

Views on DRID and future strategy

# **DRID, the Toolkit and the needs of the stakeholders**

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## Progress has been achieved

- DRID overall (i.e. objectives, strategy)
- New indicators (i.e. behavioural)
- Toolkit (i.e. modules on items; serobehavioural surveys)

# The Toolkit:

## At least 4 qualities

### **Cosmopolitan character**

*a toolkit for all countries and all settings ; all-inclusive; at ease in the hands of everyone in any part of (Europe)*

### **Plasticity**

*the ability to change and adapt; capable of being moulded*

### **Ergonomy**

*user-friendly; designed for comfort or to minimize fatigue for the user*

### **Holistic approach**

*although split in many parts, covers all aspects; is comprehensive; has a clear orientation*

# Cosmopolitan character

## 2006 draft protocol

Uses the rather inflexible term 'protocol'

## 201X Toolkit

Leaves as much flexibility as possible to countries to incorporate and take account their existing data systems and national structures

# Plasticity

## 2006 draft protocol

One document

Too small to capture too much variability

Changes, additions revisions would affect the entire document

## 201X Toolkit

Many small parts  
(behavioural indicators;  
example questionnaire;  
guidance for sero-  
behavioural surveys etc.)

Ability to change, improve, add without affecting other parts of the protocol

# Ergonomy

## 2006 draft protocol

One document

Puzzling structure

Scroll to move up-and-down

Download, print, sent etc,  
the entire document or at  
best isolated sets of pages

## 201X Toolkit

Toolkit format

Online, with [hyperlinks](#) and  
bookmarks for  
connecting related issues  
between modules

Easy to save, print, share,  
and disseminate parts

# Holistic approach

## 2006 draft protocol

Several important parts are there

but also, several parts are underdeveloped

## 201X Toolkit

1. Introduction
1. Indicators
2. Questionnaire / interviewer manual
3. Seroprevalence/serobehavioural surveys: community
4. Seroprevalence/serobehavioural surveys: Diagnostic testing
5. HIV case reporting data
6. Viral hepatitis notifications data
7. Other infections
8. Biological sampling and testing
9. Population size and intervention coverage estimates
10. Ethical, confidentiality and data-protection aspects
11. Data analysis and interpretation
12. Reporting to EMCDDA

The Toolkit is only an instrument to facilitate and improve the efficiency and effectiveness of DRID indicator;

**it does not make up for  
deficiencies in national monitoring  
systems**

## My view

the effectiveness of DRID relies on the level to which the knowledge produced is fed back to those involved in the process

# According to the 2011 KI assessment

- | No working group for DRID in more than half of the countries
- | Difficulties to maintain the networks of data providers
- | Lack of funds for data collection

# Why?

Unlike other indicators, DRID has a wide array of issues to handle and – most importantly – **a wide range of actors\* to engage**

