

**Measuring the Roles, Structures and  
Co-operation of Drug Demand  
Reduction Services:  
Results of a Preliminary Study**

**CT.99.DR.01  
RE/2000.07**

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## List of abbreviations

AIDS =	Acquired Immune Deficiency Syndrome
CAT =	Centro de Atendimento a Toxicodependentes
C&D =	Crime and Disorder
CIAC =	Centro de Informação e Acolhimento
CFES =	Le comité Français d'Education pour la Santé
DASS =	Direction Departementale des Affaires Sanitaires et Sociales
DAT =	Drug Action Team
DRG =	Drug Reference Group
DRASS =	Direction Régionale des Affaires Sanitaires et Sociales
EMCDDA =	European Monitoring Centre for Drugs and Drug Addiction
EntrActes =	Action Educative et Sociale
GPs =	General Practitioners
HIV =	Human Immunodeficiency Virus
IPDT =	Instituto Português da Droga e da Toxicodependência
LAAM =	Levo-Alpha-Acetyl-Methadole
MILDT =	Mission Interministérielle de Lutte contre la Drogue et la Toxicomanie
NGOs =	Non Governmental Organisations
OFDT =	l'Observatoire Français des Drogues et des Toxicomanies
SPTT =	Serviço de Prevenção e Tratamento da Toxicodependência
TDAT =	Tackling Drugs and Alcohol Together
UKADCU =	United Kingdom Anti-Drugs Co-ordination Unit

## Executive summary

### BACKGROUND

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) wishes to better understand the roles, structures and co-operation of drug demand reduction services in the health, social, educational and criminal justice sectors. As many have observed, there are a multiplicity of actors involved in addressing the problems of drugs and drug abuse. A careful examination of the different roles and structures each actor occupies can reveal the potential of the system for co-ordinated and therefore efficient action. More, an examination of the actual and potential co-operation amongst the actors can shed further light on the facilitators and barriers to achieving their potentials. In the European Union, with a diversity of drug policies and of relationships among the different actors engaged in drug policies, there exists a particular opportunity to learn from mutual experience.

To shed light on the roles, structures and co-operation of drug demand services, we developed a common protocol for information gathering and conducted three case studies of different European countries. The purpose of the case studies was only in part to gather information on roles and structures of drug demand reduction services. More important was construction and refinement of the methods of information gathering. Our study thus focused on a common protocol to ensure comparability amongst the different countries. The three countries selected for the case studies were France, Portugal and the United Kingdom.

### APPROACH

The theoretical orientation we adopted is the *interpersonal perspective*. According to this orientation, any interaction between two parties occurs on at least two levels: (1) each party's direct perception and experience of an issue that confronts them and (2) the (meta)perception each party has of how the other party perceives the issue at hand. Use of these two levels permits the analysis not only of agreement vs. disagreement, but also of trust vs. mistrust and understanding vs. misunderstanding.

The project was accomplished in three separate tasks:

1. Study structure and design. In this task, we defined a structure for the whole of the enterprise and obtained basic information about the three countries studied. This led to the first draft of the interview protocol.
2. Conduct of the case studies. For each case study country, we selected two communities - one where the central government was located and another location - and contacted people via telephone and electronic mail. RAND Europe researchers then conducted 8-10 interviews in each country, at national, regional and service provider levels.
3. Analysis, refinement and reporting. We analysed each case in order, revising our draft instrument between the visits to each country. The draft of the protocol was reviewed by EMCDDA following the first case study. Based upon our experiences, we formulated recommendations for administering the protocol.

## RESULTS

Annex A presents the body of the protocol, which is divided into three sections:

- Roles and responsibilities
- Drug demand reduction policy and the organisations involved
- Co-ordination between organisations involved in drug demand reduction

In the body of the text, we present the individual questions within each section and discuss each in turn.

Following the presentation of the protocol, we present our recommendations for its administration, discussing the topics of:

- Use of the protocol
- Ease of administration
- Generalisability of the interview protocol
- People to be interviewed
- People to do the interviews

## CONCLUSIONS

The major conclusion of this study is that, with the protocol provided, it is possible to undertake a comparative study of the roles, structures, and co-ordination of drug demand reduction efforts across European nations. The protocol, used as a guideline and administered by trained interviewers in accordance with the recommendations presented above, will provide a basis for the supply of qualitative data that can be meaningfully subjected to comparative analyses.

From the point of view of EMCDDA, this "good news" should be tempered by the recognition that the training of interviewers and conduct of the interviews will not be accomplished in an inexpensive manner. Our study shows that a postal survey or telephone interview—the inexpensive options—are not appropriate for this study. This due to the fact that the risk of misunderstanding or misinterpretation is very high in a field in which one is trying to map and grasp complex relations between different organisations. Whilst any effort does not require interviewers from each country to be contracted, it does require interviewers possessing some familiarity with the drug policy of each country where they work and language fluency in that country.

