Final Report

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

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# *Executive Summary*

*Below we provide a summary of the key findings, conclusions and recommendations from the evaluation of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The study was carried out for the European Commission's DG Justice (DG JUST) by the Centre for Strategy & Evaluation Services (CSES).*

## 1 Resume of Evaluation Aims

The purpose of the evaluation was to undertake an external evaluation of the EMCDDA to examine:

- How the **conclusions and recommendations of the previous 2007 evaluation** of the EMCDDA and the Reitox Focal Points were taken into account and the extent to which their implementation has improved the overall performance of the EMCDDA;
- The **relevance, effectiveness, coherence, efficiency and impact of the activities carried out by the EMCDDA** under its two three-year work programmes 2007-2009 and 2010-2012 (outputs and effects until July 2011) in the context of the mandate and priorities given to the EMCDDA in its Regulation (1920/2006);
- The relevance, effectiveness, coherence, efficiency, utility and added value **of the REITOX network and its contribution to the achievements of the EMCDDA's outputs** during the evaluation period;
- How outputs and effects from the EMCDDA work programmes during the evaluation period have contributed to the **EU Drugs Strategy 2005-2012 and the EU Drugs Action Plans 2005-2008 and 2009-2012**.

The research began in September 2011 and involved a number of tasks – desk research to analyse EMCDDA and other documentation, a survey and an interview programme at the EU and Member State levels, and other activities such as a benchmarking exercise to compare the EMCDDA with other European agencies. A draft final report was submitted in February 2012 with the final report following in June 2012.

## 2. Overall Conclusions

**Overall, the EMCDDA has performed well during the 2007-12 period in its mission of providing the EU and Member States with information at the European level on drugs and drug addiction and their consequences.** This overall conclusion is supported by the evidence from a number of different sources including the survey work and interview programme.

**In relation to the various specific tasks set out in the EMCDDA's 2006 'recast' Regulation, the evaluation findings are generally positive.** Firstly, with regard to the role of providing 'factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction, and their consequences', the EMCDDA has performed strongly. In addition to the demand-side, progress was made to improve the understanding of the supply-side of the drugs problem.

**The EMCDDA also performed well in relation to the second task defined for it in the 2006 Regulation, namely to 'collect, register and analyse information on**

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**emerging trends'.** During the period under review, the upward trend in new psychoactive substances being detected accelerated but the EMCDDA kept pace with developments through its Early Warning System and related activities, providing information to the Commission and Member States that has been used to shape policy responses. Feedback from the research on the EMCDDA's performance in relation to the third task set out in the recast Regulation, 'identifying best practices in Member States and facilitating and exchange of such practices between them' is not as positive compared with the other tasks. The EMCDDA's fourth task ('to promote cooperation with other European and international bodies and with third countries') has been successfully promoted.

**Overall, the information provided by the EMCDDA has helped with the development of effective policymaking at the EU and Member State levels to combat the drugs problem.** During the period under review, both the quantity and quality of information produced by the EMCDDA on the drugs situation increased. The EMCDDA has also continued to make an important contribution to the scientific debate on the drugs problem and ways of tackling it. Increased outputs have been generated in a cost-effective way with only a relatively modest increase in the EMCDDA's human and financial resources.

*Below we summarise conclusions in relation to the varous themes covered in this report – key EMCDDA activities and progress towards objectives, outputs and target groups, and the EMCDDA's organisation and governance.*

## 3. EMCDDA's Main Activities and Outputs

**During the 2007-12 period the EMCDDA implemented two three-year work programmes (2007-09 and 2010-12). Most of the planned outcomes were achieved and many of the other activities are of an on-going nature.** Overall, of the 130 planned outcomes set out by the EMCDDA in the two work programmes, our assessment suggests that some 80% were achieved, 15% were on the way to being completed, and the remainder were started but not completed.

**The EMCDDA has continued to provide high quality monitoring data based on the five key epidemiological indicators.** In addition, during the period under review, improvements were introduced by 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 assessment of the key indicators' implementation conducted in 2009 (another is planned for 2012) showed an increase of the quality of the information but there were still problems with data comparability and full implementation of the key indicators at Member State level.

**Recommendation 1: The EMCDDA should seek to develop the analytical aspects of its drugs monitoring work.** At present, much of the EMCDDA's work focuses on collating information on the drugs situation and trends – i.e. providing essentially descriptive analyses - using the key indicators as a framework and it does this very well.

Looking ahead, more should be done to develop analytical capabilities, e.g. cross-

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country comparative analyses to help understand why the drugs situation varies across Europe, evaluating measures to combat the drugs problem to identify best practices and what works well/less well in terms of impacts, and work to develop an understanding of the inter-play between the demand and supply-sides.

To facilitate more analysis of EMCDDA data, consideration should be given to increasing the use of online systems that can be opened up to researchers for interrogation and analysis.

**The Fonte system for online data collection was also successfully established during the period under review.** This now provides a stable platform for the EMCDDA's main data collection and management activities focusing on the key epidemiological indicators and related information. However, the quality of data remains unequal. Looking ahead, there is a need to develop the organisation's capacity to process and analyse qualitative and textual information.

**During the period under review, work began on developing indicators relating to the supply side of the drugs problem, including drug markets, drug related crime and supply reduction.** The EU Drug Strategy 2005-2012 has stressed the need for a balanced and holistic approach to reducing both the supply and demand for drugs, which has been translated in the two Drug Action Plans. Work started with a view to developing a proposal for three new key indicators in these areas by the end of 2012, which should then be implemented building on existing data sets. The role of Europol, and the police and customs authorities in the EU Member States, is clearly important given the law enforcement dimension. However, networking should also be extended to the judicial authorities and Eurojust.

**Recommendation 2: The development and implementation of key indicators for the supply-side of the drugs problem should be one of the EMCDDA's main priorities.** In addition to the key indicators, the EMCDDA should also focus on the description and analysis of drug markets, drug related crime and drug supply reduction, resulting in a comprehensive strategic overview which coupled with the information on demand and demand reduction, will result in a better understanding of the drug phenomenon.

The development of supply indicators will require the necessary resources at the level of the EMCDDA and possibly in relation to Reitox if this network is used to collect dat. A new impetus will need to be given to cooperation with the relevant partners on supply issues (amongst others, Member States, the European Commission, Europol, Eurojust and CEPOL). The EMCDDA's Annual Report should give appropriate emphasis to summarising the supply-side of the drugs problem in Europe.

**Faced with a rapidly accelerating upwards trend from around 2005 onwards, the problem of new psychoactive substances has developed into one of the main focuses of the EMCDDA's work.** The EMCDDA's activities in this field are clearly of high added value to the EU and Member States, ensuring that information on new psychoactive substances is made available quickly to national authorities and others so that timely action can where necessary be taken to impose controls. Assuming current trends noted in this report continue, the problem of new psychoactive substances will

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become even more central to the EMCDDA's future work. This means that there may need to be further investment in developing the Early Warning System, risk assessments and other related procedures as key instruments in the EU's response to the problem.

**Recommendation 3: If the volume of new substances being detected in Europe continues to rise in coming years, consideration may need to be given to increasing the EMCDDA's capacities and resources in this field.** A proposal for a new system replacing the Council Decision is expected to be tabled by the European Commission in 2012 and it will clearly be important that the EMCDDA adapts the EWS and other procedures to any new requirements that emerge once the legislative instrument enters into force. Additional resources may be needed to deal with this.

**There is generally positive feedback on the EMCDDA's role in identifying best practices in Member States and facilitating an exchange of such practices between them.** Developing an understanding of best practices is a key to effective interventions to tackle the drugs problem, both at the policy and operational levels. Reflecting this, many of those we spoke to stressed the need for the EMCDDA to place more emphasis in the future on this aspect of its remit.

**Recommendation 4: Building on the current efforts, greater emphasis should be placed on achieving a better balance between the analysis of information on the drugs situation and the responses to it.** In addition to analysing the drugs problem, greater emphasis should be placed on identifying and disseminating information on best practices with regard to tackling it. In addition to drugs policies at an EU and Member State level, there is a need to provide information that can help professionals 'on the ground' to maximise the effectiveness of measures they are responsible for implementing to tackle the drugs problem.

**The Best Practice portal was successfully launched in 2008 and provides a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration.** The portal offers a range of tools and standards to improve the quality of interventions and highlights examples of evaluated practices across Europe. Feedback from those who have accessed the Best Practice Portal is generally positive.

**Recommendation 5: The EMCDDA's Best Practice Portal should be further developed.** The need to focus more on best practices and what determines the effectiveness of interventions to tackle the drugs problem is increasingly important. A further priority should be to extend the Best Practice portal to include not only information on demand-side measures but also on supply-reduction.

**The evaluation confirms that the EMCDDA's monitoring outputs are particularly helpful to Member States as they highlight the position of individual countries in relation to overall trends with regard to the drugs problem.** However, more could be done to identify and disseminate good practices

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with regard to policies and measures that are being implemented to tackling the drugs problem.

**Recommendation 6: The EMCDDA could further develop its provision of methodological expertise to Member States and accession countries to help them develop and assess their service provision and national drugs policies.** Understanding the different drug policy approaches in Europe and the level and coverage of service provision in the Member States overall remains essential to understanding how Europe is tackling its drug problem. This information is critical to proper drug policy evaluation both at national and at EU level.

**The EMCDDA provides useful information on drugs-related research in Europe that goes beyond its own activities and the work of the Scientific Committee.** There is scope for this activity to be expanded. At present, this function is largely limited to disseminating information on EU-funded research projects. While research, per se, is not an EMCDDA function, providing information on drug-related research undertaken in Europe as a whole by universities, research establishments, business and others should be helpful in ensuring that know-how is shared and used to help develop effective responses to the drugs problem.

**Recommendation 7: The EMCDDA should develop its role in providing information on drug-related research in Europe.** With the help of the Scientific Committee, the EMCDDA should strengthen its relationship with Europe's drugs research community and through conferences, the sharing of information and ideas, and other activities, help to identify research priorities and promote the sharing of the results of studies. NFPs could also play a role in developing this relationship and in the dissemination of information on research. Specifically in relation to EU-funded research, to the extent that is practicable, the EMCDDA should be consulted over the priorities and perhaps represented on the steering groups of some major projects so that activities in the drugs research field are coordinated.

**Reflecting the main findings of the research, the evaluation suggests that there is no need for fundamental changes in the EMCDDA's overall priorities, organisation or governance arrangements.** However, the research highlights a number of priorities relating to aspects of the EMCDDA's existing remit, as set out in the 2006 'recast' Regulation, that have become increasingly important given the changing nature of the drugs problem.

**Recommendation 8: The EMCDDA's new work programme should highlight a number of key priorities.** These could include: further efforts to tackle the problem of new psychoactive substances, the development of supply-side indicators, and continuing to improve monitoring activities focusing on the key demand-side epidemiological indicators.

In addition to the EMCDDA's monitoring activities, there is a need to undertake more analysis of the information that is already being collected to help understand why the nature and extent of the drugs problems differ from one country to another. This is a precondition for being able to design effective interventions.

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## 4. Reaching Key Stakeholders and Target Groups

**The EMCDDA produces a large number of high quality scientific and other outputs.** The online and printed 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. Overall, feedback is positive with more than half the survey respondents stating that the EMCDDA's outputs are either 'excellent' or 'good', and most saying that there are no alternative sources of the same/similar information. However, some EMCDDA outputs are too detailed for some target groups, in particular policymakers, although this is not of course the only target group.

**Recommendation 9: Continued efforts should be made to better tailor EMCDDA outputs to the needs of policymakers but also other target audiences such as drugs professionals.** The practice of producing short papers such as the EMCDDA's 'Drugs in Focus' series could be extended to other aspects of the Centre's work. Consideration might also be given to some rationalisation of the EMCDDA's portfolio of publications by combining different outputs. This would improve transparency and possibly the impact of EMCDDA information.

**The Annual Report continues to be the EMCDDA's flagship publication and is highly valued by target audiences.** The EMCDDA Annual Reports provide a very comprehensive assessment of the drug problem in Europe. The annual reporting package published every year includes, apart from the Annual Report itself, a number of 'Selected Issues', the 'Statistical Bulletin' and 'Country Overviews'. Taken together, the package remains very much the EMCDDA's most important publication and is the highest ranked of the outputs according to the survey feedback. However, owing to the length of the document and its structure it is difficult to gain an overview of the key messages. There is also a considerable time lag in the production of the report given the time it takes the EMCDDA to collect and analyse the national information, and to have the document translated into the official EU languages and then checked.

**Recommendation 10: The format of the EMCDDA's Annual Report should be revised.** At the very least there should be an executive summary that highlights key messages. Ideally, the Annual Report should also be shorter in length. This would not only make it less expensive to produce and to translate (especially if translation of the main document is confined to fewer languages or to just the executive summary) but should also make it easier to communicate key messages to policymakers and other target audiences.

If possible, publication of the Annual Report should be brought forward to the middle of each year. Another option would be to only produce the full report every two years with a much shorter document in between which could then be published earlier (e.g. in May or June).

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**At the EU level, the EMCDDA works in close collaboration with the Commission and other key stakeholders such as the Council, European Parliament, and the other European agencies.** EMCDDA information and other outputs contribute to implementation of the EU Drugs Strategy and other initiatives, and there is positive feedback in this respect.

**Recommendation 11: Given the global nature of the problem, and the need for a multi-dimensional response, the relationship with key partners at the EU and international level should also be further developed to improve the capacity to monitor and analyse the drugs situation and responses to it.** The EMCDDA already has links with a number of other European agencies and international organisations. Given the international nature of the drugs problem as well as the limited resources available at the EMCDDA, the Agency will have to follow a selective cooperation strategy to achieve maximum benefit of cooperation with international partners on relevant topics.

## 5. EMCDDA Organisation and Governance

**Although feedback on the general functioning of the Management Board and the way in which it fulfils its statutory role is generally favourable, there is also some criticism.** One criticism is that the Management Board continues to focus too much on administrative issues. But while this may have been true some years ago when there were concerns over the way in which the EMCDDA was being managed, our impression is that since then there has been much more of a focus on strategic issues. Under the recast Regulation, the EMCDDA's Management Board is assisted by an Executive Committee and this seems to be performing well.

**Changes introduced in 2008 to the Scientific Committee have been beneficial and helped to ensure that it plays the intended role.** In relation to specific functions, the Scientific Committee has been helpful in reviewing the EMCDDA's work programmes although there is some concern that, in the past at least, its inputs have not been asked for at an early enough stage to influence plans.

**Recommendation 12: No major changes are needed to the EMCDDA's Management Board or Scientific Committee.** Some improvements could nevertheless be made. In relation to the Management Board, there could, where time permits, be more discussion at meetings on thematic issues. Consideration might also be given to reducing the number of different languages that are used for interpretation to help reduce costs. With the Scientific Committee, it would be preferable to appoint members on a rolling basis (e.g. a third of the members each 2-3 years), rather than the whole Committee every three years, as this would promote continuity.

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**Recommendation 13: A goal should be set of all appropriate EMCDDA outputs being subject to a peer review by a Scientific Committee member.** The EMCDDA should make public each year the number/percentage of its outputs where it was appropriate to undertake a peer review and where such an exercise was actually undertaken. However, not all outputs are suitable for peer review; similarly, the capacity of the Scientific Committee to carry out peer reviews is limited. Although ideally undertaken before an output is produced, to avoid delays, it might be necessary for some peer reviews to be undertaken retrospectively. Some form of prioritisation will also be needed (e.g. outputs with a particularly large target audience, outputs involving a relatively new methodology).

**National Focal Points are generally performing well but continued efforts should be made to develop the function.** The key epidemiological indicators provide a structure for a common approach to data collection by NFPs, and a means to assess their performance, but there is no comparable 'best practice' framework for the 'output' side of the NFP function, namely dissemination of information and the development of national networks. The difference between EU Member States in the organisation of NFPs, and their performance, is not a clear-cut and comparisons in this respect are difficult to make. However, overall, there is scope for more emphasis to be placed on performance measurement using best practice as a benchmark.

**The research underlines the importance of the EMCDDA's grant to NFPs but the way in which the system operates should be reviewed.** More than two-thirds (71%) of the NFPs participating in the survey indicated that the financial and human resources available to them are sufficient given the present workload. This could change of course (e.g. if NFPs are given new tasks relating to data collection for supply side indicators). However, with the prospect of reduced funding for EU agencies, if their functions remain unchanged, the way in which NFPs are funded should be reviewed.

**Recommendation 14: The question of how NFPs are funded by the EMCDDA, and in particular whether the same grant should be given to all NFPs should be re-examined.** This was suggested in the 2007 evaluation report. With the EMCDDA's and Member States' budgets facing reductions, a revision of the current system for allocating grants is justified. Ideally, the level of grants should be related to an assessment of NFP 'needs' and their performance, but this may not be feasible, in the short term at least. At the very minimum, if the current system continues, any indexation of the NFP grant (currently 2% p.a.) should be at or below the level of the adjustments made to the EMCDDA budget as a whole.

**Overall, feedback from the research suggests that the EMCDDA is using its human and financial resources efficiently.** Compared with 2007 when the Centre had 98 staff (an increase of 23% since 2002) there has been only a modest increase (6%) in the number of EMCDDA personnel in the most recent programming period. The proportion of 'administrative' personnel has declined slightly. Between 2006 and 2011, the EMCDDA's budget increased at a lower average annual rate of 5.4% (to €15.9m) compared with the 2002-06 period.

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**Whilst the EMCDDA's operating framework provided by the 2006 recast Regulation remains fit for purpose, the evaluation does identify a number of ways of improving efficiency and effectiveness.** Maximising efficiency will be all the more important given that there could be resourcing and other implications for the EMCDDA, including for the Reitox network, associated with the implementation of supply indicators and other activities to advance future priorities. However, at the same time, the EMCDDA's resources will come under pressure as cut-backs take effect in the EU budget. Maintaining the quality and quantity of EMCDDA outputs - let alone embarking on an expansion of activities - will therefore pose major challenges in the new programming period.

**Another important consideration is the current economic crisis which is affecting the Member State funding available to NFPs in many countries and this needs to be borne in mind in setting future priorities.** Public administrations are making many cuts and reductions of staff that affect the governmental bodies hosting NFPs. The same constraints on budgets and cut-backs also affect the EMCDDA itself and NFPs that are based in research organisations or non-governmental organisations. Given the importance of combatting the drugs problem, Member States should be encouraged to maintain their support for NFPs where this is in doubt.

**Recommendation 15: Given budgetary constraints, even more needs to be done to ensure efficient use of the EMCDDA's funding so that resources are available for key priorities in the new programming period.** Many of the priorities highlighted by the evaluation will require additional financial and human resources.

Although some additional funding may be available for specific tasks, the EMCDDA's overall funding is likely to be reduced in line with cutbacks in the EU budget as a whole. Savings will therefore be needed to free up resources that can be used to support the development of existing and new activities. This might be achieved through a combination of measures, e.g. changes in the way grants are allocated to NFPs, reduced translation of EMCDDA documents, sharing infrastructure and common services with EMSA. Where there is scope to do so, consideration should also be given to redeploying staff internally, e.g. moving staff from administrative functions into operational roles if shared services are developed with EMSA.

The final section of the report provides a summary of the main evaluation findings in relation to the more specific issues set out in the Commission's terms of reference.

# *Introduction* 1

**This document contains the final report prepared by the Centre for Strategy & Evaluation Services (CSES) on the assignment for the European Commission's DG Justice: 'External Evaluation of the European Monitoring Centre for Drugs and Drug Addiction' (RS 01/2011).**

## 1.1 Resume of Study Objectives and Scope

The purpose of this study was to undertake an external evaluation of the European Monitoring Centre for Drugs and Drug Addiction to examine:

- The extent to which the **conclusions and recommendations of the previous 2007 evaluation** of the EMCDDA and the Reitox Focal Points were taken into account and the extent to which their implementation has improved the overall performance of the EMCDDA;
- The **relevance, effectiveness, coherence, efficiency and impact of the activities carried out by the EMCDDA** under its two three-year work programmes 2007-2009 and 2010-2012 (outputs and effects until July 2011) in the context of the mandate and priorities given to the EMCDDA in its Regulation (1920/2006);
- The relevance, effectiveness, coherence, efficiency, utility and added value **of the REITOX network and its contribution to the achievements of the EMCDDA's outputs** during the evaluation period;
- How outputs and effects from the EMCDDA work programmes during the evaluation period contributed to the **EU Drugs Strategy 2005-2012 and the EU Drugs Action Plans 2005-2008 and 2009-2012**.

The terms of reference defined a number of more specific questions to be examined by the evaluation. These questions are examined in Sections 2, 3, 4 and 5. In terms of scope, the evaluation focuses on the activities of the EMCDDA on the basis of its recast Regulation adopted in 2006 and the multiannual work programmes 2007-2009 and 2010-2012 (as the latter programme has not yet been completed, the evaluation covers the period up to July 2011 although some later developments have been taken into account.

The timing of the evaluation exercise (September 2011-June 2012) was designed to allow the evaluation results to feed into the preparation of the EMCDDA's new programming period starting in 2013. As such, a key aim of the evaluation was to provide recommendations for the future with regard to the EMCDDA's tasks arising from its regulatory framework and the EMCDDA's role as an information provider. The main users of the evaluation findings and recommendations are the EMCDDA Management Board, the Commission, the Council and the European Parliament.

# Introduction 1

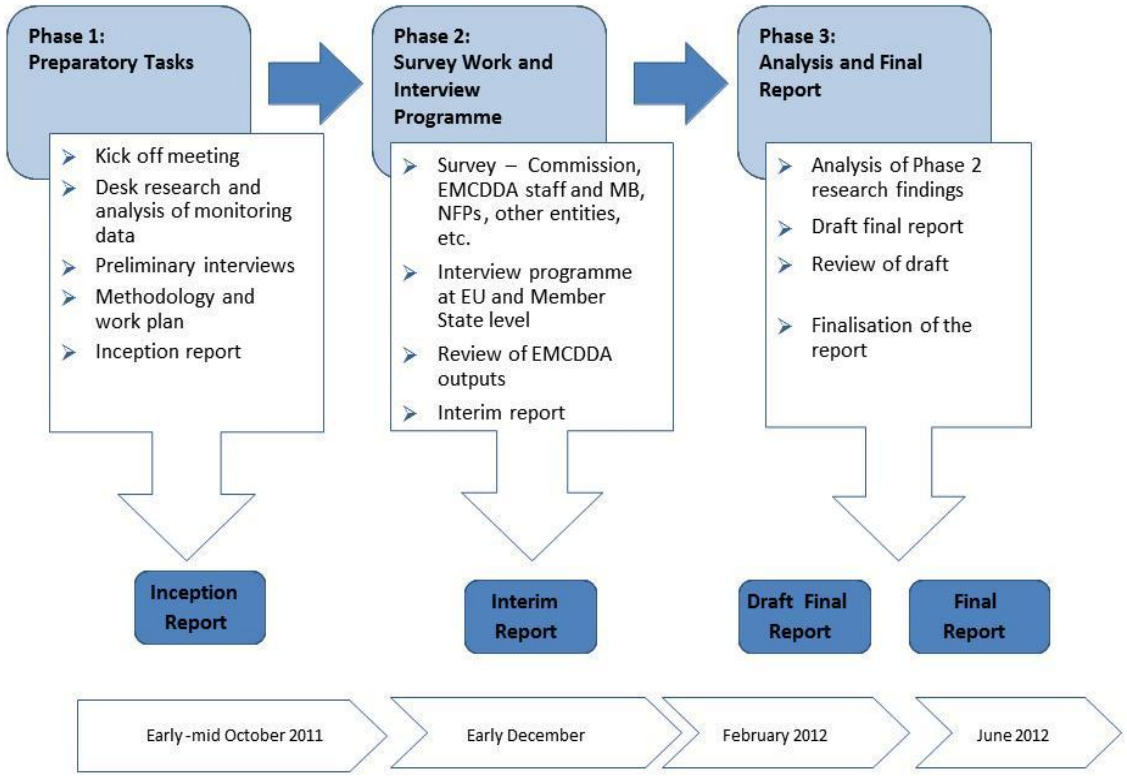
## 1.2 Research Plan for the Evaluation

The research plan for this assignment involved three phases:

- **Phase 1: Preparatory Tasks** – a set-up meeting with the Steering Group and preliminary interviews, desk research, finalisation of the methodological approach, and preparation of an inception report (October 2011).
- **Phase 2**: **Survey Work and Interview Programme** - survey work together with an interview programme at the EU and Member State levels, with EMCDDA staff and other relevant organisations. Phase 2 also included a review of EMCDDA outputs and a benchmarking exercise. An interim report was submitted in early December 2011.
- **Phase 3**: **Analysis and Final Report** – analysis of the research findings and preparation of a draft final report (February-May 2012), and presentation to the Management Board of the final report (July 2012).

The following diagram provides an overview of the proposed work plan for the assignment and an indication of the timing of the different phases.

**Figure 1.1: Overview of Research Plan**



# Introduction 1

*Phase 1: Preliminary Tasks*

After the kick-off meeting on 19 September 2011, CSES undertook preliminary interviews with Commission officials and visited the EMCDDA (7 October) to discuss the evaluation with the Director and senior personnel. In addition, CSES reviewed the background documentation made available and developed the methodology for the evaluation. An inception report was submitted in early October 2011 and finalised on 27 October.

*Phase 2: Survey Work and Interview Programme*

Phase 2 of the assignment has involved a number of research activities to collect information required for the evaluation of the EMCDDA:

- **Survey work** covering the Commission, EMCDDA Management Board and staff, National Focal Points and other key stakeholders;
- An **interview programme** at the EU level and with EU Member States on a face-to-face basis and others by telephone;
- A **review of EMCDDA outputs** to provide an assessment of the quality and relevance of information and analyses;
- A **benchmarking exercise** to compare the EMCDDA with several of the other European agencies.

*Survey*

The survey work enabled all key stakeholders who wished to contribute to the evaluation to do so.[1] Those targeted included European Commission services, the Council and European Parliament, and other European agencies and international organisations, the EMCDDA Management Board and Scientific Committee members, staff and National Focal Points. The survey was launched on 26 October 2011 with a link to the online questionnaire being emailed to contacts. The survey was also mentioned in the November issue of the EMCDDA's newsletter *Drugnet* and advertised via the EMCDDA Facebook and Twitter profiles as a way of reaching wider target audiences. After a chasing up exercise in mid-January, the survey was closed in mid-February 2012.

A total of 210 survey responses were received by the final deadline of which 157 were sufficiently complete to be used for the analysis in this report. Where appropriate, the evaluation in this report draws on the survey results to support other aspects of the research with a full analysis of the survey responses is provided in Appendix E. Where relevant, comparisons have been made with the 2007 survey results.

[1] The survey was available for completion online on the SurveyMonkey system (http://www.cses.co.uk/survey/emcdda/survey.htm)

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**Table 1.1 (a): Overall Survey Response Rates**

| Survey target groups | Estimated Target | Survey Responses | % of total Response |
|---|---|---|---|
| European institutions | 15 | 10 | 4.7 |
| EMCDDA staff | 100 | 55 | 26.2 |
| EMCDDA MB, SC, NFPs | 75 | 52 | 24.7 |
| Other international entities | 10 | 4 | 1.9 |
| Other EMCDDA stakeholders/target groups | 70 | 36 | 17.1 |
| Other responses | n/a | 53 | 25.4 |
| **Total** | **270** | **210** | **100.0** |

Note: the category 'other responses' mainly consists of whose who opened the questionnaire and provided a few details about themselves but did not go on to answer many or any of the main questions.

Not all the respondents provided details of their country of residence. The following table provides a breakdown of those who did provide this information. The large number of responses from Portugal reflects the fact that EMCDDA staff who participated in the survey is based in Portugal.

**Table 1.1 (b): Breakdown of Survey Responses by Country**

| 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 Rep. | 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 | UK | 16 | 10.2 |
| Italy | 6 | 3.8 | Others | 2 | 1.3 |
| Latvia | 2 | 1.3 | **Total** | **157** | **100.0** |

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The total number of survey responses obtained for the current evaluation compares with 291 in the survey for the 2007 evaluation (105 European Commission and other EU level stakeholders, 111 wider target groups, 45 EMCDDA staff and 30 National Focal Points).

*Interview Programme*

A wide-ranging interview programme was carried out at the EU and Member State level as well as with EMCDDA staff and Scientific Committee members.

A total of 121 interviews were undertaken with European Commission services, EMCDDA Management Board, Scientific Committee and Agency staff, National Focal Points and other key stakeholders. Many of these interviews were carried out in Lisbon in conjunction with meetings organised by the EMCDDA. However, a total of five Member States were visited to conduct face-to-face interviews with Management Board members and National Focal Points. A number of interviews were also undertaken with European and international entities in the drugs field. Appendix A provides a list of those we interviewed for the evaluation. The following table provides a summary:

**Table 1.2 (a): Phase 2 Interview Programme**

| Interviewees | Face-to-Face | Telephone | Total |
|---|---|---|---|
| European Commission | 8 | 4 | 12 |
| EMCDDA personnel | 30 | 0 | 30 |
| National Focal Point interviews | 27 | 3 | 30 |
| Management Board members | 6 | 19 | 25 |
| Scientific Committee members | 2 | 10 | 12 |
| European and international entities | - | 12 | 12 |
| **Total** | **73** | **48** | **121** |

**Table 1.2 (b): Breakdown of Interviews by Country of origin of Interviewee**

| Country | Nº | Country | Nº |
|---|---|---|---|
| Austria | 2 | Lithuania | 3 |
| Belgium | 3 | Luxembourg | 1 |
| Bulgaria | 2 | Malta | 2 |
| Cyprus | 1 | Netherlands | 2 |
| Czech Rep. | 2 | Norway | 2 |
| Denmark | 2 | Poland | 3 |
| Estonia | 2 | Portugal | 2 |
| Finland | 1 | Romania | 2 |
| France | 4 | Slovakia | 2 |
| Germany | 4 | Slovenia | 2 |
| Greece | 4 | Spain | 4 |

| | | | |
|---|---|---|---|
| Hungary | 1 | Sweden | 3 |
| Ireland | 1 | UK | 4 |
| Italy | 3 | Other - Croatia | 1 |
| Latvia | 2 | **Total** | 67 |

A total of 118 interviews were undertaken for the previous (2007) evaluation of the EMCDDA.

*Review of Outputs*

In the 2007 evaluation, a sample of EMCDDA outputs was examined by a panel of three academic experts. During the Phase 1 discussions for this assignment, some doubts were expressed as to whether this approach was appropriate because the academic experts were not thought to be sufficiently knowledgeable about the specific subject matter dealt with by the EMCDDA.

As an alternative, it was agreed that CSES would conduct more in-depth interviews with the EMCDDA Scientific Committee members who are all leading, independent experts in the drugs field and better placed than the academics selected by CSES to assess the EMCDDA's outputs. These interviews focused on the technical outputs while CSES carried out a review of EMCDDA outputs that are aimed at policymakers and the general public. As input to the review (and to the evaluation), there was also a discussion with the Scientific Committee at its meeting on 15 November 2011.

*Benchmarking*

Although not included in the CSES tender, it was agreed that an updating of the benchmarking assessment contained in the 2007 evaluation report would be beneficial to the current exercise. It was suggested that this should cover the same agencies as before (European Agency for Safety & Health at Work (EU-OSHA), European Environment Agency (EEA), European Union Agency for Fundamental Rights (FRA) and the European Foundation for the Improvement of Living and Working Conditions (Eurofound).

## 1.3 Structure of the Final Report

The final report is structured as follows:

- **Section 2: EMCDDA Mission and Coherence with Drugs Policy Framework** – analyses the EMCDDA's mandate and objectives set out in the work programmes covering the 2007-2012 period and the extent to which the objectives set out in the regulatory framework have been achieved.
- **Section 3: EMCDDA Activities and Outputs** – reviews the main scientific activities and outputs, the extent to which these are in line with the Agency's objectives and the added value of the information provided on the drugs situation.

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- **Section 4: Reaching Key Stakeholders and Target Groups** – examines the EMCDDA's relationship with key stakeholders and the extent to which it was successful in reaching them and their target groups.
- **Section 5: EMCDDA Organisation and Governance** – assesses the extent to which the changes introduced by the 2006 recast Regulation, and the internal reorganisation, have improved the functioning of the EMCDDA and its governance. The extent to which the EMCDDA demonstrates resource efficiency is also examined.
- **Section 6: Conclusions and Recommendations** - summarises the evaluation's overall conclusions and recommendations.

There are a number of appendices to the final report: a list of interviews (Appendix A), the full version of the assessment of EMCDDA outputs (Appendix B), the full version of the assessment of the extent to which the aims of the EMCDDA's work programmes were achieved during the period under review (Appendix C), the analysis comparing the EMCDDA with other European agencies (Appendix D) and an analysis of the survey results (Appendix E).

The following table provides a list of the key questions from the Commission's terms of reference and where the evaluation findings can be found in this report.

**Table 1.3: Key Questions from Terms of Reference**

| Relevance | Section |
|---|---|
| 1) To what the degree have the EMCDDA work programmes covering the 2007-2011 period addressed the objective, tasks and priorities set out in the EMCDDA's recast Regulation as well as those of the EU Drugs Strategy and its Action Plans, covering priorities in the field of drug demand reduction and also increasingly drug supply reduction? | Section 2.3 |
| 2) To what extent are the objectives and outputs of the EMCDDA work programmes covering the 2007-2011 period in line with the needs of its multiple stakeholders)? | Section 2.4 |
| 3) To what extent are the objectives and activities of the EMCDDA for the 2007-2011 period coherent with its regulatory framework? | Section 2.3 |
| 4) To what extent are the objectives and activities of the EMCDDA for the 2007-2011 period coherent with those objectives in the EU Drugs Strategy 2005-2012 and the EU Action Plans where the Agency is identified as an actor? | Section 2.3 |
| 5) Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and the drugs-related objectives and activities of the Commission? | Section 2.4 and 4.1 |
| 6) Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and other EU Agencies such as Europol, the European Centre for the Prevention of Disease Control and the European Medicines Agency? | Section 2.4 and 4.1 |

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|---|---|
| 7) Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and those of the Member States? | Section 2.4 and 4.4 |
| **Effectiveness** | |
| 8) To what extent has the EMCDDA achieved the objectives of its two three year work programmes 2007-2009 and 2010-2012 (until July 2011)? | Section 3.1 |
| 9) To what extent have the REITOX Focal Points delivered the data and information required to meet the objectives of the aforementioned EMCDDA's work programmes? | Section 3.2 |
| 10) To what extent has the EMCDDA met its core objective as required in its regulatory framework to provide the EU with factual, objective, reliable and comparable information? | Section 3.2 |
| 11) Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and the drugs-related objectives and activities of the Commission? | Section 2.3 and 4.1 |
| 12) To what extent have the changes in the EMCDDA's governance structure resulting from the recast Regulation and the 2010 internal re-organisation impacted on the effectiveness of the EMCDDA? | Section 5.1 to 5.3 |
| 13) Are the EMCDDA's tools to monitor and review outputs and results adequate for ensuring accountability and an assessment of performance? | Section 3.1 |
| **Efficiency** | |
| 14) To what extent has the EMCDDA efficiently deployed its resources (human and financial) to achieve the objectives set out in its work programmes during the period 2007-2011? Is the EMCDDA providing value for money? Are available resources adequate to these objectives? | Section 5.4 and 5.8 |
| 15) To what extent have the EMCDDA's organisational set-up, management systems and working methods been conducive to the effectiveness and efficiency of its operations? | Section 5.1 to 5.4 and 5.8 |
| 16) Are the effects achieved at a lower cost than would have been the case if its activities were carried out by other existing or potential arrangements (e.g. by the Commission itself, an executive agency, external contractors)? See below (Question 19). | Section 5.8 |
| 17) Is there scope for simplifying the administrative set-up and working methods in the context of current administrative and financial regulations? | Section 5.8 |
| **Utility** | |
| 18) To what extent have the activities of the Agency in the 2007-2011 period resulted in any unintended/unplanned results and impacts (both desirable and undesirable)? | Section 6.1 |
| **Added Value** | |
| 19) To what extent has the EMCDDA been more effective in achieving its objectives in the 2007-2011 period compared to possible existing or alternative options of implementing the policy in question (e.g. by the Member States, through the Commission services themselves, an executive agency, external contractor, etc)? | Section 6.1 |
| 20) To what extent have the EMCDDA's activities provided a European level | Section 36. |

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| | |
|---|---|
| information resource for informing the policy debate on drug issues? | |
| 21) To what extent have the EMCDDA's activities and outputs helped to improve the ability of Member States and the EU to monitor and respond to drug problems? | Section 4.6 |
| **Conclusions and Recommendations** | |
| 22) What conclusions and recommendations can be drawn from the evaluation of the EMCDDA and its work programmes relating to the 2007-2011 period, particularly with the view to supporting the next EMCDDA programming cycle (2013-2015)? | Section 6.1 to 6.4 |
| 23) Have the conclusions and recommendations of the previous 2007 evaluation of the EMCDDA and the REITOX Focal Points been taken into account and the extent to which their implementation has improved the overall performance of the EMCDDA? | Section 3.8 |

# *EMCDDA Mission & Coherence with Drugs Policy Framework* 2

**In this section we provide a resume of the EMCDDA's mandate, with an overview of key activities during the 2008-2012 period, and then assess overall performance and progress towards key objectives.**

## 2.1 Role of the EMCDDA

The EMCDDA was established in 1993 and the founding Regulation was amended in 2006[2]. Under Article 1 of the 2006 recast Regulation, the **role of the EMCDDA** is defined as being to provide:

> 'The Community and its Member States with factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences'.

Other significant aspects of the EMCDDA's mission include providing information on policy and best practice in the EU Member States with regard to responding to the drugs problem, and to encourage and facilitate the sharing of know-how generally. The EMCDDA also has a key role in the monitoring of new psychoactive substances in Europe in the framework of the Early Warning System established under Council Decision 2005/387/JHA[3]. The EMCDDA cooperates with other European and international bodies, as well as with third countries, in pursuing its mission.

### 2.1.1 Background and EU Policy Context

The EMCDDA's original mandate dates back to 1993 and reflected the fact that at that time European level drug cooperation was limited, largely supply-side focused with demand-side activities being developed with help of the Pompidou Group. The 1993 mandate reflected to some extent the chapters of the 1988 UNGASS Political Declaration on Drugs. Also, during that time (1992-1994) the Europol Drugs Unit was set up (in 1999 it was merged into Europol). Also, in 1991-92 the United Nations International Drug Control Programme was established (in 2002 this was merged with the UN Crime Prevention and Criminal Justice Division into UNODC). These developments also influenced the development of the EMCDDA's role.

The overall framework for the EMCDDA's activities is currently provided by the **2006 'recast' Regulation**. The **EU Drug Strategy (2005-2012)** is also an important framework for the EMCDDA. This Strategy, agreed upon by the European Council in December 2004, has two main aims:

[2] Regulation 1920/2006 of the European Parliament and of the Council of 12 December 2006 on the European Monitoring Centre for Drugs and Drug Addiction, OJ L 376, 27.12.2006, p. 1-13.

[3] Council Decision 2005/387/JHA on the information exchange, risk-assessment and control of new psychoactive substances, OJ L 127, 20.5.2005, p. 32-37.

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- Achieving a high level of *health protection, well-being and social cohesion* by complementing the Member States' action in preventing and reducing drug use, dependence, and drug-related harm to health and society.

- Ensuring a high level of *security for the general public* by taking action against the manufacturing of drugs, cross-border trafficking, diversion of chemical precursors used for preparing drugs and preventive action against drug crime.

The most recent **EU Drugs Strategy (2005-2012)** builds on the final evaluation of the 2000–2004 EU Drugs Strategy[4] and the Action Plan on Drugs, which Europol and EMCDDA made contributions to (Snapshots 1999-2004 and thematic papers). The current EU Drugs Strategy was drafted within the legal framework of the EU and EC Treaties and was based on the respective competences of the EU and Member States with due regard to subsidiarity and proportionality.

