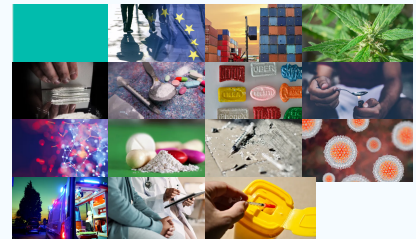


Cannabis – the current situation in Europe (European Drug Report 2025)

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

This page is part of the [European Drug Report 2025](#), the EUDA's annual overview of the drug situation in Europe.
Last update: 5 June 2025



Understanding the implications of Europe's changing cannabis market a public health priority

Cannabis is the most widely consumed illicit drug in Europe, with national surveys showing that an estimated 8.4 % of European adults (24 million aged 15 to 64) have used cannabis in the last year. The cannabis market accounts for the largest share of the overall illicit drug retail market in the European Union, with an estimated value of at least EUR 12.1 billion. However, both the level of use and trends in use reported in recent national data appear heterogeneous (see [Prevalence and patterns of cannabis use](#), below), while we continue to see significant developments in the cannabis market. Against this backdrop, debate continues about how best to respond to the use of this drug, with some countries modifying their regulatory approach. Overall, there is a pressing need to better understand the potential harms associated with different patterns of cannabis consumption and the implications this raises for policy and practice.

Evolving treatments for cannabis problems require better evidence of effectiveness

Around 1.5 % of adults in the European Union (4.3 million people) are estimated to be daily or almost daily cannabis consumers, and these people are most likely to experience problems associated with use of this drug. Cannabis use can cause or exacerbate a range of physical and

mental health problems, including chronic respiratory symptoms, cannabis dependence and psychotic symptoms. In addition, studies have found that regular cannabis use can be associated with poorer educational achievement and an increased risk of involvement with the criminal justice system. Problems are most associated with early onset of use, high-potency products and more regular and long-term patterns of use.

A better understanding is needed of the problems experienced by people who use cannabis, and of appropriate referral pathways and effective treatment options. Cannabis is reported to be responsible for more than one third of all drug treatment admissions in Europe, and this proportion grows to over two fifths when considering those who enter treatment for the first time. People entering treatment for cannabis now tend to be slightly older than before and take longer to access treatment after starting to use the drug. These findings are difficult to interpret, in part because of the wide variety of interventions provided to cannabis users, which may include brief interventions or directive referrals from the criminal justice system. Targeted online interventions for people using cannabis, or more general digital interventions for adolescents experimenting with any illicit drugs, are available in several EU Member States. Although potentially easy to access, these services are often provided outside of established treatment systems, and may be the first port of call for some of those seeking help. Currently, criminal justice and healthcare systems in EU Member States account for about one quarter of cannabis treatment referrals. The largest share of cannabis clients (45 % in 2023) enter treatment on their own initiative.

A recent [study of the availability of specific treatments](#) for cannabis problems in European countries observed increasing levels of access to treatment over the last decade. The research found that about half of the EUDA reporting countries now provide these treatments, while coverage of in-person treatments remains limited within countries. Psychosocial treatments, such as cognitive behavioural therapy and motivational interviewing, are commonly offered and are the most well-researched interventions for cannabis problems. Currently, there is no approved pharmacological treatment. e-Health (online) interventions became more widely available during the COVID-19 pandemic. Some of these interventions include automated components, alongside or as a replacement for direct contact with therapists. The evidence on the effectiveness of these approaches remains mixed. However, it suggests that women may benefit more from them, and that programmes with integrated sessions with a trained therapist may have a stronger treatment effect.

Evaluating the risk of harm in this area is complicated by the apparently increasing range of cannabis-based products potentially available to consumers, which can include edibles, high-potency products and various derivatives.

Cannabis trafficking may be becoming more diverse

Seizures of cannabis products overall continued to be at historically high levels in 2023, confirming the high availability of this drug (see [Cannabis market data](#), below). However, the total quantity of cannabis resin seized in the European Union dropped significantly in 2022, largely due to a decrease in seizures reported by Spain, before slightly increasing again in 2023. This may reflect an

adaptation in supply routes by those involved in trafficking cannabis resin from North Africa to Europe as a response to measures taken by Spanish law enforcement authorities. In this context, it is also interesting to note that since 2019, the volume of herbal cannabis seized has increased significantly in Spain. In 2023, Spain accounted for 68 % of all resin seized, 30 % of all herbal cannabis seized, and 73 % of the total number of cannabis plants seized in the European Union. These data underline the significant role played by Spain as a transit country for cannabis trafficking and as a production area. However, it is important to note that large-scale cannabis production also takes place elsewhere in the European Union, for both domestic and international markets. Thousands of cannabis cultivation sites, ranging from small- and medium-scale to industrial, are dismantled by law enforcement authorities in Europe each year. These range from small- and medium-scale sites to more industrial-sized facilities (see [Figure 2.1](#) and [Figure 2.2](#)). Illicit cannabis cultivation has high water and energy demands. Regulatory changes for cannabis production in some countries have facilitated research into its environmental impacts, including its carbon footprint, soil erosion and effects on water reserves.

Figure 2.1. Small-scale cannabis cultivation dismantled in Ireland in 2024



force, the Garda Síochána.

