



Finland

Country Drug Report 2017



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THE DRUG PROBLEM IN FINLAND AT A GLANCE

Drug use

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

Cannabis

13.5 %



9 % 17.9 %

Other drugs

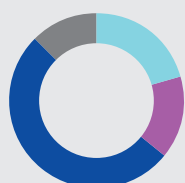
MDMA	2.5 %
Amphetamines	2.4 %
Cocaine	1 %

High-risk opioid users

13 836
(12 700 - 15 090)

Treatment entrants

by primary drug



● Cannabis, **21 %**
● Amphetamines, **15 %**
● Cocaine, **0 %**
● Opioids, **52 %**
● Other, **12 %**

Opioid substitution treatment clients

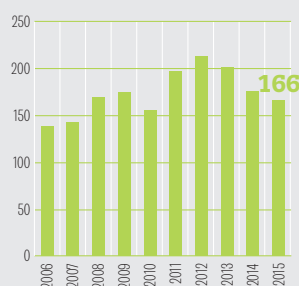
3 000

Syringes distributed

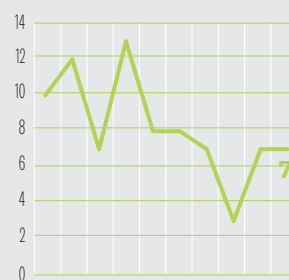
through specialised
programmes

5 301 000

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

23 478

Top 5 drugs seized

ranked according to quantities
measured in kilograms

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

Population

(15-64 years)

3 483 757

Source: EUROSTAT
Extracted on: 26/03/2017

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

About this report

This report presents the top-level overview of the drug phenomenon in Finland, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

National drug strategy

The 1997 National Drugs Strategy sets the principles and objectives of Finland's drug policy, and subsequent government resolutions have outlined actions for specific periods. Following resolutions for the periods 2004-07, 2008-11 and 2012-15, a new resolution covers the period 2016-19. This is focused primarily on illicit drugs and covers five themes: (i) national coordination of drug policy; (ii) prevention and early intervention; (iii) addressing drug-related crime; (iv) drug treatment and harm reduction; and (v) EU drug policy and international cooperation (Figure 1). Alongside the Government Resolution on Drug Policy (2016-19), Finland has a separate Action Plan on Alcohol, Tobacco, Drugs and Gambling Prevention, which was launched in December 2015.

Like other European countries, Finland evaluates its drug policy and strategy by ongoing indicator monitoring and specific research projects. In 2016, the National Drug

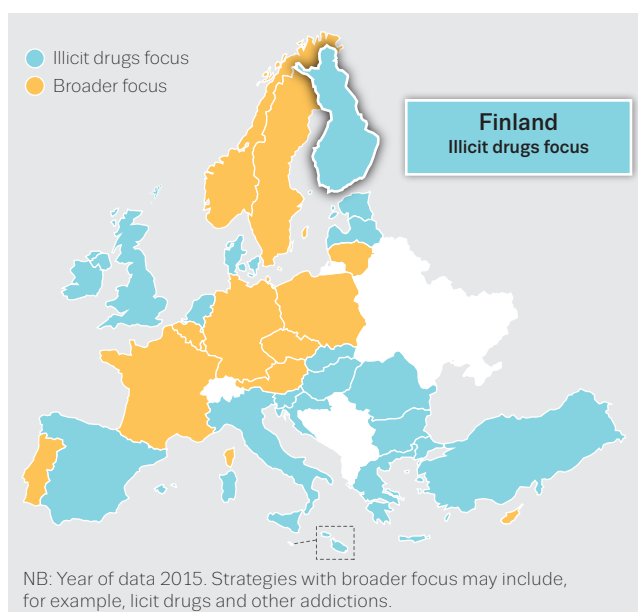
Policy Coordination Group completed the evaluation of the Government Resolution on the Action Plan to Reduce Drug Use and Related Harm 2012-15. It reviewed the implementation of the action plan and the drug situation and made recommendations for the development of the 2016-19 action plan. Final implementation reviews of the 2004-07 and 2008-11 action plans were completed.

National coordination mechanisms

In Finland, the National Drug Policy Coordination Group is responsible for inter-ministerial coordination. It is attached to the Ministry of Social Affairs and Health and is composed of representatives from all relevant ministries involved in the area of drug use. The National Institute for Health and Welfare (THL) supports the Coordination Group and is a research and development institute under the Ministry of Social Affairs and Health. The THL develops and directs drug prevention and is responsible for strategic and operational coordination on drug issues nationally in cooperation with other authorities. Each municipality has a substance use worker who coordinates local actions, mainly in the field of prevention. These substance use workers are coordinated by provincial governments, which are guided by the THL. Provincial governments have cross-sectoral working groups for alcohol and drug issues, which coordinate and supervise the implementation of actions by the municipalities.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



Alongside the Government Resolution on Drug Policy (2016-19), Finland has a separate Action Plan on Alcohol, Tobacco, Drugs and Gambling Prevention, which was launched in December 2015

Public expenditure

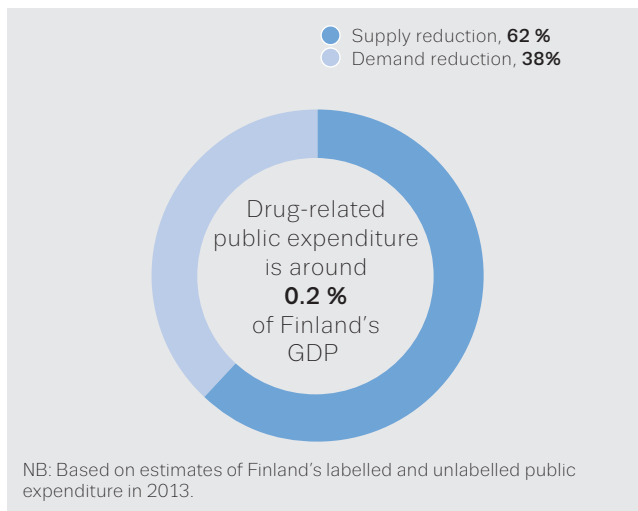
Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure to tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled')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

The Finnish government approves an annual drug budget that is in line with its drug strategy and action plan. Annual estimates of expenditures are also provided and include both labelled and unlabelled expenditures. The most recent available data on public expenditure in Finland are for 2013, when total drug-related expenditure represented 0.2 % of gross domestic product (GDP), which was approximately EUR 412 000. Of this, 62 % was spent on public order and safety, 25 % on social protection and 13 % on healthcare (Figure 2).

In 2013, total drug-related public expenditure in Finland remained broadly unchanged in real terms (it increased by 1 %) compared with 2012; however, it increased by 2.4 % in nominal terms.

FIGURE 2

Public expenditure related to illicit drugs in Finland



Drug laws and drug law offences

National drug laws

The central framework for drug legislation in Finland is based on the Narcotics Act. The provisions for drug offences are laid down in Chapter 50 of the Penal Code. The use of drugs and the possession of small amounts of drugs for personal use constitute drug use offences that are punishable by a fine or a maximum of six months' imprisonment (Figure 3). Prosecution and punishment can be waived if the offence is considered insignificant, or if the offender has sought treatment specified by the Decree of the Ministry of Social Affairs and Health.

Drug offences include possession (whether for personal use or supply), manufacturing, growing, smuggling, selling and dealing. There is no specific offence of dealing or trafficking. The penalties for a drug offence range from a fine to a maximum of two years' imprisonment, while an aggravated drug offence is punishable by 1-10 years' imprisonment. Aggravating circumstances for a drug offence include the involvement of substances considered as 'very dangerous'; large quantities of drugs; considerable financial profit; or if the offender acts as a member of a group that has been organised for the express purpose of committing such an offence.

In 2014, the Narcotics Act was amended to address both narcotics and 'psychoactive substances banned from the consumer market', known as new psychoactive substances (NPS). These substances are listed in a government decree following a defined procedure of evaluation, and unauthorised supply is classed as an offence endangering health and safety, punishable by up to one year in prison according to Chapter 44 of the Penal Code.

