BELGIAN SCIENCE POLICY

Feasibility study of a recurring survey on drug use in the general population

SUMMARY

Julie Tieberghien

Sabine De Moor

Tom Decorte

Dimitri Mortelmans

The research is part of the "Research programme in support of the Federal Policy Document on Drugs", commissioned and funded by the Belgian Science Policy Office.

Contact information
coordinator and promoter

Coördinator:

Prof. Dr. Tom Decorte
Ghent University
Institute for Social Drug Research (ISD)
Universiteitstraat 4
9000 GHENT
Tel: 09/264.69.62
Fax: 09/264.69.88
Tom.Decorte@UGent.be

Promotor:

Prof. Dr. Dimitri Mortelmans
University of Antwerp
Research Centre for Longitudinal and Life Course Studies (CELLO)
Sint-Jacobstraat 2
2000 ANTWERP
Tel: 03/275.55.35
Fax: 03/275.57.93
Dimitri.Mortelmans@ua.ac.be

1. Problem situation and aim of the study

1.1. Problem situation

Policy makers need reliable and accurate data about the nature and the extent of the drug phenomenon in order to formulate policy priorities, to plan adequate interventions, and to evaluate long-term policy. Although Belgium has put in a great effort to gain insight into the epidemiological aspects of drug use (e.g. among school going youth), it is one of the few European countries that have not yet developed a continuous or periodic survey on illegal drug use in the general population. The incidental questions relating to drug use in the Health Interview Surveys are barely adequate to examine the prevalence and real nature of the problem. Although prevalence rates are a common way of looking at drug use, underlying use patterns (e.g. continuation, incidence, age of onset) and underlying social contexts (e.g. lifestyle) must be examined too. Moreover, like all other European countries, Belgium is obliged to collect data about the nature and the extent of illicit drug use among the national population (according to the key indicator of the EMCDDA). All these are convincing arguments for the *desirability* of a Belgian prevalence study on illegal drug use.

1.2. Aim of the study

This research aims to investigate the *feasibility* of a repetitive survey on illicit drug use in the general population in Belgium. The feasibility question is interpreted as '*What are the limitations and possibilities of a Belgian population survey on illicit drug use?*'. The feasibility study integrates five focal points: an intrinsic, a methodological, a financial, a comparative, a utilitarian and a valorisation focus. This study covers a detailed comparison of methods and designs used in prevalence studies in other European countries, and it assesses the strengths, the restrictions, the preconditions, and the costs of previous studies. It further comprises a limited cognitive test of the included items with a view to implementing such a study in Belgium, taking into account the general cultural and social practices as well as the country-specific implications and limitations. As a result the project proposes several scenarios that should enable national policy makers to implement a national prevalence study on illegal drug use.

1.3. Methodology

The feasibility study comprises five stages: 1) a literature review of the international guidelines and of 25 existing population surveys on illicit drug use in Europe, 2) a panel study among 30 experts in charge of population surveys in their country, 3) the analysis and integration of the data with a view to developing several scenarios for a Belgian population survey on drug use, 4) a cognitive test of the proposed questionnaire items, and 5) writing up the report.

First, in a **literature review** a thorough meta-analysis was made of the international guidelines and the existing prevalence studies in Europe. We evaluated both these guidelines and specific, previously used research designs on the basis of the most recent international literature ('good practices'). For this purpose, we further contacted the EMCDDA and the national experts in charge of population surveys on drug use in their respective countries. The first contact with all national experts and Focal Points was established in November/December 2007. The

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provided the contact details of each expert. After explaining the aim of our research project, we asked the experts and Focal Points to send us, if available, the reports of their national population surveys on drug use. Additionally, we consulted some additional (methodological and intrinsic) literature on surveying in the social sciences.

