European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA week

‘Measuring, understanding and responding to drug problems in Europe’

23–27 September 2013

Meeting minutes

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Contents

Introduction

These minutes present an integrated meeting report on the "EMCDDA week on measuring, understanding and responding to drug problems in Europe". This week has brought together EMCDDA's technical work in a number of different fields, namely:

- Measuring drug problems through the Problem Drug Use indicator (now focusing on "High risk drug use"),
- Understanding drug problems and treatment uptake through the Treatment Demand indicator,
- and monitoring of Health and Social Responses to drug problems.

The first EMCDDA week on 'Measuring, understanding and responding to drug problems in Europe' from 23-27 September 2013 gathered around 100 experts from across the European Union as well as the Russian Federation, South Africa, the United States and countries of the Western Balkans. The week brought together under the same 'roof' experts from diverse areas of work to inspire cross-disciplinary analyses of the drugs problem and responses to it and included policy and intervention components.

It was the first time we held a meeting bringing together different Key Indicators in the new 'integrated' format, jointly with interventions and policies components. These different strains of data collection came together in this meeting under the same 'roof' and lead to new, inspiring cross-indicator analyses. One good example was the common session between the PDU and TDI indicators, and the cross presentations of experts in different sessions during the week.

In a nutshell, the core elements of the EMCDDA week were:

- **on the first day,** the introduction to EMCDDA's new treatment strategy and the use of data to determine treatment need and coverage and treatment quality;
- **during the two following days** the discussions were focused around the analysis and information coming from TDI with the objective to better understand the high risk drug users by looking at clients admitted to the drug treatment services and to document new trends in drug use;
- **finally, the last part of the 'week** on measuring, understanding and responding to drug problems' was dedicated to the work on estimating the number of PDUs. During the meeting different methods and national analysis on prevalence and incidence of high risk drug use were be discussed with some innovative methods explored.

Other new elements introduced first time this year included a common evaluation form for the entire EMCDDA week and the publication of presentations of those presenters who have provided their consent

on the EMCDDA website. The latter is at the moment work in progress, but the presentations and more detailed information for some meeting's sessions can be found on the restricted, password protected areas:

http://projects.emcdda.europa.eu/areaPDU

http://projects.emcdda.europa.eu/areaTDI

http://projects.emcdda.europa.eu/alias.cfm/hsr

(national experts and national focal points can obtain or regain access credentials from Sofia.Cabral@emcdda.europa.eu)

Day 1, 23 September: The future of treatment monitoring

EMCDDA Director **Wolfgang Goetz** opened the meeting, underlining the integrated character of the event, addressing the technical work of the agency in a number of different fields, namely problem drug use estimation, the monitoring of treatment demand and of health and social responses to drug use. This also reflected the new strategy of the agency in the field of treatment data collection and analyses, adopted at the end of 2012, which seeks to improve the value of the agency's data collection for national health policymakers and treatment programme managers who wish to shape or expand the treatment offer in their country. It also reflects the scaling up and growing integration of treatment and other health and social responses to drug use witnessed in Europe over the last decade.

Providing an overview of the EMCDDA week's agenda (see Annex I) he underlined that common sessions between the problem drug use and treatment demand indicator groups were designed to provide new insights into how different user groups are accessing treatment and which groups may be under-represented in drug treatment services. During the week, national analyses of the prevalence and incidence of high risk drug use would be discussed and innovative monitoring methods explored. He said that in the current difficult economic times, when national decision-makers were faced with difficult choices and competing priorities, it was more important than ever that investments were based on a sound understanding of the drugs problem and of the measures that will deliver the greatest benefits.

