



Annex

Methodological specifications Principles and guidelines

April 2017

Authors

Linda Montanari European Monitoring Centre for Drugs and Drug Addiction
Viktor Mravcik Czech Republic National Focal Point
Katerina Grohmannova Czech Republic National Focal Point
Luis Royuela European Monitoring Centre for Drugs and Drug Addiction

Contributors to the final revision, 2016

Anália Torres, Portugal
Federica Tognazzo, Italy
Felice Nava, Italy
Ines Kvaternik, Slovenia
Ludmila Carapinha, Portugal
Janusz Sieroslawski, Poland
Els Plettinckx, Belgium
Noellia Llorens, Spain
Elena Alvarez, Spain
Julian Sanz, Spain

Other EMCDDA contributors

Dagmar Hedrich
Roland Simon
Julian Vicente

Contributors to the drafting of the European questionnaire, 2013-15

International organisations

Fabienne Hariga	HIV/AIDS Section, United Nations Office on Drugs and Crime (UNODC)
Lars Möller	Regional Office for Europe, World Health Organization (WHO)
Robert Teltzrow	Pompidou Group, Council of Europe
Stefan Enggist	Regional Office for Europe, World Health Organization (WHO)

Experts involved in the preparatory meetings

Harald Spirig	Austria	Diana Maciel	Portugal
Sara Van Malderen	Belgium	Elsa Maia	Portugal
Niels Loeenthin	Denmark	Imrich Steliar	Slovakia
Laurent Michel	France	Sandra R. Thyberg	Sweden
Marie Jauffree Routsid	France	Natalia Delgrande	Switzerland
Heino Stöver	Germany	Craig Wright	United Kingdom
Marc Lehmann	Germany	Kieran Lynch	United Kingdom
Tim Pfeiffer-Gerschel	Germany	Nino Maddalena	United Kingdom
Johnny Connolly	Ireland	Seena Fazel	United Kingdom
Daniele Berto	Italy		

Contributors from the national focal points

Johan Van Bussel, Belgium	Elisabetta Simeoni, Italy
Lies Gremeaux, Belgium	Silvia Zanone, Italy
Momtchil Vassilev, Bulgaria	Ieva Pugule, Latvia
Lidija Vugrinec, Croatia	Ernestas Jasaitis, Lithuania
Viktor Mravcik, Czech Republic	Alain Origer, Luxembourg
Neoklis Georgiades, Cyprus	Sofia L. Costa, Luxembourg
Kari Grasaasen, Denmark	Franz Trautmann, Netherlands
Katri Abel-Ollo, Estonia	Sofia Santos, Portugal
Tim Pfeiffer-Gerschel, Germany	Ruxanda Iliescu, Romania
Manina Terzidou, Greece	Imrich Steliar, Slovakia
Vili Varjonen, Finland	Milan Krek, Slovenia
Maud Pousset, France	Rosario Sendino, Spain
Gergely Horváth, Hungary	Joakim Strandberg, Sweden
Brian Galvin, Ireland	Charlotte Davies, United Kingdom

Acknowledgements of other EMCDDA scientific staff

Chloe Carpentier¹, Andre Noor, Danica Thanki, Deborah Olszewski, Eleni Kalamara, Gregor Burkhart, Isabelle Giraudon, Lucas Wiessing and Joao Matias

¹ Currently UNODC, Vienna

Contents

Introduction	5
Principles	6
Aim.....	6
Survey management	6
Existing tools	6
Minimum core dataset	7
Methodological guidelines	7
Questionnaire/data collection form	7
Triangulation of sources	7
Terminology	7
Ethical issues	8
Guidelines	10
Survey aims	10
Method of the survey.....	10
Periodicity of the survey	10
Target population	11
Access to prison.....	12
Sampling	12
Introduction to the interview.....	12
Individual rights of the participants in the study.....	13
Anonymity and confidentiality	13
Non-response.....	13
Data collection methods	13
1) Self-administered questionnaire	14
2) Computer-assisted personal interviewing	15
3) Face-to-face interview	16
Data management.....	16
Missing values.....	17
Data documentation requirements.....	17
Data quality	17
Check List	18
References	20

Introduction

Conducting a survey in a prison setting is a difficult task. The specific environment in which the survey is conducted and the profile of the potential interviewees pose difficulties in the development of the fieldwork and limit the methodological aspects of the study.

