Document: REITOX/45/01b

Draft TO DO - 44th Reitox Heads of Focal Points meeting

1. Introduction & welcome address

EMCDDA to publish final minutes of 43rd RTX meeting on the EMCDDA public website	Done

2. Feedback and updates

EMCDDA to continue to invest in FONTE training and follow-up in future	2012 WP will better integrate support provided to the NFPs by Reitox + Scientific Division
EMCDDA to prepare quality reports keeping in mind role of NFPs in gathering existing information, not to produce it	OK, discussed during 44th HFP meeting
EMCDDA to try to involve NFPs at earlier stage in draft Annual Report consultation	OK, EMCDDA took note
EMCDDA to think about proposal to have a NFP appointed as contact/coordinator for each Selected Issue	Technical meeting was organized in Munich (minutes are available)
NFPs ask to receive a 1-2 pages paper with methodology and criteria that will be used for the systemic review	EMCDDA will provide at a later stage
NFPs look forward a presentation of the state of progress of the external evaluation of the EU Strategy and Action Plans and of the Revision of the Council Decision at the next November HFP meeting	

3. Presentation and discussion outlines Annual Report 2011

EMCDDA to organise at each May HFP meeting such a AR presentation (and to send questions in advance)	OK, RTX Coord. Unit will coordinate exercise for May 2012 meeting
NFPs are invited to think about any other topic / specific publication that could be subject of an equal kind of presentation	

4. Consultation of the Reitox NFPs on the new EU Drugs Strategy 2013-2020

EC to inform NFPs on progress of the new EU Drugs Strategy 2013-2020 at the Nov 2011 HFP meeting	

5.a Working Group on TDI

EMCDDA to inform the NFPs about the conclusions of the TDI meeting	Done, draft minutes on RTX extranet
EMCDDA to send two weeks before Nov HFP meeting all detailed information re. TDI protocol	Done, draft revised protocol + draft minutes TDI expert meeting on RTX extranet
EMCDDA and Reitox to agree on Implementation Plan for the new TDI protocol	To be discussed / agreed at 45th HFP meeting

5.b Working Group on Supply Indicators

EMCDDA to inform NFPs about conclusions of working groups meeting at Autumn 2011	Done, draft minutes on RTX extranet
EMCDDA to provide NFPs with feedback on drugs squad project + contribution from national experts	??

6.a Working Group on DRID

EMCDDA to provide NFPs with final conclusions of work on module 'ST9 example questionnaire'	
NFPs to consider need and feasibility to establish a task force or consortium to present projects in response to Calls for Tender published by the EC	
EMCDDA to provide NFPs with scientific & technical support / expertise + to make proposal for supporting cooperation & reflection	

6.b Working Group on Public Expenditure

EMCDDA to develop a new strategy in the area of public expenditure data collection and analysis that takes into account the observations made by the NFPs (to be made available either in November or in May 2012)	
EMCDDA to assess if, given the comment of the NFPs, the SI on budgetary cuts should be kept and if yes, how it could be made more feasible for the NFPs	??

7.a Working Group on Quality Assurance

EMCDDA to raise quality assurance issues and comments made during the workshop in framework of systemic review	OK, EMCDDA took note
EMCDDA to further invest in a technical tool to improve reporting from project managers	

7.b Working Group on Best Practice

EMCDDA to collect and assess existing experiences from NFPs who have already developed some competence/activities in that area at national or at local level	
NFPs/EMCDDA to work together on case studies, small cooperation projects about transfer of knowledge to end-users	
Reitox can support the promotion of actions to develop or maintain common understanding and expertise	

8.a Working Group on National Reporting Guidelines

Reitox Coord. Unit to discuss internally questions from NFPs in order to update guidelines for Nov HFP meeting	Done, draft guidelines on RTX Extranet
EMCDDA to consider guidelines for NR within systemic review of reporting tools	OK, EMCDDA took note

8.b Working Group on Reitox Strategy

RTX Coord. to build on conclusions of workshop to adapt new structure of HFP meetings (May and November)	Done
RTX Coord. to create a session that would work like a “stock-exchange” for services and experiences between the members of the RTX network	Specific session during 45th HFP meeting
EMCDDA and NFPs to work together on more effective national launch events	
EMCDDA to continue to organise consultation NFPs and horizontal dialogue, for specific issues and in association with RTX Strategy development and implementation	
NFPs to make use of network and EMCDDA for more initiatives and in permanent state of interaction	