The **EU Drugs Action Plans 2005-2008 and 2009–12** translate the EU Drugs Strategy into concrete actions to be taken by the EU Member States, the European Commission, and the EMCDDA. The ultimate stated aim of the Action Plan (2009-2012) is to significantly reduce the prevalence of drug use among the population and the social harm and health damage caused by the use of and trade in illicit drugs. The previous Action Plan highlighted a key role for the ECMDDA, particularly with regard to information collection and dissemination, the fine tuning of indicators and capacity building in the EU Member States and candidate countries. Although the EU Drugs Action Plans for 2000–2004 and the period 2005-2008 did not achieve all their ambitious targets, there is evidence of an important development in the way Member States, EU institutions and specialist agencies can work together to coordinate and measure progress in the drugs field.

### 2.1.2 EMCDDA's 2006 'Recast Regulation'

In August 2005, the Commission presented a proposal for a **recast Regulation for the ECMDDA**. This was adopted by the European Parliament and the Council in 2006[5]. The Regulation consolidated Council Regulation (EEC) No 302/93 and its amending Regulations, as well as introducing some new amendments. These included:

[4] Communication from the Commission to the Council and the European Parliament on the results of the final evaluation of the EU Drugs Strategy and Action Plan on Drugs (2000-2004). COM(2004)707.

[5] Regulation (EC) No 1920/2006 of the European Parliament and of the Council of 12 December 2006, OJ 376 of 27.12.2006.

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**Main Changes introduced by the Regulation (EC) No 1920/2006 of the European Parliament and of the Council**

- Adapting the operation of the Centre's Management Board to take account of enlargement with decisions to be taken by consensus rather than simple majority;
- Extending the Agency's role to include the examination of new trends in drug use involving the combination of licit and illicit psychoactive substances;
- Focusing attention on all facets of the drug phenomenon by referring to the EU Drugs Strategies and Action Plans as guiding documents for the work of the Centre;
- Expanding the list of the Agency's tasks to include facilitating the exchange of information between Member States;
- Emphasising the importance of cooperation with international organisations and with third countries, giving the EMCDDA a more explicit role in transferring know-how to candidate countries or countries of the western Balkans, assisting in the creation and strengthening of structural links with the Reitox network, and in setting-up and consolidating national focal points;
- Recommending the Centre also take into account World Health Organisation and United Nations statistical, documentary and technical data;
- Changes to the Scientific Committee to allow the EMCDDA to appoint members on merit rather than being nominated by Member States.

Article 23 of the recast Regulation specifically stipulates that the Commission should initiate an external evaluation of the EMCDDA every six years to coincide with the completion of two of the Centre's three year work programmes (see Section 2.4).

## 2.2 EMCDDA Intervention Logic and 2007-12 Work Programmes

Within the overall framework provided by the EU drugs policy and the EMCDDA's regulatory framework, the Centre's more specific objectives are defined in its work programmes. We now provide an overview of the EMCDDA's work programmes during the period under review. Governance and resourcing are also summarised.

By way of an overview, the following diagram outlines the EMCDDA intervention logic and, linked to this, the main features of its operating framework.

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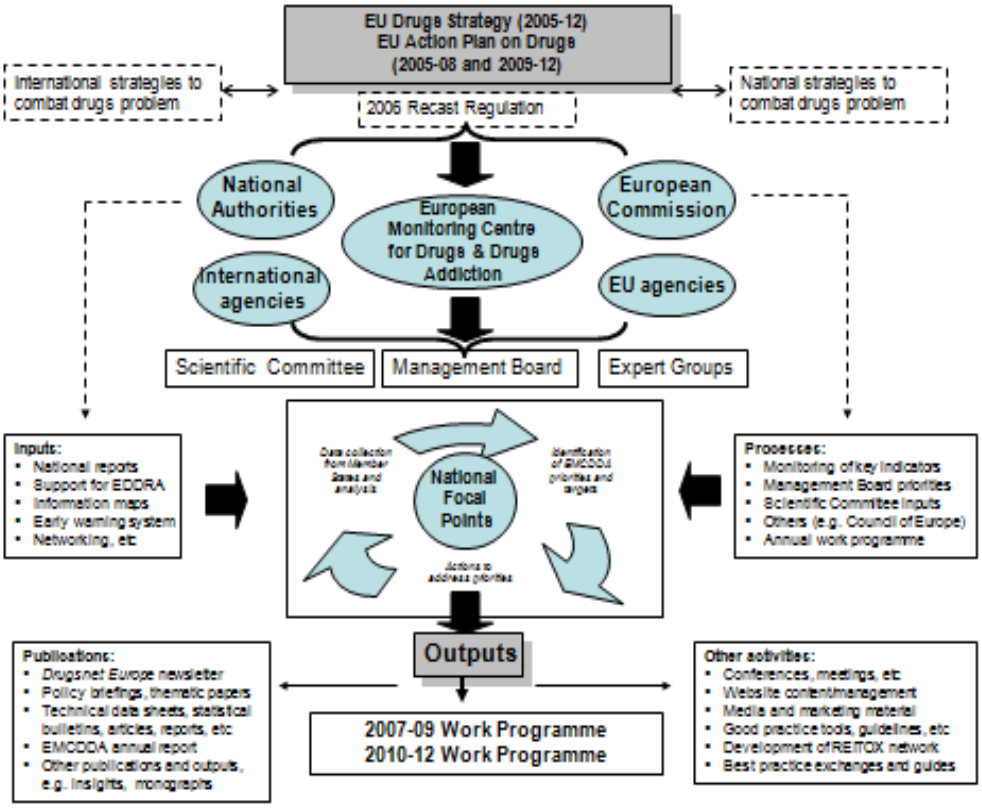
**Figure 2.1: EMCDDA – Intervention Logic and Operating Framework**




### 2.2.1 EMCDDA Operating Framework and Resourcing

The EMCDDA's governance and resourcing is examined in detail in Section 5. Below we provide an overview.

The main decision-making body of the EMCDDA is the **Management Board** which is supported in its work by the 6-member Executive Committee. The Board consists of one representative from each EU Member State, two from the European Commission and two designated by the European Parliament and is responsible for adopting the EMCDDA's work programme and budget, and for setting the Agency's overall strategic direction.

The second of the EMCDDA's two statutory bodies is the **Scientific Committee**. The Committee advises and assists the Management Board and the EMCDDA's Director and delivers its opinion on scientific aspects of the Centre's activities. It consists of 15 scientists appointed by the Management Board in view of their scientific qualifications and their independence.

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The EMCDDA receives the bulk of its funding from the **General Budget of the European Union (Commission title, budget line 18 05 11)**. For 2011, the EMCDDA's total budget amounted to €16,211,217, provided by an EU subsidy of €15,400,000, a financial contribution of €411,217 from Norway with respect to its participation in the EMCDDA and a special financing of €400,000 from the IPA Programme for technical assistance to third countries[6].

A total of 54% of the **EMCDDA's planned expenditure** for 2011 (the latest year for which data are available for this report) was accounted for by staff-related cost. More than two-thirds of this sum related to operational costs, i.e. costs for staff assigned to operational/ scientific tasks aimed at implementing the EMCDDA's mission (these costs corresponded to 39% of the total 2011 expenditure, whilst the cost for staff assigned to administrative and ICT support task corresponded to 16% of this expenditure). The 2012 breakdown of the EMCDDA's planned expenditure is very similar to 2011. The remaining part of the 2011 expenditure was earmarked for operational and project-related activities and for administrative and ICT support to operations requiring/entailing supplies or provision of services from external actors.

### 2.2.2 EMCDDA's Work Programmes

Since its establishment, the core mission of the EMCDDA has not changed and nor have the main tasks outlined earlier. The EMCDDA's more specific activities are guided by its work programmes. This approach provides the flexibility required to adapt the EMCDDA's activities to changing circumstances.

During the period under review, there were two **multiannual work programmes** for 2007-09 and 2010-12. Whilst the evaluation was underway, the EMCDDA began to prepare its next work programme for the 2013-2015 period. To implement the multi-annual work programmes, the Centre also has more detailed **annual work programmes** which specify the activities and initiatives that help to achieve the overall objectives and priorities set out in the three-year work programme. The internal reform of the EMCDDA carried out in 2010 introduced an important change in planning and management processes by limiting the working priorities to a relatively small number so as to improve the effectiveness and transparency of operations.

[6] For 2012, the EMCDDA's total budget amounts to €16,065,709, provided by an EU subsidy of €15,550,920, a financial contribution of €414,789 from Norway for its participation in the EMCDDA, a possible financial contribution of €50,000 each from Turkey and Croatia (by assuming their participation as from 01/07/2012) and a special financing of €350,000 from the IPA programme for technical assistance to third countries. breakdown of the EMCDDA's planned expenditure is pretty much the same as in 2011.

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*Work Programme 2007-2009*

The **EMCDDA's Work Programme for 2007-2009** focused on three main priorities – to consolidate monitoring and reporting activities (Priority 1), enhanced analysis of data (Priority 2) and to communicate more effectively with key audience (Priority 3).

For each of these priorities, specific objectives were set which are detailed and assessed in the next section and Appendix C. Along with these three top level priorities, the EMCDDA set out three **key principles** with the aim of providing an on-going point of reference for the development of both scientific and administrative activities – a commitment to scientific excellence, a commitment to partnership and a commitment to good governance and efficiency. Within the overall framework of these three top level priorities, the EMCDDA also took into account the **conclusions and recommendations set out in the second external evaluation** carried out in 2007 that covered the period of the two earlier EMCDDA three-year programmes. Although the evaluation concluded the EMCDDA was performing well in its core mission, it also highlighted various ways in which performance could be enhanced, for instance by improving quality control standards, both internally and within the Reitox network, utilizing existing scientific capacity more efficiently and developing methodologies to help assess impacts.

In addition to the **recast Regulation**, the EMCDDA's Work Programme for 2007-2009 also reflected the aims of **the new EU Drugs Strategy and Action Plan**. As noted earlier, the latter set out five priorities areas for action in EU drug policy: (1) improving coordination, cooperation and raising public awareness; (2) reducing the demand for drugs; (3) reducing the supply of drugs; (4) improving international cooperation; and, (5) improving understanding of the problem. As a consequence, the EMCDDA reviewed its annual reporting infrastructure in the 2009 annual work programme in light of the information needs for the EU Action Plan and revised a number of questionnaires for monitoring responses.

*Work Programme 2010-2012*

The second three year EMCDDA work programme covered the period 2010-12. This was on-going at the time when this evaluation was undertaken.

In addition to the recast Regulation which continued to provide an overall framework, the new **EU Action Plan** was also a strategic reference for designing the EMCDDA's 2010-12 three-year work programme. Although the EMCDDA continued to focus on its core tasks, increased emphasis was put on best practice and ensuring quality in service delivery. Special attention was also placed on the need to develop indicators in the supply-reduction field. Improving the timeliness of reporting on the five epidemiological indicators, real-time reporting on new trends and continuing work to ensure the EMCDDA's outputs were tailored as closely as possible to the needs of the target audiences were also priorities that remained unchanged.

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As with the previous three-work programme (2007-2009), the EMCDDA set out adapted guiding principles as a point of reference for carrying out its work - delivering value and making the work relevant and useful, a greater focus on knowledge exchange, a commitment to partnership, enhancing scientific standing and ensuring good governance. Overall, there was a quite strong degree of continuity with the earlier period.

Turning to the different priorities, the EMCDDA's Work Programme 2010-2012 defined four main work 'areas'. **Area 1 - Monitoring the drug situation:** this aimed to provide a sound evidence base for informed policies and actions by developing and implementing high quality data collection tools that permit analysis of the drug situation, its impact and the tracking of trends over time. Section 3.1 of this report examines steps that have been taken in recent years to improve monitoring of the drugs situation.

The main aim of **Area 2 - Monitoring responses, interventions and solutions applied to drug-related problems** was to 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 (see Section 3.2). Specific objectives were 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, 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, develop an analytical framework that provides a better understanding of the availability, accessibility and quality of responses to drug use.

With **Area 3 - More sensitive monitoring of new trends and developments and assessing the risks of new substances** the aim was to develop a more responsive system for monitoring new trends in drug use and the appearance of new psychoactive substances, and to provide an increased understanding of emerging and new patterns of drug use to facilitate early responses to potential threats. Another priority objective was 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) on the information exchange, risk assessment and control of new psychoactive substances. This included the development of a more sensitive approach for detecting, tracking and evaluating emerging trends and threats. In Section 3.3 we examine the development of the Early Warning System (EWS) in more detail.

**Area 4 - Improving the capacity of Europe to monitor and evaluate policies and interventions** supported the development of evidence-based actions, standards and guidelines for best practice and develop analytical tools and instruments to facilitate assessment of the impact and effectiveness of drug policy and interventions. This was to be achieved by monitoring and supporting the development of analytical instruments to better assess the effectiveness and impact of drug policy. Approaches in this area include drug policy indexes, drug policy modelling and economic analysis. The second group of transversal activities focuses on implementing good practice, guidelines and quality standards. The EMCDDA's Best Practice portal was a significant development in the

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2007–09 work programme and was expanded in the period covered by the 2010-2012 work programme.

## 2.3 Coherence with EMCDDA Regulatory Framework and EU Policies

**Questions from the Terms of Reference**

- *To what the degree have the EMCDDA work programmes covering the 2007-2011 period addressed the objective, tasks and priorities set out in the EMCDDA's recast Regulation as well as those of the EU Drugs Strategy and its Action Plans, covering priorities in the field of drug demand reduction and also increasingly drug supply reduction?*
- *To what extent are the objectives and activities of the EMCDDA for the 2007-2011 period coherent with the objectives set out in its regulatory framework?*
- *To what extent are the objectives and activities of the EMCDDA for the 2007-2011 period coherent with those objectives in the EU Drugs Strategy 2005-2012 and the EU Action Plans where the Agency is identified as an actor?*

As noted in Section 2.1, the EMCDDA's primary mission is defined in the 2006 recast Regulation as being to provide policymakers at the EU and Member State level with 'factual, objective, reliable and comparable information on the drugs situation in Europe and its consequences'. More specific drugs-related objectives and tasks are primarily set out in the **EU Drugs Strategy 2005-2012** and the supporting **Action Plans**.

It is clearly important that the ECMDDA's activities are coherent with the overall EU policy framework for combating drugs and drugs addiction. The 2007 external evaluation concluded that the EMCDDA had provided useful information to support the 2000-04 and 2005-08 Drugs Action Plans.[7] Feedback from our consultations suggests that this has continued to be the case with the Centre providing information on the drugs situation, and monitoring the implementation of the EU Drugs Strategy and Action Plans. Thus, a detailed time series analysis of changes in the EU drug situation since 2005 was provided by the EMCDDA to the European Commission in mid-2011 with the purpose of assessing the implementation of key interventions and policies that are specified in the Drugs Strategy and its Action Plans.

To the extent that the EMCDDA can be associated with the impacts of the EU Drugs Strategy and Action Plans, evaluations of these provide an indication of the performance

[7] Apart from drafting a number of snapshot reports, thematic papers and other material used to help evaluate progress towards the EU's various targets, the EMCDDA introduced a range of initiatives to improve the availability and quality of data and information on the drug situation for the Action Plan targets. Similarly, in relation to the 2005-12 EU Drugs Strategy's first Action Plan, the EMCDDA provided supporting information for around 30% of the 88 actions. Overall, the research suggests that EMCDDA contribution to the monitoring and evaluation of the EU Action Plans has generally been of a good quality although there have also been some shortcomings.

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of the Agency. More specifically, both the most recent Drugs Strategy evaluation and our own research confirm that the EMCDDA's outputs clearly have a positive influence on helping to develop more effective policies and other intervention to tackle the drugs problem.

Taking the first of these sources, the **external evaluation of the EU Drug Strategy 2005-2012 and the Action Plans** has recently been finalised. The EMCDDA has been a contributor with several staff members involved in the interview programme and providing trend data on the drugs situation to inform the evaluation. Whilst the evaluation report mainly focuses on the relevance, added value and influence of the EU Drug Strategy in relation to Member States, the EU and global drugs policy more broadly, the role of the EMCDDA is frequently highlighted as being crucial for improving data collection, research and information sharing between Member States (especially in newer Member States and accession countries).

The role of the EMCDDA in **facilitating, shaping and supporting the efforts of Member States to combat the drugs problem** is identified as an important aspect of the Drugs Strategy's influence; likewise, the EMCDDA is seen as playing an important role in **disseminating and sharing the findings of drug-related research**, with the Annual Reports and 'Monographs' being cited in particular as providing reliable, up-to-date information for professionals working in drugs policy. Interestingly, in a discussion of the perceived disparity between demand and supply reduction data in the EU Drugs Strategy, the explanation is seen as lying in the fact that at the time of drafting the Drugs Strategy, data collection via the EMCDDA was foreseen as mainly focusing on the health-related dimension of the drug problem.

Turning to the survey work for this evaluation, the following table provides an analysis of the **feedback on the how important the EMCDDA's contribution has been to the EU Drugs Strategy** 2005-12 and the Action Plans. Nearly three-quarters (73.9%) of all respondents said the contribution has been very or quite important, with most of the remaining (20.4%) not giving an opinion. Looking only at the NFP responses, the results were even more positive (85.7%).

**Table 2.1: Importance of the EMCDDA's contribution to the EU Drugs Strategy 2005-12 and the EU action plans (all respondents)**

| Responses | Nº | % |
|---|---|---|
| Very important | 67 | 42.7 |
| Quite important | 49 | 31.2 |
| Not very important | 8 | 5.1 |
| Not important at all | 1 | 0.6 |
| No opinion | 32 | 20.4 |
| **Total** | **157** | **100.0** |

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It is interesting to also note the positive feedback from another source, for example the European Union Committee of **the UK Parliament's House of Lords** which has recently published a report on the EU Drugs Strategy.[8] The report examines what the strategy has achieved and suggests certain changes for the future.

Overall, the current strategy is thought to have been of value in providing a guiding framework for Member States to formulate their national drug policies. However, the report points out that: 'the previous aims of demand reduction and supply reduction have been too broad-brush to be useful as a guide to EU policy formulation ...[ and]...the next Strategy should concentrate on areas where the EU can make a major contribution'. It is suggested that one such area should be the coordination of the fight against drug trafficking, focusing on money laundering and strengthening provisions on the seizure of the proceeds of crime. It is also proposed that EU aid and research programmes should devote more resources to crop diversification away from drugs, and to drug related research projects.

The House of Lords report is very positive about the work of the EMCDDA and is impressed by the high regard that the Centre commands around the world. It is recommended that 'any future Strategy should seek to safeguard this agency's future and should continue to encourage the development and improvement of the collection, analysis, evaluation and distribution of information on the drugs issue so that Member States can learn from each other's experiences and benefit from each other's research'.

## 2.4 Coherence with EMCDDA Stakeholder Objectives and Priorities

**Questions from the Terms of Reference**

- *To what extent are the objectives and outputs of the EMCDDA covering the 2007-11 period in line with the needs of its multiple stakeholders?*
- *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and the drugs-related objectives and activities of the Commission?*
- *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and other EU agencies such as Europol, the European Centre for the Prevention of Disease Control, and the European Medicines Agency?*
- *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and those of the Member States?*

[8] UK Parliament, House of Lords, European Union Committee, Twenty-Sixth Report 'The EU Drugs Strategy'
http://www.publications.parliament.uk/pa/ld201012/ldselect/ldeucom/270/27003.htm

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As pointed out previously, the **EMCDDA's key stakeholders** are the Commission and other EU institutions, the Member States and Norway.

The extent to which the EMCDDA work programmes covering the 2007-2012 period were in line with the priorities of its multiple stakeholders depends on how accurately the Agency was and is able to assess key stakeholders' needs. The starting point in this respect is to examine **how the EMCDDA's priorities are determined, whether budgetary allocations reflect these priorities, how the work programmes are then translated into operational objectives** and the extent to which different operational priorities are mutually supporting. Our research confirms that prior to adoption of the work programmes, the EMCDDA, through its Management Board, Scientific Committee and other contacts at national and EU level, consulted widely with key stakeholders on its priorities. As such, the needs of its multiple stakeholders should be closely reflected in its plans.

The current evaluation also examined the overall coherence and complementarity between the objectives and activities of **the EMCDDA and other stakeholders**. As the following table summarising the survey feedback shows, the EMCDDA's objectives and activities are seen as being closely aligned with those of the Commission with 56.7% of respondents saying that there is either a 'very high' or 'high' degree of coherence. This reflects the key role that the EMCDDA plays in the monitoring of the EU Drugs Strategy and Action Plans, but also the fact that during the period under review steps have been taken to improve contacts and collaboration generally (in Section 4 we examine the links between the EMCDDA and the Commission in more detail).

**Table 2.2: Degree of coherence and mutual complementarity between the objectives and activities of the EMCDDA and those of other Organisations**

| | European Commission | | EU agencies | | Other international entities | | Member States | |
|---|---|---|---|---|---|---|---|---|
| **Options** | **№** | **%** | **№** | **%** | **№** | **%** | **№** | **%** |
| Very high degree of coherence | 45 | 28.7 | 31 | 19.7 | 21 | 13.4 | 33 | 21.0 |
| Quite high degree of coherence | 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 of coherence | 4 | 2.5 | 6 | 3.8 | 5 | 3.2 | 11 | 7.0 |
| Very low degree of coherence | 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 Mission & Coherence with Drugs Policy Framework* 2

## 2.5 Conclusions – EMCDDA Mission and Coherence with Drugs Policy Framework

The framework for the EMCDDA's activities during the period under review was provided by the 2006 'recast' Regulation and the EU Drug Strategy (2005-2012). The EMCDDA's two multiannual work programmes (2007-09 and 2010-12) and the annual work programmes converted strategic goals into operational priorities. Overall, it is possible to conclude that there was a high degree of coherence between the objectives defined in the EMCDDA's work programmes for the 2007-12 period and those of the EU's Drugs Strategy, the Centre's regulatory framework as well as with the priorities of the key stakeholders.

# Assessment of EMCDDA Activities & Outputs

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**In this section we examine the EMCDDA's main activities and outputs, the extent to which they are in line with the Centre's objectives and the impacts achieved.**

## 3.1 Overall Progress towards EMCDDA Objectives

**Questions from the Terms of Reference**

- *How were the EMCDDA's various objectives determined and were they appropriate given the Agency's mission and realistic given its resources? Are they evaluable?*
- *Are the EMCDDA's tools for monitoring and reviewing outputs and results adequate for ensuring accountability and an assessment of performance?*
- *To what extent has the EMCDDA achieved the objectives of its two three-year work programmes 2007-09 and 2010-12?*
- *To what extent has the EMCDDA achieved key objectives set out in its multiannual and annual work programmes and how has this contributed to fulfilling its overall mission as defined in the (recast) Regulation?*

In this section we assess the EMCDDA's main activities during the period under review and the extent to which key objectives have been met (this assessment is further developed in subsequent sections of the report in relation to specific aims and activities. A detailed summary of our assessment of the achievement of EMCDDA objectives is contained in Appendix C).

As noted in Section 2, within the overall regulatory framework, the EMCDDA **implemented two multiannual work programmes covering the years 2007-09 and 2010-12** respectively during the period under review. In this section we assess the achievement or otherwise of key objectives before then considering specific activities in subsequent sections.

### 3.1.1 'Evaluability' of the Work Programmes and Performance Measurement

Before considering the extent to which the EMCDDA has achieved its aims, it is important to consider the 'evaluability' of its activities.

Performance measurement is clearly an important question because the capacity of the EMCDDA's Management Board and stakeholders generally to take informed decisions depends very much on understanding the effects that its interventions are having on key priorities and target audiences. In addition to having an appropriate performance measurement system, effective use of monitoring information depends on procedures for this information to be communicated to decision-makers in a format that is readily usable. But the starting point for any assessment of EMCDDA achievements is to consider the 'evaluability' of the Agency's objectives.

# 3 Assessment of EMCDDA Activities & Outputs

At the highest level, the EMCDDA's objective is, as noted in Section 2 , to **'provide 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 recast Regulation). Whilst the extent to which the information provided by the EMCDDA fulfils two of these criteria ('factual' and 'comparable') is relatively straightforward to determine, there is far more scope for subjective interpretation with the other two criteria (being 'objective' and 'reliable'). In the case of the first two criteria, the EMCDDA's five epidemiological indicators (see Section 3.1) provide a framework that allows factual data to be collected in a structured and comparable way.

However, the extent to which this information is truly objective and reliable is more difficult to assess. If the information on the particular aspects of the drugs situation is factual, it should of course be objective. However, if there is only partial coverage of the population concerned (e.g. drugs users in some but not all parts of a country or treatment system), then there could be biases in the assessment of the drugs situation as a whole. Similarly, the reliability of EMCDDA information on the drugs situation depends on how efficiently data collection systems function at a Member State level.

At the operational level, Article 2 of **the EMCDDA's 2006 recast Regulation defines a number of specific tasks** – 'collecting, registering and analysing information', 'carrying out surveys, preparatory studies and feasibility, studies, etc', 'establishing and coordinating, in consultation and in cooperation with the competent authorities and organisations in the Member States, the network referred to in Article 5' and 'facilitating exchanges of information between decision makers, researchers, specialists'. Being of a quite specific nature, the achievement or otherwise of these tasks is less likely to be subject to differing interpretations. Our assessment of the extent to which the EMCDDA has achieved its overall mission and key tasks set out in the recast Regulation is provided in Section 2.3 and Appendix C of this report.

Recently, **steps have been taken by the EMCDDA itself to improve performance measurement** through the development of 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. We have drawn on this source for parts of the following assessment.

For the earlier years of the period under review (2007-2009), monitoring of the implementation of the EMCDDA's work programmes more generally was undertaken within the context of and via the **annual General Report of Activities** (the report itself and appendices contain a quite detailed review of outcomes). Over the years, the EMCDDA has developed a more output-orientated approach to its work programmes. However, although the work programmes contain some performance indicators, these have tended to be very limited in number, mainly qualitative and focused exclusively on outputs with less emphasis on results and impacts. The EMCDDA does, however, also

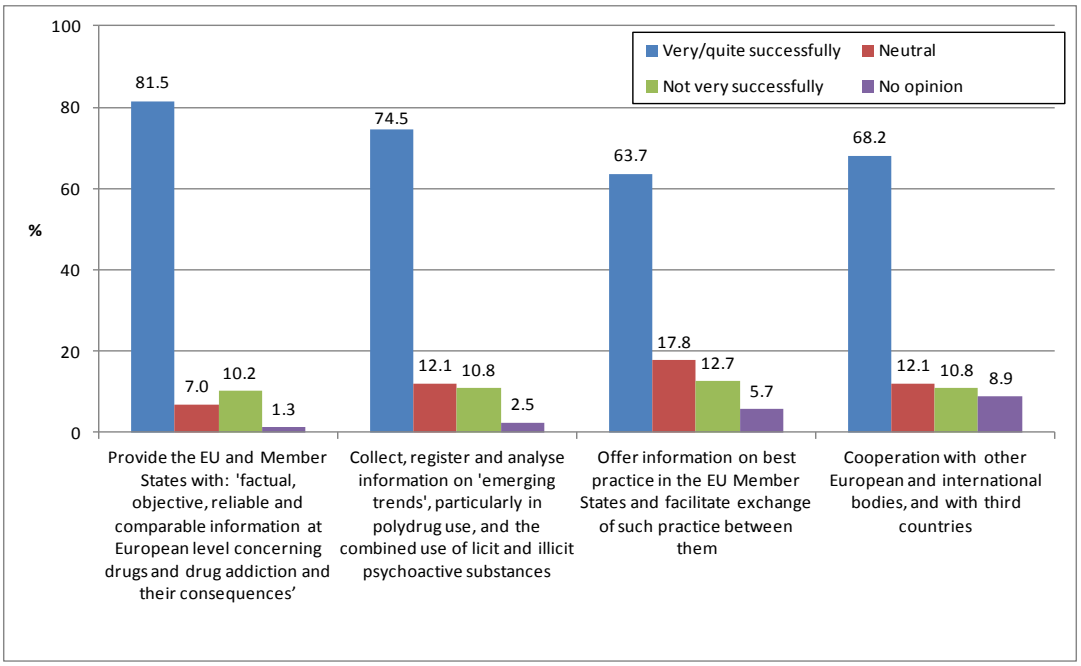
# Assessment of EMCDDA Activities & Outputs

obtain considerable feedback on its activities from the Management Board, from the National Focal Points (e.g. press coverage associated with the Annual Report) and other sources. More generally, in terms of governance and overall control, the EMCDDA is closely scrutinized by the Management Board, Court of Auditors and European Parliament and through the budgetary discharge. These procedures do not, however, focus on the effectiveness of the EMCDDA's core business, i.e. monitoring outputs and their effects on target audiences.

### 3.1.2 Achievement of EMCDDA's Recast Regulation Tasks

Overall, the survey work and other research for this evaluation suggest that the EMCDDA has performed well in relation to the mission defined for it in the 2006 recast Regulation. The following chart provides a breakdown of the survey responses on this issue.

**Figure 3.1: Success of the EMCDDA in Pursuing Recast Regulation Tasks**




Some important general points were made by the survey respondents. Thus, it was emphasised that EMCDDA does not work in isolation and therefore the engagement of other parties is as important as the engagement of its own staff to its success. It was also argued that whilst the EMCDDA has performed well, and its outputs are highly regarded by external partners, more resources will be needed if the Agency takes on additional tasks in the future, otherwise it will not be possible to keep the same level of quality of work.

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Looking at the survey response on each of the specific tasks set out in the 2006 recast Regulation, the EMCDDA appears to be most successful in fulfilling its role in relation to its first task of **providing factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction**, and their consequences. This function centres on the five key epidemiological indicators and as we explain later in the report (see Section 3.2), during the 2007-12 period further steps have been taken to improve data collection methods and coverage, to harmonise the definition of key indicators, and to improve the analysis of data sets. As Figure 3.1 above shows, the EMCDDA is seen by 81.5% of the survey respondents as performing well in this field, the best result for the different tasks. Generally, the feedback tended to be more positive among EMCDDA staff and there was a higher instance of negative responses among other respondent groups, with 13.7% of these rating the Agency as 'not very/not at all successful' against 3.6% of staff members saying this.

The EMCDDA is also seen as having performed well in relation to its role to **'collect, register and analyse information on emerging trends'** with 74.5% of survey respondents indicating that it had been either 'very successful' or 'successful' in this respect. During the period under review, the upward trend in new psychoactive substances being detected has accelerated. The role of the EMCDDA in coordinating and implementing the Early Warning System (EWS), and the other activities in relation to emerging trends in polydrug use, are examined in Section 3.4. Non-staff respondents were more satisfied with this activity than staff members, with 76.4% and 70.9% respectively, indicating 'very or quite successful'.

Although still positive, the survey feedback on the EMCDDA's performance in relation to the third task set out in the recast Regulation, '**identifying best practices in Member States and facilitating and exchange of such practices between them**' is not as positive compared with the other tasks (63.7% of the responses fell into the 'very successful' or 'successful' categories). Developing an understanding of best practices is a key to effective interventions to tackle the drugs problem, both at the policy and operational levels, and many of those we spoke to in the interview programme stressed the need for the EMCDDA to place more emphasis in the future on this aspect of its remit. Further analysis shows that non-staff survey respondents were not so positive as staff members with 60.8% and 69.1% respectively indicating 'very or quite successful'.

The EMCDDA's fourth task is to promote **cooperation with other European and international bodies, and with third countries**. The survey work suggests that the Centre is tackling this task well with 68.2% of respondents indicating that it was either 'very successful' or 'successful' in this respect. Links between the EMCDDA and other EU and international bodies in the drugs field are close and stretch back beyond the period covered by this evaluation. This area of work also includes a number of technical cooperation projects with third countries, an area which has expanded in the period under review. The difference between the views of survey respondents was quite

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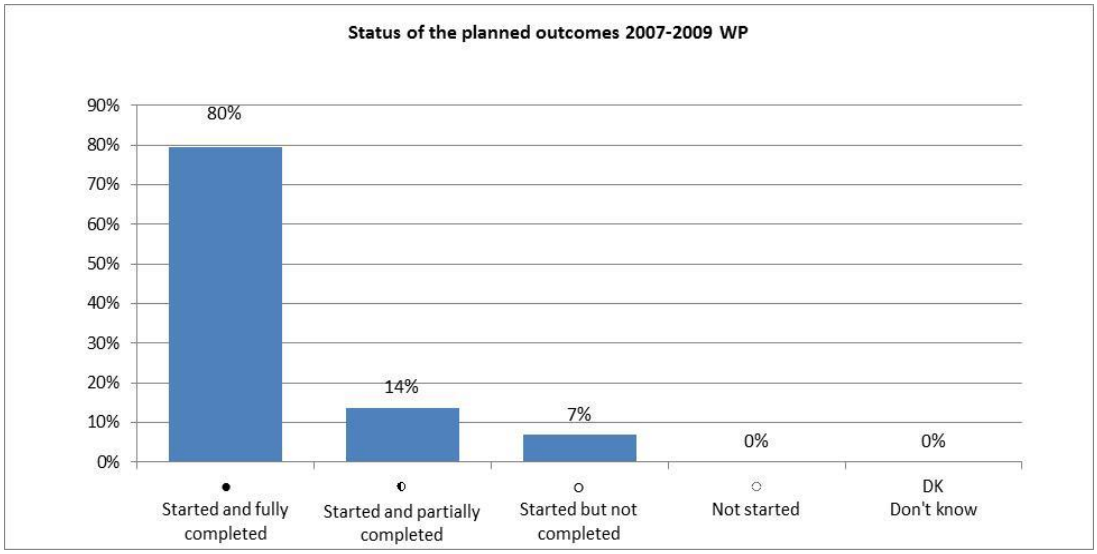
significant, with 78.1% of EMCDDA staff members rating the Agency's efforts in this field as 'very or quite successful' responses against 62.8% of non-staff respondents.

### 3.1.3 2007-09 Work Programme

As mentioned previously, the EMCDDA's 2007-2009 Work Programme focused on three main priorities, each with a set of specific objectives. An overview of these, and the objectives of the 2010-12 work programme is provided in Appendix C, together with an assessment of the extent to which the objectives and expected outcomes have been, or will be, achieved. The review includes a rating system indicating the degree of completion of the planned outcomes.

The following chart provides an overall summary of the status of the planned outcomes at the end of the 2007-2009 work programme. Out of the 44 planned outcomes set out by the EMCDDA within the three priorities, an estimated 80% were achieved, 14% were on the way to being completed, and around 7 % were started but not completed.

**Figure 3.2: Status of the 2007-09 Work Programme Planned Outcomes**




With regard to the **Priority 1 'Consolidate monitoring and reporting activities'**, it can be said that all of the seven main objectives were reached to some extent through the improvement of data collection tools, increase of the coverage and the quality of data from Member States, improved reporting capacity and the development of tools and guidelines for monitoring activities generally. However, although a significant effort was made to improve the EMCDDA's data management - mainly through the implementation of Fonte system and a data warehouse - by the end of 2009 these systems were still at an early stage of development and further work was needed to achieve full implementation.

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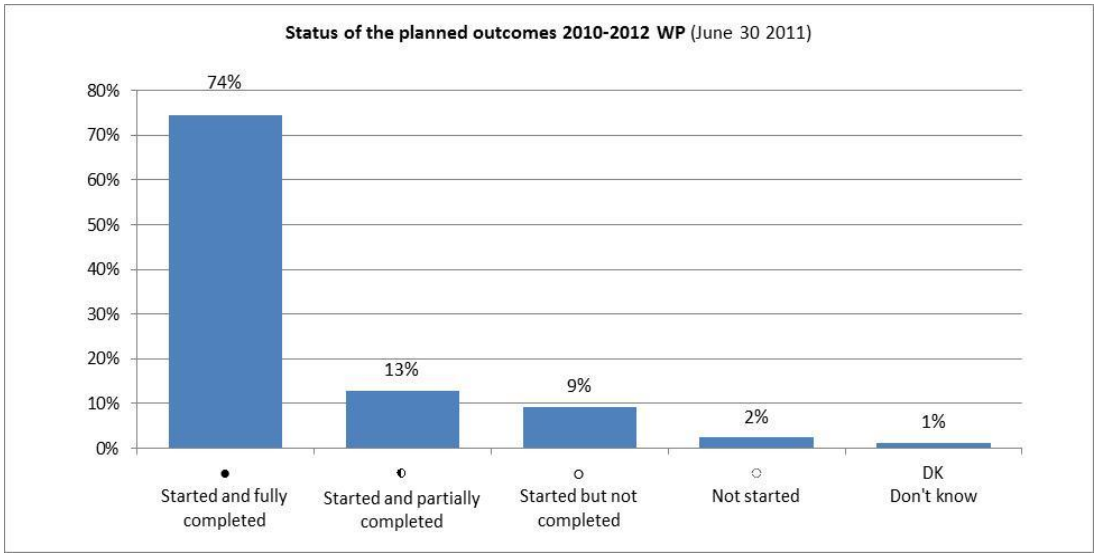
In the same way, on-going work was needed to further develop both the quality and quantity of information on the drug-related situation and policy responses but important steps were taken during the 2007-09 three-year work programme (see Section 3.2 to 3.6 for more on these and more recent developments). Also, work began with the aim of improving data availability on drugs supply issues which is also very much on-going (this issue is considered in more detail in Section 3.2).

The EMCDDA made significant progress during the period under review to tackle the other two priorities – **Priority 2 to enhance the analysis of data** and **Priority 3 to communicate more effectively with its key audience.** Again, although good progress was made, some activities, such as the development and improvement of external cooperation and information and expertise exchange, and the establishment and development of expert networks and relations with the scientific community were by their very nature on-going. Also, work continued to better tailor EMCDDA's products and outputs to the needs of the target audiences. The 2007 Communication Strategy provided a framework for actions under Priority 3 (Section 4.3 of this report considers this and other actions that have continued into the 2010-12 programming period).

### 3.1.4 2010-12 Work Programme

The EMCDDA's 2010-12 Work Programme is still in the process of being implemented. However, overall, based on the research findings presented in this report, our assessment suggests that good progress has been made with most of the priority areas. According to our assessment, of the 86 objectives set out by the EMCDDA within the five goals for the 2010-12 work programme, our assessment suggests that some 74% were achieved, 13% were on the way to being completed, and around 9 % were started but not completed.

**Figure 3.3: Status of the 2010-12 Work Programme Planned Outcomes**



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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 objective 1.1, and the work in the areas of co-morbidity (included under objective 2.2). Finally, in one case 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). For a more detailed assessment of the EMCDDA's performance in fulfilling the goals set out in its work programmes, reference should be made to Appendix C.

**Overall, it is possible to conclude that the EMCDDA has largely achieved the objectives set out in its work programmes for the period covered by this evaluation. Where this was not so, it is mainly because of the on-going nature of the activities concerned.**

Subsequent sections of this report examine different activities in more detail.

## 3.2 Demand Side and Key Epidemiological Indicators

**Question from the Terms of Reference**

- *To what extent has the EMCDDA met its core objective as required in its regulatory framework to provide the EU with factual, objective, reliable and comparable information?*
- *To what extent have the REITOX Focal Points delivered the data and information required to meet the objectives of the EMCDDA's work programmes?*

As noted earlier, at the core of the EMCDDA's work is a system of five epidemiological key indicators that are used to monitor trends in the drugs situation in Europe. The key indicators were introduced in 2001 and consist of a set of interrelated parameters that estimate different aspects of the demand-side of the drugs situation – prevalence and patterns of drug use, the characteristics and risk profiles of drug users, as well as some of the more serious health consequences.

### 3.2.1 EMCDDA Data Collection Systems

The data required for the epidemiological indicators comes from a variety of sources in the EU Member States including the drugs agencies and health authorities as well as from surveys and other research. The **EMCDDA's Reitox network of National Focal Points (NFPs)** is responsible for coordinating the collection of data. The Agency has a number of different tools designed to help ensure that accurate monitoring of the drugs situation in Europe takes place as well as helping to assess the Centre's own performance in fulfilling the different aspects of its mandate.

