



# news release

from the EU drugs agency in Lisbon

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## Measuring drug use in Europe

### **DRUGS AGENCY OFFERS STRATEGIC POINTERS FOR PREVENTION POLICY**

Reducing the number of drug users in a country or community, and reducing the rate at which people take drugs for the first time, are key challenges for policy-makers at local, national and international levels. So much so that the European Union Drugs Strategy (2000–2004) set the target to reduce significantly, over five years, the prevalence of drug use and the recruitment of new users, especially among the under 18s.

In the third edition of its *Drugs in focus* series out today, the **EU drugs agency**, the **EMCDDA**, looks at the most appropriate measures of drug prevalence and incidence; what they can tell us; and how they can help assess progress and inform drug-prevention policy-making in the **EU**.

Among the issues explored are: whether school surveys are the most appropriate way of estimating drug use in young people; who will continue taking drugs later in life; and whether some people are at a higher risk of continued, or more intensive, drug use than others.

Recent population surveys show that roughly 50 million people in the **EU** have tried an illicit drug at some point in their lives. This is equivalent to a lifetime prevalence of about 20 % of the **EU** population aged 15–64 – one in five of us. However, only about 7 % have used an illicit drug in the past year, and even fewer, perhaps 4 % or about 10 million people, are current users (in the last month).

Cited in the briefing, **Mike Trace**, Chairman of the **EMCDDA** Management Board, declares: 'Indicators of prevalence and incidence of drug use are vital if policy-makers are to frame action that will really make a difference, especially in protecting our vulnerable young people against drug-related harms.'

#### **Monitoring drug use in young people**

School surveys, typically of adolescents between 11 and 16, are one of the most common ways of measuring drug use in young people. But, according to **EMCDDA** chief epidemiologist and author of the briefing **Richard Hartnoll**: 'Surveys of the wider population show that the highest levels of drug use and rates of first use, are generally observed in young people around 18 years old or more – that is *after* school-leaving age'. This is especially true of use of drugs such as ecstasy, cocaine or heroin, common in 20 to 24-year-olds.

So the **EMCDDA** argues that, while school surveys can be a valuable yardstick of drug use in this group, and useful in monitoring the development of drug use prevalence in the under 16s, their coverage is limited and they ignore the sharp increases in drug use in early adulthood. The message to policy-makers is not to neglect young adults up to the age of 25 when monitoring and responding to drug use among young people.

## **Drug use: Who continues? Who's at risk?**

According to the **drugs agency**, only a few people continue to use drugs regularly later in life. A useful indicator is to compare the number of current drug users with the total number of those who have ever tried in their lifetime. The resulting 'continuation rate' is estimated at around 20 % or less for illegal drugs, much lower than that for alcohol, where the figure is over 75 %.

So what does this tell us? Most people who try drugs do so either experimentally or intermittently – or for a limited period of time when young. Indications are that such use in young people is linked closely to curiosity, peer-group behaviour and lifestyles, as well availability and opportunity. Drug use could be seen as part of 'normal' growing-up – and, like other youthful behaviour, mostly attenuating or disappearing over time. Reasons for stopping could include factors linked to 'an adult life', such as a regular job, marriage, children, financial responsibilities, etc.

The relatively few drug users who do continue to more intensive, problem drug use later in life are mostly triggered by adverse social and economic circumstances conducive to drug use; ready availability of drugs; and a range of personal or social problems that place them at greater risk. Policy-makers therefore have to decide how far to spread their prevention resources across the whole population and how far to concentrate efforts on those at highest risk.

## **Helping to reduce drug prevalence and incidence**

**Georges Estievenart**, Executive Director of the **EMCDDA** says: 'Trying to formulate an effective policy on drugs without accurate estimates of prevalence and incidence is like sailing a ship without a rudder.'

He adds: 'Indicators of drug prevalence and incidence can help policy-makers gain an insight into who is taking drugs, where and how, as well as at what age they start and when they stop. The knowledge they offer helps policy-makers ensure that prevention measures are properly targeted and shows them where efforts should be concentrated in future'.

Policy-makers concerned with reducing the prevalence of drug use across the population need indicators of the level of experimentation with drugs, especially among people. Policy-makers more concerned with minimising the damage in specific groups or settings need more differentiated information on those most at risk. The balance between these elements depends on local or national circumstances and policies.

## **Notes to editors**

EU Drugs Strategy and Action Plan (2000–2004)

[http://www.emcdda.org/policy\\_law/eu/eu\\_actionplan.shtml](http://www.emcdda.org/policy_law/eu/eu_actionplan.shtml)

**Prevalence** is a measure of how many drug users there are in a country or community and how they are distributed across the population. This measure is useful in assessing whether existing responses match the scale of the problem and whether they are directed at the relevant sections of the population.

**Incidence** is a measure of the rate at which people use drugs for the first time. It is useful for targeting prevention activities and monitoring recruitment of new users, as required by the EU Strategy and Action Plan. Information on circumstances associated with incidence, and changes in it, are particularly relevant to prevention work.

## **Drugs in focus**

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