Key Indicator "Prevalence and patterns of drug use among the general population – Population Surveys"

2014 Annual EMCDDA Expert meeting

Lisbon, 16-17 June 2014

MINUTES

The 2014 annual expert meeting on the EMCDDA epidemiological indicator "Prevalence and patterns of drug use among the general population" took place on the 16 and 17 June at the EMCDDA in Lisbon. The annual expert general population survey meeting brought together experts from almost all Member States, as well as from the ESPAD international schools survey projects, a group of Balkan country experts, experts from Israel, Georgia, Moldova and Morocco and two representatives from EUROSTAT. There were several new GPS experts attending the meeting for the first time (Belgium, Ireland, Latvia, Norway, Netherlands, and Sweden).

See Meeting Agenda in Annex 1 and at http://projects.emcdda.europa.eu/area6.cfm.
See List of participants in Annex 2 and at http://projects.emcdda.europa.eu/area6.cfm.
PowerPoint presentations at the meeting are listed in Annex 3 and can be downloaded from the restricted EMCDDA webpage at http://projects.emcdda.europa.eu/area6.cfm. This restricted site is password protected and presentations are made available in pdf format for experts participating in the meeting and for National Focal Points. Presentations have been uploaded with the agreement of speakers and will, in due course, be made available on the EMCDDA public web site.

Julian Vicente opened the meeting by welcoming the participants and outlined the key activities and achievements since the 2013 meeting; in particular improvements in web based outputs, the completion of a report on online data collection, which is pending publication but has been made available on restricted EMCDDA webpage at http://projects.emcdda.europa.eu/area6.cfm. Guidelines for monitoring high risk cannabis use in GPS are also pending publication. Further progress has been made in the project to harmonise national databases. A workshop took place on Monday and products from this work are in the pipeline. There has been continued close collaboration with ESPAD. A voluntary EMQ module for New Psychoactive Substances (NPS) was developed in 2013 and it has been used in some national surveys, and in a field test of ESPAD. The GPS indicator has also contributed to cross-unit work on misuse of psychoactive medicines. EMCDDA has given financial and technical support to conduct GPS surveys in three Western Balkan countries and a pilot project in a fourth via the IPA 4 project and there is collaboration with European Neighbourhood countries such as Israel and Georgia. There has been increased recognition of GPS data in international health indicators initiatives such as the Organization for Economic Co-operation and Development (OCDE) Annual Report - Health at a Glance. The EMCDDA has cooperated with European projects (SMART and RARHA) to improve measurement of alcohol use and continues work on estimation of high risk cannabis use. The EMCDDA is exploring possible contributions to estimating the size of the cannabis market size (total amount consumed) and last year there was an ad-hoc data collection on drug availability (perceptions about exposure and access) to contribute to work on markets.

The content of information on in restricted GPS area has expanded and the EMCDDA is looking for ways to facilitate easy access for National Focal Points to all the different restricted areas. The GPS key indicator meeting documentation in 2013 is the first one to go public (following consultation with presenters and ensuring disclaimer and copyright conditions).

Björn Hibell then presented the developments and progress in ESPAD anticipating around 40 countries planning to participate in the 2015 ESPAD survey. He summarised the key principles of ESPAD as using standardised methods. It is owned by the Principal Investigators (PIs). It is aimed at students who will become 16 years old during the year of the data collection, based on nationally representative samples of classes with approximately 2.400 participating students in each country (ranging in 2011 from 366 in Liechtenstein to 6084 in Poland). In 2011 there were a total of more than 110.000 European students. Data from 2003, 2007 and 2011 are gathered in three databases which are open for use by ESPAD researchers as well as external researchers using a simple application procedure. The possibility to incorporate the 1995 and 1999 national datasets in databases is being investigated. During the first stage of transition Björn has had his ESPAD desk at EMCDDA during 2013 and 2014. A new and more detailed constitution was decided in 2013 and there is deepened cooperation with EMCDDA about preparations for the 2015 data collection and new governance of ESPAD from 2015. Long term funding remains uncertain but it is hoped that the economic situation will be more stable from 2017. Björn Hibell will stop being the ESPAD coordinator at the end of 2014 and for the period 2015-2016 Coordinator responsibilities will be shared between Ludwig Kraus (Deputy Coordinator), Julian Vicente (EMCDDA) and Håkan Leifman (CAN). In regard to the 2015 data collection, regional seminars will be held with all the countries taking part in the next data collection. A validity study has been conducted in 4 countries and the questionnaire has been reviewed with new questions about: internet, gaming and gambling, new psychoactive substances (NPS), use of water pipe and e-cigarettes. In regard to online data collection, there are strict rules to be adopted. On line data collection should be conditional on nationwide studies that prove data are comparable between paper-and-pencil and computer modes and also on being sure that all schools in the country have access to enough computers and that computer labs can be organised in such a way that students´ privacy is secured. In the absence of these conditions, a full scale split-half study should be conducted. The expert from Israel commented that, based on their experience of online data collection in the HBSC schools survey, the main issues were related to organisational details and close working with the schools and head teachers.

