

## ILLICIT DRUG CONSUMPTION AMONG ADULTS

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 92 million people, have used illicit drugs at some point in their lives. In most cases, they have used cannabis, but some have also used cocaine, amphetamines, ecstasy and other drugs (EMCDDA, 2018). 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. Illicit drug use is a major cause of mortality among young adults 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. Over 14% of people aged 15 to 34 in EU countries report having used cannabis in the last year (Figure 4.13). This proportion is the highest in France and Italy (20% or more). Cannabis use has increased over the past decade in some Nordic countries which initially had low levels (Denmark and Finland), and are now converging towards the European average. Among those countries with above-average use of cannabis, the decreasing trends previously observed in Spain have now stabilised, while France reported a marked increase in recent years.

Cocaine is the most commonly used illicit stimulant in Europe: around 2% of young adults reported having used cocaine in the last year (Figure 4.14). This percentage is highest in Denmark, the Netherlands, Spain and the United Kingdom (3% or more). After years of reported decreases in cocaine use, there are now signs of stabilisation and possible increase in some countries.

The use of amphetamines and ecstasy (or MDMA) is slightly lower than the use of cocaine, with about 1% of young adults in EU countries reporting to have used amphetamines and 1.8% ecstasy (or MDMA) in the last year. The use of amphetamines tends to be higher in some Nordic and Baltic countries (Estonia and Finland) and in Croatia, Germany and the Netherlands. The use of ecstasy is highest in Bulgaria, the Czech Republic, Ireland and the Netherlands (EMCDDA, 2018). Over the last decade, the use of amphetamines has remained relatively stable in most European countries. In many countries, the use of ecstasy declined after reaching a peak in the early and mid-2000s, but recent surveys point to increased use in some countries.

The prevalence of use of new psychoactive substances among young people in the last year ranges

from 0.2% in Italy and Norway to 1.7% in Romania. While consumption levels of new psychoactive substances are low overall in Europe, over two-thirds of countries report their use by high-risk drug users. In particular, the use of synthetic cathinones by opioid and stimulant injectors has been linked to serious health and social problems (EMCDDA, 2017).

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 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 aged 15-64 is estimated at 0.4% of the EU population; this was equivalent to 1.3 million high-risk opioid users in 2016.

### Definition and comparability

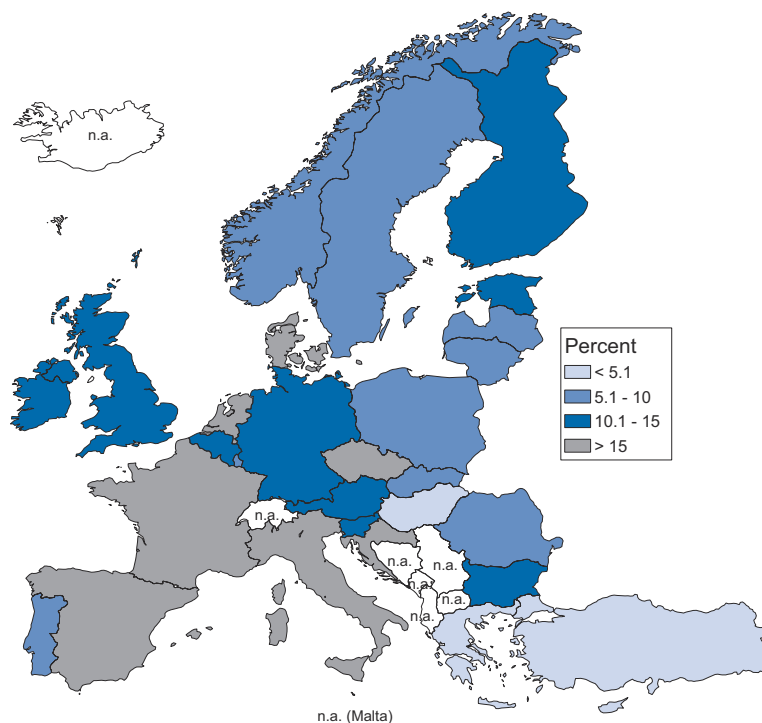
Data on drug use prevalence come from national population surveys, as gathered by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The data presented in this section focus on the percentage of young adults aged 15 to 34 years old reporting to have used different types of illicit 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 latest survey available for each country. The study years range from 2008 to 2017. To obtain estimates of the overall number of users in Europe, the EU average is applied to those countries with missing data.

For more information, please see: [www.emcdda.europa.eu/data/stats2018\\_en](http://www.emcdda.europa.eu/data/stats2018_en).

### References

- European Monitoring Centre for Drugs and Drug Addiction (2017), High-risk drug use and new psychoactive substances, EMCDDA Rapid Communication, Publications Office of the European Union, Luxembourg, [www.emcdda.europa.eu/system/files/publications/4540/TD0217575ENN.pdf](http://www.emcdda.europa.eu/system/files/publications/4540/TD0217575ENN.pdf).
- European Monitoring Centre for Drugs and Drug Addiction (2018), European Drug Report 2018: Trends and Developments, Publications Office of the European Union, Luxembourg, [www.emcdda.europa.eu/publications/edr/trends-developments/2018\\_en](http://www.emcdda.europa.eu/publications/edr/trends-developments/2018_en).

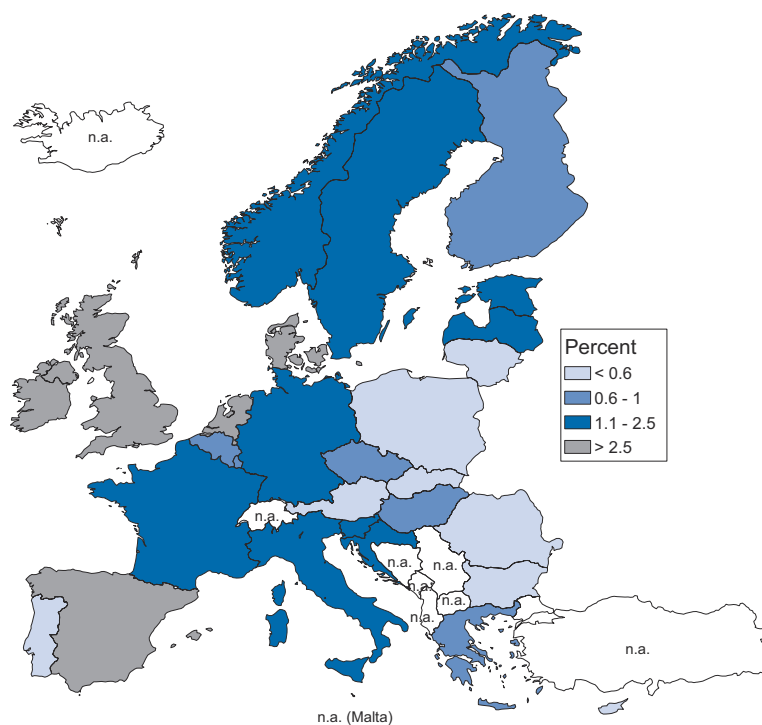
#### 4.13. Cannabis use over the last 12 months among people aged 15 to 34, 2017 (or nearest year)



Source: EMCDDA, 2018.

StatLink  <http://dx.doi.org/10.1787/888933835174>

#### 4.14. Cocaine use over the last 12 months among people aged 15 to 34, 2017 (or nearest year)



Source: EMCDDA, 2018.

StatLink  <http://dx.doi.org/10.1787/888933835193>



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