ANNEX 8
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 to these Recommendations, endorsed by the Management Board in July 2012. It defined detailed measures to be taken during the implementation of the new three-year work programme (2013–15).

An internal assessment was carried out in order to measure progress following the first year of the triennial work programme. The findings from this exercise are presented below.

For acronyms and abbreviations used, please refer to Annex 9 of the full report available at emcdda.europa.eu/publications/gra/2013

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 1 (R 1): The EMCDDA should seek to develop the analytical aspects of its drugs monitoring work. At present, much of the EMCDDA's work focuses on collating information on the drugs situation and trends – i.e. providing essentially descriptive analyses – using the key indicators as a framework and it does this very well. Looking ahead, more should be done to develop analytical capabilities, e.g. cross-country comparative analyses to help understand why the drugs situation varies across Europe, 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 to develop 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: Strengthen and develop the quality assurance framework to support data collection, statistical analysis and data reporting	Cross-unit project on quality assurance (QA CUP) set up in February. The first objective of the QA CUP was to identify and map quality assurance projects already in place at the EMCDDA – the key findings and priorities in the area are presented in the report 'EMCDDA projects on data quality assurance: a mapping and gap analysis exercise'.
	Specific objective 2.3: Maximise the value of key indicator information through analysis to provide a comprehensive, relevant and multi-source understanding of contemporary patterns of drug use, trends and related health and social consequences	New concept for the KIs annual expert meetings developed and implementation started. This increases the role of the KI expert meetings in enhancing the agency´s analytical capacity, promotes cross-area interaction and transversal work and improves efficiency and network management capacity (for example, four out of the five meetings were organised back-to-back). Projects involving multi-country analysis further developed: European Surveys Database project, mortality cohorts, e.g. data labs. Focused analyses to improve online dissemination of KI data (published as Perspectives on drugs – PODs, part of the *European Drug Report* package – see R 10 below for details)
	Specific objective 3.1: To monitor prevention provision, implementation and outcomes and to improve reporting on important areas where information resources are lacking	Two expert meetings: 'Brief intervention and Motivational interviewing' (23 January, Lisbon) 'Prevention systems: how to transform evidence into practice' (9–10 October, Lisbon) National Reitox Academy 'Best practices in prevention' (12 October, Valetta); Three publications: *European drug prevention quality standards: a quick guide* (ad hoc, October) *North American drug prevention programmes: are they feasible in European cultures and contexts?* (Thematic paper, June) *Drug prevention interventions targeting minority ethnic populations: issues raised by 33 case studies* (Thematic paper, April). New online resources: new prevention section on the EMCDDA website; Best practice portal prevention module launched
	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	'EMCDDA treatment strategy' published in April, following a three-year complex project which involved experts in the Member States, consultants and EMCDDA staff. The strategy offers a common framework which brings together reporting mechanisms and tools developed in different thematic areas, such as: treatment systems; availability and access to treatment; and treatment need and demand. It is currently under implementation and expected to bring full results by the end of 2015. Three outputs: *Models of addiction* (EMCDDA Insights, June) Online Health and social responses profiles launched on 28 May, as part of the EDR 2013 package. *Hepatitis C treatment for injecting drug users* (POD, May) Expert meetings: The first EMCDDA week on 'Measuring, understanding and responding to drug problems in Europe' (23–27 September, Lisbon) 'Expert meeting Implementation of the treatment strategy' (24–26 June, Lisbon)

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 1 (R 1): The EMCDDA should seek to develop the analytical aspects of its drugs monitoring work. At present, much of the EMCDDA's work focuses on collating information on the drugs situation and trends – i.e. providing essentially descriptive analyses – using the key indicators as a framework and it does this very well. Looking ahead, more should be done to develop analytical capabilities, e.g. cross-country comparative analyses to help understand why the drugs situation varies across Europe, 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.	**Specific objective 4.3:** Produce a strategic analysis of drug supply and supply reduction in Europe	The first edition of the EMCDDA–Europol *EU drug markets report: a strategic analysis* launched on 31 January in Brussels
	Specific objective 5.3: 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.	CUP on new trends set up in June Trendspotter meeting 'Methamphetamine in Europe — exploring the illicit market: availability, use and harms' (Lisbon, 19–20 September) Conference 'Testing the waters: first international multidisciplinary conference on detecting illicit drugs in wastewater' (Lisbon, 6–8 May)
	Specific objective 6.1: Develop European and global drug policy monitoring and analysis	Four papers published: *Drug policy advocacy organisations in Europe* (EMCDDA Paper, December) *Drug supply reduction and internal security policies in the European Union: an overview* (EMCDDA Paper, December) 'The new EU drugs strategy (2013–20)' (POD, May) Policy profile on Ireland (Policy paper, February) Support provided to Member States and EU for policy evaluation (as requested)
	Specific objective 6.2: Strengthen European networks in drug law and drug policy analysis	14th Meeting of the Legal Correspondents of the European Legal Database on Drugs (Lisbon, 3–4 October). Meeting scope broader, taking in a wider policy agenda, covering legislative and strategic developments as well as public expenditure

