The use of illicit drugs remains an important public health issue in Europe. Almost a third of adults in the European Union aged 15-64, or around 97 million people, have used illicit drugs at some point in their lives, with the experience of drug use being more frequently reported by men than women. Cannabis is the most frequently used drug, but some have also used cocaine, ecstasy (MDMA), amphetamines, and other drugs (EMCDDA, 2020). The use of illicit drugs, particularly among people who use them regularly and heavily, is associated with higher risks of cardiovascular diseases, mental health problems, accidents, as well as infectious diseases such as HIV when the drug is injected. Illicit drug use is a major cause of preventable mortality among young people in Europe, both directly through overdose and indirectly through drug-related diseases, accidents, violence and suicide.

Cannabis is the illicit drug most used among young adults in Europe. Around 15% of people aged 15 to 34 in EU countries report having used cannabis in the last year (Figure 4.9). Cannabis use is highest in France and Italy, with 20% or more people aged 15 to 34 reporting to have consumed cannabis in the last year. It is estimated that around 1% of European adults are daily or almost daily cannabis users – that is, they have used the drug on 20 days or more in the last month. Around 58% of these are older drug users, aged 35 to 64, and around three-quarters are men. Cannabis use among young adults has remained stable over the past decade in several countries, but it has increased in some Nordic countries (Denmark and Finland). It has also increased in recent years in France and Germany.

Cocaine is the most commonly used illicit stimulant in Europe: around 2.4% of young adults reported having used cocaine in the last year (Figure 4.10). The percentage of young adults using cocaine is highest in Denmark, France, the Netherlands and the United Kingdom with 3% or more having used cocaine at least once in the last year. After years of reported decreases in cocaine use, there are now signs of increases in use in many countries (EMCDDA, 2020).

The use of ecstasy (MDMA) is slightly lower than the use of cocaine, with about 1.9% of young adults in EU countries reporting to have used ecstasy in the last year. The use of ecstasy is highest in the Netherlands, Ireland, the United Kingdom, Bulgaria and Germany. In many countries, the use of ecstasy declined after a peak in early and mid-2000s. Recent surveys, however, point to an increase in use (EMCDDA, 2020).

The consumption of opioids (i.e. heroin and other drugs) is responsible for the majority of drug overdose deaths (reported in about 80% of fatal overdoses). The main opioid used in Europe is still heroin, but there are concerns in several

countries about the increasing use of other synthetic opioids (such as buprenorphine, methadone, fentanyl and tramadol). The prevalence of high-risk opioid use among adults (15-64 years old) is estimated at 0.4% of the EU population, the equivalent of 1.3 million high-risk opioid users in 2018. Several countries have implemented different interventions to reduce opioid-related deaths, such as overdose reversal medications, needle and syringe programmes and medically supervised consumption centres. Research initiatives to boost innovation in pain relief and opioid use disorders treatments have also been launched (OECD, 2019).

Definition and comparability

Data on drug use prevalence come from national population surveys, as gathered by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The data presented in this section focus on the percentage of young adults aged 15 to 34 years old reporting to have used different types of illicit drugs in the last year. Such estimates of recent drug use produce lower figures than "lifetime experience", but reflect better the current situation. The information is based on the last survey available for each country. The study year ranges from 2014 to 2018. To obtain estimates of the overall number of users in Europe, the EU average is applied to countries without prevalence data.

Data from web surveys can provide complementary information to general population surveys and further insight into the use of drugs in Europe. While not representative of the general population, these surveys are able to reach large samples of people who use drugs. The European Web Survey on Drugs collected information about patterns of use and purchases of the most commonly used illicit drugs from 40 000 people who use drugs, recruited primarily through social media.

For more information, please see: http://www.emcdda.europa.eu/data/.

References

European Monitoring Centre for Drugs and Drug Addiction (2020), *European Drug Report 2020: Trends and Developments*, Publications Office of the European Union, Luxembourg.

OECD (2019), Addressing Problematic Opioid Use in OECD Countries, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/a18286f0-en.

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Figure 4.9. Cannabis use over last 12 months among people aged 15 to 34, 2018 (or nearest year)

Source: EMCDDA, 2020.

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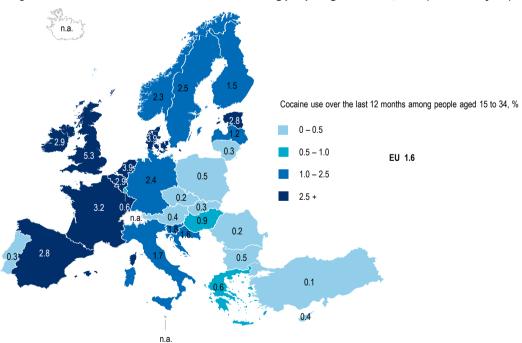


Figure 4.10. Cocaine use over last 12 months among people aged 15 to 34, 2018 (or nearest year)

Source: EMCDDA, 2020.

StatLink MS https://stat.link/qauv21



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