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for Drugs and Drug Addiction

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EMCDDA

enhances profile on
international stage

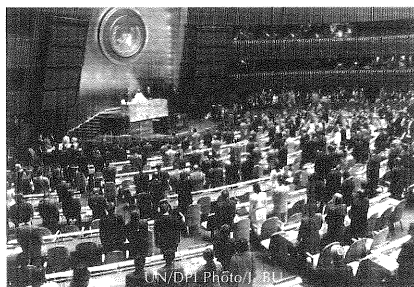
In the framework of its co-operation with the United Nations International Drug Control Programme (UNDCP), the EMCDDA participates as observer in the Commission on Narcotic Drugs (CND), the UN's policy-making body in this field. From 18 to 27 March, the Centre participated in the Commission's 40th session in Vienna as well as in a preparatory meeting for a Special Session of the UN General Assembly on the fight against drugs, to take place in New York from 8-10 June 1998*.

The 40th session of the CND was particularly valuable to the EMCDDA since it gave it the opportunity to increase its visibility at international level. The Centre introduced itself as a European Community agency responsible for collecting, analysing, synthesising and diffusing information at EU level on the global drug phenomenon and for putting reliable and comparable information on drugs at the disposal of decision-makers, professionals and the general public. Several delegations at the meeting considered this role to be highly important, a number from non-EU countries expressing their interest in establishing co-operation with the Centre in the future. All delegations received the EMCDDA's *Annual Report on the State of the Drugs Problem in the European Union* which also brought positive feedback.

In the light of discussions at the preparatory meeting of the Special Session of the General Assembly (which among others will focus on demand reduction), the EMCDDA felt it could contribute to the groundwork in a positive and concrete way. This contribution could consist of: the *Annual Report*; a glossary of terms, concepts and linguistic equivalents in the area of

demand reduction; the conclusions of the first *European Conference on the Evaluation of Prevention*; the *Guidelines for the Evaluation of Prevention* (see supplement); and, finally, the results of studies on the extent and consequences of the misuse of synthetic drugs in the European Union and measures taken by Member States to fight this.

These elements correspond to key points covered either by resolutions adopted by the CND, or by the UNDCP's *Declaration on Guiding Principles of Demand Reduction*, currently under preparation and to be up for adoption at the Special Session.



UN General Assembly: plans under way for 1998
Special Session on Drugs

At the meeting, the Centre underlined that information on the drug problem (being fundamental to the definition of strategies, policies and effective measures, whether in the area of demand reduction or others) should meet strict, standardised criteria of rapidity, relevance, quality and usefulness to policy-makers. It also proposed that, in preparations for the Special Session, a place be reserved for the examination of quality criteria and standards in the area of information on drugs and the practical application of these at regional and global level. The EMCDDA expressed its readiness to co-operate in this area on the basis of its young but promising experience.

Kathleen Hernalsteen

* Special Session of the General Assembly devoted to the fight against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances and related activities.

1996 ANNUAL REPORT: PREPARATIONS IN FULL SWING

Following the success of the first edition of its *Annual Report on the State of the Drugs Problem in the European Union*, the EMCDDA has confidently taken up the challenge of preparing the second report, to be published later this year. An evaluation of the first report, which recorded the drug situation in the European Union in 1995, was carried out in the months following its official launch in Brussels in October 1996. As a result of this process, a decision was taken to split the 1996 report into two volumes.

The first of these volumes, targeted at policy-makers, experts and the general public, will focus on information and core data on drugs (e.g. demand for drugs, demand reduction and anti-drugs strategies at national, European and international level). The second volume, on the other hand, will present technical details on the information sources and structures that provide the Centre with the data that make the first report possible. In particular, this volume, geared to policy-makers, experts and professionals, will address questions regarding how information is collected and treated in the EU.

The first volume is scheduled for publication in September 1997 and the second early in November.

Gonçalo Felgueiras

The 1995 *Annual Report* was presented to the Austrian media on 19 March 1997 at a press conference at the EC Delegation in Vienna. The EMCDDA would like to thank the Delegation for its assistance in organising the event.

EMCDDA and Pompidou Group look to the year 2000

Preparations for the Pan-European Ministerial Conference, held in Tromsø (Norway) from 15 to 16 May, topped the agenda of the 39th Meeting of the Permanent Correspondents of the Pompidou Group attended by the EMCDDA in Strasbourg early in March. In particular, the meeting focused on the draft 1997-2000 work programme of the Pompidou Group, subsequently adopted at the Tromsø Conference.