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 2 (R 2): The development and implementation of key indicators for the supply side of the drugs problem should be one of the EMCDDA's main priorities. In addition to the key indicators, the EMCDDA should also focus on the description and analysis of drug markets, drug related crime and drug supply reduction, resulting in a comprehensive strategic overview which coupled with the information on demand and demand reduction, will result in a better understanding of the drug phenomenon. The development of supply indicators will require the necessary resources at the level of the EMCDDA and possibly in relation to Reitox if this network is used to collect dat. A new impetus will need to be given to cooperation with the relevant partners on supply issues (amongst others, Member States, the EC, 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 responses. A specific goal has been developed in this area: to provide the EC and the Member States with a comprehensive overview of the supply of illicit drugs into Europe and of the responses developed to respond to it. The new goal is translated into the following objectives:**	
	Specific objective 4.1: Develop European key indicators and complementary information resources for understanding drug markets, drug-related crime and drug supply reduction	Development of key indicators ongoing, in line with the 2013 work programme; progress however resource-dependent. Priority given to the sub-indicators on drug seizures and drug production facilities, which are elements in both the key indicator on drug markets and the key indicator on drug supply reduction. Further resources/publications: *Drug squads: units specialised in drug law enforcement in Europe* (EMCDDA Paper, December) 'Synthetic drug production in Europe' (POD, May) Chapter 1 of the EDR 2013: Drug supply in Europe
	Specific objective 4.2: Establish networks in the area of drug supply and supply reduction	First meeting of the EMCDDA Reference Group on drug supply was organised on 3–4 December in Lisbon. Participants: national correspondents nominated by all Member States; the EC (DG Home, DG Justice, Eurostat); Eurojust; Europol
	Specific objective 4.3: Produce a strategic analysis of drug supply and supply reduction in Europe	The first edition of the joint EMCDDA–Europol *EU drug markets report: a strategic analysis* launched (31 January, in Brussels). Eurojust was a contributor
	Specific objective 4.4: Support the Internal Security Strategy of the EU (COSI)	In 2013, the agency fulfilled the tasks assigned to it under the OAP for 2012–13 of the new policy cycle within COSI, namely in the field of synthetic drugs; two meetings took place with Europol (25–26 March, The Hague, and 22 October, Lisbon) in order to develop a coordinated approach for reporting on synthetic drug production sites and data validation). EMCDDA also provided input to the definition of the priorities of the next policy cycle (2014–17)

