European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA

Internal statistics code of practice

Introduction: One of the three core principles of the EMCDDA 2013–15 strategy is a commitment to efficiency. This is to be achieved, among others, via an improved quality assurance framework for the statistical procedures employed by the agency. In this light, an *EMCDDA Internal statistics code of practice* was developed in 2014. The code was drawn up in consultation with the EMCDDA Scientific Committee, the Reitox network and Eurostat, whose *European statistics code of practice* provided a basis for the work.

The EMCDDA code establishes a set of principles that provide the agency with guidance and objectives for its own work. It serves as a declaration of the EMCDDA's intent to pursue a programme of continuous improvement and evaluation of efforts in order to provide 'factual, objective, reliable and comparable information'.

Adopted by the EMCDDA Management Board on 5 December 2014

Preamble

This document establishes a set of relevant principles that provide the EMCDDA with guidance and goals for its own work. It is a declaration of the EMCDDA's intent to pursue a programme of continuous improvement and evaluation of efforts to provide 'factual, objective, reliable and comparable information'. It is not a description of current achievements, but rather the establishment of goals to be pursued. This code may also be a useful point of reference for the Reitox network.

In line with Eurostat's European statistics code of practice, the *EMCDDA Statistics code of practice* is based on 15 principles covering the institutional environment, the statistical production processes and the output of statistics. A set of statements of good practice for each of the principles provides guidance for the implementation of the code ([1]).

The objective of the EMCDDA

The founding regulation of the EMCDDA defines that the objective of the EMCDDA is to provide 'the Community and its Member States with factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences' ([2]), focusing on the following priority areas:

1) monitoring the state of the drugs problem, in particular using epidemiological or other indicators, and monitoring emerging trends, in particular those involving poly-drug use;
2) monitoring the solutions applied to drug-related problems; providing information on best practices in the Member States and facilitating the exchange of such practices among them;
3) assessing the risks of new psychoactive substances and maintaining a rapid information system with regard to their use and also regarding new methods of using existing psychoactive substances;
4) developing tools and instruments to help Member States to monitor and evaluate their national policies and the Commission to monitor and evaluate European Union policies.

Regulation (EC) No 1920/2006

The founding regulation of the EMCDDA determines that 'the statistical element (…) shall be developed, in collaboration with the relevant statistical authorities, using as necessary the Community Statistical Programme to promote synergy and avoid duplication' ([3]).

The EMCDDA strives to provide the users of its data with a level of integrity, service and commitment in the statistical collection and analysis process and in statistical outputs comparable to that of other EU data providers and statistical offices, while noting that the structure of the data collection and the nature of the topic influences the type and level of quality assurance that is appropriate.

The EMCDDA is not a primary data collector. The EMCDDA works in close collaboration with

([1]) The quality criteria for European statistics are defined in Regulation (EC) 223/2009, Article 12.
([2]) Regulation (EC) No 1920/2006 of the European Parliament and of the Council of 12 December 2006 on the EMCDDA (recast).
([3]) Article 1.3 of Regulation (EC) No 1920/2006 (see above).

the European Information Network on Drugs and Drug Addiction (Reitox) ([4]) to compile aggregated data to provide information at an EU level. One Reitox national focal point in each Member State is responsible for the collection and analysis of data at national level on the basis of guidelines adopted with the EMCDDA.

National focal points have the responsibility for collecting and analysing data at national level, and rely for this on their network of national experts. They collaborate with the EMCDDA to improve the quality and harmonisation of data across the EU and to facilitate and structure the exchange of information ([5]).

Investigating the illicit drug phenomenon involves collecting and analysing information on hidden populations. Data can be partial and difficult to validate. The topic is complex, with determinants that are difficult to separate. Ensuring data quality is an on-going process that is continuously being developed.

([4]) Article 5 of Regulation (EC) No 1920/2006 (see above)
([5]) See, in particular, the EMCDDA protocols for the five key epidemiological indicators (http://www.emcdda.europa.eu/activities/key-indicators).

