

Experiences of the multi-city network of the Pompidou Group, 1983-2002

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ABSTRACT

Epidemiology is one of the four fields of activity pursued by the Pompidou Group of the Council of Europe in the combat of drug abuse. Its activities in the field of epidemiology have focused on the development by the group of experts in epidemiology, a standing committee of experts from almost all European countries, of indicators and analytical instruments for monitoring drug abuse patterns and trends. The group of experts, which was established in 1983, has adopted a city-based approach that has become known as the multi-city study of the Pompidou Group. In the present article, the author describes the scope and working methods of the multi-city network and the multi-city monitoring system. He concludes that, although the multi-city study has been successful as a laboratory for the development of indicators and instruments, the consistent monitoring of drug abuse patterns and trends at the city level with those indicators and instruments requires a different organization and infrastructure.

Keywords: epidemiology; indicators; patterns and trends in drug use; city network; Europe.

Introduction

The Pompidou Group of the Council of Europe, set up in 1971, was the first European body to discuss and examine from a multidisciplinary perspective national drug policies and the problems linked to drug abuse and drug trafficking. In 1982, the Ministerial Conference of the Pompidou Group agreed that a group of experts in epidemiology should develop monitoring systems to evaluate the nature and magnitude of drug abuse and related problems.

The experts are appointed by the national permanent correspondents of the Pompidou Group on the basis of their expertise in the field of epidemiology. Over the past 20 years, several hundred experts from over 40 European countries have, at one time or another, been engaged in the activities of the group of experts.

In implementing its mandate, the group of experts has followed a city-based approach. One reason was that, in the 1980s, drug problems in Europe were mainly concentrated in urban areas and relevant data were not readily available at the national level. More important, however, was the argument that the smaller

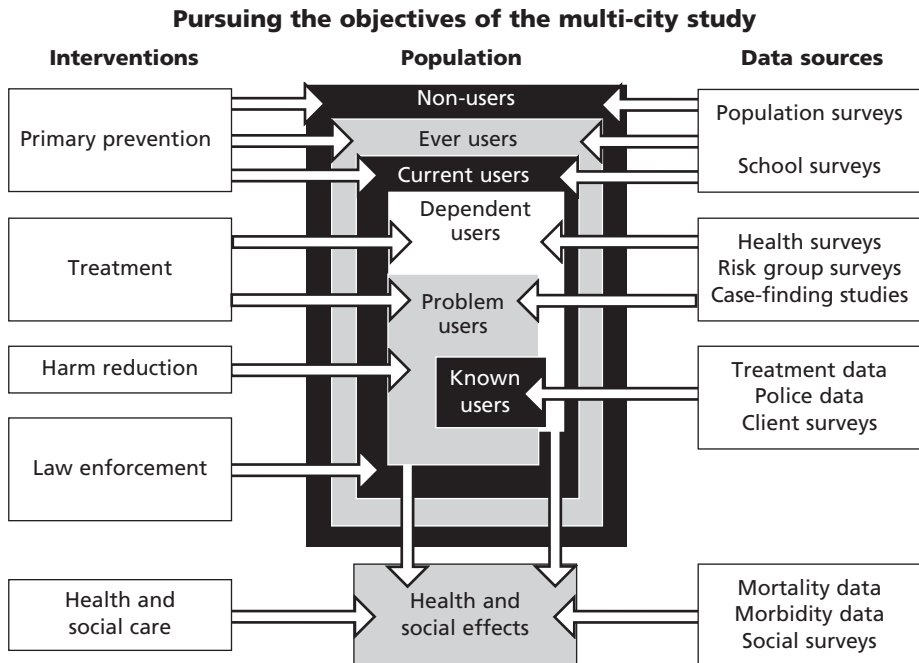
scale of cities would make it easier to interpret indicator data in their context. The activities to develop monitoring systems became known as the multi-city study of the Pompidou Group and over the years this has remained the focus of the group of experts. Most other projects initiated by the group of experts in the past decades have either started from the multi-city study or have also followed a city-based approach.

