

LOCAL PASS TOOLKIT GUIDELINE

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INTRODUCTION

Lying before you is the Local PASS toolkit. It is a set of guidelines, flowcharts and tools that can be used for early identification of and an early response to newly emerging trends in drug use and abuse in your locality. This Toolkit is the result of a two year research collaboration between nine partners from five European countries, funded by the European Committee. Through different methods and with the help of stakeholders and key informants at different levels from all partner countries data were collected on best practice and success factors at the local level with respect to identification of, risk assessment of, and interventions for new drug trends. In the Local PASS Toolkit Guideline we describe the benefits of this toolkit (Chapter I), what it encompasses and how to put it to use (Chapter II & III), and how information about its process can be communicated (Chapter IV). Frequent references will be made to the products that make up of the toolkit: The Identification Guideline, the Risk Assessment Guideline, and the Intervention Guideline (see: www.localpass.eu/cms/local-pass-toolkit). These guidelines describe the process of early identification, risk assessment and intervention implementation in detail and therefore constitute an essential part of the Local PASS toolkit to be used in addition to the current document.

I WHY does early local trend identification, risk assessment and intervention matter?

Early trend identification, assessment of the trend risks, and adoption of adequate interventions represent core tasks of local level drug policies that all stakeholders can benefit from. Here we argue that despite the process requiring a certain amount of time and effort it may lead to a great improvement in local health and safety outcomes, overall well-being, and increased efficiency of all drug-related interventions on the local level. Local PASS stakeholders have identified the merits of our approach towards trend identification, assessment and response as the following:

Understanding and being understood

Many local drug policy stakeholders are isolated in their daily routines, and find it difficult to look outside the scope of their organisation. The channels of communication are rather informal, and sources of reliable information about the local situation are lacking. Signals about new trends in substance use want for verification and triangulation among different sources, and might not be trusted or taken seriously by local or national authorities. Prioritisation of standard identification tools is a key to efficient communication, to cross-checking of information, and to improved



collaboration among local drug policy stakeholders who share the common aim of protecting public health, safety and well-being. Understanding your local drug situation means understanding your clients and civilians, and being trusted and taken seriously by your authorities.

Responding quickly and efficiently

When new trends in substance use emerge it is important to act sensibly rather than to panic. Evidence-based interventions that are planned and tailored to the needs of the target group have better outcomes in the long run than politically visible acts. Early identification of trends allows for quick and adequate responses that can prevent further spreading of the trend into new user groups, and limits the risks the current users face. The interventions adopted should tackle the actual risks, especially when resources are limited. The potential harms that are addressed need to be prioritised on the level of the organisation as well as on the level of the municipality or region. If specific resources are needed, a planned intervention that addresses well-documented needs is more likely to be funded.

Learning from the new and the old

When a new trend in substance (ab)use appears, fast ad-hoc solutions are often implemented that lack both a follow-up with the trend and an evaluation of the outcomes. When a similar trend appears there is little to build upon, and an ad-hoc solution is chosen again. Each locality is different, and the risks of a new trend are specific to the substance and its user group. Nevertheless, local drug policy stakeholders can both learn from the past and from other regions, and prevent risky situations as much as possible. Only a continuous monitoring of local drug trends and assessment of their risks will make local drug policy efficient and cost-efficient. It will lead to a win-win game where you gain as much as you contribute, and the one who benefits most is your local community.

Why does it matter to you?

The Local PASS team believes it is never too late to start with developing identification, risk assessment, and intervention mechanisms on the local level. The team members also share a belief that any local level drug policy stakeholder can initiate steps in his or her locality. A local authority supporting these can signify the binding factor for all local players participating in the initiative. We believe that a small step for an individual can be a great step for the (local) community – and one towards better (local) drug policies.



II WHAT are the Local PASS identification, risk assessment and intervention tools?

The Local PASS Toolkit describes three components for early identification, risk assessment and intervention development (further on “IRI”, or “model”) – a set of three tools and their explanatory guidelines that, it is our hope, will better enable municipalities and other local stakeholders to (i) identify emerging drug trends early on, before tipping over into a phase of wider diffusion; (ii) assess the risks involved and the potential harm(s) that might occur; and (iii) implement and/or develop appropriate interventions when indicated by the risk assessment. The explicit goals of the toolkit are to inform local drug policy making, to contribute to a transparent decision making process, and to provide relevant and evidence-based input into the implementation or design of appropriate responses to emerging drug trends. The full set of instruments and guidelines can be downloaded from the Local PASS website (www.localpass.eu).

