European Monitoring Centre
for Drugs and Drug Addiction

Organization of
American States

Building a national drugs observatory: a joint handbook

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Inter-American
Drug Abuse
Control Commission

Building a national drugs observatory: a joint handbook

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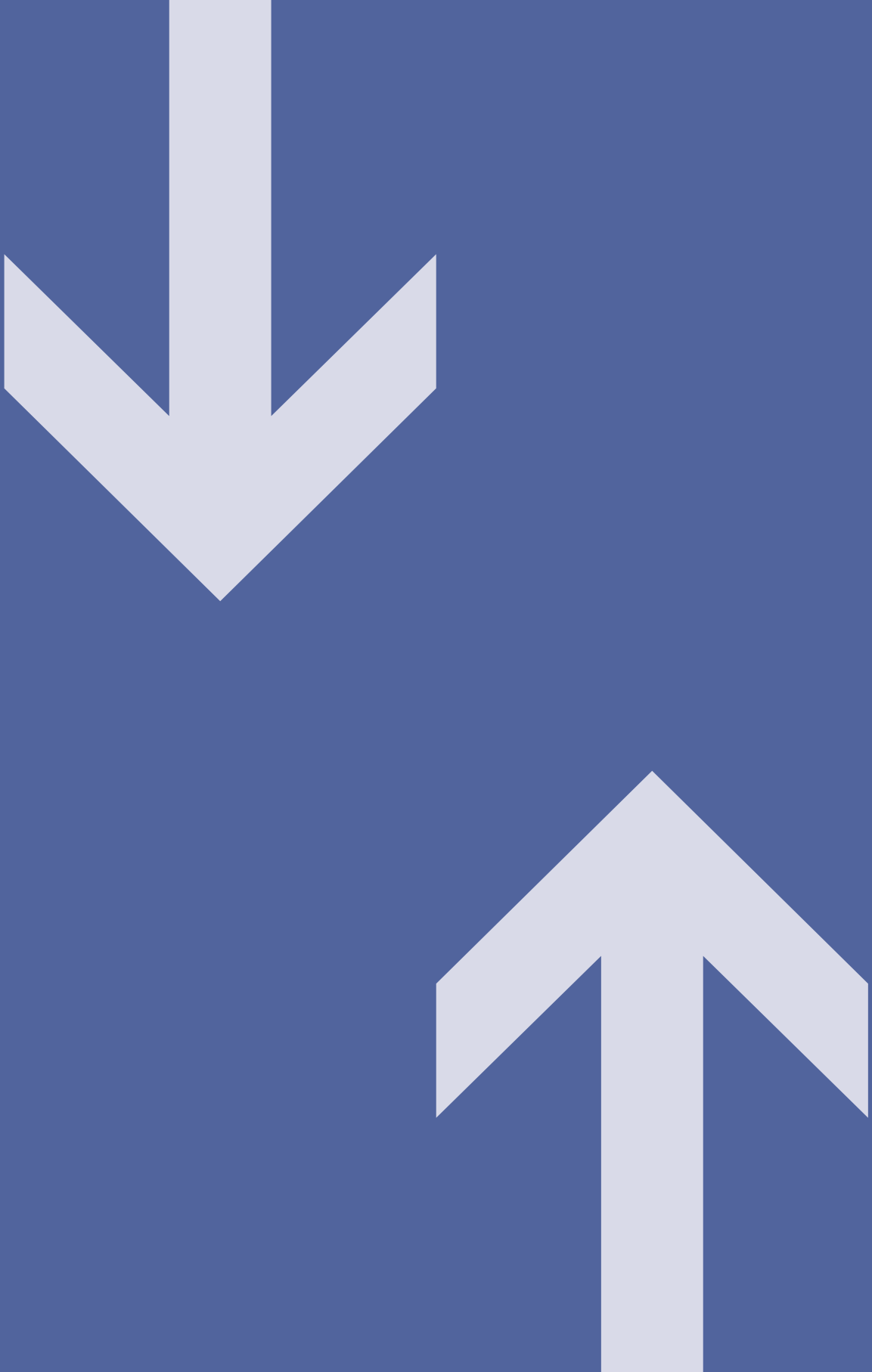


Foreword

Building a more accurate picture of the drugs situation; addressing both supply and demand issues; identifying emerging trends at an early stage; sharing objective information on best practices for the planning and organisation of interventions, and; providing decision-makers with the evidence needed for the design of national and regional drugs strategies and their evaluation. These are just some of the challenges shared on both sides of the Atlantic by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD–OAS).

In this context, national drugs observatories — or national focal points as they are called in the European Union — play a critical role, as the data and information they provide is the cornerstone of any drugs monitoring system.

National drugs observatories have flourished and developed rapidly over the last two decades as a direct consequence of the decisions taken to establish regional drug monitoring systems, both in the European Union and in the Americas.

Initially, there was no reference framework available — observatories were set up using trial and error, taking into account different national contexts and resources. This explains why today there are as many models of observatories as there are countries establishing them.

Looking back at this long process, there seemed to be a need to formalise the experiences in the field, and to identify some key concepts and principles that remain valid irrespective of country or region.

The EMCDDA and CICAD–OAS are proud to present this joint handbook on building national drugs observatories, which for the first time presents and describes in a clear and informative way the core operational processes and the key strategic factors that are common to all national drugs observatories.

Starting from a highly heterogeneous group of drugs observatories across different continents, the endeavour is to extract the essence of their experience and to transmit the final result in such a way that it can be reinterpreted in other realities and conditions.

We have therefore structured the handbook in thematic chapters which enable the reader to either use it as a classical step-by-step approach, or invest more time and attention to a specific phase in the process of building or consolidating a national drugs observatory.

Although this is the outcome of a long elaboration and reflection process, the handbook itself should be considered more as a starting point, rather than as a final achievement.

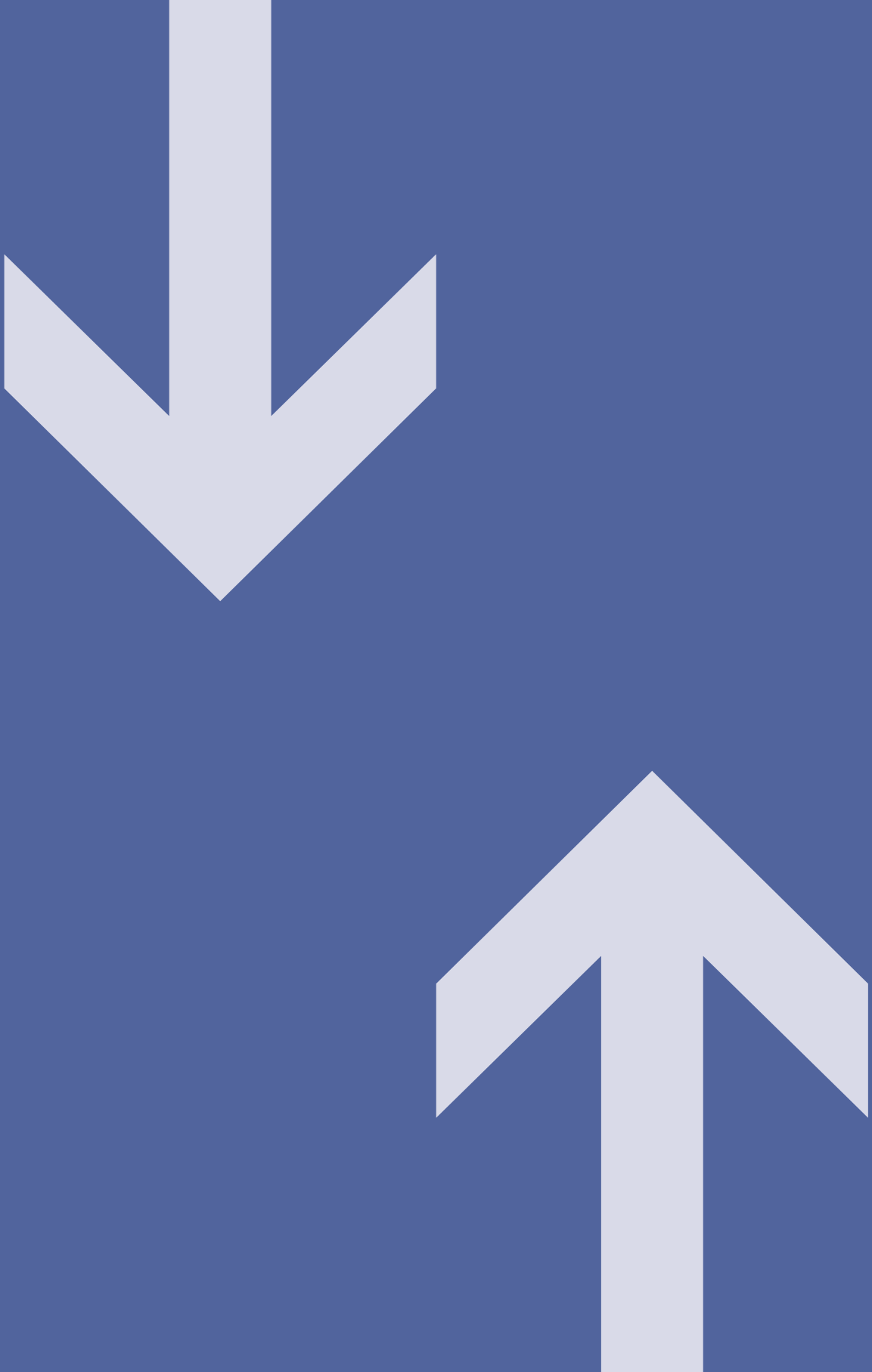
This is why it is being published together with an 'online toolbox' where the reader will find additional bibliographic references, templates and practical guidelines and other working

documents. Over time, the toolbox will develop with the help of readers and operational national drugs observatories: it will provide a platform for sharing practical materials and reference models.

We invite you to join this virtual community of national drugs observatories and share your views and experiences in order to contribute to the development of the handbook and the toolbox, which in turn will help others build their own national drugs observatories.

Wolfgang Götz
Director
EMCDDA

James Mack
Executive Secretary
CICAD–OAS



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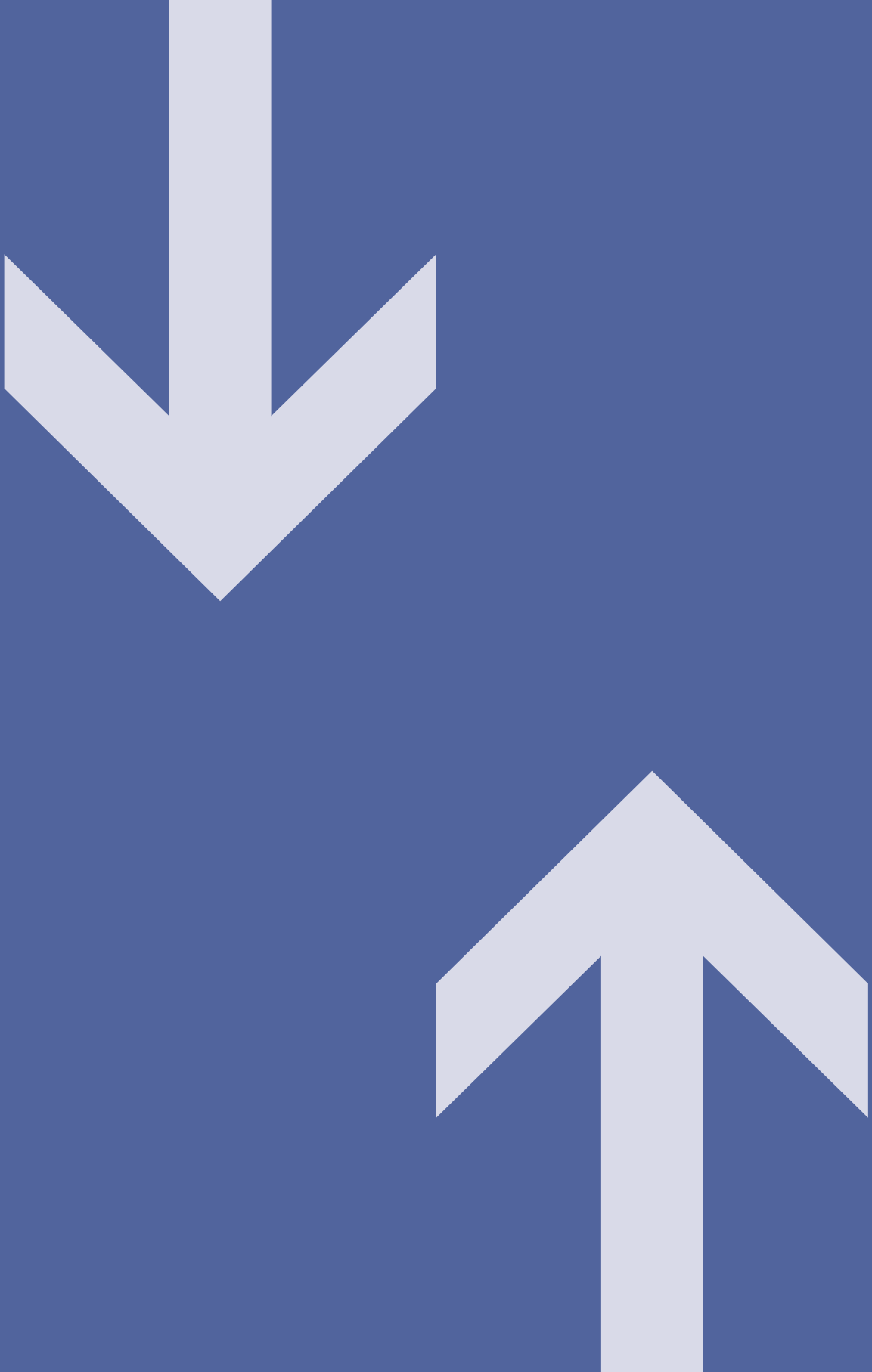


Chapter 1
Why do we need a national drugs observatory?

What is a national drugs observatory (NDO)? What is its role? What are the duties and the competences of such an institution? How can one set up an observatory?

These are only a few of the questions that this handbook tries to address in a practical manner, starting with the most important one: why do we need a national drugs observatory?

A growing need for monitoring

The adoption of the United Nations Conventions ([1]) has made it compulsory for Member States to regularly report on the drugs situation as well as on interventions, covering both supply and demand.

More recently, other international and regional organisations developing activities in the general context of the fight against drugs have progressively moved towards comprehensive strategies and action plans that are target or objective based, and that have increasingly required reliable data to assess the drugs situation and to monitor the implementation of measures taken.

This concern has led to the development and subsequent changes to the structure, content and objectives of the European Union's drugs strategies since the adoption of the first European Action Plan to Combat Drugs in December 1990. In the Americas, this started with the establishment of the Inter-American Drug Abuse Control Commission (CICAD) by the General Assembly of the Organization of American States (OAS) in 1986 as the western hemisphere's policy forum on all aspects of the drug problem.

One of the first consequences of this formalised approach was an acknowledgement of the need to set up national monitoring systems and observatories.

'Evidence base': a new concept for policymaking

Since the mid-1990s, the concept of 'evidence-based policy-making' has emerged as a new standard in public management (see box below).

([1]) These are: the United Nations Single Convention on Narcotic Drugs, 1961 (http://www.incb.org/pdf/e/conv/convention_1961_en.pdf); the United Nations Convention on Psychotropic Substances, 1971 (http://www.unodc.org/pdf/convention_1971_en.pdf); and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (http://www.unodc.org/pdf/convention_1988_en.pdf)

Evidence-based policy

Evidence-based policy has been defined as an approach that 'helps people make well informed decisions about policies, programmes and projects by putting the best available evidence from research at the heart of policy development and implementation'. This approach stands in contrast to opinion-based policy, which relies heavily on either the selective use of evidence (e.g. on single studies irrespective of quality) or on the untested views of individuals or groups, often inspired by ideological standpoints, prejudices, or speculative conjecture.

Source: Davies, P., 'Is evidence-based government possible?', Jerry Lee Lecture 2004, 4th Annual Campbell Collaboration Colloquium, Washington D.C., 19 February 2004.

This change highlights the need for governments to take better informed decisions, and to assess whether the measures taken have been implemented and if they have been successful.

Two trends have developed in parallel in this area: political leaders need tools to evaluate if the measures and interventions implemented have had an impact, and if so, what impact. Similarly, the public is increasingly demanding this sort of information from its leaders.

From monitoring to evaluation

In the field of drugs, over the last seven to eight years there has been an increased number of initiatives at national or regional level to evaluate or carry out an impact assessment of anti-drugs strategies and other national action plans.

For instance, in the two regions mentioned above, data collected at national level also serve the purpose of evaluating the outcomes of regional anti-drugs strategies: in Europe this is the evaluation of the EU Action Plan made by the European Commission, and in the Organization of American States, this is the scope and objective of the Multilateral Evaluation Mechanism.

At global level, the international community gave additional support to the strengthening and further developing of drug information networks to underpin the assessment and evaluation of anti-drugs strategies during the 10-year review of the Political Declaration of the United Nations General Assembly Special Session on Drugs in 1998.

Indeed, a new resolution 'Invites Member States to strengthen their efforts to review and improve data collection tools in order to attain an objective, scientific, balanced and transparent assessment of the progress made and the obstacles encountered in implementing the Political Declaration and Plan of Action (…)' ([2]).

([2]) 'Improving the collection, reporting and analysis of data to monitor the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem' (Resolution 52/12) — *Economic and Social Council Official Records*, 2009, Supplement No 8 — Commission on Narcotic Drugs, Report on the fifty-second session (14 March 2008 and 11–20 March 2009), p. 29.

A key role for national observatories

What we can conclude from the various working groups, public and expert debates that took place in 2008 and 2009 and that are still ongoing, is very simple:

- supranational or international drug information networks can only work if they receive high quality, comparable information from their respective participating countries;
- national drugs observatories can make a key contribution to international community efforts on data collection, analysis and interpretation;
- a national drugs observatory is a key instrument for policymaking — it is not a political instrument. Whilst the political responsibility remains in the hands of decision-makers, there is a growing consensus that they need objective, factual, reliable and comparable information in order to take informed decisions.

This handbook targets the needs of three groups, with a specific objective for each of them:

- countries that are or that may become candidates to EU membership ([3]), and neighbourhood countries ([4]) that wish and/or need to prepare themselves to participate in the work of the European Monitoring Centre for Drugs and Drug Addiction;
- countries that are part of other regional data collection systems on drugs, such as the Interamerican Drugs Observatory CICAD–OAS, to assess their situation and to build strategies so as to improve and/or to consolidate their national observatories;
- non-EU countries involved in a cooperation on drugs matters with the EU and with other international organisations, particularly UN agencies ([5]), and with public and private international donors in the drugs field that want to evaluate the effectiveness of their grants and activities.

We must inform the reader of the following in relation to this publication:

- this handbook builds on the experience of establishing and developing a European data collection network composed by national focal points — the Reitox network. Although it presents a conceptual framework, it is based on practice in establishing the network 15 years ago, and in expanding it to more than 15 new countries since then. We have tried to identify the key principles and functions that have proven successful over the years;
- we do not offer a single model to be copied, but strategic and operational steps and an indication of the sorts of decisions that should be taken on the basis of a structured analysis of each national context. This handbook provides the reader with a matrix for this strategic and operational analysis;

([3]) Also defined as Candidate Countries (Croatia, Former Yugoslav Republic of Macedonia, Turkey) or Potential Candidate Countries (Albania, Bosnia-Herzegovina, Kosovo under UN Security Council Resolution 1244, Montenegro, Serbia). Alternatively: non-EU Member States who have applied to the EMCDDA for membership, such as Norway.

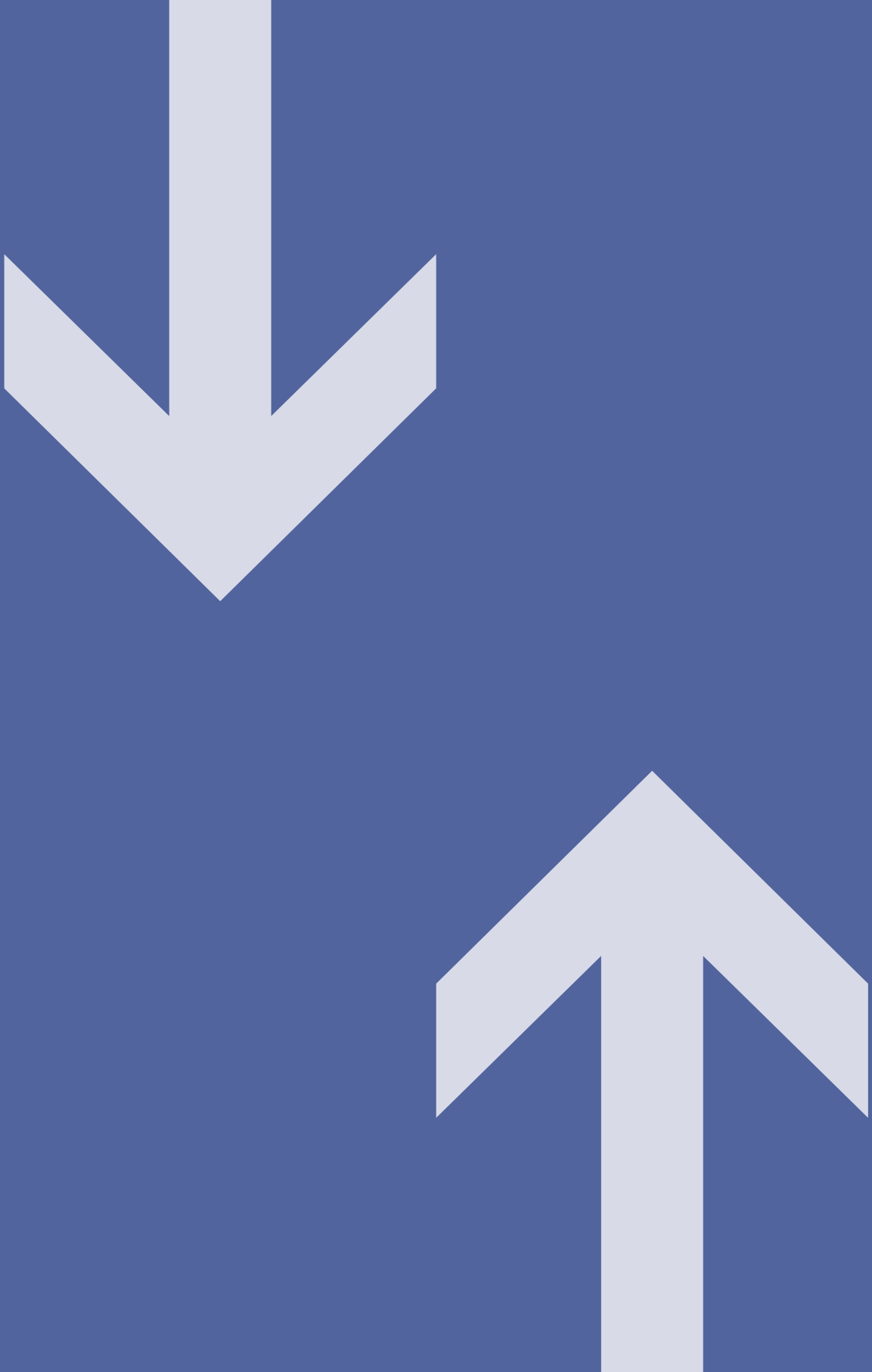
([4]) Countries covered by the European Neighbourhood Policy (ENP): Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Occupied Palestinian Territory, Syria, Tunisia, Ukraine.

