



European Monitoring Centre
for Drugs and Drug Addiction

MEETING PROCEEDINGS

Continuity and change: high-risk drug use and drug treatment in Europe 2014

EMCDDA event incorporating the annual expert meeting of the treatment demand indicator and the annual meeting of the high-risk drug use indicator (formerly known as problem drug use (PDU))

24–26 September 2014
EMCDDA, Lisbon

Please click on the title for an abstract/summary

Wednesday 24 September 2014			
Opioids, benzodiazepines, stimulants			
08:40	Registration open		
09.00	Background, objectives and expected outcomes of the event — Paul Griffiths		
	Trends and developments in high-risk opioid use: a multi-indicator perspective — Chairs: Julian Vicente and Linda Montanari, Discussant: Julian Vicente		
	Prevalence of and trends in opioid use in Europe: a multi-indicator perspective — Danica Thanki and Linda Montanari		
	Long-term trends in opioid use in the USA: possible resurgence of heroin — Michael A. Cala		
	Recent strong decrease of opioid use in Austria: a cross-indicator analysis — Alexander Grabenhofer-Eggerth		
	Estimating the number of and trends in opiate, cocaine, and amphetamine users in Berlin — Ludwig Kraus		
	I have a dream: the Drug Situation Index (DSI) — Guus Cruts		
11.00	Coffee break		
11.30	Opioid treatment coverage and treatment need — Chairs: Dagmar Hedrich and Danica Thanki		
	Current trends in opioid substitution treatment: saturation or unmet need? — Alessandro Pirona		
	Participation in OST treatment and HRDU estimates: a data analysis — Danica Thanki and Eleni Kalamara		
	Substitution treatment coverage calculation in Norway — Ellen Amundsen		
	In-depth analysis of substitution treatment data in combination with other data (e.g. police) and theoretical considerations to identify stable clients — Martin Busch		
	Prevalence of HIV and risk behaviors among injecting drug users in Tallinn, Estonia, including discussion on treatment access and perceived treatment need — Sigrid Vorobjov and Maris Salekesin		
13.00	Lunch break		
	Parallel sessions		
14.00	Conference Centre	Room 107	Room 012
	<p>Parallel session 1: Ageing drug users: situation, co-morbidities and responses</p> <p>Chair: Jane Mounteney</p> <p>Discussant: Alessandro Pirona</p> <ul style="list-style-type: none"> • Tim Millar: Mortality and treatment interventions among 200 000 opioid users in England, 2005–09 • Andrej Kastelic: Do we need special programs for ageing drug users? • Lubomir Okruhlica: Main medical problems of ageing PDUs in OST • Saket Priyadarshi: Multimorbidity in ageing drug users – a Scottish perspective 	<p>Parallel session 2: Vulnerable populations and drug problems</p> <p>Chair: Linda Montanari</p> <p>Discussant: Stefann Enggist</p> <ul style="list-style-type: none"> • Kieran Lynch: Public health needs of prisoners in English prisons • Nicoletta Capra: An innovative model of assessment and intervention for drug-addicted mothers and their children: clinical and research issues • Dike van de Mheen: The prevalence and course of substance use among Dutch homeless people and the relationship with housing situation after 1.5 years 	<p>Parallel session 3: Monitoring systems and information technologies in drug use and drug treatment data collection</p> <p>Chair: André Noor</p> <p>Discussant: Luis Royuela</p> <ul style="list-style-type: none"> • Naseeba Alozaibi: Developing a surveillance system in United Arab Emirates: challenges and opportunities • Bruno Genetti: The Italian interactive system for addiction data management • Bruno Guarita: Data management of the largest EMCDDA data set – TDI

		<ul style="list-style-type: none"> • Suzi Lyons: Travellers and problem drug use in Ireland • Bogdan Gheorghe: Drug consumption among Roma population 	<ul style="list-style-type: none"> • Wil Kuijpers: LADIS, the Dutch Information System on Alcohol and Drugs • Andrew Jones: NDTMS – a perspective on the English system
15.45	Coffee break		
16.15	<p>The added value of treatment systems approach in services planning</p> <p>Chair: Alessandro Pirona</p> <p>Discussant: Roland Simon</p> <p>How system-based treatment monitoring can inform policy-making — Kerstin Stenius</p> <p>A systems approach to substance use in Canada — Rebecca Jesseman</p> <p>Panel discussion</p>		
18.00	Cocktail at the EMCDDA premises		

Thursday 25 September 2014			
	Parallel sessions		
09.30	Conference Centre Parallel session 4: Stimulant drugs Chair: Danica Thanki Discussant: Martta Forsell <ul style="list-style-type: none"> • Tomasz Bialas: The effects of the State Sanitary Inspectorate activity in the field of new psychoactive substances (NPS) • Róbert Csák: Update on synthetic cathinones injection in Hungary • Bogdan Gheorghe: Update on synthetic cathinones injection in Romania • Zuzana Alexandercikova: Risk of HCV infection among heroin and methamphetamine users 	Room 107 Parallel session 5: High-risk benzodiazepine use Chairs: Klaudia Palczak and Michael-Evans Brown Discussant: Saket Priyadarshi <ul style="list-style-type: none"> • Felice Nava: (Mis)use of benzodiazepines among high-risk drug users • Linda Montanari: Clients demanding treatment for use of benzodiazepines in Europe • Lubomir Okruhlica: Clinical perspective on implications of use of benzodiazepines among clients of drug treatment services — challenges and best practice 	Room 012 Parallel session 6: Adaptation of drug treatment in the situation of changing needs Chair: Roland Simon Discussant: Rebecca Jesseman <ul style="list-style-type: none"> • Domingos Duran: Therapeutic communities: adaptations and the role of monitoring • Wibke Voigt: A clinical view from inpatient treatment: adaptations and the role of monitoring • Rosario Sendino: A quasi-federal view: adaptations and the role of monitoring • Barbara Braun: Monitoring facilities vs. monitoring service provision: a national discussion
11.00	Coffee break		
High-risk cannabis use			
11.30	Chairs: Linda Montanari and Julian Vicente Discussant: Jacek Moskalewicz Trends in high-risk cannabis use in treatment demand and multi-indicator analysis — Linda Montanari and Danica Thanki Cannabis treatment: the EMCDDA Insights — Marica Ferri Trends in cannabis use and cannabis-related treatment demand in Switzerland — Etienne Maffli Cannabis use in France — Tanja Bastianic Psychiatric comorbidity and cannabis use — Maria Francina Fonseca Casals		
13.00	Lunch break		
Economic recession, treatment outcomes and costs			
14.00	Cost of treatment and the impact of economic recession on drug users and drug treatment Chair: Cláudia Costa Storti Discussants: Pedro Pita Barros, Ricardo Gonçalves The impact of economic recession on funding of drug services across EU and Norway — Cláudia Costa Storti National income inequality and declining GDP growth rates are associated with increases in HIV diagnoses among people who inject drugs in Europe — Clive Richardson Designing and implementing responsive drug policies under fiscal constraints: the case of Greece — Meni Malliori Estimating OST costs in Italy — Bruno Genetti		
15.30	Coffee break		

16.00	Treatment outcomes Chair: Marica Ferri Discussant: Andrew Jones What are the outcomes for assessing drug treatment? A review of long-term observational studies on the treatment of opioid dependence — Lucas Wiessing Risk taking and outcomes in the English treatment system — Andrew Jones What can nine years of treatment data demonstrate about long term outcomes, cost effectiveness and the changing profile of drug use in England — Jonathan Knight
17.30	End of the day

Friday 26 September 2014	
09.00	<p>Evaluating best practice: can we monitor treatment effectiveness across Europe?</p> <p>Chairs: Marica Ferri and Lucas Wiessing</p> <p>Making sense of available data: developing a framework to support knowledge exchange — Marica Ferri, Alessandra Bo</p> <p>Drug treatment monitoring and evidence based practice. A mechanism for improving quality and outcomes? — Jonathan Knight and Luke Mitcheson</p> <p>Combination interventions to prevent health related problems in people who inject drugs — can they be monitored using routine data? — Peter Vickerman</p> <p>How can modelling contribute to the evaluation of drug treatment in Europe? — Catherine Comiskey</p> <p>New indicators for monitoring drug users health: a comparison across countries — Carla Rossi</p>
11.00	Coffee break
11.30	Wrap-up and conclusions of the session
12.00	Closing remarks on the overall EMCDDA event — Roland Simon and Julian Vicente



24 September 2014

Opioids, benzodiazepines, stimulants

Trends and developments in high-risk opioid use: a multi-indicator perspective

Plenary session, Wednesday 24 September, 09.00–11.00

Chairs: Julian Vicente and Linda Montanari

Discussant: Julian Vicente

Session summary

(by Danica Thanki)

The session looked at several European and United States data sources to discuss opioid, and in particular heroin, trends in different European countries and the USA. Europe has in general seen a downward trend in opioid (mainly heroin) use for several years, based on multiple indicators (e.g. treatment demand, high-risk opioid use estimates, overdose deaths, drug-related offences data and heroin availability based on data on seizures, purity and purity indicator). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) multi-indicator analysis was based on the years 2006 to 2012, although it is likely that the decreases took place at different times in different countries.

The USA has recorded a remarkable increase in indicators of prescription opioid use and harm (e.g. overdose deaths) since the 1990s. Some indicators (in particular seizures and overdose deaths) point to a recent marked increase in heroin use and related problems, although for the time being at much lower level than prescription opioids. Data suggest that the increases in heroin use are due to increased availability, cheaper prices and, to a lesser extent, a transition from prescription opioids. Research ⁽¹⁾ indicates that some people (less than 5 %) who begin using prescription opioids may later switch to heroin. **Michael Cala** (USA) described a range of predominantly demand-reduction activities that were launched or strengthened in response to this situation. On the European continent, however, there seems to be evidence of decreased interest in heroin, mainly among new users (which began after 2007), but also, gradually, among chronic, long-term users (more recently).

There are signs that the supply of heroin was 'a step ahead' of demand until 2010, when the situation has changed and several countries experienced 'heroin drought' (**Danica Thanki**, EMCDDA). Germany has confirmed similar reductions in the estimated prevalence of opiate use in Berlin (**Ludwig Kraus**).

Several presentations 'showcased' analyses using more than one epidemiological indicator, which has proven very useful in understanding the opioid situation and its trends.

⁽¹⁾ See www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm



Austria (**Alexander Grabenhofer-Eggerth**) presented such an analysis to illustrate its slightly atypical (to European standards) epidemic curve in high-risk opioid use prevalence. The use of several indicators and age breakdowns shed a lot of additional light on these trends.

The final presentation by **Guus Cruts** outlined a possible methodology to merge weighted information from several indicators to derive one index, which could potentially be used, for example, when evaluating the impact of policy changes across countries.

The discussion resulted in additional valuable ideas. For example, a participant suggested that opioid substitution treatment should be highlighted as an important factor when assessing changes in the opioid situation, as quite strong scientific evidence exists that it removes a sizeable proportion of heroin use. Norway has recently found possible evidence of hidden prescription opioid use among its records of drug-related deaths.

Opioid treatment coverage and treatment need

Plenary session, Wednesday 24 September, 11.30–13.00

Chairs: Dagmar Hedrich and Danica Thanki

Session summary

(by Iciar Ruiz)

Alessandro Pirona (EMCDDA) provided an introduction to the topic with his presentation on *current trends in opioid substitution treatment* (OST), describing the increase in the number of clients receiving OST in the 28 European Union Member States (EU-28) since the mid-1990s and the decrease in some Member States since 2007, probably related to the ageing of heroin epidemic cohorts. He concluded that OST shouldn't be the only measurement that is focused on, and that other measurements related to treatment should be considered.

Danica Thanki presented an analysis of recent Standard Table 7 data attempting to map differences in *participation in OST treatment and high-risk drug use (HRDU) estimates*. Some countries include all OST clients in their high-risk opioid use (HROU) estimate and use that as a denominator of treatment coverage calculations, but others consider only a proportion of these clients. The resulting differences between coverage rates, which are not caused by differences in intervention coverage, are an example of the need to look into existing data and to conduct new studies.

Ellen J. Amundsen presented estimations about *HROU and OST coverage in Norway*, based on registers for all treatment and a special register for OST clients. She compared this method to other possible estimators/estimates and described some ideological and technical pitfalls, considering the role of time period (coverage per year, per 30 days, at a given date) and identification of HROU in OST who use opioids other than those that are prescribed.

Martin Busch gave a presentation about *OST, police notifications and data linkage in Austria*. He found a strong negative correlation between treatment duration and police notification, with clients with less than one month of treatment showing a higher probability of being notified than those with more than nine years of treatment. However, he concluded that this analysis does not give any indication about which group of substitution treatment clients could be excluded from the HRDU population.



The final presentation, from **Sigrid Vorobjov** on *the prevalence of human immunodeficiency virus (HIV) and risk behaviour among injecting drug users in Tallinn, Estonia* observed high HIV prevalence and risk behaviour among injecting drug users and revealed that half of fentanyl users don't think they need methadone treatment. This leads to questions about the quality of the harm reduction counselling services and methadone treatments that are currently delivered, and the conclusion that treatment should be based on guidelines.