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 3 (R 3): If the volume of new substances being detected in Europe continues to rise in coming years, consideration may need to be given to increasing the EMCDDA's capacities and resources in this field. A proposal for a new system replacing the 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	Ongoing, with constantly increasing workload for the EMCDDA; however with no additional external resources (contrary to the Recommendation): 81 new psychoactive substances formally notified in 2013: an 11 % increase from 2012 (73 substances) 86 new substance profiles created and over 300 substance profiles updated. 16 public health warnings provided to EWS Correspondents. Risk assessment exercise on 5-(2-aminopropyl)indole carried out by the EMCDDA's Extended Scientific Committee on 11 April Information collection for the preparation of Joint Reports on four new psychoactive substances causing concern at EU level: methoxetamine, AH-7921, 25I-NBOMe and MDPV launched on 7 October; EMCDDA–Europol Joint Reports produced and sent to the EC, the Council and the EMA on 16 December. In order to strengthen the capacity in this strategically important area, the Director has taken several measures: Two new scientific analysts recruited in 2012 Temporary reassignment of staff to the area of new drugs in 2013 The Sector 'Action on new drugs' was created in April 2013 within the Supply reduction and new trends Unit (SAT). Notwithstanding the increasing demands generated by the dynamic trends in this area, the EU subsidy allocated to the EMCDDA in 2014 was reduced by 5 %, as compared to the 2013 allocation. This poses significant risks on the system, as the in-house capacity to absorb any further workload increase is very limited
	Specific objective 5.2: To adapt and implement the information exchange and risk assessment mechanism on new psychoactive substances to new legal and institutional requirements	The proposal for a new legal framework (including one Directive and one Regulation) was put forward by the EC on 17 September 2013. This will be subject to the adoption process by the EP and the Council. The proposal and its implications for the EMCDDA and the NFPs were presented by the EC during the Management Board meeting in December. The EMCDDA has provided all the requested support to the EC during the preparation of this proposal, including detailed comments and discussion points on most aspects of the proposed legislation, such as the definition of 'risks', 'scientific and medical purposes' and 'road safety', in relation to new drugs. The activities to adapt the EWS mechanism will be implemented in 2014–15, depending on when new legal framework enters into force
	Specific objective 5.3: 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	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 4 (R 4): 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 an EU and Member State level, there is a need to provide information that can help professionals 'on the ground' to maximise the effectiveness of measures they are responsible for implementing to tackle the drugs problem.	**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 R 5 below

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 5 (R 5): 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 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	Health and social responses (HSR) profiles launched on 28 May, as part of the EDR 2013. Thematic pages on harm reduction and treatment regularly updated, as part of the integrated responses profiles. See also the same specific objective under R1
	Specific objective 3.3: To identify and support dissemination and knowledge exchange on best practice	The BPP provides updated evidence, as well as standards and guidelines on prevention, treatment, harm reduction and social responses, together with general best practice tools and resources. New module (prevention) launched; Three overviews of evidence on: media campaigns for the prevention of illicit drug use in young people; slow release oral morphine as maintenance therapy for opioid dependence; and methadone at tapered doses for the management of opioid withdrawal, published as scientific articles; New concept for the BPP under development, as part of the integrated communication strategy (website development). Input provided by an expert meeting with DECIDE experts (22 October, Lisbon). Online analysis 'Can mass media campaigns prevent young people from using drugs?' (POD, May) Dissemination through: National Reitox Academy on 'Best practices in prevention' (12 October, Valetta) Special session on best practice during the ´Course on contemporary approaches of drug monitoring´ (17 April, Prague) Workshop during the Reitox Week (May, Lisbon). Support to international projects such as COPOLAD and the European project 'Improving Quality in HIV Prevention' (QHP)
	Specific objective 4.1: Develop European key indicators and complementary information resources for understanding drug markets, drug-related crime and drug supply reduction	Extension of the Best practice portal to include also information on supply reduction – pending, options still to be explored. The supply area requires methodological work for developing the key indicators on drug markets, drug-related crime and drug supply reduction. Given this, the focus for now will be on developing thematic pages on supply, as part of the website strategy.

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 6 (R 6): The EMCDDA could further develop its provision of methodological expertise to Member States and accession countries in order to help them develop and assess their 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 understand how Europe is tackling its drug problem. This information is critical to proper drug policy evaluation both at national and at EU level.	**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 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 Academy 'The European Union, the EU Drugs policy and the enlargement process under the Lisbon Treaty', jointly with the College of Europe (12–14 February, Brussels and Bruges) Reitox Academy Training course 'Contemporary approaches in drug monitoring', jointly with the First Faculty of Medicine of Charles University (15–20 April, Prague) Workshop on best practice during the Reitox Week (21–24 May, Lisbon) Reitox Academy on Best practices in prevention (12 October, Valetta) TAIEX workshop on the national drugs monitoring system in Croatia (22–23 October, Zadar) Reitox Academy for IPA4 beneficiaries 'Prevention of infectious diseases among people who use drugs' (29–30 October, Sarajevo) Reitox Regional Academy for Baltic countries, 'Monitoring trends and responses to drug-related infectious diseases among people who inject drugs', ECDC and EMCDDA (21–22 November, Tallinn) See also R1, R4 and R5 above
	Main area 5 – Monitoring new trends and assessing risks new substances **Specific objective 5.1:** To ensure that the information exchange and risk assessment mechanism on new psychoactive substances is of high quality and implemented in a timely and efficient manner Specific objective 5.3: 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	
	Main area 6 – Improving Europe's capacity to monitor and evaluate policies **Specific objective 6.1:** Develop European and global drug policy monitoring and analysis **Specific objective 6.2:** Strengthen European networks in drug law and drug policy analysis	
	Main area 8 – Cooperation and collaboration with key partners **Specific objective 8.1.1:** 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 (CC) and potential candidate countries (PCC) **Specific objective 8.4.2:** Support capacity development, information availability and exchange with interested ENP and other non-EU countries	