A panel discussion followed using survey data and other indicators to increase and deepen understanding on drug trends (decreases/increases in cannabis use in particular) with presentations from the Czech Republic, Spain, France, Poland, Finland, Denmark and United Kingdom,

Pavla Chomynová described a range of national surveys on substance use comparing prevalence estimates reported in the Czech Republic. She showed an overall decline in lifetime and last 12 month prevalence in all age groups with the largest decline in the youngest age groups (15-19 and 20-24). She noted a shift in the age group that reported highest lifetime prevalence in 2008 from the 20-24 year olds to the 25-29 year olds in 2012. For highest last month use the age group shifted from the 15-19 year olds in 2008 to the 20-24 year olds in 2012. Both males and females report a decline overall. A similar trend was observed in omnibus surveys between 2012 and 2013. She noted that the decrease in prevalence of cannabis use since 2008 does not seem to be linked to, legal changes, policy changes, increases in services provision or other interventions. She suggested that the changes are more probably influenced by broader socio-cultural influences such as: that cannabis use is no longer ‘attractive’ for young people. Cannabis use is so widespread now

it is no longer seen as 'forbidden fruit or no longer perceived as a demonstrating a stand against the system. Young people want to be different from the older generation.

Nicola Singleton presented cannabis trends in the UK based on different surveys also showing a decrease with and the differences in age groups showing a cohort effect. The British Social Attitudes Survey shows a change between 2001 and 2007 in attitudes towards cannabis, with a significant decrease in the proportions saying they agree with the statement 'cannabis isn't nearly as damaging as some people think' and a decrease in the proportion who consider taking cannabis should be legal and in the proportion saying people should not be prosecuted for possessing small amounts of cannabis for their own use. However, looking at the relationship between attitudes and use in the crime survey 2012-13, 32% considered it acceptable to take cannabis occasionally although nearly half of those never have. She noted that changes in classification of cannabis offences do not appear to have had an effect on use but the penalties and warnings became harsher, in practical terms, when the cannabis classification was downgraded. She also noted an increase in numbers seeking treatment for cannabis.

Janusz Sierosławski presented cannabis trends in Poland based on national population surveys conducted in 2002, 2006, 2010 and 2012. There has been an increase of cannabis use among adults and also school students but probably a stabilisation in incidence. He concluded that there has been some stabilization or even decrease of last year's prevalence of use drugs other than cannabis. He noted also a decrease in perceived risk related to cannabis use in both the adult and school populations. And there has been an increase in the number of drug related offences noted by police. Questions remain about survey comparability particularly in relation to the context of drug questions, the interviewer's training and the sampling strategy changing from households to individuals. There has probably also been a change in readiness to report drug use. Poland experienced a sharp increase in in the use of 'smart drugs' but this was halted by a change in the law and the closure of around 1000 shops. The increase in the smart dugs market may have has some impact on cannabis use.

Karoliina Karjalainen presented trends of cannabis use in Finland. National surveys conducted every four years since 1992 have shown a steady increase in lifetime and last year cannabis use. Data shows a shift in the age group reporting highest lifetime prevalence in 2002 from the 15-24 year olds to the 25-34 year olds in 2010. The gender gap has reduced among the 15-24 year olds and widened in the 25-34 year olds. Risk perceptions about taking cannabis once or twice have decreased and the proportion that thinks people should not be punished for growing cannabis increased. Whilst police seizures of cannabis plants have increased substantially the quantity of cannabis seized has decreased.

Ola Ekholm also presented trends in cannabis use in Denmark. The Danish Health and Morbidity Surveys have been conducted in 1987, 1994, 2000, 2005, 2010 and 2013 and questions on use of illicit drugs were introduced since 2000. He noted there has been some decrease in response rates. The three most recent have been self-administered and an alcohol and drug survey was carried out in 2008. The trend has been generally stable and the small recent increase should be interpreted with caution, although this may be linked to the on-going legalisation debate in Denmark. Among school students there was a decrease in both lifetime and last month prevalence between 2007 and 2011. Cannabis-related hospitalizations (e.g. poisonings and psychiatric hospitalizations linked to cannabis) increased substantially between 2002 and 2012.

Elena Alvarez presented cannabis trends in Spain based on biennial surveys since 1994. In both general and student population's cannabis use peaked in the mid-2000s. Since 2004 last year use decreased among the younger age groups and stabilised in the older but the

gender gap remained stable. The proportion of people with a perception that cannabis is easily available has increased despite an increase in price. Trends in problematic use of cannabis are different and increasing in Spain as are the number of treatment demands due to cannabis problems, particularly among minors under 18 years old. There has also been an increase in cannabis related emergency hospital treatment, particularly among young people. Among students using cannabis once a week is considered less risky than smoking cigarettes every day.

The French expert Stanislas Spilka was unable to make a power point presentation due to a virus in his file but the presentation, that is now available on in the GPS restricted site, shows that France experienced either a stable or falling trend in cannabis use in the last decade, after a substantial increase in the early part of this century. It highlights a significant decrease since 2000 in the levels of tobacco use and a strong correlation between use of cigarette and use of cannabis. Measures to prevent tobacco use such as price increase, ban on smoking in public places and sales ban for minors appear to have contributed and delayed age of onset in particular.