With respect to the data collection, during the period under review the EMCDDA introduced the **Fonte system**. Developed during the 2007-09 programming period, Fonte now provides a stable platform for the EMCDDA's main data collection and

management activities focusing on the key epidemiological indicators and related information. Tensions with the NFPs that arose initially after its introduction have now been largely resolved as a result of improvements to the software and training to help users. The advantage of the Fonte system is that it standardises the process of data collection, including the automatic validation of inputs and other controls to ensure the accuracy of information from Member States. The system replaces the previous arrangements under which NFPs submitted data to the EMCDDA using a series of different Excel spreadsheets which were then manually transferred into a database. This process often led to mistakes being made, either in the original data input and/or when this information was transferred to the EMCDDA's systems.

In the interviews there was general agreement that the Fonte system is working well now and is easier to use than to begin with for reporting data. Nevertheless, it is still perceived as being useful only to the EMCDDA and not for Member States themselves. Some NFPs would appreciate, for example, being able to print tables or work with the data they have introduced. Sometimes it is not even possible to check the data they have reported in previous years. This would obviously be a useful function which would offer added value.

Most of the epidemiological data is collected by the NFPs during the spring and then used to prepare the standard tables. Ideally, these tables should be transmitted to the EMCDDA by September so that they can be used to prepare the EMCDDA's Annual Report which is launched in November. In practice, there are often delays in the data collection process with statistical information only being provided to the Centre early in the year following the previous September deadline which means that the Annual Report is based on statistics relating to a situation some time ago.

Moreover, because the national reports containing the standard tables and other information are translated into English before they are sent to the EMCDDA, there seems to be little scope to speed up the procedure. Thus, the statistical data contained in the EMCDDA's latest Annual Report published in November 2011 relates to 2009. Moreover, analysis of trends is based only on those countries providing sufficient data to describe the changes over the period concerned which means that in some cases figures for 2008 were used in the latest report as a substitute for 2009. To put the question of timeliness into perspective, however, it should be mentioned that although the standard reporting package for each year includes all five key indicators, some of them are not expected to be collected every year, such as the General Population Survey (GPS) or the Problem Drug Use (PDU).

The 2007 evaluation concluded that the challenge the EMCDDA faced in achieving consensus and joint action on key indicators to monitor the drugs problem and responses to it remained formidable. Noting that the quality of the key indicator data on the drugs situation was clearly dependent on the quality of the national data gathered, the

evaluation argued that there was still a considerable variation in this, with the system for data collection only implemented to the extent of 60-70% at Member State level.

Progress with regard to each of the five epidemiological indicators is outlined below.[9]

### 3.2.2 General Population Survey (GPS)

The General Population Survey (GPS) on the prevalence and patterns of drug use is run at least every four years. During 2008, 2009 and 2010, 19 countries conducted general adult population surveys using the EMCDDA's European Model Questionnaire (EMQ) with a further 11 planning to do so in either 2011 or 2012. According to the EMCDDA, over 300,000 people were interviewed for the national surveys during this period. In 2009/10, 24 EU Member States and Norway also conducted a survey on **health behaviour in school-aged children (HBSC)** coordinated by the WHO which provided the EMCDDA with cannabis prevalence data. A similar number of Member States ran the **European Schools Survey Project on Alcohol and other Drugs (ESPAD)** in 2007 and again in 2011 (the results will be discussed at a conference hosted by the EMCDDA in 2012) whilst 16 countries conducted additional schools surveys in the 2008-10 period.

Overall, feedback from the interviews with NFPs and other stakeholders suggests that the GPS is working relatively well with a high degree of harmonisation having been achieved in the approach of different countries to the exercise. However, there are still differences in the methodologies being used and the year of data collection (e.g. the GPS data used for the EMCDDA's 2011 Annual Report are based on surveys conducted between 2006 and 2009).

During the period under review, steps were taken by the EMCDDA to further improve the GPS tools. A project was undertaken to **map core questions and survey modes in recent GPSs** in 24 European countries. The EMCDDA also collaborated with the Commission on **methodological issues and questionnaire design**. Core GPS items are now included in the European Health Indicators project and in the European Health Interview Survey (run by Eurostat). Notwithstanding the positive developments, not all Member States are convinced that the GPS provides useful information (partly because of the potential for bias).

### 3.2.3 Problem Drug Use (PDU)

The Problem Drug Use indicator is in many respects thought by stakeholders to give a more precise indication of the nature and extent of the drugs problem than the GPS because it is based on hard evidence. On the other hand, in addition to definitional

[9] Sources used for this subsection include feedback from the interview programme with EMCDDA personnel, a note providing an 'update on the current implementation of the epidemiological key indicators for the Management Board meeting in December 2011 (Document EMCDDA/24/11) and other sources such as the EMCDDA's Annual Reports.

issues (what constitutes 'problem drug use'), estimating the size of the problem drug use population poses more methodological difficulties than with the GPS.

During the years 2008, 2009 and 2010 at least one **estimate of the number and type of problem drugs users** was submitted by 23 EU Member States along with Croatia, Norway and Turkey with varying responses for information on specific drugs (e.g. four countries provided data on problem stimulant use). In addition, and as with the GPS indicator, the EMCDDA undertook a number of **initiatives to improve PDU methodological tools**. Thus, two projects were launched in 2011, one focusing on improving information on problem drugs that are injected and the other on training for PDU expert group members in statistical methods needed to estimate problem drug use. Work has also been undertaken by the EMCDDA to broaden **the scope of the PDU indicator** so that it is more sensitive to non-opiate related drug use problems, also following a specific request to do so in the EU Action Plan 2009-2012. In 2011, this work included validation studies on short scales in eight countries to estimate cannabis use disorders in General Population Surveys. There is some risk that if the PDU indicator is extended in this way, it could overlap with the GPS.

### 3.2.4 Treatment Demand Indicator (TDI)

The Treatment Demand Indicator is in many respects the cornerstone of the EMCDDA's key indicator system. It provides information on individuals who have entered treatment for the first time in the calendar year (data on those in continuous treatment are collected through a project which has been piloted for the last three years with a voluntary number of countries. The follow-up to this will be included in the next three-year work programme).

The TDI indicator is now functioning in all countries with **common definitions** (e.g. on starting and finishing treatment) having been adopted and detailed national aggregated data being reported to the EMCDDA using standard protocols. According to the EMCDDA, around 6,000 treatment centres across Europe reported data on some 430,000 drug users in 2010. The priority now is to ensure that **coverage of treatment centres** is as comprehensive as possible (e.g. in some countries, private sector medical centres are not covered) and to try and further improve the quality of information being collected. The need for improvement was also highlighted in the EU Action Plan 2009-2012. To this end, the expert group and NFPs have worked with the EMCDDA to produce a revised protocol. It is anticipated that following a preparatory phase in 2012, the new protocol will start being implemented by Member States in 2013.

### 3.2.5 Drug Related Deaths Indictor (DRD)

The Drug Related Deaths indictor seeks to measure the number of deaths causes directly or indirectly by the use of drugs. This includes deaths from drug overdoses (drug-induced deaths), HIV/AIDS, traffic accidents (in particular when combined with alcohol), violence, suicide and chronic health problems caused by repeated use of drugs.

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There are definitional issues (it is often difficult to attribute a death specifically to drugs rather than other causes) and measurement complications. In addition, the DRD indicator statistics can be several years out-of-date by the time they are available for publication at the EU level (e.g. the DRD data in the EMCDDA's 2011 Annual Report mostly relates to the situation in 2008 or 2009).

According to the EMCDDA, despite the inherent technical difficulties with the DRD indicator, data quality has improved steadily since the establishment of the **DRD protocol** which has been recently revised in 2011 to clarify definitions. Almost all countries now report annually data on drug-induced deaths, i.e. overdoses. Most have now also implemented or continued **cohort studies among drug users** which track the same groups of problem drug users over time and through linkages with mortality registries try to identify the causes of all deaths occurring in the group (when compared with mortality rates in the general population this can help to determine cause-specific death rates amongst drug users).

During 2010, data collection for the DRD indicator was extended on a regular basis to provide insights to **poly-drug use**. In addition to data collection and analysis for the DRD key indicator, during the period under review the EMCDDA published a 'Selected Issue' on 'Mortality related to drug use: a public health perspective' (2011) with contributions from experts in 14 countries. The 'Selected Issue' also includes a working group's analysis of European cohort studies. A research project on cocaine-related deaths was also launched in 2011.

### 3.2.6 Drug Related Infectious Diseases (DRID)

The Drug Related Infectious Diseases indicator focuses on infection with HIV and hepatitis B and C viruses among injecting drug users which are some of the most serious health consequences of drug use. All EU Member States now collect information for this key indicator.

During the 2007-2011 period, the **DRID guidance** has been revised. Revisions to the guidance, and a draft protocol that has also been produced, focus on development of a set of standardised behavioural indicators that complements the existing data with information on risk behaviours and determinants of infection. The EMCDDA and the expert working group have also developed a **methodological toolkit** that can be used in different situations (treatment centres, public surveys) consisting of an example questionnaire and interviewer manual, and other tools needed to conduct research into risk behaviours and determinants of infection. Other developments since 2008 include providing a **warning mechanism for information exchange with EMCDDA partners** (e.g. covering anthrax and HIV outbreaks amongst injecting drug users) and **support for data modelling** to make better use of the available information. As with the DRD indicator, there are unresolved complications of a definitional and methodological nature with the DRID indicator. The stakeholders are also very different and in some respects more diverse than with the DRD indicator.

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Overall, it is estimated by the EMCDDA that the key indicator database now consists of around 2 million data items. Standard outputs from the key indicators database include the Annual Statistical Bulletin containing some 400 tables and the EMCDDA's Annual Report which summarises key trends.

### 3.2.7 Member States, National Focal Points and the Key Indicators

The data on the five epidemiological key indicators is collected first and foremost for national purposes.

The **added value to Member States that is derived from passing information on to the EU level** lies in being able to compare their national situation and drugs problems with the broader EU picture, thereby putting their individual situation into perspective. Member States at a relatively early stage in developing their drugs monitoring situation also benefit from having access to a ready-made system of indicators and data collection procedures rather than having to start from scratch. These manifestations of added value were identified in the 2007 EMCDDA evaluation and remain as valid now as they were then. The added value of EU monitoring is in no small part due to the EMCDDA's role in providing **guidelines on definitions and sets of common variables, methodological procedures, etc**, that help to ensure that information on the drugs situation is collected in a harmonised way and can therefore be aggregated at the EU level.

Progress has also been made in the EMCDDA's monitoring of the quality and timeliness of deliveries, including formal reminders to NFPs. During the period under review, the EMCDDA has continued to play this role. In 2009, a detailed **assessment of key indicators' implementation** was undertaken by the EMCDDA in conjunction with NFPs. In addition to an overview assessment, each Member State received a detailed individual status report. The assessment exercise was repeated on a more limited basis in 2011 with a progress report being submitted to the EMCDDA Management Board in December 2011. Another full assessment is planned for 2012 to coincide with the end of the three-year work programme.

The key epidemiological indicators are supported by a dedicated **European expert network** consisting of experts nominated by each country. Plenary sessions are organised by the EMCDDA for each key indicator involving around 40-50 experts. Feedback from the Reitox network on data collection aspects of the five key epidemiological indicators is important as NFPs are closely engaged in making them work. The feedback obtained from the interview programme confirms that there have been steady improvements made in terms of definitions, methodological work and data harmonization and standardization. However, the quality of collected data remains unequal as it depends on the quality of the national data sets where there are still differences among the Member States.

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Another issue which was raised by some interviewees in relation to the indicator frameworks concerns **changes to the protocol for key indicators** as was recently the case with DRID and TDI. In countries where the surveillance systems were constructed long before they started to work with the EMCDDA it can prove difficult to adapt these to fit the protocols (e.g. TDI). Even small adaptations can sometimes have major implications throughout the underlying data collection system at national and regional levels.

It is also argued that there is more scope for **analytical work on the national data** that are provided, mainly in order to help explain differences in the position with regard to the key indicators that are apparent as a result of cross-country comparisons. Thus, differences could exist because national conditions differ (e.g. the effectiveness of treatment services varies) or because there are differences in the effectiveness of monitoring systems. Some countries with near-real time monitoring systems based on territorial networks are confident that their data are valid and accurate. But this is not generally the case.

Last but not least, an issue concerning data collection that came up is that the information requested by the EMCDDA is not always used and that sometimes information is requested 'just in case'. In line with this, more rationalized requests seem to be needed. In this context, the importance of quality over quantity as stressed by many of those we consulted.

## 3.3 Supply Side of the Drugs Problem

As noted in Section 2, the supply side of the drugs problem has been an important feature of EU policy since the early 1990s. The 2006 recast Regulation promotes a holistic approach to the drug phenomenon and the EU Drug Strategy 2005-2012 was probably the first policy document in which the 'measurability' of supply side was made an issue and this was only translated into specific action in the EU Drugs Action Plan 2009-2012. Various data collections, e.g. on seizures, do go back to 1995-1998, though.

One of the evaluation questions defined in the terms of reference requires an assessment of the extent to which the objectives and outputs of the EMCDDA work programmes covering the 2007-2012 period were in line with the needs of its multiple stakeholders. This includes the European Commission as well as national authorities and law enforcement agencies that are responsible for leading the effort to tackle the supply side of the drugs problem.

### 3.3.1 Development of Supply Side Indicators

An understanding of the drugs supply side situation is important in **helping policymakers, professionals and others to develop more effective supply reduction measures** and the role of Europol, and the police and customs authorities in the EU Member States, is clearly critical in this respect. Some information is already being collected at an EU level, but the quality, specificity, comparability and reliability of

this data needs to be improved to fully inform supply side policies. Ideally, supply-side information should embrace the 'enforcement chain' as a whole, providing not just an insight to seizures, prices and other aspects of drugs supply itself but also on reduction measures, convictions for drugs trafficking, etc.

For some time now, the EMCDDA has collected information at an EU level on **drugs' prices, purity, seizures and drug law offences**. To some extent, therefore, the task for the EMCDDA during the period under review was one of **improving the existing information and ensuring that appropriate data collection systems were in place**. The 2007 evaluation argued that there was a need to achieve the same degree of harmonization in supply-side methodologies and data collection tools that existed for the EMCDDA's five demand-side key indicators, and this remains valid.

In 2008, an external study was undertaken to help determine the most appropriate way of tackling supply-side issues. Following discussions with the Scientific Committee, EMCDDA staff, NFPs and other experts, a strategy was developed and a number of concrete actions have been undertaken to support the European Commission in the development of key indicators in the field of drug supply and supply reduction. A dedicated sector within a new unit was set up in 2010, and recruitment of two staff members (a senior officer from the German police forces as seconded national expert (2010) and a drug law enforcement and markets scientific analyst (2008)).

In October 2010, the European Commission reiterated the need for such development in a staff working document and a conference was organised by the European Commission and the EMCDDA, with the active involvement of Europol. This brought together for the first time experts from the fields of law enforcement, forensic science and academia in order to map the field and agree on the way forward. There was a consensus that the issue should be divided in three distinct monitoring areas – drug markets, drug related crime and drug supply reduction. Subsequently, the **Commission's Communication "Towards a stronger EU response to drugs"** of October 2011 indicated that it intends to present a proposal for key indicators in the field of drug-markets, drug-related crime and drug-supply reduction, with the EMCDDA expected to provide an important contribution to this exercise.

Looking ahead, a composite key indicator, including quantitative and qualitative data and a dedicated interpretation framework, will be developed for each area. The emphasis is on building on what already exists by standardizing and extending current data sets while introducing innovative methodological and interpretative approaches. The draft composite indicator should be submitted to a consensus building conference in 2012.

Work on indicators development has already started in the field of drug prices with the publication of a Manual to collect retail prices at national level, and a feasibility study to extend data collection to wholesale prices.

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### 3.3.2 Mapping Exercise on Drug Supply Reduction

The first **mapping exercise on drug supply reduction in Europe** was carried out during the conference in October 2010 which focused on specialised drug law enforcement units ('drug squads'), to create an overview of the number, institutional affiliation and mandate of Europe's specialised drug units. As the EMCDDA's first attempt at collecting information about drug law enforcement agencies, the project will be an important learning exercise on how to build trust and establish a working relationship with key national partners and will provide insights into the complexities of drug supply reduction in Europe. The project will be an important direct contribution to the development of indicators in the field.

**Cooperation with JHA agencies** is key in this area and was enhanced during the period under review. Activities were developed with CEPOL with a view to gaining access to a key audience and data providers for EMCDDA outputs. Cooperation with Eurojust which had been going for several years was also reviewed to address the judiciary dimension of the drug supply reduction area. Three Joint publications on specific drug markets were published, and the development of new standard data collection tools on drug seizures and drug production facilities is foreseen by the Agency in 2012-2013.

### 3.3.3 Supply Side Data Collection and Dissemination

Further development of supply side indicators will require improving and harmonising existing information collected at the Member State level and **ensuring that appropriate data collection systems** are in place, as well as identifying new data collections to populate the three envisaged key indicators.

A key issue is **whether the REITOX network has the capacity, as it stands, to collect drugs supply-side data**. This type of data is generally held by Ministries of Interior and other law enforcement bodies, and whilst some NFPs come from this background most do not and are typically from Ministries of Health or drugs agencies. There is no reason why existing NFPs should not be able to coordinate the necessary supply-side data collection from multiple sources as long as networks are developed that can be used for this purpose.

A related question is **whether the EMCDDA has the capacity to process and analyse additional supply-side data**. With the introduction of Fonte, and potential further development of the REITOX network's Hermes system, the handling of addition data should not require more resources beyond the one-off modification of existing systems so that they can process supply-side information. However, with only two EMCDDA personnel currently dealing with supply-side issues, largely on a part-time basis, there is likely to be a need to devote more staff resources to the analysis of information, preparation of outputs and of course for the design of indicators and other necessary methodological tools.

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With regard to **dissemination of the supply-side data outputs**, apart from publications on specific issues, it would be appropriate in our view to expand the aspects of the EMCDDA's Annual Report dealing with the supply-side of the drugs problem once the indicators on supply will be in place to provide a balanced and complete picture of the demand and supply sides. At present, only the UNODC produces an annual publication reviewing supply-side aspects of the drugs problem but this is done at a global level with relatively little information specifically on the situation in EU Member States.

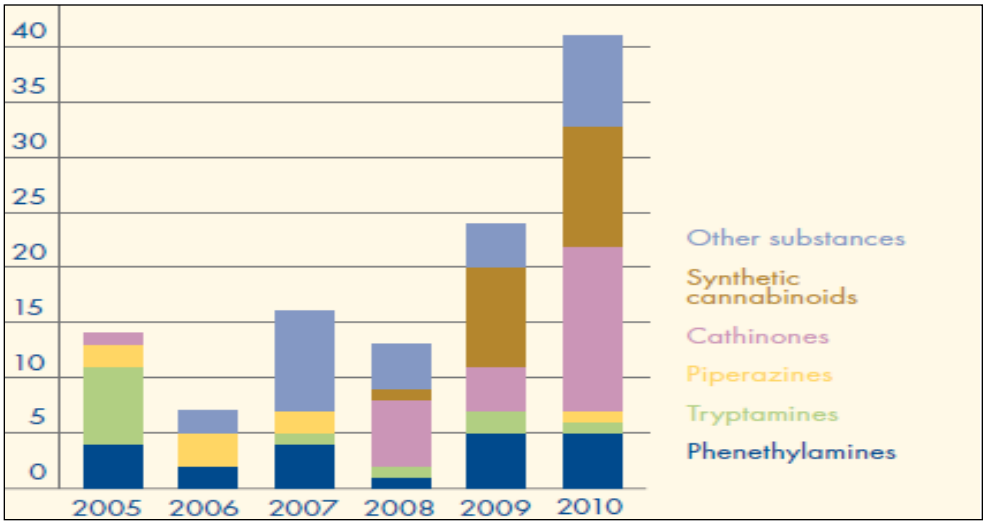
## 3.4 New Psychoactive Substances and the Early Warning System (EWS)

During the period under review, the problem of new psychoactive substances has developed into one of the main focuses of the EMCDDA's work.

### 3.4.1 Trends in New Psychoactive Substances

From the early 1990s, many so-called 'designer drugs' were being discovered in Europe. These were often psychotropic substances related to amphetamine and MDMA. Their appearance raised questions about possible health risks and problems that could arise if such substances were controlled in some EU Member States but not in others. This led to the 'Joint action concerning the information exchange, risk assessment and control of new synthetic drugs' being adopted by EU Member States.[10]

**Figure 3.4: Number of psychoactive substances notified to the Early Warning System (EWS) under Council Decision 2005/387/JHA**




[10] The 'Joint Action' focused on substances that could pose a threat to public health and which are listed in Schedules I and II of the 1971 UN Convention on Psychotropic Substances. This was extended in the 2005 Council Decision to all the Schedules.

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As the chart indicates, apart from the widely known and increasing threat posed by traditional synthetic drugs, from around 2005 onwards, there has been a pronounced upward trend in new psychoactive substances. There is no obvious explanation for this and it is not clear whether the upward trend reflects an underlying reality as opposed to more effective monitoring.

**Seizures by the police and customs** are the main source of information on new psychoactive substances. Once a psychoactive substance has been analytically identified and confirmed as being new and potentially dangerous, details are immediately communicated through the EWS to the NFPs, Europol, EMA and the Commission. If the EMCDDA and Europol consider that the information justifies a follow-up, a joint report is presented to the Council, Commission and EMA. This may lead to a risk assessment being carried out (led by the EMCDDA's Scientific Committee with inputs from the Commission, Europol, EMA and Member States' experts) which, in turn, can lead to the Council deciding that the substance in question should be subject to control measures and criminal penalties.

A **review of the Joint action in 2002**, conducted as part of the EU Action Plan on drugs, led to Council Decision 2005/387/JHA being adopted in 2005, which replaced and broadened the scope of the Joint Action whilst maintaining the three-step approach.

### 3.4.2 EMCDDA's Early Warning System (EWS)

The EMCDDA's Early Warning System (EWS) focuses on the first stage of the procedure covered by the 2005 Council Decision, namely the collection and dissemination of information on new psychoactive substances.[11] The information collected by the EMCDDA is stored on a database (**the European Database on New Drugs or EDND**) which currently contains details on over 200 psychoactive substances. So far, a total of 11 risk assessments have been carried out by the EMCDDA Scientific Committee, leading to eight new substances being put under control. The risk assessment exercises often have to be completed in 2-3 months given the pressure to take a decision on whether or not to ban a new substance.[12] In addition to these activities, the Centre also devotes a chapter in its Annual Report to trends in psychoactive substances and produces EWS implementation reports.

The EMCDDA's work in this field is carried out under the heading of **'Action on new drugs'** which was a sector in the Centre's organisational set-up from 2007 until 2010. Within this framework, one person is assigned to coordinate the exchange of information (the EWS) and one person is assigned to manage the EDND. If the volume

[11] The EWS operating framework is set out in an EMCDDA publication 'Early Warning System on New Psychoactive Substances which was published in 2007.

[12] Operating guidelines for the 'Risk Assessment of New Psychoactive Substances' were published by the EMCDDA in 2009.

of new substances being detected continues to rise in coming years, consideration will need to be given to increasing the EMCDDA's resources in this field.

An **evaluation of the 2005 Council Decision** has recently been completed by the European Commission. This identifies a number of positive elements, such as general satisfaction with the overall scope of the Decision, the provisions on information exchange and the effectiveness and efficiency of the EWS in terms of its rapidity and outputs although it was thought that more information could be disseminated. The Joint Reports and the role and composition of the Scientific Committee were also thought to be satisfactory.

Nonetheless, several shortcomings were also identified: the procedures set out in the existing legal instrument focuses on individual substances and involves a lengthy process, making it difficult to tackle the large numbers of new psychoactive substances emerging on the market; the instrument is reactive but controlled substances are quickly replaced with new ones with similar effects following small modifications of their chemical composition; and the response to the emergence of new substances is inadequate. A proposal for a new system replacing the Council Decision is expected to be tabled by the European Commission in 2012 and it will clearly be important that the EMCDDA adapts the EWS and other procedures to any new requirements that will emerge once the legislative instrument will enter into force.

**Overall, the Early Warning System has worked well in recent years, the guidelines for risk assessment have been developed further and the EMCDDA has invested more resources in this area. Feedback on the operations of the EWS is generally very positive.**

## 3.5 EMCDDA and Health and Social Responses to the Drugs Problem

Since the last evaluation in 2007, the EMCDDA has increasingly become involved in work relating to Health and Social Responses (HSR) to drug problems, an area which deals with various aspects of drug treatment[13], prevention, harm reduction and social reintegration but also takes into account health responses to drug use in prisons. Taken together, these measures form a comprehensive drug demand reduction system. They can be considered as complementary and are sometimes provided in combination and by the same facilities. This is, for example, increasingly the case for treatment and harm reduction measures.

In line with the developments relating to HSR, the Centre has also increased its monitoring of interventions in the field of **prevention**. These measures are presented in a specialised portal divided into different categories depending on the target group.

[13] National treatment systems, availability and types of programmes, access to treatment, cost of treatment.

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Four data collection instruments on health and social responses were initially elaborated as a distinct data category in the Statistical Bulletin in 2007[14]. A first round of data collection with these new tools was implemented in 2008 and several initiatives were launched, including a review of the EMCDDA's monitoring of treatment, discussion in several EMCDDA publications of treatment and harm reduction, and increased cooperation with WHO and UNODC in the field of responses to drug use in prison.

These **data collection tools** were subsequently consolidated and fine-tuned and their reliability and comparability further improved. A number of new data collection areas were also introduced, for example responses in the prison setting; geographical coverage of syringe exchange sites; and the first ever estimate of the total number of people in treatment. In response to a report by a special cross-unit working group examining existing activities in the field, a formal HSR project was launched in 2009, and a framework for a future EMCDDA treatment data collection and analysis strategy was produced in 2011[15].

Over the years, more and more core data sets on Health and Social Responses in Europe have become available to the research community through Agency publications (Statistical Bulletin, Annual Report, Selected Issues and Thematic papers) and the **data sets are increasingly used by scientists, researchers and practitioners in the drugs field**.

The EMCDDA's work on HSR has also become an increasingly **important source of information for other EU stakeholders**. The European Commission, for instance, uses it to evaluate progress towards achieving the objectives of the EU Drugs Strategy 2005-2012. The ECDC also draws on HSR data to feed into various reports.[16] In addition, the EMCDDA datasets on prevention, treatment and care services for people who inject drugs have become a major source of European data in many international reports and online databases run by expert/thematic networks. Overall, it appears that monitoring the Health and Social Responses to drug use, which is principally carried out by the IBS unit, is firmly embedded in the EMCDDA's work today.

[14] HSR-1 to HSR-5: introduction, types, legal framework, of NSPs; provision of syringes 2002-2005; HSR-6 to HSR-11 (Opioid Substitution Treatment introduction, substances, legal framework, number of clients in OST 1993-2005); HSR-9 (Methadone consumption, methadone US-EU 1992-2005); HSR-10 (OST registries. Fig 1: EU trend introduction of OST. Fig.2: OST clients p. gen. Population, 2005).

[15] This strategy is currently under internal and external (NFP) consultation. The draft strategy as such is foreseen to be presented at the end of 2012.

[16] 'Monitoring the implementation of the Dublin Declaration on partnership in the fight against HIV/AIDS in Europe and Central Asia' and the EMCDDA/ECDC's joint 'Rapid Risk Assessment' exercise, where they were instrumental for assessing the potential for further HIV outbreaks in Europe

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**Overall, much has been done by the EMCDDA during the period under review to further develop its work in the area of Health and Social Responses (HSR) to drug problems. This includes improving data collection and introducing new measurements.**

## 3.6 Measures to Combat the Drugs Problem

In addition to monitoring and analysing the drugs situation itself, and specific aspects such as the health and social dimension, the EMCDDA has an important role in promoting an understanding of how to effectively address the phenomenon. During the 2007-12 period a number of initiatives continued to be pursued.

The EMCDDA has continued to monitor **drug laws in Europe** with a regular updating of the European Legal Database on Drugs (ELDD), one of the most visited sections of the EMCDDA website. Feedback from our interview programme indicates that this activity has generated a lot of public interest, especially with countries facing difficulties in controlling new drugs (legal highs) and with policymakers, media, the public, NGOs and international organisations trying to better understand the differences in national laws regarding drug use in Europe. In 2009, the EMCDDA also published a report on sentencing practices that went beyond the content of drug laws and explored their actual implementation.

Linked to this, the EMCDDA has continued to monitor **national drug strategies and action plans** (including their evaluation) and national coordination mechanisms. The EMCDDA maintains a database containing all the current national drug strategies and action plans in Europe. It also monitors their evaluation and has organised a technical meeting and a Reitox Academy on this specific topic. In 2012, it will publish European guidelines that should help Member States to produce this kind of evaluation in the future. In addition, the EMCDDA provided in this area the first pre-filled structured questionnaire that allows the National Focal Points to simply validate or update available information.

The EMCDDA has also been involved in the **development of new tools to estimate public expenditure on policies to combat the drugs problem**. The EMCDDA has organised several meetings and data collections in order to better understand the funds invested in drug policy. A Selected Issue published in 2008 provided a new total estimate for Europe but also presented difficulties associated with collecting data in this area. After a change in the jobholder, a new strategy has been developed to better estimate selected areas of drug policy. In addition, the EMCDDA invested efforts in better understanding the impact on the drug situation of the current economic recession and the associated budgetary cuts. This included the editing of a special issue on the topic for a recognised scientific journal (International Journal of Drug Policy).

The EMCDDA has provided **annual progress reports regarding the implementation of the actions** for which it was identified as the data provider. In

addition (and as noted earlier) in 2008 and 2011 it delivered reports to support the final evaluation of the EU Drugs Action plans 2005-2008 by the European Commission, and the final evaluation of the EU Drugs Strategy 2005-2012 by external evaluators. The EMCDDA had also an active role in the steering groups of these two evaluations.

## 3.7 Scientific Publications and other Outputs

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. An overview of the EMCDDA's various scientific outputs is provided below:

**Table 3.1: Overview - EMCDDA Publications**

Key: *POL= policy; SC=science; PR=practice; CIT=citizen

| Publication | 1996-2006 | 2007 | 2008 | 2009 | 2010 | 2011 | Target* |
|---|---|---|---|---|---|---|---|
| Annual reporting package | | | | | | | |
| Annual report | from '95 | √ | √ | √ | √ | √ | ALL |
| Selected Issues | 21 | 3 | 3 | 2 | 3 | 3 | ALL |
| Statistical bulletin (web) | from '04 | √ | √ | √ | √ | √ | POL, SC |
| Country overviews | √ | √ | √ | √ | √ | √ | POL, PR, CIT |
| (National reports) | from '00 | √ | √ | √ | √ | √ | POL, PR, CIT |
| EMCDDA periodicals & publications series | | | | | | | |
| Drugs in Focus briefing | 14 | 3 | 1 | 2 | - | 2 | POL |
| Insights | 6 | - | 3 | 1 | - | - | POL, PR |
| Manuals | 2 | 1 | - | - | 3 | 1 | PR |
| Scientific Monographs | 7 | - | 1 | 1 | 1 | - | SC, PR |
| Drugnet newsletter | from '96 | 4 | 4 | 4 | 4 | 4 | ALL |
| Drug Policy Profiles | - | - | - | - | - | 1 | POL, SC, PR |
| Scientific and technical reporting | | | | | | | |
| Thematic papers | 4 | - | 1 | 4 | 1 | 1 | POL, SC |
| Technical datasheets | 1 | - | 3 | - | - | - | POL, SC |
| Literature reviews | 3 | 1 | - | - | - | - | SC, PR |
| Risk assessments | 8 | 1 | - | 1 | 1 | 1 | EU bodies |
| Publications produces jointly with other Agencies/organisations | | | | | | | |
| Joint publications | 1 | 1 | - | 2 | 2 | 2 | |
| Europol-EMCDDA rpt | 1 | 1 | - | - | 1 | - | EU bodies |
| Implementation reports | 1 | 1 | 1 | 1 | 1 | 1 | EU bodies |
| Web-based outputs | | | | | | | |
| Drug Profiles | | | | | | | SC, PR, CIT |
| Best Practice portal | | | | | | | POL, PR |
| ELDD database | | | | | | | POL, SC, PR |

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The EMCDDA also produces the annual 'General Report of Activities'. This is a statutory, administrative publication providing a detailed progress report on the EMCDDA activities over the past year. It catalogues the Centre's achievements in each of the areas of its annual work programme.

The EMCDDA monitors scientific outputs in various ways using the Scientific Committee (see Section 4.2) and with effect from 2010, new quality assurance measures and improved routines for ensuring the accuracy of all statistical analyses and data manipulations used for the annual reporting exercise. In addition to this, there is a set of indicators relating to the EMCDDA's scientific outputs. This includes some quantitative performance indicators for specific activities (e.g. snapshots and baselines, number of tables for the Statistical Bulletin). Some NFPs have also implemented **quality assurance systems** to ensure the factual accuracy of their data from an input perspective. Most of them collect and validate data in a systematic and continuous way, cross-referencing the data from different sources to detect any discrepancy. In addition, others also have working groups or group of experts in each area who review the statistical data before it is forwarded to the EMCDDA.

For the purposes of the evaluation, a **sample of EMCDDA publications has been examined in more depth** to review their quality and relevance to intended target audiences. The sample covers EMCDDA outputs published after 2007 representing both outputs of a non-technical nature aimed at policymakers, the general public and others as well as the more scientific and technical publications targeted at practitioners, academics and other specialists. The sample includes some of the well-established and high profile EMCDDA publications (e.g. the Annual Report and the Drugnet newsletter) but also new additions (e.g. the Drug Policy Profiles). The publications covered by the review are set out below:

**Sample of EMCDDA Outputs for the Review**

- **Annual Reports:** 2008, 2009, 2010, 2011
- **National Reports:** 2009 & 2010 - UK, France, Germany (large MS) Spain, Bulgaria (external EU borders) & Turkey (non-EU country)
- **Drugs in Focus briefings**: No's 18 (2008), 19 & 20 (2009) and 21 (2011)
- **DRUGNET Europe newsletters**: No's 72 (2010), 73, 74, 75 (2011)
- **Drug Policy Profiles**: Portugal
- **Selected Issues:** No's 26 (2008), 29 (2009), 30 (2010) and 35 (2011)
- **Monographs:** All published since 2008 - No's 8 (2008), 9 (2009) and 10 (2010)
- **Insights:** No's 7, 8 (2008 ), and 10 (2009)
- **Thematic Papers:** No's 7 (2009) and 11 (2011)

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The review of the more general, non-scientific publications was carried out by CSES with Scientific Committee members being asked for an input to the review of scientific outputs. In terms of the **review criteria** applied for assessing the EMCDDA outputs, these were broadly based on the EMCDDA's Quality Assurance Scheme. This covers issues such as the **relevance** of outputs to stakeholders' priorities, **reliability** in terms of methodology and traceability, **usefulness** to the intended target group, and **comparability** of the provided information. The full version of the review of EMCDDA outputs can be found in Appendix B, but a short summary of the main findings will be presented below, together with a general description of other EMCDDA publications.

The following overview of EMCDDA outputs has been structured according to the typology used by the Agency in the 2010-12 Work Programme.

### 3.7.1 Annual Report Package

The annual reporting package published every year includes, apart from the Annual Report itself, a number of Selected Issues, the Statistical Bulletin and Country overviews. Taken together, the package is very much the EMCDDA's flagship publication.

The *Annual Report on The State of the Drugs Problem in Europe* is disseminated to a very wide audience of policymakers, scientists, practitioners in the field and the general public. The Reports are based on national information and statistical data collected from the NFPs in the form of the National Reports and the Statistical Bulletins. The Report provides a wide-ranging assessment of the drugs problem in Europe, trends in the use of different substances, developments with regard to EU Member States policies and laws to combat drugs. In addition to the analysis of the demand-side indicators, the Annual Report includes an assessment of the situation with regard to drugs supply and availability (whilst pointing out that 'systematic and routine information to describe illicit drug markets and trafficking is still limited'). An overview is also given of best practices especially for countries setting up a drugs observatory or developing their drugs legislation.

**Table 3.2: Summary of Annual Report Strengths and Weaknesses**

| Strengths | Weaknesses |
|---|---|
| • Overall, the EMCDDA Annual Reports provided a **very comprehensive assessment of the drug problem in Europe**.<br>• The Annual Reports have a structure that has not really changed in the past three years, thereby building on one another year on year. As such, the | • It is **difficult to gain an overview of the key messages** because although there is a 'Forword' and an 'Introductory Note', in both cases the emphasis is on explaining how the Annual Report is produced and who it is intended for rather than providing a summary of the contents. |

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|---|---|
| reports provide a **very useful snapshot of emerging phenomena and clearly show over time how the drugs situation is evolving**.<br>• As noted earlier, over the years, there have been **improvements in the reliability of data from Member States** allowing for better descriptions of trends with most countries having adopted common definitions and protocols endorsed by the EMCDDA for the five key indicators. | • There is a **considerable time lag in the production of the Annual Report** given the time that it takes the EMCDDA to collect and analyse the national information, and the time needed for translations into the official EU languages and checking of these. This means that the Annual Report is published in November each year but based on the National Reports from the previous year and data that are sometimes even older. |

We elaborate on these points below, drawing on feedback from NFPs who are in a good position to assess the strengths and weaknesses of the EMCDDA's Annual Report from the perspective of national target audiences.

Feedback on the Annual Report from the interview programme, especially from NFPs, suggests that it is the most **widely disseminated and well-received EMCDDA publication**. Most NFPs indicated that their national administrations and policymakers know it well and use it to help prepare policy documents and other material. But this was not the view of all interviewees and in several countries there appeared to be little interest among policymakers beyond the wish to be able to compare the national performance in certain domains with that of other countries. It was argued that there is scope to improve the Annual Report, mainly with regard to the format of the document and the quality of translations.

In particular, **the Annual Report is seen as being rather long** by many of those we spoke to. It was said to be difficult for NFPs to produce shorter National Reports given the amount of information being monitored across their countries. Instead, in relation to the EMCDDA's Annual Report, it was suggested to include summaries of strategies, legal measures and policies, with more emphasis on making information clearer and more reader-friendly (some NFPs argued that the language used is sometimes too specialised even for experts and journalists). We understand that the 2012 Annual Report may be considerable shortened (a reduction of 30 pages has been discussed). A shorter document should also make it feasible to bring forward the publication date and should help reduce translation costs.

**Translations of the Annual Report continue to be of a rather poor quality** according to some NFPs. To illustrate this, it was pointed out by one interviewee that some users (professionals and experts in the field) prefer to read the English version of the publication rather than their own language versions. Translation on the current scale is also expensive: at present, some €550,000 p.a. is devoted to translating the Annual Report into 22 languages (with a further €150,000 spent on printing and distribution).

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The different times of the **launch of the National Reports and the Annual Report**, as well as the fact that the data in the two reports do not always relate to the same period, was seen as confusing for target audiences at Member State level, especially for the media who are presented with two sets of different data (national data gathered up to six month before the official presentation and EMCDDA data which are up to two years old by the time the report is published). Some of those we consulted suggested a complete rethink of the Annual Report, claiming that it is difficult to monitor the drugs phenomena on an annual basis anyway, and that it would be better to publish the Annual Report every two years.[17]

The launch of the Annual Report is a key event in the EMCDDA calendar, but there are different views on the usefulness of this exercise. Some NFPs organise major events, inviting the press, politicians, EMCDDA staff and other stakeholders to participate in the Annual Report's launch in their countries while others prefer less publicity. Several NFPs suggested that there should be a different format altogether, e.g. a live streaming conference from Lisbon with NFPs available to answer questions from journalists.

The **'Selected Issues'** also form part of the Annual Reporting package, although they are separate, stand-alone documents. These in-depth reviews were introduced to address topics of current interest, such as the financing of drug treatment services, treatment of drug dependence, or mortality and drug use. The EMCDDA chooses the topics but the publications are based on information provided by the NFPs as part of the national reporting process. Three new titles are published each year in connection with the launch of the Annual Report. The Selected Issues offer particularly valuable insights as they tackle topics from a multidisciplinary perspective. The information they contain is scientific or technical for the most part, but their format and length (25-30 pages) make them reader-friendly.

