ANNEX 9
Follow-up action plan to the third external evaluation: monitoring table

The third external evaluation of the EMCDDA was completed in June 2012, when the final report was forwarded to the Centre. This included 15 recommendations. The Centre prepared an action plan to follow up on these recommendations, endorsed by the Management Board in July 2012. The action plan defined detailed measures to be taken during the implementation of the new three-year work programme (2013–15).

An annual internal assessment exercise was put in place to measure the progress achieved every year in the implementation of the follow-up action plan. The table below presents the results for 2014 ([1]).

For the definitions of acronyms and abbreviations used, please refer to Annex 10 of the full report, available at: emcdda.europa.eu/publications/gra/2014

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 1 (R1): The EMCDDA should seek to develop the analytical aspects of its drugs monitoring work At present, much of the EMCDDA's work focuses on collating information on the drugs situation and trends — i.e. providing essentially descriptive analyses — using the key indicators as a framework, and it does this very well Looking ahead, more should be done to develop analytical capabilities, e.g. cross-country comparative analyses to help understand why the drugs situation varies across Europe, evaluating measures to combat the drugs problem to identify best practices and what works well/less well in terms of impacts, and work to develop an understanding of the interplay between the demand and supply sides To facilitate more analysis of EMCDDA data, consideration should be given to increasing the use of online systems that can be opened up to researchers for interrogation and analysis	**The priority of developing analytical work has been set as one of the key principles of the 2013–15 work programme, reflected in the specific objectives below, while secondary use of data will also be promoted through the implementation of the communication strategy**	
	Specific Objective 1.2: To strengthen and develop the quality assurance framework to support data collection, statistical analysis and data reporting	In December the Management Board adopted the EMCDDA Internal Statistics Code of Practice (SCP), a reference document that establishes a set of relevant principles to provide the EMCDDA with guidance and goals for its own work. In line with Eurostat's European Statistics Code of Practice, the EMCDDA's SCP is based on 15 principles covering the institutional environment, statistical production processes and the output of statistics. A set of supporting statements for each of the principles provides guidance for implementation. Prior to its adoption by the Management Board, the document was discussed with the Reitox network (the May meeting of the HFPs) and endorsed by the EMCDDA Scientific Committee (41st Scientific Committee meeting, September) The Data Coherence Group (DCG) was set up in 2014 in consultation with the NFPs. The purpose of the DCG is to implement a mechanism to check the quality and coherence of tools, including the adoption of new tools, scheduling regular and coordinated reviews of tools and harmonising terminology across tools

([1]) The results of the 2013 assessment exercise can be found at: emcdda.europa.eu/publications/gra/2013

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
	Specific Objective 2.3: To maximise the value of key indicator information through analysis to provide a comprehensive, relevant and multisource understanding of contemporary patterns of drug use, trends and related health and social consequences	The new concept for the key epidemiological indicators annual expert meetings, which was initiated in 2013 was further improved in 2014. This integrated approach was designed to inspire cross-discipline analyses of the drugs problem and responses to it. As part of the new concept, four of the five key indicators annual expert meetings were organised back to back (TDI-PDU 23–26 September and DRID-DRD 15–17 October), with dedicated sessions on data- and multi-indicator analyses Three new analyses were published: – *Emergency health consequences of cocaine use in Europe: a review of the monitoring of drug-related acute emergencies in 30 European countries* (Technical report, April) – *The levels of use of opioids, amphetamines and cocaine and associated levels of harm: summary of scientific evidence* (Technical report, March) – *Injection of synthetic cathinones* (POD, May)
	Specific Objective 3.1: To monitor prevention provision, implementation and outcomes and to improve reporting on important areas where information resources are lacking	In the area of prevention, online resources were further developed and updated. A new module, on partygoers — people taking part in entertainment and recreational settings — was developed and included in the Best practice portal (see below). The use of both new and more traditional substances occurs in these settings, and the new module provides an overview of evidence regarding the effectiveness of preventive interventions that aim to protect the safety of these people in relation to car accidents, violence and risky behaviours
	Specific Objective 3.2: To improve the monitoring and analysis of treatment, harm reduction and social reintegration interventions and provide an integrated model for understanding service provision in Europe	Ongoing review of drug treatment in Europe throughout the year (see Main Area 3). Four outputs were published: – *Health and social responses for methamphetamine users in Europe* (POD, May) – *Internet-based drug treatment* (POD, May) – *Therapeutic communities for treating addictions in Europe: evidence, current practices and future challenges* (April, Insights) – *Residential treatment for drug use in Europe* (July, EMCDDA Paper) Expert meeting: – A comparative analysis of national treatment systems (25–26 September, Lisbon) Work on harm reduction: – Joint ECDC and EMCDDA assessment mission in Latvia (1–4 September) at the invitation of the Latvian government and in the context of the high levels of HIV in the country – Reports of the two expert meetings organised jointly by the EMCDDA and the ECDC in 2013 in Bucharest (18–19 November 2013) and Tallinn (21–22 November 2013), published in April – The latest evidence in the areas of HCV and HIV infections among drug users were among the topics discussed at the expert meetings DRID-DRD (Lisbon, 15–17 October) (see also R1) – Work on *Insights on HCV treatment* (due to be published in 2015) – Member of the steering committee of the first European conference on HCV and drug use (Berlin, 23–24 October)
	Specific Objective 4.3: To produce a strategic analysis of drug supply and supply reduction in Europe	Planning of the second strategic analysis, *EU Drug markets report*, agreed upon with Europol. Joint work in 2015 and publication in early 2016. The collection of data that will inform the report was also agreed with the NFPs

