

Finland

Finland Country Drug Report 2019



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 2017 (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 %

Gender	Percentage
Female	9 %
Male	17.9 %

Other drugs

MDMA	2.5 %
Amphetamines	2.4 %
Cocaine	1 %

High-risk opioid users

13 836

(12 700 - 15 090)

All treatment entrants

by primary drug

Cannabis	18 %
Opioids	51 %
Amphetamines	19 %
Cocaine	0 %
Other	12 %

Opioid substitution treatment clients

3 329

Syringes distributed

through specialised programmes

5 824 467

Overdose deaths

2017: **201**

Drug law offences

27 680

Top 5 drugs seized

ranked according to quantities measured in kilograms

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

New HIV diagnoses attributed to injecting

2017: **10**

Source: ECDC

Population

(15-64 years)

3 459 144

Source: Eurostat Extracted on: 18/03/2019

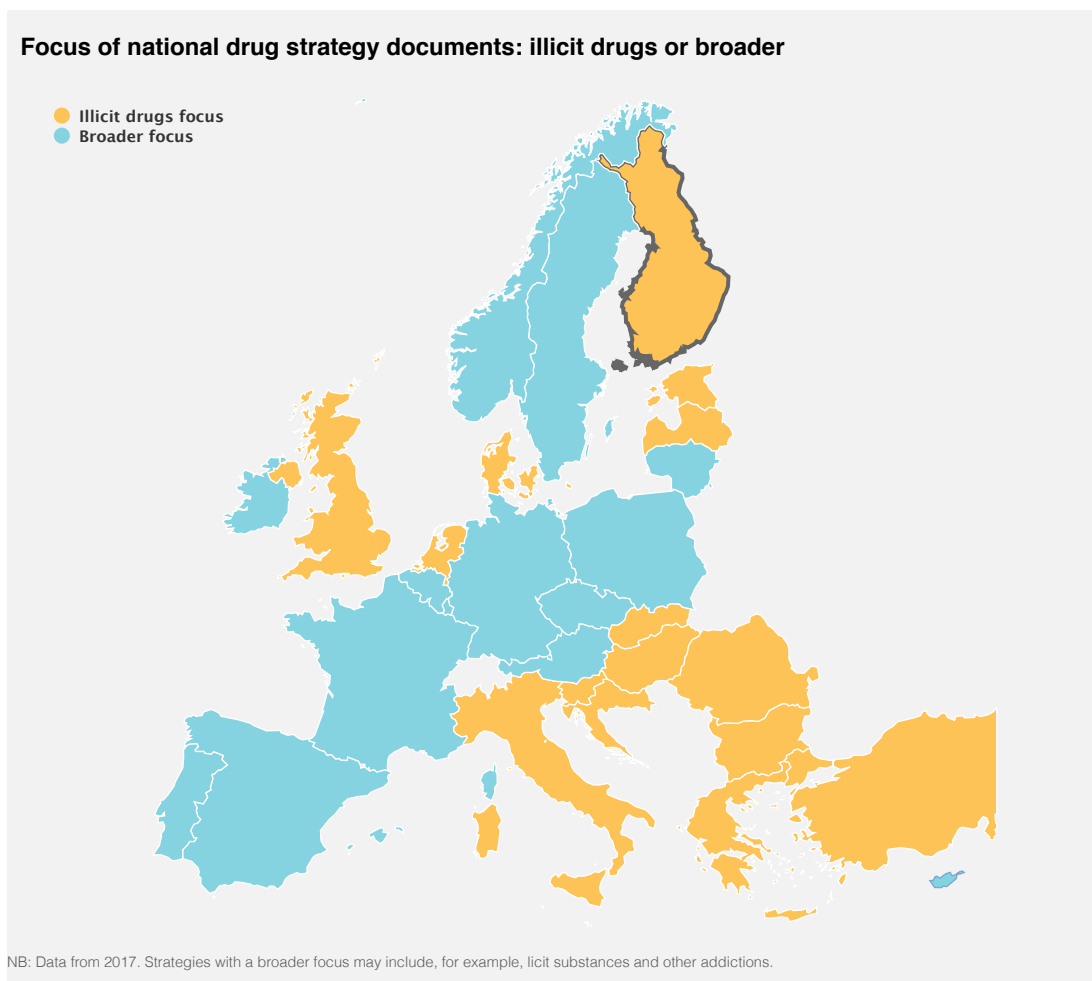
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations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

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 on-going 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 also undertaken.



National coordination mechanisms

In Finland, the National Drug Policy Coordination Group is responsible for interministerial 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

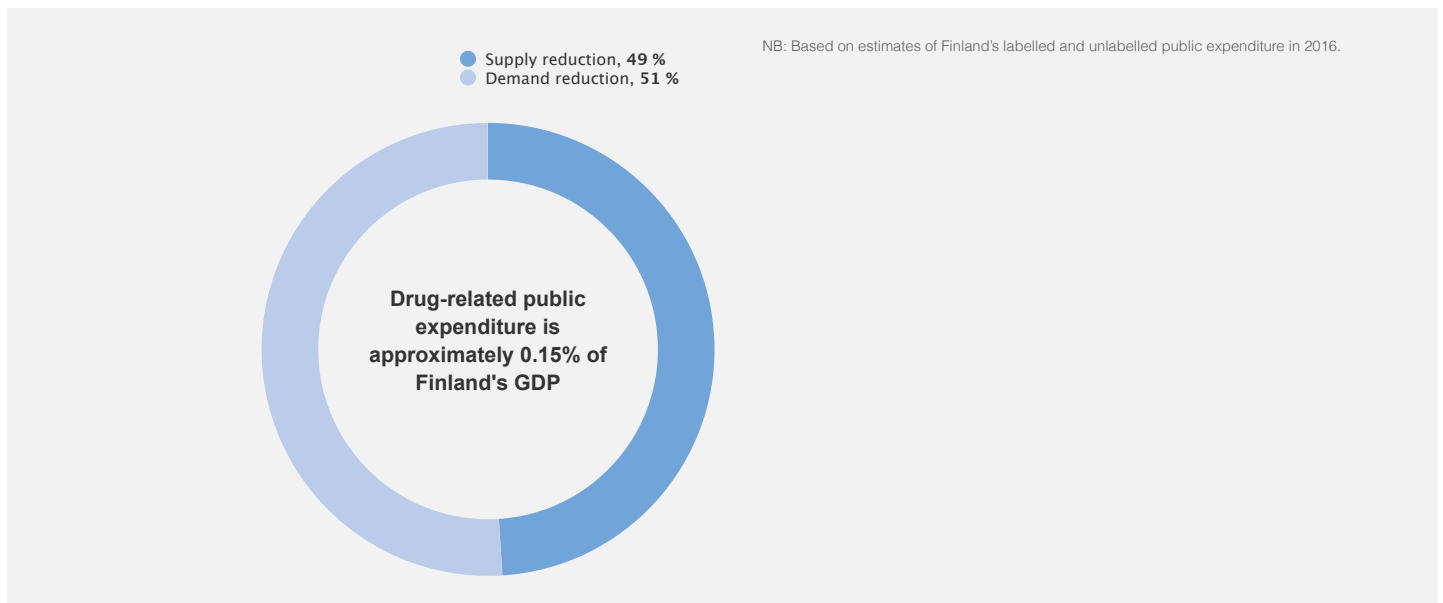
Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') 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 2016.

In 2016, estimates of total drug-related expenditure ranged between 0.11 % and 0.17 % of gross domestic product (GDP), averaging 0.15 % of GDP and amounting to approximately EUR 334.2 million. Around half the total drug-related expenditure was spent on social protection and healthcare, and the remaining budget on public order and safety.

In 2016, drug-related expenditure as a proportion of GDP decreased slightly compared with 2013.