9. Evaluation new structure HFP meeting

EMCDDA to analyse the results of the evaluation questionnaire and to present a report at the November HFP meeting	
EMCDDA to prepare a new structure of the November RTX HFP meeting, taking into account comments and feedback from participants and specific needs associated to decision-making procedures	

Document: REITOX/44/06e

Working Group IV – Public Expenditures - Conclusions

1. Participants

30 participants (26 HFP, 4 EMCDDA)

2. Main points

The EMCDDA provided an overview on data collection on drug-related public expenditures over the last ten years and stated that, while the number of countries that provided data in this area has increased, there are still problems of completeness, comparability and frequency of data. As a consequence, it is very difficult for the EMCDDA to provide a full or even partial overview of the money spend in the drugs area in Europe.

The EMCDDA asked the NFPs how this situation could be improved? What support from the EMCDDA was needed, how the reporting could be improved and if there were alternative approaches such as collecting data only for some areas (treatment, prisons) where data might be easier to collect.

Most HFPs described their national situation and this is our understanding of the main points:

- There are still major difficulties in most countries to collect drug-related public expenditures. This is due to issues of availability of data, their reliability and the political sensitivity of the topic.
- The main problem is not one of EMCDDA data collection instruments but one of data availability. The COFOG classification was seen by some NFPs as a good approach to have common figures.
- In a limited number of countries there are currently efforts to develop estimates in this area (Croatia, Latvia, Portugal)
- The EMCDDA can support countries that try to develop estimates in providing existing research, good practice and guidance on how to do it.
- An approach focusing on more limited areas could be an interesting approach and some topics (prevention, prisons, treatment) were suggested but this could also be linked with a set of specific difficulties.

In a second stage, the EMCDDA presented shortly its idea of the Selected Issue on budgetary cuts : drug services and possibly drug use might be affected by the current austerity plans that many Member States are developing and implementing. It would be very useful to have at least some information regarding financial or services changes that follow these plans. The EMCDDA is aware that there is no data directly available and that this Selected Issue would require a broad approach to collect both systematic data, where available, and more anecdotal data elsewhere. EMCDDA would provide macro figures on overall budgetary changes in the Member States, and of changes in the areas of health and security. The EMCDDA then gave the floor to the HFP to allow them to explain why they were unhappy with this topic.

- The main criticism were that the HFP were not feeling comfortable with a quick and dirty approach of data collection, that it was difficult to assess changes without a clear starting point, that it is a difficult topic overall and that data was not available in some countries.
- Some countries mentioned that they could provide some data but that these would possibly not be exhaustive
- An alternative solution would be to repeat the data collection exercise for the 2008 SI on public expenditures and to compare data. How feasible this is was however not discussed
- HFP insisted upon the fact that this SI should be voluntary and not mandatory.

3. Conclusions

Main conclusions are that data collection in the area of public expenditures will continue to be problematic and that the EMCDDA needs to define a new strategy which allows to support the NFPs/Member States, to make use of what they produce if it is of sufficient quality and to develop new approaches, for instance by focussing on limited areas of drug policy.

4. Next steps

The EMCDDA will do two things following this workshop:

1. Develop a new strategy in the area of public expenditure data collection and analysis that takes into account the observations made by the NFPs. This strategy will be made available either in November or in May next year.
2. Assess if, given the comment of the NFPs, the SI on budgetary cuts should be kept and if yes, how it could be made more feasible for the NFPs. This should then be discussed at the meeting in September

