Evaluation of the Focal Points of the European Information Network on Drugs and Drug Addiction (REITOX)

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Final Report

Volume 1

Main Findings

Submitted by

ECONOMISTI ASSOCIATI
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EXECUTIVE SUMMARY

1. Mandate and Methodology

The key issues for the evaluation of the REITOX Network were:

- *an overall assessment of the Focal Points' contribution to EMCDDA performance since inception.*
- *the operational effectiveness of the REITOX network as a whole, including the REITOX Co-ordination at the EMCDDA and the European Commission Focal Point.*

More in particular the evaluation focused on:

- *the relevance and quality of the FP activities;*
- *a review of FP structures and operational mechanisms - including the horizontal co-operation mechanisms within REITOX;*
- *an appraisal of FP efficiency in the light of the present co-financing mechanisms;*
- *an assessment of the information flow between the FP and the EMCDDA;*
- *an analysis of the present adequacy of the FP to cope with the EMCDDA 2001-2003 work program;*
- *an analysis of the capacity of the REITOX network to cope with the enlargement process;*
- *an indication of the minimal requirements for the FP to fulfill their present and future tasks.*

The evaluation was co-ordinated by a steering committee composed of EMCDDA Staff, Focal Point representatives, the Centre's Management Board representatives, the Centre's Scientific Committee representatives and the European Commission.

This evaluation was conceived as a desk research study based on questionnaires and documentary analysis. The original proposal also included some six in-depth case studies. These were rejected by the steering committee out of concern that the case study approach would not deal with all focal points on an equal basis. The case studies were replaced by a group of meetings with all the focal points to comment questionnaire results. A total sixty interviews, or so were carried out with FP and EMCDDA staff and other stakeholders. These were complemented by direct observations of REITOX activities.

2. Overall Assessment of Focal Points Contributions and REITOX Effectiveness.

The REITOX Network has proved reasonably effective in achieving its mandate, especially if one considers that it had to go through a difficult learning process, as the definition of EMCDDA activities was long and complex and that REITOX had to adapt consequently. Moreover the nature and the tasks of the Focal Points, never envisaged as such in the EMCDDA regulation, long remained unclear and this contributed to create a tense working climate with conflicting requests coming from different sources. However, a notable improvement can be noticed over the last few years.

Another important aspect to be taken into consideration is that, when EMCDDA activities started, in many Member States there were little drug information systems to speak of. In some cases it was REITOX spurring the creation of drug monitoring centres at the national level. In some cases participation to REITOX activities fostered the establishment of entire parts of a national drug information system, or streamlined and made more effective the existing ones. In a vast majority of cases it was through participation to REITOX activities that the Member States' drug monitoring systems could be improved in scientific and operational terms.

The major obstacle to any substantial improvement of REITOX effectiveness lies in the complex existing regulatory framework. The present system totally relies on Member States willingness to co-operate in collecting and transmitting information according to EMCDDA standards. Focal Points are appointed by the National Governments, depend on National Governments for confirmation in the post and therefore basically respond to them. The REITOX Network works based on a hybrid motivational mechanisms when compared with those used in other European Agencies. In particular, despite the EMCDDA has no say in the FP appointment mechanism and no set of minimum requirements is envisaged, relations between the Centre and the Focal Points are regulated by a contract for provision of services with a financial remuneration.

The contract cannot be realistically enforced by the Centre, but nevertheless it has spurred the establishment of a pervasive supplier-client culture that has ultimately hindered the development of any real partnership mechanism. This is a serious obstacle as many of the activities included in the contract cannot be exactly defined and measured as they depend on the national context, and therefore require the focal point proactive involvement for their effective implementation. Conversely there is little mechanism in place for involving Focal Points in the Centre's decision making process and to have a feedback on what is realistically achievable in operational terms in the different Member States. Moreover, the FP are given the task of collecting homogeneous and comparable information while there is no formal legally-binding mechanism according to which the Member States should comply with the Centre's requests.

The contractual approach has also had an impact on the development of networking within REITOX. The Network still appears more as a group of coordinated vertical relations between the Centre and the various FPs rather than a real web of horizontal relations and information exchange mechanisms. FP mainly operate as correspondents vis-à-vis the Centre, and some half of them would have serious reservations in taking part to any horizontal activity. Within the Centre this has resulted in a very limited attention devoted so far to the development of a management style based on consensus-building, real sharing of priorities and, above all, mutual provision of services alternative to simply issuing contractual "orders".

The REITOX Co-ordination Unit. *The establishment within the EMCDDA of a REITOX Coordination Unit, although often understaffed and with an unclear internal status, has played an important, even if a bit obscure, role in improving the working relations with the FP. However, the Co-ordination Unit has mainly concentrated in administrative aspects, organization of meetings and the National Report production process and has been in no position to overcome other structural flaws in the Centre-REITOX relations. The fostering of horizontal co-operation and exchange of expertise among FPs was left to two initiatives only: the so-called REITOX support projects and the organization of cluster meetings among focal points. The first has been recently discontinued out of concerns about the transparency of project allocation, while the other has been implemented to such a limited extent so far to make a real assessment of its effectiveness hardly possible.*

3. The Relevance and Quality of Focal Point Activities.

The National Report. *The national report is an all encompassing document summarizing the existing information on the drug situation in a given Member State. The National Reports can be generally considered as reliable and objective sources of information. The available data are usually reported there. Comparability requirements are complied with to the limited extent made possible by the different national Drug Information Systems. There has been a notable improvement over the last few years both in terms of reliability and timing of delivery. However, most of the information included in these reports is never to be found in the Centre final report, and the extent*

to which it is really used in the EMCDDA production process is unclear but apparently very limited.

The reports are of a highly varying quality. In one third of cases, poor quality depends on local conditions and availability of data. In another half of them analysis is weaker than data available. On average, those FPs that make their reports also available to the national public in their native language tend to make products of better quality. On the contrary, the national reports often suffer from their being derived from other documents drafted by the FP for other purposes.

The Information Map. *Since 1995 the FP have been routinely requested to draft an "Information map" on the existing sources in their Countries. As already indicated by other evaluation reports, there is an evident lack of concrete interest on the subject both inside and outside the Centre. The quality of the information maps has been highly variable and in several cases the sources quoted by the FP elsewhere are not reported in the map.*

The Five Key Epidemiological Indicators. *Since 1998 the Centre has started promoting the adoption of five common key epidemiological indicators (drug prevalence, problematic drug use, treatment demand, drug-related deaths, drug-related infectious diseases). Most of these indicators either require costly data collection techniques (population surveys) or entail major structural changes in the data collection procedure and FP have been also requested to lobby for their implementation. Non-binding official guidelines for these indicators have only recently been issued.*

FP activities on the five key epidemiological indicators have made possible some preliminary improvements in data comparability. However, in general real progress in this area depends on factors out of FPs control and the situation is highly varied in the different fields and Countries. The standards set by the Centre have various degree of adaptability to the existing information systems and come at very different costs. On top of that, at the national level political feasibility of implementation also depends on other factors such as fear of undue political consequences; broader budgetary implications, and privacy protection considerations. The latter in particular are becoming an increasingly serious issue in the majority of Member States.

Demand Reduction. *FPs have been requested to provide inputs about demand reduction programs taking place in their Countries to be included in the Centre EDDRA database. The FPs also carry out promotional activities (conferences, workshops, etc) both to collect data and to make the instrument known among practitioners. Activities in this area suffered from the difficulties experienced in making the national sources interested in EDDRA activities and in overcoming local resistances about the utility of this exercise. From a Centre point of view the FP performance has not been particularly good in some 30-35% of cases, although the situation has improved in the last few months. This mainly depends on the availability of scientific skills or to underdeveloped networks for collecting information, as many FPs were originally poorly structured to cope with the task.*

Early Warning System. *The FPs are requested by the Joint Action on New Synthetic Drugs to set up an early warning system to identify new substances appearing on the market. The Centre is still working on a clear definition of how an early warning system should be composed in terms of possible sources of information and working mechanisms. There have been various degrees of interest in the Joint Action and political support to the Early Warning System among Member States and this has been reflected in Focal Point performances. Moreover the rationale behind the system is differently compatible with the prevailing legal norms on detection and testing of drugs. If a mere capacity of interacting with the Centre is used as a quality criterion, it can be concluded that the performance of some 40% of FPs has been rather low for reasons mainly linked to*

institutional constraints (acknowledged by some 25% of FPs) and sheer lack of motivation/political interest (recognized by another 15% or so).

Communication PR & Dissemination. *So far there has been little formalisation of these activities. This has inevitably resulted in a limited understanding of what FPs tasks are or are supposed to be in this field. Everything is left to a certain degree of improvisation and ultimately depends on availability of in-house skills and personal motivation. However, on average dissemination activities have been very limited and mainly related to the FP own networks.*

4. The Focal Point Structures and Operational Mechanisms.

Structures and Organizational Mechanisms. *National Governments have been left totally free in appointing the FP and in defining their internal responsibilities and powers. As a result FP are organizations of very different nature with different levels of direct subordination to Government and different fields of specialization. There are a number of possible organizational patterns and composition of staff is highly varied in both quantity and quality terms. Data collection activities reflect the different institutional contexts FP operate in and the different development levels of the national drug information systems. FP also widely differ in their recourse to external expertise and in the involvement of other stakeholders in information analysis and assessment. The FP are also differently placed for their lobbying activities. In some cases they directly are the bodies responsible for coordinating drug policies in a given Country or can rely on the existence of such bodies. In the other cases they must do the lobbying themselves. The quality control mechanisms in place are in general rudimentary, poorly formalized and exceedingly focused on the report.*

FPs appear as relatively isolated from one another. Some kind of institutional collaboration process is developed, only when it comes to the various REITOX meetings. These have increasingly moved from administrative-related aspects only to a discussion of more content-related matters. In parallel FPs have begun organizing preliminary informal pre REITOX meetings to reach a common position. Recently the REITOX Coordination Unit has also started organizing cluster meetings. These are events where a limited number of FPs are invited to debate specific issues of common interest. Positive appreciation of the REITOX meetings has slowly although significantly increased over time. Opinions radically differ as far as the pre-REITOX meetings are concerned. The majority of FP are very positive about these events. The others radically criticize the rationale behind them and the need to reach a consensus position vis-à-vis the Centre at all costs is considered as pointless in principle. Cluster meetings have been too recent and untested to have a clear feedback on them.

5. Focal Point Efficiency and the Present Co-Financing Mechanism.

The present co-financing mechanism is the result of a political compromise without any rigorous economic justification for its rationale in terms of subsidiarity or additionality. Moreover it is poorly transparent and lacks clear accountability criteria for the use of funds. As it is, the system is hardly auditable at all. The result is fairly chaotic and allows only a limited comprehension of how resources are used by FPs. There is no agreement on the items to be included in the co-financing and no limit to the allocation of resources. Moreover member States now include among REITOX tasks activities of a very different nature, especially as far as the five key indicators and the early warning system are considered.

Any efficiency consideration is seriously hindered by this intrinsic lack of comparability of data. However, FPs tend to have remarkably similar costs for personnel. The cost of labour is by

far the most important factor explaining differences in the use of human resources. Some FP are understaffed, while others rely on too many junior personnel. Most FPs make a very limited use of subcontracting and only Government agencies really have recourse to such services. Only a few FPs have entered a vast program of meetings and conferences to build consensus about the Centre's requirements. Also printing and translation costs are fairly low and may indicate a certain neglect of communication activities. Allocation of funds by lines of activity typically reflect national priorities. For each area of activity there are minimum cost thresholds that if not met seriously hinder the quality of the FP performance. This usually happens for demand reduction and the early warning system.

6. The Information Flow.

Poor information flows between the Centre and the FP appeared as one of the key problem areas at the beginning of REITOX operations. At that time it can be said that there practically was hardly any communication. A lot of work has been done subsequently to establish communication procedures and to improve information exchange. Now, the information flow appears as still weak in the provision of feedback on results achieved by the FP and on the quality of their outputs and as far as the Centre strategic planning activities and award of contracts are concerned. Also information about the activities of the Centre departments should be made better known to the FP. This points to a need for better formalized procedures, for instance the REITOX website, whose restructuring is expected soon, can be considered as a hugely under-exploited communication tool.

7. Capacity to Cope with Present and Future Requirements.

The Centre has undertaken a major restructuring process. A new work program for the 2001-2003 period has been approved with a notable change in the prioritisation of activities and the introduction of new research areas. A new dissemination and communication strategy has been recently approved by the Centre with a much larger involvement of the REITOX Network. Among the FP there is highly diverging feeling of ownership of the new reform. Moreover, in some of the proposed new areas of activity the level of domestic political support and interest appears as somewhat shaky. However, at present FP are poorly equipped to cope with the new requirements in some areas, where it also seems they often have a limited interest in getting involved. This is particularly true for marketing and promotional activities. However, to cope with future tasks roughly over two third of FP would need additional expertise and human resources in criminology and PR relations to be able to cope with the new work plan. Another one third would also need additional expertise in policy analysis.

8. The Capacity to Cope with the Enlargement.

The enlargement process is bound to represent a further element of heterogeneity in the Network. Most prospective members will be able to provide only some very basic data on key epidemiological indicators when the old members are expected to have completed their pilot phases on the new priorities. This is compounded by a fairly chaotic approach to the preparation phase also due to a certain lack of co-ordination between the Centre and the various Commission technical assistance programs. Candidate Countries are being given different amounts of technical assistance with different timings. There is overlapping of assistance programs in some of them, and no programs at all in others. The staged approach to familiarization with EMCDDA activities is particularly well-suited to FP needs. However, the current system does not envisage any assistance activity from 2002 till actual membership of REITOX. It is worth noting that in the pre-accession phase half of the focal points will not be entitled to receive any EU financing and therefore will not be bound by any contractual agreement with the Centre. Major consequences on REITOX are likely

to be a need of better adapting FP yearly programs of activities to local conditions. It will be increasingly difficult to involve all FP in a common program. This will require to the Co-Ordination Unit a substantial reinforcement of programming activities and feed-back mechanisms on content matters. Cluster "meetings" are likely to emerge as one of the prevailing horizontal channels to foster co-operation on specific projects.

9. Recommendations

The European Parliament the Council and the Commission

- *should consider whether the present operations of the REITOX Network are still in line with the original intentions of the legislator or amendments should be introduced in particular regarding: the definition and tasks of the FP, the appointment mechanism managed by the Member States, a clearer definition of the rationale behind EU financial support to the Member States drug information systems, the nature of Member States obligations vis-à-vis the Centre, the lack of any binding legal mechanism for the implementation of the five key epidemiological indicators.*

The Commission

- *should better co-ordinate the activities of its Enlargement services with the Centre as far as provision of technical assistance to the new focal points is concerned and with particular reference to the pre-accession period.*

The Management Board

- *should reform the financing and contractual mechanism of FP activities and take into consideration the costs related to the new areas of activity.*

- *should give to the FP a much stronger role in the definition of operational activities and in the work-planning process through delegation of powers.*

- *should encourage the use of reputation-based motivational systems*

- *should consider the possible recourse to specialized centers as a way to broaden scientific expertise available in given areas of activity*

- *should abolish the present FP formal powers of vetoing the use of information on a given Country and replace it by joint consultation procedures with the involvement of the Scientific Committee to settle disputes.*

Member States

- *should provide financing for FP ordinary activities and their drug information system, while EU financing should be left to cover the pilot development of new sets of core data or for extraordinary cases deserving special support;*

- *should appoint a political authority responsible for coordinating harmonization work;*

- *should be encouraged, whenever appropriate to establish with their FP, multi annual framework agreements to ensure a certain stability of functions;*

- *should co-ordinate their twinning activities in Candidate Countries with parallel technical assistance provided by the EMCDDA*

The Centre

- *should adequately reinforce the REITOX Coordination Unit in terms of human resources and scientific expertise available and broaden its areas of activities;*

- *should foster horizontal co-operation among FPs and between FPs and other institutions on specific projects.*

- *should constantly refine guidelines and gradually extend them to all areas of activity. A process of feed-back on quality should become standard practice and extended to all areas of activity*

- *should further improve the information flow running between the Centre and the FP through better formalized procedures and a more extensive use of existing internet facilities.*

PART 1 EVALUATION ACTIVITIES

1. Introduction

Outline of the Evaluation Exercise. The European Center for Monitoring Drugs and Drug Addiction (EMCDDA or the Center) requested *Economisti Associati* to carry out the evaluation of the Focal Points (FP) of the European Information Network on Drugs and Drug Addiction (REITOX or the Network) and of their interaction with the Center. The detailed terms of reference (TOR) are reported in annex A.

The study was tracked by a vast steering committee composed of 1) EMCDDA staff acting as coordinators, 2) REITOX national focal point representatives, 3) EMCDDA management board (MB) representatives, 4) EMCDDA scientific committee (SC) representatives and 5) the European Commission (EC). The evaluation commenced in April 2001 with the aim of having the final report ready in October 2001.

This evaluation follows and complements a previous overall evaluation of the Center accomplished in January 2000[1]. This is not the first external evaluation of the REITOX network. Another similar exercise was carried out as soon as 1996[2] immediately after the Center's establishment. In the meantime the relations between the Center and the Network have substantially changed and the related range of activities widened. This made necessary a second appraisal.

When this evaluation took place the EMCDDA was undergoing a substantial reform process. Additional major changes were expected from the EU Enlargement and from the broadening of the Center's Member States. As a consequence, the Steering Committee requested that, although formally referred to the whole 1995-2001 period, this evaluation should mainly concentrate on latest years and should take into particular consideration the reform and restructuring process ahead.

Report Contents. This final report is split into two volumes: volume I includes a description of the work undertaken and summarizes main findings; volume II includes the analytical short profiles of the sixteen different national Focal Points presently composing REITOX.

The first volume is structured as follows:

- A first part will focus on evaluation activities strictly speaking. After this introductory section briefly reviewing the evaluation objectives and key questions, another section will describe the work undertaken after the amendments requested by the Steering Committee modified the original work plan. Finally, an overview of the methodology used in this exercise will be provided.

- The second part will include the overall assessment of the REITOX network and will be framed on the basis of the evaluative questions indicated in the TOR. A preliminary section will describe the Network's overall operational framework over time, also to provide elements on REITOX overall operational effectiveness. The following section will include a comprehensive review of the FPs structure and horizontal networking mechanisms. Then the relevance and the

[1] Deloitte & Touche, *Evaluation of the European Monitoring Center for Drugs and Drug Addiction*, EMCDDA, January 2000.
[2] J. Woodcock, *Evaluation of the REITOX Network – Final Report*, EMCDDA, July 1996.

quality of REITOX activities will be assessed. This part will continue with cost-effectiveness considerations also in the light of the present co-financing mechanisms. Then an assessment of the information flow in quantitative and qualitative terms between the Centre and the FP will be made. Finally this part will end with considerations on the FP capacities of coping with the new challenges and goals. A special emphasis will be given to the Center's own enlargement process.

- The third part will start by providing a tentative minimum set of requirements for the FPs to achieve their current and future tasks. In the end the evaluation main conclusions and recommendations will be summarized.

In the second volume the analytical short profiles of the sixteen national FPs will be provided. These will include:

- an internal analysis of the organization (structure, staff, expertise available, management, co-ordination, interaction with the EMCDDA, information flow, data collection system, etc),
- an assessment of operations (outputs, quality control mechanisms, networking activities, dissemination flow, etc.)
- a summary financial review (incomes, running costs, accounting of expenditures, etc.);
- general indications, whenever relevant, of the institutional environment the Focal Points operate in and of the political support available for their activities.

Main findings will be summarized in a SWOT matrix reported at the end of each Focal Point profile.

Evaluation Objectives. The objective of the evaluation was to undertake a comprehensive in-depth analysis of the REITOX Network. This included the following specific objectives:

- an assessment of the quality of the work carried out so far by the different focal points both in methodological and organizational terms with a view to its relevance to the attainment of the EMCDDA mission;
- an organizational review of the focal points and of their relations with the Centre highlighting major shortcomings also in the light of the present reform;
- a contribution to clarifying the different functioning of the different FP also in logistical and administrative terms together with a detailed and transparent analysis of their financing schemes leading to cost-effectiveness comparisons.
- a recommendation on the minimum requirements of the focal points to meet present and future tasks, inclusive of an estimate of financial resources and co-financing requirements
- an assessment of the Network capability to cope with the enlargement process in operational terms;
- and finally an overall assessment of the focal points' adequacy to achieve the EMCDDA identified goals in the next programming period.

The main key problem areas appeared 1) a need to achieve greater transparency on the use of resources; 2) highlighting information flow and communication procedure bottlenecks; 3) rationalizing requests for information to the Focal points; 4) assessing in detail national co-financing; 5) classifying the various institutions involved and finding patterns of similarity; 6) assessing the quality of the information produced by the focal points and the methodology used for producing such information; 7) making a survey of possible legal, political and institutional obstacles to the Focal points' activities; 8) assessing REITOX adaptability to the enlargement process; 9) considering also focal points' viewpoint as ECMDDA clients; 9) formulating proposals for streamlining the REITOX network's activities and 10) formulating proposals for improving horizontal communication among the Focal Points.

Key evaluation criteria were formulated in the following terms:

- **Relevance:** to what extent the focal points' activities correspond to the evolving needs of the EMCDDA and their stakeholders (the Commission, the Parliament, the Member States and professionals in the sector) as expressed in their strategy and priorities? How are present organizational mechanisms functional to the attainment of these aims?

- **Efficiency:** have the resources been used efficiently to produce the expected results? Could the same or similar results have been achieved at lower costs? Is the budget adequate with regard to the means to be used for implementation? Are there other ways of achieving the same or better results? What form of monitoring of the activities has been undertaken? Is there scope for more efficient financing taking into account subsidiarity considerations and synergies with domestic activities?

