Deloitte & Touche

EVALUATION OF THE EUROPEAN MONITORING CENTRE FOR DRUGS & DRUG ADDICTION

FINAL REPORT

28 January 2000

1 EXECUTIVE SUMMARY

1.1 Mandate and methods for the evaluation of EMCDDA

The key issues for the evaluation of the EMCDDA, as set out by the European Commission were:

- the relevance and quality of EMCDDA´s activities since inception
- the degree of success in establishing and operating networks (particularly REITOX) to enhance the Centre's ability to carry out its functions
- logistical and administrative efficiency, and value for money
- the adequacy of EMCDDA´s resources to meet its operational challenges
- the Centre's potential to cope with the growing issues of EU enlargement.

The evaluation, carried out by Deloitte & Touche, was based on a review of relevant EMCDDA and EU documents, over 200 issued questionnaires addressed to all stakeholders, 35 selected interviews, case studies on selected outputs, and direct observations of EMCDDA meetings.

The response rate to questionnaires varied from 38% ("remote users") to 73% (Focal Points).

1.2 Achievement of EMCDDA's objectives: relevance and quality of activities

In line with the founding Regulation, during the first 3 years the Centre concentrated its activities on the two initial priority areas (demand and reduction of the demand for drugs, and national and European Community strategies and policies).

A review of outputs in the first five years of operation reveals some 300 different activities under 177 activity lines (91 activity lines in priority area 1, 7 in priority area 2, and 79 others concerning the EU Joint Action on new synthetic drugs, and "horizontal" work on the REITOX network, publications, and documentation and cooperation with European and international bodies, which complement the focused work on the two priorities).

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.

In addition, the specific work done under the EU Joint Action on new synthetic drugs has led to an important symbolic milestone in that the EU has now adopted its first formal operational decision in terms of drug control. The institutional legitimacy of the EMCDDA has been advanced during the first years of its existence, as a result of its emergence as a credible and valuable additional partner in the field. While Member States and other stakeholders are 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.

But there is still a clear need for the EMCDDA to define a focused work programme based on an agreement on limited and priority objectives, and then to deliver the programme efficiently through a well-run professional process. The EMCDDA exists in a context where Member States have very different policies and approaches to the drugs issue, and where the level of coordination in European-level action on drugs is often a lot less in reality than in political declarations. A formal legally-binding acceptance by the Member States to collect and transmit relevant data to the EMCDDA may be required in order to make the next step of substantial progress.

1.2.1 Priority area 1: demand and reduction of demand

1.2.1.1 Epidemiology

The epidemiology department has developed extensive work regarding the tasks of collecting and analysing epidemiological data from Member States, in improving data comparison methods and especially in improving comparability through key indicators. It has considerably helped to disseminate relevant data by contributions to the Annual Reports, and it has helped substantially to prepare other actions based on epidemiological data.

These activities are highly relevant to the mission of the EMCDDA and have a considerable added value to other activities in the Member States and on the international level. In order to achieve this, relationships with other organisations which are active in the same area have been developed, such as the Pompidou Group, UNDCP, EUROSTAT, the European Aids Monitoring Centre and EUROPOL.

1.2.1.2 Demand reduction

The demand reduction department also has done extensive and relevant work in collecting and disseminating information on demand-reduction activities in Europe, in assessing and promoting the scientific evaluation of such activities and in developing methods in order to enhance comparability. The setting up of the EDDRA database must be highlighted, while the production of evaluation guidelines and the support of evaluation practice is a major achievement with regard to data comparability. The Annual Reports and publications helped to disseminate the data, and cooperation was established with other organisations and programmes such as UNDCP, WHO, PHARE and COST.

These activities are highly relevant to the mission of the EMCDDA and have an added value to what is achieved by these other organisations.

1.2.1.3 The REITOX network

The Centre has implemented the REITOX system, as foreseen in the Regulation, as an instrument for collecting data from the Member States. This was conceived to include a computer network linking the national drug information networks, the “specialised centres” in Member States and the information systems of relevant international organisations cooperating with the Centre. The network has not yet been established in this sophisticated form. At present the network consists of National Focal Points in the Member States and an additional one at the Commission. The Focal Points nominated by the Member States vary considerably in many respects.

Their activities mainly cover issues under priority area 1, and 12% of their time goes on contributions to the Joint Action on New Synthetic Drugs. These activities are coordinated at the Centre by a small team. Information exchange is facilitated by a closed web site accessible to Focal Points.

Focal Points find administrative support by the Centre acceptable, but there is less satisfaction with scientific support. Also, Focal Points seem to receive little feedback for the inputs they have to provide to the Centre, and only a small part of the material produced by the Focal Points is used. There is little opportunity for them to participate actively in the work planning process. There are minimal direct contacts between Focal Points. Overall, the value of the network could be significantly developed.

1.2.2 Priority area 2: national and Community strategies and policies

1.2.2.1 Cellule

National and European Community strategies and policies, and international cooperation (apart from the contacts as mentioned above) are dealt with in a unit called Cellule on New Synthetic Drugs, legislation and international cooperation. Its activities concern the development of data collection instruments, the collection, analysis and dissemination of data and the work on the EU Joint Action on New Synthetic Drugs, which has led to the first Council decision in this context (regarding the drug 4-MTA).

Another field of activity was started by developing a legal information system on drugs (a database containing the legal texts in force in Member States at present, network of legal contact persons, analysis of application of laws) and a study on public expenditure.

Horizontal activities include cooperation with international organisations and with non-European countries. Those include UNDCP, Pompidou Group, WHO, EUROPOL, INTERPOL, and WCO. Non-European countries involved have chiefly been the USA and Latin America.

The general relevance to the Centre's mission and added value of these activities are evident. The relevance of the non-European contacts at this stage can be questioned in the light of existing resource constraints.

1.2.3 Quality issues

1.2.2.2 Quality of the products

The quality of the Centre's products as seen by Policy Makers (in National Ministries) is acceptable. The material is relevant and useful, but not used directly for policy purposes. However, the very fact that EMCDDA exists and produces good material is seen as helpful to keep the issue in the political spotlight. Professional practitioners in the anti-drugs field mostly find the Annual Report very useful; the other products receive less favourable ratings, but overall the products are neither criticised nor highly praised. Improvements in the EDDRA database would be welcomed. Usefulness for researchers is difficult to evaluate, on the basis of the available information.

The intrinsic professional quality of the products can be judged on the basis of authors' qualifications, quality controls on content, physical presentation and complementarity with other products. The publications which were screened along these lines show a high quality level. Some of the publications are outstanding and cover topics rarely addressed to date. Scientific Committee members come to a similar conclusion.

1.2.2.3 Quality control of products

Despite the absence of a formal quality control policy, a number of effective quality control measures are in operation, such as repeated internal checks on the Annual Report, peer-review of monographs, publications in peer-reviewed journals, external evaluations of some products, and circulation of draft reports from contracted projects. In addition, the development of a proper quality control policy was recently defined as a priority. It includes evaluation criteria for the various study types, and two sub-committees have been established in order to help the epidemiology and demand reduction departments in matters of quality improvement.

1.2.4 Horizontal functions

1.2.2.4 Planning and organisation of work

The priorities for future activities are presented in the annual and tri-annual work programmes. This is preceded by internal and external consultation. Activities are rarely proposed by the Commission, the Management Board and the Scientific Committee. Most proposals come from the internal departments, but the planning and coordination of the process is poor.

An estimated 80% of the projects of the Centre are contracted out. No clear policy could be identified about what should be produced internally as opposed to externally. Improvements can be made in coordinating the programme implementation between departments. However, work accomplished in the departments is considered to be well managed.

The production of the Annual Report is an important achievement, in the light of the difficulties in obtaining and comparing data from the Member States (even given the input from the Focal Points). EMCDDA expends a great amount of time and effort to prepare and issue the Report. The process needs urgent review.

Projects which are contracted out are restricted to one-year periods, which hampers efficiency. The process of tendering and contracting follows clearly defined rules.

1.2.2.5 Dissemination of products

Dissemination is carried out through multiple channels:

- Publications
- the Newsletter DrugNet
- press conferences and press releases
- availability of non-published material upon request
- databases and reports on the Centre's website and on CD-ROM
- presentations at meetings, conferences and to persons visiting the Centre.

Dissemination of published materials is documented. A large number of products are not disseminated in printed form and not accessible through the website. No systematic information is available on the take-up of non-published material.

Publications are produced according to high professional, editorial and printing standards with considerable costs. The general policy of distributing products for free makes it difficult to assess the real level of "market demand".

A basic level of accessibility and usefulness of the products has been reached, but improvements could be made, especially through an explicit dissemination marketing strategy.

1.3 Organisation and performance

1.3.1 Management Board

The *Management Board* supervises the Centre and its activities. The main functions of the Board are deciding the work programme and budget of the Centre, and engaging in strategic planning. The Management Board members feel that there are some discrepancies between the actual and the desired influence of the Board. Improvements are required regarding 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 would be to enlarge the Bureau.

1.3.1 Scientific Committee

The *Scientific Committee* exists, according to the Regulation, in order to give its opinion on any scientific matter submitted by the Centre. It is consulted on the work programmes and establishes sub-committees for specific purposes. The Committee is not well integrated into the general functioning of the Centre, but has played a valuable role in the Joint Action. If an attempt is made to increase the Committee's role, the expertise of its members (which is mainly in priority area 1) may require change when other priority areas come into focus.

1.3.2 Administration & Personnel

The *internal structure of* the Centre is characterised by a balance in staffing where 45% are support staff in contrast to 49% who work directly on the EMCDDA's outputs, with 6% devoted to IT tasks. This reflects the administrative burden historically imposed on the Centre. The administration is to a large extent control focused, with a highly centralised authority for decisions. Financial management and organisational behaviour follows Commission procedures and there has been little attempt to date to take the initiative and design more appropriate systems. A need for change towards a more functional system is understood and internal initiatives are under way. A major reform of administration, finance and personnel is required.

1.4 Capacity & Resources

1.4.1 Capacity to cope with enlargement of the European Union

The present resources and working approach of the Centre do not allow it to cover the activities which are needed in the process of enlargement. This concerns, especially, the support for the DIS Focal Points and the REITOX Department. A strategy for addressing the financing, training and support for the new Focal Points is essential. This will also have structural consequences for EMCDDA, in terms of the size of the Management Board, for example.

1.4.2 Capacity to achieve overall goals

The present resources would only allow the Centre to extend its activities to all five priority areas if those in area 1 and 2 are considerably cut down to some core activities, which might disrupt the continuity of some ongoing work. A commitment to a limited set of medium-term objectives and tasks, coupled with determined support from Member States would 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.

1.5 Recommendations

1.5.1 For the European Commission:

- consider a legislative initiative to cement the Member States' obligations with regard to the EMCDDA and their National Focal Points
- commit to assist EMCDDA to develop appropriate administrative and financing systems that may differ from the Commission model
- solidify the legal basis for the DIS Focal Points.

1.5.2 For the EU Council and the Member States:

- ensure that Management Board members are coordinated to the maximum possible extent with the representatives in the Drugs Horizontal Group of the EU Council
- review their performance in providing data to EMCDDA.

1.5.3 For the EMCDDA Management Board:

- commit to reach agreement on a focused and integrated future set of objectives and work programme
- review the feasibility of broadening the Centre's work to cover all five themes in the Regulation
- promote the administrative reform process and revise the structure of the Centre's budget along the lines of an "activity based budget". Assess the need for external support to drive change.

- ❖ be prepared to reform the Board, inter alia to help prepare for enlargement
- ❖ 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)
- ❖ organise evaluations of Focal Points and the Annual Report content and production process
- ❖ re-define the role of the Scientific Committee in the light of experience.

1.5.4 For the Centre's Executive Director and management team:

- ❖ 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)
- ❖ upgrade and intensify contacts with the REITOX members
- ❖ propose a structured communication and dissemination strategy
- ❖ take account of enlargement in work and resource planning.

2 Objectives and Method

2.1 Introduction

The European Commission requested Deloitte & Touche to carry out an evaluation of the work of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) after 5 years of the Centre's operation.

The Lisbon-based European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was set up in 1993 under Council Regulation (EEC) No 302/93 in response to the escalating drug problem in Europe and to demands for an accurate picture of the phenomenon throughout the European Union. It is one of 11 decentralised European Community agencies.

The EMCDDA is only one of a large number of EU initiatives relating to drugs. It accounts for about 12% of expenditure from the EU budget on drugs.

The European Monitoring Centre for Drugs and Drug Addiction was set up to provide the Community and its Member States with "***objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences***".

The statistical, documentary and technical information processed or produced by the Centre helps provide its audience with an overall picture of the drugs phenomenon in Europe. The Centre works exclusively in the field of information; indeed the regulation states explicitly that ***"the Centre may not take any measure which in any way goes beyond the sphere of information and the processing thereof".***

The Regulation states that "the information processed or produced is intended to help provide the Community and the Member States with a overall view of the drug and drug addiction situation when, in their respective areas of competence, they take measure or decide on action". This underlines the EMCDDA's role as an important support organisation to back up official action in the drugs field.

The EMCDDA's main tasks are:

- collecting and analysing existing data;
- improving data-comparison methods;
- disseminating data and information;
- co-operating with European Union institutions, international organisations and with non-EU countries.

The information collected, analysed and disseminated by the Centre focuses on the following areas:

- the demand and reduction of the demand for drugs;
- national and European Community strategies and policies;
- International co-operation and the geopolitics of supply;

- control of the trade in narcotic drugs, psychotropic substances and precursors;
- implications of the drugs phenomenon for producer, consumer and transit countries.

The Regulation asked the Centre to focus on the first of these during the first three years.

The study commenced work in August 1999 with the aim of having the final report ready in January 2000.

A steering group of officials both from the Centre and from the Commission was set up to accompany and track the study in order to guide the consultants and help with data identification and other tasks.

2.2 Objectives of the study

There are a number of key operational issues that the Commission wished to explore in the course of this study. Moreover, EMCDDA faces resource constraints in seeking to increase its activities to respond to the demands of the Council Regulation, that is to cover a greater number of activity and issue areas, and to be able to handle the increased workload linked to pre-accession and EU enlargement.

The Terms of Reference list a number of areas that are at the core of the study. They are as follows:

- the relevance and quality of EMCDDA's activities since inception;
- the degree of success in establishing and operating networks (particularly REITOX) to enhance the Centre's ability to carry out its functions;
- logistical and administrative efficiency, and value for money;
- the adequacy of EMCDDA's resources to meet its operational challenges; and
- the Centre's potential to cope with the growing issue of EU enlargement.

We have defined the key evaluation indicators for the study as follows, in agreement with the Steering Group.

Relevance: to what extent do the programme's objectives correspond to the evolving needs of the stakeholders (Member States, European Commission, professionals in the sector) and how do the work programme's activities address these needs?

Effectiveness: to what extent have the results achieved by the EMCDDA contributed to achieving its objectives? Were the results qualitatively valuable and effectively disseminated, and did the actions make a real impact as a result? Could the impact have been bigger through a different approach? Did the results achieved justify the cost?

Efficiency: Was the process by which the activities were decided and implemented clear, acceptably fast, and well managed? Was the expenditure on the EMCDDA tightly managed and the minimum necessary to achieve the given result?

Utility: has the EMCDDA played a valuable role and added value to the range of activities in the drugs area? Can its results be built on for the longer term, so that the benefits will be sustainable?

2.3 Methodology

In this section a description is given on how the evaluation of EMCDDA was carried out by the consultant, and more particularly:

- implementation of the research and data collection techniques
- data analysis techniques

2.3.1 Evaluation design

Due to the nature of the institution and the activities being evaluated, the consultant had to select a descriptive approach rather than a causal approach.

The *data collection techniques* (see also below) used were mainly:

- Review of internal and external EMCDDA documents
- Surveys
- Case studies and natural observations (visits)
- Review of analytical work on the EU agencies (carried out through EUI, Florence)

The *data analysis techniques* (see also below) used were both quantitative and qualitative and consisted of:

- Statistical analysis, mainly descriptive statistics
- Non-statistical analysis
- Judgement techniques such as cost-effectiveness analysis

2.3.2 Implementation of research and data collection

The main sources of information used to answer the evaluation questions were the programming documents, the outputs and the actors involved in the EMCDDA's actions, (i.e. Management Board, Scientific Committee, National Focal Points, the "users" of the outputs and the staff). The techniques used for data collection were:

- Desk research, i.e. the review of the programming documentation — work plans, annual reports, the Regulations etc
- Questionnaires/surveys which were sent to all the above groups and followed-up by telephone or face to face interviews as appropriate
- Literature review

2.3.3 Sources for the Analysis of the Output of the EMCDDA

The following sources were used for this part of the report:

- the Work Programmes (WP) of the years 1995, 1996, 1997, 1998, 1999 and 2000 and the document “Medium Term Perspective of the EMCDDA” issued in late 1999;
- the two Three-year Work Programmes 1995-1997 and 1998-2000;
- the General Reports of Activities (GRA) of the years 1996, 1997, 1998 and the draft for 1999;
- the tangible outputs produced as a result of concrete activities;
- questionnaires which were sent to Focal Points (FP), the members of the Management Board (MB), the scientific committee (SC) and the Staff of the EMCDDA, plus a sample of the so-called remote users,;
- interviews with the heads of the Epidemiology department, the Demand Reduction department, the Information and Strategies & Communication Resources department, the REITOX Co-ordination department and the “cellule” for National, Community and International Strategies;
- interviews with members of the Management Board and representatives of Focal Points;
- existing evaluation reports on specific topics:
- "Schaffner Report": European Parliament resolution on the EMCDDA 1997 Annual Report.
- "Turner Report": Evaluation of the Second Report on the State of the Drug Problem in the European Union
- "Wright Report": Development of an EMCDDA media strategy
- "Tomás Report": Evaluation of the Quality of Epidemiological Information Provided to the EMCDDA.