Following the presentations questions were raised about quality of treatment, the adequacy of OST pharmaceuticals, the most appropriate measurements of recovery and whether high OST coverage by itself was necessarily a positive characteristic. It was suggested that a more comprehensive understanding is required of people in need and those covered by treatment, and several proposals were made, such as looking at addiction as a chronic disease. The participants asked for further discussion on these issues.

Ageing drug users: situation, co-morbidities and responses

Parallel session 1, Wednesday 24 September, 11.30–13.00

Chair: Jane Mounteney

Discussant: Alessandro Pirona

Session summary

(by Renate Hochwieser)

Jane Mounteney (EMCDDA) presented the general objectives of the session, which were to discuss the changing profile of the ageing treatment/problem drug using cohorts observed across the European Union (EU), the challenges that these changes pose to existing treatment and health services and how to respond to them.

Alessandro Pirona provided a short introduction to the topic, referring to the EMCDDA Selected issue on 'Treatment and care for older drug users'. Statistics published in 2010 showed that Europe's drug-using population is ageing and that meeting the needs of older drug users is a growing issue for treatment services. The age of clients entering treatment has continuously increased, particularly in western countries that saw the EU's first heroin epidemics in the 1980s and 1990s. An increase in the proportion of drug-induced deaths constituted by the age group 40–59 has also been noted in several countries.

Saket Priyadarshi (Associate Medical Director, Greater Glasgow and Clyde Addiction Services) gave a presentation on the issue of *multi-morbidity in ageing drug users from a Scottish perspective*. He reported that the age of new clients attending drug treatment services in Scotland has been rising for a decade. Both national and local level data confirm that drug-related deaths occur in an ageing cohort of drug users and all-cause mortality risks for those in treatment is age-related. He informed the audience that drug users are prematurely developing chronic conditions and multi-morbidity at an earlier age than their peers, but they often have poor engagement with general health systems. When concluding his presentation he stressed that the older drug user population should be considered a high-risk group, and therefore improving general health outcomes should be seen as integral to a recovery-oriented system of care for drug services.



The discussion following his presentation demonstrated that the ageing population is of interest not only to drug-use specialists but also, for example, to social scientists and economists.

Andrej Kastelic (Center for Treatment of Drug Addiction, Slovenia) gave a presentation on the question, *do we need special programmes for ageing drug users?* He pointed out that older drug users have specific health and social needs that must be addressed with particular interventions and services. However, it is clear that research data on this issue are limited. Stigma and discrimination about substance use among ageing individuals increases their reluctance to seek professional care. Therefore, staff training and awareness about ageing and substance use should be improved among 'special' services and general care providers, for example general practitioners.

The discussion that followed focused mainly on the question of whether the integration of drug treatment facilities in the general hospital environment (as has been the case in Greece in recent years) would lead to a reduction in the stigmatisation of older drug users. The differences in service culture across Europe are considerable, and therefore no overarching answer to the questions is possible. How the general healthcare needs of this specific risk group can be addressed is an issue that clearly needs to be addressed.

Lubomir Okruhlica (Centrum pre liecbu drogovych zavislosti/ Center for Treatment of Drug Dependencies, Bratislava, Slovakia and Department for Drug Policy Coordination, Ministry of Health of the Slovak Republic) presented the results of research on the *main medical problems of ageing problem drug users (PDU) in opioid substitution treatment (OST)* according to the main World Health Organization health risk determinants (tobacco, alcohol, obesity and physical inactivity). He stated that higher mortality rates of PDU are significantly reducing their life expectancy, and associated health problems are diminishing their quality of life. Ageing patients with chronic opioid use are the most affected. His research found that physical hypoactivity was the most frequent risk factor (99 %), followed by tobacco smoking (94 %) and hepatitis C virus (HCV) infection (79 %). However, the occurrence of alcohol use disorders was very low, and no human immunodeficiency virus (HIV) infection was detected among the patients. In his conclusion he stated that the reduction in life expectancy and poorer quality of life related to the health correlates among problem drug users seem to be heavily influenced by the high prevalence of major health risk factors in this group. The discussion following his presentation focused mainly on the surprisingly low alcohol dependence found among his patients. Different explanations for these observations were mentioned, such as the influence of the broader social context (depending on countries, regions, etc.), ideological or pharmacological reasons (high doses of OST and heavy drinking is a problematic combination that could explain a possible selection bias).

Tim Millar (University of Manchester) gave the first public presentation of the findings of a national record-linkage study on *mortality and treatment interventions among 200 000 opioid users in England, 2005–09*. This is the first study with sufficient statistical power to investigate the ageing effects on opioid user mortality and compare different types of treatment, although this was not the primary objective of the study. The study showed that some forms of treatment are associated with a substantial reduction in drug-related death (DRD) risk, but others have no impact on DRD risk. For the latter, identifying and reducing clients' DRD risk should be prioritised. The discussion following the presentation of this study focused mainly on the identification of fatal DRD risk among clients who receive psychosocial interventions and possible explanations for this phenomenon.

Alessandro Pirona provided a short summary of the main issues discussed during the session. He highlighted the importance of focusing on the increasingly ageing drug-using cohort in Europe, as it



affects all EMCDDA and national drug-related indicators. Also, high rates of chronic HCV infections among older drug users and the advance of its associated diseases will result in considerable costs for the public healthcare system (a 'financial time-bomb'). Alessandro Pirona also identified questions that need to be answered rapidly by policymakers and professionals regarding the ageing of drug users. Are the treatment systems across Europe ready to face this increasing phenomenon? Are professionals trained and supplied with clear guidelines, and are guidelines that were developed 20 years ago still fit for purpose? Are they relevant for ageing chronic drug users? Also, we need to look back and see what lessons have been learned about treatment delivery in the last 20 years, so that we don't repeat the same mistakes in the future. What worked and what didn't for this cohort? Looking ahead, what monitoring activities will be required once this cohort disappears (they are the largest population in our data)? Overall, the session allowed participants to become more familiar on a number of health and social issues related to ageing problem drug users. Relevant discussions and points were raised on the broader challenges, responses and policy relevance of this topic at national and European levels.

Vulnerable populations and drug problems

Parallel session 2, Wednesday 24 September, 14.00–15.45

Chair: Linda Montanari

Discussant: Stefann Enggist

Session summary

(by Julian Vicente)

Vulnerable populations include people who are economically disadvantaged, from ethnic minorities, elderly, homeless, prisoners, with chronic health and mental health conditions, and who have other social disadvantages. They often report high levels of drug use and drug-related problems, and specific patterns of drug use.

Findings from data analysis and research on specific vulnerable groups were discussed.

In England the extent and nature of health needs in prisons indicate higher prevalence rates than in the general population. Interventions targeting drug users in prison aim to maintain continuity of care between services within and outside prison, and ensure equity of access to public health services for prisoners, with consequent implications for clinical and wider public health policy (**Kieran Lynch**).

Female drug users with addiction in Europe account for at least one-quarter of the total drug-using population. Female substance users are exposed to many medical, social, economic, familial and psychopathological risks, requiring intervention through specific tools and targeted responses. A specific project to assess interventions that target parents and children living in therapeutic communities was presented (**Nicoletta Capra**).

Substance use is a prevalent problem among homeless people, and is associated with longer durations of homelessness. A longitudinal Dutch study followed 500 homeless people over a period of 1.5 years, measuring their level of substance use at the start and end of the study. The most-reported substances used were cannabis and alcohol. Most homeless people maintained the same level of use



at the start and end of the study. Those using substances had more adverse housing outcomes than those not using substances (**Dike van de Mheen**).

An analysis of the relationship between drug use and ethnic minority was presented regarding two countries: Ireland and Romania.

In Ireland the number of Traveller cases accessing drug services increased by 163 % between 2007 and 2010. Travellers have a different drug-using profile to the general population, with higher prevalence of alcohol use, younger age of first use and higher levels of injection. This presents a challenge to services to provide targeted, effective services to Travellers with problem substance use (**Suzi Lyons**).

In Romania the Roma community represents 3.1 % of population, and is one of the largest minorities. Drug users amongst the Roma ethnic group present a higher prevalence of heroin and new psychoactive substances use than do other drug users. The Roma population represents 18 % of the treated population and 42 % of needles exchange programmes' clients. Their patterns of drug use are high risk (injection). Despite higher vulnerability, the Roma population is well represented in Romanian services, showing a good level of access to drug and harm reduction services (**Bogdan Gheorghe**).

In conclusion, vulnerable groups present a high level of social exclusion and drug use, often associated with a higher risk of developing drug-related consequences, and also worsening their social and health vulnerability. These populations are sometimes overlapping, with more than one vulnerability factor. Drug use is often only one among several factors of social and individual vulnerability, and it should be tackled with others in a framework of multiple vulnerabilities (**Stefan Enggist**).

Monitoring systems and information technologies in drug use and drug treatment data collection

Parallel session 3, Wednesday 24 September, 14.00–15.45

Chair: André Noor

Discussant: Luis Royuela

Session summary

(by Frederick Denecker and Sandrine Sleiman)

The parallel session reviewed several examples of new interactive databases established for treatment data collection and analysis in three European countries: Italy, the Netherlands and England. Updates on the advances in standardised and automated treatment data collection through Fonte were presented at the end of the session.

In the examples that were presented, treatment demand indicator (TDI) data cover state or publicly funded treatment services, and 'dependence' of a treatment centre on public funding facilitates data reporting. At the same time, the presenters noted that the number of private-sector provided treatments is limited (for example, residential treatment in England is available to about 1,000 clients a year). The systems that were reviewed apply a bottom-up principle for data collection, aggregation



and analysis, with case-based data recorded at the level of a treatment service and further data aggregated at a regional level, from where they are reported to the national level. A unique identifier is used to record each case, to minimise double counting and improve the accuracy of data, and this control is applied at the regional level (Italy) or at the national level (England). The systems also allow specific data analysis to be carried out at local, regional and national levels to meet the needs of different stakeholders. The timeliness of data depends on the level of the data collection system, with the shortest delays at local and regional levels; at the national level data are received once every three months (England and the Netherlands) or annually (Italy). Some common challenges include: coverage of data collection, in particular inclusion of data from private services or expansion of publicly funded drug treatment beyond the specialised treatment centres (the Netherlands); comparability of trends in treatment demand due to changes in the collection methodology; and timeliness of data.

The *Italian National Interactive System on Addiction* (presented by **Bruno Genetti and Alessandra Andriotti**) was designed under the leadership of the Department of Anti-drug Policies (DAP) to respond to data collection requirements at regional, national and international levels (EMCDDA and the United Nations Office on Drugs and Crime (UNODC)). It is designed to capture all drug-related data from different sources using standard procedures for information handling and quality monitoring at all levels. The design and preparation of the system took 18 months (2011–13), and is ready to be fully implemented at the regional level. The Italian network uses two software instruments. One is used at the regional level and the other at the national level, but both allow synergies to be made between the data from regional and national levels, and are accessible to the respective regional or national government officials. The system has four distinct sections: data collection; quality control; analysis/estimation; and reports/standard outputs. It integrates performance measures, provides quality control in terms of completeness, consistency, double counting (at a regional level) and geographical coverage of data, and is divided into several flexible modules. The data collection and quality control process contribute to the production of cleaned data and also provide a report on any inconsistencies in data collection. The data analysis module allows data to be exported to Excel, and data can be filtered to comply with reporting requirements for different indicators. The system can produce textual data, tables and graphics and can export the reports in PDF format. With regards to TDIs, a TDI 2.0 and now 3.0 protocol is used to collect annual individualised data (with a unique identifier) at the service level (approximately 500 services); data are aggregated at the regional level, submitted to the Ministry of Health, and then to DAP. At the regional level data are collected and quality controlled, and standard reports can be created for service providers and regional administrations. At the national level the system contains aggregated anonymised data corresponding to the needs of TDI reporting and automatically produces the TDI tables. This presentation was followed by questions on the potential to use this system's databases for other scientific research. The presenter explained that in principle the system allows data to be analysed on the latency period for drug use (the difference between the age of first use and age of first treatment). The databases could also be used to study polydrug use. A move from a survey-based TDI data collection to a 'full coverage' data collection should be taken into account when interpreting TDI data from Italy.

England's *National Drug Treatment Monitoring System (NDTMS)* (presented by **Andrew Jones**) was created in 2003 to replace a paper-based data collection system that had been established in the 1990s and revised in 2000. All treatment agencies that receive public funding are mandated to provide data. Data are compiled at the level of treatment centre and reported to regional and national levels every month. Data on three main substances of abuse are collected and entered. Data are checked for double counting at the national level. Most of the national and local level reports are



public, and registered users also have full access to the anonymised treatment data. NDTMS collects data on all persons in treatment, while TDIs require those who enter treatment during a calendar year to be reported. This data collection provides data on a client's treatment journey, which is used to support national strategy initiatives including recovery-oriented policy goals.

