Final Report

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

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# Contents

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>i</td>
</tr>
<tr>
<td>1. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Summary of Evaluation Aims</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Structure of the Final Report</td>
<td>2</td>
</tr>
<tr>
<td>2. Background, Key Issues &amp; Methodological Approach</td>
<td>3</td>
</tr>
<tr>
<td>2.1 Origins and Role of the EMCDDA</td>
<td>3</td>
</tr>
<tr>
<td>2.2 Earlier EMCDDA Evaluation and Previous Research</td>
<td>7</td>
</tr>
<tr>
<td>2.3 Evaluation Criteria and Methodological Approach</td>
<td>11</td>
</tr>
<tr>
<td>3. EMCDDA Aims, Work Programmes &amp; Coherence with EU Policies</td>
<td>18</td>
</tr>
<tr>
<td>3.1 Priorities and Work Programmes</td>
<td>18</td>
</tr>
<tr>
<td>3.2 EMCDDA Activities and Progress towards Objectives</td>
<td>21</td>
</tr>
<tr>
<td>3.3 Consistency of EMCDDA Activities with EU Policies</td>
<td>24</td>
</tr>
<tr>
<td>3.4 Summary – Aims, Work Programmes and Coherence</td>
<td>28</td>
</tr>
<tr>
<td>4. Scientific Activities and Outputs</td>
<td>29</td>
</tr>
<tr>
<td>4.1 Scientific Activities 2001-06</td>
<td>29</td>
</tr>
<tr>
<td>4.2 EMCDDA Scientific Outputs</td>
<td>33</td>
</tr>
<tr>
<td>4.3 Quality Assurance Practices</td>
<td>38</td>
</tr>
<tr>
<td>4.4 Feedback from Target Groups on Scientific Outputs</td>
<td>40</td>
</tr>
<tr>
<td>4.5 Quality Assessment of Scientific Outputs</td>
<td>49</td>
</tr>
<tr>
<td>4.6 Specific Issues – EMCDDA Annual Report</td>
<td>52</td>
</tr>
<tr>
<td>4.7 Summary – Scientific Activities and Outputs</td>
<td>54</td>
</tr>
<tr>
<td>5. Effectiveness in Reaching Target Audiences</td>
<td>57</td>
</tr>
<tr>
<td>5.1 EMCDDA Communications Strategy</td>
<td>57</td>
</tr>
<tr>
<td>5.2 Effectiveness in Reaching Target Audiences</td>
<td>59</td>
</tr>
<tr>
<td>5.3 Specific Issues – EMCDDA Communications Strategy</td>
<td>64</td>
</tr>
<tr>
<td>5.4 Summary – Effectiveness in Reaching Target Audiences</td>
<td>69</td>
</tr>
<tr>
<td>6. Organisational Set up &amp; Resource Efficiency</td>
<td>72</td>
</tr>
<tr>
<td>6.1 Overview – EMCDDA Organisational Change</td>
<td>72</td>
</tr>
<tr>
<td>6.2 EMCDDA Revenue and Expenditure</td>
<td>72</td>
</tr>
<tr>
<td>6.3 Role of the Management Board</td>
<td>76</td>
</tr>
<tr>
<td>6.4 Role of the Scientific Committee</td>
<td>79</td>
</tr>
</tbody>
</table>
# Contents

6.5  EMCDDA Units and Human Resources 82  
6.6  Management Systems and Working Environment 94  
6.7  Role of the Reitox Network 103  
6.8  Performance of the National Focal Points 107  
6.9  EMCDDA Support for National Focal Points 110  
6.10 Relationship with National Partners 115  
6.11 Networking between National Focal Points 117  
6.12 Summary – Organisational Set Up and Resources 119  

7.  EU Enlargement and the International Dimension 121  
   7.1  Introduction 121  
   7.2  EMCDDA and EU Enlargement 121  
   7.3  EMCDDA and the International Dimension 126  
   7.4  Summary – EU Enlargement and International Dimension 135  

8.  Impacts and Community Added Value 137  
   8.1  EMCDDA Information and the Drugs Situation 137  
   8.2  Role of EMCDDA Information in Policy-Making 142  
   8.3  Overall Performance and Community Added Value 145  

9.  Overall Conclusions and Recommendations 151  
   9.1  Overall Conclusions 151  
   9.2  Specific Conclusions and Recommendations 152  

**APPENDICES** (Separate Document) PAGE  
A.  List of Interviews 164  
B.  Benchmarking Analysis 169  
C.  Mapping of EMCDDA Objectives & Outcomes 180  
D.  Key Evaluation Issues and Success Criteria 192  
E.  Quality Assessment of EMCDDA Scientific Outputs 198  
F.  Write Ups - National Interviews 232  
G.  Survey Questionnaires and Supporting Data 315
Executive Summary

The key findings, conclusions and recommendations from the study ‘Evaluation of the European Monitoring Centre for Drugs and Drug Addiction’ are summarized below. The assignment was carried out in 2007 for the European Commission’s Directorate-General Justice, Freedom and Security (DG JLS) by the Centre for Strategy & Evaluation Services (CSES).

1. Evaluation Aims and Methodology

The aims of this assignment were, in summary, to evaluate the:

- Utility and European added value of the EMCDDA;
- Coherence of the EMCDDA objectives and activities with regard to relevant objectives and activities and Community/Commission level;
- Consistency of the results/outputs with the EMCDDA mandate, objectives, and tasks defined in the founding regulation;
- Ways of improving the efficiency and effectiveness of the EMCDDA.

The Commission’s terms of reference set out a number of more specific questions to be addressed by the evaluation and these are examined in the report. The overall purpose of the evaluation was to determine the effectiveness of the EMCDDA intervention for accountability and allocation of budgetary resources purposes, and to examine ways of improving and enhancing the EMCDDA intervention as an active party in exercising an executive mandate at Community level. The evaluation covers the period 2001 to the present.

2. Overall Conclusions

2.1 Utility and European added value of the EMCDDA – feedback from the EMCDDA’s target groups indicates that the relevance, utility and added value of its scientific outputs are generally high. The Annual Report package, which is the EMCDDA’s flagship publication, is especially well received. More generally, the evaluation suggests that the EMCDDA demonstrates Community added value by helping to develop national monitoring systems based on common methodologies and standards, and secondly, by providing the objective, reliable and comparable information that is needed as an evidence base by policy-makers at a national and European level. Some aspects of drugs monitoring and the indicators used to do this need further improvement.

2.2 Coherence of the EMCDDA objectives and activities with regard to relevant objectives and activities and Community/Commission level - the EMCDDA’s approach to defining priorities has been closely aligned with wider EU policy aims. During the earlier part of the period under review, its work programme...

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1 It should be noted that only the target audiences survey included a direct question concerning the relevance of scientific outputs. The issue was further discussed during the interview programme with NFPs and key stakeholders.
Executive Summary

and organisation were structured around the priorities set out in the 2000-04 Action Plan on Drugs. More recently, the emphasis has switched to a more integrated approach to drugs issues with stronger horizontal functions which reflects the EU’s Drugs Strategy for 2005–2012 and its emphasis on promoting an integrated, multidisciplinary and balanced approach to the drugs problem by combining and concentrating on the two policy fields of demand and supply reduction.

2.3 Consistency of the results/outputs with the EMCDDA mandate, objectives, and tasks defined in the founding regulation – overall, the research suggests that the EMCDDA is performing well in fulfilling the mission assigned to it of providing the Community and its Member States with ‘objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences’. The development across EU Member States of harmonized data collection mechanisms for information on drugs would not have taken place, at least in the same timeframe, without the EMCDDA. Moreover, this has taken place against the backdrop of two EU enlargements with the consequent need to provide substantial and on-going support for capacity building.

This process of harmonisation, and the comparative information generated, has also contributed to the development and implementation of the EU Drugs Strategy, and has, according to the research at national level, had a positive impact on participating countries’ drugs policies and practices, providing an incentive for action and contributing to evidence-based decision-making. Overall, the EMCDDA has performed well, particularly since around the mid point in the period under review. The research does, however, point to various ways in which the EMCDDA’s performance as a provider of information on the drugs situation in Europe could be further improved.

3. Specific Conclusions and Recommendations

Below we summarise key findings and conclusions from the evaluation and where appropriate make recommendations.

3.1 Scientific Activities and Outputs

3.1.1 The challenge the EMCDDA faces in achieving consensus and joint action on key indicators to monitor the drugs problem and responses to it has been and remains formidable. From a methodological perspective, the comparison of national survey data that has been collected using standard tables and structured questionnaires provides a good overview on population patterns of drug use, although there is still scope to improve the quality of data, as the next point argues.

3.1.2 The quality of the key indicator (and more widely, ‘core’) data on the drugs situation is clearly dependent on the quality of the national data gathered and there is still a considerable variation in this. The system for data collection has been fully operational since 2003, but it is currently only implemented to the extent of 60-70% at Member State level. Continued methodological work is needed to improve ways of measuring size of the problem drug use population. The indicators on infectious and blood borne disease is also problematic because of the
Executive Summary

difficulty of gathering reliable data on injecting drug users in a systematic manner than enables good cross-national comparisons. The same applies to the treatment demand indicator. Clearly, these and other shortcomings need to be addressed if the EMCDDA is to fully achieve its mission of providing policy-makers and others with ‘objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’. This means working with NFPs to improve data collection, further strengthening internal quality assessments and - from a strategic perspective - ensuring that the EMCDDA gives priority to its core business tasks.

3.1.3 Some information collected by NFPs on the drugs situation is not used by the EMCDDA although it is collected for national purposes. Member States often have different data collection needs and methodologies from those of the EMCDDA. The national monitoring needs not only pre-existed the EU’s needs, in many cases, but they also take priority over these as they feed into national policy-making. NFPs therefore often have to collect the data for the EMCDDA in addition to the data collected at national level.

3.1.4 There are aspects of the drugs situation that are not currently being monitored by the EMCDDA and where comparable information is needed. For example, drugs-related crime and other aspects of crime statistics are important measures for assessing progress in implementing drugs strategies. However, as noted in the evaluation of the EU’s 2000-04 Drugs Strategy, these indicators are not part of the EMCDDA’s key indicators - at least partly due to the complex and varied manner with which crime statistics are collated and reported on in different countries. The fieldwork has shown that many NFPs and key stakeholders also feel that the level of drugs consumption should be monitored in terms of quantities, although again there are complications with regard to methodologies and data availability. However, priority should be given to maximizing the quality of existing information that is collected on the drugs situation, and ensuring that Member States fully implement key indicators.

3.1.5 Looking ahead, there is a need to achieve the same degree of harmonization in methodologies and data collection tools that now exists for the EMCDDA’s five key indicators to cover other aspects of the drugs situation in Europe and ways of addressing it. This depends of course on the willingness of Member States to invest in developing the capacity to provide the EMCDDA with harmonized information sets since the Agency itself can only define standards. From an operational perspective, the research highlights a number of possible ways in which both the process of delivering information and its added value to users could be enhanced.

3.1.6 The EMCDDA’s various publications and other scientific outputs are generally very well regarded. There is some variation in the extent to which different EMCDDA scientific outputs are used. Apart from the Annual Report and its various components (Selected Issues, Statistical Bulletins and Country Profiles), the outputs that are the most extensively used are the Drugnet Europe newsletter, Drugs in Focus and the EMCDDA website. There are also varying perceptions of the quality of the various publications and other forms of information. NFPs were
Executive Summary

generally the most positive of the surveyed groups. Some argued that the provision of high quality data was more important than quantity and that more might be done to tailor information products to particular target groups. The quality assessment carried out by an academic expert panel broadly confirmed the survey and interview feedback although it was argued that several products had methodological limitations from a scientific point of view, mainly as a result of being based on material differing in data collection methods, reporting format and quality.

3.1.7 The Annual Report package is particularly well received but various options could be considered to improve the publication and to ensure that it is made available more quickly. The EMCDDA has periodically reviewed the structure and style of the Annual Report. This, for example, led to a decision two years ago to adopt an essentially thematic structure and to shorten the main document with ‘Selected Issues’ now published separately. At present the process of producing the Annual Report is spread across at least nine months each year including a lengthy review process involving many different groups. The evaluation suggests various ways in which this process might be speeded up and made less resource intensive. This includes a more limited translation of the Annual Report and streamlined quality assurance procedures so that fewer people are involved in this process than at present.

3.1.8 Over the years the number of EMCDDA scientific outputs has grown and there are currently around 20 different types of reports, publications, online products and databases. Although there is no direct evidence that the number of publications adversely affects their use, and there are advantages in using different publications to address different issues, a simplification exercise should nevertheless be considered with a view to making the EMCDDA publications more coherent and transparent. The relatively high proportion of ‘don’t knows’ among survey respondents in relation to the quality of scientific outputs also suggests that a simplification of the EMCDDA’s products would be helpful. An exercise of this kind should, however, be driven by target audience preferences. Overall, the feedback in relation to scientific outputs appears to indicate that such a simplification exercise should be combined with a further strengthening of the internal quality control in order to enhance the ‘reliability’ of EMCDDA information products, which is especially important in relation to target audiences such as decision-makers.

Recommendations – Scientific Activities and Outputs

- Continue efforts to improve the quality of key indicators and information generally on the drugs situation in Europe.
- Consider replacing existing approach to reviewing the Annual Report, which involves extensive consultations, with a working group representing the EMCDDA statutory bodies, NFPs and key staff.
- Include an executive summary in the Annual Report, preferably aimed at policy-makers to be translated into all EU languages and consider translating.
Executive Summary

the main Report into only a few languages (perhaps initially for a trial period).

- To speed up its availability, consider distributing the English language version of the Annual Report when it is ready in the early summer, and the other language versions later. Alternatively, release the Annual Report’s ‘Commentary’ and the ‘Statistical Bulletin’ when they are available in June with the full package then following in the autumn.
- Keep under review the need for hard copy distribution to reduce the number of Annual Reports that are printed 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.
- Ensure that internal quality control systems are in place that maximise the reliability of scientific outputs.

3.2 Effectiveness in reaching target audiences

3.2.1 The research suggests that the EMCDDA is seen as effective in reaching target audiences, particularly at a European level. Over two-thirds of the survey respondents (78.6%) considered that the EMCDDA is either ‘very effective’ or ‘quite effective’ in communicating with target audiences (it should be noted that there was a high proportion of ‘don’t know’ responses on this issue, possibly attributable to the fact that survey respondents are less likely to be aware of how effectively the EMCDDA communicates with other target audiences than themselves or similar organisations. Furthermore, the EMCDDA’s scientific outputs are specialised and many recipients only make use of some outputs. The fact that most of the valid responses fell into the ‘quite effective’ category suggests that there is scope for improvement in the way the EMCDDA communicates with target audiences. As the survey responses also suggest, the priority in this respect lies mainly at the national rather than European level. According to the survey work, the proportion of those stating that the EMCDDA is relatively ineffective in reaching target audiences is generally higher in the ‘old’ EU Member States which is quite surprising since the mechanisms for communicating with target groups should be better established in these countries than in newer Member States. There is no obvious explanation for this other than that over time perceptions become more critical.

3.2.2 The EMCDDA has invested heavily in developing its website and this now offers access to a very wide range of on-line products. The website includes a very large amount of information on drugs and drug addiction including a wealth of detail on the situation in different EU Member States and at a European level, access to a large number of publications and reports, statistical information, and online databases. The research nevertheless suggests that a number of improvements might be considered.
Executive Summary

Recommendations – Effectiveness in Reaching Target Audiences

• Work with Management Board and Scientific Committee members, NFPs, etc. 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 publications 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 on-line presence, improved navigability and signposting, more interactive tools allowing users to independently interrogate on-line statistical data, and more translation of the content into different languages.

3.3 EMCDDA organisation and resource efficiency

3.3.1 Overall, feedback from the research suggests that the EMCDDA’s current organisational set up works well. The developments following adoption of the Internal Reform Plan and changes since the 2005 ‘Strategic Reflection’ have led, amongst other things, to a more integrated approach to scientific activities and a stronger focus on communicating with target audiences. From the perspective of operational efficiency, the EMCDDA’s organisational restructuring has helped to break down rigidities that previously existed and a tendency towards the compartmentalisation of different activities. The effort to improve management systems is continuing with the EMCDDA having implemented in the last two years an action plan to further improve administrative and financial processes.

3.3.2 During the period under review, the EMCDDA’s revenue and expenditure increased at an average rate of 7.6% p.a., from €8.2m in 2000 to €12.6m in 2006. Although this is above the average inflation rate for the period, EU enlargement in 2004 largely accounts for this increase. Although not straightforward because they have different functions, as a measure of resource efficiency, a comparison can be made between the EMCDDA and other EU-supported agencies. The EMCDDA is positioned towards the middle of the range in such a comparison in terms of the percentage increase in its revenue and expenditure during the period 2000-06.

3.3.3 The research suggests that the composition of the Management Board strikes a reasonable balance between the need to retain an effective decision-making body and the need to ensure stakeholder representation. A factor that does reduce efficiency is the relatively high turnover of members. However, there is probably very little that the EMCDDA can do to influence this beyond requesting that Member States strive to achieve greater continuity in their representation on the Management Board.

3.3.4 The Scientific Committee has played a useful role in advising on the EMCDDA’s scientific priorities but it has not been used to the full extent envisaged. The opinions given by the Scientific Committee have been helpful in...
Executive Summary

confirming the appropriateness of scientific priorities but also in drawing attention to organisational, and financial and human resourcing issues and their implications. Overall, the survey and other feedback indicate that the Scientific Committee has reacted competently to the tasks it has been asked to address. At the same time, it seems that the Scientific Committee has been underused. Changes to the Scientific Committee that are designed to ensure the full range of scientific know-how is available should help address this shortcoming and ensure that the quality of scientific advice is improved.

3.3.5 So far, the EMCDDA has had sufficient analytical capacity to cope with the objectives set out in the last two three-year work programmes. However, looking ahead, additional human resources may be needed in addition to those already planned. The need for specific expertise in the fields covered by the EMCDDA’s five key indicators, the greater emphasis foreseen in the recast Regulation on issues such as best practices, the need to develop the capacity to monitor fields such as drugs-related crime and the supply side more effectively, and a more developed role in the international field, could mean a need to recruit additional scientific staff. Some of the EMCDDA’s existing scientific capacity could be freed up by encouraging more mobility across work areas but also by employing junior researchers on short-term contracts. There is also a strong case for greater flexibility in deciding how to undertake scientific activities with, in particular, more resources being made available for the contracting out of tasks to external experts. Similarly, some additional recruitment is already foreseen under the EMCDDA’s staffing plan. A combination of this and more efficient use of existing human resources may be sufficient to meet future challenges but it is clearly important that the situation is kept under review in light of changing circumstances and priorities.

3.3.6 From a human resources management perspective, a majority of the EMCDDA’s staff consider that there is a generally favourable working environment at the Agency. Staff turnover at the EMCDDA is currently estimated to be around 5-7% which is not particularly high compared to other organisations including the Commission itself. More emphasis could, however, be placed on developing the EMCDDA’s intellectual capital.

<table>
<thead>
<tr>
<th>Recommendations – Organisation and Resource Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encourage Member States and institutional partners to reduce the turnover of Management Board members.</td>
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<tr>
<td>• Ensure that full use is made of the Scientific Committee as a source of expert advice on activities undertaken by the EMCDDA.</td>
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<td>• Ensure that the EMCDDA’s future staffing levels provide sufficient scientific capacity to undertake future tasks.</td>
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<td>• To this end, consider ways of utilizing existing scientific capacity more efficiently by freeing up senior staff by recruiting junior researchers on short-term contracts, facilitating greater cross-unit staff deployment.</td>
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</tbody>
</table>
Executive Summary

- Consider contracting out more scientific tasks to external experts, both to free up time for other tasks but also to tap into available expertise. The Scientific Committee could help manage an external studies programme.
- To help develop intellectual capital, consider introducing a policy to encourage scientific staff to pursue their own research, as long as this is linked to EMCDDA priorities and does not interfere with operational needs. Consider introducing a scheme for visiting academics.

3.3.7 The REITOX network has played a key role 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. The resources available to NFPs vary considerably. This reflects a number of factors, most notably institutional set-ups in the different Member States for drugs monitoring and the willingness of national authorities to go beyond match funding the EMCDDA's financial assistance. Since 2001 the EMCDDA has done much to rectify earlier shortcomings in the Reitox network.

3.3.8 Quality assurance mechanisms are generally effective but these vary across EU Member States and there is a need for a uniform adoption of best practices. At a national level, in some countries advisory committees or other quality control mechanisms have been set up to review national reports and other information before they are officially approved and transmitted to the EMCDDA. Elsewhere, however, there is still scope for improved quality standards and systems to be developed.

3.3.9 The EMCDDA's grant is an important form of support for most NFPs but it only demonstrates partial additionality and consideration should be given to linking it more closely to national needs. The EMCDDA has devoted some 20% of its budget to supporting NFP activities. One benefit of the EMCDDA's grant to NFPs is that it places them under a contractual obligation to fulfil a number of specified tasks. The grant also demonstrates a leverage effect insofar as co-financing is provided by the national authorities. However, given the research feedback (17% of responses to the survey suggested absolute additionality, 63% partial additionality with the remainder indicating deadweight or having ‘no opinion’) there is a case for linking at least some of the grant more closely to different national needs. In particular, most newer EU Member States still need support to develop their capacity to monitor the drugs situation effectively.

3.3.10 In general, there are strong links between NFPs and their national partners. There is a generally a strong relationship between NFPs and host organisations and national authorities (often the same) and, reflecting this, with Management Board members. However, the relationship between NFPs and politicians and political bodies is often weaker. This could be because the institutional positioning of NFPs in government structures is generally quite remote from politicians and, more generally, because the role of the EMCDDA is to simply provide information rather than to influence decision-makers.
Executive Summary

Recommendations – Reitox Network

- 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.
- 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.
- Encourage more networking between NFPs on their own initiative to share good practices and undertake joint initiatives.

3.3.11 Most key recommendations made in the previous external evaluation have generally been followed up. Amongst other things, the changes introduced have led to the stronger concentration on core tasks called for in the 2000 evaluation with organisational restructuring, a project and activity-based approach to corporate planning. Similarly, weaknesses noted in the earlier evaluation with regard to the Reitox network and the support provided by the EMCDDA to NFPs have largely been rectified. But certain recommendations have taken longer than might have been expected to be implemented, such as changes to the Scientific Committee. In some other respects, the conclusions of the 2000 evaluation remain valid, for example the need to keep the amount of time and effort required to produce the EMCDDA’s Annual Report under review and preferably to free up resources for other tasks.

3.4 EU enlargement and wider the international dimension

3.4.1 During the period under review, a number of activities have been undertaken at the request of the Commission and as part of pre-accession strategies to help new EU Member States and candidate countries prepare for integration into the Reitox network and EMCDDA activities. This has been achieved through a variety of initiatives including the organisation of seminars with inputs by experts on particular issues concerning the monitoring of the drugs trends, twinning projects, the Reitox Academy, and direct technical assistance from the EMCDDA. By and large, a fully functioning Reitox network is now in place in the newer Member States although there is a need for continued support and capacity building in many countries to improve the quality of information.

3.4.2 In the wider international field, the EMCDDA has successfully developed close links with a range of European and international organisations that are involved in combating drugs and illegal trafficking. The recast Regulation also introduced a new condition, namely that the Commission has to give an opinion on those working arrangements which have to be adopted by the Management Board. A particularly close working relationship has been set up with a group of ‘priority partners’ (Europol, the Pompidou Group, UNODC, WHO etc)
Executive Summary

with whom the EMCDDA has signed either cooperation agreements or memoranda of understanding to provide a legal framework for collaboration. Given the international nature of the drugs problem, and the need to tackle both demand and supply side issues, these relationships are important and seem to work well.

3.4.3 Overall, the EMCDDA's activities in the international field have been important in supporting the EU’s efforts to monitor and combat the drugs problem. More particularly, the EMCDDA’s role in promoting the sharing of information with European and international partners, its support for capacity building in pre-accession and candidate countries, and the role played in working with national authorities and agencies in other regions outside the EU, have all helped to improve the quality information on the drugs situation and hence the ability to devise effective responses at a European and international level. The EMCDDA’s work in third countries (except candidate countries and Western Balkans) is conducted as part of the Commission’s external policy and approved by the Management Board. As such, the focus and wider strategy is not decided by the Centre itself. However, it is clearly important that the Centre’s efforts are not dispersed too much or distracted from core tasks.

3.5 Impacts and Community added value

3.5.1 The utility of EMCDDA information is highly rated by target audiences. According to the survey work, overall, the utility of EMCDDA information is highly rated with over two-fifths (42.8%) of the target audiences and stakeholders rating it as ‘very useful’ in understanding the drugs situation and a further 47.4% saying that it is ‘quite useful’. A key feature of the EMCDDA’s scientific output is that it provides a European perspective on the drugs situation at a national level, enabling the situation and trends in different countries to be compared in relation to each other and with the EU-wide position. Much of the EMCDDA's rationale as an EU agency is derived from fulfilling this role.

3.5.2 The EMCDDA's work has also had a direct impact on EU Member States’ drugs policies and practices. This has been achieved by encouraging a higher degree of coordination and the adoption of comparable structures. More specifically, the European perspective provided by the EMCDDA’s Annual Report and other scientific outputs is widely considered to be important in understanding the drugs situation and actual/likely trends at a national level, and in putting the nature and scale of the problem into context. From a more operational point of view, EMCDDA interventions have been important in capacity building and ensuring that a harmonized approach to data collection is developed across Member States. This has also had benefits across a wider range of drugs monitoring activities at a national level.

3.5.3 At an EU level, the EMCDDA has provided useful information to support the 2000-04 and 2005-08 Drugs Action Plans. During the first period, 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 Agency introduced a range of initiatives to improve the availability and quality of data and
Executive Summary

information on the drug situation for the Action Plan targets. Together with Europol, the Centre also helped to ensure that the exchange of information on emerging trends in drug use was improved as a result of the successful development of an early warning system in the framework of the Joint Action on synthetic drugs. Similarly, in relation to the 2005-12 EU Drugs Strategy’s first Action Plan, the EMCDDA has 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.

Recommendations – Impacts and Added Value

- Continue to develop performance indicators that can be used to monitor progress towards key EMCDDA objectives. This should include additional ways to obtain feedback from target audiences.
- 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.

3.5.4 Overall, the research suggests that the EMCDDA demonstrates Community added value in various ways. In terms of its core function, it has successfully developed ways of obtaining harmonized and comparable data, and exchanging expertise, thereby increasing recognition by national authorities inside and outside the EU. More generally, from an EU perspective, the EMCDDA has the advantage of being politically independent and is almost certainly providing a more cost-effective way of monitoring the drugs situation in Europe than could be undertaken by the Commission itself. Moreover, because the EMCDDA is working at some distance from policy and politics, it is easier to separate the task of policy-making from that of assembling the information required to support policy-making with less consequent risk of political considerations influencing the analysis and interpretation of scientific data.

Thirdly, from the national perspective, it has helped to develop national monitoring systems based on common methodologies and standards in line with its mission to provide objective, reliable and comparable information at a European level. Last but not least, there is considerable added value in having a European perspective on drugs and drug addiction with benefits through supporting national authorities to take action, whether in their own countries or through EU institutions. Some of these benefits could probably have been achieved through purely bilateral networking. However, the existence of the EMCDDA means that networking between countries can be much more efficiently conducted.
Executive Summary

Methodological Note
The study, which was carried out in three phases, involved a combination of desk research, survey work and an interview programme. Key stakeholders, ‘Drugnet Europe’ readers (treated as a sample of the EMCDDA’s target group), National Focal Points and EMCDDA staff were all surveyed. Face-to-face interviews were carried out at a national level in 25 countries with Management Board representatives, Scientific Committee members and National Focal Points (in the remaining countries these interview were undertaken by telephone). In addition, CSES undertook interviews with the Commission, EMCDDA staff and a range of key stakeholders including the UNODC, Europol, Eurojust, WHO, WCO and others. Other research activities included a benchmarking exercise to compare the EMCDDA with a number of other EU-supported agencies and a quality assessment of scientific outputs which was undertaken by an academic panel.
Introduction

This document contains the final report for the assignment 'External Evaluation of the European Monitoring Centre for Drugs and Drug Addiction'. The assignment was carried out for the European Commission’s DG Justice, Freedom and Security (DG JLS) by the Centre for Strategy & Evaluation Services (CSES) during 2007.

1.1 Summary of Evaluation Aims

The aims of this assignment were, in summary, to evaluate the:

- Utility and European added value of the EMCDDA;
- Coherence of the EMCDDA objectives and activities with regard to relevant objectives and activities and Community/Commission level;
- Consistency of the results/outputs with the EMCDDA mandate, objectives, and tasks defined in the founding regulation;
- Ways of improving the efficiency and effectiveness of the EMCDDA.

The Commission’s terms of reference set out a number of more specific questions to be addressed by the evaluation and these are summarised in Section 2. The table on page 10 in this section provides a list with references to where in the report the assessment of the various specific issues can be found.

The overall purpose of this evaluation was to determine the effectiveness of the EMCDDA intervention for accountability and allocation of budgetary resources purposes, and to examine ways of improving and enhancing the EMCDDA intervention as an active party in exercising an executive mandate at Community level. The evaluation covers the period 2001 to the present.

1.2 Structure of the Final Report

The draft final report is structured as follows:

- **Section 2: Background** – reviews the background to the evaluation, summarises the evaluation key issues and the methodological approach adopted to addressing them.

- **Section 3: EMCDDA Aims, Work Programmes and Coherence with EU Policies** – examines the EMCDDA’s objectives, work programmes for the 2001-06 period and the extent to which goals have been achieved, and coherence with the EU policy context.

- **Section 4: Scientific Activities and Outputs** - provides an assessment of the EMCDDA’s main scientific activities, feedback from target groups on
Introduction

outputs, and a quality assessment.

- **Section 5: Effectiveness in Reaching Target Groups** – this section examines the EMCDDA’s communications strategy and then evaluates how effectively target audiences have been reached.

- **Section 6: Organisational Set up and Resource Efficiency** – changes in the EMCDDA’s organisational set up during the period under review are examined together with the role of the statutory bodies and EMCDDA units, and the Reitox network. Section 6 also considers resource efficiency.

- **Section 7: EU Enlargement and the International Dimension** – examines the EMCDDA’s role in helping to integrate new EU Member States and in relation to candidate countries, its role outside Europe and links with international organisations that are active in the drugs field.

- **Section 8: Impacts and Community added value** – the penultimate section examines the role of EMCDDA scientific information, impacts on target audiences, the overall performance of the EMCDDA and the extent to which it demonstrates added value.

- **Section 9: Overall Conclusions and Recommendations** – summarises the evaluation’s main findings and overall conclusions, and presents recommendations for the future.

The report is supported by various appendices. Appendix A provides a list of interviews undertaken for the evaluation; Appendix B contains the full results of the exercise to benchmark key aspects of the EMCDDA’s organisation and activities against other EU-supported agencies (used throughout the report); Appendix C contains a full version of the comparison between EMCDDA objectives, activities and outcomes (used in summary form in Section 3); Appendix D sets out the key evaluation issues and ‘success criteria’; Appendix E contains the full version of the quality assessment undertaken by an academic panel of the EMCDDA’s scientific outputs (used in summary form in Section 4); Appendix F provides write ups of the information provided in interviews with National Focal Points (used in Section 7 and elsewhere); and Appendix G provides copies of the survey questionnaires together with supporting data that is not contained in the report itself.
Background, Key Issues & Methodological Approach

In this section we review the background to the evaluation, in particular the origins and role of the EMCDDA, and key features of the EU policy context. Section 2.3 then considers the key evaluation issues and describes the methodological approach adopted to tackling them.

2.1 Origins and Role of the EMCDDA

Drug abuse and the problems associated with it are a global phenomenon that requires a coordinated response from governments and international organisations. International collaboration can be traced back to initiatives such as the UN Single Convention on Narcotic Drugs in 1961 and the UN Convention on Psychotropic Substances in 1971, but it was only really in the 1980s, as a direct result of the AIDS pandemic, that concerted action against drug abuse and related consequences really began.

In response to the rapidly growing problems, the United Nations introduced a global drugs strategy and, in 1988, the UN member countries, as well the EU, signed the UN Convention against the Illicit Trade in Narcotic Drugs and Psychotropic Substances. This provided a framework for comprehensive measures to be adopted to combat drug trafficking, money laundering and the diversion of precursor chemicals. It also facilitated international cooperation in areas such as extradition of drug traffickers, controlled deliveries and transfer of proceedings.

2.1.1 Role of the EU in Combating Drugs

EU interventions to combat drugs and drug addiction began in the late 1980s with the ratification of the UN Convention. Before this, in 1986, a European Parliament Drugs Inquiry Committee² had recommended that the European Commission should become involved in combating drugs at a European level, but with no Community competence in the field, it was difficult to find a basis for action.

Further pressure came in 1989, when President François Mitterand - in a letter to the President of the European Commission and the Heads of State of the then 12 Member States - proposed to address the rise in drug-related problems across Europe by introducing an action programme. This, among other things, included strengthened cooperation and the coordination of policies between Member States, the creation of a European drugs observatory and the establishment of a high-level political group that would meet regularly to help coordinate the fight against drugs.

This led in 1989 to the setting up of the ‘Comité européen de Lutte Anti-Drogues (CELAD)’ linking the national drugs coordinators of all Member States. It was this group that was the architect of the first European Action Plan to combat drugs,

Background, Key Issues & Methodological Approach

adopted by the Rome European Council in 1990. Against the background of the absence of Community competence in the area of drugs, the Action Plan proposed closer collaboration between Member States to help reduce demand, tackle illegal trafficking and improve the coordination of actions to combat drugs and drug addiction generally. Also following President Mitterand’s initiative, and as a result of work carried out by the CELAD committee, the June 1991 European Council approved the creation of a European drugs monitoring centre. The Regulation establishing the EMCDDA was subsequently adopted by the Council in February 1993. Responsibility for drug-related matters within the European Commission initially lay with the Secretariat-General but was transferred to the then DG Justice and Home Affairs (now DG Justice, Freedom and Security - DG JLS) in 1999.

Around the same time, with the coming into force in 1993 of the Maastricht Treaty, the fight against drugs and drug addiction was explicitly referred to for the first time in a European treaty in relation to actions in the field of public health. The Treaty also provided a basis for cooperation in the related areas of justice and home affairs. The entry into force on 1 May 1999 of the Treaty of Amsterdam further strengthened the Maastricht provisions and the EU’s ability to act in the field of drugs and introduced the concept of an area of freedom, security and justice, linking up crime prevention with the fight against drug trafficking. As a result, cooperation between police and customs was also further reinforced with the role of Europol being strengthened.

In the years since the first European action plan on drugs was drawn up in 1990, several other plans and strategies have followed - the Global Action Plan to combat drugs (1994-99), the EU Drugs Strategy (2000-04) adopted in December 1999 and the EU Action Plan on Drugs (2000-04), and the present 2005-12 EU Drugs Strategy and 2005-08 Action Plan. In the past 15 years or so, a distinct European approach to the drugs problem has emerged focusing on demand and supply reduction, and related aspects, and involving close cooperation between EU Member States and the wider international community.

2.1.2 Role of the EMCDDDA and Intervention Logic

The EMCDDA’s mission, as defined in its 1993 Founding Regulation, is to:

‘Provide the Community and its Member States with objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’.

The Regulation goes on to state that the information produced by the EMCDDA is intended to ‘provide the Community and the Member States with an overall view of the drug and drug addiction situation when ... they take measures or decide on action’. It stresses that the EMCDDA itself cannot ‘take any measure which in any way goes beyond the sphere of information and the processing thereof.’
Background, Key Issues & Methodological Approach

Whereas the overall objectives of the EMCDDA have remained practically unchanged since its foundation, the priorities and the more detailed objectives of the Centre have developed quite substantially. The strategic and operational objectives of the EMCDDA or the 2000-06 period are set out in the three-year work programmes. These, in turn, are linked with the strategic targets set out in the EU Action Plan for Drugs. The Action Plan highlights a key role for the EMCDDA (this is examined in more detail in Section 3 in assessing coherence).

With the adoption of the recast Regulation in December 2006\(^1\), a number of organisational changes within the EMCDDA were also introduced, affecting the overall management of the Centre with the introduction of a new Executive Committee, a slimmed down 15-member version of the Scientific Committee and an adjustment to the role and responsibilities of the Director. The Regulation also defines the role of the REITOX network more clearly. A number of changes to the EMCDDA’s priority areas of activity were also put forward and a stronger emphasis placed on facilitating best practice.

In this context, the EMCDDA is called on to further develop tools and instruments to help Member States and the European Commission monitor and evaluate national and EU drug policies respectively. The Regulation specifically requires the Centre to collect, register and analyse information on ‘emerging trends in poly-drug use’ — the simultaneous use of more than one drug — including the combined use of licit and illicit psychoactive substances.

The recast Regulation also envisages closer cooperation with Europol with the aims of attaining maximum efficiency in monitoring the drugs problem. Lastly, the scope of the Centre's technical assistance is extended to certain non-Community countries such as the candidates for EU accession or the countries of the Western Balkans.

2.1.3 Intervention Logic

The EMCDDA’s intervention logic, which shares many features in common with other EU-supported agencies, can be summarised as follows:

**Rationale and aims**: under the founding Regulation, the Centre’s core function is to provide ‘reliable and comparable information at European level concerning drugs and drug addiction and their consequences’. This information is needed to help support EU policies (in particular the EU Drugs Strategy) and international collaboration.


Centre for Strategy & Evaluation Services
generally to combat the drugs problem which is on a scale that means that countries cannot act effectively on their own.

**Outputs:** the EMCDDA collects and analyses information on the drugs situation in different countries and at an EU level. Scientific outputs are then disseminated to various target audiences including decision-makers and those who influence decision-makers, and others with an involvement or interest in policy-making and implementation. The relevance, timeliness, scientific quality, and coverage of the information products, and extent to which target audiences are reached, are key success criteria.

**Results:** it is not within the EMCDDA’s remit to seek to directly influence decision-makers but rather to inform them. ‘Results’ therefore lie in the extent to which the information the Centre provides is used by decision-makers, or by others to influence decision-makers, at a national and EU level. Other ‘results’ indicators include the EMCDDA’s contribution to capacity building with regard to drugs monitoring, raising awareness of the drugs situation, improved understanding of policies and best practices, etc.

**Impacts:** at a global level, improved knowledge and capabilities should lead to more effective interventions, at a national and EU level, to combat the drugs problem, and ultimately to a reduction in this problem. However, the EMCDDA cannot influence outcomes of this sort and it is more appropriate to assess the Centre’s ‘intermediate impacts’, i.e. the extent to which the information it provides improves the understanding that decision-makers and other key stakeholders have of the drugs situation in Europe.

**Community added value:** in terms of its core function, the extent to which the EMCDDA has developed ways of obtaining harmonized and comparable data, and exchanging expertise, thereby increasing recognition by national authorities inside and outside the EU. More generally, from an EU perspective, the Community added value demonstrated by the EMCDDA depends on the extent to which it is more cost-effective and efficient for monitoring of the drugs situation in Europe to be undertaken by a specialised entity rather than by the Commission itself; and, secondly, from the national perspective, the added value of the EMCDDA with regard to the development of national monitoring systems following some common methodologies and standards, and with regard to other activities (e.g. national reports which did not exist before the EMCDDA’s establishment). More generally, Community added value can be defined as the benefit (or otherwise) of having a European perspective on drugs and drug addiction and the effect of this in supporting national authorities to take action, whether in their own countries or through EU institutions.
Background, Key Issues & Methodological Approach

2.2 Earlier EMCDDA Evaluation and Previous Research

It is clearly important that the current study takes into account previous research. An earlier external evaluation of the EMCDDA was carried out in 2000 covering the Agency’s first five years of operations. Below we review the evaluation’s main conclusions and recommendations. This is done in some detail because an important question in the current study is the extent to which recommendations made in 2000 have subsequently been acted on.

2000 EMCDDA Evaluation

The overall conclusions of the 2000 evaluation were generally positive with regard to the EMCDDA’s performance in the first five years of its existence:

‘Overall, the EMCDDA has clearly made an important contribution to the European Drugs area, in the sense of filling gaps in information and knowledge which existed at the time of its foundation. The mere existence of the agency has helped to keep drugs related issues on the political agenda and has given the EU and its Member States greater visibility and credibility in the international drugs debate’.

The evaluation noted that in line with the founding Regulation, during the first three years of operations the EMCDDA had concentrated its activities on the two priority areas (demand and reduction of the drugs, and national and European strategies and policies). The evaluators argued that while Member States and other stakeholders were ‘by far not uniformly enthusiastic about all of the aspects of the EMCDDA’s work and organisation, the consensus is nevertheless that it performs a valuable role when it concentrates on its core tasks.’ They went on to suggest that the EMCDDA needed to define a more focused work programme based on a limited number of priorities and supported by a legally-binding commitment by Member States to provide the relevant data to the Centre.

Turning to specific EMCDDA activities, in relation to Priority area 1: demand and reduction of demand, the 2000 evaluation noted that the epidemiology department had been successful in collecting and analysing data from Member States and in improving comparability through the use of key indicators. These activities were seen as being highly relevant to the mission of the EMCDDA and as demonstrating added value to Member States and at an international level. The demand reduction department had also performed well in collecting and disseminating information on demand-reduction activities in Europe.

Background, Key Issues & Methodological Approach

Other achievements included developing the REITOX system, as foreseen in the Regulation, as an instrument for collecting data from the Member States. But less positively, the evaluators noted that Focal Points found administrative support provided by the EMCDDA as only being ‘acceptable’ whilst there was even less satisfaction with scientific support. Also, they argued, Focal Points seemed to receive little feedback on their inputs to the Centre with only a small part of the material produced being used. It was also argued that Focal Points had little opportunity to participate in the work planning process and there were minimal direct contacts between different Focal Points. Overall, the report concluded, the value of the network could be significantly developed.

In relation to Priority area 2: national and Community strategies and policies, the 2000 evaluation concluded that the Centre’s work in this field was directly relevant to its mission but that ‘the relevance of the non-European contacts at this stage can be questioned in the light of existing resource constraints’.

The production of the Annual Report was seen by the evaluators as ‘an important achievement’ in the light of the difficulties in obtaining and comparing data from the Member States. But they argued that the amount of time and effort required to produce it needed ‘urgent review’. More generally, publications were being produced according to high professional, editorial and printing standards, albeit at considerable costs. A basic level of accessibility and usefulness of the products had been achieved but improvements could, it was argued, be made especially through the introduction of an explicit dissemination marketing strategy.

The evaluation noted that the quality of the Centre’s products was seen by national policy-makers as ‘acceptable’, i.e. relevant and useful but not used directly for policy purposes. Professional practitioners in the anti-drugs field mostly found the Annual Report ‘very useful’ but the other EMCDDA products received less favourable ratings, according to the evaluation, being ‘neither criticised nor highly praised’. Improving the EDDRA database was identified as a priority. Despite the absence of a formal quality control policy, a number of effective quality control measures were seen as being in place (e.g. internal checks on the Annual Report, peer-review of monographs, publications in peer-reviewed journals, external evaluations of some products).

With regard to the planning and organisation of EMCDDA activities, the 2000 evaluation observed that most proposals came from the internal departments but that the planning and coordination of this process was poor. The evaluators estimated that about 80% of the EMCDDA’s projects were being contracted out but ‘no clear policy can be identified about what should be produced internally as opposed to externally’. Furthermore, coordination of activities between departments could be improved (the
work undertaken in the EMCDDA's various departments was considered to be well managed).

Turning to the EMCDDA’s organisation, the 2000 evaluation reported that Management Board members felt that there were ‘some discrepancies between the actual and the desired influence of the Board’. Improvements were required, it argued, with regard to agenda setting, meeting preparation and management, the burden of the Board’s cost on the Centre’s budget and the organisation of tasks to be tackled by the Board. A useful reform, the evaluators suggested, would be to enlarge the Bureau. The Scientific Committee was, according to the evaluation, not well integrated into the general functioning of the EMCDDA, but had nevertheless played a valuable role in the Joint Action. If, the report concluded, an attempt was made to increase the Committee’s role, ‘the expertise of its members could require change when other priority areas come into focus’.

The 2000 evaluation calculated that the internal structure of the EMCDDA was characterised by a balance in staffing where 45% were support staff in contrast to 49% who worked directly on the EMCDDA’s outputs, with a further 6% devoted to IT tasks. This, it argued, reflected the ‘administrative burden historically imposed on the Centre’. Management was to a large extent ‘control focused’ with highly centralised decision-making while financial management and organisational behaviour followed Commission procedures. The evaluation concluded that there had been ‘little attempt to date to take the initiative and design more appropriate systems’. There was, it argued, a need for a ‘major reform of administration, finance and personnel’.

Looking ahead, the 2000 evaluation argued that the EMCDDA’s resources and working approach would not allow it to undertake the activities needed in the process of EU enlargement, capacity constraints applying especially to support for the Focal Points and the REITOX Department. More generally, the resources available to the EMCDDA would only allow it to extend activities to all five priority areas if those in area 1 and 2 were considerably cut down to some core activities. A commitment to a limited set of medium-term objectives and tasks, coupled with determined support from Member States would, the evaluation argued, be a prerequisite for this broader approach. ‘In any event, administrative reform, the maximum use of modern management systems, and a rebalancing in the staff make-up from administrative to production staff would be essential’.