- **Effectiveness:** what are the results of the focal points' activities? To what extent have these results contributed to achieving the expected purpose? Have there been unforeseen results? Is the quality of methodology up to EMCDDA needs? What other measures of a policy support nature have been or should be taken by the ECMDDA?

2. Description of the Work Undertaken

During the steering committee kick-off meeting in Brussels it was decided to modify the original work-plan. This included the in-depth in-the-field study of a sample of six focal points. This would have formed the basis for reaching a set of preliminary results to be subsequently validated through questionnaires sent to all other stakeholders. The Focal Points voiced complaints that this would not allow all of them to be dealt with on an equal basis.

It was then agreed to have written questionnaires only as the main tool to collect information directly from the FP and other national stakeholders and to replace case studies with half-day individual interviews with heads of FP to gather further information and comment questionnaire results. This decision modified the whole structure of the evaluation work that was mainly postponed in the evaluation second phase.

The resulting work-plan was the following:

Evaluation first phase (Mid April-Mid June). FPs were requested to send relevant documentation available; interviews were held with EMCDDA staff in Lisbon and other stakeholders at the EU level, documents were received from both EMCDAA headquarters and the focal points. After study of available documents had been carried out, an intermediate report including the questionnaire templates was drafted and submitted to Steering Committee approval. Intermediate results were presented to the EMCDDA management board early in September.

Evaluation second phase (July- Mid October) After the Steering Committee's review and approval, in July the questionnaires were sent to all Focal Points, MB members and SC members. Because of the holyday season replies were received from mid-August till the end of September. Individual interviews were held in parallel starting from end August till end September. All in all sixteen FP were interviewed in eight different meetings. In September the evaluation team also had the opportunity of taking part to an assessment visit of a focal point in a Candidate Country. The list of people met is reported in annex B. Finally, this final report was drafted and submitted to the Steering Committee's approval by mid-October.

The implementation of this work-plan faced some difficulties. In particular, not all FP delivered their documents in time during the evaluation first phase, so that a part of the review of the existing documentation had to be postponed to the second phase. Delays were experienced also in receiving the questionnaires. Moreover, instances of questionnaires returned only partially filled in or submitted in different versions or in pieces were not infrequent and this made the analytical work particularly hard and burdensome. Nine MB representatives returned their questionnaire together with four SC representatives.

Documentary Sources Used for this Report. This report was based on the review of a number of documentary sources made available by the EMCDDA and by the Focal Points. A list of the main general reference documents used is reported below. Details on the documents provided by the Focal Points are reported in annex F. On top of that the evaluation team was given open access to the REITOX website containing another part of FP documents and reports. The literature reviewed for this evaluation is reported in the bibliography in annex E.

Regulatory Framework

- Council Regulation (EEC) n.302/93 of 8 February 1993 on the establishment of a European Monitoring Centre for Drugs & Drug Addiction (EC393R0302) and subsequent amendments
- Joint action of 16 June 1997 adopted by the Council on the basis of Article K.3 of the Treaty on European Union, concerning the information exchange, risk assessment and the control of new synthetic drugs (497X0396)
- 1998 Decision of the EMCDDA Management Board on the role and the financing of the national Focal Points
- Communication from the Commission to the Council and the European Parliament on a European Union Action Plan to Combat Drugs (2000-2004) Com (1999) 239 final
- Note from Coreper to Council: European Union Drugs Strategy 2000-2004
- Officially-approved EMCDDA Work Program 2001-2003 (EMCDDA/28/00 final)

Evaluation and Audit Reports

- Deloitte & Touche - Evaluation of the European Monitoring Centre for Drugs & Drug Addiction
- Evaluation of Reitox - Final report by Jasper Woodcock
- Evaluation of the second report on the state of the drug problem in the European Union - Final report by David Turner/Isdd
- Evaluation of the quality of epidemiological information provided to the EMCDDA (prepared by Juana Tomas-Rossello for OBIG)
- Excerpts of the Paul Cook evaluation report on the Early Warning System for the Joint Action
- Court of Auditors - Report on the financial statements of the European Monitoring Centre for Drugs & Drug Addiction (EMCDDA - Lisbon) for the financial year ended 31 December 1999, together with the Centre' replies (2000/C373/08)

EMCDDA General Reports

- Annual Report on the State of the Drugs Problem in the European Union, EMCDDA, 1995-2000
- EMCDDA General Report of Activities 1995-2000

EMCDDA - Other Studies and Working Documents.

- REITOX study on Demand Reduction Networking in Austria, Ireland, The Netherlands, Spain and Sweden
- EMCDDA Management Board, 20th meeting; Analysis by the Director of the situation of the REITOX Network (EMCDDA/27/00)
- EMCDDA Management Board, 20th meeting; Internal Reform Plan (EMCDDA/25/00 final)
- Draft 2001 Reitox "Core Tasks" contract CT.2001.RTX.01
- Phare project co-operation EMCDDA – CEECs
- EMCDDA quality criteria for the evaluation of national reports
- Medium term perspectives and objectives for the EMCDDA and the REITOX network (EMCDDA/24/00 final)
- Implementing the EMCDDA Dissemination and Communication Strategy Action for 2001 (7/2/2001)
- EMCDDA Dissemination and Communication Strategy (14 December 2001)
- Enlargement – Overview of the legal and institutional responses to the drugs phenomenon in the candidate Central and Eastern European countries – EMCDDA February 2001
- Drug Coordination Arrangements in the EU Member States – EMCDDA March 2001

3. Methodology

According to the ToRs, the evaluation should mainly be a desk research study based on questionnaires and documentary analysis including the Focal Points' reports, products and other publications in the framework of their activity with the EMCDDA. This methodology was further elaborated, so as to include:

- an historical analysis of the Focal Points leading to the logframe reported in table 1.1 below. The logframe is intended to show the Network expected relations with the Center and the underlying assumptions It must be noted that this table was built with specific reference to the Focal Point activities for the Centre within the framework of current EU or joint action regulations and do not cover possible parallel activities undertaken for national authorities.

- a self-assessment questionnaire submitted to all Focal Points. This was a methodological tool to allow the Focal Points self-assess their organizational and operational performance and to better describe their institutional and financial features. The questionnaire was designed in order to collect homogeneous data and to allow comparisons. The Focal Points received closed questions combined with a small number of opened or semi-opened questions. This main questionnaire was complemented to the members of the Management Board and of the Scientific Committee about their perceptions on FP effectiveness and REITOX operations.

- interviews with each Focal Point, in order to gather in-depth and qualitative information. The interviews between the representatives of the Focal Points and the Evaluation Team were held after the receipt of questionnaire replies in order to further clarify key issues and receive further comments as regard the Focal Point self-assessment provided in the questionnaire.

- a SWOT (strengths, weaknesses, opportunities and threats) analysis to be carried out for each focal point and reported at the end of related short profile according to the model indicated in the table 1.2 below. Opportunities and threats facing the Focal Point have been reviewed from both a top-down and bottom-up point of view. The top-down analysis reviewed the contributions made to the EMCDDA by the Focal Points. The bottom-up focused on how the interests and concerns of the Focal Points themselves as national institutions are reflected in EMCDDA's activities.

Tab. 1.1 Logframe Table of a Focal Point and of its Interrelations with the Centre

	Objective: provision of objective and reliable information	***Risk and assumptions***	***Objective: provision of comparable information***	***Risk and assumptions***	***Objective: detecting new dangerous synthetic drugs***	***Risk and assumptions***
Impact	Policymakers and professionals across Europe improve their decision making process	Information made available is of interest to the target public	Policymakers and professionals across Europe improve their decision making process	Information made available is of interest to the target public	Council includes or excludes suspected substances in the list of prohibited drugs	Risk assessment is carried out professionally
Outcome	The EMCDDA distributes objective and reliable information on the drug situation in Europe	Information reaches the target public and is available in a clear format	The EMCDDA distributes comparable information on the drug situation in Europe	Information reaches the target public and is available in a clear format	The EMCDDA calls on a risk conference	Bureaucratic and communication procedures work.
Output	Data and analyses are collected from official sources; Additional studies and surveys are carried out when needed	There are enough quality control checks both at the Centre and in Member States.	Data and analyses are collected from official sources.	There are enough quality control checks both at the Centre and in Member States	Early warning information is submitted by Member States	There are enough quality control checks both at the Centre and in Member States
Input	Financial and human resources are made available by Member States. The Centre provides additional expertise and financial resources	There is enough expertise in place. Guidelines received are clear and feasible. Vast access to additional scientific resources There is enough coverage at the National level	Financial and human resources are made available by Member States. The Centre provides additional expertise and financial resources	There are no institutional obstacles to harmonisation of data. Member States take action when available data are not in line with requirements Guidelines received are clear and feasible There is enough coverage at the National level	Financial and human resources are made available by Member States. The Centre provides additional expertise and financial resources	There are no institutional obstacles to harmonisation of data. There is enough expertise in place. Guidelines received are clear and feasible There are enough antennae active in the Member State. New substances do exist in the Member State

To sum up, the proposed methodology mainly follows a descriptive approach and is based on qualitative evaluation tools such as review of documents, surveys and, to a limited extent, natural observations. These tools are complemented by interviews with informed stakeholders and with the Focal Point representatives as well as by a review of the relevant literature.

Tab. 1.2 A Model of SWOT Analysis Used for This Evaluation

Strengths	**Weaknesses**
• vast networking • contributions from different kinds of sources • quality control procedures • steering committees / peer reviews • good reputation within the Scientific Community • documentation centre • good reporting and editing skills • command of English	• insufficient staff • lack of sufficiently diversified expertise • poor project management capacities • limited PR capabilities • poor mirroring of Centre's functions
Opportunities	**Threats**
• long continuity in post • strong political support from Member State • good relations with representative in the Management board • good relations with department staff • clear definition of tasks at the national level	• raw data of poor quality/ not standardised • institutional constraints to data collection implementation of activities • poor overall financing of the drug system • limited scientific community • Centre's requests for overperformance • lack of interesting phenomena to be highlighted • limited diffusion of e-mail communication

4. The Overall Operational Framework of the REITOX Network

4.1 Introduction

Main Evaluation Question and Related Key Issues. This chapter will deal with the overall operational framework of the REITOX Network. It is aimed at providing elements to complement findings and conclusions from other chapters in answering the general question included in the evaluation mandate about *the operational effectiveness of the REITOX network as a whole, including the REITOX Co-ordination at the EMCDDA and the European Commission Focal Point* in the 1995-2001 period. The main criterion according to which effectiveness will be assessed is obviously represented by the Network contribution to the EMCDDA mandate. However, a distinction between effectiveness in abstract and in concrete terms must be made. The REITOX network is subject to a number of regulatory constraints, ultimately due to broader political feasibility considerations, which seriously affect its possible degree of effectiveness. Moreover the Network started its activities back in 1995 and a considerable learning process has taken place in the meantime, and also this factor must be taken into due consideration.

Structure of the Chapter. This chapter will be structured into two main parts. First the REITOX Network basic components will be analysed with a view to the present regulatory framework. The main facts about the Network relations with the Centre's mandate, the role of the National Focal Points, of the REITOX Co-ordination Unit and of the European Commission Focal Point will be briefly outlined. Then the development of activities and the related learning process the REITOX Network has gone through will be described together with the motivational system and allocation of responsibilities that have been de facto created over time. In the second part the related evaluation main findings will be exposed.

PART I DESCRIPTION OF THE SITUATION

4.2 The Regulatory Framework

The Centre's Mandate. The Centre's mandate is mainly described in the EMCDDA Regulation. Additional elements can be drawn from the Joint Action on New Synthetic Drugs and from the Feira Council Decision on the 2000-2004 EU Action Plan. The Centre is to provide objective and reliable information on the drug situation in Europe. This information is expected to be comparable to the extent that Member States voluntarily comply with the indicators and the technical standards set by the Centre itself. Timeliness of information is obviously important also because the Centre is required to publish an annual report. The contribution of the Member States to the attainment of the Centre's mandate has never been clearly spelled out in the EMCDDA Regulation. It has been tentatively reconstructed in the table below (tab. 4.1)

Tab. 4.1 The Relations between the Centre Mandate and Member States Contributions.

Objective	Activities	Assumptions and Other Observations
Provision of objective and reliable information. (source EMCDDA regulation)	Collection and Analysis of Existing Information including Research data from: • Communications by Member States; • Community; • Other International Organisations; • Non Governmental National Sources	1) The Centre has two possible sources of existing data: official communications from Member States and other International Organisations including the EU, and research work from other non-governmental national sources; 2) Objectivity and reliability are deemed implicit in official sources. There are no such criteria for the other sources where the Agency *de facto* acts as the certifying body of objectivity and reliability; 3) There is an implicit obligation on Member States to provide the Centre with official information. Unclear whether this obligation can be extended to research work. 4) Unclear whether information sharing should be based on a common working language.
	Carry out surveys, preparatory studies and feasibility studies together with any pilot project necessary to accomplish its task.	1) The agency has a full mandate to carry out its own research work to complement existing information from other sources. 2) There is an implicit mandate to promote the innovative fields of scientific research. In fact, this research work should mainly focus on pilot (feasibility, preparatory) initiatives. However also "surveys" are possible. 3) In all these cases the agency directly acts as the certifying body of objectivity and reliability.
	Organize meetings of experts and whenever necessary set up ad hoc working parties	1) This is a horizontal activity not directly related to the attainment of the Centre's objectives, but as a way to contribute to other Centre's activities, notably promotion of innovative research, harmonisation of data, etc.
	Set up and make available open scientific documentation resources	1) Apparently a specification of the overall objective so as to include in it also scientific documentation resources. The target here is no longer policymakers, but the general public and in particular the scientific community. 2) If so and if Member State obligations to communicate information extend to research work, this becomes an implicit Member State obligation
	Assist in the promotion of information activities	1) It seems implicit in the text that responsibility for dissemination of information jointly lies with the Centre and the Member States.
Provision of comparable information (source EMCDDA regulation)	Ensure improved comparability, objectivity and reliability of data at the European level by establishing indicators and common criteria of a non-binding nature, whose compliance can be recommended by the Centre with a view to greater uniformity of the measurement standards.	1) The Centre defines common indicator and related methodological criteria; 2) Member States do not have any obligation to comply with these standards. Only moral and political suasion is possible; 3) However it is acknowledged that if they did, the objectivity and reliability of their data would improve;
	Facilitate and structure exchange of information in terms of both quality and quantity (databases)	1) Member States have a right in having information sharing facilitated by the Centre in quantitative and qualitative terms. 2) The Centre has an implicit obligation to disclose to other complying Member States, and other concerned stakeholders which Countries do not partly or fully comply with its standards and why. 3) A preference goes to information sharing through electronic means (databases)
Dissemination of data (EMCDDA regulation)	Make the information produced by the Centre available to the Community, Member States and other concerned stakeholders	1) a redundant specification of the Centre's overall objective. Information "provided" should also be made available. From previous activities it might seem apparent that this is a joint responsibility of the Centre and the Member States.

	Disseminate the work done in each Member State and by the Community itself and when appropriate by the other International Organizations	1) Again a joint responsibility of the Centre unclear whether with reference to the activities specifically carried out on the Centre's behalf.
	Publish an annual report	1) A technical modality of the above task

Additional elements can be drawn from the joint action on new synthetic drugs (JA) establishing a mechanism to decide whether a new synthetic substance appeared in the market should be included or not in the list of illicit drugs. The JA envisages that one of the channels to collect information from the Member States should be through the REITOX Network. REITOX should also act as a channel to divulge information from the Centre to the Member States. Although there is a clear indication that this is a mandatory task for a Member State[3], nothing is said on how the information should be gathered. Finally the Feira Council Decision on the EU 2000-2004 Action Plan states that the EMCDDA will act as the evaluator of the plan. In the Decision the Member States' commitment to provide comparable data on the so-called five comparable key epidemiological indicators[4] is somewhat reinforced, but it does not seem that this can be considered as a real obligation *vis-à-vis* the Centre.

Some Key EMCDDA Organizational Features. The EMCDDA is run by a management board (MB) composed of representatives of all Member States who are appointed through the ordinary diplomatic channels. The Centre has a Director and a Scientific Committee (SC). The members of the scientific committee are also appointed through diplomatic channels. While division of responsibilities between the MB and the Director is clearly defined, not the same can be said of the role of the Scientific Committee. Strictly speaking, MB members' task is to manage the Centre and not to represent or commit their Member States. They do not have any specific mandate for this, which ultimately depends on their own political authority and the role they play within their Governments. The Centre is structured along scientific and administrative departments lately renamed programs. At present there are four scientific programs responsible for 1) monitoring the situation (drug epidemiology), 2) monitoring responses (basically dealing with demand reduction initiatives), 3) implementing the joint action on new synthetic drugs and 4) monitoring EU strategies and their impact (recently established). There are other support units responsible for 1) REITOX Coordination and the Enlargement, 2) Information Technology and 3) Communication, Dissemination and PR activities 4) Administration.

There is no indication whatsoever of focal points in the EMCDDA Regulation. Only monitoring and specialized centres are mentioned among possible sources of information. The only difference between the two is that monitoring centres are simply notified by the Member States to the Centre, while specialized centres require the unanimity approval of the Management Board. The EMCDDA regulation clearly states the principle that the Centre should contribute to expenditure in support of the "national information network", although it does not provide indications on the rationale behind or the nature of the activities to be reimbursed or supported. Article five of the EMCDDA regulation requires the Centre to ask for the Member State's consent before entering contractual relations with bodies in a given Member State. The specialized centres can be contracted for a three-year period coinciding with the Centre's work program. No such provision is foreseen for the monitoring centres. However, the possibility of having multi-annual contracts signed by the Centre is hindered by its budget being approved by the EU Parliament on an annual

[3] This is also the only instance where it is clearly stated that responsibility for providing this information lies not generically with Member States, but with Member State representatives in the REITOX network.

[4] Namely, extent and patterns of drug use in the general population, prevalence of problematic drug use, demand for treatment by drug users, drug-related deaths and mortality of drug users and drug-related infectious diseases.

basis only. As a matter of fact instances of parts of the Centre's budget put on hold by the Parliament have not been infrequent over the last few years.

4.3 The REITOX Network Components

The National Focal Points. In 1993 ECMDDA Founding Regulation of the REITOX network was defined as a "*computer network linking the national drug information systems, the specialized centres in the Member States and the information systems of the international or European organizations or bodies cooperating with the Centre*". However, out of analogy with the other EU Agencies, national "Focal Points", the so-called "human network", were appointed even before the Centre could be physically established in Lisbon in 1994 and a clear program of activities defined for 1995. The nature of the organizations designated as FPs widely differed: Ministries, Inter-ministerial organizations, Public Health Institutes, Universities and NGOs. A few Member States decided to appoint two focal points, one responsible for technical matters (the Operational focal point) and one responsible for policy matters (the Political or Policy focal point). In some cases the institution sitting in the MB and the FP coincided and were represented by the same individuals. In the 1995-97 period the tasks given to the FP significantly varied over time. As a result, "contracts" between the FP and the Centre were introduced upon FP request also as a way to better delimitate areas of activity. The unclear nature and functions of the FPs contributed to create a highly tense working climate together with mutual dissatisfaction with the Centre.

In 1998 the REITOX Network was reformed by a MB Decision[5] that still represents the basic framework document for the FP relations with the Centre. The FP were given a clearer list of core tasks including: 1) updating an annual national report on the drug situation in their Member States, 2) updating, upon request, an information map about sources of data and studies on drugs, 3) contributing projects to a European database of demand reduction activities (EDDRA), 4) implementing the joint action on new synthetic drugs and, starting from 1999, implementing the five key epidemiological indicators that represented the first common attempt at harmonizing data at the European level. The FPs were also given minor responsibilities for disseminating the EMCDDA products (basically the Centre Annual Report and the Drug-Net Bulletin) in their Countries. It was also decided that any information concerning a given Member State could be disseminated to the public only after prior consent of the Focal Point. Member States were encouraged to renounce to the "policy" focal points out of a concern that this could be perceived as exceedingly politicised. The contract mechanism was confirmed and FP were to receive on a co-financing basis up to € 100,000 from the Centre and from the Member States. Another minor provision was the establishment of a FP spoke-person.

The REITOX Co-ordination Unit. During the early years of the Centre's life there was no such thing as a REITOX Co-ordination Unit (CU) within the Centre. An external consultancy firm, whose staff was not based in Lisbon, was responsible for supervising both the creation of the "computer network" and the national focal points. To respond to the focal points' very strong complaints that communication with the EMCDDA was hardly possible, as it was difficult for some of them even to find a counterpart to talk to, in 1996-97 a formal REITOX Co-ordination Unit department was introduced within the Centre. The CU would also contribute to fostering that "networking" dimension that a previous REITOX evaluation report (see Woodcock) had found as somewhat limited.

[5] "The Role and Financing of the National Focal Points"

The REITOX Coordination Unit has generally had a very limited staff (a head of unit and one or two assistants). Together with coordination and network animation activities it is given responsibility for the administrative and contractual aspects of the relations with the FPs. The role played by the CU in facilitating information exchange between the Centre the FP and among the FPs themselves has varied depending on availability of staff and other occurrences. Coordination of administrative activities and basic network animation (mainly organization of annual meetings) have continued on a regular basis. Cluster meetings horizontally grouping some FP only on specific issues represent quite a recent innovation. It is only since 2000 that the Unit has attempted provision of feedback on the quality of the FP contributions to the Centre. Mainly due to staff constraints, this feedback process has concerned the National Reports only. The REITOX Coordination Unit has recently been made responsible also for the Enlargement process and was allocated additional staff to this aim[6].