FIGURE 3

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

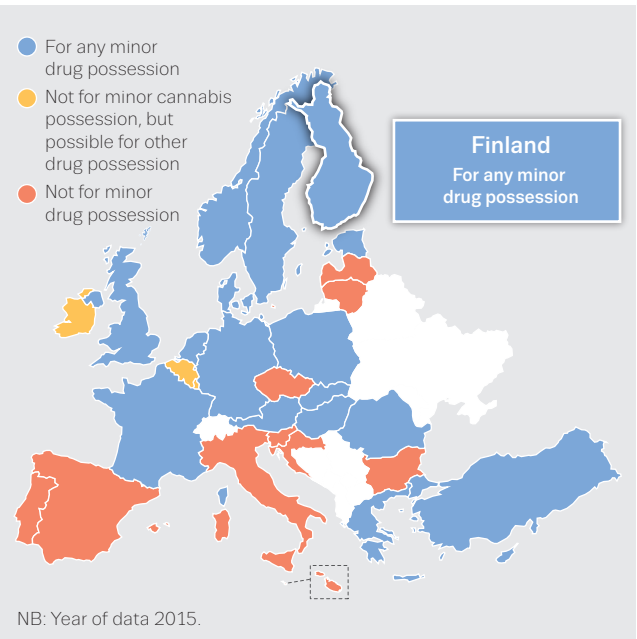
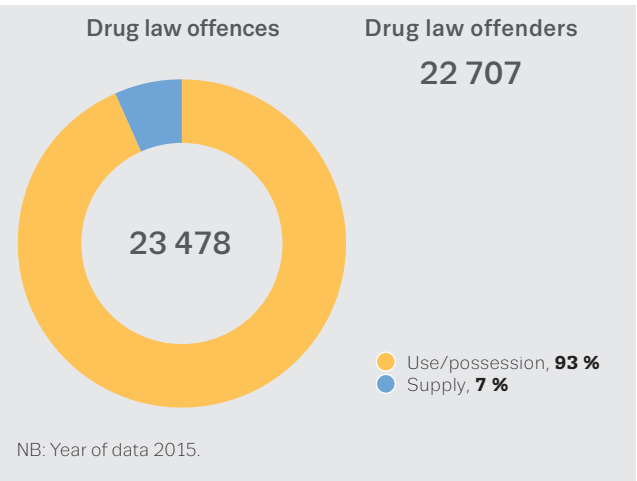


FIGURE 4

Reported drug law offences and offenders in Finland



Drug law offences

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

In 2015, Finland reported an increase in the total number of DLOs, which continued a rising trend observed over the previous decade. Approximately 9 out of 10 DLOs were drug use related (Figure 4) and the data indicate a continuous increase in the proportion of these offences. This is attributed to enhanced efficiency of control mechanisms, the growing popularity of home-grown cannabis and the increase in its use, and to the smuggling of medicines.

Drug use

Prevalence and trends

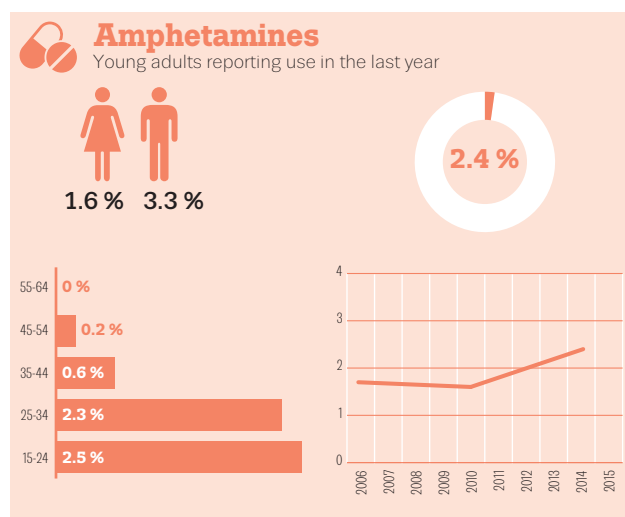
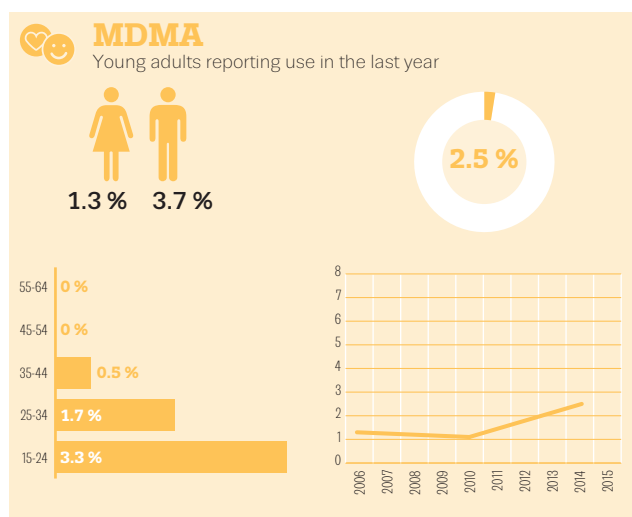
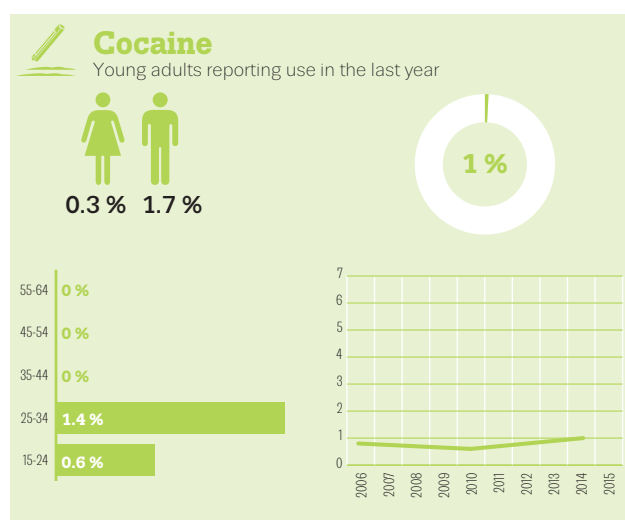
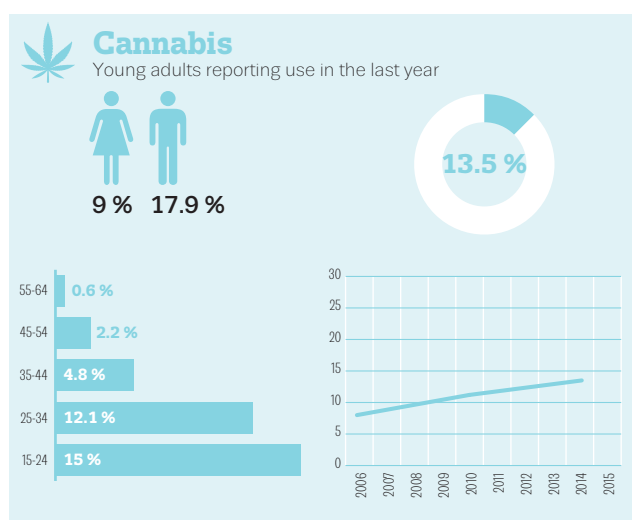
In Finland, use of all major illicit substances has increased over the last decade among the adult general population. Cannabis, mainly in herbal forms, remains the most common illicit drug used, and its use is mainly concentrated among young people aged 15-34 years. Amphetamines and MDMA/ecstasy are the most common illicit stimulants used by the general population, and their use is mainly concentrated among those aged 25-34 years. In Finland, in general, illicit drug use is more common among males than females (Figure 5).

According a 2014 study, fewer than 1 out of 10 Finnish adults had tried either a synthetic cannabinoid or a cathinone during their lifetime.

Since 2012, Helsinki and Turku have participated in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). In 2016, a further 12 Finnish cities joined the campaign. This study provides data on drug use at a community level, based on the levels of different illicit drugs and their metabolites in sources of wastewater. Regarding synthetic stimulants, an increased in methamphetamine concentration was detected in Helsinki and Espoo over the 2014-16 period. The levels of cocaine metabolites remained very low during the whole study period in the Finnish cities, indicating that the use of cocaine is limited. The concentrations of MDMA increased until 2015 and then levelled off.

FIGURE 5

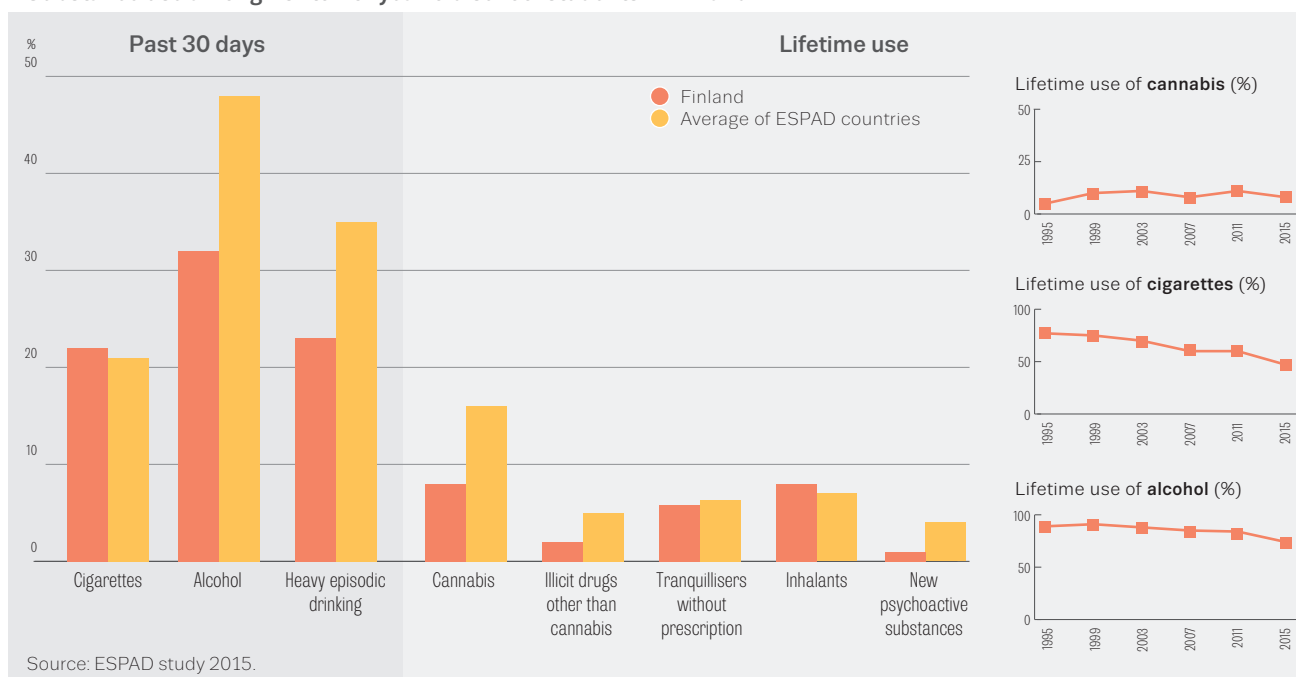
Estimates of last-year drug use among young adults (15-34 years) in Finland



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

FIGURE 6

Substance use among 15- to 16-year-old school students in Finland



Data on drug use among 15- to 16-year-old students is reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). The survey has been conducted in Finland every four years since 1995. The results indicate that lifetime use of cannabis, illicit drugs other than cannabis and NPS are all below the ESPAD average (35 countries). In contrast to the cannabis use trend in the adult general population, it seems that the experimentation with cannabis among 15- to 16-year-old students decreased over the period 2011-15 (Figure 6).