([5]) Such as UNODC, WHO, UNAIDS and UNDP.

- a national drugs observatory is nothing without data and information, which are frequently produced by other entities, at different levels (national, local); therefore setting up a national drugs observatory goes alongside the creation/strengthening of a national drugs information network;
- this handbook is the result of a strategic partnership between two regional organisations, the EMCDDA in the European Union and CICAD-OAS in the Americas, with the aim to further support national monitoring capacity in their respective Member States.

The handbook is divided into several parts:

- What is a national drugs observatory (Chapter 2)
- Running a national drugs observatory:
  - — Data collection and monitoring (Chapter 3)
  - — Analysis and interpretation (Chapter 4)
  - — Reporting and dissemination (Chapter 5)
- Ensuring success: strategic diagnosis (Chapter 6)
- Challenging questions (Chapter 7)
- Conclusions



Chapter 2
What is a national drugs observatory?

A national drugs observatory (NDO) is an organisation that provides its country with factual, objective, reliable and comparable information concerning drugs and drug addiction and their consequences.

The objectives of the NDO are:

- to provide its national audience with the information seen as essential for policymaking and for the organisation of drug-related services, and on drug-related issues of general interest;
- to collect and to produce the information needed to fulfil its country's reporting obligations to supranational and international monitoring and drug-control programmes.

To reach its objectives, the NDO must perform three core functions, either with its own resources or in conjunction with other national institutions and experts:

- data collection and monitoring at national level;
- analysis and interpretation of the information collected;
- reporting and dissemination of the results.

The main publication produced by the NDO on a yearly basis is its national report or at least an update on the national situation. In addition to this report, an NDO may be expected to produce ad hoc studies and other reports.

While establishing or evaluating the position of a national drugs observatory, it is also necessary to assess its success and sustainability using three key strategic factors:

- perceived added value;
- availability and combination of resources; and
- cooperative production processes.

Definition and objectives

A national drugs observatory (NDO) is an organisation that aims to provide — for its home country — factual, objective, reliable and comparable information concerning drugs and drug addiction ([1]), and their consequences.

([1]) According to national priorities, the scope of the work of the NDO may focus only on illicit drugs, or could also cover alcohol, tobacco and other licit drugs (such as prescription drugs). We limit our presentation here to illicit drugs as these are the primary mandate of the EMCDDA and CICAD-OAS.

An NDO is ideally part of a broader system that combines:

- a concerted and balanced national drugs **coordination mechanism**, which oversees the various actors implementing a national drugs strategy;
- a national **drugs information network**, that integrates specialised and general sources of information and expertise, as well as routine surveillance programmes and ad hoc surveys on target groups.

The NDO collects and produces information for two main audiences: national and supra- or international.

National audience: the NDO addresses the information needs of four groups of customers which make up its audience at national level: decision-makers, the scientific community, professionals working in the drugs field, and the general public.

Supra- or international audience: the work of the NDO also has international uses, within the context of overall efforts to reduce drug problems at global (United Nations) and supranational levels (e.g. European Union, Organization of American States etc.).

The core functions of a national drugs observatory

As far as the work of an NDO is concerned, we use the term 'core functions' to describe the key processes to be developed and implemented by the NDO. In order to present the core functions of an NDO, we have adapted the concept of 'business process'.

What is 'business process'?

Davenport and Short (1990) define business process as 'a set of logically related tasks performed to achieve a defined business outcome.' A process is 'a structured, measured set of activities designed to produce a specified output for a particular customer or market. It implies a strong emphasis on how work is done within an organisation' ([2]).

Business processes have four common characteristics:

Cross-organisational boundaries: the NDO relies on a multi-partner cooperation framework, on intensive networking practices that allow the NDO to acquire the expertise and information needed. This implies a permanent screening of its environment and frequent adjustments in the *modus operandi* negotiated with all partners.

Customers or *stakeholders*: in organisations based in or depending on the public sector, stakeholders play a vital role because they attract funds and allow the NDO to operate.

([2]) Malhotra, Y., 'Business process redesign: an overview', *IEEE Engineering Management Review*, volume 26, No 3, Autumn 1998.

Process: the emphasis is on how activities are organised and how results are obtained. The processes may be structured differently, according to context, resources and capabilities, provided that the expected outputs are clearly defined and are produced on time.

Output: each of the core functions should deliver outputs, whether raw data or specific information, analytical reports, targeted publications or standard reporting.

The three core functions of an NDO are:

- data collection and monitoring
- analysis and interpretation of the data collected
- reporting and dissemination of results.

The core functions are usually carried out by the NDO in conjunction with other national institutions and experts. Depending on the resources and the mandate of the NDO, and on the data and expertise available in the country, a range of possible set-ups are possible, as presented in Chapter 7 — Challenging questions).

What matters is that these functions show the highest possible level of quality and meet scientific standards, as they lie at the heart of the reputation and perceived added value of the NDO's work.

In the European Union, this is the role of the EMCDDA's national focal points, which together form the European network for data collection on drugs, called Reitox (*Réseau Européen d'Information sur les Toxicomanies*).

Data collection and monitoring at national level

Various kinds of drug-related information are usually already produced in some form by agencies at local or national level. In such cases, the NDO can have the role of bringing together all available information into a national picture. In order to do so, the NDO must first identify what information is available and create an 'information map'. This is a document that identifies and classifies potential data providers of drugs information and partner organisations.

> Part of the work of an NDO consists of 'scanning' national sources of drug-related information to identify strengths and gaps.

Based on the potential partners and data providers identified in the information map, a national drug information network is put together, representing the know-how 'in the field', that ultimately underpins the quality of the NDO's outputs. In order to gather, produce, analyse and disseminate information in a regular manner, the NDO must build a sustainable network that is able to work continuously on its own improvement.

> One of the main tasks of the NDO is to establish a national drug information network together with the partners and resources identified in the information map.

The drugs phenomenon and its impact on society are permanently changing. Science, and our knowledge and understanding of the drugs phenomenon, are also in constant evolution. The demands placed on the drugs information network must therefore be responsive to change. In other words, developing the drug information network, and the related networking tasks, is part of an ongoing process that represents the NDO's principal and most time-consuming activity.

> A key task is to liaise with information or data providers, and to motivate them to participate and contribute to the national drug information network.

Another ongoing aspect of developing the aforementioned network is a constant effort to improve the knowledge base. This may be achieved either by improving existing processes and national reporting standards, and/or by establishing new sources of information. The ability to raise awareness and funds for improving the national data collection network is extremely useful in this context.

> The NDO needs staff with excellent communication and negotiation skills and a proven capacity for consensus-building.

To manage the data sources in all drug-related areas, and to maintain a comprehensive drug information network, the main challenge for data providers in both the supply and demand reduction fields is to learn to work together and share information with professionals working in different areas, with varying objectives, professional cultures and traditions.

> The challenge for the NDO lies in the constant and mutual interconnection of supply- and demand-related information networks, in a way that offers added value for all partners and is logistically feasible.

The role of the NDO is not limited to just collecting existing information and data: it plays a key role in keeping track of data sets and promoting the improvement of their quality among its partners year after year, either through technical and methodological support, or by bringing together key national experts to improve the reliability and validity of data from year to year.

> The NDO needs to organise and maintain the memory of the data available, developing a scientific and methodological capacity for data collection, data analysis, quality assurance, and capacity development both in-house and within the network.

Analysis and interpretation of the information collected

The information gathered by means of the drug information network needs further processing to be of practical use to the NDO's audiences. This is usually done by combining the analytical capacity of NDO staff and national experts.

The NDO progressively builds its expertise in providing rigorous scientific, unbiased and non-speculative interpretation and analysis of the data collected, and in synthesising it into

structured reports, papers and other publications. The NDO thus acts as a knowledge broker, explaining the data to those who need to understand it.

The analysis and interpretation of the information collected should focus on:

- checking the consistency and the comparability of the data collected;
- examining the contextual information needed in order to correctly interpret the data;
- analysing and interpreting the information, in consultation with those who provided it;
- integrating information derived from different sources, covering a range of areas, in order to provide a comprehensive overview and understanding of the drugs situation.

To carry out these activities, the NDO must work with national institutions and other experts, so as to ensure:

- the progressive building of a common and comprehensive picture of the drugs situation in the country concerned;
- the validity and reliability of analyses and conclusions;
- shared ownership of the results by all partners involved.

Reporting and dissemination of results

Reporting and communicating results should be seen as one of the key tasks of the national drugs observatory. The NDO should therefore develop a communication strategy that helps meet and fulfil existing needs, yet can also address and anticipate future needs in a proactive way that is tailored to its different audiences.

Ultimately, outputs help justify the NDO's existence, and they are one of the main reasons why it receives funds from national authorities and international organisations.

In most cases, the main publication produced by the NDO on a yearly basis will be a national report or an executive summary of the latest developments in the national context. It is of particular importance that the NDO provides an update of the national drugs situation yearly, both for national and for international purposes.

In addition to the national report, the NDO may also be expected to produce reports on ad hoc studies and to provide evidence for the evaluation of national strategies and action plans.

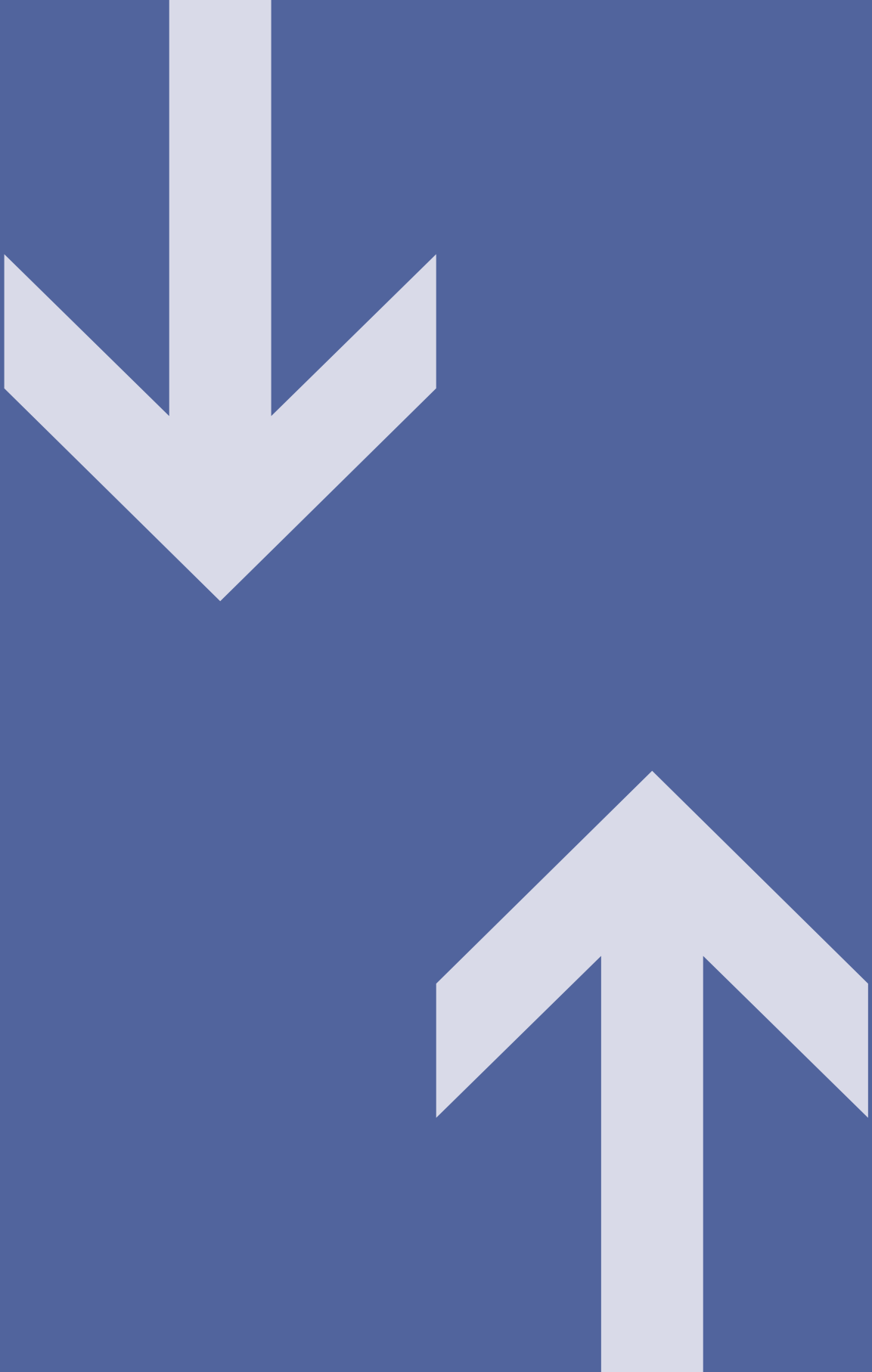
Further publications may also include special reports on specific drug-related issues of national interest, scientific articles in peer-reviewed journals, special periodic and one-off publications, press releases and media relations tools, and web-based publications (websites, mailing lists, and so on).

Strategic development

To assess the strategic position of an NDO, the first point to consider is the institutional issues, i.e. the NDO's role, status and mandate. However, although these issues are important, they cannot alone predict success or failure.

What is necessary in order to ensure the NDO's sustainability — the NDO project — is to make an in-depth analysis that considers three key strategic factors (see Chapter 6):

- Perceived added value: whatever the motivation for establishing an NDO (national or supranational), it is essential to make sure the NDO builds an image of competence and of service to national and local shareholders, as they have the main power of decision when it comes to setting-up and funding the NDO and the national data collection network;
- Combined resources: in practice, a successful NDO is the result of a combination of local, national and supranational resources, whether human, scientific and/or financial. Therefore, special attention should be paid to identifying, articulating and consolidating these resources;
- Co-production: the NDO's outputs are not produced in isolation, they are usually the result of a sometimes complex co-production process involving other institutions and experts who have specific data or knowledge on the chosen subject. A critical issue for the development and strengthening of the NDO lies within its capacity and its processes for the production of reports and other publications in cooperation with its national and local partners.



Chapter 3
Running a national drugs observatory — data collection and monitoring

Objective and strategy

What are we looking for? How to proceed?

The NDO's primary objective is to collect and/or to generate the information needed to build a comprehensive picture of the drugs situation in a given country, covering both supply and demand and responses.

This involves:

- adopting international reference tools;
- building or adopting a reference framework for reporting;
- finding the data and experts to interpret the data;
- structuring the sources of information into a coherent system;
- progressively creating and developing a national data collection network.

Adopting international reference tools

What kind of data/information are needed? Are there reference frameworks?

Monitoring and other drug-related data collection activities started three decades ago in different regions of the world, under the auspices of various international and regional organisations.

In 2000, an international expert meeting held in Lisbon led to the adoption of a common reference framework for data collection and monitoring shared by international and supranational organisations, called the Lisbon Consensus ([1]).

The meeting, which was funded by the United Nations Drugs Control Programme (UNDCP) and hosted by the EMCDDA, brought together various experts and representatives from organisations such as the Pompidou Group of the Council of Europe, UNAIDS, the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD–

([1]) The full document can be found on the UNODC website at the following link: http://www.unodc.org/pdf/drug_demand_gap_lisbon_consensus.pdf

OAS), the National Institute on Drug Abuse (NIDA), the World Health Organization, the International Epidemiology Workgroup and the Global HIV Prevention Research Network.

The Lisbon Consensus identifies 13 areas of strategic/policy interest which are monitored using a range of tools and formats, by all supranational and international organisations:

- Drug consumption among the general population (prevalence and incidence);
- Drug consumption by young people (prevalence and incidence);
- Drug consumption by special or vulnerable populations;
- High-risk drug consumption (e.g. injecting, dependence etc.);
- Services utilisation;
- Drug-related morbidity;
- Drug-related emergency room visits;
- Psychiatric morbidity directly attributed to drug consumption;
- Drug-related mortality;
- Social exclusion and disadvantage;
- Drug-related crime (violations of drug laws; proportion of property crimes associated with drug consumption; proportion of violent crimes associated with drug consumption);
- Economic costs of drug consumption;
- Information on drug availability and drug markets.

Based on this list, each regional or international drug monitoring network has developed its own model taking into account its specific needs and its institutional environment, but the core data remain the same.

As this handbook is a joint publication between the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD–OAS), we will briefly introduce their respective reference frameworks. Further comments will be made in Chapter 5, under the heading 'Reporting to supranational and international organisations'.

The European monitoring system: the EMCDDA

In the European Union, the EMCDDA has developed a reference framework for monitoring the drugs phenomenon that is translated into a unique regional data collection network, delivering a consistent, harmonised and standardised national reporting package covering 30 and soon 36 countries each year.

The EMCDDA relies on a network of national focal points or national drugs observatories — the Reitox network — which is responsible for collecting the data at national level.

One of the key assets of this monitoring system is that it is compulsory for EU Member States and the fact that it is one of the instruments of the European approach on drugs ([2]). As such, its adoption and transposition at national level is mandatory for any country seeking future EU membership.

The European monitoring system developed by the EMCDDA ([3]) is structured so as to cover two main areas: 'monitoring the situation' which covers epidemiology, crime and markets, and 'monitoring responses' which covers interventions, law and policies.

Monitoring the situation — Epidemiology, crime and markets

Work in this area is structured around three main components: key epidemiological indicators, crime and markets and the action on new drugs.

Drug situation: Epidemiology, crime and markets	*5 key epidemiological indicators:* General population surveys and youth surveys Problem drug use Treatment demand indicator Drug-related deaths Drug-related infectious diseases
	Crime and markets: Drug-related crime Availability of illicit drugs
	Action on new drugs: Early warning system Risk assessment Control measures

Key epidemiological indicators ([4])

The EMCDDA uses five key epidemiological indicators that have been developed by the Centre in close collaboration with the Reitox network, experts across Europe and with other international organisations competent in the field of drugs and drug addiction, such as the Pompidou Group of the Council of Europe.

These indicators underpin the EMCDDA's reporting on trends and developments in the EU drug situation. They are also used for the analysis of the coverage of responses or the assessment of the impact of policies and actions.

([2]) See http://ec.europa.eu/justice_home/fsj/drugs/strategy/fsj_drugs_strategy_en.htm for details.
([3]) This is a general overview of the EMCDDA's activities. For more detailed information, please visit the sections of the EMCDDAs website on 'drugs situation' and 'responses': http://www.emcdda.europa.eu/
([4]) For detailed information on the five key epidemiological indicators, see: http://www.emcdda.europa.eu/themes/key-indicators

1. General population surveys and youth surveys

Prevalence and patterns of drug use among the general population are measured by probabilistic surveys of the adult and school population. Data from general and school population drug surveys provide basic information to help to understand patterns of use, risk perceptions, social and health correlates, and consequences of use of illicit drugs and other psychoactive substances.

2. Problem drug use

This key indicator collects data on the prevalence and incidence of problem drug use (PDU) at national and local level. Problem drug use is defined as 'injecting drug use or long-duration/ regular use of opioids, cocaine and/or amphetamines'. As this population is hidden and difficult to access, this indicator builds on a range of indirect methods that use different existing data sets to extrapolate and produce an estimate of the number of problematic drug users. The data sources employed to calculate the estimates differ in each country and are dependent on the routine information systems used in the country.

3. Treatment demand indicator

The treatment demand indicator is used to describe the population of drug users entering treatment each year and the number continuing in treatment from one year to the next. The treatment demand indicator (TDI) consists of recommendations regarding method, definitions and items to be collected in relation to problem drug users presenting to drug treatment facilities. These data are collected and collated nationally, and delivered annually.

4. Drug-related deaths and mortality among drug users

The aim of this indicator is to obtain statistics on the number and characteristics of people who die directly or indirectly as a consequence of drug use. Drug-related mortality is a complex phenomenon, which accounts for a considerable percentage of deaths among young people in many countries. This epidemiological indicator has two components: deaths directly caused by illegal drugs (drug-induced deaths) and mortality rates among problem drug users.

These two components can fulfil several public health and methodological objectives, notably as an indicator of the overall health impact of drug use and the components of this impact, identify particularly risky patterns of use, and potentially identify new risks.

5. Drug-related infectious diseases (DRID)

This key indicator collects data on the extent (incidence and prevalence) of drug-related infectious diseases — primarily HIV, hepatitis C and hepatitis B infection — in particular among people who inject drugs (injecting drug users or IDUs). The data is collected on IDUs each calendar year using two main methods. These are: (a) surveys of IDUs that include

serological testing and (b) the monitoring of routine diagnostic testing for new cases of HIV, hepatitis C and hepatitis B infection among IDUs.

According to the situation outside Europe, it may be necessary to collect data on other infectious diseases that are related directly or indirectly to drug use or drugs users, such as tuberculosis and sexually transmitted infections.

Crime and markets

Other data are collected to complement the picture of the drugs situation from a law enforcement perspective, targeting drug-related crime and availability.

Drug-related crime

Based on international literature and evaluation practices, the definition of drug-related crime encompasses four categories:

- Psychopharmacological crimes: crimes committed under the influence of a psychoactive substance, as a result of its acute or chronic use.
- Economic-compulsive crimes: crimes committed in order to obtain money (or drugs) to support drug use.
- Systemic crimes: crimes committed within the functioning of illicit drug markets, as part of the business of drug supply, distribution and use.
- Drug law offences: crimes committed in violation of drug (and other related) legislation.

Availability of illicit drugs

Availability of drugs and drug markets are both major determinants and major consequences of drug use, particularly in terms of where and how they interact with the demand for drugs and with responses to the problem at local level.

Drug seizures can be as much an indicator of law enforcement activity in terms of supply reduction as they are of drug availability, but if cross-checked with qualitative information they may be a confirmation of drug flows.

Price and potency/purity of illicit drugs may both impact on the perceived availability of illicit drugs and reflect supply side factors (affecting access to drugs). As such, they are considered as indirect indicators of drug availability.

Action on new drugs

The EMCDDA has been assigned a key role in the detection and assessment of new synthetic drugs in the European Union through a mechanism for a rapid exchange of information on new psychoactive substances.

This mechanism is built on a three-step approach ([5]):

- an 'early-warning system' to identify new drugs as they appear on the European market;
- a mechanism for assessing the risks of these drugs; and
- a decision-making process (control measures) through which these products may be placed under control in the EU Member States.