Dagmar Hedrich then summarised the strategy ([1]), which is based on the understanding of 'treatment as a system'. She described historical changes in treatment provision in Europe, and how this led to the development of the treatment demand indicator and later of further indicators and standardised tools for treatment data collection at the EMCDDA, benefitting from an increasing number of data sources. The new data collection strategy was conceived to be able to mirror the complexity of current addiction treatment in Europe. As a result of cross-unit consultation, it aligns the diverse data collection tools and mechanisms into a coherent, integrated system. A 'treatment system map' for each country following a generic model helps to describe the treatment response in a systematic way and to improve knowledge on reporting gaps. Furthermore, a European standard for data that should be reported from treatment providers to national Focal Points has been defined in collaboration with national experts and will be piloted in 2014. Combining these and other elements, the new strategy provides a framework for addressing policy-relevant questions such as geographical spread, capacity and range of treatment services, treatment demand, client turnover and quality management mechanisms. At national level, and in combination with drug use prevalence data to estimate the need for treatment, useful data for treatment planning can be generated.

This was followed by an intervention by **Alexis Goosdeel**, Head of the Reitox and International Cooperation Unit, who talked about the EMCDDA's role in achieving added value for Member States through treatment monitoring activities.

As international expert on treatment systems, Prof **Thomas Babor** (Head of Department of Community Medicine and Health Care, University of Connecticut School of Medicine) spoke about 'Treatment systems, public health, and the role of monitoring in the population management of substance use disorders'. He recalled that in the USA, services for substance use disorders expanded dramatically in developed countries after the 1970's– but often in a fragmented and arbitrary way. Resource allocation decisions and

[1] For more, see www.emcdda.europa.eu/publications/treatment-strategy

treatment policies had a major effect on the development of substance use disorder services, but there was little knowledge to guide service planning or to indicate whether services achieve their public health objectives. His conceptual model addresses how treatment can achieve population impact and links policies, system characteristics and knowledge about effectiveness. The model aims to make system-level analysis helpful as a planning tool for countries investing in services as prevalence rates increase.

He then discussed a number of questions arising around the concept of 'systems', among others: whether and they can contribute to reduce the gap between population needs and current availability of services; how treatment services can be made more accessible to those in need; how primary health care can be utilized to provide more appropriate services and linkage to specialized care; and how the integration of mental and basic health care services with formal addiction treatment improves outcome. In his speech he also referred to the 'SAIMS' tool (Substance Abuse Instrument for Mapping Services), developed by WHO in 2005 which – like Babor's systems concept - has informed the new EMCDDA strategy.

Session I: Adequate treatment: Monitoring treatment coverage. Chairpersons: Dagmar Hedrich and Danica Thanki

The use of treatment data to inform about coverage and needs was addressed using examples from Greece and Spain. **Anastasios Fotiou** (GR) described the epidemiological profile of drug use in his country and documented an increasing demand for treatment (resources); ageing populations in treatment (a slow-down of the 'revolving door' effect); the emergence of 'new' substances (which brings about a need for flexibility and capacity building among treatment staff). The appearance of new target populations (non-Greek nationals) needing access to treatment and integration and changes in the drug use profile of treatment clients towards multiple-substance abuse/multiple addiction often combined with somatic and mental health comorbidities as well as social vulnerabilities (unemployment, incarceration) requires a holistic approach to treatment and the building of additional response capacity (health care, housing, social integration, harm reduction).

Monitoring results document a significant scaling-up of treatment (mostly OST) resulting in reduced waiting lists, but despite improvements, coverage still falls short of recommended standards, i.e., >50% OST coverage with no waiting time for entry. Resources have lately been directed to OST in order to respond to the HIV epidemic, but reductions in public spending threaten the sustainability of the existing services. It was suggested that the current socio-political and economic crisis represents a main threat to treatment coverage and efficiency of the treatment monitoring system.

In her contribution **Marta Torrens** (ES) presented the epidemiology of illicit drug use in Spain as well as the legal framework of opioid substitution treatment (OST), the main developments in treatment provision over time and changes with regard to main drug-related harms such as infections and overdose deaths. In Spain, a National Plan on Drugs was approved in 1985 and a drug treatment network (public system) developed in the following years. Initially, drug free abstinence oriented treatment was almost the only available treatment method; the country followed a highly restrictive policy towards OST, with high thresholds and low levels of provision. Waiting lists were longer than 12 months in most cases. This coincided with the development of a HIV epidemic among people who inject drugs. Since 1991, this changed and OST was scaled up in response to the epidemic which resulted since 2002 in a coverage level of around 60% (maintained since then).Together with HAART and an overall decrease of the heroin epidemic, many improvements in the health situation among drug users in Spain were achieved. OST has

also shown a high level of cost-effectiveness. Current challenges are the diversification of opioid agonist drugs for maintenance treatment and and the increase of harm reductions strategies.

