European Monitoring Centre for Drugs and Drug Addiction

Finland

Finland Drug Report 2018

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 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

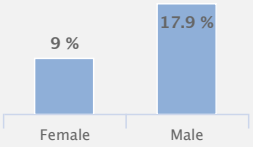
THE DRUG PROBLEM IN FINLAND AT A GLANCE

Drug use

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

Cannabis

13.5 %



Other drugs

MDMA	**2.5 %**
Amphetamines	**2.4 %**
Cocaine	**1 %**

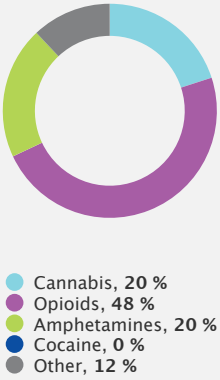
High-risk opioid users

13 836

(12 700 - 15 090)

Treatment entrants

by primary drug



Opioid substitution treatment clients

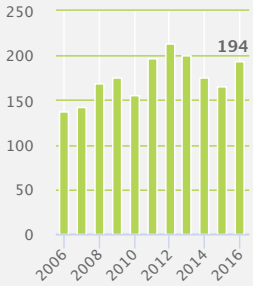
3 329

Syringes distributed

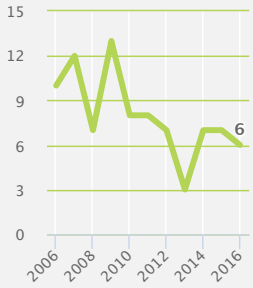
through specialised programmes

5 781 997

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

25 075

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Amphetamines
3. Cannabis resin
4. Methamphetamines
5. MDMA

Population

(15-64 years)

3 468 182

Source: EUROSTAT Extracted on: 18/03/2018

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 o?ences 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.

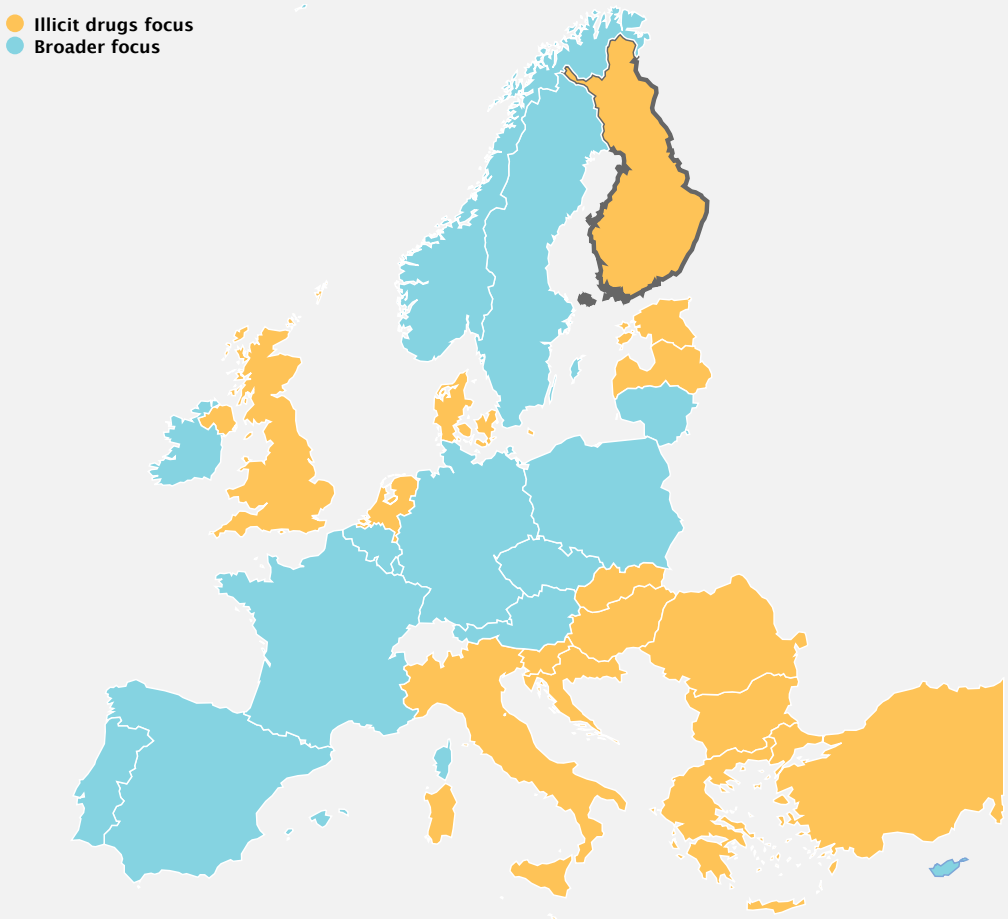
National drug strategy and coordination

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. 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 through 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 have been completed.

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

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 should have 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.

Public expenditure

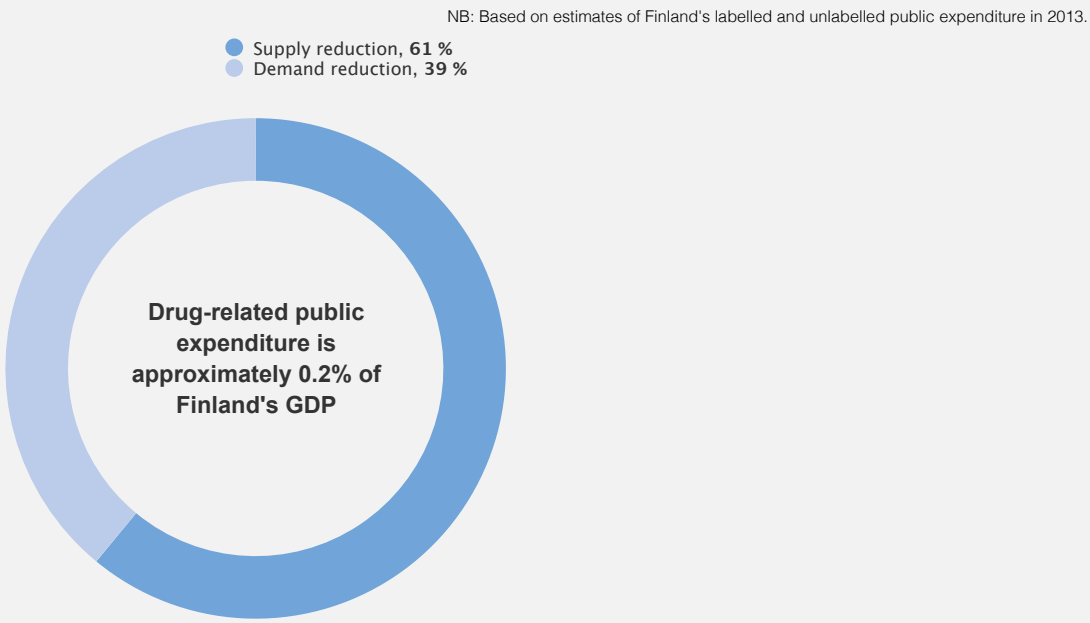
Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using 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. Estimates for more recent years are expected in 2018.

In 2013, total drug-related expenditure represented 0.2 % of gross domestic product, which was approximately EUR 412 000. Of this, the majority was spent on public order and safety, and the remaining budget on social protection and healthcare.

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.

Public expenditure related to illicit drugs in Finland



Drug laws and drug law offences

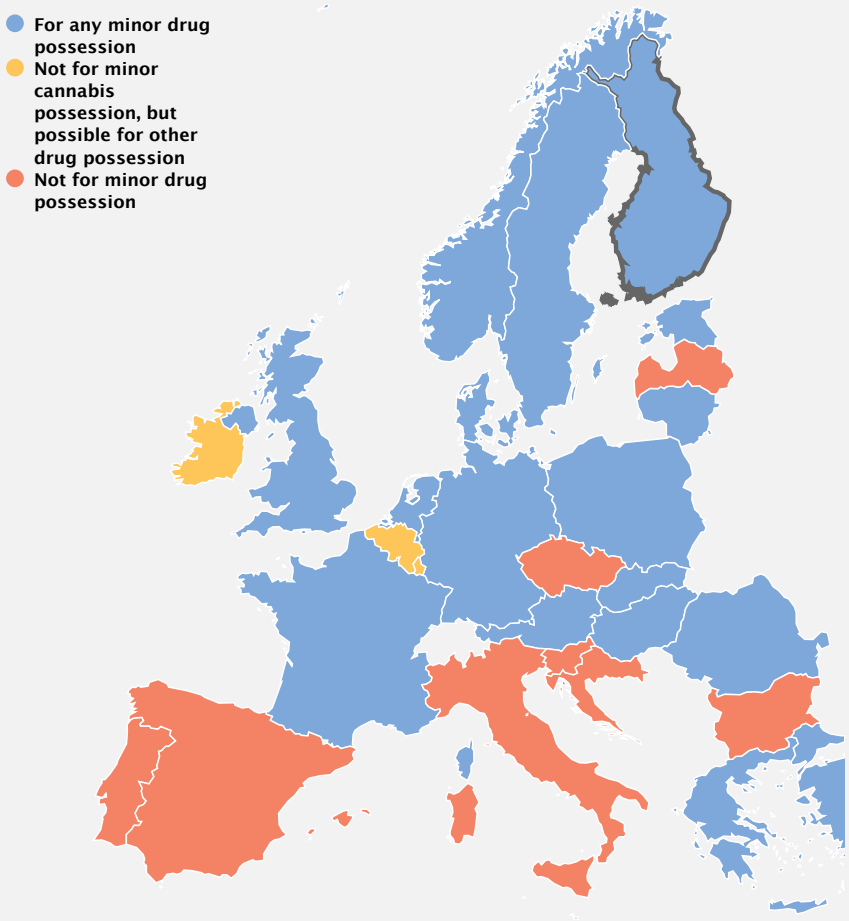
National drug laws

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. 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. However, as problem drug users often commit multiple crimes, their prosecution is rarely waived in practice.

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 'very dangerous', large quantities of drugs or 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 2017, the Supreme Court established a precedent whereby the sentence in an aggravated drug offence can be reduced depending on the offender's role in the crime.

In 2014, the Narcotics Act was amended to address both narcotics and ‘psychoactive substances banned from the consumer market’, otherwise known as new psychoactive substances. 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.