Institutional environment

Institutional and organisational factors influence an information agency's effectiveness in the collection, analysis and dissemination of credible statistics. The relevant issues are professional independence, mandate for data collection, adequacy of resources, quality commitment, confidentiality, impartiality and objectivity.

Principle 1 – Professional independence

Within the context of its mandate, the professional independence of the EMCDDA underpins the credibility of the statistics it produces. The work of the EMCDDA is carried out with due regard to the respective powers of the EU and its Member States in the area of drugs and is guided by the drugs strategies and action plans adopted by the European Union. The EMCDDA strives to ensure that its working methods are transparent and consistent.

Supporting statements:

1.1: The EMCDDA is a public and non-profit legal person created under EU law with a formal mandate to produce and disseminate statistics, as specified in the EMCDDA founding regulation.

1.2: The EMCDDA relies on Reitox national focal points for ensuring the validity and reliability of data provided to the EMCDDA in the framework of the national reporting package.

1.3: The EMCDDA provides guidance and protocols, agreed with Reitox national focal points and national experts, for the data requested in the framework of the national reporting package. The EMCDDA is responsible for coordinating and harmonising the collection of that data and for producing and disseminating EU drugs statistics in an independent manner.

1.4: The EMCDDA has the sole responsibility for deciding on the statistical methods, standards, procedures, content and timing of EMCDDA statistical outputs, seeking guidance, where appropriate.

1.5: The EMCDDA work programmes are published and the annual General Reports of Activities describe progress made.

1.6: A clear distinction is made between statistical outputs that report data received from the Reitox national focal points and any statistics calculated on the basis of those data. Sources of data are clearly defined.

1.7: The EMCDDA Scientific Committee, Management Board and the Reitox network are consulted on the EMCDDA's main statistical outputs in advance of publication as part of the quality assurance process.

Principle 2 – Mandate for data collection

The EMCDDA and the Reitox network have a clear legal mandate to collect factual, objective, reliable and comparable information concerning 'drugs and drug addiction and

their consequences' ([6]). In addition, the EMCDDA, also has a role in the identification and assessment of the risks of new substances ([7]).

Supporting statements:

2.1: The founding regulation of the EMCDDA designates the EMCDDA as the hub for all drug-related information in the EU and provides the basis for the collection, analysis and dissemination of data on drugs and the consequences of drug use from the Member States and other countries.

2.2: National authorities ensure the operations of their Reitox national focal points for the collection and analysis of data at national level on the basis of guidance and protocols agreed with the EMCDDA.

2.3: The Reitox national focal points, the European Commission and the Member States are the main providers of data to the EMCDDA, as designated by its founding regulation. Complementary information emanating from the EU, non-governmental organisations and international organisations is collected, analysed and disseminated in line with the EMCDDA mandate.

2.4: The EMCDDA strives to avoid duplication of work by liaising with other EU and international institutions and agencies.

2.5: In line with its mandate and where appropriate, the EMCDDA will carry out surveys, preparatory studies and feasibility studies, together with any pilot projects necessary to accomplish its tasks.

Principle 3 – Adequacy of resources

Within the constraints imposed on European and national budgets, sufficient resources should be made available to meet European drug-related statistics requirements.

Supporting statements:

3.1: EMCDDA and Reitox network staff, financial and computing resources should be adequate, both in magnitude and in quality, to meet current statistical needs.

3.2: The scope, detail and cost of drug-related statistics should be commensurate with needs, as defined in the EMCDDA work programme.

3.3: Procedures should be in place to periodically assess and justify the continued collection of existing statistics and demands for new statistics against their cost.

Principle 4 – Commitment to quality

The EMCDDA and the Reitox network are committed to quality. The EMCDDA systematically and regularly identifies strengths and weaknesses by continuously monitoring process and product quality.

([6]) Regulation (EC) No 1920/2006 of the European Parliament and of the Council of 12 December 2006 on the EMCDDA (recast).
([7]) Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances [*Official Journal* L 127, 20.5.2005].

