

Summary

The proposed EMCDDA Work programme for 2002 aims at implementing the EMCDDA three year work programme for 2001-2003 developing the programmes and projects started in 2001 (see the EMCDDA 2001 General Report of Activities for an overview of the progress achieved under the 2001 work programme).

As a consequence, it is consistent with the foundations and principles on which the 2001-2003 is built as well as with its structure and contents (see document EMCDDA/28/00).

The main planning contents of the programmes (P1-P4)(covering sets of indicators/core data to be developed by means of projects, in accordance with the project based planning and management) can be resumed as follows:

P1 : Monitoring of the situation

Promote and consolidate the implementation of the five epidemiological key indicators in accordance with the guidelines adopted in 2001 (in particular: produce a basic EU overview of drug prevalence among general population; improve coverage of methods and quality of estimates of problematic patterns of drug use; improve coverage of sources and data quality on drug related infectious diseases; produce a basic EU overview of drug-related deaths and of mortality among drug users; promote the development of an electronic data reporting mechanism with the EU data base, the establishment of criteria and methods for data quality in MS).

Develop theoretical tools for interpreting drug trends; develop analysis of data on drug-related crime; define possible indicators of drug-related social exclusion; setting standard tools for data collection and analysis of drug supply

P2 : Monitoring of the responses

Develop common core data on intensity of prevention and outreach work in recreational settings in member states; Agreement on a set of quality models for school prevention programmes. Facilitating the monitoring of outreach work in recreational settings, including on-site pill testing; Analyse information on interventions to prevent infectious diseases among IDUs in MS; incl. data measures to prevent/treat HIV and Hepatitis; Produce first overview of policies, interventions and 'promising practice' in heroin overdose prevention; Assess the state of the art of Users' Rooms as part of official drugs-services; Providing a first overview of treatment activities and facilities and of social rehabilitation and reintegration activities in the EU; Produce a first analysis based on the the Prevention of Drug Related Crime Conceptual Map; Systemize data selection according to the Centre's priority targets for dissemination.

P3 : Implementing the EU Joint Action on New Synthetic Drugs

Strengthening the REITOX networking capacity in the EWS and the EMCDDA coordination role for data collection and processing, monitoring and feedback; Strengthening the technical support to the SC in its risk-assessment tasks; Participation in the evaluation of the JA as foreseen in the EU Action Plan; Test phase for involving candidate countries in the JA (art. 3 and 4) in the framework of the pre-accession strategy;.

P4 : Monitoring National and Community Strategies and Policies and their impact on the drug situation

Produce comparative analysis on key issues to publish in the ELDD; Expand the ELDD to cover EU legislation and assess translation costs; Analyse law enforcement information sources on prosecution and sentencing data; Provide EU decision makers with data on drug coordination arrangements in the EU members states, Provide EU and national decision makers with a lists of drug-related public expenditures in the EU; Identify methodology models to estimate drug-related public expenditures
Contribute to the establishment of a baseline for the EU Action Plan on Drugs 2000-2004; and to its mid term; Analyse existing legal and technical tools contributing to drug policy evaluation; Analyse actions implemented under EU drug related programmes and initiatives

The work concerning REITOX, the implementation of the Enlargement strategy, the EMCDDA Communication and dissemination policy and the technical co-operation with third countries is covered by transversal activities.

In accordance with the article 8 of the EMCDDA founding regulation, the European Commission and the EMCDDA Scientific Committee have been consulted

EMCDDA WORK PROGRAMME 2002

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Annex 1: Presentation of the 2002 transversal activities concerning REITOX, ENLARGEMENT, COMMUNICATION & DISSEMINATION and co-operation under articles 12 and 13 of the EMCDDA founding regulation

Annex 2: Structure, procedures and schedule for the preparation of the 2002 Annual Report on the State of the Drug Phenomenon in the European Union

Annex 3: Opinion of the EMCDDA Scientific Committee on the 2002 WP

Annex 4: Opinion of the European Commission on the 2002 WP

1. BACKGROUND AND FOUNDATIONS OF THE 2002 WORK PROGRAMME

The EMCDDA Work programme for 2002 aims at implementing the EMCDDA three year work programme for 2001-2003, developing the programme and projects started during 2001 (see the EMCDDA 2001 General Report of Activities for an overview of the progress achieved under the 2001 work programme).

As a consequence, it is consistent with the foundations and principles on which the 2001-2003 is built (see document EMCDDA/28/00). **In particular the WP 2002 :**

- **complies with the “Medium Terms Perspectives”** adopted by the EMCDDA management Board on 6-8 September 2000, with special attention to the recommendations concerning the priority audiences and the working method;
- **is consistent with the EMCDDA internal reform plan**, particularly as regards the working framework adopted by the EMCDDA Management Board, the targeted indicators and core data, the proposed programme/project-based approach;
- **is consistent with the aims of the EU Action Plan on Drugs 2000-2004**, with special attention to the tasks for which this plan calls upon the EMCDDA for action;
- **is built on the principles of concentration** (focus on a limited set of relevant indicators and core data) **internalisation** (increasing work carried out internally) and **subsidiarity** (EMCDDA as secondary producer for data on crime and law enforcement, in “joint venture” with Europol, Interpol, OECD, UNDCP and the EC);
- **its implementation is affected by institutional, geographical and financial constraints**, as identified in the 2001-2003 work programme.