Public expenditure related to illicit drugs in Finland



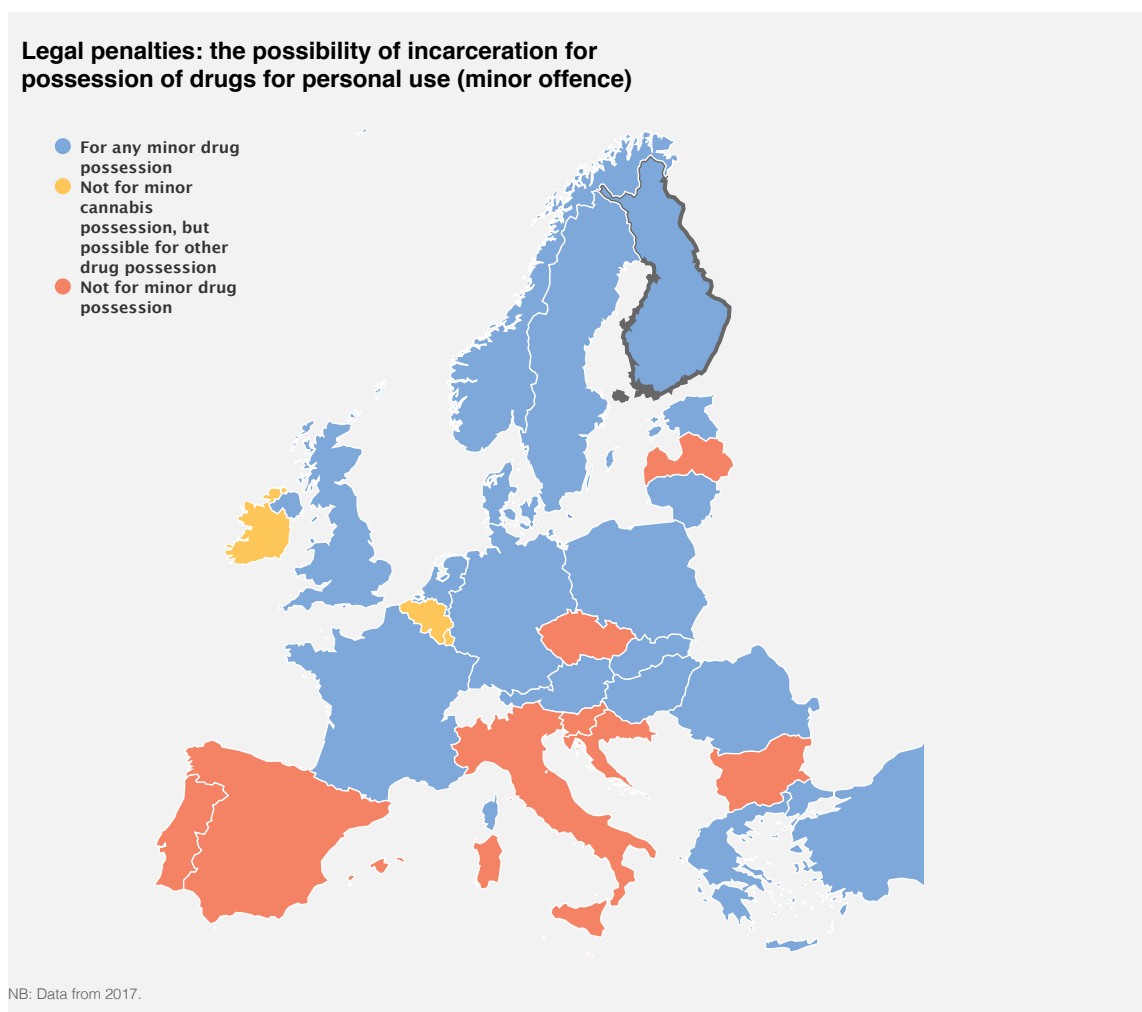
Drug laws and drug law offences

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 6 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. The penalties for a drug offence range from a fine to a maximum of 2 years' imprisonment, while an aggravated drug offence is punishable by 1-10 years' imprisonment. Aggravating circumstances 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 1 year in prison according to Chapter 44 of the Penal Code. Illegal import is classed as smuggling and thus punishable by up to 2 years in prison.



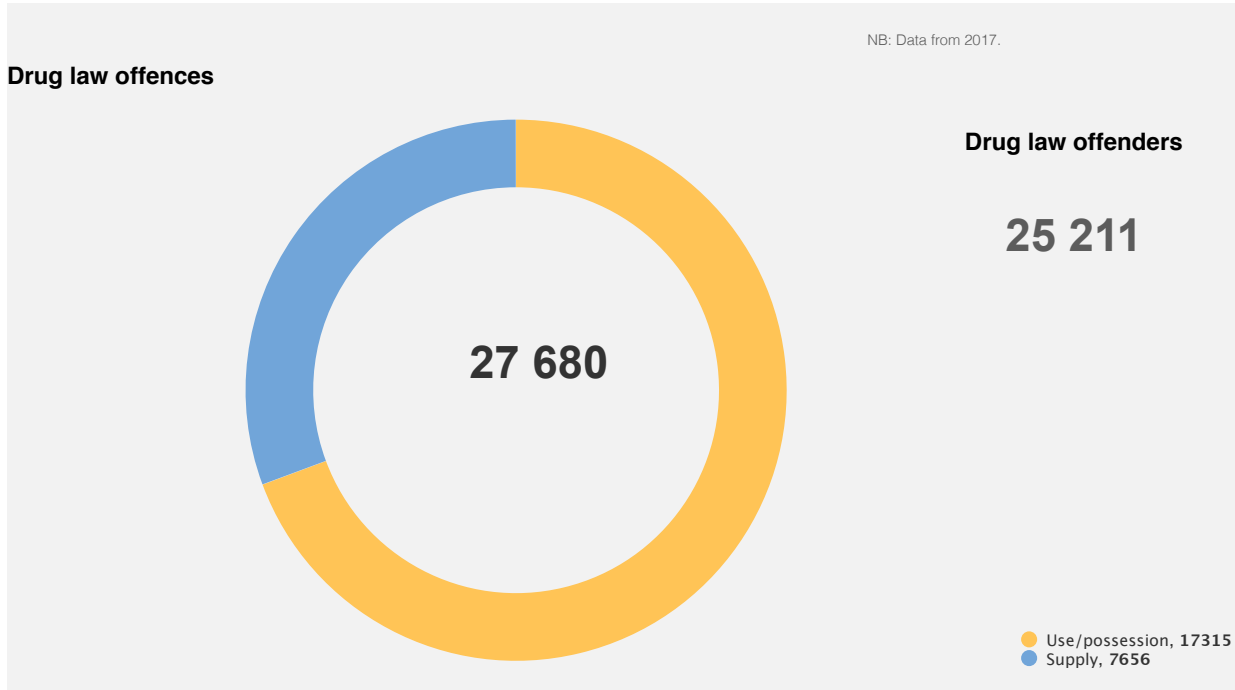
Drug law offences

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 2017, Finland reported an increase in the total number of DLOs, which continued a rising trend observed over the previous decade. Approximately 6 out of 10 DLOs were related to drug use or possession for personal use, and the data indicate a continuous increase in the proportion of these offences in recent years.

Reported drug law offences and offenders in Finland



Drug use

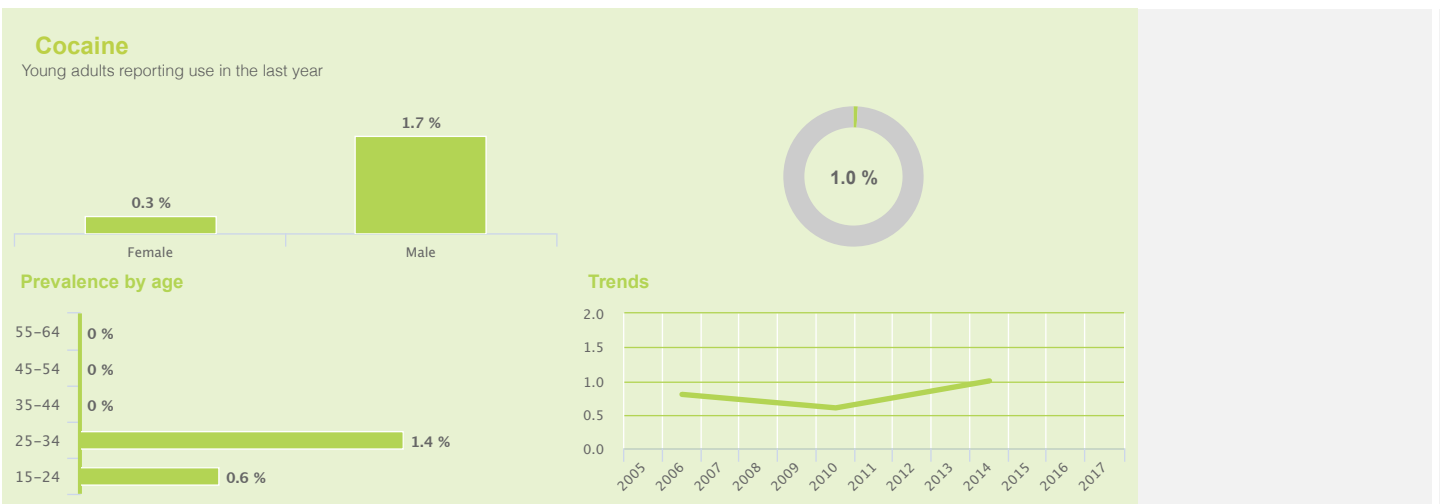
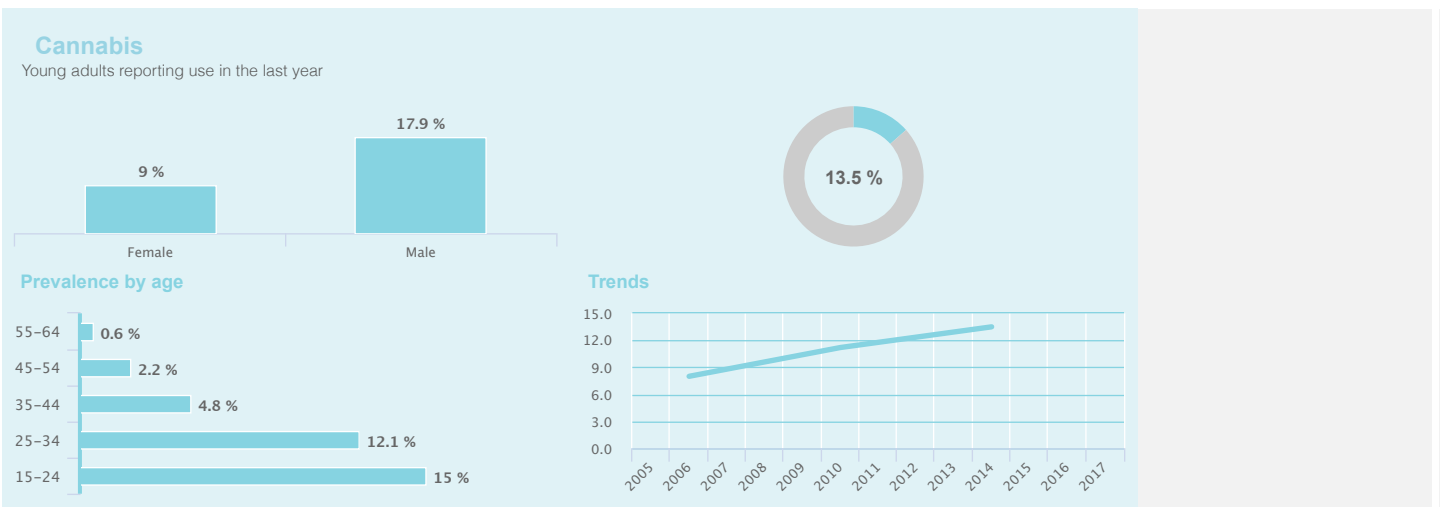
Prevalence and trends