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 7 (R 7): The EMCDDA should develop its role in providing information on drug-related research in Europe. With the help of the Scientific Committee, the EMCDDA should strengthen its relationship with Europe's drugs research community and through conferences, the sharing of information and ideas, and other activities, help to identify research priorities and promote the sharing of the results of studies. NFPs could also play a role in developing this relationship and in the dissemination of information on research. Specifically in relation to EU-funded research, to the extent that is practicable, the EMCDDA should be consulted over the priorities and perhaps represented on the steering groups of some major projects so that activities in the drugs research field are coordinated.	**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: 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:** Support drug-related research, audit key developments and promote the use of research findings **Specific objective 10.1:** Ensure good governance to provide the strategic guidance and direction for the work of the EMCDDA **Specific objective 10.4:** Ensure that the Reitox network is efficiently managed and structured to meet future needs and requirements	Further to this Recommendation, at the request of the Management Board, a document detailing how the agency, including its Scientific Committee, could assist the EC and the Council in promoting different stages of the drug-related research process was presented by the Director at the Management Board meeting in December 2012. The Board agreed to call upon the EC and the HDG to ensure that the EMCDDA is involved in the different stages of the drug-related research funding process. A seminar on 'Identifying research gaps and priorities in the field of illicit drugs' was organised during the 36th Scientific Committee meeting (May 2012): a Research Priority Framework and a project on research gap analysis were developed. The results were discussed at the 38th meeting (12 April 2013) of the Scientific Committee and the outcome was submitted to the HDG, as the EMCDDA Scientific Committee's formal contribution to their Annual Dialogue on Research 2013 (26 June). Concerning the NFPs, a research forum was organised during the second Reitox Week (May 2013) where recent developments in the area of drug-related research of common interest for the EMCDDA and the Reitox focal points were discussed. The Research Priority Framework was also presented and the NFPs were invited to pilot the exercise at national level – one NFP (PL) already presented its approach

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 8 (R 8): The EMCDDA's new work programme should highlight a number of key priorities. These could include: further efforts to tackle the problem of new psychoactive substances, the development of supply-side indicators, and continuing to improve monitoring activities focusing on the key demand-side epidemiological indicators. In addition to the EMCDDA's monitoring activities, there is a need to undertake more analysis of the information that is already being collected to help understand why the nature and extent of the drugs problems differ from one country to another. This is a precondition for being able to design effective interventions.	**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 2013 work programme took forward the five thematic scientific priorities identified in the 2013–15 work programme, including 'new trends and developments' and 'scaling up information on supply and markets'. Work was planned and implemented accordingly. Moreover, the 2014 work programme adopted by the Management Board in December 2013 introduced three levels of priority across all main activity areas, in line with the five thematic priorities for 2013–15
Recommendation 9 (R 9): Continued efforts should be made to better tailor EMCDDA outputs to the needs of policymakers but also other target audiences such as drugs professionals. The practice of producing short papers such as the EMCDDA's 'Drugs in Focus' series could be extended to other aspects of the Centre's work. Consideration might also be given to some rationalisation of the EMCDDA's portfolio of publications by combining different outputs. This would improve transparency and possibly the impact of EMCDDA information.	**The 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: Improve dialogue with policy audience, civil society and relevant technical and scientific bodies **Specific objective 9.1:** Implement the integrated communication strategy and action plan (adopted in 2012) **Specific objective 9.2**: Publish high-quality and timely products in line with targets committed to in the 2013–15 work programme **Specific objective 9.3:** Increase the relevance and impact of the EMCDDA's online presence **Specific objective 9.4:** Enhance the EMCDDA's reputation and recognition as the European central reference point for drugs information	The new integrated communication strategy adopted by the Management Board in July 2012, together with the 2013–15 strategy and work programme, supports a more customer-oriented and web-based approach. The products portfolio already redesigned and streamlined as part of the 2013–15 strategy and work programme. Implementation of the website development strategy under way, with full results by end 2015. Already significant improvements made to some important EMCDDA products, such as the EDR package (see R 10 below), which, starting with its first edition (2013), has a strong online component. An EMCDDA stakeholders' engagement strategy under development, which will support better tailoring the products to the needs of the various target audiences