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2. THE STRUCTURE AND THE CONTENTS OF THE WORK PROGRAMME 2002

2.1. THE STRUCTURE: THEMATIC MATRIX AND PRIORITY RANKING

In accordance with the above mentioned “foundations”, the 2002 work programme:

- focuses on the **monitoring of the situation of the drug phenomenon, the monitoring of the responses and the monitoring of the impact** of these responses on the situation;
- **focuses** on the conception, implementation and exploitation of a **limited set of relevant indicators and core data**;
- is consistent with the targets of the **EU Action Plan on Drugs 2000-2004**;
- reflects the implementation of the **Activity Based Management/Budgeting and the project based approach**, and is therefore structured in programmes and projects.

The table below gives an overview of the core structure of the 2002 work programme, showing its thematic “matrix”, which indicates the “cross-link” among the EMCDDA three main working priorities (monitoring situation, responses and impact) and the strategy targets of the EU Action plan on Drugs 2000-2004. In this context this matrix shows in particular:

- the 4 programmes on which the work programme is built (P1, P2, P3 and P4), with the indicators and core data to be developed by means of projects;
- which EU strategy targets the Programmes (and the concerned indicators and core data), contribute to meet;

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Thematic matrix of the Work Programme

EU TARGET	P 1 MONITORING OF THE SITUATION	P 2 MONITORING OF THE RESPONSES
T1 Reduce prevalence of illicit drug use, as well as new recruitment, especially among young people	Drug use in general population (ki) Prevalence of problematic drug use (ki) Emerging trends (cd)	Primary prevention (cd) Outreach Work in recreational settings (cd)
T2 Reduce incidence of drug-related health damage and drug-related deaths	Drug related infectious disease (ki) Drug related deaths and mortality (ki)	Prevention of drug related infectious diseases (cd) Prevention of 'heroin' overdose (cd) Users' Rooms (cd)
T3 Increase number of successfully treated addicts	Demand for treatment (ki)	Availability of treatment facilities (cd)
T4 Reduce drug related crime	Drug-related petty crime (cd) Drug-related social exclusion (cd)	Prevention of drug related crime (cd) Social rehabilitation and reintegration (cd)
T5 Reduce availability of illicit drugs	<i>Global availability of illicit drugs (cd)</i> <i>Availability of illicit drugs at street level (cd)</i>	<i>Interdiction measures (cd)</i>
T6 Reduce money laundering and illicit trafficking of precursors	<i>Drug related financial flows (cd)</i> <i>Flow of diverted chemical precursors (cd)</i>	<i>Anti money laundering measures (cd)</i> <i>Measures against the diversion of chemical precursors (cd)</i>
P 3 IMPLEMENTING EU JA ON NEW SYNTHETIC DRUGS: EARLY WARNING SYSTEM AND RISK ASSESSMENT Monitoring situation and responses concerning NSD (cd)		
National and Community strategies and policies (T1, T2, T3, T4, T5, T6) EU ACTION PLAN 2000 – 2004	P 4 MONITORING NATIONAL AND COMMUNITY STRATEGIES AND POLICIES AND THEIR IMPACT ON THE DRUG SITUATION National and community strategies and policies (cd) Implementation of the EU action plan on drugs 2000-2004 (pi)	

ki = key indicators cd = core data pi = performance indicators

Italic and grey font indicate where the EMCDDA will act as a secondary producer, collecting and disseminating the information from other relevant European and international partners who are the primary producers.

The work relating to the **co-ordination and assistance to the REITOX network** and to the **implementation of the Enlargement strategy** are covered by **specific transversal activities**, as they involve tasks which are transversal to the referred Core Programmes (**see annex 1**).

The results and outputs of the implementation of the work programme will be published and disseminated by means of the **various tools set up by the centre as instruments of its Communication and dissemination activities** (**see annex 1**).

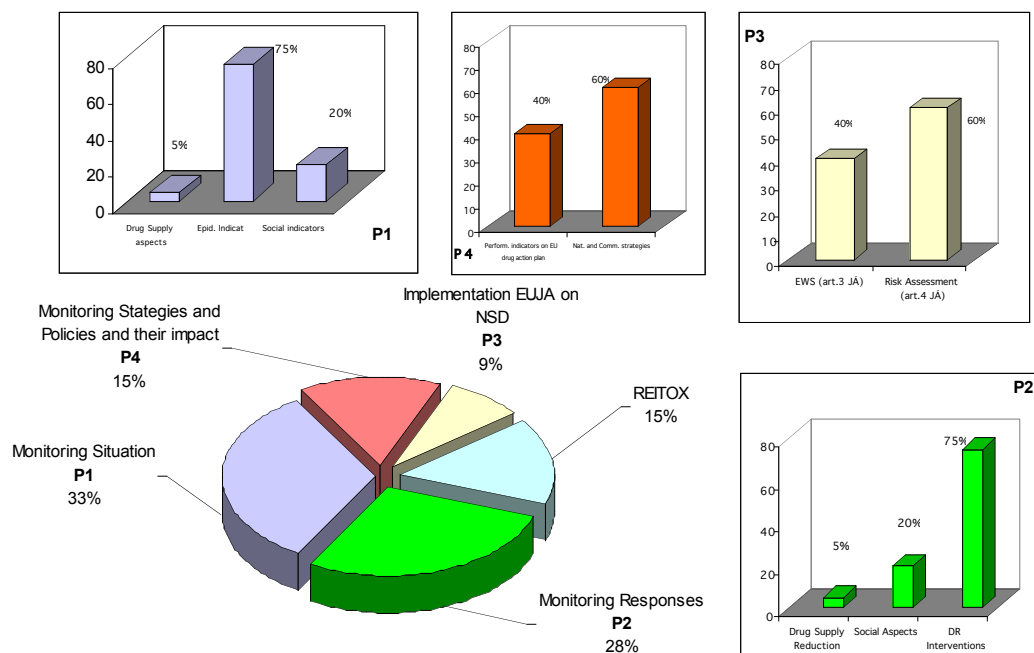
The implementation of all the above mentioned programmes will be supported by **horizontal administrative and IT supporting activities**.