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
	Specific Objective 5.3: To facilitate the development of early responses to potential threats by strengthening the systems for identifying, tracking and understanding new and emerging trends in drug use, availability and adverse consequences	Two outputs were published: – *Exploring methamphetamine trends in Europe,* the results of the 2013 trendspotting meeting, EMCDDA Paper, January – *Wastewater analysis and drugs — a European multi-city study* (POD, May) New EMCDDA trendspotter case study, on Internet drug markets in Europe, undertaken in 2014. This started with data collection and a literature review and culminated in an expert meeting in Lisbon on 30–31 October. The results will be published in 2015
	Specific Objective 6.1: To develop European and global drug policy monitoring and analysis	Five outputs were published: – *Estimating public expenditure on drug-law offenders in prison in Europe* (February, EMCDDA Paper) – *Financing drug policy in Europe in the wake of the economic recession* (December, EMCDDA Paper) – Two new Drug policy profiles, on Austria and on Poland (May) – *Regional drug strategies across the world* (March, EMCDDA Paper) Input and/or technical support provided to policymakers and professionals from EU Member States, such as Ireland, France, Sweden and Slovenia, and non-EU countries, such as Bosnia and Herzegovina and the USA
	Specific Objective 6.2: To strengthen European networks in drug law and drug policy analysis	15th Meeting of the Legal Correspondents of the European Legal Database on Drugs (Lisbon, 26–27 July). Attending: the 30 EMCDDA reporting countries, experts from CICAD, Russia and Israel
Recommendation 2 (R2): The development and implementation of key indicators for the supply side of the drugs problem should be one of the EMCDDA's main priorities. In addition to the key indicators, the EMCDDA should also focus on the description and analysis of drug markets, drug-related crime and drug supply reduction, resulting in a comprehensive strategic overview that, coupled with the information on demand and demand reduction, will lead to a better understanding of the drug phenomenon. The development of supply indicators will require the necessary resources at the level of the EMCDDA and possibly in relation to Reitox, if this network is used to collect data. A new impetus will need to be given to cooperation with the relevant partners on supply issues (among others, Member States, the European Commission, Europol, Eurojust and CEPOL). The EMCDDA's Annual Report should give appropriate emphasis to summarising the supply side of the drugs problem in Europe	**The 2013–15 work programme has a strong commitment to the holistic analysis of data on the drugs situation and the responses to it. A specific goal has been developed in this area: to provide the European Commission and the Member States with a comprehensive overview of the supply of illicit drugs into Europe and of the measures developed to respond to it. The new goal is translated into the following objectives:**	
	Specific Objective 4.1: To develop European key indicators and complementary information resources for understanding drug markets, drug-related crime and drug supply reduction	Important progress has been achieved in the development of the following reporting instruments: drug seizures, drug law offences (DLOs) and drug production facilities, which are data sets (subindicators) that are relevant to more than one area (drug markets, drug-related crime and drug supply reduction, respectively), hence they have been given priority: – Revised reporting instruments for drug seizures and DLOs discussed with the Reference Group (see below) and agreed upon by the HFPs, for pilot implementation in 2015 – Drug production facilities: dismantled synthetic drugs labs, dismantled cocaine secondary extraction labs and cannabis cultivation sites. Activity implemented in close collaboration with Europol as part of the tasks assigned to the EMCDDA in the OAPs on heroin/cocaine trafficking and synthetic drugs as part of the EU policy cycle within COSI (see also Specific Objective 4.4 below). In 2014, the two agencies finalised and tested ERISSP — the first data collection exercise via ERISSP was carried out by Europol and the data sent to the EMCDDA for analysis. A similar tool for the monitoring of the cocaine extraction dismantled labs — ERICES — was developed, to be used by Europol in 2015 in order to facilitate and standardise data collection on these dismantled sites from the Member States Expert meeting drug prices (Lisbon, 8–9 April) *New developments in Europe's cannabis market* (POD, May)

