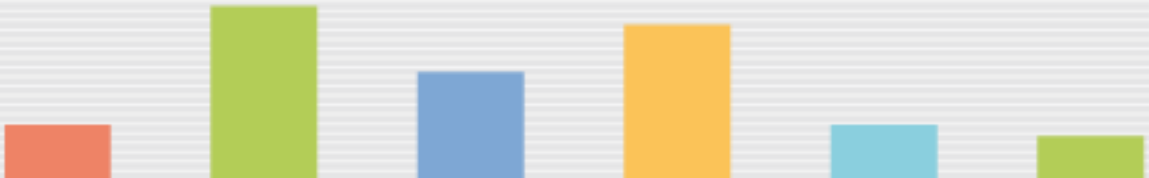
European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA projects on trends in drug-induced deaths in selected countries: Validating trends and developing theories to explain high and/or increasing DID rates

A short overview based on input from Tim Millar, Andrew McAuley and others

DRD Expert Meeting 2016

30. September 2016



History

- Findings in our routine monitoring: increased in DRD
- Small projects to analyse and better understand these findings
  - Kathleen England: Coding practice
  - Hakan Leifman: The Swedish data
  - Tim Millar and Andrew McAuley: Trends in some countries and factors of influence

Input used

- Workbooks and reports
- Telephone interviews with national key staff
- Meeting in Glasgow and Stockholm between EMCDDA

Basic facts

Preliminary results and findings !

- In most countries 80% of drug related to opioid use
  - ➢ primary focus opioid deaths

- Key drivers of DRD trends
  - ➢ prevalence, risk, and changes therein

- Hypotheses about potential further drivers
- Likely complex set of interactions between drivers.

Checks

Listen to Hakan!

Sweden as an example of careful checking.

Stability and comparability of

- Sampling
- Testing
- Toxicological analyses
- Coding practice
- Statistical analyses

Careful checks have to be the starting point!

Changes in the size of the population at risk: prevalence

Potential Theories	Potentially assessed by	Issues
POU+ or HRDU + > DRD + Assuming: individual-level risk does not decrease by an equivalent proportion.	Serial, national level, prevalence estimates for POU or possibly HRDU	Availability of estimates Serial trend estimates using a consistent methodology

Changes in the size of the population at risk: treatment penetration

Potential Theories	Potentially assessed by	Issues
Dropping coverage of OST > population 'at greater risk' + > DRD +	Serial HRDU /POU prevalence estimates .. combined with ... Treated prevalence	Requires information on total number of persons in OST treatment and info on coverage

Changes in the level of risk on the risk population: treatment patterns

Potential Theories	Potentially assessed by	Issues
Changes in treatment provision > increase risk Examples: more and shorter treatment episodes, abstinence driven policy	?	Many

