

## Illicit drug use

Illicit drug use is a major cause of preventable mortality, both directly through overdose and indirectly through drug-related diseases, accidents, violence and suicide (EMCDDA, 2022<sup>[1]</sup>). The use of illicit drugs, particularly among people who use them regularly and in large quantities, is associated with higher risks of cardiovascular diseases, mental health problems and accidents, as well as infectious diseases such as HIV and hepatitis C when the drug is injected.

Opioids are a narcotic pain medication used for treating moderate to severe pain. However, illicit opioid use (use of opiates such as heroin and opium, and synthetic opioids) for non-medical purposes has spread, creating illegal drug supply markets. Illicit opioid use is responsible for the majority of deaths by drug overdose. In particular, Canada and the United States have experienced an opioid crisis in recent years, fuelled by the growth in the consumption of synthetic opioids such as fentanyl and carfentanil.

Opioid-related deaths accounted for an estimated 30 deaths per million inhabitants in 2019 on average across all OECD countries (Figure 4.6). However, there were a few countries with much higher death rates – notably the United States (223 opioid-related deaths per million), followed by Estonia (130), Canada (76) and Lithuania (73). Opioid-related deaths have increased by about 20% on average in OECD countries since 2010, with large increases (of 70% or more) in Lithuania, Türkiye, the United States and Canada.

Monitoring the prevalence of opioid use is challenging due to the scarcity of data. Countries report the prevalence of use of prescription opioids and opiates (e.g. heroin and opium) by relying on household survey data or indirect estimates. In most OECD countries, prescription opioids and opiates are rarely used, although rates can be high in a few countries. The proportion of people aged 15-64 using opioids in the last 12 months in 2020 was below 0.5% in 11 of the 22 OECD countries with available data (Figure 4.7). This proportion was lowest in Spain and Israel (0.1%). Conversely, rates were highest in the United States (4.6%), Australia and Sweden (2.8%). On average across 22 OECD countries, an estimated 0.9% of people aged 15-64 had used either prescription opioids or opiates in the last 12 months. Opioid use was higher among men than women in most countries. The main opioid used in Europe is still heroin, but there are also concerns in several countries about the use of synthetic opioids (EMCDDA, 2022<sup>[1]</sup>).

Cocaine is one of the most commonly used illicit stimulant drugs. On average across 36 OECD countries, 1.2% of adults reported having used cocaine in the last year in 2020 (Figure 4.8). Rates of cocaine use ranged from 0.2% or below in Israel, Portugal, Türkiye, the Slovak Republic, Lithuania and Japan to 2% or more in Canada, the Netherlands, Ireland, the United States, Austria, Spain and the United Kingdom, and over 4% in Australia. In accession and partner countries, rates were high in Croatia (1.8%) and below 0.2% in India and Indonesia. Men were more likely to use cocaine than women in all countries except Israel – on average across OECD countries, 1.7% of men had used cocaine in the past 12 months compared to 0.7% of women.

Drug use is linked with, or complicates responses to, a wide range of today's most pressing health and social issues. Among these are mental health issues, self-harm,

homelessness, youth criminality and the exploitation of vulnerable individuals (EMCDDA, 2022<sup>[1]</sup>). Comprehensive strategies to address the problematic use of opioids span sectors, covering health, social services, law enforcement, data systems and research. Four key areas for a better approach to dealing with opioid use and harms include: improved prescribing practices and opioid-related literacy; better healthcare with expanded access to treatment and harm minimisation interventions; an integrated approach across the health, social and criminal justice systems; and increased knowledge and research to support decision making at all levels (OECD, 2019<sup>[2]</sup>).

### Definition and comparability

Opioid-related death data refer to deaths from opioid overdoses in adults and deaths in neonates attributed to the mother's opioid use. The data come from estimates of the Global Burden of Disease 2019 carried out by the Institute of Health Metrics and Evaluation (IHME).

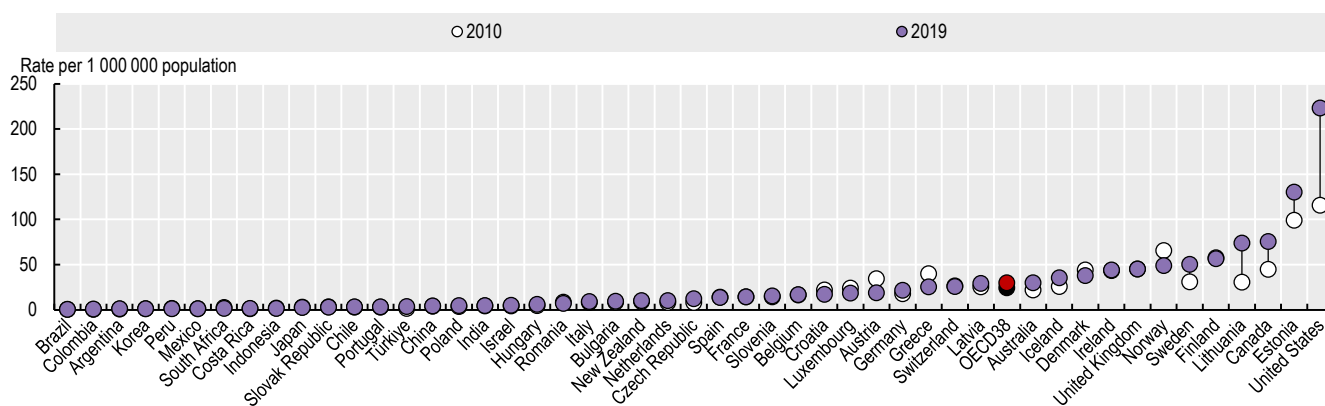
Opioid use prevalence data come from the UN Office for Drug and Crime (UNODC) database (available at <https://dataunodc.un.org/>). They refer to opioid use in the last 12 months among people aged 15-64, with some exceptions for age groups as noted in the UNODC data source. Estimates were derived from household survey data or indirect estimations. Opioid use includes both prescription opioids and opiates (e.g. opium and heroin). Data for Australia refer to people aged 18 and over, and come from the 2019 National Drug Strategy Household Survey. The definition can deviate from European countries, notably as data refer to high-risk opioid users, which may underestimate the prevalence of opioid use.