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 10 (R 10): **The format of the EMCDDA's Annual Report should be revised**. At the very least there should be an executive summary that highlights key messages. Ideally, the Annual Report should also be shorter in length. This would not only make it less expensive to produce and to translate (especially if translation of the main document is confined to fewer languages or to just the executive summary) but should also make it easier to communicate key messages to policymakers and other target audiences. If possible, publication of the Annual Report should be brought forward to the middle of each year. Another option would be to only produce the full report every two years with a much shorter document in between which could then be published earlier (e.g. 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: Implement the integrated communication strategy and action plan **Specific objective 9.2:** Publish high-quality and timely products in line with targets committed to in the 2013–15 work programme	As part of the new integrated communication strategy, in 2013 a completely redesigned publication, the EDR was successfully launched. This replaces the former Annual report and includes major improvements, such as: Earlier launch (increased timeliness): end of May, instead of mid-November; New concept and layout, increased online focus, more interactive and user friendly; Comprising of a main publication: a *Trends and developments* report, translated in all EU languages and printed, the Statistical bulletin (English, online) and the Country overviews (English, online); In addition, a new element in the package was the Perspectives on drugs ('PODs', English, online): these are designed-for-the-web analyses which incorporate video and interactive features, giving deeper insight on a range of key issues; Production cost savings (drop in price from 2012 *Annual report* to 2013 EDR of around EUR 396 000) mainly due to lower translation costs (the *Trends and developments* report is shorter than the former *Annual report*; however, it is better focused and complemented by the various online components presented above)

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 11 (R 11): Given the global nature of the problem, and the need for a multi-dimensional response, the relationship with key partners at the EU and international level should also be further developed to improve the capacity to monitor and analyse the drugs situation and responses to it. The EMCDDA already has links with a number of other European agencies and international organisations. Given the international nature of the drugs problem as well as the limited resources available at the EMCDDA, the agency will have to follow a selective cooperation strategy to achieve maximum benefit of cooperation with international partners on relevant topics.	**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 EU drug policy debate and effective actions and increased capacity for reporting on drug use in non-EU countries with an emphasis on countries which represent a priority for EU action in the drugs area **Specific objective 8.1.1:** Coordinate, cooperate and provide technical support at the EU level **Specific objective 8.2.1:** Improve dialogue with policy audience, civil society and relevant technical and scientific bodies **Specific objective 8.3.1:** 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:** Support capacity development, information availability and exchange with interested ENP and other non-EU countries	The goals, objectives, priority areas and expected results are defined in two strategic documents adopted by the EMCDDA's Management Board, namely the Strategy on international cooperation (July 2007) and the 2013–15 strategy and work programme (July 2012). There have been important developments in the collaboration with other EU agencies, within the existing agreements and work programmes. At institutional level: Heads of agencies network meetings (14 February and 30 May, Brussels, and 16–17 October at the European Railway Agency, in Valenciennes). Contribution to the work carried out within the inter-agency networks, such as: the EU Agencies Network of Scientific Advisors (EU–ANSA); Heads of Administration; Heads of Communication; Performance Development Network; IALN (Inter-Agency Legal Network), etc. Joint work in the framework of the JHA agencies cluster: meeting of Heads of JHA agencies (19–20 November, Bramshill) and meetings of the JHA contact group (March, June, November, Bramshill). Strengthen cooperation and build synergies with EMSA (human resources management, logistics and infrastructure management, and information and communication technologies) and FRA (performance management development). At technical level: Collaboration was further strengthened with Europol (Main areas 4 and 5), CEPOL and Eurojust (Main area 4), EMA (Main area 5) and ECDC (Main areas 2 and 3). Cooperation with international organisations was also enhanced in 2013, in particular with UNODC, WHO and CICAD: UNODC: within the framework of the joint work programme for 2012–14 in areas including: development of standards for data collection and data analysis, capacity building and/or exchange of best practices. A highlight for 2013 was the third informal meeting of the UNODC Afghan Opiate Trade Project, hosted by the EMCDDA (9 September). Other events: the meeting of the Heads of National Drug Law Enforcement Agencies (HONLEA) (2–5 July, Vienna); the International expert consultations on new psychoactive substances, Laboratory and Scientific Section of UNODC (3–5 September, Vienna). WHO Europe: prison and infectious diseases; WHO headquarters: quality standards of interventions and the monitoring of treatment systems. Among others, in 2013: the Meeting of the Technical Advisory Group on Alcohol Epidemiology, organised by WHO (18–20 March, Geneva); coordination meeting between the EMCDDA's Scientific Director and Mr Vladimir Poznyak, Coordinator Management of Substance Abuse of WHO (12 March, Vienna). CICAD: visit of Ambassador Paul E. Simons, Executive Secretary of the Inter-American Drug Abuse Control Commission from the Organisation of American States (CICAD–OAS) to the EMCDDA's offices and signature of new joint work programme; the joint EMCDDA– COPOLAD thematic twinning training on 'Analysis and interpretation of drug-related data' (30 September–2 October, Lisbon), financed by COPOLAD. See also R 6 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	

