EMCDDA reference framework for monitoring drugs situation in Europe and quality assurance

Alexis GOOSDEEL
TAIEX Workshop on National Drug Monitoring System in Croatia
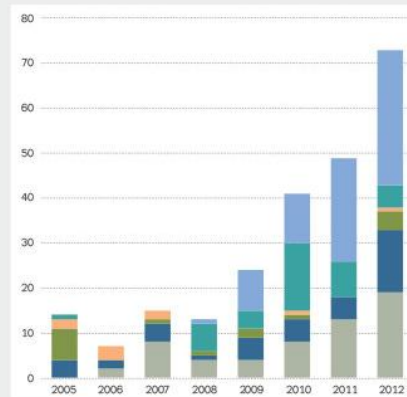**22-23 October 2013, Zadar, Croatia**

The visible part of the iceberg…

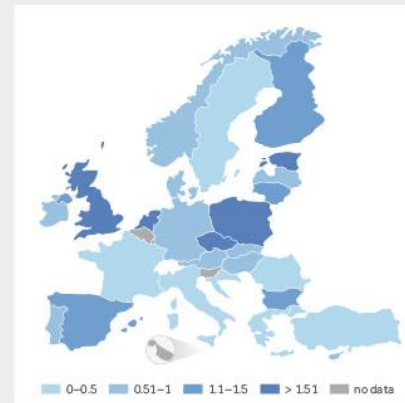## A comprehensive analysis on the drugs problem in Europe

Trends and developments

providing a top-level analysis of key developments

Statistical bulletin

containing full data arrays, explanatory graphics and methodological information

Country overviews

national data and analysis at your fingertips

Perspectives on drugs

interactive windows on key issues

EMCDDA mission

To collect, analyse and disseminate **factual**, **objective, reliable and comparable** information on drugs and drug addiction and their consequences

To **provide an evidence based picture** of the drug phenomenon at European level

Audience
- policy makers
- scientists and researchers
- practitioners and the general public

SITUATION

General population – School children

Infectious diseases

Estimate number drug users

Drug-related deaths

Drug users in treatment

INTERVENTIONS

Prevention

Treatment

Harm reduction

Social reintegration

Best practices – guidelines, quality standards

SUPPLY & SUPPLY REDUCTION

Crime, Markets and Supply Indicators

Interventions against

- Drug supply

- Diversion chemical precursors

- Money laundering

EARLY WARNING SYSTEM

OEDT – EUROPOL - EMA

Warning + Risk Assessment + Control

2009: 24 - 2010: 51

Internet snapshot + legislation

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To understand …

How are countries tackling the new drugs phenomenon?

Are school children and European adults consuming drugs more or less than before?

What works in prevention projects?

To what extent have national responses to the drugs problem been effective?

Working processes

Data collection

- National focal points and expert groups in each MS
- Annual reporting to EMCDDA using common reporting tools (with guidelines)

Methods

- Annual expert groups – nominated by focal points
- Smaller ad-hoc working groups for indicator development
- Emphasis on encouraging adoption of common methods
- Emphasis on providing European level added value
- Use of web as main interface
- Continuous revision and improvement of reporting tools

The reporting system

Yearly reporting cycle, common tools:

