



Co-operation Group to Combat Drug Abuse
and Illicit Trafficking in Drugs
(Pompidou Group)

Multi-city study of drug misuse

in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm

Final report

Synopsis

Strasbourg 1987

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Prepared on the basis of a draft submitted by Ms A.J. de Roij-Motshagen

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The present paper summarises the working methods and the findings of the multi-city study.

Analysis of data suggests that a valuable assessment of drug misuse problems can be provided by drawing together findings from several indicators. It is essential that these agency-based data be complemented by surveys and other studies of drug misuse in the population concerned.

It has been put forward that a single organisational unit is needed with responsibility for integrating and analysing data from various agencies, research studies and other sources.

Improvement in the consistency and quality of the data is to be fostered. The final report makes recommendations to that effect, inter alia with a view to possible future comparability between different European localities.

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Background to the study

At the 6th Ministerial Conference of the Pompidou Group (November 1981) it was decided that “the development of administrative monitoring systems for the assessment of public health and social problems related to drug abuse” was one of the fields that should be given priority,[^] As a consequence a meeting of epidemiology experts from different countries was convened in December 1982 to:

- exchange views on epidemiological research in the field on non-medical use of drugs,
- lay foundations for the pursuit and development of this exchange of Information and
- develop proposals for international co-operation and future joint action.

The epidemiology research experts during their early meetings considered it useful for policy-makers and service-providers to be able to compare quantitatively and qualitatively the present situation and trends in drug problems of certain large cities. It was decided to carry out a comparative study on drug misuse in seven European cities: Amsterdam, Dublin, Hamburg, London, Paris, Rome and Stockholm.

The aim of the comparative study is to clarify indicators of drug misuse used in the different cities, to describe more clearly the extent of the problem taking into account differing cultural and policy contexts, and to Improve understanding and interpretation of such data within the Pompidou Group.

The epidemiology experts agreed that an approach based on cities was more feasible at this time than one comprising whole countries. Drug misuse patterns seen in one city often occur later in other European cities or may subsequently emerge on a national basis. Furthermore, drug misuse in large cities is acutely felt, and it is possible at a city level to take account of various important factors (socio-cultural, political, historical, etc) when interpreting the findings. At national level the situation is much more complex and can less readily be interpreted.

The study employed the following design:

1. review and summary of the data which are available on drug misuse in the seven cities;
2. critical examination of the degree to which commonly used indicators, such as drug-related deaths or police arrests, are consistent and comparable between cities;
3. assessment of the benefits and drawbacks of using these indicators to measure and interpret the extent and changing patterns of drug misuse;

4. comparison of trends and prevalence between cities, to the extent that this is found feasible from the previous stages;
5. consideration of what recommendations could be made in order to Improve comparability or elaboration of the indicators,

The results of this study, completed in autumn 1986, are described in 2 sections.

Section 1 of the final report: “Drug misuse in the seven cities: overview and city reports”

Section 1 contains the seven city reports (in standard format) together with an overview and synthesis of them. The following aspects of the drug misuse problem are discussed in the overview and synthesis:

- legal framework: perspectives of control,
- treatment,
- information systems,
- drug misuse; development and current situation,

It is shown that the ways in which the different societies have tried to cope with the problem have varied according to tradition, ideology, control policies and early experience with licit and illicit drug use. The emergence of illicit drug use as a significant social phenomenon in the 1960s seems to be common to all the cities. However, the development of drug misuse has occurred at different times and has taken on different forms, as concerns the population involved, the market situation and the availability of drugs.

Section 2 of the final report: “The technical report on indicators of drug misuse”

This section not only examines the benefits, drawbacks and comparability of indicators used to assess and monitor drug misuse. It also puts forward, as a consequence of the analysis, proposals and recommendations for future epidemiological research.

The indicators examined are:

- First treatment demand,
- Hospital admissions,
- Viral hepatitis,
- Drug-related deaths,
- Police arrests,

- Imprisonment,
- Seizures of illicit drugs,
- Price/purity of illicit drugs,
- Survey data,
- Other indicators.

In the appendix to section 2 data from the seven cities - population numbers and data from eight indicators of drug misuse - are presented as reference material for the technical report. The data were selected from the tables included in the individual city reports or were provided subsequently by the participating experts and have been presented according to a standardised format per indicator. The significance of the data shown in the appendix to section 2 and the extent to which they can be compared, vary according to the indicator concerned and the cities considered.

It is shown that all indicators need improvement In terms of:

- accessibility of the data,
- rapidity with which the data can be obtained,
- quality of the data with respect to reliability and validity,
- consistency and comparability of the criteria.

Even though a low degree of direct comparability was found, it was possible to start to make rough comparisons between some cities at the levels of:

- description,
- trends in drug misuse,
- profiles of drug users,
- the relative significance of the drug misuse problem,
- the prices of illicit drugs.