Objectives of the multi-city study

As monitoring is the observation of changes in objects under surveillance in order to deploy interventions or to evaluate the effects of interventions, the objectives of the multi-city study following the mandate of the group of experts are defined as follows:

- (a) To identify indicators to describe changes in drug use and drug problems;
- (b) To develop methods to collect and report data on those indicators;
- (c) To assess drug use patterns and trends across Europe;
- (d) To develop models for the analysis and interpretation of indicator data;
- (e) To promote the implementation of indicators, data collection methods, report formats and interpretation models among policy makers and intervention professionals.

The objectives are pursued within a general conceptual framework that links drug use and drug problems with interventions and data sources (see figure).



In the first few years, the focus of the group of experts was mainly on indicators and data collection methodology. At the end of the 1980s, the inspection of patterns and trends became a core activity. Until 1996, trends were followed both at the city level and at the country level, partly because the country situation is a relevant context for any city and partly because, in several cases, the required indicator data were, contrary to initial expectations, only available or accessible at the national level. In the late 1990s, the focus shifted to analysis and interpretation with greater emphasis on the local context. The work programme for the period 2000-2003 prioritizes the dissemination of monitoring systems and the building of capacities at the local level to implement those systems.

Multi-city network

Although the experts participating in the multi-city study do not represent cities in a formal sense, it has become common practice to talk about a city network and about participating cities instead of participating experts. In that sense, in the past two decades, 42 cities in 23 countries have participated in the multi-city study at some time. It should be noted, however, that only a few cities participated for more than 10 years and some cities were only active in the network for one or two years.

The number of participating cities has increased, in particular in the mid-1990s, when many Eastern European States joined the Pompidou Group. Although the growth of the network made the maintenance of the city network more complicated, it also resulted in improved data quality and comparability: many of the new cities applied from the start the data collection protocols of the multi-city study, whereas many of the old participants still had to compromise with existing local monitoring systems. At the same time that the multi-city network was being extended to include Eastern Europe, there was a decrease in commitment in Western Europe following the establishment of the European Monitoring Centre for Drugs and Drug Addiction and the related orientation in Western Europe towards national monitoring systems. Since then, several Western European cities have stopped participating in the network.

Working methods

The multi-city study is based not on a network of cities but on cooperation within a network of interested experts. The appointment of the members of the group of experts does not imply an obligation to participate in the multi-city study, and participants in the study are not accountable to the authorities of the cities on which they report. Within this context of voluntary cooperation, the support and maintenance of the network of experts are the key working principles of the multi-city study.

The exchange of information and experiences in the multi-city network takes place in plenary meetings, project work groups and seminars relating to specific

topics and the publication of reports. All activities are facilitated by the secretariat of the Pompidou Group and coordinated by a technical adviser.

Plenary meetings

The multi-city study is a key topic in the annual meetings of the group of experts, which are generally held twice a year. In the annual meetings, the participants present, in round-table discussions, the state of affairs in their cities: trends in indicator data, problems encountered in data collection, new developments in drug use and drug policy, results of recent local research, and so forth. The reports published on behalf of the group of experts are also discussed in the plenary meetings. In addition, the secretariat of the Pompidou Group is advised on the implementation of specific projects and the appointment of project teams. The plenary meetings of the Group of experts are also attended by representatives of the European Monitoring Centre for Drugs and Drug Addiction, the European Commission, the United Nations International Drug Control Programme (UNDCP), the World Health Organization and the National Institute on Drug Abuse of the United States of America.

Project workgroups

Many aspects of the monitoring system are addressed in dedicated projects. The topics of the projects range from the feasibility or validity of indicators, report formats and data collection methods to data analysis. In recent years, there have been more and more projects focusing on qualitative methods, specific target groups and models for analysis. Projects usually run for a couple of years, but some projects have evolved into continued activities parallel to the multi-city study, either within the group of experts (for example, the treatment demand indicator project) or in cooperation with the group of experts (for example, the European School Survey Project on Alcohol and Other Drugs (ESPAD), which is managed by the Swedish Council for Information on Alcohol and Other Drugs).