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# Chapter 1: Introduction

## 1.1 Background

The EMCDDA launched this preliminary study with the aim of better understanding the roles, structures and co-operation of drug demand reduction services. There are a multiplicity of actors involved in addressing the problems of drugs and drug abuse. And even when these actors nominally agree and therefore express desires to co-operate, such co-operation can be difficult to come by.

We illustrate the problems of co-operation with an example of behaviour in a seminar game of urban drugs policy we have conducted in a number of cities.<sup>1</sup> In this game, the team in charge of law enforcement (police, courts, prisons) believed that they could best address the drug problems in their city by providing treatment for the drug abusers in their care (a substantial proportion of all prisoners). They therefore called upon the drug treatment community to provide the skilled staff to deliver this treatment in the prisons. The team in charge of treatment, while in general agreement with the concept proposed by the law enforcement team, noted that their resources were limited, and to provide care in the prisons would mean that there were few resources remaining to treat the population on the outside. They appealed to the law enforcement team to prioritise their needs so that the treatment team could better allocate their resources. The law enforcement team replied that the prisoners were, by definition of their demonstrated actions, most in need of treatment, and the treatment team should provide all that they could. This, in turn, led the treatment team paraphrase the famous American conservative slogan "Use a gun, go to prison," to say that the resulting policy of allowing prisoners to bypass the drug treatment waiting lists might be summarised as "Use a gun, get a treatment slot."

This example can be used to make several points. First, a traditional view of the different sectors addressing the problems of drugs and drug abuse (e.g., criminal justice system and the health care delivery system) is that they are at cross-purposes, often with little in common - even with respect to their identification of the locus of the drugs problem. In fact, this view is exaggerated. There is increasing synergy amongst the various sectors; although it must be noted that the synergy is at different levels of development in different jurisdictions. Second, even when the nominal roles of the different sectors are clear (and this is not always the case), the sectors may not be adequately informed about the priorities and capacities of each other. Third, even when the sectors are in agreement in principle, there may be disagreements in the way to implement programmes.

Because the relationships among roles, structures and co-operation are not straightforward, the EMCDDA called for the development of innovative measurement and analysis methods. In response, RAND Europe developed an interview protocol designed to be used in all European Union (and candidate) countries that would accommodate a wide range of relationships amongst agencies concerned with drug demand reduction. This protocol was tested and revised in three countries with known differences in roles, structures and degree and nature of co-operation in drug demand reduction programmes—France, Portugal and the United Kingdom.

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<sup>1</sup> Kahan, J.P., C.P. Rydell, J. Setear (1995). "A game of urban drug policy," *Peace and Conflict: Journal of Peace Psychology*, Vol. 1, pp. 275-290.

## **1.2 Outline of this report**

Chapter 2 describes the theoretical orientation and methods of the study. The central element of the theoretical orientation is the so-called interpersonal perspective, originally developed for understanding family relationships. We describe the perspective and show its relevance to drug demand reduction agencies. Based upon this orientation, we formulated three tasks which together resulted in an interview protocol and recommendations regarding how it should be utilised. Chapter 3 presents the main results of the project. The protocol in its final form is presented and discussed on an item-by-item basis, and recommendations are made based on the three case studies for how it should be delivered. The protocol in its entirety appears as Annex A.

## Chapter 2: Theory and method

### 2.1 The interpersonal perspective

The theoretical orientation we will adopt here has been labelled the *interpersonal perspective*, and grows out of the existential phenomenological approach of the Scottish psychiatrist R.D. Laing<sup>2</sup> and a general systems approach as enunciated by, among others, the English social scientist Gregory Bateson<sup>3</sup> and the Austrian psychiatrist Paul Watzlawick.<sup>4</sup>

In this orientation, any interaction between two parties (here, drug agencies A and B) occurs on at least two levels, as shown in Figure 1a. The first level, which Laing termed the *direct perspective*, consists of each party's direct perception and experience of an issue that confronts them (here, a proposed common drug policy). The second level, termed the *meta-perspective* by Laing, is the perception each party has of how the other party perceives the issue at hand. It is important to remember that this is one party's perception of how the other party stands, and can be accurate or inaccurate.

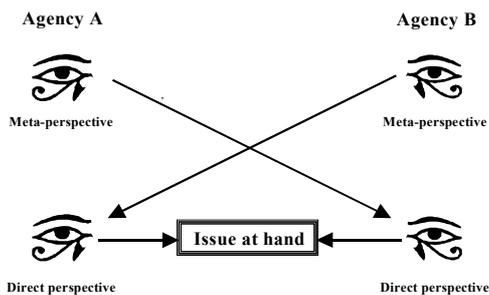


Figure 1a: Direct perspective and Meta-perspective

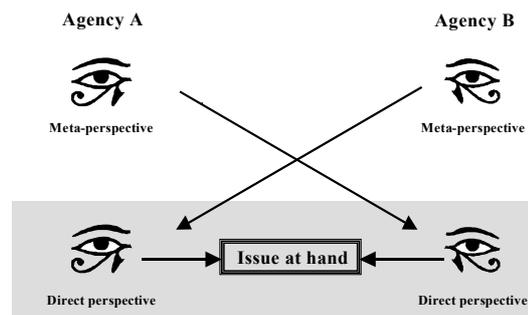


Figure 1b: Agreement vs. Disagreement

A more traditional comparative analysis examines only the level of direct perception. At this level, one can examine the dynamics of the interaction between two parties, and can ascertain—by comparing the direct perspective of Agency A to the direct perspective of Agency B—the extent to which the two parties' viewpoints are in agreement vs. disagreement (Figure 1b).