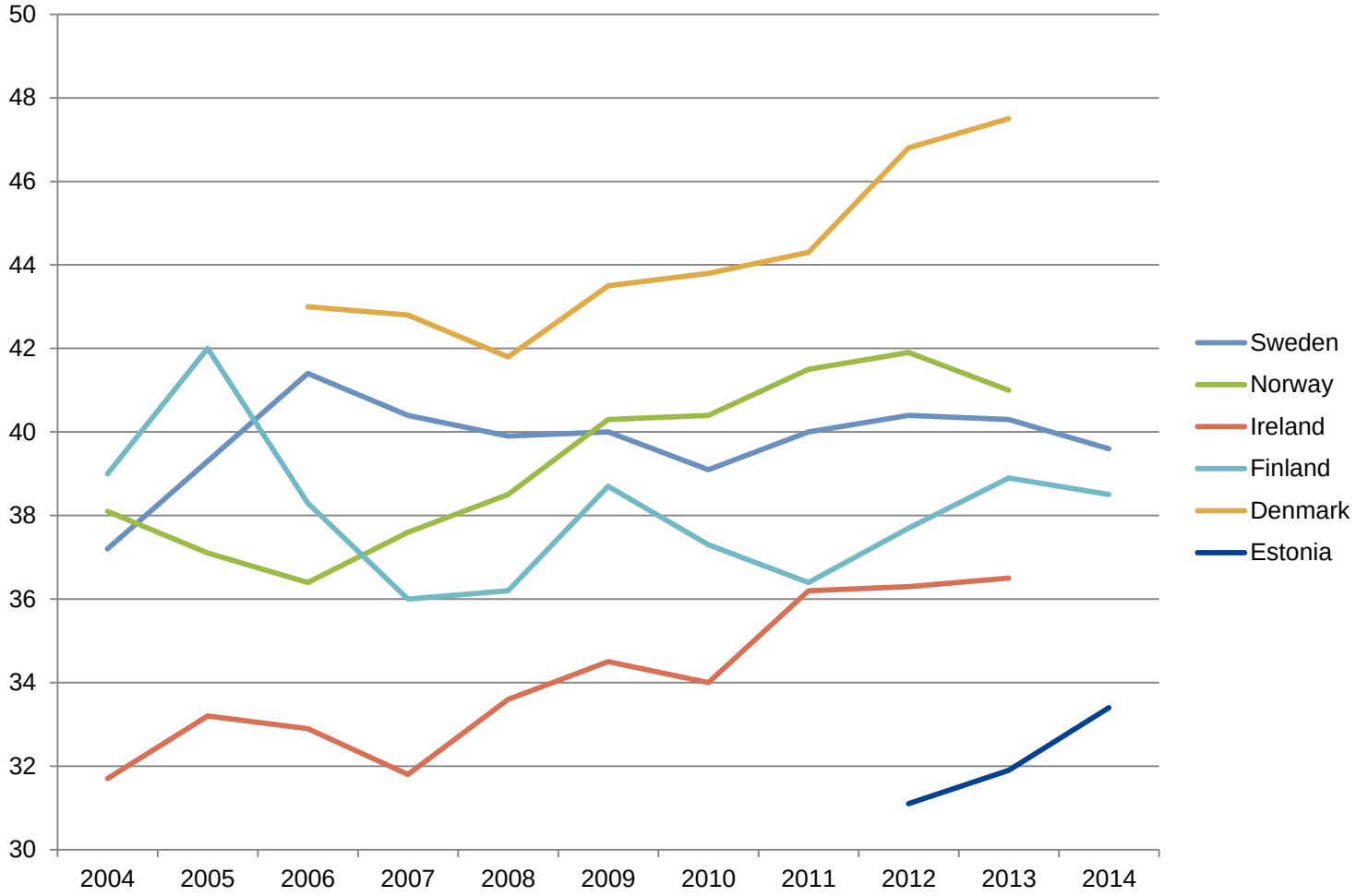
Changes in the level of risk on the risk population: behavioural risks

Potential Theories	Potentially assessed by	Issues
More risk patterns > increase risk Examples: More… .. IV use .. poly drug use .. new substances	pattern of risk among treatment entrants Toxicology to indicate drugs involved Toxicology data to illuminate trends in poly drug/alcohol use	Long term data sparse, often no distinction between sub-types of drugs

Changes in the level of risk on the risk population: demographic risks

Potential Theories	Potentially assessed by	Issues
Aging cohorts > increased risks of harm esp. for females	HRDU estimates by age group /gender age at death / gender Partially: age /gender of treatment entrants and others may indicate demographic shift	Long term data sparse often no distinction between sub-types of drugs

Trend in mean age at death (all DRDs)