As far as the availability and quality of these sources is concerned the following could be observed:

The **Work programme** (for tabular overviews of the Work Programmes 1995, 1996, 1977, 1998 and 1999 see Appendixes 2 - 5) and the **General Report of Activities** were available, but their structure varies greatly over the years and their quality is uneven. The structure of the Work Programmes has been changed several times over the years and the content of the document is not systematic, not always comprehensive, nor sufficiently informative. Some planned activities are described in detail while others are only mentioned briefly. There is no systematic reference to previous related activities (except for the 1999 WP, a practice not continued in the 2000 WP). The budgetary implications of the activities are not clear (in that references to external costs only are made for the different projects, except for the 1998 WP where "estimated financial effects on Title I" are also given). The 2000 WP,

for the first time gave a more complete view on the resources required for the implementation of the WP (including the effect on Table II of the budget. There are generally no time schedules mentioned for the different activities (except for the production of the Annual Report). There is no detail given on overall objectives, immediate objectives, activities and expected results of the single activities. These critical observations about the yearly Work Programmes can also be made about the three-year programme documents and the document on the "Medium Term Perspectives of the EMCDDA". It is therefore difficult to use these documents as a basis for evaluation, especially given the loose relationship between the Work Programmes and the General Reports of Activities.

The **General Report of Activities** (GRAs) has some of the same weaknesses as the Work Programmes. No reference to the WP is made (making it almost impossible to access whether the WP has actually been implemented) and tangible outputs produced in the context of activities are often not clearly mentioned. Activities which were foreseen in the WP but which have not taken place have been discontinued are not mentioned.

Although the document is generally speaking more clearly written and better structured than the Work Programmes, it is difficult to see how the General Reports of Activities can provide a proper record of the EMCDDA activities.

It was impossible for us to produce, on the basis of the General Reports of Activities alone, a table giving an overview of the output of the EMCDDA for the period 1995-1999. Only with the efforts of heads of departments and their staff could such a table be produced (see Appendix 2).

The **tangible products** produced in the context of the different activities were generally available to us. They are not archived at a central location, nor does there seem to exist a complete list of these products. However, they were all made available upon request.

2.3.4 Questionnaires and Interviews

Questionnaires were issued to all the members of the Management Board, the REITOX Focal Points and the Scientific Committee. In all cases these were followed up by a reminder, either by fax or telephone. Anonymity was guaranteed to any who wanted it, although in most cases respondents did not seek to conceal their identity. The staff questionnaire was circulated to all staff at the EMCDDA. Again strict anonymity was promised. No follow-up was made to encourage responses to the staff questionnaire other than in the course of other discussions with staff members.

A questionnaire for remote users was sent out to 65 users, including a number of press contacts. In addition to the original list prepared by the evaluation team, suggestions were received from EMCDDA and from a number of Focal Points as to key actors in the field.

The response rate achieved was as follows:

	total number of responses	%
The members of the Management Board (MB)	20	48[1]
Focal Points (FP)	11	73[2]
The scientific committee (SC)	8	50
The Staff of the EMCDDA	40	62
The remote users	25	38

Interviews were organised to complement the questionnaire responses. Specifically, we had interviews with 8 members of the Management Board including representatives of 6 Member States (4 of these in health ministries and 2 in horizontal anti-drugs coordination functions), and with 6 Focal Points. We also had interviews with the Director of the EMCDDA, all Heads of Department, and the majority of the staff either individually or in groups. We attended a meeting of the Management Board, a meeting of the Scientific Committee and a meeting of the REITOX network.

2.3.5 Data analysis

As a result of the data collection, we obtained both quantitative and qualitative data:

- quantitative data obtained through the desk research, questionnaires and visits
- qualitative data, through final reports, questionnaires, interviews, visits, and comparison of outputs and results with planning documents.

In order to draw conclusions on the effectiveness, efficiency, relevance and utility of the EMCDDA and answer the main evaluation questions, a number of data analysis techniques were used on this data:

- descriptive statistics, mainly on the quantitative data. However, the numbers involved being low, this analysis is relatively limited
- non-statistical analysis (constituting the major part of the analysis) mainly used on the qualitative data
- judgement techniques such as cost-effectiveness analysis which was used for evaluating value for money as much as possible.

As for the Evaluation of activities and products, the table of activities (Appendix 2) lists and describes all products. In the report itself we refer mainly to the products which relate to the core activities of the respective departments. Core activities are those which are of high priority to the department and which are developed on an ongoing basis over the different years. The reason why we concentrate on these is that these activity areas have produced products *which have been disseminated*. Given the fact that products in this study are in the first place assessed on their

[1] *Some Member States submitted a single response, so the rate is slightly higher in practice.*

[2] *We have aggregated the responses of the Belgian Sub-Focal Points.*

relevance and user quality only those types of product which have actual or potential users could be analysed.

We have not structured the activity evaluation by groups of activities. If we had chosen to group the products by types of products (seminars, publications, data collection, data analysis, dissemination, etc.) very different products from different contexts and departments would heve been grouped. On the other hand, had we chosen to group the products more from a content point of view, different products produced in different years by different departments would have been put together. In both cases it would be difficult for actual or potential users to make a clear assessment of such heterogeneous groups of products. We had to concentrate instead on those products which have actual or potential *users*, and thus not structure our analysis by "groups of products".

2.4 Key Issues

A number of issues need to be emphasised at this point:

- The EMCDDA has been in existence for a relatively short period, thus it is difficult to assess the impact of certain of the outputs which have only recently been developed.

- Certain information was not available to us, particularly in terms of the costs of specific outputs, as it is not currently recorded in a form which would enable a proper cost-effectiveness study to be undertaken.

- The EMCDDA has clearly evolved significantly over the period since its birth. This process of change has clearly been a crucial factor in some of the issues identified, but it should not be assumed that the evaluation did not take into account the effort which went into this growth, or the difficulties encountered by the staff of the Centre in achieving their current position.

- This evolution has continued during the life of the evaluation, and thus several developments have taken place during the course of our work. In particular, a process of administrative review initiated by the management and staff has begun since November 1999. We have attempted to take these developments into account but acknowledge that not all of them may be fully reflected in this report.

3 Relevance and quality of EMCDDA activities

3.1 Description of the Output of the EMCDDA 1995-1999

A complete tabular overview of the outputs of the EMCDDA for the period 1995-1999 is given in Appendix 2.

One problem in constructing the table for the entire period 1995-1999 was that some changes took place in the allocation of activities during the years. Consequently the activities had occasionally to be presented in a different way than they were presented in the GRAs. The structure of the table is based on a close reading of the founding Regulation of the EMCDDA, which states 5 priority areas (1 to 5) and four tasks (A to D) which shall be performed "within its areas of activities". Consequently, the main categories used to structure the table are the priority areas and the sub-categories are the tasks as specified in the Regulation. In addition activities which could not easily be classified according to this system have been listed. These include activities developed in the context of the EU Joint Action on Synthetic Drugs, the Reitox network, publication and documentation and cooperation with European and international bodies.

The **volume of the overall output** of the EMCDDA over the last five years is impressive. More than 175 “lines” of activity have been developed covering more than 300 single activities. Lines of activities include groups of activities which are spread over different years, or single activities which are unrelated to previous or forthcoming activities. For example, EDDRA is one line of activity incorporating a number of concrete activities over the years, while DrugNet is one line of activity incorporating a number of published editions over the years.

The following table gives an overview of some of the characteristics of the different content-related departments at the EMCDDA

Department	# of staff (1999)	Type of department	Formal objective(s)	Lines of activity	Activities (1995-99)
Epidemiology	8	Scientific; vertical	Implementation of Priority 1	~ 60	~ 95
Demand reduction	7	Scientific; vertical	Implementation of Priority 1	~ 30	~ 50
New Synthetic Drugs, legislation and International Co-operation	7	Formally not a department but a cellule; mixture of horizontal and vertical	Implementation of Priority 2, EU-Joint Action and Implementation of Task D	~20	~ 30
REITOX-Co-ordination	4	Horizontal	Task A	~ 30	~ 35
Information Strategies and Communication Resources	17	Horizontal	Task C	~ 30	~ 70

3.2 Relevance of the Output

In this part the relevance of the outputs produced by the EMCDDA since its inception will be addressed. The assessment will be done by checking whether the activities developed by the EMCDDA are relevant in the context of its founding regulation. This implies that the EMCDDA should provide objective, reliable and comparable information at the European level. Since the quality of the data will be dealt with in another part of the report, this part shall concentrate on the question what type of activities the EMCDDA has developed since its inception and whether these constitute an added value to the range of national and international activities in the field of drugs. This discussion on the relevance of the outputs will be based on the evidence presented in the tabular overview of the outputs of the EMCDDA (see Appendix 2) and will be organised by departments.

3.2.1 The Epidemiology Department

The Epidemiology Department has been active in providing an overview of drug use and its consequences, improving comparability (through the key epidemiological indicators) and the understanding of drug data. Most of the activities in this department relate to priority 1 of the regulation. The department has also been actively involved in activities relating to the EU Joint Action.

As can be seen in the tabular overview of the outputs the epidemiology department has developed a wide range of activities in the last five years. Most of these activities are related to broader objectives or lines of activities. The department has been especially active with regard to Task A (Collection and analysis of existing data) and Task B (Improvement of data-comparison methods). In these areas activities relate mainly to identifying and assessing information sources of epidemiological data on drugs and to the improvement of the comparability of epidemiological data. The activities in this area can be very much considered as work in progress. Especially in the area of key indicators the foundations have been laid, through a number of projects, for arriving at protocols for the collection of epidemiological data in 5 areas. A wide range of methods is tested for analysing and interpreting epidemiological data (e.g. modelling and qualitative research). In addition a number of so-called self-contained activities have been developed (most of the time upon specific requests, from the scientific committee or the Commission for example).

It can be said that especially the developed lines of activities can be considered as highly relevant to the mission of the EMCDDA since they contribute to the collection and analysis of data from different sources and to making the information more comparable at the European level. Moreover, the activities developed here have an added value to the range of activities in the field of drugs in the MS and at the international level. Generally, speaking the activities undertaken here are not covered by any other organisation and where potential overlaps with other international organisations could be possible communications and co-operations have been initiated. For example, a substantial part of the work done by the Pompidou Group has been taken over into the work of the Epidemiology Department and further developed. The Pompidou Group has, however, continued to collect data on some key indicators (mainly treatment demand data) independently.

With regard to Task C (Dissemination of data) the department has extensively contributed to the Annual Report and has published some of its products in collaboration with the Information Strategies & Communication Resources Department. Other forms of dissemination of the products has taken place in the

form of presentations at meetings and conferences, website, articles in scientific journals and distribution of reports to the relevant networks (Reitox FPs and researchers). Generally speaking the dissemination of non-published articles has, however, been rather limited.

With regard to Task D (Co-operation with European and international bodies and organisations and with non-community countries) the department has especially developed relationships with a number of organisations relevant to their area of work such as the Pompidou Group, UNDCP, selected services of the Commission e.g. Eurostat, the European AIDS Monitoring Centre and EUROPOL. These relationships aimed at contributing to improving co-ordination and the development of common activities.

3.2.2 The Drug Demand Reduction Department

The Drug Demand Reduction Department has been active in collecting and disseminating information on demand-reduction activities in Europe, assessing and promoting the scientific evaluation of demand-reduction activities, developing common study concepts, practice and terminology to enhance comparability; and increasing partnership and co-operation. Most Activities in this department relate to priority 1 and priority 2. Activities related to priority 1 deal mainly with assessing the state of the art in terms of concepts and practice whereas activities related to priority 2 deal with developing evaluation guidelines and supporting evaluation practice. The department has also been somewhat involved in activities relating to the EU Joint Action. As can be seen in the tabular overview of the outputs of the Drug Demand Reduction Department a substantial number of activities have been Developed since the inception of the EMCDDA. The development of activities within the department often follow a specific structure: assessment of the state of the art in terms of concepts and practice followed by the development of evaluation guidelines and supporting evaluation practice, e.g. prevention, outreach work, demand reduction in the criminal justice system.

With regard to Task A (Collection and analysis of existing data) the department's main activity is the development and maintenance of the EDDRA database and data collection for the Annual Report. In addition, projects have been launched on gathering information on specific subjects such as prevention, outreach work, demand reduction activities in the criminal justice system, demand reduction activities in the workplace, university training and related research in the field of demand reduction, etc.

With regard to Task B (Improvement of data-comparison methods) activities have been concentrated especially on the evaluation of drug demand reduction activities and also to a certain extend on conceptual and terminological issues. The activities developed here can generally be considered as highly relevant to the mission of the EMCDDA since they contribute to the collection of data from different sources on drug demand reduction activities throughout Europe. Moreover, the activities developed here have an added value to the range of activities in the field of drugs in the MS and at the international level. Especially the activities developed with regard to the evaluation of drug demand reduction activities provide an added value and considerable contribution to the field of drugs compared to what was available five years ago. The activities undertaken here are generally not covered by any other national or international organisation.

With regard to Task C (Dissemination of data) the department has contributed to the Annual Report and has published some of its products in collaboration with the Information Strategies & Communication Resources Department. Other forms of dissemination of the products has taken place in the form of databases which are accessible through the internet, reports on the EMCDDA Webpage, presentations at meetings and conferences, articles published in scientific journals.

With regard to Task D (Co-operation with European and international bodies and organisations and with non-community countries) the department has especially developed relationships with a number of organisations relevant to their area of work such as the UNDCP, WHO, PHARE and COST. These relationships aim at contributing to improving co-ordination and the development of common activities.

3.2.3 The Cellule on New Synthetic Drugs, Legislation and International Co-operation

The Cellule on New Synthetic Drugs, Legislation and International Co-operation is formally not a department. It is responsible for a number of rather unrelated activities: the EU Joint Action on Drugs, activities developing in the area of Priority 2 and co-operation with European and international bodies and organisations and with non-Community countries, and activities relating to EU enlargement.

The cellule is the co-ordination body within the EMCDDA for the Joint Action on New Synthetic Drugs. Through the cellule the EMCDDA plays a role in the co-ordination of the action, the development of data collection instruments, collating and initially synthesizing/analysing information and liaison with other European partners involved in the action. The Joint Action can be considered highly relevant to the mission of the EMCDDA. In two cases so far (MBDB and 4-MTA) information has been collected, analysed and disseminated. In the case of 4-MTA this led to the first operational EU Council decision on European anti-drugs action (1999/615/HA), a clear indication of the European added value of these activities.

The cellule also started to develop activities in the area of Priority 2 (National and community strategies and policies). The activities so far are to develop a legal information system on drugs and a study on public expenditure. In particular the development of the Legal information system on drugs is an ambitious project including a database containing the legal texts on drugs in force in the EU Member States as well as general information on drug laws; a network of legal contact persons; and analysis of application of the laws. These activities can be considered to be relevant to the mission of the EMCDDA since they intend to contribute objective, comparable and reliable information in the area of Priority 2.

The cellule also develops two types of horizontal activities. First, it is responsible for the co-operation with European and international bodies and organisations and with non-Community countries. These activities were previously covered by the Reitox co-ordination department. The activities involve developing partnerships with a wide range of organisations both within the European Union and further afield and with six international partners: UNDCP (MoU signed in 1998), the Pompidou Group (MoU signed in 1999), the WHO (MoU in preparation), Europol, Interpol and the WCO. Given the fact that according to the Regulation the Cooperation is considered a task (Task D) which shall be performed within the EMCDDA's areas of activities, the cellule functions in this area in the first place as a pre- and after-sale service for those departments focussed on concrete priorities (namely the Epidemiology and Drug Demand Reduction Departments at the moment). Some of the international activities

(in particular those relating to Latin America and the United States) developed by the cellule and its predecessor can be considered as falling within the areas of activity mentioned in Article 12 of the Regulation. Article 12 states, however, that the Centre shall actively seek cooperation of international organizations and other, *particularly European*, governmental and non-governmental agencies competent in the sector of drugs. The question of relevance of non-European contacts, given the EMCDDA's resource constraints, therefore arises.