Some methodological aspects are described below as principles and recommendations to be followed when conducting a survey in prison. Their objective is to guarantee a high level of data quality when conducting the research and to increase the comparability of the data across countries. Another objective is to ensure that high ethical standards are maintained in the studies, taking into account the special circumstances of the target population.

A range of European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and international (the United Nations (UN) and the World Health Organization (WHO)) tools have been used as methodological and theoretical references in drafting these guidelines, including the *Handbook for surveys on drug use among the general population* (EMCDDA, 2002), the *Treatment demand indicator standard protocol 3.0* (EMCDDA, 2012) and the EMCDDA drug-related infectious diseases (DRID) guidance module 'Methods of bio-behavioural surveys on HIV and viral hepatitis in people who inject drugs' (EMCDDA, 2014). UN and WHO guidelines on drugs and prison were also taken into consideration (Møller et al., 2007; UNODC, 2008; WHO, 2010; Michel et al., 2015).

Principles

Some general principles should be considered when establishing and implementing a survey on drugs and prison; these principles should be common at the European level, as agreed in the methodological framework for monitoring drugs and prison in Europe (EMCDDA, 2013).

Aim

The information on drugs and prison is to be collected from a **public health perspective** and should **NOT** focus on the principle of control. The public health perspective should be the driving force for gathering any type of information in the context of the survey on drugs and prison. The aim is to collect information that can be used to improve health, social services and facilities for prisoners and ultimately to improve the physical, psychological and social conditions of prisoners; this should improve the health of the whole community.

Survey management

The national institutions and state administrations responsible for health at the national level (the ministry of health or the public health institute), for prison issues (the prison service or the ministry of justice) and for drug policy and drug monitoring (the office for drugs, drug commissioner, national drug coordinator or national drug observatory) should be informed about upcoming research projects by institutions planning to carry out research in prison settings. If possible, they should be involved in the planning and management of the research project and the organisation and assignment of tasks. If such a body contracts the research, it should also be in charge of the survey's funding and coordinate the analysis and use of the results. The judicial and penitentiary administration systems should support the implementation of the survey and the fieldwork. Incentives for participating in the study may be used in the same way as when conducting surveys in the general population. The survey should be carried out **by institutions that are independent of the prison setting** and are known for their high scientific and professional standards (Aebi et al., 2014).

The **checklist at the end of this document** (see page 19) summarises the important steps in conducting a survey in prison settings.

Existing tools

When designing a survey that will be implemented in prison settings in a European country, **it is advisable to consider existing tools rather than developing new tools, if possible**, to harmonise the survey with European guidelines and thereby obtain added value at both national and European levels. It is advisable to adapt existing national tools and harmonise them with **European guidelines** to increase their added value. If tools for data collection do not exist at national or local level, they should be developed in line with European guidelines.

Minimum core dataset

The proposed questionnaire is designed to provide a European minimum core dataset **common to all European countries**, ensuring the consistency and comparability of the data collected in different countries. Countries can expand their own surveys by including additional items to cover national or local information needs. As collecting data in prisons is a complex task, a list of priority areas for data collection is provided later in the document.

Methodological guidelines

The methodological guidelines **aim to guarantee the high quality** of the information collected, ensuring comparability between countries and that high ethical standards are applied. Additional national guidelines and/or more extensive instructions and rules for implementing the survey, such as fieldwork manuals, can be produced according to national or local needs and requirements.

Questionnaire/data collection form

The tool published with these methodological guidelines is the **European Questionnaire on Drug Use among Prisoners (EQDP)**. European countries are invited to use the questionnaire in prisons to collect information on drug use among prisoners. The objective of having a common questionnaire is to obtain the same information in every country at European level; the information collected will be based on harmonised definitions and guidelines. Nevertheless, each country can adapt the questionnaire to its national language and to its specific needs and national or local context. As indicated above, additional items can be included for national or local purposes. Some questions might not be relevant for the country's context; others might be regarded as too sensitive, **especially those referring to current imprisonment, which are marked with an exclamation mark: (!)**. One or more of these questions may be omitted, according to specific needs.

