EUROPEAN COMMISSION
DIRECTORATE-GENERAL JUSTICE

Directorate A: Civil justice
Unit A.4: Programme management

JUST/2013/ACTION GRANTS

ANNEX 1

PROJECT DESCRIPTION AND IMPLEMENTATION

Name of the Applicant organisation	UNIVERSITY OF CRETE
Project Title	Data Collection Investigations into Emergency Rooms for stimulant and poly drug Use (DA.CO.I.E.R)
Priority reference	PREVENTION: (3) Develop approaches to the systematic collection of data in emergency rooms for admission of drugs, with a particular focus on identifying trends in use and adverse consequences relating to stimulant and poly drug use

NOTICE

All personal data (such as names, addresses, CVs, etc.) mentioned in your application form will be processed in accordance with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Your replies to the questions in this form are necessary in order to assess your grant application and they will be processed solely for that purpose by the department responsible for the Union grant programme concerned. On request, you may be sent personal data to correct or complete it. For any questions relating to this data, please contact the Commission department to which the form must be returned. Beneficiaries may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at any time (Official Journal L 8, 12.1.2001).

PART 1 – GENERAL DESCRIPTION OF THE PROJECT AND APPLICANT ORGANISATION

1.1. Summary of the project ***(max 4000 characters)***

This should be identical to that contained in section 4.3 of the *Grant Application Form*.

Frequent use of drugs of abuse is a major health and public concern encountered in both developing and developed countries. In Europe, it is estimated that approximately 100,000 people die from drug use every year. One of the most prevalent issues in Emergency Room (ER) visits between adolescents, young people and adults, mainly in depressed urban areas of big cities, are the clinical problems related to drugs of abuse consumption or exposure. Adverse consequences due to stimulant and poly drug use are increasing. Therefore, people who have problems of drug dependence and desire to obtain a particular substance may go to the ER, seeking for help with different excuses or manifestations. Consequently, drug users may not be identified at an early stage, due to non-life threatening nature of symptoms and due to misleading and inaccurate statements concerning their use of drugs.

Although reported drug use is a valid strategy to measure substance use, data on the influence of sample collection among ER patients reporting illicit drug use is scarce. Therefore in our project, reported drug use from medical records in the ER is compared with toxicological analyses of the same patients by posing the following questions:

a) Do patients who provide self-report on drug substance differ from patients who do not?

b) Is there a difference between patients that provide a biological sample for analysis to those that refuse?

c) What is the validity of reported drug substance use among ER patients compared to toxicological evidence?

DA.CO.I.E.R project aims to develop an updated methodological approach that will provide better data collection and enhanced drug analysis regarding drug users. Utilising a combination of methodologies such as detailed patient information (registration, medical records, questionnaires regarding use of drugs) and drug detection analytical techniques such as blood, urine and hair sample analysis, the proposed project aims to link the occurrence of symptoms of drug users obtained from the data collected with the burden of drugs with respect to acute (drug levels in blood, urine) and chronic (drug levels in hair) exposure.

The major objectives of the proposed research are:

(a) Establishment of a protocol that will allow systematic data collection regarding drug use

For this purpose new questionnaires and patient information sheets will be incorporated into the existing patient record system of the health care units. The patient focus will be on drug use, drug addiction and frequency of use. Questionnaires will be updated to record classes of drugs, potentially used by the drug user, as well as symptoms that may be related to their use (trembling, twitching, increased blood pressure, increased cardiac output, fever, infection, polyuria etc.).

1.7. Timeline by workstream *(max 2000 characters)*

Provide in a clear manner the timing of the activities per Workstream. Indicate the most important milestones.

1.7.1 Overall Strategy of the Work Plan

In order to develop the objectives of DA.CO.I.E.R, the Work Plan has been drawn in four Workstreams that cover support activities, data collection methodologies and management activities aimed to enhance the impact of the project by different Transfer of Knowledge activities. The Work Plan has been designed in such a way that takes advantage of the expertise of the participants in data collection and analysis of drugs and proposes alternative methodologies of systematic collection with the aim to correlate adverse effects of poly drug use to novel trends in use. The timing of the activities per Workstream is presented in the following Gantt chart.

Gantt Chart of DA.CO.I.E.R.

Months	**2**	**4**	**6**	**8**	**10**	**12**	**14**	**16**	**18**	**20**	**22**	**24**
Workstreams/Tasks												
WS1 Groundwork for the Collection of Data												
1.1 Identify hospital and emergency care rooms in the target area												
1.2 Establish confidentiality protocol between health care units and participants												
1.3 Explore records of past two years and identify valuable information fields												
WS2 Collection of Data												
2.1 Collect samples from drug users admitted to emergency rooms												
2.2 Collect copies of drug user records in health care units												
WS3 Evaluation of the Proposed Methodologies												
3.1 Challenges related to hospital data												
3.2 Challenges linked to the detection of drugs using analytical techniques												
3.3 Suggestions for improvement of methodology												
WS0 Management and Co-ordination												
0.1 Governing Board and Executive Management Committee												
0.2 Administration of the project												
0.3 Project monitoring and progress reporting												
0.4 Financial budget and Scientific Advisory Board (SAB)												
WS4 Dissemination and Outreach for Drug Prevention												
4.1 Inform interest parties on the new trends in drug use												
4.2 Alert National and International Authorities												
4.3 Educate ER and health clinics staff, drug users and vulnerable groups												

1.7.2 Milestones of the project

Description of milestones of DA.CO.I.E.R.