Wil Kuijpers presented *LADIS, the Dutch Information System on Alcohol and Drugs*. The system is used to control the quality of hospital care in 13 large treatment agencies. LADIS is composed of three open source softwares — PostgreSQL, Kettle (for data integration) and iVZ — with a dashboard. The data are entered at the local level using several keys: unique identifier based on a client's social security number; client number; gender, etc. At the second level the data are inscribed by a third trusted party (TTP), from where they are transmitted to LADIS and subsequently delivered to the EMCDDA. The data are transmitted to LADIS every three months. The raw data are stored in the healthcare service database. The current challenge is to accommodate the data from an expanded network of addiction care providers.

Bruno Guarita presented the advances in the management of the largest EMCDDA database on TDI. He emphasised the facilitative role of the XML tool for data submission through Fonte, and further reviewed a quality assurance process for handling of data, which includes logical automatised control for possible mistakes (sums, proportions, compulsory fields), quality validations (methodology, trends, grand totals) and general issues (missing variables and reports). The validated data are inscribed in the DWTAP (Oracle) database, from which data are extracted to different statistical packages. Data are assessed annually for timeliness, quality and quantity, and every three years an in-depth assessment of key indicators is implemented to consider the quality of data and implementation processes. The current challenges are: comparability of data due to changes in the TDI protocol (case definition, more drugs reported); reducing the delay in data reporting; double counting and coverage; better integration between TDI and Standard Table 24; case vs. aggregated data; flexibility of TDI; and better integration between TDI and National reports.

The added value of a treatment systems approach in services planning

Parallel session 2, Wednesday 24 September, 16.15–18.00

Chair: Alessandro Pirona

Discussant: Roland Simon

Session summary

(by Dagmar Hedrich)

Based on input from three experts, the session aimed to present the rationale behind system-based approaches in drug treatment, and to illustrate how a system-based monitoring approach can improve system planning, and thereby access, availability and cost-effectiveness of treatment services.

Rebecca Jesseman from the Canadian Centre on Substance Abuse (CCSA) approached the topic from the perspective of *an agency in charge of developing practical analytical system tools for use in service planning predominantly at regional and local levels*. Based on CCSA's *Systems Approach Workbook* (2008), she shared experiences and lessons learned in moving towards system-based approaches in service planning in Canada.



The CCSA workbook (available online at www.ccsa.ca) is a practical tool to facilitate the mapping of treatment systems, in order to identify gaps and shortcomings in drug treatment. The tool uses four starting points: (a) the assessment of the levels of risk and harm experienced by the target populations; (b) the range of interventions (functions) a comprehensive treatment system should offer in order to ensure continuity of care; (c) the specific categories of service delivery (well-known examples of which are education and prevention, screening and brief interventions, withdrawal management, outpatient and inpatient treatment services, Internet and mobile services, mutual aid); and (d) the analysis of the characteristics of treatment populations, such as age, gender or ethnicity. In addition to these four basic dimensions, the system mapping tool covers: the different types of treatment approaches through which services are provided; the settings in which they take place; a categorisation of treatment providers, and their linkage to other players in the community and in other realms such as public health or criminal justice. Finally, the tool specifies the criteria against which the quality of treatment systems should be assessed. These include availability and accessibility of treatment, and the degree to which wider determinants of health (for example, income, employment or housing situation) are accounted for.

An important conclusion from the use of this planning tool in eight Canadian jurisdictions was that holistic services have a greater economic impact. While effective planning requires investment, it results in better client care, which translates into costs savings in the future.

A presentation by **Kerstin Stenius** from the Nordic Centre for Welfare and Social Issues in Helsinki, Finland focused on *dimensions of treatment systems and the measurement of system functioning*, based on the experiences of research in different Nordic countries. She underlined that each nation has its own conceptualisation of a drug treatment system. Furthermore, there are considerable local variations, especially in non-medical treatment, which is even less standardised. She outlined a model of substance use treatment and moderating factors such as drug use culture, case mix and demographic factors, which illustrates how contextualised and non-static ('moving') treatment typically is. However, one of the main questions she and other Nordic researchers have analysed is how the cumulative effect of effective treatment on population health can be measured. This research took place in the context of regional reforms, during which responsibility for drug treatment was devolved to municipalities, which resulted in a need to guide treatment planning at the local level.

The work of the Nordic group underlines the important role of local/regional monitoring in shaping municipalities' treatment response. A set of monitoring tools was developed that helps to measure the accessibility of treatment, retention and reductions in prevalence of the target behaviour. However, in order to complete the evaluation of treatment, she suggested that an important next step should be the development of an instrument for use by treatment clients that measures access to and quality of treatment from a client perspective.

The final presentation was made by **Saket Priyadarshi**, a medical doctor who is the manager of a large addiction treatment service in Scotland with more than 500 frontline staff in 16 community-based and two inpatient teams, serving a population of more than one million people. Successful planning and management of such a large service requires well-trained staff, excellent coordination with other service providers (continuum of care) and the involvement of a number of partners, including police, family representatives, social workers and representatives of service users. While previously the treatment services had mainly focused on lowering access barriers and improving retention in treatment, more recent stakeholder surveys had revealed a lack of client orientation. Relevant performance data from hospitals, police and other sources had informed the design and implementation of a 'change' programme for the service.



The advantages of understanding drug treatment responses as a system rather than as isolated interventions or simple chains of measures were further underlined in the plenary discussion. Using monitoring data — including data from local and regional levels — for planning policies and interventions was considered to be more effective in addressing the various needs of patients than focusing on individual treatment needs or components of the system in isolation. The session showed how epidemiological indicators and service use and provision data can successfully be combined using a system-based understanding of treatment and can improve its cost effectiveness.



25 September 2014

Stimulant drugs

Parallel session 4, Thursday 25 September, 09.30–11.00

Chairs: Danica Thanki

Discussant: Martta Forsell

Session summary

(by Alessandro Pirona)

The session on stimulant drugs brought together speakers from Hungary, Romania, Poland and Slovakia, all of which have recently experienced changes in their national drug situation with increases in the use of new psychoactive substances (NPS), especially synthetic stimulant drugs, and/or in methamphetamine use. The increase in NPS, such as synthetic cannabinoids and cathinones, began in most of these countries after 2008 and rapidly attained significant proportions. In Poland, for example, survey data showed that in 2010 about 11.4 % of young Poles reported having had some contact with NPS. In Hungary over half of all drug seizures are now NPS, and school surveys show that mephedrone, a synthetic stimulant, is the fifth most prevalent substance among pupils and the second most prevalent illegal substance. In Romania NPS are now the second main reason given for requesting drug treatment. Interestingly, a common phenomenon was reported by the speakers from these three countries, which was a switch from a traditional illicit substance to an NPS, or the other way around. Thus in Poland, following legal actions to counteract access to NPS (for example, a ban on NPS shops), an increase in cannabis consumption among young people was observed. More worryingly, Romania and Hungary reported a switch by high-risk opioid users, mainly injectors, from heroin to synthetic cathinones. The main reasons reported were a reduction in heroin availability, easier access to NPS, enhanced psychoactive properties (a greater high when injecting NPS), and being a cheaper alternative to heroin. In Romania, once legislation banning NPS was introduced, treatment demands decreased for NPS and increased again for opiates, clearly reflecting a polydrug pattern with no real drug of choice but relatively flexible preferences based on availability and access to psychoactive substances. However, Hungary reported a continuing sharp increase in NPS injection and often saw changes to new synthetic cathinones following the banning of previous ones. Notably, the increase in NPS use was associated in Poland with an observed increase in hospitalisations, in Romania and Hungary with increased treatment demands and a shorter period before seeking treatment than for traditional illicit substances, and in Hungary with an increase in the frequency of injecting behaviour for synthetic stimulants among high-risk drug users. In Romania, injecting of NPS could possibly be linked to an observed increase in human immunodeficiency virus (HIV) and hepatitis C virus (HCV) among injectors, with HIV prevalence among injecting drug users (IDUs) increasing from 25 % in 2012 to 50 % in 2013.

Interestingly, the Slovak speaker presented findings from their study comparing a group of opiate injectors and methamphetamine injectors that showed, in contrast to the Hungarian findings, that the prevalence of injecting behaviour was lower among methamphetamine users than opiate users. The same study also showed that the group of methamphetamine users had a lower risk of HCV infection.

In terms of implications for treatment and care services, it was stated that treating the emergency situation (often connected with acute 'toxic' psychosis) was crucial, access to harm reduction services such as needle and syringe exchange was key for IDUs injecting synthetic and traditional drugs, and,



because no substitution treatment is available for stimulant users, detoxification followed by psychosocial interventions is recommended.

High-risk benzodiazepine use

Parallel session 5, Thursday 25 September, 09.30–11.00

Chairs: Klaudia Palczak and Michael Evans-Brown

Discussant: Saket Priyadarshi

Session summary

(by Isabelle Giraudon)

This session reviewed several dimensions of the use and misuse of benzodiazepines (BZD).

BZD use and misuse are general population issues, as suggested by the high volumes that are prescribed in Europe and other parts of the world.

BZD have an invaluable utility in a therapeutic sense to treat anxiety disorders, and their benefits seem to outweigh the health risks associated with them. Nevertheless, this benefit is balanced by some risks and adverse effects, as is the case with any other medicine. Thus it is essential to detect and monitor misuse, associated harm and dependence in particular.

There is a higher prevalence of use and misuse of BZD among high-risk drug users (HRDU) compared to the general population, as revealed through prescription data and drug treatment data. HRDUs use BZD to obtain a range of effects, explaining the variety of profiles (e.g. to reduce the effects of stimulants, to enhance the effects of other drugs, to replace or substitute a drug, to use BZD as self-medication for withdrawal). Among HRDU the drug's use is often characterised by craving, high-dose and long-term use with a high risk of dependence.

There is a wide range of risks for patients who are on BZD and opioid agonist treatment, including primarily an increased risk of overdose when associated with other depressant drugs such as heroin or other opioids, and depression. Other medicines and alcohol problems are often part of a 'cocktail' of downers in these polydrug users. In Scotland, for example, 8 in 10 or more of the overdose cases reported have BZD in their system. Beyond this risk of death directly induced by drugs, BZD have a broader impact on health risks. Even if poisoning is not reportedly related to BZD, its use can impact indirectly on the risk of death, for example the decision to inject, quitting opioid substitution treatment, amnesia, and an inability to engage with motivational interviews or to engage in long-term treatment. It also impacts on the risks associated with violence and trauma, for women in particular. Unborn children might also be affected, as shown by indicators on neurological and visual development in children exposed prenatally to BZD.

The clinical implications of BZD use among HRDU were discussed: co-dependence, tolerance, difficulty in managing detox due to differences in the timing of detox with alcohol and BZD; overdose, injection, short-acting BZD (due to its high potential for dependence) and high dose (impulsivity, accidents). Many HRDU would need a BZD detox treatment. The treatment of BZD problems among polydrug users is long and complex and requires appropriate referral, a step-by-step approach and stabilisation.

This session also explored the supply of BZD. In Europe the market is complex, with different sources, including illicitly produced BZD (originating, for example, from China and India) such as



phenazepam, BZD diverted from treatment and, by far the most common source, BZD that has been prescribed for treatment.

In terms of the responses to the public health concern about BZD misuse, dependence and associated harms, there is a range of professional guidelines and evidence-based recommendations available both for the care of the general population and in the context polydrug users and HRDU. The implementation of these recommendations probably varies, though, between countries, and between individual prescribers.

With regard to the particular risks among HRDU, harm reduction responses to overdose need to be scaled up and information on the risk of polydrug use, on resuscitation techniques and the use of naloxone should be reinforced.

Adaptation of drug treatment in the situation of changing needs

Parallel session 6, Thursday 25 September, 09.30–11.00

Chair: Roland Simon

Discussant: Rebecca Jesseman

Session summary

(by Marica Ferri)

In the first presentation **Domingos Duran** (SICAD, Portugal) described the development of the laws and concept of therapeutic communities in Portugal. After a preliminary deregulated period, between 1991 and 1997 regulations were put in place, culminating in 1999 with the introduction of licensing. The therapeutic communities that were originally drug-free also considered the prescription of methadone in particular for the most complex patients. On admittance, patients are assessed by a health carer from the National Health System.

Wibke Voigt (Psychiatrist, Head Physician, Hospital St Vitus) presented data from a set of German clinics dealing mainly with alcohol problems. Some of the evaluated clinics are gender specific, and they are oriented to social re-integration. The rate of abstinence — measured at a one-year follow-up — is between 65–85 %. **Rosario Sendino** discussed the role of monitoring in a country organised around autonomous communities (Spain). She described the difficulties arising from the different networks sometimes working in parallel. Aside from difficulties in data collection and interpretation, the main shortcomings are represented by the fact that the overall picture provided by the data does not represent the local context in which the treatment is actually provided.

Barbara Braun (IFT Munich, German national focal point) discussed the differences between monitoring individual facilities and monitoring treatment provision. The first monitoring is detailed and includes lots of different episodes, whereas the second monitoring approach uses aggregated data. The German data collection system is currently being revised, in agreement with the treatment demand indicator (TDI) 03 protocol, and there is consensus over the identification of treatment centres (in Germany 16 different types of facilities exist).

The discussant (**Rebecca Jesseman**) gave a short overview of the presentations given and commented:

- Portugal has demonstrated the capacity of an approach that is typically resistant to change to be informed by monitoring data and its programming adapted to suit emerging client trends.