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 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 15-34 years. In general, illicit drug use is more common among males than females.

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

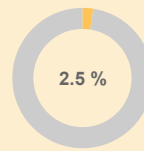
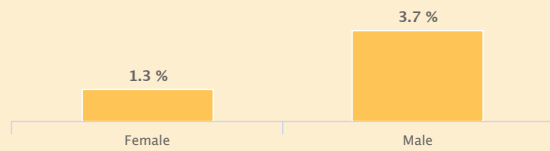
In Finland, wide-scale national wastewater studies have been performed since 2012. In 2018, 23 cities and surroundings (accounting for over half of Finnish population) participated in the study. The results have also been used in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). 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, a major increase in methamphetamine concentration was detected in several Finnish cities, including the capital area of Finland (Helsinki and Espoo) over the period 2015-16, with a subsequent decrease in 2017, and further in 2018. In 2018, the use of amphetamine, which has traditionally been the most common stimulant in Finland, was at the record level. The levels of cocaine metabolites remained low compared to many other European cities during the whole study period, indicating that the use of cocaine is limited, although with steady increase from 2012 to 2018, and particularly in Helsinki. The concentrations of MDMA increased until 2015 and then have been nationally stable.

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

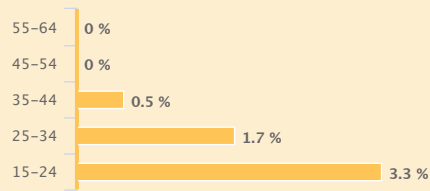


MDMA

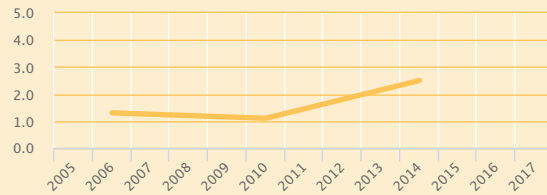
Young adults reporting use in the last year



Prevalence by age

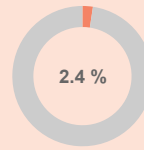
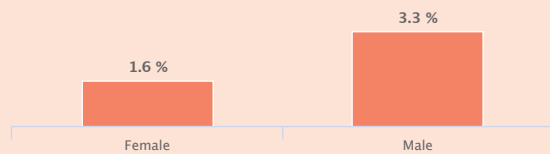


Trends

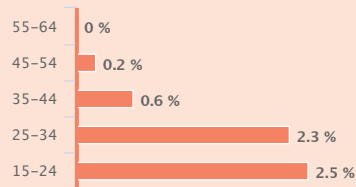


Amphetamines

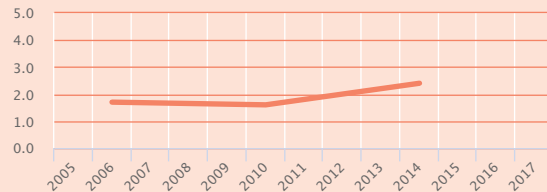
Young adults reporting use in the last year



Prevalence by age



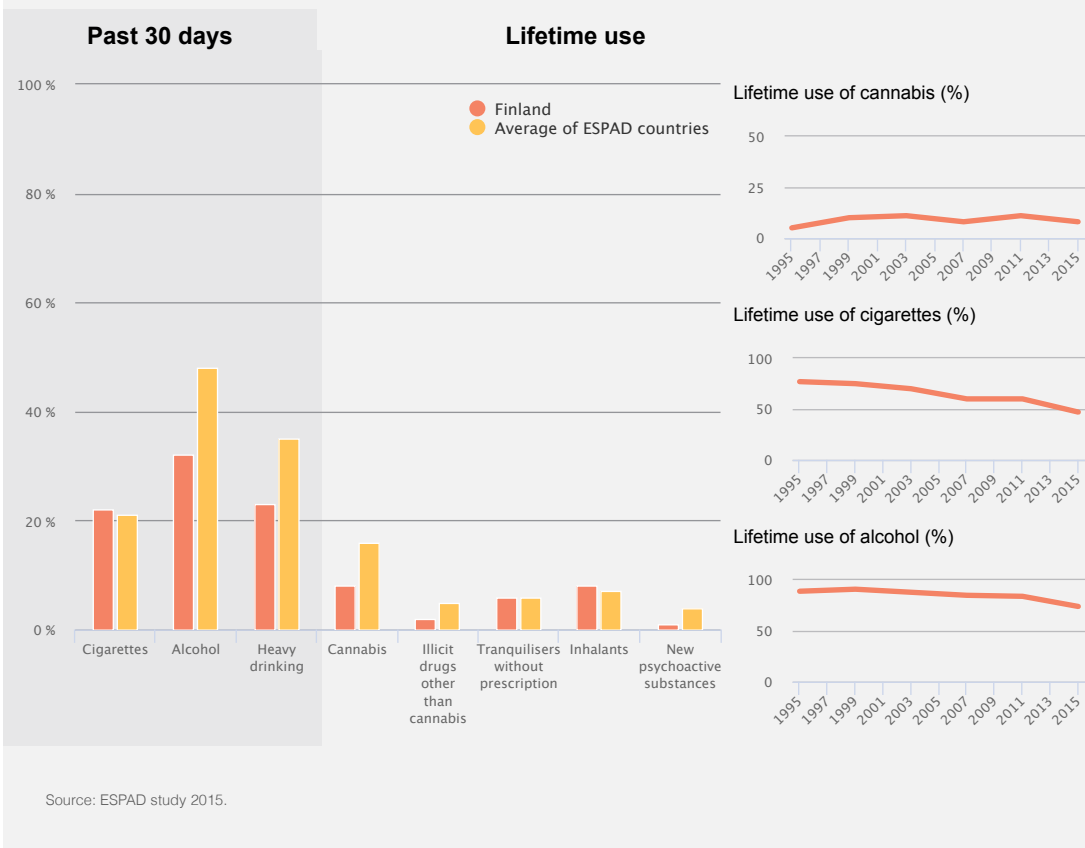
Trends



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

Data on drug use among 15- to 16-year-old students are reported by the European School Survey Project on Alcohol and Other Drugs (ESPAD) and the most recent results are from 2015. The survey has been conducted in Finland every 4 years since 1995. The results indicate that prevalence rates for lifetime use of cannabis, illicit drugs other than cannabis and new psychoactive substances are all below the ESPAD average (based on data from 35 countries). In contrast to the cannabis use trend in the adult general population, ESPAD data suggest that use of cannabis among 15- to 16-year-old students decreased over the period 2011-15.

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



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.

