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FORMING PDU REVISION: RELIMINARY RESULTS OF LITERATURE EVIEW

2013 EMCDDA EXPERT MEETING ON PDU

oject content

ject CT.12.EPI.0.046.1.0 to assist the EMCDDA in me aspects of the process of Problem drug use key dicator revision and re-conceptualization.

- Literature review to derive theoretical case finitions broken down by substance
- Detailed analysis of POU estimates in MS and of ropean total POU estimate, with possibilities to fill isting gaps
- Review of studies on characteristics of problem ug users and consolidation of reporting to the MCCDA

tionale

U key indicator revision and re-conceptualization

- heoretical definition: drug use is causing harms to the person or placing the person at risk of such harms
- perationalized as intensive use, use by dangerous routes of dministration and in dangerous combinations
- ear case definitions by drug?

ed for consolidation of reporting on already collected rmation on POU/PDU

- xisting country estimates
- haracteristics of "problem drug users"

ature review: Questions

to identify break points between experimental and
e severe forms of use in terms of frequency of use
cut-off points on diagnostic tools (ASI, SDS)

step: original PDU drugs (OPI/heroin,
hetamines, cocaine/crack-cocaine) and injecting

Literature review: Methods

- Databases: PubMed; EBSCO Host (Academic Search Complete, PsycARTICLES, PsycINFO, SocINDEX with Full Text); ScienceDirect, ScholarGoogle, Google
- Search strings: combinations of substances, indicators of level of use, routes of administration, terms describing risks
- Original time frame: 2000 and newer
- Inclusion criteria: written in English, peer-reviewed, only healthy human subjects, linking level of use to level of harm
- Prevalence studies following the EMCDDA PDU definition were excluded

mplications & Limitations

terogeneity of research

consistent measures of level of use (categories, time frames)

ten comparing ever-users versus never-users

specific cut-off points (level of use as an independent riable)

terogeneity in adverse effects (single condition of varying verity versus complex measures)

consistent use of standardized tools (e.g. SDS, DSM)

ry little reasoning

mplicated/impossible pooling

Level of use expressed as criteria for inclusion of participants in the study (i.e. heavy opioid users) - cut-off point precisely specified

Level of use included within description of sample characteristics (i.e. users of amphetamines) - no cut-off, only averages)

Level of use not specified (i.e. limited information in representative samples)

east advanced analysis

omorbidities instead of harms associate
eroin use
aily, almost daily use of heroin
SM criteria for dependence

ocaine/Crack cocaine

veekly frequency of use

inges (continuous use for 48 hours and
nore)

rack cocaine use more harmful than cocain
norting (regardless frequency of use)
moking cocaine linked to higher frequency
se

nphetamines

eekly frequency of use, similar but less frequent is vidence for monthly

ingeing, linked to transition to injecting

rystal-meth smoking is linked to higher frequency of se, bingeing and higher levels of dependence

oly-drug use often involved

outes of administration

jecting as a main factor explaining harm regardless th
rug used, main risks involve transmission of blood-bo
ruses and overdose

arm related to routes of administration of stimulants is
ften explained by frequency of use and related lifestyl

equency of injecting is drug dependent: being most
equent for cocaine and heroin and less frequent for
mphetamines

mmarizing observations and next steps

ss recent research on harms related to heroin use

owing interest towards stimulants, prescription opioids, d cannabis

ost research from AU, standard time frame of past 6 onths

edical diagnosis (ICD/DSM) across substances

eekly frequency of use and bingeing of stimulants

ecting, smoking, snorting (ordered by level of harm)

O DOs

systematic pooling

new search on heroin and OST substances

review of literature on cannabis

hank you for your kind attention

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