Appendices

External Evaluation of the European Monitoring Centre for Drugs & Drug Addiction

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Centre for
Strategy & Evaluation
Services

P O Box 159
Sevenoaks
Kent TN14 5WT
United Kingdom
www.cses.co.uk

Appendices

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Name	Position/organisation	Interview
Commission		
Dana Spinant	Head of Unit, Anti-Drugs Policy, DG JUST	F2F
Caroline Hager	Anti-Drugs Policy Unit, DG JUST	F2F
Maurice Gallà	Anti-Drugs Policy Unit, DG JUST	F2F
Timo Jetsu	Anti-Drugs Policy Unit, DG JUST	F2F
Adrianna Miekina	Fight against organised Crime, DG HOME	Telephone & F2F
Mickael Roudaut	Financial Crime, DG HOME	Telephone & F2F
Michael Huebel	Head of Unit, DG SANCO	Telephone
Giulio Gallo	DG SANCO	Not able to help
Ann Vanhout	External Action Service	F2F
Henk Visser	DG Enlargement	Telephone
Giulio Venneri	DG ENL (Balkans)	F2F
Harriet Wihlman	DG BUDG/HoU /coordination of agencies	Not able to help
Dirk Lapage	DG BUDG/ coordination of Agencies	Not able to help
Enrico Maria Armani	DG HR/ Head of Unit/ Agencies	Not able to help
Victoria Amici	DG HOME, EUROPOL	Not able to help
EMCDDA		
Wolfgang Gőtz	Director, European Monitoring Centre for Drugs and Drug Addiction	F2F
Paul Griffiths	Scientific Director, Scientific Division	F2F
Dante Storti	Head of Unit, Administration	F2F
Internal Steering group	Alexis Goosdeel, Maria Moreira, Rosemary de Sousa, Frank Zobel	Meeting
Alexis Goosdeel	Head of Unit, Reitox and International Cooperation	F2F
Fabian Pereyra	Head of Sector, Human Ressources	F2F
Roumen Sedefov	Head of Unit, Supply reduction and new trends (SAT)	F2F
Roland Simon	Head of Unit, Intervention, Best Practice and Scientific Partners (IBS)	F2F
Maria Moreira	Drug-related research information officer	F2F
Danilo Ballotta	Principal scientific policy officer institutional coordination	F2F
Ana Gallegos	Scientific analyst action on new drugs	F2F
Jane Mounteney	Scientific analyst, POL Unit	F2F
Klaudia Palczak	Policy Officer, Directorate	F2F
Liesbeth Vandam	Analyst - Scientific coordination	F2F
Cécile Martel	Head of Sector, International Cooperation	F2F
Frank Zobel	Head of Unit, Policy, evaluation and contents (POL)	F2F
Gonçalo Felgueiras e Sousa	Head of Unit, Director's Office (DIR)	F2F
Julian Vicente	Head of EPI unit	F2F
André Noor	Head of the data management and statistical support team	F2F
Sandrine Sleiman	Quality assurance and scientific officer (RTX unit)	F2F
Ilze Jekabsone	Capacity development officer (RTX unit)	F2F
Frédéric Denecker	Senior project and network support officer (RTX unit)	F2F

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Ákos Hrabovszki	Financial and contractual assistant	F2F
Narcisa Murgea	Strategic planning and monitoring officer	F2F
Pedro Ribeiro	Head of the ICT Unit	F2F
Chloé Carpentier	Head of sector (Markets, crime and supply reduction)	F2F
Laurent Laniel	Scientific Analyst supply reduction	F2F
Rosemary de Sousa	Head of the Communication Unit	F2F
Other Stakeholders		
Jean-Marc Vidal	European Medicines Agency, Scientific Administrator	Telephone
Detlef Schroeder	CEPOL, Deputy Director	Telephone
Robert Hauschild	EUROPOL, Head of unit	Telephone
Mika Salminen	European Centre Disease Prevention & Control (ECDC) Head of section on health impact	Telephone
Benedikt Welfens	EUROJUST, Deputy to DE National Member	Telephone
Salvatore Iacolino MEP	European Parliament, Vice Chair of the LIBE Committee	Several contacts but no response
Sophia In't Veld MEP	European Parliament, Vice Chair of the LIBE Committee	Not able to help
Jutta Haug MEP	European Parliament, Vice Chair of the Committee on Budgets	Not able to help
Georgios Stavrakis MEP	European Parliament, Vice Chair of the Budgetary Control Committee	Not able to help
Patrick Penninckx	Pompidou Group, Council of Europe	Telephone
Angela Me	UN Office Drugs and Crime (UNODC)	Telephone
Francisco Cumsille	Inter-American Drug Abuse Control Commission (CICAD)	Telephone
Marya Hynes	Inter-American Drug Abuse Control Commission (CICAD)	Telephone
Fe Cacecs	Office of National Drug Control Policy (ONDCP)	Telephone
Michel Perron	Canadian Centre on Substance Abuse (CCSA)	Telephone
Vladimir Poznyak	WHO, Regional Office for Europe	Telephone
Allen Bruford	Deputy Director for compliance, World Customs Organisation (WCO)	Telephone
National Focal Points, Management Board & Scientific Committee members		
Austria		
Marion Weigl	Head of Focal Point, Gesundheit Österreich GmbH (GÖG)	F2F
Irmgard Eisenbach-Stangl	Scientific Committee member, European Centre for Social Welfare Policy and Research	Telephone
Belgium		
Johan van Bussel	Head, Focal Point, Scientific Institute of Public Health	Telephone & F2F
Claude Gillard	Management Board, Legal Counsellor, Ministry of Justice	F2F
Prof Dr. Brice de Ruyver	Scientific Committee member, University of Ghent, Criminal Law and Criminology Department	Telephone
Bulgaria		
Momtchil Vassilev	Head of Focal Point, National Centre for Addictions	F2F

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Ms Tsveta RAYCHEVA	Management Board, Director, National Centre for Drugs and Drug Addiction	F2F
Croatia		
Lidija Vugrinec	Head Focal Point, Government Office for Combating Narcotic Drugs Abuse	F2F
Cyprus		
Neokolis Georgiades	Head of Focal Point, Cyprus National Monitoring Centre for Drugs and Drug Addiction	F2F
Stelios SERGIDES	Management Board, Member of the Cyprus Anti-Drug Council	Several contacts but no response
Czech Republic		
Viktor Mravcik	Head of the Czech National Focal Point for Drugs and Drug Addiction	F2F
Lucia Kiššová	Management Board, Head of Department of Coordination and Funding of Drug Policy	Telephone
Denmark		
Kari Grasaasen	Head of Focal Point, National Board of Health	F2F
Mogens Jørgensen	Management Board, Ministry of the Interior and Health	Telephone
Estonia		
Ave Talu	Head of Focal Point, National Institute for Health Development (NIHD)	F2F
Andri Ahven	Management Board member, Ministry of Justice	Telephone
Germany		
Dr. Tim Pfeiffer-Gerschel	Head of Focal Point, Institut für Therapieforschung	F2F
Ms Mechthild DYCKMANS	Management Board member, Beauftragte der Bundes-regierung für Drogenfragen, Federal Ministry of Health	Telephone
Prof. Dr. Gerhard Bühringer	Vice-Chair Scientific Committee, Addiction Research Unit, Department Clinical Psychology & Psychotherapy, University Dresden	F2F
Greece		
Manina Terzidou	Head Focal Point, University of Mental Health Research Institute (UMHRI)	F2F
Mr Poulopoulos	Director, KETHEA (Centre for Treatment of Addicted Persons	Telephone
Mr. Papanastasatos	Head of research unit, KETHEA (Centre for Treatment of Addicted Persons	Telephone
Minerva-Melpomeni Malliori	Management Board member, President, Greek Organisation Against Drugs (O.K.A.N.A.)	Telephone
Finland		
Hannele Tanhua	National Focal Point, STAKES National Research & Development Centre for Welfare & Health	F2F
Tapani Sarvanti	Management Board member, Ministry of Social Affairs and Health	Several contacts but no response

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France		
Maud Pousset	Head of Focal Point, Observatoire Français des Drogues et des Toxicomanies (OFDT)	F2F
Laura d'Arrigo	Management Board, Président, Mission interministérielle de lutte contre la drogue et la toxicomanie (MILDT) Premier Ministre	F2F
Dr. Henri Bergeron	Scientific Committee, Centre de Sociologie des Organisations	Telephone
Dr. Jean-Pol Tassin	Scientific Committee, Collège de France, Unité CNRS	Telephone
Hungary		
Gergely Horvath	Head of Focal Point, Ministry of Health - National Centre for Epidemiology	F2F
Ireland		
Brian Galvin	Head of Focal Point, Health Research Board	Several contacts but no response
Michael CONROY	Management Board member, Department Health	Telephone
Italy		
Elisabetta Simeoni	Head of Focal Point, Presidency of the Council of Ministers - Drug Policy Department	F2F
Giovanni Serpelloni	General Director – Technical scientific area of Drug Policy Department, Presidency Council of Ministers	Telephone
Dr. Marina Davoli	Chair Scientific Committee, Department of Epidemiology	Telephone
Latvia		
Ms. Ieva Pugule	Head of Focal Point, The Centre of Health Economics, Ministry of Health	F2F
Maris TAUBE, MD	Management Board, Centre of Health Economics, Director of Department of Public Health	Telephone
Lithuania		
Ernestas Jasaitis	Head of Focal Point coordinator Lithuania Drug Control Department	F2F
Zenius MARTINKUS	Management Board, Director of Drug, Tobacco and Alcohol Department	F2F
Povilas Radzevicius	Management Board, Deputy Director of Drug, Tobacco and Alcohol Department	F2F
Luxembourg		
Alain Origer	Head of Focal Point, National Drugs Coordinator, Public Health Research Centre (CRP Santé)	F2F
Frank Gansen	Management Board, Department of Health	Several contacts but no response
Malta		
Manuel Gellel	Head of Focal Point, Ministry of Social Policy	F2F
Richard Muscat	Management Board, Chairman National Commission for Dependencies, Department of Biomedical Sciences	Telephone
Netherlands		

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Franz Trautman	Head Focal Point/National Drug Monitor, Trimbos Institute	Telephone
Henk Garretsen	Scientific Committee, Faculty of Social and Behavioural Sciences	Telephone
Norway		
Odd Hordvin	Head of Focal Point, Norwegian Institute for Alcohol and Drug Research - SIRUS	Telephone
Dr. Anne Line Bretteville- Jensen	Norwegian Institute for Alcohol and Drug Research	Telephone
Portugal		
Sofía Santos	National Focal Point, Instituto da Droga e da Toxico-dependência (IDT)	Telephone
João GOULÃO	Management Board, President, Instituto da Droga e da Toxicodependência (IDT)	Telephone
Poland		
Artur Malczewski	Head of Focal Point, National Bureau for Drugs Prevention	F2F
Boguslawa Bukowska	Management Board, Deputy Director, National Bureau for Drug Prevention	Telephone
Krzysztof Krajewski	Scientific Committee member, Chair of Criminology, Jagellonian University	Telephone
Romania		
Ruxanda Iliescu	Head of Focal Point, Romanian Monitoring Center for Drugs and Drug Addiction	F2F
Sorin Oprea	Management Board, Director of National Antidrug Agency	Telephone & written input
Slovak Republic		
Imrich Steliar	Head of Focal Point, National monitoring centre for drugs	F2F
ZusanaJelenkova	Substitute Management Board member, Anti-Drug Strategy Coordination Department	Telephone
Slovenia		
Milan Krek	Head of Focal Point, Institute of Public Health	Telephone
Vesna-Kerstin Petrič	Management Board, Ministry of Health	Telephone
Spain		
Rosario Sendino Gómez	Technical Advisor. Observatory on Drugs. Government Delegation for the National Plan on Drugs.Ministry of Health, Social Policy and Equality.	F2F
Francisco Rábago Lucerga	Technical Advisor. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality	F2F
María Sofía Aragón Sánchez	Management Board, Deputy Direction of Institutional Relations, Government Delegation for the National Plan on Drugs, Ministry of Health, Social Policy and Equality	Telephone
Fernando Rodriguez da Fonseca	Scientific Committee member, Fundacion IMABIS	Telephone

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Sweden		
Joakim Strandberg	Head Focal Point, Swedish National Institute of Public Health	F2F
Prof. Dr. Björn Hibell	Scientific Committee, Swedish Council for Information on Alcohol and other Drugs	Telephone
Ralf LÖFSTEDT	Management Board member, Director Special Expert Division Public Health, Ministry of Health & Social Affairs	Telephone
Turkey		
Mr Tolga Tunçoğlu	Programme Manager for Drugs, Department of Health (on behalf of Ahmet Tasdemir NFP)	Telephone
United Kingdom		
Alan Lodwick	Head Focal Point, Department of Health	F2F
Aphrodite Spano	Future Head of Focal Point, Department of Health	F2F
Prof. Dr. Richard Velleman	Scientific Committee, Mental Health Research & Development Unit	F2F
Dr. Matthew Hickman	Scientific Committee, Social Medicine	Telephone

The EMCDDA produces a large number of scientific and other outputs. The publications form a vital aspect of the EMCDDA's mission to provide stakeholders in the EU and Member States with objective, reliable and comparable information on drugs and drug addiction. By providing this vast range of information products, the EMCDDA seeks to help key stakeholders, such as policy-makers, scientists, researchers and practitioners in the drugs field, understand the nature of the drugs problem and formulate appropriate responses. An overview of the EMCDDA's various scientific outputs is provided below.

1.1 Peer review sample

A selection of EMCDDA publications has been examined in more depth as part of an exercise to review their quality and relevance to intended target audiences. Given the high number of publications produced by the EMCDDA, a sampling exercise was performed with the aim of providing a snapshot of the type of issues covered by the Agency considering the variety of drug situations across Europe and the diversity of approaches to treating them in different countries. The peer review only includes outputs published since the last evaluation was carried out in 2007. It covers a mix of technical as well as non-technical outputs as shown in the box below:

Sample of EMCDDA Outputs for the Review

- **Annual Reports** (2008, 2009, 2010, 2011);
- **Selected Issues:** Costs and financing of drug treatment services in Europe (2011); Trends in Injecting Drug use in Europe (2010); Polydrug use: patterns and responses (2009); Towards a better understanding of drug-related public expenditure in Europe (2008).
- **National Reports** 2009 & 2010: UK, France, Germany (large MS) Spain, Bulgaria (MS with external EU borders) & Turkey (non-EU country, exposed to drug smuggling);

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- **Drugs in focus briefings**: 'Khat use in Europe: implications for European policy' (2011); 'Responding to drug driving in Europe' (2009); 'Neurobiological research on drugs: ethical and policy implications' (2009); 'Substance use among older adults: a neglected problem' (2008);
- **Insights:** Internet-based Drug Treatment Interventions (2009); Drug use, impaired driving and traffic accidents (2008); Prevention of substance abuse (2008)
- **Monographs:** published since 2008 (Nos. 8, 9, 10).
- **DRUGNET Europe newsletters**: (72 (2010), 73, 74, 75 (2011);
- **Drug Policy Profiles**: Portugal (only report available).
- **Thematic papers:** Pilot study on wholesale drug prices in Europe (2011); Drug use: an overview of general population surveys in Europe (2009)

This peer review covers outputs published since the last external evaluation of the EMCDDA, i.e. from 2008 to 2011. The following table provides an overview of the coverage of the peer review.

	2008	2009	2010	2011
Annual Report	√	√	√	√
Selected issues	no.26	no.29	no.30	no.35
Statistical bulletin				
Country overviews				
National reports			√ (5 in all)	√ (6 in all)
Drugs in focus	no. 18	nos. 19, 20		no. 21
Insights	nos. 7, 8	no.10		
Manuals				
Monographs	no.8	no.9	no.10	
Drugnet Europe			no.72	nos.73,74,75
Drug policy profile				no.1
Thematic papers		no.7		no.11
Technical datasheets				
Risk assessments				
Joint publications & reports				
Drug profiles				
Best Practice portal				
ELDD database				

1.2 General information on the types of publication under review

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EMCDDA Annual Reports provide an overview of the drugs situation across the countries that form part of the Reitox network as well as relevant information outside Europe. The information mainly relate to the key indicators developed by the Agency for monitoring the drugs situation in Europe. **The Annual Reports published since the last evaluation will serve to assess the progress made in the overall monitoring of the drugs situation throughout Europe. As Annual Reports are regarded as the Agency's flagship publication, their review will try and determine whether the overall work of the EMCDDA has improved scientifically.**

Selected Issues introduced in 2005 as separate documents are topical presentations addressing stand-alone topics. They are based on information provided by the Reitox national focal points as part of the national reporting process and 2-3 new titles are published each year in connection with the launch of the Annual Report. **A sample of them were reviewed to understand the extent to which these publications can offer valuable insights to a wide range of stakeholders as they are meant to tackle specific topics from a multidisciplinary perspective.**

National reports compile all developments relating to drug use and drug policies at Member State level on an annual basis. **A sample of the 2010 and 2011 reports will be reviewed to assess the extent to which the quality and content of national-level information is comparable and their usefulness in providing an input to the Annual Report.**

Drugs in focus briefings are designed to offer policy-makers the latest findings on key issues in the drugs field and to inform the decision-making process in this domain. Each edition includes a brief introduction to the theme at hand, key policy issues at a glance, graphs/tables, policy considerations, web information and further reading. **The last four editions have been reviewed for the added-value they are likely to bring to policymaking. Particular information will be paid to the format of the output and the clarity with which key messages are highlighted.**
Insights contain the findings of research carried out by different scientific bodies across Europe and the rest of the World on various topical issues. Like most other EMCDDA publications, the Insights series targets policy-makers and their advisors, specialists and practitioners in the drugs field. **This review looks at the last three 'Insights' published since 2008. The focus here is to assess the extent to which the EMCDDA is in touch with the global scientific community while taking into account progress in research and new research trends on specific issues.**

Monographs contain information of a more methodological and scientific nature than most other EMCDDA publications. Topics cover a wide range of issues, from science, policy, theory and methods to practical cases and facts, but a number of methodological issues have been covered in the most recent publications. These publications are above all addressed to a scientific audience with a specialisation in particular aspects of the drugs issue and, as such, are highly technical in nature. **The last three editions were peer reviewed to assess how they ensure greater visibility and authority for the EMCDDA within the drugs research community.**

DRUGNET newsletters summarise the latest developments in drugs policy and other events across the EU but also outside Europe. It is both an instrument of information (news) and a forum for communication between partners (exchange), and provides a complete overview of the work of the agency and its key partners. They are published on a quarterly basis. **Reviewing a sample of them will provide an indication of the effectiveness of the EMCDDA's promotion and visibility strategy.**

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Drug policy profiles provide comprehensive factual information about the policies in place in a particular Member State to tackle drug issues. **Their contribution to informing EU policy-makers in detail on national-level policies will be considered. Particular attention will be given to the way in which information is conveyed with a view to suggesting good practices to EU-level policy-makers.**

Thematic papers are theme-based, scientific papers on various aspects of the drugs phenomenon aimed at specialists and practitioners in the field. Topics include issues like wholesale drugs prices, children's experience with drugs and alcohol and the 'Spice' phenomenon. Two thematic papers published between 2008 and 2011 were reviewed as part of this evaluation according to the extent to which the topics offered prospects for EU-wide cross-country comparisons. **The aim of the review was to assess the extent to which they offer practical instruments for practitioners and policy-makers to improve and harmonise research and data collection methodologies.**

1.3 Criteria used for the peer review

In terms of the **review criteria**, these were broadly based on the EMCDDA's Quality Assurance Scheme, especially for technical outputs, as detailed below. A number of qualitative criteria were applied for assessing their content.

- **Relevance** - whether the topic is relevant to key stakeholders' priorities and the extent to which the output contains all the necessary and available information to provide an overview of the situation.
- **Reliability** - the extent to which the information allows comparisons (between different time periods, countries, etc). The extent to which the information is traceable (referencing) and/or the methodology for producing it is clearly explained.
- **Usefulness** - the extent to which the information is oriented to the target group as well as acceptable and pertinent to the outputs' objectives.
- **Comparability** - the extent to which the quality of the information provided is consistent between different outputs (this criterion applies specifically to National Reports)

1.4 Review of selected publications

Annual Reports:
Years reviewed: 2008, 2009, 2010, 2011

The Annual Report is the flagship publication for the EMCDDA and is widely disseminated and widely reported on whether it is in the media or in scientific journals and other specialist publications. The Report provides an introduction and overview of issues affecting the differing countries. It presents an accurate comparison of levels of problems in different countries on a variety of issues. The information is up-to-date and emerging issues are also tackled. The data in the annual reports are well-detailed and are clearly meant to serve the purpose of establishing or informing common European drugs strategies. As such, EMCDDA Annual Reports still appear to be the reference publication for specialists and policy-makers alike.

The structure of the Report over the past three years has slightly varied, with greater importance given each year to the EMCDDA's key indicators. However, the essential structure has remained.

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The Annual Report is structured from two broad perspectives. The first of these consists of monitoring the drug situation (prevalence and patterns of use, consequences of use, drug markets and availability) and the second consists of monitoring the responses to the drug problems (prevention, treatment, harm reduction, policies and laws.

The experience of the EMCDDA is reflected in the high quality of the complex discussion around many issues, ranging from national drug policy to the issue of drug treatment policy and approaches to improving the quality of treatment. Overall, there is a progressive improvement in the breadth and the depth of discussion with a significant improvement year on year. In the 2008, the Annual Report addressed both the hidden and more visible costs of Europe's drug problem. This focus reflected the work undertaken by the EMCDDA to develop an understanding of the public expenditures associated with tackling drug use in EU Member States. The following year, the Annual Report focused on describing the complex relationship between regional specificities, national features, and European and even global trends of drugs supply and demand in order to understand those factors that can promote or inhibit the growth of drug problems so as to map out appropriate interventions. The Annual Reports are well balanced, well judged and impactful reviews of the state of the drug problem in a particular year and offer the desired strategic direction for development for the EMCDDA for the forthcoming year. The reports integrate a very broad range of information and appear to build on each other year on year.