Below we summarise the key recommendations from the 2000 external evaluation of the EMCDDA. Later in this report we consider the extent to which these recommendations have been implemented.
### Table 2.1 Key Recommendations from the 2000 EMCDDA Evaluation

<table>
<thead>
<tr>
<th>European Commission:</th>
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<tbody>
<tr>
<td>• Consider a legislative initiative to cement the Member States’ obligations with regard to the EMCDDA and their National Focal Points</td>
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<tr>
<td>• Commit to assist EMCDDA to develop appropriate administrative and financing systems that may differ from the Commission model</td>
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<td>• Solidify the legal basis for the REITOX Focal Points.</td>
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<tr>
<td>Council and Member States:</td>
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<tr>
<td>• Ensure that Management Board members are coordinated to the maximum possible extent with the representatives in the Drugs Horizontal Group of the EU Council</td>
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<tr>
<td>• Review their performance in providing data to EMCDDA.</td>
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<tr>
<td>EMCDDA Management Board:</td>
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<tr>
<td>• Commit to reach agreement on a focused and integrated future set of objectives and work programme</td>
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<td>• Review the feasibility of broadening the Centre’s work to cover all five themes in the Regulation</td>
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<tr>
<td>• Promote the administrative reform process and revise the structure of the Centre’s budget along the lines of an &quot;activity based budget&quot;. Assess the need for external support to drive change</td>
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</tr>
<tr>
<td>• Be prepared to reform the Board, inter alia to help prepare for enlargement</td>
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<tr>
<td>• Take the necessary decisions to reduce the number of its annual meetings to 2, and limit the number of participants in its meetings (1 representative per Member State or EU institution)</td>
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<tr>
<td>• Organise evaluations of Focal Points and the Annual Report content and production process</td>
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<tr>
<td>• Re-define the role of the Scientific Committee in the light of experience.</td>
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<tr>
<td>EMCDDA Director and Management Team:</td>
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<tr>
<td>• Prepare a major organisational reform plan, including management decentralisation, better budgetary planning and monitoring, a new contracting approach, quality processes throughout the organisation, and personnel development (inter alia to enable more work to be done in-house)</td>
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<tr>
<td>• Upgrade and intensify contacts with the REITOX members</td>
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<tr>
<td>• Propose a structured communication and dissemination strategy</td>
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<tr>
<td>• Take account of enlargement in work and resource planning.</td>
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</tbody>
</table>
2.3 Evaluation Criteria and Methodological Approach

The European Commission has produced a considerable amount of guidance on how EU-funded organisations and programmes should be evaluated. At the highest level, a number of key evaluation issues are defined:

- **Relevance** – the extent to which the objectives of the EMCDDA (and particular activities) are relevant to the needs of the target audiences;

- **Effectiveness** – the extent to which the outcomes achieved by the EMCDDA are in line with its general objectives set out in the mandate and specific objectives contained in annual work programmes;

- **Efficiency** – the relationship between the financial inputs and outcomes, and value for money (whether the same level of financial inputs could have achieved more outcomes, or whether the same outcomes could have been achieved with lower financial inputs);

- **Utility, Impacts and added value** – the extent to which the results and impacts are in line with the needs of the target audiences (utility), and the extent to which the EMCDDA contributes to achieving positive outcomes that would have been difficult/not possible to achieve in its absence (‘Community added value’);

- **Sustainability** – the extent to which structures and outcomes prove durable.

The terms of reference highlighted these key evaluation issues and, in addition, defined a set of thirteen more specific questions to be addressed by the study. These are summarised below with a column in the table indicating where in this report the corresponding assessment can be found. A description of the ‘success criteria’ for each question is provides in the appendices. As a result of discussions with the Commission and the EMCDDA at the outset of the study, other specific issues were identified and these are highlighted at relevant points in the report.
## Table 2.2: Key questions from the Terms of Reference

<table>
<thead>
<tr>
<th>Key Questions from the Terms of Reference</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong>: To what extent are the elements of the EMCDDA intervention logic complementary, mutually supportive and non-contradictory? To what extent do the activities of the EMCDDA support or contradict those of other public interventions?</td>
<td>Section 2.1.2, Section 3, and Section 7</td>
</tr>
<tr>
<td><strong>Q2</strong>: To what extent has the Agency achieved the objectives set out in its 6 last annual work programmes and in the three-year work programmes for 2001-2003 and 2004-2006?</td>
<td>Sections 3.2, 4.1 and elsewhere</td>
</tr>
<tr>
<td><strong>Q3</strong>: What has been the contribution of the REITOX network towards the achievement of the EMCDDA objectives?</td>
<td>Section 6.7 to 6.4</td>
</tr>
<tr>
<td><strong>Q4</strong>: What has been the contribution of the Scientific Committee towards the achievement of the EMCDDA objectives?</td>
<td>Section 6.4</td>
</tr>
<tr>
<td><strong>Q5</strong>: What has been the contribution of the EMCDDA Dissemination Strategy to the achievement of the EMCDDA objectives?</td>
<td>Section 5 and elsewhere</td>
</tr>
<tr>
<td><strong>Q6</strong>: To what extent has the EMCDDA achieved the publication of its Annual Report at a reasonable cost in terms of financial and human resources deployed?</td>
<td>Section 4.6, 5.3 and elsewhere</td>
</tr>
<tr>
<td><strong>Q7</strong>: To what extent has the EMCDDA achieved its on-line products and web dissemination at a reasonable cost in terms of financial and human resources deployed?</td>
<td>Section 5.3</td>
</tr>
<tr>
<td><strong>Q8</strong>: To what extent does the EMCDDA organisational set-up contribute to the effectiveness and efficiency of its operations?</td>
<td>Section 6</td>
</tr>
<tr>
<td><strong>Q9</strong>: To what extent do the EMCDDA management systems and processes, namely in the areas of financial and human resources management, contribute to the effectiveness and efficiency of its operations?</td>
<td>Section 6.6 and elsewhere</td>
</tr>
<tr>
<td><strong>Q10</strong>: To what extent are the objectives of the EMCDDA in line with the needs of its clients/beneficiaries/addresses? To what extent do the results and impacts of the EMCDDA activities correspond to the needs of its clients/beneficiaries/addresses?</td>
<td>Section 4.4 and Section 8</td>
</tr>
<tr>
<td><strong>Q11</strong>: To what extent do the results and impacts of the EMCDDA activities contribute to addressing the drug related problems?</td>
<td>Section 4.3 to 4.5, Section 8.1 to 8.3</td>
</tr>
<tr>
<td><strong>Q12</strong>: To what extent have the activities of the EMCDDA resulted in any unintended/unplanned results and impacts (both desirable and undesirable)?</td>
<td>Section 8.3</td>
</tr>
<tr>
<td><strong>Q13</strong>: To what extent does outsourcing to the EMCDDA provides added value in the context of EU action on drugs compared to possible alternative options (e.g. Commission Services themselves, contracting out of individual tasks)?</td>
<td>Section 8.3 and Section 9</td>
</tr>
</tbody>
</table>
2.3.1 Methodological Approach

This evaluation of the EMCDDA was carried out in three phases:

- **Phase 1: Preparatory tasks** – a set up meeting and interviews with key Commission and EMCDDA staff, desk research, finalisation of the evaluation methodology, and preparation of an inception report;

- **Phase 2: Survey work and interview programme** – a combination of survey work and interviews with the Commission, Management Board, Scientific Committee, National Focal Points, EMCDDA staff, key stakeholders, etc, supported by a benchmarking exercise and a quality assessment of EMCDDA outputs undertaken by an academic panel;

- **Phase 3: Analysis, workshop and final report** – a full analysis of the evaluation findings, strategy workshop with the EMCDDA and key partners, and preparation of the final report.

The diagram below summarises the various key tasks that made up the work plan for the evaluation.

*Figure 2.1: Summary of EMCDDA Evaluation Work Plan*
Background, Key Issues & Methodological Approach

Below we provide details of the main research activities carried out for the evaluation – in particular, the various surveys, interview programme, benchmarking exercise and quality assessment.

Phase 2 Survey Work

Survey 1 - National Focal Points: the survey of National Focal Points was designed to obtain basic information on their activities, organisation, relationship with the EMCDDA, etc, and was supported by a face-to-face interview programme. There was a very good response to the survey with all 30 NFPs who were contacted returning the questionnaire.

Survey 2 - Key stakeholders: this category included European Commission (including members of the inter-service group), MEPs (LIBE committee), other EU bodies (Europol, EMEA, ECDC, etc) and EMCDDA statutory bodies. The EMCDDA, the Commission and some NFPs provided CSES with a list of contacts for the survey work with a questionnaire then being e-mailed to the contacts. A target of obtaining at least 50 responses was set (a total of 105 responses subsequently being returned).

Table 2.3: Analysis of Stakeholder Survey Sample

<table>
<thead>
<tr>
<th>Key Stakeholders - type of organisations</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government department or agency</td>
<td>31</td>
<td>35.6</td>
</tr>
<tr>
<td>Member of a national parliament or political body</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>European Commission, European Parliament or other EU body</td>
<td>19</td>
<td>21.8</td>
</tr>
<tr>
<td>International agency or organisation</td>
<td>6</td>
<td>6.9</td>
</tr>
<tr>
<td>NGO or professional organisation active in the drugs field</td>
<td>6</td>
<td>6.9</td>
</tr>
<tr>
<td>Media organisation</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Private sector company</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Academic or research organisation</td>
<td>21</td>
<td>24.1</td>
</tr>
<tr>
<td>Statutory bodies</td>
<td>18</td>
<td>20.7</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>105</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Survey 3 – Target audiences: the EMCDDA has a list of around 8,500 contacts that receive the ‘Drugnet Europe’ newsletter and in some cases other EMCDDA publications. For the purposes of the research, ‘Drugnet Europe’ readers were used as a proxy for the EMCDDA’s target audiences. A news item on the evaluation was included in the March 2007 edition of ‘Drugnet Europe’ inviting readers to participate in the survey. In addition, the EMCDDA sent an e-mail directly to some 2,790 subscribers for whom it had contact details inviting them to participate in the survey.
Background, Key Issues & Methodological Approach

A target of obtaining at least 100 responses was set. ‘Drugnet Europe’ readers were given the option of either completing the questionnaire on-line or having an electronic version e-mailed to them. By the time the survey was closed, a total of 111 questionnaires had been fully completed (in addition, there were a number where only some questions were completed).

Table 2.4: Analysis of Target Audiences (Drugnet Readers) Survey Sample

<table>
<thead>
<tr>
<th>Drugnet readers - type of organisations</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government department or agency</td>
<td>35</td>
<td>31.5</td>
</tr>
<tr>
<td>European Commission, European Parliament or other EU body</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>International organisation</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Member of a national parliament or political body</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>NGO or professional organisation active in the drugs field</td>
<td>40</td>
<td>36.0</td>
</tr>
<tr>
<td>Private sector company</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Media organisation</td>
<td>4</td>
<td>3.6</td>
</tr>
<tr>
<td>Academic or research organisation</td>
<td>14</td>
<td>12.6</td>
</tr>
<tr>
<td>Other/no particular organisation</td>
<td>12</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>111</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Survey 4 – EMCDDA Staff: although not originally planned, a survey of staff was also undertaken to obtain additional information on certain key questions from the Commission’s terms of reference concerning the EMCDDA’s financial and human resources management. This was done by inviting staff to either return a questionnaire directly to CSES by e-mail or to do so using an on-line version. A total of 45 EMCDDA staff responded to the survey. A breakdown of the responses by department is provided below.

Table 2.5: Analysis of EMCDDA Staff Survey Sample

<table>
<thead>
<tr>
<th>EMCDDA department</th>
<th>№</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific: RES, EPI, SCD</td>
<td>22</td>
<td>48.9</td>
</tr>
<tr>
<td>Communication and Cooperation: COM + RTX</td>
<td>5</td>
<td>11.1</td>
</tr>
<tr>
<td>Management and Support: Directorate + ADM + ICT</td>
<td>18</td>
<td>40.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Phase 2 Interview Programme

National Focal Points - the interview programme with the REITOX National Focal Points was carried out through face-to-face meetings in the various EU Member States. The interviews started by clarifying responses to the survey and then moved on to examining particular issues covered by the evaluation in more depth.
Management Board and Scientific Committee – where possible, the national interview programmes included separate meetings with Management Board and Scientific Committee members. A number of interviews also took place in conjunction with CSES presentations to the Management Board and Scientific Committee in Lisbon.

European Commission and other key stakeholders - as part of the Phase 2 research, interviews took place with a total of 11 Commission staff from DG JLS and other DGs. In most cases these interviews were undertaken on a face-to-face basis. The Commission and EMCDDA provided a list of key stakeholder contacts and 11 interviews were undertaken either face-to-face or by telephone. Appendix A provides a full list of Commission and key stakeholder interviews. A summary is provided in the following table.

EMCDDA staff – three rounds of interviews took place with the EMCDDA staff in Lisbon. Those interviewed include the Director, the various Heads of Unit and other key staff. CSES also held a meeting with the EMCDDA’s Staff Committee. The purpose of these meetings at the EMCDDA was twofold – to obtain further background information on the Centre’s operations and to discuss key issues.

In CSES’s tender it was indicated that 50 interviews would be undertaken. As indicated below, a total of 118 were ultimately carried out. Almost all these interviews have been on a face-to-face basis.

Table 2.6: Overview Interviews

<table>
<thead>
<tr>
<th>National Interviews</th>
<th>Number</th>
<th>National Interviews</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>3</td>
<td>Cyprus</td>
<td>1</td>
</tr>
<tr>
<td>Belgium</td>
<td>2</td>
<td>Czech Republic</td>
<td>3</td>
</tr>
<tr>
<td>Denmark</td>
<td>3</td>
<td>Estonia</td>
<td>3</td>
</tr>
<tr>
<td>Finland</td>
<td>5</td>
<td>Hungary</td>
<td>3</td>
</tr>
<tr>
<td>France</td>
<td>2</td>
<td>Malta</td>
<td>1</td>
</tr>
<tr>
<td>Germany</td>
<td>6</td>
<td>Latvia</td>
<td>3</td>
</tr>
<tr>
<td>Greece</td>
<td>2</td>
<td>Lithuania</td>
<td>3</td>
</tr>
<tr>
<td>Ireland</td>
<td>3</td>
<td>Poland</td>
<td>2</td>
</tr>
<tr>
<td>Italy</td>
<td>2</td>
<td>Slovenia</td>
<td>3</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>1</td>
<td>Slovakia</td>
<td>2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2</td>
<td>Bulgaria</td>
<td>2</td>
</tr>
<tr>
<td>Portugal</td>
<td>4</td>
<td>Romania</td>
<td>4</td>
</tr>
<tr>
<td>Spain</td>
<td>2</td>
<td>Turkey</td>
<td>1</td>
</tr>
<tr>
<td>Sweden</td>
<td>3</td>
<td>Croatia</td>
<td>1</td>
</tr>
<tr>
<td>UK</td>
<td>5</td>
<td>Norway</td>
<td>1</td>
</tr>
<tr>
<td>Other Interviews</td>
<td></td>
<td>Other Interviews</td>
<td>Number</td>
</tr>
<tr>
<td>EMCDDA</td>
<td>18</td>
<td>Other stakeholders</td>
<td>10</td>
</tr>
<tr>
<td>European Commission</td>
<td>11</td>
<td>European Parliament</td>
<td>1</td>
</tr>
</tbody>
</table>
Background, Key Issues & Methodological Approach

At a national level, the interview programme covered National Focal Points, and Members of the Management Board and members of the Scientific Committee. Other stakeholders included the UNODC, Europol, Pompidou Group, WHO, WCO, Eurojust and others. A full list of interviews and details of how they were carried out is provided in Appendix A to the report.

Other Research Activities

In addition to the survey work and interviews, various other research activities made an input to the evaluation.

Benchmarking - to help put key evaluation findings into context, four other EU-supported agencies were selected as comparators – the European Agency for Safety and Health at Work (OSHA), European Environment Agency (EEA), Dublin Foundation (Eurofound) and the Fundamental Rights Agency (FRA, previously the European Union Monitoring Centre for Combating Racism and Xenophobia, EUMC). Where relevant, references are made to the benchmarking exercise in the main report. Appendix B contains the detailed findings.

Quality Assessment – in addition to the feedback from the survey work and interviews, a panel of three academic experts was contracted to carry out an independent assessment of the quality of the EMCDDA’s scientific outputs. This assessment focused on questions such as the methodological robustness of the EMCDDA’s work, how up to date the information is and other related issues. The panel of academic experts consisted of Dr. Michael Francis Farrell (Reader in Addiction Psychiatry, Kings College London and member of the Scientific Committee), Dr. Timothy Boekhout van Solinge (Lecturer in Criminology, Willem Pompe Institute for Criminal Law and Criminology, Utrecht University) and Dr. Caroline Chatwin (Lecturer in Criminology at Middlesex University).


EMCDDA Aims, Work Programmes & Coherence with EU Policies

In this section we examine EMCDDA objectives, how they have evolved during the period under review, the types of activities that have been pursued to address objectives and coherence with the broader EU policy framework. An assessment is provided of the effectiveness and coherence of EMCDDA activities with EU policy objectives with subsequent sections of the report examining specific issues in more depth.

Q1: To what extent are the elements of the EMCDDA intervention logic complementary, mutually supportive and non-contradictory? To what extent do the activities of the EMCDDA support or contradict those of other public interventions?

3.1 EMCDDA Priorities and Work Plans

Within the overall framework of the Founding Regulation, the strategic and operational objectives of the EMCDDA are set out in the three-year work programmes which define the EMCDDA’s strategic priorities and illustrate how the chosen thematic priorities are linked with the strategic targets set out in the EU Action Plan for Drugs. The annual work programmes then details the projects and activities to be undertaken in the various thematic areas to help achieve the goals and objectives set out in the three-year work programme.

Whereas the overall mission and key strategic objectives of the EMCDDA have remained unchanged since its foundation, the priorities and the more detailed operational goals of the Centre have developed quite substantially during the period under consideration. This reflects various administrative and managerial re-organisations as well as EU enlargement and other developments in the drugs situation. Likewise, the EMCDDA has matured and evolved over the years and as a result of learning by experience, and this is also reflected in its approach to defining objectives and priorities.

3.1.1 2000 EMCDDA reform and earlier work programmes

During the earlier years, the EMCDDA concentrated on activities relating to two priority areas (demand and reduction of the use of drugs, and national and European strategies and policies). The 2000 external evaluation argued that the EMCDDA needed to define a more focused work programme based on a limited number of priorities and supported by a legally-binding commitment by Member States to provide the relevant data to the Centre.

This recommendation was acted on and led to major changes, adopted the 2000 Reform, in the way the EMCDDA’s priority areas and objectives were defined. Supporting this, a number of steps were taken to enhance the logistical and administrative efficiency of the Centre by improving its organisation and working methods. The key element was a change in the planning and management process with
EMCDDA Aims, Work Programmes & Coherence with EU Policies

the introduction of a project-based approach. Particular focus was put on priority setting and concentrating the EMCDDA's operational objectives on a limited number of working priorities to improve the effectiveness and transparency of its operations. This process led to the definition of four working priorities aimed at implementing relevant objectives contained in the 2000-04 Action Plan on Drugs. These four working areas then constituted the EMCDDA’s overall priority programmes:

- P1: Monitoring the drug phenomenon and situation at national and global EU level (data collection and comparative analysis);
- P2: Monitoring the actions and responses to this phenomenon at national and global EU level (data collection and comparative analysis);
- P3: Implementing the 1997 EU Joint action on new synthetic drugs;
- P4: Monitoring national and Community strategies and their impact.

As part of the 2000 Reform Plan, a thematic matrix was developed highlighting the inter-relationship between the EMCDDA’s main working priorities and the strategic targets of the Action Plan on Drugs, setting out five key indicators and core data on the drugs situation in Member States. This basic structure governed the EMCDDA’s operations for a number of years. The overall architecture of the 2001-2003 work programme and to a lesser extent that of the 2004-2006 work programme was built around the four priority programmes and the thematic matrix.

3.1.2 2005 Strategic reflection and work programmes

More recently, the 'strategic reflection' that began with the appointment of the current Director in May of 2005 and the process that led to the 'recast' of the Founding Regulation in 2006 has led to further changes.

In particular, three top level priorities were introduced to replace the four priority programmes, P1-P4. These priorities have been defined in the EMCDDA’s 2007-09 work programme as being to: 1) consolidate monitoring and reporting activities; 2) enhance the analysis of data; and 3) communicate more effectively with key audiences. For each of the priorities, specific goals have been set including: monitoring emerging trends within the drugs phenomenon and solutions to the problems, in both cases promoting the exchange of best practice between Member States; assessing the risks of new psychoactive substances and maintaining the Early Warning System; and

EMCDDA Aims, Work Programmes & Coherence with EU Policies

developing tools to facilitate the monitoring and evaluation by Member States and the Commission of their respective drugs policies and strategies.

Below, we provide a summary of the EMCDDA’s key objectives during the period covered by the evaluation. This combines the high level objectives for the two three-year work programmes during the period under review.

Table 3.1: Summary - Main EMCDDA Objectives (2000-06)

Programme 1: Monitoring the drug situation
1. Develop an overview of the drug situation in the EU based on collection and analysis of the best available data on drug use, supply and their health and social consequences
2. Improve the comparability and quality of data on prevalence and health consequences
3. Conceive, implement and further develop a set of key epidemiological indicators and core data on emerging trends and social indicators as a common basis for data collection
4. Develop a number of tools and methodologies for data exploitation (comparison, analysis, dissemination) and consolidate and improve them

Programme 2: Monitoring responses to the drug problem
5. Conceive, implement and further develop core data sets on interventions on drug demand reduction and on measures for drug supply reduction as a common basis for data collection
6. Develop a number of tools and methodologies for data exploitation (comparison, analysis, dissemination) and consolidate and improve them

Programme 3: Implementing the EU Joint Action Programme
7. Collect and exchange information on New Synthetic Drugs through the Early Warning System - develop appropriate EWS tools and improve Reitox’s capacity to use the system
8. Implementation of NSD risk assessments and ensuring a smooth transition from the Joint Action to the 2005 Council Decision

Programme 4: Monitoring national and EU strategies and policies and their impact
9. Conceive, implement and exploit data collection tools on EU and national strategies, policies and legislation and evaluation tools – consolidate and improve tools and outputs
10. Contribute to new EU policy measures, such as the EU Drug Strategy and the EU Action Plan on Drugs

Reitox Coordination and Enlargement
11. Manage and coordinate the Reitox network and improve the quality and comparability of their data
12. Successfully incorporate acceding/candidate countries into EMCDDA activities

Communication and dissemination
13. Ensure that information products are tailored to the needs of the target groups with special focus on policy-makers – switch progressively from off-line to on-line publications - improve publications on an ongoing basis
14. Raise awareness of the European drug problem and the role of the EMCDDA and promote the EMCDDA as a ‘centre of excellence’ by producing information of a high scientific standard.
EMCDDA Aims, Work Programmes & Coherence with EU Policies

3.2 EMCDDA Activities and Progress towards Objectives

In this section we map out the EMCDDA’s main activities during the period under review and provide an assessment of the extent to which objectives have been met (this assessment is further developed in subsequent sections of the report in relation to specific aims and activities).

The EMCDDA’s two three-year programmes for 2001-03 and 2004-06 provide an overall framework for the assessment as they set out the Centre’s more strategic objectives, but the annual work programmes have also been reviewed to obtain a more detailed picture of the projects and operational activities undertaken to fulfil strategic objectives. The following table sets out the key activities undertaken by the EMCDDA during the 2000-06 period together with a summary assessment of the extent to which objectives have been achieved. Subsequent sections of this report examine different activities in more detail.

Table 3.2: Summary – Progress towards EMCDDA Work Programme Objectives

<table>
<thead>
<tr>
<th>Objectives for 2001-2006</th>
<th>Progress towards objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programme 1: Monitoring the drug situation</strong></td>
<td></td>
</tr>
<tr>
<td>• Develop an overview of the drug situation in EU</td>
<td>The Annual report has continuously been improved with a complete reshape in 2004. A large number of additional technical, policy-oriented and scientific outputs have been produced.</td>
</tr>
<tr>
<td>• Implement 5 key epidemiological indicators providing ongoing support</td>
<td>Since 2003, the 5 key indicators have been fully operational although they have still not been fully implemented at Member State level. (to the extent of 60-70%) Ongoing support has been provided in this field to improve the comparability and quality of collected data. Work is well underway on a new data-storage and retrieval system to improve the exploitation of data. Until this is ready, the data have been fed into the EISDD information system.</td>
</tr>
<tr>
<td>• Identify core data sets on emerging trends &amp; social indicators and develop data collection methods</td>
<td>Reporting on the initial core data sets (youth, drug-related crime and social exclusion, and illicit drugs availability) ceased after 2003, and in the work programme for 2004-06 the core data areas and objectives changed to cover the areas of crime, youth, Markets and social exclusion.</td>
</tr>
</tbody>
</table>

6 The three-year work programme for 2007-2009 has also been considered with a view to assessing how recent organisational developments at the EMCDDA have affected the Centre’s strategic planning and whether any shortcomings identified for the 2001-2006 period have already been addressed or rectified by the EMCDDA itself.
**EMCDDA Aims, Work Programmes & Coherence with EU Policies**

- Achieve full functionality of [EISDD Info System](#) and further develop it
- Increase utility of [QED database](#)

**Programme 2: Monitoring responses to the drug problem**

- Identify and implement [core data sets](#) in all areas of responses to drug demand (prevention responses, needle exchange, early health responses, treatment and prevention of infectious diseases and drug-related deaths) and develop tools for data collection
- Implement data collection in new core areas and develop instruments to improve comparability
- Identify and implement [core data set](#) on socially related aspects of drug demand (drug trends in youth, drug-related crime and drug-related social exclusion) and develop tools for data collection
- Develop [EDDRA Info System](#) as a tool for data collection/dissemination
- Consolidate, expand and improve the system

Initial focus was on defining core data and in 2003 a number of data collection tools were developed in the form of standard tables and structured questionnaires.

The initial core data areas were revised/extended several times during the period (2004/2005) to include new areas of prevention and additional structured questionnaires were adopted.

The reporting tools were gradually improved and refined allowing a higher degree of comparability of data.

Core data sets were defined in the relevant areas and guidelines were developed for national reporting. In the second period, efforts were concentrated on core data relating to drug users in prisons and alternatives to prison and standard tables and questionnaires for these areas were developed.

The database was improved with performance indicators, targets and quality assurance to increase its potential as a source for information on best practice. The number of entries and monthly visits to the database increased significantly.

**Programme 3: Implementing EU Joint Action on synthetic drugs**

- Manage the [Early Warning System](#) on synthetic drugs and strengthen Reitox capacity to use it.
- Develop online inventory of NDS and design prototype of IT tool.
- [Risk assessment of NSD](#) on request of EU authorities (Scientific Committee role).
- Strengthen technical support to SC on risk assessment and fine-tune guidelines.
- Achieve a smooth transition from the Joint Action on new synthetic drugs to the [2005 Council Decision](#) (2005/387/JHA)

There have been steady improvements in the EWS system and of Reitox’s capacity to use it through a number of workshops and Reitox academies.

Guidelines and technical annexes for risk assessment of a number of NSD were developed and several risk assessments were carried out in the first period. No risk assessments have been carried out since 2004 as the new system was being set up (2005 Council decision).

In 2006, a revision of risk assessment guidelines was launched adapting them to the new instrument.

Regular feedback to the Commission in preparation of the Council Decision which was adopted in May 2005.

Joint progress report (EMCDDA/Europol/EMEA) on the functioning of the new system was submitted in 2005.

**Programme 4: Monitoring national and EU strategies and their impact**

- Conceive data collection tools on [EU & national strategies, legislation, programmes](#) and analysis of these
- Development of [ELDD legal database](#)

A number of data collection and storage tools were launched and there has been ongoing analysis and reviews of national and EU strategies and policies. Considerable work on the EU legal framework and instruments was undertaken and the ELDD database was launched and promoted in 2001-02.
## EMCDDA Aims, Work Programmes & Coherence with EU Policies

<table>
<thead>
<tr>
<th>Activity</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide information on EC actions/programmes</strong></td>
<td>Since 2004, there has been increasing focus on evaluation and monitoring tools. The objectives for 2004-06 relate to ongoing activities and constant fine-tuning and improvement appear to have taken place.</td>
</tr>
<tr>
<td><strong>Develop and implement monitoring/evaluation tools</strong></td>
<td>The EMCDDA has contributed considerably both to the evaluation of the 'old' EU Action Plan and to the process of developing the new EU Drugs Strategy (2005-12). EMCDDA support for the implementation of the new EU Strategy is ongoing and is likely to be important. Production of a number of Snapshot reports, e.g. examining the achievement of the 6 targets of the action plan.</td>
</tr>
<tr>
<td><strong>Improve analytical framework and outputs</strong></td>
<td>The objectives of harmonising national reporting and improving Reitox data quality have been constantly addressed during the period and a number of new mechanisms have been introduced to achieve this (new reporting structure ('03), special workshops and Reitox academies on reporting ('04) and a quality assurance policy ('05). Extensive reporting feedback to NFPs has also been provided.</td>
</tr>
<tr>
<td><strong>Ongoing contribution to EU Action Plan on Drugs</strong></td>
<td>To improve communication and networking a large number of meetings and individual visits have been organised over the period, not least to help integrate the 10 NMS into the network. A number of tools have also been introduced, such as the Reitox academies and the Reitox extranet. As a result, the network appears to be functioning well. Although a grant system is in place, there is some discussion as to the appropriateness of the system. There have also been some problems with introducing a specific Reitox 3-year work programme.</td>
</tr>
<tr>
<td><strong>Analysis at national level of impact of actions</strong></td>
<td>In the 2001-03 period activities concentrated on providing technical assistance to accession and candidate countries to prepare their integration into EMCDDA activities. High-level missions were organised to raise political awareness/commitment among decision-makers in these countries. In the second period, NMS were fully integrated into Reitox activities and the co-financing scheme and took up full participation in the statutory bodies. Special needs assessment was organised supported by training activities. As a result of these efforts, the integration of NMS seems to have taken place in a very successful manner.</td>
</tr>
<tr>
<td><strong>Data quality improvement</strong></td>
<td>All outputs listed under the objectives have been produced as planned and the various publications have continuously been improved.</td>
</tr>
<tr>
<td><strong>Harmonise guidelines for national reports</strong></td>
<td>Communication and Dissemination</td>
</tr>
<tr>
<td><strong>Provide comparability of national data and give feedback</strong></td>
<td>Objectives include the production and dissemination of a long list of off-line and on-line products and publications</td>
</tr>
<tr>
<td><strong>Identify best procedures and criteria for improving data quality</strong></td>
<td>Network management</td>
</tr>
<tr>
<td><strong>Ensure daily coordination of the network and develop communication and managerial aspects</strong></td>
<td>Ensure daily coordination of the network and develop communication and managerial aspects</td>
</tr>
<tr>
<td><strong>Put in place effective grant system</strong></td>
<td>Put in place effective grant system</td>
</tr>
<tr>
<td><strong>Develop and implement 3-yearly Reitox work programmes</strong></td>
<td>Develop and implement 3-yearly Reitox work programmes</td>
</tr>
<tr>
<td><strong>Incorporate the accession and the candidate countries into EMCDDA activities, particularly facilitating the exchange of expertise and providing support to less experienced performers</strong></td>
<td>Incorporate the accession and the candidate countries into EMCDDA activities, particularly facilitating the exchange of expertise and providing support to less experienced performers</td>
</tr>
<tr>
<td><strong>Data quality improvement</strong></td>
<td>Data quality improvement</td>
</tr>
<tr>
<td><strong>Harmonise guidelines for national reports</strong></td>
<td>Harmonise guidelines for national reports</td>
</tr>
<tr>
<td><strong>Provide comparability of national data and give feedback</strong></td>
<td>Provide comparability of national data and give feedback</td>
</tr>
<tr>
<td><strong>Identify best procedures and criteria for improving data quality</strong></td>
<td>Identify best procedures and criteria for improving data quality</td>
</tr>
<tr>
<td><strong>Network management</strong></td>
<td>Network management</td>
</tr>
<tr>
<td><strong>Communication and Dissemination</strong></td>
<td>Communication and Dissemination</td>
</tr>
<tr>
<td><strong>Enlargement</strong></td>
<td>Communication and Dissemination</td>
</tr>
</tbody>
</table>
EMCDDA Aims, Work Programmes & Coherence with EU Policies

3.3 Consistency of EMCDDA Activities with EU Policy Context

We now turn to the question of consistency between the EMCDDA’s activities during the period under review and the wider EU policy context. Before doing this, we briefly review the institutional structures relating to EMCDDA activities.

3.3.1 Commission and EU Bodies


Within DG JLS, it is the Coordination of anti-drugs policy unit that is responsible for overseeing the operations of the EMCDDA and coordinating the implementation of the EU Action Plan on Drugs. This includes coordination of inputs by other DGs with a role in the drugs field (prevention, education, research, training, precursors control, money laundering, police, customs and judicial co-operation and international co-operation). In order to assist in the coordination of these inputs, a Commission inter-service group on drugs has been set up. DG JLS also coordinates the Commission’s position in the various EU and international fora where drugs issues are addressed. Although not always the case in the past, there seems to be a good working relationship now between the EMCDDA and DG JLS.

The EMCDDA has links with a number of other Commission DGs whose remit has a bearing on drug related issues. These include DG Taxation and Customs Union, DG Research (Seventh Framework Programme), DG RELEX (Phare Multi-beneficiary Drugs Programme), DG Education and Culture (Youth programme), DG Transport (High Level Group on Road Safety), DG Development, DG AIDCO and DG Enlargement, EUROSTAT (data and statistics on drugs) and last but not least, DG Public Health and Consumer Protection which deals within its remit with the protection of persons from health threats including drugs. The Agency also has dealings with DG Administration and DG Budget on issues relating to human and financial resources.

The formal mechanism for coordinating the relationship between the Commission and the EMCDDA is the Centre’s Management Board. There are two representatives from the European Commission on the Management Board, one representing DG JLS (the Director for Civil Justice, Rights and Citizenship), the other representing DG Budget (the Head of Unit for Internal Policies).

7 In the recent proposal for a Second Community Action in the field of Health (2007-2013) it is emphasised that promoting good health requires tackling the life-style factors and addictions including tobacco, alcohol, drugs that undermine health).
EMCDDA Aims, Work Programmes & Coherence with EU Policies

The EMCDDA also has a working relationship with the Council of the European Union and with the European Parliament.

In the Council, the contacts are in particular with the Horizontal Drugs Group (HDG) which co-ordinates all drugs related issues that are dealt with by the Council in the framework of the EU Action Plan on Drugs. It reports to COREPER and to the General Affairs Council. An important role of the HDG is to endorse the EU Action Plan on Drugs (which is proposed by the Commission) before it is adopted by the Council. In accordance with its remit, the HDG also endorsed the Commission’s proposal for the EMCDDA recast Regulation before its adoption by the Council. Consisting of senior officials from government departments and national authorities, many of the members of the HDG are also members of the EMCDDA’s Management Board and/or the permanent correspondents group of the Pompidou Group.

In the European Parliament, it is the Committee on Civil Liberties, Justice and Home Affairs (LIBE) that is responsible for activities relating to the EMCDDA’s mandate (it also has responsibilities in relation to the European Fundamental Rights Agency (formerly EUMC), Europol, Eurojust and other bodies and agencies in the field of human rights, freedom, security and justice and cooperation in criminal and judicial matters). The European Parliament’s Committee on Environment, Public Health and Food Safety (ENVI) also debates public health aspects of EU drugs policy. Last but not least, the Budget Committee plays an important role in the financial and administrative procedures of the EMCDDA.

3.3.2 EU Drugs Strategies and Action Plans

The EMCDDA’s role of providing the Community and its Member States with ‘objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’ is designed, in the first instance, to support the EU’s Drug Strategies and related Action Plans on Drugs. As noted in the previous subsection, during the period under review, there have been two strategies – the first covering the period 2000-04 and the second, currently being implemented, the period 2005-12.

The 2000-04 EU Drugs Strategy, adopted at the 2000 European Council of Santa Maria da Feira, contained 11 overall objectives and six main targets for the EU, while the Action Plan listed around 100 specific tasks. In addition to providing monitoring...
EMCDDA Aims, Work Programmes & Coherence with EU Policies

information for the targets, the EMCDDA was expected to play a role in the evaluation of the strategy and action plan. Together with Europol, this involved drafting a number of snapshot reports, thematic papers and other material used to help evaluate progress towards the EU’s various targets.9

The evaluation of the EU’s 2000-04 Drugs Strategy provided a positive acknowledgement of the role played by the EMCDDA.10 Thus, at a national level, the evaluation noted that all Member States had agreed to apply the five key epidemiological indicators and to provide comparable and consolidated data, while some countries had also made good progress in developing tools for the regular assessment of the effectiveness of their actions in the field of drugs. At the same time the evaluation suggested that further improvements could be made. Feedback from Member States suggested that most of them had actively participated in EMCDDA activities including consultation of the databases (EDDRA, ELDD), sharing of good practices (e.g. on the handling of drugs addicts in the justice system) and information exchanges generally.

At an EU level, it was argued that ‘the availability and quality of data and information on the drug situation has been improved mainly through the work of the EMCDDA and the National Focal Points’ and that the ‘exchange of information on emerging trends in drug use has improved, partly, as a result of the establishment of an Early Warning System in the framework of the Joint Action on synthetic drugs’. The evaluation nevertheless identified several shortcomings - a lack on information on drugs-related crime, and the need for better indicators and improved mechanisms for monitoring emerging trends in drugs use.

The EU’s Drugs Strategy for 2005–2012 was endorsed by the European Council in December 2004 and is being supported by two consecutive four-year action plans. The strategy places more emphasis than its predecessor on an ‘integrated, multidisciplinary and balanced approach’ by combining and concentrating on two policy fields - demand and supply reduction.

9 The first review, ‘Baseline 1999’, describes the situation and responses in place in 1999 prior to the EU strategy on drugs (2000-2004), based on a set of parameters connected to the six targets. It provided a baseline against which the progress achieved in 2004 could be measured. The second review described the situation and responses in place in 2004 on the basis of the same set of variables.

EMCDDA Aims, Work Programmes & Coherence with EU Policies

This approach is supported by two cross-cutting themes, ‘International cooperation’ and ‘Research, information and evaluation’. The strategy also places renewed emphasis on the need for a holistic approach to tackling the drugs problem covering different sectors including welfare, health, education and justice and home affairs, and for close partnership working with national authorities, scientific centres, professionals, NGOs, civil society and local communities. Verifiable targets are set for demand and supply reduction as well as for the cross-cutting themes. As with the earlier EU Drugs Strategy and Action Plan, an important role is assigned to the EMCDDA in the field of information and evaluation.

The EMCDDA contributed in a number of ways to the preparation of the EU’s 2005-12 Drugs Strategy and its first Action Plan. This included producing various thematic papers relating to proposed actions and indicators.11 In total, the EMCDDA provided information for approximately one third of the objectives and actions for the progress reviews of the Commission, in particular in the field of coordination and demand reduction. The 2005-12 EU Drugs Strategy and Action Plans will be subject to an impact assessment in 2008 and a final evaluation in 2012. Further thematic papers, together with snapshots on the drugs situation, are envisaged in 2008 as an input to the impact assessment that is due to be carried out in that year.

Whilst it is too early to fully assess the EMCDDA’s contribution to the 2005-12 EU Drugs Strategy and Action Plans, taking the period as a whole under review, the EMCDDA’s work in developing common standards and tools for the collection and analysis of drugs-related data from the Member States has helped improve the reliability and comparability of the evidence base for a European strategy. The Annual Report and other scientific outputs are useful background information and help to inform decision-makers (the role of this report and other scientific outputs is examined in more detail in the next section). The Agency has also responded well to ad hoc requests for information, e.g. Commissioner briefings on specific drugs issues. However, it has not always been able to deliver the information it has undertaken to provide (due to the formulation of unrealistic indicators).

As shown later in this report, the EMCDDA’s work has also had a direct impact at a national level on EU Member States’ drugs policies and practices by encouraging a higher degree of cooperation and the adoption of comparable structures. More specifically, the European perspective provided by the EMCDDA’s Annual Report and other scientific outputs is widely considered to be important in understanding the drugs situation and actual/likely trends at a national level, and in putting the nature

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11 In total, 24 thematic papers were produced, nine in 2006 and a further 15 in 2007 (nine of these were updates of the 2006 thematic papers). In each case, data was provided by the NFPs who also checked the thematic papers before they were submitted to the Commission.
EMCDDA Aims, Work Programmes & Coherence with EU Policies

and scale of the problem into context (this is considered further in Section 8). From a more operational point of view, EMCDDA interventions have been important in capacity building and ensuring that a harmonized approach to data collection is developed across different EU Member States. In both these ways, the activities of the EMCDDA directly support public interventions at a national level (see Section 7 and elsewhere).

3.4 Summary – Aims, Work Programmes and Coherence with EU Policies

The EMCDDA’s approach to defining priorities has been closely aligned with wider EU policy objectives. Indeed, in the earlier part of the period under review, the EMCDDA’s work programme and organisation were structured closely around the priorities set out in the 2001-04 Action Plan on Drugs. More recently, following the ‘strategic reflection in 2005, the emphasis has switched to adopting a more integrated approach to drugs issues with stronger horizontal functions. This approach is reflected in both the EMCDDA’s post-2005 work programmes and organisational structure, and corresponds closely with the EU’s Drugs Strategy for 2005–2012 which is designed to promote an ‘integrated, multidisciplinary and balanced approach’ to the drugs problem by combining and concentrating on the two policy fields of demand and supply reduction.

This section provides a summary overview of the EMCDDA’s activities during the 2000-06 period but it does not examine particular activities in detail (this is done in subsequent sections of the report). However, the assessment suggests that the EMCDDA’s activities have (as shown later in the report) been coherent with the EU’s Drugs Strategies for 2000-04 and 2005-12. The evaluation of the EU’s 2000-04 Drugs Strategy provided a positive acknowledgement of the role played by the EMCDDA. Whilst it is too early to fully assess the EMCDDA’s contribution to the 2005-12 EU Drugs Strategy and Action Plans, taking the period as a whole under review, the EMCDDA’s work in developing common standards and tools for the collection and analysis of drugs-related data from the Member States, and other activities on behalf of the Commission, have helped improve the reliability and comparability of the evidence base for a European strategy.
A central aspect of this evaluation is to assess effectiveness, i.e. the extent to which the EMCDDA has, in practice, achieved the key objectives set out in its annual work programmes and how this has contributed to fulfilling its overall mission as defined in the Founding Regulation.

The EMCDDA’s core function is to produce scientific information and in this section we examine activities relating to this, the nature of outputs and the extent to which they fulfil the aim of providing the Community and Member States with ‘objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’

Q2: To what extent has the Agency achieved the objectives set out in its last annual work programmes and in the three-year work programmes for 2001-03 and 2004-06?

4.1 EMCDDA Scientific Activities 2001-06

Below we examine the type of scientific work carried out by the EMCDDA during the period under review before examining the outputs and feedback from target audiences on questions concerning their use, relevance and quality.

4.1.1 Monitoring the drugs situation

Monitoring the drugs situation in Europe is the primary functions of the EMCDDA and various methods have been developed to fulfil this role. At the core of these methods are five key epidemiological indicators that are used to collect and analyse data from Member States on the drugs situation and trends:

- Prevalence and patterns of drug use among the general population (population surveys);
- Prevalence and patterns of problem drug use (statistical prevalence/incidence estimates and surveys among drug users);
- Drug-related infectious diseases (prevalence and incidence rates of HIV, hepatitis B and C in injecting drug users);
- Drug-related deaths and mortality of drug users (general population mortality special registers statistics, and mortality cohort studies among drug users);
- Demand for drug treatment (statistics from drug treatment centres on clients starting treatment).

The system for data collection for the five key indicators, which is supported by 34 standardized tables and questionnaires, has been fully operational since 2003, but it is
Scientific Activities & Outputs

currently only implemented to the extent of 60-70% at Member State level. 12 An annual cycle exists with the information required for these five key indicators being collected and collated by NFPs from a variety of official and other sources in their countries, transmitted to Lisbon and then checked by the EMCDDA during the November-December period each year with analysis taking place in January. At the EMCDDA, the Epidemiology, Crime and Markets (EPI) unit has three project managers who are responsible for checking, collating and analysing key indicator data. In addition, the team consists of a statistician (mainly responsible for preparation of the Statistical Bulletin) and an epidemiologist (responsible for cross sectional analysis across the indicators). The EMCDDA also draws on advisory inputs from an external network consisting of one expert per key indicator from each country who meet once a year.

The key indicators are at the very heart of the EMCDDA’s scientific activity. The quality of the data is clearly dependent on the quality of the national data gathered and there is still a considerable variation in this. Some of the data is gathered routinely and on an entirely harmonised basis but there are also national differences in approach to the national collation of other data sets (e.g. in relation to the drug-related infectious diseases indicator). This means that although a lot of information is collected via the NFPs on the drugs situation in some countries, not all of it can be used by the EMCDDA because the variable quality of the information from some countries makes aggregation and comparison at an EU level impossible. Moreover, the fact that nearly all information on indicators is provided by NFPs in aggregate form limits the level of analysis that is possible.