The Pompidou Group is a major European partner of the Monitoring Centre, especially in the fields of epidemiology and demand reduction. Since the EMCDDA is currently preparing its 2nd three-year work programme (1998-2000), and duplication of effort must be avoided, the meeting provided an ideal opportunity for ensuring maximum synergy between the two programmes.

In the field of epidemiology, the work of the two organisations is already becoming more differentiated, and the Pompidou Group foresees a progressive redirection of its work in light of the EMCDDA's activities. This includes: continued monitoring of trends through the pan-European multi-city network; testing new methods that are not covered by the EMCDDA's priorities; giving greater emphasis to qualitative approaches using the city network as a laboratory; expanding training to other countries (e.g. Russia); and developing instruments to monitor new trends.

As regards demand reduction, some of the topics in the Pompidou Group's programme are parallel to those of the EMCDDA (e.g. prevention, therapy and care, drug misusers in the criminal justice system, etc.). Continued co-operation is essential, therefore, to ensure that the activities performed under these broad headings are complementary.

A topic on which complementarity is needed is that of new trends in drugs such as MDMA (ecstasy), which was an important theme of the Ministerial Conference and a priority for the EMCDDA. It will thus be important to agree on concrete lines of collaboration in the future.

Richard Hartnoll

ATHENS WORKSHOP CALLS FOR MORE INTERPLAY BETWEEN SECTORS

Research on drugs needs to be tailored more closely to political decision-making processes and politicians need to be more aware of the constraints of the research sector. These were among issues raised at the *Workshop on the Evaluation of Treatment*, organised in Athens from 17 to 18 March by the EMCDDA and the Greek National Focal Point, the University Mental Health Research Institute.

The workshop proposed formulae for improving communication between researchers and practitioners, such as including the latter in research issues, transferring information between sectors and involving practitioners in the establishment of quality standards. The participants also explored how the improvement of empirical data and self-matching techniques in programme-selection processes could enhance drug treatment and lead to better client-treatment services.

The Athens meeting, designed as a forum for the exchange of ideas and experience and for raising awareness among scientists in Europe of the aims of the EMCDDA, formulated a series of proposals which will help define the terms of reference of the Centre's mid-term action in the field of the evaluation of treatment. Among the participants at the workshop were: researchers developing drug studies on treatment service evaluation at national and regional level; members of the European Commission's COST A6 Programme; the World Health Organisation; and ERIT (a federation of European professionals working in the field of drug abuse).

Petra Paula Merino

Centre opens website

The EMCDDA has recently opened a website on the Internet offering you a wide variety of information on its aims, departments and projects. Among others, browsers may consult a selection of the agency's publications along with profiles of its key partners. Stay tuned to www.emcdda.org

Gianni Contestabile

Centre hosts Phare seminar

A seminar to evaluate activities carried out in the field of Drug Information Systems (DIS) in central and eastern Europe, under the Phare Multi-country Programme for the Fight against Drugs, was hosted by the EMCDDA at its headquarters in Lisbon from 17 to 18 April. The seminar, which welcomed over 45 participants from the European Union and 13 central and eastern European countries* was the key point of the Validation Phase marking the end of the current stage of the DIS project**.

During the seminar, individual and collective projects (e.g. training, study visits, the *Information Map* and electronic networking) were evaluated for their contribution to creating a multi-country information system on drug-related issues in the region. On the basis of guidelines, assessments were made by local contact persons, national drug co-ordinators and key actors involved in implementing the project, as well as by the EMCDDA and selected EU National Focal Points. Among others, these identified proposals for future action, as well as further requirements to expand and broaden multi-country information systems and facilitate co-operation with the EMCDDA.

Introductory presentations were given by representatives of the European Commission, the Programme Co-ordination Unit in Riga (Latvia) and the Director of the EMCDDA, Mr. Georges Estievenart. The participants at the meeting agreed that activities such as drawing up *Information Maps* and *National Reports* should be continued and expanded in the countries involved and that the existing Focal Points and electronic and human information network in the region should be further developed. Enhanced co-operation between the central and eastern European countries and the EMCDDA and REITOX network was advocated by all parties present.

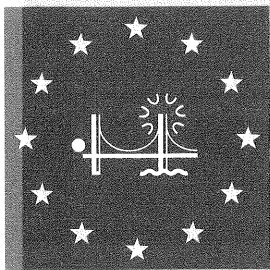
* Albania, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia. Observers attended from Bosnia-Herzegovina and the former Yugoslav Republic of Macedonia.

** The Phare-DIS Project aims to develop information systems for collecting, processing and distributing data concerning drugs and drug addiction in order to obtain a general overview of the problem on national, multi-country and pan-European level. The 11 central and eastern European countries participating in the project strive for the same results as those pursued by the EMCDDA. The project was launched in 1993.