Second, an **e-mail survey** was conducted among the international experts who were in charge of national surveys on drug use in Europe. An e-mail survey (with a detailed country-specific questionnaire) was chosen as the interviewing method as it is a fast, easy and inexpensive way to collect data, especially when the respondents are located across Europe. Special attention was paid to the legitimation of the choices that were made as well as to (reasons for) any deviations from European guidelines.[1] Also the impact of a country's social, cultural and political practices on the design of the study, and the specific implications and limitations of the national context were examined. Finally, the expert survey also dealt with the comparability and the validation of the data. Experts from 18 among the 30 countries we approached completed the questionnaire. One country (Portugal) let us know that they had had no time to complete the questionnaire and they sent us some additional information (original questionnaire, national abstracts). Two countries (Turkey, Luxembourg) that had not yet conducted a population survey on drug use, informed us that they had no concrete plans to do so and that they were thus unable to complete the questionnaire. Croatia, which declared to have concrete plans, completed the short questionnaire. Finally, even though we had approached each expert at the expert meeting in June, 2008,[2] eight countries did not reply to our request.

Third, an **overview of the general population surveys** on drug use in Europe[3] was made on the basis of the literature review and the e-mail survey among the experts in charge of national prevalence studies. An effort was made to complete and update the 2001 EMCDDA overview,[4] to make a detailed comparison of methods and designs used in prevalence studies in European countries, and to evaluate their strengths, restrictions, and degrees of compliance with the European Model Questionnaire (EMQ). The overview covers 25 European countries: Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, England/Wales, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Portugal, Romania, Scotland, Slovakia, Spain, and Sweden. It does not include some national population surveys on drug use, in particular those that have been published in native languages only and/or that have not been made public (e.g. Bulgaria, Estonia, Poland) or those that have not yet developed or planned a general population survey on drug use (e.g. Turkey, Luxembourg).

After the analysis and the integration of the findings of the expert survey and of the results of the literature review, we developed three feasible **scenarios** concerning intrinsic (as the data collection instrument, i.e. the

---

1 The questionnaire is available on request to the authors

2 Expert meeting on the Key Indicator "Prevalence and patterns of drug use among the general population (Population surveys)", Lisbon, 26 & 27 June 2008

3 The overview of the general population surveys on drug use in Europe will be published in a technical report by the EMCDDA in 2009: DECORTE, T., MORTELMANS, D., TIEBERGHIEN, J. & DE MOOR, S., *An overview of general population survey in Europe – Technical Report*, 116p. (Forthcoming in 2009)

4 EMCDDA, *Handbook for surveys on drug use among the general population. Final Report*, Lisbon, EMCDDA, 2002, 151p.

questionnaire, is the key tool in a survey, Dutch, French, and English versions were developed for each scenario), methodological and valorisation issues, and we made a real estimate of the budget and time necessary to conduct each of these scenarios: a '*maximal single survey scenario*', a '*minimal single survey scenario*' and a '*piggybacking scenario*'. With a view to the implementation of a population survey in Belgium, we also took into account the general cultural and social practices and specific implications and limitations of the Belgian context.

Finally, a **cognitive test** of the proposed questionnaire items was performed. The Dutch questionnaire[5] of the maximal scenario[6] was tested by means of 26 face-to-face test interviews and a mail survey among 150 people. A pilot test implies a careful examination of the individual questions and of the questionnaire as a whole (e.g. difficult words, illogical structure of the questions, unclear wording, missing answer categories, boredom effects, etc).[7] For the *mail survey*, we focused on respondents from Flanders. About 150 addresses were selected at random from a telephone directory, 30 per province (West Flanders, East Flanders, Limburg, Antwerp, and Flemish Brabant). Each selected household was sent a paper questionnaire in Dutch. Only one household member, between 15 and 64 years old, selected by the last-birthday method, was asked to complete the questionnaire. An introduction letter explained the aim of the survey, the selection procedure, a privacy guarantee, and contact information.[8] Both the *face-to-face survey* and the mail survey focused on the respondents' understanding of the concepts and their interpretation of certain questions. Each participant was invited to think aloud while answering each question ('*think aloud interview*').[9] Afterwards, the participants had ample opportunity to note down their comments and suggestions (concerning missing answer categories, duration of the interview, difficult wording, redundant questions, the use of answer cards, ...). In addition, it was the interviewer's task to evaluate the respondent's behaviour (e.g. boredom due to the repetitive nature of the questions) and answering (e.g. hesitation because of difficult wording). The interviewer was also required to evaluate formal aspects, such as the way of referring to the next questions, etc.

