Problem drug use expert meeting
Consolidate, integrate, innovate

Summary report

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Objectives
The overall objectives of the Problem drug use (PDU) expert meeting were to share latest developments on problematic drug use in Europe and beyond, and to identify as a network the steps needed to improve the production of public health-oriented information at the European level. The specific objectives were to propose activities to consolidate national core estimates (people who inject drugs, high-risk opioid use), to illustrate the useful integration between the PDU indicator and the other four key epidemiological indicators and to explore complementary alternative data sources to strengthen the PDU indicator.

Participants
Participants of the meeting were the PDU national experts from the European Union Member States, Norway, Turkey, six candidate countries (Albania, Bosnia and Herzegovina, former Yugoslav Republic of Macedonia, Kosovo1, Montenegro, Serbia), expert guests from France (Observatoire Français des Drogues et des Toxicomanies), Norway (Bergen Clinics Foundation), the United States (Centres for Disease Control and Prevention) and Australia (National Drug and Alcohol Research Centre) and EMCDDA staff.

Context
The PDU indicator is one of the five key epidemiological indicators of the EMCDDA. The key indicators are used by the EMCDDA to report on trends and developments in the EU drug situation. The PDU network brings together national experts nominated by national focal points from 36 European countries (28 EU Member States, Norway, Turkey and six candidate and potential candidate countries). Experts come from ministries of health, home affairs, justice, public health institutes, drugs agencies, universities and hospitals. This unique network provides action-oriented information in the field of problematic drug use for EU institutions, Member States and professionals.

1 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.
One of the core tasks of the PDU network is to share national estimates on problematic drug use, as defined by ‘recurrent drug use that is causing actual harms to the person or is placing the person at a high risk of suffering such harms’. Definitions of estimates that are included under the PDU key indicator umbrella are set out in the PDU revision summary document. Among these estimates, those of people who inject drugs and high-risk opioid use are among the most important for public health policymakers. By measuring the prevalence of actual or potentially harmful drug use, the PDU indicator is also closely linked to the other key indicators (Drug-related deaths and mortality among drug users (DRD), Drug-related infectious diseases (DRID), the Treatment demand indicator (TDI) and General population surveys (GPS)).

**Content**

**Consolidate**: National experts from the United Kingdom, Hungary, Estonia and Serbia provided an overview of injecting drug use in their countries. Experts from the United States, Italy, the Czech Republic and the EMCDDA presented recent trends on high-risk opioid use. Experts from Norway and the UK presented successful examples of national and local PDU estimates produced by indirect methods. Working in small groups, the network identified training needs and proposed capacity building activities in order to increase the completeness of reported injecting and high-risk opioid use estimates.

**Integrate**: The importance and challenges of integrating the PDU indicator with other indicators for public health purposes was outlined by presentations on the drug-related infectious disease risk assessment at EU level, the opioid substitution treatment coverage in Finland and integrated approaches used by the Netherlands and Spain. The bridges between the PDU and GPS indicators were illustrated by surveys (including the CAST scale for high-risk cannabis use) and integrated monitoring tools implemented in the United States, Australia, Norway, Spain, France, Romania and Germany to monitor problem drug use.

**Innovate**: Experts from Norway and France presented methods and results from city-level monitoring for problem drug use (Bergen in Norway and eight cities in France). Data on drug-related hospital emergency visits from a European sentinel network of hospitals (Euro-DEN project) were discussed. They are used to describe drug-related morbidity in the participating hospitals. An on-going pilot study on the correlation between city-level wastewater analysis and drug-related emergency room visits was presented.

Presentations are available on the PDU webpage.
Action points

1. In order to strengthen the PDU network and facilitate informal exchanges between its members, the EMCDDA will disseminate a contact list with names, institutions, email addresses among its members.

2. The EMCDDA will write and disseminate to national experts, guests speakers and national focal points a summary meeting report (within a month) and a final meeting report. After obtaining formal consent from presenters, the EMCDDA will post their presentations on the PDU restricted website or the public website. The EMCDDA will communicate the login and password information for the PDU restricted website to members of the PDU network only.

3. Based on the feedback from countries during the capacity building working groups, the EMCDDA will plan a first training workshop in December (tentative dates: 5-7 December 2016). Given the limited resources and the request for practical training (e.g. computerised case study), this first workshop will be open in priority to countries participating fully in the agency’s work that do not have recent core PDU estimates. The EMCDDA will send an invitation letter to focal points at the beginning of October 2016. There will be other training opportunities in 2017.

4. In collaboration with national experts, the EMCDDA will review published PDU guidelines to identify gaps and sections that need an update.

5. The EMCDDA will invite national experts to participate to a PDU network teleconference in December. The theme will be defined in November. The EMCDDA will choose the most appropriate and user-friendly platform for the teleconference.