Finally, the Cellule develops activities in preparing for the membership of the CEECs in the EU. The EMCDDA has been selected by the Council of the European Union as one of EU specialised agencies in which CEECs can participate in some activities.

3.2.4 The Information Strategies & Communication Resources Department

The Information Strategies & Communication Resources Department is a horizontal department responsible for contributing to implementing Task C (Dissemination of data). It has developed activities in the areas of production of the EMCDDA publications, media relations, web site and the virtual library. In addition it covers the organisation of the EMCDDA's Information Technology (not covered in this part of the report). The activities of this department are highly relevant in that it is responsible for the disseminating the information produced in other departments.

3.2.5 The REITOX Co-ordination Department

The REITOX Co-ordination Department can also be considered as a horizontal department developing activities consolidating and enhancing the Reitox network. These are mainly management and co-ordination functions and are consequently not to be found in the Table. In the table are listed, however, under the heading "Reitox Network", so called Reitox support networks. These are designed to support the work of the Reitox network and its core tasks, directly or indirectly; introduce further initiatives into the work of the network by conducting more in-depth studies of some core tasks; and decentralise responsibility for the management of the core tasks to appropriate national focal points.

The above structures were originally not foreseen by the Regulation but are clearly relevant to the functioning of the Reitox network.

3.2.6 Summary

From the above it can be concluded that the EMCDDA has developed an impressive number of activities since its inception. The majority of activities relate to priority 1 and increasingly activities relate to priority 2. Within those priorities a range of all the different tasks foreseen in the Regulation have been performed. Generally speaking it can be said that the activities developed are highly relevant to the provisions foreseen in the regulation and that these activities constitute an added value the European drug field. At this moment significantly more information is available on drugs compared to the situation 5 years ago.

Questions on the adequacy of the priority setting process leading to these activities, the quality control of the outcomes of these activities, the dissemination of the results of these activities, and naturally the quality of the outcomes of these activities will be addressed in what follows.

3.3 Process Description and Analysis of Output

This section analyses the processes involved in the planning of work and the production of the outputs described above. The evidence presented here is mainly based on interviews given the fact that there is only limited documented information on the production process of the different products. The section starts by looking at how the priorities are set for the EMCDDA activities. It assesses the different production processes involved, depending on who the main producer is (the EMCDDA itself, outside contractors or the Focal Points). Third, the quality control procedures at the EMCDDA will be assessed, and finally the issue of dissemination of outputs will be addressed.

3.3.1 The Priority-setting process

The priorities of activity are presented in the annual and three-year work programmes. Formally speaking the Management Board adopts three-year work programmes on the basis of a draft submitted by the Centre's Director, after consulting the Scientific Committee and seeking the opinions of the Commission and the Council. Under the three-year programme, the Management Board each year adopts the Centre's annual work programme on the basis of a draft submitted by the Director, after consulting the Scientific Committee and seeking the Commission's opinion. The programme may be adjusted in the course of the year in accordance with the same procedure (see Article 8 of the Council Regulation).

The drafts of the work programmes submitted by the Director result from an internal consultation process: each Head of Department and its staff produces a draft for its department, which is subsequently discussed by the Administration Department and the Director.

The work programme consists of priorities for ongoing core tasks (e.g. the Annual Report, the key indicators, EDDRA, Reitox core tasks) as well as of priorities for new ongoing or yearly activities (see for more details Part 2). However, all activities implemented by the Focal Points or outside contractors have to be presented as one-year projects for administrative reasons.

Occasionally the Commission, the Management Board and the Scientific Committee have also proposed additional activities (e.g. the Scientific Committee projects on "data protection", "driving" and "social exclusion").

The above mentioned formal procedure has been followed for the two three-year programmes (1995-1997 and 1998-2000) and the 6 yearly work programmes (1995, 1996, 1997, 1998, 1999, 2000). We are aware of one instance where an adjustment of the programme did not follow the formal procedure (i.e. the evaluation of the EU Joint Action).

The draft documents coming from the departments are produced on a very short-term notice. The different inputs from the departments are put together at a central level with very little inter-departmental co-ordination before being presented to the Scientific Committee and the Management Board. As such, the overall priority setting is often seen as a rather arbitrary and non-transparent process. The preparation of the 2000 WP has somewhat improved in this respect since co-ordination meetings were organised amongst the various heads of departments at the different stages of the preparation process.

The comments by the Commission, the Scientific Committee and the Management Board are mostly of a rather general nature. These comments have been that the priorities should be better focused and that some activities should be restricted (e.g., selection of partners for international co-operation or covering the issues of doping). Amendments to the plan are not common and plans have been adopted unanimously.

The rather unstructured way in which priorities are set seems also to be related to the fact that the EMCDDA had to start from scratch and that at the beginning little structures existed which could have helped to reflect about priorities. In the meantime the problem is that there seems still no clear consensus or targeted view within the Management Board on the development of the Centre, which makes prioritising by the EMCDDA generally speaking a difficult task.

3.3.2 The Production Process

The production process or implementation of the priorities set by the EMCDDA is a complicated process, involving different implementation structures and many different internal and external participants. Generally speaking a distinction can be made between the implementation of activities within the EMCDDA, the implementation of activities by outside contractors and the implementation of activities by the Focal Points.

Which of the above implementation structures is used with regard to which specific priority or activity, is mostly decided during the priority setting process (see Part 3.1 above). An estimated 80% of the projects of the EMCDDA are contracted out. Although it seems logical that in some cases activities are contracted out for reasons of lack of expertise and lack of time, no clear policy could be identified about what is produced internally and what is produced externally.

It seems that the choice for in-house versus external production is more guided by administrative factors than by explicit effectiveness considerations. For example, when for administrative or other reasons Title III of the budget is cut, the decision is taken to produce the activities internally.

As with the priority setting process, it can also be observed that, generally speaking, there is little horizontal co-ordination between departments in implementing the programme.

There appears to be insufficient inter-departmental co-ordination, despite weekly co-ordinating meetings involving the heads of Department and the Director. However, such issues are rarely addressed in these meetings, which do not even take place if the Director is abroad.

The quality of the internal co-ordination within departments is generally considered to be adequate. A problem seems to be that the internal working processes are often more governed by external factors (e.g. relationships and conflicts with other departments, the degree to which the department is generally seen as important, etc.) than by the quality of the departmental co-ordination and management. The staff themselves respect their heads of departments and feel that work is well managed.

3.3.2.1 Production Process of Activities within the EMCDDA

As can be seen from Appendix 2 activities are mainly performed by outside contractors or the Focal Points.

One of the products which is mainly produced internally is the Annual Report. For example, the Epidemiology department has calculated that about 20% of their yearly working time is spent on the Annual Report.

There is very little documentation on the internal production process and stages. The exception is the Annual Report for which the main stages of production have always been specified in the Work Programme. The production process of the Annual Report has been the topic of a number of evaluations (Turner report, Schaffner report, Tomás report), information which will not be repeated here. It can be considered an impressive achievement that every year such a report could be produced more or less in time. It is important to note, however, that the internal production process of these reports was an extremely stressful operation for the organisation and its staff. It is extremely difficult to effectively co-ordinate, and blocks the functioning of the entire centre at times. There are constantly improvements suggested to smooth the situation but without clear effects so far.

There is little information on the distribution of resources for internal production tasks. It is planned that starting with the WP 2000, detailed information on the allocation of resources will be provided by the Heads of Departments (see e.g. the Document "EMCDDA 2000 Work programme - Detailed Implementing Activities" by the DDR Department). General issues concerning the distribution of resources will be dealt with later in this report (under Organisational Structures and Administrative Efficiency).

It has been reported that internal production processes are occasionally disturbed. Unforeseen and unplanned activities have to be dealt with resulting in a "culture of urgency". Production processes are delayed because of intervening items or lack of time and/or activities cannot fully be implemented because financial resources were redirected. For example, the staff at the Information Strategies and Communication Resources department state that they are not given sufficient advance notice about visitors, causing disruption to their work. Another example is the fact that Euro 80,000 for the evaluation of the EU Joint Action was reallocated from departmental budgets, resulting in the fact that originally planned activities could not take place as foreseen. The lack of consultation around this decision and the absence of clear priorities, make the situation worse than it needed to be.

3.3.2.2 Production Process of Activities by External Contractors

The contracting-out procedure is implemented by the relevant Head of department, the Director and the Administrative, Finance and Logistics department. The scientific or technical supervision of these projects lies in the hands of the specific department for which the work is done.

The production process of contracted products formally starts with a tender procedure in case of contracts over 10,000 Euro (which is the case most of the time).

The "Call for Tenders" documents are sent to those who are on the list of potential contractors and who meet specific criteria as well as to the Reitox FPS. When a contract is awarded, the concerned Member of the Management Board and the concerned Reitox FP are informed about this contract.

The selection of the contractor is made by the respective Department, ostensibly on the basis of quality and price criteria. Generally speaking the selection of contractors seems to work well. As often happens each department has some contractors which receive contracts significantly more often than others. This does, however, not mean that the choice of the contractor has been done incorrectly.

There is a significant administrative burden on the departments not only in the tender process but in publicising the fact that tenders are welcome.

Following the selection of the contractor a detailed workplan is drawn up, discussed and agreed with the Department. Regular contacts exist during the project, and a progress report is requested as a condition for the 2nd payment. The draft final report is sent to the Department for comments, which are consequently taken into consideration in the revised final report.

Although no major problems are apparent when it comes to external contracting there are a number of minor problems:

- The restricted list of organisations, while featuring many reputable bodies, is not the best representative list of those organisations across Europe which could do work for the EMCDDA. The last call for expressions of interest was published in 1998.

- Often tenders can only go out in the last quarter of the year, although the activities are foreseen in that year's WP. The reason being that the budget, for each task is often finalised only late in the year.

- External contracts can not cover more than a one year period, and it is difficult to contract out projects that need more time. Also, it is difficult to award follow-up projects to the same contractor since the EMCDDA believes that the European Commission considers this to be problematic.

- Although external contracts can formally only cover work for one year they often actually cover three years. For instance, a tender is launched at the end of the first year and although the project has to be formally terminated by the end of the second year, the final report is often not really finalised until the third year. This is considered to be inevitable since it is not usually possible to tidy up all the details within the short time scale. This can lead to a situation where contracts for follow-up projects are formulated before the previous phase is completed in order to secure the resources.

- Contractors often have to collect data on the national level in the different MS. One interviewee found that, this is regularly done without consulting the Focal Point leading to situations where the Focal Point finds information in reports about their country without knowing how they came about. In strict conformity with the regulation, the Member State should approve such contracts, although this is not normally done.

3.3.2.3 Production Process of Activities by Focal Points

The function of the Focal Points has become clear over time. On the initiative of the Management Board a document has been produced which clearly specifies the tasks of the Focal Points ("Decision of the EMCDDA Management Board on the Role and the Financing of National Focal Points", October 1998). This document specifies 5

core tasks. In addition the EMCDDA can contract support tasks to the Focal Points. The Focal Points are the most important partner in collecting information for the EMCDDA.

No specific information was available or was collected on the internal production process of the Focal Points, and the observations below mainly relate to the relationship between the Focal Points and the EMCDDA in the production process. Most of what was mentioned in the Tomás report can be clearly corroborated.

As far as the core tasks are concerned the Focal Points receive detailed instructions from the EMCDDA as to which data have to be collected at what time. In the relationship between the Focal Points and the EMCDDA a number of problems are apparent:

- Many of the problems mentioned in the Turner report on the planning and preparation of the Annual Report still remain. One of the major changes which was implemented in the meantime is that the timetables for the production of the national reports and the Annual Report has been synchronised.

- The EMCDDA departments consider the products produced by the Focal Points often to be of rather divergent quality.

- The Focal Points find the relationship with the EMCDDA very often to be rather contractual and directive. A more professional relationship ("Talking with us, instead of talking to us" as somebody expressed it) is expected.

- Focal Points often feel that they are not being taken seriously enough: they have either only indirect input on to the development of the annual work programmes (through the Management Board Members according to 37%) or no direct input at all (43%; the remaining 20% indicate that they have direct influence or through the Reitox network); statements during interviews by FP included; that they are hardly consulted on the type of information they have to collect, they hardly get any feed-back on the products they deliver to the EMCDDA; there are few opportunities to have a dialogue or formulate criticism and suggestions; Focal Points have to produce on time but the EMCDDA itself is often very late in producing instructions or documents; the EMCDDA hardly takes the national circumstances of the Focal Points into consideration in its planning and priority setting.

- The above information received from the Focal Points is also reflected in some of the data received through the questionnaire:

"About the relationship with the EMCDDA itself … how would you describe the relationship or support?"

	Excellent	Good	Acceptable	Poor
On contracting issues	0%	30%	60%	10%
On network animation	0%	33%	67%	0%
Through the REITOX closed website	0%	40%	60%	0%
Support in preparation of national report	0%	36%	36%	28%
Support with regard to EDDRA and demand reduction	0%	45%	55%	0%
Support with regard to Joint Action	0%	0%	73%	27%
Support with regard to key indicators	0%	45%	36%	19%
Support in development of other activities	11%	22%	67%	0%
Average	**1%**	**31%**	**57%**	**11%**

Taking together the qualitative information received through interviews and the information presented in the above table it becomes clear that there is considerable room for improvement of the relationship between the Focal Points and the EMCDDA. Taking all forms of relationship and support in the above table together, 68% of the respondents have indicated the lower half of the four-point scale. Especially in the case of the preparation of the national reports the support (in the form of guidance on what is required by the Centre) seems to be rather unsatisfactory. But also in the case of the EU Joint action and the Key Indicators (an absolute priority for EMCDDA) respectively 3 and 2 Focal Points consider the support to be poor, and the Centre gets little praise overall. It may be argued that NFPs' perception of the support provided by the Centre is not as important as the quality of the NFPs' outputs. But this would be a short sighted and simplistic view. Only a motivated network of NFPs', with enthusiasm and respect for the work of the Centre, will perform at optimal levels.

The REITOX Co-ordination Department has an extremely difficult task in bringing together the expectations of the other EMCDDA departments on the one hand and the Focal Points on the other hand.

Apart from the core tasks a number of specific projects are also carried out by the Focal Points. They largely depend on the priorities, the needs of individual departments and the work of the Centre as a whole, as well as on discussions with the Focal Points. Most of the comments made in the previous part on external contractors do also apply here.

3.4 Quality Control of Products

It is an important objective of the EMCDDA to collect, assess, analyse and disseminate data. A fundamental issue in this respect is, of course, the quality of the data disseminated. A quality assessment of some selected products is presented below, while an assessment of the structures for quality control of the products existing within the EMCDDA is given here.

Until recently there was no explicit written quality control policy of the products disseminated by the EMCDDA. A number of quality control procedures were operational, however:

- The Annual Reports, for example, are internally checked several times. They have been evaluated (Turner report, Schaffner report, Tomás report), are checked by the Office for Publications, commented on by the Management Board, the Scientific Committee, the Focal Points and the authors, and press reviews are produced.

- Articles by the staff presenting some of the EMCDDA work have been published in peer reviewed journals.

- In the Guidelines for Prevention a feed-back form is included.

- External evaluations of some products have been commissioned.

- For externally contracted projects draft reports are circulated among the experts so that a considerable degree of quality control is built into the working process.

- Event questionnaires are used to evaluate meetings.

Recently the development of a quality control policy was defined as an important priority. The Scientific Committee was asked to assist by drawing up criteria for an evaluation of the Centre's products. Recently a number of evaluation criteria have been formulated for the eight different types of studies the EMCDDA is involved in. Two sub-committees were established to work more closely with the epidemiology and demand reduction departments respectively in order to improve quality.

Furthermore, quality of information collected and gathered by the Centre is an issue covered by various objectives / activities of the current EMCDDA three year work programme (1998 –2000).

In addition, an informal ”groupe de réflexion” has been introduced as a mechanism for improving the quality of the organisation and presumably indirectly, through job satisfaction for example, the quality of the outputs.

Although only now an explicit quality control system is being developed, a number of implicit control mechanisms have been operational at the EMCDDA since the beginning. Given the evidence presented later on the relatively high professional quality of the EMCDDA products, these quality mechanisms seem to have worked quite effectively.

3.5 Dissemination of Products

Results of the activities of the EMCDDA are disseminated in different ways:

- through the distribution of publications by the Centre (approximately 25 publications have been produced so far, in several languages);
- through the Newsletter *DrugNet*;
- through press conferences (almost exclusively in the context of the Annual report);
- through press releases (approximately 20 press releases have been produced so far, plus translations of these publications);
- through the distribution of non-published materials upon request;
- through the distribution of non-published materials to project-related networks or seminar participants and focal points;
- through the EMCDDA Website (reports and databases);
- through CD-Rom (databases);
- and through presentations by the Staff at meetings, conferences and to persons visiting the Centre.