2. Main results

2.1. International guidelines

International guidelines indicate which questions, concepts and epidemiological indicators (e.g. prevalence, frequency, incidence, (dis)continuation) have to be included in a population survey on illicit drug use and which methodological aspects (e.g. data collection method, sample size) are essential for developing a recurrent survey on illicit drug use in the general population in Belgium. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has drafted a set of core items (European Model Questionnaire - EMQ). This set includes basic prevalence measurements and use patterns of certain illegal and legal drugs, basic socio-demographic characteristics, and opinion and risk perception questions. The EMDDCA guidelines are a minimum standard for

---

5 For pragmatic reasons only the Dutch questionnaire was tested.

6 The cognitive test focused on the questionnaire of the maximal scenario as this also included the questions in the other scenarios

7 CONVERSE, J. & PRESSER, S., *Survey questions : handcrafting the standardized questionnaire*, Sage, Beverly Hills, 1986, 51-75; FOWLER, F.J., *Improving survey questions, Design and evaluation, Applied Social Research Methods Series, Volume 38*, Sage Publications, Thousand Oaks, 1995, 110-115

8 DILLMAN, D.A., *Mail and internet surveys, The tailored design method*, second edition, New York, John Wiley & sons, 2000, 3-31

9 FOWLER, F.J., *o.c.*, 110-115

country-specific questionnaires to improve the comparability of the data collection between countries. They also include basic methodological recommendations ('good practices'). Also the United Nations Office for Drugs and Crime (UNODC), the World Health Organisation (WHO), and the Pompidou Group provide information that falls within the scope of the feasibility study. These organisations give not only intrinsic and methodological recommendations, but also an overview of estimated costs for conducting a repetitive population survey. A realistic estimate of the costs is necessary as a repetitive survey requires (repeated) funding. In addition, the literature study shows that there are many possibilities for validating the fieldwork and data documentation of a survey (e.g. reports, presentations at conferences, information on a website, archive).

2.2. Population surveys on illicit drug use in Europe

Most European countries (e.g. Austria, Cyprus, Finland, Hungary, Italy, Lithuania, Spain) have established national surveys that concentrate on illicit drug use, mostly in combination with the use of other drugs (e.g. alcohol and tobacco). Some countries *piggyback* drug prevalence measurements to another survey (e.g. health survey, crime survey). Single surveys and piggybacking surveys each have their advantages and drawbacks. For instance, the commissioners of a single survey exert control over the number and the wording of the questions, over the research design or sample size, and over the financial procedure. Thus they can create the most appropriate questionnaire, research design and sampling. It is clear that *piggybacking* a drug survey to another survey implies that the questionnaire and the research design will be subordinated to the main questionnaire. However, *piggybacking* requires a lower budget than a single survey and the commissioners can benefit from the experience and knowledge concerning intrinsic, methodological and validation issues of the main survey.

Many countries follow the **intrinsic** EMCDDA guidelines in order to improve cross-national comparability. Although the number of questions and of items varies widely among countries, we may conclude that the EMQ is the starting point of each questionnaire. Most countries (e.g. Austria, Cyprus, the Czech Republic, Denmark, Finland, France, Hungary, Italy, Lithuania, Norway, Spain) describe their national population surveys as highly compatible with the European Model Questionnaire (EMQ). Some surveys (e.g. England/Wales) describe themselves as moderately compliant with the EMQ. As most of these surveys pre-date the EMQ and may be part of a longstanding survey tradition, they do not wish to interrupt this in any major way. Population surveys on drug use in Europe are less compatible with the recommendations of the WHO or UNODC.

