This manual presents the main results of a European project whose purpose is to develop a common model of an Early Information Function for Emerging Drug Phenomena. This function should allow to identify and understand early changes in drug uses or new drugs more quickly than by using standard monitoring systems.

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EMERGING DRUG PHENOMENA

TREND

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EMERGING DRUG PHENOMENA

A European manual on the Early Information Function for Emerging Drug Phenomena

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CONTENTS

EXECUTIVE SUMMARY

This summary presents the main results of a European collaborative work on how to identify and understand early changes in drug use or new drugs more quickly than by using standard monitoring systems. It gives a general and theoretical overview of the dynamic process of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP). This document is structured in three parts: firstly, a presentation of the context, objective and methods of the project; secondly, a synthesis of the results: the structure and operation of an Early Information Function for Emerging Drug Phenomena; and thirdly, the prospects for this issue.

I THE PROJECT CONTEXT, OBJECTIVE AND METHOD

In Europe, drug use is considered a high priority concern. In order to deal with the various issues related to drug use, consideration has been given to the implementation, development and improvement of monitoring systems (Drug Information Systems) as a means of obtaining operational knowledge on drugs and drug use. The creation in 1993 and subsequent development of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which is based on the development of a network of National Focal Points (REITOX), enabled the operation and linking of national Drug Information Systems (DIS) and an improvement in their compatibility. The information produced by a DIS must allow a better understanding of certain drug-related phenomena and facilitate decision-making at the policy-maker, professional and individual level.

At present, various models of DIS exist in European countries. Frequently, these are rooted in standard sources which provide interesting data but which often have a considerable time lag behind any actual changes in the drugs field. This lack of sensitivity is harmful to the early identification of changes or new phenomena related to drugs and drug use. Moreover, the fast circulation of new drugs and new patterns of use within Europe highlights the high probability of rapid changes in the drugs field. The need to identify these changes more quickly was perceived by various actors working in drug monitoring systems and led to the Euro-TREND project being promoted in 2002.

The main objective of Euro-TREND project was to define and describe a possible common model of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP) in order to make the Drug Information Systems in the participating countries more sensitive to EDP and more compatible with each other.

Within this context, several European countries (France, Germany, Greece, Netherlands, Portugal, Spain, and Sweden[1]) decided to participate in the Euro-TREND project which started at the beginning of 2002. The project was co-funded by the European Commission and the participating countries. Two European agencies, the EMCDDA and the European Agency for the Evaluation of Medicinal Products (EMEA), contributed by following the process and participating in the general meetings.

The project was structured in six work phases. For each of these, except the last (drafting of the manual), the work was divided into three steps. First, a European proposal was produced by a working party consisting of the coordination team and some of the coordinators from the participating countries. Secondly, this European proposal was critically discussed at national level by experts who also had to put together a synthesis of their national situation in respect of the phase topic. Finally, a synthesis taking into account all the national reports was drawn up by the project coordination team and validated at the European level by all the participating countries and European agencies.

The manual produced, drawn up mainly on the basis of synthesis documents, tries to provide information on the description and working outline of what is called an Early Information Function (EIF) for Emerging Drug Phenomena (EDP), within a national or local/regional DIS.

II Project results

It was considered that a Drug Information System had to fulfil various functions. One of these, regarded as the central point of this project, is the Early information function for Emerging Drug Phenomena (EIF for EDP). This function needs quickly to identify, assess and categorize Emerging Drug Phenomena in order to allow the production of relevant information and its timely dissemination to target audiences.

1. The corresponding institutions were: French Monitoring Centre for Drugs and Drug Addiction (OFDT, France), Institute for Therapy Research (IFT, Germany), University Mental Health Research Institute (UMHRI, Greece), Trimbos Institute (Netherlands), Drugs and Drug Addiction Institute (IDT, Portugal), University of Valladolid/Government Delegation for the National Plan on Drugs (UVA/DGPND, Spain), National Institute of Public Health (NIPH, Sweden)

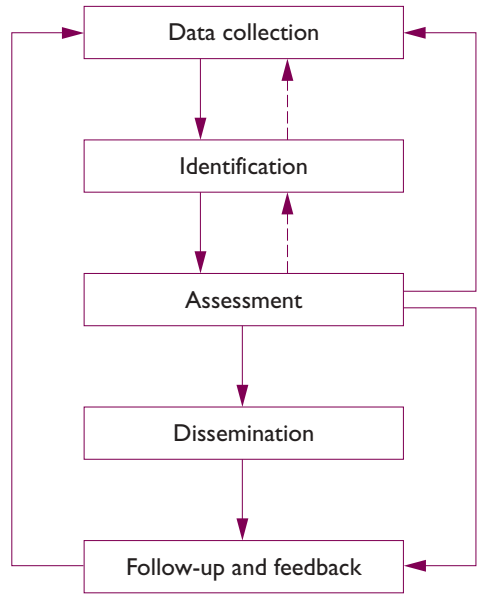
Main Lines, Areas of Interest and Indicators

In order to work properly, an EIF needs first to focus on selected topics. To address this concern, a three-tier information structure was defined. This includes three main lines of inquiry (users, substances and settings). Each of these corresponds to different areas of interest which help to draw together the points that are considered most interesting (e.g. for the "user" main line of inquiry, the areas of interest include demographic characteristics, patterns of use and health consequences). Indicators are chosen for each area of interest. During the operational process of the EIF, information on these indicators will be collected and analysed.

Operational steps of an EIF

In order to make the EIF operational, a five-step dynamic model was developed. The steps identified are: data collection, identification, assessment, dissemination, and follow-up and feedback (see the following figure).

The Early Information Function for Emerging Drug Phenomena: An outline of the operational steps



Data collection

Coordination of the data collection seems essential in order to make it fully operational. It has to address two key points: the elusive nature of drug use and the availability of resources. Data collection includes collecting, describing and storing as much relevant data as possible with as much detail as possible. It is a process that requires a variety of information sources (i.e., drug users, low-threshold facilities, health services, criminal justice settings, recreational nightlife settings, etc.), data collection professionals, data collection methods (i.e., population surveys, observations, interviews, focus groups, etc.) and instruments (i.e., questionnaires, interview guidelines, etc.). The many and varied data collection tools will allow the EIF to obtain information from different sources and by different methods which will facilitate the identification step. Pre-existing general data collection tools that deal with the EIF's main lines of inquiry should be included and optimised to make them as functional as possible for EIF purposes. Where necessary, specific EIF tools will be developed. These tools will have to be robust and flexible and produce valid and reliable data.

Identification

The next step in the process leads to the identification of an Emerging Drug Phenomenon (EDP). Various analyses of the data previously collected are necessary for the identification of an EDP. At the end of these analyses, all the available information for each chosen indicator is compared to discover any significant changes and possibly to identify an EDP.

Assessment

When an EDP is identified, it has to be described in as much detail as possible. It has to go through a standard assessment process which will use all the information already available on this EDP. Some EDP will be considered of high concern and thus meriting a specific assessment. Within this framework, four criteria are considered helpful for categorizing the EDP as a candidate for a specific assessment: diffusion potential, health consequences, social consequences and economic consequences. This categorization, along with other aspects (e.g., available resources, decision-maker interest, etc.), will help in deciding whether or not to undertake a specific assessment. It implies a more in-depth analysis and sometimes additional data collection, enabling a detailed description of the chosen EDP to be produced in a short time-span. All standard and specific assessments will end with a written report.

Dissemination

Once EDP are identified and assessed, a dissemination strategy must be designed. A great deal of information is available in the assessment reports produced and its dissemination to different target audiences must be carefully considered.

This process implies definition of the purposes of the information dissemination (what do we want to do?), selection of the target audiences (who do we want to inform?) and selection of the dissemination methods (how do we want to disseminate?). Target audiences may belong to different sub-groups, such as policy-makers, professionals, information specialists and specific groups, or the general population. In general, the EIF has to provide an appropriate information format. The EIF team should be responsible for the production of recommendations on the purposes, target audiences and dissemination methods. Recommendations should be validated by a group of people appropriate to the national context. The results of the actual dissemination to the target audiences should permit the early reduction of a potentially harmful phenomenon.

Feedback and follow-up

To end the cycle and to begin a new one, feedback information will be sent by the EIF team to all those participating in the data collection, and a follow-up process will be carried out for all interesting topics. This implies that the new data collection period will have to continue to gather data on all topics of interest from the previous cycle.

The manual

The project outcomes have been laid down in the manual. In addition, this provides a description of concrete examples of national solutions for an EIF and a detailed overview on the sources and methods for data collection and dissemination. The national situation in the participating countries is described in an annex.

III Prospects

The development of an EIF within a Drug Information System complements the traditional monitoring of indicators and trends. A properly functioning EIF will be able to inform the target audiences in a shorter period of time, in order to promote actions aimed at reducing harm for users and the general population. The production of this information will be of less interest if it is not linked to actions.

The heterogeneity of the DIS in the countries that participated in this project implies that the proposed model is sufficiently adaptable to cope with different national realities. Even though it is rooted in the previous experiences of the participating countries, this work remains a theoretical model of a possible EIF for EDP. It should be read critically and adapted in the light of national/local contexts and experiences. It is aimed at helping people who already participate in an EIF and people who are willing to implement and/or develop an EIF in their own country.

Available information sources will vary from country to country. Available resources for an EIF will also vary and, thus, the volume of work will also change. The political structure of a country (federal or centralized) will certainly have an influence on the final design of a national EIF as well. In any case, the implementation of such a function is not a short-term process and it is necessary to have the time to be able to build a function that works properly.

It is worth stating that organising our work at two levels (national and European) allowed us to develop and strengthen the national groups of experts committed to this problem within the participating countries. It appears that this sort of group can be a firm cornerstone in the construction of an EIF.

The expected results should merit the investment. With the development of the European community and the acceleration of exchanges of people and knowledge, a collaboration between European countries is very necessary. A commonly shared model for an EIF will obviously facilitate the exchange of information on identified and assessed Emerging Drug Phenomena and collection, analysis and dissemination techniques. New developing drugs, emerging patterns of use and emerging harms will be identified much earlier than with a standard monitoring system. It will allow earlier intervention and avoidance of the significant burden of suffering and expenditure in the care and law-enforcement fields.

The next stage in this work is due to address a variety of aspects:

- Adaptation of the EIF model to the different national realities in the participating countries and other interested European countries.
- Development of the process of exchanging information on EDP and on the technical aspects (data collection tools, analysis methods, dissemination methods) of the EIF among interested countries.
- The development of a European EIF for EDP, which implies not only exchanges of information but also the analysis and dissemination of information at the European level.
- Improvement and refinement of this model is obviously necessary. Although the practical experiences of the countries are an efficient way of improving the model, periodic discussion of the more theoretical aspects should help to refine it.

INTRODUCTION

In Europe, drug use is considered a high priority concern. In order to deal with the various issues related to drug use, consideration has been given to the implementation, development and improvement of monitoring systems as a way of obtaining knowledge on drugs and drug use. The creation and development of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which is based on the development of a network of National Focal Points (REITOX), enabled the operation and linking of national monitoring systems and an improvement in their compatibility.

The general purpose of a national/regional Drug Information System (DIS) is to produce reliable information on drugs and drug use. The information produced allows a better understanding of certain drug-related phenomena and facilitates decision-making at the policy-maker, professional and individual level.

In European countries, various models of DIS exist. Frequently, these are rooted in standard sources (i.e. data derived from law-enforcement activity statistics, specialized care services, and general population surveys, etc.), which provide interesting data but which frequently have a considerable time lag behind any actual changes in the drugs field. In general, this time lag is linked to at least two factors: the production of activity statistics may not be aimed at a monitoring strategy but may be used primarily for administrative purposes, and early changes in drug use are not seen by these sources because of the elusive nature of the population. This lack of sensitivity is prejudicial to the early identification of changes or new phenomena related to drugs and drug use. Moreover, the fast circulation of new drugs and new patterns of use within Europe highlights the high probability of rapid changes. The need to identify these changes more quickly was perceived by various actors working in monitoring structures and led to the Euro-TREND project being promoted. Many aspects of this problem had been already studied in a project funded by the EMCDDA and coordinated by Paul Griffith (Griffiths *et al.*, 1999).

Within this context, several European countries (France, Germany, Greece, Netherlands, Portugal, Spain, and Sweden), which were interested in the idea of promptly receiving relevant information on Emerging Drug Phenomena (EDP), participated in the Euro-TREND project. Two European agencies, the EMCDDA and the European Agency for the Evaluation of Medicinal Products (EMEA), contri-

buted by following the process and participating in the general meetings. The aim of the project was to define and describe a possible common model of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP). The implementation of the model within the existing national Drug Information Systems (DIS) in the participating countries should make these systems more sensitive to Emerging Drug Phenomena (EDP).

This manual is based on the results of the work produced during the EuroTREND Project from January 2002 until December 2003. The project was structured in six work phases and for each of these, except the last one which corresponds to the drafting of this manual, the work was divided into three steps. Firstly, a European proposal was produced by a working party of European experts. Secondly, this European proposal was critically discussed at national level by experts who also had to produce a synthesis of their national situation in respect of the phase topic. Finally, a synthesis taking into account all the national reports was drawn up by the project coordination team and validated at the European level by all the participating countries and European agencies. Drawn up primarily on the basis of synthesis documents agreed during each phase of the project, this manual therefore provides an initial view of the methods, and the organizational and practical means for quickly identifying and assessing changes related to drugs and drug use. The theoretical model of the EIF for EDP presented in this manual should therefore be read critically and adapted in the light of national/local contexts and experiences.

The objective of this manual is to share with those countries that did not participate in the development of the project, and/or with people within the participating countries, the main results of the work carried out during this project. It tries to provide description information and a working outline of what is called an Early Information Function (EIF) for Emerging Drug Phenomena (EDP), within a national or local/regional DIS. It should help people already participating in an EIF and people intending to implement and/or develop an EIF in their own country.

The manual has been drafted in English and is available in other languages.

An overall presentation of the main objective of the EIF and the characteristics of the EIF for achieving this objective is given in the first chapter. This presents the dynamic ongoing process of the EIF, which is structured in five operational steps, and the information structure adopted.

The following chapters give a further description of the operational steps of the EIF. After presenting key data collection elements (information sources, data collection methods), chapter 2 provides some organizational and practical explanations for operating the data collection step. Chapter 3 deals with the data analysis process, including both the identification step and the assessment step. It defines and describes the objective of each analysis level and then explains how to operate them. Chapter 4 deals with dissemination. It presents the key elements to be considered in developing the dissemination strategy and deals with how to develop this dissemination strategy. Finally, chapter 5 deals with follow-up and feedback, which are closely related to the use of the information produced by the EIF. From chapter 2 to chapter 5, practical issues are provided for promoting a pragmatic implementation of the EIF. In addition, national examples are presented in order to illustrate certain theoretical elements.

A glossary is available at the end of the manual. The glossary includes operational definitions of key concepts (indicated in the text with a red fount), as well as definitions from reference books/authors for other concepts related to public health in general.

The appendix contains a summary of what already exists at national level in the participating countries which may contribute to the implementation of an EIF. This appendix volume presents, for each participating country, what is already available at national level and the prospects for implementing the EIF. The content of the appendix volume is derived from the meetings of national experts which took place in each country during each work phase of the project.

Although the content of the manual is based to a large extent on the practical experiences of the participating countries, it remains a theoretical document and needs to be refined in order to fit the daily reality of our Drug Information Systems. We hope that this document will be of help to those involved in improving monitoring systems on drug abuse and thus in improving the situation of people suffering as a result of drug use. Naturally, any comments and experiences relating to this problem are welcome.

1 - OBJECTIVE AND CHARACTERISTICS OF THE EARLY INFORMATION FUNCTION

Summary

Chapter 1 gives a general presentation and a basic description of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP). The EIF should not be seen as a new information system but rather as a way of making existing systems more sensitive. Firstly, chapter 1 is aimed at presenting the main objective of the function. Secondly, it provides a description of the dynamic process and briefly presents how to make the EIF operational. Finally, the EIF information structure is presented.

An Early Information Function is intended quickly to identify, assess and categorize Emerging Drug Phenomena in order to allow the production of relevant information and its timely dissemination to target audiences. To achieve its objective, the EIF should be a dynamic model structured in five operational steps. These steps are linked in an ongoing process. The first step is to collect as much relevant data as possible about drugs and drug use. Then the data, which may reveal new phenomena, is identified (second step). This data is subjected to an assessment (third step) in order to provide a more detailed description and a better understanding of the Emerging Drug Phénomena. After assessing the phenomena, the strategy for disseminating the results is drawn up (fourth step). The information produced by the EIF should be appropriately disseminated with the aim of undertaking effective actions to deal with the EDP. Finally, it is important to carry out and promote follow-up and feedback of the information produced by the EIF (fifth step).

A three-tier information structure has been adopted: this is a means of defining what types of information should be produced by the EIF. Firstly, three main lines of inquiry (users, substances and setting), which are broad fields of interest related to drug use, are identified and defined. Then, relevant areas of interest are proposed for guiding the data collection and analysis of each main lines of inquiry. Finally, these areas of interest are characterized by EIF indicators. Particular focus is given to the EIF indicators that are most relevant to the identification of an EDP - here called "EIF core indicators".

1.1. Introduction

Chapter 1 gives a description of the main objective of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP) and a general overview of the different operational steps that have been identified. Within a Drug Information System (DIS), an Early Information Function has to be able to deal with phenomena of difficult access (low number of people, elusive population) and time constraints (production of information within a defined time schedule). It is regarded as a dynamic, permanent, ongoing process, which could have five different, but linked, steps: data collection, identification, assessment, dissemination and feedback/follow-up. These steps are presented in this chapter and described in more detail in the following chapters. Additional concepts, such as Emerging Drug Phenomena and target audiences, are introduced. Finally, in its last section, chapter 1 presents the three-tier information structure that has been adopted in order to define what types of information should be produced by the EIF.

1.2. Objective

The Early Information Function is one of the functions of the Drug Information System (DIS) and needs to be sensitive to changes concerning drugs and drug use. If this function is working satisfactorily, a variety of information on Emerging Drug Phenomena may be produced and made available to the target audiences (defined as people or groups of people to whom the information should be disseminated and which can be identified at several levels: European, national or local/regional). It allows the development of actions against such potentially harmful phenomena. In short, with this function the country, region, or province will be better informed on early changes in the drug scene and thus able to avoid social harm or harm to health.

The main objective of an Early Information Function is:

Quickly to identify, assess and categorize Emerging Drug Phenomena in order to allow the production of relevant information and its timely dissemination to target audiences.

The term Emerging Drug Phenomenon is understood to mean a drug-related change which is observed for the first time. The fact that it is a first observation can be linked to the fact that it is a new phenomenon or that it is a pre-existing phenomenon which has not been observed before but is perceived now for the first time. An Emerging Drug Phenomenon can, for example, deal with a new pattern of use, a new drug, a new population, a new perception, etc.

Dissemination does not mean systematically spreading all available information to everybody. The information has to be appropriately disseminated to target audiences and should have credibility among them. Depending on the type of information, different target audiences should be addressed (see 4.2.3).

1.3. Operational steps

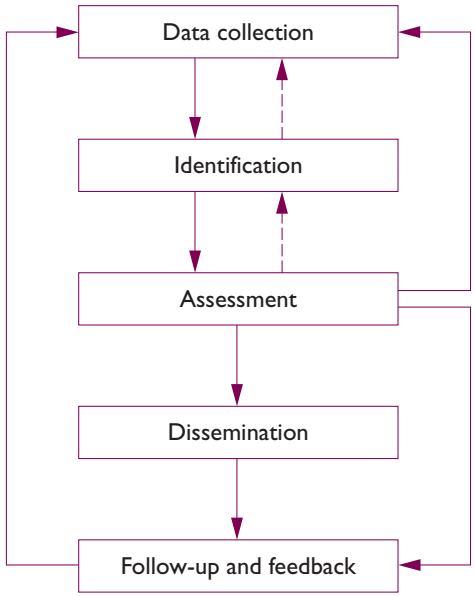
In order to work properly, the EIF needs a defined information structure (see 1.4). A three-tier structure has been adopted. This includes main lines of inquiry which are split into areas of interest. Each area of interest is described with selected EIF indicators. Once this structure is defined, the EIF will be able to focus on priority information.

The working outline of the Early Information Function is structured in a five-step operational model (see figure 1). This model emphasizes that the EIF is a continuous process :

- Data collection step.
- Identification step: identification of EDP.
- Assessment step: standard and/or specific assessment of identified EDP.
- Dissemination step: selection and realization of a strategy for disseminating the information produced.
- Follow-up/feedback step.

Each step is described briefly in this chapter and in more detail in the following chapters.

Figure 1 - The Early Information Function for Emerging Drug Phenomena: An outline of the operational steps



1.3.1 Data collection

The data collection step includes collecting, describing and storing as much relevant data as possible with as much detail as possible. Even a report on a single case may be of interest. Even information considered as rumour should be reported. In time this will provide the opportunity to confirm that it was only a rumour or to describe its evolution into an Emerging Drug Phenomenon or a topic of interest. A high level of sensitivity in the collected data will allow earlier identification of possible future problems and the development of more timely responses to future problems.

Key elements relating to the data collection are described in more detail in chapter 2.

1.3.2 Identification

The identification step includes checking and identifying any relevant data from among all the data collected in the collection step in order to produce relevant information on EIF core indicators. The identification step consists, therefore, of deciding whether it is worth continuing the process, i.e. undertaking an assessment of the data collected. During the identification step, the information is compared (triangulation) on the basis of reading grids in order to identify new phenomena. Identified EDP will be subjected to a standard assessment and sometimes to a specific assessment. In the latter instance, the identification may generate the need to collect more data.

The identification strategy, i.e. the definition of selection criteria in relation to the relevance of carrying out an assessment, is defined in more detail in chapter 3 (see 3.3.2).

1.3.3 Assessment

The assessment of the data derived from the identification step involves an analysis of the nature and extent of the phenomenon in order to describe the possible consequences. The results of the assessment may provide further relevant data likely to be used for the identification of other phenomena.

The assessment process, which is described in detail in chapter 3, starts with an analysis, the standard assessment (see 3.3.3), of all the data available in the Early Information Function data system. When it is possible to compare information from different sources, the analysis is done in accordance with an analysis grid(s). The result of the analysis is summarized in a standard assessment report. Finally, if necessary, more data with a specific focus may be collected and a complementary assessment report produced: this is the specific assessment (see 3.3.4). The decision on whether to undertake a specific assessment will be made on the basis of the categorization of the Emerging Drug Phenomenon and the resources available.

The assessment report should take into account the quality, i.e. reliability and validity, of the information. The potential spreading of the phenomenon, i.e. its potential to become an emerging trend, should also be taken into account in the assessment. Finally, the conclusion of the report should include the categorization, according to the selection criteria (see 3.3.2.) assessed.

1.3.4 Dissemination

After assessing and categorizing the phenomena, the strategies for using the results of the assessment are defined. During this dissemination step recommendations on effective actions should be made. Different dissemination strategies may

be considered according to the nature of the information, the aims of the organization responsible for the dissemination and the various target audiences. Moreover, the type of information and the format to be used for disseminating the information should be determined for each target audience. It is important that the information released is easily understood and appropriate for the needs of the target audiences. It is also essential to avoid censorship of information and to ensure credibility and the level of certainty in order to avoid false alarms from the released information.

The strategy should also take into account what type of action can be expected following the release of information and what type of information is to be disseminated to which target audiences. The dissemination step is described in more detail in chapter 4.

1.3.5 Follow-up and feedback

The last step deals with carrying out a follow-up process and promoting feedback.

Regardless of whether or not the information is disseminated, it may be worth carrying out a follow-up process for the Emerging Drug Phenomenon or a topic of interest. Within the framework of an Early Information Function, the follow-up is the act of continuing with the observation of the phenomenon or topic of interest by collecting more data and thus producing more information on it.

Feedback is the act of sending the information produced by the EIF back to all the partners involved in operating the Early Information Function. By improving the motivation of the individuals participating in the production of information, feedback is a way of creating and/or maintaining a dynamic of information production and circulation. The feedback/follow-up step is described in more detail in chapter 5.

1.4 Information structure

This section presents the type of information needed to describe an EDP and understand its development process or, in other words, it identifies the type of information on which the EIF should focus. When trying to characterise "current" drug phenomena and follow their development over time and space, several questions have to be answered: "who", "what", "when", "where", and "how", and – in order to understand their causes, consequences and interrelations – the answers to "why", and "what for" also need to be known.

This section focuses on three main lines of inquiry: users, substances and settings. To describe these main lines of inquiry, it is necessary to specify which areas

of interest are relevant and to find the EIF indicators that best characterize each one. From all the EIF indicators, some are chosen as being of interest for the identification of EDP and, consequently, are called EIF core indicators.

1.4.1 Main lines of inquiry

A main line of inquiry is a broad field of interest related to drug use. The main lines of inquiry will serve as landmarks for collecting and analysing data that is relevant to identifying, describing and analysing Emerging Drug Phenomena (EDP).

In order to describe and analyse EDP, the EIF will have to produce information on the narrow (directly related to the users) and broad (socio-economic, political, etc.) setting. Therefore, the three main lines of inquiry for data collection are:

- Users, corresponding to any data or information on the person or closely related to the person.
- Substances, corresponding to any data or information on substances or closely related to these substances.
- Setting, corresponding to any data or information on the physical and social environment. The narrow level relates to the user's direct physical and social environment. The broad level corresponds to the local, regional and national environment.

1.4.2 Areas of interest

An area of interest is a particular topic of interest within a main line of inquiry. For each main line of inquiry, various relevant areas of interest have been identified; together they form an interesting work set to guide the data collection and analyses in the respective main line of inquiry. Table 1 presents the areas of interest found to be relevant for each main line of inquiry.

Information on these main lines of inquiry and areas of interest will provide a global picture of an Emerging Drug Phenomenon. This information allows it to be described in its various dimensions, and provides the opportunity to look for links between the different areas in order to understand the process of its development.

1.4.3 EIF Indicators

An EIF indicator is described as a variable, whatever its nature (qualitative or quantitative), that reflects an interesting characteristic of drug use or related to drug use.

Several EIF indicators are proposed for characterizing and describing the areas of interest. These allow detailed knowledge to be obtained on key issues relating to the areas of interest. The relevant information to be produced by the EIF for its purpose of identifying, describing and analysing EDP will therefore focus on these EIF indicators. In terms of identifying an EDP, information on some of the EIF core indicators is considered sufficient. The other EIF indicators are regarded as useful for an assessment of identified EDP.

Table 1 shows the three-tier information structure that has been adopted. It is a useful tool for the various work stages of an Early Information Function (EIF), especially the EIF's data collection, identification and assessment steps. It allows a global view of all the main lines of inquiry, areas of interest, EIF indicators and EIF core indicators.

This table serves as a broad reference framework for carrying out standard and specific assessments. The table should be progressive and adapted to the national work context. Available data/information and resources will influence the feeding of indicators.

