2023: 19,188; 2022: 15,414; 2021: 2,876). This increase may be associated with the discontinuation of syringe exchange activities at the Red Cross 'Dropln' service in 2024; although some people who use drugs may still access 'Dropln' for sex-related issues, their number cannot currently be estimated.

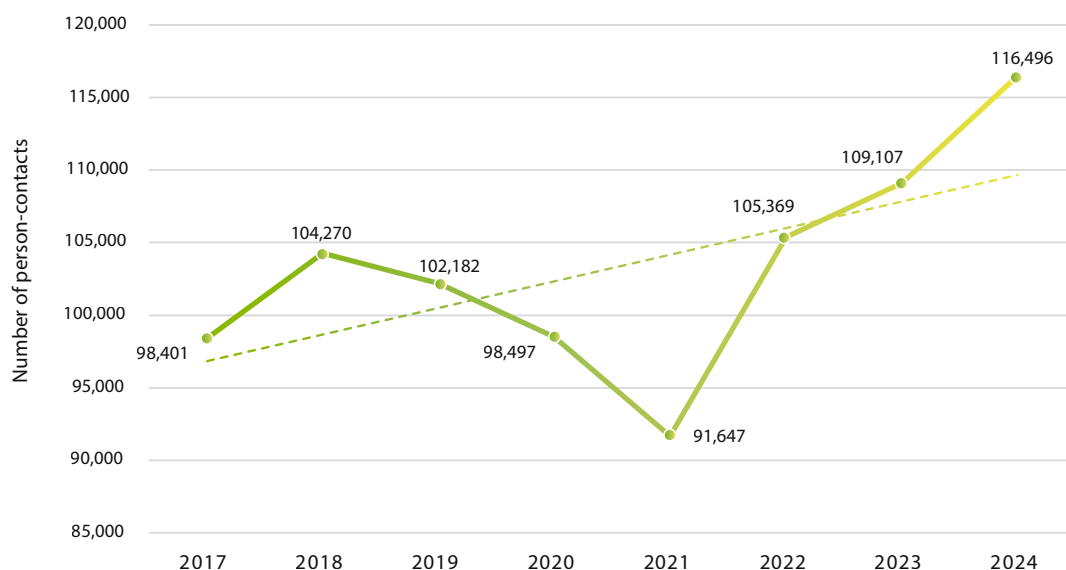


FIGURE 6.9.

Trends in the total number of person-contacts with low-threshold facilities (2017-2024) (RELIS, 2024)



- > The mobile outreach unit plays a key role in reaching people who use drugs outside the operating hours of the various services participating in the needle exchange programme. The 'MOPUD/X-Change' service, a collaborative project between the 'JDH', the 'Abrigado' centre, and the Red Cross 'HIV-Berodung', which primarily targets people who use drugs through safer-use and harm-reduction initiatives. Established in 2017, 'MOPUD/X-Change' has over the years developed a regular presence in Luxembourg City, Esch-sur-Alzette, and Differdange. In 2024, the service further expanded to include Remich and Pétange. That year, a total of 1027 client contacts were recorded, reflecting an 11% increase compared to 2023 (2023: 923; 2022: 724; 2021: 168).
- > The number of clean syringes distributed through the national needle exchange programme has varied over the years, reaching a record high in 2018 with 492,704 syringes distributed. After 2018, distribution declined, with a significant drop in 2020—likely due to the COVID-19 crisis—when the number of syringes provided by specialised needle syringe programs (NSPs) fell to 394,690. In subsequent years, distribution partially recovered before declining again in 2023 with a 12% decrease compared to 2022 (2023: 372,576; 2022: 425,133). In 2024, the number of syringes increased slightly but remained below the levels observed during the pandemic (Fig. 6.10.).
- > Data from 2024 indicate that most people who inject drugs (PWID) continue to obtain syringes primarily from specialised agencies, particularly the Abrigado centre, followed by pharmacies, with decreasing reliance on automatic dispensers (RELIS 2024).

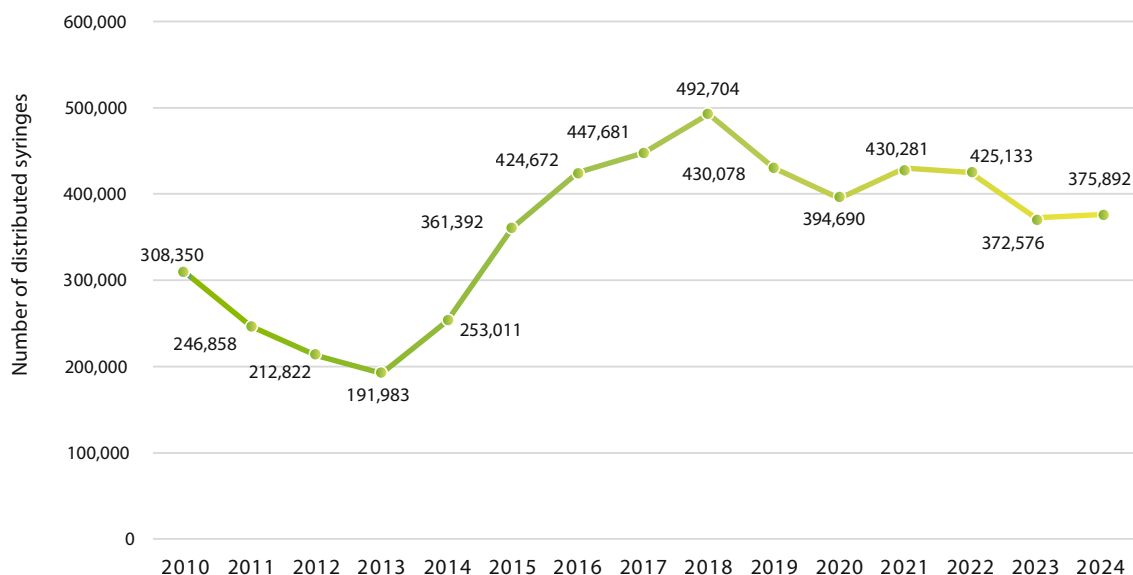


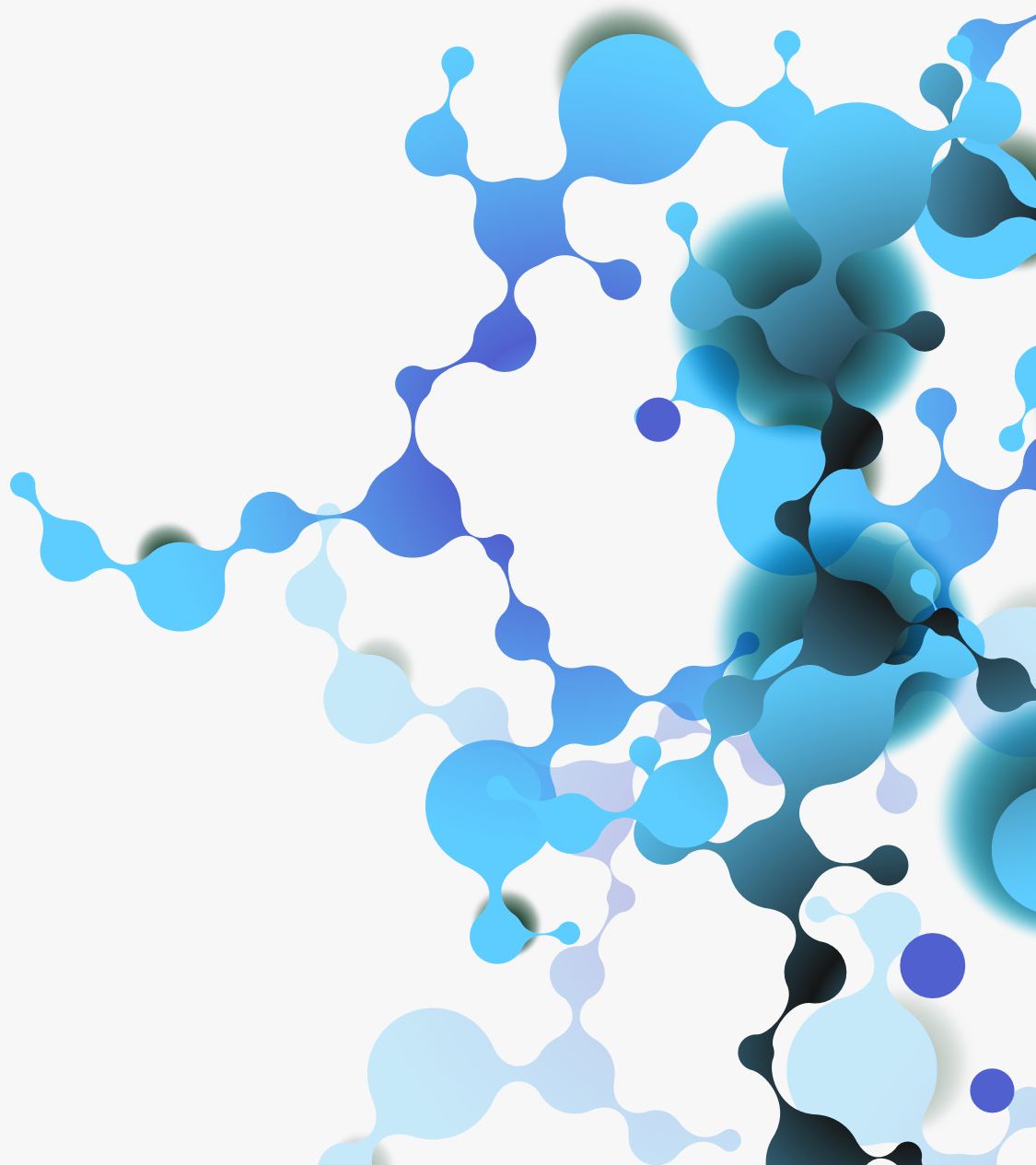
FIGURE 6.10.

National distribution of sterile syringes 2010–2024 across multiple settings (Ministère de la Santé et de la Sécurité sociale, 2025; Comité de surveillance du SIDA, 2025)

Note: Multiple settings include specialised agencies, prisons, vending machines, and supervised drug consumption rooms. Numbers have been retrospectively adjusted to harmonise counting methods across settings and improve comparability over time.

7.

DRUG MARKETS AND CRIME





7. DRUG MARKETS AND CRIME

7.1. AVAILABILITY AND SUPPLY

Drug markets are dynamic in nature and influenced by several factors, including supply mechanisms, the economic situation of the country, and the priorities, activity, and effectiveness of law enforcement strategies. Availability and supply indicators should therefore be interpreted with caution, as they reflect the interaction of these factors. The Luxembourg Focal Point of the EUDA (PFLAD) processes anonymous nationwide data on drug-related offences, prosecutions, and seizures of illicit substances provided by the law enforcement agencies, in collaboration with the Specialised Drug Department of the Judicial Police and the national Customs and Excise Agency. Over the past two decades, significant fluctuations have been observed in the quantities of illicit substances seized.