Although many European countries also follow the **methodological** guidelines of the EMDDCA to enhance comparability, there is still much variation between the studies. Context-related factors (e.g. general design factors, practical fieldwork strategies, factors related to survey organisation) may explain cross-national differences in survey quality and outcomes. Declining and low response rates and difficulties with (repeated) funding may also force some countries to modify their survey design or data collection method (e.g. a mail survey replacing a face-to-face survey) so that the comparability with their previous surveys on the one hand and with those of other countries on the other decreases.

Funding remains a taboo topic. Many countries requested not to release their information on funding and **financial** aspects in the meta-analysis, or simply failed to reply to the financial questions. Drawing conclusions on this aspect is therefore not easy. Almost every population survey has been funded by a national or a regional government. Academic institutions and private or commercial enterprises hardly play any financial part. Moreover, the survey method and the (standardised) sample size seem to be crucial when fixing the size of a survey budget. Also the various standards of living in the different countries must be reckoned with. However, several countries regard the continuity of the funding of the survey as a serious concern. As our expert survey shows, this sometimes leads to restrictions on the length of the questionnaire and the volume of the sample size (e.g. the Netherlands, Norway and Romania).

The distribution of documentation about the fieldwork and the data on the one hand and the original data set on the other, is necessary to **valorise** the results. In this respect, data must be easily available and accessible to interested people (e.g. researchers, companies, the general public). All countries have clearly made efforts to improve the accessibility of their survey report(s). For one thing, accessibility of the survey report(s) depends on the language used and the publication date. A survey report must be published within a reasonable time period (1 year) after finishing the data analysis. However, some countries (e.g. the Czech Republic, France, Ireland) do not manage to finish the survey report in this time range. Furthermore, the valorisation of the data is enhanced by reporting in a common international language, e.g. English. It is striking that countries such as Italy, Austria and Spain fail to publish their results in English, in contrast with some newer European member states (e.g. Latvia, Hungary and Romania). The availability of original data gives an added value to scientific research. However, our expert survey shows that many countries do not release the data set to interested people other than the data managers themselves.

2.3. Belgian population survey on illicit drug use

2.3.1. Belgian context

The Belgian **institutional framework** is rather complex. Belgium is a federal state, composed of Communities (Flemish, French-speaking and German-speaking) and Regions (Flanders, Brussels Capital and Wallonia) that independently exercise their authority within their domains. As a consequence, these Communities and Regions differ in their regional drug policies and prevention strategies. Data about drug use among the population in Belgium as a whole and for each region separately would therefore be very useful. A second argument for collecting regional data concerns the differences in the extent of drug use between the regions. Both the 2001 and 2004 Health Interview Surveys and the Health Behaviour on School-aged Children study (HBSC) show some differences in the **extent and the nature** of illicit drug use between the Brussels Capital Region, Flanders and Wallonia. The Communities and Regions also differ in their socio-demographic and socio-economic features as well as in their **languages**. It is clear that when designing a national population survey on drug use in Belgium, the language of the questionnaire is an issue. Belgium has three national languages (Dutch, French and German). Another context-related factor is the availability of **sampling frames**. Belgium has the opportunity to use several sampling frames: the National Register, telephone directories, election registers, sampling frames for an online survey, and commercial sample frames. Besides, the Belgian context allows the national policy

makers, just like in many other European countries, to include extra questions about illicit drug use in the Health Interview Survey (HIS) (‘***piggybacking***’). Finally, the **timing** of the Belgian population survey on drug use must be decided in consultation with the organizers of the school surveys (e.g. ESPAD, HBSC). In the Belgian context, the 15 to 18 age group is already excessively surveyed about the nature and extent of illicit drug use, to the extent that this target population has developed a negative attitude towards drug surveys.

2.3.2. Scenarios

Taking into account the context-related factors, we have developed three distinct *scenarios* for a Belgian population survey on illicit drug use: a ‘*maximal single survey scenario*’, a ‘*minimal single survey scenario*’, and a ‘*piggybacking scenario*’. For each scenario we describe the intrinsic, methodological, financial, and valorisation aspects. In particular, we have developed a questionnaire (in French, Dutch and English[10]) for each scenario, and we have made realistic estimates of the budget (e.g. overhead, fieldwork, equipment, operational costs) and time necessary to conduct a Belgian population survey, taking into account the most appropriate data collection methods and valorisation possibilities. This should enable the national policy makers to effectively implement a national prevalence study on illicit drug use in Belgium.