The IRI model for responding to locally emerging drug trends is based on our review of the literature, interviews with key informants, focus groups, and an online stakeholder survey. We thank all people who have contributed their time and participated in our research. Without them, we could not have taken a look outside of our own localities. Because of them, we have developed tools that can be considered European, rather than Bulgarian, Czech, Italian, Dutch or Portuguese.

The Local PASS Toolkit builds on the Rapid Assessment & Response methodology, which was originally designed to speed up the public health response to the spread of HIV among people who inject drugs (PWID), but has meanwhile been used, and adapted to, a range of social and public health issues (Bianchi & Popper, 2000; Dupont, Kaplan, Braam, Verbraeck, & de Vries, 2014; Fitch, Rhodes, & Stimson, 2000; Needle, Trotter, Goosby, Bates, & Von Zinkernagel, 2000; Rhodes et al., 1999; Rhodes, Fitch, Stimson, & Kumar, 2000; Trautmann & Burrows, 2000). At the same time, the toolkit has largely expanded on risk assessment procedures that are conducted on the European level by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2009), that has considered how several of its mechanisms could be applied on the local level. Local decision making can result in a wide range of targeted interventions, rather than in a decision over a narrow range of control measures. The range of interventions suggested in this toolkit is based upon both an extensive literature review and the input from key informants and local stakeholders, and additionally upon the outcomes of several European projects (e.g. NEWIP, see <http://www.safernightlife.org/>).



III WHO performs the local level identification, risk assessment and intervention design?

The Local Emerging Drug Trends Panel

The Local PASS IRI model can be implemented by local stakeholders, and requires only moderate research skills. The three guidelines within the Toolkit – the Identification Guideline, the Risk Assessment Guideline, and the Intervention Guideline – present an overview of the procedures and tools involved in organising local identification and risk assessment of, and interventions aimed at newly emerging trends in substance use and abuse. Here we present the main action body which takes on the activities in each of the three guidelines: The Local Emerging Drug Trends Panel (“LEDTP”, or “panel”). The panel consists of all relevant local-level stakeholders, and is in charge of identification, risk assessment and intervention implementation.

Panel composition

We suggest that the Local Emerging Drug Trends Panel consists of 6 to 12 core members with a multidisciplinary composition. Thus, the panel members ideally represent a spectrum of backgrounds, disciplines and professional practice. Professionals who work with various groups of people who use drugs habitually or heavily (PUDHs) or with at risk populations may be involved, as well as researchers, local policy coordinators and other stakeholders – including people who use drugs. Suggested members for the Emerging Drug Trend Panel are provided in Table 1. External experts, e.g. from national agencies or from (online) drug using communities, could be invited to provide information or expertise when needed. In addition, the panel’s work could greatly benefit from easy access to the European Early Warning System (EWS) administered by the EMCDDA. For this, a close cooperation with National Focal Points is desirable. The substance under scrutiny could already have been identified elsewhere and information about its pharmacology (or of similar compounds) and potential risks might be therefore be available through the EWS.

Table 1: Proposed composition of the Local Emerging Drug Trends Panel.

The X’s indicate which groups of users the panel members have contact with/access to.

Emerging Drug Trends panel composition					
Groups of people who use drugs and/or who are at risk					
Panel members	Problem drug users	Party scene	(Street) youth	Psychonauts	Marginalised groups
Drug users / ex-users, peer-workers	X	X	X	-	X
Outreach workers	X	X	X	-	X



Other drug services (prevention / treatment / harm reduction)	X	X	X	-	X
Drug sample analysis	X	X	X	X	X
Researchers or scientists from the addictology field	X	X	X	X	X
Smart shop owners, party providers	X	X	-	X	-
Representatives of local public services					
<i>Police</i>			X		
<i>Drug policy coordinator</i>			X		
<i>Health policy representative</i>			X		
<i>Emergency / acute psychiatric workers / medical worker</i>			X		

Process of establishing and mandating a Local Emerging Drug Trends Panel

At the first convention of the Local Emerging Drug Trends Panel a chair and a secretary need to be appointed, and its mandate agreed upon by the key local stakeholders. Who will chair the panel - e.g. a local authority or a municipal public health department - depends on the local situation. While the initiation of the panel meeting can well come from other local level stakeholders that perceive a need for a stable trend identification mechanism, official involvement of the local authorities is desirable, if not necessary – to ensure that all relevant stakeholders participate. The Local PASS Toolkit can serve as a guiding document to be shared among the panel members.