High-risk drug use and trends

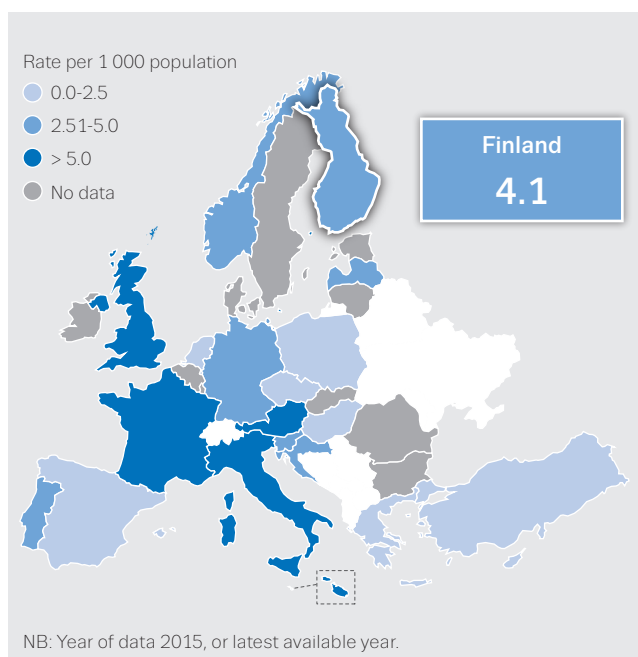
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

Opioids, mainly illegally sold buprenorphine, and amphetamines, both injected, are the main substances linked to high-risk drug use in Finland. The estimated population sizes of high-risk opioid and high-risk amphetamines users are very similar; moreover, it is believed that a significant proportion of high-risk users use both substances (Figure 7).

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FIGURE 7

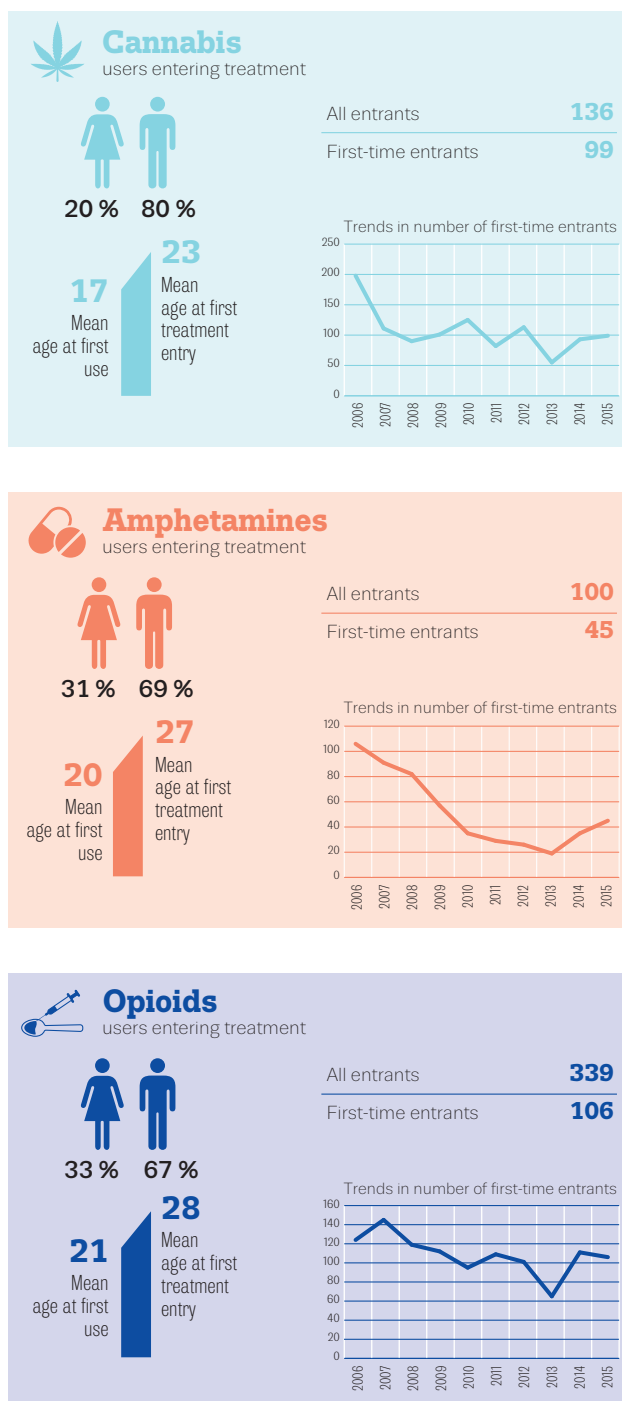
National estimates of last year prevalence of high-risk opioid use



Data from the specialised treatment centres indicate that opioids remain the principal drug associated with treatment demand among first-time clients, and treatment is mainly sought for primary use of buprenorphine. However, this is often used together with other licit or illicit substances. Fewer than a third of treatment clients are female; however this proportion varies by type of primary drug and by programme (Figure 8).

FIGURE 8

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



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Finland, data on drug-related infectious diseases are collected by the THL, which operates the National Infectious Diseases Register, while additional information is collected through bio-behavioural studies among clients of low-threshold centres.

Annual numbers of newly detected cases of human immunodeficiency virus (HIV) infection have remained stable in recent years, with foreign nationals accounting for more than half of them. The number of HIV cases linked to drug injecting increased between 1997 and 1999 but has decreased since then (Figure 9). The prevalence rate of HIV infection among a sample of people who inject drugs (PWID) in needle and syringe programmes in 2014 was relatively low, an estimated 1.19 % (Figure 10).

In recent years, the annual numbers of new cases of hepatitis C virus (HCV) infection reported have fluctuated between 1 100 and 1 200. The likely mode of transmission was indicated in less than half of these individuals. Of the cases with an indication of mode of transmission, approximately half were linked to injecting drug use. Approximately three quarters of clients in the needle and syringe programme tested positive for HCV in 2014 (Figure 10), and the prevalence was considerably higher among those older than 34 years. Overall, the number of chronic hepatitis B virus (HBV) infections diagnosed has been decreasing in Finland; the means of transmission is identified in a small proportion of cases and, recently, none has been attributed solely to injecting drug use.

In general, there has been a significant decline in HIV and HBV infections linked to injecting drug use in Finland over the last decade. However, the prevalence of HCV infection has remained fairly stable. It is believed that sharing injecting paraphernalia remains an important transmission route for HCV in Finland. To address the issue of HCV infection, the first national strategy on HCV infection was adopted in 2016.

Drug-related emergencies

Data on drug-related acute emergencies in Finland originate from the Hospital Discharge Register data. In 2014, approximately 10 000 drug-related emergencies were reported; however, in nearly 6 000 cases, the substance involved was not specified. Most people with non-fatal drug-related poisonings had taken several different licit and illicit substances. Patient records from the Helsinki Hospital District indicate that, among drug-related overdoses registered in 2014, gamma-hydroxybutyrate (GHB)/gamma-butyrolactone (GBL) are the substances found most frequently, followed by opioids and other psychoactive substances.