Supporting statements:

4.1: A quality policy is defined and made publicly available. An organisational structure and tools are in place to deal with quality management.

4.2: Procedures are in place to plan and monitor the quality of the statistical production process.

4.3: The quality of EMCDDA key statistical outputs is regularly reviewed, using external experts where appropriate, and reported according to the established quality criteria.

Principle 5 – Confidentiality

The EMCDDA does not disseminate any statistical data that would make possible the identification of individuals or small groups of individuals. The privacy of data providers, the confidentiality of the information they provide and its use only for statistical purposes are guaranteed.

Supporting statements:

5.1: Staff sign legal confidentiality commitments on appointment.

5.2: Procedures are in place to deal with any breaches of confidentiality.

5.3: Guidelines and instructions are provided to staff on the protection of confidentiality in the production and dissemination of statistics. The confidentiality policy is made known to the public.

5.4: Where relevant, appropriate procedures are in place to protect the handling of classified data and information.

5.5: Physical, technological and organisational provisions are in place to protect the security and integrity of statistical databases.

5.6: Protocols apply to external users accessing statistical data for research purposes.

Principle 6 – Impartiality and objectivity

The EMCDDA collects, analyses and disseminates European drug-related statistics maintaining scientific independence and in an objective, professional and transparent manner.

Supporting statements:

6.1: Statistics are compiled on an objective basis determined by statistical considerations.

6.2: Choices of sources, statistical methods as well as decisions about the presentation and dissemination of statistics are informed by statistical considerations.

6.3: Errors discovered in published statistics are corrected at the earliest possible date and appropriately publicised.

6.4: Information on the methods and procedures used is publicly available.

6.5: Statistical publication dates and times are pre-announced.

6.6: Advance notice is given to EMCDDA partners on major revisions or changes in methodologies.

6.7: The EMCDDA collects secondary data. Data should be validated by Reitox national focal points before publication, where appropriate.

Statistical processes

European and other international standards, guidelines and good practices are observed in the processes used by the EMCDDA to collect, analyse and disseminate European statistics. The credibility of the statistics is enhanced by a reputation for good management and efficiency. The relevant aspects are sound methodology, appropriate statistical procedures, non-excessive burden on data providers and cost-effectiveness.

Principle 7 – Sound methodology

Sound methodology underpins quality statistics. This requires adequate tools, procedures and expertise.

Supporting statements:

7.1: The overall methodological framework used for EMCDDA statistics follows European and other international standards, guidelines, and good practices.

7.2: Procedures are in place to ensure that standard concepts, definitions and classifications are consistently applied throughout the EMCDDA.

7.3: Procedures are in place to promote the harmonisation of national data collection following EMCDDA guidance and protocols.

7.4: Graduates in the relevant academic disciplines are recruited.

7.5: The EMCDDA has a training policy for its staff.

7.6: Co-operation with the scientific community, and in particular with the EMCDDA Scientific Committee and national experts, is organised to improve methodology, the effectiveness of the methods implemented and to promote better tools when feasible.

Principle 8 – Appropriate statistical procedures

Appropriate statistical procedures are implemented from data collection to data validation. Sufficient information is collected on the methods of data collection from the data providers to allow for quality assessment. Efforts are made to share good statistical practices. Appropriate statistical procedures are followed within the EMCDDA.

Supporting statements:

8.1: Data providers and experts are consulted on the concepts, definitions and practices adopted at the time of data collection, and these are evaluated according to the statistical purpose of the data.

8.2: Information is collected on data collection items, study designs, sample selection and estimation methods used at national level, and this information is evaluated.

8.3: Efforts are made to promote the design of administrative data in order to make them suitable for statistical purposes. This is achieved by reviewing the statistical needs at European level with the Reitox national focal points and experts.

8.4: EMCDDA data collection instruments are tested, reviewed and revised with the data providers.

8.5: Collection, entry and coding of data are routinely monitored, reviewed and revised as required.

