



European Monitoring Centre
for Drugs and Drug Addiction

Reconceptualisation / Revision of the key epidemiological indicator Problem drug use

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**TDI annual expert meeting, Lisbon, September
2012**

PDU and TDI

- PDU key indicator is closely connected with TDI key indicator
 - Data collected by TDI methodology central in PDU estimation
 - TDI data offer insight into PDU characteristics (especially “new clients”)
 - TDI data has even more potentials for PDU (e.g. it is a possible material for incidence estimation, trends assessment, comparison to out-of-treatment, etc)
- PDU revision needs to be informed by TDI (revision)



EMCDDA Problem drug use key epidemiological indicator

- Defined as ‘injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines’ (operational definition)
- Collecting information on prevalence (and incidence) of this phenomenon at national and local level
- Typically using indirect statistical methods/extrapolation (e.g. multipliers, capture-recapture, multivariate indicator methods)
- Working with data sources where “PDUs” can be encountered (drug treatment, police, etc.)



Reasons for the need of revision/ reconceptualisation (1)

Status quo:

- Operational definition exists but there is no (explicit) conceptual framework – the “why”, “what”, “for what”..
- Indicator estimating mainly populations of heavy and probably marginalised opioids users

Changing drug situation

- Increase in cocaine and cannabis heavy use and treatment demands – missing populations
- Increase in heterogeneity – statistical problems, more and more need of several estimates for different purposes (but purpose unclear – see 1st point)



Reasons for the need of revision/ reconceptualisation (2)

The wording of the key indicator area name causes confusions:

- “the indicator does not mention problems in any sense”
- Unwanted labelling – cocaine, OST
- Political problems



Revision / reconceptualisation process

2009 – first outline of problems and solutions in the area, PDU national experts commented on it in a modified Delphi method

2010 (October) - results presented and discussed

2011-2012 – detailed analysis of the situation and options for revision (document “Principles of PDU indicator revision”)

- Online comments collection of national experts and other scientists - results
- By the end of this year the process should be concluded



After online survey: Updated principles of reconceptualisation

- No additional resources foreseen in most countries in the near future
- Must be useful for countries
- Must have reasonable flexibility by country
- But: revision should create – as sound as possible – framework which would survive the future and give space for developmental work when possible



Options suggested

- **OPTION 1 – High risk drug use, HRDU**
(Hazardous and harmful drug use, HHDU)
- OPTION 2 – use ICD-10 harmful use and dependence on certain drug groups