The European Commission Focal Point. Of the "information systems of the international or European organizations" originally envisaged in the EMCDDA regulation as part of REITOX, only the European Commission actually entered the network with its own "focal point" although with a slightly different status than the others[7]. In fact, the EU focal point was never entrusted with any institutional financing and its role has always been kept separate. The EU focal point acts as an information gathering point for the drug-related activities of all Directorate Generals (DGs). The so-called EC Focal Point is actually represented by the Drugs Coordination Unit[8] in DG Justice and Home Affairs and has one officer working part-time for the FP.

The tasks of the Focal Point have evolved over time. It first used to act as a collector of information on all EU policies and programs and to refer to the Centre all institutional developments. As the EMCDDA has been increasingly invited to take part as an observer to the works of several EU Institutions, such as the Council or inter-service groups where initiatives are officially presented, the EU FP has increasingly limited its role to the provision of information on "behind the scene" policy developments before official adoption takes place[9]. The EU Focal Point reportedly does not have the mandate and staff to produce any written annual report on drug related activities in the EU for the EMCDDA. Formerly such a report was prepared by the Council[10]. Instead, the EC FP is in a position to approach other Commission services in response to specific information requests from the EMCDDA. From time to time the EC Focal Points has also contributed some projects to the EDDRA database

The Other International Organizations. Other six international organizations were originally envisaged to take part to the REITOX network. Three of them: the World Health Organization (WHO), the Pompidou Group of the Council of Europe and the United Nations International Drug Control Program (UNDCP) sit as non voting members in the Centre's MB. Agreements on information exchange have been established with these institutions, but these do not directly refer to the REITOX Network activities. In fact, for all of them formal participation into the REITOX network has remained a dead letter. In some cases, there is an issue of overlapping and duplication as many Focal Points also send information to these international organizations.

[6] One more EMCDDA administrator and one temporary expert fully financed with the funds of a EU Phare project.
[7] The EC Focal Point has started operations since 1995, even if a memorandum of understanding between the Commission and the EMCDDA is still under preparation.
[8] The Drugs Coordination Unit itself acts as a contact point between the EMCDDA and the Commission services.
[9] This process has become more marked after the EMCDDA has established its own representation office in Brussels (presently staffed with a secretary) and increasingly keeps direct relations with Commission services. There is a specific Unit within the Centre responsible, among others, for keeping relations with EU Institutions.
[10] Two of these reports were reportedly made available to the EMCDDA in the 1995-2001 period. The last one in 1998.

4.4 The Development of Activities and the Related Learning Process

The Work Programs. The REITOX work programs have reflected the developments of activities within EMCDDA and have been heavily influenced by the availability of information at the Member State level. As the Annual Report soon appeared as one of the most important tasks of the Centre, the FPs were first asked to produce a report describing: 1) the existing organisational and operational framework in the Drug field in their Member State and the focal point role within it, including a description of the network of partner organizations collaborating with the focal point and their information needs 2) to draft an "Information map" on the existing sources of information highlighting main shortcomings; 3) to contribute to the European annual report through a selection of the best available reports on the drug situation in the Member State. It soon turned out that in most Member States there were little reports available and that they had to be drafted from scratch by the FP themselves. In 1996-97 a very complex work program was put in place. It consisted of seven tasks[11] where FP should take the lead and coordinate among themselves in the development of scientific standards: five mandatory ones subdivided into 15 different sub-tasks so as to have each Member State coordinating a sub-task. The number of focal points participating to each core task varied from four to nine. In the end, contrary to original expectations, the program proved to be controversial and scarcely manageable and further fostered misunderstandings and a tense working climate.

The REITOX work program then underwent a notable simplification process. The previous tasks of a more scientific nature were substantially passed to the Centre's scientific departments and the Network limited itself to updating the 1996 National Reports, the epidemiological section of the information map and to carry out the feasibility phase of two new tasks: the information system on Drug Demand-Reduction Activities – EDDRA and the early warning system on new synthetic drugs. On top of that most focal points were requested against a € 5,000 contract addendum to revise the translation of the 1997 Annual Report in their native language. The 1998 reform maintained this simplified work structure, but added as the main requirements the implementation of the five key epidemiological indicators. Additional tasks on a voluntary basis have been recently proposed to the FPs as a way to better prepare for the Centre's new strategy.

The Networking Concept. After the initial ambiguity about the nature of REITOX as a computer or a human network had been removed, an increasing great emphasis was given, at least on paper, to the networking concept as the fundamental management culture that was to shape the REITOX Network operations. In several work plans there are references to REITOX as a "network of networks". Focal points were warmly invited to foster "networking" both among them and at the national level. This orientation followed the academic and policy debate of that time[12]. It was argued that a "networking effect" created by non-hierarchically linked administrative bodies sharing the same task would ease the EU Agencies from being paralysed by the vested interests and the vetoes of the national governments sitting in their management boards. Involvement of universities, scientific research institutes, NGOs and other stakeholders in the FP activities was deemed as a tool to avoid their becoming a simple "voice of their National Governments" referring only officially approved information.

It was also argued that once aptly "stimulated" and "stabilized" by the Centre itself this somewhat chaotic network without any "dominant" subject would also spur innovation and

[11] Including a task that *de facto* was a call for proposal, and a special task for the new Member States that had in the meantime entered the Union. Tasks six and seven were funded under a separate budget line.

[12] This school of thought mainly developed at the European University Institute of Florence which was specialising as one of the main research centres on the relatively new phenomenon of the European Agencies.

knowledge. As a matter of fact, as mentioned before, learning and innovation through networking was the main rationale behind the complex 1996/97 work program that forced Focal Points to co-operate together in a number of tasks. The experiment reportedly failed because of exceedingly complex logistics, conflicts on meeting deadlines and allocating resources, and unclear division of responsibilities more than compensated the expected learning effects. The idea of fostering subcontracting relations among the National Focal Points could only increase tensions and rivalries, as, although non-hierarchically linked, the differences in skills and backgrounds clearly came to the light. At any rate the networking idea remained, but with a more limited purpose. In order to broaden their sources of information and to have access to direct in-the-field information the establishment of national networks on demand-reduction and the joint action was also encouraged.

Also the idea of achieving innovation and learning through some kind of networking was not abandoned. It continued through the so-called REITOX specific or support projects. These had several objectives: 1) to undertake pilot action introducing new tasks or broadening the scope of existing ones, i.e. the support projects were conceived more or less as small scale texts for future actions; 2) to support the Network in its day-to-day operations through scientific advice on latest methodological advancements in a given field and therefore 3) to partly decentralize responsibility for the management of the core tasks to "appropriate" focal points.[13]. However, these support projects were implemented till year 2000 when they were substantially stopped reportedly also because of concerns on their limited transparency and potential lack of equality and fairness[14]. A complete list of "specific" or "support" contracts is reported in annex C. As can be seen the initiative inevitably resulted in creating leading FPs. The Netherlands, the UK together with Germany, Belgium and Luxembourg also received the bulk of "specific" and "support" financing distributed through REITOX[15]. However, after REITOX support financing was discontinued, horizontal co-operation has been maintained thanks to a DG Health and Consumer Protection-funded project on emerging trends undertaken under the leading role of the French FP. However, also in this case not all the FP have taken part to this initiative, but only eight of them have decided to get involved.

4.5 The Motivational System and Allocation of Responsibilities

Allocation of Responsibilities. In general, collaboration between the Centre and the Member States is conceived on a voluntary basis. As a consequence, there is little legal basis in the Regulation to empower the FPs to ask for information or to induce compliance with given technical standards. These matters are considered as a Member State responsibility and left to their discretion. The point was further reinforced by the 1998 MB decision where it is clearly stated that it is the Member States' responsibility to ensure that the Focal Points have the authority and are appropriately equipped to collect information from primary data sources according to given quality standards. No direct involvement of the FP in the planning of the Centre work activities or other information right has ever been envisaged. This remains an internal problem between the Representative in the MB and the Focal Point.

[13] These initiatives inevitably implied further administrative complications. In fact, while the REITOX Coordination Unit remained responsible for contract administration, it was the Focal Points which took responsibility for fulfilling contractual obligations and for negotiating and monitoring tasks subcontracted to external experts.

[14] Contracts were, in fact, allocated informally within REITOX meetings and other scientific institutions were not in a position to compete. Moreover, this mechanism was bound again to foster rivalries among the focal points, as only some of them were in a position to have access to these funds.

[15] It is worth noticing that Southern states, the Nordic countries and to some extent also France and Ireland managed to receive very limited financing through these mechanisms. Italy and Finland, as extreme cases, notably none. But also Spain, Portugal, Greece, Denmark, and Sweden have been very limitedly involved.

In principle, the responsibility for FP quality standards and timeliness in delivery lies with the Member States and the information conveyed through the Focal Points is considered by definition as authoritative by the Member States. However, in 1998 an additional quality control mechanism was envisaged: the work of the focal points would be evaluated by the Centre and that Member States would be informed about results. It was also foreseen that the Scientific Committee would play a role in this quality control process. However, it was clearly confirmed that responsibility with final decisions about quality would lie with the Member States. In fact, this quality feedback mechanism was never implemented and the SC never involved in any quality assessment.

The Motivational System. From what reported above, it clearly appears that the FP are highly dependent on their Member States and basically respond to them. They are appointed and can be removed by the Member States only. The Centre has no say in their selection and no set of minimum requirements is envisaged. If disagreements arise on the quality of FP contributions to EMCDDA activities, the Centre has very limited tools at its disposal. The motivational system is mainly based on willingness to co-operate and moral suasion. Apart from that, presently the Centre seems to have only two possible options to redress poorly collaborating FP:

- informing the other Member States concerned of the poor quality or comparability of data coming from a given Member State together with an indication of the reasons . In fact, this might even seem as an implicit obligation of the Centre, as this lowers the overall value of the Centre's work the other complying Member States are financial contributors of, but raises obvious difficult issues of political feasibility;

- using the contractual lever. In fact, contracts were introduced as a technical tool to better define and put a limit on a yearly basis to the Centre's requests to the FPs. They can hardly be enforced by the Centre as a redressing tool. Only Member State's representatives in the Management Board can certify their FP compliance with contractual requirements. It must be noted that in some cases MB and FP representatives do coincide and that at any rate MB representatives are given little incentive to criticise the FP they have selected.

The very peculiar motivational system of the EMCDDA-REITOX relations can be better understood if compared with other similar EU Agencies, namely the European Environment Agency (EEA), the European Agency for Safety and Health at Work (OSHA) and the European Monitoring Centre on Racism and Xenophobia (EUMC). Among the four Agencies, only EUMC has preliminary powers[16] to indicate minimum requirements for the Focal Points[17], through binding Terms of Reference. None of the three other agencies (EMCDDA, EEA, OSHA) has powers of designation: they have to accept the designation made by Member States. Only OSHA has partial and indirect redressing powers in case of non-satisfactory performances of the FPs. EEA and EMCDDA, therefore, are in the same situation: their legal bases do not foresee the use of any redressing power on the FP or can rely on a set of minimum requirements for their designation. However, EEA does not provide the Focal Points with any financial means. A more detailed comparison of the European Agencies' main features is reported in annex D.

[16] *Preliminary control powers* are those targeted to ex-ante establish mandate of the service provider (writing of Terms of Reference) and/or to set minimum requirements for an entity to act as service provider. *Powers of designation* are those powers aimed at ensuring that providers will be selected to perform the activities on the basis of an open/restricted procedure (powers to launch a tender and select the contractor) or on the basis of a direct agreement (direct designation). *Redressing powers* are those powers aimed at undertaking appropriate countermeasures in case of unsatisfactory performances of the provider (contractual liability clauses).

[17] This is a logical consequence of the decision taken in agreement between the Agency and all the relevant stakeholders of selecting the FPs through open tender.

PART 2 EVALUATION MAIN FINDINGS

4.6 The Regulatory Network

The Centre Mandate. Previous external evaluations were generally keen to indicate the EMCDDA Regulation and the related regulatory framework as one the major factors hindering the Network effectiveness. The *Deloitte&Touche* evaluation included among its recommendations an indication to the Commission on the need to reassess the overall regulatory framework of Member States' and Focal Points' relations with the Centre.

There are divergent opinions about the present validity of the EMCDDA regulation both within the Centre and within the FPs. It is fairly frequent to hear EMCDDA staff complaining about the need to reform the founding regulation and, in particular, to review the lack of any binding mechanisms to induce compliance with defined standards and therefore enhance comparability of data. Others are more inclined to understand political feasibility and political willingness considerations and to leave things as they are. The attitude within the REITOX Network is fairly conservative and some 80% of FPs is in principle against any such reform. It is hard to say to what extent this share actually reflects a deeply rooted opposition or is simply a by-product of inertia. Many FP respondents actually proved relatively uninterested or poorly informed about the matter. Actually some 10% of them openly claimed their neutrality on the subject: "we are technical bodies, it is not a matter of our concern". Only the remaining 10% fully agrees on the need to have a major regulatory reform, if the Centre has ever to fully accomplish its mandate.

Other Key EMCDDA Organizational Aspects. Historically the Centre's budgeting procedures have represented a serious obstacle for the FP day-to-day functioning. The whole first work program was implemented in a hurry and under considerable pressure simply because the 1994 budget funds were expiring. This mismatch between budgeting and actual implementation was to continue also in the following years and remained one of the causes of the frequent conflicts on timetabling between the Centre and the Network. The 1998 reform has considerably improved the situation and now problems related with timing of contracts have been reported just by two FPs.

The issue of the rationale behind the Centre's financing is mainly perceived within the Centre and in the European Parliament than by the focal points themselves. Among the latter the contractual approach and the *qui pro quo* argument are by far prevailing. Subsidiarity considerations and concerns about the nature of EMCDDA institutional financing to the Member States drug monitoring systems are more widespread among those who are familiar with EMCDDA being a kind of exception among EU Agencies. The Woodcock evaluation report, upon analogy with the European Environmental Agency, came to the conclusion that the national monitoring functions should be funded by the Member State and not by the Centre and the Centre should enter into contractual relations with the specialized centres only for tasks of a clearly scientific nature[18]. In a similar vein, while sticking to the contractual approach in their relations with the Centre, FPs themselves tend to carefully avoid using contracts with their own networks as this is perceived as an inappropriate motivational tool. In general, FPs do use contracts mainly for subcontracting clearly defined scientific activities (reports) and not simply to collect information.

[18] Concerns were voiced about "the current arrangements, whereby Member States nominate institutions as National Focal Points without reference to any criteria or approval by the EMCDDA and these institutions by virtue solely of having been nominated, become recipients of subventions and contracts from the EMCDDA, also carry the risk that EU funds may be used as elements of State patronage" (see, Woodcock).

4.7 The REITOX Network Components

The Focal Points. Although their role is never clearly mentioned in the Regulation, nowadays FPs are commonly considered as monitoring centres[19]. The distinction between specialized and monitoring centres and the definition of REITOX as a computer network attracted considerable attention for a long time. The Woodcock evaluation proposed a distinction between what the focal point did as "monitoring centres", i.e. acting as sources of information and data on the Member State drug phenomenon, and the "support role" to the Centre itself in its attempts at improving data quality and comparability, which was considered as a "specialized centre" function. The issue is still considered of some importance within the Centre, while it is generally neglected by the FP reflecting their practical approach and their limited interest in the Regulatory details. In a very few cases the need to amend the EMCDDA regulation by clearly defining the role of the FP and their involvement in the decision-making process and by getting rid of the "computer network" ambiguity was expressed by the FPs.

Some formal aspects related to the FP appointment mechanism are still unclear. There is still considerable confusion about the "policy focal point" issue. While within the Centre the matter is generally considered as settled after the 1998 MB Decision and policy focal points are no longer listed among REITOX correspondents or invited to the REITOX meetings, policy focal points at the national level still consider themselves as official National Focal Points. This can have important implications when it comes to appointing or confirming the related "operational" FP, as conflicts may arise between the policy focal point on behalf of which the operational FP is supposed to operate and other national authorities claiming the same right.

The REITOX Co-ordination Unit. There is considerable appreciation among the FPs on the role played by the REITOX Co-ordination Unit as a co-ordinating mechanism. Two thirds of the FP scored the Unit's performance as good, while more than half of the remaining third assessed it as very good. Only a minority of respondents replied that their satisfaction with the Unit was average. There is unanimous consensus that the performance of the Unit has considerably increased over time and this favourable assessment refers in particular to the latest years. As a further indicator of this positive climate, it can be remarked that 60% of FPs consider the Unit as partners compared with the slightly more than 10% who have the same approach to the Centre as a whole (and actually indicate that this is a wish rather than a real opinion).

The co-operative attitude and the quick reaction to any request are among the features that FPs appreciate the most. Main complaints are related to the unit understaffing and to its perceived unclear status within the Centre. Existing staff is deemed as hardly sufficient to cope with the Unit's ordinary tasks and this can sometimes cause minor delays in the provision of minutes or preparation materials. What is more important is that in a Centre strongly influenced by a scientific culture, the Unit is mainly entrusted with administrative aspects and is not perceived as having the same standing as other departments/programs have. Thus for instance, while the feed-back recently provided on the quality of the National Reports was in general highly appreciated, some FPs wondered whether "this reflected the views of the REITOX CU staff or of the scientific departments", as this was felt to make a difference.

Quite understandably the added value of the REITOX CU is poorly perceived by the other Centre departments which tend to see relations with the Focal Points more on a direct "contractual

[19] The confusion has somewhat remained over time, although Focal Points are commonly considered as monitoring centers (thereby requiring sheer notification), the admission of the Norwegian Focal Point was dealt with more like that of a specialized center (requiring Management Board approval).

basis" and benefit only indirectly from the Unit's activities. Interestingly enough, although there is general consensus within the Centre that working relations between the Centre and the Focal Points have substantially improved over the last few years and that this is also due to the efforts of the Coordination Unit, the Unit is still perceived mainly as an information gateway more of use to the FPs than to the Centre itself. And even more so after a FP working group expressly requested that all the Centre communication to the FP should be channelled through the CU. This has created a kind of "mailbox" syndrome about the CU functions within the Centre, as many Centre scientific staff consider this as a useless bureaucratic requirement. Nevertheless the need to have more formalized communication procedures with Lisbon and to avoid "random messaging" is still considered by some FPs as an important tool to improve overall effectiveness of operations. However, it comes to little surprise that any attempt of the CU at exerting some kind of quality control on the information flow from the scientific departments/programs to the FP represents a highly controversial matter.

So far the REITOX CU has had very limited competencies for interacting with MB representatives, apart from the institutional Management Board meetings. As a consequence MB appreciation of the feedback provided on FP activities and the quality of their outputs has been rather scarce. Over 50% of MB representatives consulted consider the feedback they receive from the Unit as insufficient or totally insufficient. The others simply consider it as average given the institutional context.

Aside from the general appreciation of their FP "partners" and of a significant even though a bit obscure role played in enhancing the general working climate, the broader assessment of the REITOX CU capability of fulfilling its original mandate requires a number of qualifications. The REITOX CU has played a substantial role in facilitating communication and information flow mainly as far as the National Report is concerned, but has had a much more impact in other areas of activity. This is partly due to reduced staff problems, but also reflects the prevailing communication patterns within the Centre that are fairly vertical. As far as promotion of "networking" is concerned, the REITOX CU has certainly contributed to facilitate information sharing and co-ordination of tasks, but has had a much more limited impact in promoting a networking culture aimed at easing the FPs from their national constraints. As a head of FP said commenting a cluster meeting "we try and co-operate together but our systems are so different, and then it always comes the time when we have to show the flag." This is far from being surprising if one considers the overall motivational system FPs operate in.

The EC Focal Point. So far the EU Commission Focal Point has played a limited role in REITOX activities, especially since the increasing participation of the Centre as such to the EU institutional activities has reduced the scope for its mandate. Moreover, the lack of any significant visible physical output often makes the appreciation of its contribution difficult to estimate for many of the actors involved. It was found that the of the EU Commission FP's major activities is the provision of very specific and targeted information on developments at the EU level to Centre department staff. As such, it is mainly carried out outside of the formal REITOX co-ordination mechanism. Horizontal communication with the other focal points is much more limited, but this reflects a broader trend within REITOX.

Other International Organizations. Most FPs provide information to other drug-related international organizations that like the EU Commission were supposed to be a part of REITOX, but never entered the network. The most frequently cited are by far the UNDCP, the WHO and the Pompidou Group. However, apart from this core group there is a number of international organizations FPs co-operate with. The FPs can act either as the sole providers of the information to these organizations or as technical consulting bodies for their relevant Ministries. It is a cause of

concern that the EMCDDA has failed to agree with the most important of these organizations, notably the UNDCP, a common format for the provision of data. The matter has reportedly been on the agenda of the MB for quite a long time, but never solved yet. Apart from that, it is generally considered both within the Centre and among the FP that the formal participation of these organizations to the REITOX activities would be of limited benefit and not substantially enhance information sharing. On the contrary, it seems more likely that this results in further administrative and organizational burden.

The Learning Process. Over the last few years, the REITOX Network has undergone a considerable learning process in both cultural and operational terms. In cultural terms some of the FPs had to learn how to operate in a European environment and the Centre had to adapt to a complex management style. The impact of this learning process in operational terms is fairly impressive. All FPs agree on having benefited from their being members of the REITOX Network. In a number of cases, it was the establishment of the EMCCDA at the European level spurring the creation of monitoring centres at the national level. In some Countries, such as for instance Finland, Portugal, Greece, Ireland or Luxembourg, this has allowed the establishment of entire parts of a national drug information system that simply were not there. Others FPs stressed the importance of being exposed to international co-operation and exchange of ideas and know-how, and recognized the role played by the establishment of focal point as such in streamlining and making more effective their national information systems.