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

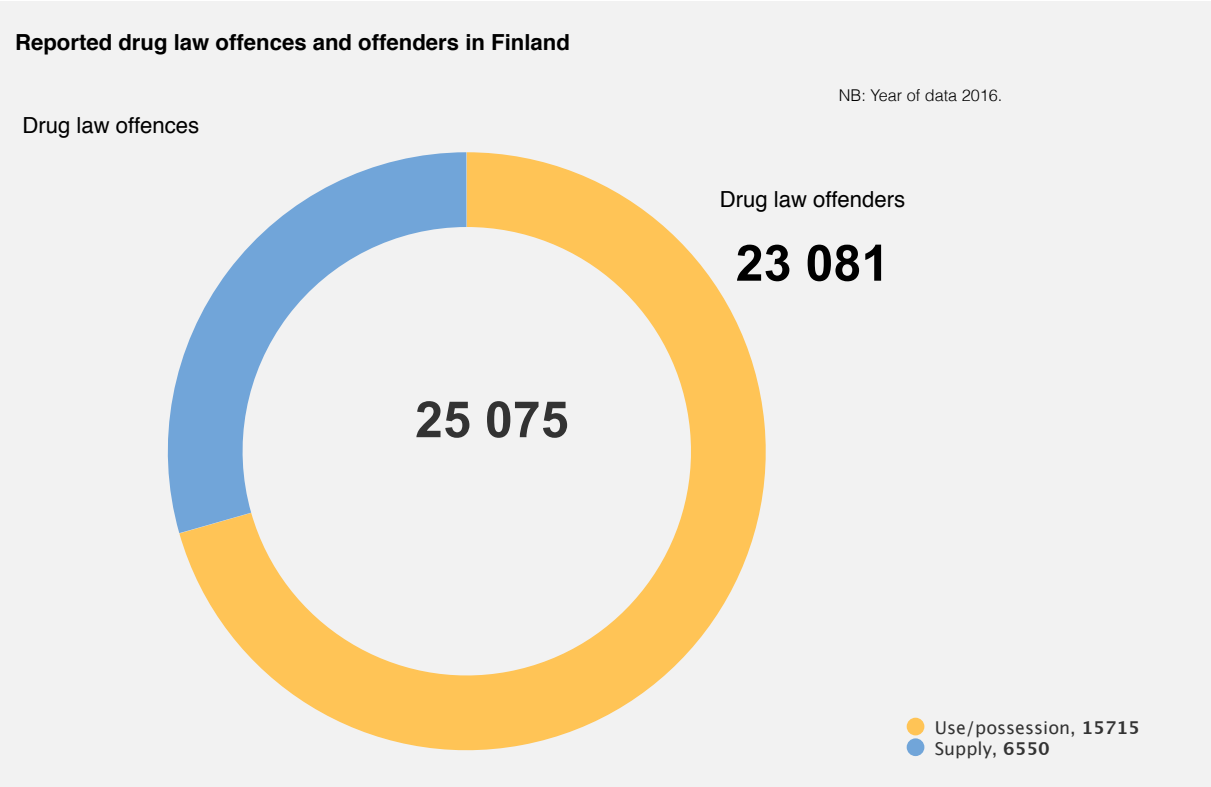


NB: Year of data 2016

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug/related crime and 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 2016, Finland reported an increase in the total number of DLOs, which continued a rising trend observed over the previous decade. Approximately 7 out of 10 DLOs were drug use related and the data indicate a continuous increase in the proportion of these offences in recent years. This is attributed to improved control mechanisms, to the growing popularity of home-grown cannabis and the increase in its use, and to the increased smuggling of medicines.



Drug use

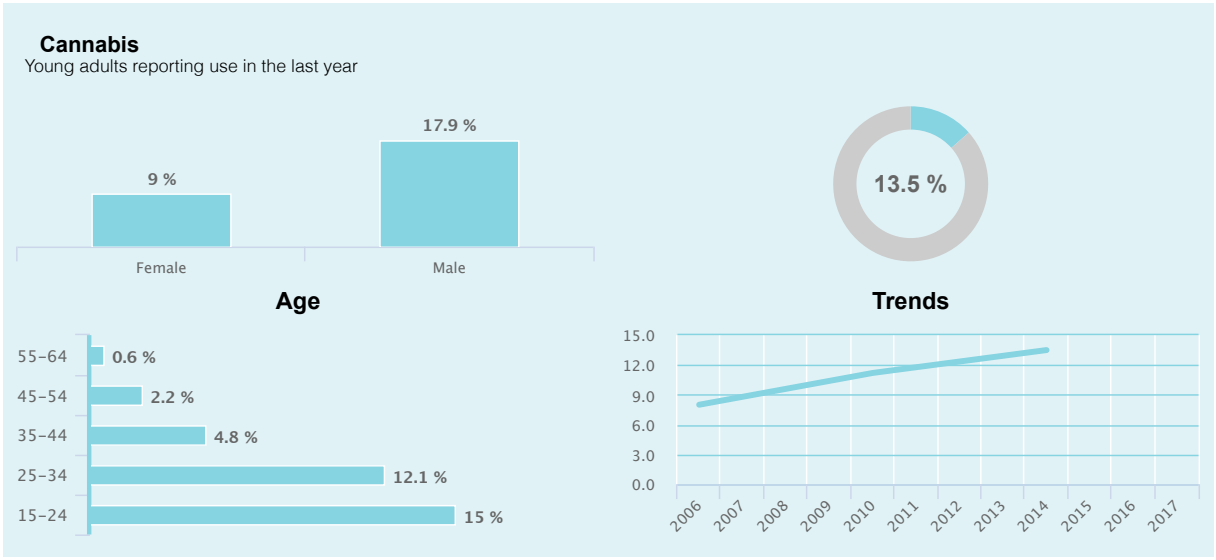
Prevalence and trends

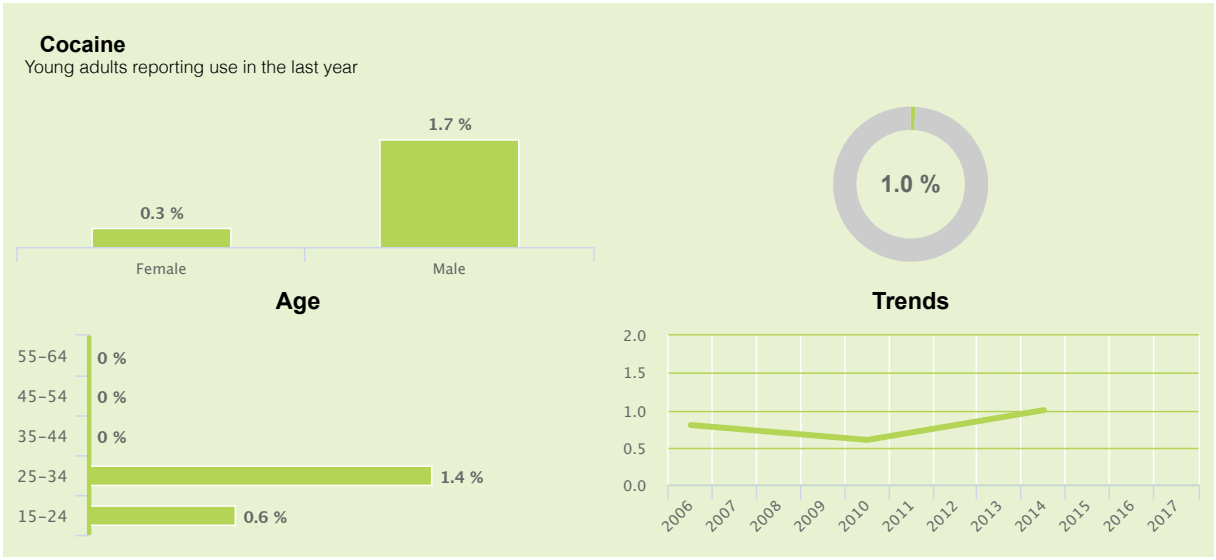
In Finland, use of all major illicit substances has increased over the last decade among the adult general population. Cannabis, mainly in herbal form, remains the most common illicit drug used, and its use is mainly concentrated among young people aged 15-34 years. Amphetamines and MDMA/ecstasy are 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.

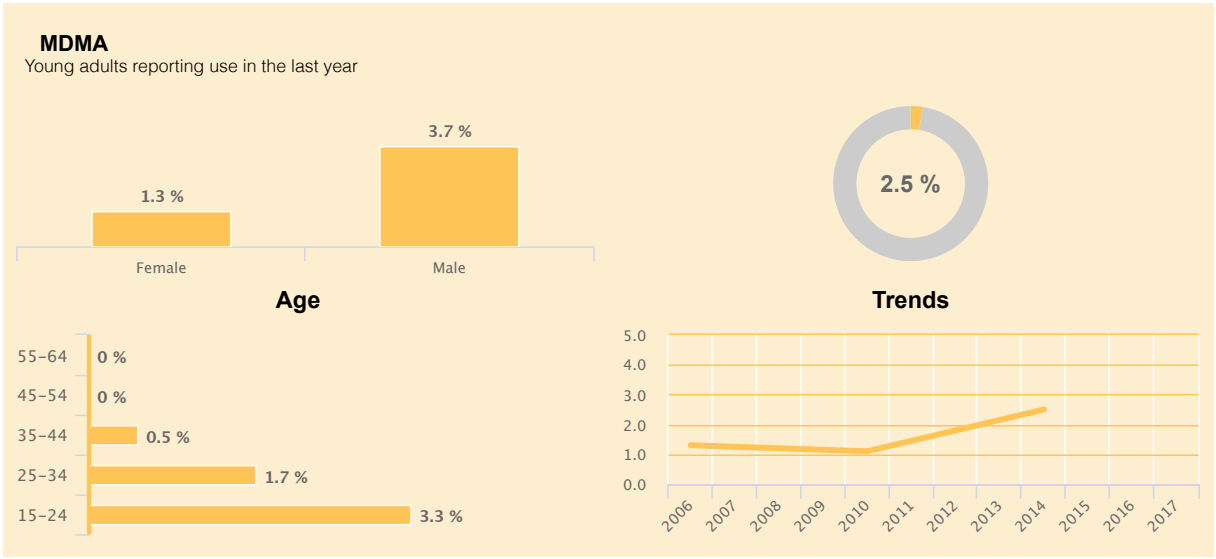
According to the most recent survey, less than 1 out of 100 Finnish adults had tried either a synthetic cannabinoid or a cathinone during their lifetime.