Turning to our assessment, the review of four of these publications suggests that the **topics under review are dealt with concisely and that the reports constitute a good starting point for subsequently carrying out more in-depth research**. There are, however, several limitations - data coverage is restricted to a selection of EU Member States (usually 14 or 15) and the national data are difficult to compare as there are frequently differences in the methodologies used to collect it. During the interviews, especially with NFPs, questions were raised about the choice of subjects for Selected Issues which, it was argued, have become less topical in recent years. It was suggested that there should be more emphasis on a problem-driven approach and that it might be a preferable to rename the publication 'Emerging Issues' to better reflect the purpose of the publication. The question of how topics should be chosen for the Selected Issues has

[17] It is important to keep in mind in this context that there is currently a legal obligation in the recast Regulation (article 2(c)(iii) for the EMCDDA to publish a yearly report on the state of the drugs problem, including data on emerging trends, on the basis of data which it gathers.

in fact been the subject of considerable (on-going) debate between the NFPs and the EMCDDA.

The two other outputs that form part of the annual reporting package - the **Statistical Bulletin** and the **Country Reviews** - are also based on information submitted by the NFPs. The statistical data is collated by the EMCDDA and used to prepare a large number (over 400) of interactive tables and graphics with detailed technical commentaries, notes and descriptions. The Country Reviews provide a summary of the drug use prevalence position of each country in the form of diagrams based on the most recently available data. Both of these EMCDDA outputs are web-based and are made available online earlier than the Annual Report (typically in July).

The **National Reports** are essential to the production of the annual reporting package. Produced each year by the NFPs, they are the main data source for the Annual Report and some other EMCDDA outputs. The reports integrate a very broad range of information and appear to build on each other year on year with regional drugs action plans, key indicator data, supply trends and other aspects of the drugs problem all being very well detailed.

Our assessment suggests that there is generally a high degree of consistency and clarity in the presentation in the National Reports and that they are well laid out and illustrated. But despite the harmonised structure and layout, there is less consistency in the **presentation of statistics across different reports and the time periods** for surveys, making comparison of trends more difficult**.** There is also a considerable variation in the length of National Reports depending on the extent of scientific research, data availability and the nature of policy initiatives in different EU Member State. That said, comparability has improved considerably in recent years.

Feedback from the interviews suggested that some NFPs questioned the **current format of the National Reports**, as they take a very long time for NFPs to produce but a lot of the collected information is nevertheless not included in the EMCDDA's Annual Report. As a way of getting round this problem, one NFP suggested that an online wiki system could be put in place for NFPs to upload data digitally on an on-going basis (not in standard tables but in a more descriptive format). Notwithstanding these considerations, the information is in most cases used for national purposes as well, and according to several NFPs the reports represent one of the most useful products at national level as well as providing the foundation for much of the other work that NFPs undertake. This means that there is probably only very limited scope to reduce the amount of information being provided.

### 3.7.2 EMCDDA Periodicals and Series

The EMCDDA currently produces six different types of periodicals/series aimed at different target audiences including policymakers and practitioners in the drugs field, scientists and the general public. Included in this group are the *'Drugs in Focus'* policy

briefings, the *'Insights'* studies and research findings, the *'Drugnet Europe'* newsletter, the *'Scientific Monographs',* the *'Manuals'*, and the most recent series *'Drug Policy Profiles'*.

The **'Drugs in Focus'** policy briefings, produced in a short four-page format, present the latest findings on key issues to policymakers with a view to informing the decision-making process in these specific domains. Since 2002, 22 editions have been published in fields such as 'Responding to new psychoactive substances', 'Khat use in Europe: implications for European policy' or 'Responding to drug driving in Europe'. The briefings were initially published three times per year, but in recent years there have been fewer editions. They are translated into all official EU languages as well as Norwegian.

The briefings provide insights into issues that are often only otherwise covered by specialist literature, shedding light worrying trends, making them particularly relevant to policymakers. The format has not changed since 2007. The reports are produced from secondary sources, often existing EMCDDA publications or scientific publications. Not only is the information summative, but it is also highly reliable with references clearly mentioned (which is also as a way of encouraging stakeholders to read further on the issues covered). This is particularly important as briefs often tackle new or under-reported phenomena.

The **Insights series** contain the findings of research carried out by the EMCDDA on topical issues, 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. The Insights series is also intended for policymakers and their advisors, as well as specialists and practitioners in the drugs field. So far, there have been ten different issues of Insights, four of which since 2006. Very different topics have been covered and there is no obvious rationale as to the choice of the topics.

The **DRUGNET newsletter** is produced on a quarterly basis and is primarily a vehicle for the EMCDDA to disseminate news about developments in the field of European drug policy to the widest target audience. The newsletter provides a forum for highlighting work conducted both by the EMCDDA and the wider research community. They also serve the purpose of promoting the EMCDDA's recent or upcoming publications. The newspaper format used for the 8-page newsletter has remained the same since 2007. Articles are short, summative and to the point with appropriate use of graphics and text boxes. There are a wide range of contributors, including regular updates from the EMCDDA and details of forthcoming research from academics. The key strength of the DRUGNET newsletter is its ability to keep readers abreast of important developments in the drugs field in a timely way.

The **Scientific Monograph** series aims to ensure greater visibility for the EMCDDA's scientific activities in the drugs field. The information contained in the Monographs is of a more methodological and scientific nature than most other EMCDDA publications. These publications are aimed at academics and other drugs specialists but also policymakers and their advisors. The Monographs contain scientific papers usually

prepared as a result of EMCDDA research studies or conferences and seminars. The topics cover a wide range of issues from science, policy, theory and methods to practical cases, such as harm reduction (2010), addiction neurobiology (2009), cannabis experiences (2008). Given the amount of work that goes into producing the Monograph, only 10 have been published since the series was introduced in 1997. These publications are thoroughly peer-reviewed to ensure an appropriate degree of scientific rigour. Overall, both the survey and stakeholder interviews confirmed that the Monographs are among the most appreciated of the EMCDDA publications, being extensively used by NFPs and their immediate contacts but especially by the research community.

The most recent series launched by the EMCDDA is the **Drugs Policy Profiles** which describe national drug policies in Europe and beyond. So far, only one publication on Portugal has been produced. The series does not attempt to assess national policies in detail, but instead outlines their development and main features, based on a range of secondary sources. The aim is to highlight good practice and help readers (from researchers to policymakers) to gain a better understanding of the way in which different countries tackle the drugs problem in its various manifestations (drug-related security, social and health problems, etc). The approach is multidisciplinary which makes the publications relevant to a wide range of stakeholders with an interest in drugs policy. Informing policy-making is, however, beyond the scope of 'Drug policy profile' reports.

It remains to be seen how easy it will be for the EMCDDA to reproduce the same in-depth profiling for other Member States. Because of its location, the Agency has particularly good insights to the situation in Portugal (the subject of the first of the Drugs Policy Profiles) but it could prove difficult to obtain the same sort of information on other countries. It is also important that the exercise does not evolve into becoming an evaluation of national policies, as this is outside the scope of the EMCDDA's mandate.

The EMCDDA's **Manuals** are practical handbooks for professionals and practitioners working at grass-root level in the drugs field. Six Manuals have been produced so far, mostly guidelines on issues such as how to test drug-related infections, collect data of retail drug prices, or carry out evaluations in relation to treatment, prevention and outreach work.

Apart from the Annual Report, the publications covered in this section comprise the bulk of the EMCDDA's outputs. They are aimed at fulfilling the needs of specific audiences, and are produced in print and electronic format to ensure that dissemination is both targeted and as wide as possible. The frequency with which these outputs are produced varies enormously. The distinction between some of these publications and other EMCDDA outputs is not entirely clear. 'Insights' for instance seem similar in many ways to the 'Thematic Papers' (dealt with below) and arguably there are also strong similarities with the 'Selected Issues'. This suggests that there may be some scope for consolidation of the EMCDDA outputs in this category.

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### 3.7.3 Scientific and Technical Reporting

The aim of these EMCDDA publications is to report on the research conducted into aspects of the drug phenomenon that are of topical importance. The group of outputs consists of a collection of research studies, papers and reviews that are typically expected to have a limited shelf life. They are only made available in electronic form to allow swift dissemination.

The **Thematic papers** were 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 such as wholesale drugs prices, children's experience with drugs and alcohol and the 'Spice' phenomenon. Two papers were reviewed as part of our more in-depth analysis. These two publications are useful in summarising 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 policymakers design data collection instruments.

**Technical data sheets** present and discuss information on on-going EMCDDA research topics for practitioners, scientists and academics in the drugs field. Two of these publications on heroin and cocaine supply started a series of analyses on drug trafficking which was subsequently continued within the joint publications with Europol. Other topics in this series include 'Sexual assault facilitated by drugs or alcohol' and 'Differences in patterns of drug use between women and men'. This data sheet was prepared for a 'Selected Issues' report included in the Annual Report 2006 on 'A gender perspective on drug use and responding to drug problems'.

The **Literature reviews** are published for a similar target group of drugs specialists with a view to providing up-to-date knowledge on particular topics. There have only been four issues so far, three of them as far back as in 1999.

**Risk Assessment reports** are based on the work carried out by the EMCDDA in connection with the 'Council Decision on the information exchange, risk-assessment and control of new psychoactive substances'[18]. Under this Joint action, the EMCDDA's Scientific Committee has carried out formal risk assessments of substances of concern to Member States (MBDB, 4-MTA, GHB, ketamine, PMMA, 2C-I, 2C-T-2, 2C-T-7, TMA-2, BZP and mephedrone). The findings of these exercises have been published along with guidelines for future risk-assessment procedures. The target groups for these reports are primarily the Commission and the Council as part of the Council Decision's procedures, and secondary audiences such as international organisations, drug-related bodies in the Member States and journalists.

[18] Council Decision 2005/387/JHA of 10 May 2005

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Taken together, some of the publications in this group are quite difficult to distinguish from other EMCDDA outputs. The roles of the 'Thematic Papers' and the 'Technical data sheets', for instance, seem similar, as does the 'Insights' series. Furthermore, the 'Technical data sheets' and the 'Literature reviews' appear to be almost obsolete – there have only been four editions of each and none recently. Again, therefore, there seems to be scope for consolidation to improve transparency.

### 3.7.5 Joint Publications and Reports

The EMCDDA's **Joint publications** have developed significantly since the last evaluation. They are produced in collaboration with other EU agencies and international institutions. Over the past years some of the topics that have been covered include 'Infectious diseases in connection with drug injection', 'How to build a national drugs observatory', 'Cocaine and Methamphetamine markets', and 'Measurement of drug treatment demand'.

**The Joint Reports** present the outcome of the EMCDDA and Europol formal collection of information on new psychoactive substances under the terms of Council Decision 2005/387/JHA of 10 May 2005. These reports (two reports published in the 2007-2012 on 4-methylmethcathinone (mephedrone) and on 1-benzylpiperazine (BZP), and one planned in 2012), are submitted jointly by the EMCDDA and Europol to the Council, the Commission and the EMA and may lead the Council to request the launch a formal risk assessment procedure on a particular substance. Joint reports record the results of the Agency's work under the terms of the 'Action on new drugs' and this is also the case with the **Implementation reports** which are submitted on an annual basis by the EMCDDA and Europol in conjunction to the European Parliament, the Council and the Commission.

With regard to the joint ECDC/EMCDDA report on infectious diseases, this has received a lot of favourable comments from the NFPs, whereas opinions were quite divided about the Handbook on building an observatory developed in collaboration with the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD–OAS), with some saying that this was an unnecessary topic since there were only a few NFPs still to be set up in Candidate and Neighbouring countries.

### 3.7.6 Web-based Outputs

Most of the EMCDDA's outputs are available online but there are also some web-based tools.

The EMCDDA's **Drug Profiles** are designed to offer target audiences with clear and easily-accessible information on individual drugs. It is one of the most accessed EMCDDA outputs. The 'Profiles' provide a scientific description of substances (18 at present), most of which are controlled internationally by United Nations conventions. Presented in a standardised way, each 'Profile' analyses the chemistry, pharmacology,

synthesis and precursors of each substance, as well as analysing the physical form (e.g. powder, tablet) and mode of use (e.g. ingested, snorted, injected). The 'Profiles' are accompanied by a short bibliography and glossary of terms. They are only available in German, English and French.

The EMCDDA's **Best practice portal** was developed in response to the 2009-12 EU Drugs Action Plan to provide an online resource for professionals, researchers and policymakers. The portal provides information on good practices with regard to issues such as drug-related prevention, treatment, harm reduction and social reintegration. It concentrates on illicit drugs and poly-drug use and includes links to a number of quality standards and guidelines for the implementation of good practices, as well as to the two EMCDDA databases, the Exchange on Drug Demand Reduction Action (EDDRA) and the Evaluation Instruments Bank (EIB).

The **ELDD database** (European Legal Database on Drugs) is another online resource providing information on European drugs-related legislation in the EU27 Member States and Norway. It contains legal texts in their original format, country profiles compiled from the national reports submitted by NFPs and detailed legal reports and publications relevant to the legal situation with regard to drugs in Member States.

### 3.7.7 EMCDDA and Drug-Related Research

In addition to its own activities, and the work of the Scientific Committee, the EMCDDA provides useful information on drugs-related research in Europe as a whole on its website and through the regular newsletter. This involves identifying EU-funded research projects and providing details on the specifications, funding arrangements and other details so that the EMCDDA's stakeholders can take advantage of opportunities to get involved. Apart from the EMCDDA itself, key stakeholders in this context include the Scientific Committee and Member States.

At present, the EMCDDA's role is largely limited to disseminating information on EU-funded projects and there may be scope for expanding it. Research, per se, is not within the EMCDDA remit, but providing information on drug-related research undertaken in Europe as a whole by universities, research establishments, business and others could help to ensure that know-how is shared and used to develop effective responses to the drugs problem. Furthermore, the EMCDDA has received a mandate from the Horizontal Drug Group of the Council of the European Union to inform their discussion on drug-related research priorities and should therefore ensure that their input is given in an objective and reliable way.

### 3.7.8 Feedback on EMCDDA Outputs

As part of the survey work and other research for this evaluation, we asked for feedback on the quality of EMCDDA's various outputs.

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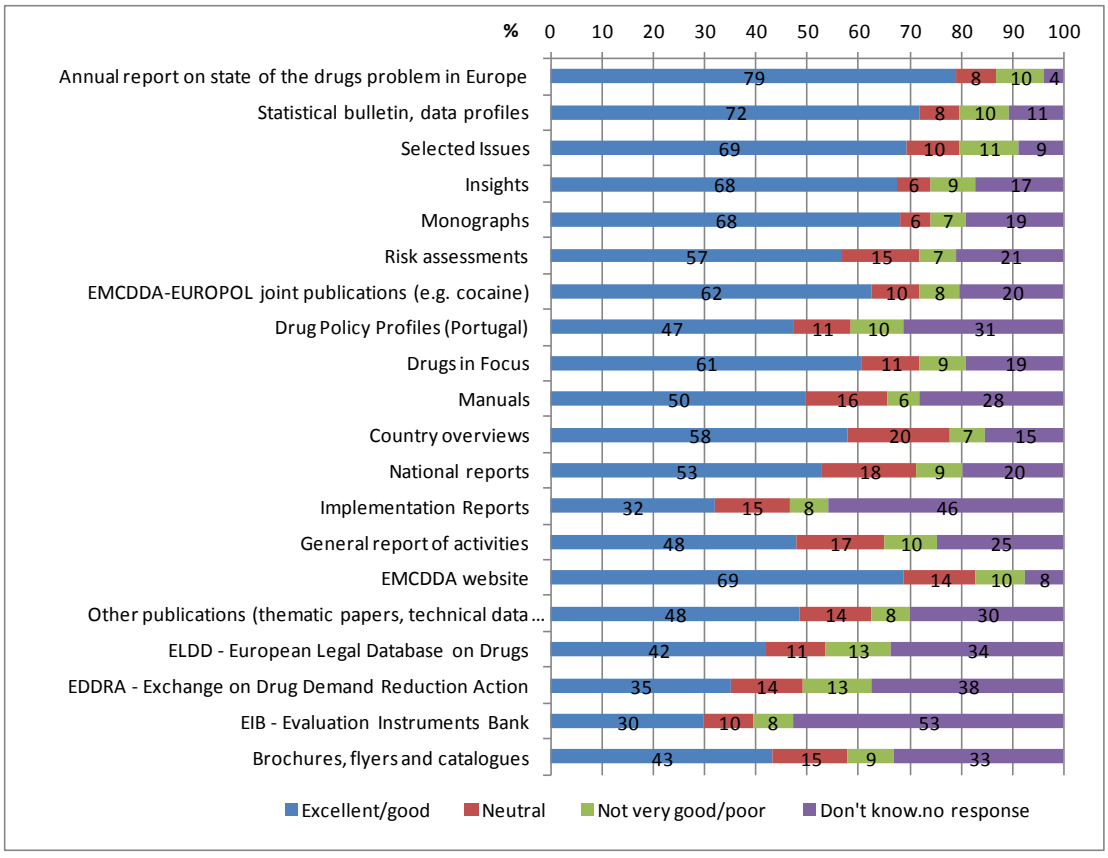
The following chart shows the most popular publications/outputs among survey respondents. Overall, the feedback is very positive with 79% stating that the EMCDDA's Annual Report on state of the drugs problem in Europe is either 'excellent' or 'good'. An important consideration affecting the ranking is that quite a high proportion of those participating in the survey did not know enough about some of the publications to be able to offer an opinion. This is not surprising because many of the EMCDDA's outputs (as explained earlier) deal with specialised topics and are aimed at quite specialised target groups.

**Figure 3.5: Quality of EMCDAA publications and other outputs**




Most of the comments received in response to open questions about the EMCDDA outputs were positive. For example: 'In general, from what I have seen of the EMCDDA products, they are of very high quality and based on solid science. The translation of parts of the products into EU official languages provides clear added value.' But the same respondent argued that 'The number of different categories of products is to me partly confusing and their classification based on the category name is not straightforward. Maybe a few categories could be merged?' Another respondent argued that 'Some of them [the publications] should be more focused in terms of target

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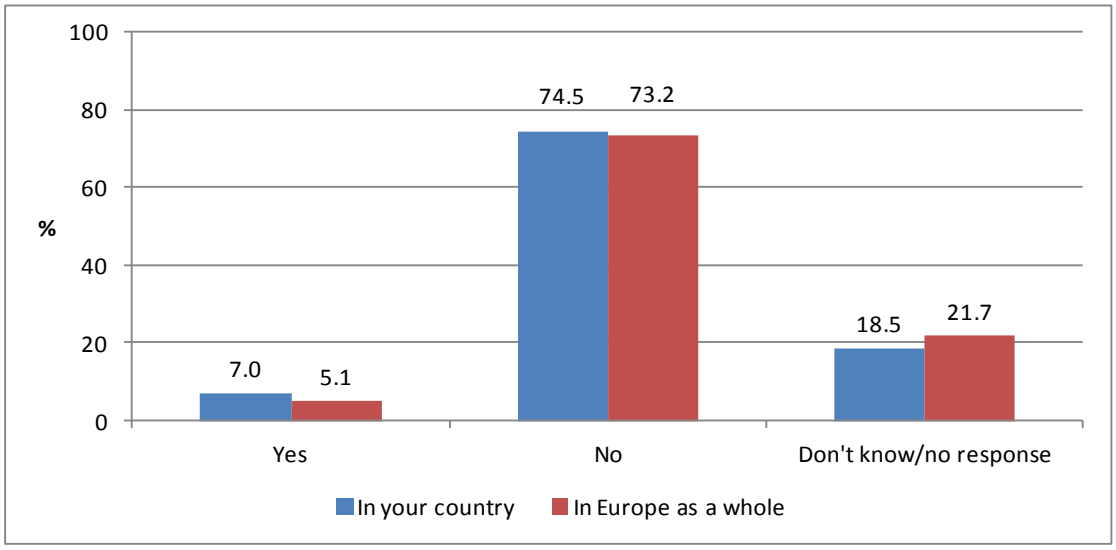
population. If we want to serve all within one publications, we will not be successful.' These and other comments broadly reflect our own assessment.

The **added value of the EMCDDA's outputs** should lie to a large extent in filling a gap in knowledge of the drugs situation. In the survey we asked participants to indicate whether they could obtain the same or similar information from other sources. Overall, nearly three-quarters of those completing the questionnaire answered in the negative with most of the remainder responding with a 'don't know'.

**Figure 3.6: Awareness of other sources of the same or similar information on the drugs situation.**




Very few **alternative sources of information on the drugs situation in Europe** as a whole were in fact identified by the survey respondents. One survey respondent claimed that collecting epidemiological information on infectious diseases had become unnecessary since the ECDC was created in 2005 as this Agency has data on all infectious disease in Europe, including case-based data on HIV and Hepatitis virus infections, which are supplied to the EMCDDA.

However, the EMCDDA is currently collecting prevalence data not collected by the ECDC and if, in the future, the ECDC will start collecting these prevalence data, there is a data sharing agreement in place between the two to avoid overlap and duplication of work. Another respondent pointed out that the UNODC provides information on both the drugs demand and supply side covering Europe in its World Drug Report and other publications but as we indicate later in this report, this information is not as detailed as the analyses provided by the EMCDDA, at least on the demand side. Furthermore, in line with Article 2 of the recast Regulation, the EMCDDA is the main provider of information on the drugs situation in the EU to partner institutions.

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A related question asked in the survey was whether there was any **'missing' information on the drugs situation in Europe** that the EMCDDA does not currently produce that the person answering the questionnaire would like to receive. Around a quarter of the survey respondents replied affirmatively.

**Table 3.3: Information on the drugs situation in Europe that the EMCDDA does not currently produce which respondents would like to receive**

| Response | No | % |
|---|---|---|
| Yes | 43 | 27.4 |
| No | 64 | 40.8 |
| Don't know /no opinion | 50 | 31.8 |
| **Total** | **157** | **100.0** |

Amongst the feedback on this issue the comments included: the need for more information on the cross-border drug markets and supply of drugs, and more emphasis on combinations of demand and supply indicators; a more analytical approach to using existing data held by the EMCDDA on the drugs situation in Europe and, linked to this, a more "qualitative" insight to the monitored situation, explanations, etc; analysis of the drug situation in some non-EU Member States in order to put EU drug situation into perspective; more information on best practice, especially where evidence shows good results or no positive results at all; and an investigation of other topics inlcuding migrants and drug use, hospital admissions, information on alcohol use, drug trafficking flows, and the responses implemented against them.

## 3.8 2007 External Evaluation and Follow Up Actions

**Question from the Terms of Reference**

*Have the conclusions and recommendations of the previous 2007 evaluation of the EMCDDA and the REITOX Focal Points been taken into account and the extent to which their implementation has improved the overall performance of the EMCDDA.*

The 2007 external evaluation was broadly positive. The evaluation concluded that at an EU level, the EMCDDA had provided useful information to support the 2000-04 and 2005-08 Drugs Action Plans. The EMCDDA's work also had a direct impact on EU Member States' drugs policies and practices. Overall, the utility of EMCDDA information was highly rated by target audiences.

A number of recommendations were contained in the 2007 evaluation to improve the EMCDDA's performance. These recommendations related to: the EMCDDA's scientific activities and outputs, effectiveness in reaching target audiences, organisation and resource efficiency, the Reitox network, impacts and added value. The results of the evaluation were presented to the EMCDDA's Management Board in December that

year. The Board welcomed the overall positive results of the exercise and considered it a valuable diagnostic tool to contribute to the on-going development of the Agency.

The following table provides a summary of the key recommendations from the 2007 external evaluation and the extent to which follow-up actions were taken by the Agency.

**Table 3.4: Recommendations from the 2007 evaluation and the follow-up actions**

Status key: √√√ = Fully completed; √√ = partially completed/still underway;
√ = Not implemented at all

| Key Recommendations from 2007 Evaluation | Status |
|---|---|
| **Data collection, harmonisation, analysis and interpretation** | |
| • Continue efforts to improve the quality of key indicators and core information generally on the drugs situation in Europe. | √√√ |
| • Periodically review NFP quality assurance systems to ensure that these are based on best practices and uniformly applied across EU Member States. | √√ |
| • Consider extending the Reitox quality standards system to include factors relating to the wider NFP role, for example with regard to the definition of target audiences and methods of reaching them. | √√√ |
| • Encourage more networking between NFPs on their own initiative to share good practices and undertake joint initiatives. | √√ |
| • In due course, review the NFP grant scheme and the case for linking the amount of funding more closely to national needs. At the same time, if the EMCDDA grant to certain NFPs is reduced, the Member States concerned should be encouraged to increase their contribution to NFP costs to ensure that the necessary funding levels are maintained. | √ |
| • Ensure that internal quality control systems are in place that maximise the reliability of scientific outputs. | √√√ |
| • Further develop methodologies to help assess the impacts – both in relation to the EMCDDA's activities and also in relation to the EU drugs strategy and action plans. | √√ |
| **Communication and dissemination** | |
| • Work with Management Board members, NFPs and other stakeholders to review practices with regard to defining target audiences to help ensure that key contacts are being reached. | √√ |
| • Consider the scope for reducing the number of different scientific outputs and ensure that these are presented in a way that corresponds with target group needs and increases transparency of the available information. | √√√ |
| • A number of improvements to the EMCDDA's website should be considered – a more integrated online presence, improved navigability and signposting, more interactive tools allowing users to independently interrogate online statistical data, and more translation of the content into different languages. | √√√ |

# *Assessment of EMCDDA Activities & Outputs*

| | |
|---|---|
| **Transversal issues** | |
| • Include an executive summary in the Annual Report, preferably aimed at policymakers, which is translated into different EU languages. If this is done, consider translating the Annual Report itself into only a few languages (perhaps initially for a trial period with a decision on the longer term being taken in light of feedback from Member States). | √ |
| • To speed up its availability, consider distributing the English language version of Annual Report when it is ready in the early summer, and the other language versions later. Another possibility would be to release the Annual Report's 'Commentary' and the 'Statistical Bulletin' when they available in June with the full package then following in the autumn. | √ |
| • Although the need for some hard copy distribution is likely to remain, the number of Annual Reports that are printed should be kept under review and possibly reduced if the trend towards electronic dissemination continues. | √ |
| • Consider reducing the scope of some 'Selected Issues' to allow them to address aspects of the drugs situation that are of only interest to only a few countries to enhance their usefulness. More generally, consider simplifying the range of EMCDDA scientific outputs. | √√√ |
| • Consider replacing existing approach to reviewing the Annual Report, which involves extensive consultations, with a working group of representatives from the EMCDDA's statutory bodies, NFPs and key staff to perform this quality assurance function. | √√ |
| **Support activity: infrastructure/statutory bodies** | |
| • Encourage Member States and institutional partners to reduce the turnover of Management Board members. | √√ |
| • Ensure that full use is made of the Scientific Committee as a source of expert advice on activities undertaken by the EMCDDA. | √√√ |

An internal assessment carried out by the EMCDDA in 2008 suggested that many recommendations were already being acted on by the time the 2007 evaluation was completed and since then most others had either been dealt with (e.g. organisational improvements) or were by their very nature on-going (e.g. improving the quality of key indicators).[19]

Taking the first group of recommendations – **data harmonisation, analysis and interpretation** – the EMCDDA's response to recommendations to improve reporting standards and the reliability of products included recruiting two additional scientific writers and further developing cross-unit project activities to help develop new areas with a transversal dimension (e.g. on drugs supply). Changes to the composition of the

[19] Follow up to the recommendations of the external evaluation, EMCDDA, Document EMCDDA/13/08, presented to the Management Board, 2-4 July 2008.

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Scientific Committee (see Section 5.2) were also designed to give it a more proactive and participative role in the EMCDDA's scientific work and improve the quality of analyses.

Work was also undertaken to further develop the EMCDDA's **tools to help evaluate EU and Member State strategies to combat the drugs problem** in the form of a project to develop benchmarks and evaluation methods and emphasis in the 2010-12 strategy on activities to improve analysis and impact assessment. Various actions were taken in relation to the Reitox network to strengthen its capabilities, for instance by developing the role of the Reitox Academy, defining quality criteria and adopting common standards for the network. However, the Management Board decided not to make changes to the NFP grant scheme although the EMCDDA did commit itself to discussing with Member States 'their responsibility for the well-functioning of NFPs and adequate resourcing' (these and other activities falling into the post-2007 period relating to data collection and the Reitox network are examined in more detail later in this report).

In relation to **communication, dissemination and 'transversal issues'**, the 2007 external evaluation included recommendations to review practices for defining target audiences, reshaping and repackaging outputs so that they corresponded better to target audience needs, and implementing various improvements to the EMCDDA's website. The EMCDDA's 2007 Communications Strategy, which is examined in Section 4.2, addressed these and other issues with actions subsequently being taken to improve the capacity of the EMCDDA to reach target audiences, and to rationalise the range of outputs (e.g. the EMCDDA's Country Reports, previously a package of three separate outputs was combined into one based on the same data set as the Statistical Bulletin and Annual Report). In relation to the EMCDDA's Annual Report, the internal review argued that without radically changing the drafting procedure and translation policy (which the Management Board was against), it would not be possible to bring forward the date for publication - one of the 2007 evaluation's recommendations. However, the timing of some other outputs was adjusted. Improvements were also made to the EMCDDA's website to improve navigation and other aspects.

Last but not least, with regard to the **EMCDDA's statutory bodies and other organisational issues**, around the time when the 2007 evaluation was completed, major changes were introduced to the appointment of **Scientific Committee** members and this largely addressed recommendations made in the report (see Section 5.3 of the report). Steps were also taken to improve the EMCDDA's performance monitoring framework and procedures (see Section 2.4). In relation to human resources issues, the recommendation that there should be more joint working between different units has been acted on through the creation in 2010 of a Scientific Division and other organisational changes including a greater emphasis on horizontal responsibilities. Steps were also on another of the 2007 evaluation's recommendations, namely to do more to develop the EMCDDA's intellectual capital by encouraging staff to pursue scientific publishing activities where this does not conflict with operational priorities.

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## 3.9 Conclusions – EMCDDA Activities and Outputs

Our assessment suggests that, overall, the EMCDDA achieved most of the objectives set out in the two multiannual work programmes of 2007-09 and 2010-12. Overall, of the 130 planned outcomes set out by the EMCDDA in the two work programme, our assessment suggests that some 80% were achieved, 15% were on the way to being completed, and the remainder were started but not completed. In many cases, the tasks concerned were of an inherent on-going nature.

The EMCDDA produces a good number of high quality outputs. The **online and printed 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. Overall, feedback is positive with more than half the survey respondents stating that the EMCDDA's outputs are either 'excellent' or 'good', and most saying that there are no alternative sources of the same/similar information. However, although some EMCDDA outputs are too detailed for some target groups, in particular policymakers, this is not the only target group.

Turning to the **tasks set out in the 2006 recast Regulation**, in relation to its role of providing factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction, and their consequences, the EMCDDA has performed strongly. In addition to the demand-side, progress was made to improve the understanding of the supply-side of the drugs problem. The EMCDDA also performed well in relation to its role to 'collect, register and analyse information on emerging trends'. During the period under review, the upward trend in new psychoactive substances being detected has accelerated but the EMCDDA has kept pace with developments through its Early Warning System and related activities, providing useful information to the Commission and Member States that has been used to shape policy responses.

Feedback from the research on the EMCDDA's performance in relation to the third task set out in the recast Regulation, 'identifying best practices in Member States and facilitating and exchange of such practices between them' is not as positive compared with the other tasks. The EMCDDA's fourth task (to promote cooperation with other European and international bodies and with third countries) has been successfully promoted.

# *Key Stakeholders & Target Groups* 4

**In this section we examine the extent to which the EMCDDA was successful in reaching its key stakeholders and target groups.**

## 4.1 EMCDDA's Key Stakeholders

**Questions from the Terms of Reference**

- *Is there a coherence and mutual complementarity between the objectives and activities of the EMCDDA and the drugs related objectives and activities of the Commission?*
- *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and other EU Agencies such as Europol, the European Centre for the Prevention of Disease Control and the European Medicines Agency?*
- *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and those of the Member States?*

In addition to the European Commission, the EMCDDA has an important relationship with a large number of key stakeholders at the EU level. In Sections 2 we analysed coherence with regard to objectives while Section 3 examined EMCDDA activities. We now examine the relationship with key stakeholders before assessing the benefits of EMCDDA activities to them.

### 4.1.1 European Commission

A number of Commission DGs have a direct interest in the EMCDDA's work and are represented on its Management Board.

**DG Justice (JUST)**, and more specifically the drugs unit, handles overall management of the EU's drug policy and coordinates the daily relations with and oversees the operations of the EMCDDA. In the pre-2007 period there were tensions between the then DG Justice, Freedom and Security (DG JLS) and the EMCDDA, but these no longer exist and there is now a close and seemingly good working relationship. DG JUST has two representatives on the EMCDDA's Management Board.

Following the creation of two DGs to replace the former DG JLS in July 2010, **DG Home Affairs (HOME)**, which deals with organised crime and law enforcement aspects related to the drugs problem, assumed overall political responsibility for the EMCDDA. The budget line financing the Agency is also under the DG HOME title, but managed by DG JUST. DG HOME will also be represented on the EMCDDA Management Board. According to the feedback from our interviews, this set-up (DG JUST being responsible for the EU drugs policy coordination whilst DG HOME has political responsibility for the EMCDDA) is being dealt with well by all the parties concerned.

The role of **DG Health and Consumers (SANCO)** is also particularly important for the work of the EMCDDA in view of the health aspects inevitably linked to the drugs problem and other issues such as poly-drug use, drugs and alcohol, and youth health

aspects. DG SANCO's interest in the drugs problem is also linked to its broader mandate to help tackle addictions of all types in the interest of improved public health. Reflecting these considerations, a quite high proportion of NFPs are hosted by Ministries of Health in the Member States. Due to resource restrictions in DG SANCO and the availability of funding through the Drug Prevention and Information Programme, DG JUST also plays an important role in this field. DG SANCO has a good relationship with the EMCDDA and is represented as a substitute on its Management Board.

Given the global nature of the drugs phenomenon and the strengthening of the EMCDDA's mandate in the field of international cooperation, the DGs involved in international cooperation are also involved in the Agency's work. In the case of **DG Enlargement (ELARG),** they provide financial support to allow the EMCDDA to work with candidate and potential candidate countries to allow them to prepare for accession. The DG is however not represented on the Management Board. The working relationship with the **European External Action Service (EEAS)** is still in the process of being defined, but eventually the EMCDDA might be able to assist third countries through projects and exchange of best practice to develop information and monitoring systems.

Finally, there is some limited collaboration with **DG Research** under the sixth and seventh Framework Programmes (FP), where major funding streams are available to support research into different aspects of the drugs situation. At the initiative of the Commission, the Horizontal Drugs Group organises an annual exchange on drug-related research in one of its meetings, for which the EMCDDA Scientific Committee is invited to give its opinion on important drug-related research priorities.

At an operational level, links between the EMCDDA and the Commission have been strengthened by holding regular coordination meetings in Brussels, in Lisbon or via video-conference. The EMCDDA is also one of the few Agencies that participate in Commission inter-service group sessions as an observer. Feedback on these and other contacts with the EMCDDA is very positive.

### 4.1.2 Relationship with the Council and European Parliament

**Council of the European Union** - the Council's **Horizontal Working Party on Drugs (HDG)** is the coordination body meeting on a monthly basis to discuss drug-related issues.

The Horizontal Drugs Group prepares all relevant legislation and political documents for the Council, including the EU Drugs Strategies and Action Plans. In addition, the members of the group, under the leadership of the presidency, elaborate EU statements on drug-related aspects to be presented at international fora. As a member of this working group, the EMCDDA contributes regularly to its work by providing expertise, information and drugs-related analyses. Key EMCDDA products, such as technical papers are presented regularly to this group and so is the Annual Report. The Annual Report is also presented to the Justice and Home Affairs (JHA) Council each year.

The EMCDDA, along with other JHA Agencies, is also invited to **Internal Security Committee (COSI) meetings** to provide technical input – when relevant – in the form of monitoring and information in relation to illicit drug trafficking. They are furthermore actively involved in the work of COSI by implementing some activities under the current policy cycle and the Operational Action Plans, and under the **European Pact Against Synthetic Drugs.**

The EMCDDA has close working relationships with the **European Parliament** (EP) through its Committees, and mainly through the Committee on Civil Liberties, Justice and Home Affairs (LIBE) for content-related aspects, as well as the Committees on Budgets (COBU) and Budgetary Control (CONT) for budgetary matters. The EP designates two independent experts particularly knowledgeable in the field of drugs to be members of the EMCDDA Management Board with voting rights. It also has the right to ask for a hearing with the Director and the Chairman of the EMCDDA Management Board on any subject related to the Centre's activities. For its part, the EMCDDA makes occasional technical inputs to the LIBE Committee sessions when requested. Each year the EMCDDA presents its Annual Report to the members of the **LIBE Committee**. The General Report of Activities is also submitted to the LIBE Committee by the Director. On the basis of the Agency's final accounts, the report by the European Court of Auditors and a Council recommendation, and having regard to the report of its CONT and LIBE Committees, the European Parliament sitting in plenary authorises the closure of the EMCDDA's annual accounts of the respective year.

### 4.1.3 Relationship with other European Agencies

The EMCDDA has links with a number of other European Agencies and international organisations. Given the international nature of the drugs problem, and the need to tackle both demand and supply side issues, it is important that there is close joint-working to maximise overall impacts on the problem.[20]

During the period under review, these relationships have been strengthened, partly reflecting the development of the EMCDDA's work in relation to specific aspects of the drugs problem such as supply-side issues (where, for example, analysis of information from Europol on drugs trafficking is important) and partly as a result of more effort being generally invested in improving links to help enhance overall impacts on the drugs problem. A particularly close working relationship has been set up with a group of 'priority partners' (Europol, the Pompidou Group, UNODC, WHO) with whom the EMCDDA has signed either cooperation agreements or Memoranda of Understanding to provide a legal framework for collaboration.

Cooperation between the EMCDDA and the **European Police Office (Europol),** which promotes cross-border police co-operation and intelligence-sharing between EU

[20] The 2007 evaluation concluded that the EMCDDA had successfully developed close links with a range of European and international organisations that are involved in combating drugs and illegal trafficking.

Member States in combating terrorism, drug-trafficking and other serious forms of international crime, started after the launch of the 1997 EU Joint action concerning the information exchange, risk assessment and control of new synthetic drugs. Europol is a key EMCDDA partner in the Early Warning System (EWS) and an integral part of the work on the scientific risk assessment of new substances.

Cooperation agreements with Europol were signed in 2001 and 2005. Currently, under the terms of the 2005 Council Decision on the information exchange, risk assessment and control of new psychoactive substances, the EMCDDA and Europol play a central role in detecting new psychoactive drugs, assessing their characteristics and paving the way for eventual control measures. In 2009, the EMCDDA and Europol stepped up their cooperation by defining a series of collaborative activities focusing on promoting the EU Drugs Action Plan for 2009–12, the exchange of methodology and strategic information, and actions in support of the implementation of Council Decision 2005/387/JHA.

In the area of drug supply and drug supply reduction, there is now a more active cooperation between the EMCDDA and Europol, starting with the production of regular Joint publications on specific drug markets. Europol has been also actively involved in the definition of key indicators, with the organisation of the First European Conference on drug supply indicators in 2010 and the working groups planned for the end of 2011. Collaboration will continue in 2012 and beyond with the Second Conference on supply indicators and the implementation of the Policy Cycle 2012-2013.

Europol feedback points to effective cooperation between the two agencies. The difference in focus (Europol has an operational and the EMCDDA a monitoring focus) explains the limited scope of the cooperation. However, in areas where there is contact (i.e. in relation to the Early Warning System and the detection of new psychoactive substances), cooperation has been very effective with many concrete results (joint reports on the new psychoactive substances mephedrone (2010) and BZP (2007)) leading to decisions on EU-wide substance controls.

Positive feedback also exists on regular 'day-to-day' cooperation. Both Agencies have designated contact persons and there is a good exchange on regular activities including regular meetings and activity reports on cooperation. At a more strategic level, cooperation is promoted via meetings at director level. With regard to the future, the area of supply reduction is an important area for continuing close cooperation between Europol and the EMCDDA.

