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## SUMMARY — SELECTED ISSUE Polydrug use: patterns and responses

**European Monitoring Centre for Drugs and Drug Addiction**

*Annual report 2009: the state of the drugs problem in Europe*

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### Introduction

This 'Selected issue' looks at the concomitant or consecutive use of different licit and illicit drugs (polydrug use) among adolescents, young adults and problem drug users <sup>(1)</sup>. Data from school and general population surveys, and on drug treatment entrants and drug-related deaths are analysed to describe the many forms and consequences of this widespread pattern of drug use. The responses to polydrug use in Europe are reviewed in the light of the scientific literature, with the aim of identifying the most effective interventions.

### Polydrug use among adolescents, young adults and problem drug users

The co-use of drugs can have different rationales and be associated with different behaviours. Drugs may be mixed to maximise the psychoactive experience. A second substance can be taken to offset the negative effects of a drug. Polydrug use will reflect also the availability of drugs and patterns of use in particular settings or contexts.

- Data for 22 European countries from the 2003 round of the European School Survey Project on Alcohol and Other Drugs (ESPAD) reveal that just over 20 % of 15- to 16-year-old school students reported the use of both alcohol and cigarettes during the previous month. A further 6 % reported the use of cannabis as well as alcohol and/or cigarettes, and 1 % reported using this group of substances and an additional illicit drug (ecstasy, cocaine, amphetamines, LSD or heroin).
- Cannabis users were much more likely to use other illicit drugs than the general school population of 15- to 16-year-olds. This was particularly the case in countries with low prevalence of drug use, where cannabis use was also associated with lack of parental control and truancy from school.
- Data on drug use among young adults (15–34) in nine countries showed that frequent or heavy alcohol users are, in general, between two and six times more likely to have used cannabis during the previous year than the general population, and between two and nine times more likely to have used cocaine during that period.
- General population surveys confirm that drug use is associated with certain lifestyles, and targeted studies have found comparatively high levels of drug use in nightlife settings. In many European countries, there is a critical mass of potential polydrug users who regularly gather in large numbers in various nightlife settings.
- Clients entering drug treatment may reflect the profiles and trends in the wider population of problem drug users. Analysis of data on over 260 000 clients entering treatment in 14 European countries in 2006 showed that more than half of them reported having problems with at least two drugs. Studies carried out in other settings confirm the high prevalence of polydrug use among problem drug users.

<sup>(1)</sup> Problem drug use is defined by the EMCDDA as 'injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines'.

- Three main polydrug user profiles can be identified among treatment entrants: co-users of heroin and cocaine (including crack), co-users of cocaine and cannabis or alcohol, and co-users of cannabis and alcohol. The first group is the largest and includes marginalised heroin users who are also using other substances. The second group often enters treatment through the criminal justice system or because of pressure from social and family networks. Mainly, they are males and socially integrated. Members of the third group — cannabis and alcohol users — are younger, often living with their family and socially integrated.
- Most drug-induced deaths reported in Europe are due to opioids, mainly heroin. In the majority of cases, more than one substance is involved. This might reflect the frequency of polydrug use among drug users, as well as the increased risk of overdose and adverse effects when substances are combined. Continued use of several substances can also lead to longer-term damage to different body systems, while heavy alcohol use exacerbates liver disease due to chronic hepatic viral infection acquired through drug injection. Cocaine-related myocardial infarctions also appear to be associated with tobacco smoking.

### Responding to polydrug use

- Alcohol is present in almost all polydrug-use repertoires. It is usually the first drug with strong psychoactive and mind-altering effects used by young people, and its widespread availability makes it the elementary drug in substance combinations among young adults, particularly in recreational settings, as well as among intensive, dependent and recovering drug users. The findings of this report point to the need for more interventions targeting alcohol and alcohol use, both at the market level and at the level of social norms.
- Tobacco and alcohol policies that target the market environment — such as pricing and restrictions on sale and consumption — have an impact on the use of these substances and the related health consequences. Policies implemented in and around schools may prevent, moderate or delay legal and illicit substance use, and are reported in most Member States.
- In those countries with higher levels of drug use, a greater share of the overall burden of health problems may be due to the large numbers of socially integrated substance users rather than the smaller numbers of vulnerable drug users. This is known as the 'prevention paradox', and it has implications for prevention strategies.
- High prevalence levels of polydrug use in recreational settings, such as clubs, festivals or raves, make them important environments for implementing prevention and harm-reduction measures. The most frequent responses are targeted information campaigns. Although various other interventions are reported, there is still considerable potential for further responses to polydrug use in nightlife settings.
- Polydrug use among problem drug users is generally dealt with using the same range of services and interventions, including harm reduction, psychosocial and pharmacologically assisted treatment, as for single drug use problems. The literature shows, however, positive changes in the rates of polydrug use among treated clients, and notably clients in opioid substitution treatment. Nevertheless, the management of polydrug use remains a complex and challenging task for professionals.