Figure 2.2. Large cannabis cultivation site dismantled in Spain in 2024



Note: Facility dismantled by the Guardia Civil in October 2024, as part of Operation Califa-Blister-23, in the province of Córdoba.

Europe's large cannabis market generates sizeable profits for organised crime groups involved in the cultivation, trafficking and distribution of the drug, raising various security concerns for Europe's policymakers. This includes the use of violence by production and trafficking networks, as noted in the EUDA-Europol [Drug Market: Cannabis – In-depth analysis](#) and Europol's 2025 [Serious and Organised Crime Threat Assessment](#). For example, some EU Member States report unprecedented levels of drug market-related violence, a large share of which has been linked to the cannabis market, in part because of its diversity and profitability. Criminal networks operating in this market are diverse and adaptable, often trafficking multiple types of drugs and associated with violence, corruption and the misuse of legal business structures to achieve their goals. This makes the illicit cannabis trade highly volatile and dynamic, generating internal competition between criminal groups that often leads to violence (see [EU Drug Market: Cannabis – Criminal networks](#)).

Although new products and forms of this drug are available, herbal cannabis and cannabis resin remain dominant. While the quantities of cannabis resin seized are greater than those of herbal cannabis, this likely reflects the greater vulnerability of cannabis resin to interdiction measures in cross-border trafficking into the European Union. Herbal cannabis remains more commonly available in most countries. Herbal cannabis may be grown near its intended consumer market, and this may reduce the risk of detection.

The potency of seized cannabis resin continued to increase in 2023, with the average resin sample now containing 23 % THC. This is very high by historical standards, potentially increasing health risks, particularly when associated with early onset of use. In contrast, the average potency of seized herbal cannabis has hovered at around 11 % THC for some years.

Some concerning developments in the detection of cannabis seizures entering Europe may indicate that trafficking routes are continuing to diversify, creating a growing challenge for interdiction efforts. Among these is the trafficking of cannabis products through postal systems and commercial air travel, linked to various countries, including the United States, Canada and, to a lesser extent, Thailand ([Figure 2.3](#)).

Figure 2.3. Shipment of 64 kilograms of herbal cannabis trafficked in checked luggage seized in Ireland in 2024



Note: Drugs seized by the national police force (Garda Síochána), Shannon Airport Customs and the Revenue Commissioners, Ireland, from commercial airline passengers travelling from the United States to Ireland, December 2024.

Cannabis policies are addressing a wider range of health concerns

The diversity of cannabis products available in Europe is increasing, both in the illicit drug market and the consumer goods market. Products are appearing that contain low levels of THC, or other substances that may be derived from the cannabis plant, such as CBD, or both. There has been considerable commercial interest in CBD products in food products and food supplements, with the European Commission receiving 194 applications for authorisation of CBD products as novel food since 2018.

On the illicit drug market, the availability of high-potency extracts and edibles is of particular concern and has been linked to acute drug-toxicity presentations in hospital emergency departments. In addition, there are concerns that some products sold on the illicit market as cannabis may be adulterated with potent synthetic cannabinoids. For more information on these synthetic cannabinoids, see [New psychoactive substances – the current situation in Europe](#).

Some semi-synthetic cannabinoids have also appeared recently on the commercial market in parts of Europe. These are substances thought to be produced from cannabidiol extracted from low-THC cannabis (hemp), some of which may not be currently controlled under the international drug conventions. The most commonly encountered semi-synthetic cannabinoid is hexahydrocannabinol (HHC), but more recently hexahydrocannabiphorol (HHC-P) and tetrahydrocannabiphorol (THCP) have become commercially available in some EU Member States. While knowledge of the effects of HHC in humans is limited, concerns have been raised as studies have emerged, including some reports of links to psychosis. Between June 2022 and February 2024, Czechia's Toxicology Information Centre recorded over 170 consultations on HHC. Many of the cases involved young people, including children, who had consumed edibles, such as jelly sweets. Hungary reported an outbreak involving 30 acute non-fatal poisonings associated with jelly sweets containing semi-synthetic cannabinoids, which appeared to be localised and confined to Budapest in June 2024, to the EU Early Warning System. HHC is listed as a controlled drug in at least 22 EU Member States as of February 2025, and in March 2025 the UN Commission on Narcotic Drugs voted to place the drug under the same regulations as delta-9-THC.

The European policy approach to cannabis is also becoming more diverse, as some EU Member States are considering or changing their policy approach to recreational cannabis use by adults, creating various forms of legal access to cannabis resin and herbal products. In December 2021, Malta legislated for limited home growing, possession of small amounts and cannabis use in private, alongside non-profit communal growing clubs. In July 2023, Luxembourg legislated to permit limited home growing and use in private, and in February 2024, Germany legislated to allow limited home growing, possession and use of small amounts, and non-profit cannabis growing clubs. Czechia has also announced plans for a legal framework to permit limited home growing and use. In addition, non-EU Switzerland has started to authorise pilot trials of sales or other distribution systems for specific residents in certain cities.