Triangulation of sources

Data collected through surveys in prisons have several limitations relating to the specificity of the setting and the sensitive nature of the subject being studied (drugs). It is therefore important to **triangulate the survey's results with other information sources**, which may come from other studies, routine data collection or other, unofficial, information sources (Carpentier et al., 2012).

Terminology

Particular attention should be paid to terminology, both in the questionnaire and in the methodological guidelines adapted to the national context. **The language** used in the questionnaire should take into account the **specificity of the prison environment**. The language should be understandable, adapted to the cultural and educational level of the prisoners, and written in the language that they speak (which may differ from the official

language of the country where the prisons are located). In some countries, the majority of prisoners are foreigners, and the questionnaire may need to be translated and/or interpreted. Particular attention should also be paid to translations from English into national languages, to retain the exact meaning of the wording used in the European questionnaire and thus ensure the harmonisation of the data. In some instances, the use of supporting material (images of the drugs referred to in the questions) should be considered to facilitate comprehension of some of the questions, particularly those relating to the consumption of new psychoactive substances (NPS).

Ethical issues

Collecting data in prison settings is a sensitive issue, and **ethical principles should be carefully considered** at every phase of the survey. High ethical standards should be set before the survey starts and maintained during its implementation. If one is not already in place, an **ethical board should be set up** to assess the implementation of ethical principles in the survey. The study should be evaluated and approved by the ethical board in accordance with national standards.

The survey should be carried out in a way that promotes its potential benefits for the prisoners. The prisoners should be informed about the aim of the survey, they should provide verbal and written consent for their participation, and they should be informed about how it will be managed and how its results will be used. If the questionnaire is self-administered, participation in the survey is in itself evidence of consent; in other cases, verbal and written consent should be requested.

The survey should be fully anonymous; if anonymity cannot be guaranteed or any identification of prisoners is part of the study design, informed consent is vital. With regard to the specifics of the prison population, evaluation by the ethical board is recommended. The survey should not be used to attempt to change prisoners' drug use patterns or to influence them in any way; the only goal of the survey must be to collect information for monitoring, statistical and research purposes. This should be made clear to prisoners and to the prison administration before the study starts.

International rules on confidentiality and data protection and guidelines for respecting prisoners' rights, including human rights, must be followed. In particular, the following two international guidelines should be considered to be reference points when implementing the survey: *Human rights and prisons: a pocketbook of international human rights standards for prison officials* (UN, 2005) and the WHO guide *Prisons and health* (Enggist et al., 2014).

These guidelines should be read and taken into consideration when implementing research and surveys in prison settings. Furthermore, principles for conducting medical research in a way that respects the health of the survey participants should also be followed (Council of

Europe, 2005). All the people and institutions involved should be informed about and aware of these principles and rules, including the interviewers, prison staff, prisoners and all subjects involved in the survey (UN, 1990, 2005; Enggist et al., 2014).

Guidelines

Survey aims

The aim of this survey is **to increase knowledge** on drug use among prisoners, their health status and related consequences, and to **better understand the health, psychological and social needs of prisoners**. This information can facilitate the development of appropriate public health and social services (treatment, prevention, harm reduction, etc.). The survey should also ultimately make those services more accessible for prisoners or former prisoners, both inside prison and at an early stage after release.

It is important **to explain the objective of the survey to respondents** to ensure that the data to be collected can be used to meet the general aims of the study and of the established methods and tools for (repeated/regular) data collection.

Method of the survey

The method used to administer the EQDP should be based on a **cross-sectional survey** among prisoners on their drug use, patterns of drug use inside and outside prison, health problems that may be related to drug use, and their use of drug and health services.

A long process of analysis and assessment preceded the decision to create a common EQDP. In particular, data on drug use among prisoners in Europe collected over the previous 10 years were assessed and analysed; the results showed that there was a need for harmonisation and indicated that a common European questionnaire would be a valuable tool for data collection. In 2014, a specific assessment of information and methodologies was conducted, collecting and assessing the structure of, and information from, over 40 questionnaires and data collection forms on drug use among prisoners that had been used to conduct surveys in prisons in 23 European countries (Carpentier et al., 2012; Royuela et al., 2014). The EQDP was then revised in 2016, based on the results of the project "Support the EMCDDA in piloting the EQDP"; the revision took into account the experiences and recommendations of five participating countries (the Czech Republic, Italy, Poland, Portugal, Slovenia). In addition, experts from Belgium, Spain and France contributed to the exercise on the basis of their experiences of the ongoing implementation of national prison surveys.