CANNABIS

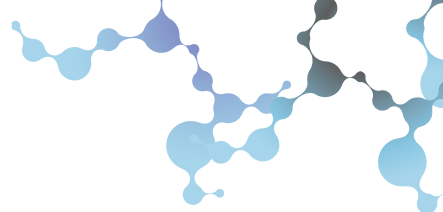
Cannabis remains the most frequently used and seized psychoactive substance:



- > The prevalence of cannabis use among people entering treatment in 2024 increased slightly compared to 2023, but it remained below the level observed in 2022 among clients¹ reporting cannabis as their primary drug of use (2024: 40.6%; 2023: 38.8%; 2022: 42.7%; 2021: 24.7%). For more information on the prevalence of cannabis use among treatment demanders, please refer to chapter 6 'Responses to health consequences', section 'Patterns of use and characteristics of treatment demanders'.
- > The number of cannabis seizures declined in 2024 (821 seizures) compared to the previous years (2023: 906; 2022: 892; 2021: 1,150), continuing a five-year downward tendency (Fig. 7.2.). While the number of cannabis seizures has fluctuated over the past ten years, the numbers reported for 2024 are indicative of an adjustment in law enforcement practices following the adoption of the amended drug law in July 2023. As in previous years, cannabis seizures accounted for more than half of all drug seizures in 2024 (61.0%) (821 out of 1,345 total seizures) (2023: 68.8%; 2022: 70.4%; 2021: 74.1%).
- > After record amounts of cannabis (herbal cannabis and resin) were seized in 2023 (525.1 kg), the total quantity reported in 2024 dropped again to 97.5 kg. However, it is not advised to draw conclusions related to total quantities of cannabis seizures, as these figures are strongly influenced by large seizures (2023: 525 kg; 2022: 21 kg; 2021: 53 kg). To better reflect typical seizure sizes, distribution-based indicators can be used. An analysis of the 80th percentile shows that in 2024, 80% of herbal cannabis seizures involved quantities of 19.7 g or less (2023: 12.4 g; 2022: 12.0 g; 2021: 14.5 g). For cannabis resin, 80% of seizures involved 30.1 g or less (2023: 19.5 g; 2022: 17.1 g; 2021: 9.4 g). From this perspective, seized quantities per case were generally higher in 2024 compared to 2023, particularly for cannabis resin.
- > Following the amended drug law adopted in July 2023, seizures involving quantities of cannabis (herb or resin) of ≤3 g may not have been systematically recorded if a fine of 145 € was paid on site. As the reasons for opting for a fine (e.g. use, possession, or both) are not recorded, the precise impact cannot be determined. This limitation led to an upward bias in both the median seizure weight and the 80th percentile values in 2024.
- > In total, 209 seizures of herbal cannabis were reported by national law enforcement authorities with a total of 56.8 kg in 2024 (2023: 263 seizures with 99.0 kg; 2022: 323 seizures with 9.1 kg; 2021: 528 seizures with 13.9 kg). The number of wholesale seizures² has increased to seven seizures in 2024 compared to four seizures in 2023, though these figures remain within the typical range recorded between 2019 and 2022 (three to eight annually).

1 Note: The proportion of individuals entering treatment for primary cannabis use is significantly influenced by the relative proportion of IMPULS clients, as these clients are predominantly young adults who report cannabis as their primary substance of use.

2 A wholesale seizure refers to a seizure of at least one kg of substance.



- > Since 2014, cannabis resin has become increasingly important in seizures data. In 2024, the number of seizures of cannabis resin surpassed those of herbal cannabis for the third consecutive year. According to law enforcement data, there were 508 resin seizures, constituting 37.8% of all seizures in 2024 (2023: 505 seizures, 38.4% of total; 2022: 492 seizures, 38.8% of total; 2021: 486 seizures, 31.3% of total). Similarly, the proportion of arrests involving cannabis resin³ has continuously increased in recent years (2024: 25.1%; 2023: 24.5%; 2022: 22.7%), whereas the proportion of herbal cannabis related arrests has been declining over the same period (2024: 12.3%; 2023: 17.0%; 2022: 24.4%; 2021: 32.4%). In total, 40.7 kg of cannabis resin were seized in 2024 (2023: 426.1 kg; 2022: 12.0 kg; 2021: 39.2 kg). The number of wholesale seizures was slightly higher in 2023 and 2024 (six annual seizures) compared to one or two annual wholesale seizures in years 2019 to 2022.
- > Regarding cannabis plants, eleven plants were seized in the context of two seizures in 2024 (2023: five seizures with a total of 38 plants; 2022: ten seizures with a total of 367 plants; 2021: seven seizures with a total of 76 plants). A total of 1.2 g of cannabis seeds were seized in one seizure.
- > Other cannabis forms or THC containing products were seized during 2024, totaling 101 seizures. These seizures included 409.3 g of cannabis paste-like substance, 197.2 g THC-containing candies, two other individual THC-containing candies, 132 joints (2023: 154 joints; 2022: 64 joints; 2021: 125 joints), 48.8 g of cannabis herb-resin mixture, 13.7 g of cannabis herb-tobacco mixture, 8.1 g of resin-tobacco mixtures and one cannabis terpene spray bottle.

HEROIN

Although heroin has a long history of use at the national level, the quantities of heroin seized seem to follow an unstable trend:



- > In 2024, the quantity of seized heroin (1.5 kg) slightly increased compared to 2023 but remained within the annual variations observed in the past decade (between 1.1 kg and 8.0 kg).
- > The number of heroin seizures reported by law enforcement in 2024 (77 seizures) remained within normal fluctuation levels compared to recent years, but still low compared to the long-term observations (2023: 55; 2022: 80; 2021: 81). Since 2016, cocaine has consistently been the second most frequently seized substance in Luxembourg, replacing heroin. Although the total number of seizures may vary depending on law enforcement strategies, these figures suggest a shift in the drug market towards increased availability of cocaine. For more information on the decrease in purity of seized heroin, please refer to section 7.3 'Trends in drug purity'.
- > Most of other opioids seized in 2024 were methadone tablets, reported as individual tablets (862 tablets across nine seizures) and weighted 'Mephenon®' tablets (10 g) (2023: 7 g; 2022: 692 g; 2021: 195 g).
- > A total of 14.3 g of heroin-cocaine mixtures were reported in 2024, while no seizures of 'speedballs' were reported in 2022 and 2023. The annual statistics shared by the main harm reduction centre in Luxembourg City, which operates supervised consumption rooms (Abrigado CNDs), show that in 2024, heroin-cocaine mixtures were consumed in 22% of cases, although the proportion was lower in supervised drug consumption rooms located in the south of the country (10.9%).

SYNTHETIC OPIOIDS



- > In 2024, fentanyl was detected for the first time in Luxembourg. The quantity of the seizure was 16.6 g and both fentanyl and fluorofentanyl were identified from the same paste-like substance. According to data from the Customs and Excise Agency, this sample has been in transit only and was therefore not intended for a recipient in Luxembourg. As of this day, there were no other fentanyl samples identified, nor fentanyl derivatives or other potent synthetic opioid drugs like nitazenes.

3 Although the substance was involved in the arrest, it may not have been the primary reason for the arrest.



COCAINE

Cocaine seizures are highly variable since the beginning of the nineties and law enforcement data refer to high quantities seized in recent years. The number of cocaine seizures has seen a first noticeable increase in 2014 and has since been relatively stable, surpassing the number of heroin seizures from 2016 onwards. In 2024, the number of cocaine seizures increased again compared to the expected numbers observed over the past decade. These numbers should not be confused with the figures of annual total quantity of cocaine seized, which on the other hand, depend strongly on individual large seizures.



- > In 2024, 3.2 kg of cocaine were seized, which was slightly lower than in 2023, but within the range of the expected annual cocaine quantities (median total weight of 3.5 kg seized per year; years 2010-2023) (2023: 5.0 kg; 2022: 1.3 kg; 2021: 3.7 kg). Between 2010 and 2024, the annual quantity of cocaine seized has fluctuated between 0.8 kg and 24.4 kg, with the exception of 2018, when 346.8 kg were seized.
- > The number of cocaine seizures has increased by 22.6% compared to 2023, reaching 293 seizures in 2024 (2023: 239; 2022: 190; 2021: 218). Future years will show whether this represents a new upward trend in seizure numbers or an exception. Compared to the long-term (191 median seizures between 2010 - 2023), cocaine seizures increased by 52.9% in 2024, but remained relatively stable overall.
- > One minor crack (cocaine-base) seizure (9.8 g) was reported in 2024 by national authorities, although freebasing (smokable forms of cocaine) is also frequently reported by field agencies.

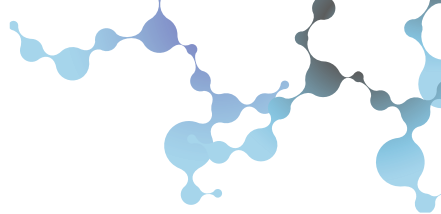
Despite the high variations in the number and quantity of cocaine seized in the past years, the increased proportion of high-risk drug users (HRDUs) and recreational drug users reporting cocaine use suggest a growing availability of the drug on the market.

OTHER STIMULANTS

Ecstasy-like substances (MDMA/XTC) and amphetamine-type stimulants (ATS) remain popular, particularly in festive settings. The annual quantities of seized MDMA/XTC and amphetamines have shown large variations over the past decade:



- > In 2024, the number of tablets seized dropped to 177 tablets in three seizures (2023: 534 tablets; 2022: 19 tablets; 2021: 559 tablets), while additional 610 g of MDMA/XTC in undefined form were seized in 16 seizures (2023: 10.9 g; 2022: 35.3 g; 2021: 4.3 g). Compared to the previous five years, the quantity of MDMA/XTC tablets has decreased significantly, especially when considering the high levels recorded in 2019 and 2020, with 46,000 and 29,000 tablets seized. The quantity of MDMA/XTC in other form has increased substantially compared to the same period. Considering that the form of undefined MDMA/XTC seizures was likely powder or crystals, together with median values for purity of seized MDMA powder/crystals samples in 2024 (90.4%), and the median MDMA content per XTC-tablet in 2024 (144.7 mg/tablet), then the 610 g of seized MDMA/XTC in 2024 would be equivalent to 3,811 tablets from an order-of-magnitude perspective.
- > With regard to amphetamines, the annual quantity increased to 344.4 g seized in 12 seizures in 2024 compared to the previous year. This quantity was above the reported quantities in recent years, although nowhere near the quantity of 1.9 kg reported in 2021 (2023: 159.9 g; 2022: 140.7 g; 2021: 1,948.8 g).
- > Slightly more methamphetamine was seized in 2024 compared to 2023, with 38.9 g in five seizures and one seizure reported with missing weights (2023: 16.8 g; 2022: 2.8 g & 29 tablets; 2021: /).
- > In 2024, the national Customs and Excise Agency further intercepted a parcel in transit through Luxembourg, containing 19.2 kg of khat leaves. The chewing of khat leaves is reported to have stimulant, amphetamine-like effects⁴.