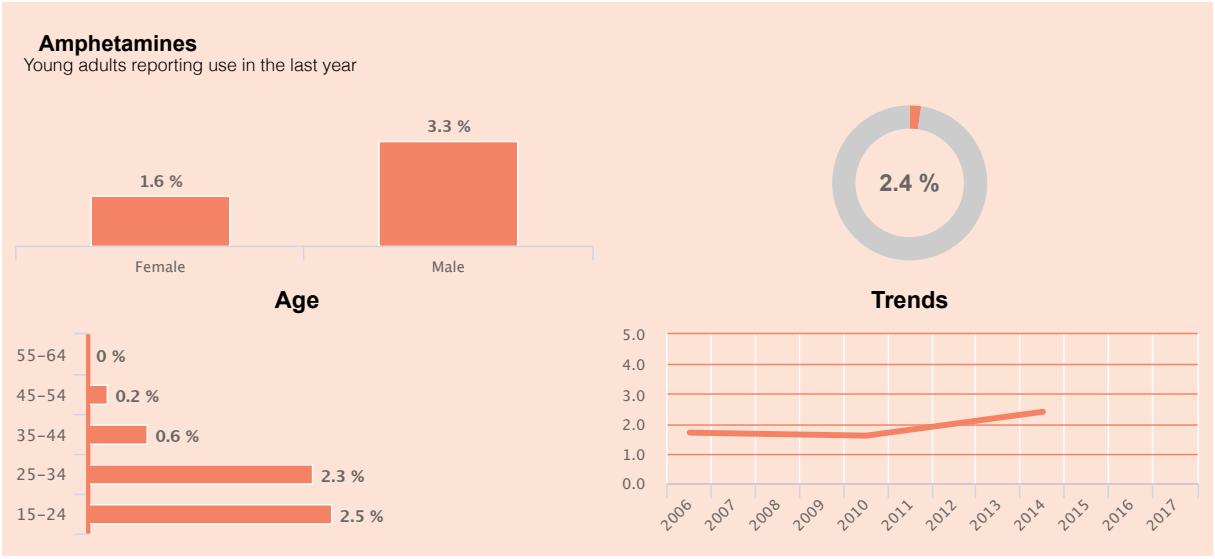
Since 2012, Helsinki and Turku have participated in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE), and a further 12 Finnish cities joined the campaign in 2016. This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. Regarding synthetic stimulants, an increase in methamphetamine concentration was detected in Helsinki and Espoo over the period 2014-16, with a subsequent decrease in 2017. The levels of cocaine metabolites remained very low during the whole study period, indicating that the use of cocaine is limited, although with some increase observed in 2016 and 2017. The concentrations of MDMA increased until 2015, but they have levelled off in recent years.

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



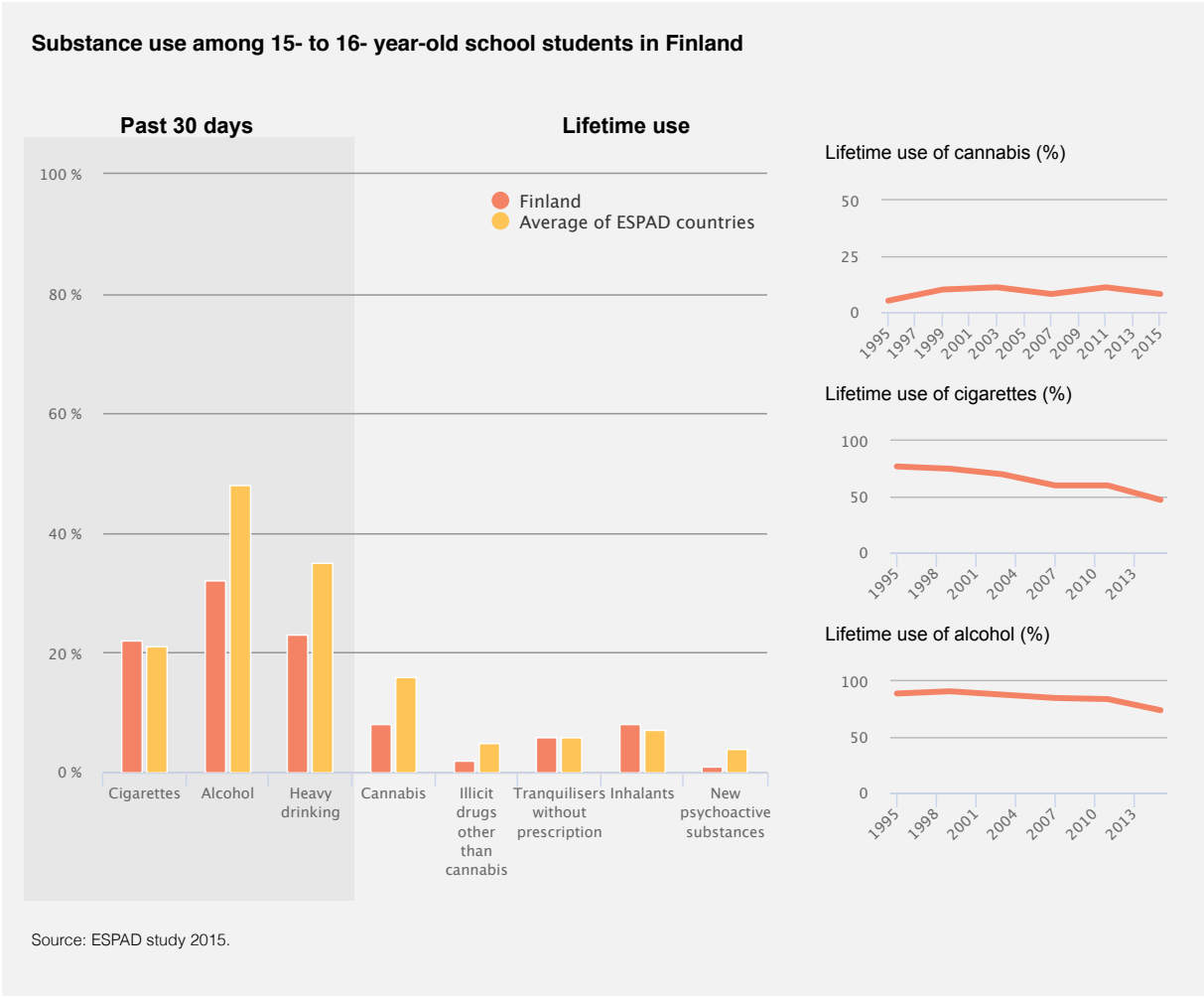






NB: Estimated last-year prevalence of drug use in 2014.

Data on drug use among 15- to 16-year-old students is reported by 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 new psychoactive substances are all below the ESPAD average (35 countries). In contrast to the cannabis use trend in the adult general population, it seems that experimentation with cannabis among 15- to16-year-old students decreased over the period 2011-15.



Source: ESPAD study 2015.

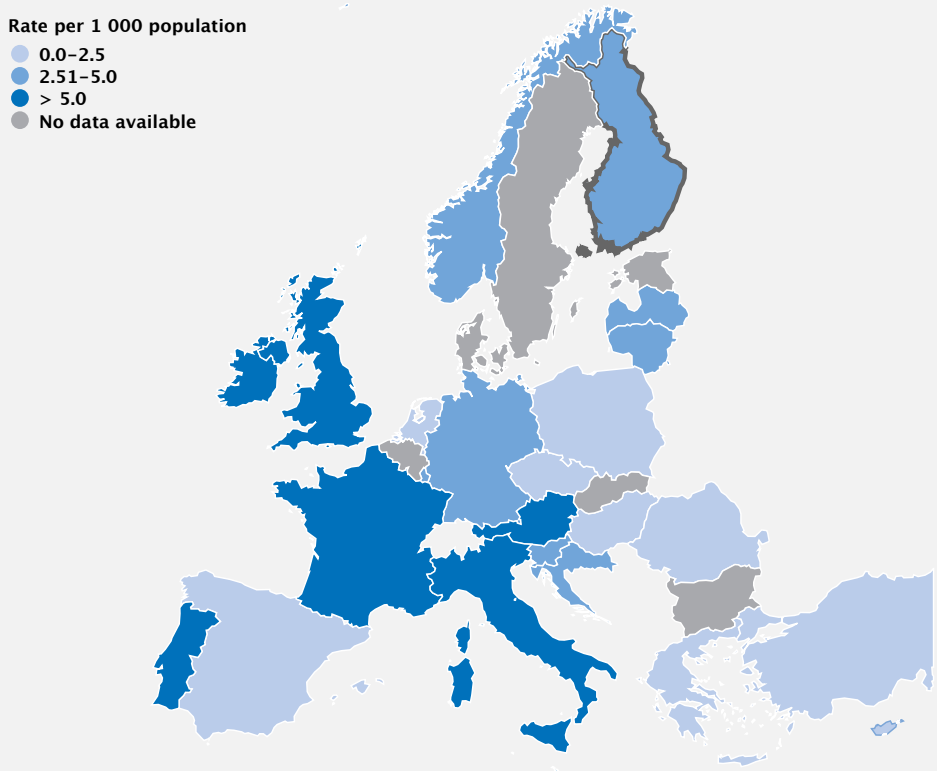
High-risk drug use and trends

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

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 amphetamine users are very similar; moreover, a significant proportion of high-risk users use both substances.

