

Date last modification documentation sheet: 10-05-2012

Compared to previous version documentation sheet (21-06-2010) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

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| <i>ECHIM Indicator name</i> | C) Determinants of health 48. Use of illicit drugs |
| <i>Relevant policy areas</i> | <ul style="list-style-type: none"> - Health inequalities (including accessibility of care) - (Preventable) Burden of Disease (BoD) - Preventable health risks - Life style, health behaviour - Mental health - Child health (including young adults) - Health in All Policies (HiAP) |
| <i>Definition</i> | Prevalence of use of specific illicit psychoactive drugs. |
| <i>Calculation</i> | Percentage of people reporting to have ever used illicit cannabis, cocaine, amphetamine, and/or ecstasy in the past (lifetime prevalence) and percentage of people reporting to have used these illicit drugs during the past year (last year prevalence). |
| <i>Relevant dimensions and subgroups</i> | <ul style="list-style-type: none"> - Calendar year - Country - Age groups (15–64, 15–34) |
| <i>Preferred data type and data source</i> | <p>Preferred data type: national surveys</p> <p>Preferred source: EMCDDA</p> |
| <i>Data availability</i> | <ul style="list-style-type: none"> - Data on lifetime prevalence are available or partially available (i.e. not for all preferred age groups) for EU-27 countries and the rest of the countries participating in the Joint Action except for Moldova. - Data on last year prevalence of all 4 above mentioned drugs are available or partially available for EU-27 countries and the rest of the countries participating in the Joint Action except for Slovenia and the Republic of Moldova. Data on last year prevalence of use of amphetamines are not available for Bulgaria and Luxembourg, and cocaine and ecstasy are not available for Belgium |
| <i>Data periodicity</i> | The frequency of drug use prevalence surveys differs between countries. Most countries conduct their population drug surveys every two to four years. |
| <i>Rationale</i> | <p>Illicit use of drugs can be a determinant for and a consequence of health and social problems. Illicit drug use correlates with other health and social problems, especially for youth. Prevalence estimates help to identify needs, plan and evaluate interventions and policies.</p> |
| <i>Remarks</i> | <ul style="list-style-type: none"> - Lifetime prevalence alone will not capture the current drug situation among adults (although it is considered useful among school children) as it also includes people that tried drugs a long time ago. On the other hand, it is a framework measure; it can give a first rough estimation of the extent of drug experience for low prevalence drugs, and can help to estimate patterns of use such as incidence, length of drug use, or continuation or discontinuation of use, including eventually characteristics and the reasons of those who quit. Last year prevalence produces lower figures, but better reflects the present situation, although often use could be occasional. Combination of lifetime experience and recent use can give basic information on drug use patterns. - Population surveys have limitations in estimating very marginalised forms of drug use (e.g. heroin injection), or newly emerging drug trends where prevalence is too low to show up in aggregated national data. - EMCDDA also has data: on LSD use; disaggregated by sex; for age groups 15-16 (from school surveys) and 15-24. In line with ECHI shortlist objectives, ECHIM in consultation with EMCDDA experts has made a selection of all the operationalizations possible using EMCDDA drug use data. |
| <i>References</i> | <ul style="list-style-type: none"> - EMCDDA, General population surveys — an overview of the methods and definitions used: http://www.emcdda.europa.eu/stats09/gps/methods |

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| | - EMCDDA, tables with data from general population surveys: http://www.emcdda.europa.eu/html.cfm/index76976EN.html?type=stats&stat_category=w94&stat_type=w87&order=stat_reference |
| <i>Work to do</i> | |