To some extent, the choice of indicators reflects the capacity of the various EU Member States to collect data. For example, drug related crime and other aspects of crime statistics are important measures for assessing progress in implementing drugs strategies (as noted earlier, this is acknowledged in the 2005-12 Drugs Strategy). However, drugs-related crime is not captured by the EMCDDA’s key indicators. This is partly because collecting information on the crime has not been as high a priority as other aspects of the drugs situation but also because of the complex and varied manner with which crime statistics are collated and reported on in different countries.

12 The key and core data collection is concentrated in a number of specific thematic areas: drug use in the general population; problem drug use; drug trends in youth; drug-related infectious diseases; drug-related death and mortality; demand for treatment; drug-related crime; drug-related social exclusion; and availability of illicit drugs.

13 At present, two of the project managers each handle two indicators with the third manager handling the treatment demand indicator). With the quantity of information being collected having increased in recent years, particularly following EU enlargement, additional personnel have been recruited and since 2004 the EPI project managers have each been supported by a junior data management assistant.
which makes harmonisation at an EU level difficult. Another area where some NFPs and key stakeholders expressed the view that the EMCDDA should carry out further monitoring is the level of drugs consumption in terms of quantities. However, here again there are complications with regard to methodologies and data availability.

The challenge the EMCDDA has faced in the past and continues to face in achieving consensus and joint action on key indicators is formidable. From a methodological perspective, the comparison of national survey data that has been collected using standardised questions provides a good overview on **population patterns of drug use**. The estimates of the size of the **problem drug use population** is more difficult and has been subject to some considerable methodological work and in more recent EMCDDA papers there is discussion of a further review of this indicator. Continued methodological work to improve ways of measuring this indicator is necessary.

The indicators on **infectious and blood borne disease** is more problematic partially because of the difficulty of gathering reliable data on injecting drug users in a systematic manner than enables good cross-national comparisons. There has been considerable work done on **drug-related mortality** and this remains an important reminder of the serious disease burden associated with drug dependence. Again variation in official recording systems in different countries means that cross-national comparisons are inherently difficult, but exploration of differences and good interrogation of data enables the production of important and meaningful reports on the topic. With regard to **treatment demand**, the EMCDDA is responsible for having collated much of the information that has been obtained so far in this field at an EU level.

Some of the EMCDDA’s key indicators have been evaluated and applied at a worldwide level which is a testament to the Centre’s work in the field of drugs monitoring. In particular, the treatment demand indicator has been subject to assessment and consideration for global application through a UNODC working group.

### 4.1.2 Monitoring responses to the drugs problem

The EMCDDA’s work in monitoring responses to the drugs problem covers a range of subjects – prevention, reduction of drug-related harm, drug treatment, social reintegration, prevention of drug-related crime, and some aspects of supply reduction.

An extensive range of activities have been undertaken in recent years to improve quality of information on **prevention activities** in the EU. Recent EMCDDA activities have focused on developing indicators and comparable information standards for the prevention field so as to be able to assess the targets of the EU Action Plan. Other initiatives include the development of the Prevention and Evaluation Resources Kit (PERK) which is an on-line tool providing information on
**Scientific Activities & Outputs**

Evidence-based prevention principles, examples of effective strategies, background literature, theories, references and evaluation tools, etc.  

With regard to reducing drug-related harm, a number of initiatives have been carried out during the period under review. In 2000, the EMCDDA started to collect and analyse information on harm reduction responses to infectious diseases in the context of its project on drug-related infectious diseases. Since 2002, when the activity was integrated in the newly created project area of harm reduction, information on policies, services and interventions to prevent infectious diseases among drug users has been collected and analysed. Two new information collection tools were also developed to gather a range of detailed data on responses to infectious diseases among drug users from NFPs. After a pilot phase in 2003, they were both integrated into the regular data collection procedures. Other projects include one to collect and analyse information on how heroin overdoses can be prevented, and another to improve the quality of information on low-threshold services.

The first EMCDDA harm reduction expert meeting in December 2004 focused on 'Data-collection at Low-threshold services for Drug Users: Tools, Quality and Coverage'. At a follow-up meeting in June 2005, experts carried out further scoping work, focusing on ways how to increase the availability and quality of harm reduction information at European level. A review of the current 'state of the art' of harm reduction data collection was also carried out in September 2005 during a special Reitox Academy meeting on harm reduction data and reporting.

The EMCDDA’s work in the field of drug treatment focuses on monitoring the organisation, characteristics, accessibility and availability as well as other measures being applied in EU Member States. This has led to the production of ‘Drug treatment overviews’ covering all EU Member States and Norway. Other activities

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14 The EMCDDA’s work in the drugs prevention field covers a range of subjects including universal prevention in schools, selective prevention, outreach work, indicated prevention, Community-located prevention, family-based prevention. To help improve the scientific evaluation of demand-reduction activities and the quality of the information available on initiatives in this field, the EMCDDA has developed guidelines for the evaluation of drug prevention. This involved analysing relevant programmes and examining international literature. The guidelines were then tested in different settings including schools, community programmes and outreach prevention projects in various European countries.

15 These cover needle and syringe programmes (NSPs) and a number of other evidence-based harm reduction measures to prevent infectious diseases among drug users.

16 The ‘Drug Treatment Overviews’ examine the overall drug treatment system and organisation; the availability of drug-free treatment including a breakdown of the services provided; the kinds of substance applied in medically assisted treatment; and provide
include a conference organised by the EMCDDA on ‘Treatment monitoring and the EU action plan on drugs 2000-2004’ which took place in Lisbon in 2003; and joint projects with the WHO and the UNDCP to produce eight ‘Workbooks on Evaluation of Psychoactive Substance Use Disorder Treatment’. Also, as noted earlier, the EMCDDA has collated much of the work that has been done on treatment demand and some of the key indicators have been evaluated and applied at a global level.17

During the period under review, the EMCDDA’s work to monitor responses to the drugs problem has also involved examining the social reintegration of former drug addicts18 and the prevention of drug-related crime which has focused on interventions aimed at reducing drug-related crime in line with Target 4 of the 2000-04 EU Action Plan.19 In the supply reduction field, the EMCDDA’s activities have been mainly limited to monitoring statistics (sentencing, prices, purity, arrests). It has also produced some information on best practices regarding demand reduction in law enforcement settings (e.g. harm reduction in prisons) but otherwise activities in the best practice field remain a future priority. Several studies have also been commissioned on issues relating to responses to the drugs problem, some of which have been turned into EMCDDA publications. 20 Last but not least, three on-line databases - EDDRA, ELDD and the EIB - have been developed providing access to the EMCDDA’s work on responses to the drugs problem (these are considered in the next section).

4.2 EMCDDA Scientific Outputs

Each year the information that has been collected on the drugs problem and responses to it is analysed and summarised in the EMCDDA’s Annual Report with a Statistical Bulletin that accompanies the report providing access to the data tables that definitions of the most important terms applied. The overviews are based primarily on data from standard tables on drug treatment and the national reports.

17 In addition there are numerous references to some of the indicator data work of the EMCDDA in the US NIDA and SAMSHA reports. This cross fertilization with US and other international agency work should be further developed and supported.

18 In 2003, the EMCDDA published a study on ‘Social Reintegration in the EU and Norway’ which examines how social reintegration is understood in each Member State and maps the availability of social reintegration facilities.

19 Projects during the period under review included a study to obtain an overview of demand-reduction activities in the criminal justice system of EU Member States, another on the characteristics of drugs use in prisons and measures targeted at drug using inmates of the criminal justice system.

20 This included a study to obtain an overview of demand-reduction activities in the criminal-justice systems of EU Member States and another on the characteristics of drug use in prisons and measures targeted at drug using inmates.
underpin the analysis. The information is also used for ‘Selected Issues’. The EMCDDA also produces a wide range of other scientific information on drugs and drug addiction which is disseminated through various publications, via the Centre’s website and other means.

The EMCDDA’s publications form a vital aspect of its mission to provide the Commission and Member States with objective, reliable and comparable information on drugs and drug addiction. By providing this type of information, the EMCDDA seeks to help key stakeholders understand the nature of the drugs problem and formulate appropriate responses. An overview of the EMCDDA’s various scientific outputs is provided below.

<table>
<thead>
<tr>
<th>Table 4.1: Summary - EMCDDA Publications</th>
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<tr>
<td>• The statutory <strong>Annual Report</strong> (including Statistical Bulletins, Country data profiles and Selected Issues)(^2)</td>
</tr>
<tr>
<td>• Two periodicals - <strong>Drugnet Europe</strong> (quarterly newsletter) and <strong>Drugs in Focus</strong> (series of policy briefings)</td>
</tr>
<tr>
<td>• Scientific and thematic volumes falling into four distinct series: <strong>Scientific Monographs, Insights, Manuals and Risk Assessments</strong></td>
</tr>
<tr>
<td>• <strong>Technical Reports and guidelines</strong> - various methodologies and tools</td>
</tr>
<tr>
<td>• <strong>On-line publications</strong> - most of the printed publications listed above, Thematic Papers</td>
</tr>
<tr>
<td>• <strong>Databases</strong> - European Legal Database on Drugs (<strong>ELDD</strong>); Exchange on Drug Demand Reduction Action (<strong>EDDRA</strong>) and Evaluation Instruments Bank (<strong>EIB</strong>)</td>
</tr>
</tbody>
</table>

Most of the publications are available on-line via the EMCDDA’s website (www.emcdda.europa.eu). The website also provides press material, subscription services, details of EMCDDA work programmes, and links to partner organisations worldwide. On-line access on the website to the various information products and databases is an important element in ensuring that drug-related information quickly reaches the target audience.

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\(^2\) Another statutory EMCDDA publication is the annual ‘General Report of Activities’. This is not however a scientific output but rather an 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.
Scientific Activities & Outputs

4.2.1 Statutory Publications – Annual Report Package

The EMCDDA’s ‘flagship’ publication, bringing together many of its scientific outputs, is the ‘Annual Report package’ which is produced each year and launched towards the end of November.

This package consists of the Annual Report itself on the state of the drugs problem in Europe, a Statistical Bulletin, Country data profiles and in-depth analyses of specific issues (the so-called ‘Selected Issues’). The Annual Report itself is a statutory publication required by the EMCDDA’s Founding Regulation and has been published every year since the EMCDDA first became operational. It is available both in printed form and on-line. The target group of the Annual Report and its various sub-components are mainly policy-makers and their advisors but other important audiences include academics and practitioners in the drugs field.

Over the years, the Annual Report’s contents has developed and since 2004 has followed an integrated approach with chapters structured around substantive topics or around specific drugs. New elements have also been introduced. One of these new elements, the Statistical Bulletin, provides access to a large number of interactive tables and graphics (over 400 in all). The Bulletins are based on epidemiological information submitted by the NFPs and collated in data tables by the EMCDDA. These provide detailed technical commentaries, notes and descriptions. The Country data profiles, also added to the Annual Report in 2004, provide a visual quick reference to the drug use prevalence position of each country in the form of diagrams based on the most recently available data. Another novelty, introduced in 2005, was to publish the Selected Issues as a separate volume. These topical presentations were formerly part of the main body of the Annual Report. Topics addressed by the stand-alone ‘Selected Issues’ include ‘Drug-related public nuisance’, ‘Alternatives to imprisonment’ and ‘Buprenorphine’ (2005) and ‘European drug policies: extended beyond illicit drugs’, and ‘A gender perspective on drug use’ and ‘Drug use within recreational settings’ (2006).

Later in this section we consider a number of issues relating to the Annual Report package (ways in which the process of producing the publication might be speeded up, quality assurance, translation, etc).

4.2.2 Newsletter and Periodicals

Drugnet Europe is the EMCDDA’s newsletter. It is distributed by mail and electronically to a broad readership of some 8,500 individuals including policy-makers, researchers, professionals in the drugs field and the general public. The newsletter serves a dual purpose - a way of disseminating news and information and, secondly, providing a forum for communication and exchange between the EMCDDA and its
key partners. It carries regular features highlighting the work of the EMCDDA, NFPs and relevant action by European and international institutions in the field of drugs. ‘Drugnet Europe’ started as a bi-monthly publication but this has recently been reduced to four issues each year.

The Drugs in Focus series offers policy-makers the latest findings on key issues. Each of the four-page documents focuses on an area of interest and debate within the drug policy arena. The frequency of this publication has also been reduced from six issues a year to the current three.

4.2.3 Scientific and Thematic Series

The EMCDDA’s Monograph series aims to ensure greater visibility for the Agency as a scientific authority in the drugs field. The information contained in the Monographs is of a more methodological and scientific nature than most other EMCDDA publications. These publications, of which seven have been published so far, are aimed at specialists, academics and scientists but also policy-makers and their advisors. The Monographs contain scientific papers usually prepared as a result of the EMCDDA’s research studies or conferences and seminars. A number of methodological issues have been covered such as ‘Hepatitis C and injecting drug use: impact and cost’, ‘Modelling methods to quantify and understand hidden processes in drug use’, ‘Understanding and responding to drug use: the role of qualitative research’, but the series also include tools evaluating different aspects of drug prevention and treatment.

The Insights series contain the findings of research carried out by the Agency on various topical issues. So far, there have been six different issues of Insights on topics such as cannabis potency, prosecution of drug users, and drug use and AIDS. Like most other EMCDDA publications, the Insights series targets policy-makers and their advisors, specialists and practitioners in the drugs field. EMCDDA Manuals are practical handbooks for professionals and practitioners working in the drugs field. Only two Manuals have been produced, the last one in 2001.

The Risk Assessment reports are based on the work carried out by the EMCDDA in connection with the Council’s ‘Joint Action on new synthetic drugs’. 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 and TMA-2). The findings of these exercises have been published along with guidelines for future risk-assessment procedures. The target groups for these reports are mainly European institutions, international organisations, drug-related bodies in the Member States and journalists.
4.2.4 Other EMCDDA Scientific Publications

The EMCDDA’s Thematic papers are a relatively recent series of scientific papers on various aspects of the drugs phenomenon. The papers, which were first introduced in 2005, are theme-based. Three papers have so far been produced on: ‘Hallucinogenic mushrooms’, ‘Youth media’ and ‘Legislative approaches to illicit drug use’. In addition, one Technical data sheet has so far been produced on ‘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’.

A number of other technical reports and guidelines have also been published. These are various methodological tools for the use of the National Focal Points and other professionals in the drugs field, such as ‘Guidelines for local level prevalence estimation’, ‘Guidelines for the measurement of drug treatment demand’, and ‘Guidelines for the evaluation of outreach work’.

Drug Profiles is a series of six papers produced by the EMCDDA’s ‘Drug Situation’ unit in 2006 providing scientific descriptions of different internationally controlled drugs. The profiles are intended for a wide audience and aim to provide a useful source of information on specific illicit drugs. More profiles are to be added in 2008. The EMCDDA has also published a comprehensive ‘Review of the literature on treatment of problem cocaine use’. The review summarises a variety of topics related to cocaine treatment: current issues in the treatment of cocaine dependence; pharmacological and psychosocial treatment; harm reduction; inpatient treatment and aftercare. It also examines innovative responses to cocaine treatment.

4.2.5 Databases and On-Line Tools

In addition to the various publications, the EMCDDA has developed several databases and on-line tools.

The EDDRA database (Exchange on Drug Demand Reduction Action) provides examples of best practice with regard to combating drug use across Member States. A relatively large number of initiatives and projects are described and assessed on the basis of quality criteria. Monitoring the evolution of EU legislation on drugs is one of the EMCDDA’s statutory activities and an on-line archive, the European Legal Database on Drugs (ELDD), has been developed. This allows researchers and analysts to consult original data sources directly in the form of legislative texts currently in force in the Member States. It also provides an overview of the EU drug legislation.
Scientific Activities & Outputs

The Evaluation Instrument Bank (EIB) is a document archive of more than 200 tools created to encourage evaluation using reliable methods and to help to standardise these tools at an EU level. The EIB contains instruments for evaluating both prevention and treatment programmes. By entering the specific criteria of the intervention to be evaluated, the database provides the user with the most suitable evaluation tool, together with comments on its use and references to related studies.

Over the years, the number of different scientific outputs and publications produced by the EMCDDA has increased in order to meet the need for more information on the drugs situation or specific aspects of it, or on responses and other factors, such as the improved capacity to collect and analyse data. Given the specialised nature of many outputs, there is a case for making these available in separate publications aimed at particular target audiences. However, with a total of some 20 different scientific outputs being produced by the EMCDDA, there is also a case for simplification. This has for instance already been done with the Annual Report package which combines several different EMCDDA outputs.

The question is whether there is scope for similar bundling together of other outputs. Although there is no direct evidence to support doing so, experience in other fields suggests that such an approach could help promote the coherence and transparency of the EMCDDA’s information products. It might, in theory, also help promote a better understanding of linkages between different aspects of the drugs problem. Last but not least, if ‘packages’ of information were launched together, rather than outputs being released separately by the EMCDDA at various points in the year, this could help to raise awareness of what is available and hence increase the impact of the information. The analysis of the feedback from various target group, which is analysed in Section 4.4, also appears to point to the fact that a simplification or prioritisation of information products might be advantageous.

However, any restructuring of the EMCDDA’s scientific outputs clearly needs to be driven by an underlying logic, e.g. a typology of information reflecting factors such as different types of drugs, demand and supply sides of the problem, etc, which in turn should be linked to target group needs and preferences.

4.3 Quality Assurance Practices

An important question in relation to both monitoring of the drugs situation and responses, and with regard to the scientific outputs produced by the EMCDDA, is the effectiveness of quality assurance.

The quality of the EMCDDA’s scientific outputs depends heavily on the quality of the information provided by NFPs and others. On the ‘input’ side, the EMCDDA introduced a quality assurance strategy in 2002 setting out five data quality criteria...
(completeness, insight, reliability, usefulness and internal consistency) along with a checklist of points to be considered in evaluating national reports. Also included in the 2002 document was an assessment of NFP data quality and networking based on visits carried out by the EMCDDA to the then 16 member countries. Over the years, quality assurance has been further developed with the introduction of the Reitox Reporting Structure in 2003, and standard tables and structured questionnaires amongst other things. Every year the EMCDDA’s Reitox team coordinates an evaluation exercise on reports and data provided by the NFPs with individual feedback being provided to NFPs.

More generally, the Reitox Operating Framework makes it clear that the responsibilities of Member States include ‘assuring the collection and transmission to the EMCDDA of high quality national data’. It also states that ‘NFPs are responsible to put in place similar quality assessment and feedback procedures with their national network partners’. Scientific Committee members are also expected to play a role in quality assurance through, in particular, ‘the assessment of their country’s national report’. These and other quality assurance procedures are set out in the technical guidelines and terms of reference annexed to the NFP grant agreements.

Our research suggests that the procedures adopted at a national level with regard to quality assurance vary. In some EU Member States there are quite elaborate quality assurance procedures with the national report being systematically reviewed by groups of experts and the NFP before it is transmitted to the EMCDDA in Lisbon. In some other countries, however, the ‘signing off’ procedure is left to the Management Board member with no detailed review by others except the NFP. Similarly, the role of Scientific Committee members at a national level has varied with some actively engaged in reviewing the national report and quality assurance but others not engaged at all.22 The feedback provided by the EMCDDA to NFPs on the quality of national reports is much appreciated although in several interviews it was argued that where criticisms are made, more could be done by the EMCDDA to explain how shortcomings can be addressed.

Overall, the measures adopted – guidelines, the standardised approach to data collection and reporting, review procedures, etc, combined with the feedback provided by the EMCDDA, do ensure a generally high quality of data on the drugs situation in particular countries and in Europe as a whole. However, there is scope for further improvement both with respect to certain countries and particular aspects of the

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22 Until 2006, each country was entitled to appoint a member to the EMCDDA’s Scientific Committee. This is now no longer the case and instead membership of the Scientific Committee is being decided by the EMCDDA through an EU-wide call for expressions of interest. The role of the Scientific Committee is examined in further detail in Section 6.
information being collected on the drugs situation (see earlier comments on the key indicators and core data).

On the ‘output’ side, the EMCDDA subjects its Annual Report package to an extensive review process involving the Management Board, Scientific Committee, NFPs as well as the EMCDDA’s own staff. Only after feedback is obtained from all these sources is the material finalised and dispatched for translation. Arguably, the procedure that has been adopted involves too many parties and this, in turn, slows down the production of the Annual Report to an unnecessary extent. Although NFPs are involved in checking the accuracy and quality generally of the English language version of Annual Report, they are not required to check the translations undertaken by the European Translation Centre. However, although there are some criticisms from NFPs of the quality of translation into their languages, this does not appear to be a widespread concern (many NFPs have provided the Translation Centre with a list of technical terms to help improve the quality of translation and this and other initiatives, e.g. visits to Luxembourg, seem to have ensured a generally good standard of translation).

The EMCDDA’s other scientific outputs are subject to internal quality assurance procedures by staff although the Scientific Committee and other experts have played a role in certain aspects of the process, e.g. through peer views of publications. Within the EMCDDA itself, scientific outputs are reviewed by senior staff from the units concerned but also by editorial staff from the Communications Unit to ensure that material is written and presented in an appropriate manner for target audiences (this latter function has been developed in recent years). From a methodological perspective, there is – as noted earlier - a practice of preferring to use data from Member States if it is of a uniform quality across the EU as a whole. Whilst this helps ensure quality, it could be argued that applying this approach too rigidly means that potentially useful data on the drugs situation is not being made available and that it would be better to release information with an appropriate caution.

Overall, it seems to us that reasonable steps have been taken by the EMCDDA to maintain quality both with respect to the ‘input’ and ‘output’ sides of its scientific activities.

### 4.4 Feedback from Target Groups on Scientific Outputs

We now examine how widely different EMCDDA scientific outputs are used and then examine questions relating to relevance and quality.

#### 4.4.1 Use and Perceived Quality of EMCDDA Outputs

To assess the first of these questions – the use of EMCDDA scientific outputs - we have mainly relied on survey feedback from target audiences and key stakeholders. As
the following table shows, there is a considerable variation in the extent to which the EMCDDA’s different scientific outputs are used.

### Table 4.2: Which publications produced by the EMCDDA have you received in hard copy or accessed on-line?

<table>
<thead>
<tr>
<th>EMCDDA Publications</th>
<th>Stakeholders</th>
<th>Target Audiences</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>General report of activities</td>
<td>56</td>
<td>65.1</td>
<td>36</td>
</tr>
<tr>
<td>Annual report</td>
<td>75</td>
<td>87.2</td>
<td>66</td>
</tr>
<tr>
<td>Annual report ‘selected issues’</td>
<td>60</td>
<td>69.8</td>
<td>35</td>
</tr>
<tr>
<td>Statistical bulletin, data profiles</td>
<td>48</td>
<td>55.8</td>
<td>37</td>
</tr>
<tr>
<td>Country situation summaries</td>
<td>52</td>
<td>60.5</td>
<td>41</td>
</tr>
<tr>
<td>Drugnet Europe</td>
<td>55</td>
<td>64.0</td>
<td>52</td>
</tr>
<tr>
<td>Drugs in focus</td>
<td>48</td>
<td>55.8</td>
<td>29</td>
</tr>
<tr>
<td>Monographs</td>
<td>49</td>
<td>57.0</td>
<td>21</td>
</tr>
<tr>
<td>Insights</td>
<td>47</td>
<td>54.7</td>
<td>16</td>
</tr>
<tr>
<td>Manuals</td>
<td>51</td>
<td>59.3</td>
<td>19</td>
</tr>
<tr>
<td>Risk assessments</td>
<td>12</td>
<td>10.9</td>
<td>12</td>
</tr>
<tr>
<td>EMCDDA public website</td>
<td>73</td>
<td>84.9</td>
<td>60</td>
</tr>
<tr>
<td>Other publications (thematic papers, etc)</td>
<td>48</td>
<td>55.8</td>
<td>18</td>
</tr>
<tr>
<td>Other online products</td>
<td>48</td>
<td>55.8</td>
<td>18</td>
</tr>
<tr>
<td>Brochures, flyers and catalogues</td>
<td>40</td>
<td>46.5</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: CSES analysis of survey responses (key stakeholders and target audiences)

As can be seen, a relatively high percentage (71.9%) of target audiences and key stakeholders surveyed had received a copy of the EMCDDA’s Annual Report, confirming its status as the EMCDDA’s ‘flagship’ publication. With this and other scientific outputs, use amongst key stakeholders would appear to be considerably higher than amongst target audiences – whereas approaching two-thirds (61.5%) of the former had received EMCDDA publications, the corresponding overall figure for target audiences was below a third (28.7%). Amongst the target audiences, the exceptions to this were the Annual Report, the Drugnet Europe newsletter and the EMCDDA’s website where in each case a relatively high proportion of survey respondents had received or accessed information.

Otherwise, the most obvious conclusion to be drawn from the analysis is that selective use is made of the EMCDDA’s publications with those focusing on particular aspects of the drugs phenomenon (e.g. Risk Assessments, Insights, Thematic Papers) being used less extensively than publications with a broader coverage (Annual Report, Statistical Bulletin). A second observation that can be made is that the survey feedback points to the importance of electronic dissemination methods – a relatively high proportion of both key stakeholders and target audiences (84.9% and 54.5% respectively) had obtained information via the EMCDDA’s website (later in this report...
Scientific Activities & Outputs

we consider the role of on-line methods of dissemination in greater detail. Last but not least, a low proportion of stakeholders and target audiences (27.6%) had received EMCDDA brochures, flyers and catalogues.

The fact that only 47.3% of target audiences said they had received Drugnet Europe is surprising given that the EMCDDA’s mailing list for this publication was used as the main source of contacts for the target audience survey (a link to the survey questionnaire was also included in several editions of the newsletter). It could be that the EMCDDA’s mailing list does not accurately reflect the newsletter’s current readership. Alternatively, the list may be accurate but those responding to the survey simply did not recall receiving the newsletter or did not recognise its name in the survey questionnaire. Another possible explanation could be that subscribing organisations leave the newsletter in their library or reception for general perusal, which means that whoever was surveyed would not have received the newsletter personally. There is no way of telling which of these explanations (or combination thereof) explains the survey responses.

Overall, the survey feedback confirms views expressed in the interview programme with, NFPs, stakeholders and others, namely that the EMCDDA’s Annual Report package is the key scientific output.

Perceived quality of EMCDDA publications

A key question is how highly the scientific information disseminated by the EMCDDA is rated in terms of quality by those who receive it and are in a position to judge. NFPs, target audiences and key stakeholders were all asked this question in the survey work. Taking these three groups together, there are a number of observations to be made:

• Overall, the feedback suggests that the EMCDDA’s publications and information is generally very well regarded;

• However, perceptions of quality vary considerably across the various publications and other forms of information;

• There is also a difference between the various groups covered by the surveys in their opinion on the quality of EMCDDA information.

Figure 4.1 below combines the survey responses from NFPs, target audiences and key stakeholders in relation to the perceived quality of different EMCDDA publications to provide a summary analysis. It should be noted that the ‘don’t knows’ and non-respondents have been excluded from the analysis shown in the chart below.
**Scientific Activities & Outputs**

*Figure 4.1: Summary Analysis - How do you rate the quality of the various EMCDDA publications and other information?*

Putting ‘don’t knows’ aside, most survey responses for all three groups on the quality of EMCDDA scientific outputs fell into the ‘excellent’ or ‘quite good’ categories with a fairly even distribution between the two. There was, however, a high proportion of target audiences and key stakeholders (71.0% and 39.8% respectively) who did not have an opinion about the quality of the EMCDDA’s publications. The possible reasons for this are considered below). The following analysis combines the feedback from key stakeholders and target audiences on the quality of different EMCDDA publications. Table 4.3 (b) analyses the feedback from NFPs.

**Table 4.3(a): Summary Analysis - How do you rate the quality of the various EMCDDA publications and other information? (Stakeholders and Target Audiences)**

<table>
<thead>
<tr>
<th>EMCDDA Publications</th>
<th>Excellent</th>
<th>Quite Good</th>
<th>Poor</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>General report of activities</td>
<td>36</td>
<td>18.4</td>
<td>58</td>
<td>29.6</td>
</tr>
<tr>
<td>Annual report</td>
<td>75</td>
<td>38.3</td>
<td>54</td>
<td>27.6</td>
</tr>
<tr>
<td>Annual report 'selected issues'</td>
<td>47</td>
<td>24.0</td>
<td>44</td>
<td>22.4</td>
</tr>
<tr>
<td>Statistical bulletin, data profiles</td>
<td>35</td>
<td>17.9</td>
<td>36</td>
<td>18.4</td>
</tr>
<tr>
<td>Country situation summaries</td>
<td>31</td>
<td>15.8</td>
<td>56</td>
<td>28.6</td>
</tr>
<tr>
<td>Drugnet Europe</td>
<td>38</td>
<td>19.4</td>
<td>50</td>
<td>25.5</td>
</tr>
<tr>
<td>Drugs in focus</td>
<td>32</td>
<td>16.3</td>
<td>33</td>
<td>16.8</td>
</tr>
<tr>
<td>Monographs</td>
<td>41</td>
<td>20.9</td>
<td>23</td>
<td>11.7</td>
</tr>
<tr>
<td>Insights</td>
<td>33</td>
<td>16.8</td>
<td>19</td>
<td>9.7</td>
</tr>
<tr>
<td>Manuals</td>
<td>35</td>
<td>17.9</td>
<td>22</td>
<td>11.2</td>
</tr>
</tbody>
</table>
# Scientific Activities & Outputs

<table>
<thead>
<tr>
<th>Source: CSES analysis of survey responses (target audiences, key stakeholders)</th>
</tr>
</thead>
</table>

**Table 4.3(b): Summary Analysis - How do you rate the quality of the various EMCDDA publications and other information? (NFPs)**

<table>
<thead>
<tr>
<th>EMCDDA Publications</th>
<th>Excellent</th>
<th>Quite Good</th>
<th>Poor</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>General report of activities</td>
<td>7.0</td>
<td>29.2</td>
<td>10.0</td>
<td>41.7</td>
</tr>
<tr>
<td>Annual report</td>
<td>14.0</td>
<td>58.3</td>
<td>9.0</td>
<td>37.5</td>
</tr>
<tr>
<td>Annual report 'selected issues'</td>
<td>12.0</td>
<td>50.0</td>
<td>11.0</td>
<td>45.8</td>
</tr>
<tr>
<td>Statistical bulletin, data profiles</td>
<td>15.0</td>
<td>62.5</td>
<td>8.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Country situation summaries</td>
<td>8.0</td>
<td>33.3</td>
<td>16.0</td>
<td>66.7</td>
</tr>
<tr>
<td>Drugnet Europe</td>
<td>11.0</td>
<td>45.8</td>
<td>12.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Drugs in focus</td>
<td>14.0</td>
<td>58.3</td>
<td>9.0</td>
<td>37.5</td>
</tr>
<tr>
<td>Monographs</td>
<td>18.0</td>
<td>75.0</td>
<td>4.0</td>
<td>16.7</td>
</tr>
<tr>
<td>Insights</td>
<td>14.0</td>
<td>58.3</td>
<td>8.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Manuals</td>
<td>13.0</td>
<td>54.2</td>
<td>7.0</td>
<td>29.2</td>
</tr>
<tr>
<td>Risk assessments</td>
<td>11.0</td>
<td>45.8</td>
<td>10.0</td>
<td>41.7</td>
</tr>
<tr>
<td>EMCDDA public website</td>
<td>8.0</td>
<td>33.3</td>
<td>15.0</td>
<td>62.5</td>
</tr>
<tr>
<td>Other publications (thematic papers, etc)</td>
<td>7.0</td>
<td>29.2</td>
<td>12.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Other online products</td>
<td>5.0</td>
<td>20.8</td>
<td>14.0</td>
<td>58.3</td>
</tr>
<tr>
<td>Brochures, flyers and catalogues</td>
<td>12.0</td>
<td>50.0</td>
<td>10.0</td>
<td>41.7</td>
</tr>
</tbody>
</table>

Source: CSES analysis of survey responses (NFPs)

Overall, National Focal Points were the best informed and most positive with a high proportion (averaging 90.4% across the various outputs) stating that the EMCDDA’s publications and information are either ‘excellent’ or ‘quite good’. The Annual Report, Statistical Bulletin, Monographs, Drugs in Focus received especially positive ratings. Interestingly, on-line databases received relatively poor ratings from NFPs. In interviews with NFPs, several pointed out that publications had generally improved over the years and the use of language become more easily understandable. In spite of the overall positive feedback, tailoring the information products more closely to particular target audiences was where some NFPs thought that more could be done. It was mentioned that there was a tendency of trying to be everything to everybody. The usefulness of publishing the Annual Report every year was also questioned. Overall, most NFPs felt that the provision of high quality data was much more important than quantity. Some NFPs argued that language was an issue, especially in connection with the EDDRA database, which only exists in English, making it difficult for some researchers to make use of it.
Target audiences’ opinions on the quality of the EMCDDA’s publications and information generally fell between those of the NFPs and key stakeholders with 26.5% stating that the outputs are ‘excellent’ or ‘quite good’. For target audiences, the Annual Report together with the ‘Drugnet Europe’ newsletter and EMCDDA website were highly rated. In contrast, the Risk Assessments, other publications (thematic papers, technical datasheets), on-line products and brochures, and flyers and catalogues received relatively poor ratings.

Overall, 51.3% of key stakeholders rated the EMCDDA publications as either ‘excellent’ or ‘quite good’. The Annual Report, as with the other survey respondents, received a high rating, together with ‘Selected Issues’, Monographs and the EMCDDA website. Conversely, as with the other survey groups, on-line products, other publications (thematic papers, technical data sheets) together with brochures, flyers and catalogues received relatively low ratings from key stakeholders. However, overall only a small proportion of stakeholders (10.6%) stated that EMCDDA publications were ‘poor’ with a high proportion (38.1%) indicating that they were not in a position to judge.

The large number of ‘don’t knows’ to the question of quality of various EMCDDA publications reflects the fact that many respondents only know about the EMCDDA publications that they use and that are of particular interest to them. If that is the case, there is an argument for prioritising and reducing the number of different scientific outputs and publications to ensure that these are presented in a way that corresponds with target group needs and increases transparency of the available information.

A closer examination of the survey responses from key stakeholders indicates that the proportion of those who did not offer an opinion on the quality of the EMCDDA’s various scientific outputs was highest amongst EU and international bodies (48.1% of those surveyed), lowest amongst academic organisations (26.7%) with national authorities positioned in between (36.2%). Perhaps the most obvious interpretation of this finding is that academics who responded to the survey are more willing to comment on the quality of the EMCDDA’s publications because they are better able to assess (and more interested in assessing) methodological robustness and scientific merits generally. These and other aspects of quality may be taken for granted by the other key stakeholder groups whose interest lies more in considering the policy implications of the information provided to them by the EMCDDA.

The quality of the EMCDDA’s scientific outputs is further considered later in this section. Below, we consider the relevance of the scientific outputs to user needs.

4.4.2 Relevance of EMCDDA outputs to target audience needs

In theory, it is of course possible that despite being highly rated in terms of quality, the EMCDDA’s publications and information are not regarded as relevant or useful by target audiences because they fail to address themes that are considered appropriate or topical. However, overall, this would not appear to be the case. Table 3.4 provides an...
analysis of the survey feedback from target audiences on the question of relevance. It should be noted that it was only the target audience survey that included this question. However, the question of relevance was discussed with NFPs and key stakeholders during the interview programme.

Table 4.4: Overall, how relevant are the publications and other information from the EMCDDA to your organisation and those to whom it may be providing services?

<table>
<thead>
<tr>
<th>Publications</th>
<th>Very relevant</th>
<th>Quite relevant</th>
<th>Slightly</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>General report of activities</td>
<td>13</td>
<td>30.2</td>
<td>18</td>
<td>41.9</td>
</tr>
<tr>
<td>Annual report</td>
<td>30</td>
<td>55.6</td>
<td>21</td>
<td>38.9</td>
</tr>
<tr>
<td>Annual report 'selected issues'</td>
<td>18</td>
<td>46.2</td>
<td>16</td>
<td>41.0</td>
</tr>
<tr>
<td>Statistical bulletin, data profiles</td>
<td>15</td>
<td>50.0</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Country situation summaries</td>
<td>24</td>
<td>55.8</td>
<td>12</td>
<td>27.9</td>
</tr>
<tr>
<td>Drugnet Europe</td>
<td>19</td>
<td>43.2</td>
<td>20</td>
<td>45.5</td>
</tr>
<tr>
<td>Drugs in focus</td>
<td>18</td>
<td>48.6</td>
<td>14</td>
<td>37.8</td>
</tr>
<tr>
<td>EMCDDA series</td>
<td>10</td>
<td>38.5</td>
<td>14</td>
<td>53.8</td>
</tr>
<tr>
<td>Monographs</td>
<td>9</td>
<td>39.1</td>
<td>12</td>
<td>52.2</td>
</tr>
<tr>
<td>Insights</td>
<td>10</td>
<td>40.0</td>
<td>12</td>
<td>48.0</td>
</tr>
<tr>
<td>Manuals</td>
<td>13</td>
<td>52.0</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>Risk assessments</td>
<td>9</td>
<td>37.5</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>EMCDDA public website</td>
<td>19</td>
<td>45.2</td>
<td>17</td>
<td>40.5</td>
</tr>
<tr>
<td>Other publications</td>
<td>8</td>
<td>36.4</td>
<td>11</td>
<td>50.0</td>
</tr>
<tr>
<td>Other online products</td>
<td>10</td>
<td>45.5</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>Brochures, flyers and catalogues</td>
<td>4</td>
<td>19.0</td>
<td>10</td>
<td>47.6</td>
</tr>
</tbody>
</table>

Source: CSES analysis of survey responses (target audiences only)

Overall, EMCDDA scientific outputs are generally seen as relevant to target audience needs with an average of 84.9% of responses across the various publications and other outputs falling into either the ‘very relevant’ or ‘quite relevant’ categories. Closer analysis of the survey responses indicates that:

- The Annual Report, Monographs and Manuals are particularly highly rated in terms of relevance with above average ranking (over 90% of responses);
- Brochures, flyers and catalogues, together with the General Report on Activities, are seen as being the least relevant (below 80% of responses). As noted elsewhere, this finding in relation to the General Report is not surprising because it is essentially an administrative publication;
- The EMCDDA’s other scientific outputs are clustered around the average with regard to their perceived relevance (i.e. in the range of 79% to 89% in terms of the combined ‘very relevant’ and ‘quite relevant’ responses).
The following chart combines the feedback on the use, quality and relevance of the EMCDDA’s various scientific outputs by averaging the percentage of responses for each of these factors that were essentially positive.

**Figure 4.2: Combined Assessment of Use, Quality and Relevance of EMCDDA Scientific Outputs**

The above analysis confirms that the **Annual Report** package is very much the EMCDDA’s key output. It is widely used by officials in national administrations as a reference document to support the development of policies on drugs but is also disseminated more widely to academics and practitioners in the drugs field. In the interviews with stakeholders, the importance of this publication was frequently emphasised as lying in giving decision-makers and their advisers the evidence needed to justify policies and the budgets to support them. More specifically, where analysis of the drugs situation across Europe points to priorities, this is useful in reinforcing the same or similar priorities at a national level in situations where the information available from national sources is unclear in terms of its implications. Insofar as a very considerable proportion of the EMCDDA’s resources are devoted to producing the Annual Report itself, this effort is being well directed. However, as Figure 4.2 suggests (and Section 4.5 elaborates), there is scope for improving other aspects of the package, namely the **Statistical Bulletin** and **Selected Issues**.

A further feature highlighted by Figure 4.2 is the importance of the EMCDDA’s outputs that utilise the internet as a way of disseminating information, namely the
Drugs Europe newsletter and the Centre’s website - these also score highly in terms of use, quality and relevance. As noted earlier (Section 4.2), Drugnet Europe is disseminated widely to some 8,500 subscribers, mostly in electronic format. The survey work provides the only feedback directly from users but in the interviews with NFPs and key stakeholders it was argued that the newsletter is an important way of communicating with target audiences and others with an interest in the EMCDDA’s work, keeping them up-to-date with developments in the drugs field, signposting them to new publications, publicizing forthcoming events, etc. The EMCDDA’s website performs a similar function as well as providing access to a wide range of information that can be downloaded, information on the EMCDDA itself, contacts, etc (elsewhere in this report we comment further on the role of the website and possible improvements to it).

Whilst the Annual Report package, Drugnet Europe and the EMCDDA’s website are aimed at a broad target audience, the Centre’s other scientific outputs are mostly intended for more specialist users. As Section 4.2 made clear, the EMCDDA’s scientific and thematic series (Monographs, Insights, Risk Assessment Reports, Manuals) are more aimed at professionals and academics although not exclusively so. Here, Figure 4.2 and the feedback from the interviews suggest that outputs aimed at professionals (namely the Manuals) are generally scored more highly in terms of quality and relevance to users than those intended mainly for academics. The interview feedback relied mainly on NFP views in this respect since it was not possible to obtain opinions directly from professional and academic users. However, the academic peer review undertaken as part of this evaluation (see Section 4.5) does broadly confirm conclusions regarding the scientific and thematic series.

With regard to the EMCDDA’s other scientific outputs, Figure 4.2 and the interview feedback suggests is a mixed picture. The Country Profiles and Drugs in Focus are useful to those who want a basic overview of the drugs situation in different countries or with regard to different types of substances, but apart from the target audiences survey feedback, it is not clear who actually uses these publications and the extent to which they fulfil information needs not already achieved by the EMCDDA’s other outputs.

Overall, therefore, evidence from the survey work, interviews and academic peer group review suggests that the EMCDDA’s scientific outputs aimed at raising awareness of the drugs situation, informing decision-makers and guiding professionals generally score more highly in terms of quality and relevance than outputs of a purely scientific nature aimed at academic and other more specialist users. This probably reflects the fact that the EMCDDA’s function is to monitor the drugs situation in Europe, and responses to it, rather than to produce scientific research where others (universities, etc) are generally better placed to undertake such activities.
4.5 Quality Assessment of Scientific Outputs

As a further input to evaluating the quality of the EMCDDA’s scientific outputs, a panel of academics was asked to review a sample of publications. The sample of scientific outputs was chosen on the basis that it should be representative of the EMCDDA’s overall work and should cover the 2001-06 period. The quality assessment was based on a set of pre-defined criteria which included the following elements: content (consistency, objectivity, reliability and comparability), methodology (logic and structure), insight in terms of interpretation and context setting, relevance/usefulness to target audience, presentation and added value.

Appendix E provides the full results of their assessment together with details of the sample. Below we summarise the findings.

As was the case among survey respondents generally, the expert panel rated the Annual Reports highly. Overall, these were seen to be well balanced and to provide a good review of the state of the drug problem in a particular year, as well as offering the strategic direction for development for the EMCDDA for the forthcoming year. According to the experts, the reports provide a good introduction and overview of issues affecting different countries and integrate a very broad range of information that is developed year on year. One weakness is seen to be a failure to edit across topics and data so as to eliminate weaker data from the report. This was particularly seen as a shortcoming in earlier reports. However, over the years, the quality of data being provided to the EMCDDA has improved and, on balance, the view is that this is reflected in the Annual Reports with a progressive improvement in the breadth and the depth of discussion. Overall, the conclusion was that the reports now draw reasonable and sensible conclusions that are useful as a platform for discussion among policy-makers in different parts of Europe.\(^{23}\)

The products related to the Annual Report, the Statistical Bulletin, the Selected Issues and the Country Profiles, were judged less positively by the experts than the Annual Report itself. With the very large amount of information collated, the Statistical Bulletins were seen to be somewhat over-inclusive. It was argued that some tables and studies of less merit in an international report seemed to be included for the sake of achieving wide geographical coverage. The Selected Issues that were reviewed were considered to deal too lightly with their main topics (‘Alternatives to imprisonment’ and ‘European drug policies’) given the importance and centrality of

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\(^{23}\) In a Google Scholar search carried out by the academics, thousands of references to the EMCDDA Annual Report were found in other scientific or scholarly journals, providing some indication that these reports have penetrated the scientific drug literature and have become an important reference point for the scientific and treatment community.
these topics. It was argued that substantially more work was required if these publications were to be significant in shaping decisions on future policy direction. The Country Profiles, on the other hand, were seen to be a rich source of information for those wishing to explore the policies of other countries on a range of topics. While all of the information is not directly comparable, it was nevertheless seen as providing a useful insight to the drugs situation and responses in different EU Member States.

In the view of the expert panel, the EMCDDA’s periodicals are both well-presented and accessible, and particularly the Drugnet Europe newsletter is seen to fulfil its aim of appealing to a broad target audience and keeping its readers abreast of important developments with regard to the role of the EMCDDA, new research and changes in strategies. With the Drugs in Focus briefings, which aim to offer policy-makers the latest findings on key topics in order to inform decision-making on drug policy issues, the objective is seen to be less well met. Although well-organised and concisely presenting an adequate summary of arguments and evidence produced to date within a particular field, the briefings remain at a relatively general (rather than expert) level and are probably only of interest to those with a limited understanding of the issues.