The Netherlands is also reviewing its approach in this area. The cultivation, sale and possession of cannabis remain criminal offences in the Netherlands. However, the sale of small quantities of cannabis, up to 5 grams, to people over the age of 18 in 'coffeeshops' that meet certain criteria has been tolerated for decades, with one of the policy objectives stated as separating cannabis consumers from the market for other substances. A concern with this approach is that cannabis is still necessarily supplied from the illicit market, and criminal groups therefore benefit from this trade. To address this issue, the Netherlands is experimenting with a model for a closed cannabis supply chain in 10 municipalities, with cannabis produced in regulated premises being made available for sale in cannabis coffeeshops.

The recent legal availability and use of cannabis in some EU Member States has raised concerns about road safety. Some of the countries that now permit cannabis use have chosen to maintain

the existing levels of detection and punishment. Germany, however, set up an interdisciplinary working group to establish a statutory THC limit in road traffic for cases of episodic (non-medical) use, in line with the principle of proportionality and current scientific information. As a result, the German Road Traffic Act now establishes a maximum THC limit of 3.5 micrograms per litre in blood serum, with an impairment risk comparable to 0.2 grams per litre blood alcohol content, as the limit at which a road-safety critical impact on the driver is not unlikely.

More detailed information about national legislative approaches to cannabis can be found in the EMCDDA's 2023 [Cannabis laws in Europe: questions and answers for policymaking](#).