The latest Annual Reports focus particularly on new psychoactive substances that are emerging on the European market providing a very useful snapshot of emerging phenomena and market evolvement.. There are also sections dedicated to other substances outside drugs such as alcohol and tobacco so as to analyse correlations in consumption patterns.

The 2009 Annual Report reports extensively on the use of multiple drugs simultaneously or consecutively - polydrug use – as increasing health risks and complicating drug treatments. Despite the different trends reported by substance, polydrug use patterns are widespread, and the combined use of different substances further complicates most of the problems related to drug use. These analyses are further elaborated on in the 2010 and 2011 reports with a welter of statistics and graphs useful for formulating evidence-based policies.

The Annual Report is at the very heart of the activity of the EMCDDA, whereby the national reports and relevant data sets are amalgamated to provide an overview of trends in Europe with reference to the key indicators to provide an understandable overview of the state of drug problems in Europe. In this respect, visible progress has been made in the latest annual reports in relation to the agency's key indicators (prevalence and patterns of drug use; problem drug use; treatment demand; drug-related deaths; drug-related infectious diseases). Hence, EMCDDA annual reports are evolving in the right direction particularly as of the objectives of the 'EU action plan on drugs 2009-2012' aims to further improve and fully implement the five EMCDDA key indicators and to support the development of new indicators and measures in drug demand reduction.

A set of core items are developed by the EMCDDA, in close collaboration with national experts, for use in adult surveys (the 'European Model Questionnaire', EMQ) in relation to the 'prevalence and patterns of drug use' key indicator. This protocol is in use in most EU Member States. However, annual reports point out that there are still differences in the methodology used and year of data collection between countries, meaning that some of the data should be interpreted with

caution. Hence, the quality of the data is clearly dependent on the quality of the national data gathered.

Some of the cross national comparisons, considering the national data, leave a lot to be desired. This is particularly true for the sections and tables on public expenditure. For instance, due to differences between countries in methodology regarding estimates of drug-related public expenditure, data quality and completeness, values for drug-related public expenditure as a proportion of gross domestic product (GDP) are indicative only, and should not be taken to represent the full extent of national public expenditure on the drug problem.

The 2011 annual report points out that the number of reported drug-induced deaths is almost as much influenced by the prevalence and patterns of drug use, the age and the co-morbidities of drug users and the availability of treatment and emergency services, as by the quality of data collection and reporting. For instance, the report mentions serious limitations regarding the quality and completeness of national data on drug-related HIV infections mainly due to under-reporting and reporting delays, which can show spurious trends in the most recent years. On the other hand, the report reveals that a recent EMCDDA rapid risk assessment provided an overview of the most recent data available and mapped increases in HIV indicators and risk indicators (HIV case reports, prevalence, including in young or new Injecting Drug Users) in the EU. **This example reveals that the EMCDDA is careful when putting forward conclusions based on analyses of national data, pointing to their limitations where appropriate.**

The 30 countries forming part of REITOX are all following the same methodology. The indicators are reviewed each year. The information is accurate and gives an overview of best practices especially for countries setting up a drugs observatory or developing their drugs legislation. There have been improvements in the reliability of European data, allowing for better descriptions of trends, with most countries having adopted a case definition endorsed by the EMCDDA. Nevertheless, the report insists that there are still differences in reporting methodology and data sources and that therefore comparisons should be made with caution.

Overall the task of pulling the information together from a wide range of countries is well carried out and the final report is succinct and focussed. Throughout the report, examples of issues and good practices from different countries are reported on. There is impression, though, that country examples are given to show the extent of the annual reports' geographic coverage rather than being based on some more structured systematic analysis.

The Annual Reports are well laid out and well illustrated. The reports are readily available in downloadable PDF-format. The latest Reports has an improved presentation style, and the issues are quite readable, sensible and relevant, and well pitched for national drug policy experts who would wish to have a reasonably concise document to hand to refer to. There is a very complicated and diverse range of topics are covered in a readable and well presented manner supported by graphics.

The issues raised in the latest reports and the topics covered, as well as the interpretation of these findings are highly relevant to the current political situation in many European countries and thus provide considerable added-value to policy-makers.

The complexity of the drug problem in Europe are shaped by many factors and do not exist in either geographical or social isolation. The 2010 and 2011 annual reports in particular recognise this fact as well as the need to take into account broader cultural developments and global trends,

as both can have profound implications for the patterns of drug use. As such, they tackle comprehensively the growing and severe drug-related problems faced by many of EU neighbouring countries both from a public health and social perspective as organised crime in those countries often represents a direct threats to the EU on different levels.

Furthermore, the current economic difficulties experienced by many European countries are a part of the backdrop to the information provided in the latest reports; in particular regarding budgetary restrictions on public health spending. The latest reports also provide extensive information on a relatively new phenomenon for which little legislation exists, which is the impact of IT and the Internet on the selling of drugs. These technologies are indeed increasingly exploited by organised crime.

Selected Issues

Reports reviewed:

- *Costs and financing of drug treatment services in Europe (2011)*
- *Trends in Injecting Drug use in Europe (2010)*
- *Polydrug use: patterns and responses (2009)*
- *Towards a better understanding of drug-related public expenditure in Europe (2008)*

Four reports published between 2008 and 2011 were reviewed as part of this evaluation. The reports were selected according to the extent to which the topics offered prospects for EU-wide cross-country comparisons.

The Selected Issue entitled **'Costs and financing of drug treatment services in Europe'** published in 2011 is interesting given that treatment is an important part of every drug strategy adopted by the EU Member States and that improved knowledge on treatment costs and funding is something policy-makers are particularly interested in. The report manages to point out the substantial variation in the breakdown between public and private funding of drug treatment. The evidence is supported by adequate graphic interpretations making the report information easy to digest at a glance. Table 1 (p12) give a practical overview to the reader of the arrangements in each Member States with regard to the levels of government at which drug treatment funding is managed, and analyses Member State-level payment mechanisms in further detail.

Nevertheless the data available relevant to this particular issue is rather limited, something which is reflected in the paper, which in turn limits the possibility for in-depth analyses. The estimates provided by the Member States are difficult to compare, as each of them includes different variables. This also reveals differences in methodology making cross-country comparisons very challenging. **This Selected issue may nevertheless inspire other countries to provide more and accurate data on treatment costs and funding in the years to come.**

The Selected Issue **'Trends in Injecting Drug use in Europe'** published in 2010 brings together and analyses data from a variety of sources to estimate the prevalence and trends in drug injecting in Europe. The data coverage remains again fairly restricted as national estimates of the number of injecting drug users were available for 14 Member States only**. The extent of the problem is well illustrated with the use of charts summarising national estimates very clearly**. This publication as the potential to inform policy-making given the amount of information presented in tables and graphs making it possible to capture the most striking recent trends at a glance. The publication is above all very summative and clearly structured.

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Recent data provided by drug treatment centres point to injecting drug use remaining stable or declining in most European countries. Another key observation is that the prevalence of injecting drug use varies widely between European countries. **The analysis is complemented with selected country examples and data from prison settings and infectious disease studies among injecting drug users. Nevertheless, despite an attempt to depict certain sociological factors leading to injecting drug use, it can be sensed that national differences with regard to trends cannot be easily explained.**

The **'Polydrug use: patterns and responses'** Selected Issue published in 2009 has a strong multidisciplinary dimension. The paper explores social factors with regard to polydrug use and offers very interesting insights as it highlights the influence of social context on patterns of use. It clearly sets out the methodology regarding data analyses although the data only covers 14 European Member States. Detailed data is provided to help establish the profile of polydrug users among adolescents and young adults thanks to thorough surveys conducted in a large number of Member States. The report therefore tackles to some extent the social dimension to the problem of polydrug use. Again, tables and graphs provide a very user-friendly account of the main findings. However the report also points out certain methodological limitations, such as Member State differences in the methods of recording multiple drug use, to be considered when interpreting the data.

Treatment responses to polydrug users in different settings (e.g. recreational) targeting adolescents and young adults as well as their impacts are reviewed. The information is again derived from survey results but the analysis lacks depth as to the reasons behind the effectiveness of certain treatments. The report reviews available literature in a structured way but points out the lack of information on multiple substance use and treatment practices in relation to the issue. **This report engages in original research particularly as the EMCDDA is seeking to improve the monitoring of polydrug use and its incidence on drug-induced deaths to better inform public health interventions.**

Finally, the Selected Issue entitled **'Towards a better understanding of drug-related public expenditure in Europe'** published in 2008 offers a very robust approach to analysing the issue. A clear distinction is made between labelled and non-labelled public expenditure from which Member State-level data are consistently collected and thoroughly analysed. Key issues relating to economic evaluation such as the concept of efficiency are clearly presented and reviewed for the reader to understand the role of public expenditure evaluation as a straightforward costing exercise.

Total labelled expenditure reported and broken down by government function is provided, providing insights into the significance of the drug problem across different policy areas outside health. Similarly, data on labelled and non-labelled drug expenditure at Member State level gives an indication of the means employed by the police and justice system to tackle drug-related criminality. Some useful lessons can be drawn by policy-makers and practitioners alike on the impact of criminal activity on the public health expenditure across the EU and on the costs incurred by the government in terms of law and order in general. Nevertheless, the report points out that the data it contains should be taken as indicative and not definitive as budget lines on drug-related issues are still too generic, too aggregated and over-inclusive making labelled expenditure a sub-estimated fraction of the total expenditure identified. Furthermore, it points out

that the estimation strategies employed by reporting countries for unlabelled expenditure were very varied in both depth and breadth, making direct comparisons of figures by country inappropriate.

This report was very pertinent to the EMCDDA's input into the EU Drugs Action Plan 2005-08 as a large part of it is dedicated to quantifying public expenditure in the field of drugs in the EU with a unified and common classification approach that maximises the validity and comparability of results across countries. **The information is presented in a clear and reader-friendly way, giving very valuable insights to policy-makers.**

In the Selected Issues selected for review, the topics are dealt with concisely and with great clarity. These reports are a good starting point for subsequently carrying out more in-depth research into the issues they present.

These publications offer valuable insights as they tackle specific topics from a multidisciplinary perspective. The information they contain is nevertheless scientific for the most part but their format and length (25-30 pages) make them quite reader-friendly.

During the interviews, especially with NFPs, several questions were raised in relation to the choice of topics for Selected issues which, it was argued, have become less interesting recently. It was suggested that they should be problem-driven and that it might be a good idea to choose more topical issues and maybe rename the publication 'Emerging issues'. In this context, it has come to our attention that a major discussion emerged between NFPs and the EMCDDA a couple of years back in relation to the Selected Issues, the choice of topics and the workload involved in producing these publications. However, the matter seems to have been settled as clear procedures and responsibilities have been defined for both sides.

National Reports:

2010 reports reviewed: UK, Germany, France, Bulgaria, Spain, Belgium

2009 reports reviewed: France, Spain, Turkey, UK, Germany

Overall, it is possible to see that national reports build on data collected in previous years therefore the information they contain report allows comparisons between different time periods and is highly reliable. This reveals the use of a consistent methodology year on year across Europe.

The national reports reviewed are well laid out and well illustrated. There is a high degree of consistency and clarity in the style of presentation both in the 2009 and 2010 reports.

All the national reports reviewed include an executive summary of the different sections covered as well as of the selected issues. Similarly, all the reports include a list of terms and abbreviations in order to ensure a good level of clarity and to cater for non-specialist readers.

The 2010 UK report includes a technical note explaining the use of certain terms such 'significant', the exchange rates used for reporting on expenditures. The French and German reports, for instance, do not include these technical notes. The explanation of the use certain terms according to context is helpful for specialist readers.

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There is relative variation in the length of national reports relating to the extent of scientific research in each Member State. For instance the 2010 Bulgarian report is only 107 pages long while the UK and German reports are 240 and 294 pages respectively.

Sections 1 and 2 provide comprehensive information on the drug situation in context with no particular need to resort to supplementary literature. In both the 2009 and 2010 German reports, new developments are framed and highlighted in grey so that readers, familiar with the framework conditions of the German reporting system, may, while reading, concentrate on the new developments. This is makes the German reports highly readable.

Coverage of developments at national level is well detailed and the level of comparability is therefore satisfactory. There is extensive coverage of projects and developments and activities at Lander level in Germany, complementing information on projects & activities at national level in section 1 of the 2010 German report.

The 2009 and 2010 UK reports contain a detailed overview of policy framework and organisational framework of the agencies in England, Scotland, Wales and Northern Ireland. Furthermore, the UK report also includes a detailed breakdown of public expenditure on the drugs problem in England, Scotland, Wales and Northern Ireland (such as implementation of strategy or spending on public order and safety...) in section 2 p26. This issue is only partially or succinctly covered in other national reports.

In the 2010 German report, a comparison is made of 2006 data against 2009 data on consumption broken down by type of drug in the general population.

An effort was made in 2010 national reports to explore the connection between alcohol, tobacco and cannabis use and their impact on the quality of life of different groups of population to uncover a wider social phenomenon linked to socio-demographic and socio-economic factors. Consumption patterns among 'at-risk' groups are investigated in all of the reports reviewed. This extension in scope allows national reports to deepen their understanding of illicit drug consumption patterns.

Overall, despite a harmonised structure and layout, there is less consistency in the way statistics are presented across different national reports. Nevertheless, tables and figures are usually included in the body of the reports, making the information easily readable and easy to refer to.

In the 2010 UK report, extensive population and consumption data is included Section 2. The 2010 UK report covers certain social aspects of the drugs problem such as the use of drugs according to ethnicity. This is not covered by other national reports.

On the other hand in the 2010 Bulgarian the report, there are no new data on the use of drugs in the general population. This is clearly stated in the report. The results from the latest representative surveys among the general population can only be found in the 2008 and 2009 Annual Reports on the Issues Related to the Use of Drugs in Bulgaria. This also reveals that new Member States still have to catch up with the EMCDDA's data collection methodologies as many National Focal Points in the New Member States have only just become operational.

The Spanish 2010 report is of high quality with data tables and charts comparable to those in other reports. In Section 2 of the 2010 Spanish report, there are detailed data on alcoholic beverage and tobacco consumption broken down by age group and the evolution in consumption between 1995

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and 2009. The data on alcohol consumption is more extensive in the Spanish report than in the other national reports reviewed. This also reveals a trend among Southern European Member States which tend to integrate alcohol consumption into the wider drug addiction problem. This also shows that certain NFPs believe that the EMCDDA should also monitor licit products such as alcohol. It should be noted that there is still relatively little harmonisation in the provision of data on alcohol and tobacco consumption.

The 2009 Turkish report provides extensive data following EMCDDA requirement, which is very useful given Turkey's position as non-EU member and transit country for drugs originating from Afghanistan and Kazakhstan. However, the report clearly points to the need for formulating plans and policies for demand reduction and addiction prevention activities at national level.

Between the 2009 and 2010 reports, it is noticeable that the focus on the demand for and consumption of synthetic drugs has intensified.

The reports integrate a very broad range of information and appear to build on each other year on year with regional action plans, consumption, drug related deaths and consumption trends among populations are all very well detailed with most recent data. **Overall the quality of national reports is high and easy to read and provide solid evidence-based analyses.** Data collection practices are relatively similar across national reports despite the fact that certain disparities subsist as to the degree of detail in reporting statistics. The quality of the analysis is clearly dependent on the quality of the national data gathered. From all the reports reviewed, it is also possible to see that surveys are not carried out at the same time (i.e. they do not cover the same time periods) in all the Member States which makes the comparison of trends more difficult.

The national reports reviewed appear to be relatively in line with the criteria set out in the EMCDDA's quality assurance scheme. They are useful in that the information they contain is relevant to the key target audiences and presents no redundancies. These reports are therefore highly suitable for the preparation of the EMCDDA Annual Report or focused publications. The information reported is coherent throughout report and any information or data gap is explained; i.e. when a national report fails to provide data required by EMCDDA specifications.

The national reports are useful in that they include complete and significant information, giving an interpretation to the reported information, according to social and political contexts, such as the impact of legislative changes and, in more recent times, of the financial crisis. Particular attention has been paid in the 2009 and 2010 reports to poly drug use. The national reports all highlight to different degrees issues relating to poly drug use and the evolving and complex trends in patterns of drug consumption, raising complex and challenging issues requiring complex responses.

The structure of 2009 national reports is very similar to 2010 national reports. However, 2009 reports are on the whole shorter than 2010 reports. There is a high degree of harmonisation across national reports both in the structure and the data collected, particularly with regard to illicit drugs. It is possible to see there have been harmonisation efforts across national reports in relation to the data. On balance, the reports cover a wide range of data and draw reasonable and sensible conclusions that should be useful as a platform for discussion among policy-makers in different parts of Europe.

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In the 2010 reports, the experience of the EMCDDA teams is reflected in the high quality of the complex discussion around many issues, ranging from the costs of drug-related treatment to the history, methods and implementation of national treatment guidelines. Overall, there is a progressive improvement in the breadth and the depth of discussion with a significant improvement year on year.

According to the EU Action Plan on Drugs (2005-08), Member States have to provide reliable and comparable information on 5 key epidemiological indicators based on EMCDDA's recommended technical tools and guidelines (prevalence and patterns of drug use; problem drug use; treatment demand; drug-related deaths; drug-related infectious diseases). **The level of implementation of the key indicators and the quality of the data has considerably improved in most of the countries since the key indicators have been implemented in 2008. There is greater comparability between national reports as a result.**

However, some methodological aspects still need fine-tuning, especially with regard to the timeliness of data delivered to the EMCDDA. This is most apparent in countries such as Bulgaria. There are still structural problems that prevent the implementation of several indicators in a number of countries, particularly new EU Member States and EU neighbouring countries which are for the most part still at the stage of developing their national drugs observatories.

'Drugs in focus' reports

Reports reviewed:

- *Khat use in Europe: implications for European policy (2011)*
- *Responding to drug driving in Europe (2009)*
- *Neurobiological research on drugs: ethical and policy implications (2009)*
- *Substance use among older adults: a neglected problem (2008)*

The aim of Drugs in Focus briefs is to draw stakeholders' attention to particular phenomena, which are either relatively new or under-researched. They provide fresh insights into issues that are often only covered by specialist literature. These briefs are relevant to policy-makers as they aim to foster political activity.

For instance the brief on 'Drug driving' reveals that in many European countries this issue is left out of the scope studies on drugs and their effects on society. The report mentions that studies on drug prevalence in drivers published between 1999 and 2007 provide data for only 13 of the 27 EU Member States and Norway.

'Drugs in focus' No. 21 focuses on Khat use in Europe and its implications for European policy. The brief draws a parallel between the rise of immigration into the EU from populations from the Horn of Africa and the rise in the consumption of Khat in Europe. Khat is a drug produced and consumed in the Horn of Africa and whose consumption has risen steadily partly due to immigration of African communities all over the world. Most EU countries do not have a legislative framework to control the consumption and trade of Khat. There is also a social dimension to the consumption of Khat which policy-makers cannot ignore.

This topic and other topics analysed in the Drugs in Focus briefs all provide useful insights for stakeholders, and particularly policy-makers, as they shed light on issues for which policy orientations are needed. These briefs almost have an agenda-setting function.

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The information contained in Drugs in Focus reports is brief and summative with issues are clearly defined. This is particularly important as briefs often tackle new or under-reported phenomena. The information is straight to the point and is supported by data and solid evidence from specialist research.

The policy brief on 'Neurobiological research on drugs: ethical and policy implications' (No. 19) presents causal models of addiction with a graph explaining Dopaminergic projections from midbrain to forebrain.

In Drugs in Focus No.21, accurate statistics are given on the level of production and the earnings from Khat of exporting countries such as Ethiopia, Kenya etc revealing that the economic significance of Khat in producing countries has increased, in part due to the growing trade to the EU.

The brief on Drug driving (No. 20) reviews the effectiveness of prevention campaigns which suggests a number of policy orientations for policy-makers.

However, the information presented, while being clear and concise, remains at the relatively basic or general level. The short format of the briefs limits the amount of background information provided in each issue. The information is not always suitable for a more 'expert' audience, but on the other hand it is sufficient for policy-makers to pay enough attention to under-reported or emerging issues.

The methodology employed for producing 'Drugs in Focus' reports is clear-cut and follows a consistent logic. The format has not changed since 2007.

The reports are produced from secondary sources, often EMCDDA publications or scientific publications by academics or research institutes. Not only is the information summative, but it is also highly reliable with references clearly mentioned also as a way of encouraging stakeholders to read further on the issues covered.

Issues are clearly defined and their implications are clearly enumerated and supported by the latest scientific evidence.

Statistics and graphs are often used to illustrate in a more eye-catching way a particular issue or situation. For instance, the report on Drug Driving includes a map of the EU showing Member States' legal stance on the issue. The map is used to highlight the lack of harmony across EU Member States on this particular issue.

The issues reviewed were both extremely well presented and their format was consistent. The organisation of the material followed a clear and concise structure across the different issues analysed. In each of the issues reviewed, a complex and contentious area of policy making was introduced and then broken down into key arguments which were presented in turn to the reader.

Effective use of text boxes is made to highlight issues and policy orientations. Key terminology is clearly defined and readers are pointed to further documents of interest in the relevant subject area. In sum, the Drugs in Focus series raise key debates in drug policy and make them accessible to the interested reader. Their format is user-friendly, especially for policy-makers.

These policy briefings are can be regarded as a communication tool appealing primarily to policy[makers. Indeed, they are they are short (only 4 pages) and present clearly the issues at stake as well as the conclusions and policy options to resolve them in a summative way.

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Policy orientations are communicated in a straightforward way and suggest that policy[makers should consider the latest scientific information available when designing legal responses. Issues and possible policy orientations are backed by robust scientific evidence which readers can easily refer to.

The main added-value of 'Drugs in Focus' reports is to offer policy-makers the latest findings on key emerging issues. They have an agenda-setting role. In line with their role to provide 'objective, reliable and comparable information at European level concerning drugs and drug addiction', the EMCDDA presents the existing arguments in each of the areas, rather than seeking to propose new ones.

The format of drugs in focus policy briefs is ideal to inform policy-makers. Policy orientations are also suggested in these briefs based on the latest available scientific evidence. Issues are tackled on an EU scale while a comprehensive overview of the situation in different EU countries is provided. On the other hand, it remains difficult to see how these briefs actually effect on EU-level decision-making. There do not appear to be any Commission Communications on the topics covered in the briefs reviewed.

