Workshop summary

Presentation of the situation

Among countries participating in the workshop the level and characteristics of NPSs use showed great diversity. The use and the problem use of NPSs is a major issue in some of the countries while in others it is concentrated to certain areas, cities or sub-populations (e.g. clubbers). Tools of detecting the spread of NPSs included: seizures data, GPSs, online surveys with users, surveys in specific user groups, monitoring web search interests, information from key informants. Tools of detecting problem use included: TDI data, online surveys with users, seizures data (by selecting cases when syringes and filters were analysed), DRID data, data on clientele of needle and syringe programmes, survey in specific user groups, emergency data, survey among (treatment, outreach, low threshold) service providers.

Characteristics of NPSs use mentioned by focal points which have to be taken into consideration when monitoring the phenomenon:

- no information at user level on the substance used
- changing content of the same product/under the same substance name
- intentional and unintentional polydrug use
- the function to replace classical/illicit substances (legal status, lower price in some cases) - correlation with low availability and purity of these substances (e.g. heroin)
- appearance of injecting use – more frequent use
- secondary and temporary use
- use/problem use is concentrated to certain areas/sub-populations
- use is not subject to new regulations
- more open use

Challenges

General challenges:
The general challenge is the **designation of NPSs** (in case of data collections and information sources where substances are not defined by toxicological or chemical analysis). The nature of designations in use fundamentally affects

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researchers' and monitoring agencies' choice of method to capture the phenomenon. Names applied in studies might reflect on the market or marketing (e.g. smart shop products; boosters – a name derived from the name of a smart shop chain; bio weed), the legislation (e.g. legal highs, legal weed) or the appearance of NPSs (e.g. crystal). In some countries aggregate names exist, in others only single substance names, street names are in use. Using aggregate names (e.g. boosters, legal highs) can be problematic as the substances covered by the name might change during the reference/recall period of the study (e.g. due to legal changes). The studied population's awareness of the actual market and legislation of NPSs might affect the interpretation of the different substance names or categories, affecting the results of data collection as well.

As substances are often (intentionally or unintentionally) **mixed and mislabelled**, the use of mixtures or the use of changing substances is a key characteristic of NPSs' phenomenon. The definition of **polydrug use** should also be clarified in these cases.

It is hard to foresee the dynamics of the spread of different substances and their role at the market in the future. However, stakeholders involved in adjusting the routine monitoring systems have to define a point (of prevalence) **when routine systems have to react to the changes**. Reaction should be proportional to the prevalence of the NPSs use in the given country on the basis of country-specific assessment activities.

Changing routine data collection systems at national level has to be reasoned and is a **long and costly** process in general (especially in member states where data collection is decentralised).

Validity and **reliability** of data are also major issues in most countries that are mostly rooted in the above problems.

Indicator specific challenges:

GPS:

- increasing gap between what people believe to use and what they actually use
- when NPS use is concentrated to a geographical area or a specific subpopulation GPSs are unable to detect it

PDU:

- EMCDDA definition of PDU does not reflect the phenomenon of NPSs, although frequent and/or injecting use of some NPSs is observed, serious consequences of use are detected, treatment demand exists
- lack of data sources for the estimation of problem NPS use

DRD:

- NPSs related death cases are not to be reported to EMCDDA – it might result misleading data on drug related death in countries where NPS use is a major concern
- underreporting due to lack of reference materials and lack of capacities of forensic detection

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- not possible to define casual relations
- lack of diagnostic categories for NPSs (e.g. in ICD 10)

TDI:

- miscategorization of substances by service providers

DRID:

- careful interpretation of (HIV/HBV/HCV) prevalence data in opioid and non-opioid injectors is necessary. Prevalence rates may change in these subgroups due to change of primarily injected drug not because of overall increasing prevalence of infectious diseases.

Harm reduction:

- WHO, UNODC, UNAIDS recommendation for coverage indicators of needle and syringe programmes[1] were developed based on injecting frequency of 'classical' substances. Are they still valid if injecting frequency increases significantly (which is the case in Romania and Hungary among synthetic cathinones IDUs)?

New tools, new approaches

Some countries have increased or are planning to increase the frequency of some routine data collections or the publication of data to provide timely information on new trends.

