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Trendspotter manual

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A handbook for the rapid assessment of
emerging drug-related trends

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Preface

The EMCDDA is proud to present the Trendspotter Manual: A Handbook for the Rapid Assessment of Emerging Drug-related Trends. We are publishing this manual at a time when rapidly emerging drug trends and threats demand equally rapid responses. Current generations have at their disposal unprecedented communication possibilities, and new trends are adopted in their everyday lives at a pace never seen before. A new clothing fashion, music genre or food trend emerging on the other side of the globe can be picked up in no time, even in the smallest European towns or villages. This observation, unfortunately, is also true for drug markets. The same communication tools facilitate the marketing and supply of drugs across national boundaries, allowing the rapid spread of new and untested substances at global and local levels, among old and new groups of users, with often dire consequences for public health. This increasingly complex and dynamic reality poses new challenges for those of us tasked with understanding and responding to emerging drug trends.

This publication is designed as a user-friendly guide, taking the reader step by step through the methodology developed by the EMCDDA to explore emerging drug trends, new patterns of use and developing drug markets and technologies. The first trendspotter study was carried out in 2011. It investigated regional heroin shortages in Europe and their impact on patterns of use and associated harms among heroin-using groups. Since then, the trendspotter approach has become an essential tool for the EMCDDA — complementing traditional monitoring instruments — in its work to understand and obtain rapid insights into Europe's new drug trends and drug-related phenomena. Among the topics studied to date are outbreaks of fentanyl-related deaths, new developments in the MDMA market, the emergence of internet drug markets, and recent surges in the availability of powder cocaine across Europe. These studies have provided us with a timely understanding of the drivers, dimensions and impacts of these new trends. Such results can be invaluable to all of those working in the drugs field who may need to respond rapidly to new challenges, whether they are policymakers working at national or regional level, or public health or law enforcement professionals working on the ground. The Trendspotter Manual has been piloted in several national studies and is the central component of an EMCDDA training package. We hope that its publication will stimulate the use of the trendspotter

methodology by agencies and organisations, whether these are research groups, community organisations, government agencies or professionals working in the drugs field, or perhaps even those working in other domains.

The success of the EMCDDA trendspotter studies, as well as the production of this handbook, would not have been possible without the participation over the years of national and international experts as well as that of our closest partners, the Reitox national focal points.

Alexis Goosdeel

Director, EMCDDA

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CHAPTER 1

Introduction to the trendspotter methodology

The 10 things you need to know about the trendspotter methodology

(1) What is a trendspotter study?

A trendspotter study is essentially a rapid information assessment that uses multiple social research methods to explore a topic of interest or concern. The approach has been used by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) since 2011 to explore a range of drug-related topics, including the extent of heroin shortages in Europe, fentanyl outbreaks and the role of the internet in drug markets. The trendspotter methodology has been developed by the EMCDDA as a tool that is used alongside and complements other routine drug monitoring methodologies. It has generally been utilised to explore emerging phenomena and trends that are in their infancy, or not covered by existing data sets.

While the specific aim and objectives of trendspotter studies can vary, they usually focus on an issue of significant concern and where information is lacking. Often the goal is to map and describe a new drug trend or an emerging phenomenon, understand the drivers behind this change and identify implications for the future. The

methodology draws heavily on rapid assessment methods (Rhodes et al., 2000; Stimson et al., 2009) and mixed methods research, and involves the collection of data from multiple sources and the use of a number of different investigative approaches. By triangulating qualitative and quantitative data and systematically drawing on expert evidence, the approach results in a rich and in-depth cross-sectional snapshot. Results can be used to inform appropriate and effective decision-making and the timely development of practical public health and law enforcement responses.

(2) What are the key characteristics of a trendspotter study?

A trendspotter study is generally initiated in response to a new or emerging drug trend or development for which there is considerable uncertainty and limited information available. Trendspotter studies are characterised by:

- rapidity — there is a focus on speed of data collection and reporting;
- a team approach — with multiple investigators and shared responsibilities;
- multidisciplinary engagement — engaging health and

social sciences, law enforcement, forensic sciences, drug user perspectives, etc., as appropriate;

- a multi-level analysis — local, city, regional, national, European levels;
- use of mixed methods — qualitative and quantitative approaches;
- use of triangulation — for analysis and for ensuring validity of results.

(3) Who is it for?

There is a range of stakeholders who might benefit from using this approach. The EMCDDA has undertaken a number of these studies to explore emerging drug trends at the European level in order to supplement and enhance the information collected through routine monitoring practices. The method has also been used by national drug observatories to explore trends and developments at the country level for new topics for which routine data were limited. Practically speaking, the method could be initiated by many organisations or groups, with or without an illicit-drug focus, as long as the necessary resources and social research skills are available. Therefore, the trendspotter method may be of interest to local, national or regional bodies, including research groups, community organisations, government agencies, policymakers and professionals.

(4) When is it appropriate to use a trendspotter approach? (and when not?)

This approach has been developed, and is particularly useful, for the investigation of new drug trends and emerging phenomena; for example, when there are signals coming from a number of sources, and an increased

understanding of drivers, dimensions and the impact of the new trend is required. Examples of such environmental signals might include reports from frontline staff of increased drug availability, seizures of high-purity products, and reports from hospital emergency departments of an increase in cases linked to a particular substance. This methodology can also be used to explore new patterns of use or developing markets or technologies for which limited documentation or published information is available. This may be because the issue is so new that little has yet been written, or that the issue lies outside the area currently covered by drug-monitoring systems. From a European or international perspective, it is also useful to explore whether a phenomenon identified in one country is also present in others.

There are many research questions for which the trendspotter approach is not appropriate and other social research methods provide better answers. For example, if numerical data are needed, then quantitative methods are preferable. If the research question focuses on 'what works?', then evaluation approaches should be used. Some of the factors indicating that a trendspotter approach may or may not be useful are summarised in the table on page 16.

(5) Who performs a trendspotter study?

Multidisciplinary engagement and a team approach are central to this method. The study is conceived, developed and implemented as a team effort, with members from different backgrounds and professional disciplines working together; for example, health and environmental sciences, social sciences, forensic science and law enforcement. There is no limit on the size of the team, but between four and six members is probably optimal. Within the team,

there will need to be a nominated coordinator and a report writer (these can be the same person).

Often, a new multidisciplinary team will need to be established for the purpose of conducting a trendspotter study. At the EMCDDA, we put together a new team for each study, depending on the resources available and the skills and competencies required of team members. Importantly, team members need to have a range of social research and analytical skills and report-writing abilities. Chairing meetings and facilitating focus groups are additional important skills needed within the team.

(6) What methods and tools are used?

Most of the individual methods used when implementing a trendspotter study are found in the social sciences (surveys, interviews, literature review). What is unique to this approach is the process and the way these methods are combined. For each study, a core set of methods is recommended, and additional methods may be included when appropriate. Importantly, the mixed methods approach used is underpinned by an analysis built on triangulation to enhance the reliability and validity of findings. This helps to offset any shortcomings associated with the individual methods and provides stronger inferences for particular findings. It also allows for completeness, as it provides a comprehensive picture of the phenomenon being explored through a wide range of research questions. As a result, the outcome of the trendspotter mixed methods approach is greater than the sum of the outcomes of the individual methods.

The core methods and tools used include a data and literature review, online expert surveys, expert presentations and facilitated group discussions. The use of additional

methods — such as internet snapshots, key informant interviews or social media monitoring — will depend on the questions being addressed, the resources available and the context of the study.

(7) What resources are needed?

In terms of human resources, a team of four to six people will need to work on the study on a part-time basis for a period of around 4 months. The report writer will need additional time at the end of the study to draft the output document.

In addition to human resources, additional costs relate to an expert meeting and may involve room hire and catering, as well as funding travel and accommodation for invited experts. Finally, there will be costs linked to the publication of the final report; however, there are options here, for example, the report might be made available online or disseminated electronically.

(8) How long does it take?

The exact length of a study depends on many factors; however, studies always take less than a year from initiation to report launch and can take as little as 6 months from start to finish.