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
	Specific Objective 4.2: To establish networks in the area of drug supply and supply reduction	Second meeting of the national correspondents of the EMCDDA European Expert Reference Group on drug supply issues (Lisbon, 4–5 November): – On 4 November the subindicators on drug seizures and DLOs were discussed, followed by a brainstorming session on the second *EU Drug markets report* (see R1) – On 5 November there was a half-day conference-style meeting at which invited experts provided updates on key issues related to the three EU EMPACT priority drug areas, heroin, cocaine and synthetic drugs, as well as the cross-cutting topics of financial investigation and precursors
	Specific Objective 4.3: To produce a strategic analysis of drug supply and supply reduction in Europe	See the same objective under R1 above
	Specific Objective 4.4: To support COSI	See Objective 4.1 above for the reporting instruments for drug production facilities In addition, as part of the OAP on synthetic drugs, the EMCDDA produced a joint threat assessment of methamphetamine with Europol. The operational action was led by Germany. This threat assessment will be published for a law enforcement audience early in 2015
Recommendation 3 (R3): If the volume of new substances being detected in Europe continues to rise in the coming years, consideration may need to be given to increasing the EMCDDA's capacities and resources in this field A proposal for a new system replacing the current Council decision is expected to be tabled by the European Commission in 2012 and it will clearly be important that the EMCDDA adapts the EWS and other procedures to any new requirements that emerge once the legislative instrument enters into force. **Additional resources may be needed to deal with this**	**The priorities set out for this area in the 2013–15 work programme demonstrate the readiness of the EMCDDA to consolidate and further develop the system according to needs and resources, as reflected in the following specific objectives:**	
	Specific Objective 5.1: To ensure that the information exchange and risk assessment mechanism on NPS is of high quality and implemented in a timely and efficient manner	**101 NPS formally notified (**20 % increase on 2013 — 81 substances) 102 new substance profiles created and 290 existing substance profiles updated; the total number of NPS currently monitored exceeds 450 **16 public health-related warnings** provided to EWS correspondents; these include, for example, the alerts issued in February on 4,4'-DMAR (detected in 18 deaths in the UK) and MT-45 (detected in 11 deaths in Sweden) and the alert issued in December on PMMA, regarding ecstasy tablets containing a deadly amount of this substance, risk-assessed in 2002 **Six risk assessment exercises carried out** by the EMCDDA's Extended Scientific Committee on MDPV, methoxetamine, 25I-NBOMe, AH-7921, 4,4'-DMAR and MT-45. Together, these six substances were associated with more than 200 deaths and more than 700 non-fatal intoxications Following the **decision adopted by the Council on 29 September**, in response to the recommendation that had been formulated by the European Commission on the basis of the risk assessments carried out by the EMCDDA, **four of these substances — MDPV, methoxetamine, AH-7921 and 25I-NBOMe — will be subject to control measures and criminal penalties throughout the EU** and their manufacturing and marketing will become illegal **Eight risk assessment reports published** on MDPV, methoxetamine, 25I-NBOMe, AH-7921, 4,4'-DMAR and MT-45, as well as on two NPS that had been risk assessed previously, namely 5-IT and 4-MA **Two EMCDDA–Europol joint reports** on 4,4'-DMAR and MT-45 were produced, sent to the European Commission, the Council and the EMA and published; **four other EMCDDA–Europol joint reports on NPS**, which had been sent to the European Commission, the Council and the EMA in December 2013, were also published

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
	Specific Objective 5.2: To adapt and implement the information exchange and risk assessment mechanism on NPS to new legal and institutional requirements	Technical support provided as required (interventions and briefings prepared for the HDG and the European Commission); however, the new legal framework did not come into force in 2014
	Specific Objective 5.3: To facilitate the development of early responses to potential threats by strengthening the systems for identifying, tracking and understanding new and emerging trends in drug use, availability and adverse consequences	See the same specific objective under R1 above
Recommendation 4 (R4): Building on current efforts, greater emphasis could be placed on a better balance between the analysis of information on the drugs situation and the responses to it. In addition to analysing the drugs problem, greater emphasis should be placed on identifying and disseminating information on best practices with regard to tackling it In addition to drugs policies at EU and Member State level, there is a need to provide information that can help professionals 'on the ground' to maximise the effectiveness of the measures they are responsible for implementing to tackle the drugs problem	**A specific goal for this area has been developed in the 2013–15 work programme: to support high-quality service development by producing information and analysis on demand reduction interventions and best practices. The priority is covered under the following specific objectives (see also R1 above):**	
	Specific Objective 3.1: To monitor prevention provision, implementation and outcomes and to improve reporting on important areas where information resources are lacking	See the same specific objective under R1 above
	Specific Objective 3.2: To improve the monitoring and analysis of treatment, harm reduction and social reintegration interventions and provide an integrated model for understanding service provision in Europe	See the same specific objective under R1 above
	Specific Objective 3.3: To identify and support dissemination and knowledge exchange on best practice	See the same specific objective under R5 below
Recommendation 5 (R5): The EMCDDA's Best practice portal should be further developed The need to focus more on best practice and what determines the effectiveness of interventions to tackle the drugs problem is becoming increasingly important. A further priority should be to extend the Best practice portal to include not only information on demand-side measures but also on supply reduction	**The priority to be given to the further development of the Best practice portal has been included in the 2013–15 work programme, and is reflected in the following specific objectives:**	
	Specific Objective 3.2: To improve the monitoring and analysis of treatment, harm reduction and social reintegration interventions and provide an integrated model for understanding service provision in Europe	Thematic pages on harm reduction and treatment regularly updated, as part of the integrated responses profiles. See also the same specific objective under R1