Recent national studies

João Matias from the Data Management Sector opened the second session commenting that, despite the economic climate, the EMCDDA had been pleasantly surprised that thirteen countries had been able to report new general population surveys over the period 2012-13. Denmark, Slovenia, Italy, Poland and Sweden made presentations of their recent national surveys.

Ola Ekholm presented the Danish Health and Morbidity Survey conducted in 2013, which is based on a simple random sample of 25,000 individuals aged 16 years or older and living in Denmark. Data were collected using a mixed mode approach (paper and web questionnaires) using a letter of introduction to invite the selected individuals either to complete the questionnaire online or to fill out the mailed questionnaire. The response rate was 57%. The results suggest an increase in the last year prevalence of cannabis use in the 16-24 age group and a decrease in 'hard drug' use. However the ESPAD survey among 15-16 year olds showed a decrease in both lifetime and last month cannabis use from 2007 to 2011. Amphetamine use has decreased substantially among 16-24 year olds.

The Slovenian expert, Darja Lavtar presented the survey conducted 2011- 2012. It was a mixed mode survey offering data collection by web, telephone or face-to-face. The recommended EMCCDA survey methods were applied. There were 7514 respondents and the response rate was 52.9 %. Cannabis is the most prevalent drug with Slovenia's position around the middle and not exceeding the European average. In school surveys it is slightly higher than average. The survey also reported the use of two or more different drugs, including alcohol, during one consumption episode during lifetime, last 12 months and last 30 days. According to the Eurobarometer youth attitudes on drugs 2011 survey more than a half of youth think cannabis is easily accessible and a half believes that the occasional use of cannabis presents no or little risk. It is noteworthy that the ESPAD 2011 school survey showed a relatively high proportion reporting lifetime experience of inhalants (20% compared with the ESPAD average of 9%).

The Italian expert Roberto Mollica presented drug use in school population aged 15-19 years in Italy using a survey with on line data collection methods, each respondent having a unique code. Preliminary analysis is based on 33,000 valid respondents. The survey showed an increase in last year cannabis use since 2011 with a marked increase among females. Geographical analysis showed that, among school students, central Italy has the highest percentage of cannabis, cocaine and heroin users, the north-west of Italy had the highest percentage of stimulants users and north-east the highest percentage of hallucinogens users.

The Polish expert, Janusz Sieroslawski, reported that the 2012 survey showing a decrease in drug use was based on a population register that may not reflect the current population in Poland. The 2012 survey does not fit the trend shown by other surveys which showed a strong increase up to 2010. There has also been a decrease in perceived risk which would normally be accompanied, or followed, by an increase in prevalence.

Finally in this session the new Swedish expert Richard Bränström made a presentation of recent studies on drug use among the general population in Sweden. Estimates of cannabis prevalence in Sweden are based on an annual national health and life style population-based survey with a sample of around 20,000 individuals 16–84 years based on population registers since 2004. There has been some decrease in response rates from approximately 60% to 50%. Sweden reports low prevalence of cannabis use as compared to most other European countries. A new national general population survey of drug use was conducted in 2013 with a sample of 27,000 individuals 17–84 years with a response rate of 59.3%. Drug problems account for approximately 1.3% of total disease burden in Sweden: 1.8% for men and 0.7% for women. This is a small increase from 1.0% in 1990 and 1.2% in 2005. Drug use was the 10th most important risk factor for disease. Disease burden attributed to tobacco was 7.7% and 3.4% to alcohol.

Neighbouring Countries and Western Balkan Countries

In session 3 Sandrine Sleiman from the EMCDDA Reitox unit opened the session with a brief overview of EMCDDA work with the Instrument for Pre-Accession (IPA4) project and the European Neighbourhood Policy (ENP). With support from the IPA 4 project, Serbia has already conducted a survey, Albania and Kosovo are in the field now and a pilot survey is planned in Montenegro. Yossi Harel-Fisch who is Chief Scientist, at the Israel Anti-Drug Authority and Director of the International Research Program on Adolescent Well-Being and Health at Bar Ilan University presented the use of national survey systems to support evidence-based drug and alcohol policy in Israel. He described a range of monitoring studies including a study of children and youth (11-17) using a biennial school-based survey of a national representative sample of about 10,000 students ages 11-17 (grades 6th-12th). Israel also participates in WHO-HBSC and ESPAD surveys. Findings suggest that the role of parents, teachers and friends explains 70% of the variance in substance use. Israel also monitors substance use among young adults (18-24) in both military and college settings. It has a short-Term Monitoring Survey (STMS), which is a web-based survey implemented every 3-4 months on 1,500 respondents who are randomly sampled from a representative internet panel. Over 150,000 individuals are monitored on recent exposure to drugs and alcohol prevention campaigns and changes in attitudes. Considerable weight is given in Israel to developing evidence-based policy and programs and local authority surveys are used.

