Prevalence and patterns of drug use indicator

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Introduction

Knowledge of the extent and patterns of drug use in the general population, and their changes over time, is essential to understanding the drug phenomenon in Europe and to monitoring progress towards EU and national policy targets.

Prevalence and patterns of drug use in the general population (GPS) is one of the EMCDDA's five key epidemiological indicators. These provide the methodological guidelines for data collection, analysis and reporting in five domains that address key aspects of the prevalence and consequences of drug use.

emcdda.europa.eu/activities/key-indicators

Objective

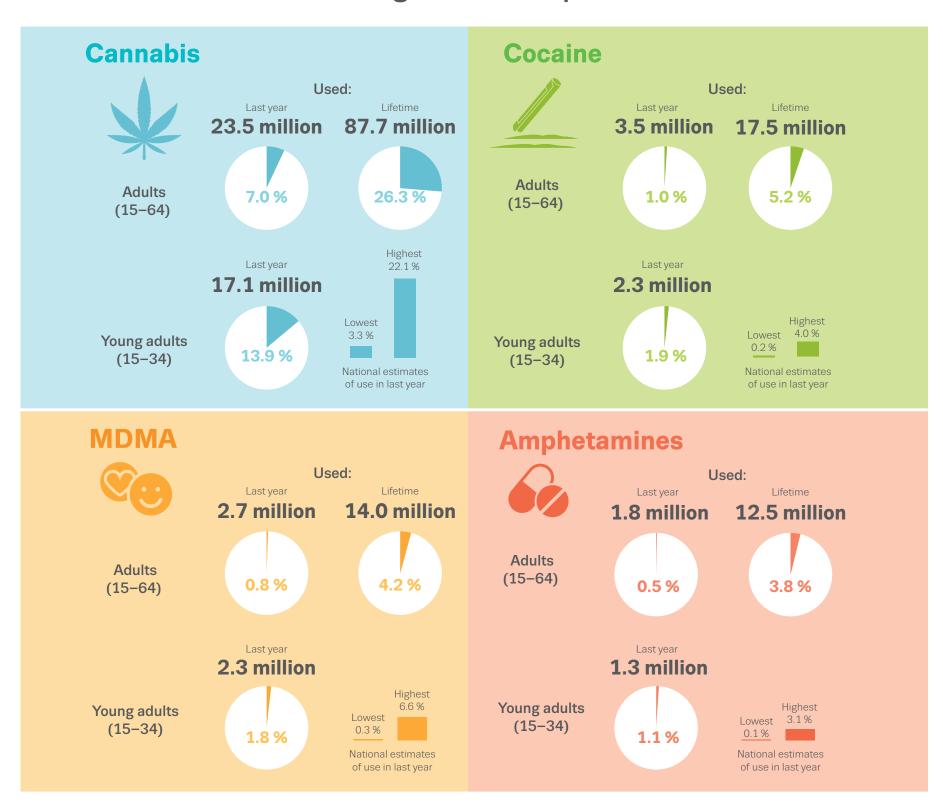
The primary purpose of the indicator is to allow the estimation of the prevalence of drug use. Further information on the characteristics of the survey participants and their patterns of drug use allow the investigation of potential determinants and consequences of drug use.

Methods

The EMCDDA monitoring standards require the collection of self-reported information by probabilistic surveys of the general population (adults, including youth, and schoolchildren). At its simplest, the proportion of the sample declaring having used specific drugs is taken as an estimate of the prevalence of present and past use of drugs within the population. The survey also provides data on personal characteristics of those using drugs, and on knowledge and attitudes regarding drugs or related topics. These surveys should be conducted on a regular basis, with a consistent methodology to allow identification of trends.

A European network of the experts from each country who are responsible for national data collection and analysis plays a key role in the implementation and quality assurance of the indicator. The network is also important in promoting its use in policy-making and evaluation. In addition, there are other methodologies (e.g. targeted surveys, online surveys) that may provide useful information among some groups of interest (e.g. party goers).

FIGURE 1 | Estimates of drug use in Europe



Results

More than 93 million adults, or just over a quarter of the adult population (15 to 64 years) in the European Union, are estimated to have tried illicit drugs at some point in their lives. Experience of drug use is more frequently reported by males (56.8 million) than females (36.8 million). The most commonly tried drug is cannabis (53.8 million males, 34.1 million females), with much lower estimates reported for the lifetime use of cocaine (12.2 million males, 5.3 million females), MDMA (9.3 million males, 4.7 million females) and amphetamines (8.4 million males, 4.2 million females) (Figure 1). Levels of lifetime use of cannabis differ considerably between countries, ranging from around 8 in 20 adults in France to less than 1 in 20 in Malta and Romania. Information on use in the last year is taken as a measure of recent drug use, and is commonly used to analyse and report trends as well as geographical patterns.