Periodicity of the survey

It is recommended that the proposed questionnaire is administered **every two years**, as in the case of the general population surveys. Following the recommendations made in the assessment of the implementation of the key indicator 'General population surveys', it is recommended that the **maximum time interval** between two surveys should be **four years** (EMCDDA, 2002).

Target population

The target population of the survey should include **all prisoners on a given day or during a given week in all custodial institutions**. The categories of prisoners included are those specified by Aebi et al. (2014).

The prisoners are divided into the following categories according to their legal status and their place of imprisonment.

- Prisoners by legal status:
 - untried detainees (no court decision yet reached);
 - sentenced prisoners who have appealed or who are within the statutory limits for doing so;
 - detainees who have been found guilty but have not yet received a sentence;
 - detainees who have not yet received a final sentence but have started serving their custodial sentence in advance;
 - sentenced prisoners (serving their final sentence);
 - prisoners under administrative arrest, which refers to a sanction of temporary detention under administrative law (i.e. not included in criminal records).

- Prisoners by place of imprisonment:
 - persons held in penal institutions designed for custodial sentences;
 - persons held in remand institutions (generally designed for pre-trial detainees and for those serving short-term custodial sentences);
 - persons held in custodial and/or educational institutions/units for juvenile offenders;
 - persons held in police stations (if these stations are under the authority of the prison administration and if the persons held have the status of inmates);
 - persons held in institutions for drug-addicted offenders outside penal institutions (if the persons have the status of regular inmates);
 - persons with psychiatric disorders who are held in psychiatric institutions or hospitals outside penal institutions (if the persons have the status of regular inmates).

These groups may vary by country, as not all categories apply to every country. Countries should specify what the situation is regarding groups of prisoners at the national level. It will be necessary to specify which groups have been included in and which excluded from the survey, as it is possible that, for practical reasons, some groups will not be included (e.g. people in psychiatric institutions).

Access to prisons

It is important to **establish or reinforce connections** with prison institutions and in particular **with the ministry of justice or ministry of the interior** (according to country), which usually has access to prisons' databases of inmates, which will be useful in defining a sample of prisoners for the survey. Specific agreements should be established with the relevant authorities. The conditions for accessing prisons should be established in a specific agreement between the institution responsible for the survey and the local authorities (e.g. prison directors).

If juveniles are participating in the survey (even if they are in custody), special permits should be obtained from parents or legal guardians. This condition will also apply to anyone under legal guardianship, which might be a relatively high proportion of people with a long history of drug use.

Sampling

The sampling method will depend on the objectives of the study. The sample should be representative of the entire prison population (EMCDDA, 2002) and should be chosen randomly using the population registered as being in prison on a given day or during a given week. Ideally, a multi-stage sampling method (i.e. a type of cluster sampling) should be used; this type of sampling method anticipates several levels of cluster selection that may be applied before the final sample elements are reached. The survey will then focus on specific chosen clusters. To guarantee sufficient information on groups of prisoners with particular health and social needs, **these groups should be over-represented in the sample**. They may include women prisoners, juvenile detainees, young adult offenders, foreigners or others, and these groups may vary between countries. It is advisable that the sampling is done (or supervised) by the research institution conducting the survey, rather than by the prison service administration, to avoid bias.

Introduction to the interview

Before the data collection begins, the prisoners must be briefed about the general and specific objectives of the survey, including how it will be organised and how the final results will be used. It is very important to **inform each participant about the benefits of the survey**, the rights of participants, and how **anonymity and confidentiality** will be handled. It is also necessary to explain how the results of the study will be used, particularly regarding public health benefits. This is particularly important because the information obtained from the survey will be used to assist stakeholders in developing public health programmes that aim to minimise the risk factors that relate to and lead to drug use and related problems (e.g. infectious diseases, overdoses). The questionnaire can be introduced by talking to prisoners or by using letters or leaflets. It is important to ensure that prisoners are informed about and aware of the survey and their participation in the study. An introduction to the

survey should also be provided to prison staff and management, including the prison administration (directors, etc.); this can also be done in meetings and/or using written information.