The structure and the schedule for the **EMCDDA 2002 Annual Report on the State of the Drug Phenomenon in the EU** is enclosed in **annex 3**.

The identified programmes reflect different levels of priority, taking into account in particular the role of the EMCDDA as **primary or secondary producer** of information.

The different levels of priority are reflected in the allocation of resources to the different programmes.

The chart below shows the “priority ranking” of the identified programmes and indicators. It also indicates the different priority intensity levels within each Programme:



2.2. THE CONTENT OF THE PROGRAMMES

2.2.1. Monitoring the situation (P 1)

Drug use in general population (ki)	Prevalence of problematic drug use (ki)	Drug related infectious diseases (ki)	Drug related deaths and mortality (ki)	Demand for treatment (ki)
Emerging trends in drug use and drug-related problems (cd)		Drug-related petty crime (cd)	Drug-related social exclusion (cd)	
<i>Global availability of illicit drugs (cd)</i>	<i>Availability of illicit drugs at street level (cd)</i>	<i>Drug related financial flows (cd)</i>	<i>Flow of diverted chemical precursors (cd)</i>	

Italic and grey font indicate where the EMCDDA will act as a secondary producer, collecting and disseminating the information from other relevant European and international partners who are the primary producers.

Main achievements in 2001

Five key epidemiological indicators

Important progress was made with the formal adoption of the 5 key harmonised indicators in September 2001.

First steps to examine, with the Commission, possible measures to facilitate implementation, including an appropriate legal basis, and discussions to identify synergies with Eurostat and Sanco.

A questionnaire to MS to assess political and institutional commitment to implement the 5 key indicators

Activities by EMCDDA to promote and support the process of implementation of the 5 key indicators in MS

- Continued coordination, monitoring and feedback on progress in implementation by Member States, including organisation of the annual EU-level expert groups per indicator.
- First steps in development of central epidemiological databases and electronic infrastructures for collecting, analysing and disseminating data.
- Identification of the operational implications for the EMCDDA following adoption of the indicators

Core data on emerging trends

- Continued development of 'leading edge' indicators, with emphasis on analysis of youth media, start to conceptualisation of a theoretical framework to explain and forecast drug use trends.
- Epidemiological and sociological information for the Joint Action on new synthetic drugs.
- QED website (Qualitative European Drug Research Network) migrated to the EMCDDA.

Core data on social indicators

Work started to identify and conceptualise potential indicators and core data in new areas of the EMCDDA's work programme:

- Drug-related crime (especially juvenile and urban delinquency),
- Drug-related social exclusion,
- Availability of illicit drugs, in particular at street level.

Core data on drug supply

A first mapping of data potentially available through international organisations was carried out and EMCDDA needs, potential indicators and data sources on availability of illicit drugs, particularly at the street level have been identified.

Main objectives and activities for 2002

Five key harmonised epidemiological indicators

(PRIORITY INTENSITY LEVEL : 75%)

Prevalence and patterns of drug use among the general population : Promote and coordinate implementation of Key Indicator by MS; Produce a basic EU overview of drug prevalence among general population; Maintain and expand initial joint analysis of first version of EMCDDA relevant Databank; Search for (non processed) national survey data; Contribute to the evaluation of the EU action plan 2000-2004; Plan objectives and tasks for indicator for 2003.

Estimates at the national and local level of problematic patterns of drug use : Promote and assess implementation of key indicator in member states and improve coverage of methods and quality of estimates; Analyse and report data provided by FPs for AR and online version (national reports, standard tables); Promote incidence estimates using draft EMCDDA guidelines; Produce final report of TSER modelling network to the European Commission.

Drug related infectious diseases; Promote and assess implementation of the key indicator in member states and improve coverage of sources and data quality; Analyse and report data provided by FPs for AR and online version (national reports, standard tables); Limited co-ordination of national HCV studies in injectors through annual expert meeting (in collaboration with the Scottish Centre for Infection and Environmental Health); Dissemination of results to scientists and policy makers.

Drug-related deaths and mortality among drug users: Promote and coordinate implementation of key indicator by MS; Produce a basic EU overview of drug-related deaths and of mortality among drug users; Plan objectives and tasks for key indicator in 2003.

Drug Treatment Demand: Promote and coordinate the implementation of the Key Indicator in the Member States through EU experts meeting, the monitoring of the implementation progress in MS, the development of an electronic data reporting mechanism with the EU data base, the establishment of criteria and methods for data quality in MS; Produce a basic overview on Treatment (data collection, checking and entry); Collection and checking of full data set on the EU treatment data (detailed analysis will be done on 2003 on the basis of full data set).

Core data on emerging trends and social indicators

(PRIORITY INTENSITY LEVEL : 20%)

Emerging Trends in drug use and drug-related problems Develop theoretical framework for interpreting and predicting drug trends; Operationalise concepts for drug trends in drug use and drug related problems; Increase utility of QED website (number of hits, user satisfaction to external and internal users); Data collection and analysis for Annual Report; Contribute to the implementation of the EU Joint Action on new synthetic drugs.

Drug-related crime: Analyse law enforcement information sources on 'arrests', seizures, drug use among arrestees/prisoners; Analyse drug law offences data; Analyse existing information on drug users in prison; Review definitions, data availability and possible indicators of crime related to drug use and drug users, notably juvenile and urban delinquency; Contribute to the evaluation of EU Action Plan 2000-2004.

Drug-related social exclusion: Analyse drug use, consequences and correlates amongst minorities; Define possible indicators of drug-related social exclusion for the EMCDDA.

