



European Monitoring Centre
for Drugs and Drug Addiction

Strengthening IDU estimates

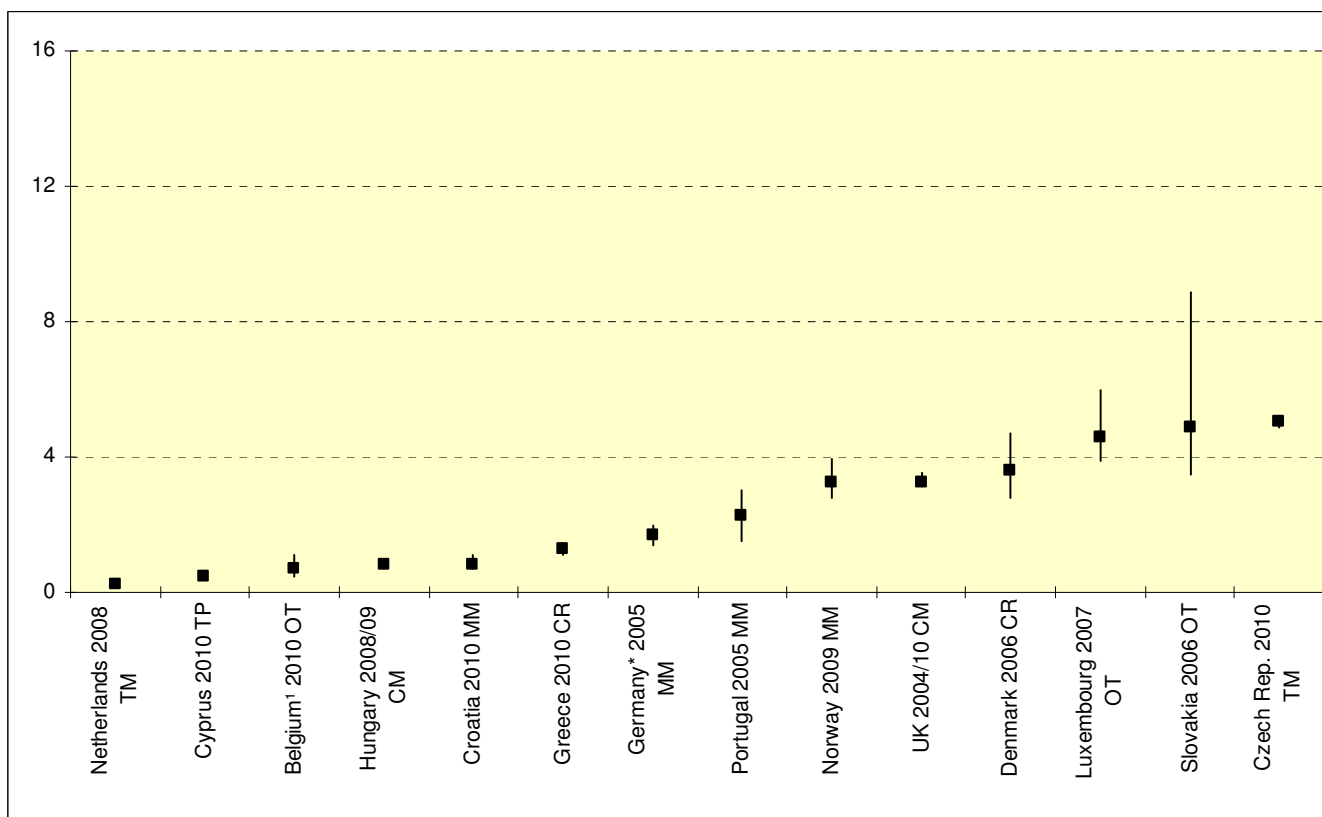
Danica Thanki

Why focus on IDU estimates

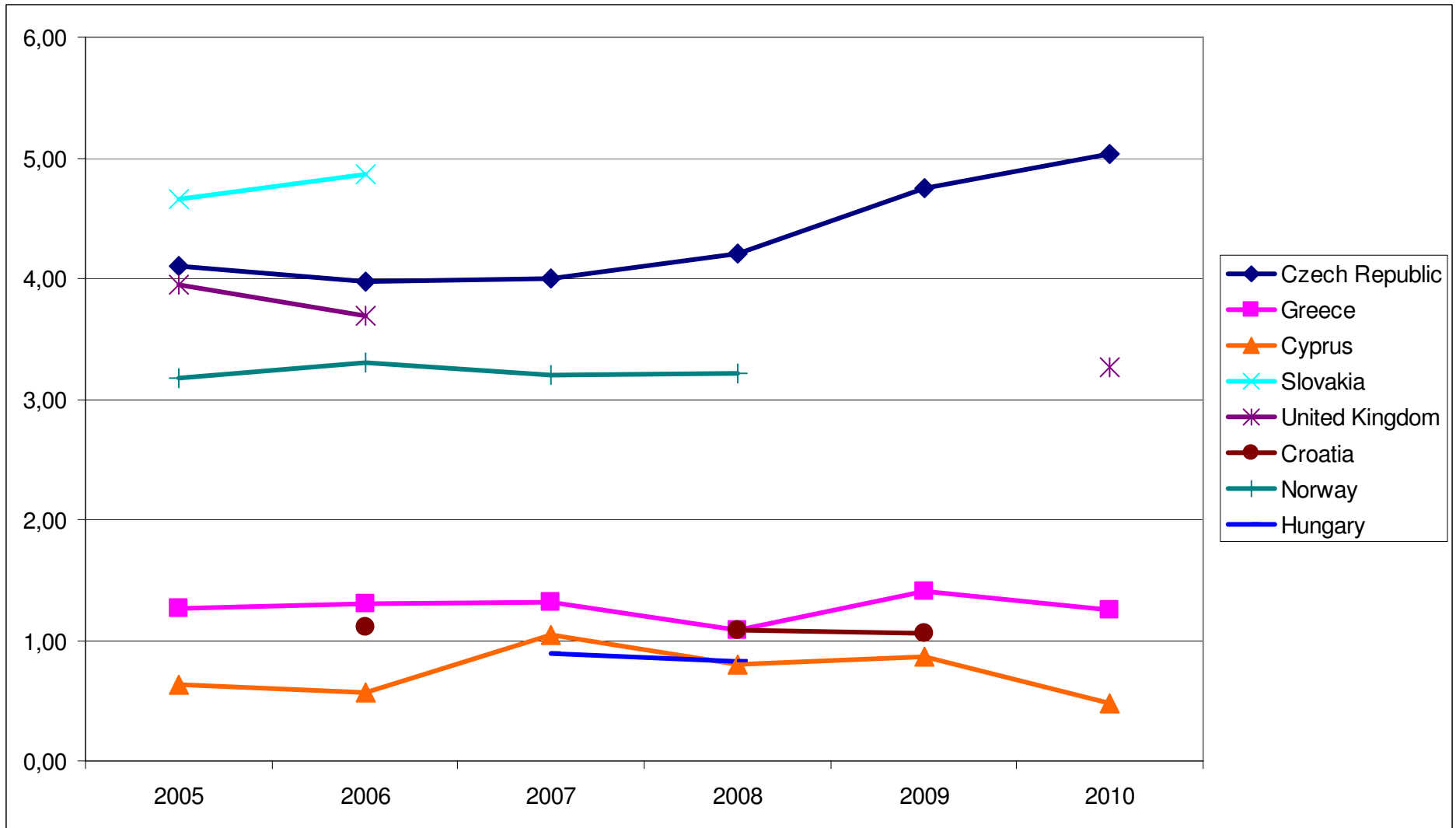
- Importance for public health due to highest risks of all high risk drug users – overdose, infectious diseases
- Importance not only of prevalence but also trends
- However: 2005-2010, only 14 out of 30 countries were able to provide estimates



Estimates of the prevalence of injecting drug use (rate per 1000 population aged 15 to 64), 2005 to 2010 — last study available



Trends?



Trends?

- According to TDI, injecting decreasing strongly
- We cannot say much about it



EU total?