The action on new drugs mechanism:

- is a unique tool combining public health and law enforcement institutions and information, with the aim to provide a multidisciplinary risk assessment;
- is governed by a specific instrument under the EU legal framework (a Council decision), which allows the measures applicable in the Member States for control of narcotic and psychotropic substances to be applied also to new psychoactive substances;
- control measures that may be decided by the Council are mandatory for the EU Member States.

Monitoring responses — Interventions, law and policies

Work in this area is structured around four main components ([6]): Best practice portal, demand reduction, interventions in the criminal justice system and national strategies, coordination mechanisms and legislation.

Responses — Interventions, law and policies.	*Best practice portal:* Evidence of efficacy Tools for evaluation Standards and guidelines
	Demand reduction: Prevention Reduction of drug-related harm Drug treatment Social reintegration
	Interventions in the criminal justice system: Situation and assistance to drug users in prisons Alternatives to prison Prevention of drug-related crime
	Policy and law: National strategies, coordination mechanisms and legislation Public expenditure

([5]) http://www.emcdda.europa.eu/drug-situation/new-drugs
([6]) For detailed information on the responses core data sets, see: http://www.emcdda.europa.eu/responses

Best practice portal

The EMCDDA has developed an online resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration.

The portal concentrates on illicit drugs and polydrug use and has a clear European focus. Its main aim is to provide tools and standards to improve the quality of interventions and highlight examples of best practice across Europe.

Demand reduction

Prevention

Since 1994, a new framework for classifying prevention into universal, selective and indicated prevention interventions replaces the previous concepts of primary, secondary, and tertiary prevention. The guiding principle of this new classification is the target population by assumptions concerning its risk for substance abuse, but not the overall objective or content of a prevention intervention, as was the case previously.

Reduction of drug-related harm

Measures to minimise drug-related damage, reduce deaths and mitigate public nuisance are an integral part of many national drug strategies and a clear policy priority in a majority of countries.

The data collection in this area aims to improve the information basis on the level of implementation of evidence-based harm reduction measures by monitoring national strategies and responses, analysing available information and documenting evidence-based projects to support the transfer of expertise across Europe.

Drug treatment

Ensuring the availability of, and access to, targeted and diversified treatment and improving the quality of treatment are core to reducing drug demand.

The EMCDDA collects information through several treatment monitoring tools which aim to:

- address the policies and interventions Member States have established to provide evidence-based drug treatment. More precisely, a specific tool is aimed at collecting data about the policies and organisational framework of drug treatment, as well as availability, accessibility and diversification of treatment;
- collect data through which the quality assurance measures that countries have taken to achieve and maintain a high quality of treatment service provision can be documented;
- collect quantitative data on the number of people reached by drug treatment in Member States, and more specifically the number of clients receiving substitution/maintenance treatment.

Social reintegration

The EMCDDA has developed a monitoring tool which addresses the policies and interventions that Member States have established to protect drug users from further exclusion and to improve their social inclusion. It is aimed at collecting data to give an overview of availability, accessibility and diversification of interventions improving social inclusion and more particularly the employability of people in drug treatment.

Interventions in the criminal justice system

This area of work covers three issues:

- the situation and assistance to drug users in prisons;
- law-enforcement measures as an alternative to prison for drug offenders, and;
- law-enforcement measures especially targeting statutory diversions addressed at young offenders, in order to avoid their progression into the criminal justice system.

National strategies, coordination mechanisms and legislation

Monitoring national and Community drug strategies and policies and their impact on the drug situation is a key EMCDDA activity. It has three main objectives:

- monitoring and describing policies, their framework and their relevant context;
- contributing to policy analysis;
- contributing to policy evaluation.

The specific topics covered include:

- EU drugs strategy (2005–12) and action plan (2009–12);
- EU drug legislation;
- national strategies/action plans on drugs;
- national drug legislation;
- coordination arrangements in the field of drugs;
- public expenditure on drugs.

The Inter-American Observatory on Drugs (OID)

The Inter-American Observatory on Drugs (OID) is the Inter-American Drug Abuse Control Commission's (CICAD) statistical, information and scientific research branch.

The Observatory helps countries to improve the collection and analysis of drug-related data: by promoting the establishment of national observatories and the use of standardised

methods and data; and by providing scientific and technical training for, and the exchange of experiences among, professionals working on drug issues.

Drug use epidemiology in Latin America and the Caribbean

The primary drug use research system at the OID is the Inter-American Drug Use Data System ([7]) (SIDUC), an epidemiology-based system that comprises surveys on drug use for populations. The SIDUC system applies standardised methodologies, in order to produce drug use data that are comparable across countries.

The objective of the system is to obtain timely, reliable and comparable data between countries. This allows the OID to monitor the drug problem in the region based on a constellation of indicators:

- prevalence of substance use (lifetime, past year and past month) of illicit drugs and also alcohol and tobacco;
- incidence of substance use (past year and past month);
- age of initiation of substance use;
- problematic drug use i.e. substance abuse and substance dependence;
- perception of risk associated with drug use.

In order to meet this objective, the OID has developed a series of standardised questionnaires and methodologies to carry out drug use surveys in the following populations: secondary school students; university students; and general population (household).

In addition, the following research protocols to study the consequences of drug use have been developed or are currently under development: emergency rooms; treatment centres; and mortality associated with drug use.

Finally, three standardised protocols are available to study the relationship between drug use and crime in adult prisoners, juvenile offenders and arrestees.

In addition to quantitative research, the OID has carried out qualitative research studies on street children, and sex workers, among others. It also works closely with several national governments in the Caribbean to establish solid information networks within the country. These networks such as those in Barbados and Trinidad and Tobago integrate information from the many social sectors that participate in and contribute to the fight against drugs.

The OID's Research and Development Programme

Epidemiological research forms the foundation the OID's work in Latin America and the Caribbean, and is the *sine qua non* of any drug information system. In order to develop robust drug information networks throughout the region, the OID's initial focus is to build a

([7]) http://www.cicad.oas.org/oid/Estadisticas/default.htm

solid epidemiology based network in each country, leading toward the development of trend data on drug use throughout the region.

To further support research and development, the OID developed the Latin American Epidemiology Work Group ([8]) (*Red Latinoamericana de Investigadores en Drogas* — REDLA). The REDLA network serves as a drug monitoring network in addition to working with the OID to analyse and publish research papers on the drug problem in the region.

Statistical Information

The OID's statistical system for information on drug law enforcement information is the Inter-American Uniform Drug Supply Statistical System (CICDAT). This system combines the collection of supply control data, complemented with cutting-edge, Internet-based software to compile statistics on seizures of drugs, chemical substances, weapons, equipment, vehicles, money and real estate, and on areas of cultivation and production, illicit drug laboratories discovered, as well as on persons arrested, tried, and convicted of drug trafficking, possession, and money-laundering crimes.

Drug Statistics Profiles by Country ([9]) is a new tool that draws on multiple sources to provide data on social and population factors, drug demand, and drug supply and drug control in the 34 Member States.

Research on the economic impact of the drug problem

The OID programme estimates the human social and economic costs of drugs in the Americas (Cost Program ([10])). The methodology is based on the 'International Guidelines for Estimating the Costs of Drug Abuse' ([11]); published by the Canadian Centre on Substance Abuse and the World Health Organization (WHO), and is comprised of 17 indicators in four areas: healthcare, crime, labour productivity, and other costs.

To date, cost studies have been carried out in Argentina, Barbados, Chile, Costa Rica, El Salvador, Mexico and Uruguay. Colombia has also carried out a study on crime attributable to drug use through this programme. These studies represent first studies of their kind in the region to quantify in economic terms the impact of the drug problem in these respective countries.

Strengthening drug observatories in Latin America and the Caribbean

The OID supports the development and establishment of drug observatories in the region. To further this effort, the OID is embarking on a collaborative endeavor with the European Monitoring Centre for Drugs and Drug Addiction to develop a methodological tool to

([8]) http://www.cicad.oas.org/oid/NEW/en/REDLA.asp
([9]) http://www.cicad.oas.org/oid/eng/statisticscountryprofile.asp
([10]) http://www.cicad.oas.org/oid/new/research/Costs/default.asp
([11]) Single et al. (2001), 'The International Guidelines for Estimating the Costs of Drug Abuse', The Canadian Centre on Substance Abuse (CCSA).

support the development and the strengthening of national drugs observatories throughout the region.

Building a national reference framework

Although local data collection may already exist, the process of establishing a national drugs observatory is usually linked to the need to provide sub-regional or international organisations with data on the national drugs situation.

Therefore, the first task is to transpose the reference framework for drug monitoring into a national one, summarising it and organising the different support and methodological tools it requires: general overview of information needed, short description for each area or topic to be covered including the list of indicators, together with their respective protocols. This should be documented in a clear and concise manner for consideration by policymakers.

The national mandate of the NDO can influence the definition of the reference framework, for instance in relation to the NDO's remit: illicit drugs only, or illicit drugs, alcohol and tobacco (see also Chapter 7: Challenging questions). In many cases, an executive summary in national language(s) may be drafted to engage all possible stakeholders.

At this stage, there should be a summary document giving an overview of what can ideally be achieved within a few years.

How to proceed?

International guidelines, data sets, specifications and protocols

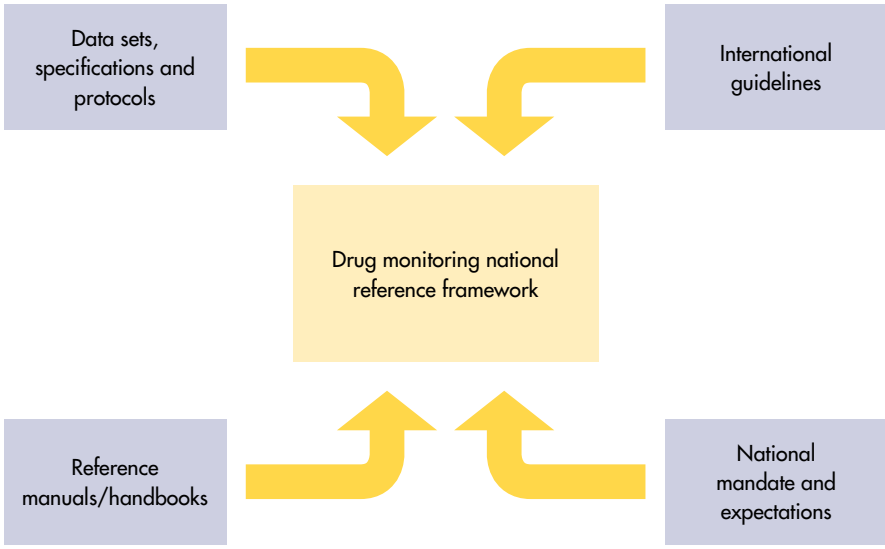
These will vary according to geographical region: for the European Union, the Candidate and Potential Candidates to the EU, the reporting package is mandatory; countries that are members of CICAD–OAS use a different reference framework that is based on the mandate received from the OAS General Assembly Resolutions ([12]), and other countries report to the UN.

Reference manuals and handbooks

These exist for some specific protocols and methodologies and you will find some examples in the online toolbox at http://www.emcdda.europa.eu/publications/joint/ndo-handbook

([12]) In particular, Resolution 2537 on CICAD and Resolution 2556 approving the Strategy on Drugs (point 12). For further information, see http://www.oas.org/consejo/sp/AG/Documentos/AG05071S01.doc

Figure 1: Building a national reference framework



TIPS FOR NDO BUILDING

When adopting a national reference framework for reporting:

- Adapt the relevant international reference framework into a national one, taking into account the NDO's mandate and translate it in the national language(s)
- Prepare an explanatory document presenting the NDO, its mandate, goals and objectives, the expected products/results (up to three pages)
- Prepare an executive summary of the national reference framework with a short description of information needed, and stress the benefit it will bring nationally.

Identifying data sources and potential partners: the information map

Why make a map?

Prior to setting up an NDO, drug-related information already exists in some form or another at national level. However, a problem frequently encountered is that this information is not collected in a coordinated and systematic manner, which may be compounded when some of the actors involved do not work together.

The objective of the information map is therefore twofold:

Sources of information/databases

The NDO must first identify what information is already available by identifying and classifying existing sources of information, covering both demand and supply. This 'information map' is not a one-off exercise, but a living document that should be constantly updated to reflect new needs for information, or new data sources.

Available sources of expertise

Data in relation to the complex drug phenomenon are of little value if not put into context and analysed. To identify national experts and professionals who could contribute either to a better understanding or to a better reporting of the national situation is very important.

The information map exercise therefore allows you to do the following:

- make an inventory of data and information available;
- establish a first contact with potential network members;
- promote the project of establishing a national drugs observatory.

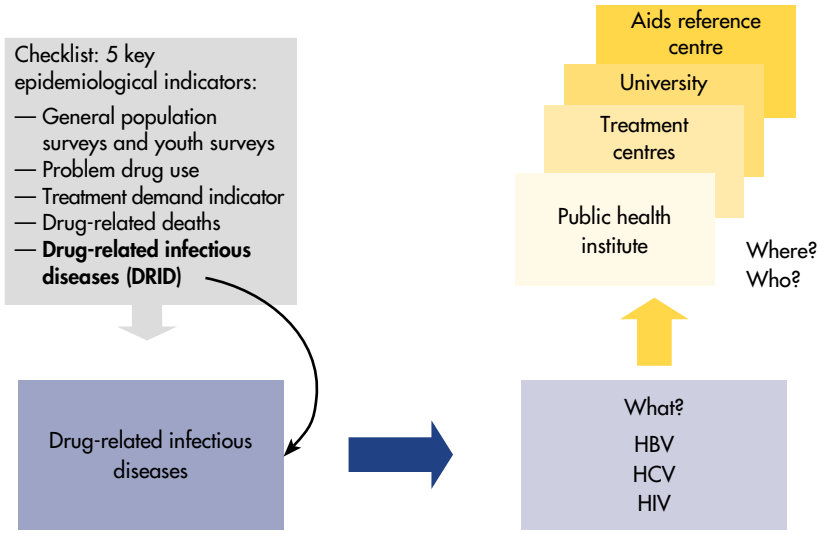
How to prepare the map?

At the start it can be difficult identifying who to contact and where to find them. This is why a checklist is needed to identify areas, sectors and institutions to be contacted.

Once a group of institutions has been identified, a detailed search for persons and contact information can begin. Such information is readily available nowadays, via the Internet or government directories. These potential contacts are then included in the same checklist, in order to identify gaps and further investigation needed.

When contacts are followed up, some of the information will most probably need to be changed (wrong name or wrong department, new details, etc…), but it is very important to keep track of changes, as they are an important part of the information map's memory.

Figure 2: Example of a checklist — drug-related infectious diseases



At this stage, before contacting people, it is useful to prepare a one page document presenting:

- the scope of the project (= establishing a national drugs observatory);
- the authority that decided or that supports this initiative (= importance of the activity);
- the institution and the person in charge of the project (= legitimacy of the promoter of the NDO);
- the purpose of the meeting that will be organised (= to identify data and sources of expertise);
- the expected result of this inventory (= an information map, and a national working group).

Once the relevant contact people have been identified, this summary document should be sent to them, in order to prepare the first meeting.

To send such a summary document helps the persons and institutions involved: (1) understand and remember the purpose of the meeting; (2) prepare the information that may be useful for that purpose, and (3) explain to the other expert(s) that they will invite what is the objective and the context of the exercise.

It is therefore useful to prepare three or four sentences that can be used for a quick introduction during a first contact by phone or in person (see the reference to the 'elevator pitch' in Chapter 6).

Indeed, at the start of the information map process, the objective is to initiate contact with persons identified before sending any explanatory document. This is needed to make sure

that the person is the right one and relevant, and also to bring the project to their attention, in order to hopefully render them more receptive to the document and proposal they will receive at a later date.

Surveys, feasibility studies, letters or e-mails are all good means of making a quick assessment, however, personal contact is essential to the success of any project. People can facilitate or slow down the process, either because they find it interesting or because they feel threatened when sharing their data and possibly their responsibility. Personal contact in order to build confidence and trust is therefore vital at this stage in the process.

Similarly, NDO key staff must meet contacts often, in order to identify and meet potential sources of expertise and (hopefully) future partners.

What should the information map contain?

The completed information map should be a summary of the situation regarding the availability of drug-related information, describing both technical details about data ownership, processing, software, storage, coverage, etc. as well as the strengths and weaknesses of the drug-related data available.

By 'information' or 'drug-related data', we mean any quantitative or qualitative information collected on a routine, recurrent or ad hoc basis, and which is linked to one or more aspects of the drugs phenomenon.

For each source of information, the information map will contain a record of the following (in order) ([13]):

- name and/or description of data
- type of data
- provider: institution and address
- contact person (full contact details)
- purpose of the database/data collection system
- statistical unit (e.g. person, test, offence) or specific topic covered and its definition
- characteristics of the population covered
- geographical coverage
- institutional coverage
- periodicity
- source(s) of funding of data collection.

Once drafted, the first version of the information map should be sent to all stakeholders and contributors, together with a summary table highlighting available data and knowledge gaps, in order to: ask for feedback and checking; obtain agreement/consensus on the document, and; gain help in identifying potential complementary sources of information

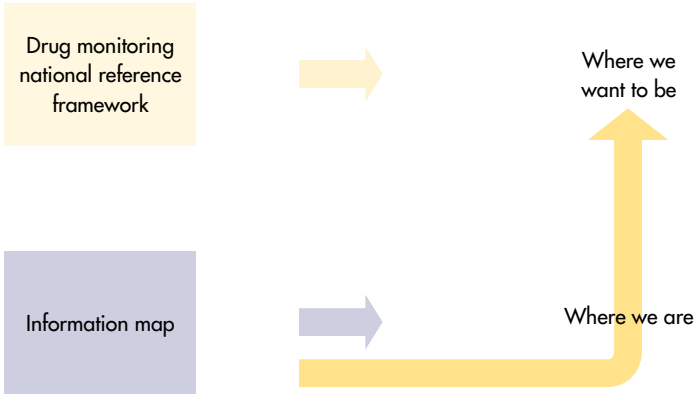
([13]) See template and guidelines for the information map in the online toolbox at http://www.emcdda.europa.eu/publications/joint/ndo-handbook

and/or expertise. A final version will be sent to all partners once any errors have been corrected and gaps filled.

In principle, at this stage, the information gathered from partners should be accurate. Some partners may be interested or reluctant to cooperate. This point can be tackled when setting-up the network.

At the end of this stage, the NDO and its stakeholders will all have a first overview of 'where we are' with the information map, which has to be compared with 'where we want to be' as presented in the drug monitoring reference framework.

Figure 3: Links between the information map and the national reference framework



TIPS FOR NDO BUILDING

When launching the information map exercise:

- (1) Identify key players (2) share your goals with them (3) organise a meeting to collect information
- Send an explanatory document so that your contacts can arrange meetings with potential sources of information and/or experts
- Arrange meetings with several experts/institutions representatives at once: this will help you gather more information and will help people to get to know each other
- If no face-to-face meeting is possible (size of country, budgetary constraints), use videoconference or another event (i.e. conference) attended by the experts/heads of institutions you wish to meet
- Send your contacts the key points from the meeting, for feedback and checking
- Send them the final version of the information map
- Keep them informed about follow-up and results.

Setting up a national drug information system

Why a national drug information system?

By 'system', we mean a structured organisation of heterogeneous sources of information that is needed to produce a comprehensive picture of the drug situation.

The system describes sources and flows of information requested by the national reference framework.

The elements of this system are not bound necessarily by hierarchical relations and its financing does not come from a single source of funding.

At this stage we should make two observations:

- as no comprehensive structure existed before the NDO, but some information is usually available within a country, the system must be built with the participation of information sources and other data providers that have been identified in the information map, which is done through the creation and development of a national network for drug information;
- the process of constructing the system must be documented and monitored: this is the role of the national action plan for the drug information system (NAPDIS — see p. 46).

Step 1: Drafting a proposal for a national drug information system

The information map is a prerequisite to organising the national drug information system. The next step is to imagine and propose a structure for data collection and reporting, which describes in detail the possible contribution expected from each stakeholder and existing gaps in the information available. At this point, consulting and informing potential actors is vital, to ensure buy-in and support.

The proposal should include a clear description of work processes and communication channels.

A comprehensive national drug information system should have two main components: a national data collection network and a national drugs observatory:

- National data collection network: data collection usually occurs at different levels (national, local, county, municipality, etc.), covering diverse areas (supply or demand) and the work is carried out by various institutions, such as ministries, universities, research centres and NGOs;
- National drugs observatory: usually the budget of the NDO does not cover the cost of data collection, except in a few cases when data do not already exist and for which the NDO has a specific mandate and budget.

Therefore the costs for establishing and maintaining a drug information system do not require a totally new budget. This is more a question of articulating and combining various sources of information and funding, to identify where the gaps are, and to look for potential complementary solutions.

Step 2: Official validation of the national drug information system

Once the proposal for a national drug information system is ready, it has to be approved by the national authorities. In some cases, cooperation protocols may need to be concluded between different institutions and the NDO. This may also apply when experts from different institutions are going to take part in the work of the NDO, for instance for drafting the national report.

Step 3: National action plan for the drug information system (NAPDIS)

The next step of the process involves the preparation of a national action plan for the drug information system (NAPDIS), in which information is combined so as to identify objectives and actions to be undertaken. The NAPDIS should give the guidelines for the work to be carried out over the years to come.

Depending on the type of data missing and the tools needed to collect them (routine data collection or special studies and surveys), different actors may need to intervene, and budgets may vary accordingly.

While the objectives define something to be reached in ideal conditions, some means and resources may be missing at the time of drafting the NAPDIS, and extra medium-term budget resources will not be guaranteed at this stage. Therefore, what matters here is to identify and estimate for the concrete actions that will be launched as additional resources become available. The NDO and partners will then be able to seek resources at a later stage.

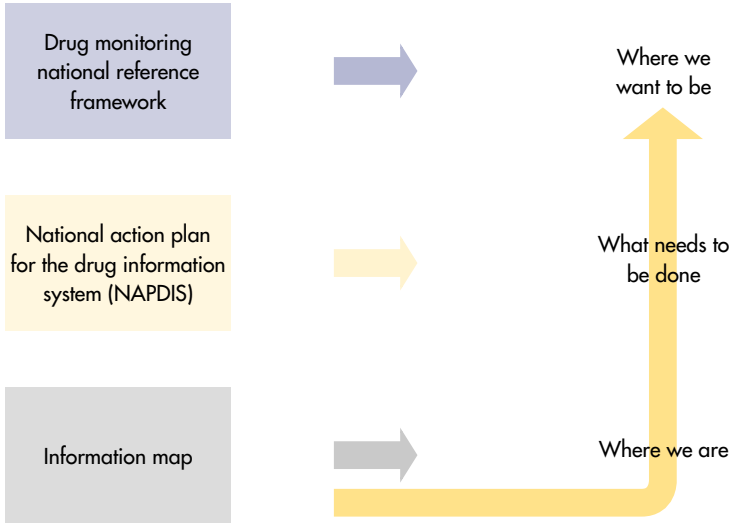
The NAPDIS should also include three complementary tasks that are the responsibility of the national drugs observatory, according to its mandate and funding restrictions:

- Data collection: it is the responsibility of the NDO to identify gaps and needs for additional data collection exercises, and to convey this information to the national authorities. According to available means, it may promote or even carry out new studies and surveys in order to bridge the knowledge gap. The main aim is to ensure that any new survey or data collection exercise meets requirements and protocols presented in the national drug monitoring framework;
- Quality assurance: the NDO is expected to document and keep track of each data set included in the information map, and to propose measures and actions to be undertaken together with its partners for improving their quality and relevance. For example, in the EU this can be carried out in the context of the national working groups that are often established for the implementation and development of each of the EMCDDA's five key epidemiological indicators;
- Capacity development: the NDO should analyse together with its partners the needs for extra training on specific issues such as statistical analysis, sampling methods, implementation of standard protocols, quality control measures, and explore possible

solutions to meet those needs. This is also where the NDO can be instrumental in identifying extra funding opportunities from international organisations.