The addition of a measure of the meta-perspectives permits the analysis of two additional, important, aspects of the relationship between the agencies. By comparing Agency A's meta-perspective of Agency B to Agency A's own position (Figure 1c), the analyst can determine whether or not Agency A is likely to trust Agency B. An examination of where there is mutual trust will reveal those policies where the two agencies are likely to work together.

<sup>2</sup> Laing, R.D., H. Phillipson, A.R. Lee (1966). *Interpersonal perception*, New York: Perennial Library.

<sup>3</sup> Bateson, G. (1972). *Steps to an ecology of mind*, New York: Ballentine.

<sup>4</sup> Watzlawick, P., J. Weakland, R. Fisch (1974). *Change: Principles of problem formulation and problem resolution*, New York: Norton.

But are such joint efforts likely to be successful? This can be examined by comparing Agency A's meta-perspective of Agency B's direct perspective. By this comparison, the analyst can determine whether or not Agency A understands Agency B (Figure 1d). When there is mutual understanding, two agencies understand where they agree and disagree, and can know where the fruitful areas of co-operation lie. On the other hand, where there is misunderstanding, agencies may attempt to co-operate and run into unexpected and seemingly inexplicable conflicts or - perhaps worse - may fail to find areas where they might productively work together.

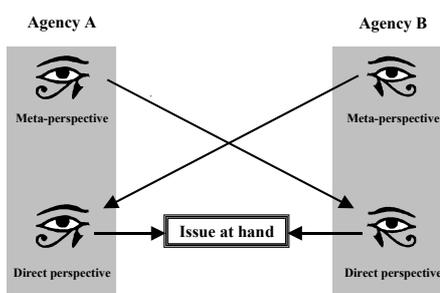


Figure 1c: Trust vs. Mistrust

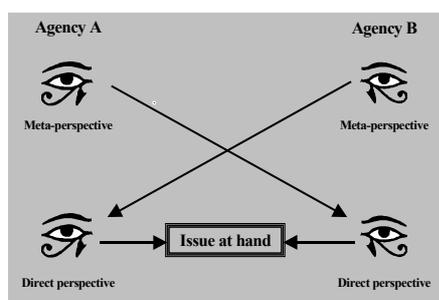


Figure 1d: Understanding vs. Misunderstanding

The interpersonal perspective can be used to examine agencies related both horizontally and vertically. The issues at hand, and therefore the core of research questions to be asked, vary depending on the nature of the relationships. When analysing horizontal relationships, the issues at hand centre upon matters of roles - who is responsible for what, and where do the interactions lie? When analysing vertical relationships, the issues at hand centre upon the structure of authority and responsibility - what are the limits of authority, discretion, resource allocation, and responsibility for implementation?

## 2.2 Application of the interpersonal perspective to drug demand reduction

Examination of the relationships of the actors addressing drugs issues will determine which areas are included in an analysis of roles, structure and co-operation in drug demand reduction services and which persons/groups to include in that analysis. In some jurisdictions, education will play a major role, whilst in others it will not. In some jurisdictions, law enforcement will be largely concerned with supply reduction, whilst in others, law enforcement will also be involved with demand reduction. It is also important to determine whether or not there exists a strong community (i.e., non-governmental) aspect to demand reduction. In looking at vertical relationships, the role of the central authority with respect to the regional authorities will be of great importance in determining whom to include in the analysis.

For the analysis of roles and structures, new specific instruments and ways of collecting information are necessary. Whilst the collecting of information regarding direct perspectives is relatively straightforward, the meta-perspective is less familiar to potential respondents, and must be carefully explained and phrased. Simple postal surveys are almost guaranteed to be inadequate, and individual interviews would be too expensive. We therefore chose for individual and small group (2-3 persons) interviews.

There should be caution in adopting the interpersonal perspective not to lose sight of the original issue at hand—that is, what are the actors perceiving? Here, we adopt the model of facilitators and barriers to implementation of change programmes, which identifies organisational, legal, psychological and economic facilitators and barriers and assesses their presence or absence.<sup>5</sup> Analyses using the interpersonal perspective of facilitators and barriers to working together should yield insights into the actual, likely, and potential co-operation amongst the actors, as well as revealing options on how to proceed in order to increase co-operation.

### 2.3 Research approach

RAND Europe conducted three case studies of different European countries, developing a common protocol for information gathering. The purpose of the case studies was only in part to gather information on roles and structures of drug demand reduction services. More important was the construction and refinement of the methods of information gathering. The focus was on developing a common protocol to ensure comparability amongst the different countries.