8.6: Appropriate editing and imputation methods are used and regularly reviewed, revised or updated as required.

8.7: Revisions follow standard, well-established and transparent procedures.

Principle 9 – Non-excessive burden on data providers

The EMCDDA will monitor the burden on data providers and strive to avoid duplication and to ensure requests are commensurate to need.

Supporting statements:

9.1: The range and detail of EMCDDA demands is limited to what is necessary to achieve the objectives established in its work programmes.

9.2: The information sought from data providers is, as far as possible, limited to information readily available from national sources.

9.3: The EMCDDA will avoid unnecessary duplication in its requests to data providers.

Principle 10 – Cost-effectiveness

Resources are used effectively.

Supporting statements:

10.1: Internal and independent external procedures are in place to monitor the EMCDDA's use of resources.

10.2: The productivity potential of information and communications technology is being optimised for data collection, analysis and dissemination.

10.3: The EMCDDA promotes and implements standardised approaches to data collection, analysis and reporting that increase effectiveness and efficiency.

Statistical output

Available statistics meet users' needs. Statistics comply with the European quality standards and serve the needs of European institutions, governments, research institutions, business concerns and the public generally. The important issues concern the extent to which the statistics are relevant, accurate and reliable, timely, coherent, comparable across regions and countries, and readily accessible by users.

Principle 11 – Relevance

European statistics meet the needs of users.

Supporting statements:

11.1: Processes are in place to consult users, monitor the relevance and utility of existing statistics in meeting their needs, and consider their emerging needs and priorities.

11.2: Priority needs are being met and reflected in the work programme.

11.3: User satisfaction is monitored on a regular basis and is systematically followed up.

Principle 12 – Accuracy and reliability

EMCDDA statistical outputs accurately and reliably portray reality.

Supporting statements:

12.1: Source data, intermediate results and statistical outputs are regularly assessed and validated.

12.2: Measures of statistical quality are collected, systematically documented and evaluated, according to European standards.

12.3: The national reporting package is regularly analysed in order to improve statistical processes.

Principle 13 – Punctuality/timeliness

EMCDDA statistical outputs are released in a timely and punctual manner.

Supporting statements:

13.1: The EMCDDA strives to minimise the length of time between receiving data from data providers and disseminating those data.

13.2: Efforts are made to co-ordinate data collection with data providers to ensure the earliest possible delivery to the EMCDDA.

13.3: Efforts are made to promote the production and delivery of recent national data from the data providers.

Principle 14 – Coherence and comparability

EMCDDA statistical outputs are consistent internally, over time and comparable between regions and countries; it is possible to combine and make joint use of related data from different sources.

Supporting statements:

14.1: Statistics are assessed for internal coherence and consistency (i.e. arithmetic and accounting identities observed) and corrected within the EMCDDA's ability.

14.2: The comparability of statistics over time is assessed and clearly documented.

14.3: Statistics are compiled on the basis of common standards with respect to scope, definitions, units and classifications defined in the relevant protocols.

14.4: Statistics from different sources and of different periodicity are compared and reconciled.

14.5: Cross-national comparability of the data is promoted by the EMCDDA by reference to agreed guidance and protocols and through periodic exchanges with its data providers.

Principle 15 – Accessibility and clarity

EMCDDA statistical outputs are presented in a clear and understandable form, released in a suitable and convenient manner, available and accessible on an impartial basis with supporting metadata and guidance.

Supporting statements:

15.1: Statistics and the corresponding metadata are presented and archived in a form that facilitates proper interpretation and meaningful comparisons.

15.2: Dissemination services use modern information and communication technology and, if appropriate, traditional hard copy.

15.3: Users are kept informed about the methodology of statistical processes in a standardised format.

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Publications Office

EMCDDA, your reference point on drugs in Europe
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the hub of drug-related information in Europe. Its mission? To provide the EU and its Member States with an evidence base on the European drugs problem to inform policymaking and practice.

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