Session II: Improving treatment quality in Europe. Chair: Alessandro Pirona and Marica Ferri

Czech drug policy has a strong tradition of quality assurance since 1993. Standards were defined in 1995 and the accreditation of drugs services was launched in 2005. The implementation of treatment standards in the Czech Republic was described by **Vlastimil Necas** (CZ). As an important step towards treatment quality, the certification of eligibility of a facility, based on an examination and formal recognition of the services provided in line with good practice, is carried out by external peer evaluators using shared and officially approved standards. This certification process as well as standardised activity reports and client breakdown requirements for the different types of programmes, including low-threshold facilities, provide a high level of comparability of data over time and across facilities so that they can be used for policy making. Besides content and systematic implementation of standards, cooperation of governmental and professional bodies and the involvement of service providers in the process, stable financial resources and evaluation and further evolution of standards were highlighted as being important ingredients of treatment quality.

In her contribution **Charlotte Davies** (UK) addressed the question how treatment monitoring activities can contribute to assessing the quality of drug treatment. The National Institute for Health and Care Excellence (NICE) in the UK provides guidance and advice to improve health and social care in the country. NICE has defined quality standards, which is a set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. New quality standards for drug use disorders were issued in 2012. They consist of a set 10 quality statements, each with its own rationale and process or outcome measure, and supported by sources and definitions. Furthermore, relevant interventions delivered by the treatment monitoring system in England (NDTMS) are recorded. This NDTMS Dataset covers policy relevant data such as: successful completions, non re-presentation, Treatment Outcomes Profile (TOP- substance use, injecting risk behaviour, crime and health and social functioning), and a Diagnostic Outcomes Monitoring report (DOMES). She finally mentioned a new ‘recovery diagnostic tool’, which uses the analysis of treatment data to identify factors that impact on treatment outcomes. It provides local areas with a breakdown of different types of client groups and factors in their area and includes clinical prompts relating to these factors.

Session III: New challenges and information needs. Chair: Roland Simon

In the final session of the first meeting day, topics that are considered as new challenges for the drugs field were briefly introduced, followed by short discussions among participants.

Claudia Costa-Storti (EMCDDA) described the consequences of the current economic recession on employment, addressing its impact on mental health. Research documents that economic crises are leading to a deterioration of protective factors (social capital, welfare protection etc.), reducing healthy lifestyles, which are amongst the main protective factors of mental health and drug use. At the same time, risk factors such as poverty, unemployment, poor education, deprivation, high debt increase, job insecurity and stress being the most crucial risk factors. Many EU member states have reported reductions in health, public order and safety and social protection — the areas of government spending where most drug-

related public expenditure originates. Expenditure on drug treatment data should be improved in order to better understand its impact on problem drug use.

Alessandro Pirona (EMCDDA) pointed to the increasing role of internet-based drug treatment, a topic which has been addressed by the agency in a book published in 2009 ([2]), giving an overview of the relatively new phenomenon. It presents a sample of programmes across Europe and outlines their methodologies, providing a series of screenshots to further demonstrate the websites' content and to provide an overall impression of the types of online treatment available. An European overview on this topic will be provided in an upcoming Persectives on Drugs (POD) to be published by the EMCDDA in May 2014. The discussions among experts revealed that there was high interest in this treatment modality, but only 5 countries reported to be currently providing it. The predominant use of the internet as a response tool in the drug treatment field across Europe currently consists of chat modules with or without counsellors, which can be considered as brief interventions.

