



European Monitoring Centre
for Drugs and Drug Addiction

European Questionnaire on Drug Use among Prisoners (EQDP)

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Introduction

It is recommended that the model questionnaire on drug use among prisoners should be introduced with an explanation of the aim and objectives of the study, how the results will be used, and a description of the survey's guiding principles, especially with regard to privacy and confidentiality. The introduction should be adjusted according to the preferred method used to administer the questionnaire (e.g. computer-assisted personal interview (CAPI), face-to-face interview, self-administered questionnaire, etc.), to the national language of the prisoner and to her/his educational level (REITOX NFPs, 2013). The methodological specifications annexed to the current questionnaire describe the principles and the guidelines for the survey.

The aim of the questionnaire is to create a basic module of a core set of questions, based on questions already used by several countries in prison. However not all possible questions are included in the European questionnaire and single countries or prisons can add the questions they consider most appropriated and useful at national or local level.

(A) General information

A.1 Date of interview (YYYY/MM/DD)

/_____/____/____/

A.2 Sex

1. male
2. female
8. not stated/refused
9. not known

Methodological specifications

Basic epidemiological information. In face-to-face interview the interviewer will check the answer without asking the question.

A.3 Age (in years)

/_____/

Methodological specifications

Age at the time of the survey.

A.4 What is your nationality?

1. national of this country
2. national of another country (specify_____)
3. other (specify_____)
8. not stated/refused
9. not known

comments/specifications _____

Methodological specifications

If it is not permissible by law to record nationality, this should be specified in the methodological comments at the end of the questionnaire.

A.5 What is your country of birth?

Country: _____

Methodological specifications

If it is not possible to answer questions A.4 and/or A.5 on nationality, please specify what the reasons are and describe them in the methodological comments at the end of the questionnaire.

A.6 What is your legal status?

1. untried detainee
2. sentenced prisoner who has appealed
3. detainee who has not yet received a final sentence, but has started serving their custodial sentence in advance
4. sentenced prisoner
5. other case (specify _____)
8. not stated/refused
9. not known

Methodological specifications

Categories are taken from 'Table 4: Legal status of prison populations on 1st of September 2011', from *SPACE 1* (Aebi and Del Grande, 2011). The categories used in the SPACE report are:

1. Untried: a court decision has not been reached yet.
2. Prisoners who have appealed or who are within the statutory limit for doing so.
3. Detainees who have not received a final sentence yet, but who have started serving a prison sentence in advance.
4. Prisoners with a final sentence; among this group are persons detained for fine conversion reasons (fine defaulters) and persons detained because of the revocation, suspension or annulment of the conditional release or probation.

In cases where the categories are not applicable to the legislation and regulations of a country, please specify this in the methodological specifications for this question.

A.7 How long have you been in prison for the current period of imprisonment?

1. less than six months
2. six months to less than one year
3. one year to five years
4. more than five years
8. not stated/refused
9. not known

Methodological specifications

This refers to the current period of imprisonment.

A.8 How many times have you been in prison, excluding your current imprisonment?

1. never
2. one time
3. two to five times
4. more than five times
8. not stated/refused
9. not known

Methodological specifications

This refers to the number of times the person was in prison prior to this occasion, regardless of her/his legal status.

(B) Drug use outside and inside prison

B.1 Drug use outside prison

It is recommended that this section should be introduced with an explanation of the objective of the survey, and how the information will be used. It is important to be clear about the reference time and place where the drug use took place, for every part of the section.

B.1.1 Outside prison, before your current imprisonment, have you ever used any of the following drugs, even if just once?

Substance groups	Specific substances	B.1.1.1	B.1.1.2	B.1.1.3
		Ever used drug(s) outside prison before current imprisonment	Used drug(s) during the last 12 months outside prison before current imprisonment	Used drug(s) during the last 30 days outside prison before current imprisonment
		1. yes 2. no 8. not stated/refused 9. not known	1. yes 2. no 8. not stated/refused 9. not known	1. yes 2. no 8. not stated/refused 9. not known
Tobacco				
Alcohol				
Cannabis				
Cocaine				
	Powder cocaine HCl			
	Crack cocaine			
	Others (specify)			
Stimulants other than cocaine				
	Amphetamines			
	Methamphetamines			
	Ecstasy			
	Others (specify)			
Hallucinogens				
	Hallucinogenic mushrooms			
	Ketamine			
	LSD			
	Others (specify)			
Opioids				
	Heroin			
	Methadone misused ⁽¹⁾			
	Buprenorphine misused ⁽¹⁾			
	Fentanyl illicit/misused ⁽¹⁾			
	Other opioids (specify)			
Hypnotics/sedatives				
	Barbiturates misused ⁽¹⁾			
	Benzodiazepines misused ⁽¹⁾			
	GHB/GBL			
	Other hypnotics/sedatives misused ⁽¹⁾			
Volatile inhalants/solvents				
New substances imitating the effect of illicit drugs such as cannabis, cocaine, etc.	Specify which substances are imitated			
Anabolic steroids				
Other substances (specify)				
Not known				

Methodological specifications

The substances are based on the list provided in the *Handbook for surveys on drug use among the general population* (EMCDDA, 2002) and the *Treatment demand indicator (TDI): standard protocol 3.0* (EMCDDA, 2012a). Countries should adapt this list of substances to their national language and should also include the street names for drugs that are used in that country. The question should also be adapted to the method used for the interview. 'Substance use' means illicit drug use, with the exception of alcohol

⁽¹⁾ Without a doctor's prescription.

and tobacco. If no information is available on the specific subtype of drug, the broader category of the drugs can be used. A logical sequence of questioning should be followed, and some questions may be skipped — if the inmate has never used any drug in their lifetime the section should be skipped and the questionnaire should continue at section '(D) Health status'. In cases where the broad category of drugs is used, please specify which sub-categories of drugs are included in the broad category.

B.1.2 (Answer this question only if you have ever used drugs, and responded YES to question B1.1.1 for one or more of the listed drugs. Otherwise, go to section B.2.) If your answer to B1.1.2 or B1.1.3 is YES, then logically your answer to B1.1.1 should be YES too.