FIGURE 9

Newly diagnosed HIV cases attributed to injecting drug use

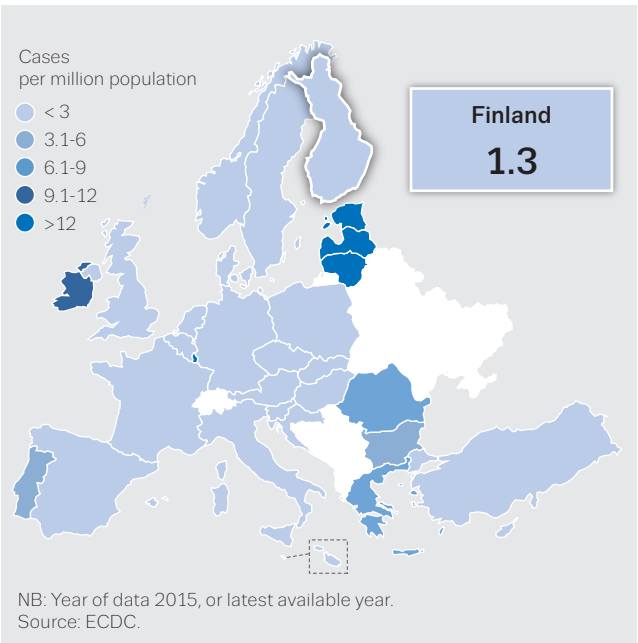


FIGURE 10

Prevalence of HIV and HCV antibodies among people who inject drugs in Finland

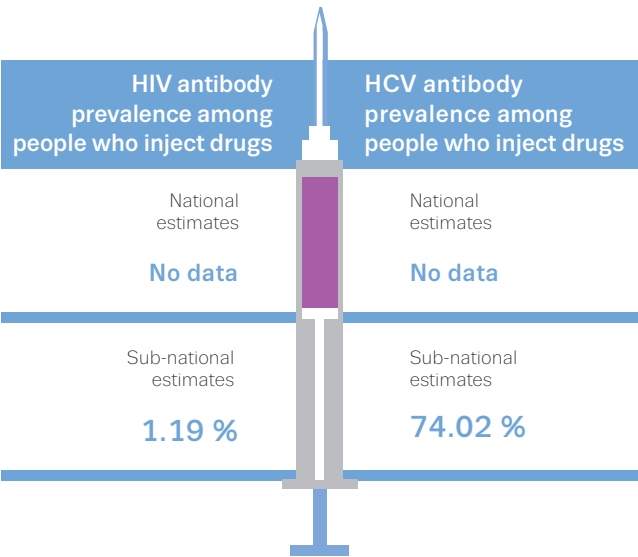
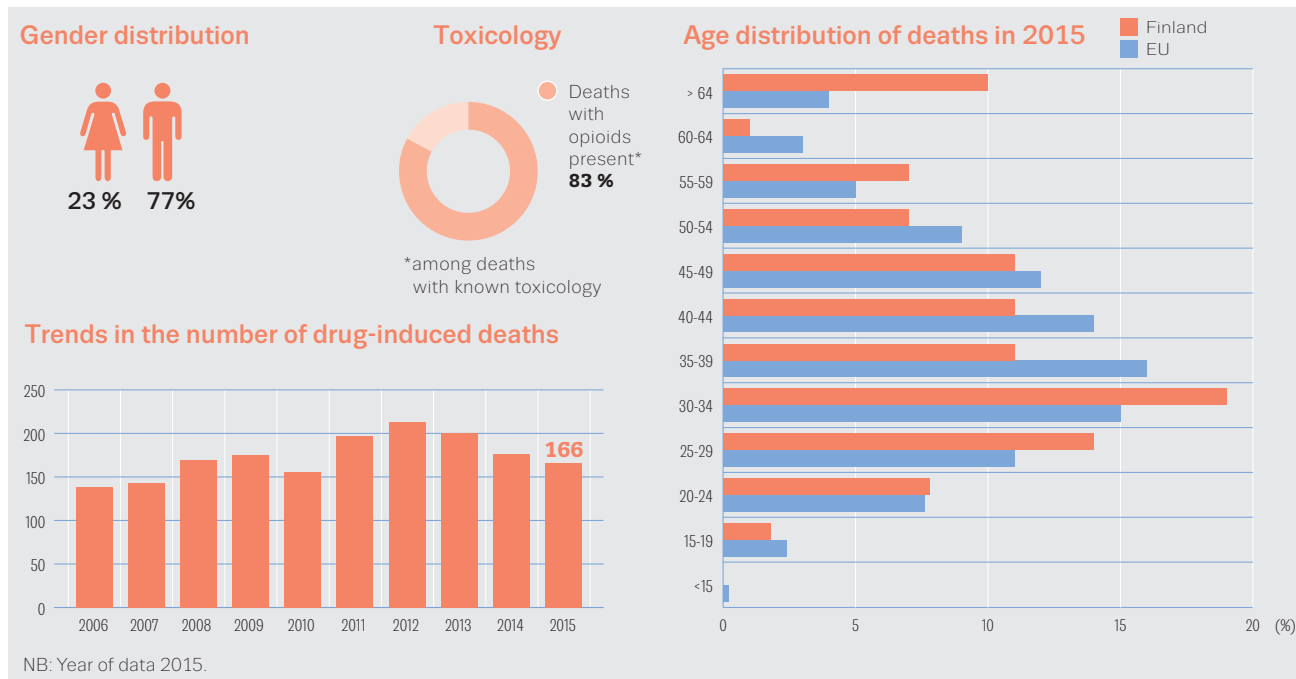


FIGURE 11

Characteristics of and trends in drug-induced deaths in Finland



Drug-induced deaths and mortality

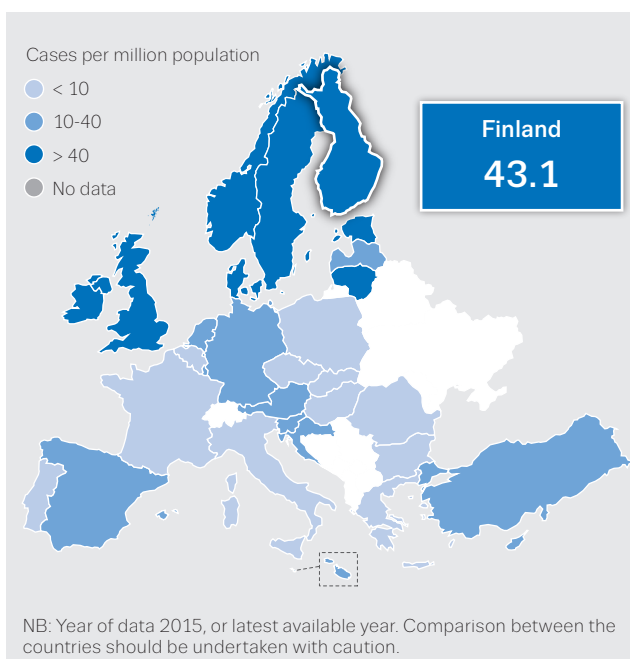
Drug-induced deaths refer to deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2015, data from the general mortality register indicated a decrease in the number of reported drug-induced deaths compared with 2012-14 (Figure 11). In the period 2006-12, the number of drug-induced deaths generally increased, before levelling off. Toxicological data indicate that buprenorphine, usually in combination with alcohol or benzodiazepines, was involved in the majority of deaths. In 2015, the majority of the drug death victims were male. In one out of five deaths, an NPS was detected in the post-mortem toxicological analyses, of which alpha-pyrrolidinopentiophenone (alpha-PVP) and methylenedioxypyrovalerone (MDPV) were the most commonly found.

The latest European average of drug-induced mortality rate among adults (aged 15-64 years) was 20.3 deaths per million. In Finland, this rate was 43.1 deaths per million in 2015 (Figure 12). Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.

FIGURE 12

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



Prevention

Drug use prevention in Finland is part of the wider concept of the promotion of well-being and health, and illicit drugs are addressed together with licit substance use and other dependencies. Prevention is the responsibility of both central and local governments under the umbrella of the National Prevention Programme and is coordinated by the THL, with local governments focusing on practical measures and the coordination of activities.

Prevention interventions

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

In Finland, environmental prevention encompasses activities to limit access to alcohol and tobacco for underage people. A number of interventions aim to create safe and risk-reducing environments in school settings, while universal prevention activities aimed at substance use prevention are a part of compulsory health education. In addition, counselling and support for substance-related problems are offered by health and social services in schools. All schools have a substance use prevention strategy as part of their student welfare plan, comprising guidelines for substance use prevention and substance-related problems, together with information on cooperation and networking with local stakeholders. Individual schools can decide independently about specific school-based drug prevention activities, but these activities are not systematically reported.

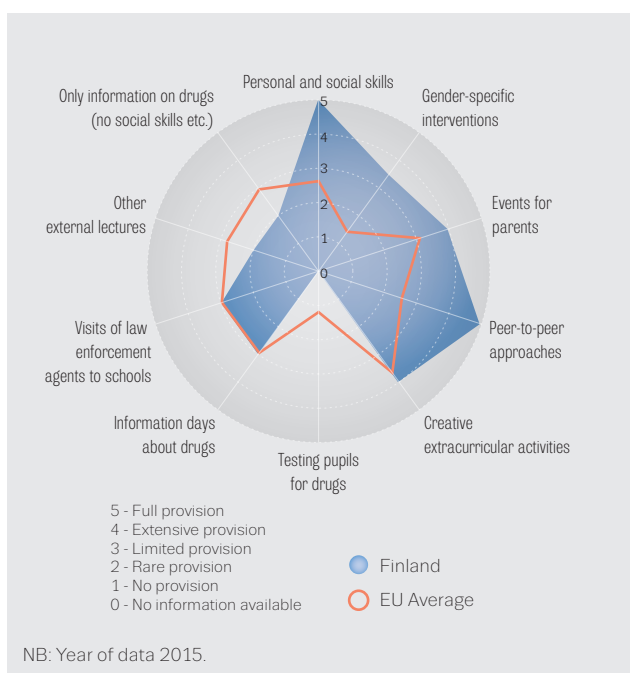
The most popular approaches are knowledge transfer, life skills education, affective education and alternatives to substance use.