\*stakeholders/interested parties

# **Who are these actors?**

A look at the Greek case

EMCDDA



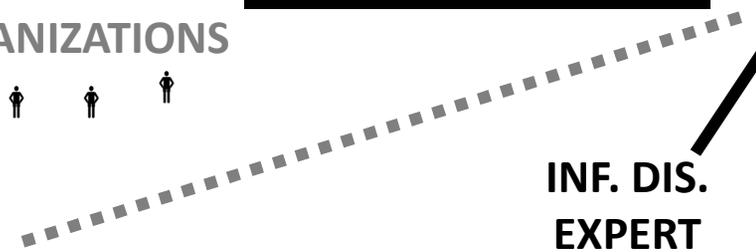
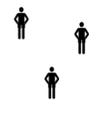
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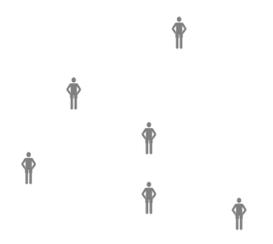
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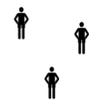
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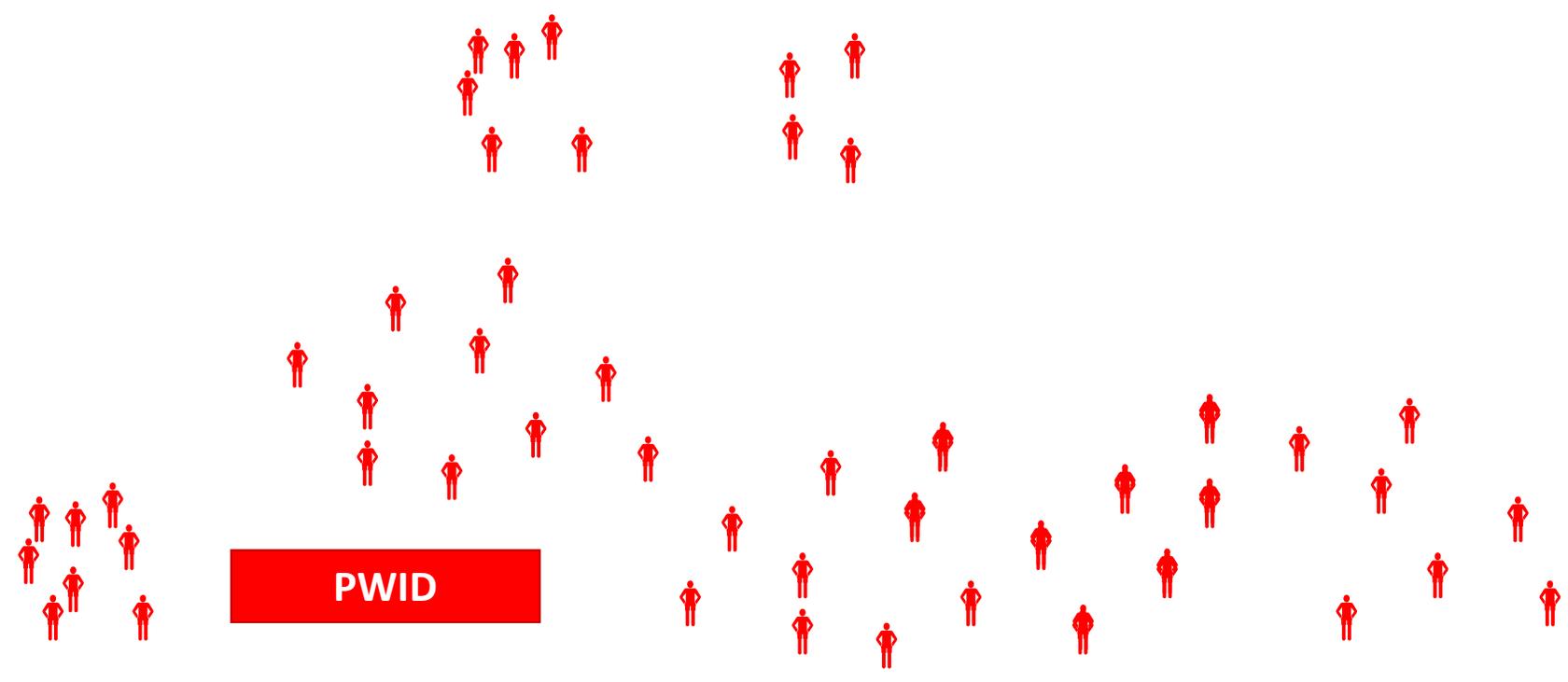
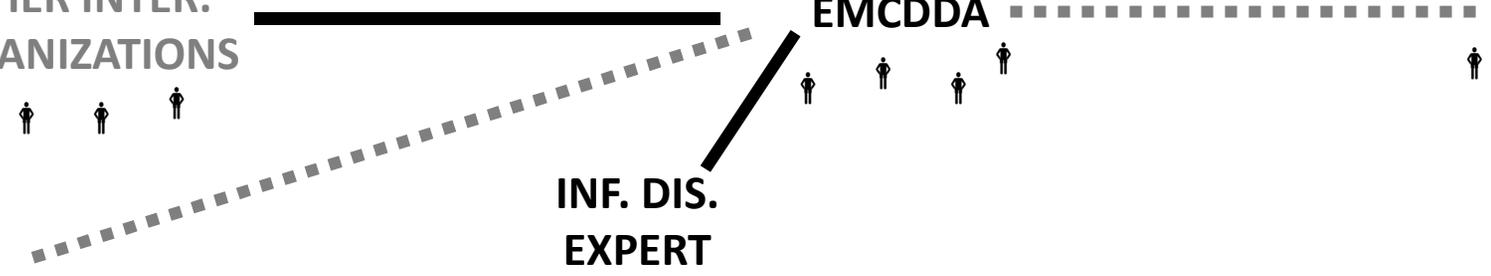
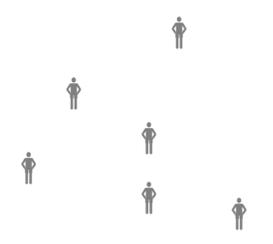
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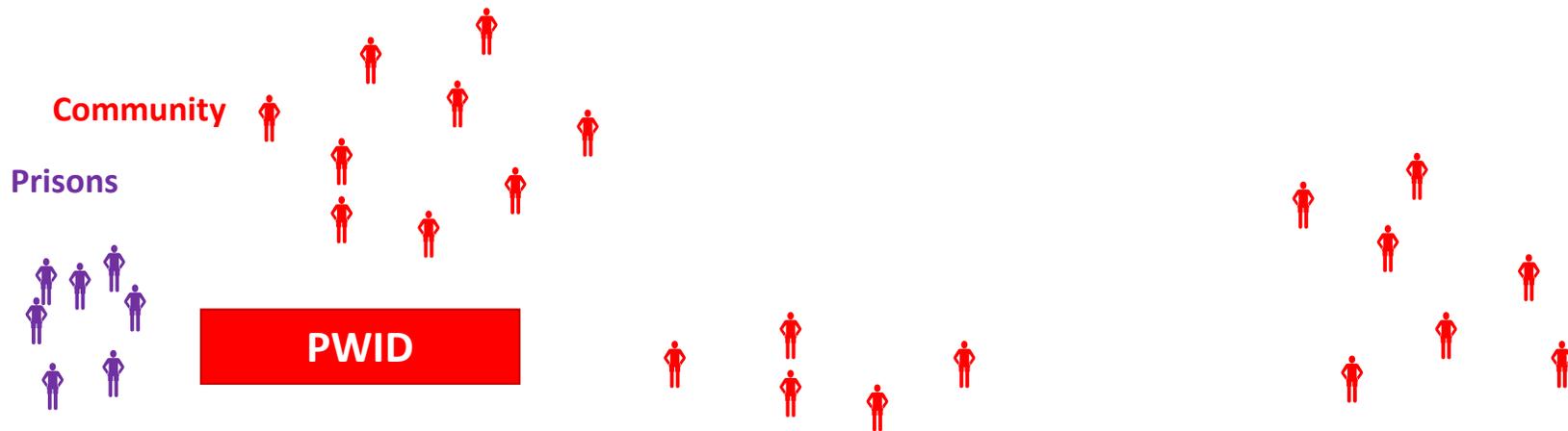
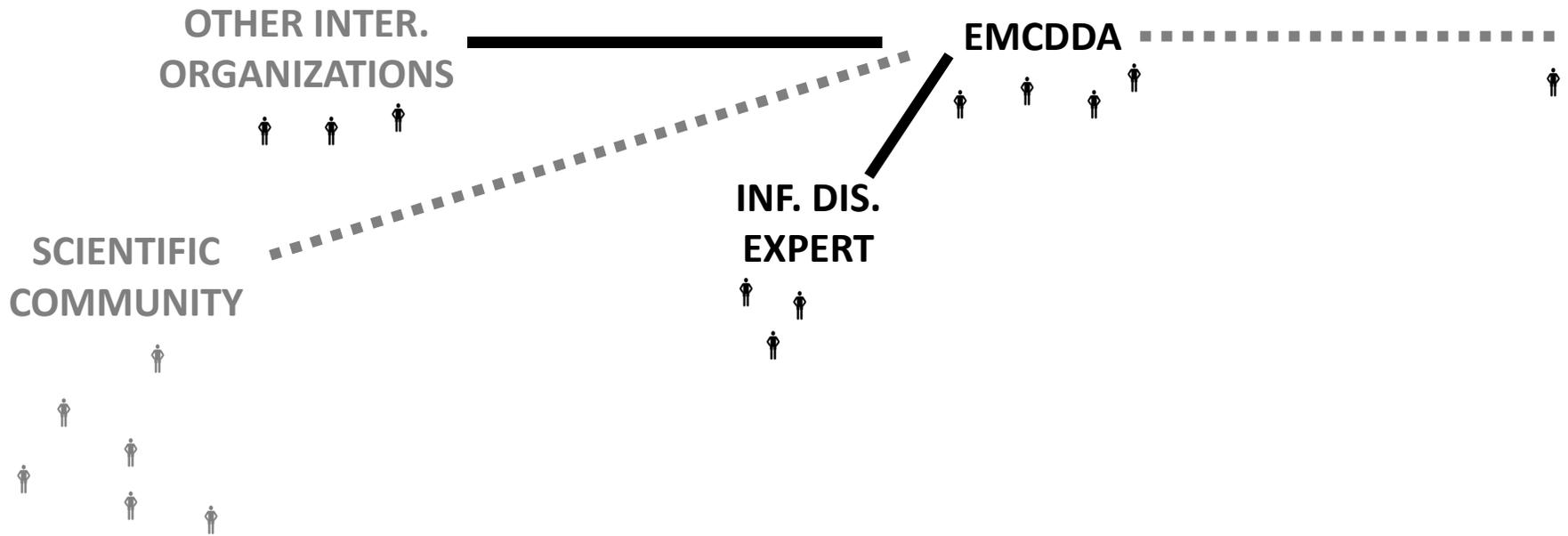