Individual rights of the participants in the study

Prisoners selected to participate in the study **may decline to take part**, withdraw their consent at any time or choose not to answer any question in the survey. **These decisions must not entail any sanctions for the prisoners.**

Anonymity and confidentiality

Participation in the survey and the data it provides must be strictly confidential. The respondent must be assured that his or her responses will remain confidential. It is not enough to simply state this; it should also be obvious from the setting of the interview and the traceable procedures for handling the completed questionnaires. It should be made clear to the participants that, while the data from the study may be sent elsewhere for analysis, no personally identifiable information will be provided for this analysis. Prisoners' names and numbers will not appear in any output document from the study. The **confidentiality of all participants is guaranteed**, and inmates' names or identification numbers should not be written on the questionnaire. Each participant must provide **both verbal and written consent** before taking part in the survey. If the questionnaire is self-administered, participation in the survey is in itself evidence of consent. Every country and institution responsible for the survey is free to make its own decision on the best way to guarantee interviewees' anonymity. Completed questionnaires can be placed in empty and unmarked envelopes and then placed in a box (in a similar way to school surveys such as ESPAD (the European School Survey Project on Alcohol and Other Drugs)).

Non-response

If a selected inmate declines to take part in the study, his or her refusal should be accepted. **Some information on non-response could be recorded to model non-response** and allow the findings to be analysed in the data management phase. However, attention should be paid to maintaining anonymity and confidentiality in the management of non-responses.

Data collection methods

The choice of a method of data collection is a crucial decision when designing a survey. This is also true of surveys in prison settings. Each approach has advantages and disadvantages and may have drawbacks and generate bias that could affect response rates and the reliability of the answers that are obtained. The type of method chosen therefore has implications for the quality and quantity of the survey results. Some data collection methods may result in insurmountable problems, whereas others may be ideal for developing and easy and powerful solutions to problems.

The EQDP has been designed for **self-administration by the prisoner**, either using computer-assisted personal interviewing (CAPI) or as a pen-and-paper questionnaire. **Face-to-face interviews** might be considered, although, taking into account the specificity of the prison setting, this might not be feasible in some countries.

Sometimes, a mix of methods may be appropriate, as in the case of sensitive questions that might be better answered without the intervention of an external interviewer. Decisions on this should be taken by those responsible for the survey. A mixed approach may cause limitations in data comparability, but it may also increase the validity of some answers. It is, however, extremely important to describe in detail the method used for the whole questionnaire or the various parts of it.

Although there is no obligation to choose one specific data collection method, and it is up to the country and the research institution to decide on the most suitable method for use in their survey, limitations in future data comparability should be considered when deciding on a method that is not included among those listed below.

A short description of each method is provided below, in order of preference; the method used will depend partly on practical constraints (budget, premises, logistics, etc.).

1) Self-administered questionnaire

This method can be applied using standard pen-and-paper questionnaires. The questionnaire is distributed to the inmates by the people who are considered the '**contact persons**' in the prisons. The contact persons should have the ability to guarantee anonymity and confidentiality; staff who are already working in institutions (health services, universities, research institutes, etc.) and are independent of the prison services would be the preferred choice. A sufficient number of contact persons should be involved. After the questionnaires have been completed, forms should be placed in envelopes to be collected by the contact persons from each prison. The responses are subsequently compiled by scanning the survey forms or by manually entering the results into a database before analysis.

Advantages

This method requires only a simple and low-cost infrastructure. The prisoners' confidentiality is guaranteed.

Disadvantages

A disadvantage may relate to the accuracy of the answers and the likelihood that there will be a high rate of incomplete forms. In addition, the researchers cannot control for double counting, although it seems rather unlikely that a single prisoner would complete the

questionnaire repeatedly. The data management phase would also be relatively complex and time consuming.

2) Computer-assisted personal interviewing

CAPI ensures confidentiality, autonomy and a safe setting in which to respond to the questions. The interviewee is given a computer or tablet and asked to complete the questionnaire, although he or she can ask the interviewer questions if clarification is needed (Lavrakas, 2008).