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	Specific Objective 3.3: To identify and support dissemination and knowledge exchange on best practice	The revamped Best practice portal ([2]) was launched on 23 October. The new-look portal helps users identify tried and tested interventions quickly; allocate resources to what's effective; evaluate and improve interventions, by applying practical tools, standards and guidelines; and take better decisions, gaining from experience and expertise from across Europe A new module on partygoers and three new reviews of evidence on strategies for opioid substitution treatment during pregnancy, treatment for cocaine dependence, and multidimensional family therapy for adolescent drug users were produced
	Specific Objective 4.1: To develop European key indicators and complementary information resources for understanding drug markets, drug-related crime and drug supply reduction	There were no new developments in 2014
Recommendation 6 (R6): The EMCDDA could further develop its provision of methodological expertise to Member States and accession countries in order to help them develop and assess their service provision and national drugs policies. Understanding the different drug policy approaches in Europe and the level and coverage of service provision in the Member States and overall remains essential to understanding how Europe is tackling its drug problem This information is critical to proper drug policy evaluation at both national and EU levels	**This recommendation covers a wide array of the Centre's expertise and activities that are presented in the 2013–15 work programme under different areas, as follows:**	
	Main Area 3 — Monitoring demand responses **Specific Objective 3.2:** To improve the monitoring and analysis of treatment, harm reduction and social reintegration interventions and provide an integrated model for understanding service provision in Europe **Main Area 5 — Monitoring new trends and developments and assessing the risks of new substances** **Specific Objective 5.1:** To ensure that the information exchange and risk assessment mechanism on NPS is of high quality and implemented in a timely and efficient manner **Specific Objective 5.3:** To facilitate the development of early responses to potential threats by strengthening the systems for identifying, tracking and understanding new and emerging trends in drug use, availability and adverse consequences **Specific Objective 3.3:** To identify and support dissemination and knowledge exchange on best practices	Provision of methodological expertise to Member States and accession countries represents an ongoing activity, through bilateral contacts, expert meetings, training courses and other related events A few examples are: – Reitox Regional Academy for IPA 4 beneficiaries, 'Drug law offences in the Western Balkan region: from definition to monitoring' (Podgorica, Montenegro, 2–3 April), for 23 experts (Albania, Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia, Kosovo (*), Montenegro and Serbia) – Reitox Regional Academy, 'Effectiveness and efficiency of drug use prevention programmes' (Ljubljana, 28–29 April), for 61 experts (Albania, Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia, Kosovo (*), Montenegro, Poland, Serbia, Slovenia and Turkey) – Reitox Academy national seminar, 'Implementation of European standards in developing strategic guidelines in the field of drugs' (Sarajevo, 19–20 May) For ENP countries, two Reitox Regional Academies and one National Academy were organised, as follows: – Reitox Academy training course, 'Contemporary approaches in drug monitoring' (Prague, 8–12 September), for 28 participants (Armenia, Azerbaijan, Georgia, Israel, Moldova, Morocco and Ukraine) – Reitox Academy professional training course, 'The European Union, the EU drugs policy and the relations with the European Neighbourhood Policy region' (Brussels, 28–29 October), for 15 participants (Armenia, Georgia, Israel, Moldova, Morocco and Ukraine) – Reitox Academy national seminar, 'Public expenditures in field of drugs' (Jerusalem, 30 September to 2 October), for 33 Israeli experts Supporting Member States' activities in the area of drug policy evaluation is another important task for the agency. In 2014, input and/or technical support was provided to policymakers and professionals from EU Member States, such as Ireland, France, Sweden and Slovenia, and non-EU countries, such as Bosnia and Herzegovina and the USA See also R1, R4 and R5 above

([2]) emcdda.europa.eu/best-practice

(*) This designation is without prejudice to positions on status, and is in line with UNSCR 1244/99 and the ICJ Opinion on the Kosovo declaration of independence.

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
	Main Area 6 — Improving Europe's capacity to monitor and evaluate policies **Specific Objective 6.1:** To develop European and global drug policy monitoring and analysis **Specific Objective 6.2:** To strengthen European networks in drug law and drug policy analysis	
	Main Area 8 — Cooperation and collaboration with key partners **Specific Objective 8.1.1:** To coordinate, cooperate and provide technical support at EU level **Specific Objective 8.1.1:** To coordinate, cooperate and provide technical support at EU level **Specific Objective 8.4.1:** To support capacity development and enhance the scientific value of drug monitoring activities within candidate and potential candidate countries **Specific Objective 8.4.2:** To support capacity development, information availability and exchange with interested ENP and other non-EU countries	