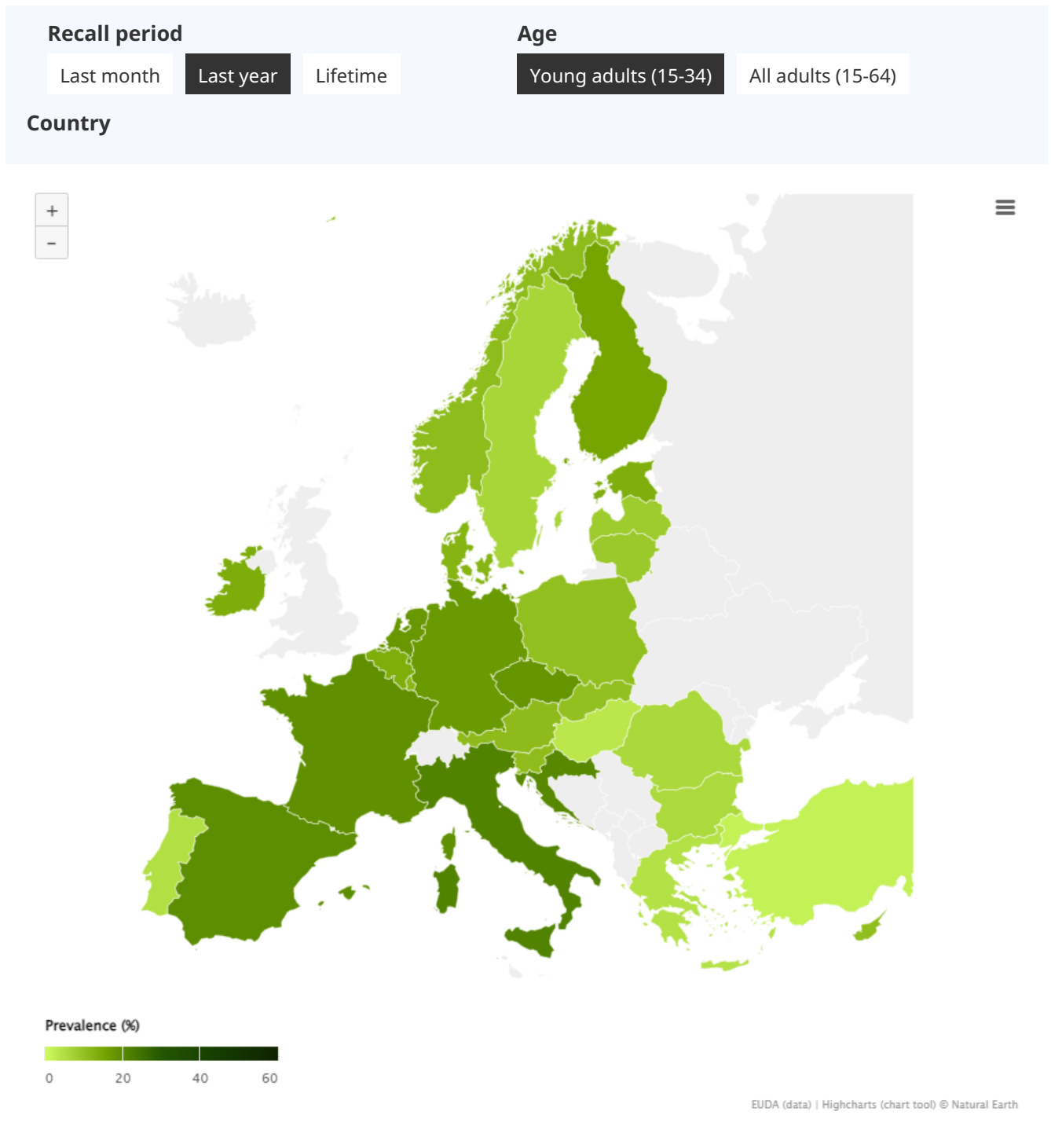
Key data and trends

Prevalence and patterns of cannabis use

- Based on the most recent surveys ([Figure 2.4](#)), last year cannabis use among the EU population aged 15 to 34 is estimated at 15.4 % (15.5 million), with males being typically twice as likely to report use as females. Among 15- to 24-year-olds, an estimated 18.6 % (8.8 million) used cannabis in the last year, and 10.1 % (4.8 million) used the drug in the last month. It is estimated that around 1.5 % (4.3 million) of adults (aged 15 to 64) are daily or almost daily cannabis users (that is, using the drug on 20 days or more in the last month). Among 15- to 34-year-olds, an estimated 2.2 % (2.2 million) are daily or almost daily cannabis users. Around three quarters of adult users (aged 15 to 64) are male and the majority (52 %) are under 35.
- Trends in cannabis use at the national level appear mixed. Of the countries that have produced surveys since 2022 and reported confidence intervals, 3 reported higher estimates, 11 were stable and 1 reported a decrease compared with the previous comparable survey.
- The [2024 ESPAD school survey](#) showed that 15- to 16-year-old school students in the European Union perceived cannabis to be the easiest illicit substance to acquire, with around one third of the ESPAD students (30 %) rating the drug as easily obtainable. Cannabis was the most widely used illicit drug in all EU Member States taking part in the survey. On average, 13 % of students had used cannabis at least once in their lifetime. The gender gap decreased compared with the previous survey, carried out in 2019, with 14 % of boys and 12 % of girls, on average, reporting lifetime cannabis use in 2024. Among ESPAD students in EU Member States, 2.6 % reported having used cannabis for the first time at age 13 or younger.
- Trends in cannabis use among 15- to 16-year-old students indicate an overall decrease in both lifetime and last-30-day use between 2003 and 2024, from 21 % to 13 % and from 9.7 % to 5.7 %, respectively. However, for both measures, prevalence rates were highest in 2019, and most of the decline has occurred since then.