HALLUCINOGENIC DRUGS

Seizures of conventional hallucinogenic drugs like LSD and psychoactive mushrooms are rare, suggesting low presence of these substances on the national market. Laboratory results from the National Health Laboratory (LNS) point towards the presence of other, non-conventional hallucinogenic substances seized on the national territory.



- > In 2024, four LSD seizures totaling 16.2 ml were recorded in law enforcement data (2023: 2.4 ml; 2022: no quantity recorded; 2021: 86 ml; 2020: no quantity recorded); while in 2022, 16 blotters⁵ of LSD were seized (2024: no blotters; 2023: no blotters; 2021: no blotters).
- > In regard to psychoactive mushrooms, only 130.2 g were seized in three seizures, which remains considerably below the important seizure of 1.2 kg recorded in 2019 (2023: 177.9 g; 2022: 37.3 g; 2021: 3.7 g).
- > In 2024, a total of 85.1 g ketamine were seized in six seizures, with four additional ketamine seizures reported with unknown quantity (2023: 2.6 g; one other seizure with unknown quantity). Ketamine seizures have been reported occasionally in recent years, while results from purity analyses suggest that the presence of ketamine might be underrepresented in law enforcement reports. Laboratory results also show that ketamine is occasionally found along with other psychoactive substances, which in turn complicates the reporting by the authorities⁶.

OTHER SUBSTANCES



- > In 2024, one seizure of 10.7 g of MDMA-BUTINACA, a synthetic cannabinoid was reported.
- > One bottle of nitrous oxide (N₂O) was seized in 2024 (2023: 82 bottles in two seizures; one other seizure of unknown N₂O quantity).
- > Seized hypnotics and sedatives (depressant drugs) included a variety of benzodiazepines (prescription medicine) and gamma-butyrolactone (GBL). In total, four seizures lead to 231 benzodiazepine tablets being seized (2023: 165 tablets in seven seizures), in addition to 14.0 g unspecified benzodiazepines (2023: 6.3 g) and four seizures of unknown quantity. One seizure concerned 0.5 L of GBL (2023: 2.4 kg GHB/GBL).
- > One seizure of 92 g of 6-(2-aminopropyl)benzofuran (6-APB), an entactogen, was reported in 2024. Three seizures involved synthetic cathinones, with 1.2 g of 3-MMC, 36.8 g of alpha-PHP and 4.5 g of alpha-PHP & 3-MMC mixture. Two seizures with a total of 70.5 g of fluoroamphetamine (a stimulant drug) were reported as well. Regarding hallucinogens seized in 2024, 2 g of lysergamide were seized in one seizure, while 5.8 g of 5-MeO-MiPT were seized in one seizure as well.
- > Other New Psychoactive Substances (NPS) were reported by law enforcement in 2024: One seizure of 15 g N - ethylpentadone, one seizure of seven grams 2 - fluorodeschloroketamine, one seizure of 3.2 g deschloroketamine and one seizure of 4.1 g of 4-fluoromethylphenidate and one seizure of 3 g eticyclidone (O-PCE).
- > Lastly, 147 tablets of pregabalin were seized in six seizures, in addition to one seizure of 0.6 g of pregabalin tablets.

5 An LSD blotter is a small tab of absorbent paper onto which liquid LSD has been soaked. Blotter paper is one of the most common methods of dosing for LSD. The term 'blotter' refers to one unit (one 'stamp') of LSD.

6 Samples containing low concentrations of ketamine along with higher MDMA or cocaine concentrations might be reported as the principal substance instead of ketamine.

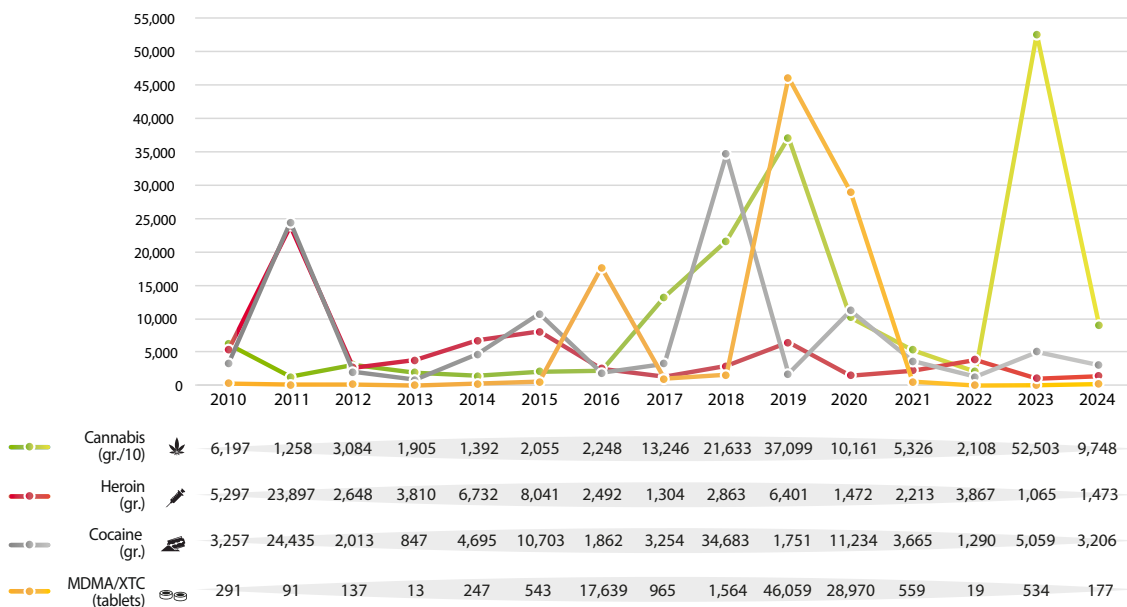


FIGURE 7.1.

Total quantities of main national yearly seizures: cannabis, heroin, cocaine, MDMA/XTC (Specialised Drug Department of the Judicial Police, 2010 - 2024)

Note: For 2018, the quantity of cocaine was reported as g/10 (total seizure 346.828 kg).

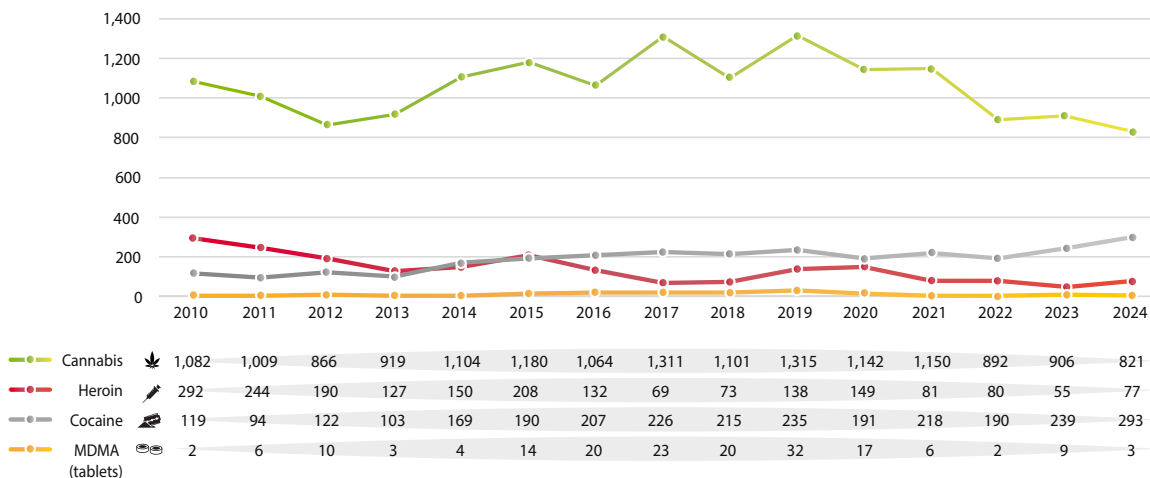
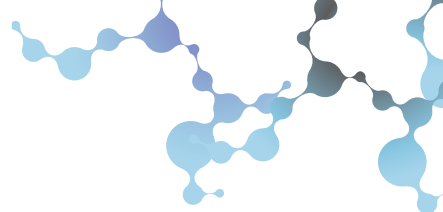


FIGURE 7.2.

Total number of main national yearly seizures: cannabis, heroin, cocaine, MDMA/XTC (Specialised Drug Department of the Judicial Police, 2010 - 2024)

Note: Cannabis seizures from 2010 to 2016 included herbal cannabis, cannabis resin and cannabis plants. From 2017 onwards, additional seized cannabis product types were included.



7.2. TRENDS IN DRUG PRICES

Ad hoc surveys with recreational drug users and high-risk drug users provide an insight into average prices of street drugs. The Pipapo project, conducted by the NGO 4Motion asbl, has reported the prices of recreational drugs for 2023 and 2024, offering an overview of the current illicit drug market for a variety of different substances. According to employees from the NGO 4Motion asbl, recreational drug users may have access to a broader range of substances and varying degrees of purity in contrast to high-risk drug users, allowing them to choose based on personal preferences and price (Table 7.1.). Similar observations were shared by employees of supervised drug consumption rooms, who reported that clients of these facilities noted a significant difference in the quality of drugs sold by 'private' dealers compared to 'street' dealers. According to these clients, 'private' dealers tend to offer more expensive but 'stronger' drugs, while 'street' dealers tend to sell cheaper, lower-quality drugs that are often mixed with other substances. Comparable observations have been shared by law enforcement agents, stating that better quality drugs are usually sold at higher street prices. The figures below report the trends regarding average prices of the drugs mainly used by clients from the supervised drug consumption facilities⁷ (heroin, cocaine, herbal cannabis and cannabis resin) (Fig. 7.4.).

