



**EUROPEAN MONITORING CENTRE FOR DRUGS AND
DRUG ADDICTION**

Quality of information in the drugs field

Data quality and networking in the REITOX National Focal Points

REITOX Coordination

Linda Montanari

Frédéric Denecker

Wolfgang Goetz

July 2002

Contents

Introduction	page 3
1 Data quality criteria	page 5
1.1 Template for national reports evaluation	page 5
1.2 Main conclusions on the 2001 national reports evaluation	page 7
2 Main results of visits and cluster meetings with 16 NFPs	page 10
2.1 Political framework	page 10
2.2 Organisational structure	page 12
2.3 Technical and scientific aspects	page 13
2.3.1 National reports	page 13
2.3.2 Key indicators and other core tasks	page 14
3 Guidelines for improving information quality	page 16
 <u>Annexes</u>	
I Visits to the 16 National Focal Points	page 19
Austrian FP	page 25
Belgian FP	page 27
British FP	page 29
Dutch FP	page 33
Finnish FP	page 35
French FP	page 49
German FP	page 51
Greek FP	page 57
Irish FP	page 60
Italian FP	page 64
Luxembourg's FP	page 67
Norwegian FP	page 70
Portuguese FP	page 75
Spanish FP	page 79
Swedish FP	page 82
Commission Focal Point	page 87
 II Agenda	 page 88
III Template for visits and meetings	page 89
IV List of NFP internet addresses	page 97

Introduction

The EMCDDA's principal goal is the production and dissemination to the general public, professionals and policy-makers of clear, up-to-date and relevant information on the drug situation in Europe, in order to facilitate policy development and appropriate interventions in the European Union. To this end, the Centre collects information from each Member State, through a variety of reports on specific issues. These reports include the following: national reports on the annual drug situation in each country, data and reports on key indicators (drug consumption in the general population, problematic consumption of drugs, infectious diseases, mortality, treatment demand), joint actions, reports from EDDRA (Exchange on Drug Demand Reduction Action), QED (Qualitative European Drug Research Network) and the ELDD (European Legal Database on Drugs) and other information on new fields (core data) and recent developments.

The information provided has to be of very high quality, in order to allow a realistic overview of the drug problem in Europe to be presented, and it needs to be continuously evaluated and improved. Quality data is a fundamental requirement for obtaining a comprehensive view of the drug situation in Europe. The information has to be: complete (i.e. global); characterised by an interpretative approach; relevant to the targets; and consistent in time and space.

The EMCDDA has drawn up guidelines for accessing and presenting quality information, including:

- quality criteria for reports and information evaluation;
- how to use networking to improve data quality; and
- advice for improving the quality of information.

This report aims to list some recommendations for improving the quality of the information provided by the NFPs in the framework of the work of REITOX. These will mainly be based on three activities that have been carried out from 2000 until now:

- evaluation/feedback on the national reports of 1999, 2000 and 2001;
- visits to the NFPs between November 2000 and February 2002; and
- cluster meetings (organised on a geographical basis) about data quality and networking.

This report is composed of the following:

- ✓ criteria for data quality (which are the basis for the reports and for information evaluation);
- ✓ the template used for evaluating the national reports;
- ✓ the summarised results of the evaluation of the 2001 national reports;
- ✓ the conclusions of visits and cluster meetings held by the REITOX NFPs;
- ✓ guidelines for improving information quality; and

- ✓ annexes, including reports on visits to NFPs, a list of NFP internet addresses, the agenda of the NFP visits and the template which was used for the visits.

1 Data Quality Criteria

To ensure data quality in the scientific literature, the following five criteria have been identified as a theoretical basis for evaluation of the reports and information provided by the NFPs to the EMCDDA.

- Completeness: Reports should contain all the relevant existing information in order to give an overview of the situation in that country.
- Insight: Reports should offer an analysis of the data, according to the social and political context.
- Reliability: As far as possible, the information in the report should allow comparisons to be made (between different time periods and countries).
- Usefulness: Information should be oriented to the targets – it should be acceptable and pertinent to the report objectives; no redundant information should be included.
- Internal consistency: The report should include coherent information or, at least, describe the reasons for any lack of internal consistency.

1.1 Template for evaluation of national reports

The template for evaluating the reports is composed of an overall evaluation (including the strong and weak points), followed by five specific sections:

- ✓ the first section looks at the formal aspects of the report (adherence to the guidelines, observance of deadlines, etc.);
- ✓ the second part evaluates elements related to layout and presentation (user friendliness, conciseness, etc.);
- ✓ the third section gives a structured analysis of the methodological aspects of the report (information sources, consistency, etc.);
- ✓ the fourth section is a detailed evaluation of the content of each section (according to the guidelines); and
- ✓ the final part includes recommendations and suggestions for comparison with other national reports.

Overall evaluation

Strong points

Weak points

Adherence to the guidelines

1. Are the requisite sections present in the report?

SECTION	YES/NO
Main trends and developments	
National strategies	
Epidemiological situation	
Demand reduction	

Key issues	
References	
Annexes	

2. Are the requisite paragraphs and subparagraphs present?

SECTION	YES/NO
National strategies	
Epidemiological situation	
Demand reduction	
Key issues	
References	
Annexes	

3. Is the order suggested in the guidelines (chapter, paragraphs, subparagraphs) adhered to?

4. Are the specific instructions given in the guidelines adhered to?

INSTRUCTION	YES/NO/ PARTIALLY
Report should be self-contained (see Introduction)	
Index	
Summary (see Introduction)	
Use of 'No information available' (see Introduction)	
Presentation of the national reports and epidemiological tables (electronic format, etc.)	
Use of graphical solutions	
Use of the Harvard system for bibliographical references	

5. Are deadlines observed?

Presentation and layout

6. Is clear language used (short sentences and phrases organised around the central points)?

7. Is the format user-friendly?

8. Is the information concise in relation to its relevance?

Methodological aspects

9. Are information sources given?

SECTION	YES/NO/ PARTIALLY
National strategies	
Epidemiological situation	
Demand reduction	
Key issues	

10. Are the data recent (preferably within the previous three years; the 2001 national reports should include data on the years 2000, 1999 and 1998)?

11. Is the report consistent with previous years and among sections?

CONSISTENCY	YES/NO
With the previous years	
Among sections	

12. Methodological quality (report and research results)

13. Trends description

14. Links between epidemiological information and intervention implications (demand reduction and policy)

Content evaluation by section

15. Main developments

16. National strategies

17. Epidemiological situation

18. Demand reduction

19. Key issues

Poly-drug use

Successful treatment

Drug users in prison

20. Conclusions

21. Recommendations

22. Look at specific sections in other national reports

1.2 Main conclusions of the evaluation of the 2001 national reports

Overall evaluation of the national reports

- In general, all the reports have improved over the previous two years.
- Most improvement can be seen in the areas of: adherence to the guidelines, layout and methodology.
- The main problems that remain concern: conciseness, adherence to the specific instructions provided, lack of scientific evidence for some data (or the way such data are presented), lack of insight on trends, and interpretation of the data.

Adherence to the guidelines

- In general, all the reports include all the required sections. The main problems concern the key issues section: some countries have not included this section at all or they have only included part of it; in some cases, the key issues have been provided, but very late.
- Sometimes different headings are used and the order is not always followed exactly.
- The specific instructions given in the guidelines are sometimes only partially followed: a report is not always presented as a self-contained report, it does not always include an index and a summary (there are very different conceptions of what constitutes a summary and this needs to be standardised), 'no information available' is sometimes not clearly indicated, layout solutions can differ, and the Harvard system is not always followed for bibliographical references.
- Deadlines are not always observed.

Presentation and layout

- In general, the presentation and layout of reports has improved, although there is a tendency to maintain the same layout as used in previous years.
- Most reports tend to be oriented towards users, but there are big differences between reports (from very good to very bad).
- Reports are often not concise: there is a lot of repetition, insufficient use of bullet points, not enough structure.

Methodology

- The information sources are generally clearly provided, especially regarding quantitative data; information sources for qualitative data are less clear.
- The data presented are recent, even if sometimes the same space is allocated to new data that was allocated to old data, because of copying and pasting from previous reports.
- Consistency with previous years is high, although the consistency between sections, especially the demand reduction and epidemiology sections, is weaker.
- There are a lot of repetition between the main report and the key issues section.
- Some reports are considerably better at providing methodological information. The better ones would be a good example of how to report all the required information concerning the research (sample, methods, period covered, etc., using a box or other useful graphics).
- Trends are described in the reports, but two problems emerged: there is sometimes insufficient scientific basis for interpretation of the data and there can also be limited interpretation offered regarding referenced data.
- Little contextual and qualitative information is used to support analysis.
- The chapter on consistency between indicators and political implications is generally weak.

Content evaluation

- There are considerable differences in the content of each section:
 - presence of legal and political competencies in the focal point;

- studies or research that have been carried out or have not yet been developed;
 - skills in reporting research results;
 - coordination between results;
 - different treatment/prevention methods;
 - capacity to provide a structured framework for interventions; and
 - different methods are used for drafting the key issues chapter: contracting out, using routine data or specific research, quantitative or/and qualitative studies, etc.
- A list of best practices has been included at the end of each feedback report.
 - The following recommendations have also been listed in each feedback report:
 - Try to be more concise.
 - Look at the feedback, section by section, and adopt the suggestions offered.
 - Present the report on time: any delay ultimately affects the production of the EU Annual Report.
 - Interaction with other national focal points is recommended; specific instructions are provided to this end.
 - Refer to standard tables when reporting data and commenting on them.
 - When a trend is described, scientific references should also be provided.
 - Use the EDDRA questionnaire as a basis for describing interventions.
 - Make comparisons with data from other countries, in particular regarding epidemiological data and evaluation results.
 - Follow the Harvard standards for bibliographical references.
 - Leave a space on the right of each page for comments.
 - Look at the previous EU Annual Report and notice the main differences between your country's report and other countries'. Then, for your current national report, focus analysis on the peculiar problems that are present in your country (if they are still present).
 - Use appropriate graphs to present research results. Follow the basic statistical rules when drawing graphs (e.g. a line graph for temporal series, a bar chart for non-continuous variables, etc.)
 - Report data on the general population in the country as contextual information.
 - Involve scientific experts, even outside of the national focal point, in a peer review process.

2 Main Results of Visits and Cluster Meetings with the 16 NFPs

Visits and cluster meetings on data quality and networking were held with every focal point between November 2000 and February 2002. The aim of the meetings was to discuss differences and similarities among countries, identifying problems and possible solutions. The meetings also aimed to improve networking between REITOX partners and with the Centre as well.

This document provides the focal points with a synthesis of the most common problems and possible solutions discussed during the meetings on data quality. It is hoped that this overview will be useful in the routine work of the NFPs.

The two main topics discussed were:

- quality of data provided in the context of REITOX core tasks (national report, key indicators, EDDRA) and other EMCDDA information;
- networking activities involving the relevant national partners.

Problematic and positive aspects of NFP activities, as identified at the meetings, fall into the following areas:

- political framework;
- organisational structure; and
- methodology.

The discussions did not follow a rigid structure. However, it is possible to summarise the results using the above-mentioned structure.

2.1 Political framework

The first common element identified at the meetings regarding political issues was the shared need to have strong political support in order to improve data collection and analysis. Where there is strong political support, it is obtained both through formal means (official documents, protocols of agreements, regulations, funding for specific projects) and informal means (public relations, support with data collection, recognition of the NFP's work in the general drug policy of the country).

When the focal points have strong political support, they are far more effective. Political support can be lacking for several reasons: European work may not be seen as a priority by the Member State, or the political needs of information may be different from the scientific needs, with a consequent contradiction in interests.

Another important factor at the political level is the autonomy of the NFP in the political framework. Pressures from the political level could be an obstacle to good data quality.

On the other hand, when political bodies work closely with the NFPs, there is a positive effect on data collection. When management board members, scientific committee members and NFP members meet regularly with each other and with the other political institutions, it is much easier to reach the desired objectives.

Administrative organisation

A centralised administrative structure allows an NFP to have more control over the organisation's procedures and bureaucratic tasks. On the other hand, a decentralised structure allows an NFP to have more flexibility and autonomy and to spend less financial resources on administration.

Governmental organisations often have stronger support, but this is usually accompanied by greater rigidity and bureaucracy. This is sometimes reflected in a more hierarchical structure.

Countries with a strong regional organisation often have more difficulties in collecting data, because of the limited political power to define common national methodologies. Sometimes an NFP is organised into sub-focal points and this can result in limited opportunities for harmonisation; it can also make the consultation process longer and more complicated. On the other hand, a regional organisation has at its disposal a diverse range of information sources and methodologies that could considerably enrich the data.

Coordination

Coordination between ministries, public and private organisations and professionals is another important means of improving data quality. The following factors could enhance NFP work:

- coordination among ministries involved in the drug field (health, justice, social affairs, interior affairs, national defence), particularly when the prime minister directly coordinates the relevant ministries;
- having a national strategy, which can be another guarantee of a higher level of coordination; and
- working in small groups focused on specific topics with bordering countries, which could help the exchange of good practices.

Another aspect influencing the political power of the NFP is the size of the particular country: small countries generally have fewer opportunities to influence important processes. On the other hand, small countries can have more direct contact with the data producers, which could result in better data quality.

One area in particular that has strong links to the political framework of a country is the prison sector. This often has an adverse effect on data collection and analysis by the NFPs, for a number of reasons:

- the difficulty of access to the prisons;

- the requirement that prisoners make a self-declaration about their drug addiction;
- the dependency of the prison service on the Ministry of Justice; in many countries, the NFP is attached to other ministries (Health, Social Affairs, Interior, etc.); and
- often there is no correlation between treatment data and prison data.

2.2 Organisational structure

Below is a list of suggestions for making NFPs more effective. Many of them have already been implemented by some NFPs.

- sufficient staff numbers and expertise in the different fields (the NFPs with the highest number of professionals and scientific experts have more opportunity to cover all the requisite tasks and to work in a more effective way);
- strong internal coordination within the focal point;
- close links with information sources (such as treatment centres, prisons, hospitals, universities, etc.);
- good electronic tools, in order to ensure effective networking;
- reflecting the country's culture in the organisation (an individual versus a collective culture could mean autonomy and flexibility versus effective networking and communication skills: both have advantages);
- organisation by working groups, often focused on REITOX core tasks, which gives results in terms of coverage and involvement of the professionals (the same structure can be used for core data and new work areas);
- quality management procedures at NFP level (monitoring of working time, tasks, objective results);
- capitalising on the advantages to be gained from the fact that the NFP is new or old: if a focal point is new, it is easier to standardise work methods to the EMCDDA guidelines; if the NFP is old, the experience and knowledge gained in the field could be very useful in a more in-depth analysis (these factors make it particularly desirable for NFPs to network with each other); and
- motivating the people who collect and analyse data: training courses, seminars and conferences at national level are all ways of increasing motivation; e-mail, phone contact and other informal interactions are also important instruments.

The following are examples of how networking can function as an instrument to improve data quality:

- national partners can be provided with feedback on reported data and information;
- regular reports on activities carried out by NFPs can be produced (including abstracts outlining new projects);
- a national dissemination strategy can be established, differentiated by targets (politicians, scientists, professionals); examples of such a strategy could be newsletters, documentation centres, websites, e-libraries, etc.); and
- specific networks for particular topics (such as joint actions) can be participated in with other national partners – not only those working in the drug addiction field (laboratories, medical doctors, etc.).

Difficulties still remain at organisational level, due to a number of reasons:

- lack of contact with information sources;
- regional autonomy coupled with lack of power at NFP level;
- lack of human resources and professional skills; and
- lack of a communication and dissemination strategy.

These problems demand greater support, specifically from the EMCDDA, in terms of:

- development of the EMCDDA website, in particular creating a chat room for REITOX;
- guidelines for a dissemination strategy; and
- feedback from the Centre on the various topics in the field.

2.3 Technical and scientific factors

The meetings identified a number of means of improving the quality of technical and scientific data collected for EU and national use.

It was suggested that countries could adopt a variety of instruments that could support a good level of information. Some examples are:

- a scientific committee or panel group to check data quality for tables, reports, etc.;
- peer reviews among national partners;
- feedback to partners;
- small-scale studies for data validation;
- training courses, exchanges, etc.; and
- analysis and evaluation of processes for data collection, analysis and preparing reports, including a clear description of phases, methodologies, flow of information and related deadlines.

The following activities are carried out by countries in respect of REITOX core tasks.

2.3.1 National reports

When planning national reports, the following need to be implemented:

- a) brainstorming with representatives of geographical areas and/or the experts in the different fields, in order to identify tasks and responsibilities;
- b) data collection by the different information sources;
- c) quality control involving each partner;
- c) a draft report;
- d) check the draft report with national partners;
- e) a scientific review by the advisory board and/or scientific committee members; and
- f) a review by political representatives (the ministries involved, management board members, etc.).

Major problems are usually due to the following factors:

- delays in any of the various phases (data collection, consultation, translation);

- competition among institutions; and
- lack of information sources (or, alternatively, too many sources), use of different methodologies and consequent lack of comparability.

Possible solutions to these problems were proposed during the meetings. In particular, the following requests were advanced to the EMCDDA:

- standard guidelines should not change for a long period; and
- NFPs should receive continuous feedback from the Centre.

The following actions were proposed for improvement at national level:

- development of a dissemination strategy;
- reinforcement of existing networks;
- maximising the use of collected data analysis at national level; and
- making use of the key issues section of the national report as an instrument for finding new information sources and developing the level of analysis.

2.3.2 Key indicators and other core tasks

Most of the countries have well-established processes in place for organising data collection and analysis in these areas, even if there are still some problems.

In general, each focal point has established a working group for each indicator, composed of scientific experts in each field and/or political/geographical representatives at national level (regional coordinators, representatives of different ministries or areas, etc.). NFPs mainly control data quality through the experts, using various technical instruments specifically oriented to each topic.

The following are examples of activities carried out by countries in order to increase data quality:

- meetings and direct exchanges with the experts;
- regular feedback on data and information provided by national partners;
- interviews with key people for initial interpretation of data;
- establishment of specific committees for peer review of the results;
- training on data collection and analysis;
- direct controls for databases: double counting checks, small-scale validation studies;
- surveys directly managed by the NFP, such as a general population survey;
- establishment of a formal network involving all concerned actors and institutions (for instance, in the case of infectious diseases, involvement of laboratories, hospitals, etc., or, in the case of an early warning system, involvement of police, laboratories, etc.); and
- use of qualitative research: to augment information in specific fields; when undertaking a new research area; and for initial analysis of contextual and social information.

Some problems remain and these were identified by most NFPs in the following points:

- lack of information sources or difficulties in accessing information (such as data from the prison population, low-threshold services, hospitals, GPs);
- lack of alternative information sources that have an adequate basis for validation (as in the case of infectious diseases);
- too many information sources, often using different and incompatible methodologies (as in the case of treatment data); often these sources have been established for a long time and it is very difficult to change them, as they involve many actors and institutions and carry formal obstacles (legislation and national regulations);
- lack of insight, due to a dearth of research in some areas;
- comparability problems within a country, particularly in countries with a federal organisation; this can include methodology, concepts and terminology;
- lack of scientific experts in smaller countries; and
- privacy of the individual, which can be an obstacle to information collection.