How old were you (in years) when you first used these drugs?

Substance groups	Specific substances	B.1.2.1 Age at first use of every drug (indicate the age in years: / ___/)
Tobacco		
Alcohol		
Cannabis		
Cocaine		
	Powder cocaine HCl	
	Crack cocaine	
	Others (specify)	
Stimulants other than cocaine		
	Amphetamines	
	Methamphetamines	
	Ecstasy	
	Others (specify)	
Hallucinogens		
	Hallucinogenic mushrooms	
	Ketamine	
	LSD	
	Others (specify)	
Opioids		
	Heroin	
	Methodone misused ⁽²⁾	
	Buprenorphine misused ⁽¹⁾	
	Fentanyl illicit/misused ⁽¹⁾	
	Other opioids (specify)	
Hypnotics/sedatives		
	Barbiturates misused ⁽²⁾	
	Benzodiazepines misused ⁽²⁾	
	GHB/GBL	
	Other hypnotics/sedatives misused ⁽²⁾	
New substances imitating the effect of illicit drugs such as cannabis, cocaine, etc.	Specify which substances are imitated	
Volatile inhalants/solvents		
Anabolic steroids		
Other substances (specify)		
Not known		

Methodological specifications

See methodological specifications on drug use from question B.1.1.

Indicate the age in years for all drugs you have ever used, even if you have only used them once.

⁽²⁾ Without a doctor's prescription.

B.1.3 (Answer this question only if you have been in prison (for your current imprisonment) for less than one year (question A7=1 or A7=2) AND you answered YES to one or more of the listed drugs listed in B1.1.3. Otherwise, go to question B.2.)

How often did you use drugs outside prison in the last 30 days before your current imprisonment?

Substance groups	Specific substances	1. 1–3 days in the last 30 days	2. 4–9 days in the last 30 days	3. 10–19 days in the last 30 days	4. 20 days or more in the last 30 days	8. not stated/refused	9. not known	10. not used
Tobacco								
Alcohol								
Cannabis								
Cocaine								
	Powder cocaine HCl							
	Crack cocaine							
	Others (specify)							
Stimulants other than cocaine								
	Amphetamines							
	Methamphetamines							
	Ecstasy							
	Others (specify)							
Hallucinogens								
	Hallucinogenic mushrooms							
	Ketamine							
	LSD							
	Others (specify)							
Opioids								
	Heroin							
	Methadone misused ⁽³⁾							
	Buprenorphine misused ⁽³⁾							
	Fentanyl illicit/misused ⁽³⁾							
	Other opioids (specify)							
Hypnotics/Sedatives								
	Barbiturates misused ⁽³⁾							
	Benzodiazepines misused ⁽³⁾							
	GHB/GBL							
	Other hypnotics/sedatives misused ⁽³⁾							
Volatile inhalants/solvents								
New substances imitating the effect of illicit drugs such as cannabis, cocaine, etc.	Specify which substances are imitated							
Anabolic steroids								
Other substances (specify)								
Not known								

Methodological specifications

See methodological specifications on drug use for questions B.1.1 and B.1.2.

A logical sequence of questioning should be followed, and some questions may be skipped — if the inmate has never used any drug in their lifetime the section should be skipped and the questionnaire should continue at section '(D) Health status'. In cases where the broad category of drugs is used, please specify which sub-categories of drugs are included in the broad category.

⁽³⁾ Without a doctor's prescription.

B.2 Drug use inside prison

It is recommended that an introduction should be provided to this section, making clear the reference time for the questions. The question asks about experience with drug use in the lifetime of the prisoners *within* the prison premises, either during the current imprisonment or during a previous imprisonment, either in her/his own country or abroad. The question asks whether respondents have ever used drugs in *any prison* (B.2.1.1), and during their current imprisonment (B.2.1.2). If the respondent has used drugs inside prison in the current imprisonment, it asks if the drug use occurred in the last 12 months or the last 30 days) (B.2.1.3 and B.2.1.4).

B.2.1 During the time you have been *in prison during your current imprisonment and/or during a previous imprisonment (in your own country or abroad)*, have you ever used any of the following drugs, even if just once?

Substance groups	Specific substances	B.2.1.1	B.2.1.2	B.2.1.3	B.2.1.4
		Ever used <i>in any prison</i> 1. yes 2. no 8. not stated/refused 9. not known	Ever used in the current imprisonment 1. yes 2. no 8. not stated/refused 9. not known	Used during the last 12 months in the current imprisonment 1. yes 2. no 8. not stated/refused 9. not known	Used during the last 30 days in the current imprisonment 1. yes 2. no 8. not stated/refused 9. not known
Tobacco					
Alcohol					
Cannabis					
Cocaine	Powder cocaine HCl				
	Crack cocaine				
	Others (specify)				
Stimulants other than cocaine	Amphetamines				
	Methamphetamines				
	Ecstasy				
	Others (specify)				
Hallucinogens	Hallucinogenic mushrooms				
	Ketamine				
	LSD				
	Others (specify)				
Opioids	Heroin				
	Methodone misused ^(†)				
	Buprenorphine misused ^(†)				
	Fentanyl illicit/misused ^(†)				
	Other opioids (specify)				
Hypnotics/sedatives	Barbiturates misused ^(†)				
	Benzodiazepines misused ^(†)				
	GHB/GBL				
	Other hypnotics/sedatives misused ^(†)				
New substances imitating the effect of illicit drugs such as cannabis, cocaine, etc.	Specify which substances are imitated				
Volatile inhalants/solvents					
Anabolic steroids					
Other substances (specify)					
Not known					

Methodological specifications

See methodological specifications on drug use from previous questions. A logical sequence of questioning should be followed, and some questions may be skipped — if the prisoner has never used any drug inside prison this section should be omitted and the questionnaire should continue at section '(C) Drug injecting and other health risk behaviours'. The answers to questions B.2.1.3 and

^(†) Without doctor's prescription

B.2.1.4 are not applicable (NA) if a prisoner has been in prison during the current imprisonment for less than 12 months (answers 1 or 2 to question A.7) or less than 30 days (answer 1 to question A.7). In cases where the broad category of drugs is used, please specify which sub-categories of drugs are included in the broad category.