In his intervention entitled 'New drugs - New treatments?' **Michael Evans-Brown** (EMCDDA) described the new drug phenomenon in the EU, starting from a definition of new drugs as 'psychoactive substances that usually mimic the effects of controlled drugs (or at least usually sold to that effect) but are sufficiently different in chemical structure so they fall outside the scope of international / national drug laws' ([3]). Four broad and partly overlapping groups are distinguished: *Designer drugs*: sold on illicit market as 'ecstasy', 'speed' or heroin (fentanyls); *Legal highs*: sold openly, often as branded products in sophisticated packaging, typically sold on the Internet, in head shops and by street-level drug dealers. Also called research chemicals, herbal highs, party pills, bath salts, plant food, incense; *Medicines*: diverted within EU, imported, designer medicines and derivatives of medicines or pharmaceuticals that were never commercialised; and *Dietary supplements*: aimed at lifestyle users, sold on Amazon and eBay. In the past few years there has been an unprecedented growth in their number, type and availability: more than 200 different substances have been identified since 2010. Use patterns range from 'recreational' to 'problematic' and consumption may pose a public health problem. Adding to these issues is that typically little or no information is available on pharmacological effects of the drugs and the harms they pose. New prevention and harm reduction approaches are likely to be required in order to reach new and broader groups of people who may use these drugs. In some cases, specific responses are under development (standardised protocols for the treatment of the severe GHB withdrawal syndrome).

[2] For more information see: EMCDDA, Internet-based drug treatment interventions. http://www.emcdda.europa.eu/html.cfm/index78701EN.html

[3] Under the EU legal framework of Council Decision 2005/387/JHA they are defined as new psychoactive substances: new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the 1961 or the 1971 UN Conventions, but which may pose a public health threat comparable to that posed by substances listed in Schedule I or II or IV of the former and in Schedule I or II or III or IV of the latter convention.

Days 2 and 3, 24 and 25 September: Treatment demand indicator

The TDI meeting was structured in three plenary sessions and five parallel sessions

- Three plenary sessions:
  - State of progress of the TDI indicator and its implementation
  - Trends in injecting drug use among TDI clients in Europe and other world's regions
  - Outcomes from EMCDDA's projects relevant to TDI

- Five parallel workshops focused on:
  - Polydrug use in clients' profile
  - Injecting trends in drug treatment patients
  - Methodological developments
  - Cannabis trends in TDI
  - New psychoactive substances among drug clients and long term studies

Summary of action points, which were agreed during the meeting

- The 2014 data reporting will be the first year of data reporting using the TDI Protocol 3.0; it should be carefully monitored at both levels: data collection at national level and data reporting to the EMCDDA
- The data collected with the TDI will be further exploited and the analysis should be extended to other subjects and further used in several types of outputs
- Further attention will be given to data quality, exploring specific issues, which may emerge from data analysis (e.g. levels and types of other drugs)
- Analysis performed at national level might stimulate European analysis
- The injecting trends project will be finalised soon, with the integration of missing data; an analysis of long time trends in cannabis treatment demand might be carried out in 2014
- The TDI Prevalence project will be piloted on a voluntary basis after approval of RTX
- The FONTE template was finalised; it will be presented for approval at the RTX meeting
- The analysis in the PDU and TDI indicators will be further integrated in order to have a clearer and more comprehensive profile of problem drug users and their trends
- During next year's meeting thematic work-shops will also be organised, giving the opportunity to countries to discuss national analysis of TDI data.
- The TDI experts can already start planning next years' presentations

All presentations and meeting's reports are available for the TDI experts in the TDI web restricted area: http://projects.emcdda.europa.eu/areaTDI.

Further information can also be found in the TDI public area: http://www.emcdda.europa.eu/themes/key-indicators/tdi

Afternoon of day 3, 25 September: Common session on cross-indicator analysis between Treatment demand indicator and High risk drug use estimates.

The purpose of the common session between TDI and PDU key indicators was to provide room for cross-indicator analysis between the two indicator areas with an overarching theme of identifying possible differences between treated populations and all high risk drug using populations, including those not in treatment. The importance of this analysis lies in understanding which members of the high risk drug using populations might be undertreated (e.g. men, women, young people, people using a particular substance, etc.) and thus promote thinking on treatment provision improvement. This is also important from the point of view of monitoring service provision.
As there are differences in the available data sets and approaches, four different countries presented four different analyses on the topic.