According to recreational drug users:



- > The average cocaine⁸ price per gram has slightly increased in 2024 compared to the previous year (2024: 77.0 €/g; 2023: 72.3 €/g). Among all substances reported by recreational drug users, cocaine exhibited one of the highest absolute price variations, with a difference of 70 € reported in 2024.
- > Cannabis⁹ prices were reported separately for both herbal cannabis and cannabis resin. Prices per gram of cannabis resin were lower than those of herbal cannabis. According to recreational drug users, in 2023, the average price for herbal cannabis was 13 €/g, while in 2024, the average price for the same form was 10 €. The minimum price of herbal cannabis was identical in both years (10 €/g). In contrast, the average price per gram of cannabis resin was 6.6 €/g in 2023 and decreased to 3.6 €/g in 2024.
- > Prices for MDMA¹⁰ were reported either for MDMA powder/crystals or per individual ecstasy (MDMA) tablet. Concerning MDMA powder/crystals, the average price per gram was 26.4 € in 2023 and remained similar in 2024 (25.6 €/g). Large price variations were observed in 2023, driven by two samples priced at 60 €/g and 75 €/g. Regarding ecstasy (MDMA) tablets, the average price was 8.1 € per tablet in 2023 and 7.2 € per tablet in 2024. The maximum price per tablet was identical across both years, at 10 € per tablet.
- > Additionally, price indications per gram of amphetamine (powder), ketamine (powder/crystals), 3-MMC (powder/crystals), 2C-B (tablet) as well as prices per LSD - blotter were reported by recreational drug users. Since the sample size of price indications for these substances varied between two and five per year, these prices should be interpreted with caution. The average amphetamine price per gram fluctuated between 3 € and 20 € in 2023 (N=3), while in 2024 (N=3), prices fluctuated between 1 € and 60 €. With respect to ketamine, price indications were more consistent in both years, with an average price per gram of 32.8 € in 2023 (N=3) and 33 € in 2024 (N=5). Average prices for the synthetic cathinone 3-methylmethcathinone (3-MMC) were slightly higher in 2024 (N=5) compared to the previous year (N=4) (2024: 27 €/g; 2023: 21.4 €/g). Regarding the hallucinogenic NPS 2C-B, the average prices reported in 2023 (N=3) and 2024 (N=5) were identical, at 4.4 € per tablet. Lastly, prices for LSD were indicated as price per unit (blotter) and ranged from 8 € to 10 € in 2024 (N=3), while the maximum price per blotter was 9 € in 2023 (N=2).
- > In 2023, individual price indications (N=1) concerned the following substances: the price for one unit (blotter) of 1p-LSD was reported as 15 € per blotter. The price for one tablet of 4-Acetoxy-Dimethyltryptamine (4-AcO-DMT) was 7 €, and a single price indication for GHB was reported as 10 € per millilitre.

7 Clients from the supervised drug consumption facilities will be referred to as 'high-risk drug users'.

8 Sample sizes for cocaine powder: 2024 (N=27); 2023 (N=13). In 2024, 1 sample referred to as cocaine 'crystal' was included in the total sample

9 Sample sizes for herbal cannabis: 2024 (N=4); 2023 (N=10); sample sizes for cannabis resin: 2024 (N=11); 2023 (N=5).

10 Sample sizes for MDMA powder/crystals: 2024 (N=11); 2023 (N=12); sample sizes for ecstasy (MDMA) tablets: 2024 (N=32); 2023 (N=14).



- > In 2024, recreational drug users reported the following individual price indications: the price for one unit (blotter) of 1D-LSD¹¹ was reported as 65 € per blotter. Methadone powder was indicated at 30 €/g, and two individual price indications for Tusi¹² averaged at 67.5 €/g. Lastly, one price indication for 2-MMC was reported at 17 €/g.

TABLE 7.1.

Trends in the prices of illicit drugs assessed among a sample of recreational drug users (4Motion asbl, 2023 - 2024)

Substance	Year	Minimum	Average	Median	Maximum
Cocaine powder (€/g)	2023	60	72,3	70	80
	2024	40	77	80	110
Cannabis herb (€/g)	2023	10	13	10	25
	2024	10	10	10	10
Cannabis resin (€/g)	2023	2,9	6,6	7	10
	2024	1,5	3,6	2,6	8
MDMA powder/crystals (€/g)	2023	5	26,4	18,4	75
	2024	4	25,6	30	40
Ecstasy (MDMA) (€/tablet)	2023	2,5	8,1	10	10
	2024	1,6	7,2	8	10
Amphetamine powder (€/g)	2023	3	11	10	20
	2024	1	21	2	60
Ketamine powder/crystals (€/g)	2023	8,3	32,8	30	60
	2024	25	33	30	50
3-MMC powder/crystals (€/g)	2023	12,5	21,4	21,5	30
	2024	20	27	30	35
2C-B (€/tablet)	2023	0,8	4,4	2,4	10
	2024	3	4,4	5	5
LSD (€/blotter)	2023	8	8,5	8,5	9
	2024	8	9,3	10	10

According to high-risk drug users:

- > In 2025, heroin prices based on self-reported weight and price indications decreased by 61% compared to the previous year. The average price per gram of heroin was 41.2 € in 2025 (N=49), while in 2024 (N=30), it was 66.3 €. Compared to the past decade, heroin prices were slightly lower in 2025 (Fig. 7.4.).
- > In the case of cocaine, the average price per gram slightly decreased to 72.3 € in 2025 (N=45), compared to 2024 (N=26), when the price was 75.8 €.
- > As reported in the previous year, 0.2 g was the most frequently purchased quantity in 2025, both for heroin (24.5% of samples) and cocaine (28.9% of samples). The average price paid for 0.2 g of heroin was 13.3 € (66.7 €/g), while the average price for cocaine was 15.8 € (78.9 €/g). Prices paid and self-reported sample weights were negatively correlated: clients who bought smaller quantities spent, on average, more per gram than clients who bought larger quantities (Fig. 7.3.). These results show that the reported average prices for cocaine and heroin depend considerably on the weight of the units included in the sample.

11 One price indication of '<10€' for one blotter of 1p-LSD was excluded from the analysis.

12 Tusi: a pink-dyed powder composed from a mixture of different psychoactive substances, commonly referred to as 'pink cocaine'.

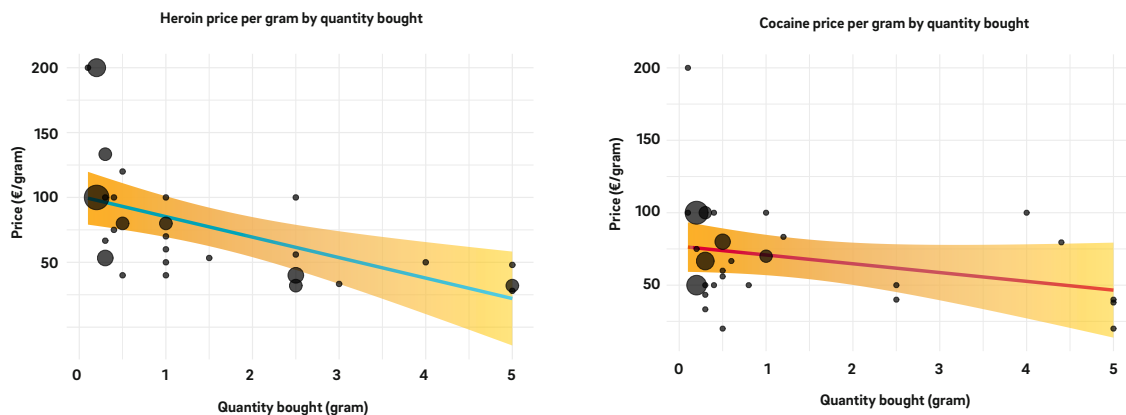
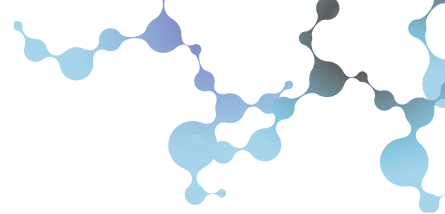


FIGURE 7.3.

Relationship between the weight per unit (in gram) and the calculated price paid per gram (in euros) of heroin and cocaine (Abrigado CNDS, 2025)

Note: The data points represent individual observations, with point size proportional to the number of observations. The solid line represents the linear regression fit. The shaded area around the line shows the 95% confidence interval of the regression model.

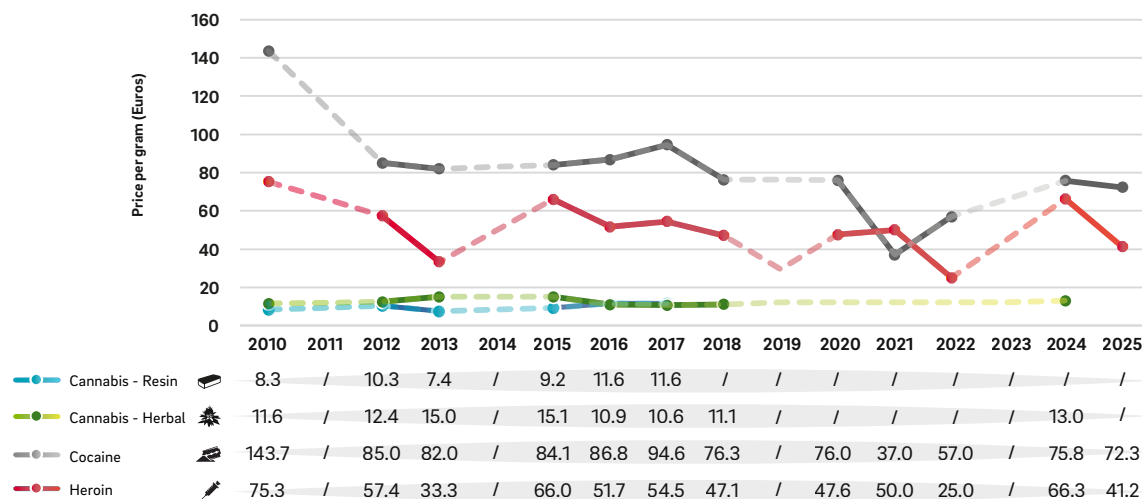
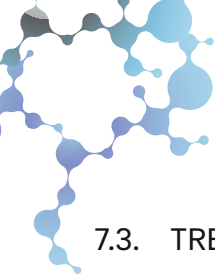


FIGURE 7.4.

Trends in the prices of illicit drugs assessed among high-risk drug users (HRDUs) in Luxembourg (Specialised Drug Department of the Judicial Police, 2010 - 2016; Abrigado CNDS, 2010 - 2025)

Note: In 2023 and 2024, one price indication per year (heroin: 15 €/g in 2023; cannabis resin: 7 €/g in 2024) was not included in the figure. To visualise the years 2011, 2014, 2019, and 2023, missing values were imputed using the average of the surrounding years (shown by a dashed, pale line).



7.3. TRENDS IN DRUG PURITY

The National Health Laboratory (LNS) provides purity data and toxicological analyses of psychoactive substances. This allows for trend analysis of drug purity at the street level in Luxembourg.

The substances analysed by the National Health Laboratory and presented in this report are generally those seized by the national Judicial Police or the national Customs and Excise Agency. In some cases, there is a time-lag between the seizure of a substance and its purity analysis by the National Health Laboratory. The statistical reporting by the PFLAD is based on laboratory analyses conducted up to the end of the calendar year 2025, although samples may have been seized in the previous calendar year.

Laboratory protocols require the analysis of multiple samples from larger seizures, which in turn has implications for statistical reporting. According to press releases communicated by law enforcement and the public prosecution office, the national airfreight hub recorded a total of 873.7 kg cocaine, slightly more than 2.25 tons of herbal cannabis, and 107.9 kg of cannabis resin arriving in 2025¹³ alone. Since the identification of these substances must be ensured through laboratory analyses conducted in line with established quality standards - including requirements regarding the number of analyses per sample size - the statistical analysis includes multiple cocaine and cannabis samples originating from the same seizures. Moreover, the quality of the product itself, particularly that of cocaine, exhibits higher purity levels compared to samples obtained on the street market. Large seizures often consist of high quality, uncut product, which may influence statistical results. In summary, the averages reported in this section include multiple samples of high-purity drugs, which were not destined to reach the national consumer market. Street-level purity is expected to be lower.