On top of that some 85% of FPs agree that exposure to EMCDDA activities can be considered as significant or even highly significant for the overall improvement of their own organization and domestic network in scientific and operational terms. Political decision makers share the same view. Some 80% of MB representatives acknowledged that participation to the REITOX network has significantly strengthened their national data collection systems and networks. In some two third of Member States clear evidence could be found of pilot initiatives launched after exposure to circulation of ideas within REITOX.

It is difficult to understand the importance that horizontal networking had in this learning process as compared to vertical relations with the Centre staff. After the 1996-97 action plan experiment completely failed, both mechanisms have taken place in parallel. Moreover, FPs themselves are often at odds in identifying the various components of their activities[20]. However, FPs assess on average the effectiveness of support projects led by their colleagues as slightly better learning mechanisms than sheer vertical interaction with Centre staff[21]. On the contrary, spontaneous exchange of experiences between FP without the framework of a common project is considered as a fairly poor learning mechanisms and this should be of some concern to those new entrants (like Norway), which might plan to rely on such mechanisms to bridge the knowledge gap. However, it can be noted that the Centre has not had over time a consistent policy about learning mechanisms. It has repeatedly moved from an in-house centralized approach to a decentralized FP-based one. And some focal points, especially those more advanced from a technical point of view clearly suffer this shifting attitude.

The Motivational System. The regulatory framework mainly shapes the motivational system underlying the Centre-REITOX relations and attempts at introducing different behaviours through other means have largely failed. Strong dependence on National Governments, little

[20] It is surprising that a significant part of FPs was poorly aware or not aware at all of the support project mechanism even when taking part to it. This further reinforces the impression that support project financing was poorly transparent and not adequately communicated to the FPs

[21] What was done through support projects in developing the key epidemiological indicator standards, and the other Centre's core of activities has probably had an impact on this result.

security of functions and the contract element have all contributed to create very little ownership of the Centre's activities. Some 60% of FPs perceives their role *vis-à-vis* the Centre on a purely contractual basis as mere service providers or, to some little extent, as consultants. Another 30% mainly perceive their role as representatives of a Member State vis-à-vis a European Organization and therefore as national agents while a tiny 10% "would like" to consider themselves as Centre's partners. The tendency to see FPs in purely contractual terms is fairly widespread also within the Centre and although exact figures are not available, the partnership approach even if slightly improving over time, cannot certainly be considered as the prevalent one.

There are extremely diverging views on what the role of the FP in the strategic planning process should be. The present consultation process is deemed insufficient or totally insufficient by one third of FPs, while another third is satisfied or fully satisfied. The remaining third has a more neutral stance and assesses the consultation exercise as sufficient. This also reflects widely diverging expectations on how the process should be run and why. Those who are more sensible of political considerations deem any consultation as pointless: "many FPs are simple technical bodies and do not have the standing to represent their Member States in any strategic decision-making process". Others who focus on practicalities stress that the Centre "ultimately depends on the FP capacity to deliver and without a serious consultation process from below on concrete feasibility of proposed actions, strategies are bound to remain on paper". In a similar vein, a FP remarked that the CU should act more as a buffer mechanism within the Centre mediating between "unrealistic expectations" and "what can be concretely achieved".

The Centre's redressing system, or lack thereof, remains a highly controversial issue. A slightest majority of FPs agree in principle that the present redressing system is inadequate and the Centre should be given more powers *vis-à-vis* poorly performing FPs. Even among the opponents who stick to the "it is a Member State responsibility" argument, the contractual approach has some influence and about half of them are keen to consider some kind of penalty for those not fulfilling their obligations. Hard-line opponents to any redressing mechanism generally make the point that the Centre has a poor understanding of local conditions and is not in a position to assess compliance with reference to concrete local feasibility. However, it comes to little surprise that on average those FPs, which for various reasons have more problems in meeting the Centre's expectations, are those less keen to entrust the Centre itself with any contract enforcement tool. There are also conflicting views about the issue among Centre staff. The contract is often perceived as an inappropriate redressing instrument vis-à-vis a FP. There is a wide perception that the ultimate result would simply be spoiling relations with the FP if this were not followed by a reform of the FP appointment mechanism.

So far the reputation tool has been hardly used as a motivational mechanism. Until recently the FPs were not given access even to each other reports and the whole Centre's management culture seemed mainly inspired to consider FPs contributions as confidential and to keep them hidden to the public. Some preliminary progress in this respect can be noticed. FP national reports have become available, data on progress in implementing key indicators are being collected and circulated. This trend should continue in the future as the Feira Council decision requested that Centre should report to the Horizontal Working Party on Drugs about the progress achieved in harmonizing the above five key indicators.

5. Structures and Organizational Mechanisms

Main Evaluation Question and Related Key Issues. This chapter will deal with the first evaluation question, namely about *the structures and organizational mechanisms - including the horizontal co-operation with partners and other Focal Points and the relationship with the representatives at the EMCDDA Management Board and Scientific Committee - for the collection, assessment, analysis and dissemination of information in the framework of the participation into the EMCDDA activities.* As mentioned before, Member States were left totally free to choose the organizational model they preferred for establishing their FPs broadly reflecting the different ways the drug issue is dealt with at the national level, in organizational and policy terms. Country specific details can be found in Volume II.

Structure of the Chapter. This chapter will be structured into two main parts. First a description of the nature of the FPs and of the institutional context within which they operate will be made. FPs will be then reviewed in their staff composition and main organizational features. Finally, their production process will be briefly outlined with regard to data collection mechanisms, processing of information, and dissemination of EMCDDA outputs. The first part of this chapter will end with a brief description of the main horizontal co-ordination mechanism currently in place. The second part will include the main findings where these organizational features will be correlated, to the limited extent made possible by the different institutional context, with effectiveness considerations.

PART 1 DESCRIPTION OF THE SITUATION

5.1 Focal Points - Nature and Institutional Context

The Appointment Process. Historically most FPs had been appointed by their Governments even before the Centre was established in Lisbon and a detailed program of activities defined. Depending on the nature of the FP, this appointment process took place either through an official Government act or through a simpler contractual agreement following an informal consultation procedure. Formal tendering procedures for the selection of the National FPs have never been used so far, even if there are preliminary indications that a Member State might have recourse to such a mechanism in the near future. Two Member States (the Netherlands and the United Kingdom) decided to appoint two different FPs, one responsible for policy matters (and political supervision) the other for operational activities. In a few Countries (Italy, Spain, Portugal, and until recently Greece) the MB Representative and the FP belong to the same organization. In two Countries (Italy, Spain) the same individuals play both roles.

In some Countries FPs have not remained stable over time. The FPs have changed reflecting broader institutional changes in drug policy responsibilities at the National Level (Italy, Portugal) or more simply the merging of NGO organizations (the Netherlands, the United Kingdom). In other cases the present FP started operations after a very brief period when FP responsibilities had been entrusted with another organization (Finland, France). These institutional changes have brought about different levels of disruption of activities and loss of expertise. In some Countries the appointment process was accompanied by a normative act defining FP responsibilities and powers. Details on these normative arrangements are reported in Volume II.

Nature. Member States have appointed as FP organizations of a highly different nature. These mainly differ in their degree of direct hierarchical subordination to Government and of specialization in the drug field. FPs can be:

- *Government Organizations* under the direct hierarchical control of a given Ministry or interminesterial committee. This is the case in Spain, Portugal and Italy.
- *Public Research Institutes* formally independent from direct Government control, but almost entirely financed by public funds and whose top management is directly appointed by a given Ministry. This is by far the largest group in the sample, as it includes Denmark, Ireland, Sweden, Norway and Finland. In most cases representatives of Ministries sit in the FP Scientific Committees or other Consultation Boards and supervise FP activities.
- *Non Governmental Organizations.* Fully independent research institutes sometimes incorporated as private companies or Universities that at any rate often are highly dependent on Government funding for their survival. This is the case in the Netherlands, Austria and Greece (where Government funding is provided either on a permanent or multi-annual basis). Again Government supervision of activities is often ensured by Scientific Committees or other advisory boards. In two Countries Ministries act in parallel as Policy focal points and are involved to different extent in consultation activities with the operational FP.
- *Special Cases.* Special cases are represented by France, Luxembourg, Germany and Belgium. The French FP shares many of the features of a *Public Research Institute* (appointed by Government and fully public-funded), but, as its mandate is to monitor and evaluate drug policies, it has special *ad hoc* provisions to reinforce its independence, thereby resembling for some aspects an NGO-type organization. The Luxembourgian FP is a mixed structure of a *Government Organization* with a *Public Research Institute.* The German FP is a consortium led by a *NGO* and composed by another *NGO* and a *Government Organization*. In Belgium the FP structure reflects the Country's institutional structure. There is a national FP at the federal level (a *Public Research Institute*) operating in strict synergy with four regional Sub-Focal Points acting in the Flemish, Waloon and German communities and in the Brussels region.

All these organizations had a previous experience in the drug field, but the French and the Austrian FP. The Italian and Portuguese FP that have been given such responsibilities only recently following a reorganization of Government functions. However, the degree of specialization and the related organizational focus in the drug field also widely differ. There are FPs where the drug phenomenon represents:

- *100% of activities*. This is the case in Spain and Portugal where the FP is the political body responsible for co-ordinating drug policies, France where the OFDT has a similar mandate for monitoring and evaluation and the United Kingdom, where the FP is an NGO entirely specialized in the drug field. In Spain and France the FP mandate also includes alcohol and other licit addictive substances. Also in Norway the research institute appointed as a FP has a strong focus on drugs (50%) that can reach even 100% of activities if alcohol is included.
- *from 40 to 50% of activities.* As is usually the case for other NGO-type organizations in the Netherlands, Germany and in Greece
- *from 10 to 25 % of activities.* As happens in some other public research institutes in Ireland, Luxembourg and Sweden
- *less than 10% of activities.* As is the case in the remaining public research institutes, in Austria and in Italy where the FP is a an operational branch of the Ministry of Labour and Welfare.

The situation can be summarized in the table 5.1 below:

Tab. 5.1 Classification of the Operational Focal Points by Nature of the Organisation and Degree of Specialisation in the Drug Field – Year 2001

Country	Focal Point	Nature of the Organisation	Degree of specialisation in the drug field (% of total staff)
Austria	Austrian Health Institute	NGO	~ 8 %
Belgium	Scientific Institute of Public Health (at the federal level) + Four Regional Sub Focal Points[22]	Public Research Institute	1-2 %
Denmark	National Board of Health	Public Research Institute	5 %
Finland	National Research and Development Centre for Welfare and Health	Public Research Institute	3%
France	French Observatory for Drugs and Drug Addiction	Public Research Institute[23]	100 %
Germany	Institute for Therapy Research[24]	NGO/Government Organization	40 %
Greece	University of Mental Health Research Institute	NGO	40 %
Ireland	Drug Misuse Research Division Health Research Board	Public Research Institute	13 %
Italy	Ministry of Labour and Welfare-OIDT	Government organization	5-10 %
Luxembourg	Directorate of Health – EMCDDA Focal Point Luxembourg	Government organization / Public Research Institute	15 %
Norway	The National Institute for Alcohol and Drug Research	Public Research Institute	50-100%
Portugal	Portuguese Institute on Drugs and Addictions	Government organization	100 %
Spain	Government Delegation to the National Plan on Drugs	Government organization	100%
Sweden	National Institute of Public Health	Public Research Institute	~ 25 %
The Netherlands	Trimbos Instituut – Netherlands Institute of Mental Health and Addiction	NGO	50 %
United Kingdom	Drugscope	NGO	100 %

[22] Namely, VAD, an umbrella organisation in the Flemish Region, EUROTOX, another umbrella organisation in the French Community, CTB/ODB another independent organisation in the Brussels region and ASL an independent organisation in the German-speaking community. Details on these Sub Focal Points are reported in Volume II.
[23] Strictly speaking, according to the French law a Groupement d'Interet Public.
[24] The leading entity of a consortium comprising also BzGA – The Federal Center for Health Education and DHS a Government organization and DHS - The German Council Against Drug Problems an NGO umbrella organization. The percentage refers to the Institute only.

5.2 Focal Points - Organization and Staff

Organization. Given the different degrees of specialization in the drug field of the various organizations appointed as FP and their different size, there can be a number of possible patterns of overlapping between the "FP as an institution" and the "FP in operational and organizational terms", i.e. the core group of people responsible for carrying out EMCDDA-related activities. In just one case – France - the two things fully coincide and a part of the personnel is simply allocated to FP-related responsibilities. Whenever this is not the case a number of situations are possible: either the FP is a department (UK, Greece) within the mother institution, or the FP is a sub-unit within a given department (e.g, Denmark), or it is de facto spread across the institution and is co-ordinated by a given unit or department (e.g, Finland, Portugal and Spain). A review of all the different organizational solutions is reported in Volume II. One the possible consequences of these different organization patterns is the establishment of an operational head of the FP concretely responsible for co-ordinating activities who is somebody different from the formal head of the focal point from an institutional point of view. Such instances are relatively frequent and have been experienced among others in Portugal, Sweden, Denmark and to some extent Italy. In these cases the formal head of the FP more or less loosely supervises what is done by the operational head.

Staff. Patterns of composition of staff in both quantity and main fields of expertise is also highly varied among the FP. The situation is summarized in table 5.2 reporting the total number of people directly working for the FP. Data on scientific personnel is broken down by seniority (more than five years of professional experience), continuity in the post (more than three years with the FP), involvement in academic publications and self-declared linguistic skills. As most of this personnel contributes only part-time to FP activities a separate indication is given of those who work full-time for the FP or contribute at least 120 working days in a year. As can be seen, FPs range from very well-knit units (Denmark) to much wider and diversified structures (Spain, France, Italy, Greece).

However the "average" FP relies on the contribution of some nine and a half different staff, of whom two and a half support personnel. At least one scientific staff is on a full time basis and another one and a half contributes for at least 120 working days. More than half of the scientific personnel has a certain degree of seniority and has remained in the post for more than three years. Some 80% of scientific staff is fully fluent in English and another 40% has been involved in academic publications.

Table 5.3 below reports FP staff breakdown by type of education as a rough proxy for main areas of professional expertise. The average FP relies on contributions from some two social scientists (either sociologists or anthropologists), one epidemiologist/demographer. Other professionals often represented are by frequency: psychologists, statisticians/mathematicians, health specialists, economists and social workers. Professional criminologists can be found in the UK FP core team only and chemists only in the Belgium and the UK. Contributions from others/non better specified personnel include educational backgrounds as diverse as ecology or international relations, police officers and undergraduate "researchers".

This ranking of importance does not change significantly if one considers contributions in terms of average working days per FP. Only statisticians/mathematicians contribute significantly less working days per unit of staff than other categories of personnel (tab. 5.4).

Tab. 5.2 Composition of FP Staff – Year 2001

	Total Staff	of which support	Scientific staff					
			> 5 years profes. experience	in the post for > 3 years	Involved in academic publications	fully fluent in English	full working year	at least 120 working days
Austria	6	1	3	3	3	5	0	3
Belgium	5	1	0	2	2	4	3	1
Denmark	3+1[25]	1	1	1	0	2	1	1
Finland	7	1	4	3	4	6	1	3
France	19	6	3	5	0	5	0	1
Germany	8	1	4	3	5	6	0	1
Greece	16	6	2	8	5	6	..	..
Ireland	7	1	1	1	2	6	3	3
Italy	11	4	7	5	2	7	0	0
Luxembourg	6	3	1	1	2	2	2	1
Norway[26]	..	..	..	..	..	..	..	..
Portugal	13	6	4	2	3	7	2	3
Spain	15	2	10	11	0	5	..	..
Sweden	8	1	6	6	0	7	0	0
The Netherlands	7	2	4	3	5	5	2	0
United Kingdom	9	1	3	3	5	8	..	..
TOTAL	**141**	**37**	**53**	**57**	**38**	**81**	**15**	**17**
Average	*9.5*	*2,5*	*3,5*	*3,8*	*2,5*	*5,4*	*1,2*	*1,4*

Tab. 5.3 Breakdown of FP Scientific Staff by Professional Education – Year 2001

	Sociolog/ Anthropol.	Epidem. /Demog.	Psycholog	Health Special.	Statistics Mathem.	Econom.	Social Worker	Crime Spec.	Chemist Pharmc.	Legal Expert	Other
Austria	2	1	-			1					1
Belgium	1	2							1		
Denmark	2	1									
Finland	3			1	1						1
France	2	2		1	2	4					1
Germany	1		3				2				1
Greece	1	1	3	1	3						1
Ireland	3					1					2
Italy	1	1		1	1		1				2
Luxembourg			3								
Norway	..	..	..	..	..	..	..	..	..	..	..
Portugal		1	1		1		1				3
Spain	4	2	2	2						2	1
Sweden	4	2		1							
The Netherlands	2	1		1							1
United Kingdom	3	1						1	1		2
TOTAL	29	15	12	8	8	6	4	2	1	2	17
Average	*1,9*	*1*	*0,8*	*0,5*	*0,5*	*0,4*	*0,3*	*0,1*	*0,1*	*0,1*	*1,1*

[25] The Danish Focal Point as a unit is composed of two staff. However a third professional from the same institution is routinely involved in FP epidemiological-related activities. Full details for this professional are not available.
[26] Data on Norway are not available as the FP had just started operations and was undergoing a reorganization of activities and staff.

Tab. 5.4 Average composition of FP core team (professionals and working person/days) – Year 2001

	Average Units per FP	Average Working Days per FP
Social Scientists	1,8	189
Epidemiologists/Demographers	1	137
Psychologists	0,9	97
Health Specialists	0,6	66
Statistician/Mathematician	0,5	28
Economists/Regional Planners	0,4	46
Social Workers	0,3	35
Others/Not specified	0,9	131

5.3 The Production Process

Data Collection. Patterns of data collection widely differ reflecting the different institutional contexts and the nature of the activities. Basically FP either have access to data already processed by other intermediary organizations or have to process raw data by themselves. Some Countries can rely on a well-established tradition of centralized data collection (e.g. Sweden) and have mainly recourse to intermediary organizations. Others (e.g. Luxembourg, Finland) had to build entire parts of the data collection system entirely from scratch. Belgium is a peculiar case as the the bulk of data collection is delegated to sub focal points at the regional level. The complexity of data collection from NGO also partly depends on the availability of NGO umbrella organizations to rely upon. The situation can be summarized as follows:

- data collection about drug use in the general population depends on the availability of surveys at the national level that either are already there or come at a cost. Most focal points are not directly involved since surveys are generally carried out by public institutions, universities, etc.
- data collection on prevalence of problem drug use requires access to statistics differently available in the Member States. Sometimes FP are involved in primary data gathering (treatment, police, prisons, AIDS, deaths).
- data collection on drug-treatment demand depend on institutional systems for treatment in place. When treatment is managed by public entities reporting systems are usually in place. In other cases FP have to collect raw data from the field. This can come differently difficult because primary sources (e.g., general practitioners) have different incentives to report.
- data collection on drug-related deaths depends on institutional information (statistic institutes, the police, coroners, forensic institutes) or on data collected through treatment centres or health care institutions
- data collection on drug-related infectious diseases again requires the active collaboration of treatment centres and public health institutions
- data collection on demand reduction projects requires antennae at the institutional level where these projects are managed and financed (regions, provinces, municipalities, NGOs).

The data collection process for the joint action is even more diversified. FP can rely either on secondary sources of information only (health care units, laboratories, law enforcement units, forensic institutes, the army, etc.) or may also have access to primary sources such as outreach workers, on-site pill testing, on-site prevention teams, low threshold units, etc. This partly depends on cost considerations partly on legal restrictions to the use of primary sources outside of formal judiciary channels. Moreover, judiciary or law enforcement restrictions to the collection of data can

be found also when only secondary sources are used. In general, those systems based on primary sources of information were not specifically designed for the early warning, but were conceived for other purposes and have been adapted accordingly.

As a very rough indicator of the how data collection patterns differ in the different countries the data on the numbers of institutions involved in work on demand for treatment (tab.5.5) and demand reduction projects (tab. 5.6) can be used. These are often considered as the most complex tasks to manage from a FP point of view, as they require a certain number of correspondents in the field. They therefore represent a good proxy of data collection effort and complexity. However these data do not always represent a complete picture of the situation. For instance, it must be remembered that the German, the Dutch FP run national database on treatment demand that are not generally considered as FP activities or financed through REITOX. Also the Danish and the Portuguese FP can rely on data collection activities already carried out on an institutional basis in house. More country-specific details are referred to in Volume II.

Tab. 5.5 Number and Type of Institutions Involved in Work on the Treatment Demand Indicator (on a regular basis + on a sporadic basis) – Year 2001

Country	Public Agencies	NGOs	Others	Total
Austria	10 + 15	5 + ~150	-	15 + ~165
Belgium Federal	1	4	0+1	5+1
Belgium – Sub FPs	46	23	-	69
Denmark	0 + 50	-	-	0 + 50
Finland	9 + 2	3	140 (treatment units)	152 + 2
France	10	-	300 (treatment units)	-
Germany[27]	-	-	-	-
Greece	9	5	-	14
Ireland	1 +10	0 + 10-15	-	1 + ~25
Italy	22	-	-	22
Luxembourg	2	8	-	10
Norway	..	..	..	..
Portugal	1	-	-	-
Spain	..	..	..	..
Sweden	1 + 2	-	-	1 + 2
The Netherlands	1	2	-	3
United Kingdom	1	-	-	1

[27] The German FP maintains a database on demand treatment in the Country which is not considered as a FP task and is not included among FP activities.