Substance use prevention is also embedded in general prevention programmes for young people, but manual-based prevention programmes in schools are rarely implemented, since the whole system is focused on offering a protective school environment. Youth work is considered an important part of substance use prevention among young people, and Preventiimi is a focal point for training in preventive programmes in Finland (Figure 13).

Selective and indicated prevention activities mainly target school dropouts or young drug users and are implemented mainly through health counselling centres, outreach youth work teams run by non-governmental organisations (NGOs), sheltered youth homes, rehabilitation units and workshops for young people. The family support centre 'Free from Drugs', which is a volunteer organisation, provides family-oriented substance use prevention services. In Finland, as in some other European countries, drug testing has been introduced in workplace settings to facilitate early interventions and referral to support services for those who may need it. A low-threshold web service, Addiction, is an additional tool to provide information and self-help for high-risk populations.

FIGURE 13

Provision of interventions in schools in Finland (expert ratings)



Harm reduction

Finnish harm reduction services were established in the late 1990s and are implemented by municipal bodies. The recent Government Resolution on the Action Plan to Reduce Drug Use and Related Harm 2016-19 puts an emphasis on further expansion of coverage and continuity of harm reduction interventions.

In Finland, harm reduction services are delivered through outreach work and local health counselling centres. In addition, some harm reduction activities are carried out at treatment units. Outreach work mainly involves street patrols, with the aim of mediating between drug users and the official care system. Peer work is used in several locations and focuses on reaching the most excluded and hardest to reach groups of drug users. The health counselling centres that provide sterile injecting equipment to prevent infectious diseases are located mainly in cities of over 100 000 inhabitants and are available at about 30 locations across Finland.

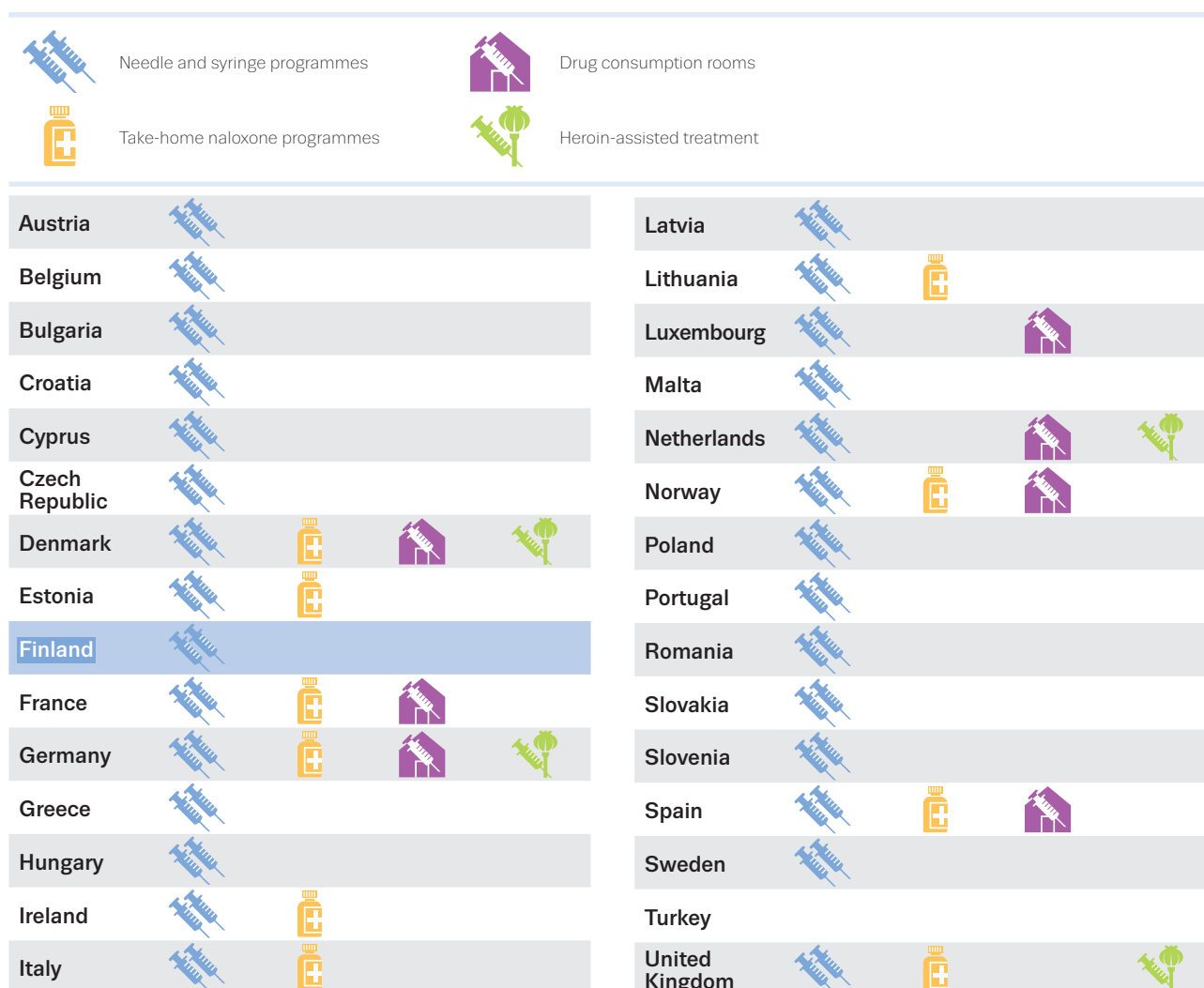
Harm reduction interventions

The key components of the Finnish harm reduction services are provision of injecting equipment; testing for infectious diseases and vaccination provision; referral to treatment services, in particular opioid substitution treatment (OST); case management; and provision of information on drug-related diseases and risks, such as overdoses (Figure 14).

According to available data, the number of clients using needle and syringe programmes at health counselling centres increased from 8 400 to 14 000 between 2001 and 2014, and the number of syringes given out also increased, from almost 1 million in 2001 to 5 million in 2015. Needles and syringes can also be purchased without medical prescription at most pharmacies in Finland, and pharmacies play a key role in needle and syringe provision in areas where there are no health counselling centres.

FIGURE 14

Availability of selected harm reduction responses



NB: Year of data 2016.

Vaccination against hepatitis A virus and HBV for PWID is free as part of the general vaccination programme. The available data indicate that more than one third of PWID in contact with the drug treatment system have received full vaccination, and more than half have received at least one dose.

**The number of syringes
given out increased from
1 million in 2001 to
5 million in 2015**

Treatment

The treatment system

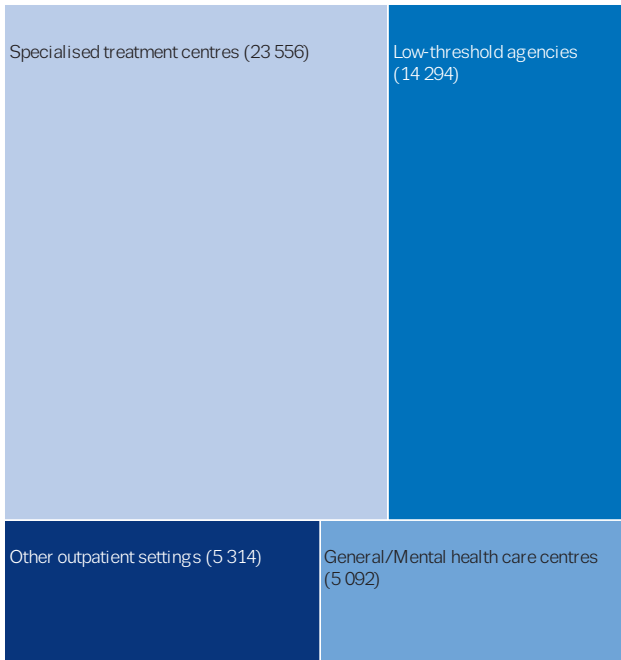
In Finland, drug treatment is provided in a broader context of substance use treatment. The provision of substance use treatment is the responsibility of the regions and municipalities and is regulated by the Act on Welfare for Substance Abusers, the Social Welfare Act, the Mental Health Act and a Decree governing detoxification and OST.

Municipalities organise treatment services based on their own needs. Specialised services are mainly provided by outpatient care, short-term inpatient care, long-term rehabilitation care and support service units, and peer support activities. Services are provided either by municipalities or by private service providers, working on either a profit or a non-profit basis. The majority of specialised treatment is provided by the social services. Nevertheless, increasing numbers of people receive drug and other substance use treatment within the healthcare services. This is particularly the case for the provision of OST, which has increasingly been transferred to health centres or pharmacies.