We selected the United Kingdom, Portugal and France to do the case studies. The United Kingdom is almost a required case study, because of the policy focus on joined-up government as one element of the programme "Modernising Government." This focus is explicit in its generic call for both horizontal and vertical integration of governmental efforts, and is specific in its inclusion of drugs policy, especially in demand reduction, as part of the focus. Portugal represents a target of opportunity within the time frame of the discussion, as that country is in the process of formulating a major change in its demand reduction policy. France provides a contrast with the other two countries, as a jurisdiction with a relatively supply reductionist orientation. As of this writing, there are signs that French drug policy may be shifting significantly towards a greater liberalisation.

The project was accomplished in three separate tasks:

1. Study structure and design
2. Conduct of the case studies
3. Analysis, refinement and reporting

#### TASK 1. STUDY STRUCTURE AND DESIGN.

This task was to establish a structure for the whole of the enterprise. Together with EMCDDA, we decided on the three countries to employ as case studies. Thereafter, using the tool of desk research (with particular use of information available at EMCDDA and Internet-based information), we obtained basic knowledge about the structure and organisational roles of demand reduction programmes in the three countries to be studied. Simultaneously, we designed a conceptual framework based on the interpersonal perception theoretical model that provided guidance as to the best formats for group-based information collection of the facilitators and barriers to co-operative drug demand reduction services. On the basis of that conceptual framework, we drafted a protocol for information gathering. This protocol is not a formula, but rather a guideline for conducting the interviews.

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<sup>5</sup> Thorsen, T., M. Mäkelä (1999). *Changing professional practice: Theory and practice of clinical guidelines implementation*, Copenhagen: Danish Institute for Health Services Research and Development DSI Report 99.05.

## TASK 2. CONDUCT OF THE CASE STUDIES.

The desk research performed in Task 1 gave us a good idea of the key organisations and key people we needed to talk to. For each case study country, we selected two communities—one where the central government was located and another location—and contacted people via telephone and electronic mail. All people contacted agreed in principle to participate, and for most, it was possible to schedule appointments at mutually convenient times. RAND Europe researchers visited France, Portugal and the United Kingdom (in that order) and conducted 8-10 interviews in each country. The interviews covered organisations at different levels (national, regional and local government and local service providers) and from different sectors (health, education, justice, etc.). All interviews in France were conducted entirely in French, working from a French language version of the protocol, while all interviews in Portugal and the United Kingdom were in English, working from the English version of the protocol.

## TASK 3. ANALYSIS, REFINEMENT AND REPORTING

We analysed each case in order, revising our draft instrument between the visits to each country. Our focus in all case studies was more on the clarity and comprehensibility of the interview instrument and less on the actual roles, structure and co-operation within each country, i.e. we were more interested in whether our instruments would make possible the construction of a common framework for drug demand reduction strategies and policies rather than these policies themselves.

The draft of the main interview protocol was reviewed by EMCDDA following the French case study, and again discussed with them during the time of the Portuguese visit. This report constitutes the final product of this project.

Because the protocol changed between country visits, and because of the limited number of interviews in each country, we do not believe that it is appropriate to make statements in this document about the relative roles, structures, and co-operation of the countries visited.

## Chapter 3: Results

The full text of the final version of the interview protocol is presented as Annex A of this document. In this section of the report, we will go through each piece of the final version of the protocol and make comments about its function, possible issues or problems that may come up in the interview, and other points revealed by the case studies. Following this presentation, we will make more detailed recommendations based upon our case studies for how the protocol should be delivered.

### 3.1 Interview protocol

**Introduction:** *The Department for Drug Demand Reduction of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) wishes to better understand how various agencies and organisations concerned with drug demand reduction are structured, both internally and externally across agencies. Currently, very little is known about the mechanisms of drug demand reduction policy planning and implementation at national, regional, and local levels. This study intends to shed light in this area by comparing experiences in the European Union member states.*

**Questions:** *During the interview, we will discuss the roles and responsibilities of your own organisation with respect to drug demand reduction, we will discuss the roles and responsibilities of other organisations involved, and we will discuss the relationships between all organisations involved.*

The introductory materials are relatively straightforward. We encountered no resistance to participating in the interview, except for one case where a national agency was interested in the underlying motivation of EMCDDA in conducting the study and wanted to know more about the entire effort. In another instance, there was some discussion regarding the definition of an "organisation." The individuals involved wore many hats, and wanted to be sure which one was most relevant. In this instance, the general issue of whether we were interviewing people, organisations, co-ordination structures or activities arose, and led to a discussion that usefully laid the ground rules for what followed. Here, multiple agencies were joined up and shared roles and responsibilities extensively, and the interviewees claimed no allegiance to any single agency. These matters were clarified during the course of proceeding through the protocol.