- The excellent point was also made that when we are spending public funds, we are responsible for ensuring that those funds are effectively spent to better serve our population. There is a role for indicators and monitoring in contributing to that accountability and transparency.
- Our colleague from Germany illustrated the ability to use monitoring data to demonstrate the direct economic impact that treatment has by decreasing the unemployment rate, contributing to the case for investment in effective treatment approaches.
- However, we also heard questions regarding the utility of centralised data in a decentralised context.
- We heard from all speakers that there are many resources dedicated to reporting processes. Does the investment in provision and ongoing maintenance of national and international data collection pay off in terms of increased accessibility, quality and efficiency of services? Keeping in mind the common goal of better serving clients, this is an important question. For example, does the process reveal trends more proactively than would otherwise be possible? Conversely, does the focus on higher-level reporting impose a limiting structure that prevents flexibility and agility in monitoring at the local level?
- Finally, a question to take away: what can the EMCDDA do to ensure that TDIs are a supportive tool rather than a reporting burden?

High-risk cannabis use

Plenary session, Thursday 25 September, 11.30–13.00

Chair: Linda Montanari and Julian Vicente

Discussant: Jacek Moskalewicz

Session summary

(by Deborah Olszewski)

Cannabis remains the most-used illicit substance in Europe. This session looked at developments in cannabis treatment in Europe against the trends in prevalence of use. Overall, drug treatment demand data and drug market indicators point to an increase in cannabis use and cannabis-related problems in Europe in the last 10 to 15 years. However, recent general population data provide a more mixed picture, with levels of use diverging in some countries and converging in others.

Between 2002 and 2012 there was an overall increase in the number of people entering treatment for primary cannabis use, although explanations for this increase remain unclear. Increases were reported in the number of daily cannabis users entering drug treatment, the age at first treatment entry and the male to female ratios, whilst the age of first cannabis use decreased during the studied period (**Linda Montanari**, EMCDDA).

A literature search (**Marica Ferri**, EMCDDA) identified a variety of evidence-based treatments for cannabis use disorders, but no single method of treatment emerged as being significantly more effective than others. However, a combination of cognitive behavioural therapy (CBT) and motivational interviewing (MI) appeared to be more cost-effective than other treatment approaches. Many countries in Europe now offer treatment programmes for cannabis use disorders but there is potential for improvements, and differences between adolescents and adults should be taken into account.



Etienne Maffli (Switzerland) presented the results of repeated cross-sectional surveys that suggest that cannabis use peaked in the early to mid 2000s, followed by a slight decrease or stabilisation. At the same time, the proportion of clients attending specialised facilities for primary cannabis-related problems increased compared to other drug-related problems. A focus on the absolute numbers and profiles of cannabis clients provides a better understanding of this seemingly paradoxical trend.

Tanja Bastianic (France) noted that France is one of the countries with higher cannabis prevalence, especially among teenagers. Of the approximately 100 000 clients treated in specialised centres in France around 25 % are treated for cannabis problems. Socio-demographic characteristics have remained stable but the source of referral is changing slightly.

Francina Fonseca's (Spain) presentation focused on evidence regarding the psychiatric consequences of cannabis use. Against a background of cannabis being viewed by many as a relatively harmless substance, the debate about health consequences for adolescents and young adults in particular has intensified. Regular use of cannabis has been associated with a risk of psychosis in subjects with genetic vulnerability, and has also been associated with a greater risk of anxiety and depression. Cannabis addiction has been detected in approximately 9 % of users overall, in 17 % of those who begin use in adolescence and in 25–50 % of daily users.

The discussant **Jacek Moskalewicz** (Poland) highlighted a range of points. He drew attention to the importance of understanding the consumer perspective, the perceived benefits of cannabis consumption, and the need to take political, economic and social contexts into account. He noted that, whilst trends in use converge in some respects and diverge in others, much could be learned by exploring outlying countries.

The cost of treatment and the impact of the economic recession on drug users and drug treatment

Plenary session, Thursday 25 September, 14.00–15.30

Chair: Cláudia Costa Storti

Discussant: Pedro Pita Barros, Ricardo Gonçalves

Session summary

(by Danica Thanki)

This session focused on the economic aspects of drug use and drug treatment, and the impact of the economic recession on both. The first three speakers investigated, from several points of view and with different approaches, the impact of the economic crisis on drug service funding and thus on the users of these services.

Cláudia Costa Storti (EMCDDA) explored European Union level analysis of the correlation between the different degrees of economic recession and funding of drug services. It was clear that the impact of economic recession differed between countries quite substantially. In some, the impact on drug-related spending was substantial. The presentation also sought to explain these changes and highlighted the positive aspects of rethinking efficiency and flexibility of spending in some cases.

Clive Richardson (Greece) presented a study that has found an association between human immunodeficiency virus (HIV) outbreaks and a decline in gross domestic product growth and inequality of national income distribution in European countries. The study was mainly inspired by recent HIV outbreaks in Greece, Romania and Bulgaria.



Meni Malliori (Greece) outlined the reaction of Greece to the economic crisis, mainly from the drug policy perspective. The presentation focused mainly on the HIV outbreak in Greece and the necessity for the country to respond to it. Even though it is experiencing economic constraints, Greece has responded by dramatically increasing opioid substitution treatment (OST), and syringe and condom provision, and by training of key members of the public (e.g. the police). Recommendations based on the country's experience were identified.

Alessandra Andreotti presented Italian work on estimating OST costs by two methods — 'top-down' and 'bottom-up'. A pilot study showed good consistency between results and the feasibility of this exercise.

The discussion was presented by top economic experts from Portugal, **Pedro Pita Barros and Ricardo Gonçalves**. Insightful remarks were made, for example, to think not only in terms of how much was spent but what was actually 'bought' for this spending (e.g. could a decrease in some prices change the outcome?), to keep in mind the explanatory theory behind observed changes (e.g. why does inequality correlate with HIV outbreaks? It presumably cannot be because the rich are becoming richer — isn't it rather that poverty itself has increased?) and to think also in terms of the value obtained for a particular cost (e.g. the higher total cost of services in some Italian regions might have been due to more service provision, etc.), and to add a dimension of cost-effectiveness to the present discussions, among other issues.

Treatment outcomes

Plenary session, Thursday 25 September, 16.00–17.30

Chair: Marica Ferri

Discussant: Andrew Jones

Session summary

(by Marica Ferri)

Lucas Wiessing (EMCDDA) provided an introduction to the topic with *a review of long-term observational studies on the treatment of opioid dependence*. He pointed out that an increasing emphasis has been placed on the importance of evaluating the effectiveness of drug treatment, but without consensus on how this should be done.

The preliminary findings of a literature review that he presented showed that a variety of outcomes are used in observational studies, making comparisons and discussion difficult. And where the same outcome domains are covered, measures of treatment success seem to differ. He concluded that there is a need to develop further consensus on the main outcomes, to assess the successful treatment of opioid users.

Andrew Jones presented combined information from the English National Drug Monitoring System and the Drug Treatment Outcomes Research Study (DTORS) to describe *risk taking and outcomes in the English treatment system*. He highlighted data about behaviours known to increase the risk of overdose in opioid users within treatment and provided an analysis of trends in treatment outcome measurement, linking this to the possible role of risk reduction in the outcome framework. His main conclusion was that outcome targets tend to be achieved within relatively short timescales but that this has not so far been the case for outcomes that are more recovery-oriented. He reported on the current pilot in Payment By Results systems in England and is engaged with an evaluation of these, which will be available in 2015.



During the session several questions about definition of outcomes and measurements arose, demonstrating a common concern about the difficulty in finding common indicators to measure the success of treatment, and the place that drug-related deaths have in public health priorities. Interesting discussions were also generated by the presentations of the preliminary results of the UK evaluation of recovery outcomes that led to a shared dilemma — are we still looking at the outcomes that we can measure or at the real indicators of successful treatment? Proposals for research were discussed, as well as suggestions for new definitions in the objectives for the treatment of opioid dependence.



26 September 2014

Evaluating best practice: can we monitor treatment effectiveness across Europe?

Plenary session, Friday 26 September, 09.00–11.00

Chair: Marica Ferri and Lucas Wiessing

Session summary

(by Marica Ferri)

This session approached the theme of monitoring best practices from several different angles and gave a comprehensive picture of the complexity of such an endeavour. The session included: a national example of the use of drug treatment monitoring data to improve outcomes (Knight and Mitcheson); a modelling analysis of combined interventions to reduce hepatitis C virus (HCV) infection (Vickerman); a presentation on how modelling can be used to evaluate drug treatment (Comiskey); and a comparison of drug use across countries using a harm index that can inform policy evaluations (Rossi).

Jonathan Knight and Luke Mitcheson provided a national example of the use of drug treatment monitoring data to improve outcomes. They described the recovery diagnostic tool now in use in the United Kingdom, and outlined the benefits and disadvantages of such an approach. They highlighted how outcomes measuring the success of treatment do change over time, accompanying the epidemic as well as the potential of the health system.

Peter Vickerman presented a modelling analysis of combined interventions (needle and syringe programmes and opioid substitution treatment) to reduce HCV prevalence. The results of the model show that the impact on HCV prevalence is likely to be small over 10 years, and longer time periods are needed, although the impact could be quicker in people who have only recently begun to inject drugs (PWID) than in the older cohort of existing PWID. While stressing the importance of undertaking modelling in a statistical framework that can synthesise data from different sources, he still warned of the risks of using routine data as the sole data source in modelling work.

Catherine Comiskey presented three different scenarios based on personal experiences of evaluating best practice in drug treatment at local, national and European Union (EU) level. She presented a regional assessment of drug treatment services undertaken to prioritise essential services; she also presented some extracts from the ROSIE study, a large observational study of the Irish substitution treatment cohort; and when talking about the EU level she stressed the additional sources of data that can be taken into consideration, such as hospital statistics and Eurostat. She also noted the importance of implementation as a multiplier of best practice, i.e. effective implementation is not merely an 'add on' to an evidence-based response but is a multiplier, and if we multiply something by zero the result, no matter how good, is zero.

Carla Rossi presented a new approach to comparing drug use across countries that can inform policy evaluations. Two new scores — the frequency of use score (FUS) and the polydrug use score (PDS) — and their different distribution can inform the interpretation of countries' drug use trends and help to contextualise the impact of specific policies or prevention interventions.



Abstracts in alphabetical order

A clinical view from impatient treatment – adaptations and the role of monitoring

Author: Wibke Voigt, Psychiatrist, Head Physician, Hospital St. Vitus

The basic task for us is to enable our clients to deal with their addiction and other psychiatric disorders and to become fit for work. Success is directly related to retention time and (gender) specific treatment.

Therefore, adaptations are necessary and can be supported or activated by analysis of statistic data.

A quasi-federal view: adaptations and the role of monitoring

Author: Rosario Sendino, Director of the Information Systems and Documentation Unit, Government Delegation for the National Plan on Drugs, Ministry of Health, Social Services and Equality, Spain

Because Spain is a decentralised country, drug treatment planning and provision pose a considerable challenge in terms of monitoring at the national level. It also brings up some controversial issues such as usefulness, and ways of enhancing monitoring. The presentation outlines the specific features of the Spanish drug treatment system and proposes some reflections to share with the rest of the participants.

A systems approach to substance use in Canada

Author: Rebecca Jesseman, Canadian Centre on Substance Abuse

- Canada released the report *A systems approach to substance use in Canada: recommendations for a national treatment strategy* in 2008. The report outlines the need for and steps toward a comprehensive systems approach to substance use.
- A comprehensive approach to substance use means putting the client — and his or her complex needs — at the core and structuring the system to meet those needs. However, system components often work in isolation, posing barriers to clients and resulting in gaps and duplication in service provision.
- Taking a system-based approach to service planning is an important way to reduce these gaps and duplications, and to better meet client needs.
- Communication and knowledge exchange between system components such as specialised substance use treatment, mental health, community services, primary care and enforcement are important steps toward a client-centred approach. Effective system-based service planning is, however, also strongly dependent on the availability of accurate, timely information.
- This presentation will share experiences and lessons learned in moving toward system-based approaches to service planning in Canada.



An innovative model of assessment and intervention for drug-addicted mothers and their children: clinical and research issues

Authors: Nicoletta Capra*, Francesca De Palo **, Alessandra Simonelli **

* Therapeutic Community 'Casa Aurora', Comunità di Venezia s.c.s. (Venezia) ** University of Padua, Department of Developmental and Social Psychology

Female drug users with addiction account for at least one-quarter of the total European population consuming illicit substances (EMCDDA, 2006). These findings confirm that female substance users are exposed to many risks, including medical, social, economic, familial and psychopathological risks, requiring intervention through specific tools and targeted responses (Brentari et al., 2011). The factors investigated include pregnancy, parenthood, well-being, and the development of the child. Substance abusing mothers represent an at-risk parenting situation that, in turn, profoundly influences the quality of the mother–child relationship. An awareness of these at-risk situations for children, along with the widely accepted notion that, ideally, children should always be raised by their mothers led to the introduction of residential treatment in Italy. These services deal with maternal pathologies and provide care and assistance for children; in fact, these therapeutic communities accommodate addicted mothers as well as their children. With this in mind, the present paper intends to present a project which started in 2009, 'Research and intervention on minors in communities for addicted mothers and their children: from at-risk parenting to child well-being' (Stocco et al., 2012), that aimed to ensure child well-being by assessing maternal parenting and by carrying out observations of the child, his/her caregivers and the caregiver–child relationship (De Palo et al., 2014). At the same time, the most suitable intervention for each individual subject is put into effect. The project provides a multi-method evaluation through a longitudinal approach aimed at programming and monitoring the interventions performed by parents while following the development of children living in therapeutic communities. Developmental risk factors and/or clinically relevant, real life symptoms are identified as they emerge. Longitudinal investigations also enable the outcome to be measured, in terms of both the intervention in maternal drug addiction, and the child's development or their mutual relationship.