Some countries have addressed these problems through political instruments (formal recognition of a source), funding (e.g. in many countries, funds are only provided to approved programmes/projects) and specific work procedures.

The formal adoption of guidelines for European data collection (on key indicators and other core data) is seen as a valid means of supporting quality and increasing effectiveness at NFP level.

Relevant suggestions and proposals are included in the country reports annexed to the present report.

3 Guidelines for Improving Information Quality

In the template for evaluating the national reports, five criteria were outlined as a guarantee for data quality. As a result of the evaluation of the reports, and visits and cluster meetings with the focal points, it is possible to identify some methods for ensuring that these criteria are met.

Reliability: As far as possible, the information should allow comparisons to be made (between different time periods and countries)

The best method of guaranteeing comparability is to share the same instrument for the collection, analysis and reporting of information.

The following factors will help improve reliability:

- a) discussion of guidelines with experts at EU level, comparing different situations and sharing common elements;
- b) identification of common guidelines, which would become standards that would be followed by all countries;
- c) discussion of the application of these guidelines with the people involved in data collection, analysis and reporting at national level in order to reach a common understanding;
- d) establishment of working groups for each indicator, core task or core data, which is a good way to ensure compliance with the guidelines;
- e) strict adherence to the guidelines;
- f) making use of information at national level, adding items according to individual national needs; and
- g) making comparisons between countries using the same methodology.

Insight: The information should be complete and relevant, providing in-depth analysis, according to the social and political context

To this end, information should be assembled according to the following recommendations for methodology and the organisation:

Methodology

- information sources should always be mentioned;
- analysis should be based on scientific evidence;
- recent data should be scrutinised for new developments;
- trends should be described when several time series are involved and there is internal consistency;
- validity studies should be carried out on data samples;
- contextual information should be used to understand trends (general population surveys, country profiles, etc.); and
- qualitative research should be used to improve insights.

Organisation

- professionals, in or working closely with the focal point staff, should be employed (see minimum requirements defined in the document on ‘improving REITOX network’);
- the scientific committee or panel group should check and comment on data quality, and peer review procedures on reports and collected data should be established;
- key people in the country should be interviewed; and
- direct contact should be established with information sources.

Usefulness: Information should be oriented to targets: acceptable, pertinent, not redundant

The information produced by each country should be useful to three targets: policy-makers at European and national level, the EMCDDA and national partners.

In order to meet the needs of these targets, attention should be paid to the following points when presenting information:

a) For policy-makers

- information should be easy to understand/not too technical;
- despite this, the information should be based on scientific criteria;
- the information should have a good, clear layout;
- technical words and abbreviations should be explained;
- reports should be concise; and
- graphics should be used following basic scientific rules.

b) For the EMCDDA

- reports and data should be comparable (adhering to the guidelines);
- differences between countries should be analysed and interpreted;
- NFP members should actively participate in European networks, through meetings, internet communication and private website; and
- reciprocal feedback on the reports should be exchanged with the EMCDDA.

c) For national partners

- geographical and time differences should be analysed;
- there should be horizontal cooperation on specific subjects;
- informatics tools should be continuously improved;
- the national dissemination strategy should be described;
- working groups should be established on core tasks, core data and new data areas; and
- feedback should be exchanged with national partners.

Internal consistency: The report should include coherent information or describe the reasons for any lack of internal consistency

To ensure consistency, information should be collected and reported according to the following recommendations:

a) From a methodological point of view

- the methodology should be consistent with previous years, creating links if data has to be changed in order to follow European standards; and
- there should be consistency between sections, without repeating the same information, but underlining the links between policy, the situation and the responses, identifying whether real links are present or not present and, if not, why (political, historical or cultural reasons).

b) From an organisational point of view

- there should be strong coordination at focal point level (which coordinates all the data that is passed on to the EMCDDA);
- the focal point's role should receive strong recognition and political support at national level;
- financial support for research and data collection should be offered at national level; and
- the NFP should be autonomous, so that it is recognised as an institution which can provide data independently of the political level.

Completeness: Reports should contain all the relevant existing information in order to give an overview of the situation in that country

NFPs should follow the recommendations listed below when submitting information to the Centre:

- direct links should be maintained with national documentation centres;
- an electronic bibliography should be developed;
- national networks of professionals, by topic, should be established;
- formal contacts between different political and social structures should be set in place (the relevant ministries, institutions such as hospitals, prisons, etc., the various regions/provinces); and
- the people involved in data provision should be motivated through training, seminars, conferences (both at national level, involving all the national partners, and with European partners and other NFPs).

National Focal Point Visits

Austrian Focal Point

27 February 2001

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Austrian focal point staff members:

Sabine Haas: Head of Austrian focal point.

Klarissa Guzei: Involved in the national report, EDDRA; coordination of the development of guidelines for drug facilities.

Elisabeth Türscherl: Involved in the national report, EDDRA and (from now) work connected with GPS, TDI and infectious diseases; coordination of a project on the treatment unit form (TUF); in the past, was responsible for the database of the national toxic substances information centre, which is part of the ÖBIG.

Martin Busch: Coordinates and monitors the expert groups regarding the epidemiological key indicators; involved in national reporting.

Marion Weigl: Responsible for a pharma-economy database (involving 12 other EU Member States); recently involved in focal point activities, especially national reporting, statistical tables and EDDRA.

Monika Löbau: Secretary of the Austrian REITOX focal point.

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Austrian focal point is situated within the Österreichisches Bundesinstitut für Gesundheitswesen (Austrian Health Institute: ÖBIG). Approximately 70 people currently work in ÖBIG, of which 6 are (partly) dedicated to focal point activities (see list above). ÖBIG assesses (using Excel work sheets) the number of hours worked daily on a specific task, thus allowing the ratio of working hours dedicated to national tasks versus European tasks to be monitored. Regarding the EU tasks, this applies to each specific 'core task'. For last year, ÖBIG calculated that, on average, 18 'person months' were spent on

REITOX activities in the course of a year, which approximates to two full-time staff members and a secretary.

Since 2001, ÖBIG has been divided into nine 'working areas', each of which is chaired by a coordinator. Generally speaking, each staff member is attached to a specific working area. However, depending on the project, there is considerable interaction between different working areas, so that some project coordinators are involved in areas other than their own. The REITOX focal point is an important element of the drugs working area.

The Austrian focal point is funded by the Ministry of Health, although the level of funding depends on the number of (pre-determined) projects it has to carry out in that year.

Regional drug services obtain direct funding through their regional authority and can eventually claim for additional federal funding. Since not all regional drug services receive this additional federal funding, the regional reporting systems, although sharing a common basis, are all quite different and focus on specific regional demands and issues. The Federal Government states that the majority of the funding required for drug issues at regional level should be obtained through regional means, while the regions feel that more funding should be allocated by the federal level. Each region produces a 'regional drug strategy', although no national drug strategy exists. Drug coordinators from each of the nine regions meet several times a year with the Federal Government and ÖBIG. These meetings are known as the 'Drug Forum' (cf. Figure A1 from the Austrian 2000 National Report), which was established in order that all the actors involved, at both federal and regional levels, can discuss common drug issues. The main issues discussed in the Forum relate to politics, strategy and finance. Unfortunately, very often the discussions become emotional and no real decisions are taken; only some recommendations are made.

2. Data quality regarding REITOX core tasks

National report: The national reporting process is a good example of internal cooperation within ÖBIG. The process starts with an internal meeting, during which the time frame and other aspects of the report are discussed. The team starts working on the key issues chapter during the spring and this is finalised before the summer.

The focal point relies on the nine regional drug coordinators and their Drugs Advisory Boards (Drogenbeirat), which represents all aspects of the drug phenomenon (i.e. social, medical, etc.). When the EMCDDA national reporting guidelines are available, the focal point immediately sends them to the regional drug coordinator of each of these nine regions and requests a concise report (4 to 5 A4 pages) on new developments and key issues. Also, ÖBIG's newsletter asks for updated information related to the key issues from all national partners that receive the newsletter (i.e. extended networking). More specific data and information is gathered through other national partners and local information providers.

Although the regional drug coordinators are, generally speaking, very willing to provide information and data to ÖBIG, they are slow to take on any new priorities or improved information systems as required by the Federal National Government. This is mostly due to the fact that financial and staff resources differ considerably between regions, thus restricting the ability of some regions to cooperate.

Once all the chapters of the report are finalised, the draft document is distributed among all concerned ÖBIG staff members, who undertake an internal revision of the content. During a final internal meeting, and on the basis of feedback from all relevant staff members, the report is finalised and sent to the focal point's Advisory Board. At a meeting two weeks later, the Advisory Board discuss and approve the draft report. After final revision, the report is forwarded to an internal proofreader. This person proofreads all ÖBIG reports and, as he is not a specialist in any of the subjects covered by the various reports, his neutral perspective ensures that outsiders will understand the content of the report. Finally, having adopted the proofreader's suggestions, the national report is finalised and sent to an external translation company before being submitted to the EMCDDA.

EDDRA: Three people deal with this core task: Sabine Haas, Klarissa Guzei and Elisabeth Türscherl. These maintain regular contact with local and national information providers and partners. They have also established an internal data quality control process for assessing projects before they are entered on the EDDRA database. An evaluation 'quality circle' – initiated by the focal point and involving relevant national experts – meets once a month, and discusses the different topics and issues relating to evaluation. During these meetings, the focal point sometimes also presents the results of studies and the quality of the content is assessed.

Data collection: ÖBIG traditionally collects its data and information from a variety of different sources, such as various ministries, the police services and regional drugs services. 'Regionalisation' allows ÖBIG to collect information at a decentralised level, through one contact person (the regional drug coordinator). One of the problems arising from such a decentralised information collection system is that new federal or European priorities are only slowly followed up at regional level. Another problem is that each regional information system is different in nature and methodology, which means that it is often difficult to compare information and data on the same topic.

However, in some instances, there is a common national methodology. For example, in the case of drug-related deaths, ÖBIG can monitor the number of deaths, directly or indirectly linked to drug use (with the exception of cannabis use), for the whole of Austria. An HIV/AIDS test is undertaken in all cases of drug-related deaths. ÖBIG is now attempting to institute a hepatitis test in every instance of drug-related death, but it may take some time for all forensic institutes to comply with this.

Finally, in some areas (prisons, price and purity of drugs) no information is collected at all. The focal point is unable at present to change this situation, as no specific information sources for these areas currently exist in Austria. ÖBIG mainly concentrates its epidemiological information collection through the key indicators and key issues each year. The latter has made it possible in the past to identify new information sources, but it is never really possible to fill all the gaps.

Data quality: A specific working group, involving all national partners (at both scientific and political level), has been set up by the focal point for all epidemiological harmonised key indicators (except for the treatment demand indicator, where a working group set up by the ministry was already in place).

3. Networking and dissemination

When ÖBIG was nominated as the focal point for Austria, the organisation set up from scratch a networking system with national partners in the field of drugs and drug addiction. The focal point now sees this as an advantage, since it enabled them to establish a network with the necessary neutrality in the field. The ‘snowball’ effect was employed to establish this national network. The Ministry of Health was a great help in establishing the network, since it called for all the other ministries involved in the field to officially appoint a contact(s) for the focal point, in order to facilitate the organisation’s objectives.

ÖBIG maintains very good contacts with both of its representatives on the EMCDDA management board and scientific committee. These also attend the Advisory Board (cf. section on Annual Reporting) and the Drugs Forum. Meetings between the management board, scientific committee and REITOX are prepared in advance with the national representatives of the management board, scientific committee and focal point, in order to streamline and reflect on the issues/activities before the meeting takes place in Lisbon.

In its first year, the focal point organised meetings involving all concerned national partners to obtain feedback on the information it had been collecting in the framework of the information map and national report for the EMCDDA. It was only later that ÖBIG’s newsletter was to become an important means of acquiring national feedback on the focal point’s activities. In this respect, *DrugNet Austria* is a very useful and important dissemination tool, in which short abstracts describe new projects, conclusions and outcomes of past activities, as well as other detailed information and abstracts of various reports. Every month, the focal point receives a large number of requests from national partners for the full version of the reports and further information on the subjects mentioned in the newsletter. Also, all the projects referred to in the EMCDDA database are described in an abstract in *DrugNet Austria*.

Large numbers of the main national and EMCDDA publications and reports are sent to the national partners and regional drug services. The latter also disseminate these reports and publications at regional level. Of ÖBIG’s 350 copies of last year’s EMCDDA *Annual*

report, only 20 copies are left. ÖBIG will be officially requesting another 100 copies from the Centre, in order to disseminate the information at national level. The short format of the EMCDDA's *Annual report* is very useful for decision-makers and the public at large. However, an extended version, in English only, may be needed in the future, specifically for the scientific world. Finally, ÖBIG always presents its current activities at all major national conferences, in order to increase transparency and awareness of their work at both national and European level.

All data and information collected by the Austrian focal point is facilitated by the cooperation and motivation of national partners. Data collection by national partners is neither rewarded financially nor contractually. The focal point, however, gives an enormous amount of feedback to its partners (national and EMCDDA publications, training in demand reduction practices, exchange of tables and data between the different partners, etc.), thus ensuring continuing collaboration and support within the network. All national partners, including the regional drug services, receive ÖBIG's newsletter and are entitled to write articles of general interest for it.

ÖBIG's website (which is currently under construction) will have interactive links with several websites at regional level, from which it will be possible to download various reports. ÖBIG will also publish the key issues guidelines and other guidelines as downloadable files on the website, in order that its national partners can have access to them whenever necessary. Some regional partners are running a project to create an internet-based platform for interactive shared calendars, databases, etc. Since ÖBIG often receives requests for information about the dates and locations of European conferences, it would be useful to create such a calendar platform on the private REITOX home page.

Belgian Focal Point
29 November 2000

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Belgian focal point: Ann DeSmet (FP); Francis Sartor (FP); Patrick Leurquin (FP); Willy Brunson (Belgian representative on the Management Board of the European Monitoring Centre for Drugs and Drug Addiction); Fabienne Hariga (SFP); Margaret Molnar (SFP); Mark Vanderveken (SFP); Frédéric Laudens (SFP). Claude Gillard (Belgian representative on the Management Board of the EMCDDA), Sofie Köttgen (SFP) and Denise Walckiers (FP) were unfortunately unable to attend.

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Belgian national focal point is located within the Scientific Institute of Public Health as part of the Federal Ministry of Health. In order to obtain national data on drugs, the Belgian focal point relies on its direct partners, a network of sub-focal points in each community/region (i.e. the Flemish, French-speaking and German-speaking regions and Brussels, the capital). A pilot study that is currently being conducted by the focal point, with the ultimate aim of creating a Belgian National Monitoring Centre for drugs, was also briefly discussed during the meeting. More information about this study should be available soon.

2. Data quality regarding REITOX core tasks

The focal point has established working groups on each of the key indicators. These groups are composed of representatives from each sub-focal point and relevant experts. The different collecting methods employed by each of the communities involved does not always allow for easy comparison between data, but the focal point and sub-focal points are currently assessing this issue and are confident of reaching a common methodology in

the near future. The relationship between sub-focal points and primary sources of information is direct, which is a very positive factor for future development.

3. Networking and dissemination

The networking system has a good basis, but the linguistic and community subdivisions create some problems in terms of data comparison.

4. Main problems

The main problems facing the Belgian focal point relate to the following points:

- marked differences between information sources (different methodologies for data collection and analysis);
- lack of political and financial support;
- lack of human resources; and
- lack of autonomy for the national focal point.

British Focal Point

31 May 2001

(A) Participants:

Agents involved: Wolfgang Goetz, Linda Montanari, Frédéric Denecker

Meeting with the British focal point: Roger Howard (Chief Executive of Drug Scope), Nicholas Dorn, Stephan Augean

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

Presentation by the Chief Executive of Drug Scope:

Drug Scope is an NGO that has been working in the drug field for a long time. It has 50 staff members. Last year an important change took place: the amalgamation of the ISDD and Drug Scope. The political elections in the UK have also had an influence on the British focal point.

Drug Scope comes under the Ministry of Health and has close links with other institutions and organisations working directly or indirectly in the field: public/private services, the police service, schools, etc. Drug Scope's objective is to link these different organisations, in order to access the relevant information.

Drug Scope is divided into four sections/departments: administration; communication and dissemination; policy and practice; and international relations. The focal point is in the latter department. Four people are currently working in this sector (two more positions are to be filled in the future) and 50 % of staff working time is dedicated to EMCDDA activities. It is interesting to note that, although the resources dedicated to the drugs field are very limited, the fact that there is an internal administrative department allows the focal point to dedicate more of its resources to scientific activities, without any loss in terms of administration.

The regional organisation of the UK is reflected in the focal point: Scotland has a sub-focal point, Wales has a public institution that is now independent but was formerly part of Drug Scope, and Northern Ireland has its own institution (and much of its data are not comparable with Drug Scope's data).

2. Data quality regarding REITOX core tasks

National report: The process for drawing up the national report is as follows:

- internal brainstorming based on the EMCDDA guidelines and feedback on the previous report;
- identification of external experts for specific issues; and
- internal revision and coordination.

The work is carried out independently by the external experts. These individuals have good scientific expertise and skills. However, when a new expert joins the team, there could be problems in terms of the consistency of the report and information collected. The main problems identified are: data availability and individual flexibility.

EDDRA

One person is responsible for this core task. This individual visits the centres and services and look at the various projects, evaluating what information is needed and data quality.

Joint action

Close contact with police and laboratories guarantees data collection and quality.

Emerging trend

The British focal point has decided not to participate in the project, because of the too general nature of the objectives and activities defined by the project.

Key indicators

Data collection on the five key indicators is based on existing information sources. Once an information source has been identified, the focal point allocates specific tasks to be carried out to the external experts. There are few controls on data quality, especially at source level. They have their own quality control systems.

3. Networking and dissemination

There are some difficulties in terms of networking in the UK. This is partly because of the regional organisation, which gives a lot of autonomy to the region, and partly because of the British culture, which encourages the individual to develop and carry out tasks rather than working in groups. This could be an advantage if the central coordination has effective control of the single experts; otherwise, there is a risk of diminished efficiency.

Danish Focal Point
21 January 2002

(A) Participants

EMCDDA staff involved: Wolfgang Goetz, Linda Montanari, Frédéric Denecker

Meeting with the Danish focal point staff members:

Thomas Clement: Head of the Danish focal point.

Kari Grasaasen: Responsible for general coordination, national reporting and epidemiological indicators.

Hans Henrik Philipsen: Involved in EDDRA, prevention and demand reduction.

Morten Hjulsgaard: Responsible for epidemiological indicators.