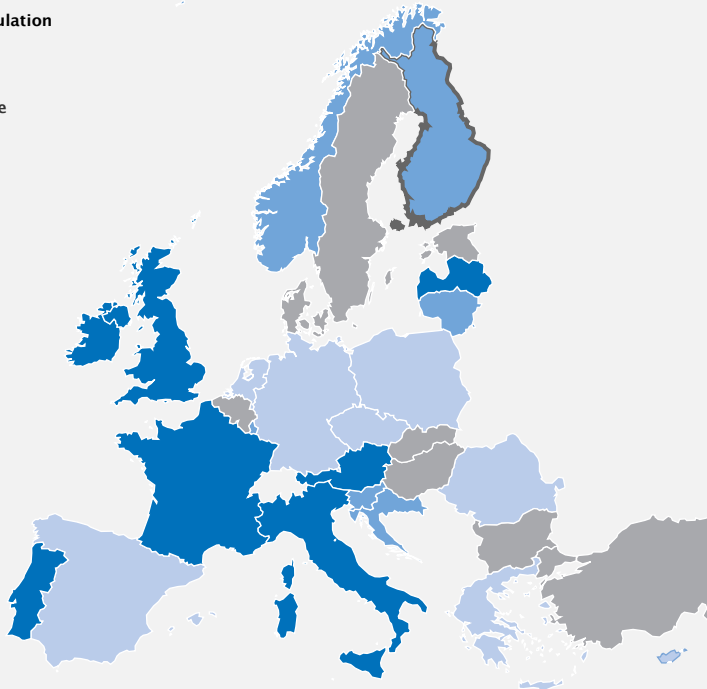
Opioids, mainly illegally sold buprenorphine, and amphetamines, both of which are injected, are the main substances linked to high-risk drug use in Finland. The estimated sizes of the populations of high-risk opioid and high-risk amphetamine users are very similar; moreover, a significant proportion of high-risk users use both substances.

Opioids are the main 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 and buprenorphine are the most frequent primary substances reported by those seeking treatment for the first time. One third of treatment clients are female; however, this proportion varies by type of primary drug used and by programme.

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

Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available

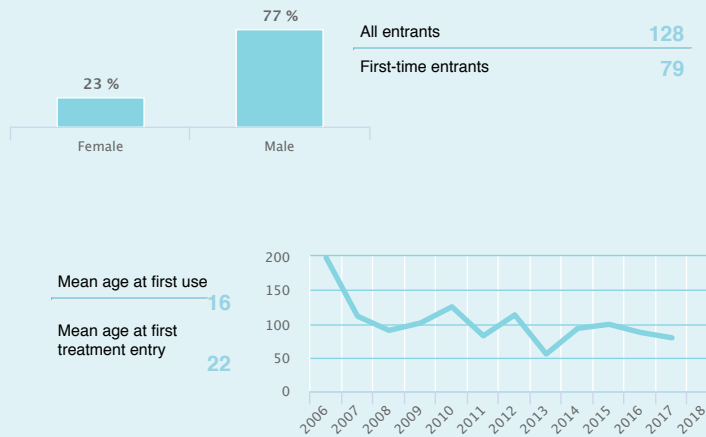


NB: Data from 2017, or the most recent year for which data are available.

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

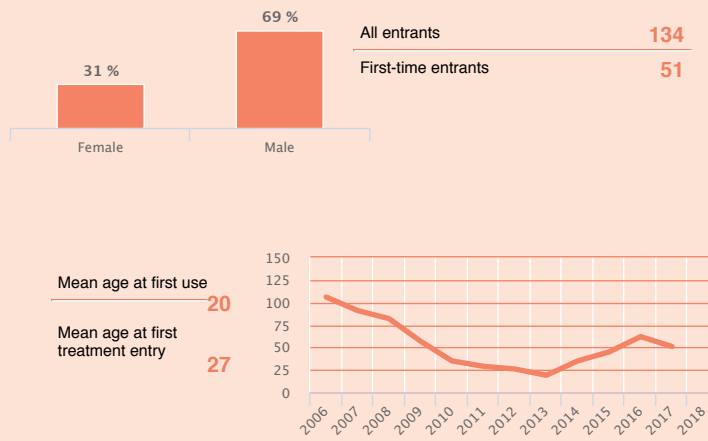
Cannabis

users entering treatment



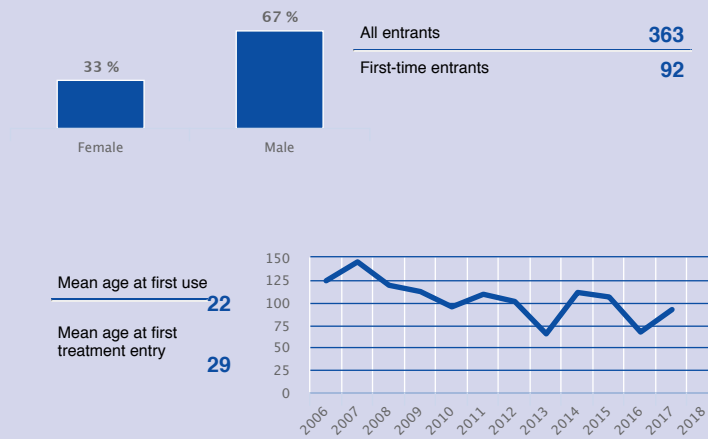
Amphetamines

users entering treatment



Opioids

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

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 among people who inject drugs (PWID) have remained stable in recent years, with 10 cases reported in 2017. The prevalence of HIV infection among a sample of PWID in needle and syringe programmes (NSPs) in 2014 was 1.2 %.

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

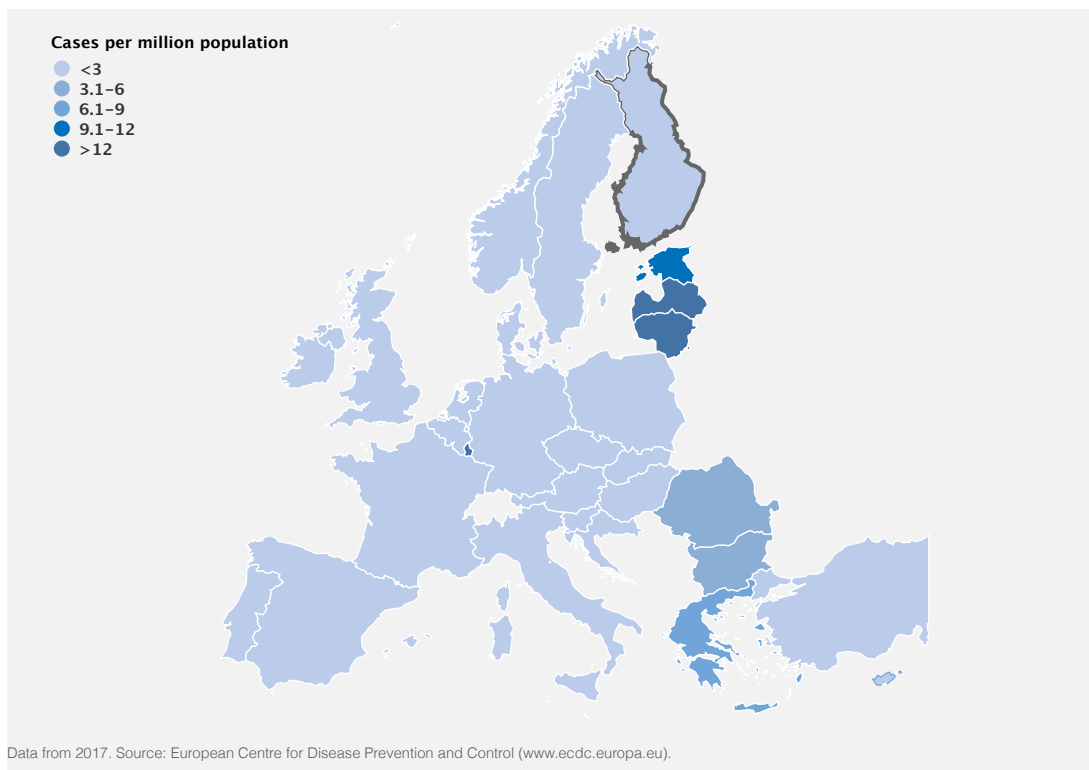
Region	HCV	HIV
National	:	:
Sub-national	74.02	1.2

Data from 2014.

In recent years, annual numbers of reported new cases of hepatitis C virus (HCV) infection have fluctuated between 1 100 and 1 200. Among the cases with a known mode of transmission, the majority are linked to injecting drug use, indicating that sharing of injecting equipment remains an important transmission route for HCV in Finland. Approximately three quarters of clients in the NSP tested positive for HCV antibodies in 2014, and the prevalence was higher among those older than 34 years.