The panel is advised to meet on a regular basis (once in 3 – 12 months), to discuss any signs of newly emerging trends in a locality, and to decide on whether (rapid) risk assessment or intervention implementation is warranted. If feasible, meeting in person is recommended. Face to face meetings can be complemented by (Skype) teleconferences and other (ad hoc) online communication. In certain cases, it might be difficult for the entire panel to meet at once. In this case, we advise the chair to attend various internal meetings in which a specific time slot is granted to the discussion of new trends. The chair could subsequently report about these meetings to the full panel.

To keep the entire process of identification, risk assessment and intervention development focused and manageable, communication lines should be short. In case of the emergence of a high-risk trend or a trend with serious consequences, an alert /EMERGENCY/ mechanism can be applied



and the panel can meet AD HOC. Notification of the panel members can then be realised through e-mail communication, through an online platform, and/or in person / phone by the panel chair.

Recommendations

- The frequency of the regular meetings is recommended from once every 3 months up to once a year. The actual frequency can be decided on during the first panel meeting.
- 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 an online system (see also Chapter IV).
- Several members of the panel can be represented by a chair or another delegate of the panel who attended internal meetings (e.g. emergency doctors). Meeting in person, informal exchange of information, and the individual involvement of each member from early on are key to effective communication.

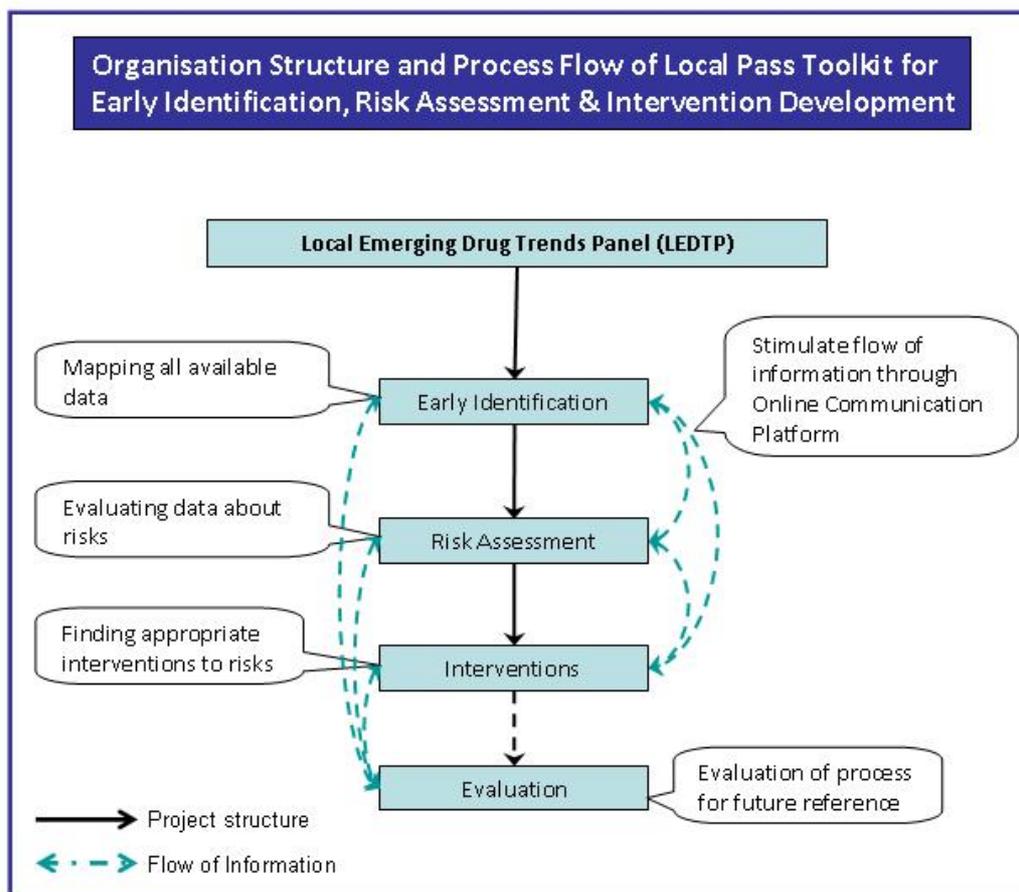
Summary of the organisation structure and process flow

The flowchart in Figure 1 is a representation of the organisation structure and the process flow of the Local PASS toolkit. After its installation, the Local Emerging Drug Trends Panel continuously collects data on new trends (step 1: See Identification Guideline). If the panel decides this is warranted, a risk assessment will take place, carried out by the Risk Assessment Committee (step 2: See Risk Assessment Guideline). Based on the risk assessment the panel then decides whether interventions need to be implemented that act on the risks that have been observed (step 3: See Intervention Guideline). Information collected in each of the steps is closely linked and is often relevant for decision making in more than one of the three steps. Thus, we recommend that information from each of the three steps is readily available for use in one of the other steps. An Online Communication Platform in which the information from all steps can be easily stored and retrieved can help in assuring its quick availability (see Chapter IV for recommendations on such a platform). Each of the three steps mentioned above are described in detail in respectively the Identification Guideline, the Risk Assessment Guideline and the Intervention Guideline.