Biljana Kilibarda from the Institute of Public Health in Serbia then presented results of the first general population survey aged 18-64 years in 2014. The total sample size was 5385 including a booster sample among 18-34 year olds with a response rate around 65%. The age range does not include under 18 year olds because of the need for parental consent. 36.4% of the adult population reported regular daily smoking in the last month. 3.7% of the respondents reported binge drinking at least once a week or more frequently during the last 12 months and daily use of sedatives and hypnotics was reported by 4.4% of adult population. Problematic patterns of cannabis use have very low prevalence and therefore estimates might not be reliable. While regular heavy alcohol use and regular daily smoking is widely accepted even occasional patterns of illicit drugs use is widely condemned. Perceived availability of individual drugs corresponds with their prevalence rates with those drugs which are used more frequently being reported as more available by respondents. The survey included questions on gambling and found that 3.7% of adult Serbian population has some level of risk of problem gambling.

Monitoring of frequent and high risk cannabis use

Session 4 on Monitoring of frequent and high risk cannabis use in general population surveys was opened by Danica Thanki and Eleni Kalamara, describing their work to date on monitoring frequent and high risk cannabis use. There are two complementary components: 1) Frequent cannabis use is defined as "Use of cannabis daily, or almost daily, in the preceding 12 months" → 20+ days/last 30 days and 2) High risk cannabis use, defined by "Medical diagnosis according to current DSM or ICD criteria, e.g. cannabis harmful use or dependence or cannabis use disorder diagnosed in the past 12 months." And using → CAST for an approximation of cannabis dependence. Simple frequency of use is not enough to monitor dependence because of the variation within the group of daily or near daily users with only some having additional levels of risk and need for treatment. CAST and another short scale (SDS) have been tested in a large published validation study conducted in 7 countries and using 10 surveys. These instruments are shown to overestimate prevalence of cannabis dependence in situations of low prevalence rendering many more false positives than false negatives. Eleni Kalamara presented a model developed to predict cannabis dependence using logistic regression from CAST score AND from additional demographic/ drug use behaviour information. Increasing CAST scores, frequency of use, number of drugs used is associated with higher odds of being dependent and increased age is associated with decreasing odds of being dependent. The model was the best one supported from the available data, but it is not the optimal. Countries should therefore run their own models if they have the resources. Danica informed the meeting that the guidelines for monitoring "high risk cannabis use in GPS" are available.

Elena Álvarez then presented work conducted in Spain to estimate problem cannabis use using surveys and the main characteristics of those with the problem. The work also contributed to better understanding of screening instruments. Using the 2011 survey of adults 15-64 1.7% were daily cannabis users and 2.5% problematic users, which is equal to 803 229 problem cannabis users. These are characterised as males around 31 years old, who are single and have completed high school and are working. She highlighted the usefulness of combining different sources of information. Results from the 2013 survey showed that there are many more high risk users than individuals in treatment and that intensive cannabis use is strongly linked to binge drinking, drunkenness and going out in the evenings.

Linda Montanari from the EMCDDA then presented an overview of the profile and trends of cannabis users admitted to drug treatment services looking at clients entering specialised drug treatment in Europe in 2012 by primary drug. For those countries reporting, 42% of new clients in 2012 entered for primary cannabis problems, which represents an increase from 29% in 2006. The profile of outpatient cannabis clients is based on a pilot in 6 countries. In the 10 years between 2002 and 2012 among cannabis treatment clients there was an increase in mean age from 22.8 to 24.3 and a decrease in mean age at first use from 17.2 to 16.4. The male to female ratio changed very slightly from 4.4 to 4.9. And cannabis use in combination with alcohol increased. The number of daily users also increased from 3 423 to 17 000. Factors related to these changes are many and complex and include a number of methodological limitations

Roland Simon then presented some similarities and differences between cannabis users in treatment and in the general population. This work was based on German GPS data collected in 2000 and TDI data from 2001 based on 368 outpatient facilities. He highlighted that in the treatment population age of first use was lower for all substances than in the general population. Cannabis users seeking treatment for cannabis are typically male and between 18 and 24 years. They started substance use early, often use other substances and have easier access to hard drugs. There are similarities between users in the general population and those in treatment in regard to the clusters of substances used: a) cannabis

only, b) cannabis/ amphetamines/ ecstasy/ cocaine/ mushrooms, and c) cannabis/heroin/ opioids/ crack.