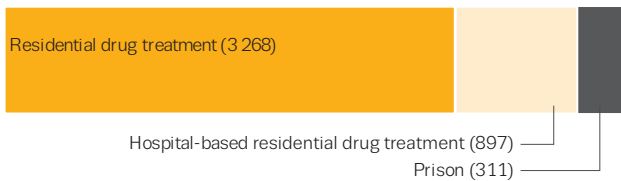
FIGURE 15

Drug treatment in Finland: settings and number treated

Outpatient



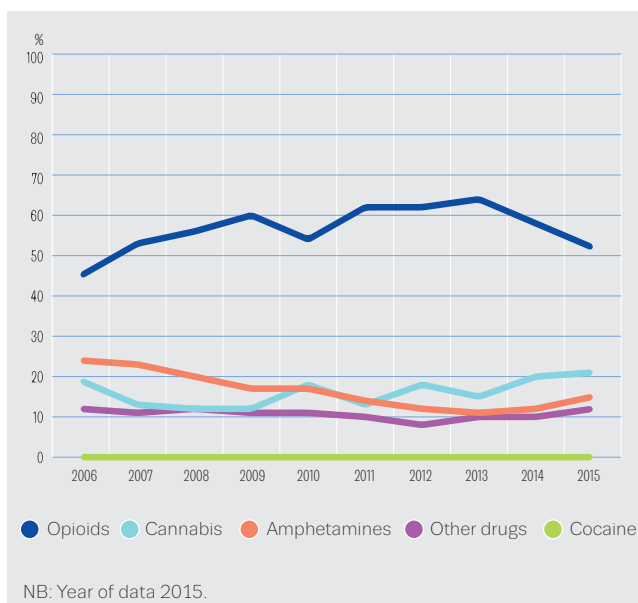
Inpatient



NB: Year of data 2014.

FIGURE 16

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



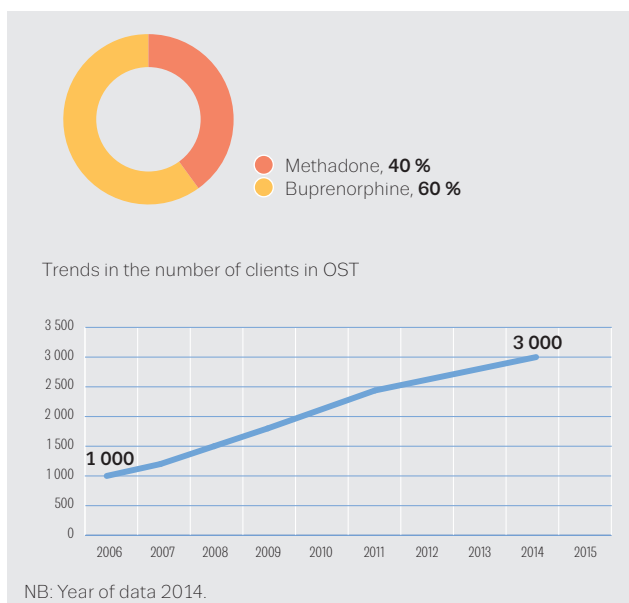
Drug treatment is mainly funded by the public budget of the communities; it is either free of charge or a subject to a small customer fee. Inpatient treatment usually requires a payment guarantee from the social welfare office of the client's home municipality.

Outpatient services also include specialised outpatient services for young people and outpatient services for high-risk drug users. These provide an assessment of mental and somatic status, counselling, individual, family or group therapy, referrals, detoxifications or OST. Short-term inpatient care refers to inpatient detoxification treatment. Long-term rehabilitation includes residential psychosocial treatment for problem drug users, residential services for young people and psychiatric services for problem drug users. As a result of budget restrictions, residential long-term rehabilitation is increasingly being replaced by housing services providing outpatient drug treatment. In addition, income-related activities and living and employment assistance are provided to facilitate treatment and recovery. Specialised medical care for individuals with drug dependencies is also provided in emergency clinics and mental health services. It should be noted that the available treatment is often focused on the needs of opioid users, while long-term treatment options for amphetamine users remain limited.

OST is typically initiated in specialised inpatient units, after which clients are transferred to social outpatient services or health centres. General practitioners and pharmacies are increasingly involved in the provision of these services. Methadone was introduced in Finland in 1974 and buprenorphine became available in 1997. The

FIGURE 17

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



buprenorphine-naloxone combination was introduced in 2004, making Finland the first country in Europe to make available this substitution medication.

Treatment provision

In Finland, according to the 2015 census of substance treatment facilities, out of a total of approximately 23 600 clients, the majority received treatment in outpatient settings. Most clients in inpatient care received non-hospital-based residential drug treatment through social sector institutions (Figure 15).

In 2015, clients whose primary problem drug was an opioid (mainly buprenorphine injecting) constituted the large group, accounting for approximately half of all treatment clients in Finland. (Figure 16) However, the number of primary opioid clients entering drug treatment has decreased by two thirds between 2009 and 2015. The available data indicate some differences in the profiles of clients served in different care settings. Buprenorphine is the most common primary problem drug among clients in inpatient settings, but the least common among clients entering treatment in primary healthcare and other outpatient settings. In these settings, clients seeking treatment as a result of primary use of sedatives, benzodiazepines or multiple substance use remain common.

Approximately 3 000 people were estimated to be receiving OST in Finland in 2014; the majority received buprenorphine-based medication (Figure 17).

Drug use and responses in prison

Although no recent results from studies on drug use among prison inmates are available, data from 2006 showed that most of Finnish inmates reported having used drugs at some point in their lives. Cannabis was the most commonly used substance, followed by amphetamines and opioids. Nearly half of all inmates had a history of amphetamine use and some reported opioid use in the past.

Self-reported data from a survey conducted in 2010 on quality of life in four Finnish prisons found that use of intoxicating substances was rare: approximately 4 % of respondents continued using drugs while in prison and approximately 1 % reported being initiated into drug use while in prison.

The prevalence of infectious diseases among inmates remains high, with nearly half of inmates infected with HCV.

The Finnish national drug strategy emphasises a need to enhance the availability and quality of drug treatment in prison with the ultimate goal of reducing substance use among inmates. The Prisoners' Health Care Unit (under the THL) is responsible for the healthcare of remand prisoners and convicts.

Drug treatment services in prisons are guided by the substance abuse services guidelines for 2012-16, which emphasise that substance use services provided in prisons must correspond to the same services provided in the public social welfare and healthcare sectors. Substance use services are a key area of the criminal sanctions sector and they are divided into motivation, evaluation, service referrals, intoxicant monitoring, treatment and rehabilitation. OST may be initiated in prison. As part of the harm reduction response, Finnish prisons make available disinfectants suitable for cleaning needles and syringes. Drug-free environments are also available.

Nearly half of prison inmates have a history of amphetamine use during their lives

Quality assurance

In Finland, quality assurance-related objectives can be found in both government resolutions and instructions and recommendations on substance use prevention and harm reduction. The national drug policy coordination group annually assesses the measures taken and the drug situation. The effectiveness of individual measures, such as health promotion or preventative projects, has been assessed, but a broad overall assessment has not been made owing to a lack of resources.

The development and implementation of demand reduction activities is guided by many types of instructions and recommendations, including guidelines on quality criteria for substance use prevention and quality recommendations for substance use services. In 2012, the care guideline on the treatment of drug use was updated and incorporates guidelines for the treatment of users of NPS and cannabis, emergency care cases, pregnant women, users with attention deficit hyperactivity disorder, and users of intoxicants.

The THL is a research and development institute under the Finnish Ministry of Social Affairs and Health. The institute develops and directs drug prevention and coordinates drug policy throughout the country in cooperation with other authorities. It also disseminates best practices in the field but does not have a mandate to regulate municipalities or service providers. For example, it has published a guide for social welfare and healthcare professionals on the early identification of mental health and substance use problems; guidebooks on the management of substance use problems and on the identification and screening of mental health and substance use problems; and a recommendation for quality guidelines for low-threshold service centres that make recommendations on the coverage, quality, consistency and continuity of low-threshold harm reduction services.

Substance and drug use topics and harm reduction are part of the qualifications curriculum for many professionals and are also addressed in the continuing education curriculum.

Drug-related research

Finland first placed an emphasis on drug-related research in the 1990s, as experimentation and use of drugs and their related harms were increasing. In the last 10 years, drug-related research has evolved from taking a global approach and setting up the basic indicators for monitoring the drug situation to detailed research based on the development of the drug situation.

The current policy guidelines include a section on information collection and research. The leading actors in this area include the THL, the Institute of Criminology and Legal Policy (Krimo) and several university departments. The state budget and the Academy of Finland are the main funding sources of drug-related research. The Nordic Centre for Welfare and Social Issues (NVC), based in Helsinki, also plays an important role in promoting and supporting research cooperation among Nordic countries.

The main channels for disseminating research findings are the THL publication series, the domestic and foreign scientific journals that publish drug-related research and internet portals.

Many recent drug-related studies have been based on population-based surveys on responses to and the consequences of drug use, including toxicological analysis, particularly post-mortem toxicology.

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Drug markets

Finland is not a prime target for drug trafficking; however, the drug trade is dominated by organised crime groups (such as organised motorcycle gangs) with strong international connections to the neighbouring countries of Estonia and Lithuania.

Synthetic stimulants (amphetamines and MDMA) originating in western Europe are brought into the country via Estonia, Lithuania, Sweden and, sometimes, Russia. Cannabis resin mainly originates in Morocco, reaching the Finnish market from central or eastern Europe. The availability of heroin in the market plummeted after 2001, and heroin was replaced by buprenorphine-based opioid substitution medications. In recent years, these medications have usually originated from Lithuania, France and Norway.