CAPI is user-friendly and provides an efficient way to manage data. However, some preconditions must be established with the prisons before it is used; it should be ascertained that the prisons will allow the use of electronic devices, such as laptops, tablets, smartphones, etc., that are password protected and contain encrypted surveys. The development of user-friendly interfaces has proceeded rapidly, with functions such as touch screens, colour graphics and images (which are particularly important for questions regarding the use of NPS), sound, the ability to record respondents and means of answering open-ended questions now available. The technology is increasingly user-friendly, so respondents do not need to be experienced computer users. Training should be provided to those in charge of implementing the survey.

Advantages

This method has the advantage of enabling the incorporation of automatic consistency checks. Interviewers can be alerted to any inconsistencies in the data and resolve them with the interviewee during the process. The data are controlled for double counting and correctly coded, and missing values are assigned for all items. The interview can be administered in a short period of time. The role of the interviewer is strictly controlled, yielding higher quality data. Data are recorded, exported and integrated into a database, and they can be managed rapidly and economically.

Disadvantages

Despite these advantages, debate continues about what effects this method might have on survey outcomes compared with methods such as face-to-face interviews. Questions can be misinterpreted or misunderstood, for instance, as is the case with self-administered questionnaires, and concerns about confidentiality and fears relating to external and remote controls on the survey information have also been raised in this specific environment. In addition, the method might be too expensive and might not be well suited to the actual conditions in the prison setting.

3) Face-to-face interview

The face-to-face interview is carried out on prison premises by trained interviewers. The interviewers should be instructed on several topics relating to the survey methods; the use of supporting materials, such as images of the drugs referred to in the questions, to facilitate answers; and the prison environment. These topics might include interview skills; methods of conducting an interview; how best to approach prison organisations; making appointments to brief prisoners and carry out interviews; keeping track of interviews and non-responses; informing prisoners and obtaining consent; and giving feedback to prisoners.

The face-to-face interview is a personal encounter between interviewer and respondent. The interviews are structured by means of a standardised questionnaire. The interviewer asks the questions and fills in the pre-coded answers. When sensitive issues are involved, the interviewee may complete parts of the questionnaire without the interviewer's participation and hand it back to the interviewer in a closed envelope or post it back later.

Advantages

This method has the advantage of ensuring the accuracy of the answers and the quality of the information given to the respondents on the survey's aim and the exact meaning of the questions. Questions that might be difficult to understand for some prisoners can be easily explained in a face-to-face interview.

Disadvantages

This method has the disadvantage of being more expensive than the other methods. Being carried out in a sensitive setting, such as a prison, this method might be seen as less likely to ensure anonymity and confidentiality. Therefore, the use of this method may result in a higher rate of false responses or non-responses to sensitive questions. It is more time consuming than the other methods.

Data management

Data management is an important phase of the survey and **should be planned in advance**, in detail and for every phase. It is necessary to decide what **format the data** should have after the data collection, **who should enter the data** and how, **which software** should be used for collecting and analysing the data, etc. Some of these decisions will depend on the method chosen for the survey; for instance, the data may be scanned or entered manually in the case of face-to-face interviews but automatically entered into a database if CAPI is used. Manuals and scientific guidelines for conducting social research may be consulted for more detailed information on how to handle data management in a survey.

Missing values

Respondents do not always answer questions in the way that the survey designer expects. This may be because the respondent does not want to answer a particular question, does not understand a question, skips a question accidentally or assumes incorrectly that the question does not apply to him or her. As a result, survey data will include missing values and inconsistent values. The **number of missing values** and inconsistencies **can be reduced** by choosing an appropriate method and questionnaire design, but they cannot always be avoided. This is particularly true of self-administered questionnaires (standard pen-and-paper questionnaires), where an interviewer cannot intervene. A computer program can help to prevent respondents skipping questions by guiding them through the survey and can draw attention to inconsistencies with previous answers.