Table 1 - Information structure of the Early Information Function (EIF) for Emerging Drug Phenomena (EDP): main lines of inquiry, areas of interest and indicators

Main lines of inquiry	Areas of interest Description	EIF indicators EIF core indicators are in bold
Users	**Demographic characteristics** Distribution and vital statistics of the drug user population	- **Age** - **Gender**
	Socio-economic characteristics Users' characteristics relating to both economic and social status: occupation, income, education, interactions and relationships with social institutions, etc.	- **Geographical locality:** place of residence and/or drug use - **Professional situation** - Education level - Housing - Social security cover - Current family situation - Income/financial status - Source of money for the acquisition of drugs
	Health status Users' health conditions (physical and psychological)	- Physical health perception - Psychological health perception - Ongoing treatment and contact with health services - Medical history - Comorbidity
	Way of life/lifestyle Usual way of life, habits and leisure activities	- Culture - Entertainment - Dominant leisure activities
	History of use Chronological record of significant events regarding drug use	- Age at the first use - Licit drug already used - Cannabis already used - Illicit substances already used
	Perceptions and reasons for use Users' image of a given substance and users' grounds for use	- **Expected effects** - **Users' opinion of the substance** - **Users' opinion of his/her own use**

Main lines of inquiry	Areas of interest Description	EIF indicators EIF core indicators are in bold
Users (further information)	**Patterns of use** Ways of preparing and using a given substance	- **Method of administration** - **Quantity** - **Frequency** - **Intensity** - **Polydrug use** - Temporal aspects - Preparation
	Health Consequences Positive or negative effects in the short, medium or long term of drug use and/or pattern of use on the user's health	- **Psychological effects** - **Physical effects**
	Social consequences Positive or negative effects in the short, medium or long term of drug use and/or pattern of use on the user's social situation	- Family relationships - Relationships with friends - Relationships with colleagues - Sexual relationships
	Economic consequences Positive or negative effects in the short, medium or long term of drug use and/or pattern of use on the user's economic situation	- Work situation - Housing - Income situation - Share of the monthly budget allocated to drug use
	Legal consequences Positive or negative effects in the short, medium or long term of drug use and/or pattern of use on the user's legal situation	- Contacts with judicial system - Contacts with police system - Contacts with prison

Main lines of inquiry	Areas of interest Description	EIF indicators EIF core indicators are in bold
Substances	**Identification** Names of substance	- **Chemical name** - **Street name** - Common name (commonly used name) - International non-proprietary name - (internationally accepted name) - Other names
	Physical characteristics Physical properties of substances	- **Physical appearance** - **Logo/brand name**
	Composition Way in which chemical substances are mixed and combined in the substance: chemical formula	- **Purity** - Active principles - Blended products
	Pharmacological properties Pharmacological profile of substances	- Pharmacological properties
	Toxicity of the substance Toxic effects due to the chemical reactions produced in the body by the substance (usually causing health problems, even death)	- Chemical analysis - Forensic analysis
	Ascribed functions and properties Known/supposed effects (physical and/or psychological) of the substance and/or of the substance use	- Expected effects - Risk perceptions
	Legal status Formal condition of substances derived from the law	- Licit or illicit status

Main lines of inquiry	Areas of interest Description	EIF indicators EIF core indicators are in bold
Setting	**Social setting** Social characteristics of the surrounding environment in which the substance preparation and/or use occur	- **Moment of the preparation/use** - **Presence of people at this moment** - **Methods, rules and rituals related to the preparation and use** - **Belonging to a specific cultural area**
	Physical setting Physical characteristics of the surrounding environment in which the substance preparation and/or use occur	- **Place for preparing/using the drug** - Reason(s) for choosing this place - Sanitary and hygiene conditions
	Social consequences Positive or negative effects of the drug use on society	- Representations - Knowledge*/beliefs† - Violence
	Extent of the phenomenon Number of observations of the potential EMERGING DRUG PHENOMENON	- Prevalence‡ in the sub-culture - Prevalence in the general population
	Distribution characteristics Drug market characteristics	- **Retail price** - **Perceived availability** - Accessibility - Method of acquisition - Dealer profile - Characteristics of small seizures

Main lines of inquiry	Areas of interest Description	EIF indicators EIF core indicators are in bold
Setting (further information)	**Broad context** The combined social, cultural, economic and other conditions that influence the life of an individual, a community, or a country	- Legislative context - Substance regulation context - Policy context - Preventive context - Sanitary/health context - Drug market - Social context - Economic context - Cultural context - Geographical context

* *knowledge: information that non-users have on users and drug use and that users have on drug use*
† *beliefs: non-users' opinions and convictions about users and drug use and users' opinions and convictions about drug use*
‡ *Prevalence : proportion of observations of the phenomenon in a given population and over a given period of time (Ahlbom et al., 1990)*

1.4.4. EIF core indicators

An EIF core indicators is defined as an EIF indicator that appears particularly available, accessible and useful for the identification of Emerging Drug Phenomena. In terms of identifying an EDP, information on the EIF core indicators is considered sufficient. Changes in one or more EIF core indicators will serve as a signal, a starting point for undertaking an assessment of a possible EDP.

EIF core indicators are detailed below through the main lines of inquiry and areas of interest (see table 2). Some definition elements and examples are given in order to make them more comprehensible.

Table 2 - Definition and examples of Early Information Function (EIF) core indicators of the areas of interest for each main line of inquiry

Main lines of inquiry	Areas of interest	EIF core indicators	Definition/Examples
Users	**Demographic characteristics**	**Age**	Years of age E.g.: appearance of a given substance use among the under-25s
		Gender	The gender refers to the sex as perceived and referred to by the users E.g.: decreasing use of a given substance among boys
	Socio-economic characteristics	**Professional situation**	The professional situation is the principal calling, vocation, or employment for gain or livelihood. This EIF indicator is also useful for reflecting unemployment E.g.: increase in the use of stimulants among senior executives
		Geographical locality	The geographical locality refers to the particular place where the users live and where the drug use takes place E.g.: specific suburb, district, municipality, city/village, region
	Perceptions and reasons for use	**Expected effects**	Expected effects refer to the users' expectations of the drug use in respect of the psychic and physical consequences as well as the temporal aspects (drug's period of effectiveness) E.g.: relaxation, empathy, stimulation (excitation, euphoria), loss of consciousness, hallucination (visual and/or auditory), altered performance (physical, sexual), regulation effects (to overcome withdrawal), introspection (mystical or spiritual experience), loss of memory, etc.
		Users' opinion of the substance	The users' opinion of the substance is the evaluation/assessment of the properties and effects of the substance. The opinion may come from : - drug users who use this given substance - drug users who do not use this given substance E.g.: the increase in cocaine injection could harm the users' perception of this substance

Main lines of inquiry	Areas of interest	EIF core indicators	Definition/Examples
Users (further information)	**Perceptions and reasons for use**	**Users' opinion of their own use**	This refers to the users' opinion of their own drug use E.g.: the users' perception may deteriorate when they realize the dangerousness of their own use of a given substance
	Patterns of use	**Method of administration**	Method of administration is the route or mode of administration, i.e. the way in which a substance is introduced into the body (WHO, 1994) .E.g.: oral ingestion, intravenous, subcutaneous or intramuscular injection, inhalation, smoking, or absorption through the skin or mucosal surfaces, such as the gums, rectum or genitalia
		Quantity	Quantity of drug used is the total amount of substance used for one dose
		Intensity	Intensity of use is the number of doses used per day
		Frequency	Frequency is the number of days of drug use per week, month or year
		Polydrug use	Polydrug use (or multiple drug use) is defined by: - the combined use (combination) of more than one psychoactive and/or other substance by an individual, often at the same time or sequentially; - and the conscious intention (regulation) of modifying the effects of one or more substances already used or to be used
	Health consequences	**Psychological effects**	For the purpose of developing an EIF*, the psychological effects of interest are mainly the behavioural effects E.g.: deterioration in emotional control, social behaviour or motivation, feelings of losing control, despair, etc.
		Physical effects	Physical effects are the organic effects on the body. Within the framework of developing an EIF* for EDP†, there is a particular interest in the toxic effects and effects related to the method of administration E.g.: sweating, palpitations, nausea, paraesthesias, etc.

Main lines of inquiry	Areas of interest	EIF core indicators	Definition/Examples
Substances	**Identification**	**Chemical name**	Name used in chemistry which deals with the composition, structure, and properties of substances with the transformations that they undergo E.g.: 3,4-methylen-dioxy-methamphetamine (extasy)
		Street name	Name used in a drug-use environment E.g.: XTC, E (extasy)
	Physical characteristics	**Physical appearance**	The physical appearance of a substance is its form, colour, design, etc. E.g.: tablet, capsule, powder, liquid, etc.
		Logo	The logo is an identifying symbol (as in advertising) or something like a trademark E.g.: "smiley", "butterfly",
	Composition	**Purity**	Purity refers to the degree to which "the substance" is mixed with others. The quantitative dosage of the substances identified in one sample allows the purity to be estimated E.g.: a sample containing 20 % MDMA‡

Main lines of inquiry	Areas of interest	EIF core indicators	Definition/Examples
Setting	**Social setting**	**Moment of preparation/use**	This refers to the moment of the day, week or month when the drug preparation/use occurs E.g.: in the morning, before or during a party, before going to bed, etc.
		Presence of people at the moment of drug preparation/use	This refers to the number and type of people who are with the user at the moment of the drug preparation/use E.g.: the user is alone, with friends, etc. at the moment of the preparation/use
		Methods/rules relating to the preparation or use	This refers to the accepted, common or preferred way of preparing/using the drug including the rituals of use E.g.: sharing of equipment, etc.
		Belonging to a specific cultural area	The fact of the user belonging to a given cultural area refers to the customary beliefs, social forms, shared values, norms and material traits in a specific racial, religious, or social group to which the user belongs E.g.: belonging to a musical scene, an ethnic group, etc.
	Physical setting	**Place for preparing or using the drug**	Characteristics of the place where drug preparation/use occurs (the room, building, locality or particular event)E.g.: street, squat, apartment, night club, rave party, etc.
	Distribution characteristics	**Retail price**	The retail price is the amount of money paid by the users to buy the drug, in small quantities E.g.: the retail price of one gram of cocaine in Europe varies from 24 to 170 (EMCDDA, 2001)
		Perceived availability	The perceived availability is the subjective assessment based on the current individual circumstances (users or observers) of the presence of the substance in a given geographical area E.g.: a given substance that is perceived as available is easily acquired

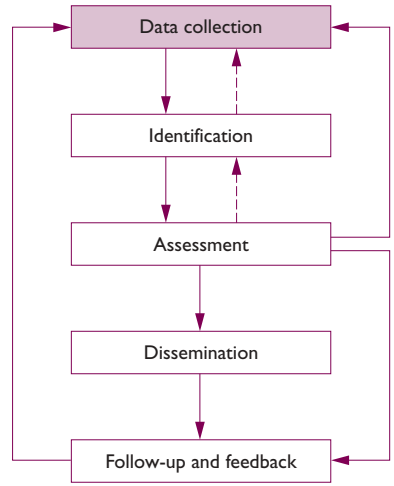
* *EIF: Early Information Function*
† *EDP: Emerging Drug Phenomenon*
‡ *MDMA: 3,4-methylen-dioxy-methamphetamine*

2 - DATA COLLECTION

Summary

This chapter gives an overview of the elements and organization of data collection. Data collection is a process requiring information sources, data collection professionals, data collection methods, and instruments: various information sources and data collection methods are presented and described in this chapter. As much relevant data as possible should be gathered from each source by data collection professionals using a specific method.

It is of the utmost importance that tools of high quality – providing robustness, flexibility and adjustability as well as reliability and validity – are used for this purpose. A high degree of motivation on the part of the professionals collecting the information is also necessary. The quality of the data collected also defines the obstacles for the later operational steps of the Early Information Function (EIF) which are based on the data collection. Broad data collection with adequate quality is therefore crucial for an EIF. Since these elements also have consequences at the institutional level, planning must be long-term.



2.1. Introduction

The purpose of the Early Information Function (EIF) data collection is to collect as much relevant data as possible with as much detail as possible. The type of information needed for the identification and assessment of Emerging Drug Phenomena (EDP) is defined and described in chapter 1 (see 1.4). In this chapter, the main question is how to feed the EIF indicators identified in chapter 1.

This chapter presents the key elements constituting the data collection system and then provides explanations as to how the data collection could operate.

2.2. Key elements of the data collection

2.2.1. Sources of information

A "source of information" is a person, agent or organization which provides the EIF with information on Emerging Drug Phenomena (EDP).

The information required can come from various information sources. Thus, the list of information sources described below is neither prioritized nor exhaustive. In fact, each country implementing the EIF will give priority to those information sources that are considered important at national level. For example, in some countries high priority may be given to drug users as a main source of information while in others this source may be not available at all.

Drug users

The term refers to all drug users, i.e. those who have contacted the health services and/or those who have not. Drug users can provide the EIF with information on personal data and/or on social and physical settings where drug use takes place.

Self-help groups and ex-user groups

The operation of self-help groups is based on members of the public taking action to cope with their problems within a framework of solidarity (www.auth.gr/selfhelp). The same applies to ex-user groups.

These groups can provide the EIF with information derived from users' experiences, such as users' perceptions on drug use, patterns of drug use, etc.

Low threshold facilities

Low-threshold facilities have direct contact with drug users. The term "low-threshold" relates to the fact that the level of admission criteria is low. Thus, these centres offer their services to drug users who do not wish to undergo treatment in a standard sense. Moreover, low-threshold facilities include activities related to health promotion and harm reduction, such as needle/syringe exchanges.

The data derived from low-threshold facilities may relate to the physical description of drugs and/or other relevant information on the accessibility of drugs, the quality or price of drugs, the user profile and/or patterns of drug use, or drug trafficking, i.e. characteristics of dealers, etc.

Health services, treatment and emergency facilities

Health services, which may or may not specialize in drug use, such as treatment programmes, state hospitals and private mental clinics or mental organizations providing treatment to drug users, as well as professionals, such as therapists, counsellors or chemists and emergency facilities (e.g. professionals responsible for emergency transportation or "Red Cross" services) may provide valuable information regarding EDP.

Law enforcement authorities

The law enforcement authorities collect a variety of data on illegal drug markets (e.g. data on drug prices or organized crime) derived from seizures, arrests or charges, which may be useful for the purpose of the EIF.

Forensic and toxicological departments/laboratories

Forensic and toxicological departments, through the analyses of body fluids (i.e. blood and urine tests) and drugs, can provide the EIF with relevant data.

Forensic laboratories, through the analyses of drug samples, can provide the EIF with information on the physical and chemical description of drugs. In particular, data on the composition of drugs and the concentration of their active ingredients can be collected through qualitative and quantitative drug analyses.

Organizations producing sale statistics

Data on medical products, sterile injection equipment and opiate substitution drug sales can be obtained from companies or institutions that deal, for example, with the development and production of statistics.

Telephone helplines related to drug use

A telephone helpline is a first-aid service for drug users and/or their relatives requesting help for a problem related to drug use. Moreover, it is an observation tool which records in an exhaustive and continuous way the information relating to the calls. The data that is usually collected concerns the type of request and the type of response, the date of the request, as well as information on the caller's and/or the user's demographic data and patterns of use.

Users' family/social environment

Drug users' family members, friends and acquaintances can provide the EIF with information about the user and his/her environment (social and physical settings).

Youth welfare facilities, drug prevention and counselling centres

Organizations providing support and/or other services, such as youth counselling services, can provide the EIF with useful information. In fact, prevention and counselling centres operating at a local level contact users faced with an emerging drug problem or drug users at risk.

The personnel in these centres have the opportunity to collect data on the demographic and socio-economic characteristics of these groups of drug users, their perception of drug use and their patterns of use or their reasons for use.

Prisons and other criminal justice settings

Professionals working in special services implemented in prisons can offer valuable information for the EIF, due to the fact that prisons are high-risk places where drug users experiment with new methods of administration, new combinations of drugs or new ways of drug preparation.

Mass media and the internet

The mass media can be a source of information for the detection of changes or new phenomena appearing in drug-use patterns among different populations (Diemel et Blanken, 1999) (e.g. young population, "life-time users" etc). In fact, lifestyle or music magazines for young people and relevant websites include a large number of articles relating to nightlife activities and recreational substance use. The same applies to certain newspapers.

The continuous monitoring of this type of press can provide data both on the social and physical setting of certain populations and on drug users. The analysis of data derived from the mass media can also contribute to our understanding of the formation and distribution of users' opinions and the social representations of drug use in each country.

Nightlife recreational settings

These settings refer to nightclubs and various music scenes, such as techno-party, rock, house, etc.

This source can provide valuable data on the perceptions of professionals working in the "recreational industry" and frequenting nightclubs or data on patterns of drug use.

Key informants

Key informants are individuals who may be able to provide relevant information on account of their social role or their community position. Moreover, key informants can also participate in the data analysis process by participating in advisory panels, for example. Finally, there are different categories of key informants according to the type of information we are interested in collecting or analysing.

The key informants could be as follows:

- Ex-users or current users
- Health professionals: general practitioners, nurses, drug-treatment personnel, "emergency workers" (e.g. the fire brigade, the Red Cross, etc.)
- Law enforcement personnel
- Members of specific networks: i.e. systems of interlinked organizations. For example, the Drug Dependence Evaluation and Information Centres, which is such a network in France (see 2.3.2)
- Youth workers, street workers, social workers and community workers, or other "help" professionals who contact drug users
- Teachers
- Social workers participating in harm-reduction or prevention programmes implemented in nightlife settings, or other professionals dealing with youth lifestyles or working in nightlife recreational settings (e.g. DJs, door staff, event or party promoters/producers, security staff, journalists, non-user peers etc.)

2.2.2. Data collection methods

A data collection method is the way that data collection professionals gather inputs from different information sources (e.g., drug users, health services, law enforcement authorities, forensic and toxicological laboratories etc). For this purpose, they use various instruments such as questionnaires, information notes, interviews, etc.

Each method can provide specific information on Emerging Drug Phenomena (EDP). A general description of each method is given below together with examples from the member states where these methods have already been applied.

Population surveys

Description

Population surveys are epidemiological surveys that can provide a great deal of information on the prevalence of existing drug use (prevalence rates) and in some

cases incidence rates. In fact, when epidemiological surveys are carried out in a standardized way over time, they can provide information on changes in patterns of drug use and trends. In addition, correlations and consequences of drug use, as well as data on user characteristics, are part of the output from such studies. However, although these surveys can be very valuable epidemiological methods, they are highly likely to miss data on marginalized and "hidden" populations or on problematic drug users. Moreover, due to the high cost of such a study, these are usually repeated every 3-5 years, and in some countries the period between two survey cycles is even longer. Population surveys are generally not carried out on an annual basis because of the resources required. This implies that, frequently, the results available will not be as recent as desired.

Examples

The Representative Survey on the Use of Psychoactive Substances in the German Adult Population (BUND) is an ongoing, national survey, which has been running since 1980. This survey is on legal and illegal drug use, focusing in particular on the consequences and assessment of substance use. A structured questionnaire is used for the collection of the data. The survey is carried out every year among a representative sample of the 18 to 59 year-old resident population.

INME – Inquérito Nacional em Meio Escolar is a school population survey carried out in Portugal in 2001, and designed to be repeated every 4 years. Sampling procedures include representative samples, at national, regional and local (main city) level, of students aged from 12 to 18. The questionnaire includes questions about lifestyles, music, licit and illicit substance use (prevalence, patterns, places of use etc.), context variables (family, school, and municipality), psychological and group variables. Open questions are also included, such as the name of a new drug or the use of drugs in a new place.

The National Plan on Drug (Delegación Del Gobierno para el Plan Nacional sobre Drogas –DGPND-) carried out in Spain each two years national surveys on school-aged population and adult population. (Please visit the DGPND web. In the following address you can find the reports from the school aged population surveys of 1996, 1998, 2000 and 2002, as well as the reports for the adult population surveys of 1995, 1997, 1999 and 2001, www.mir.es/pnd/observa/html/estudios.htm).

Ad-hoc surveys

Description

Epidemiological ad-hoc surveys are often cross-sectional studies. In fact, they are surveys of the situation at a given time (or during a given period) carried out in a group or population or in a set of groups or populations. Such a survey may be descriptive, analytical or both. These studies may be contrasted with incidence and other «time-span» studies that require information relating to two or more points in time. In an epidemiological ad-hoc survey, the data collection can be prospective or retrospective, exhaustive or otherwise, and based on a random sample or on a defined sample. It allows the exploration of a specific sub-group during a specific period.

Example

Within the framework of the French TREND device, a specific assessment was carried out in order to describe and better understand ketamine use and the sociological and health characteristics of ketamine users. For this purpose, an epidemiological ad-hoc survey, using an anonymous questionnaire which was completed in the presence of the user, was carried out in order to collect further quantitative data about the socio-demographic characteristics of the users and their patterns of ketamine use (Akoka et Reynaud-Maurupt, 2003).

Routine information systems (Sentinel system/surveillance)

Description

Surveillance data results from the constant monitoring of the occurrence of a disease or selected health conditions in the population.

Surveillance is defined by Langmuir (1963) as "the continued watchfulness over the distribution and the trends of incidence through the systematic collection, consolidation, and evaluation of morbidity and mortality reports and of other relevant data followed by early and regular dissemination to those who "need to know" (Berkelman *et al.*, 2002).

Examples

Portuguese reports from Outreach Team Workers: every 6 months the Portuguese DIS (SNIDT) receives information from street workers on various indicators including some of those presented in this manual (see table 1).

In Sweden, the Council for Information on Alcohol and other Drugs collects data twice a year by means of a questionnaire on trends and new trends in the patterns of substance abuse. Data is collected from 225 reporters in 27

strategically sampled municipalities. The report includes information on the detection of new drugs as well as a description of new trends in the use of alcohol and drugs.

The French National Identification System for Drugs and Toxic Substances (SINTES) is a permanent observation device, which allows the collection of data on the physical and chemical description of samples of synthetic substances (Giraudon et Bello, 2003).

In Greece, within the context of the Early Warning System on new synthetic drugs, a network composed of three categories of agents, i.e. health services, forensic and toxicological laboratories and law enforcement authorities, has been in operation since 1998. Data on new substances and new ways of using already known substances (new routes of administration or new combinations) is collected by means of three questionnaires on the type of data each kind of agent is able to provide. Finally, the data is assessed twice a year by an expert committee which has the particular task of evaluating whether or not this data is new for Greece (Greek Focal Point, 2000).

Spontaneous notification

Description

Spontaneous notification is a method for the "free" reporting of drug use or drug dependence cases by field workers, particularly by health professionals, to an organization responsible for the collection and analysis of these notifications.

Examples

The French NotS database collects on a permanent basis spontaneous notifications of drug abuse or drug dependence. The CEIP network (see 2.3.2) carries out the permanent recording of spontaneous notifications relating to the same type of data (www.centres-pharmacodependances.net/outils/index.html).

Observations

Description

Ethnographic observations are aimed at an understanding of the subjective meanings and social contexts of people's behaviour (Anderson, 1923; Shaw, 1930; Whyte, 1955). In respect of drug use, these observations allow the researcher to gain "first-hand" experience of drug-user behaviours and of the contexts in which these behaviours take place.

Participant observation is a period of intensive social interaction between the researcher and the subjects which takes place in the latter's environment. A participant observer considers everything as if it has happened for the first time, so everything is subject to inquiry. In fact, a participant observer makes an attempt to see the world from the subjects' point of view in order to understand their behaviour. This is the main reason why participant observers have special training in observation techniques, which distinguishes them from regular participants. In particular, participant observation carried out by "trendsetters" in the drug field is considered important (www/csulb.edu/~msaintg/ppa696/696quali.htm).

Direct observation is either an open or an "undercover" operation. In fact, it is a systematic and easy way of collecting data which allows a researcher to understand drug-use behaviour and the context in which such behaviour takes place. Direct observation tends to be a more focused observation than participant observation. In fact, the researcher observes certain "situations" or individuals rather than getting involved in all activities of the group, and it is not as time-consuming as participant observation.

Examples

Within the framework of the French observation device (TREND), an information note on what is directly observed by "researchers" in urban areas or in places where party events occur is written every month for each site involved in the TREND system (Bello et al., 2003).

In the Netherlands, a recent acceleration in the spread of GHB was observed at national level. In order to provide further information on the extent of the use and the reasons for using this substance, as well as on the health consequences and the GHB distribution characteristics, observations were carried out in the places where GHB use was known to occur (Korf et al., 2002).

Interviewing

Description

One-to-one interviews are held with key informants owing to the fact that the major research themes in question are explored in depth and participants are encouraged to express themselves. Moreover, these interviews are aimed at probing the personal, environmental and social conditions relating to drug use.

Open questions are usually used in one-to-one interviews. These interviews can also be semi-structured or structured. In respect of structured interviewing, there are several standardized questionnaires which can easily be adapted to the local situation for use in such interviews.

The key informants may provide the EIF with valuable information on the availability and accessibility of prevention and treatment programmes, or on their opinion of certain programmes. Furthermore, the data derived from key informant interviewing allows us to gauge and understand the main perceptions on the problems of drug use and to gain information on a number of other important issues. Finally, personal interviews may be used for investigating a particular topic on drug use.

Example

In Hamburg a Local Monitoring System for licit and illicit drug use is in the process of being implemented. Semi-structured interviewing is one of the methods being considered for use. The sample will be 20 key informants working with young people (e.g., street workers or drug counsellors) or in the "recreational industry" (e.g., DJs, bar/club owners or managers), as well as club/party-goers. These key informants will be interviewed once a year.

Focus group

Description

A focus group can be considered as a carefully planned discussion aimed at generating a group discussion on certain topics of interest and obtaining perceptions on these defined areas of interest in a permissive, non-threatening environment.

Focus groups can generate descriptive data on the nature of drug use, on individual and group perceptions of the meanings associated with drug use, group norms and practices, and on the contextual factors related to drug use. Focus groups can be a useful method for exploring little-known topics and of validating findings from other data sources (e.g. small-scale surveys) and conclusions drawn from these sources. The categories of people participating in a focus group can be social workers, teachers, secondary-school students, treatment specialists, drug users or other groups of so called "key informants" (UNODCCP, 1999).

Examples

Within the Hamburg Local Monitoring System, focus groups will be set up to collect further information on how various drugs are used. Sample: four target groups each consisting of 6 to 8 people: 1) users of licit substances, 2) non-users of licit substances, 3) users of illicit substances, 4) non-users of illicit substances. In addition, a two-hour discussion on a specific topic related to drug use led by an expert will take place once a year.

The Sonar Project is a European research project related to recreational substance use, which is carried out in recreational nightlife settings (e.g. nightclubs and parties). Ten countries participate in the project which has been developed and coordinated by the IREFREA (the European Research Institute of Risk Factors on Adolescents and Young People). This project employs quantitative and qualitative methods (www.irefrea.org). In particular, in the second research project on nightlife and recreational substance use (1998-1999), a focus group was held to gather data on the following topics: leisure activities, recreation and drugs, risk behaviour and popular music scenes. The data drawn from the focus group interviews was used in a study entitled: Risk and control in the recreational drug use culture. Sonar Project (Calafat et al., 2002).

The Greek Focal Point held an expert focus group in order to collect qualitative data concerning polydrug use which was one of the key issues developed in the Annual Report on the Drug Situation submitted to the EMCDDA (2001). Methodological tool: a number of open questions were developed on the main subjects related to the issue (i.e., the definition of the term, reasons for polydrug use, health and social consequences and specific approaches to the interventions). Sample: nine professionals from therapeutic programmes and toxicological and forensic laboratories were invited to express their opinions on polydrug use. The sample selection was based on the fact that these professionals had proper knowledge and experience of this issue (Greek Focal Point, 2002).

Expert panel

Description

The purpose of an expert panel is to allow the panel members to update each other on a regular basis in order to gain an overview of a number of topics related to drug use. The experts on this panel exchange information on new developments in a timely manner so that they can adapt their activities to accommodate them. In addition to this, the experts can have access, over a long period of time, to a sustained, high-quality flow of information. This may involve rumours (unverified data), signals (verified, episodic information and observations from individuals), or verified data based on observations.

Furthermore, an expert panel can be convened again in the future to facilitate a follow up. In fact, the experts on such a panel can be re-interviewed and studied at a later date.

Examples

Within the Frankfurt Drug Trends Monitoring System (MoSyD), the expert panel is convened to allow the panel members to update each another in order to provide an overview of the drug-use situation in this city. Sample: twelve experts working in the drug-reduction field (drug care, social work with adults,

education system, police and judicial system). Methods: a focus group takes place twice a year and a questionnaire is used once a year.

Within the framework of the Dutch Antenna, an expert panel critically discusses data on a regular basis with a team of researchers and prevention workers. In doing so, "we kill two birds with one stone": the prevention workers obtain information on new developments in time to gear their approach to them, and researchers satisfy the requests of practitioners for new or more detailed information, so that they can adapt their data collection activities to accommodate them. The results are published once a year study (Korf and Nabben, 2000).