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 7 (R7): The EMCDDA should develop its role in providing information on drug-related research in Europe. With the help of the Scientific Committee, the EMCDDA should strengthen its relationship with Europe's drugs research community and, through conferences, the sharing of information and ideas and other activities, help to identify research priorities and promote the sharing of the results of studies NFPs could also play a role in developing this relationship and in the dissemination of information on research. Specifically in relation to EU-funded research, to the extent that is practicable, the EMCDDA should be consulted over the priorities and perhaps represented on the steering groups of some major projects so that activities in the drugs research field are coordinated	**The priority to be given to drug-related research in Europe is identified as a specific priority area in the 2013–15 work programme, and is reflected in the following specific objectives:**	
	Specific Objective 7.1: To ensure the coordination of scientific activities so that resources are efficiently used, objectives are achieved and quality control of outputs is maintained **Specific Objective 7.2:** To support drug-related research, audit key developments and promote the use of research findings **Specific Objective 10.1:** To ensure good governance to provide the strategic guidance and direction for the work of the EMCDDA **Specific Objective 10.4:** To ensure that the Reitox network is efficiently managed and structured to meet future needs and requirements	In 2014 the agency continued to contribute to relevant studies and research. The EU action plan on drugs 2013–16 indicates, for the first time, the EMCDDA´s Scientific Committee as an actor in three actions (30, 46 and 47) related to drug research in Europe. The EMCDDA, advised by its Scientific Committee, supports the European Commission in the preparation of the European Council's annual dialogues on drug-related research ([2]), which takes place within the framework of the HDG. The 2014 contribution of the Scientific Committee was submitted to the HDG on 5 November The EMCDDA continued to closely follow the EU and national drug-related research projects and present the information on its public website ([3]), as well as on its dedicated intranet pages. Ongoing contacts and collaboration with drug-related research consortia took place, including with ALICE RAP ([4]), SEWPROF, SCORE, LINKSCH ([5]), ERANID ([6]) and DECIDE. Furthermore, the EMCDDA hosted meetings of the ERANID and LINKSCH projects (May and November)

([3]) Council of the European Union, Council conclusions on strengthening EU research capacity on illicit drugs, CORDROGUE 78, 17177/09, Brussels, 7 December 2009.
([4]) emcdda.europa.eu/topics/research
([5]) ALICE RAP is a five-year research project funded through the Socio-economic Sciences and Humanities (SSH) Theme of the Seventh Framework Programme for Research and Development (FP7): http://www.alicerap.eu/
([6]) LINKSCH — Set up under the European Commission's Seventh Framework Programme of Research, the project unites researchers from France, Germany, the Netherlands and the United Kingdom.
([7]) ERANID is an ERA-NET project funded through the SSH Theme of FP7: http://www.eranid.eu/

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 8 (R8): The EMCDDA's new work programme should highlight a number of key priorities. These could include: further efforts to tackle the problem of NPS, the development of supply-side indicators, and continuing to improve monitoring activities focusing on the key demand-side epidemiological indicators In addition to the EMCDDA's monitoring activities, there is a need to undertake more analysis of the information that is already being collected to help understand why the nature and extent of the drugs problems differ from one country to another. This is a precondition for being able to design effective interventions	**The EMCDDA's 2013–15 conceptual framework for monitoring Europe's drug problem identifies five thematic priorities: understanding the problem; responses and best practices; new trends and developments; supporting policies; and scaling up information on supply and markets. There is increased focus on overall and cross-indicator analysis. All five strategic priorities are then translated into priority interventions and key results to be achieved by 2015 within the corresponding main areas, as follows:**	
	Main Area 1 — Data collection, analysis and quality assurance **Main Area 2** — Monitoring and understanding drug use and problems: key indicators and epidemiology **Main Area 3** — Monitoring demand reduction responses to drug-related problems **Main Area 4** — Monitoring drug supply and supply reduction interventions **Main Area 5** — Monitoring new trends and developments and assessing the risks of new substances **Main Area 6** — Improving Europe's capacity to monitor and evaluate policies **Main Area 7** — Scientific coordination, research and content support **Main Area 8** — Cooperation and collaboration with key partners	The prioritisation approach based on three priority levels, introduced in the 2014 work programme, was maintained and refined in the 2015 work programme

