Innovative methods for exploring new drug-related trends: the EMCDDA Trendspotter methodology

M. Ruiz, E. Atkin-Brenninkmeyer, J. Mounteney, A. Bo, J. Matias, L. Vandam, A. Pirona

Objective

What is a Trendspotter study?
A Trendspotter study is a rapid information assessment that uses multiple social research methods to explore a topic of interest or concern. The approach was developed and has been used by the EMCDDA since 2011 as a tool to complement other routine drug monitoring methodologies. It has generally been utilised to explore emerging phenomena and new trends that are in their infancy and/or not covered by existing data sets.

Methods and tools

Most of the individual methods used when implementing a trendspotter study are commonly found in the social sciences. What it is specific to this approach is the way the combination of these methods is processed. For each study, a core set of methods are required, and additional methods may be included when appropriate. Importantly, the mixed method approach used is underpinned by triangulation of sources in order to enhance the reliability and validity of findings (Figure 2).

Study process

The study process involves a number of consecutive but overlapping phases, moving through planning data gathering, analysis and reporting tasks. Importantly, the data gathering and analysis takes place in two rounds. The first round involves the use of both qualitative and quantitative methods by the team and concludes with a preliminary analysis of results. The second round of data gathering takes place at a structured expert meeting, and functions mainly to gather expert opinion as well as to use experts to enhance and fine tune the study’s analysis and results.

Outputs

The study concludes with the production of a concise report presenting the main findings of the analysis. The results need to be timely, and disseminated rapidly in order to feed into other formal reporting mechanisms, e.g. national reports, and policy and planning tools.

<table>
<thead>
<tr>
<th>Study process</th>
</tr>
</thead>
<tbody>
<tr>
<td>The internet and drug markets (2015)</td>
</tr>
<tr>
<td>• Changes in technology and globalisation, as well as a reaction against law enforcement and regulation</td>
</tr>
<tr>
<td>• Decentralisation of market structures and activities has increased the availability of products, presenting new challenges for law enforcement</td>
</tr>
<tr>
<td>• Social media and online communities potentially offer new ways to access help and information</td>
</tr>
<tr>
<td>• Online drug marketplaces present methodological questions alongside new ethical considerations for research and monitoring</td>
</tr>
</tbody>
</table>

Recent EMCDAA Trendspotter studies

Recent shocks in the European heroin market: explanations and ramifications (2011)

The internet and drug markets (2015)

Exploring methamphetamine trends in Europe (2014)


Exploring methamphetamine use in prisons (2016)

Fentanyl in Europe: Summary of results from an EMCDDA Trendspotter study (2012)

High-risk drug use and new psychoactive drugs (2016)

Higher-dose MDMA tablets currently appear to be available in many EU countries.

Decentralised, more sophisticated and innovative models for production and supply.

Overdose is probably one of the greatest threats, with high variability of MDMA content in similar looking products.

Clear central role for the internet in expanding consumer reach and targeting differential consumer populations.

Importantly, the data gathering and analysis takes place in two rounds. The first round involves the use of both qualitative and quantitative methods by the team and concludes with a preliminary analysis of results. The second round of data gathering takes place at a structured expert meeting, and functions mainly to gather expert opinion as well as to use experts to enhance and fine tune the study’s analysis and results.

Who is it for?

There are a range of stakeholders who can benefit from using this approach to explore trends and developments at the country level for new topics where routine data is lacking. These may include national drug observatories, research groups, community organisations, governmental agencies, professionals and policymakers.

References