Benzodiazepine misuse and abuse in drug users

Author: Felice Nava, Unit of Penitentiary Medicine, Italian Society of Addiction Medicine (FeDerSerD)

Benzodiazepines (BDZ) are among the best-selling products of the pharmaceutical industry worldwide. The misuse and/or abuse of BDZ is a neglected but growing phenomenon, especially among drug users.

However, very little epidemiological data is available on its misuse and to inform clinicians on the real risks of BDZ misuse and/or abuse.

The latest report by the Italian Council of Research (CNR) (ESPAD 2014) found that 9 % of Italian adolescents used non-prescribed BDZ together with other illicit drugs or alcohol on more than one occasion in the previous year. On the other hand, a recent unpublished survey conducted on 38 Italian prisons (involving more than 15 000 detainees) indicated that 60 % of inmates had used BDZ for more than six months, and in an elevated dosage, and that this percentage is higher among detainees with drug use problems (80 %). Moreover, an Italian survey suggests that in prisons non-



prescribed BDZ are the second most-used illicit drugs (used by 47 %) after marijuana/hashish (53 %) and before cocaine (41 %) (Nobile et al., BMC Public Health, 11: 529).

Considering the above data, BDZ may represent one of the most dangerous 'active ingredients' of the drug mixture used by polydrug users, and consequently it should be one of the most important therapeutic targets for achieving abstinence and for strategies of relapse prevention in drug users.

Cannabis treatment: the EMCDDA Insights series publication

Author: Marica Ferri, EMCDDA

Background: Individuals with cannabis use disorders have historically presented in drug treatment settings in Europe; however, over the past several years the number seeking treatment for problems related to cannabis use has increased, both in absolute and relative terms.

Methods and data sources: EMCDDA materials and databases were searched to identify systematic reviews, narrative reviews and individual studies published between 2008 and 2012. Publications in three databases (PubMed, EBSCO and Google Scholar) were searched using the search terms cannabis, marijuana, treatment, therapy, counselling, evaluation, efficacy and effectiveness, without language restrictions. Exclusion criteria were set for studies only focusing on either alcohol or tobacco. Data regarding cannabis-specific treatment programmes in the 28 European Union Member States, Turkey and Norway were obtained from the EMCDDA Annual reports and Statistical bulletins from 2008 to 2012 and through an ad hoc data collection with the support of the EMCDDA's network of national focal points (the Reitox network).

Findings: A variety of evidence-based treatments were found to be available for cannabis use disorders. When compared with the standard treatment in place (treatment as usual), these interventions are more effective in reducing the frequency and quantity of substance use, and the severity of substance use-related problems.

No individual empirically supported treatment emerged as being significantly more effective than any other empirically supported treatment. However, a combination of cognitive behavioural therapy (CBT) and motivational interviewing (MI) appeared to be more cost-effective than other treatment approaches in several studies.

While multidimensional family therapy might have some advantages (for example, better treatment adherence) over other treatment approaches for adolescents, a combination of CBT, MI and contingency management appears to be the most effective treatment approach for adults.

Treatment programmes are administered in both inpatient and outpatient settings by a variety of service providers, including professionals, para-professionals and lay people. The most frequently offered evidence-based cannabis-specific interventions in Europe are based on multidimensional family therapy, CBT and motivational interviewing/motivational enhancement therapy.

Although many countries in Europe offer quite effective and comprehensive treatment programmes for cannabis use disorders, there is still potential for further improvements. In some cases no evidence-based treatment for cannabis use disorders is offered; in other cases availability may not be sufficient. Collaboration between treatment providers, general healthcare providers and the criminal justice system can help to reach people in need through referrals.



Cannabis use in France

Author: Tanja Bastianic, OFDT, French national focal point

Cannabis is by far the most widely used illicit substance in France. In 2010, among adults aged 18–64, around 33 % admitted having used cannabis during their lifetime, and 4 % in the past 30 days.

France is one of the countries with higher cannabis prevalence, especially among teenagers.

In France there are about 100 000 clients treated in specialized treatment centres, of which around 25 % specify cannabis as the drug that causes them most problems. The socio-demographic characteristics of those clients have remained stable over the years, but the source of referral is changing slightly.

Clients demanding treatment for primary and secondary use of benzodiazepines

Authors: Linda Montanari and Bruno Guarita, EMCDDA

Every year just over 6 000 drug users enter specialised drug treatment for primary use of benzodiazepines (BZD) in Europe. They represent around 2.5 % of all drug clients entering treatment in the European countries. Most countries report less than 2 % of primary benzodiazepines clients, seven countries report between 2–4 % and only three countries report more than 4 % of drug clients with primary BZD use entering treatment. The number of clients who cite benzodiazepines as a secondary drug is much higher (above 230 000); in these cases they are often used (at the same or different times) with heroin and alcohol.

Trends in reported treatment demand data show an increase in the number of people entering treatment for BZD use from 5 200 in 2006 to 6 200 in 2012; the trend for those citing BZD as a secondary drug is more variable, showing an overall decrease for the six-year period.

The profile of these clients differs from the profile of other drugs users. They have a mean age of around 38 years and the proportion of females is around 40 % (a gender ratio of 1.6) - substantially higher than for other drug users. Primary users of BZD take the drug orally, but one-third inject (currently or in the last 30 days) other drugs.

These data raise some issues related to the representativeness of the profile of drug clients with primary BZD use compared with that of BZD misusers in the community, and the ability of drug treatment to reach BZD misusers.

Clinical perspective on the implications of benzodiazepine use among clients of drug treatment services: challenges and best practice

Author: Lubomir Okruhlica, Centrum pre liecbu drogovych zavislosti/ Center for Treatment of Drug Dependencies, Bratislava, Slovakia and Department for Drug Policy Coordination, Ministry of Health of the Slovak Republic

Benzodiazepines (BZD) belong to the group of the most prescribed medicines in Slovakia, as is the case in many European Union countries. However, they are very seldom coded among primary drugs in treatment demand indicator (TDI) reporting, which is consistent with clinical experience. The prevalence of treatment admissions due to sedatives is between 0.8 and 2.0 patients per 100 000 every year. Different benzodiazepines have different addiction potential and, with the exception of the



fast- and short-acting drugs such as flunitrazepam, they do not pose a high risk to public health. Their benefits seem very clearly to outweigh their health risks. A good example of this was the limited epidemics of abuse and co-dependence on flunitrazepam, especially among heroin users, in Bratislava in the 1990s. More than half (56 %) of the patients seeking treatment at that time due to heroin dependence also had flunitrazepam co-dependence. They frequently injected the medicine and also caused a lot of behavioural problems associated with treatment regime non-compliance. A sharp reduction in abuse followed after flunitrazepam was de-registered in 1999. Currently only about a quarter (27 %) of patients in OST have positive toxicology for BZD. Prominent clinical problems associated with the heavy abuse of BZD are rare.

Combination interventions to prevent health-related problems in people who inject drugs: can they be monitored using routine data?

Author: Peter Vickerman, University of Bristol

This presentation focuses on recent statistical modelling of the effectiveness of demand reduction interventions such as needle and syringe provision (NSP) and opioid substitution treatment (OST) on hepatitis C virus (HCV) transmission. There is in fact insufficient review-level evidence that NSP is effective, weak evidence that OST is effective and no review-level evidence for other interventions in reducing HCV prevalence. This presentation will show the possible impact on HCV prevalence of scaling up OST and NSP in different scenarios, i.e. in a low- and high-coverage setting. It will also highlight the issues related to using routine data to perform such analysis, providing bad and good examples.

Current trends in opioid substitution treatment: saturation or unmet need?

Author: Alessandro Pirona, EMCDDA

- There has been a steady increase in the number of clients receiving opioid substitution treatment (OST) in the 28 European Union Member States since the mid-1990s, reaching an estimated total of 710 000 clients in 2010–11.
- To date, OST has been the treatment of choice for opioid dependence in most countries, with the majority of opioid-dependent clients receiving this particular treatment over any other treatment.
- However, the latest figures show a decrease or stagnation in the number of OST clients in many large and mid-sized Member States that together represent a large proportion of the overall European OST figure.
- Also, trends in OST coverage figures (2007–12) seem to indicate that 50–60 % national coverage represents a ceiling for most countries, while low coverage countries show almost no change over that period.
- Taken together, these figures raise a number of questions about the factors driving the observed decrease or stagnation in OST clients in Europe, about the overall current and future treatment need for this target population, and about what the European treatment landscape will look like in 10 to 20 years from now.



Data management of the largest EMCDDA dataset: treatment demand indicators

Author: Bruno Guarita, EMCDDA

No abstract.

Designing and implementing responsive drug policies under fiscal constraints: the case of Greece

Author: Meni Malliori, Psychiatry and Addiction Consultant, INAD, Parc de Salut Mar

This presentation is part of a proposed workshop/session on the impact of the current economic crisis on overall access to care and, more specifically, on access to drug demand reduction services. It presents responses and policies that were developed in Greece to address increased demand for services and decreased funding, and their impressive outcomes when managing the outbreak of human immunodeficiency virus (HIV) amongst people who inject drugs (PWID).

Since the end of 2010 PWID have played a major role in the explosion of HIV incidence in Greece (an increase of 1 250 % in 2011 compared to 2010), mainly in Athens. Meanwhile, and due to the economic crisis, demand for treatment services was growing. At the same time, it became increasingly hard to sustain funding for harm reduction services, including opioid substitution treatment (OST), and Greece consistently displayed one of the lowest coverage rates in Europe at around 20 % of treatment demand, with more than 5 500 people waiting to access treatment for more than seven years.

The Organization Against Drugs responded to the challenge by opening up an additional 33 OST treatment units in general hospitals, thus increasing coverage to over 40 %, eradicating the waiting list in Thessaloniki and the rest of Greece and halving it in Athens. It also teamed up with non-governmental organisations to expand its street work and increased the meagre seven syringes per patient per year to over 145 syringes per patient per year in Athens. Within 24 months the per patient treatment cost was reduced by approximately 50 % compared to 2009, and by the end of 2012 the HIV epidemic amongst PWID was under control.

Do we need special programmes for ageing drug users?

Author: Andrej Kastelic, Center for Treatment of Drug Addiction, University Psychiatric Hospital, Slovenia

- Drug users over 40 years of age represent, in some European countries, more than 50 % patients in opioid substitution treatment (OST), and more than 60 % in OST are over this age. Many clients continue or interrupt and restart OST.
- Limited research data, stigma, discrimination and shame about substance use increase people's reluctance to seek professional care. Multiple somatic and mental health co-morbidities complicate diagnosis and treatment.
- Older drug users are a vulnerable population who need specific interventions and services. Specialised services are rare, and their needs are currently addressed by existing facilities offering tailored interventions to cover their particular needs beyond those solely related to drug use.



- Age-related changes to the brain and other physiological alterations, together with long-term use of prescription medicines and illicit drugs may lead to an elevation of drug/medications serum levels and more pronounced effects, interactions and side effects, including severe toxicity. In OST services more care should be taken about the choice of medication, dosage, means of administration, take-home dosages, pain treatment, and community and peer support.
- Staff training and awareness about ageing and substance use should be improved among 'special' services and general care providers, for example general practitioners. Nursing staff should be trained in special skills and motivated to work with older adults, helping them to learn and maintain life skills and monitor their medicine use. Individual and group-based approaches are required (in prison settings as well as in the community) using supportive, non-confrontational approaches to build self-esteem. Case management/communities should be linked and outreach should include 24-hours supervised services. The pace and content of treatment should be age-appropriate.

Drug consumption among the Roma population

Author: Bogdan Gheorghe, National Antidrug Agency

Background: The Roma community is one of the most important minorities in Romania, representing 3.1 % of the population (according to the most recent census from 2011). Members of this ethnic minority face varied and extensive problems, from a lack of identification documents to a lack of education, unemployment, poor health and living status, discrimination and even segregation.

The study's purpose is to create a Roma ethnicity drug user's profile and to evaluate the degree of accessibility of this population segment to the specific assistance services for drug use.

Material and method: Secondary analysis was performed on the data collected by routine monitoring indicators (drug treatment demand, drug-related emergency cases and needle exchange programmes), and data collected in the study 'Bucharest-level research among the population of uninstitutionalized and problematic users, in order to assess the risk/degree of social exclusion that these people are facing' (2013).