#### A. Roles and responsibilities

- *What is the goal of your organisation with respect to drug demand reduction?*
  - *"Drug demand reduction" is defined as working with the goal of lowering the amount of drugs consumed - either by reducing the number of people who use drugs or the amount of drugs consumed by users. This goal has traditionally been distinguished from "drug supply reduction" (keep drugs away from potential users) and "harm reduction" (improve the quality of life of drug users and people who come into contact with drug users).*
  - *If the interviewee says that demand reduction is not a goal, ask him to clarify what the goals of his organisation are and how demand reduction relates to those goals.*

Occasionally the concept of drug demand reduction needs to be clarified. Some interviewees stated that they were not interested in reducing the demand for drugs,

but rather only in making life more comfortable for their client populations. Some judgement is needed at this point as to whether the organisation has any drug demand reduction component to its work. Often this cannot be determined by simply reading a description of the organisation or the services it provides. During the case studies, when we encountered interviewees who disavowed drug usage reduction as an objective, we proceeded with the interview anyway, and often gained valuable information regarding how the organisation co-ordinated (or failed to co-ordinate) with other, more expressly demand reduction, agencies. In some cases, it was useful to frame the issue by inviting subjects to distinguish operational goals from activities, or to distinguish e.g. drug demand reduction as a national strategic goal (as perceived by local organisations) or demand reduction as something implied (at the local level) by other goals.

- *What specific things does your organisation do? What's the main focus of the work? [prevention, treatment, rehabilitation, provision of social services, education, collection of information, etc.]*

*Of course, this needs to be suited to the level of the organisation.*

- *On which populations does your organisation focus? [e.g. people not using drugs (yet), people experimenting with soft drugs, people experimenting with hard drugs, people regularly using drugs, people whose drug use results in harm to themselves or others, etc.]*

These items need to be adapted or perhaps even deleted when dealing with national-level agencies, because they almost by definition will deal with the entire gamut of services. At the regional and local levels, the questions are more easily answered.

It is possible to describe populations of drug demand reduction programs in many different ways. In some of the interviews, the respondents gave a very detailed description of their population (such as information on the type of drugs they use, gender, age, employment, marital status, etc.). If such information is available, collecting this information is valuable in order to compare the populations of different organisations. The subdivision of a population as described in the question is just an example, and should only be used if the interviewees have difficulties answering the question. In addition, it might be useful to encourage subjects to distinguish the intended and actual populations they serve, and to identify constituencies (e.g. families, communities) that may not be actual 'clients'.

#### *B. Drug demand reduction policy and the organisations involved*

- *Does there exist a single national government policy on drug demand reduction?*
  - *How familiar are you and your colleagues with that policy?*
  - *Could you please describe the main elements of that policy?*
  - *Is the policy stable or has it been changing greatly over the past few years?*
  - *Does the national policy have an effect on your organisation? If yes, what kind of effect?*
  - *Does your organisation have an impact on the national policy?*

Although it is almost always true that there exists a single national government policy (though in some cases there were more than one) and one or more organisations involved in drug demand reduction, it does not follow that a regional or local agency will be familiar with that policy or those organisations. At the regional and local levels, these questions tap not only the direct perspective but also the

metaperspective of the national organisation. At the national level, we reverse the question to obtain the metaperspective of lower-level agencies. The results of these combinations can be revealing - in one instance, the national agency claimed that their policy was almost universally known and formed the basis of regional and local policy, while some agencies at the local level replied that they believed that such a policy existed, but were not aware of its details. In cases where more than one national organisation provided direction to personnel acting at the local level, it is useful to explore the metaperspective of these national actors towards local agencies that they do not 'own'.

- *Which national-level government organisations are involved in drug demand reduction?*
  - *What is the specific role of those organisations with respect to drug demand reduction?*
  - *Which ones are most relevant to the work of your organisation?*

*Select the most relevant organisation and have the questions at the end of the questionnaire answered.*

- *Which government organisations are involved in drug demand reduction on a regional or local level?*
  - *What is the specific role of those organisations with respect to drug demand reduction?*
  - *Which ones are most relevant to the work of your own organisation?*

*Select the most relevant organisation and have the questions at the end of the questionnaire answered.*

- *Which service providers are involved in drug demand reduction?*
  - *What is the specific role of those organisations with respect to drug demand reduction?*
  - *Which ones are most relevant to the work of your organisation?*

*Select the most relevant organisation and have the questions at the end of the questionnaire answered.*

Here, the issue is one of selection. Often an agency will have many other agencies with which it co-ordinates. It is best if the comparative agencies selected will be ones that will also be interviewed, in order to be able to complete the assessment of understanding.

Sometimes it might be a bit confusing that organisations functioning on a national level also have offices on a regional and/or local level. These offices often have the same goals, but perform slightly different tasks. For purposes of understanding roles and structures, it is probably best to consider the national and local offices as separate institutions. It is also worthwhile to discuss the separation of organisations from service providers, as practices with regard to outsourcing and contracting vary widely. In this connection, a mapping exercise that examines the service co-ordination and delivery links (see below) might prove valuable.