B.2.2 (Answer this question only if you have ever used drugs inside prison during the current imprisonment or in another prison, whether in your own country or abroad, and have responded YES to B.2.1.1 and/or B.2.1.2.). Otherwise go to section C

Did you first use these drugs while you were inside prison ('inside prison' means both your current and any previous imprisonment)?

Substance groups	Specific substances	B.2.2.1 First use inside prison (during current or previous imprisonment) 1. yes 2. no 8. not stated/refused 9. not known
Tobacco		
Alcohol		
Cannabis		
Cocaine	Powder cocaine HCl	
	Crack cocaine	
	Others (specify)	
Stimulants other than cocaine	Amphetamines	
	Methamphetamines	
	Ecstasy	
	Others (specify)	
Hallucinogens	Hallucinogenic mushrooms	
	Ketamine	
	LSD	
	Others (specify)	
Opioids	Heroin	
	Methadone misused ⁽⁵⁾	
	Buprenorphine misused ⁽⁵⁾	
	Fentanyl illicit/misused ⁽⁵⁾	
	Other opioids (specify)	
Hypnotics/sedatives	Barbiturates misused ⁽⁵⁾	
	Benzodiazepines misused ⁽⁵⁾	
	GHB/GBL	
	Other hypnotics/sedatives misused ⁽⁵⁾	
Volatile inhalants/solvents		
New substances imitating the effect of illicit drugs such as cannabis, cocaine, etc.	Specify which substances are imitated	
Anabolic steroids		
Other substances (specify)		
Not known		

Methodological specifications

See methodological specifications on drug use from questions B.1.1 and B.1.2.

⁽⁵⁾ Without a doctor's prescription.

B.2.3 (Answer this question only if you have used any drug in the last 30 days inside prison during your current imprisonment, and have answered YES to question B.2.1.4 for one or more of the listed drugs. Otherwise, go to section C.)

How often have you used drugs in the last 30 days inside prison during your current imprisonment?

Substance groups	Specific substances	1. daily	2. 2-6 days per week	3. once a week or less	4. not used in the last 30 days	8. not stated/refused	9. not known
Tobacco							
Alcohol							
Cannabis							
Cocaine							
	Powder cocaine HCl						
	Crack cocaine						
	Others (specify)						
Stimulants other than cocaine							
	Amphetamines						
	Methamphetamines						
	Ecstasy						
	Others (specify)						
Hallucinogens							
	Hallucinogenic mushrooms						
	Ketamine						
	LSD						
	Others (specify)						
Opioids							
	Heroin						
	Methadone misused ⁽⁶⁾						
	Buprenorphine misused ⁽⁶⁾						
	Fentanyl illicit/misused ⁽⁶⁾						
	Other opioids (specify)						
Hypnotics/sedatives							
	Barbiturates misused ⁽⁶⁾						
	Benzodiazepines misused ⁽⁶⁾						
	GHB/GBL						
	Other hypnotics/sedatives misused ⁽⁶⁾						
New substances imitating the effect of illicit drugs such as cannabis, cocaine, etc.	Specify which substances are imitated						
Volatile inhalants/solvents							
Anabolic steroids							
Other substances (specify)							
Not known							

Methodological specifications

The question refers to the 30 days prior to the interview, regardless of whether the interviewee has been in prison for less than one month.

See also methodological specifications on drug use from previous questions.

In cases where the broad category of drugs is used, please specify which sub-categories of drugs are included in the broad category.

⁽⁶⁾ Without a doctor's prescription.

(C) Drug injecting and other health risk behaviours

C.1 Have you ever injected any drug (for non-medical purpose), even if just once, outside prison, or inside prison during your current imprisonment?

	C.1.1 Outside prison		C.1.2 Inside prison during the current imprisonment	
	C.1.1.1 Ever injected	C.1.1.2 Injected during last 30 days ⁽⁷⁾	C.1.2.1 Ever injected	C.1.2.2 Injected during last 30 days ⁽⁸⁾
1. yes				
2. no				
8 not stated/ refused				
9. not known				

Methodological specifications

If the answer is yes to at least one of the four questions, continue with question C.2. Otherwise, go to section D.

C.2 (Answer this question only if, during your current imprisonment, you have ever injected/currently inject any drug, and have answered YES to questions C1.2.1 and/or C.1.2.2. Otherwise, go to section D.)

During your current imprisonment, if you have injected drugs, have you shared needles/syringes or other tools used to inject drugs, even if just once?

	C.2.1 Needles/syringes	C.2.2 Spoon/cooker, filter, cotton, acid/lemon juice, rinse water, etc.
1. yes		
2. no		
8 not stated/refused		
9. not known		

Methodological specifications

The question refers to illicit drug use using an injection during the current imprisonment.

⁽⁷⁾ For people who have been in prison for less than one month.

⁽⁸⁾ For people who have been in prison for at least one month.

(D) Health status

D.1 Have you ever had an HIV blood test outside and/or inside prison?

	D.1.1 Outside prison	D.1.2 Inside prison during the current imprisonment	D.1.3 Inside another prison
1. never tested			
2. ever tested, results positive			
3. ever tested, results negative			
4. ever tested, results unknown			
8. not stated/refused			
9 not known			

Methodological specifications

The answer should be based on what is reported by the prisoner and not on tests results. Answers should be provided for all settings: outside prison, inside prison during current imprisonment and inside another prison.

D.2 Have you ever had a hepatitis B virus blood test outside and/or inside prison?

	D.2.1 Outside prison	D.2.2 Inside prison during the current imprisonment	D.2.3 Inside another prison
1. never tested			
2. ever tested, vaccinated or past hepatitis B			
3. ever tested, active/chronic hepatitis B confirmed			
4. ever tested, negative (no past hepatitis B, not vaccinated, no chronic)			
5. ever tested, results unknown			
8. not stated/refused			
9. do not known			

Methodological specifications

The answer should be based on what is reported by the prisoner.

Answers should be provided for all settings: outside prison, inside prison during current imprisonment and inside another prison.