The increased availability of NPS is one of the emerging trends on the Finnish drug scene, and they are usually ordered online from abroad. In 2010, for the first time, police discovered a local production site of synthetic drugs; the quantity of meta-chlorophenylpiperazine

(mCPP) tablets seized indicated that the production was intended for export. NPS are mainly imported via mail or express cargo services. In recent years, concerns over an increase in the domestic cultivation of cannabis have been expressed.

The Finnish drug market is stable, with cannabis products remaining the most commonly seized by the law enforcement agencies, while amphetamines, MDMA and other synthetic psychoactive substances and narcotic pharmaceuticals remain important (Figure 18). In general, the volumes of seizures fluctuate from one year to next and are affected by the priority of law enforcement agencies in addressing large-scale smuggling. In 2015, a record amount of amphetamine was seized. Heroin has been largely replaced by illegally obtained Subutex (buprenorphine) and, in 2015, almost 43 000 Subutex (buprenorphine) tablets were seized in Finland.

The retail price and purity of the main illicit substances seized are shown in Figure 19.

FIGURE 18

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

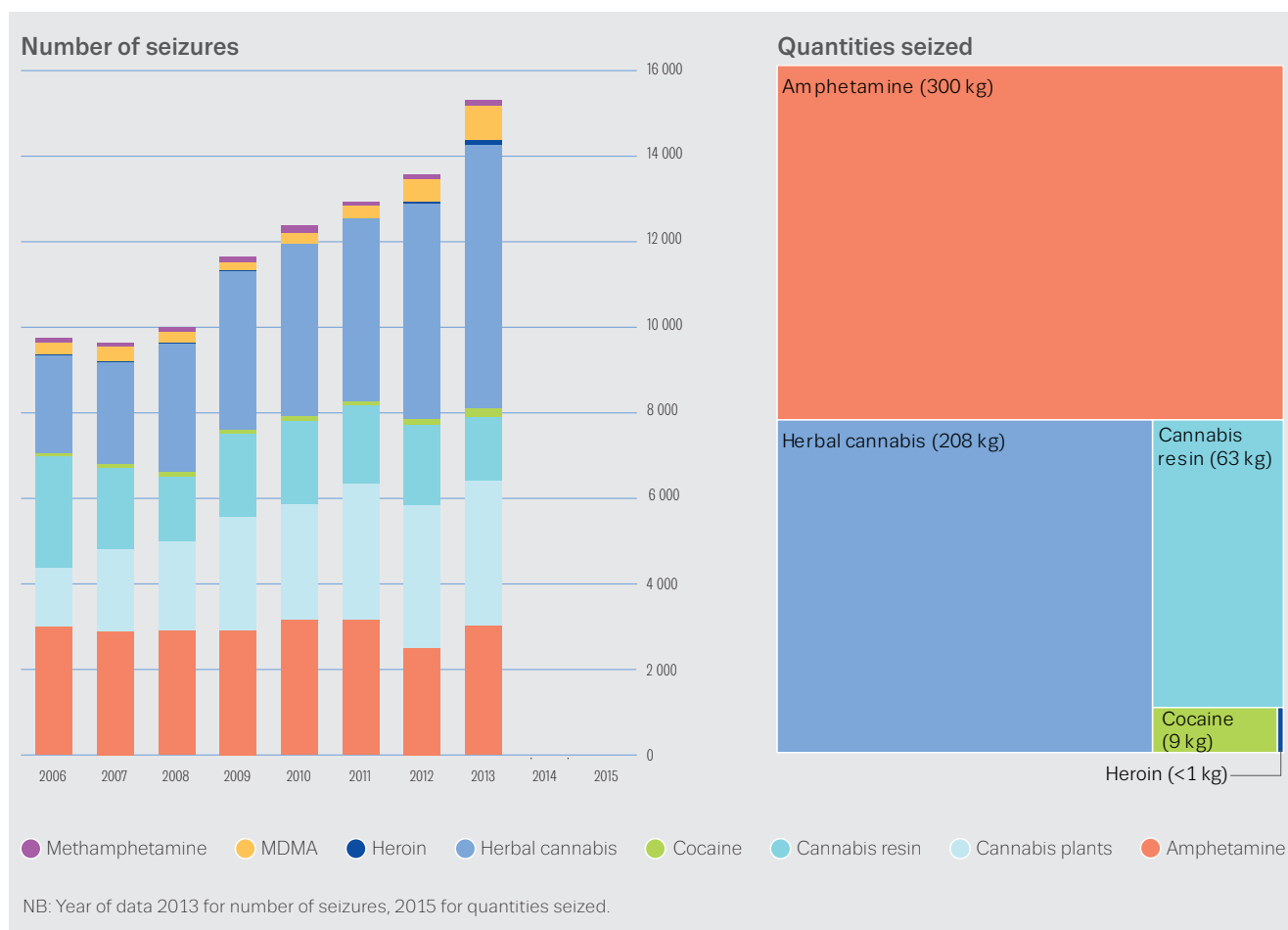
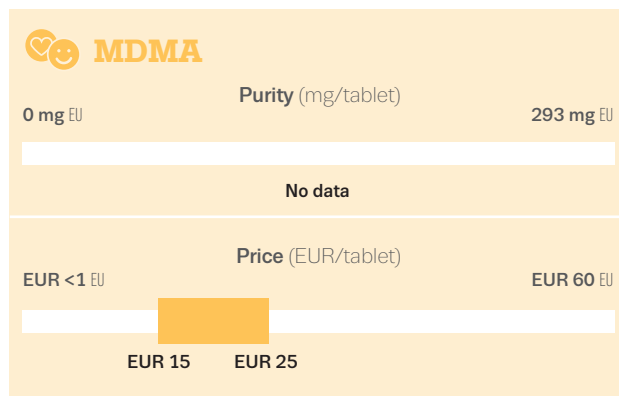
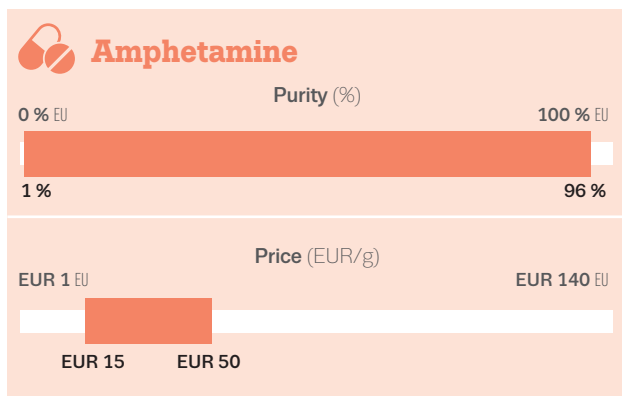
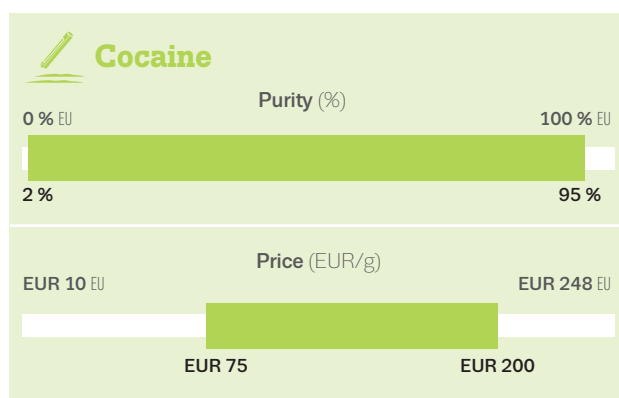
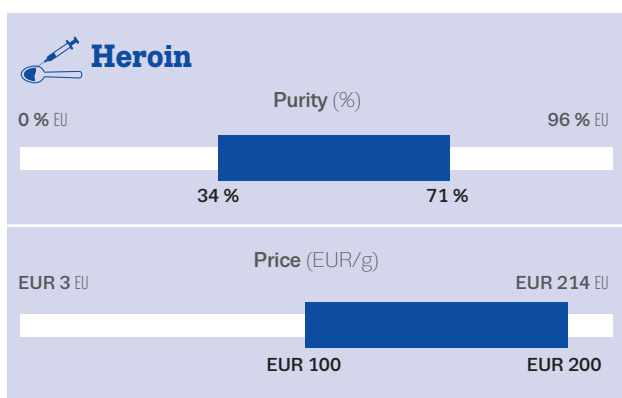
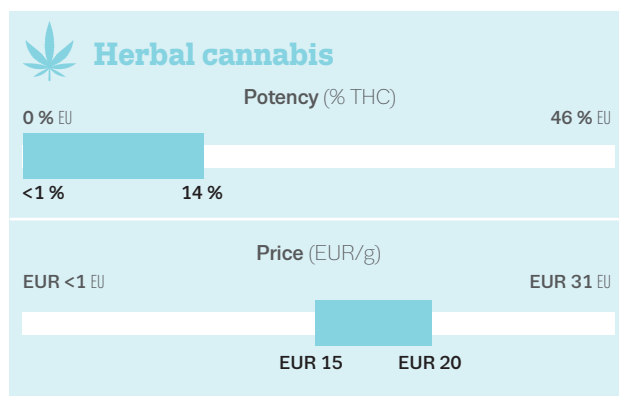
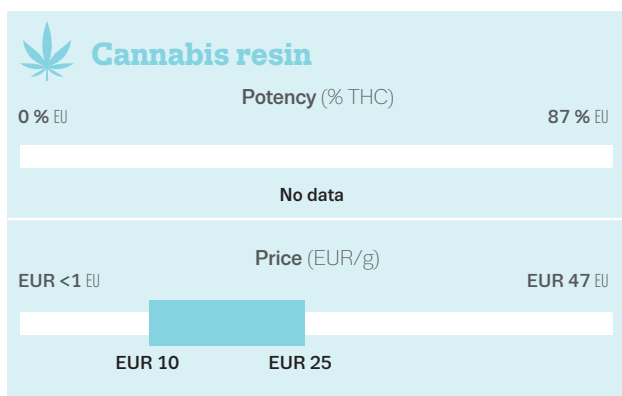


