IDENTIFICATION GUIDELINE

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Authors (in alphabetical order):

Vendula Běláčková

Eva Drápalová

Jean-Paul Grund

Renée Otte

INTRODUCTION

This document is a schematic representation of a local trend identification process (further referred to as "Identification"), and provides a description of its necessary components. Identification is the first of three subsequent components in a model of Identification, Risk assessment & Intervention ("IRI"-model), as described in the Local PASS Toolkit Guideline. It should be used in conjunction with two other components, as described in the Risk Assessment Guideline and the Intervention Guideline (see: www.localpass.eu/cms/local-pass-toolkit).

The Identification Guideline is structured as follows. First, the aims of the identification process are given in Chapter I. Then, the schematic representation of the Identification process is presented in Chapter II. In Chapter III we provide a more detailed description of the Identification process. Finally, in Chapter IV we present the local Identification tool: The Map of Data Sources for effective early identification of new trends in substance use on the local level. In this chapter we will also provide guidance on how to use this tool.

I.   IDENTIFICATION: AIMS

Identification is an inseparable part of three subsequent processes performed by the Local Emerging Drug Trend Panel (see Local PASS Toolkit Guideline on www.localpass.eu). A schematic depiction of the local identification process is presented in Figure 1. The aim of this process is to:

➢ identify trends in an early stage before they reach the tipping point and thus before a trend is adopted by the larger population,

➢ obtain relevant information about the trend (the population involved, the substances used, the patterns of use),

➢ enable efficient exchange of relevant information between the persons involved in local drug policy decision making and implementation,

➢ provide data for the higher levels of drug policy decision making and implementation,

➢ be able to alarm relevant key players within the drug policy system in case of a potentially high-risk trend, and to serve as background for the local risk assessment process.

II. LOCAL EARLY IDENTIFICATION SCHEME

Figure 1: A schematic representation of the early identification of new trends in substance use at the local level

III.   THE LOCAL EARLY IDENTIFICATION PROCEDURE

Who performs Identification?

The Identification proces is performed by the Local Emerging Drug Trends Panel ("LEDTP" or "panel"). Suggestions and recommendation on its composition and installation are given in the Local PASS Toolkit Guideline. The panel is advised to meet on a 3-12 month basis to discuss any signs of newly emerging trends in the locality. During the first panel meeting a decision can be made as to how often the panel will meet. If feasible, face-to face meetings are recommended, though the presence of several members can be secured via teleconferencing tools. The local identification process can evolve into an online communication platform with different levels of alert messaging and regular posts by its members. This would reduce the demand for personal meetings, and would enable the faster exchange of early information about the trend. In addition, such a platform could lower the financial costs and time demand of the identification process. More recommendation for an online platform are given in Chapter IV of the Local PASS Toolkit Guideline.

In case of the emergence of a high-risk trend or a trend with serious consequences, alert /EMERGENCY/ mechanisms can be set in motion and the panel can meet AD HOC. The notification of the members can be done via email communication, via an online platform, or in person / phone by the local identification panel coordinator.

Recommendations

➢ The frequency of the regular meetings is recommended from once every 3 months up to once a year.
➢ The alert mechanism that will lead to an AD HOC meeting can be initiated by any member of the panel.
➢ Several personal meetings of the panel can be replaced by frequent exchange of information via the online system.
➢ Meeting in person, the informal exchange of information, and the individual involvement of each member in the early identification process are keys to effective communication.

What are sources of early trend identification?

The members of the Local Emerging Drug Trend Panel are recommended to be, by the nature of their daily work, fully capable of identifying early signals of newly emerging trends. This often involves informal communication with people who use drugs, their family members and relatives, and populations at risk, as well as informal communication with fellow workers and colleagues from

other organisations. Also, many organisations on the local level perform standardised data collection for internal purposes, and participate in larger research projects and national-level monitoring. For the purpose of local trend identification, the panel should:

➢ map all available sources of identification opportunities and mechanisms in their locality,

➢ promote regular collection of these data,

➢ promote internal organisational mechanisms in panel members' institutions that favour early trend identification (i. e. that could inform the panel members about any signs of emerging drug trends),

➢ develop sustainable mechanisms of capturing and evaluating new trends.