With the NAPDIS, the NDO and its partners identifies what needs to be done long-term in order to implement the drug monitoring reference framework, using the information map as a starting point. However it is important to bear in mind that knowing 'what needs to be done' does not mean that everything can be done, or done at the same time: these are merely long-term goals.

Figure 4: Links between the information map, the NAPDIS and the national monitoring reference framework



Once the NAPDIS is endorsed by its main stakeholders, then the NDO can prepare a yearly work programme. In some countries, the two exercises (NAPDIS + annual work plan) are merged into a single document.

A NAPDIS gives the orientations and shows what needs to be done to develop the national drug monitoring system: it does not decide in advance what will be done or not, which in many cases is not the NDO's responsibility ([14]).

([14]) Ultimately, the NDO cannot take responsibility for decisions that are out of its reach, but it can help influence relevant decisions.

TIPS FOR NDO BUILDING

To establish a national drug information system:

- (1) Prepare a proposal for a national drug information system, (2) get the national drug information system approved by national authorities, (3) prepare a national action plan (NAPDIS)
- Think about the concrete outputs and their relevance
- Build a transparent system
- Partnership is all about networking and not a hierarchical or centralised process — but money and mandate can help!
- There may be other funding possibilities out there: have a clear idea of needs and costs
- Be prepared to give short, simple and clear answers to questions regarding your activity/project.

Building a national network

Why establish a national network?

The main challenge for data providers in both the demand- and supply-reduction fields is to learn to work together and share information through networking with professionals from a range of areas, with different objectives, professional cultures and traditions.

Networking and establishing partnerships serve four purposes:

- Combining sources of information/data;
- Pooling competences and analysis and reporting capacity;
- Sharing limited resources;
- Establishing a basis for the improvement of data availability and quality, and for developing data analysis capacity.

The key principles underpinning this work are:

Equality of partners

All partners have the same rights and obligations, no pre-eminence of any one in particular.

Network = leadership + participative management

The relationship between the partners is non-hierarchical, but the network exists around a project which is coordinated under the leadership of the NDO. It is the role of the NDO to keep the project on track, steering the collaborative process towards a common goal.

Respect of competences, authorship and ownership

Contributions by partners, especially in deliverables produced by the NDO, should be acknowledged; competences available in the network should be used and recognised. It is important that NDO staff know their own limits and build on complementary expertise. All authors and contributors should be credited in any reports published.

Look for mutual benefit in the cooperation

The mandate and role of the NDO cannot ensure the participation of relevant experts alone, nor guarantee that the NDO receives quality data. Motivation and participation cannot be commanded; they are obtained through strong communication and clear mutual benefit. Some existing or potential data providers are clinicians and professionals from the field whose main aim is not administrative work such as filling in and collecting questionnaires: they need to know why this is useful and they should see direct or indirect benefit for their efforts.

Communication is vital

A network lives because of the information exchange between its members. For networks being established following the initiative or request of the NDO and/or the national authorities, the coordination role of the NDO should be two-way. A network cannot operate and survive if it only serves the purpose of sending information to a central point once or twice per year: it is the NDO's responsibility to animate the network, to make the partners aware of ongoing developments, and to assess how it can be made more useful for them (this point will be developed further in Chapter 6, under the heading Strategic diagnosis).

Example of a national drug information network

In country X, a national drug information network could combine institutions and resources such as:

- the Ministry of Health (data on drug users in treatment, data on drug-related infectious diseases)
- the Ministry of the Interior (data on seizures, price, quality, drug-related crime)
- the Inter-Ministerial Drug Committee (funding of NDO staff who coordinate the production of the national report and who ensure national reporting obligations are met)
- two universities, with two PhD students undertaking research — one on sero-prevalence in hidden populations, the other on drugs users in prison — with some additional funds from WHO or another international organisation
- the World Bank or another international donor (a general population survey and electronic data collection system on drugs users in treatment)
- other national organisations for some ad hoc surveys and/or qualitative studies among drug users
- laboratories for the identification of new drugs and their consequences
- the national drugs observatory in its role of coordinator of the whole network.

How to network?

When possible, on the basis of the experts and institutions identified during the information map exercise, establish a national working group for each set of indicators and core data and for national reporting.

Encourage and help these groups to define achievable objectives with the existing resources in order to ensure a (better) monitoring of the drugs situation in your country.

Provide all national working groups with regular information about the activities and achievements of the other groups.

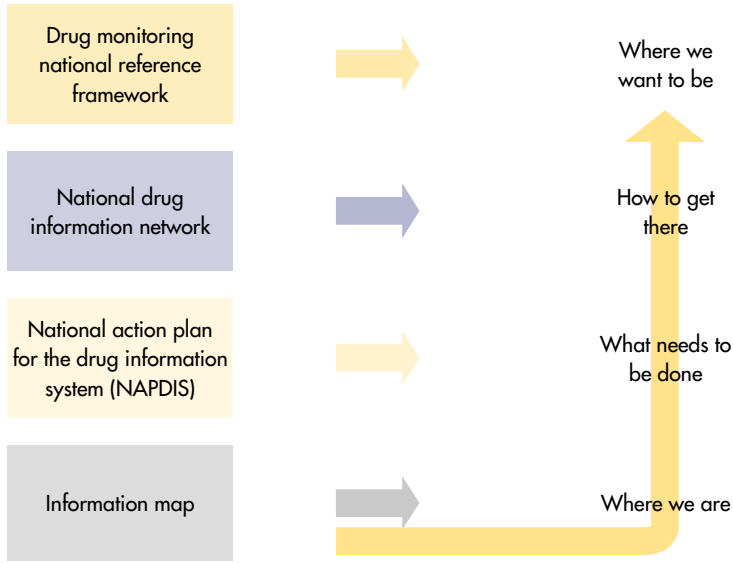
Organise a national meeting every year or every two years where you present and discuss with them the national report and the data reported.

Identify with them needs for improvements, perspectives for new or better data collection and any other ad hoc studies, and act as a facilitator for accessing information on possible sources of funding.

Conventions or agreements can help to formalise cooperation, but cannot replace partner motivation.

This is one of the network's critical roles (see Figure 5): it can help answer the question 'how are we going to get where we want to be?'. Basically, the network helps to define and then translate the NAPDIS into reality.

Figure 5: The vital role of the national drug information network in the NAPDIS



TIPS FOR NDO BUILDING

When creating a national drug information network:

- Present the missions of the NDO and the national drug information network: the ultimate goal is to meet national reporting obligations
- Establish working groups on the key information areas ([1])
- Respect your partners and highlight their work
- Make sure you are able to keep your promises
- Think about their benefit or their areas of interest
- Ensure that all contributors receive credit for their work
- It takes a lot of time to build trust…but it can be quickly lost forever!
- Consult partners, ask for feedback and get them to check NDO publications
- Involve them in follow-up activities
- Keep the network informed and make sure that the members of the network keep the NDO informed
- Try to be useful to them (e.g. provide information on potential sources of funding, grant applications to international organisations, relevant international conferences)
- Try to arrange a meeting every 1–2 years with your partners to share information, discuss the conclusions of your reports, and reflect about current trends.

([1]) In the European Union, best practice suggests having national working groups for five key epidemiological indicators, national reporting and law enforcement indicators, when possible.

Quality of the data ([15])

Quality assurance should be an integral part of a national action plan for a drugs information network, as long as it is realistic and takes into account available resources.

Quality assurance is achieved by identifying what 'quality' means in context; specifying methods by which its presence can be ensured; specifying ways in which it can be measured to ensure conformance. Quality control means checking quality of the data against a set standard or specification.

Ensuring quality is a big challenge for an NDO and may be attained by organising or facilitating training activities for NDO staff and partners, and by defining a clear quality assurance process. The NDO has a key role in raising awareness on this issue with partners and driving a consensus on concrete steps to take in order to improve the quality of data collected.

([15]) Quality assurance is an organisation's guarantee that the product or service it offers meets the accepted quality standards. See Eurostat working group document 'Assessment of quality in statistics', methodological documents handbook, *How to make a quality report*, 2003.

The NDO's networking strategy may also help motivate data providers to deliver quality data and further address the issue of quality as part of the data collection process.

How can you control and improve data quality?

Improving the quality of information on drug-related issues following an initial identification of potential problems or shortcomings may be achieved by establishing new sources of information, or capacity building.

In this task, the NDO may choose to use methodological materials available from specialised organisations, such as the EMCDDA, WHO, UNODC and others ([16]). Following this process, provide your partners with a final report, summarising the strengths and weaknesses of data quality, along with recommendations for changes and/or improvements.

TIPS FOR NDO BUILDING ([1])

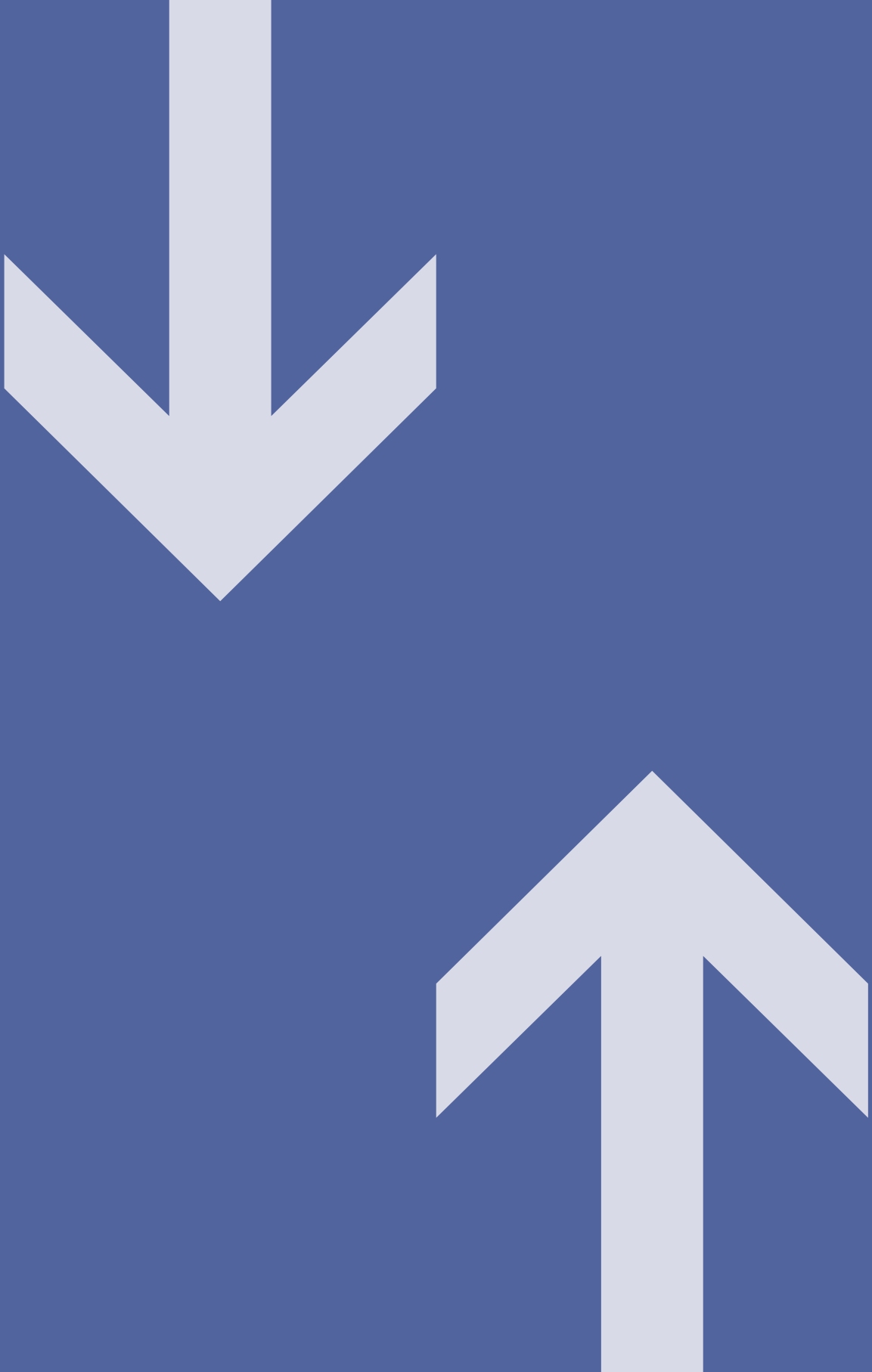
When developing quality assurance:

- Participate in working groups and other networking events
- Liaise with and/or take part in relevant international or regional expert meetings and sub-projects on this issue
- Carry out a formal review of data quality and availability at national level with an expert panel
- Compare results with international guidelines and standards
- Foster cooperation through smaller projects that are less ambitious and with more chances of success
- What can the NDO do to improve information quality?
- Check and follow-up on unclear information
- Provide guidelines (i.e. checklists, methodological support tools from international organisations)
- Communicate your quality standards clearly
- Do not accept low quality information
- Provide a final quality feedback and organise or support partner training.

Remember that any progress in this area will depend on your capacity to build consensus!

([1]) Inspired by a presentation by Dr Colin Taylor, 'Assessing data quality', Reitox academy specialised course, Thessaloniki, June 2004 (unpublished).

([16]) See online toolbox at: http://www.emcdda.europa.eu/publications/joint/ndo-handbook



Chapter 4
Running a national drugs observatory — analysis and interpretation

Objective and strategy

How to analyse the information collected?

The objective of this core function is to interpret and present heterogeneous data combining quantitative and qualitative information in order to give a comprehensive picture of the drugs situation.

This critical process should entail the following:

- working with quantitative data;
- analysing qualitative information;
- interpreting and putting together all sources of information.

Analysing quantitative data

This section will give an overview of the main criteria to be taken into account when checking and analysing quantitative data provided to the NDO, giving concrete examples when relevant.

More detailed information about statistical methods and about the specific protocols for data collection can be found on the handbook's online toolbox ([1]).

Before discussing this issue, we must stress that in many cases the data being used by the NDO for its monitoring and reporting functions are 'secondary data', i.e. data collected and analysed by some institutions and/or organisations for other purposes.

Although the NDO may also be involved directly or indirectly in some data collection exercises as supervisors, this 'second hand data' means that the NDO must be able to rely upon staff with substantial expertise in handling and analysing data and statistics. It is also important that staff keep a record of all of the information related to the data used for any reporting.

([1]) See: http://www.emcdda.europa.eu/publications/joint/ndo-handbook

Common sources of quantitative drug data

Government records and registries

Government records broadly cover any kind of quantitative data that are officially collected at the State level, ranging from national health and economic statistics to more specific statistics such as those related to crime or treatment records. In most cases, these data are routinely collected.

Such data and statistics usually provide information on all recorded cases in the country — for example fatal emergencies that occurred in a given period — and are therefore considered as an entire statistical population (in opposition to surveys that study a sample of a reference population).

When it comes to monitoring the drugs situation as implemented in the European Union by the EMCDDA, this will cover for instance the quantitative data collected on drug-related deaths (through general mortality registers and special drug-related deaths registers), on drug users in treatment (through drug treatment reporting systems), and on drug-related infectious diseases (through the infectious disease surveillance system). By extension, data collected systematically in the area of law enforcement such as drug-related arrests and seizures or court decisions record for instance, are also covered by this definition (for more details, see Chapter 3, section 'Adopting international reference tools').

Surveys

Another important category of data collected by national drugs observatories will come from surveys organised either periodically or on ad hoc basis.

The studies can be implemented either by or with financial support from government institutions, international agencies and organisations, universities, private organisations or by the national drugs observatory itself.

It is important to assess whether such studies are using international standardised protocols and methodologies.

In terms of periodically organised surveys, those most commonly used for monitoring the drugs situation are general population surveys and surveys of drug use by school children (see Chapter 3, section 'Adopting international reference tools').

Ad hoc studies can be surveys among specific groups of the population who are at high-risk of drug use (such as homeless people and prisoners) or surveys on drug-related infectious diseases, for instance. A survey is used to describe a situation in a population at a given point in time. Data collected in the area of 'responses to the drug problem' may also fall within this group.

Time series studies represent a special case and are a very interesting source of information. They exist essentially in two areas:

- cohort studies (treatment cohorts, birth cohorts, special cohorts);
- repeated cross-sectional series e.g. school surveys.

Indirect estimation methods

While the data collected through surveys or through government records allow for some kind of measurement, there are some areas or some aspects of the drugs situation that cannot be directly measured.

This is especially the case when trying to know the number of problematic or 'high-risk' drug users in a country: within this 'hidden' population, only some are in contact with the services of the State, mostly through the health or justice systems.

Therefore, in order to build an approximate picture of the situation, it is necessary to make estimates, using on a combination of indirect methods which refer to some easily identified subgroups of the population targeted (see Chapter 3, 'Adopting international reference tools').

Importance of statistical metadata

What are metadata?

'Metadata provides information on data — and about processes of producing and using data. Metadata are data which are needed for proper production and use of the data they inform about' ([2]).

Metadata give us insight as to how data were collected, what they describe and refer to, and about the reliability and comparability of the information provided.

Metadata can help answer questions such as:

- What kind of study are we talking about: is it part of routine data collection? Is this study part of other sets of studies that are being compared, or is it a one-off study?
- If data are routinely collected, what is their origin, how is the data collection organised?
- Are data coming from (a) recognised government bodies, or (b) private/voluntary organisations, (c) universities and research centres? If (b), is there a system in place in the country for authorising and supervising these services (e.g. NGOs providing some kind of treatment without any certification provided by the national authorities)?

([2]) 'Guidelines for the Modelling of Statistical Data and Metadata', United Nations Statistical Commission and Economic Commission for Europe, United Nations, Geneva 1995.

- Are the sources using standardised and systematic data collection procedures, or are the data collected serving other objectives (e.g. treatment follow-up vs police operations)?
- Do the sources have an official appraisal system for data quality assurance, have there been recent reviews of the procedures and quality, and are there formal reviews of data quality? Are these formal reviews available at national level? What do the data sources usually do to assess their own quality, how do they consider their figures? Were the studies or data published in a scientific journal or peer reviewed?

Metadata are as important as the data themselves, and should be stored and kept updated by the national drugs observatory, under what is sometimes called the 'statistical metadata system'.

How to assess quantitative data

We will briefly describe here four groups of criteria for the assessment of quantitative information: definitions, representativeness, validity and reliability.

Definitions

A definition is a brief precise statement of what a word, question, measure or expression means. In order to understand the individual study and to know how to combine the data collected or received, the NDO needs to assess whether there are clear, valid and common definitions being adopted, and how these are being implemented.

The following questions may guide the NDO in this task:

- Are there standard definitions and are they uniformly applied geographically and temporally in the country?
- Is there any reference document presenting and explaining the case definitions and was there any training or follow-up ensured so as to make sure that these are used in the same way everywhere?
- Are the reported measurements clear and precise (for instance not just 'used cannabis' but 'used cannabis 40+ times in lifetime')?
- Is the period used to describe the prevalence consistent with standard protocols, and are the age groups defined in line with international standards?

The conclusions need to be documented and included in the NDO's data register.

When the NDO identifies problems on compatibility of definitions and their application with international standards and protocols, it should explore with the data providers the reasons for these discrepancies and try to find solutions.

Representativeness

A primary consideration for the NDO is whether the data collected is representative of the target population. In relation to government statistics and registries, the issue is whether the registries cover the entire target population. Where sampling has been employed, the method of sampling can determine whether the sample is representative of the target population, or some subset ([3]).

We present here some key questions ([4]) that may help the NDO further investigate the representativeness of the data it received. For a more in-depth assessment, the NDO should either have a statistician working full-time, or it should rely on the services of a statistician working in a university or in a public health institute, for example.

Geographical coverage

Is the national coverage real or does it cover all regions but only to some extent?

Is there information on local areas: city sizes, catchment areas, areas not covered, and can the geographic coverage provide sub-national breakdowns?

Is the sampling representative only at national level or does it meet the criteria for sub-national areas?

Population coverage

Do data cover the whole population or only partially (e.g. certain age groups, people in treatment or people admitted to hospital, prisoners, employed people, those who can afford treatment)?

Are there known demographic peculiarities present in the data source (e.g. minority groups)?

Are there any breakdown preferences (e.g. some age groups or gender), is there any over-sampling of a given subgroup of the population in order to allow a more in-depth analysis of their situation?

Changes in coverage

Do changes in coverage occur? Why?

Is this due to the fact that participating agencies extended/changed, because of changes in the legal requirements or because case definitions were extended (deaths registers, post-mortem procedures, changed International Classification of Diseases coding practices)?

([3]) Golbeck, A. L., 'Evaluating statistical validity of research reports: a guide for managers, planners and researchers', United States Department of Agriculture, Pacific Southwest Forest and Range Experiment Station, *General Technical Report PSW-87*, May 1986.

([4]) Inspired form a presentation by Dr Colin Taylor, 'Assessing data quality', Reitox academy specialised course, Thessaloniki, June 2004 (unpublished).

Additional comments on sampling

The most common distinction between sampling methods is that between probabilistic (simple random sampling, stratified random sampling …or some mixture thereof) and non-probabilistic methods (purposive sampling, snowball sampling …).

Central to which probabilistic sampling method is employed is the availability or not of a coherent sample frame, or listing of the target population. Probabilistic methods, correctly implemented, allow generalisations to be made to the population listed in the sample frame, with statements of sampling error in the form of confidence intervals. Non-probabilistic sampling is used when a researcher wants to explore an experience, investigate a phenomenon or develop a new theory.

Such sampling is associated with qualitative sampling and is interested in saturation (describes the complete experience or phenomenon) rather than generalisability (ensuring that the findings represent the population from which the sample was drawn).

If in principle the study findings are to be generalisable, it is necessary to ensure that the sample is representative. This implies that it is important for the NDO to have access not just to the numbers generated but also to information on the sampling method used and implementation of the survey.

Validity

How can the validity of a study be assessed?

When a study measures what it intended to measure it is valid.