Core data on drug supply

(PRIORITY INTENSITY LEVEL : 5%)

Availability of illicit drugs Develop a standard module of questions on drug availability to include in population surveys questionnaires; Analyse drug seizures, price and purity and existing data on drug availability and drug markets from the NFP's; Estimating the demand for heroin in the EU and its impact/meaning in terms of public policies; Contribute to the evaluation of the EU Action Plan 2000-2004

2.2.2. Monitoring the responses: core data on relevant and/or innovative projects and best practices (P 2)

Primary prevention (cd)	Outreach work in recreational settings (cd)	Prevention of drug related infectious diseases (cd)	Prevention of 'heroin overdose (cd)	Users' Rooms (cd)
Availability of treatment facilities (cd)		Prevention of drug related crime (cd)	Social rehabilitation and reintegration (cd)	
<i>Interdiction responses (cd)</i>		<i>Anti money laundering responses (cd)</i>	<i>Responses to the diversion of chemical precursors (cd)</i>	

Italic and grey font indicate where the EMCDDA will act as a secondary producer, collecting and disseminating the information from other relevant European and international partners who are the primary producers.

Main achievements in 2001

Core data on interventions for drug demand reduction.

In 2001, activities were concentrated on defining core data set and developing common criteria and guidelines for data collection on interventions in the field of : Prevention, Outreach work and needle exchange, Early health responses, Treatment.

The information on responses to drug use provided to the EMCDDA so far have mainly been qualitative, which lies in the nature of the issue and in the feeble scientific investigation into these areas. In order to improve comparability across the EU one challenge for the work in 2001 was to, as far as possible, define variables that could be measured in a quantitative way.

A main task was to extract common elements from information on various activities in Member States in order to define key concepts for the different areas which would be the basis for information collection. These concepts have to be negotiated with National Focal Points and other players in order to find consensus on reporting. In most of the areas of P2, considerable progress has been made in defining concepts, although some areas are more difficult while more complex than others. More established responses such as school prevention and treatment are conceptually clearer (if not always clear) than others, whereas defining concepts for outreach work is more complicated.

The decision on and definition of indicators for quantitative core data similarly would have to follow a pragmatic approach. The relevance, availability and accessibility of information, particularly to measure implementation of EU-Action Plan's targets, are key criteria. Again, these variables have to be negotiated with National Focal Points and other partners in order to get their acceptance to collect this information which might be quite difficult to access on a national level, due to e.g. federal structures of the country, lack of reporting mechanisms, reluctance to report, insufficient networks of the National Focal Points etc.

Core data on measures concerning social aspects of drug demand.

In this area activities focused on the conception and definition of core data set concerning interventions for prevention of drug related crime and social rehabilitation and reintegration.

Core data on interventions for drug supply reduction.

Preliminary activities have been launched allowing the Centre to have access to the information produced or/and collected by the Organisations which are primary producers in this field. In this perspective, negotiation processes have permitted to establish Co-operation Agreements or Memoranda of Understanding with EUROPOL and INTERPOL and to pursue contacts with World Customs Organization

Main objectives and activities for 2002

Core data on interventions for drug demand reduction.

PRIORITY INTENSITY LEVEL : 75%

Primary prevention : Snapshot of prevention activities in the EU; Analysis of national reports, writing up of annual report; Develop common core data on prevention intensity in member states; Improve information on implementation trends of prevention policy in practice and coverage of problem areas; Agreement on a set of quality models and approaches for school prevention programmes; Agreement on a set of criteria to evaluate school prevention quality; Develop estimation methods for school prevention-related costs; Relate drug school prevention with other social problems (housing, education, violence); Increase n° of prevention evaluation instruments in EIB.

Outreach work in recreational settings: Snapshot of outreach activities in the EU; Analysis of national reports, writing up of annual report; Policy briefing: recreational drug use, including on-site pill testing; Develop drafts for a set of harmonised core data to compare intensity of outreach work in recreational settings in member states; Implement a set of quality models and approaches for facilitating the monitoring of outreach work and results in recreational settings, including on-site pill testing; Develop an agreed core set of criteria for effect and performance of outreach work in recreational settings.

Prevention of drug related infectious diseases. Analyse information on interventions to prevent infectious diseases among IDUs in MS; incl. data on provision, utilisation, and coverage of specific measures to prevent/treat HIV and Hepatitis.; discuss and define objectives and tasks for 2003 for comprehensive monitoring of prevention measures.

Prevention of 'heroin' overdose. Produce first overview of policies, interventions and 'promising practice' in heroin overdose prevention; consider feasibility/relevance of work on overdoses due to other substances (stimulants); identify and develop draft core-data set on heroin overdose prevention, contribute to the evaluation of the EU action plan, plan objectives and tasks on core-data set for 2003.

Users' Rooms. Assess the state of the art of Users' Rooms as part of official drugs-services: legal and organisational aspects, objectives and functioning; challenges, achievements and "Lessons Learned". Develop draft core-data set, plan objectives and tasks on core-data set for 2003.

Availability of treatment facilities: Providing a first overview of treatment activities and facilities in the EU; Analysis of national reports, writing up of annual report; Develop and compile definitions and standards for treatment at a European level; Develop criteria's and instruments to assess treatment quality and effectiveness.

Core data on measures concerning social aspects of drug demand.

PRIORITY INTENSITY LEVEL : 20%

Prevention of drug related crime : Snapshot of responses to drug related crime; Analysis of national reports, writing up of annual report; Further develop the Prevention of Drug Related Crime Conceptual Map; Produce a first analysis based on the PDRC conceptual map.