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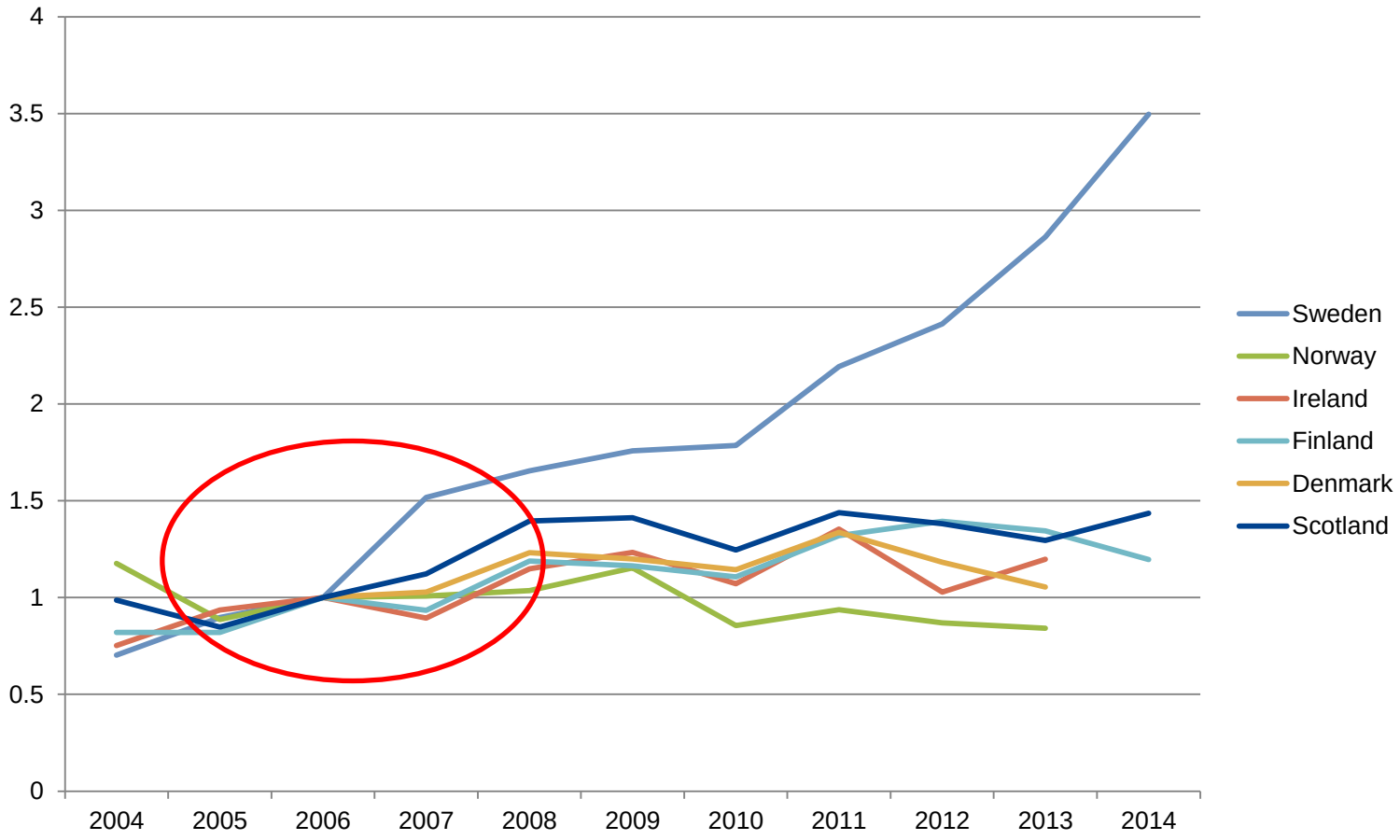
Changes in the level of risk on the risk population, contextual, ecologic factors

Potential Theories	Potentially assessed by	Issues
Drug quality and availability > increase in risky behaviour. How has Naloxone impacted on the drivers of DRD?	Purity estimates – as an indicator of availability? Offences Timing of dips /spikes in mortality trend	Widespread Naloxone availability is, generally, a fairly recent innovation Timeframe of analyses make a big difference