The number of copies disseminated of the *published* products is well documented. In addition a list of the persons and organisations receiving free publications is also available. The recipients include all major national and international organisations and persons interested in the issue of drugs. The number of products disseminated logically varies according to content and the fact whether they are distributed for free or whether they have to be paid for. Just to name the two extremes: 9,670 copies of the English version of the 1998 Annual Report were freely distributed, whereas only 4 (of the 3000 printed) copies of the French version of the Monograph "Estimating the Prevalence of Problem Drug Use in Europe" (and only 154 copies of the English version) were sold by the end of 1998. Moreover, the print-run for an academic book of 3000 is unusually high.

There is no systematic information available on the number and type of recipients of non-published materials.

In general it can be said that only a very small part of the total information produced by the EMCDDA is actively disseminated:

Of the more than 80 reports produced by the EMCDDA, only 10 have been disseminated in printed form and only about 20 are available through the Web. There is no systematic information available on who else has received copies of these

reports. It is, however, a fact that even the Focal Points not always receive these reports.

Only occasionally information has been disseminated through publication in scientific journals.

The degree of dissemination through the popular press is difficult to assess since no permanent clipping service is available. Clippings are only available in the context of the launch of the Annual Report.

The material produced by the Focal Points is used to a marginal extent only. Some of the information is included in the national reports (the Swedish Focal Point estimated that 4% of its National Report was used for the 1998 Annual Report), the rest is occasionally used but not disseminated by the EMCDDA.

It seems problematic that so much of what the Centre produces is never, only ad hoc or occasionally disseminated. A number of reasons can be suggested to explain this:

- There is no explicit dissemination strategy
- The implicit dissemination strategy is very much a publication strategy (there is a preliminary draft document on "Publication Strategies"). The consequence is a tendency to neglect the dissemination of material which is not considered for publication
- The Annual Report alone takes up enormous amounts of resources (financial as well human) for dissemination, which is, at least according to the Wright report, not very effective.
- Publications are produced according to high professional, editorial and printing standards and are often produced in different languages. This means only a small number can be produced a year
- The World Wide Web has only recently been used, and not yet to its full potential, to disseminate information

3.6 Quality of the output

In this section the quality of the products of the EMCDDA will be described and assessed. The information used in this part is a combination of results from the questionnaires, distribution figures of products, interviews and existing evaluation reports. The assessment of quality is a complex matter which can not be dealt with on a product by product basis given the time and resource constraints. Clear indications will be provided, however, to assess the quality of the EMCCDA outputs along three important dimensions:

- The **target group quality or user quality**: here the question is whether the target groups of the outputs are being reached (accessibility) and whether they perceive the outputs as giving them what they need (effectiveness). The assessment of the target group quality is based on the results of questionnaires and interviews. The available information on the distribution of publications can be only partially used here, since it does not differentiate by target group, and since most of the publications are distributed for free.
- The **professional quality**: here the question is whether the output meets standards as defined by professionals. The assessment of the professional quality

will be based on an analysis of some selected outputs by the evaluators, the comments of respondents of all kinds to our questionnaires and our interviewees.

- The **management quality**: here the question is to which degree resources are used efficiently and productively within the limits and directives set by higher authorities. The assessment of the management quality will be based on available information on the costs of outputs and production processes. In general, there is, however, very little information available for statements on management quality.

For practical reasons it was not possible to analyse all single outputs produced by the EMCDDA in the last five years, since they are more than 300 of them. It was not seen as useful to cluster them into groups of products. If we had chosen to group the products by type of products (seminars, publications, data collection, data analysis, dissemination, etc.) very different products from different contexts and departments would have been grouped. If we had chosen to group the products more from a content point of view, different products produced in different years by different departments would have been put together. In both cases it would be difficult for actual or potential users to make a clear assessment of such heterogeneous groups of products. We concentrated therefore on those products which have actual or potential users. User quality assessments of groups of products were impossible to obtain.

3.6.1 Target Group or User Quality

As mentioned under the heading of dissemination of products one of the problems is that only a limited amount of the products produced by the EMCDDA are actively disseminated. We can only assess the user quality of those outputs, which are actually disseminated.

The EMCDDA recognises four main target groups: policy makers, professionals working in the field of drugs, researchers and the media (through whom the general public is targeted). Information on the user quality of the outputs of the EMCDDA will be presented for these four groups. Even had our study's budget permitted, the relatively young age of the EMCDDA coupled with its underdeveloped media and web tracking system makes the interrogation of a large external user sample difficult. Some recommendations on how to increase the user quality follow in the recommendations section of the report.

3.6.1.1 Policy Makers

Information on the user quality of policy makers has been collected through the so-called "Remote users"-questionnaire and interviews with members of the Management Board. While we did not ask respondents to indicate their specific location or ministry within the policy system, we believe that the majority were from the health or welfare community rather than the "justice" world.

Policy makers concerned with drug policy seem to be well informed on the EMCDDA and the products which are disseminated by the Centre. They generally know where to look for the information. They also often automatically receive free publications form the Centre. The most visible products to them are the Annual Report and products related to the EU Joint Action on New Synthetic Drugs.

Taking all the outputs together, the relevance of these is generally considered to be rather limited. Of those which answered the Remote Users questionnaire and which work for an organisation of which the objective is policy-making, less than 50% answered the questions about the usefulness of specific products, except for the case of the Annual Report (which scores "quite useful" on the average).

Also during the interviews it became clear that only very little of the material produced by the EMCDDA is said to be actually used for policy-making purposes. Three interviewees have stated that the actual *existence* of the EMCDDA is much more important for the work of national policy makers than the products it produces, as it helps to give more credibility to their work.

As far as the relevance of specific products is concerned the evidence is mixed, and it is difficult to draw general conclusions. For example, the **Annual Report** is on the one hand considered to be an important output of the EMCDDA, but on the other hand it was stated by a couple of interviewees that the document is not really used in policy-making practice. It was said that the information is often considered to be too general, and the data sometimes are seen as outdated at the time of publication. One interviewee stated that the Annual Report is a helpful publication for presenting information on the country in an international context to national audiences. A couple of interviewees also stated that sometimes policy makers are confronted with questions resulting from misinterpretations of the information (by the press for example) provided in the Annual Report (the reason being that the national data are often hardly comparable).

As far as the relevance for policy makers of the activities in the context of the **EU Joint Action** on New Synthetic Drugs are concerned, the evidence is also mixed. Half of the respondents consider the achievements formidable. The fact that the EMCDDA contributes its expertise towards a process at the end of which a Council Decision is formulated (as has been already the case once) is seen by them as an indication of the high policy relevance of the work of the EMCDDA in this specific area. Moreover, they assess it as a contribution to the general legitimacy of the EMCDDA as an important actor in providing factual support to European drug policy making. The other half of the interviewees assess the Joint Action related activities rather in terms of what they contribute to an overall effective identification of new trends and developments in drug problems and responses. Seen from such a perspective the activities developed in the context of the EU Joint Action are considered a marginal exercise given the fact that it concerns a rather specific approach dealing with only a small part of the drugs market.

Our review of the activities in the area of the **Key Indicators** also reveals a mixed picture. Most interviewed policy-makers find it generally very relevant to have comparable cross-national information on major indicators. On the other hand, a majority of them are doubtful that most of these harmonised indicators will actually produce comparable data, given the great differences in the different national policy-making and statistical systems. This is obviously beyond the powers of the Centre to change but it does give national and EU policy-makers the evidence to seek useful reforms.

Other products with a potential for policy makers such as **EDDRA** and **DrugNet**, are not considered to be highly relevant to two-third of the interviewed policy-makers. The **European union legal texts on drugs** on CD-ROM and the **Legal information system on drugs,** are two other products with a potential for policy-makers, but cannot yet be assessed since the first is not yet available and the second project has been launched only recently.

The above information demonstrates that the EMCDDA is generally recognised as an important institution, which theoretically could contribute a lot to policy-making. Empirically speaking this contribution has been somewhat limited so far. It is obvious that it is very difficult to produce in a period of five years very targeted products for the diverse group of policy-making actors the Centre is confronted with. An additional factor, which influences to some extent the relevance of the products for policy-making, is the limited availability of the products in the national language(s). This may seem surprising in the Europe of today, but it reveals both a weakness in foreign language ability among policy makers and an unwillingness among national governments to translate the material.

3.6.1.2 Professionals

It is difficult to present systematic and representative information on the user quality of the different products for professionals. Some information could be derived, however, from the questionnaires received from the "remote users" (the majority of which are active in prevention and treatment) and information received through interviews, in particular those with the Focal Points. The sales figures of priced publications potentially interesting to professionals can not really be used for this assessment since hundreds or even thousands of these priced publications are also distributed for free.

It is difficult to say how well known the EMCDDA is among professionals working in the field of drugs in Europe. The questionnaire to remote users was only sent back by organisations which mentioned that they know the EMCDDA, 90% of which actually even provide information to the EMCDDA and/or the Focal Point. But of course it cannot be concluded that those organisations, which did not send back the questionnaire, are not aware of the existence of the EMCDDA.

Among the organisations, which sent back the questionnaire, the Annual Report is the best known product (the reason probably being because they all automatically receive the report). Other well-known products are the Newsletter, the EMCDDA Website, the EDDRA-database and the Manuals. These are at the same time the products which are most used and which are considered highly complementary to other available information.

The perceived usefulness of the different products differs somewhat as can be seen from the results of the questionnaires on the question "How useful do you find these products?".

Product	Very useful	Quite useful	Not very useful	Not at all useful	No answer
Annual Report	63%	25%	12%	0%	0%
General Report of Activities	8%	33%	21%	0%	38%
Scientific Monographs	21%	38%	0%	4%	37%
Insights	21%	21%	8%	0%	50%
The EMCDDA Website	25%	33%	4%	0%	38%
The EDDRA Database	21%	13%	22%	0%	54%
The Newsletter *DrugNet*	25%	41%	17%	0%	17%
Manuals	17%	33%	8%	4%	38%

The only product which scores significantly highest on the score "Very useful" is the *Annual Report*. The *Insights* score equal on "Very Useful" and "Quite Useful", although a high rate of "no answers" is given here. For all other products, apart from the *EDDRA Database*, "Quite useful" is the most frequent score given (if we do not take into considerations "no answers"). The most controversial product seems to be the EDDRA database: 21% find it "Very useful", 13% find it "Quite useful" and 22% find it "Not very useful".

Given the fact that the **EDDRA-database** is mainly targeted towards professionals the above result should be analysed somewhat more closely. Also on the basis of the interviews it became clear that the usefulness of the EDDRA-database is a controversial issue. This seems be related with a number of factors: on the one hand, its implementation has been a very difficult process (3 versions of the database, 3 computer companies and 3 software products were involved), goals were sometimes unrealistic, the quality of entries from different countries differs considerably. Discussions on quantity versus quality are ongoing. On the other hand the project as such is generally considered by professionals to be very important, the Focal Points have received better support for this project than for most other EMCDDA projects, and most importantly the EDDRA project has some important spill-over effects. It is used by some organisations as a tool for training, presentation, project applications, documentation and evaluation. This is especially the case where organisations providing data for the EDDRA-database work closely together with their Focal Points.

The information base for general conclusions regarding the user quality for professionals is small. However, there is evidence that the products are of some use and especially most products seem to be complementary to other products.

3.6.1.3 Researchers

Also in the case of researchers, no representative or systematic information is available. The evidence presented relies on the "remote users" questionnaire, the sale figures of the priced scientific publications and information provided by the Scientific Committee.

It is difficult to say how well known the EMCDDA is among researchers working in the field of drugs in Europe. The questionnaire to the remote users was only sent back by researchers which mentioned that they know the EMCDDA. It can, of course, not be concluded that those researchers which did not send back the questionnaire are not aware of the existence of the EMCDDA.

Among the researchers which sent back the questionnaire, the Annual Report and the Manuals are the best known products. Other well-known products are the Newsletter, the EMCDDA Website, and the EDDRA-database. These products are, however, considerably less used than they are known.

All products are generally speaking said to be quite useful. For researchers the manuals seem to be the most useful product.

Sales figures of priced publications which are of interest to researchers are extremely low. This fact could, of course, also be explained by a insufficient marketing of these products.

Evidence based on information from the Scientific Committee is not very straightforward on the issue of user quality. The Scientific Committee does usually not make statements about the user quality of the products for researchers. The answers to the question in the scientific committee questionnaire, "What do you consider to be the quality of the outputs of the EMCDDA" can be considered as statements relating to the professional quality of the products and will be presented in the respective part.

3.6.1.4 The Media and the General Public

A report was produced by John Wright in 1999 on the "Development of an EMCDDA media strategy". On the basis of this report and evidence collected during this evaluation some general statements about the user quality of the products for the media can be made.

Generally speaking, the EMCDDA is not particularly known to European journalists (see Wright report).

The most relevant product for the media at this moment is the Annual Report. Although the report is seen by the EMCDDA as the signboard towards the media and is officially launched at a press conference to which one journalist per Member State is invited at the cost of the EMCDDA, the media effect has been found to be rather limited (see Wright report).

The reason for this limited usefulness has on the one hand to do with the circumstance and organisation of the launching press conference and on the other hand with the type of product. To improve both aspects important recommendations are formulated in the Wright report. Also in the context of the Wright report the question is raised about the Annual Report being a useful product at all. We see the Annual Report as a prime candidate for proper planning, strict quality control and greatly improved administration.

3.6.1.5 Overall

- It is obvious that a full and adequate penetration of the products of the EMCDDA towards the different target groups could not be reached in the first five years of its existence. Although it is difficult to formulate standards of success in this respect it can be said that a basic level of accessibility and relevance has been reached based on the questionnaire responses and the media coverage obtained for the launch of the Annual Report.
- A reason for the limited relevance of some of the products might have to do with the fact that the Centre tries to reach too many target groups at the same time. Having said that, there seems to be lack of marketing policy and organisation.

3.6.2 Professional Quality

In what follows information will be presented on the professional quality of some of the publications of the EMCDDA. Given the fact that the degree of user quality is difficult to assess and given the young age of the EMCDDA, the professional quality of some of the publications will be assessed as a useful additional input.

The publications selected were chosen on the basis that they are products from different departments, are representative of the overall work of the department, and were produced recently.

To create the table, the following criteria have been used:

Content	How good is the quality of the data base used for the publication? Are references provided for relevant findings, how good is the quality of references? Are interpretations and conclusions based on evidence?
Presentation	Is the text clearly understandable? Is the layout attractive and helpful for reading and understanding?
Added value	Does the publication usefully complement other publications available on the same topic?
Authors	Are review procedures applied? Are the authors known as specialists in the topic in question?

Publication	**Year**	**Content**	**Presen-tation**	**Added value**	**Authors**
Estimating the prevalence of problem drug use	1997	* * *	* * *	* * *	* * *
Guidelines for evaluation of drug prevention	1998	* *	* * *	* * *	* * *
Evaluating the treatment of drug abuse	1999	* *	* * *	* * *	* * *
Outreach work among drug abusers	1999	* * *	* * *	* *	* * *
Guidelines for the risk assessment of new synthetic drugs	1999	* *	* *	* * *	?
Report on the risk assessment of MBDB	1999	* *	* *	* *	* * *
Report on the risk assessment of 4-MTA	1999	* *	* * *	* *	* * *
Extended annual report on the state of the drugs problem	1999	* * *	* * *	* * *	* *

Legend:

* * *	good quality
* *	medium quality
*	poor quality
Year	Year of Publication

The table shows that the overall quality of publications from the EMCDDA is quite good. This includes qualified authorship, some review processes in order to check for scientific content (not strictly applied), referencing of findings and evidence-based conclusions. Care has been taken by the EMCDDA not to duplicate publications available from other sources. In fact, some of the publications are outstanding and cover topics rarely addressed, such as the prevalence estimation methods and the prevention evaluation guidelines.

It is almost impossible to provide a rating on the impact of these publications. There is no routine procedure designed to collect information on the use, which is made of publications. An exception is the study on the implementation of the prevention evaluation guidelines, which gives detailed information on how these guidelines have been received, accepted and used in the Member States.

The presentation (structure, language, layout) of publications is good.

The conclusions about the professional quality of the publications are similar to the results received through the questionnaires from the Scientific Committee on the question "What do you consider to be the quality of the outputs of the EMCDDA". Six out of eight returned questionnaires consider the quality "Good" and two consider it "Acceptable" (on a four point scale: Excellent-Good-Acceptable-Poor). There is very little deviation across the specific products according to the members of the Scientific Committee, except for the Scientific Monographs and Insights scoring even somewhat higher.

3.6.3 Management Quality

Management quality refers to designing the production process and implementing it without waste, duplication and mistakes. The degree of management quality influences the degree to which money is saved *and* productivity is increased. Much is said about management quality at the EMCDDA already in other contexts of this report, which will not be repeated here. This section mainly looks at the cost-benefit analysis of the output produced by the EMCDDA. It should be clear from the beginning that this is a risky undertaking for at least two reasons:

First, we have limited information about costs and benefits. The "total cost" of the outputs produced by the EMCDDA is generally not known and could not be calculated without a detailed audit of all of the EMCDDA's accounts and retrospective time analysis of the Centre's staff deployment. This is practically impossible. The benefits have been presented in somewhat more detail in this report (see the part on User Quality), but also here only limited information was available and the differences in national contexts reduce benefits in any case.