- > **Cannabis:** Cannabis herb and cannabis resin THC concentrations were slightly lower than the record average concentrations measured in 2024.
 - o Considering the legal THC concentration threshold of < 1%, the average concentration of THC measured in seized herbal cannabis was marginally lower in 2025 (15.8%) than the previous year (2024: 16.4%). However, THC concentrations of herbal cannabis have remained relatively stable over past five years, with a slight increase in most recent years (2023: 15.0%; 2022: 14.3%; 2021: 14.5%). From a long-term perspective, THC concentrations have shown a sustained increase over the past decade. The maximum THC concentration found in herbal cannabis in 2025 was within the expected range of fluctuations with 40.9% purity (2024: 38.1%; 2023: 45.6%; 2022: 39.9%).
 - o As for cannabis resin, THC concentration showed a slight decrease in 2025 (29.6%) compared to 2024 (33.5%), remaining just below levels measured in recent years (2023: 31.9%; 2022: 33.0%; 2021: 31.2%). From a long-term perspective, results indicate a steady increase in cannabis resin THC content over the past decade. In 2025, the maximum concentration found in cannabis resin was 64.2%, which was higher than the maximum concentration reported in 2024 (37.4%). It should also be noted that maximum values show considerable year-to-year variation, which may be partly attributable to challenges in classifying samples as cannabis resin or other cannabis concentrates (2023: 87.8%; 2022: 73.4%; 2021: 63.0%).
 - o In 2025, no butane hash oil was reported in purity data. In the previous year, four butane hash oil extracts were seized with an average concentration of 87.6% THC (min: 84.5% - max: 88.7%). However, eight samples of cannabis paste were reported in 2025, revealing an average THC concentration of 54.8% (min: 46.4% - max: 58.8%).
 - o Regarding impurities and adulterants, a few cannabis samples were confirmed to contain one or more additional substances. Among all valid samples (THC content ≥ 1%), one herbal cannabis sample contained 1.3% cocaine in 2025. In addition, synthetic cannabinoids were identified in various forms, as detailed in the subsequent section on new psychoactive substances (NPS).

13 Other important seizures included methamphetamine (73.9 kg) and unspecified precursors (150 kg). Source: <https://justice.public.lu/fr/actualites/2026/01/communiqu-parquet-luxembourg-saisies-stupefiants-cargo-center-2025.html>



- > **Heroin:** The average purity of seized heroin slightly increased in 2025 (11.2%) compared to the previous year (2024: 8.2%), but still remaining below values reported in recent years (2023: 11.8%; 2022: 14.1%; 2021: 14.8%). Considering the long-term perspective, heroin purity has remained relatively stable over the past decade, while purity levels reported for 2023 and 2024 signaled the beginning of a downward movement. Past years' analyses revealed a substantial fluctuation in the minimum and maximum purity of heroin, which remained within the expected range of variation (min: 0.4% - max: 48.0%)¹⁴. In 2025, all heroin samples contained on average 43.7% paracetamol and 24.8% caffeine as adulterants (2024: 48.9% paracetamol and 26.0% caffeine). Among the valid samples, 33 samples included an adulteration with additional substances: eight samples contained heroin and cocaine, with an average heroin purity of 22.8%. Marginal traces of cocaine were identified in 22 additional samples, including other adulterants like the opioid drug methorphan in five samples and three samples containing methorphan and phenacetin. Adulterations without cocaine but with phenacetin and / or methorphan were identified in three other samples.
- > **Cocaine:** In 2025, the average cocaine purity (% cocaine HCl) reached 77.1%, marking the highest annual average recorded since the start of data collection. This increase compared to 2024 (67.4%) should be interpreted in light of several high-volume cocaine seizures in 2025, which resulted in a large number of high-purity samples being included in the dataset. Cocaine purity has shown a steady increase over the past five years (2023: 69.3%; 2022: 65.7%; 2021: 56.5%), and a consistent upward trend over the past decade. Despite the high average purity of cocaine, substantial variation was observed in 2025, with concentrations ranging from 0.28% to 100% (2024: min: 0.98% – max: 100%). Similar to 2024, levamisole and phenacetin were the most frequently found adulterants in cocaine samples in 2025 (both present in 11.6% of samples), followed by caffeine (9.8%) and procaine (5.6%). Lidocaine was identified in only a small proportion of samples (0.7%). Samples containing both cocaine and heroin are discussed in the section on heroin.
- > **Amphetamine:** The average purity of amphetamine-type stimulants has fluctuated noticeably in the past years, primarily due to the relatively small sample sizes and the various forms of the drug seized by national law enforcement agencies. Typically, amphetamine tablets contain much lower amphetamine concentrations than those found in powder/crystal form or in amphetamine paste. In 2025, the average amphetamine concentration across all samples was 57.7% (2024: 42.0%; 2023: 22.2%; 2022: 27.2%). Similar to previous years, purity levels varied significantly among samples, ranging from 6.31% to 99.3% (2024: min: 11.7% - max: 98.3%). In nine out of 21 samples, the laboratory results showed adulteration with caffeine, with an average caffeine content of 28.1%. In addition to amphetamine, laboratory results showed that methamphetamine had been detected in four samples, with an average concentration of 96.7%.
- > **MDMA/XTC:** Similar to amphetamine, the annual average purity of MDMA/XTC is strongly influenced by the proportion of powder/crystal samples within the overall sample. In 2025, the overall average purity across all MDMA/XTC samples reached 49.6%, slightly higher than in 2024 (46.6%). In 2025, MDMA powder/crystal samples had an average MDMA concentration of 84.0%, remaining at similar level compared to 2024 (83.2%). Over the past five years, MDMA powder/crystals showed mixed results¹⁵, suggesting an increase in recent years (2023: 74.1%; 2022: 75.7%; 2021: 85.8%). Results from XTC tablets show a similar pattern, with higher MDMA concentrations found in XTC tablets in 2025 (39.3% - 172.8 mg/tablet) compared to 2024 (34.3% - 148.5 mg/tablet), but no clear upward or downward trajectory over the five-year period (2023: 26.4%, 117.3 mg/tablet; 2022: 34.0%, 146.4 mg/tablet; 2021: 36.6%, 172.3 mg/tablet). On average, one MDMA/XTC tablet weighed 444.2 mg in 2025. MDMA/XTC samples were mostly adulterated with cocaine (n=12), followed by both ketamine and amphetamine found in the same two samples.

¹⁴ As for high-purity cocaine samples, heroin samples with high concentrations are likely samples that were not yet intended for consumption.

¹⁵ The annual average of 85.8% MDMA concentration for MDMA powder/crystals might have been due to the small sample size reported in 2021 (N=17).



- > **Hallucinogens:** In 2025, laboratory results identified a total of 15 ketamine samples. In addition, ketamine was detected as an adulterant in two MDMA samples¹⁶. The average ketamine purity in 2025 was 87.0% (min: 81.8% - max: 96.0%), which was higher than the average reported in 2024 (78.8%). These findings should be interpreted with caution due to the small sample sizes in both years (2025: N=15; 2024: N=12). Only a few other seized substances containing hallucinogens were identified, including three mushroom samples with unquantified psilocybin or psilocin levels, and four LSD blotters with quantified LSD concentrations. The average concentration of active ingredient per LSD blotter was 72.9 micrograms¹⁷ in 2025, comparable to values reported in 2024 (76.4 micrograms per blotter). These values should also be interpreted with caution due to the small sample size. Three additional blotters and two samples containing a liquid were reported to contain undefined LSD concentrations. A total of three non-conventional hallucinogenic substances that may be classified as NPS were found in twelve samples of seized tablets in 2025: two samples of 5-MeO-DET, one sample of 2C-B and MDMA, two samples of 2C-B and one sample of 1cP-LSD.
- > **NPS and drug precursors:** A range of other NPS and were analysed by the National Health Laboratory in 2025. For the most part, these NPS samples concerned stimulant substances, which were identified alone, or in combination with other NPS or conventional drugs. Frequently reported molecules were the synthetic stimulant chloromethcathinone (CMC) and fluorodeschloroketamine, identified as the sole NPS, or in combination with one or more of the following substances: methylmethcathinone (MMC), MDMA and cocaine. N-ethylnorpentedrone and fluorophenmetrazine were identified from three samples each. APB was found alone once and in combination with the synthetic cannabinoid JWH-210 in another sample. The following stimulant-like NPS were identified each in separate, individual samples: fluoroamphetamine (FA), fluoromethamphetamine (FMA), ethylnaphthidate, methylbuphedrone, mitragynine (a psychotropic alkaloid of KRATOM) and α -pyrrolidinovalerophenone (α -PVP). Methylphenidate, the active ingredient found in 'Ritalin®', was reported in six samples.

The second most frequent type of NPS identified in seized samples in 2025 concerned synthetic cannabinoids. Half of these samples (ten out of 22 total samples) consisted of organic material - THC-containing cannabis herb or resin - to which a synthetic cannabinoid had been added. Apart from one powder sample, all remaining samples were organic samples without THC. The most frequently reported synthetic cannabinoid was MDMB-BUTINACA, found as unique identified compound in five samples and in combination with other synthetic cannabinoids in four additional samples (4x mixed with ADB-4en-PINACA). CUMYL-PINACA was the most frequently reported synthetic cannabinoid found in adulterated THC containing cannabis herb or resin (four samples). The better-known hexahydrocannabinol (HHC) was the only synthetic cannabinoid detected in soft candy and chips along with minor THC concentrations (four samples not shown in Figure 7.5.), as well as in two adulterated cannabis samples. Other synthetic cannabinoids were detected less frequently (MDMB-4en-PINACA in two samples, ADB-4en-PINACA in two samples, EDMB-4en-PINACA in one sample, delta-9-THC-O-acetate in one sample, MDMB-PINACA in one sample).

To a lesser extent, seized substances included designer benzodiazepines (nine samples), the synthetic opioid methidone (one sample), and six samples of O-desmethyltramadol. Lastly, two samples were identified as GHB.

16 Two MDMA samples containing 78.8% MDMA and 1.03% ketamine in one case and undefined quantities in the other case were excluded from the analysis, but included in MDMA purity statistics.

17 It should be noted that the sample size for LSD seizures was very small (N=4) while the measure of active ingredient (microgram per blotter) is heavily dependent on the LSD-blotter size.