- Based on 40% of EU population?
- Too risky assumptions



How to strengthen IDU estimates?

- Questionnaire – results



Any possibility to use TDI data?

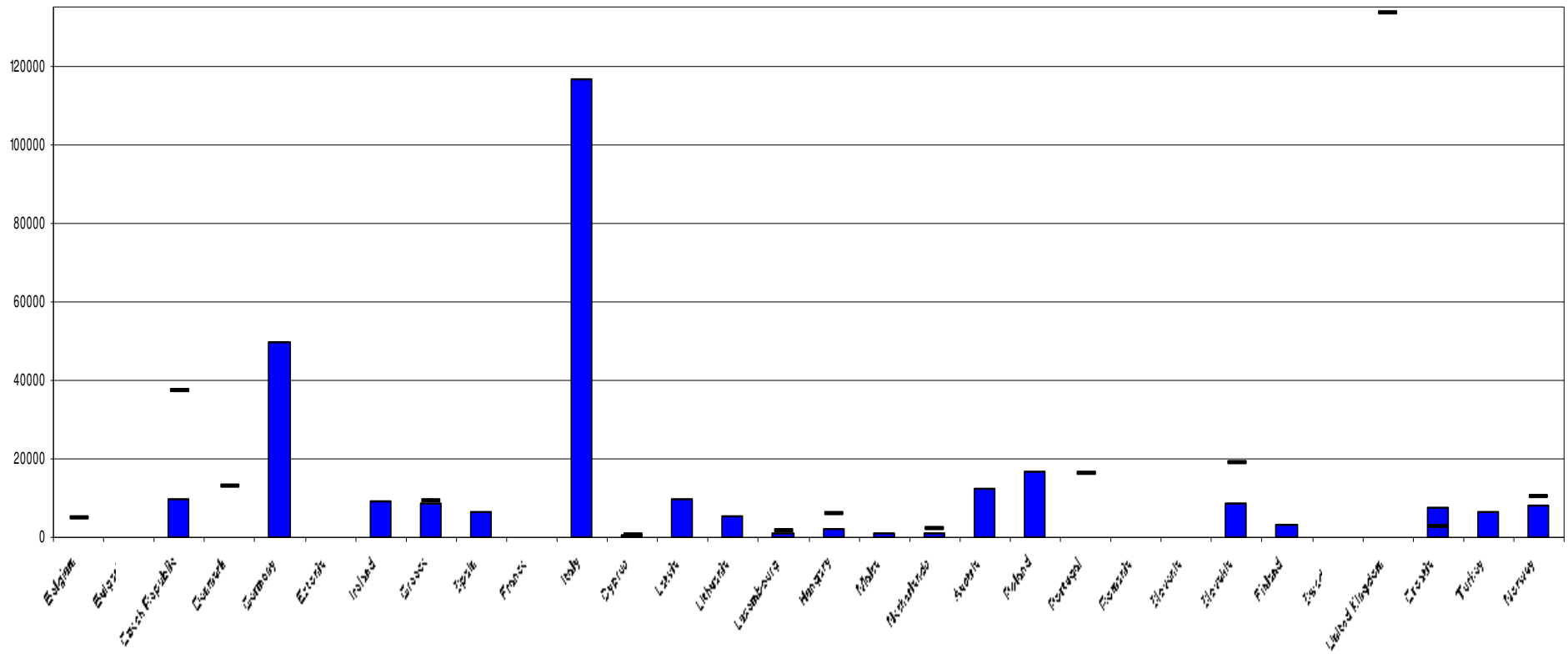
- + Routinely collected, good availability, stable or improving method of collection
- Some methodological limitations, strong assumptions (to be discussed further)