Document: REITOX/44/06d

Working Group III – Revision DRID - Conclusions

1. Main conclusions

- It was made clear from the beginning that this was not a technical expert meeting but a discussion with HFPs about the general DRID strategy. Some background documents had been provided earlier which were not meant to be discussed in the workshop.
- EMCDDA gave a general overview of progress on: 1) behavioural items (ST9-3) which were almost finalised (to be presented at the next HFP meeting); and 2) the DRID toolkit (by end of the year also the module 'ST9 example questionnaire' should be available).
- Member states complimented EMCDDA about the good quality of the DRID instruments and the work generally.
- Lack of funding, at national level, to implement the DRID was an important theme of discussion.
- Some countries asked for more prescriptive guidelines (Latvia) perhaps in the form of a comparable European study (France). However the switch from the 'draft protocol' to a less prescriptive 'toolkit' has been requested by the countries in earlier DRID meetings.
- Generally it was felt the move towards a modular toolkit was an important improvement as it allows for more detailed guidance and flexibility for countries to use what they need.
- There was a suggestion at the 2010 expert meeting to give more insight on the methods used in DRID by the countries. This could be done at the October DRID meeting by presenting an updated version of the 'implementation assessment indicators' for DRID.
- Slovakia stressed the importance of routine data collection and explained the difficulty to interpret TDI data.
- France would prefer a 1 week European-wide survey in low threshold centres (self reporting) with a possible European funding.
- The cost and time to implement a behavioural study in a large country like France was discussed (last survey is from 2004 and the next one is only planned in 2011).
- Czech Republic explained that only a low rate of their target group is being tested (on top of a low screening in threshold centres), with an additional practical problem regarding the availability of rapid tests and legal problems linked to the blood testing in LTS.
- Focal points can not be responsible for implementation; it is a responsibility of MS.
- EMCDDA should invest more on the DRID because it is the most difficult one to implement (a possible solution could be to earmark a special funding in order for all the countries to undertake a sero-behavioural study)

2. Next steps / perspectives

- A European umbrella for implementation of DRID (sero-prevalence studies) is needed. However resources at EMCDDA are very limited and insufficient at present to provide the necessary leadership to implement a comparable DRID study in Europe.
- An alternative could be collaboration between institutes (drugs & infectious diseases) in countries and to develop a research proposal as a network, in collaboration with EMCDDA, however then one institution/country needs to be prepared to take the lead.
- Regarding additional funding through possible calls for tenders, the EMCDDA explained that it cannot apply for EU funds (DG Research or Sanco) because it is an EU Agency and not a research institute. However this is a political decision which has been different in the past and could perhaps be reversed again if countries would request this. Bundling forces between countries to submit an application could be feasible, although becomes quickly bureaucratic and time-consuming without any guarantee to actually secure additional funding at the end.

Document: REITOX/44/08d

Working Group VII – National reporting package – Conclusions

1. Participants:

National Focal Points : UK, Turkey, Germany, Malta, Lithuania, Latvia, Poland, Belgium, Portugal, Luxembourg, Romania, Spain, Ireland, Croatia, Bulgaria, France, Slovenia

EMCDDA : Ilze, Roland, Sandrine, Teodora

2. Main points

The discussion started on the basis of the document and the list of questions prepared by Charlotte Davies (UK). It was an opportunity for NFPs to exchange about their different working processes and interpretation of the guidelines.

Overall structure of guidelines	What are the mandatory headings? Clearer guidance around the use of headings would be welcomed. Are these bold headings only? How can we determine where cross-indicator analyses sit in report?
Chapter 1	No guidance on what is requested for economic analysis. Labelled or unlabelled expenditure, methodology
Chapter 2	Should emerging trends in new drugs be reported here if based on reports from EWS rather than GPS?
Chapter 3	/
Chapter 4	Chapter very bare if no new PDU estimates. What else is included by other countries?
Chapter 5	What kind of analysis is required for TDI? Needs to be more focused. What heading should outcome studies be reported under?
Chapter 6	To what extent should we report highly scientific papers such as 'Effects of MDMA on cognitive brain functioning'. Should we simply report their existence or summarise their findings?
Chapter 7	Should prison harm reduction be included?
Chapter 8	Where should family interventions, info about children of drug using parents go?
Chapter 9	Extremely long chapter with at least 5 distinct parts. Quite unwieldly. Guidelines for reporting drug-related crime not detailed enough - what stage of the criminal justice system should we be focusing on?
Chapter 10	Drugs origin, trafficking patterns – are we only supposed to report new developments as doesn't change much year on year?
Selected issues	NFPs should have opportunity to provide feedback before November HFP if we are to approve at meeting to make sure issue stays focused

	and manageable.
Other issues	How should online only publications be referenced? Guidance on use of tables and graphs would be helpful. Layout, conventions etc. Guidance on the level of methodological detail would also be helpful (chapter 6 difficult in this respect).