For effective functioning of the Identification process, the members of the panel need to ensure they are using and evaluating sources of early trend identification. The local drug policy stakeholders who contributed to the Local PASS project helped identify the following broad data sources as useful for picking up early signals of newly emerging trends on the local level (for more details see the Local PASS Identification tool in Table 1):

➢ informal communication with people who use drugs and their family members, as well as with populations at risk, and with fellow workers and colleagues,

➢ qualitative data,

➢ quantitative data,

➢ other scientific methods.

The data that provide background for successful early identification (see Table 1) need to be collected regularly and checked for any new developments. The responsibility for data collection and evaluation can be distributed among members of the panel who are close to the source of data or who are responsible for their collection as part of their job. If signs of a new trend are registered, the panel should meet and discuss all available data on the trend.

Recommendations

➢ Local level rather than national level data are expected in the identification process.

➢ Informal communication channels play a crucial role in local trend identification.

➢ Data that have already been collected in the framework of the local drug policy system should be promoted and aggregated by the Local Emerging Drug Trends Panel.

➢ Information should be aggregated in such a way that it can provide the first signs of possible harms that can be caused by a newly emerging trend (referred to as 'brief

assessment'; see the Local PASS Risk assessment tool for data sources that can be indicative of risks and harms).

When all necessary data have been collected, the panel needs to decide whether they represent a new trend or whether they rather pertain to a rumour or a random hype. When the panel concludes it concerns a new trend, and one that is considered as possibly harmful, the local risk assessment process will be initiated.

Please note that identification of a trend is never an isolated process. Early identification is strongly linked to the risk assessment and intervention process. It is a primary tool in a complete response of a local drug policy to emerging drug trends.

IV. IDENTIFICATION TOOL

How to use the Identification tool in your locality?

In each locality, an initial mapping of all available data sources is needed. At the first meeting of the Local Emerging Drug Trends Panel each panel member can indicate which data are within his reach – and this overview can be regularly shared and updated. Each panel member is advised to consider the following, prior to taking part in the meeting:

➢ What are the different sources of routine data collection within my organisation?

➢ What were recent AD HOC studies our organisation conducted or participated in?

➢ Do we have good informal communication with our target group that could give signals about a new trend in substance use?

➢ Do we have sufficient institutional mechanisms that would pass on information about a new trend, if it was identified?

➢ In what format could I share the data within my reach with the panel?

➢ Are there any institutional or ethical restrictions on sharing the information with the panel?

From the first meeting onwards, the panel members will summarise the local drug situation according to these data sources, and with respect to any indication of new trends in substance use. The chair / secretary takes notes of each panel member's account. It is important that the sources of information are clear for each indication of a trend, and if possible, clearly documented for the panel. Any weaknesses and limitations of the data have to be documented, e.g. if their source is unreliable, if the data are incomplete, etc. In case there is a need for further data collection this can be reported to the chair, who can communicate this back to the panel members.

In certain cases it might not be possible for the full panel to meet. The chair is then advised to attend different meetings where information about newly emerging drug trends may also be discussed. He can communicate any findings and outcomes back to the full panel.

To be certain a new trend in substance use is emerging in the locality, it is important that different, independent data sources indicate its emergence (and not just one source). Notes on the content of the panel meetings could represent such a source. Therefore, we recommend producing minutes on all panel meetings and to attach the Local PASS Identification Tool to them. Alternatively, if a new trend is identified in the locality a report can be produced that is structured in accordance with the Local PASS Identification Tool. All panel members need to be in agreement with the contents of the meeting minutes and / or the report. Electronic consent about the final version of outputs is sufficient.

The outcome of the identification procedure will result in risk assessment procedures if a new trend warranting a risk assessment is identified. Any outcome of the Identification procedure can be communicated to the local, as well as national authorities, with reference to the Local PASS Identification Guideline.

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Table 1: The Local PASS Identification tool

Map of Data Sources for effective early identification of new trends in substance use on the local level

	Type of data	Description	Source of data / responsible person	TO BE FILLED IN BY EACH PANEL MEMBER ON THE 1st PANEL MEETING			TO BE FILLED IN BY THE PANEL CHAIR AT EACH MEETING		
				Available in my institution (Y / N)	Periodicity of the data (1 – casual, 2 – regular upon client intake, 3 – regular upon (what) periodicity, 4 – AD HOC)	Format of the data to be shared with the panel (1 – oral reporting, 2 – aggregate report, 3 – raw data for panel use)	Data reported (Y / N), if yes, list and number the sources	New trend in substance use reported (Y / N) If yes, summarize the trend, and indicate the source by number	Quality of the data (1 – rumour, 2 – weak indication of a trend, 3 – strong indication of a trend)
INFORMAL COMMUNICATION	Informal communication within the population involved in the trend and their family members	Drug user services (low threshold, street work programs, nightlife programs, treatment centres, online counselling services)	Members of the local identification panel employed in these organisations						
		Emergency room doctors, paramedical personnel, psychiatric facilities	Members of the local identification panel employed in these organisations						

