

Problem drug use indicator

D. Thanki, E. Kalamara, A. Noor, L. Montanari, J. Vicente

Introduction

Some drug users go on to develop more severe forms of use, defined by the EMCDDA as 'high-risk drug use': 'recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems) or is placing the person at a high probability/risk of suffering such harms'. In practice, data are collected through the Problem drug use (PDU) indicator on those whose consumption of drugs in the last 12 months is characterised by high-risk patterns of use or routes of administration.

The PDU indicator is one of a set of five key epidemiological indicators that are used by the EMCDDA to facilitate data collection, analysis and reporting on key aspects of the prevalence and consequences of drug use.

emcdda.europa.eu/activities/key-indicators

Objective

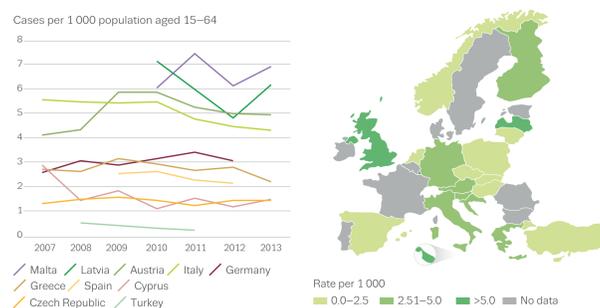
The purpose of the PDU indicator is to provide reliable and comparable estimates of the prevalence and patterns of the more harmful forms of drug use. Three elements are common to the data collected for this indicator in all countries: high-risk opioid use, injecting drug use and frequent or high-risk cannabis use. Provision of data on high-risk use of cocaine, amphetamines or other drugs varies by country.

Methods

Estimates of the number of high-risk drug users are derived mainly through indirect statistical methods (e.g. capture-recapture and multiplier methods), drawing on existing sources of data on drug users. Information on the characteristics of the users and patterns of use are obtained mainly from those in contact with services such as treatment or harm reduction. Direct methods based on population surveys are used primarily to estimate the prevalence of frequent or high-risk cannabis use.

The national experts responsible for data collection and analysis in each country participate in a European network, which is fundamental to the

FIGURE 1 | National estimates of last year prevalence of high-risk opioid use: trends (left) and most recent year (right)



implementation of the indicator. In addition, the Treatment demand indicator (TDI) expert network plays an essential role in understanding high-risk drug use in Europe.

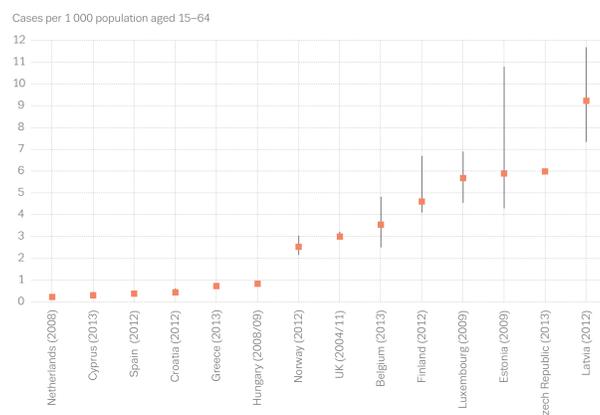
Results

High-risk opioid use accounts for the largest share of morbidity, mortality and costs from drug use in Europe. The number of problem opioid users aged 15–64 is estimated to be around 1.3 million or 0.4 % (4 per 1 000) of the adult population, ranging from 1 to 8 cases per 1 000 between countries.

Injection is most commonly associated with opioid use, although in a few countries, amphetamines injection is a major problem. Recent estimates of the prevalence of injecting drug use are available for 14 countries, ranging from less than 1 to more than 9 cases per 1 000 population aged 15–64.

Recent data indicate that while cannabis is the most consumed drug among the general population, only a minority of those consuming the drug use it intensively (around 1 % of European adults).

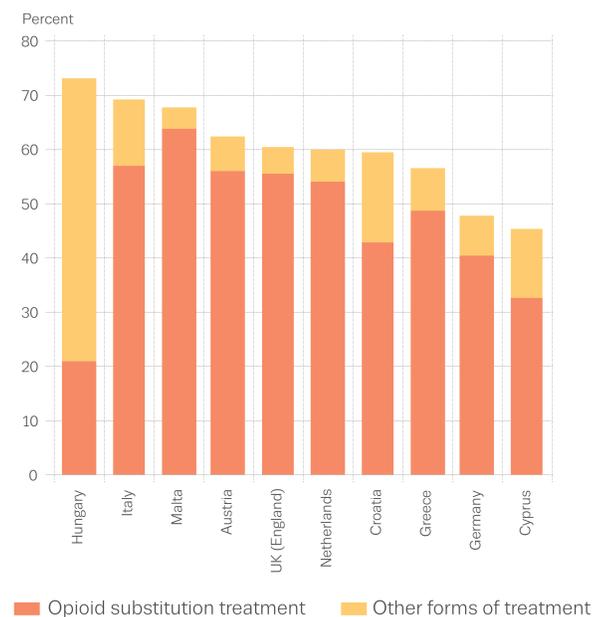
FIGURE 2 | Prevalence of injecting drug use (estimate)



Limitations

The indirect statistical methods used to estimate high-risk drug use are based on assumptions which are not always met in the available data. Comparisons between countries should be made with caution, due to the differences in methods and sources used. Similarly, care should be taken in the interpretation of trends, which may be affected by the consistency of data sources over time, for example in terms of data availability, policies of services and recording practices.

FIGURE 3 | Percentage of problem opioid users receiving treatment (estimate), 2012



Future perspectives

The calculation of PDU estimates would be enhanced by establishing additional, stable sources of data on the characteristics of drug users and their patterns of use, which could be cross-referenced. Combining the estimates with data from other epidemiological indicators and other domains, such as interventions or drug supply would help support the validity of the estimates and enhance their value. In addition, the triangulation of data with qualitative information on users' perspectives and the use of innovative monitoring methods could yield fresh insights.