Mogens Jørgensen: Member (MB) of the Ministry of Health.

Ole Koppr Chkristensen: Representative on the National Board of Health.

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.
- To discuss feedback on the evaluation report and enlargement.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Danish focal point is situated within the National Board of Health (NBH), a governmental agency under the Ministry of Health.

The NBH works in various health and social areas, including drugs and alcohol, both on a national and European level. The focal point is part of the NBH and four part-time people are directly involved in NFP activities: one is head of the NFP; one is the coordinator, who is also responsible for the national report and epidemiological indicators; one is responsible for EDDRA, prevention and demand reduction data and collaborating on the national report; and one is responsible for the epidemiological key indicators. Apart from the central staff that coordinate the REITOX core tasks, the focal point's work is based on establishing links and contacts with relevant institutions (statistics office, forensic institute, etc.) and municipalities, especially in the field of prevention.

The discussion of the evaluation report, which focused especially on the Danish focal point, was an opportunity to underline the lack of human resources and the need to identify a rationale behind the co-financing system that operates for the focal point. Mr. Jørgensen will write a short paper on this co-financing system.

2. Data quality regarding REITOX core tasks

National report: Two people are in charge of writing up the national report. They collect information (by June) from the various information sources, which include national institutions (forensic, statistics, etc.) and the working groups on the REITOX core tasks (EDDRA, key indicators). The second phase of the process involves checking the information (in terms of collection, analysis and reporting) and then the report is sent to the relevant ministries (Social Affairs, Justice, Interior), the scientific committee and the management board. The Ministry of Health is ultimately responsible for the report. The process should end in August (the consultation phase ends on 1 August). The NFP contracts an external expert to draw up the chapter on the selected key issues.

Training activities in the Danish focal point focus on motivating the involved actors and reaching a common understanding of concepts and definitions.

Problematic areas of the national report concern the need to involve many people at national and local levels and the lack of time for planning.

Epidemiological key indicators: Three people are responsible for the epidemiological key indicators: one for the population surveys, one for infectious diseases and one for the others (mortality, prevalence and treatment data).

Working groups are being organised for each of these key indicators, composed of relevant people and institutions responsible for these activities at national level.

The NFP uses different methods for ensuring data quality:

- accredited institutions are used as information sources, especially for deaths and infectious diseases;
- standard statistical procedures for data control and analysis are employed;
- experts exchange information and are involved in discussion; and
- an individual code (social security code) is employed, which partially addresses the issue of privacy.

During the meeting, some suggestions were put forward as a means of improving data quality:

- a) common procedures between focal points should be employed;
- b) standards and guidelines on the key indicators should be implemented;
- c) good communication is necessary; and
- d) recommendations for managing data collection, analysis and reporting should be produced (quality management approach).

The following specific elements regarding some indicators were also mentioned:

- a) Treatment demand: Reporting systems for drugs have been established since 1996. Problems concern: prison data (because of lack of information sources; a new register is in preparation); and data from GPs (because they do not participate in the reporting system, only in the treatment system). An electronic system has been established in order to transmit data from the centres to the focal point.
- b) Infectious diseases: Even though this indicator is well established, problems remain in terms of funding for screening, data reporting, training, as well as data privacy (which is also a problematic issue for other indicators).
- c) Drug-related death (special register): Adjustments have been made in the reporting form in order to follow the EU guidelines. This involves the National Commission of Police, the focal point and forensic institutions.

EDDRA: The person in charge of EDDRA has established a regular flow of information between the 14 regional alcohol and narcotic consultants and the focal point. The EDDRA questionnaire is sent out to this network in order to identify projects that meet with the requirements. An interview is conducted with key people in a second phase, in order to check the quality of the collected information. Finally, relevant data are entered into a national database.

The importance of regular contact with and feedback from the national partners was underlined. To this end, the following have been developed:

- an INTRANET system, where professionals can refer to the EDDRA project and discuss related issues;
- regular meetings of the national working group; and
- training seminars on project planning, monitoring and evaluation as a means of improving the skills and motivation of actors, as well as spreading the evaluation culture throughout the country.

Regarding the new EMCDDA approach to demand reduction, the new tables on prevention, outreach work and prison were greatly appreciated, because they facilitate comparison of such information between countries. It was stressed, however, that it may be difficult to obtain the data required concerning school-based prevention and outreach work, due to the autonomy of the various counties and municipalities. Therefore, it is anticipated that it will not be possible for the NFP to collect all the required data for the questionnaires/tables.

Early warning system: This system is based on two information sources: local sources and the ecstasy database, from which it is possible to extract the relevant data for the early warning system. This information is supplied to the regional medical office, which forwards it once a year to the focal point.

A national working group on the joint action was established, involving police and forensic institutions.

The only problematic area concerns the lack of clarity at European level between emerging trends and the early warning system. The meeting stressed the importance of detecting emerging trends from a social/health point of view, whereas the discovery of a new drug is seen more as a medical/clinical concern.

3. Networking and dissemination

The Danish focal point benefits greatly from the strong national network that operates in Denmark, involving all the actors in the field. The focal point has good and frequent contacts with the institutions and experts working on the different core tasks: from key indicators to demand reduction.

The following structures have also been put in place:

- national working groups for each core task;
- regular annual meetings with the working groups;
- an INTRANET system in order to facilitate communication;
- training courses on evaluation; and
- an annual seminar in order to give feedback and official visibility to national work in the drug field.

Regarding dissemination, the meeting underlined the need to clearly define targets and consequent actions, differentiating between products according to the target. The focal point distributes the EMCDDA's *Annual report* among its partners and the *DrugNet* newsletter to its more informal contacts.

The focal point is not yet really involved in enlargement activities, as it requires some financial support for this. The twinning projects and informal collaboration at the geographical level are seen as a good starting-point.

The following specific needs were identified for future development:

- clearer planning and activities documentation;
- definition of a rationale for co-financing with the EMCDDA; and
- implementation and development of standard procedures and guidelines for the different core tasks.

Dutch Focal Point
27 November 2000

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Dutch focal point: Margriet van Laar; Franz Trautmann; Guus Cruts

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking, as well as about new working priorities, such new key indicators/core data related to the execution of the EU Action Plan on Drugs (2000–2004) and the EMCDDA three-year work programme (2001–2003).

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Dutch focal point, which is located within the Trimbos Institute in Utrecht, was the first focal point to be visited on Monday. Although it has only two full-time staff members directly involved in REITOX activities, it is also supported by a team of Trimbos staff members, which gives the focal point the necessary scientific support on specific topics.

2. Data quality regarding REITOX core tasks

There is a direct flow of information regarding the different core tasks.

Epidemiological indicators: One person is responsible for the key indicators. The data flows through the following progression: drug addiction units, drug addiction centres, the National Institute and the Trimbos Institute. The data are discussed by a national coordination group, which comes under the Dutch Minister of Health. Data quality controls are carried out through various means: direct control of the Trimbos Institute, discussion in the coordination group and specific studies.

Demand reduction: The person responsible for the demand reduction section collects data and information on the relevant projects. The most important objective is to develop evaluation procedures in the intervention field, thus maximising the quality of care and research. Programmes are now only funded if they can demonstrate that they conduct evaluation research and quality analysis.

3. Networking and dissemination

a) The focal point's team has direct contact with local and regional information providers, ensuring an immediate two-way information flow with its national partners. Through these 'bilateral' contacts, the focal point (in association with a board of directors) is also able to control the quality of the national information collected. The networking procedures are good, both in terms of human and electronic interaction and organisational structure.

4. Main problems

- double counting of data;
- motivating the professionals in collection and analysis of information;
- poor dissemination of the information;
- insufficient political and financial support from the national government;
- coordination between the relevant ministries; and
- power of the central government over the local municipalities.

Finnish Focal Point
23 January 2002

(A) Participants

EMCDDA staff involved: Wolfgang Goetz, Linda Montanari, Frédéric Denecker

Meeting with the Finnish focal point staff members:

Ari Virtanen: Senior planning officer, Head of NFP, Stakes.

Olli Nylande: Development manager, Head of statistics group, Stakes.

Salme Ahlströ: Research professor, Head of SCO, Stakes (SC member).

Airi Partane: Senior planning officer, Stakes.

Satu Vuorjok: Planning officer, EDDRA manager, Stakes.

Cristoffer Tigersted: Senior researcher, Stakes.

Leena Warsel: Development manager, Head of substance abuse prevention group, Stakes.

Pia Rosenquis: Head of NAD (Nordic Council for Alcohol and Drug Research).

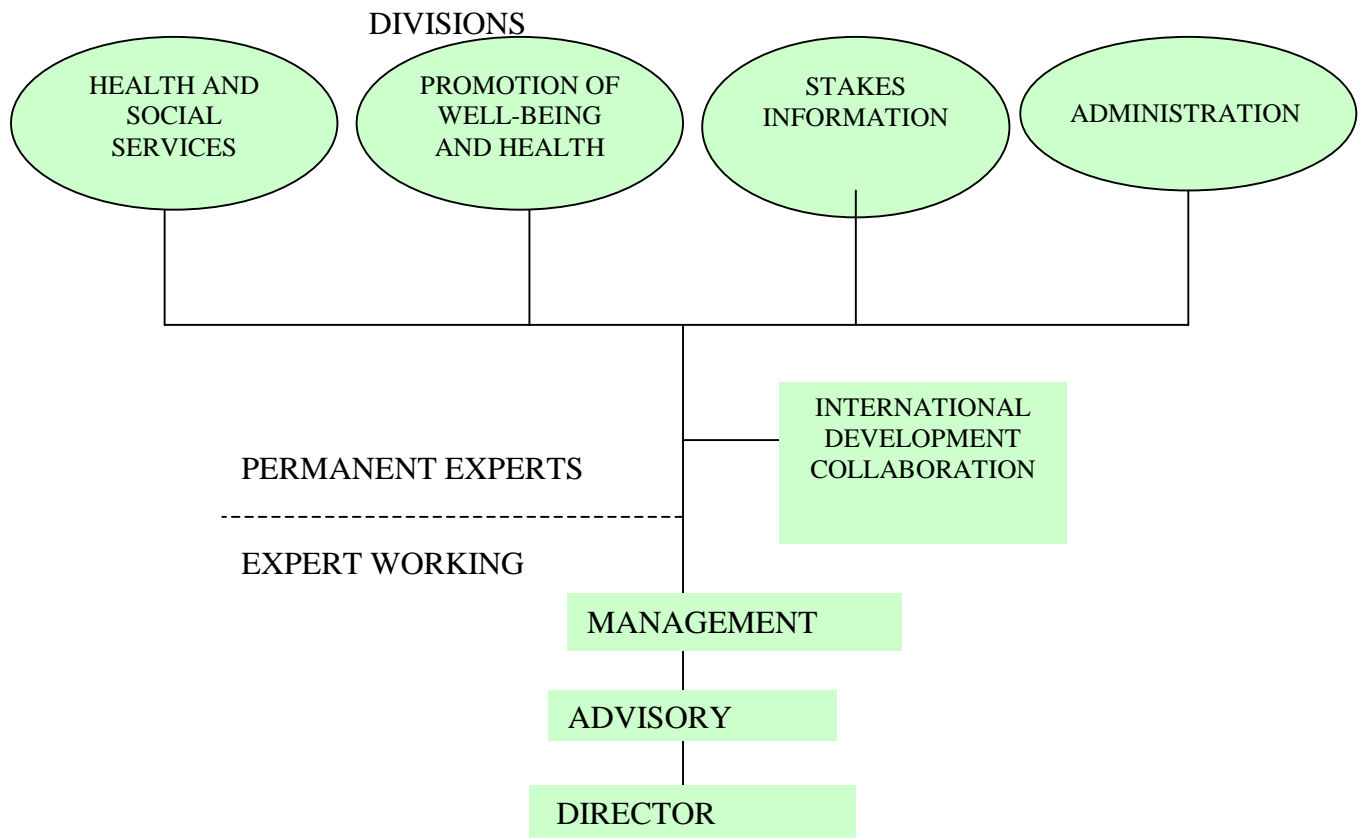
(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.
- To discuss feedback on the evaluation report and enlargement.

(C) Report

1. Structure and organisation of, and political support for, the national focal point (STAKES)

During the meeting, the focal point staff gave a comprehensive presentation showing the structure and organisation of the focal point. The chart showing the NFP's organisation is reproduced below.



STAKES' functions are overseen by a supervisory board whose members are appointed by the Government. STAKES also has a number of permanent experts and expert working groups. Mr. Vappu Taipale is the Director General of STAKES.

Finland's intention is to be a dynamic and multi-faceted information society by the year 2007. As part of this, STAKES will be promoting well-being, health, sustainable development and equality. The organisation will be a recognised information provider representing current expertise in the field of welfare and healthcare. It will continue to pursue new methods for combining research, development and information resources, and to provide new practices for making diverse and creative use of information. STAKES will cooperate nationally and internationally with others operating in the field.

Year of establishment of STAKES / focal point	1992 / 1996
Annual turnover of STAKES / focal point	€32.4 million (2000) / €230 000 (2001)

Status of the unit	Non-profit-making national expert organisation
Staff of STAKES / focal point	Approx. 400 / 3–7

STAKES information division: This division is in charge of processing, retrieving and disseminating general and internal (generated by STAKES) information and expertise in the field of welfare and healthcare, for national and international decision-makers and actors. It maintains national statistics and registers and functions as a centre of excellence for information and communication technology in the field of social welfare and healthcare.

Promotion of well-being and health division: This division undertakes national and international research, evaluation and monitoring in the field of social and health policies. It is committed to activities for promoting the well-being and health of people, improving their living environments and preventing related problems, as well as promoting development methodology in this area.

Useful web addresses of the different divisions:

[Welfare Policies and Social Problems](http://www.stakes.fi/hyvinvointi/english/hpsa/index.html)

(www.stakes.fi/hyvinvointi/english/hpsa/index.html)

[Alcohol and Drug Research](http://www.stakes.fi/hyvinvointi/english/ahtu/engindex.htm) (www.stakes.fi/hyvinvointi/english/ahtu/engindex.htm)

[Prevention of Substance Abuse](http://www.stakes.fi/hyvinvointi/english/pade/index.html) (www.stakes.fi/hyvinvointi/english/pade/index.html)

[Childhood and Family](http://www.stakes.fi/hyvinvointi/english/lape/index.html) (www.stakes.fi/hyvinvointi/english/lape/index.html)

[Municipal Strategies for Health Promotion](http://www.stakes.fi/hyvinvointi/english/ted/index.html)

(www.stakes.fi/hyvinvointi/english/ted/index.html)

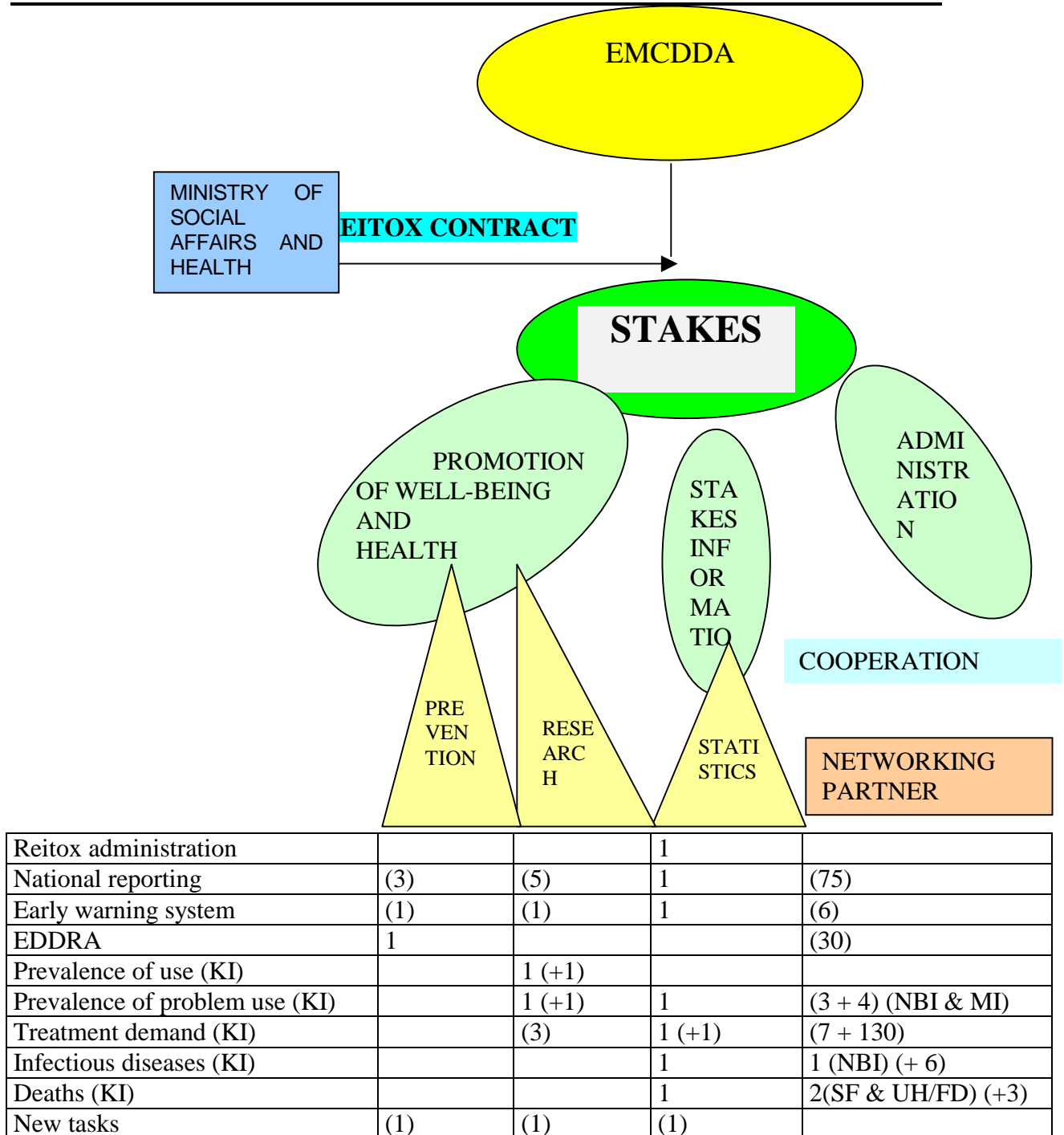
[Environment and Well-Being](http://www.stakes.fi/hyvinvointi/english/ymp/index.html) (www.stakes.fi/hyvinvointi/english/ymp/index.html)

[Methods of Development](http://www.stakes.fi/hyvinvointi/english/kehi/index.html) (www.stakes.fi/hyvinvointi/english/kehi/index.html)

Administration division: The administration division supports the strategic management of STAKES and provides services for in-house administration. It coordinates international activities, including large-scale fairs and training events.