Usually projects are coordinated by a contracted consultant. Project workgroups meet on demand and may include experts from other organizations. Results of the projects are incorporated in the multi-city monitoring system and, in several cases, have also led international organizations to use common standards on drug indicators.

Seminars and conferences

The Pompidou Group regularly organizes seminars at which researchers, policy makers and other professionals exchange experiences. Several seminars have dealt with issues related to the multi-city monitoring system. The seminars have proven to be a useful instrument for achieving wider and more general consensus about the indicator standards of the monitoring system and the use of monitoring in policy and interventions.

In 2003, the Pompidou Group will organize a strategic conference on the state of affairs in drug epidemiology in order to choose new pathways of its future activities in the field of epidemiology and the further development of local monitoring systems.

Publications

An overview of the available reports of the Pompidou Group can be found at the web site of the Pompidou Group, accessible via the portal of the Council of Europe (www.coe.int/T/E/Social_cohesion/Pompidou_Group/).

Apart from the reports of project teams on specific topics, the multi-city study itself has a three-step reporting system.

Annual reports on individual cities

Annual reports on individual cities used to be concise monographs depicting the facts, trends and context of the local drug situation, but in the 1990s many of the reports were reduced to basic data reports when the growing information and reporting demands went beyond the resources that the participants could allocate to their efforts. The extension of the network to over 30 reporting cities each year, which took place in the second half of the 1990s, also made it difficult to distribute the city reports. In 1998, it was decided that the annual city reports should be replaced by questionnaire-like forms for the collection of indicator data and context information.

Annual synthesis reports of trends in the network

Key indicator data from the city reports are summarized each year in short reports on the major trends observed. Until 1997, the trends were mainly reported as changes observed in the reporting year compared with the preceding year. Since 1998, the annual synthesis reports present updates of long-term trends as far as the availability of data allows.

In order to make possible comparisons between cities, the indicator data are presented in the synthesis reports as percentages or figures relative to the population size of the cities concerned.

Multi-city study reports

Periodic multi-city study reports summarize and integrate trends and developments in the network over a time span of 5-10 years. The first multi-city study report, published in 1987, covered seven capital cities in Europe and examined the validity, relevance and comparability of a number of indicators used to evaluate trends in drug use. The second report, published in 1994, reported on

trends up to 1991 in 13 cities. The third report, published in 2000, dealt with the period 1991-1998 and covered 42 cities and took into account the expansion of the network to Eastern Europe in the 1990s; it gave special attention to differences between Western and Eastern Europe.

Multi-city monitoring system

The monitoring system of the multi-city network is built around a set of common indicators on drug use and drug problems for which data are collected on an annual basis. The collection of indicator data is supplemented by information about the nature and origin of local data and about the environmental context of drug use and drug problems. The monitoring system is facilitated by guidelines and standard report formats. Since 2002, it has been possible to complete the report forms electronically; the collected information is stored in a multi-city database.

Indicators

The indicators on drug use and drug problems are the core of the multi-city reporting system. The basic indicators have remained consistent over the years; they cover the following domains:

- (a) *Prevalence*: prevalence of drug use based on both general population and school surveys;
- (b) *Problem drug use*: injecting drug use; estimates of problem drug use;
- (c) *Treatment*: first and all treatment demand; opiate substitution (since 1997); drug-related non-fatal emergencies; and admissions to general and psychiatric hospitals (until 1996);
- (d) *Drug-related morbidity and mortality*: drug-related hepatitis B, hepatitis C (since 1998), human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS); and drug-related deaths;
- (e) *Drug law offences*: arrests for drug law offences; convictions for drug law offences; and drug use in prison (until 1996);
- (f) *Drug market*: drug seizures; and prices and purity of drugs at the street level.