Milestone number	Milestone name	Work package(s) involved	Expected date	Means of verification
M1.1	List preparation of health care units	WS1	M7	Agreement shared among WS1 partners
M1.2	Agreement preparation between WP partners and health care units	WS1	M13	Protocols shared among WS1 partners
M1.3	Formation of a table with medical records	WS1	M8	Data
M2.1	Develop a routine procedure for collection of samples	WS2	M6	Report
M2.1.1	Examination of samples for drugs	WS2	M12	Data/Report
M2.2	Obtaining medical records from drug-users	WS2	M12	Data/Report
M2.2.1	Statistical analysis of medical records	WS2	M12	Report
M3.1	Evaluation of sample data collection	WS3	M24	Report
M3.2	Evaluation of data collected from medical records	WS3	M18	Report
M3.3	Proposing effective tools	WS3	M4	Minutes of meeting
M0.1	Formation of GB and EMC Committee	WS0	M1	Report
M0.2	Implementation agenda on project	WS0	M2	Management manual
M0.3	Formation of GB and E.M.C Committee	WS0	M1	Minutes of meeting
M4.1	Seminars	WS1-WS4	M20	Newsletter
M4.2	First year conference	WS1-WS4	M14	Magazine
M4.2.1	Second year conference	WS1-WS4	M20	Magazine
M4.3	Awareness events	WS1-WS4	M22	Poster

1.8. The partnership and the core project team ***(max 4000 characters)***

Describe the partnership of organisations implementing the project and the project team (persons involved).

Explain how the partners were selected, and why is this partnership the best to attain the objectives of the project. Describe the value of the partnership, its strengths/weaknesses, the organisational arrangements between the partners and how you will ensure coordination between your organisation and the partners.

Introduce the core project team and list the cv's attached to the application of the key people working in the project (project manager, financial manager and the key experts).

Consortium as a whole

DA.CO.I.E.R meets not only a number of well-know scientists in toxicology, analytical chemistry and medicine but also from multi-socio-cultural origins: 3 European member states as Co-beneficiary partners (Greece, Spain and Portugal) and one Associate partner (Turkey). Therefore, the consortium aims at implementing a high-quality management in order to permanently supervise the work performed and to ensure the achievement of project objectives. For an optimized focus of all partners' qualities and skills, the project has been structured around 3 technical Workstreams (WS1 to WS3) which directly meet the project's objectives. WS0 is fully dedicated to project management whereas training, outreach and dissemination issues are discussed in WS4.

Coordinating Organisation and Coordinator

Professor Aristidis Tsatsakis is Professor and Head of the Laboratory of Medicinal Chemistry and Toxicology at the University of Crete. He is author of more than 400 publications in peer reviewed journals and about 40 reviews and book articles. Prof. Tsatsakis is currently the President Elect (2012) of EUROTOX, the President of the Hellenic Society of Toxicology, chairman of the ERT HST national Registry and member of several Scientific Academies and Societies. Thus, Professor Tsatsakis will be the obvious coordinator of the project, responsible for the technical coordination of the project as well as for management activities.

Role of partners

University of Crete (U.O.C.)

Professor Aristidis Tsatsakis is the Coordinator of the project. UOC will be responsible for the management structures and procedures. The consortium as a whole with regard to the progress achieved will be monitored. The role of UOC as Coordinator will be to ensure that optimised coherence between decision-making bodies and to minimise the risks of bottle necks and to mediate and settles disputes within the consortium. In the technical Workstreams, (WS1 to WS3) UOC will assess the use of new drugs or poly drug use utilising analytical techniques.

Instituto Hospital del Mar de Investigaciones Médicas (IMIM)

Dr Óscar García is leading one of the most specialised groups (Group of Research in Childhood and Environment-URIE) in the area of conventional (blood) and non conventional (hair, oral fluid, sweat) matrices samples collection in emergency rooms. The role of URIE will be to contribute to collection of samples, analytical methodologies and implementation of interventions in the Workstreams (WS2 to WS4).

University of Porto (UOP)

The team of Professor Carvalho carries out pioneer work in the area of toxicology of drugs of abuse and therefore would be leader in Workstreams 3. Since dissemination and outreach is of paramount importance for the successful completion of a project, UCR will be organizing and monitoring all these

actions that have as a scope to promote our support actions to the health care units and public authorities.

Istanbul University (I.U.)
Dr Ozcagli is an expert in the field of drug safety with significant experience in the preparation of training sessions for specialised target groups. IU will have as a role to assist the other partners to the dissemination activities, design, plan and deliver the training sessions required for the staff of the emergency rooms and the health care units.

Project management
The very ambitious objectives of DA.CO.I.E.R the diversity of partners' backgrounds and the number of participants within the consortium require a highly structured and excellence-oriented management system. The management structure is thus divided into two levels:

(a) The strategic management (formulating, deciding /selecting, prioritising and evaluating cross-functional decisions/strategies);
(b) The operational management resides (the processes and procedures developed and implemented by the Management Team).

Strategic management
The strategic management level includes three decision-making committees that represent the governance bodies: the Governing Board, the Coordinator and the Executive Management Committee. It will be assisted by advisory committees and boards including the Scientific Advisory Board (S.A.B.), the Intellectual Property Committee (I.P.C.), and the Medical Liaison Council (M.L.C.).

1.9. Monitoring of the project implementation; risks and measures to mitigate them ***(max 2000 characters)***

Describe how will you ensure that the project is implemented as planned and what methods will you use to monitor its progress.

Describe possible risks and the activities that you plan to undertake to mitigate them.

The Governing Board (G.B.)
The G.B. is the ultimate decision-making level within the project. This committee represents the interest of all partners and will be composed of one high level representative from each partner organisation.

Governance meetings

Meeting	Participants	Date	Main Objectives
Kick-Off Meeting	Coordinator Management partners	At the start of the project	Launch the project in an effective way
GB Meeting	Coordinator Management partners	end of first/second year	Make the decisions /strategies