Figure 2.4. Prevalence of cannabis use in Europe

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



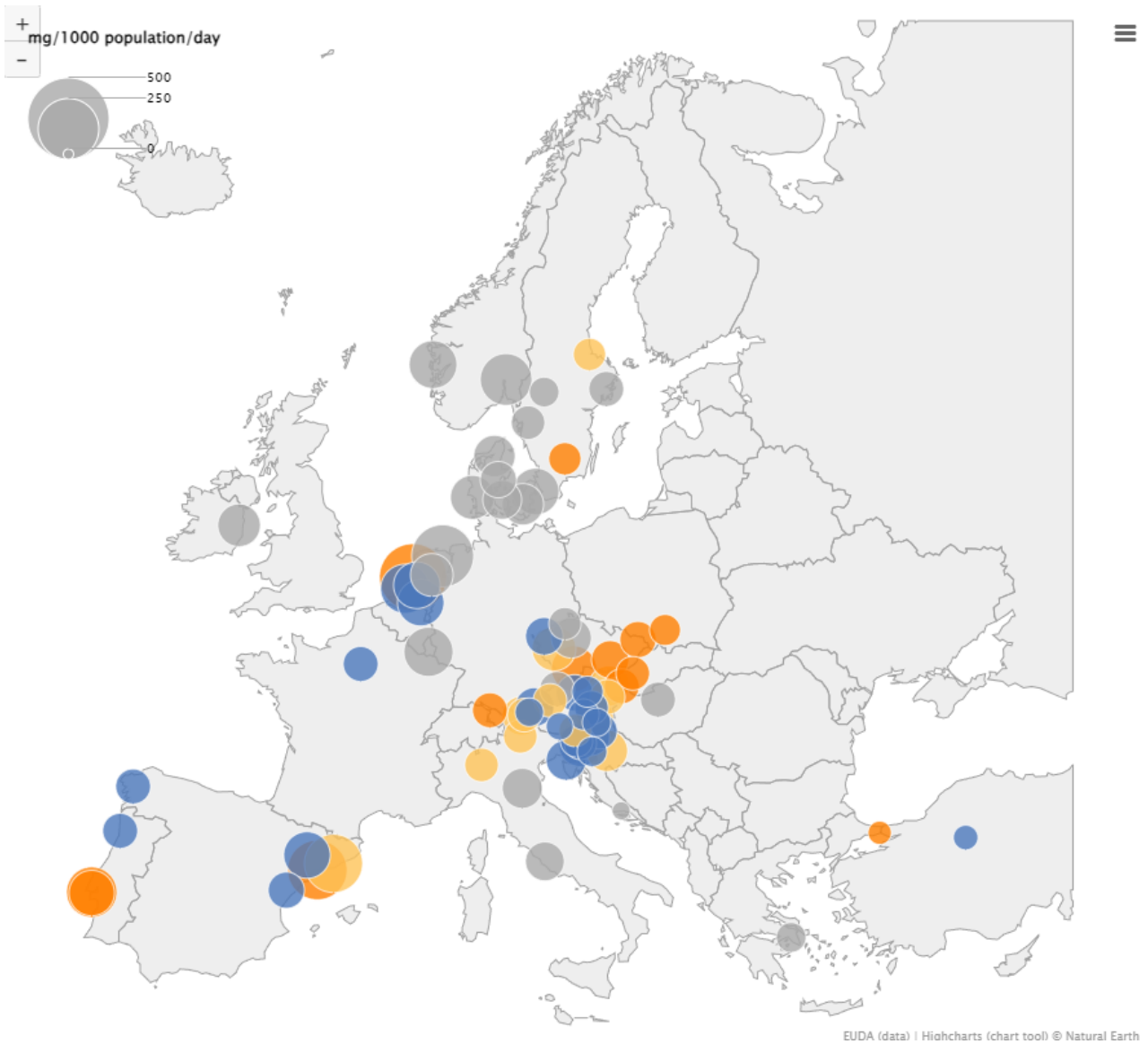
Notes

Prevalence data presented here are based on general population surveys submitted to the EUDA by national focal points. For the latest data and detailed methodological information please see the [Statistical Bulletin 2025: Prevalence of drug use](#). Graphics showing the most recent country-level data are based on studies carried out between 2013 and 2023.

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

- In the 2024 European Web Survey on Drugs, a non-representative survey of people who use drugs aged 18 or older, among participants living in 24 EU Member States or Norway, cannabis was the most commonly used drug (59 %) over the previous 12 months. On the other hand, cannabis had the lowest proportion of polysubstance consumption pattern: a third of users reported using only cannabis in their last episode of consumption. In addition, over 90 % of users indicated that home was the typical setting for their use of the drug, and around 80 % reported using it in a joint, both in herbal and resin forms.
- The THC-COOH loads observed in wastewater indicate that cannabis use was highest in cities in the west and south of Europe, in particular in Spain, the Netherlands, Portugal and Norway. In 2024, of the 51 cities with data available from 2023, 13 reported an annual increase in the cannabis metabolite THC-COOH in wastewater samples, while 25 reported a decrease ([Figure 2.5](#)).

Figure 2.5. Cannabis residues in wastewater in selected European cities: changes between 2023 and 2024



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

Mean daily amounts of THC-COOH in milligrams per 1000 population. In most cities, sampling was carried out over a week between March and May 2024. Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure. Source: [Sewage Analysis Core Group Europe \(SCORE\)](#) For the complete data set and analysis, see [Wastewater analysis and drugs – a European multi-city study](#).

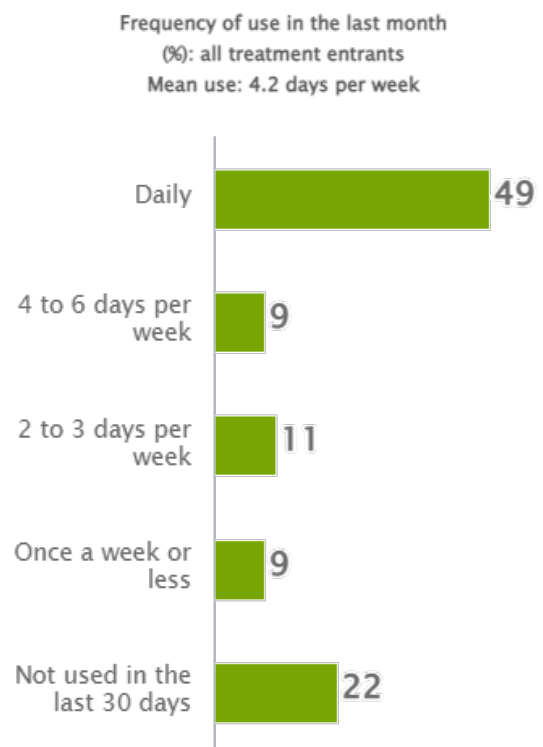
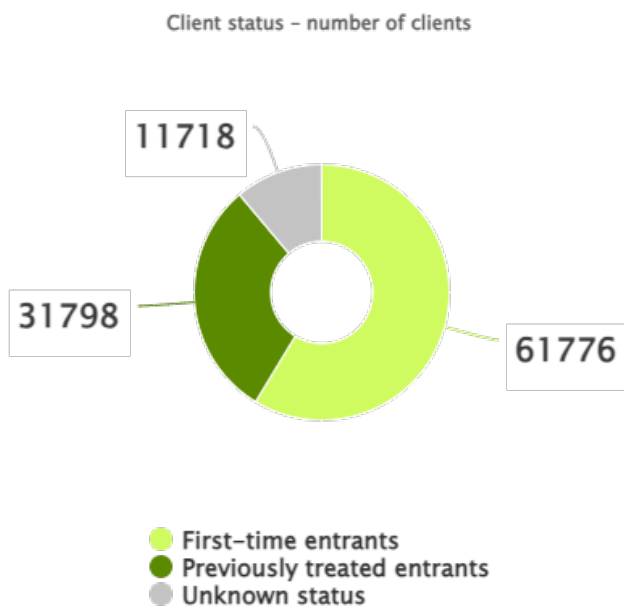
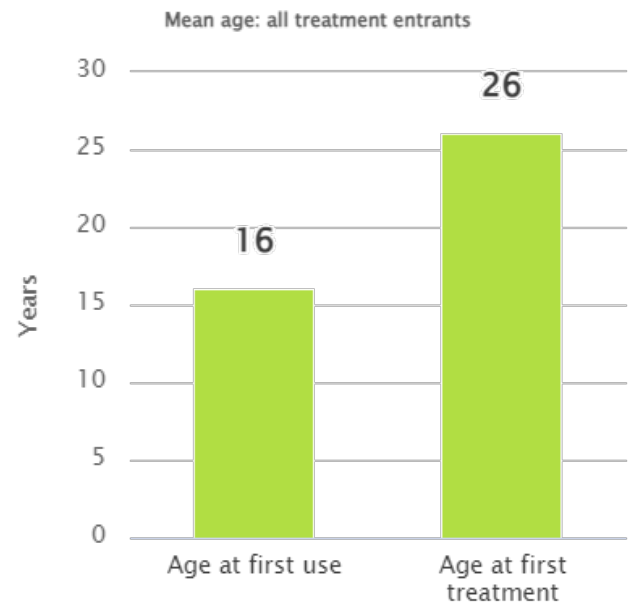
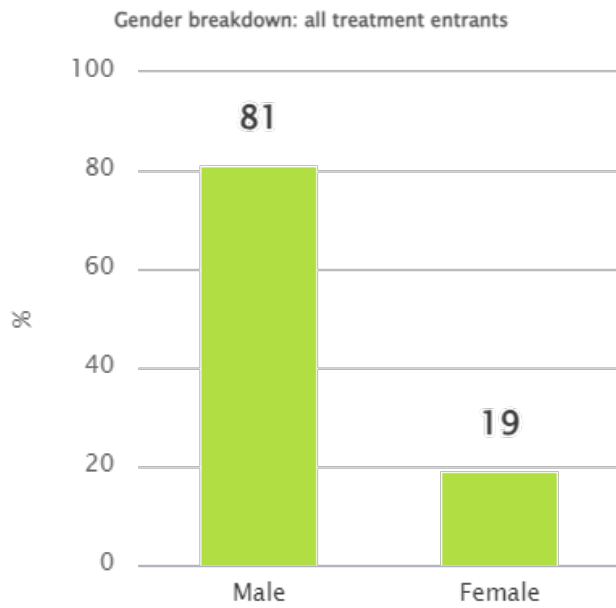
Treatment entry for cannabis use