Terminology, concepts and report formats pertaining to the indicators are specified in the guidelines of the multi-city study, which are updated on a regular basis. In the third revision of the guidelines, definitions and report formats have been made consistent with those applied by the European Monitoring Centre for Drugs and Drug Addiction for national reporting systems.

Although the set of indicators of the multi-city study corresponds to what is perceived worldwide as the basic requirement of drug monitoring systems (for example, as expressed by the experts attending the Consensus Meeting on Drug

Information Systems: Principles, Structures and Indicators, held in Lisbon on 20 and 21 January 2000, it should be noted that the definitions and reporting formats of several indicators are still under discussion. The relevance of some indicators for local monitoring systems is also still under discussion. Finally, consensus about indicators among the experts of the multi-city network does not necessarily imply that the indicators are implemented or being implemented at the city level. In reality, most participating cities can still only provide data on a subset of the indicators.

Ideally, indicator data are quantitative scientific estimates for the city reported. In the case of prevalence among the general or school population, this would imply that reported survey data are weighted to statistical estimates of population values; in the case of arrests, administrative statistics, by definition, represent the real situation, as only the police arrest people for drug law offences. But in other cases, for example treatment data, the figures reported are often just quantitative administrative data, which may or may not represent the real situation.

Data sources, coverage and collection methods

In accordance with their mandate, the experts of the multi-city study have always been concerned about methodological aspects of the indicator data. Accounting for sources, coverage and collection methods of the data reported is considered an intrinsic part of any indicator reporting, as such accounts are indispensable for the evaluation of data reliability and comparability. It makes quite a difference if, for example, reported treatment data cover only specialized abstinence-oriented facilities or include low-threshold services and treatments provided by local general practitioners. Since 1998, information about data methodology has been gathered on the basis of standard reporting formats, but the question of how to deal with differences in data methodology in trend assessment is still under discussion.

Expert opinions

Since the establishment of the monitoring system, most experts have expressed their views on drug use and drug problems in the cities involved, even if they have not had sufficient quantitative data to back up their situation assessments or perceived trends. Also, when quantitative data on indicators and context are available, the data are often incomplete or their validity or reliability is questionable, whereas sound scientific exploration of the local data available is, in many cases, beyond the possibilities of the reporting experts. As a consequence, there have always been some “guessed estimates” about local situations and developments. Discussing and challenging such “guesstimates” has been an important function of the round-table discussions at the annual meetings of the group of experts.

In recent years, the multi-city study and other projects of the group of experts have experimented with the systematic collection of expert opinions on trends and developments, addressing professionals not only as scientific researchers but

also as informed experts on the objects under surveillance. The initial results have been promising and expert opinions on some trend aspects have been included in the multi-city monitoring system in the third revision of the guidelines of the multi-city study.

The inclusion of expert opinions can compensate for the lack of quantitative estimates of indicator data or when quantitative data cannot be taken as valid and reliable estimates of population values. Although the main focus of the multi-city study is on the development and implementation of scientifically based quantitative indicators, no information at all, which implies that epidemiological trends cannot be tracked, is not a good basis for the implementation of drug policies and interventions. The systematic collection of expert opinions was accepted as an integral part of the global monitoring system of UNDCP based on the annual reports questionnaire. In 2002, the multi-city study also adopted standard report formats for the collection of expert opinions in addition to the formats for the collection of quantitative indicator data. It should be acknowledged, however, that an appropriate and practical methodology for the assessment of expert opinions still needs to be developed.

Context

Indicator data reflect to some extent the environment in which they have been collected. That is important in understanding data and in interpreting trends, in particular when comparing indicator data across cities. Relevant context information may include demographic, socio-economic and socio-cultural characteristics of the city, local history of drug use, organization and resources of intervention structures, developments in drug policy and drug laws, and public responses and attitudes to drug use.