Proportional increase in number of DRDs (opioids): anchored on *2006*



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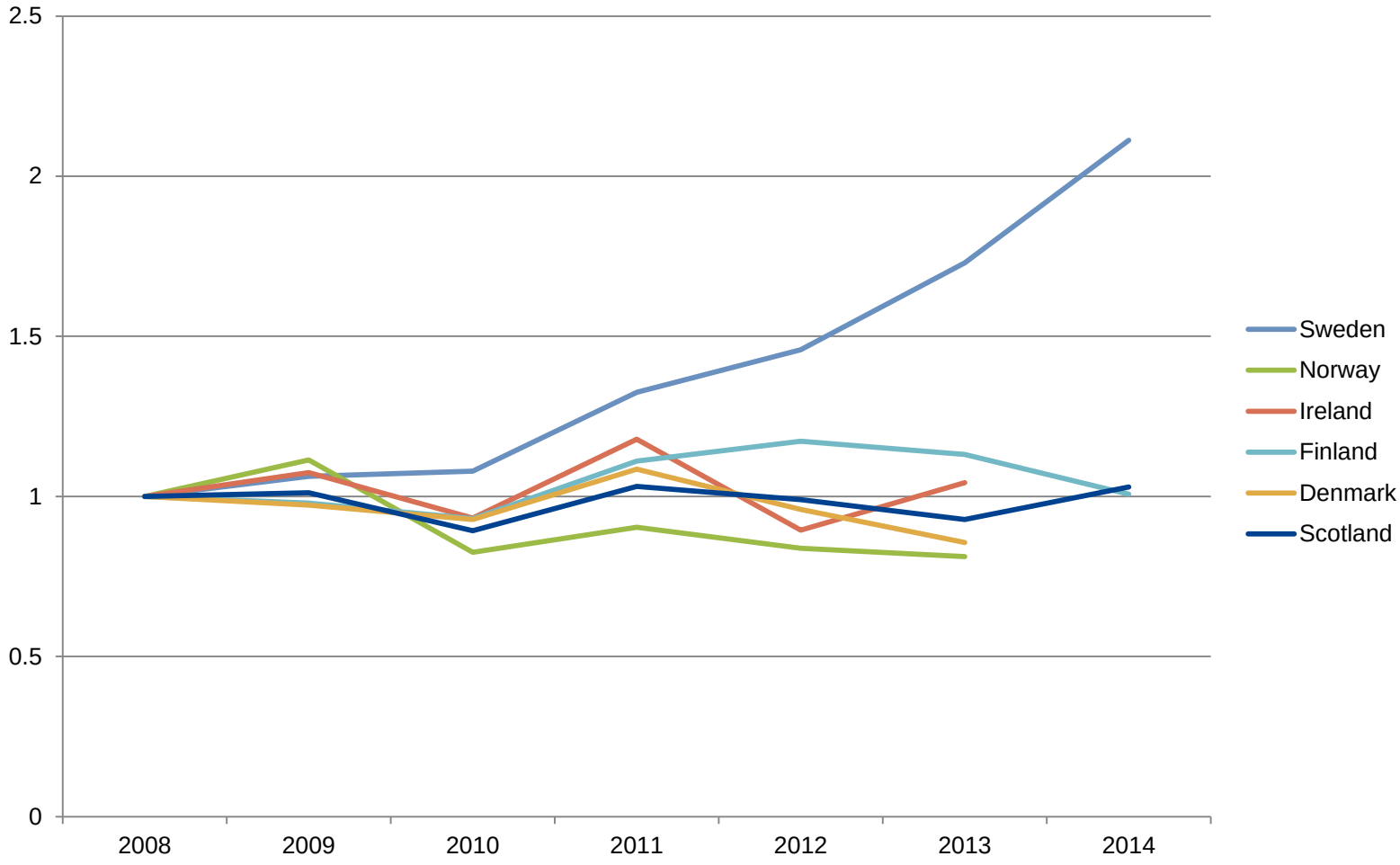
Proportional increase in number of DRDs (opioids): anchored on *2008*



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Final considerations

- Different factors may change sim[illegible]eously, alongside changing prev[illegible]
- Upward[illegible]cur
- Likely co[illegible] different categories[illegible] age and H[illegible] age and OS[illegible]
- There will be [illegible]mple answers

We want to hear YOUR national considerations on relevant factors of influence for trends in DRD