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Special

European Conference
on the Evaluation
of Prevention

DRUGS

Bi-monthly Newsletter of
the European Monitoring
Centre for Drugs and
Drug Addiction

SUPPLEMENT

MAY - JUNE 1997

ISSUE No5

What works and why it works in drug prevention in Europe were among the challenging questions facing over 80 high-level experts at the first **European Conference on the Evaluation of Prevention** organised by the EMCDDA and its partners in Lisbon from 12 to 14 March 1997. The Conference aimed to promote evaluation as a means of achieving higher quality control and standards in prevention activities, in line with the priorities of the EMCDDA, and to examine the scientific evaluation of drug prevention programmes in the EU Member States and beyond. This supplement brings you the main conclusions of the Conference.

TIME TO EVALUATE PREVENTION

Over the last 20 years, primary prevention activities in Europe have been on the increase and the concept of drug prevention has gradually evolved into a key health policy topic. The evaluation of prevention has also been on the rise and, in Europe and North America, advances made in evaluation research methodologies have had significant repercussions on the evolution and impact of the prevention science.

Every prevention programme has a theoretical background, if only in the head of the programme-planner. Experts in the field have demonstrated that, if these theories are sound, they may not only provide a framework for understanding health behaviour but may also help define the outcome of drug prevention efforts. Experts have also shown that, these efforts, if implemented properly, may increase knowledge, enhance social norms and attitudes opposing drug use, increase social skills and eventually decrease drug consumption.

The Conference began with a theoretical introduction on the state of the art in the

evaluation of prevention and a presentation of different types of evaluation. The theme was examined from many angles including planning evaluation (before), formative evaluation (during) and summative evaluation (after), all of which have different purposes, different actors and different audiences.

Three workshops followed, examining the *Guidelines for the Evaluation of Drug Prevention* (see overleaf), and six others looked at how these *Guidelines* may be used in different settings such as the community, schools, youth sub-cultures and the mass media.

The planning of evaluation, existing evaluation instruments and the use of intermediate variables in the evaluation process were taken up in subsequent plenary sessions as were the barriers and challenges to evaluation, cost effectiveness and resources, and the link between

epidemiology and the evaluation of prevention. The proceedings concluded with a roundtable on *"How to promote evaluation practice in Europe?"*

"Evaluation is a fundamental process for directing decision-making, readjusting projects, rethinking policies and, of course, ensuring quality results."

Vitor Feytor Pinto, Chairman of the Management Board of the EMCDDA.

"It is necessary to convince European governments to invest in research on the methods and results of drug prevention. Over a period of twenty years, the tendency in Europe was to strengthen legislation prohibiting and penalising drug trafficking and consumption. In recent years, priority has been given to prevention, a field in which it is now necessary to carry out research in order to arrive at "standard" results."

Georges Estievenart, Director, EMCDDA.

CONCLUSIONS

The Conference came to the following conclusions:

- **Standardised evaluation instruments are necessary to carry out evaluation, and the reliability and validity of these tools is the key to sound results.** The participants noted that evaluation instruments are often invented for, and geared to, specific studies which makes comparisons across projects difficult. In response, the EMCDDA is setting up an *Evaluation Instrument Bank* offering evaluators easy access to tools aimed at enhancing the quality of evaluation.

- **The development of partnerships between epidemiology and prevention is a key requirement.** The participants acknowledged that the science of epidemiology provides instruments for evaluation and for measuring outcome and could also help prevention experts in defining problems, needs, objectives and target groups. However, it was felt that epidemiological indicators could not always keep pace with the needs of prevention experts who are often called upon to respond to situations urgently. In this light, the challenge for epidemiologists would be to identify trends and problems in a way that would

"Drug prevention is old - in Europe it started with Plato, or even before. There is substantial evidence from evaluation research that prevention works. Most important now is to make use of this research and to convince programme-planners as well as decision-makers of this."

Margareta Nilsson, Head of the Demand Reduction Department, EMCDDA.

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enable prevention experts to respond rapidly to urgent cases. This emerged clearly in discussions on ecstasy.

• **Outcome evaluation (results) is important but process evaluation (the why and how certain results are obtained) is equally so.** The need to strike a balance between the two was underlined, since outcome cannot be interpreted effectively without sound information on processes. Process evaluation was considered necessary for improving prevention and providing feedback to the actors involved.

• **Transparency is a key issue in all stages of evaluation and the involvement of all actors is essential from the planning stage through to the dissemination of results.** This was considered especially true for community prevention programmes. Since different actors have different agendas, it was considered a question of constant negotiation to define goals and processes. It was felt that, in cases where evaluation had not been planned and agreed by all the evaluators, the process would be disturbed.