Maarten Cruyff from the Netherlands presented a three-city study estimating the prevalence of high risk crack cocaine use. Capture-recapture with covariates was used which allowed some estimates by demographic characteristics (see the published paper here: http://informahealthcare.com/doi/abs/10.3109/10826084.2012.748073). Jeroen Wisselink presented the corresponding treatment demand data analysis, focusing on crack cocaine admissions. Guus Cruts, the PDU expert from the Netherlands has contributed to the discussion to help obtain a fuller picture of the Dutch situation.

UK team, Charlotte Davies, Gordon Hay and Jonathan Knight have given an integrated presentation of the UK data. The United Kingdom has used prevalence and treatment data for some years in enhancing their understanding of treatment coverage and treatment need. An additional analysis by age groups has revealed important underlying trends. Local treatment response was successfully shaped in UK with the use of these analyses.

Bruno Sopko and his colleagues from the Czech Republic have looked at the TDI figures and PDU estimates more in a quantitative way and have found and interpreted poor correlation between the two.

Latvian expert Marcis Trapencieris has presented data on an open cohort study involving street drug using population and compared these to treatment data. Among other things, the comparison has revealed that the proportion of amphetamine users in the street is higher than in treatment. This information can be used for potential improvement of services.

Days 4 and 5, 26 and 27 September: High risk drug use

The part of EMCDDA week devoted to the PDU annual expert meeting was on Thursday 26th of September and in the morning of Friday, 27th of September. Overall, as 2012 has seen the conclusion of conceptual revision of the indicator area, this year's meeting was primarily focused on further technical developments and trends analysis.

Thursday, 26 September

9.00 – 10.30

The first session of the day was devoted to state of play in the EMCDDA's organisation of key indicators expert meetings, the PDU/HRDU indicator area and feedbacks from ongoing and completed projects directly related to the PDU/HRDU indicator area.

Julian Vicente has informed the participants about the process of revision of the EMCDDA Key Indicators meetings. The main messages from the revision were to have as integrated approach as possible, promoting analysis of the data including multi-indicator analysis to the extent possible and continuous improvement.

Danica Thanki has given an overview of the key indicator area in 2012/2013 and next plans.

Jane Mounteney presented outcomes of a recent EMCDDA trendspotting exercise with focus on current methamphetamine use and problems in Europe.

Eleni Kalamara has provided an overview of HRDU estimates available to the EMCDDA by age and gender and some examples of the use of the data as well as EMCDDA's plan to look into these (even though still very patchy) data.

Katerina Skarupova has informed the experts about results of an EMCDDA project carried out with ResAd. This project had three components: literature review to support the PDU revision (this project component was concluded in the past), methodological overview of recent national POU estimates and overview of non-treatment studies into characteristics of high risk drug users.

Gregorio Barrio and Ana Sarasa have presented the results of their work in the field of monitoring of injecting trends, based on data coming from the Treatment Demand Indicator.

10.30 - 11.00 A methodological session followed, which gave insights into recently published or unpublished methodological advancements in high risk drug using populations size estimation.

Maarten Cruyff has updated the experts on work on one-source capture-recapture that the University of Utrecht has done roughly in the past decade. Some novel approaches, such as using a negative binomial distribution or inclusion of covariates, were mentioned.

Carla Rossi has presented a methodological/statistical point of view on the work done within recent EU project chaired by her on drug policy evaluation. This was focused on one sample capture-recapture with covariates.

Gregorio Barrio has presented his paper using a modification of the HIV multiplier to obtain IDU prevalence estimates.

Ellen Amundsen has recently revised the Norwegian IDU estimate derived by the mortality multiplier method, as more information became available on various involved user groups. She has presented the rationale and results of her project.

Martin Steppan presented his idea on a simple adaptation of the classical 2-source capture-recapture formula to several samples and his work related to this. His new method is entitled “Probabilistic Multiple Recapture”.

14.00 – 15.30 A series of parallel workshops followed. Participants attended them according to their interest.

Martin Steppan chaired a workshop whose purpose was to give more details on his method and invite expert to collaborate.

Carla Rossi and Maarten Cruyff have together chaired a workshop, which served as a forum for questions and comments on the presentations of the two scientists on one-source capture-recapture methods developments.