Unlike the minimal single survey scenario, the maximal single survey scenario and the *piggybacking* scenario allow the collection of more related data such as underlying determinants of use (e.g. lifestyle attributes) or risk factors of use (e.g. multiple use, duration of use, intravenous use). As a consequence, the maximal and the *piggybacking* scenario may attain a high (**intrinsic**) compatibility with the international guidelines (e.g. EMQ) and existing European surveys on drug use. Although in the minimal scenario the number of drug questions is restricted, complying with the basic requirements of the EMQ offers a minimum of cross-national comparability. A disadvantage of the maximal and the *piggybacking* scenario is the length of the questionnaire. A long questionnaire may negatively affect the response rate and the quality of the answers. The length of the questionnaire also determines which methodology is most appropriate. The presence of an interviewer (e.g. face-to-face interview or telephone interview) makes a higher number of questions possible, as the interviewer may stimulate the respondent to continue to the end. In mail surveys, for instance, a restricted length of the questionnaire is recommended.

The **methodological** interpretation of the three scenarios depends on the quality of the data (e.g. the response rates and the validity and reliability of the answers) that the policy makers want to achieve. As item and unit non-response appears to be monitored more effectively in face-to-face surveys and respondents are more likely to reply to sensitive questions on a computer screen than to an interviewer or on a paper questionnaire, the maximal single survey scenario includes a computer assisted face-to-face survey (CAPI). The minimal scenario refers to a mail survey, which generally has the lowest response rates. The *piggybacking* scenario follows the design of the HIS as closely as possible. The drug questions can be integrated in the written (self-administered) questionnaire. However, Computer Assisted Personal Interviewing (CAPI) could be a reasonable alternative for the Pen & Paper data collection method. Another option for *piggybacking* to the HIS is to give the respondents

[10] The presence of foreigners may require the translation of the survey questionnaire in English

the possibility to complete the drug survey themselves after finishing the face-to-face health survey and after the interviewer has left. Respondents may thus complete the questionnaire online or receive a Pen & Paper drug survey when they have not had the opportunity to complete the questionnaire online.

Naturally, besides the data collection method there are other elements at stake, such as the sampling design, the specific target population, etc. The interpretation of these elements mainly depends on the available budget. The maximal scenario may collect information without **budget** or **time** limitations, whereas the minimal scenario should be able to collect data with a limited budget and within a short time range. Thus, in the *maximal* scenario a sample of 10,000 individuals is drawn from the National Register. The target population is set as the 15 to 64 age group, excluding institutionalised and homeless people. Taking all costs (e.g. overhead, fieldwork, equipment, operational costs) into consideration, a face-to-face survey with an original sample size of 10,000 individuals would cost approximately € 2.365.087. The EMCDDA recommends repeating drug surveys at least every 4 years to avoid outdating or limiting the policy value. In case of the maximal scenario, the cross-section survey is to be repeated every 4 years. The *minimal* scenario restricts the target population to the 15 to 64 age group, excluding institutionalised and homeless people. As a sample method, this scenario opts for a simple random sample of 5,000 units from the National Register with the individual as sample unit. Taking all the costs (e.g. overhead, fieldwork, equipment, operational costs into consideration, a Pen & Paper survey with an original sample size of 5,000 individuals would cost approximately € 719.990. Moreover, just like in the maximal scenario, the survey is to be repeated every 4 years. The sampling design and the target population of the *piggybacking* scenario depend on the HIS survey design. As a consequence, the *piggybacking* scenario uses the HIS sample of households obtained by the multistage, stratified and clustered sample of 10,000 individuals from the National Register. Furthermore, in the *piggybacking* scenario, the target population for the drug part is set as all those aged 15 with no upper age limit, as in the written questionnaire of the HIS. The frequency of the *piggybacking* survey entirely depends on that of the main survey (the HIS). The frequency of the HIS is fixed at every 3 or 4 years (e.g. 1997, 2001, 2004, 2008), which complies with the EMCDDA standards.