Different disciplines may make reference to different types of validity, however with quantitative studies, what is important to ensure is that:

- the measure is relevant to the study population;
- the measure is relevant to the experts in the subject;
- the attitude assessment of the survey population can predict or agree with constructs external to attitude;
- the answers correlate with other related constructs in the anticipated manner.

Standard methodology texts can be referred to for definitions ([5]).

Of particular interest to the NDO are questions such as whether there are any bibliographic references related to the validity of the tools used for the study and if 'yes', is the bibliography consistent with the use made of the tool in the study? Are there any associated

([5]) See for example Carmines, E. G. and Zeller, R. A. (1979), 'Reliability and Validity Assessment', Sage Publications, London.

publications, reports, journals, peer reviews that may help assess the quality of the results and of their interpretation?

While assessing the validity of the studies or surveys, special attention must be paid to possible biases, or non-random or systematic errors, entering into the data. Sources of bias may include sampling methods, question wording, and interview techniques.

Bias in data collection

This criterion relates to technical issues that may arise and that may have an impact on the study and bias the results. For that purpose, please check:

- what was foreseen in case of non-response: possible bias and assumptions if ignored
- what checks were done on non-respondents? Was there any decision taken by the interviewers that may influence or affect the sampling method?

Analysis methods

Complementary information should be available regarding:

- description of the analysis if appropriate;
- description of the statistical or qualitative software that was used.

Questionnaires

Do the authors use recognised and known scales? How is their validity and consistency evaluated?

Interview techniques

How were the interviewers recruited? What was the relationship between interviewer and respondent (formal, official, friend, student, private market research).

Who was present at the interview or during the questionnaire, and what was their status (parent, school-teacher, prescribing doctor, professional, or policeman)?

Length, self-completion and confidentiality. How is confidentiality guaranteed, and what are the chances that it is perceived as guaranteed?

Reliability

Indicators are approximate and often imperfect measures of the nature and extent of particular drug use-related events or outcomes. There is a need to systematically check the quality of data sources as a prerequisite for their selection within a system. Quantity of data sources used does not in itself provide a more valid system. Data sources reflect different aspects of the phenomenon.

TIPS FOR NDO BUILDING ([1])

When analysing routine quantitative datasets check:

- What is the source of the data?
- Is there an inventory of drug-related services?
- Are all drug-related services recruited?
- What is the coverage geographically?
- What is the reporting participation level?
- Is there a unique identifier?
- What is/are the case definition(s)?
- Have they been published or do they have internal protocols?
- Do the national protocols follow any international protocols and if yes, which ones?
- Is there a recognised appraisal system?
- Have there been any recent changes to the protocol or data collection process?
- Has the data been checked for logical error?

When reading or designing a quantitative study, ask yourself and if needed check with your partners:

- What type of study is it (surveillance system, prevalence survey, longitudinal study, cohort study, case series, case control study, randomised control trial)?
- Is the study national, regional or local?
- Is the study a one-off or part of a series?
- What are you measuring?
- Is a quantitative study appropriate?
- Is the study design appropriate?
- Who is the target population and what are the inclusion and exclusion criteria?
- What is the sample size and sampling methods?
- What was the response rate?
- Is the study generalisable to the original population and how is this measured?
- Are the measures valid, reliable and comparable? Ask for a copy of the questionnaire and details of other means of measurement.
- Is the statistical analysis appropriate?
- Is there ethical approval?
- If a prevalence survey, is the data weighted and do the proportions have confidence intervals?
- If another type of study, determine if the method of analysis is appropriate.
- What are the limitations of the study?
- Who authored and who reviewed the study?
- Who published the study: peer reviewed journal, research institution or other?
- If in doubt, seek expert advice, for instance university, Public Health Institute, research institute or your data provider(s).

If a qualitative study, see box on p. 66

([1]) Inspired by Dr Colin Taylor's presentation, 'Assessing data quality', Reitox academy specialised course, Thessaloniki, June 2004 (unpublished).

Statistical analysis

As already stated, the data provided to the NDO are often secondary. This aggregated data makes direct statistical analysis impossible. This can, of course, limit the NDO's ability to make statistical comparisons between different groups or samples.

Analysing and interpreting quantitative data require a sound knowledge of statistical analysis and of the most commonly used statistical software.

The NDO is expected to use its statistical knowledge to assess the conclusions of the reports and surveys that it has received, and/or to conduct or contribute to the statistical analysis of primary data.

When the NDO does not have a specialist in statistics on its regular staff, a cooperation agreement with a university or with a scientific research institution (for example an institute of public health or the national institute for statistics) should be established.

As the production and collection of quantitative data lies at the heart of the NDO's work and the national drug information network, it is vital to make sure that the data presented meet the highest possible quality criteria.

Scientific objectivity and independence are essential conditions for the legitimacy and credibility of the work of the NDO and its partners — any compromise would undermine the viability of the whole system.

Analysing qualitative data

Qualitative data: putting data into context

How to analyse qualitative information? How to make a correct interpretation?

Qualitative data used by an NDO usually originate from two different sources: contextual information from key informants and formal qualitative research studies.

Contextual information from key informants on the drugs situation includes such issues as current or new patterns of behaviour of substance use, guidelines and standards for treatment, evolution and evaluation of prevention programmes, national strategies and coordination mechanisms, to mention just a few.

Such wide-ranging information requires more flexible tools and periodicity for collection than is the case for quantitative data. For instance, it can be collected by using structured or semi-structured questionnaires. This data can take the form of expert surveys, identifying and requesting information for those in the field with direct experience of the topic of interest.

Qualitative research gives us an opportunity to make sense of quantitative information, by further exploring:

- the social context;
- the social meaning of behaviour, and;
- behaviour as part of a wider social dynamic.

Within the arena of drug use, qualitative research has proved to be essential for:

- interpreting statistical data and placing it in context;
- providing insight into the problems and needs associated with a range of drug-using patterns;
- assessing the context in which interventions may be more effective; and
- helping to evaluate the drug users experience of interventions;
- understanding new drug using phenomena;
- providing insight into drugs markets.

The NDO plays an important role in making an inventory of such research results in its country, and in integrating these results in its analysis and reports. It can also identify the areas where additional qualitative research is needed, and launch a joint project with its partners if resources are available.

NDOs frequently face a situation in which they receive some limited quantitative information that is not sufficient *per se* to draw a clear and correct conclusion. In such circumstances, a combination of both quantitative and qualitative information can help them to build a more accurate or more comprehensive picture of the situation concerned.

TIPS FOR NDO BUILDING ([1])

While putting data into context, look for complementary information, for instance:

- Content and objectives of demand-reduction activities
- Patterns of drug use
- Scientific evidence for such activities
- Links with quantitative data describing the situation that the activity is targeting
- Placement of demand-reduction activities within broader public health strategy
- Evaluation and assessment reports
- Methodological standards and guidelines.

([1]) Inspired by Hillebrand, J., 'Assessing data quality', Reitox academy specialised course, Thessaloniki, June 2004 (unpublished).

How to assess the quality of qualitative studies

Qualitative research is characterised by a wide range of approaches and data collection techniques, and determining how to judge the quality of a qualitative study will depend on the approach adopted. Efforts have been made to develop criteria within qualitative research which are accepted broadly as replacements for what quantitative researchers call validity and reliability.

The strength of qualitative research is that it addresses the relationship between the researcher and the research object, precluding the notion of a common truth.

However, there are a few common aspects that should be considered:

- Did the authors define a clearly formulated statement of the objectives of the research and what specific question it addressed?
- Was a qualitative approach appropriate?
- How were the settings and the subjects selected? Generally, qualitative studies are not interested in an 'average' — they gain an understanding of the experience of particular groups or individuals. For example, a qualitative study on drug using women from ethnic minorities giving birth in hospital with the aim to provide guidelines to hospitals may purposively choose women who use drugs with different birth experiences. In any case, we need to understand how the sample was selected in order to understand the results and in order to draw conclusions.
- What methods were used and are these described in detail? Describing methods is not an easy task in qualitative research but you should be able to assess whether the methods were a sensible and adequate way of addressing the research question.
- What methods were used to analyse the data? There are a broad range of qualitative methods, each with their own specific methodological perspective.
- Was attention given to the reliability of inter-observers and to the validity of findings? For example, were the streetworkers involved in the interviews given training or a handbook?
- Are the results credible? What conclusions were drawn and are they justified by the results? Do the results meet expectations or are they contradictory:

  — with other parts of the study;
  — with the results of other studies performed in the same environment?

When the information is based on key informants, the following issues deserve careful attention:

- What was the key informant's perspective? The information from key informants is never unbiased; it is influenced by their position, their personal, political, or cultural interests: what is their motivation?
- Was there more than one key informant chosen (i.e. expert panel)? How were they selected?
- Key informants should be encouraged to disclose any specific interests that might influence their impartiality.

TIPS FOR NDO BUILDING

When considering a *qualitative* study…

- What are the study objectives?
- What type of study is it (simple thematic analysis, action research, grounded theory, phenomenology, ethnography or other)?
- Is the study design appropriate?
- Who is the population of interest?
- Does the sampling method allow the appropriate groups of people to take part?
- Are all groups in the population of interest invited to take part?
- Do all groups take part?
- Is the situation in which the data are collected described clearly?
- How is the open questionnaire or topic guide designed, and added to or extended?
- Are interviews conducted until no new experiences emerge?
- Are the experiences beginning to repeat themselves?
- Are field notes taken after each interview?
- Are interviews taped?
- Are data transcribed verbatim?
- Are field observations recorded after each period of obvservation or each interview?
- How are focus groups formed?
- Is there a moderator present?
- Do all members of focus groups participate?
- Is there an audit trail to show how the codes, categories and themes emerged?
- How are the data coded and categorised?
- Is a second researcher checking the coding?
- Are the findings checked with people from the original study population?
- What are the limitations of the study?
- Does the author(s) reveal his/her view point(s) and discuss how his/her view point(s) may affect the study?
- Who authored and who reviewed the study?
- Who published the study? Peer review journal, research institution or other?
- If in doubt, seek expert advice.

When using information provided by key informants…

- What is the perspective and motivation of the key informants?
- How were key informants selected?

Data interpretation: challenges

Analyses of trends in the wider context

'A trend is the slow variation over a longer period of time, usually several years, generally associated with the structural causes affecting the phenomenon being measured. It is the variation left after time series analysis has removed accidental (irregular or random), working-day and seasonal variation from a time series ([6])'.

The most frequent mistake encountered in reports is the use of the term 'trend' to characterise the difference between data collected in two different periods of time: this is not acceptable from a methodological perspective and can lead to a biased interpretation of the real situation.

The social, demographic, economical or political context may be used to explain related indicator data and/or trends. Some examples are:

- socio-demographic characteristics (i.e. unemployment rate);
- developments in the music culture (increase in popularity of music cultures that are associated with drug consumption);
- public health expenditure and priorities (public expenditure or changes in the number of treatment units);
- social exclusion/poverty;
- immigration/ethnicity (i.e. emergence of new drug use patterns among immigrants that may affect local supply);
- tourism (i.e. emergence of new drugs on the local market due to demand among tourists).

It would again be ideal if the associations between variables were investigated in specific research studies focusing on the strength of the association between variables in a specific data set (e.g. a study investigating the association between socio-economic marginality and health services utilisation among a sample of 120 heroin users attending an outpatient clinic in South London). Such studies can be used as additional sources of information, keeping in mind that the results cannot simply be transferred to other populations.

When there are no formal studies investigating these associations, the results of qualitative studies and information sources such as key informants (i.e. professionals working in the treatment centres) may suggest potentially relevant influences which can be mentioned in the data discussion. It should however be remembered that, in the absence of more complete statistical analysis and without established statistical significant associations, only assumptions are made and it is crucial that these assumptions are plausible and are clearly presented as assumptions.

([6]) http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Trend_cycle

Analyses of trends: errors, threats, and risk

Reliability and validity challenges for drug trend monitoring systems or potential for error, lie in two broad areas: at the level of individual sources and at the whole system level. A type 1 error means finding something that is not there would involve identifying a trend that does not exist. A type 2 error — missing something that is there — would involve a system failing to identify a new drug trend ([7]).

Identification of a nonexistent trend (type 1 error or false positives): Type 1 errors can be linked to data collection, analysis or reporting errors. This might result from using too few or poor quality data sources; an over reliance on sensitive data sources which are not sufficiently validated by routine data; a failure to adjust for seasonal consumption patterns; over generalising findings to wider populations on the basis of a small sample or weak evidence; and reporting too quickly, in doing so incorrectly naming a pattern or tendency, a 'trend.' Creating a new trend is the ultimate risk here.

Failing to identify a trend (type 2 error or false negatives): Type 2 errors, or failing to identify and report a new trend might be the result of poor data choice, or poor analysis techniques. For example an over reliance on slow reporting methods is likely to lead to late reporting of a trend. There is a specific risk that systems will miss emerging drug trends by not asking appropriate research questions. There are a range of forms this might take, from limiting the number of substances that are monitored, perhaps over focusing on groups of known users rather than keeping a sentinel function at the trendsetting edges — as was the case with ecstasy users in the 1980s ([8]). Slow developing trends are vulnerable here — very slight but continuous increases or decreases in consumption might never reach the reporting threshold, but in the longer term do constitute a significant change.

Analyses of the relationship between different indicators

The purpose of cross-referencing other data is to see whether certain trends or observations are linked to or confirmed by trends/observations seen in other indicators (e.g. an increase in the number of cocaine users seeking treatment coincides with an increase in the number of cocaine related arrests during the same time span and geographical coverage). As mentioned before, an appraisal of the data quality for the indicators is of crucial importance.

The cross-references made in the national report are there to present possible relationships between indicators taking into account other influences and biases. Ideally, statistical models should explore this relationship between indicators. However, such studies are often not available because of the lack of quality of the different indicators necessary to reach an adequate level of validity.

([7]) Mounteney, J., Fry, C., McKeganey, N. and Haugland, S. (2010), 'Challenges of reliability and validity in the identification and monitoring of emerging drug trends', *Substance use and misuse* 45, pp. 266–287.

([8]) Griffiths, P., Vingoe, L., Hunt, N., Mounteney, J. and Hartnoll, R. (2000), 'Drug information systems, early warning and new trends: Can drug monitoring systems become more sensitive to emerging trends in drug consumption?', *Substance use and misuse* 35, pp. 811–844.

Mixed methods

A number of researchers have argued in favour of the use of mixed methods for drug trend monitoring, utilising both quantitative and qualitative methods simultaneously ([9]).

If it is accepted that all methods have their blind spots, it has been argued that mixed method approaches help construct a more three-dimensional and reliable picture of the phenomenon and are likely to produce judgement of greater validity.

Mixed method research is underpinned by the principle of triangulation — based on the avoidance of overreliance on a single research method and thus by employing several approaches aiming to enhance confidence in findings.

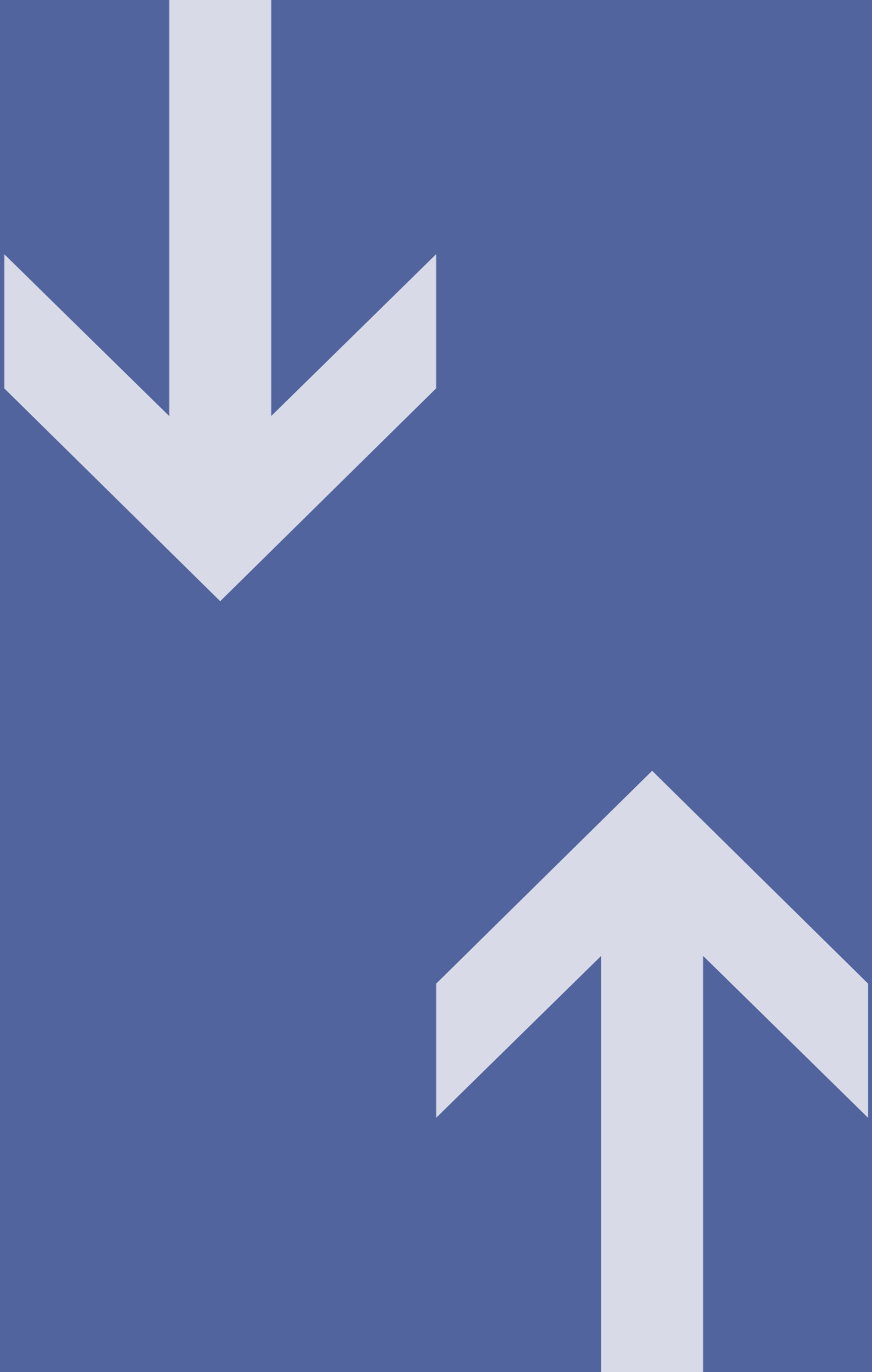
Mixed methods sampling strategies involve the selection of units for a research study using both probability sampling (to increase external validity) and purposive sampling strategies (to increase transferability).

Use of mixed methods requires attendance to bias checking procedures for each method.

Writers on mixed method approaches advocate for the use of validity procedures for both qualitative and quantitative phases of the study e.g., check potential threats to internal validity for surveys and check accuracy of qualitative findings through member checking, detailed description and triangulation ([10]).

([9]) Hartnoll, R. (1997), 'Estimating the prevalence of problem drug use in Europe, in *EMCDDA Scientific Monograph* No 1, European Monitoring Centre for Drugs and Drug Addiction, Lisbon and Griffiths et al, Op. cit.

([10]) Cresswell, J. (2003), 'Research Design: Qualitative, Quantitative and Mixed Method Approaches, Sage Publications, London.



Chapter 5
Running a national drugs observatory — reporting and dissemination

Reporting and communicating should be seen as a critical function of the national drugs observatory, even if they are the result of a long process. Ultimately, producing and disseminating outputs underpin the NDO's existence, as its outputs substantiate its visibility both nationally and internationally.

To ensure sustainability and 'buy-in', it is vital that the NDO ensures that it is perceived to be providing added value by its stakeholders and audiences — both at national and supranational level.

In the long run, a failure to build visibility and to demonstrate the added value of the NDO will automatically have a negative impact on its credibility.

In other words, the drug information network must show that it has not been created for the sake of the network itself (which would raise the question 'apart from observing, what are you doing?'), but for the intrinsic value of the data it delivers, and for the decisions and actions that can be taken by its clients on the basis of the information it provides.

Objective and strategy

What should NDO outputs contain?

The objective is to use the results of data analysis and interpretation to answer stakeholder questions. This means that reports must be tailored in terms of content and format to the needs of the NDO's stakeholders, or 'clients'.

To reach this objective, the NDO needs to:

- make the added value of its outputs a priority;
- know its stakeholders and assess their needs;
- go beyond the sole description of the past or present situation;
- comply with international reporting procedures;
- develop a strategy for communication and dissemination.

Ensuring the added value of the information collected

How to report at national level?

This is one aspect of the NDO's reporting that may sometimes be underestimated, for instance when the focus of its work, or of its mandate, is to meet national reporting obligations of supranational or international organisations.

Even if the latter is the starting point for the establishment of the NDO, this is not enough to guarantee the participation and motivation of the data providers, nor to secure national funding from decision-makers on a long-term basis.

The reporting activity should be oriented towards the 'clients' or stakeholders: the content and the structure of the report or output, its format, its language and its level of detail are closely linked to those who will read it.

This means that ideally, for each output being produced, the NDO should define its objective, identify the target group, and select the relevant format. The drafting process can only start after this preliminary analysis.

The challenge for the NDO is to provide answers to information needs and to ensure that customers are satisfied. This is no easy task. Information may be either complementary or divergent; for example, there may be a trade-off when balancing national needs and international reporting obligations.

Moreover, information needs may also be unclear or unknown. It is difficult, for example, to assess *ex ante* the information needs of customers of public services. Instead, it should be possible to use participative techniques such as focus groups with sub-groups of end-users to assess in detail the relevance of specific outputs.

The danger for the NDO would be to decide without consultation what its audience needs, both in terms of content and of format. It needs to ask those concerned what their needs are. However, the NDO does have a role to propose outputs and issues that may be of interest to the community: it must be proactive.

Objections may be raised that it is not within the NDO's mandate to make such proposals, nor to take initiatives. The reality is slightly different: although the NDO is not expected to make recommendations for national policy, it is perfectly within its information role to present authorities with an accurate analysis of the last trends in drugs use in the country, and to inform them about the implications of these findings.

TIPS FOR NDO BUILDING

When planning outputs and publications, the work of the NDO and its partners should combine:

- An assessment of the information needs of its stakeholders at national level, through regular dialogue with its direct 'clients', for instance by asking their feedback about their products
- A contribution to building common understanding of the national drugs situation between experts and for stakeholders.

Know your stakeholders and assess their needs

To whom should we report at national level? What for? What kind of report?

For the purpose of this handbook, by 'stakeholder' we mean 'a person, group, or organisation that has direct or indirect stake in a business organisation because it can affect or be affected by the organisation's actions, objectives, and policies. (…) Although stake-holding is usually self-legitimising (those who judge themselves to be stakeholders are de facto so), all stakeholders are not equal and different stakeholders are entitled to different considerations ([1])'.

