

European Drug Alert System risk communication

Potential implications of extreme heat for people who use drugs – multiple European countries, June 2026-ongoing

Date 01 July 2026	Recipient(s) EDAS contact points	Number / ID EDAS-RC-2026-0001
-----------------------------	--	---

Situation

Europe is currently experiencing an extraordinary heatwave, with major impacts on population health, ecosystems, agriculture, infrastructure and labour productivity. In several countries, the heat has disrupted public life, including the cancellation or postponement of festivals, sports events and other large outdoor gatherings. The World Meteorological Organization (WMO) reports that more than 150 million people in Europe had been impacted and that more than 1 300 excess deaths linked to the extreme heat had been recorded since 21 June 2026.

Heat can trigger heat exhaustion, heatstroke and may exacerbate existing cardiovascular, respiratory and mental health conditions. These risks may be amplified in the context of drug use.

Extreme heat represents a major and escalating public health hazard. However, surveillance and preparedness remain uneven: the European Environment Agency reports that only 20 of 38 EEA countries monitor heat impacts on health and 21 have heat-health action plans in place, highlighting the need for targeted, timely and locally adapted action for vulnerable populations.

Potential implications for key populations

Vulnerable and marginalised people who use drugs

Extreme heat may disproportionately affect people who use drugs who face overlapping social and health vulnerabilities. Risk is increased where heat exposure combines with a reduced capacity to cool down, hydrate, seek help or adapt behaviour. People who use drugs may face vulnerabilities linked to unstable or overheated housing, sleeping rough, and overcrowded settings such as prisons. Particular risks can include limited access to drinking water and cool spaces.

Drug-related risks are not limited to any particular substance type. Stimulants may increase body temperature, heart rate and cardiovascular stress, while central nervous depressants may impair awareness of overheating and reduce the ability to take protective action. Some substances such as certain antidepressants or antipsychotics may also impair sweating, thermoregulation and the

perception of thirst, reducing the body's ability to respond to heat stress and increasing susceptibility to dehydration and heat-related illness.

Drug use in the context of festivals, parties and nightlife settings

Extreme heat may increase the health risks associated with drug use in festivals, parties and other nightlife settings, where alcohol use can be a contributing factor. Stimulants such as cocaine, amphetamine, methamphetamine, synthetic cathinones and MDMA can increase body temperature, heart rate and blood pressure. Environmental factors such as overcrowding, prolonged dancing, high humidity, long queues with limited shelter, can further elevate risk. Heat-related illness may be difficult to recognise in these settings and can occur alongside acute drug toxicity, dehydration or electrolyte imbalances.

Options for response

Vulnerable and marginalised people who use drugs

Relevant response options may include:

- Implementing service adaptations during heat alerts, where feasible, such as signposting to cool spaces, water and sanitation; possibly expanding mobile outreach to people who use drugs and experience homelessness.
- Disseminating targeted communication on heat illness, drug-related hyperthermia, safer hydration, risks of mixing substances and early help-seeking.
- Engage with public health, local and civil protection authorities to ensure that harm reduction, drug treatment and low-threshold services are integrated into local heat-health plans and heat-alert cascades.

Drug use in festivals, parties and nightlife settings

Relevant response options may include:

- Ensuring access to free and visible water points, access to food or electrolytes, shaded queues, ventilated chill-out areas, rest spaces, safe camping arrangements, crowd-density management and clear routes to medical assistance.
- Providing clear risk communication on the combined risks of heat, crowding, prolonged dancing and drug and alcohol use.
- Ensuring welfare, security and medical teams are prepared to recognise and respond to heat illness, drug-related hyperthermia, hyponatraemia, overdose and mixed intoxications.
- Inclusion of heat risk in event health plans, welfare provision and medical preparedness.

Action required

EDAS contact points, together with Reitox NFPs, are recommended to take the following actions without delay:

- Consider disseminating this communication to relevant national competent authorities, including public health agencies, harm reduction and drug treatment services, emergency medical



providers, prisons, homelessness services, youth services, festival/nightlife organisers, peer networks and other concerned stakeholders working with people who use drugs.

- Encourage services and event organisers to activate heat-alert procedures and share short heat-and-drug-use harm reduction messages before and during events.
- Report clusters of heat-related harms involving people who use drugs, including cases linked to festivals, parties or nightlife settings, as well as service disruptions, barriers and drug-specific heat-related signals. The information should be reported to EDAS@euda.europa.eu

Further reading

1. Cusack L, de Crespigny C, Athanasos P. Heatwaves and their impact on people with alcohol, drug and mental health conditions: a discussion paper on clinical practice considerations. *Journal of Advanced Nursing*. 2011;67(4):915-922. doi:10.1111/j.1365-2648.2010.05551.x
2. Tomassini L, Lancia M, Gambelunghe A, Zahar A, Pini N, Gambelunghe C. Exploring the nexus of climate change and substance abuse: a scoping review. *International Journal of Environmental Research and Public Health*. 2024;21(7):896. doi:10.3390/ijerph21070896
3. CDC. Heat and medications - guidance for clinicians. 18 September 2025. <https://www.cdc.gov/heat-health/hcp/clinical-guidance/heat-and-medications-guidance-for-clinicians.html>
4. European Union Drugs Agency. Recreational settings and drugs: health and social responses. March 2022. https://www.euda.europa.eu/publications/mini-guides/recreational-settings-and-drugs-health-and-social-responses_en
5. World Health Organization (WHO). Heat–health action plans: guidance, second edition. 11 June 2026. <https://www.who.int/europe/publications/i/item/9789289062930>