A trendspotter study can be divided into three stages:

- Stage one — planning and preparation (1-2 months).
- Stage two — data gathering and analysis including expert meeting (2-4 months).
- Stage three — report writing, peer review and dissemination of results (2-3 months).

This last phase may be longer or shorter, depending on whether the report needs to be edited and if production time needs to be built in.

(9) What steps are involved in the process?

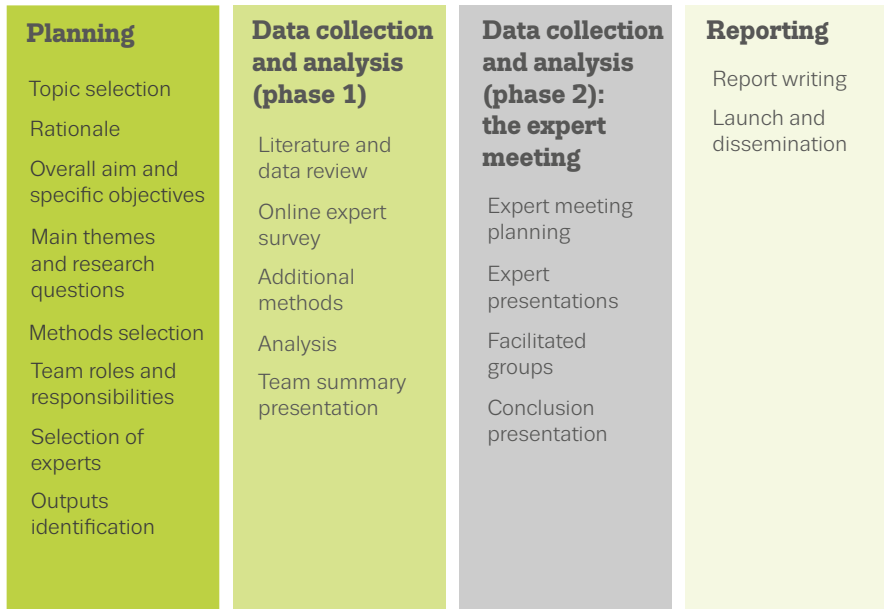
Figure 1 summarises the main processes involved, while a detailed description of the steps to be taken is provided in the next chapter of this manual. Not all of the tasks are consecutive in practice, as, for example, the planning and analysis tasks are ongoing and will overlap with and feed into the data gathering process. Importantly, the data gathering and analysis takes place in two phases. The first

phase involves the use of both qualitative and quantitative methods by the team and concludes with a preliminary analysis of results. The second phase of data gathering takes place at a structured expert meeting and functions mainly to gather expert opinion and validation, as well as using input from experts to enhance and fine-tune the study's analysis and results.

(10) What are the outputs from a study?

The study concludes with the production of a concise report on the main findings of the analysis and the conclusions drawn. All team members and invited experts are involved

FIGURE 1
Main steps involved in the trendspotter study methodology



in the quality checking and peer review process. The results need to be timely and can feed into other formal reporting mechanisms, such as national reports or policy briefings. They can provide input for policy and planning in specific areas.

Many other possible outputs can accompany or follow the report. These can range from a more in-depth publication and a scientific article to web content and related video or social media outputs.

| How to use this manual

This manual is designed to provide a step-by-step guide on how to plan and implement a trendspotter study. The following four chapters cover planning, research (divided in two phases) and dissemination.

In the following chapters, examples will be used from the 2016 EMCDDA trendspotter study ‘High-risk drug use and new psychoactive substances — results from an EMCDDA trendspotter study’. These case studies illustrate how the guidance can be put into practice.

A set of appendices provide basic templates such as a planning form, expert meeting agenda and presentation guidelines, as well as examples of questionnaires.

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Planning

Topic selection
Rationale
Overall aim and specific objectives
Main themes and research questions
Methods selection
Team roles and responsibilities
Selection of experts
Outputs identification

Data collection and analysis (phase 1)

Literature and data review
Online expert survey
Additional methods
Analysis
Team summary presentation

Data collection and analysis (phase 2): the expert meeting

Expert meeting planning
Expert presentations
Facilitated groups
Conclusion presentation

Reporting

Report writing
Launch and dissemination

CHAPTER 2

Planning the study

A trendspotter study is particularly useful for investigating new drug trends and emerging drug-related phenomena. It is important to take some time to identify and carefully define the topic to be addressed. The main objective of the planning process is to define the study framework that will provide the backbone for the study's data collection and analysis. The careful selection of the topic and the aim of the study, defining specific objectives to be achieved while choosing the right methods to achieve them, are key during the planning and preparation processes. Careful planning is essential for the study to be smoothly implemented and to ensure that all steps are followed in the correct sequence.

To support the planning, a study 'planning form' needs to be completed to record important decisions (see Appendices 1 and 2). This covers the following areas:

- study framework:
 - » topic for the study;
 - » rationale for the study;
 - » aim and objectives;
 - » themes;
 - » research questions;
- study methods;
- study outputs;
- team roles and responsibilities;
- expert meeting participants.

Selection of an appropriate topic for the study

Selection of an appropriate study topic is important and can take some time and team reflection (Table 1). While in some cases, there may be an obvious topic and clear need, very often there may be competing issues and some time is needed to review signals and sparse evidence, discuss what is most pressing and come to an agreement among the team on the topic to be studied.

Central to choosing the right topic for a trendspotter study is careful review of all relevant environmental signals picked up, including from:

- routine monitoring data;
- early warning systems;
- national reports;
- scientific papers and grey literature;
- expert networks;
- media monitoring.

While bearing in mind that for most new topics, data are limited (indeed this is a reason for using the method), you will still need to have identified some significant reports before starting off the process. It is also important to confirm that the topic is of institutional relevance and is of interest to potential stakeholders.

TABLE 1
When and when not to use the trendspotter method

When to use	When not to use
An issue of concern is being flagged by multiple sources — (signals).	Another method is better suited to answer the research question.
It is an important issue or priority area for the agency or institution.	The issue is of concern to only a limited number of stakeholders.
An information gap exists on a topic.	The issue is either very broad or very narrow and complex.
There is a need for a multidisciplinary overview.	There is already sufficient existing information on a topic.
Understanding is likely to be enhanced by triangulation of different sources.	The method does not give added value for the investment.
Routine information is delayed or slow to be reported.	Only limited signals of a new trend are detected.
An issue is so new that other methods cannot deliver.	
Questions raised cannot be answered using traditional methods.	

Before finally selecting a topic, it will be important to check that the topic meets the criteria for a trendspotter study (see Table 1). In some cases, it will be much better to choose another approach; for example, a needs assessment, a survey, a focus group or an evaluation study.

TIPS At times, a topic may be raised because of increased media interest, or decision-makers may make a request to investigate a particular topic, although no signals have been flagged in the available data sources. To avoid carrying out a trendspotter study resulting in no valuable findings or just to confirm that there are no signals, you may want to consider widening the area under investigation. For example, if there has been a single death due to synthetic cannabinoids and the media is claiming that this substance is flooding the country, although no signals of increased

availability have been reported, you may want to see if signals of increased availability of other new psychoactive substances (NPS) are apparent and, if so, carry out a trendspotter study on recent changes in NPS availability (broader topic), which would also cover the topic of synthetic cannabinoids and the role they play within the NPS and wider drug markets in the country. As a result, the picture obtained through your study will be more comprehensive and more informative for your stakeholders.

Clarifying a rationale

The ‘why are we doing a trendspotter study’ is an important starting point for the team and involves providing justification and clarifying the need for the study, as well

as the reasons for choosing this topic. This might include picking up environmental signals, reports of problems, etc. The rationale will need to be agreed among the team and potential hierarchical superiors and included at the start of the planning form.

Establishing a study aim and objectives

The study aim should be broad, whereas the objectives should be more specific. Typically, when the study is exploring a new drug trend, the objectives might focus on understanding prevalence and patterns of use, related harms, market and supply features, and current and required responses.

Identification of main themes

The themes in a trendspotter study are very important. Building on the study aim and objectives, the team will need to identify a small number of themes that the study plans to address. These will form the backbone or analytical framework for the study's data collection and analysis. Typically, themes are broad issues, such as drug use or drug-related harms, and they may have several subcategories. These themes are used throughout the study to guide the literature review and to structure the surveys and presentations.