National reports

Standard tables for quantitative data
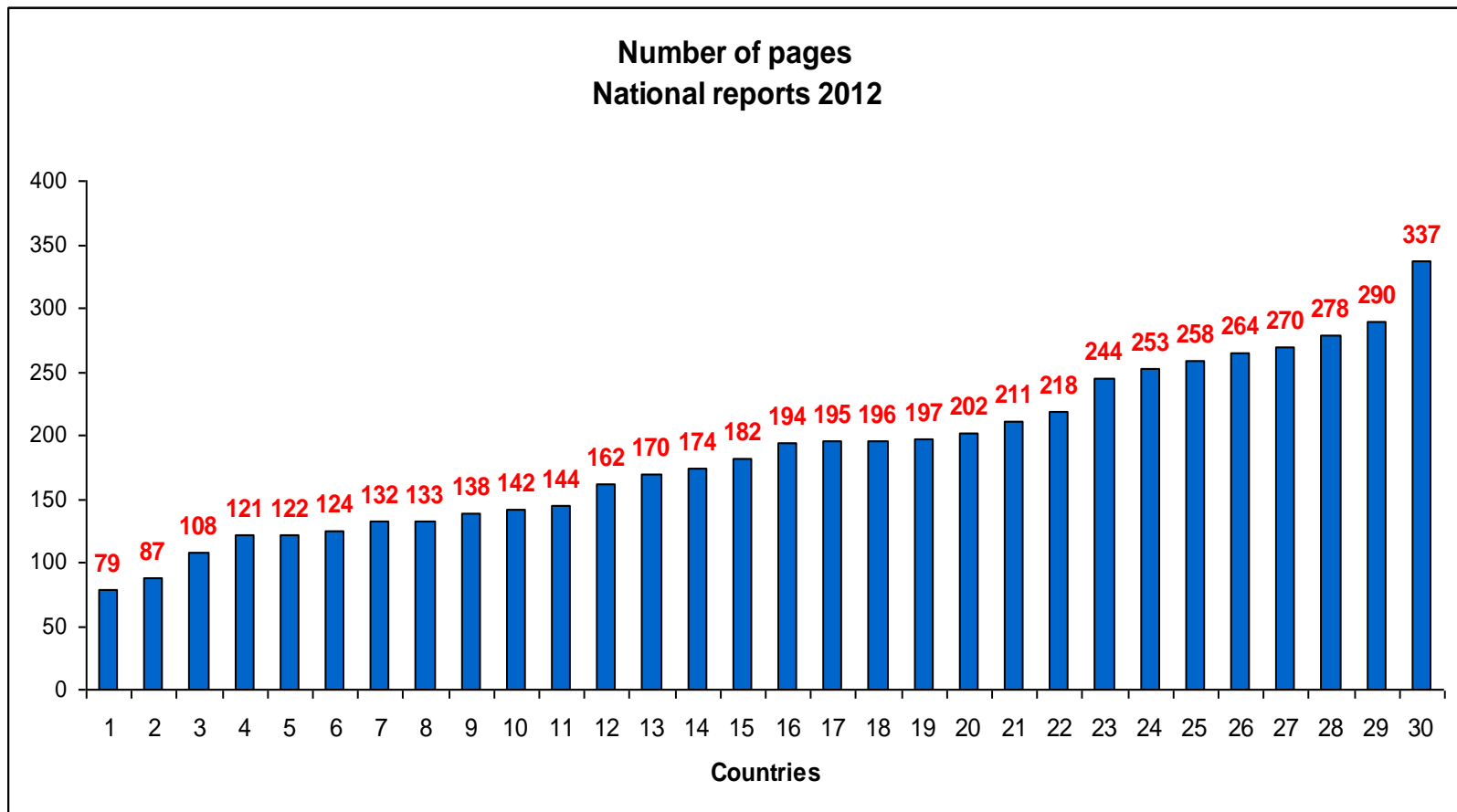
Structured questionnaires for qualitative

The reporting system

Use of the web as main interface: Fonte / Reitox extranet

Continuous revision and improvement of the reporting tools

Ad-hoc data collection

Volume of information collected

Number of pages
National reports 2012

Countries (x-axis), Number of pages (y-axis):

Country	Pages
1	79
2	87
3	108
4	121
5	122
6	124
7	132
8	133
9	138
10	142
11	144
12	162
13	170
14	174
15	182
16	194
17	195
18	196
19	197
20	202
21	211
22	218
23	244
24	253
25	258
26	264
27	270
28	278
29	290
30	337