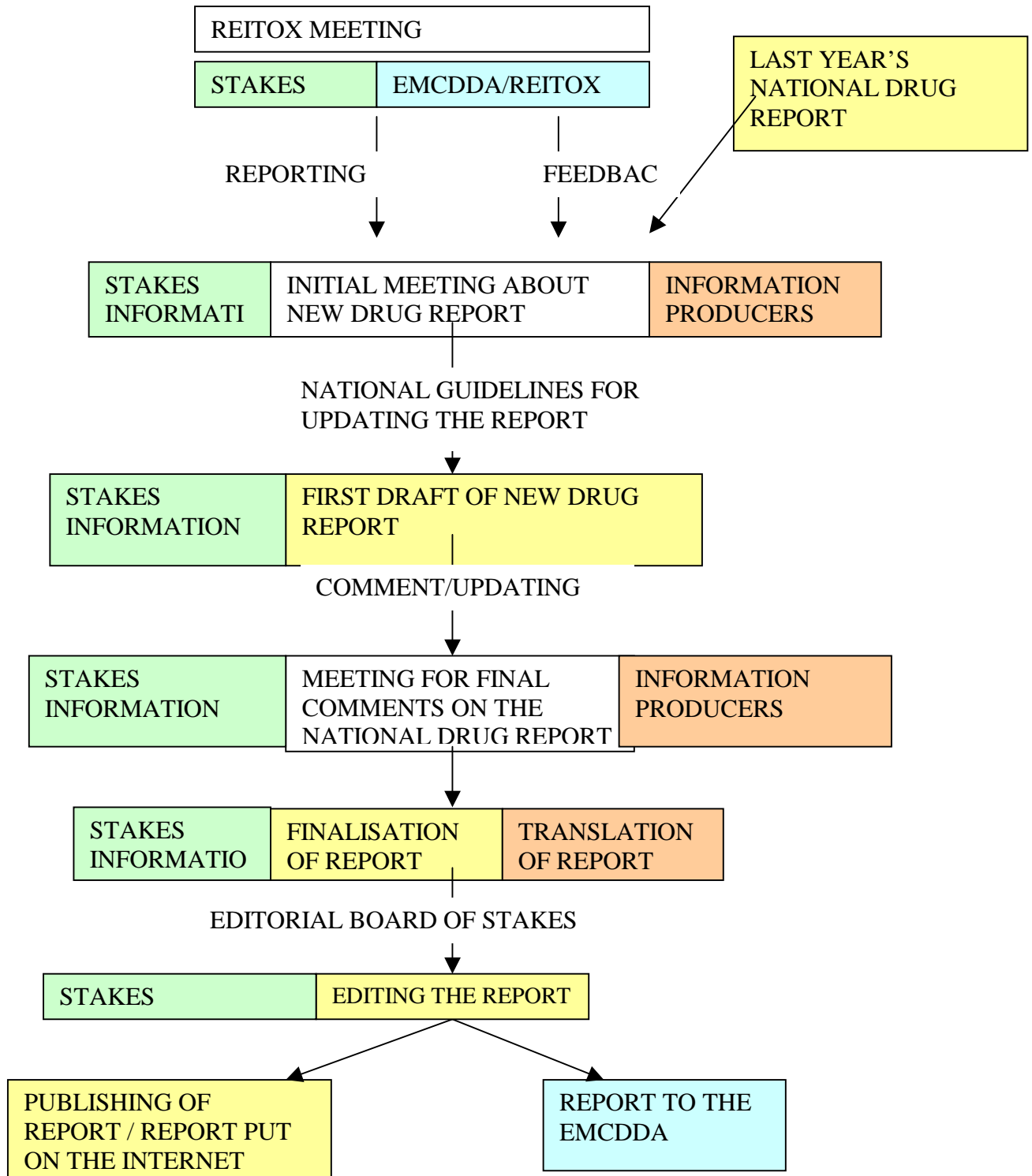
Coordination of REITOX tasks

Coordination of the REITOX tasks, managed by the Head of the NFP, is organised as indicated in the following plan:



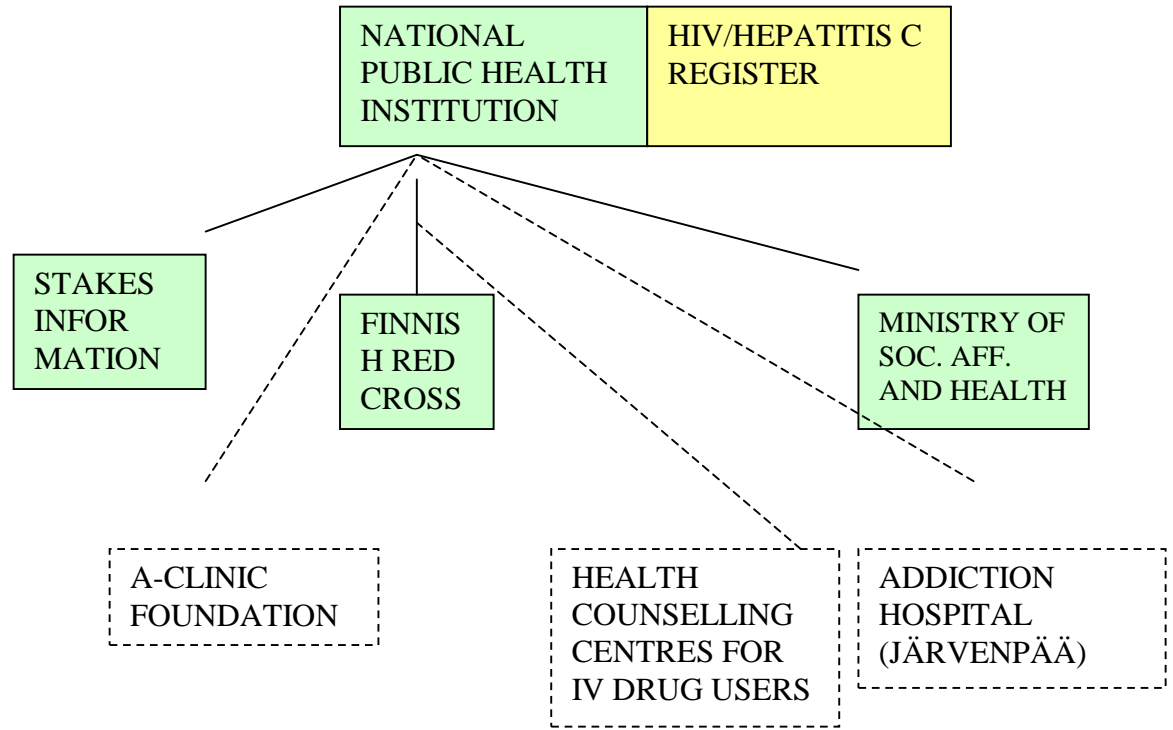
2. Data quality regarding REITOX core tasks

a) National report: As the following plan shows, there is a comprehensive consultation process in place for drafting the Finnish national report.



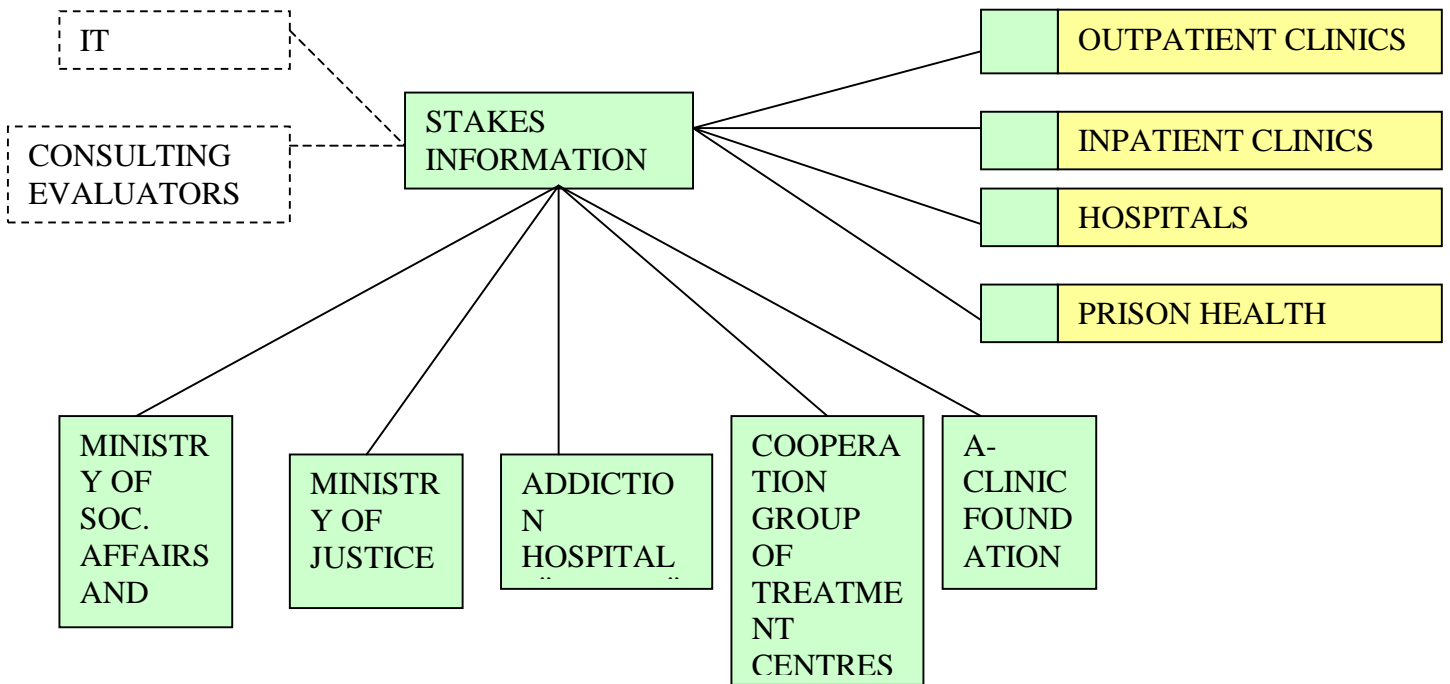
b) Epidemiological harmonised key indicators

Infectious diseases indicator



Actors	Information transfer	Involved institutions (4+), persons (8+)
	Relations between actors	Meetings, e-mail contacts / voluntary basis
Methodology	Information sources	National register data & official register description / health counselling centre surveys
	Information bias	Register-specific evaluations (not available) / surveys (tests) on voluntary basis
	Analysis	Some drug-specific analysis available
	Reporting	Guidelines followed / standard tables used
Communication	Consistency of information sources	Register authorities involved
	Relevant information	Register information based on law / survey system is in development phase
	Criteria/use of information	Register is not drug-specific / common procedure is in development phase for survey systems
Networking	Creation of networks	Initiated for REITOX tasks but also expanded for national needs
	International networking	Based on annual group meetings in Lisbon , including prison and aid networks
	Decision-making process	Top down
	Technical issues	E-mail only information channel

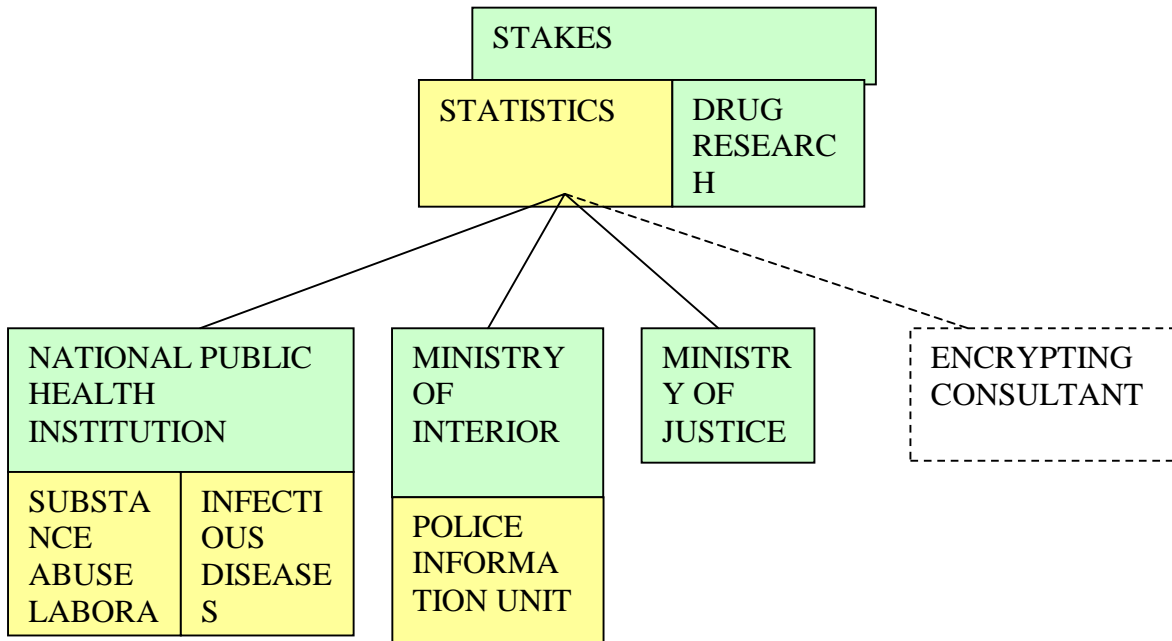
Treatment demand indicator



Approximately 50 % of centres are covered and the focal point is continually extending geographical coverage, which is a major problem because of the low population density of the country. At the moment, data is transmitted on paper, but electronic transmission is being developed. Training courses are organised twice yearly for professionals and feedback reports are provided to services which have at least 10 clients.

Actors	Information transfer	Involved institutions (10 + 130), persons (12)
	Relations between actors	Meetings, e-mail contacts / voluntary basis
Methodology	Information sources	Access to database in STAKES
	Information bias	Evaluations are ongoing
	Analysis	Coordinating group checks the interpretations
	Reporting	Guidelines followed / standard tables used
Communication	Consistency of information sources	Voluntary information collection -> coverage problems
	Relevant information	Information collection is based on common protocol approved by treatment centres as well as the EMCDDA
	Criteria/use of information	Drug-related substance abuse problem / mostly national level
Networking	Creation of networks	Started before REITOX key tasks were defined but on the basis of the EMCDDA's needs
	International networking	Based on annual group meetings in Lisbon
	Decision-making process	Both top-down and bottom-up
	Technical issues	E-mail / post are main information channels

Estimation of problem drug use

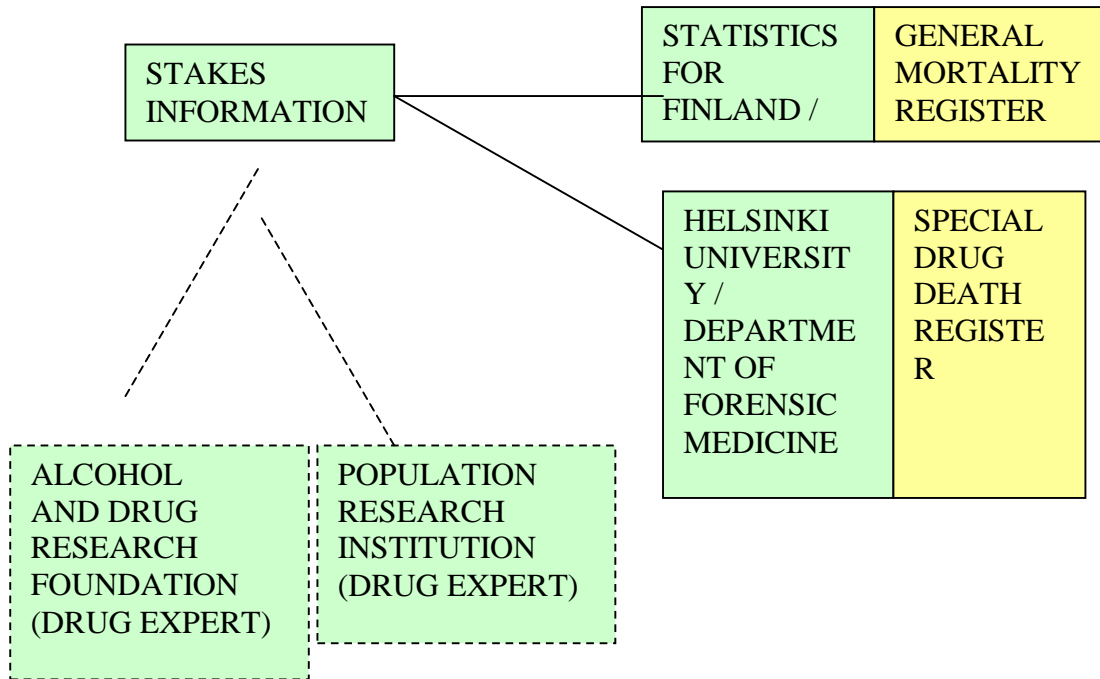


An external consultant is working on this indicator in close liaison with the focal point, especially on the capture–recapture method. The focal point uses various information sources: infectious diseases register, police data, laboratories, though the register is not specifically designed for the drugs field. This indicator is well developed, but some problems remain regarding double counting and geographical coverage.