The EMCDDA and **Eurojust** have a common interest in the implementation of drug trafficking laws across Europe.[21] For this reason, in 2007 Eurojust designated the national member chairing the Trafficking and Related Crimes team as the Eurojust

[21] The European Union's Judicial Cooperation Unit (Eurojust) is a judicial cooperation body created in 2002 to help provide safety within an area of freedom, security and justice. Its competence covers serious crimes including drug trafficking, money laundering, computer crime, crime against property or public goods including fraud and corruption.

contact point for all EMCDDA-related matters. The Eurojust representative has regularly participated in the annual EMCDDA legal experts meetings where trafficking issues are discussed. Comparative information about precursor trafficking laws and national requirements to authorise controlled deliveries has in turn been provided to Eurojust by the EMCDDA. Eurojust activities in the field of drug supply reduction have a direct bearing on the development of indicators in this area.

Eurojust feedback on cooperation with EMCDDA is favourable. The EMCDDA's framework for cooperation with Eurojust is considered efficient (e.g. exchange of information in relation to the two organisations' work programmes, etc). There is now likely to be a broadening of cooperation on the basis of a Memorandum of Understanding that is likely to be signed in 2012 or 2013.

The EMCDDA also works closely with the **European Centre for the Prevention of Disease Control (ECDC)**.[22] There is a common interest in monitoring and preventing the spread of drug-related infectious diseases in Europe. While the ECDC analyses trends in these diseases across the whole population, the EMCDDA focuses on specific drug-related risk groups such as injecting drug users. A cooperation agreement was signed in 2007 and provides a framework for collaboration with regard to the collection, analysis and dissemination of data and for the exchange of expertise at technical meetings and contacts between staff. Areas the EMCDDA and ECDC have focused on include the monitoring of the prevalence of HIV, HCV and HBV among injecting drug users, behavioural surveillance among IDUs, monitoring the implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia, and joint publications.

ECDC feedback on cooperation is very positive with several examples of successful joint initiatives, e.g. joint development of guidance for Member States on drugs and communicable diseases (2011) and recent cooperation on a risk assessment in a selection of Member States (January 2012). Both Agencies are well aware that there are risks of overlap and the memorandum of understanding framework has proved effective in ensuring that overlaps are avoided (e.g. making sure that Member States are not asked to provide similar information to the two Agencies). The MoU was made operational in 2009-10 with the establishment of a working group with representatives from the two agencies and regular meetings and exchange of information.

**European Medicines Agency (EMA)** – the EMA is one of the EMCDDA's key partners in the Early Warning System (EWS) on new psychoactive substances and an integral part of the scientific risk assessment of new substances. Cooperation takes place within the overall framework of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances and the EMA's initiative on cooperation with other EU bodies for early identification and management

[22] The ECDC is tasked with reinforcing Europe's defences against infectious diseases. Its mission is to identify, assess and communicate on current and emerging threats to human health from infectious diseases.

of potential conflicts over scientific opinions. The two Agencies share a common interest with regard to possible abuse and safety of psychoactive substances (medicinal products).

The EMCDDA and EMA have established a mechanism for bilateral exchange of information through the EWS and electronic tools such as the EudraVigilance database (EMA) and the European Database on New Drugs (EMCDDA). Formalising the scope and nature of the information exchange on the misuse of substances with medical value (i.e. medicinal products authorised in the EU) used in combination with illicit drugs is an area of collaboration which is under development. A new working arrangement between the two Agencies was signed in London in June 2010. Joint activities include the participation of EMA scientific experts in risk assessments and ad-hoc exchanges of information on the misuse of medicinal products.

Cooperation between the EMCDDA and the **European Police College (CEPOL)** began informally in 2008 but there are plans to formalise cooperation in the near future in the framework of the EMCDDA's activities on drug supply and supply reduction in Europe.

Recent cooperation has focused on the EMCDDA providing training support to CEPOL, helping with the regular updating of the CEPOL Core Curriculum on Drugs Trafficking and including EMCDDA publications in the CEPOL eLibrary. Overall, cooperation is considered productive with regular exchanges at different levels on issues such as the two Agencies' work programmes and strategies. CEPOL also highlights the excellent quality of EMCDDA publications. A recent (2011) CEPOL external evaluation[23] confirmed that 'CEPOL cooperates well with the EMCDDA...' Interview feedback from CEPOL suggests that a formal cooperation agreement might be pursued in the context of the EMCDDA's stronger focus on supply reduction.

## 4.2 Cooperation with International Partners and Third Countries

Given the global nature of the drugs phenomenon, international cooperation is vital. The 2006 recast Regulation states that: 'the Centre shall actively seek to cooperate with international organisations and other, particularly European, governmental and non-governmental bodies competent in the sector of drugs' (Article 20) and that 'the Centre shall be open to the participation of any third country that shares the interest of the Community and of its Member States in the Centre's objectives and work' (Article 21).

### 4.2.1 International Partners

Turning to the international bodies that are active in the drugs field, the EMCDDA has well-established links with a number of organisations including Interpol, the Pompidou Group, UNODC, WCO, WHO. Collaboration takes place in most cases within the framework of formal cooperation agreements supplemented by practical joint work

[23] Blomeyer & Sanz and CSES, CEPOL Five-year external evaluation, final report, 15 February 2011.

programmes. The overall objective of this cooperation is to develop a better understanding of the changing drugs phenomenon worldwide.

A Memorandum of Understanding was signed between the EMCDDA and the **United Nations Office on Drugs and Crime** (**UNODC**) in 1998 and the two bodies participate as observers in each others' board meetings. Over the years the number of activities linking the two organisations have increased including a joint work programme on cooperation in the field of epidemiology, demand reduction, supply reduction, legal information systems and new drug trends, synthetic drugs and amphetamine-type stimulants and a joint toolkit for collecting comparable data on the demand for treatment for drug problems ('Guidance for the measurement of drug treatment demand').

UNODC feedback confirms the efficiency and effectiveness of cooperation with the EMCDDA. A new Memorandum of Understanding is currently in preparation. This aims to further enhance cooperation on harmonised standards for data collection, the identification of new trends, drug demand reduction, drug supply, including legislative developments, and capacity building in third countries. Although there are regular exchanges, there are resource constraints on the UNODC side for participating in EMCDDA Management Board meetings but other contacts are maintained at officer level (e.g. briefings on work programmes via electronic means).

There is particularly positive feedback from the UNODC on the quality of EMCDDA products - the EMCDDA publications are considered a 'first point of contact' for information on the EU, and the EMCDDA's Annual Reports have contributed to the preparation of the UNODC's World Drugs Reports. Positive feedback is also provided on the Joint Toolkit which is used for training purposes. Whilst there has been good cooperation in terms of harmonising methods for data collection (the EMCDDA was a key player supporting the revision of the UNODC questionnaire for data collection in member countries), and ensuring data consistency, there is further potential for rationalisation. Existing legal mandates appear to imply a limited degree of overlap with regard to the collection of EU-wide data, although in practice the UNODC automatically uses the data collected by the EMCDDA.

Since the signature of a Memorandum of Understanding in 1999, the EMCDDA has worked closely with the **Pompidou Group**, in particular in the field of epidemiology, and the two organisations have observer status on each other's statutory bodies.

A new Memorandum of Understanding was signed in 2010, setting a framework for future cooperation, aiming at creating synergies and taking advantage of the specific qualities of each of the two organisations. The MoU has been followed up with the establishment of a Working Agreement in July 2011. Overall feedback on cooperation is very positive, both in terms of the exchange of information in relation to the two organisations' work programmes and strategies but also in practical terms exchanging technical expertise at all levels.

The legal framework for cooperation with **Interpol** was established following a 2001 Cooperation Agreement. Since then, collaboration has developed in the area of drug supply and supply reduction (e.g. data collection on drug seizures and prices, drug trafficking trends, money laundering and internet sales). The exchange of information and expertise takes place through participation in expert meetings as well as sharing publications and technical documents related to data collection in the field of law enforcement.

Collaboration between the EMCDDA and the **Inter-American Drug Abuse Control Commission (CICAD)** aims to improve and harmonise drug data collection and analysis. As noted above, in 2010, the two organisations published a Joint Handbook on National Drug Observatories with the aim to support their respective audiences[24]. Drafted by the EMCDDA, the Handbook draws on their experience in developing the Reitox network and provides comprehensive guidance on how to set up and operate a national drugs observatory. Under the EMCDDA–CICAD work programme for 2011–13, priorities that are being pursued include strengthening regional and international monitoring systems, harmonizing and developing indicators in the areas of drug supply and demand, and supporting the establishment of national drug monitoring centres and drug information networks.

CICAD feedback on cooperation with the EMCDDA is very positive with numerous examples of how EMCDDA products have fed into the design of CICAD activities. For example, CICAD is currently planning to start using the Handbook on National Drug Observatories to support the development of drugs monitoring activities in Central America. There is positive feedback on the quality of EMCDDA products generally. EMCDDA publications are considered to be a key resource. For example, CICAD has made use of some of the methodologies developed by the EMCDDA (e.g. on marihuana measurements). Cooperation with the EMCDDA is considered very efficient, making effective use of the possibilities of cooperation within the EMCDDA's wider mandate and within the specific framework of cooperation with CICAD. A concrete example of this close cooperation can be found in the joint technical and scientific support they provide as Collaborating Organisations supporting the EU-funded COPOLAD project.

In relation to the **Joint United Nations Programme on HIV/AIDS (UNAIDS)** there is a regular exchange of information with regard to HIV/AIDS. Experts from both agencies attend expert meetings and collaborate in projects to ensure that the European data collection regarding injecting drug users (IDUs) and the global processes are in line with each other. The EMCDDA provides data and expertise to the Reference group to the UN on HIV and injecting drug use which is an advisory body for UNAIDS, UNODC and WHO. It also collaborates with UNAIDS through European projects coordinated by ECDC (e.g. monitoring of the Dublin Declaration) and the European Commission (e.g. HIV/AIDS Think Tank) as well as in the organisation of conferences and meetings.

[24] Latin-American countries for CICAD and Candidate and Neighbouring Countries and non-EU countries for the EMCDDA.

**Maritime Analysis and Operations Centre – Narcotics (MAOC-N)** - was set up in 2007 and is an inter-governmental working group comprising seven EU Member States (Spain, France, Ireland, Italy, the Netherlands, Portugal and the UK) to help tackle maritime drug smuggling in Europe. It is an important partner for the EMCDDA in its work in the field of drug supply and supply reduction. The first MAOC-N meeting organised in March 2007 was hosted by the EMCDDA. Since then, several high level and technical meetings have taken place and MAOC-N has participated in discussions on the revision of seizures data collection with Europol, as well as to collaborate with the development of the EMCDDA's work in the field of supply reduction. The EMCDDA has recently invited MAOC-N to participate in Management Board meetings as an observer.

In 2007, the EMCDDA and the **World Customs Organisation** signed a Memorandum of Understanding with the aim of enhancing international drug control efforts. The agreement builds on over a decade of cooperation between the two organisations. Under the terms of the Memorandum, the two organisations collaborate to collect, analyse, publish and disseminate information on drug seizures, drug smuggling and the diversion of precursors as well as making the best use of resources and existing data. The cooperation also covers the exchange of expertise and knowledge between technical staff and participation in expert meetings and training courses.

Cooperation between the **World Health Organisation (WHO)** and the EMCDDA has focused on cost-effective interventions for substance use disorders and the compilation and dissemination of evidence-based information on health and social consequences of drug use through the EMCDDA Best practice portal and the WHO's Health Evidence Network. Other areas of common interest and close cooperation include prison health (and drug-related infectious diseases (DRID) an area in which they also collaborate with ECDC.

There has been a conscious effort to avoid any direct overlap in the activities of the two bodies and the WHO does not get involved in primary reduction or supply reduction. To reinforce cooperation, the two organisations attend the meetings of each other's statutory bodies. Given the differences between the two organisations in terms of their main remits, however, the WHO is not particularly active in this forum, compared with other observers.

Whilst no formal cooperation agreement is in place between the **White House Office of National Drug Control Policy (ONDCP)** and the EMCDDA, the two organisations cooperate informally with meetings and exchanges at director and working level (1-2 meetings a year if the budget allows it). The ONDCP considers this cooperation to be effective. EMCDDA publications are monitored systematically as they are considered to be of excellent quality. The ONDCP also reports the very useful exchanges in relation to drug-related crime measurement (since the early 2000s). For the future, the areas such as driving under the influence of drugs and emerging drugs are considered of particular interest.

The EMCDDA also works with the **Canadian Centre on Substance Abuse (CCSA)** and have organised a programme of reciprocal visits to identify common interests, but they have no formal cooperation agreement. In July 2011, the CCSA - in partnership with the EMCDDA, the United States Office of National Drug Control Policy and the US National Institute on Drug Abuse (NIDA) - hosted the first international symposium on the subject of drugs and driving in Montreal, Canada. This recognises the importance of a coordinated approach to addressing the health and public safety consequences of this practice, through evidence-based research. CCSA feedback points to an excellent contribution of the EMCDDA with follow-up activities planned. The quality of information is considered as excellent. In general terms, the opportunity to exchange information with the EMCDDA is highly appreciated as it is considered that new drugs tendencies are often first observed in Europe before materialising in Northern America.

### 4.2.2 Cooperation with Third Countries

In July 2009 the EMCDDA's Management Board adopted a strategy on international cooperation.[25] This builds on the 2006 recast Regulation which defines the purpose of international cooperation with third countries as being to consolidate the position of the EMCDDA as centre of excellence for providing information on the drugs situation and to improve the understanding of drugs as a world-wide phenomenon.[26] The modalities of international cooperation range from exchanges of information, ad-hoc advisory support, capacity building (training and other activities) to full participation in the work of the EMCDDA by a third country:

*Candidate and Potential Candidate Countries*

As noted earlier, within the framework of the EU's enlargement strategy, the EMCDDA has provided technical assistance to candidate countries (Croatia, Turkey), helping them to develop the capacity to monitor the drugs situation. The framework for this aspect of the EMCDDA's activities is provided by the EU Enlargement Strategy, including the Thessaloniki Strategy for the Balkans. The Strategies support the participation of EU Candidate and Potential Candidate Countries in EU Agencies and Programmes as part of their preparation for accession, or as part of their approximation to the EU.

The EMCDDA works with candidate countries to help develop their expertise in monitoring the drugs situation and provides support through information and scientific expertise. For example, in November 2009, at the initiative of the Commission, a high-level IPA Conference was organised by the EMCDDA in Sintra with the main objectives of raising awareness on the role of the EU Agencies and the importance of the participation of IPA beneficiaries. Similarly, in September 2011 a Reitox Academy was organised for IPA beneficiaries on new psychoactive substances and the EMCDDA's Early Warning System (EWS), the aim being to develop the capacity of the countries

[25] Document EMCDDA/11/09 Implementation of the strategy on international cooperation with third countries, submitted to the Management Board for discussion at its meeting on 1-3 July 2009.

[26] Articles 2, 20 and 21, Regulation (EC) No. 11920/2006.

concerned to participate in the EWS network. As part of the technical assistance programme, candidate countries have also received help to establish NFPs and to begin participating in the work of the EMCDDA including activities relating to the key epidemiological indicators. Thus, another Reitox Academy took place in September 211 for IPA beneficiary countries on the Drugs Related Deaths (DRD) indicator. Existing NFPs (e.g. Austria) have also helped provide technical assistance. These and other activities have been supported financially by TAIEX, CARDS and the IPA programmes. Similar technical assistance support has been provided to the Western Balkans region. Various scientific seminars have also been organised in Brussels with IPA partners.

Given the challenges facing the candidate countries in the Balkans region in the drugs field, the EMCDDA has an important continuing role to play in helping the national authorities to monitor the situation and in relation to capacity-building.

*European Neighbourhood Countries (ENP) and Russia*

During the period under review, the EMCDDA has continued to develop its links with the European Neighbourhood countries and Russia.

This collaboration has involved exchanging data and information on methodologies, some training and other technical assistance, and collaboration on other aspects of the EMCDDA work programme (e.g. country overviews, contextual analysis of cross-border issues, ad hoc factsheets). Cooperation has taken place within the overall framework of the European Neighbourhood Policy and Regulation, as well as the EU Regional Action Plans and 'Roadmap Russia', and has been supported by various funding sources (ENP, TAIEX, SCAD, BUMAD, etc). A scientific seminar was held in October 2010 with European ENP countries in cooperation with DG JUST and with financial support from TAIEX where the Handbook on Building a National Drug Observatory was launched. Training on the Handbook was subsequently provided to the Southern Partnership countries at a MEDNET-Pompidou Group seminar in Rabat in November 2010. The Arabic and Russian versions of the Handbook were also presented at the Commission on Narcotic Drugs (CND) meeting in Vienna in March 2011. Finally, a second scientific EMCDDA/ENP seminar was held in Kiev in September 2011.

*Other Third Countries*

Various activities have taken place within the overall framework of the EMCDDA's strategy on cooperation with third countries which sets out guiding principles. These include, inter alia, the need for any interventions to demonstrate added value, to be proportionate to the expected benefits and subject to the availability of appropriate sources of funding (e.g. EU external financial instruments). Cooperation with third countries has included ad hoc collaboration to assist implementing bodies responsible for EU-funded projects, exchanging data on the drugs problem and related issues, and some technical support. There is also close cooperation with the US authorities and to support EU programmes involving South America and Central Asia.

## 4.3 EMCDDA's Communications Strategy

In 2007, the EMCDDA introduced a new **Communications Strategy** designed to enhance its effectiveness in reaching target audiences. This replaced the first Communications Strategy of 2001. Inputs to the new Communications Strategy included feedback from NFPs and from an online survey via the EMCDDA website of those who have used outputs, the views of the Management Board and other sources such as an evaluation of the Annual Report coverage by the media across Europe undertaken in 2011 by external consultants.[27] The EMCDDA also uses feedback from its own staff after their visits to Member States.

The communication activities of the EMCDDA have also been influenced by the evolving mandate of the Agency in a number of areas - monitoring new drugs, patterns of use and emerging trends, providing information on best practice in the EU Member States, facilitating exchange of best practice, and transferring EMCDDA know-how to certain non-EU countries. The new Strategy was designed to address these and other priorities.

### 4.3.1 EMCDDA Target Groups and Communications Methods

The EMCDDA's target groups are defined in detail in the 2007 Communications Strategy. They include policymakers, scientists, practitioners, European citizens and the media.

**Policymakers** are identified as the EMCDDA's 'priority target audience'. The Communication Strategy argues that policymakers 'need highly synthesised information on different aspects of the drugs problem in Europe. They also need analytical, evidence-based information on policy options'. In relation to policymakers, it is not the role of the EMCDDA to seek to directly influence national policymakers. Moreover, according to the 2006 Regulation, the Agency 'may not take any measure which goes beyond the sphere of information and the processing thereof'. As such, the EMCDDA role is to provide an evidence base for policies not to directly influence them.

**Scientists and researchers** are also seen as an important audience, essential for informing the development of evidence-based policies. It is planned that 'more analytical products of high scientific quality will be addressed to this target group [including] the raw data they require for their research...'. **Practitioners** working in drug prevention, treatment, harm reduction, social reintegration and prison services also need high-quality information and feedback relevant to their daily work, which reflect the increased emphasis on disseminating best practice. Last but not least, it is argued that 'the EMCDDA needs to give rapid and appropriate access to the information it produces to all **EU citizens**' while the **media** 'serves as a conduit to permanently raise awareness and reach the various target audiences.' The perceived information needs of the different target groups and the EMCDDA outputs of most relevant to each group are assessed in the appendices to the Strategy.

[27] Kantar Media Precis *Evaluation of coverage Annual Report 2010*.

Apart from setting out a number of **core values** including dialogue with target audiences at the local and regional levels in a style, tone and form that is useful for them and respect for linguistic diversity, the Communication Strategy is supported by detailed priorities, guidelines and action plans on the EMCDDA's various communication activities including publications, web use, marketing and distribution, and relations with the media.

### 4.3.2 Coordination and Editing of EMCDDA Outputs

In addition to the Communications Unit and the Scientific Committee, the EMCDDA's POL unit is also involved in the coordination and editing of scientific reports. This appears to have resulted, among others, in a smoother, faster and better coordination of the writing of the Annual Reports. The resulting improved scientific and layout quality of the manuscripts was acknowledged during the consultations with the NFPs, the Scientific Committee and the Management Board.

New processes have also been introduced to improve the preparation, drafting and launching of the Annual Report. These include additional data checking, prior presentation of the report contents to the NFPs and improvement of the material used for the launch of the Annual Report. Overall, the rationalisation of the process has allowed the scientific staff to free resources for other products and activities. Similar efforts are being done with other publications such as the Selected Issues.

In the sections below we draw on the research to assess how effectively the EMCDDA is communicating with its target groups.

## 4.4 Effectiveness in Reaching EMCDDA Target Groups

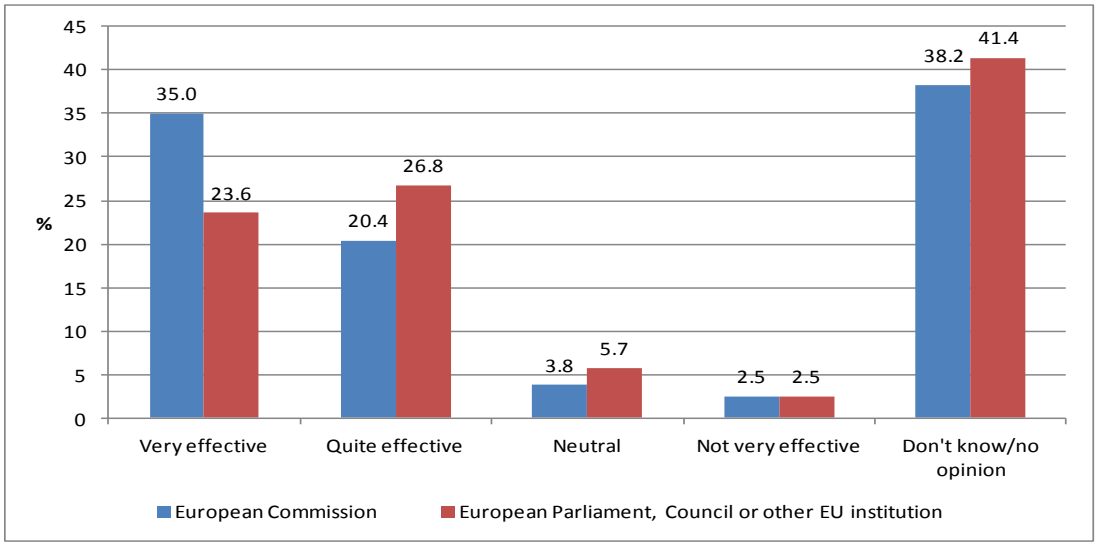
As noted earlier, the EMCDDA has target groups at the EU and Member States levels. Below we examine how effectively it has reached these target groups.

### 4.4.1 EU Level Target Groups

At the EU level, the EMCDDA works in close collaboration with the Commission, the Council, European Parliament, and the other European Agencies.

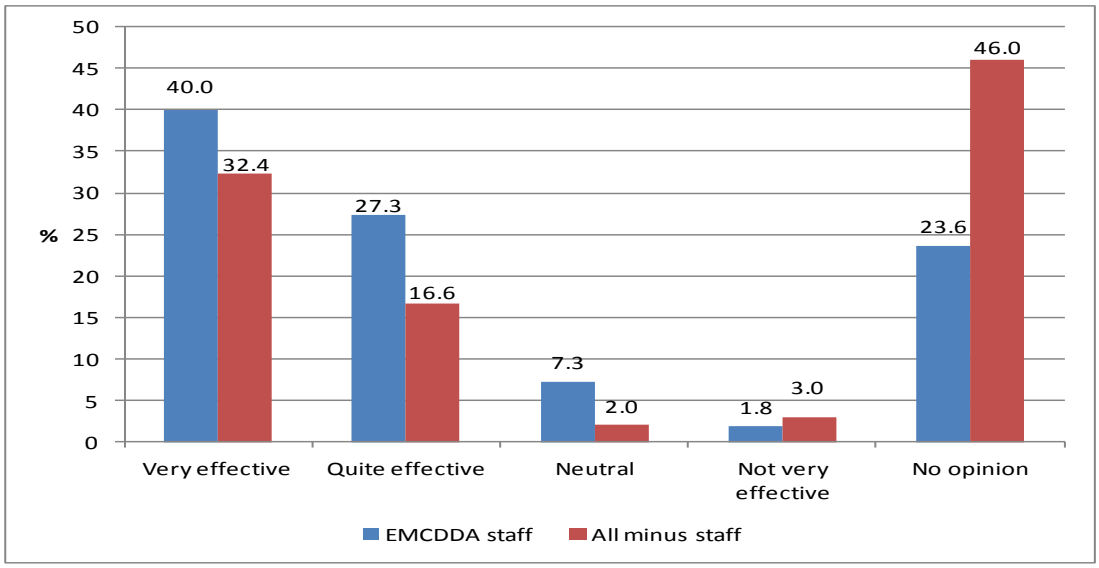
The chart below provides an analysis of survey feedback on how effectively the EMCDDA is reaching the EU level target audiences. Not surprisingly, since those in a position to judge the situation would be limited, a high proportion of respondents did not express an opinion. Nonetheless, of those that did give an opinion, the feedback was extremely positive.

**Figure 4.1: Effectiveness of the EMCDDA in reaching EU target audiences**




Further analysis shows that in the survey EMCDDA staff was much more positive than non-staff respondents about the effectiveness of reaching EU level targets. However, a high proportion of non-staff members offered no opinion.

**Figure 4.2: Effectiveness of the EMCDDA in reaching its target audiences at a European level – EMCDDA staff/other survey respondents**




### 4.4.2 National Target Groups

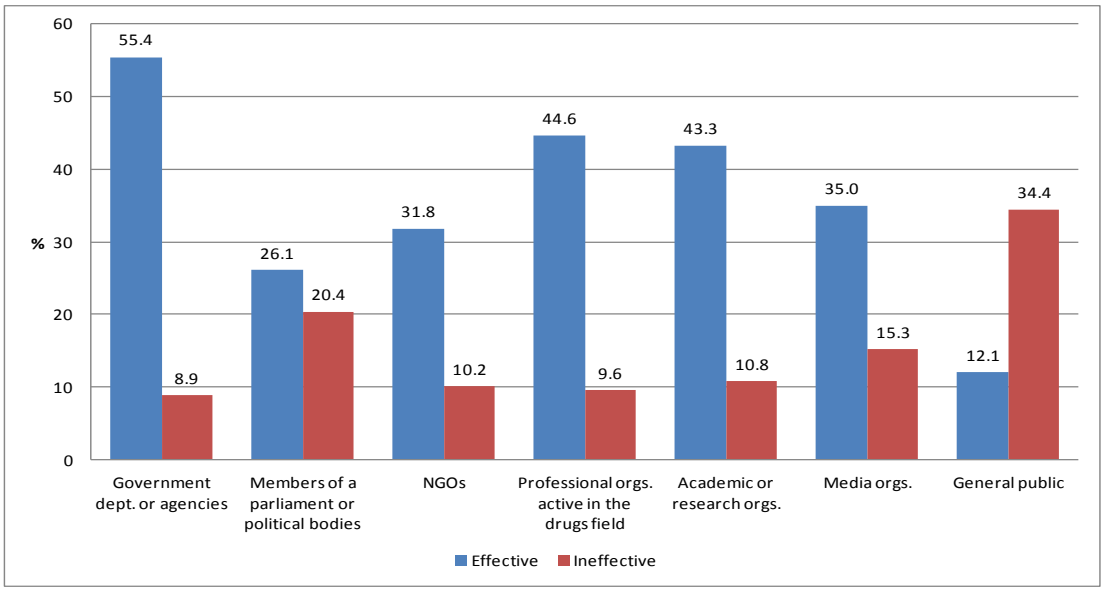
The EMCDDA's mandate, as set out in the 2006 recast Regulation, is to provide not only the Community (now EU) but also Member States with information on the drugs problem. In addition to the collection of data (see Section 3.1), there is also an important 'output' dimension to the EMCDDA's activities at a national level.

The role of NFPs in assisting the EMCDDA in its Communication Strategy at a national level is especially important through the dissemination of key publications and outputs. The products most frequently circulated by the NFPs are the Annual Report (Selected Issues, Statistical Bulletins), Drugnet Europe and Drugs in Focus.

It seems that these and other EMCDDA products are mainly disseminated through the NFPs' websites and by emailing to their list of national contacts (government authorities, collaborators and other national stakeholders such as academics, practitioners and other professionals and experts in the drugs field). Some countries also keep their national contacts updated by sending emails notifying them of new publications and relevant events and news on drugs and in some cases referring them to their website or EMCDDA's website for further information (PT, DE, ES, BE NL). In addition, printed copies of the Annual Report are also disseminated by the NFPs to their main contacts but many commented that they have also tried to reduce demand for printed material and instead try to refer people to electronic versions.

Overall, there is a rather mixed picture with regard to how effectively the EMCDDA has reached different target audiences in Member States.

**Figure 4.3: Effectiveness of the EMCDDA in reaching its target audiences in Member States**




Whilst the EMCDDA is seen as being quite successful in reaching national authorities, drugs professionals and academic/ research organisations, this is less apparent with other target groups and in particular with the general public. Figure 4.3 shows positive and negative responses only, the remainder being either neutral or offering no opinion.

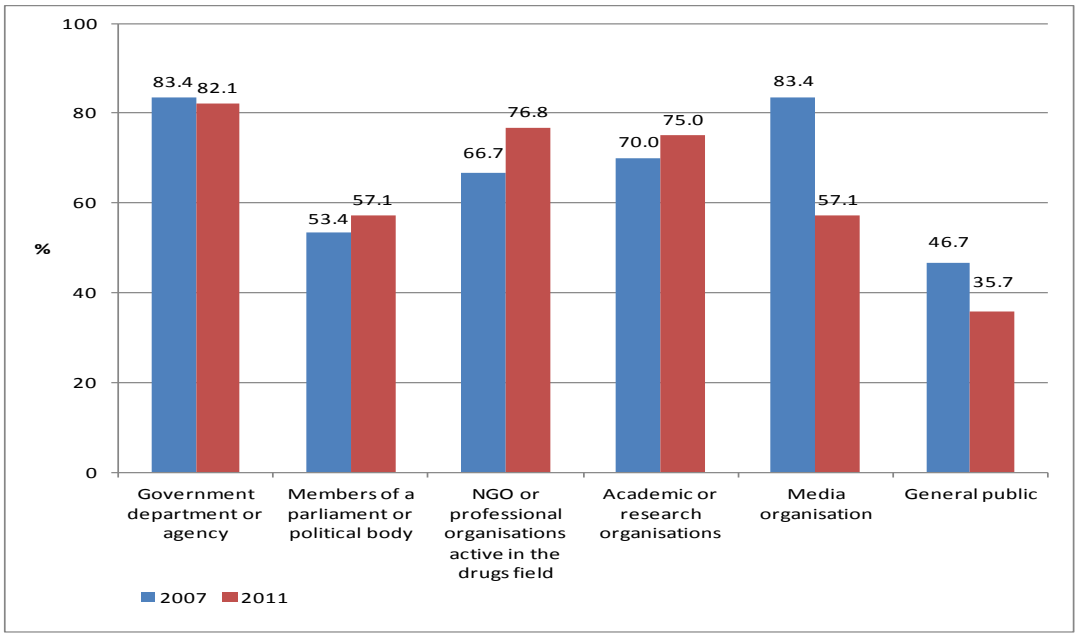
NFPs are especially well placed to assess the extent to which the EMCDDA is reaching key target audiences at a Member State level and how useful outputs are to them. Overall, the activities and outputs of the EMCDDA are seen by NFPs we interviewed as

successfully reaching the main target audiences, Member State policymakers, and professionals working in the field, scientists and researchers but less so overall than with EU level stakeholders. Further analysis of the survey responses indicates that a higher proportion of EMCDDA staff members than others felt that the EMCDDA was reaching members of a national parliament or political bodies, NGOs and professional organisations. Interestingly, however, more non-staff respondents (58.8%) thought that government departments or agencies were being effectively reached compared to 49.1% of EMCDDA staff.

The EMCDDA outputs are seen as helpful to **policymakers** in understanding the drugs situation because the EU-wide dimension puts their country-specific situation into context. Most NFPs we consulted confirmed that dissemination of Agency outputs functions well in their countries and that major agencies and drug-coordinators appear to use the publications. More and more often the outputs are disseminated electronically and there appears to be a significant reduction in the use of paper versions. However, less positively, from the interviews it seems that more could be done to tailor EMCDDA outputs to the needs of **drugs professionals**, for example by producing more information on good practices at the practitioners' level.

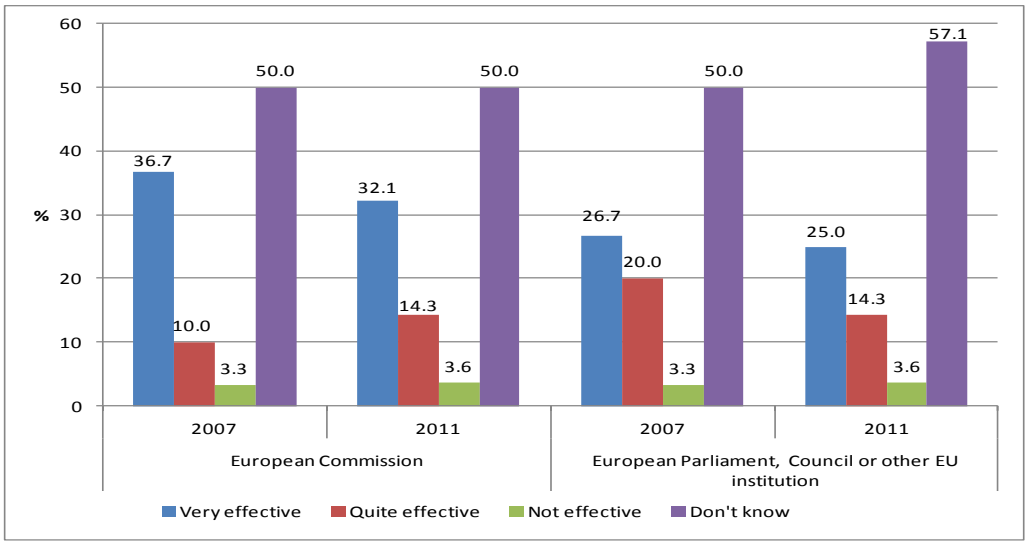
It is helpful to compare the survey feedback from the current evaluation on how effectively the EMCDDA is reaching target groups in Member States with the survey findings in the 2007 evaluation. Overall, there is little change. However, rather surprisingly, the EMCDDA is seen as being considerably less effective in reaching the media than it was when the 2007 survey was conducted.

**Figure 4.4: Effectiveness of the EMCDDA in reaching its national target audiences (NFPs) – 2007-2011 comparison (positive feedback)**



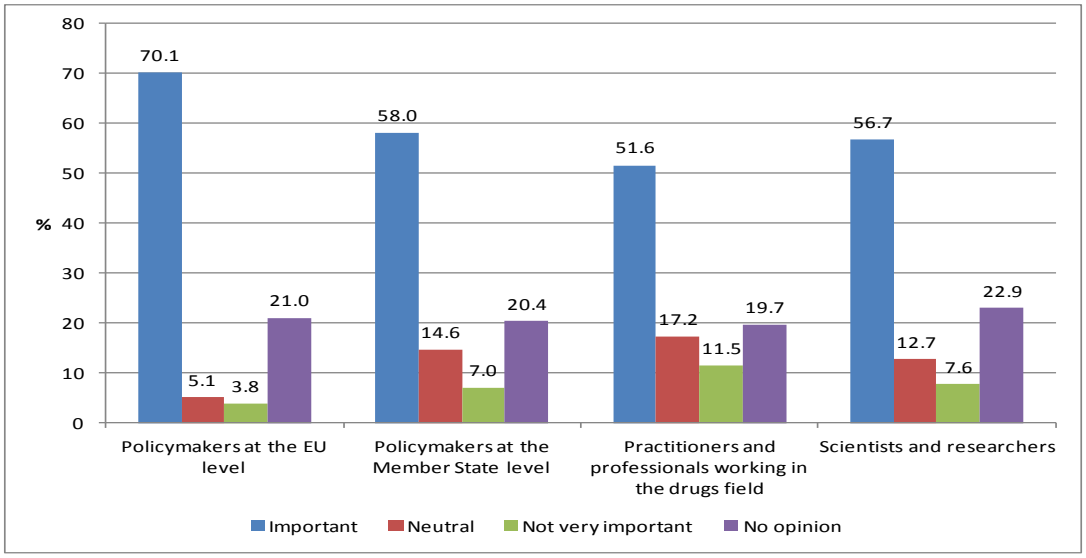
As can be seen in the following figure, since the 2007 report, little change was found in the effectiveness of the EMCDDA in reaching its target audiences at a European level, according to NFP respondents, although it should be noted that only around half of NFPs gave an opinion for each of the two surveys.

**Figure 4.5: Effectiveness of the EMCDDA in reaching its target audiences at a European level (NFPs) – 2007-2011 comparison**



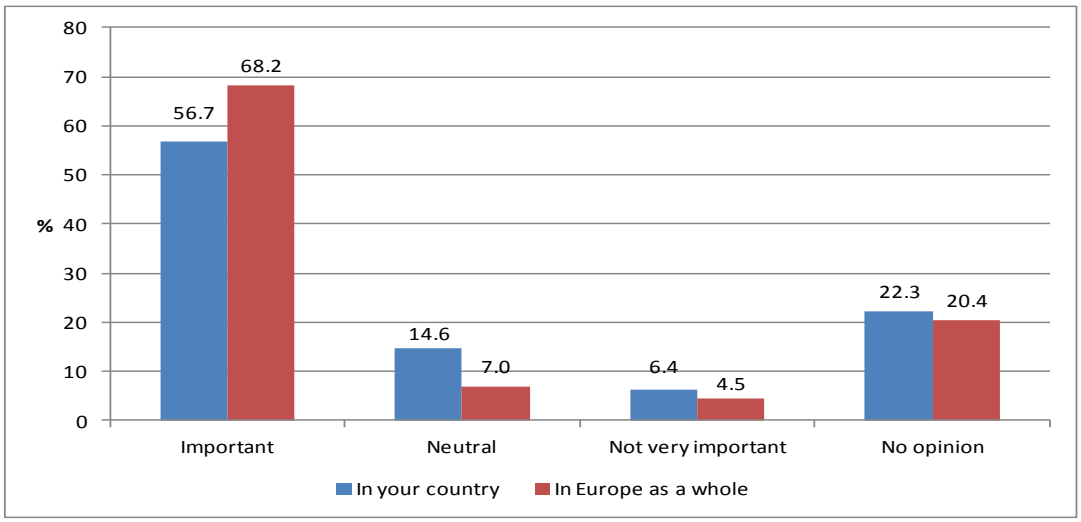

Looking at target audiences as separate groups, respondents clearly felt that the EMCDDA's information is important to them all, but particularly helpful in helping EU policymakers to understand the drugs situation.

