

Rapporteur report of Session 2: New Trends in TDI clients

Thursday, September 20th 2012, (14.30 – 16.00 – Room 106)

Chair: Dragica Katalinic

Rapporteur: Christine Marchand-Agius

1. Presentation on new trends in Hungary (Anna Peterfi).

- There has been a drop in Heroin since 2009 within both previously treated and first treated clients. But there was an increase in amphetamine treatment and other stimulants within previously treated clients. Within First treated clients, amphetamine use remained stable, heroin declined and other stimulants increased.
 - There was an increase in IDU's reporting methadone (to 4%)
 - The data was then compared to other data sources as follows.
 - Seizure Data (which excludes cannabis users): the data shows that Heroin seizures began to disappear in seizure data and synthetic cannabinoids and new amphetamines ruled the market in the 3rd quarter of 2010.
 - GPS (ESPAD study): shows that there was a lifetime prevalence of 6% mephedrone
 - NFP qualitative studies: one study contacted the syringe distribution centre which reported an increase in cathinone users. The National needle exchange program reported a decline in heroin IDU's but an increase in other drug IDUs.
 - Mortality rates: they also reported a decline in mortality rates related to Heroin use.
 - In conclusion:
 - There is a decline in Heroin related treatment demand
 - An increase in amphetamine and other stimulant related treatment
 - There is a restructuring of IDU's in and out of treatment
 - And further investigation into the reasons for the shift is required
 - Considerations:
 - The intentional or unintentional polydrug use. Some users and dealers just use the street name of a substance and they do not even know what substance they are truly getting. This leads to problems in categorizing the substances.
 - And if the primary drug changes, in Hungary they might miss some information since they do not update or amend the category.
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2. Presentation on consumption of new substances with psychoactive effects in Romania (Aurora Lefter and Bogdan Gheorghe).

- New psychoactive substances became manifest in 2008 and as a result new legislature was introduced. One of the effects of the legislation was the reduction in the number of shops selling these substances (only 10 shops were still selling).
- They did a survey (Risk assessment of use) and they found that 42.5% of consumers used daily and they predominantly inject or smoke the substances. 55.9 % of respondents use other 'legal' products and use for an average of 13 months before seeking treatment.
- The average age of users was 18 yrs., 67% were male, 21% had medium to high education and 12.5% were employed.

- These substances were most used by high school and university students.
 - The ESPAD survey reported 5.3% use of these substances in 2011
 - For TDI they found a difficulty with polydrug use due to difficulty in identifying new drugs.
 - They have also had a shift in persons coming forward for opiates to persons coming due to legal drugs.
 - The duration of frequency of use: they found that on average people came for treatment for legal drugs after one year to one and a half years of use.
 - The average age of using legal highs were 15-19 yrs. Since most users came to treatment after one year this had an effect on the average age overall.
 - Meanwhile 50% of legal high users had low level of education, which is similar to opiate users.
 - Romania also mentioned that they have problems with cleaning the database due to distortions regarding main drug and polydrug use and determining the type of high i.e. whether it is an amphetamine, synthetic cannabinoid etc.
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3. *Discussant (Suzi Lyons).*

- The Discussant mentioned that there were 2 similarities between the first two presentations, (a) the appearance of new psychoactive substances and (b) the decline in Heroin.
 - The discussant has also seen the appearance of new psychoactive substances in the PDU and crime indicators and notes that it takes time for people to come forward for treatment. So far we are seeing small numbers but it is interesting that, in the case of Romania, there was a short period before persons sought treatment (i.e. one year).
 - So in both countries there were no incidences of psychoactive substances in the past and then suddenly they began to appear. The discussant mentioned that they are seeing similar things in Ireland, with the small numbers appearing now but they are not seeing large amounts of IDU, and noted that perhaps one needs to look into this further.
 - The discussant also mentioned that it will be a problem having definitions for TDI and even to categorize these psychoactive substances properly. Dealers often mix various substances and users themselves often do not even know what substance they are actually taking.
 - May need to examine how quickly these psychoactive substances took off from small numbers.
 - There is a need for more sociological studies e.g. these users would never use cocaine or heroin as they would perceive them a 'taboo' but buying a legal substance is perceived as ok.
 - Are we going to see the impact of the legislation? Example will users move on from legal substances to more illegal options and will this be reflected in the data? For example, will a user changed from synthetic cannabis to cannabis?
 - The increase in psychoactive substances in seizure data means that there is an increase in demand and so will a ban flood the market? There is no way to know this right now as it is too early to tell.
 - Since the substance seems to be used by young person's maybe strategies should be targeting this age group but then will these persons move on to other drugs in the future?
 - The on-going reduction in Heroin has been noticed within the entire EU and one must questions whether it is a decrease in availability or reduction in demand?
 - So this is a trend one should watch over the coming years.
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4. *Questions or comments.*

