

How drug information systems contribute to enhance preparedness

Strengthening Europe's Responses to Emerging Drug Trends

Colophon

Title: How drug information systems contribute to enhance preparedness

Author(s): Lavinia Stegemann, Nadine van Gelder, Daan van der Gouwe, Laura Smit-Rigter

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Acronyms & Abbreviations

C-EHRN	– Correlation - European Harm Reduction Network
EU	– European Union
EUDA	– European Union Drug Agency
NPS	– New psychoactive substances
PWID	– People who inject drugs

EXECUTIVE SUMMARY

This report provides an overview of the current drug-related developments and emerging threats in Europe, as well as recommendations and best practices to enhance preparedness in EU Member States. It emphasizes the need for a synchronized approach, improved drug information systems, strengthened threat assessment capacity, and more effective response interventions.

The analysis reveals several key trends in drug use, drug markets, profiles of people who use drugs, and societal developments. It highlights the increased use of substances such as cocaine, methamphetamine, nitrous oxide, and off-label medicines. The availability and purity of cocaine have risen, while cannabis prices and adulterations have changed. Furthermore, societal developments include the opening of harm reduction services and discussions on drug policy reforms.

This report identifies gaps and challenges in national drug information systems and response interventions based on expert interviews. It highlights the limitations of existing monitoring tools in detecting new signals, the lack of coordination and information exchange across domains, and the absence of formalized response protocols. Stakeholder involvement, timely information access, and improved coordination are crucial for effective response development.

To enhance preparedness, the report offers recommendations and best practices in three key areas. Firstly, strengthening drug information systems is advised through investment in innovative monitoring tools, engagement of a variety of experts, and improved access to information from field practitioners. Secondly, enhancing threat assessment capacity requires increased investment, formalized coordination, and the inclusion of all relevant stakeholders in information exchange systems. Lastly, improving and implementing response interventions involves revising communication protocols, formalizing responses, broadening stakeholder engagement, and investing in strategic and coherent national-level responses.

In conclusion, EU Member States possess valuable information on drug-related developments, but a more coordinated and evidence-informed approach is needed. Synchronized use of monitoring tools, formalized information exchange, and cross-border collaboration will contribute to more accurate threat assessments and tailored response interventions. By implementing the recommendations and learning from each other, Member States can better address the challenges posed by emerging drug-related threats.

01 INTRODUCTION

The growing complexity of the drug phenomenon poses a serious challenge for EU Member States. Every Member State has its drug information systems and response interventions to monitor ongoing developments, identify and interpret change signals, assess related harms caused when no action is being taken, and respond timely and accordingly to prevent further harm (figure 1).



Figure 1. Schematic overview of the overall structure of national drug information systems required to develop and implement response interventions.

On a European level, several reports on ongoing developments and new drug trends are published by the European Union Drug Agency (EUDA, formerly EMCDDA) every year. Each year, the agency's unique information system of Reitox National Focal Points reports ongoing developments observed at the EU Member State level and on the wide range of monitoring tools used for trend spotting.

In addition, the Focal Points of the Correlation - European Harm Reduction Network (C-EHRN) report annually the new drug trends that are being reported by their city Focal Points throughout Europe. Together, this information is being used to better understand Europe's current situation and develop and implement appropriate response interventions.

In the past decade, several innovative, more real-time qualitative and quantitative monitoring tools have been developed and proved to be a great asset for threat assessments and the existing monitoring systems because of their sensitivity to detect early and local signs of change.

In European public policy, more recently, strategic foresight has been implemented to enhance preparedness to possible emerging trends.¹ Together, these tools could help EU Member States improve their drug information systems and develop and implement more accurate response interventions nationally.

To what extent EU Member States are prepared for the challenges in the drugs domain ahead of us remains to be determined. For certain, these challenges demand a more synchronised approach within and across EU member states concerning the deployment of different monitoring tools to detect and interpret trends in the drugs field.

¹President von der Leyen has mandated Vice-President Šefčovič to lead the Commission's efforts to embed strategic foresight into its work.: https://commission.europa.eu/strategy-and-policy/strategic-planning/strategic-foresight_en

This includes whom to engage in information exchange structures and how to develop and implement coherent responses meeting the needs of the target audience.

AIM & RESEARCH QUESTIONS

This report presents the outputs of the second work package of the DRUG-PREP project.