Results and discussions: Drug users from the Roma ethnic group present vulnerabilities of social exclusion, with a high degree of severity, in comparison with other drug users. Social vulnerabilities are caused by being members of the Roma ethnic group, but are exacerbated by drug use. The pattern of use that most ethnic Roma practise (heroin/new psychoactive substances injecting) increases the risks of social exclusion of this population group, in addition to causing the problems associated with injecting drug use.

Drug treatment monitoring and evidence-based practice: a mechanism for improving quality and outcomes?

Authors: Jonathan Knight and Luke Mitcheson, Public Health England

The National Drug Treatment Monitoring System (NDTMS) in England has developed a series of reports that give service providers a detailed breakdown of clinical outcomes benchmarked against similar client populations in the country. These reports enable providers to identify specific needs in their treatment population and, with reference to evidence-based interventions, identify gaps in service provision. This information can be used to inform quality improvement programmes and



enables more focused dialogue between commissioners and providers of services. Over the past year this data has formed the basis of a series of workshops for providers. Central to these is the link between clinical complexity and outcomes to the provision of evidence-based practices for opioid substitution treatment and adjunctive psychosocial interventions. Guidance has been made available to providers for the use of specific interventions for particular areas of clinical concern. This presentation outlines the approach Public Health England has taken, and argues that the use of provider-level data with reference to evidence-based practice is a useful component of implementing quality improvements in treatment systems.

Estimating OST costs in Italy

Authors: Bruno Genetti and Elisabetta Simeoni, Italian national focal point, Cláudia Costa Storti, EMCDDA, Giovanni Serpelloni, former head of Anti-drugs Policy Department

In Italy around 70 % of drug users are outpatients being treated for opioid use (as a primary drug). Despite the impact that the cost of opioid substitution treatment has on the cost of drug treatment in general, a standard method of estimating them has still not been comprehensively discussed for Italy. The main aims of this study are to define standard methods for estimating the average unit costs of opioid substitution treatment (OST) per patient for methadone and buprenorphine. It also aims to estimate annual OST costs (between 2008 and 2012) and identify trends.

Two methods will be used. First, the 'bottom-up' method estimates costs based on data collected at the level of individual patient in a national multi-centre study (of about 10 000 clients a year). Second, the 'top-down' method will estimate the proportion of total annual expenditure on health allocated to OST in Italy.

Preliminary results highlight some variability in the estimate of the average unit costs of drug treatment with methadone and buprenorphine, between the outpatient services included in the study and the treatment typologies. This variability is also observed in the time trend analysis. Nevertheless, the parameters obtained with the bottom-up method showed substantial stability during the survey period.

Applying this methodology to other European countries will be studied, in the light of the comparison between the methods applied here and the methods used in other scientific publications.

Evidence-based changes in the TC treatment offer in Portugal

Author: Domingos Duran, SICAD

A quick overview of the history of TC (Therapeutic Communities) treatment in Portugal will outline the framework for the comprehension of the importance of evidence base phenomena regarding drug addicted populations in treatment on promoting changes and adaptations in TC treatment offer.

Two examples will be mentioned: the adaptation of the TC model of intervention to the scaling up of opioid substitution treatment among this population; and the needs of an ever-increasing number of patients who, in spite of being in treatment for more than a decade, don't seem to be able to improve their clinical situation.



How can modelling contribute to the evaluation of drug treatment in Europe?

Author: Catherine Comiskey

This presentation tackles the issue of best practice evaluation from three different aspects: basic sources of evidence and useful evaluation of best practice at the local level; monitoring data and a range of modelling approaches at the national level; and possible common sources of evidence at the European Union level.

How system-based treatment monitoring can inform decision-makers

Author: Kerstin Stenius, Research Manager, National Institute for Health and Welfare, and Nordic Centre for Welfare and Social Issues, Helsinki University

Based mainly on experiences from Nordic comparative research and monitoring, the presentation will discuss the following main questions or challenges:

1 Each nation has its own conceptualisation of the drug treatment system. Further, all countries seem to have considerable regional/local system variations, especially in non-medical treatment. What could be the possible roles and functions of national measures of treatment systems in informing decision-makers (and what information has so far had an impact on reforms)? Can/should national monitoring be complemented by regional/local monitoring?

2 Against the background of a conceptual model, we identify the dimensions of a treatment system that we would like to gain information about. The information we currently have is a long way from providing that, and the available data vary from country to country. What are the most important measures of system functioning, or not functioning, that would enable decision-making on the minimum standards for treatment system monitoring to be more informed? Can they realistically be developed?

I have a dream: the Drug Situation Index

Author: Guus Cruts, Trimbos Institute, Netherlands Institute of Mental Health and Addiction

Since it became operational in 1995, the EMCDDA has established key indicators for assessing the different aspects of the drug situation. The agency is now entering a new stage by performing cross-indicator analyses. The various key indicators were in fact intended to measure one underlying concept, namely the 'drug situation'. This study explores how they can now be combined into one single index of the drug situation. This single index will be referred to here as the Drug Situation Index (DSI).

At first sight the various key indicators — using a drug, risky drug use, drug-related health problems, treatment for drug problems and drug-related death — seem to measure different qualities. This raises the question of whether measurements of these different qualities can be unified into a single quantitative measure. However, the science of economics has proven repeatedly that qualitatively very different kinds of values can be measured in similar terms. Following the example of economics, the study explores how measurements of the different key indicators can be combined into one single DSI.

To succeed in this, there will need to be a consensus about the proportional relations between the indicators. For example, if it were agreed that one high-risk drug user is as big a problem as 10



recreational users, these 11 people would count as 20 for the DSI. And if one case of drug-related death were considered to be 10 times worse than one case of a high-risk drug user who is still alive, these two cases would count as 110 for the Drug Situation Index.

In this way, a single index can be established for each country, indicating the drug situation in that country for all the key indicators taken together. Reflections will be made about how to find consensus about the proportional relations between the key indicators.

In-depth analysis of substitution treatment data in combination with other data (e.g. police) and theoretical considerations of how to identify stable clients

Author: Martin Busch, GOEG

A linkage between the substitution treatment register and police notification register (notifications in the last five years) was performed. For all clients in treatment on 1 January 2013 the probability of being notified by the police in 2013 was calculated in relation to how long they had been in treatment on 1 January 2013. A strong negative correlation between treatment duration and police notification was found. For clients who had been in treatment for less than a month there was a 16 % probability that they had been notified, whereas among clients who had spent more than nine years in treatment the probability of being notified was only 4 %. On the one hand, this result could be interpreted as demonstrating that long-term substitution treatment prevented criminality; on the other, it could be said that the long-term and chronic character of opioid addiction is reflected in the low but extant probability of being notified by the police even after spending considerable time in treatment. The analysis does not give an indication of which group of substitution treatment clients should be excluded from the high-risk drug use population.

LADIS, the Dutch information system on alcohol and drugs

Author: Wil Kuijpers, Stichting Informatievoorziening Zorg (IVZ)

- LADIS has been established for a number of years.
- It is a record-based database with many items and detailed information.
- There are many possibilities for selection and output.
- With the use of unique keys it is possible to correct for double counting, follow people over time, and combine the data with other sources.
- There is good interaction and relationship with institutes and software companies.
- Interesting reports can be produced for national policymaking.

Long-term trends in opioid use in the USA: the possible resurgence of heroin

Author: Michael A. Cala, ONDCP, USA

The abuse of opioids, a group of drugs that includes heroin and prescription painkillers, has a devastating impact on public health and safety in the United States. According to the Centers for Disease Control and Prevention (CDC), approximately 110 Americans died from overdose every day in 2011. Prescription drugs were involved in more than half of the 41 300 overdose deaths that year, and opioid pain relievers were involved in nearly 17 000 of these deaths. There were about 4 400 drug poisoning deaths related to heroin in 2011, a 110 % increase from 2006. Trends in opioid use



and availability will be presented, followed by the federal response to reducing the use and consequences of this threat. The Office of National Drug Control Policy has crafted a comprehensive and evidence-based strategy to address the threat posed by opioid drugs. Priorities include support for medication-assisted opioid treatment and overdose prevention, a coordinated government-wide response to the prescription drug abuse epidemic, and targeted action against criminal organisations trafficking opioid drugs.

The main medical problems of ageing problem drug users in opioid substitution treatment

Author: Lubomir Okruhlica, Centrum pre liecbu drogovych zavislosti/ Center for Treatment of Drug Dependencies, Bratislava, Slovakia and Department for Drug Policy Coordination, Ministry of Health of the Slovak Republic

Introduction: Higher mortality rates among problem drug users (PDU) are significantly reducing their life expectancy, and associated health problems are diminishing their quality of life. Ageing patients with chronic course of opioid use disorder are the most affected. According to the World Health Organization (WHO), tobacco and alcohol are the leading risk factors for health in the European Union, and obesity and physical inactivity have been identified as preventable health determinants. Infectious diseases are frequent health problems in developing countries, but are also a problem among PDU in Europe.

Objective and participants: The study explored the condition of opioid substitution treatment patients in relation to the main WHO health risk determinants. A sample of 253 patients in methadone substitution treatment was reviewed. Their average age was 37 years (SD±6), 64 % were male and 36 % were female.

Results: Physical hypoactivity was the most frequent risk factor (99 %), followed by tobacco smoking (94 %) and hepatitis C virus infection (79 %). However, the occurrence of alcohol use disorders was very low and no human immunodeficiency virus (HIV) infection was detected.

Conclusions: The reduction in life expectancy and poorer quality of life related to the health correlates among problem drug users seem to be heavily influenced by the high prevalence of major health risk factors in this group.

Making sense of available data: developing a framework to support knowledge exchange

Author: Marica Ferri and Alessandra Bo, EMCDDA

In order to promote the adoption of evidence-based interventions in Europe we need to be able to prove their beneficial effect, i.e. that they produce the expected results and have a positive impact.

The promotion of evidence-based interventions is the main aim of the Best Practice sector at the EMCDDA. Until now we have collected and disseminated data on evidence of interventions, availability of guidelines and evaluations tools and practical examples of interventions. We are now exploring ways to measure the effect of adopting evidence-based interventions.



For this reason we looked into the outcomes that are measured in the cohort studies on treatment and we are now exploring how the EMCDDA key indicators can be used to measure these outcomes at the European Union level, and to relate them to the provision of effective treatment.

Monitoring facilities vs. monitoring service provision: a national discussion

Author: Barbara Braun, IFT Munich, German national focal point

The German national core dataset has a history of over 30 years, with repeated revisions and adjustments. It is based on a broad consensus among partners, constitutes the standard documentation of the German addiction care system and thus provides a solid basis for monitoring addiction treatment service. Currently, the national core dataset is under revision to adapt to changes within treatment demand indicator (TDI) 3.0 and to adjust to emerging issues in the field.

This presentation addresses the status quo of the national core dataset and the current state of the revision. A significant change in data collection will be the shift from structural aspects as a basis for monitoring towards focusing on detailed monitoring of the services provided. This monitoring system might be a helpful tool to effectively tailor service offers to needs on different levels of the addiction care system.

Mortality and treatment interventions among 200 000 opioid users in England, 2005–09

Author: Tim Millar, University of Manchester

Introduction: This national, record-linkage study examines mortality and treatment for a large cohort of opioid users identified from drug treatment and crime data sources (n=198 247, with 541 891 person years of follow-up). To assess the impact of the ageing opioid user population, present in many developed countries, we identify common causes of excess mortality and identify whether excess mortality is maintained or increases with age. Focusing on treated opioid users (n=152 983), behavioural and demographic risk factors for drug-related poisoning (DRP) are identified and the effect of drug treatment on DRP deaths is examined, contrasting pharmacological, psychosocial and residential interventions.

Methods: The study identified 198 247 opioid users in England (April 2005 to March 2009), linked to mortality registrations. Mortality rates and standardised mortality ratios (SMRs) were calculated. For a treated sub-cohort (n=152 196), regression models examined the drug-related poisoning risk associated with drug treatment (pharmacological, psychosocial and residential treatment), and behavioural and demographic variables.

Results: The mortality rate among opioid users was almost six times that expected in the general population, and drug-related poisoning was the most common cause of death. Mortality was elevated for a range of major causes: infectious, respiratory, circulatory, liver disease, suicide and homicide. Drug-related poisoning risk increased with age and there were age-related increases in SMRs for specific causes of death (infectious, cancer, liver cirrhosis and homicide). DRP risk increased substantially with injecting, misuse of alcohol and benzodiazepines. DRP risk was increased when not in treatment, but was much greater during some types of treatment than in others.

Conclusions: This is the first study with sufficient statistical power to investigate ageing effects on opioid user mortality and compare different types of treatment. Opioid users' excess mortality persists into old age and for some causes is exacerbated. Some forms of treatment are associated with a



substantial reduction in DRP risk, but others have no impact on DRP risk. For the latter, identifying and reducing clients' DRP risk should be prioritised.