- Romania categorises substances as other drugs and not as other stimulants as they have difficulty categorizing drugs. In fact the other drugs have increased significantly between 2009 and 2011. But clients have a hard time to tell what substance they are using. So the client may state they use a legal high but they cannot tell if it is a cathinone, synthetic cannabinoid etc. and as a result Romania uses the category 'other'. There were even instances where they had two substances with the same product/street name but different composition.
 - One country mentioned the possibility of just listing the street name of the substance for recording TDI, as they do in their country, and then the Focal Point would then codify it. But other countries mentioned that it would be important to know the exact nature of the substance on a therapeutic level as well.
 - It was also mentioned that for the TDI it may not be important to know the synthetic type of substance but that it would rather be important in the early warning system. These drugs often appear and disappear quickly so it is hard to account for these substances for TDI.
 - In most countries these substance users are treated with other substance users. In the UK they do have a separate clinic (club treatment centres) but the numbers are small. Within Hungary they do not have a specific treatment program for any substance but they received some feedback from the centres. The centres mentioned that the psychoactive substance users have more motivational issues. Most are placed in rehabilitation homes with other older users, and due to their young age, their re-integration is different. Also the needle/syringe programs mentioned that these users require more support.
 - Although Hungary found similarities between new psychoactive drug users and cannabis users, no studies have been conducted.
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5. *Presentation on GHB treatment demand in the Netherlands: A new heroine epidemic? (Wil Kuijpers and Jeroen Wisselink).*

- If the number of substance users is below 1,000 it would not get any attention in the Netherlands. However due to media attention, they decided to look in more detail at this substance.
- GHB was known as a party drug but General Population Surveys show that the use was transferring to bigger groups and that it was predominantly found within rural areas.
- The increase in GHB was related to incidents e.g. due to dosage, and an increase in awareness on how to make it yourself e.g. on YouTube.
- They found that GHB was fairly addictive and detoxification and relapse were quite hard.
- GHB was first reported from their databases in 2007 but with less than 100 persons reporting it as their primary drug. Now this has increased to almost 700 persons but this is still less than 1% of the population.
- The characteristics of GHB users: more females, mean age of 28.5 (low age compared to population) with most being 20-30 yrs. old, and a lot use other drugs.
- 27.7% were first treated clients, which mean that people were already in treatment before and they found that they particularly used amphetamines and then shifted to GHBs.
- So the trends show that persons in continuous treatment has risen, showing the difficulty in treating this substance, whilst the first treated clients have flattened out.
- Back in 2007 they found that most concentrated use was found in the rural areas but in 2011, although it spread to other areas, it was still more concentrated in rural areas.

- So they questioned are we dealing with a new epidemic?
 - With increases in incidences, increases in treatment demand and fear of addiction, new legislations were implemented. Treatment involved prevention on the streets but treatment protocols are still being developed.
 - There is more awareness in youths about the dangers and the substance may be losing some of its appeal where they see it less as a club drug and see it more as an addictive substance.
 - The numbers reported in TDI increased but the numbers were still small, the first treated clients have flattened out and thus hopefully GHBs will remain low.
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6. *Presentation on Trends of using drugs in Slovenia (Romana Stokelj).*

- In 2009 they had the highest number of all treatments since all treatment centres reports their data. After 2009 the figures declined but this is because 1 large centre reported less clients.
 - They reported that the gap between the oldest aged users and the youngest aged user is always growing.
 - The number of heroin users was highest in 2009 but it has been decreasing since whilst cocaine and cannabis remain stable.
 - The age of users has remained stable over time as well.
 - Low threshold programmes reported a decline in heroin users but an increase in other substances e.g. cocaine and cannabis.
 - Both the HBSC and the ESPAD studies reported an increase in cannabis use but this was not reflected in the TDI. Thus the TDI data must be interpreted with caution.
 - The overdose data reported a large decline in Heroin related overdoses in 2007 but a really large increase in amphetamine related overdoses in 2010 to 2011.
 - So as a result there is a need to evaluate programs and it will be interesting to see the results from General Population surveys.
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Discussant (Anastasios Fotiou)

- In terms of Slovenia, the increase in the mean age may be due to the revolving door effect and Slovenia reported having older clients entering treatment as well.
 - There is a clear increase in Cannabis use from the HBSC and ESPAD survey in Slovenia which is bound to put pressure on the treatment centres later on.
 - We do not know what effects policy changes will have but it seems that the Netherlands have an ideal model.
 - It is interesting that the GHB trend started in rural areas because most trends start in the metropolitan lifestyle and move to rural areas.
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7. *Question or Comments*

- Maybe we need to consider that the lack of demand is because there is no perceived harm to using these legal substances? Harm is a relative term so it is difficult to quantify it.

- Slovenia had an increase in cocaine and amphetamine clients in out-patients centres but they do not have suitable centres for such users.
 - The conflict between the definitions of drug addiction lifestyle versus the medical definition is an interesting debate.
 - One country questioned whether there are psychosis effects of these substances? One country mentioned that some users mention psychotic problems but they are still too small of a number coming for treatment to really know.
 - The UK are looking into the impact of decreasing heroin supply and the decline in purity and they found that it led to people seeking other drugs. So they would like to see what the health impacts are. Hungary found in studies that treatment demand develops faster than traditional substances, and whilst opiate users are ready to change, legal high users are not ready for change. They also have more medical complications such as wounds etc. and treatment centres find it hard to cope with these users.
 - In the Netherlands they do not have issues with the naming of GHB i.e. clients may mention the street name of GHB but all know it is GHB.
 - The increase in treatment demand may be due to person at first not having any problems and now there is an increase in perceived risk.
 - The Netherlands did see a shift in such groups to other legal highs, in particular with more cannabis.
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