The four scientific and thematic EMCDDA series, Monographs, Insights, Risk Assessment Reports and Manuals, received varied assessments by the experts. Most positively rated was the Manual (‘Guidelines for the evaluation of outreach work’), which is seen as a practical and useful tool for those working in this particular field. Although only two manuals have been produced (the latest in 2001), the publication is considered to be comprehensive and forward thinking in its emphasis on empowerment and the usefulness of qualitative aspects to the research. In spite of some shortcomings to do with the issue of comparability of the results of evaluations conducted across different European countries, the tool was seen to be very much in line with the aim of the EMCDDA of sharing models of best practice and providing helpful but objective commentary.

The quality assessment of the Monograph on Hepatitis C is also quite positive. The information presented throughout is considered to be of a more detailed and scientific nature than other EMCDDA publications and therefore meets its aim of informing researchers, scientists, policy-makers and their advisors. It is seen as making good use of graphics and tables and generally well presented although quite complex. Further inclusion of qualitative data was felt by the academic panel as potentially useful.

The topic of the Insight study which was reviewed (an overview of data available in EU countries on THC levels found in cannabis) was in itself seen to be a useful research area. However, according to the academic assessment, the study remained superficial with some methodological shortcomings. In particular as a result of differing data collection and analysis methods and differing presentation leading to ambiguous comparisons and outcomes. In defence of the study, it is difficult to apply the strict quality standards of scientific research on this type of meta-analysis mainly
Scientific Activities & Outputs

based on evidence provided by Member States and therefore varying in quality and reporting format. However, the methodological limitations and qualitative shortcomings that arise as a result should be made completely clear in any publications of this type, especially with regard to topics that have a high political visibility.

Although the Risk Assessment Report on TMA-2 had the advantage of providing an overview of existing knowledge in the field, such as pharmacological studies, clinical studies and sociological and criminological evidence, the academic panel argued that it contained too many unnecessary repetitions and failed to explain essential elements about substances, such as the context and reasons for use, the dosages relevant to determine risk, the dependence potential, etc. Furthermore, there was no discussion of the concept of 'set and setting'²⁴, a generally acknowledged principle in understanding drugs use and abuse, but rarely used by the EMCDDA.

There was some variation in the assessment of the Thematic papers with one (youth media) being very positively judged as interesting, useful and well researched, and the other (on hallucinogenic mushrooms) being criticised as superficial.

The two final outputs that were assessed by the experts, apart from the databases, do not figure on the normal list of EMCDDA publications. They are both very recent (2007) and are presented as part of the work of the operational units. The first one was a series of 6 Drug profiles providing scientific descriptions of different types of illicit drugs that would appeal to a wide audience. The other output was a Literature review on treatment of problem cocaine use which was also positively evaluated as providing a good, clear and very complete overview of existing literature in the field. As appropriate treatment of cocaine addiction is not easily found, this study was seen to add value.

Feedback on the ELDD legal database was very positive. It was seen as a clearly organised, easily accessible and user-friendly instrument with considerable added value for users (civil servants, lawyers, scientists, policy-makers, NGO’s, journalists, citizens). With the EDDRA database (Exchange on Drug Demand Reduction Action) although a large number of projects are covered in different languages and the layout and presentation is good and easily searchable, meaningful and scientific comparisons of different interventions was seen as almost impossible by virtue of the fact that not all entries have been researched to a similar standard. It is suggested that a qualitative rather than a quantitative approach would have been better for this instrument.

²⁴ The model of 'drug, set and setting' as developed by Norman Zinberg is generally considered an important and widely accepted concept and paradigm for understanding drug use and abuse. It suggests that it is not only the pharmacology of the substance (drug) that matters but also the psychological set of the user, and the social setting in which this drug use occurs.
4.6 Specific Issues – EMCDDA Annual Report

The Annual Report package is, as noted earlier, the EMCDDA’s ‘flagship’ scientific output. The process of producing the Report and the different elements of the package is spread across a 14-month period leading to its launch towards the end of November each year. This process is summarised below.

**Figure 4.3: Annual Report Process**

- Submission of National Reports to EMCDDA
- Expert meetings on key indicators
- Submission of standardised tables
- Review of National Reports and other information by EMCDDA
- Preparation of ‘Selected Issues’
- Review of National Reports, and other information by EMCDDA
- First draft of text for Annual Report from Project Managers
- Editing and preparation of first draft of Annual Report
- Revision and finalisation of English language version of Annual Report
- Translation into other EU languages
- Design work, production of Annual Report, etc.
- Publication and launch of Annual Report (22 November)

**Source:** CSES analysis of EMCDDA information

A number of specific issues were highlighted in the terms of reference that relate to the EMCDDA’s Annual Report package:

*What needs to be done, if anything, to improve the quality of the Annual Report? To what extent has translation affected the quality of the Annual Report?*

A considerable effort is made by the EMCDDA to ensure that the Annual Report and other publications are of the highest possible quality. Apart from the scientific aspects of the content, the Centre has two editors whose role is to check that outputs are suitable for dissemination and likely to demonstrate added value from a user perspective. As with other aspects of the Annual Report’s production, this editorial function has been internalized (other EU-supported agencies tend to rely on external contractors).
Scientific Activities & Outputs

The EMCDDA has periodically reviewed the structure and style of the Annual Report. This, for example, led to a decision two years ago to adopt an essentially thematic structure and to shorten the main document by including ‘Selected Issues’ as a separate part of the package (originally, ‘Selected Issues’ were simply highlighted in boxes in the Annual Report, then made into a separate section). Producing a separate document has the merit of providing scope for NFPs and key stakeholders to make an input to the Annual Report on subjects that are of particular interest and have already been highlighted in their national reports separately from the routine drugs monitoring framework.

However, the subject matter is supposed to be of wider European interest and one criticism is this consideration often means that the information is rather bland. Allowing the NFPs and others concerned to address ‘Selected Issues’ that are of interest to only a few countries, rather than asking for contributions from all Member States even if the issue is of little or no interest to them, might be considered as a way of overcoming this problem.

Another important question concerning the utility of the ‘Selected Issues’ concerns the fact that since being separated from the main body of the Annual Report, these are no longer translated into the different Member State languages. According to feedback from the interview programme, this means that the readership of ‘Selected Issues’ has reduced significantly in some countries, which is regrettable given that the publication deals with questions of particular topical or current interest. If different ‘Selected Issues’ were to focus (in some cases) on a more limited number of countries, translation into the relevant national languages might be considered. Moreover, it could be that the national authorities concerned would be willing to handle translation tasks rather than expecting the EMCDDA to do so (elsewhere we have suggested that key EMCDDA publications, in particular the Annual Report package, should be translated into fewer languages, at least on a trial basis).

Could anything be done to have the Annual Report published earlier in the year?

From start to finish, it currently takes around nine months for the Annual Report package to be produced (or 14 months if, as indicated earlier, the data collection stage is included). Because of this, there is a danger that some information on the drugs situation is seen as dated by the time it becomes available to target audiences.

Although translation and printing account for most of the time required to produce the Annual Report, another factor is that over the years, the process of reviewing the material has taken up progressively more time with the EMCDDA’s Management Board, Scientific Committee, NFPs as well as the EMCDDA’s own staff all involved in this process. Although this means that quality has improved, it has lengthened the process of producing the Annual Report. Rather than a full review of the draft Annual Report, one possibility might be to delegate responsibility to a working group...
Scientific Activities & Outputs

consisting of representatives from the EMCDDA’s statutory bodies, NFPs and key staff. A further factor is that while the process of preparing the original, English language version of the EMCDDA’s Annual Report comes to a conclusion in the early summer, translation of the document into the other 24 languages means that the publication is only released in the late autumn. One way that publication could be brought forward would be to either only make the document available in English, or to distribute this version when it is ready, i.e. 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.

Is the Annual Report the only source of information for national policy-makers and professionals regarding comparable data on the main drugs patterns or are there national surveys as well?

As the analysis later in this report shows (Section 8), target audiences rely heavily on the EMCDDA for information on the drugs situation in Europe as a whole. Thus, taking just the key stakeholders, 88.9% of those participating in the survey indicated that they relied ‘completely’ or ‘quite a lot’ on the EMCDDA for information on the drugs situation in Europe (the corresponding percentage for information on the drugs situation at a national level was 46.7% which confirms that there are alternative sources of information in particular countries25). In a related question, a much lower percentage of respondents stated that they are aware of alternative sources on information on the drugs situation in Europe compared with the situation in their own countries. Section 8 provides an indication of the alternative sources of information that exist but as the assessment makes clear, in many cases these sources are used, in part at least, in the EMCDDA’s Annual Report.

4.7 Summary – Scientific Activities and Outputs

The key indicators are at the very heart of the EMCDDA’s scientific activity and the development of a harmonised system for data collection and analysis is one of the Centre’s key achievements. As explained in this section, the EMCDDA has taken a number of steps over the years to develop a harmonised system for monitoring the drugs situation including the development of common methodological tools and reporting formats, and support for capacity building in Member States to ensure that appropriate data collection mechanisms are in place. The fact that the development of a harmonised system has taken place against the backdrop of EU enlargement is a considerable success although there is still more work to be done.

25 The survey question asked ‘How much do you rely (in your country) on the EMCDDA as a source of information on the drugs situation?’ Although not possible to state categorically, it could be that national reports were interpreted as being amongst the alternative sources. In many cases, national reports would not have been introduced without the EMCDDA’s support.
Scientific Activities & Outputs

The quality of the key indicator (and more widely, ‘core’) data on the drugs situation is clearly dependent on the quality of the national data gathered and there is still a considerable variation in this. The system for data collection has been fully operational since 2003, but it is currently only implemented to the extent of 60-70% at Member State level. Continued methodological work is needed to improve ways of measuring size of the problem drug use population. The indicators on infectious and blood borne disease is also problematic because of the difficulty of gathering reliable data on injecting drug users in a systematic manner than enables good cross-national comparisons. The same applies to the treatment demand indicator. Clearly, these and other shortcomings need to be addressed if the EMCDDA is to fully achieve its mission of providing policy-makers and others with ‘objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’. To do this means working with NFPs to improve data collection, further strengthening internal quality assessments and - from a strategic perspective - ensuring that the EMCDDA gives priority to its core business tasks.

There are also aspects of the drugs situation that are not currently being monitored by the EMCDDA and where comparable information is needed. For example, drugs-related crime and other aspects of crime statistics are important measures for assessing progress in implementing drugs strategies. However, as noted in the evaluation of the EU’s 2000-04 Drugs Strategy, these indicators are not currently part of the EMCDDA’s key indicators - at least partly due to the complex and varied manner with which crime statistics are collated and reported on in different countries. As suggested during a number of the interviews with NFPs and key stakeholders, the level of drugs consumption should also be monitored in terms of quantities, although again there are complications with regard to methodologies and data availability.

The Annual Report package is the EMCDDA’s ‘flagship’ scientific output and is particularly well received but various options could be considered to ensure that it is made available more quickly. One way that publication date could be brought forward would be to either only make the document available in English, or to distribute this version when it is ready, i.e. in the early summer, and the other language versions later. Delegating responsibility for quality control to a working group, rather than undertaking the extensive review process that is currently undertaken, would also speed up publication as well as reducing the time spent on producing the Annual Report. Another possibility would be to release the Annual Report’s ‘Commentary’ and the ‘Statistical Bulletin’ when they are available in June with the full package then following in the autumn.

The EMCDDA’s other publications and scientific outputs are generally well regarded although there are some variations in perceptions of relevance and quality. Thus whilst, overall, the Annual Report, monographs and manuals are all
very highly rated in terms of their relevance to target audiences, the General Report of Activities (essentially an administrative publication) and brochures, flyers and catalogues are seen as far less so. Although NFPs were generally the group that was the most positive about the EMCDDA publications and praised their improvement over the years, they also commented that more could be done to tailor the products to particular target audiences and that the provision of high quality data was much more important than quantity. The feedback from target audiences on the relevance and quality of the various scientific outputs was broadly mirrored in the academic assessment. However, several publications reviewed by the academic panel were seen as having methodological limitations from a scientific point of view, mainly as a result of different data collection and analysis methods, reflecting the fact that the publications were on Member State material varying in quality and reporting formats.

Over the years the number of EMCDDA scientific outputs has grown and there are currently around 20 different types of outputs. Consideration might, in our view, be given to more packaging together of different outputs with a view to making the EMCDDA’s offering more coherent and transparent. Furthermore, if ‘packages’ of information were launched together, rather than outputs being released separately by the EMCDDA at various points in the year, this could help to raise awareness of what is available and hence also increase the impact of the information. A simplification exercise of this kind should, however, be driven by target audience needs. Certain aspects of the survey feedback, for example the high proportion of ‘don’t know’ responses in relation to the quality of scientific outputs among some target audiences, does suggest that some outputs fulfil the needs of target audiences better than others, and that some degree of prioritisation and simplification of the EMCDDA publications ‘package’ would be advantageous.

Overall, the survey and interview feedback – combined with the quality assessment carried out by the academic expert panel – suggests that that there is some scope for further improving the extent to which EMCDDA information is tailored to the needs of the main target audiences, and for strengthening the internal quality control systems to enhance the reliability of products, which is especially important in relation to target audiences such as decision-makers.
Dissemination & Effectiveness in 
Reaching Target Audiences

In this section we examine the effectiveness of the EMCDDA in reaching its target audiences. We start by examining the EMCDDA’s communications strategy and then analyse feedback on effectiveness in reaching target audiences.

5.1 EMCDDA’s Communications Strategy

The EMCDDA’s communications strategy, which was introduced in 2001 following adoption of the Internal Reform Plan, seeks to provide the EU and Member States ‘with a high-quality and highly valued information service on the drugs phenomenon in Europe’ by ensuring that the information produced by the EMCDDA is tailored to the needs of target groups and communicated effectively to them.

Target audiences are defined at two levels – by the EMCDDA at the EU level and by NFPs who compile lists of policy-makers and others to be targeted in their respective countries. The key target audiences are policy-makers, the media, researchers and professionals in the drugs field. Other functions of the communications strategy are to raise awareness of the drugs problem and the EMCDDA’s role, and promoting the Centre as a centre of excellence among drug experts, researchers and practitioners.

The resources devoted by the EMCDDA in the 2000-06 period to disseminating scientific outputs to target audiences, which mainly related to the cost of the Annual Report, is summarised below. It should be noted that this does not include the costs of translating the Annual Report (examined later). The costs of publishing the Annual Report relate to layout and printing. As can be seen from the chart, the costs increased

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26 Policy makers are the key target group for all EU-supported agencies but otherwise there are considerable differences reflecting their respective functions with varying degrees of emphasis on targeting businesses and the wider public. Amongst the comparators, the main target group for EU-OSHA’s activities and products is defined as being policy makers responsible for the development of OSH-related legislation, OSH policy ‘shapers’ (including trade unions and employers’ representatives), the OSH professional community; information providers and intermediaries, and end user including employers and people in SMEs with a direct influence on workers’ OSH. The EEA defines its primary target groups as policy makers at the European level and European citizens. The secondary target groups are policy makers at national level and non-governmental policy influencers with strong environmental interests such as businesses, think tanks and non-profit organisations. The EEA’s strategy also includes a commitment to strengthen the Agency’s communication with younger audiences. According to the Regulation establishing the FRA, apart from policy-makers, the agency also target civil society, i.e. NGOs and other organisations involved in fundamental rights issues, experts in the field, social partners, universities, and church groups.
Dissemination & Effectiveness in Reaching Target Audiences

substantially in 2004, reflecting EU enlargement and the need to disseminate the document to additional countries (11 before enlargement, 19 in 2004 and 21 in 2005).

Figure 5.1: EMCDDA Annual Report Publishing Costs 2001-06 (euro)

![Graph showing EMCDDA Annual Report Publishing Costs 2001-06 (euro)]

Source: CSES analysis of EMCDDA information

Q5: What has been the contribution of the EMCDDA Dissemination Strategy to the achievement of the EMCDDA objectives?

A variety of methods are used by the EMCDDA to reach the target audiences. This includes dissemination in printed and electronic format of the various scientific outputs and ongoing media relations and promotional and representation activities. Media launches and conferences have also been used to help disseminate key publications, e.g. the Annual Report package which secures extensive media coverage. Apart from EU-level media coverage and direct contacts with key targets, the NFPs have an important role in disseminating EMCDDA outputs at a national level and the REITOX Academy includes a training module on public relations to help develop this function.

Overall, it seems to us that the EMCDDA is achieving good media coverage for its scientific outputs at a European level. Thus, data provided the EMCDDA on the media coverage obtained for the 2006 Annual Report highlights the wide coverage achieved by dissemination activities, at least in relation to this flagship publication. According to an EMCDDA analysis, the 2006 Annual Report received coverage in just over 1,000 publications across Europe including daily newspapers (400 items), on-line news sites (300), news agencies (90), radio (87) and TV (75). These figures relate of
Dissemination & Effectiveness in Reaching Target Audiences

course to EU-level dissemination activities and do not take into account the additional coverage achieved by NFPs through their own media contacts. At a national level, the approach adopted by NFPs to dissemination of the EMCCDA’s outputs, and their own national reports, varies but generally involves similar methods in relation to a list of key contacts (the role of the NFPs is examined in more detail in Section 6).

5.2 Effectiveness in Reaching Target Audiences

Feedback from target audiences themselves is clearly the best source of information on how effectively they are being reached by the EMCDDA. In the survey work, questions on this were asked in relation to both national and EU level target audiences. In relation to **national target audiences**, the survey feedback suggests that:

- Overall, the EMCDDA is seen by 72.6% survey respondents as either ‘very effective’ or ‘quite effective’ in communicating with target audiences at a national level (if ‘don’t knows are included, the figure is 35.6%);

- The Centre is seen as being most effective in communicating with governments and agencies, the media and academic organisations;

- Not surprisingly - because it is not a primary target audience - the Centre is seen as least effective in communicating with the general public.

Figure 5.2 below combines the survey responses from NFPs, key stakeholders and target audiences to provide a summary analysis.

*Figure 5.2: Summary analysis - Looking at the situation in your country, how effective is the EMCDDA in communicating information on the drugs situation to its target audiences?*

Source: CSES analysis of survey responses (NFPs, target audiences and key stakeholders)
Dissemination & Effectiveness in Reaching Target Audiences

As can be seen, NFPs expressed the most positive views with approaching a third (29.3%) stating that they thought the EMCDDA was ‘very effective’ in communicating with target groups in their countries and an additional 57.1% saying that it was ‘quite effective’ in doing so. There is a similar pattern with key stakeholders and target audiences although their views were slightly less positive. A further way of examining this survey data is to analyse it by country. Figure 5.3 on the following page does this by calculating for each country the proportion of total survey responses that fell into the category ‘very effective’. The results suggest that:

- The most positive views concerning the EMCDDA effectiveness in communicating with target audiences is found in the two newest EU Member States – Bulgaria and Romania;

- Of the 16 countries where the percentage of ‘very effective’ responses is above average, a disproportionate number (9) are Member States that joined the EU after 2004. At the same time, in three cases (Estonia, Poland and Slovenia) the percentage of ‘very effective’ responses is below average;

- Conversely, the proportion of those stating that the EMCDDA is relatively ineffective in reaching target audiences is generally higher in the ‘old’ EU Member States although there are quite a few exceptions (Denmark, Finland, Greece, Luxembourg and Spain).

The last of the points above is in some respects surprising because in the ‘old’ Member States the mechanisms for communicating with target groups should be better established than in countries that joined the EU more recently. It could be that in the new Member States there is a tendency to view the effectiveness of efforts to reach target audiences in a more positive light simply because current efforts contrast with much less or no communication in the quite recent past.

A related explanation lies in differing institutional structures and traditions. Because they have been more recently established, it could be that NFPs have a relatively high profile in the new EU Member States and amongst policy-makers in these countries, and that this factor influences perceptions regarding the effectiveness in communicating with target audiences. There is no way of knowing which (if either) of these explanations applies. But overall it needs to be stressed that the pattern of responses in terms of ‘old’ and ‘new’ EU Member States is not clear-cut. Moreover, any analysis of this sort needs to be interpreted with caution because the survey sample is not large enough to ensure reliable results when disaggregated down to the level of 30 countries.
Dissemination & Effectiveness in Reaching Target Audiences

Figure 5.3: Analysis by Country – Percentage of respondents who found the EMCDDA ‘very effective’ in communicating with target groups in their countries

Source: CSES analysis of survey responses (NFP, target audiences and key stakeholders). Note: the category ‘other’ (countries) relates to responses where the country was not indicated.

Table 5.1 below analyses the survey feedback in relation to different target audiences – governments, politicians, NGOs and professionals, researchers, and the media.

Table 5.1: Analysis by Target Audience - Looking at the situation in your country, how effective is the EMCDDA in communicating information on the drugs situation to its target audiences?

<table>
<thead>
<tr>
<th>Target audiences</th>
<th>Very effective</th>
<th>Quite effective</th>
<th>Not effective</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Government department or agency</td>
<td>49</td>
<td>21.7</td>
<td>68</td>
<td>30.1</td>
</tr>
<tr>
<td>Members of a parliament or political body</td>
<td>10</td>
<td>4.4</td>
<td>46</td>
<td>20.4</td>
</tr>
<tr>
<td>NGO or professional organisations</td>
<td>23</td>
<td>10.2</td>
<td>63</td>
<td>27.9</td>
</tr>
<tr>
<td>Academic or research organisations</td>
<td>32</td>
<td>14.2</td>
<td>58</td>
<td>25.7</td>
</tr>
<tr>
<td>Media organisation</td>
<td>25</td>
<td>11.1</td>
<td>57</td>
<td>25.2</td>
</tr>
<tr>
<td>General public</td>
<td>7</td>
<td>3.1</td>
<td>44</td>
<td>19.5</td>
</tr>
<tr>
<td>Total</td>
<td>146</td>
<td>10.8</td>
<td>336</td>
<td>24.8</td>
</tr>
</tbody>
</table>

Source: CSES analysis of survey responses (NFPs, target audiences and key stakeholders)

As can be seen, just over half the survey respondents did not have a view on how effectively the EMCDDA is reaching its target audiences. This could possibly be explained by the fact that survey respondents would tend only to be aware of how
Dissemination & Effectiveness in Reaching Target Audiences

effectively or otherwise information is being communicated to their own organisations and perhaps some others within the same category. Whereas NGOs, for example, are able to judge the EMCDDA’s effectiveness in reaching their own organisations, they are less likely to know how well the Centre communicates with academics, and vice-versa. This conclusion is supported by the fact that amongst national authorities, who should be relatively better placed to judge how effectively the EMCDDA communicates with other target audiences (and who also in some cases host the NFP), the proportion of ‘no opinions’ is lower (42.5%) compared to other survey groups.

Otherwise, several conclusions can be drawn from the analysis. Firstly, insofar as the EMCDDA is generally seen as communicating most effectively with governments, this is very much in line with its prioritization of decision-makers as the key target audience. Conversely, all survey respondents indicated that the EMCDDA is least effective in communicating with the general public which supports this conclusion since this is not a primary target audience.

The survey feedback is rather inconsistent across the three survey groups with regard to the target audiences that the EMCDDA is seen as communicating most/least effectively with. In the case of NFPs, the Centre was seen as most effective in reaching governments and the media. With ‘target audiences’, however, universities were ranked highest in terms of the reach while for key stakeholders (as for NFPs) it was governments that were ranked highest followed (unlike for NFPs) by NGOs and universities.

Turning to EU level target audiences, the survey feedback is generally very positive:

- Overall, the EMCDDA is seen by 94.7% survey respondents as either ‘very effective’ or ‘quite effective’ in communicating with target audiences at a European level (if ‘don’t knows are included, the figure is 34.1%);

- There is very little difference in perceptions with regard to how effectively the EMCDDA communicates with different target audiences at a European level;

- However, the proportion of ‘don’t knows’ is high with almost two-thirds (64%) of the combined NFP, target audiences and key stakeholder survey groups falling into this category.

Figure 5.4 below combines the survey responses to provide a summary analysis of how effectively the EMCDDA is communicating with target audiences at a European level. It should be noted that the ‘don’t knows’ and non-respondents have been excluded from this analysis (the full survey results are to be found in Appendix G).
Dissemination & Effectiveness in Reaching Target Audiences

Figure 5.4: Summary Analysis - At a European level, how effective is the EMCDDA in communicating information on the drugs situation to its target audiences?

Table 5.2 below analyses the survey feedback in relation to different EU-level target audiences. As noted earlier, in relation to EU-level target audiences, there is a far higher degree of consistency in the survey responses than with the national target groups: taking the ‘very effective’ and ‘quite effective’ responses together, there is very little difference between target audiences – the European Commission, Parliament and the Council, international organisations - with regard to how effectively the EMCDDA is seen as communicating with them, or between the views of those who were asked this question. But perhaps the most important observation to be made is that there is a very high proportion of ‘don’t knows’.

Table 5.2: Summary Analysis - At a European level, how effective is the EMCDDA in communicating information on the drugs situation to its target audiences?

<table>
<thead>
<tr>
<th>Target audiences</th>
<th>Very effective</th>
<th>Quite effective</th>
<th>Not effective</th>
<th>Don't know/No response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>European Commission</td>
<td>37</td>
<td>16.4</td>
<td>39</td>
<td>17.3</td>
</tr>
<tr>
<td>European Parliament, Council, etc</td>
<td>32</td>
<td>14.2</td>
<td>43</td>
<td>19.0</td>
</tr>
<tr>
<td>International organisations</td>
<td>29</td>
<td>12.8</td>
<td>51</td>
<td>22.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
<td><strong>14.5</strong></td>
<td><strong>133</strong></td>
<td><strong>19.6</strong></td>
</tr>
</tbody>
</table>

Source: CSES analysis of NFP, target audiences and key stakeholder survey responses
Dissemination & Effectiveness in Reaching Target Audiences

Taking European and national levels together, the survey responses suggest that, overall, the EMCDDA is seen by over two-thirds of the survey respondents (78.6%) as either ‘very effective’ or ‘quite effective’ in communicating with target audiences (or 35.1% if ‘don’t know’ are included). The fact that most of these responses fall into the ‘quite effective’ category suggests that there is some scope for improvement in the way the EMCDDA communicates with target audiences. As the survey responses also suggest, the priority in this respect lies mainly at the national rather than European level. From the national interviews carried out, it is clear that the number of key targets defined by NFPs varies considerably from one country to another without any apparent relationship to the size of different countries or other factors. It is also not entirely clear what information provided by the EMCDDA is disseminated by NFPs to their national contacts.

Moreover, as other survey feedback shows, at a national level there is varying effectiveness in reaching different target audiences, effectiveness being relatively high with national government officials but low with politicians and the media. The Reitox Academy has examined national dissemination strategies but it seems that more could be done to ensure that some target audiences are effectively reached. As highlighted earlier (Figure 5.2 and accompanying text), quite a high proportion of the survey respondents indicated that the EMCDDA was only ‘quite effective’ or ‘not effective’ in reaching target audiences in their respective countries.

5.3 Specific Issues – EMCDDA Communications Strategy

| To what extent has the EMCDDA achieved the publication of its Annual Report at a reasonable cost in terms of financial and human resources deployed? |

Are current arrangements for printing and distribution of the Annual Report the most appropriate and cost-effective? A total of 30,000 copies of the Annual Report, which appears in November each year, are printed by the OPOCE. About 22,000 copies are distributed through the NFPs and the EMCDDA’s own channels with the remainder being handed out at conferences and other events. At a national level, NFPs personalize the dissemination process by adding a covering letter to the Annual Report package, which is one way of raising their profile with target audiences. As indicated later in this report, the NFPs’ dissemination strategy for this and other EMCDDA outputs varies considerably from one country to another.

Downloading of the Annual Report from the EMCDDA’s website is, however, now becoming the main way in which the publication is disseminated. It is estimated that there are around 2.5 million visitors to the EMCDDA’s website p.a. In the first six months after its launch, the 2006 Annual Report was downloaded 31,993 times (with a range from 220 downloads in Estonian to 4,735 in English). Although this is a small percentage of the total visits to the EMCDDA’s website, they represent a definite use.
Dissemination & Effectiveness in Reaching Target Audiences

of the site to obtain information whereas many of the 2.5 million visits may not fall into this category.

Clearly, if this trend towards increased use of the internet to obtain access to the document continues, it will soon far exceed the number of printed copies. There would then be a case for reviewing the need for a 30,000 print run. As noted earlier, these costs have averaged around €140,000 over the past three years which at around 1% of the EMCDDA’s budget is not particularly significant. Indeed, it is more a question of which format – printed on electronic – is the most effective in reaching target audiences. Although the need for some hard copy distribution is likely to remain (feedback from the national interviews indicates that hardcopies are preferred by some recipients, especially in countries where internet usage is relatively low), it could be that the number involved could be reduced.

The EMCDDA has invested heavily in developing its website and on-line products. This includes migration to a new system that offers the Agency increased web content management possibilities. The EMCDDA’s website now offers a very large amount of information on drugs and drug addiction including a wealth of detail on the situation in different EU Member States and at a European level, access to a large number of publications and reports, statistical information, online databases (EDDRA, ELDD, EIB), methodological tools (e.g. PERK), and details about the Agency itself. As noted earlier, the internet is an increasingly important way of disseminating EMCDDA information to target audiences. However, as the previous section highlighted, so far a relatively low proportion of respondents in the survey of target audiences (33.3%) have given the website an ‘excellent’ rating (the remaining responses fall so far into the ‘quite good’ category).

The research suggests that a number of improvements to the EMCDDA’s website might be considered. Firstly, the fact that there are different domain names for different parts of the website (home page, annual report, legal database, etc). It would clearly be desirable to create a more integrated on-line presence. Secondly, there is also scope to improve navigability of the EMCDDA’s website, in particular with regard to particular themes and the signposting of target audiences to information that is likely to be of particular interest to particular groups. Thirdly, the EMCDDA’s website should include more interactive tools (the Eurostat website is a good example in this respect) allowing users to independently interrogate on-line statistical data. Last but not least, a lot of the information on the EMCDDA website (including top level pages) is in English. Although this is widely understood amongst professionals in the
Dissemination & Effectiveness in Reaching Target Audiences

drugs field, and there are links to national NFP websites, consideration might be given to increasing the non-English content.

To what extent is there a need to customise information more closely to particular target audiences?

Overall, the evaluation feedback suggests that there is no need to customize EMCDDA information to specific target groups because these are mostly either experts or at least very familiar with the drugs field. That said, there are some exceptions. Some NFPs argued that more could be done to tailor information products more to the needs of certain target groups, in particular decision-makers. In this context, it would be helpful for the Annual Report to include an executive summary, preferably aimed at policy-makers. The publication does include a ‘Commentary’ but this is a relatively long text (five pages in the 2006 Annual Report, six pages the year before) and does not actually summarise the contents of the document.

There is also a question of whether more should be done to customise EMCDDA information to different language groups. This question is considered later in this section.

In addition to providing information on the drugs situation, is there a need to place more emphasis on ‘after-sales’, i.e. adding value through explanation for policy?

The EMCDDA’s role is defined in its Founding Regulation as being to provide the information needed for evidence-based policy-making and not to seek to influence users. According to Article 1.4:

‘Without prejudice to Article 2(d)(v) – transfer of know-how to certain third countries such as candidate countries or the countries of the western Balkans - the Centre may not take any measure which goes beyond the sphere of information and the processing thereof’.

That said, help in interpreting information is an important form of ‘after sales’. At a national level, NFP functions are in most cases closely integrated into Governmental structures and the scope for ‘after sales’, and methods of delivering them, are well developed. Many of the host organisations are also responsible for national drugs strategies and are expected to play an advisory role in relation to decision-makers and others with regard to the implementation of these strategies. This includes responding to ad hoc enquiries about drugs problems and trends, providing briefing papers on specific issues, and advising decision-makers generally. The distinction between information, advice and influence is therefore somewhat blurred.

Moreover, the requirement for advice to be provided to decision-makers to help explain information presented to them varies across countries. Consideration might
Dissemination & Effectiveness in Reaching Target Audiences

nevertheless be given to providing NFPs with guidance on the interpretation and use of information on the drugs situation and trends in their countries, especially when it comes to making comparisons with the European dimension. Who should provide such guidance needs to be further considered but one possibility would be for the Management Board member in each country to do this. Scientific Committee members could also perform this role although under the new arrangements for appointment of its members, they will not be representing particular countries but rather selected purely on merit. This means that Scientific Committee members will not have a formal role in the countries where they come from.

At a European level, the EMCDDA’s scientific outputs are disseminated widely and, as the analysis shows, there is a good reach of key target audiences. Moreover, the added value of information on the drugs situation at a European level is, as the analysis in Section 3 showed, especially high. In addition to providing information, the Centre also works in close collaboration with various Commission DGs. While DG JLS is the parent DG, the Centre works closely also with several other DGs, such as DG Health and Consumer Protection on many issues, with DG Taxation and Customs Union and DG Enlargement. For example, the Centre participates in working groups coordinated by the DG Health and Consumer Protection on mental health questions and on drugs prevention issues. The EMCCDA has also been recently appointed to sit on the Commission’s inter-service group on drugs, coordinated by DG JLS. Contacts also exist through more informal seminars and meetings. These and other mechanisms provide ample scope for the EMCDDA to fulfil an ‘after sales’ role.

Should the EMCDDA’s current practices with regard to translation of the Annual Report continue?

The EMCDDA provides most of its publications only in English, except for the Annual Report and the policy briefing ‘Drugs in Focus’, which are both translated into other languages. The Annual Report is translated into 24 languages using the Translation Centre for the bodies of the European Union. As noted earlier, in recent years, the EMCDDA and a number of NFPs have worked with the Translation Centre to ensure that key terminology is correctly translated into different languages (this effort has focused on 55 key terms). Although NFPs do not have a role in checking the translations – this, it is argued would take too long given the length of the document – they do check the accompanying press releases.

In 2006, the overall cost of translation of the Annual Report and press releases is estimated to have been just over €497,000 with a further €100,000 p.a. spent on graphic design and printing. This is equivalent to 4.7% of the EMCDDA’s 2006 budget of €12.6m. The trend in translation costs since 2000 is shown in the following diagramme.
**Dissemination & Effectiveness in Reaching Target Audiences**

*Figure 5.5: EMCDDA expenditure on translations (euro)*

As can be seen, there was a substantial increase in translation costs between 2003 and 2004 reflecting the fact that with EU enlargement there was a need to increase the number of different language versions of EMCDDA publications (this went up from 11 before EU enlargement to 19 afterwards). In 2005, translation costs declined slightly but then rose again in 2006, largely because a ‘Summary of facts and figures of the 2006 Annual Report’ and a ‘Message from the Director’ were added to the 2006 press pack in that year.

Although there have been criticisms from time to time about the quality of translations (in 2006, we understand that complaints were received from five EU Member States), overall this does not seem to have significantly affected the positive reception the publication receives. The question of whether the Annual Report and other EMCDDA documents should be translated into all EU languages is, however, open to question. One possibility would be to produce an executive summary for the Annual Report and only translate this into other languages with the remainder of the document then being translated into a few languages (the selection of languages would clearly need to be decided in consultation with Member States).

Apart from the Annual Report and ‘Drugs in Focus’, other publications including the ‘Drugnet Europe’ newsletter are only available in English. We understand that the decision to restrict translations of ‘Drugnet Europe’ (which was originally available in five languages), and other publications, was taken for cost reasons. Limiting the extent of translations, and the practice of Management Board members and NFPs deciding...
Dissemination & Effectiveness in Reaching Target Audiences

on which material to translate at a national level, seems reasonable. Consideration might be given, however, to testing target audiences to establish whether translation into selected languages of key EMCDDA publications currently only available in English would help to promote greater take-up (as mentioned earlier, ‘Selected Issues’ is an obvious example in this respect).

The issue of translation was also raised in the NFP interviews, the feedback suggesting some concern that the intended target audiences, especially drugs professionals, did not make sufficient use of the EMCDDA’s various scientific outputs due to language difficulties. This was for instance the case with the EDDRA database, but also for some of the scientific series, such as Monographs and Insights, which only exist in English. However, others argued that professionals and researchers in the drugs field now widely accept English as a common language for scientific publications.

Practices in other organisations vary. The Pompidou Group, for example, has only two official working languages (English and French). However, other EU-supported agencies are probably better comparators. Of the four other EU-supported agencies covered by the benchmarking exercise undertaken for this study, the EEA and the FRA (formerly EUMC) apply practices that are quite similar to that of the EMCDDA, translating a limited number of the most important documents into all EU languages. In the case of the EEA, the Management Board decides which ones should be translated, and summaries of the reports, as well as press releases, are always translated into all EU languages.

At the FRA, the Annual Report and a few other publications are made available in all languages, and the remaining publications are either provided in English and French, or in English alone. Eurofound does not translate very many of its publications at all. While translation quality checking in other agencies is mainly carried out by their focal points, Eurofound has contracted a number of national centres to do this. However, EU–OSHA translates most materials. Practically all its publications exist in all EU languages, partly because they are produced for campaigning purposes; also SMEs are a key target group and material needs to be in different languages to be read by them. As with the other agencies, translations are carried out by the ETC in Luxembourg. These are subsequently checked by OSHA’s focal points who spend a lot of their time on this task.

5.4 Summary – Effectiveness in Reaching Target Audiences

The EMCDDA has well-defined target audiences at a national and European level and in recent years, it has placed an increasing emphasis on its communications strategy. A variety of methods are used by the EMCDDA to reach the target audiences. This includes dissemination in printed and electronic format of
Dissemination & Effectiveness in Reaching Target Audiences

the various scientific outputs and ongoing media relations and promotional and representation activities.

Overall, the EMCDDA is seen by most target audiences (72.6% survey respondents) as either ‘very effective’ or ‘quite effective’ in communicating with target audiences at a national level. The Centre is seen as being most effective in communicating with governments and agencies, the media and academic organisations. Not surprisingly - because it is not a primary target audience - the Centre is seen as least effective in communicating with the general public. At a national level, there is some variation across countries in views on how effectively target audiences are being reached with the newest Member States being the most positive in this respect. Perceptions of the EMCDDA’s effectiveness in reaching target audiences at a European level are even more positive.

The cost of producing the Annual Report package is reasonable given its importance although there is a case for reducing the print-run given increasing dissemination via the internet. A total of 30,000 copies of the Annual Report, which appears in November each year, are printed. However, downloading of the Annual Report from the EMCDDA’s website is, however, now becoming the main way in which the publication is disseminated. Clearly, if this trend towards increased use of the internet to obtain access to the document continues, it will soon far exceed the number of printed copies and there would be a case for reviewing the need for a 30,000 print run. Against this, these costs of publishing the Annual Report in hardcopy have averaged around €140,000 over the past three years which, at around 1% of the EMCDDA’s budget, is not particularly significant. Indeed, it is more a question of which format – printed on electronic – is the most effective in reaching target audiences. Although the need for some hard copy distribution is likely to remain, it could be that the number involved could be reduced.

Whilst the EMCDDA steadily improved its website, the research suggests that a number of ways in which it might be improved. This includes creating a more integrated ICT platform, improving navigability (particularly with regard to particular themes and the signposting of target audiences to information that is likely to be of particular interest to particular groups), developing more interactive tools and increasing the non-English content.

Overall, the evaluation feedback suggests that there is no particular need to customize EMCDDA information to specific target groups because these are mostly either experts or at least very familiar with the drugs field. However, it would be helpful for the Annual Report to include an executive summary for policy-makers. The simplification exercise of the range of EMCDDA information products
Dissemination & Effectiveness in Reaching Target Audiences

suggested in Section 4.4 should also ensure the availability of a coherent ‘package’ of information products that corresponds to the needs of the target groups.

There is also a question of whether more should be done to customise EMCDDA information to different language groups. Limiting the extent of translations, and the practice of Management Board members and NFPs deciding on which material to translate at a national level, seems reasonable. Consideration might be given, however, to testing target audiences to establish whether translation into selected languages of key EMCDDA publications currently only available in English would help to promote greater take-up.
EMCDDA Organisational Set Up & Resource Efficiency

Narrowly defined, an assessment of efficiency involves determining the extent to which financial inputs achieve a proportionate output. Related to this is the question of value for money, i.e. whether the same financial inputs could achieve a higher level of outputs or, conversely, whether the same outputs could be achieved with reduced financial inputs.

More generally, this section examines the EMCDDA’s organisational set up, the role of the Statutory Bodies, different units and the Reitox network. In doing this, the assessment adopts a broader interpretation of efficiency, addressing issues such as management procedures, priority setting and human resources.

To what extent does the EMCDDA organisational set-up contribute to the effectiveness and efficiency of its operations?

6.1 Overview – EMCDDA Organisational Development

The EMCDDA currently has a budget of €12.6 million and employs some 90 staff organised into eight units.

In 2000, following the external evaluation and with the imminent launch of the 2000-04 EU Drugs Strategy in which the EMCDDA was expected to play an important role, the Management Board adopted two key strategies - the Medium Term Perspectives and Internal Reform Plan.

The first of these, the Medium Term Perspectives proposed that the EMCDDA should focus on three main priorities - monitoring the drug phenomenon, monitoring responses to the drug phenomenon and developing more effective policy assessment and evaluation methods. At the same time, it prioritized the EMCDDA’s target audiences (defined as being policy-makers, professionals in the drugs field and, thirdly, the general public). The second, the Internal Reform Plan, was more internally orientated and led to changes in the way the EMCCDA operated. In particular, it introduced a project-based approach to the EMCDDA’s activities, and associated financial, human resources management. At the same time, a process was begun of developing new strategies in various specific fields – human resources management, the Reitox network, communications and EU enlargement.

In 2005, following the ‘strategic reflection’, a new organisational structure was introduced for the Agency with several new senior management appointments and a streamlining of some functions. The EMCDDA’s organisational set up now has a functional orientation rather than a programme focus as was previously the case.

6.2 EMCDDA Revenue and Expenditure

The EMCDDA is funded under the Commission budget line 180701. Each year, a preliminary draft budget is presented by the Director to the Management Board which may modify the draft before adopting it and submitting it to the Commission. On this
EMCDDA Organisational Set Up & Resource Efficiency

basis, the Commission, in turn, makes a proposal for the EMCDDA’s annual subsidy within the framework of the Community’s draft budget for consideration by the European Council and Parliament.

During the period under review, the EMCDDA’s revenue and expenditure increased at an average rate of 7.6% p.a., from €8.2m in 2000 to €12.6m in 2006. As can be seen from Figure 6.1, the main increase took place in 2004 reflecting a substantial budgetary increase from €10m to €12.5m (2006) in connection with EU enlargement.

**Figure 6.1: Summary analysis - EMCDDA Expenditure 2000-06**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Staff</th>
<th>Projects</th>
<th>Support activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>6,000,000</td>
<td>2,000,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2001</td>
<td>6,400,000</td>
<td>2,400,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2002</td>
<td>6,800,000</td>
<td>2,800,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2003</td>
<td>7,200,000</td>
<td>3,200,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2004</td>
<td>7,600,000</td>
<td>3,600,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2005</td>
<td>8,000,000</td>
<td>4,000,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>2006</td>
<td>8,400,000</td>
<td>4,400,000</td>
<td>4,000,000</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

*Source: CSES analysis of EMCDDA accounts*

The EMCDDA’s revenue consists of the Commission subsidy and another from the Norwegian government (in 2006, just over €500,000) covering the costs of that country’s participation. The EMCDDA also still receives some funding from the Phare and Cards programmes to support continuing activities that formed part of the Commission pre-accession strategy. Expenditure falls into three main categories – staff costs, support activities, and expenditure relating to projects.  

27 Expenditure on ‘support activities’ mainly relates to costs such as rent, utilities maintenance and security, data processing, translation and publishing costs, office supplies.
category is the financial assistance provided by the EMCDDA to support NFP activities. \(^{28}\)

As can be seen from the following breakdown, taking the period 2000-06 as a whole, **EMCDDA staff costs** have increased at a higher rate (+8.9% overall) than other categories of expenditure (6.3%). This increase in staff costs - particularly during the 2003-2005 period - was however foreseen as part of the EMCDDA’s Internal Reform and reflected the internalisation of a number of activities and projects that had formerly been dealt with externally. The rise in staff costs also reflected a need for additional personnel in connection with EU enlargement to cope with the increase in work load arising from the integration of new Member States in EMCDDA activities, as well as the implementation of core tasks generally.