• **Estimating the costs and benefits of interventions in monetary terms is difficult and efforts should be continued to help calculate the value of their outcome.** It was found that, in all countries, resources available for drug prevention were limited and both programme providers and funders were eager to obtain value for money. It was noted, however, that the success or failure of prevention might only become apparent many years later.

The Conference convinced the EMCDDA of the importance of evaluating drug prevention and the role it had to play as catalyst and information-provider in this area. It also proved that it is essential for the Centre, in its information-collection activities, that prevention programmes be evaluated so that objective, reliable and comparable information may be obtained.

Conference puts Guidelines to the test

A key topic on the Conference agenda was the assessment of the *Guidelines for the Evaluation of Drug Prevention*, drawn up by the EMCDDA and the German National Focal Point in 1996 as part of a drive to promote the quality of the scientific evaluation of demand reduction activities in Europe*.

The *Guidelines*, a checklist of practical suggestions on how to ensure optimal quality and good practice in the evaluation of drug prevention activities, were presented to experts at three workshops. The aim was to encourage feedback on a theoretical level while an on-going feasibility phase, involving some 20 projects around Europe, examines their utility on a practical level.

Questionnaires designed to help the EMCDDA in its final revision of the *Guidelines* were distributed to all participants at the Conference. The answers obtained exposed the need for

a clearly-defined target group for the manual as well as the addition of concrete examples to illustrate methodologies.

Most participants found the manual easy to understand, relevant for prevention work and helpful for structuring activities, without being too time-consuming or cost intensive. Constructive feedback from the workshops pointed to some omissions on structural aspects and brought suggestions on language and style, while other groups looked at how these *Guidelines* may be used in different settings. The overall assessment of the *Guidelines* was very positive.

The results of the feasibility phase will be available in June and, in the light of these and the above suggestions, the *Guidelines* will be revised for publication later in the year. Once finalised, different language versions will be considered (to encourage broad use at "grassroots level") and the proposed glossary adapted to different countries and cultures.

Gregor Burkhardt

* See *DrugNet Europe* n°2.



"Life is not a drug": Student spreads prevention campaign message in Portugal

Photo: Público

Evaluation Instrument Bank

Available, validated and high-quality instruments from European and international projects and publications will be collected by the EMCDDA and made available via an *Evaluation*

Instrument Bank to be up and running by the end of 1997. This *Instrument Bank* will be targeted at professionals, practitioners and scientists in order to facilitate evaluation processes and thereby produce objective, reliable and comparable information. A manual will also be provided helping users to find the suitable evaluation tool for their specific project or programme.

Scientific Monograph

As a follow-up to the Conference, a Scientific Monograph recording its findings will be published by the EMCDDA in the Autumn. Some 20 authors will collaborate in producing papers on existing research in the field for this publication. Once submitted to the EMCDDA, the texts will be peer-reviewed and revised by a scientific editor.

Workshops

Different settings and approaches for prevention activities and their evaluation were discussed in six workshops. The following conclusions were recorded:

1. Mass Media

Specific features of mass media campaigns (one-way communication channels, competition with other media) and the methods used to evaluate their impact were presented during this workshop. Measuring recall, determining the public's recognition and grasp of the campaign message, and assessing the relevance and utility of that message, were among the evaluation methods cited. An overview was given of the context of several national mass media campaigns and the evaluation of these activities.

It was found that these campaigns were most effective when combined with person-to-person communication (e.g. with teachers, social workers, parents etc.). On the whole, however, the cost-benefit relationship of mass media campaigns was considered poor. Consequently, the participants felt that evaluation should be used, not only to analyse the results of campaigns, but also, using country comparisons, to consider the effects of excluding mass media interventions.

2. Ecstasy and Other Synthetic Drugs

In response to the rapid rise of misuse of ecstasy and other synthetic drugs, prevention projects and interventions have emerged quickly and without quality control. Consequently, there is a glaring need for evaluation in this field.

On a general level, it was considered that no new strategies were needed to prevent misuse of synthetic drugs but that new features had to be taken into account such as the fact that many party-pill consumers did not perceive them as drugs at all. This, along with the fact that trends in synthetic drugs fluctuate considerably, led participants to urge prevention experts to regularly assess the perceptions and expectations of the consumers of these pills. Doing so would enable them to adapt prevention efforts to new 'scenes', thereby keeping up with the producers of these drugs.

The participants found that a stronger focus on qualitative evaluation methods was needed vis-a-vis synthetic drugs, noting that prevention in this area

currently tended to concentrate more on controlled consumption, harm reduction and preparation of dance settings (volume, ventilation, availability of water, etc.). Finally, the group welcomed the fact that harm reduction messages and materials were being shared between prevention groups in different countries, in the same way that ecstasy-related lifestyles had been promoted homogeneously in Europe and internationally (through music, the Internet, etc.).