When answering the question, please bear in mind the following points, according to the information that is available for the prisoner:

Answer 2. The prisoner is immune against the hepatitis B virus. That means she/he is protected against hepatitis B, and cannot be infected or infect others. That can happen if the patient is sufficiently vaccinated ('positive' or 'reactive' for hepatitis B surface antibody — HBsAb = anti-HBs) or if she/he has recovered from a past acute hepatitis B infection (positive HBcAb and positive HBsAb).

Answer 3. The prisoner has been infected by hepatitis B and now she/he has a chronic disease and she/he can infect others. The blood test found hepatitis B core antibody (HBcAb) and HBsAg (hepatitis B surface antigen = virus presence).

4. The prisoner is not immune, so she/he has not protection against hepatitis B, consequently she/he can become infected.

D.3 Have you ever had a hepatitis C virus blood test outside and/or inside prison?

	D.3.1 Outside prison	D.3.2. Inside prison during the current imprisonment	D.3.3 Inside prison during an earlier imprisonment
1. never tested			
2. ever tested, results positive			
3. ever tested, results negative			
4. ever tested, results unknown			
8. not stated/refused			
9. do not known			

Methodological specifications

The answer should be based on what is reported by the prisoner. Answers should be provided for all settings: outside and inside prison.

D.4 How many times in the last 12 months have you visited a doctor or treatment centre for mental or emotional problems?

	D.4.1 Outside prison	D.4.2 Inside prison during the current imprisonment
1. none		
2. once		
3. twice		
4. more than twice		
8. not stated/refused		
9. do not knows		

Methodological specifications

The answer should be based on what is reported by the prisoner. If no service has been visited, go to question D.6.

D.5 *(Answer this question if you have visited a doctor and/or a treatment centre for mental and emotional problems, and answered 2, 3 or 4 to question D.4. Otherwise, go to question D6.)*

Have you been prescribed any medication for mental or emotional problems in the last 12 months?

	D.5.1 Outside prison	D.5.2 Inside prison during the current imprisonment
1. yes		
2. no		
8. not stated/refused		
9. not known		

Methodological specifications

The answer should be based on what is reported by the prisoner.

D.6 Have you ever had a drug overdose that required professional intervention (by a physician, nurse, ambulance)?

	D.6.1 Outside prison	D.6.2 Inside prison during the current imprisonment
1. yes, related to opioids	N° of times /____/	N° of times /____/
2. yes, related to other drugs Specify: _____	N° of times /____/	N° of times /____/
3. no		
8. not stated/refused		
9. not known		

Methodological specifications

The answer should be based on what is reported by the prisoner. If no overdose is reported, please go to section E.

For this study, overdose is defined as 'an incident occurring shortly after consumption of one or more illicit psychoactive drugs, and directly related to this consumption, which was serious enough to require some medical intervention or rescue'.

Opioids may include heroin, methadone, codeine, morphine, buprenorphine and other prescription opioids.

D.7 (Answer this question only if you have ever overdosed and responded 1 or 2 to question D.6. Otherwise, go to section E.)

When was your last overdose?

/____/ years ago

/____/ months ago

D.8 (Answer this question only if you have ever overdosed, and responded 1 or 2 to question D.6. Otherwise, go to section E.)

Think back to when you last overdosed on drugs. Where were you when you had the first symptoms?

1. inside this or another prison
2. outside prison
3. on prison leave
4. after had been released from a previous imprisonment
 - 4.1 /____/ days after prison release
8. not stated/refused
9. not known

Methodological specifications

The answer should be based on what is reported by the prisoner. The question refers to the most recent drug overdose.

(E) Use of health and drug services

E.1 Have you ever attended or are you currently attending a drug treatment programme?

	E.3.1 Opioid Substitution Treatment (e.g. methadone or buprenorphine)			E.3.2 Drug Treatment other than opioid substitution treatment		
	<i>Outside prison</i>	<i>Inside prison during the current imprisonment</i>	<i>Inside prison during previous imprisonment(s)</i>	<i>Outside prison</i>	<i>Inside prison during the current imprisonment</i>	<i>Inside prison during previous imprisonment(s)</i>
1. yes, in the past						
2. yes, currently	<i>Not applicable</i>			<i>Not applicable</i>		
3. no						
8 not stated/refused						
9. not known						

Methodological specifications

For prisoners who have attended a treatment programme that included both opioid substitution treatment and another drug treatment, please answer yes to both types of treatment.

E.2 Do you have access to the following services in this prison, if you wish to use them?

Type of services	Specific interventions	1. Always	2. Sometimes	3. No access	4. Not available	8. Not stated/refused	9. Do not know
Health check-up on prison entry							
Opioid substitution treatment							
Drug treatment other than opioid substitution treatment	Detoxification						
	Counselling						
	Others (specify)						
Interventions targeting infectious diseases	Screening						
	Hepatitis B vaccination						
	Hepatitis C treatment						
	HIV treatment						
	Others (specify)						
Distribution of sterile material for injection	Sterile syringes/ needles						
	Other sterile material						
	Disinfecting tablets/ bleach						
Overdose prevention							
Free condoms							

Methodological specifications

'Overdose prevention' might include educating drug users about: the risk of polydrug use; the very high risk of overdose in the days just after release; other risk factors of overdose; how to prevent drug overdose; how to recognise the signs of and how to manage an overdose; naloxone provision, etc. (EMCDDA, 2011). Counselling and low-intensity treatment in prison are described in detail in the 2012 EMCDDA *Selected issue* on drugs and prison (EMCDDA, 2012b).

E.3 (Answer this question if you have attended/are currently attending drug treatment, and answered 1 and/or 2 to questions E.1 and/or E2.)

Did you start your current drug treatment outside or inside prison?

	E.3.1 Opioid Substitution Treatment (e.g. methadone or buprenorphine)	E.3.2 Drug other than Opioid Substitution Treatment
1. initiated in prison		
2. initiated outside prison and continued in prison		
3. initiated outside prison and interrupted in prison		
8. not stated/refused		
9. not known		

Methodological specifications

The answer should be based on what is reported by the prisoner.

Also consider adding the following questions: unprotected sex; gambling; suicide attempts (add this after the question about seeking help in relation to mental health problems); tattoos and/or piercing (outside and inside prison).