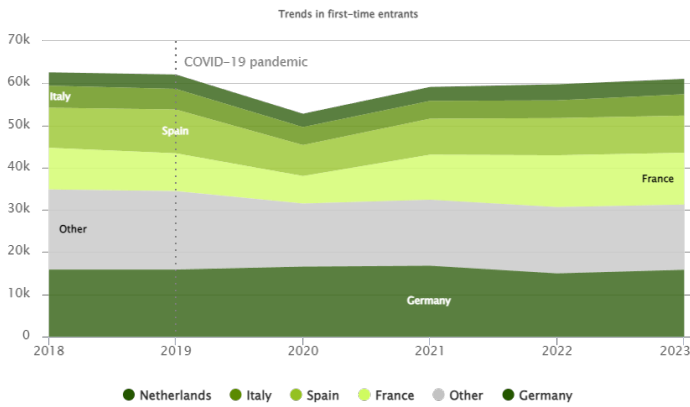
- In the European Union, Norway and Türkiye, an estimated 106 000 clients entered specialist drug treatment for problems related to cannabis use (34 % of all treatment demands) in 2023,

with about 62 000 entering for the first time. Cannabis was the main problem drug most frequently cited by new treatment clients, accounting for 42 % of all first-time treatment entrants ([Figure 2.6](#)).

- The majority of those entering treatment for the first time for cannabis are men (81 % in 2023), but the proportion of women has increased in the past 5 years, from 16 % in 2018 to 19 % in 2023.
- On average, men enter treatment for the first time at 28 years of age, 12 years after starting cannabis use, while women enter treatment at 26 years of age, 10 years after first using the drug. Between 2018 and 2023, the time lag between initiation of cannabis use and the first treatment episode has increased – by 4 years for men and by 2 years for women, while the age of first use remained the same (16 years of age, on average) for both genders.

Figure 2.6. Users entering treatment for cannabis in Europe





Apart from the trends, data are for all treatment entrants with cannabis as the primary drug – 2023 or the most recent year available.

Trends in first-time entrants are based on 25 countries. Only countries with data for at least 5 of the 6 years are included in the trends analysis. Missing values are interpolated from adjacent years. Because of disruptions to services due to COVID-19, data for 2020, 2021 and 2022 should be interpreted with caution. Missing data were imputed with values from the previous year for Spain and France (2023) and Germany (2019).

Hospital presentations

- Where national data are available, cannabis is involved in a large proportion of drug-related emergency presentations to hospital services in some EU Member States. In Spain, cannabis was involved in 46 % of the cases (2862 out of 6627) reported in a regular study conducted over one week each month in 2022 in 16 of the 19 autonomous communities. In Germany, cannabis was involved in 9 % of the cases (over 1600 out of 17 900) of acute intoxication and poisoning due to illicit drugs presenting to hospitals in 2022.
- Cannabis was reported by 20 out of the 22 Euro-DEN Plus hospital emergency departments in EU Member States and Norway in 2023. After cocaine, cannabis was the second most frequently reported substance by the [Euro-DEN Plus hospital network](#) in 2023. The median proportion of presentations involving cannabis was 21 % across the reporting hospitals. There is no information reported on the type of cannabis used, or on the route of administration. Usually, cannabis was reported in the presence of other substances, reflecting the fact that many of those presenting with drug toxicity were engaged in polysubstance use.
- The number of cannabis-related presentations to emergency departments increased in 12 of the 20 Euro-DEN hospitals reporting cannabis-related cases. The numbers decreased in 5 hospitals, were stable in 2 and could not be compared with previous data in 1 hospital, which started reporting in 2023.