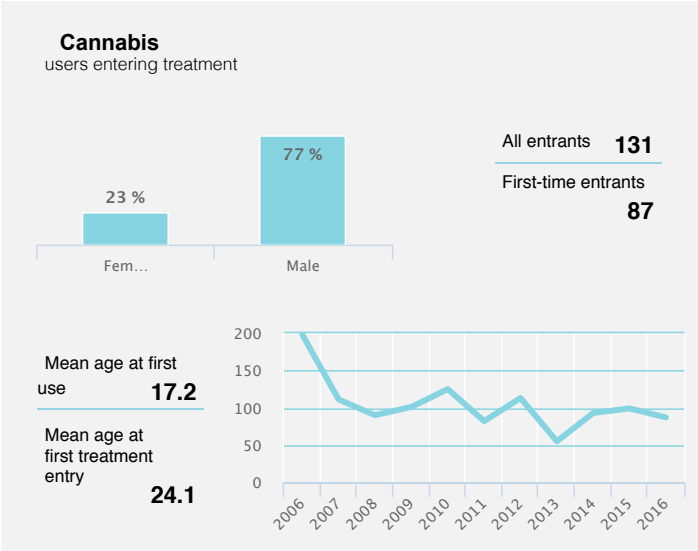
Opioids are the principal drug associated with specialised treatment demand among all clients entering treatment, and treatment is mainly sought for primary use of buprenorphine. However, this is often used together with other licit or illicit substances. Cannabis is the main reason for seeking treatment among clients entering treatment for the first time. One third of treatment clients are female; however, this proportion varies by type of primary drug and by programme.

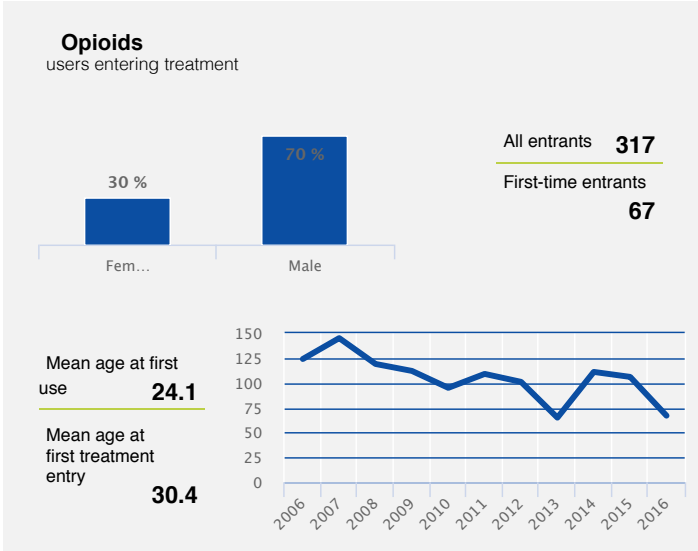
National estimates of last year prevalence of high-risk opioid use

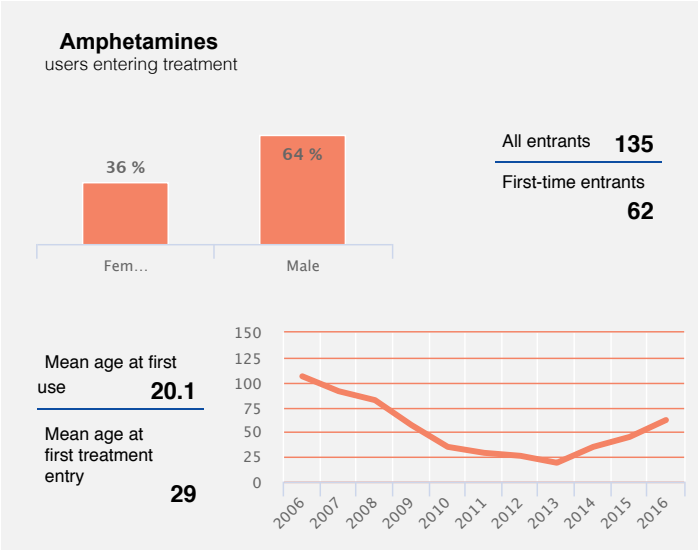


NB: Year of data 2016, or latest available year

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







NB: Year of data 2016. 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 National Institute for Health and Welfare, 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. The prevalence rate of HIV infection among a sample of people who inject drugs in needle and syringe programmes in 2014 was relatively low.

In recent years, annual numbers of reported new cases of hepatitis C virus (HCV) infection have fluctuated between 1 100 and 1 200. Of the cases with a known mode of transmission, the majority were linked to injecting drug use. Approximately three quarters of clients in the needle and syringe programme tested positive for HCV in 2014, and the prevalence was considerably higher among those older than 34 years.

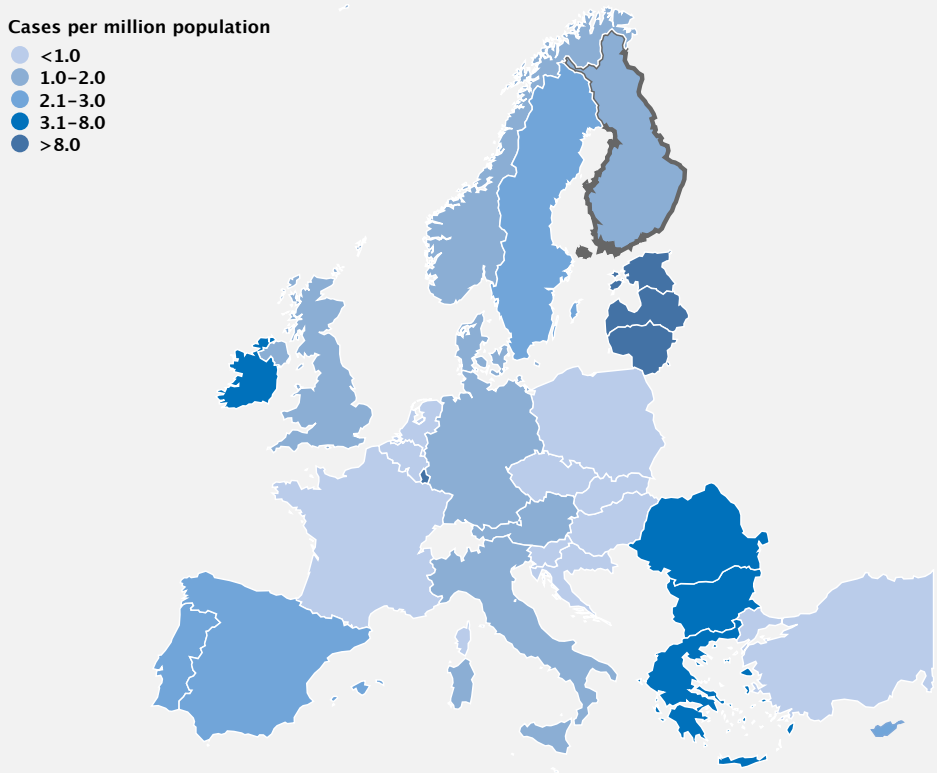
Prevalence of HIV and HCV antibodies among people who inject drugs in Finland (%)

region	HCV	HIV
National	:	:
Sub-national	74.02	1.2

Year of data: 2014

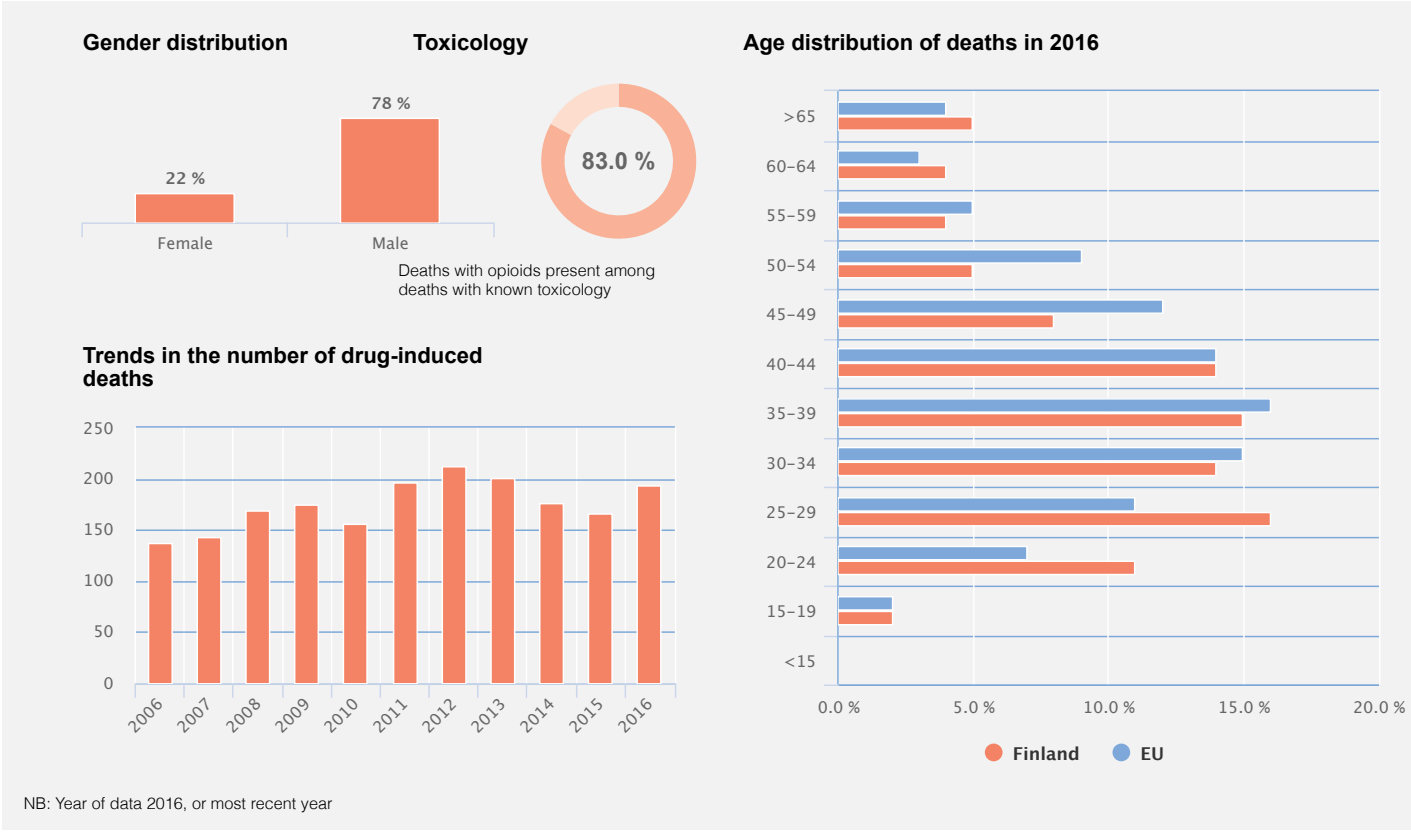
In general, there has been a significant decline in HIV and hepatitis B virus infections linked to injecting drug use in Finland over the last decade. However, the prevalence of HCV infection has remained fairly stable. It is believed that sharing injecting paraphernalia remains an important transmission route for HCV in Finland.

Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Finland



NB: Year of data 2016, or most recent year

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 licit and illicit substances. Patient records from the Helsinki Hospital District indicate that, in drug-related overdoses registered in 2014, gamma-hydroxybutyrate (GHB) and gamma-butyrolactone (GBL) were the substances found most frequently, followed by opioids and other psychoactive substances.

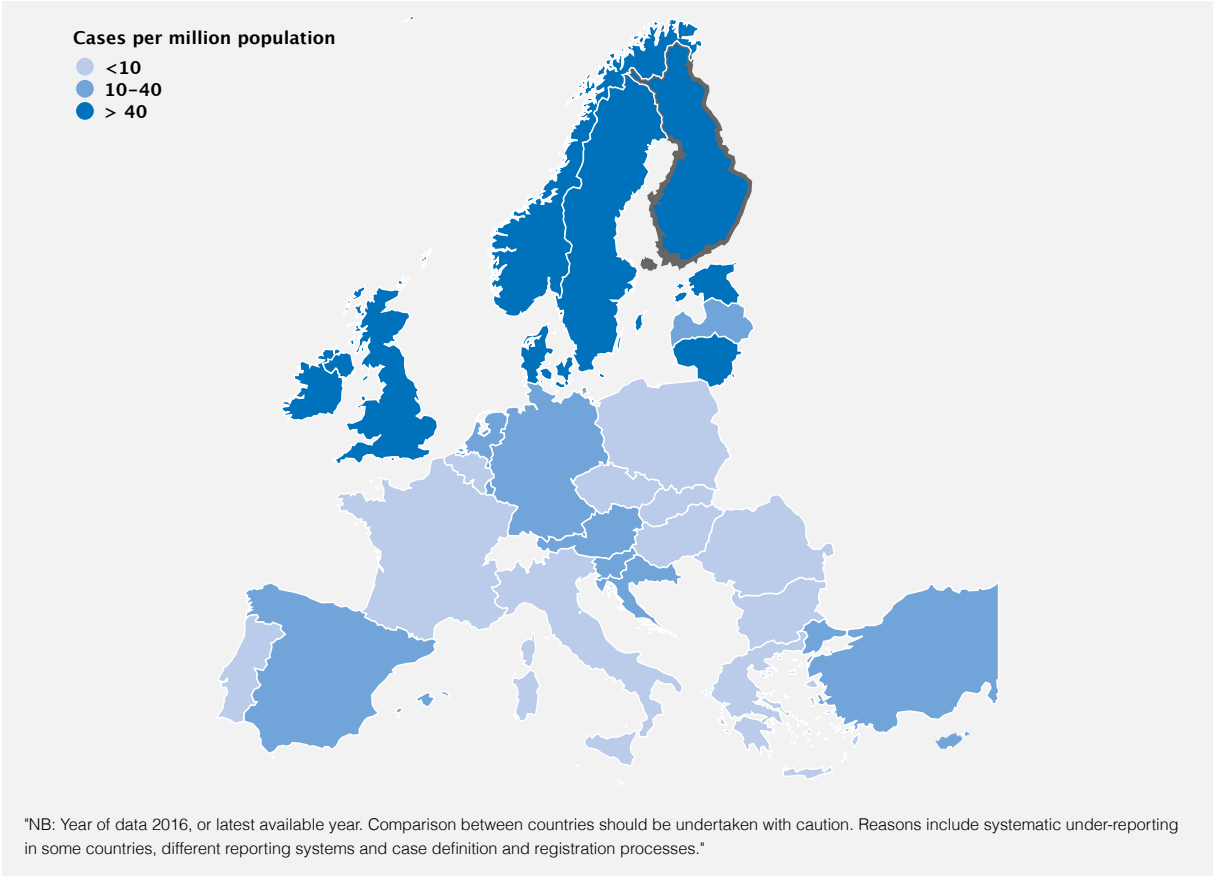
Drug-induced deaths and mortality

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

In 2016, data from the general mortality register indicated a slight rise in the number of reported drug-induced deaths compared with 2015. In the period 2006-12, the number of drug-induced deaths generally increased, before decreasing in 2013-15. Toxicological data indicate that buprenorphine, usually in combination with alcohol or benzodiazepines, was involved in the majority of deaths. In 2016, the majority of the victims were male. In 1 out of 8 deaths, a new psychoactive substance, such as alpha-PVP, MDPV and various synthetic opioid derivatives, was detected in the post-mortem toxicological analyses.

The latest European average drug-induced mortality rate among adults (aged 15-64 years) was 21.8 deaths per million. In Finland, this rate was 53.1 deaths per million in 2015. Comparison between countries should be undertaken with caution. Reasons include different reporting systems and case definition and registration processes, as well as under-reporting in some countries.

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



"NB: Year of data 2016, or latest available year. 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."

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 National Institute for Health and Welfare, with local governments focusing on practical measures and the coordination of activities. Each municipality is required to name a party responsible for coordinating local preventive actions. The majority of municipalities have a prevention coordinator, while cross-sectoral working groups coordinate and supervise the implementation of actions.

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 substance use problems and indicated prevention focuses on at-risk individuals.

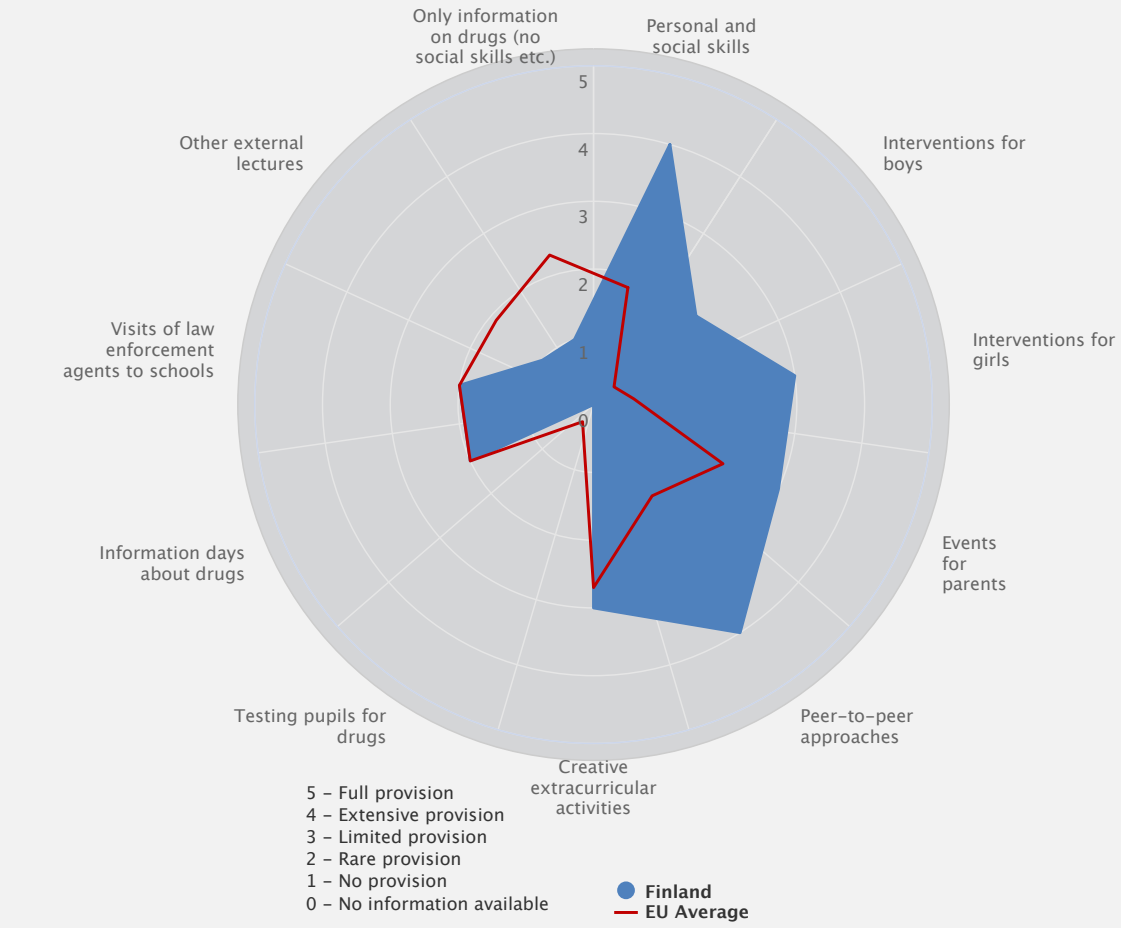
In Finland, environmental prevention encompasses activities to limit access to alcohol and tobacco for underage people. A new act on organising alcohol, tobacco, drugs and gambling prevention came into force at the end of 2015.

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.

Selective and indicated prevention activities mainly target school dropouts or young drug users and are implemented largely through health counselling centres, outreach youth work teams run by non-governmental organisations, 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 for providing information and self-help to high-risk populations.

Provision of interventions in schools in Finland



NB: Year of data 2015

Harm reduction

Finnish harm reduction services were established in the late 1990s and are implemented by municipal bodies. The 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 groups of drug users. Health counselling centres that provide sterile injecting equipment to prevent infectious diseases are located mainly in cities with more than 100 000 inhabitants and are available at 38 locations across Finland.

Harm reduction interventions

The key components of the Finnish harm reduction services are provision of injecting equipment; rapid, anonymous point-of-care testing for human immunodeficiency virus infection and provision of vaccination; referral to treatment services; case management; and provision of information on drug-related diseases and risks, such as overdoses.

According to the available data, the number of clients using needle and syringe programmes at health counselling centres almost doubled over the period 2001-15, and the number of syringes given out also increased. 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. Vaccination against hepatitis A and B viruses is free for people who inject drugs (PWID) 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 first national hepatitis C virus strategy, for 2017-19, was adopted in 2016; it aims to increase access to treatment with direct-acting antivirals.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

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 opioid substitution treatment (OST).