(F) Methodological comments

Indicate any methodological or contextual comments necessary to understand one or more of the answers to the questions above. Please refer to the question number and, if necessary, to the specific answer concerned.

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

Question n. _____

Answer n. _____

References

Aebi, M. and Del Grande, N. (2011), *SPACE 1: Council of Europe annual penal statistics*, Council of Europe, Strasbourg (www.coe.int/t/dghl/standardsetting/prisons/space_i_en.asp).

EMCDDA (2002), *GPS protocol: handbook for surveys on drug use among the general population*, EMCDDA project CT.99.EP.08 B, EMCDDA, Lisbon (www.emcdda.europa.eu/themes/key-indicators/gps).

EMCDDA (2011), *Selected issue 2011: Mortality related to drug use in Europe: public health implications*, EMCDDA, Lisbon (www.emcdda.europa.eu/publications/selected-issues/mortality).

EMCDDA (2012a), *Treatment demand indicator (TDI): standard protocol 3.0*, EMCDDA, Lisbon (www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0).

EMCDDA (2012b), *Selected issue 2012: Prisons and drugs in Europe: the problem and responses*, EMCDDA, Lisbon (www.emcdda.europa.eu/publications/selected-issues/prison).

REITOX NFPs (2013), *Questionnaires and related documents provided by NFPs*, EMCDDA, Lisbon (www.emcdda.europa.eu/topics/prison) (internal document)

Annex

Methodological specifications Principles and guidelines

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Introduction

Conducting surveys in a prison setting is a difficult task. The specific environment where the survey is conducted and the profile of the potential interviewees pose drawbacks in the development of the fieldwork and limit the methodological aspects of the study.

Some methodological aspects are described below as principles and recommendations to be followed when conducting a survey in prison. Their objective is to guarantee a high level of quality when conducting the research and to increase the comparability of the data across countries in the research management. Another objective is to ensure high ethical standards are maintained in the studies, due to the special conditions of the target population.

A range of European Monitoring Centre for Drugs and Drug Addition (EMCDDA) and international (United Nations and World Health Organization) tools have been used as methodological and theoretical reference to draft these guidelines, including: the *Handbook for surveys on drug use among the general population* (EMCDDA, 2002), the *Treatment demand indicator (TDI): standard protocol 3.0* (EMCDDA, 2012a) and the 'Drug Related Infectious Diseases (DRID) Guidance module' (<http://www.emcdda.europa.eu/themes/key-indicators/drid>). United Nations (UN) and World Health Organization (WHO) guidelines on drugs and prison were also taken into consideration (WHO, 2005, 2009, 2010).

Principles

Some general principles should be considered when establishing and implementing a survey on drugs and prison; those principles should be common at the European level, as agreed in the methodological framework for monitoring drugs and prison in Europe (Council of the European Union, 2013).

Aim

The information on drugs and prison is to be collected from a public health perspective, and should not focus on the principle of control. The public health perspective should be the driving force for gathering any type of information in the context of the survey on drugs and prison. The aim is to collect information that can be used to improve health, social services and facilities for prisoners and ultimately improve the physical, psychological and social conditions of prisoners; this should improve the health of the whole community.

Survey management

The institutions and state administrations responsible for health at the national level (usually the Ministry of Health) should be involved in the management of the research, if possible taking the lead on the survey's organisation and on the assignment of tasks; the same institution should also be in charge of the survey's funding and coordinate the analysis and the use of the results. The judicial and penitentiary administration system should support the survey's implementation and the fieldwork. Incentives for participating in the study may be used in the same way as when conducting surveys in the general population. The survey should be carried out by institutions that are independent of the prison setting and known for their high scientific and professional standards (Council of Europe, 2006).

Existing tools

When establishing a survey that will be implemented in a prison setting, it is advisable to consider existing tools rather than to develop new tools, if possible, in order to harmonise with the European guidelines and thereby obtain added value both at the national and European level. It is also advisable to adapt existing national tools and harmonise them with the European guidelines, to increase their added value. If tools for data collection do not exist at the national or local level, they should be built considering the European guidelines.

Minimum core data-set

The proposed questionnaire is a European minimum core data-set that should be common for all European countries, to ensure harmonisation and comparison. Countries can expand their own survey with additional items to cover national or local information needs.

Methodological guidelines

The questionnaire is complemented by these methodological guidelines for data collection and reporting. The methodological guidelines aim to guarantee high quality in the collected information and comparability between countries, and to ensure that high ethical standards are applied. Additional national guidelines and/or more extensive instructions and rules for implementing the survey and fieldwork manuals can be produced, according to national or local needs and requirements.

Questionnaire/data collection form

The tool published with the current methodological guidelines is a European Questionnaire on Drug use among Prisoners (EQDP). Countries are invited to use the questionnaire in prison to collect information on drug use among prisoners. The objective of having a common questionnaire is to obtain the same information in every country; the information that is collected will be based on harmonised definitions, and the way the questions are formulated and the guidelines to implement them should be the same. Nevertheless, every country can adapt the questionnaire to its national language. As indicated above, additional items can be included for national or local purposes.

Triangulation of sources

The data collected through surveys in prisons have several limitations related to the specificity of the setting and the sensitive nature of the subject being studied (drugs). It is therefore important to triangulate the survey's results with other information sources, which may come from other studies, routine data collection and other unofficial information sources (Carpentier et al., 2012).

Terminology

Particular attention should be paid to terminology, both in the questionnaire and in the methodological guidelines adapted to the national context. The language used in the questionnaire should consider the specificity of the prison's environment. The language should be understandable and adapted to the cultural and educational level of the prisoners, and should be written in their spoken language (which might differ from the official language of the country where the prisons are located). In some countries the majority of prisoners are foreigners, and the questionnaire may need to be translated and/or interpreted. Particular attention should also be paid to the translation from English to national languages, in order to retain the exact meaning of the formulation proposed in the European questionnaire and ensure the harmonisation of the data.

