



Prevalence and patterns of drug use indicator

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Introduction

Information on the extent and patterns of drug use in the general population, and their changes over time, is essential for understanding the drug phenomenon in Europe and monitoring progress towards EU and Member State policy targets.

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

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 participants and their patterns of drug use allow the investigation of potential determinants and consequences of drug use.

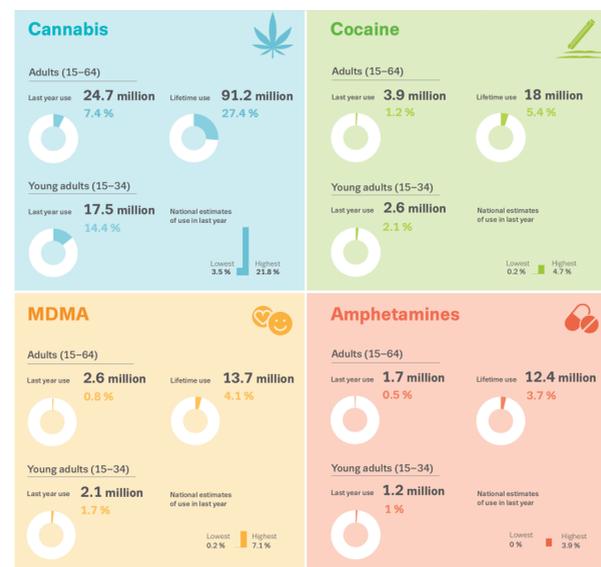
Methods

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 use within the population. Data are collected on present and past use of drugs, personal characteristics, knowledge and attitudes regarding drugs, and other related topics. These surveys should be conducted on a regular basis with a consistent methodology in order to allow identification of trends.

National experts are responsible for data collection and analysis at country level. Working together as a European network, they help assure the implementation and quality of the indicator, play a key role in data analysis and, ideally, assist in the promotion of 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 specific groups of interest (e.g. partygoers).

FIGURE 1. Estimates of drug use in Europe



Results

Around 96 million or 29 % of adults (aged 15-64) in the European Union are estimated to have tried illicit drugs during their lives. Experience of drug use is more frequently reported by males (57.8 million) than females (38.3 million).

The most commonly tried drug is cannabis (55.4 million males and 36.1 million females), with much lower estimates reported for the lifetime use of cocaine (12.4 million males and 5.7 million females), MDMA (9.3 million males and 4.6 million females) and amphetamines (8.3 million males and 4.1 million females).

Levels of lifetime use of cannabis differ considerably between countries, ranging from around 4 % of adults in Malta to 45 % in France.

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. These include differences in survey methodology, data collection methods and sampling procedures. Countries carry out their national surveys at different time intervals, making comparison across countries a challenge. Population surveys are usually cross-sectional studies and therefore they do not allow strict causal inference to be derived. Moreover, behaviours that are investigated retrospectively have the limitations of self-report (concealment) and memory biases on recall of past events.

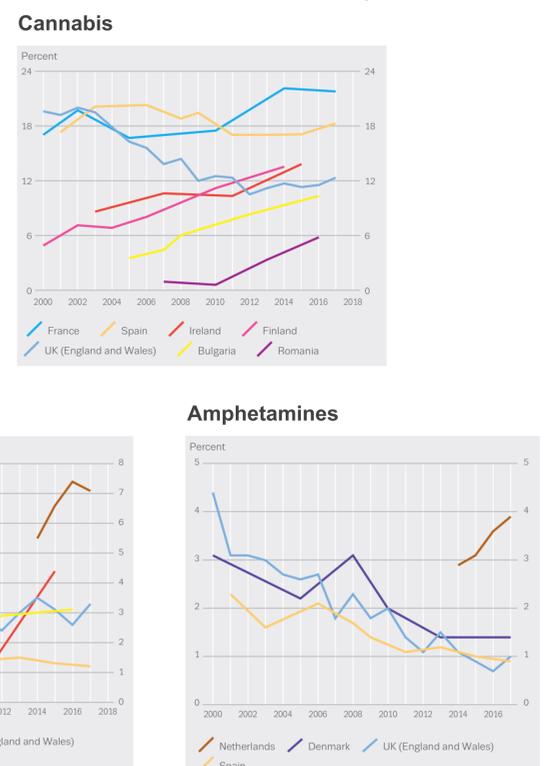
Future perspectives

The objective of the indicator is to contribute to a good understanding of the drug problem in Europe to assist policymakers and professionals working in the drugs field.

The EMCDDA will continue the work on this indicator in order to improve the quality and comparability within each country and across EU countries.

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- to 34-year-olds): cannabis, cocaine, MDMA, and amphetamines



Note: Age ranges other than 15-34 are reported by Denmark (16-34), the United Kingdom (16-34) and France (18-34).