Actors	Information transfer	Involved institutions (4 + 1), persons (10)
	Relations between actors	Meetings, e-mail contacts / official contract
Methodology	Information sources	Capture–recapture analysis of national register data / official register description
	Information bias	Register-specific evaluations (not available)
	Analysis	Based on common understanding between actors
	Reporting	National reports / guidelines followed / standard tables used
Communication	Consistency of information sources	Data are based on different, non-comparable registers / coverage problems at a general level
	Relevant information	Information collection is based on law
	Criteria/use of information	Registers are not drug-specific
Networking	Creation of networks	For this task only (begun just before REITOX key tasks were defined)
	International networking	Based on annual group meetings in Lisbon and e-mail contacts with EMCDDA
	Decision-making process	Contract-based
	Technical issues	Encrypting process solved and e-mail contacts

Drug-related deaths and mortality indicator

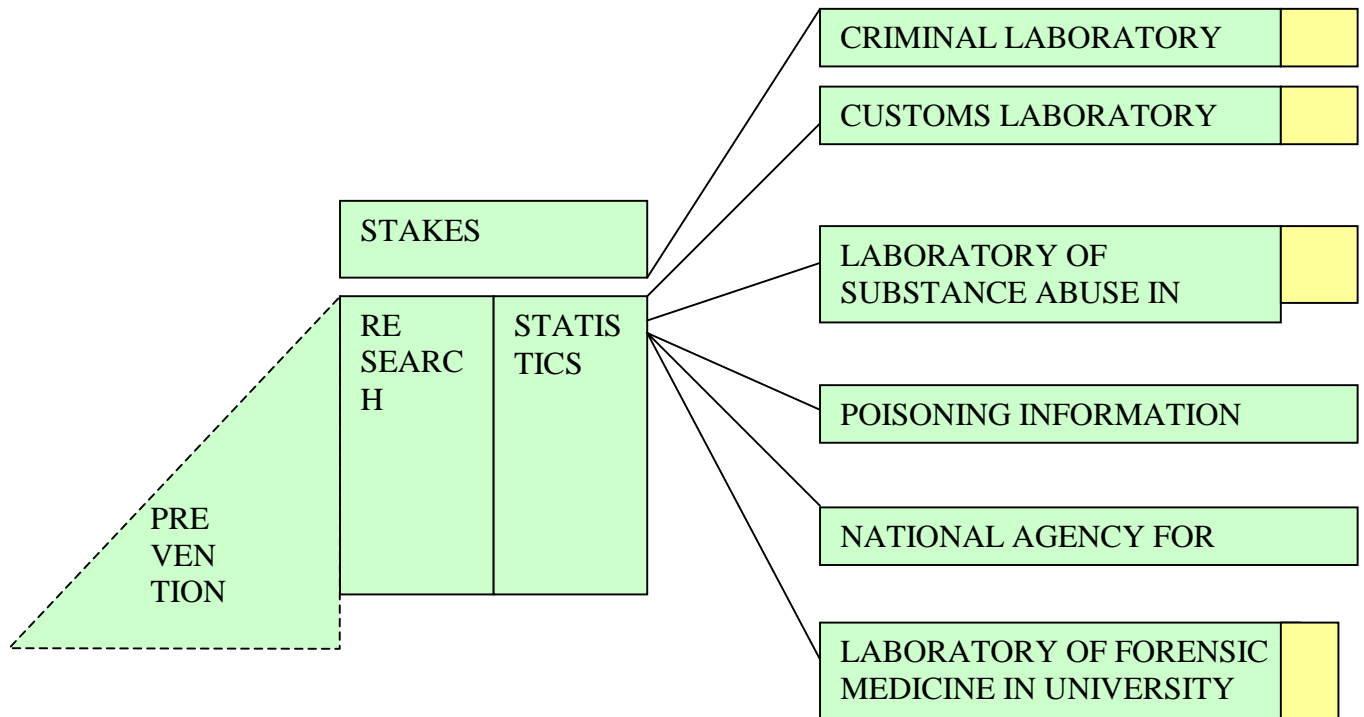
Three STAKES experts are responsible for this indicator, and the Head of the NFP has direct responsibility for coordinating administration. Data is collected by means of a special register and transmitted on paper; no major problems are anticipated in terms of reliability.



Actors	Information transfer	Involved institutions (3), persons (4 + 2)
	Relations between actors	Meetings, e-mail contacts / voluntary basis
Methodology	Information sources	National register data / official register description
	Information bias	Register-specific evaluations (not available)
	Analysis	No drug-specific analysis available
	Reporting	Guidelines followed / standard tables used
Communication	Consistency of information sources	Register authorities involved / possible coverage problems at a general level
	Relevant information	Information collection is based on law
	Criteria/use of information	Register is not drug-specific
Networking	Creation of networks	Only for REITOX tasks
	International networking	Based on annual group meetings in Lisbon
	Decision-making process	Top-down
	Technical issues	E-mail only information

c) Early warning system

Owing to the fact that new synthetic drugs in Finland are a low priority, this task is increasingly focusing on detecting emerging trends in general drug use rather than on detecting new synthetic drugs. However, the NFP uses accredited information sources.



Actors	Information transfer	Involved institutions (7), persons (8 + 1)
	Relations between actors	Meetings, e-mail contacts / voluntary basis
Methodology	Information sources	National register data / official register description
	Information bias	Most laboratories are accredited laboratories
	Analysis	Based on official (chromatographic??) protocols / lack of reference substances
	Reporting	Guidelines followed / standard format used
Communication	Consistency of information sources	Register authorities involved / coverage problems, possibly based on practices used in the analysis
	Relevant information	Information collection is based on official practices used for selecting analysis targets
	Criteria/use of information	Data also used for solving narcotics offences
Networking	Creation of networks	Only for REITOX tasks
	International networking	Based on annual group meetings in Lisbon
	Decision-making process	Top-down
	Technical issues	E-mail only information channel

d) EDDRA

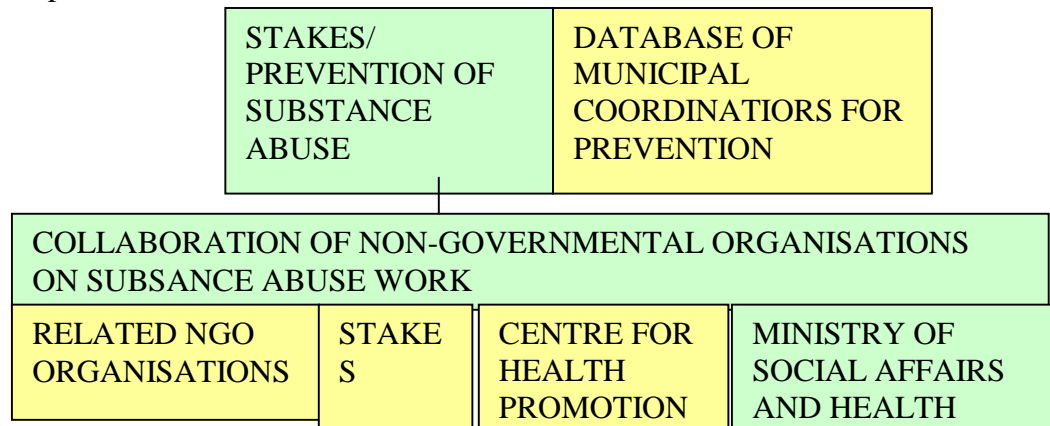
The NFP collects the information from remote municipalities (from a specific database), as well as from NGOs. Currently, the NFP receives the questionnaires in paper format

from its national partners and bears the responsibility for encoding all data into the EDDRA database.

Pending problems are the following:

- lack of motivation in national, regional and local actors;
- few projects are evaluated in Finland;
- heavy and complicated structure of the EDDRA database; and
- scarce geographical coverage within Finland.

A global report on EDDRA at European level would be very useful for the promotion and future development of the database at national level.



Actors	Information transfer	Involved institutions (1 + 30), persons (1+)
	Relations between actors	Meetings, e-mail contacts / voluntary basis
Methodology	Information sources	National project databases / EDDRA formats to be met by the projects
	Information bias	Standard formats too heavy and difficult for project personnel
	Analysis	Insufficient project evaluations to fulfil the EDDRA criteria
	Reporting	Guidelines followed / standard formats used
Communication	Consistency of information sources	Projects both fill the formats as well as check the translated versions / different projects are not comparable
	Relevant information	Standard definitions do not always fit the reality
	Criteria/use of information	EDDRA format and related guidelines
Networking	Creation of networks	Only for REITOX tasks
	International networking	Based on annual group meetings in Lisbon
	Decision-making process	Top-down
	Technical issues	E-mail / internet as information channels

e) Voluntary tasks

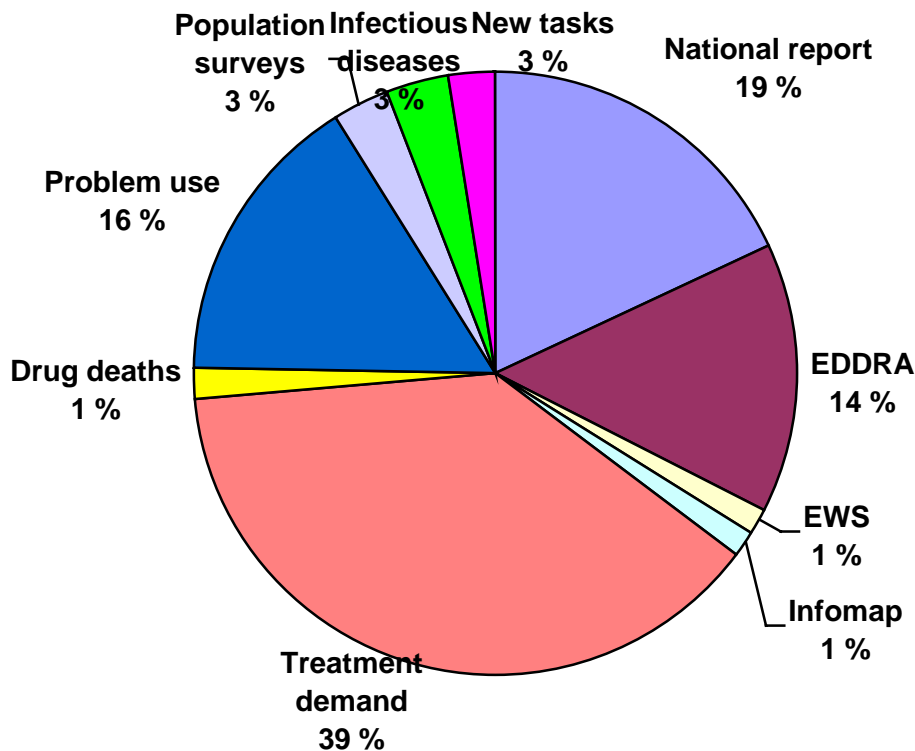
The EMCDDA/REITOX joint dissemination activities¹

The Finnish focal point underlined the specific problem of translation quality (undertaken by the Translation Centre of the EU bodies in Luxembourg). They would like to discuss this issue with the EMCDDA and the other focal points during the next REITOX meeting in Lisbon. Although few resources are dedicated to public relations, the NFP offered to identify journalists who are particularly specialised in the drug field and send a fully updated list of relevant addresses to the EMCDDA.

Conceptualisation of new targets (EU action plan on drugs)²

The Finnish focal point pointed out that the current problem hindering them from participating in the conceptualisation phase of these new targets was the lack of a clear definition of the targets, as well as an estimation of the work involved for interested focal points. The focal point has asked the EMCDDA to better define these targets.

f) Allocation of focal point resources for 2001



¹ In line with the EMCDDA dissemination strategy – adopted by the management board – the REITOX NFP have been invited to participate, together with the EMCDDA, in joint dissemination activities, initially in the areas of distribution, multilingual output and media relations.

² Interested focal points can participate with the EMCDDA, on a voluntary basis, in conceptualising the new targets, as defined by the EU action plan on drugs (2000–2004).

3. Conclusions

In conclusion, the main points, problems and needs identified at the meeting can be summarised as follows:

Positive points:

- The internal organisation of the focal point is very well structured, which has a positive impact on the global activities of the institute, as well as on other institutions involved, especially when initiating a new project.
- Only accredited information sources are used (the quality of data and information is therefore ensured).

Problems:

- Most of the information sources provide their data on a voluntary basis.
- Geographical coverage is an obstacle that urgently needs to be solved.
- There is considerable lack of motivation in the actors involved.
- There is a limited evaluation 'culture' within the demand reduction field, especially regarding the concerns of EDDRA.

Needs:

- It is imperative to have a better definition of the new EU targets and their anticipated impact on the NFP's activities.
- There is an urgent need for clarification regarding the future of EDDRA and the role of NFPs in the EWS on new synthetic drugs.

French Focal Point
28 November 2000

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the French focal point: Jean-Michel Costes; Mathieu Chalumeau; Alain Labrousse

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The French Monitoring Centre for Drugs and Drug Addiction in Paris was the next focal point to be visited. The OFDT (French focal point) has a team of about 16 permanent staff members, who assess all national data regarding licit and illicit drug abuse, for both its national and European information purposes. The OFDT has a privileged national status, as the focal point reports immediately to the MILDT, a centralised inter-ministerial coordination unit on drugs.

2. Data quality regarding REITOX core tasks

Data collection and analysis are organised for each indicator as follows:

- Population surveys: The focal point has developed a number of research projects, either building on previous projects or organising new ones – schools survey, telephone survey on health, research on young people who are in military service (this now includes women), risk perception among the general population, and coordination of local surveys. Data quality control has been conducted through directly control the data entry and using the same methodology for different research.

- Mortality, infectious diseases and treatment demand: A national group of experts has been set up in order to collect information and check data from the ministries and other actors in the drugs field. These groups meet regularly to discuss data collection, analysis and reporting. The focal point collects all the data from the statistics office in each ministry.
- Another significant task is evaluating the French three-year plan on drugs. A staff member evaluates the internal consistency of the plan and the efficiency and effectiveness of the stated objectives. The French focal point publishes an evaluation report on national policies and strategy in the drugs field in France.

3. Networking and dissemination

There is fairly good networking, especially in terms of joint action activity. A specific network has been created (SINTES) for the early detection of synthetic drugs, as well as for early detection of new trends in overall drug abuse (TRENDS). The strong support received from central government guarantees that the focal point functions efficiently. However, contacts between the national focal point and the primary sources of information tend to be indirect, as the model is centralised. Coordination among ministries guarantees the integration of information, but the relationship with the secondary sources of information is unclear.

3. Main problems

- There is a lack of direct contact with the basic sources of information.
- The model of the centre is organised on a research basis. This has some benefits but could jeopardise networking and direct contacts with the professionals.

German Focal Point
28 February 2001

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the German focal point: Roland Simon, Eva Hoch, Tim Pfeiffer

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The German NFP (the DBDD) is a non-governmental organisation, funded by the federal government (through the Health of Ministry). The NFP is composed of three different organisations located in different cities, as outlined below:

- IFT: This is a non-governmental organisation, with responsibilities in epidemiology and the overall activities of the NFP. Three people work in the IFT, which is situated in Munich.
- DHS: This is a non-governmental organisation (NGO) that is an umbrella for all the treatment centres in Germany. It is located in Hamm and its role in the NFP is networking.
- BzgA (Federal Centre for Health Education; FCHE): This organisation is based in Cologne and comes under the Federal Ministry for Health. It works in the area of prevention and is responsible for managing EDDRA in Germany.

These organisations also have close contact with DHS & FCHE, as well as other institutions.

An important factor for the focal point is the relationship it has with the different Länder. The NFP operates in conjunction with the following political bodies:

Political

- Federal parliament (Berlin)

- Drug Commissioner for the federal Länder
- a bureau with a head of unit
- the Drug Commissioner (located in Berlin), who coordinates the drugs field for the Federal government

Administrative (Bonn)

- Government
- Ministry for Health
- Drug and Addiction department within the Ministry for Health
- a sub-department

2. Data quality regarding REITOX core tasks

National report: The process for producing the national report is very well structured. One person is responsible for this task. The work is organised according to the following phases:

January: Planning of activities for drafting the national report

This first step is the most important part of the work, because it provides the basis for everything that follows. It consists of the following:

- an internal evaluation that looks at the deadlines and estimates the time needed (based on the previous year's experiences);
- an overview of sources and institutions, relevant data and key persons, key dates and contact information;
- a schedule for planning, including data that has to be collected, people to be consulted and addresses, deadlines, etc.;
- involvement of DBDD and Ministry of Health representatives in the planning process; and
- guidelines for data collection, including standard information, ad hoc studies and new information on drug policy

April/June: Data collection from the different data sources (police, IFT, statistical office, etc.)

July/September: Drafting and translation of national report

October: Consultation process

After October: Dissemination of the national report to a wide audience

Key indicators: The NFP has organised individual working groups for each indicator, with different results according to each situation. All the NFP partners take part in these working groups: the three concerned organisations, the experts for the indicators, the federal partners, the Länder partners, the scientific committee member, the management board member. The NFP plans meetings and activities at the beginning of the year.

The treatment demand indicator is quite well developed, because of the direct involvement of the IFT in carrying out the work as an EMCDDA contractor. However, there is not a federal monitoring system: each of the Länder gives collected data to the IFT, which incorporates this into a database. The main data sources are the treatment

centres, especially the outpatient centres. Occasionally, hospitals and (rarely) general practitioners collect data and provide them to the focal point.

Data on infectious diseases come from a federal agency on infectious diseases that collects data from an internet website. Low-threshold centres collect a small amount of data (in a non-standardised format).

The police service, which is organised on a federal basis and with a harmonised system, is a good data source regarding drug-related deaths. The NFP has a good relationship with law enforcement agencies and discusses data quality with them regularly.

The same applies for prevalence estimates as for drug-related deaths.

Regarding the drug consumption in the general population indicator, the IFT manages all the research phases of the survey, except data collection (interviews), which is conducted by an external research institute. Quality control is guaranteed.

The NFP has developed good skills in the following areas:

- personal contacts with relevant institutions and individuals in Germany and, above all, with the law enforcement agencies;
- direct control over data in the EBIS database;
- good skills on the treatment demand indicator;
- good planning for the national report;
- direct quality control of translation of the national report (translated directly by the NFP); and
- a close relationship with some other NFPs (e.g. Austria).

Joint actions: In Germany, the main joint action is the data that is collected by the police, without formal exchange of information but including available informal information. This is due to the rigid rules for transmission of police data: the police have a standardised system of data collection, but the exchange system is not standardised. If formal timescales are adhered to, the system loses the ability to offer an early warning system.

The press is another data source, but there is no data quality control.

EDDRA: This is the only task that is not directly managed by the IFT, but by the FCHE. In total, 25 projects are entered on the database and it is anticipated that the procedures for data collection and analysis will be overseen by a working group that will include the main actors in prevention and demand reduction in Germany, as well as involving each Länder.

3. Networking and dissemination

The focal point's dissemination activities are increasing, because of the importance of involving the national partners in NFP work.

The main instruments of this activity are:

- the focal point's website, which has links to other relevant institutions;
- the newsletter, which is distributed to national partners and other German-speaking people and institutions;
- national reports, which are disseminated nationally to the actors involved as well as to key people in the drug field (about 250 copies are distributed); and
- the focal point's link with the documentation centre in Brema, even if some difficulties are being experienced with this process at present.

4. Main problems

At political level:

- Federal organisation: The Länder play a big role in providing data and in the consultation process. This often causes problems, such as: difficulties with decision-making, slow consultation processes and lack of methodological harmonisation. It would be desirable to define a formal protocol with the Federal/Länder organisations regarding data collection. The involvement of the EMCDDA in this area would be useful.
- The various organisations participating in the focal point: The German focal point is based on the activities of three organisations. This can be an advantage, in terms of contribution richness, but it can also present certain difficulties, in terms of sharing decision-making and responsibilities. Furthermore, the three organisations are located in three different places, which is an obstacle to easy communication.
- Central staff : The three people who work in the IFT are in charge of most of the focal point work, which means that the organisation is short of human resources.

In drafting national reports:

- It can be hard to find relevant information sources and it is not always possible to change the key people when necessary.
- The requested data is not always received in time and does not always follow the guidelines.
- The consultation process at the political level (Länder and federal) often takes too long.
- There are hardly any controls for data quality on information sourced at a level lower than the federal/national level.
- There is considerable competitiveness between institutes and levels.
- Many gaps still exist in sources of information, and resources are often lacking.
- The internal revision and consultation processes for producing the national report are generally weak.

With key indicators:

- There is a lack of human resources.

- There is a lack of sources in certain other fields, such as infectious diseases, low-threshold services and substitution treatment.
- There is a long consultation process for managing the key indicators.
- There is little direct quality control of data sources.
- The translation process is time-consuming (but this could also be a strong point, in view of the focal point's direct control over the translation).