**Table 6.1: Breakdown of EMCDDA Revenue Expenditure 2000-06 (euro)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total revenue</th>
<th>Staff costs</th>
<th>Support activities</th>
<th>Project costs</th>
<th>Total expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>8,250,000</td>
<td>4,065,000</td>
<td>1,035,000</td>
<td>3,150,000</td>
<td>8,250,000</td>
</tr>
<tr>
<td>2001</td>
<td>10,204,889</td>
<td>4,988,540</td>
<td>1,260,350</td>
<td>3,955,999</td>
<td>10,204,889</td>
</tr>
<tr>
<td>2002</td>
<td>10,356,361</td>
<td>5,074,595</td>
<td>1,190,883</td>
<td>4,090,883</td>
<td>10,356,361</td>
</tr>
<tr>
<td>2003</td>
<td>10,220,750</td>
<td>5,593,872</td>
<td>896,540</td>
<td>3,730,338</td>
<td>10,220,750</td>
</tr>
<tr>
<td>2004</td>
<td>9,826,250</td>
<td>6,089,300</td>
<td>927,817</td>
<td>2,809,133</td>
<td>9,826,250</td>
</tr>
<tr>
<td>2005</td>
<td>12,515,625</td>
<td>6,390,000</td>
<td>1,395,000</td>
<td>4,530,625</td>
<td>12,515,625</td>
</tr>
<tr>
<td>2006</td>
<td>12,621,125</td>
<td>6,600,260</td>
<td>1,490,240</td>
<td>4,530,625</td>
<td>12,621,125</td>
</tr>
<tr>
<td>2000-06</td>
<td>+53.0%</td>
<td>+62.4%</td>
<td>+44.0%</td>
<td>+43.8%</td>
<td>+53.0%</td>
</tr>
<tr>
<td>Av. P.a.</td>
<td>+7.6%</td>
<td>+8.9%</td>
<td>+6.3%</td>
<td>+6.3%</td>
<td>+7.6%</td>
</tr>
</tbody>
</table>

*Source: CSES analysis of EMCDDA accounts*

To put the growth in the EMCDDA’s revenue and expenditure into context, during the 2000-06 period, the overall annual rate of inflation for EU25 Member States was in the range 2%-3%. \(^{29}\) As noted earlier, an important factor explaining the difference between this figure and the average annual increase in the EMCDDA’s expenditure (+7.6% p.a. for the period 2000-06) is EU enlargement and the additional expenditure incurred in integrating the EU10 countries into the Agency’s operations. In fact, during the period immediately preceding EU enlargement, the EMCDDA’s annual expenditure remained more or less stable with little change from one year to the next and this has also been the case in the two financial years following 2004.

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\(^{28}\) The financial support provided by the EMCDDA to NFPs increased from €1.7m in 2000 to €2.6m in 2006, i.e. at an average annual rate of +7.5% which is in line with the increase in the EMCDDA’s overall budget (+7.6% p.a.). In 2006, the financial support provided to NFPs accounted for 21.6% of the EMCDDA’s overall budget of €12.1 million.

EMCDDA Organisational Set Up & Resource Efficiency

A further comparison can be made between the EMCDDA and other EU-supported agencies used as comparators in this evaluation.30 An analysis of the change in their revenue and expenditure over the past six years gives an estimated annual average increase ranging from +4.1% p.a. to +13.5% p.a. There are many factors – in particular the tasks that the various agencies perform - that could explain the differences between them with regard to changes in their budgets and it is beyond the scope of this study to explore this question in any depth. However, notwithstanding this caution, it would seem that the EMCDDA is positioned towards the mid to lower end of this range in terms of the increase in agency subsidies during the period under review.31 Overall, therefore, it is reasonable to conclude that both in absolute terms and relative to other agencies, the EMCDDA’s level of financial resources and adjustments made to them have not been out of line with what might have been expected (further aspects of the EMCDDA’s financial performance, specifically with regard to the expenditure on personnel, are examined later in this section).

In the following sections we examine the role played by different parts of the EMCDDA organisation, starting with the two statutory bodies. At senior management levels, the EMCDDA organisational structure is similar to other EU-supported Agencies with a Management Board, Executive Committee, Budgetary Committee, Executive Director and senior management team. Other key elements are the Scientific Committee and Reitox network.32

30 With an annual budget for 2006 of € 12.6 million, the EMCDDA is the closest in size to EU-OSHA which has a budget of € 14.1 million. However, in terms of personnel the EMCDDA employs about 50% more staff than EU-OSHA (92 versus 61), in spite of its budget being slightly smaller. In fact, the number of EMCDDA staff members corresponds more to that of Eurofound (100 staff), but their budget of € 19.7 million is about 1½ times bigger than the EMCDDA’s budget.

31 EU-OSHA’s budget increased from €9.2m in 2002 (the earliest year for which accounts are available on-line) to €13.3m in 2006 (equivalent to an average +7.4% pa); the EEA’s budget increased from €18.4m in 2000 to €35.8m in 2005 (+13.5% p.a.); and Eurofound’s budget increased from €15.1m in 2001 to €19.5m in 2006 (+5.8% p.a.).

32 In terms of the internal organisation of the comparator agencies, they differ quite substantially. This is obviously a result of the subject matter that they deal with, as well as their size. Typically, however, there is a Directorate and a number of administrative and scientific units. Although not necessarily typical for EU-Agencies, three of the five comparators have a Scientific Committee. These provide scientific advice to the respective management boards to deliver scientific opinions and guarantee the scientific quality of the Agencies’ work. Of the other comparator agencies covered by the benchmarking analysis, only Eurofound, although not the biggest, has a Deputy Director.
## EMCDAA Organisational Set Up & Resource Efficiency

### 6.3 Management Board and Executive Committee

**How are the Management Board, Executive Committee and Budgetary Committee contributing to the effectiveness and efficiency of the EMCDAA’s operations?**

As noted earlier, the Management Board is the EMCDAA’s main decision-making body. It is responsible for adopting the work programme and budget, nominating the Director, and for setting the Agency’s overall strategic direction.

The Management Board meets at least once a year (each session lasting two days) and consists of one representative from each EU Member State, two representatives from the European Commission and two representatives designated by the European Parliament. There are also a number of observers (from the Scientific Committee, UNDOC, Pompidou Group, WHO and Turkey).

The Chairman of the Board is elected to serve for a three-year period. The Management Board is advised by the Scientific Committee and also supported by an Executive Committee which consists of the Chairman and the Vice-Chairman of the Management Board, two other members of the Management Board representing the Member States and appointed by the Management Board, two representatives of the European Commission and the EMCDAA’s Director. The Executive Committee meets before each Management Board meeting to prepare for the latter in consultation with the Director. In these and other respects, the EMCDAA’s Management Board shares key features in common with other EU agencies although there are also some differences.

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33 In connection with the organisational changes within the EMCDAA introduced as a result of the recast Regulation (December 2006), the Executive Committee replaced the former Bureau. It is not only the name that has changed but also the composition of the group.

34 In accordance with Article 2 of the rules of procedure of the Board, the Executive Committee may also decide on behalf of the Management Board on the matters provided for in the financial rules adopted pursuant to Article 15(10) that are not reserved to the Board by the EMCDAA recast Regulation. In total, the Executive Committee and Budget Committee each meet four times a year. Their roles, and the fact that they meet on a frequent basis, has been helpful in enabling the Management Board to focus on strategic issues and decisions.

35 All the EU agencies used as comparators operate under the authority of a management or governing board which lays down the general guidelines and adopts the work programmes and budgets of the particular Agency, according to its basic mission, available resources and political priorities. Management boards typically have one member and a substitute member per Member State, together with observers from the EU Institutions or partner organisations. However, in some cases where the agency is a tripartite organisation, the number of members is much higher, as they have to represent the social partners, government, employers and workers, in equal measure. A smaller number of board members typically make up the Bureau or Executive Board, which meets more frequently, preparing the board meetings in
EMCDDA Organisational Set Up & Resource Efficiency

During the period under review, the Management Board has fulfilled the functions defined for it in the Founding Regulation but it is reasonable to ask whether it has done so in an efficient and effective manner. In common with other EU agencies, the EMCDDA’s Management Board consists of one member per Member State with voting rights and one alternate member. Although the EMCDDA only covers expenses for one representative per country, several representatives often take part in the Board meetings. However, as each Member State only has one vote, decision-making is not directly affected by the additional number of participants at the meetings.

In practice, there have been very few formal votes in Management Board meetings in recent years and decisions are arrived at by consensus. Close personal contact between the Management Board Chairman and the EMCDDA’s Director, the fact that Board meetings are now better prepared with agenda’s simplified to focus on key issues, the appointment of an assistant to the Chairman, and the role of the Executive Committee, have all contributed to ensuring efficient decision-making. Overall, it is difficult to envisage an alternative to the current Management Board composition because it is clearly important that Commission, Member State and partners are represented.

One factor that does, however, complicate the Management Board’s proceedings is the relatively high turnover of members. A certain turnover is of course unavoidable, for example where Board members move on to other responsibilities or change after elections in their country. But those coming on to the Board need time to become familiar with its procedures and the issues it discusses, and a high degree of turnover is therefore likely to be detrimental to ensuring continuity or ‘historical memory’.

As the following analysis - which is based on examining Board attendance from July 2003 to December 2006 - shows, almost half (46%) of those who participated in Management Board meetings during the period attended less than 25% of the meetings.

consultation with the Director and sometimes deciding on issues on behalf of the management board. The bureau usually includes the chair and vice-chair, a Commission and/or European Parliament representative, and 2-3 Member State representatives (more in the case of tripartite organisations).

Formally, 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.

Except for the EMCDDA’s budget and work programme, and the nomination of Director, where a formal vote is required, it has very seldom been necessary to call for a vote in the Management Board. One recent exception in 2006 was on the question of NFP funding.
EMCDDA Organisational Set Up & Resource Efficiency

Figure 6.2: Turnover of EMCDDA Management Board members in the period from July 2003 to December 2006

Overall, each Management Board participant attended an average of three of the total of nine Board meetings held during the period under review. As the chart shows, very few people attended more than three-quarters of the meetings (this includes six members, amongst whom is the current Chairman, who attended all nine meetings held in the 2003-06 period). Linked to this turnover is the fact that during the 2003-06 period, the average number of different Board members representing their countries was three with a range from one person to six different people (amongst institutional representatives there was a higher average figure of 3.8 with a range from one to nine persons).38

Clearly, decisions on appointments to the EMCDDA’s Management Board, and when they should be changed, lie with Member States, Commission and the Agency’s institutional partners. As such, there is probably little that can be done to reduce the turnover of Board members beyond raising awareness of the negative consequences and asking Member States and institutional partners to do all they can to maintain continuity of representation.

Overall, though, it seems to us that the EMCDDA’s Management Board functions efficiently and effectively as a decision-making body and, moreover, is able to do so through consensus rather than formal votes. From a different perspective, the

38 Closer analysis of attendance at the EMCDDA’s Management Board meetings shows, perhaps not surprisingly, that members with voting rights have generally attended more meetings than alternates.
EMCDDA Organisational Set Up & Resource Efficiency

The composition of the Management Board seems to strike a reasonable balance between the need to have an effective decision-making body and the need to ensure stakeholder representation, involvement and commitment. Reducing the turnover of members would, however, make it easier to manage the Board's proceedings.

6.4 Scientific Committee

What has been the contribution of the Scientific Committee towards the achievement of the EMCDDA objectives?

The EMCDDA’s Scientific Committee advises and assists the Management Board and the Director and delivers an opinion on any scientific aspect of the Centre’s activities. Until recently, its membership consisted of one member from each EU Member State and Norway (the Management Board could also elect up to six other members with particular qualifications).

The remit of the Scientific Committee set out in the EMCDDA’s Founding Regulation to give 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. It is also asked to comment 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 package to check its scientific quality. The Committee has also played an important role in the risk assessment of new psychoactive substances. Part of the work of the Committee has been organised in thematic sub-committees and individual support to the different working areas of the Centre (participation in expert meetings, peer-reviewing publications or offering scientific expertise in other ways).

The opinions given by the Scientific Committee on the EMCDDA’s work programmes have been helpful in confirming the appropriateness (or otherwise) of scientific priorities, as well as providing expert insights to specific issues to complement the know-how of the EMCDDA’s own personnel. However, in addition to its main role in relation to purely scientific issues, the Scientific Committee has also addressed organisational, and financial and human and resourcing issues relating to the Centre’s scientific functions. Thus, following the 2005 ‘strategic reflection’, the Scientific Committee welcomed in its opinion on the 2006 work programme the restructuring of scientific programmes and the setting up of a formal scientific coordination, arguing that this would facilitate a more cross-sectional and multi-dimensional approach to analysis of the drugs phenomenon. At the same time, and in perhaps unusually strong language, the Committee indicated that it ‘deplores the stagnant resources available for EMCDDA scientific work, despite the increased workload due to the enlargement with ten new Member States and the need to prepare and support the participation of candidate countries in the EMCDDA activities’. The Scientific Committee has also played a useful ‘critical friend’ role in
EMCDDA Organisational Set Up & Resource Efficiency

commenting on other issues related to implementation of the EMCDDA’s work programmes including the adequacy or otherwise of data collection, storage and retrieval systems, changes made to the Annual Report package, the introduction of new products (e.g. Statistical Bulletin), etc.

Apart from providing an opinion on the Agency’s three-year and annual work programme, its effectiveness in contributing to the EMCDDA’s mission depends to a large extent on how others make use of it, in particular the extent to which questions are referred to the Scientific Committee by the Centre. As shown later in this section, the survey feedback indicates that most survey respondents who were in a position to judge consider the Scientific Committee’s performance to be positive.39 This and other feedback indicates that the Scientific Committee has reacted competently and in a professional manner to the tasks it has been asked to address. At the same time, it seems that the Scientific Committee has been underused by the EMCDDA as a source of ad hoc advice on its scientific activities and has not itself been particularly proactive in this respect.

Under the system that operated until recently, Scientific Committee members also had a role to play at a national level in providing advice to NFPs, for example an opinion on the national reports. This role was not prescribed in the EMCDDA’s Founding Regulation but is referred to in the Reitox Operating Framework in the context of quality assurance. Thus, according to the framework, ‘members of the Scientific Committee contribute to the establishment of the guidelines for the national reports and, subsequently, to the assessment of their country’s national report [and the EMCDDA Annual report]’.

The extent to which this function has been performed seems to have varied across the different EU Member States. In some countries, Scientific Committee members have been closely involved in providing advice alongside other experts whereas in others they have played little or no role in this respect. One factor that could have influenced the role of Scientific Members both at a national and EU level is their academic background which amongst the present membership is quite diverse and includes criminology and other socio-economic aspects of drugs, mental health issues, drugs policy, as well as highly specialised subjects such as clinical forensic toxicology and Neuropharmacology. Clearly, at an EU level it is helpful to have had a broad range of expertise available. However, at a national level, it may have meant that individual Scientific Committee members were not well-placed to provide advice on particular issues that were outside their area of competence.

39 In Table 6.9 the proportion of respondents rating the Scientific Committee as ‘very or quite effective is 48.5%. This compares with 46.0% for the Management Board, 69.5% for the NFPs and 83.7% for EMCDDA staff. The proportion of ‘don’t knows, is however high.
EMCDDA Organisational Set Up & Resource Efficiency

Overall, it seems to us that the Scientific Committee has played a useful role in relation to its basic remit although, as noted earlier, more use could have been made of it by the EMCDDA in relation to on-going scientific activities.

Do the planned changes to the Scientific Committee address previous shortcomings? Are there likely to be any negative consequences from the changes?

The EMCDDA’s recast Regulation introduced fundamental changes to the Scientific Committee. The main changes are to do with the composition of the Scientific Committee. Whereas there was previously national authorities nominated members to the Scientific Committee and each country was represented, the recast regulation allows the EMCDDA to appoint experts through a call for expressions of interest and on the basis of scientific considerations alone. At the same time, the size of the Scientific Committee is being reduced to 15 members.

The fact that the EMCDDA will now be responsible for Scientific Committee appointments should mean that it is better able to align the available expertise with its requirements. According to the recast Regulation ‘the selection procedure shall ensure that the specialist fields of the members of the Scientific Committee cover the most relevant scientific fields linked to the problems of drugs and drug addiction.’ Similarly, the fact that Scientific Committee members were previously appointed by national authorities meant that considerations other than scientific merit and relevance to the EMCDDA’s work could have played a role in their appointment. The recast Regulation makes it clear that in future ‘members of the Scientific Committee shall be appointed in a personal capacity and shall give their opinions completely independently of the Member States and the Community Institutions’. At the same time, Scientific Committee members are expected to ‘take into account the various positions expressed in national expert opinions, if available, before delivering any opinion’.

Because its size is being reduced to 15, and members will be selected on merit rather than as national nominees, one possible drawback is that in some countries Scientific Committee members will no longer be available to support NFP functions. Previously, each Member State was entitled to nominate a Scientific Committee member. However, as noted earlier, their role has in many cases been limited at a national level and so the changes brought about by the recast Regulation may in many cases not have any adverse effect at all.

The timing of the planned changes to the Scientific Committee means that it has not been possible for this evaluation to review how effectively the new arrangements work in practice.\(^\text{40}\)

\(^{40}\) The call for expressions of interest for the new Scientific Committee was only published at the time when this report was being prepared and the new committee is not due to meet until 2008.
EMCDDA Organisational Set Up & Resource Efficiency

6.5 EMCDDA Units and Human Resources

As noted earlier, the EMCDDA has undergone organisational restructuring twice during the period under review – following adoption of the Internal Reform Plan in 2001, and then in 2005 after the appointment of the current Director and the ‘Strategic Reflection’.

The EMCDDA’s organisational structure adopted following the Reform Plan in 2001 had seven main units, four of which had a programme orientation (P1 – Situation Analysis; P2 – Responses Analysis; P3 – Joint Action on New Synthetic Drugs; and P4 – Strategies and Impact) with the others being more functionally orientated (Reitox and Enlargement; Information Technology; and Support Services). In addition, there were various positions linked directly to the Director (assistant to the Director, Quality Manager, and various other functions – Communication and Dissemination, Public Relations, liaison with EU institutions and International Partners, support for the Management Board and Scientific Committee). At this time, the EMCDDA also had an Internal Management Coordination Committee (IMCC) positioned between the Director and the various units.

Compared with 2001, the EMCDDA currently has the same number of units. However, whereas in 2001 there were four scientific units, this was reduced to two main units following the changes in 2005 (Epidemiology, Crime and Markets, and secondly, Interventions, Law and Policies) with a third having a more horizontal function (Scientific Partners and Documentation). As before, there are separate units dealing with Reitox cooperation (and previously enlargement, now international relations), administration, and ICT services. Communications, previously a sub-section in the EMCDDA’s Directorate, is now one of the EMCDDA’s main units.

These changes reflect the greater focus after 2005 on a more integrated approach to scientific activities with the new position of Scientific Coordinator having been introduced and two units (Reitox and International Cooperation, Scientific Partners and Documentation) being more closely linked to the scientific units. The creation of a separate unit for Communications reflects a stronger focus on communicating with target audiences. Also, the current structure does not have an Internal Management Coordination Committee although Heads of Unit do meet as a group with the Director. The EMCDDA current organisational structure is shown below:
EMCDDA Organisational Set Up & Resource Efficiency

Figure 6.3: EMCDDA Organisational Structure (2007)

The work of the Epidemiology, Crime and Markets (EPI) unit concentrates on monitoring the situation of drug use in the different Member States. Its role is to: describe and give an overview of drug use and its consequences; improve the comparability of data between countries; and to analyse and understand drug data. The unit currently has 18 staff of which 15 are assigned to working for it on a full-time basis with the remainder dividing their time between this and other activities.

The function of the second of the two scientific units, the Interventions, Law and Policies (RES) unit, is to monitor responses to the drug problem in the EU by: collecting and analysing information on the measures taken in the EU Member States to combat the problem of drugs and drug addiction; and, secondly, monitoring national and Community strategies and their impact on the drug situation. In addition, the unit is responsible for Institutional cooperation and EU action plan transversal activities. The unit currently has 14 staff of which 12 are full-time and the remainder part-time (see footnote).

The Scientific Coordination cell, introduced in 2005, consists of the heads of the EPI and RES units and has the role, as its name suggests of ensuring coordination between the scientific units and the EMCDDA’s other technical and support units. In addition, it is responsible for overall management of scientific activities and ensuring that these are resource efficient, complementary and focused on the priorities of the EMCDDA. The scientific and deputy scientific coordinators are respectively the heads of the EPI and RES units. The fact they have been brought together in the form of a
EMCDDA Organisational Set Up & Resource Efficiency

‘cell’ in the EMCDDA’s organisational structure is helpful in emphasising the need for a more integrated approach to scientific activities.41

Feedback from the research suggests that the organisational changes brought about in the scientific field after the 2005 ‘Strategic Reflection’, combined with the greater emphasis on integrating different activities together as projects, is having the desired effect of closer inter-unit working. However, at an operational level – particularly within units - there is still a tendency towards compartmentalisation, with, for example scope for a further improvement in the sharing of data and development of methodological tools. Similarly, a key issue (considered in more detail later) is whether the EMCDDA has sufficient scientific capacity to tackle future challenges and this depends – partially at least – on ensuring that resources can be switched around to ensure an even workload across different work areas. Whilst organisational structures can facilitate improved coordination and joint working between and within units, personal relationships and informal working practices are just as important. At the level of unit heads, these relationships seem to us to work well.

Three other EMCDDA units work particularly closely with the scientific units – Reitox and International Cooperation, Scientific Partners and Documentation, and Communication. The role of the Reitox and International Cooperation (RTX) unit is to coordinate the network of NFPs who form Reitox, the European information network on drugs and drug addiction. Its main functions are to manage the collection of the data from Member States; to provide technical support to NFPs, in particular with implementation of the standard tables and structured questionnaires for key indicators and other core data, and with the production of their national reports; and to promote the Reitox-based model for data collection on drugs in Europe. The RXT unit currently has 8 staff (7 full-time and one who divides her time between this and other units).

41 The current set up with the scientific and deputy scientific coordinators being unit heads of EPI and RES respectively is not meant to suggest that one scientific unit is more important than the other. An alternative to the current set up would have been to appoint one person as the scientific coordinator who is not a unit head of either EPI or RES. However, this approach would probably have introduced an additional tier in the EMCDDA’s management structure which, in turn, would have meant reverting to the more hierarchical structure that existed prior to the changes in 2005. Likewise, the positioning of the Scientific Coordination cell above the various units in the EMCDDA’s current organigram shown in Figure 6.3 does not imply a hierarchy since like the scientific and deputy scientific coordinators, those responsible for RXT, SCD and COM are also unit heads. Instead, the organigram and links shown between the Scientific Coordination cell and different units are simply designed to underline the importance of joint working. Overall, the ‘flatter’ organisational structure introduced since 2005 seems to us to work well and ensures a more effective and ‘joined-up’ management of the EMCDDA.
EMCDDA Organisational Set Up & Resource Efficiency

The Scientific Partners and Documentation (SCD) unit also provides support to the core scientific units. Its role is to maintain relations with the scientific community and to promote networking between researchers and the transfer of know-how. It also supports the EMCDDA’s Scientific Committee and runs the EMCDDA’s documentation centre. The unit currently has four staff.

The Communication (COM) unit’s remit includes media relations, marketing, inter-institutional communication, special events, publications and distribution, together with knowledge management. Its mission is described as being to provide the EU and Member States ‘with a high-quality and highly valued information service on the drugs phenomenon in Europe’ by ensuring that the information produced by the EMCDDA is tailored to the needs of target groups. Other functions are to raise awareness of the drugs problem and the EMCDDA’s role, and promoting the Centre as a centre of excellence among drug experts, researchers and practitioners. The unit has 10 staff.

The EMCDDA’s other three units have a more horizontal function. These include the Information and communication technology (ICT) unit with eight staff, which apart from maintaining the EMCDDA’s own systems also manages the online services and databases; an Administration (ADM) unit with 25 staff which is responsible for the EMCDDA’s budget and financial control, planning, human resources management, and maintaining the EMCDDA’s physical infrastructure and office services; and a Directorate with six staff apart from the Director himself.

Overall, feedback from the research suggests that the EMCDDA’s current organisational set up works well although there is scope for the units in charge of the ‘situation’ and ‘responses’ to coordinate their efforts more closely, e.g. with regard to data collection questionnaires. There is a wider concern in some quarters that the administrative and scientific functions of the EMCDDA are not as closely integrated as they should be and that there are too many administrative staff and not enough scientific personnel (considered further below). The fact that the units concerned are currently accommodated in different buildings in Lisbon, approximately 15 minutes away from each other by car, does not help to improve coordination. However, the relocation of the EMCDDA to new premises in 2008/09 should resolve this problem.

Does the EMCDDA have sufficient enough human resources to tackle future challenges?

Between 2002 and 2006, the planned staffing levels for the EMCDDA allowed for an increase in personnel from 75 to around 100. Figure 6.4 provides a summary analysis of changes in the EMCDDA’s staffing during the period 2002-06.
EMCDDA Organisational Set Up & Resource Efficiency

Figure 6.4: EMCDDA Human Resources 2002-06

Source: Court of Auditors. Note: the Court of Auditors started publishing these data on staff in 2002 and the last published figures relate to 2005. The data for 2006 have been provided by the EMCDDA.

The analysis is based on information held by the Court of Auditors on EU-supported agencies. In line with an activity-based management approach, the Court of Auditors takes into account the nature of the tasks/assignment of staff and uses three basic categories: ‘operational staff’ (assigned to operational tasks, i.e. the Agency's core business); ‘administrative staff’ (assigned to administrative and IT support tasks) and ‘mixed staff’ (assigned to corporate management, i.e. directorate, and planning activities). It should be noted that analysis shown in Figure 6.3 is based on the establishment plan and that in fact not all the posts have been filled. Thus, in 2006 there were nine vacant positions (all classified as operational staff).

During the 2002-06 period, the EMCDDA’s overall human resources increased by 33%. Most of this increase took place in 2004 and was designed to enable the EMCDDA handle the additional workload arising from EU enlargement. Viewed from a different perspective, comparing 2002 with 2006 there was a larger percentage increase in the EMCDDA’s planned staff levels for administrative and IT staff than in its operational staff (+50% and +33% respectively), a disparity that is underlined by the level of vacancies. Planning and subsequently implementing the Fonte system partly accounts for this increase. But otherwise, this trend would be worrying were it not for the likelihood of a ‘correction’ in 2007 - based on the EMCDDA’s forecasts there will have been a significant increase in the number of operational staff employed – partly through the filling of vacancies and partly because of new recruitment – whilst the number of personnel in the administration and IT field remains
EMCDDA Organisational Set Up & Resource Efficiency

unchanged. The co-location of the EMCDDA with the European Maritime Safety Agency (which is also based in Lisbon), which will take place in 2008, could offer scope for efficiency savings through the combining of some administrative functions (e.g. reception and security, perhaps some ITC support-related tasks).

A useful input to assessing the adequacy or otherwise of the EMCDDA’s human resources are the views of the staff themselves. To do this, the staff were asked in the survey work to comment on the situation at present/in the future in their unit/EMCDDA as a whole. The results are summarised below.

Table 6.2 Summary Analysis - Does the EMCDDA have enough human resources – in terms of quality and quantity - to carry out the tasks assigned to it?

<table>
<thead>
<tr>
<th>Human resources</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nb</td>
<td>%</td>
<td>Nb</td>
</tr>
<tr>
<td>In your unit</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Present</td>
<td>22</td>
<td>48.9</td>
<td>19</td>
</tr>
<tr>
<td>Future</td>
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<tr>
<td>Overall at EMCDDA</td>
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<tr>
<td>Present</td>
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</tr>
<tr>
<td>Future</td>
<td>7</td>
<td>15.6</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses. Note: ‘future’ defined as the duration of the 2007-2009 work programme.

The staff survey responses indicate that:

- At the unit level, opinions are divided with almost half the staff responding to the survey (48.9%) saying that there are enough personnel in their unit to carry out tasks at present and a similar proportion (42.2%) disagreeing;
- There is considerable uncertainty about the future but, at the unit level, more respondents (37.8%) think that there will not be enough personnel to undertake expected tasks than expressed the opposite view (20.0%);
- This uncertainty also applies to the position with the EMCDDA as a whole – while most of those (33.3%) consider that the Centre has enough staff at present, a high proportion (22.2%) disagreed but most (44.4%) did not know. There is even more uncertainty over the future.

According to the EMCDDA’s forecasts, the number of operational staff employed is set to increase from 53.5 persons in 2005 to 61.5 by the end of 2007. At the same time, it is anticipated that vacancies amongst operational staff will fall from 9 to 5. Thus whilst the number of administrative and IT staff is likely to remain the same (30), by the end of 2007 there should be 66.5 operational staff. Over the same period the number of ‘mixed staff’ is due to rise from 7.5 to 10.5 persons.
EMCDDA Organisational Set Up & Resource Efficiency

A closer analysis of the survey results suggests that, amongst EMMCDA staff themselves, it is in the three scientific units (RES, EPI, SCD) that opinions are most divided over the question of whether current levels of human resources are sufficient to handle the workload. In the EMCDDA’s other units, half or more of the staff see the current resourcing levels as adequate. It is again in the scientific units but also in those dealing with communications and cooperation (COM, RTX) where the most doubts exist over the adequacy of personnel levels in view of likely future tasks. This pattern is broadly replicated for the EMCDDA as a whole.

<table>
<thead>
<tr>
<th>Table 6.3(a): Detailed Analysis - Units - Does the EMCDDA have enough human resources – in terms of quality and quantity - to carry out the tasks assigned to it?</th>
</tr>
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<tr>
<td>Your unit</td>
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<td></td>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6.3(b): Detailed Analysis – EMCDDA as a whole - Does the EMCDDA have enough human resources – in terms of quality and quantity - to carry out the tasks assigned to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall at EMCDDA</td>
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<td></td>
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<tr>
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</tr>
<tr>
<td>Don't know</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses.

The feedback from the staff survey concerning the current/future workload was broadly confirmed in discussions with the EMCDDA’s senior management: overall, there has been sufficient analytical capacity to cope with the objectives set out in the last two three-year work programmes. However, the results of the staff survey – and the interview programme with EMCDDA’s management - do point to concerns regarding the capacity of some units, particularly the scientific units, to handle future tasks. Also, as noted earlier, the Scientific Committee argued in its opinion on the 2006 work programme that more human resources were needed to effectively tackle planned activities in the scientific field.
EMCDDA Organisational Set Up & Resource Efficiency

Ideally, an assessment of the EMCDDA’s human resourcing levels would be supported by a more detailed analysis of how its staff allocate their time to different tasks (this might, for example, highlight scope for switching resources from one area to another). At present, however, the EMCDDA does not have a time accounting system and it is therefore not possible to analyse precisely the amount of effort that is devoted to different tasks, types of scientific outputs and projects. For example, the earlier discussion on the process of producing the Annual Report package highlighted the fact that a large number of the EMCDDA’s staff are involved in collating and analysing data, preparing and editing the text for the Annual Report, organising dissemination, etc. These inputs are made by EMCDDA personnel from across different units at different points in the year and there is no information available from the EMCDDA itself on how much time is spent by different members of staff on Annual Report-related tasks as opposed to their other responsibilities.

In the absence of a time-accounting system, conclusions regarding the current use of the EMCDDA’s human resources have to be based on ‘softer’ information, namely the feedback obtained from the senior management team and staff themselves. This feedback, as indicated above, points to possible future difficulties in resourcing tasks in the scientific field.

Looking ahead, it is clear that the EMCDDA’s workload is likely to increase. Apart from continuing work in the fields covered by the EMCDDA’s five key indicators, the greater emphasis foreseen in the recast Regulation on issues such as best practices, the need to develop the capacity to monitor issues such as drugs-related crime and on the supply side more effectively, and a more developed role in the international field, are all likely to mean a need for the continued recruitment of scientific staff. Against this, the increased role of the EMCDDA in the field of poly drug use confirmed in the recast Regulation is unlikely to have the same impact because the Centre has already started monitoring this. More generally, however, additional scientific capacity is likely to be needed as the quality of data on the drugs situation in EU Member States improves and there is more scope for analysis at an EU level.

Some recruitment of additional EMCDDA personnel is currently underway to fill positions allowed for in the EMCDDA’s staffing plan but which have remained vacant (see earlier analysis) and more recruitment beyond this is foreseen. It may well be that this is sufficient to enable the Centre to undertake future tasks. However, the workload associated with some of these future tasks is difficult to predict accurately (e.g. with regard to the EMCDDA’s role the international field and providing technical assistance to countries outside Europe to help develop drugs monitoring systems).

In addition to recruitment that is already planned, more efficient use of existing human resources could free up time. As noted earlier, in there is scope in the scientific field for more working across different drugs fields and if this could be achieved, it should ensure a more even overall workload, enabling resources to be switched more easily
from one area to another as needed. Furthermore, some of the EMCDDA’s existing scientific capacity could be freed up at more senior levels by recruitment of more junior staff. Several years ago, data management assistants were introduced with the aim of taking some of the workload off project managers and enabling them to focus on higher added value tasks. However, as argued earlier, there is a degree of compartmentalisation in the EMCDDA’s scientific units (more within units than between them) and this is reflected in the lack of flexibility to switch junior staff from one area of scientific activity to another in line with changing priorities. Greater mobility across work areas is needed but there is also a case for being able to employ junior researchers, for example recent PhDs seeking work experience, on short-term contracts (1-2 years) to help fill particular gaps in capacity. The EMCDDA has employed ‘stagaires’ in the past but the duration of their engagement was found to be too short to enable them to become sufficiently familiar with the EMCDDA’s work and to perform a useful function.

In our view, a combination of the planned recruitment of additional permanent staff, more efficient use of existing human resources, taking on junior researchers on a temporary basis and more flexibility to contract out task to experts (see below) should ensure that the EMCDDA has sufficient capacity to undertake the tasks assigned to it in the near future. Beyond this it is not possible to be certain and it will be important therefore to keep the need for additional human resources under review in light of changing circumstances and priorities.

External Studies and Expertise

As indicated above, another way of ensuring that the EMCDDA has sufficient capacity to tackle future challenges would be to allow greater flexibility in deciding how to undertake scientific activities with, in particular, more resources being made available for the contracting out of certain scientific activities to external experts. In recent years, the EMCDDA has internalised a number of functions including most of its scientific activities.

At present, the annual budget for external studies is about €100,000 p.a. However, individual contracts tend to be rather small (typically around €5,000) and consequently there can be difficulties attracting experts to undertake projects. Moreover, whilst there are many experts at a national level, few have the know-how required to undertake the type of EU-level comparative analysis required by the EMCDDA. Projects of this kind also tend to be more costly because of the EU-wide dimension. One of the main sources of any additional workload is likely to be from the greater emphasis on identifying, analysing and helping to develop and disseminate best practices in the field.

43 The relatively low number of tenders that we understand there has typically been in response to EMCDDA calls supports this observation. This would appear to apply to tenders irrespective of their value and whether or not they are publicised in the OJ.
EMCDDA Organisational Set Up & Resource Efficiency

of drugs. This is also an area where external inputs could be especially helpful. The case for a greater use of external experts and a larger budget for studies clearly needs to be justified either because the EMCDDA does not have the required in-house expertise, where the activity concerned is ad hoc and it is not worth employing additional staff, or where additional resources are needed to handle projects for which the EMCDDA’s existing scientific capacity is not sufficient and permanent recruitment is not appropriate. The Scientific Committee could be used to help manage a more developed external studies programme and to strengthen the relationship with the scientific community generally, for example, by facilitating the the occasional involvement of experts to help peer review EMCDDA publications and other outputs.

There are other ways in which the interaction between the EMCDDA and scientific community could be developed. One possibility in this respect would be to encourage the practice of having visiting academics, i.e. acknowledged experts in their field who, perhaps as part of their own research, wish to work at the EMCDDA for a limited period of 6-9 months at the expense of their own employer to gain access to data, obtain insights to the EU’s activities in the drugs monitoring field, etc. Again, wider experience suggests that a scheme for visiting academics can have mutual benefits, especially in the case of the EMCDDA if these positions could be linked to specific projects.44

Developing Intellectual Capital

Experience in other organisations with a scientific function suggests that to attract and retain high quality research staff, and to develop intellectual capital generally, a balance needs to be struck between allowing researchers to pursue their own interests, on the one hand, and contributing to their employers’ requirements, on the other.45 Apart

44 In the economic research field, for example, DG ECFIN operates a visiting academics scheme, as does the European Central Bank’s research department. CSES’s recent evaluation of the economic research function at DG ECFIN suggested that the scheme was widely perceived as beneficial to both the Commission and the academics concerned.

45 For example, the European Central Bank’s DG Research distinguishes between three types of research: analytical research – i.e. research that is undertaken ‘on demand’ specifically to support the ECB’s operations and policy making. It does not have to be up to international academic standards; directed research – which involves projects undertaken for the ECB that are required to be of the highest academic quality. Projects are included in the work plan and supervised by a senior member of the research team; and free research – ECB staff are encouraged to spend time undertaking their own research, preferably for publication in academic journals, and this category is used to describe these activities. Under the ‘One Third Rule’ the aim is to try and ensure that economic researchers can devote equal amounts of time to each of the above activities. The need for a balanced approach of this type was also acknowledged in a recent evaluation of the IMF’s research activities which argued that the key to ‘good research management’ lay in ‘research leadership’. This was defined as ‘identifying
from the benefit to staff, the credibility of an organisation’s research function can be enhanced, for example, through the publication of articles in scientific journals. Clearly, however, the feasibility of allowing staff to engage in work that it not directly related to their job in EMCDDA time depends on overall human resources levels and efficient management so that operational priorities are not jeopardized.

At present, the EMCCDA does not have a policy on whether or not its scientific staff can engage in their own research work in EMCDDA time. Feedback from the evaluation also suggests that project managers in any case have very little spare time. However, looking ahead, consideration should be given to this question. For example, project managers might be encouraged to produce 1-2 research papers a year on subjects that are relevant to the EMCDDA’s work programme, perhaps under the supervision of a Scientific Committee member. On condition that operational tasks are not adversely affected. Developing the EMCDDA’s intellectual capital in the ways suggested here does not of course imply that the Centre should become a ‘research’ centre since this function lies outside its current mandate.

Benchmarking – Resource Efficiency

Benchmarking the EMCDDA’s staffing levels against other EU-supported agencies is helpful to this assessment. Although such an exercise is complicated by the fact that the various agencies have different objectives and ways of operating, some broad comparisons can nevertheless be made.

Figure 6.5 shows the result of a comparison between the five comparator agencies with regard to the three main types of staff, classified according to the activity-based management principle (operational staff, administrative and IT staff, and mixed staff). The analysis is based on reports from the Court of Auditors on the annual accounts of the various EU-supported Agencies. The comparison has had to be based on 2005 data as these are the latest available figures that have been published for all agencies.
EMCDDA Organisational Set Up & Resource Efficiency

Figure 6.5: Summary Analysis – Ratio of Administrative, Operational and Mixed Personnel/Total Staff in EMCDDA and other EU-supported Agencies (2005)

Table 6.4: Resources available to the EMCDDA and other EU-supported Agencies in 2005

<table>
<thead>
<tr>
<th>Type of staff</th>
<th>EMCDDA</th>
<th>OSHA</th>
<th>EEA</th>
<th>EUMC</th>
<th>Eurofound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational staff (% of total)</td>
<td>50.5</td>
<td>35</td>
<td>72</td>
<td>24</td>
<td>54</td>
</tr>
<tr>
<td>Administrative and IT staff (% of total)</td>
<td>(60.8%)</td>
<td>(67.3%)</td>
<td>(62.6%)</td>
<td>(58.5%)</td>
<td>(57.4%)</td>
</tr>
<tr>
<td>Mixed staff (% of total)</td>
<td>7.5</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Total staff (31.12.05)</td>
<td>83</td>
<td>52</td>
<td>115</td>
<td>(141)</td>
<td>94</td>
</tr>
</tbody>
</table>

Source: Court of Auditors’ Annual Report 2005

In all the comparator EU-supported agencies, the proportion of administrative personnel/total human resources is quite high although the differences between the agencies are relatively pronounced with a range from 17.3% (OSHA) to 36.5% (EEA). The EMCDDA (30.1%) is the second lowest in terms of this percentage which

47 The latest Court of Auditors figures covering all five comparator agencies relate to the Annual Reports for 2005. It has to be noted that, as a result the total number of staff and total budget does not correspond to the current total staff numbers that have been used elsewhere in the report. Also the table is based on actual number of staff rather then numbers in the establishment plan.

48 When the numbers for all other staff (auxiliary contracts, national experts, local staff, consultants etc.) are added, the total number of staff is 141.
EMCDDA Organisational Set Up & Resource Efficiency

constitutes an average value compared to the ratios for the other comparators. With regard to operational staff – by far the largest of the three categories – this varies between 67.3% (OSHA) and 57.4% (Eurofound). Again, the EMCDDA is positioned in the middle of the comparators with 60.8% of staff being employed in operational functions. There are very large differences in the figures for mixed staff, which include corporate management and staff in planning activities. These range from 0.9% to 15.4% which could indicate that the agencies use different ways of counting this staff category. Excluding the two extreme values of the range, the EMCDDA again lies more or less in the middle of the range.

The differing ratios between administrative, operational and ‘mixed’ personnel are likely to reflect the different functions of the various EU-supported agencies and the way they operate. Thus, in the case of EU-OSHA, there is a strong emphasis on campaigning activities and this could be seen as an explanation for the relatively high proportion of operational staff. In many respects, the EUMC (now the European Union Agency for Fundamental Rights – FRA) is the closest comparator since, like the EMCDDA, it supports a network of national focal points and has a basic function of collecting information from them, analysing it and then disseminating the results to various target audiences. The EEA and Eurofound are not dissimilar in these terms. If this argument is accepted, then the EMCDDA’s staffing structure is very much in line with what might be expected from wider experience.

6.6 Management Systems and Working Environment

To what extent do the EMCDDA management systems and processes, namely in the areas of financial and human resources management, contribute to the effectiveness and efficiency of its operations?

As noted earlier, in the past few years, the EMCDDA’s management systems and methods of work planning have been overhauled following adoption of the EMCDDA reform plan of 2001 and as a result of the ‘Strategic Reflection’ in 2005.

6.6.1 Priority setting, work programmes and staff roles

The EMCDDA’s priorities are set out in consultation with the Commission in the three-year and annual work programmes that are adopted by the Management Board. As noted earlier, the Scientific Committee provides an opinion on these documents before they are finalised.

The process of preparing the EMCDDA’s annual work programme takes place each year between July and September with a first draft being ready by October. After a period of consultation with the Commission, NFPs and Scientific Committee, the work programme and budget is then submitted to the December meeting of the Management Board for approval and adoption. Following this, an annual management plan is prepared as an operational framework for EMCDDA activities with the agreed
priorities being converted, into projects, work plans and budgets for the different units. At the unit level, specific tasks are then assigned to individual staff by the heads of unit.

As with the Commission itself, the EMCDDA has adopted an activity-based management approach with financial resources being allocated to specific tasks and projects. Progress towards operational objectives is monitored and there is scope at the mid-point in a work programme to adjust the allocation of financial resources to different priorities if this is considered appropriate. The General Report on Activities, published annually then provides the EMCDDA’s own assessment of the extent to which objectives and priorities have been successfully addressed. In recent years there has been an increasing use of performance indicators as a framework for this self-assessment.

Whilst setting the EMCDDA’s strategic priorities is the responsibility of the Management Board, the Director and his senior staff decide on the most appropriate deployment of financial resources within the overall parameters that are set in the three year and annual work programmes. The earlier analysis of the relevance and utility of EMCDDA scientific outputs indicates that the EMCDDA’s priorities are generally seen as closely aligned with those of target groups. At the same time, it could be argued that certain products – in particular the Annual Report package – take up a disproportionate amount of the EMCDDA’s time and that notwithstanding its status as the ‘flagship’ output, resources need to be freed up so that other priorities – in particular those associated with the recast Regulation – can be addressed. As noted earlier, the EMCDDA’s role in identifying best practices is one of the key priorities in this respect.

At an operational level, feedback from EMCDDA staff suggests that, from their perspective, the current work programming approach provides an appropriate framework for the fulfilment of key tasks with ‘very appropriate’ and ‘quite appropriate’ responses accounting for a combined 73.8% of overall responses.

Table 6.5: Summary Analysis - Does the EMCDDA’s work programme provide an appropriate overall framework for the fulfilment of key tasks?

<table>
<thead>
<tr>
<th>Options</th>
<th>Your role/tasks</th>
<th>EMCDDA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>№</td>
<td>%</td>
</tr>
<tr>
<td>Very appropriate</td>
<td>16</td>
<td>35.6</td>
</tr>
<tr>
<td>Quite appropriate</td>
<td>17</td>
<td>37.8</td>
</tr>
<tr>
<td>Not very appropriate</td>
<td>10</td>
<td>22.2</td>
</tr>
<tr>
<td>Not appropriate at all</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>No view</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses
A more detailed analysis of the survey responses suggests that at the EMCDDA unit level, the work programme is seen as less appropriate as a framework for key tasks in the scientific departments (RES, EPI, SCD) than in the others. As the following analysis shows, this is more the case as far as individual roles are concerned than for the EMCDDA as a whole.