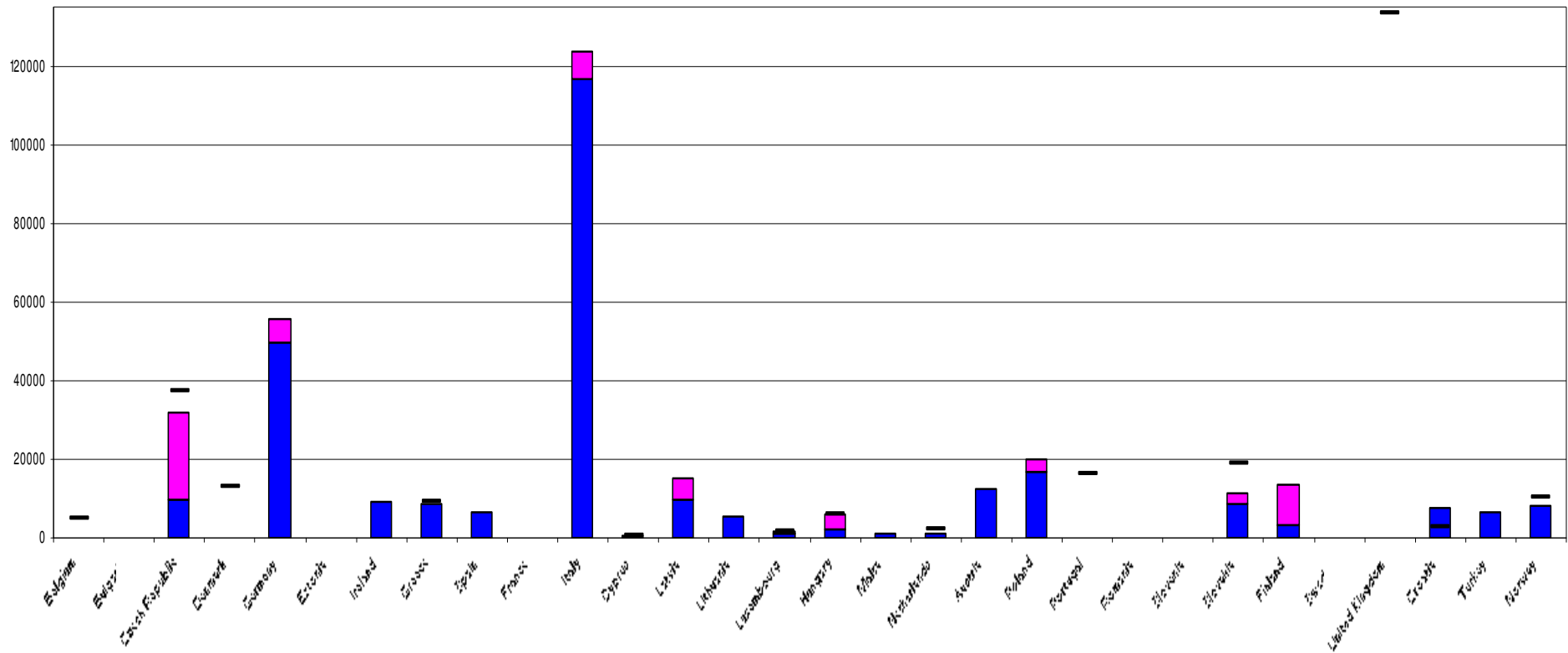
TDI data – exercise results



IDU estimates and their TDI “reconstruction” – opioid injectors



IDU estimates and their TDI “reconstruction” – opioid and stimulants injectors



Discussion – calculation of IDU estimates based on TDI data and available PDU figures

- Whether to do it?
- Best way to do it?
- Ignore “low-prevalence” drug which can be possibly injected? i.e. opioids injectors + relevant stimulants injectors?



Limitations

- Rates of injecting might differ between DUs contacting treatment and those who do not (treated pop. is not a representative sample of all PDUs/HRDUs)
- Current method cannot account for poly-drug use, data on injecting rates are primary-drug specific (maybe can be improved?)
- Comparability of figures (“real” IDU estimates and reconstructed from TDI) is limited by different definitions (even past year IDUs estimation studies might use different inclusion criteria, data sources and methods differ, etc.)



Discussion

- Is there any way to utilise the routinely collected TDI data and not to compromise science at the same time?
- Addition of non-treatment studies data? Respondent Driven Sampling?
- Any experiences, ideas, etc?
- Other ideas to improve the availability of IDU