Data on cocaine use come from national population surveys, as gathered by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (for more information see [www.emcdda.europa.eu/data/stats2022/gps\\_en](http://www.emcdda.europa.eu/data/stats2022/gps_en)). The data focus on the percentage of adults aged 15-64 who report having used cocaine in the last year. The information is based on the last national survey available, with the survey year ranging from 2015 to 2020. EMCDDA collects data for EU countries, Norway, Türkiye and the United Kingdom. Data come from national sources for Japan (2021) and Switzerland (2017). For other OECD and key partner countries, data collected by the UNODC are used.

### References

- EMCDDA (2022), *European Drug Report 2022: Trends and Developments*, EMCDDA, Lisbon, [https://www.emcdda.europa.eu/publications/edr/trends-developments/2022\\_en](https://www.emcdda.europa.eu/publications/edr/trends-developments/2022_en). [1]
- OECD (2019), *Addressing Problematic Opioid Use in OECD Countries*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/a18286f0-en>. [2]

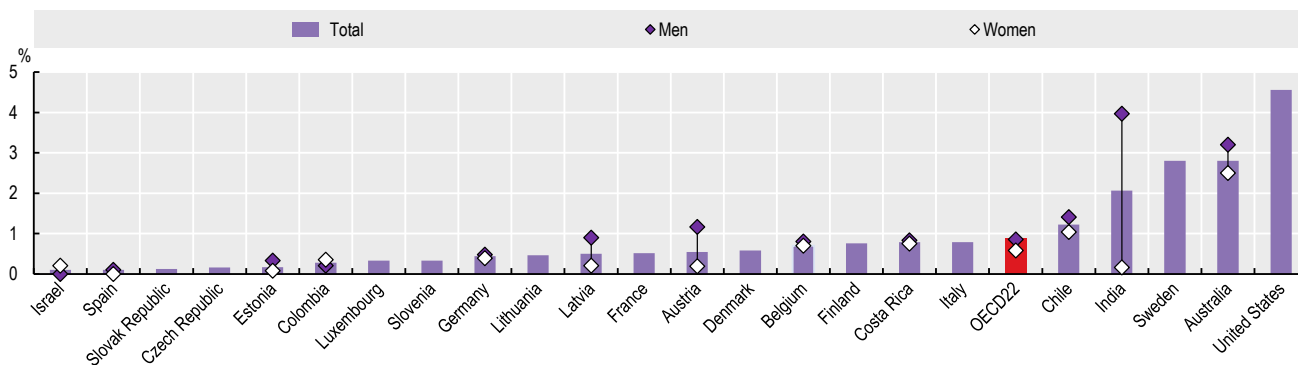
Figure 4.6. Opioid-related death rates, people aged 15-60, 2010 and 2019



Source: IHME, 2021.

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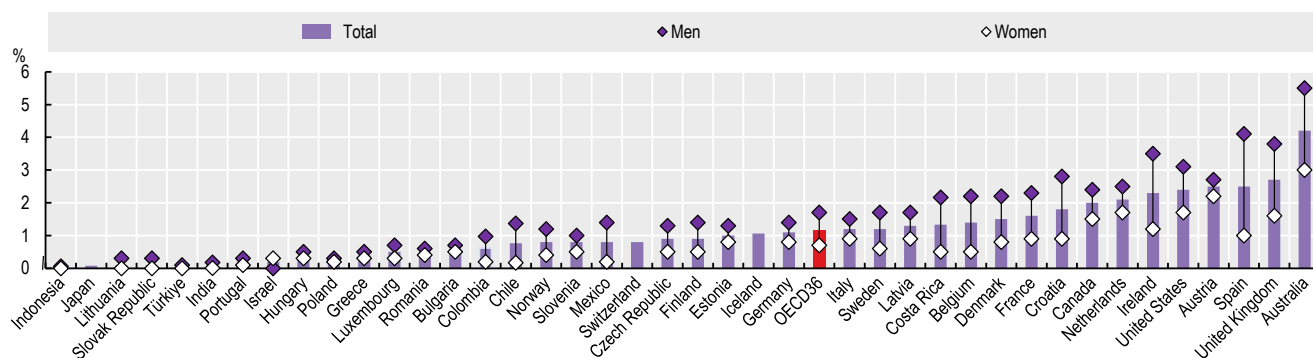
Figure 4.7. Opioid use in the last 12 months among people aged 15-64, 2020 (or nearest year)



Source: UNODC, 2023, complemented with national sources for Australia.

StatLink <https://stat.link/mpac1k>

Figure 4.8. Cocaine use in the last 12 months among people aged 15-64, 2020 (or nearest year)



Note: Data for the United Kingdom are for England and Wales only.

Source: EMCDDA, 2022, complemented with UNODC, 2023 and national sources for Japan and Switzerland.

StatLink <https://stat.link/6d8loa>



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