

# Panel II: Tools and challenges of monitoring

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Exchange on data collection challenges  
related to new psychoactive substances use  
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# Aim of this panel

*The aim of this panel is to identify challenges and problems that Focal Points face when collecting and analyzing data on NPS.*

Your contribution may include various issues about:

- data sources (key indicators);
- data collection tools, categorisation problems;
- problems with European/international, national (case) definitions;
- interpretation problems,
- any other challenges.

Try to focus on collecting problems only, we will solve them tomorrow!

*(>> Section III: New approaches in monitoring and data collection)*

# Data sources

Reliable, valid infos about NPS come only from the

Early warning system (EWS)

Police seizure data

because of the exact analytical chemistry and detection of NPS in substances.

Other infos are based on 1) self-reporting or 2) data of limited validity (e.g. detection in biological samples).

Data collection tools – mostly the yearly ‘routine’ tools – were / are inflexible to follow the emergence of the NPS.

- > slow technical process of changing a data collection tool
- > NPS appear and disappear so quickly that those tools cannot follow
- > present categories are inadequate
- > validity is limited due to self-reporting,

# Unknown substances – unknown mixtures

## General population survey (GPS)

Have you used meow-meow in the last 12 months?

Have you used any white powder in the last 30 days?

Have you ever bought any legal highs in a shop / online?

>> tools revision, street names, language and question forming, reference periods, sampling, substance

## Treatment data (TDI)

Self reported primary / secondary drugs

Polydrug use definition / changing active substances

Users guess what they use, but it can be anything!

> can change within a year of reporting (both: substance, pattern)

> substance that causes „the most problems” cannot be identified

> categorising new drugs can be problematic (e.g. other stimulants) when reporting

# Unknown substances – unknown mixtures

>> problems with self-reporting, street names

Self-reporting is not reliable:

Users do not know what they use

Dealers do not know what they sell

Doctors do not know what to treat

Affected areas, indicators:

General population survey (GPS)

Treatment data (TDI)

Street prices – online prices

Drug-related infectious diseases (DRID)

Drug law offences – for those that are illegal

# Legal status – drug-related...?

## Drug-related mortality (DRD)

- > We do not report on deaths related to legal drugs – Will we?
- > Limited infos on metabolism, cross-reactions, problems with analytics
- > Missing reference substances, technical infos and financing for new and quickly changing drugs > labs may not detect NPS
- > Limited info on toxicity (direct deaths)
- > Limited infos on long-term somatic effects (indirect deaths un(der)reported)

## Other forensic issues

- > Substances may be detected, that is presence in biological samples but influence / role of the NPS in a situation (e.g. road accident, violent crime) is not clear
- > Quasi compulsory treatment > NPS aren't illegal thus no reference to treatment

# Legal status – drug-related...?

## Problem drug use (PDU)

*'Problem drug use is defined as 'injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines' - EMCDDA def.*

- > Theoretical definition now does not include NPS e.g. cathinones
- > New PDU concept? Work definitions?
- > Injecting any drugs is included but that is only part of the phenomenon
- > NPS may be more clean / stronger than classical drugs (e.g. strong synthetic cannabinoids, cathinones without cutting agents)
  - >> NPS use can be as problematic as those
- > When estimating the number of the hidden population of problematic drug users police datasets may be of limited use

# Interpretation problems

Inflexible categories in national and EMCDDA data collection tools

- >> growing case numbers in categories 'other drugs', 'other stimulants', 'not elsewhere classified'
- >> Police arrest figures may decrease
- >> No ICD-10 specific categories, no T-codes for poisoning

## Consequence I: Underreporting

Difficulties in time series analyses

- >> changing to NPS influences time series analyses
- >> changing in categories, case definitions