Brainstorming of research questions for each theme

Once the themes have been selected, the team needs to brainstorm all the related research questions they would like to have answers to in the course of the study.

The research questions are key to the process: they guide the data collection in phase 1 as well as the expert presentations and facilitated groups in phase 2. They will also help to structure the results and the final report.

Some questions fit easily under the main themes and can be investigated during the literature review and survey. Others will be more general or linked to motivations and drivers behind the new trend. These can often be addressed during the facilitated group discussions in the expert meeting.

For example, imagine there are signals that MDMA use among partygoers is increasing, purity is going up and hospitals are reporting more cases of MDMA-related emergencies. Some research questions on the use and supply of MDMA can be researched through a review of the latest existing data (e.g. general population survey data, law enforcement seizures data, drug checking data, hospital emergency data, wastewater analysis, etc.). However, research questions pertaining to more transversal and contextual aspects, such as the role of MDMA within the current stimulant market or questions such as 'Why are we seeing more potent MDMA in my country?', 'Where does it come from?', 'What are the motivations to consume more potent and potentially harmful MDMA in my country?', or 'What are the implications for practice and policy?', will be crucial research questions that will be hard if not impossible to answer with the existing data available from routine monitoring. You may develop hypotheses based on initial findings from the data review, which you can then validate or refute by asking transversal or contextual research questions during the meeting with the experts.

In summary, research questions can be categorised into two levels. Level 1 research questions cover 'who/how many/where/what/etc.', which should be partially or fully

Case study example 1 — EMCDDA selection of a topic, aims and objectives

The 2016 EMCDDA trendspotter study focused on the topic of problem drug use (PDU) and NPS.

Selection of the 2016 trendspotter study topic involved several brainstorming meetings among a small team of EMCDDA staff. A review of environmental signals and reports initially identified a number of potential issues of concern for EU-level drug monitoring. Input on the relevance of these issues was gathered through a survey of the EMCDDA trendspotter network, and the results from the survey pointed to NPS-related topic areas.

To help make the decision, ‘environmental’ signals from both formal and informal data were analysed more closely, and sources that pointed to critical new developments in Europe’s NPS market were reviewed. Aspects that emerged from this review included signs of increased and problematic use of NPS among a range of demographic groups, including the use of synthetic cathinones by opioid and amphetamine injectors, the injection of synthetic cathinones by small groups of men who have sex with men (MSM), reports of potent new synthetic opioids found in heroin products, and the problematic use of synthetic cannabinoids by marginalised populations in certain countries. These signals provided a clear rationale for carrying out a trendspotter study on this topic.

Recognising the complexity of this area, a broad study aim was chosen: ‘to map and increase the understanding of PDU and NPS in Europe, including the range of manifestations, the underlying facilitating factors and associated harms and consequences’. More specific

objectives were identified and aimed to explore:

- main user groups and their characteristics;
- clusters, patterns and trends in use (polydrug use, injecting, outbreak or endemic, NPS known or adulterants);
- main substances/products used and their effects;
- associated harms and deaths;
- sources of supply (local illicit markets, internet);
- external triggers that may be linked with new use or changes in use patterns or stopping use (drug shortages, regulation, changes in availability, product purity, etc.)
- geographical clusters of problem use — local, city level, rural, national, etc.;
- unmet need for health and social interventions.

These objectives provided a starting point for the establishment of the study’s themes and subthemes:

- Theme 1. Drug use: prevalence, patterns and trends
 - » Subthemes: user groups, MSM and slamming, prisoners, etc.
- Theme 2. Motivations for use and markets
- Theme 3. Consequences and harms
- Theme 4. Responses

The study planning form, including aims, objectives, definitions and timetable, was then completed and agreed by the team.

Case study example 2 — Brainstorming research questions linked to themes

For the 2016 EMCDDA trendspotter study on high-risk drug use (HRDU) and NPS, the research questions were grouped under the study themes as follows:

- Theme 1. Drug use: prevalence, patterns and trends
 - » Which risk populations are associated with problematic use of NPS in Europe?
 - » What is happening with use? Stable, increasing trends? Changes in HRDU linked to changes in the general population use? Are they new users or existing users switching?
 - » User characteristics: very marginalised, is there an age issue, e.g. young or older users?
 - » Are new patterns of use geographically limited or EU-wide? Local or global?
 - » Is there any association with specific settings — streets, prisons, parties?
 - » What types of NPS are used by each risk group? What patterns of NPS use are observable among these risk groups?
 - » Which substances are used together — combining what/how? What are the main routes of administration?
 - » Are there geographical clusters of problem NPS use — local, city level, rural, national?
- Theme 2. Motivations for use and markets
 - » What are the reasons for use — lack of heroin, to avoid detection, sex parties?
 - » What external or environmental triggers may be associated with new use or changes in use patterns or stopping use (e.g. drug shortages, regulation, changes in availability, product purity)?
- » What role is played by NPS in the overall PDU (opioids/stimulants) market?
- Theme 3. Consequences and harms
 - » What do we know about NPS-related harms and deaths? Are there some biases, underestimations, country differences in the data available? Are there some typical polydrug use patterns related to fatal overdoses?
 - » Has there been an increase in acute hospital admissions?
 - » Are there any links with injection and blood-borne virus infections (human immunodeficiency virus, hepatitis C virus, hepatitis B virus, other infections)?
- Theme 4. Responses
 - » Is there an unmet need for health and social interventions?
 - » Is there any evidence of the impact of changing regulation and laws on patterns of use and harm?
 - » What are the implications for monitoring and health and social responses?

answerable with the literature and data review during phase 1. Answers to these level 1 questions can also be validated at the expert meeting.

Level 2 research questions correspond to contextual and transversal aspects such as 'Why? (e.g. motivations and drivers)', 'What are the implications and how might we respond?', and 'What are the challenges in responding?', which are research questions that will be answerable with input and new information obtained from the expert meeting (phase 2).

Selection of methods and analytical outputs

The trendspotter approach combines and triangulates a mix of qualitative and quantitative methodologies (Figure 2). Together, these methods should help to answer the range of research questions, including those focusing on who/when/how many/where, as well as the 'Why?', 'With what implications?', and the 'How might we respond and what are the challenges in responding?' questions.

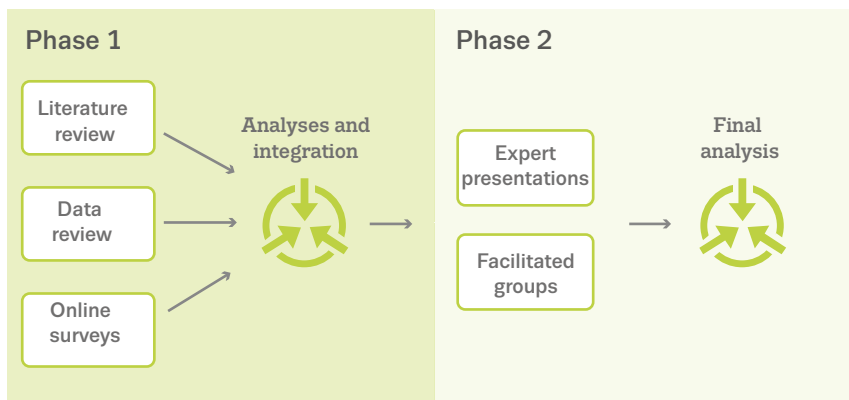
The methods are described in more detail in the next chapter, 'Data collection and analysis (phase 1)'.

- The data collection and analysis is divided into two separate phases. The first phase involves data collection by the trendspotter team using a number of mandatory and possibly some optional methods and concludes with a preliminary analysis of the results. The second phase involves data collection and analysis with external experts, and it takes place in the course of a structured expert meeting.
- The mandatory methods for the first phase are:
 - » literature review;
 - » review of existing data sets;
 - » online expert survey.

The results of these methods are summarised in a team presentation (see Chapter 3).

The optional methods include additional online surveys, internet snapshots, social media and online forum analyses, commissioning of new analyses, and user interviews.