Tab. 5.6 Number and Type of Institutions Involved in Work in Demand Reduction (on a regular basis + on a sporadic basis)

Country	Public Agencies	NGOs	Others	Total
Austria	~15 + ~20	~20 + ~150	-	~35 + ~170
Belgium Federal	-	4	-	4
Belgium Sub FPs	2	8	-	10
Denmark	17 + 20	0 + 4	-	17 + 24
Finland	1 + 5	1 + 5	-	2 + 10
France	10	80	-	-
Germany	16	1	-	17
Greece	18	72	-	90
Ireland	1 + 1	0 +25	-	1 + 26
Italy	0 + 22	0 + 40	-	0 + 62
Luxembourg	2	2	-	4
Norway	..	..	..	..
Portugal	6	18	-	24
Spain	..	..	..	..
Sweden	0 + 5	0 + 5	-	0 + 10
The Netherlands	-	-	5	5
United Kingdom	-	-	-	-

Information Analysis and Assessment. FP also widely differ in their patterns of recourse to external expertise and involvement of other stakeholders in information analysis and assessment. Two main processes can be analysed under this respect. 1) First, the national report may be the result of a purely in-house effort or may also involve other institutions (Universities, NGOs) through either a broader consultation process or the provision of consulting services. At any rate, in all Countries, but Italy the responsibility for co-ordinating work on the report and assembling the text is kept in-house. 2) Second, for the five key harmonized indicators the establishment at the national level of *ad hoc* working groups of experts responsible for following more closely development of activities. External experts or working groups have also been appointed to provide inputs on demand-reduction projects or for the joint action. The table 5.7 below reports the various consultation mechanisms as far as the National Report is concerned. It indicates the number of institutions regularly involved in the process. Whenever deemed relevant table 5.8 adds information on the number of institutions sporadically involved. Table 5.9 summarizes the different patterns of involvement of external expertise in the work for the five key epidemiological indicators, demand reduction and the joint action.

Tab. 5.7 Consultation Process for the Preparation of the National Report – Number and Type of Entities Regularly Involved – Year 2001

	Universities	NGOs	Individual Experts	Government Public Agencies	Recourse to consulting services
Germany	10	5	15	25	No
Austria	3	20	0	15	No
Greece	0	0	5	8	Yes
Denmark	2	0	0	20	No
Belgium[28]	9	4	0	1	No
France[29]	50	30	100	30	No
Portugal	0	0	0	10	Yes
Ireland	0	50	0	6	No
Netherlands	10	3	3	5	Yes
Sweden	0	1	0	0	Yes
Luxembourg	2	10	10	8	Yes
Finland	1	4	2	22	No
United Kingdom	5	0	0	6	Yes
Spain	0	0	0	Several	No
Italy	4	3	10	30	Yes

Tab. 5.8 National Report Preparation - Additional Entities Involved on a Sporadic Basis – Year 2001

	Universities	NGOs	Individual Experts
Germany	13	0	25
Austria	7	45	5
Greece	0	1	2
Denmark	4	3	5
Portugal	0	2	3
Ireland	2	3	10
Sweden	1	1	0
Italy	9	35	9

Tab. 5.9 Patterns of Involvement of External Experts in the FP Main Activities – Number of FPs by Type of Activity – Year 2001

Activity	Supervision of Internal Staff	Expert on an informal basis	Expert on a contract basis	Expert on an institutional basis
Five Key Indicators				
Drug Prevalence	13	2	3	4
Problematic Drug Use	11	2	4	4
Demand Treatment	12	-	2	6
Drug-related Deaths	11	1	1	10
Infectious Diseases	11	2	1	8
Demand Reduction	14	2	1	2
Joint Action	14	2	1	6

[28] Data on Belgium do not consider the sub focal points
[29] The figure is referred to FP operations in general including the key indicators.

Lobbying Activities. The FPs are differently placed for their lobbying activities aimed at strengthening compliance with the EMCDDA technical requirements. They may directly be the bodies responsible for implementing or coordinating drug policies (Spain, Portugal) or the may rely on the existence of such co-ordinating bodies (Austria, the UK, France, Greece). In the other cases they must do the lobbying themselves by contacting the relevant institutions.

Other activities. Together with institutional lobbying FP may be differently involved in other promotion and facilitation activities such as training courses or organizations of meetings and conferences. Also in this case they can differently rely on the support of coordinating political bodies.

Quality Control Mechanisms. The FP can put in place different quality control mechanisms, with different degrees of formalization. Their activities may be reviewed by either in-house or external colleagues (peer review) or be assessed by steering committees either on an institutional (typically represented by Scientific or Advisory Committee) or ad hoc basis (working groups). More specialized procedures may include recourse to external accreditation of data or formal internal/external data auditing procedures. To avoid the well-known "garbage-in garbage-out" mechanism quality control and data validation techniques would be particularly required for work on prevalence of problematic drug use and drug-related deaths. Also demand reduction project require some kind of data validation before being included in the EDDRA data-base. A summary table of main procedures used is reported in table 5.10 below.

Fig. 5.10 Number of FPs Declaring Having a Quality Control Mechanism in Place by Type of Activity – Year 2001

Product	Peer Review	Steering Committee	Accreditation	Internal Audit	Other
National Report	8	8	1	4	2
Drug Prevalence	5	10	1	3	2
Problematic Drug Use	6	12	1	2	2
Demand Treatment	4	11	1	2	3
Drug-related Deaths	5	10	-	1	3
Infectious Diseases	5	11	-	1	3
Demand Reduction	5	10	2	2	1
Joint Action	3	9	2	1	1

Documentation and Product Dissemination. According to the EMCDDA Regulation the Centre should set up a documentation centre and disseminate scientific information to the general public. When establishing the REITOX Network, some FPs considered that being a part of a network of documentation centres in Europe was to become one of their responsibilities. In some cases the role played as a documentation centre at the national level was reportedly considered one of the main factors for the appointment of a given institution as a FP. In a similar vein, in Norway the newly-established FP results from the merging of a previous research institute with a large library previously located in the Ministry of Health. There are huge variations in the present FP capacity to act as documentation centres in their own Country. While this is certainly the case for the UK, and both Greece and Portugal have heavily invested in this field in other Countries there is practically no documentation centre to speak of.

The FP also limitedly act as provider of PR and other information-related services. They contribute articles to the EU Drug-Net bulletin and act as distributors of EMCDDA publications (in particular the European Annual Report and the Drug-Net bulletin) in their Member States. On top of that, although this activity has remained in most cases marginal, they also keep relations with

journalists and the media at the time of the report presentation. In a few instances, they also took part in the report editing phase as proof-readers of versions in their native language. Apart from one focal point (UK) these activities are often dealt with as part of FP co-ordination activities and are not allocated any dedicated professional staff. Country specific details are reported in Volume II.

5.4 Horizontal Coordination Mechanisms among Focal Points

The REITOX Meetings. Even before a REITOX Coordination Unit could be established in Lisbon, heads of FP started organizing meetings to agree a common position in their relations with the Centre. This was a reactive move made necessary by the serious difficulties many FP experienced at that time in their relations with Lisbon. The attitude prevailing in these meetings used to be fairly confrontational and these events were mainly used as an opportunity to voice discontent and other matters of concern. With the establishment of the REITOX CU the REITOX meetings were formalized and became twice a year regular weekly events in the life the Centre. The CU was made responsible for organizing and chairing such meetings and for setting the related agenda. Since then, the typical REITOX meeting agenda has tended to change. While at the beginning meetings mainly concentrated on administrative-related aspects also reflecting the unclear operational framework prevailing at that time, in the latest years they have been increasingly concentrating on content-related matters. With the 1998 MB reform a new element was introduced. FPs were allowed to appoint a "spokeperson" specifically responsible for liaising between the FPs and the other EMCDDA institutional activities. This "spokeperson" attends, when invited, both the MB and the SC meetings and is supposed to both report to his or her colleagues and to illustrate the FP position.

The Pre REITOX Meetings. As long as the REITOX meetings have become increasingly institutionalised and content-related, FPs have begun to organise preliminary informal pre REITOX meetings where the contents of the following REITOX meetings are discussed and attempts at reaching a common position among the FPs on most of the related issues are made. Because of their more informal nature pre REITOX meetings are assumed to be an opportunity for the FP to raise their issues before a formal position is taken at the REITOX meetings.

The Cluster Meetings. Recently the REITOX Coordination Unit has also started organising cluster meetings. These are events where a limited number of FPs (since the name cluster) are invited to debate specific issues of supposedly common interest. The REITOX CU is responsible for selecting topics and inviting FPs. There have been relatively few such instances of such meetings so far.

PART 2 EVALUATION MAIN FINDINGS

5.6 Focal Points – Nature and Institutional Context

The Appointment Mechanism. Evidence can be easily found that modifications in staff composition and related disruption of activities is a major factor affecting FP performance irrespective of whether this depends on a new institution being appointed as FP or on well-established FP internal organizational reasons. The human capital built by the learning process is obviously lost in both cases. Institutional or contractual arrangements between FP and Member States are not a major cause of concern to the FP or represent a serious hindrance to their activities. Only in three cases such problems still do exist either because the legal basis for FP operations is far for clear or because overlapping of responsibilities with the policy FP is poorly defined. Some 40% of FPs mainly in Southern States and Nordic Countries have their powers to collect information at the national level clearly defined in a normative act. At any rate lack of legal empowerment is considered a major obstacle just by one Focal Point facing a particularly difficult institutional context. All the other FPs agree that such a normative act would be poorly effective because hardly enforceable or inappropriate to the national context and by far prefer relying on informal collaboration mechanisms. A few of them even deem such a piece of legislation as counterproductive because it would not allow enough flexibility to adapt to new requirements.

After having been appointed, obviously aside from those FP directly represented in the MB, there is usually little mechanism in place to ensure co-ordination between FP and their MB and SC representatives rather than personal contacts. As a very rough indicator of how strict the connection between FP and their respective MB and SC representatives is, it can be considered that 50% of MB representatives returned this evaluation questionnaire, compared with 25% of SC representatives. After the Deloitte & Touche evaluation found interaction between FP and their MB as too much limited and highlighted this as a problematic area, we cannot rule out a certain bias in the answers received this time, as all the FPs but one score their relations with MB representatives as close or very close. A view not necessarily shared by their counterparts that in almost 50% of cases assessed their relations with the FP as somewhat limited. Working relations with SC representatives are usually loose and mainly based either on personal contacts or common work on the joint action. Only slightly more than half of FP have a close or very close contacts with their SC representatives and this usually happens because they work for the same institution or the latter in also included in FP scientific committee or advisory board.

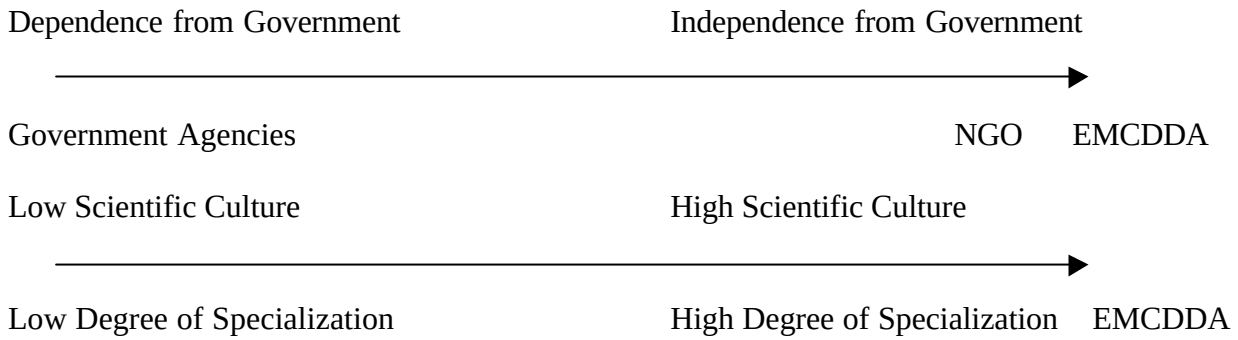
The Nature. So far the nature of the FP has not been an entirely neutral factor in shaping relations with the EMCDDA. The Centre has been strongly influenced by the scientific culture and approach prevailing in its key departments [30] and the mentality of a Government officer does not easily combine together with that of a scientific researcher. Roughly speaking, leaving apart the JA which is a very special case indeed, and following a very rough rule of thumb approach, it can be noted how the interaction between the FP and the Centre has been made easier the farther FPs are from direct Government control[31] and the higher their degree of scientific specialization in the drug field is (fig 5.1). This has also had an impact on how the contribution of the various FPs has been appreciated. Exceptions to this rule are always possible, but these are linked to random factors such

[30] Already back in 1996 the Woodcock evaluation noticed that although Member States were obviously free to appoint who they wanted, a slight preference should be given to NGO-type institutions, thus reflecting a widespread perception within the Centre.

[31] The different attitudes on National Governments to an hands-off approach are reflected in the FP self-assessments. One FP acknowledges its degree of independence from political control as low, four as "average", ten as high, one as very high.

as personal commitment and skills of FP staff or the particular situation in a given country. As the Centre has just undertaken its reform and is moving towards a more policy-oriented approach, it is too early to say whether this will bring about a mentality change and a shift in the prevalent attitude in Lisbon. However, there are already some preliminary indications that in that case the system of values could change leading Scientific Institutes to lose some of their "structural" advantage vis-à-vis Government Agencies.

Fig. 5.1 Interrelation between Nature of the FP and EMCDDA (structural factors)



The different nature of the FPs has little relation with their visibility in the political debate than on the contrary depends on Country-specific factors. Some 20% of FP refer their being rarely consulted by their own Governments. As high as 25% of them acknowledge that their own Government's interest in their activities is not particularly high. This can allow in some cases a degree of independence that would be otherwise impossible, but is a strong indicator of poor motivation and often coincides with overall poor performance. The Nature of the FP, on the contrary, does have an impact on visibility among drug practitioners and within the Scientific Community. It comes to little surprise that 45% of FPs are not particularly well-known among drug practitioners in the field. While 70% of focal points consider themselves as well-known or very well known in their scientific community[32]. However, none of these factors has a notable impact on performance.

5.7 Focal Points - Organization and Staff

Organization. No conclusive evidence has been found of possible correlations between focal point organizational features and their overall effectiveness. A number of FPs suffer from possible interdepartmental co-ordination problems, but these are usually solved by the fairly informal working mechanisms prevailing in most of them and some real difficulties may be experienced in highly bureaucratic structures only. In a notable case interdepartmental co-ordination is ensured by an internal contractual mechanism. FPs run through strong hierarchical principles and characterized by fairly formal working mechanisms may also experience bureaucratic delays in information processing due to the often lengthy official procedures. Also the degree of centralization of activities is not per se a key factor affecting performance, with the notable exception of a very loose structure facing project co-ordination and management problems.

[32] In the few cases where cross-checking with different sources (admittedly SC members where academic jealousies are always possible) was made, results often widely differ and FP self-styled as well known turned out to be considered as poorly visible.

Staff. A number of FPs do face problems with high turn-over in personnel. Instances of FPs with more than 50% of staff in the post for less than three years are relatively frequent, even if it should be borne in mind that most FPs experienced a sudden increase in staff some three years ago together with the 1998 MB reform and the definition of new tasks inclusive of work on the five key indicators. Lack of personnel working full-time for the FP, or at least for a reasonable number of working days may indicate possible FP coordination or project management problems. But a distinction must be made between those FP whose personnel mostly physically work within the same department, and those whose FP staff are *de facto* external consultants hired, although on a more or less permanent basis, but mainly involved in other assignments outside of the institution. The nature of the institution together with country-specific factors also largely explain the different degree of involvement in academic publications which does not appear per se as a strong proxy for effectiveness.

Finally, significant correlations can be found between the kind of expertise available within a FP and its main areas of specialization. For instance, it comes to little surprise that a FP filled with economists is particularly strong in social cost analysis. It can be noted that due to differences in the curricula among the various member states or even among Universities within a given member states psychologists often receive a strong training in quantitative analysis and can therefore be used as substitutes for either epidemiologists or social scientists.

5.8 The Production Process

Data Collection. It is difficult to find general factors on how highly Country-specific data collection systems affect FP effectiveness. Moreover, in the different areas of activity there are some divergences between how the FP self-assess the adequacy of the network they have established to collect information and the parallel perception from the Centre's point of view. In general, FP assess the situation in relative terms with reference to the progress made over the last few years or to local conditions. However, because of their nature a certain number of FP have difficulties in getting data from the Police, the Judiciary or the Prison System. Treatment demand is a particularly controversial area. Those FP who directly gather data, usually face coverage problems. The others may have difficulties in having the Centre standards complied with by other institutions, and may also face coverage problems when the system is run at the regional level with a large degree of autonomy. Problems with delays in receiving the information can be equally experienced by both modalities.

However all in all it can be said that at least five Countries and possibly another two do have problems in collecting data from their sources as far as treatment demand is concerned. There is greater consensus on drug-related diseases, where seven FPs recognize that the network put in place is not fully adequate to meet the Centre's standards as against eight such cases generally perceived in Lisbon. A more balanced approach has been found also as far as demand reduction is concerned. Three of the six FPs generally deemed as "poor performers" by the Centre easily acknowledge their difficulties in data collection due to insufficient networking and to their centralized and institutionalised data collection tradition and culture. Another two claim the problem has just be solved and that the network is now operational, while one has disagreements that are mainly related to project classification criteria rather than to the network as such.

In a similar vein as far as the joint action is concerned five FPs acknowledge that the data collection system is (or sometimes is not) there to the extent that sheer lack of political interest, the legal system or other institutional constraints make it possible.

Whenever institutional channels or compulsory mechanisms are not available, FPs must find ways to collect data from people who often do this as an extra work with understandable little enthusiasm. In fact, even some of those FPs that are given legal or administrative powers to compulsorily gather information have to provide some kind of incentive mechanism to try and get reliable information from their sources. This is a problem felt by quite a few FPs that often complain about lack of time and resources to be devoted to this motivational activity. So far FPs have had recourse to three main kinds of motivational strategies:

- *Monetary incentives*. In a very limited number of cases especially at the beginning of their activities FPs decided to pay to get information. The approach has proved an average not particularly effective. In most Countries there are considerable resistances and the matter is controversial. Information is considered as a public good, and especially when used for a public purpose it is felt it should not be paid for. Some FPs are in a position to have recourse to a negative incentive mechanism: those health care institutes who want to have access to public funding (grants, conventions) have to provide their data. Here results are slightly better.

- *PR activities.* A more effective approach is that data providers are motivated through involvement in events such as conferences, workshops, etc. They regularly receive FP publications and are contacted on a routine basis. If they have academic interests they are invited to take part to scientific publications. A similar strategy is often used also with Ministries at the National level. High-rank civil servants are invited to attend the Centre works or are even appointed as experts on an institutional basis. One of the main drawback of this strategy is that EMCDDA activities usually develop so slowly that it is difficult to keep people interested.

- *Provision of Services.* This seems the most sophisticated strategy implemented so far and the most successful one. Data providers are rewarded through provision of services on a free basis. They receive *ad hoc* newsletters. They are provided with documentary searches for free or are given access to the FP own data-base free of charge. In some cases the establishment of an Intranet as a motivational tool is being considered. Of course, such a strategy works to the extent that these services are of interest to data suppliers.

It is difficult to assess how feed-back mechanisms on collected data are deemed adequate by the FPs. All in all some 25% of FPs acknowledge that for different reasons the feed-back they give to their network is far from fully adequate. Most of those with a more positive view made a point that this was their opinion, and as such was not necessarily reflected by their partners who admittedly had never been consulted on the subject. Communication means does not represent a major problem to data collection. Only two FPs indicated some communication problems with their networks due to insufficient availability of electronic facilities or lack of software standardization.

Information Analysis and Assessment. There are expectations within the Centre that the FP's work and especially the National Report reflects a wider range of views than those strictly available within the FPs. This is required both to ensure that the report reflects the latest scientific developments in the field of drug research in a given Country and to avoid that the information reported therein should be perceived as exceedingly politicised. Involvement of Universities and NGOs can be considered as a proxy for this phenomenon. Most FPs fully comply with these expectations. A few others especially in Southern States do not, of if they do, the degree of involvement of these external institutions is significantly lower. This represents both a cultural divide and a disagreement about principles. In some FPs there is a prevailing view that NGOs are not authoritative and representative enough to be considered as official sources of information.

Others consider that their mandate is to provide data and not to review scientific research, or maintain that there is little available academic tradition in this field to rely on.

So far the delegation of specialized activities to external experts and the establishment of related working groups encouraged by the Centre has been a process adhered to by the FPs to different extents. Especially for the five key epidemiological indicators there are some cases of full decentralization of activities to external experts. However parallel supervision from FP staff still is by far the most frequent situation and specialized meetings are often attended by both FP staff and external experts. In a few cases these resistances may lead to overt or hidden conflict between the FP and the selected external expert. In other cases the EMCDDA simple does not understand who the interlocutor is or needs a clearer definition of operational responsibilities. Although generalizations are hardly possible there is some preliminary evidence that experts appointed on an informal basis out of personal contacts are less reliable as a stable counterpart that individuals selected on an institutional or contractual basis. However, working groups involving external experts on the key indicators and the joint action and the appointment of a dedicated EDDRA manager can be considered as best practice.

Lobbying Activities. Lobbying activities and the implementation of Centre harmonized standards is, all other things being equal, made much easier and more effective by the FP acting at the national level as a coordinating political body or being able to rely on the support of such an institution.

Quality Control Mechanisms. Most focal points have very basic and poorly formalized quality control procedures. Peer review, i.e. basically comments from colleagues, and in-house steering committees (variously named Scientific Committees, Advisory Boards, etc) are the most widespread mechanisms. In a significant number of cases these quality control mechanisms are implemented only as far as the national report is concerned. More formalized procedures are reported mainly for surveys on drug prevalence in the general population. Data validation mechanisms on problematic drug prevalence and drug-related deaths are poorly used. It can be concluded that most of recommendations formulated back in the Tomas evaluation report have remained to a large extent a dead letter[33].