Volume of information collected:1076 tables

New data/No new data reports per ST 2012

Legend:
- No new data reports
- New data reports
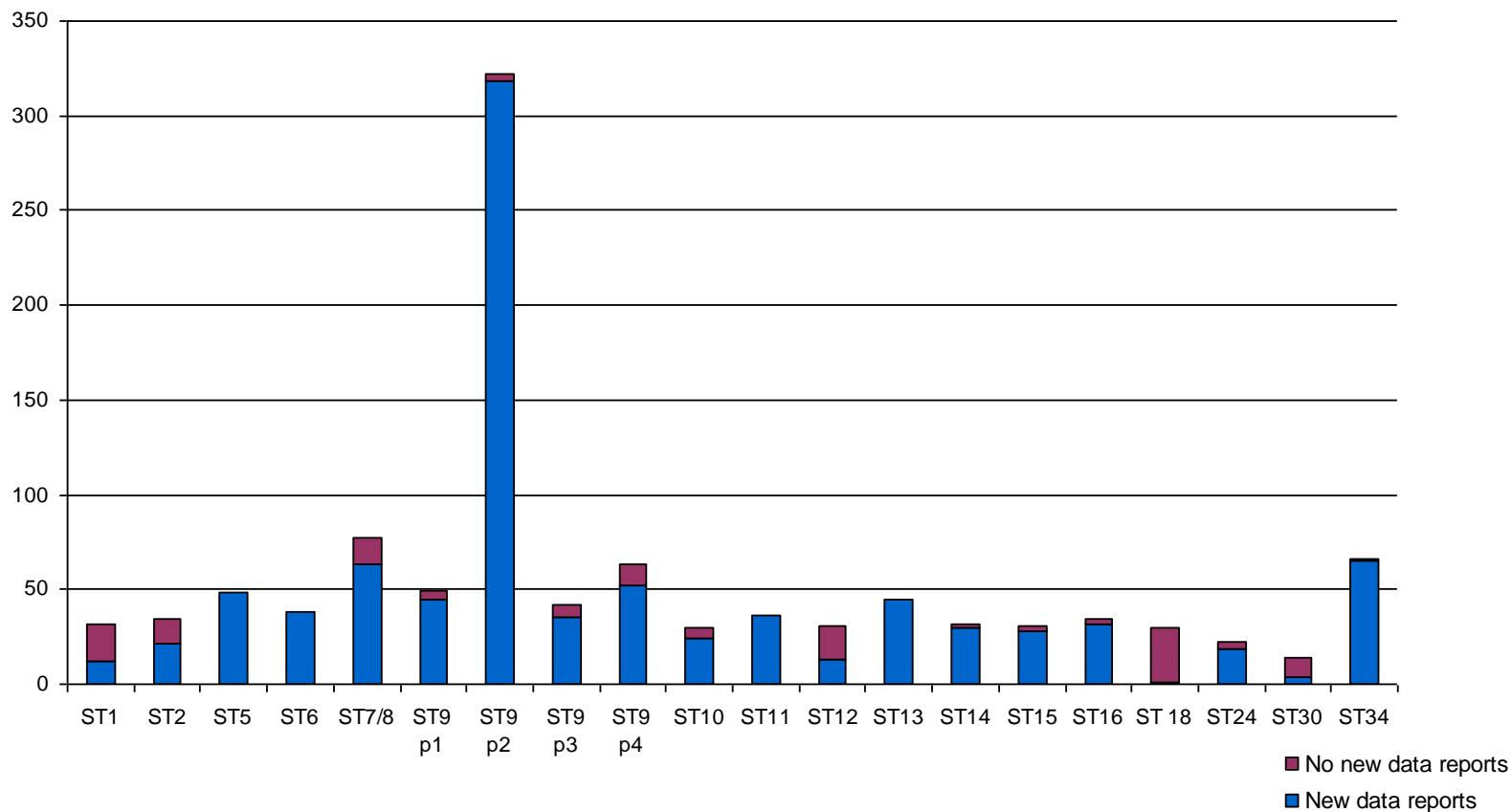
Importance of clear guidance ...