Social rehabilitation and reintegration : Providing a first overview of social rehabilitation and reintegration activities in the EU; Analysis of national reports, writing up of annual report; Develop definitions of and standards for social rehabilitation and reintegration at a European level; Develop criteria and instruments to assess the quality and effectiveness of social rehabilitation and reintegration.

Core data on interventions for drug supply reduction.

PRIORITY INTENSITY LEVEL : 5%

Interventions for Drug Supply Reduction: Follow-up on the process allowing the EMCDDA to extract a selection of data already existing in the EU and international partners' databases; Systemize data selection according to the Centre's priority targets for dissemination.

2.2.3. Implementing the EU Joint Action on New Synthetic Drugs: early warning system and risk assessment (P 3)

Main achievements in 2001

Implementation of the Early-warning System (art. 3 of the JA).

Data collection, analysis and rapid exchange of information on NSD(permanent task, art. 3 JA).
Preparation of the 'EMCDDA-Europol Progress Report on PMMA/PMA', followed by submission to the HDG.
Synthesis and analysis of information on GHB and ketamine provided by the NFPs; following the request of the Council of the EU for 'active' monitoring of GHB and continued monitoring of ketamine: provision of EMCDDA guidelines to the NFPs for the monitoring of both substances; preparation of the joint Progress Report on the monitoring results, together with Europol.
Guidelines for the REITOX Core Task relating to the implementation of the Joint Action including a 'Guidance document on the early-warning system', were prepared and discussed with the REITOX Focal Points in a Workshop on the *early-warning system on NSD*, followed by adoption at the 22nd REITOX meeting.
Analysis and provision of standardised feedback on the progress reports from the NFPs submitted in the framework of the REITOX Joint Action Core Task.

Implementation of the risk assessment (art. 4 of the JA)

Risk-assessment exercise on PMMA, followed by a proposal for a Council decision submitted by the Commission to the HDG.
Development of the Guidelines for the risk assessment on NSD: validation exercise of the mechanism for scoring and weighting the risk-assessment criteria by using MDMA as a possible benchmarking substance.
Draft design interface on the REITOX electronic network to exchange best practices and providing EMCDDA feedback.

Main objectives and activities for 2002

Implementation of the Early Warning system (art. 3 of the JA). PRIORITY INTENSITY LEVEL : 40%

Rapid collection and exchange of information on NSD through the Early-warning System (art. 3 JA; permanent task); Strengthening the REITOX networking capacity in the EWS and the EMCDDA coordination role for data collection and processing, monitoring and feedback: evaluation of the Guidelines and Guidance document on the EWS; Feasibility study on the setting-up of a database on synthetic drugs (DSD) (detected/monitored/assessed).

Implementation of the risk assessment (art. 4 of the JA). PRIORITY INTENSITY LEVEL : 60%

Risk assessment of NSD (art. 4 JA; permanent task); Strengthening the technical support to the SC in its risk-assessment tasks; Participation in the evaluation of the JA as foreseen in the EU Action Plan; Test phase for involving candidate countries in the JA (art. 3 and 4) in the framework of the pre-accession strategy.

2.2.4. Monitoring national and community strategies and policies and their impact on the drug situation (P 4)

<u>Core data on national and Community strategies and policies (descriptive)</u>	<u>Performance indicators on the implementation of the EU action plan on drugs 2000-2004 (assessment tools)</u>
<ol style="list-style-type: none">1. National action plans on drugs.2. Drug legislation and practices.3. Co-ordination arrangements in MS.4. Public expenditure on drugs.5. EC relevant programmes and instruments	<ol style="list-style-type: none">1. to reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age,2. to reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths,3. to increase substantially the number of successfully treated addicts,4. to reduce substantially over five years the availability of illicit drugs,5. to reduce substantially over five years the number of drug related crime,6. to reduce substantially over five years money-laundering and illicit trafficking of precursors.

Main achievements in 2001

Core data on national and Community strategies and policies

A study on 'Drug Coordination Arrangements' was delivered in February to the European Commission services. In June the European Legal Database on Drugs (ELDD) was launched on line providing for 15 Country Profiles, 417 texts of law, two comparative studies, and a comprehensive sections on main trends in drug law. Two surveys have been finalised on drugs expenditures in the EU and respectively on prosecution of drug users. provided guidelines and tools to REITOX National Focal Points and Legal correspondents have been provided with guidelines and tools for relevant data reporting.

Performance indicators on the implementation of the EU action plan on drugs 2000-2004.

A contribution was given to the Commission's "Communication on the implementation of the European Union Action Plan on Drugs (2000-2004)" and in particular to the EU scoreboard of activities 2000-2001 of the Plan. A Report on the identification of criteria for an evaluation of the European Union Strategy on Drugs (2000-2004) has been drafted. A working group on evaluation of the European Union Strategy on Drugs (2000-2004), involving the REITOX focal points, has been set up; An EMCDDA compilation system for the 1999 and 2003 Snapshots of the EU action plan has been produced;

Main objectives and activities for 2002

Core data on national and Community strategies and policies **PRIORITY INTENSITY LEVEL : 60%**

National drug strategies : Maintain and fine-tune an update source of drug-related legal and policy information on EU countries; Produce comparative analysis on key issues to publish in the ELDD; Expand the ELDD to cover EU legislation and assess translation costs. Improve the quality of data presented in the ELDD; Establish methodology and requirements for data collection on drug legislation of the candidate countries and start inserting these data into the ELDD; Bring ELDD to a wider audience and evaluate the impact of the promotion strategy. Analyse law enforcement information sources on prosecution and sentencing data; Internal report on the establishment of a legal practice indicator; Present the results of the surveys on prosecution of drug users and on the legal aspects of substitution treatment. Increase awareness about drug strategies and national coordination systems among policy makers in Europe; Provide EU decision makers with data on drug coordination arrangements in the EU members states (see EU Drugs Action Plan); Provide the baseline for a modelling analysis of national strategies; Identify a methodology to assess impact of national drug strategies. Provide EU and national decision makers with a preliminary lists of drug-related public expenditures in the EU (see EU Drugs Action Plan); Develop methodology model to estimate drug-related public expenditures.