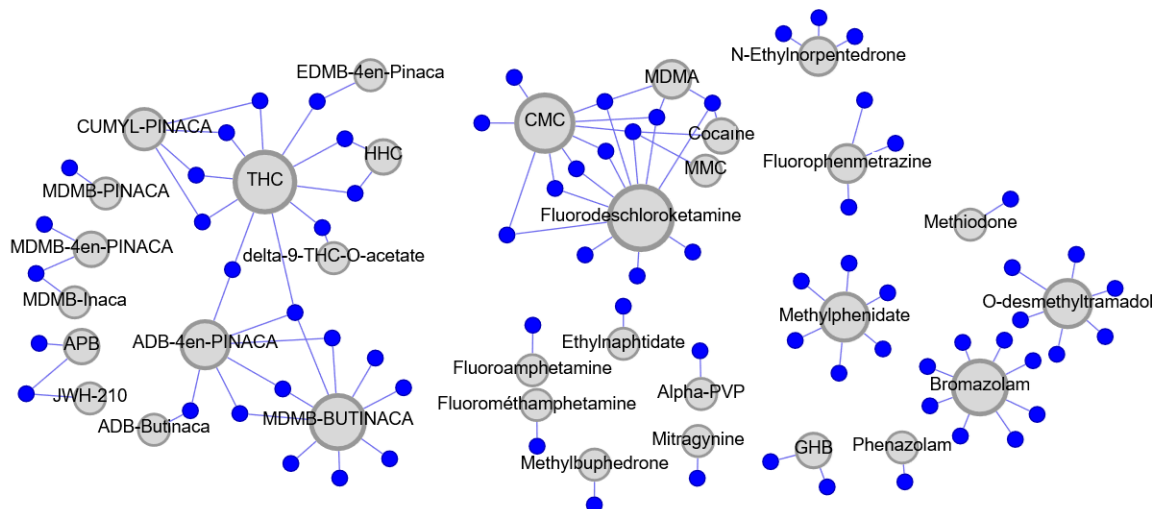
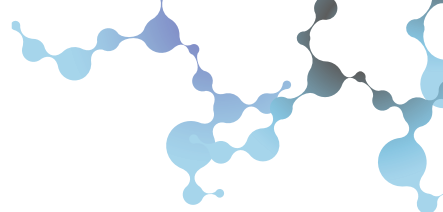


FIGURE 7.5. Visual representation of NPS identified in seized substances in 2025. Grey circles indicate the identified NPS, while blue circles represent the samples. (Specialised Drug Department of the Judicial Police, National Health Laboratory, 2025)

7.4. DRUG-RELATED CRIME

The number of police records for presumed offences against the modified 1973 drug law have been showing a discontinuous increase throughout the last 20 years (2001: 1,455; 2020: 2,968). However, over the past five years, the number of referred police records has continuously decreased, indicating a downward trend, with 1,511 drug law enforcement records reported in 2024 (2023: 1,670; 2022: 1,786; 2021: 2,354) (Table 7.2.).

TABLE 7.2. Number of national law enforcement records (Specialised Drug Department of the Judicial Police, 2010 - 2024)

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SPJ	134	165	44	17	9	80	45	21	51	212	64	22	71	2	
Police	1,969	1,643	1,526	1,849	2,651	3,192	2,531	2,358	2,066	2,647	2,798	2,281	1,651	1,591	1,384
Customs	443	477	232	203	156	113	48	146	167	135	104	49	54	76	127
Total	2,546	2,225	1,802	2,069	2,816	3,385	2,624	2,525	2,284	2,994	2,968	2,354	1,786	1,670	1,511

Note: In 2021, two values for PV (police record) were missing; in 2022, ten values were missing; and in 2023, one value was missing.

The analysis of the 1,511 drug law enforcement records revealed a total of 1,911 offences¹⁸ presumably committed in 2024 (2023: 1,911; 2022: 1,899; 2021: 3,006). Similar to previous years, in 2024 the vast majority of these drug law offences were related to personal use, purchase, or possession of illicit drugs (2024: 79.1%; 2023: 83%; 2022: 86%; 2021: 88%) (Fig. 7.6.). Reflecting the declining share of cases related to personal use and possession, the recent decrease in cannabis seizures has also led to a slight reduction in the overall proportion of cannabis-related offences compared to other substances in 2024. This shift in the proportion of drug law offences related to personal use, purchase, or possession, observed since 2023, is likely an indirect consequence of the amended drug law of July 2023. Since mid-2023, a fine of 145 € can be paid on the spot for certain drug violations, without the individual being entered into the police register (please refer to chapter 1 'Drug policy', section 'Cannabis for non-medical purposes'). These cases

18 N(offenders) < N(offences) as an offender might have committed multiple offences.



accounted for 361 violations in 2024 (333 reported by national police, 28 reported by the national Customs and Excise Agency) and are no longer included among recorded drug law offences.

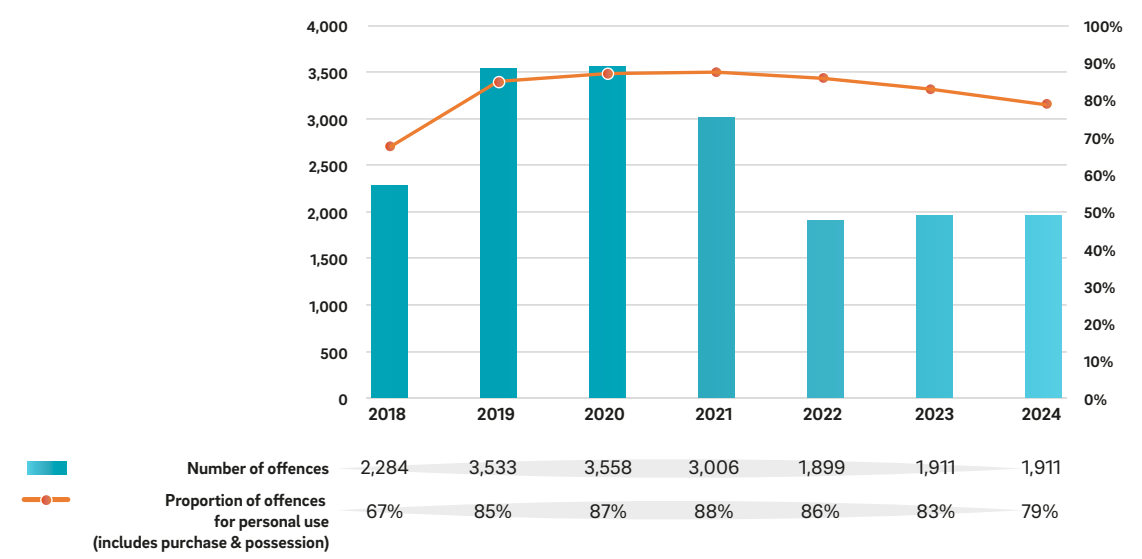


FIGURE 7.6.

Trends on proportion of offences due to drug related use, purchase or possession of illicit drugs for personal use (% of total offences) (Specialised Drug Department of the Judicial Police, 2018 – 2024)

In 2024, the Specialised Drug Department of the Judicial Police reported 1,115 offenders involved in the trafficking and/ or use of illicit substances, representing a decrease of 17.6% compared to the previous years (Table 7.3.). As described in previous sections, recent legislative changes should be considered when interpreting these numbers.

TABLE 7.3.

Number of individual offenders (Specialised Drug Department of the Judicial Police, 2010 - 2024)

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SPJ	131	164	44	17	9	77	44	14	27	127	48	15	60	2	
Police	1,960	1,632	1,517	1,846	2,623	3,158	2,481	1,825	1,583	1,719	1,619	1,557	1,187	1,286	1,025
Customs	439	407	221	200	147	110	41	130	145	106	58	47	52	65	90
Total	2,530	2,210	1,782	2,066	2,779	3,345	2,566	1,969	1,755	1,952	1,723	1,621	1,305	1,353	1,115

Note: In 2022, six values were missing for offenders.

The number of arrests for drug-related offences was slightly higher in 2024 (203 arrests) compared to recent years (2023: 188; 2022: 176; 2021: 173), but remained within the expected range of variation observed over the long term (typically between 120 and 230 arrests per year) (Fig. 7.7.). While cocaine may not have been the primary factor leading to arrest, it remained the most frequently seized substance in drug-related arrests in 2024, being involved in 55.2% of all arrests (2023: 56.4%; 2022: 38.1%; 2021: 67.6%). Cannabis (herb and/or resin) was seized in 30.0% of all arrests (2023: 33.5%; 2022: 38.1%; 2021: 41.6%), while 19.2% of arrests included heroin (2023: 12.2%; 2022: 15.3%; 2021: 22.0%). The analysis of the substances seized in drug-related arrests shows that, since 2020, cocaine has consistently been involved most frequently in drug related arrests, followed by cannabis (any form). More specifically, the figures show that the proportion of herbal cannabis related arrests decreased in the 2020 - 2024 time period, whereas the proportion of cannabis resin has increased, becoming the predominant cannabis form seized during an arrest.

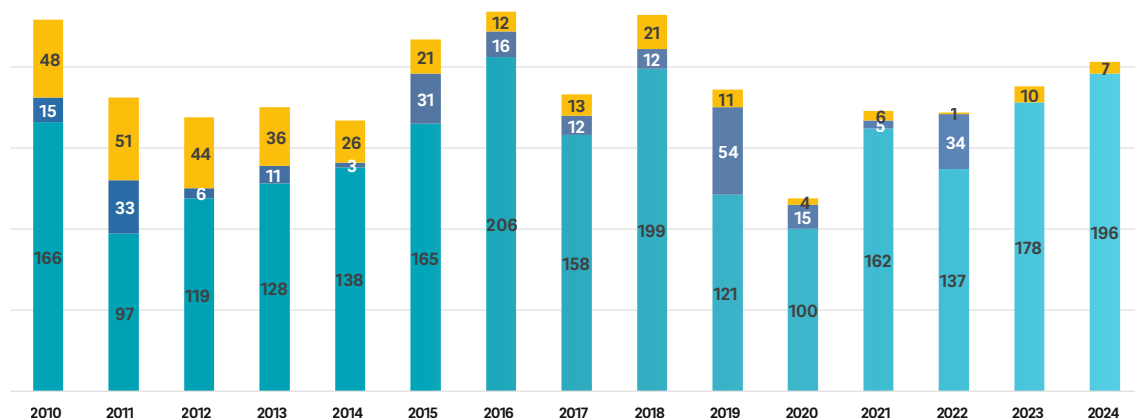
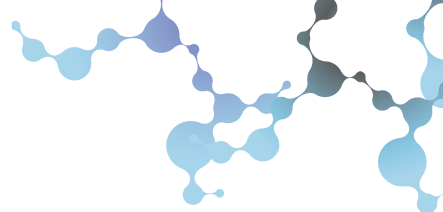


FIGURE 7.7.

Distribution of the number of drug law offences related arrests per service (Specialised Drug Department of the Judicial Police, 2010 - 2024)

Note: For 2022, the total includes four people for whom the service is unknown (not shown in the graph).