OPTION 1

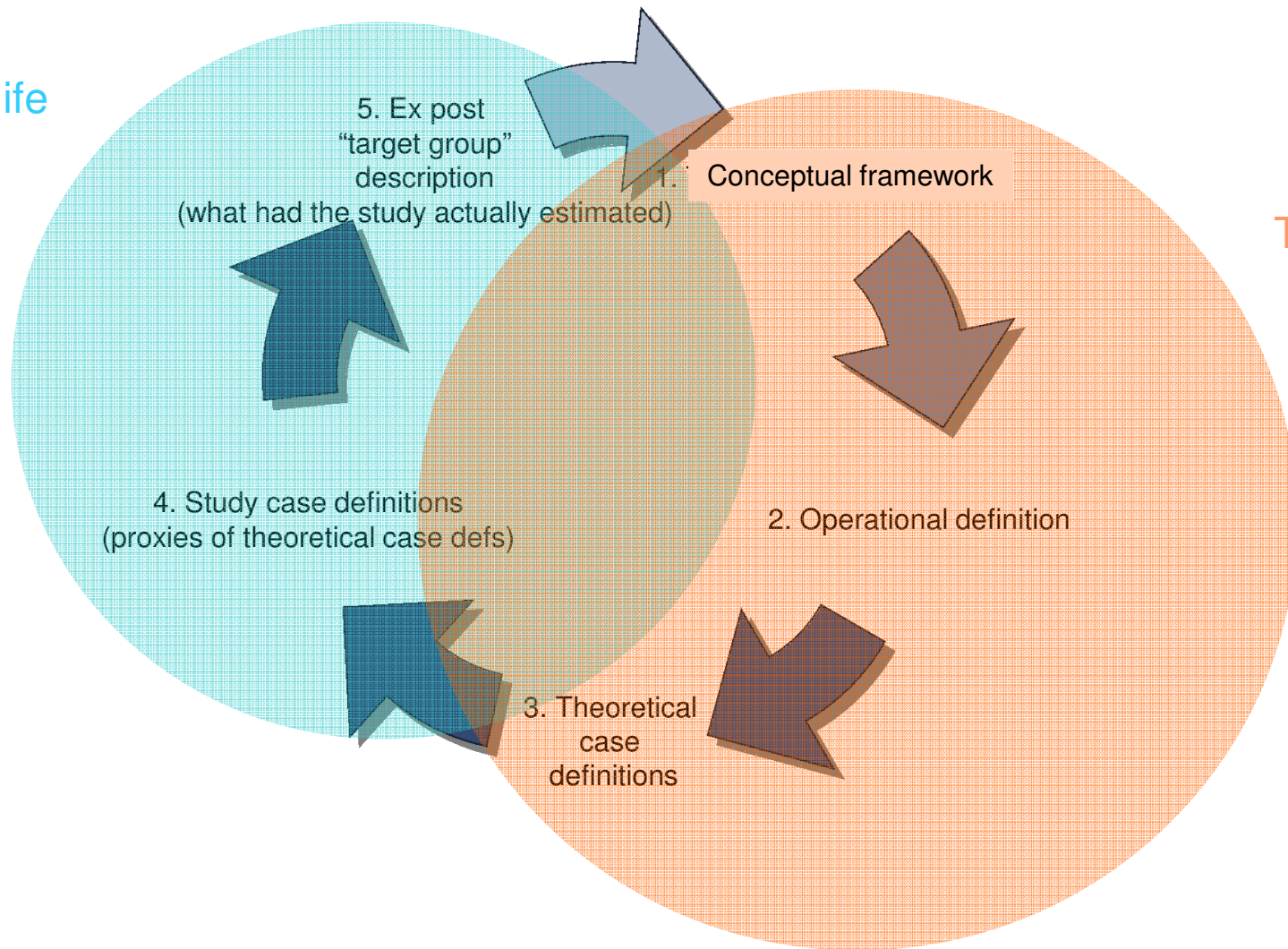
- The **purpose** is to have an idea about interventions need (mainly treatment – broader definition)
- The most harmful **substances** which are sufficiently prevalent are to be included

2 levels of severity:

1. similar to previous “PDU”, core
2. including cannabis use disorders and possibly other



Real life



Conceptual framework

Theoretical (or conceptual) definition

Operational definition

Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity
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Conceptual framework

Theoretical (or conceptual) definition: “The indicator estimates the sizes of populations with drug use that is causing actual harms to the person (including dependence, but also other health, psychological or social problems) or is placing the person at a high risk of suffering such harms”

Operational definition: Intensive use of (psychoactive) Substances and use by dangerous routes of administration, in dangerous combinations and in dangerous context (putting one’s (mental) health and/or life in danger)

Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity	Theoretical case definition by substance and level of severity
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Updated reconceptualisation proposal

Concepts

- New title
- Conceptual framework, purpose
- Operational definition
- Theoretical case definitions planned but flexibility by study preserved
- Two levels of severity

Practical implications

- Strengthening POU and IDU estimates
- Stimulants estimates still work in progress (some weight removed)
- GPS: Cannabis daily use and if prevalence*sample allows, then cannabis disorders



New ideas

- Strengthen the capacity of the indicator to monitor trends
- See if novel data sources can be used (including waste-water data)



Related and forthcoming activities

- Revision of prevalence estimation guidelines by indirect methods
- Drafting new guidelines on direct methods to estimate the prevalence of cannabis use disorders (GPS-based)
- Detailed review of POU estimates – understanding countries' differences
- Strengthening IDU estimation