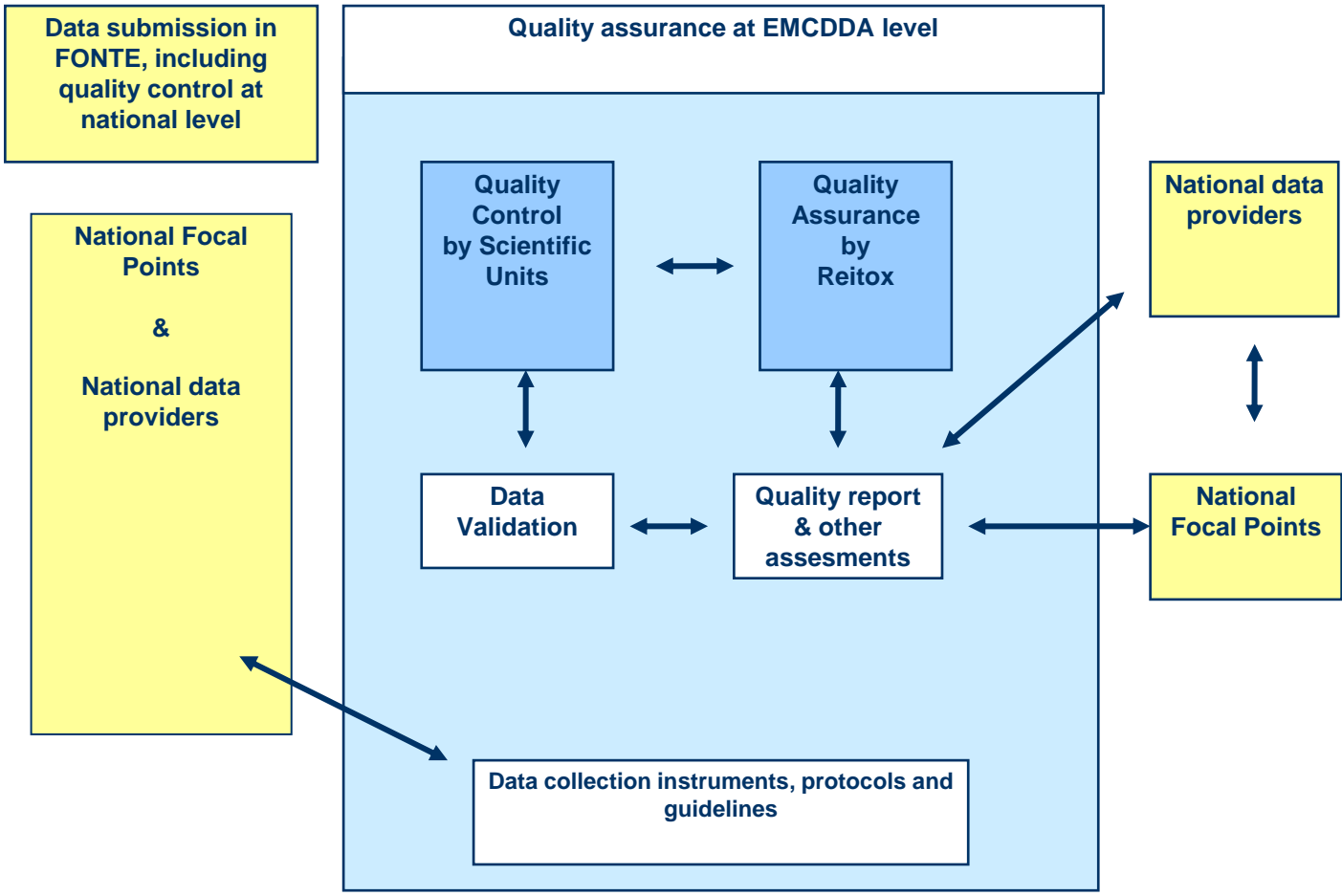
Systematic monitoring and evaluation of the various aspects of a project, service or facility to maximise the probability that minimum standards of quality are being attained by the production processes.