With joint actions:

- The main weak point is that the joint action does not function well and there is no standardised system. It would be useful to join the early warning system and emerging trends tasks in order to have a direct link regarding the concrete implications for the intervention and demand reduction fields. **(This is definitely NOT MY POINT OF VIEW)**

With networking:

- The only weak point in the NFP's networking is the lack of human resources to improve communication.

5. Requests to the EMCDDA

National reports:

- to increase feedback from the EMCDDA, which is felt to be very important (on key indicators, national report, additional programmes);
- to maintain the same structure for some years, which will allow the NFPs to build a stable process of data collection;
- to have the guidelines available early;
- to expend more effort on key issues, keeping the standard elements of national reports unchanged, in order to develop new fields of knowledge and key people;
- to develop interpretation skills at EU level; and
- to harmonise common concepts and terminology in the relevant field (policy, intervention, etc.).

Key indicators:

- to officially adopt final guidelines and oblige Member States to follow the European standards (clear definitions of key indicators, stability in data collection); and
- to give focal points clear deadlines for data collection in order to allow each Member State to carry out related activities realistically with its partners.

Networking:

The German focal point would also like the EMCDDA to improve communications with the NFPs through more feedback from the Centre and direct involvement of the NFPs in the dissemination strategy and its evaluation.

The focal point would like to put forward the following concrete proposals:

- reorganisation of the REITOX website, in line with the EMCDDA proposal that has already advanced (national reports to be on the website, organised per issue, by topic, etc.)
- a simple survey to the NFP on the DrugNet, sometimes judged not useful for the target (too political and administrative and not sufficiently centred on drug topics.
- discussion of the guidelines with the focal points, as a good way of sharing the work and involving NFPs in the EMCDDA's work.

Greek Focal Point
28 May 2001

(A) Participants

Agents involved: Wolfgang Götz, Linda Montanari, Frédéric Denecker

Meeting with the Greek focal point: Manina Terzidou and all the focal point staff (see the website: <http://www.ektepn.gr/>)

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking, and about new working priorities, such new key indicators/core data related to the execution of the EU action plan on drugs (2000–2004) and the EMCDDA’s three-year work programme (2001–2003).

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Greek focal point was assigned to the UMHRI and ratified by ministerial decree, although there is no written agreement between the focal point and the ministries. The major part of funding is received through the Ministry of Health and OKANA. The management board of OKANA consists of representatives of different ministries, which means that OKANA can be regarded as the national coordination body on drugs. There are three coordinating bodies for Greek policy on drugs:

- 1) OKANA (demand reduction and inter-ministerial coordination);
- 2) the Central Anti-Drug Coordination Unit (policy on supply reduction); and
- 3) the national focal point (data and information collection).

OKANA functions as an advisory body to the Ministry of Health on funding for drug therapy and treatment. The Greek Prime Minister will soon be giving more status to OKANA by better defining the limits of its activities. Although OKANA is an inter-ministerial coordination unit, the other ministries involved are not as well represented as the Ministry of Health. This inter-ministerial coordination unit meets one to two times a month and, although at present not all ministries are represented, progress is well under way to this end.

In Greece, all drugs have the same status; no distinction is made between ‘soft’ and ‘hard’ drugs. Some members of parliament are now trying to introduce significant changes in this regard, by proposing that:

- 1) a clear distinction is made between cannabis and other drugs;
- 2) OKANA restricts itself to coordination activities (rather than remaining involved in therapeutic services); and
- 3) an additional central unit be created for dealing with substitution and treatment issues.

Some legal pharmaceutical drugs have recently been included in the national strategy on drugs, and it is also planned that alcohol be included into OKANA’s brief. The inclusion of alcohol use is due to new patterns of use: in the past, alcohol use in Greece was related to family events and food consumption, but there has now been a huge increase in alcohol abuse related to young people on the ‘clubbing’ scene.

Cooperation between the police service and health units was not very good in the past, but now the University of Mental Health Institute provides training in health-related issues to the police force.

2. Data quality regarding REITOX core tasks

Each project is presented here in detail and the relevant documents are available at the REITOX department. Further detailed information can be found on the Greek website (<http://www.ektepn.gr/>).

EDDRA/demand reduction: Greece has the highest number of projects entered on the EDDRA database (31 projects up to now). Outreach work and youth programmes outside the schools area are currently not represented in the EDDRA projects. The Greek focal point is currently running a project to create a national EDDRA database, which will serve the European database, and annual training seminars are being organised by UMHRI at national level. The written feedback that the focal point has given to its national partners since 2000 is highly appreciated and EDDRA has been widely promoted at national level. Special emphasis is given to evaluation in the demand reduction field and there is very effective cooperation between the focal point and OKANA on demand reduction projects in Greece.

Treatment demand indicator: The Greek focal point applies the treatment demand protocol and participates actively in the implementation of the protocol, partly because of the former participation of the focal point in the long process of establishing the indicator. There is good coverage generally, except for some difficulties with the hospitals and GPs. The treatment demand protocol is the first monitoring system to operate in treatment units in Greece. The system has had the advantage of starting from 0, as it was not necessary to adapt it to other information needs, as in other countries.

General population survey: A general population survey has been conducted three times in Greece: in 1984, 1993 and 1998. The focal point has direct control over data collection

by training the researchers who conduct the interviews. The other activities – analysis and reporting – are conducted directly by the focal point.

Drug-related deaths: The focal point has created a good network at national level with all the institutions involved in data collection on mortality. They have adopted the EMCDDA standard and this is working well.

Infectious diseases. The focal point has created a network to collect data from the information sources, with controls on double counting at national level.

Early warning system: The focal point has developed a specific database that stores all useful information on new drugs and new patterns of use, through contact with laboratories, police and other institutions. The EMCDDA joint action programme will find the database an innovative and useful tool for the European tasks.

3. Networking and dissemination

Networking in Greece requires a lot of time and energy, since the focal point continually tries to motivate all national partners in their networks. The Greek focal point regards training as an important element of networking, especially in terms of exchanging experience and getting to know each other better. The focal point has permanent phone and e-mail contact with its national network and keeps its national partners informed by means of a continually updated mailing list (through which the Greek national report and other publications are also distributed). The focal point always invites new institutions to join its network. Currently, it has among its partners 62 prevention centres and 28 treatment centres.

New tasks

The Greek focal point has already begun the conceptualisation phase of the new indicators and suggests the following actions for conducting this task:

- training, especially on evaluation;
- discussion in working groups at REITOX meetings; and
- evaluation of networking activities.

4. Conclusions

In general, the Greek focal point has established a good network and an effective and well-organised working group. The organisation has good skills in every area of work and a good relationship with its national network. The only perceived weakness is the small size of the country and the fact that the focal point is relatively new. However, this could also give some advantages (see above).

Irish Focal Point
23 January 2001

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Irish focal point: Rosalyn Moran, Mary O'Brien, Lucy Dillon, Tracy Kelleher, Paul Cahill

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Drug Misuse Research Division (DMRD) is part of the Health Research Board and is funded by the Ministry of Health and Children and various contract research sources. It also has contact with a number of other ministries (above all the Department of Tourism, Sport and Recreation and the Ministry of Justice, Equality and Law Reform). Ireland has a National Drug Advisory Committee, with representatives from relevant agencies and sectors (statutory and non-statutory), community groups, etc. The Head of the DMRD is a member of this committee. The focal point works with key persons on analysing the drug situation in Ireland and interpreting the collected data.

The National focal point is situated within the DMRD, of which only a part focuses on European activities (EMCDDA/REITOX activities). Other areas of work focus on research at national and international level.

Each health region in Ireland has a drug coordinator and, in addition, there are 14 local task forces concentrated in areas where the drug problem is particularly acute.

In all, 50 people work in the Health Research Board and six of these work specifically in the Drug Misuse Research Division. Six more positions will be advertised during the next

few months. For specific issues, the DMRD contracts scientific experts in the field (e.g. this year for the key issue on cocaine in the 2000 national report).

The activity areas of the DMRD are as follows:

- coordination and management;
- research (e.g. rural study, prison study, general population studies);
- the Council of Europe (Pompidou Group);
- the early warning system;
- epidemiology (national drug treatment reporting system, drug-related deaths, infectious diseases, general population survey, prevalence estimation);
- law enforcement data;
- data collection in prisons;
- demand reduction (EDDRA);
- geographical information system, qualitative studies;
- training; and
- dissemination (DrugNet Ireland/Europe, IT and website, research reports, journal articles and human network).

An outline of the activities of the HRB and the DMRD can be viewed on the organisation's website (<http://www.hrb.ie/>).

The focal point has a good relationship with the Irish EMCDDA management board member, as well as the Irish member of the EMCDDA scientific committee. This strengthens support for the focal point.

Example: in the case of the epidemiological harmonised key indicators, a document has been submitted to the National Drugs Advisory Committee outlining, for each of the key indicators, the Current Status, the Actions Needed and Parties Involved, and suggesting the ways that the committee could support the implementation of these key indicators.

2. Data quality regarding REITOX core tasks

The Irish focal point is well-organised in the data quality field:

- it ensures direct control of data sources (regarding research carried out directly by the focal point and the drug reporting system – NDTRS);
- it has working groups on each of the key indicators of drug misuse; and
- it receives feedback on all information included in the EMCDDA national report from the relevant agencies and personnel involved.

The researchers at the focal point collect data and analyse the drug situation in the country through statistical and epidemiological methodology, and also through literature review and interviews with key persons.

Example: in the case of infectious diseases data, the focal point makes contact with researchers as well as doctors, consultants and experts in the field.

Specifically regarding the NDTRS (National Drug Treatment Reporting System), the focal point collects the data on paper from all drug treatment agencies (voluntary as well as statutory) throughout the country, as well as from doctors in general practices in the community (providing methadone maintenance for opiate users). This is done in collaboration with the Irish College of General Practitioners. NDTRS data collection from the prison service will be initiated in 2001. A standard instrument (questionnaire) is used by all centres and the focal point provides training to involved professionals. The focal point encodes the data in a database using SPSS software (two people undertake this task) and checks the data (for missing values, etc) directly with the information sources. Other checks are conducted using SPSS syntax files. Data are collected on an annual basis (i.e. everyone who presents for treatment in a given year is included). There are plans to collect the NDTRS data electronically at regional level.

In the field of demand reduction, and in particular for EDDRA, the focal point has direct contact with the individuals drawing up and conducting the projects, which ensures data quality.

Regarding the early warning system, the Department of Health and Children has created a national group, composed of the following: representatives of the Department of Health and Children (management board member) and the Department of Justice, Equality and Law Reform (Horizontal Drug Group's representative); the police; staff from laboratories; and the scientific committee member. In Ireland, forensic analysis of seized drugs for prosecution purposes is the only means of identifying new synthetic drugs. No new synthetic drugs have been seized, hence no new synthetic drugs have been reported through the joint action mechanism.

Drug-related deaths: The focal point has an expert working group on drug-related deaths. Data on deaths are collected from the GMR at the Central Statistics Office; Ireland does not have a Special Register. The main problem in this field is identifying drug-related deaths, because they are often hidden. The coroners in Ireland are lawyers or medical doctors.

Infectious diseases: The focal point found the new table on infectious diseases drawn up by the EMCDDA very useful for improving analysis of the situation in Ireland. Drug-related infectious disease as an indicator of drug misuse is at an exploratory stage in Ireland. The focal point has identified the key experts working in the area of drug-related infectious diseases. A workshop of these experts has been held in order to facilitate an exploration of potential data sources.

Research: Qualitative and quantitative research at the focal point is well developed, with a number of studies ongoing – drug use in rural areas, in prisons, health services, etc. The focal point conducts research directly, or through external contractors (as in the case of the key issue on cocaine) in exceptional circumstances.

3. Networking and dissemination

The focal point is developing a network through an active dissemination strategy, which involves the setting up of a new documentation centre at the focal point. This has been designated to be the National Drug Misuse Documentation Centre and will provide public access and an e-library, in collaboration with the EMCDDA and others. An inventory of ongoing research and publications and a bibliography of drug misuse including grey literature will also be part of the work of the new documentation centre, which collects all the research conducted, as well as the research projects.

The points underlined by the focal point staff regarding networking improvements are as follows:

- the importance of feedback from the EMCDDA;
- the importance of feedback to people providing information for the national report;
- EMCDDA work inter alia has led to establishing experts groups, which have been found to be very useful for DMRD work in general; and
- motivation of the involved staff and professionals at local level is very good, with the DMRD receiving good cooperation.

4. Main problems

- No serious problems have been identified at political level (except for the high concentration of tasks for the same people; but this should be solved when the new positions are filled).
- It is hard to identify drug-related deaths, because they are often hidden.
- The entering of treatment data directly onto an electronic database by focal point staff (at the focal point) is a time-consuming activity.
- There is a lack of sources in the infectious diseases data.
- An evaluation of the national reporting system is needed.
- There is a need for training in the drugs and health-related fields in third-level institutions (e.g. in prevalence estimation methods).
- The focal point sees a great need for the e-library project in the EMCDDA to continue; this would provide the opportunity for people in different European countries to access and exchange information between one another.
- The focal point suggests that the EMCDDA should develop the REITOX website as a fundamental instrument of exchange.
- In particular, the focal point recommends the creation of a thematic chat room for REITOX.

Italian Focal Point

26 February 2001

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Italian focal point: F. Scarpino (Head of the focal point), S. Zanone (Coordinator), T. Macchia (drug-related deaths, joint action), F. Mariani (population survey, local and national prevalence), F. Giannotti (qualitative research), D. Turner (national reports, administrative aspects), G. Nicoletti (treatment demand indicators), Sgori (EDDRA), L. Ravà (infectious diseases)

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Italian focal point is a part of the Italian Monitoring Centre for Drugs, in the Department of Social Affairs under the Presidency of the Council of Ministries. It was created in 1999 and is divided in two parts: statistics/epidemiology and demand reduction. There is no problem in terms of political support or funding for the Italian focal point, because, as well as receiving European funding, the focal point is funded by the State in order to develop specific projects:

- funding for the key indicators is allocated for training, seminars and conferences, with the aim of increasing awareness of the regions in data collection and analysis;
- funding for expanding treatment demand data collection in the public and private services; and
- data collection from prisons.

The focal point is composed of a central unit with a coordination role and some external experts, as well as some research institutions, most of which are in Rome.

A detailed presentation of the Italian focal point can be found on its website (<http://www.ceis.it/focalpoint/>) and on the website of the Department of Social Affairs (<http://www.affarisociali.it/das/>).

2. Data quality regarding REITOX core tasks

The focal point's activities on the key indicators have a good scientific basis, although there are some problems with infectious diseases, national reports and the treatment demand indicator.

Prevalence:

- The focal point has conducted research on schools using Pompidou Group protocol (ESPAD study). Next year they will be conducting a survey of 25 000 students. There are some problems in sample stratification.
- Different applied methods (capture–recapture, back calculation) are used to collect data on incidence, prevalence and latency time. Tor Vergata University is in charge of this analysis.
- Italy is only conducting its first population survey this year, because of organisational problems. However, the focal point will not start with a general population survey but will instead survey, by means of a questionnaire, the population attending football games, people using commuters and people starting work, because of the major social significance of this population.

Infectious diseases: Data on AIDS and HIV are collected by the COA (AIDS Operational Centre, under the Health Superior Institute) through various information sources: drug treatment centres, STD centres, the Ministry of Justice, the regions. There is a special register in the Health Superior Institute of data on hepatitis C. A follow-up study (Vedette study) will be conducted in this field. There are some difficulties relating to the problem of personal privacy.

Drug-related deaths: The focal point is going to adapt its data collection to the European standard. At present they are using the ICD9 code, but they will be changing to the ICD10. A working group has been organised with members from interested ministries and institutions (ISS, responsible for the indicator, Ministry of Justice, Academic Toxicologist, National GP Association).

Treatment demand indicator: Here also the focal point is adapting the national monitoring system to the treatment demand protocol; at present only two regions apply the TDI (Lazio and Friuli-Venezia Giulia). One region (Emilia-Romagna) has a good regional monitoring system but without a control on double counting. The main problem relates to the large and complex structure of the country and its long tradition using the same data collection system.

Joint action: A major problem in Italy is that it is compulsory to notify the legislative authority about new drugs and it is consequently difficult to communicate rapidly on

informal information that has still not been scientifically proven. The focal point has created a working group composed of a network of informants, including people and institutions involved in the field (street workers, scientific laboratories, police, etc.), as well as a representative from each region.

EDDRA: A working group has been created and two people are in charge of the coordination work. About 12 projects are currently entered on the database and dissemination activities are carried out at national level through a CD, seminars and conferences, a newsletter and articles in journals in the demand reduction field (e.g. Il Delfino, Personalità e Dipendenze).

National report: The national report is based on the report that the focal point produces for the Italian government and includes data from the treatment centres as well as information about the activities of the key indicators experts. One person is in charge of coordinating the report. The main problem is meeting the deadline for providing the report. The delay is partly due to the involvement of the focal point in the national conference and partly to the bureaucratic inflexibility of the public institutions. There is no working group for this task.

3. Main problems

- The main problems in the Italian focal point are not related to political support or funding but to central coordination and organisation. This is because of the limited human resources dedicated to national coordination and liaising with external partners, as well as other national responsibilities. A strong central unit is needed to coordinate the national experts working in different places.
- There is a considerable delay in providing the EMCDDA with the requested information.
- Bureaucracy is an obstacle to the flow of communication between the different national partners, the focal point and the EMCDDA.
- There is no strong central coordination. Also, the burden of responsibility falls on just a few qualified people.
- The Italian situation is very complex because of its size, which has consequences for the field of drug addiction.

Luxembourg's Focal Point

30 May 2001

(A) Participants

Agents involved: Wolfgang Goetz, Linda Montanari, Frédéric Denecker

Meeting with the Luxembourg focal point: Alain Origer, Head the Luxembourg focal point

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

Luxembourg's NFP comes under the Directorate of Health (Ministry of Health): Alain Origer is the Head of the NFP and works in the Ministry of Health, while administrative issues are the responsibility of the Public Health Research Centre (CRP-Santé).

Five people work part time for the NFP but also have other tasks and responsibilities. Two people are in charge of organisational and administrative matters and two full-time staff work in the scientific field. The Head of the NFP mainly works on scientific issues as well as on external relations and coordination activities. Alain Origer is also the national drug coordinator.

Political changes that occurred in 1999 have resulted in a redefinition of the national drug strategy, especially regarding:

- priorities in the field of low-threshold, harm and risk reduction services;
- establishment of a special drug unit in the Ministry of health;
- the National Action Plan 2000–2004 on drugs and drug addiction (primary and secondary prevention, harm and risk reduction activities), a specific part of which is dedicated to the monitoring system and epidemiological activity; and
- increased funding for national drug-related projects from the fund on drugs (from money-laundering activities)

Luxembourg formally collaborates (Mondorf Group) with bordering countries (France, Belgium, Germany) on training, drug research and drug monitoring. More detailed information is contained in the documents provided by the NFP and these are available through REITOX.