Although the need for context information is commonly acknowledged, it remains difficult to decide which context information adds to a better understanding and comparability of indicator data. Comparative studies of drug use patterns that take into account the context of the patterns are still quite rare. Until 1998, context information in the multi-city study was, where it was reported at all, mostly, reported in free format. While that gave the reporting expert considerable flexibility in addressing aspects that might be relevant to his or her city, it limited comparative analysis, as each expert might focus on different items. In 1998, the multi-city study introduced initiatives to improve the scope and comparability of context information by adding standard report formats on city profiles and by organizing structured "interpretation" workshops during the plenary meetings of the group of experts.

As the collection of relevant context information can be quite complex and time-consuming and context is not often subject to major changes in a short period of time, such information is only collected in the multi-city monitoring system every four or five years, preceding the publication of the periodic multi-city study report.

Facilitating instruments

Report forms

In 1998, in the third revision of the multi-city monitoring system, electronic formats for data collection were introduced for the first time. Although welcomed as an improvement for city reporting, in practice the formats used (Microsoft Word and Excel templates) created more problems than they solved because of their dependency on computer platforms, operating systems and software versions. In the 2002 revision, which took into account developments in the annual reports questionnaire of UNDCP, the multi-city annual report questionnaire was transferred to a dedicated software format in order to solve the problems encountered earlier and to automatically build up a manageable multi-city database. The distributed report forms included a content-related automatic link to the guidelines of the multi-city study.

The current report format can be viewed on the multi-city project page at the web site of the coordinator of the multi-city study (www.quinx.nl).

Database

In the framework of the multi-city study of 2000, a database was constructed of all indicator data reported since 1991. In the near future, the new electronic annual report forms of the multi-city network will be linked to the database, allowing the city experts to compare new data with previously reported information or with data on other cities.

Subsets of key indicator data from the database are, in principle, accessible by any interested researcher. Details can be found at www.quinx.nl

Lessons learned

Twenty years of experience with the Pompidou Group multi-city study allows some conclusions to be drawn about the development and maintenance of city-based monitoring systems and networks with regard to drug use and drug problems:

(a) The multi-city study has proven to be successful in developing relevant indicators and reaching consensus about a set of common indicator data and report formats to observe general trends in drug use and drug-related problems. The structure of the multi-city network, which is based on the personal commitment of the experts involved rather than on assigned concrete tasks and formal representation of local governments, has been a key factor in this achievement. The informal character of the network allows open discourse and flexibility in covering a great variety of aspects of the drug situation. The predominant research orientation of the participating experts ensures that proposed and implemented indicators are continuously evaluated on their function as evidence for real trends and developments;

(b) The informal structure also implies that the network is less result-oriented in terms of setting priorities or completing tasks within a predefined amount of time. The general absence of direct relations to local authorities implies that the network in many cases cannot ensure the actual implementation of the developed monitoring instruments at the city level. As a consequence, the collection of city data, needed to validate indicators and to assess and analyse European trends, has major shortcomings with regard to continuity of time series and coverage and comparability of indicator data. Maintenance and continuation of city-based monitoring requires that the cities involved take ownership and responsibility for the system developed;

(c) The development of indicators and report formats should take place together with the development of facilities for maintaining a monitoring system. These include not only having effective procedures for gathering indicator data, support services for respondents and accessible databases, but also giving feedback to the cities that provide the data. For a long time, that was not the case. The increase in the number of participating cities, as well as the growing compliance with the indicator protocols and information demands without facilities for data management, made the monitoring system almost a victim of its own relative success: a data collection system that has many missing values and is also hardly accessible will not result in any meaningful analysis or an understanding of epidemiological patterns and trends.

These conclusions imply that it makes sense to differentiate between development and evaluation of monitoring systems on the one hand and implementation and maintenance on the other. Both place different demands on the types of network to be involved. Development and evaluation benefit from informal city-oriented structures; implementation and maintenance require more formal city-based structures that can ensure continuity and the necessary infrastructure.