Very few acute hepatitis B virus cases are reported in Finland. A decree on vaccination, passed in 2004, recommends free vaccination against hepatitis A and B viruses for PWID, their sexual partners and individuals living in the same household.

Newly diagnosed HIV cases attributed to injecting drug use



Drug-related emergencies

Data on drug-related acute emergencies in Finland originate from the Hospital Discharge Register data. The most recent data available are from 2014, when 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 indicated that, in drug-related overdoses registered in 2014, gamma-hydroxybutyrate (GHB) and gamma-butyrolactone (GBL) were the substances found most frequently, followed by opioids.

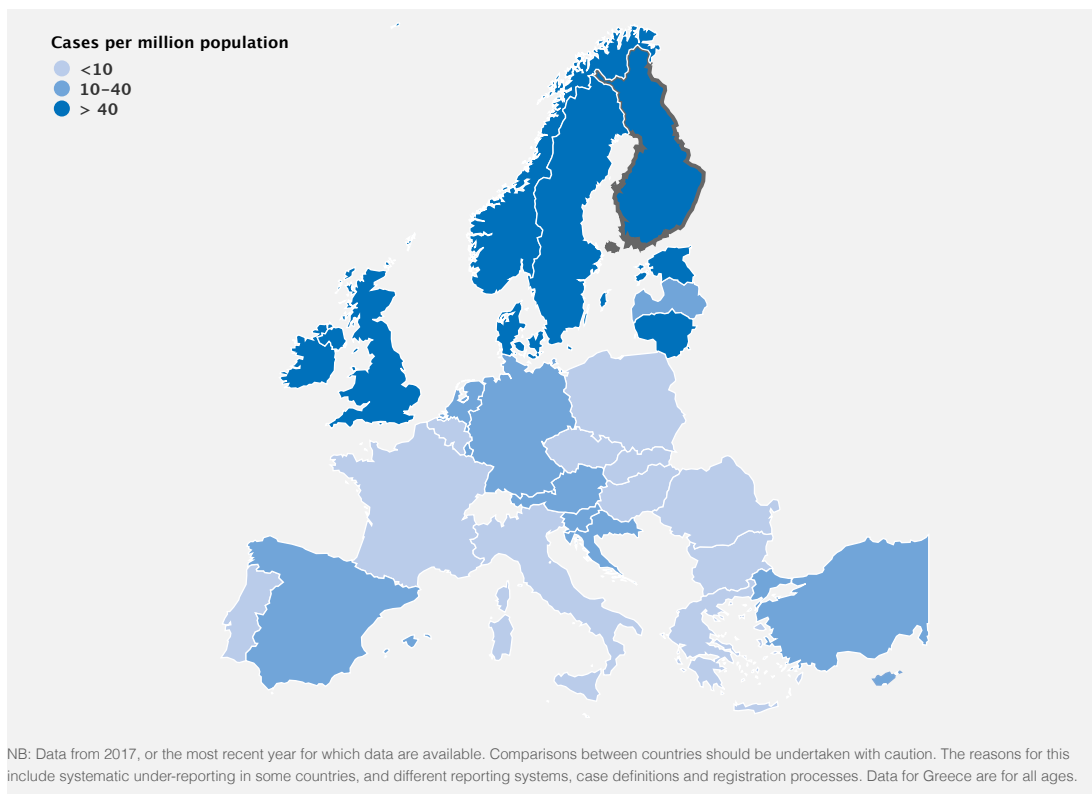
Drug-induced deaths and mortality

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

In 2017, data from the general mortality register indicated a slight increase in the number of reported drug-induced deaths compared with 2016. Toxicological data indicate that buprenorphine, usually in combination with alcohol or benzodiazepines, was involved in the majority of drug-induced deaths. In 2017, the majority of the victims were male. In one out of eight deaths, a new psychoactive substance (NPS), such as alpha-PVP, etizolam or various synthetic opioid derivatives, was detected in the post-mortem toxicological analyses. In 2016 and 2017, an NPS opioid, U-47700, was present in 10 deaths.

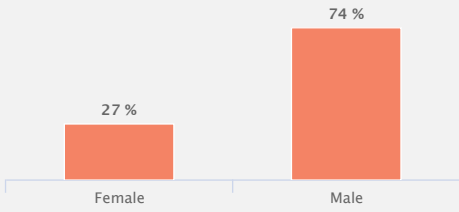
The latest European average drug-induced mortality rate among adults (aged 15-64 years) was 22 deaths per million. In Finland, this rate was 53 deaths per million in 2017. Comparisons between countries should be undertaken with caution. The reasons for this include different reporting systems, case definitions and registration processes, as well as under-reporting in some countries.

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

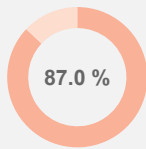


Characteristics of and trends in drug-induced deaths in Finland

Gender distribution

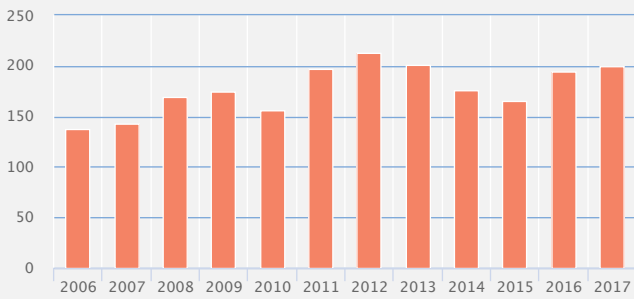


Toxicology

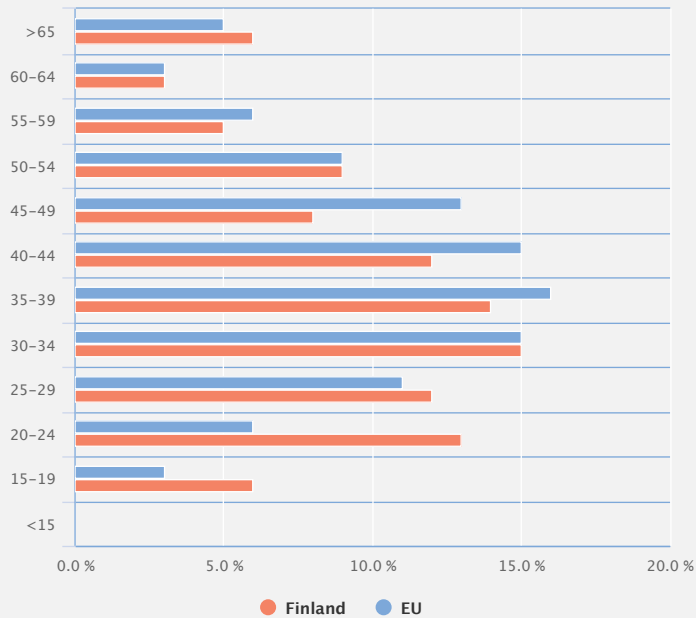


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



NB: Year of data 2017

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. The majority of municipalities have a prevention coordinator, while cross-sectoral working groups coordinate and supervise the implementation of actions. The government is currently working to restructure the organisation of health and social services and change the role of municipalities.

Non-governmental organisations (NGOs) are funded, to a large extent, by the profits of the national gambling monopoly, administered by the Funding Centre for Social Welfare and Health Organisations, operating under the Ministry of Health and Welfare. Gambling prevention is thus often integrated into the work of prevention-focused organisations.