An overview of the situation in Europe by EMCDDA and Eurostat (EHIS)

Session 5 was opened with a presentation by João Matias on the drug situation in Europe. He pointed out that last year cannabis use trends in 9 countries, with a sufficient data series and statistically significant changes, were presented this year and they show divergent national trends. The increases evident in some of the high prevalence countries such as France, Germany, Spain and UK, up until 2003, have been followed by decreases. There have been some recent increases in prevalence levels in Nordic Member States (Denmark, Finland and Sweden) albeit with different starting prevalence levels. Latest survey results also confirm the divergent trends, with eight countries reporting decreases and five reporting increases in last year prevalence. While recognising that seizure data is primarily a measure of law enforcement activity, over 80% of seizures in Europe are for cannabis. Over the past ten years, the number of herbal seizures has overtaken that of resin, and herbal seizures now represent more than half of all cannabis seizures. Acute hospital emergencies for cannabinoids are rare but increasing. Cocaine is the most commonly used stimulant drug but high prevalence countries such as UK and Spain have reported decreasing trends after a peak around 2008. In the most recent set of new surveys, 11 out of 12 countries reported stable or decreasing trends. Between 2007 and 2012, prevalence estimates for last year amphetamine use among young adults has remained relatively low and stable in most European countries. Overall trends for use of this drug as well as ecstasy remain relatively low and stable. Ecstasy seizures data has shown long term decline until 2008 before increasingly slowly in subsequent years. In addition to the high profile of GPS data in EMCDDA reporting now GPS prevalence data has been included as part of the European Core Health Indicator set and will be reported in the annual Health at a Glance Report by the Organization for Economic Co-operation and Development (OECD). The statistical bulletin this year includes alcohol and tobacco prevalence data and all of the data is presented by gender and across a wide range of age groups.

Jakub Hrkal from Eurostat's Education, Health and Social Protection Unit presented an update on the European Health Interview Survey. He outlined the history, content and results of this survey. The main aim is to provide health data for EU policies/indicators. The early developments began in 2003 and the first wave was implemented in 2006 and built on a 'gentlemen's agreement' whereas the second wave is built on Commission regulation and Decision on derogations. The survey is aimed at the population aged 15 and over living in private households. The second wave involved improving the methods, which allow various data collection modes to be used. The fieldwork is being implemented 2013-2015 and the questionnaire includes questions on smoking, alcohol use and four questions on illicit drug use. Prevalence estimates for cannabis use derived from the first wave 2006-2009 are considerably lower than from the GPS surveys reported to the EMCDDA. Around eight countries experts at the meeting mentioned their intention to add drug questions to the national EHIS surveys with many going into the field in 2015. The quality of the surveys should be assured by the fact that the surveys will be implemented by the national statistical offices.

Methodological developments and new projects

In Session 6 André Noor from the EMCDDA gave a short overview of a project to estimate drug market size. The practical use relates to gauging the relative importance of the markets for different drugs, prioritising and comparing interventions and overtime to evaluate the impact of new legislation and policies. The calculation will help to provide better understanding of the drug situation and will be taken into account in the estimates of GDP for a range of countries. For the demand side he will be looking at the number of users, average days of use and the amount used each day to arrive at a figure for total consumption. There are several issues relating to which drugs, what geographical breakdowns, time periods and

whether quantity or price should be selected. He proposed sending out a short survey to GPS experts with questions on availability of information and country studies.

Nicola Singleton then presented an update from the Harmonisation Group and the workshop which took place on Monday 16 June. The key aim is to look at the potential for harmonised analysis to add to the information from standard tables and to the understanding of the drug phenomenon across different countries. The work also provides important insights to the comparability of GPS data from different countries and more detailed understanding of some methodological issues. The work has been shown to benefit both the experts at national level and the EMCDDA in its efforts to improve comparability. The first wave of participating countries was Cyprus, Denmark, France, Latvia and the UK. In subsequent years they were joined by Ireland, Poland, Portugal and Spain. More recently Bulgaria, Czech Republic, Germany, Italy and Romania joined. The initial analysis focused on basic prevalence and continuation rates, polydrug and polysubstance use, age, gender and socioeconomic variables and age of first use. Further analyses looked at the characteristics of different types of users and included 'risky drinking'. Additional analysis carried out for this meeting explored prevalence of use of different stimulant drugs by risky drinking and prevalence of cannabis and polydrug use by smoking status. Fact sheets for disseminating findings similar to the American CESAR Fax contain one simple message per sheet have been discussed. She presented a sample of the topics in development and Ola Ekholm presented an example of a fact sheet on characteristic of people who only use cannabis. On-going challenges include the variability between surveys (mode, context, content, response, sample size, procedures and available explanatory variables). The next steps include finalising the fact sheets, refining the analysis already undertaken, adding other variables to the current datasets and preparing for future trend analysis when new surveys are available and harmonised.

Alcohol measurement and first discussion of a revised EMQ module

Session 7 addressed developments and progress in alcohol measurement and a first discussion about a revised EMQ module. Janusz Sieroslawski began with a short update on recent developments in harmonisation of alcohol use data in the EU with the SMART project and RARHA project. He highlighted the fact that frequency of alcohol use is a less powerful predictor of cannabis use than annual consumption.

Biljana Kilibarda then presented results from a pilot survey in Serbia using the SMART questionnaire. 160 respondents filled in questionnaire and were followed up with cognitive interviews and focus groups. The interviews found that the questionnaire is generally clear and simple to fill out, with the exception of questions about amount of alcohol drunk. Although the show cards were helpful, not all available packaging or doses are shown in the cards. Also it was not clear whether the questions refer to the average amount of alcohol drank in the previous 12 months or the average amount of alcohol drank on a single, typical occasion. She then presented some data from Serbia on alcohol consumption.