FIGURE 19

Price and potency/purity ranges of illicit drugs reported in Finland



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR FINLAND

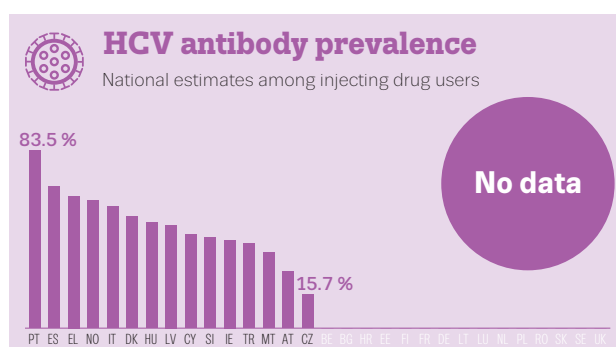
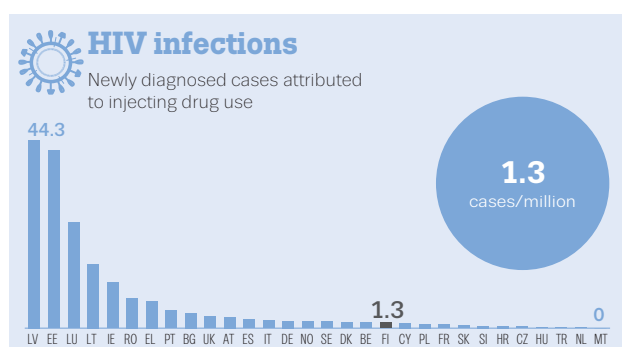
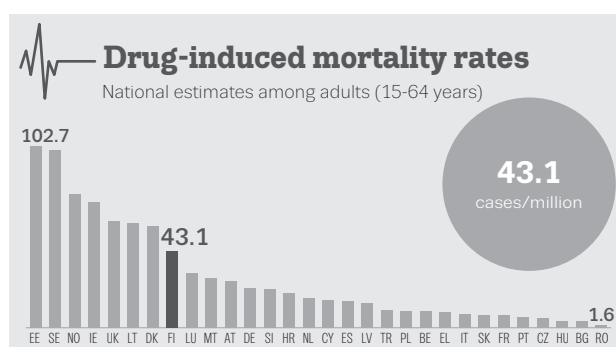
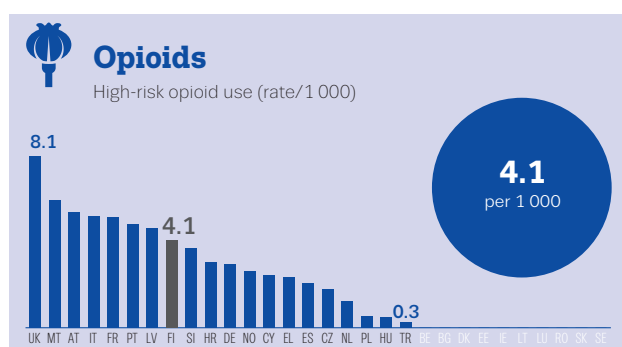
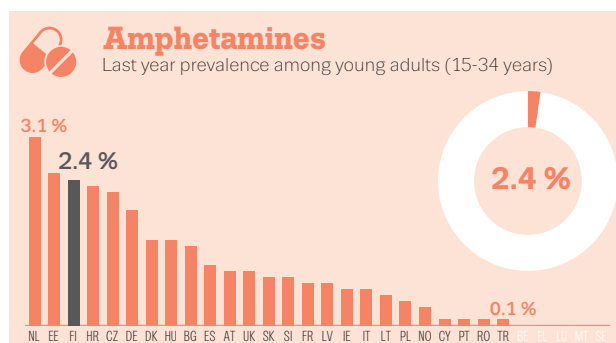
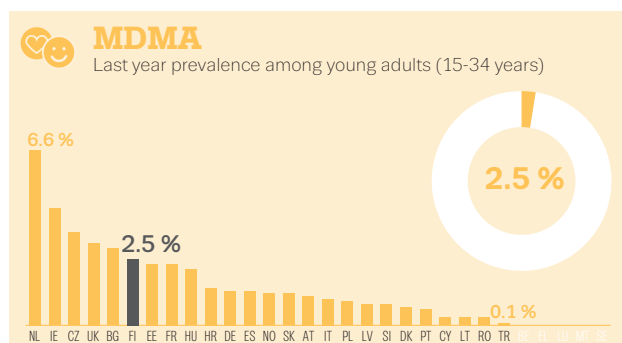
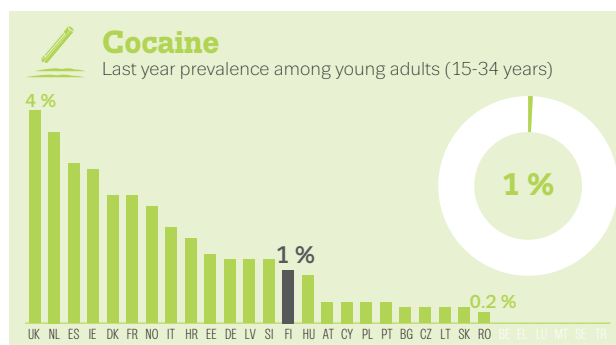
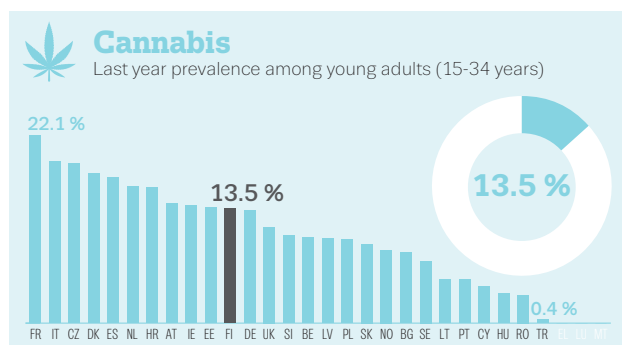
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	8.5	6.5	36.8
Last year prevalence of use — young adults (%)	2014	13.5	0.4	22.1
Last year prevalence of drug use — all adults (%)	2014	6.8	0.3	11.1
All treatment entrants (%)	2015	21	3	71
First-time treatment entrants (%)	2015	36	8	79
Quantity of herbal cannabis seized (kg)	2015	208	4	45 816
Number of herbal cannabis seizures	2013	6 167	106	156 984
Quantity of cannabis resin seized (kg)	2015	63	1	380 361
Number of cannabis resin seizures	2013	1 467	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.3-14	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	15-20	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	10-25	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.9	0.9	4.9
Last year prevalence of use — young adults (%)	2014	1	0.2	4
Last year prevalence of drug use — all adults (%)	2014	0.5	0.1	2.3
All treatment entrants (%)	2015	0	0	37
First-time treatment entrants (%)	2015	0	0	40
Quantity of cocaine seized (kg)	2015	9.2	2	21 621
Number of cocaine seizures	2013	205	16	38 273
Purity (%) (minimum and maximum values registered)	2015	2-95	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	75-200	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.8	0.8	6.5
Last year prevalence of use — young adults (%)	2014	2.4	0.1	3.1
Last year prevalence of drug use — all adults (%)	2014	1.1	0	1.6
All treatment entrants (%)	2015	15	0	70
First-time treatment entrants (%)	2015	16	0	75
Quantity of amphetamine seized (kg)	2015	300	0	3 796
Number of amphetamine seizures	2013	3 016	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	1-96	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	15-50	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.1	0.5	5.2
Last year prevalence of use — young adults (%)	2014	2.5	0.1	6.6
Last year prevalence of drug use — all adults (%)	2014	1.1	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	2015	23 660	54	5 673 901
Number of MDMA seizures	2013	795	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	15-25	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2012	4.1	0.3	8.1
All treatment entrants (%)	2015	52	4	93
First-time treatment entrants (%)	2015	38	2	87
Quantity of heroin seized (kg)	2015	0	0	8 294
Number of heroin seizures	2013	113	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	34-71	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	100-200	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	1.3	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2012	4.6	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	43.1	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	5 301 000	164	12 314 781
Clients in substitution treatment	2014	3 000	252	168 840
Treatment demand				
All clients	2015	656	282	124 234
First-time clients	2015	277	24	40 390
Drug law offences				
Number of reports of offences	2015	23 478	472	411 157
Offences for use/possession	2015	15 218	359	390 843

* PWID — People who inject drugs.

EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



About our partner in Finland

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