Cannabis market data

- In 2023, EU Member States reported 259 000 seizures of cannabis resin amounting to 551 tonnes (468 tonnes in 2022) and 219 000 seizures of herbal cannabis amounting to 201 tonnes (265 tonnes in 2022) (see [Figure 2.7](#)). After a 43 % decrease in 2022, the overall quantity of cannabis resin seized in the European Union increased slightly in 2023, but remained well below the 817 tonnes seized in 2021. As in previous years, Spain was the country that reported seizing the largest quantity of cannabis resin in Europe by a wide margin (375 tonnes). In addition, in 2023, Türkiye reported 12 800 seizures of cannabis resin, amounting to almost 28 tonnes, and 68 777 seizures of herbal cannabis, amounting to 71.5 tonnes.
- Approximately 615 000 cannabis use or possession offences were reported in the European Union in 2023 (609 000 in 2022), alongside 100 000 supply offences (98 000 in 2022).
- In 2023, the average THC content of cannabis resin in the European Union was 23 %, more than twice that of herbal cannabis, at 11 %. Indexed trends show that the average THC content of resin almost doubled between 2013 and 2023, whereas that of herbal cannabis remained generally stable. It should be noted that the THC content of retail level samples of both cannabis resin and herb can vary considerably.

Figure 2.7a. Cannabis resin market in Europe

Geographical coverage (selected graphs)

EU

EU+2

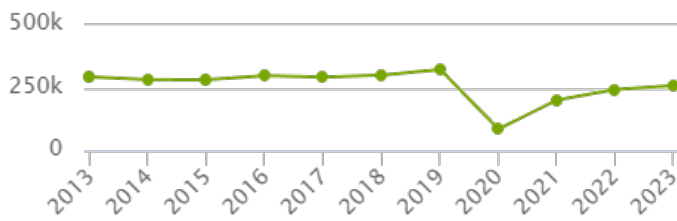
Resin: Number of seizures, EU

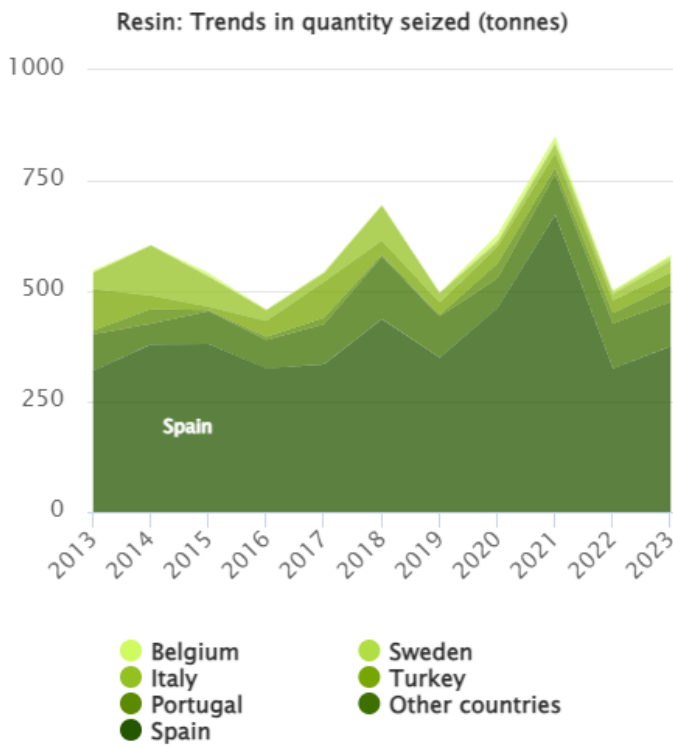


Resin: Quantity seized (tonnes), EU

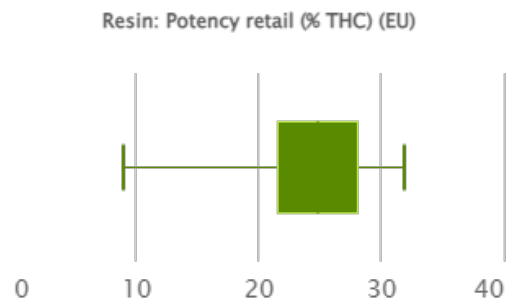
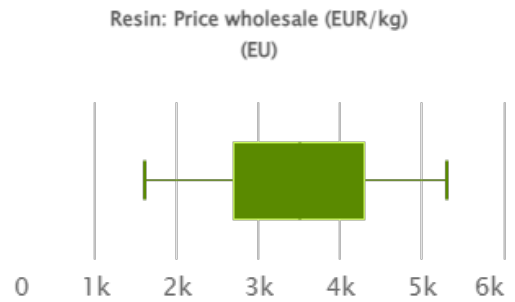