[33] The last part of the Tomas evaluation report dealt with a proposal for assuring quality control of the epidemiological information provided to the Centre. A three-tier system was envisaged. First and foremost, the quality of the primary data should be ensured. This would require clear standardisation of procedures and mechanisms for assessing compliance with agreed procedures. The National networks were to implement common working protocols and documenting procedures for data collection. They were also to be made responsible for a first quality control. These controls would be complemented by epidemiologists' contributions at the Focal Point and at the Centre levels. The detailed structure of the proposed quality control mechanism was as follows: 1) a scientific advisory committee at the Centre responsible for assessing the quality of the reports and databases; 2) the REITOX Coordination Unit coordinating day-to-day quality control of the five indicators, follow-up of statistical and methodological databases; 3) peer review of the National Reports; 4) accreditation committee for the sources included in the National networks and the usual tools of 5) working groups, training programs and a methodological database. The implementation of this program would require a staged approach leading for primary sources first to full development of standards, then to their implementation and testing through quality studies. Finally the accreditation mechanism would take place as well as the related corrective actions. A shorter process was envisaged for the National Reports where development and implementation of standards, quality monitoring and the related corrective actions were to be achieved in the short run. Finally, it was highlighted how quality also depended on motivation which, in turn, depended on reducing administrative burdens and improving the occasions for scientific exchange and mutual learning opportunities.

5.10 The Horizontal Co-ordination Mechanisms Among Focal Points

Horizontal Co-operation. On average FPs appear as relatively isolated from one another. Some 80% of FP declare that their instances of collaboration with other FPs are far from frequent. A few of them actually maintain a certain co-operation process but this is done mainly on an informal basis either because of personal contacts or geographical proximity. Common projects have from time to time reduced this distance among the FPs involved. As a matter of fact, there are great expectations that the new EU-funded project on emerging trends could lead to increasing horizontal collaboration. This also seems an unexploited opportunity, because regardless of the dramatic 1996/97 work plan experiment, FPs generally assess fairly positively the few instances of collaboration they have had so far. If horizontal communication and exchange of experiences seems in general fairly limited, not the same can be said of what specifically concerns EMCDDA-related contractual matters. Here the collaboration process is much more developed, especially for what concerns the various REITOX meetings.

The Meetings. Positive appreciation of the REITOX meetings has slowly, although significantly, increased over time. While these meetings started as one-way communication events with materials distributed at the very last moment and the agenda made known to participants at a very short notice, nowadays both the working climate and organizational procedures have notably improved and one third of FPs declare their full satisfaction with how meetings are held. Another half of FP express their "reasonable" degree of satisfaction. Main problems are still related to a lack of mutual agreement on what the meetings are needed for. While most FPs appreciate the decision-making component and the opportunity of having a debate, criticism is mainly related to the fact that the agenda includes too many issues and therefore is either exceedingly ambitious or too vague and generic in scope. To others these meetings still represents mainly an opportunity for the EMCDDA to make its platform known, rather than having it debated. Complaints about other minor technicalities (accuracy of minutes, etc.) are also fairly common.

Opinions radically differ as far as the pre-REITOX meetings are concerned. These are events that are usually not attended by all focal points. The majority of them (some two third of the sample) are either positive or very positive about these meetings as opportunities to openly discuss and, above all, reach a common position on matters of interest. That's why some would like to see even more meeting preparation beforehand (through web-contacts, for instance) to ease the consensus-making in Lisbon. Opponents just make the opposite point and radically criticize the rationale behind pre REITOX meetings. The need to reach a consensus position *vis-à-vis* the Centre at all costs is considered as pointless in principle: "we behave like a trade union of FP workers and the Centre appears as our boss". In a similar vein, some object to the role of the REITOX spoke-person: "I don't see any need of being represented by anybody".

Cluster meetings have been too recent and untested to have a clear feedback on them. As most FPs attended just one or two of these events one third of them are not even in a position to make an assessment of their effectiveness as co-ordinating and information sharing mechanisms. In principle, most like the idea, provided that these meetings are organized by subject and not simply based on geographical criteria. Many would like to receive more clarification on the rationale behind inviting some FPs and not others. At any idea the idea of having Centre staff visiting the FP on a rotational basis is generally appreciated. There is a one third of hard-core opponents according to whom these initiatives unless clearly focused on specific operational matters or a given concrete project are simply "a waste of time and money with people talking nonsense around a table".

6. Relevance and Quality of Activities

Main Evaluation Question and Related Key Issues. This chapter will deal with the second specific evaluation question, namely *the assessment of the relevance and the quality of the different methodological and organizational activities carried out and outputs produced by the Focal Points in the framework of their contribution to the EMCDDA work program.* Relevance should be intended with reference to the Centre's overall mandate. Quality is a trickier criterion, as it needs a reference benchmark. For the purposes of this exercise, quality will be mainly assessed against the Centre's agreed standards and guidelines whenever available. Country- specific comments are reported in Volume II.

Structure of the Chapter. This chapter will be structured into two main parts. The first part will describe the FP outputs and activities and their relations with the EMCDDA work. The national reports, the information maps, the work on the five key epidemiological indicators will be briefly outlined together with the contribution to the EDDRA data-base and to the JA. A summary description of minor activities in policy analysis and information dissemination will also be made. The second part will first spell out the relevance and quality criteria against which the evaluation is carried out, and will also highlight the existence of possible conflicts with national factors. The evaluations main findings will then be exposed.

PART I DESCRIPTION OF THE SITUATION

6.1 Focal Point Products and Activities

Overview. The FP products and activities are highlighted in figure 6.1. summarizing the main expected FPs' contributions to the Centre's activities. FPs have to provide the Centre with annual reports on the drug situation in their Member States, maintain and update from time to time a map on all the sources of information available, promote the harmonization of the five key epidemiological indicators, provide information on demand reduction activities and contribute relevant and significant projects to the European Database of Demand Reduction Activities (EDDRA) and establish an early warning system on new synthetic drugs appearing in their markets. Starting in 2001, a new activity related to policy evaluation has been introduced into the Centre but so far the Focal Points have been only marginally involved in it . Information is being collected on the various legal systems together with the various national strategies and policies on drugs, to complement a core of "performance" indicators established for final evaluation of the 2000-2004 EU Action Plan on Drugs[34]. Additional minor tasks relate to PR and information and dissemination activities.

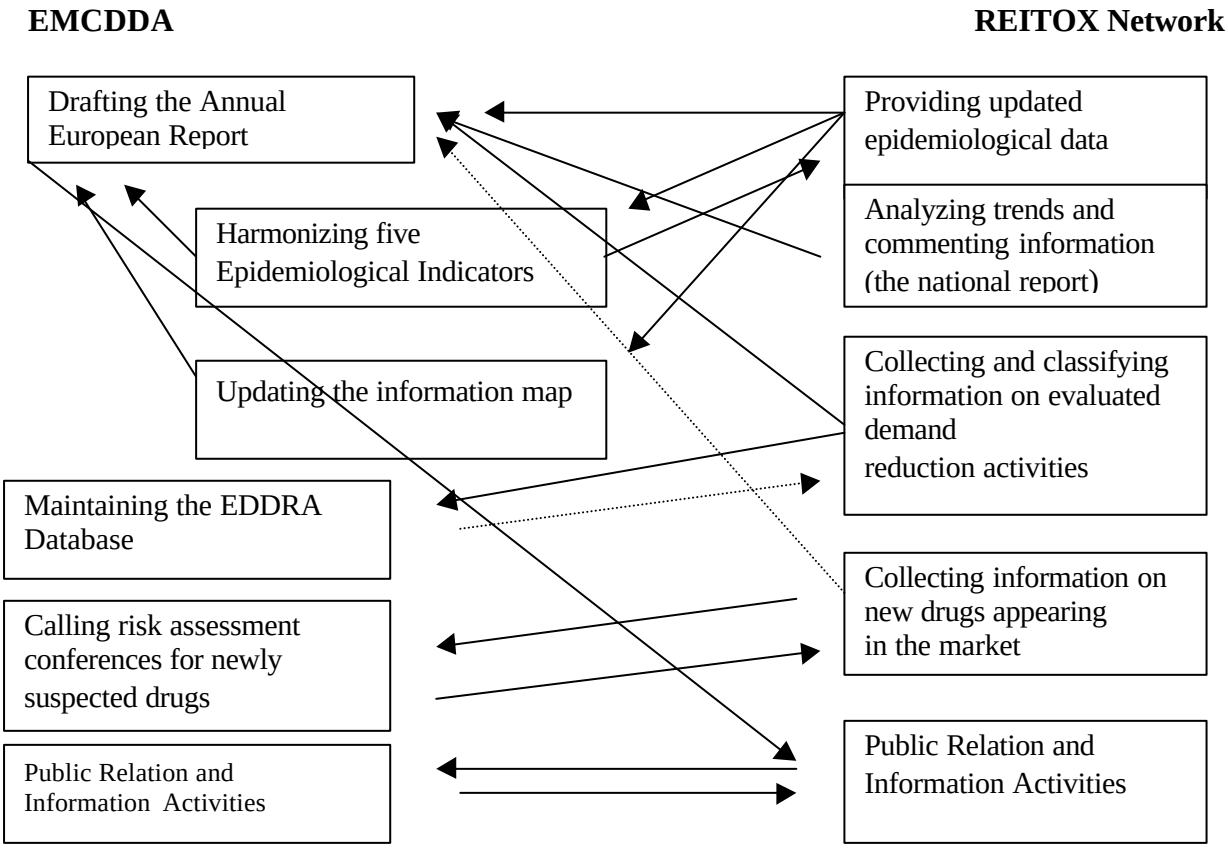
As indicated in the figure 6.1 below, most of FP activities tend to converge towards the drafting of the annual report. There are a number of activities that have been undertaken mainly as a tool for the report, notably the harmonisation of the five epidemiological indicators and the information maps; while information collection on demand reduction projects, although related to a separate independent objective, i.e. the EDDRA database, nevertheless has also had a significant impact on the report. Recently an epidemiological database has been established to separately collect statistical information to be used in the report from the analysis made in the text.

[34] These activities are mentioned here mainly for information purposes as they lie outside the scope of this evaluation.

The only area of activity relatively independent from the report is the "early warning system" aimed at detecting new synthetic substances appearing in the market. This has created some confusion with the (partly) overlapping "emerging trend" concept which is much more report-related and has a different purpose. While the early warning system is specifically aimed at spotting new synthetic drug as soon as they appear on the market, to make possible their quick risk assessment, research on emerging trends has a much broader objective, as it aims at providing quantitative and qualitative insights on new drug consumption patterns among the population in general, irrespective of their being related or not to a specific potentially dangerous new synthetic drug and to the joint action risk assessment legal process.

As shown, information flows tend to go from the FPs to the Centre. A clear bi-univocal information flow is foreseen in the Early Warning System where the Focal Points are requested not only to collect information and inform the Centre, but also to act as information dissemination points of the warnings collected from other sources which the Centre has to disclose immediately to Member States[35]. Other similar return flows of a more educational and promotional nature can be seen also in EDDRA activities and in the five key epidemiological indicators. In fact, FPs are requested to act as promoters/facilitators of EDDRA use in their Countries and to lobby for the five key indicators implementation/adoption in their own Countries.

Fig. 6.1 Scheme Summarizing FP Contributions to Centre Activities



[35] This does not necessarily mean that FP are entitled to issue warnings to the general public. On the contrary, most FP do not have this power at the national level and simply refer information to the relevant authorities.

The National Report. The national report is an all encompassing document summarizing the existing information on the drug situation in a given Country. The report is structured along a general part that is updated annually and a specific part (the so-called key issues) agreed upon on an annual basis. FPs have been given increasingly specific guidelines on how to structure the report together with a non-compulsory detailed table of contents and information checklist. The national reports are used among the various possible sources for the EMCDDA own report, but the whole process is structured in sequence rather than in parallel, and is therefore particularly lengthy and cumbersome. In autumn the FPs define with the Centre the contents of the report to be delivered one year later. Possible further refinements are agreed upon at a REITOX Meeting session the following spring. The National reports are processed by the Centre starting in the following winter and the final product. i.e. the Centre report is issued after some ten months, i.e. a total two years after commencement of activities. In a recent attempt at streamlining activities the FPs are now requested to submit to the Centre the epidemiological tables their report will be based on a few months earlier than the final text.

The Information Map. A remnant of the early stages of the Centre's life. In 1995 the FP were first asked to draft an "Information map" on the existing sources of information on the drug situation in their Countries, which would serve as a reference tool for the Centre for better understanding the local situation and for the focal point to highlight major existing shortcomings in the information available. This activity was reiterated on a more or less permanent basis until it was biannual starting from 1998. The last exercise was carried out in 2000. Unclear whether it will be discontinued in the future as it currently seems the case.

The Five Key Epidemiological Indicators. Since 1998 the Centre has started promoting the adoption of five key epidemiological indicators (drug prevalence, problematic drug use, treatment demand, drug-related deaths, drug-related infectious diseases) as a way to enhance comparability of data across Europe. FPs were first asked to contribute experts to agree on common methodological standards and then to start promoting the implementation of these indicators in their own countries to the extent made possible by local conditions. As most of these indicators either require costly data collection techniques (population surveys) or entail major structural changes in the data collection procedures out of the financial and political reach of the FP as such, these were somewhat implicitly requested to lobby for this harmonization process with their Governments. Official guidelines for these indicators have been only recently issued and technical standards for the drug-related infectious diseases indicator are still being defined.

Demand Reduction. After a pilot phase in 1997 and 1998, since 1999 FPs have been routinely requested to provide inputs about the most relevant demand reduction programs taking place in their Countries. Data on projects should be included in the EDDRA database according to well defined classification criteria. As EDDRA is conceived as a tool to spread demand reduction best practice in Europe, these projects should ideally be evaluated. To make this evaluation process easier, the Centre has established an Evaluation Instrument Database that is put at the disposal of the FPs and of all interested stakeholders. The FPs agree with the Centre a non-binding annual number of projects to be included in the data base (so far ten) and commit themselves to carry out promotional activities (conferences, workshops, etc) about EDDRA both to collect data about projects and make the instrument known to practitioners.

Early Warning. The FPs are requested to set up an early warning system to identify new synthetic drugs as they appear on the European market. The Centre is still working an a clear definition of how an early warning system should be composed in terms of possible sources of information (health centres, treatment sources, outreach sources, law enforcement sources) their

complementarity with existing monitoring schemes and their suitability to the target population. Also information validation mechanisms are being considered. Together with the detection of the possible suspected synthetic drug, the system is supposed to provide early information on its chemical and physical description, including street "brand names", frequency and circumstances of use, and a first indication of possible risks.

Policy Analysis. In the last few months FPs have increasingly been requested to provide information on drug policies in their Countries. The item was included as a key issue in the 2000 national report and requests to provide information on the various legal frameworks in place for drug consumption and trafficking have been subsequently sent. There are also increasing requests to the FPs to horizontally correlate policies with factual findings from epidemiological data and qualitative analysis.

Communication PR & Dissemination. Earlier in the Centre's life FPs were involved through additional contracts in revising the translations of the Centre Report in their own native languages. This activity was subsequently discontinued, reportedly because of its limited added value, as very few comments were usually received. It is customary that the FPs (but Portugal which is a special case as the Centre is based in Lisbon) take responsibility for distributing the report. The national mailing lists, presently updated, are reportedly not known to the Centre and little interaction has been required. The Focal Points also contribute from time to articles to the Drug-Net Bulletin they locally distribute. Some of them also play a role in keeping relations with the media when the EMCDDA report is launched. All of them usually contribute to the common press communiqué.

PART II EVALUATION FINDINGS

6.2 Relevance and Quality Criteria

Relevance. In theory relevance should be assessed with specific reference to the EMCDDA mandate and overall objective: the provision of objective, reliable and, if possible, comparable information and early identification of potentially dangerous new synthetic drugs in Europe. Timing can be considered as an additional component of relevance. It should be assumed that there is broad agreement on these relevance criteria. However, this is not necessarily the case at the Member State level. As the FPs substantially respond to their Governments rather than to the Centre, this has a significant impact on relevance considerations. The main problematic aspects can be summarized as follows:

- *provision of information*. In spite of what reported in the EMCDDA regulation, there is no unanimous consensus among policymakers across Europe that the provision of objective and reliable information on drugs should be encouraged. For example, until some years ago Finland was somewhat cautious even in providing general information about drugs and their possible damaging effects for fear of awakening the curiosity of potential users. While the Finnish Government subsequently changed its drug information policy, such attitude has not completely disappeared. Especially during the EMCDDA's early years of activity, a few FPs had some difficulties in divulging information considered as confidential or otherwise sensitive from their Governments. At any rate this potential constraint is always there.

- *consistence with national priorities.* The Centre's plan of activities although officially approved by the Member States' representatives in the Management Board does not necessarily reflect on an even basis political priorities and interests across Europe. Therefore Focal Points may face

considerable resistances to implement activities considered as a low or even negative priority by their Governments.

- *compatibility with legal framework.* Not all the activities FPs are requested to perform to accomplish the Centre mandate are equally compatible with their national legal frameworks. Problems may arise with respect to privacy and data protection considerations and with interference with Police or Judiciary procedures.

Quality. Any quality assessment needs a reference benchmark. Since this evaluation focuses on the REITOX network effectiveness in its relations with the Centre, whenever available, guidelines and other documents have been used as a reference. However this is possible to the extent this quality definition process is still on-going. Guidelines and reference documents are differently available in the various fields of activity of the Centre and are still undergoing a notable refinement process. For instance, guidelines on report drafting have been constantly improved and made more detailed for three years. A similar process, although slightly less formalized has taken place for demand reduction. In other areas progress has been slower. Although a broad consensus had been reached for some time, official guidelines on the five key epidemiological indicators were adopted in September 2001 only. Most importantly no clear indication has ever been given of what these promotional activities have to be, or of what is concretely expected from the FP.

In a similar vein, it was in June 2001 only that the Centre could hold its first workshop on the basic features of the early warning system for the joint action. Also activities in policy analysis being developed for quite a short time lack clear guidelines. As far as PR and info dissemination is concerned, there is no indication whatsoever of expected targets or procedures to be complied with.

6.3 The Main Products and Activities – The National Report

Relevance. The National Reports can be generally considered as reliable and objective sources of information. The available data are usually reported there. Comparability requirements are complied with to the limited extent made possible by the different national Drug Information Systems (DIS). There has been a notable improvement over the last few years, as previous instances of conflicting information between what was written in the Centre' report and the contents of the FP reports were much more frequent and this could be considered as an indirect indicator of unreliability or lack of exhaustiveness. Even today some 60% of FPs still does notice discrepancies between their National Reports and the information reported by the Centre in the first draft of its European Report, but these are mostly mistakes and inaccuracies easily acknowledged by the EMCDDA staff and amended in the official final version. In some three cases more content-related disagreements are still there, but these mainly relate to completeness of sources rather than sheer reliability of data that appears to be an issue for just one FP.

Compliance with timing requirements has also substantially improved. While at the beginning of the Centre's activities huge delays in submitting the reports were fairly frequent nowadays the problem has become more manageable. If the year 2000 delivery deadline is considered (fig. 6.1), it can be seen that one report was delivered with one month and a half delay, while another four were delivered either in pieces or finalized by end February early March. A report submitted by end February in its draft form was delivered too late to be of any use.

Tab. 6.1 Year 2000 National Report Delivery Dates (deadline end October)

Timing of Delivery	On time	By mid-November	By mid-December	Other
Cases (number)	5	5	1	4

In a number of cases work on the National Report also responds to national information needs. In three countries (Austria, Germany and Denmark) the national reports for the Centre are translated and made available to the public on an annual basis. Ireland also publishes its National Report but on a less frequent basis every three years. National versions of the report with some adaptations for the local context are also produced in Finland and France (on a biannual basis). Other FPs work in parallel on different versions of a National Report specifically aimed at the national audience and whose structure often substantially differs from that for the Centre. This is the case in Greece, Portugal, Sweden, Luxembourg, and The Netherlands. In other cases the FP simply makes the report available in its English version (Italy, Spain and Belgium which also publishes abstracts in Flemish and French) often because there already are other reports from other sources aimed at the national public. This is also the case in the United Kingdom where the FP publishes only an abstract of its national report as there are others available in the Country.

Over half of the FPs share the view already expressed in the Tomas and Deloitte and Touche evaluation reports that most of the information included in the reports is totally irrelevant for the Centre, as it is never going to be used. As a matter of fact most of the information included in these documents (some 90% of it or even more) is never to be found in the Centre final report, and the extent to which it is really used in the production process is unclear but apparently very limited. However, due to the lengthy EMCDDA report production process it can be noted how the information provided by the FP becomes rapidly outdated. This is even the more so when it is published at the national level several months before the EMCDDA report is avaialble.

Quality. Quality criteria on the national report are reasonably agreed upon. The timing for receiving guidelines and instructions is considered as acceptable by one third of FPs and good or more than good by the others. There are more serious reservations on the quality of these documents found acceptable by slightly less than half of respondents and openly deemed insufficient by one of them. However this does not have a major impact on FPs understanding of their tasks again deemed reasonable by one third of them and clear or very clear by the others. The Centre has recently carried out the first systematic evaluation of the National Reports and for the first time a clear feed-back was given to the Focal Points on how their contributions were assessed by the Centre's staff[36]. The main findings can be summarised in the following table (tab. 6.2) which reflects in the whole the assessment already made in the Tomas report.