Second, the EMCDDA is a fairly young organisation, which means that initial investments had to be made which cannot be efficient in a short-term perspective. For many outputs it is too early to assess efficiency.

Consequently, no cost-benefit analysis of every single product can be presented here.

Generally speaking it can be said that those staff of the EMCDDA directly responsible for products (i.e., the departments which were dealt with in this part) seem to be very productive in terms of output and quite efficient.

However, a number projects and products are ripe for assessment in detail from a cost-benefit perspective. Impressionistic indications and survey results show for these outputs that they might have a rather low cost-benefit ratio. It is recommended that the largest and most costly outputs be thoroughly analysed sometime in the near future.

4 Networks

4.1 The REITOX structure

4.1.1 The Current Structure

In order to carry out its function of collecting data from the Member States, the EMCDDA requires a set of information gathering instruments which can provide the basic information which is used to provide the pan-European or comparative output of the Centre.

In the Regulation this is foreseen through the implementation of the REITOX Network.

According to the Regulation:

"The Centre shall have at its disposal the European Information Network on Drugs and Drug Addiction (REITOX), a computer network forming the infrastructure for collecting and exchanging information and documentation; the network shall make use of, inter alia, an autonomous computer system linking the national drug information networks, the specialised centres in Member States and the information systems of the international or European organisations or bodies co-operating with the Centre."

In fact this network as strictly defined in the Regulation has never been fully realised – either as a computer network, or as a network of specialised centres.

Currently the REITOX network consists of a Focal Point in each Member State and a further one at the European Commission. The Focal Points were nominated by the Member States and thus their structure and backgrounds vary a great deal between countries. This is at once a strength and a weakness of the network. This evaluation does not cover the individual REITOX Focal Points.

These Focal Points are co-funded by the Member States and the EMCDDA generally on a 50% basis with 100 000 Euro being contributed by each party. This is a new financial basis for the Focal Points, which follows a review by a working party of the Management Board, and was implemented for 1999. It is based on an assumption of an equivalent of some 4 full time equivalent staff being required to carry out the task required of a Focal Point. It is difficult to assess the real resources committed to Focal Point activities as in most cases the activities are integrated into the general work of the host organisation.

Following some criticisms and in order to stabilise and strengthen the network's permanent work, the implementation and follow-up of its core tasks were also clarified as part of the review in 1998. This was intended to lead to greater transparency and therefore to increased effectiveness. The clarification was also aimed at helping to define the co-financing of these tasks by the EMCDDA on the one hand, and the Member States on the other.

The activities undertaken by the network now fall into two categories:

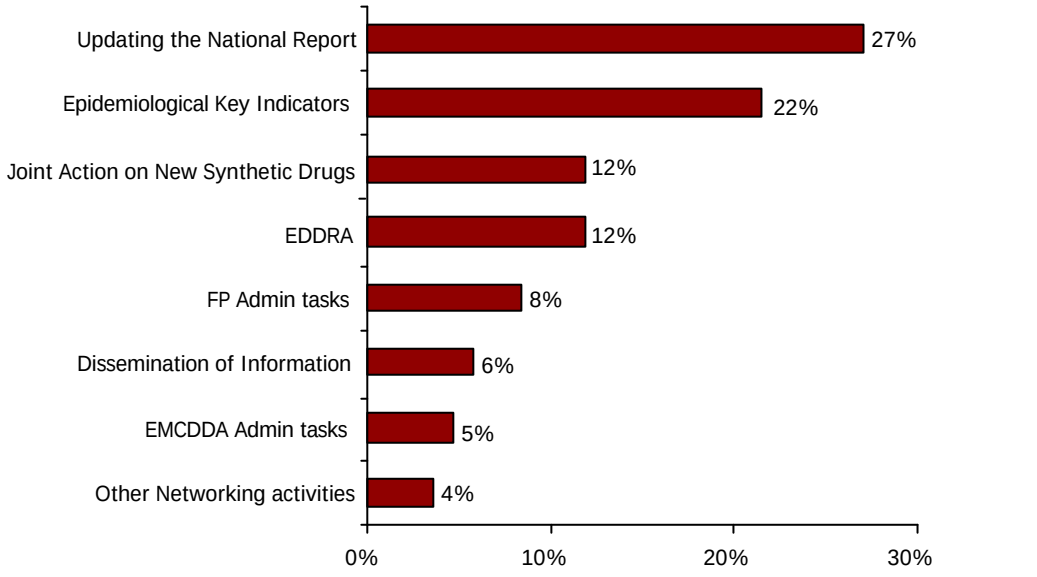
(i) 5 core (permanent) tasks

- ❖ updating the annual National report
- ❖ updating the information map of the national drug information system in each member state (not undertaken in 1999)
- ❖ contributing to the EDDRA information system
- ❖ implementing the Joint Action on New Synthetic Drugs
- ❖ contributing to the harmonisation of the 5 key epidemiological indicators.

(ii) They also carry out support projects required to enhance or develop the work of the EMCDDA.

Based on the questionnaires received, the average distribution of time spent by the Focal Points is as follows:

Distribution of FP Activities by Time



Their activities are co-ordinated by a small team at the EMCDDA consisting of 3 people, with one further person recently appointed. The REITOX network meets together 3 times a year. A system of “cluster group” meetings focusing on specific issues has also recently been instituted.

A computer network in the form of a closed REITOX Web site has recently been implemented, enabling better communication between the Focal Points and the Centre. This is a fairly basic tool but has the basic functionality required for the sharing of information within the network of Focal Points.

The REITOX programme's main goal in the coming years is to reinforce the network's capacity, enabling it to implement its core tasks more efficiently. Initially, this will mean achieving greater transparency concerning the resources currently at the disposal of the National Focal Points to carry out these tasks.

4.1.2 Key Evaluation Questions

The key issues and questions set for the evaluation were as follows:

The capacity of REITOX focal points to implement their core tasks, taking into account their own resources and support from the centre

This section refers to the capacity of the Focal Points specifically.

The capacity of the Focal Points was reviewed by the working party of the Management Board in 1998. There is an implication that this (or at least the funding arrangements) should be reviewed again in 2000. The 1998 review resulted in a significant increase of their funding to ensure that the redefined tasks could be adequately carried out. Clearly there is some disparity between the Member States in the level of work required to achieve these tasks. However the Management Board felt that so many variables were involved that any other method of calculating the level of support for each Member State would necessarily cause dissent and less than effective functioning of the network.

The distribution of time to the various tasks is shown in section 4.1.1 above. This mirrors fairly closely, but not completely, the cost distribution reported in the questionnaires.

It must be said that the capacity of individual Focal Points is very variable – some are more closely connected with the key activities and have more internal resources than others. They have different operating structures varying from keeping everything in-house to quite dispersed network structures, although most have some combination of the two approaches.

The majority of FPs interviewed mentioned the regular burden of the EMCDDA itself, and is addressed further below.

Overall, in terms of administrative support from the EMCDDA, the Focal Points that responded seemed to find this acceptable, while remaining in the lower level of the scale. In the course of discussions, however, the interviewees were much more critical of the level of support, while acknowledging a recent improvement. They were less content with the level of scientific support. This would seem to indicate that the effort devoted to building the network over the past year has been fruitful, but that Focal Points are still not content with the support they receive in terms of content rather than administration. Given the likely demands and needs of new Focal Points following enlargement, this aspect clearly gives some cause for concern.

Enlargement will highlight the different levels of competence between the various Focal Points and bringing the new tasks on stream will require a whole new set of areas of expertise from the existing Focal Points which will cause difficulties for some of them. In addition many of the Focal Points have established networks inside their Member States which will need to be enlarged and refocused to take into account the new areas of expertise they will be required to cover.

Why were these tasks defined so late?

The process of development of the National Focal Points began before the formal constitution of the EMCDDA. It is therefore to some extent surprising to find that the first real attempt to define their tasks and to link these to resource levels was undertaken so far into the process. It is not really possible to isolate the issues leading to this from the other operational aspects of the EMCDDA, but it seems that the first few years of operation were dedicated to producing the output at all costs, and that the identification and agreeing of the core tasks was only possible once the EMCDDA had reached a sufficient level of maturity. However, it should not be forgotten that the current level of central resources has only recently been achieved and the mode of working with the Focal Points was originally rather different.

Degree of involvement of the Focal Points in defining work programmes

The Focal Points were fairly evenly split on their views on input to the work programme. This partly reflects the whole unstructured nature of the work planning process but also that the Focal Points themselves have not functioned as a true network and thus are not able to contribute in a meaningful way, or to take the initiative. This means that an opportunity to reflect the priorities of experts in the Member States is lost, and equally important, that there is no realistic assessment of the workload in the work programmes.

The relationship between the Focal Points and the National Authorities seems good, as is their relationship with Management Board members. It is important that this type of good working relationship be extended when the Focal Points have to deal with other Ministries with additional competences.

There is little contact with the Scientific Committee, only one respondent having regular contact with their Scientific Committee member. The weakest point is the lack of contact between the Focal Points themselves (horizontal information exchange). They are beginning to address this issue themselves but it does not seem to have been a part of the EMCDDA original concept which is much more vertical.

Lack of mutual benefit for the Member States and the Centre

Discussions with the Management Board members seem to indicate that the EMCDDA still has some way to go in providing information which is of direct interest to individual Member States. This view was echoed by the Focal Points. This is an issue which needs to be taken into account when defining the work programme for the future, and especially when identifying specific products and audiences.

5 Organisational and administrative efficiency

In previous sections we have dealt with the "production process" in terms of its efficiency and effectiveness. In this section we look at the broader context of the internal efficiency of the EMCDDA, its structure and procedures.

We examine in turn the Management Board, Scientific Committee and internal functioning of the Centre.

5.1 Background

In examining the organisational and administrative efficiency of the EMCDDA, it is important to take into account the fact that the Centre is constrained to work in accordance with its founding Regulation and with its associated Financial Regulation. It also has expectations imposed on it by the Court of Auditors. It also takes on board many of the operating systems in current practice at the European Commission itself.

It has not always been clear which of these constraints are real and which are perceived to be necessary but which might, in practice, be challenged. The Centre's first priority has been to develop a system which enabled it to function at all, taking into account the expectations of all the stakeholders. It has only now reached a maturity which enables it to examine the system which has grown up and the underlying assumptions.

An important point in the context of the use of Commission systems within EMCDDA is that the Agency is not necessarily obliged by law to use the Commission's systems. Rather is this the result of administrative tradition, pressure by the Commission or the Court of Auditors (which does not necessarily adapt its opinions to the context of a small and supposedly flexible Agency), and sometimes the unwillingness of the Management Board to allow the Centre to "go its own way" against the conventional wisdom. [3]

In addition to this, the administrative systems of the Commission itself are currently under scrutiny and are likely to be the subject of significant change over the next few years, following the Commission's White Paper on Administrative Reform, arising inter alia from the Report of the Committee of Independent Experts. In the case of the EMCDDA this is likely to have an impact in the areas of budgets and financial management, and also human resources policy.

The Member States also provide a significant constraining factor on the operating practices of the EMCDDA. This is true in terms of the management of the Centre itself, e.g. through their involvement in the Management Board, and also in the efficient or otherwise operation of the EMCDDA's networks such as REITOX, and other more informal networks.

Issues arising here therefore fall into three types:

3. For example, the Management Board has at least twice overruled a recommendation from the Centre's management to reform administrative practices, in the light of a negative opinion from the Court of Auditors. These concerned minor issues with a disproportionately heavy administrative burden. The Court's opinions in these cases can be seen as overly formalistic and are not binding in any case. The Management Board clearly felt that it was better to be seen to comply with the Court rather than allow the Centre to adapt its practices in a sensible manner.

- those over which the EMCDDA has complete control and is free to act;
- those over which it has some control, or the possibility to attempt to change either at a policy or regulatory level; and
- those over which it has no control and which must be regarded as unchangeable constraints.

In making recommendations we have attempted to take this into account and to focus on the areas where some change can realistically be expected. However, the changes expected at the Commission level may have some impact on items in the third category at some time in the near future, so we have also borne this in mind.

5.2 The Management Board

The supervision of the EMCDDA is undertaken by the Management Board. The role and functions of the Management Board are set out in the founding Regulation as follows:

"The Centre shall have a management board consisting of one representative from each Member State, two representatives from the Commission and two scientists particularly qualified in the field of drugs, designated by the European Parliament on the basis of their particular qualification in that field. Each member of the management board may be assisted or represented by an alternative member. In the absence of the full member, the alternative member may exercise his right to vote. The management board may call in as non-voting observers representatives of international organisations with which the Centre co-operates …"

In general both alternates and full members attend the Management Board meetings. This results in a Board of some 40 people. The Management Board is bound to meet at least once per year and is responsible for its own rules of procedure. It elects a chairman from its membership who holds office for a three year term (renewable once). The Board is currently under its second Chairman.

A two-thirds majority is required when voting, (except for unanimity on certain key decisions). The Board does vote as some member states require this.

The Management Board is charged with the following tasks:

To adopt the three-year work programme, following consultation with the Scientific Committee, the Commission and the Council.

To adopt the annual work programme, following consultation with the Commission and the Scientific Committee.

To adopt the annual general report on the activities of the EMCDDA. This report is submitted to the Parliament, the Council, the Commission and the Member States.

The Board currently meets on average 3 times per year. In between the Management Board meetings "the Bureau" consisting of the Chairman and Vice Chairman of the Board, the Commission, and the Director makes any necessary decisions (subject to ratification by the Board).

In response to our questionnaire we had replies from equal numbers of full and alternate members (8 of each) and 2 observers. The main background of the board members is public sector, with one voluntary sector and no private sector. Two thirds

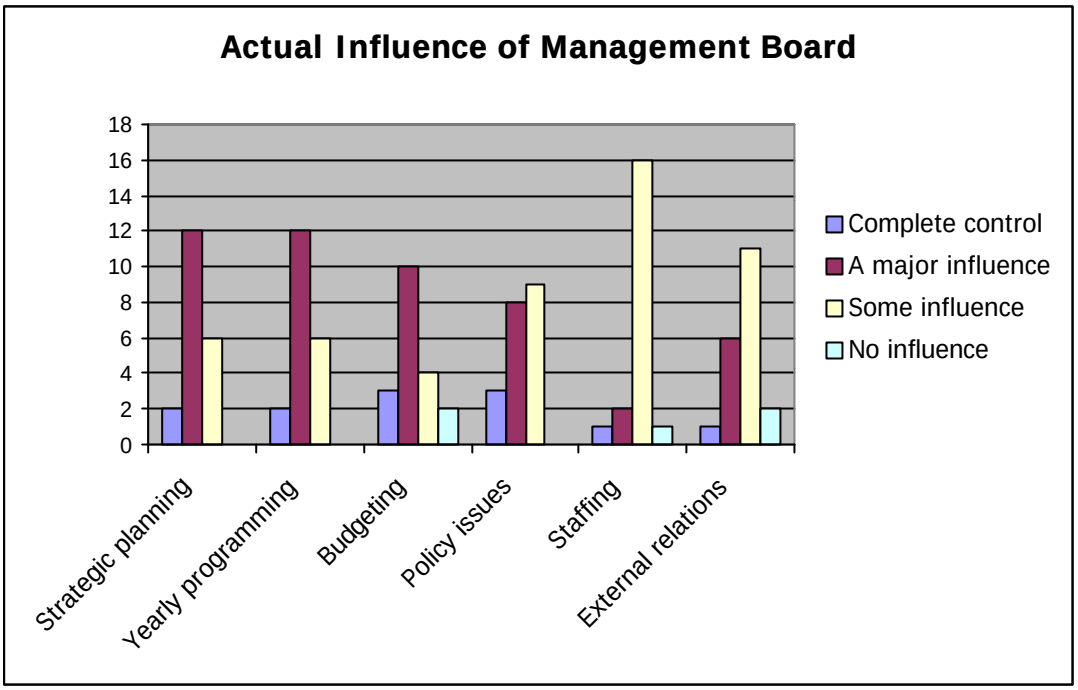
of respondents have direct drugs related expertise, and a similar number were also responsible for work with the EU Council Group on Drugs and the Pompidou Group.