Municipalities organise treatment services based on their own needs. Specialised services are mainly provided through outpatient care, short-term inpatient care, long-term rehabilitation care and support service units, as well as 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.

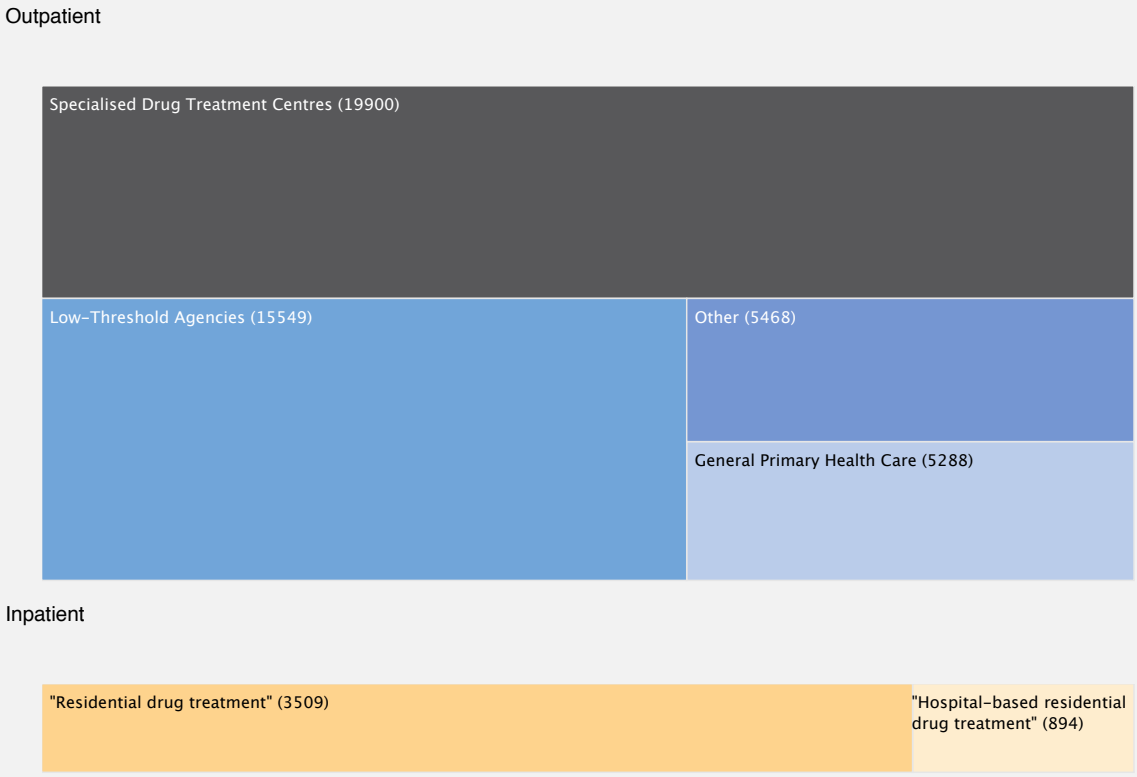
Drug treatment is mainly funded by the public budget of the communities; it is either free of charge or subject to a small customer fee. Inpatient treatment usually requires a payment guarantee from the social welfare office of the client's home municipality.

Outpatient services also include specialised outpatient services for young people and outpatient services for high-risk drug users. These provide an assessment of psychological 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, buprenorphine and buprenorphine-naloxone combinations are used in OST treatment.

Drug treatment in Finland: settings and number treated



NB: Year of data 2015

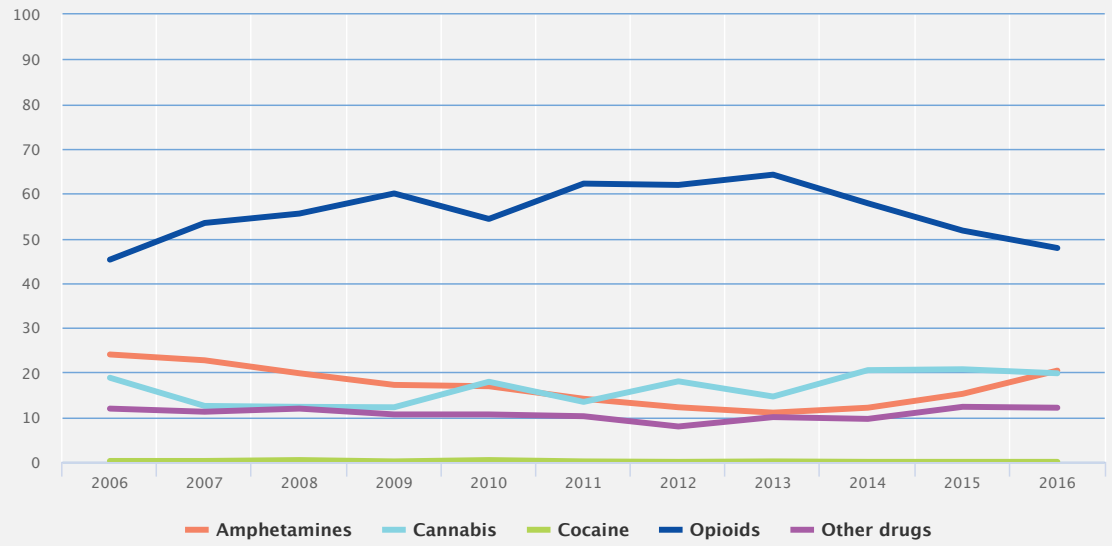
Treatment provision

In Finland, according to the 2016 census of substance treatment facilities, the majority of clients received treatment in outpatient settings. Most clients in inpatient care received non-hospital-based residential drug treatment through social sector institutions.

In 2016, clients whose primary problem drug was an opioid (mainly injected buprenorphine) constituted the largest group, accounting for approximately half of all treatment clients in Finland. However, the number of primary opioid clients entering drug treatment decreased by 40 % between 2009 and 2016. 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 substances remain common.

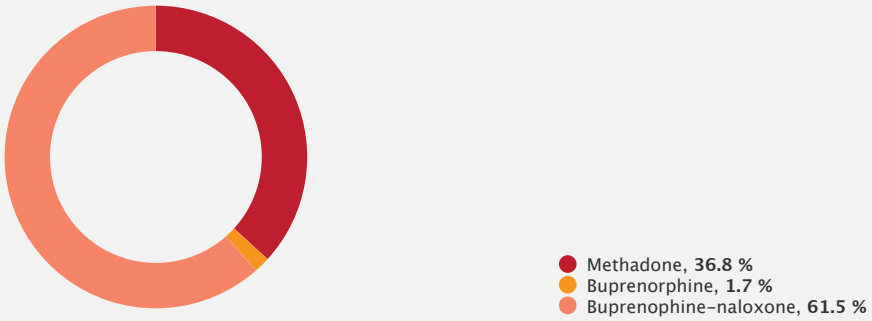
Around 3 320 people received OST in Finland in 2015; the majority received buprenorphine-naloxone combinations.

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

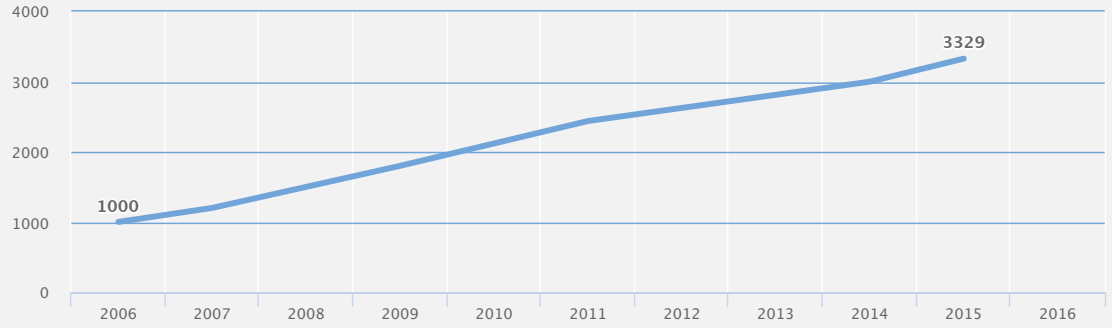


NB: Year of data 2016.

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



Trends in the number of clients in OST



NB: Year of data 2015.

Drug use and responses in prison

A 2010 study among prisoners in Finland indicated that the majority of Finnish inmates had 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. Another study, conducted in 2010, indicated low levels of drug use while in prison: around 1 % of prisoners reported having begun to use drugs in prison and 4 % reported continuing their existing substance abuse habit while in prison. Around half of inmates in Finland have been infected with the hepatitis C virus.

The Finnish national drug strategy emphasises the need to increase 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 National Institute for Health and Welfare, is responsible for the healthcare of remand prisoners and convicts. In 2016, the responsibility for healthcare in prison was transferred from the Ministry of Justice to the Ministry of Health and Social Affairs, and the National Supervisory Authority for Welfare and Health guides, monitors and manages the healthcare sector.

Drug treatment services in prisons are guided by the substance use 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 treatment provided by healthcare services consists of treatment of substance-related illnesses, substance-related psychiatric treatment and opioid substitution treatment (OST). OST may be initiated in prison. Substance use rehabilitation in prison includes individual and group counselling, overdose prevention and preparation for release. Drug-free environments are also available. Substance use rehabilitation is managed by specially trained personnel.

Communicable disease prevention and control is undertaken in prisons through health education and harm reduction responses. Finnish prisons make available condoms as well as disinfectants for cleaning needles and syringes.

Quality assurance

In Finland, quality assurance-related objectives can be found in both government resolutions and instructions and in 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 preventive 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. It is planned to publish quality guidelines for low-threshold service centres, namely needle exchange programmes, in 2018.

The National Institute for Health and Welfare (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. THL maintains a regional developer network for substance abuse and disseminates best practices in the field.

The National Supervisory Authority for Welfare and Health (Valvira) issues permits for the operation of inpatient facilities and for healthcare professionals; however, this accreditation is not specific to certain kind of clients or programmes.

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

Drug-related research

Finland first placed an emphasis on drug-related research in the 1990s, as experimentation with 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, data collection and research. The leading actors in this area include the National Institute of Health and Welfare (THL) and several university departments. The state budget and the Academy of Finland are their main funding sources. The Helsinki Office of the Nordic Welfare Centre also plays an important role in promoting and supporting research cooperation among Nordic countries. The main channels for disseminating research findings are the THL website, scientific journals (both national and international) and thematic internet portals.