Here are the main issues discussed during the workshop:

- There was an exchange on how clearly the chapters and subchapters are explained in the guidelines and on the structure of the report. NFPs expressed the need to have the subsections of the chapters numbered as well,
- It was also requested to clarify how and where the information from the EWS could be reflected in the national report,
- It was suggested to explore the possibility of providing the NFPs with a template for the whole NR, as it is done for the cover page,
- NFPs proposed to focus on one specific topic every year for what regards the analysis and interpretation of treatment data (TDI) in chapter 5
- A question on where to put harm reduction in prisons was raised: Chapter 7 or in Chapter 9?
- The same type of question was raised with regards to the information on children of drug addicted parent – where should this information be placed?
- How to quote online documents an example on how to do it should be provided
- The May meeting was considered by the NFPs as the best moment to give a more detailed input on the guidelines – November is not the best time to do so in details. In that sense, the workshop was very much appreciated.

3. Conclusions

- Some changes will be taken on board directly for what regards layout and numbering of sub-titles
- Comments and questions will be forwarded to colleagues and discussed internally in the framework of the update of the guidelines in view of the November meeting.

4. Next steps

- New version of the guidelines will be uploaded as usually on the reitox extranet in due time for adoption during the HFPs meeting in November
- The content of the guidelines for national reporting will be also considered during the systemic review of the reporting tools.

Document: REITOX/44/07d

Working Group V – Quality Assurance - Conclusions

1. Participants

National Focal Points : LU, PT (2), RO, ES (2), UK, BE, EE, PL, FI, FR, DE, EL, HU, NO
EMCDDA : Sandrine, Frédéric

2. Main points

Quality reports to be useful need to be specific with precise recommendations or comments. By only providing a rating (Insufficient/sufficient/good/very good) or a general statement, especially when the text is considered as weak or insufficient by the project manager, this does not help the NFP for improving the product. On the other hand, it was raised that in few cases, despite detailed recommendations from EMCDDA, the quality of the text is not enhanced. For some countries, it is sometimes unclear how they can overcome gaps and missing information in the national report.
A request was made to communicate to NFPs the name of each project manager responsible per section in order to clarify directly with them the problems identified and reported by them in the quality report.

NFPs reported that there is an heterogeneity of approaches among project managers regarding how the assessment is done. Some FPs could notice when there is a change of the person who is assessing the information. This creates inconsistencies difficult to handle at national level.

If the quality reports are delivered too late during the year, means it is too late in the process of writing the new report, then they are not helpful. There is an issue about the timing and availability of the quality report to the NFPs.

Reproducing the data already transmitted through Fonte, is not needed and commented in the quality reports by the project managers but NFPs raised the issue that the data submitted in the ST or SQs are not publicly available at national level. Also bearing in mind that the national report should be a stand alone document, some data should be reproduced in the document. NFPs stressed the fact that the national report is not only written for the EMCDDA purposes but also for their national audience.

Out of the four questions prepared for the workshop, the time allowed to discuss only the two first.

1. How is the quality report is used at national level?

- Usually the report is distributed and commented among the staff and the authors of the national report whether they are in the NFP or not,
- In a few countries, the report is sent to the drug coordinator,
- In one country it is sent to the scientific committee and published on the web site of the NFP,
- Comments reported in the quality report are used as instruction for external providers, whenever relevant.

2. How to improve the quality report?

- To make a better use of the weak and strong points than it is done currently,
- More details in the guidelines are needed on the methodological aspects that should be provided in the national report,
- To introduce another scale of ratings,
- To make references to national reports of other countries for sections which are example of best practice was reported to be very useful and it was requested to make use of it in the quality reports whenever relevant,
- There is a need to better link the checklist provided in the guidelines for national reporting and the criteria on which the assessment is completed,
- A suggestion was made to dedicate some time during the experts meetings for discussion on the reporting of available information,
- An idea could also be to offer comprehensive quality report on request of NFPs,
- To allow for direct contact between NFPs and the respective project managers who wrote the quality report.

3. Conclusions

- It was clarified that the quality reports are only one of the elements of the quality assurance policy, which is explicitly mentioned in the EMCDDA work programme.
- The countries with comments or questions on their national quality report are welcomed to address them to EMCDDA.
- It has been agreed that examples of best practices from other countries are useful and should be mentioned in the quality reports whenever relevant.

4. Next steps

- Quality assurance issues and comments made during the workshop will be raised in the framework of the systemic review which will be organised over the second half of 2011-2012.
- A technical tool is foreseen to improve the reporting of the project managers, to avoid inconsistencies by enabling them to retrieve previous information included in the quality reports. This is under preparation and might be available for the next year exercise.