A recently redesigned website also gives information on Luxembourg's NFP (<http://www.relis.lu/>) and it is possible to download research reports.

2. Data quality and networking regarding REITOX core tasks

Most of the data are collected through the RELIS database, which is a national monitoring system based on institutional contact data in general and on treatment data in particular. Ten treatment centres (funded by the government) and five law enforcement agencies participate in the RELIS network. The RELIS system is quite extensive and covers all the treatment units. There are some deficiencies in data from general practitioners and hospitals, but in general the level of coverage is very good. The system controls double counting, using a unique anonymous code provided by a multi-step algorithm based on the following variables: gender, date of birth and country of origin. Through the central electronic databases, considerable flexibility in analysis is possible. Respect for privacy is entirely guaranteed.

RELIS: This is based on the institutional contact indicator (treatment and law enforcement sources). The database allows for separate breakdowns of data from different grouped sources and single sources. These are used by field agencies in the framework of annual client reporting. The modest geographical dimensions of the country makes it possible to have direct contact with almost all of the information sources and consequently to have tight controls on data quality.

Infectious diseases: Tests for HIV and hepatitis are free for drug users; serological analysis and data collection is centralised in the National Health Laboratory.

The national drug prevention centre (CePT) collaborates with the department of preventive medicine of the Directorate of Health, and these are competent in the field of *primary prevention* of all types of addiction.

Drug-related deaths: Data comes from RELIS and from the Ministry of Health and there is direct data quality control in this case too. Good relationships have been established with the police and Ministry of Justice and this makes it easier to collect data in this field.

Early warning system: A good network with close working relationships has been established between toxicology departments, the police, laboratories and the NFP. The international network with Germany, Belgium and France gives further support to this field.

National report: On the basis of RELIS data, the NFP writes the national report in two versions: one for the EMCDDA and the other for national purposes. No specific problem is identified in drafting the national report (see 2000 National Report Evaluation).

3. Main problems

- It is difficult to maintain adequate independency between the political and scientific levels, because of the close relationships in the country and the double role of some actors (the Head of the focal point is also national coordinator on drugs).
- Recent (1994) implementation of a national drug monitoring system (RELIS) has clearly been an advantage, but employing recognised European methodological

standards, combined with the initial lack of experience of staff in this field, has meant a much higher work load in comparison with countries that could rely on tools that had been in place prior to the establishment of the EMCDDA and the national focal points.

Norwegian Focal Point
25 January 2002

(A) Participants

EMCDDA staff involved: Wolfgang Goetz, Linda Montanari, Frédéric Denecker

Meeting with the Norwegian focal point staff members: *Knut Brofoss* (responsible Head of Norwegian focal point); *Odd Hordvin* (SIRUS, NFP); *Sturla Nordlund* (SIRUS); *Astrid Skretting* (SIRUS, SC member); *Einar Ødegård* (SIRUS); *Hege Lauritzen* (SIRUS, NFP).

External experts present:

Asbjørg Christophersen (National Institute of Forensic Toxicology); *Liv Birgit Jørgensen* (National Criminal Investigation Service); *Marianne Virtanen* (Directorate for Health and Social Affairs); *Yngve Berntsen* (Alcohol and Addiction Service – Municipality of Oslo).

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.
- To discuss feedback on the evaluation report and enlargement.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

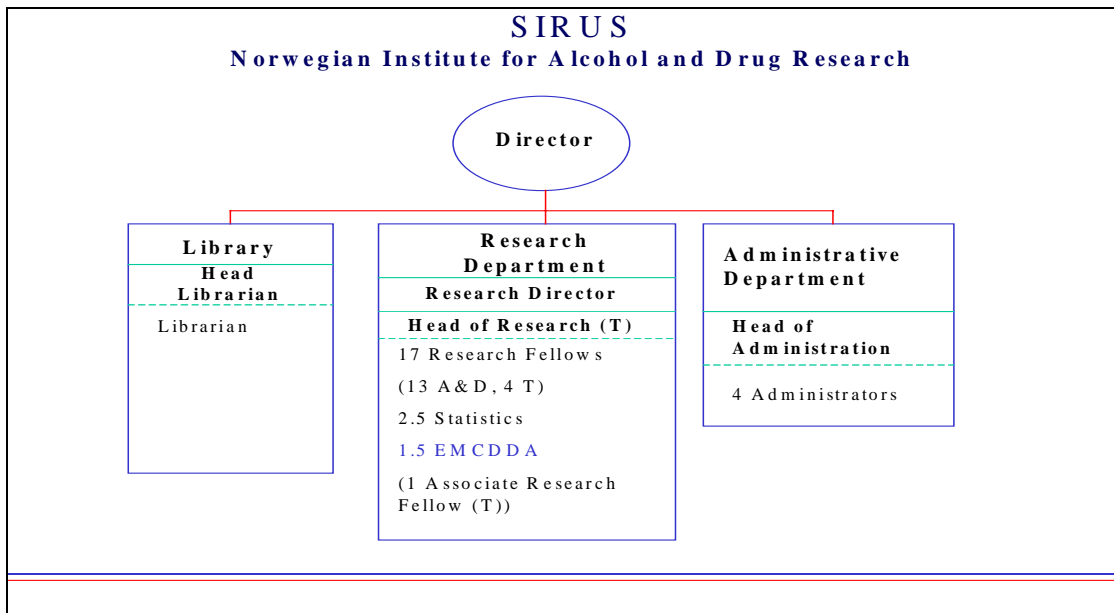
The Norwegian focal point is part of SIRUS, a national institute created in 2001 with the main aim of carrying out research and collecting data and information on alcohol and drugs. In 2002, tobacco also became part of the institute's brief.

The director of the institute gave a presentation outlining the institute's main activities and responsibilities.

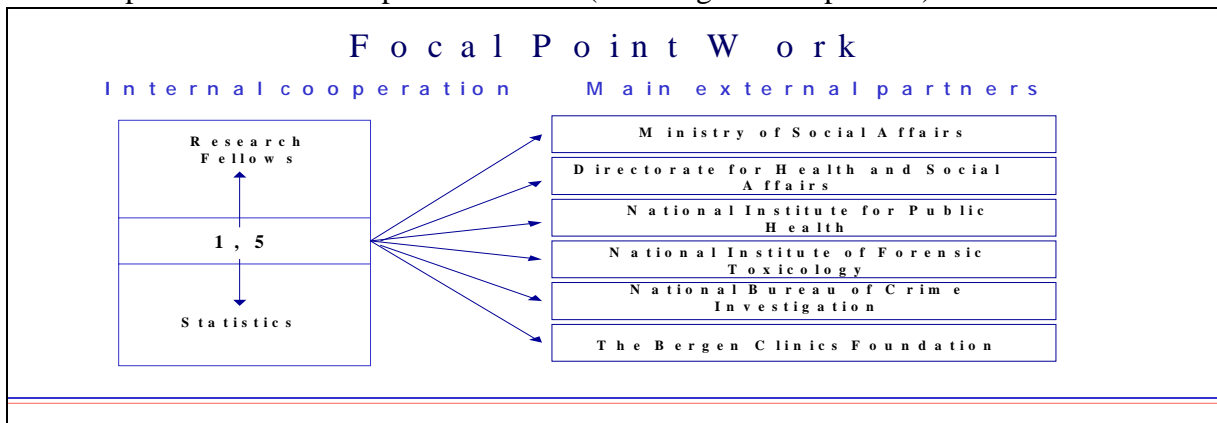
The Norwegian Institute for Alcohol and Drug Research (SIRUS) was established on 1 January 2001, after reorganisation of the former research institute, SIFA. SIRUS works in the field of alcohol and drugs and, since 1 January 2002, its brief has been expanded to include tobacco addiction. The main objectives of the institute are the accumulation and dissemination of knowledge in the fields of alcohol, drugs and tobacco, based on social science work.

The institute is a governmental body, under the Ministry of Social Affairs, and was specifically nominated as the REITOX national focal point for the EMCDDA. It receives special status as a research institute. The core tasks of the institute within its three fields of activity (alcohol, drugs and tobacco) are: research, documentation, a national library, dissemination and, finally, the REITOX focal point.

The following plan shows the general organisation of SIRUS:



This next plan shows the focal point's structure (including external partners):



2. Data quality regarding REITOX core tasks

Because of the very recent role of SIRUS as the REITOX national focal point, we can only discuss it in a fairly general way.

National report: SIRUS's staff are the main actors for drafting the national report, with a peer review conducted by an internal steering group. From next year onwards, an external peer review of the national report is planned.

Epidemiological harmonised key-indicators:

A general population survey is directly conducted by SIRUS. Owing to its long and excellent record in this field, European guidelines are fully respected.

The focal point have already worked with the EMCDDA on the topic of prevalence of problem drug use, so no major problems are expected. Lack of reliable data is often an obstacle to expanding the methodology.

In the treatment demand area, the issue of personal privacy is regarded as a big obstacle, because it is impossible to distinguish when alcohol is the drug in question in the drug data that comes from the existing information sources. However, the NFP is currently working on this issue with a view to improving the situation.

In Norway, there are two registers for drug-related deaths and mortality and, consequently, it should not be too great a problem to collect the relevant data, the only limitation being the lack of a cohort study.

For the infectious diseases indicator, the NFP is establishing contacts with the National Institute for Public Health, which is currently being reorganised.

EDDRA: The NFP person responsible for EDDRA has only recently started this activity. The immediate objective is to have 10 projects entered on the EDDRA database by the end of 2002. The NFP has already organised a meeting of some potential key partners who have stated that they are available for this task.

During the meeting, it was pointed out that the EDDRA criteria may be too selective for inclusion of certain projects. Another problem regards the motivation of the actors at national, regional and local level, who have to provide the relevant information.

During the meeting, two proposals were made with a view to increasing awareness of EDDRA and motivating national partners to participate in the project:

- New projects in the EDDRA database should be announced/summarised in the EMCDDA newsletter (DrugNet Europe), thus using it as a mean of dissemination and promotion at national level.

- A specific cluster meeting on EDDRA should be organised with a number of national EDDRA managers. Some local/regional information providers would also be invited to attend.

Early warning system: From the start, the Norwegian focal point involved all the national information sources that come under the brief of the joint action: the forensic institutes, the crime investigation bodies and other key people from the Norwegian counties. An agreement has been secured with these key people and institutions regarding the flow of information to the NFP, and they are also trying to coordinate information from drug seizures and laboratory analysis.

3. Networking and dissemination

The NFP has established or is in the process of establishing adequate networks for each of the EMCDDA 'core tasks'. Special attention will be paid to dissemination activities, as well as to identifying appropriate targets for the dissemination of information, in particular policy-makers and journalists specialising in the drugs field. Finally, the focal point is willing to provide the EMCDDA with an updated list of policy- and decision-makers and journalists in the drugs field.

4. Conclusions

As a conclusion to the meeting, the following specific points, problems and needs were summarised:

Positive points:

- The institute within which the focal point is located has a strong research tradition, with specific experience in statistical methods for drug research, drug use and the users' market.
- The institute is well established and formally recognised at national level.
- Regarding the joint action, results of analysis of data coming from key information sources show that there is good internal consistency.

Problems:

- Information on drugs and alcohol can sometimes not be distinguished (especially regarding treatment demand).
- Data are often aggregated, because of the privacy protection issue.
- Translation (from Norwegian to English) of the various reports that have to be provided to the EMCDDA is exceedingly time-consuming.
- The focal point feels that the EMCDDA asks for too much information and that these requests are not always sufficiently targeted.

Needs:

- The process for entering projects on and using the EDDRA database should be simplified and these projects should be publicised through the EMCDDA newsletter.

- The communication that flows between the EMCDDA and the NFPs is felt to be so great that it is difficult always to ensure follow-up. The number of e-mails and information requests from the Centre to the NFPs should be kept to a strict minimum.
- The process for producing the national report, particularly the selected key issues chapter, should be improved, through a discussion involving all REITOX NFPs.

Portuguese Focal Point

19 January 2001

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Portuguese focal point: Maria Moreira (Head of the Focal Point)

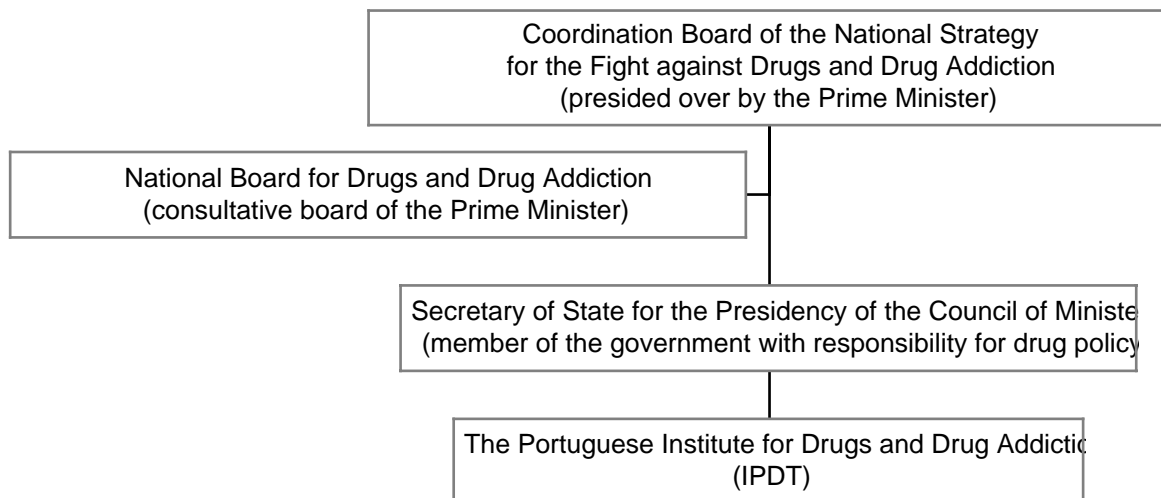
(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Portuguese Institute for Drug and Drug Addiction (IPDT) is the national focal point, and this is directly linked to the Prime Minister. The following diagram shows how the organisation is structured:



(Cf. Portuguese National Report)

The State Secretary is responsible for drug issues in Portugal.

The NBDDA involves all concerned ministries (Health, Justice, Interior Affairs, Social Affairs, National Defence) and is coordinated by the Prime Minister; the IPDT answers directly to the highest political level.

The IPDT collects and analyses data and information on drugs and drug addiction in epidemiology, demand reduction (with responsibility for funding prevention projects) and documentation (with an established documentation centre) and maintains direct links with the national and international institutions.

Some public institutes, like the forensic institute, are in direct contact with the IPDT regarding the statistics on drug-related deaths and other related statistics.

Political support is therefore very good. There is also strong support for IPDT activities and good financial support. The relationship between the different ministries is also quite good.

2. Data quality regarding REITOX core tasks

The IPDT has four main work areas:

- 1) An information centre: 25/30 people are involved in statistics, documentation, liaising with the EMCDDA and research (this area includes the EMCDDA tasks on key indicators, national reports and joint actions)
- 2) Community intervention: prevention projects, project evaluation and funding project evaluation (including EDDRA) and rehabilitation
- 3) Training (this is a new area)
- 4) The department which coordinated the commissions for the administrative sanctions of drug users

All these areas are part of the same organisation, which facilitates coordination. The staff are mainly composed of psychologists, sociologists, criminologists and professionals in training. The staff involved in the EMCDDA/REITOX activities consist of two full-time people.

The data sources are as follows:

- Public services for the treatment of drug addiction
- NGOs, of which there are only a few in Portugal

- Prisons
- Law enforcement agencies

The data flow is as follows: from regions to concerned ministries to the national focal point.

Positive points:

a) Law enforcement data:

- the same system is used by all;
- there is a control for double counting; and
- all the data are collected centrally.

b) Performing and finalising tasks tends to be a slow process, but this ensures the validity and reliability of the data, since they are checked at regional and central level.

c) The Community Intervention Department only gives funding to projects which will employ evaluation in the prevention and rehabilitation field and have direct contact with local drug coordinators and primary data sources. Harm reduction projects are awaiting the approval of a legal framework before they can also be supported by this department.

3. Main problems

- There is considerable political inflexibility, which creates difficulties in two areas:
 - it is difficult to implement change (e.g. the focal point has to consult every institution and have their final approval in order to change the guidelines); and
 - time taken on projects (e.g. it takes a long time to obtain definitive ratification of the national report and, when the report is ready, it takes a long time to disseminate it).
- European work is not the main priority of the IPDT.
- The organisational structure is too hierarchical (internally and externally).
- The ministries have different systems for collecting information.
- Sub-notification in the case of data on deaths.
- There is a risk of double counting in the treatment data and there is still a lack of comparability among geographical regions for a few selected items.
- The forensic institute has a different concept of 'overdose' to the EMCDDA, but this will be harmonised in 2002. The General Mortality Register is expected to adopt the ICD10 classification, also in 2002. At present, data on the General Mortality Register is not reliable on drug-related deaths.
- There are few controls on data collection at peripheral level regarding drug-related deaths.
- There are a lack of alternative sources: if a source is missing, there is no other source for the same information.
- There are very few scientific experts involved in data collection and analysis in specific fields at national level.

4. Requests to the EMCDDA

- Guidelines should be produced in plenty of time (they need to be prepared at least two years in advance).
- The Centre needs to make more effort to understand the national and local impact of the data and information request.
- The Centre should disseminate the information culture and evaluation.
- Support should be given to the focal point for all EMCDDA and national partner requests.
- The Centre should appreciate that, traditionally, Portugal has few local projects and data and that all data requests are usually dealt with at national level and through the competent public authorities in the respective area.

Spanish Focal Point

7 February 2001

(A) Participants

Agents involved: Linda Montanari, Frédéric Denecker

Meeting with the Spanish Focal Point: Ana Andrés, Emiliano Martin, Gregorio Barrio, Lorenzo Sanchez

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The Spanish focal point – the Spanish Monitoring Centre for Drugs and Drug Addiction – is located at the Government Delegation for the National Plan on Drugs, which functions as the EMCDDA working partner. It depends on an inter-ministerial group, presided by the Ministry of the Interior and consisting of representatives from different ministries (Justice, Education and Culture, Health and Consumer Affairs, Labour and Social Affairs, Secretary of State for the Treasury, Secretary of State for Economy, and Secretary of State for Relations with Parliament). The secretariat of this interdepartmental group is provided by the Government Delegation for the National Plan on Drugs.

Coordination between ministries is guaranteed by this organisational structure. The National Plan on Drugs has developed a global strategy on drugs for the years 2000–2008. This is a guarantee of a harmonised strategy on drugs at national level.

The Spanish Monitoring Centre for Drugs and Drug Addiction was created in 1997, with the main objective of integrating the different information sources and coming to a better understanding of the national drug situation in Spain. Seven full-time staff work in the centre: five experts and two administrative persons. The human resources are sufficient to guarantee the objectives of an information system on drugs.