3. Community

The importance of involving all actors of prevention activities in planning and evaluation processes (to ensure maximum transparency) was outlined in this workshop. This observation was also made with regard to the *Guidelines*, which would have to pay closer attention to the issue of active participation of community actors in prevention activities.

During discussions on community activities, three considerations emerged: the need for finding a compromise between differing opinions regarding drugs within the community; the issue of co-ordinating the time schedules of different activities and actors; and the need to make allowances for different levels of expertise on drugs among participants in the different intervention areas. The result of this "give-and-take" approach often formed the basis of the agreed expected "outcome", thereby making scientific evaluation difficult.

4. Youth Sub-cultures

It was stressed that, no "youth sub-culture" existed as a homogeneous scene, e.g. even the "techno culture" was considered diverse. Defining the term "sub-culture" therefore proved difficult and "lifestyle" was considered a more suitable term to describe different groups.

As the youth scene is very heterogeneous (one of the few common denominators between groups being their inaccessibility), it was felt that prevention and its evaluation should automatically be differentiated. A proposal was made to allow these sub-cultures to remain as open spaces for young people (free from pedagogical interventions). On the

other hand, strengthening protective factors and risk management at an early age, before peer pressure starts to hit, was considered important.

5. Peer Group Approaches

A major discussion point in this workshop was whether it was suitable to employ (ex-) drug consumers as peer leaders. One of the arguments for using this approach was that these persons tended to be more credible, especially to young people already experimenting with drugs. On the other hand, it was felt that they may also give young people who had never had contact with drugs the false impression that abandoning drugs was easy.

To cope with this dilemma, it was agreed that the opinions, attitudes and drug-taking experiences of the target population should be assessed in advance (planning evaluation). The question of how to select and train peer leaders was also considered important and an interesting issue for process evaluation. The workshop noted that peers should be defined by similar clothing, age, experiences and personality features but not necessarily by drug consumption behaviour. It was felt that peer approaches could be used very effectively against peer pressure and that knowledge enhancing was not necessarily important.

6. Schools

The participants of this workshop noted that prevention in schools should include the fostering of overall psycho-social skills and not focus exclusively on behaviour related to drug abuse. Evaluation studies cited in the discussion showed that person- and problem-oriented approaches were clearly more effective than information-providing or warnings. Also important here was a trusting and positive relationship to the mediators (e.g. teachers) in the preventive activities. As for process evaluation, it was considered difficult to define the importance of the "school climate" on the success of prevention activities. Process evaluation was also seen to prove difficult when prevention is embedded in the mainstream curriculum and does not take the form of special "prevention classes".

I How can we awaken the interest of politicians to questions of evaluation? How can evaluation be useful in their daily discussions about the allocation of funds? How can they be supported in their arguments?

Professionals working in drug prevention often complain of a lack of coherence between politicians' speeches and actions, of their lack of understanding of prevention work and of the resulting lack of financial support for long-term activities. Attempting to understand the position of politicians was considered by many as the first step to rousing their interest in the evaluation of prevention.

Some prevention programmes which have received significant funds have not produced a corresponding shift in attitude, which in turn has disillusioned politicians. It was considered that what policy-makers needed to know was: what works, under what conditions and at what cost (cost-effectiveness being a core subject in budgetary discussions). Information on what does not work in the area of prevention was felt to be equally useful.

The results of evaluation of drug prevention programmes are usually targeted at professionals working in the drugs field. Targeting information specifically to the needs of politicians was felt, therefore, to be one way of influencing the way they allocate funds. The participants underlined that policies and programmes needed to be science-based, and that valid and reliable evidence needed to be put at the disposal of politicians. It was noted that evidence should be clearly presented, concise and unambiguous, using benchmarks to measure effectiveness, and that prevention experts should convince decision-makers that evaluation is worthwhile.

It was considered that evaluation instruments should be compatible and that information dissemination on evaluation results should be developed. The relevance of concrete objectives was also underlined as was the importance of developing instruments to measure direct and indirect results of long-term prevention activities. Measuring the costs of the absence of a prevention activity (non-action) as a means of demonstrating the importance of the prevention activities was also proposed.

Roundtable

"How to promote evaluation practice in Europe?" was the topic of a roundtable organised on the closing day of the Conference. Chaired by Ms Michaela Schreiber of the Federal Ministry of Health in Germany (replacing vice-Chairman of the EMCDDA Management Board Mr. F.J Bindert), the roundtable was composed of five experts*. Since the need for promoting evaluation practice in Europe is generally recognised, the challenge facing prevention actors today is finding promotion strategies. On the basis of proposals made by participants prior to the Conference, three sets of questions were tackled.