Ethical issues

Collecting data in prison settings is a sensitive issue, and ethical principles should be carefully considered at every phase of the survey. High ethical standards should be set before the survey starts and maintained during its implementation. The survey should be carried out in a way that promotes its potential benefits for the prisoners. The prisoners should be informed about the aim of the survey, they should provide verbal and written consent for their participation and they should be informed about how it will be managed and how its results will be used. The survey should not be used to attempt to change the prisoner's drug use patterns, or to influence them in any way — the only goal of the survey must be to collect information for monitoring, statistical and research purposes. This should be made clear to prisoners and to the prison administration before the study starts.

International rules of confidentiality and data protection, and guidelines for respecting prisoners' rights, including human rights, must be followed. In particular, the following two international guidelines should be considered to be reference points when implementing the survey: (1) the UN publication *Human rights and prisons: a pocketbook of international human rights standards for prison officials* (United Nations, 2005); and (2) the WHO guide *Health in prisons: a WHO guide to the essentials in prison health* (WHO, 2007). These guidelines should be read and taken into consideration when implementing research and surveys in prison settings. Furthermore, principles for conducting medical research in a way that respects the health of the survey participants should be followed (Council of Europe Committee of Ministers, 1993). All people and institutions involved should be informed and be aware of these principles and rules, including the interviewers, the prison staff, the prisoners and all subjects involved in the survey (United Nations, 1990, 2005; WHO, 2007).

Guidelines

Survey aims

It is important to specify the objective of a survey in order that the data to be collected can be identified, and the methods and tools for data collection established. The aim of this survey is to increase the knowledge on drug use among prisoners, their health status and related consequences, and to better identify the health, psychological and social need of the prisoners. This information can facilitate the development of appropriate public health and social services (treatment, prevention, harm reduction, etc.). The survey should also ultimately make those services more accessible for prisoners or former prisoners, both inside prison and at an early stage after prison release.

Method of the survey

The method used to administer the European Questionnaire on Drug use among Prisoners should be based on a **cross-sectional survey** among prisoners on their drug use, patterns of drug use inside and outside prison, health problems that may be related to drug use and their use of drug and health services. A long process of analysis and assessment preceded the decision to define a common European Questionnaire on Drug use among Prisoners. In particular, data collected over the previous 10 years on drug use among prisoners in Europe were assessed and analysed, showing the need for harmonisation and indicating the definition of a common European questionnaire as a possible tool for data collection. In addition, during the last period (Carpentier et al., 2012) a specific assessment of information and methodologies was conducted, collecting and assessing the structure of, and the information from, 45 questionnaires and data collection forms on drug use among prisoners that had been used to conduct surveys in prisons in 23 European countries (Royuela et al., 2013).

Periodicity of the survey

It is recommended that the proposed questionnaire is administered every two years, as in the case of the general population survey. Following the recommendations used in the assessment of the implementation of the key indicator general population surveys, it is recommended that the maximum time interval between two surveys should be four years (EMCDDA, 2002). It is recommended that the first survey should start 2016, in order to harmonise the reference years in all countries, and to harmonise future survey dates. It would also be preferable if the survey were conducted in the same period of the year in all countries, possibly between April and May. However, some flexibility is allowable because of differences in countries' organisation and the national resources that are available.

Target population

The target population of the survey should include all prisoners in a given day/week in all custodial institutions. The categories of prisoners included are those specified in *SPACE 1: Council of Europe annual penal statistics* (Aebi and Del Grande, 2011).

The prisoners are divided into the following categories according to their legal status and their place of imprisonment:

a) Prisoners by legal status

- Untried detainee (no court decision yet reached).
- Sentenced prisoner who has appealed or who is within the statutory limits for doing so.
- Detainees who have not yet received a final sentence but have started serving their custodial sentence in advance.
- Sentenced prisoners (final sentence).

b) Prisoners by place of imprisonment

- Persons held in penal institutions designed for serving a custodial sentence.
- Persons held in remand institutions (generally designed for pre-trial detainees and for those serving short-term custodial sentences).
- Persons held in custodial and/or educational institutions/units for juvenile offenders.
- Persons held in police stations (if these stations are under the authority of prison administration and if the persons held have the status of 'inmates').
- Persons held in institutions for drug-addicted offenders outside penal institutions (if the persons have the status of 'regular inmate').
- Persons with psychiatric disorders who are held in psychiatric institutions or hospitals outside penal institutions (if the persons have the status of 'regular inmate').

These groups may vary by country, as not all categories apply to every country. Countries should specify what the situation is regarding the prisoners' grouping at the national level. It will be necessary to specify which groups have been included and excluded in the survey as it is possible that, for practical reasons, some groups will not be included (e.g. people in psychiatric institutions).

Access to prison

It is important to establish or reinforce connections with prison institutions and in particular with the Ministry of Justice, which usually has access to the prisons' databases of inmates. Specific agreements should be established with the relevant authorities. The conditions to access the prison should be set up and agreed in a specific regulation between the institution responsible for the survey and the local authorities (e.g. prison directors).

If juveniles are participating in the survey (even if they are in custody) then special permits should be obtained from parents or legal guardians. This condition will also apply to anyone under legal guardianship, which might occur relatively often for people with a long history of drug use.

Sampling

The sampling method will depend on the objectives of the study. In the case of general population studies, the assessment of population estimates from sample data requires representative samples of

the total population. In the case of prison, the sample should be representative of the entire prison population (EMCDDA, 2002) and should be drawn randomly using the population registered as being in prison in a given day/week. Ideally a multi-stage sampling (i.e. a type of clustering sampling) should be followed; this type of sampling anticipates several levels of cluster selection that may be applied before the final sample elements are reached. The survey will then focus on specific chosen clusters. In order to guarantee sufficient information on groups of prisoners with particular health and social needs, these groups should be over-represented in the sample. They may include women prisoners, juvenile detainees, young adult offenders, foreigners or others and these groups may vary between countries. It is advisable that the sampling is done (or supervised) by the research institution conducting the survey, rather than by the prison service administration, to avoid possible biases.