The reports are of a highly varying quality. There seems to be three groups of Focal Points differing for levels of analytical skills and availability of raw data. As can be noted insufficient

[36] The evaluation was structured along five different criteria: validity, reliability, insight, efficiency and accessibility, defined as follows:

- *validity* as the extent to which information measures what is intended to measure;
- *reliability* as the extent to which both the information and data in the National Reports allow comparisons among countries and different periods of time;
- *insight* as the inclusion of complete and significant information;
- *efficiency* as the relation between results and resources in the National Reports
- *accessibility* as the degree of accessibility to targets in the National Reports.

The evaluation gridline and related benchmarks were jointly defined and agreed with the Focal Points in a number of meetings.

analytical skills are highlighted as key problem areas for some focal points, together with methodological soundness.

Tab. 6.2 Summary of the Results of the Centre's Evaluation of the National Reports

	Fairly low	**Average**	**Fairly Good**
Quality of Data			
Methodological soundness	5	3	7
Nature of Data			
Homogeneity and coverage of data	3	6	6
Interpretation Skills			
Analysis of Data	6	3	6
Focus on relevant phenomena	4	7	4

This evaluation substantially confirms those findings and Country specific details are reported in Volume II. One third of FPs recognizes that their performance can be considered as acceptable only if local conditions and availability of data are taken into account In particular, some half of them easily acknowledges that their contribution in terms of analysis is weaker or sometimes even substantially weaker than the quality of the data provided. In spite of the various supervisory committees established to review their work and represent the various Government institutions, some FPs still find it hard to act at the same time as official representatives of their Countries and as data analysts: "an analysis is always something subjective, how can I officially analyse data in the name of my Country?".

On average it can be roughly said that the FPs that translate their reports for the national public make products of better quality than the others. On the contrary, in some of the other cases the reports delivered to the Centre clearly suffer from their being derived from other documents and this further hinders an already difficult comparison of data.

The Information Map. The results of the Tomas report are also confirmed as far as the information map is concerned. There is an evident lack of concrete interest on the subject both inside and outside the Centre and the relevance of the tool should be seriously put into question. However, the quality of the information maps is highly variable and in several cases the sources reported in the National Reports and in the studies on the key indicators are not included.

6.4 Main Products and Activities – The Five Key Epidemiological Indicators

Relevance. FP activities on the five key epidemiological indicators have made possible some preliminary improvements in data comparability. However, in general real progress in this area depends on factors out of FPs control and the situation is highly varied in the different fields and Countries. The standards set by the Centre have various degree of adaptability to the existing national drug information systems and come at very different costs in the various systems. Therefore they enjoy different degrees of real national political support[37]. Together with sheer cost considerations there are three main factors potentially having an impact on overall political feasibility:

[37] The Guidelines recently approved by the MB include the provision that these "do not commit per se Member States to specific mechanisms for collecting and reporting data and these will depend on circumstances in Member States and on developments in information exchange mechanisms at the EU level", a concept often mentioned by the FPs.

- *Fear of Undue Political Consequences.* Member States do have different policies on drugs. As the relation between policies and facts is often complex, some Governments might be afraid of the possible improper political use of their harmonized data once these are compared with those of Countries implementing other policies if the context factors are not taken into due consideration in the harmonization exercise;

- *Broader Budgetary Implications.*In some Countries data on drug epidemics in general and treatment demand in particular are linked with national insurance systems or other welfare mechanisms. As these data are used as a basis to allocate funds among various care providing institutions, many policymakers are fully aware of their being potentially biased by request for funding considerations. Therefore any review of such figures in either absolute or comparative terms may become a highly sensitive issue. In a similar vein, screening techniques for drug-related infectious diseases may or may not be accompanied by costly vaccination or treatment schemes having various degrees of compatibility with existing budgetary constraints.

- *Privacy Protection Considerations.* Some of the methodologies proposed by the Centre imply that drug users are tracked down and somewhat identified to avoid double counting, or to allow the use of capture-recapture statistical techniques or cohort studies. This has obvious implications in terms of privacy protection. The laws on privacy protection and drug practitioners privileges and the related exceptions for research activities, widely differ across Member States. This is not, or is not yet considered a serious issue in some seven Countries. But in the others privacy and data protection considerations do hinder the development of some key indicators. This may result in a mere burdening of procedures (so far three cases) or in more complex agreements with privacy protection authorities on data encryption techniques (another two cases), or even in the sheer impossibility or extreme difficulty of implementing certain techniques (another four cases). However, irrespective of the existing regulatory framework there is a growing concern that drug-user privacy protection may be considered in the future as a value more important than information provision by many Parliaments and public opinions in Europe. As a head of a FP remarked “if there is an issue in the EMCDDA Regulation really deserving reconsideration, this is article six as it is far from clear if and how we can comply with it”.

Apart from these political reservations, from the technical point of view there is general consensus among FPs that these activities are relevant to the attainment of the Centre’s objective. This is particularly true for information on prevalence in the general population and drug-related deaths clearly perceived as the two core sets of data. Problematic drug use is still considered as a bit more troublesome probably because of the complex techniques required and the related cross-checks. Moreover a few national Governments reportedly have difficulties in accepting the problematic drug use concept, as this would imply that there is such thing as a non-problematic drug use, something they are not ready to accept or endorse.

Quality. There is a wide consensus on quality criteria even if the Centre has just adopted the guidelines for the five indicators. No major problem appears as far as quality and timing of guidelines and instructions are concerned. There is some limited dissatisfaction about the fact that work on the drug-related infectious diseases started too late and this is absolutely the area where uncertainties about implementation prevail. But this is easily acknowledged by the Centre itself which is still working on refining methodologies. We are inclined to believe that the two only cases of full dissatisfaction with the quality of the guidelines received (one for drug prevalence and the other for drug-related deaths) should be considered as related to Country- specific or personal factors rather than real flaws in quality definition.

The quality of the FP work depends on whether major obstacles to harmonization in Member States have been tackled and solved. These usually refer to the sheer lack of a data collection system in a Country, to the existence of systems with different standards and to the existence of systems with limited coverage based on ad hoc studies or pilot initiatives.

General Prevalence. The indicator about drug use in the general population first requires that national surveys are carried out, according to agreed procedures. Most FPs can already rely on such surveys on a more or less regular basis (for instance Spain who started in 1995); three FPs (Italy, Austria and Portugal) have managed to have them implemented in the near future or have just implemented them, while the Irish FP plans to have its first one in 2002. In other Countries the situation is more critical and the FP have not managed yet to overcome difficulties either because surveys are there but partly based on different standards and this could compromise vertical comparability of data over time (Finland), or only old and partial data are available (Belgium) and funds are missing to make new ones. Luxembourg, where no such data exist, is still looking for sources of financing and hopes to have a survey done by 2003.

Problematic Drug Use. Indicators on prevalence of problematic drug use require reliable statistical data from various sources (treatment, Police, AIDS, deaths) and scientific expertise to use complex methodologies (multiplier methods, capture-recapture methods, multivariate indicators, back calculation). Some of these methods may create privacy protection problems. After Portugal has just managed to deliver its first estimates, it can be considered that all FPs are in a position to make such an estimate but the Greek and the Belgian FPs who both face serious legal restrictions to access data. The Irish FP plans to carry out its first general assessment in 2002 after in 1996 one was carried out in Dublin only. At any rate the quality of such estimates also depends on the number of sources available, the quality of raw data and the possibility of using different techniques. As will be seen, data on treatment demand (Sweden) or from mortality registers (Spain) are of a varying quality across Europe and the same can be said of data coming from the Police (again Belgium) or the Judiciary (to some extent the Netherlands). While the Italian FP makes a point of having used all techniques available to carry out its estimates, other countries face legal restrictions to the use of certain methodologies. Countries who have experienced little problems in providing this kind of information may not be able to maintain the same standards in the future because of a restructuring in the their drug information systems (eg., The Netherlands).

Treatment Demand. In relevance terms, comparability of these data is limited by definition, as demand for treatment services inevitably partly reflects the offer, i.e. the different type and availability of such services across Europe. The quality of the indicator depends on the coverage of the targeted population, the adoption of a common anonymous classification protocol and procedures to avoid double counting. Coverage can come relatively easy for those countries whose treatment systems are rather standardized and centrally managed. If that is not the case, a data collection network had to be put in place from scratch and in some Countries considerable privacy problems had to solved before having it operational. However progress is generally being made on the number of units reached. Other FPs relying on secondary sources face different problems. So far not all the FPs have managed to have the data collection protocols agreed and implemented by the data gathering organizations. Some of these FPs do not have access to raw data and cannot directly check for double counting, especially when data are collected at the regional level. In all these cases it can be concluded that although progress is being made, there are still important steps to be taken to achieve full harmonization and is far from being clear whether the FPs are sufficiently empowered to do that.

Drug-related Deaths. It can be split into two parts: acute (direct) deaths and mortality (all causes of death) among drug users. The real comparability of the first depends on making the death

certification process homogeneous, a huge task presently falling outside the EMCDDA scope. Quality criteria depend on compliance with guidelines for extracting cases from general mortality registers or special registers and require compatibility with ICD 9 codification. Countries differ in their degree of compliance with ICD 9 codification and in the availability of special registers. There are Countries such as Portugal and Spain that find it difficult to adapt their classification routines to these procedures and there is little the Focal Point can do about that. In Greece, who faces similar problems, harmonization studies are not directly followed by the FP. Luxembourg, who has a simpler system to manage, is working hard to achieve harmonization of data coming from different sources, but still has some way to go. Indicators on mortality are apparently more simple to manage as can be done on a sample basis through cohort studies. Again problems of quality often outside the FP control appear either linked to quality of data from mortality registers (Luxembourg, Greece, Ireland, France) or with privacy and data protection considerations (Sweden, and possibly in the future Finland). Other countries fear that the quality of this information may decrease in the future for a drought of sources at the national level (the Netherlands).

Drug-related Infectious Diseases. As mentioned before, indicators on drug-related infectious diseases have not been clearly defined yet and therefore even a rough quality assessment is difficult. In general terms, most FPs fear that the standards, once finally agreed, will have privacy and data protection difficult aspects similar to those already faced for the other indicators. Countries also differ in the availability of data from treatment centres and public health institutions which should burden the possible additional costs if treatment is offered to positive cases. Most FPs are therefore mainly working on defining expertise requested to treatment centres and other institutions to carry out such studies. On average concrete progress is fairly limited for all FPs, even though some half of them can rely on some sources of information already available that put them in a slightly better position than the others.

Demand Reduction. Demand reduction used to be considered a somewhat controversial area, at least as far as EDDRA-related functions were concerned. Even today some 40% of FPs are not fully persuaded of its relevance to the Centre's mandate. However, only a couple of them have really serious reservations, while all the others have taken a more neutral stance. This is a remnant of the difficulties many FPs had in making their national networks interested in EDDRA activities and in overcoming local resistances about the utility of this exercise. Many FPs reportedly had a hard time in persuading practical-oriented operators in the field to fill in the EDDRA questionnaire. However the overall attitude is improving and EDDRA is increasingly recognized as a useful tool also at the national level.

Quality criteria are commonly agreed upon and so far the FP performance has not been particularly good in some 30-35% of FPs, although the situation has improved in the latest months. This mainly depends on the availability of scientific skills (familiarity with case studies, evaluations, etc.) within the FPs in the different countries. In the other cases problems relevant to quantity and quality of contributions are mainly related to underdeveloped networks collecting information, as many FPs were originally poorly structured to cope with the task (see chapter 5). Poor compliance with quality criteria also reflecting poor national acceptance of the EDDRA concept can explain the other case of poor performance. The analysis to be found in the national reports is often weaker than EDDRA contributions, mainly because some FPs object to have it repeated twice in their sector reports.

Early Warning – Joint Action. There has been a various degree of interest in the JA and related political support to the Early Warning System among Member States. This has broadly reflected how acutely the problem of new synthetic drugs is perceived in the various Countries. Moreover the rationale behind the system is differently compatible with the prevailing legal norms

on detection and testing of drugs. So, while it can be concluded that all FPs comply with the formal minimal requirements of early warning mechanisms: a network, although variously composed, has been established, the FP appointed as a coordinating body, basic knowledge about synthetic drugs is available, an information dissemination mechanism has been created, and procedures for reporting to and from the Centre agreed, the same cannot be said as far as an effectively rapid information collection system is concerned. At any rate, the overall relevance of these activities to the Centre's mandate is not entirely clear. The contribution capacity of the various systems to detect unknown substances, and not simply identify relatively new but already known ones, deserves further clarification.

There are no clear quality benchmarks available. Nevertheless, there is a more or less common agreement among FPs on what should be done - only two FPs openly voiced reservations but these ultimately seemed referred more to the poor marketability of the early warning product as it is conceived now than to sheer lack of understanding. However, a certain degree of confusion remains on how this should be done. The Centre is still working on a better definition of how an early warning system should work and of how it should be composed. If a mere capacity of interacting with the Centre is used as a quality criterion, it can be concluded that the performance of some 40% of FPs has been below expectations for various reasons mainly linked to institutional constraints (acknowledged by some 25% of FPs) and sheer lack of motivation/political interest (recognized by another 15% or so).

Dissemination and PR Activities. So far there has been little structuring and formalisation of these activities, for which clear guidelines have been missing. This inevitably results in a limited understanding of what FPs tasks are or are supposed to be, a complaint voiced by over one third of interviewees and in limited satisfaction from a Centre's viewpoint. Everything is left to a certain degree of improvisation and ultimately depends on available in-house skills. Quality of PR activities usually depends on where the Centre report presentation is held. It usually happens that media coverage in that Country is fairly higher as usually is in Portugal where the Centre is based. In other Countries the situation greatly differs. For example, in some half of Member States press clippings returned in year 2000 had less than a dozen pages. The few cases of much larger press clippings (more than 50 pages) were generally attributed to the existence within the Focal Point of a press officer or another dedicated resource responsible for keeping relations with the media. Quality of product dissemination activities is also highly varied and partly depends on the extension of the FP networks as reported in table 6.3 and 6.4. below. It must be noted that some FPs simply make available the EMCDDA publications in their websites or documentation Centres are therefore are not in position to provide estimates of distribution figures.

6.3 Annual Report – Number of People Included in the FP Mailing Lists – Year 2001

Country	Policymakers	Drug Practitioners	Journalists and other Media	Other	Scientific community	Total
Austria	40	100	10	20	20	190
Belgium-Federal	70	170	100	200	220	760
Belgium Sub FPs	34	220	4	60	21	339
Denmark	30	135	10	10	25	210
Finland	90	60	0	180	100	430
France	400	0	0	300	300	1000
Germany	72	93	7	88	63	323
Greece	102	181	172	15	167	637
Ireland	130	50	17	70	10	277
Italy	..	..	..	..	..	..
Luxembourg	50	30	40	100	15	235
Norway	..	..	..	..	..	..
Portugal[38]	0	53	0	20	12	85
Spain	70	0	15	0	0	85
Sweden	..	..	..	..	..	~ 200
The Netherlands	10	0	2	30	30	72
United Kingdom	..	..	..	..	..	..
TOTAL	**1098**	**1092**	**377**	**1093**	**983**	**4843**
Average	***84.4***	***84***	***29***	***84.1***	***75.6***	***372.5***

Tab. 6.4 Drug Net bulletin – Number of People Included in the FP Mailing List – Year 2001

Country	Policymakers	Drug Practitioners	Journalists and other Media	Other	Scientific community	Total
Austria	45	200	5	50	40	340
Belgium-Federal	1	0	0	1	20	22
Belgium Sub FPs	22	245	2	12+35	10	326
Denmark	..	..	..	..	..	..
Finland	..	..	..	..	..	..
France	200	0	0	300	0	500
Germany	74	88	8	89	57	316
Greece	15	124	0	0	17	156
Ireland	130	120	0	75	8	333
Italy	..	..	..	..	..	..
Luxembourg	10	15	0	15	5	45
Norway	..	..	..	..	..	..
Portugal[39]	0	53	0	20	12	85
Spain	..	..	..	..	..	..
Sweden	..	..	..	..	..	~ 200
The Netherlands	4	0	0	15	20	39
United Kingdom	..	..	..	..	..	..
TOTAL	**501**	**845**	**15**	**612**	**189**	**2362**
Average	*50.1*	*84.5*	*1.5*	*61.2*	*18.9*	*236.2*

[38] In Portugal EMCDDA products are routinely distributed by the Centre itself.
[39] See note above.

7. Operational and Administrative Efficiency and Cost-Effectiveness

7.1 Introduction

Main Evaluation Question and Related Key Issues. This chapter will deal with the third evaluation question included in the evaluation mandate, namely *an appraisal of the functioning of the Focal Points from the point of view of logistical (operational) and administrative efficiency as well as cost-effectiveness, including the use of both the Centre's financial support and Member States' financial and human support in the framework of their participation in the EMCDDA work program*. It will be seen how the different co-financing patterns adopted in the various Member States and the different FP cost structures have an impact on the FP effectiveness. It has to be anticipated that cost-effectiveness comparisons are made difficult at the aggregate level by the fact that cost-structures often reflect the different types of drug information systems available in the Member States and that quantitative benchmark in the definition of EMCDDA-related tasks against which cost-effectiveness can be assessed can be hardly found.

Structure of the Chapter. This chapter will be structured into two main parts. The first will describe the existing financial mechanisms of FP activities and related financial reporting system. It will explain the reasons why the present financial reporting mechanism was deemed inadequate to answer the evaluation question and additional information requested. The second part will review the main features of the different co-financing mechanisms actually in place in the various Countries and the main findings in terms of cost-effectiveness.

PART 1 DESCRIPTION OF THE SITUATION

7.2 The Financing Mechanism

Background. At the beginning of the REITOX network activities all focal points received from the Centre a € 83,000 flat yearly subvention. Complementary financing from Member States widely differed. Most of the focal points reportedly received substantial Government financing for their activities, other had concerns for stability of funding over time, while a few did not receive any additional financing and had to rely on Centre's budget only. With the 1996-97 Work Plan together with the contract, a co-financing mechanism was informally agreed. The system was particularly complex and roughly based on Country size considerations: the five larger Member States (Germany, UK, France, Italy, and Spain) were given 8.2% each of the total budget allocated to REITOX (41%). The remaining 59% was split into equal parts among the other 10 Focal Points each receiving a 5.9%. These funds were supposed to cover 80% of FP total costs with the remaining 20% being provided by Member States. In 1998 the system was slightly modified to adapt to the Centre budget constraints and each Focal Point was given € 50,000, of which €40,000 from the Centre budget. National contributions remained on an informal basis.

The Present System. With the MB 1998 reform the financing mechanism was based on a complex co-financing agreement. It was roughly estimated that FP's new tasks would require a total four full time staff (some 1080 working days in the EU jargon) as compared with the 2.5 full time staff previously. This would come at an estimated total € 200,000 inclusive of overheads and other management costs. It was therefore assumed an all inclusive cost per person of € 50,000 per year, i.e. some € 185 per working day. It was acknowledged that "in reality these costs will be different" in each Member State, but this was the result of a difficult political compromise rather than a precise cost estimate.

Most importantly, a co-financing principle was formally introduced and linked to the Contract. In order to receive the Centre's financing up to the ceiling of € 100,000, each Member State had to certify that a contribution at least of an equal amount was provided in parallel. No indication on the nature of this contribution was given. It had to be simply related to the content of the REITOX contract. It was agreed that EU funds would be made separately auditable from national funds. This means that no EU Court of Auditors could ever check the compliance with the 50%-50% co-financing requirement, as the Court itself remarked in its 2000 report on the Centre. The co-financing principle does not apply to Norway who fully finances its FP through own sources.

The Current Reform. Within the framework of the new work plan, discussions are on-going within the MB on how to reform the financing system. One possibility is that Member States will be entrusted with full organizational and financial responsibility for implementing the five key indicators. Other possible alternative include:

- no EMCDDA financing of Focal Points "core" tasks;
- EMCDDA financing of supplementary and new tasks;
- exceptional initial temporary financing of weaker Focal Points to allow them to comply with the minimum outputs required;
- improved definition of additionality, subsidiarity, complementarity of EMCDDA financing.

7.3 Sources of Financial Data

Financial Reporting. Existing official information on Focal Points' structure of costs is of rather low quality[40]. Financial reports are mainly drafted for administrative purposes and sent to the Centre to show parallel destination of EU and member state funds and formal compliance with "co-financing" requirements. Therefore, it is fairly frequent that certain cost items are fully covered by EU or national funds and the share of co-financing may vary from case to case. Some FP submits financial reports up to concurrence of total € 200,000 only, while others show total EMCDDA-related costs. The results can be puzzling. Based on 1999 data, EU financing allocated to the different tasks had huge variations ranging from 2% to 70% of the total costs in one instance and from 12% to 93% in another one. In fact, present contractual arrangements do not establish clear criteria for co-financing. It was unclear whether the co-financing should result in an increase in the budget of the Focal Point and whether it had to be applied at a global level as certain Member States did, or item by item. The Court of Auditors noticed these huge disparities in how Focal Points make use of Community and National funds, and highlighted how co-financing is practically certified by declarations issued by the FP themselves and this cannot be considered as entirely in line with prevailing accountability principles.

For the purposes of this evaluation a simplified financial model was used as reported in table 7.1 below. State co-financing was distinguished between cash and in-kind contributions

[40] Present reporting requirements envisage that costs related to each task are broken down into five different analytical items: salaries and related costs, external consultants services, travel and subsistence costs, expert meetings and conferences, overhead costs, publication, other costs (to be specified) and that separate contribution from the Centre and the Member State are highlighted into two different columns. Most financial reports are built in this way to show that expenditure of Centre's funds is more or less in line with the Centre priorities indicated in the related work plan and therefore the same unrealistic pattern of perfectly rounded figures is to be found. At any rate, since it is practically impossible to keep contributions from the Centre and the Member State as logically separate, this practice is perfectly possible from an accounting point of view, as far as it results in hugely divergences in allocation of Member State funds.

including possible hidden ones – such as operational space given for free. Irrespective of whether National or EU total costs were broken down according to nine main classification items. To provide elements for more specific cost-effectiveness considerations, a separate indication was required of human resource allocation and direct cost breakdown along main lines of activity including overall FP co-ordination and PR and dissemination activities.