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 9 (R9): Continued efforts should be made to better tailor EMCDDA outputs to the needs of policymakers but also other target audiences such as drugs professionals The practice of producing short papers such as the EMCDDA's *Drugs in focus* series could be extended to other aspects of the Centre's work. Consideration might also be given to some rationalisation of the EMCDDA's portfolio of publications by combining different outputs. This would improve transparency and possibly the impact of the EMCDDA's information	**The priority to better tailor EMCDDA products to its target audiences is identified in the 2013–15 work programme, as reflected in the following specific objectives:**	
	Specific Objective 8.2.1: To improve dialogue with the policy audience, civil society and relevant technical and scientific bodies **Specific Objective 9.1:** To implement the integrated communication strategy and action plan (adopted in 2012) **Specific Objective 9.2**: To publish high-quality and timely products in line with targets committed to in the 2013–15 work programme **Specific Objective 9.3:** To increase the relevance and impact of the EMCDDA's online presence **Specific Objective 9.4:** To enhance the EMCDDA's reputation and recognition as the European central reference point for drugs information	The work started in 2013 to review and rationalise the EMCDDA's product range continued in 2014 with the aim of achieving a better mix of print and online products while taking into account new information-seeking behaviours but also the need to save costs. For example, online-only publication has been implemented for the EMCDDA Papers and for the risk assessments reports, replacing printed publications. This has led first of all to improved timeliness, which is essential for our products, but has also had a positive impact on the production costs. These costs were significantly reduced, with the output price falling from around EUR 5 000 to EUR 300–500 per product. New formats of other EMCDDA series are also being finalised Following the detailed mapping exercise of our stakeholders and target audiences, carried out in collaboration with the scientific units in 2013, an EMCDDA stakeholders' engagement strategy was completed in 2014. The new strategy will become effective from 2015 and will be key to implementing the new EMCDDA strategy and work programme for 2016–18
Recommendation 10 (R10): **The format of the EMCDDA's Annual Report should be revised**. At the very least, there should be an executive summary that highlights key messages. Ideally, the Annual Report should also be shorter in length. This would not only make it less expensive to produce and to translate (especially if translation of the main document is confined to fewer languages or to only the executive summary) but should also make it easier to communicate the key messages to policymakers and other target audiences. If possible, publication of the Annual Report should be brought forward to the middle of each year. Another option would be to only produce the full report every two years, with a much shorter document in between, which could then be published earlier (e.g. May or June)	**The need to revise the format of the EMCDDA's Annual Report has been addressed as a top-level priority in 2012 and is included in the new communication strategy. Its priority is reflected in the 2013–15 work programme in the following specific objectives:**	
	Specific Objective 9.1: To implement the integrated communication strategy and action plan **Specific Objective 9.2:** To publish high-quality and timely products in line with targets committed to in the 2013–15 work programme	The format of the Annual report was revised in 2013, when the *European Drug Report* was launched. In 2014, the multimedia *European Drug Report* package offered an interlinked range of products, with the *European Drug Report: Trends and developments* at its centre. The report was complemented by the online interactive PODs, which in 2014 explored emerging concerns relating to stimulant use and new developments in Europe's cannabis market, as well as advances in Internet-based treatment and wastewater analysis. A more detailed perspective on the national data were provided by the *European Drug Report: Data and statistics (Statistical bulletin)*, which in 2014 came with an improved web functionality and access to national data, and the 30 *Country overviews*. The launch took place in Lisbon on 27 May

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 11 (R11): Given the global nature of the problem, and the need for a multidimensional response, the relationship with key partners at the EU and international level should also be further developed to improve the capacity to monitor and analyse the drugs situation and the responses to it The EMCDDA already has links with a number of other European agencies and international organisations. Given the international nature of the drugs problem, as well as the limited resources available at the EMCDDA, the agency will have to follow a selective cooperation strategy to achieve maximum benefit from cooperation with international partners on relevant topics	**This recommendation covers a wide array of the Centre's expertise and activities that are presented in the 2013–15 work programme under different areas, as follows:**	
	Main Area 8 — Cooperation and collaboration with key partners **New goal:** To support the EU drug policy debate and effective actions and increased capacity for reporting on drug use in non-EU countries, with an emphasis on countries that represent a priority for EU action in the drugs area **Specific Objective 8.1.1:** To coordinate, cooperate and provide technical support at the EU level **Specific Objective 8.2.1:** To improve dialogue with the policy audience, civil society and relevant technical and scientific bodies **Specific Objective 8.3.1:** To coordinate, cooperate and provide appropriate technical input to work conducted by international bodies in the drugs field **Specific Objective 8.4.1:** To support capacity development and enhance the scientific value of drug monitoring activities within candidate and potential candidate countries **Specific Objective 8.4.2:** To support capacity development and information availability and exchange with interested ENP and other non-EU countries	At the institutional level: – Heads of agencies network meetings (Brussels, 6 June, and Vienna, 16–17 October) – Contribution to the work carried out within the interagency networks, such as the EU Agencies Network of Scientific Advisors (EU-ANSA), Heads of Administration, Heads of Communication, Performance Development Network, IALN. Furthermore, the EMCDDA co-organised, with EMSA, the 23rd meeting of the Agencies' ICT Managers Network (Lisbon, 15–16 May) and the 'Innovation in communication workshop' (Lisbon, 29–30 September). A media relations workshop was also co-organised (Brussels, 25–26 November) – Joint work in the framework of the JHA agencies cluster: meeting of Heads of JHA agencies (Valletta, 3 November) and meetings of the JHA contact group (Valletta — January, April, September) – MoU with Eurojust (July) Synergies were pursued further with EMSA in the area of support services, which was acknowledged by the European Commission as a 'pioneering' approach, which sets an 'example that other EU agencies should look at', and with FRA in the area of tools to support organisational performance management At the technical level: – Cooperation was particularly fruitful with Europol, in the framework of the EWS and the common work within the OAPs on synthetic drugs, heroin and cocaine within COSI's new EU policy cycle for organised and serious international crime 2013–17 (Main Area 4), as well as with ECDC in the context of joint interventions in the harm reduction area (Main Area 3), EMA, in the framework of the implementation of the relevant EU pharmacovigilance legislation (Main Area 5), CEPOL for their law enforcement training programme (Main Area 4), and Eurojust (Main Area 4) – The international organisations most concerned with joint work were: WHO, in the area of prison health and infectious diseases; UNODC, in the area of data collection and analysis, NPS and other major drug trends, and standards of treatment; UNAIDS, as far as HIV infections among PWID are concerned; and the Pompidou Group In terms of cooperation with non-EU countries: – Successful completion of the IPA4 technical assistance project, which started in 2013 with the objective of building drug monitoring capacity in several candidate and potential candidate countries (Albania, Bosnia and Herzegovina, Croatia (until 1 July 2013), the Former Yugoslav Republic of Macedonia, Kosovo (*), Serbia, Montenegro and Turkey) – New two-year technical cooperation project within the framework of the ENP. The European Commission-funded project, which will run until December 2015, is designed to boost the capacity of ENP partner countries (Armenia, Azerbaijan, Georgia, Israel, Moldova, Morocco, and Ukraine) to react to fresh challenges posed by the drug phenomenon (see Main Area 8) See also R6 above
	Other areas concerned: Main Area 2 — Specific Objective 2.1; Main Area 4 — Specific Objectives 4.1, 4.2, 4.3, 4.4; Main Area 5 — Specific Objective 5.1; Main Area 7 — Specific Objective 7.2	