The NDO's potential stakeholders and potential clients are decision-makers, professionals working in the drugs field, the scientific community and the general public. Together they must be considered as customers for the NDO's outputs.

Some of them may also be the decision-making authority for the NDO's financing and/or management, and they may therefore have additional expectations (for instance the Ministry that is financing the NDO may expect to receive a well-documented report of activities that justifies the award of a subsidy).

Once the stakeholders have been identified, it is necessary for the NDO to make a first assessment of what could be their needs, how they could be met, and what are the resources/partnerships needed.

We would suggest the NDO classifies stakeholders in the following order of importance ([2]):

Decision-makers

Decision-makers, and more generally those who are sponsoring the NDO either directly or indirectly; government and parliament representatives; drug coordinators and officials responsible for implementing drug policy; local government officials.

([1]) See Businessdictionary.com
([2]) For media professionals, see p. 82.

Importance

Their decision has an impact on the existence of the national drugs observatory and on the investment in the national drugs information network.

They need highly summarised, objective information on the national drugs situation in an international context and on drugs-related issues of national interest. More detailed information should be available upon request.

Type of output needed

Clear, short and simple information, always in the national language(s) and sometimes provided at short notice.

Professionals

Professionals working in the drugs field: treatment centres; prevention and educational specialists; outreach workers, but also law enforcement professionals.

Importance

They are the NDO's key partners and data providers; they need to be motivated for maintaining or even increasing their contribution, and they should gain some benefit for their efforts.

Type of output needed

Their potential needs cover a broad range of information: external sources of funding for training and training materials, grants, etc.; national drugs situation in an international context; international standards and methodological tools in their respective field of activity. The information should be clear, with a level of detail that can be taken on board in their own practice, and provided in the national language(s).

Two additional groups could also be added to the list of stakeholders, although they are usually not the primary target for the NDO's communication and dissemination strategy. However, it might be considered useful if the NDO could utilise information or data already produced for other purposes for the benefit of these two groups;

Researchers

These are researchers in the drugs field: university researchers and scientific staff; research institutes; field researchers in NGOs.

Importance

Their work represents a significant part of the information being produced at national level, either to illustrate the issue or to understand the rationale behind behaviours and attitudes. An NDO contribution to their work could either be in the form of providing information or contributing to the dissemination of their research results.

Type of output needed

This group needs very detailed information, if not raw data, so as to develop their scientific work: scientific reports and analyses; statistical data at national and international level; scientific literature on new topics; and sometimes access to scientific publications and summaries. The information should be comprehensive, very detailed and easily accessible.

General public

This covers in particular those directly or indirectly confronted with the drugs issue: students, young people, drug users and their families.

Importance

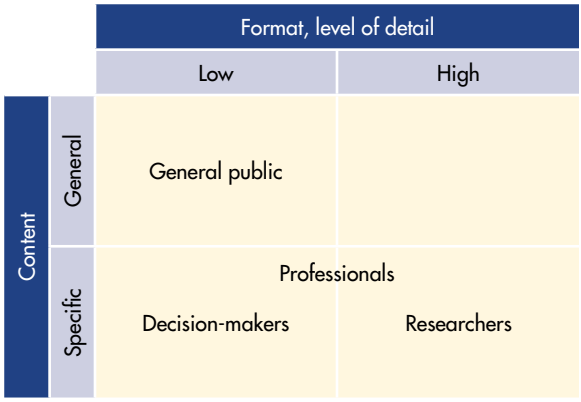
Making clear and understandable information available to the general public is part of their fundamental rights: it is also an obligation for organisations that are being established with public money. Citizens basically need answers to key questions such as: what should I think about the drugs situation in the country and its danger and what should I do to prevent or to deal with the problem? Is it serious? Is my child going to be affected? Where can I go for help?

Type of output needed

The information should be clear, concise, presented in simple terms, avoid sensationalism and provide citizens with concrete solutions for seeking help or advice in their own language.

The matrix that follows (Figure 6) can be used to make a first approximation of the needs of the stakeholders, with reference to two criteria: format — the level of detail of the information to be provided, from low (a few pages) to high (represented by all data sets and raw figures), and; content — addressing specific issues or providing general information on the situation.

Figure 6: Matrix of information needs showing content and format



Following such analysis, the national drugs observatory can then assess:

- the appearance and nature of NDO products and deliverables needed at national level, and
- how to use and format the results of data analysis and interpretation to match the needs of its different users.

The same approach can be used at the end of the process, to check if the final product matches the format and content needs identified in the matrix.

TIPS FOR NDO BUILDING

Know your national stakeholders and assess their needs:

WHO?	NEEDS
Decision-makers	Summarised information on specific issues, topics of interest: e.g. policy briefings, executive summary of national reports.
Professionals from the drugs field	Information covering a wide range of technical and methodological issues, structured and well documented contents, in a not-too-detailed format (for instance, review of literature, analysis of a compilation of documents).
Researchers	Very detailed information, including raw data, on specific topics, allowing them to make their own analysis and interpretation.
General public	Summarised information on topics of general interest, allowing the audience to gain some insight into changes in the drugs situation and above all about the responses that may be relevant to their needs.

Making reporting a creative exercise

Why differentiate between analysis and reporting? Are they not part of the same process?

Within the limits of its mandate, the NDO needs to explore how it can make its work and products more useful and more relevant for its national audience.

There are two complementary ways to achieve this — by going beyond a simple descriptive reporting approach, and by tailoring the products to audience needs.

Producing a report that goes beyond a simple description of the situation can be done either by being proactive or by using the information available in a more creative manner:

- proactive approach: using the knowledge on the current situation, try to anticipate future developments and possible consequences, e.g. 'given the evolution of the drugs situation, what could be the new needs for treatment or for prevention in a few years time, and how could we inform professionals and decision-makers about this?'
- creative use of available information involves seeing how one can use of the information available in an innovative manner, for audiences who are unaware of the NDO's existence and its work, e.g. 'for the first time in this country, we have made an extensive study on illicit drug use in the general population in cooperation with an international organisation. How can we present the results to our national authorities in a way that appeals to them?'

In the first approach, additional information identified by the NDO may be needed, which may mean deciding how to obtain or produce the missing information. This will then become a new project for the NDO and its partners.

A complementary approach can be to correlate the information on the national situation together with the situation at regional or international level. This is also where the international dimension of the NDO'S work can be useful, as it puts the NDO in a position of bringing to national stakeholders critical information that was produced in other countries and validated by international organisations.

… So what?

When the NDO produces reports and other outputs, it should always be able to answer the '…so what?' question. Often reports are not written with the reader in mind: they are too long, too detailed or too descriptive, without a clear conclusion to enable the reader to come to his or her own opinion on the situation that is being presented. This leaves the reader asking 'so what?'

Therefore while mapping the needs (perceived or not) of the national audience, both in terms of content, format and timeliness, it is essential to keep in mind that clients or stakeholders must be able to make direct use of the products that have been produced with them in mind.

Every time the answer to the 'so what?' question is not clear, it means that a product does not meet its objective or is not sufficiently well-defined.

TIPS FOR NDO BUILDING

Make information relevant to national stakeholders:

- Further explore how to make the information collected useful and visible
- Be prospective: on the basis of the available information, try to identify what are the ongoing challenges and perspectives, or new risks
- Be creative: what else can you do with the data gathered?

… And so what? Don't just be descriptive — present conclusions.

Reporting to supranational and international organisations

Reporting to these organisations is somewhat easier insofar as the expected format and contents are given.

There are, however, some important differences between reporting systems, related to the purpose of the exercise, the procedures followed for data collection, and the role of the main actors.

This is what we will describe briefly, starting with the UN reporting system, which is used worldwide.

United Nations reporting system

The UN reporting system is managed by the United Nations Office on Drugs and Crime (UNODC).

'Under the International Drug Control Treaties, Member States are formally required to provide annually information on the working of the international drug control treaties. For more than three decades this information had been collected annually through the Annual Reports Questionnaires (ARQ) and it had been regularly reported to the CND (…).' ([3]).

([3]) 'Review of the data collection process and preparatory activities for the development of a new annual report questionnaire. Revision of the mechanism for collecting and reporting information', Meeting of the expert group on data collection, Vienna, 12–15 January 2010.

The ARQ, which is currently under revision, is the cornerstone of the international data collection on drugs that informs UNODC's global drug situation analyses and reporting.

The Commission on Narcotic Drugs (CND): is the central policy-making body of the United Nations in drug-related matters. The Commission enables Member States to analyse the global drug situation, provide follow-up to the twentieth special session of the General Assembly on the world drug problem and to take measures at global level within its scope of action. It also monitors the implementation of the three international drug control conventions and is empowered to consider all matters pertaining to the aim of the conventions, including the scheduling of substances to be brought under international control.

CICAD reporting system

Data collection in the CICAD–OAS ([4]) system takes place within the general context of the Inter-American Observatory on Drugs (OID). Data collection takes place through two primary systems:

- The Inter-American Uniform Data System on Drug Consumption (SIDUC) comprises a series of standardised protocols for carrying out surveys on drug use, research on the consequences of drug use and studies on the relationship between drug use and crime. Each of the protocols are standardised with the goal of producing information that is comparable across countries.
- The CICDAT system to collect statistics on drug supply control (uniform statistical system on control of the supply area). This system involves an online response system where countries may enter statistical information on drug and chemical precursor seizures, arrests related to drug trafficking and other supply side indicators.

In addition, CICAD carries out a tri-annual evaluation process, known as the Multilateral Evaluation Mechanism (MEM). The MEM is a peer review process in which the Member States evaluate each other on the progress of actions taken to combat the hemispheric drug problem. The information used for evaluation is obtained from country responses to 50 indicators that comprise the MEM Instrument in the form of a questionnaire ([5]). In addition to fulfilling the MEM instrument each country prepares an introductory narrative document to contextualise the information provided in the instrument.

EMCDDA reporting system

The EMCDDA national reporting package has three elements: a national report, statistical tables and structured questionnaires.

([4]) *Source*: Multilateral Evaluation Mechanism (MEM): Procedural handbook.
([5]) http://www.cicad.oas.org/MEM/ENG/Questionnaires/Fifth%20Round/index.asp

The data collected by the EMCDDA serve two different purposes:

- they are used to build a European picture, to analyse the situation and the evolution of the phenomenon and responses;
- the information that is compiled by the EMCDDA is used to provide the European Commission and the Member States with part of the information they need to monitor and to assess the implementation of the European strategy on drugs and its corresponding action plans.

International monitoring systems — common challenges

When carefully analysing working documents from the three supranational or international organisations briefly described above, independently of their scope, aim and competence, they share at least two challenges:

- these monitoring systems depend heavily on the quantity and quality of the information provided by their respective Member States — this information needs to be accurate, provided on time, and reliable;
- evaluation is generally separated from data collection, but data collection is essential to feed the evaluation process, which in turn feeds into decision-making.

This is where national drugs observatories can make a strong contribution while remaining in their role by providing objective, factual, reliable and comparable information, based on international standards, and well established protocols.

At this stage, two tasks are of crucial importance:

1. Clearly defining the reporting process (who reports to whom, and how?): in some monitoring systems, the NDO does not directly report to the international organisation (UN system, CICAD, etc.), but its data and reports feed the official national reporting. In such cases, it may be useful to draft an agreement defining the roles and responsibilities of each stakeholder, as well as a consultation mechanism that ensures that the information provided by the NDO can be integrated correctly in the national reporting process.
2. Establishing a mechanism for validation of the reporting package before it is sent: this can be done through quality checks, peer consultation before publication/delivery, consultation with a scientific committee or main institutional stakeholders… What is important here is to make sure that the information is officially endorsed by the NDO's governing body before it is sent out. This validation process may take a few weeks, but the risk arising from sending or publishing non-validated information is too great for the end user (risk of misinformation or misinterpretation) and for the NDO itself (risk to its credibility, and consequently its very existence).

TIPS FOR NDO BUILDING

When reporting to or for a supranational or international organisation:

- Clarify the process for delivery and identify the end beneficiary of your report (the international organisation itself, or the national coordinating entity, or the Ministry of Health, or the national drugs coordinating body, etc.)
- Define beforehand a scientific and institutional validation process (scientific committee, peer review, etc.)
- Make sure you provide the data and other national reporting packages on time
- Be factual and neutral, do not exceed your role: the NDO's credibility relies on its objectivity, not the political opinions of its staff
- Ensure that the information sent out has been appropriately validated.

Developing a communication strategy

Integrating dissemination into a communication strategy

As already discussed, the dissemination of documents and data produced by the NDO needs to be organised to ensure that: (1) the product reaches the end-user; (2) that it matches the end-user's needs, and; (3) that it complies with international standards and requirements.

After a needs analysis comes the time for choices, according to the NDO's mandate and its available resources. This is why it is important to draw a stakeholder strategy taking into account NDO resources, the availability of data and priorities.

However, the NDO's job is not fulfilled just by ensuring the correct distribution of its products — its communication strategy should encompass not only the NDO's products and outputs, but more broadly the services that it provides to its customers, and the activities to be developed to build its visibility and credibility among its customers.

Indeed, the long-term challenge for the NDO is to provide answers to information needs and to ensure that its various 'clients' are satisfied.

Building on the needs assessment, the NDO drafts a stakeholder strategy taking into account resources and availability of information: for each group of stakeholders, it defines the products that could meet their needs, and organises the work of the NDO accordingly.

How to organise communication with the media

In relation to communication and dissemination, particular attention should be paid to a special group of customers: media professionals.

The next step is to consider whether the NDO's mandate allows direct communication with the media, or not. However, in the 21st century, communication cannot be reduced to whether this happens with or without the media. A more appropriate question would be 'how can we integrate work with media professionals in the national drug observatory's communication strategy, within the limits of its remit?'

Even if the national coordinating body on drugs has the official role of communicating on the drug situation in the country, the NDO also has the obligation to answer information requests, including requests from media professionals.

It is therefore more constructive to see how the two bodies can work together in this area, rather than opposing their respective competences and attributions, whilst ensuring there are well-defined criteria and mechanisms to guarantee clear and efficient communication with the media.

There is no single model for the above: for example, in a country where the NDO is operated by a small team within a bigger institution, such as a National Public Health Institute, the communication policy can be defined by the main institution with the contribution of NDO staff.

This does not prevent the head of the NDO answering requests for information from journalists, but the internal procedure could imply liaising with the press relations officer of the host institution.

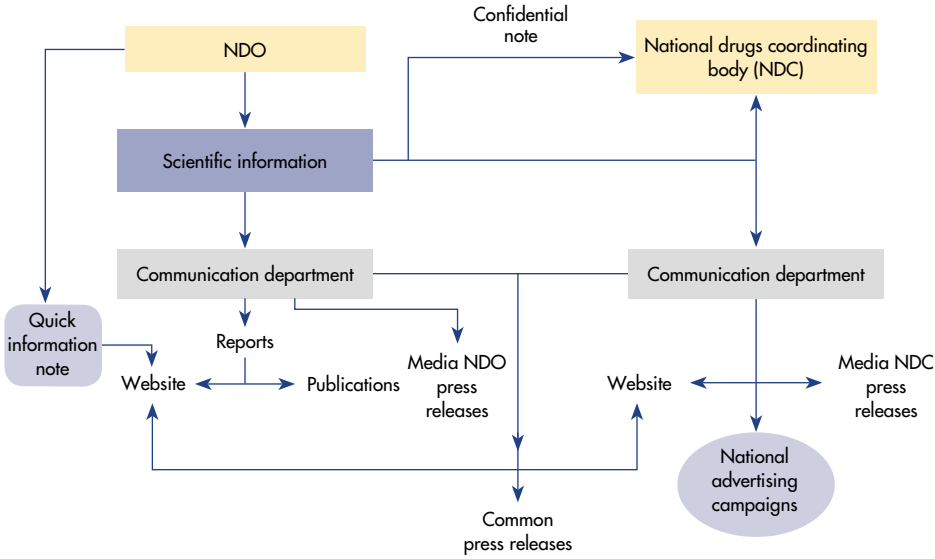
In countries where the NDO is established as a separate institution, communication with the media may be a shared responsibility with the national drug coordinating body, as shown in the following example (see Figure 7):

1. When the NDO is about to produce a new output, it either sends a preliminary confidential note to the national drug coordinating body (NDC) — if relevant — or transmits the information through the normal channels. The main concern here is to ensure that the political powers are informed in advance of any up and coming 'hot' topics.
2. When the newly-released information is analysed, and the report (or combination of reports and statistical data) is ready, it is sent for information to the NDC and to the NDO's communication department (if it has one), which will be responsible for preparing the launch of the report. The NDC usually transmits the report to its own communication department.
3. At this stage, the strategy for communicating the information contained within the report depends on its contents and the possible consequences of the report itself: there may be a joint press release, the national drug coordination may decide to publish a specific press release for political reasons and the NDO may publish its own press release, focusing on

the scientific aspects of the report (for instance in the case of a scientific publication about prevalence of drug use in the general population).

4. The information, press release(s) and various information packages are then placed on the Internet and the websites of the two institutions involved.
5. When relevant, the national drug coordinating body may decide to include the information in a national advertising campaign.

Figure 7: Example of communication strategy for an NDO in an EU Member State



Source: Adès, J.-E., 'Common difficulties in achieving responsible coverage on drugs issues', Reitox academy on relations with the media, Bucharest, 27–28 February 2008.

Working with media professionals

Media professionals include the following: journalists and editors working for different media (printed press, broadcasting, online) and with different profiles; national, local, specialised, general, etc.

Importance

Providing correct information to decision-makers and the general public relies on quality information disseminated by the media: incorrect information or a wrong interpretation of a given situation can have major (negative) consequences.

The NDO needs to build its reputation as centre of excellence (i.e. best value data and first hand information) and of reference (for all kind of requests), being both proactive and reactive in informing and bringing together providers and recipients of

information ([6]). Therefore, media professionals are very important customers, and this requires specific attention and know-how to make communicating to them effective.

Type of output needed

Professionals from the media basically need two kinds of information: regular and comprehensive information on the drugs situation and any emerging drug-related issue, and answers to specific questions linked to the general debate on the drugs situation and its responses in the country concerned.

Communicating on drugs is difficult, because the topic is a passionate and emotional one. Alongside this, the world of the media works under incredible pressure: information must be given quickly; there is competition between newspapers and other media; and a great amount of pressure to measure audiences because this impacts on advertisement revenue. None of the above are conducive to well-developed and balanced articles. The frenzied search for the latest 'scoop' can lead to mistakes, as shown in the box below.

Most frequent mistakes found in the media about drugs

- Exaggeration
- Overstatement and repetition
- Misinterpretation and confusion
- No time for checking figures and rumour
- Unconscious promotion of drugs

Source: Adès, J.-E., 'Common difficulties in achieving responsible coverage on drugs issues', Reitox academy on relations with the media, Bucharest, 27–28 February 2008 (unpublished).

Avoiding problems

Get to know key journalists, build a long-term relationship with them, be simple, try to understand their constraints and the way they think, so as to format the information for them.

Two principles can help you when you prepare any press briefing:

BRAVO ([7]) (Brief, Relevant, Arresting, Visuals, Only for you)

and:

KISS (Keep It Short and Simple).

([6]) Deckers, D., 'Drugs and the media: communicating on drugs today', Reitox academy on relations with the media, Bucharest, 27–28 February 2008 (unpublished).
([7]) Paul Nathanson, Reitox academy on relations with the media, June 2005 (unpublished).

TIPS FOR NDO BUILDING

When communicating with the media ([1]):

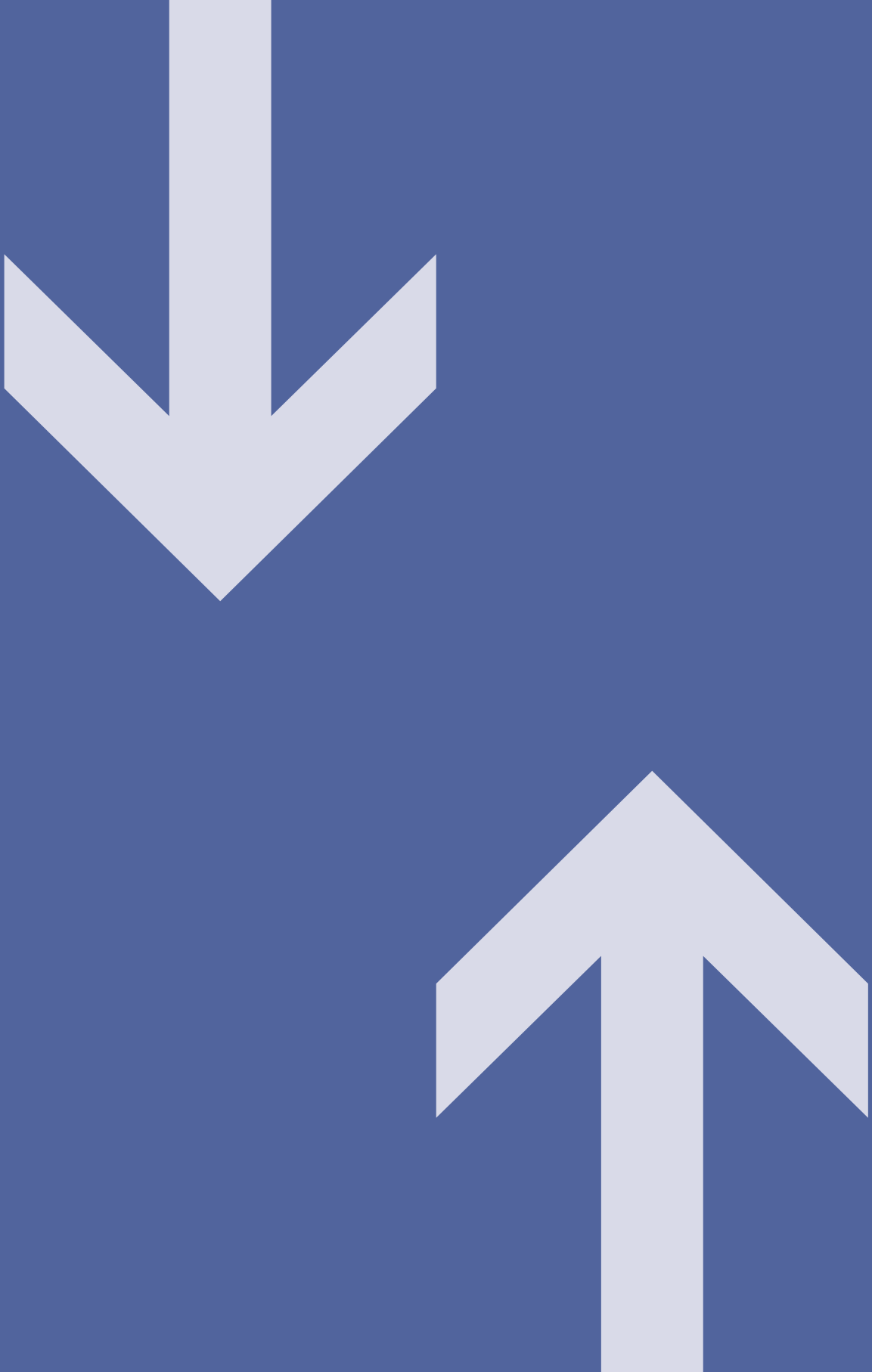
- Keep scientific information and political messages separate
- Identify a 'press contact' for internal transparency
- Any person contacted by a journalist must refer the request to the NDO's communication department (or to the public relations officer if no such department)
- Set a policy on who is allowed to talk to the media
- Ensure that the figures that are being communicated are appropriate for release to the general public

When working with journalists ([2]):

- Know your counterparts
- Build confidence with drug journalists
- Be accurate/admit when you don't know something
- Avoid clichés
- Be on time
- Insist on quality information and cooperation
- Multimedia strategy is a must today:
  - — Free press: a new powerful partner
  - — Internet (text, podcasts, webcasts)
  - — Long-term investment in quality press.