The **valorisation** of a survey is an important process, and making the fieldwork and data documentation available to interested groups is a minimal step. In this respect, we preferred to set up similar valorisation actions in each scenario. The fieldwork and data documentation and/or the data set must be available to every interested person or specific target group. A possible drawback related to the Belgian situation is that a full data archive is not (yet) available. Nevertheless, this must not restrain the researchers from publishing reports, giving presentations at conferences, placing information on a website, etc. Moreover, irrespective of the efforts of the drug researchers themselves, the EMCDDA and the Scientific Institute of Public Health (WIV) play an important role in the valorisation of the data. With regard to general population surveys, the EMCDDA ensures the distribution of national data about drug use in the European Union. The national report of every European general population survey is published on the website, where it can be consulted.[11] Also Fonte, a web application that has been in operation since 2006, collects information from the National Focal Points and other key partners.

[11] URL: http://www.emcdda.europa.eu/

Besides data collection and valorisation, Fonte also offers data storage and data retrieval.[12] The WIV can make survey documentation available on its website, in reports, at press conferences, and in scientific publications. Moreover, it can also release (under certain conditions) the full data set. Furthermore, to maximise the validation, the survey documentation must be linguistically accessible. Especially in the international context of the EMCDDA, writing documents in English as well as in the native languages is necessary. The researchers should also try to valorise the survey within a relatively short period of time (e.g. 1 year) after the data analysis.

2.3.3. General recommendations

If national policy makers decide to implement a population survey on illicit drug use in Belgium, they should also consider some **general recommendations**. The following may help to enhance the scientific quality of the Belgian population survey on illicit drug use.

First, it is advisable to establish a *Scientific Advisory Board* in order to stimulate the valorisation of the results and to supervise the scientific quality of the survey. The Scientific Advisory Board should include the research team that carries out the survey, the institutions that carry out other drug surveys in Belgium (e.g. ESPAD, HBSC, HIS), the (sub) Focal Point(s), the coordinator of the 'Drugs Cell', the representatives of the commissioning Ministries, academic and professional (drug or methodological) experts, etc. As in most European countries, issues that arise during the development and the conduction of the survey should be discussed and clarified in several joint meetings.

Furthermore, the *body or organisation* that is in charge of the organisation and/or the analysis of the survey (e.g. a governmental body, an academic institution, or a private/commercial company) must have (considerable) experience in large survey methodology and drug epidemiology. As the government is the commissioner of the survey, a governmental institution should be charged with its *organisation or supervision*. An important prerequisite is that sufficient expertise, time and staff be present in this governmental body. However, in the absence of this, a public institution may submit an Agora-project.[13] The Agora Programme finances scientific support for the benefit of federal departments. Afterwards, the government will have two options: the governmental institution either takes the responsibility for organizing the subsequent surveys on drug use or permanently subcontracts the organisation of the subsequent surveys to the university teams. The meta-analysis of European population surveys on drug use shows that as a rule it is a commercial company that is in charge of the *fieldwork* of the survey. As a matter of fact, commercial companies already have trained interviewers, computers for CAPI, etc. at their disposal for the fieldwork.

Another recommendation concerns the continuity of the *funding* of the population survey. Policy makers must realise that a recurrent population survey requires regular funding. The higher the needed funds are, the more difficult the continuity of the funding tend to be. Nevertheless, repeated monitoring is crucial in detecting trends in illicit drug use.

---

[12] URL: http://www.emcdda.europa.eu/html.cfm/index15919EN.html

[13] URL: http://www.belspo.be/belspo/agora/index_nl.stm

2.3.4. Cognitive test

The cognitive test assessed and analysed the Dutch questionnaire of the maximal scenario. It revealed some **intrinsic** problems. These concerned the use of difficult words and unclear wording, the ambiguity of some introduction texts, and the absence of answer categories or reference periods in some questions. Formulating alternative wording and questions proved to be a very difficult exercise. In any case, when policy makers decide to implement a Belgian population survey on drug use, a thorough pilot study of the questionnaire is recommended. There were few remarks about the **formal** aspects of the questionnaire (e.g. (il)logical structure, length, routing). The duration of the interview was judged positively and only a few respondents pointed at some boredom effects due to the repetitive nature of the questionnaire. There were no fundamental comments on the structure of the questionnaire and the routing.