2.3. Towards an operational data collection

2.3.1. Data collection tools

For the purpose of this manual, a data collection tool is defined as a whole composed of one or more data collection professionals who gather information from an information source using a specific method and with a specific instrument (see figure 2).

Within the framework of developing an EIF for EDP, there are two kinds of data collection tools: the general tools and the specific EIF tools.

A general tool is not specially constructed for the identification and description of Emerging Drug Phenomena. However, it deals with subjects of interest for the EIF and may provide data on Emerging Drug Phenomena as a by-product.

A specific EIF tool is constructed for identifying and assessing Emerging Drug Phenomena. In fact, it is necessary for specific tools to be developed owing to the fact that the data provided by general tools within the dis may not be sufficient for the EIF for EDP.

Practical issues

Recommendations on data collection tools

An EIF can be highly effective, but it does need funding. Given the long-term aspect of planning for such an instrument, it is necessary to find cost-effective and stable ways of implementing data collection methods in particular. The following considerations may help in this regard.

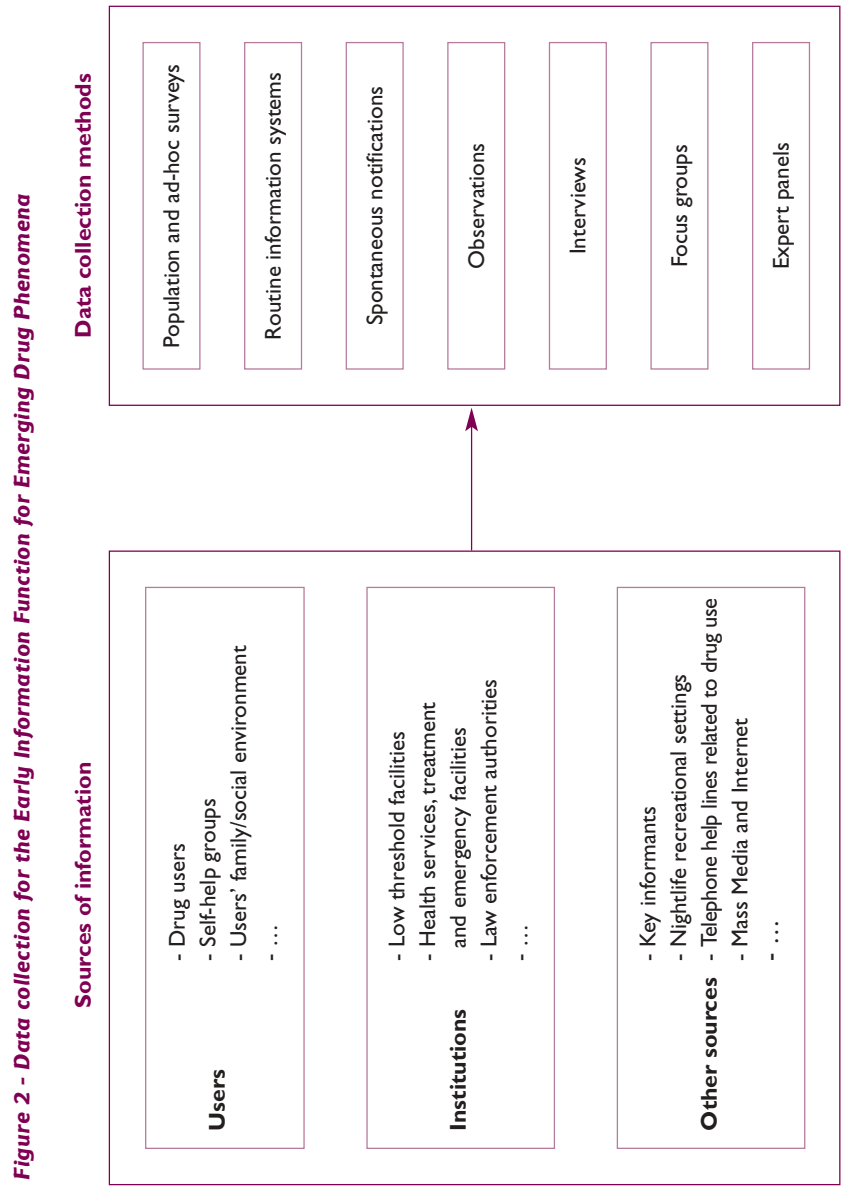


Figure 2 - Data collection for the Early Information Function for Emerging Drug Phenomena

■ Multiple tools

The EIF data collection is composed of multiple collection tools in order to obtain information from various sources. Each collection tool needs a very clear description of its purpose. Some of these could be organized within a network, this network being a tool for the EIF.

■ Permanent and temporary tools

The body of EIF collection tools should be composed of:
- Permanent collection tools allowing ongoing collection
- Temporary tools which might be needed for carrying out a specific assessment of an EDP.

Collection tools should be cost-effective. The use of inexpensive sources of information is to be preferred and the use of large-scale labour- and time-intensive methods should be avoided wherever possible. Nevertheless, some topics will require time- and labour- consuming methods because of their nature or because qualitative data over a long period of time is needed.

■ Optimization of pre-existing tools

The objective is to optimize, i.e. to make as functional as possible, any pre-existing sources, methods and people involved in the data collection tools. Nevertheless, a certain amount of money is needed to be able to afford the EIF, which can function successfully only as a long-term process.

■ Specific EIF tools

When the existing tools within the standard national observation device are not sufficient, the institution responsible for developing the EIF will have to design a specific data collection tool, which should be complementary and have a clear added value compared with the existing standard tools of the DIS. These specific EIF tools will then be managed by the organization responsible for the EIF itself or contracted out to another unit.

2.3.2. Networks

Within the framework of the Euro-TREND Project, a network is defined as a group or system of interconnected tools providing information on specific issues. Networks exist at various levels, such as national, regional or local level. Moreover, a network can also link various of these levels.

Examples

The function of the Coordination Assessment and Monitoring new drugs in the Netherlands (CAM) is to perform a multiplidisciplinary risk-assessment on new substances entering the drug market as soon as possible. Used methodology is the aural Delphy method. In the risk assessments a multiplidisciplinary group of professionals participate. The CAM can be seen as a network. Information about new drugs is centrally collected from different professionals, each with their own grassroots.

A network of great importance to the subject in Sweden is the Network for the Current situation of Drugs in Sweden (NADIS). Its aim is the early detection, collection and exchange of information, knowledge and experience relating to new substances (with the potential for or a record of drug abuse), old drugs that suddenly reappear on the drugs market and changes in drug use. The information exchange takes place in a discussion forum on a controlled website as well as at regular meetings. Each member evaluates their own data before putting it on the website and the data is discussed and assessed by the group. NADIS consists of experts at national level who, on account of their profession, have an overview of their area of work.

In France, the network for the specific Drug Dependence Evaluation and Information Centres (CEIP network) was created in 1990 in order to assist the National Commission for Narcotics and Psychotropic Drugs in the evaluation and collection of clinical data on drug use, dependence and misuse of psychotropic substances (www.centres-pharmacodependances.net/outils/index.html)

It is a network composed of three data collection tools:

- The system for monitoring drug-related deaths (DRAMES).

- The NotS system, which collects spontaneous notifications of drug abuse or drug dependence.

- The system for monitoring illegal drugs and misuse of psychotropic medications (OPPIDUM).

2.3.3. Objectives and constraints

The objective of the EIF is quickly to identify, assess and categorize EDP in order to allow the production of relevant information and its timely dissemination to target audiences. The early identification of an Emerging Drug Phenomenon means that the EIF has to identify a phenomenon earlier than is possible using the standard dis tools.

The data collection carried out for the purpose of the EIF should therefore process relevant and detailed data in a relatively short period of time. Data collection plus the production of a specific assessment report should take less than a year. For the purpose of organizing and carrying out the EIF data collection, some constraints have to be considered which may restrict the implementation of the EIF to a large extent:

- The availability of resources.
- The development of data collection tools requires financial means and depends on the funding available – mostly at the national level.
- The field of drug use is elusive.
- The hidden and stigmatized nature of drug use makes investigation difficult (Rhodes, *et. al.*, 2001). Therefore the data collection within this elusive field is no easy task.

The team responsible for the development of the EIF will have to weigh up what is expected from the data collection (objective of the data collection) and the existing constraints. Specific EIF tools to be developed should satisfy a number of quality criteria, namely:

- Robustness of the tool.
- Flexibility of the tool.
- Adjustability of the tool set.
- Validity of the data collected by the tool.
- Reliability of the data collected by the tool.

Practical issues
Recommendations relating to data collection professionals

■ Coordination and interconnection

In order to make the data collection operational, it seems essential for the coordination and interlinking of the various tools and the various components of a tool (sources of information, data collection methods and instruments, and people involved in the collection step) to be provided by a specific national organization. The organization responsible for implementing the EIF will, as a rule, be in the best position to provide this coordination.

■ Motivation of the professionals involved in the data collection

The quality and the sensitivity of the data collection are closely related to the motivation and the awareness of all the professionals involved in the data collection step. Lack of motivation could lead to a loss of existing data that might be necessary for identifying, assessing and categorizing Emerging Drug Phenomena.

In order to improve the motivation of the data collection professionals, certain benefits could be considered:

- Training for the professionals involved in the data collection step might be a good strategy in order to improve their motivation and awareness.
- Feedback might be a good way of encouraging data collection professionals to deliver and report information into the system.

Each organization responsible for a data collection tool should also be motivated and convinced as to the value of its activity. Detailed below are some possible ways for increasing the organization's motivation to participate in the EIF data collection step:

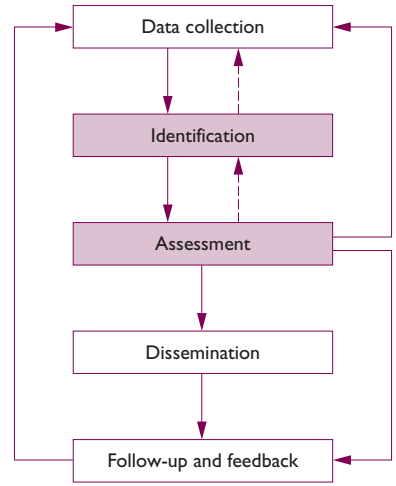
- Promoting the issuing of publications in collaboration with the organization responsible for the data collection tool.
- Providing informative material.
- Creating and articulating simple data collection methods in collaboration with the organization that will implement them.
- Negotiating the provision of other types of rewards, e.g. days off.
- Offering a financial reward.
- Networking with other institutions and data collectors.

The motivation method is closely linked to the resources available (e.g. financial resources) and the time frame.

3 - IDENTIFICATION AND ASSESSMENT: THE DATA ANALYSIS PROCES

Summary

In order to identify an Emerging Drug Phenomenon (EDP) and to assess its nature and extent, this chapter describes the data analysis process that follows data collection within an Early Information Function (EIF).



The different levels of the data analysis process needed to identify, assess and categorize an EDP are presented. Each set of data available from a data collection tool follows a process of analysis in order to produce relevant information. All the available relevant information is used for the identification, standard assessment and categorization of EDP. To be able to identify EDP, a "reading grid" based on main lines of inquiry, areas of interest and EIF indicators is selected. All the information available for each EIF core indicator is submitted to a process of triangulation and then to selection criteria which allow the identification of EDP. Then, a standard assessment is carried out for all identified EDP. This ends with the production of a standard assessment report. Some EDP which are considered high priority, as a result of the categorization process and upon the advice of an external committee, will be subject to a specific assessment, providing a more detailed description of the phenomenon.

3.1. Introduction

This chapter describes the data analysis process of data collected on Emerging Drug Phenomena (EDP) within an Early Information Function (EIF).

As explained in the previous chapter, the main idea in the data collection step is to collect as much relevant data as possible with as much detail as possible. Once the data is collected it is necessary to use it in order to identify Emerging Drug Phenomena (EDP) and, if necessary, to carry out assessments of identified phenomena: this is the analysis process.

The present chapter therefore deals with the identification of EDP, the standard assessment of their nature and extent, their categorization and the possible specific assessment of certain EDP. Information and/or reports resulting from the data analysis will be used in the dissemination strategy detailed in the next chapter.

This chapter is structured in two main sections: a description of the key phases of the analysis process and an explanation as to how each level of analysis operates.

3.2. Key phases of the analysis process

3.2.1. Definition of the analysis process

Within the context of an EIF, the data analysis implies two operational steps: firstly, the identification of EDP and, secondly, an assessment of these. The identification is aimed at checking and identifying the relevant data from among all the data collected. The assessment is intended to describe and analyse EDP in order to describe their possible consequences. Both activities (identification and assessment) within the analysis process are interlinked.

3.2.2. Definition and objective of each analysis level

Four key levels are identified in the analysis process (see figure 3):

Data analysis for each collection tool

Data analysis for each collection tool is the analysis carried out separately on data collected by each data collection tool in order to obtain relevant information on previously defined EIF core indicators.

Identification

The combined analysis of all relevant information produced by all available data collection tools will, based on reading grids, allow the identification of EDP by comparing information (triangulation) for each EIF core indicator and using pre-defined selection criteria.

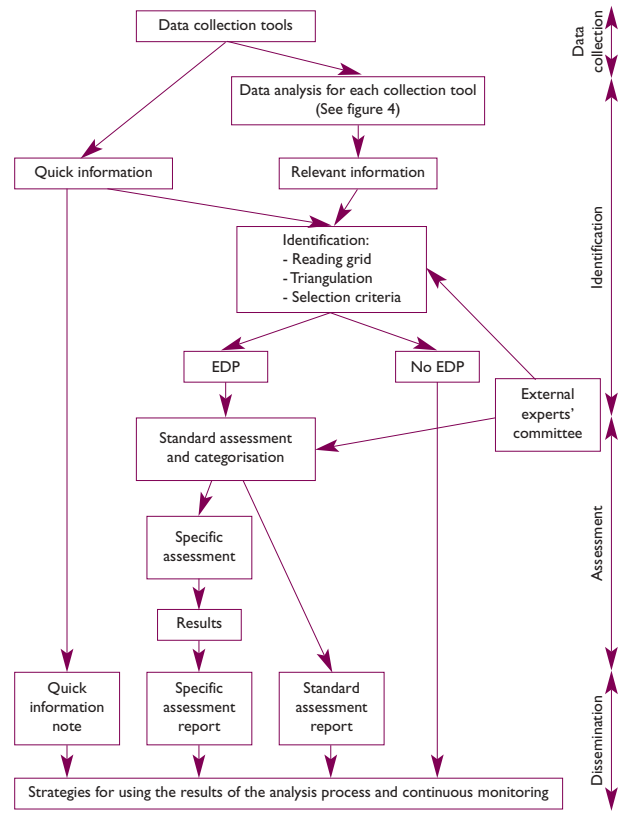
Standard assessment and categorization of EDP

Once EDP are identified, all the available relevant information on previously identified EIF indicators is used to carry out a standard assessment of them and categorize them according to pre-defined selection criteria.

Specific assessment

For some important Emerging Drug Phenomena, a more detailed description of the nature and extent of the phenomenon and a more accurate estimate of its growth potential might be needed. A specific assessment is then carried out, possibly leading to additional data collection.

Figure 3 - Data analysis process of the Early Information Function (EIF) for Emerging Drug Phenomena (EDP)



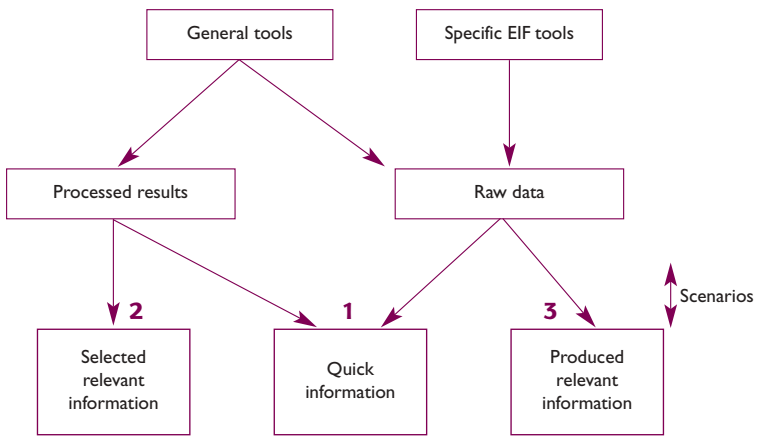
3.3. Towards an operational data analysis

3.3.1. Data analysis for each collection tool

The data analysis for each collection tool is the analysis carried out separately on the data collected. This will produce information on previously selected EIF indicators (see 1.4, table 1). The expected output of the data analysis for each collection tool should therefore be relevant information (information that is useful for the purpose of the EIF) on previously identified EIF core indicators (see 1.4, table 2). The relevant information obtained will be used for the identification, standard assessment and categorization of EDP.

In practice, one may be faced with various types of situations - here referred to as scenarios – when searching for relevant information from either raw data or processed results obtained from general and/or specific EIF tools (see 2.3.1). Three possible scenarios have been considered (see figure 4): quick information, selection of relevant information and production of relevant information. These three scenarios are described as follows.

Figure 4 - The data analysis for each collection tool of the Early Information Function (EIF) for Emerging Drug Phenomena (EDP)



■ ***Quick information (see figure 4, scenario 1)***

Raw data (collected by both general and specific EIF data collection tools) and processed results (provided by general tools) may give quick information that could be used directly by the EIF for possible dissemination as quick information notes (see 4.2.1). Quick information will also be available for the identification of EDP. Quick information is information on topics that require urgent decisions to be taken. The production of quick information results from a fast-track analysis process which allows a reduction in the time lag between collection of the data and availability of the information for target audiences.

Example

The emerging use of a dangerous substance as a drug or the observation of deaths related to the use of a defined drug is information that is worth including in a fast-track analysis process in order promptly to begin actions that might contribute to stopping the phenomenon.

■ ***Selection of relevant information (see figure 4, scenario 2)***

As explained in chapter 2 (see 2.3.1), some of the information sources in the Early Information Function are information systems that pre-date and/or operate separately from the EIF: general tools. These pursue their own goals but may contribute to feeding the EIF. The data collected by these general tools is available in the form of processed results. It has already undergone an analysis which converts it into processed results. Some of these processed results may be relevant information which can then be used directly by the EIF. Processed results provided by general tools considered pertinent for the EIF are simply selected and then regarded as relevant information for the purpose of the EIF. In this scenario, the data analysis carried out by the EIF team is merely a selection of relevant information within the processed results provided by the general tools.

Example

The results of a cross-sectional survey carried out among individuals aged 17 to 19 (general tool) could provide information on the increasing prevalence of the first use of an emerging psychoactive substance. This relevant information may be used directly for the purpose of the EIF.

■ ***Production of relevant information (see figure 4, scenario 3)***

Within the EIF, raw data can be obtained either by a general tool or a specific EIF tool. In order to produce relevant information, these sets of data need to be analysed by appropriate methods (e.g.: epidemiological analyses, qualitative analyses).

Example

Within the framework of the French TREND device, raw data collected by a qualitative questionnaire for low-threshold structures (specific EIF tool) undergoes an analysis with the aim of producing relevant information on methods of preparation and use, perceived availability, retail prices and users' opinions (Bello et al., 2003).

PRACTICAL ISSUES

A TABLE FOR DISPLAYING ALL THE RELEVANT INFORMATION

- Building a global table showing all the available information on each indicator. This table can be obtained from table 1 in chapter 1, adding columns (one for each data collection tool) to enter the results for each indicator (rows).
- This table will give a broad perspective of all the data collected by the different collection tools.
- The table will provide a starting point for the analysis process.

3.3.2. Identification

Once the analysis of the data from each data collection tool has been undertaken, a large amount of relevant information is obtained. The next level of the analysis process is the identification, which is carried out using relevant information in order to identify EDP.

The identification of an EDP implies the completion of various steps. Initially, it is desirable to choose a defined approach for the entire set of available relevant information. This approach is called the "reading grid" and will be explained in more detail later on. Based on this reading grid, it is possible to organize the available relevant information for each EIF core indicator. At a later stage, the available relevant information for each EIF core indicator will be compared (triangulation) to reveal any significant changes. In other words, any congruence or divergence of information from different data collection tools, moments or places will be checked. Finally, predefined selection criteria of what is and what is not an EDP will be used.

Reading grids

A reading grid is a technical way of looking at the information/results produced by the data analysis for each collection tool. Based on predefined EIF core indicators (See 1.4.4, table 2), the reading grid is the means of reading and analysing the information obtained by the different tools: this is a thematic framework guiding the data collection and analysis. As regards the likely amount of available information, it seems necessary to rely on a search strategy for EDP. The establishment of one or more reading grids will be helpful for screening the information.

For example, and briefly, it is possible to start the reading with the different substances and then examine, for each substance, the different characteristics of the users and the settings (e.g.: heroin, description of heroin user and description of heroin setting). It is also possible to start the reading with the user's characteristics (e.g.: users aged under 25/drugs used/setting) or with the setting (e.g.: low-threshold users/description of user/type of drugs used).

Triangulation of relevant information

This is a process for pooling items of information relating to a single EIF indicator obtained from many and varied information sources and tools, often using different methods. Triangulation provides greater confidence in the validity and representative nature of the information (Rhodes *et al.*, 1998). Triangulation aims to assess the support for a finding by showing the extent to which the various results agree with each other.

The dissimilarity between data derived from different collection methods does not necessarily mean that one or more types of data are incorrect. Different types of data reflect different aspects of the phenomenon and the researcher's work is to comprehend the cause of this dissimilarity (Riga, 2001). The combination of various methods, and particularly the combination of quantitative and qualitative methods, appears to be essential given the inadequacy of single-method techniques to encompass all aspects of complex and elusive social problems.

Selection criteria for the identification of an Emerging Drug Phenomenon

After choosing a reading grid and comparing the relevant information (triangulation) from the tool analyses, the information is read and analysed in order to reveal the drug phenomena. The decision on whether or not to classify an identified drug phenomenon as an EDP is a difficult one: there is a continuum of varying degrees. The final decision is based on the relevance of the phenomena evaluated on the basis of predefined criteria.

The four criteria for identifying EDP are called "selection criteria". These comprise, on the one hand, the diffusion potential and, on the other, the health, social and economic consequences.

The diffusion potential can be low or high.

Based on the EMCDDA definition (EMCDDA, 1999), the health, social and economic consequences of a given EDP include:

- The probability that some consequences may occur: this concerns the capacity of the EDP to cause negative (harmful) or positive effects on health and the social environment.
- The degree of seriousness of such consequences: this concerns the importance of the health and social consequences related to an Emerging Drug Phenomenon.

Table 3 presents these criteria: diffusion potential and health, social and economic consequences. EIF indicators to be used for evaluating the selection criteria are then presented in table 4.

Table 3 - Selection criteria for the identification of an Emerging Drug Phenomenon (EDP)

Selection criteria		Description
Diffusion potential		is the capacity for, or the speed of, the numerical or geographical extension of a phenomenon
Consequences	**Health**	are defined as the positive or negative effects in the short, medium or long term of a given EDP on health at the individual and community level
	Social	are defined as the positive or negative effects in the short, medium or long term of a given EDP on the social environment at the individual and community level
	Economic	are defined as the positive or negative effects in the short, mediumor long term of a given EDP on the economy at the individual and community level

Table 4 - Indicators for diffusion potential and health, social and economic consequences

Selection criteria		Indicators
Diffusion potential		Number and/or proportion of people involved
		Profiles of the population involved and relations among the various groups (e.g.: old users, prisoners, trend-setters, young people). The number of different profiles should also be mentioned, as well as whether or not the various groups are interconnected
		Number and/or proportion of geographical localities involved
		Retail price
		Perceived availability
		Street name
		Logo
		Legal status of the substance
		Method of administration
		Expected effects
		User's opinion of the substance and of his/her own use
		Situation in other countries
Consequences	**Health**	Physical (organic), psychological and mental effects
		Expected effects of the drug use
		Patterns of use (method of administration, quantity, frequency, intensity)
		Toxicity of the substance
	Social	Profile of the population involved.
		Family relationships, relationships with friends, colleagues, sexual relationships
	Economic	Work situation
		Housing
		Income situation
		Share of the monthly budget allocated to drug use

3.3.3. Standard assessment and categorization

Within the context of developing an EIF for EDP, the EIF standard assessment is the first-level assessment, which uses relevant information previously obtained from data collection tools in order to give the most detailed description possible of each identified EDP. An assessment report should be drawn up for each EDP: this

is called a standard assessment report. This contains all or part of the relevant information produced. Details on the standard assessment report will be provided later (see 4.2.1).

The categorization process for identified EDP will help in deciding which EDP are candidates for submission to a specific assessment process. Indeed, a specific assessment could be conducted for some EDP identified as being important, depending on the available resources, regardless of whether or not they are urgent.

An identified Emerging Drug Phenomenon should be categorized according to its status in relation to the predefined selection criteria: diffusion potential (high or low), health, social and economic consequences (important or otherwise) at both the individual and the collective level. Thus, the categorization of EDP will be structured in 24 groups (see table 5).

Table 5 - Categorization of identified Emerging Drug Phenomena (EDP)

Consequences			Diffusion potential	
			Low	High
Health	Individual	Not important		
		Important		
	Collective	Not important		
		Important		
Social	Individual	Not important		
		Important		
	Collective	Not important		
		Important		
Economic	Individual	Not important		
		Important		
	Collective	Not important		
		Important		

EDP candidates for a specific assessment

All EDP with consequences categorized as "important" are candidates for specific assessment. Those with high diffusion potential will be considered a priority concern.

As previously indicated (see 1.4), the health, social and economic consequences may be explored through both the users and setting main lines of inquiry. For example, the individual health consequences (for the user) of a single Emerging Drug Phenomenon may be important, but they are not serious for the broader community, i.e. the public health consequences of this phenomenon are not important.

The combination of answers for all these criteria will help to categorize the various EDP identified.

In addition to this categorization, an external committee of experts (see figure 3), composed of individuals and professionals with some knowledge and experience of the drugs field, can assist the EIF team in the prioritization of a given EDP.

Finally, the decision on whether or not to undertake a specific assessment will depend on the political preoccupations and/or topical concerns.

This categorization and prioritization of identified EDP will help in deciding whether or not to undertake a specific assessment as well as in developing the dissemination strategy.

3.3.4. Specific assessment

Specific assessment is a more detailed analysis of certain recently identified important Emerging Drug Phenomena. The decision on whether undertake such an assessment will be based on the categorization previously carried out, the external committee's advice and the resources available (funding and human resources) for such work.

A specific assessment may or may not require additional data collection. If required, this data collection can be direct (specific collection) or indirect (use of previously available data). If not required, the main work will comprise a more detailed analysis of information available within the EIF.

One important aspect is that the timeframe should be relatively short (a few months) in order to produce the specific assessment report within a year of identification at the latest. The timeframe can vary depending on the type of EDP. Overall, specific assessment should be implemented as soon as possible. These time constraints will have a direct impact on the methods chosen and on the logistics of the specific assessment. The assessment process should activate flexible mechanisms in a short time span.

Methodological aspects of the specific assessment

The method(s) to be used for a specific assessment will be chosen according to the characteristics of the Emerging Drug Phenomenon and the time constraints. There is some knowledge and profit to be gained from using the "Rapid Assessment and Response" methodology. This methodology uses a combination of several

quantitative and qualitative data collection techniques to depict the nature and extent of certain health and social problems, such as drug abuse, and to suggest ways in which these may be improved (UNODCCP, 1999; Stimson *et al.*, 1998a; Stimson *et al.*, 1998b; Rhodes *et al.*, 1998; Vincent *et al.*, 2000). In order to obtain a reliable and more complete picture of a drug phenomenon in a short period of time, including context information to facilitate a better understanding of a complex phenomenon, the rapid assessment approach uses various sources of information and multiple collection and analysis methods to feed multiple EIF indicators.