Insights

Reports reviewed:

- *Internet-based drug treatment intervention (2009)*
- *Drug use, impaired driving and traffic accidents (2008)*
- *Prevention of substance abuse (2008)*

The **Insights** series contain the findings of research carried out by different scientific bodies across Europe and the rest of the World on various topical issues. So far, there have been ten different issues of Insights on topics such as Internet-based drugs treatment; drug-related traffic accidents, illicit drugs in wastewater; cannabis potency, prosecution of drug users, and drug use and AIDS. Like most other EMCDDA publications, the Insights series targets policy-makers and their advisors, specialists and practitioners in the drugs field. This review looks at the last three 'Insights' published since 2008. **The focus here is to assess the extent to which the EMCDDA is in touch with the global scientific community while taking into account progress in research and new research trends on specific issues.**

The 'Insight' publication entitled **'Prevention of substance abuse'** released in 2008 is a translation of a German study commissioned by the Federal Centre for Health Education, Cologne. This publication ensues from a project whose aim was to provide an up-to-date record of research results on addiction prevention in order to collect information on best practice in drug prevention at European, national, regional and municipal level and put forward recommendations applicable on a more global scale. The research is well-detailed, containing a meta-analysis and an expert survey drawing on high quality individual studies as well as a discussion of an individual study or conclusion on the basis of empirical results. The report's principal contribution is to present conclusions based on systematically identified and selected literature about the effectiveness of various approaches and measures which have been given a conclusiveness rating. The conclusiveness rating is well explained and therefore gives great credibility to the general

conclusions of the report. The theoretical part of the report is important as it serves as a robust basis for the data collection methodology (also detailed in the publication).

The theoretical background to effective measures is described and assessed, which provides an effective benchmark for the analysis of results. The comprehensiveness of the publication lies in the assessment of both behavioural and environmental preventive measures with observations on gender-specific effectiveness, on negative consequences of addiction-prevention measures and on their efficiency. This gives practitioners field of social care exceptional insights as to the effectiveness of different practices. There is however the need for this type information to be further summarised by the use of textboxes, for instance. **The usefulness of this publication also lies in the comparison of its findings compared with the results of other reports (e.g. WHO) giving readers a well-rounded update on the progress of research in the area under study.**

The report entitled **'Drug use, impaired driving and traffic accidents'** also published in 2008, provides a comprehensive report on the relationship between drug use, impaired driving and traffic accidents. It is the result of an inventory of the existing literature published in Europe, the United States, Canada and Australia, mainly in the English language. It covers methodological issues, presents results of prevalence surveys among drivers and provides an overview of findings from major international epidemiological surveys published since 1999. This publication therefore provides a useful update on an issue which for which research is still at a nascent stage. Both findings from experimental and epidemiological studies are summarised in this report. Epidemiological findings give some useful background information and insights into the social factors leading to the problem through the use of surveys while experimental findings relate directly to the implications of different levels of drug intake on road safety. For instance, cognitive tests were performed on drug users for experimental purposes.

The research clearly presents the methodology and formulae for determining the risk of an accident based different levels of drug intake. A typology is also provided of the effects and risks of different drugs associated with driving, giving potential prospects for practitioners and policy-makers in setting legal limits. Doses are reported with precision and in a reader-friendly way. The report constitutes a very useful update and presents itself as a solid piece of research for possible legislation in this particular area. Nevertheless, one can rue the lack of information on the evolution of policy in tackling the issue of drug-driving. Some background information of such nature would have complemented well the technicality of the report. **Again, this report summarises high-quality research in an effective way, and is based on a body of literature presenting authoritative findings. However this report, presenting itself as a compendium of academic research results, could have been more clearly structured with results better presented and summarised through the use of graphs, tables and textboxes. This would have made the report much more reader-friendly given its considerable length (around 190 pages).**

The **'Internet-based drug treatment intervention (DTI)'** published in 2009 again deals with a recent issue for which research is still relatively nascent. It presents a sample of Internet-based DTI programmes across Europe and outlines their methodologies, providing a series of screenshots to further demonstrate the websites' content and to provide an overall impression of the types of online treatment available. It is therefore very useful from a practical point of view. After giving a definition of Internet DTI, the report reviews research relating to the types of client

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which might profit the post from Internet DTIs in which samples of participant are analysed with respect to the differential effects of gender, education, Internet use competence, alcohol consumption, prior treatment and participants' expectancies. The report reviews drug use trends among young people across Europe in particular given their higher usage of the Internet.

A practical overview of drug agencies' websites across the EU and whether or not they provide DTIs is given. Then the report goes on to provide a typology of the different Internet DTI services available at the time the research was undertaken. Nevertheless, the report remains superficial from a certain perspective inasmuch as very little information is given on the effectiveness of different communication interfaces, let alone treatment services. The major shortcoming of this report, published three years ago, is that the information it contains may be for the most part out of date besides being rather descriptive. The screenshots are helpful but, in most cases, lack sufficient text explanation to inform readers of the content of the services. **A regular update on the availability of Internet-based DTIs would be needed considering the fast-paced progress of the Internet as a means of communication. This report is nevertheless a good place to start for further investigating the availability and usefulness of such services.**

The 'Insights' publications overall prove the EMCDDA's closeness to the drugs research community on a global scale. There is however huge variety in the topics covered and there is no obvious rationale as to the choice of the topics. The structure of the reports varies considerably according to the topic. The EMCDDA should further elaborate the reasons for choosing certain topics for its 'Insights' considering that this type of report is generally published on a yearly or bi-annual basis.

It could further be argued that Insights may not present sufficient features to distinguish them from other types of specialist publications such as Monographs given their length and the technicality of the information they contain. The EMCDDA may want to consider streamlining its specialist outputs, as too many types may lead to confusion in relation to the type of audience targeted.

Monographs

Reports reviewed:

- *Harm reduction: evidence, impacts and challenges (2010);*
- *Addiction neurobiology: ethical and social implications (2009);*
- *A cannabis reader: global issues and local experiences (2008).*

The Monograph series aims to ensure greater visibility for the Agency as a scientific authority in the drugs field. The information contained in the **Monographs is of a more methodological and scientific nature than most other EMCDDA publications**. Topics cover a wide range of issues, from science, policy, theory and methods to practical cases and facts, but a number of methodological issues have been covered in the most recent publications. These publications are **above all addressed to a scientific audience** with a specialisation in particular aspects of the drugs issue and, as such, are highly technical in nature. However the EMCDDA also sees policy-makers and their advisors as potential targets. The information and views presented in monographs comes from specialist sources, and are endorsed by the EMCDDA and European institutions. They are a series of papers from different academics and researchers working in the field, usually prepared as a result of EMCDDA research studies, conferences or seminars, and, as

such, they read like a collection rather than a book or fluent piece. It should be noted that these publications are thoroughly peer-reviewed to ensure an appropriate degree of scientific rigour, but the views expressed by the authors remain their own. **The intention is to provide a forum for stimulating debate and collecting high-quality scientific data and informed comments on a topic of contemporary relevance.**

The 2008 Monograph focusing on cannabis consumption covers the issue from different perspective. The first volume focuses on policies and government control strategies as well as supply and production issues whereas the second volume focuses mainly on the health effects of cannabis use. The report deals with the issue comprehensively as the two volumes are complementary and each aimed at a specific audience. The core audience of Volume 1 includes policy-makers, sociologists, historians, journalists and those involved in enforcement. Volume 2 is very much centred on drug professionals working in the fields of treatment, prevention and healthcare. The report contains very useful specific case studies both regarding good policy-making and good practice in healthcare. The first volume gives a very useful overview of recent policy developments in EU12 Member States, and also highlights changes in policy approaches to cannabis over the past four decades. Other interesting aspects are also included such as background information on the cannabis trade linking Morocco to Europe. This section provides practical insights into the many different ways Europe has dealt with cannabis to date. In Volume 2, general overviews are provided on: the impact of cannabis use on health, from an individual perspective and public health perspective; descriptions of contemporary European patterns of cannabis use, from a general population perspective and in terms of adolescent use. **The coverage of the issue is very exhaustive and also clearly sums up the progress made in research on this particular issue.**

The report is overall very much methodology-oriented with explanations of the EMCDDA guidelines for surveys on cannabis that include a set of common core items ('European Model Questionnaire' (EMQ)) (9). The report points out that some methodological differences still exist between countries in the way these surveys are conducted despite considerable improvements in the quality, reliability and comparability of European survey data. Volume 2 of the report goes on to explain rigorously the methodology for validating screening tests relating to cannabis consumption. This report also advises health specialists to develop screening tools that are more reliable in measuring adverse effects of cannabis use than those presently in use in order to better define public policy. **Very practical insights are present throughout the report, particularly with the illustrations provided by the case studies, which make for very informative reading both for policy-makers and law enforcement specialists on the one hand and health specialists on the other.**

The Monograph focusing on addiction neurobiology has a multidisciplinary dimension in that it links the developments in the neuroscience of addiction to the way drug problems are viewed and treated, and goes on to consider the ethical issues that this relationship raises for drug policy in Europe. The information is well supported by graphs and illustrations to highlight how the chronic abuse of addictive drugs can alter the neurochemical structure and function of the brain in ways that lead to the psychology of addiction. The paper adequately presents pioneering research in addiction neurobiology focusing on individual differences in genetic and neuropsychological make-up that makes certain individuals more vulnerable to substance abuse than others. The impact that social events can have on how these vulnerabilities is also briefly

discussed, giving useful insights for social workers as well as medical specialists dealing with neurotic pathologies.

The primary aim of the report was to identify the ethical and policy implications of addiction neuroscience for the EU. The report presents adequately the broadly agreed findings of neuroscience research so as to consider the ethical and policy implications for the treatment of addiction in the EU. To this end, the report provides evidence that has implications for the way in which addiction is understood specifically identifying neurophysiological changes that may undermine decision-making. The report focuses on a systems approach to the neuroscience of addiction. There is also a discussion around a number of neurochemicals that have the potential to play an important role in addiction, and for which there are likely to be new pharmacological treatments for in the near future, namely, dopamine, endogenous opioids, glutamate and GABA, cannabinoids, and CRF. The report also flags that the roles of over 80 other neurochemicals in addiction are currently being investigated (p 59).

The report emphasises to a certain extent the fact that neuroscience research on addiction is developing a more detailed understand of the role of other neurochemicals that are affected by chronic use of other addictive drugs. The influence of these other neurotransmitter systems appears to be expressed through their effects on dopaminergic signaling. **Overall, the focus is on addiction in general rather than providing an in depth analysis of any particular addiction in relation to neurobiology. However it lays the ground for further specialist investigation on the finer impacts of neuroscience research on particular types of drug addiction.**

The latest Monograph, published in 2010, deals with **harm reduction**. A thorough reflection on the different dimensions of harm reduction and an analysis of how harm reduction translates into policy characterise an interdisciplinary approach to the research undertaken. The research is well documented and high-level. A comprehensive search of all literature of relevance to harm reduction was conducted for this report and a wide variety of resources were accessed. This demonstrates the reliability and robustness of the research findings presented in this monograph. **The report aims to provide an exhaustive coverage of different interventions which may be considered as harm reducing.**

The report often points out in various ways the fact harm is multidimensional, making harm reduction complicated to use as a simple tool for decision-making. In this respect, the approach adopted in the research is multidimensional, with a thorough analysis of the policies and programmes likely to most reduce harm. The report goes on to expose a comprehensive theoretical analysis of types of harms, and the social settings in which they occur or the profile of people who endure them. Such insights allow both policy-makers and practitioners the ability to consider all possible strategies going beyond treatment or law enforcement aimed at harm reduction.

The complexity of the issue is duly considered in this report, starting with definitional difficulties for describing harm and harm reduction. Again, **the report captures well the difficulties surrounding the evaluation of policy approaches linked to harm reduction.** Considering the different interpretations that may exist as to what constitutes harm and the reduction thereof, the reader can understand from the information contained in the report that country comparisons are difficult to conduct. The report attempts to highlight as exhaustively as possible all the possible variables that may influence the relationship between a Member State's policy stance and policy implementation.

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All the monographs reviewed were **clearly and consistently presented with particular attention given to the use of graphs and tables to condense and summarise the information which is in most cases of a complex nature.**

The Monographs are among the EMCDDA publications most appreciated by the target audiences, a fact which emerged both in the survey (see results below) and through the interview programme. NFPs stressed the large degree of interest in this publication among the groups they target, in particular in the research community for whom the Monographs appear to be of real importance.

DRUGNET Europe newsletters

Issues reviewed: Nos. 72, 73, 74, 75

DRUGNET newsletters offer summaries of EMCDDA publications. Therefore, they present a reliable picture of the situation in question and offer valuable insights for the reader.

The information provided in the newsletter serves the purpose of promoting the EMCDDA's recent or upcoming publications and is therefore relevant for enhancing the visibility of the Agency. For instance, the Drugnet Europe issue of November 2010 (No. 72) focuses on the release of the EMCDDA Annual Report. Key messages from the report are communicated as well as current issues. Several sections summarise the key findings from the Annual Report per type of drug (cocaine, cannabis, amphetamine, heroin) with statistics clearly presented to give further evidence.

The May 2011 issue (No.74) leads with the findings of the EMCDDA–Europol 2010 report on new drugs entering the European market in the frame of the implementation of Council Decision 2005/387. Some very useful insights are provided and the key messages are summarised in a practical way for policy-makers who often require and make use of succinct information. Similarly, Issue No. 75 provides an overview of the findings obtained from the survey conducted by the Agency on youths' attitudes to drugs. Not only are the results highly relevant to policy-makers, but also to a range of stakeholders such as practitioners and social workers.

In terms of content, Drugnet Europe aims to provide information and news about developments in European drug policy, to provide a forum for discussion around key issues in the drug policy debate and to provide an overview of work conducted in this field, both within the confines of the EMCDDA and from the wider research world. The information appeals to a wide range of stakeholders.

A broad range of new developments is reported on, internal decisions and workings of the EMCDDA itself are covered and the reader gains an overview of new research, publications and forthcoming meetings in the area. Innovative features are also included and updates from national focus points and other European Union institutions are present.

The inclusion of features allows a slightly more focused look at certain issues and innovative use is made of this aspect. For example, issue No.72 contains a focus on older drug users which is becoming a growing issue for Europe's treatment services. The information presented in the newsletter is in fact a summary of a Drug in Focus publication on the same issue.

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The content is of a very high quality the newsletter almost exclusively reports on scientific EMCDDA studies and key policy developments. The sources are clearly mentioned and can therefore be easily traced.

As Drugnet Europe is primarily a vehicle for the EMCDDA to disseminate news about the field of European drug policy, methodological considerations are not a priority. Nevertheless, there appear to be a wide range of contributors across the issues reviewed, including regular updates from within the EMCDDA and the wider European Union and details of new or forthcoming research from academics. Comprehensive contact details are given for those interested in further pursuing the topics discussed or the research described.

Drugnet Europe is an 8-page publication based on a newspaper format. It is well laid out with appropriate use of graphics and text boxes. Articles are short, summative and to the point. A similar layout is provided in each issue allowing the regular reader to easily access the information they are interested in. A large amount of information is successfully contained in a relatively short publication. The key messages are communicated in a way that attracts readers to EMCDDA publications. Additionally, web links to the Agency's scientific publications are provided in the newsletter.

The same format has been used since before 2007. There is high consistency in the layout and the order in which articles are presented. Drugnet Europe is published once every three months, which means there are four editions per year. The last edition of the year always provides a summary of the findings of the EMCDDA Annual Report. Similarly, a preview of the content of the annual EMCDDA work programme is also usually present in the third edition of the year.

Drugnet Europe newsletters seek to communicate information that appeals to both policy-makers and drugs specialists. For instance, each issue promotes a book in the 'bookshelf' section. This section is meant to target specialists in a particular field relating to drugs and drugs policy. Stakeholders are consistently informed of the EMCDDA's collaboration activities within the EU, but also on an international scale (i.e. partnerships between EMCDDA and other similar entities). The newsletter provides information on the latest research studies and European level decisions made in the field of drug policy, and it sets these decisions and research studies within their wider global context.

Similarly a comprehensive update of REITOX projects and activities is provided as well as an overview of products and services and information on upcoming publications (e.g. training manuals, scientific surveys). The newsletter is also used to communicate public consultations to stakeholders. For instance, issue No. 75 includes a call for input relating to the establishment of drug supply indicators. The contact details of the relevant officials are clearly mentioned for effective communication between the stakeholders wishing to make an input and the Agency. **In each issue of the Drugnet newsletter, a detailed calendar of upcoming events and meetings is provided on the last page. This is very useful from the point of view of all EMCDDA stakeholders.**

Informing policy-making is not the primary objective of the Drugnet Europe newsletter. Nevertheless, the newsletters provide an appropriate summary of the Agency's research results, and therefore have the potential to inform policy-makers at a glance. A section of the newsletter is dedicated to providing updates on policy developments in EU Member States 'Drugs-Lex section'. Again, this offers relevant information to policy-makers on the level of political activity in the drugs field across Europe.

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The key strength of this publication is its ability to keep the reader abreast of important developments in the drugs field. Drugnet Europe provides a forum for the advertisement of new books, forthcoming conferences and meetings. It is an effective dissemination tool. Similarly key findings are summarised exhaustively.

Drug Policy Profile

Report reviewed: Portugal

The EMCDDA Drug policy profiles aim to describe some of the main characteristics of national drug policies in Europe and beyond. The profiles do not attempt to assess these policies, but instead outline their development and main features. The objective is to help readers (from researchers to policy-makers) to gain a better understanding of the way in which countries control drugs and respond to drug-related security, social and health problems.

The approach is therefore multidisciplinary and therefore these Drug Policy Profiles are relevant to a wide range of stakeholders with an interest in drugs policy.

The content is of high quality with key developments and turning points well documented from a range of secondary sources. The report gives an overview of Portugal's current drug situation with recent statistics on trends as supporting evidence. It also contains a policy timeline spanning 40 years with key dates showing how drugs legislation has gained in importance over the last four decades.

The report also presents an accurate description of coordination mechanisms and bodies in charge of applying the policy in Portugal. It shows how the growing consumption of drugs since the 1970s has led to wider involvement across national ministries and government agencies in drugs legislation.

The information is logically and clearly presented, giving useful background to the readers and especially policy-makers. Information sources are clearly mentioned in a bibliography, offering stakeholders the possibility to do further reading. The information is based on secondary sources and is therefore highly reliable. The information is presented linearly in order to highlight the evolutions taking place over time in Portugal in the field of drugs legislation.

The methodology appears to be robust as the analysis is well documented. Sources are clearly mentioned and listed in the bibliography. Some of them refer to other EMCDDA publications such as country profiles and national reports.

What makes the Portuguese case special is that decriminalisation was not, as in other countries, associated with an increasing prevalence of cannabis use among young people and the consequent difficulties for law enforcement bodies in coping with it.

The report promotes Portugal policy model and therefore makes a positive case for decriminalisation and the linking of drug abuse to alcohol abuse. The Portugal report is the first one to be published. With future Member State-specific publications, it could be that the EMCDDA will attempt to create links between different national model in an effort to push for further harmonisation of drugs legislation across the EU.

The information is meant to be descriptive. As such, no recommendations or policy orientations are given. **However, the added value of the report is that it points out good policy practices**

in place in Portugal and retraces the progress made by policy-makers overtime to integrate all actions and initiatives to achieve a comprehensive legislative framework.

Informing policy-making is outside the scope of 'Drug policy profile' reports. However, the reporting of good practices and trends in demand and demand reduction at national level goes some way to informing policy-makers in other EU Member States.

Thematic papers

Reports reviewed:

- *Pilot study on wholesale drug prices in Europe (2011)*
- *Drug use: an overview of general population surveys in Europe (2009)*

The series of **thematic papers** was first introduced in 2005 as a series of Internet-based documents available in pdf format only. They are theme-based, scientific papers on various aspects of the drugs phenomenon aimed at specialists and practitioners in the field. Topics include issues like wholesale drugs prices, children's experience with drugs and alcohol and the 'Spice' phenomenon. Two thematic papers published between 2008 and 2011 were reviewed as part of this evaluation. **The reports were selected according to the extent to which the topics offered prospects for EU-wide cross-country comparisons.**

The thematic paper entitled **'Drug use: an overview of general population surveys in Europe'** and published in 2009, presents the reader with a very practical analysis for comparing survey practices in EU Member States. It is centred on methodological considerations for planning, organising or executing a survey about drug use among the general population based on a meta-analysis of 25 population surveys on drug use in Europe. Different methodological discussions are summarised including and a description of financial sources, timetables and accessibility of the fieldwork and data documentation. This paper summarises a feasibility study of a repetitive drug survey among the general population in Belgium. Sample characteristics as well as the measurement methods of drug use for different types of drugs are provided in tables for each EU Member State making the research very exhaustive. For each constitutive element of the surveys, for instance socio-economic attributes, a summary of the differences and similarities between national methodologies is provided. Some very interested facts are presented and allow readers to understand the rationale behind drug use surveys in each of the Member States.

Table 2 on survey objectives (p15) in each Member State analysed sheds some light on the wider policy objectives of drug use surveying. In this respect, a grouping of similar national approaches would have been useful in this respect. A table summarising the frequency of surveys across EU Member States is also provided raising the issue of the possible necessity of a harmonised calendar at EU level for carrying out drug use surveys. This type of information is very well-detailed, but practically and clearly presented. Practical information on sample size and response rate is adequately summarised and provides useful benchmarking advice and recommendations for testing the reliability of different surveys. High response rates are generally seen as a major quality criterion in surveys. The report recommends to practitioners to provide standard tables and definition in order to use response rates as quality measurements and to compare response rates across different surveys rather than merely registering all response rates. On a more general not, cross-country comparisons are made easy thanks to this report which is a very useful and practical tool for policy-makers and practitioners looking to work towards a harmonised methodology for carrying out drug use surveys in Europe.