Methods to cover or detect NPSs in routine data collection systems:

- introduction of new categories (e.g. in a GPS in PL, a whole new NPS module was included in the ES GPS, in DRID and drug prices in HU)
- using open categories/questions (e.g. CZ, NSP client data collection and DRID and drug prices survey in HU).

  Experience showed, that if open categories filled in by users without any additional guidance, at the stage of analysis clarifying categories and interpreting data can cause serious problems. However open categories can be handled more easily (NSP, DRID data in HU) if they are filled in by service providers with the help of an additional guidance with advised categories, and with the possibility of clarification of given categories after data collection.

- breaking down broader EMCDDA categories into country-specific subcategories (DRD, TDI in HU)
- complementary data collection to reveal information not reported (at all or traceably) in routine systems (e.g. TDI complementary data collection in the UK; qualitative data collection among service providers in HU)

Other data/information sources applied by participating countries to better understand the phenomenon of NPSs included:

- expert meetings: with harm reduction and other services
- online studies: on trade, search interest, use
- increasing role of informal data/info sources

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[1] http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf (page 20-21)

- qualitative studies among users or service providers to fill in the gaps of quantitative data
- key informants
- local level information network

Due to the validity and reliability problems of existing data sources in tracking such a dynamic - and sometimes marginal - trend NPSs underline the increased need for cross indicator analysis and combining different methods. Analyzing already existing datasets from new aspects can also provide additional information (e.g. substances seized in syringes and filters to trace injecting drug use of NPSs in HU).

How it affects focal points

Regarding NPSs focal points faced an increased information demand on behalf of decision makers, professionals and the general population as well. Some of the focal points are involved in national risk assessment (AT, HU, UK) or responsible for the preparation of the risk assessment process itself. Others reported to be responsible for monitoring the effects of new legislations (RO). Some participants mentioned to be contacted regularly by treatment professionals in order to provide good practices for treatment of NPSs use. Answering media requests regarding NPSs is a task frequently delegated to focal points.

As the spread of NPSs use affects new areas and new actors are getting involved in handling the phenomenon, thus focal points have to develop new cooperations with relevant stakeholders.

Some focal points reported to have a more direct role in the preparation of info dissemination/prevention tools (e.g. target group oriented websites on drugs, social network tools, video conferences with students).

Examples for tools of information dissemination on NPSs:

- EDND-like national system (UK)
- database for EWS members: matching products with active substance content (IT)
- database for identification of substances for forensic professionals (IT)
- prevention websites (PL, IT)
- publication on emerging drugs (ES)
- social network tools (IT)
- video conferences with students (IT)
- handbooks (IT)

Proposals

- New categorizations should be harmonized across indicators
- No place to report in Final Activity Report about activities related to NPSs (and these are not all related to EWS)
- EDND should be more user-friendly so that information e.g. on specific countries can be accessed easily
- A page like EDND but an open one should be set up by EMCDDA: a sort of middle level information dissemination between AR and the restricted EDND

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- The structure of NR is not optimal as no place is given to provide a cross indicator analysis on e.g. the NPSs situation
- Solutions have to be developed not only for collecting data at national level but also for reporting data from national level to EMCDDA – guidance from EMCDDA where to report (e.g. in NR, Fonte, BPP)
- Timeliness – solutions to handle the problem that in 2012 AR 2010 data is reported, not present situation, especially important with NPSs
- A platform should be developed for sharing practices (e.g. setting up local level information networks, involving key informants) and innovative technologies regarding data collection and information dissemination
- Explicit and official (?) EMCDDA support regarding new monitoring needs and directions of development is necessary (e.g. drug checking programmes should be set up by member states) – as it is a good basis and supportive background for national level initiatives regarding development of national monitoring systems.
- The impact of the phenomenon of NPSs on EMCDDA definitions (e.g. polydrug use, problem drug use) should be further assessed.

Steps forward
Proposals raised at the workshop are planned to be presented and discussed at the pre-Reitox meeting.

With the aim to continue exchange experiences on monitoring NSPs a follow-up meeting will be organized in Warsaw by the Polish Reitox Focal Point in 2013.

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