**Table 6.6 (a): Detailed Analysis – Individual Roles - Does the EMCDDA’s work programme provide an appropriate overall framework for the fulfilment of key tasks?**

<table>
<thead>
<tr>
<th>Dept/Your role and tasks</th>
<th>Very appropriate</th>
<th>Quite appropriate</th>
<th>Not very appropriate</th>
<th>Not appropriate</th>
<th>No view</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>№</td>
<td>%</td>
<td>№</td>
<td>%</td>
<td>№</td>
</tr>
<tr>
<td>Scientific: RES, EPI, SCD</td>
<td>5</td>
<td>22.7</td>
<td>10</td>
<td>45.5</td>
<td>5</td>
</tr>
<tr>
<td>Communication and Cooperation: COM + RTX</td>
<td>2</td>
<td>40.0</td>
<td>2</td>
<td>40.0</td>
<td>1</td>
</tr>
<tr>
<td>Management and Support: Directorate + ADM + ICT</td>
<td>9</td>
<td>50.0</td>
<td>5</td>
<td>27.8</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>16</strong></td>
<td><strong>35.6</strong></td>
<td><strong>17</strong></td>
<td><strong>37.8</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses

**Table 6.6 (b): Detailed Analysis – EMCDDA Role - Does the EMCDDA’s work programme provide an appropriate overall framework for the fulfilment of key tasks?**

<table>
<thead>
<tr>
<th>Dept/EMCDDA work programme</th>
<th>Very appropriate</th>
<th>Quite appropriate</th>
<th>Not very appropriate</th>
<th>Not appropriate</th>
<th>No view</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>№</td>
<td>%</td>
<td>№</td>
<td>%</td>
<td>№</td>
</tr>
<tr>
<td>Scientific: RES, EPI, SCD</td>
<td>3</td>
<td>13.6</td>
<td>13</td>
<td>59.1</td>
<td>4</td>
</tr>
<tr>
<td>Communication and Cooperation: COM + RTX</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
<td>60.0</td>
<td>2</td>
</tr>
<tr>
<td>Management and Support: Directorate + ADM + ICT</td>
<td>6</td>
<td>33.3</td>
<td>9</td>
<td>50.0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>9</strong></td>
<td><strong>20.0</strong></td>
<td><strong>25</strong></td>
<td><strong>55.6</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses

The conclusion to be drawn from this analysis is that there is scope for improvement in the way in which tasks are defined for the EMCDDA’s scientific personnel. It could be, for example, that more needs to be done to plan for the implications of work programme priorities in terms of the allocation of human resources to different tasks in the scientific field. As pointed out earlier in the report, there has been some concern that the EMCDDA currently has insufficient capacity to fully address tasks set out in the recast Regulation. Additional recruitment is already foreseen in this respect and, as also pointed out earlier, there is scope for utilising existing resources more efficiently by promoting a greater mobility across different areas of scientific activity so that there is a more even overall work load.
6.6.2 Working environment and human resources management

A majority of the EMCDDA’s staff - 62.5% taking the ‘very positive’ and ‘quite positive’ responses together - consider that there is a generally favourable working environment at the Agency. The following chart provides a breakdown of views on different aspects of the EMCDDA working environment (‘very positive’ and ‘quite positive’ responses have been combined).

Figure 6.6: Summary analysis - Working environment: how do the following factors contribute to you being able to do an effective job at the EMCDDA?

![Bar chart showing the percentage of responses]

Source: CSES analysis of EMCDDA staff survey responses.

The EMCDDA staff survey responses suggest that the physical working environment and organisational set up are rated most positively followed by factors such as access to know-how and support. Feedback on other factors affecting the working environment was less positive - management procedures, training and skills development opportunities, career and human resources management, and internal communication. A full breakdown of the survey responses is given below.
EMCDDA Organisational Set Up & Resource Efficiency

Table 6.7: Detailed analysis - Working environment: how the following factors contribute to you being able to do an effective job at the EMCDDA?

<table>
<thead>
<tr>
<th>Working environment</th>
<th>Very positive</th>
<th>Quite positive</th>
<th>Quite negative</th>
<th>Very negative</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>№</td>
<td>%</td>
<td>№</td>
<td>%</td>
<td>№</td>
</tr>
<tr>
<td>Physical working environment</td>
<td>6</td>
<td>13.3</td>
<td>29</td>
<td>64.4</td>
<td>10</td>
</tr>
<tr>
<td>Organisational structures</td>
<td>7</td>
<td>15.6</td>
<td>25</td>
<td>55.6</td>
<td>9</td>
</tr>
<tr>
<td>Management procedures</td>
<td>4</td>
<td>8.9</td>
<td>18</td>
<td>40.0</td>
<td>15</td>
</tr>
<tr>
<td>Training/skills development</td>
<td>3</td>
<td>6.7</td>
<td>19</td>
<td>42.2</td>
<td>17</td>
</tr>
<tr>
<td>Career and HR management</td>
<td>4</td>
<td>8.9</td>
<td>21</td>
<td>46.7</td>
<td>11</td>
</tr>
<tr>
<td>Internal communication</td>
<td>2</td>
<td>4.4</td>
<td>22</td>
<td>48.9</td>
<td>9</td>
</tr>
<tr>
<td>Access to know-how/support</td>
<td>8</td>
<td>17.8</td>
<td>20</td>
<td>44.4</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses.

These findings broadly support conclusions elsewhere in the report, namely that there have been improvements in recent years in the EMCDDA’s overall organisation but that there are still issues to be addressed from a human resources management perspective. The fact that training and skills development is seen as one of the weakest aspects of the working environment should be addressed, partially at least, by suggestions made earlier in this report concerning the EMCDDA’s intellectual capital. The need to further improve the EMCDDA’s human resources management was also commented on in the most recent (2005) internal audit and as indicated earlier, measures are being taken by the agency to do this.

The EMCDDA currently has some 90 personnel on its payroll. In common with other EU-supported Agencies, there are particular challenges and constraints in the field of human resources management. These challenges and constraints arise in part because Agencies are required to apply the rules and procedures adopted by the European Commission to implement EU Staff Regulations for its staff, but their decentralized locations, and the relatively modest financial and management resources, make it sometimes difficult to do so. Steps have been taken by the EMCDDA to strengthen human resources management – revised staff appraisal and promotion procedures, initiatives to help develop team spirit and staff motivation, appointment of a head of human resources, improvement of recruitment processes, adoption of a multi-annual staff policy plan, etc.

As the following analysis of EMCDDA staff survey feedback shows, there is a consensus amongst employees that the working environment and practices at the Centre have improved in recent years.
EMCDDA Organisational Set Up & Resource Efficiency

Table 6.8: Overall, have the working environment/practices improved at the EMCDDA over the timeframe of the 2004-06 work programme?

<table>
<thead>
<tr>
<th>Options</th>
<th>№</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>60.0</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>11.1</td>
</tr>
<tr>
<td>Don't know/no opinion</td>
<td>13</td>
<td>28.9</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: CSES analysis of EMCDDA staff survey responses.

Staff turnover at the EMCDDA is currently estimated to be around 5-7% which is not particularly high compared to other organisations including the Commission itself. This reflects the fact that the EMCDDA, by and large, provides a good working environment for its employees and places considerable emphasis on 'well-being'. As a decentralised agency, expatriate staff face particular issues (e.g. employment opportunities for spouses, educational arrangements for children) as well as issues that are common to all EU institutions (e.g. career development, flexible working).\(^{49}\)

Feedback from the research suggests that to the extent that the EMCDDA has discretion to adopt practices to promote the well-being of its staff, it has done so.

That said, there are also issues of concern to the EMCDDA staff. One issue is the status and remuneration of contract agents which is regarded as unsatisfactory.\(^{50}\) Some EMCDDA staff complain that there are a lack of promotion prospects at lower levels of the organisation. In some units there is also a shortage of office space although this problem should be resolved when the EMCDDA moves to its new premises. However, overall, these issues do not detract from the fact that the changes to the EMCDDA organisation introduced since 2005 have been broadly welcomed in creating a good working atmosphere and environment generally.

6.6.3 Overall Performance of EMCDDA Organisation

From a broader perspective of operational efficiency, the measures taken in recent years have contributed to improving the EMCDDA working organisation and methods with this process being accelerated with the appointment of a new Director in 2005.

In particular, the EMCDDA’s organisational restructuring has helped to break down rigidities that previously existed and a tendency towards the compartmentalisation of

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\(^{49}\) It is estimates that of the EMCDDA’s current establishment of some 90 staff, approximately 70 are expatriates with the remainder being locally recruited.

\(^{50}\) Due to budgetary constraints the number of permanent posts available in the Agency is limited. Additional staff employed over and above the limit therefore have to be engaged on a contractual basis.
different activities. The effort to improve management systems is continuing with the EMCDDA having implemented in the last two years an action plan to further improve administrative and financial processes, in particular to address weaknesses highlighted through an internal audit carried out by the Commission’s Internal Audit Service (IAS) in 2005. Apart from streamlining functions and responsibilities, the changes introduced have included measures to strengthen administrative support services and procedures for financial management and control. In particular action has been taken to improve the delegation of the powers of the EMCDDA authorizing officer, the procedures for public procurements, the segregation of roles and duties in financial processes, as well as the implementation of procedures to document exceptions and improve the execution of the EMCDDA annual work programme and budget.

Feedback from the research and survey work supports these generally favourable conclusions. Putting aside the ‘don’t knows’ and ‘no opinions’ (35.2% of overall responses), a third of respondents considered that the EMCDDA organisation is performing ‘very effectively’ with most of the remainder indicating that it is ‘satisfactory’.51

Figure 6.7: Summary Analysis: How well has the EMCDDA’s organisation performed in carrying out its tasks?

![Bar Chart]

Source: CSES analysis of survey responses (NFPs, key stakeholders, EMCDDA staff)

51 There is no obvious explanation for the high level of ‘don’t knows’ and non-responses on this particular question. However, as is also the case with other aspects of the survey work (e.g. views on EMCDDA publications) it would appear that many respondents have only a partial overall view of the Centre’s activities which is often linked to their interest/role in specific aspects of the drugs problem.


**EMCDDA Organisational Set Up & Resource Efficiency**

As can be seen below in the more detailed breakdown between different parts of the EMCDDA, there was a quite high proportion of respondents who did not have any opinion about the work of the Management Board and the Scientific Committee as parts of the EMCDDA organisation. This result is particularly influenced by the survey of key stakeholders and EMCDDA staff since many of these are unlikely to have had much contact with the Management Board and the Scientific Committee. This consideration aside, there is a generally positive view of all parts of the EMCDDA organisation with relatively few survey respondents giving ‘not effective’ ratings.

**Table 6.9: Detailed analysis: How well have the following parts of the EMCDDA’s organisation performed in carrying out their tasks?**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Very effective</th>
<th>Quite effective</th>
<th>Not effective</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Management Board</td>
<td>18</td>
<td>11.2</td>
<td>56</td>
<td>34.8</td>
</tr>
<tr>
<td>Scientific Committee</td>
<td>22</td>
<td>13.7</td>
<td>56</td>
<td>34.8</td>
</tr>
<tr>
<td>EMCDDA staff</td>
<td>54</td>
<td>46.6</td>
<td>43</td>
<td>37.1</td>
</tr>
<tr>
<td>National Focal Points</td>
<td>30</td>
<td>22.9</td>
<td>61</td>
<td>46.6</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>21.5</td>
<td>155</td>
<td>35.4</td>
</tr>
</tbody>
</table>

*Source: CSES analysis of survey responses (NFPs, key stakeholders, EMCDDA staff)*

Viewed from a different perspective, amongst NFPs, there is a very positive view of the role played by the EMCDDA’s staff with almost two-thirds (62.5%) stating that their performance is ‘excellent’. This view is supported by the fieldwork with NFPs. NFPs’ opinions are more divided between the ‘excellent’ and ‘satisfactory’ responses with regard to the role of the Management Board and Scientific Committee. With key stakeholders, there is a similar pattern but, overall, a higher proportion of responses fall into the ‘quite effective’ category in relation to all aspects of the EMCDDA’s organisation than with NFPs. The proportion of ‘don’t knows’ is also especially high in the case of key stakeholders which is not surprising since, unlike NFPs, many have far less direct contact with the Centre.

**6.6.4 Implications of the Recast Regulation**

Earlier in this section we provided our assessment of the extent to which the EMCDDA has adequate resources to address the tasks set out in the recast Regulation. For a different perspective, we also asked NFPs and key stakeholders to comment on this issue. Overall, the responses suggest that the EMCDDA is well placed to meet these challenges.

The feedback suggests that this overall conclusion applies especially to collecting and analyzing information on trends in poly-drugs use and, secondly, developing and
facilitating and best practices with regard to tackling the drugs situation.\textsuperscript{52} There were more divided opinions on other tasks set out in the EMCDDA’s recast Regulation with key stakeholders being slightly less positive than NFPs with regard to the Centre’s capacity to develop cooperation with Europol and other international agencies and applying to the transfer of know-how to countries outside the EU.\textsuperscript{53} It should be noted that a significant proportion of survey respondents (22.8\%) indicated that they did not have an opinion on this question.

\textit{Figure 6.8: Summary Analysis - How well placed is the Centre is to undertake the tasks foreseen in the recast Regulation given existing capacities?}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure6.8.png}
\caption{Summary Analysis - How well placed is the Centre is to undertake the tasks foreseen in the recast Regulation given existing capacities?}
\end{figure}

\textit{Source: CSES analysis of survey responses (key stakeholders, target audiences and EMCDDA staff)}

\textsuperscript{52} In relation to poly-drugs, the EMCDDA’s role is to monitor the combined use of illicit substances with a few licit substances, mainly alcohol. Its role does not involve monitoring illicit drugs use and, for example, psychoactive medication (e.g. benzodiazepines).

\textsuperscript{53} The recast Regulation clarified the EMCDDA’s mandate insofar as it can work with and towards EU and candidate countries in the Western Balkans. Activities towards other third countries are to be conducted on request of the Commission as part of its external policy and approved by the Management Board. Furthermore, the EMCDDA should according to the recast Regulation be enabled to work closely with national, European and international bodies that gather and provide data on the priority areas of information for the Centre. Its international role is limited to these functions.
Table 6.10: Detailed Analysis - The recast of the EMCDDA Regulation emphasises a number of tasks. How well placed is the Centre to undertake these tasks given existing capacities?

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Very well placed</th>
<th>Quite well placed</th>
<th>Not well placed</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect and analyse information on trends in poly-drug use</td>
<td>70   43.5</td>
<td>49    30.4</td>
<td>12   7.5</td>
<td>30  18.6</td>
</tr>
<tr>
<td>Developing best practice and the exchange of information</td>
<td>61  37.9</td>
<td>60    37.3</td>
<td>10   6.2</td>
<td>30  18.6</td>
</tr>
<tr>
<td>Closer cooperation with Europol and other international agencies</td>
<td>48  29.8</td>
<td>56    34.8</td>
<td>10   6.2</td>
<td>47  29.2</td>
</tr>
<tr>
<td>Transferring know-how to countries outside the EU</td>
<td>40  24.8</td>
<td>63    39.1</td>
<td>18   11.2</td>
<td>40  24.8</td>
</tr>
<tr>
<td>Total</td>
<td>219  34.0</td>
<td>228   35.4</td>
<td>50   7.8</td>
<td>147 22.8</td>
</tr>
</tbody>
</table>

Source: CSES analysis of survey responses (key stakeholders, target audiences and EMCDDA staff)

This survey evidence is supported by feedback from the interview programme with key stakeholders and discussions with the EMCDDA itself. The survey feedback suggesting that the EMCDDA is relatively well placed to analyse trends in poly drug use reflects the fact that the Centre has, as noted elsewhere, already started monitoring this. It has also made a start to examining best practices (e.g. the EDDRA database which provides examples of best practice with regard to combating drug). Here, however, one challenge is to develop the evaluative skills and techniques required to determine what is, or is not, best practice. But it is in further developing its role in relation to international agencies and in the international field generally that the EMCDDA faces perhaps the most significant challenges because the type of activities involved are especially resource-intensive according to those we consulted. For example, providing technical assistance to help develop monitoring functions in regions outside Europe requires EMCDDA personnel to be absent on missions for relatively long periods of time, potentially putting a strain on the resources available for other tasks.

6.7 Role of the Reitox Network

What has been the contribution of the REITOX network towards the achievement of the EMCDDA objectives?

6.7.1 Key NFP Functions

The REITOX consists of a network of National Focal Points (NFPs) who are appointed by Member States and contracted by the EMCDDA to undertake specified tasks. NFPs have been established in each of the 27 EU Member State together with Norway, and in the candidate countries (Croatia, Turkey) and the European Commission. As noted earlier, their tasks are set out in the Reitox Operating Framework. This distinguishes between two key roles:
EMCDDA Organisational Set Up & Resource Efficiency

‘The NFPs are the main information interface between the Member States and the EMCDDA and play as such a double role: first at national level, being the national authority, under Member States’ responsibility, for the provision of national drug information to the EMCDDA; and second at EU level, being a member of the REITOX network, which the EMCDDA has ‘at its disposal’ (Article 5 of the EMCDDA founding Council Regulation).

Table 6.11: Key National Focal Point Tasks

<table>
<thead>
<tr>
<th>Under Member State Responsibility</th>
<th>Under EMCDDA Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collecting, harmonising and analysing national information according to EMCDDA standards and providing it to the EMCDDA;</td>
<td>• Cooperating in the improvement of existing EMCDDA working areas;</td>
</tr>
<tr>
<td>• Monitoring and analysing national scientific, legal and policy developments;</td>
<td>• Cooperating in the conceptualisation of new key indicators and core data sets;</td>
</tr>
<tr>
<td>• Coordinating and animating the national drug information network(s);</td>
<td>• Language checking and proof-reading of EMCDDA products and publications;</td>
</tr>
<tr>
<td>• Participating actively in the EMCDDA tasking processes;</td>
<td>• Broad dissemination at national level of the EMCDDA and REITOX outputs.</td>
</tr>
<tr>
<td>• Executing the national REITOX WPs;</td>
<td></td>
</tr>
<tr>
<td>• Ensuring the production and dissemination of NFPs’ outputs nationally.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Reitox Operating Framework.

Within this overall framework, NFPs’ responsibilities are divided into core tasks (mandatory) and additional tasks (voluntary). The core tasks include: producing national reports describing the drug situation in each country; contributing to the information system on demand reduction activities (EDDRA); participating at national level in the ‘early-warning system’ established under the 1997 Joint Action on New Synthetic Drugs; and carrying out networking and animation activities nationally to encourage and facilitate the implementation by the Member State of the five epidemiological harmonised key indicators. Additional, voluntary activities include working with the EMCDDA on the conceptualisation of new targets (e.g. with regard to drug-related crime, implementation of policy and of demand reduction, the enlargement strategy).

The REITOX network has a key role in helping the EMCDDA to fulfil its mission on a decentralized basis with both a role on the input side in collecting information on the drugs situation in Europe and helping to disseminate the EMCDDA’s scientific outputs. In carrying out this information gathering and dissemination function, the NFPs perform a similar role to their counterparts in a number of other EU-supported
EMCDDA Organisational Set Up & Resource Efficiency

agencies but there are also differences with regard to contracting, funding and other features of network management.54

The NFP set up and its positioning in national structures varies from one country to another. Most are part of public authorities but the precise set up varies – some NFPs are integrated into particular ministries (e.g. the UK Department of Health) whilst others form part of separate drugs agencies (e.g. the National Drugs Agency in Romania), institutes (e.g. the Austrian Health Institute or the University of Mental Health Research Institute in Greece) or monitoring bodies (e.g. the Observatoire Européen des Drogues et Toxicomanies in France). Where the NFP is part of a ministry, this is usually the health ministry but sometimes other ministries (e.g. the Ministry of Labour and Social Policy in Italy). Similarly, whilst in some countries responsibility for monitoring the drugs situation and responding to it lies with agencies, institutes or ministries, in others this function is performed by inter-ministerial committees with the NFP typically being part of a secretariat (e.g. the General Secretariat for Drug Dependence and Drug Control in Slovakia).

There are other differences in NFP set-ups too: for example, in some countries national agencies have not only been responsible for monitoring the drugs situation but also for providing treatment services (as was the case with the National Centre for Addictions in Bulgaria until 2005); similarly, in several countries the NFP function is divided between different organisations (‘sub focal points’) although these cases are very much an exception to more integrated structures. Thus in Belgium there are four sub-focal points, one for each of the different regions (Brussels, Flanders, Wallonia and the German-speaking community). The German NFP is made up of three sub focal points – the Bundeszentrale für gesundheitliche Aufklärung (BZgA), Deutsche

54 Amongst the comparator agencies, EU-OSHA runs a network of 31 Focal Points (FOPs), 2 Topic Centres and European expert groups. The FOPs have a significant role in disseminating information and campaigning, more so than the corresponding networks in the other agencies which tend to have more of a data gathering and/or research function. The EEA coordinates the European Environment and Observation Network (Eionet) which is a relatively large network consisting of the EEA itself, 38 National Focal Points, 6 European Topic Centres (ETCs) and a number of national Reference Centres (NRCs). In total the network counts around 900 experts from 37 countries in over 300 national environment agencies and other bodies dealing with environmental information. Eurofound coordinates two main networks - the European Industrial Relations Observatory Network (EIRO) and National Outreach Centres (NOCs) have been set up in 10 countries as communication relays for the foundation. The FRA is supported by the RAXEN network of focal points who have a role with regard to information gathering and dissemination that is in many respects the closest to that of the EMCDDA’s NFPs amongst the comparator agencies.
Hauptstelle gegen die Suchtgefährten (DHS) and Institut für Therapieforschung (IFT) although here the justification for sub-focal points lies in combining different centres of excellence in the drugs field rather than the country’s federal structure.

It is not possible to highlight a particular ‘best practice’ model since the NFP set up and institutional positioning clearly depends on national circumstances, practices and traditions. However, the key points is that whatever arrangement is adopted, it should be effective in collecting, analysing and disseminating information.

### 6.7.2 Resourcing of the NFPs

According to our analysis of information provided by the NFPs, on average, there are 4.3 full-time equivalent persons per NFP who are dedicated to carrying out tasks under NFP guidance. As Figure 6.9 shows, although the level of human resources ranges from one person in several cases (Croatia, Estonia, Malta) to a relatively large number in other cases (Greece, Turkey), most NFPs are staffed by between 2 and 7 personnel.

*Figure 6.9: Number of People undertaking National Focal Point Function*

The level of human resources available to NFPs reflects a number of factors, most notably institutional set-ups in the different Member States for drugs monitoring and the willingness of national authorities to go beyond match funding the EMCDDA’s financial assistance. The analysis of NFP human resources is complicated by the fact that where the function is integrated into wider governmental structures, there is often access to expertise and support services (e.g. ICT support) on an ad hoc basis. Similarly, in many cases it is difficult to differentiate between those involved in monitoring the drugs situation at a national level and those fulfilling tasks relating to

*Source: CSES analysis of NFP survey responses*
EMCDDA Organisational Set Up & Resource Efficiency

the European level. These and other factors make a precise calculation of the number of personnel dedicated to the NFP function difficult.

Overall, as Figure 6.10(a) shows, NFPs were evenly divided on the question of whether there were sufficient human resources to cope with their current workload. A closer analysis of the survey data suggests no obvious pattern, geographical or otherwise, to the survey responses. As Figure 6.10(b) indicates, although a slightly higher proportion of EU12 NFPs (50%) argued that insufficient human resources are available, the difference with their EU15 counterparts (40%) is not especially pronounced in absolute terms (6 NFPs fell into this category in both EU12 and EU15 but in the latter case one other NFP did not offer an opinion).

The fieldwork generally seems to indicate that quite a lot of unpaid work goes into performing the EMCDDA tasks which is typically accepted because people are committed to the cause. There was concern in many quarters, though, about the fact that the NFP workload appears to be going up which would put further pressure on human resources.

6.8 Performance of National Focal Points

How have the NFPs performed over time in terms of the objectives set for them and contributing to the EMCDDA’s mission? Have/are they delivering timely and quality information to the EMCDDA in accordance with the Centre’s guidelines?

The EMCDDA monitors the role of NFPs through a variety of means to help ensure that they are delivering the required outputs. In 2001, an independent evaluation was carried out to assess the contribution of the NFPs to the EMCDDA’s performance. The evaluation stressed that the REITOX system relies totally on Member States willingness to co-operate in collecting and transmitting information according to
EMCDDA Organisational Set Up & Resource Efficiency

EMCDDA standards’ and pointed out that the Centre has no say in NFPs’ appointment.

The overall conclusion of the 2001 evaluation was that ‘the REITOX network has proved reasonably effective in achieving its mandate’. Various factors were highlighted as contributing to this sub-optimal performance: the fact that many countries did not originally have drug information systems and had therefore to go through a difficult learning process; the NFP function was not envisaged in the EMCDDA’s founding Regulation and their role remained unclear for a considerable time; and the observation that ‘quality control mechanisms in place are in general rudimentary, poorly formalized and exceedingly focused on the [annual] report’.

Since 2001 the EMCDDA has done much to rectify these shortcomings. This includes the definition of core NFP tasks and development of a more structured framework for collecting data on the drugs situation (standard tables, etc); the introduction of a quality standards system under which each NFPs receives a report from the EMCDDA at their meeting in May on the adequacy or otherwise of the information provided; implementation reports; and the organisation of workshops for NFPs to address issues that have caused problems. It of course remains true that many NFPs – notably those from the newer EU Member States – are still going through a learning process.

However, overall, the feedback we have obtained suggests that the quality of information provided by NFPs has been steadily improving. Difficulties of course remain and on some countries there are still complications with some of the EMCDDA’s key indicators (e.g. on treatment demand where definitions are not fully harmonized). There is also a need to extend the 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. As noted elsewhere, the Reitox Academy has addressed this, for example by providing NFPs with training on the launch of national reports and dissemination strategies generally.

With regard to the NFPs’ dissemination function, what approach has been/is being adopted?

NFPs have a role in disseminating both the EMCDDA’s publications and their own national material. In all cases, they have compiled lists of key audiences. In the case of the EMCDDA’s annual report, this list focuses on decision-makers (generally members of parliament who sit on committees dealing with drugs or related policies, for example, health) and the media. Lists of target groups for the national reports and other publications are more broadly defined and include regional authorities, experts and others.

Beyond the listing of target audiences, the approach adopted to dissemination varies from one country to another. For example, not all countries organise launch events for the EMCDDA’s Annual Report. Thus, in Germany there is no event of this type but...
**EMCDDA Organisational Set Up & Resource Efficiency**

one of the sub-NFPs contacts some 1,300 organisations and individuals to inform them that the document is available and the Ministry of Health organises a press conference. In Bulgaria, the distribution lists for the Annual Report and national report are 150 and 250 respectively and although there is a launch event, there is very limited media interest. This compares with a more cautious approach in UK due to the ‘Euro-sceptic’ attitude of much of the media and the fact that the UK is often near the top in comparative league tables on the prevalence of drug use which tends to be seen as unwelcome news.

| Is all the information provided by the NFPs being used by the EMCDDA? Is all the data provided essential for the EMCDDA to fulfil its mandate? |

The EMCDDA makes a distinction between information on the five key indicators, which NFPs have to provide and where there is a high degree of harmonization, and ‘core data’ which embraces a range of other information (e.g. public expenditure on national drugs strategies, drugs-related crime). The first category is essential to the EMCDDA in fulfilling its mandate as defined in the founding Regulation. The second category ‘core data’ is also part of the Reitox role and is likely to become increasingly important in helping the EMCDDA to address the question of good practices highlighted as a task in the ‘recast’ Regulation.

Some information provided by NFPs is not used by the EMCDDA. This situation arises because if the data obtained from different countries is not comparable and of a consistent quality, the EMCDDA’s practice is not to use it. An example here is schools survey data which has not been fully used because of difficulties obtaining reliable data from some countries. However, since much of this information, even if not used by the EMCDDA, is often used in the national reports, there is no additional work involved in collecting it (there are some exceptions to this, e.g. information provided by the NFPs for ‘Selected Issues’).

| Do Member States have quality assurance protocols and assessment mechanisms and structures in place that safeguard the reliability and scientific quality of the data and information input provided to the EMCDDA? |

This is a key issue for the quality output of the EMCDDA work, as most of EMCDDA information is based upon NFP information and the quality assurance cycle begins at national level.

As noted earlier, in some countries, advisory committees have been set up to review national reports and other publications before they are officially approved and transmitted to the EMCDDA. These committees typically include representatives from different Government departments as well as academics and independent experts. It is not clear from the national consultations whether these advisory committees have a role, or have adopted quality assurance protocols, separate from those provided by the EMCCDA, to safeguard the reliability of data provided to the EMCDDA.
EMCDDA Organisational Set Up & Resource Efficiency

It is also clear that NFPs are professionally qualified to undertake the roles that they have, including checking to ensure that data and information provided to the EMCDDA meets the Centre’s requirements.

6.9 EMCDDA Support for National Focal Points

Is the EMCDDA successfully supporting the REITOX network? What further support, if any, do National Focal Points need from the EMCDDA or/and from national structures to maintain their data collection role?

In the past year or so, there have been a number of new initiatives taken by the EMCDDA to strengthen support for the Reitox network: this includes new quality standards and procedures for national reporting and the preparation of standard tables, the improvement and reshaping of the existing extranet, the development on on-line ‘country situation summaries’, and changes to the way in which the REITOX academies operate including a stronger link between training activities and quality assurance.

Specifically in relation to the newer EU Member States, the EMCDDA has played an important role in preparing NFPs for accession and helping national authorities to develop their information systems on the drugs situation. This was achieved through a variety of initiatives including, for example, the organisation of seminars with inputs by experts on particular issues concerning the monitoring of the drugs trends, and direct technical assistance from the EMCDDA. Overall, feedback from the research indicates that there is a good relationship between NFPs and the EMCDDA. Taking the survey responses, overall 60% of NFPs states that the relationship ‘works well’ with almost all of the remaining responses falling into the ‘satisfactory’ category.

Figure 6.11: Relationship with the EMCDDA Lisbon

Source: CSES analysis of NFP survey data
EMCDDA Organisational Set Up & Resource Efficiency

Turning to more specific aspects of the relationship, Table 6.12 provides feedback on links with particular EMCDDA departments and procedures. The analysis suggests that:

- The generally good NFP relationship with the EMCDDA applies across its departments with less favourable feedback mainly applying to ‘back-office’ functions where there is likely to be less contact;
- In terms of procedures, the NFP relationship with the EMCDDA is perceived as ’working well’ on core functions relating to the gathering and dissemination of information;
- Where the relationship is weaker this mainly applies to administrative procedures and support functions.

The research suggests that NFPs consider the relationship with the EMCDDA to function very well, in particular when it comes to their individual contacts with the Centre’s personnel. Overall, the exchange of information between the Agency and the NFPs is seen to work well, although many interviewees raised concerns about the way in which the workload involved in collecting information had increased over time.

Table 6.12: Please give your view on the following aspects of the relationship with the EMCDDA

<table>
<thead>
<tr>
<th>Aspect of NFP Relationship with EMCDDA</th>
<th>Works well</th>
<th>Satisfactory</th>
<th>Does not work well</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMCDDA units:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directorate</td>
<td>21 75.0</td>
<td>2 7.1</td>
<td>0 0.0</td>
<td>5 17.9</td>
</tr>
<tr>
<td>Reitox and International Cooperation</td>
<td>27 93.1</td>
<td>2 6.9</td>
<td>0 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Epidemiology, Crime and Markets</td>
<td>22 75.9</td>
<td>5 17.2</td>
<td>0 0.0</td>
<td>2 6.9</td>
</tr>
<tr>
<td>Interventions, Law and Policies</td>
<td>21 75.0</td>
<td>5 17.9</td>
<td>0 0.0</td>
<td>2 7.1</td>
</tr>
<tr>
<td>Scientific Partners and Documentation</td>
<td>11 37.9</td>
<td>11 37.9</td>
<td>0 0.0</td>
<td>7 24.1</td>
</tr>
<tr>
<td>Communication</td>
<td>23 79.3</td>
<td>5 17.2</td>
<td>0 0.0</td>
<td>1 3.4</td>
</tr>
<tr>
<td>Information and Communications Technology</td>
<td>13 44.8</td>
<td>10 34.5</td>
<td>1 3.4</td>
<td>5 17.2</td>
</tr>
<tr>
<td>Administration</td>
<td>16 55.2</td>
<td>11 37.9</td>
<td>1 3.4</td>
<td>1 3.4</td>
</tr>
<tr>
<td><strong>Aspects of the relationship:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negotiation of work programme and grant</td>
<td>12 42.9</td>
<td>13 46.4</td>
<td>2 7.1</td>
<td>1 3.6</td>
</tr>
<tr>
<td>Payment of the National Focal Point grant</td>
<td>10 37.0</td>
<td>14 51.9</td>
<td>2 7.4</td>
<td>1 3.7</td>
</tr>
<tr>
<td>Exchange of information on drugs problem</td>
<td>19 65.5</td>
<td>9 31.0</td>
<td>0 0.0</td>
<td>1 3.4</td>
</tr>
<tr>
<td>Procedures for the launch of the annual report</td>
<td>19 65.5</td>
<td>9 31.0</td>
<td>0 0.0</td>
<td>1 3.4</td>
</tr>
<tr>
<td>Dissemination of information</td>
<td>18 62.1</td>
<td>10 34.5</td>
<td>0 0.0</td>
<td>1 3.4</td>
</tr>
<tr>
<td>Usefulness of the Reitox academy</td>
<td>23 79.3</td>
<td>6 20.7</td>
<td>0 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>EMCDDA technical support</td>
<td>12 42.9</td>
<td>15 53.6</td>
<td>1 3.6</td>
<td>0 0.0</td>
</tr>
<tr>
<td>EMCDDA’s inputs to NFPs’ work programme</td>
<td>7 25.0</td>
<td>19 67.9</td>
<td>1 3.6</td>
<td>1 3.6</td>
</tr>
</tbody>
</table>

Source: CSES analysis of NFP survey data
EMCDDA Organisational Set Up & Resource Efficiency

6.9.1 EMCDDA Financial Support for NFPs

Is the current system of financial allocations appropriate and is the support provided by the EMCDDA and national authorities sufficient? Is there a need for changes in the grant system (e.g. if certain countries demonstrate a particular need for support)?

An important question is whether the financial support provided by the EMCDDA to the NFP network demonstrates the most efficient use of resources.

Whilst the appointment and maintenance of each NFP is the responsibility of the respective Member States, under the current arrangements, provided the total eligible costs amount to at least €194,444, the EMCDDA is able to provide a grant of up to €97,222 towards this cost (in exceptional cases, where the total eligible cost is lower than €194,444 the EMCDDA grant can be 50%). 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 €2,625,000 in 2006) is devoted to supporting the Reitox network of NFPs. Additional EU funding of €300,000 was earmarked for pre-accession activities in the candidate countries. Participating Countries in the EMCDDA (e.g. Norway) do not receive a grant. 55

It could be argued that because the EMCDDA has been successful in developing the network of NFPs, and drugs monitoring systems are in place, it should not be necessary to continue subsidizing the NFPs once they have attained an acceptable level of performance. Viewed from the perspective of EU programmes generally, a key aim is to promote sustainability, i.e. after an initial period of financial support, an initiative or organisation should ideally be able to continue to function with reduced subsidies (or none in some cases). A variation on this argument is that while some NFPs may need continued financial support from the EMCDDA, others should not.

55 The way in which focal points are contracted, the extent to which they are supported financially and the proportion of overall budgets devoted to doing this varies across the various EU-supported agencies used for benchmarking purposes in this study. Each EU-OSHA FOP receives a subsidy of between €20,000 and €50,000, depending on the size of the country. The subsidy is mainly used to support European Week activities and maintaining the national websites, and is in most cases supported by national funding. Overall, EU-OSHA spends approximately 20-25% of its operational budget on supporting the FOP network (over €1 million). The EEA’s NFPs and NRCs are nominated and funded by national authorities, and no extra funding is provided by the Agency. The ETCs are contracted through a competitive process. Eurofound’s two main networks (EIRO and the NOCs) are both contracted through a competitive tendering process. The annual budget for the NEOs is a total of a little under €2 million, i.e. 10% of the Foundation’s €20 million budget. The 10 NOCs, which concentrate on the dissemination of information, operate on the basis of three working days a month, and the total budget for their work in 2007 is €269,000.
EMCDDA Organisational Set Up & Resource Efficiency

The survey feedback from NFPs (confirmed by the interviews) suggests that the current system for allocating financial resources essentially demonstrates partial additionality: 63.3% of responses fell into this category. This finding can of course be interpreted in two ways. On the one hand, it points to a situation where a majority of respondents consider that only a limited number of tasks could be carried out in the absence of EMCDDA financial support; at the same time, it is clear that in a high proportion of cases, some tasks could be undertaken without the grant. A further 6.7% of NFPs stated that the EMCDDA grant is not needed at all. The generally supportive role played by national authorities and other host organisations is an important factor in this respect (see Section 6.10).

Figure 6.12: How important is the grant you receive from the EMCDDA in being able to fulfil your NFP role?

Source: CSES analysis of NFP survey data

The EMCDDA’s grant is undoubtedly an important form of support for the NFPs. Firstly, in many cases it is unclear if not unlikely that national authorities prioritise NFP tasks to the extent that they would make up the shortfall in funding if the EMCDDA grant were to be withdrawn. Secondly, the EMCDDA’s grant to NFPs means that it places them under a contractual obligation to fulfil a number of specified tasks. In several interviews, NFPs argued that it could be difficult for them to allocate time to EMCDDA tasks without an obligation to do so because they would be under pressure to work on tasks relating to purely national priorities. More generally, the annual process of drawing up the work programme with the EMCDDA and applying for the grant promotes a sense of shared purpose amongst NFPs and reinforces Europe-wide collaboration.
EMCDDA Organisational Set Up & Resource Efficiency

Thirdly, the grant demonstrates a leverage effect insofar as co-financing is provided by the national authorities. In several NFP interviews, the extent of this leverage effect was emphasized as being more than simply the official 50% co-financing – in one case, it was suggested that leverage of 200-300% was being obtained. Last but not least, as the survey returns and discussions with NFP underline, in some countries it would be difficult if not impossible for key tasks to be undertaken at all without the EMCDDA’s financial support because insufficient national funding is available.

With the prospect of further EU enlargement, the question of whether the grant system for NFPs should be changed was considered in 2005-06. The EMCDDA identified several options which were subsequently considered by the Executive Committee. With all options, the intention was to limit the total resources available to support the NFPs to an overall €2,625,000 for a period of at least five years. In the end, two options were presented to the Management Board at their meeting in July 2006:

- **An ‘updated’ status quo system** – under this, if the EU grew to more than 25 Member States, the maximum grant would either be (a) adapted/reduced for all Member States or (b) adapted/reduced for the 15 ‘old’ Member States;

- **Grant linked to country size** – under this, a distinction was made between (a) a fixed sum of €35,000 for all NFPs to cover participation in expert meetings and (b) an additional variable sum of between €23,000 and €138,000 for NFPs determined by the weighted votes in the Council and uses other than expert meetings.

The outcome of discussions was a decision to maintain the NFP grant system unchanged, i.e. the same global amount divided by the number of Member States.

The current system of equal NFP payments has the virtue of being relatively simple and less potentially divisive than alternatives. However, at the same time, there is a case for linking the size of the grant more closely to different NFP needs. Whilst the tasks that the EMCDDA sets out in its Reitox Operating Framework for NFPs are common to all countries, some EU Member States are in a stronger position to fulfil these tasks than others because the national authorities concerned make the monitoring of the drugs situation a high priority, have developed the necessary technical capacity and are supported by well-funded budgets. In other countries, particularly in some of the newer EU Member States, the situation is very different in this respect. It follows in our view that to achieve the EMCDDA’s aim of obtaining information on the drugs situation in Europe that is of a consistent quality across different countries, there needs to be sufficient flexibility in NFP funding arrangements for extra support to be provided to help develop monitoring systems where shortcomings still exist.
EMCDDA Organisational Set Up & Resource Efficiency

Assuming the constraints on the EMCDDA’s overall budget remain, the case for introducing a NFP grant scheme that varies the level of support according to need should, in our view, be reviewed again by the Management Board in due course. It may not be appropriate to do this in the short term given the fact that the question of the NFP grant has only recently been discussed by the Management Board but a further review in a year or two’s time would be appropriate. One possibility in addition to the two options that were considered by the Management Board in 2006 would be to ‘top-slice’ the total funding available to NFPs with a proportion (e.g. 10-15%) being available for specific projects (e.g. to improve TDI data or to carry out population surveys) in countries that demonstrated a particular need for support, and the remainder being shared on an equal basis by NFPs. However, if changes are made to the NFP grant system, and this leads to a reduced grant in some cases, the EMCDDA should make every effort to ensure that Member States recognise the importance of their role in supporting NFPs and that sufficient funding is provided from national sources to compensate for any reduction in the EMCDDA subsidy. The EMCDDA should also seek to ensure that the amount of funding allocated to the NFPs from its own budget (irrespective of any possible changes to the system) is maintained in real terms.

Another issue in relation to the NFP grant (and other EU funding used by them) is that many find the procedures for applying for support, and subsequently complying with audit and reporting requirements, excessively complex and time-consuming. This is a complaint that is frequent amongst beneficiaries of EU funding and, in fact, the EMCDDA has done much to help NFPs to understand the procedures involved using the grant scheme which are governed by the requirements of the EU’s Financial Regulation. It has also taken steps to minimize delays in making payments.56

6.10 Relationship with National Partners

| National Focal Point structures – how are the links with national decision-makers and EMCDDA Board Members functioning? Can they be further developed? |

In general, there is a good relationship between NFPs and their national partners. As can be seen from Figure 6.13, well over half the NFPs described this relationship as ‘working well’ with most of the reminder stating that it was ‘satisfactory’. An analysis of the survey responses indicates that:

56 A document provided by the EMCDDA to CSES compares the timing of payments to NFPs for the 2005 and 2006 grants. This shows that whereas the balance payment for 2005 was in most cases transferred to NFPs in the period September-November 2006, with the 2006 grant, the balance payments were mainly made in the period March-May 2007, i.e. around six months earlier. Likewise, pre-financing payments have been advanced by around six months in most cases for the 2007 grant compared with the 2006 one.
EMCDDA Organisational Set Up & Resource Efficiency

- There is generally a strong relationship with host organisations and national authorities (often the same) and, reflecting this, with Management Board members;

- Conversely, the relationship between NFPs and politicians and political bodies is relatively weak. This could be because the institutional positioning of NFPs in government structures is generally quite remote from politicians and, more generally, because the role of the EMCDDA is to simply provide information rather than to influence decision-makers;

- The relationship with others – NGOs and professionals in the drugs field, academic organisations, etc – would seem to be generally satisfactory. However, only a third of NFPs indicated that their relationship with the media ‘works well’.

The NFP survey responses on the question of their relationship with national partners is summarised below.

*Figure 6.13: Summary analysis: How well does the relationship with national partners work on issues relating to the NFP/EMCDDA?*

![Bar chart showing the distribution of responses](image)

*Source: CSES analysis of NFP survey data*
**EMCDDA Organisational Set Up & Resource Efficiency**

**Table 6.13: Detailed Analysis: How well does the relationship with national partners work on issues relating to the NFP/EMCDDA?**

<table>
<thead>
<tr>
<th>Relationship with national partners</th>
<th>Works well</th>
<th>Satisfactory</th>
<th>Does not work well</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation that hosts the NFP</td>
<td>20 (69.0%)</td>
<td>8 (27.6%)</td>
<td>0 (0.0%)</td>
<td>1 (3.4%)</td>
</tr>
<tr>
<td>Government departments/agencies</td>
<td>23 (79.3%)</td>
<td>6 (20.7%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Politicians/political bodies</td>
<td>6 (22.2%)</td>
<td>15 (55.6%)</td>
<td>4 (14.8%)</td>
<td>2 (7.4%)</td>
</tr>
<tr>
<td>NGOs/ professional organisations</td>
<td>16 (55.2%)</td>
<td>13 (44.8%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Information providers</td>
<td>17 (60.7%)</td>
<td>11 (39.3%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Media organisations</td>
<td>10 (34.5%)</td>
<td>16 (55.2%)</td>
<td>2 (6.9%)</td>
<td>1 (3.4%)</td>
</tr>
<tr>
<td>Academic/research organisations</td>
<td>20 (69.0%)</td>
<td>9 (31.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Contacts with Board member</td>
<td>23 (82.1%)</td>
<td>3 (10.7%)</td>
<td>1 (3.6%)</td>
<td>1 (3.6%)</td>
</tr>
</tbody>
</table>

Source: CSES analysis of NFP survey data

NFPs generally have a very close relationship with their Management Board members. In some cases, the Management Board member is the director of the Government department, or research institute, where the NFP is located, and contacts are therefore on a daily and extremely close basis. In other cases, the Management Board member is from a Government department which may be separated from the NFP host, either because the host organisation is another department or non-governmental organisation. Even in these circumstances, however, NFP heads and Board members tend to have regular meetings and contacts, often in other drug-related fora, and it seems that the relationship generally works well. In the case of Ireland, for example, the key stakeholders in relation to EMCDDA work, the NFP Head, the Board member and the Scientific Committee member are all involved in the work to develop the National Drugs Strategy and they have very close cooperation. Similar situations appear to be quite common.

Management Board members are only one of several channels used to communicate with national decision-makers. As the earlier analysis highlights, NFPs have developed target lists for the dissemination of EMCDDA and national publications that include decision-makers. Similarly, decision-makers are invited to the launch event for the Annual Report and are key users of the national reports.