Performance indicators on the implementation of the EU action plan on drugs 2000-2004

PRIORITY INTENSITY LEVEL : 40%

EC relevant programmes and instruments: Contribute to the establishment of a baseline for the EU Action Plan on Drugs 2000-2004; Contribute to the mid term evaluation of the EU Action Plan on Drugs 2000-2004; Analyse existing legal and technical tools and instruments contributing to drug policy evaluation and development at EU level with a view to support evaluation of the EU action Plan; Analyse actions implemented under EU drug related programmes and initiatives and follow-up of policy developments having impact on drugs field at EU level, promoting co-operation with existing EU networks. Animate internal networks of project managers directly concerned with the targets of the EU Action Plan on drugs.

3. THE RESOURCES

The budgetary resources required for the implementation of the WP 2002 will be provided by the 2002 Budget of the EMCDDA, as adopted by its Management Board in January 2001 (EMCDDA/12/02).

These appropriations can be broken down as follows:

- **EUR 9.000.000** (EMCDDA **core budget** relying on EC annual subsidy under EU budget line B5-830).
- **EUR 412.500** (2002 financial **contribution by Norway**)

TOTAL: EUR 9.412.500

Further EUR 943.861 will be provided by an EC specific funding for the 2002 phase of the PHARE-EMCDDA project to prepare the integration in the EMCDDA of the candidate CEECs.

ANNEX 1

REITOX

Main achievements in 2001

Throughout the year, an external contractor evaluated the activities and products of the REITOX Focal Points, as well as their contribution to the EMCDDA objectives and results.

At the beginning of 2001, REITOX formally welcomed its 16th National Focal Point: Norway.

The actions foreseen in the 2001 work programme were successfully completed. They mainly concerned the active participation in the external evaluation process, the co-ordination and animation of the REITOX network, the improvement of communication amongst the different partners, the organisation of meetings (Heads of Focal Points meetings, "cluster" meetings and evaluation steering group meetings), the execution of the 'core tasks' contracts, the harmonisation of EMCDDA requests to Focal Points, as well as quality control of the inputs from Focal Points and provision of feedback to them. Quality control and feedback mainly concerned the National Reports, statistical tables, the Joint Action on New Synthetic Drugs and EDDRA.

Within the framework of the preparation for enlargement, in October 2001, the candidate countries, for the first time, participated for a full day in the Heads of Focal Points meeting.

In October 2001, a newly revised private REITOX web site was launched. This password protected web site was not only revised from a structurally and content-related aspect, but also introduces interactive communication facilities, aiming at improving an easier daily communication flow between the EMCDDA and its Focal Points.

Main objectives and activities for 2002

REITOX data and information quality improvement: Improve the data quality and comparability of the National Reports and other REITOX tasks; Define feedback mechanism for the REITOX tasks; Develop quality control and feedback on Key Indicators; Assure the co-ordination within the REITOX network with regard to the implementation of the project on Emerging Trends led by the French Focal Point.

REITOX Network Management: Further develop the network's communication, animation & management; Revise the budgetary & contractual framework of the Focal Points according to the conclusions of the REITOX external evaluation; Ensure daily management ('waking state') of the REITOX network, in liaison with the EMCDDA concerned staff.

ENLARGEMENT

Main achievements in 2001

Text and data for the EMCDDA Annual Report were produced (chapter on CEECs candidates) and a specific "Enlargement" web site has been set up within the EMCDDA REITOX web site.

Candidate Countries

An estimate of the budgetary impact of the participation of the 13 candidate countries in the EMCDDA activities has been prepared.

Activities focused on the implementation of the Phare-EMCDDA technical assistance project. In this context, a quality assessment of the national reports was carried out for the 10 CEECs candidate countries and 10 National assessment reports from CEECs candidates have been produced.

The National Focal Points have been appointed or are in a process to be appointed in these countries. Slovenia has officially applied for membership to the EMCDDA, and similar applications are under preparation in Czech Republic, Hungary, and Slovakia.

A "REITOX extended seminar" has been organised.

Contacts with EC desks Cyprus, Malta and Turkey have been promoted, in close co-operation with DG Enlargement and with DG JHA. Turkey has expressed its interest in participating in the EMCDDAs activities.

EFTA countries:

Norway participation became operational and its 2001 National Report has been provided.

Iceland has officially applied for membership.

Main objectives and activities for 2002

Co-operation with Candidate Countries : Develop further the technical assistance project with the candidate countries of the CEECs (10 National Action Plans (NAPs) for the development of Drug Information Systems and updated profile for each country);

Prepare the integration of the candidate countries in the activities of the EMCDDA (estimate of the impact of enlargement adopted by the MB and EC decision on the financial conditions for participation in EMCDDA, full support to the negotiations with the candidate countries);

Support and start co-operation projects with Cyprus, Malta and Turkey (follow-up of the preparatory missions and cooperation with DG Enlargement, organisation of one REITOX Academy Training Programme (Foundation Course) in Lisbon, organisation of REITOX Academy Methodological Seminars on each of the key Indicators, organisation of one REITOX Academy National Intensive Course in each country);

Further develop the Assessment Methodology into a EU Tool for Assessment in Third Countries (consensus conference involving EC relevant services, specific training programme for experts (future "assessors"); Develop the concept of REITOX Academy and prepare a draft business plan including modules, profile of clients and operational costs).