### C. Co-ordination between organisations involved in drug demand reduction

- *How do the national, regional and local organisations relate to each other?*
  - (a) *How are responsibilities for policy development and policy implementation distributed among national and local organisations? How much policy autonomy exists on the local level? How much implementation autonomy exists on the local level?*
  - (b) *Do national goals differ from local ones with respect to drug demand reduction? What factors lie behind these differences?*
  - (c) *Do different localities have different policies with respect to drug demand reduction? What factors lie behind local differences?*

These questions get at the extent of perceived co-ordination and deal almost entirely with the metaperspective. Sometimes, they were implicitly answered in a previous part of the interview, and so can be deleted during the interview if they were already covered. In most cases, however, it is useful to revisit the issue - acknowledging the overlap, but inviting the subject to express any further thoughts.

*For the most relevant organisations identified in part B, the following questions need to be asked. Although these questions concern co-ordination, they might be best asked when the relevant organisation is identified.*

- *Describe the goals of this other organisation?*

This is a key metaquestion. The more that organisations can describe each others' goals, the better estimate of co-ordination will be possible.

- *Does this other organisation have an effect on your organisation?*
  - *Overall, do they help, hinder, or have little effect upon what you do?*
  - *Are any of these effects in terms of your goal setting?*
  - *Are any of these effects in terms of the way you implement your goals?*
- *How do you co-ordinate with this other organisation*
  - *For national organisations: how do you co-ordinate with regional organisations?;*
  - *For regional/local administrative organisations: how do you co-ordinate with service providers?*
  - *For service providers: Do you have people within your organisation with specific responsibilities for co-ordination of care across service providers?*

Although these questions might appear on the surface to be sensitive and therefore likely to generate "politically correct" responses, this was not our experience. We found a remarkable openness in answering these questions, and were able to code the responses in a straightforward manner. The question for service providers about named co-ordinators is particularly important, and was inserted into the protocol after we found one organisation which had such a person. This particular organisation was much better co-ordinated with its surrounding agencies than others in the same locality, and the existence of a designated contact person might well have been the reason. At another organisation, we found that personnel were specifically seconded from one organisation to another to facilitate either co-ordination or the ability of a front-line organisation to further the strategic objectives of the other.

- *How do you divide responsibilities between organisations?*
- *What are the boundaries of authority between your organisation and the other*

- *organisations? To which degree do the tasks of the other organisation complement or duplicate things your organisation does?*
- *Who allocates resources (including personnel)?*
- *How much discretion do you have?*
- *Who is responsible for implementation?*

These are key direct questions. Where there is disagreement among viewpoints of responsibility, authority, allocation of resources, discretion, and implementation responsibility, there is likely to be confusion of roles and structures. Again, asking the same questions of multiple organisations who interact with each other is critical. It is also important to attempt to determine the (formal and informal) *mechanisms* for dividing responsibility as well as the actual division of responsibility.

- *How pleased are you with the way co-ordination takes place?*
  - *Where is co-ordination successful and where do you encounter problems in co-ordination?*
  - *If co-ordination problems are mentioned: what could be done to reduce those problems?*

These questions open the door to final comments and subjective opinions, and therefore serve as a good way of closing the interview. In many interviews, the interviewees tended to focus on problems in co-ordination. However, this did not mean that everything was problematic; when asked explicitly about successes in co-ordination, they were often also able to give examples of such situations. Therefore, it is important to ask both subparts of this last question explicitly.

It is also important to ask about 'joint products' in terms of strategy development, implementation and evaluation, and in terms of knowledge or 'best practice' information.

**Closing:** *Thank you very much for your co-operation. Are there any questions regarding the roles, structure and co-ordination of drug demand reduction that we might have forgotten to ask you? At the close of this study, we will send you its results, and invite you to comment.*

The interpersonal perception model is based upon concepts of feedback. In practical terms, this means that the insights from a study of roles and structures for drug demand reduction should be fed back to the different agencies involved in order to ensure the accuracy of the perceptions. Strong objections from the parties should be addressed by negotiation and perhaps re-interviewing of critical parties. Further dissemination amongst groups, both nationally and across nations, should be centred on the best practices observed (in terms of trust and understanding), to provide examples for others to follow.

## **3.2 Observations and recommendations for using the protocol**

Here, we will give some observations and recommendations regarding the delivery of the protocol, based on our experience in the case studies.

### **USE OF THE PROTOCOL**

This protocol is not a formula for an interview, but rather a guideline for conducting the interview. The order of presentation of questions is logical, but the interview itself may move around, depending on the interests, viewpoints, and reactions of the interviewees. We found it more important to adapt to the stance of the interviewee than to insist on following our protocol. Eventually, all of the questions were answered and in a form that would enable comparisons across interviews.

Because of this characteristic of the protocol, which is caused by the nature of the topics under study, it is important that the interviews be conducted in person, rather than via telephone interview or, worse, postal survey. The opportunities for misinterpretation are great, and can best be avoided by the closeness resulting from a face-to-face meeting.