Quality Assurance

Data submission in FONTE, including quality control at national level

National Focal Points

&

National data providers

Quality assurance at EMCDDA level

Quality Control by Scientific Units

Quality Assurance by Reitox

Data Validation

Quality report & other assesments

Data collection instruments, protocols and guidelines

National data providers

National Focal Points

Quality assurance : two examples

1. Quality report

2. Assessment of implementation of 5KI (for your information)

1. Quality report

1. Quality report : purpose ?

Reference document ≠ not a work programme

Kind of toolbox, provision a grid of identification of problems

Basis for a quality culture, focusing on content and processes for quality management

Ensure transparency of processes for quality assurance

Could be a baseline for training programe, seeking at quality improvement

Quality report

Formal requirements:

      - deadline,

      - format and rules for editing,

      - bibliography following Harvard style,…

     … taking the guidelines for national reporting as reference document.

Quality report

Completeness
The report contains all the necessary and existent information in order to provide an overview of the situation

Insight
The report includes complete and significant information, giving an interpretation to the reported information, according to social and political contexts.

Reliability
The extent to which the information in the report allows comparisons (between different time periods)

Quality report

Usefulness Information
is oriented to the targets; acceptable and pertinent to the report objectives; no redundant information is presented

Internal consistency
The information reported is coherent throughout report or the reasons for a lack of internal consistency are explained.

For each section main strong points are listed along with specific recommendations if necessary.

Qualitative information

Legal Frameworks	Overall level of detail	☐ Insufficient ☐ Sufficient ☐ Good ☐ Section too detailed	Other:	
	Format and content	Clarity and structure of reported information : ☐ Insufficient ☐ Sufficient ☐ Good	Relevance and usefulness of information: ☐ Insufficient ☐ Sufficient ☐ Good	Additional info to the one provided in the ST's /SQ's: ☐ Insufficient ☐ Sufficient ☐ Good ☐ Not applicable
		Other:		
	Main strong points			
	Main suggestions for improvement			
	Other comments	References made to ST/SQ: ☐ Yes ☐ No	Observance of major discrepancies: ☐ Yes ☐ No	Other:

Quantitative information

Drug use in the general population and in the school and youth population	Overall level of detail	☐ Insufficient ☐ Sufficient ☐ Good ☐ Section too detailed	Other:	
	Clarity/Understanding	Reporting of methodological info: ☐ Insufficient ☐ Sufficient ☐ Good Other:	Description and interpretation of trends: ☐ Insufficient ☐ Sufficient ☐ Good	Additional info to the one provided in the ST's /SQ's: ☐ Insufficient ☐ Sufficient ☐ Good
	Main strong points	-		
	Main suggestions for improvement	-		
	Other comments	References made to ST/SQ: ☐ Yes ☐ No	Observance of major discrepancies: ☐ Yes ☐ No	Other:

2.Why to assess implementation of 5KI?

To provide a better understanding on the implementation of 5 KI, with common tool, facilitating the implementation in the MS, supporting NFPs

To control the quality and comparability of the data collected

To contribute to the EU Action Plan evaluation, EMCDDA WP, and other policy documents

Assessment of the 5KI

In 2008-2009 developement of new procedure with NFPs

Objective : to use an harmonised approach for the 5 KI based on quality assurance concepts (Eurostat)

Results : new method with two dimensions for the assessment

• Process of implementation of the KI

• Data quality

Cycle : every 3-4 years

Duration project: 6 months between first meeting and final results

Assessment of the 5KI

For each dimension are defined :

Categories and operational definitions for each category

Rating (=high/medium/low/not existing-unknown)

Minimum Requirements   (= medium implementation)