(*) This designation is without prejudice to positions on status, and is in line with UNSCR 1244/99 and the ICJ Opinion on the Kosovo declaration of independence.

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 12 (R12): No major changes are needed to the EMCDDA's Management Board or Scientific Committee. Some improvements could, nevertheless, be made. In relation to the Management Board, there could, where time permits, be more discussion at meetings on thematic issues. Consideration might also be given to reducing the number of different languages that are used for interpretation to help reduce costs With the Scientific Committee, it would be preferable to appoint members on a rolling basis (e.g. one-third of the members every two to three years), rather than the whole Committee every three years, as this would promote continuity	**Since 2010, the Management Board has held thematic debates when relevant (e.g. December 2010, 'Developments in EU drug policy and implications for the EMCDDA'; December 2011, 'Monitoring alcohol-related harm in EMCDDA's activities linked to polydrug use')** Language issues relating to the Board meetings have been discussed. Decisions on this point were taken in July and December 2010 Decision and rules of procedures for appointing the members of the Scientific Committee are subject to Article 13 of the Founding Regulation (recast) and to the Implementing Rules decided by the Management Board	In terms of languages used at the Management Board meetings, there were no new developments in 2014 The thematic discussions continued to be organised at the Management Board meetings, whenever relevant and/or requested by Board members. One example is the discussion on the EMCDDA's work within the EWS on new drugs and risk assessment of NPS The new Scientific Committee elected in 2013 started its three-year mandate
Recommendation 13 (R13): A goal should be set for all appropriate EMCDDA outputs to be subject to peer review by a Scientific Committee member. The EMCDDA should make public each year the number/percentage of its outputs for which it was appropriate to undertake peer review and for which such an exercise was actually undertaken. However, not all outputs will be suitable for peer review; similarly, the capacity of the Scientific Committee to carry out peer reviews is limited. Although they would ideally be undertaken before an output was produced, to avoid delays, it might be necessary for some peer reviews to be undertaken retrospectively. Some form of prioritisation would also be needed (e.g. outputs with a particularly large target audience, outputs involving a relatively new methodology)	**Regular peer review by Scientific Committee members and other scientists is already in place for most key outputs produced by the EMCDDA. Following the practices already in place, peer-reviewed products will be indicated in the *General Report of Activities*** **The priority to ensure that all appropriate EMCDDA outputs should be subject to peer review is identified in the 2013–15 work programme and reflected in the following specific objectives:**	
	Specific Objective 7.1: To ensure the coordination of scientific activities so that resources are efficiently used, objectives are achieved and quality control of outputs is maintained **Specific Objective 10.1:** To ensure good governance to provide the strategic guidance and direction for the work of the EMCDDA	The peer-review system implemented by the EMCDDA for its publications was improved in 2014 when the guidelines developed by the agency were presented to and endorsed by the Scientific Committee The Scientific Committee members who reviewed publications in 2014 were (listed alphabetically): Henri Bergeron, Anne Line Bretteville-Jensen, Gerhard Bühringer, Catherine Comisky, Paul Dargan, Brice De Ruyver, Gabriele Fischer, Henk Garretsen, Dirk Korf, Krzysztof Krajewski and Letizia Paoli Scientific Committee members peer-reviewed the following EMCDDA publications: *European Drug Report: Trends and developments* report; *Pregnancy and opioid use: strategies for treatment* (EMCDDA Paper); *Financing drug policy in Europe in the wake of the economic recession* (EMCDDA Paper, to be released in 2015); *Treatment of cannabis-related disorders in Europe*; and *Psychiatric co-morbidity in Europe* (Insights, to be released in 2015)