Darja Lavtar presented the Slovenian results their 2011-2012 survey on the use of drugs, tobacco and alcohol in which they included some of the SMART questions on alcohol with some small modifications. She presented data on drinking patterns, attitudes to alcohol policy, risky single occasion drinking and consequences of the respondent's own alcohol use in Slovenia. She highlighted the issue of how to handle missing data when calculating alcohol consumption as a remaining problem.

Marcis Trapencieris then presented the implementation of SMART alcohol questions in Latvia. In 2011 they added 9 questions on alcohol consumption, 9 on context of drinking, 4 on risky single occasion drinking, a 10 item scale on alcohol dependence, 7 questions about problems due to their own alcohol use, 11 on harm from others, 31 questions on irregular alcohol supply and 8 questions on attitudes to alcohol policy. He reported that high risk

alcohol use is found to be associated with cannabis use after adjusting for age and gender. Quantity- frequency measurements used suggest that about 60% of alcohol consumption per capita is covered. 12% of the population were alcohol dependent according to the CIDI scale (3+of 7). The majority of respondents supported stricter alcohol controls but only 31% supported price rises. In Latvia they concluded that the SMART questionnaire is a robust tool and they plan to pilot the new alcohol questions for inclusion in the 2015 GPS survey.

The EMCDDA informed the meeting that the original SMART report can be found on the restricted GPS site and future versions of the RARHA questionnaire will be placed there. Eurostat offered to share the set of alcohol questions used in the EHIS and this will be made available to the experts.

EMQ module for New Psychoactive Substances (NPS) and development in medicines

In the final session 8, the first part addressed developments and progress in monitoring New Psychoactive Substances (NPS). The session was introduced by Roumen Sedefov from the EMCDDA. Björn Hibell began with a presentation of the results of an ESPAD data collection validity study, which comprised a classroom self-completion questionnaire followed immediately by an interview. The validity study was conducted in Iceland, Italy, Montenegro and Ukraine with samples that were not representative totalling 1 138 individuals. The NPS module used was based on the first 4 questions developed last year for the adult EMQ module. The study found that an average of 28% misunderstood the first 'catch all' question and students who did not understand answered in the questionnaire that they had not used any of the drugs when the "problem" was that they had not heard of them. However, Björn Hibell concluded that so long as the students give the correct answer that they have 'never used' them this is not a serious problem. In nearly all cases of use the NPS substance was a smoking mixture that was given by or bought from a friend. Darja Lavtar then presented results on NPS from the Slovenian survey on tobacco, alcohol and other drugs 2011-2012. 0.6% of the adult population report ever in lifetime use of NPS. The most frequently reported substances were methylone and mephedrone although, according to the Early Warning system in Slovenia, 3-MMC is most widely used new drug at present. Stanislas Spilka reported some very recent findings from the ESCAPAD survey of 17 year olds in France. The survey estimated lifetime prevalence of NPS at fewer than 2%, which is similar to heroin and crack cocaine. France has no immediate plans to use the NPS module in their adult survey but will use the questions proposed for their ESPAD school survey. Malta used the NPS module in their 2013 survey and lifetime use of NPS was only 0.1% (2 respondents). Spain also included some of the EMQ question plus some of their own questions in the 2013 GPS. The highest ever in lifetime use was reported by 6.6% in the 19- 34 age group. They were mostly men and the question included ketamine, hallucinogenic mushrooms, and salvia, which were the substances most frequently reported as used. In Spain there is concern about lack of information about the risks, they will, therefore, continue to monitor NPS in order to be in a position to make informed decisions when necessary.

Roberto Mollica reported on NPS data in the school population aged 15-19 years in Italy. Ever in lifetime use of NPS by school students (which included salvia divinorum and khat) was under 2%. He also presented hospital emergency room data based on analytical confirmation in 604 'sentinel' cases in Italy. The most frequently identified substances among the reported hospital emergencies were: synthetic cannabinoids, synthetic cathinones, ketamine → synthetic ketamines (e.g. metoxyetamine), caffeine (+ cocaine and/or heroin), GHB / GBL, anticholinergic agents (seeds, atropine, scopolamine) and amphetamines-type substances (PMA/PMMA, 4-FA, …)

An oral presentation was also made by the expert from Romania where the NPS module was used in the 2013 survey and in the 2010 Finnish survey 3 respondents reported having use DPV. The UK added that they have included ketamine and mephedrone in the standard list of drugs and will therefore use the 'catch all' question in an effort to pick up on changes in

the use of other NPS. In the UK there is some concern about the possibility of more 'traditional' substances being replaced by NPS, which could help to answer questions about the reasons for decreases in cannabis use, for example. There was a consensus that no immediate changes to the NPS module were necessary but the topic should be revisited next year by a small expert group, prior to the GPS meeting, to explore progress in the light of further experience in the field.