CHARACTERISTICS OF DRUG LAW OFFENDERS



- > In 2024, the population of individual drug law offenders accounted for 89.2% males (2023: 89.1%; 2022: 87.0%; 2021: 83.8%), a proportion that has generally been varying between 79% and 90% during the past decade.
- > People of foreign nationality represented the majority of drug law offenders (2024: 58.9%; 2023: 56.0%; 2022: 55.6%; 2021: 51.8%), people with the Luxembourgish nationality represented 30.7% of drug law offenders (2023: 38.1%; 2022: 37.3%; 2021: 40.4%), and those with unknown nationality a minority (2024: 10.4%; 2023: 5.9%; 2022: 7.1%; 2021: 7.8%).
- > In 2024, minors accounted for 10.0% of the drug law offenders (2023: 12.9%; 2022: 9.0%; 2021: 12.0%). Compared to the past decade, the proportion of minors among individual drug law offenders slightly increased in recent years, while the overall number of individual offenders decreased.
- > In 2024, 16.3% of offenders were aged 19 years or below (2023: 22.3%; 2022: 19.2%; 2021: 23.4%; 2020: 20.2%), 37.2% were between the age of 20 and 29 years (2023: 39.2%; 2022: 34.8%; 2021: 38.1%), 24.6% between the age of 30 and 39 years (2023: 23.6%; 2022: 25.4%; 2021: 22.8%), and 21.9% above the age of 40 years (2023: 14.9%; 2022: 20.3%; 2021: 15.7%).

The routine data protocol of the national drug monitoring system (RELIS) that records persons entering treatment in a given year includes a series of drug-related offences' items based on self-report. The following results summarise the situation observed in the past years:



- > In 2024, 73.8% of high-risk drug users indexed by specialised harm reduction or treatment services reported at least one episode of conflict with law enforcement agencies during their lifetime (2023: 70.3%; 2022: 80.7%; 2021: 82.1%) and 55.0% reported multiple law enforcement contacts (2023: 42.5%; 2022: 56.3%; 2021: 62.5%).
- > Among the valid RELIS respondents in 2024, 98.6% (2023: 89.8%; 2022: 72.8%; 2021: 75.9%) showed one or more law enforcement contacts for whom the reason of the law offence is known.
- > The proportion of contacts with law enforcement for reasons other than presumed drug law offences (e.g., petty crime such as criminality linked to drug supply or fights) has increased in past years (2024: 44.4%; 2023: 46.1%; 2022: 42.9%; 2021: 35.0%).



- > In 2024, 15.2% of indexed RELIS population already served one single prison sentence during lifetime (2023: 23.0%; 2022: 18.0%; 2021: 24.3%), whereas the proportion of the RELIS population having served more than one prison sentence increased to 32.5% compared to the previous year (2023: 19.3%; 2022: 29.6%; 2021: 39.9%), while 52.3% reported to have never been in prison (2023: 57.7%; 2022: 52.4%; 2021: 32.4%).

7.5. DRUGS AND DRIVING

In the Grand Duchy of Luxembourg, driving, operating, or being in control of a motor vehicle while impaired by alcohol or other drugs (including those prescribed by physicians), to the extent that the driver is incapable of operating a motor vehicle safely in traffic, constitutes a criminal offence (Ministère d'Etat, 2011). In collaboration with the national Judicial Police, the forensic toxicology department of the National Health Laboratory (LNS) has been investigating the presence of drugs among (suspicious) driving law offenders in traffic over the past years.

- > Results from testing samples delivered by the national Judicial Police from 2012 onwards show that cannabis detection has been most common, followed by cocaine, amphetamine-type substances (ATS), and opioids¹⁹ when testing for psychoactive substances among drivers.
- > In 2024, 26.2% more examinations were conducted compared to 2023. The data reveal that among the 458 examinations performed in 2024 (2023: 363; 2022: 349; 2021: 332), 250 (54.6%) tested positive for cannabis (2023: 204; 56.2%; 2022: 178; 51.0%; 2021: 203; 61.1%), 74 (16.2%) for cocaine (2023: 63; 17.4%; 2022: 61; 17.5%; 2021: 64; 19.3%), eleven (2.4%) for opioids (2023: 7; 1.9%; 2022: 6; 1.7%; 2021: 10; 3.0%), and fifteen (3.3%) for ATS (2023: 7; 1.9%; 2022: 9; 2.6%; 2021: 11; 3.3%). In total, 45 examinations revealed that more than one substance was used before driving a motor vehicle²⁰ in 2024 (2023: 39; 2022: 37) (Fig. 7.8.).
- > Along-term observation of the substances involved shows that the presence of cannabis in roadside examinations has increased discontinuously from 2012 (41%) to 2019 (68%). Since 2020, this proportion has slightly declined, with a more pronounced decrease from 2022 onward, when cases involving multiple substances began to be reported without specifying the substances involved. Given that cannabis remains the most frequently detected substance, and taking into account cases involving multiple substances²¹, the proportion of cannabis identified in examinations related to suspected impaired driving is estimated to have remained within the range of 58% to 65% over the past five years. The proportion of cocaine detections has remained relatively unchanged in the long term, with only a slight and irregular increase between 2012 (16%) and 2018 (24%). As cocaine is the second most frequently detected substance, and considering cases involving multiple substances²², its presence in suspected impaired driving cases is estimated to have ranged between 18% and 20% over the past five years.
- > With the introduction of a new roadside drug test²³ ('Drugwipe 5S') using saliva samples in mid-2012, accompanied by a corresponding legislative change (Ministère d'Etat, 2015), both the number and the validity of tests performed increased. As a result, comparisons with data from previous years should be made with caution. Figure 7.9. depicts a rising trend in the number of examinations, whereas the proportion of positive tests has varied between 64% and 94% for the years between 2012 – 2024. For accurate interpretation, it is important to note that the increase in traffic is partly due to a growing population and also influenced by a moderate increase in driving license applications and new vehicle registrations in the Grand Duchy of Luxembourg (STATEC, 2024).

19 The examinations performed by the LNS were focused on detecting the presence of morphine, the predominant metabolite of heroin. It should be noted that other opioids, like codeine, may also produce positive results in morphine tests.

20 Data about the detected drugs is not available.

21 Estimated share of cannabis identifications within the reported '2 or more' category using a five-year average (2017-2021): 2024: 28; 2023: 25; 2022: 23

22 Estimated share of cocaine identifications within the reported '2 or more' category using a five-year average (2017-2021): 2024: 9; 2023: 8; 2022: 7

23 Controlled drugs include: cannabis, opiates, cocaine and amphetamines / methamphetamines (including MDMA/ecstasy)

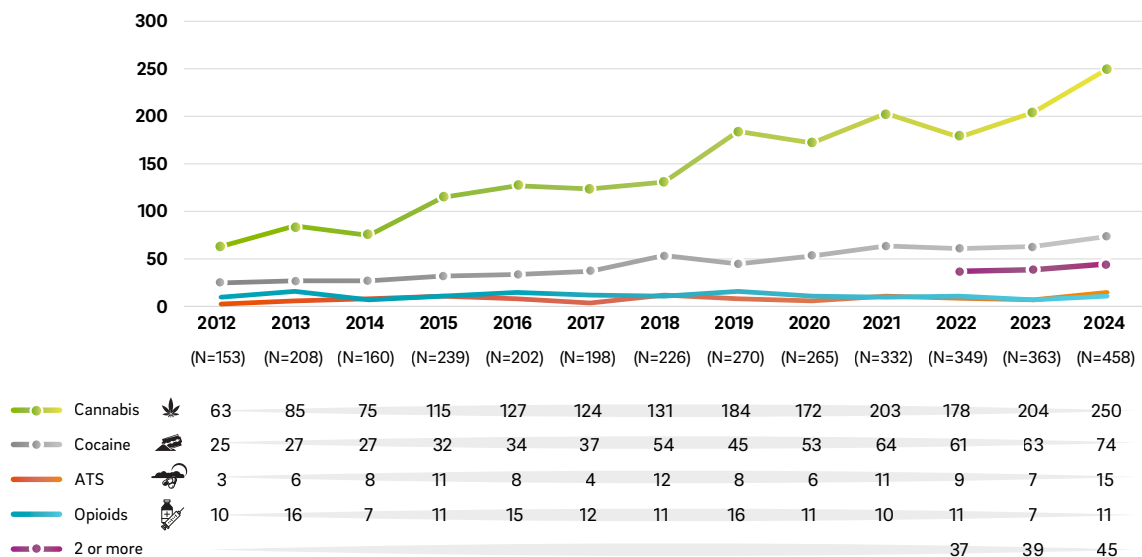
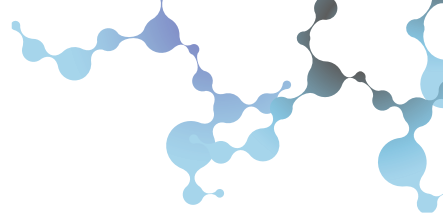


FIGURE 7.8.
Number of cases tested positive for the presence of controlled drugs when driving (National Health Laboratory, 2012 – 2024)

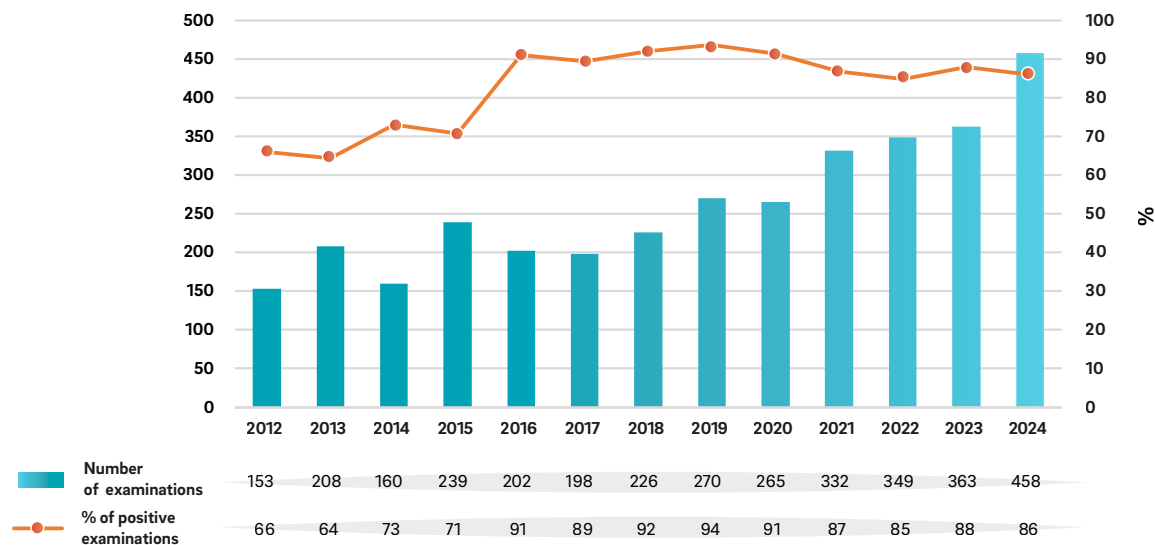


FIGURE 7.9.
Evolution of driving under the influence of drugs: rate of positive cases (%) among the total number of tests performed (National Health Laboratory, 2012 – 2024)



SELF-REPORTED ILLICIT DRUG USE AMONG DRIVERS IN LUXEMBOURG:

E-SURVEY OF ROAD USERS' ATTITUDES (ESRA)

Since 2020, Luxembourg has participated twice in the E-survey of Road Users' Attitudes (ESRA), conducted by the Vias Institute in Brussels. In 2020, 4.2% of Luxembourgish respondents reported driving under the influence of drugs (excluding medication) within one hour of consumption (Europe: 5.0%) (Meesmann et al., 2022). The survey was repeated in 2023, with 2.8% of respondents reporting such behaviour (Europe: 7.2%) (Meesmann et al., 2024). These results indicate that self-reported driving under the influence of drugs is rare in Luxembourg and remains below the European average.