There is no standard solution for handling these problems. The threshold for missing data should be flexible depending on the characteristics of the structure of the dataset. Questionnaires in which more than three-quarters of the questions have not been answered should be considered a potential source of bias. By excluding these questionnaires, the percentage of missing data for specific items will decrease. In addition, items for which values are missing in more than a quarter of the sample could bias the analysis. There are several ways of dealing with these items; some researchers will carry out an analysis to investigate the missing data imbalance in all relevant items and determine whether or not respondents with and without missing values have different characteristics. Applying methods for imputing missing data is another possible solution; alternatively, the items could be excluded from the analysis, although this is not recommended, as this would reduce the response rate. Whichever approach is chosen for handling missing values, the method should be documented, both when corrections are made to the original data and when cases are excluded from the original data file.

Data documentation requirements

The overall procedures used in the implementation of the survey and subsequent data management need to be **clearly documented** by the institutions leading and conducting the survey in prisons. Ideally, this should be part of a full technical report that describes the problems encountered during the implementation of the survey and the way in which these problems were solved, as well as providing a full account of the responses.

Data quality

Data quality is an important issue in relation to data on drugs in prisons. Attention to data quality is even more important when the data form part of a European dataset, where information should be comparable across countries and consistent over time. **Measures to ensure data quality should be applied in every phase of the survey**, from data collection to data analysis. Basic validation procedures should be implemented on data completeness,

consistency and timeliness, and outliers should be identified from the general prison picture, past surveys and surveys in prisons other than the prison currently involved in the survey. The identification of outliers among countries is particularly relevant for the European dataset, as these might indicate real differences between the countries or a lack of comparability at the methodological level. Methodological information should be reported and described accurately and in detail during the phases of data collection, entering, reporting and analysis.

Priority areas

Since data collection in prisons is very complex and countries may not be able to invest significant resources in carrying out a survey, it is suggested that the different areas of the EQDP could be prioritised. This would allow a minimum basis for all countries to be achieved and information on other areas could be added incrementally as data collection became possible. In practice, where a country is able to ask only a limited number of questions, it is recommended that questions from sections 1 and 2 of the EQDP (priority 1) are asked; if it is possible to ask additional questions, it is recommended that questions from sections 3 and 4 of the EQDP (priority 2) are asked. If more resources can be invested, it is recommended that the entire EQDP (priority 3) is used.

Checklist

Issues	Recommendations
Aim of the survey	Public health NOT control.
Survey management	The survey should be carried out by institutions that are independent of the prison setting.
Stakeholders involved	National stakeholders in public health, justice and drug policy.
Existing tools and resources	Existing tools and resources should be reviewed and considered before creating/using new instruments and resources.
Data collection form	European Questionnaire on Drug Use among Prisoners (EQDP).
Priority areas of the EQDP	Priority 1, sections 1, 2 and 3 (General information, Drug use outside and inside prison, Drug injecting) — minimum standard; priority 2, sections 4 and 5 (Health status, Use of health and addiction services).
National adaptation of the EQDP	Some questions might not be relevant for every country;, others might be too sensitive in some countries, especially those referring to current imprisonment, which are marked with an exclamation mark: (!). One or more of these questions may be omitted.
Other sources	Triangulation of the results with other sources of information on drug use and health among prisoners is crucial for surveys in prisons.
Terminology and language	Should take into account the specificity of the prison environment (e.g. in relation to high levels of illiteracy). Where the prison population includes large groups of foreigners, this must be taken into account. Close collaboration between countries facing similar problems is desirable (e.g. on translation of questionnaires).
Ethical issues	Ethical issues should be carefully considered. Set up or consult an ethical board.
Design	Cross-sectional survey.
Periodicity	Every two years; a maximum interval of four years between surveys is recommended.
Target population	All prisoners on a given day or during a given week in all custodial institutions (the minimum standard is those serving a sentence).
Access to prisons	Establish or reinforce connections with the ministry of justice and/or the prison administration.
Sampling	The sample should be representative of the entire prison population. Some groups — for example women prisoners, juvenile detainees, young adult offenders, foreigners or others — may be deliberately over-represented, depending on the country in question.
Introduction to the interview	Inform all participants about the benefits of the survey, their rights, and how anonymity and confidentiality will be ensured.
Individual rights of	Any participant may decline to take part in the survey; this decision must not