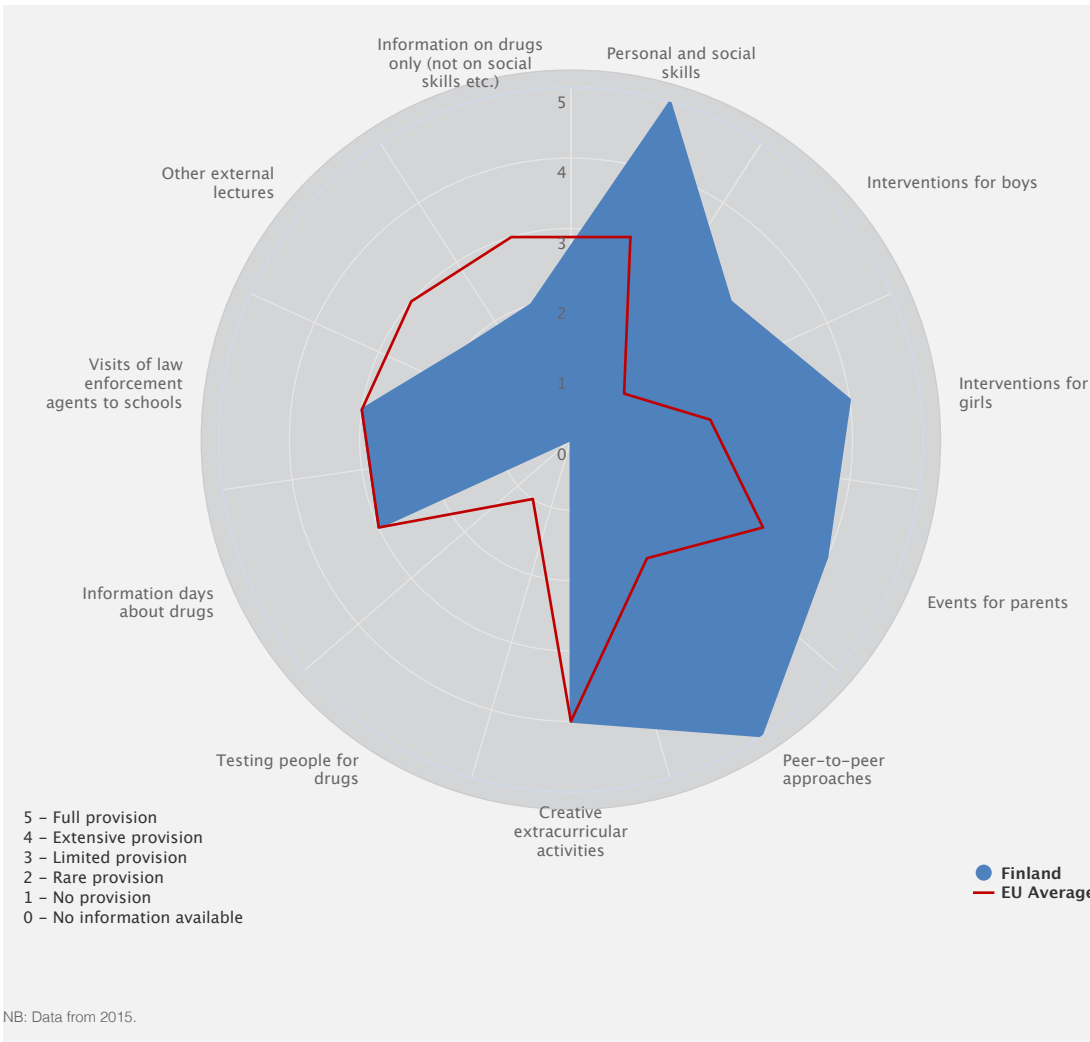
Prevention interventions

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 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 in schools by health and social services. All schools have a substance use prevention strategy. Supporting the development of cognitive, emotional and social life skills is a central component of both the national school curricula and the national prevention strategy. The decision on which preventive components are offered is made by each school; there are no criteria or quality standards for the different stakeholders implementing these. Manual-based prevention programmes in schools are rarely implemented, since the 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 people using drugs and are implemented largely through health counselling centres, outreach youth work teams run by NGOs, sheltered youth homes, rehabilitation units and workshops for young people. The family support centre Free from Drugs provides family-oriented substance use prevention services. In Finland, 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 (expert ratings)



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, which offer a combination of key interventions proven to reduce drug-related harms and cooperate closely with other providers. Services are contracted following competitive tender procedures, to optimise quality and cost-effectiveness. Some harm reduction activities are carried out at treatment units. Outreach work mainly involves street patrols 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. There are 41 separate health and social counselling centres for people who use drugs in 33 cities across Finland that provide harm reduction services.

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 (HIV) 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 (NSPs) at health counselling centres almost doubled over the period 2001-15, and the number of syringes given out has continuously increased. In 2017, 5.8 million syringes were given out, which equates to more than 350 clean syringes per person who injects drugs per year. 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. 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; the abstinence requirement for initiating treatment of hepatitis C was removed, aiming to increase access to treatment with direct-acting antivirals for PWID.

Availability 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	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	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

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 by municipalities or private service providers, working on either a profit or a non-profit basis. The majority of treatment is provided in specialised social services; however, increasing numbers of people receive drug and other substance use treatment within generic 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.

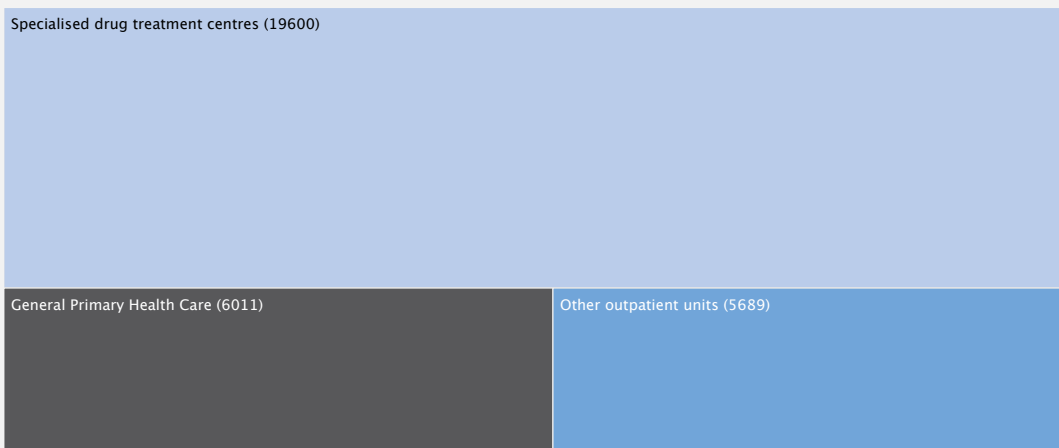
Outpatient services also include specialised services for young people and high-risk drug users. These provide an assessment of psychological and somatic status, counselling, individual, family or group therapy, referrals, detoxifications or OST. Short-term inpatient care refers to inpatient detoxification 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 with housing services providing outpatient drug treatment.

In addition, social support 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. However, the available treatment is often focused on the needs of opioid users. 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.

Drug treatment in Finland: settings and number treated

Outpatient



Inpatient



NB: Data from 2017.

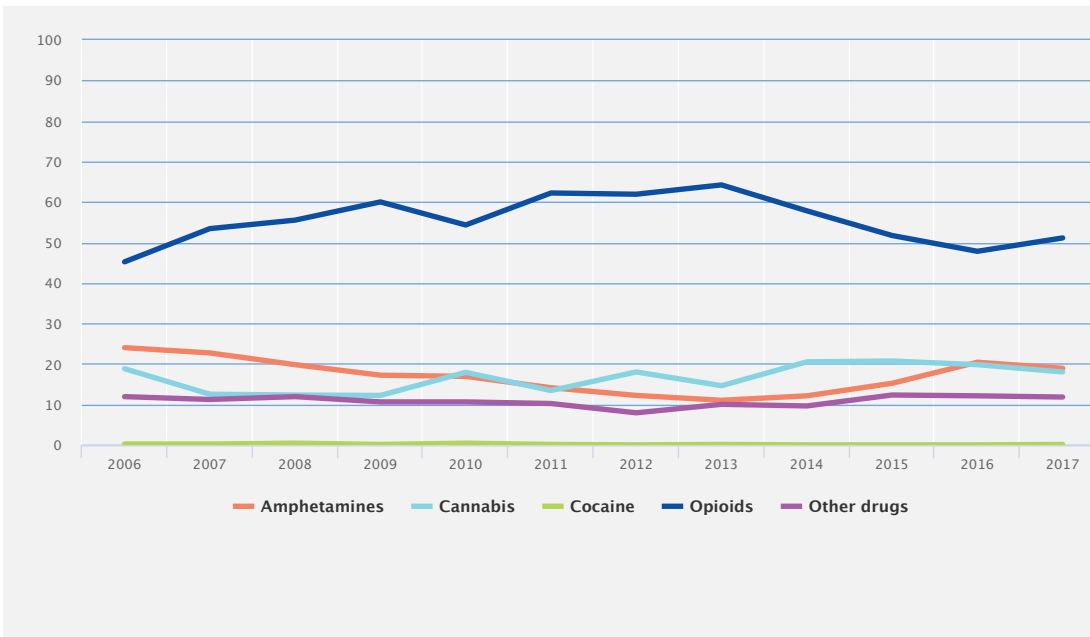
Treatment provision

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.

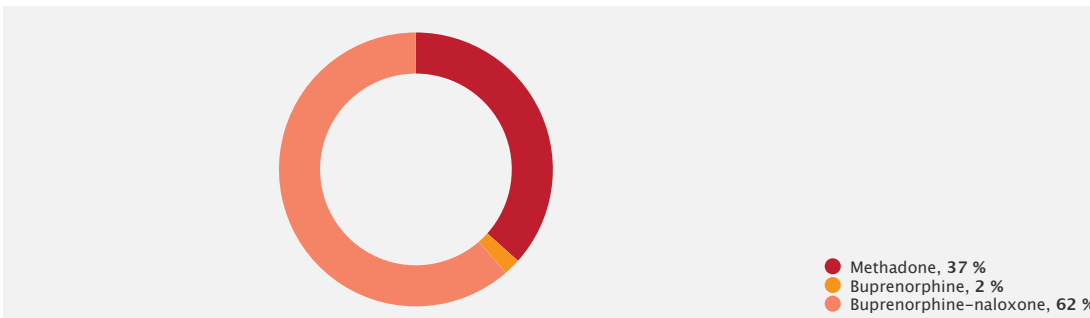
In 2017, clients whose primary problem drug was an opioid (mainly injected buprenorphine) accounted for approximately half of all clients entering treatment in Finland that year. Buprenorphine is the most common primary drug among clients in inpatient settings, but the least common among clients entering treatment in primary healthcare and other outpatient settings. In these settings, clients frequently seek treatment for the use of sedatives, benzodiazepines or multiple substances.