Examples

A recent acceleration in the spread of Gammahydroxybutyrate (GHB) (Korf et al.*, 2002) throughout the Netherlands was observed. A specific assessment was carried out to provide further information on the use, the reasons for use, the health consequences, and the distribution characteristics of the GHB. A survey of a sample of 72 GHB users was supplemented with:*

- In-depth interviews with drug prevention workers, police officers, drug producers and drug users.
- Observations in places where GHB was known to be used.
- Laboratory analyses of samples of GHB actually taken by the users.
- Users' discussions about GHB on the internet.

After studying data from 2001 (Akoka et Reynaud-Maurupt, 2003), the French EIF identified a growth in the recreational use of ketamine. A specific assessment was decided upon, aimed at describing the use and users of ketamine. The chosen methods combined a quantitative survey, 40 interviews and two focus groups. The final report is due 11 months after the beginning of the specific assessment.

PRACTICAL ISSUES

■ The role of the EIF team

The organization implementing the EIF will be responsible for each level of the analysis process: data analysis for each collection tool, identification, standard assessment and specific assessment. This means that the EIF team will carry out each level of the analysis process or contract it out to another unit/organization.

■ Adaptation of the analysis process

Since the national contexts of the participating countries are different, the adaptation of the proposed data analysis arrangement for each collection tool should be appropriate: i) for the pre-existing tools in each country, ii) for the existing methods of working and collaboration between the various organizations responsible for the collection tools.

■ Building a table

Building a table displaying all the relevant information produced by data analysis for the collection tools is very useful.

■ An ongoing quality improvement process

The relevance of the various methods to be used should be discussed and assessed within the framework of a continuous quality improvement process. This ongoing process of quality improvement is consistent with the need to develop new tools while abandoning others which are no longer relevant for the purpose of the EIF. This ongoing quality improvement process should be integrated within a national and possibly a European logic.

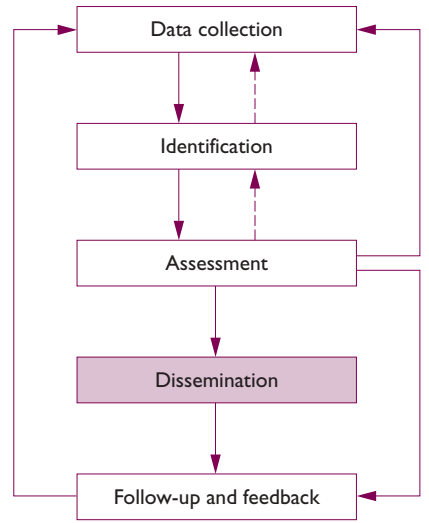
■ An external committee of experts

An external committee of experts may meet regularly (once/twice a year) and assist the team responsible with identification and categorization decisions. The group may consist of scientific experts from various disciplines (epidemiology, ethnology, medicine, pharmacology, sociology, etc.), people involved in the field, recorders of information (in specialized centres, general medicine, schools, the field of risk reduction, etc.). The experts will have to use their knowledge and experience in the drugs field to identify and categorize the EDP.

4 - DISSEMINATION

Summary

After the analysis process described in chapter 3 of this manual, information on an important change in drug use is reported and available for further use. These written documents are called inputs (quick information notes, standard assessment report, specific assessment report).



Four key elements relating to dissemination strategies have been considered: inputs, purposes of the dissemination, target audiences and methods of dissemination. The purposes of the dissemination strategy depend on the sorts of action that are expected. Target audiences refer to people or groups of people to whom the information should be disseminated. Dissemination methods imply definition of the format of dissemination, the mode of distribution and the timing.

The process for developing the dissemination strategy must first include the recommendations on the dissemination strategy proposed by the Early Information Function (EIF) team. These recommendations have to be validated before embarking on any action. Dissemination actions will be carried out by the EIF team and/or by partner teams, depending on the dissemination formats.

4.1. Introduction

This chapter describes the dissemination process within the Early Information Function (EIF). This dissemination is developed based on the results of the previous steps. Once the relevant data has been collected and converted into information by the EIF (collection, identification and assessment), information on Emerging Drug Phenomena (EDP) is reported in order to be used appropriately. The dissemination step consists in developing the strategy for disseminating the information in the appropriate manner to the target audiences.

This chapter therefore explains how the dissemination strategy for EDP should be drawn up. The first section presents the key elements to be considered for drawing up the dissemination strategy (inputs, purposes of the dissemination, target audiences, and dissemination methods). The second section addresses the organizational means of drawing up the dissemination strategy.

4.2. Key elements of a dissemination strategy

The following key elements should be considered when developing the dissemination strategy:

- The inputs of the dissemination strategy contain the information produced by the EIF, and the dissemination strategy is formed on the basis of these.

- The purposes of the information dissemination: these correspond to the actions that may be undertaken using the available information and/or the responses that may be made in order to deal with the EDP.

- The target audience(s): these are the people or groups of people to whom the information should be disseminated.

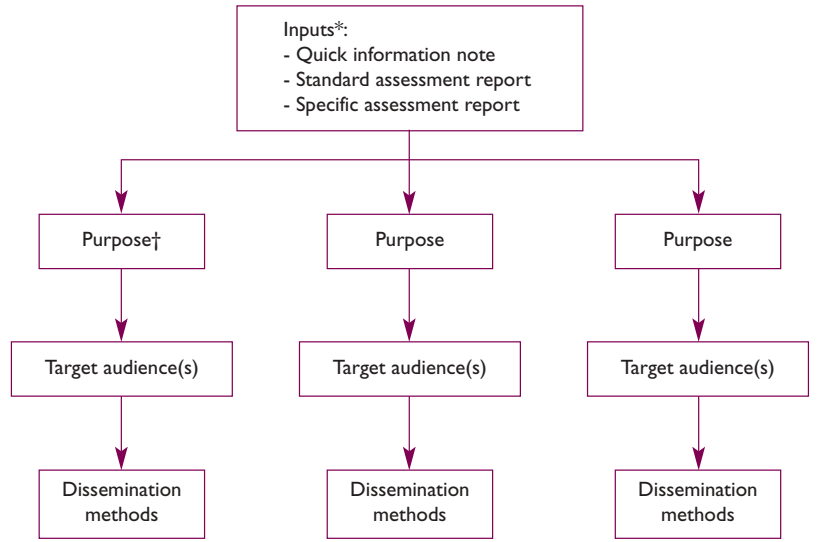
- The dissemination methods: these correspond to the format to be used, the way of distributing it and the appropriate moment for disseminating the information.

Each of these four key elements is described in detail later on. Figure 5 shows how these key elements are interlinked.

4.2.1. Inputs

The development of a dissemination strategy is rooted in the available information on the topic. The information produced by the EIF analysis process will result in the creation of relevant reports. These written documents correspond to the inputs of the dissemination strategy.

Figure 5 - Key elements of the information dissemination strategy within an Early Information Function (EIF) for Emerging Drug Phenomena (EDP)



** Several inputs may be produced for any one EDP*
† Various purposes for disseminating the information may be considered for any one EDP reported in an input

Three types of inputs can be distinguished (see also chapter 3):

Quick information note

Using the raw data and the processed results, the EIF should be able to provide quick information and quickly draft a note and submit it to a fast-track process. Caution should be used because of the possibly unclear level of certainty. The fast-track process will be detailed later in this chapter (see Practical issues, 4.3).

Standard assessment report

The combined analysis of all the available relevant information allows to carry out a standard assessment of identified Emerging Drug Phenomena (EDP) and to categorize them. As stated in chapter 3 (3.3.3.), a standard assessment report based on the results of the identification and standard assessment will be drawn up for each identified EDP.

Specific assessment report

Depending on the categorization of Emerging Drug Phenomena, and the available means (financial resources), political preoccupations and/or topical concerns, the EIF should be able to carry out a specific assessment to produce further information on certain recently identified EDP. A specific assessment report will therefore be drawn up for each EIF specific assessment.

Practical issues
Contents of the inputs

Whatever type of information is produced by the EIF, the document should be written by the team responsible for the EIF and should include the following points:

- The reason for examining the phenomenon

- Methodological aspects: explanation of the EIF system:
  - How the data is collected: information sources and data collection tools used.
  - How the information is produced: data analysis process used.

- The information produced for each indicator and the quality of this information

- Recommendations on the dissemination strategy to be adopted and the follow-up and feedback planned. Recommendations for appropriate responses to changes in drug use should include the following topics:
  - The content or message to be communicated.
  - The geographical level at which the action should be undertaken.
  - The group of target audience(s) for whom the intervention is intended.
  - Methods for reaching certain target audiences.
  - Suggested methods for checking whether the target audiences have been reached.
  - Suggested methods for checking whether the purpose of the dissemination strategy has been achieved.
  - Expected effect on target audiences and possible side effects.
  - Experiences from the past should be taken into account.

4.2.2. Purposes of the information dissemination

After the assessment of a phenomenon is complete, the dissemination strategy is developed. The strategy describes the exploitation possibilities of the reports produced in order to deal with the phenomenon in the best way possible. The first phase in defining the strategy is to express the purposes of the information dissemination, i.e. the types of actions that are expected. The information produced will be disseminated in order to be used in carrying out actions in specific fields, such as health care, prevention/education, legislation, law enforcement, etc.

Certain specific fields in which the information could be disseminated and actions carried out are given below. This list is neither closed nor exhaustive.

Legislation

The information produced by the EIF could result in changes in legislation.

Example

The observation of an increasing number of HIV infections among heroin users in Germany was one of the reasons for the liberalization of methadone treatment. In France, the same observation was one reason for promoting the free sale of syringes in pharmacies.

Care/emergency services

The information produced by the EIF analysis process may be useful for implementing or adapting existing care strategies.

Examples

Information produced by a Dutch specific assessment on GHB use could be very useful for developing prevention and care strategies. Armed with this information, prevention and care workers could take a closer look at the audience they wish to target (Korf et al., 2002).

The growing use of cocaine in France led to a change in the emergency service strategy. Before this, the emergency departments were more used to providing care for heroin users.

Prevention/education

The information could be distributed to organizations working in the prevention field and/or in health education programmes.

Examples

The observation, in France, of a significant proportion of injecting drug users having incorrect information on their Hepatitis C status was a motivation for providing the low-threshold structures with information on this topic so that they could adapt their prevention and health education activities.

By participating in interviews and discussions in the newspapers and on television and radio, the public relations department of the Trimbos Institute (Netherlands Institute of Mental Health and Addiction) aims to influence image-building in relation to substances and their users, in particular the public image of GHB. The result should be a less sensational and more realistic or more objective public image. This should eventually result in less (problematic) drug use and thus better public health.

Research and enhancement of knowledge of target audiences

The information produced by the EIF could be released in order to improve knowledge on drugs and drug addiction (e.g. general public knowledge, drug-user knowledge, professional knowledge).

Example

The observation of PMA (Paramethoxyamphétamine or Méthoxy-4-amphetamine) in a geographical area leads to information being given to drug users in order to promote more cautious behaviour.

Law enforcement strategies

Law enforcement strategies are often developed as a consequence of a change in legislation. The information produced by the EIF may be used to amend the law, which is then applied by the law enforcement authorities.

Example

The observation of increasing use of a licit drug could lead to this substance being classified as an illicit drug. This decision implies a change in law enforcement activities.

4.2.3. Target audiences

The third element to be addressed when developing the dissemination strategy is the people or groups of people to whom the information should be disseminated: the target audiences. Target audiences will be chosen for each type of information produced by the EIF (input) and according to the actions to be promoted and/or the responses made to the identified EDP (purposes). Possible target audiences are presented in the following table (see table 6).

Depending on the type of information, the target audiences to be reached will vary from a restricted number of individuals involved in the operation of the EIF to a broad dissemination to all target audiences. The audiences could also be targeted at different levels – European, national, local-regional – depending on the information. The decision as to which target audiences need to be reached will be made based on the estimated advantages and possible disadvantages of the dissemination. For example, in order not to draw attention to a specific substance or to promote unhealthy behaviour, it may be preferable not to disseminate the information widely. All information produced by the EIF will have to be reported to a restricted number of individuals directly involved in the operation of the EIF. The best level to target within a target audience should be included in the recommendations for the dissemination strategy.

Table 6 - Possible target audiences for the information dissemination of an Early Information Function on Emerging Drug Phenomena

TARGET AUDIENCES	Groups	
Professionals	Prevention/education sector	
	Health care sector	
	Research sector	
	Law enforcement sector	
	Recreation sector	
	Monitoring systems	
Policy makers	Political decision-makers	
	Institutional decision-makers	
Information specialists	Journalists	
	Specialized web managers and others specialists	
Population	Specific groups	Drug users
		Self-help groups
		At-risk groups
		People involved: user's social network
	General population	

4.2.4. Dissemination methods

The final element to be considered when drawing up the dissemination strategy is the methods of dissemination. These refer to the way the information is disseminated and include the format to be used, the manner of distributing the chosen format and the timing of the dissemination.

The dissemination methods will depend on the type of information and the purpose of the dissemination strategy. They will also have to be appropriate for the needs of the target audiences. For a single EDP, appropriate responses or actions to be implemented over time may vary for different target audiences.

The format

The production of one or more formats from a given input is intended to facilitate its use by a given target audience. Nevertheless, inputs – standard assessment report, specific assessment report or quick information note – may be used as they are by some target audiences. Two types of format for releasing the information can be produced: primary media and secondary media.

Primary media for disseminating the information

Primary media are written documents produced directly from the inputs without using any other material. Inputs, as such, are also primary media.

The EIF coordination team will be responsible for producing primary media and for choosing between them: they do not all have to be produced for a given EDP. Further organizational information on the involvement of different actors in the development of the dissemination strategy is given in the following section.

Presented briefly below are some examples of primary media (the list is not exhaustive)

- Full report

The full report should set out the justifications of the reasons for the research/project, a complete description of the methods used, all the results, and a detailed discussion on the implications of the results of the research/project. The dissemination of the full report is often limited to professionals, the partner in the study and the financing organization.

- Quick information note

The quick information note should briefly include the methodological aspects of how information is produced (information sources, data collection method) and the quick information produced by the EIF. Recommendations on the dissemination of the quick information will be included in the note.

- Executive summary

The executive summary is a technical note which contains the main information essential to the decision-making process. This should be short (one or two pages) and should emphasize the results and recommendations. The reader should be able to find and understand the results quickly. The executive summary may be particularly relevant to decision-makers, who are often very busy and require an appropriate form of language.

- Summary

The summary should be informative and should present, in a condensed version, the content of the full report. This should contain the purpose of the research/project, the methodological aspects (the information producers, data collection tools used, etc.), the results and the conclusions. The summary will be particularly useful for those people who are interested in the topic but who are very busy or not motivated enough to read the complete report.

- Press release and press file

The press release and press file are intended for journalists and, as a last resort, for the general public. These should not be exhaustive and they are not summaries. They should make the main results easily accessible and understandable. The press release should be very short (one to three pages) while the press file, which is fuller (about ten pages), may contain certain methodological aspects as appendices.

- Scientific paper

A scientific paper is a published document which provides the results of the study in a review or in professional or scientific journals. A scientific paper should set out the working methods, the results of the research/project and a discussion on these results. Nevertheless, scientific journals are not relevant to rapid information delivery because there is a delay of several months due to the reviewing, printing, and distribution of written publications.

Secondary media for disseminating the information

Depending on the purpose of the dissemination strategy, the appropriate format for disseminating the information could, for example, be flyers, public notices, references, films and television programmes, oral communications, press articles, medical protocol, official documents (regulations, agreement, etc.), and so on.

Secondary media are dissemination tools that may take various forms: prevention tools, care tools, knowledge-enhancement tools, law-enforcement tools, etc. Appropriate ways of "packing the message" may differ between target audiences. The accessibility of the target audiences will need close attention; some groups are hard to reach. The format of secondary media will therefore have to match certain

characteristics of the target audiences. Thus the development of secondary media requires, in addition to the inputs or primary media, more information and/or specific competences: specialists will be needed to produce secondary media.

The release of secondary media is not necessarily the task of the EIF team. Nevertheless, the EIF coordination team could collaborate with other organizations to produce secondary media. Further organizational explanations on the involvement of different actors in the process of developing the dissemination strategy are given in the following section.

Example

Information on an Emerging Drug Phenomenon identified by the EIF (the growing use of cocaine, for example) may be useful for health professionals. The purpose could be to develop a care strategy to improve the care given to drug users within the emergency department. From the information contained in the summary of the full report (primary medium for disseminating the information) which would be disseminated among health professionals, a medical protocol (secondary medium) produced by emergency professionals could be disseminated among the professionals working in the emergency departments. The production of this secondary medium would require further information and specific competences relating to the emergency.

Practical issues
Choice of format

The format chosen for disseminating the information should be accessible, i.e. it should be appropriate to meet the needs of a target audience which is sometimes hard to reach. The optimal dissemination is when as many members of the target group as possible are exposed to the product. Moreover, the wording of the information should be comprehensible, i.e. the language and the structure should be appropriate for the target audience. Finally, it must be stressed that the format to be used will depend on the national and local context in which the Emerging Drug Phenomenon is identified.

- Professionals need firstly to receive condensed information with the executive summary. They can also be reached with scientific papers.

- For policy makers, the most important primary medium is the executive summary.

- Information specialists may primarily use press releases/files and summaries.

- For disseminating information among the population (the general population as well as specific groups), primary media do not seem the most appropriate tools. Secondary media (such as press articles, prevention tools, etc.) may therefore be used to reach the population.

Each target audience may wish to have access to the inputs as they are, and should be able to obtain these on request.

Distribution of the media

There are various channels for distributing a given primary medium. The information can be distributed to the chosen target audience by e-mail services, via post as a printed version, on websites (web papers, etc.), and so on. The various distribution methods may have not only different costs but also different effects for the target audience. The financial aspects relating to the production and distribution of the media will have to be considered.

Timing the dissemination of information

The moment at which the dissemination takes place can strongly influence the effect: e.g. during the summer holidays no access to pupils is possible through the schools. Sometimes a great deal of attention can be generated in a topic through media attention whereas at other times this target group displays no interest at all. Thus, timing the dissemination means choosing the best moment for disseminating the information depending on the expected effects of the dissemination.

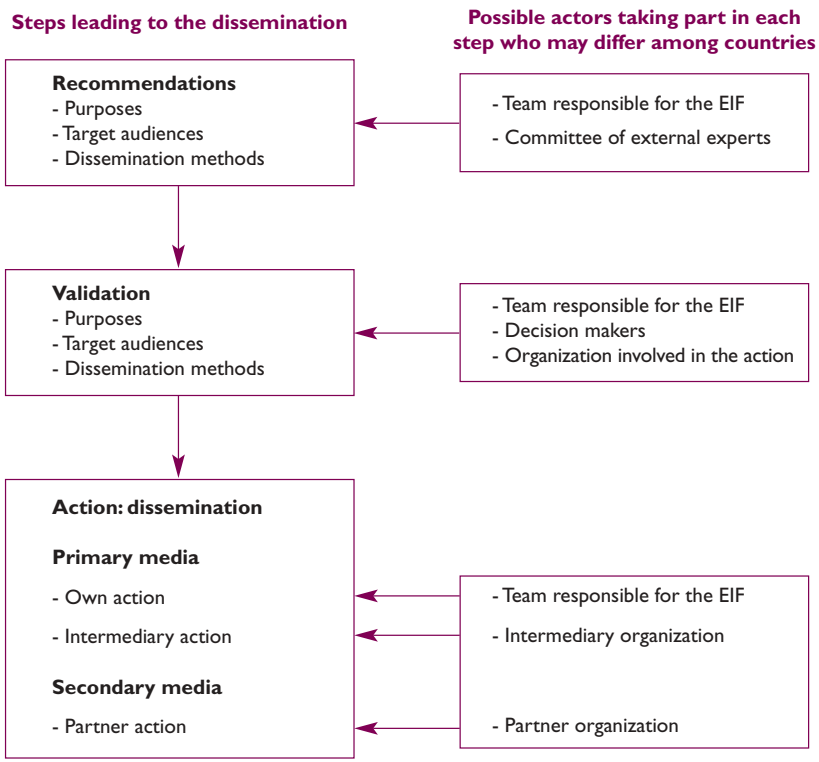
Once the dissemination strategy has been drawn up, it should be implemented as soon as possible, particularly in respect of the quick information notes. However, it is necessary to take into account the availability of the target audiences to be reached when implementing the dissemination strategy.

4.3. Development of a dissemination strategy

The process for developing the dissemination strategy is structured in three steps: the recommendation step, the validation step and the action step

These three steps are presented in figure 6 and detailed below. The role of the participating actors and organizations during each step is also presented.

Figure 6 - Development of the information dissemination strategy within the Early Information Function (EIF) for Emerging Drug Phenomena (EPD)



4.3.1. Recommendation step

The dissemination strategy should be initiated and proposed by the EIF team. Thus, the recommendation step allows the team to offer suggestions and advice on how to use the information. For a single phenomenon, appropriate responses can vary for different target audiences and different expected effects of the information dissemination. These recommendations are neither rigid nor a top-down way of developing the dissemination strategy. They are put forward on the basis of the recommendations already made during the analysis process (at the time of the identification and assessments) and included within the inputs (standard and specific assessment reports and quick information notes). Additionally, the EIF team may seek advice from the external committee of experts which is already set up for the analysis process.

For each input, i.e. for each identified EDP or topic of interest, recommendations are made on:

- The purposes, i.e. the actions that could be carried out using the information disseminated
- The target audiences, i.e. the people or groups of people to whom the information should be disseminated
- The dissemination methods to be used for achieving the purpose and the target audience, i.e. the appropriate format for each target audience and the suitable time for disseminating the information to each target audience. Particular attention should be given to the methods for disseminating information to specific groups because certain information could be harmful if it reaches other target audiences.

Practical issues
The external committee of experts

■ The composition of the external committee should be adapted to the national context. In some countries for example, policy makers should have the opportunity of participating in the recommendation step because of their influence in financing the activities of the EIF.

■ The experts should apply their knowledge and experience within the drugs field in order to put forward proposals on how to manage the information produced by the EIF.

■ The committee of external experts could periodically be asked to make comments on the standard assessment reports, while an extra meeting could be organized for each specific assessment report produced. Regarding the quick information notes and for the purpose of speeding up the development of the dissemination strategy, the EIF team could quickly consult the members of the external committee by telephone, fax or e-mail.

4.3.2. Validation step

The recommendations previously made on the purposes of the dissemination strategy, the target audience(s) to be reached and the method(s) to be used for disseminating the information will have to be discussed, possibly modified, and validated during the validation step.

The individuals who will, in the last resort, decide the dissemination strategy to be adopted will depend on the national context. Nevertheless, the validation step should promote interaction between the following groups of people:

- The individuals involved in the EIF and responsible for producing recommendations on the dissemination strategy.
- The decision-makers in the drugs field.
- The individuals directly responsible for executing the action to be carried out using the information produced by the EIF.

Concerning quick information notes, the various elements to be addressed in developing the dissemination strategy should be quickly validated by telephone, fax, or e-mail communication.

4.3.3. Action step

The final step is the action step, which corresponds to the dissemination of the information produced by the EIF and reported in the inputs.

Own action: production and dissemination of primary media

Depending on the availability, within the EIF team, of the specific competences required for producing and disseminating primary media, the EIF team could itself undertake the production and dissemination of such documents or it could resort to external competences and expertise. In the latter instance, the EIF team remains responsible for producing and disseminating the primary media, which will be disseminated according to selected procedures (choice of format, distribution methods, appropriate moment for the dissemination, etc.).

Intermediary action: dissemination of primary media already produced

This corresponds to a second level of primary media dissemination. The EIF team disseminates a primary medium to a partner organization which, in turn, takes over the task of distributing this to other target audiences. In this case, the partner organization acts as a mediator for communicating primary media that have already been produced by the EIF team.

Partner action: production and dissemination of secondary media

Based on information from the EIF, suitable products can be developed for specific groups. Using a primary medium, a partner organization can produce a secondary medium which needs additional work and specific competences. For example, an organization specializing in the prevention field could use the report summary in order to develop a prevention tool such as a flyer or a film. The partner action therefore includes the production of a secondary medium and its release to a given target audience. The partner action could be carried out in collaboration with the EIF team.

Practical issues
Predefined models

Aimed at facilitating the development of the dissemination strategy, certain models for disseminating the information may be developed and agreed in advance by the EIF team and those involved in the process: these are predefined models. They are set up for a given type of Emerging Drug Phenomenon identified by the EIF. As soon as such an EDP is identified, the predefined model may be used for quickly disseminating the information.

- For a given type of EDP, this model should provide:
  - the purpose of the dissemination,
  - the target audiences,
  - advice on the appropriate format and time for disseminating the information.
- Predefined models will be useful for saving time. It must be stressed that predefined models should be used in a rational and non-automatic way, and on certain occasions they should not be used: see the Dutch example below.
- Ad-hoc models could be defined for disseminating information from specific assessment reports.

Examples

The Dutch Drug Information and Monitoring System (DIMS) had developed a rather explicit protocol for disseminating information in the event that a tablet, sold as Ecstasy, turned out to have a potentially strong negative influence on health. One of the rules was that in the event that a single tablet was found on the market, no action should be undertaken. To spread information nationally or only in the region where the tablet was found would cause harm rather than improve health. Nevertheless, when a single tablet containing strychnine and MDMA entered the DIMS system, this protocol was overruled.

SINTES is a French substance identification system which allows information to be produced on pharmacological analyses (composition of the product and proportion of different compounds) and the context in which the sample was collected (the type of event, user profiles, etc.). Within the framework of the SINTES system, a fast-track process has been developed for producing quick information notes on dangerous substances. This process allows the rapid dissemination of the information.

The fast-track process for the quick information note is divided into three steps:

- The production of a note reporting the information on an unusual or possibly dangerous substance identified by the EIF

- Quick consultation, during the day and by means of fax and e-mail, with the TREND partners and the decision-makers in order to make a rapid decision on the dissemination strategy. The information note is submitted to the Interdepartmental Mission for the Fight against Drugs and Drug Addiction (MILDT), the French Agency on the Health Safety of Health Products (AFSSAPS) and the Health General Directorate (DGS). In some cases, the AFSSAPS and the DGS take the decision to issue a health warning.

- The health warning is quickly disseminated to the Regional Directorates for Health and Social Action (DDASS) and to the care facilities specializing in the drug addiction field. As for the quick information note, its rapid dissemination allows the results to be communicated to the technical and institutional partners within 24 hours of their being received. Moreover, the quick information note is available on a public website.

BASIC CONDITIONS FOR DISSEMINATING THE INFORMATION

The following four conditions, at least, must be met before any actual actions take place (Griffiths *et al.*, 1999)

- Clarity is required with regard to the target audience or 'data consumers' of the information.
- The information needs to be configured in a way that makes it appropriate to the needs of the target audience.
- Different types of dissemination are likely to be appropriate for different target audiences.
- To ensure credibility, the target audience has to be aware of the status of the information (i.e. level of certainty) and information should not be disseminated in a manner that raises false alarms or proves with hindsight to be erroneous.

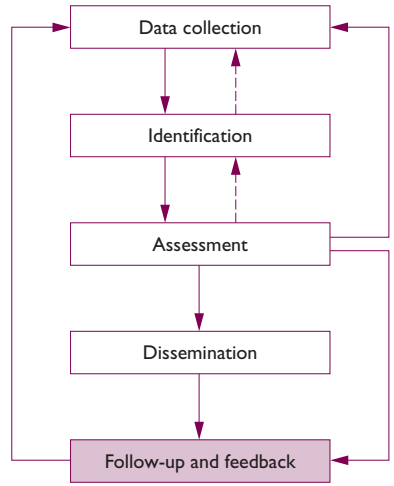
5 - FOLLOW-UP AND FEEDBACK

Summary

Follow-up and feedback can serve several purposes in detail. In general, follow-up and feedback are instruments for maintaining or improving the quality of the Early Information Function (EIF).

Within the framework of an EIF, the follow-up process is the act of continuing with the observation of an Emerging Drug Phenomenon (EDP) or topic of interest. It leads to a new data collection period and underscores the dynamic aspect of the EIF.