2 How can duplication between institutions be avoided? How can evaluation results by research centres be used by practitioners?

Enhancing co-operation and ensuring a flow of reliable information between researchers and practitioners, on the one hand, and international organisations, on the other, were among the proposals offered in response to the first question. Avoiding overlaps was considered one of the main tasks of the EMCDDA (as of the European Commission and other funding bodies) along with promoting co-operation through the REITOX network and through annual reports on the state of prevention research in the Member States.

Stepping up co-ordination at the level of the European Commission, in particular, (where around a dozen Directorates General work on drug-related topics) was considered a priority, as was increased interaction between the EMCDDA and the Pompidou Group and NGOs.

With regard to the use of evaluation research results, it was underlined that greater attempts be made to obtain consensus on theoretical bases for prevention across Europe. Furthermore, local prevention activities were considered fundamental and strategies for sharing the experience and results of local creativity were discussed.

The participants also stressed that strong emphasis should be laid on programme development and that project implementation be improved before carrying out evaluation. Finally, they underlined that no long-term or follow-up studies existed in Europe in the area of prevention and that, in general, the prevention sector could be more effective with less activities but with long-term approaches and coherent evaluation efforts.

3 What is the role of the EMCDDA in this field? Are the first steps taken with the draft of the *Guidelines* important and should they be continued?

The mandate of the EMCDDA in this area was defined as being to collect and diffuse information on evaluation and its results in Europe, including information on trans-national evaluation projects financed by the European Commission's *Programme of Community Action on the Prevention of Drug Dependence*. It was felt that the Centre could make a scientific comparison of the various evaluation practices in Europe, draw up recommendations for professionals and encourage reflection among them on common evaluation guidelines adapted to different settings and practices. The roundtable concluded that the Centre also had a key role to play in promoting training in evaluation and in helping professionals and intermediaries to "get the science right".

Over and above performing a clearing-house function for information on evaluation, the EMCDDA would be a catalyst for encouraging active partnerships among professionals and raising awareness of prevention research. The Centre would also be the hub for promoting a culture of prevention through the National Focal Points.

In this regard, the *Guidelines* were considered an important initiative. Ensuing practical suggestions included a proposal that the *Guidelines* include a definition of evaluation and an appendix outlining different techniques, and that the EMCDDA's *Annual Report* carry information on the state of the art of prevention research in the Member States.

*The experts were: Mr. Wim Buisman, Manager of International Programmes of the Jellinek Consultancy, (The Netherlands), Mr. Armand Wagner of the Ministry of Health (Luxembourg), Ms Véronique Wasbauer, EC-Commission, DGV Luxembourg (EC Programme of Community Action on the Prevention of Drug Dependence), Mr. Alan López, WHO Geneva (Programme on Substance Abuse) and Mr. Enrico Tempesta, Osservatorio Permanente sui Giovani e l'Alcol (Italy).

Harm reduction experts assess techniques

Representatives of the EMCDDA's Demand Reduction and Epidemiology Departments were among the 1000 participants attending the 8th International Conference on the Reduction of Drug-related Harm which took place in Paris from 23 to 25 March. The aim of the Conference, organised by the International Harm Reduction Association, was to bring together experts to present the latest scientific findings in this field and to promote harm reduction as an effective strategy for coping with the drugs problem.

Harm reduction is a process of reducing drug-related damage (at individual, family and societal level) by using techniques that include, yet extend

promote a safer use of party drugs during dance events and educate dance scene agencies in harm reduction strategies.

The effects of harm reduction interventions in Barcelona, Geneva, Frankfurt and Rome were described, as were the results of programmes in Italy, the Netherlands, Switzerland and the UK which use peer-group-targeted interventions for safer injection techniques and survival courses (in the case of overdosing). Despite large commitment to these pragmatic approaches in many countries, alarming figures were presented on the spread of HIV (recently in eastern Europe) and Hepatitis C, illustrating, in some cases, practical and political difficulties in implementing a rapid and effective response.