Limitations

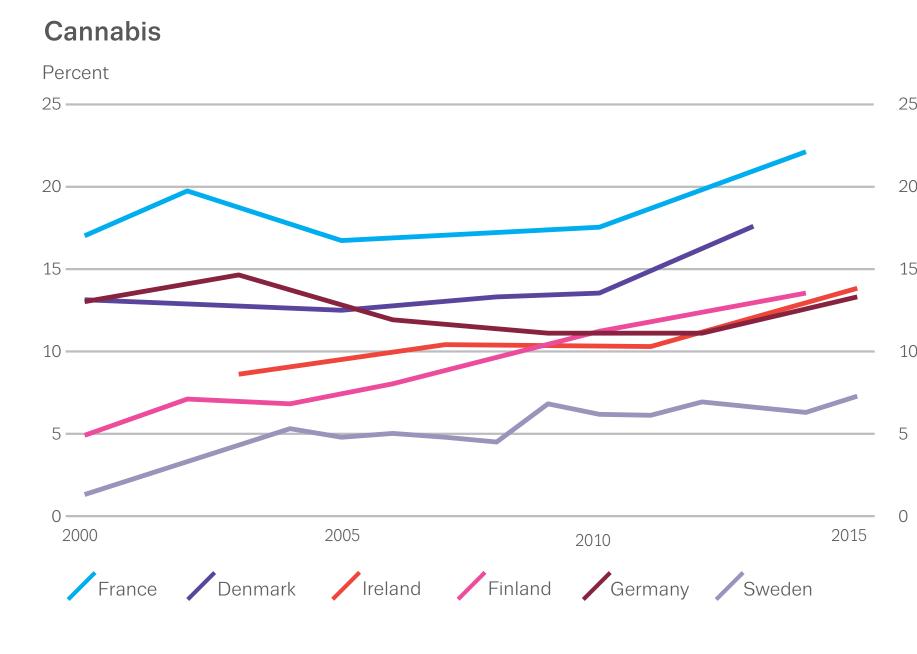
Methodological limitations should be considered concerning comparative analysis across countries, especially where differences are small, due to differences in survey methodology, data collection methods and sampling procedures. Population surveys are usually cross-sectional studies and therefore they do not allow strict causal inference to be derived. Finally, behaviours that are investigated retrospectively are subject to the limitations of self-report (concealment) and memory biases on recall of past events.

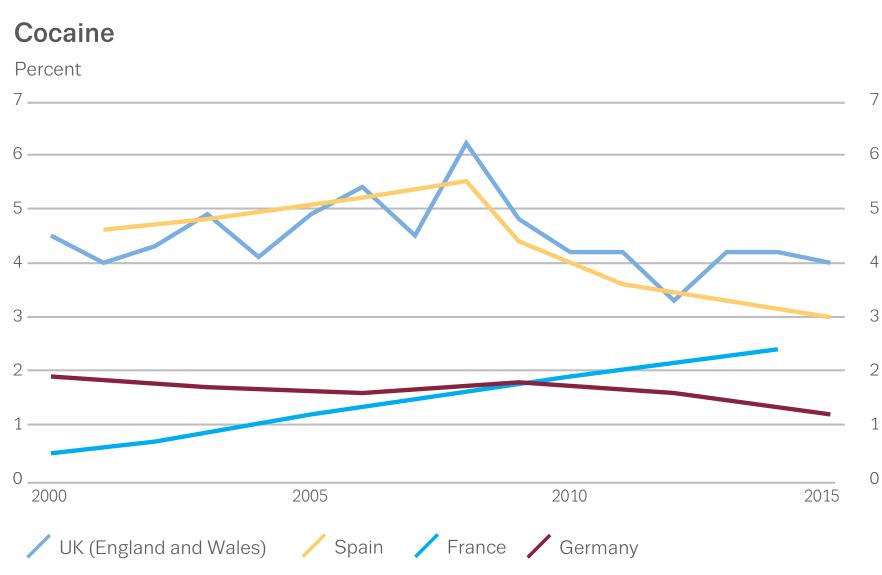
Future perspectives

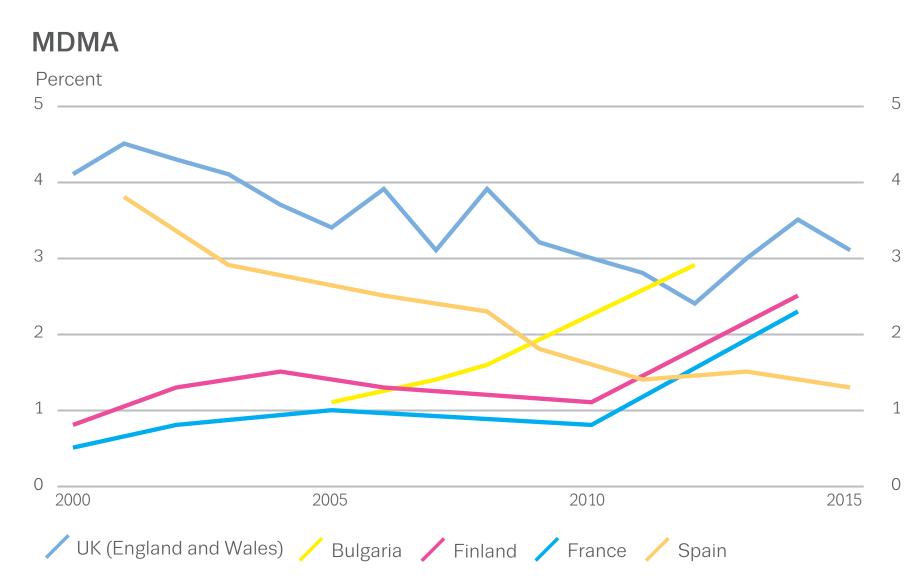
The objective of the GPS indicator is to contribute to a good understanding of the drug phenomenon in Europe, which can be useful for policymakers and professionals in the drugs field. The EMCDDA will continue its work on the indicator in order to improve data quality and comparability within and between EU countries.

Countries carry out their national surveys at different time intervals, making comparison across countries a continuous challenge. Improving the availability of basic information on the survey methods adopted by each country will aid interpretation.

FIGURE 2 | Trends in last year use (15–34 year-olds)







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