**Figure 4.6: Importance of the EMCDDA's information in helping different target audiences to understand the drugs situation?**



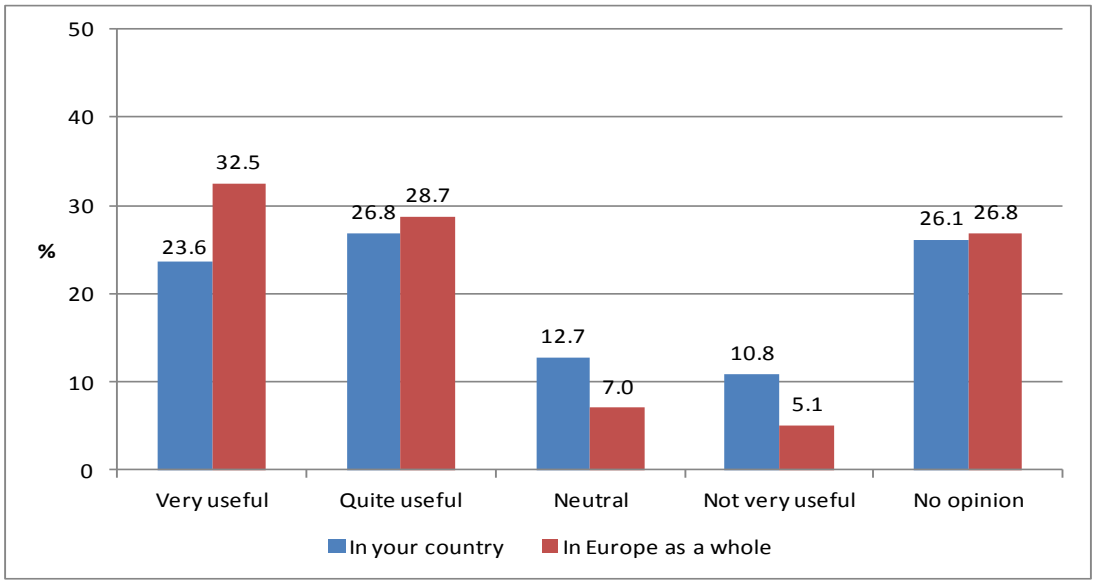
Given the above findings, it is not surprising to find that a higher proportion of survey respondents (68.2%) thought the EMCDDA's information more important in understanding the drugs situation at an EU level than at national level (56.7%).

**Figure 4.7: Importance of the EMCDDA's information in helping target audiences, as a whole, to understand the drugs situation in Member States and in Europe as a whole**




Reflecting the above findings, the chart below shows that it was generally felt that EMCDDA information is more helpful to policymakers in Europe as a whole (61.2% saying this) than at a national level (where 50.4% thought it useful).

**Figure 4.8: Usefulness of EMCDDA information to policymakers in helping them to develop effective ways of tackling the drugs problem**



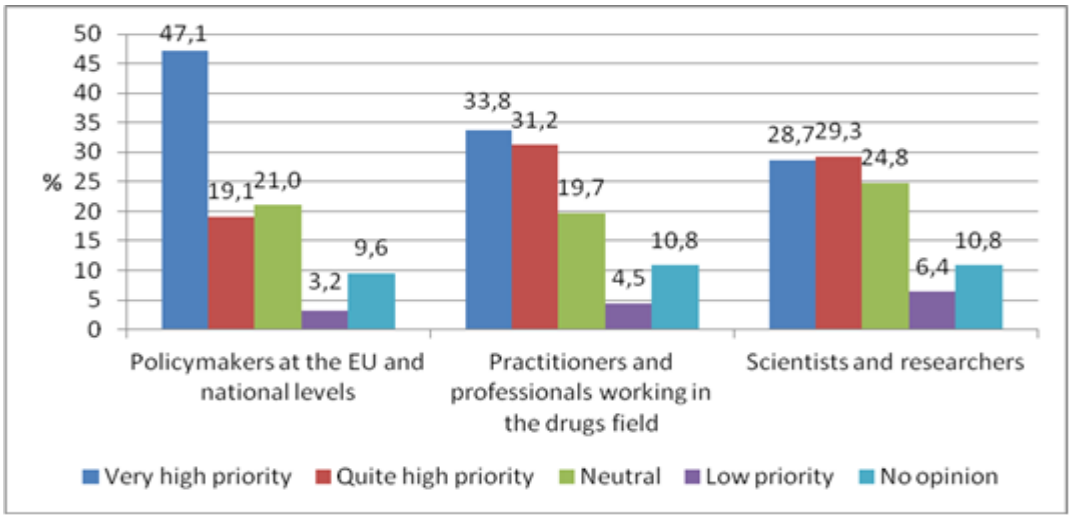
EMCDDA staff members and non-staff respondents were of much the same view on this issue. However, taking just the NFP responses, 71.4% argued that EMCDDA information is 'very' or 'quite' useful to policymakers at an EU level compared with only 53.6% in relation to their own country.

In some countries the main outputs of the EMCDDA are clearly used to support the development of policies on drugs (e.g. PT, IT, CY), but in others, although the information is taken into account by policymakers and is seen as providing an indication about what is being done in other countries, the outputs are seen as having less of an effect on policies (e.g. ES, FI, SE, LU). Factors such as the capacity of different Member States to carry out their own research, and perhaps the position of the NFP and how close they are to the Government may help explain the disparities.

More generally, however, many EMCDDA outputs are seen as too detailed for policymakers. A short summary of the essential information would often be sufficient for this target group. Other factors highlighted by survey respondents for EMCDDA outputs not influencing policymakers at a national level included the argument that although the information provided by the EMCDDA is very useful, the Agency often has difficulties in reaching them. In another case it was suggested that due to the economic situation, the drug problem is not the priority in the country concerned.

The survey respondents identified a number of target groups that in their opinion deserved more emphasis in the future: most frequently mentioned was the general public followed by researchers and 'education operators' (such as schools and universities) and the media. The recast Regulation defines a number of target audiences. The survey asked respondents if the EMCDDA should give higher priority to some targets over others. One target group in particular stands out with almost half of respondents (47.1%) agreeing that policymakers should be given a very high priority, whereas for other target groups there are more divided opinions about how much priority they should be given.

**Figure 4.9: Priority level that the EMCDDA should give to the target audiences**



## 4.5 Conclusions – Key Stakeholders and Target Groups

Our assessment suggests that the EMCDDA has a good relationship with its key stakeholders at the EU and Member State levels. At an operational level, links between the EMCDDA and the Commission have been strengthened during the period under review.

The EMCDDA also has good links with a number of other European Agencies and international organisations. Given the international nature of the drugs problem, and the need to tackle both demand and supply side issues, it is important that there is close joint-working to maximise overall impacts on the problem.

In general feedback from the research suggests that the EMCDDA has performed well in communicating with EU level stakeholders and helping to inform drugs policy. But there is a rather mixed picture with regard to how effectively the EMCDDA has reached different target audiences in Member States.

# EMCDDA Organisation and Governance 5

**This section presents the evaluation findings on the performance of the EMCDDA as an organisation and in terms of governance,**

**Questions from the Terms of Reference**

- *To what extent have the changes in the EMCDDA's governance structure resulting from the recast Regulation and the 2010 internal re-organisation impacted on the effectiveness of the EMCDDA?*
- *To what extent has the EMCDDA efficiently deployed its resources (human and financial) to achieve the objectives set out in its work programmes during the period 2007-2011? Is the EMCDDA providing value for money? Are available resources adequate to these objectives?*
- *To what extent have the EMCDDA's organisational set-up, management systems and working methods been conducive to the effectiveness and efficiency of its operations?*
- *Are the effects achieved at a lower cost than would have been the case if its activities were carried out by other existing or potential arrangements (e.g. by the Commission itself, an executive agency, external contractors)?*
- *Is there scope for simplifying the administrative set-up and working methods in the context of current administrative and financial regulations*

## 5.1 Overview - EMCDDA Organisation

The EMCDDA's organisation consists of a Directorate, the Management Board, the Scientific Committee and the various working units. The Centre is supported in the Member States by the Reitox network of National Focal Points.

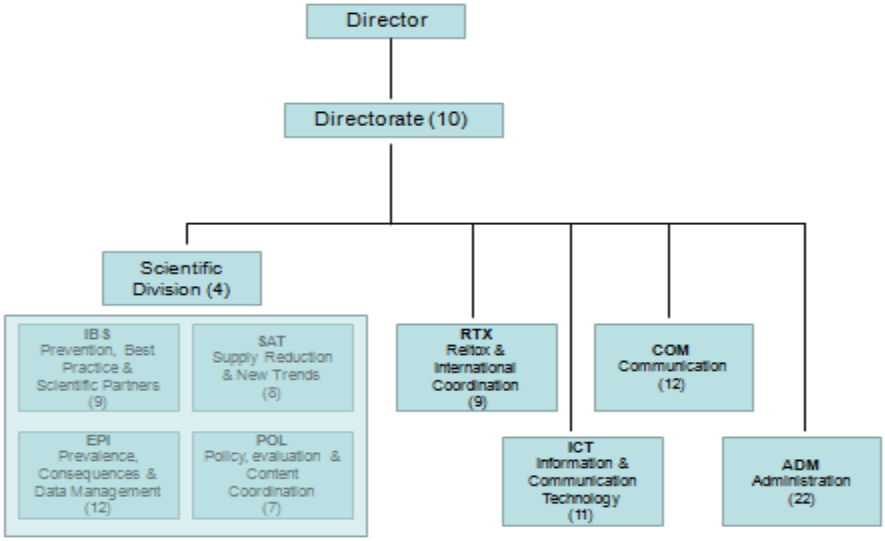
As noted earlier (Section 2.1), the recast Regulation introduced changes to the EMCDDA's remit and certain aspects of the organisation. In relation to the organisation, the recast Regulation included the establishment of a six-member Executive Committee to support the Management Board (confirming the role of the Bureau). The Management Board takes decisions by a two-thirds majority although in practice a consensus is generally reached. Changes were also made in the Scientific Committee. Further changes to the structure of the EMCDDA's operational units were made in 2010. Later in this section we examine the effect of these and other changes.

The following diagram provides an overview of the EMCDDA's organisation structure in December 2011 and the number of staff in different units:

# EMCDDA Organisation and Governance

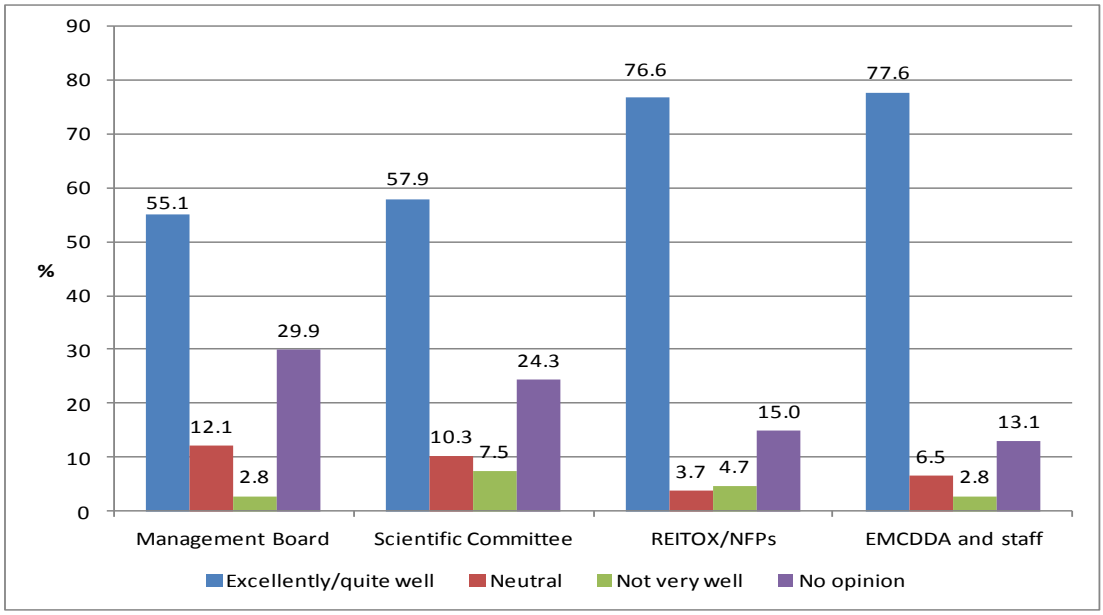
# 5

**Figure 5.1: EMCDDA Organisation (December 2011)**




Before turning to specific aspects of the EMCDDA, the figure below provides feedback from the survey on how well the Centre is performing overall. This question was addressed to the Management Board, Scientific Committee, NFPs and EMCDDA staff respondents. Overall, the feedback is positive, but members of the Management Board and Scientific Committee tend to be less positive than NFPs and EMCDDA staff.

**Figure 5.2: Performance of the EMCDDA's organisation**



# EMCDDA Organisation and Governance 5

Feedback from the interviews with EMCDDA staff and key stakeholders (Commission, MB, Member States, etc) confirms the picture depicted by the survey responses that the effects of the recast Regulation and the 2010 internal reorganisation have been positive, enhancing efficiency and effectiveness, and fostering a more collaborative work style. Below, we examine more specific aspects of the EMCDDA organisation.

## 5.2 Role of the EMCDDA Statutory Bodies

*To what extent have the changes in the EMCDDA's governance structure resulting from the recast Regulation and the 2010 internal re-organisation impacted on the effectiveness of the EMCDDA?*

### 5.2.1 Management Board and Executive Committee

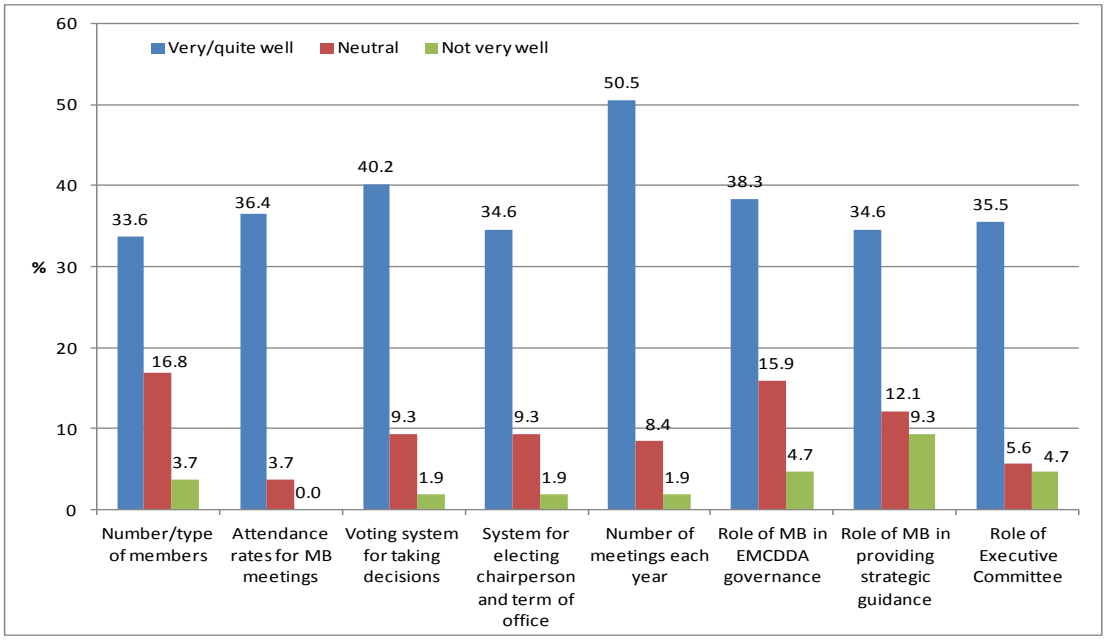
The EMCDDA's Management Board consists of one representative from each Member State, two representatives from the Commission, two independent experts particularly knowledgeable in the field of drugs designated by the European Parliament (Article 9(1), recast Regulation).[28] It can also invite observers from relevant international organisations to participate in its proceedings.

Currently, there are observers UNODC, the Pompidou Group and WHO, as well as the Chairperson of the Scientific Committee and the Spokesperson for the Reitox network. The Management Board meets twice a year. Its formal responsibilities are to adopt the EMCDDA's three-year and annual work programmes and the Annual Report on the Centre's activities (General Report of Activities), to nominate the Director and, more generally, to set and oversee the overall strategic direction of the Centre. The Board can make decisions by a two-thirds majority vote but, in practice, there have been very few formal votes in recent years and decisions are arrived at by consensus.

The following chart shows the responses of the Management Board, Scientific Committee, National Focal Points and EMCDDA staff respondents when questioned on the functioning of the Management Board. For each of the indicators, between around 40-60% of the respondents gave no opinion and are not shown on the chart. However, those that did feel they could give an opinion were quite positive, the least positive issue being the Management Board's role in providing strategic guidance.

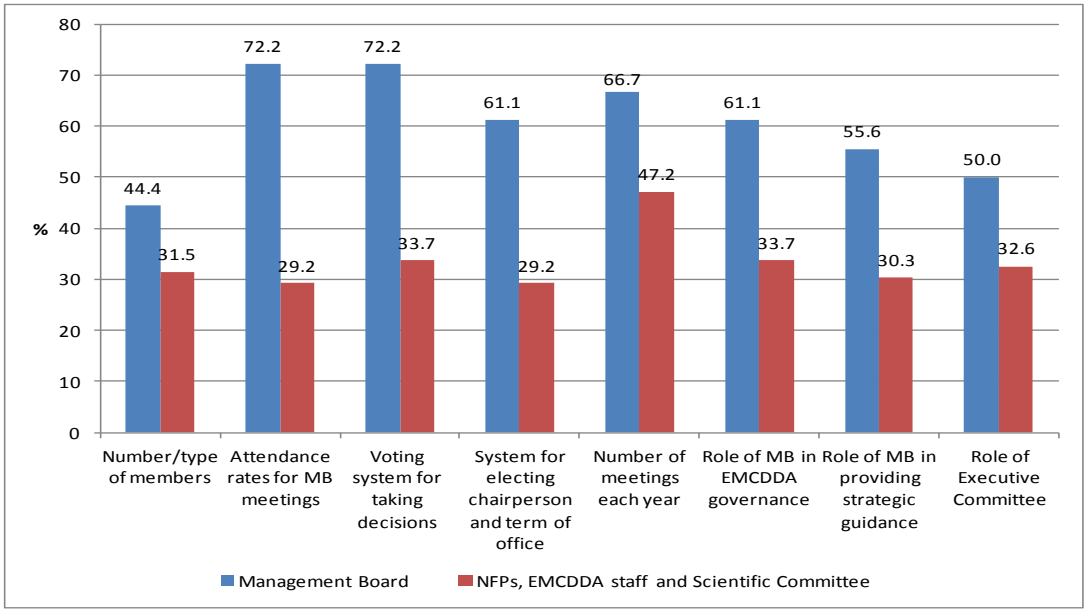
[28] Each of the EU Member States is entitled to nominate one member to the EMCDDA's Management Board who has voting rights, and an alternate (who can vote when the member is absent). A third representative from Member States may be invited to attend meetings. This arrangement caters, amongst other things, for countries where responsibilities are divided between different ministries. The EMCDDA only covers the expenses of one representative per Member State.

**Figure 5.3: Performance of the EMCDDA's Management Board**




Looking at the responses of the Management Board members separately, it can be seen that they themselves generally felt they were performing rather better than the other survey groups felt. However, a very high proportion of the NFPs, EMCDDA staff and Scientific Committee respondents did not give an opinion.

**Figure 5.4: Performance of the EMCDDA's Management Board (comparison – MB to other groups (very/quite well)**



# EMCDDA Organisation and Governance 5

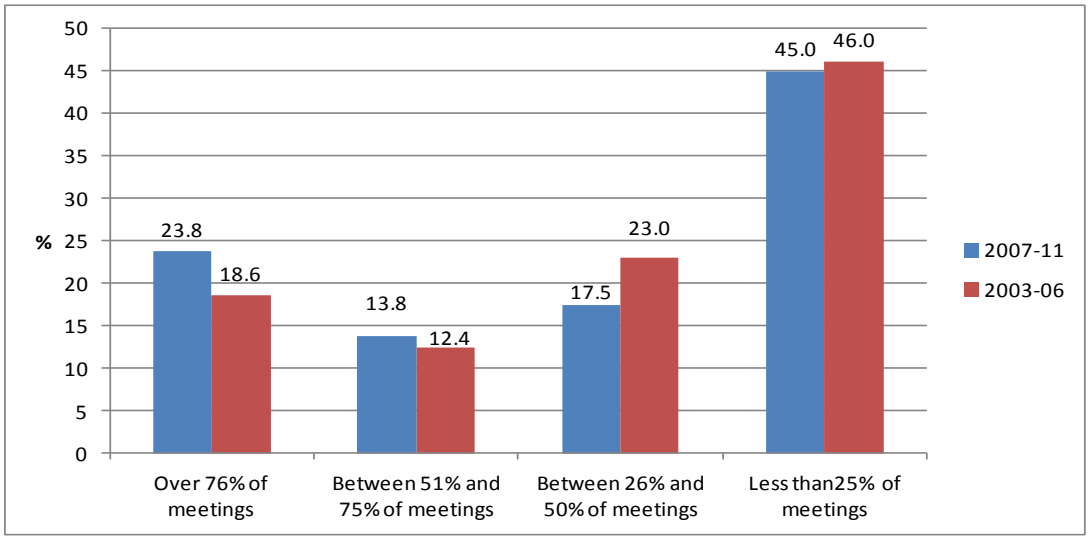
Survey feedback on the role of the EMCDDA's Management Board included a number of responses to open-ended questions. These were almost all critical. For example, one respondent argued that 'The Management Board has throughout the years proved to be anything but a management board'. Two others stressed the need for the Management Board to play a more strategic role: 'The role of the MB in the EMCDDA's governance and to provide strategic guidance could be higher' and 'the MB only focuses on administration. There is no interest in content. No vision, no discussion on strategy. The interest of members is diminishing. This should change.'

Interviews with Management Board members themselves are, not surprisingly, less critical than the views expressed by survey participants regarding its role in EMCDDA governance and providing strategic guidance. This is, in fact, a criticism often made of the equivalent bodies in other European Agencies. In relation to the EMCDDA, as several of the more long-standing members of the Management Board pointed out, the criticism that it focused too much on administrative issues may have been true some years ago when there were concerns over the way in which the Centre was being managed but since then, there has been much more of a focus on strategic issues. This is also our impression.

The 2007 evaluation concluded that one factor that complicated the Management Board's proceedings was the relatively high turnover of members. The evaluators accepted that a certain turnover was unavoidable (e.g. where Board members move on to other responsibilities or change after elections in their country) but argued that because new members needed time to become familiar with the EMCDDA, a high degree of turnover was therefore likely to be detrimental to ensuring continuity or 'historical memory'. The analysis for the 2007 evaluation indicated that almost half (46%) of those who participated in Management Board meetings during the period July 2003 to December 2006 attended less than 25% of the meetings. Overall, each Management Board participant attended an average of three of the total of nine Board meetings held during that period.

Turning to the period covered by this evaluation, during which there were also nine Board meetings, the attendance figures have improved overall, as the chart below comparing the two periods shows. 23.8% of representatives attended more than 75% of all meetings, although there are still a large number of people who participated in less than 25% of meetings. However, these are often substitute members or others who are just standing in for the odd meeting. The principal Management Board members usually attend on a much more regular basis, as can be seen subsequently.

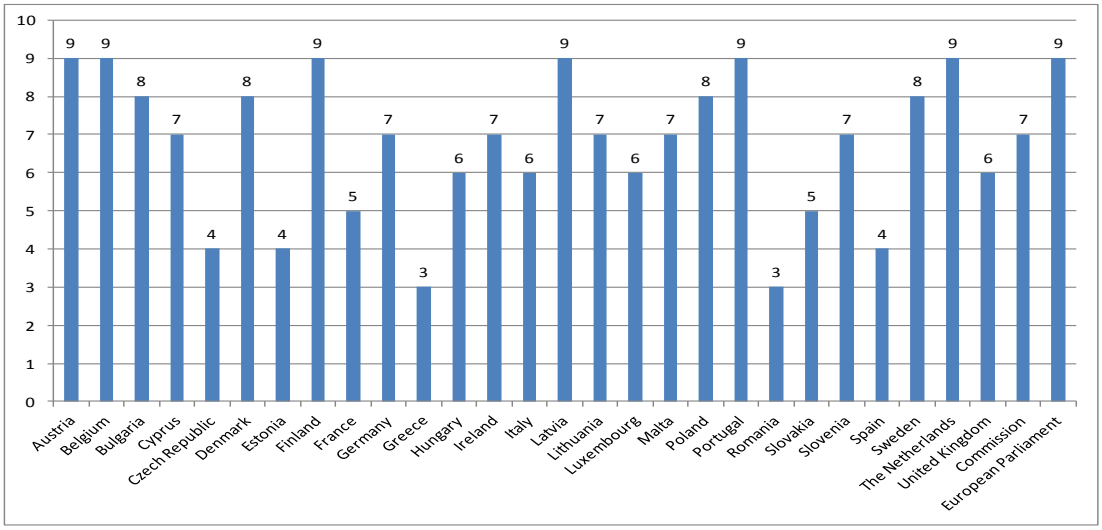
**Figure 5.5: Management Board attendance from July 2007 to July 2011**




Note: 2007-11 includes board members and substitutes for each country and EP/EC

A closer analysis of the attendance at Management Board meetings suggests, in fact, that well over half the EU Member States sent the same representative to all or most (seven or eight) of the nine meetings that took place in the period, as can be seen in Figure 5.6. This is mostly the principal Management Board member, although in some cases it tends to be the substitute member who attends most regularly (Germany, Ireland, Spain, France, Italy and Slovenia).

**Figure 5.6: Number of Management Board meetings attended by the same Representative (July 2007 to July 2011)**




Note: figures are based on leading MB member mainly although in some cases it is the substitute who has attended most.

Under the recast Regulation, the EMCDDA's Management Board is assisted by an **Executive Committee**. The Executive Committee replaced the EMCDDA's former Bureau. However, it was not only the name that changed but also the composition of the group which now consists of the Chairperson and the Vice-Chairperson of the Management Board, two other members of the Management Board representing the Member States and two Commission representatives.

The Director also takes part in meetings of the Executive Committee. These usually take place just before each of the biannual Management Board meetings and 'whenever necessary' (Article 10), typically four times per year in total. The Executive Committee is an important element in the EMCDDA governance set-up and seems to perform its function well. The number of its meetings probably contributes to the well-functioning of the Committee but given the increased pressures on the EMCDDA budget, it might be considered to carry out some meetings virtually or by written procedure, especially when meetings do not coincide with the Management Board sessions.

### 5.2.2 Scientific Committee

The EMCDDA's Scientific Committee is required to 'deliver an opinion … on any scientific matter concerning the Centre's activities which the Management Board or the Director may submit to it' (Article 13(1) of the recast Regulation).[29]

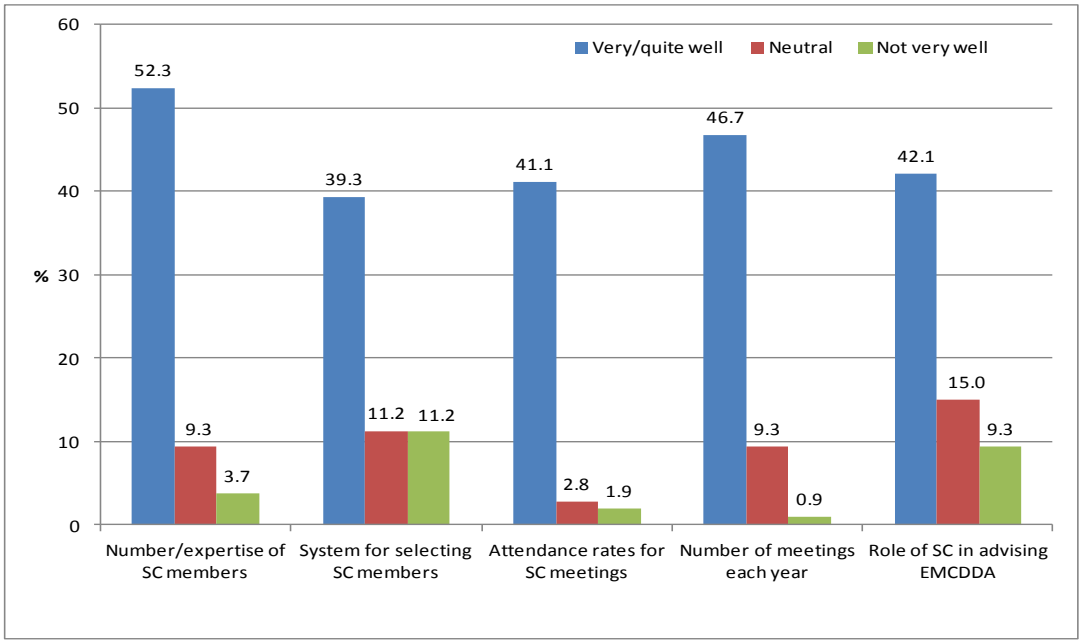
The recast Regulation confirmed changes to the Scientific Committee designed to ensure that it makes an effective contribution to the EMCDDA's work. The main changes were that composition of the Scientific Committee (previously there was one representative per Member State) was reduced to 16 (15 full members and 1 observer from Norway)[30] who were selected on the basis of scientific excellence, and responsibility for appointments was transferred from national authorities to the EMCDDA (appointments are now made through a call for expressions of interest with final decisions taken by the Management Board).

Both survey feedback and opinions expressed in interviews confirm that the Scientific Committee is now a more effective body than it was prior to the changes that were made in 2008.

[29] The remit of the Scientific Committee set out in the EMCDDA's Founding Regulation includes giving a formal opinion on the three-year and annual work programmes on the basis of a draft submitted by the Centre's Director before it is presented to the Management Board, commenting on priorities contained in the work programmes and on any scientific matter concerning the EMCDDA's activities which the Management Board or the Director may submit to it. Other tasks assigned to it include reviewing the Annual report to check its scientific quality, and leading risk assessments of new psychoactive substances.

[30] Numbers are defined in the 2006 recast Regulation (art 13, 2)

**Figure 5.7: Performance of the EMCDDA's Scientific Committee**




The Management Board, Scientific Committee, National Focal Points and EMCDDA staff survey respondents were asked to comment on various aspects of the Scientific Committee. As with the question on the Management Board, quite a high proportion of survey respondents did not give an opinion (these response are not shown in the above chart). No separate analysis is possible on Scientific Committee views as response numbers are insufficient for this group.

Feedback from those surveyed who felt able to answer the various questions supported the view that overall the Scientific Committee has become a more effective body. But many also argued that there was still scope for improvement. For example, one person argued that 'the Scientific Committee has improved, but could do a lot more. They should be more outspoken.' Another suggested that the Committee was 'too narrowly focused on purely scientific aspects of the drugs problem and should place more emphasis on the political/institutional context'. Somebody else claimed that 'The scientific committee is too demand reduction oriented. Criminologists and supply reduction should also be represented in a satisfactory manner.'

In relation to specific functions, the Scientific Committee has played a positive role in **reviewing the EMCDDA's work programmes,** although there has been some concern, in the past at least, that its inputs were only asked for after the documents had been sent to the Management Board for approval. However, in 2011, for the first time, the Scientific Committee was asked for its opinion beforehand. There is similarly positive feedback on its role in relation to the Annual Report.

Whilst reviewing these key EMCDDA documents is an obligatory part of the Scientific Committee's remit, it is left to individual members to decide on whether or not to

undertake **peer reviews** in response to a request to do so from EMCDDA staff and they are not paid to undertake this function. Given the somewhat ad hoc approach to deciding what should or should not be peer reviewed, and how this should be done (at the moment, some peer reviews involve quite detailed papers whilst others can involve verbal feedback or email correspondence), there is a case for clearer guidelines to be introduced and for the Scientific Committee and EMCDDA staff to decide together at the beginning of each year which outputs will be peer reviewed.

The Scientific Committee has also been instrumental in developing **the EMCDDA's intellectual capital** by encouraging its staff to devote some of their time to producing papers for scientific publications other than those published by the Agency (this was suggested in the 2007 evaluation of the EMCDDA as a way of developing 'intellectual capital'). Interviews with staff suggest that this activity has not always been easy to reconcile with operational priorities. More generally, there is a question of the EMCDDA's role in research as opposed to being an information provider. Overall, there seems to be a more positive environment for researchers in the EMCDDA to pursue their own interests than was the case when the last evaluation was undertaken. That said, there is scope for the balance that is considered acceptable between the pursuit of **individual research interests** and EMCDDA work to be clarified.

In addition to the Scientific Committee, the EMCDDA uses **external experts** (including members of the Scientific Committee) for specific tasks. The 2007 evaluation argued that there should be more flexibility in deciding what to do in-house as opposed to using contractors and this appears to now be the case. For example, the Monograph on 'models of addiction' was produced by an expert working as a consultant to the EMCDDA. There is a case for the Scientific Committee to be more closely involved in overseeing the use of experts and reviewing the material they produce. There is also an argument for the Scientific Committee to have a more direct function if the EMCDDA will one day expands its role in providing information on drug-related research undertaken in Europe as a whole by universities, research establishments, business and others to ensure that know-how is shared and used to help develop effective responses to the drugs problem.

Turning to how the Scientific Committee is organised, it was decided to set up in **thematic working groups** and these met for the first time in November 2011 on the day before the full meeting of the Committee. Five working groups were created to discuss issues relating to the EMCDDA's new three-year work programme: key indicators and monitoring the epidemiology of the drug situation; monitoring demand reduction responses; supply and supply reduction interventions; assessing the risks of new substances; and improving Europe's capacity to monitor and evaluate policies. The EMCDDA expects the working groups to make it easier for Scientific Committee members to focus on specific issues and also to develop closer links with EMCDDA staff who participate in their proceedings. From the point of view of the staff, the working groups have the additional benefit of providing a 'sounding board' for ideas. At present the structure of the working groups reflects the main themes of the EMCDDA work programme and there is a case for a more transversal orientation to be introduced.

During the period from November 2008 (when the new Scientific Committee first met) to May 2011, the bi-annual meetings of the Committee have been well attended with seven of the 16 current members attending all six meetings and a further six attending all but one meeting. The participation of observers has been somewhat less constant although one Reitox representative has attended the meetings regularly.

The **new Scientific Committee arrangements** have rectified the main shortcomings with the previous set-up, i.e. because Member States were responsible for appointments, the EMCDDA had no authority to ensure that Scientific Committee members were suitable given the tasks assigned to them and performed in line with expectations. In addition, the new system has helped to ensure that the Scientific Committee represents a balance across areas of expertise. To the extent that there are disadvantages with the new arrangements, these are relatively minor. Thus, as a result of being 'decoupled' from the Member States, Scientific Committee members no longer have a role in ensuring that the data submitted from their countries to the EMCDDA is correct and meets the required minimum standards.

However, in practice, very few of the 'old' Scientific Committee members performed this function. That said, in those countries where Scientific Committee members were active, our interviews with NFPs suggest that their involvement is missed, not only in playing a quality assurance role but also in advising on scientific issues in connection with the production of the National/Annual Reports and in relation to the 'rating' that NFPs are requested to provide.

Overall, therefore, feedback from the interviews suggests that the 'new' Scientific Committee functions well and is more 'scientific' than its predecessor. The high standing of its members as experts in the drugs field has enhanced the credibility of the EMCDDA's work. Looking ahead, Scientific Committee members are appointed for a three-year term which means that a new Committee is due to be appointed in 2013. The previous 2008 call which led to the current membership being selected attracted 108 candidates which means that there should be a good supply of potential new members if replacements are needed. However, given that the Scientific Committee is working well, and there is a good spread across different areas of expertise, there is a strong argument in favour of reappointing the existing members, many of whom are the leading experts in their field. Looking beyond the current period, it might be preferable to appoint Scientific Committee members on a rolling basis (e.g. a third of the members each 2-3 years) rather than the whole Committee every three years help promote continuity.

## 5.3 EMCDDA Units

**Directorate** - the Directorate (DIR) consists of the Director and a management team. The Director of the EMCDDA is proposed by the European Commission and appointed by the Centre's Management Board for a renewable five-year period. The Directorate currently has 10 staff.

**Scientific Division**: In 2010, there was a major reorganisation of the EMCDDA's scientific units. This involved the reorganisation of the three former scientific units

(Epidemiology, crime and markets – EPI; Interventions, law and policies – RES; and scientific partners and documentation – SCD) into one Scientific Division composed of four units. The Scientific Division (SDI) is headed and supervised by a Scientific Director (supported by a small team of three staff) who reports to the Director of the EMCDDA.

**Prevalence, consequences and data management (EPI) unit** - the unit, which has 12 staff, is responsible for the collection of the bulk of the Agency's epidemiological data and its analysis and reporting. The focus of the work is the development of common tools to describe the drug situation and understand the impact of different patterns of use on morbidity and mortality. The unit is also the base for the statistical support and data management team, which serves a transversal role in ensuring appropriate processing of all data sets held by the EMCDDA including but not restricted to the epidemiological key indicators.

**Supply reduction and new trends (SAT) unit -** the formation of this unit, which has 8 staff, reflects the increasing importance of supply and supply reduction data in the EMCDDA's reporting and analysis. It also benefits from some of the natural synergies that exist with aspects of the work involved in the Early Warning System on new psychoactive substances. The unit has a transversal role in coordinating the synthesis of data from different sources to allow the more timely identification and dissemination of information on new trends and potential threats. The unit focuses on supply and supply reduction data, including the issues related to drug-related crime, as well as on the Early Warning System, risk assessment and other tasks necessary to fulfil the EMCDDA's obligations with respect to the Council decision on new psychoactive substances.

**Interventions, best practice and scientific partners (IBS) unit** - this unit, which has 9 staff, develops common tools to monitor the prevention, treatment, harm reduction and social rehabilitation interventions implemented by Member States. It provides greater focus on aspects of drug treatment and better integrates the existing treatment monitoring tools. The unit is the central point for scaling up the EMCDDA's work on identifying and disseminating best practice, knowledge exchange, and encouraging the development of European level guidelines. The unit is also responsible for synthesising evidence and monitoring developments in European research and networking to strengthen the links between the EMCDDA and the scientific and practice communities. Activities linked to the EMCDDA Scientific Committee are also organised by this unit

**Policy, evaluation and content coordination (POL) unit** - this unit, which has 7 staff, focuses on the EMCDDA's work in monitoring drug policies in Europe including the development of evaluation tools and approaches. It will also help coordinate the contents of the Agency's main scientific outputs that require transversal input, in particular the Annual Report and inputs necessary for assisting the Commission with the monitoring and evaluation of the progress made in meeting the objectives of the EU Action Plan. The unit will also take responsibility for ensuring that policy summaries are drafted of key EMCDDA products and assist generally with raising the scientific standards of outputs.

The new structure is designed to improve the EMCDDA's organisational effectiveness, as well as the overall quality, rigour and relevance of its work and outputs. The creation of the Scientific Division has indeed been a positive development. The new Scientific Division set-up has a number of advantages, primarily derived from overcoming a compartmentalised approach to the EMCDDA's core functions. More specifically, the new structure has facilitated transversal working which is important given the increased number of EMCDDA outputs which now total around 70. Previously, an attempt had been made to promote closer joint working between different scientific units through 'soft' structures but this was not particularly successful. Now, apart from having brought the units together in one division, each unit combines a specific scientific focus (prevalence, supply reduction, etc) with a transversal function (e.g. data management, content control).

Two other EMCDDA units work closely with the Scientific Division. The first, the Reitox and international cooperation unit includes data collection for the Scientific Division amongst its functions while the Communication unit is responsible for dissemination of EMCDDA outputs and other related tasks.

**Reitox and International Cooperation (RTX) unit** - This unit, which has 9 staff, has two main roles. The Reitox coordination team, on the one hand, coordinates the network of National Focal Points set up in the 27 EU Member States, Norway, the European Commission and in the candidate countries. Together, these information collection and exchange points form Reitox, the European information network on drugs and drug addiction. The unit is also responsible for international cooperation and this team maintains the contacts and collaboration with the many international partners with whom the Agency has signed cooperation agreements or memoranda of understanding. During the period covered by this evaluation these relationships have been strengthened significantly, through joint projects and increased contacts. These developments were mainly a result of the new competences in the international field granted by the recast Regulation which suggested that the Centre should seek to increase its international partnerships in an attempt to share experience and find ways of addressing the globalised drugs problem jointly.

**Communication (COM) unit** - the work of the Communication unit, which currently has 12 staff, includes media relations, marketing, inter-institutional communication, special events, publications and distribution. As noted in the previous section, the EMCDDA has a comprehensive Communications Strategy that relies on a range of different methods to reach target audiences. The role of the Communication Unit in relation to the EMCDDA's website and web-based communications tools is especially important. Since the last evaluation, the unit has also assumed responsibility for managing the EMCDDA's Documentation Centre.