During the introductions to the Conference, a French speaker described what he felt to be the restrictive and abstinence-oriented approach in his country and called for the development of a clear harm reduction policy. In contrast, a British participant reported how, in the UK, thanks to a practical use of harm reduction techniques and clear political commitment, an HIV epidemic and social decline

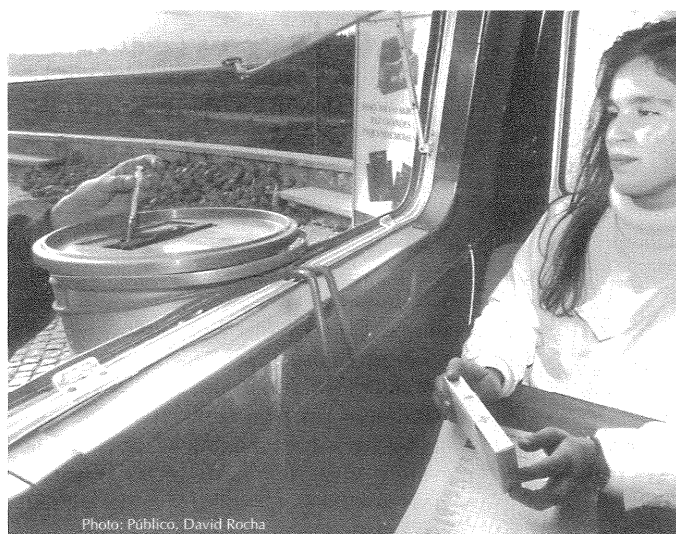


Photo: Público, David Rocha

Needle exchange programme reducing drug-related harm in Portugal

beyond, needle exchange and methadone prescription to take in street-based outreach education, counselling, primary health care, networking, advocacy, drop-in centres and community-based approaches. It also addresses physical, mental and psycho-social aspects of drug addiction and involves not only the therapeutic professions, but also the police, the church and leaders of sub-cultural groups.

Encouraging results emerging from outreach techniques and methadone maintenance, such as the improved status of Intravenous Drug Users (in terms of health, housing, needle-sharing, HIV incidence and overdoses) were reported by Swiss and British speakers at the event. US and British approaches to synthetic drugs were also presented which, via youth-to-youth interventions,

among drug users had been avoided. He appealed for the inclusion of harm reduction into mainstream public health policy.

Gregor Burkhardt and Lucas Wiessing.

DRUG-RELATED RESEARCH IN THE EU

A synthesis report on the academic seminar on "Drug Research-related Initiatives in the European Union",* organised last December by the EMCDDA and the European Commission, has recently been published by the European University Institute in Florence. National reports compiled by

BOOKSHELF

«Vivre avec les drogues»

Régulations, politiques, marchés, usages
(Living with drugs : Regulations,
policies, markets and use).

The title of this book refers to an ongoing debate in France that attempting to eradicate drugs from society is unrealistic and that the real political challenge is to try to live with drugs at the lowest cost in health and social terms.

Through a series of essays written by academics and researchers, this volume explores what is meant by living with drugs and examines the political responses, goals and strategies this approach would imply. Matters of research and political challenges are also taken up in a methodological and practical way.

"Vivre avec les drogues" is the 62nd edition of the quarterly journal "Communications", published by Éditions du Seuil. The book is divided into three parts covering: regulations applied in Germany, Switzerland and Italy; repressive policies; and drug consumption. The text aims to put the French situation into perspective by describing debates on illicit drugs and changes in legislation in these three countries.

Published by: Éditions du Seuil. Directed by: Alain Ehrenberg. Date: April 1996. Language: French. Price: 100F. ISBN: 2-02-028603-3. For orders please contact: Éditions du Seuil, 27, rue Jacob, 75006 Paris, France. Tel: ++ 33 1 40 46 50 50. For further information please contact: Alain Ehrenberg - Fax: 33 1 44 08 51 87.

COMMUNICATIONS



Vivre avec
les drogues

62

The EMCDDA is responsible for the selection of materials for the Bookshelf and for the text presented. However, the content of these books, and the opinions expressed therein, lie with the authors themselves.

the REITOX National Focal Points in a joint initiative of the European Commission and the EMCDDA are also available on the state of drug-related research in the 15 Member States.

* Held at the Robert Schuman Centre of the EUI. Limited copies of the reports are available from the EMCDDA.

A Day in the Life of a National Focal Point

THE NETHERLANDS

In 1993, the Ministry of Health, Welfare and Sports of the Netherlands nominated the Netherlands Institute on Alcohol and Drugs (NIAD) to host the Dutch National Focal Point of the REITOX network. In 1996, NIAD was integrated into the Netherlands Institute for Mental Health and Addiction (*Trimbos-instituut*) and today operates under the formal and legal responsibility of the Ministry. Within this institute, the National Focal Point (NFP) directs and co-ordinates its own activities and is responsible for setting up the required infrastructure vital to the Dutch contribution to the EMCDDA.

The primary task of the Dutch National Focal Point is to ensure that other organisations and bodies working on drugs in the Netherlands supply it with data and information required for national and international purposes. This implies that it pursues close and direct co-operation with organisations such as national and regional institutions for prevention and addiction care, as well as those with expertise related to the state of the drugs problem in the Netherlands.