The state is not organised federally, although there are many elements that resemble federal organisation. There are 17 autonomous regions, each organised with its own

specific information system. The most difficult task of the centre (which includes the focal point) is coordinating these autonomous regions.

The National Board has three main areas of work:

- supply control;
- international policy; and
- demand reduction.

The strongest points at political level in Spain are:

- the strong central coordination, based on good human resources from a quantitative and qualitative point of view;
- the creation of a consensus between regions and professionals on political and technical choices; and
- the use of funding to obtain information and develop information sources.

2. Data quality regarding REITOX core tasks

The Spanish monitoring centre works with two different sources of information: direct drug-related data and general sources of information that in some way provide information on the subject.

The system is organised on a regional basis: the data come from the individual centres to the regional boards and from the regional boards to the Spanish monitoring centre.

The Spanish monitoring centre works with 10 indicators, the following three of which are not included in the report: sanitary indicators, drug supply control indicators and police indicators. In the Spanish monitoring centre, the first indicator (the sociological indicator) refers to tobacco consumption as well as to alcohol.

More detailed information is available in the documentation provided by the Spanish focal point, including the periodical reports by the Spanish monitoring centre ('Informe nº 1,2 e 3 del Observatorio Español sobre Drogas'). These documents are available on: www.mir.es/pnd.

The monitoring centre collects information through periodic population and schools surveys, the national monitoring system on treatment demand and the national registers of deaths and infectious diseases. They are also developing the following areas of research:

- a general survey on consumers, including questions on drug consumption, risk behaviours and social and sanitary problems;
- qualitative research in order to have a more detailed framework on specific issues;
- harmonisation of the Spanish indicators;
- research on consumers and clients in treatment for infectious diseases; and
- capture–recapture methods for prevalence studies.

Regarding survey and research, the monitoring centre has good data quality controls on certain research phases (methodological definitions, sampling, collection and analysis). However, there are problems with the treatment monitoring system owing to the fact that the regions have autonomy in the data collection process.

A possible way of controlling this complex system would be the establishment of committees to carry out peer reviews on methodology and on the results of data collection and analysis.

Another strong point of the Spanish focal point is its ability to build consensus at national level, through employing working groups and using funding distribution as an instrument for reaching information objectives.

3. Main problems

At political level:

- The main problems in the Spanish situation are due to the country's system of regional organisation. The regions have many fundamental differences to the national territory. There are 17 autonomous regions and four different languages, as well as different political organisations and cultures.

On data quality:

- The main problems relate to the many information sources and to regional autonomy. Regional autonomy allows each region to have its own monitoring system on treatment demand, and this only passes on aggregated data to the focal point.
- The mortality register is incomplete, because some regions are not covered.

Swedish Focal Point
24 January 2002

(A) Participants

EMCDDA staff involved: Wolfgang Goetz, Linda Montanari, Frédéric Denecker

Meeting with the Swedish focal point staff members:

Gunnar Agren: Director of the National Institute of Public Health (NIPH).

Kristina Ramstedt: Head of the Health Behaviours and Supervision Department.

Bertil Pettersson: Responsible Head of the Swedish focal point.

Tomas Karlsson: Phare twinning programme.

Bengt Andersson: Demand reduction interventions.

Linnea Rask: Coordination of epidemiological harmonised key indicators.

Jenny Lagerqvist: Joint action on new synthetic drugs; general administration of the focal point.

Susanna Fromhold: Legal database.

External experts present:

Ralf Lofstedt: Ministry of Health and Social Affairs (MB member).

Roger Holmberg: National Board of Health and Welfare (treatment demand).

(B) Subject

- An update on the overall structure of the focal point and the different people involved in it.
- Discussion about the processes of data collection, analysis and dissemination, as well as related networking.
- Brainstorming about data quality and improving global networking.
- To discuss feedback on the evaluation report and enlargement.

(C) Report

1. Structure and organisation of, and political support for, the national focal point

The director of the National Institute of Public Health (NIPH) described the political and structural basis of the institute and presented an overview of the drug situation in Sweden, including licit and illicit drugs and the related national strategy on health and the social consequences of drug use.

In 1997, a national committee on public health was set up with responsibility for defining the strategy. Eighteen national goals were defined as determinants for health and consequent indicators were also identified. The definition of determinants is very important in order to be able to identify appropriate political actions. The national strategy was presented, as well as the indicators for measuring it (the complete strategy is available at the NFP).

The EMCDDA management board member, Ralf Lofstedt, described the priorities and difficulties of the Swedish action plan on alcohol and drugs. He pointed out the good results that had been obtained with prevention intervention and the new projects which had been established in prisons. He also stressed the need to develop research and follow-up studies in order to evaluate the intervention results in the different fields, such as treatment, prevention and rehabilitation.

An important objective for the NFP is to harmonise the national indicators with those of the EMCDDA, thus facilitating the work on the indicators.

2. Data quality regarding REITOX core tasks

National report: Even though one person is responsible for coordinating the data for the national report, the entire focal point team works on it. A steering group has also been put in place, including representatives from the different agencies.

The following significant question was put forward by the participants in the meeting:

How can the NFP cope with the requests for information from the EMCDDA when:

- data do not exist at national level, or only exist at local level;
- there are semantic problems;
- deadlines for providing data differ between national and European level; and
- conflicts/organisational problems are anticipated?

There is no obvious solution to this complex question at present, but a more transparent system in the national report process and in the requests received from the EMCDDA could help considerably.

Another point raised by the Swedish focal point, which needs to be clarified and discussed with the entire REITOX network, regards the key issues selected for the national report. It is felt to be imperative to outline a common process and specific guidance on contributions in order to cope with this annual task more efficiently.

Epidemiological harmonised key indicators:

a) General population survey

The NFP copes with this task without major problems and adheres to the EMCDDA guidelines. Cooperation with an institute that specialises in surveys assures the completion of this national key indicator. A national survey conducted at national level on young people (aged 16–24) gives a general overview of alcohol and drug consumption through indirect questions on the subject.

b) Prevalence of problem drug use

The NFP applies the required methods (multiplier method using deaths, treatment demand data) for calculating prevalence. A working group is to be organised in the near future. A problem that will have to be addressed concerns the fact that alcohol and drug data are processed together, which makes it difficult to distinguish between them afterwards.

c) Treatment demand

An expert at the National Board of Health and Welfare (Roger Holmberg) is in charge of this indicator. Until now, out of 600 existing treatment units, 280 participate in the data collection process (covering approximately 3,600 individuals in the system). Sweden has two information systems: the DOK system, which is a more general system in electronic format, and the KIM system, which is a paper version specifically tailored to the treatment demand protocol. In future, data collection will be extended to cover all the treatment units. One remaining problem is that of data privacy, but it can be stated here that the quality of data from the different information sources is generally good.

d) Drug-related deaths

A working group has been established for this indicator and this is now well developed. Problems are anticipated regarding the difference between the national and the European definition of the subject and the fact that a special register does not yet exist. It is foreseen, however, that a special register will be put in place shortly.

e) Infectious diseases

The National Board on Infectious Diseases Control is responsible for this indicator, and a new expert is to be appointed soon. Data on notifications are very good. However, the fact that the focal point relies on an external information source over which it has very little control could present problems.

EDDRA: EDDRA is well developed in Sweden, but it was pointed out at the meeting that the system is generally regarded as too complex and heavy. It was also mentioned that it is sometimes quite difficult to contact the people involved in local projects and to motivate them to provide the necessary information.

Early warning system: The joint action on new synthetic drugs and its related early warning system are regarded as a high priority at national level, so the European and

national objectives are in line. The quality of the information obtained is therefore considered to be very good and no major problems are anticipated in this area of activity.

New targets: The Swedish focal point underlined the need for the EMCDDA to clarify how the 'new' targets defined in the EU action plan on drugs will impact on the focal point's work, as well as what additional resources this might require. This was especially important, owing to the lack of human resources at the Swedish focal point.

3. Networking and dissemination

It was felt that, for a successful dissemination strategy, it is necessary to identify the policy-makers at national level, so that the information can be better targeted. Difficulties remain regarding contacts at local level, as well as the involvement of the actors in the field, especially in the demand reduction area.

4. Conclusions

The following positive points, problems and needs were summarised at the conclusion of the meeting:

Positive points:

- Sweden has a good national action plan, with a similar structure to the European one, and a comprehensive process for the identification of goals, determinants and indicators, which allows the institute and the NFP to organise their work efficiently.
- The joint action is very well organised and receives high priority at national level.
- The NFP uses accredited institutions as its external information source.

Problems:

- Links need to be improved between the health and prevention fields.
- In many cases, alcohol and drug data are located in the same information sources and this sometimes causes problems in terms of distinguishing between the two.
- Data privacy poses some problems, especially regarding treatment and infectious diseases data.
- Local studies are not always made adequate use of. The main questions to ask are: When is it possible to use local studies, which ones and to what extent?
- The lack of human resources being considered as an obstacle, in particular for the development of new tasks (related to the new areas within the EU action plan on drugs).

Needs:

- The EMCDDA should make more use of the information and data contained in the national reports.

- Demand reduction information (collection and analysis) needs to be improved, in particular regarding EDDRA, which needs to be simplified. EDDRA also needs to be made more useful, for instance by ensuring feedback from EU level to national level and from national level to regional/local level).
- There is a need to further harmonise national and European needs.

Commission Focal Point

30 November 2000

(A) Participants

Agents involved: Linda Montanari

Meeting with the Commission Focal Point: Commission Focal Point: (DG Justice and Home Affairs – Drug Coordination Unit), Liliana Brykmann, Timo Jetsu

(B) Subject:

- This visit was different from the others. We met some members of the European Commission focal point and they described their work in relation to the EMCDDA.
- The documentation office collects the European documents and bibliographies in relation to our Documentation Centre. The Head of the Commission Focal Point participated in the REITOX meeting in Lisbon and presented his view of the Commission's role in EMCDDA activities. We met some other colleagues of the unit working on the strategy projects.
- Finally, we discussed with the EMCDDA agent in Brussels her role of maintaining the connection between the Commission and the EMCDDA. A need for bilateral collaboration and direct contact with the focal points has emerged.

Annex II – Agenda for the Focal Point Visit and Cluster Meeting

The focal point visit

Objective:

- to learn about the focal points' activities and structure; and
- to discuss and advance proposals on data quality and networking.

- 1) Composition and activity of the concerned focal point
- 2) Procedures of collection, analysis and reporting data and information, especially regarding the national reports and other core tasks
 - 2.1 Description of information flow from and to the focal point (organisation, people and phases involved)
 - 2.2 Criteria for assuring data quality (collection, analysis, reporting data)
 - 2.3 Proposals for improvement

Cluster meeting

Objective:

- to identify common and specific problems (strong and weak points)
- to identify possible solution for improvement in data quality and networking functionality

- 1) Presentation of proposals from the focal point visits
- 2) Problems and areas that need improvement
- 3) Shared proposals
- 4) Conclusions

Annex III – Template for Visits and Meetings

DATA QUALITY PROCESS: THE MAIN PROBLEMS AND FUTURE PERSPECTIVES

The process for data quality improvement is very complex, for a variety reasons:

- The process is dynamic (many different phases)
- The involved actors are numerous
- Classic methodological problems
- Complexity of communication

Consequently, we have tried to identify the main areas relative to possible problems, questions and examples:

The actors
Methodology
Communication

MAIN POINTS	RELATED PROBLEMS	QUESTIONS	EXAMPLES
The actors	Transfer of information from one actor to another	How many people/institutions are involved?	
		Who are they?	Institution/person Public/private Social/health care Research/services
		What role do they play?	Participation in a single phase/all the phases
		What are their main characteristics?	Scientific/political/professional in the field/other
	Relationship between actors	How many exchanges are there between the different actors?	How many meetings? Usual communications among sources?
		What is the nature of these exchanges?	Good/bad relationship
		The main problems and their causes?	Communication, financial support, etc.
	Motivation of the actors	What is the nature of the involved	High or low motivation, in general or for a specific phase

		people's motivation?	
		What are the main reasons for any deficiencies?	Lack of training, lack of participation in the decision process, lack of skills, other
PROPOSALS FOR IMPROVEMENT			
MAIN POINTS	RELATED PROBLEMS	QUESTIONS	EXAMPLES
Methodology	Nature of the sources	Is there a description of sources?	Goal, objective, methodology (frequency, date for observation, approach, statistical unit, sample method, geographical and percentage coverage, etc.), technical support and dissemination
		What is the nature of the sources?	Good/bad Who carried out the evaluation?
	Traditional research bias in collecting information	Has an analysis of the main research bias already been made?	Sample bias: sample frame/method Response validity: acquiescent response set, social desirability, extremity, item refusal Non-response Questionnaire bias: wording, syntax, semantics, response alternative, design, internal context, low variation questions, complexity, ambiguity Pre-test of the questionnaire? Situation bias: setting, environmental context, desirable/undesirable behaviours Interview bias: personal attributes, attitudes/opinions, interview skills, setting
		What are the main reasons for bias?	Instruments not validated
		Are some data checks made?	Give some examples

	Limitations of the analysis	What are the main problems of the analysis?	Recommendations/scientific guidelines not followed
		What are the main limitations in insights and level of interpretation?	Lack of training/others
		Are the procedures of analysis/reporting described, registered and standardised?	List procedures, what is the description, what are the items used?
		Are some minimum standards defined?	Times, tasks, others
	Limitations in the reporting	What are the main problems in reporting information?	Is the reported information clear? Is the layout user-friendly?
		Does the reported information follow the guidelines?	Chapters, paragraphs, etc.
		What are the main reasons for any deficiencies?	
PROPOSALS FOR IMPROVEMENT			
MAIN POINTS	RELATED PROBLEMS	QUESTIONS	EXAMPLES
Problems related to communication	Lack of consistency among sources	Have the different sources internal and external consistency?	No contradiction among data and information
		The involved actors give their interpretations of the information. Are these consistent?	Homogeneity of interpretation
		What are the main reasons for any deficiencies?	Different data, approaches, skills, etc.
	Loss of relevant information in data transfer	Is some information lost during data transfer?	Which data are lost?
		Is there a control on lost data in the process?	Description of this control, people involved

	Lack of homogeneous procedures/ criteria	What are the main criteria for the procedures?	Same or different, description, etc.
		What are the main limitations of the procedures followed?	Description and reasons for it
	Lack of information use	What is the evaluation of the use of information?	Evaluation on feedback, use of the reports at different levels
		What are the main reasons for any deficiencies?	Description, responsibility
PROPOSALS FOR IMPROVEMENT			

IMPROVING NETWORKING: THE MAIN PROBLEMS AND FUTURE PERSPECTIVES

The process for improving general networking is complex for a variety of reasons:

- Every network's structure is different (local, regional, national networks vs. pan-European networks)
- The motivation of the partners can often vary in a network
- The network is not an objective in itself, it's a means of achieving a common objective
- Networks have two distinct elements: human-related aspects and technical aspects
- Networks are permanently in evolution (especially IT-related aspects)

Consequently, we have tried to identify the main points relative to possible problems, questions and examples:

Overall effectiveness of networking
 Human interaction in different networks
 Technical interaction in different networks

Improving Networking

MAIN POINTS	RELATED PROBLEMS	QUESTIONS	EXAMPLES
Overall effectiveness of networking	Limited networking (especially use of the REITOX website)	Do you use networking facilities (especially the REITOX website) as a daily support tool in your work?	Consulting documents you need as reference guidelines for achieving core tasks; consulting other focal points' reports as a reference
	Limited two-way information flow	Does the current information flow from the Centre satisfies your information needs?	Increasing daily (weekly) information flow by means of the REITOX website, for instance
	Some applications are underused, others are not available	What applications/tools could increase your personal use of the current REITOX website?	Exclusively using the REITOX website to provide the Centre with national information and data; video-conferencing; mailing lists, online newsletter, list of national experts, compilation of currently running projects,

			technical forum, discussion groups, etc.
	Lack of consistent feedback on completed activities	Do you need more and better-integrated feedback? In what specific areas?	
	Not always clear who is responsible for an action and who should be contacted	Do you think that the current communication procedures are clearly defined?	'Handbook' with internal and external communication procedures, sharing of best practices in the communications field
PROPOSALS FOR IMPROVEMENT			
MAIN POINTS	RELATED PROBLEMS	QUESTIONS	EXAMPLES
Human interaction in national networks	Creation of new networks/participation in existing national networks	Do you rely on pre-existing national networks or was a network specially created?	
	Involvement of national networks in EMCDDA tasks	Do you have continuous contact with national partners through your network? What is the time of reaction and their level of participation?	Involving the national network in daily achievements, etc. How do you influence the partners' reaction time? How are new national partners integrated (criteria, etc.)?
	Limited motivation of national partners to participate in network	Are your national partners motivated to participate in EMCDDA activities?	Increase motivation of national partners by giving them qualitative feedback (added value) on common achievements. Organise 'on-site' meetings, with EMCDDA participation, etc.
	Decision-making process	Do national partners participate in the general decision-making process?	Requesting the national partners' views on EMCDDA documents, involving them in meetings with MB and SC members

Technical aspects of national networks	Quick evolution of IT and networking tools	Is there a need for training in networking applications?	New IT applications, programs, etc.
	General structure of the REITOX website	How would you revisit the REITOX website?	See EMCDDA suggestions in annex (cf. 'Rapid Improvement of REITOX', Home Page)
	Links between national networks and REITOX network?	Do national partners have access to the REITOX website (either directly or through the FP)?	Link national networks to the REITOX website (integrated information system); use the REITOX website as a dissemination/feedback tool for the national partners, etc.
PROPOSALS FOR IMPROVEMENT			

References

Arnof, Y. (2000), *Demand Reduction Networking in Austria, Ireland, The Netherlands, Spain and Sweden*, EMCDDA report.

Montanari, L. (2000, 2001, 2002), *Feedback on National Reports*, EMCDDA report.

Swanborn, P. G. (1996), 'A Common Base for Quality Control Criteria in Quantitative and Qualitative Research', *Quality and Quantity*, 30(1), Feb, pp. 19–35.

Tomás-Rosselló, J. (1999), *Evaluation of the Quality of Epidemiological Information Provided to the EMCDDA (Information Maps and National Reports)*, EMCDDA report.

Annex IV – List of NFP Internet Addresses

Austria	http://www.oebig.at/
Belgium	http://www.iph.fgov.be/reitox/
Denmark	http://www.sst.dk/
Finland	http://www.stakes.fi/
France	http://www.drogues.gouv.fr/fr/index.html
Germany	http://www.dbdd.de/
Greece	http://www.ektepn.gr/
Ireland	http://www.hrb.ie/
Italy	http://www.ceis.it/focalpoint/
Luxembourg	http://www.relis.lu/
Norway	http://www.druginfo.nsw.gov.au/
Portugal	http://www.ipdt.pt/
Spain	http://www.mir.es/pnd/index.htm
Sweden	http://www.fhi.se/
The Netherlands	http://www.trimbos.nl/
United Kingdom	http://www.drugscope.org.uk/