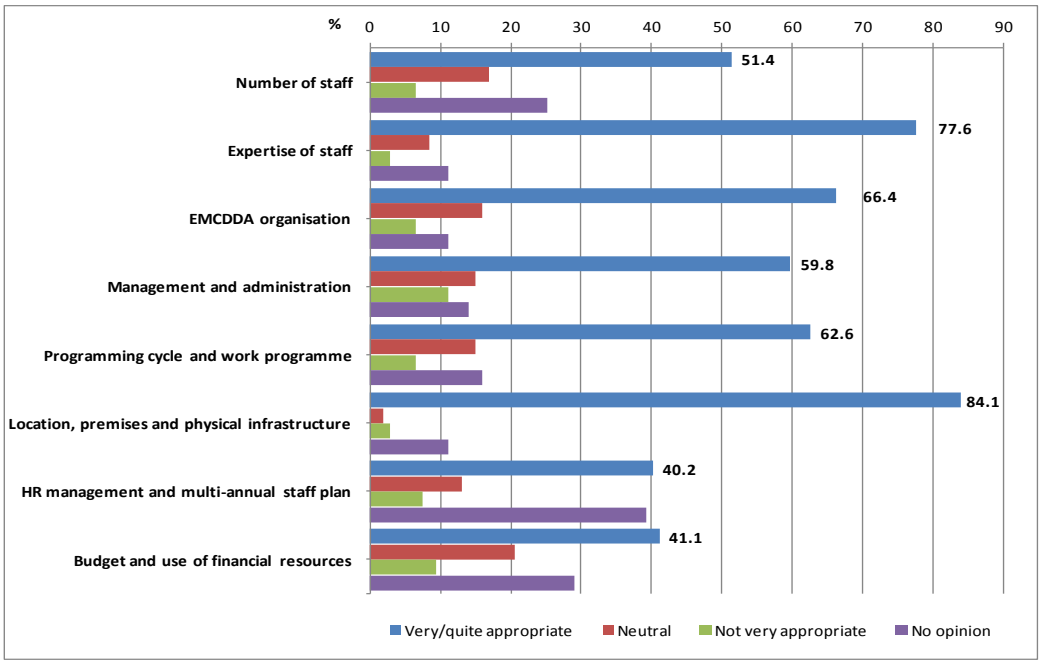
The EMCDDA also has two units with a transversal role in providing support to other parts of the organisation – the Administration (ADM) unit, and the Information and communication technology (ICT) unit.

**Administration (ADM) unit** - the work of the Administration unit, which has 22 staff, includes: human and material resources; financial and accounting management; budget planning and evaluation; and documentation and archives. Since the last evaluation, responsibility for coordinating the preparation of the EMCDDA's work programmes has been transferred to the Directorate. This unit has evolved considerably since the last evaluation, especially with regard to its HR practices which, according to the interviewees, are currently seen as a model for other European agencies, for instance in a recent Court of Auditors report. The many improvements in this sector also resulted in the EMCDDA receiving a very positive appraisal from the Court of Auditors in 2010.

**Information and communication technology (ICT) unit** - the responsibilities of this unit, which has 11 staff, include the development and maintenance of the EMCDDA ICT infrastructure, the provision of ICT advice for projects, and the management of online services and databases. As noted above, the EMCDDA's online services and databases are an increasingly important channel for reaching target audiences.

The Management Board, Scientific Committee, NFPs and EMCDDA staff survey respondents were asked to comment on the functioning of the EMCDDA. As the figure below shows, responses were generally positive, particularly with regard to the expertise of the staff (77.6%). A high proportion (84.1%) approved of the location, premises and physical infrastructure of the Lisbon office.

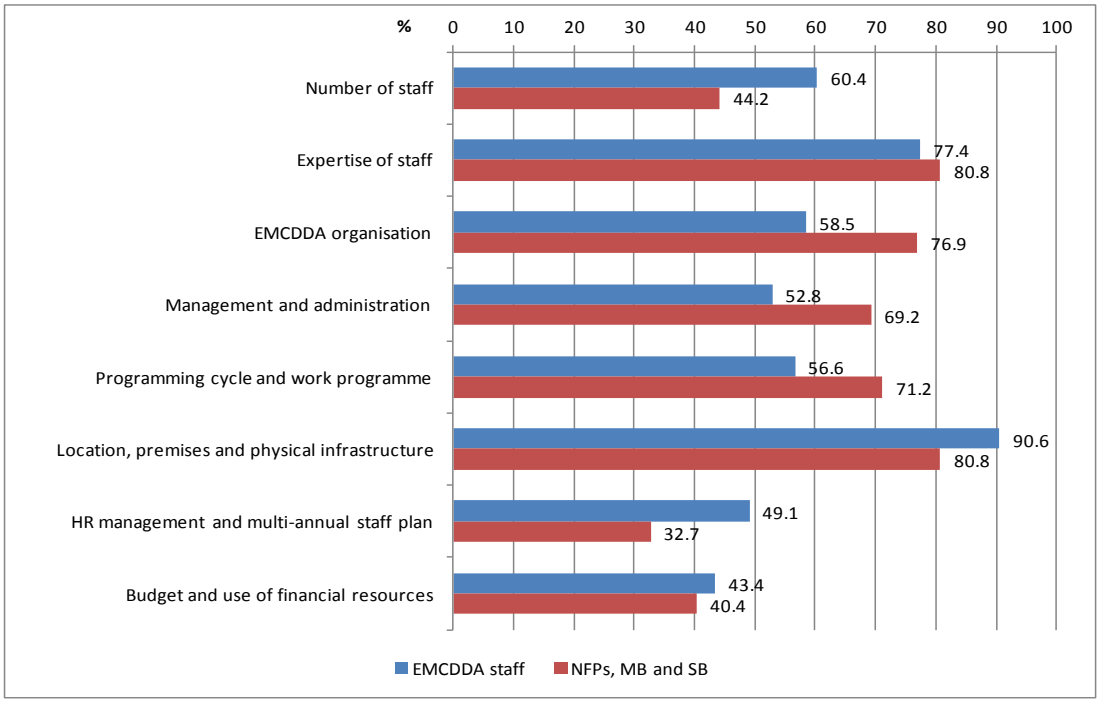
**Figure 5.8: Performance of the EMCDDA Organisation**




Separating the results from EMCDDA staff and the other groups that were asked this question, i.e. Management Board, Scientific Committee, National Focal Points, it is interesting to note that the staff members were less positive than the others regarding

the functioning of the EMCDDA in four different areas. Most significantly, on the 'EMCDDA organisation', where just 58.5% of staff indicated that it was appropriate, but 76.9% of the other groups said this; 'management and administration' (staff-52.8% and others-69.2%) and 'programming cycle and work programme' (staff-56.6% and others-71.2%).

**Figure 5.9: Performance of the EMCDDA – comparison EMCDDA staff the NFPs, MB and SB groups (very/quite appropriate)**




The responses to open questions included a mixture of positive and quite critical comments with the latter being especially critical in relation to human resources issues.

For example, on the positive side, one survey respondent argued that 'Compared to comparable EU agencies the EMCDDA is producing more with less (financial) resources.' However, on the same subject of resources, another person acclaimed that 'Resources, both staff and financial, are clearly lacking in some scientific areas (e.g. supply-side activities). Management seems to be unable to set up priorities in an environment where it becomes impossible to meet all objectives due to constant overload; this is the case in some scientific areas in particular.'

More generally, it was argued that 'the situation has much improved compared to previous years, but there is still an imbalance between resources (staff and finance) dedicated to scientific areas and to administrative areas. The second are over-represented.' Other comments included the criticism that the EMCDDA is top-heavy with too many management level personnel for an organisation of its size, and that in terms of management and HR policies the EMCDDA focuses too much on fulfilling

legal and administrative requirements rather than 'developing a dynamic environment conducive to motivating and engaging staff.'

Below we examine a number of key EMCDDA human and financial resourcing issues in more depth.

## 5.4 EMCDDA's Human and Financial Resources

As noted earlier (Section 2.1 and Section 4.1) the EMCDDA currently has 104 personnel and a budget of €16.2m (2011).

### 5.4.1 Human Resources Management

The EMCDDA recruited a new Human Resources head of sector in 2006 and since then a number of changes have been introduced to the way in which the organisation manages and motivates its personnel. Performance appraisal systems have been put in place with annual appraisal meetings. These have resulted in individual development plans being introduced for all personnel, including training programmes organised either externally or internally by the heads of unit.

Further measures have been introduced to promote **staff well-being and work-life balance**, including schemes for flexi-time and home-working. There has also been a particular effort to introduce more openness and communication in the EMCDDA which has led to a more proactive approach to dealing with staff complaints and staff being more upfront in addressing any perceived problems in the organisation or at personal level.

In terms of **financial management**, there have been increased pressures on the budget following EU enlargement which increased the level of grants to NFPs and other related costs such as the translation and interpretation expenses which currently make up around 5% of the EMCDDA's budget. The **planning function** within the Administration Unit has also evolved in order to ensure that there is consistent and regular follow-up of planned activities. This led to the introduction of a new monitoring instrument which helps map progress towards the activities in the annual and three-year work programmes.

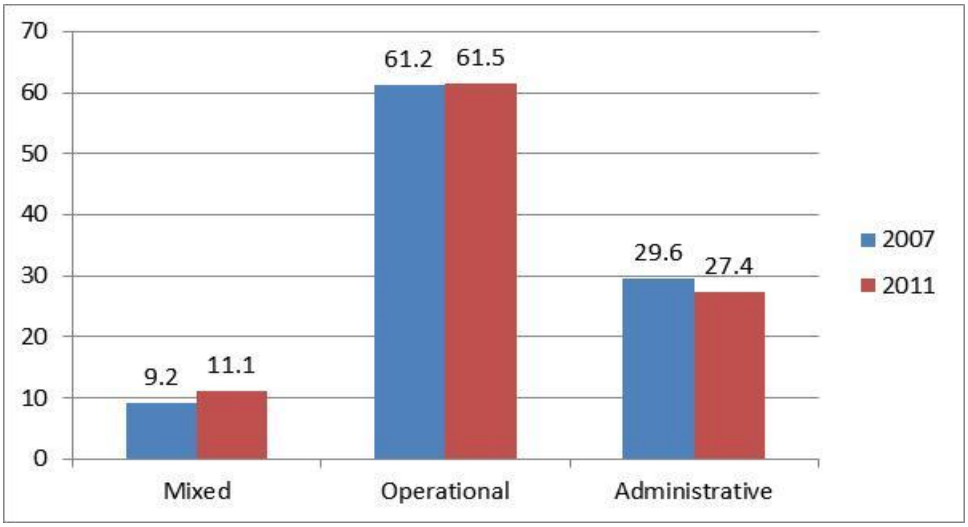
Overall, feedback from the research suggests that the EMCDDA is using its human and financial resources efficiently. Compared with 2007 when the Centre had 98 staff (in increase of 23% since 2002), there has been only a modest increase (6%) in the **number of EMCDDA personnel** in the most recent programming period. The earlier increase in part reflected additional demands on the EMCDDA arising from EU enlargements in 2004 and 2007 and it is therefore to be expected that the numbers would not have increased at the same rate in the current period.

The co-location of the EMCDDA with the European Maritime Safety Agency which took place in 2009 also had the potential to produce efficiency savings through the combining of some support functions, although this has only happened on a very limited basis (joint use of canteen facilities and the joint conference centre located in the EMSA building).

The EMCDDA did suggest more extensive collaboration including a joint unit to manage the EMSA and EMCDDA buildings and other physical infrastructure, and joint arrangements with regard to accounting, but these were not implemented. Discussions on the ways of achieving efficiency gains through the sharing of facilities and functions can be resumed in the future. More generally, there is the possibility of achieving efficiency savings through the sharing of some support services at the EU agency level as a whole.

A related issue with a bearing on efficiency is **the balance between operational and other personnel**. As the following chart shows, there has been little change since 2006 although the proportion of 'operational' personnel has increased slightly.

**Figure 5.10: Breakdown of EMCDDA Personnel Categories, 2007 and 2011 (%)**

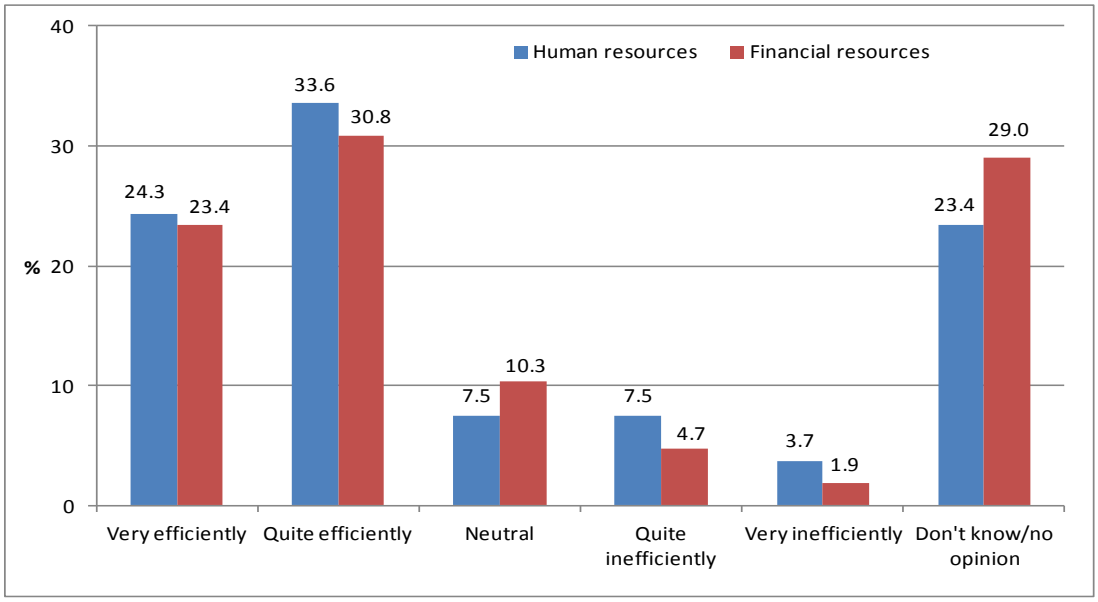



Note: in the above chart, 'operational' staff is defined as those working in the Scientific Division and units, the Directorate has been classified as 'mixed' and the administrative category includes the ICT unit.

According to the earlier evaluation, during the earlier 2000-06 period the **EMCDDA's revenue and expenditure** increased at an average rate of 7.6% p.a. (€8.2m in 2000 to €12.6m in 2006). Again, the main increase took place in 2004 reflecting a substantial budgetary increase from €10m to €12.5m in connection with two EU enlargements. Between 2006 and 2011, the EMCDDA's increased at a lower average annual rate of 5.4% to €15.9m, partly being additional funding of some €1m to cover new tasks set out in the 2006 recast Regulation.

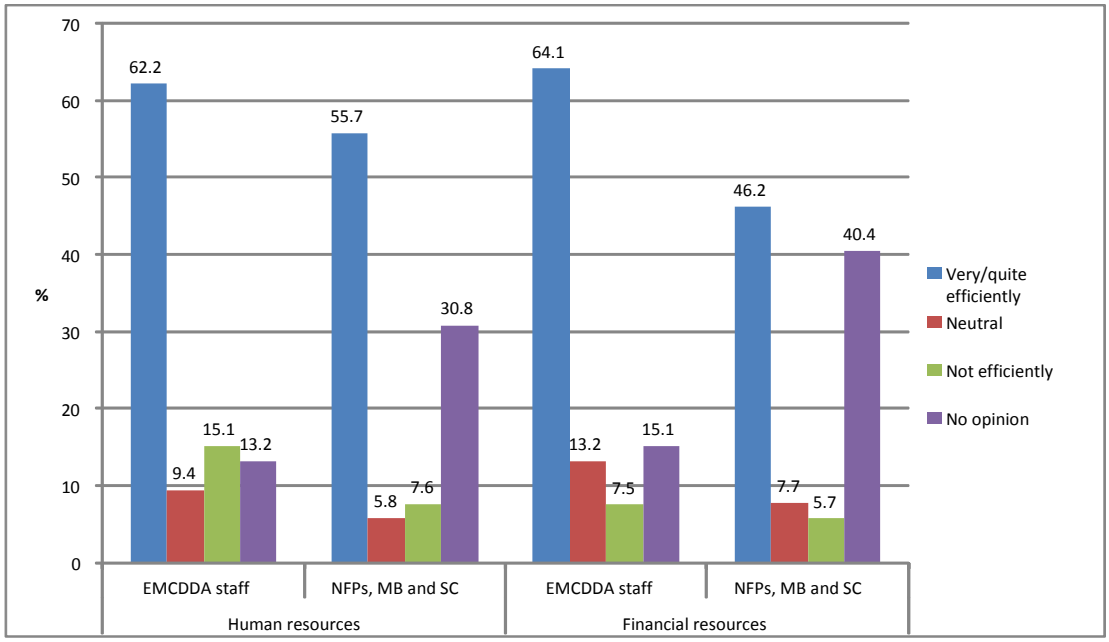
The following chart provides a breakdown of feedback from the survey on how efficiently the EMCDDA has deployed its human and financial resources, a question asked of the Management Board, Scientific Committee, NFPs and EMCDDA staff respondents. Quite a number did not offer an opinion, but of those that did, clearly most thought that human and financial resources were deployed very or quite efficiently.

**Figure 5.11: Efficiency of the EMCDDA in deploying resources**




Looking separately at the results from EMCDDA staff and the other groups that were asked this question, EMCDDA staff were somewhat more of the opinion that both human and financial resources are efficiently deployed, whilst a high proportion of the other groups could not give an opinion.

**Figure 5.12: Efficiency of the EMCDDA in deploying resources – comparison between EMCDDA staff and NFPs, MB and SC members**



## 5.5 Role of the REITOX Network

*To what extent has the REITOX network of Focal Points delivered the data and information required to meet the objectives of the EMCDDA's work programmes?*

The EMCDDA relies on a network of some 30 national monitoring centres (the Reitox network) to gather and analyse country data according to common data-collection standards and tools. The Reitox network of NFPs also has a second key function of helping disseminate information. The dissemination function focuses on the Annual Report (in addition to the actual launch event, this involves language checking of the press release, providing feedback on media coverage, etc).

### 5.5.1 Role of National Focal Points and Developments since 2007

According to Article 5(2) of the 2006 recast Regulation:

> 'The national focal points shall form an interface between the participating countries and the Centre. They shall contribute to the establishment of key indicators and data, including guidelines for their implementation with a view to obtaining reliable and comparable information at European Union level. They shall collect and analyse in an objective manner at national level, bringing together experience from different sectors – health, justice, law enforcement – in cooperation with experts and national organisations active in the field of drugs policy, all relevant information on drugs and drug addiction, as well as on policies and solutions applied. In particular, they shall provide data for the five epidemiological indicators specified by the Centre.'

The 2007 evaluation highlighted the key role of the network in helping the EMCDDA to fulfil its mission, both in collecting information on the drugs situation in Europe and helping to disseminate the EMCDDA's scientific outputs. It noted that the resources available to NFPs varied considerably reflecting monitoring and the willingness of national authorities to go beyond match funding the EMCDDA's financial assistance. Various recommendations were made in the 2007 evaluation including periodically review NFP quality assurance systems to ensure that these are based on best practices and uniformly applied across EU Member States, extending the Reitox quality standards system to include factors relating to the wider NFP role, reviewing the NFP grant scheme and the case for linking the amount of funding more closely to national needs, and encouraging more networking between NFPs to share good practices and undertake joint initiatives.

In the period after 2007, various steps have been taken by the EMCDDA to develop and strengthen the NFPs including new quality standards and procedures for national reporting, development of EU networking and the way in which the Reitox Academies operate with more focus on regional initiatives, improved EMCDDA systems for managing the NFP grants (the Hermes system), and the development and codification of best practices.

### 5.5.2 National Focal Point Organisation and Resourcing

*'Is the support provided by the EMCDDA and national authorities sufficient? What further support, if any, do National Focal Points need to maintain their data collection role and is there scope for this to be streamlined?'*

A total of 20 NFPs provided information on the survey question on the **number of personnel devoted to EMCDDA-related tasks**. The number varies between 2 and 70. In most cases, however, the number lies in the range 2-15 and if the very much higher totals are removed from the calculation then the average is 6.3 staff members[31]. It is quite likely that the lower estimates relate to just the NFP whereas in the case of the higher numbers, the term 'NFP function' has been more broadly interpreted to include expert working groups and possibly even some members of national networks. The figures therefore have to be treated with caution given differing interpretations of who is or is not involved in carrying out the NFP functions.

Nearly two-thirds (60.7%) of the NFPs participating in the survey indicated that the **human resources** available to them are sufficient given the present workload, the others stating that this was not the case. In many cases (67.9%) NFPs have additional resources available to them for data collection related to the drugs situation, no doubt reflecting the fact that much of the information is (as pointed out earlier) required first and foremost by national authorities.

Comments made by NFPs on this issue in the survey focused on resourcing issues, the general view being that the available resources are barely sufficient given the tasks to be undertaken let alone enough to take on new tasks. One NFP argued that 'the number of people working on the NFP function is only sufficient because a large network of supporting institutions is willing to contribute and provide information', a point emphasised in several interviews we undertook with NFPs. Another NFP explained that the resourcing position was especially difficult because of budget cuts in their country, again also mentioned by a number of other NFPs we spoke to.

Moreover, some NFPs consider that the **amount of time and resources needed to fulfil EMCDDA-related tasks** is not compensated by the grant they receive, notwithstanding the fact that the Centre only provides part of their funding with the remainder contributed by Member States.[32] There are concerns amongst some NFPs that the EMCDDA is, as they see it, increasing the workload as it expands its activities to new fields but not its share of the resources available to NFPs. There is a worry that the quality of their work could be affected if requests are extended much further. Already

[31] According to the analysis in the 2007 evaluation of the EMCDDA, on average, there were 4.3 full-time equivalent persons per NFP who are dedicated to carrying out tasks under NFP guidance.

[32] Article 5(3) of the 2006 recast Regulation stipulates that 'The national authorities shall ensure the operation of their focal point for the collection and analysis of data at national level'.

there were complaints that they did not have sufficient time to carry out their dissemination activities as well as they would like.

Whilst the appointment and maintenance of each NFP is the responsibility of the respective Member States, provided the total eligible costs (i.e. those incurred in undertaking EMCDDA-related tasks) amount to at least €200,000, the EMCDDA is able to provide a grant of approximately €100,000 towards this cost. In a few exceptional cases, NFPs have been unable to apply for the entire EMCDDA grant because the authorities could not raise the necessary 50% co-financing. It is up to each NFP to apply for support. The financing of NFPs is governed by the standard EU 'Grant Agreement for an Action'.

Overall, some 20% of the EMCDDA's annual budget (equivalent to €2,606,569 in 2011) is devoted to supporting the Reitox network of NFPs with a 2% p.a. indexation of the grants[33]. Participating countries in the EMCDDA (e.g. Norway) do not receive a grant.

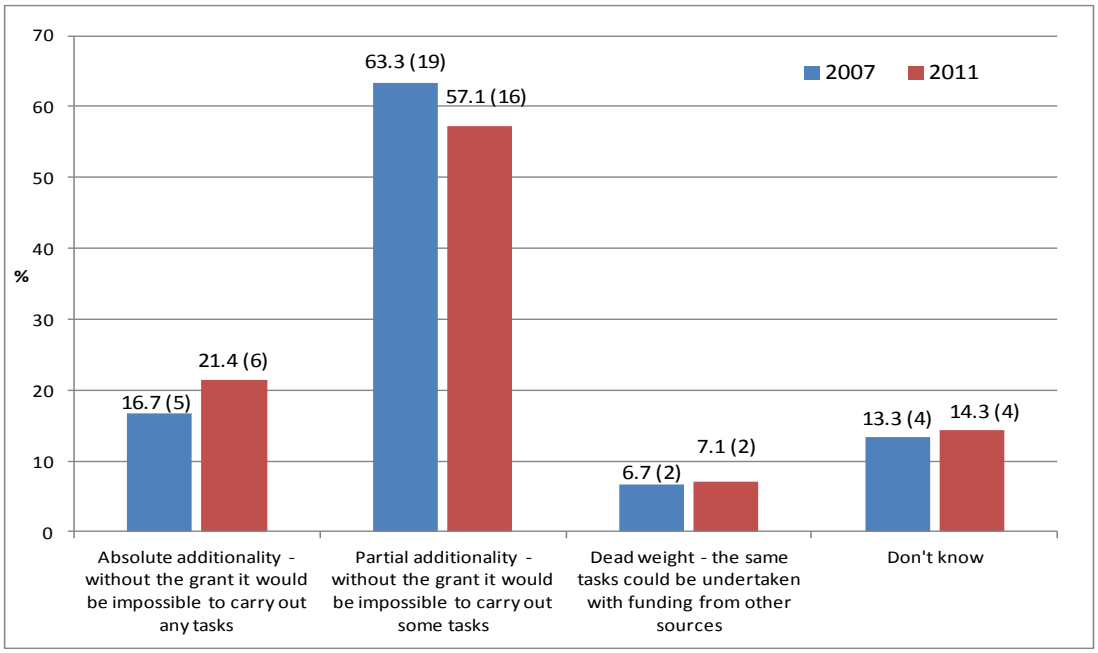
It should be recalled that all NFPs receive the same grant amount, in contrast to the practices of some other European agencies. The EMCDDA attempted to change the grant system in 2005-06 in response to EU enlargement, and a review of the grant scheme was also proposed in the 2007 evaluation which suggested linking the amount of funding more closely to the size of the country and NFP support needs, but in both cases there was no agreement in the Management Board on the case for change.

The proposed linkage to 'needs' was in particular considered controversial. Because of the lack of agreement, and the perceived risk of a new system being divisive for the Reitox network, it was decided not to make any changes to the grant scheme, a solution which was backed by all NFPs. With the EMCDDA facing budgetary reductions as a result of the difficult financial climate, there is a need in our view to reconsider how NFPs are financed.

The survey feedback and interviews underlines the varying importance of the **EMCDDA's grant** for the NFPs. The chart below compares the evaluation findings on this question in 2007 with the current study's findings.

[33] The indexation has however not been granted in 2012.

**Figure 5.13: Importance of the grant received from the EMCDDA in being able to carry out tasks (2007/2011)**




As can be seen, the EMCDDA grant has become more important to NFPs, almost certainly reflecting the constraints on public funding arising from the post-2007 economic downturn and cutbacks in national funding for measures to tackle the drugs problem.

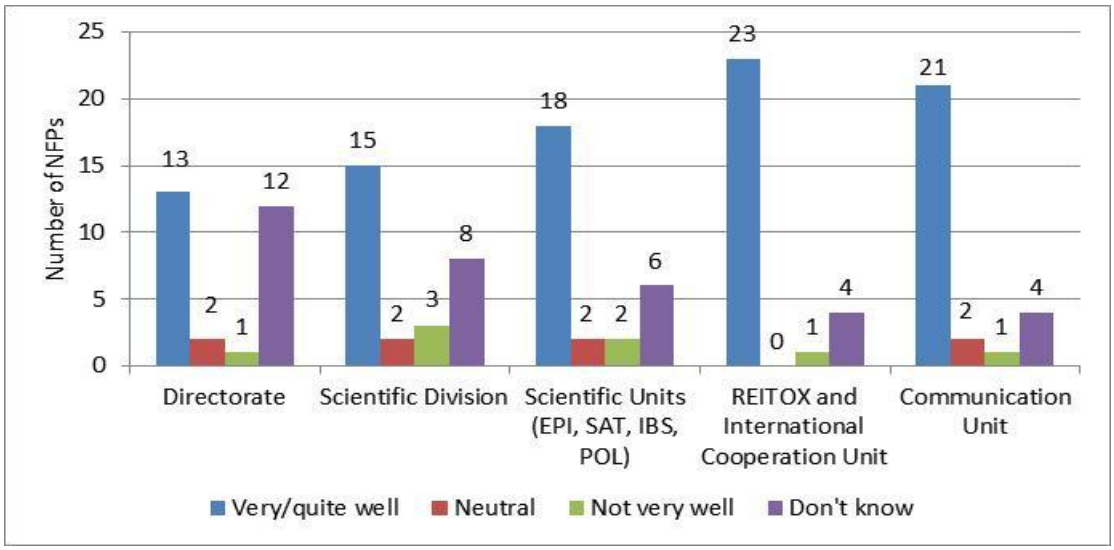
There are exceptions to this overall pattern. In countries where the monitoring of the drugs situation is a particularly high priority, the national authorities are more supportive and tend to provide adequate resources for this purpose. In these cases, NFPs might be able to continue undertaking some of their tasks as they have to do them anyway for national purposes (e.g. CY, DE, ES, FI, GR, NL, PT, PL). However, in most cases, there would be significant differences between the national requirements for the analysis and presentation of data and that required by the EMCDDA protocols, which explains why a majority of countries say that the grant is important.

In contrast, for some NFPs, mainly newer EU Member States, where the drugs situation is sometimes not considered as such a high priority and where resources are often more limited, the EMCDDA's grant is critical for the functioning of the NFP (e.g. LV, SK). This is even more important in the current situation where most Member States are implementing austerity measures and cutting budgets because the EMCDDA's grant and more specifically the co-financing rules helps to guarantee continued national funding.

### 5.5.3 NFPs' Relationship with the EMCDDA

Whilst there were some tensions earlier following the introduction of the EMCDDA's Fonte system, there is now a good **relationship between the Reitox network and the EMCDDA**. The following chart clearly underlines this.

**Figure 5.14: Relationship with different parts of the EMCDDA in Lisbon (Number of NFPs)**

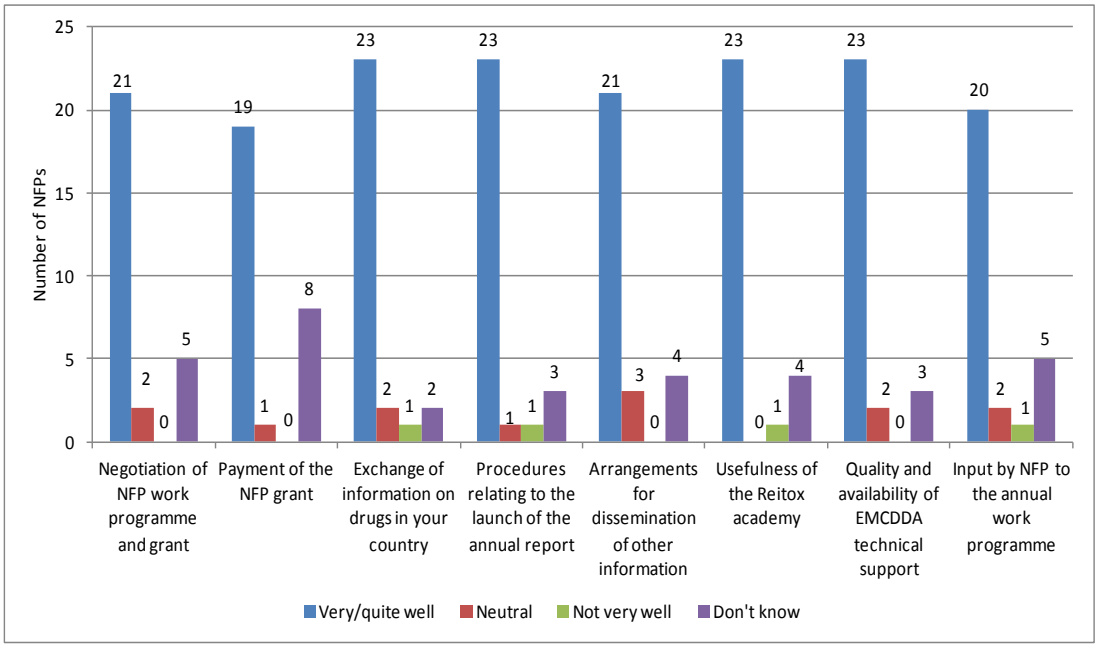



Most of the NFPs interviewed emphasized that the EMCDDA is very supportive and usually offers the **technical support** needed quickly. The help provided for the launch of the Annual Report at national level is especially appreciated. Less positively, some NFPs complained that EMCDDA information requests are sometimes issued in an uncoordinated way. There have for instance been examples of urgent requests for language checks, peer reviews, etc. from EMCDDA departments at the same time as NFPs were busy submitting standard tables and National Reports.

The Agency does produce a clear planning and list of requests for proof-reading and language checks which is announced to NFPs at the beginning of the year, but for unavoidable reasons some of the deadlines are quite close (for instance there is a deadline at the end of October for sending National Reports and for proofreading the press releases for the Annual Report). Sometimes there are also delays in the production of some publications such as the Selected Issues, which might lead to requests for proofreading being made later than initially planned. It is important to continue to seek a balance in these requests and to avoid, in as far as possible, that 'bottlenecks' occur.

Another problem raised in the interviews was that the information requested by the EMCDDA is not always used and some of those we spoke to suggested that some information is asked for "just in case". However, these and other criticisms do not outweigh the otherwise positive relationship.

**Figure 5.15: Views on EMCDDA procedures (Number of NFPs)**




During the period under review, the EMCDDA's Reitox unit developed a **new ICT system (Hermes) to help manage the financial relationship with NFPs**. This provides access to financial data on the NFP grants and co-financing as well as information relating to other aspects such as meeting expenses and project funding. One of the benefits of the system is that because it automates data inputting and other procedures for obtaining funding, it should speed up the making of payments to NFPs. The system was developed by external contractors and tested in 2011 with the aim of going live in the first half of 2012. The system is not designed to be open to NFPs.

### 5.5.4 Performance of the Reitox Network and Best Practices

Although no formal NFP performance measurement framework exists, the roles and obligations of NFPs towards the EMCDDA are defined by the 2006 recast Regulation, by the Reitox Framework adopted in 2003 by the Management Board, and by the terms of the Grant Contracts which are closely monitored by the Centre. Since the 2006-2008 period, a new system has been put in place for monitoring the quality and timeliness of NFP deliveries and a checklist and final activity report are now part of the management file for each grant and 'sine qua non' requirements for decisions to pay the grant. It should also be mentioned that following the recommendations of the Internal Audit Service, on-site audits and assessments are conducted every year in 2-3 NFPs and that additional training and interventions are organised for countries that need it.

Taking this as a framework, the EMCDDA reports that most NFPs perform the data collection functions assigned to them well and to the extent that there are shortcomings, we understand that these are usually beyond their control and mostly attributable to gaps in the availability of data that is provided by third parties (medical services, treatment

centres, etc). That said, during the 2007-12 period, one EU Member State had a 'non-performing' NFP for a considerable length of time whilst in another case the NFP was suspended for six months. In both cases, the EMCDDA appears to have monitored and documented the whole process, and provided the necessary support that in the end allowed for a resolution of the problems (the support provided by the EMCDDA in these situations has included arguing the case with national authorities for resources to be allocated to the NFP function). All in all, it appears that the current mechanisms for assessing NFP performance are systematic and detailed, and appear to lead to improvements in the quality and timeliness of NFP deliveries and overall performance.

In addition, a **Reitox development strategy** was adopted in November 2009 and in 2010 the EMCDDA published 'Building a National Drugs Observatory: A Joint Handbook' jointly with the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD-OAS). [34] This Handbook, which draws on the EMCDDA's experience and involved substantial NFP inputs, provides comprehensive guidance on how to set up and operate a national drugs observatory, claiming in the foreword that it 'for the first time presents and describes in a clear and informative way the core operational processes and the key strategic factors that are common to all national drugs observatories'. Topics covered include: the key functions of a national drugs observatory, data collection and monitoring, how best to analyse quantitative and qualitative data, the reporting and dissemination functions, and other questions such as the legal base, human resourcing and governance arrangements.

More specifically related to the NFPs themselves, the EMCDDA, together with the Italian Focal Point is currently exploring the potential and possible ways of further developing the Handbook and to transform it into a specific tool for strategic and operational diagnosis which would allow NFPs to assess their own performance. The aim is to help ensure that NFPs achieve minimum quality standards and that Member States derive the maximum benefit from NFP activities. It is envisaged that the diagnostic tool will be further developed to include feedback from target audiences.

Specifically in relation to the key epidemiological indicators, the **quality standards for NFP data collection activities** have been redefined in the period under review to provide clearer guidance on what is expected with regard to coverage and quality. The format for data collection has also been reviewed and updated together with the NFPs during the same period. This framework was used for the first time in the 2009 annual review of key indicators. During the 2007-12 period, the guidelines for the preparation of national reports have also been revised with related capacity-building support provided by Reitox Academies and expert visits at the NFPs. The EMCDDA also provides structured feedback to NFPs on their National Reports and other outputs and follow-up and additional support is foreseen with the help of the Reitox Academy.

[34] The Handbook was aimed primarily at a Latin American audience (CICAD-OAS) and at Candidate, Potential Candidate and Neighbouring Countries (EMCDDA

### 5.5.5 Networking – EU and Member State Levels

Networking activities involving NFPs take place at several levels – the EU and Member States.

*EU Level Networking*

At an EU level, networking is important in helping to forge a common approach to key EMCDDA-related tasks, in sharing good practices and capacity-building, and as a way of promoting the coherence and visibility of the Reitox network.

Twice a year, NFPs hold 2-3 day **Reitox meetings** with the EMCDDA in Lisbon. These provide an important opportunity for NFPs to network amongst themselves (e.g. the first day includes a session attended only by NFPs themselves) and to discuss issues with the EMCDDA. In general, the feedback on the usefulness of these meetings is very positive. However, one criticism is that the meetings do not provide a sufficient opportunity for genuine discussion because of the number of presentations that are made in the different sessions and the large number of participants. Some NFPs interviewed went beyond this, arguing that the relationship with the EMCDDA is based mostly on one-way communication with no real dialogue.

Steps have, however, been taken to address this problem and a new structure for the Reitox HFP meeting has been prepared following the conclusions of the Reitox meeting of November 2010, with the aim to foster the exchange of views between the Reitox Focal Points and the EMCDDA staff around content-related issues. The new structure is based on a priority given to topics for discussion with the NFPs and a first attempt at discussing topics in smaller groups was made at the Reitox meeting in May 2011. The evaluation of the meeting was very positive and the proposal was adopted by NFPs. Since then, a comprehensive structure has been defined for the two Reitox meetings (May and November) which will be implemented as from 2012. Furthermore, all meetings will be systematically evaluated with the participants, and an evaluation report will be made available at the following meeting.

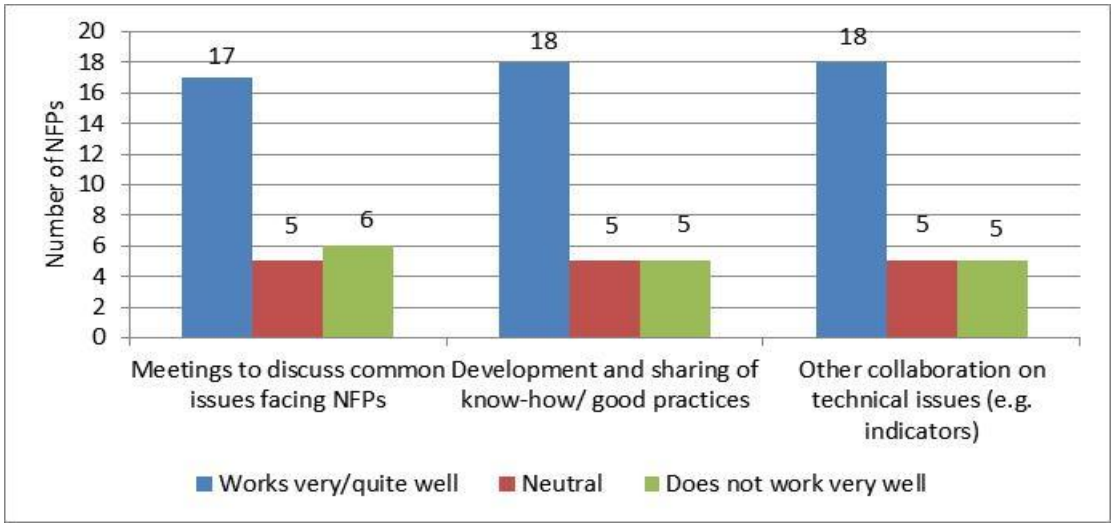
Although there is some **bilateral collaboration between NFPs** (e.g. joint expert group meetings on the key indicators), and there is positive feedback with regard to working together, outside the biannual Reitox meetings in Lisbon, the amount of time required for core tasks means there is not much time left for networking between NFPs. The interviews suggested that more networking and joint projects would be welcome. NFPs in EU15 countries that have been involved in twinning projects through their host organisations to provide technical and administrative know-how to Ministries in candidate countries and who through this channel have developed contacts with focal points in these countries report good continued collaboration. This is equally the case for those NFPs who have been involved in EMCDDA-IPA (Instrument for Pre-Accession) technical cooperation projects and the Reitox Coaching System preparing and providing support to candidate countries for their participation in the EMCDDA.