The *Trimbos-instituut* employs around 180 employees from different disciplines while a permanent full-time staff of four operates the National Focal Point. The advantage of this set-up is that specialised staff are permanently "on call" in the event that additional assistance is required for EMCDDA and Focal Point activities.

As a co-ordinating body and contact point for an international and national organisational, technical and human network, the NFP is at the heart of a dynamic, complex and continually changing environment. A large number of parties operate in the Netherlands on a political, policy-making and professional level and it is their contributions that enable the Focal Point to meet its obligations to the EMCDDA.

In order to create optimal co-operation between the major bodies and organisations at national level, the NFP set up an advisory committee in 1994 including representatives from the Ministries of Health and Justice and a number of national organisations dealing with the drugs problem.

As concerns the EMCDDA's REITOX programme, the requirements of the agency have become clearer and more

distinct. Consequently, national sources are faced with an ever-increasing demand from the National Focal Point for data, information and services, thus increasing the workload of these organisations and institutes. To solve this problem, the Ministries concerned, together with the *Trimbos-instituut*, will set up a co-ordinating mechanism which will consider programmes, standard methods of data generation and electronic networking. The NFP will focus on the synthesis of the supply of data and information and ensure that the results of these efforts meet the requirements set by the EMCDDA.

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EMCDDA Calendar

- 5-6 May** - Meeting on standardised methodology for studying mortality in drug users. Rome.
- 15-16 May** - REITOX programme meeting on death-related statistics. Barcelona.
- 15-16 May** - Pan-European Ministerial Conference. Tromsø, Norway.
- 21 May** - Meeting of the EMCDDA Bureau. Brussels.
- 22-23 May** - Meeting on Models in Epidemiology. York.
- 1-5 June** - Participation in the Conference on Europe Against Drug Abuse. Oslo.
- 5-8 June** - Participation in the 3rd ECASAR conference. Amsterdam.
- 9 June** - Workshop on University Training. Utrecht.
- 16-17 June** - Meeting on the feasibility phase of the EMCDDA's Information System on Demand Reduction Activities. Lisbon.
- 16-17 June** - Participation in the Meeting of the Epidemiology Experts of the Pompidou Group. Strasbourg.
- 19-20 June** - EMCDDA Management Board meeting. Lisbon.
- 19-22 June** - Meeting on the feasibility phase of the Guidelines for the Evaluation of Drug Prevention. Lisbon.
- 24 June** - EMCDDA meeting on Demand Reduction in the Workplace. Lisbon.
- 24-27 June** - Participation in the International Epidemiology Working Group. Washington D.C.
- 30 June-1 July** - Meeting of the REITOX National Focal Points. Lisbon.

Selected EU Meetings

- 7 May** - Drugs Expert Group within the Council of the European Union.
- 22-23 May** - Conference of the Dutch Presidency on Monitoring Illicit Drugs and Health. Amsterdam.
- 5 June** - Meeting of the Health Council. Amsterdam.
- 16-17 June** - European Council. Amsterdam.

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Scientific Committee gives opinion on work programmes

The EMCDDA's Scientific Committee held its sixth meeting in Lisbon from 14 to 15 April to discuss the Centre's 1998-2000 and 1998 work programmes which will be up for adoption by the Management Board in the coming months. For the first time Norway participated as observer.

During discussions on these programmes, the Committee underlined, among others, the importance of quality assurance of the data collected by the Centre and of adopting procedures and criteria to (cross)validate these data through methodology and standardisation. In this context, the Committee considered it crucial to train human resources working in the field of data collection. In view of changing social policies in Europe, it also proposed that the Centre collect information on, and from, the penal system as well as data for sociological analysis.

Besides discussing data collection and associated matters, the Committee proposed that the Centre prioritise evaluation in the field of demand reduction and harm reduction as a means of providing the best available evidence of the effectiveness of interventions and treatment. It was also noted that the EMCDDA should promote the establishment of guidelines for practitioners and health and social workers in order to help evaluate strategies and review evidence.

A further item on the agenda was the 1995 *Annual Report on the State of the Drugs Problem in the European Union*. The Committee considered the report to be a goldmine of data and a valuable tool in policy discussions. The Committee suggested that the Report be improved in the future by indicating the sources and methods applied in data collection processes, providing indications on the interpretation of data and formulating recommendations for improving the quality and relevance of data which are scientifically confirmed. Finally, the Committee briefly touched on the topic of confidentiality of data and its role in this matter.

The next meeting of the Scientific Committee will take place from 4 to 5 September 1997.

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