Around 3 293 people received OST in Finland in 2015; the majority received buprenorphine-naloxone combinations.

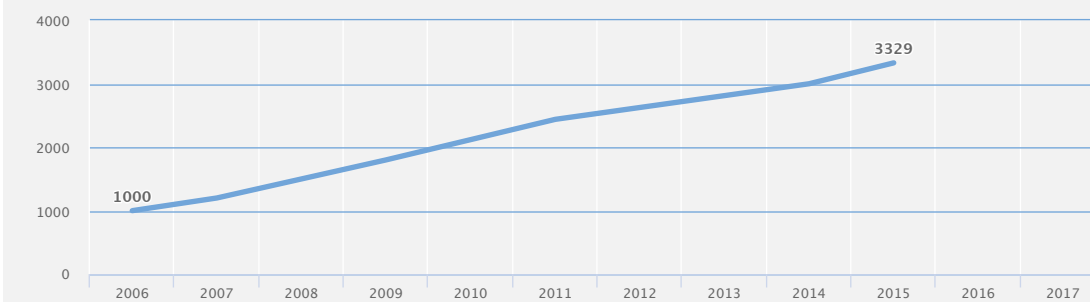
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Finland



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: Data from 2015.

Drug use and responses in prison

A 2010 study among prisoners in Finland found 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, also 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 use while in prison. Recently, indications of use of new psychoactive substances in prison have been reported. Around half of the inmates in Finland are infected with the hepatitis C virus and 1 % are infected with human immunodeficiency virus (HIV).

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. In 2017, there were 80-100 prisoners each day receiving substitution treatment. 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.

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 yet been made.

The development and implementation of demand reduction activities is guided by several types of instructions and recommendations, including guidelines on quality criteria for substance use prevention and quality recommendations for substance use services. The publication of quality guidelines for low-threshold service centres, namely needle exchange programmes, is planned for 2018.

The National Institute for Health and Welfare 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 maintains a regional developer network for substance abuse and disseminates best practices in the field, but it does not regulate municipalities or service providers.

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 kinds 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 programmes.

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 15 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 economic recession that occurred in Finland in the last decade impacted negatively on the resources available for research. The current Government Resolution on Drug Policy 2016-19 does not identify specific research priorities. Nevertheless, the current policy guidelines include a section on information, data collection and research.

The leading participants in this area include the National Institute for 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 and particularly post-mortem toxicology. Research on the characteristics and consequences of polydrug use has also been implemented, and in recent years wastewater studies have emerged.

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 misused 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. In recent years, concerns over an increase in the domestic cultivation of cannabis have been expressed.

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 2017, almost 25 000 Subutex (buprenorphine) tablets were seized in Finland. Synthetic drugs (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 from Central Europe to Finland and other Nordic countries. Rivotril belongs to the class of benzodiazepines that includes clonazepam, and is classified as a narcotic substance in Finland.

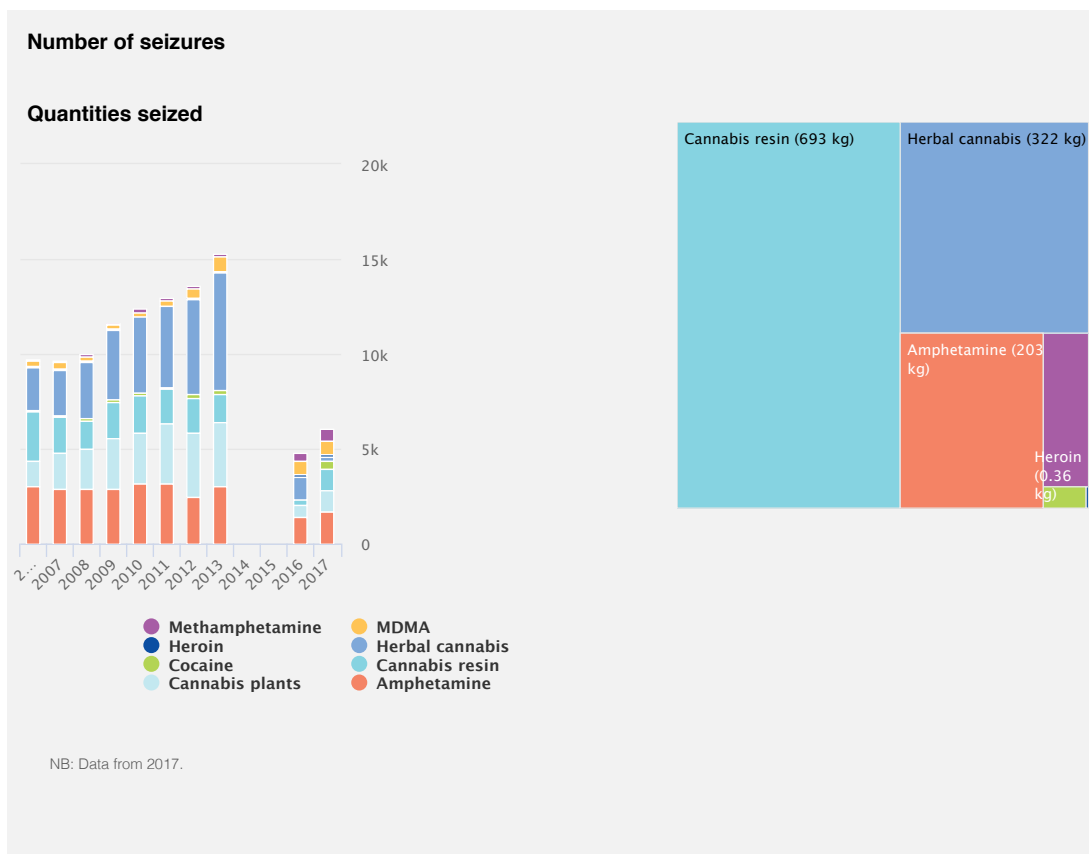
The increased availability of new psychoactive substances is one of the emerging trends on the Finnish drug scene, and they are usually ordered online from abroad.

Furthermore, seizures of cocaine have been increasing to some extent in recent years. Compared with other Nordic countries, the supply and use of cocaine and cocaine's share of the Finnish illegal drug market are still relatively low. International outlaw motorcycle gangs, with the cooperation of indigenous gangs, play a significant role in the supply of cocaine in Finland, among their other illegal drugs businesses.

Drug trafficking is combated through close cooperation between the Finnish Police, Customs and the Border Guard, aiming to seize drugs at the border. Control of the distribution of drugs and pharmaceuticals classified as drugs at the street level is part of the basic operations of the police. Other priorities include uncovering drug-related crime, such as money laundering, and recovering criminal proceeds.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	8.459	6.51	36.79
Last year prevalence of use — young adults (%)	2014	13.5	1.8	21.8
Last year prevalence of drug use — all adults (%)	2014	6.8	0.9	11
All treatment entrants (%)	2017	18	1.03	62.98
First-time treatment entrants (%)	2017	31.3	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	322	11.98	94 378.74
Number of herbal cannabis seizures	2017	252	57	151 968
Quantity of cannabis resin seized (kg)	2017	693	0.16	334 919
Number of cannabis resin seizures	2017	1 158	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	15 - 20	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	10 - 20	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.85	0.85	4.85
Last year prevalence of use — young adults (%)	2014	1	0.1	4.7
Last year prevalence of drug use — all adults (%)	2014	0.5	0.1	2.7
All treatment entrants (%)	2017	0.1	0.14	39.2
First-time treatment entrants (%)	2017	0	0	41.81
Quantity of cocaine seized (kg)	2017	7.3	0.32	44 751.85
Number of cocaine seizures	2017	383	9	42 206
Purity (%) (minimum and maximum values registered)	2017	1 - 93	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	80 - 150	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.84	0.84	6.46
Last year prevalence of use — young adults (%)	2014	2.4	0	3.9
Last year prevalence of drug use — all adults (%)	2014	1.1	0	1.8
All treatment entrants (%)	2017	18.9	0	49.61
First-time treatment entrants (%)	2017	20.2	0	52.83
Quantity of amphetamine seized (kg)	2017	203	0	1 669.42
Number of amphetamine seizures	2017	1 659	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	1 - 98	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	15 - 50	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.14	0.54	5.17
Last year prevalence of use — young adults (%)	2014	2.5	0.2	7.1
Last year prevalence of drug use — all adults (%)	2014	1.1	0.1	3.3
All treatment entrants (%)	2017	0.1	0	2.31
First-time treatment entrants (%)	2017	0.4	0	2.85
Quantity of MDMA seized (tablets)	n.a.	66 420	159	8 606 765
Number of MDMA seizures	2017	695	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	15 - 40	1	40
Opioids				
High-risk opioid use (rate/1 000)	2012	4.12	0.48	8.42
All treatment entrants (%)	2017	51.1	3.99	93.45
First-time treatment entrants (%)	2017	36.5	1.8	87.36
Quantity of heroin seized (kg)	2017	0.4	0.01	17 385.18
Number of heroin seizures	2017	138	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	9 - 63	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	100 - 200	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1.8	0	47.8
HIV prevalence among PWID* (%)	2014	n.a.	0	31.1
HCV prevalence among PWID* (%)	2014	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2012	4.6	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	54.64	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	5 824 467	245	11 907 416