([1]) Adès, J.-E., 'Common difficulties in achieving responsible coverage on drugs issues', Reitox academy on relations with the media, Bucharest, 27–28 February 2008 (unpublished).

([2]) Lallemand, A., 'Media revolution', Reitox academy on relations with the media, Bucharest, 27–28 February 2008 (unpublished).



Chapter 6
Ensuring a national drugs observatory is successful

Strategic diagnosis

In this chapter, we propose some tools for making a strategic diagnosis of the NDO with reference to its institutional challenges, bearing in mind that each situation is unique. Our approach will focus on three key strategic factors (KSFs) to be considered in order to ensure the NDO's sustainability.

Institutional issues are only one of the challenges faced by an NDO: the core operations are what give the substance and legitimacy of the work of national drugs observatories. These were presented in detail in the previous chapter.

To make a strategic diagnosis, we must analyse the NDO's situation by describing the strengths and the weaknesses in terms of each KSF, using specific criteria to cover a broad range of topics/issues. The diagnosis should ideally be based on facts and figures.

Key strategic factors (KSFs)

Definition

A key strategic factor defines a structural characteristic of the organisation and of its environment which is essential in order to achieve its goals and objectives ([1]):

> 'We invented the term 'strategic factors' to cover items not previously identified separately. Strategic factors describe those few things that an organisation or business unit has to get right in order to succeed with its key stakeholders' ([2]).

Key strategic factors and public services

To start identifying the key strategic factors, we start with the observation that any request for public funding is supposed to provide a clear definition of the expected results (= deliverables) and also justify the need for such an investment in a time when choices have to be made (= added value).

As NDOs are usually established within public institutions or with public funds, for the purpose of our analysis we will use methodological tools and concepts developed to study strategic management in public services.

([1]) See: http://www.strategicfactors.com/

([2]) Kenny, G., 'Stakeholders and Strategic Management', presented at the US Academy of Management Conference, Atlanta 11–16 August, 2006.

We refer in particular to a study published by Alford in 2001, in which he presents a few characteristics that can apply to NDOs (we italicise):

- 'contrarily to what happens in the private sector where the value of a product is defined by its market, *in the public sector the value of the products is assessed partly through the perception by the clients and stakeholders*, which in turn attracts the permission (mandate) for their production (= authorising environment);
- *the clients and stakeholders play a decisive role in allocating the resources* that are needed to develop the institution, both in terms of budget but also in terms of the legal authority that give the organisation the 'public power' to fulfil its mandate (= political environment);
- the organisational capabilities that are involved in the production process *are not exclusively based within a single institution*, but are depending from different institutions and partners (co-production)' ([3]).

As far as the situation of the NDO is concerned, we observe that:

- NDO production depends on its cooperation with other national sources of information and of expertise, in most of the cases it cannot work on its own (co-production)
- the NDO builds its capacity on the basis of diverse resources and partners, at national, local and supranational level (combined resources)
- to ensure its sustainability, the NDO must answer the needs of various audiences at different levels, who either play or could play a role in providing extra resources (perceived added value)
- these key factors are interconnected and inter-dependent.

Based on the above, we propose considering the following as key strategic factors for the strategic diagnosis of a national drugs observatory: perceived value, co-production and combined resources.

The NDO's position in terms of these strategic factors must be assessed:

- when it is set up, in order to identify existing resources and means, as well as clarify the mandate for its establishment;
- at any time during the NDO's existence to assess its situation and take appropriate measures to ensure its sustainability.

KSF 1 — Perceived added value

This is the first factor to consider when establishing an NDO: its relevance may seem less obvious to the project promoters, but this aspect must be argued in order to convince both decision-makers and potential partners.

([3]) Alford, J. (2001), 'The implications of "publicness" for strategic management theory' in *Exploring Public Strategy*, Johnson, G. and Scholes, K., Pearson Education 2001, pp 1–16.

Bearing in mind the NDO's situation, we can say that:

- the value of its work is quite complex to assess, as it is a response to a political decision that affects the country as a whole, including reporting obligations;
- the value of the NDO's work is not always measurable — it depends on the perception of those who receive its products and outputs;
- the value of the NDO's work must be assessed taking into account that a national need is not necessarily perceived as such by all institutions and individuals;
- most importantly, even if the NDO was established to meet some international obligations, if cannot fulfil its role if it does not answer national needs.

At this point, try not to think in one dimension. For example, if you present the project explaining that there will be new scientific data available from surveys and drug-related research because you are a scientist, this may be of great scientific value, but a weak argument if it does not address the needs of other stakeholders (for instance, decision-makers who are asked to provide funds).

To conclude: try to identify and define the NDO's perceived or potential added value from the point of view of its audience/stakeholders, rather than from one of its promoters (see box below).

Example of how to ask the question: 'What is an NDO? What are you doing?', when asked by a decision-maker:

DO

- give a concrete definition of what it is
- briefly say how it can be useful for the person asking the question
- always translate into terms that meet the stakeholder's needs (either expressed or supposed)

(the famous 'elevator pitch' can be a good way of preparing for this situation, or think of the 'so what?' we talked about earlier);

DON'T

- use vague administrative or scientific terms, such as

  'it is an institution that collects information on drugs and sends a national report to…'

  'every three or four years we publish a report about a national survey in schools'

  'we are collecting factual, objective, comparable and reliable information on the drugs situation…'

  'we have been established in the framework of the preparation for EU Accession and as such we are part of….'

  'every year we send a report to Lisbon (or Vienna, or Washington, or…)'.

Note: an 'elevator pitch' (or elevator speech) is an overview of an idea for a product, service, or project. The name reflects the fact that an elevator pitch can be delivered in the time span of an elevator ride (for example, thirty seconds and 50–100 words). *Source:* Wikipedia.

To support the perceived value of the NDO, we propose using three categories of criteria to identify additional actions/measures: added value of NDO's products, credibility, and relations with its audiences and stakeholders.

Figure 8: KSF 1 — Perceived added value

Criteria	Description (main elements)
Added value of the NDO's products	
Credibility	
Relations with audiences and stakeholders	

Added value of the NDO's products

Outputs: Is the NDO producing only one report per year? What is its content and format? Is this report published in the national language(s) and is it disseminated at national level? Is the NDO producing more targeted products for well identified groups or sub-groups of 'clients'? Are the NDO's products published only for a specific purpose or are there complementary publications targeting non-specialised audiences?

Quality: Are the NDO's reports considered good quality? Are the NDO's products perceived as easy to understand by decision-makers and the general public? Is the general image of NDO's publications more of a scientific authority or is it perceived as being influenced by political or ideological considerations?

Credibility

Visibility: How would you assess the NDO's visibility? Do the main existing or potential stakeholders know about its existence and do they know what they can ask the NDO? Is the NDO considered as the main or one of the main references for drug-related information in the country?

General and ad hoc requests: does anybody ask the NDO for standard or ad hoc requests? Is the NDO promoting itself as the reference organisation that can tailor information according to the needs of its customers?

Relations with audience(s) and stakeholder(s)

Promotion: does the NDO have established formal/informal relations with its audience/stakeholders? Is the NDO trying to address the needs of national 'clients', even if its main aim is to produce a national report for an international organisation? Is there any policy within the NDO to identify existing or potential needs for drug-related information among its audiences and its stakeholders?

Media relations: how would you characterise the NDO's relations with the media? Does the NDO have a public relations (PR) policy and a PR officer? Can the NDO communicate directly with media? Do newspapers and journalists know the NDO exists and do they refer to its reports and publications? Do they spontaneously contact the NDO when they need some information on the drugs issue in the country or abroad?

KSF 2 — Co-production

What does co-production, or 'collaborative production' mean for an NDO? It means that the NDO usually depends on existing sources of information and expertise available in the country to produce its own deliverables. In fact, in many cases, most of the NDO's products are the result of partnerships and cooperation, and external expertise may be needed also to validate its analyses and reports.

To be involved almost permanently in a co-production process has very important consequences when organising the NDO's work. It must:

- establish a partnership with existing sources of information and national experts, both for data collection purposes and for developing reporting capacity;
- ensure that its partners derive mutual benefit from the data collection and reporting system: it is important partners are motivated to provide the data, as this has an impact on the quality of the data collected;
- realise that national monitoring capacity is the combination of different resources rather than their concentration;
- take into account the fact that competences and responsibilities are increasingly being transferred from central to regional or local level in many countries. This creates a greater need for convergence between co-production activities.

To support assessing the NDO's situation in terms of co-production, we propose considering three categories of criteria for diagnosis: operating framework, reporting procedures and outputs.

Figure 9: KSF 2 — Co-production

Criteria	Description (main elements)
Operating framework	
Reporting procedures	
Outputs	

Operating framework

Information map: is an information map drafted and permanently updated so as to identify any source of expertise and information available in the country, and is there any communication policy geared towards the strategic partners?

Established partnerships: describes the NDO's operating framework with the key sources of expertise and information in the country. Is there a formal partnership agreement between the main data providers and the NDO?

Relations with data providers: does the NDO have regular meetings with its data providers? Are the data providers informed about the events/decisions/activities organised by the NDO at national or at supranational level? Are there provisions for sharing the results of the cooperation?

Reporting procedures

National reports: does the NDO draft its report(s) alone or in consultation/cooperation with national experts? Are the reports presented to national experts and to national data providers so as to ensure ownership of the results and a confrontation of the results of the data analysis with the experience of professionals working in the field?

National working groups: are national working groups of experts established for relevant groups of indicators and for national reporting? Do these working groups meet regularly and try to improve the instruments and also data clarity? Is any feedback given to the institutions and professionals collecting the information in the field?

Outputs

Content: do contents of reports and other publications reflect the need for a multi-disciplinary and multi-faceted approach in relation to the drugs phenomenon, or in most cases do they focus on one part of the problem? Do the NDO's projects and outputs give a balanced view of the drugs phenomenon, addressing both demand and supply issues?

Quality assurance: is there shared responsibility for quality assurance and quality control? Are there any quality control procedures before a report is published? Does the NDO promote the adoption of best practice for quality assurance through sharing and disseminating experience and knowledge with other countries and/or supranational organisations?

Mutual benefits: is the NDO completely isolated? Are there institutions challenging or even contesting its legitimacy? Does the NDO acknowledge the value and competences of other institutions already working in the field? Do partnerships offer mutual benefit to the institutions involved? Is the NDO playing a role in the exploitation and promotion of existing resources at local and at national level? Is the NDO managing to provide something useful to its partners in exchange for their data and/or expertise?

KSF 3 — Combined resources

Human and financial resources are frequently presented as the starting point for any project.

However, we propose a different approach, based on the principle that obtaining resources can be more successful if it is the result of combined efforts targeting also KSF 1 (perceived value) and KSF 2 (co-production).

Here again, we suggest being less self-focused. The main priority for the promoter or NDO head is undoubtedly funds and human resources. This means he/she will tend to promote the 'institution'. However, those contacted for funds need to see why they should give money to an NDO instead of something else. This means promoting the 'expected results and benefits' in any written or spoken proposal.

There is also a more empirical reason for this approach. NDOs are not created out of thin air in a vacuum. There are already at least some institutions and professionals on the field who have information, data and/or expertise on the drugs phenomenon.

The first step in preparing a project to set up an NDO must identify these actors and meet with them, in order to see what is available and what can already be done with existing resources (see the chapter on the information map).

There are three underlying principles that support this approach:

- more can always be achieved when resources are pooled;

- when meeting decision-makers as part of a fund-raising or awareness-raising operation, it is very important to be able to show what has been done so far, and what should/could be done with the additional means requested;
- at operational level, to have identified and cooperated at least with some of the potential partners at the preparatory stage is a positive indicator of the NDO's capacity to stimulate and manage the expected co-production process.

We should stress that for this key strategic factor, as for the two others, we privilege a multi-faceted and systemic approach: talking about resources only makes sense if everybody shares the need to be a resource. The NDO can only receive or benefit from other partners' resources if it turns itself into a resource for them.

To describe this KSF, a broader range of topics than just the NDO's budget should be considered. This is why we propose three categories: institutional support, operational capacity, scientific capacity.

Figure 10: KSF 3 — Combined resources

Criteria	Description (main elements)
Institutional support	
Operational capacity	
Scientific capacity	

Institutional support

NDO mandate and status: do politicians and other decision-makers fully support the project to set up an NDO? Does the NDO have a clear organisational status, is it recognised as a specific entity, and does it have a clear mandate for sharing and requesting data and information from other institutions and organisations? Is there any binding resolution from the national authorities on their own or in relation to any supranational organisation that supports setting up the NDO and the national data collection network?

Reporting and status of NDO products: has a mechanism for evaluating the work of the NDO and its outputs been foreseen? Is the NDO expected to provide decision-makers with

an overview of the drugs situation on a yearly basis? Does the work of the NDO contribute to national reporting obligations? Does the NDO have a specific and explicit role in the national strategy document aimed at providing the evidence needed to monitor the implementation and evaluation of this national strategy?

Operational capacity

Staff and budget: is there a specific budget adopted on a yearly basis or an ad hoc non-recurrent funding for specific activities? Is the mission and work of the NDO described in a yearly work programme with staff assigned exclusively to the NDO on a full-time basis? Are the job profiles and salaries offered in line with the qualifications required and does the NDO have the necessary equipment (PCs, software, telecoms, documentation) to perform its tasks? Does the NDO have a strategy to liaise with national authorities to maintain or increase the level of investment in the drug-related data collection system?

Networking and partnerships: is there any national expertise that could complement the expertise available at the NDO, and if so is there any formal mechanism or project to facilitate cooperation with the experts concerned?

Budget for routine and ad hoc data collection: are budgets available in other institutions and ministries for routine data collection? Is there any specific or general programme at state level that includes a provision for commissioning ad hoc studies, research or surveys to which the NDO can apply? Does the country cooperate with — and have access to — funding from international or supranational organisations such as the EU, UNODC, WHO, OAS, CARICOM or the Global Fund?

Scientific capacity

Data and information: are there any drug-related data that are routinely collected at national or local level? Are there plans for new routine data collection that would totally or partially meet international standards? What is the feasibility and likelihood to prepare and present new projects for routine data collection? What are the obstacles and what are the possible solutions (financial, methodological, etc.)? Are the main groups of indicators and other sets of core data available in the country? What are the realistic perspectives for an improvement of the situation? Is there anything that can be done at a reasonable cost to prepare their implementation? Is there any protocol ready and adopted that could be presented to supra- or international organisations (WHO, UNODC, World Bank, Global Fund, etc.) for further support?

Scientific and professional expertise: are there any drug-related research activities in the country that could provide some information on the drugs situation, or that could benefit from the support and cooperation with the NDO? Are there universities that are or could be interested in a partnership, ranging from the provision of scientific expertise or sending students for traineeship to the NDO, to sharing the data collected so as to allow the university to support a PhD research? Are NGOs from the field developing follow-up studies

of their clients, needs assessments or programmes/projects evaluations that could be useful to understand the situation?

Key strategic factors: an interactive and dynamic model

Although the key strategic factors have been presented separately, it should be noted that they are part of an interactive and dynamic model and that they can be used for identifying the strategic opportunities for the setting up and strengthening of any NDO.

When preparing to set up or assess an NDO, we suggest using these criteria and grouping the information collected in a summary table, describing for each criterion the objective, current situation and actions to be undertaken. This becomes a sound base for preparing a strategic plan for the development of the national drugs observatory.

A strategic plan aims to make sure that the NDO will consolidate or improve its situation and will maximise its position as regards the three key strategic factors, which could be summarised as follows:

- to ensure more perceived added value from its stakeholders at national and at local level;
- to improve and to diversify the co-production scheme so as to produce better products which are tailored to the needs of its different client groups;
- to better combine the resources from national and local level, both in terms of data and of expertise, so as to consolidate the co-production processes and the quality of publications and other outputs.

The analytical framework proposed is dynamic and flexible: there is no single model for NDOs that should be applied indistinctly to any country and to any situation. What matters is establishing a system that can produce quality reports at an affordable cost and within a reasonable time frame, in a language and with conclusions that are easy to understand by its clients.

In the current context of general socio-economic difficulties, one should avoid the temptation of presenting exaggerated objectives and excessive requests for funding. These will not only be refused by the decision-makers, but will also give the NDO and its promoters a negative image that might prove fatal for the organisation's survival.

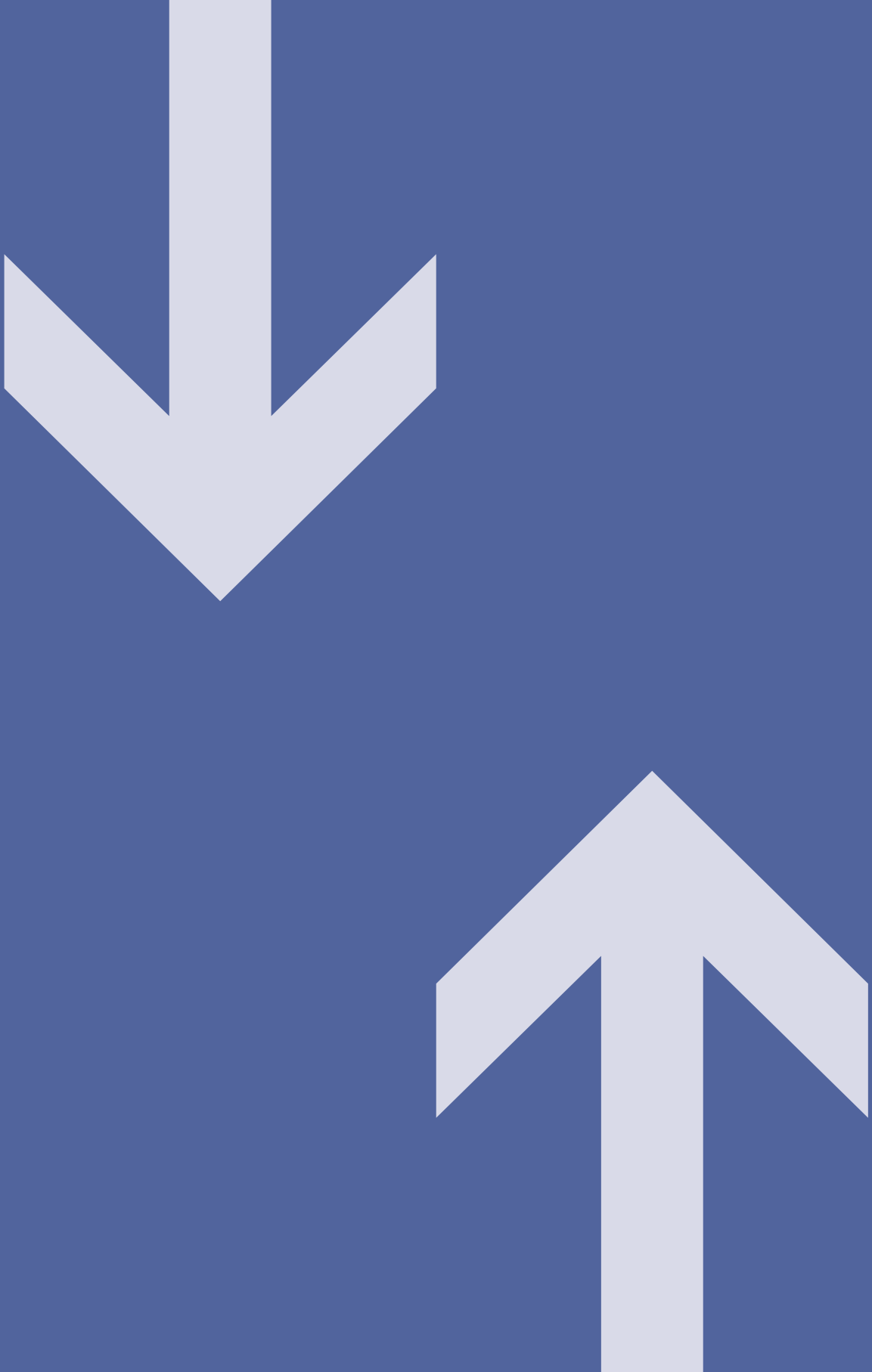
When presenting the various categories of criteria describing the key strategic factors, we have presented the situation (where we are), what could be the objectives (where we want to be), and what actions need to be undertaken (what we need to do). However, when preparing the strategic plan, we recommend limiting the information to the objectives and the actions to be undertaken, which is the critical information for the choices to be made.

Indeed, the strategic diagnosis and the strategic plan are tools that support decision-making at NDO and stakeholder level: the better the information, the easier the decision-making process. However, these tools are based on a pre-requisite: DO think about what you can already do with what you and your partners have, DON'T say 'I cannot do anything until I get more'.

Figure 11: Main goals for NDOs and national drug information networks

	Strategic diagnosis	Situation 'where we are'	Objective 'where we want to be'	Action 'what we need to do'
Perceived value	Added value of NDO products			
	Credibility			
	Relations with audience and stakeholders			
Co-production	Operating framework			
	Reporting procedures			
	Outputs			
Combined resources	Institutional support			
	Operational capacity			
	Scientific capacity			

The table above gives an overview of the NDO and its national drug information network's main goals. It should be prepared on the basis of objective and reliable information, ensuring balance and giving links between the three key strategic factors.



Chapter 7
Challenging questions

Where should the national drugs observatory be located? What legal status should it have? What should the scope of its mandate be?

In this chapter we will present and provide some elements of response to common questions frequently asked about national drugs observatories, and to which there is usually no single answer. If you have more, please e-mail your question to the EMCDDA or CICAD at: info@emcdda.europa.eu and OID_CICAD@oas.org.

Where should a national drugs observatory be located?

Options for consideration

This depends on how decision-making is organised in your country. Here are examples of existing situations:

- within national drug coordination bodies or under government departments;
- within the Ministry of Health or within the National Institute for Public Health;
- within the Ministry of the Interior, Home Affairs, Justice or National Security;
- within a university or a non-governmental organisation.

Strengths and weaknesses

When the NDO is placed under the authority of the national drug coordination body or a government department, this improves the NDO's chances of collecting information covering the whole range of data, from all institutions, covering both supply and demand. However, if too close politically, the NDO's scientific credibility and objectivity and even long-term stability may be challenged.