This work package assessed the current preparedness for emerging drug-related threats across EU Member States and identified and exchanged recommendations and best practices to strengthen drug information systems, threat assessment capacity and response interventions.

In line with this goal, two research questions have been formulated:

1. What is the current situation in Europe regarding drug-related developments and emerging threats?
2. What recommendations and best practices can we identify to enhance the preparedness of drug information systems, threat assessment and response interventions at the national and European levels?

METHODOLOGY

Assessment of the current situation in Europe based on desk research of the available literature and additional questionnaires.

To structure the desk research, four themes were defined that describe the current drug situation in multiple dimensions based on the concept of drug, set and setting developed by Zinberg in 1984.²

1. Patterns in drug use
2. Drug markets
3. Profiles of people who use drugs
4. Societal developments

Information was summarised and categorised according to the above-mentioned themes. To cross-check all developments identified in the available literature and to complement the overview with additional developments that were perceived as the most important developments over the past two years on a national level, we sent a questionnaire (see appendix) in the spring of 2022 to all 29 EMCDDA Reitox National Focal Points plus the UK.

The data were summarised according to the above-mentioned themes. For the nine non-responding countries, a summary was compiled of selected developments from the most recent Reitox annual workbooks (2020 and 2021); one of the annual reporting tools used for internal information exchange between Focal Points and the EMCDDA.³

Similarly, C-EHRN provided data on the most important developments from the latest report of their annual monitoring activities on harm reduction services and new drug trends. The data collection covers 35 C-EHRN Focal Points - mainly harm reduction service providers - representing cities from 34 countries.⁴

² Zinberg, N. E. (1984). Drug, set, and setting: The social bases of controlled drug use. New Haven, CT: Yale University.

³ EMCDDA REITOX workbooks (2020, 2021).

⁴ Rigoni, R., Tammi, T., van der Gouwe, D., Moura, J., & Prins-Schiffer, K. (2022) Civil Society Monitoring of Harm Reduction in Europe, 2021. Executive Summary. Amsterdam; C-EHRN.

In-depth country interviews with key experts in the drugs domain

To obtain best practices and recommendations from EU Member States regarding existing national drug information systems, threat assessment systems and response interventions, a series of in-depth interviews were conducted by the partners of the six participating project countries of the DRUG-PREP consortium (Belgium, Czech Republic, Finland, Ireland, the Netherlands and Portugal). The experts consisted of key informants from policy, research and practice on a national level.

An interview protocol (see appendix) was developed with the consortium. In total, 30 experts (four to six per country) were interviewed for 45 to 60 minutes. Outcomes were summarised in country reports based on the interview reports. Based on the reported gaps and challenges, several best practices and recommendations were selected which the DRUG-PREP project team also considered relevant for other EU Member States.

Qualitative data analysis

Qualitative data analysis on the data gathered from the desk research documents and questionnaire outcomes was conducted using MAXQDA software, and thematic analysis was performed via a combined deductive and inductive approach, using the above-mentioned four themes as codes. During coding, certain sub-themes were added when considered prevalent (such as 'increased drug use' under Patterns in drug use, 'adulterations' under Drug Markets, and 'COVID-19 impacts' under Societal developments).

The results were then summarised for each theme, and in-group agreement among the DRUG-PREP project team was reached regarding the most important developments in Europe. The expert interviews' written reports were subsequently coded via the same coding system.

02 RESULTS

OVERVIEW OF THE CURRENT DRUG SITUATION IN EUROPE

This section presents an overview of the most important drug-related developments and emerging European trends published over the past two years based on desk research and additional questionnaires. Articulated in themes and summarised in Figure 2, this overview provides EU Member States with an understanding of the current situation that sets a precedent for identifying possible emerging trends in the short term.