After completion of the process we recommend performing an evaluation, which can yield valuable information for future reference. Also, it is possible to run several smaller evaluations, each after the completion of one of the steps in the IRI process. Information from these evaluations could be stored in the Online Communication Platform, and consulted when a new trend emerges.



Figure 1: Schematic representation of the structure and process flow of the Local PASS toolkit



5. HOW is information about local level identification, risk-assessment and intervention design communicated?

To facilitate communication between the members of the Local Emerging Drug Trends Panel, an Online Communication Platform can be established. The platform can, to an extent, substitute meetings in person, and can serve as an efficient tool for data storage as well as an instrument for AD HOC alerts. Main advantages of the online platform are (i) a rapid exchange of information amongst all recipients and (ii) a continuous access for involved panel members to current information from various sources.

Online communication platform features

The online communication platform could be based on an existing system that is enhanced with functionalities such as data storage and retrieval system, and an alert option. We recommend that the platform be used for the following activities and purposes:



- as a source for the newest information on the local drug scene situation and its emerging trends,
- as a communication and information exchange between the members of the local identification panel,
- for aggregation of data that could signal a newly emerging trend,
- as an alert mechanism for both the Local Emerging Drug Trends Panel members and other relevant key players in the local identification process.

Advantages of an online communication platform

Working with the Emerging Drug Trends Platform may yield the following advantages:

- fast exchange of information,
- aggregated data that is accessible to all panel members at any time,
- time-saving in terms of less frequent meetings in person,
- specific communication features can help assess the relevance of information and its meaningfulness (i.e. alert button, newsletter).

Disadvantages of the online communication platform

The online communication platform may also have disadvantages. We list these below:

- There may be initial costs of establishing the platform and training the Local Emerging Drug Trends Panel members in how to use it, of technical maintenance, and of a person responsible for data/content maintenance and updates. Therefore, we recommend establishing the platform on the basis of an already functioning information exchange platform, such as a Local Early Warning System, a website aimed at drug service providers and PWUDs, etc.
- An online platform cannot fully substitute the personal exchange of information amongst the local identification panel members.

Format of the platform

Information collected by the Local Emerging Drug Trends Panel is likely to be relevant for people outside the panel too. However, internal communications need not be accessible to the broader public. Therefore, we advise certain parts of the website to be public and others restricted to panel member. More specifically, we recommend the following:

- The platform contains an online space with access rights for relevant members of the Local Emerging Drug Trend Panel.



- Limited information can be made accessible to the public, including people who use drugs, populations at risk and their family members.
- The platform can be an update of already existing systems for exchange of information (i.e. local versions of early warning systems).
- The platform contains a search function with which information about trends, trend identification, risk assessment, and interventions can be retrieved.

Local level data aggregated in the online communication platform

Data on new trends that have been collected within a locality can be uploaded to the online communication platform. These data can consist of, for instance:

- data from observations of drug users, the populations involved in the new trend,
- a register of case reports from emergency departments / psychiatry wards,
- a register of case reports from drug users (drug services, online forums),
- results from drug checking services,
- reports from drug seizures.

National level data

In addition to local level data national level data could be uploaded to the Online Communication Platform. Examples of these types of data are:

- scientific literature data,
- grey literature data,
- national / international early warning system data.

SUMMARY

The Local PASS toolkit is a set of guidelines, flowcharts and tools that can be used for responding early to newly emerging drug trends. We recommend that a Local Emerging Drug Trends Panel be established in your locality that can perform the task of early identification, risk assessment and intervention implementation. In this document we have described why establishing such a panel is beneficial for you and your locality, how to go about installing the panel, and what the structure of the identification - risk assessment – intervention process can look like. We have also given suggestions for an Online Communication Platform that can support communication between panel members and other stakeholders. The three guidelines within the Local PASS toolkit, together with the respective tools and flowcharts, give a more detailed explanation of the process of early identification, risk assessment and intervention implementation in your locality.