## Consequence II: Misinterpretation



# Example for the 'interpretation issue'

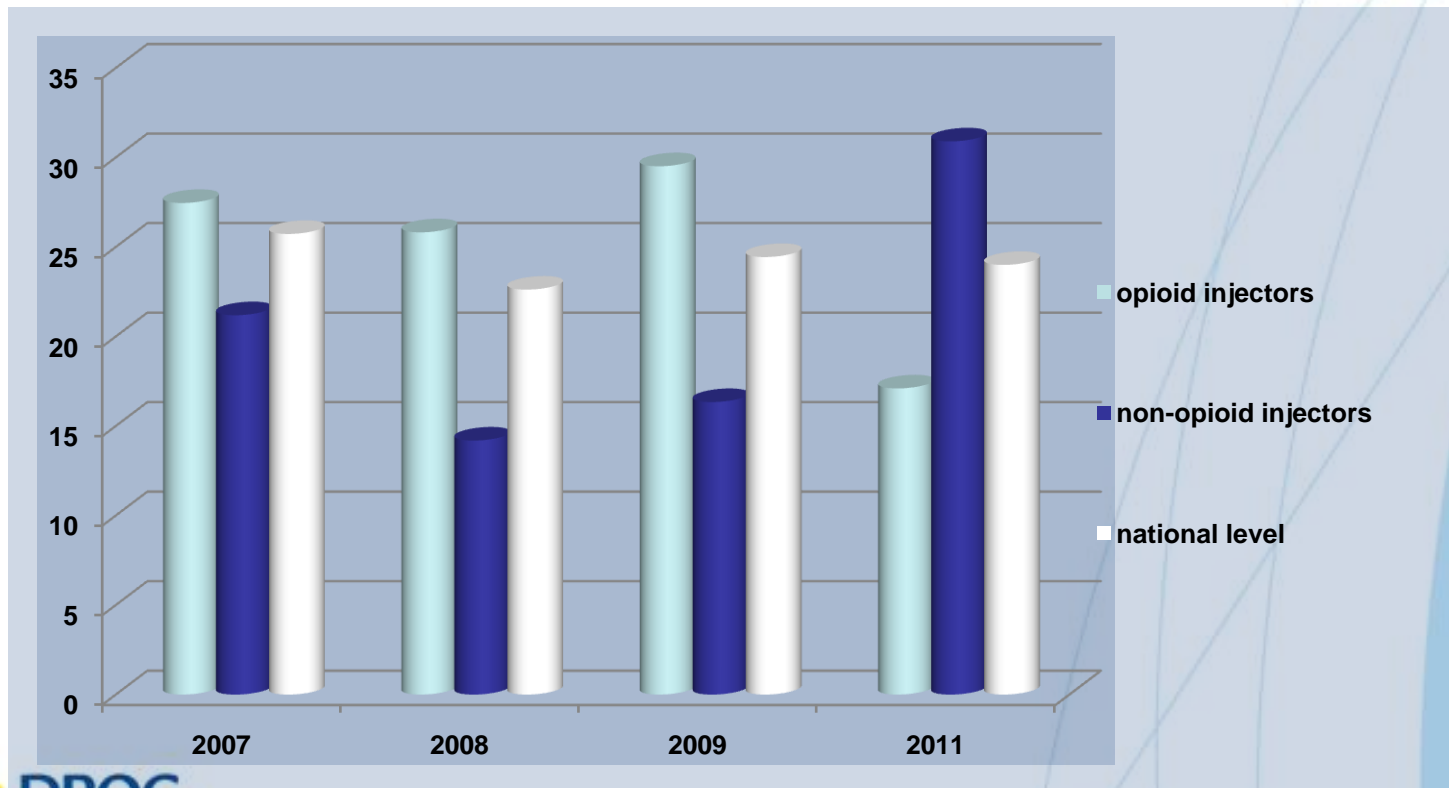
Prevalence of HCV among IDUs by the injected drug

From 2009 to 2011 many heroin users changed to cathinones

The national prevalence rate is stable

>> increase among non-opioid injectors, decrease among heroin users ?

>> not HCV prevalence changed but the primarily injected drug!



# Thank you for your attention!

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# Discussion

## Data sources

- >> validity
- >> technical difficulties of tool revisions

## Unknown substances – unknown mixtures

- >> problems with self-reporting
- >> problems with analytics, metabolism

## Legal status – drug-related... ?

- >> changing case-definitions, legal actions, forensic issues

## Interpretation problems

- >> problems with categorisation
- >> statistics breakdown by primary drug
- >> time series analyses