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The thematic paper entitled **'Pilot study on wholesale drug prices in Europe'** published in 2011 reflects the EMCDDA's will to improve its knowledge of drugs trafficking and supply-side activities, which also corresponds with the objectives of the 2009–12 EU Drugs Action Plan. This paper provides a useful overview of the procedures implemented nationally and of the information available in European countries on wholesale drug prices to develop key-indicators of policy-relevant data on drug markets, as well as a strategy to collect them at EU level. This report also opens the debate on the utility of further harmonising the collection of wholesale drug prices, in Section 1, again supporting the objectives of the EU Drugs Action Plan for 2009-12.

Most methodological issues are taken into consideration and questionnaires designed by different Member States are included in annexes which allow for a very useful description of the differences and similarities in national data collection practices. This report is structured like a working paper as it contains most, if not all of the relevant tools and elements needed for designing in further details tools which can help with the collection of supply-side data at European level. Throughout the body of the report, tables and graphs provide a summative overview of the different national practices which again improves the overall clarity of the information. This compilation of practices is extremely useful, especially for those Member States where the methodology is still underdeveloped. This publication is great potential for the transnational exchange of good data collection practices. Indeed, the annexes to the report contain the questionnaires on wholesale drug prices. **The report concludes by making the case for the feasibility of establishing indicators for collecting data on wholesale drug prices and seeks to pave the way for the establishment of further supply-side indicators.**

These two publications described above are useful as they summarise the efforts undertaken across Europe and by the EMCDDA to develop harmonised tools for the collection of data on drugs from supply to use.

Different national methodologies are compared and best practices are identified to help practitioners and policy-makers design the most exhaustive and complete data collection instruments. Considering this, these two 'thematic papers' in particular could be qualified as 'working papers' given the practical information they contain.

1.5 Conclusions

On average, the EMCDDA publications reviewed scored well on the different qualitative criteria used for conducting the peer review (relevance, reliability, usefulness, comparability). The only criterion which was perceivably more difficult to fulfil was that of comparability. There remain strong differences between Member States in terms of data collection, methodological, socio-cultural approaches, policy responses and health treatment practices. While they may be an impediment to the quality of the findings provided by the EMCDDA, these differences are duly recognised in the publications reviewed. The latest reports however highlight the efforts undertaken by the EMCDDA to improve data comparability and harmonise various national practices around the issue of drugs.

The relevance criterion is satisfactorily fulfilled. The EMCDDA offers a wide range of publications designed to appeal to very specific audiences. Specialist publications entirely fulfil the relevance criterion while non-specialist publications offer information appealing to a wider audience while seeking to promote the visibility of the EMCDDA. Short publications are an excellent starting point for specialists and non-specialists alike to conduct further research into a

specific issue. The EMCDDA is well and truly in touch with the scientific community given the high quality and 'up-to-dateness' of the content of its specialist publications.

As a result, the information presented in EMCDDA publications is **highly reliable** as it is directly derived from authoritative research resources. Additionally, publications are reviewed by EMCDDA Scientific Committee members who are mostly academics and practitioners in the field. All sources utilised for the reports are consistently referenced and researchers are credited.

This contributes to making EMCDDA publications **very useful** on the whole. The research is of high quality and very comprehensive with issues tackled from multiple perspectives, providing guidelines to policy-makers, health specialists, academics and other relevant practitioners in the field.

However the EMCDDA's range of publication types, while being relevant to its intended target groups, is too wide. There may not be enough distinguishing features between certain types of specialist publications such as 'monographs' and 'selected issues' which may lead to confusion amongst the EMCDDA's readership. Similarly, not enough background information is given in the publications on the rationale for choosing a particular study topic. It is not always obvious to understand the linkages between a particular study topic and the objective of the EU Drugs Action Plan, which is central to the EMCDDA's research activities.

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In this appendix we map out the EMCDDA's main activities during the period under review and provide an assessment of the extent to which objectives have been met (this assessment is further developed in subsequent sections of the report in relation to specific aims and activities). The EMCDDA itself has developed a monitoring instrument in the past two years to help map progress with the implementation of actions from the annual and three-year work programmes which we will also consult for this exercise.

The EMCDDA's two three-year programmes for 2007-09 and 2010-12 provide an overall framework for the assessment as they set out the Centre's more strategic objectives, but the annual work programmes have also been reviewed to obtain a more detailed picture of the projects and operational activities undertaken to fulfil strategic objectives. The assessment of the progress towards the objectives set out for 2010-2012, is also based on the EMCDDA's own Annual monitoring report of the Work Programme 2010 and the Mid-term monitoring report (1 January 2010-30 June 2011). Likewise, the next work programme for 2012 has also been considered.

The following tables set out the key activities undertaken by the EMCDDA during the 2007-12 period together with a summary assessment of the extent to which objectives and expected outcomes have been achieved. It also includes a rating systems in order to show more visually how well the planned outcomes have been completed (● started and fully completed; ◐ started and partially completed; ○ started but not completed; ◌ not started; D/K don't know). This analysis is based on the documentations mentioned above but also on the feedback received during the interview programme. Subsequent sections of this report examine different activities in more detail.

Table C1: Summary – Achievements of the Objectives for 2007-2009

Objectives for 2007-2009	Planned outcomes	Status	Activities and Achievements
Priority 1: Consolidate monitoring and reporting activities			
Further **improvement of data collection tools** Increase **coverage and quality of data** for all Member States Develop situation assessment tools and methodological guidelines for monitoring activities necessary for EU action plan	▪ Review of current reporting tools available to guide revision and finetuning exercise. ▪ Rationalised and fine-tuned instruments (national reports, structured questionnaires and standard tables). ▪ Data requirements necessary for EMCDDA contribution to evaluation of EU action plan met. ▪ More active involvement of the Scientific Committee. ▪ Improved reporting of best practice and research	● ● ● ● ●	- Rationalisation and review of reporting tools was implemented and resulted in modifications to the standard reporting tools. Work to improve the quality of the annual reporting was carried out (statistical bulletin, Country overviews updated and streamlined with the Statistical bulletin) and quality criteria were defined for national reports. - Specific activities concentrated on revising key epidemiological indicator protocols and definitions (TDI and DRD), better monitoring of poly-drug use and drug markets, and increasing understanding of drug-related public expenditure. The EMCDDA also started work to further develop the GPS, PDU and DRID indicators. - The Scientific Committee was asked, on a regular basis, to review the quality and contend of the EMCCDA's outputs. - The development of the Best Practice portal during the period contributed to improve reporting on best practices and

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	developments.		research developments.
A more efficient **data management** approach Further develop the **quality assurance policy** for products/data submitted to the EMCDDA	▪ Streamlined online reporting interface implemented (Fonte). ▪ Comprehensive database with qualitative and quantitative data on drug-related situation, responses and policy at the disposal of policy makers, professionals and researchers in Member States.	◐ ○	- The Fonte system for online data collection was launched on 1 July 2008, one year later than originally planned with some deficiencies in its operation and functioning. Since then, problems with the system appear gradually to have been solved and new versions with minor or major changes have been released every year. - A Data warehouse was added to the Fonte structure in order to allow the EMCDDA to query the data using SQL (Structured Query Language) and therefore enhance access to the data collected. - To streamline and improve the efficiency of data management and analysis tasks, in 2008 a new statistician was appointed and the data management team was reorganised. - Ongoing work to improve the quality for products and data submitted to the EMCDDA. It was established a common process to construct and test data collection templates and it was revised the guidelines for national reports.
Supporting the development of **reporting capacity**	▪ Targeted support provided to Member States for technical and institutional capacity building. ▪ Active assistance programme delivered to candidate countries to EU. ▪ Improved data submissions by Member States. ▪ Audit of implementation level of key indicators.	● ● ◐ ●	- A number of Reitox academies training programmes were held, in order to help enhance the quality and exchange of drug-related data, e.g. on cannabis prevention and treatment (2007), on relations with the media, sentencing statistics, and Fonte/TDI(2008), and on the cannabis market and production, and on prevention trials (2009). - Technical assistance was provided to prepare candidate and potential candidate countries for their participation in the work of the EMCDDA, for example, through the Instrument for Pre-accession Assistance (IPA), Community Assistance for Reconstruction, Development and Stabilisation (in the Balkans) (CARDS) and PHARE IV. - A wide range of online tools and web-based resources and methodological tools were developed and made available online.

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			- An assessment of the implementation of key indicators conducted in 2009 showed an increase of the quality of the information provided but there were still problem with data comparability and full implementation of the key indicators at Member State level. Ongoing tailored support was provided to countries encountering difficulties. Another assessment of key indicators is planned for 2012.
Improve data availability on **supply issues**	▪ Rationalised reporting requests to other information networks and sources and closer cooperation with other information providers (particularly in the area of supply)	○	- A cross-unit project (CUP) on drug supply and supply reduction (DSSR) was approved and formally launched by the EMCDDA at the start of 2008. Apart from a conceptualisation of drug supply and supply reduction, it included the review and definition of potential indicators of drug supply. It also reviewed what data could be obtained from, and potential synergies with, organisations such as Europol, World Customs Organization (WCO), and the United Nations Office on Drugs and Crime (UNODC). - In 2009, a strategy on drug supply and supply reduction was adopted in-house. This document included a review of current data collection, and a strategy for future activities. - Cooperation with CEPOL on illicit drugs by giving presentations and moderating discussions on its seminars and workshops during 2009.
Priority 2: Enhanced analysis of data			
Improve and strengthen analysis on each key indicator area and core data including the development of multi-indicator models Improve analysis of **trends**, including poly-drug use and provide more sensitive information on emerging developments	▪ Improved analysis and better exploitation of data.	●	- Work to improve the analysis of data on the key indicators and core data was performed and validation studies were carried out in order to gain greater value from data, although more work was needed to develop multi-indicator models and extend the analysis to all key indicators. - Likewise, work to improve analysis of trends and patterns was especially undertaken by the end of the multiannual work programme and resulted in different Selected issues (on polydrug use, drug law offences and outcomes on drug use among very young people and its consequences), and other analysis (e.g. trends and associations of HCV and HIV in

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			injecting drug users). Some work to improve the statistical approach for analysing medium and long-term trends by synthesising data from various sources started but the main work was delayed to the next programming period. - In addition, new recruitments during the period (two people in the scientific units in 2007 and a new statistician in 2008) helped to streamline and improve the analysis of data.
Obtain a more comprehensive picture of the EU drug situation **on demand and supply** Achieve a comprehensive up-to-date understanding of the **results from European and international research activity** Identify the **policy implications** arising from EMCDDA reporting and analysis Analyse better the availability of **demand reduction interventions** and the extent to which they address needs	▪ Literature reviews (internal and external) and synthesis of research results to complement EMCDDA data and analysis in key areas including a synthesis of intervention and drug policy evaluation studies. ▪ Up-to-date overview of European research activities.	● ●	- During the three year work programme a number of activities were included in the daily work of the EMCDDA in order to obtain a better estimate of the drug situation including the synthesis of data from the demand and supply side (e.g. work on cannabis trafficking in Europe), literature reviews and synthesis of research results. Also, its website was extended to include up-to-date information about the results from European and international research activity. - Progress limited regarding the assessment of the impact and effectiveness of drug policy and interventions at national level. - The Best Practice portal launched in 2008 contributed to better show the results of reduction interventions.
Identify and disseminate **good and evidence-based practices**	▪ Re-engineered and rationalised EDDRA and EIB. A web-based resource area on evidence-based practices and evaluation guidelines for interventions available	●	- A Best Practice portal, (a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration) was launched in 2008 and offered a range of tools and standards to improve the quality of interventions and highlight examples of evaluated practices across Europe

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Conduct analytical exercises necessary for the EMCDDA's contribution to the evaluation of the **EU action plan**	▪ Contribution to annual reviews of current EU action plan (2005–2008). ▪ Statistical model of developments in European drug phenomenon to facilitate discussions on impact evaluation of EU action plan. ▪ Contribution to the preparation of next EU action plan (2009–2012).	● ● ●	- The EMCDDA contributed to the assessment of the implementation of the EU action plan on drugs (2005-2008) and several different thematic papers were developed or updated to facilitate the assessment. The Agency also contributed to the draft of the current EU action plan (2009-2012) and reviewed the annual reporting infrastructure in terms of information needs in relation to the EU action plan.
Implement better **cooperation and information and expertise exchange** with the scientific community. Form more developed **links and joint analytical work** with specialised technical and scientific networks. Achieve a greater impact of EMCDDA studies on the scientific community. Ensure a greater input from the **Scientific Committee** into EMCDDA's scientific outputs. Make the EMCDDA data sets **more accessible** to the research community	▪ External cooperation and information and expertise exchange developed and improved. ▪ Expert networks and relations with the scientific community established, developed and maintained. ▪ Increased involvement of the Scientific Committee in analysis conducted by the EMCDDA. ▪ Increased level of publication in scientific journals arising from EMCDDA activities.	◐ ◐ ● ●	- The recruitment of two experienced scientific writers contributed to increase the scientific quality of the EMCDDA texts and publications. - With the new Scientific Committee elected, more effort was focused on increasing their involvement in an early stage of developing publications. Thus, the Committee was regularly consulted to review the quality and content of some EMCDDA's outputs and publications (Annual reports, Selected issues, etc). - More emphasis was given to scientific publishing through the continuous encouragement of staff to publish scientific articles, although it is not clear if this resulted in an increase of the quality of publications. - EMCDDA worked to develop and maintain better links with expert networks and establish relations with the scientific community (e.g. it became a corporate member of ISAJE and attended its yearly meetings, also continued cooperating with Eurolib) - Better access to EU research information was provided through the introduction of a new section of the website.
Implement the **Council Decision** on new psychoactive substances effectively	▪ Early-warning system for detecting new psychoactive substances and emerging trends	●	- The close collaboration between EMCDDA and Europol allowed the official notification of 53 new psychoactive substances through the EWS (At the end of 2011 this figure rises to 114). Specific products (e.g. a

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	established and efficiently functioning.		case study on GHB and GBL, publications on Spice, a paper on khat) were developed for these new substances and new drug profiles were also published on the EMCDDA website and added to the European Database on New Drugs (EDND). - New Guidelines for risk assessment of new psychoactive substances were adopted by the Scientific Committee in 2008.
Priority 3: Communicate more effectively with key audiences			
Ensure that the information produced by the Centre is **tailored to the needs** of its target groups and that it is analytical, up to date, concise and in the right format. **Raise awareness of the European drug problem** in general, and of the role of the EMCDDA in particular, via a broad yet targeted dissemination of the information produced by the Centre Promote the EMCDDA as a **centre of excellence** among drug experts, researchers and practitioners by producing information of a high scientific standard.	▪ Clear and efficient editorial strategy, with well-defined identities for the different products ▪ Clear, efficient and mutually agreed technical guidelines for data reporting activities ▪ Comprehensive presentation of available data through statistical bulletin, data archive and web-based elements including downloadable tables and interactive graphics ▪ Better and more analytical products tailored to audience needs (policy, science and practice) ▪ Improved website structure and dissemination, tailored to audience needs ▪ Regular consultation and established communication channels with key partners ▪ Revisited and regularly reviewed memoranda of understanding ▪ Joint publications with other agencies ▪ Rationalised organisational chart and working processes ▪ Improved internal communication	◐ ● ○ ◐ ● ● ● ● ● ●	- Work continued to better tailor EMCDDA's products and outputs to the needs of the target groups, but it is still necessary to make more efforts to reach the real needs of some of the target groups, especially policymakers. - Work continued to improve the EMCDDA website, the key platform for communication and dissemination of its products and results (e.g. reorganization of content by themes and target audiences) but more improvement is still needed, for example by increasing the amount of non-English content and developing interactive tools that allow users to independently interrogate on-line statistical data. The Best practices portal continued being expanded to incorporate additional sections. - The EMCDDA provided support for the launch of the European Commission's European Action on Drugs (EAD). - The Centre is increasingly seen as a reference point on drugs in as evidenced by the increasing number of visits and requests received by the EMCDDA. - A conference organised to mark the Centre's fifteenth anniversary 'Identifying Europe's information needs for effective drug policy' was very well attended by high level participants and received wide media coverage. - In addition, close collaboration between

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	▪ Improved management methods ▪ Increased transparency of management rules and their application	● ●	the scientific units and scientific writers helped to improve the quality of products.
Improving efficiency and effectiveness			
Improve efficiency, effectiveness and transparency in **planning, reporting and monitoring processes** Implement and monitor rules, procedures and tools for managing and developing **human resources** at the EMCDDA. To implement and assure appropriate processes and procedures for **financial management and control**. To ensure that **accounting** data and related information used for preparing EMCDDA accounts and financial statements are accurate and timely To provide **ICT** developments for improving organisational efficiency and support for data management and dissemination	▪ To develop an internal capacity for risk assessment and internal audit; ▪ To enhance effectiveness and efficiency in the use of the assigned resources, namely by focusing ▪ Available resources on priorities, further rationalising and standardising relevant processes, developing ▪ Tools and procedures for integrated resources management and promoting external synergies, ▪ To implement a more structured and effective human resources policy, namely developing the ▪ Necessary legal and management tools and processes and adopting a 3-year staff policy plan geared ▪ To the specific needs of the EMCDDA and informed by the 'Guidelines on staff policy in the European ▪ Regulatory agencies' adopted by the EC and aimed at all community agencies.	● ● ● ● ● ● ● ●	- In 2009, there were an important improvement in the design of the next three-year work programme by a better structure and results-oriented approach. Therefore, links between planned objectives and outputs were clearer, contributing to facilitate the monitoring and assessment of the results achieved. - Work for applying the activity-based management (ABM) and activity based budgeting (ABB) methods were carry out, being planned to be implemented within the next multiannual work programme. - The EMCDDA's in-house capacity, tools and processes for human resources management were further developed. Two specific HR policies were developed: staff performance appraisal and promotion - Internal procedures and tools were analysed and improved. - Also, monthly reconciliation and better monitoring and control of EMCDDA bank transfers were developed. - The ABAC/SAP system for budget management and accounting was fully implemented in 2009 as planned. - A new staff data management system was developed in-house. Also, technical support was given in relation to the new accounting system, ABAC. - Likewise, new tools such as Fonte and the Data warehouse were further developed in closely cooperation with members from different units of the EMCDDA. - Work started on a web content authoring review to establish publication automation within the content management application (CMA) and prepare architectural improvements.

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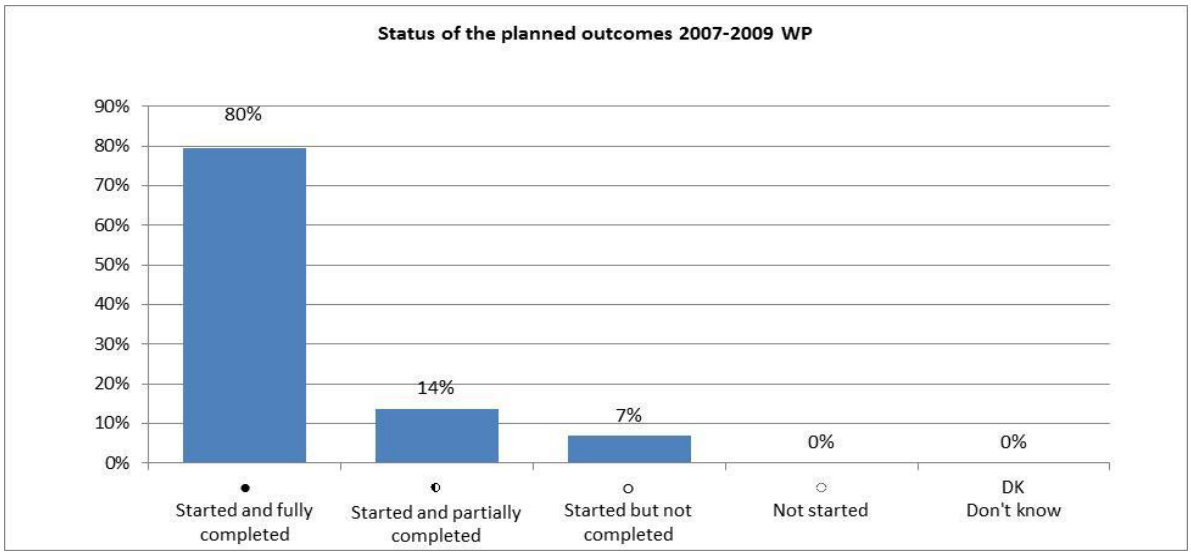
Overall, as shown in table 2.3, almost all of the objectives, and their respective expected outcomes, were achieved at the end of the work programme. Likewise, all minimum outputs targeted for this period and listed in the Strategy and Work Programme 2007-2009 were developed. All of the 7 settled objectives under the priority 1, 'Consolidate monitoring and reporting activities' were to some extent reached, through the consecution of the respective planned activities. As a result, EMCDDA data collection tools were reviewed and further improved, with a more efficient data management. The Fonte system, the Data warehouse and the Best Practice Portal, were examples of the efforts made on this regard. Nevertheless, at the end of 2009 these tools were at an early stage and further improvement was needed and planned for the next WP period. In the same way, on-going work was needed in order to facilitate both quality and quantity information about the drug-related situation, responses and policy although the first steps were made at the end of the three-year work programme. Also, work began with the aim of improving data availability on supply issues, but by the very nature of this activity at the end of the WP period was still on-going.

Similarly the EMCDDA made a significant effort during the period to reach the objectives set for the other two priorities under the 2007-2009 WP 'to enhance the analysis of data' (priority 2) and 'to communicate more effectively with its key audience' (priority 3), successfully achieving their respective planned activities. As a consequence, the analysis and exploitation of core data was considerably improved. Again, although some progress was made in order to development and improve external cooperation and information and expertise exchange, and to establish and develop expert networks and relations with the scientific community, were by their very nature on-going at the end of the WP period. Also, work continued to better tailor EMCDDA's products and outputs to the needs of the target audiences, but still was necessary to continue reviewing and better adapting them to their real needs.

The following chart summarizes the status of the planned outcomes at the end of the 2007-2009 WP and shows the high degree of achievement.



Out of the 44 planned outcomes set out by the EMCDDA within the 3 priorities, around 80% were achieved, 14% were on the way to being completed, and around 7 % were started but not completed.