Feedback, communicating informations on an identified EDP to individuals involved in data collection, promotes good working practices and stimulates staff satisfaction and motivation.



5.1. Introduction

Once the strategy for disseminating the information has been drawn up, a follow-up process is carried out and the information is sent back to all the partners involved in its production. This chapter explains therefore what is meant by follow-up and feedback within the Early Information Function (EIF) for Emerging Drug Phenomena (EDP).

The first section of chapter 5 addresses the follow-up process and explains how it allows the cycle of information production, i.e. the continuous EIF process, to be completed. The second section deals with feedback and shows its usefulness for improving the quality of the continuous EIF process.

5.2. Follow-up

5.2.1. Definition

During the EIF analysis process, information is read and analysed in order to reveal drug phenomena and identify some of these as being EDP. In some cases, information produced by the EIF is not sufficiently robust to identify an EDP, but this information reveals a possible concern and merits being monitored. This information is a topic of interest that will be subject to continuous observation, which should allow it to be identified if it evolves into a formal EDP or if it remains as a cluster of events or a "rumour".

Within the framework of an EIF, the follow-up of an Emerging Drug Phenomenon or a topic of interest is the act of continuing with the observation of this EDP or topic of interest by collecting more data and thus producing further information on it.

5.2.2. Usefulness

The follow-up process links the last and the first operational steps (dissemination and data collection) of the EIF. Once all elements of the EIF work process are complete, the process continues and starts all over again. This ensures the continuation of the whole process. The follow-up process can therefore improve the EIF's ability to identify EDP.

More information on an identified EDP produced by the follow-up process may be useful for contributing to evaluating the action carried out after the dissemination step.

For example, the identification of an increasing use of a licit drug could lead to this information being disseminated in order to change the law on this drug prescription. The follow-up process may contribute to evaluating this change in the law.

Practical issues related to the follow-up process

■ Choosing the Emerging Drug Phenomena and topics of interest to be monitored

During the EIF analysis process, certain EDP are identified and topics of interest revealed. A follow-up process should be carried out automatically by the EIF for all identified EDP. Regarding the topics of interest revealed by the EIF analysis process, the team responsible for implementing and coordinating the EIF should be responsible for choosing the topics of interest to be monitored, i.e. to be included in the EIF's observation task.

■ Integrating the topics of interest

The topics of interest chosen by the EIF team should be integrated into the EIF's routine and continuous data collection. The existing EIF data collection system should be flexible and able to collect data in order to supplement the knowledge on previously identified topics of interest and EDP.

For example, without creating a new collection tool and spending more money, certain items could be added into an existing questionnaire in order to monitor a topic of interest or an EDP identified by the EIF.

5.3. Feedback

5.3.1. Definition

Feedback is the act of sending the information produced by the EIF back to all the partners involved in operating the EIF: data collection professionals, local coordinators, etc. – all the people who provided some information.

5.3.2. Usefulness

Firstly, feedback allows validated information to be provided to the data collection professionals: this information is very useful to them.

Feedback, communicating information on an identified drug phenomenon to the individuals involved in data collection, promotes good working practices and stimulates staff satisfaction and motivation. It therefore allows a relationship of exchange to be created between the EIF coordination team and the data collection professionals. This improves the motivation of the professionals and partners involved in the proper development and functioning of the EIF.

Finally, feedback allows more data to be obtained. This encourages the data collection professionals to deliver and report information into the system. It is a way of improving the quality of the continuous EIF process and of maintaining the network of data collection professionals and other partners.

Examples

One part of the Frankfurt Drug Trends Monitoring System (MoSyD) is the school survey which is conducted once a year by drug-counselling teachers. When these teachers receive the report, the school authorities initiate a discussion with them on the results of the school survey.

Another part of MoSyD is the expert panel: when the data from the questionnaire is analysed, a discussion takes place with all the members of the expert panel. A type of Delphi methodology is also followed which involves sending out intermediate results, including feedback, in two phases.

Within the framework of the Treatment Demand Indicator (TDI), the Greek collaborating agents that provide the information are invited to an annual meeting where the analysed data relating to the previous year is presented prior to the official publication of the "Annual Report on the Greek Drug Situation". In addition, the Focal Point offers its network detailed statistical tables in which data is presented i) per centre and ii) for the entire network (Greek Focal Point, 1997).

On the basis of the Early Warning System (EWS) operation, constant feedback is provided to the collaborators through the dissemination either of information on new synthetic drugs derived from Europe or of data already assessed as concerning new drugs or new ways of using known substances in Greece (Greek Focal Point, 2003).

Practical issues related to feedback

- A continuous process

  As soon as the information is produced by the EIF, it should be sent to the professionals involved in the data collection step. They are able to check the quality of the information produced and possibly send more information.

- A cost-effective process

  The feedback should be cost-effective and the local technical possibilities should be taken into account.

6 - PROSPECTS

This manual is aimed at people who are interested in more quickly identifying and understanding changes in drug use or new drugs, elusive phenomena that are not usually very visible with standard monitoring systems. It gives a general and theoretical overview of the dynamic process of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP).

The development of an EIF within a Drug Information System (DIS) complements the traditional monitoring of indicators and trends. A properly functioning EIF will be able to inform the target audiences in a shorter period of time, in order to promote health and prevention actions for users and the general population. If it is not linked to actions, this production of information will be of less interest.

The dynamic and ongoing process of the EIF presented in this manual, structured in five operational steps, is a theoretical model. The implementation of this common EIF model in different countries should be adjusted to the national situation. Available sources of information will vary from country to country. Available resources for an EIF will also vary and thus the volume of work will also change. The political structure of a country (federal or centralized) will certainly have an influence on the final design of a national EIF as well. In any event, the implementation of such a function is not a short-term action and it is necessary to have time to be able to build a properly working function.

The expected results should merit the investment. New developing drugs, emerging patterns of use or emerging harm will be identified much earlier than with a standard monitoring system. It will allow earlier intervention and the avoidance of significant burdens of suffering and expenditure in care and law enforcement.

With the development of the European community and the acceleration of exchanges of people and knowledge, a link between the European countries is very necessary. The heterogeneity of the DIS in the countries that participated in this project implies that the proposals included in the manual are sufficiently adaptable to cope with national realities and will also provide a general EIF model that will facilitate exchanges countries and among people within countries. These exchan-

ges could take place on at least two levels: exchanges of information on identified and assessed Emerging Drug Phenomena and exchanges on collection, analysis and dissemination techniques.

We hope that this is a starting point, and that step by step it will be possible to implement and improve Early Information Function for Emerging Drug Phenomena at both national and European level.

GLOSSARY

This glossary includes operational definitions of key concepts (indicated with a red fount), as well as definitions from reference books/authors for other concepts generally related to public health.

The development of a common theoretical model of an Early Information Function (EIF) for Emerging Drug Phenomena (EDP) required the sharing and validation of a common operational definition for key concepts (indicated in the text with a red fount).

For other concepts, definitions commonly adopted in the drug field are presented. Sometimes several definitions are proposed for the same concept in order to provide the opportunity for choosing the definition most appropriate for the national context.

Absolute risk reduction *(see **"Risk"**)*

Abuse *(WHO, 1994)*

(drug, alcohol, chemical, substance, or psychoactive substance)

A group of terms in wide use but of varying meaning. In DSM-IIIR, "psychoactive substance abuse" is defined as "a maladaptive pattern of use indicated by … continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use [or by] recurrent use in situations in which it is physically hazardous". It is a residual category, with dependence taking precedence when applicable. The term "abuse" is sometimes used disapprovingly to refer to any use at all, particularly of illicit drugs. Because of its ambiguity, the term is not used in ICD-10 (except in the case of non-dependence-producing substances-see below); harmful use and hazardous use are the equivalent terms in WHO usage, although they usually relate only to effects on health and not to social consequences. "Abuse" is also discouraged by the Office of Substance Abuse Prevention in the USA, although terms such as "substance abuse" remain in wide use in North America to refer generally to problems of psychoactive substance use. In other contexts, abuse has referred to non-medical or unsanctioned patterns of use, irrespective of consequences. Thus the definition published in 1969 by the WHO Expert Committee on Drug Dependence was "persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice".

Abuse *(EMCDDA, 1997)*

A maladaptive pattern of use of illicit psychoactive substance leading to clinically significant impairment or distress, as manifested by one (or more) of the following criteria occurring within a 12-month period :
- recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home ;
- recurrent substance use in situations in which it is physically hazardous ;
- recurrent substance-related legal problems ;
- continued substance use despite having persistent or recurrent social or interpersonal problems caused by the effects of the substance.

Abuse: substance abuse *(American Psychiatric Association, 2000)*

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
- recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school; neglect of children or household)
- recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
- continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

Abuse liability *(WHO, 1994)*

The propensity of a particular psychoactive substance to be susceptible to abuse, defined in terms of the relative probability that use of the substance will result in social, psychological, or physical problems for an individual or for society. Under international drug control treaties, WHO is responsible fro determining the abuse liability and dependence potential, as distinct from therapeutic usefulness, of controlled substances.

Addiction *(WHO, 1994)*

Repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.

Typically, tolerance is prominent and a withdrawal syndrome frequently occurs when a substance use is interrupted. The life of the addict may be dominated by substance use to the virtual exclusion of all other activities and responsibilities. The term addiction also conveys the sense that such substance use has a detrimental effect on society, as well as on the individual; when applied to the use of alcohol, it is equivalent to alcoholism.

Addiction is a term of long-standing and variable usage. It is regarded by many as a discrete disease entity, a debilitating disorder rooted in the pharmacological effects of the drug, which is remorselessly progressive. From the 1920s to the 1960s attempts were made to differentiate between “addiction” and “habituation”, a less severe form of psychological adaptation. In the 1960s, the WHO recommended that both terms be abandoned in favour of dependence, which can exist in various degrees of severity.

Addiction is not a diagnostic term in ICD-10, but continues to be very widely employed by professionals and the general public alike.

Addiction *(EMCDDA, 1997)*

Repeated use of a psychoactive substance or substances, with the consequences of:
- psychological dependence on a substance that produces drug-seeking behaviour
- an inability to stop use of the drug because of the physical dependence on the drug and the tolerance to its effects
- deterioration of physical and mental health as a result of continued substance abuse.

Adjustability *(Euro-TREND, 2003)*

Adjustability of the tool set should be ensured by the organisation responsible for the EIF data collection step. The coordination team responsible for the EIF should be able to develop strategies for implementing new collection tools, i.e. for identifying new information sources, for developing new collection methods, training new people and including them within the EIF (Euro-Trend, 2003).

Area(s) of interest *(Euro-TREND 2003)*

An area of interest is a particular topic of interest within a main line of inquiry.

For each main line of inquiry, various relevant areas of interest have been identified; together they form an interesting work set to guide data collection and analyses in the respective main line of inquiry.

Categorization *(Euro-TREND 2003)*

Categorization process for identified EDP will help in deciding which EDP are candidates for submission to a specific assessment process. Indeed, a specific assess-

ment could be conducted for some EDP identified as being important, depending on the available resources, regardless of whether or not they are urgent.

An identified Emerging Drug Phenomenon should be categorized according to its status in relation to the predefined selection criteria: diffusion potential (high or low), health, social and economic consequences (important or otherwise) at both the individual and the collective level. Thus, the categorization of EDP will be structured in 24 groups (see the following table).

All EDP with consequences categorized as "important" are candidates for specific assessment. Those with high diffusion potential will be considered a priority concern.

Categorization of identified Emerging Drug Phenomena (EDP)

Consequences			Diffusion potential: Low	Diffusion potential: High
Health	Individual	Not important		
		Important	■	■
	Collective	Not important		
		Important	■	■
Social	Individual	Not important		
		Important	■	■
	Collective	Not important		
		Important	■	■
Economic	Individual	Not important		
		Important	■	■
	Collective	Not important		
		Important	■	■

■ EDP candidates for a specific assessment

Cluster *(Last, 2001)*

An aggregation of relatively uncommon events or diseases in space and/or in time in amounts that are believed or perceived to be greater than could be expected by chance.

Putative disease clusters are often perceived to exist on the basis of anecdotal evidence, and much effort may be expended by epidemiologists and biostatisticians in demonstrating whether a true cluster exists.

Cluster analysis *(Last, 2001)*

A set of statistical methods used to group variables or observations into strongly interrelated subgroups, i.e., to detect clusters in routine surveillance of disease.

Clustering *(Last, 2001)*

(Synonymous: disease cluster, time cluster, time-place cluster)

A closely grouped series of events or cases of a disease or other health-related phenomena with well-defined distribution patterns in relation to time or place or both. The term is normally used to describe aggregation of relatively uncommon events or diseases, e.g., leukemia, multiple sclerosis.

Clustering *(Elliot et al., 2000)*

It is carried out to provide early detection of raised incidence of disease when there is no specific aetiological hypothesis. More general studies of clustering, that is the tendency for disease cases to occur in a non-random spatial pattern relative to the pattern of the non-cases, have a more robust statistical formulation and again may give clues as to aetiology.

Collection tool(s) *(see **"Tool(s)"**)*

Data *(Last, 2001)*

A collection of items of information

Data consumer *(Griffiths et al., 1999)*

Person responsible for translating the information into action of some form

Data producer *(Griffiths et al., 1999)*

Person responsible for compiling the data sets

Dependence *(WHO, 1994)*

As a general term, the state of needing or depending on something or someone for support or to function or survive. As applied to alcohol and other drugs, the term implies a need for repeated doses of the drug to feel good or to avoid feeling bad. (…) In the ICD-10 context, the term dependence could refer generally to any of the elements in the syndrome. The term is often used interchangeably with addiction and alcoholism.

(…) In unqualified form, dependence refers to both physical and psychological elements? Psychological or psychic dependence refers to the experience of impaired control over drinking or drug use (craving, compulsion), while physiological or physical dependence refers to tolerance and withdrawal symptoms. In biologically-oriented discussion, dependence is often used to refer only to physical dependence.

Dependence or physical dependence is also used in the psychopharmacological context in a still narrower sense, referring solely to the development of withdrawal symptoms on cessation of drug use. In this restricted sense, cross-dependence is seen as complementary to cross-tolerance, with both referring only to physical symptomatology.

Dependence *(EMCDDA, 1997)*

A medical diagnostic term according to which three or more of the following criteria coincide within a 12-month period:
- strong desire or sense of compulsion to take substance
- difficulties in controlling substance-taking behaviour
- a physiological withdrawal state or syndrome
- evidence of increasing tolerance
- progressive neglect of alternative pleasures because of the psychoactive substance use
- persisting with substance use despite harmful consequences of the use.

Dependence Substance *(American Psychiatric Association, 2000)*

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:
- tolerance, as defined by either of the following:
  (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  (b) markedly diminished effect with continued use of the same amount of the substance
- withdrawal, as manifested by either of the following:
  (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
  (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- the substance is often taken in larger amounts or over a longer period than was intended
- there is a persistent desire or unsuccessful efforts to cut down or control substance use
- a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- important social, occupational, or recreational activities are given up or reduced because of substance use
- the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Dependence syndrome *(WHO, 1994)*

A cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated substance use. Typically, these phenomena include (1) a strong desire to take the drug, (2) impaired control over its use, (3) persistent use despite harmful consequences, (4) a higher priority given to drug use than to other activities and obligations, (5) increased tolerance, and (6) a physical withdrawal reaction when drug use is discontinued. In ICD-10, the diagnosis of dependence syndrome is made if three or more of six specified criteria were experienced within a year.

The dependence syndrome may relate to a specific substance (e.g. tobacco, alcohol, or diazepam), a class of substances (e.g. opioids), or a wider range of pharmacologically different substances.

Diffusion *(OFDT, 2000)*

The concept of diffusion is defined as a dynamic process which begins when one or several persons (the initiated persons) use a substance until then unknown or adopt a new way of consumption of a well-known substance, in given historical period and geographical area. These initiated persons promote the new substance or pattern of use, deliberately or not, creating therefore the geographical and numeral spread of this use.

This process can be divided in 4 phases: the "initiates circle" phase, the diffusion phase, the plateau phase and the decreasing phase.

The length of this process and of each phase can be short (months), medium (years) or long (decades). A substance or a pattern of use can have in the same geographical area one or several diffusion cycle.

Diffusion of Innovation Theory *(Griffiths et al., 1999)*

Theoretical descriptive model of how new "innovations" (products, ideas, etc.) spread through populations over time.

If this theoretical model is to be helpful in predicting future trends a preliminary task will be to improve the collection of leading-edge indicators to which diffusion of innovation theory can be applied. As well as guiding the assessment of data, diffusion theory may also provide a framework for identifying Leading Edge Indicators because of the way it specifies the relevant roles and conditions for adoption of an innovation. The eventual task would involve systematically mapping the theory onto drug use in order to answer questions such as:
- In which social spheres do we find innovators and early adopters of psychoactive substances?
- What communication systems and cultural reference points are relevant?

Disorder *(WHO, 1994)*

A group of conditions related to alcohol or other drug use. In ICD-10, section F10-F19, "Mental and behavioural disorders due to psychoactive substance use", contains a wide variety of disorders of different severity and clinical form, all having in common the use of one or more psychoactive substances, which may or not have been medically prescribed. The substances specified are alcohol, opioids, cannabinoids, sedatives or hypnotics, cocaine, other stimulants including caffeine, hallucinogens, tobacco, and volatile solvents.

The clinical states that may occur, though not necessarily with all psychoactive substances, include acute intoxication, harmful use, dependence syndrome, withdrawal syndrome (state), withdrawal state with delirium, psychotic disorder, late-onset psychotic disorder, and amnesic syndrome.

Drug *(Zinberg, 1984) (see also* ***"Set"*** *and* ***"Setting"****)*

The phamacologic action of the substance itself.

Drug characteristics *(WHO, 2001)*

- Substance identification: International Nonproprietary Name (INN); Chemical Abstract Service (CAS) Registry Number; Other Names; Trade Names; Identification Characteristics; WHO Review History
- Chemistry: Chemical Name, IUPAC Name, CA Name; Chemical Structure; Stereoisomers
- General pharmacology (psychoactive properties, other properties)
- Toxicology – Including adverse Reactions in Man
- Pharmacokinetics
- National control
- Therapeutic and industrial Use
- Illicit Manufacture, Illicit Traffic, and Related Information (Criminal use)

Drug control *(WHO, 1994)*

The regulation, by a system of laws and agencies, of the production, distribution, sale, and use of specific psychoactive drugs (controlled substances) locally, nationally, or internationally. Alternatively, equivalent to drug policy.

Drug indicator *(Griffiths* et al.*, 1999)*

Can be used to describe any data source on drug use used, together with a set of agreed rules for recording and reporting, to measure drug use prevalence or incidence. Typical indicators include: first treatment demand; all treatment demands; drug seizures; drug arrest; drug related deaths; survey data; price and purity information; drug related medical emergencies etc. The term "indicator" is employed to emphasise the point that the data is not a direct measure of drug use in the general population. Thus, treatment demands may be indirectly related to wider patterns of drug use, but cannot be assumed to directly represent the wider and unknown patterns of drug use found in society. Even probability surveys of the general population are considered indirect indicators of actual prevalence rates and corresponding patterns of use, as methodological problems inherent in their design do not allow data to be taken on face value.

Drug Information System (DIS) *(Griffiths* et al.*, 1999)*

It is a "system that seeks to understand patterns of drug use by analysing data from one or more data sources". DIS should be able to meet the needs of different information consumers. A DIS consists of data sources; procedures for analysis, evaluation and dissemination; and data providers and consumers.

Drug policy *(see* ***"Policy"****)*

Drug related morbidity *(see* ***"Morbidity"****)*

Drug related mortality *(see* ***"Mortality"****)*

Drug related Problem *(see* ***"Problem"****)*

Early Information Function (EIF) *(Euro-TREND, 2003)*

The EIF is one of the functions of a DIS. It is intended quickly to identify, assess and categorize Emerging Drug Phenomena in order to allow the production of relevant information and its timely dissemination to target audiences. To reach its objective, the EIF should be a dynamic model structured in five operational steps, which are connected in an ongoing process:
- data collection step
- identification step: identification of EDP
- assessment step: standard and/or specific assessment of identified EDP
- dissemination step: selection and realization of a strategy for disseminating the information produced
- follow-up/feedback step

EIF Indicator / EIF Core Indicator ***(see "Indicator")***

Early Warning Function (EWF) *(Griffiths* et al.*, 1999)*

Whilst some Drug Information Systems are dedicated to responding rapidly to changes in patterns of drug use (i.e. an EWS), this does not necessarily imply that

a broader DIS can not also incorporate this function as one part of its overall operational goals. In this model, a DIS would have an 'early warning function' without being a dedicated 'early warning system'.

Early Warning System (EWS) *(Griffiths* et al.*, 1999)*

Term commonly used without precision. It is taken as a Drug Information System (DIS) designed specifically for the purposes of identifying changes at an early stage only. General assumption that attention is focussed on changes that have implications for policy or interventions or other public health concerns. May be focussed on one particular drug related concern such as HIV infection.

The assumption that EWS are primarily interested in changes that have some importance in terms of generating a response implies the analytical function of the DIS is a necessary contingent.

Emerging Drug Phenomenon (Phenomena) (EDP) *(Euro-TREND, 2003)*

This is a drug-related change, which is observed for the first time. The fact that it's a first observation can be linked to the fact that it is a new phenomenon or that it is a pre-existing phenomenon that has not been observed before but is perceived now for the first time.

An Emerging Drug Phenomenon can deal with a new pattern of use, a new drug, a new population, a new perception, etc.

Feedback *(Euro-TREND, 2003)*

Feedback is the act of sending the information produced by the EIF back to all the partners involved in operating the EIF: data collection professionals, local coordinators, etc. – all the people who provided some information.

Field work *(Collins English dictionary and thesaurus, 1998)*

An investigation or search for material, data, etc., made in the field as opposed to the classroom or laboratory.

Field work *(Schwandt, 2001)*

This term refers to all those activities that one engages in while in the field, including watching, listening, recording, interpreting, dealing with logistics, and facing ethical and political dilemmas. It is an intensely personal and social process requiring both physical and intellectual stamina, political acumen, and moral sensitivity. Participant observation has traditionally been thought of as the methodology employed in fieldwork, but interview studies (including life-history work and oral history), case studies of various kinds, and co participative inquiries such as action research all entail some aspects of fieldwork as well.

Fieldwork is traditionally defined as a particular kind of labour or work one engages in to produce results. This labour requires means-end knowledge – a set of procedural or tool skills (a kind of technical knowledge) used to solve the puzzle of understanding human action.

Flexibility *(Euro-TREND, 2003)*

The flexibility of a collection tool refers to its capability to adapt to new, different, or changing requirements. A tool should be able to adjust to new situations and changes over time and not become rigid.

Fluctuations *(Griffiths* et al.*, 1997)*

In time series data, any short term back and forth movements that are unrelated to long term trends. Sometimes fluctuations are so large that they make trends difficult to see. The example often given is that of global warming, where it is difficult to assess whether the long term trend is for the planet to be getting warmer, as it still gets cold in the winter (regular fluctuation). Also, sometimes temperatures can be quite low in the summer (random non predictable fluctuation).

Follow-up *(Euro-TREND, 2003)*

Within the framework of an EIF, the follow-up of an Emerging Drug Phenomenon (EDP) or of a topic of interest is the act of continuing with the observation of this EDP or topic of interest by collecting more data and thus producing further information on it.

General (collection) tool(s) *(see* ***"Tools"****)*

Hard / soft drug *(EMCDDA, 1997)*

Hard drug: drugs defined in national legislation or in national court practices, the use of which is associated with unacceptable risks.

Soft drug: drugs defined in national legislation or in national court practices, the use of which is associated with less harmful risks.

Harmful use *(WHO, 1994; EMCDDA, 1997)*

A nondependent pattern of use of psychoactive substances that causes damage to health, either mental or physical. Often also has adverse effects on the drug user's family, the community and society in general.

Social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.

Harm reduction *(WHO, 1994)*

Policies or programmes that focus directly on reducing the harm resulting from the use of alcohol or drugs. The term is used particularly of policies or program-

mes that aim to reduce the harm without necessarily affecting the underlying drug use; examples includes needle / syringe exchanges to counteract needle-sharing among heroin users. Harm reduction strategies thus cover a wider range than the dichotomy of supply reduction and demand reduction.

Harm reduction *(Griffiths* et al.*, 1997)*

A harm reduction philosophy takes the view that it is of greater benefit to the common good to actively attempt to reduce the harm that drugs can cause rather than simply try to prevent drug taking. It is a pragmatic approach that, recognises the difficulties inherent in attempting to prevent all forms of illicit drug taking, and emphasises maximising benefits and minimising harm.

Hazardous use *(WHO, 1994)*

A pattern of substance use that increases the risk of harmful mental health (as in harmful use); some would also include social consequences. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.

Hidden population *(Griffiths* et al.*, 1999)*

In its simplest form, a population group for which no easily identifiable sampling frame exists. Often used to refer to groups such as the users of illicit drugs in which the behaviour is sanctioned and therefore often 'hidden from view'. For research purposes, poses problems of access and generalisation.

Human network *(Griffiths* et al.*, 1999)*

Configured from a range of individuals or organisations represented by individuals. Members are chosen to bring either general or scientific knowledge or expertise to the DIS. In general, networks adopt an unstructured approach with flexible information flow. Different members bring information or analytical comment in accordance with their specific background or expertise.

Illicit / Licit drug *(WHO, 1994)*

Illicit drug: a psychoactive substance, the production, sale, possession or use of which is prohibited. Strictly speaking, it is not the drug that is illicit, but its production, sale, or use in particular circumstances in a given jurisdiction. "Illicit drug market", a more exact term, refers to the production, distribution, and sale of any drug outside legally sanctioned channels.

Licit drug: a drug that is legally available by medical prescription in the jurisdiction in question, or, sometimes, a drug legally available without medical prescription.

Illicit / Licit drug *(EMCDDA, 1997)*

Illicit drug: a psychoactive substance, the production, sale, possession or use of which is prohibited in particular circumstances in national legislation.

Licit drug: a psychoactive substance that is legally available usually by medical prescription according to national legislation.

Indicator: EIF Indicator / EIF Core Indicator *(Euro-TREND Project, 2003)*

An EIF indicator is described as a variable, whatever its nature (qualitative or quantitative), that reflects an interesting characteristic of drug use or related to drug use.

An EIF core indicator is an EIF indicator that appears particularly available, accessible and useful for the identification of Emerging Drug Phenomena (EDP). In terms of identifying an EDP, information on EIF core indicators is considered sufficient. Changes in one or more EIF core indicators will serve as a signal, a starting point for undertaking an assessment of a possible EDP.

Informant *(Schwandt, 2001)*

This is one of several terms – including participant, subject, actor, respondent, collaborator, interviewee, and the observed – used to identify the individuals that a researcher studies. Informants are knowledgeable insiders and assist the field-worker in gaining and maintaining access, developing an insider's understanding (or learning the actor's point of view), and checking emerging understandings. They act as a fieldwork assistant, debriefer, and guide and often provide the field-worker with information on what or she cannot experience.

A researcher-informant relationship reflects the assumption that the field-worker is in position of learning about a culture or group, and t he informant serves as a special kind of teacher, guide, and facilitator. This relation and role is often cultivated by the field-worker; an informant is identified, selected, and trained to the role. Informants often become the confidant and trusted adviser of the field-worker, developing a special bond of trust. Whereas rapport characterizes the field-worker's relationship with most participants in a given study, friendship is more likely with informants.

Information / Quick information / Relevant information

Information is facts (i.e., data) that have been arranged and/or processed to provide the basis for interpretation and conversion into knowledge. (Last, 2001)

Quick information is information on topics that require urgent decisions to be taken. It is, for example, information on urgent problems, such as the emerging use of a dangerous substance, or the observation of deaths related to drug use (Euro-TREND, 2003).

Relevant information is information that is useful for the purpose of the EIF, i.e. information which concerns the identified areas of interest and EIF indicators (Euro-TREND, 2003).