### 6.11 Networking between National Focal Points

Turning to the ‘horizontal’ dimension, one of the potential benefits of the EMCDDA’s support for NFPs is the scope for joint working, sharing experience and know-how between NFPs. As the following table indicates, in general, NFPs consider that there is a satisfactory level of networking.
Feedback from the NFPs suggests that the opportunity to network is highly appreciated as a way of sharing experience and good practices, and in certain cases, as a way of promoting joint working. An example of close relations can be found between the NFPs from Austria and Germany, and Belgium and the Netherlands, where there is collaboration on translation activities, e.g. checking the Annual Report press release, and over some aspects of data collection. Where collaboration in some cases takes place on the basis of a common language, it is also frequently governed by common thematic interests. This is for example the case for France, Germany and Belgium in connection with work on cannabis or between Belgium and France concerning the Early Warning System. Another trend is regional collaboration, as between the Nordic countries (NO, DK, SV, FI), who have set up the Nadis network. Collaboration between NFPs from different countries has also taken place in the framework of Phare-supported twinning projects. More particularly, in connection with EU enlargement, several of the NFPs in the ‘old’ Member States have had quite an input in assisting their colleagues in the new Member States getting started as NFPs. A good example of this is the support provided by the NFP in Spain to help set up the drugs monitoring system in Romania which was supported by a Phare twinning project. There has also been quite close collaboration between NFPs in newer EU Member States including the Czech Republic/Slovakia, and Bulgaria/Romania, e.g. on developing methodologies to measure drugs-related deaths. The Reitox Academy is seen as having played an important role in capacity development and networking generally. NFPs also have the opportunity to develop closer bilateral links through the meetings hosted by the EMCDDA in Lisbon.

Overall, the view of most NFPs interviewed is that networking should be further developed, especially as a way of developing and sharing good practices in the monitoring of the drugs situation. Rather than always involving all NFPs, it has also been suggested to organise expert meetings between certain countries interested in a particular issue as a way of reinforcing networking and encouraging specialisation.

### Table 6.14: How closely do you work with other National Focal Points on issues relating to the NFP/EMCDDA?

<table>
<thead>
<tr>
<th>Aspect of relationship between NFPs</th>
<th>Works well</th>
<th>Satisfactory</th>
<th>Does not work well</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings to discuss common issues facing NFPs</td>
<td>9 30.0</td>
<td>16 53.3</td>
<td>1 3.3</td>
<td>1 3.3</td>
</tr>
<tr>
<td>Development and sharing of know-how and good practices</td>
<td>11 36.7</td>
<td>14 46.7</td>
<td>3 10.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Other collaboration on technical issues (e.g. key indicators)</td>
<td>7 23.3</td>
<td>16 53.3</td>
<td>3 10.0</td>
<td>0 0.0</td>
</tr>
</tbody>
</table>

*Source: CSES analysis of NFP survey data*
EMCDDA Organisational Set Up & Resource Efficiency

6.12 Summary – EMCDDA Organisational Set Up and Resource Efficiency

Overall, feedback from the research suggests that the EMCDDA’s current organisational set up works well. The developments following adoption of the Internal Reform Plan and changes since the 2005 ‘Strategic Reflection’ have led, amongst other things, to a more integrated approach to scientific activities and a stronger focus on communicating with target audiences. From the perspective of operational efficiency, the measures taken in recent years have contributed to improving the EMCDDA work organisation and methods with this process being accelerated following the appointment of a new Director in 2005. The EMCDDA’s organisational restructuring has helped to break down rigidities that previously existed and a tendency towards the compartmentalisation of different activities. The effort to improve management systems is continuing with the EMCDDA having implemented in the last two years an action plan to further improve administrative and financial processes.

The research suggests that the composition of the Management Board strikes a reasonable balance between the need to retain an effective decision-making body and the need to ensure stakeholder representation. One factor, however, that does reduce the efficiency of the Management Board is the relatively high turnover of members. However, there is probably very little that the EMCDDA can do to influence this beyond requesting that Member States strive to achieve greater continuity in their representation.

The Scientific Committee has played an important role in advising on the EMCDDA’s scientific priorities but it has not been used to the full extent envisaged. The opinions given by the Scientific Committee on the EMCDDA’s work programmes have been helpful in confirming the appropriateness of scientific priorities but also in drawing attention to organisational, and financial and human and resourcing issues and implications. Overall, the survey and other feedback indicate that the Scientific Committee has reacted competently and in a professional manner to the tasks it has been asked to address. At the same time, it seems that the Scientific Committee has been underused by the EMCDDA as a source of advice on its scientific activities and has not itself been particularly proactive in this respect.

So far, the EMCDDA has had sufficient analytical capacity to cope with the objectives set out in the last two three-year work programmes. However, looking ahead, additional staff may be needed. Apart from the need for specific expertise in the fields covered by the EMCDDA’s five key indicators, the greater emphasis foreseen in the recast regulation on issues such as best practices, the need to develop the capacity to monitor issues such as drugs-related crime and on the supply side more effectively, and a more developed role in the international field, are all likely to mean a need for the continued recruitment of scientific staff. More generally,
The REITOX network has played a key role 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. The resources available to NFPs vary considerably. This reflects a number of factors, most notably institutional set-ups in the different Member States for drugs monitoring and the willingness of national authorities to go beyond match funding the EMCDDA's financial assistance. As noted above, since 2001 the EMCDDA has done much to rectify earlier shortcomings in the Reitox network. This includes the definition of core NFP tasks, development of a more structured framework for collecting data on the drugs situation (standard tables, etc) and the introduction of a quality standards system.

Quality assurance mechanisms are generally effective but these vary across EU Member States and there is a need for a uniform adoption of best practices. At a national level, in some countries advisory committees or other quality control mechanisms have been set up to review national reports and other publications before they are officially approved and transmitted to the EMCDDA. Elsewhere, however, there is still scope for improved quality standards and systems to be developed. Other steps taken by the EMCDDA to strengthen the network include the improvement and reshaping of the extranet, the development of on-line ‘country situation summaries’, and changes to the way in which the REITOX academies operate including a stronger link between training activities and quality assurance.

The EMCDDA’s grant is an important form of support for most NFPs but overall it only demonstrates partial additionality (i.e. a situation where the grant is only needed by some NFPs for some tasks) and consideration should be given to linking it more closely to national needs. This section has highlighted the importance of the grant. However, there is a case for linking at least some of the grant more closely to different NFP needs. Whilst the tasks that the EMCDDA sets out in its Reitox Operating Framework for NFPs are common to all countries, some EU Member States are in a stronger position to fulfil these tasks than others because the national authorities concerned make the monitoring of the drugs situation a high priority, have developed the necessary technical capacity and are supported by well-funded budgets. In other countries, particularly in some of the newer EU Member States, the situation is very different in this respect.
EU Enlargement & International Dimension

In this section we examine the EMCDDA’s role in the EU enlargement process and in the international field.

7.1. Introduction

In view of the increasingly global nature of the drugs phenomenon, one of the aims of the EU Drugs Strategy 2000-04 was ‘to progressively integrate the candidate countries and to intensify international cooperation with other countries and international organisations’. To this end, the EU Action Plan 2000-04 included international cooperation among its five main areas for action.

The Plan required the Commission to negotiate with the candidate countries to enable them to participate in the work of the EMCDDA and to ensure that they adopted the Community acquis and best practice in the field of drugs. The Commission and Member States were also required to continue to support the candidate countries with technical and financial assistance, where necessary, in their efforts to monitor and counter drug abuse and drug trafficking with particular attention given (e.g. under Phare) to the development of national strategies, national drugs units, focal points and effective controls on drugs entering the EU and candidate countries. A strengthening of co-operation with multilateral and international organisations was also required, especially where this would increase the effectiveness of actions and projects in third countries and regions.

Further emphasis on the development of international cooperation has been provided by the EU Drugs Strategy 2005-2012 which calls for a strengthening of coordination at national, regional and international levels to contribute to the effectiveness of drug policies within the EU and in the EU’s relations with other international partners.

7.2 EMCDDA and EU Enlargement

During the period under review, a number of activities have been undertaken by the EMCDDA to help candidate countries prepare for integration into the Reitox network and EMCDDA activities generally, and subsequently to consolidate and provide support to the NFPs in the new EU Member States. This work has been coordinated by the EMCDDA’s Reitox and International Cooperation Unit (formerly the Reitox and Enlargement Unit) and has been received substantial financial support from the Phare programme.

7.2.1 Support to Candidate Countries 2001-2004

Collaboration between the EMCDDA and candidate countries stretches back to the early days of the Centre, where it took place in particular within the framework of the Phare programme for the fight against drugs (1992–1999). As part of their gradual integration into the EU institutions, candidate countries were invited to become
EU Enlargement & International Dimension

members of the EMCDDA Reitox network at the Luxembourg summit and in February 2001, the technical assistance project ‘Co-operation EMCDDA-CEECs’ was launched – financed by the Commission under the 1998 Phare Multi-beneficiary Drugs Programme.

Under this project, which ran until late 2002, the drug monitoring systems of the 10 CEECs were assessed and a set of country profiles were developed. This exercise resulted in the 2002 ‘Report on the drug situation in the candidate CEECs’. National Focal Points were established in these countries although at this pre-accession stage entirely supported by national funding. A series of National Action Plans for the development of Drug Information Systems (NAPDIS) were also jointly agreed with the NFPs in the CEECs which defined actions needed to develop their functions and set out a timetable for their involvement in EMCDDA activities. Finally, the Reitox Academy training programme was created and piloted, providing a range of different capacity building modules particularly aimed at NFPs in the candidate countries.57

During the 2001-02 period, the EMCDDA’s relationship with Cyprus, Malta and Turkey was also developed with assessment missions to these countries and collaboration with the relevant geographical units of DG Enlargement. National Focal Points were also set up in these countries increasing the number of NFPs from 16 (EU15 and Norway) to an overall total of 29. While negotiations between the Commission and the candidate countries on formal integration into the EMCDDA were taking place, it was decided in March 2002 to invite the NFPs to attend all regular Reitox meetings as observers without voting rights. Members for the EMCDDA Management Board and Scientific Committee from the candidate countries were also appointed during 2002 and 2003. As was the case with meetings of the heads of Focal Points, members of the two statutory bodies were invited to participate in meetings as observers with no voting rights until their countries formally became members of the EU. As noted in Section 6, in parallel with this Phare technical assistance project,

57 The EMCDDA is not one of the responsible actors if the Strategy and in the Action Plan the Centre is mentioned as one of the involved parties in a limited number of actions and always in conjunction (and in support of) other actors. The EMCDDA has to conduct its activities in line with the Action Plan but does not have an official role in implementing it. Furthermore, the acceding Member States had to follow the EU acquis in the field of drugs, in both supply and demand reduction. The acceding countries were encouraged to develop strategies and action plans. The role of the EMCDDA focused primarily on the development and support of NFPs and monitoring tasks although a number of NFPs were set up by (teams of) ‘old’ Member States through twinning projects with new Member States. The Commission’s funding programmes (Phare, CARDS), EU Delegations in the accession countries as well as peer-to-peer activities of ‘old’ Member States with acceding countries provided the bulk of the transfer of knowledge.
capacity building support was provided to the candidate countries by NFPs and other experts from EU15 Member States, in many cases through twinning projects.

A further Phare project, co-funded both by the Commission and beneficiary Member States, entitled ‘Participation of candidate CEECs in the EMCDDA (2002-2004)’ was launched in December 2002. In this pre-accession phase, technical assistance continued to be provided to the 10 candidate countries with the overall aim of preparing them for full involvement in the EMCDDA’s work and fulfilment of core NFP tasks. Emphasis was placed on both developing the NFPs and on raising awareness of the need to tackle the drugs problem with a large number of high-level missions being undertaken to the acceding and candidate countries. With support from the EMCDDA, candidate countries gradually started participating in the data collection process and began to submit national reports. The special candidate countries website, which had already been created during the first Phare project, was further developed (e.g. by including country profiles on the drug situation in these countries). Candidate countries also started to be integrated into the Early Warning System on new synthetic drugs and legal correspondents to the EMCDDA were appointed. The most important part of the capacity building of the new NFPs, the Reitox Academy training programme, was also further expanded and a large number of foundation course, intensive courses and specialised courses were organised in this period. To support the many activities in this field, a Reitox Academy website was created providing the training materials and documents. Although not covered by the Phare project, staff of the NFPs in Cyprus, Malta and Turkey continued to participate in Reitox seminars and the meetings of Focal Point heads.

The acceding countries were integrated into Reitox activities and the NFP co-financing arrangements by 1 May 2004 with all grant agreements having been approved and entered into force. Reflecting the EMCDDA’s pre-accession capacity building activities, information on the drugs situation and responses from new EU Member was integrated into the EMCDDA data collection processes and national reports and standard tables produced. At the same time, data from the new Member States began to be systematically integrated into EMCDDA scientific outputs. In 2004 for the first time, a consolidated Annual Report with data from the 25 EU Member States was produced with a full set of country situation summaries available on the EMCDDA website.

Efforts continued after accession to enhance their capacity and the quality of the new EU Member States’ inputs to the EMCDDA data collection and monitoring processes. Pre-accession technical assistance continued to be provided to Bulgaria and Romania under the Phare III project, which began in May 2005 and ran for a period of 18 months with a budget of €300,000. This provided a similar range of assistance as had been made available to the 10 countries that became EU Member States in 2004. It was completed by the end of December 2006 just before these countries also became full members of the EMCDDA.
EU Enlargement & International Dimension

7.2.2 Participation of Croatia and Turkey in EMCDDA Activities

The EMCDDA has also been involved in a project on ‘Participation of Croatia and Turkey in the EMCDDA activities’ which has been financed under the Phare multi-beneficiary programme on participation of Croatia and Turkey in certain Community Agencies. The project aims at preparing Croatia and Turkey for their participation in the EMCDDA, and to make the structural links with the Reitox network operational. The EU Drugs Action Plan 2005-2008, which provides an overall framework for this, foresees that special effort being made to help the two candidate countries prepare for participation in the work of EMCDDA, Europol and Eurojust (this is also highlighted as a priority in the EU Drugs Strategy 2005-2012).

The project started in June 2006, with a planned duration of 18 months and a total budget of €500,000. It builds on the achievements of previous technical assistance projects ‘Co-operation EMCDDA – CEECs’ financed under the 1998 and 2002 Phare Multi-beneficiary Drugs Programme as well as a previous project with Bulgaria and Romania in 2005-2006. Its aim was to address the direct beneficiaries at three levels - at the NFP level (including staff and experts), the level of the networks of data contributing institutions and key national experts, and at the level of decision-makers. The project focuses on five main activities: support for developing national data collection mechanisms; developing the overall national reporting capacity; participation in the Reitox meetings and in EU expert groups; training in the framework of the Reitox Academy training programme; and publication and dissemination, i.e. integration of the Croatian and Turkish national reports, statistical tables and structured questionnaires into the EMCDDA’s Annual Report.

Two Country Coordinators have been appointed who are responsible for the coordination of the work programme in each country in close cooperation with the Head of the NFP and with the EMCDDA’s Reitox and International Cooperation Unit.

7.2.3 Role of the Reitox Academies

The REITOX Academy delivers training courses on key EMCDDA technical tools and techniques using the best expertise available at the Centre and in the EU Member States. It also addresses training needs that are related to the establishment and development of the NFPs. Since the Reitox Academy training programme was first created in 2002 as part of the Phare technical assistance project, a large number of courses have been organised. The table below gives an overview of these.
EU Enlargement & International Dimension

Table 7.1: Reitox Academies organised in 2002-2006

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td></td>
<td>7 Reitox Academies (details of these not available)</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14–17 July</td>
<td>Lisbon</td>
<td>SCAD Foundation course on National Focal Points and national drug information networks</td>
</tr>
<tr>
<td>9–10 October</td>
<td>Warsaw</td>
<td>Specialised course on Qualitative research</td>
</tr>
<tr>
<td>23–24 October</td>
<td>Ljubljana</td>
<td>Reitox Academy national conference</td>
</tr>
<tr>
<td>20 November</td>
<td>Cyprus</td>
<td>Reitox Academy national conference</td>
</tr>
<tr>
<td>3–5 December</td>
<td>Lisbon</td>
<td>Specialised course on EDDRA</td>
</tr>
<tr>
<td>10–12 December</td>
<td>Bruges</td>
<td>Specialised course: ‘EU Affairs and EU fund management’</td>
</tr>
<tr>
<td>16–17 December</td>
<td>Strasbourg</td>
<td>Specialised seminar: ‘The challenges of enlargement for the EMCDDA and the Reitox network’</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-26 March</td>
<td>Sofia</td>
<td>Treatment Demand Indicator</td>
</tr>
<tr>
<td>29-30 March</td>
<td>Lisbon</td>
<td>EU Action Plan on Drugs 2000-04: the EMCDDA contribution to the evaluation and policy analysis</td>
</tr>
<tr>
<td>28-30 April</td>
<td>Lisbon</td>
<td>Interpretation of Drug-related Data and reporting</td>
</tr>
<tr>
<td>14-16 July</td>
<td>Ljubljana</td>
<td>Problem Drug Use Estimates</td>
</tr>
<tr>
<td>28 Sept -1 October</td>
<td>Ankara</td>
<td>Foundation course for TACIS countries: National Focal Points and National Drug Information Networks</td>
</tr>
<tr>
<td>13-15 October</td>
<td>Lisbon</td>
<td>Crime and Supply Drug-related Data</td>
</tr>
<tr>
<td>18-19 October</td>
<td>Lisbon</td>
<td>Drug-related Infectious Diseases</td>
</tr>
<tr>
<td>25-26 October</td>
<td>Vilnius</td>
<td>New Synthetic Drugs</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 June</td>
<td>Budapest</td>
<td>Relations with the media</td>
</tr>
<tr>
<td>27-29 June</td>
<td>Thessaloniki</td>
<td>Workshop on national reporting</td>
</tr>
<tr>
<td>26-28 September</td>
<td>Lisbon</td>
<td>Harm Reduction Core Data</td>
</tr>
<tr>
<td>October</td>
<td>Valetta</td>
<td>National Academy on Early warning system</td>
</tr>
<tr>
<td>November</td>
<td>Valetta</td>
<td>National Academy on Drug-related infectious diseases indicator</td>
</tr>
<tr>
<td>13-14 December</td>
<td>Romania</td>
<td>Treatment Demand Indicator</td>
</tr>
<tr>
<td>14-16 December</td>
<td>Lisbon</td>
<td>Prevention Core Data</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23-30 June</td>
<td>Larnaca</td>
<td>Grant management</td>
</tr>
</tbody>
</table>

Source: General Reports of Activities 2001-2006

To support the training activities, a Reitox Academy website was created in 2003 providing access to the training materials and documents and advertising planned training sessions. Whereas the training programmes were initially designed for the candidate countries, the scope has been extended to cater for the training needs of all NFPs and national experts.

Reitox Academy training events are systematically evaluated through feedback from participants. This research confirms that the Reitox Academies are seen as having played an important role in developing the capacity of NFPs from candidate countries.
and new EU Member States to develop their functions. They have also helped to develop networking between NFPs. In the survey of NFPs carried out as part of this evaluation, they were asked to rate the usefulness of the Reitox Academies: 79.3% considered that these worked ‘very well’ with the remaining 20.7% of respondents finding them to be ‘satisfactory’ (none indicated that the academies did not work well). During the interview programme with NFPs, this view was further reinforced with the role of the Reitox Academy in promoting networking being stressed.

The EMCDDA’s role in the EU enlargement process has been funded through a combination of commitments from its budget earmarked for the Reitox network and Phare grants. The following table provides a summary. As can be seen, the overall level of expenditure rose from just over €2.5m in 2001 to €3.1m in 2006 (in percentage terms, the financial allocations have remained more or less constant compared with the EMCDDA’s budget as a whole).

Table 7.2: EMCDDA Funding and Pre-Accession Activities (euros)

<table>
<thead>
<tr>
<th>Financing</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total EMCDDA budget</td>
<td>10,204,889</td>
<td>10,356,361</td>
<td>10,220,750</td>
<td>12,244,030</td>
<td>12,816,625</td>
<td>13,015,625</td>
</tr>
<tr>
<td>3. Expenditure on special institutional functions: Reitox network (% of total budget)</td>
<td>1,500,000 (15%)</td>
<td>1,500,000 (14%)</td>
<td>1,650,000 (16%)</td>
<td>2,384,000 (19%)</td>
<td>2,625,000 (20%)</td>
<td>2,625,000 (20%)</td>
</tr>
<tr>
<td>4. Phare financing of pre-accession strategy (% of total budget)</td>
<td>1,056,139 (10%)</td>
<td>943,861 (9%)</td>
<td>500,000 (5%)</td>
<td>0 (0%)</td>
<td>300,000 (2%)</td>
<td>500,000 (4%)</td>
</tr>
</tbody>
</table>

Source: CSES analysis of data in the ‘Budgetary provisions and appropriation’ tables of the EMCDDA General Reports of Activities.

7.3 EMCDDA and the International Dimension

Under Article 2 of the EMCDDA’s Founding Regulation, its role in the international field is defined in the following terms:

‘Without prejudice to Member States' obligations with regard to transmission of information under the provisions of the United Nations Conventions on drugs, promote the incorporation of data on drugs and drug addiction gathered in the Member States or emanating from the Community into international monitoring and drug-control programmes, particularly those established by the United Nations Organisation and its specialised agencies’ (Paragraph 12, Article 2)

Paragraph 13 goes on to define the EMCDDA’s role as being to ‘cooperate actively with the bodies referred to in Article 12’ (i.e. international organisations and other,
EU Enlargement & International Dimension

particularly European, governmental and non-governmental agencies competent in the sector of drugs). Collaboration with international partners was further highlighted as a key EMCDDA task in the 2005 recast Regulation which 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. Such cooperation shall be based on working arrangements concluded with the organisations and bodies referred to in the first paragraph [WHO and UN].”

The recast Regulation reaffirmed the founding Regulation in defining the EMCDDA’s role and over the years the Centre has developed close links with a range of European and international organisations that are involved in combating drugs and illegal trafficking. The recast Regulation also introduced a new condition, namely that the Commission has to give an opinion on those working arrangements which have to be adopted by the Management Board. A particularly close working relationship has been set up with a group of ‘priority partners’ with whom the EMCDDA has signed either cooperation agreements or memoranda of understanding to provide a legal framework for collaboration. In addition to working with European and international organisations in the drugs field, the EMCDDA has provided technical advice to the authorities in several regions outside Europe. This includes Latin America where the EMCDDA provided advice on the development of drugs monitoring systems and the Russian Federation with which the EMCDDA has recently signed a cooperation agreement.

7.3.1 Relationship with EU-Supported Organisations in the Drugs Field

As noted above, the EMCDDA has developed a working relationship with a number of European and international organisations to help improve information on the drugs situation.

A European body whose work is of great relevance to the EMCDDA is the European Police Office (Europol) which promotes cross-border police cooperation and intelligence-sharing between EU Member States in combating terrorism, drug-trafficking and other serious forms of international crime.58

In 1997, the ‘Joint Action concerning the information exchange, risk assessment and control of new synthetic drugs’ was adopted which granted equal responsibility to Europol and the EMCDDA for the establishment of an ‘Early-Warning System (EWS)’. The EWS is used to collect and exchange information on the production, trafficking and use of new synthetic drugs. Both organisations have also been closely

58 Europol was established by the Maastricht Treaty and started its operations in 1994 in the form of the Europol Drugs Unit (EDU). Progressively, other aspects of criminality were added to its remit.
involved with the Commission in the work to prepare the 2005 Council Decision that replaced the 1997 Joint Action, and they submit regular joint progress reports to the Council on new psychoactive substances that have been notified through the EWS. The EMCDDA and Europol have jointly had an important role in drafting the new EWS guidelines and the new risk assessment guidelines. Europol and the EMCDDA have also worked closely together in evaluating the EU Action Plan on Drugs (2000-04) and in contributing to the Plan for 2005-08.

More recently, in 2001, Europol and the EMCDDA signed a strategic cooperation and in 2005 collaboration was further enhanced when the Directors of the two bodies signed a Letter of Intent extending the scope of joint working. There are frequent contacts and meetings between Europol and the EMCDDA (for example, both organisations are represented on the Horizontal Drugs Group).

The EMCDDA has also developed close links with the European Centre for Disease Prevention and Control (ECDC). While the ECDC analyses trends in drug-related diseases across the whole population, the EMCDDA focuses on specific drug-related risk groups such as injecting drug users. One of the EMCDDA’s key indicators relates to drug-related infectious diseases which allows it to monitor HIV, hepatitis B/C and TB in injecting drug users in a comparable way across Europe. The indicator helps generate indirect estimates of the incidence, prevalence and trends in drug injecting and identify priorities for preventing further infections and forecasting health-care needs and costs, which is very useful to the ECDC.

At the end of June 2007, the ECDC signed a cooperation agreement with the EMCDDA providing a formal framework for cooperation. The accord is designed to promote knowledge exchange and the sharing of best practice. In addition, it seeks to promote cooperation in the collection, analysis and dissemination of data and in the exchange of expertise through technical meetings and contacts between staff. Areas of mutual interest are to be identified by the two organisations and implemented through projects relating specifically to epidemiology and disease prevention and control.

The activities of the European Medicines Agency (EMEA) are also relevant. The main responsibility of EMEA is the protection and promotion of public and animal health through the evaluation and supervision of medicines for human and veterinary use. Cooperation with the EMCDDA with regard to European public-health activities

59 The ECDC was established in 2004 and has the task of helping to combat infectious diseases. It is an important player because of the link between drugs and health promotion combating disease, in particular AIDS. In order to achieve its mission, namely to identify, assess and inform about current and emerging threats to human health from infectious diseases and to provide scientific advice, the ECDC works closely with national disease-control organisations, EU-level authorities and international organisations.
is highlighted in the EMEA's 2006 Annual Report. This mainly involves joint action in the context of the 2005 Council Decision on new psychoactive substances.

7.3.2 Role of the EMCDDA in the International Field

International cooperation has been an important part of the EMCDDA’s activities throughout most of its existence given the nature of the drugs phenomenon. It could be argued that in the immediate run-up to EU enlargement, less emphasis was put on activities in the international field. However, since then there have been a number of initiatives in the international field. This work outside the EU and candidate countries is only carried out upon the request of the Commission and not an autonomous task or role of the EMCDDA.

In 2005, a revision of the cooperating frameworks with the key international partners was launched and new cooperating provisions were agreed with Europol and with the Pompidou Group. The Centre continued to participate in the statutory meetings convened by these organisations and its other international partners. The Centre also took part in the high-level meeting of the ‘Cooperation and coordination mechanism on drugs’ between the EU and Latin American and Caribbean countries in Lima, and took part in the first international meeting of monitoring centres held in Caracas in association with 11 National Focal Points.

In addition to continued contacts with the Centre’s long-standing international partners — such as the Pompidou Group, UNODC, Europol, Interpol, WHO and WCO — a number of activities were carried out in 2006 with CICAD (the Inter-American Drug Abuse Control Commission) and the Federal Drug Control Service of the Russian Federation with whom a cooperation framework agreement was negotiated. The EMCDDA also attended the High-Level meeting of the EU-Latin America and Caribbean Cooperation and Coordination Mechanism on Drugs in Vienna. The EMCDDA received an increasing number of official and study visits in 2006, among others from political representatives of third countries such as Cuba’s vice-minister of Health, Argentina’s Secretary of State in charge of the fight against drugs, and a delegation from the United States Congress. The Ambassadors to Portugal of the United Kingdom, Ukraine and Colombia, as well as a member of the Korean Embassy in Madrid, visited the Centre. On the International Day against Drugs (26 June), a reception for the diplomatic corps in Lisbon took place at the EMCDDA’s headquarters. Several academic and expert delegations also visited the EMCDDA during 2006. These included the Bergen Clinic Foundation and

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60 This is suggested by the General Report of Activities for the years 2001-2006 - whereas international cooperation featured as a key task in the 2001 and 2002 reports, it was not specifically mentioned in the 2003 and 2004 reports other than by a list of the international meetings in which the EMCDDA had participated.
EU Enlargement & International Dimension

representatives of the universities of Rotterdam, Ghent and Brasilia, together with Australian and Japanese drug experts.

Negotiations between the Commission and candidate and third countries for participation in the EMCDDA continued during 2006 and presentations of the role and activities of the EMCDDA were given to the countries which have officially applied for EMCDDA. Activities included tracking the evolution of pre-accession instruments, including the programmes supporting the Western Balkans, and the preparation of a technical assistance programme based on the Phare model. The Centre also continued to exchange information with those Community programmes that are responsible for implementing the EU policy on drugs in third countries.

In the period since its creation, the EMCDDA has developed close links with a range of other European and international organisations that are involved in combating drugs abuse and illegal trafficking. A particularly close working relationship has been set up with a group of priority partners with whom the EMCDDA has signed either cooperation agreements or memoranda of understanding to provide a legal framework for collaboration. This includes organisations like the Pompidou Group, UNODC, WHO, World Customs Organisation and Interpol.

Pompidou Group

At European level, one of the first coordinated attempts to combat drug abuse and illegal trafficking was made in 1971 when the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) was established. The mission of the Pompidou Group is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in member states. To this end, an important task involves the compilation and harmonisation of information to allow for a close monitoring of trends in drug addiction.

61. Within the EMCDDA, the creation of the Reitox and International Cooperation Unit underlines the importance of this aspect of the Centre’s work. The unit’s activities give the Centre an ‘outreach’ role with tasks including: the coordination of actions linked to international cooperation; contacts with international organisations and third countries; organising official visits to the Centre; technical cooperation with candidate countries (such as Turkey and Croatia) and potential candidate countries; and responding to information requests from third countries.

62. The Pompidou Group provides a framework for the member countries (originally France, Belgium, Germany, Italy, Luxembourg, Netherlands and the UK) to share their experience in the drugs field. In 1980, the Group was incorporated into the institutional framework of the Council of Europe and cooperation has gradually been extended to include 35 member countries as well as the European Commission. In addition, technical cooperation takes place with a number of non-member states.
EU Enlargement & International Dimension

Throughout the 1970s and 1980s, when there was no EU involvement in the field of drugs, the Pompidou Group’s role developed rapidly as European countries became increasingly aware of the importance of collaborating in this field. During this period, a large part of the Pompidou Group’s time was spent on data collection, and when the EMCDDA was created in 1993, the work that had been carried out in the field of epidemiological analysis and on indicators of drug use served as a framework for the EMCDDA’s activities.63

Since the EMCDDA was established, there has been a conscious attempt to develop synergies, especially in the fields of epidemiology and demand reduction. One priority area for collaboration, for instance, is the development of indicators for treatment-demand or identifying demand-reduction responses to new trends in synthetic drugs. The close working relationship is further promoted by the presence of the Pompidou Group as observer on the EMCDDA’s Management Board and by active consultation on respective medium-term objectives. The two bodies signed a Memorandum of Understanding in September 1999.

Projects in areas of mutual interest are identified on an annual basis. An example of such a project is the development of an on-line register of current drug research. This enables users to obtain information on on-going projects as well as on the researchers involved. The exchange of such knowledge was identified as a major gap during a Council of Europe Conference in 2004 on linking research, policy and practice and had also been recommended by the EU Horizontal Drug Group. Another collaboration project deals with the problem of how to organise networking in the drugs field and the two organisations have published a number of joint publications.

These days the main role of the Pompidou Group is concentrated on contributing to the development of effective drug policies in its member states and it focuses, to a large extent, on the practical implementation of drug programmes by building links between policy, practice and research. More generally, the Pompidou Group has a more political role than the EMCDDA.

United Nations Office on Drugs and Crime

The United Nations Office on Drugs and Crime (UNODC) has a mandate to support its member states in the effort to combat illicit drugs, crime and terrorism.64

63 With 12 staff and an annual budget of € 1.75 million, the Pompidou Group is more modestly resourced than EMCDDA.

64 The UNODC employs some 500 employees divided between the headquarters in Vienna and a number of field and liaison offices across the world. The organisation is mainly funded by voluntary contributions, mostly from governments. Since 2002, UNODC has administered the United Nations International Drug Control Programme (UNDCP). Adopted in 1991, the aim of the programme is to raise awareness of the dangers of drug abuse and to strengthen
EU Enlargement & International Dimension

Its work programme focuses on three main pillars - research and analytical work to increase the knowledge and understanding of drugs and crime issues; work to assist member states in ratifying/implementing international treaties in the field and developing national legislation; and, thirdly, field-based cooperation projects to enhance national capacities to counteract illicit drugs, crime and terrorism.

A Memorandum of Understanding was signed between the EMCDDA and the UNODC in 1998 and the two bodies participate as observers in each others’ board meetings (EMCDDA Management Board/UN Commission on Narcotic Drugs). A number of activities of the two organisations have increasingly been coordinated. For example, in March 2007 the two organisations adopted 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. The EMCDDA and UNDOC also launched a joint toolkit for collecting comparable data on the demand for treatment for drug problems (‘Guidance for the measurement of drug treatment demand’).

World Health Organisation

As part of its remit, the World Health Organisation (WHO) has a global role in supporting the prevention and reduction of problems linked to drug use, and in recommending to the UN which substances should be regulated.65

international action against drug production, trafficking and drug-related crime. In view of the global nature of the drug problem and its direct link with an increase in organised crime and violence, the UNODC has adopted a multifaceted approach dealing with all aspects of the drug problem, from prevention, treatment and rehabilitation issues, to the provision of alternative economic opportunities for regions transitioning from drug cultivation, and from providing training for law enforcers and judicial officials to giving assistance in countering money laundering. Another important task is the provision of accurate, up-to-date statistics on illicit drug consumption worldwide. In pursuing this approach, the UNODC runs a large number of varied programmes and collaborates closely with INTERPOL and the World Customs Organisations, sharing information to curb illicit trafficking.

65 The World Health Organisation (WHO), established in 1948, is responsible for providing leadership on global health matters and for shaping the health research agenda; it formulates evidence-based policy options and sets norms and standards in the field. In addition, it monitors and assesses health trends and provides technical support to its member countries. Since its foundation, the WHO has played a key role in supporting the prevention and reduction of problems linked to drug use, and in recommending to the UN which substances should be regulated. The work on drugs (psychoactive substances) is run through the Programme on Substance Abuse (PSA). The WHO is the only agency dealing with all psychoactive substances, regardless of their legal status.
EU Enlargement & International Dimension

The EMCDDA mainly collaborates with the WHO in the fields of prevention and reduction of problems linked to drug use. The cooperation has gradually been strengthened over the years, and in March 2000, a Memorandum of Understanding was signed between the two organisations. The main contacts are held with the WHO Regional Office for Europe (based in Copenhagen) and involve joint activities in the field of costs and effects of treatment for substance-use disorders (part of their Drugs and Alcohol Programme). The real basis for cooperation, however, lies in daily contacts between members of staff from the two organisations. In terms of joint actions, the EMCDDA has provided technical and financial support for the preparation and testing of a number of training materials on evaluating drugs-related treatment that were prepared by the PSA programme. There are also plans to develop collaboration in the field of key indicators through the creation of a WHO indicator database covering the 53 member countries. This database is likely to be structured in a similar way to those of the EMCDDA. Moreover, the WHO makes considerable use of EMCDDA data and resources as it does not have sufficient capacity to collect such information.

As the EMCDDA now covers 29 of WHO Europe’s 53 member states, there has been a conscious effort by member states to avoid any direct overlap in the activities of the two bodies and develop synergies instead. Thus, the WHO does not get involved in primary reduction or supply reduction, although some work on harm reduction is still done in candidate countries. To reinforce cooperation, the Regional Office for Europe attends the meetings of the EMCDDA Management Board as an observer, and the EMCDDA attends the Steering Group meetings of the WHO. 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.

66 For example, it assisted in producing the following workbooks: Planning Evaluation Research and Implementing Evaluation Research (foundation books) and the Needs Assessment Evaluations, Process Evaluations, Cost Evaluations, Client Satisfaction Evaluations, Outcome Evaluations and Economic Evaluations (specialised workbooks). The two bodies have also published a number of other joint publications. Another area of collaboration concerns a project on health in prisons, initiated in 1995, where the two organisations collaborate on the drug-related aspects of the project. As part of the project, a database was set up in 2005 with active support from the EMCDDA and co-funding from the European Commission. Having carried out a study in this field themselves, the EMCDDA assisted in developing the model to be used for the database. Although the WHO were also quite keen to use the network of National Focal Points to assist in collecting data for the database, this was declined given the work pressure that is already put on the Reitox network.
EU Enlargement & International Dimension

World Customs Organisation

The World Customs Organisation (WCO) is an independent intergovernmental body whose mission is to enhance the effectiveness and efficiency of customs administrations. With 169 member countries, it is the only inter-governmental worldwide organisation competent in customs matters. In terms of its involvement in the drug field, the WCO is mainly involved in monitoring and preventing cross-border crime, money laundering and drug trafficking.

The WCO and the EMCDDA have collaborated since the mid 1990s, particularly with regard to the exchange of various statistics and other information of mutual interest. The collaboration mainly takes place at officers’ level. For its part, the EMCDDA contributes to the WCO’s Global Report on Drugs which focuses on drugs and customs (the WCO has suggested that this cooperation could be extended to create a joint, consolidated report together with the EMCDDA, UNODC and Interpol). They also attend each other’s conferences and WCO data is used in the EMCDDA Annual Report. The EMCDDA has observer status at WCO, and also attends the enforcement committee meetings. In January 2007, the EMCDDA and WCO signed a Memorandum of Understanding.

Interpol

As international drug trafficking has increased over the years and has taken on a more complex nature, the role of Interpol in drug-control has also increased, especially since drug trafficking is frequently linked to other serious crimes. Interpol’s primary role in this field is to identify new drug trafficking trends and criminal organisations operating at the international level and to assist national and international law enforcement bodies concerned with countering the illicit production, trafficking and abuse of drugs. Interpol collects and analyses data from its 185 member states, it coordinates and participates in international drug investigations and organises global conferences and meetings on specific drug topics to assess the extent of any particular problems.

Collaboration with Interpol mainly concerns the exchange of statistics. In 2001 the EMCDDA and Interpol signed a Memorandum of Understanding.

CICAD

The Inter-American Drug Abuse Control Commission (CICAD) was established by the General Assembly of the Organization of American States (OAS) in 1986 as the Western Hemisphere’s policy forum on all aspects of the drug problem. Each member government appoints a high-ranking representative to the Commission, which meets twice a year. Through a number of action programmes carried out by CICAD’s permanent Secretariat, CICAD promotes regional cooperation and coordination among the thirty-four OAS member states to prevent and treat substance abuse, to
EU Enlargement & International Dimension

reduce supply and availability of illicit drugs and to strengthen national drug control institutions and machinery through capacity building programmes, among others. The organisation also promotes drug-related research, information exchange, specialised training, and society, and drug-control measures, among others.

Over the years, the EMCDDA has regularly participated in the CICAD Regular Session held around the world, but recently the relations between the two organisations have been significantly reinforced boding well for stronger cooperation with Latin American countries. During 2006, cooperation with CICAD included: a staff training visit by CICAD delegates to Lisbon; CICAD participation at the EMCDDA expert meetings on treatment demand and on drug-related mortality indicators; the Centre’s hosting of a meeting between the UNODC and CICAD, followed by a trilateral meeting on drafting a joint handbook on establishing and assessing national monitoring centres.

7.4 Summary – EU Enlargement and International Dimension

During the period under review, a number of activities have been undertaken by the EMCDDA to help candidate countries prepare for integration into the Reitox network and EMCDDA activities. This has been achieved through a variety of initiatives including, for example, the organisation of seminars with inputs by experts on particular issues concerning the monitoring of the drugs trends, twinning projects, the Reitox Academy, and direct technical assistance from the EMCDDA. Efforts continued after accession to enhance their capacity and the quality of the new EU Member States inputs to the EMCDDA data collection and monitoring processes, and feedback from the research suggests that these inputs have played a critical role in developing effective systems. By and large, an effective Reitox network is now in place in the newer Member States although there is a need for continued support and capacity building in many countries.

In the wider international field, the EMCDDA has successfully developed close links with a range of European and international organisations that are involved in combating drugs and illegal trafficking. A particularly close working relationship has been set up with a group of ‘priority partners’ with whom the EMCDDA has signed either cooperation agreements or memoranda of understanding to provide a legal framework for collaboration. Given the international nature of the drugs problem, and the need to tackle both demand and supply side issues, these relationships are important and seem, as the analysis in this section shows, to work well with a generally good sharing of information and other forms of collaboration.

Overall, the EMCDDA’s activities in the international field have been important in supporting the EU’s efforts to combat the drugs problem. More particularly, the EMCDDA’s role in promoting the sharing of information with European and international partners, its support for capacity building in pre-accession
EU Enlargement & International Dimension

and candidate countries, and the role played in developing links with national authorities and agencies in other regions outside the EU, have all helped to improve the quality information on the drugs situation and hence the ability to devise effective responses at a European and international level.
Impacts & Community Added Value

It is clearly important that in addition to operating efficiently and effectively, the EMCDDA is having a positive impact and fulfilling its intended role in relation to key target audiences (impacts and utility). Equally, it is important to examine the extent to which the EMCDDA is achieving outputs that would be difficult or impossible to achieve through actions at a national level alone (Community added value).

8.1 EMCDDA’s Information and the Drugs Situation

To what extent do the various outputs meet the needs of target audiences, which are the most important in this respect, what use is made of the outputs and are they delivered in an efficient and timely manner?

As Section 5 showed, the EMCDDA has developed a number of ways of communicating with its target audiences and there is a good reach in terms of target audiences.

Communicating information effectively to target audiences is in itself meaningless if this does not help recipients to understand the drugs situation in Europe. As indicated earlier in this report, the EMCDDA’s publications are generally perceived as being very relevant to those who read them. Figure 8.1 analyses feedback on how useful the information is to target audiences in helping them to understand the drugs situation at a national and European level.

Figure 8.1: Summary analysis - How useful is the EMCDDA’s information in helping target audiences to understand the drugs situation in (a) your country; and (b) Europe as a whole?

![Bar chart showing the usefulness of EMCDDA's information]

Source: CSES analysis of survey responses (NFPs, key stakeholders, target audiences)

See Sections 4.4 and 5.3 which assessed the relevance of EMCDDA scientific outputs to target audiences and other issues such as effectiveness in reaching target audiences.
Impacts & Community Added Value

Overall, the utility of EMCDDA information is highly rated with over two-fifths (42.8%) of the survey respondents rating it as ‘very useful’ in understanding the drugs situation and a further 47.4% saying that it is ‘quite useful’. As can be seen from Figure 8.1, the positive rating applies especially to understanding the drugs situation in Europe as a whole. Further analysis of the survey data suggests that:

- The utility of the EMCDDA’s information is particularly high in three countries, two newer EU Member States and a candidate country (Poland, Romania and Turkey);

- Of the 14 countries where the percentage of ‘very useful’ responses is above average, a disproportionate number (9) are Member States that joined the EU after 2004. However, in the remaining newer Member States, the percentage of ‘very useful’ responses is either around average (Bulgaria) or below average (Estonia and Hungary).

These findings mirror the earlier analysis on how effectively the EMCDDA communicates with target audiences (see Section 5.2) where there is also a difference between the feedback from ‘old’ and ‘new’ EU Member States. In this case, however, the explanation is almost certainly more straightforward: in countries that are at a relatively early stage in the development of their drugs strategies (i.e. the newer Member States), information on the drugs situation is particularly needed to help monitor the drugs situation and to devise appropriate policy responses. This consideration applies less in countries (broadly the ‘old’ Member States) where drugs monitoring has been undertaken for a longer period of time and is better established. Against this background it is not surprising that there are different perceptions regarding the utility of the EMCDDA’s scientific outputs.

An analysis of this sort needs, however, to be interpreted with caution because the survey sample is not large enough to ensure reliable results when disaggregated down to the level of 30 countries. Nevertheless, in broad terms, the analysis does indicate how useful the EMCDDA’s information is perceived as being in helping to understand the drugs situation in different countries. It underlines the fact that being able to compare the situation with regard to drugs and drug addiction at a European level is helpful in putting the national situation into perspective, and that this is especially helpful in countries that are at a relatively early stage in the development of their national drugs strategies. This is confirmed by the survey findings with just over two thirds of respondents stating that an overview of the European situation is ‘very important’ to an understanding of drugs trends in their own country and most of the remainder indicating that the information is ‘quite important’.
Impacts & Community Added Value

Figure 8.2: Summary analysis – Importance of information on drugs issues at a European level for an understanding of the drugs issues at a national level

A more detailed analysis of the survey data suggests that NFPs were generally more positive than other groups surveyed about the role of the EMCDDA’s information in helping target audiences to understand the drugs situation. However, a note of caution is needed as it is likely that NFPs are most familiar with the national situations and that this results in a tendency to give the EMCDDA a particularly positive rating, compared to the other groups, with regard to how its information helps target audiences to understand the drugs situation.

A related issue is the extent to which there is a dependence on the EMCDDA as a source of information on the drugs situation. Figure 8.3 below summarises the survey responses on this question. Not surprisingly given earlier findings, most rely more on the EMCDDA for information on the situation in Europe as a whole than in relation to their own countries.
Impacts & Community Added Value

Figure 8.3: How much do you rely on the EMCDDA for information on the drugs situation?

Source: CSES analysis of survey responses (key stakeholders and target audiences). Note: ‘don’t knows’ accounted for 13.3% of responses for the question relating to ‘in your own country’ and 4.2% of overall responses for ‘in Europe as a whole’.

A supporting question underlines the extent of dependence of the EMCDDA as a source of information on the drugs situation in Europe. As can be seen from the following analysis of survey returns, whilst there are alternatives to EMCDDA information on the drugs situation in particular countries, half the survey respondents (50.7%) indicated that it was not the case with regard to the European situation and a further quarter (25.4%) said they did not know.