Introduction to the interview

Before the fieldwork begins the prisoners must be briefed about the general and specific objectives of the survey, including how it will be organised and how the final results will be used. It is very important to inform each participant about the benefits of the survey, the rights of participants and how anonymity and confidentiality will be handled. It is also necessary to explain how the results of the study will be used, particularly regarding public health benefits. This predominantly refers to the fact that the information obtained from the survey will be used to assist stakeholders to develop public health programmes that target efforts to lower the risk factors that are related and lead to drug use and problems (e.g. infectious diseases, overdoses). The introduction to the interview can be done by talking to prisoners, or via letters and leaflets. It is important to ensure that the prisoners are informed about and aware of the survey and their participation in the study. An introduction to the survey should also be provided to prison staff and management, including prison administration (director, etc.).

Individual rights of the participants in the study

Prisoners selected to participate in the study may decline to take part, withdraw their consent at any time or choose not to answer any question in the survey.

Anonymity and confidentiality

Participation in the survey and the data it provides must be strictly confidential. The respondent must be assured that her/his responses will remain confidential. It is not enough to simply state this; it should also be obvious from the setting of the interview and the traceable procedures for handling the completed questionnaires. It should be made clear to the participants that while the data from the study may be sent elsewhere for analysis, no personally identifiable information will be provided for this analysis. Prisoners' names will not appear in any output document of the study. The confidentiality of all participants is guaranteed, and inmates' names should not be written on the questionnaire. Each participant must provide both verbal and written consent before taking part in the survey. Every country and institution responsible for the survey is free to make its own decision on the best way to guarantee interviewees' anonymity.

Non-response

If the selected inmate declines to take part in the study, her/his refusal should be accepted. Some information on non-response could be applied in order to model non-response and treat it in the data management phase. However, attention should be paid to maintaining anonymity and confidentiality in the management of non-responses.

Interview methods

The method of data collection is a crucial decision when designing a survey. This is also valid for surveys in prison settings. Each interviewing approach has advantages and disadvantages and may have drawbacks and generate biases affecting the response rates and the reliability of the answers that are obtained. The type of method chosen therefore has implications for the quality and quantity of the survey results.

Three possible categories of interviewing could be applied in prison settings:

1. Computer-assisted personal interviewing (CAPI).
2. Face-to-face interview.
3. Self-administered questionnaire.

There is no obligation to choose one of these methods; it is up to the country and the research institution to decide on the most suitable method to be used in their survey. Sometimes, a mix of methods may be appropriate, as in the case of sensitive questions that might be better answered without the intervention of an external interviewer. That decision should be taken by those responsible for the survey. This mixed approach may cause limitations in data comparability, but it may also enrich the validity of some answers. It is, however, extremely important to describe in detail the method used for the whole questionnaire or parts of it. A short description of each method is provided below, in order of preference, although the actual method used will depend on practical constraints (budget, premises, etc.).

1) Computer-Assisted Personal-Interviewing (CAPI)

CAPI ensures confidentiality, autonomy and a safe setting for responding to the questions. The interviewee is given a computer/tablet and is asked to self-complete the interview without assistance of anyone, although she/he can ask the interviewer questions if clarification is needed (<http://srmo.sagepub.com/view/encyclopedia-of-survey-research-methods/n82.xml>).

CAPI is user-friendly and provides an efficient way to manage the data. However, some preconditions must be established with the prisons before it is used — they should allow the use of electronic devices, such as laptops, tablets, smartphones, etc., that are password protected and contain encrypted surveys. The development of user-friendly interfaces has proceeded rapidly, with techniques such as touch screens, colour graphic images, sound and recordings of respondents and answers to open-ended questions now available. These are increasingly user-friendly technologies,

so respondents do not need to be experienced computer users. Training should be provided to people in charge of implementing the survey.

Advantages

This method has the advantage of being able to incorporate automatic consistency checks. Interviewers can be alerted to any inconsistencies within the data and resolve them with the interviewee during the process. The data are controlled for double counting and are correctly coded, and missing values are assigned for all items. The interview can be administered in a short period of time. The role of the interviewer is strictly controlled, yielding higher-quality data. Data are recorded, exported and integrated in a database, and managed rapidly and economically.

Disadvantages

Despite these advantages, debate still continues about what effects this method might have on survey outcomes compared to modes such as face-to-face interviews. Questions can be misinterpreted or misunderstood, for instance, as in the case of the self-administered questionnaire, and doubts about confidentiality and fear of external and remote controls on the survey information have also been raised in this specific environment.

2) Face-to-face interview

The face-to-face interview is carried out on the prison premises by trained interviewers. The interviewers should be instructed on several topics related to survey methods and the prison environment. These include interview skills, the method of conducting an interview, how best to approach prison organisations, making appointments for briefing prisoners and carrying out interviews, keeping track of interviews and non-responses, informing prisoners and obtaining consent, and giving feedback to prisoners.

The face-to-face interview is based on a personal encounter between interviewer and respondent. The interviews are structured by means of a standardised questionnaire. The interviewer asks the questions and fills in the pre-coded answers. When sensitive issues are involved, the interviewee may complete parts of the questionnaire and hand it to the interviewer in a closed envelope, or post it back later.

Advantages

This method has the advantage of ensuring the accuracy of the answers and the high level of information given to the respondents on the survey's aim and the exact meaning of the questions. Also, questions that might be difficult to understand for some prisoners can be easily explained in a face-to-face interview.

Disadvantages

This method has the disadvantage of being more expensive than the other methods. It is likely to have higher fake responses or non-response for sensitive questions. It is more time consuming than the other methods.

3) Self-administered questionnaire

This method can be applied using standard pen-and-paper questionnaires. The questionnaire is distributed to the inmates by people who are considered the 'contact person' in the prisons. The contact people should have the ability to guarantee information anonymity and confidentiality — staff who are already working in institutions (health services, universities, research institutes, etc.) and are independent from the prison services would be the preferred choice. After the questionnaire has been completed, forms should be placed in envelopes that are collected by the contact persons in each prison. The responses are subsequently compiled by scanning the survey forms or by manually entering them into a database before analysis.

Advantages

This method only requires a simple and low-cost infrastructure. The prisoner's confidentiality is also guaranteed.

Disadvantages

The disadvantage may be related to the accuracy of the answers and the likely high rate of missing/empty answers. Also, the researcher cannot control for double counting, since a person may fill in more than one questionnaire. The data management phase would also be more complex and time consuming.