Despite the problems encountered, two indicators proved to be of particular value in most cities: first treatment demand and police arrests for offences involving illicit drugs. Certain other indicators could, after having been improved, add substantially to the range and quality of epidemiological information; drug-related deaths, drug seizures and prices, and hepatitis. Data on hospital admissions and imprisonment were considered to be of less epidemiological significance.

It was considered essential that the data derived from these agency-based indicators be complemented with findings from ethnographic studies, surveys and case-finding studies, etc.

The conceptual framework employed recognises that the drug-using population can be viewed as being composed of a group which is captured by various agency-based statistics and those as yet invisible to the agencies. Population-based surveys capture parts of both groups, while agency-based statistics reflect either the health or legal consequences of misuse,

The importance and interpretation of indicators are based on the understanding of two important factors which may affect their meaning;

1. Each of the indicators is influenced by cultural attitudes and policies towards drug misuse. This may affect the probability of an individual being included in the system.
2. Indicators, unlike surveys, are not direct measures of prevalence or even changes in prevalence. Despite the limitations of using any one indicator on its own, when taken together they provide a valuable assessment of drug misuse problems. Thus the convergence of findings from various indicators provides a more powerful and convincing case than a change in any single indicator.

Adherence to the above-mentioned principles will enable policy-makers to understand changes in the size and nature of the drug problem, identify populations at risk, plan intervention measures and evaluate the effect of these efforts.

Conclusion

The most useful way of tying together information from different sources is central monitoring of data from various agencies. A major problem identified in most cities during this study was the lack of a structure for collecting and integrating data from very different sources in a consistent and coherent fashion. In each city there is an urgent need to improve and formalise the channels for pulling together information on a centralised, systematic and continuing basis. Once a data-base has been organised it will be easier to complement statistical data with qualitative, first-hand information from ethnographic studies of drug misuse in the communities and from case-finding and other studies.

It was felt that both statistical data and qualitative information are needed if the significance of data is to be shown. Multi-agency monitoring can, depending on the agencies involved, provide information on trends in “known” prevalence and incidence, changes in the profiles of users, overlaps between different agencies and patterns of service utilisation. Apart from monitoring trends, the data formed in this way are of enormous value as a starting point for more thorough epidemiological evaluation of questions such as the long-term consequences of drug misuse.

Proposals and recommendations for future work

Resulting from the findings in the city overview (Section 1) and the technical report on indicators (Section 2) proposals have been put forward on two levels: city level and European level.

City level

At city level it is proposed that:

- A. Monitoring within cities will be improved by:
 1. establishing a centre, with sufficient resources, to collate information on a routine basis, both statistical data and more qualitative information, and with the “intelligence” needed to interpret the data;
 2. developing guidelines and protocols for collating and reporting data to the collation centre;
 3. developing a consistent format for producing reports of the results and a mechanism for disseminating the information to planners and services on a regular basis.
- B. Continuing attempts should be made to improve the quality of the Individual indicators as recommended in the technical report.

With regard to the establishment of a centre for data collection no specific blueprint is given. The starting point is the concept that information systems do not have to be identical; rather the inferences drawn from the different systems should be equivalent. Even though in some cities some elements of such a centre are present, the actual form will depend on the local context. Whether the centre is associated with the public health service, the criminal justice system, the local government structure, an interdepartmental arrangement or an independent institution, will depend on the historical and political traditions in each city. However, since the aim is to collate information on medical, legal and social aspects of drug misuse it may be preferable that the centre is not too closely identified with the interests of one particular section.

European level

At European level improvement of the comparability and integration of data requires that there is an appropriate political-administrative structure to ensure that progress is made. Any attempt to monitor and compare the drug situation across Europe needs:

- agreed guidelines on data gathering and
- a continuing mechanism or forum for receiving, synthesising, interpreting and disseminating information.

Two possible ways of providing a framework for monitoring at European level have been described:

A. The Pompidou Group institutionalises the epidemiology working party as the forum in which the experts meet every six months to:

- present an update, in standard format, on national trends and
- produce, with the other experts, a brief report that summarises the major trends and differences across Europe.

Such a forum would facilitate the continuing exchange of information on epidemiological methods and results of new studies.

B. Establishment of a European epidemiological centre to:

- liaise with national centres,
- define, in consultation with national centres, basic protocols for reporting data,
- synthesise the information on a regular basis,
- organise regular meetings to discuss the significance of the information and to identify future needs in the field,
- disseminate briefings on the European situation to national centres and other relevant national/European bodies.

This second model is similar to the model proposed for monitoring in a city, but adapted to a multi-national European context. Such a centre would need full-time staffing. This model could be developed under the auspices of the Pompidou Group or it could be based elsewhere,

Either model aims to provide a common basis for the enhancement of understanding, methodological development, more informed discussion and decision-making, and mutual benefit from the experience of others.

It should be pointed out, however, that any move towards European co-ordination and comparability must take place in full consultation with other European bodies such as the European Communities and the European regional office of the World Health organisation,

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