Many recent drug-related studies have been based on regular data collection and monitoring, implementing population-based surveys to analyse drug use and its consequences, including population surveys and toxicological analysis, particularly post-mortem toxicology and wastewater studies. Recently, research on the characteristics and consequences of polydrug use has also been implemented.

Drug markets

The Finnish drug market is stable, with cannabis products remaining the illicit drugs most commonly seized by the law enforcement agencies, while amphetamines, MDMA/ecstasy and other synthetic psychoactive substances and narcotic pharmaceuticals remain important.

In general, the volumes of seizures fluctuate from one year to the next and are affected by the priorities of law enforcement agencies in addressing large-scale smuggling. 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

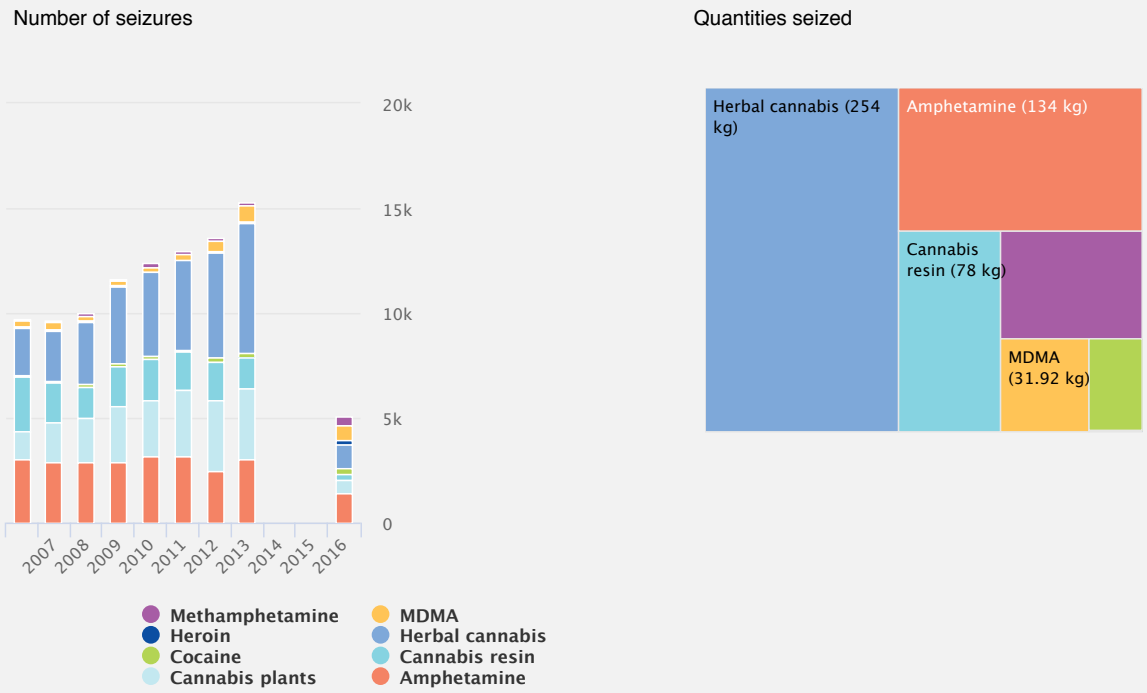
substitution medications, typically originating from Lithuania and France. In 2016, almost 74 000 Subutex (buprenorphine) tablets were seized in Finland.

Synthetic stimulants (amphetamines and MDMA) originating in Western Europe are brought into the country via Estonia, Lithuania, Sweden and, sometimes, Russia.

Since 2016, a reportedly rising threat is the trafficking of counterfeit Rivotril (which belongs to the class of benzodiazepines, containing Clonazepam, and is classified as a narcotic substance in Finland) from Central Europe to Finland, among other Nordic countries.

The increased availability of new psychoactive substances is one of the emerging trends on the Finnish drug scene, and they are usually ordered online from abroad. In recent years, concerns over an increase in the domestic cultivation of cannabis have been expressed.

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



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
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	21.5
Last year prevalence of drug use - all adults (%)	2014	6.8	0.3	11.1
All treatment entrants (%)	2016	19.8	1.0	69.6
First-time treatment entrants (%)	2016	35.4	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	254	12	110855
Number of herbal cannabis seizures	2016	1179	62	158810
Quantity of cannabis resin seized (kg)	2016	78	0	324379
Number of cannabis resin seizures	2016	298	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.4 - 20	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	15 - 20	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	10 - 20	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	0.8	0.9	4.9
Last year prevalence of use - young adults (%)	2014	1	0.2	4.0
Last year prevalence of drug use - all adults (%)	2014	0.5	0.1	2.3
All treatment entrants (%)	2016	0	0.0	36.6
First-time treatment entrants (%)	2016	0	0.0	35.5
Quantity of cocaine seized (kg)	2016	18.5	1	30295
Number of cocaine seizures	2016	263	19	41531
Purity (%) (minimum and maximum values registered)	2016	10 - 99	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	80 - 150	3.00	303.00
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	0.0	3.6
Last year prevalence of drug use - all adults (%)	2014	1.1	0.0	1.7
All treatment entrants (%)	2016	20.4	0.2	69.7
First-time treatment entrants (%)	2016	25.2	0.3	75.1
Quantity of amphetamine seized (kg)	2016	134	0	3380
Number of amphetamine seizures	2016	1418	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	1 - 100	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	15 - 50	2.50	76.00
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	7.4
Last year prevalence of drug use - all adults (%)	2014	1.1	0.1	3.6
All treatment entrants (%)	2016	0.3	0.0	1.8
First-time treatment entrants (%)	2016	0.8	0.0	1.8
Quantity of MDMA seized (tablets)	2016	127680	0	3783737
Number of MDMA seizures	2016	745	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	10 - 25	1	26.00
Opioids				
High-risk opioid use (rate/1 000)	2012	4.1	0.3	8.1
All treatment entrants (%)	2016	47.8	4.8	93.4
First-time treatment entrants (%)	2016	27.2	1.6	87.4
Quantity of heroin seized (kg)	2016	0.3	0	5585
Number of heroin seizures	2016	146	2	10620

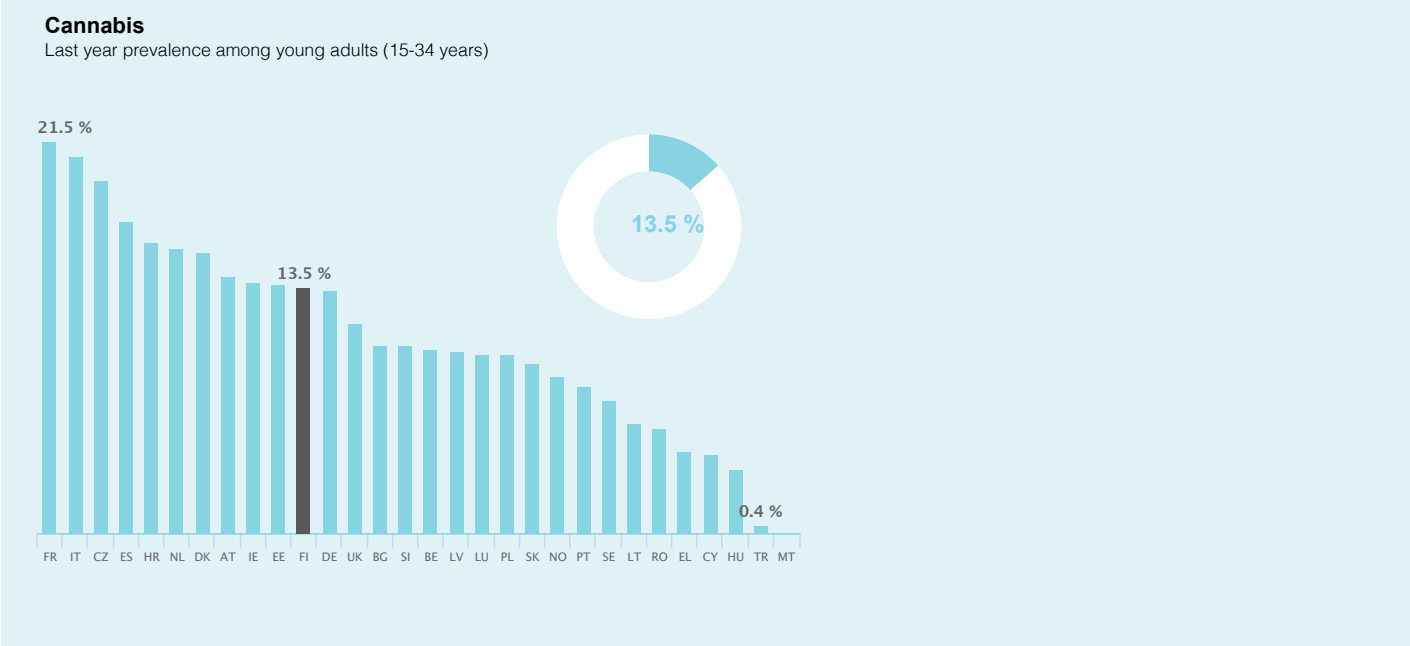
Purity - heroin (%) (minimum and maximum values registered)	2016	19 - 68	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	100 - 200	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	1.1	0	33.00
HIV prevalence among PWID* (%)	n.a.	n.a.	0	31.50
HCV prevalence among PWID* (%)	n.a.	n.a.	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2012	4.6	0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2015	53.05	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	5781997	22	6469441
Clients in substitution treatment	2015	3329	229	169750
Treatment demand				
All entrants	2016	663	265	119973
First-time entrants	2016	246	47	39059
All clients in treatment	2015	19900	1286	243000
Drug law offences				
Number of reports of offences	2016	25075	775	405348
Offences for use/possession	2016	15715	354.00	392900

* PWID — People who inject drugs.