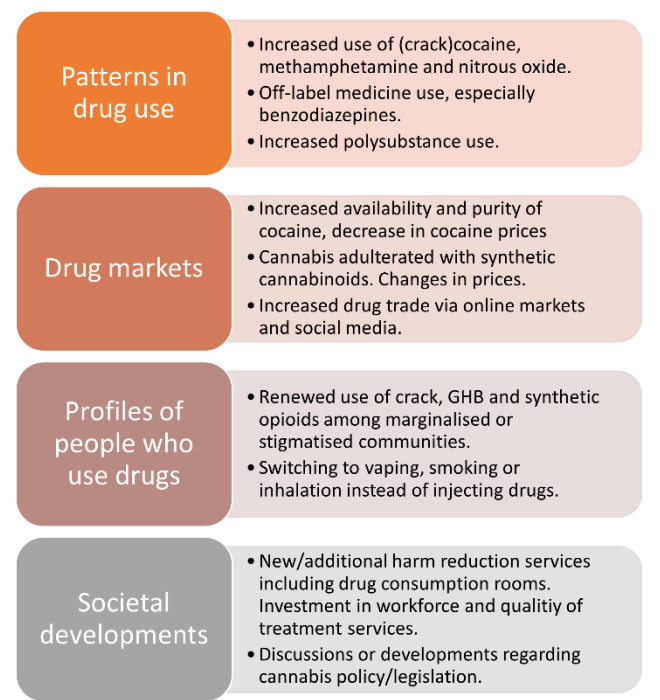


Figure 2. Overview of the most important drug-related developments in Europe over the past two years per theme.

Patterns in drug use

An increase in the use of (crack) cocaine, methamphetamine and nitrous oxide has been notified as an important development in Europe. Another notable development includes the emergence of off-label medicine use, especially (counterfeit) benzodiazepines. An important change in drug use that has been mentioned several times concerns the increased use of several drugs simultaneously, also known as polysubstance use.

Drug markets

Overall increased availability of cocaine is noted in Europe, alongside increased cocaine purity and reduced prices for cocaine in parts of Europe. Regarding cannabis, changes in cannabis prices and adulterations of cannabis with synthetic cannabinoids have been notified. Also, other ‘traditional’ drugs are occasionally adulterated with different new psychoactive substances (NPS). Lastly, increased drug trade via online markets and social media has been considered a notable development in parts of Europe, as well as increased seizures of mainly stimulant-type substances.

Profiles of people who use drugs

Several changes in patterns of substance use have been noticed, particularly among marginalised or stigmatised communities, such as (street) opioid users, people who engage in chemsex, people who inject drugs (PWID), and populations from rural/segregated areas. These include a renewed use of crack cocaine, GHB/GBL, and synthetic opioids.

Regarding routes of administration, switching to vaping, smoking or inhalation among PWID is observed. In some countries, a new phenomenon among people who inject drugs includes the injection of cathinones.

Societal developments

Important societal developments concern the introduction of new or further development of existing harm reduction services, including drug consumption rooms, naloxone provision, and low-threshold and integrated services. Also, several countries report investments in treatment services by means of workforce and quality and expansion of care.

The Covid-19 pandemic has been mentioned several times as a driver for these changes. The most important drug policy developments include ongoing discussions or developments in legislation for cannabis consumer markets and (relatively) new substances being subjected to control measures, such as nitrous oxide.

GAPS & CHALLENGES IN NATIONAL DRUG INFORMATION SYSTEMS

The in-depth interviews in six European countries with key experts on the domains of research, policy and practice, were used to identify the most important gaps and challenges regarding national drug information systems and response interventions and to select recommendations and best practices for other EU Member States.

There is a general agreement that being prepared for new, currently unknown or unexpected drug-related threats remains a challenge.

The current monitoring and surveillance tools that national drug information systems have access to are often too slow to detect new signals. Resources to invest in innovative monitoring tools are often lacking.

According to experts, trend detection and information exchange often depend on only a few individuals and their (inter)personal networks. This may mean that certain personal convictions can pose a larger mark on what information is being shared or that specific expertise is lost once an individual expert is not involved anymore.

The respondents have expressed a general wish to structurally improve access to information from field practitioners to collect and interpret early (local) change signals. Although such information may often be informal and anecdotal, it can complement existing monitoring and surveillance data. Still, there are remaining struggles to differentiate between 'signal' and 'noise', and thereby to determine what is an actual upcoming trend.

Experts frequently mentioned a perceived lack of overall formal coordination across domains (health, social, justice) regarding information exchange. The current 'regular' information exchange networks may be too slow and too focused on quantitative data to assess related harms caused when no action is being taken and to inform adequate responses.

As illustrated by the quote below, it remains complicated to deliver monitoring results to relevant experts and policymakers, incorporate them into policies, and respond adequately to target groups.