Multi-morbidity in ageing drug users: a Scottish perspective

Author: Saket Priyadarshi, Associate Medical Director, Greater Glasgow and Clyde Addiction Services

- The age of new clients attending drug treatment services in Scotland has been rising for a decade.
- Both national and local level data confirm that drug-related deaths occur in an ageing cohort of drug users, and all-cause mortality risks for those in treatment are age-related. This high mortality rate contributes to excess mortality and health inequalities in Scotland.
- Drug users age prematurely, developing chronic conditions and multi-morbidity at an earlier age than their peers but they often have poor engagement with general health systems. The most common conditions relate to liver, respiratory and vascular problems, but ageing drug users on ORT are now developing cancers and have chronic pain conditions that are difficult to manage.
- Prescribing in older drug users has become increasingly complicated by consideration for cardiac toxicity effects of methadone and psychotropic medication and other drug interactions and side-effects.
- Improving general health outcomes should be seen as integral to a recovery-orientated system of care for drug services. Updated guidance on best practice (including prescribing practice) and improved engagement with chronic disease management for drug users is essential, through general primary care services or targeted health improvement. An evidence base to monitor the scale of multi-morbidity in this population and to test interventions is now essential.

National income inequality and declining gross domestic product growth rates are associated with increases in human immunodeficiency virus diagnoses among people who inject drugs in Europe

Author: Clive Richardson, Greek national focal point; and Panteion University of Social and Political Sciences

Background: There is sparse evidence that demonstrates the association between macro-environmental processes and drug-related human immunodeficiency virus (HIV) epidemics.

The present study explores the relationship between economic recession, associated socio-economic, policy and structural indicators, and increases in reported HIV infections among people who inject drugs (PWID) in the European Economic Area (EEA).

Methods: We used panel data (2003–12) for 30 EEA countries. Statistical analyses included random-effects logistic regression models. The dependent variable was dichotomous, taking the value 1 if there was a significant increase in the national rate of HIV diagnoses in PWID, and 0 otherwise. Explanatory variables included the growth rate of gross domestic product (GDP), the share of the population that is at risk for poverty, the unemployment rate, the income quintile share (S80/S20) ratio, the Gini coefficient, the per capita government expenditure on health and social protection, and



variables on drug control policy and drug-using population sizes. Lags of one to three years were investigated.

Findings: In multivariable analyses, using two-year lagged values, we found that a 1 % increase of GDP was associated with approximately a 30 % reduction in the odds of an HIV outbreak. In analyses with three-year lagged values and adjusting for GDP growth, the effect of the national income inequality was significant [S80/S20 Odds Ratio (OR) = 3.89; 95% Confidence Interval (CI): 1.15-13.13]. Generally, the multivariable analyses produced quite similar results across three time lags tested.

Interpretation: Given the limitations of ecological research, we found that declining economic growth and especially inequality of national income distribution were associated with large increases in the number of HIV diagnoses among PWID in the EEA during the last decade. HIV prevention may be more effective if developed within national and European level policy contexts that promote income equality, especially among vulnerable groups.

National Drug Treatment Monitoring System: a perspective on the English system

Author: Andrew Jones, University of Manchester; Public Health England; UK national focal point; National Drug Evidence Centre, UK

- This is a large system with high compliance.
- Electronic records are collated nationally each month and reported on NDTMS.net.
- The system allows the analysis of all treatment clients.
- It includes ongoing outcome measurement.

New indicators for monitoring drug users' health: a comparison across countries

Author: Carla Rossi, University Rome Tor Vergata, Italy

Current drug consumption indicators show a trend towards higher polydrug use. Yet those indicators are mostly based on the prevalence of users of the 'main' substances, and the ranking of harm caused by drug use is based on a single substance analysis. A new approach is presented that considers the frequency of use in the last 30 days, last 12 months or lifetime for European School Survey Project on Alcohol and Other Drugs (ESPAD) data and the harm score of the various substances used by a polydrug user. Scoring is based on the single substance score by van Amsterdam and principal component analysis is applied to reduce dimensionality. The end result is that any user is characterised by the two new scores: frequency of use score and polydrug use score. The different distribution of these two scores, together with contextual factors such as specific drug policies or prevention interventions, can inform the interpretation of countries' drug use trends.

Participation in opioid substitution treatment and high-risk drug user estimates: a data analysis

Authors: Danica Thanki and Eleni Kalamara, EMCDDA

The value of determining the coverage of effective interventions among high-risk drug users is acknowledged in policy planning and evaluation. However, various possible approaches of calculating



coverage may exist and their results might need different interpretations. Moreover, methodological caveats in this field need appropriate solutions. For instance, some countries include all clients in opioid substitution treatment in their high-risk opioid use estimate, which is then used as a denominator of treatment coverage calculations, and others include a part of these clients, which will result in differences in 'coverage' rates that are not caused by actual differences in intervention coverage. This presentation will be a first attempt to map these differences in some countries, based on a recent data collection through Standard Table 7.

Prevalence of and trends in opioid use in Europe: a multi-indicator perspective

Authors: Danica Thanki and Linda Montanari (EMCDDA)

The presentation will bring together key European data on trends in opioid use, in order to provide an integrated picture of the situation. Datasets related to supply reduction (seizures, drug law offences, prices and purity) and demand reduction (treatment demand indicator, estimates of high-risk opioid use, drug-related mortality and number of clients in opioid substitution treatment) will be presented. Possible interpretations will be discussed.

Prevalence of human immunodeficiency virus and risk behaviours among injecting drug users in Tallinn, Estonia*

Authors: Sigrid Vorobjov (1), Maris Salekešin (1), Katri Abel-Ollo (1), Ave Talu (2), Don C. Des Jarlais (3), Anneli Uusküla (2)

* This study was funded by grant # R01AI083035, National Institutes of Health, USA

(1) Estonian Drug Monitoring Centre, National Institute for Health Development, Tallinn, Estonia; (2) Department of Public Health, University of Tartu, Tartu, Estonia; (3) The Baron Edmond de Rothschild Chemical Dependency Institute, Beth Israel Medical Center, New York, USA

Background: The aim was to describe drug injecting related risk behaviour and the use of harm reduction services, including drug treatment, among injecting drug users in Tallinn, Estonia.

Methods: Participants were recruited using the respondent driven sampling method for a cross-sectional interviewer-administered survey in 2013.

Results: A total of 328 people participated, of which 77 % (n=252) were male. The average age was 32 years (range 18–59 years) and participants were mainly Russian-speaking (77 %, n=253). The mean age of first injecting was 20 years (range 8–53 years) and on average they had been injecting for 12 years (range 0–33 years). The main drugs injected during the last four weeks were fentanyl (78 %, n=257) and amphetamine (20 %, n=67). Some 67 % (n=220) of participants reported injecting with a previously used syringe during their lifetime, and 23 % (n=74) had done so during the last four weeks. Human immunodeficiency virus (HIV) prevalence was 58 % (n=190), tested during the study. The main source for clean syringes was syringe exchange programmes (64 %, n=210). More than half (54 %, n=178) of the participants had received drug treatment during their life. Some 27 % (n=88) were on drug treatment during the study, receiving mainly methadone treatment. While the majority of fentanyl users (98 %, n=253) knew about the availability of methadone treatment, 51 % of them said that they do not need this treatment. A total of 94 % (n=308) of respondents self-reported HIV testing. Some 68 % (n=224) of respondents self-reported lifetime overdose experience and 30 % (n=89) had experienced overdose during the last year.



Conclusions: HIV prevalence and risk behaviour among injecting drug users in Tallinn is still high. The fact that half (51 %) of fentanyl users said they do not need methadone treatment leads us to questions about the quality of harm reduction counselling services and of methadone treatment.

Psychiatric comorbidity and cannabis use

Author: Francina Fonseca, Psychiatry and Addiction Consultant, INAD, Parc de Salut Mar

Cannabis is the most commonly used illicit drug in the European Union. In recent years, cannabis has been viewed by many as a harmless substance. Its recent legalisation in some countries has opened up a debate about the health consequences of its consumption, mainly in adolescents and young adults. This presentation focuses on the evidence regarding the psychiatric consequences of cannabis use.

Regular use of cannabis has been associated with a higher risk of psychosis, including schizophrenia, mainly in subjects with genetic vulnerability; it also worsens the course of schizophrenia. Although causality has not been confirmed, cannabis has been also associated with a greater risk of anxiety and depression. Finally, the chronic use of cannabis can lead to addiction, which has been detected in about 9 % of users overall, 17% of those who began use in adolescence and 25 to 50 % of those who are daily users.

Public health needs of prisoners in English prisons

Author: Kieran Lynch, Public Health England, London

The extent and nature of health needs in English prisons indicate that across all diagnoses the prevalence rates are higher than in the general population. This presentation discusses the policy landscape in England that has been established to meet the needs of this challenging population. The premise of Public Health England has been that access to a captive audience of prisoners presents an ideal opportunity to intervene and promote a wider public health agenda. Across England the Transforming Rehabilitation agenda has emphasised the need to maintain continuity of care with a range of public health and offender management services, offering the opportunity to integrate consistent and meaningful health promotion messages while the offender is in prison and when they move back into the community. The principle of equivalence to ensure equity of access to public health services has been embedded into the principles of Public Health England. Implications for clinical and wider public health policy are discussed.

Recent strong decrease in opioid use in Austria: a cross-indicator analysis

Authors: Alexander Grabenhofer-Eggerth and Martin Busch, Austrian national focal point

Data from the Austrian treatment demand indicator system, the substitution treatment register, hospital data and the register of drug-related deaths were analysed in terms of opioid use for the period 2000–13. All sources of data indicate an increase in high-risk opioid use until 2004/2005, mainly due to an increasing number of young people using opioids. After that date, all sources of data indicate a massive decline in this age group, which suggests that fewer young people are starting to use opioids. It is too early to estimate how sustainable this development is, and if this means an



overall decline in illegal drug use/addiction, or if a shift towards other substances (cannabis, methamphetamine) is taking place.

Risk of hepatitis C virus infection among heroin and methamphetamine users

Author: Zuzana Alexandercikova, Center for Treatment of Drug Dependencies, Bratislava, Slovakia

Aims: The objective of this study was to find out if there is a difference in the prevalence of hepatitis C virus (HCV) infection between opiate and methamphetamine users.

Patients and methods: There were 222 patients in the study, with an average age of 23 (SD+4.3), 75 % were male and 25 % female. A retrospective, comparative study was conducted among the patients who requested treatment due to drug dependence on opiates (101 patients) and methamphetamines (121 patients).

Results: 65 % of heroin users and 12 % of methamphetamine users were infected with HCV; the prevalence among those who injected drugs was 70 % and 28 % respectively. Some 93 % of opiate users and 35 % of methamphetamine users had injected drugs at some time in their life. The risk of HCV infection was significantly higher among opiate users (OR 13.4).

Conclusions: The prevalence of injecting behaviour and the risk of the HCV infection were lower among the methamphetamine users in comparison with the opiate users. However, the rates were much higher than in the general population. Because no substitution treatment is available for methamphetamine users, a process of detoxification followed by drug-free treatment is important in attempting to reduce the risk of the transmission of drug-related infectious diseases in general, and HCV in particular.

Risk-taking and outcomes in the English treatment system

Author: Andrew Jones, University of Manchester; Public Health England; UK national focal point; National Drug Evidence Centre, UK

Combining information from the English National Drug Treatment Monitoring System and the Drug Treatment Outcomes Research Study, we look at the use of opiates alongside other behaviours known to increase the risk of overdose, specifically injecting and use of benzodiazepines and alcohol. We examine predictors of these behaviours and assess changes in overdose-related behaviour within treatment. As a second strand of analysis, we examine trends in treatment outcome measurement, incorporating national target-setting and the extent to which these are achieved. Finally, we relate outcome priorities to risky behaviour by examining the role that risk reduction plays within the outcome framework.

Substitution treatment coverage calculation in Norway

Author: Ellen J. Amundsen, SIRUS

Last year the coverage of opioid substitution treatment (OST) in Norway was estimated at 72 %. The estimator was based on registers for all treatment in Norway and a special register for OST clients including information on opioid use. This estimator and estimate have been questioned. The method



will be scrutinised and compared to other possible estimators/estimates. The role of time period (coverage per year, per 30 days, at a given date) and identification of high-risk opioid users in OST who use opioids other than the prescribed substitution opioid will be discussed.

The effects of the State Sanitary Inspectorate activity in the field of new psychoactive substances

Author: Tomasz Bialas, Director of the Department for Designer Drugs Surveillance, Chief Sanitary Inspectorate

New psychoactive substances (NPS) first appeared in Poland in 2008; however, the problem has rapidly increased since 2010. During this period a substantial and uncontrolled increase in the number of fixed points of sale has occurred. Advertising referring to NPS' legality and safety increased their attractiveness, especially among young people (in 2010 some 11.4 % of young Poles had experienced some contact with NPS). At the same time, there was an increase in the number of people treated and hospitalised due to symptoms of NPS use.

The Polish government regarded the situation as a threat to public health. This was accompanied by vigorous reactions in the media and among public opinion. At the request of the Chief Sanitary Inspector, referring to the provisions governing the protection of the citizens' life and health, between 2 October and 31 December 2010 the State Sanitary Inspectorate in Poland conducted 7 225 inspections, with the participation of 2 551 sanitary inspectors and 3 500 police officers. Some 17 950 samples were collected, and of these 8 842 have been examined. Both NPS and drugs regulated by the law were detected in 83 % of the examined samples.