Data for Purity of MDMA available for powder: 1% - 99%"

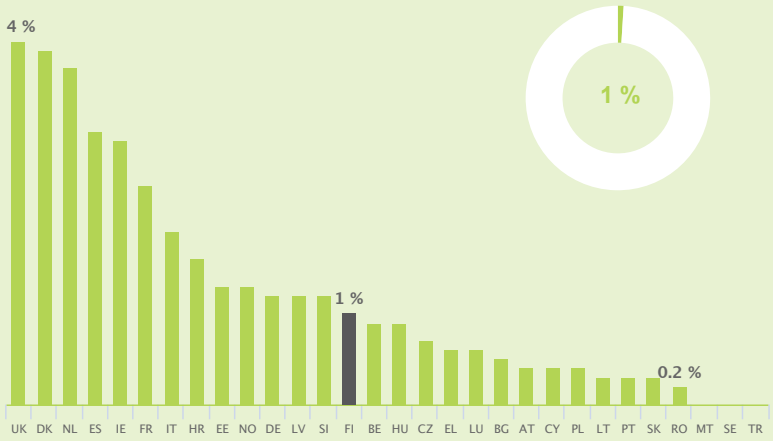
EU Dashboard

EU Dashboard



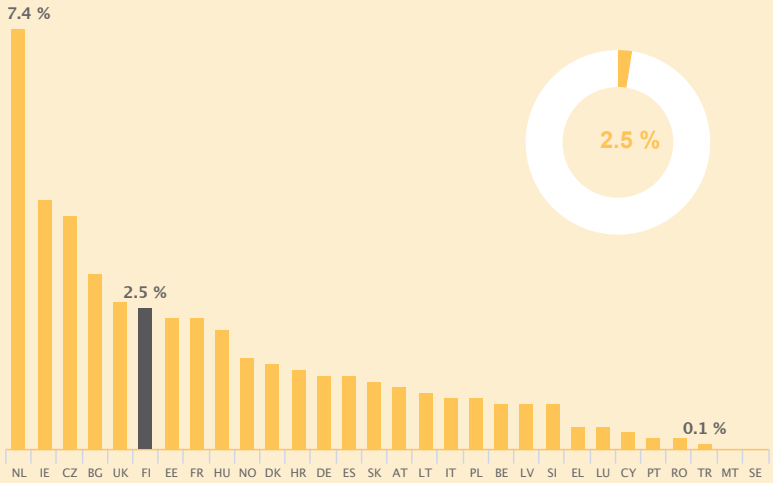
Cocaine

Last year prevalence among young adults (15-34 years)



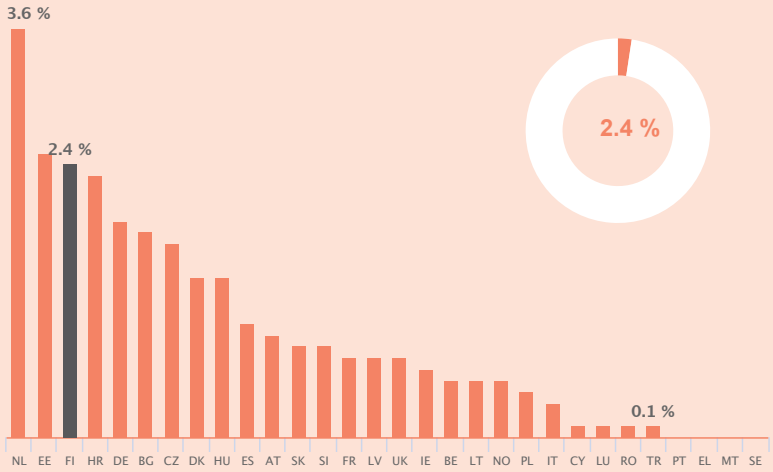
MDMA

Last year prevalence among young adults (15-34 years)



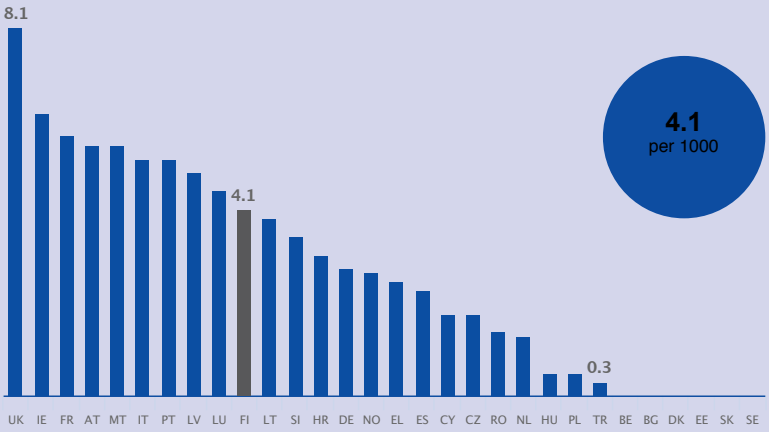
Amphetamines

Last year prevalence among young adults (15-34 years)



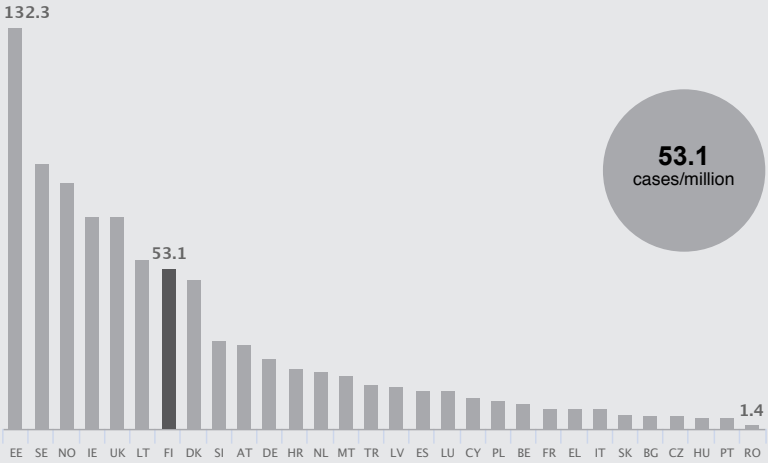
Opioids

High-risk opioid use (rate/1 000)



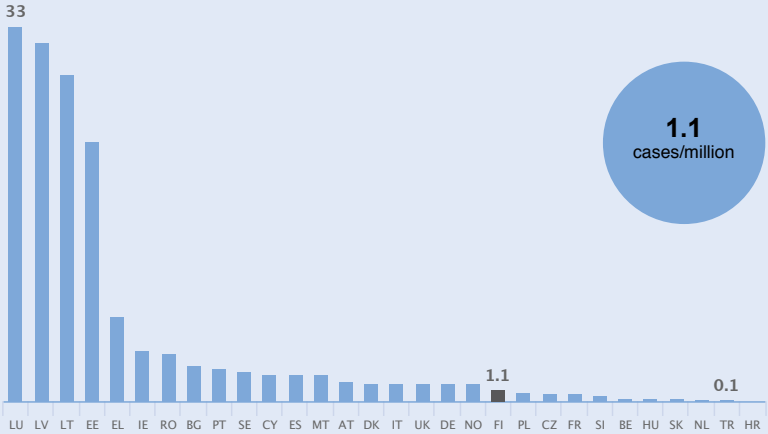
Drug-induced mortality rates

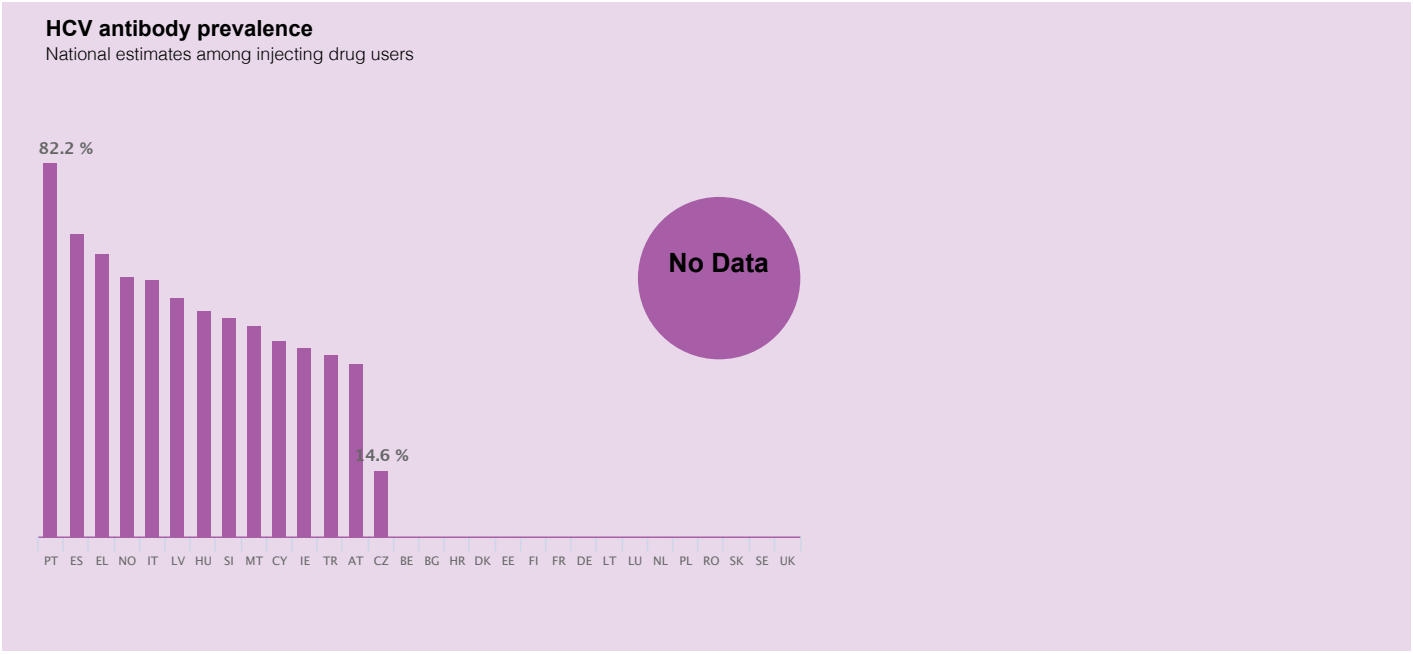
National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use





NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, di?erences may be due to reporting practices. Detailed information on methodology, qualifcations 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.

About our partner in Finland

The national focal point is hosted by the National Institute for Health and Welfare (THL).

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