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 12 (R 12): No major changes are needed to the EMCDDA's Management Board or Scientific Committee. Some improvements could nevertheless be made. In relation to the Management Board, there could, where time permits, be more discussion at meetings on thematic issues. Consideration might also be given to reducing the number of different languages that are used for interpretation to help reduce costs. With the Scientific Committee, it would be preferable to appoint members on a rolling basis (e.g. a third of the members each 2–3 years), rather than the whole Committee every three years, as this would promote continuity.	**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 Recast Regulation and to the Implementing Rules decided by the Management Board.	As far as the languages for interpretation at the Management Board meetings are concerned, the EMCDDA decision on linguistic policy for simultaneous interpretation at Management Board meetings, made in December 2010, is still in place. It stipulates the use of four active languages — English, French, German and Portuguese — and two rotating languages. Whenever relevant and/or requested by Board members, thematic issues were included on the agenda of the Board's meetings. Examples: misuse of prescription medicines in the context of polydrug use (December 2013); EMCDDA activities on polydrug use (July 2013); overview of implementation of Key Indicators in Europe (December 2012); update on the risk assessment on HIV outbreaks in Europe (July 2012). Concerning the Scientific Committee, the decision and rules of procedures for appointing its members are subject to Article 13 of the Recast Regulation and to the Implementing Rules decided by the Management Board. The mandate of the EMCDDA's Scientific Committee members came to an end in December 2013. A call for expressions of interest for membership of the Committee was published in the Official Journal of the EU and on the EMCDDA website on 22 January 2013. In total, 79 applications were received from 63 candidates. At its December meeting, the Management Board appointed the new Scientific Committee members and established a reserve list. Two thirds of the members appointed in the new Scientific Committee (10) were also members of the previous Scientific Committee. This promotes continuity, in line with Recommendation 12
Recommendation 13 (R 13): A goal should be set of all appropriate EMCDDA outputs being subject to a peer review by a Scientific Committee member. The EMCDDA should make public each year the number/percentage of its outputs where it was appropriate to undertake a peer review and where such an exercise was actually undertaken. However, not all outputs are suitable for peer review; similarly, the capacity of the Scientific Committee to carry out peer reviews is limited. Although ideally undertaken before an output is produced, to avoid delays, it might be necessary for some peer reviews to be undertaken retrospectively. Some form of prioritisation will also be needed (e.g. outputs with a particularly large target audience, outputs involving a relatively new methodology).	**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: 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:** Ensure good governance to provide the strategic guidance and direction for the work of the EMCDDA	One of the priorities of the 2013–15 work programme is to 'support the production of high quality scientific content'. To help reach this objective, we have the quality framework for EMCDDA scientific publications, developed by the Scientific Division. As part of this framework, a new external peer-review mechanism, mainly involving the Scientific Committee, is being produced and it will be discussed at the next Committee meeting in April 2014 (postponed from the agenda of the November 2013 meeting due to time constraints). In parallel, the agency will continue to present in its *General Report of Activities* the outputs peer-reviewed by the Scientific Committee