“The monitoring centres’ output is not well ‘translated’ towards politicians, there is a gap between what monitoring centres produce and what is projected into the national policy. So the problem is in the interface, who sees the problem and pays attention to it, and how it leads to the response, how to deliver that to target groups.”

- interviewed expert from the Czech Republic

As explained by the experts, responses are often decided on per case or incident and usually, no response protocols are in place. There is a need for formalised responses, less based on differing priorities among different domains and personal considerations. This requires a broad range of stakeholders (including specific populations and frontline service providers) to be systemically involved in the decision-making process concerning adequate and evidence-based responses for meeting target audience needs.

Experts acknowledge the importance of being careful when and how broadly or publicly a response to a signal is deployed towards a general public due to the risk of adverse effects. Most respondents indicate that the media and politicians influence which phenomena receive attention and how and which responses are requested and formed.

Finally, responding to a new signal seems more easily arranged locally. Still, a more orchestrated approach is needed to develop a strategic and coherent response on a national level. The systematic involvement of a broader range of stakeholders is necessary for interpreting signals and developing responses. Therefore, periodic consultations with advisory panels should be integrated in the approaches applied by national drug information systems. However, this is often not the case currently.

03 RECOMMENDATIONS & BEST PRACTICES

The gaps and knowledges were translated into recommendations and best practices to support EU Member States in enhancing their preparedness. The recommendations are based on three pillars:

1. Strengthening drug information systems
2. Strengthening threat assessment capacity
3. Improving and implementation of response interventions

Strengthening drug information systems

For the strengthening of drug information systems the following is recommended:

- Invest in monitoring and surveillance tools that can detect signals of change swiftly.
- Ensure that a diverse group of experts is engaged in the process of trend detection and information exchange.
- Improve information accessibility, particularly for field practitioners, to support the collection and interpretation of early and local signals of change.

During the past decade, the EMCDDA has emphasized the added value of installing complementary real-time qualitative and quantitative monitoring tools to readily routine monitoring and trend spotting systems (figure 3). It is recommended that national governments critically examine their current drug information systems, including the type of monitoring tools in use and the allocations of data collection and interpretation responsibilities.

Already being implemented to some extent

- Wastewater epidemiology
- Syringe residue analysis
- Hospital emergency data
- Web surveys
- Internet and darknet monitoring
- Open-source information monitoring (media screening)
- Drug checking data
- Drug consumption rooms data
- Trendspotter studies

Table 1. Overview of innovative monitoring tools acknowledged by the EMCDDA⁵

During the expert interviews, a number of best practices have been identified to support the provision of more timely information on new and local drug-related threats. Below (figure 3), a few examples have been selected.

Highlighted best practices to identify trends.

Local scale monitoring > can be used to rapidly detect emerging developments through professionals in the field.

Examples: TREND system (FR), Antenna Amsterdam (NL)

Forum and website scraping > for timely information on new emerging drugs online.

Example: Scanner NPS study (EU)

Figure 3. Selected highlights for trend identification

⁵European Monitoring Centre for Drugs and Drug Addiction (2023), The future of drug monitoring in Europe until 2030, Publications Office of the European Union, Luxembourg.

Strengthening threat assessment capacity

The following is recommended for strengthening threat assessment capacity:

- Increase investment in the formalization of national threats assessment systems coordination and align it on an EU level.
- Ensure structural inclusion of all domains and stakeholders through formalized information exchange systems.

Currently, not all national drug information systems have the same capacity for threat assessment. Furthermore, in several EU Member States none of the relevant stakeholders are engaged in formal information exchange systems.

Threat assessment is one of the big pillars noted in the new mandate of the European Union Drug Agency, to come into force in 2024. In order to coordinate an overarching EU level threat assessment framework, all Member States should have their systems aligned.

During the expert interviews, a number of best practices have been identified to support national governments develop fit-for-purpose threat assessment frameworks as shown below (figure 4).

Highlighted best practices regarding threat assessment systems.

Coördinatiepunt Assessment en Monitoring nieuwe drugs | RIVM (NL)
Belgian Early Warning System on Drugs | sciensano.be (BE)

Figure 4. Selected highlights: threat assessment systems

Improving and implementing response interventions

For improving and implementing response interventions, it is recommended to:

- Revise communication protocols and contacts databases to ensure a targeted and effective delivery of monitoring and threat assessment results.
- Ensure that responses are formalised and response protocols are in place.
- Diversify the stakeholders in your communication protocols, to assure that your response interventions adequately reach their target groups.
- Invest in strategic, coherent responses on a national level.

