



General population survey indicator

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Introduction

Knowledge of the extent and patterns of drug use in the general population, and their changes over time, is a key aspect in understanding the drug phenomenon in Europe and in monitoring progress towards EU and Member State policy targets.

The General population survey (GPS) indicator provides information on the prevalence and patterns of drug use in the general population. This is one of a set of five key epidemiological indicators that are used by the EMCDDA to facilitate data collection, analysis and reporting on key aspects of the prevalence and consequences of drug use in Europe.

emcdda.europa.eu/activities/key-indicators

Objective

The primary purpose of the GPS indicator is to allow estimation of the prevalence of drug use. Additional information collected from survey participants, such as on their patterns of drug use, allows the investigation of potential determinants and consequences of drug use.

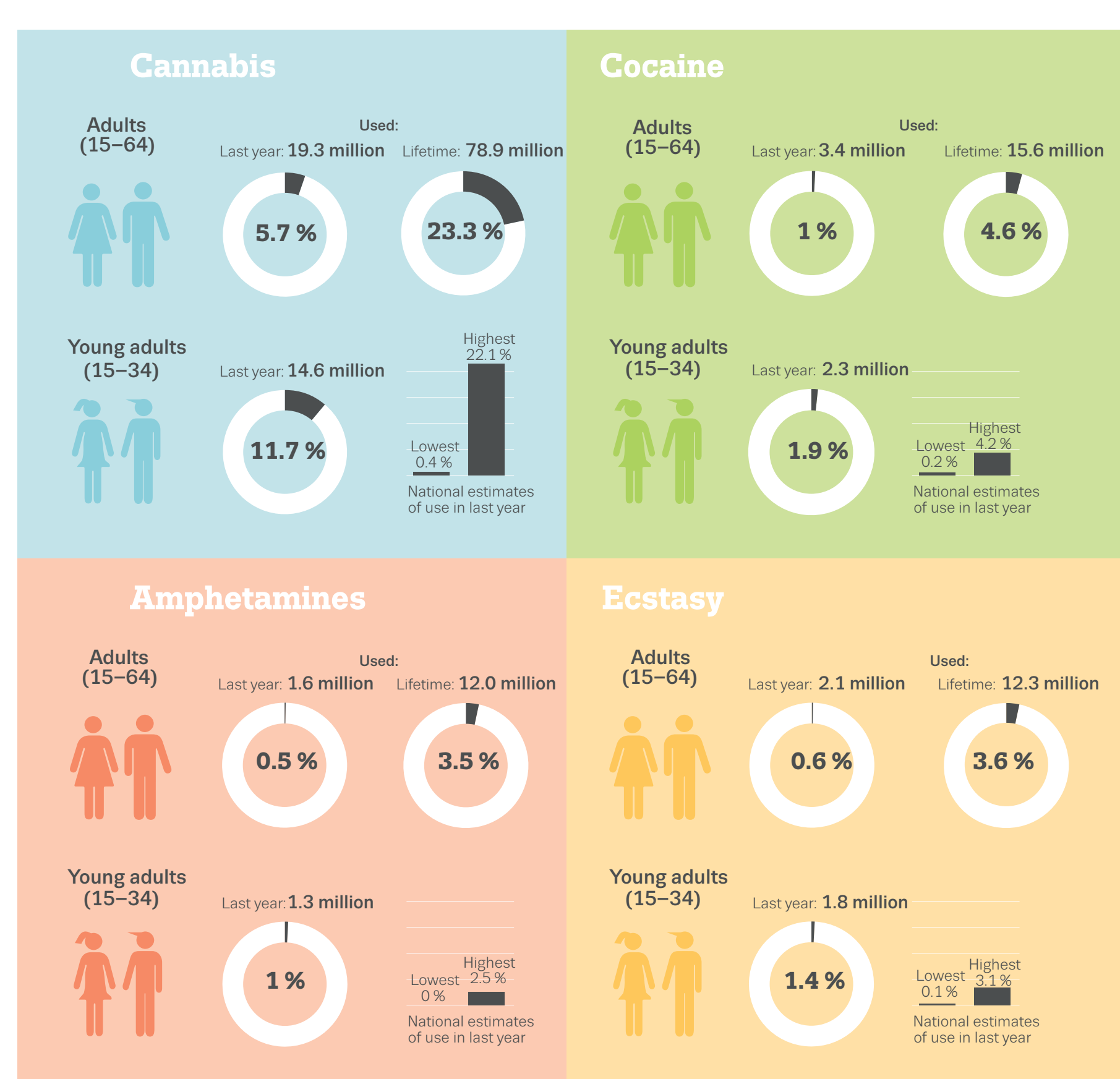
Methods

The EMCDDA monitoring standards require the collection of self-reported information by probabilistic surveys of the general population (adults, including youth, and schoolchildren), covering present and past drug use, personal characteristics, and knowledge and attitudes regarding drugs or other related topics. 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. These surveys should be conducted regularly, using a consistent methodology in order to allow the identification of trends.

The national experts responsible for data collection and analysis in each country participate in a European network, which is fundamental to the implementation of the indicator. They also promote its use in policy-making and evaluation.

Other methods, such as targeted surveys, may be used to provide additional information on drug use among groups within the population (e.g. party-goers).

FIGURE 1 | Estimates of drug use in Europe



Results

Over 80 million adults, or almost a quarter of the adult population in the European Union, are estimated to have tried illicit drugs at some point in their lives. The most commonly used drug is cannabis (75.1 million), with lower estimates reported for the lifetime use of cocaine (14.9 million), amphetamines (11.7 million) and MDMA (11.5 million) (Figure 1). Levels of lifetime use differ considerably between countries, ranging from around one-third of adults in Denmark, France and the United Kingdom, to 8% or less than one in 10 in Bulgaria, Romania and Turkey. Information on use in the last year is taken as a measure of recent drug use, and is commonly used in reporting and analysis (Figure 2).

Limitations

Methodological limitations should be considered concerning comparative analysis across countries, especially where differences are small. Surveys may differ between countries in methodology, data collection methods and sampling procedures. Population surveys are usually cross-sectional studies and therefore do not allow strict causal inference to be derived. Finally, information on behaviours that are investigated retrospectively is subject to the limitations of self-report (concealment) and memory biases on recall of past events.

Future perspectives

The GPS indicator is designed to contribute to the understanding of the drug phenomenon in Europe, in order to inform 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 of the data, both within each country and across EU countries.

Countries carry out their national surveys at different time intervals, making comparison across countries a continuous challenge. Improving the availability of basic information on the survey methods adopted by each country will aid interpretation.

FIGURE 2 | Trends in last year cannabis and cocaine use (young adults)