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Table C2: Summary – Progress towards EMCDDA WP objectives 2010-2012

Objectives for 2010-2012	Planned outcomes	Status	Activities and Achievements
Area 1: Monitoring the drug situation			
GOAL 1: Provide a sound evidence base for informed policies and actions through developing and implementing high-quality data collection tools that permit analysis of the drug situation, its impact and the tracking of trends over time			
Improve the efficiency and scientific rigour of **tools and processes**	▪ Overall improvement of data analysis. ▪ Rationalisation and improved efficiency of data management system. ▪ Improvement of the quality of data collected. ▪ Capacity to monitor new topics. ▪ Improved understanding of behaviours linked to infectious disease risk. ▪ Conceptual model and prototypes developed for decentralised data bank system (DDS). ▪ More efficient internal and external coordination, production of reports if requested, support for technical meetings. ▪ Survey archive launched.	● ● ● ● ● ○ ● ◌	- Annual reports, Selected issues, Statistical Bulletin and Countries overviews continued to be produced and published in a timely fashion. Efforts appear to have improved the quality of these and other EMCDDA's products. - The EMCDDA is making a major effort in order to improve the quality of data collected. Every year, it helped to implement quality assurance mechanisms at national level by sending to all NFPs detailed Quality Reports that assess the quality of the data and including recommendations, and also by cross-checking of data between sources. - Fonte and associated information technology tools have considerably been further implemented and improved with the consequent greater satisfaction of their users. However, there is still scope of improvement and offer adds value to MS (e.g. by developing Fonte's analytical capabilities and allowing working with qualitative data). - Work has started to develop a conceptual model and prototypes for decentralised data bank system (DDS). On the contrary, the historical survey archive project was cancelled due to lack of resources. - The internal reorganisation of the EMCDDA and the introduction of new mechanisms such as Scientific division meeting, Editorial board meeting in 2010, seems to be resulting on a more collaborative and effectively work of the staff.

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Improve and further develop reporting tools, capacity and analytical potential of the **key epidemiological indicators**	▪ Overall improvement of the implementation of the KI. ▪ Structured dialogue established between the EMCDDA, national focal points and KI expert networks so as to ensure convergence and feasibility of new tools. ▪ Existence of effective and productive key indicator expert networks ▪ Annual report on implementation levels and three-year baseline analysis. ▪ Adoption and implementation of revised guidelines and standard protocol (DRD, PDU, TDI). ▪ Improvement to monitoring and conceptualisation of the EU situation on health consequences of drug use. ▪ Increase in the quality of reports and the number of countries reporting. ▪ Better reporting of trends in the drug situation. ▪ More analysis of non-opiate based drug use patterns and problems ▪ Improved estimation of the size of different components of the drug problem ▪ Improved understanding of overall morbidity and mortality related to drug use in Europe	● ● ○ ○ ◐ ● ○ ● ● ● ●	- The implementation and the quality of the key epidemiological indicators have been continuously improving by the EMCDDA together with the NFPs and experts. - Although the revised standards protocols and guidelines for DRD, PDU and TDI were not still implemented, most of the work for its adoption has been developed in was planned to the end of 2011. The new assessment of the implementation of the key indicators is planned for 2012. - Ongoing work to improve the reporting of trends in the drug situation and to gain a better understanding on health consequences of drug use through the development of several products (e.g. project on heroin trends and characteristics of heroin users and trend-spotting group, a Selected issue 'Problem amphetamine and methamphetamine use in Europe). - Similarly, the EMCDDA has been successfully working on several products in order to reach the three last planned outputs (e.g. an Insights on cannabis market and production, a joint publication together with Europol on Cocaine and a Selected issue on Mortality related to drug use).

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Continue to **develop information collection tools in other established areas** that are vital for understanding the drug situation and its consequences, and develop new tools and approaches where these are required	▪ Overall improvement of availability and interpretation of data tailored to EU needs. ▪ Improved reliability of drug market indicators. ▪ Improved conceptualisation and monitoring of prisons, polydrug use and supply reduction. ▪ Rationalised price purity indicator with supporting guidelines and implementation support materials. ▪ EU reference group on supply and supply reduction established. ▪ Better reporting on drug production in the EU. ▪ More reliable core data on drug seizures and drug law offences. ▪ More joint reports and collaboration with other agencies working in this area	◐ ◐ ● ◐ ○ ◐ ● ●	- The EMCDDA has been working to improve the availability, quality and comparability of indicators in the supply area in close cooperation with Europol. The first European Conference on drug supply indicators was held in 2010, and three working groups were established with the aim to develop the key indicators on drug supply, supply reduction and crime. Also, joint publications with Europol have been continued (e.g. guidelines to help collect price data and a feasibility study to extend data collection to the wholesale level in 2011). - Further work is needed for collaboration with external expert groups and the establishment of an EU reference group on drug supply and supply reduction. - Work has started with the aim to rationalise price purity indicator although further work is planned for the last year of the three-year working programme. - Significant improvements have been reached on data collection and data analysis on polydrug use and to improve the monitoring data on prison through several works. - Progress has also been done to obtain more reliable core data on drug-law offences by the reconstruction of historical data collected for the past 15 years. - Likewise, the collaboration with Commission DGs, other Agencies, institutions and other key stakeholders has been strengthened and some of them have resulted on an increase of joint publications.

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To **ensure maximum value** is obtained from the data available by actively pursuing a policy that is relevant and scientifically sound, and an innovative analytical strategy	▪ Easier access and more use made of EMCDDA data sets ▪ Improved and more detailed analysis of the EU drug situation ▪ Studies and reports utilising cross-indicator analysis ▪ More comprehensive analysis of relationship between patterns of drug use and health outcomes ▪ Joint work with ESPAD and other scientific networks ▪ Improved reporting on polydrug issues ▪ Improved understanding and documentation of European markets ▪ Studies and analyses successfully conducted facilitated by DDS ▪ Effective collaboration in the area of Drug-related infectious diseases (DRID) ▪ The EU versus global analysis conducted on key topics ▪ Production of high-quality scientific publications ▪ Improved quality of time trend analysis	● ● ● ● ● ● ● ○ ◐ ◐ ● ● ●	- Overall, significant progress has been achieved to date in relation to this objective. Several publications planned for the period have now been completed or have been started, many of them using cross-indicator analysis, which are helping to obtain a more comprehensive analysis of the problem of drugs in the EU and its consequences. - On-going work to improve the data collection and data analysis on polydrug use and vulnerable groups. - Work has continued providing technical support to the candidate and potential candidate countries through initiatives such as IPA (2 and 3) and CARDS. Also, it has been reinforced by a new Handbook, a number of Reitox Academies held, and a new Reitox Coaching System. This has helped to increase the publications and information on the drug situation in those countries. - EMCDDA has worked to strengthen the collaboration with ESPAD (participation in meetings and access to ESPAD data on polydrug use). Also several publications have resulted from the on-going collaboration with other key partners on DRID. - Work has started in order to facilitate international comparative analysis on key topics (e.g. a international multidisciplinary forum on new drugs was held on May 2011).
Area 2 Monitoring responses, interventions and solutions applied to drug-related problems			
GOAL 2: Continue to monitor the availability, accessibility and quality of responses to drug use in Europe through a set of systematic, well-defined and analytically relevant indicators			

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To **improve the efficiency and scientific rigour of existing tools and processes** to better collect data on the availability, accessibility and characteristics of responses to drug use in Europe	▪ Overall improvement/relevance and quality information collected ▪ Overall improvement of data analysis ▪ Data collection matched to EU information needs ▪ Better insight on treatment effectiveness and new types of treatment ▪ Increased collaboration and dialogue with practice and scientific communities	● ● ● ● ●	- Considerable work already made to improve this area. An inventory of existing instruments for data collections has been drawn up and it is planned to further discuss the conceptual framework for a set of interventions indicators that also have been already drafted. - Also, a meeting organised by the Centre on the practice and current issues in opioid substitution treatment in the general practitioners' setting, has contributed to exchange experiences and knowledge on the regulations, practices and challenges in EU and to strengthen the collaboration and dialogue with the practitioners.
To develop data sources where they are required, and redefine existing tools, to provide a coherent and systematic set of **response indicators** that provide a sound basis for policy-relevant analysis	▪ Redefined strategy for data collection and analysis ▪ Information sources developed and new expert groups established ▪ Improvement of monitoring EU responses in the areas of: treatment, prisons, social reintegration ▪ Increased and more fruitful collaboration with relevant external bodies and experts ▪ EU reference group on supply reduction and supply reduction established ▪ Improvement of monitoring EU responses in the areas of co-morbidity	◐ D/K ◐ ◐ ○ ◌	- The EMCDDA continues the work of reviewing the existing tools for further improvements. Progress has been made on developing a strategy towards an integrated concept of monitoring intervention indicators and a CUP on treatment set in 2010 is working for the development of a strategy on treatment data collection that is expected to be finished by next year. In addition, national overviews on health and social responses covering treatment responses and availability and harm reduction responses have been developed in all countries. - As mentioned above, further work is needed in order to establish an EU reference group on drug supply and supply reduction. - The planned work on EU responses in the areas of co-morbidity has been postponed for the time being.

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To develop an analytical framework that provides a better understanding of the **availability, accessibility and quality of responses to drug use in Europe**	▪ Analytical framework to better inform on interventions and impact in EU ▪ Further development of economic analysis ▪ More sensitive monitoring of service provision ▪ Better elaboration of service needs and coverage issues ▪ More analysis of specific responses for high-risk or special needs groups	● ● ● ● ●	- To date, noteworthy progress has been made with the aim of establishing an analytical framework to improve information on interventions and impact in EU. Numerous analysis have been already developed, some of which have been focused in groups that need special attention. Also, a pilot study undertaken during this period on wholesale drug prices in EU has contributed to a better understanding of the economic analysis of European drug markets. - Likewise, work has started in order to prepare a new data collection and analysis strategy for the next 3-5 years.
Area 3 — More sensitive monitoring of new trends and developments and assessing the risks of new substances			
GOAL 3: To develop a more responsive system for monitoring new trends in drug use and the appearance of new psychoactive substances and provide increased understanding of emerging and new patterns of drug use to facilitate early responses to potential threats			
To coordinate the mechanism for the rapid exchange of information and risk assessment on new psychoactive substances through the implementation of the **Council Decision** (2005/387/JHA)	▪ Continued successful implementation of Council Decision mechanism ▪ Improvements to and more use made of the database on new drugs ▪ Regular information exchange with European forensic science services ▪ Effective collaboration with Europol and the EMA	● ● ● ●	- The EMCDDA has made important progresses in terms of the actions linked to the Council Decision (two joint EMCDDA-Europol annual reports on the implementation of the Council Decision has been published). It has continued the ongoing implementation of the EWS in close cooperation with Europol and the Reitox network and also with EMA. Therefore, 65 new psychoactive substances have been notified (41 in 2010 and 24 by 30 June) and new substances profiles have been prepared and included in the EDND, which is also regularly updated. - Also, the Centre has become part on the steering group of the European network of forensic science institutes (ENFSI) and it is contributing to enhance the regular information exchange with the forensic science.

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To develop a more sensitive approach for detecting new developments and tracking and evaluating **emerging trends and threats**	▪ Increased capacity of monitoring and reporting on emerging drug trends at EU level. ▪ New case studies. ▪ Trend-spotting methodology and network. ▪ Assessment made of data sources and potential new sources piloted.	● ● ● ●	- Overall, the planned outcomes within this objective have been already achieved. - The Centre is continuously increasing its capacity of monitoring and reporting on emerging drug trends. Public health early warnings and related unusual hazards, and new drugs have been notified via e-mail. - A trend-spotting group has been set up, enhancing capacity to monitor new topics and potential new data sources have been piloted, including Internet monitoring and wastewater analysis. - Likewise, several case studies have been already finished (e.g. 'Diffusion and patterns of spread for new psychoactive drugs in Europe','Conceptualisation of a methodology for monitoring the misuse of medicines').
Area 4 — Improving the capacity of Europe to monitor and evaluate policies and interventions			
GOAL 4: Support the development of evidence-based actions, standards and guidelines for best practice and develop analytic tools and instruments to facilitate assessment of the impact and effectiveness of drug policy and interventions			
Monitor and support the development of **analytical instruments** to better assess the effectiveness and impact of drug policy	▪ Overall improvement of tools for policy evaluation and assessment of impact of drug policy. ▪ Contribution to implementation of EU action plan and evaluation of EU strategy. ▪ Regular reporting on policy developments and efforts to evaluate policy impact. ▪ Analysis/papers based on the cross analysis of response indicators. ▪ Increased use of ELDD database.	● ● ○ ● ●	- In order to improve the capacity of the Member States to better evaluate the national strategies and actions plans, a Reitox academy was organised in 2010. In line with this, ongoing work for publishing a Manual with guidelines for the evaluation of national drug strategies in 2012. - The EMCDDA has prepared several different thematic papers providing inputs to a large extend of actions set out in the EU drug Action Plan (2009-2012). Also, it has contributed to the evaluation of the EU Action Plan by preparing a report on the drug situation and drug-related responses. - Also, a more use is being made of the European Legal Database on Drugs through the preparation of a number of new topic overviews.

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Support the development and implementation of **good practice, guidelines and quality standards**	▪ Best practice portal regularly updated and more relevant. ▪ Expert group established. ▪ Better identification of good practice, guidelines and quality standards. ▪ Consultation exercises undertaken.	● ● ● ●	- The Best practice portal, which was a great development of the previous three-year working programme, has been further improved and enriched, including new guidelines. Also, work started to develop a best practice network and a broader future strategy (a document on Best practice promotion strategy was prepared and discussed on an expert meeting). - Several actions being carried out during this period (e.g. contributions to the EQUS study and the project on European standards in evidence for drug prevention) are also contributing to identify and establish quality standards and benchmarks for interventions in EU.
Pursuing excellence in management, administration and support to core business			
GOAL 5: Achieve and maintain organisational excellence for best delivery of core results through effective leadership, sound resources management and service-oriented support			
To further develop leadership and management by building on best practice	▪ Organisational and managerial solutions that improve coordination, effectiveness, efficiency and transversal/cross-cutting approach. ▪ Support to the Management Board for strategic decision making on the annual work programmes, budgets and their execution. ▪ Development of activity-based budgeting (ABB) and activity-based management (ABM) and results-oriented planning, management and reporting processes.	● ● ●	- The EMCDDA internal reorganisation in 2010 appears to have improved the organisational effectiveness and coordination. Also, internal communication at the middle-management level has been improved by the introduction of new mechanisms such as the Coordination group. - The Management Board is regularly being supported regarding strategic decision making on the annual work programmes, budgets and their execution. - The new ABM/ABB and cost-based accounting system which aim is help to rationalise use of resources, is operational since June 2011 and further developments are also planned for the last year of the current multiannual work programme.

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To ensure sound management of financial resources and assets, enhancing effectiveness and efficiency	▪ Efficient and effective budget planning and implementation ▪ Full use of management and reporting functions of ABAC–SAP system ▪ Effective procurement and contracting processes ▪ Improved processes for managing Reitox grants	● ● ● ●	- All the budget execution reports have been prepared and presented as planned. The administrative and financial management of the Reitox grants has been substantially improved by the development of a new management information system, Hermes.. - ABAC-SAP accounting tools, Data warehouse and SAP reporting tools have been further exploited.
To ensure best use is made of the EMCDDA's workforce and operating capacity	▪ Screening/monitoring of the needs for optimal use of available capacity and definition of necessary measures for improvement. ▪ Initiatives to enhance scientific excellence and recognition of EMCDDA staff. ▪ Streamlined processes for human resources management. ▪ Improved working conditions and infrastructures.	● ◐ ● ●	- Work continues on the Human Resources legal framework for implementing new rules and policies. Several training activities have taken place to cover the existing and expressed training needs. - On-going work in order to implement measures to improve the recognition of EMCDDA staff.
To ensure successful and efficient delivery of results through quality, cost-effective and timely ICT support services, infrastructure and solutions	▪ Application of ICT standards, including project management standards, ITIL, data structures, business processes and workflows ▪ Maintenance and improvement of Fonte's functionality and user friendliness ▪ Ensured continuity, efficiency and a high level of security in all IT-supported business operations	● ● ●	- ICT unit has developed a detailed project evaluation matrix for all ICT projects and services and associated with the official work programme objectives. - Also, as part of a joint ICT project, and as a first step towards the adoption of ITIL, it has been set up several tasks (e.g. a catalogue of services, a business continuity plan, disaster recovery plan and a survey of backup solutions, including a recovery test databases). - Regarding Fonte, and in the framework of its continues reviewing to improve the tool, it has been reviewed the application security and the control of the data.

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As reflected in the analysis of progress made to date (June 30, 2011), it appears that almost all of the planned initiatives and expected outcomes will be reached by the end of the multiannual work programme.

During the period, special efforts have been made in order to improve the information on best practices and further develop indicators in the supply-reduction field. Work continued to better tailor EMCDDA's products and outputs to the real needs of target audiences and delivering them on a timely basis.

Focusing on the expected outcomes, most of the initiatives have been completed as planned and some others have been initiated and, although some deviation has been detected at the date of the assessment, it is expected to be concluded successfully.

With regard to the Area 1, 'Provide a sound evidence base for informed policies and actions through developing and implementing high-quality data collection tools that permit analysis of the drug situation, its impact and the tracking of trends over time', work has continued to improve the data collection tools and data management. Also, significant effort has being made in order to increase the quality and analysis of the data collected, especially on the key epidemiological indicators. A wide range of publications has been developed during the period, contributing to a more comprehensive analysis of the problem of drugs in the EU and its consequences. Likewise, noteworthy progress has been made in order to improve the monitoring of responses and interventions on drug-related problems and interventions on drug-related problems (Area 2 of the WP 'Continue to monitor the availability, accessibility and quality of responses to drug use in Europe through a set of systematic, well-defined and analytically relevant indicators'). Both data collection and data analysis have been significantly improved and the strength of the collaboration relationship with the scientific community has also contributed to reach the objectives settled under this area.

Also, the cooperation with Europol and the Reitox network has been enhanced contributing to the successful implementation of the Council Decision. At the end of 2011, 114 new psychoactive substances were notified through the EWS. Similarly, the EMCDDA has increased its capability of tracking and evaluation emerging trends and has developed several outputs related to this issue, successfully contributing to achieve the Area 3 'To develop a more responsive system for monitoring new trends in drug use and the appearance of new psychoactive substances and provide increased understanding of emerging and new patterns of drug use to facilitate early responses to potential threats'.

Concerning the Area 4, 'Support the development of evidence-based actions, standards and guidelines for best practice and develop analytic tools and instruments to facilitate assessment of the impact and effectiveness of drug policy and interventions', almost all of the settled objectives have been already reached. Special emphasis has been made on the improvement and enrichment of the Best Practice portal so far and work also has continued to reporting on the impact and effectiveness of drug policy and interventions although work needed to continue.

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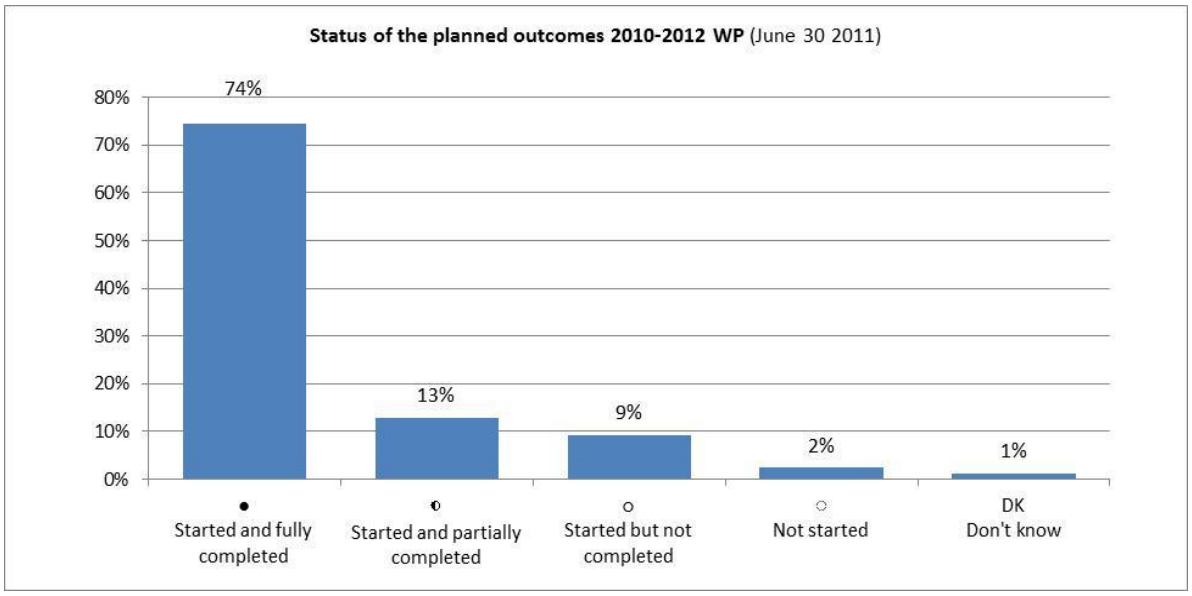


Out of the 86 set out by the EMCDDA within the 5 goals for 2010-12 WP, around 74% were achieved, 13% were on the way to being completed, and around 9 % were started but not completed. To date, only two of the planned initiatives have not been developed and have been postponed for a further reflection on their inclusion in the next multiannual work programme: the launch of a survey archive Project within the objective 1.1., and the work in the areas of co-morbidity (included under the objective 2.2).

Finally, in one cases it was not possible to assess in how far the objective was fulfilled: information sources developed and new expert groups established, (included under the objective 2.2).

Benchmarking Assessment D

This appendix contains the results of the benchmarking exercise that formed part of the evaluation. Comparisons between the EMCDDA and other EU agencies are helpful in putting some of the evaluation findings into a broader context.