The intrinsic and formal remarks helped to increase the quality of the questionnaire. Moreover, it became clear that caution is called for when implementing **international guidelines**. Apparently, the European Model Questionnaire (EMQ) contains some bias (e.g. double questions, suggestive use of words, unbalanced scales, and hypothetical questions). This is a remarkable observation, as the EMQ is meant to raise the quality of a questionnaire.

2.4. Conclusion

We may conclude that a Belgian population survey on drug use is feasible when the possibilities and restrictions of the Belgian context are taken into account. The national policy makers have a choice between three feasible scenarios: a '*maximal single survey scenario*', a '*minimal single survey scenario*'; and a '*piggybacking scenario*'. Each scenario consists of a questionnaire (in Dutch, in French and in English), a realistic estimate of the budget (e.g. overhead, fieldwork, equipment, operational costs) and the time necessary to conduct a Belgian population survey, a detailed description of (the strengths and limitations of) the research design and a clear explanation of how national policy makers can make data easily available and accessible to interested people.

As cross-national comparability is one of the strengths of population surveys on illicit drug use in Europe, the Belgian population survey on drug use must aim at a high compatibility with the European Model Questionnaire (EMQ) and the existing European population surveys. However, as the cognitive test shows that the EMQ contains several biases, the Belgian population survey must strike the right balance between compatibility with the EMQ (and cross-national comparability with other population surveys in Europe) and the quantity and quality of the survey data. We hope that this feasibility study gives an initial impetus to the dialogue on the implementation of a Belgian population survey on drug use. A population survey with more specific questions on illicit drug use is required for Belgium to comply with the international guidelines (e.g. EMQ, WHO) and to improve cross-national comparability.

2.5. Limitations and recommendations

Finally, it is expedient to discuss some limitations of this feasibility study and make some recommendations for further research. The focus of the feasibility study was on the European context, taking into account the principal requirements of the standardised reporting tables to be used by the REITOX Focal Points. However, it would be worthwhile if the meta-analysis of population surveys on drugs were extended to cover non-European countries. Indeed, some non-European countries have developed continuous or periodic surveys on illicit drug use in the general population. For example, the United States and Australia have a long-established research tradition of large-scale population surveys. The 2007 National Drug Strategy Household Survey is (since 1985) the ninth in a series of household surveys measuring the prevalence of drug use and attitudes towards drug use in Australia among a sample of 20,000 individuals.[14] The National Survey on Drug Use and Health (NSDUH) is an annual survey (since 1971) on the use of illicit drugs, alcohol, and tobacco in the civilian, non-institutionalized population of the United States aged 12 years old or older. It interviews approximately 67,500 persons each year.[15] A more detailed study of the non-European context falls outside the scope of this feasibility study but may be recommended for further research.

As the goal of our research project was the development of several scenarios for a national population survey on drug use, we also studied the possibilities and restrictions of a survey that is conducted on the back of another survey ('*piggybacking*'). Although most European countries have established national surveys that focus on illicit drug use, some countries have incorporated questions about drug use in a health or crime survey. Therefore, we mainly considered the Belgian Health Interview Survey (HIS) for '*piggybacking*' questions on drug use. However, further research may usefully monitor other national surveys that include questions on illicit drug use.

[14] Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey - First results, Drug Statistics Series number 20.Cat. no. PHE 98*, Canberra, AIHW, 2008, 77p.

[15] Substance Abuse and Mental Health Services Administration, *Results from the 2007 National Survey on Drug Use and Health: National Findings, NSDUH Series H-34, DHHS Publication No. SMA 08-4343*, Rockville, MD, SAMHSA Office of Applied Studies, 2008, 306p.