Gregorio Barrio with Danica Thanki have chaired a workshop aimed at supporting the countries in construction and provision of IDU estimates.

Katerina Skarupova chaired a workshop whose purpose was discussion on ResAd’s methodological overview of POU estimates, mainly involving countries where some information was not clear or straightforward.

16.00 – 18.00 The last session of the day has, first of all, given some space for short feedbacks from the parallel workshop.

Afterwards, the session aimed at presentation and discussion of EMCDDA coverage estimates, mainly constructed by Dagmar Hedrich and colleagues. Countries have given their view on their appropriateness, their matching with the real situation as it is seen by them, etc.

Friday, 27 September

The last day of the PDU meeting was entirely devoted to trends analysis. It was acknowledged that trends analysis and in particular, interpretation, using PDU estimates is complicated by several factors, among others possibly wide confidence intervals, varying proportion of the HRDUs in OST treatment with differing policies/stabilisation levels, complex relationship between incidence and prevalence, etc.

Ellen Amundsen opened the session with explaining the complicated nature of incidence-prevalence and active-inactive prevalence relationships and the value of statistical modelling in the understanding of HRDU trends.

Gordon Hay has presented some examples of trends analyses using data from England on opioids and crack high risk use and looking also into important breakdowns by age and region.

Martin Busch has presented an update of Austrian multi-indicator analysis looking at trends data on high risk opioid use in the country.

Martin Steppan has presented his new methodology of relatively simple and intuitive description of the incidence curve entitled Minimal assumption relative incidence estimation.

Sigrid Vorobjov presented data from series of cross-sectional surveys conducted in Estonia over 2005 – 2012, which have given another insight into trends during that period.

11.30 – 13.30 Last session of the PDU expert meeting was devoted to an entirely new trends – injection of synthetic cathinones.

Gergely Horváth has presented an update of the Hungarian situation, where synthetic cathinones have pervaded the drugs markets quite substantially.

Lavinius Sava has updated us on the Romanian situation, where roughly half of injecting drug users currently inject synthetic cathinones.

Janusz Sieroslawski has given a short update on ongoing study into this phenomenon in Poland.

Max Daly has presented in interesting survey of drug services providers and their observations of increases of cathinones injection in various parts of the UK.

Meeting agenda

EMCDDA week on

"Measuring, understanding and responding to drug problems in Europe"

23-27 September 2013 - EMCDDA

Integrated from the following components

1. Meeting on The Future of Treatment Monitoring (23 September)
2. Meeting on Treatment Demand Indicator (TDI) (24-25 September)
3. Meeting on Problem Drug Use Indicator (PDU) (26-27 September)

The future of treatment monitoring

Added value for Member States

23 September 2013, EMCDDA - Conference Centre

AGENDA

Monday, September 23rd

09.15 - 11.00 Welcome and Introduction

Introduction by the Director: Measuring, understanding and responding to drug problems in Europe (*Wolfgang Goetz*)

Treatment monitoring strategy: State and next steps (*Dagmar Hedrich*)

Monitoring activities in the treatment field: achieving added value for Member States (*Alexis Goosdeel*)

Treatment systems, public health, and the role of monitoring in the population management of substance use disorders (*Thomas Babor*)

11.00 - 11.30 Cofee break

11.30 - 13.00 Session I - Adequate treatment: Monitoring treatment coverage
Chair: Dagmar Hedrich & Danica Thanki

The use of treatment data to inform about coverage and needs

Contribution from Greece (*Anastasios Fotiou*)
Contribution from Spain (*Marta Torrens*)

Discussion: Monitoring treatment systems: Can this work?

13.00 - 14.00 Lunch

14.00 - 15.15 Session II – Improving treatment quality in Europe
Chair: Alessandro Pirona & Marica Ferri

Quality measures and indicators

Contribution from the Czech Republic (*Vlastimil Necas*)
Contribution from the United Kingdom (*Charlotte Davies*)

Discussion: How can treatment monitoring activities contribute to assessing quality of treatment?