D.1 Comparator Agencies

To enable comparisons with the previous analysis, it was decided to use the same European agencies as in the 2007 evaluation. These were originally selected on the basis of all being information providers, operating networks across Europe to collect information that is analysed centrally with outputs being disseminated to target audiences at the EU and Member State levels. The following comparator agencies were selected:

- **European Agency for Safety & Health at Work (EU-OSHA).** First established in 1994, the Agency is based in Bilbao and became fully operational by 1996. It aims to make Europe a safer, healthier and more productive place to work. EU-OSHA is the smallest of the five comparator agencies.
- **European Environment Agency (EEA).** The regulation establishing the EEA dates back to 1990 but a new regulation was adopted in 2009. The EEA seeks to ensure that decision-makers and the general public are kept informed about the environment. Based in Copenhagen, the EEA currently employs 201 staff and is the largest of the comparators.
- **European Union Agency for Fundamental Rights (FRA)**. This EU agency, based in Vienna, was formerly the European Monitoring Centre on Racism and Xenophobia (EUMC). The Regulation formally establishing FRA was adopted in 2007. It has 106 employees.
- **European Foundation for the Improvement of Living and Working Conditions (Eurofound).** This is the oldest of the EU agencies, set up in Dublin in 1975 to contribute to the planning and design of better living and working conditions in Europe. Eurofound employs 101 persons.

The analysis was based on material collected from publicly available sources on the websites of the different Agencies, such as Annual Reports, budgets and accounts. The data relates to 2010. The benchmarking exercise focuses on a number of key aspects of each organisation – the overall missions, target groups, financial and human resources, organisational structure, networking structures, and publications and outputs including translation issues.

D.2 Mission and target groups

All five comparators are decentralised agencies belonging to the group of 'Policy Agencies'**.** They were set up by an act of secondary legislation to accomplish very specific tasks.

Although the main aims of the five EU agencies have not changed since the last evaluation, some have taken on more tasks than before. The mission of the five agencies reflects their respective policy areas, but they share the common overall aim of providing the EU and Member States (and, in most cases, their citizens) with factual, reliable and objective information as an input to policy-making:

- In all cases, the main target group of the agencies is policymakers at the EU level. The extent to which national authorities are targeted varies;

Benchmarking Assessment D

- In the case of the two tripartite agencies (EU-OSHA and Eurofound), European social partners are a key target group. Social partners are also important to other agencies but not in terms of governance as is the case with the two agencies;
- Academics and researchers are important to all the agencies as both a source of inputs and as recipients of outputs. Civil society organisations are also key intermediaries in helping the agencies to reach target groups but this does not include the general public in most cases.

The following table provides an overall summary of the extent to which different the EU agencies focus on different target groups.

Table E.1: Main Target Groups of Comparator Agencies

Key: ●●● = very important target group; ● = less/not important target group

Agencies	EU bodies	National authorities	Social Partners	Academics researchers	Civil Society	General Pubic
EMCDDA	●●●	●●●	●	●●	●●	●
EU-OSHA	●●●	●●●	●●●	●●	●●●	●●
EEA	●●●	●●●	●	●●●	●●	●
FRA	●●●	●●●	●	●●	●●●	●●
Eurofound	●●●	●	●●●	●●●	●●	●

Insofar as the five agencies share the common aim of making an input to policymaking, their remits are strictly limited to providing the information required for evidence-based policies by authorities at the EU and Member State levels. There are considerable sensitivities in going any further than this and being seen to influence policymakers or the policymaking process, both being beyond the remit of the agencies.

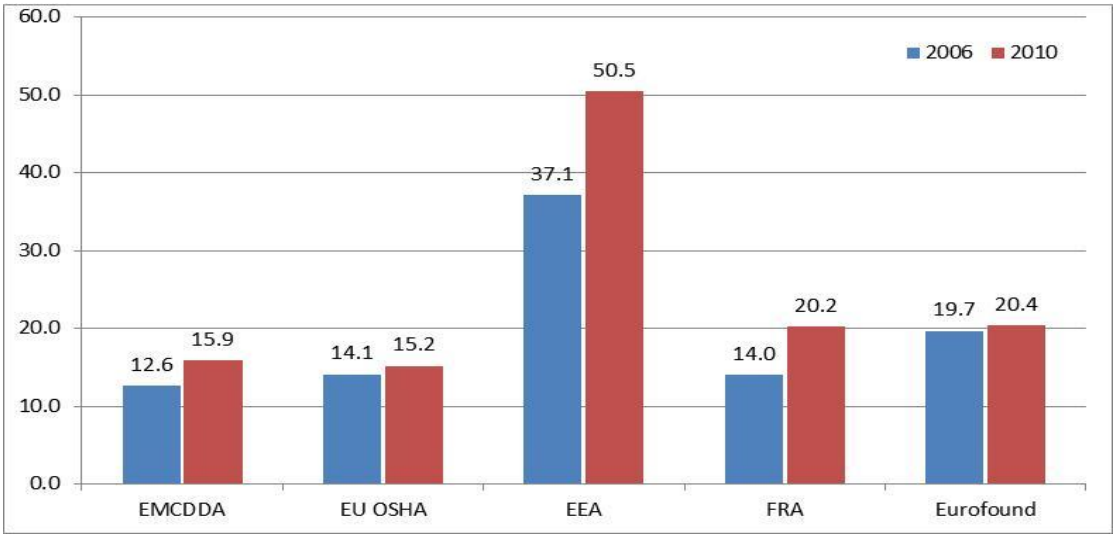
Related to this issue, the position of the EU agencies in relation to information and research activities is interesting. In the case of the EMCDDA, its mandate is defined as being to collect and analyse already-existing information rather than to get involved in new research. However, the dividing line between these two activities, and their role in supporting policymaking, is not clear-cut and most of the agencies appear to have considerable flexibility with regard to research activities. The extent to which research is carried out in-house rather than being subcontracted to external experts varies.

E.3 Financial and human resources

The five EU agencies differ significantly in terms of the available resources, with the EMCDDA positioning itself at the lower end of the range in terms of its annual budget (only EU-OSHA has a lower budget) and in the middle range with regard to staff numbers (comparable to Eurofound). The two charts below give an overview of trends with regard to the annual budgets and staff numbers since the 2007 evaluation.

Benchmarking Assessment D

Figure E.1: Annual Budgets of Selected European Agencies, 2006 and 2010 (€ m)



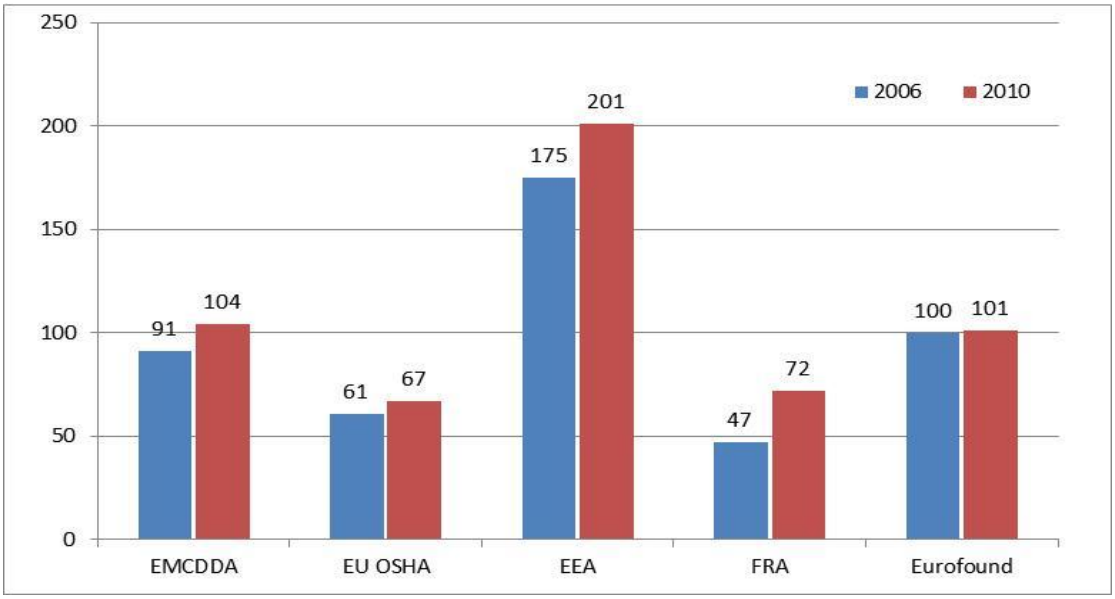
All the European agencies have seen an increase in their resources since the last evaluation, both in terms of financial and human resources. The EMCDDA had an increase of just over a quarter (+26.2%) in its financial resources in the 2006-10 period. As noted elsewhere, this was partly a result of the 2006 recast Regulation having added a number of tasks to the agency's mandate. This positions the EMCDDA around the mid-point in the range of budgetary adjustments.

Two of the agencies had comparatively modest increases in their financial resources – EU-OSHA (+7.8%) and Eurofound (+3.6%). In both cases, there mandates remained largely unchanged during the 2006-10 period. This contrasts, at the higher end of the range, with the EEA and FRA. In the case of the EEA, its remit was extended in the 2004-08 period to reflect priorities set out in the Sixth Environment Action Programme which included defining the Agency's role as a key provider in Europe of environmental information. Additional resources were accordingly needed to improve the collection and dissemination of environmental data and knowledge across Europe. With the FRA, which benefited from a +44.3% increase in its budget over the four years since the last evaluation, the obvious explanation for this is that the FRA is new (replacing the former EUMC – European Monitoring Centre for Racism and Xenophobia). A further factor could be that EU policy agenda in the field of fundamental rights has grown significantly in importance in recent years which has brought with it an increased need for data collection and other activities.

There is a similar pattern with the five EU agencies' human resources. The following chart compares the number of personnel in 2006 with 2010. The EMCDDA is again positioned in the middle of the range of increases with a 14.3% increase in the number of its staff comparing with lower changes in Eurofound (+1.0%) and EU-OSHA (+9.8%), a change that was almost the same as the EEA (+14.9%) and a much larger increase in personnel numbers in the FRA (+53.2%).

Benchmarking Assessment D

Table E.2: Number of Staff in Selected Agencies in 2006 and 2010



Note: (i) In the case of the FRA, the 2007 report on budgetary and financial management shows that the number of allocated posts was 47 and not 35 as indicated in the 2007 benchmarking analysis; (ii) Eurofound – as some full-time posts are filled with part-time workers, there are 112 staff FTE members in total.

One interesting aspect illustrated by the data on the EU agencies' resources is a lack of correlation between the budget increases of some agencies and the change in staff numbers. For example, the EMCDDA and the EEA both had much larger upward changes in their financial resources than in their staff numbers. Furthermore, although the increase in personnel between 2006 and 2010 was similar (14.3% and 14.9% respectively), their budgets rose at quite different rates (26.2% compared with 36.1%). In contrast, other agencies saw their personnel levels rising much more than their budgets, FRA in particular, but also EU-OSHA.

This reflects changing patterns of what can be described as staffing intensity'. Thus, whereas the EMCDDA and EU-OSHA had similar budgets in 2010, the EMCDDA employed considerably more staff. There could be a number of explanations for such disparities in the relationship between overall budgets and staffing levels, for instance differences in grade and function group of personnel and their salary levels, or it could be an indication that some agencies spend comparatively more of their budget on operational activities. In order to examine this in more detail, we examined the annual accounts for 2006 and 2010 for the five agencies to extract the amount of the total budgets devoted to staff-related, administrative and operational activities.

Table E.3: Breakdown of Budgets in Staff, Administrative and Operational Expenditure (2010)

	EMCDDA	EU-OSHA	EEA	FRA	Eurofound
Annual Budget	€15.9m	€15.2m	€50.5m	€20.2m	€20.4m
Staff expenditure (% of total)	8.709.000 (57%)	5.529.000 (37%)	26.147.800 (52%)	8.259.000 (41%)	11.050.000 (54%)
Administrative	2.067.000	1.791.400	3.834.300	2.194.000	1.500.000

expenditure (%)	(13%)	(12%)	(7%)	(11%)	(7%)
Operational expenditure (%)	4.624.400 (30%)	7.683.400 (51%)	20.610.200 (41%)	9.637.000 (48%)	7.890.000 (39%)

Of the five comparators, the EMCDDA has allocated the highest proportion of its total budget to staff costs and has the lowest level of operational expenditure as a proportion of its overall budget. Given the EMCDDA's comparatively high number of staff, this is not surprising. Eurofound is comparable in terms of staff expenditure/staff numbers) although its operational expenditure (and overall budget) is larger.

As part of this exercise we also calculated an average annual cost per staff member. This is obviously a crude measure which does not take into account the composition of the staff in terms of their grades and function groups but it gives an indication of overall staff costs for comparative purposes.

Table E.4: Average Cost per Staff Member in 2006 and 2010 (in €)

		EMCDDA	EU-OSHA	EEA	FRA	Eurofound
Staff expenditure (Number)	2006	6,566 (91)	3,831 (61)	14,499 (175)	4,880 (47)	9,930 (100)
	2010	8,709 (104)	5,529 (67)	26,147 (201)	8,259 (72)	11,050 (101)
Average cost per staff member	2006	72,157	62,804	82,856	103,829	99,307
	2010	83,740	82,522	130,088	114,708	109,406

Together with EU-OSHA, the EMCDDA is positioned at the bottom of the group with regard to average cost per staff member. One possible explanation is that because the Agency is based in Portugal, the allowance for officials living abroad is lower than in a location such as Copenhagen where the EEA is based, or it could be that there are more locally-engaged contract agents than in the other comparator agencies.

E4 Organisation and Governance

The five EU agencies have similar structures:

- **Management structures** are similar - all the agencies have a Governing/Management Board, a Bureau/Executive Board, a Budgetary Committee, an Executive Director and a senior management team. The **size of** the various Management Boards differs, mainly due to the tripartite character of two agencies (EU-OSHA and Eurofound). Only Eurofound has a Deputy Director.
- Another common feature in the organisational structure of 'Policy Agencies' is that they have EU-wide **network(s) of national focal points** or equivalents to collect and to help disseminate information. Only three of the agencies (EMCDDA, EU-OSHA and EEA) have specific units to deal with network matters.
- In terms of differences, three of the five comparators have a **Scientific Committee** (EMCDDA, EEA and FRA) reflecting the nature of their mandates. These committees

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provide scientific advice to the Management Boards, deliver scientific opinions and guarantee the scientific quality of the agencies' work.

From an organisational point of view, the five EU agencies are divided into a number of different units or departments. A summary is provided below with an indication of the number/proportion of personnel in different categories of units.

Table E.5: Agency Units/Department and their Number of Staff (2011)

Units	EMCDDA		EU-OSHA		EEA		Eurofound	
	No	%	No	%	No	%	No	%
Directorates	9	8.7	2	3.0	14.0	5.5	7	8.4
Operational units	40	38.8	19	28.4	165.0	65.0	38	45.8
Communications	12	11.7	18	26.9	19.0	7.5	22	26.5
Network support	9	8.7	10	14.9	16.0	6.3	n/a	n/a
Admin and ICT	33	32.0	18	26.9	40.0	15.7	16	19.3
Totals	103	100.0	67	100.0	254.0	100.0	83	100.0

Note: No estimates available for FRA. As these are current staff numbers, they might not correspond fully with 2010 levels. Furthermore, some posts are shared by part-time staff.

Operational units: EMCDDA: 40 Scientific division (4) + - IBS unit (9), SAT unit (8), - EPI unit (12) and POL unit (7); EU-OSHA: Prevention & Research Unit (19); EEA: Air/climate change (24), Natural systems (39), International Environment Assessments (23), SEIS support (39), (Shared Environment Information System); FRA: Freedom & Justice Equality & citizens' rights; Eurofound: Employment & Change (10), Working conditions & Industrial relation (17), Living Conditions & Quality of Life (11).

Network units: EMCDDA: RTX unit (9, 2 of which on external funds); EU-OSHA: Network secretariat (10); EEA: Governance & networks (16).

Admin and ICT: EMCDDA: ADM unit (22) and ICT (11); EU-OSHA: Resources & service Centre (18); EEA: Administration (21) and Operational services (19); FRA: Administration, Human Resources & Planning; Eurofound: Administration (11), Human Resources (6), ICT (6) , Operational Support(10).

In order to get closer to a measure for efficiency we also examined the breakdown of staff in those that carry out administrative tasks (assistants or AST staff) and more operational staff (administrators or AD staff). The results can be found below:

Table E.6: Breakdown between Type of Staff AD and AST staff

	EMCDDA	EU-OSHA	EEA	FRA	Eurofound
AD (administrators), officials/ temporary agents	48 (46.2%)	21 (31.3%)	59 (29.3%)	44 (61.1%)	50 (49.5%)
AST (assistants), officials/temporary agents	30 (28.8%)	20 (29.8%)	66 (32.8%)	28 (38.8%)	51 (50.5%)
Contract agents	25 (24%)	25 (37.3%)	21 (10.4%)	*(25)**	-
Local agents (nat. experts)	1 (1%)	1 (1.5%)	55 (27.3%)	*(9)**	-
Total	**104**	**67**	**201**	**72**	**101**

Note:* These categories of staff appear to be included in the breakdown of AD and AST staff

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It should be noted that given the way several EU agencies present their staff information, it is unclear how contract and local agents are divided between the AST and AD staff categories. It is likely, though, that a relatively large proportion of local agents, at least, have been employed to carry out assistant type jobs. If we exclude contract and local agents, the proportions of AST staff are very similar in the EMCDDA, EU-OSHA and EEA despite of their differences in size.

In this context, an interesting observation regarding efficiency of agency organisation was made in the 2009 Evaluation of the EU Agencies, namely that "administrative tasks are by far the most significant factor affecting efficiency. On average, they consume about one-third of the agencies' staff resources, although variations between agencies are substantial, with figures ranging from 14% to 54%. Smaller agencies are at a significant disadvantage since the regulations and procedures with which the agencies have to comply are largely the same regardless of the agency´s size. It seems that in order to operate efficiently, an agency needs to reach a certain critical size. The data indicates that this critical size lies somewhere between 50 and 100 staff".

E.5 Network structures and their role

All the comparator agencies coordinate networks of national contact points which act as an interface with the Member States and gather information for the agencies to use. There are considerable differences in the way the networks are organised and funded, in the types of organisations that host the contact points, and in the number, nature and role of network partners.

Table E.7: Agency Networks

Agencies	Summary description of networks
EMCDDA	**Reitox Network** - 30 National Focal Points - NFPs (27 MS, Norway, Turkey, Croatia, COM)
EU-OSHA	**National Focal Point Network -** 39 FOPs (27 MS, EFTA, candidate, potential candidate countries) 13 Topic Centres
EEA	**Eionet Network** - 39 National Focal Points - NFPs (27 MS, EFTA, Turkey) Many Nat. Reference Centres (NRC) 6 European Topic Centres (ETC)
FRA	**Network of National Liaison Officers -** 28 NLOs (MS +Croatia); **Fundamental Rights Platform (FRP) Cooperation network** of some 300 civil society stakeholders
Eurofound	**Network of European Observatories (NEO) -** 30 National Correspondents in 27 MS, Norway + EU-level Centre providing data and comparative analysis for its three observatories (EIRO, EWCO and EMCC).

In the case of the **EMCDDA**, expenditure on Reitox network activities accounts for nearly **€2.5m corresponding to some 15.7% of the total budget**. Although the agency networks are quite similar in terms of their functions and size, the share of the respective budgets spent of financing them differs significantly with Eurofound spending by far the most on its networks, followed by the EMCDDA and, and to a considerably lesser extent, EU-OSHA and FRA. The EEA network is solely funded by national authorities.

EU-OSHA runs a network of Focal Points (FOPs) typically based in the lead health and safety organisation in the respective countries. The FOPs have a significant role in disseminating information and campaigning, very different in the later respect to the role of the corresponding

networks in the other agencies that have more of a data gathering and/or research function. Each FOP receives a subsidy depending on the size of the country. The subsidy is mainly used to support activities around the EU-wide Health Workplaces Campaign and to maintain the national websites, and the subsidy is in most cases supported by national funding. Overall, EU-OSHA spends some 18% of its operational budget (9.3% of total budget) on supporting the FOP network (equalling over €1.39 million in 2010).

The **EEA** coordinates the European environment and observation network (Eionet). The network aims to provide timely and quality-assured data, information and expertise for assessing the state of the environment in Europe and the pressures acting upon it. Eionet consists of the EEA itself, 39 National Focal Points, 6 European Topic Centres (ETCs) and a number of national Reference Centres (NRCs). In total the network counts around 1000 experts from 39 countries in over 350 national environment agencies and other bodies dealing with environmental information. The NFPs are experts or groups of experts in national environmental organisations nominated and funded by the country and authorised to be the main contact point for the EEA. Each NFP in turn coordinates a national network consisting of numerous NRCs. The NFPs and NRCs are nominated and funded by national authorities, and no extra funding is provided by the Agency. The ETCs are contracted through a competitive process.

FRA coordinates a network of 28 National Liaison Officers (NLOs). They are government officials nominated by each Member States (and Croatia). The NLOs are the Agency's main national contact points and submit opinions on the draft Annual Work Programme prior to its submission to the Management Board. The Agency communicates to the National Liaison Officers all its reports and studies which helps promote the work and findings of the FRA among relevant government departments and bodies. Furthermore, the Fundamental Rights Platform (FRP) Cooperation Network consisting of some 300 civil society stakeholders was launched in 2008 to facilitate cooperation and information exchange with civil society. FRP participants are involved in FRA's research and awareness raising projects and are invited to make suggestions to the Annual Work Programme. According to the Final Accounts 2010, FRA spends 8.8% of its operational budget (4.2% of total) on networking and stakeholder cooperation.

Eurofound coordinates the National European Observatories (NEOs) network located in research institutes in all Member States and Norway, as well as an EU-level Centre. These national correspondents carry out research on national situations, prepare case studies, produce national reports and conduct surveys to help Eurofound provide data and comparative analysis for its three observatories (EIRO, EWCO and EMCC). According to the Financial Accounts for 2010, overall expenditure of surveys and pilot schemes, as carried out by NEO, accounted for €4.8m corresponding to 23.5% of the total Eurofound budget.

E.6 Publications and translation

As the remits of the five agencies is to collect, analyse and disseminate information in their policy fields, it goes without saying that they all produce a large number of information products and publications. For the purposes of this evaluation, we concentrated on comparing publications issued in 2010. A direct comparison of the various outputs is extremely difficult given their inherent differences, but there are certain types of publications that all agencies produce which can be compared. In the table below, we group publications in the main common categories.