Klaudia Palczak from the EMCDDA introduced the second part of this session giving a brief description of developments in understanding the misuse of psychoactive medicines and benzodiazepines in particular. She described the development of an EMCDDA, cross-unit, project to conceptualise a methodological framework for EMCDDA activities in this area, which is focusing on benzodiazepines in 2014. The EMQ includes some questions on medicines and in 2011 a mapping exercise was performed to look at the compliance of the questions in the national surveys with those in the EMQ. Then, in 2012 an audit was conducted of the EMCDDA data collection tools for monitoring misuse of medicines including a review of national and international studies. To obtain up to date information, this year the national abstracts sent out to GPS experts prior to the meeting asked for information about data collection on misuse of benzodiazepines. The response to this request was good but wide variation in questions and the complexity of the market in benzodiazepines poses considerable challenges to routine monitoring. For the time being, the operational definition for monitoring purposes is: the use of psychoactive medicine, with or without a prescription from an appropriate practitioner, clearly outside of accepted medical practice or guidelines, for either self-medication, recreational or enhancement purposes, including in the context of poly drug use.

Dijana Jerković provided an insight into the use of psychoactive medicines in Croatia based on the GPS conducted in 2011. They used all of the EMQ questions and an additional one on the source of sedatives or tranquillisers when taken on the last occasion. Prevalence of sedatives or tranquilliser use in Croatia is considerably higher than illicit drug use and much higher among females than males. 73.0% of all adults and 47.5% of young adults reported that the last time when they used sedatives and/or tranquillisers they had them prescribed by a doctor.

Karoliina Karjalainen then presented work on the non-medical use of prescription drugs in Finland. Lifetime prevalence of non-medical use of hypnotics sedative and pain killers is 6.6% and ranks second after cannabis and considerably higher than other illicit drugs. Finnish drug surveys conducted in 2002, 2006 and 2010 were pooled into one dataset (providing a total of 7,593) and 3 different groups were classified according to their lifetime use of drugs. This distinguished non-medical use of prescription drugs by whether or not illicit drugs had also been used and considerable differences were described. Heavy episodic drinking was linked to the non-medical use of prescription drugs but more strongly to those who had also used illicit drugs than those who had not. More emphasis will be place on the misuse of prescription drugs in the 2014 Finnish survey

Momtchil Vassilev was unable to make a presentation in this session but a power-point is available on the restricted site addressing sedative and tranquilliser without a doctors' prescription use based on the general population survey in Bulgaria. In 2012 both lifetime and last year use of sedatives and tranquilliser is higher among the older age groups and higher among the women than among the men. About 8.5 % of those who have used sedatives and/or tranquilizers in the last 12 months had done so almost every day. More than 80 % of those who have used sedatives and/or tranquilizers in the last 12 months had obtained them from friends or relatives.
It was concluded that work in these two areas will continue and be followed up of the course of the next 12 months.
Julian Vicente thanked the speakers and participants and closed the meeting.

Annex 1. Agenda

Prevalence and patterns of drug use among general population Indicator (GPS)
Annual Expert Meeting 2014

17-18 June 2014 - EMCDDA (Lisbon) - Conference centre

AGENDA

Tuesday, 17 June 2014

9.00 – 11.00 **Setting the scene:**
Chair: Julian Vicente

- Overview of the meeting and update on main developments and progress in the Key Indicator (10'),*EMCDDA*
- Developments and progress in ESPAD. Bjorn Hibell
- Panel discussion: Using survey data and other indicators to increase understanding on the drug situation: trends (decreases/increases) in cannabis use.
    - U. Kingdom, Spain, Cz Republic, France, Poland, Finland, Denmark

11.00 - 11.30 Coffee break

11.30-13.00 **Presentation of recent national studies**
Chair: João Matias

- **Denmark, Slovenia, Italy, Poland, Sweden**

13.00 - 14.00 Lunch break

14.00-15.00 **Neighbouring Countries and Western Balkan Countries – developing GPS**
Chair: Sandrine Sleiman

- Dr. Harel-Fisch, Israel "The use of innovative national survey systems to ensure evidence-based drugs and alcohol policy in Israel"
- Mrs Biljana Kilibarda, "Drug use in Serbia, results of the first general population survey"

15.30 - 16.00 Coffee break

16.00 - 17.45 **Monitoring of frequent and high risk cannabis use in general population surveys**
Chair: Danica Thanki

- Monitoring frequent cannabis use in GPS (Danica Thanki)
- Profile and trends of cannabis users admitted to drug treatment (from TDI indicator) (Linda Montanari)
- German study comparing people in cannabis treatment and intensive users in GPS (Roland Simon)
- Monitoring intensive cannabis use with CAST in Spain: results, time trends (Elena Alvarez)
- Monitoring "high risk cannabis use in GPS" (presentation of guidelines) (Danica Thanki)

18.00 Cocktail

18 June, Wednesday

9.00 –10.30 **An overview of the situation in Europe by EMCDDA and Eurostat (EHIS)**
Chair: Julian Vicente

- EMCDDA presentation on the drug situation in Europe, based on GPS (João Matias)
- Presentation by Eurostat of the European Health Interview Survey (EHIS) (Jakub Hrkal)
- Discussion and comments.