At the same time, Polish drug laws were rapidly amended. A ban on the manufacturing and trafficking of NPS on Polish territory, under the threat of financial penalty, was laid down in the regulations. The State Sanitary Inspectorate was given responsibility to enforce the prohibition. The system was entirely based on administrative procedures and did not apply criminal penalties.

Simultaneous to the supervisory actions taking place as a result of the application of the law, initiatives to inform and educate people about NPS were implemented, recognising that the two-way impact on demand and supply of NPS can help to reduce the phenomenon. As part of the preventive measures directed at young Poles, a movie, TV features, mobile information points and leaflets were prepared. Presentations, conferences and competitions were also organised.

Three years of experience in implementing these actions have shown positive results. A balanced approach to NPS, consisting of supervision based on administrative procedures and the accompanying preventive measures, began to achieve the desired effect. Comparative studies on the use of NPS by young people in Poland have indicated a reversal in the trend and a decline in interest in NPS (in 2013 some 5.2 % of young Poles indicated they had contact with NPS, which is less than half the 2010 figure, despite the increase in demand for, for example, marijuana and hashish).

The current activities are focused on continuous monitoring of the phenomenon (for example, points of sale, poisoning control) in order to improve the efficiency of the state services and rapid response to changing factors. Among the challenges that remain constant there is a need to adapt the law, to engage in work in new areas (for example, sales on the Internet) and to find new channels for conveying the educational content to consumers.



The impact of economic recession on the funding of drug services in the European Union and Norway

Author: Cláudia Costa Storti, EMCDDA

In 2008 and the years that followed Europe experienced an unprecedented socio-economic crisis that presented a grave challenge to public finances. This study examines public expenditure on public order and safety, health and social protection, as these are the areas where most drug-related activities and services are provided. It concludes, first, that austerity led to a reduction in spending in those categories of government activity that encompass most drug-related initiatives; second, that countries that experienced greater levels of austerity tended to show greater reductions in expenditure; and third, that bigger cuts in public expenditure were registered in health than in public safety and social protection. The available national estimates of drug-related public expenditure are insufficient for drawing a full European picture of the impact of the 2008–09 economic recession on the public financing of drug policy. However, it is possible to conclude that the impact of austerity on drug policy was more severe in the countries that were hardest hit by the economic crisis.

Nevertheless, in most European countries recession has led to a reassessment of public financing of specific drug policies and often to their adjustment. Drug budgets became more likely to be subject to revision, often resulting in cuts. In addition, austerity has raised policymakers' awareness of the need for more cost-effective policy measures. In some countries, reorganisation of drug services has been attempted.

The Italian interactive system for addiction data management

Authors: Bruno Genetti (1), Giovanni Serpelloni (2), Daniele Fassinato (3), Danila Facchini (1), Elisabetta Simeoni (1)

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Justification/motivation: The European system for data collection on drug use and responses requires continuous monitoring of the phenomenon.

Objectives: Taking into account the European requests, Italy developed an automated national system to collect data on drug consumption. Furthermore, this system aims to develop standard and customised indicators on drug use and responses, to set standard procedures for data quality monitoring and to produce standard reports, comparing local results with those from the regional and national levels.

Methods: This system used the QlikView software, which uses an automated process to analyse data and produce standard reports. In the first phase a prototype was implemented for the automatic management of individual data on treatment, according to the treatment demand indicator (TDI) European standard protocol. Standard methodological criteria for data processing have been defined at the national level. In the second phase, the implementation of this system has been extended to the other data flows regarding the national drug addiction situation.

Conclusion: The Italian system of data management on drug use and treatment allows automated procedures to be used for data collection; implements automated analysis of data; introduces automated control of the quality of data; produces tailored reports for each data error in real time; performs pre-defined queries (comparing different levels of country data); allows ad hoc queries through the simultaneous selection of one or more characteristics of interest (cluster); exports data for



the EMCDDA Fonte platform; presents a pre-defined set of indicators; and allows additional modules to be customised according to the needs of the user.

The application of standard protocols concerning data collection and data management not only allows the automated system to be used for national or sub-national data, but also enables the EU Member States and the EMCDDA to use the data.

The prevalence and course of substance use among Dutch homeless people and the relationship with their housing situation after 1.5 years

Authors: Dike Van de Mheen, Barbara Van Straaten, Gerda Rodenburg, Jorien Van der Laan, Sandra Boersma and Judith Wolf, IVO Addiction Research Institute Rotterdam, The Netherlands

Previous studies have consistently shown that substance use among homeless people is a prevalent problem and that it is associated with longer durations of homelessness. However, European studies on this topic are sparse and the generalisability of non-European studies to European countries is limited. We examined the prevalence and course of self-reported substance use among a cohort of 344 Dutch homeless people and investigated the relationship between substance use and housing status after 1.5 years.

The most-reported substances used by participants were cannabis (43.6 %) and alcohol (≥ 5 units on one occasion) (27.0 %). Other substances, including crack cocaine, were used by around 5 % or less. Although the mean number of days of substance use in the past 30 days dropped between baseline and follow-up for most substances, 44.2 % of the participants used a substance both at baseline and at follow-up. Participants who used substances at both measurements were more likely still to be homeless ($\beta = 0.807$, $p = 0.045$) than independently housed at the 1.5 year follow-up. Participants who used substances at both measurements were also more likely to be marginally housed ($\beta = 1.438$, $p = 0.008$) and to be institutionalised ($\beta = 0.734$, $p = 0.011$) than independently housed at the 1.5 year follow-up.

This finding of more adverse housing outcomes among homeless people who use substances is in line with previous research. This may indicate that the more disadvantageous situation of homeless people who use substances is also an issue in other nations.

Travellers and problem drug use in Ireland

Author: Suzi Lyons, Health Research Board, Ireland

Routine national drug treatment data from the National Drug Treatment Reporting System was analysed to explore the characteristics of Irish Travellers accessing drug treatment in Ireland. This was in order to understand their needs more fully and to develop policies to tackle issues faced by this community.

The number of Traveller cases accessing drug services in Ireland increased by 163 % between 2007 and 2010. Alcohol and opiates were the most common problem drugs reported. Female Travellers reported high rates of problem opiate use and risky injecting behaviour, contrary to the perception that problem substance use is a predominantly male issue. This presents a challenge to services to provide targeted, effective services to Travellers with problem substance use.



Trends in cannabis use and cannabis-related treatment demand in Switzerland

Author: Etienne Maffli

The development of cannabis use over the past 20 years in Switzerland was examined by using data from general population surveys and treatment monitoring activities. Results from school surveys and police/justice reports were also taken into account. The potential and limitations of each data source with their specific background were considered for a comprehensive approach regarding the interpretation of the observations. The data were analysed for period, age and cohort effects.

The results of repeated cross-sectional surveys suggest an overall increase in cannabis use in the 1990s, peaking in the first years of the twenty-first century, followed by a slight decrease and stabilisation. In the same timeframe, the relative proportion of clients attending specialised facilities for primary cannabis-related problems increased considerably compared to all other drug-related problems. However, figures focusing on absolute numbers and investigations regarding the profile of cannabis clients that have become available in recent years allow a better understanding of this apparently paradoxical trend.

Trends in high-risk cannabis use in treatment demand and multi-indicator analysis

Authors: Linda Montanari and Danica Thanki, EMCDDA

Cannabis remains the substance most used in Europe; almost 74 million adults (aged 15–64) have tried the substance at least once in their life and almost 15 million young adults (aged 15–34) have tried cannabis in the last year.

Several drug indicators point to an increasing trend of cannabis use and cannabis-related problems in the last 10–15 years in Europe. This rise seems quite uniform across European countries looking at the market indicators (supply, seizures) and treatment demand indicators, but less consistent when looking at general population data, which shows divergent trends according to country.

Concerning treatment demand data, a regression analysis was performed using the data on people who entered treatment for the first time in their life in Europe between 2002 and 2012. An overall significant increasing trend was found, divided into two trend periods: the first between 2002–05 and the second between 2005–12. Differences are reported between countries both in terms of direction, magnitude and change of time trends concerning cannabis treatment demand.

In order to better understand the trend, selected clients' characteristics were analysed over the 10-year period: mean age of people at treatment entry, age at first cannabis use, gender ratio and frequency of use. Increases were reported in the age at treatment entry, the male to female ratio and the number of daily cannabis users, whilst the age at first cannabis use decreased. The clearest reported change between 2002–12 was the increase in the number of daily cannabis users entering drug treatment; this might indicate an increase in the number of intensive users in the community, but it could also indicate a higher capacity of treatment services to target intensive cannabis users, a change in referral routes or other factors that are still unclear. According to the results of research on frequent cannabis users, males are over-represented among frequent cannabis users (the share of males among the cannabis population is dose-dependent) and the age at first use is negatively associated to the level of harm potentially experienced by the user.



The analysis raises issues regarding trends in cannabis use and cannabis problems, reasons for the trends, access to and effectiveness of treatment and other possible factors. These issues should be explored further in data analysis and future research.

Update on synthetic cathinones injection in Hungary

Author: Robert Csák, Ministry of Health, National Centre for Epidemiology, Hungary

Prevalence and patterns of new psychoactive substances (NPS) use: Aside from sporadic use by experimenting 'psychonauts', NPS appeared in Hungary in the spring of 2010. To present the context I will show the latest general population survey, European School Survey Project on Alcohol and Other Drugs (ESPAD) data and seizure data regarding NPS.

NPS use among injecting drug users: Information from Hungarian needle exchange programmes (NEP) indicates that in the past years the structure of the primarily injected substances changed substantially. Heroin injecting practically disappeared, while the injecting of NPS became widespread among NEP clients. While in 2009 some 53 % of clients injected heroin and 39 % injected amphetamines, in 2013 a total of 8 % injected heroin, 18 % injected amphetamines and 73 % injected 'other' substances. Using data from the voluntary HIV/HBV/HCV testing programme in NEPs, I will present some information about the risk behaviours of the NPS injectors.

Consequences of the spread of NPS use for the treatment and care system: The emergence of NPS has been a major challenge for the treatment and care system in Hungary. NPS use can cause physical and mental problems in a relatively short time, and drug-induced psychosis became a regular occurrence amongst clients in everyday psychiatric practice. The lack of information is a significant problem.

Information on the treatment of synthetic cathinones: Scientific evidence on the treatment of synthetic cathinones is scarce, but some information could be found. A recent review of the literature suggests that low doses of typical or atypical antipsychotics and benzodiazepines seem to be helpful.

Update on synthetic cathinones injection in Romania

Author: Bogdan Gheorghe, National Antidrug Agency, Romania

No abstract.

What are the outcomes for assessing drug treatment? A review of long-term observational studies on the treatment of opioid dependence

Authors: Lucas Wiessing, Marica Ferri, Fabrizio Faggiano, Paul Griffiths, EMCDDA; University Avogadro Italy

An increasing emphasis has recently been placed on the importance of evaluating the effectiveness of drug treatment. However, there is no consensus on how this should be done.

Furthermore, there are no universally accepted outcomes that are considered relevant to patients and aligned with the objectives and recommendations from international evidence-based guidelines. The



observational studies (those studies conducted in the real-life settings) available in the literature use a variety of outcomes and measures, which makes comparisons and discussion difficult.

We will perform a literature review of the available observational studies, and describe the outcomes and measures (including the instruments) used to assess them.

Standard criteria for setting inclusion and exclusion criteria, search strategy and data extraction will be adopted in line with the methods for the systematic review of evidence.

The results will be presented with the aim of engaging the audience in a discussion on the relevance and usefulness of those outcomes and the overall contribution of the observational studies to measuring the impact of treatment.

What can nine years of treatment data demonstrate about long-term outcomes, cost effectiveness and the changing profile of drug use in England?

Author: Jonathan Knight, Public Health England

No abstract.



POSTER

Recent development of methamphetamine use and associate problems in Saxony, a German region near the Czech Republic (Bundesland Sachsen)

Author: Dr. rer. medic. Olaf Rilke, SLS e. V. (Saxonia Office for Dependence Matters), Dresden, Germany

In Saxony there is growing evidence to suggest that methamphetamine use is increasing in different population groups including high-risk drug users. Monitoring of people seeking treatment in 45 advice centres for drug problems in Saxony in the last 10 years has shown dramatic changes in drug use, especially in the case of crystal methamphetamine, since 2009. The number of people entering treatment for methamphetamine-related problems increased nearly threefold within four years, from 1 494 in 2009 to 4 262 in 2013. Methamphetamine is the most-used illicit drug, with about 60 % of drug users reporting its use. The drug is used by different user groups with a wide age range and an average age of 26. More than 30 % of users are female. Negative social and psychosocial consequences of methamphetamine use are indicated by a deteriorating employment situation and lower educational levels in the methamphetamine-affected group. The reasons for increased drug use are discussed in relation to the high methamphetamine availability in the border areas of the Czech Republic and a relatively high number of vulnerable people, which require a variety of strategies to reduce drug availability and demand.

Link (in German): www.slsev.de/Sucht2013.pdf