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Table E.8: Comparator Agencies' Publications issued in 2010

EMCDDA	EU-OSHA	EEA	FRA	Eurofound
General Report of Activities 2010 (102p) EN only	Annual Report 2010 - A healthy workforce is key... (activity rpt) (63p) EN only Summary (4 p) in 22 lang.	Annual Report 2010 & Environmental Statement 2011 (95p) EN only	Annual Activity Report 2010 (64p) EN only	Annual Activity Report 2010 (56p) EN
Annual Report 2010 on the state of the drugs problem in Europe (108 p) 22 languages (Statistical bulletins, country summaries, selected issues)	OSH in figures: Work-related musculoskeletal disorders in the EU European Risk Observa-tory Report (179p) EN	The European environment – state and outlook 2010: Synthesis EN	Annual Report on Fundamental rights: challenges and achievements in 2010 (194 p) EN/ FR Summary (36p) 5 lang. EN/FR/DE/HU/PL	Yearbook 2010 - Living and working in Europe (72p) EN Industrial relations & working conditions developments in Europe 2010 (96p) EN
Drugnet Europe Quarterly newsletter 4 in 2010 EN			FRA Newsletter 3 in 2010; 7 in 2011 EN/FR/DE	Eurofound News 10 issues/year EN
Technical Data Sheets – none in 2001	Fact Sheets: 10 issues 22 (30) languages E-Facts: 6 issues -EN	2 Fact Sheets in 2010	2 Factsheets in 2010 1 on Roma/ Travellers 11 languages 1 on HIV - EN	Information Sheets (of each project) 6 sheets in 2010 - EN
Scientific / Thematic Series				
Drugs in Focus: 0 22 languages Monographs: 1 Insights: 0 Manuals: 3 Risk Assessments: 1 Thematic Papers: 1	Information reports: ESENER Survey - Managing safety and health at work (156p)EN Summary - 25 lang. +4 others (100-200p)EN Literature reviews: Maintenance and OSH & Health: a statistical picture (62p) EN + 1 other	EEA reports: 7 Technical reports: 12 Briefings: unclear how many in 2010	EU-MIDIS publicat's EU Minorities and Discrimination Survey (EU-MIDIS)- survey results (all publications) + 3 other reports No series, but 17 other reports in 2010	Foundation findings:1 Foundation Focus: 1 Reports: 62 Report summaries: 8p Eur. Restructuring Monitor quarterly: 4

All five comparator agencies produce an **annual activity report** which provides an account of the activities and achievements of the Agency during the previous year. These are not translated and exist in English only. With 102 pages the report of the EMCDDA's is the most comprehensive but all reports are quite clear in their presentation of past activities. Only in one case, EU-OSHA, is there a summary of the full report.

Apart from the EMCDDA, two other agencies, FRA and Eurofound, produce an **Annual Report** as well, presenting recent developments in the policy field they deal with. In 2010, EU-OSHA and EEA also produced comprehensive reports in their areas of specialisation but these are not recurring, annual reports. With report lengths varying between 72 pages and 194 pages, the EMCDDA report falls in the middle (108 pages). Its report is the only one translated into all EU languages although the FRA also publishes its full report in French and a summary in five other EU languages. Other annual reports only exist in English.

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The EMCDDA, FRA and Eurofound are the only agencies to produce a regular **newsletter** but all agencies publish some type of regular **fact or information sheets**. All comparators produce a **large number of scientific and/or thematic series**, as can be seen in the comparative table above, with EEA and Eurofound appearing to be the most productive of the five agencies. All five agencies provide access to their publications on their websites, but there are quite marked differences in the ease with which these can be found. The EU-OSHA and the EMCDDA sites are among the more easily accessible.

In terms of translation, there appears to be a growing trend for publications to be produced in English only, although the EMCDDA and EU-OSHA still provide some of their outputs in all EU languages. The FRA also translates their most important publications, but typically only into a few languages.

Analysis of Survey Data E

Please tick the box that best describes your position:

Options	Nº	%
Management Board	18	11.5
Scientific Committee	6	3.8
Executive Committee	4	2.5
National Focal Point	28	17.8
EMCDDA staff member	55	35.0
Other	37	23.6
No response	9	5.7
Total	**157**	**100.0**

Please tick the box (or boxes) that best describes the organisation you work for:

Options	Nº	%
EMCDDA	57	36.3
European institution	10	6.4
International organisation	4	2.5
National authority, government department or agency	52	33.1
Non Governmental Organisation (NGO)	11	7.0
Professional organisation	4	2.5
Academic or research organisation/ institute	18	11.5
Other	9	5.7

Please indicate which country you are based in:

Country	Nº	%	Country	Nº	%
Austria	4	2.5	Lithuania	1	0.6
Belgium	7	4.5	Luxembourg	2	1.3
Bulgaria	2	1.3	Malta	3	1.9
Croatia	1	0.6	Netherlands	7	4.5
Cyprus	4	2.5	Norway	1	0.6
Czech Republic	2	1.3	Poland	1	0.6
Denmark	3	1.9	Portugal	56	35.7
Estonia	1	0.6	Romania	0	0.0
Finland	3	1.9	Slovakia	3	1.9
France	6	3.8	Slovenia	3	1.9
Germany	5	3.2	Spain	1	0.6
Greece	1	0.6	Sweden	3	1.9
Hungary	3	1.9	Turkey	2	1.3
Ireland	6	3.8	United Kingdom	16	10.2
Italy	6	3.8	Others	2	1.3
Latvia	2	1.3	**Total**	**157**	**100.0**

Analysis of Survey Data E

How successfully is the EMCDDA pursuing its mission?

	Provide the EU and Member States with: 'factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences'		Collect, register and analyse information on 'emerging trends', particularly in polydrug use, and the combined use of licit and illicit psychoactive substances		Offer information on best practice in the EU Member States and facilitate exchange of such practice between them		Cooperation with other European and international bodies, and with third countries	
All respondents	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very successfully	76	48.4	49	31.2	38	24.2	56	35.7
Quite successfully	52	33.1	68	43.3	62	39.5	51	32.5
Neutral	11	7.0	19	12.1	28	17.8	19	12.1
Not very successfully	10	6.4	12	7.6	14	8.9	12	7.6
Not successfully at all	6	3.8	5	3.2	6	3.8	5	3.2
Don't know	2	1.3	2	1.3	7	4.5	11	7.0
No response	0	0.0	2	1.3	2	1.3	3	1.9
Total	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very successfully	28	50.9	20	36.4	13	23.6	24	43.6
Quite successfully	17	30.9	19	34.5	25	45.5	19	34.5
Neutral	6	10.9	7	12.7	10	18.2	2	3.6
Not very successfully	1	1.8	4	7.3	1	1.8	3	5.5
Not successfully at all	1	1.8	1	1.8	0	0.0	1	1.8
Don't know	2	3.6	2	3.6	4	7.3	3	5.5
No response	0	0.0	2	3.6	2	3.6	3	5.5
Total	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very successfully	48	47.1	29	28.4	25	24.5	32	31.4
Quite successfully	35	34.3	49	48.0	37	36.3	32	31.4
Neutral	5	4.9	12	11.8	18	17.6	17	16.7
Not very successfully	9	8.8	8	7.8	13	12.7	9	8.8
Not successfully at all	5	4.9	4	3.9	6	5.9	4	3.9
Don't know	0	0.0	0	0.0	3	2.9	8	7.8
No response	0	0.0	0	0.0	0	0.0	0	0.0
Total	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**

Analysis of Survey Data E

How do you rate the quality of EMCDAA publications and other outputs? (All respondents)

	Excellent		Quite good		Neutral		Not very good		Poor		Don't know/no response		Total	
Options	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Annual report on state of the drugs problem in Europe	71	45.2	53	33.8	12	7.6	11	7.0	4	2.5	6	3.8	157	100.0
Statistical bulletin, data profiles	55	35.0	58	36.9	12	7.6	10	6.4	5	3.2	17	10.8	157	100.0
Selected Issues	49	31.2	60	38.2	16	10.2	13	8.3	5	3.2	14	8.9	157	100.0
Insights	40	25.5	66	42.0	10	6.4	10	6.4	4	2.5	27	17.2	157	100.0
Monographs	56	35.7	51	32.5	9	5.7	8	5.1	3	1.9	30	19.1	157	100.0
Risk assessments	43	27.4	46	29.3	24	15.3	7	4.5	4	2.5	33	21.0	157	100.0
EMCDDA-EUROPOL joint publications (e.g. cocaine)	47	29.9	51	32.5	15	9.6	6	3.8	6	3.8	32	20.4	157	100.0
Drug Policy Profiles (Portugal)	36	22.9	38	24.2	18	11.5	11	7.0	5	3.2	49	31.2	157	100.0
Drugs in Focus	43	27.4	52	33.1	18	11.5	10	6.4	4	2.5	30	19.1	157	100.0
Manuals	34	21.7	44	28.0	25	15.9	7	4.5	3	1.9	44	28.0	157	100.0
Country overviews	33	21.0	58	36.9	31	19.7	8	5.1	3	1.9	24	15.3	157	100.0
National reports	30	19.1	53	33.8	29	18.5	12	7.6	2	1.3	31	19.7	157	100.0
Implementation Reports	21	13.4	29	18.5	23	14.6	11	7.0	1	0.6	72	45.9	157	100.0
General report of activities	28	17.8	47	29.9	27	17.2	9	5.7	7	4.5	39	24.8	157	100.0
EMCDDA website	48	30.6	60	38.2	22	14.0	9	5.7	6	3.8	12	7.6	157	100.0
Other publications (thematic papers, technical data sheets)	27	17.2	49	31.2	22	14.0	9	5.7	3	1.9	47	29.9	157	100.0
ELDD - European Legal Database on Drugs	23	14.6	43	27.4	18	11.5	17	10.8	3	1.9	53	33.8	157	100.0
EDDRA - Exchange on Drug Demand Reduction Action	14	8.9	41	26.1	22	14.0	15	9.6	6	3.8	59	37.6	157	100.0
EIB - Evaluation Instruments Bank	17	10.8	30	19.1	15	9.6	9	5.7	3	1.9	83	52.9	157	100.0
Brochures, flyers and catalogues	26	16.6	42	26.8	23	14.6	9	5.7	5	3.2	52	33.1	157	100.0

Are there any other sources of the same or similar information on the drugs situation that you are aware of that makes the information provided by the EMCDDA and the Reitox NFPs redundant?

	In your country		In Europe as a whole	
All respondents	**Nº**	**%**	**Nº**	**%**
Yes	11	7.0	8	5.1
No	117	74.5	115	73.2
Don't know	22	14.0	28	17.8
No response	7	4.5	6	3.8
Total	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**
Yes	1	1.8	1	1.8
No	39	70.9	39	70.9
Don't know	11	20.0	13	23.6
No response	4	7.3	2	3.6
Total	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**
Yes	10	9.8	7	6.9
No	78	76.5	76	74.5
Don't know	11	10.8	15	14.7

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No response	3	2.9	4	3.9
Total	**102**	**100.0**	**102**	**100.0**

Is there any information on the drugs situation in Europe that the EMCDDA does not currently produce but which you would like to receive?

All respondents	**Nº**	**%**
Yes	43	27.4
No	64	40.8
Don't know/no opinion	50	31.8
Total	**157**	**100.0**
EMCDDA staff	**Nº**	**%**
Yes	10	18.2
No	20	36.4
Don't know/no opinion	25	45.7
Total	**55**	**100.0**
Not staff	**Nº**	**%**
Yes	33	32.4
No	44	43.1
Don't know/no opinion	23	22.5
Total	2	2.0

The EMCDDA's 2006 Council Regulation defines a number of target audiences. Should the EMCDDA give higher priority to some target audiences than others?

	Policymakers at the EU and Member State levels		Practitioners and professionals working in the drugs field		Scientists and researchers		Others	
All respondents	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Relatively high priority	74	47.1	53	33.8	45	28.7	12	7.6
Quite high priority	30	19.1	49	31.2	46	29.3	9	5.7
Neutral	33	21.0	31	19.7	39	24.8	14	8.9
Quite low priority	3	1.9	4	2.5	6	3.8	1	0.6
Relatively low priority	2	1.3	3	1.9	4	2.5	3	1.9
Don't know	1	0.6	1	0.6	2	1.3	45	28.7
No response	14	8.9	16	10.2	15	9.6	73	46.5
Total	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Relatively high priority	26	47.3	18	32.7	13	23.6	2	3.6
Quite high priority	8	14.5	17	30.9	20	36.4	5	9.1
Neutral	13	23.6	10	18.2	11	20.0	9	16.4
Quite low priority	1	1.8	2	3.6	2	3.6	1	1.8
Relatively low priority	0	0.0	0	0.0	1	1.8	1	1.8

Don't know	0	0.0	0	0.0	0	0.0	12	21.8
No response	7	12.7	8	14.5	8	14.5	25	45.5
Total	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Relatively high priority	48	47.1	35	34.3	32	31.4	10	9.8
Quite high priority	22	21.6	32	31.4	26	25.5	4	3.9
Neutral	20	19.6	21	20.6	28	27.5	5	4.9
Quite low priority	2	2.0	2	2.0	4	3.9	0	0.0
Relatively low priority	2	2.0	3	2.9	3	2.9	2	2.0
Don't know	1	1.0	1	1.0	2	2.0	33	32.4
No response	7	6.9	8	7.8	7	6.9	48	47.1
Total	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**

Looking specifically at the situation in your country, how effective is the EMCDDA in reaching its target audiences?

	Very effective		Quite effective		Neutral		Not very effective		Not effective at all		Don't know/no response		Total	
All respondents	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Government department or agencies	44	28.0	43	27.4	17	10.8	13	8.3	1	0.6	39	24.8	157	100.0
Members of a parliament or political bodies	17	10.8	24	15.3	31	19.7	24	15.3	8	5.1	53	33.8	157	100.0
Non Governmental Organisations (NGOs)	12	7.6	38	24.2	38	24.2	14	8.9	2	1.3	53	33.8	157	100.0
Professional organisations active in the drugs field	33	21.0	37	23.6	29	18.5	13	8.3	2	1.3	43	27.4	157	100.0
Academic or research organisations	28	17.8	40	25.5	24	15.3	14	8.9	3	1.9	48	30.6	157	100.0
Media organisations	18	11.5	37	23.6	29	18.5	16	10.2	8	5.1	49	31.2	157	100.0
General public	6	3.8	13	8.3	37	23.6	27	17.2	27	17.2	47	29.9	157	100.0
Other target audiences	1	0.6	1	0.6	8	5.1	1	0.6	2	1.3	144	91.7	157	100.0

	Very effective		Quite effective		Neutral		Not very effective		Not effective at all		Don't know/no response		Total	
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Government department or	18	32.7	9	16.4	4	7.3	3	5.5	1	1.8	20	36.4	55	100.0
Members of a parliament or political bodies	12	21.8	7	12.7	9	16.4	4	7.3	2	3.6	21	38.2	55	100.0
Non Governmental Organisations (NGOs)	4	7.3	16	29.1	7	12.7	6	10.9	0	0.0	22	40.0	55	100.0
Professional organisations active in the drugs field	11	20.0	13	23.6	7	12.7	4	7.3	0	0.0	20	36.4	55	100.0
Academic or research organisations	7	12.7	15	27.3	6	10.9	6	10.9	1	1.8	20	36.4	55	100.0
Media organisations	7	12.7	17	30.9	8	14.5	2	3.6	1	1.8	20	36.4	55	100.0
General public	1	1.8	7	12.7	17	30.9	7	12.7	2	3.6	21	38.2	55	100.0
Other target audiences	1	1.8	0	0.0	5	9.1	0	0.0	0	0.0	49	89.1	55	100.0

Analysis of Survey Data E

Not staff	Very effective		Quite effective		Neutral		Not very effective		Not effective at		Don't know/no response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Government department or	26	25.5	34	33.3	13	12.7	10	9.8	0	0.0	19	18.6	102	100.0
Members of a parliament or political bodies	5	4.9	17	16.7	22	21.6	20	19.6	6	5.9	32	31.4	102	100.0
Non Governmental Organisations	8	7.8	22	21.6	31	30.4	8	7.8	2	2.0	31	30.4	102	100.0
Professional organisations active in the drugs field	22	21.6	24	23.5	22	21.6	9	8.8	2	2.0	23	22.5	102	100.0
Academic or research organisations	21	20.6	25	24.5	18	17.6	8	7.8	2	2.0	28	27.5	102	100.0
Media organisations	11	10.8	20	19.6	21	20.6	14	13.7	7	6.9	29	28.4	102	100.0
General public	5	4.9	6	5.9	20	19.6	20	19.6	25	24.5	26	25.5	102	100.0
Other target audiences	0	0.0	1	1.0	3	2.9	1	1.0	2	2.0	95	93.1	102	100.0

Turning to the situation at a European level, if you are in a position to judge, how effective is the EMCDDA in reaching its target audiences?

All respondents	European Commission		European Parliament, Council or other EU institution	
	Nº	%	Nº	%
Very effective	55	35.0	37	23.6
Quite effective	32	20.4	42	26.8
Neutral	6	3.8	9	5.7
Not very effective	3	1.9	3	1.9
Not effective at all	1	0.6	1	0.6
Don't know/no opinion	60	38.2	65	41.4
Total	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**
Very effective	22	40.0	16	29.1
Quite effective	15	27.3	17	30.9
Neutral	4	7.3	5	9.1
Not very effective	1	1.8	0	0.0
Not effective at all	0	0.0	1	1.8
Don't know/no opinion	13	23.6	16	29.1
Total	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**
Very effective	33	32.4	21	20.6
Quite effective	17	16.7	25	24.5
Neutral	2	2.0	4	3.9
Not very effective	2	2.0	3	2.9
Not effective at all	1	1.0	0	0.0
Don't know/no opinion	47	46.1	49	48.0
Total	**102**	**100.0**	**102**	**100.0**

Analysis of Survey Data E

Overall, how important is the EMCDDA's information in helping different target audiences to understand the drugs situation?

	Policymakers at the EU level		Policymakers at the Member State level		Practitioners and professionals working in the drugs field		Scientists and researchers		Others	
All respondents	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very important	68	43.3	47	29.9	43	27.4	43	27.4	5	3.2
Quite important	42	26.8	44	28.0	38	24.2	46	29.3	7	4.5
Neutral	8	5.1	23	14.6	27	17.2	20	12.7	5	3.2
Not very important	3	1.9	7	4.5	13	8.3	8	5.1	3	1.9
Not important at all	3	1.9	4	2.5	5	3.2	4	2.5	0	0.0
Don't know	15	9.6	13	8.3	13	8.3	17	10.8	63	40.1
No response	18	11.5	19	12.1	18	11.5	19	12.1	74	47.1
Total	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very important	31	56.4	21	38.2	16	29.1	14	25.5	4	7.3
Quite important	10	18.2	14	25.5	14	25.5	16	29.1	5	9.1
Neutral	2	3.6	9	16.4	9	16.4	9	16.4	4	7.3
Not very important	0	0.0	0	0.0	4	7.3	5	9.1	0	0.0
Not important at all	1	1.8	1	1.8	0	0.0	0	0.0	0	0.0
Don't know	5	9.1	4	7.3	6	10.9	5	9.1	20	36.4
No response	6	10.9	6	10.9	6	10.9	6	10.9	22	40.0
Total	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very important	37	36.3	26	25.5	27	26.5	29	28.4	1	1.0
Quite important	32	31.4	30	29.4	24	23.5	30	29.4	2	2.0
Neutral	6	5.9	14	13.7	18	17.6	11	10.8	1	1.0
Not very important	3	2.9	7	6.9	9	8.8	3	2.9	3	2.9
Not important at all	2	2.0	3	2.9	5	4.9	4	3.9	0	0.0
Don't know	10	9.8	9	8.8	7	6.9	12	11.8	43	42.2
No response	12	11.8	13	12.7	12	11.8	13	12.7	52	51.0
Total	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**

Taking the target audiences together, how important is the EMCDDA's information in helping target audiences to understand the drugs?

	In your country		In Europe as a whole	
All respondents	**Nº**	**%**	**Nº**	**%**
Very important	42	26.8	66	42.0
Quite important	47	29.9	41	26.1

Neutral	23	14.6	11	7.0
Not very important	7	4.5	7	4.5
Not important at all	3	1.9	0	0.0
Don't know	17	10.8	16	10.2
No response	18	11.5	16	10.2
Total	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**
Very important	13	23.6	24	43.6
Quite important	16	29.1	12	21.8
Neutral	7	12.7	5	9.1
Not very important	1	1.8	0	0.0
Not important at all	0	0.0	0	0.0
Don't know	10	18.2	8	14.5
No response	8	14.5	6	10.9
Total	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**
Very important	29	28.4	42	41.2
Quite important	31	30.4	29	28.4
Neutral	16	15.7	6	5.9
Not very important	6	5.9	7	6.9
Not important at all	3	2.9	0	0.0
Don't know	7	6.9	8	7.8
No response	10	9.8	10	9.8
Total	**102**	**100.0**	**102**	**100.0**

How useful is the information provided by the EMCDDA to policymakers in helping them to develop effective ways of tackling the drugs problem?

	In your country		In Europe as a whole	
All respondents	**Nº**	**%**	**Nº**	**%**
Very useful	37	23.6	51	32.5
Quite useful	42	26.8	45	28.7
Neutral	20	12.7	11	7.0
Not very useful	13	8.3	6	3.8
Not useful at all	4	2.5	2	1.3
Don't know	22	14.0	25	15.9
No response	19	12.1	17	10.8
Total	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**
Very useful	13	23.6	21	38.2
Quite useful	16	29.1	13	23.6
Neutral	3	5.5	4	7.3
Not very useful	2	3.6	0	0.0

Not useful at all	1	1.8	1	1.8
Don't know	11	20.0	9	16.4
No response	9	16.4	7	12.7
Total	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**
Very useful	24	23.5	30	29.4
Quite useful	26	25.5	32	31.4
Neutral	17	16.7	7	6.9
Not very useful	11	10.8	6	5.9
Not useful at all	3	2.9	1	1.0
Don't know	11	10.8	16	15.7
No response	10	9.8	10	9.8
Total	**102**	**100.0**	**102**	**100.0**

How important has the EMCDDA's contribution been to the EU Drugs Strategy 2005-12 and the EU action plans?