In order to accurately inform the right target audience, a better understanding or inclusion of communication sciences has been recommended. Again, it requires a broad range of stakeholders to develop and implement coherent responses tailored to specific target audiences. Below, a few best practices have been listed (figure 5).

Highlighted best practices regarding response interventions.

Communication protocol for drug alerts> to ensure a coordinated and timely response to acute drug-related health risks.

Example: Trimbos Red Alert (NL)

Effective delivery of information to target audiences> to straighten out rumours and to provide correct information in a direct way.

Example: Street to lab -Kadortalabraan (FI)

Figure 5. Selected highlights: response interventions

04 CONCLUSION

This work package aimed to assess the current preparedness for emerging drug-related threats across EU Member States, and to identify and exchange recommendations and best practices to strengthen drug information systems, threat assessment capacity and response interventions.

In general, EU Member States can already rely on a wealth of information regarding the most important recently reported drug-related developments in their respective countries and in Europe. Still, most responses on a national level are opportunistic rather than evidence-informed, or implemented according to a national strategy.

In order to enhance preparedness to emerging drug-related threats across EU Member States special attention should be paid to the following aspects.

A more synchronized use of information from different monitoring tools and in particular more real-time qualitative and quantitative tools will strengthen national drug information systems and their capacity to assess threats. Strategic foresight activities are to complement the existing monitoring actions so as to extend the existing evidence base by identifying possible emerging threats.

A formal, mandated coordination of different information exchange structures is a minimal requirement, in which stakeholders from different

domains such as civil society and law enforcement are sufficiently engaged. This will strengthen national drug information systems to differentiate between 'signal' and 'noise', and thereby determine what is an actual upcoming trend. In turn, it will help decision-makers to develop and implement accurate and timely responses that meet the needs of the target audience.

In addition to these recommendations that apply to any national situation, EU Member States should also invest in ways to engage in cross-border exchanges in order to learn from each other and to be able to deal with the challenges that are ahead of us.

“Collecting data across indicators is not just about reporting to Europe, it’s about ensuring that we have the tools and mechanisms and reporting structure there to provide the data that we need to plan policy and services in our own country.”

-interviewed expert from Ireland

APPENDIX

A1. Questionnaire to Reitox National Focal Points

DRUG-PREP questionnaire on emerging developments and signals indicating changes in the drugs domain

This questionnaire aims to identify **important emerging developments and signals indicating changes** in the **drugs domain** in your country over the past two years. Please note that this questionnaire is in addition to other research activities including an analysis of the workbooks and the latest editions (2020/2021) of the European Drug Reports of the EMCDDA. Hence if possible, please include answers that have not been published in these reports.

This survey contains six open-ended questions. The domains covered are:

1. Patterns in drug use
2. Drug markets
3. People who use drugs
4. Policies and societal developments
5. Surveillance systems
6. Other developments

For each domain we ask you to describe up to three of the most predominant developments in your country (in a short paragraph or bullet points). We are specifically interested in your observations and qualitative descriptions rather than quantitative data. Please indicate why in your opinion these developments are relevant in order to have a better understanding of the current situation in your country.

Thank you in advance for your cooperation,

The DRUG-PREP project coordination team at
Trimbos Institute, Netherlands National Focal Point

1. Regarding **patterns in drug use**, please indicate what you perceive as the three most important developments in your country over the past two years. If possible, include how local these developments are.

For instance, think of developments concerning:

- *The use of new or (re-)emerging substances (including new psychoactive substances or counterfeit medications)*
- *Drug combinations (e.g. polysubstance use)*
- *Off-label use of prescription medications*
- *Prevalence rates of (problematic) drug use*

2. Regarding **drug markets**, please indicate what you perceive as the three most important developments in your country over the past two years. If possible, include how local these developments are.

For instance, think of developments in:

- *Purchasing behaviours (e.g. online versus offline)*
- *Prices*
- *Purity and adulterations*
- *Availability*
- *New or (re-)emerging substances on the illicit drug market*

3. Regarding **profiles of people who use drugs**, please indicate what you perceive as the three most important developments in your country over the past two years. If possible, include how local these developments are.