FIGURE 2
Two phases of data collection and analysis



- The mandatory methods for the second phase are:
 - » expert presentations;
 - » facilitated groups.

The final analysis is summarised in a conclusions presentation (see Chapter 4).

In the planning of the study it is important to designate who is responsible for each data gathering method (it can be one, two or three team members per method) and all details should be inserted into the planning form to keep records of the progress and allocation of responsibilities.

| Identification of study outputs

When planning the study, it is necessary to give some consideration to the likely outputs. It will be important to publish a concise report summarising the main findings.

- Results can feed into other reporting mechanisms (for the EMCDDA, study results have informed the European Drug Report, country drug reports, policy briefings, etc.).
- It might be possible or relevant to develop other publications, scientific articles, web content, social media outputs, etc.
- There is a space on the planning form where outputs can be specified.

| Establish team roles and responsibilities

Once a topic has been selected, the composition of the team to undertake the study will need to be agreed and their specific roles and responsibilities allocated. Importantly, team members require a range of social

research skills between them, for example, data analysis as well as chairing and facilitating focus groups, and knowledge of social science and public health research methods, especially qualitative, quantitative and mixed methods approaches.

- A team should ideally consist of around four to six members who can commit to the time required to undertake the study. Members may come from the same department or agency or from different organisations.
- It is very important to verify early on that the required skills for a trendspotter study exist in the team. It is also very helpful if team members have different professional expertise and backgrounds. If some skills are lacking among the team (such as chairing large meetings or facilitating discussion groups), the coordinator may seek external support or suggest team members to explore available online resources for some tips on how to carry out these tasks.
- The two key team roles that need to be agreed at the start are the coordinator and report writer:
 - » The coordinator supports and motivates members throughout the process. He or she must ensure that the study is aligned with organisational priorities, that the necessary permissions are granted, and the required resources are available. The coordinator is also responsible for planning and establishing a timeline.
 - » The report writer will need to have experience of drafting papers or reports based on social research methods.
 - » The coordinator will need to timetable regular meetings with the whole team throughout the study (at least once a month).

Case study example 3 — Looking at methods

For the 2016 trendspotter on HRDU and NPS, the mandatory methods were divided up as follows:

Literature review — thematic areas

- HRDU, injecting drug use, characteristics, patterns and trends.
- MSM and slamming.
- NPS use in prisons.
- External and environmental triggers.
- NPS-related harms and deaths.

Review of data sources

- Problem drug use indicators and NPS.
- Treatment demand indicators and NPS.
- Drug-related deaths indicators and NPS.
- European Drug Emergencies Network (Euro-DEN) data.
- EMCDDA NPS risk assessments.
- EMCDDA workbooks (national yearly data collection tool for qualitative information).

Online expert surveys

- EMCDDA national focal points.

- EMCDDA trendspotter network.
- Invited experts.

Selected team members were assigned a specific topic area, such as NPS in prison, NPS and problem drug users or MSM and slamming, and were given the responsibility of undertaking a review of the literature and the data available in this area.

The online expert surveys were assigned to a single member of the team who was dedicated to the development, implementation and analysis of the questionnaires. The documents were shared with the group in the developmental stage and the final questionnaires were uploaded onto an online platform for easier dissemination and analysis of results. For the 2016 trendspotter on PDU and NPS, two different questionnaires were created for the two target groups:

- a short (11 questions) online questionnaire for the 30 EMCDDA national focal points and the EMCDDA trendspotter network;
- a more comprehensive (40 questions) document, which was sent via email to the invited experts.

TIPS

Experience shows that allocating responsibilities by theme (each member should work on at least one theme from the start) rather than by method (one team member does the literature review and another does the online survey, etc.) will result in a better understanding and integration of the overall outcome of the trendspotter study. At the EMCDDA, each team member participates in the

analysis of at least one theme. As a result, each team member is involved in the development of the theme-related questions of the online survey, the team presentation at the expert meeting, etc. Specific responsibilities, such as facilitating an expert group or chairing the meeting, will be an additional responsibility depending on the skills of the team members.

Key skills required in a trendspotter study

- Research skills to undertake a literature review and implement online surveys.
- Data management and analysis.
- Chairing meetings and time-keeping.
- Facilitating focus groups.
- Synthesis of results.
- Report writing.

TIPS Facilitating discussion groups or chairing a meeting can easily be perceived as tasks of secondary importance. However, experience shows that a skilled chair or facilitator can make a real difference in the outcome of the discussion groups or of the overall meeting. Resources on facilitating expert groups or chairing meetings are available online. Examples are available on Wikihow's website ('Run a focus group') or on Kansas University's website ('Group facilitation'). These online resources can be used to learn some new tips or simply refresh existing techniques.

Identification of expert meeting participants

A strength of the trendspotter methodology is its ability to combine scientific literature and data with expert opinion collected in a structured way. In phase 2 of data gathering and analysis, key experts are invited to attend a meeting and make presentations and participate in facilitated groups. The selection of experts to be invited to take part in the study is extremely important. The team needs to start

identifying key people with expert knowledge in the area right from the outset of the study.

- Key experts can include anybody who could bring to the table a substantial piece of information on the topic. They can be health and social workers, researchers, PhD students, law enforcement representatives, drug user representatives, members of national focal points, user representatives, investigative journalists, etc.
- Selection criteria for experts — variety is crucial. It is important that experts come from a wide range of different backgrounds, so that they bring diverse viewpoints and expertise to the study. It is a waste if any two experts report the same information.
- Another important criterion is linked to the research questions: experts should be able to address the gaps highlighted by the data gathering exercise of the team, i.e. they should be able to answer the questions that the team could not (especially level 2 research questions).
- Depending on the topic, experts may need to cover different geographical locations; for example, different country- or city-level perspectives.
- In the study, it is exactly the rich mix of different experiences, views and observations that will help to ensure that the results are comprehensive and multi-layered.
- It is always better to try to find experts who are directly involved with the topic under study; for example, a front-line worker or ethnographer, rather than someone who is involved at a political or administrative level. However, sometimes an agency manager is well-placed to collate and report on all the information they have.
- Sometimes, a particular doctor, police officer or

researcher is the one that gets invited by default to all meetings, because that expert is widely considered to be the 'key figure in the drugs field' at national level. However, if that key expert does not bring any additional value to the topic being studied, the coordinator should not feel obliged to invite that expert. In other words, do not invite experts 'by default' just because of their reputation.

- Potential experts to be invited will be discussed by the team in an ongoing way. A routine review of who has accepted is important, as any gaps in topics or angles covered can be identified and a new expert invited.
- A simple table of experts that includes details of their nationality, area of expertise, institution and contact

information is included in the expert meeting planning form (Appendix 2). This helps to keep track of experts and ensure that all of the important angles are covered.

- Around 10-15 experts is optimal.

Case study example 4 — Selection of experts

For the 2016 trendspotter study on PDU and NPS, 17 experts were invited with the following characteristics:

- At least one participant representing the topic areas of the study. The final selection of experts included those with expertise in the following: PDU and NPS; harm reduction and NPS; alcohol, drug, homeless services and policy; drug policy trends and patterns; drug trafficking; drug availability and prisons; city-level monitoring of NPS; forensic drug analysis; advocacy/EU project; supply/legal issues; slamming; and hospital emergencies.
- The countries represented were the Czech Republic, Germany, Ireland, France, Latvia, Hungary, the Netherlands, Slovenia, Finland, Sweden and the United Kingdom.

3

Planning

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Online expert survey
Additional methods
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Conclusion presentation

Reporting

Report writing
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CHAPTER 3

Data collection and analysis (phase 1)

Key data sources and methods for the study have been identified in the planning process. During this phase, the information gathering begins.