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 14 (R14): The question of how NFPs are funded by the EMCDDA, and in particular whether the same grant should be given to all NFPs, should be re-examined This was suggested in the 2007 evaluation report. With the EMCDDA and Member States facing budget reductions, a revision of the current system for allocating grants is justified. Ideally, the level of grants should be related to an assessment of NFP 'needs' and their performance, but this may not be feasible, at least in the short term. At the very minimum, if the current system continues, any indexation of the NFP grant (currently 2 % p.a.) should be at or below the level of the adjustments made to the EMCDDA budget as a whole	**Following the 2007 external evaluation, the Management Board considered the various options and it has decided to maintain the current system** A few additional decisions were taken by the Board: – The indexation system of the NFP grant that was adopted by the Board in 2009 already anticipates that the level should be the same as the indexation rate of the whole EMCDDA budget – In December 2011, the Board decided that there would be no indexation of the NFP grant for 2012 – The Board decided to re-examine the situation in the light of the financial perspectives for 2013 and 2014–20	There were no new developments in the grants policy in 2014. A presentation on the impact of the reduction in the grant agreements (by some 5 %, a consequence of the cut in the EU subsidy to the EMCCDA) was delivered at the Management Board meeting in July. The results were based on a survey conducted among the NFPs A new national reporting package was adopted at the HFPs meeting in November (see R15 below)

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2014
Recommendation 15 (R15): Given budgetary constraints, even more needs to be done to ensure efficient use of the EMCDDA's funding so that resources are available for key priorities in the new programming period. Many of the priorities highlighted by the evaluation will require additional financial and human resources. Although some additional funding may be available for specific tasks, the EMCDDA's overall funding is likely to be reduced in line with cutbacks in the EU budget as a whole. Savings will therefore be needed to free up resources that can be used to support the development of existing and new activities. This might be achieved through a combination of measures, e.g. changes in the way grants are allocated to NFPs, reduced translation of EMCDDA documents and sharing infrastructure and common services with EMSA. Where there is scope to do so, consideration should also be given to redeploying staff internally, e.g. moving staff from administrative functions into operational roles if shared services are developed with EMSA	**There is a strong commitment in the 2013–15 work programme to regularly review all activities and to make sure that there is appropriate allocation of priorities and resources** **Enhancing efficiency, further developing sound management of available resources and providing service-oriented administrative support to the EMCDDA's operations are major commitments for the Centre** **A specific goal has been defined for the 2013–15 work programme, which is to ensure effective and efficient allocation and management of financial and human resources and assets, by further rationalising internal processes and at the same time developing the quality of services and support provided. This is reflected in the following specific objectives:** **Specific Objective 10.2:** To ensure efficient management and leadership to support the achievement of results with efficient use of resources **Specific Objective 10.3:** To improve and implement the agency's strategic planning and programming cycle processes, to support timely delivery of results and sound decision-making concerning the allocation of resources and actions to be taken to enhance performance **Specific Objective 11.1:** To enhance effectiveness and efficiency in the execution of the budget and in the management of and accounting for financial resources **Specific Objective 11.2:** To maximise the efficiency and effectiveness of HR management at the EMCDDA **Specific Objective 11.3:** To ensure a healthy working environment and further reduce utility costs by optimising the use of the available facilities, equipment and infrastructure	Since the EMCDDA was established in 1993, 2014 was the first year in which its EU subsidy was cut, by almost 5 %. At the same time, owing to developments in the drug phenomenon, work in different areas, especially in the implementation of the EWS on new drugs, significantly increased. The agency mobilised all its internal mechanisms in order to cope with this situation. The following are examples of the measures implemented: – Activities planned in the 2014 work programme were ranked according to three priority levels (L1, L2, L3). An overarching KPI (10.2.1) was set up to measure the degree of implementation of the 2014 work programme, with differentiated targets for the different activities, depending on their priority level (i.e. 100 % achievement for the L1 activities, 80 % for the L2 activities and 50 % for the L3 activities) – Savings in the production of publications through an increased shift towards the use of online products (see R9 for details) – Building synergies with EMSA, particularly in the areas of HR management, logistics and infrastructure management, and information and communication technologies, and with FRA in the area of performance management – Synergies with other agencies: close collaboration and exchange of experience and good practice carried out in the context of interagency networks, such as the Performance Development Network (PDN), IALN, the network of accounting officers (IAAN) and HCIN Other measures: – Developing the agency's performance-measuring system — increasing the effectiveness and efficiency of working practices and in the implementation of the agency's work programme. KPIs for all the areas of work were defined in the 2015 work programme adopted by the Management Board in December 2014 – Reviewing the national reporting package, contributing to the rationalisation of resources allocated to data collection and reporting at national level — work was carried out throughout 2014 in close collaboration with the NFPs and the final proposal received the seal of approval from the HFPs at their meeting in November. The aim of the new package is to match priorities and resources and better address the information needs of European and national stakeholders while ensuring efficiency and reducing the reporting burden – Continuing to rationalise the use of existing material resources through improved logistics and infrastructure management. A detailed plan of action was further implemented, with the objective of reducing utility costs by optimising the use of space and existing facilities