Desirable implementation (=high implementation)

Assessment of the 5KI

National Activities

Keeping deadlines

Assess data quality

Resources (funding, staff)

Legislation/legal basis

Progress on-going

Assessment of the 5KI

National activities	Working group in place
	Organisation of national meetings by indicator
Respect of deadlines	Respect of deadlines as requested by the EMCDDA: a) On time/b) Within one month from deadlines/c) After one month from deadlines
Resources (staff, fund.)	Staff directly dedicated to the indicator implementation at national level (full time equivalent)
	Financial resources directly dedicated to the indicator implementation at national level
Assessment data quality	Existence of structured activities or system for the control of data quality
Legislation/ Legal basis	Existence of a legal basis for data collection at national level (especially referred to indicators for which a routine national data collection system is required)
	Existence of a National Plan to implement the Key Indicators
Progress on-going	Major progress obtained in the last 5 years
	Major obstacles to the further the Key Indicator implementation
	Recent efforts made to further implement the indicator

Assessment of the 5KI

Data availability at national level

Harmonisation with guidelines

Timeliness

Coverage

Consistency

Common to all KI for the process

Specific for each indicator for the data quality

Assessment of the 5KI

Data Availability	
GPS	Existence of a national GPS on drugs among the adult population
	Adequate sample size
	Existence of repeated national GPS among adult population
	Regularity of carrying out repeated national GPS among adults

Timeliness	
DRD	Availability of new figures/information through GMR
	Availability of new figures/information through SR
	Availability of new figures/information through mortality cohort studies

Assessment of the 5KI

	Harmonisation with EMCDDA Guidelines
TDI	All variables included in the TDI protocol covered by the data collection, according to the following priority variables: (A) First: centre type, year, all/first treatments, age, gender, primary drug, route of administration (B) Second priority variables: frequency of use, age at first use, ever injected any drug (C) Third priority variables: source of referrals, education, living and labour status, secondary drugs
	Percentage of clients with not known/missing primary drug - >40% not known/missing cases out of the total number of clients - 11-40% not known/missing cases out of the total number of clients - 0-10% not known/missing cases out of the total number of clients
	Double counting control: - at national level - at treatment centre level - no double counting control

Assessment of the 5KI

Coverage	
PDU	Latest estimate: national and local and/or regional coverage estimate exist

Consistency	
DRID	Methods of monitoring HIV/HCV prevalence in IDUs are consistent over time

Assessment of the 5KI

Low/Medium/High

YES/NO/Not existing/available

Question marks if more
information is needed

Assessment of the 5KI

Minimum Requirements =
    Medium implementation

Desirable implementation =   High implementation

Comments (additional column for explanations)

Example

CATEGORIES	OPERATIONAL DEFINITIONS	RATING (YES/NO or HIGH/MEDIUM/LOW/NOT EXISTING-UNKNOWN- NOT APPLICABLE)
National activities	Working group in place;	YES
	Organisation of national meetings by indicator	YES
Respect of deadlines	Respect of deadlines as requested by the EMCDDA: a) On time b) Within one month from deadlines c) After one month from deadlines	HIGH
Resources (staff, funding)	Staff directly dedicated to the indicator implementation at national level (full time equivalent)	NO
	Financial resources directly dedicated to the indicator implementation at national level	YES
Assessment of data quality	Existence of structured activities or system for the control of data quality	YES
Legislation/Legal basis	Existence of a legal basis for data collection at national level (especially referred to indicators for which a routine national data colleciton system is required)	YES
	Existence of a National Plan to implement the Key Indicators	YES
Progress on-going	Major progress obtained in the last 5 years	First GPS was done in 2011 with three data collection methods: Web-based, CATI and face to face. The sample size was 7,000 in 2011.
	Major obstacles to the further the Key Indicator implementation	Lack of financial resources.
	Recent efforts made to further implement the indicator	Analyses of data and quality control are planned for 2012-2013.