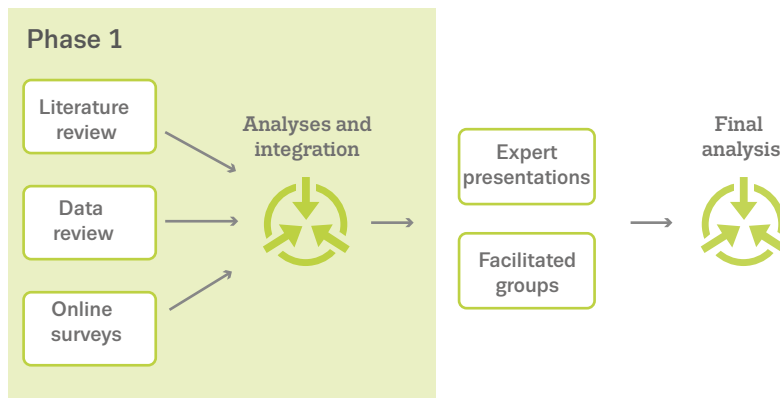
The first phase of data gathering and analysis involves the use of both qualitative and quantitative methods by the team and concludes with a preliminary analysis of results. Three mandatory methods are implemented in this phase: a literature review, a data review and an online expert survey (Figure 3). Further optional methods may be used as appropriate.

During this phase, the analysis also begins with the team processing, managing and organising the data collected. The final analytical output of this phase is a team presentation, in which the main findings are summarised and presented to the expert meeting according to the themes and study framework.

Literature and data review (mandatory)

The literature and data review provides an overview and analysis of available statistics and documentation relevant to the topic. It is an essential starting point, but

FIGURE 3
Data gathering methods used in phase 1



is necessarily limited in scope, given that the focus of the study is primarily on new developments. The literature and data review also provides an overview of knowledge gaps and uncertainties in the subject of interest.

- Before the start of the literature and data review:
 - » the list of themes should be agreed upon and the research questions should be identified (see 'Identification of main themes' and 'Brainstorming of research questions for each theme', page 17);
 - » it is important to define responsibilities before the start of this task. The review can be undertaken by one team member, or different themes can be explored by several team members.

Literature review

- The literature review includes scientific publications as well as grey literature such as government reports, working papers, specialised magazines and news articles.
- Examples of possible scientific databases include PubMed and Web of Science. Google Scholar and Wikipedia can also provide useful entry points into scientific and grey literature.
- The trendspotter methodology is typically used to investigate emerging patterns and tendencies, and it is therefore important to limit the scope of the review rather than undertake a systematic research on the topic.
- Further recommendations.
 - » It is important to keep track of key search terms and databases searched. This will facilitate report writing during the final stage

of the trendspotter study and retrieving literature for further analysis.

- » Using reference management software, such as Endnote or Zotero, can be useful for sorting, organising and referencing when writing, in particular when different team members are involved in the literature and data review.
- » Each area that is reviewed results in a short paper with references. These can then be drawn on for the final report.

Data review

- Where appropriate, existing epidemiological data sets may prove to be a useful source of information on recent trends and emerging patterns.
- Existing data sets should be reviewed and analysed on the basis of the research questions.
- Both European and national routine monitoring data are available through, for example, the EMCDDA Statistical Bulletin. However, when a new phenomenon arises, the time lag between data collection and publication may mean that the information available is often not timely enough to help understand new and emerging trends.
- Additional data sources may be available at a national or regional level, including data from nightlife surveys, local monitoring, drug checking, wastewater analyses, hospital emergencies, etc.
- Results from the data review need to be combined with those of the literature review when they focus on the same topic.

Online expert survey (mandatory)

Before the expert meeting, a detailed questionnaire is sent out to those invited through an electronic survey programme or through direct email. The objective of the online expert survey is to complement the literature and data review and to gather data to start to answer (some of)

the trendspotter research questions. The survey questions generally focus more on gathering validation on data related to level 1 research questions rather than input on level 2 research questions (drivers behind the new trend or new phenomenon).

Conducting literature reviews

The literature review may involve searches in several academic databases (including Google Scholar) (see table). Google and other search engines such as greynet.org are better for searches of grey literature and academic doctoral dissertations; greynet.org has an extensive list of sources for grey literature, categorised by subject. Google News is an excellent tool to use to search for news of an issue in a specific temporal window. In addition, Google Alerts allows alerts to be set up to monitor the web for interesting new content.

Examples of general and specific databases

Bibliographic/general databases	Publisher databases and journal websites	Subject-specific databases
Scopus, ISI Web of knowledge, Google Scholar, EMBASE, JSTOR, ProQuest	ScienceDirect, SpringerLink, Wiley Online Library, Oxford Journals	Medline, PsychINFO, MathSciNet, arxiv.org, Sociological Abstracts, EconLit, ERIC, INSPEC
Use to	Use to	Use to
<ul style="list-style-type: none"> ■ Browse for popular and high-quality articles ■ Start the discovery process and find an initial set of papers 	<ul style="list-style-type: none"> ■ Browse journals that frequently publish on your topics of interest ■ Browse journals specific to your specialisation 	<ul style="list-style-type: none"> ■ Look up articles in a specific discipline ■ Do in-depth research on a topic ■ Look for articles on obscure or niche topics

Source: editage.com

Other specific operators include Google, PubMed, Scopus, ISI WOS, ProQuest, PsycINFO, and Science Direct — (see the list of academic databases and search engines on Wikipedia).

- The survey should be mandatory for the experts invited to the meeting.
- Surveys are constructed and questions are developed according to the study themes and research questions ('Identification of main themes' and 'Brainstorming of research questions for each theme', page 17).
- The survey questions cover all themes of the study.
- Recommended electronic survey programmes are SurveyMonkey and LimeSurvey.
- The survey can be developed by one trendspotter team member, but it is important to consult the other team members, as they may have different insights into or knowledge on the trendspotter study topic.
- The online expert survey can aim to gather both qualitative and quantitative information.
- The questionnaire should start with an introduction to the trendspotter study, including the objective of the trendspotter study as well as clear survey instructions (e.g. information on what is outside the scope of the survey).
- The survey should be short, with a maximum of 15 questions, preferably mostly multiple-choice questions and only some open questions.
- The survey answers are analysed along with the findings derived from the literature and data review (integration).
- See Appendix 6 for an example of the survey from the 2016 EMCDDA trendspotter study.

Additional methods (optional)

Alongside the two mandatory methods, further optional methods may be applied in a trendspotter study. The use of additional methods — e.g. targeted surveys, internet snapshots, key informant interviews, social media

monitoring — will depend on the topic of the study, the themes and research questions identified, and the (human and financial) resources available.

- Surveys with other relevant expert groups can be a very useful additional data collection method; examples include groups with particular knowledge on a specific theme of the study topic, such as a specialised group of practitioners (e.g. doctors in treatment centres, nightlife prevention workers), drug users, researchers or law enforcement representatives. In all cases it will be important to start the questionnaire with an introduction, including a brief description of the objective of the trendspotter study as well as clear survey instructions and how the results will be used. The online survey sent to the invited experts can provide a useful starting basis for the development of the survey for particular expert groups.
- Internet snapshots can be a useful tool, but they require the use of a standardised methodology. Less formal approaches might include an exploration of forums or specialised websites to help explore and understand different aspects of the topic under investigation. In some areas this might include searching both the surface web and darknet markets.
- Social media may also provide useful information. Services such as Twitter and Facebook can be used in the information gathering phase to identify potential signals and trends.
- If resources allow, it is also possible to commission new analyses for this phase. For example, in the 2016 study, the EMCDDA commissioned a targeted data review by the European Drug Emergencies Network (Euro-DEN) project on drug-related acute toxicity presentations to emergency departments across Europe.

Analysis

Analysis is a continuous process throughout the study and is based on routine team discussions as well as structured use of the data collected. To organise and simplify the process of data analysis, grids are developed (see 'Team summary presentation', page 32, and Appendix 7).

The most important point to make here is that any data management option used should allow comparison and triangulation in a clear and usable manner.

- Triangulation of data sources checks for congruence/confirmation (whether findings from different sources agree) and for complementarity/completeness (whether one set of findings complement and expand on those from other sources).
- Triangulation is important to reduce bias, ensure validity, improve accuracy, increase confidence in results, offset weaknesses of a particular source and provide stronger inferences.

- The information resulting from the literature and data review as well as the surveys has to be summarised for each theme investigated.
- The combination of the different data sources provides the basis and input for the preliminary results of the study. These are presented at the expert meeting (team summary presentation) and expanded with input from expert presentations and facilitated groups during the meeting.