Information system *(Last, 2001)*

As applied in epidemiology, a combination of vital and health statistical data from multiple sources, used to derive information about the health needs, health resources, costs, use of health services, and outcomes of use by the population of a specified jurisdiction. The term may also describe the automatic release from computers of stored information in response to programmed stimuli. For example, parents can be notified when their children are due to receive booster doses of an immunizing agent against infectious disease.

Information system *(Rothman* et al.*, 1998)*

It is a large data bases collected for general, rather than disease-specific purposes, which can applied to the surveillance of specific conditions. In some instances, their use for monitoring health may be secondary to other objectives. Because these Information Systems serve multiple objectives, their use for surveillance (or research) requires care.

Intoxication *(WHO, 1994)*

A condition that follows the administration of a psychoactive substance and results in disturbances in the level of consciousness, cognition, perception, judgement, affect, or behaviour, or other psychophysiological functions and responses. The disturbances are related to the acute pharmacological effects of, and learned responses to, the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. The term is most commonly used with regard to alcohol use; it's equivalent in every day speech is "drunkenness". (…)

Intoxication is highly dependent on the type and dose of drug and is influenced by an individual's level of tolerance and other factors. Frequently, a drug is taken in order to achieve a desired degree of intoxication. The behavioural expression of a given level of intoxication is strongly influenced by cultural and personal expectations about the effects of the drug.

Intoxication: Substance Intoxication *(American Psychiatric Association, 2000)*

The development of a reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. Note: Different substances may produce similar or identical syndromes.

Clinically significant maladaptive behavioural or psychological changes that are due to the effect of the substance on the central nervous system (e.g., belligerence, mood liability, cognitive impairment, impaired judgement, impaired social or occupational functioning) and develop during a shortly after use of the substance.

The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Joint Action on Synthetic Drugs *(Griffiths* et al.*, 1999)*

Full title 'Joint Action on the information exchange, risk assessment and the control of new synthetic drugs'. European Union agreement that establishes a bipartisan structure with national intelligence agencies reporting to EUROPOL and National Focal Points of the REITOX Network reporting to EMCDDA. The system is designed to provide an early warning system on the use of new synthetic compounds.

Lagged indicator *(Griffiths* et al.*, 1999)*

Term used to describe an indicator that has a structural and pronounced time lag in terms of reporting drug incidence. Treatment demands are a classic lagged indicator as individuals typically consume an illicit substance for several years before approaching treatment services. Should be viewed as indicating a position on a continuum rather than an explicit category, may vary by drug type and geographical and temporal location.

Leading Edge Indicator (LEI) *(Griffiths* et al.*, 1999)*

Any indicator that can be considered particularly sensitive to change i.e. those indicators that respond first to changes in drug consumption patterns (drug incidence). This sensitivity, by definition, is associated with volatility. As such, LEIs may be unreliable in the medium term if viewed in isolation from other data sources.

Most developed indicators of drug consumption can be considered lagged to some extent. Other indicators, and to some extent those less commonly used in information systems, may be more sensitive to change. For the purposes of this report, we have coined the term 'leading edge indicator' to refer to those data sources that may be most efficient in identifying changes at an early stage in their development. It is important to remember that this distinction is conceptual rather than strictly categorical.

Weaknesses exist in all information sources in this area and all indicators can be seen to perform poorly in some respect. The task for an integrated Drug Information System is to balance the strengths of one information source against the weaknesses in others. The fact that the use of LEI may often raise more questions than provide answers should be seen as a strength, rather than a weakness of these kind of information sources. The task is to raise the issue earlier than is currently the case and allow other more time consuming but more stable indicators to be focussed on the potential problem. Scientifically rigorous evidence of an indisputable change in drug consumption patterns is unlikely to ever be rapidly available and may often be produced so long after the event that the information is only of

historical interest. Leading edge indicators might include media and cultural monitoring, incorporating information from panels of known drug users, or key informant data.

Main line(s) of inquiry *(Euro-TREND, 2003)*

A main line of inquiry is a broad field of interest related to drug use. The main lines of inquiry will serve as landmarks for collecting and analysing data that are relevant to identify, describe and analyse Emerging Drug Phenomena.

To describe and analyse drug phenomena, related to use, the EIF will have to produce information on the narrow (directly related to the users) and broad (socio-economic, political, etc.) setting. Therefore, the three main lines of inquiry for data collection are:

- "users" corresponding to any data or information on the person or closely related to the person
- "substances" corresponding to any data or information on substances or closely related to these substances
- "setting" corresponding to any data or information on the physical and social environment. The narrow level is related to the direct physical and social users' environment. The broad level corresponds to the local, regional and national environment.

Media (medium in the singular): Primary media / secondary media *(Euro-TREND, 2003)*

Primary media for disseminating the information are written documents produced directly from the inputs without using any other material. Inputs, as such, are also primary media. These are called "primary" media because they are the inputs as they stand (quick information note, standard assessment report, specific assessment report) or documents produced directly from the inputs without using any other material.

Secondary media are dissemination tools that may take various forms: prevention tools, care tools, knowledge-enhancement tools, law-enforcement tools, etc. The format of secondary media will therefore have to match certain characteristics of the target audiences. Thus the development of secondary media requires, in addition to the inputs or primary media, more information and/or specific competences: specialists will be needed to produce secondary media.

Misuse *(WHO, 1994)*

Use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription, medications. The term is preferred by some to abuse in the belief that it is less judgemental.

Misuse *(EMCDDA, 1997)*

Excessive use of (usually licit) psychoactive substances inconsistent with or detrimental to social, legal or medical guidelines and consequences.

Monitoring *(Last, 2001)*

The intermittent performance and analysis of routine measurements, aimed at detecting changes in the environment or health status of populations. Not to be confused with surveillance which is a continuous process. To some, monitoring also implies intervention in the light of observed measurements.

Episodic measurement of the effect of an intervention on the health status of a population or environment. Not to be confused with surveillance, although the techniques of surveillance may be used in monitoring. The process of collecting and analysing information about the implementation of a program for the purpose of identifying problems such as non compliance and taking corrective action. (WHO,1989).

In management, the episodic oversight of the implementation of an activity, seeking to ensure that input deliveries, work schedules, targeted outputs, and other required actions are proceeding according to plan.

Morbidity: Drug related morbidity *(EMCDDA, 1997)*

The existence of any health problem either physical or mental that is related to drug use, independently of whether this is defined with a primary or a secondary diagnosis of the disease.

Mortality: Drug related mortality *(EMCDDA, 1997)*

Deaths related to drug use whether directly, when drug use is included in the main causes of death, or indirectly.

Multi-Indicator Model *(Griffiths* et al.*, 1999)*

Term used to describe a common method for modelling patterns of drug use that utilises and contrasts two or more different indicators of drug consumption. It is assumed that the use of multiple indicators mitigates for the inadequacies of any individual indicator and that multiple indicators plotted over time therefore give a better picture of underlying trends.

Multiple drug use *(see* ***"Polydrug use"****)*

Policy: Drug policy *(WHO, 1994)*

In the context of psychoactive drugs, the aggregate of policies designed to affect the supply and/or the demand for illicit drugs, locally or nationally, including education, treatment, control, and other programmes and policies. In this context, "drug

policy" often does not include pharmaceutical policy (except with regard to diversion to non-medical use), or tobacco or alcohol policy.

In the context of WHO's Action Programme on Essential Drugs, "national drug policy" refers to a national pharmaceutical policy concerning the marketing, availability, and therapeutic use of medicines. WHO recommends that every country should have such a policy, formulated in the context of a national health policy. The WHO List of Essential Drugs is an effort to assist developing countries to develop a pharmaceutical policy attuned to allocating scarce funds for pharmaceuticals on the basis of health needs rather than market considerations.

Policy: Pharmaceutical policy *(WHO, 1994)*

The system of regulations intended to affect the availability of and demand for pharmaceutical drugs.

Prevention *(Last, 2001)*

Actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability, or if none of these feasible, retarding the progress of disease and disability. The concept of prevention is best defined in the context of levels, traditionally called primary, secondary, and tertiary prevention. A fourth level, called primordial prevention, was later added. In epidemiologic terms, primordial prevention aspires to establish and maintain conditions that minimize hazards to health, primary prevention aims to reduce the incidence of disease, secondary prevention aims to reduce the prevalence of disease by shortening its duration, and tertiary prevention aims to reduce the number and/or impact of complications.

Primordial prevention consists of actions and measures that inhibit the emergence and establishment of environmental, economic, social and behavioural conditions, cultural patterns of living, etc., known to increase the risk of disease. This is the task of public health policy and of health promotion.

Primary prevention is protection of health by personal and communal efforts, such as enhancing nutritional status, immunizing against communicable diseases, and eliminating environmental risks, such as contaminated drinking water supplies. This is the task of public health.

Secondary prevention is a set of measures available to individuals and communities for the early detection and prompt intervention to control disease and minimize disability, e.g., by the use of screening programs. This is the task of preventive medicine.

Tertiary prevention consists of measures aimed at softening the impact of long-term disease and disability by eliminating or reducing impairment, disability, and handicap; minimizing suffering; and maximizing potential years or useful life. This is the task of rehabilitation.

Primary media (medium) ***(see "Media")***

Problem: Drug related problem *(WHO, 1994)*

Any of the range of adverse accompaniments of drug use, particularly illicit drug use. "Related" does not necessarily imply causality. The term can be used to refer to problems at an individual or societal level. In international drug control, drug-related problems are taken into account in setting a level of control for a controlled substance through a WHO assessment of the drug's dependence potential and abuse liability. "Drug problems" is a possible cognate term, but can be confused with "the drug problem", meaning illicit drugs as a policy issue.

Psychoactive substance *(EMCDDA, 1997)*

A substance that, when consumed, affects mental processes, e.g. cognition or affect.

Psychoactive substance *(WHO, 1994)*

This term is the most neutral and descriptive terms for the whole class of substances, licit and illicit, of interest to drug policy. "Psychoactive" does not necessarily imply dependence-producing.

Psychotropic *(WHO, 1994)*

In the most general sense, the term means affecting the mind or mental process. Strictly speaking, a psychotropic drug is any chemical agent whose primary or significant effects are on the central nervous system. In the context of international drug control, "psychotropic substances" refers to substances controlled by the 1971 Convention on Psychotropic Substances.

Psychotropic substance *(EMCDDA, 1997)*

Any chemical agent whose primary or significant effects are on the central nervous system.

Polydrug use or multiple drug use *(WHO, 1994)*

The use of more than one drug or type of drug by an individual, at the same time or sequentially, and usually with the intention of enhancing, modifying, potentiating or counteracting the effect of another drug.

The term is also used more loosely, to include the unconnected use of two or more by the same person. It carries the connotation of illicit use, though alcohol, nicotine, and caffeine are the substance the most frequently used in combination with others in industrialized societies.

Multiple drug use disorder is one of the "Mental and behavioural disorders due to psychoactive substance use" in ICD-10, diagnosed only when two or more substances are known to be involved and it is impossible to assess which substance is contributing most to the disorder. The category is also used when the exact identity of some or even all of the substances being used is uncertain or unknown, since many multiple drug users often do not know themselves what they are taking.

The French term "polytoxicomanie" conveys a meaning similar to that of multiple drug use, except that dependence on one or more of the drugs taken is assumed.

Qualitative *(Schwandt, 2001)*

This is a not-so-descriptive adjective attached to the varieties of social inquiry that have their intellectual roots in hermeneutics, phenomenological sociology, and the Verstehen tradition. Many scholars use the phrase qualitative inquiry as a blanket designation for all forms of social inquiry that rely primarily on qualitative data (i.e., data in the form of words), including ethnography, case study research, naturalistic inquiry, ethnomethodology, life-history methodology, and narrative inquiry.

To call a research activity qualitative inquiry may broadly mean that it aims at understanding the meaning of human action.

Perhaps the clearest use of the adjective is to distinguish between qualitative data – nonnumeric data in the form of words – and quantitative data – numeric data.

The term is also used, however, as a modifier for method, methodology, research, and paradigm and as a synonym for nonexperimental and ethnographic. Because the adjective is used in so many different ways, it does not clearly signal a particular meaning or denote a specific set of characteristics for qualitative research.

Often, the use of the term qualitative involves both implicit and explicit comparisons to some equally ambiguously used adjective, "quantitative"- as, for example, in the phrase "qualitative methods versus quantitative methods". Broadly speaking, qualitative methods are procedures including unstructures, open-ended interviews and participant observation that generate qualitative data, whereas so-called quantitative methods (e.g., structured questionnaires, psychometric measures, and tests) are means of generating quantitative data.

Qualitative data *(Last, 2001)*

Observation or information characterized by measurement on a categorical scale, i.e., a dichotomous or nominal scale, or, if the categories are ordered, an ordinal scale.

Systematic nonnumerical observations by sociologists, anthropologists, etc., using approved methods such as participant observation or key informants. Qualitative data can enrich understanding of complex problems and help to explain why things happen.

Quantitative data *(Last, 2001)*

Data in numerical quantities, such as continuous measurements or counts.

Qualitative research *(EMCDDA, 2000)*

The role of qualitative research into illicit drug use can be envisaged as a means of understanding the lived experiences and meanings of drug use from the perspectives of drug users themselves. Additionally, as a means of understanding action as socially organised, qualitative research aims to understand how the lived experiences and meanings associated with drug use are influenced by different social, cultural and economic contexts. At the outset, qualitative research aims to describe the context-based nature of drug use and the social meanings that such behaviours are perceived to have.

The multiple roles played by the qualitative research include:

- reaching and researching hidden populations;
- understanding the experience and meaning of drug use;
- understanding the social context of drug use;
- informing the design of quantitative research;
- complementing and questioning the results of quantitative research; and
- developing effective interventions and policy responses.

In short, qualitative research is seen as a prerequisite for understanding and responding to drug use.

Quick information *(see **"Information"**)*

Rapid Assessment Methodology (RAM) *(Griffiths* et al.*, 1999)*

Term coined for set of methods developed initially to rapidly assess the drug &/or health situation in countries where the epidemiological systems are poorly developed. Increasingly used to describe specific methodologies, strategies developed by the World Health Organisation (WHO) and United Nations Drug Control Program (UNDCP). RAMs provide a toolbox of assessment tools that allows the rapid collection of key informant accounts and other qualitative data as well as auditing existing quantitative information to quickly produce an information set to guide policy formation or interventions. Intended as a pragmatic and practical approach to informing health care delivery rather than seeking to produce scientifically rigorous research.

Rapid Assessment and Response Methodology *(Stimson* et al.*, 1998)*

Rapid Assessment and Response methodology is a means for depicting the extent and nature of social and health problems and for suggesting ways in which they may be improved. Rapid Assessment and Response provides an appropriate

methodology not only for planning interventions, but also for assessing the development and implementation of interventions.

Rapid assessment is the application of Rapid Assessment and Response to specific problems in specific locations.

Rapid assessments can identify:

- the appropriateness of proposed interventions
- obstacles to proposed interventions
- the feasibility of proposed interventions.

Recreational use *(WHO, 1994)*

Use of a drug, usually an illicit drug, in sociable or relaxing circumstances, by implication without dependence or other problems. The term is disfavoured by those seeking to define all illicit drug use as a problem.

Relevant information *(see **"Information"**)*

Reliability *(Euro-TREND, 2003)*

The reliability of the collected data indicates whether the measurements are consistent and replicable over time by another researcher. Reliability is necessary but not sufficient for establishing the truth of an account or interpretation of the drug phenomenon.

Reliability *(Last, 2001)*

The degree of stability exhibited when a measurement is repeated under identical conditions. Reliability refers to the degree to which the results obtained by a measurement, procedure can be replicated. Lack of reliability may arise from divergences between observers or instruments of measurement or instability of the attribute being measured.

Reliability *(Schwandt, 2001)*

This is an epistemic criterion thought to be necessary but not sufficient for establishing the truth of an account or interpretation of a social phenomenon. An account is judged to be reliable if it is capable of being replicated by another inquirer. Traditionally, social scientists assume that although not all repeatable or replicable observations or accounts are necessarily valid, all valid accounts are (at least in principle) replicable. Opinion is divided among qualitative researchers regarding whether this criterion has any meaning whatsoever in judging the accuracy of fieldwork accounts. Some scholars emphasize the importance of repeatability of observations within a given study both diachronically (the stability of a field-worker's observations across data drawn from different time periods) and synchronically (similar observations within the same period across different methods, e.g., observation and interview). Others argue that reliability can and must be addressed in fieldwork by using conventionalised methods for recording fieldnotes and analysing transcripts as well as making interrater checks on coding and categorization procedures and results. Still others have called for establishing dependability –an analog to reliability- through careful documentation of procedures for generating and interpreting data. Here, reliability is a matter of assembling dependable evidence, and the methods used to assemble this evidence matter. (Making a claim about the meaning of this evidence is a validity issue.) Finally, some argue that reliability in qualitative study is a fiction because no investigator can ever literally replicate another's fieldwork.

Risk *(Last, 2001)*

The probability that an event will occur, e.g., that an individual will become ill or die within a stated period of time or by a certain age. Also, a non technical term encompassing a variety of measures of the probability of a (generally) unfavourable outcome.

Risk *(EMCDDA, 1999)*

The concept of "risk" should be understood in its dual sense, which includes both the element of probability that some harm may occur (usually defined as "risk") and the degree of seriousness of such a harm (usually defined as "hazard"). If possible, both elements should be evaluated in the final phase of the risk-assessment process. In addition, and where feasible, a risk-benefit ratio should be assessed for each candidate drug.

Risk related to any psychoactive drug, whether legal or illegal, medical or recreational, can originate from several sources and assume many shapes and forms. For both analytical and pragmatic (social control options) purposes, it is essential to clarify both the type and origin of drug-related risks as they manifest themselves in society.

The sources from which drug hazards emanate: (i) properties of the substance (pharmacology and toxicology); (ii) measures of social control (regulatory policies and informal norms); (iii) modalities of drug use (patterns, context of use); (iv) individual characteristics of users (age, gender, genetic, personality).

The type of hazardous effects that may be caused by drug use:

On the user: (i) biological (toxicity, dependence); (ii) psychological (functional impairment, effects on personality); (iii) behavioural (neglect of social roles, violence, etc.). Distinguishing domains from which the harmful effects of drugs originate has obvious consequences for the drug policy options to be taken after the risk-assessment procedure.

On the social environment: (i) family – micro level (disruption, neglect, violence); (ii) neighbourhood and community – meso level (public disorder and inse-

curity); (iii) society at large – macro level (effects on the economy, public health and judicial systems)

The risk assessment of new synthetic drugs should include a strategy for deciding the different weights and priorities of both the sources and the effects of drug hazards for the final evaluation. In assessing the risks of a particular drug, five key variables likely to affect the hazards and risks related to that drug should be taken into consideration:

- Dose and frequency of use
- Short-term and especially long-term effects
- Interactions with other substances (including alcohol and medicaments)
- Individual characteristics
- Characteristics of the social environment.

Risk: Absolute risk reduction *(Last, 2001)*

The amount, preferably expressed as a percentage, by which the risk of a disease is reduced by elimination or control of a particular exposure. It is possible from this to estimate the number of people spared the consequences of an exposure.

In clinical epidemiology, the proportion of untreated persons who experience an adverse event, minus the proportion of treated persons who experience this event; used in calculating number needed to treat.

Risk assessment *(Last, 2001)*

The qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences

Risk assessment uses clinical, epidemiologic, toxicologic, environmental, and any other pertinent data. The process of determining risks to health attributable to environmental or other hazards. The process consists of four steps, as follows:

- Hazard identification: Identify the agent responsible for the health problem, its adverse effects, the target population and the conditions of exposure.
- Risk characterisation: Describing the potential health effects of the hazard, quantifying dose-effect and dose-response relationships.
- Exposure Assessment: quantifying exposure (dose) in a specified population based on measurement of emissions, environmental levels of toxic substances, biologic monitoring, etc.
- Risk estimation: combining risk characterisation, dose-response relationship, and exposure estimates to quantify the risk level in a specific population. The end result is a qualitative and quantitative statement about thee health effects expected and the proportion and number of affected people in a target population, including estimates of the uncertainties involved. The size of the exposed population must be known.

Risk management *(Last, 2001)*

The steps taken to alter, i.e., reduce, the levels of risk to which an individual or a population is subject. The managerial, decision-making, and active hazard control process to deal with environmental agents of disease, such as toxic substances, for which risk evaluation has indicated an unacceptably high level of risk. The process consists of three steps, as follows:

- Risk evaluation: Comparison of calculated risks or public health impact of exposure to an environmental agent with the risks caused by other agents or societal factors, and with the benefits associated with the agent, as a basis for, deciding what is acceptable risk
- Exposure control: Actions taken to keep exposure below an acceptable maximum limit
- Risk monitoring: The process of measuring reduction in risk after exposure control actions have been taken in order to reassess risks and initiate further control measures if necessary.

Robustness *(Euro-TREND, 2003)*

The Robustness of a collection tool is the ability to provide data that is sufficiently accurate and comprehensive for identifying and assessing an Emerging Drug Phenomenon even under difficult data collection. A tool that uses a rough and ready method will be preferred to a sophisticated and expensive one.

Secondary media (medium) *(see **"Media"**)*

Sensitivity analysis *(Last, 2001)*

A method to determine the robustness of an assessment by examining the extent to which results are affected by changes in methods, values of variables, or assumptions. The aim is to identify variables whose values are most likely to change the results or to find a solution that is relatively stable for the most commonly occurring values of these variables.

Sensitivity / Specificity *(Last, 2001)*

The proportion of truly diseased persons in the screened population who are identified as diseased by the screening test

Sensitivity is a measure of the probability of correctly diagnosing a case, or the probability that any given case will be identified by the test (syn: true positive rate).

Specificity is the proportion of truly nondiseased persons who are so identified by the screening test. It is a measure of the probability of correctly identifying a nondiseased person with a screening test (syn: true negative test).

Sensitivity / specificity *(Rothman* et al.*, 1998)*

In the case of discrete variables, the sensitivity of an exposure measurement method is the probability that someone who is truly exposed will be classified as exposed by the methods. The false-negative rate of the methods is the probability that someone who is truly exposed will be classified as unexposed: it equals one minus the sensitivity.

The specificity of the method is the probability that someone who is truly unexposed will be classified as unexposed. The false-positive rate is the probability that someone who is truly unexposed will be classified as exposed; it equals one minus the specificity.

These terms (sensitivity, specificity, false-negative rate, false-positive rate) can also be applied to descriptions of the methods of disease measurement.

Set *(Zinberg, 1984)*

The attitude of a person at the time of use, including his personnality structure.

Setting *(Zinberg, 1984)*

The influence of the physical and social setting within which the use occurs.

Specific assessment *(Euro-TREND, 2003)*

The EIF specific assessment is a more in-depth analysis of certain recently identified important Emerging Drug Phenomena which may or may not require an additional data collection.

Specific EIF tool(s) *(see* ***"Tool(s)"****)*

Specificity *(see* ***"Sensitivity"****)*

Standard assessment *(Euro-TREND, 2003)*

The EIF standard assessment is the first-level assessment that uses relevant information previously obtained from data collection tools in order to give the most detailed description possible of each identified EDP.

Substance abuse *(see* ***"Abuse"****)*

Substance intoxication *(see* ***"Intoxication"****)*

Substance use disorder *(see* ***"Disorder"****)*

Substance withdrawal *(see* ***"Withdrawal"****)*

Surveillance *(Last, 2001)*

Systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know that action can be taken. Surveillance is the essential feature of epidemiological practice. It is distinguished from monitoring by the fact that it is continuous and ongoing, whereas monitoring is intermittent or episodic. Surveillance has been defined and described at greater length, e.g., by the Centers for Disease Control and Prevention: The ongoing systematic collection, analysis, and interpretation of health data, essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. The final link in the surveillance chain is the application of these data to prevention and control. A surveillance system includes a functional capacity for data collection, analysis, and dissemination linked to public health programs (Centers for Disease Control, 1996).

Another definition gives some details about sources of surveillance data: continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by t heir practicality, uniformity, and rapidity rather than by accuracy or completeness (Eylenbosch *et al.*, 1988).

By observing trends in time, place, and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include: (i) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (ii) laboratory diagnoses; (iii) outbreak reports; (iv) vaccine utilization-uptake and side effects; (v) sickness absence records; (vi) disease determinants such as biological changes in agent, vectors, or reservoirs; (vii) susceptibility to disease, as by skin testing or serological surveillance e.g., serum banks.

Surveillance *(Rothman* et al.*, 1998)*

It is a continuous and systematic process of collection, analysis, interpretation, and dissemination of descriptive information for monitoring health problems. Surveillance systems are networks of people and activities that maintain this process and may function at a range of levels, from local to international. […] When new public health problems emerge, the rapid implementation of surveillance is critical to an effective early response. […] In the long term, surveillance is used to identify changes in the nature or extent of health problems. […] Surveillance systems are generally called upon to provide descriptive information regarding when and where health problems are occurring and who is affected – the basic epidemiologic parameters of time, place and person. The primary objective of surveillance

is most commonly to monitor the incidence or prevalence of specific health problems over time to document their impact in defined populations. […] Monitoring trends is the cornerstone objective of most surveillance systems. The detection of an increase in adverse health events can alert health agencies to the need for further investigation. When outbreaks or disease clusters are suspected, surveillance can provide an historical perspective in assessing the importance of perceived or documented change in incidence. Alternatively, trends identified through surveillance can provide an indication of the success of interventions, even though more detailed studies may be required to evaluate programs formally. […] Trends detected through surveillance can be used to anticipate future trends, assisting health planners. […] Surveillance systems can also characterize persons who are affected by health problems and to identify groups at highest risk for these problems. […] Surveillance systems can be used to describe health problems themselves.

Synthetic drug *(Griffiths* et al.*, 1997)*

A useful catch-all term referring to psychoactive substances artificially produced in laboratories from chemical raw materials (precursors) rather than from natural products. In this instance, it refers to ecstasy and analogues, amphetamine and LSD. The term should be used with care as there are synthetic sedative-depressants and analgesics, as well as hallucinogens and stimulants.

Target audience *(Euro-TREND, 2003)*

Target audiences are people or groups of people to whom the information should be disseminated. They should be identified at several levels: European, national or local/regional.

Target population *(Last, 2001)*

The collection of individuals, items, measurements, etc., about which inferences are desired. The term is sometimes used to indicate the population from which a sample is drawn and sometimes to denote any "reference" population about which inferences are required.

The group of persons for whom an intervention is planned.

Time series *(Griffiths* et al.*, 1999)*

A set of measures of a single variable recorded periodically over time.

A single-group research design in which measurements are made at several different times, thereby allowing trends to be detected. An interrupted time series features several measurements both before and after an intervention and is usually more valid than a simple pretest-postest design. A multiple time series involves several groups, including a control-group

Tools: Collection tool(s) / General tool(s) / Specific EIF tool(s)
(Euro-TREND, 2003)

A collection tool is defined as a whole composed of one or more data collection professional(s) who gather information from an information source by using a specific method, with specific instrument.

A general tool is not specially constructed for the identification and description of Emerging Drug Phenomena. However, it deals with topics of interest for the EIF and they could provide data on Emerging Drug Phenomena as a by-product.

A specific EIF tool is constructed for identifying and assessing Emerging Drug Phenomena (EDP). In fact, it is necessary for specific EIF tools to be developed owing to the fact that the data provided by general tools within the DIS may not be sufficient for the EIF for EDP.

Topic of interest *(Euro-TREND, 2003)*

A topic of interest is information produced by the EIF which is not sufficiently robust to identify an EDP, but which reveals a potential concern and merits being monitored. A topic of interest will be subject to continuous observation which should allow it to be identified if it evolves to a formal EDP or if it remains as a cluster of events or a "rumour".

Triangulation *(Euro-TREND, 2003)*

Triangulation is a process for pooling items of information relating to the same EIF indicator obtained from many and varied information sources and tools, often using different methods. This allows a greater confidence in the validity and representative nature of the information (Rhodes *et al.*, 1998). Triangulation aims to assess the support for a finding by showing to what extent to which the various results agree with each other.

