

The use of illicit drugs remains an important public health issue in Europe. Over a quarter of adults in the European Union aged 15-64, or over 88 million people, have used illicit drugs at some points in their lives. In most cases, they have used cannabis, but some have also used cocaine, amphetamines, ecstasy and other drugs (EMCDDA, 2016). The use of illicit drugs, particularly among people who use them regularly, 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 an important cause of 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, especially among young men. Over 13% of people aged 15 to 34 on average in EU countries report having consumed cannabis in the last year (Figure 4.26). Cannabis use is highest in the Czech Republic and France, with more than 20% of people aged 15 to 34 reporting to have consumed cannabis in the last year. Cannabis use has increased over the past decade in some Nordic countries (Denmark and Finland), with consumption levels in these countries now exceeding the European average.

Cocaine is the most commonly used illicit stimulant in Europe: about 2% of young adults aged 15-34 report having used cocaine in the last year (Figure 4.27). The percentage of young adults consuming cocaine is highest in the United Kingdom, Spain and the Netherlands, with 3% or more young adults having used cocaine at least once in the last year. Cocaine use has gone up in recent years in at least six countries (the Czech Republic, Finland, France, the Netherlands, Norway and Poland).

The use of amphetamines and ecstasy (or MDMA) is slightly lower than cocaine, with about 1% of young adults in EU countries reporting to have consumed amphetamines and 1.7% ecstasy (or MDMA) in the last year. The use of amphetamines tends to be higher in the Netherlands, followed by Estonia, Finland and the Czech Republic (Figure 4.28). The use of ecstasy is highest in the Netherlands, the Czech Republic and the United Kingdom (Figure 4.29). Between 2007 and 2014, the use of amphetamines has remained relatively stable in most European countries. However, the use of ecstasy has increased in several countries, including not only the Netherlands, the Czech Republic and the United Kingdom, but also Finland, France, Italy and Sweden.

The consumption of opioids (i.e. heroin and other drugs) is responsible for the majority of drug overdose deaths (reported in over 80% of fatal overdoses). The main opioid used in Europe is heroin, but there are concerns in several countries about the increasing use of other synthetic opioids (such as buprenorphine, methadone, fentanyl and tramadol). Although trends have varied across countries, the percentage of adults consuming opioids generally appears to have declined over the last decade in most countries.

A growing concern in many European countries is the increased availability of unregulated psychoactive substances ("legal highs") which have emerged in recent years, some of which have been associated with deaths. The EMCDDA monitors a growing number of such new psychoactive substances. In 2015, 98 new substances were detected for the first time, bringing the number of new substances monitored to more than 560, of which 380 (70%) were detected in the last five years (EMCDDA, 2016).

Definition and comparability

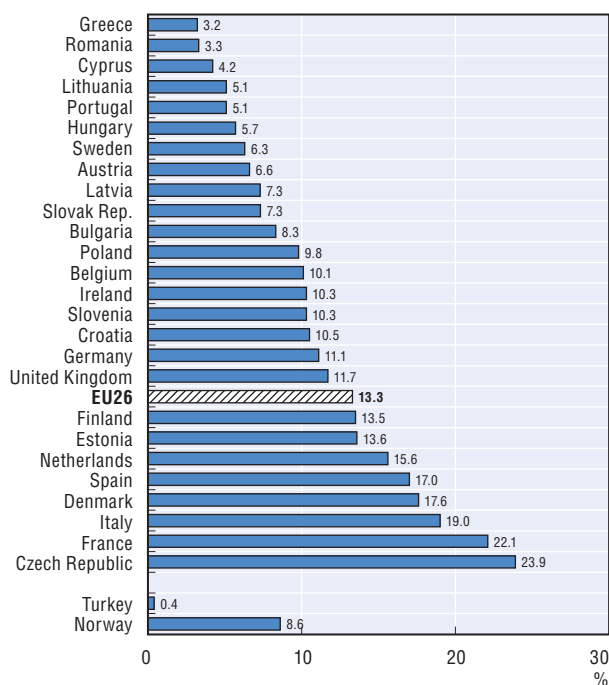
Data on drug use prevalence come from national population surveys, as gathered by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The data presented in this section focus on the percentage of young adults aged 15 to 34 years old reporting to have used different types of illicit drugs in the last year. Such estimates of recent drug use produce lower figures than "lifetime experience", but better reflect the current situation. The information is based on the last survey available for each country. The study year ranges from 2004 to 2014. To obtain estimates of the overall number of users in Europe, the EU average is applied to countries without prevalence data.

For more information, please see www.emcdda.europa.eu/data/stats2016.

Reference

EMCDDA (2016), *European Drug Report 2016: Trends and Developments*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.