Resin: Trends in number of seizures (x 1000), EU





EUDA (data) | Highcharts (chart tool)



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

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

Figure 2.7b. Herbal cannabis market in Europe

Geographical coverage (selected graphs)

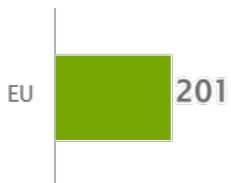
EU

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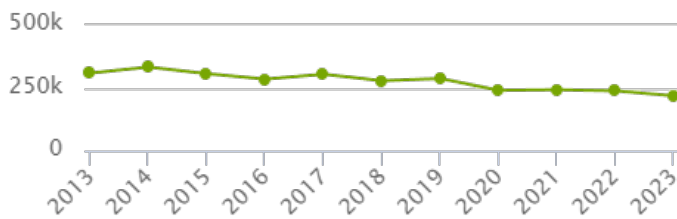
Herbal: Number of seizures, EU

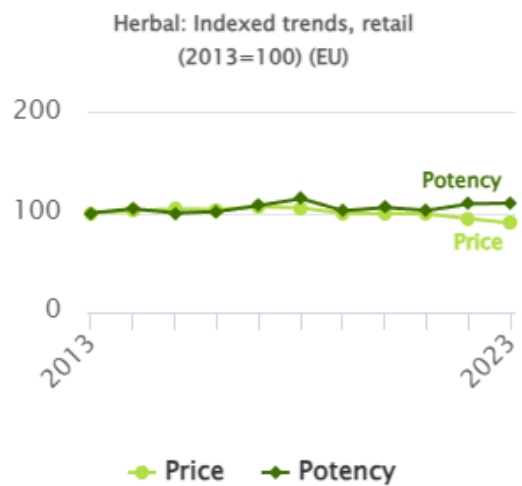
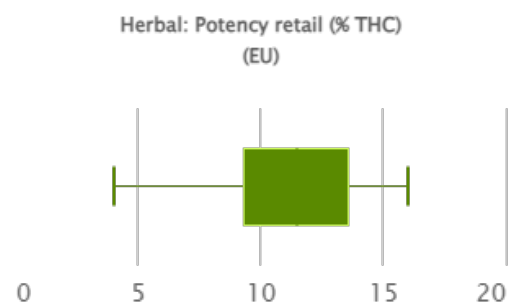
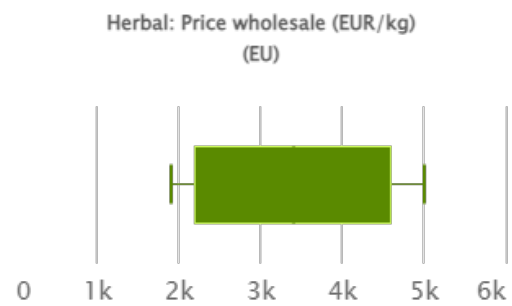
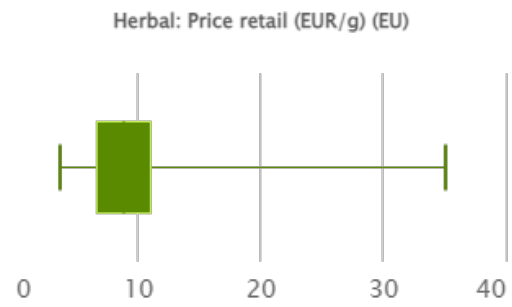


Herbal: Quantity seized (tonnes), EU



Herbal: Trends in number of seizures (x 1000), EU





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

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

- Additional detailed information on cannabis can be found in the joint EUDA-Europe [EU Drug Market: Cannabis – In-depth analysis](#) and the EUDA's [Cannabis: health and social responses](#).

The [complete set of source data for the European Drug Report 2025](#), including metadata and methodological notes, is available in our data catalogue.

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

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

Download all files (zip)

- [Table EDR25-GPS-1. Prevalence of drug use in Europe, based on most recent general population surveys \(2023 or most recent year\)](#)
- [Table EDR25-GPS-2. Prevalence of drug use in Europe, trends](#)
- [Table EDR25-WW-1 Mean weekly measurements by targeted substance from wastewater analysis in selected European cities in 2024, in](#)

Other data tables including tables specific to cannabis

Download all files (zip)

- [Table EDR25-TDI-1. Treatment demand indicator \(TDI\) source data, client characteristics, European Drug Report, 2025. Percentages except where otherwise stated](#)
- [Table EDR25-Cannabis-3. Trends in first-time entrants, cannabis, selected countries](#)
- [Table EDR25-Cannabis-4. Cannabis markets seizures source data](#)
- [Table EDR25-Cannabis-5. Trends in the number of cannabis seizures and quantity of illicit drugs seized \(x 1000\)](#)
- [Table EDR25-Cannabis-6. Trends in the quantities of cannabis seizures and quantity of illicit drugs seized \(tonnes\)](#)
- [Table EDR25-Cannabis-7. Price, potency data for cannabis](#)
- [Table EDR25-Cannabis-8. Price and purity/potency indexed trends](#)

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