Triangulation *(Stimson* et al.*, 1998a and 1998b)*

Adequacy rather than scientific perfection, one of the special features of rapid assessments, distinguishes them from the other social science investigations. Reliability and validity are established through cross-checking multiple sources of data, sometimes referred as "data triangulation". Triangulation means getting information from different and multiple sources, often using different methods, until the researcher is confident of the validity and representativeness of the information, and of the diversity, conflicts and contradictions within a society.

Triangulation *(Schwandt, 2001)*

This is a procedure used to establish the fact that criterion of validity has been met. The field-worker makes inferences from data, claiming that a particular set of

data supports a particular definition, theme, assertion, hypothesis, or claim. Triangulation is a means of checking the integrity of the inferences one draws. It can involve the use of multiple data sources, multiple investigators, multiple theoretical perspectives, multiple methods, or all these. The central point of the procedure is to examine a conclusion (assertion, claim, etc.) from more than one vantage point.

Trend *(Last, 2001)*

A long term movement in an ordered series, e.g., a time series. An essential feature is that the movement, while possibly irregular in the short term, shows movement consistently in the same direction over a long term. The term is also used loosely to refer to an association which is consistent in several samples or strata but is not statistically significant.

Trend *(Griffiths* et al.*, 1999)*

Movement in one direction of the values of a variable over a period of time (time series data). A trend is dependent on the time range considered. Changes attributed to an underlying trend should be distinguished with random or regular 'fluctuations' which are movements in time series data that are unrelated to a long term trend. In regard to trends in drug consumption, this distinction may be subjective and context governed. An other difficult task is to detect when a trend become significant.

Trend Analysis *(Griffiths* et al.*, 1999)*

Descriptive rather than explanatory analysis that seeks to explain the observed movement in one or more sets of time series indicator data.

Use *(EMCDDA, 1997)*

Voluntary or self-administration of a psychoactive substance.

Use (alcohol or drug) *(WHO, 1994)*

Self-administration of a psychoactive substance

Validity *(Euro-TREND, 2003)*

The validity of the data refers to the fact that the data is (or must be) true and certain. Here, "true" means that the data accurately represents the phenomena to which it refers and "certain" means that the data is backed by evidence – or guaranted - and that there are no grounds for doubting the data, or the evidence for the data in question is stronger than the evidence for alternative data.

Validity *(Schwandt, 2001)*

In ordinary usage, validity is a property of a statement, argument, or procedure. To call one of those things valid is to indicate that it is sound, cogent, well grounded, justifiable, or logically correct.

Psychologically, validity means having confidence in one's statements or knowledge claims. In social science, validity is one of the criteria that traditionally serve as a benchmark for inquiry. Validity is an epistemic criterion: to say that the findings of social scientific investigations are (or must be) valid is to argue that the findings are in fact (or must be) true and certain. Here "true" means that the findings are backed by evidence –or warranted- and there are no good grounds for doubting the findings, or the evidence for the findings in question is stronger than the evidence for alternative findings.

Validity / Validity, measurement *(Last, 2001)*

This term, derived from the Latin validus, "strong", has several meanings usually accompanied by a qualifying word or phrase.

Validity, measurement: An expression of the degree to which a measurement measures what it supports to measure.

Several varieties are distinguished, including construct validity, content validity, and criterion validity (concurrent and predictive validity).

Withdrawal syndrom *(WHO, 1994)*

A group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance.

A withdrawal syndrome is one of the indicators of a dependence syndrome. It is also the defining characteristic of the narrower psychopharmacological meaning of dependence.

The onset and course of the withdrawal syndrome are time-limited and are related to the type of substance and dose being taken immediately before cessation or reduction of use. Typically, the features of a withdrawal syndrome are the opposite of those of acute intoxication.

Withdrawal: Substance withdrawal (American Psychiatric Association, 2000)

- The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.

- The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

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LIST OF TABLES AND FIGURES

LIST OF ABBREVIATIONS

AFSSAPS: French Agency on the Health Safety of Health Products

AP-HM: Marseille Publicy-Owned Hospitals

BUND: Representative Survey on the Use of Psychoactive Substances in the German Adult Population

CAM: Coordination point for Assessment and Monitoring (the Netherlands)

CEIP: Drug Dependence Evaluation and Information Centres (France)

CVO: Addiction Research Centre

DDASS: Regional Directorates for Health and Social Action (France)

DGPND: Government Delegation for the National Plan on Drugs (Spain)

DGS: Health General Directorate (France)

DIMS: Drug Information and Monitoring System (the Netherlands)

DIS: Drug Information System

DRAMES: System for Monitoring Drug-related Deaths (France)

EDP: Emerging Drug Phenomena

EIF: Early Information Function

EMCDDA: European Monitoring Centre for Drugs and Drug Addiction

EWS: Early Warning System

FP: Focal Point

GHB: Gammahydroxybutyrate

IFT: Institute for Therapy Research (Germany)

INME: Portuguese School Survey

IPDT/IDT: Drugs and Drug Addiction Institute (Portugal)

IREFREA: European Research Institute of Risk Factors on Adolescents and Young People

MILDT: Interdepartmental Mission for the Fight Against Drugs and Drug Addiction (France)

MoSyD: German Drug Trends Monitoring System (Germany)

NADIS: Network for the Current Situation of Drugs in Sweden

NIPH: National Institute of Public Health (Sweden)

OFDT: French Monitoring Centre for Drugs and Drug Addiction

OPPIDUM: French System for Monitoring Illegal Drugs and Misuse of Psychotropic Medications

PMA: Paramethoxyamphetamine or methoxy-4-amphetamine

REITOX: European Information Network on Drugs and Drug Addiction

SINTES: Identification System for Drugs and Toxic Substances (France)

SNIDT: Information System on Drug and Drug Addiction (Portugal)

TDI: Treatment Demand Indicator

TREND: Device for Producing Information on Emerging Drug Phenomena (France)

UMHRI: University of Mental Health Research Institute (Greece)

UVA: University of Valladolid (Spain)

WHO: World Health Organization

APPENDIX:
NATIONAL CONTRIBUTIONS

DUTCH CONTRIBUTION

Introduction

In the Netherlands, the Trimbos Institute is responsible for carrying out the Euro-Trend project.

The Trimbos Institute, Netherlands Institute of Mental Health and Addiction, is an independent national centre of expertise that provides services in the field of prevention and care of mental health problems and substance (ab) use. These services include development of innovative approaches, training of health professionals and research.

More information at: www.trimbos.nl.

Document Structure

In this report, important aspects of the Dutch National Drug Monitor (NDM) are explained. Major source used in this contribution is the NDM Annual Report 2002. This concerns the text about the NDM, Substance use and Drug Criminality.

Used data-sources can be found at
http://www.trimbos.nl/Downloads/English_General/NDM_2002_attachments.pdf

The NDM, on a yearly basis, publishes a statistical overview of drug and alcohol dependence and substance use and its consequences: the Annual Report. (http://www.trimbos.nl/default.asp?id=298)

The NDM receives statistics on drug dependence and substance use from various agencies, differentiating between data from surveys (periodic monitoring) and information systems (continued tracking of data).

After the general explanation about the NDM, from a public health perspective important developments concerning substances are explained.

The situation in the field of drug criminality is described. This is followed by an example of the dissemination strategy in the Netherlands.

“Prospects” is the title of the last part, important features for a future EIF in the Netherlands are described as well as some major benefits of implementing EIF in the Netherlands.

The National Drug Monitor

The National Drug Monitor (NDM) was established in 1999 on the initiative of the Minister of Public Health, Welfare and Sports. Data collection and reporting tasks are delegated to the Trimbos Institute, where the Dutch Focal Point (DFP) for the EMCDDA is also operative. Formerly the Dutch Focal Point is the responsibility of the Ministry of Health, Welfare and Sport (VWS) (www.minvws.nl), in close co-operation with the Ministry of Justice (www.minjust.nl). Again, data collection and reporting tasks for the DFP are delegated to the Trimbos Institute. The NDM is an inter-institutional grouping with two main functions:

1. Acting as a co-ordinating body for surveys in progress in the Netherlands and for recorded data on substance use (drugs, alcohol, and tobacco) and dependence. Surveys are periodic measurements, whilst the recording of data is continuous. This involves tracking information from care and treatment facilities, which have to keep records with regard to their work and clientele.
2. Submitting statistical reports to national authorities/governments and international and domestic organisations. The reports are based on the outcomes of surveys and recorded data, as well as on results from (other) studies. The international organisations that are furnished with reports by the NDM include the WHO (World Health Organisation), the United Nations and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

At the centre of the NDM is the collection and integration of figures, according to a limited number of key indicators, or policy barometers, which were agreed by the Member States of the European Union in the framework of the EMCDDA. At issue is information on:

- substance use in the general population
- problem use and dependence
- and the consequences of the above for:
  - The burden placed on drug treatment and social services
  - Illness
  - Mortality.

Substance use

A few facts and developments in the Annual Report 2002 catch the eye.

- The percentage of Dutch cannabis users in the general population aged 12 and above showed a slight increase between 1997 and 2001. This means, in absolute figures, that the number of current cannabis users rose from 326,000 to 408,000 in these four years. However, among young people aged 12 to 15 and secondary education pupils, the percentage of cannabis users remained stable over the past years.
- The popularity of cocaine has grown, which is indicated by the following:
  - The number of current cocaine users in the general population doubled between 1997 and
  2001. The increase was most prevalent among women.
  - The Netherlands has the second largest percentage of ever users of cocaine in the European
  Union, and the fourth largest number of current users.
  - Cocaine, especially in ‘ready-made’ smoke-able form (crack cocaine), presently is the main drug for many problematic hard drug users.
  - Cocaine sniffing has become popular in the (Amsterdam) club and party scene.
  - An increasing number of cocaine users seek professional help. Two in three of them experience problems with crack cocaine.
  - The recorded acute mortality from cocaine is low, but rising.
- The number of ecstasy users in the general population increased between 1997 and 2001, in particular among women.
- Of all Member States in the European Union, the Netherlands has the lowest number of problem users of hard drugs (often opiates) per thousand inhabitants.
- In spite of a legal ban, the availability of alcoholic beverages among young people under the age of 16 is high, particularly in the hotel and catering industry.
- Quite a large proportion of young men between the age of 18 and 24 are heavy drinkers. This age group also has a relatively high percentage of victims of alcohol-related traffic accidents.
- There are indications that the popularity of GHB has risen. Use of this drug has been associated with sex offences, traffic accidents and deaths. However, the number of serious incidents linked to the use of GHB appears limited; exact figures are not available.

Drug criminality

The Annual Report for 2002 regarding the situation in the Netherlands also contains a chapter with figures and information on subjects related to the work of the Ministry of Justice. Until now, crime-related statistics had been included in the NDM to a rather limited extent, but since policy-makers and international organisations are expressing a growing demand for such information, this new chapter (…) includes data on:

- drug-related crime and nuisance, such as violations of the Opium Act, property crime, violent offences, and drug use among arrestees;
- the number of addicts in the criminal justice system and information on the functioning of the modalities for the care and treatment of addicts;
- production, trafficking and distribution, including information on drugs sales, confiscations, supply lines and illegal laboratories.

The Ministry of Justice in 1999/2001 has ordered an inventory of sources and an evaluation of the quality of available key figures. The results show that, at present, not all the data needed are of adequate quality for inclusion in the NDM. A project has been started in order to improve the information structure, and this will require considerable investments in the coming years by the police and the justice authorities. However, it is possible, on the basis of the available figures, to present an approximate picture of the recorded crime and the relevant penal response. (…)

- The drug problem indisputably places a heavy burden on the resources of the police and the criminal justice system.
- A distinction between three main offender types can be made with regard to drug crime:
  - offenders of (more serious) forms of organised crime;
  - drug offenders (Opium Act) with a relatively low level of involvement in organised drug crime;
  - persistent, chronically drug-dependent recidivists, who mainly commit crime against property.
- Forms of organised crime receive the harshest sentences. Other drug offenders are punished less severely, but still receive stiffer penalties than all other crime. Particularly the offenders of drug crimes involving hard drugs receive the harshest sentences.
- Crime committed by drug users often results in custodial sentences.

Dissemination Strategy

Reports about changes in drug use such as the GHB research 'GHB: tussen extase en narcose', are not disseminated actively towards a specific target group.

The GHB research can be seen as a specific assessment report.

The GHB assessment was initiated by the Antenne research. Indications for GHB to become a trend were found. A possible trend in drug use was identified and within the Antenne report, recommendations were formulated for further research.

According the Dutch experts, the organisation that has commissioned the research should take responsibility to implement research findings.

Local authorities should take responsibility to react on research figs and initiate interventions.

Prospects

In the Netherlands for more than twenty years, initiatives to gather data about changes in drug use are taken.

Dutch drug policy aims at the prevention and limitation of the risks of drug use for users, their immediate environment and for society.

The three main objectives are:

1. The demand for drugs is discouraged by providing high-quality prevention and assistance.
2. The supply of drugs is checked by combating organized crime.
3. No tolerance for drug use causing disturbance of the peace or any other type of nuisance.

The benefit of implementation EIF in the Netherlands would be more efficient use of existing data systems. Existing data systems all have their own restrictions, objectives, and etceteras. There is no system that can be compared with EIF but all systems together cover almost every aspect of EIF. All relevant data about changes in drug use should be collected from the data systems.

Value would also be added to the existing system, by the exploitation of data (sources) which are not used yet.

The EIF in the Netherlands should centrally collect bits and pieces from existing systems, build a database containing information about changes in drug use.

In time a scientific model should be developed, that completely explains development of changes in drug use.

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FRENCH CONTRIBUTION

Introduction

The observation and monitoring of drug phenomena in France are carried out primarily by the French Monitoring Centre for Drugs and Drug Addiction (Observatoire Français des Drogues et des Toxicomanies, OFDT, www.ofdt.fr). The OFDT is a public body aimed at collecting and analysing data on drugs and drug addiction and disseminating information. It is the French focal point of the REITOX network.

In 1999, in order to satisfy the policy makers' wish to have earlier information on Emerging Drug Phenomena, the OFDT set up the TREND device. This is aimed at quickly providing policy makers, professionals, and users with information on Emerging Drug Phenomena. This early information should allow the aforementioned actors involved in the drugs field to develop adequate responses at various levels – political, professional, and individual. This present report gives an overview of the existing TREND device, which has been operating in France for 4 years, and which is contributing to the development of an Early Information Function for Emerging Drug Phenomena.

The French TREND device

Data collection

The data collection system of the TREND device involves existing partner information systems and specific data collection tools.

The specific information collection system

This is composed of three data collection tools: a network of 12 sites in metropolitan France and overseas departments, the National Identification System for Drugs and Toxic Substances (SINTES) aimed at analysing synthetic substances, and the Media watch (analysis of the representations of illicit drugs offered by selected monthly magazines dedicated to young people).

■ The Network of national sites

The national network of TREND sites collects data, on a continuous or periodic basis, from users, low-threshold facilities, self-help groups, law enforcement units, and health professionals using the following methods: observations, qualitative questionnaires, focus groups and quantitative ad hoc surveys. It focuses mainly on two social areas: techno area (people participating in techno music events) and the urban area (people using drugs in the street or using low-threshold structures).

Data collected provides information on:

- Users: age, gender, professional situation, geographical locality of the user, expected effects, user's opinion of the substance, user's opinion of his/her own use, method of administration, quantity, frequency, intensity, poly-drug use,
- Substances: street name, physical appearance, logo
- Setting: social setting, retail price and perceived availability.

■ The national identification system for toxins and substances SINTES

Within the framework of SINTES, synthetic drugs samples from some of the seizures made by the law enforcement services and from collections made from users by the socio-health players are analysed by toxicological analysis laboratories.

These provide information on the substances: purity, chemical name, physical appearance and logo of synthetic drugs

In addition, a questionnaire is filled in for each of the products collected allowing the collection of data about the context of use. Thus, for each of the products collected by the socio-health players, information is produced via a questionnaire on:

- Users: expected effects, user's opinion of the substance, user's opinion of his/her own use, method of administration, quantity, frequency, intensity, poly-drug use,
- Substances: street name.

■ The Media watch

Six monthly magazines with a wide distribution are analysed in order to monitor the trends in the representations conveyed by the young adult media. Each explicit or implicit reference to drugs and drug uses is noted down and are used for feeding core indicators on the identification and description of Emerging Drug Phenomena.

The existing partner information systems

■ The OPPIDUM (Observation of Illegal Drugs and Misuse of Psychotropic Medications) survey is an annual survey carried out by the Drug Dependence Evaluation and Information Centres (Centre d'Evaluation et d'Information des Pharmacodépendances, CEIP network, www.centrespharmacodependance.net/outils/index.html). This gives a description of drug users attending treatment and reception centres. The main source of information is the user.

■ The SIAMOIS (Information on the Accessibility of Medicinal Equipment for Injection and Substitution) system is managed by the Health Monitoring Institute (Institut de Veille Sanitaire, InVS, www.invs.sante.fr/index.htm) and describes the trends in sales of substitution drugs and sterile injection material.

■ The ESCAPAD (Health and drug use survey) survey of the OFDT is carried out during the conscription and preparation for defence day. This annual quantitative survey describes the psychotropic substance uses of individuals aged from 17 to 19.

■ The Central office for illegal drug trafficking (Office Central de Répression du Traffic Illicite des Stupéfiants, OCRTIS) analyses its data and thus provides the TREND device with a description of deals, seizures and questionings, and deaths by overdose.

■ Toxicological analyses of heroin, cocaine and cannabis seizures are carried out by a network of laboratories run by the scientific police and customs services. This provides information on purity levels and adulterants.

Data analysis

All the data collected through the TREND device is stored in various data bases at the OFDT. For each set of data, a specific analysis is carried out and a document is written. Once a year, a comparative analysis (triangulation) of all the information is carried out by the co-ordination team at the OFDT. This gives a global view of any Emerging Drug Phenomena identified by the data collection tools.

Some "specific investigations" are also carried out. These can pursue three objectives: to explore in greater detail an Emerging Drug Phenomenon (e.g., uses and users of ketamine in France), to explore a social area not covered by data collection tools (e.g., drug uses in the rock party scene), to test a new method for gathering data (e.g., a quantitative approach for party scenes).

Dissemination strategy

Information on all the Emerging Drug Phenomena identified by the TREND device in the course of a year is reported in an annual national report. This full report also includes the results of specific assessments carried out during the year (specific investigations). These assessments are also included in a specific assessment report. All reports published by the TREND device are available free of charge on demand and can be downloaded. Using the annual full report, the OFDT draws up a press release and a press file in order to target policy makers, journalists and professionals.

Within the framework of SINTES, a fast-track process has been developed for producing quick information notes on new and/or potentially dangerous substances. This process allows the fast dissemination of the information. It implies the production of a note and a quick consultation of the TREND partners (Afssaps, MILDT, DGS) on whether a health warning should be issued. Depending on the final decision a health warning or a quick information note will be disseminated.

Prospects

The TREND device in France is a recent project and has been set up in a short period of time. It now needs to mature in order to improve its operation. The results of the work achieved in the Euro-TREND project will be helpful in this respect.

During next year, the TREND device will have to be examined and considered in light of the Euro-TREND manual, in order to adapt the Euro-TREND proposals to the French context as far as possible. At the data collection level, a diagnosis of all the core indicators, those covered and those not covered, will have to be made. At the dissemination level, it may be worth developing different strategies for the various target audiences.

The continuity of a common European way of thinking on this subject would be very welcome in order to assist in the continuous improvement of the national EIF.

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GERMAN CONTRIBUTION

Introduction

In Germany the Institute for Therapy Research (IFT) is responsible for carrying out the Euro-TREND Project. The IFT is a non governmental and non-profit organization in the field of addiction research (epidemiology, prevention, treatment and care systems). Concerning the observation and monitoring of drugs the IFT collaborates with several partners. The key partners are The Federal Criminal Investigation Office (BKA), the Federal Statistical Office (StBA), Federal Centre for Health Education (FCHE) and the Robert Koch – Institute (RKI).

The key partners of the existing system concerning early identification function are described. Moreover, the key sources of information as well as the key data collection tools which are presented. An overview which core indicators are met by them is given. The future perspectives of an integration of local monitoring systems as well as of alternative concepts are described.

Resources

Key partners

In Germany there are at two institutions running local monitoring systems and working on the early identification and detection of emerging trends in drug use. The 'Monitoring System Drug Trends' (MoSyD) is located in Frankfurt. It started to function in spring 2002 and was designed, implemented and carried out by the Centre for Drug Research/ Goethe – University on behalf of the City of Frankfurt. In Hamburg the Büro für Suchtprävention/ Office for Drug prevention is currently working on the implementation of a Local Monitoring System (LMS). Their main tasks are doing drug prevention and providing information for target groups as well as the general public.

Key sources of information and key data collection methods

As key sources of information in particular the drug users, the low threshold facilities, the nightlife recreational centres and the key informants provide information in terms of an early identification function. MoSyD in Frankfurt above all uses an expert panel, the key informant interviewing and two surveys: The expert panel consists of 12 representatives which are associated and confronted with the drug using phenomenon (drug care, social work with adults, education system, police and public prosecutor's office).As methods a focus group takes place twice a year and a questionnaire was created and is used once a year.

Concerning the key informant interviewing so-called "trend-scouts" are interviewed. The sample consists of 20 persons who have direct and wide contacts to drug using social milieus and scenes because of their social position and closeness to such social groups due to their leisure time activities and/ or occupation. The sample covers the relevant spectrum of leisure-time scenes, sub-cultures, youth scenes and social milieus in which drug consumption plays – or potentially could play – a significant role. The interviewees can directly and authentically report on new emerging drug using phenomena from the inside of relevant social networks and scenes. The key informants are interviewed every six months, using a structured interview.

Furthermore, two surveys are used, the "School-Survey" and the "Drug-Scene-Survey". The school-survey has a sample-size of 1,500 pupils aged 15 to 18 covering the whole spectrum of schools and training programmes. A structures questionnaire is used within a survey interval of one year. In contrast to the school-survey the drug-scene-survey covers a sample of 150 persons using illicit drugs. The interviewees are recruited from the open drug scene in Frankfurt and are asked a structured questionnaire in a face-to-face interview situation. It is done every second year.

The three pillars of the LMS in Hamburg are nearly the same as the ones of MoSyD: There is also a key informant interviewing, a focus group and a school – survey in order to collect new data. Within the key informant interviewing about 20 persons are interviewed. The persons are either related in a professional or in a private way with the scene: They are e.g. users, DJ's, barkeepers, street workers or drug counselors. The key informants are interviewed once a year, using a semi-structured interview. The focus groups are used in order to gain further information about the way of using different kinds of drugs. The target groups are users and non-users of licit and illicit drugs.

Each group consists of 6 to 8 persons. The persons are asked to participate in the discussion which is led by an expert and which lasts about 2 hours. Those discussions have a very clear topic in order to get specific information about the chosen aspects of using drugs. The discussion takes place once a year.

The survey "Schoolchildren and Teachers Survey about the Perception and Behaviour related to Drugs" (SCHULBUS) is an instrument for forecasting drug consumption trends and evaluating prevention measures in the region. This survey will use a paper-pencil questionnaire (where possible computer-assisted). It will be carried out yearly among pupils from the 7th class on and their teachers. It is planned to include about 1.500 to 2.000 schoolchildren and 60 – 80 teachers and cover licit as well as illicit substances. Not only the drug-user will be asked for their motivation of using a specific drug but also non-users will be asked for their reasons of abstinence.

The data described above are collected and analysed by the team which runs the local monitoring systems, the Centre for Drug Research/ Goethe – University in Frankfurt and the. Büro für Suchtprävention/ Office for Drug prevention in Hamburg

As both projects have been involved in the Euro-TREND project a close relationship is already given between these regional networks and the EIF standards. Depending on the specific topics under discussion especially in the focus groups a broad variety of the core indicators mentioned in the EIF concept will be covered through these projects.

At the moment the reporting of these projects takes place only regionally and local policy and public authorities are the principle target groups which also are in a position to react in an adequate way.

Other sources

Beside these systematic data collection networks available in the regional systems a number of information sources produce data throughout the year, which can be used at the national level and in parts also at regional or local level. The extensive information network, which is used by the National Focal Point, also is available for EIF purposed. Due to the character of the different sources, the information is updated and reported on different schedules:

- Treatment demand indicator: collection: ongoing, report: annually
- Population surveys: collection: every 2-3 years, report: delayed 6-9 months after data collection
- Drug related deaths (police register): collection: ongoing, report: annually
- Law enforcement data on seizures and offences: collection: ongoing: report: update every three months, full report annually.

Prospects

The future development of an EIF in Germany has to touch different aspects. Starting from the status quo, which is described above, additional activities and investments are needed in several fields:

- More regional networks have to be integrated and/or setup. Especially the situation in the new Laender and the more rural areas is quite different from the metropolitan areas, where the EIFs are already functioning. In order to catch relevant phenomena in all parts of the country, a regional extension would be needed
- Information dissemination at the moment takes place mainly locally in these projects. Local policy has organised and funded these projects and is the primary target group. However, information channels also to other national partners would be needed
- Politically this would need an common decision taken by the Federal and at least some of the Land authorities which also includes a division of responsibilities
- Technically a national EIF in a country like Germany – rather big scope for European standards, federal structure – would need an active national coordinating unit. The primary purpose of this unit would be to collect, synthesize and report information collected at different places in Germany.

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GREEK CONTRIBUTION

Introduction

Within the current Greek context, the observation and monitoring of drug phenomena at a national level is carried out through the various information systems run by the Greek Focal Point (Greek FP). The Greek FP operates in the context of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) and its main objective is to provide and disseminate reliable and comparable information on all of the parameters of the drug problem.

Along these lines, the Greek FP is responsible for several national activities, such as a) to collect, analyse and process information on drugs, on the demand, as well as on the demand reduction needs and priorities (i.e. supply reduction, prevention, treatment, rehabilitation), b) to provide guidelines and support for improving the validity and comparability of the existing indicators, c) to provide guidelines for the establishment of new indicators for the study of the drug phenomenon, d) to provide information to organisations and professionals in the drug field, e) to train health professionals, etc. (http://www.ektepn.gr).

The present document gives an overview of the drug information systems operating in Greece with regard to the main objective of the Early Information Function (EIF). Moreover, the main impediments for the implementation of the EIF within the national context are described and, thus, relevant suggestions are introduced. Finally, the perspectives for implementing the theoretical model of the EIF in Greece are presented.

The Greek drug monitoring systems and sources of information

The following list includes the existing Greek recording systems that could provide information on new drugs and on new ways of using known substances, which is data on potential new trends on drug use.

Description of the existing drug monitoring systems

Early Warning System (EWS) of the Joint Action

The aim of the Early Warning System (EWS) is to collect information on new synthetic drugs which pose a serious threat to public health and which are of limited therapeutic value (EMCDDA, 2002). Within this framework, the operation of the Greek EWS is based on a national information network bringing together various agents within the drug field.

More specifically, the following sources provide the Greek FP with information:

- Health care services specialised in the care of dependent individuals, that is, drug treatment programmes, low-threshold and outreach services, programmes for drug-dependent prisoners, prevention centres and telephone help-lines specialised in drug-related issues.
- Law Enforcement Authorities, that is, the Central Anti-drug Co-ordination Unit as well as the Ministries of Public Order, Merchant Marine and Finance.
- Forensic services, that is, drug services of the General State Chemical Laboratory and of Forensic Medicine Laboratories.

As regards the collection of information, three short questionnaires have been constructed addressing the various sources. The network partners record the relevant information and send them to the Greek FP on a regular basis, that is, as soon as this type of information is observed or reported.

Moreover, a scientific evaluation committee consisting of experts in the drug field assesses twice a year the incoming information and produces a list of new substances and new ways of using already known substances.