Figure 8.4: Are there any other sources of the same or similar information on the drugs situation that you are aware of?

Source: CSES analysis of survey responses (key stakeholders and target audiences). Note: ‘don’t knows’ accounted for 16.3% of responses for the question relating to ‘in your own country’ and 25.4% of overall responses for ‘in Europe as a whole’.
As noted above, there was a relatively high proportion of survey respondents who could not answer this question. ‘Don’t knows’ in this context could quite reasonably be considered equivalent to saying that there are no known alternatives to the EMCDDA as a source of information on the drugs situation.

Where alternative sources of information on the drugs situation were known to exist, these included: the Pompidou Group, UNODC, national authorities and agencies, and academic organisations and scientific journals. It was, however, pointed out by several of those we surveyed and spoke to that in many cases this information although originating from other sources, is included in the Annual Report and other publications produced by the EMCDDA. Also noteworthy, and adding support to the earlier conclusion, is the fact that in most cases the alternative sources are national rather than international (the Pompidou Group and UNODC being the only other international sources mentioned).

As Figure 8.5 illustrates, a quarter of the survey respondents indicated that there is information on the drugs situation in Europe that the EMCDDA does not currently produce but which they would like to receive.

Figure 8.5: Is there any information on the drugs situation in Europe that the EMCDDA does not currently produce but which you would like to receive?

Examples of the type of information that survey respondents said they would like to receive included: definitions of treatment and results of various forms of treatment based on such definitions; more up-to-date material, such as daily drugs related news on the web site; more information on the attitude or on changes in the attitude of the general population as well as politicians regarding drugs and drug use; the economics of the drug market and more information on drug related crime; more emphasis on
licit drugs such as alcohol, tobacco in the framework of poly-drugs use, and prescription drugs; and information from civil society organisations involved in the drugs issues.

8.2 Role of the EMCDDA Information in Policy-Making

Key stakeholders and members of the Management Board and Scientific Committee were asked a more general question - the importance of the EMCDDA's role in providing the information needed by policy-makers at a European and national level to tackle the drugs problem. A key role of the EMCDDA is to provide the information needed for evidence-based decision-making at a national level and, as noted earlier, comparative European information on the drugs situation is vital to doing this.

The following chart provides an analysis of the responses received from key stakeholders to this question.

![Chart showing the importance of the EMCDDA's role in policy-making](chart.png)

*Source: CSES analysis of key stakeholder survey responses*

As can be seen from the analysis, over half (54.1%) of the stakeholders who were surveyed believe that EMCDDA information is ‘very important’ at a European level in helping policy-makers to devise ways of tackling the drugs problem with most of the remainder stating that this information is ‘quite important’. The EMCDDA’s role is seen as less important in relation to national drugs policies. As noted earlier, it is not possible from the survey data to establish whether national reports are viewed as an alternative to the EMCDDA’s scientific outputs but, also as pointed out earlier, in many countries these were only introduced as a result of the EMCDDA’s support.
Impacts & Community Added Value

But, overall, it is clear from the survey that at both national and European levels, the EMCDDA’s information plays at least an important role from the policy-makers’ perspective.

To what extent do the results and impacts of the EMCDDA activities contribute to addressing the drug related problems?

The extent to which the information produced by the Agency has informed policymakers at a Community and national level, and enabled them to correctly identify problems and to implement appropriate measures to address them, has been judged on the basis of feedback from members of the Management Board and Scientific Committee and key stakeholders, many of which are either officials of EU institutions or national authorities who are closely involved in national and EU drugs policies and strategies.

As the earlier analysis shows (see Figure 8.1 and accompanying text), most NFPs and key stakeholders consider that the EMCDDA’s information is either ‘very helpful’ or ‘quite helpful’ in helping target audiences to understand the drugs situation. Historic data on the key indicators is of course critical in this respect but so is the capacity of the EMCDDA, and the Reitox network, to detect emerging trends and issues with regard to drugs and drug addiction. The role of the Early Warning System, Risk Assessments and - from a different perspective the EMCDDA’s contribution to the Commission’s evaluation of the impact of the EU Drugs Strategy - are also important in this respect. Looking ahead, the role foreseen for the EMCDDA in helping to develop an understanding of best practices (e.g. on the most effective methods of prevention and treatment) should clearly be of great value in addressing the drugs problem.

However, there appears to be a need to further develop the capacity to assess impacts. The need to do this has been highlighted through the exercise to evaluate the EU’s Action Plan in which it was hoped that in addition to reporting on the progress with regard to putting legislation into effect, the impact of measures being adopted by Member States might also be evaluated. A study examining how this might be done is currently underway. Although the EMCDDA cannot be involved directly in the evaluation of policies and programmes, as its mandate does not allow it to carry out research activities, it could help identify and disseminate tools and instruments to evaluate the impact drug policies. It might also play a role in scientific literature reviews and could support the development of benchmarks for programmes and interventions. Such benchmarks and tools are also needed as a framework for identifying best practices.
Impacts & Community Added Value

What approach has been adopted by the EMCDDA to performance measurement?

As noted earlier in this report, in terms of measuring its own performance, the EMCDDA’s main tools are the three-yearly and annual Work Programmes which set out objectives and targets. Key strategic priorities and objectives are outlined in the three-yearly work programmes with further detailing of objectives and occasional adaptations taking place in the annual work programmes.

At the end of each year, the EMCDDA then takes stock of where it stands in relation to its short and longer-term objectives in the General Reports of Activities. These publications present a synthesis of the main activities that were carried out during the previous year, comparing this with the objectives formulated in the corresponding annual work programme and the more strategic objectives that were defined in the three-year work programme. The General Reports have so far mainly been of a descriptive nature outlining the various activities that took place and listing the different outputs. There has been less emphasis, so far at least, on analysing results or impacts or providing a quantitative and qualitative assessment of progress towards objectives and achievements. Changes are being introduced in this respect and in the 2007-2009 Work Programme a number of specific goals have been defined for each of the strategic priorities that were chosen for the period, with corresponding expected outcomes described in a way that should allow for a more precise assessment of whether or not the various goals have been achieved. These main goals and expected outcomes are presented in tables for each of the three priorities.

At an operational level – again as noted earlier – the EMCDDA has followed the Commission services in adopting an activity-based approach to managing its financial and human resources. This has, in our view, led to a more efficient system of ensuring that internal resources are allocated in a way that is transparent and aligned with priorities.

Should the EMCDDA seek to obtain more feedback on its activities and outputs and if so what is the best approach to doing this?

Obtaining feedback on performance in meeting target audience needs is good practice for any organisation for reasons that are generally well understood. In the EMCDDA’s case, the aim should clearly be to establish whether the information it produces on the drugs situation meets the needs of decision-makers at a European and national level by providing the evidence-base for policy-making and implementation.

Some methods of obtaining feedback from target audiences have been tested as part of this evaluation (e.g. the survey of ‘Drugnet Europe’ subscribers) but there is scope for these to be further developed and integrated into the EMCDDA’s management systems. At present, the EMCDDA receives feedback from a variety of sources on its
Impacts & Community Added Value

performance. Specifically in relation to the Annual Report, in earlier years feedback was obtained from those to whom it was disseminated but we understand that the extent of this feedback this was very limited. Currently, the EMCDDA relies mainly on NFPs, Management Board members and other key stakeholders, and an analysis of press coverage, to provide feedback on the Annual Report and other publications that are disseminated at a national level. At a European level, regular contacts with the Commission services, and its participation in the inter-service working group on drugs, are mechanisms by which feedback can be obtained. More generally, public information requests received via e-mail and letters are now also being more systematically monitored by the EMCDDA itself. Otherwise, the Centre has mainly relied on external evaluations and studies to provide information on its performance.

The way in which the EMCDDA might strengthen feedback mechanisms needs further consideration, especially since new possibilities are opening up. For example, in the case of the Annual Report, the OPOCE will now begin conducting user surveys. Likewise, the lists of target audiences held by the EMCDDA at a European level and by NFPs at a national level could be periodically surveyed to obtain their opinion on outputs (the survey of ‘Drugnet Europe’ readers for this evaluation demonstrates the feasibility of survey work of this kind). More consideration will need to be given to these and other possibilities to identify the most appropriate method(s).

However, it is clearly important that any additional workload on the EMCDDA and NFPs is kept to a minimum and proportionate to the benefits to be derived from user feedback.

8.3 Overall Performance and Community Added Value

There are various ways in which the EMCDDA can demonstrate added value – broadly in undertaking tasks and producing scientific outputs that would be difficult to achieve through purely national or bilateral initiatives.

As a starting point to an assessment, in the survey work, target audiences and key stakeholders were asked to comment on the EMCDDA’s overall performance as a provider of information on the drugs situation in Europe. The following charts and tables provide an analysis of the responses. A vast majority of survey respondents (93.2%) considered that the EMCDDA’s performance was either ‘excellent’ or ‘quite good’. Only very few saw it as ‘not very good’ and less than 1% described their performance as ‘poor’. As can be seen, most classified it as either ‘excellent’ or ‘quite good’.
Impacts & Community Added Value

Figure 8.7: Overall, how do you rate the EMCDDA’s performance as a provider of information on the drugs situation in Europe?

![Bar chart showing the distribution of ratings.]

Source: CSES analysis of survey responses (key stakeholders, target audiences). Note: ‘don’t knows’ accounted for 6.8% of overall responses.

Key stakeholders, target audiences and EMCDDA staff were also asked in the survey to give an overall opinion on how well the EMCDDA is performing in relation to its mission. As the following table shows, the overwhelming majority indicated that in their view the EMCDDA was either performing ‘very well’ or ‘quite well’. Only three respondents stated that the EMCDDA was not performing well at all.

Figure 8.8: Summary Analysis - Overall, how well do you consider that the EMCDDA is performing in relation to its mission?

![Bar chart showing the distribution of overall opinions.]

Source: CSES analysis of survey responses (key stakeholders, target audiences and EMCDDA staff). Note: ‘don’t knows’ accounted for 6.3% of total responses.
Impacts & Community Added Value

A more detailed breakdown of the survey responses is provided below. This indicates that target audiences were the most positive in their views (86.7% stating that the EMCDDA is performing either ‘very well’ or ‘quite well’ in relation to its mission) followed by key stakeholders (83.7%) and EMCDDA staff (71.1%).

Table 8.1: Detailed Analysis - Overall, how well do you consider that the EMCDDA is performing in relation to its mission?

<table>
<thead>
<tr>
<th></th>
<th>Key stakeholders</th>
<th>Target Audiences</th>
<th>EMCDDA staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Very well</td>
<td>31</td>
<td>36.0</td>
<td>19</td>
</tr>
<tr>
<td>Quite well</td>
<td>41</td>
<td>47.7</td>
<td>33</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>8</td>
<td>9.3</td>
<td>3</td>
</tr>
<tr>
<td>Not well at all</td>
<td>2</td>
<td>2.3</td>
<td>1</td>
</tr>
<tr>
<td>Don't know/ no response</td>
<td>4</td>
<td>4.7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>86</strong></td>
<td><strong>100.0</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Source: CSES analysis of survey responses (key stakeholders, target audiences and EMCDDA staff)

It is clear from the survey responses to another question that most of those surveyed see the EMCDDA as having improved its performance over the past few years. The overwhelming majority (84.2%) argued that this was the case although there was a high proportion of ‘don’t knows’.68

Figure 8.9: How the EMCDDA’s performance changed over the past few years?

Source: CSES analysis of survey responses (key stakeholders, target audiences and EMCDDA staff). Note: ‘don’t knows’ accounted for 22.9% of total responses.

68 It is interesting that on this question there was a relatively low proportion of ‘don’t know’ and non-responses. This contrasts with the survey results on a number of other questions (e.g. effectiveness in reaching target audiences). There is, however, no obvious explanation for this.
**Impacts & Community Added Value**

**To what extent have the activities of the EMCDDA resulted in any unintended/unplanned results and impacts (both desirable and undesirable)?**

A number of theoretical possibilities exist with regard to negative unintended effects. For example, developing the Reitox network in the newer EU Member States leading to the needs of the network in the EU15 countries being neglected; or internal reforms at the Agency itself leading to higher staff turnover. However, there is no evidence from the research of these or other unintended negative effects occurring.

On the positive side, the integration of the new EU Member States into the EMCDDA’s operations has undoubtedly strengthened the capacity of NFPs in these countries and more generally at Member State level to provide information on the drugs situation that is required by the EMCDDA but also to monitor other aspects of the drugs situation that are of particular concern in their countries. In several countries, the discipline provided by the EMCDDA’s systems for data collection has also raised standards and resulted in more reliable local data on the drugs problem becoming available not only for the Centre’s purposes but also more generally at a national level. This could be seen as an unintended positive effect.

**To what extent does outsourcing to the EMCDDA provide added value in the context of EU action on drugs compared to possible alternative options (e.g. Commission Services themselves, contracting out of individual tasks)?**

As noted earlier, there are various ways in which the EMCDDA, as an EU-supported agency, could theoretically demonstrate added value. Overall, the research suggests that the EMCDDA does this in four basic ways:

- Successfully developing ways of obtaining harmonized and comparable data on drugs, and exchanging expertise, thereby increasing recognition by national authorities inside and outside the EU;
- From the national perspective, helping to develop national monitoring systems following some common methodologies and standards, and with regard to other activities. Likewise, from a European perspective, the added value of information on drugs and drug addiction and the benefits of this in supporting national authorities to take action, whether in their own countries or through EU institutions.
- More generally, from both an EU and national perspective, providing a more cost-effective and efficient way of monitoring of the drugs situation in Europe than could be undertaken by the Commission itself, or through bilateral cooperation between countries or by contracting out individual tasks.

Taking the first two points above, feedback from the research confirms that the EMCDDA has played an important role in developing the capacity of Member States to monitor the drugs situations at a national level in an effective way. This has been...
Impacts & Community Added Value

achieved through a variety of means – twinning projects, direct technical assistance, guidelines, Reitox Academy courses, etc - and has led to the quite speedy integration of new EU Member States into the EMCDDA’s activities. Coordination of this effort at an EU level by the EMCDDA has made it possible for the beneficiaries of this assistance to learn from best practices in a way that would have been far more difficult to do in the absence of the Centre.69 There has also been intervention, generally seen as effective, to help reinforce the NFP function in other ways, for example with regard to dissemination strategies (one result being that there are now an increasing number of purely national launches of the national reports). The grant provided by the EMCDDA to NFPs is also, as the analysis in the previous section shows, important in providing the resources needed by many NFPs and in leveraging co-finance from national sources.

The second point highlighted earlier relates to the added value of the information on the drugs situation in Europe that is provided by the EMCDDA. Its mission as set out in the 1993 Founding Regulation of providing the Community institutions and Member States with ‘objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’ is not something that Member States could easily achieve on their own. The added value of the task being undertaken by the EMCDDA is acknowledged in several documents. Thus, the EMCDDA’s ‘Medium Term Perspectives’ (2000) argued that the Agency could add value through effective data collection and comparative analysis of the drugs situation at an EU and national level, and by developing the tools required to do this. The same point, in essence, is made in the recast Regulation of 2006 which states that ‘the objectives of this Regulation cannot be sufficiently achieved by the Member States and can, by reason of the scale and effects of this Regulation, be better achieved at Community level’ (Preamble, paragraph 20).

As the earlier analysis makes clear, the EMCDDA has demonstrated success in the provision of information at a European level that enables individual EU Member States to benchmark the drugs situation, practices and policies against wider experience and trends. Few national reports on the drugs situation were produced before the EMCDDA was established (or in the case of some newer Member States, before they joined the EU). The framework provided by the EMCDDA has also led to improvements in the content and quality of national reports. National reports provide a key reference point for the coordination of Member State policies and actions in the drugs field but without the comparative dimension provided by the EMCDDA, evidence-based actions in the drugs field and the prioritisation of these actions at a national level would be more difficult. Similarly, at a European level, the information

69 For example, in Bulgaria, there was no substitution treatment until 2003 but in that year it was possible to persuade the authorities to introduce a scheme based on evidence in an EMCDDA report. In Hungary, as a result of the need to collate data for the EMCDDA on Hepatitis B, testing is now made available for free to potential sufferers.
Impacts & Community Added Value

provided by the EMCDDA is for the same reasons essential for the development and implementation of the EU Drugs Strategy and Action Plans.

As the earlier analysis shows, although there are alternative sources of information on the drugs situation in Europe (Pompidou Group, UNODC), these do not focus to the same extent on the situation in EU Member States and are, arguably, not as comprehensive in scope in terms of the coverage of the drugs problem. Moreover, relevant information although originating from other sources, is included in the Annual Report and other publications produced by the EMCDDA.

Some of the benefits derived from the EMCDDA's activities could of course be achieved through purely bilateral networking. However, the existence of the EMCDDA means that networking between countries can be more efficiently organised. Moreover, networking between NFPs and others involved at a national level in the development and monitoring of the drugs situation would not take place on such an extensive and structured basis without the facilitating role played by the EMCDDA. More generally, the development across EU Member States of harmonized data collection mechanisms for information on drugs is unlikely to have taken place without the EMCDDA.

The tasks undertaken by the EMCDDA could be undertaken by the Commission itself, assuming extra staff could be recruited and trained to perform the functions currently carried out in Lisbon. In reality, the tasks that would need to be undertaken by the Commission under this scenario would probably be limited to a management role with scientific activities being contracted out to experts. However, there are a number of considerations suggesting that this approach would not be advantageous. Firstly, there is an advantage in separating the task of policy-making from that of assembling the information required to support policy-making with less risk of political considerations influencing the analysis and interpretation of scientific data. Secondly, the use of a dedicated agency means that a centre of excellence can be more easily developed. Last but not least, the fact that different aspects of the drugs situation are being monitored by a single organisation almost certainly makes it easier to adopt the holistic and multi-dimensional approach to tackling drugs issues called for by decision-makers and professionals. This kind of connectivity between different aspects of drugs monitoring would be very difficult to achieve if different tasks were contracted out to different organisations. It would also probably be less efficient in terms of costs.

Above all, however, the use of an agency to monitor the drugs situation in Europe, rather than performing this function from within the Commission, is politically appropriate. Because combating drugs and drugs addition at a national level is a Member State responsibility, the use of an agency with a decentralised system of NFPs is almost certainly a more acceptable approach to national authorities than the drugs monitoring function being carried out by the Commission itself.
Conclusions & Recommendations

The final section summarises key findings, presents overall conclusions from the evaluation of the EMCDDA and highlights recommendations.

9.1 Overall Conclusions

The aims of this assignment were, in summary, to evaluate the:

- Utility and European added value of the EMCDDA;
- Coherence of the EMCDDA objectives and activities with regard to relevant objectives and activities and Community/Commission level;
- Consistency of the results/outputs with the EMCDDA mandate, objectives, and tasks defined in the founding regulation;
- Ways of improving the efficiency and effectiveness of the EMCDDA.

Utility and European added value of the EMCDDA – feedback from the EMCDDA’s target groups indicates that the relevance, utility and added value of its scientific outputs are generally highly regarded. The Annual Report package, which is the EMCDDA’s flagship publication, is especially well received. Other publications and scientific outputs are generally well regarded although there are some variations in perceptions of relevance and quality. More generally, this evaluation suggests that the EMCDDA demonstrates Community added value by helping to develop national monitoring systems based on common methodologies and standards, and secondly, by providing the objective, reliable and comparable information that is needed as an evidence base by policy-makers at both national and European level.

Coherence of the EMCDDA objectives and activities with regard to relevant objectives and activities and Community/Commission level - the EMCDDA’s approach to defining priorities has been closely aligned with wider EU policy aims. During the earlier part of the period under review, its work programme and organisation were structured closely around the priorities set out in the 2000-04 Action Plan on Drugs. More recently, following the ‘strategic reflection in 2005, the EMCDDA the emphasis has switched to a more integrated approach to drugs issues with stronger horizontal functions which reflects the EU’s Drugs Strategy for 2005–2012 and its emphasis on promoting ‘integrated, multidisciplinary and balanced approach’ to the drugs problem by combining and concentrating on the two policy fields of demand and supply reduction.

Consistency of the results/outputs with the EMCDDA mandate, objectives, and tasks defined in the founding regulation – overall, the research suggests that the EMCDDA is performing well in fulfilling the mission assigned to it of providing the Community and its Member States with ‘objective, reliable and

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70 It should be noted that only the survey of target audiences included a direct question concerning the relevance of scientific outputs. The issue was further discussed during the interview programme with NFPs and key stakeholders.
Conclusions & Recommendations

comparable information at European level concerning drugs and drug addiction and their consequences’. The development across EU Member States of harmonized data collection mechanisms for information on drugs would not have taken place, at least in the same timeframe, without the EMCDDA. Moreover, this has taken place against the backdrop of two EU enlargements with the consequent need to provide substantial and on-going support for capacity building. This process, and the comparative information generated, has made an important contribution to the development and implementation of the EU Drugs Strategy, and has had a considerable impact on participating countries’ drugs policies and practices, providing an important incentive for action and contributing to evidence-based decision-making. The research does, however, point to various ways in which the EMCDDA’s performance as a provider of information on the drugs situation in Europe could be improved.

9.2 Specific Conclusions and Recommendations.

Below we summarise key findings and conclusions from the evaluation and where appropriate make recommendations.

9.2.1 Scientific activities and outputs

The challenge the EMCDDA faces in achieving consensus and joint action on key indicators to monitor the drugs problem and responses to it has been and remains formidable. From a methodological perspective, the comparison of national survey data that has been collected using standard tables and structured questionnaires provides a good overview on population patterns of drug use, although there is still more work to be done on the quality of key indicator and core data, as the following point illustrates.

The quality of the key indicator (and more widely, ‘core’) data on the drugs situation is clearly dependent on the quality of the national data gathered and there is still a considerable variation in this. The system for data collection has been fully operational since 2003, but it is currently only implemented to the extent of 60-70% at Member State level. Continued methodological work is needed to improve ways of measuring size of the problem drug use population. The indicators on infectious and blood borne disease is also problematic because of the difficulty of gathering reliable data on injecting drug users in a systematic manner than enables good cross-national comparisons. The same applies to the treatment demand indicator. Clearly, these and other shortcomings need to be addressed if the EMCDDA is to fully achieve its mission of providing policy-makers and others with ‘objective, reliable and comparable information at European level on drugs and drug addiction and their consequences’. To do this means working with NFPs to improve data collection, further strengthening internal quality assessments and - from a strategic perspective - ensuring that the EMCDDA gives priority to its core business tasks.

Some information collected by NFPs on the drugs situation is not used by the EMCDDA although it is collected for national purposes. Member States often have different data collection needs and methodologies from those of the EMCDDA. The national monitoring needs not only pre-existed the EU needs, in
Conclusions & Recommendations

many cases, but they also take priority over these, as they feed into national policy-making. NFPs therefore often have to collect the data for the EMCDDA in addition to the data collected at national level. Partly as a result of different national methodologies and partly because of variable quality of the information collected in some countries (e.g. on treatment demand), aggregation and comparison at an EU level sometimes proves to be impossible. To the research indicates, however, that many NFPs do not perceive the fact that not all their data is being used by the EMCDDA as imposing an unnecessary work load. That said, there is a need to keep the amount and type of data being collected from Member States under continuous review. The overall aim should ultimately be to ensure that national and EU monitoring needs are matched and converged.

There are also aspects of the drugs situation that are not currently being monitored by the EMCDDA and where comparable information is needed. For example, drugs-related crime and other aspects of crime statistics are important measures for assessing progress in implementing drugs strategies. However, as noted in the evaluation of the EU’s 2000-04 Drugs Strategy, these indicators are not part of the EMCDDA’s key indicators - at least partly due to the complex and varied manner with which crime statistics are collated and reported on in different countries. Interview feedback from NFPs and key stakeholders also indicate that the level of drugs consumption should be an area for monitoring in terms of quantities, although again there are complications with regard to methodologies and data availability. However, priority should be given to maximizing the quality of existing core information on the drugs situation, and ensuring that Member States fully implement key indicators, before new data sets are developed.

Looking ahead, there is a need to achieve the same degree of harmonization in methodologies and data collection tools that now exists for the EMCDDA’s five key indicators to cover other aspects of the drugs situation in Europe and ways of addressing it. This depends of course on the willingness of Member States to invest in developing the capacity to provide the EMCDDA with harmonized information sets since the Agency itself can only define standards. From an operational perspective, the research highlights a number of possible ways in which both the process of delivering information and its added value to users could be enhanced. In many countries (predominantly but not only the newer EU Member States), alcohol abuse and tobacco are, or are becoming more serious problems than drugs and further consideration should be given to extending the EMCDDA’s monitoring activities to cover these fields.

The EMCDDA’s various publications and other scientific outputs are generally very well regarded. There is some variation in the extent to which different EMCDDA scientific outputs are used. Apart from the Annual Report and its various components (Selected Issues, Statistical Bulletins and Country Profiles), the outputs that are the most extensively used are the Drugnet Europe newsletter, Drugs in Focus and the EMCDDA website. There are also varying perceptions of the quality of the various publications and other forms of information. NFPs were generally the most positive of the surveyed groups. Some did, however, argue that, the provision of high quality data was more important than quantity and that more might be done to tailor the products to the needs of certain target audiences. Overall, the EMCDDA information is seen as relevant to target audiences, although
Conclusions & Recommendations

this applies more to some outputs than others. The Annual Report, monographs and manuals are all very highly rated in terms of their relevance to target audiences but, in contrast, the General Report of Activities and brochures, flyers and catalogues are seen as far less so. The feedback from target audiences was broadly mirrored in the academic quality assessment. However, several publications were seen by the academics as having certain methodological limitations from a scientific point of view, mainly as a result of differing data collection and analysis methods being used in different Member States and material varying in quality and reporting format. In this context, it is important that the methodological limitations and qualitative shortcomings that might arise as a result should be made clear in any publications of this type, especially with regard to topics that have a high political visibility.

The Annual Report package is particularly well received but various options could be considered to improve the publication and to ensure that it is made available more quickly. The EMCDDA has periodically reviewed the structure and style of the Annual Report. This, for example, led to a decision two years ago to adopt an essentially thematic structure and to shorten the main document with ‘Selected Issues’ being published separately. At present the process of producing the Annual Report is spread across nine months each year. One way that publication date could be brought forward would be to either only make the document available in English, or to distribute this version when it is ready, i.e. in the early summer, and the other language versions later. Delegating responsibility for quality control to a working group, rather than undertaking the extensive review process that is currently undertaken, would also speed up publication as well as reducing the time spent on producing the Annual Report. 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. There are also various ways in which the process of producing the Annual Report package might be speeded up and made less resource intensive including more limited translation into EU languages.

There is also a case for a more limited translation of the EMCDDA’s Annual Report. The EMCDDA provides most of its publications only in English, except for the Annual Report and the policy briefing ‘Drugs in Focus’, which are both translated into other Community languages. Although there have been criticisms from time to time about the quality of translations, overall this does not seem to have significantly affected the positive reception the publication receives. The question of whether the Annual Report and other EMCDDA documents should be translated into all EU languages is, however, open to question. One possibility would be to produce an executive summary for the Annual Report and only translate this into other languages with the remainder of the document then being translated into a few languages. This and any other changes to the Annual Report should, however, be driven by an understanding of target audience needs and preferences.

Over the years the number of EMCDDA scientific outputs has grown and there are currently around 20 different types of outputs. Consideration might, in our view, be given to more packaging together of different outputs with a view to making the range of EMCDDA products more coherent and
Conclusions & Recommendations

**transparent.** Although there is no direct evidence that the number of publications adversely affects their use, and there are advantages in using different publications to address different issues, a simplification exercise should nevertheless be considered with a view to making the EMCDDA publications more coherent and transparent. The relatively high proportion of ‘don’t knows’ among survey respondents in relation to the quality of scientific outputs also suggests that a simplification of the EMCDDA’s products would be helpful. An exercise of this kind should, however, be driven by target audience preferences. Overall, the feedback in relation to scientific outputs appears to indicate that such a simplification exercise should be combined with a further strengthening of the internal quality control in order to enhance the ‘reliability’ of EMCDDA information products, which is especially important in relation to target audiences such as decision-makers.

<table>
<thead>
<tr>
<th>Recommendations – Scientific Activities and Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue efforts to improve the quality of key indicators and core information generally on the drugs situation in Europe.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Include an executive summary in the Annual Report, preferably aimed at policy-makers, 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).</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Ensure that internal quality control systems are in place that maximise the reliability of scientific outputs.</td>
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Conclusions & Recommendations

9.2.2 Effectiveness in reaching target audiences

The research suggests that the EMCDDA is seen as effective in reaching target audiences, particularly at a European level. Over two-thirds of the survey respondents (78.6%) considered that the EMCDDA is either ‘very effective’ or ‘quite effective’ in communicating with target audiences (it should be noted that there was a high proportion of ‘don’t know’ responses on this issue, possibly attributable to the fact that survey respondents are less likely to be aware of how effectively the EMCDDA communicates with other target audiences than their own organisation. Furthermore, the EMCDDA’s scientific outputs are quite specialised and many recipients only make use of some outputs). This finding supports the suggestion that a certain degree of simplification of the range of information products would possibly be useful. The fact that most of the valid responses fell into the ‘quite effective’ category suggests that there is scope for improvement in the way the EMCDDA communicates with target audiences. As the survey responses also suggest, the priority is this respect lies mainly at the national rather than European level. The number of key targets defined by NFPs varies considerably from one country to another without any apparent relationship to the size of different countries or other factors. It is also not entirely clear what information provided by the EMCDDA is disseminated by NFPs to their national contacts. Downloading of the Annual Report from the EMCDDA’s website is, however, now becoming the main way in which the publication is disseminated and will soon far exceed the number of printed copies. There would then be a case for reviewing the cost-effectiveness of the current 30,000 print run. Although the need for some hard copy distribution is likely to remain, it could be that the number involved could be reduced.

The EMCDDA has invested heavily in developing its website and this now offers access to a very wide range of on-line products. The website includes a very large amount of information on drugs and drug addiction including a wealth of detail on the situation in different EU Member States and at a European level, access to a large number of publications and reports, statistical information, online databases. The research nevertheless suggests that a number of improvements might be considered – improving navigability (particularly by making it easier to follow particular themes), making certain aspects more user-friendly for different target groups, improved integration of the different domains used to support EMCDDA products, developing more interactive tools, and allowing users to independently interrogate on-line statistical data. Last but not least, a lot of the information on the EMCDDA website (including top level pages) is in English. Although this is widely understood in the drugs field, and there are links to national NFP websites, consideration might be given to increasing the non-English content.

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<tr>
<th>Recommendations – Effectiveness in Reaching Target Audiences</th>
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<tr>
<td>• Work with Management Board members, NFPs, etc to review practices with regard to defining target audiences to help ensure that key contacts are being reached.</td>
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<tr>
<td>• Consider the scope for reducing the number of different scientific outputs and publications and ensure that these are presented in a way that</td>
</tr>
</tbody>
</table>
Conclusions & Recommendations

- A number of improvements to the EMCDDA’s website should be considered - a more integrated on-line presence, improved navigability and signposting, more interactive tools allowing users to independently interrogate on-line statistical data, and more translation of the content into different languages.

9.2.3 EMCDDA organisation and resource efficiency

Overall, feedback from the research suggests that the EMCDDA’s current organisational set up works well. The developments following adoption of the Internal Reform Plan and changes since the 2005 ‘Strategic Reflection’ have led, amongst other things, to a more integrated approach to scientific activities and a stronger focus on communicating with target audiences. From the perspective of operational efficiency, the measures taken in recent years have contributed to improving the EMCDDA work organisation and methods with this process being accelerated following the appointment of a new Director in 2005. The EMCDDA’s organisational restructuring has helped to break down rigidities that previously existed and a tendency towards the compartmentalisation of different activities. The effort to improve management systems is continuing with the EMCDDA having implemented in the last two years an action plan to further improve administrative and financial processes.

During the period under review, the EMCDDA’s revenue and expenditure increased at an average rate of 7.6% p.a., from €8.2m in 2000 to €12.6m in 2006. Although this is above the average inflation rate for the period, EU enlargement in 2004 largely accounts for this increase. Although not straightforward because they have different functions, as measure of resource efficiency, a comparison can be made between the EMCDDA and other EU-supported agencies. The EMCDDA is positioned towards the lower end of the range in terms of the percentage increase in its revenue and expenditure during the period 2000-06.

The research suggests that the composition of the Management Board strikes a reasonable balance between the need to retain an effective decision-making body and the need to ensure stakeholder representation. The role of the Executive Committee, the close relationship between the Management Board Chairman and EMCDDA Director, the fact that the EMCDDA now has an assistant to the Management Board, are factors that have all contributed to ensuring that its meetings are now better prepared and efficient decision-making. One factor, however, that does complicate the Management Board’s proceedings is the relatively high turnover of members. But there is probably very little that the EMCDDA can do to influence this beyond requesting that Member States strive to achieve greater continuity in their representation on the Management Board. Overall, though, it seems to us that the EMCDDA’s Management Board functions efficiently and effectively as a decision-making body and, moreover, is able to do so through consensus rather than formal votes.
Conclusions & Recommendations

The Scientific Committee has played an important role in advising on the EMCDDA’s scientific priorities but it has not been used to the full extent envisaged. The opinions given by the Scientific Committee on the EMCDDA’s work programmes have been helpful in confirming the appropriateness of scientific priorities but also in drawing attention to organisational, and financial and human and resourcing issues and implications. It has also played a useful ‘critical friend’ role in commenting on other issues related to implementation of the EMCDDA’s work programmes including the adequacy or otherwise of data collection, storage and retrieval systems, etc. Overall, the survey and other feedback indicate that the Scientific Committee has reacted competently and in a professional manner to the tasks it has been asked to address. At the same time, it seems that the Scientific Committee has been underused by the EMCDDA as a source of advice on its scientific activities and has not itself been particularly proactive in this respect. Changes to the Scientific Committee that are designed to ensure the full range of scientific know-how is available should help address this shortcoming.

So far, the EMCDDA has had sufficient analytical capacity to cope with the objectives set out in the last two three-year work programmes. However, looking ahead, additional staff may be needed. Apart from the need for specific expertise in the fields covered by the EMCDDA’s five key indicators, the greater emphasis foreseen in the recast regulation on issues such as best practices, the need to develop the capacity to monitor issues such as drugs-related crime and on the supply side more effectively, and a more developed role in the international field, could mean a need for the recruitment of scientific staff over and above that already planned. More generally, however, additional scientific capacity is likely to be needed as the quality of data from Member States improves and there is more scope for analysis at an EU level. Some of the EMCDDA’s existing scientific capacity could be freed up by encouraging more mobility across work areas but also by employing junior researchers on short-term contracts. There is also a strong case for greater flexibility in deciding how to undertake scientific activities with, in particular, more resources being made available for the contracting out of tasks to external experts. Some additional recruitment is already foreseen under the EMCDDA’s staffing plan. A combination of this and more efficient use of existing human resources may be sufficient to meet future challenges but it is clearly important that the situation should be kept under review in light of changing circumstances and priorities.

From a human resources management perspective, a majority of the EMCDDA’s staff (62.5%) consider that there is a generally favourable working environment at the Agency. Staff turnover at the EMCDDA is currently estimated to be around 5-7% which is not particularly high compared to other organisations including the Commission itself. Concerns exist and include the status and remuneration of contract agents who despite doing the same or similar work to permanent officials are paid less. Likewise, some EMCDDA staff complain that there is a lack of promotion prospects at lower levels of the organisation. More emphasis could be placed on developing the EMCDDA’s intellectual capital.
Conclusions & Recommendations

- 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.
- Ensure that the EMCDDA’s future staffing levels provide sufficient scientific capacity to meet future tasks – the greater emphasis foreseen in the recast Regulation on best practices, monitoring issues such as drugs-related crime, role in the international field, etc.
- At the same time, consider ways of utilizing existing scientific capacity more efficiently, in particular freeing up senior staff by recruiting junior researchers on short term (1-2 year) contracts, facilitating greater cross-unit staff deployment to ensure an even work load over time.
- Consider contracting out more scientific tasks to external experts, both to free up EMCDDA time for other tasks but also to ensure that the Centre taps into available expertise. Consider using the Scientific Committee to help manage a more developed external studies programme.
- To help develop intellectual capital, consider introducing a policy to encourage scientific staff to pursue their own research, perhaps supervised by a Scientific Committee member, as long as this is linked to EMCDDA priorities and does not interfere with operational needs. To strengthen links with the scientific community, consider introducing a scheme for visiting academics.

The REITOX network has played a key role in helping the EMCDDA to fulfill its mission, both in collecting information on the drugs situation in Europe and helping to disseminate the EMCDDA’s scientific outputs. The resources available to NFPs vary considerably. This reflects a number of factors, most notably institutional set-ups in the different Member States for drugs monitoring and the willingness of national authorities to go beyond match funding the EMCDDA’s financial assistance. As noted above, since 2001 the EMCDDA has done much to rectify earlier shortcomings in the Reitox network. This includes the definition of core NFP tasks and development of a more structured framework for collecting data on the drugs situation (standard tables, etc); the introduction of a quality standards system.

Quality assurance mechanisms are generally effective but these vary across EU Member States and there is a need for a uniform adoption of best practices. At a national level, in some countries advisory committees or other quality control mechanisms have been set up to review national reports and other publications before they are officially approved and transmitted to the EMCDDA. Elsewhere, however, there is still scope for improved quality standards and systems to be developed. Other steps taken by the EMCDDA to strengthen the network include the improvement and reshaping of the extranet, the development on online ‘country situation summaries’, and changes to the way in which the REITOX
Conclusions & Recommendations

academies operate including a stronger link between training activities and quality assurance.

The EMCDDA’s grant is an important form of support for most NFPs but it only demonstrates partial additionality and consideration should be given to linking it more closely to national needs. The EMCDDA has devoted some 20% of its budget to supporting NFP activities. There are a number of benefits associated with the NFP subsidy. One benefit of the EMCDDA’s grant to NFPs is that it places them under a contractual obligation to fulfil a number of specified tasks. The grant also demonstrates a leverage effect insofar as co-financing is provided by the national authorities. However, given the research feedback (17% of responses to the survey suggested absolute additionality, 63% partial additionality with the remainder indicating deadweight or a ‘no opinion’ position) there is a case for linking at least some of the grant more closely to different national needs. Whilst the tasks that the EMCDDA sets out in its Reitox Operating Framework for NFPs are common to all countries, some EU Member States are in a stronger position to fulfil these tasks than others because the national authorities concerned make the monitoring of the drugs situation a high priority, have developed the necessary technical capacity and are supported by well-funded budgets. In other countries, particularly in some of the newer EU Member States, the situation is very different in this respect.

In general, there are strong links between NFPs and their national partners. There is a generally a strong relationship between NFPs and host organisations and national authorities (often the same) and, reflecting this, with Management Board members. However, the relationship between NFPs and politicians and political bodies is relatively weak. This could be because the institutional positioning of NFPs in government structures is generally quite remote from politicians and, more generally, because the role of the EMCDDA is to simply provide information rather than to influence decision-makers. The relationship with others – NGOs and professionals in the drugs field, academic organisations, etc – would seem to be generally satisfactory. However, it is surprising that only a third of NFPs indicated that their relationship with the media ‘works well’.

Recommendations – Reitox Network

- 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.
- 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.
- Encourage more networking between NFPs on their own initiative to
Conclusions & Recommendations

Most key recommendations made in the previous external evaluation have generally been followed up. Following this exercise, the EMCDDA introduced the ‘Medium Term Perspectives’ and Internal Reform Plan. Amongst other things, the changes introduced have led to the stronger concentration on core tasks called for in the 2000 evaluation with organisational restructuring (the reduction in the number of scientific units and improved horizontal coordination), a project and activity-based approach to corporate planning, amongst other things, reflecting this. Similarly, weaknesses noted in the earlier evaluation with regard to the Reitox network and the support provided by the EMCDDA to NFPs have largely been rectified. Quality control mechanisms for both the collection and dissemination of information on drugs have also been considerably improved since the last evaluation was undertaken. But certain recommendations have taken longer than might have been expected to be implemented, such as changes to the Scientific Committee. In some other respects, the conclusions of the 2000 evaluation remain valid, for example the need to keep the amount of time and effort required to produce the EMCDDA's Annual Report under review and preferably to free up resources for other tasks.

9.2.4 EU enlargement and wider the international dimension

During the period under review, a number of activities have been undertaken at the request of the Commission and as part of pre-accession strategies to help new EU Member States and candidate countries prepare for integration into the Reitox network and EMCDDA activities. This has been achieved through a variety of initiatives including, for example, the organisation of seminars with inputs by experts on particular issues concerning the monitoring of the drugs trends, twinning projects, the Reitox Academy, and direct technical assistance from the EMCDDA. Efforts continued after accession to enhance their capacity and the quality of the new EU Member States inputs to the EMCDDA data collection and monitoring processes, and feedback from the research suggests that these inputs have played a critical role in developing effective systems. By and large, an effective Reitox network is now in place in the newer Member States although there is a need for continued support and capacity building in many countries.

In the wider international field, the EMCDDA has successfully developed close links with a range of European and international organisations that are involved in combating drugs and illegal trafficking. The recast Regulation introduced a new condition, namely that the Commission has to give an opinion on those working arrangements which have to be adopted by the Management Board. A particularly close working relationship has been set up with a group of ‘priority partners’ with whom the EMCDDA has signed either cooperation agreements or memoranda of understanding to provide a legal framework for collaboration. Given the international nature of the drugs problem, and the need to tackle both demand and supply side issues, these relationships are important and seem to work well.

Overall, the EMCDDA’s activities in the international field have been important in supporting the EU’s efforts to combat the drugs problem. More
Conclusions & Recommendations

particularly, the EMCDDA’s role in promoting the sharing of information with European and international partners, its support for capacity building in pre-accession and candidate countries, and the role played in developing links with national authorities and agencies in other regions outside the EU, have all helped to improve the quality information on the drugs situation and hence the ability to devise effective responses at a European and international level. The EMCDDA’s work outside the EU and candidate countries is undertaken upon the request of the Commission and not as an autonomous task or role.

9.2.5 Impacts and Community added value

The utility of EMCDDA information is highly rated by target audiences. According to the survey work, overall, the utility of EMCDDA information is highly rated with over two-fifths (42.8%) of the target audiences and stakeholders rating it as ‘very useful’ in understanding the drugs situation and a further 47.4% saying that it is ‘quite useful’. A key feature of the EMCDDA’s scientific output is that it provides a European perspective on the drugs situation at a national level, enabling the situation and trends in different countries to be compared in relation to each other and with the EU-wide position. Much of the EMCDDA’s rationale as an EU agency is derived from fulfilling this role. But around a quarter of the survey respondents indicated that there is information on the drugs situation in Europe that the EMCDDA does not currently produce but which they would like to receive (e.g. definitions of treatment and results of various forms of treatment based on such definitions; more information on the attitude of the general population and politicians to drugs and drug use; the economics of the drug market).

The EMCDDA’s work has also had a direct impact on EU Member States’ drugs policies and practices. This has been achieved by encouraging a higher degree of coordination and the adoption of comparable structures. More specifically, the European perspective provided by the EMCDDA’s Annual Report and other scientific outputs is widely considered to be important in understanding the drugs situation and actual/likely trends at a national level, and in putting the nature and scale of the problem into context. From a more operational point of view, EMCDDA interventions have been important in capacity building and ensuring that a harmonized approach to data collection is developed across Member States. This has also had benefits across a wider range of drugs monitoring activities at a national level.

At an EU level, the EMCDDA played a significant role in the 2000-04 and 2005-08 Drugs Action Plans. During the first period, 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 Agency introduced a rage of initiatives to improve the availability and quality of data and information on the drug situation for the Action Plan targets. Together with Europol, it also helped to ensure that the exchange of information on emerging trends in drug use was improved as a result of the successful development of an early warning system in
Conclusions & Recommendations

the framework of the Joint Action on synthetic drugs. Similarly, in relation to the 2005-12 EU Drugs Strategy’s first Action Plan, the EMCDDA has 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 high quality.

Recommendations – Impacts and Added Value

• Continue to develop performance indicators that can be used to monitor progress towards key EMCDDA objectives. This should include additional ways to obtain feedback from target audiences.

• 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.

Overall, the research suggests that the EMCDDA demonstrates Community added value in various ways. In terms of its core function, it has successfully developed ways of obtaining harmonized and comparable data, and exchanging expertise, thereby increasing recognition by national authorities inside and outside the EU. More generally, from an EU perspective, the EMCDDA is almost certainly providing a more cost-effective way of monitoring of the drugs situation in Europe than could be undertaken by the Commission itself. Moreover, because the EMCDDA is working at some distance from policy and politics, it is easier to separate the task of policy-making from that of assembling the information required to support policy-making with less consequent risk of political considerations influencing the analysis and interpretation of scientific data. Thirdly, from the national perspective, it has helped to develop national monitoring systems based on common methodologies and standards in line with its mission to provide objective, reliable and comparable information at a European level. Last but not least, there is considerable added value in having a European perspective on drugs and drug addiction with benefits through supporting national authorities to take action, whether in their own countries or through EU institutions. Some of these benefits could probably have been achieved through purely bilateral networking. However, the existence of the EMCDDA means that networking between countries can be more efficiently conducted.