Data management

Data management is an important phase of the survey and should be planned in advance, in detail and for every phase before the survey starts. It is necessary to plan what format the data should have after the data collection, who should enter the data and how, which software should be used for collecting and analysing the data, etc. Some of these considerations will depend on the method chosen for the survey; for instance, the data may be scanned or entered manually in the case of face-to-face interviews, but are automatically entered into a database if computer-assisted self- interviews are used. Manuals for conducting social research may be consulted for more detailed information on how to handle the data management in a survey.

Missing values

Respondents do not always answer questions in the way the survey designer expects. This can be because the respondents may not want to answer particular questions, may not understand a question, may skip a question accidentally or may assume that the question does not apply to them, even if in fact it should be answered. As a result, survey data will include missing values or inconsistent values. The number of missing values and inconsistencies can be reduced by choosing an appropriate mode and questionnaire design, but they cannot always be avoided. This is particularly true for self-administered questionnaires (standard pen-and-paper questionnaires), where an interviewer cannot intervene. A computer program guiding the respondent through the questionnaire thus can help to prevent respondents skipping questions by guiding them through the survey, and can draw attention to inconsistencies with previous answers.

There are no uniform solutions for handling these problems. The threshold for missing data should be flexible depending on the characteristics of the structure of the data-set. Specific incomplete records having more than three-quarters of the questions empty should be considered as a potential source of bias. By dropping these records the percentage of missing data in specific items will decrease. Also, items with missing values higher than a quarter of the sample could bias the analysis. There are several ways to deal with these items; some researchers will carry out analysis to investigate missing data imbalance in all relevant items and whether respondents with and without missing values have different characteristics. Applying methods for imputation of missing data is another possible solution, or the records may be dropped from the analysis, though this is not recommended, as deleting the whole record will reduce the response rate. Whichever approach is chosen for handling missing values, the method should be documented, both when corrections are made to the original data and when cases are deleted from the original data file.

Data documentation requirements

The overall procedures used in the implementation of the survey and subsequent data management need to be clearly documented by the institutions leading and conducting the survey in prisons. Ideally, this should be represented as part of a full technical report that describes the problems encountered during the implementation of the survey, the way in which these problems have been solved and a full account of the responses.

Data quality

Data quality is extremely relevant for drug-related data in prison. Attention to data quality is even more important when it applies to a European data-set, where information should be comparable across countries and consistent over time in all countries. Control of data quality should be applied in every phase of the survey, from data collection to data analysis. Basic validation procedures should be implemented on data completeness, consistency and timeliness, and outliers should be identified from the general prison picture, from past surveys, and from surveys in prisons other than the prison currently involved in the survey. Particularly interesting for the European data-set is the identification of outliers between countries, which might indicate real differences between them, or a lack of comparability at the methodological level. Methodological information should be reported and described in detail and accurately in the phases of data collection, entering, reporting and analysis.

References

- Aebi, M. and Del Grande, N. (2011), *SPACE 1: Council of Europe annual penal statistics*, Council of Europe, Strasbourg (www.coe.int/t/dghl/standardsetting/prisons/space_i_en.asp).
- Carpentier, C., Royuela, L. N. A. and Hedrich, D. (2012), 'Ten years of monitoring illicit drug use in prison populations in Europe: issues and challenges', *The Howard Journal*, 51(1), pp. 37–66.
- Council of Europe (2006), *Recommendation Rec(2006)2 of the Committee of Ministers to member states on the European Prison Rules*, Council of Europe, Strasbourg.
- Council of Europe Committee of Ministers (1993), *Recommendation N. R (96) 6 of the Committee of Ministers to Member States concerning prison and criminological aspects of the control of transmissible diseases including AIDS and related health problems in prison*, Council of Europe, Strasbourg.
- Council of the European Union (2013), *EMCDDA contribution towards a methodological framework for monitoring drugs and prison in Europe-5420/1/13: REV 1* (www.emcdda.europa.eu/.../att_194698_EN_ST05420-RE01.EN13.PDF).
- EMCDDA (2002), [GPS protocol: handbook for surveys on drug use among the general population](#), EMCDDA project CT.99.EP.08 B, EMCDDA, Lisbon (www.emcdda.europa.eu/themes/key-indicators/gps).
- EMCDDA (2012a), *Treatment demand indicator (TDI): standard protocol 3.0*, EMCDDA, Lisbon (www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0).
- EMCDDA (2012b), *DRID Guidance Module: example questionnaire for seroprevalence and behavioural surveys in injecting drug use*, EMCDDA, Lisbon. (<http://www.emcdda.europa.eu/themes/key-indicators/drid>)
- EMCDDA (2014), *Drug use in prison: assessment report. Reviewing tools for monitoring illicit drug use in prison populations in Europe*. EMCDDA, Lisbon (<http://www.emcdda.europa.eu/topics/prison>)
- United Nations (1990), 'Basic principles for the treatment of prisoners', UN General Assembly 68th Plenary Meeting, Resolution A/RES/45/111, United Nations, New York and Geneva (www.un.org/documents/ga/res/45/a45r111.htm).
- United Nations (2005), *Human rights and prisons: a pocketbook of international human rights standards for prison officials*, New York and Geneva. (<http://www.ohchr.org/Documents/Publications/training11Add3en.pdf>)
- WHO (2005), *Status Paper on Prisons, Drugs and Harm Reduction*, World Health Organization, Geneva (http://www.euro.who.int/__data/assets/pdf_file/0006/78549/E85877.pdf).
- WHO (2007), *Health in prisons: a WHO guide to the essentials in prison health*, World Health Organization, Copenhagen (www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf).
- WHO (2009), *Prison health: HIV, drugs and tuberculosis*, World Health Organization, Copenhagen and Madrid (www.euro.who.int/__data/assets/pdf_file/0009/98973/92295E_FS_Prison.pdf).
- WHO (2010), *Prevention of acute drug-related mortality in prison populations during the immediate post-release period*, World Health Organization, Copenhagen (www.euro.who.int/__data/assets/pdf_file/0020/114914/E93993.pdf).