Use of an 'analysis grid' (optional)

In the EMCDDA trendspotter studies, an 'analysis grid' is a table used to compile results (primarily those of a quantitative nature) that are reported from the different data sources. The data are summarised according to the study framework for easier and more accurate analysis and triangulation.

Case study example 5 — Working with analysis grids in the trendspotter study on NPS and PDU

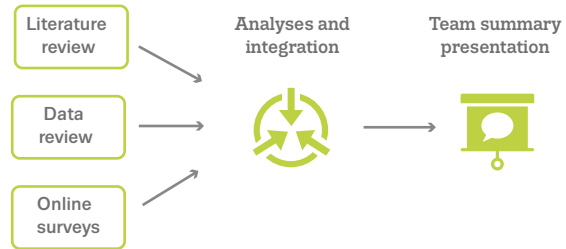
Several weeks before the expert meeting, and while the data gathering was ongoing, compiling the results in the analysis grid was initiated. Each reported case of a specific NPS user group (PDUs/injecting drug user, marginalised population, MSM/slammers, prisoners) was recorded into the grid by country, along with which substances were present and what harms had been recorded. A colour scheme helped to differentiate between the various sources: literature, EMCDDA national focal point, EMCDDA trendspotter network

and the experts invited to the study meeting (see Appendix 7).

From the resulting analysis grid and triangulation with results from the literature review, EU maps were constructed to better visualise the results. These results were organised into key points by theme and then presented in the team summary presentation at the expert meeting.

- The main purpose of an analysis grid is to facilitate the analysis and to compile in one single file all the results of the data gathering exercise, namely the findings of the literature and data review and the survey results.
- Typically, the layout of the grid has the data sources in the first column and the variables of the study framework along the top row. The data collected are placed within the cells.
- Evidence weighting (giving more weight to stronger data and discarding/downplaying weaker data) can be applied to the data collected and be part of your analysis. It is important to use clear criteria to assign weight. Examples of weighting factors can be the reliability of the source (e.g. published information versus media articles) or the reliability of the evidence (e.g. something observed versus something just heard).
- The analysis grid can help to create infographics, such as heat tables or maps to better visualise the results.

FIGURE 4
Team summary presentation process



The final team summary presentation will be given at the expert meeting (see also Chapter 4).

Team summary presentation

The team has to put together a presentation that summarises their main findings and pulls together the results of the literature and data reviews and online expert survey (Figure 4). Generally, the presentation is practised and consolidated at one of the regular team meetings several weeks before the expert meeting. This allows the initial results of the data gathering to be presented within the team and provides an opportunity for the whole team to discuss and develop hypotheses for the drivers behind the new trend, for example. Generally, the team summary presentation is structured by themes that were analysed during the phase 1 data gathering exercise. Information on the main level 2 research questions (one level up) will be gathered during the expert meeting and presented in the conclusions presentation (see page 37).

4

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Report writing
Launch and dissemination

CHAPTER 4

Data collection and analysis (phase 2): the expert meeting

This phase is a key component of the trendspotter methodology, using a combination of methods within a meeting setting, with the aim of getting a multi-perspective insight from individual experts from a wide range of fields. The meeting also provides the opportunity to validate and fine-tune the findings of the team's own research and data gathering, as well as to bring the findings together into a coherent overview on the topic of study. Importantly, this phase involves a second data gathering exercise, using expert presentations and facilitated groups to gather insight to particular broad questions (level 2 research questions — drivers, implications, challenges, etc.) (Figure 5). Towards the end of the expert meeting,

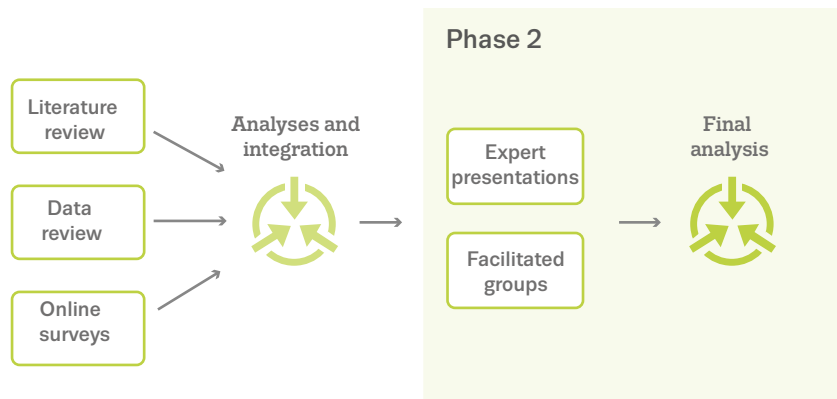
the trendspotter team shares its findings in the form of the team presentation developed earlier and finishes the meeting with the conclusions presentation.

Planning the expert meeting

Ideally the meeting will last for 1.5 days, although it can be limited to a single day.

The first (full) day is dedicated to expert presentations and facilitated groups. The second (half) day will include feedback from the facilitated groups, the team presentation

FIGURE 5
Data gathering methods used in phase 2



with the results of the data gathering from phase 1 and, finally, a conclusions presentation (page 37). It may be that, because of the professional engagements of the experts or limited financial resources, the meeting can only last 1 day. In this case, it is important to organise the agenda accordingly and allow enough time for crucial methodological steps to be included in the timing (see page 37).

Prior to the meeting

- The team needs to send invitations to experts well in advance of the meeting.
- The meeting agenda (Appendix 3) and guidelines for expert presentations (Appendix 4) need to be sent out, including a reminder about the length of presentations (including maximum number of slides), the requirement to send presentations at least some days before the meeting, and a note about the tight schedule of the meeting.

Day of the meeting

- The last team meeting before the expert meeting should be dedicated to fine-tuning the preparations and the team members' participation during the expert meeting. Tasks to be assigned include note-taking during the meeting, assisting with timekeeping and facilitating groups. It is also the time to agree on the composition of the facilitated groups, the facilitators, the set of questions for each group, and so on.
- At the start of the meeting, it is important to briefly explain the trendspotter methodology and the experts' role within this methodology.
- If the expert meeting takes place over 1.5 days, a social event (i.e. dinner) should be planned for the end of the first day to help continue the discussion and provide

an opportunity to further develop rapport with experts. If the expert meeting takes place only over 1 day, some time should be allowed for experts to socialise and interact with each other.

- The priority of the meeting is to gather as much information as possible from the experts rather than showcase the team's knowledge on the topic. The members of the trendspotter team need to be briefed to not interfere during the meeting but rather to listen carefully to the experts and facilitate discussions and not come in too early or at all with their own opinions.
- Colleagues not involved in the trendspotter study may also want to attend the meeting. It is important that their role remains as observers and not as contributors to the discussions and they should be briefed on this beforehand.
- It is crucial that the trendspotter team is perceived as neutral and unbiased by the experts to allow open discussion at the meeting.
- It is recommended that the chair asks that information provided and discussed within the meeting stay confidential, with no social media posts, tweets, etc. of what is being discussed. The reason for this is that this is a working meeting, one that forms part of a study, and participants need to feel safe to discuss topics without fear of being individually cited.
- It is advised that someone from the team assists the chair with time-keeping and floor management. The EMCDDA uses a yellow and red card system (with some humour), whereby the assistant holds up the yellow card at 8 minutes into the presentation and the red card at 10. It is of course important to remain flexible with this system and to avoid interrupting the expert during important points or closing remarks.

Expert presentations

All experts give short presentations on day 1 of the meeting. Experts are sent guidelines on presenting in advance. The aim of the guidelines is to keep the presentations brief and structured, and to maintain the focus of the discussion on the study itself and on the area of expertise of the particular expert.

- The best order of expert presentations, by topic (e.g. supply and production-related presentations, health-related presentations, etc.) or mixed, needs to be given some thought.
- Additional time for a couple of questions should be reserved after each presentation; however, these questions should be about clarification and not lead to an overall discussion on the topic.
- About 15-30 minutes should be allocated for general discussion after each series of topical presentations.
- Team members taking notes on the experts' input is crucial, as it provides additional information that can feed into the conclusions presentation.