The protocol as presented here is in English, and we believe that it does not require translation into other languages, especially because the protocol is a guideline for the interview, and not a hard-and-fast format. On the other hand, we highly recommend that the interviews themselves take place as much as possible in the native language of the interviewee. In the United Kingdom, both interviewer and interviewees were native English speakers, while in France the interviewees were native speakers and the interviewers were fluent in French; in both of these countries, there were no language problems. By contrast, in Portugal, neither interviewees nor interviewers were native English speakers; although the interviewer was fluent, not all the interviewees were. This occasionally caused difficulties.

An important observation during the interviews was that many of the organisations and formal strategic objectives are undergoing more or less continuous change. It is therefore essential to be able to identify changes in order to ask interviewees why they came about. It is also useful to take account of the fact that, following the release of a new national drug strategy or similar document, interviewees will be answering some of the questions with an eye to the past and some with an eye to the future. This can be a very useful source of additional insights into the practical realities and feedback loops within drug demand reduction policy process and implementation.

### **EASE OF ADMINISTRATION**

We found that in general, people did not have difficulty answering the questions, although it might have taken some explanation before the answers were forthcoming. Only in the isolated instances where organisations had virtually no co-ordination with other agencies concerned with drugs were the questions incomprehensible. This occurred interviewing the psychiatric department of a general hospital, where there was no specific drug programme, but a responsibility to care for people otherwise hospitalised who had drug problems.

Sometimes, it was useful to send people an edited and shortened version of the protocol in advance; this helped to open doors and ensure a focused discussion, as

well as providing assistance for the point of contact to decide who to invite (from his/her side) to the interview meeting.

On average, each interview took about 1,5 hours.

## GENERALISABILITY OF THE INTERVIEW PROTOCOL

The interviews in the three pilot countries led us to believe that it should be possible to use the interview protocol in all European Union member states. Although the roles, structures and co-operation of drug demand reduction services varies highly among those three countries, there did not appear to be any systematic differences in the ease of answering the questions. Extension of the comparative study to candidate countries should also be possible, especially given the network established through the Phare programme.

## PEOPLE TO BE INTERVIEWED

In order to get a sufficient idea of the functioning of drug demand reduction within a country, interviews need to be conducted at the national, regional co-ordinative and service delivery levels. For the national level, if a national co-ordinative agency exists, it is mandatory to interview it; other national agencies (e.g., health ministry, education ministry, justice ministry) are necessary if there is no co-ordinative agency and desirable if there is a co-ordinative agency. At the regional/municipal level, if there are co-ordinative agencies—either specifically for drugs (as in the UK) or for social services in general with an office for drugs (as in France), these must be visited. In order to get some notion of variety within a country, it would be a good idea to visit 3 to 5 different regions within a country (including one in the capital). In selecting these regions, some background research or interviews at the national level are useful in order to select a representative sample, varying by e.g. administrative structure, rural/urban mix, and demographics. For each co-ordinative agency, two or three service delivery agencies should be visited. It may be useful to look for overlapping co-ordinating agencies, especially when a community is heavily linked. Thus, for any single country, a minimum of 10 interviews need to be conducted; for a large, decentralised country, this could rise to as many as 25 interviews.

Within any single agency session, it would be desirable to have two to three interviewees present. For co-ordinative agencies, the people who are directly responsible for the day-to-day efforts of the agency are the highest-priority people to access, while for service delivery agencies, the supervisors are of highest priority, because they have the responsibility for structuring the organisation. In all cases, it is useful to try for a mix of experience levels and background, especially when conducting interviews at co-ordinating bodies whose personnel may be drawn from a variety of organisations.

## ORGANISATIONAL MAPPING

Before starting the interviews, it is important to have a good idea of the most relevant organisations within a country. Our project made clear that it is possible to identify those organisations through desk research (literature, internet, etc.). Where this cannot be done, this is itself an important data point in documenting barriers to co-ordination and knowledge transfer. This makes the process of doing the interviews itself more efficient.

We recommend preparing an initial map of drug demand reduction agencies as a product of the desk research to guide the selection of interview sites. This map will

also facilitate later comparisons among countries. At the end of the project, the map might also be used to describe the actual relationships among organisations. The interviews made clear that an initial map describing the formal relationships between organisations does not always correspond with reality. On the one hand, in reality, relationships between organisations exist that are not shown in the 'formal' map. On the other, organisations that formally should co-ordinate do not do so in practice.

## PEOPLE TO DO THE INTERVIEWS

In principle, people with knowledge in the field of drug demand reduction and experience in doing interviews should have no problems doing the interviews. This means that it might be possible to have different interviewers for different countries or regions (e.g. Benelux, Scandinavia, etc.).

However, to do a solid international comparison, it is very important that all interviewers have a very clear idea of the questions they need to ask and the framework of the project in which they are functioning. Therefore, we recommend that the research organisation conducting the study or the EMCDDA organize a 2-to-3 day session to train the interviewers for the various countries and to assure that all participants share an understanding of the goals and methods of the examination of drug demand reduction.

### **3.3 Conclusions**

The major conclusion of this study is that, with the protocol provided, it is possible to undertake a comparative study of the roles, structures, and co-ordination of drug demand reduction efforts across European nations. The protocol, used as a guideline and administered by trained interviewers in accordance with the recommendations presented above, will provide a basis for the supply of qualitative data that can be meaningfully subjected to comparative analyses.