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 14 (R 14): The question of how NFPs are funded by the EMCDDA, and in particular whether the same grant should be given to all NFPs should be re-examined. This was suggested in the 2007 evaluation report. With the EMCDDA's and Member States' budgets facing reductions, a revision of the current system for allocating grants is justified. Ideally, the level of grants should be related to an assessment of NFP 'needs' and their performance, but this may not be feasible, in the short term at least. At the very minimum, if the current system continues, any indexation of the NFP grant (currently 2 % p.a.) should be at or below the level of the adjustments made to the EMCDDA budget as a whole.	**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 foresees 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 prospects for 2013, as well as for 2014–20.	Because of the 5 % cut of the EMCDDA's EU subsidy for 2014, the Centre's budget for 2014 adopted by the Management Board in December 2013 foresees a 'one off' reduction of 20 % in the maximum possible EMCDDA co-financing to each NFP for 2014, which will amount to a maximum of EUR 80 000 per NFP. To help mitigate the impact of this measure on the NFPs, a proposal was prepared by the EMCDDA, in consultation with the NFPs, to review the national reporting system. This will help streamline the workload for both the NFPs and the Centre, while enhancing the overall coherence of the reporting system. The Management Board requested that the impact of the reduction of the EMCDDA's budget for 2014 should be discussed its the meeting in July 2014

RECOMMENDATION	WORK PROGRAMME 2013–15	ACTIONS IMPLEMENTED IN 2013
Recommendation 15 (R 15): Given budgetary constraints, even more needs to be done to ensure efficient use of the EMCDDA's funding so that resources are available for key priorities in the new programming period. Many of the priorities highlighted by the evaluation will require additional financial and human resources. Although some additional funding may be available for specific tasks, the EMCDDA's overall funding is likely to be reduced in line with cutbacks in the EU budget as a whole. Savings will therefore be needed to free up resources that can be used to support the development of existing and new activities. This might be achieved through a combination of measures, e.g. changes in the way grants are allocated to NFPs, reduced translation of EMCDDA documents, sharing infrastructure and common services with EMSA. Where there is scope to do so, consideration should also be given to redeploying staff internally, e.g. moving staff from administrative functions into operational roles if shared services are developed with EMSA.	**There is a strong commitment in the 2013–15 work programme to regularly review all activities and to make sure 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: Ensure efficient management and leadership to support achievement of results an efficient use of resources **Specific objective 10.3:** Improve and implement the agency´s strategic planning and programming cycle processes, to support timely delivery of results and sound decision-making concerning allocation of resources and actions to be taken to enhance performance **Specific objective 11.1:** Enhance effectiveness and efficiency in the execution of the budget and in the management and accounting of financial resources **Specific objective 11.2:** Maximise efficiency and effectiveness of HR management at the EMCDDA **Specific objective 11.3:** Ensuring a healthy working environment and further reduce utility costs by optimising the use of the available facilities, equipment and infrastructure	Prioritisation is one of the three top level commitments in the EMCDDA´s 2013–15 strategy and work programme, which has become increasingly important in the context of the 5 % cut in the Centre's EU subsidy for 2014. Measures implemented in 2013: Increased prioritisation of the activities in the 2013 work programme, with temporary reassignment of staff to the critical areas in February 2013 Savings in translation costs by rationalising the products range, increasing online dissemination and redesigning the EMCDDA's flagship publication, the EDR (see R 9 for details) Building synergies with EMSA, particularly in the areas of human resources 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), the Inter Agency Legal Network (IALN), the network of accounting officers (IAAN), and the Heads of Communication and Information network (HCIN) Measures prepared in 2013 to become effective in 2014: Developing the agency's performance measuring system — increasing effectiveness and efficiency in working practices and in the implementation of the agency's work programme. KPIs for three areas are already in place for the 2014 work programme. Thorough prioritisation of the activities planned for 2014 — three priority levels are identified in the work programme adopted by Management Board in December 2013. Review of the national reporting package, contributing to the rationalisation of resources allocated to data collection and reporting at national level Continue to rationalise the use of existing material resources through improved logistics and infrastructure management. A detailed plan of action, continuing the work carried out in 2013, will be further implemented, with the objective of reducing utility costs by optimising the use of space and existing facilities