Facilitated groups

The second part of day 1 is dedicated to facilitated groups. The participants are divided into two or three groups according to the number of experts invited, with two facilitators from the team in each group. One team member will facilitate the group and the other will take detailed notes.

- Groups can be mixed or have professional backgrounds in common. Both topical and mixed facilitated groups have advantages and limitations. The

trendspotter team needs to decide which composition will work best.

- Often, each group will receive the same set of questions that has been prepared before the meeting (Appendix 5). Sometimes, however, questions will vary (e.g. market-related questions to a law enforcement group).
- Questions are generally level 2 in nature (one level up — drivers, dynamics, implications, challenges, implications, etc.) compared with those that have already been reviewed during phase 1 (level 1 questions). These questions are crucial for the conclusions presentation.
- The facilitator needs to ask one of the experts to act as a rapporteur. It is important to do this at the start so the rapporteur can make notes.
- At the end of the group session, it is helpful if the facilitator summarises the main findings to assist the rapporteur.
- After the facilitated group sessions have finished, the rapporteurs present the feedback in plenary.

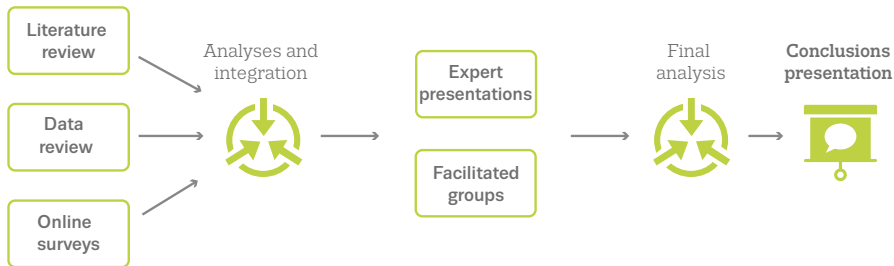
Usually, at the expert meeting, one of the team members presents the team summary right after the feedback from the facilitated groups. Depending on the topic or the time available, the team summary presentation may, however, be given earlier in the meeting, after the presentation of the trendspotter methodology.

Conclusions presentation

Towards the end of the meeting, the team members need to meet briefly to discuss the outcomes from the facilitated groups and expert presentations on the key questions of the trendspotter study, and to draft a conclusions

FIGURE 6

Conclusion presentation process



presentation (Figure 6; see also Chapter 1). This discussion on the conclusions presentation can be held at the end of day 1 (if it is a 1-day meeting, then possibly during the last 30-minute coffee break), but importantly, it takes place after the expert presentations and facilitated groups.

TIPS Think of the conclusions presentation as an ‘elevator speech’ that you need to give to a politician in a short period of time. You may therefore structure it according to headlines such as: ‘What is happening?’, ‘What are the drivers?’, ‘What are the challenges?’ and ‘What are the implications for policy and practice?’

- The conclusions presentation summarises key study findings, building on the phase 1 analysis plus expert presentations and common threads in discussions from the facilitated groups (level 2 questions).
- The presentation should be relatively short (maximum 10 slides).
- After the presentation is made (by the team leader or another team member) time should be set aside for a final round table and general discussion with all participants to provide a last opportunity for remarks and clarification. These discussions can be vital in forming solid and coherent conclusions on the overall topic of investigation for both the trendspotter team and the experts.

Case study example 6 — Data gathering and analysis at the expert meeting

For the 2016 trendspotter study, 17 experts were invited. They were contacted between August and September.

The agenda for the event and the guidelines for the experts' presentations were prepared a month before the event. The aim of the guidelines was to keep the presentations brief and structured on the topic of study. Experts were asked to focus on their area of expertise and organise their presentation around the following points:

1. main PDU groups using NPS in your city/country (e.g. injectors, prisoners, MSM, homeless);
2. patterns and trends in problem drug users and NPS;
3. main NPS substances/products used;
4. associated harms and deaths;
5. sources/supply of NPS;
6. external triggers linked with the new use or changes in use patterns or stopping use;
7. unmet need for health and social interventions.

After the round of presentations, the experts were divided into three groups with two EMCDDA facilitators/observers in each group. Questions were prepared in advance, based on the study themes and research questions best answered in this group setting. For the

trendspotter study on HRDU and NPS the following questions were asked:

- What clusters of PDU/NPS use can be identified in Europe, for example, linked with opioids, prisons, etc. (please detail/draw)?
- How might we describe the role of NPS in the overall PDU market — a major product, replacement, minor player?
- Do different NPS (opioids, cathinones, cannabinoids) play different roles in national problem drug markets — what are these?
- What lies behind, and is fuelling, the different European clusters of problem NPS use?
- What new and emerging trends are observable in this area?
- How would you characterise the main information gaps and monitoring challenges in this area (at the European and national level)?
- Responses — what implications do you see for health and social responses?
- Overall, how concerned should we be about problem use of NPS in Europe — a relatively minor issue or a growing threat and priority area?

The key findings of the focus group were gathered by a rapporteur (one expert was nominated in each facilitated group) who presented a summary in plenary.

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CHAPTER 5

Reporting

Pulling together the results of phase 1 of data gathering (i.e. the analysis grid and summary presentation) with the results of phase 2 (i.e. expert meeting and conclusions presentation) the team prepares a final report on the study. It is important to develop a dissemination strategy to make sure that the final output reaches as many potential targets as possible.

The final report should be available within 2-3 months of the expert meeting and should be concise — around 15-20 pages. It needs to cover the methods used in the study, the main results of the analysis and a summary of the conclusions.

Report writing

The team member assigned to the report writing task should be identified early in the planning process and, once the expert meeting is over, they will need to coordinate all the different inputs from the team including the final data check and analysis.

- All team members who undertook literature reviews and analyses will be asked to rapidly provide short summaries (one to two pages for their area) so that the report writer can collate these. Original literature reviews will need to be supplemented by any new data gathered at the meeting. Important new findings from

the presentations and the facilitated groups need to be incorporated.

- The report will need a methods section explaining the study process and analysis. Refer to published EMCDDA reports for examples.

Where the literature has been used, a reference should be cited in the report. Where data comes from expert opinion, this can also be included. For example, 'A law enforcement expert told ...' or 'Information from user advocacy groups suggests ...'

- Experts are thanked by name in the acknowledgements but not cited as individuals in the text.
- The time needed to complete the report will vary depending on the resources allocated as well as the final format it will take.
- The report needs to be short to be published within the timeframe.
- A draft of the report will need to be reviewed both by all trendspotting team members and by the participants of the expert meeting.

Launch and dissemination

During the planning process, it is important to identify the dissemination strategy and launch plans for the final report.

- Suggestions for dissemination:
 - » Rapid communications and other reporting mechanisms (other institutional publications);
 - » publications in peer-reviewed journals, web content, social media outputs, etc.;
 - » specific launch event (conference or dedicated event).

Case study example 7 — Report writing

For the 2016 trendspotter study, the work on the report started immediately after the expert meeting. Each trendspotter team member was asked to provide the results of their own thematic literature review and a summary of the main points. The team leader, with the assistance of an intern, developed a first draft which was then circulated for feedback, first among the trendspotter team and then, in a second round, to the participants of the expert meeting. Comments were incorporated, and after a second round of review among the trendspotter team, the final document was sent for production after the final approval of the Scientific Director. The report was developed as a downloadable PDF file, which could be printed and also uploaded onto the EMCDDA publication website.