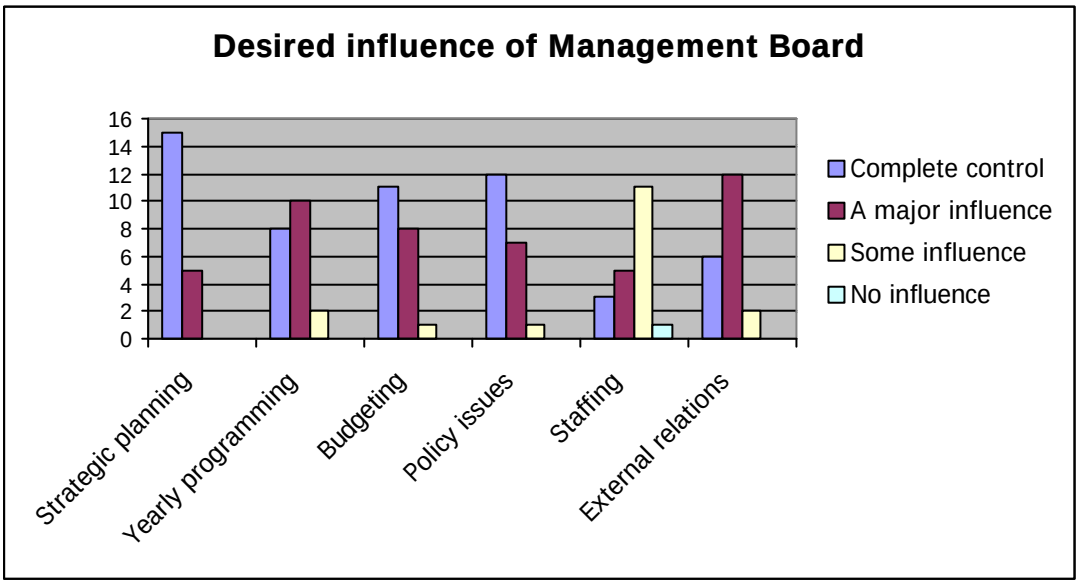
The respondents viewed the following as the key roles of the Board:

Task	**No of respondents**
Work programme and budget	8
Strategic Planning	7
Assess the outputs	3
Central control and direction	3
Monitor internal management	2
Supervision of financial control	1
“Engine, brakes and control”	1
Quality	1
Deciding on activities and the respective priorities	1
Looking at the resource/product relationship	1
Participate in the progress of the Centre's work	1
Country-based co-ordination with focal points	1
Ensure smooth running, especially staff policy	1
To create a clear framework within which the Centre can operate	1

There is some degree of overlap in the responses but we have left them as they were contributed.

In terms of the level of influence the Board should have over various functions, there was not total unanimity, but when comparing the actual position with what was desired it was clear that all the respondents wanted more control. This was most marked in the field of external relations and least so in the case of staffing issues, as shown in comparing the figures below.





Following our observation of a meeting of the Management Board, it appeared to us that the Board seems to feel that it should be involved in the detail of the running of the EMCDDA rather than concentrating on setting the strategic objectives. This, in our view, reflects a lack of trust which arises from the poor internal management systems. In response to requests a huge amount of paper is generated but little useful information is produced.

Until a proper strategic planning system is implemented and the tools enabling the Board to match progress to plan are provided, this focus on the detail is inevitable. It

has, however, a paralysing influence on the running of the EMCDDA and a budgetary impact out of all proportion with its usefulness.

5.2.1 Key Issues

The role of the Board members is seen as different depending on the Board member concerned, ranging from formal representatives of the Council to a more "private sector" non-executive director type of approach. The competence to make decisions of the various members also differs – some are able to commit the Member State, others must refer some decisions upwards. In the latter case this is complicated when documents are not forthcoming in time for prior consultation (even when there is the foresight to undertake this).

The European Parliament's representation on the Board at present is through the nomination of experts in the field of drugs. This is useful, but it means that there is no administrative or policy input from the Parliament or direct reporting mechanism to the Parliament, despite the fact that it is responsible for approving the EMCDDA budget. Direct MEP membership could improve this.

The Board currently meets three times per year. This imposes an unnecessarily heavy administrative and financial burden. However, given the timing of the required activities, including the approval of the annual report and the work planning it is necessary for the Board to meet twice per annum. These should be fixed in such a way that the annual planning and budgeting processes can be properly implemented and avoiding last minute rushes.

Agenda management is a topic of criticism. This is consistent across the activities of the EMCDDA and is dealt with in more detail in section xx below. Nevertheless this needs to be addressed as a matter of urgency.

The number of participants in Board meetings renders the process extremely cumbersome. The justification of alternates attending as they may represent additional ministries is advanced. However, unless one foresees all involved Ministries being involved, especially in the light of the new priorities, the argument is difficult to maintain. In addition, once the new Member States join the EU the prospect arises of a Management Board of over 100 participants – a clearly untenable position.

The costs of the Management Board are extremely difficult to identify – the costs of travel and translation/interpretation should be identifiable and are significant, but the costs of staff time in preparation and the time of the Board members themselves cannot be isolated. Nevertheless it is clear that a significant proportion of the EMCDDA budget is spent on this activity.

In order to ensure maximum transparency and proper preparation of decisions, a number of proposals for new intermediate processes were examined:

- Working groups on specific issues
- An intermediate management layer
- Strengthening of the Bureau

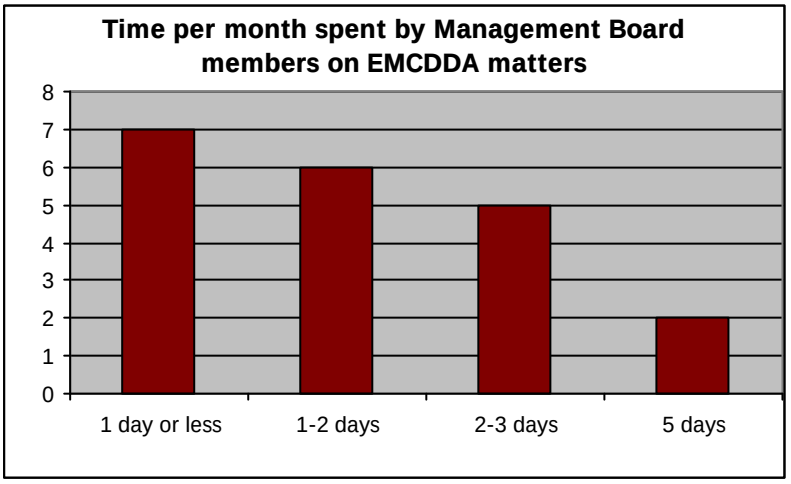
It was felt that ad-hoc working groups might be appropriate for specific issues but not for the regular management of the EMCDDA. In addition there would be a tendency for the most active members to be consistently involved in the groups resulting in a *de facto* intermediate layer. The idea of an intermediate layer as such

was rejected as producing another layer of bureaucracy and thus defeating the object of the exercise. Therefore it was felt most appropriate to reinforce the Bureau, to give it powers to make real decisions on certain, well defined, issues and clear working procedures.

The Board is unlikely for political reasons to accept monolingual functioning, regardless of the cost implications. Therefore the implications of this should be taken on board.

The communication between the Board and the Centre needs to be improved, both in conceptual and practical terms. If succinct and informative reports can be circulated in a timely manner, then the Board would be in a position to make more decisions on the basis of a written procedure.

The time constraints on the Board members should be acknowledged. In response to our survey it is clear that very few are able to devote more than about 2 days per



month to this work.

Therefore this should be taken into account when deciding on the level of involvement expected from the Board members, and in assessing the level of responsibility which they will feel comfortable in taking.

5.3 The Scientific Committee

The founding Regulations also foresaw a Scientific Committee as one of the institutional pillars of the EMCDDA. According to the Regulation:

"The management board and the Director shall be assisted by a Scientific Committee which shall deliver an opinion where provided for in this Regulation on any scientific matter concerning the Centre's activities which the management board or the Director may submit to it. …" (Article 10)

According to Article 8 of the Regulation the Scientific Committee shall be *consulted on the three-year programme and the annual work programme,* after a draft has been submitted by the Director. In addition the Regulation provides for the opinions of the Scientific Committee to be published.

The Scientific Committee consists of one representative from each Member State but the Management Board may appoint up to six other members having regard to their

particular qualifications. Members of the Scientific Committee serve for a three-year period and elect a chairman for a three-year period.

In its first years of existence the Scientific Committee mainly met to discuss the annual and three-year work programme (occasionally suggesting additional projects), and the Annual Report. Generally speaking the input by the Scientific Committee was considered rather limited.

In recent years the Scientific Committee has been given an additional role with regard to the EU Joint Action and the quality of the work produced by the scientific departments of the EMCDDA.

In 1997 a scientific steering group was set up to prepare the risk-assessment procedure under the joint action on new synthetic drugs. Since then the Scientific Committee has met several times per year to discuss methodological issues with regard to the joint action.

Two other subcommittees were set up recently (May 1999) to deal with the development of quality indicators for epidemiological and demand reduction studies. This work is in progress.

5.3.1 Key Issues

The fundamental role of the Scientific Committee as a group of experts giving a considered opinion on the activities of the EMCDDA has never been fully implemented. A number of factors have contributed to this, including the lack of precision in the definition of this role, and the poorly defined planning procedures within the EMCDDA itself.

Together these have meant that the processes for seeking the views of the Committee have not been such that the Scientific Committee members could easily contribute to the planning cycle.

It was evident that the Scientific Committee was much less well integrated into the general functioning of the Centre than the other bodies. While one questionnaire respondent felt that this meant that the Committee was more independent, in fact it appears that the lack of integration has hampered the Committee in contributing effectively to the work of the EMCDDA. Its role within the EMCDDA is still very much one of external commentator rather than actively participating in the work and communicating with the other EMCDDA constituencies (such as the Focal Points and Management Board) and the EMCDDA's scientific staff.

Although the Scientific Committee has now found a clearer role, as a result of the Joint Action on Synthetic Drugs, it still seems not yet clearly embedded in the operational structure of the EMCDDA.

It is widely acknowledged that the Committee has performed a valuable role in the Joint Action on New Synthetic Drugs. However, this needs to be viewed separately from their core tasks of advising on the work programmes and any other issues referred to them, which has not yet been achieved in a substantial way.

The membership of the Scientific Committee may prove problematic when the EMCDDA gradually becomes more active in the remaining Priority Areas. The representatives of the Scientific Committee are especially competent in the areas covered by priority 1. While they have the possibility to co-opt a limited number of

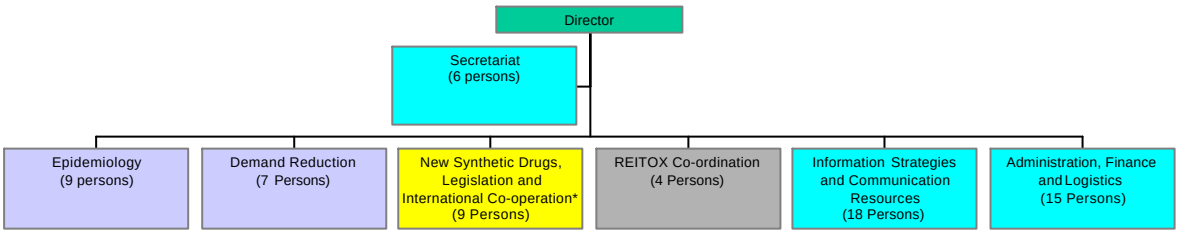
new members, this is unlikely to be adequate to cover the new areas of expertise required.

In examining the tasks to be given to the Committee, account needs to be taken of the fact that the Committee members have only limited time to devote to this assignment – their role must be planned in the light of the amount of effort which can realistically be expected of the members.

At the meetings of the Scientific Committee translation/interpretation is provided. This can be considered as an unnecessary cost since translation/interpretation between scientists is generally speaking a very uncommon practice.

5.4 Internal Structure

The organisation has grown organically and rapidly to its current complement of 69 (including 4 vacant posts). As explained above, these are divided into a number of departments as follows:



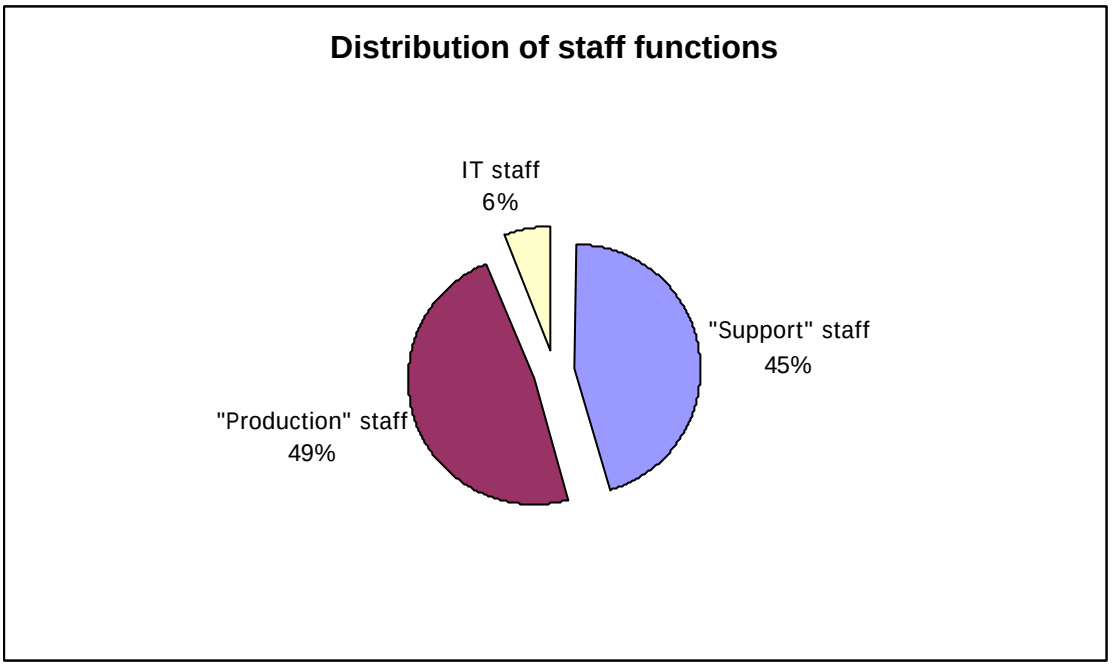
**Cellule*

Although the organisation is traditionally presented in this way, in fact there are 2 vertical departments with a product focus (Epidemiology and Demand Reduction), 2 departments are horizontal (Information Strategies and Administration), the Cellule is both and the REITOX department performs a co-ordination and external interface role.

5.4.1 Support and production

In terms of the staffing structure, the organisation can be split between “production” staff (who work on the Centre’s outputs) and “support” staff. By “production” we mean those who contribute directly to the outputs of the centre. By “support” staff we mean all those who create and maintain the environment and systems within which the production staff can work, including administrative and secretarial support. We have classed the IT staff separately as they have a function which contributes to both of these elements.

The distribution of staff between these activities (including support staff in individual departments) is as follows:



This balance of staffing reflects the administrative under burden which the Centre works but which cannot be regarded as rational. We have referred above to the circumstances in which perhaps understandably, the EMCDDA uses Commission procedures which are in practice inappropriate but sometimes unavoidable. There needs to be an urgent redefinition of procedures to reduce this load, thus freeing up posts to be used for technical work, and to reinforce the IT team which is currently very small for the work to be carried out. This process may emerge out of the recent initiative to review internal procedures.

In addition to this semi-formal distinction, there is also an informal distinction reflecting a number of factors including the background of the staff. Thus there can be said to be three distinct organisational cultures present within the staff group:

- A “Commission” culture
- A “research” culture
- A “private sector” culture

Each of these has its own distinctive working style which leads to some significant conflict between them in the form of frustration at others’ working methods. In addition to this breakdown there is also a co-incidental geographical split between the floors in the building which echoes these different cultures, and a linguistic divide between the administration which mainly works in French and the others who mainly work in English.

5.5 Administrative style

The administrative style of the EMCDDA is the same as exists in the Commission. It has already been widely acknowledged by the previous and current Commissions that its administrative system is unnecessarily burdensome and control focused. The adoption of such a system in a small organisation has resulted in a type of paralysis by paper. The outcome is an organisation in which there is an excess of administration and an absence of management.

Clearly this reflects the backgrounds of those who have implemented the systems with which they are familiar, having no reference points or training to do otherwise. In addition they are under pressure from the Commission administrative departments to use their systems, regardless of how appropriate they are. Finally, media coverage and the intense focus on control of EU spending may have contributed to the Management Board being unwilling to urge or allow the Centre to adopt more suitable systems. This situation may ease with the introduction of the reforms and new working systems at the Commission.

A second characteristic of this style is the centralisation of all authority with the Director. This means that even very minor decisions must be taken by him, leading to an overburdening of the Director and a commensurate lack of authority in the heads of department. This style is at once the natural outcome of the Commission-style administration system and a classic symptom of organisations which have grown very rapidly regardless of their background.

It is important to differentiate between the tasks which have been imposed on the administrative procedures (for example the requirement for an ex-ante visa from financial control for all expenditure), and those which have arisen as a result of custom and use elsewhere.

5.6 Financial Management

It is important to distinguish clearly between the two types of financial planning and reporting needed.

Firstly, the EMCDDA has to present its budget and accounts in a form acceptable to and in conformity with the systems of the Commission. This is to ensure that the expenditure incurred is in line with the approved budget lines, and to enable its incorporation in the Commission's budgetary systems.