7.6. KEY INSIGHTS AND CROSS-CUTTING TRENDS

This chapter synthesises the main developments observed across law enforcement data and drug market indicators presented in the previous chapters.

As indicated by law enforcement data, cannabis-related offences have declined in recent years, which is also reflected in a decreasing share of cases linked to personal use or possession. However, data on fines issued under the amended drug law of July 2023 suggest that this decline is driven less by reduced cannabis consumption and more by changes in administrative procedures and enforcement practices, as minor cannabis cases may not be systematically recorded when settled through on-the-spot fines.

At the same time, shifts are observed within the cannabis market. Cannabis resin seizures have become increasingly prominent, exceeding those of herbal cannabis for the third consecutive year. In arrest-related contexts, resin seizures have also risen slightly in recent years, while herbal cannabis appears less frequently. In addition, the quantity of resin seized per seizure case has slightly increased, with higher typical seizure weights, larger high-volume cases and a growing number of seizures involving wholesale quantities over the past five years. These developments are accompanied by relatively stable, or slightly declining, resin prices per gram, alongside increasing THC concentrations.

For cocaine, the number of seizures increased in 2024 compared to 2023, although no clear long-term trend is evident over the past five years. The average purity reported for 2025 reached a record level, exceeding that of 2024 by 9.7 percentage points. However, this increase must be interpreted with caution, as the results include a substantial number of high-purity, uncut samples originating from large seizures not intended for the national drug market. As a result, these figures do not fully reflect the purity of cocaine available at street level.

In the case of heroin, both seizure numbers and quantities remain broadly consistent with historical patterns. Purity levels in 2025 showed a slight improvement compared to 2024, although they remain below levels observed in earlier years. Price data indicate a slight decrease in the price per gram for both cocaine and heroin in 2025 compared to 2024.

Recent cocaine seizures in Luxembourg, communicated by law enforcement and the public prosecution office, have received significant media attention due to unprecedented quantities reported in 2025. However, such cases are only integrated into routine trend analyses once validated datasets become available and have been fully analysed. As a result, the most recent large seizures may not yet be fully reflected in the data presented in this report.

At the same time, the occurrence of large seizures in recent years, particularly of cannabis and cocaine, suggests ongoing large-scale trafficking activity in the country. This may reflect Luxembourg's role within international trafficking networks, supported by its strategic geographic position and well-developed logistical infrastructure, including major highway connections and an international air-freight hub.

Finally, the number of roadside examinations following suspected impaired driving increased substantially in 2024 compared with 2023. Cannabis remains the most frequently detected substance, appearing in 58% to 65% of test results over the past five years. Cocaine continues to be the second most frequently detected substance, with detection rates ranging from 18% to 20% over the same period.



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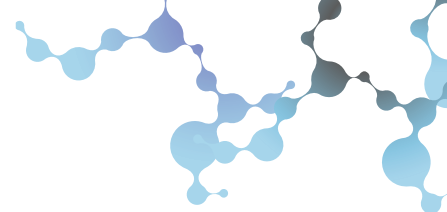
CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.



LIST OF ABBREVIATIONS

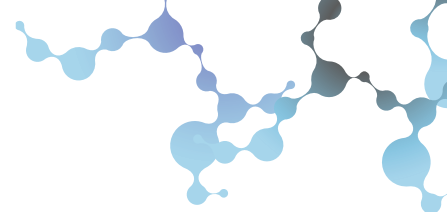
ABBREVIATION	FULL NAME
1cP-LSD	4-(cyclopropanecarbonyl)-N,N-diethyl-7-methyl-4,6,6a,7,8,9-hexahydroindolo[4,3-fg]quinoline-9-carboxamide
2C-B	4-Bromo-2,5-dimethoxyphenethylamine
4-AcO-DMT	4-Acetoxy-dimethyltryptamine
5-MeO-MiPT	N-[2-(5-methoxy-1H-indol-3-yl)ethyl]-N-methylpropan-2-amine
6-APB	1-(1-benzofuran-6-yl)propan-2-amine
ADHD	Attention Deficit and Hyperactivity Disorder
ADB-4en-PINACA	N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide
AIDS	Acquired Immunodeficiency Syndrome
α-pyrrolidinohexanophenone (Alpha-PHP)	1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one
α-pyrrolidinovalerophenone (Alpha-PVP)	1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one
ASBL	Association sans but lucratif
ATS	Amphetamine-type stimulants
BE	Belgium
CAST	Cannabis Abuse Screening Test
CBD	Cannabidiol
CePAS	Centre psycho-social et d'accompagnement scolaires
CH	Switzerland
CHdN	Centre Hospitalier du Nord
CHEM	Centre Hospitalier Emile Mayrisch
CHL	Centre Hospitalier du Luxembourg
CMC	Chloromethcathinone
CHNP	Centre Hospitalier Neuro-Psychiatrique
CNAPA	Centre National de Prévention des Addictions
CNDS	Comité National de Défense Sociale
CNS	Caisse Nationale de Santé
Comité SIDA	Comité de surveillance du SIDA, des hépatites infectieuses et des maladies sexuellement transmissibles
CPG	Centre Pénitentiaire de Givenich
CPL	Centre Pénitentiaire de Luxembourg
CPU	Centre Pénitentiaire d'Uerschterhaff



CSE	Classic secondary education
CTM	Centre Thérapeutique Manternach
CTU	Centre Thérapeutique Useldange
CUMYL-PINACA	1-pentyl-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide
CZ	Czech Republic, the
DE	Germany
DIAM	Diacetylmorphine
DIMPS	Dispositif d'intervention mobile pour la promotion de la santé sexuelle
DNA	DeoxyriboNucleic Acid
DUCK	DrUg CheckKing
EDMB-4en-PINACA	Ethyl 3,3-dimethyl-2-[[1-(pent-4-en-1-yl)-1H-indazole-3-carbonyl]amino]butanoate
ECDC	European Centre for Disease Prevention and Control
EHIS	European Health Interview Survey
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EQDP	European Questionnaire on Drug use in Prison
ES	Spain
EU	European Union
EUDA	European Union Drugs Agency
EuroHePP	European Toolkit for the Elimination of Viral Hepatitis in Prisons
EWSD	European Web Survey on Drugs
FA	Fluoroamphetamine
FMA	Fluoromethamphetamine
FR	France
GBL	Gamma Butyrolactone
GHB	Gamma-hydroxybutyrate
GMR	General Mortality Registry
GPs	General Practitioners
GSE	General secondary education
HAT	Heroin Assisted Treatment
HBSC	Health Behaviour in School-Aged Children
HBV	Hepatitis B Virus
HCl	Hydrochloric Acid



HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRDUs	High-risk drug users
HROUs	High-risk Opioid Users
HRS	Hôpitaux Robert Schuman
ICD	Inter-ministerial Committee on Drugs
ICD	International Classification of Diseases
ILRES	Institut luxembourgeois de recherches sociales et d'études de marchés
IOMM	Incremental OAT Multiplier Method
IS	Iceland
JDH	Fondation Jugend- an Drogenhëllef
K28	Kontakt 28
LC-MS/MS	Liquid Chromatography-Tandem Mass Spectrometry
LC-QToF	Liquid Chromatography-Quadrupole Time-of-Flight Mass Spectrometry
LGBTIQ+	Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community
LIH	Luxembourg Institute of Health
LIST	Luxembourg Institute of Science and Technologies
LNS	Laboratoire National de Santé
LSD	Lysergic acid diethylamide
LT	Lithuania
LU	Luxembourg
LV	Latvia
M	Mean
MDMA	3,4-Methylenedioxymethamphetamine
MDMB-4en-PINACA	Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate
MDMB-BUTINACA	Methyl 2-(1-butyl-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate
MDMB-PINACA	Methyl 3,3-dimethyl-2-[(1-pentyl-1H-indazole-3-carbonyl)amino]butanoate
MMC	Methylmethcathinone
MOPUD	Service mobile de prévention pour les consommateurs de drogues
N2O	Nitrous oxide
NGOs	Non-governmental organizations
NL	Netherlands, the

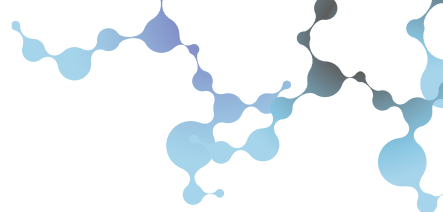


NPS	New psychoactive substances
NSP	Needles and syringes distribution programme
OAT	Opioid agonist treatment
OR2	Orangerie 2
PCR	Polymerase Chain Reaction
PFLAD	Point focal luxembourgeois de l'Agence de l'Union européenne sur les drogues (EUDA)
PFLDT	Point Focal Luxembourgeois de l'Observatoire des Drogues et des Toxicomanies (EMCDDA Luxembourg Focal Point)
PrEP	Pre-exposure prophylaxis
PV	Procès-verbal
PWID	People who inject drugs
PWUD	People who use drugs
O-PCE	2-(ethylamino)-2-phenyl-cyclohexanone
RDTs	Rapid diagnostic tests
RELIS	Réseau Luxembourgeois d'Information sur les Stupéfiants et les
SCAN	Analytical Chemistry Service of the Luxembourg National Health Laboratory
SCORE	Sewage analysis CORe group – Europe
SD	Standard Deviation
SEBRA	Service fir Entwécklung, Berodung a Resilienz géint Addictiounen
SIDA	Syndrome d'immunodéficience acquise
SL	Slovenia
SNJ	Service national de la jeunesse
SPJ	Service de Police Judiciaire
SPMP	Service psychiatrique en milieu pénitentiaire
SR	Special Registry
STI	Sexually Transmitted Infections
TADIAM	Diacetylmorphine treatment
THC	Tetrahydrocannabinol
THC-COOH	11-Nor-9-carboxy-delta-9-tetrahydrocannabinol
UD	Usager de drogues
UNAIDS	Joint United Nations Programme on HIV/AIDS
WWTPs	Wastewater treatment plants
XTC	Ecstasy

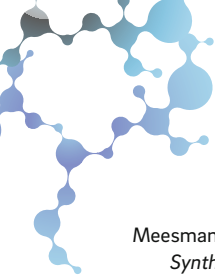


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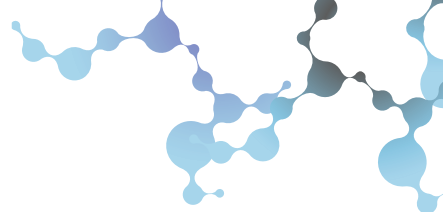
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