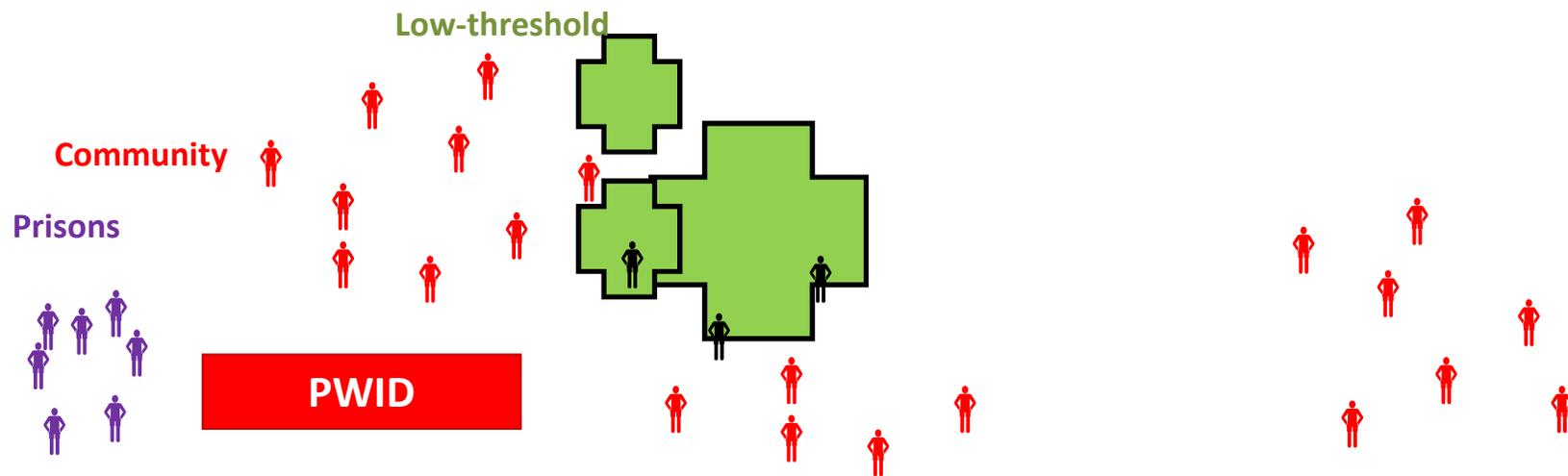
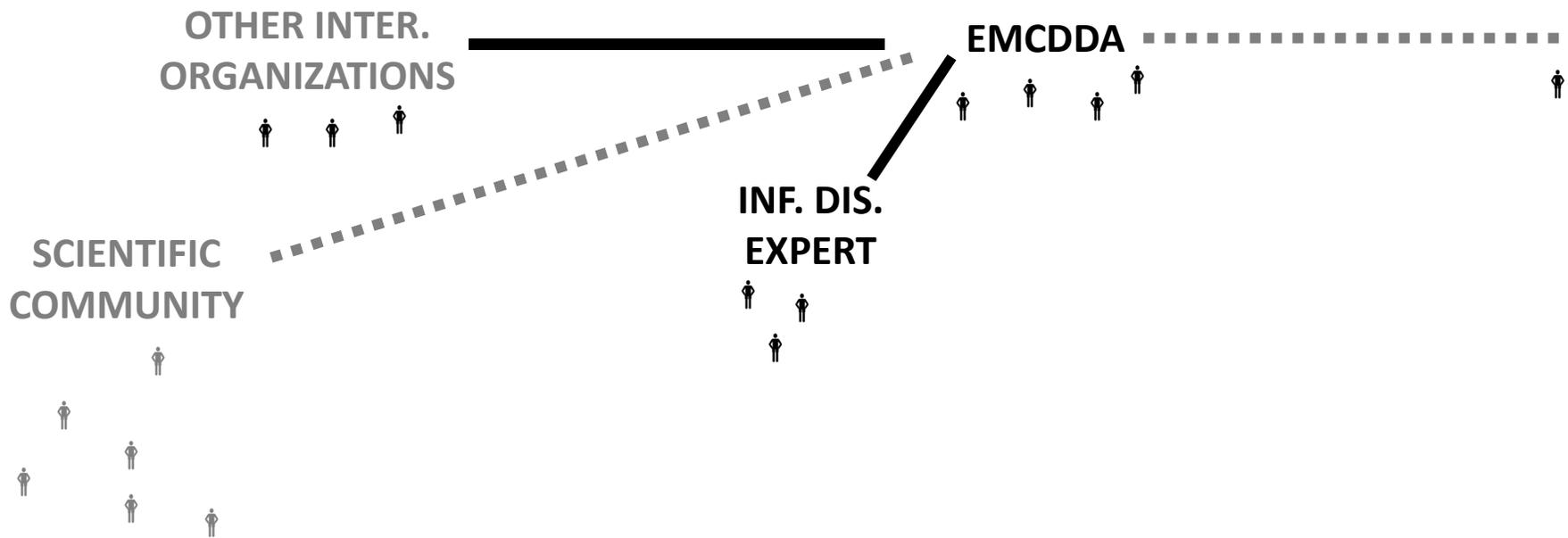
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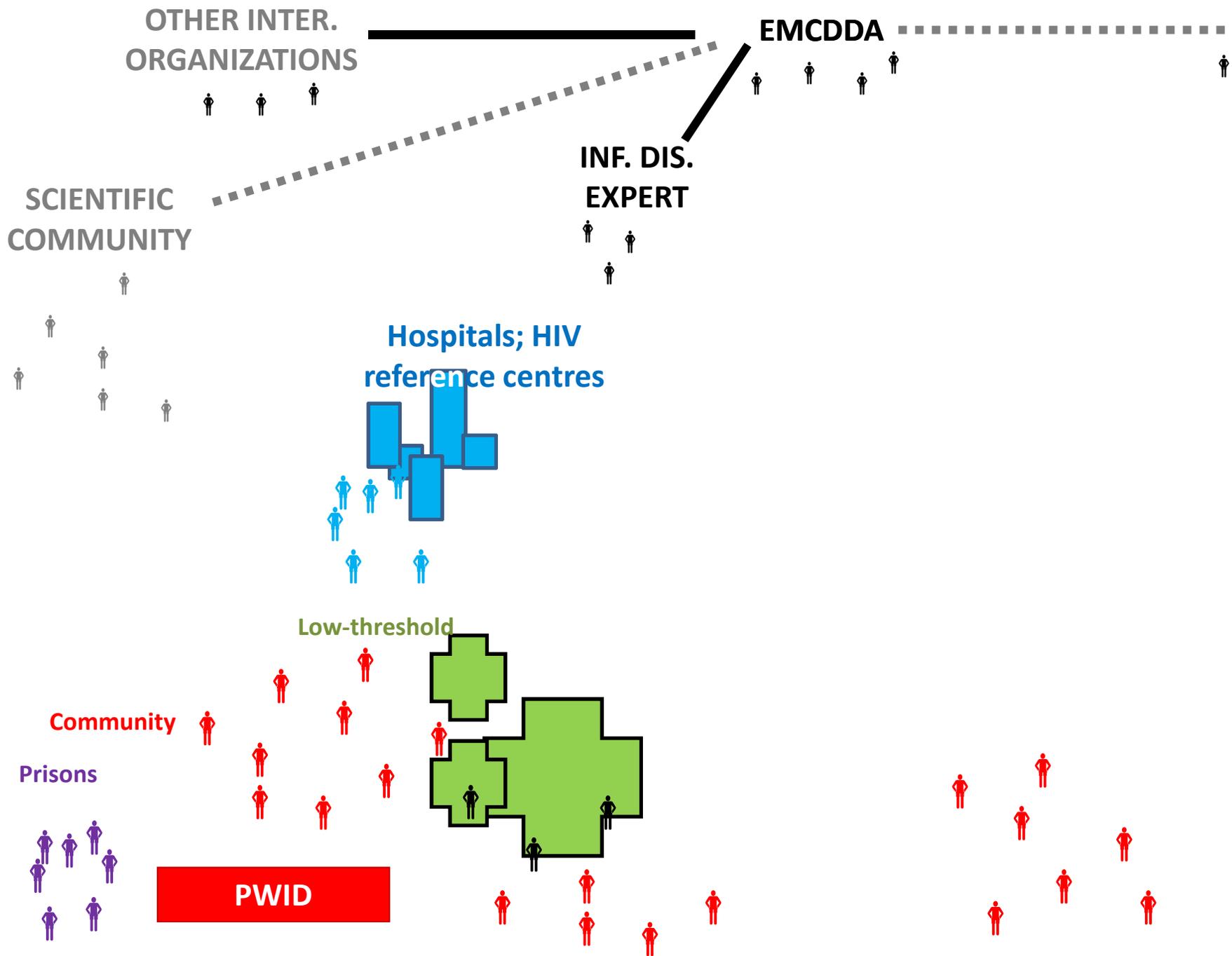