15.15 - 15.45 Coffee break

15.45 - 16.45 Session III - New challenges and information needs
Chair: Roland Simon

Austerity and cost of treatment — Introduction to the topic (*Claudia Costa-Storti*)

Internet-based treatment — Introduction to the topic (*Alessandro Pirona*)

New drugs - New treatments? — Introduction to the topic (*Michael Evans-Brown*)

16.45 - 17.00 Conclusions

The Treatment Demand Indicator (TDI)

13th Annual Expert Meeting 2013

24-25 September 2013 EMCDDA - Conference Centre

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Tuesday, September 24th

Progress on Treatment Demand Indicator
Chair: Julian Vicente

9.00 - 10.00 Welcome, introduction and overview of the meeting

Up-date on EMCDDA activities related to TDI (*Linda Montanari*)

Up-date on the EMCDDA treatment monitoring strategy (*Dagmar Hedrich - tbc according to attendance to first day*)

TDI ver 3.0 implementation: pilot data collection and FONTE template (*André Noor / Bruno Guarita*)

Short feedback from the process of KI meetings revision (*Julian Vicente*)

10.00 - 10.30 Coffee break

10.30 - 12.30 Thematic session: injection trends in Europe and outside Europe
Chair: Linda Montanari

Injection trends: preliminary results of TDI data analysis (*Gregorio Barrio & Ana Sarasa, Spain*)

Global trends in drug injection (*Kamran Niaz, UNODC*)

Injection trends in Russia (*Konstantin Vyshinsky, Russia*)

Injection trends in US (*Maria Fé Caces, US*)

Injection trends in South Africa (*Siphokazi Dada, South Africa*)

Devlopment of treatment demand data at global level (*Nicolas Clark, WHO*)

12.30 - 14.00 Lunch

14.00 - 15.30 Parallel sessions: results from national analysis with TDI data
Chair: TDI experts

Session 1: Injecting trends in drug treatment patients

Session 2: New psychoactive substances among drug clients

Session 3: Cannabis trends in TDI

15.30 - 16.00 Coffee break

16.00 - 17.30

Session 1: Polydrug use in the clients' profile

Session 2: Other recent analysis using TDI data.

Wednesday, September 25th

Outcomes from parallel sessions
Chair: Tim Pfeiffer

9.00 - 10.30 Feedback from parallel sessions and discussion:

Session 1: Injecting trends in drug treatment patients

Session 2: New psychoactive substances among drug clients

Session 3: Cannabis trends in TDI

Session 4: Polydrug use in the clients' profile

Session 5: Other recent analysis using TDI data.

10.30 - 11.00 Coffee break

11.00 - 12.30 Outcome from last EMCCDA data
Chair: Roland Simon

The level of underreporting of previous treatments in TDI – the UK case (*Charlotte Davies*)

TDI Treatment Prevalence Project (*Linda Montanari*)

Presentation of EMCDDA coverage estimates, using POU estimates as a denominator (*Dagmar Hedrich / Alessandro Pirona)*

Outcome from the trendspotting meeting on methamphetamines (*Jane Mounteney*)

The “Other Drugs” in the TDI: what and how many they are? (*Bruno Guarita*)

12.30 - 14.00 Lunch

Joint session TDI-PDU

14.00 - 14.15 Measuring and understanding drug problems in Europe: TDI and PDU as the two sides of the same coin (Julian Vicente)

In and out of treatment population: common TDI-PDU session
Chair: Charlotte Davies

Purpose of the session: to look, side by side at TDI indicator data and PDU estimates and characteristics of high risk drug users attending non-treatment data sources with a view, how this can benefit our understanding of access to treatment of different user groups, or even, how this can provide an insight into which group may be underrepresented in drug treatment services.