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Example

Problem Drug Use
(ST.7-8)

CATEGORIES	OPERATIONAL DEFINITIONS	RATING	MINIMUM REQUIREMENTS	DESIRABLE IMPLEMENTATION	COMMENTS
Data availability	Country making efforts to conduct any PDU study in the past 3 years	YES	Negotiations, or data collection	Study conducted (past 3 years)	
	National PDU estimation in the past 3 years conducted (including POU estimate only)	NO	At least 1 national PDU estimate in the past 3 years (by year of data)	At least 1 national PDU estimate in the past 2 years (by year of data)	
	National IDU estimation in the past 3 years conducted	NO	At least 1 national IDU estimate in the past 3 years (by year of data)	At least 1 national IDU estimate in the past 2 years (by year of data)	
	Any PDU estimation in the past 3 years provided to EMCDDA	NO	At least 1 PDU estimate in the past 3 years (by year of reporting)	At least 1 PDU estimate in the past 2 years (by year of reporting)	
	Latest national PDU estimate communicated to the EMCDDA on time (the difference between year of data and year of reporting)	LOW	The time lag between estimation and reporting should not exceed 2 years	The time lag between estimation and reporting should ideally be 1 year (if possible, then less)	Study estimating prevelence in 2004 was communicated to the EMCDDA in 2008.

Example

Harmonisation with EMCDDA guidelines	Latest estimate: Country definition compatible with the EMCDDA definition (or subset of it)	HIGH	Clear country definition so that it's compatibility with EMCDDA definition can be assessed. Country definition would be at least a subset of EMCDDA definition or similar to it	Country adopted EMCDDA definition (with relation to drugs found in the country) or separate figure compatible with EMCDDA definition is provided	
	Latest estimate: Clear description of data sources	YES	Information on type of data source, sector, etc. provided		
	Latest estimate: Clear case definition	YES	Information on drugs, time, proxy of long term, regular use should be clear		
	Latest estimate: All relevant drug groups out of EMCDDA definition are represented in the estimate	YES		Opioids and cocaine and/or amphetamines are included, depending on the country epidemiological situation	
	Complete time series (comparable method used) exist	NO		At least 3 estimates in time obtained by the same or very similar method are existing	
	Latest estimate: Estimates by drug group existing	NO		Opioid and relevant stimulants estimate existing	
	Latest estimate: Additional breakdowns (or sub-estimates) existing	YES		Estimates for age groups and gender provided	Estimates by age and gender were reported.
	PDU incidence estimation	NO		PDU incidence estimation in place	
	Latest estimate: Confidence interval provided	YES	Some type of CI provided	95% CI provided	

Example

|					
Timeliness	Is the latest national PDU estimate up-to-date?	LOW	The latest PDU estimate comes from past 3 years (by year of data)	The latest PDU estimate comes from past 2 years (by year of data)	
Coverage	Latest estimate: National and local and/or regional coverage estimate exists	MEDIUM	At least national coverage estimate should be available	In addition to national estimate, some local/regional estimates to illustrate specific issues (low or high prevalence, different drugs) exist, especially for bigger countries	