From the point of view of EMCDDA, this "good news" should be tempered by the recognition that the training of interviewers and conduct of the interviews will not be accomplished in an inexpensive manner. Our study shows that a postal survey or telephone interview - the inexpensive options - are not appropriate for this study. Whilst any effort does not require interviewers from each country to be contacted, it does require interviewers possessing some familiarity with the drug policy of each country where they work and language fluency in that country.

## Annex A: The interview protocol

**Introduction:** The Department for Drug Demand Reduction of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) wishes to better understand how various agencies and organisations concerned with drug demand reduction are structured, both internally and externally across agencies. Currently, very little is known about the mechanisms of drug demand reduction policy planning and implementation at national, regional, and local levels. This study intends to shed light in this area by comparing experiences in the European Union member states.

**Questions:** During the interview, we will discuss the roles and responsibilities of your own organisation with respect to drug demand reduction, we will discuss the roles and responsibilities of other organisations involved, and we will discuss the relationships between all organisations involved.

### A. Roles and responsibilities

- What is the goal of your organisation with respect to drug demand reduction?
  - "Drug demand reduction" is defined as working with the goal of lowering the amount of drugs consumed - either by reducing the number of people who use drugs or the amount of drugs consumed by users. This goal has traditionally been distinguished from "drug supply reduction" (keep drugs away from potential users) and "harm reduction" (improve the quality of life of drug users and people who come into contact with drug users).
  - If the interviewee says that demand reduction is not a goal, ask him to clarify what the goals of his organisation are and how demand reduction relates to those goals.
- What specific things does your organisation do? What's the main focus of the work? [prevention, treatment, rehabilitation, provision of social services, education, collection of information, etc.]
  - Of course, this needs to be suited to the level of the organisation.
- On which populations does your organisation focus? [e.g. people not using drugs (yet), people experimenting with soft drugs, people experimenting with hard drugs, people regularly using drugs, people whose drug use results in harm to themselves or others, etc.]

### B. Drug demand reduction policy and the organisations involved

- Does there exist a single national government policy on drug demand reduction?
  - How familiar are you and your colleagues with that policy?
  - Could you please describe the main elements of that policy?
  - Is the policy stable or has it been changing greatly over the past few years?
  - Does the national policy have an effect on your organisation?
  - If yes, what kind of effect? Does your organisation have an impact on the national policy?
- Which national-level government organisations are involved in drug demand reduction?

- What is the specific role of those organisations with respect to drug demand reduction?
- Which ones are most relevant to the work of your organisation?

Select the most relevant organisation and have the questions at the end of the questionnaire answered.

- Which government organisations are involved in drug demand reduction on a regional or local level?
  - What is the specific role of those organisations with respect to drug demand reduction?
  - Which ones are most relevant to the work of your own organisation?

Select the most relevant organisation and have the questions at the end of the questionnaire answered.

- Which service providers are involved in drug demand reduction?
  - What is the specific role of those organisations with respect to drug demand reduction?
  - Which ones are most relevant to the work of your organisation?

Select the most relevant organisation and have the questions at the end of the questionnaire answered.

### C. Co-ordination between organisations involved in drug demand reduction

- How do the national, regional and local organisations relate to each other?
  - (a) How are responsibilities for policy development and policy implementation distributed among national and local organisations? How much policy autonomy exists on the local level? How much implementation autonomy exists on the local level?
  - (b) Do national goals differ from local ones with respect to drug demand reduction? What factors lie behind these differences?
  - (c) Do different localities have different policies with respect to drug demand reduction? What factors lie behind local differences?

For the most relevant organisations identified in part B, the following questions need to be asked. Although these questions concern co-ordination, they might be best asked when the relevant organisation is identified.

- Describe the goals of this other organisation?
- Does this other organisation have an effect on your organisation?
  - Overall, do they help, hinder, or have little effect upon what you do?
  - Are any of these effects in terms of your goal setting?
  - Are any of these effects in terms of the way you implement your goals?
- How do you co-ordinate with this other organisation?
  - For national organisations: how do you co-ordinate with regional organisations?
  - For regional/local administrative organisations: how do you co-ordinate with service providers?
  - For service providers: Do you have people within your organisation with specific responsibilities for co-ordination of care across service providers?

- How do you divide responsibilities between organisations?
  - What are the boundaries of authority between your organisation and the other organisations? To which degree do the tasks of the other organisation complement or duplicate things your organisation does?
  - Who allocates resources (including personnel)?
  - How much discretion do you have?
  - Who is responsible for implementation?
  
- How pleased are you with the way co-ordination takes place?
  - Where is co-ordination successful and where do you encounter problems in co-ordination?
  - If co-ordination problems are mentioned: what could be done to reduce those problems?

**Closing:** Thank you very much for your co-operation. Are there any questions regarding the roles, structure and co-ordination of drug demand reduction that we might have forgotten to ask you? At the close of this study, we will send you its results, and invite you to comment.