Although initially the EMCDDA was the subject of criticism from the Court of Auditors for its financial management systems, this problem has now been resolved and the Court is pleased with the EMCDDA procedures in place. However the net result of the comments of the Court of Auditors has been a significant increase in the administrative burden, and the system needs to be re-examined in order to significantly reduce the demands on staff, while retaining the financial transparency required. The Management Board could take responsibility for explaining the need for reform to the Court and others.

An additional burden has been imposed by the introduction of the SINCOM II Commission financial system, and the delays in its full implementation which have resulted in the EMCDDA having to operate dual systems, plus the problems associated with requiring and receiving authorisation for payments from the financial control department in Brussels.

Secondly, as part of the operational planning system, the EMCDDA needs to have a financial planning and monitoring system which enables the Management Board and staff to see HOW the money has been spent against items in the Work Programme and to allocate costs to outputs. In the past, despite requests from the Management Board, this was not done, but we understand that the system has now been changed.

In order to be able to assess costs against quality, or to make decisions on what work should be carried out in-house and what should be contracted out, cost

information is required not only on expenditure but also on staff time which is currently not recorded.

The result of the lack of an effective system is that the EMCDDA is open to criticism over expenditure on items such as travel to Brussels, which when reconstituted seems to be reasonable given the costs of travel and the necessity of travelling, but cannot identify the true costs of, for example, the Management Board. Neither can the costs of individual activities be properly identified.

This situation has been mirrored in the Commission itself, and the Consultative Document on the Strategy for Reform and Modernisation of the Commission (the White Paper) clearly sets out the Commission's intention to introduce a system of activity based costing such as we are recommending for the EMCDDA. Thus, while it has largely been the cause of these problems for the EMCDDA, the Commission has now formally acknowledged a need for change.

5.7 Staffing

As evaluators we were made aware of two co-existent features of the current staff of the Centre – an extremely high level of motivation and commitment but a correspondingly high level of dissatisfaction.

As a result of this it was decided to carry out a survey of the staff of the Centre to gain their input on how these issues might be resolved. We received 40 returned questionnaires – a 62% return rate.

The ten most significant factors that help staff to carry out their tasks effectively were identified as:

- co-operation between colleagues
- Good organisation / department
- Communication - information
- Self motivation
- Good Head of Department
- Good co-ordination of tasks
- Experience and training
- Knowledge of the field
- Good information & IT team
- Clarity of mission, tasks, objectives, targets.

The 10 most significant hindrances were identified as:

- Lack of organisation
- Lack of clear definition of individual tasks & responsibilities
- Bureaucracy in administrative procedures
- Time wasting bureaucratic procedures

- Lack of communication between agents
- Fragmentation & lack of cohesion in the understanding of the centre
- Time wasting involvement in ill conceived / managed projects
- Lack of resources
- Lack of training
- Unclear priority setting in reality

With "lack of organisation" scoring twice as high as the next most significant factor. This, together with the lack of transparency in communication, was seen as the main demotivating factor for working at the EMCDDA. There is no real inconsistency between the appearance of good organisation as a plus factor and poor organisation as a minus factor, as it was clear that staff felt that within departments there was good organisation but the problems arose at the interface with other departments (of whatever type). In fact, as the organisation as a whole does not manage well across boundaries, both internal and external, this issue needs to be addressed urgently.

Need for training of all types, especially management and IT skills was also highlighted.

One issue that did not arise in any of the discussions with the staff at all levels was the status of the staff as Temporary Agents. When pressed, the non-Commission staff appeared to feel that a 5-year contract with potential for renewal represented an almost permanent contract in today's general employment climate. In addition a certain amount of turnover in the specialist staff would normally be an asset in an Agency of this nature. The exception to this was the group of locally recruited staff whose status has not yet been resolved and for whom this has become a real issue.

It must be questioned as to whether the current staffing profile of production and support can be maintained if the EMCDDA is to make the changes necessary to improve performance and meet future challenges. Obviously a change process will have to bear in mind any possible constraints that the EU's staff regulations might impose on staff redeployment. However these should not be fundamental obstacles to a necessary reform.

5.8 Key Issues

The key issues we have identified in this area are as follows:

- Management – there needs to be a significant reinforcement of the management skills available. This involves training for existing staff, but should also include the introduction of new management skills.
- Delegation of authority is a key issue. Decisions should be taken at the most appropriate level, rather than always being referred upwards. This means that Heads of Department have to be prepared to take more responsibility, and that the Director has to be prepared to delegate.
- A major organisational reform programme should be implemented, involving a liberation of the Centre from inappropriate Commission procedures and the modernisation of administrative and personnel systems.

- The role of the Director should be reappraised to ensure that his skills are best used. The introduction of a leader of administrative reform from a non-Commission background, possibly on a short term basis, should be considered in order to drive change. This need not imply a new hierarchical layer in the organigramme, but the individual must have undeniable expertise and be given the necessary authority to do the job.
- Procedures must be simplified, with no decision requiring more than 3 signatures.
- Budgets should be produced on a operational basis and used as a proper management tool.
- Staff management should be improved, especially in terms of development and support.
- Decisions on whether actions should be undertaken internally or externally should be taken on a proper basis rather than an ad-hoc basis depending on capacity which is in turn unplanned.
- Internal communication should be significantly improved.

6 Capacity of EMCDDA to cope with enlargement

The EU pre-accession strategy includes the possibility for the candidate countries to become members of certain Agencies such as the EMCDDA, even before full membership of the EU. In September 1998, the Commission agreed that maximum participation of the 11 applicant countries plus Turkey in these Agencies was desirable, with decisions to be made on a case-by-case basis.

As a result of the Conclusions of the European Council in Helsinki, the number of applicant countries will now be extended to 13. All accession countries will now participate on an equal footing. This means that sharing the values and objectives of the EU as set out in the Treaties will be the main condition for accession.

According to the EU Action Plan to Combat Drugs (2000-2004), the Commission intends to present a draft negotiating mandate for all applicant countries in view of their participation in the EMCDDA through bilateral negotiation with each of them which formally requests it.

To date, the Phare Multi-disciplinary Drugs Programme has been the main supporting programme developing the institutional capacity of the ten candidate countries of Central and Eastern Europe (Turkey was not involved) to develop multi-disciplinary and co-ordinated drug policies, in line with the EU drugs strategy. This Programme has been organised around three priorities: drug information systems (DIS), drug supply reduction and drug demand reduction.

With regard to the establishment of information systems, the Programme increased the capacity of the CEEC countries to develop drug information systems and strategies, following the methodology of the EMCDDA. An electronic Regional information network on drugs has been established. The system is being “fed” by individual experts who were trained in order to enable them to meet the future ‘epidemiological requirements’ of the EMCDDA.

Notwithstanding the establishment of an information system, it seems that most of the DIS Focal Points do not have a secure legal basis and lack high-level political support. In order to ensure optimal co-operation with the REITOX Focal Points, both requirements will need to be implemented. This should be part of the institution-building strategy within the CEEC.

A lot of preparatory work has been done in the framework of the Phare-DIS project which in principle should be a good basis for initiating the involvement of the CEECs in the EMCDDA’s activities, in particular in the REITOX network.

Taking into consideration the preparatory work which has been carried out in the CEECs, the question remains whether the EMCDDA will be in a position to cope with the enlargement. What will be the implications of enlargement for the Centre in terms of:

- activities;
- structure; and
- resources

6.1.1 Activities

Taking into consideration that the experience of CEECs has been mainly developed in the field of information systems, it would be logical for co-operation with the EMCDDA to start in this area. Initially, the orientation of DIS-Focal Points will be limited to the implementation of some of the REITOX core tasks (Annual Report, harmonisation of some indicators), before expanding to all core tasks and other specific projects.

Further contribution to the implementation of other areas of work, as included in the EMCDDA's Work Programmes, will gradually follow on the basis of the expertise which will be built up.

What will be the implications of the extension of the REITOX network for the Centre's activities?

The REITOX network recently acknowledged the differences in national situations by introducing "cluster working groups" grouping REITOX Focal Points with similar experiences or problems. It would be logical to apply a similar approach to the DIS-Focal Points. Differences in experience among the accession countries will appear, but should not be perceived as problematic.

This will imply that for some countries, catch-up exercises should be planned on a case-by-case basis, with appropriate timing and contents. The involvement of REITOX Focal Points in providing training will be essential, by clusters and twinning with DIS-Focal Points. This will reinforce the overall REITOX network as a human network and at the same time strengthen the position of Focal Points in their own Member States.

Whereas experience has shown the importance of defining the position and tasks of Focal Points at an early stage, it will be the role of the EMCDDA to ensure that DIS-Focal Points have a secure legal basis and sufficient political support to function adequately in the overall REITOX network.

Taking into consideration that accession countries face the drug problem in a different way than EU countries do (problems of trafficking, precursors, NSD, money laundering are more apparent), this could be reflected in the priority setting of future work programmes. The EMCDDA capacity to deal with those specific requests, will depend on its management structure and available resources.

6.1.2 Structure

In order to guarantee a smooth linkage between the REITOX and the DIS-Focal Points, the reinforcement of the REITOX Department within the EMCDDA will be necessary. A CEEC-dedicated Co-ordinator will have to be recruited. This person will work in close co-operation with the REITOX Co-ordinator, but also with the experts within the other operational departments whenever needed. This might require a a reinforcement of the operational units by recruiting experts who focus in particular on problems faced by the CEECs.

The extension of the EMCDDA's activities towards the accession countries could bring the total number of countries involved to 28. To manage a network of 28 partners will require strong managerial skills from the EMCDDA at the operational and scientific level, as well as at the political level.

Furthermore, more countries will participate at REITOX meetings, Management Boards and Scientific Committee meetings. Full representation of all countries in all decision-making for a on the current basis would be unworkable. Membership and decision-making procedures will have to be reviewed in function of managerial criteria.

6.1.3 Resources

During the first phase, the main costs will inherently occur through the participation of the CEECs in the REITOX core tasks which will also bring extra administrative work for EMCDDA staff (tenders, payments, meetings). Experience has shown that co-funding can not be expected as long as the legal position of the DIS-Focal Points has not been defined. Therefore, it is unrealistic to believe that the accession countries will be in a position to implement the co-funding principle already from the start (co-funding is just being applied by the EU Member States). The EMCDDA will have to reserve a budget for the CEECs' participation in the REITOX core tasks. Furthermore, in the framework of the "catch-up" exercises, the EMCDDA will have to allocate a budget for training, technical assistance and transfer of know-how, and for administration of these activities. This budget should cover DIS-Focal Points participation in seminars and technical meetings, mission costs, administration in Lisbon, and so on.

Furthermore, a budget will have to be allocated for the participation of the CEECs in the institutional meetings: Management Board, Scientific Committee and REITOX.

In general it can be stated that the enlargement will require more financial resources for the EMCDDA.

Will it be feasible to request from the CEECs in the pre-accession period a financial input, and if so, how far can financial requirements which are affordable for EFTA countries (such as Norway) now be applied to the CEECs?

Taking into consideration the overall economic situation of the CEECs as well as the lack of legal basis of the DIS Focal Points, it does not seem realistic to request financial contributions at this stage which are of a size of 1/15 of the overall EMCDDA budget. This option (equivalent to an amount of about 500 000 Euro) has been taken into consideration in the past by the EC when negotiating the financial requirements with Norway, which was the first non-EU Member State to express its interest in participating in the work of the EMCDDA.

A more realistic option for the transition period might be to negotiate bilaterally on a CEEC contribution to the funding for the REITOX work. Whether each DIS-Focal Point should be allocated an amount of 100.000 Euro (similar to what the EU Member States receive) will have to be examined. Since the involvement of the CEECs in the EMCDDA's activities should be gradual, starting with REITOX and deepening the epidemiological expertise, this could justify a limited financial input of maximum 100.000 ECU but will nevertheless be necessary to ensure a serious commitment from their side.

7 Capacity of EMCDDA to achieve its goals

On the basis of its current resources, both in terms of establishment and budget, and the resources of the REITOX network the EMCDDA should have adequate capacity to achieve its goals as defined in the Regulation. However, this is crucially dependent on an agreement being reached on what the goals mean in operational terms. We have taken the view, for the purposes of answering this evaluation question properly, that the aim should be to implement the Regulation in full, thereby implying dealing with all five of the work areas specified in the Regulation. Until now, work has focussed on a much more limited set of areas.

The logic for extending the work programme to all five areas now is clear. It would respond to the political requirements and interest areas of the Council as expressed in the Regulation and would allow the Centre to provide input to a broader range of policy-making discussions.

Naturally, there would be major operational consequences of such a decision. It is inconceivable that the Centre's resources would be expanded by a factor of 4 or 5, simply to provide capacity to deal with all of the Regulation themes in a way that the Centre currently uses to deal with a much more limited set of themes. It is therefore essential to envisage a situation whereby the Management Board would agree to broaden the scope of the work programme to cover all themes, but simultaneously discipline itself to agreeing on very fixed and limited activities in each area. Our tabulation of the Centre's output shows that there are roughly 170 lines of activities which have taken place. If one were to take the current workload and spread it across more themes by reducing and balancing the number of activities under each theme, a similar level of output could be attained.

The consequences for the Centre would be important. They would involve a restructuring of the organigramme, ideally to create a department for each theme, and a significant re-balancing of resources from support staff to production staff. Administrative reform, maximum use of modern management systems and technology and a significant reduction in the administrative workload would be essential. The role of the thematic departments would be to conceive and guide the scientific and technical work related to each theme, with an essential staff complement of each department being made up of highly competent experts in the technical area, as well as staff possessing the management skills to administer work that is contracted out. The internal consistency of much of the work could be increased by having more done in-house, which could be achieved through the relative increase in technical staff as compared to support staff. In terms of budget, the Centre would not need significant increases, except those required to cover a re-balancing of the staff complement with an increase in A posts.

The implementation of the above changes (or others, but which would still require the operational and administrative reform outlined above) is of course dependent on strong political commitment from the Management Board and a willingness to change from all levels within the EMCDDA itself.

It must be remembered that the EMCDDA has no powers over the Member States and cannot oblige them to participate in the work or to provide information. Neither can it be sure that the Member States will see the EMCDDA priorities as their own. Thus objectively there is no guarantee that the EMCDDA can achieve the goals identified, nor would it be fair to judge them as failing as a result of actions outside their control.

8 Conclusions and Recommendations

8.1 General

This chapter begins with an overview of the conclusions of our evaluation which relate to the contribution and positioning of the EMCDDA as a whole. The later sections of the chapter deal with the specific evaluation questions which were raised in the Terms of Reference and according to which this report has been structured.

Recommendations are included, where appropriate, in relation to the specific areas.

The overall conclusion of this evaluation is that 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 also 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.

In addition, the specific work done under the EU Joint Action on new synthetic drugs has led to an important symbolic milestone in that the EU has now adopted its first formal operational decision in terms of drug control. This is of political importance in terms of establishing a track record for EU action in this field. The formalisation of a justice and home affairs competence for the EU in recent years and its increasing institutional solidity will also help to cement drugs policy and action in the EU framework.

The institutional legitimacy of the EMCDDA has been advanced during the first years of its existence. The Centre is not alone in the area of international bodies covering the drugs issue. Part of its challenge in the first years of existence has been to establish itself as a credible and valuable additional partner in this group of organisations. The claiming of a legitimate place by EMCDDA, justifying political attention and commitment of financial resources, has been proved to be closely linked to the production of undeniably useful information, particularly in the area of the Five Key Indicators. While Member States and other stakeholders are 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. This is proof of its success in establishing its legitimacy.

However, as will be seen from the sections below, there are a number of important caveats which combine to create important qualifications to any generally positive evaluation of the Centre. These relate to the need for the Management Board to reach an agreement on limited and priority objectives, and then to translate that agreement into a focussed work programme which is delivered efficiently through a well organised professional administrative process. The pressing need for administrative reform and modernisation has been clearly illustrated in this Report.

The need for focus is an ever- present element in discussions on the Centre's workload, although this stems partly from the inevitable reality that all stakeholders have differing individual priorities in terms of what they expect from the Centre. This latter point is also a crucial element of this overall statement of conclusions, in that the EMCDDA exists in a context where Member States have very different policies and approaches to the drugs issue. In addition, the level of commitment to

European-level action on drugs is often a lot less in reality than in political declarations. Activities are often fragmented and too small to make a real difference. The investment made by Member States can be less than would be required for the EMCDDA to be really effective. The EMCDDA is therefore to a large extent at the mercy of the Member States' willingness to adapt for the sake of European co-operation. It is perhaps the case that a formal acceptance by the Member States to ensure that they collect and transmit relevant data to the EMCDDA is now required in order to make the next substantial progress. This could imply legislation or even Treaty change.

8.2 Relevance and Quality of the Centre's Activities

8.2.1 Relevance of the Output

8.2.1.1 Conclusion

- The EMCDDA has developed an impressive number of activities since its inception. The majority of activities relate to priority 1 and increasingly activities relate to priority 2. Within those priorities a range of all the different tasks foreseen in the Regulation have been performed. Generally speaking it can be said that the activities developed are highly relevant to the provisions foreseen in the Regulation and that these activities constitute an added value in the European drug field. At this moment significantly more information is available on drugs compared to the situation 5 years ago.