Outputs of the assessment

National data files- full details in xls sheets

Replies to NFPs comments if applicable

Summary per country : strong & weak points; work in progress, recommendations

Overall summary per indicator, all countries included

Outputs of the assessment
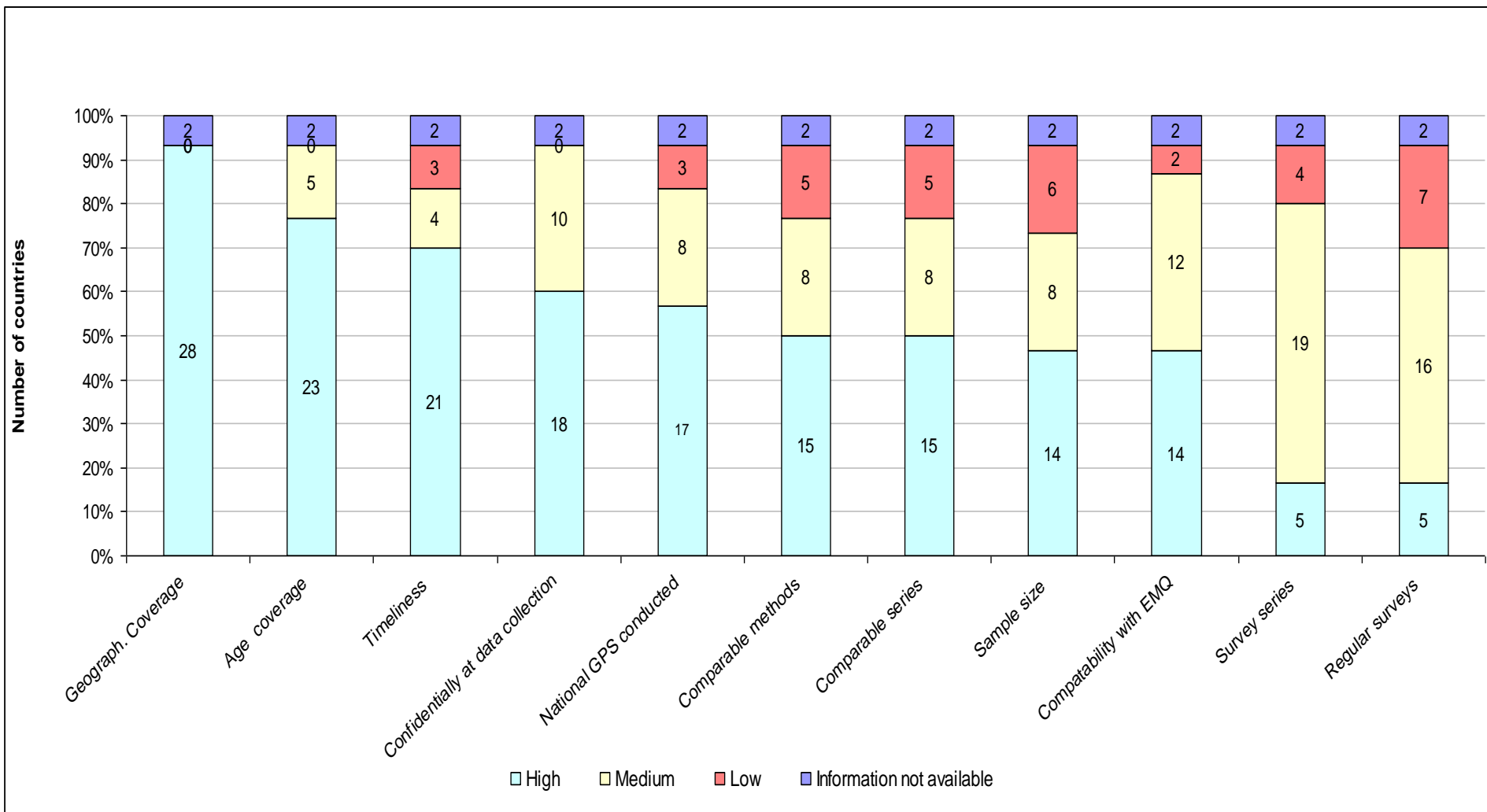
Results 2009-2012

2009 assessment showed a good implementation of the 5KI with some improvement needed for few of the methodological aspects

2012 generally progress has been noted compared to 2009

Quality of data and trends is increasing as well the comparability

Considerable effort at national level to implement the 5KI is made!

Conclusions

Ensuring quality of data is one important task of a Drug Observatory/NFP

Building internal quality management procedure means also:

- Setting-up minimum standards
- Development of protocols
- Training, capacity development

Hvala lepo!

EMCDDA-RTX@emcdda.europa.eu