Beyond this, there is a need to intensify the exchange of experience and practices between countries with similar drugs situations and problems, and to better understand

the situation in other countries. The **Reitox Academies**, which are now increasingly organised for smaller groups of NFPs on a regional basis, also facilitate closer networking. As part of the EMCDDA's 2012 work programme, a **Reitox focus group initiative** is being supported to help develop strategies in each country to ensure that the Centre's outputs and NFP dissemination activities at national level are as closely tailored as possible to the needs of drugs professionals and other key target groups in Member States.

Feedback on EU level networking from NFPs who completed the survey questionnaire is provided below. This largely confirms the picture outlined above, for while a little under two third of NFPs felt that networking worked well, the remaining were either neutral on the subject or negative.

**Figure 5.16: Working relationship with other National Focal Points on issues relating to the NFP/EMCDDA (Number of NFPs)**




Comments from the survey respondents focused on the need for more theme-based networking. One person summed this up by arguing that 'there should be more opportunities to form ad-hoc thematic groups of countries interested in a specific field/topic, supported by financial means for meetings and expertise'. Another respondent argued that 'Networking could be further developed. Priorities should be country specific and needs-based'.

*Networking at the Member State Level*

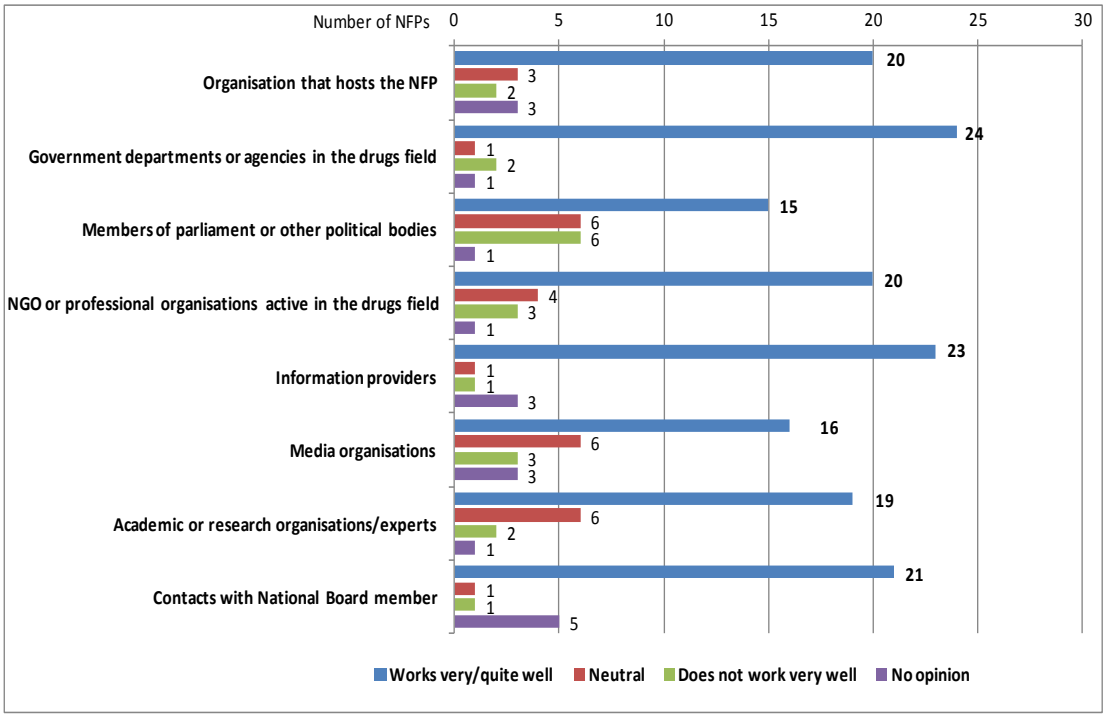
Networking at the Member State level has a twofold purpose – to enable data on the drugs situation to be collected and, secondly, to provide a mechanism for the dissemination of EMCDDA outputs.

NFPs were asked in the survey to provide an estimate of how many organisations and individuals participated in their **national networks** (it was suggested that a rough estimate would be sufficient if they were not sure of the exact number, e.g. the estimate

could be based on the number of people regularly attending key events). For the 20 NFPs providing data, the average was 64 network participants per Member State with a range from 12 to 250. (This estimate excludes one response indicating that there were 1,500 network participants – this was presumed to be an error whilst completing the survey).

The following chart provides a summary of feedback from the survey on the relationship with national partners, which, in general, is quite positive. In particular, NFPs work well with government departments/agencies in the drugs field (24 NFPs or 85.7%) and with information providers (23 NFPs or 82.1%). The working relationship with Members of Parliament or other political bodies is least positive, with 6 NFPs (21.4%) giving a negative response.

**Figure 5.17: Working relationship with national partners on issues relating to the NFP/EMCDDA (Number of NFPs)**




Feedback from NFPs suggests that national networks have developed in a satisfactory way in recent years, with nearly 90% responding positively to this question.

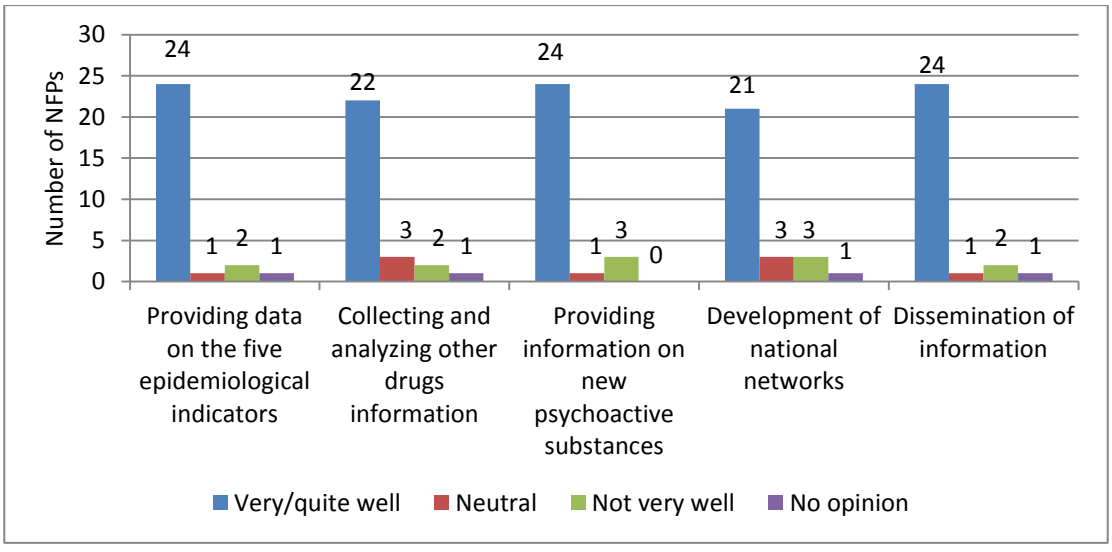
**Table 5.2: Network development over the past five years in Member State (NFPs)**

| Responses | No | % |
|---|---|---|
| Very well | 8 | 28.6 |
| Quite well | 13 | 46.4 |
| Satisfactorily | 4 | 14.3 |
| Not well at all | 1 | 3.6 |
| Don't know | 2 | 7.1 |
| **Total** | **28** | **100.0** |

More specifically, feedback from interviews showed that **national networks** have been reinforced in some countries (e.g. LV, SK) in recent years, where they were not previously so well developed, resulting in improved capacities with regard to data collection and the dissemination of the EMCDDA's publications and other outputs to national target audiences. In other countries, efforts are still underway to improve the national networks. In all Member States there are of course some institutions in the networks that are more active than others. There seems to be a tendency that the networks function better in countries where the host of the NFP is also responsible for developing the national drugs strategy.

Overall, the years since 2007 have been ones of consolidation after the two EU enlargements that took place in the earlier period. Although further development is needed, with relatively few exceptions, quite strong national networks are now in place across EU Member States to support the EMCDDA's activities. The following figure provides NFP feedback on how well the Reitox network is now functioning overall.

**Figure 5.18: Functioning of the REITOX network (Number of NFPs)**



# EMCDDA Organisation and Governance 5

## 5.7 Conclusions – EMCDDA Organisation and Governance

Overall, the EMCDDA's governance structures and procedures work well. Although feedback on the general functioning of the Management Board is positive stating that it fulfils its statutory role, there was also some criticism, especially regarding its role in EMCDDA governance and providing strategic guidance. Changes introduced in 2008 to the Scientific Committee have been beneficial and helped to ensure that it plays the intended role. The internal reorganisation of the EMCDDA that took place in 2010 has helped to improve efficiency by strengthening cross-unit working and the coordination of scientific activities generally.

Overall, the EMCDDA deployed its human and financial resources to good effect during the period under review. The changes to the organisational set up, management systems and working methods made a significant contribution to this outcome. Moreover, it is unlikely that the results achieved by the EMCDDA could have been more cost-effectively achieved by alternative arrangements, whether this involved transferring activities to the Commission itself, to an executive agency or external contractors. Apart from the transition costs, our assessment suggests that the EMCDDA already achieves good value for money that would be hard to improve on by alternative delivery mechanisms. In the final section of this report, however, we highlight the need for further steps to generate efficiency savings given the likely reductions in European Agency budgets in the new programming period.

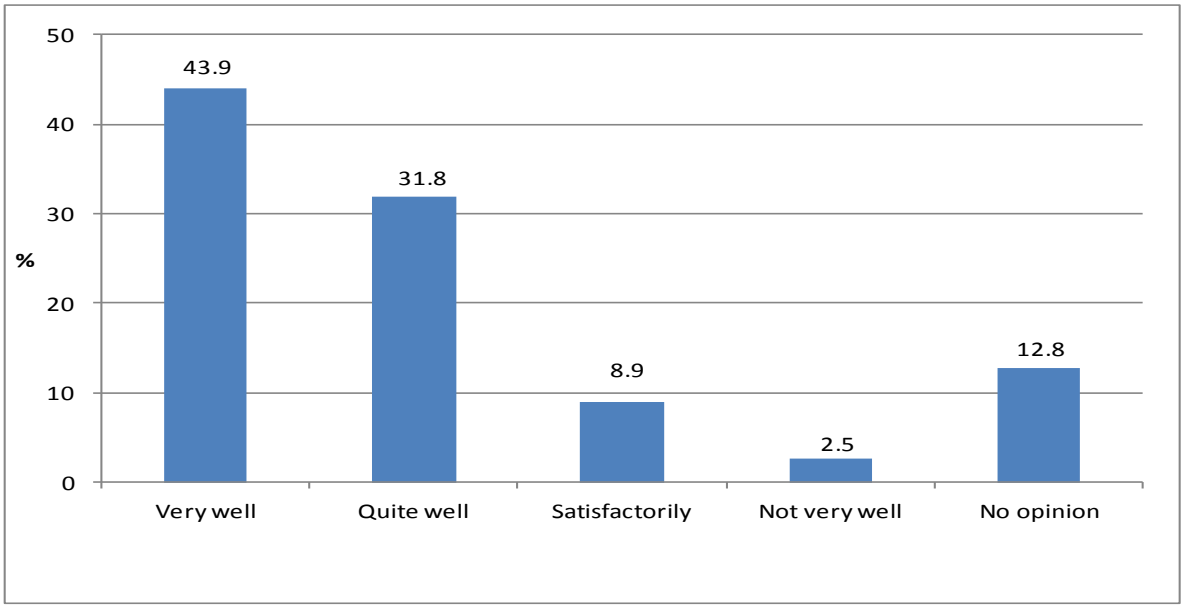
# Overall Conclusions and Recommendations 6

**In this final section of the report we set out emerging conclusions and recommendations from the evaluation of the EMCDDA.**

## 6.1 Overall Conclusions

**Overall, the EMCDDA has performed well during the 2007-12 period in its mission of providing the EU and Member States with factual, objective, reliable and comparable information at the European level on drugs and drug addiction and their consequences.** This overall conclusion is supported by the evidence from a number of different sources including the survey work. As the following chart shows, three-quarters (75.7%) of those responding to the survey considered that the EMCDDA has performed either well or very well in carrying out its mission during the period under review.

**Figure 5.1: Performance of the EMCDDA in performing its mission**




In relation to the various tasks set out in the EMCDDA's 2006 'recast' Regulation, the evaluation findings are generally positive.

**Firstly in relation to its role of providing 'factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction, and their consequences', the EMCDDA has performed strongly.** In addition to the demand-side, progress was made to improve the understanding of the supply-side of the drugs problem.

**The EMCDDA also performed well in relation to the second task defined for it in the 2006 Regulation, namely to 'collect, register and analyse information on emerging trends'.** During the period under review, the upward trend in new psychoactive substances being detected has accelerated but the EMCDDA has kept pace with developments through its Early Warning System and related activities, providing useful information to the Commission and Member States that has been used to shape policy responses. Feedback from the research on the EMCDDA's performance in relation to the third task set out in the recast Regulation,

'identifying best practices in Member States and facilitating and exchange of such practices between them' is not as positive compared with the other tasks. The EMCDDA's fourth task ('to promote cooperation with other European and international bodies and with third countries') has been successfully promoted.

**Overall, the information provided by the EMCDDA has helped with the development of effective policymaking at the EU and Member State levels to combat the drugs problem.** During the period under review, both the quantity and quality of information produced by the EMCDDA on the drugs situation has increased. The EMCDDA has also continued to make an important contribution to the scientific debate on the drugs problem and ways of tackling it. Increased outputs have been generated in a cost-effective way with only a relatively modest increase in the EMCDDA's human and financial resources. There have been no significant unintended consequences of either a positive or negative nature.

Below we summarise conclusions in relation to the main themes in this report – key EMCDDA activities and progress towards objectives, outputs and target groups, and the EMCDDA organisation and governance.

## 6.2 EMCDDA Activities and Outputs

**During the 2007-12 period, the EMCDDA implemented two three-year work programmes (2007-09 and 2010-12). Many of the activities are of an on-going nature but of the remainder, most of the planned outcomes have been achieved.** Overall, of the 44 planned outcomes set out by the EMCDDA in the 2007-09 work programme, our assessment suggests that some 80% were achieved, 14% were on the way to being completed, and the remainder were started but not completed. In many cases, the tasks concerned were of an inherent on-going nature but actions taken during the period laid the basis for successful long-term achievements. In the case of the 2010-12 Work Programme, out of the 86 objectives set out by the EMCDDA within the five goals, around 75% have so far been achieved, 15% are on the way to being completed, and the remainder have been started but not completed. Turning to the more specific activities:

**The EMCDDA has continued to provide high quality monitoring data based on the five key epidemiological indicators.** In addition, during the period under review, improvements were introduced by 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 assessment of the key indicators' implementation conducted in 2009 (another is planned for 2012) showed an increase of the quality of the information but there were still problems with data comparability and fully implementation of the key indicators at Member State level.

# *Overall Conclusions and Recommendations* 6

**Recommendation 1: The EMCDDA should seek to develop the analytical aspects of its drugs monitoring work.** At present, much of the EMCDDA's work focuses on collating information on the drugs situation and trends – i.e. providing essentially descriptive analyses - using the key indicators as a framework and it does this very well.

Looking ahead, more should be done to develop analytical capabilities, e.g. cross-country comparative analyses to help understand why the drugs situation varies across Europe, examining measures to combat the drugs problem to identify best practices and what works well/less well in terms of impacts, and work to develop an understanding of the inter-play between the demand and supply-sides.

To facilitate more analysis of EMCDDA data, consideration should be given to increasing the use of online systems that can be opened up to researchers for interrogation and analysis.

**The Fonte system for online data collection has also been successfully established during the period under review.** This now provides a stable platform for the EMCDDA's main data collection and management activities focusing on the key epidemiological indicators and related information. However, the quality of data remains unequal as it depends on the quality of the national data sets where there are still differences among the Member States. Looking ahead, there is a need to develop the organisation's capacities to process and analyse qualitative and textual information.

**During the period under review, work began on developing indicators relating to the supply side of the drugs problem, including drug markets, drug related crime and supply reduction.** The EU Drug Strategy 2005-2012 and related Action Plans have stressed the need for a balanced and holistic approach to reducing both the supply and demand for drugs. Work has already started with a view to developing three key indicators in these areas in the coming years. The role of Europol, and the police and customs authorities in the EU Member States, is also important given the law enforcement dimension. However networking should also be extended to the judicial authorities and Eurojust.

**Recommendation 2: The development and implementation of key indicators for the supply-side of the drugs problem should be one of the EMCDDA's future priorities.** In addition to the key indicators, the EMCDDA should consider improving the description and analysis of drug markets, drug related crime and drug supply reduction resulting in a comprehensive strategic overview which, coupled with the information on demand and demand reduction, will result in a better understanding of the drug phenomenon.

The development of supply indicators will require the necessary resources first of all at the level of the EMCDDA, and possibly in relation to Reitox if this network is used to collect data, and that a new impetus is given to its cooperation with the relevant partners on supply issues (amongst others, Member States, the European Commission, Europol, Eurojust and CEPOL). The collection of information on drug supply will also enrich the EMCDDA's Annual Report, providing a more complete overview of the drugs problem in Europe.

# *Overall Conclusions and Recommendations* 6

**Faced with a rapidly accelerating upwards trend from around 2005 onwards, the problem of new psychoactive substances has developed into one of the main focuses of the EMCDDA's work.** The Early Warning System is central to this work and a key instrument in the EU's response to the problem. Linked to this, so far a total of 11 risk assessments have been carried out by the EMCDDA Scientific Committee, leading to eight new substances being put under control. The EMCDDA's work in this field is clearly of high added value to the EU and Member States, ensuring that information on new psychoactive substances is made available quickly to national authorities and others so that timely action can be taken to impose controls where necessary. Assuming current trends noted in this report continue, the problem of new psychoactive substances will become even more central to the EMCDDA's future work. This means that there may need to be further investment in developing the Early Warning System, risk assessments and other related procedures as key instruments in the EU's response to the problem.

**Recommendation 3: If the volume of new substances being detected in Europe continues to rise in coming years, consideration may need to be given to increasing the EMCDDA's capacities and resources in this field.** A proposal for a new system replacing the Council Decision is expected to be tabled by the European Commission in 2012 and it will clearly be important that the EMCDDA adapts the EWS and other procedures to any new requirements that will emerge once the legislative instrument enters into force. Additional resources may be needed to deal with this.

**There is generally positive feedback on the EMCDDA's role in identifying best practices in Member States and facilitating an exchange of such practices between them.** Developing an understanding of best practices is a key to effective interventions to tackle the drugs problem, both at the policy and operational levels. Reflecting this, many of those we spoke to stressed the need for the EMCDDA to place more emphasis in the future on this aspect of its remit (see Section 4.5).

**Recommendation 4: Building on the current efforts, greater emphasis could be placed on a better balance between the analysis of information on the drugs situation and the responses to it.** In addition to analysing the drugs problem, greater emphasis should be placed on identifying and disseminating information on best practices with regard to tackling it. In addition to drugs policies at an EU and Member State level, there is a need to provide information that can help professionals 'on the ground' to maximise the effectiveness of measures they are responsible for implementing to tackle the drugs problem.

**The Best Practice portal - a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration - was successfully launched in 2008.** This offers a range of tools and standards to improve the quality of interventions and highlight examples of evaluated practices across Europe. Feedback from those who have accessed the Best Practice Portal is generally positive.

# Overall Conclusions and Recommendations 6

**Recommendation 5: The EMCDDA's Best Practice Portal should be further developed.** The need to focus more on best practices and what determines the effectiveness of interventions to tackle the drugs problem is increasingly important. A further priority should be to extend the Best Practice portal to include not only information on demand-side measures but also on supply-reduction.

**The evaluation confirms that the EMCDDA's monitoring outputs are particularly helpful to Member States as they highlight the position of individual countries in relation to overall trends with regard to the drugs problem.** However, more could be done to identify and disseminate good practices with regard to tackling the drugs problem.

**Recommendation 6: The EMCDDA could further develop its provision of methodological expertise to Member States and accession countries in order to help them develop and assess their national drugs policies and practices.** Understanding the different drug policy approaches in Europe and the level and coverage of service provision in the Member States overall remains essential to understand how Europe is tackling its drug problem. This information is critical to proper drug policy evaluation both at national and at EU level.

**In addition to its own activities, and the work of the Scientific Committee, the EMCDDA provides useful information on drugs-related research in Europe as a whole.** There is scope for this function to be expanded. At present, this function is largely limited to disseminating information on EU-funded projects. While research, per se, is not an EMCDDA function, providing information on drug-related research undertaken in Europe as a whole by universities, research establishments, business and others should be helpful ensuring that know-how is shared and used to help develop effective responses to the drugs problem. Furthermore, the EMCDDA has received a mandate from the HDG to inform their discussion on drug-related research priorities and should therefore ensure that their input is given in an objective and reliable way.

**Recommendation 7: The EMCDDA should develop its role in providing information on drug-related research in Europe.** With the help of its Scientific Committee, the EMCDDA should strengthen its relationship with Europe's drugs research community and through conferences, the sharing of information and ideas, and other activities, help to identify research priorities and the sharing of the results of studies. NFPs could also play a role in developing this relationship in the dissemination of information on research. Specifically in relation to EU-funded research, to the extent that is practicable, the Agency should be consulted over the priorities and perhaps represented on the steering groups of some major projects so that activities in the drugs research field are coordinated.

**Reflecting the main findings highlighted above, the evaluation suggests that there is no need for fundamental changes in the EMCDDA's overall priorities, organisation or governance arrangements.** However, the research highlights a number of priorities. These

relate to aspects of the EMCDDA's existing remit, as set out in the 2006 'recast' Regulation, that have become increasingly important given the changing nature of the drugs problem.

**Recommendation 8: The EMCDDA's new Work Programme should highlight a number of key priorities.** These could include: further efforts to tackle the problem of new psychoactive substances, the development of supply-side indicators, and continuing to improve monitoring activities focusing on the key demand-side epidemiological indicators.

In addition to the EMCDDA's monitoring activities, there is a need to undertake more analysis of the information that is already being collected to help understand why the nature and extent of the drugs problems differ from one country to another. This is a precondition for being able to design effective interventions.

## 6.3 Reaching EMCDDA Target Groups

**The EMCDDA produces a good number of high quality outputs.** The online and printed 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. Overall, feedback is positive with more than half the survey respondents stating that the EMCDDA's outputs are either 'excellent' or 'good', and most saying that there are no alternative sources of the same/similar information. However, although some EMCDDA outputs are too detailed for some target groups, in particular policymakers, this is not the only target group.

**Recommendation 9: Continued efforts should be made to better tailor EMCDDA outputs to the needs of policymakers but also other target audiences such as drugs professionals.** The practice of producing short papers such as the EMCDDA's Drugs in Focus series might be extended to other aspects of the Centre's work. Consideration might also be given to some rationalisation of the EMCDDA's portfolio of publications by combining different outputs. This would improve transparency and possibly the impact of EMCDDA information.

**The Annual Report continues to be the EMCDDA's flagship publication and is highly valued by target audiences.** The EMCDDA Annual Reports provide a very comprehensive assessment of the drug problem in Europe. The annual reporting package published every year includes, apart from the Annual Report itself, a number of Selected Issues, the Statistical Bulletin and Country overviews. Taken together, the package remains very much the EMCDDA's most important publication and is the highest ranked of the outputs according to the survey feedback. However, owing to the length of the document and its structure, it is difficult to gain an overview of the key messages. There is also a considerable time lag in the production of the report given the time it takes the EMCDDA to collect and analyse national information and translate the document into the official EU languages.

**Recommendation 10: The format of the EMCDDA's Annual Report should be revised.** At the very least there should be an executive summary that highlights key messages. Ideally, the Annual Report should also be shorter in length. This would not only make it less expensive to produce and to translate (especially if translation of the main document is confined to fewer languages or to just the executive summary) but should also make it easier to communicate key messages to policymakers and other target audiences.

If possible, publication of the Annual Report should be brought forward to the middle of each year. Another option is to only produce the full report every two years with a much shorter annual report in between which could then be published earlier (e.g. in May or June).

**Overall, the feedback from key stakeholders on the EMCDDA's outputs and role generally is very positive.** At the European level, the EMCDDA works in close collaboration with the Commission and other key stakeholders such as the Council, European Parliament, and the other European agencies. EMCDDA information contributes to the implementation of the EU Drugs Strategy in a number of ways. There is a rather more mixed picture with regard to how effectively the EMCDDA has reached different target audiences in Member States. Whilst it is seen as doing so quite successfully in the case of national authorities and drugs professionals, this is less apparent with other target groups. The added value of EMCDDA information lies in the EU-wide dimension which puts country-specific situations into context. There is, however, scope for more comparative analysis to determine why differences exist.

**Recommendation 11: Given the global nature of the problem, and the need for a multi-dimensional response, the relationship with key partners at the EU and international level should also be further developed to improve the capacity to monitor and analyse the drugs situation and responses to it.** The EMCDDA already has links with a number of other European agencies and international organisations. Given the international nature of the drugs problem as well as the limited resources available at the EMCDDA, the Agency will have to follow a selective cooperation strategy to achieve maximum benefit of cooperation with international partners on relevant topics.

## 6.4 EMCDDA Organisation and Governance

**Although feedback on the general functioning of the Management Board was positive stating that it fulfils its statutory role, there was also some criticism, especially regarding its role in EMCDDA governance and providing strategic guidance.** The main criticism was that it has focused too much on administrative issues. This may have been true some years ago when there were concerns over the way in which the EMCDDA was being managed but our impression is that since then there has been much more of a focus on strategic issues. Under the recast Regulation, the EMCDDA's Management Board is assisted by an Executive Committee and this seems to be performing well.

**Changes introduced in 2008 to the Scientific Committee have been beneficial and helped to ensure that it plays the intended role.** In relation to specific functions, the Scientific

Committee has played a positive role in reviewing the EMCDDA's work programmes although there is some concern that in the past at least, its inputs have not been asked for at an early enough stage to influence plans.

**Recommendation 12: No major changes are needed to the EMCDDA's Management Board or Scientific Committee although some improvements could nevertheless be made.** In relation to the Management Board, there could, where time permits, be more discussion at meetings on thematic issues. Consideration might also be given to reducing the number of different languages that are used for interpretation to help reduce costs. With the Scientific Committee, it might be preferable to appoint members on a rolling basis (e.g. a third of the members each 2-3 years) rather than the whole Committee every three years to help promote continuity.

**Recommendation 13: A goal should be set of all appropriate EMCDDA outputs being subject to a peer review by a Scientific Committee member.** The EMCDDA should make public each year the number/percentage of its outputs where it was appropriate to undertake a peer review and where such an exercise was actually undertaken. It needs to be recognised, however, that not all outputs are suitable for peer review; similarly, the capacity of the Scientific Committee to carry out peer reviews is limited. Although ideally undertaken before an output is produced, to avoid delays, it might be necessary for some peer reviews to be undertaken retrospectively. There is also a case for guidelines to be introduced and for the Scientific Committee and EMCDDA staff to decide together at the beginning of each year which outputs will be peer reviewed. Some form of prioritisation will be needed (e.g. outputs with a particularly large target audience, outputs involving a relatively new methodology).

**National Focal Points are generally performing well but continued efforts should be made to develop the function.** The key epidemiological indicators provide a structure for a common approach to data collection by NFPs, and a means to assess their performance, but there is no comparable 'best practice' framework for the 'output' side of the NFP function, namely dissemination of information and the development of national networks. The difference between EU Member States in the organisation of NFPs, and their performance, is not a clear-cut and comparisons in this respect are difficult to make. However, overall, there is scope for more emphasis to be placed on performance measurement using best practice as a benchmark.

**The research underlines the importance of the EMCDDA's grant to NFPs but the way in which the system operates should be reviewed.** More than two-thirds (71%) of the NFPs participating in the survey indicated that the financial and human resources available to them are sufficient given the present workload. This could change of course (e.g. if NFPs are given new tasks relating to data collection for supply side indicators). However, with the prospect of reduced funding for EU agencies, if their functions remain unchanged, the way in which NFPs are funded should be reviewed.

# Overall Conclusions and Recommendations 6

**Recommendation 14: The question of how NFPs are funded by the EMCDDA, and in particular whether the same grant should be given to all NFPs should be re-examined.** This was suggested in the 2007 evaluation report. With the EMCDDA's and Member States' budgets facing reductions, a revision of the current system for allocating grants is justified. Ideally, the level of grants should be related to NFP 'needs' and their performance, but this may not be feasible, in the short term at least. At the very minimum, if the current system continues, any indexation of the NFP grant (currently 2% p.a.) should be at or below the level of the adjustments made to the EMCDDA budget as a whole.

**Overall, feedback from the research suggests that the EMCDDA is using its human and financial resources efficiently.** Compared with 2007 when the Centre had 98 staff (an increase of 23% since 2002) there has been only a modest increase (6%) in the number of EMCDDA personnel in the most recent programming period. The proportion of 'administrative' personnel has declined slightly. Between 2006 and 2011, the EMCDDA's budget increased at a lower average annual rate of 5.4% (to €15.9m) compared with the 2002-06 period.

**Whilst the EMCDDA's operating framework provided by the 2006 recast Regulation remains fit for purpose, the evaluation does identify a number of ways of improving efficiency and effectiveness.** Similarly, there could be resourcing and other implications for the EMCDDA, including for the Reitox network, associated with the implementation of supply indicators and other activities to advance future priorities. However, at the same time, the EMCDDA's resources will come under pressure as cut-backs take effect in the EU budget. Maintaining the quality and quantity of EMCDDA outputs - let alone embarking on an expansion of activities - will therefore pose major challenges in the new programming period.

**An important consideration is the current economic crisis which is affecting the Member State funding available to NFPs, and the resources that can be devoted to drugs strategies, in many countries and this needs to be borne in mind in setting future priorities.** Public administrations are making many cuts and reductions of staff that affect the national entities that host NFPs. The same constraints on budgets also affect the EMCDDA itself and NFPs that are based in research organisations or non-governmental organisations.

**Recommendation 15: Given budgetary constraints, even more needs to be done to ensure efficient use of the EMCDDA's funding so that resources are available for key priorities in the new programming period.** Many of the priorities highlighted by the evaluation will require additional financial and human resources.

The EMCDDA's overall funding is likely to be reduced in line with cutbacks in the EU budget as a whole. Savings will therefore be needed to free up resources that can be used to support the development of existing and new activities. This might be achieved through a combination of measures, e.g. changes in the way grants are allocated to NFPs, reduced translation of EMCDDA documents, sharing infrastructure and common services with EMSA. Where there is scope to do so, consideration should also be given to redeploying staff internally, e.g. moving staff from administrative functions into operational roles if shared services are developed with EMSA.

# *Overall Conclusions & Recommendations*

# 6

**Table 6.1: Summary of Conclusions - Key Questions from Terms of Reference**

| Relevance | Summary – Key Conclusions |
|---|---|
| 1) *To what the degree have the EMCDDA work programmes covering the 2007-2011 period addressed the objective, tasks and priorities set out in the EMCDDA's recast Regulation as well as those of the EU Drugs Strategy and its Action Plans, covering priorities in the field of drug demand reduction and also increasingly drug supply reduction?* | Overall, the evaluation concludes that there was a high degree of coherence between the objectives defined in the EMCDDA's work programmes for the 2007-12 period and those of the EU's Drugs Strategy, the Centre's regulatory framework as well as with the priorities of the key stakeholders. This was ensured through a process of close consultation with the Commission in preparing the 2007-09 and 2010-12 work programmes. |
| 2) *To what extent are the objectives and outputs of the EMCDDA work programmes covering the 2007-2011 period in line with the needs of its multiple stakeholders)?* | Overall, the feedback from key stakeholders on the EMCDDA's outputs and role generally is very positive. At the EU level, the EMCDDA works in close collaboration with the Commission and other key stakeholders such as the Council, Parliament, and the other European agencies. EMCDDA information contributes to implementation of the EU Drugs Strategy in a number of ways. It is also valuable to key stakeholders and target audiences in Member States. |
| 3) *To what extent are the objectives and activities of the EMCDDA for the 2007-2011 period coherent with its regulatory framework?* | In relation to the various tasks set out in the EMCDDA's 2006 'recast' Regulation, the evaluation findings are generally positive. A summary of key conclusions is provided earlier in this section (Section 6.1). |
| 4) *To what extent are the objectives and activities of the EMCDDA for the 2007-2011 period coherent with those objectives in the EU Drugs Strategy 2005-2012 and the EU Action Plans where the Agency is identified as an actor?* | To the extent that the EMCDDA can be associated with the impacts of the EU Drugs Strategy and Action Plans, evaluations of these provide an indication of the performance of the Agency.<br>More specifically, both the most recent Drugs Strategy evaluation and our own research confirm that the EMCDDA's outputs clearly have a positive influence on helping to develop more effective policies and other intervention to tackle the drugs problem. |
| 5) *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and the drugs-related objectives and activities of the Commission?* | |
| 6) *Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and other EU Agencies such as Europol, the European Centre for the Prevention of Disease Control and the European Medicines* | The EMCDDA has developed good links with a number of other European agencies and international organisations. Given the international nature of the drugs problem, and the need to tackle both demand and supply side issues, it is important that there is close joint-working to maximise overall impacts on the problem. |

| | |
|---|---|
| *Agency?* | |
| *7) Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and those of the Member States?* | The evaluation confirms that the EMCDDA's monitoring outputs are helpful to Member States as they highlight the position of individual countries in relation to overall trends with regard to the drugs problem. This helps Member States to define priorities. |
| **Effectiveness** | |
| *8) To what extent has the EMCDDA achieved the objectives of its two three-year work programmes 2007-2009 and 2010-2012 (until July 2011)?* | The EMCDDA achieved most of the objectives set out in the two multiannual work programmes of 2007-09 and 2010-12. Overall, of the 130 planned outcomes set out in the two work programme, our assessment suggests that some 80% were achieved, 15% were on the way to being completed, and the remainder were started but not completed. In many cases, the tasks concerned were of an inherent on-going nature. |
| *9) To what extent have the REITOX Focal Points delivered the data and information required to meet the objectives of the aforementioned EMCDDA's work programmes?* | According to the evaluation, the Reitox has performed well in delivering the data and information required by the EMCDDA. There is some variation between NFPs in performance but the Centre has taken steps to strengthen common standards. |
| *10) To what extent has the EMCDDA met its core objective as required in its regulatory framework to provide the EU with factual, objective, reliable and comparable information?* | The evaluation suggests that the EMCDDA has performed well in providing factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction, and their consequences. |
| *11) Is there coherence and mutual complementarity between the objectives and activities of the EMCDDA and the drugs-related objectives and activities of the Commission?* | There is considerable coherence as a result of sharing the common overall Drugs Strategy as a framework. At an operational level, links between the EMCDDA and the Commission have been strengthened by holding regular coordination meetings in Brussels, in Lisbon or via video-conferences, regular coordination meetings, etc. |
| *12) To what extent have the changes in the EMCDDA's governance structure resulting from the recast Regulation and the 2010 internal re-organisation impacted on the effectiveness of the EMCDDA?* | The changes that were introduced did not fundamentally change the way in which the Management Board functions. However, Scientific Committee members were thereafter selected on merit and the evaluation confirms that this has led to the Committee becoming a much more effective element in the EMCDDA set-up. |
| *13) Are the EMCDDA's tools to monitor and review outputs and results adequate for ensuring accountability and an assessment of performance?* | The EMCDDA has developed an output-orientated approach to monitoring its work programmes. However, although the work programmes contain some performance indicators, these have tended to be very limited in number, mainly qualitative and focused exclusively on outputs with less emphasis on results and impacts. The Centre does, however, also obtain considerable feedback on its activities from the Management Board |

| | |
|---|---|
| | and from the National Focal Points. |
| **Efficiency** | |
| *14) To what extent has the EMCDDA efficiently deployed its resources (human and financial) to achieve the objectives set out in its work programmes during the period 2007-2011? Is the EMCDDA providing value for money? Are available resources adequate to these objectives?* | Overall, the EMCDDA has used its human and financial resources efficiently. Compared with 2007 when the Centre had 98 staff, there has been only a modest increase (6%) in the number of personnel in the most recent programming period. Between 2006 and 2011, the EMCDDA's budget increased at a lower average annual rate of 5.4% to €15.9m compared with 2002-06. |
| *15) To what extent have the EMCDDA's organisational set-up, management systems and working methods been conducive to the effectiveness and efficiency of its operations?* | As noted above, the EMCDDA's 2010 reorganisation and other measures (e.g. the introduction of the Fonte and Hermes systems) have helped to improve the EMCDDA's administrative efficiency. The evaluation concludes that these measures were conducive to the effectiveness and efficiency of operations. |
| *16) Are the effects achieved at a lower cost than would have been the case if its activities were carried out by other existing or potential arrangements (e.g. by the Commission itself, an executive agency, external contractors)?* | It is unlikely that the results achieved by the EMCDDA could have been more cost-effectively achieved by alternative arrangements, whether this involved transferring activities to the Commission itself, to an executive agency or external contractors. Apart from the transition costs, our assessment suggests that the EMCDDA already achieves good value for money that would be hard to improve on by alternative delivery mechanisms. However, further efficiency savings are needed given the likely reductions in European agency budgets in the new programming period. |
| *17) Is there scope for simplifying the administrative set-up and working methods in the context of current administrative and financial regulations?* | Current administrative and financial regulations limit the scope to simplify the EMCDDA administrative set-up. However, looking ahead, the scope for sharing support functions with EMSA, and possibly other EU agencies, should be explored. |
| **Utility** | |
| *18) To what extent have the activities of the Agency in the 2007-2011 period resulted in any unintended/unplanned results and impacts (both desirable and undesirable)?* | The evaluation does not identify any significant unintended/unplanned results and impacts, whether desirable and undesirable. |
| **Added Value** | |
| *19) To what extent have the EMCDDA's activities provided a European level information resource for informing the policy debate on drug issues?* | Overall, the information provided by the EMCDDA has helped with the development of effective policy-making at the EU and Member State levels to combat the drugs problem. |

# *Overall Conclusions & Recommendations*

# 6

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|---|---|
| 20) *To what extent have the EMCDDA's activities and outputs helped to improve the ability of Member States and the EU to monitor and respond to drug problems?* | During the period under review, both the quantity and quality of information produced by the EMCDDA on the drugs situation has increased. The EMCDDA has also continued to make an important contribution to the scientific debate on the drugs problem and ways of tackling it. The evaluation confirms that the EMCDDA's monitoring outputs are particularly helpful to Member States as it highlights the position of individual countries in relation to overall trends with regard to the drugs problem. |
| **Conclusions and Recommendations** | |
| 21) *What conclusions and recommendations can be drawn from the evaluation of the EMCDDA and its work programmes relating to the 2007-2011 period, particularly with the view to supporting the next EMCDDA programming cycle (2013-2015)?* | Section 6 of this report sets out a total of 15 recommendations that are relevant to supporting the next EMCDDA programming cycle. |
| 22) *Have the conclusions and recommendations of the previous 2007 evaluation of the EMCDDA and the REITOX Focal Points been taken into account and the extent to which their implementation has improved the overall performance of the EMCDDA?* | Section 3 of this report provided an assessment of the extent to which the recommendations of the 2007 evaluation have been taken into account. This suggests that most of the recommendations were implemented and have contributed to the continued good performance of the EMCDDA during the period under review. |