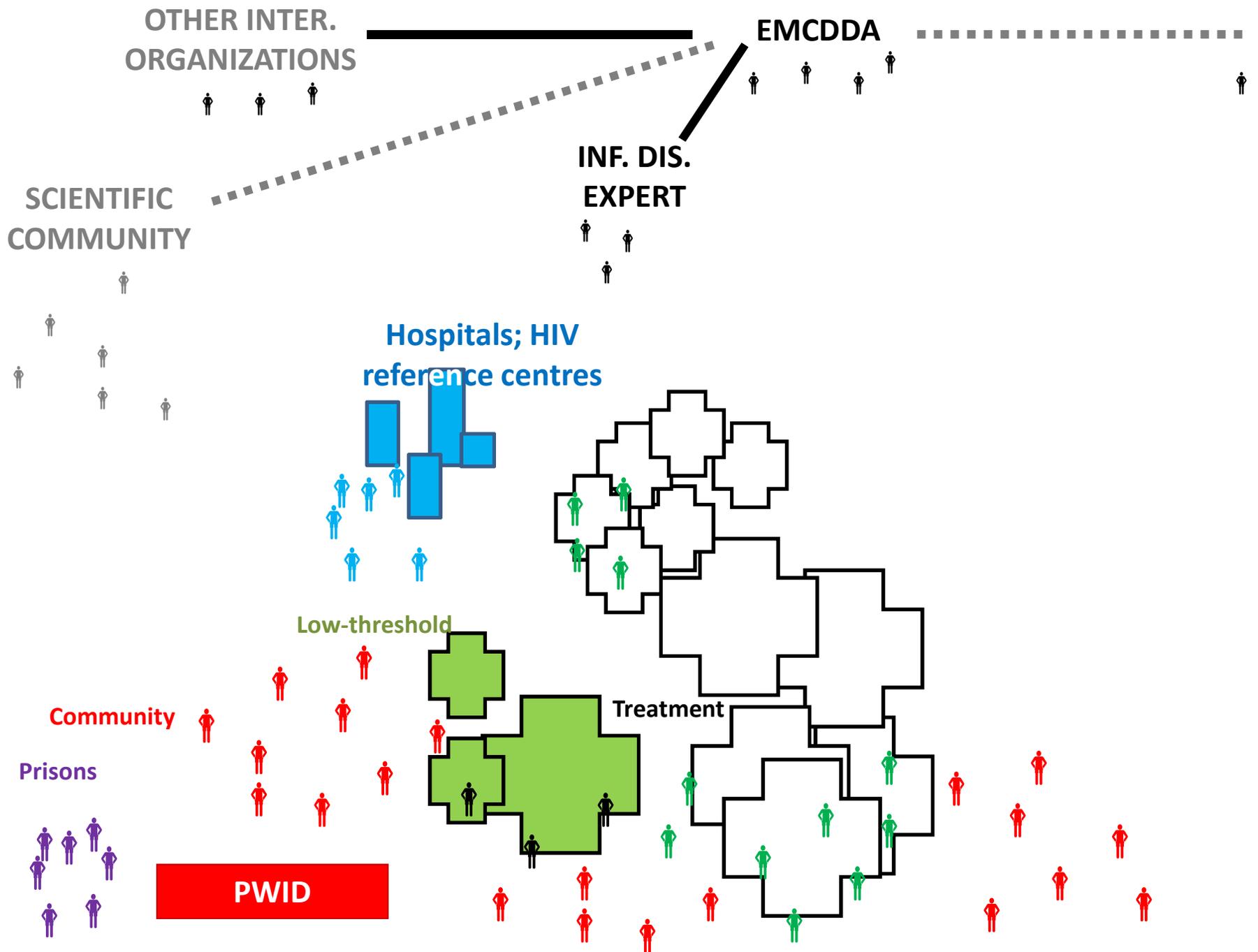
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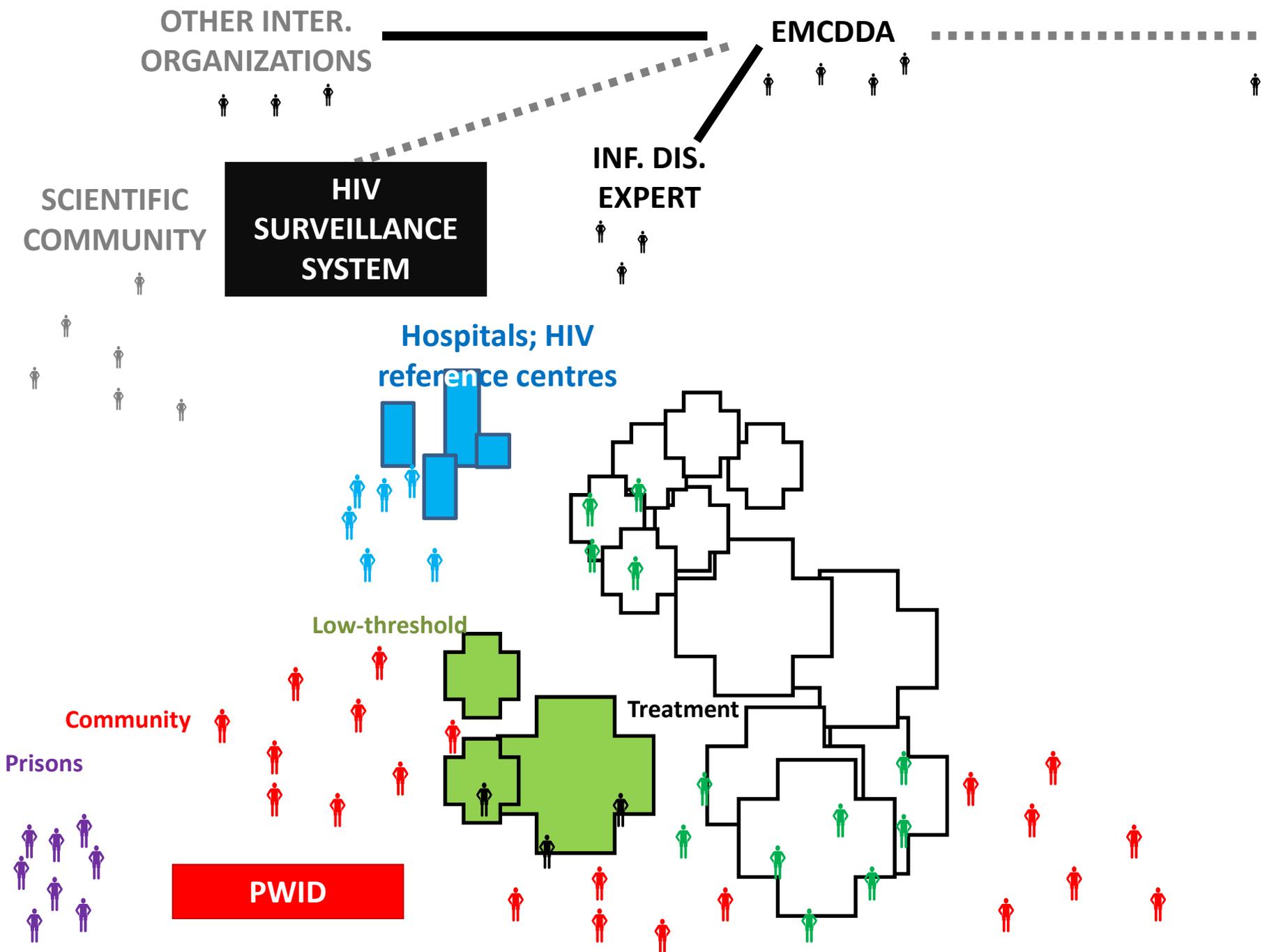