8.2.1.2 Recommendations

- The Management Board should develop a clear consensus or targeted view on the development of the Centre. Only on the basis of such a view can a more focussed set of priorities be developed by the Centre.
  Action Required: Management Board

- Although all activities developed within priority area 1 as well as those recently developed in priority area 2 are relevant according to the provisions in the Regulation, it is not recommended to develop, to the same quantity, activities in the other priority areas in the future. In terms of manageability but also in terms of programme identity, it is recommended to limit the activities within each priority area to a core set of strategically well-developed core activities.
  Action Required: EMCDDA staff & Management Board

- It is also recommended that tasks are only developed when they clearly fit within the priority areas which are currently being covered. Developing tasks beyond the requirements of priority areas can be considered as waste of valuable resources.
  Action Required: EMCDDA staff & Management Board

- A clear decision should be taken regarding the status and role of the cellule. Its different tasks should be evaluated and given an appropriate place within the organisational structure.
  Action Required: EMCDDA staff & Management Board

8.2.2 Priority setting

8.2.2.1 Conclusions

- The priority setting process of the EMCDDA is not well structured. The draft Work Programmes are generally produced at short notice, with little external co-ordination as well as little inter-departmental co-ordination (although the latter has been improved during the process of the formulation of the 2000 WP).

8.2.2.2 Recommendations

- The quality of the documents relevant to the priority setting process (the WPs and the GRAs) should be improved. They should be transparent and focussed. The Work Programme should include, for each single activity, overall objectives, intermediate objectives, activities, expected results and necessary resources. This might lead to more critical as well constructive recommendations from the Commission, the Scientific Committee and the Management Board. Second, it should result in a document which can be used effectively for an internal planning process. Third, such a document could be a better basis for the General Report of Activities. And fourth, this clarity would contribute to a better evaluation process.
  Action Required: EMCDDA staff

- The internal consultation on priority-setting should be further developed. This could help the EMCDDA to deal more constructively with the tension between a more political agenda (through activities such as the EU Joint Action, geographical expansion, or giving quick answers to politically pressing issues) and a more scientific agenda based on long-term and consistent scientific endeavours.
  Action Required: EMCDDA staff

- It is also recommended that the Focal Points be, at a very early stage, included in the consultation process on priorities since they have to implement a great part of the work proposed. This would reduce the risk of priorities being set which are unrealistic from the Focal Points' point of view or that they are set without taking into account specific national needs and considerations.
  Action Required: ECMDDA and Focal Points

8.2.3 Production process

8.2.3.1 Conclusions

- No clear policy could be identified about what should be produced internally as opposed to being produced externally.

- Internal departmental co-ordination and management are generally speaking better than the inter-departmental co-ordination.

- The production process of activities within the EMCDDA is not very well documented and planned. Nevertheless most planned activities are completed.

- Generally speaking, the production process of activities by external contractors functions well. Problems include the fact that the restructured list of organisations is not the most representative, the fact that external contracts can

not cover more than one year, and the fact that FPs are sometimes not aware of contractors from a country other than their own, collecting data in their country.

- The co-ordination between the EMCDDA and the FPs regarding the production of core tasks by the FPs displays diverging expectations regarding planning, feedback and support.

8.2.3.2 Recommendations

- It is recommended that a clearer policy be developed with regard to internal and external production. Effectiveness as well as institution-building considerations should be taken into account when deciding about contracting out versus internal production. For example, contracting out can have disadvantages of high transaction costs (ex ante and ex post) and can result in limiting the development of internal learning capacities. In other cases, there might be good reasons to contract out certain activities (e.g., in cases where highly specialised expertise is needed) In any case, for each activity a clear assessment is needed of how and where to produce.
  Action Required: EMCCDA staff

- Inter-departmental co-ordination and communication should be improved during the production process.
  Action Required: EMCCDA staff

- The internal production process should be better planned and documented.
  Action Required: EMCCDA staff

- With respect to external contracting the following is recommended: to evaluate and improve the list of external contractors, to investigate the possibility of granting two- or three-year projects to outside contractors and the Focal Points, and to include a clause in the external contracts which obliges the contractors to contact the FPs in those countries where they plan to collect data.
  Action Required: EMCCDA staff

- More time and resources should be invested in improving the working relationships between the EMCDDA and the FPs.
  Action Required: EMCCDA staff

8.2.4 Quality control

8.2.4.1 Conclusions

- Quality control of the EMCDDA's outputs has generally been adequate (peer reviews, publication in scientific journals, event questionnaires, etc.), although it has for most of the time not taken place in any kind of structured framework.

- Recently the development of a quality control policy was defined as an important priority.

8.2.4.2 Recommendations

- Existing implicit quality control processes should be continued to be used and better documented than has been done to date.
  Action Required: EMCDDA staff and Scientific Committee

- The EMCDDA should continue to develop a formal quality strategy – start to finish - without building top-heavy control structures. These would require additional resources (as the Scientific Committee has made very clear that they are not in a position to evaluate all the outputs of the Centre). The development of a quality control system should include all constituencies of the EMCDDA (including the Management Board, the Scientific Committee and the Focal Points) and will have to be externally guided.
  Action Required: EMCDDA staff, NFP's, Scientific Committee and Management Board

8.2.5 Dissemination of Products

8.2.5.1 Conclusions

- The Centre has developed a great variety of dissemination channels.
- There is no explicit dissemination strategy and the implicit dissemination strategy is mainly a publication strategy.
- Only a small part of the total information produced by the Centre is actually disseminated.
- There is no central archive or list of EMCDDA'S products/outputs.

8.2.5.2 Recommendations

- It is recommended that the Centre develop a dissemination strategy. Such a strategy should cover the dissemination of published as well as unpublished material. More systematic information should be collected on the accessibility and relevance of the products. This can be combined with the effort to develop a comprehensive and integrative quality system. The strategy should on the one hand be dynamic in disseminating as much as possible of the valuable information produced by the Centre. On the other hand it should be more restrictive in producing glossy and expensive publications. Such a strategy should also include clear and realistic criteria for the print-run of publications and the languages in which they are translated. It is also recommended that such a dissemination strategy involve the Management Board and the Focal Points.
  Action Required: EMCDDA staff, Management Board and NFPs.
- It is recommended to develop a general marketing policy and system for the Centre's outputs. A policy on sales of outputs is required – at present there is conflict between income generation and mainstream dissemination. Regular press sheets should be produced to focus the EMCDDA on addressing areas of market interest.
  Action Required: EMCDDA staff
- A single list of all tangible products produced by the EMCDDA should be kept and these products should be available at a central location.
  Action Required: EMCDDA staff

8.2.6 Quality of Output

8.2.6.1 Conclusions

- The user quality of the products produced by the EMCDDA, which are available to the targeted users (policy makers, professionals, researchers and the media) is generally speaking adequate.

- The EMCDDA is generally recognised by *policy makers* as an important institution, which theoretically could contribute a lot to policy-making. Empirically speaking this contribution has been somewhat limited so far. It is obvious that it is very difficult to produce, in a period of five years, very targeted products for the diverse group of policy-making actors the Centre is confronted with. An additional factor, which influences to some extent the relevance of the products for policy-making, is the limited availability of the products in the national language(s).

- The information base for general conclusions regarding the user quality for *professionals* was small. However, there is evidence that the products are of some use and especially most products seem to be complementary to other products.

- For *researchers* all products are generally speaking said to be quite useful. The manuals seem to be the most useful product. Sales figures of priced publications which are of interest to researchers are extremely low. This fact could, of course, also be explained by a insufficient marketing of these products.

- The most relevant product for the *media* at this moment is the Annual Report. Although the report is seen by the EMCDDA as the signboard towards the media and is officially launched at a press conference to which one journalist per Member State is invited at the cost of the EMCDDA, the media effect has been found to be rather limited.

- Generally speaking the professional quality of the products produced by the EMCDDA is good.

- Limited information is available within the EMCDDA to do a thorough analysis of the management quality of the products produced by the EMCDDA. Generally speaking it can be said, however, on the basis of a qualitative judgement that those staff of the EMCDDA directly responsible for products seem to be very productive in terms of output and quite efficient. However, a number of projects and products are ripe for assessment in detail from a cost-benefit perspective. Impressionistic indications and survey results show for these outputs that they might have a rather low cost-benefit ratio.

8.2.6.2 Recommendations

- It is recommended that prioritising target groups be based on the type of product rather than on personal preferences of staff or departments. In order to do so it is recommended that, in the context of the planning and prioritising procedures, the prioritising of target groups is considered to be an integral part of the planning process.
  Action Required: EMCDDA staff

- It is also recommended that more systematic information be collected on the accessibility and relevance of the products.

Action Required: EMCDDA staff

- It is recommended to develop a general marketing policy and organisation.
  Action Required: EMCDDA staff

- It is recommended that the largest and most costly outputs be thoroughly analysed sometime in the near future on their cost-benefit ratio.
  Action Required: EMCDDA staff

8.3 Success in Establishing Operating Networks

8.3.1 Conclusions

- The National Focal Points are underused and could contribute much more to the EMCDDA, both directly and through bilateral and multilateral networking among themselves.

- The REITOX network is not a real network. The real quality of National Focal Points is not clear. Its value can be rapidly increased.

8.3.2 Recommendations

- Systematic contact should occur between the Centre and Focal Points, and Management Board papers should be circulated to them. It is also recommended that the Focal Points be, at a very early stage, included in the consultation process on future work plans, since they have to implement a great part of the work proposed. This would reduce the risk of priorities being set which are unrealistic from the Focal Points' point of view or that they are set without taking into account specific national needs and considerations.
  Action Required: EMCDDA staff

- Although the document "Decision of the EMCDDA Management Board on the Role and the Financing of National Focal Points" can be considered an important step in defining the relationship between the EMCDDA and the Focal Points, continued efforts should be invested in improving the relationship. This will probably need more than defining the relationship in technical and contractual terms.
  Action Required: EMCDDA staff

- It is recommended to carry out an evaluation in which the Focal Points are the focus, in order to formulate suggestions how they could more effectively relate to the EMCDDA.
  Action Required: Management Board

- Although the REITOX Co-ordination Department functions now better than in its initial period it has a structurally difficult position and task. This department should get a structurally much more important position within the EMCDDA in order to be able to deal more effectively with the different demands with which it is confronted.
  Action Required: Management Board & EMCDDA staff

8.4 Logistical and Administrative Efficiency

8.4.1 Annual Report

8.4.1.1 Conclusion

- The fact that the Annual Report is published on time is a considerable achievement, but the production process needs major improvement. The degree of input from the National Reports is unclear.

8.4.1.2 Recommendation

- An ongoing evaluation of the Report is required, especially as its format currently keeps changing before there is feedback on the previous version.
  Action Required: Management Board

8.4.2 Management Board

8.4.2.1 Conclusion

- The Management Board is ineffective in achieving its key objectives. Its agenda is poorly planned, documents are too voluminous and the meetings do not allow for real strategic discussion. Board members are uneven in their commitment.

8.4.2.2 Recommendations

- Enhance the degree of co-ordination in all Member States between the Management Board and their members in the EU Horizontal Council Group on Drugs. This will bring greater coherence overall and more attention to the EMCDDA's work.
  Action Required: Management Board

- Mandate Management Board members for special tasks and elect an enlarged bureau (including 3 further Members of the Management Board) that will empower the Board (especially after enlargement) and close the perception gap between EMCDDA and Member States. The enlarged Bureau should meet regularly and all papers should be disseminated to the full Board. This group should function in one language only.
  Action Required: Management Board

- Only one participant should attend per Member State and EU institution to improve the functioning of the Board. There should, however, be closer liaison between Board members and alternates as well as Scientific Committee members and Focal Points *in the Member State itself.* The Parliament should nominate at least one Board member with a policy function.
  Action Required: Management Board & European Parliament

- The number of Board meetings should be reduced to 2 per annum, with clearly defined agendas. The volume of documents for Board meetings should be drastically reduced with a commensurate increase in quality and clarity, especially as regards the work plans, the general report and the budget.
  Action Required: Management Board & EMCDDA staff

- The level of costs associated with the Management Board should be reviewed, especially as concerns travel and translations. Where the number of translations cannot be reduced, the quality of the original documents should be improved and the length and quantity radically reduced.
  Action Required: EMCDDA staff & Bureau

8.4.3 Scientific Committee

8.4.3.1 Conclusion

- The Scientific Committee's role is still unclear and the Committee is not shown to be valuable or useful. Its work is not currently central to the work programme.

8.4.3.2 Recommendations

- Design a specific role for the Scientific Committee, building upon the experience of the last five years.
  Action Required: Management Board

- Drop translation and interpretation for Scientific Committee meetings.
  Action Required: Scientific Committee

8.4.4 Work Planning

8.4.4.1 Conclusion

- The planning and performance of work is overly subject to disruption in response to "urgent items". Management coordination by the Director and Heads of Departments is inadequate. There are unclear criteria for decisions to carry out work internally or on a contracted-out basis. The system of one-year contracts for outside experts is unhelpful.

8.4.4.2 Recommendation

- See recommendations above in section 8.2 on preparation of work programme. Introduce system of contracts for more than one year.

8.4.5 Administration & Personnel

8.4.5.1 Conclusions

- The current onerous Commission administrative procedures are inappropriate for such a relatively small organisation. Administration, management, planning, measurement, skills development, recruitment, training, and management accounting all show problems. The Commission heritage contrasted with the "outside" culture creates tension.

- Communication between departments is poor. There are no proper timing plans, minutes etc. leading to a culture of last minute urgency and confusion. The Director is too involved in the minutiae of daily work. Recent internal steps to address this situation are to be welcomed.

- Staff have no career plans, goal setting or proper appraisals, which is linked to the weak or absent strategy leading to an impression of management by diktat. There is a lack of clarity over the status of local agents, which is unhelpful.

8.4.5.2 Recommendations

- Re-engineer administration and exploit the current open environment for reform. Use external expertise to create modern administrative, financial, personnel and work planning systems.
  Action Required: Management Board, Bureau & EMCDDA staff

- Introduce a more open consultative environment, which would be welcomed by staff. Delegate responsibility downward.
  Action Required: EMCDDA staff

- The current budget system should be replaced by a functional budget, so that the true costs of activities can be tracked. If a different system is required for internal Commission monitoring purposes this should not be confused with accounting for external monitoring and management.
  Action Required: EMCDDA staff

- The Brussels presence of the EMCDDA should be better resourced to improve communications and to reduce the amount of travelling from Lisbon.
  Action Required: Commission, Bureau & EMCDDA staff

- Follow modern practices re. overall personal policy. Additional senior permanent management resources are required, supported by professional advice (from outside the Commission, with authority to manage the change).
  Action Required: MANAGEMENT BOARD, EMCDDA Director & Commission

8.5 Potential to Cope with Enlargement

8.5.1 Conclusion

- Enlargement is a challenge for which the Centre is not ready.

8.5.2 Recommendations

- In order to ensure optimal co-operation with the REITOX FPs, the DIS Focal Points will need both a secure legal basis and high-level political support. This should be part of the institution building strategy at the political level.
  Action Required: Commission, CEEC Governments

- Catch-up exercises should be planned on a case-by-case basis, with appropriate timing and contents. The involvement of REITOX Focal Points in providing training will be essential.
  Action Required: Management Board, EMCDDA, FPs, DIS FPs

- Take into consideration the fact that accession countries face the drug problem in a different way than do EU Member States and reflect this in the priority setting of future work programmes.

Action Required: EMCDDA staff & MB

- In order to guarantee a smooth linkage between the REITOX and the DIS-NFPs, the reinforcement of the REITOX Department will be necessary through a CEEC-dedicated Manager.
  Action Required: EMCDDA staff

- Membership of EMCDDA bodies and decision-making procedures will have to be reviewed.
  Action Required: Management Board

- The EMCDDA will have to reserve a budget for the CEEC's participation in the REITOX core tasks and for training, technical assistance and transfer of know-how and for the participation of the CEECs in the institutional meetings: Management Board, Scientific Committee and Reitox. CEECs should pay up to €100.000 per year as their share of the financial burden.
  Action Required: Scientific Committee, Management Board, Commission & Parliament

8.6 Adequacy of EMCDDA's Resources to Meet its Operational Challenges

8.6.1 Conclusion

- With a tight and professional management, a very focused Work Programme and support from the Member States, the EMCDDA would have the capacity to achieve its current goals. This would involve dealing with all 5 themes in the Regulation.

8.6.2 Recommendation

- Make a decision regarding the desirability of moving towards all 5 themes in the Regulation. Agree specific long-term and short-term objectives and adopt a plan covering objectives, themes, outputs and internal administration. Re-design organigramme, staff competency framework and job descriptions. Ensure funding in place to accompany plan
  Action Required: Management Board