14.15 - 16.00 The Netherlands: the case of crack cocaine users

Treatment demand data on crack cocaine users (*Jeroen Wisselink*)

Estimating the Prevalence of Crack Dependence Using Capture-Recapture with Institutional and Field Data: A Three-City Study in the Netherlands (*Maarten Cruyff*)

Discussant remarks (*Guus Cruts*)

Discussion

United Kingdom: utilisation of PDU estimates in treatment coverage and need assessment

UK treatment demand data (*John Knight & Charlotte Davies*)

The use of PDU estimates in understanding treatment coverage: an analysis by drug, age group and gender (*Gordon Hay*)

Discussion

16.00 - 16.30 Coffee break

16.30 - 18.00 Czech Republic

Relationship between TDI and PDU data in the Czech Republic - what can we learn from it (*Vlastimil Necas & Bruno Sopko*)

Discussion

Latvia

Users in treatment (TDI) and users in a Riga cohort study of high risk drug users (*Marcis Trapencieris*)

Discussion

18.00 Cocktail

EU expert meeting on the EMCDDA key epidemiological indicator

Problem Drug Use (PDU)

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Thursday, September 26th

9.00 - 10.30 Introduction and developmental work
Chair: Julian Vicente

Short feedback from the process of KI meetings revision (*Julian Vicente*)

State of the key indicator Problem Drug Use, brief overview of the meeting (*Danica Thanki*)

Short feedback from methamphetamine trendspotting meeting (*Jane Mounteney - tbc*)

Breakdowns by age and gender – short presentation of data and plans (*Eleni Kalamara*)

Short discussion

Feedback from an ongoing project (*Katerina Skarupova, Czech Republic*)

Injecting drug use – trends in Europe (analysis of TDI data) (*Gregorio Barrio & Ana Sarasa, Spain*)

International work
WHO work with lower-resource countries in the field of high risk drug use monitoring: Estimating prevalence using the Network scale-up method (Nicolas Clark, WHO)

10.30 - 11.00 Coffee break

11.00 - 13.00 Methodological session
Chair: André Noor
Co-chair: Danica Thanki

Utrecht University's work on one-source Capture-Recapture – Truncated Poisson, Zelterman and negative binomial regression models, software available and application in the field of PDU estimation (*Maarten Cruyff, The Netherlands*)

One sample capture-recapture with covariates: recent study example (*Carla Rossi, Italy*)

IDU estimate based on adaptation of HIV multiplier (*Gregorio Barrio, Spain*)

Revision of IDU estimates carried out by mortality multiplier method – taking into account different groups of users (*Ellen Amundsen, Norway*)

Probabilistic Multiple Recapture – a new methodology. First results and technical details for internationally comparable results (*Martin Steppan, Germany*)

13.00 - 14.00 Lunch

14.00 - 15.30 Parallel workshops

Probabilistic Multiple Recapture with Martin Steppan

One-source Capture-recapture with Carla Rossi and Maarten Cruyff

IDU estimates with Gregorio Barrio and Danica Thanki

Understanding of national POU estimates with Katerina Skarupova

15.30 - 16.00 Coffee break

16.00 - 18.00 Estimates of treatment coverage
Chairs: Dagmar Hedrich and Danica Thanki

Presentation of EMCDDA treatment coverage estimates, using POU estimates as a denominator

Comments from involved countries and general discussion

Friday, September 27th

9.00 - 11.00 Trends analysis
Chairs: Danica Thanki and Jane Moutneney

How to interpret PDU data in terms of trends – the complex relationship between incidence and prevalence, states in and out of treatment and in and out of drug use (*Ellen Amundsen, Norway*)

Trends analysis in the UK (*Gordon Hay, United Kingdom*)

Austria – insight into trends using multi-indicator analysis (*Martin Busch, Austria*)

Minimal assumption relative incidence estimation – a new methodology. Using treatment demand data for the estimation of incidence in Germany since the 1930s (*Martin Steppan, Germany*)

Understanding of trends based on cross-sectional studies of injecting drug users not in treatment: 2005–2012 (*Sigrid Vorobjov, Estonia*)

Discussion

11.00 - 11.30 Coffee break

11.30 - 13.30 Injection of new drugs. User populations, patterns of use
Chair: Jane Mounteney
Co-chair Michael Evans-Brown

Health effects of new drugs and mortality connected with them (*Isabelle Giraudon*)

Country presentations on new developments in this field
Hungary (*Horváth Gergely Csaba*)
Romania (*Lavinius Sava)*
United Kigdom (*Max Daly*)
Poland (*Janusz Sieroslawski*)

Discussion

13.30 Evaluation forms and closing of the meeting