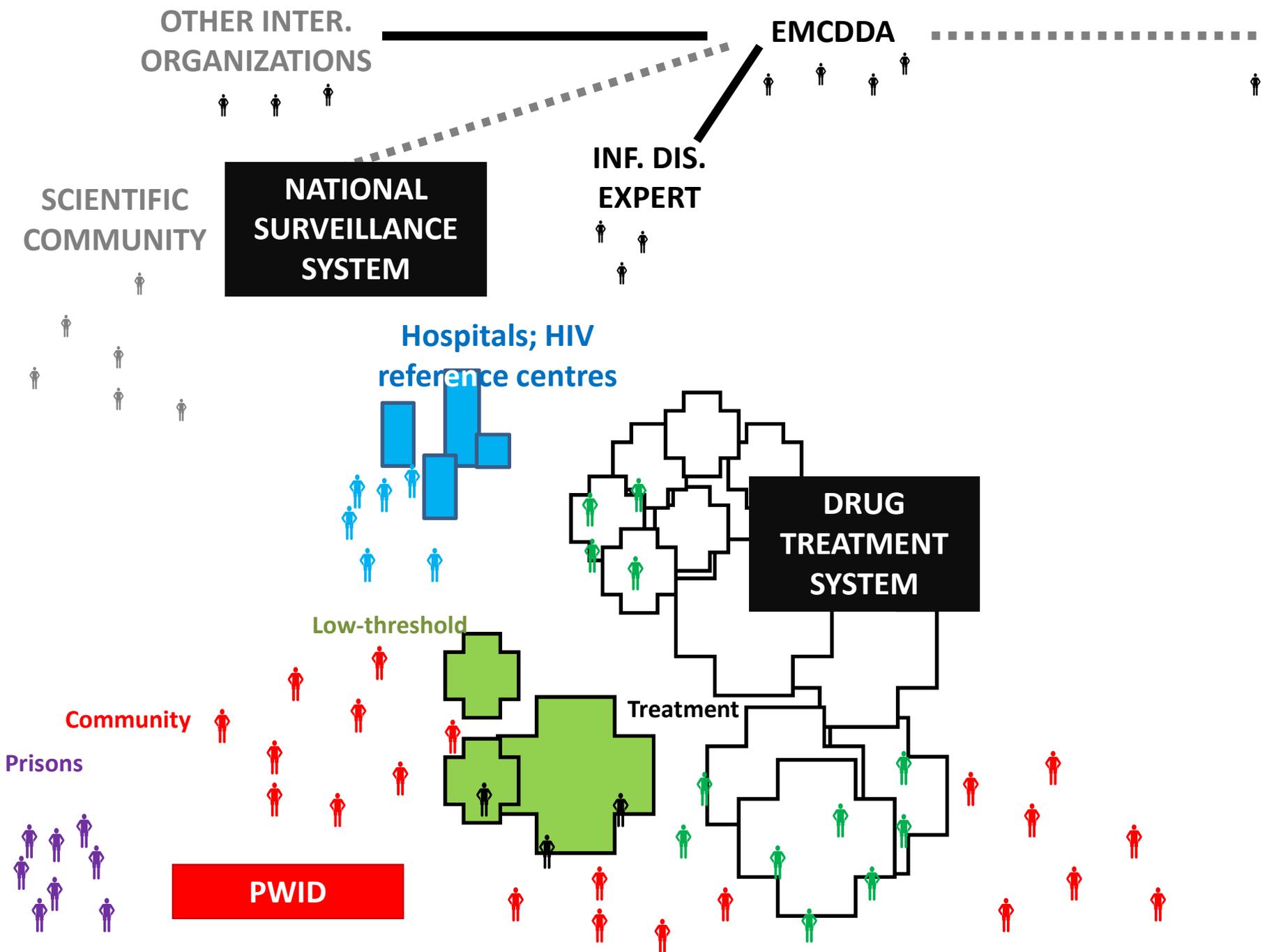


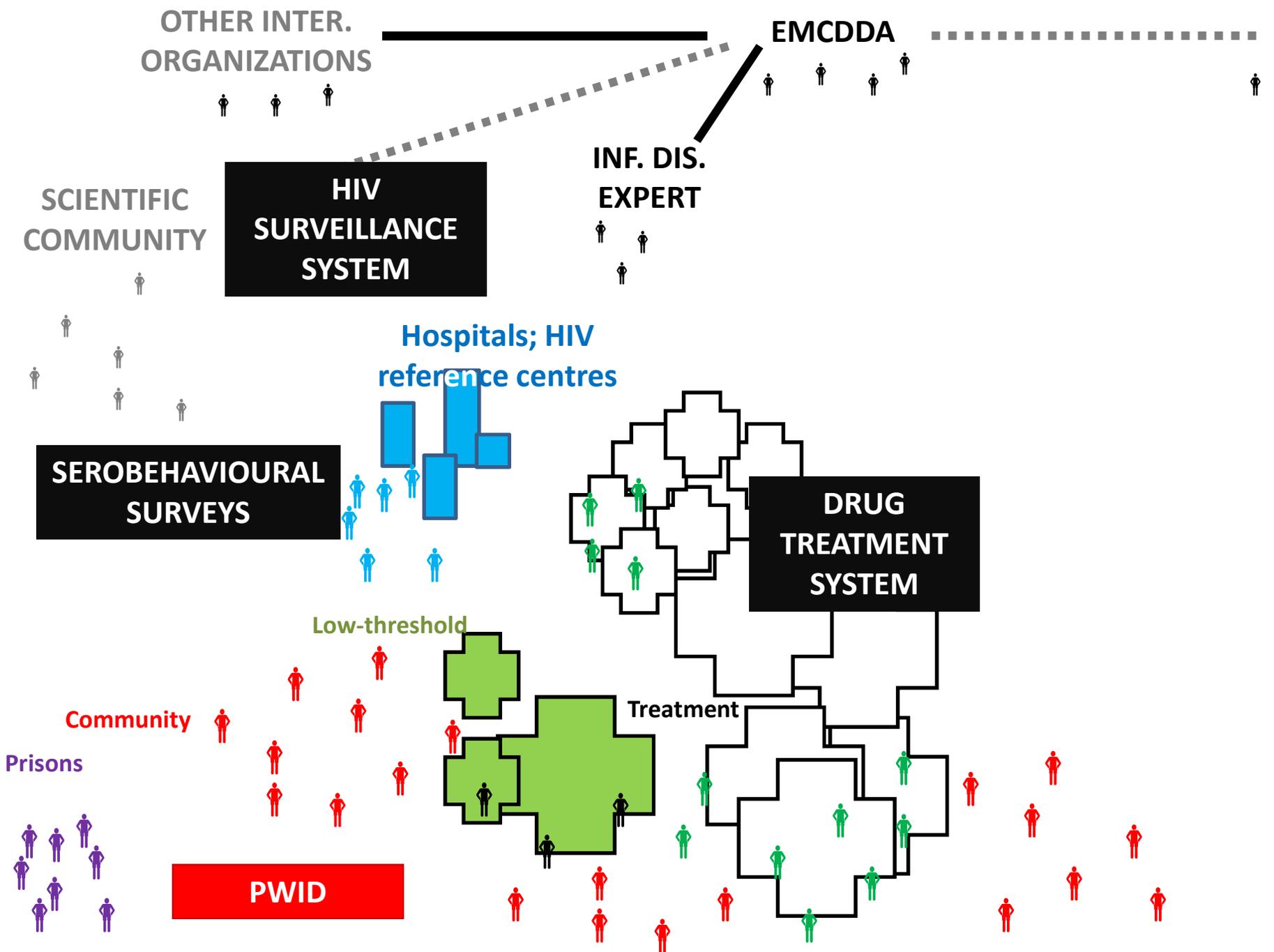


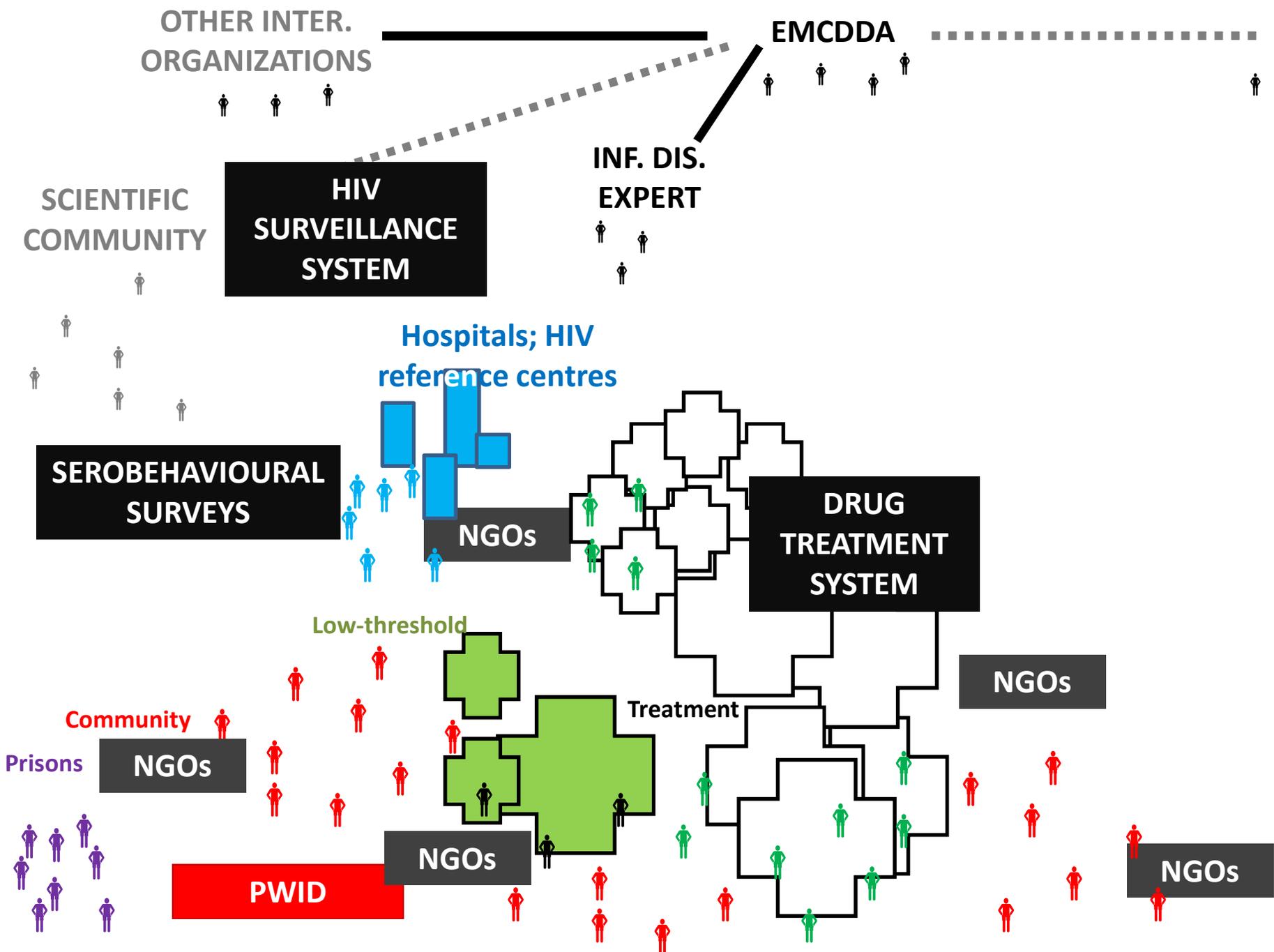


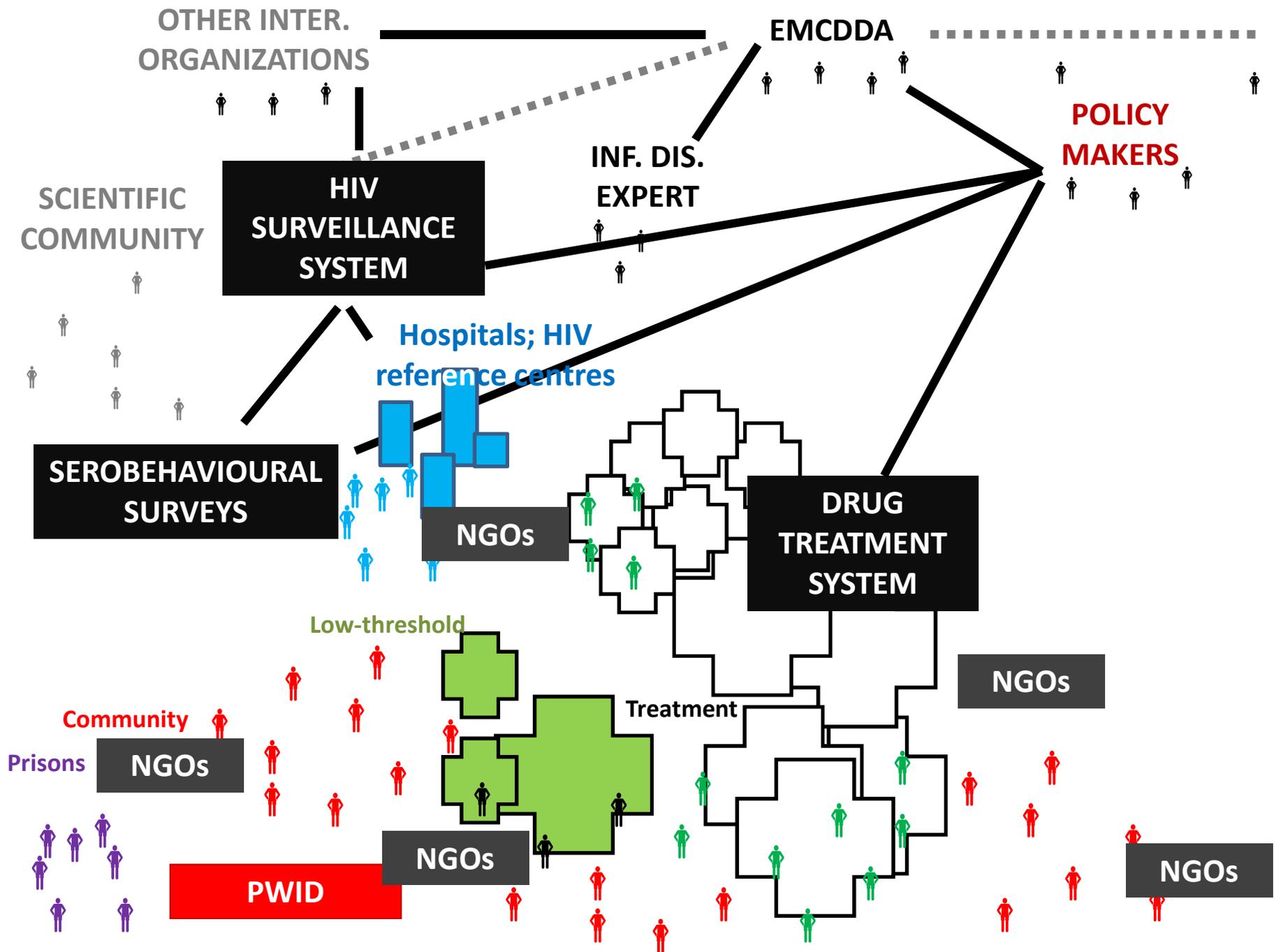


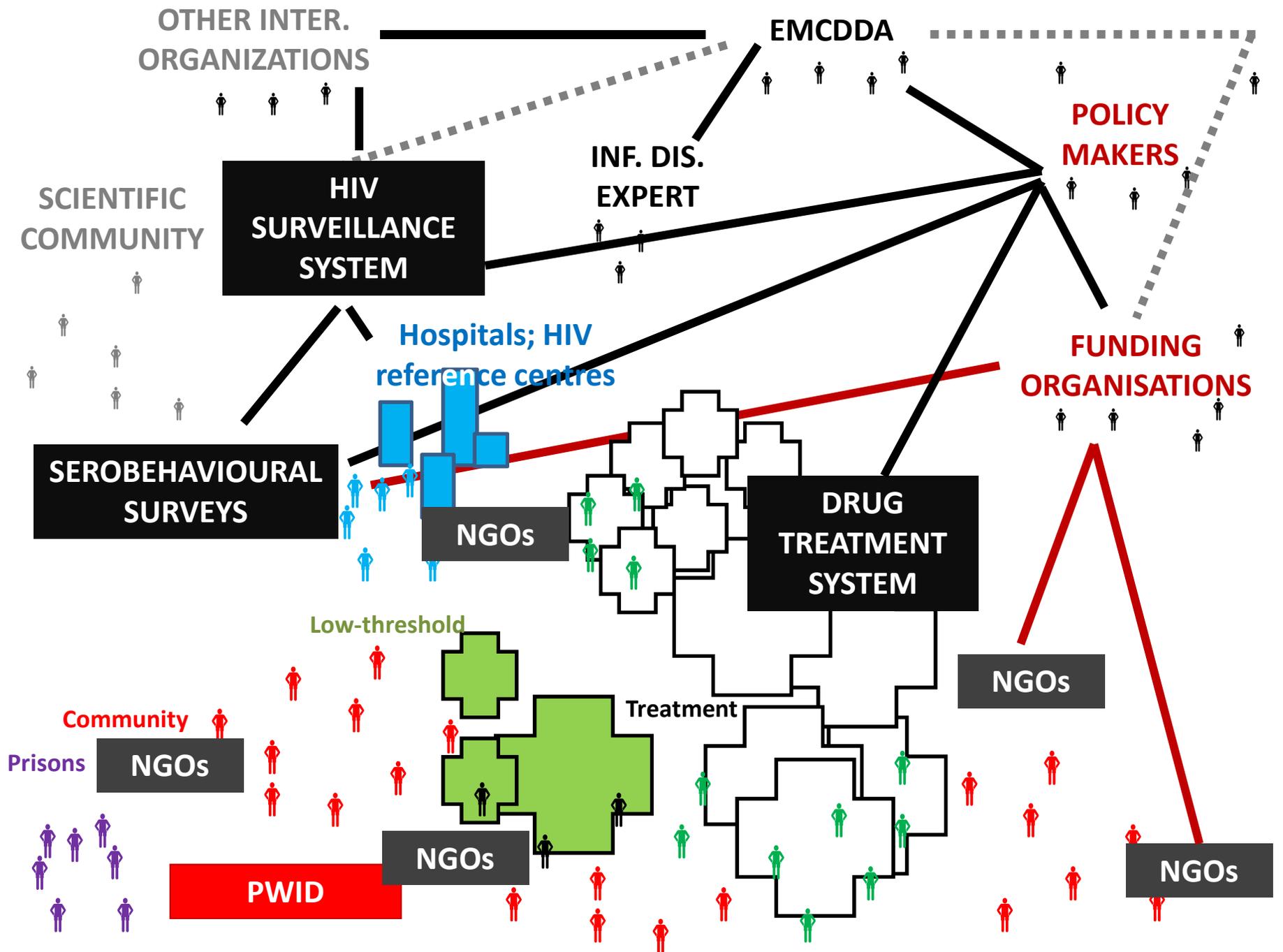


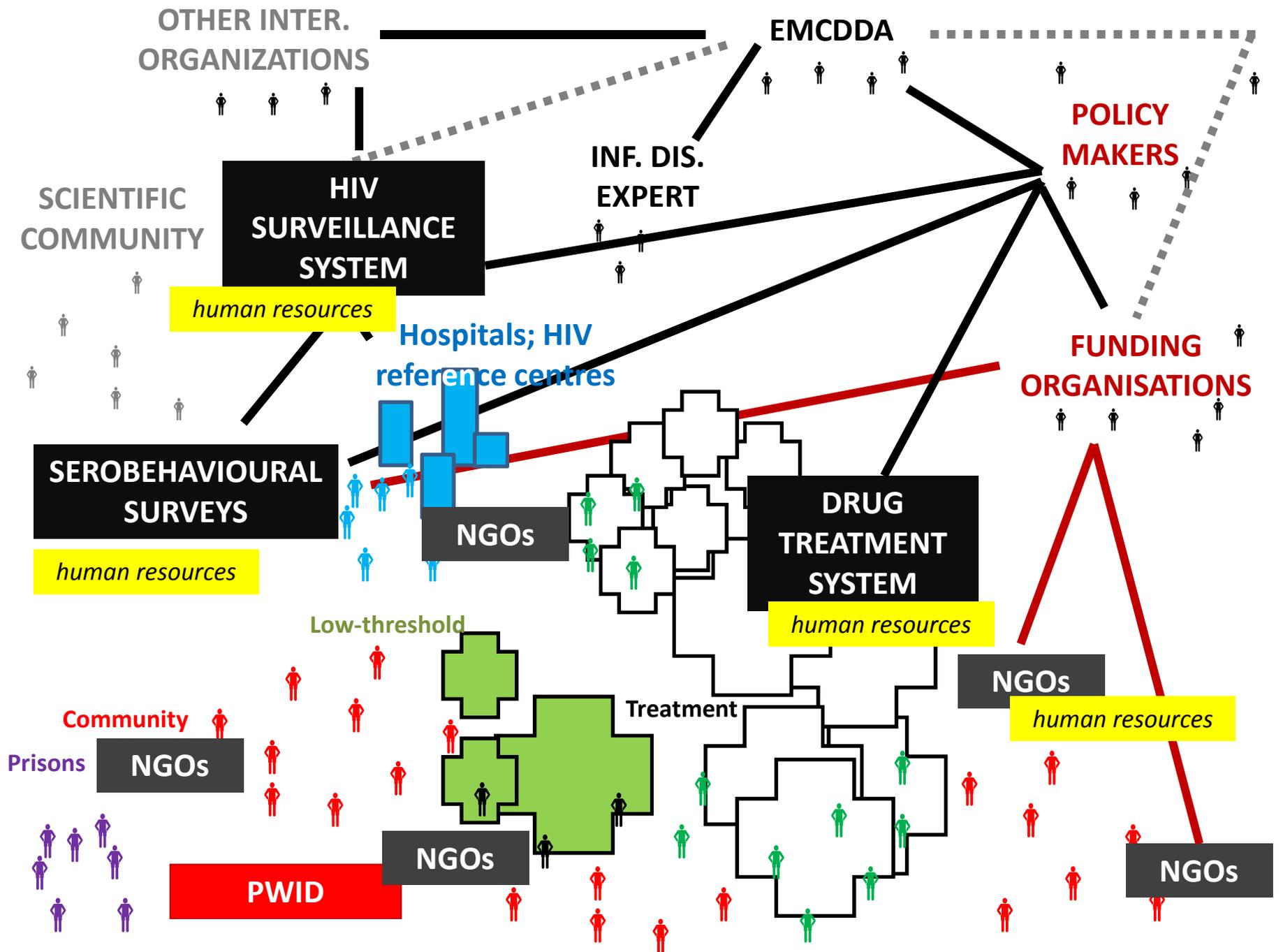














# Who are these people?

| **PWID:** Out-of-treatment; in-treatment; closed settings drug use populations

| **Treatment professionals:** Nurses; social workers; general practitioners; pathologists; psychiatrists; biologists, virologists, etc.; psychologists, sociologists, social anthropologists; and other social scientists