Treatment Demand Indicator (TDI)

Treatment Demand Indicator (TDI) constitutes a recording system for the collection of data on the socio-demographic characteristics of dependent persons requesting treatment and their patterns of use.

The implementation of this indicator is based on a national partner network that consists of all types of drug treatment programmes (residential and non-residential), low-threshold and outreach services.

The collaborating agents provide individual data by completing questionnaires on a monthly basis. For each completed questionnaire an anonymous identification code is used, so that confidentiality is assured and double entries are excluded. The Greek FP performs the data-entry and quality checks and, in collaboration with the contact persons in each agency, makes corrections on the collected data. The results are produced yearly.

Drug-related Infectious Diseases Indicator among Intravenous Drug Users

The Greek FP has established a national network, in order to assess the prevalence and incidence of infectious diseases among drug users.

The aforementioned network consists of all types of drug treatment programmes, low-threshold and outreach services, reference centres, public laboratories, and a state hospital.

The relevant data are collected by an individual and anonymous questionnaire on a monthly basis. Each participating agent provides data on the medical tests for Hepatitis B and C and HIV/ADIS of their clients, as well as some other characteristics (i.e. age, gender and risk factors). As with TDI, the FP performs the quality control, the data-entry and the double entries check. The analysis takes place yearly.

Drug-related deaths indicator

This indicator refers to data on deaths caused by acute intoxication (i.e. overdose or synergic activity of different drugs).

Within this framework, the Greek FP provides special registry data, routinely collected by the Hellenic Police annually based on acute intoxications (i.e. deaths caused by overdose or the synergic activity of different drugs).

Other drug-related data

In addition to the above drug monitoring systems, the Greek FP collects yearly aggregated data on convictions, imprisonments, seizures, arrests, charges and price/purity of the substances. The information derives from the Ministry of Public Order and the Ministry of Justice.

Moreover, the Greek FP in collaboration with the University Mental Health Research Institute carries out epidemiological surveys (that is, general population and school surveys) and small-scale qualitative studies. The information deriving from these data collection methods could offer a general and broader background and could be used as an additional and supplementary instrument to the EIF. These data collection methods aim mainly at monitoring trends in use and public attitudes.

Feeding the core indicators of the EIF

The incoming information varies with the information source. Overall, all the information sources which already collaborate with the Greek FP could offer valuable information and respond to the core indicators of the EIF according to the circumstances. The type of the information provided is defined by the nature of the collaborating agent.

More specifically, new information regarding the “substance” (i.e. chemical name, street name, physical appearance, logo and purity), the “user” (i.e. method

of administration, quantity, intensity, frequency, poly-drug use, psychological and physical effects) and the "setting" (i.e. moment of the preparation/use, methods/rules related to the preparation/use, place of use) is already collected by the EWS Network.

In addition, in the context of the TDI, the Greek Focal Point receives data on the "substance" (i.e. chemical name) and the "user" (i.e. age, gender, nationality, professional situation, geographical locality, method of administration, frequency and poly-drug use).

Moreover, the indicators regarding drug-related deaths, mortality and the prevalence of infectious diseases provide data on the "user" (i.e. physical effects).

The existing dissemination strategy

All information collected and analysed by the Greek FP is annually published in the Greek Annual Report available to professionals, policy makers and the general public.

In particular, on the grounds of the EWS operation a constant feedback is provided to the network partners through the dissemination of information on new synthetic drugs and new ways of using known substances. Moreover, a relevant database has been developed with regard to strengthen the flow of information between the agent implementing the EWS and the national partner network. However, the access to the database is restricted to the professionals participating in the EWS network, since the information produced is confidential.

In addition, the networks of the TDI and the Infectious Diseases Indicator are provided annually with detailed, analysed data in the format of tables and graphs.

The implementation of the theoretical model of the EIF

Envisaged improvements in the context of the EIF

In the context of the development of the EIF, the Greek Focal Point envisages the reformulation and development of the existing recording systems.

Within this framework, it would be of major importance to broaden the existing network of partners. In Greece, there are specific data sources that have not been fully and systematically used so far, such as, private treatment centres or clinics, prisons, and telephone help-lines. Moreover, other sources, such as the emergency wards of public hospitals and the informal data sources (i.e. recreational nightlife settings) are still largely unexploited. Due to certain impediments, such as the lack of a recording system regarding the public hospitals or the limited number of interventions in nightlife settings, the involvement of the professionals in these settings in the information collection on a regular basis would be an ambitious venture.

As far as the recording of the information is concerned, modifications should be made on the way and the type of the already available or collected information. In this sense, new questions should be added to the existing questionnaires concerning the collection of information on new trends. Overall, the modified or new methodological instrument should be concise and short in order to become useful, to be easily adopted by the agents and to be completed with valid information.

Finally, the current condition in Greece should be taken into consideration. In particular, Greece is not a priority drug market, so all the new synthetic drugs are imported long after they are tried in other drug markets. Consequently, the information on new drugs is rather limited.

Perspectives for implementing the EIF

The data deriving from the existing drug information systems should be further analyzed for the detection of information on new trends. Along these lines, the implementation of the EIF in Greece should be undertaken by the Greek FP in the framework of the EWS, as it is run in the country. In particular, the Greek EWS operates beyond the strict requirements of the Joint Action and collects information on new substances in general (including natural and synthetic drugs) as well as on new ways of using known substances (i.e. new combinations, new routes of administration, new groups of users).

As far as the implementation of the dissemination strategy is concerned, two scenarios were envisaged:

a. The EIF would forward its reports to the policy makers, i.e. the relevant Ministries and the drug policy co-ordination body, who would undertake further dissemination of the information, or

b. The EIF would be involved in all the steps of the dissemination strategy. Bearing in mind the possible political implications, the dissemination should be made with great caution.

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PORTUGUESE CONTRIBUTION

Introduction

Since the end of last decade, the drug phenomena in Portugal has been approached under a global and integrated perspective in order to enable a better understanding of its development, a better control of the different aspects it concerns, and a maximization of the synergies resulting from networking. A body of legislative measures was produced in order to provide society with the means to achieve this general objective.

Surveillance and monitoring drug phenomena, in all the legislation produced, was a main concern. In fact, either in the Portuguese Drug Strategy (Resolution of the Council of Ministers Nr. 46/99, from May, the 26th.), or in The National Action Plan Against Drugs and Drug Addiction – Horizon 2004 (Resolution of the Council of Ministers N. 39/2001 from April the 9th), the implementation of a National Information System on Drugs and Drug Addiction is addressed.

The IDT – Instituto da Droga e Toxicodependência (Institute for Drug and Drug Addiction) - resulting from a merging between the formers IPDT - Portuguese Institute for Drug and Drug Addiction, and SPTT - Drug Addiction Prevention and Treatment Service - took the major responsibility, at national, regional and district levels, in the coordination and implementation of the National Strategy and the National Action Plan – Horizon 2004. IDT is placed under the Ministry of Health.

Included in the IDT organisational structure is the ODT – Observatório da Droga e da Toxicodependência (National Monitoring Centre on Drug and Drug Addiction) (Portaria Nr. 484/2003 from April, the 15th) having a mandate for developing actions in the areas of National Drug Information System (DIS), Research, Documentation/Information and to act as the EMCDDA Focal Point.

The implementation of the actions targeted to achieve the goals related to surveillance and monitoring drug phenomena, is then an attribution of the ODT within the IDT. The Portuguese EURO-TREND partner is the IDT, and the Portuguese National Coordinator belongs to the ODT.

The objective of developing an Early Information Function for early detection of Emerging Drug Phenomena fits perfectly within the IDT mission and is an ODT

responsibility. The Portuguese participation in this European project represents then, an important added value to the existing Information Systems and is a challenge to go further in timely tracking, and to understand the evolution of drug phenomena.

This short report describes in a first part the state of art of the available Portuguese Drug Information Systems, and, in a second part, improvements need and gaps to be filled in order to implement an EIF for Emerging Drug Phenomena.

THE EXISTING DRUG INFORMATION SYSTEM

The IDT is the body in charge of providing information to decision makers, experts working in the different drug fields, drug users and public in general. An annual report is produced to attain this objective.

The National Information System on Drug and Drug Addiction – NISDDA (Sistema Nacional de Informação sobre Droga e Toxicodependência – SNIDT) has the competence to annually gather information collected by different agencies working primarily or secondarily with drug use related issues, and to globally analyse and report about the situation. The NISDDA runs, primarily, in the Statistical Unit of ODT.

The NISDDA already provide some information about all main lines, areas of interest and many of the indicators presented in this manual. The main concern of this national DIS is on the following areas:

Areas of interest	Indicators about:	Periodicity
Extent of drug use	Prevalence of drug use in	
	General populations	each 4 years
	Specific populations:	
	Schools	each 2 years (INME-each 4 years ESPAD-each 4 years)
	prisons	each 3 years
	minors under tutelage	each 3 years
	problematic drug use	each 2 years
Health consequences	First treatment demands	annually
	Follow up treatment demands	annually
	Substituion treatment	annually
	Drug related mortality and non-fatal emergencies	annually
	Syringe distribution and exchange	annually
	Infectious diseases (HIV/AIDS, hepatitis B and C, and tuberculosis)	annually
Legal consequences	Dissuasion trials	annually
	Police interpellations/ presumed offenders	annually
	Judicial decisions	annually
	Prisoners because drug related crimes	annually
Market	Seizures and significant quantities seized	annually
	Drug prices	annually
	Purity	annually

Another drug information system operating, in Portugal, in a completely different way, is the Early Warning System on New Synthetic Drugs (EWS) developed according to the EMCDDA guidelines to implement at European level a Joint Action target to ensure a fast gathering and analysis of information related to new synthetic drugs. This information system works in an opportunistic and informal way, being activated whenever some "new relevant information" about a "new synthetic drug" is notified in some EU country.

These are the two Information Systems with more relevance in the drug field. They summarise information obtained from multiple partners, sources and methods.

Among the key partners already providing raw data or information to the two referred DIS, with relevance to an Early Information Function are:

- IDT (Ministry of Health):
  - IDT Research Unit
  Quantitative and qualitative information about multiple indicators;
  - IDT Treatment Department
  Data about heath consequences of drug use (treatment and harm reduction indicators);

- IDT Dissuasion Department
Data about dissuasion processes;
- IDT Prevention Department
Data from "Drug Telephone Helpline" and about drug use in specific contexts;

- National Emergency Institute (Ministry of Health)
Data about drug non-fatal emergencies;
- National Health Institute / Epidemiological Surveillance Centre on Transmissible Diseases
(Ministry of Health)
Data about drug HIV/AIDS, hepatitis, and tuberculosis among drug users
- National Commission on Fight against AIDS (Ministry of Health)
Data about syringe exchange among problematic drug users
- National Medication Agency (Ministry of Health)
Data about drug properties
- National Directorate of Health (Ministry of Health)
Data about drug related deaths
- Criminal Police (Ministry of Justice):
- DCITE – Central Directorate for Narcotic Traffic Control
Collects and analyse data from Customs (Ministry of Finance), Public Security Police (Ministry of Home Affairs) and National Republican Guard (Ministry of Home Affairs);
- Criminal Police Forensic Laboratory
Information about drug purity and characteristics of drugs and new drugs seized, etc.
- Europol National Unit
- General Directorate of Prisons (Ministry of Justice)
Data about drug use in prisons, treatment, etc.
- Criminal Courts (Ministry of Justice)
Data about drug court decisions
- National Forensic Institute (Ministry of Justice)
Data about drug related deaths
- National Statistical Institute (Presidency of the Council of Ministers)
Data about drug related deaths
- National Association of Pharmacies (private organization)
Data about syringe exchange among problematic drug users in pharmacies
- Research Units from Universities (public and private)
Qualitative and quantitative information about multiple indicators

These partners collect data from a variety of sources, from drug users in treatment at the National Treatment Network (composed by public and private facilities providing a variety of treatment programmes), to problematic drug users being supported by the National Outreach Network, or to drug users being followed by the National Dissuasion Network, as well as from multiple groups of general population (like clubbers, students, etc.) being target by the National Prevention Network. Also key informants, experts working in the field and media (press, TV and Internet) are sometimes used as data sources.

Concerning data collection methods, information obtained at national level related to the extent of drug use either in the Portuguese population or in sub-populations is obtained through epidemiological surveys carried out in representative samples at national, regional or local level. The estimation of problematic drug use prevalence is addressed by multiple quantitative and qualitative methods.

Information about health and legal consequences of drug use is mainly provided by routine information systems collecting and analysing data from the Health and Justice above reported bodies. In general, data from these different partners reach the National Drug Information System either as raw data or after a preliminary analyse made by the entity in charge of data collection (in the format of a report or as single aggregate data in tables).

Among more qualitative methods, interviews are frequently used either in structured, semi-structured or non-structured format, particularly in research designed to reach the processes underlying the development of some phenomenon.

Less used methods include spontaneous notifications, focus group, expert panel or panel studies.

The ODT Statistical Unit after collecting all data and information produced by IDT partners conducts a global analysis comparing information on the different indicators obtained from different sources in the same period of time and from one year to the other. An Annual Report is produced, as well as an Executive Summary, a Press Release and a Press File that are presented to the relevant partners in a Specific Annual Meeting as well as in a Press Conference. An annual discussion, under a political perspective, about "the state of the country concerning drugs and drug addictions" took place in the National Parliament in order to evaluate if the National Drug Strategy is being well implemented and if the goals defined in the National Action Plan – Horizon 2000 will be reached.

Prospects about the implementation of an EIF in Portugal

Considering what was exposed in the former part of this report, it seems clearly that a lot of information is already available, enabling some tracking of the developments in drug phenomena. As referred before, last annual reports – the National Annual Report on the Situation of the Counrty concerning Drug and Drug Addiction and the EMCDDA Portuguese Annual Report include specific chapters on trends, at national level.

However, the main objective of an EIF is not report trends, when they are already "identifiable" through national statistics, but improve the sensibility of the existing Drug Information Systems in order to be able to "quickly identify, assess and categorise Emerging Drug Phenomena in order to allow the production of relevant information and its timely dissemination to target audiences". In fact, "new developments" usually do nothappen at the same time in all a country. They appear/emerge "somewhere" – one or more points – and, if they have potential to survive, eventually spread to the neighbourhoods with more or less speed.

Analysing the existing sources of information, methods and type of instruments used in data collection, as well as the experts and institutions involved in the process it is easy to conclude that the Portuguese Drug Information System is based in data regularly produced – in a quite satisfactory schedule, and on very relevant indicators – but obtained mainly through structured methodologies with few flexibility and sensitivity to catch Emerging Drug Phenomena.

Nevertheless, considering the enormous potential resulting from the existence of different networks (prevention, dissuasion, treatment, harm reduction) being coordinated at national, regional and district levels, by IDT experts - that work in close relation, at local level, with public and private organizations providing multiple kind of services to different target groups of drug users or potential drug users – it seems not only desirable, but also not difficult, to develop a global methodology - according to what is proposed in the present manual - in order to be able to properly address the appearance of drug emerging phenomena. Strong commitment should then be placed in designing and develop a more qualitative approach to this kind of phenomena, involving partners working in the field where "things" happen.

Under a political point of view what seems more critic to that implementation, is the problem of financial resources. All over Europe governments are deeply committed in reducing public funding of projects. Anyway, under a pragmatic perspective, perhaps it should be considered that, even when (or specially when) resources begun to scarce, is better to prevent than to repair. On other side, as the Portuguese Drug Strategy is oriented to decentralisation, putting emphasis in integrated projects based on communities - although with financial and technical support of IDT - it will depend very much on the ability to commit to the EIF Project, local agents already working in other drug projects, in order to reduce costs.

Perhaps a good strategy to get support to this project would be trying to explain to decision makers at different levels, what added value could be obtained with it. Their commitment will be easier obtained if they can anticipate results with relevance to their responsibilities in the community.

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SPANISH CONTRIBUTION

Introduction

The Government Delegation for the National Plan on Drug Abuse DGPND, through the Spanish Drug Observatory, is responsible for the development on a national scale of the data gathering and analysis and for the dissemination of information concerning drugs and drug addiction (DGPND, 1998).

The Spanish participants in the Euro-TREND project are the Government Delegation for the National Plan on Drug Abuse and the University of Valladolid. The DGPND has acted as the national co-ordinator of the project and the University of Valladolid has been responsible for carrying out the project project beneficiary.

Data from the Spanish Drug Information System will now be presented, with special emphasis on those information systems which are closest to what has been considered an EIF or Emerging Information Function by the current Euro-TREND project.

The existing drug information system

Information system of the Spanish Drug Observatory

The information system of the Spanish Drug Observatory (OED, http://www.mir.es/pnd) is built up by the permanent state information system on drug addiction (SEIPAD). This system is made up of the indicators of the former State Information System on Drug Addiction (SEIT) and includes data from other information sources.

The data supplied by all the information sources generate the indicators in the Registration System of the National Plan on Drug Abuse.

The indicators chosen to make up the OED System of Indicators are:

- Sociological
- Consumption patterns
- Treatment
- Health

- Drug supply
- Police
- Prisons
- Law courts
- Mortality
- Prevention
- Rehabilitation
- Hospital Emergency

The indicators included in the OED System of Indicators have different degrees of specificity, sensitivity and comparability. In short, they have different descriptive powers or capacities. In spite of this, together, they provide adequate knowledge of the current situation of drug consumption and addiction in Spain, of its evolution through time and of the efficacy of the policies and programmes set up to counteract it.

The nature of the information sources mean that close collaboration is necessary with the Autonomic Information Systems of the Autonomic Plans on Drug Abuse, collaborating hospitals, the National Toxicology Institute, the Documentation Centre of the PNSD, the European Monitoring Centre for Drug and Drug Addiction, etc.

Rapid Information Surveys

This system efficiently provides fast information concerning the existence of new problems associated to drug abuse.

The system is made up of a series of health centres and surgeries selected for their particular location, and of representatives from various collectives and institutions.

A network of "Key Centres and Informants" will be established for information gathering. This information will then be sent, periodically, to the Spanish Drug Observatory.

Description of "Rapid Information Surveys":
http://www.mir.es/pnd/doc/sondas/index.htm

Brief description: Information subsystem used for quick, efficient gathering of relevant ethnographic or qualitative information.

The "Rapid Surveys" information subsystem is part of a larger information system (Spanish Drug Observatory Information System) which handles the analysis and comprehension of data gathered from other information sources (surveys, registration systems, etc.), which allows for a more coherent, more global view of the current situation of drugs and drug abuse.

The objectives of the "Rapid Surveys" are:

- Gather information in near-real time on various aspects related to drug trafficking and consumption (emergence of new substances or mediums, changes in consumption patterns, emergence of new social or health problems related to consumption, variations in welfare requests, etc.).
- Enrich and improve the quality of available epidemiological or quantitative information.
- Identify new or emerging trends related to drug trafficking or consumption.
- Improve the applicability and practical utility of the information available on drugs, so it can used as the basis of decision-making concerning policies to be adopted on drug abuse issues.

Frequency of information gathering: The information is transmitted when new or emerging trends are observed.

Time lag: Only that which is strictly necessary to confirm that it is indeed a new or emerging trend and not a simple fact. The lag is not, in any case, very long.

Frequency with which results are released: It is not possible to determine regular frequency.

Reliability of data: Once the confirmation process is complete, reliability is high.

Access to information: Not everyone has access to the information provided by the surveys; it is selectively diffused to a network of key experts and institutions, so that relevant decisions can be taken to prevent the consolidation of new trends or the effects derived from drug trafficking and consumption, as quickly as possible.

Contact persons or institutions: The "Rapid Surveys" subsystem is supported by a series of "watch-guard areas" designated using both functional and territorial criteria. In order to guarantee the internal coherence of the information provided by the various surveys or correspondents in a given geographic area, it was established that in each of the territorial coverage areas of the subsystem there would be at least one "correspondent" or "key informant" from each of the chosen functional fields, which are:

a) Drug abuse treatment centres.
b) Search or street centres (on-site social workers, mobile units, emergency centres, etc.).
c) Health centres (Emergency medical services, regional services for epidemiological monitoring)
d) Police units to control drug supply (operative services).

Besides these key informants operating in each of the predetermined geographic areas, there also exist a series of correspondents or informants located in pertinent institutions belonging to the Central Government such as:

- National Toxicology Institute.
- National Epidemiological Centre of the Carlos III Health Institute.
- National AIDS Plan.
- Directorate General for Penitentiary Institutions.
- Ministry of Defence.
- National Central Narcotics Agency.

Target Audiences
Authorities from key Institutions:
- Drug Commissioners from the Autonomous Communities.
- Authorities from State Security Corps and State Security Forces.
- Authorities from the Healthcare System.
- Authorities from the Educational System
- Other Institutions (Pharmaceutical Association, Medical Association, etc.).

Prospects

The permanent state information system on drug addiction (SEIPAD) is continually being updated and is open to new ways of obtaining and analysing data. In this sense, the Rapid Information Survey is the mechanism available in our country for detecting emerging trends, as referred to throughout the development of the Euro-TREND project.

During the Euro-TREND project, a series of phases or procedures have been established that are similar to those used by the Rapid Information Surveys. They are not, however, exactly the same. That is, the establishment of a system of emerging trends in our country would require the adaptation of the existing system of Rapid Information Surveys, or the adoption of a new system.

On the other hand, these said emerging trends can occur at either a local, regional, national or even international level. The current situation of our country, with great regional developments (the Autonomous Communities), would seem to require greater involvement of the regional and local structures in the search for and detection of emerging phenomena in drug abuse.

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SWEDISH CONTRIBUTION

Introduction

The National Institute of Public Health (NIPH) has been the institution responsible for carrying out the Euro TREND Project in Sweden. The institute is a state agency under the Ministry of Health and Social Affairs working on a broad strategic scale to improve public health. Among these is the mission of operating as the Reitox focal point towards the European Monitoring Centre for Drugs and Drug Addiction in Lisbon. Also to guard and investigate whether there is a need for a substance to be regulated under the Penal Law on Narcotics1 or under the Act on the Prohibition of Certain Goods Dangerous to Health. Linked to this assignment the Customs, the Criminal Investigation Department of the National Police Board, the Social Services and the Health and Medical care are in duty to the law obligated to with no delay report to the NIPH if they in their work notice anything that indicates changes in drug use or that a new substance is misused. These instances report to the NIPH mainly through the Customs laboratory, the National Laboratory of Forensic Science, the Department of Forensic Chemistry at the National Board of Forensic Medicine and other smaller laboratories at hospitals and institutions who carry out the analysis of the findings of the above mentioned units.

This chapter will give an overview of existing key partners and sources of information being used in the line of work with detecting changes of drug use and drugs in Sweden.

The existing drug information system

In Sweden there are a various range of instances involved in detecting and assessing Emerging Drug Phenomena. The description below will focus on four of our mayor networks concerning this issue. Behind each network are further

1 The mission regarding the Penal Law on Narcotics is divided with the Medical Product Agency due to the fact that some products are used only in addiction of narcotic drugs, which are due to the NIPH, and others can also be used as medicine, which hence are due to the Medical Products Agency to guard and investigate.

functions and networks with professionals that are collecting, assessing and disseminating information.

Key partners involved in the existing drug information system in Sweden are:
- the Network for the Current situation of Drugs in Sweden (NADiS),
- the Swedish Council for Information on Alcohol and other Drugs system of reporting about drugs (CRD-network),
- the Narcotic Network in Southern Sweden (NNSS),
- the National Consultation Working Group for Drugs Issues.

The NADiS network is administrated by NIPH with the aim to early detect, collect and exchange information, knowledge and experience about new substances (with potential or record of drug abuse), old drugs that suddenly reappear on the drug market and changes in drug use. The information exchange takes place on a forum of discussion at a controlled website as well as at three meeting per year. Each member evaluates their own data before putting it on the website and the data is discussed and assessed by the group. NADiS consists of experts at national level that, due to their profession, has an overview of their area of work.

Members of the network are the Medical Products Agency, the Swedish Poisons Information Center, the Swedish Council for Information on Alcohol and other Drugs, the National Food Administration, the Customs and its Laboratory, the Criminal Investigation Department of the National Police Board, the National Laboratory of Forensic Science and the Department of Forensic Chemistry at the National Board of Forensic Medicine. The Social Services and the Health and Medical care are represented by already mentioned laboratories but also by the CRD-network, NNSS and other laboratories at hospitals and institutions.

The CRD-network is aimed to examine trends and changes in the pattern of substance abuse. Info is collected through a questionnaire twice a year from 225 reporters in 27 municipalities. Sources of information are the Social Services, the Health and Medical care, the Correctional care, the Police and NGOs. The information is analysed and disseminated to experts and the general public through a written report.

NNSS is a regional network aimed to discuss and analyse the drug situation in southern Sweden. The network includes all different professions that somehow come in contact with drug users or drug use. Information is collected, analysed and disseminated and the information exchange takes place mainly at four meetings per year. Members of the NNSS comes from e.g. the Health and Medical care (including Needle exchange, Detoxification units and Treatment centers), Laboratories at Hospitals and Institutions, the Police, the Customs, the Social Services (including Outpatient clinics) and the Correctional care. NIPH participates as observers.

The National Consultation Working Group for Drugs Issues discusses and analyses the current drug situation on a general national and political level. Partners of the networks are policy makers at the Ministry of Health and Social Affairs and key informants from different professions, such as the NIPH, the Swedish Council for Information on Alcohol and other Drugs, the Medical Product Agency, the Office of the Prosecutor-General, the Police, the Customs, the National Laboratory of the Forensic Science and the Department of Forensic Chemistry at the National Board of Forensic Medicine.

The participants in the above mentioned networks have their own channels for detecting, analysing and disseminating information. Thus, the networks include networks themselves. Since these participants gather and detect different information the important data will also derive from them and their line of work.

The main Swedish sources of information that gives access to data regarding new drug phenomena are the forensic and toxicological departments, law enforcement units, key informants (mainly health professionals and specific networks), health, treatment and emergency facilities, correctional care, low threshold facilities and youth welfare and prevention organisations, prevention of drug addiction and counselling centres. Through these sources data on the following core indicators are gathered:
- User: age, gender, geographical locality, methods of administration, quantity, polydrug use, psychological effect and physical effects.
- Substance: chemical name, street name, physical appearance, logo/ brand name and purity.
- Setting: belonging to a specific cultural area, retail price and perceived availability.

Information of these core indicators is gathered on different occasions, with different level of regularity and by diverse collection methods. Therefore, some of the indicators are fed systematically while some are not. The main data collection methods used in previous Drug Information System is quantitative epidemiological studies, routine information systems and spontaneous notification. On special occasion data is also collected trough focus groups.

Prospects

Taking the results of the Euro TREND project into account some improvements of the Swedish Drug Information System needs to be done to fulfil the needs of an Early Information Function. Progress could be done regarding the data collection. Previous structure lacks systematically collected data on some indicators. Especially on the user, e.g. on expected effects, the user's opinion of the substance and of his/her own use as well as on the users social and physical setting. The extrac-

tion of information from existing sources of information also needs to be improved so that more data on new phenomenon that are, or could be, noticed by e.g. correctional care, low threshold facilities and the law enforcement units are taken into account. Further, the system would advance with adding sources of information. Data could be collected from users' organisations and nightlife recreational centres. It would also be interesting to introduce a cooperation that would give data from drug users and their families/social environment. Internet would be a fruitful source of information to cover, although it demands a lot of work doing so.

There are no direct obstacles, either by policy makers or professional, for implementing the theoretical model of an Early Information Function. A sufficient system to quickly detect, assess and classify Emerging Drug Phenomena in order to allow the production and dissemination of relevant information would be helpful for Sweden as for any country. Nevertheless, the issue is more complex as there are many aspects to take into account. There must be a balance between the resources put in the system and the outcome. The Swedish Drug Information System has been improved greatly the most recent years and is heading in the direction of an Early Information Function. Sufficient information needed to fulfil the legislation mentioned in the introduction is given through the existing Drug Information System, even though better information is always wanted. The implementation of an Early Information Function is gradually on its way but will take time as effort will be spent successively.

Internet adress

www.fhi.se