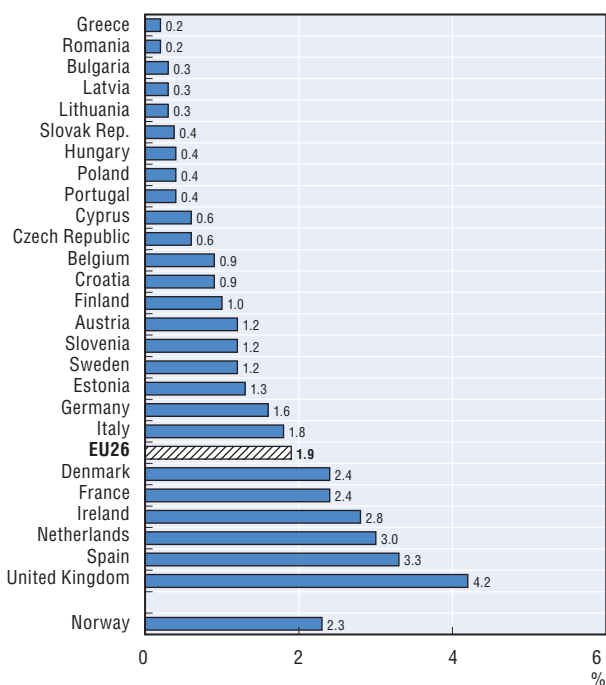
4.26. Cannabis use over the last 12 months among people aged 15 to 34, 2014 (or nearest year)



Source: EMCDDA (2016), European Drug Report 2016: Trends and Developments.

StatLink <http://dx.doi.org/10.1787/888933429174>

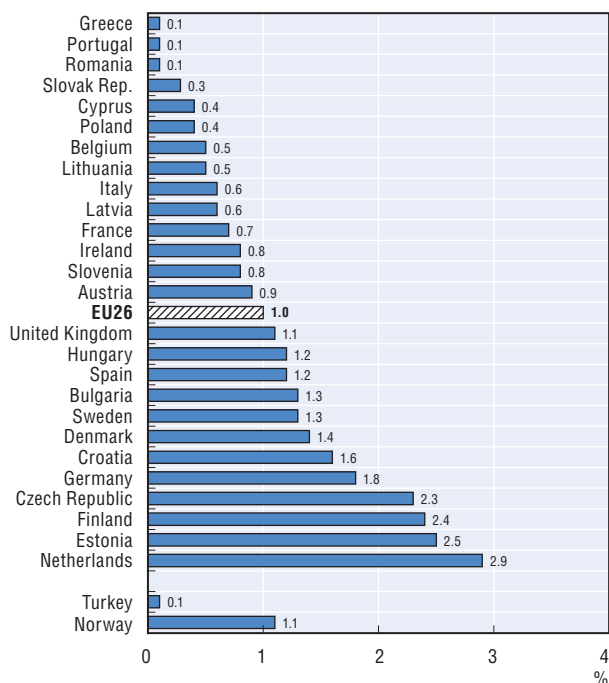
4.27. Cocaine use over the last 12 months among people aged 15 to 34, 2014 (or nearest year)



Source: EMCDDA (2016), European Drug Report 2016: Trends and Developments.

StatLink <http://dx.doi.org/10.1787/888933429180>

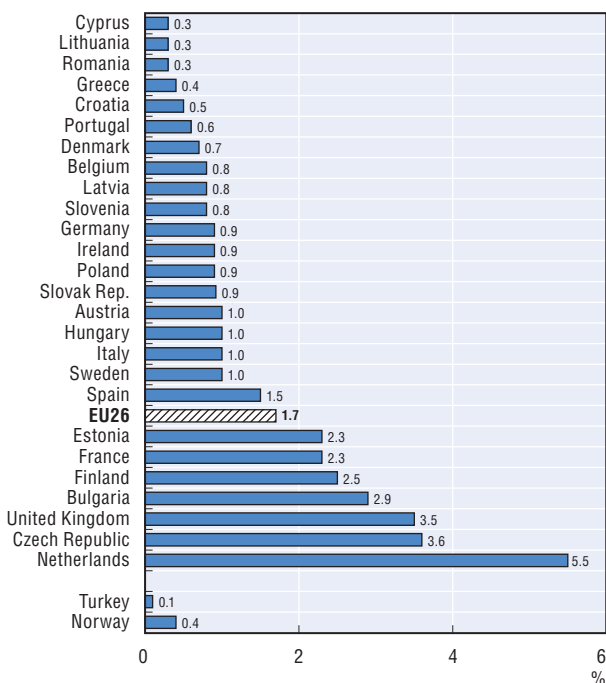
4.28. Amphetamines use over the last 12 months among people aged 15 to 34, 2014 (or nearest year)



Source: EMCDDA (2016), European Drug Report 2016: Trends and Developments.

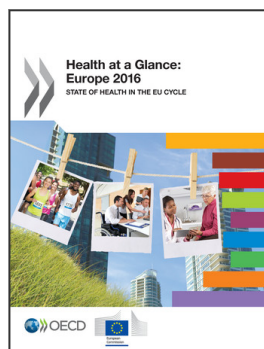
StatLink <http://dx.doi.org/10.1787/888933429192>

4.29. Ecstasy use over the last 12 months among people aged 15 to 34, 2014 (or nearest year)



Source: EMCDDA (2016), European Drug Report 2016: Trends and Developments.

StatLink <http://dx.doi.org/10.1787/888933429207>



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