10.30 - 11.00 Coffee break

11.00 -12.30 **Methodological developments and new projects related to GPS**
Chair: Nicola Singleton/Andre Noor

- Harmonisation of National Databases at national level: information about progress and dissemination
  Progress - Nicola Singleton
  Outputs and Dissemination
- Drug markets – Sizing the markets (total amount of drug consumed) of cannabis
  Andre Noor and Nicola Singelton

12.30 – 13.30 Lunch break

13.30 - 15.15 **Developments and progress in alcohol measurement and first discussion of a revised EMQ module**
Chair: Julian Vicente

- Developments in harmonization the EU: SMART project and RARHA project: Janusz Sieroslawski
- *Data from countries using SMART questionnaire (Poland, Serbia, Slovenia, Latvia)*
- *Discussion and way forward to update the alcohol module of the European Model Questionnaire*

15.15 – 15.45 Coffee break

15.45 - 17.30 **Development of EMQ module for New Psychoactive Substances (NPS) and development in medicines**
Chair: Roumen Sedefov and Klaudia Palczak

Developments and progress in NPS and review of EMQ module

- Results of pilot data collection in several European countries by ESPAD (Björn Hibell)
- Spain, Malta Italy, Slovenia, France (tbc) + oral presentations Romania and Finland

Developments and progress in medicines (Benzodiazepines / Sedative-Tranquilizers)

- Overview: EMCDDA (Klaudia Palczak)
- Bulgaria (tbc) - Croatia (tbc) - Finland (tbc) - Portugal (tbc)

Conclusions, AOB, date of next meeting

Annex 2. Participants List

Expert meeting on the Key Indicator
"Prevalence and patterns of drug use among the general population (Population Surveys)"
EMCDDA (Lisbon) - 17-18 June 2014

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** This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo declaration of independence*

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Annex 3. Presentations List

Presentations

Please note that these presentations are for restricted access only. Please contact the relevant experts for permission, if you wish to use the slides.

Session 1 - Setting the scene
• Prevalence and patterns update and main developments in GPS 2014 - Julián Vicente, EMCDDA
• Developments and progress in ESPAD – Björn Hibell
• Cannabis trends in the UK – Nicola Singleton, United Kingdom
• Cannabis Trends in Spain – Elena Álvarez, Spain
• Cannabis Trends in the Czech Republic – Pavla Chomynová, Czech Republic
• Cannabis trends in France – Stanislas Spilka, France
• Trend in drug use in Poland – Janusz Sieroslawski, Poland
• Increasing trends of cannabis use in Finland – Karoliina karjalainen, Finland
• Trends in Cannabis use in Denmark – Ola Ekholm, Denmark

Session 2 - Recent national studies
• The Danish Health and Morbidity Survey 2013 and trends since 2010 – Ola Ekholm, Denmark
• Results on Tobacco in Slovenia – Darja Latvar, Slovenia
• Drug use in school population in Italy – Roberto Mollica, Italy
• Recent studies on Drug Use in Sweden – Richard Bränström, Sweden

Session 3 - neighbouring and Western Balkan Countries
• Innovative national survey systems in Israel – Yossi Harel-Fisch, Israel
• Drug use in Serbia – Biljana Kilibarda, Serbia

Session 4 - Frequent and high risk cannabis use
• Monitoring frequent and high risk cannabis use – Danica Thanki, EMCDDA
• Profile and trends of cannabis users admitted to treatment – Linda Montanari, EMCDDA
• Cannabis users inside and outside treatment – Roland Simon, EMCDDA
• Cannabis CAST in Spain – Elena Álvarez, Spain

Session 5 - Situation in Europe
• Drug situation in Europe's GPS 2014 – João Matias, EMCDDA
• European Health Interview Survey (EHIS) – Jakub Hrkal, Eurostat

Session 6 - Methodological developments and new projects
• Harmonised workshop report 2014 – Nicola Singleton, United Kingdom
• Estimating drug market size – André Noor, EMCDDA

Session 7 - Alcohol measurement
• SMART questionnaire in Serbia – Biljana Kilibarda, Serbia
• SMART survey on Alcohol in Slovenia – Darja Lavtar, Slovenia
• SMART alcohol questionnaire in Latvia – Marcis Trapencieris, Latvia

Session 8 - EMQ modules for New Psychoactive Substances (NPS) and Psychoactive Medicines
- Psychoactive Substances
• A test of the EMQ module about NPS – Björn Hibell, ESPAD
• NPS in Spain GPS – Elena Álvarez, Spain
• Development of EMQ module about NPS from school population in Italy – Roberto Mollica, Italy
• Results on new drugs in Slovenia – Darja Latvar, Slovenia
• NPS in France's GPS – Stanislas Spilka, France
- Psychoactive Medicines
• Monitoring misuse of psychoactive medicines at the EMCDDA – Klaudia Palczak, EMCDDA
• Developments and progress in medicines use in Bulgaria – Momtchil Vassilev, Bulgaria
• Insight into the pharmaceuticals use in Croatia – Dijana Jerković, Croatia
• Non-medical use of prescription drugs in Finland – Karoliina karjalainen, Finland
• Misuse of benzodiazepines in Latvia – Ildze Redoviča, Latvia