How CSO and EMCDDA monitoring can complement each other

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Insights Zone: Developing tools for monitoring of drug policy and practice from the view point of civil society organisations in Europe

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Conflict of interest

None to declare.
Longstanding, regular reporting on harm reduction

• Based on reporting by national Focal Points
• Harm reduction policies and interventions
• Focus on drug-related infectious diseases and overdose morbidity and deaths
• Epi-indicators as denominators for coverage
• Evidence based guidance
  ➢ on prevention of infections in community settings/ prison (with ECDC);
  ➢ on drug equipment and material (under preparation)
• Best practice – best process: Models of care, case studies/vignettes, Survey on ‘real life’ implementation experiences (with Correlation)
Latest reports and topic pages published 2019

- Rapid communication DRID
- Hepatitis Models of care
- Rapid communication DRD
- Take-home naloxone
- FAQs Drug-related deaths
- Hepatitis Elimination Barometer
- Checklist of barriers to THN (launch at LXAdd19)
## Combining strengths

<table>
<thead>
<tr>
<th>EMCDDA</th>
<th>Civil Society Organisations</th>
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<tr>
<td>Data and estimates on drug use, harms + coverage of response, new trends Policies, demand reduction, drug markets, supply reduction, early warning; several expert networks</td>
<td>Rich experience from harm reduction practice, Information on new trends Topical network covering a range of populations; collaborator NLO; INDCR Network management;</td>
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<td>Standardised indicators, annual monitoring + tools for more timely reporting e.g. EWS; trendspotter</td>
<td>Standardised monitoring survey among service providers; quick phone/mail surveys to improve understanding of new trends</td>
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<tr>
<td>Evidence base of interventions for service planners and practitioners BPP; European Responses Guide; implementation experience: Models of care</td>
<td>Source for ‘real-life’ implementation experiences from service providers incl. peer workers, and from community members Case studies collection</td>
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<td>Support to different target groups in 30 Member countries + IPA, ENP Input to evaluation of European drug strategies to Commission</td>
<td>Input for policy makers and service planners Service user’s experience of harm reduction accessibility and service quality; Input to CSF, advocacy.</td>
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Added value for European monitoring

C-EHRN: a unique network of service providers and user organisations;

Combine data to get a ‘fuller picture’: EMCDDA intervention coverage rates combined with qualitative information from service providers and info on accessibility and quality from community members;

Work together to bridge the “know-do-gap” and to improve the quality of harm reduction in Europe. Joint work on models of care and ‘real world’ implementation practice.
Monitoring (issues for reflection for both organisations)

- ... the regular observation and recording of... but not an end in itself.

- Why do you monitor? (what’s in it for you?)
- How should the gathered information be used?
- Who are your customers, whom do you target with the information? (How) Do you reach them?
- What criteria should your monitoring meet? (quality)
- Sustainability?
Thank you.
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