Clients in substitution treatment	2015	3 329	209	178 665
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Treatment demand

All entrants	2017	710	179	118 342
First-time entrants	2017	252	48	37 577
All clients in treatment	2016	19 600	1 294	254 000

Drug law offences

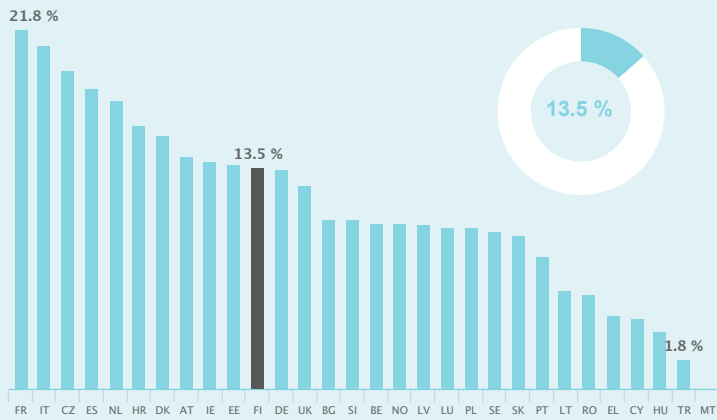
Number of reports of offences	2017	27 680	739	389 229
Offences for use/possession	2017	17 315	130	376 282

Price for heroin is for heroin white.

EU Dashboard

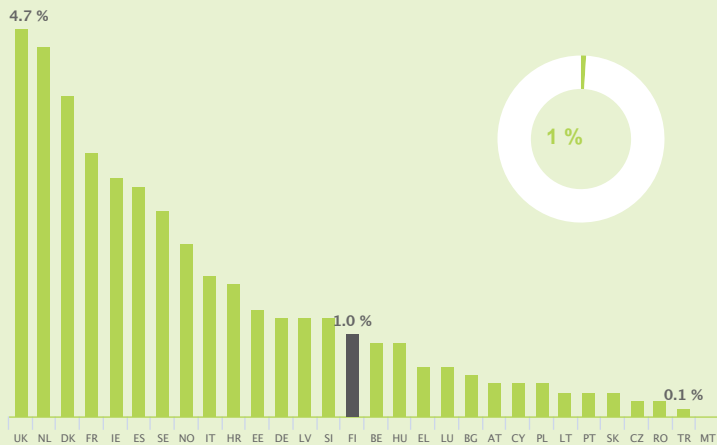
Cannabis

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



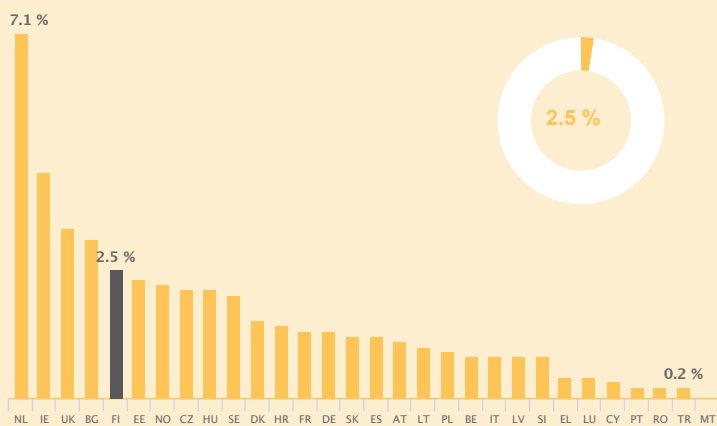
Cocaine

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



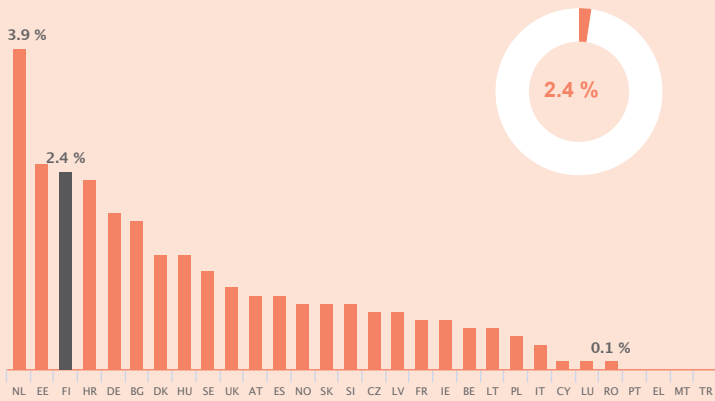
MDMA

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



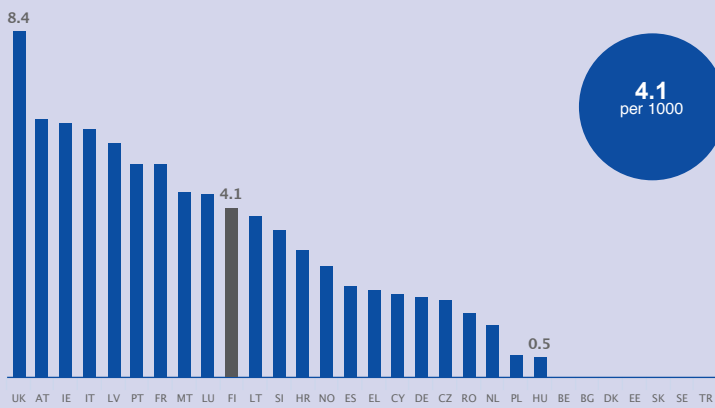
Amphetamines

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



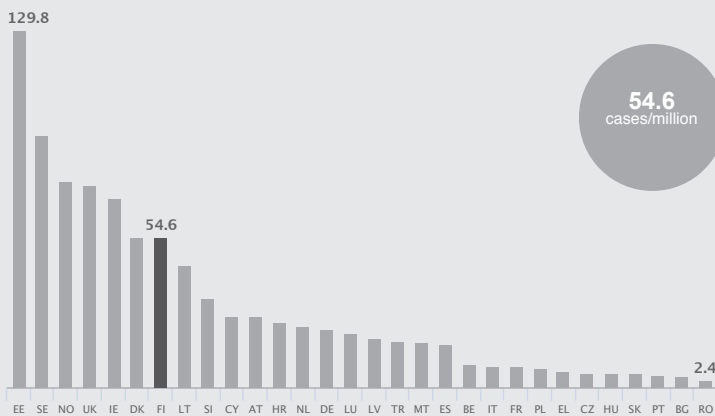
Opioids

High-risk opioid use (rate/1 000)



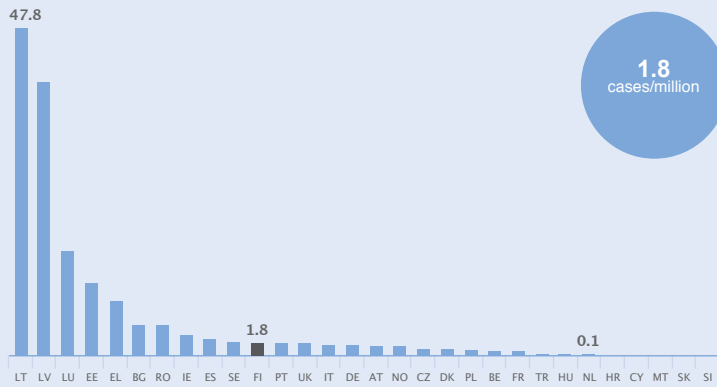
Drug-induced mortality rates

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, 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. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Finland

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

[Click here to learn more about our partner in Finland.](#)

Finnish national focal point



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Head of national focal points: Ms [Sanna Rönkä](#)

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