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QUALITATIVE DATA	Observations, case studies	*Drug user services (low threshold, street work programs, nightlife programs, treatment centres, online counselling services)*	Members of the local identification panel employed in these organisations						
		Emergency room doctors, paramedical personnel	Member of the local identification panel employed in these organisations						
		Psychiatrists from the acute psychiatric facility, other personal information, detoxification units where available	Member of the local identification panel employed in these organisations						
		Drug user web-based discussion forums	Researcher, someone who performs it as a part of his job						
		Psychonaut reports	Researcher, someone who performs it as a part of his job						
QUALITATIVE DATA	Semi structured	*Interviews with drug users (e.g. field research projects), or key*	Researchers, members of the local identification						

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interviews	*informants (members of the local identification panel-information can be gathered at local identification panel meeting)*	panel who work directly with drug users						
Focus groups	*Focus groups with drug users (e.g. field research projects) or key informants (performed via local identification panel meeting*	Researchers, members of the local identification panel who work directly with drug users						
Media	*Local or regional newspaper, magazines, internet magazines*	Appointed members of the local identification panel ; the relevance of the data needs to be assessed carefully						
Epidemiological data, statistics	*National focal point, local or national health units*	Members of the local identification panel from local health / drug coordination unit						
Surveys	*Surveys among the drug using population*	Researcher, someone who performs it as a						

(left column spanning label: **QUANTITATIVE**)

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	(nightlife settings, problematic drug users, youths on the street, web based surveys, school population)	part of his job						
Police statistics	*Local police units, regional police units, drug enforcement agency data (the data need to be local specific)*	Members of the local identification panel from local police						
Drug seizures	*National police statistics, drug enforcement agency, customs authority statistics (the data need to be local specific)*	Members of the local identification panel from local police						
Other statistics (Drug checking statistics)	*Local or national drug checking service, nightlife programs, short-time drug checking projects (if available in the locality)*	Appointed members of the local identification panel						

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	Other statistics (Toxicology/forensics unit statistics)	*Toxicology department statistics, forensic department statistics, national focal point, local health units*	Members of the local identification panel who work in these organisations						
OTHER SCIENTIFIC	Wastewater analysis	*Local university, research centre, hygienic / water stations*	Appointed members of the local identification panel, if such data is available						
	Drug sample analysis	*Local or national drug checking service, nightlife programs, short-time drug checking projects (if available in the locality)*	Appointed members of the local identification panel, if such data is available						
OTHER SCIENTIFIC METHODS	Atmospheric pollution research	*Specific research methods aimed at identification of substances in different geographical areas*	Appointed members of the local identification panel, if such data is available						
	Availability of NPS in	*Online web-forums, discussion forums,*	Researcher, police or someone else who performs it						

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online shops	*websites of smart shops,*	as a part of his job						
Illicit drug reporting systems	*Local early warning system; local mechanisms of data gathering and assessment*	Should be accessible by all local identification panel members, incorporated in the local identification, risk assessment and intervention process						
Multi-component laboratory	*Laboratory methods aimed at identification of substances by various methods*	Researcher or police						
Poison control centre data	*Data of controlled substances in the local area*	Members of the local identification panel from local health / drug coordination unit						

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SUMMARY

To identify new trends in psychoactive substance use on the local level early, and to assess their risks and design suitable interventions, local level data collection and efficient exchange of information is needed. To achieve this, the Local PASS project suggests that a Local Emerging Drug Trend Panel is set up on the local level. We recommend its members to represent a spectrum of backgrounds and professional practice. Professionals who work with all groups of drug users and populations at risk are advised to be involved, as well as representatives of research, local policy coordination and other stakeholders – including drug users themselves. Once installed the panel is suggested to meet on a regular basis. Meetings in person can be partially replaced by an online communication platform. The main aim of the identification panel meetings is to map the available data sources, and to review whether they are indicative of any new trends in substance use. Any trend identification has to be timely, quick and evidence-based. Trend identification is followed up by local level risk assessment, and, if substantial risks are identified, by (a) suitable intervention(s).

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