Document: REITOX/44/05d

Working Group I – Treatment Demand Indicator: conclusions

1 Raporteurs:
Linda Montanari, Charlotte Davis, Sandrine Sleimann

2. Participants

National Focal Points from around 20 countries

3. Main points

Purpose and process

The purpose and process for the TDI Revision were recalled and summarised.
The timetable presented in the document sent to the NFP in November 2010 was presented. It is the following:

Date	Actions
September 2008	discussion with TDI experts and launch of a contract to assist the EMCDDA in the revision process
January 2009	small expert group meeting with identification of main issues related to TDI revision
Spring –Summer 2009	survey among the TDI experts and NFPs on the most important issues and possible solutions for the TDI revision
September 2009	Presentation of the survey results and discussion with the TDI experts
November 2009	Information to NFPs on progress in TDI Revision
March 2010	Small expert group meeting on the results of the survey
April 2010	End of the external project, with definition of a range of recommendations (some recommendations were very specific, some more conceptual)
Summer 2010	Feasibility assessment with TDI experts on the main recommendations proposed by the contractors
September 2010	Discussion during the TDI expert meeting
November 2010	Presentation to the NFPs and document presented
January- April 2011	Survey on remaining critical issue son TDI revision with all TDI experts and NFP
May 2011	Working group with NFPs on TDI revision

Main issues raised during the discussion:

- importance to inform NFPs, raising awareness on TDI revision
- need to make clear the distinction between changes to be made at treatment centre level and changes to be made at national level
- need to clarify the distinction between data collection (on the individuals) and reporting (to the NFP and to the EMCDDA)
- need to consider the problems of implementation: financial and human resources costs, changes in legislation, motivation of professionals
- some concern expressed regarding additional items, especially infectious diseases items and additional module on Treatment Prevalence; there is a need for further clarification
- discussion on the modular approach

4. Conclusions

- NFPs should continue to be involved in the TDI revision process and information will be sent to them on the development of the revision
- A regular and active communication between TDI experts and NFPs is extremely important in the revision process
- The EMCDDA has to consider the impact of the TDI revision in terms of cost and actual implementation in the countries
- More information on the modular approach is needed, even though it is necessary to consider that the data collection and the data reporting are two different processes
- NFPs will be provided with the access to TDI web restricted area, which was meant as an area to be open to TDI experts and NFPs
- The TDI revision will consist mainly in minor changes in the definitions and in the addition of few items (main ID items) as well as on the clarification of some definitions
- Polydrug use will not be added as a separate category
- The TDI prevalence project will be a separate module from the TDI and not part of the core TDI: only basic data (age, gender, primary drug) will be collected on the total number of clients
- The countries have different levels of TDI organisation and implementation: this should be considered when working on the revision. In some countries many of the foreseen changes are already introduced and implemented at national level; they should only be reported to the EMCDDA; in others it will be necessary to implement them.
- The implementation of the new TDI Protocol could take some time; that period may differ according to country (in some may be short in other quite extended). As the TDI ver.2.0 implementation has shown, to implement the TDI Protocol in some countries took almost 10 years, whilst in others it was much faster. This may depend on political and organisational factors, which–in many cases- are not under the control neither of the NFP or of the EMCDDA.
- A minimum common standard of time schedule that can allow to advance on the process of implementation should be adopted and agreed anyway.

5. **Next Steps:**

Date	Actions
30-31 May 2011	Small working group meeting: discussion on a proposal regarding definitions and remaining complex issues (case definitions, polydrug use, etc.)
June - August 2011	Draft protocol TDI version 3.0 Consultation with TDI experts and NFPs Revised version to be presented to the TDI experts in September
September 2011	Presentation and discussion of the final draft TDI Protocol version 3.0 with TDI experts and adoption of final proposal for the NFPs
November 2011	Approval by NFPs of the proposal of the TDI Protocol ver. 3.0 adopted by experts
2012	Work at national level to prepare the implementation of the TDI Protocol ver.3.0
2013	Starting data collection with new protocol since 1st January
September 2014	**Data submission to the EMCDDA (people entering treatment in 2013)**

By the end of June the available documents will be sent to the NFPs.

They are concerning:

- results of the survey
- definitions and items
- minutes of the small working group
- eventual documents as follow up of the meeting
- table of comparison between old and TDI protocol, identifying the main changes

Together with the document some questions on estimate of the impact of the TDI implementation, in terms of financial costs and human resources or time foreseen will be sent to the countries, as requested by the NFPs