For instance, think of developments in:

- *New methods of drug use (e.g. vaping or injecting)*
- *Settings of drug use*
- *New user groups*
- *Changes among user groups*

4. Regarding the domain of **policies and other relevant (societal) developments**, please indicate what you perceive as the three most important developments in your country over the past two years. If possible, include how local these changes are.

For instance, think of developments including:

- *Societal, political, economical or policy developments that might impact the drugs domain (such as the war in Ukraine)*
- *Developments in drug prevention*
- *Developments around harm reduction and treatment services*

5. Please list the monitoring and **surveillance systems** in your country that are able to detect any of the developments you mentioned in this questionnaire.

6. Please describe **other developments** or signals of changes in the drugs domain that you have not mentioned so far, but which you regard as relevant. If possible, include how local these developments are.

A2. Expert interview protocol

DRUG-PREP work package 2.3

Protocol for expert interviews

Introduction

The objective of work package 2 is “to conduct targeted research to get a better insight in and understanding of the current needs and gaps on drug surveillance and response interventions in European countries”. The current activity (2.3) will be to perform in-depth interviews in the 6 participating countries to identify best practices, recommendations, and concerns/needs with regard to drug surveillance and response interventions. Trimbos will write up a short report on the European situation based on all interview reports from the 6 project countries.

What we ask of the project partners

We ask each partner to conduct **4 to 6 semi-structured interviews**, based on the provided topic list, with **national stakeholders** among 1) policy makers, 2) drug researchers, 3) NGO’s, and 4) other professionals from the drugs field who are part of national monitoring and/or warning systems regarding (illegal) drugs. Make sure to choose those professionals who have insights into the issues of the topic list. The interviews should last about **45 to 60 minutes** and may be held face-to-face or online. We recommend conducting the interviews with two researchers (one interviewer, one ‘note-taker’). We ask you to make, with the interviewees permission, a (sound) recording of the interview. Please make sure to store and eventually delete the recording according to your country’s privacy rulings. Based on the recording, partners will write up **a short summary of each interview (in English)**, structured according to the topic list. The time which can be spent on activity 2.3 is **10 days** total for each project partner. Ahead of the interviews, Trimbos will organise a **training session** for all interviewers to discuss the topic list and to streamline activities.

Preparation

- Topic list (also printed as back-up)
- Recording device (*charged*)
- Pen + paper for taking notes
- Laptop/phone (*charged*)
- Head-/earphones if necessary
- Quiet space to conduct the interview
- Contact information provided to interviewee

Briefing

- Thank the interviewee for their participation
- Introduce the researchers, their function and organisation
- Shortly describe the project and purpose of the interview
- Ask whether interviewee has read and understood the participant information
- Explain that the interview is confidential and discontinuation is allowed at any time
- Ask if there are any questions or comments before starting the interview
- Ask for permission to record the interview and start the recording device

Topic list

0. Introduction: Could you tell us something about yourself and your work / function at [institution/organisation]?
1. What are your main concerns regarding developments and challenges in the drugs field, at national or European level?
2. Do you recognize [the developments (write down relevant development for this country)] we have identified in our literature study regarding your country?
3. Could you comment on the available drug-related health surveillance systems in [country], and how these are relevant or beneficial for drug-policy making and intervention responses?
4. Could you comment on the available drug-related health responses (interventions) in [country]?
5. How is decided whether a signal regarding the drugs field is relevant enough to keep being monitored and/or to be responded to? *Sub-question: How are signals from other European / neighbouring countries dealt with at a national level?*
6. Why is or isn't a response chosen, and for / on account of whom is a response chosen (people who use drugs, professionals, policy makers...)?
7. How, between whom and on which level(s) is information on national developments and challenges on drug issues currently being exchanged?
8. Do you feel there is enough oversight on current national developments and challenges, and how and by whom are these (mainly) approached/tackled?

9. What improvements do you think need to be made regarding drug-related surveillance systems and health responses?

10. What do you consider recommended or best practices regarding surveillance/monitoring and health responses?

Debriefing

- Ask whether the interviewee has any further questions or comments
- Explain the continuation of the process: what will happen with the interviews?
- Inform on where (contact) information regarding DRUG-PREP can be found
- Inform on who the interviewee can later contact in case of further questions
- Thank the interviewee for their time