the participants	entail any sanction for the prisoner.
Anonymity and confidentiality	Participation in the survey and the data it provides must be strictly confidential. Setting rules and conditions to guarantee anonymity is essential and it is not sufficient to state that the survey will be anonymous. No names or numbers of prisoners should appear in any of the survey documents.
Non-response	Information on non-response should be collected in order to control for bias.
Data collection methods	Priority 1: self-administrated questionnaire (pen and paper or CAPI); priority 2: face-to-face interview. There is no obligation to use a particular method, but priority 1 is strongly recommended.
Data management	This should be planned in advance, indicating decisions on the following: data format, who should enter data, which software should be used, double-counting measures, internal validity check, etc. (special attention should be paid to the values 'zero' and 'empty fields' in numerical variables).
Missing values	Implement strategies to reduce and code for missing values.
Documentation	The overall procedures used in the implementation of the survey and subsequent data management need to be clearly documented.
Data quality	Measures to ensure data quality should be applied in every phase of the survey, from data collection to data management and analysis.

References

- Aebi, M., Tiago, M. and Burkhardt, C. (2014), *SPACE I — Council of Europe annual penal statistics: prison populations, Survey 2014*, Council of Europe, Strasbourg.
- Carpentier, C., Royuela, L., Noor, A. and Hedrich, D. (2012), 'Ten years of monitoring illicit drug use in prison populations in Europe: issues and challenges', *The Howard Journal of Criminal Justice* 51, pp. 37-66.
- Council of Europe (2005), Recommendation Rec(2005)1 of the Committee of Ministers to Member States on the financial resources of local and regional authorities
[file://localhost/\(https://search.coe.int/cm:Pages:result_details.aspx%3FObjectID=09000016805db09e\)](https://search.coe.int/cm:Pages:result_details.aspx%3FObjectID=09000016805db09e).
- Enggist, S., Møller, L., Galea, G. and Udesen, C. (2014), *Prisons and health*, World Health Organization Regional Office, Copenhagen.
- EMCDDA (2002), *Handbook for surveys on drug use among the general population*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon (available at <http://www.emcdda.europa.eu/html.cfm/index58052EN.html>).
- EMCDDA (2012), *Treatment demand indicator standard protocol 3.0*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
- EMCDDA (2013), *EMCDDA contribution towards a methodological framework for monitoring drugs and prison in Europe: developing indicators to monitor drug use, drug-related health problems and drug services in European prisons*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon (available at <http://www.emcdda.europa.eu/topics/prison>).
- EMCDDA (2014), 'DRID guidance module: methods of bio-behavioural surveys on HIV and viral hepatitis in people who inject drugs', EMCDDA drug-related infectious diseases (DRID) monitoring guidance toolkit, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
- Lavrakas, P. J. (2008), 'Computer-assisted self-interviewing (CASI)', *Encyclopedia of Survey Research Methods*, Sage Publications, New York (available at <http://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n82.xml>).
- Michel, L., Lions, C., Van Malderen, S., et al. (2015), 'Insufficient access to harm reduction measures in prisons in 5 countries (PRIDE Europe): a shared European public health concern', *BMC Public Health* 15, p. 1093.
- Møller, L., Gatherer, A., Juergens, R., Stöver, H. and Nikogosian, H. (2007), *Health in prisons: a WHO guide to the essentials in prison health*, WHO Regional Office for Europe, Copenhagen.
- Royuela, L., Montanari, L., Rosa, M. and Vicente, J. (2014), *Drug use in prison: assessment report — reviewing tools for monitoring illicit drug use in prison populations in Europe*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
- UN (1990), UN General Assembly 68th plenary meeting, Resolution A/RES/45/111: Basic

principles for the treatment of prisoners, United Nations, New York and Geneva.

UN (2005), *Human rights and prisons: a pocketbook of international human rights standards for prison officials*, United Nations, New York and Geneva.

UNODC (2008), *Drug dependence treatment: interventions for drug users in prison*, United Nations Office on Drugs and Crime Treatment, Vienna (available at http://www.unodc.org/docs/treatment/111_PRISON.pdf).

WHO (2010), *Prevention of acute drug-related mortality in prison populations during the immediate post-release period*, World Health Organization Regional Office for Europe, Copenhagen.