COMMUNICATION AND DISSEMINATION
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Main achievements in 2001

Offline publications: *Annual Report 2001*; *General report of activities 2000*; *Budget 2001*; *Drugnet Europe* bimonthly newsletter; Insights on Injecting drug use and prosecution of drug users; Manual on evaluation of outreach work; test policy briefing (Making the most of the EMCDDA); Reports on risk assessment of GHB and Ketamine.

Online publications: Restructuring of the EMCDDA web site, thereby changing the focus of the website from institutional towards drugs-related content; Development of Annual Report Online as a dedicated website and product in four languages, New search interface for several of the Centre's websites; Registration service, allowing the interested audience to receive e-mail alerts for news releases, the release of new publications and reports; Integration of the European Legal Database on Drugs, set-up as a dedicated website; Migration of the QED website to the EMCDDA technical environment and layout; Migration of the Reitox website to EMCDDA design, including the potential to boost the use of dedicated areas for Management Board, Scientific Committee, or for an easy integration of the CEECs/Phare countries; Migration of the EMCDDA Intranet to EMCDDA design.

Media relations: 15 media friendly news releases and 3 feature articles; Press releases accompanied the release of each new EMCDDA product in 2001; Regular special feature articles and a *News and media services* section in the EMCDDA website; Expansion of EMCDDA media contacts to youth media and Norway, CEECs, US media; Contact list of editors of online versions of newspapers throughout the EU; Expansion of core group of drug-specialised journalists, regular e-mail contact, group members registered for automatic news updates on website; Media day for the launch of the 2001 *Annual report*; Quarterly press reviews; *Annual report* press review.

Communication and dissemination-related activities: Launch of the EMCDDA corporate identity project; Increased linguistic coverage (selected information in 12 languages on the EMCDDA homepage, website *2001 Annual report online* in four languages; *2001 Annual report* printed in 12 languages – 11 EU plus Norwegian); Marketing/promotion paper centred on three annual events (annual conference; an event marking *International Day Against Drug Abuse and Illicit Drug Trafficking* (26 June) and the European launch of the EMCDDA *Annual report*).

Main objectives and activities for 2002

Offline publications: Produce 2002 Annual report on the state of the drugs problem in the EU, 2002 General report of activities, 2002 EMCDDA budget; Monograph (1 on 'Impact and costs of hepatitis C infection in injecting drug users in the EU'), Insights (2), Manuals (2), Reports on risk assessments of NSDs (2).
Format and disseminate the Reitox national reports; Ensure high-quality editorial service; Implement new publishing policy and procedure as drawn up by EMCDDA internal Editorial board working group.

Online publications: Defining a common strategy and development for EMCDDA online publications; Improve EMCDDA public website (Further shift in contents from institutional to drug-related contents, addition of Norwegian information, Update of multilingual contents and structure; Online questionnaires, integration of Corporate Identity project results); Integrate special sections for CEEC representatives, Management Board and Scientific Committee to new Reitox website; Increase special online features for the 2002 Annual Report, moving focus from printed to online version; consolidate and improve ELDD, EDDRA, EIB, QED; Develop the production on line of *Drugnet Europe* and policy briefings (*Drugs in focus*).

ANNEX 1
(CONTINUED)

Media relations and periodicals : Produce 6 editions of *Drugnet Europe* and 6 editions of the policy briefing *Drugs in focus* from January 2002; Prepare media-friendly information (news releases, special feature articles, campaigns); promote the EMCDDA among the media; Expand the EMCDDA media database of drug-specialised journalists; Increase EMCDDA presence on national press websites; Prepare regular EMCDDA press reviews (quarterly + *Annual report* press review); Further development of the *News and media section* of the EMCDDA website; Organise the “Media day” for the launch of the 2002 *Annual report*; News event to mark the International Day Against Drug Abuse and Illicit Drug Trafficking (26 June).

Communication and dissemination-related activities: Produce the EMCDDA corporate identity manual and CD rom and implement new visual communication rules for the agency; Increase the multilingualism in EMCDDA products to improve the quality of translated publications; Marketing initiatives to raise EMCDDA profile (participation in key conference, seminars, fairs, increased presence in reputable scientific journals...).

ANNEX 1
(CONTINUED)

COOPERATION UNDER ART. 12 AND 13 OF THE EMCDDA FOUNDING REGULATION

Main achievements in 2001

Joint statements have been signed by the EMCDDA and the Republic of Chile and the Republic of Argentina at the occasion of the visit of the Presidents of these countries at the EMCDDA, in the perspective of further co-operation between the Centre and the corresponding bodies of these two countries.

Main objectives and activities for 2002

Developing provision of technical support and co-operation and with Latin american countries (Chili, Argentina and eventually Brasil) and United States, Canada and Australia.

ANNEX 2

2002 Annual Report

Structure, procedures and schedule for the preparation

PROPOSED APPROACH FOR FUTURE ANNUAL REPORTS

An internal working group was set up recently with the mandate to improve the product and improve the process.

The group has considered the objectives of the product and evaluated its current impact – specifically with respect to its key audience – policy makers (and their advisors). It has also borne in mind the recommendations from various studies undertaken (Turner, Schaffner, Deloitte Touche) as well as the accumulated feedback from Member States over the years.

The ideas proposed are in line with the stated wish of the Management Board to have a clear and concise report. They are also in line with many of the aims stated in the EMCDDA communication and dissemination strategy.