| **Researchers:** Academic researchers; epidemiologists; statisticians; field-work researchers

| Streetworkers

| Prison guardians

| Secretarial/administrative staff

| Focal point personnel

| DRID experts

| Ethical committees

| Policy makers

| Funding institutions

| NGOs

No more than  
2 500 people incl. PWID

# What do they need?

| **PWID:** Out-of-treatment; in-treatment; closed settings drug use populations

- *Explain 'why', 'whom for'*
- *Inform on risks*

| **Treatment professionals:** Nurses; social workers; general practitioners; pathologists; psychiatrists; biologists, virologists, etc.; psychologists, sociologists, social anthropologists; and other social scientists

- *Explain 'why', 'whom for'*
- *Participate in decision-making*
- *Summaries*
- *Snapshot reports*
- *Guidance (e.g. EMCDDA/ECDC)*

| **Researchers,** academic researchers; epidemiologists; statisticians; field-work researchers

- *Scientific papers*
- *Alerts on newly published material*

## My view again

- | appreciate the multiplicity of the actors affected by DRID's implementation
- | take into consideration and address some of their possible needs, and
- | produce a Toolkit that is effectively marketed at the national level

# Implications for the Toolkit

## Planned modules

1. Introduction
2. Indicators
3. Questionnaire / interviewer manual
4. Seroprevalence/serobehavioural surveys: community
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# Implications for the Toolkit

## Planned modules

1. Introduction **NEW – Rationale**
2. Indicators
3. Questionnaire / interviewer manual
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13. Reporting to EMCDDA
- 14. NEW - Reporting back to the stakeholders**

**Thank you**