Appendices

APPENDIX 1

Planning form template

Topic for the study

Rationale

Aim

Objectives

Themes

Research questions

Team members' roles

Proposed methods

Proposed outputs

APPENDIX 2

Expert meeting planning form template

Expert meeting

Location

Proposed date

Available budget

Expert invitees

	Name	Nationality	Area of expertise	Institution	Contact details
1					
2					
3					
4					
5					
6					

APPENDIX 3

Expert meeting agenda template

AGENDA

Date (time)

Morning session

- 08.30-08.45 Registration
- 09.00-09.30 Welcome and introduction to trendspotter methodology
- 09.30-10:30 Expert presentations (number of presenters)
- Names of presenters (organisation names)

Time (30 min) Coffee break

- 11.00-12.30 Expert presentations x 6
- Names of presenters (organisation names)

- 12.30-12.45 Discussion

Time (75 min) Lunch break

Afternoon session

- 14.00-15.30 Expert presentations x 6
- Names of presenters (organisation names)

Time (30 min) Coffee break

- 16.00-17.30 Facilitated working groups (number of groups)

19.30 — Social event

Date (time)

- 09.00-10.00 Feedback from facilitated groups in plenum
- 10.00-11.00 Summary of presentation by trendspotting team

Time (20 min) Coffee break

- 11.20-11.40 Round table
- 11.40-12.30 Conclusion presentation by trendspotting team

APPENDIX 4

Guidelines for expert presentations template

Guidelines for presentations for (insert study title)

Timing of presentation: (time)

Number of slides: (number)

Find below suggested indications for your presentation.

Please focus on your area of expertise:

1. Example: Main problem drug use groups using new psychoactive substances in your city/country (e.g. injectors, prisoners, men who have sex with men, homeless).
2. Recent patterns, groups and trends in use of 'name of substance' in your city/country.
3. Supply and trafficking of 'name of substance'.
4. Harms and deaths associated with 'name of substance' and health responses.

Definitions used in this meeting

Study topic — the trendspotter study will focus on:

1. Topic area
2. etc.

We are not focusing on — (excluded topic areas)

Please send a copy of your presentation to (name of contact person and contact details) by (date)

APPENDIX 5

Facilitated group questions template

Based on all the presentations you have heard on recent trends in 'name of substance' and drawing on your own experience:

1. What clusters of at-risk user groups can be identified in your country?
(Please detail/draw.)
2. How might we describe the role of 'name of substance' in the overall high-risk drug use market: a major product, replacement, minor player?
3. Do different 'name of substance' products play different roles in the national drug market — what are these?
4. Are we seeing new business models and players in the trafficking and distribution of 'name of substance' in your country?
5. What new and emerging trends are observable in this area?
6. How would you characterise the main information gaps and monitoring challenges in this area (at national and regional levels)?
7. Responses — what implications do you see for health and social responses?
8. Overall, how concerned should we be about use of 'name of substance' — is it a relatively minor issue or a growing threat and priority area?

APPENDIX 6

Trendspotter expert survey template

Dear expert,

Thank you for agreeing to attend the trendspotter meeting on '*insert study topic*'.

We are asking all attendees to complete a questionnaire on this topic. The focus is on developments in '*insert study topic*' market occurring in the last two years.

Please answer all questions based on your expert observations in the setting and geographical area where you work.

Definition of study topic: '*insert here*'

Please list the sources of your answers (survey, studies, expert opinion, media, etc.) in the comment boxes.

We would appreciate if you could complete the survey by the '*insert date*'.

Name: (*Survey respondent should insert here their name*)

Country/region/city name: (*Survey respondent should insert here their geographical location*)

Professional background: (*Survey respondent should insert here their professional background*)

'Substance name' supply and use

[1] Have there been changes in the availability of 'substance name' over the last two years?

Please choose only one of the following:

- Strong decrease
- Slight decrease
- No change
- Slight increase
- Strong increase
- Don't know

Make a comment on your choice here:

[2] Have there been changes in the prevalence of 'substance name' use over the last two years?

Please choose only one of the following:

- Strong decrease
- Slight decrease
- No change
- Slight increase
- Strong increase
- Don't know

Make a comment on your choice here:

[3] Which specific groups have recently been associated with 'substance name'?

Please choose (multiple answers possible):

- Socially integrated young adults
- Men who have sex with men (MSM)
- Partygoers/clubbing milieu
- Injecting and/or high risk drug users
- Homeless – highly marginalised groups
- Ethnic minorities/migrants

- Don't know
- Other (please specify):
- No change observed among any specific group

Make a comment on your choice(s) here:

[4] Are there particular patterns of use and particular risk behaviours that are associated with 'substance name' among these groups (e.g. injecting, polydrug use, bingeing, etc.)?

Please write your answer here:

[5] How would you describe the geographical spread of 'substance name'?

- Use is occasional and dispersed across the country (urban and rural)
- Use is restricted to a few clusters in particular regions (primarily urban)
- Use is widespread across the whole country (urban and rural).
- Don't know
- Other (please specify):

Make a comment on your choice(s) here:

[6] Have you noticed any significant overlaps or links between the 'substance name' and other illicit drug markets e.g. amphetamine, heroin, NPS, etc.?

Please comment here:

[7] What market and social factors may be associated with changes in 'substance name' use and availability (e.g. drug shortages, changes in drug availability, drug legislations, product purity, prices, new technologies, etc.)?

Please write your answer here:

[8] Have there been changes in non-fatal intoxications associated with 'substance name' over the last two years?

Please choose only one of the following:

- Strong decrease

- Slight decrease
- No change
- Slight increase
- Strong increase
- Don't know

Make a comment on your choice:

[9] Have there been changes in the number of deaths due to 'substance name' over the last two years?

Please choose only one of the following:

- Strong decrease
- Slight decrease
- No change
- Slight increase
- Strong increase
- Don't know

Make a comment on your choice

In the comment box please also list the sources of the information (survey, studies, expert opinion, media, etc.).

[10] If there have been recent outbreaks of harm/deaths related to 'substance name', please provide more details, e.g. type of product, purity, specific risk behaviours, characteristics of the cases, etc.

Please write your answer here:

[11] Other comments regarding 'substance name'

Please write your answer here:

Thank you for completing this survey.

APPENDIX 7

Analysis grid template

Recent (2 years) changes in 'substance name' market												
Sources	SUPPLY				USE				HARMS			
	Availability	Seizures (Number)	Seizures (Amount)	Purity	General population survey / use	Treatment demands	Drug checking	Waste-water analysis	Non-fatal intoxications	Trends in deaths	No of deaths with 'substance name' mentioned or implicated	
'Your organisation'	n.a.	Strong increase	Strong increase	Strong increase	Strong increase	Strong increase	Increase	Strong increase	n.a.	Increase	n.a.	
Expert 1	Increase	Increase	Increase	Increase	Increase	Increase	Increase	n.a.	Increase	Increase	Stable	
Expert 2	Strong increase	Strong increase	Stable	Increase	Stable	Stable	Stable	n.a.	Stable	Stable	n.a.	
etc.												
Literature review	Strong increase	Strong increase		Increase	Stable	Increase	n.a.	n.a.	Stable	Stable	Stable	
Ad-hoc survey with users	Increase	n.a.	n.a.	Increase	Strong increase	n.a.	n.a.	n.a.	don't know	don't know	Increase	
Other data	Increase	Decrease	Increase	Decrease	Increase	Stable	n.a.	n.a.	Strong increase	Strong increase	40 registered cases in this region	
Local monitoring	n.a.	n.a.	n.a.	n.a.	Increase	Stable	Increase	n.a.		Increase	Increase	
Add any other data sources												
Sources								Methods (example)				
'Your organisation'	Epidemiological indicators, in-house information						Strong increase: ≥ 30 % increase					
Expert	Results of online expert survey						Increase: > 10 % increase and less than 30 %					
Literature review	Results of media and grey literature						Stable: ≤ 10 % rise or reduction					
Other	Results of ad hoc surveys (e.g. treatment centres)						Decrease: > 10 % reduction and less than 30 % reduction					
Local monitoring	Drug-checking services or drug consumption rooms						Strong decrease: ≥ 30 % reduction					

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About this publication

This publication is a user-friendly guide, taking the reader, step by step, through the trendspotter methodology developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to explore emerging drug trends, new patterns of use, developing drug markets and technologies. The trendspotter method involves the rapid collection and triangulation of data from a variety of sources, incorporating multiple social research methods, and drawing on rapid assessment and response methods. This manual is aimed at national and international agencies and organisations working in the drugs field, including research groups, community organisations, government agencies or professionals interested in applying the trendspotter methodology to rapidly identify, assess and inform about emerging drug trends.

About the EMCDDA

The EMCDDA is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