The group proposes that in the future, the Annual report product should consist of an **online report** and a **printed European overview**:

- The **online report** (available in 12 languages) would provide a description of the situation and trends and contain some core, standardised figures and tables that would be updated annually. It would also give access to more detailed levels of information – statistical tables, sources, methodology, project reports, key indicator guidelines, material from the national reports etc.

Feedback on the Annual report indicates that it is used principally as a reference document to gain an overview on a specific aspect of the drugs problem and referred to occasionally. The need for indexing and cross-referencing were identified as key to increasing its usability. These aspects lend themselves more appropriately to an online product where hyperlinking and cross-referencing enable a user to browse effortlessly through related subject matter. Search possibilities allow information to be located promptly.

This approach fulfils the aims stated in the EMCDDA's dissemination strategy to increase the online multilingual presence and enhance the information provided on the drugs situation.

It would also serve to increase the visibility of the national focal points through using more elements from within their national situation reports.

- The **printed European overview** (available in 12 languages) (and with a maximum extent of 40 pages) would provide distilled information from the online version. It would particularly concentrate on the changes and development of policy and trends within the year in question.

Structure of the 2002 report

The following structure is proposed for the printed overview of 2002:

- Overview - 2 pages
- Situation of drug supply and use - 13 pages
- Responses to drug use (political and strategic responses, demand reduction and supply reduction) - 6 pages
- Selected issues (polydrug use, successful treatment, drug users in prison) - 12 pages

The structure of the expanded online version will be finalised in January 2002.

DATA COLLECTION

Timetabling for data collection will not change and will continue to coincide with national reporting cycles.

Guidelines for contributing to the *Annual report* were prepared and sent to the NFPs in December 2000.

DRAFTING AND EDITING

The report will be drafted and edited in-house. To ensure the reliability of the data and analysis contained within it, the draft report will be sent to the members of the Management Board and the national focal points with about three weeks to review it and submit suggestions for amendments. The Scientific Committee will also be consulted.

GRAPHIC DESIGN, WEB EDITING AND PRINTING

Online version

The design and multilingual html editing will be assigned to an external company.

Printed overview

The design, layout and printing of the overview will be undertaken externally.

SCHEDULE

The following schedule is can be foreseen for the production of the online and printed version of the 2002 Annual report.

	Schedule 2002 report
Providing the focal points with guidelines for data collection	End December 2000
Updated epidemiological standard tables and statistics concerning 2000 data	15 September 2001
National reports from the focal points	27 October 2001
Analysis and writing up of first draft	20 January – 22 March 2002
Editing	25 March – 26 April 2002
Consultation with Management Board, SC and NFPs; finalising editorial work	29 April – 24 May 2002
Translation	29 May – 28 June 2002
Layout (includes in 2002 the web editing)	1 July – 15 August 2002
Printing	15 August – 30 September 2002
Launch and distribution	From mid October 2002 *

* For 2002 – given the delay in receiving the national reports – a launch in October can be envisaged. To achieve an earlier launch date, it is essential that national reports are received on time and that the main internal analysis of the situation reports takes place before the Christmas break. This would enable the other phases of the production phase to be brought forward.

ANNEX 3

Opinion of the Scientific Committee on the 2002 draft work programme **(adopted at its 16th Meeting in November 2001).**

The Scientific Committee discussed the 2002 draft work programme at its 16th Meeting in November 2001. In doing so, the Committee emphasised the following points:

1. The Scientific Committee welcomes the emphasis on the principles of concentration and internalisation of the work within the Centre as expressed in the 2002 draft work programme.
2. In order to ensure data quality, the Committee stresses the necessity to explore selective samples rather than aiming to achieve a comprehensive collection of data especially in the field of treatment and prevention. Therefore, quantitative and qualitative approaches should be combined.
3. The Committee recommends that monitoring of 'evidence-based' intervention is promoted in order to distinguish to which extent:
 - (i) interventions, proven to be effective, are being used;
 - (ii) interventions, proven not to be effective, are still being used;
 - (iii) potentially effective interventions could be evaluated.
4. In order to assist the Centre in implementing its work programme, the Committee agreed to set up subcommittees aligned with each EMCDDA Operational Programme.
5. The Committee welcomes the EMCDDA-Europol Report on the identification of criteria for an evaluation of the EU Strategy on Drugs (2000-2004) by the European Commission.
6. The Committee recognises the difficulties created by gaps in scientific knowledge for the purpose of evaluating the EU Strategy on Drugs. Consequently, the Committee recommends a continued discussion on priorities of the indicators following the completion of the baseline for the 1999 situation review ('Snapshot 1').
7. The Committee stresses that more budgetary resources should be allocated to activities with a high level of added scientific value.

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ANNEX 4

**Opinion of the European Commission on
the Work Programme 2002 of the
EMCDDA**

The European Commission welcomes the Work Programme 2002 of the EMCDDA. In particular, the Commission welcomes the fact that the Work Programme has been built on and respects the previous Work Programme of 2001 and the three years Work Programme 2001 - 2003. It also fits well into the framework of the EU Action Plan on drugs and takes well into account the need of the mid-term evaluation of this Action Plan that will take place in the latter half of 2002 during the Danish Presidency. The Commission would like to remind that the co-operation foreseen with Latin American countries, the United States, Canada and Australia should be in accordance with the EMCDDA mandate.

Concerning the Annual Report on the State of the Drugs Problem in the EU, (plus Norway and the Candidate Countries), the Commission welcomes the intention of the EMCDDA to launch it already in June for the year 2003. The Commission is well aware of the difficulties of bringing forward the launch in 2002 but would, however, encourage the EMCDDA to examine possible ways to publish the report before the summer break in 2002.