All respondents	**Nº**	**%**
Very important	67	42.7
Quite important	49	31.2
Not very important	8	5.1
Not important at all	1	0.6
Don't know	16	10.2
No response	16	10.2
Total	**157**	**100.0**
EMCDDA staff	**Nº**	**%**
Very important	23	41.8
Quite important	18	32.7
Not very important	2	3.6
Not important at all	0	0.0
Don't know	6	10.9
No response	6	10.9
Total	**55**	**100.0**
Not staff	**Nº**	**%**
Very important	44	43.1
Quite important	31	30.4
Not very important	6	5.9
Not important at all	1	1.0
Don't know	10	9.8
No response	10	9.8
Total	**102**	**100.0**

What degree of coherence and mutual complementarity is there between the objectives and activities of the EMCDDA?

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	European Commission		EU agencies (Europol, European Medicines Agency, etc)		Other European and international organisations		Member States	
All respondents	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very high degree	45	28.7	31	19.7	21	13.4	33	21.0
Quite high degree	44	28.0	56	35.7	40	25.5	49	31.2
Neutral	18	11.5	16	10.2	26	16.6	17	10.8
Quite low degree	4	2.5	6	3.8	5	3.2	11	7.0
Very low degree	1	0.6	0	0.0	2	1.3	0	0.0
Don't know	29	18.5	32	20.4	45	28.7	24	15.3
No response	16	10.2	16	10.2	18	11.5	23	14.6
Total	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very high degree	20	36.4	16	29.1	10	18.2	15	27.3
Quite high degree	14	25.5	20	36.4	20	36.4	17	30.9
Neutral	6	10.9	3	5.5	4	7.3	4	7.3
Quite low degree	1	1.8	2	3.6	1	1.8	3	5.5
Very low degree	1	1.8	0	0.0	1	1.8	0	0.0
Don't know	7	12.7	8	14.5	11	20.0	8	14.5
No response	6	10.9	6	10.9	8	14.5	8	14.5
Total	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very high degree	25	24.5	15	14.7	11	10.8	18	17.6
Quite high degree	30	29.4	36	35.3	20	19.6	32	31.4
Neutral	12	11.8	13	12.7	22	21.6	13	12.7
Quite low degree	3	2.9	4	3.9	4	3.9	8	7.8
Very low degree	0	0.0	0	0.0	1	1.0	0	0.0
Don't know	22	21.6	24	23.5	34	33.3	16	15.7
No response	10	9.8	10	9.8	10	9.8	15	14.7
Total	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**

Overall, how well do you consider that the EMCDDA is performing in relation to its mission of providing 'the Community and its Member States with factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences' (Article 1 of the 2006 Council Regulation)?

All respondents	**Nº**	**%**
Very well	69	43.9
Quite well	50	31.8
Satisfactorily	14	8.9
Not very well	4	2.5

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Not well at all	0	0.0
Don't know	2	1.3
No response	18	11.5
Total	**157**	**100.0**
EMCDDA staff	**Nº**	**%**
Very well	29	52.7
Quite well	12	21.8
Satisfactorily	3	5.5
Not very well	1	1.8
Not well at all	0	0.0
Don't know	2	3.6
No response	8	14.5
Total	**55**	**100.0**
Not staff	**Nº**	**%**
Very well	40	39.2
Quite well	38	37.3
Satisfactorily	11	10.8
Not very well	3	2.9
Not well at all	0	0.0
Don't know	0	0.0
No response	10	9.8
Total	**102**	**100.0**

Looking ahead, how important are the following issues?

	Developing the existing epidemiological indicators		New psychoactive substances		Supply-side issues/indicators		Other priorities	
All respondents	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very important	60	38.2	80	51.0	70	44.6	34	21.7
Quite important	49	31.2	41	26.1	39	24.8	13	8.3
Neutral	17	10.8	11	7.0	18	11.5	1	0.6
Not very important	5	3.2	2	1.3	5	3.2	1	0.6
Not important at all	3	1.9	2	1.3	3	1.9	0	0.0
Don't know	9	5.7	7	4.5	8	5.1	47	29.9
No response	14	8.9	14	8.9	14	8.9	61	38.9
Total	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**	**157**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very important	17	30.9	22	40.0	22	40.0	13	23.6
Quite important	18	32.7	16	29.1	15	27.3	4	7.3
Neutral	7	12.7	6	10.9	6	10.9	0	0.0

Not very important	3	5.5	2	3.6	0	0.0	1	1.8
Not important at all	1	1.8	0	0.0	2	3.6	0	0.0
Don't know	4	7.3	4	7.3	5	9.1	17	30.9
No response	5	9.1	5	9.1	5	9.1	20	36.4
Total	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Very important	43	42.2	58	56.9	48	47.1	21	20.6
Quite important	31	30.4	25	24.5	24	23.5	9	8.8
Neutral	10	9.8	5	4.9	12	11.8	1	1.0
Not very important	2	2.0	0	0.0	5	4.9	0	0.0
Not important at all	2	2.0	2	2.0	1	1.0	0	0.0
Don't know	5	4.9	3	2.9	3	2.9	30	29.4
No response	9	8.8	9	8.8	9	8.8	41	40.2
Total	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**	**102**	**100.0**

Functioning of the EMCDDA (*This part of the questionnaire answered by the Management Board, Scientific Committee, National Focal Points and EMCDDA staff only).*

How well are the following parts of the EMCDDA's organisation performing in carrying out their tasks?

MB, SC, NFPs and EMCDDA staff	**Management Board**		**Scientific Committee**		**REITOX/NFPs**		**EMCDDA and staff**	
	Nº	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Excellently	17	15.9	24	22.4	39	36.4	44	41.1
Quite well	42	39.3	38	35.5	43	40.2	39	36.4
Neutral	13	12.1	11	10.3	4	3.7	7	6.5
Not very well	2	1.9	7	6.5	5	4.7	2	1.9
Poorly	1	0.9	1	0.9	0	0.0	1	0.9
Don't know	23	21.5	17	15.9	7	6.5	4	3.7
No response	9	8.4	9	8.4	9	8.4	10	9.3
Total	**107**	**100.0**	**107**	**100.0**	**107**	**100.0**	**107**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Excellently	10	18.2	15	27.3	16	29.1	21	38.2
Quite well	21	38.2	19	34.5	21	38.2	19	34.5
Neutral	7	12.7	4	7.3	4	7.3	6	10.9
Not very well	0	0.0	4	7.3	3	5.5	1	1.8
Poorly	1	1.8	1	1.8	0	0.0	0	0.0
Don't know	9	16.4	5	9.1	4	7.3	0	0.0
No response	7	12.7	7	12.7	7	12.7	8	14.5

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Total	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Excellently	7	13.5	9	17.3	23	44.2	23	44.2
Quite well	21	40.4	19	36.5	22	42.3	20	38.5
Neutral	6	11.5	7	13.5	0	0.0	1	1.9
Not very well	2	3.8	3	5.8	2	3.8	1	1.9
Poorly	0	0.0	0	0.0	0	0.0	1	1.9
Don't know	14	26.9	12	23.1	3	5.8	4	7.7
No response	2	3.8	2	3.8	2	3.8	2	3.8
Total	**52**	**100.0**	**52**	**100.0**	**52**	**100.0**	**52**	**100.0**

How well does the EMCDDA's Management Board function?

MB, SC, NFPs and EMCDDA staff	Very well		Quite well		Neutral		Not very well		Not well at all		Don't know		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Number/type of members	18	16.8	18	16.8	18	16.8	3	2.8	1	0.9	37	34.6	12	11.2	107	100.0
Attendance rates for Management Board meetings	22	20.6	17	15.9	4	3.7	0	0.0	0	0.0	53	49.5	11	10.3	107	100.0
Voting system for taking decisions (two-thirds majority)	21	19.6	22	20.6	10	9.3	1	0.9	1	0.9	40	37.4	12	11.2	107	100.0
System for electing chairperson and term of office	21	19.6	16	15.0	10	9.3	1	0.9	1	0.9	46	43.0	12	11.2	107	100.0
Number of meetings each year	29	27.1	25	23.4	9	8.4	2	1.9	0	0.0	30	28.0	12	11.2	107	100.0
Role of Management Board in EMCDDA governance	17	15.9	24	22.4	17	15.9	2	1.9	3	2.8	33	30.8	11	10.3	107	100.0
Role of Management Board in providing strategic guidance	14	13.1	23	21.5	13	12.1	8	7.5	2	1.9	36	33.6	11	10.3	107	100.0
Role of Executive Committee	19	17.8	19	17.8	6	5.6	4	3.7	1	0.9	47	43.9	11	10.3	107	100.0

How well does the EMCDDA's Scientific Committee function?

MB, SC, NFPs and EMCDDA staff	Very well		Quite well		Neutral		Not very well		Not well at all		Don't know		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Number/expertise of Scientific Committee members	30	28.0	26	24.3	10	9.3	4	3.7	0	0.0	27	25.2	10	9.3	107	100.0
System for selecting Scientific Committee members	27	25.2	15	14.0	12	11.2	9	8.4	3	2.8	30	28.0	11	10.3	107	100.0
Attendance rates for Scientific Committee meetings	16	15.0	28	26.2	3	2.8	1	0.9	1	0.9	47	43.9	11	10.3	107	100.0
Number of meetings each year	22	20.6	28	26.2	10	9.3	1	0.9	0	0.0	36	33.6	10	9.3	107	100.0
Role of Scientific Committee in advising EMCDDA	20	18.7	25	23.4	16	15.0	6	5.6	4	3.7	26	24.3	10	9.3	107	100.0

Please rate the functioning of the EMCDDA in the following areas

Analysis of Survey Data E

MB, SC, NFPs and EMCDDA staff	Very appropriate		Quite appropriate		Neutral		Not very appropriate		Not appropriate at all		Don't know		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Number of staff	22	20.6	33	30.8	18	16.8	6	5.6	1	0.9	16	15.0	11	10.3	107	100.0
Expertise of staff	45	42.1	38	35.5	9	8.4	2	1.9	1	0.9	2	1.9	10	9.3	107	100.0
EMCDDA organisation	34	31.8	37	34.6	17	15.9	4	3.7	3	2.8	1	0.9	11	10.3	107	100.0
Management and administration	29	27.1	35	32.7	16	15.0	5	4.7	7	6.5	5	4.7	10	9.3	107	100.0
Programming cycle and work programme	33	30.8	34	31.8	16	15.0	6	5.6	1	0.9	6	5.6	11	10.3	107	100.0
Location, premises and physical infrastructure	61	57.0	29	27.1	2	1.9	0	0.0	3	2.8	4	3.7	8	7.5	107	100.0
HR management and multi-annual staff plan	22	20.6	21	19.6	14	13.1	2	1.9	6	5.6	30	28.0	12	11.2	107	100.0
Budget and use of financial	20	18.7	24	22.4	22	20.6	9	8.4	1	0.9	19	17.8	12	11.2	107	100.0

EMCDDA staff	Very appropriate		Quite appropriate		Neutral		Not very appropriate		Not appropriate at all		Don't know		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Number of staff	9	16.4	23	41.8	11	20.0	4	7.3	0	0.0	1	1.8	7	12.7	55	100.0
Expertise of staff	23	41.8	18	32.7	6	10.9	1	1.8	0	0.0	0	0.0	7	12.7	55	100.0
EMCDDA organisation	13	23.6	18	32.7	12	21.8	4	7.3	0	0.0	0	0.0	8	14.5	55	100.0
Management and administration	12	21.8	16	29.1	10	18.2	5	9.1	5	9.1	0	0.0	7	12.7	55	100.0
Programming cycle and work progr	17	30.9	13	23.6	9	16.4	5	9.1	1	1.8	2	3.6	8	14.5	55	100.0
Location, premises and physical infra	38	69.1	10	18.2	0	0.0	0	0.0	1	1.8	0	0.0	6	10.9	55	100.0
HR management and multi-annual st	13	23.6	13	23.6	12	21.8	2	3.6	6	10.9	2	3.6	7	12.7	55	100.0
Budget and use of financial resources	11	20.0	12	21.8	18	32.7	5	9.1	0	0.0	1	1.8	8	14.5	55	100.0

Not staff	Very appropriate		Quite appropriate		Neutral		Not very appropriate		Not appropriate at all		Don't know		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Number of staff	13	25.0	10	19.2	7	13.5	2	3.8	1	1.9	15	28.8	4	7.7	52	100.0
Expertise of staff	22	42.3	20	38.5	3	5.8	1	1.9	1	1.9	2	3.8	3	5.8	52	100.0
EMCDDA organisation	21	40.4	19	36.5	5	9.6	0	0.0	3	5.8	1	1.9	3	5.8	52	100.0
Management and administration	17	32.7	19	36.5	6	11.5	0	0.0	2	3.8	5	9.6	3	5.8	52	100.0
Programming cycle and work progra	16	30.8	21	40.4	7	13.5	1	1.9	0	0.0	4	7.7	3	5.8	52	100.0
Location, premises and physical infra	23	44.2	19	36.5	2	3.8	0	0.0	2	3.8	4	7.7	2	3.8	52	100.0
HR management and multi-annual st	9	17.3	8	15.4	2	3.8	0	0.0	0	0.0	28	53.8	5	9.6	52	100.0
Budget and use of financial resources	9	17.3	12	23.1	4	7.7	4	7.7	1	1.9	18	34.6	4	7.7	52	100.0

With regard to the REITOX network of National Focal Points, how well does this network function?

MB, SC, NFPs and EMCDDA staff	Very well		Quite well		Neutral		Not very well		Not well at all		Don't know		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Providing data on the five epidemiological indicators	37	34.6	36	33.6	8	7.5	2	1.9	3	2.8	12	11.2	9	8.4	107	100.0
Collecting and analyzing other drugs information	29	27.1	35	32.7	15	14.0	5	4.7	1	0.9	13	12.1	9	8.4	107	100.0
Providing information on new psychoactive substances	37	34.6	28	26.2	8	7.5	7	6.5	1	0.9	17	15.9	9	8.4	107	100.0
Development of national networks	25	23.4	32	29.9	17	15.9	3	2.8	3	2.8	18	16.8	9	8.4	107	100.0
Dissemination of information	30	28.0	31	29.0	12	11.2	6	5.6	1	0.9	17	15.9	10	9.3	107	100.0

To what extent is the EMCDDA deploying its human and financial resources efficiently?

MB, SC, NFPs and EMCDDA staff	Human resources		Financial resources	
	Nº	%	Nº	%
Very efficiently	26	24.3	25	23.4
Quite efficiently	36	33.6	33	30.8
Neutral	8	7.5	11	10.3
Quite inefficiently	8	7.5	5	4.7

Analysis of Survey Data E

Very inefficiently	4	3.7	2	1.9
Don't know	14	13.1	19	17.8
No response	11	10.3	12	11.2
Total	**107**	**100.0**	**107**	**100.0**
EMCDDA staff	**Nº**	**%**	**Nº**	**%**
Very efficiently	12	21.8	14	25.5
Quite efficiently	21	38.2	20	36.4
Neutral	5	9.1	7	12.7
Quite inefficiently	6	10.9	4	7.3
Very inefficiently	2	3.6	0	0.0
Don't know	2	3.6	3	5.5
No response	7	12.7	7	12.7
Total	**55**	**100.0**	**55**	**100.0**
Not staff	**Nº**	**%**	**Nº**	**%**
Very efficiently	14	26.9	11	21.2
Quite efficiently	15	28.8	13	25.0
Neutral	3	5.8	4	7.7
Quite inefficiently	2	3.8	1	1.9
Very inefficiently	2	3.8	2	3.8
Don't know	12	23.1	16	30.8
No response	4	7.7	5	9.6
Total	**52**	**100.0**	**52**	**100.0**

In addition to the National Focal Point, are there additional resources available in your country for data collection?

MB, SC, NFPs and EMCDDA staff	**Nº**	**%**
Yes	41	38.3
No	18	16.8
Don't know	35	32.7
No response	13	12.1
Total	**107**	**100.0**
EMCDDA staff	**Nº**	**%**
Yes	7	12.7
No	5	9.1
Don't know	33	60.0
No response	10	18.2
Total	**55**	**100.0**
Not staff	**Nº**	**%**
Yes	34	65.4
No	13	25.0

Don't know	2	3.8
No response	3	5.8
Total	**52**	**100.0**

Do these resources, if any, allow your country to meet its reporting obligations to the EMCDDA?

MB, SC, NFPs and EMCDDA staff	**Nº**	**%**
Yes	33	80.5
No	4	9.8
Don't know	3	7.3
No response	1	2.4
Total	**41**	**100.0**
EMCDDA staff	**Nº**	**%**
Yes	5	71.4
No	1	14.3
Don't know	1	14.3
No response	0	0.0
Total	**7**	**100.0**
Not staff	**Nº**	**%**
Yes	29	85.3
No	3	8.8
Don't know	1	2.9
No response	1	2.9
Total	**34**	**100.0**

National Focal Points (*This part of the questionnaire answered by the National Focal Points only).*

Is the number of people available sufficient to carry out the current work load of the National Focal Point in your country?

Options	**Nº**	**%**
Sufficient	17	60.7
Not sufficient	11	39.3
Total	**28**	**100.0**

Please give your view on the relationship with different parts of the EMCDDA in Lisbon

	Works very well		Works quite well		Neutral		Does not work very well		Does not work well at all		Don't know		Total	
Options	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Directorate	9	32.1	4	14.3	2	7.1	1	3.6	0	0.0	12	42.9	28	100.0
Scientific Division	8	28.6	7	25.0	2	7.1	2	7.1	1	3.6	8	28.6	28	100.0
Scientific Units (EPI, SAT, IBS, POL)	11	39.3	7	25.0	2	7.1	1	3.6	1	3.6	6	21.4	28	100.0
REITOX and International Cooperation Unit	21	75.0	2	7.1	0	0.0	0	0.0	1	3.6	4	14.3	28	100.0
Communication Unit	18	64.3	3	10.7	2	7.1	1	3.6	0	0.0	4	14.3	28	100.0

Analysis of Survey Data E

Please give your view on the following procedures

Procedures	Works very well		Works quite well		Neutral		Does not work very well		Don't know		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Negotiation of NFP work programme and grant	12	42.9	9	32.1	2	7.1	0	0.0	5	17.9	28	100.0
Payment of the NFP grant	14	50.0	5	17.9	1	3.6	0	0.0	8	28.6	28	100.0
Exchange of information on drugs in your country	14	50.0	9	32.1	2	7.1	1	3.6	2	7.1	28	100.0
Procedures relating to the launch of the annual report	11	39.3	12	42.9	1	3.6	1	3.6	3	10.7	28	100.0
Arrangements for dissemination of other information	8	28.6	13	46.4	3	10.7	0	0.0	4	14.3	28	100.0
Usefulness of the Reitox academy	19	67.9	4	14.3	0	0.0	1	3.6	4	14.3	28	100.0
Quality and availability of EMCDDA technical support	13	46.4	10	35.7	2	7.1	0	0.0	3	10.7	28	100.0
Input by NFP to the annual work programme	9	32.1	11	39.3	2	7.1	1	3.6	5	17.9	28	100.0

How important is the grant you receive from the EMCDDA in being able to fulfill your role?

Options	Nº	%
If the grant was reduced, it would be impossible to fulfill any tasks	6	21.4
If the grant was reduced (e.g. by 5-10%), it would only be possible to fulfill some tasks and other tasks would have to be reduced in proportion to the level of the reduction	16	57.1
If the grant was reduced, the same tasks could be undertaken using funding obtained from another source	2	7.1
No response	4	14.3
Total	**28**	**100.0**

How closely do you work with other National Focal Points on issues relating to the NFP/EMCDDA?

Options	Works very well		Works quite well		Neutral		Does not work very well		Does not work well at all		No response		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Meetings to discuss common issues facing NFPs	7	25.0	10	35.7	5	17.9	3	10.7	3	10.7	0	0.0	28	100.0
Development and sharing of know-how/ good practices	8	28.6	10	35.7	5	17.9	3	10.7	2	7.1	0	0.0	28	100.0
Other collaboration on technical issues (e.g. indicators)	11	39.3	7	25.0	5	17.9	3	10.7	2	7.1	0	0.0	28	100.0
Other contacts	4	14.3	3	10.7	3	10.7	2	7.1	4	14.3	12	42.9	28	100.0

Looking back over the past five years or so, how well do you think the network has developed in your country?

Options	Nº	%
Very well	8	28.6
Quite well	13	46.4
Satisfactorily	4	14.3

Analysis of Survey Data E

Not very well	1	3.6
Don't know	2	7.1
Total	**28**	**100.0**

How well does the relationship with national partners work on issues relating to the NFP/EMCDDA?

	Works very well		Works quite well		Neutral		Does not work very well		Does not work well at all		Don't know		No response		Total	
Options	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**	**Nº**	**%**
Organisation that hosts the National Focal Point	15	53.6	5	17.9	3	10.7	1	3.6	1	3.6	2	7.1	1	3.6	28	100.0
Government departments or agencies in the drugs field	12	42.9	12	42.9	1	3.6	1	3.6	1	3.6	0	0.0	1	3.6	28	100.0
Members of parliament or other political bodies	4	14.3	11	39.3	6	21.4	3	10.7	3	10.7	0	0.0	1	3.6	28	100.0
NGO or professional organisations active in the drugs field	8	28.6	12	42.9	4	14.3	3	10.7	0	0.0	0	0.0	1	3.6	28	100.0
Information providers	14	50.0	9	32.1	1	3.6	1	3.6	0	0.0	2	7.1	1	3.6	28	100.0
Media organisations	4	14.3	12	42.9	6	21.4	2	7.1	1	3.6	2	7.1	1	3.6	28	100.0
Academic or research organisations/experts	9	32.1	10	35.7	6	21.4	2	7.1	0	0.0	0	0.0	1	3.6	28	100.0
Contacts with national Board member	12	42.9	9	32.1	1	3.6	1	3.6	0	0.0	3	10.7	2	7.1	28	100.0