If the NDO is located within or under the Ministry of Health, this is usually very beneficial when collecting data on health and social issues, but less effective for supply and supply reduction data. The capacity of developing a comprehensive analysis of the drugs situation (= beyond specific public health issues) is not always guaranteed. It is important to ensure that cooperation mechanisms exist to bridge the gap with the sources of data and expertise from the supply side.

If the NDO is located within or under the responsibility of the Ministry of the Interior, Home Affairs, Justice or National Security, this offers more opportunities to obtain data on supply

and supply reduction, but less on social and health issues. The capacity of developing a comprehensive analysis of the drugs situation (= beyond specific law enforcement competence) is not always guaranteed. It is important to ensure that cooperation mechanisms exist to bridge the gap with the sources of data and expertise from the demand side.

An NDO located within a university or NGO can be a good option for scientific work, to ensure neutrality and objectivity of the information gathered, and could offer some very useful multi-disciplinary additional input. However, sometimes the NDO remains too far from decision-makers, lacks visibility and institutional support of its role at national level.

Warning

When there are difficulties and a lack of cooperation between institutions from the health sector and those from the law enforcement area, experience suggests that a solution which promotes and improves inter-institutional cooperation is more efficient and more sustainable in the long term than a solution involving splitting the NDO into a 'health observatory' and a 'law enforcement observatory'.

What legal basis should a national drugs observatory have?

Options for consideration

Most of the existing national drugs observatories have the following in common:

- they are established on the basis of (minimum) a ministerial decision appointing them either as the national observatory (for national purposes) or the national correspondent or national focal point to supranational or international organisations;
- their work is defined by some terms of reference, either as a single entity or as a unit/section within a bigger institution.

There is a huge variation in the legal status' of NDOs, which ranges basically from a simple extension of the status of an existing institution, to a decision published in the national Official Journal to create a new institution — a new legal entity with its own identity.

It is worth mentioning here that there are also different options insofar as the type of organisation hosting or becoming national drugs observatory is concerned: it can be a public body, but also a semi-public body, or in some cases an NGO.

Strengths and weaknesses

When the establishment of the NDO is based on a ministerial decision without any specific legal status it is frequently too weak to allow the NDO to fulfil its mandate and obtain cooperation from other institutions, especially ministries and organisations working in a different area (usually health/social versus law enforcement).

If the NDO is established at a too low structural and hierarchical level within an existing institution, this presents the same disadvantages and also gives no visibility to the NDO and its products. It then becomes extremely difficult for the NDO to fulfil its mandate and address the needs of its stakeholders at national level.

If the establishment of the NDO is formalised through a multi-annual framework contract (between three and five years), this has the dual advantage of consolidating the NDO'S position for a period long enough so as to encourage cooperation and reduce competition from other institutions whilst defining the NDOs mission and expected results clearly. This can serve as a basis for assessing its performance at the end of the period.

If the establishment of the NDO is not formalised, or is considered as unlimited, this may expose the NDO and its customers either to a risk of permanent instability — for instance when political change occurs in the country — or to a risk of poor long-term development because of a lack of incentives. The latter may be observed in cases where the interest of some professionals may lie more with the institution's position than its performance.

A clear legal status is a necessary condition for developing the work of the NDO but is not sufficient to guarantee participation and cooperation of potential partners: what makes the difference is the NDO's capacity to motivate and associate its partners in a collaborative work process through networking (in other words: cooperation cannot be obtained by decree). The legal status can be extremely useful to formalise the inter-institutional and inter-agency cooperation as it 'obliges' third parties to respect and recognise the NDO's role.

What should the scope of a national drugs observatory's mandate be?

Options for consideration

The following two options should be considered:

- limiting the scope of the NDO's work to illicit drugs, for instance to remain consistent with the scope of the work of supranational and international organisations such the EMCDDA and UNODC;
- broadening the scope to cover any kind of licit and illicit drugs (illicit drugs, alcohol, tobacco, legal drugs), which is the case for countries that have a comprehensive national strategy that addresses these issues together, and which is consistent with the work of international organisations such as CICAD–OAS, the World Health Organization (WHO), and of some research groups developing international surveys such as ESPAD.

Strengths and weaknesses

If the NDO's scope is extended to licit substances, this gives an excellent opportunity to build a comprehensive image of complex social and individual behaviours linked to addiction. It can also provide the opportunity to observe and analyse possible correlations between

trends of use. However, this also makes the work of the NDO more complex, both from an organisational and scientific perspective.

If the objectives and expected results are realistically and clearly defined, whatever the scope of the NDO's mandate, all work must be productive and relevant. In all situations, the resources that the NDO is allocated to do its job must be consistent with the scope of its mandate.

How many people should work in the national drugs observatory and what background should they have?

Options for consideration

To address this issue, one should consider the following:

- The national drugs observatory's technical competence should ideally mirror the wide range of subject areas covered by its scope and mandate;
- The technical and scientific know-how of the NDO and partners should be developed as part of a permanent improvement of its scientific capacity;
- Scientific background: the team in the NDO should have the necessary skills to cover all aspects of the monitoring and reporting framework. Main profiles could therefore include: epidemiologist, sociologist, psychologist or other social scientist, toxicologist, statistician, criminologist and policy analyst;
- Managerial and communication skills: general management, communication and networking, editing and dissemination as well as secretarial support are all likely to be needed;
- At least half of the staff should have a certain degree of professional experience and preferably clear scientific qualifications. In addition, in the European Union all staff should ideally be fluent in English as a working language (especially for international standards and protocols, scientific exchanges of know-how and expertise with different countries and regions of the world);
- The NDO needs to attract and to keep competent staff, and it needs to be stable so as to ensure both its scientific capacity and the quality of its processes and deliveries;
- Each country should find the structure and organisation that matches best with supranational and international reporting tasks and the national context;
- Some countries with very limited resources have no choice but to start with one person. In such conditions, an observatory can work if some or part of the core functions are taken on by key external partners (e.g. a university), with the NDO coordinating the processes that are externalised.

Strengths and weaknesses

If the NDO is a rather small unit, this should be compensated with formal agreements for the secondment of the missing scientific resources. However, experience shows that when the

number of staff falls under three full-time posts or their equivalent ([1]), the NDO cannot fulfil its tasks.

If the NDO is established as a small unit, it often tends to rely too heavily on external expertise and sometimes poorly-organised national networks. With a team that is too small, management and networking activities that are critical for the NDO become a real challenge.

If the NDO is given an important national mandate as an observatory, this implies that the competences required need to cover the full range of core functions as described in Chapters 3 to 5. If this is the case, special attention must be paid to institutional relations and cooperation, and to communication and public relations.

How much does it cost to set up a national drugs observatory?

Options for consideration

In order to provide policymakers with a comprehensive picture of the budgetary and financial implications involved in setting up an NDO, the national drugs observatory and national drugs information network must be considered together.

The estimated cost should be based on an assessment of the following criteria:

- The running costs of the NDO in terms of staff and operations, including meetings with national and international partners;
- Specific costs associated to the mission and tasks of the NDO, spread along the three key operating processes: data collection, analysis and interpretation, reports and publications;
- In some cases it may be relevant to make a distinction between costs for national and international obligations;
- It may be necessary to draft financial plans that set yearly running costs. However, in the beginning, the estimated cost of the national drugs information network will not be known, and the NDO will not usually start by immediately collecting data through a national survey. This means that the budget can be more limited for the first year of activity. However, budgetary objectives for years two and three should be considered, at least as a reasonable perspective ([2]);
- The funding issue does not end with the successful search for budgets — it is closely linked to the NDO's capacity to deliver outputs and be accountable for the use of funds. This means that either in the NDO or its host institution there must be someone with sound administrative and financial management skills;

([1]) This means that some may be working in different institutions and seconded to the NDO.
([2]) When the NDO is based within a public body, budgetary perspectives and commitments usually cannot exceed one year.

- There are also specific criteria and requirements that are applicable to EU Member States, linked to the Reitox co-financing system.

Strengths and weaknesses

A sudden change or imbalance in the NDO's finances during an operational year is extremely damageable to both the NDO and its network. This may also affect the delivery of the outputs to supranational and international organisations, which may have negative consequences for the country's reputation.

If the budget available is limited but known and stable, this may enable the NDO to prepare a strategy to apply for complementary funds from other national or international donors: for instance some former candidate countries to the EU managed to obtain complementary resources from the Global Fund for financing new data collection exercises.

If the NDO manages to build a national action plan for the drug information network and can clearly show what are the expected results for precise cost estimates, it will have a better chance of being taken seriously.

Sometimes a supranational or international organisation will provide funds for operating the NDO and the data collection can only deliver sustainable results if some structural counterpart is required — and obtained — from the national authorities.

How can you guarantee the scientific independence of a national drugs observatory?

Options for consideration

When this issue is discussed, avoid confusion between 'scientific quality', and 'institutional autonomy', which are two different things.

- Scientific quality is extremely important to ensure that the data are correctly presented and interpreted, that they are true and trustworthy, and that they meet international standards. This may be guaranteed by establishing a scientific committee linked to the NDO, or by defining a consultation/proof-reading procedure among the key stakeholders, which should review outputs before their publication. The objective of this review is to ensure that there are neither mistakes nor any misinterpretation of the data, and to validate the publication. This in turn gives more legitimacy to the NDO. There should be no compromise on the quality of the NDO's outputs.
- Institutional autonomy refers to something different: the NDO should be preserved from external attempts to transform data, give false information, encourage propaganda or political correctness. The NDO is primarily operational in the area of information and is not involved in politics. At the same time, the NDO must define and to keep a position in relation to other institutions or key actors in the country.

Strengths and weaknesses

A situation where the scientific quality of the NDO's work is tainted is unacceptable. Despite possible attempts to disguise interference, it is usually detected by international organisations. This is harmful for the reputation of the country concerned.

An NDO that works without any statutory body nor quality control procedure for its publications is in a dangerous situation: in the past, some NDOs have been through challenging situations because they presented information that had not been verified and validated by their key stakeholders.

If the NDO is too closely associated with national authorities or politicians, this can cause a prejudice to its autonomy, its reputation and credibility, and its stability (every time there is a political change, staff may be removed and then expertise lost).

If the NDO is or tries to be too independent, it may end up in a situation where it is completely isolated and fails to receive the institutional and financial support it needs to perform its tasks. As already mentioned, the NDO needs to pay special attention to avoid crossing institutional and competence boundaries.

Should the national drugs observatory be involved in the evaluation of national drug policies?

Options for consideration

National drugs observatories may contribute to the evaluation of national drug policies or of specific aspects of national strategies, at the request of their respective national authorities.

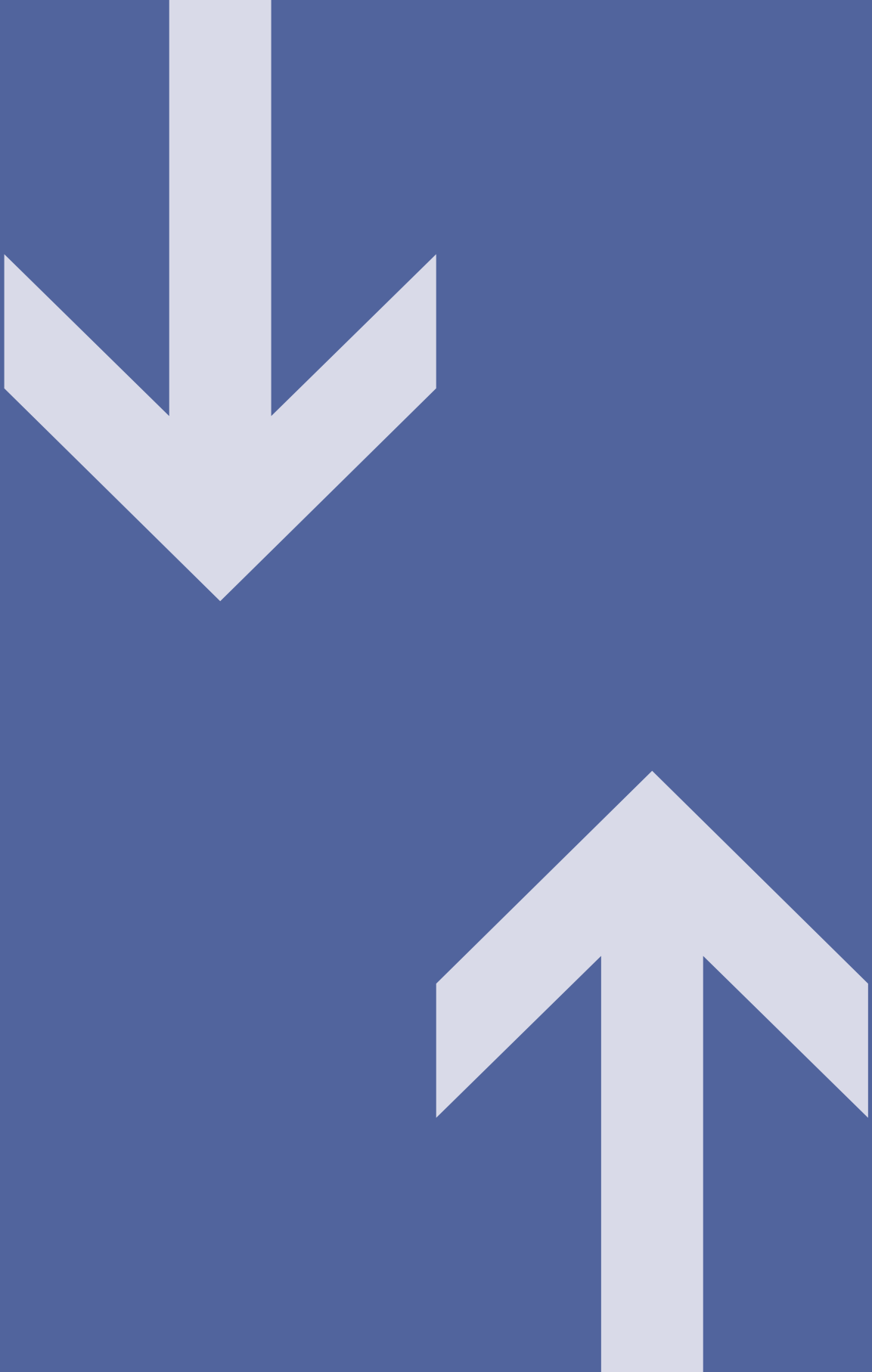
However, to make this possible and relevant, a few principles need to be respected:

- there should be an official request addressed to the NDO by its national authority, indicating the scope and the objectives of the evaluation;
- the NDO should be able to propose or to define a methodology, in line with best practice in this area, to identify the information that would be needed, and to assess whether this information is currently available (estimating costs if some data are missing). The same applies to the expertise needed to conduct the evaluation;
- the NDO should reserve the right to accept — or to propose a technical modification in order to accept — to perform the evaluation;
- the NDO's contribution to the evaluation should be on scientific grounds (factual, neutral, objective, reliable) and should avoid making political conclusions that are the remit of national authorities;
- the NDO should clarify what are the questions of the evaluation for which there is no evidence available.

Strengths and weaknesses

When the scope of the work carried out by the NDO within the evaluation is clearly limited, this gives more chances for the results to be accepted without damaging the NDO. However there have been situations in which despite these precautions, some political actors have accused the NDO of a lack of objectivity and of being 'politically oriented' — if not, providing 'false' data. This is why all of the NDO's actions linked to any evaluation must be scientifically sound and well documented. International assistance, provided either during the evaluation, for instance in a scientific steering committee or for a peer review may also help counter such potential negative reactions.

If the scope of the work and mandate of the NDO are well defined in close cooperation and with the participation of the national drug coordination and the main NDO stakeholders, this can bring real added value to the country and may help to support decision-making and the planning of services. It usually also helps to better define objectives, and to better identify existing and new data needed for measuring the performance or the impact of some measures.



Chapter 8
Conclusions

What comes next? How can we translate theory into practice?

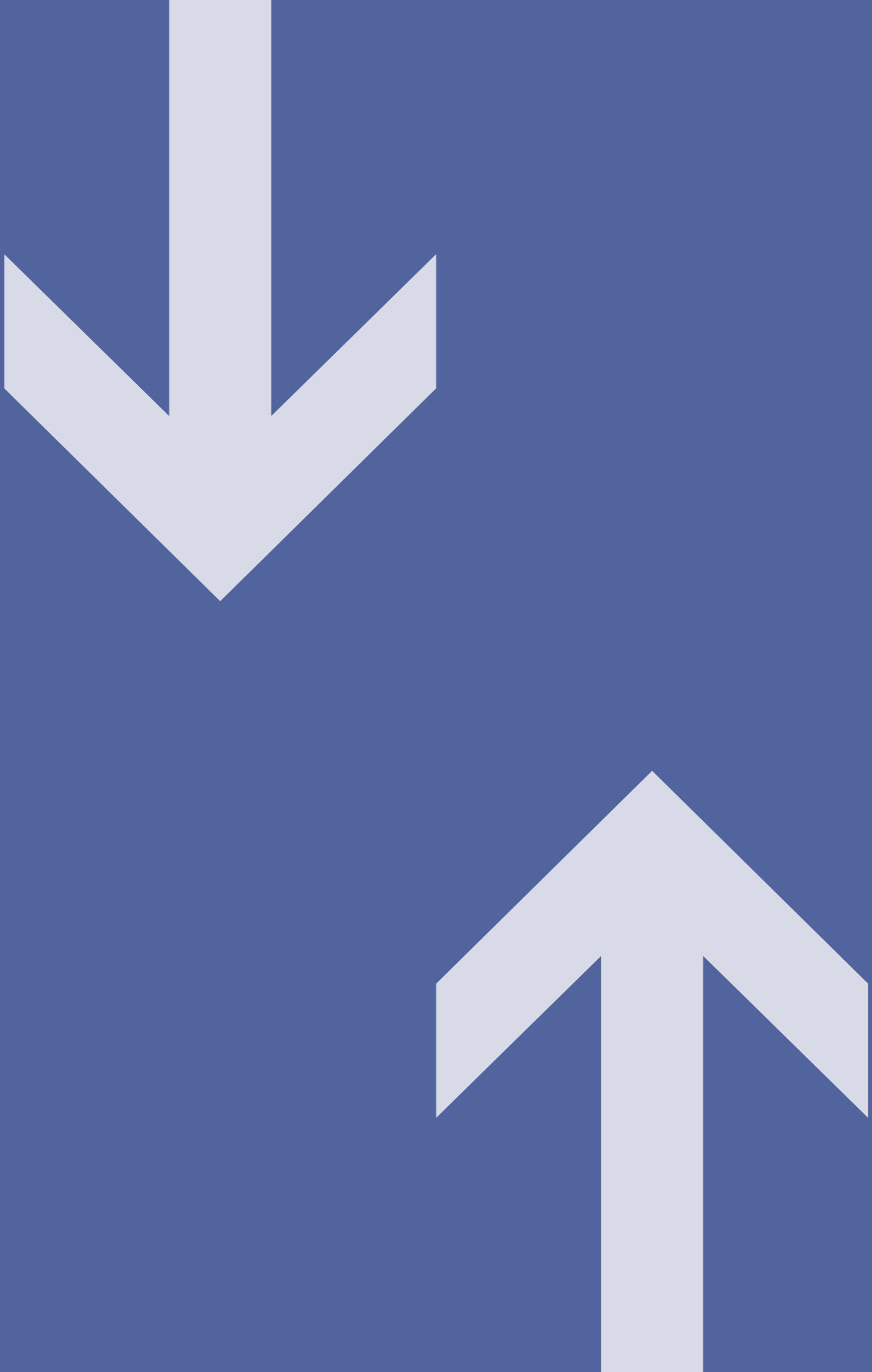
Through the different chapters and sections of this handbook, the reader has been given a comprehensive presentation of national drugs observatories, in particular:

- a clear definition of what is an observatory, its mission and objectives;
- a detailed presentation of its three core functions which are: data collection and monitoring; data analysis and interpretation; reporting and dissemination;
- an introduction to strategic diagnosis based on three key strategic factors (KSFs) and their related criteria — perceived added value, co-production and combined resources;
- and finally, a suggestion of some options to be considered when setting up a national drugs observatory, with the main strengths and weaknesses of each option.

The time has now come to develop your own vision and to take this forward into practice.

As you start on this process, we invite you to take a different look at the context you work and live in. Taking on board the ideas, concepts and experiences that have been shared with you in this handbook, you must now build a vision of what your national drugs observatory should be like. It is very important that you describe your needs and plans in your own words, taking into account the resources and constraints you face, as each national observatory is a unique combination of competences, resources and partnerships, and above all human beings.

One last suggestion: use the processes and expected outputs as a starting point and build a system and a network around them. There are no institutional models to be copied — it is all about bringing people together to work towards a common goal.



European Monitoring Centre for Drugs and Drug Addiction

Inter-American Drug Abuse Control Commission of the Organization of American States

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National drugs observatories have flourished and developed rapidly over the last two decades as a direct consequence of the decisions taken to establish regional drug monitoring systems, both in the European Union and in the Americas. Initially, there was no reference framework available — observatories were set-up using trial and error, taking into account different national contexts and resources. This explains why today there are as many models of observatories as there are countries establishing them.

Looking back at this long process, there seemed to be a need to formalise the experiences in the field, and to identify some key concepts and principles that remain valid irrespective of country or region. This handbook, a joint production by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD–OAS), presents and describes in a clear and informative way the core operational processes and the key strategic factors that are common to all national drugs observatories.

The handbook is available in English, French and Spanish. Other language versions are planned for 2011.

About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the hub of drug-related information in Europe. Its mission is to provide the EU and its Member States with 'factual, objective, reliable and comparable information' on drugs, drug addiction and their consequences. Established in 1993, it opened its doors in Lisbon in 1995 and is one of the EU's decentralised agencies. With a 100-strong multidisciplinary team, the agency offers policymakers the evidence base they need for drawing up drug laws and strategies. It also helps professionals and researchers pinpoint best practice and new areas for analysis. As well as gathering information on the demand and reduction of the demand for drugs, the agency in recent years has extended its monitoring and reporting on drug supply, supply reduction and illicit drug markets.

www.emcdda.europa.eu

About CICAD-OAS

The Inter-American Drug Abuse Control Commission (CICAD) was established by the General Assembly of the Organization of American States (OAS) in 1986 as the western hemisphere's policy forum on all aspects of the drug problem. CICAD's core mission is to enhance the human and institutional capacities of its Member States to reduce the production, trafficking and use of illegal drugs, and to address the health, social and criminal consequences of the drug trade.

Data collection in the CICAD system takes place within the context of the Inter-American Observatory on Drugs (OID). The Observatory helps countries to improve the collection and analysis of drug-related data: by promoting the establishment of national observatories and the use of standardised methods and data; and by providing scientific and technical training for, and the exchange of experiences among professionals working on drug issues all with the aim of informing national drug policy and related actions.

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