Tab. 7.1 Financial tables related to year 2000:

Cash Inflows

	Amount in €
EMCDDA Core Task financing	
Cash Contributions from National Authorities	
Other EMCCDA Reitox support projects	
Other EU-related projects	
Subcontracting from other Focal Points	
Other sources (to be specified)	

Total Costs

	Amount in €
Salaries for internal staff/consultants	
External consultants	
Travel Costs	
Organizations of Meetings and Conferences	
Printing and Translations	
Library and Documentation	
Website Maintenance and Internet Costs	
Overheads (rent, equipment, other running costs)	
Subcontracting to other Focal Points	

Allocation of operating costs

Direct Costs	**Focal Point Coordination**	**National Report**	**Harmonised Indicators**	**Demand Reduction**	**Early Warning**	**PR and Info Dissemination**	**Other projects**
Staff salaries							
External consultants							
Travel Costs							
Organizations of Meetings and Conferences							
Printing and Translations							
TOTAL							

PART 2 EVALUATION MAIN FINDINGS.

7.4 The Financing Mechanisms

Compliance with Co-Financing Requirements. As could be easily expected, all Member States formally comply with the 50%-50% co-financing requirement[41], although modalities widely differ. These contributions can be fully in kind – a typical case is a Government agency providing its staff and its resources without any specific contractual mechanism, fully in cash through a parallel contract with the FP or partly in kind and partly in cash. These mixed cases happen when civil servants' working time for the FP (usually including officers from several different Government agencies) is considered as a component of FP staff salaries. Sometimes detailed accounts are available of these in-kind contributions, sometimes only rough and poorly detailed estimates can be made. Other countries consider such contributions as simply provided on an institutional basis, and therefore not accounted for. In one notable case a National Government does not recognise any contractual obligation to co-finance the FP and provides funds to the FP as "pro gratia" contributions. Contributions paid in cash, by far the largest majority of cases, do not necessarily mean that there is a specific National Government contract related to FP activities. On the contrary, especially for public research institutes, it usually happens that this financing is part of a broader framework contract with a given Ministry. In these cases, a part of the financing is kept by the mother institution headquarters to cover overheads and is not directly managed by the FP.

Activities Included as FP Responsibilities. There are de facto huge dissimilarities in the nature of the activities deemed as included in the REITOX contract, and therefore covered by the co-financing. This is partly due to the often vague formulation of the contract itself. While the definition of the tasks related to the National Report and the EDDRA system is fairly straightforward, both the implementation of the epidemiological key-indicators and the participation to the joint action leave wide room for interpretation.

In the first case, the contract mentions that the FP should "actively promote the progressive implementation" of the key indicators, but a common understanding of what active promotion means is clearly missing. At the beginning of contract activities each FP autonomously notifies to the Centre its own more or less clearly specified work program for the year but this may include activities of a very different nature. In particular, they may differ in the extent they concern:

- *direct involvement in the management of a data collection system from primary sources,* typically on treatment demand. While Austria and Germany make it clear that the complex (and costly) information system is managed by the same institution acting as a FP but outside the REITOX core-tasks and through national funds only, without any Centre co-financing, in Finland the same activity is directly dealt with as a FP task and accordingly included as a co-financing component. In other Countries the situation is more blurred and a clear division where technical assistance ends and direct management begins is hard to find;

- *direct realization of pilot studies aimed at providing missing data on the key indicators.* Again patterns of behaviour hugely vary. These can or cannot be included among FP activities. This is apparently the case in Italy and Portugal, just to mention a few of them, who include contracts for such initiatives in the FP budget. In other Countries (Austria and Greece) at least part of these studies are not considered as direct FP tasks, or sometimes not even managed by the FP.

[41] In one case a National Government had a two year arrear with the FP.

Just to mention another case, the direct involvement of the UK FP in this kind of activities appears very limited;

- Finally in some cases it seems that the FP even get involved in the *direct realization of surveys*, an activity generally considered outside REITOX financing because of its costs. In year 2000 Spain included the realization of a survey in schools (together with not better specified transfers to the Autonomous Communities) as a component of national co-financing. Italy plans to have a similar activity soon, but apparently outside REITOX.

Also, the range of activities included in the participation to the JA may substantially differ, as the contract simply states that these should concern "the provision of information in compliance with the JA" and the "improvement of mechanisms for information exchange within each Member State". In particular, significant differences may arise when the use of large on-site pill testing schemes are envisaged. The costs of these activities are not considered among REITOX core tasks by the Netherlands. but are – at least partly - by France who has recently started such an initiative. In a similar vein, Countries differ in considering the costs of (relatively expansive) forensic analyses among REITOX costs. Sweden, a country very active in this field, at least to some extent does, but Austria who is also very active does not, as such costs are mostly borne by other institutions.

Cost Items Included. As previously mentioned, the REITOX financing is supposed to cover FP "overheads and other management costs", which have, at any rate, never been clearly spelled out. The contract does not contain any specification of these costs or any related ceiling. The budget submitted by the FP to the Centre for approval and the final financial report simply include an item for overhead and other costs without any further specification. However these items are variously composed. In some countries the related figures are particularly low because the FP operates in a Government building and the operational space is given for free (Portugal, Spain) or at a token cost (Ireland). In these cases no cost is calculated for rents and therefore overheads may be as low as 10-15% of total salaries. However, in most cases rents are included among overheads. The resulting overheads/salaries ratio is on average at around 40%. But also a few cases of ratios as high as 65% –70% can be found. One country, the Netherlands, simply was in no position to elaborate on overheads which were included among direct costs therefore making any comparison impossible.

Cost Benchmarks. In retrospect, the benchmarks used by the MB to guess-estimate the time equivalent staff effort needed to accomplish FP tasks, however defined, has proved reasonably correct. On the basis of the analysis of working time spent in 2001, it can be roughly calculated that – in average – a FP requires some 990 working days per year to carry out its tasks. However, the range of possible figures underneath hugely varies from some 400 to over 1,800 working days. There is no direct correlation between these figures and country size or recourse to external consulting services. It can be roughly concluded that the only organizational variable partly explaining these differences is the degree of involvement of the various FP in the direct management of their DIS (in particular in collection of raw data) or in the realization of pilot studies or surveys on the five key indicators. Geographical factors such as Country population or size explain less than 2% of variance.

The MB original estimate was also reasonable in terms of the increased time effort. While at that time it was assumed that a 60% increase in person-time was required to move to the new tasks, according to the some nine FPs that have made available a more or less reliable time series of their working days, it can be concluded that on average the increase has been of some 65%. However total cost considerations cannot be made, as at that time the cost benchmarks dramatically changed:

a 60% increase in time equivalent staff effort was accompanied by a four-time increase in financing. As historical series for real national co-financing, overheads or other cost items such as recourse to consulting services are not available, it cannot be easily concluded whether that increase was simply due to a previous heavy under-financing of the system that did not include overheads and other costs items or also brought about an increase in the unit cost of human resources or in the quality of output. All in all, probably all these effects have taken place at the same time with varying degrees in the different Countries depending also on pre-existing patterns of real national co-financing.

7.5 Cost-Effectiveness Considerations

Logistical and Administrative Efficiency. From what reported above, it comes to little surprise that any efficiency consideration is seriously hindered by intrinsic lack of comparability of data. Moreover, not only the FP outputs vary in the different countries, but also the inputs in terms of financial resources are recorded with different degrees of analytical accuracy. Although most FP claim keeping a separate accounting of their total tasks, the allocation of these costs along the various lines of activities should often be intended as the result of very rough estimates [42]. Therefore differently reliable analytical breakdown of costs by line of activity are available in the different focal points. However, having said this, some summary considerations on the FP basic organizational features are possible:

Cost for Personnel. FPs tend to have remarkably similar costs for personnel. On average some € 140,000 are spent on staff and the range of possible figures goes from some € 100,000 to € 170,000. The average net cost (i.e. not including overheads and other direct costs) per working day is at about € 140. However huge differences in the average costs per working day do exist and figures may vary from some € 80 per day in certain Southern States to some € 240 in high income countries. As a matter of fact, it is the cost of labour by far the most important factor explaining previously reported huge differences in the use of human resources (some 80% of variance). As a very rough indication, it can be concluded that some of the FPs significantly below the average in terms of costs for personnel are probably understaffed (and this often coincides with huge overheads charged on them), while some of those that are significantly above the average may suffer from a not particularly efficient use of resources and rely on too many junior personnel. This seems mostly due to the different salaries cap prevailing within the various organizations hindering the hiring of senior and experienced personnel and ultimately resulting in too many juniors doing the job and too high costs for personnel.

Recourse to External Consulting Services. Most FPs carry out activities on their own and make a very limited use of subcontracting for external consulting services (including forensic institutes). A few of them practically do not use these kinds of services at all. All in all, FPs subcontract activities for less than € 15,000 per year, i.e. for no more than 10% of staff salaries . There are a few exceptions to this rule. Two Government agencies contracting out studies for some € 80,000 a year or even double this figure – but this is obviously due to the nature of the institution -, and one FP subcontracting a part of the National Report (but here the subcontracting simply compensates for slightly below average costs for personnel). In another case, recourse to sub-contracting seems again the perverse result of salaries cap regulations. A FP facing such constraints,

[42] It is not unusual to notice that the analytical breakdown of costs by line of activity compiled by the FP fully reflects the Centre desiderata, i.e. that financing should be split 25% on the National Report (€ 50,000), 20% on EDDRA functioning (€ 40,000), 15% on the early warning (€ 30,000) and 40% on the five key indicators (€ 80,000). It is therefore legitimate to doubt whether these indications are genuine ones or have been formulated with a "reverse engineering" process. As a matter of fact broadly diverging patterns of allocation of overheads to EMCDDA financing and of national financing in general totally deprive the mechanism of any sense.

not only compensates with too many young staff, but in the end must have recourse to external expertise through consulting services.

Travel Costs. Travel costs account on average for € 11,000, i.e. some 5% of the total REITOX contract. Variations are always possible based on Country-specific factors (geographical locations, cost of travel services). The bulk of this figure is usually spent to attend the various REITOX meetings in Lisbon.

Organization of Meetings and Conferences. Although in some cases it could be found that FPs have the opportunity of exploiting events organized by other institutions (generally the various National Drug Co-ordination agencies) or for some other reasons do not report these events in their EMCDDA-related financial accounts, on average the effort devoted to the organization of meetings and conferences is very limited, i.e. some € 5,000 per year or so. Only in two notable cases - possibly three if country size factors are taken into consideration- , FPs reportedly entered a vast program of meetings and conferences to build consensus and promote harmonization needs and the Centre's requirements. If this means something, it must be concluded that the promotional effort of most FPs has been heavily directed towards institutional channels – reflecting a heavy top down approach to policymaking - and the need to build consensus from below has been comparatively neglected. This is even the more so, as in some cases costs related to participation to meetings and conferences have been included under this item. This is one of the few cost items for which considerations about country size or total population do apply.

Printing and Translations. Also printing and translation costs are below expectations and may indicate a certain neglect of communication activities. The average FP spends some € 11,000 in printing and translation activities, i.e. slightly more than 5% of total contract costs. However, it must be considered that there are some cases in which printing costs do compensate for low meetings and conferences costs: FPs that apparently are not very active in organizing meetings and conferences, have comparatively higher printing costs (typically some € 20,000). This indicates a preference for other communication channels and a trade-off between these two kinds of cost. However, all things considered slightly less than half of FPs spend less than a yearly € 10,000 in communication activities. On the contrary, those FPs that are particularly good in networking spend at least € 20,000 in communication. Again in some cases these findings should be partly qualified by taking into account the country size or the total population.

Operational Efficiency. FPs co-ordination costs and PR and dissemination activities usually account for some € 30,000 or so (of which € 18,000 typically for co-ordination and € 12,000 for dissemination although many FPs are at odds in distinguishing between the two). There are some four cases where the amount devoted to these two activities together is significantly lower and can reach as low as € 15,000. This can be partly based on country size factors, but may also point to either a neglect of PR as such or to a sheer lack of enough resources to exert FP co-ordination.

Allocation of funds. FPs typically allocate funds by lines of activity, failing to comply with the EMCDDA ideal breakdown of resources (the 25%-40%-20%-15% rule), but reflecting different national priorities and conditions. In general both Demand Reduction and the Early Warning hardly receive the desired allocation of founds. The progress already reached in the five harmonized indicators, the different development levels of the domestic DIS, the involvement of the FP in data collection activities, the availability of other sources of financing in given areas are all factors clearly having an impact in the allocation of direct costs as briefly summarized in table 7.1 below. These figures result from some necessary estimates and should not be intended as entirely precise. However, they are reliable to the extent that patterns and trends are indicated.

Tab. 7.2 Approximate Breakdown of Direct Operating Costs by Line of Activity - Net of FP Coordination and PR Activities.

Country	National Report (25%)	Harmonised Indicators (40%)	Demand Reduction (20%)	Early Warning (15%)
Austria	38%	34%	21%	6%
Belgium	27%	39%	9%	25%
Denmark	28%	36%	22%	14%
Finland	16%	66%	16%	1%
Germany	35%	38%	19%	8%
Greece	35%	27%	24%	14%
Ireland	19%	69%	10%	2%
Italy	15%	64%	11%	10%
Luxembourg	19%	52%	19%	10%
Portugal	22%	46%	17%	14%
Sweden	31%	39%	13%	17%
Average	**26%**	**46%**	**16%**	**11%**

The National Report. The national report usually has direct production costs of some €40,000. Variations are possible from as low as € 20,000 (but these are generally considered by the Centre as low quality products) to €50-60,000 and this is usually the case for the reports that are made available to the public in a translated form and are a bit more accurate. There is no clear correlation in financial terms between National report's direct product costs and the parallel involvement of the FP in a different report aimed at the domestic market. It can be concluded that the possible synergies, whatever they are, are generally included among the REITOX costs. Therefore if the two reports share some 60-70% of contents and data collection, the related production costs seem as a rule attributed to the report for the Centre only.

Harmonised Indicators. Given the patchy group of activities included under this item, it comes to little surprise that hardly any cost-effectiveness consideration is possible. While the average direct cost of these activities is at some € 72,000, actual cases may range from some € 40,000 to over € 120,000. The only possible remark is that in a few cases the related expertise comes at exceedingly high costs, i.e. some € 800-1000 per staff working day as compared with the usual € 140. Although work on the five harmonized indicators usually has a higher cost than in the other fields, as more specialists are needed to master the details, this is more likely to represent a huge inaccuracy in some of the FPs accounting system.

Demand Reduction. When activities in demand reduction are accompanied by some kind of promotional support (meetings, conferences, leaflets, guidebooks) the cost usually ranges from €25,000 to € 40,000. Below this threshold, such activities are somewhat neglected and generally not considered as fully satisfying by the Centre. If promotion costs are not considered, it can be very roughly estimated that each project included in the data base comes at a cost of some € 1,000-1,500.

Early Warning. The mere establishment of a network, irrespective of the real possibility of collecting information from primary sources, usually comes at a cost of € 9,000-12,000. When some activity is made based on secondary sources this implies further costs from € 5,000 upwards. Furthermore, consulting services provided by forensic laboratories, when paid for, come at a minimum additional € 10,000, or so.

8. Quantitative and Qualitative Information Flow

Main Evaluation Question and Related Key Issues. This chapter will deal with the fourth specific evaluation question, namely *an assessment of both quantitative and qualitative information flow between the Focal Points and the EMCDDA.* It will be seen if and how the existing communication channels manage to convey relevant information between the Centre and the FP and how possible shortcomings affect overall REITOX effectiveness. The reported findings are based partly on the results of the questionnaires sent to the FP and of the related interviews, partly on direct observations made throughout the duration of the assignment.

Structure of the Chapter. This chapter will be structured into two main parts. First a summary description of how information flow was structured within the Centre will be made. As REITOX was originally conceived as a computer network a specific attention to electronic communication will be given. The second part will assess the main features of both the formal and informal existing mechanisms for information exchange.

1. DESCRIPTION OF THE SITUATION

8.1 Background

Main Developments. Poor information flows between the Centre and the FP appeared as one of the key problem areas at the beginning of REITOX operations. At that time it can be said that there practically was hardly any communication between the two and the establishment of the REITOX Coordination Unit was also conceived as a tool to put a remedy to this situation. A lot of work has been done subsequently to establish communication procedures and to improve information exchange. Considerable efforts in agreeing a common terminology were made as a way to ease the linguistic barriers (some FP submitted their reports in their native language) and standard reporting procedures on FP activities were established. On the Centre's side a great attention to "quality" issues has been given and focus on clarity of guidelines and related aspects improved. Tentative procedures to avoid information overflow, i.e. the FP being submerged by information requests on matters "not included in the contract" or already otherwise communicated to the Centre were established with different degrees of success. Involvement of the FP in the information flow related to decision-making and priority-setting has also become an issue.

For a long time mutual misunderstanding and mistrust between the Centre and the FPS has also been fostered by the procedure for awarding contracts followed by the EMCDDA, which is usually based on restricted tendering among a roster of specialists. Although formally requested by the EMCDDA regulation, the mechanisms for having such contracts approved by or at least notified to the concerned Member State have long remained unclear. In 1999 it was foreseen that all contracts awarded in a given Country should be reviewed by the relevant FP. However, it is not clear to what kind of contracts this applies and how consortia and subcontracting relations should be dealt with.

Electronic Exchange of Information. Probably due to the legacy of the initial conflicts related to the dual "computer" and "human" nature of the REITOX network, the issue of electronic exchange and sharing of information has lost much of its original importance. The REITOX Network has gone through all the traditional steps large organizations have experienced over the last few years and prevalence to hardware as respect software was given. Already back in 1993 the

newly created EMCDDA even before settling in Lisbon entered a specific IDA project[43] on enhancing hardware, which involved the EMCDDA, the Secretariat General of the Commission and five Member States (Germany, France, the Netherlands, Ireland and Portugal). This study analysed the information needs of the network and selected the possible solution amongst alternatives to set up information exchanges between the EMCDDA and the many institutions working on drug - related issues in each country and in the Commission. The application and the database were assumed to coordinate drug-related data available within the Commission and the REITOX network with regard to: projects, legal texts, bibliographic data and the human network. Huge investments were subsequently made on this. As often happened to large organizations in that period, these applications were then rapidly overcome by technological developments, the results of these original investments were lost and REITOX simply adopted the Internet and the electronic mail as its ordinary means of communication.

The Centre and the REITOX Network now have separate websites. Until recently access to information within the REITOX website was severely restricted and documents could be viewed by a limited number of users. Typically Member States were not given access to each other documents and MB representatives were kept separate from the FP and the SC Members. Some of these access restrictions have just been removed, and a major restructuring is reportedly in the making. For each main area of activity focus groups were created.

PART 2 EVALUATION FINDINGS

8.2 The Information Flow

Knowledge about the FP. The information flow and the quality of the communication channels are of a highly varying quality. While they are generally effective, sometimes even exceedingly detailed, as far as FP contractual matters and the related administrative details are concerned, they appear of a relatively low quality when the focus is moved to what the Centre really knows about the situation in the different Member States.

Despite numberless quarterly bureaucratic reports on the progress made in the accomplishment of the various REITOX contracts in the different areas of activities it was a surprising finding that as late as 2001, i.e. some three years after commencement of activities, the Centre was hardly in a position to assess the real degree of progress of the various Member States on the five harmonized indicators or had very limited knowledge about the basic features and composition of their early warning systems so as to have to submit a form to the FP to ask for clarifications. It was equally surprising to discover that in spite of an *ad hoc* questionnaire sent by the MB representatives to their FPs and the information made available in the different progress reports the provisional conclusions reached in the final assessment document submitted to the MB often substantially differed in some parts from the situation that was represented in the evaluation questionnaires and the interviews (tab. 8.1).

This can be due to numberless factors: conflicting perceptions of the different mandates, unclear understanding of expected standards, exceeding importance given to diplomatic considerations rather than operational aspects, sheer lack of knowledge about facts, fear of being

[43] IDA Interchange of Data between Administrations was a program financed by the EC, and managed by (former) DG III whose objective was "*To improve the efficiency of the internal market by allowing administrations to exchange* essential information via interoperable computer networks." It was "aimed at coordinating the development and implementation of computer applications and services that enable national and European level administrations to transfer information in a number of critical areas."

held responsible for matters outside of one's control, lack of well defined and standardized procedures, mutual mistrust or sheer neglect from Centre's staff, but nevertheless this indicates the existence of some serious information barrier about content-related matters and a certain lack of real feed-back in the system.

Tab. 8.1 Rough Comparison between the Official Information Available to the MB on the Progress Made on the Five Key Epidemiological Indicators and the Self-Assessment Made by the FP (number of Countries)

Information Officially Available

	Bad	*Fairly Bad*	*Average*	*Fairly Good*	*Good*
Population Surveys	1		1	1	12
Problematic Drug Use	1		2		12
Treatment Demand			5	2	8
Acute Deaths	2	4		2	9
Mortality	3		2	4	5
Infectious Diseases			7	8	

FP Self-Assessment (one answer is missing)

	Bad	*Fairly Bad*	*Average*	*Fairly Good*	*Good*
Population Surveys	-	3	1	7	3
Problematic Drug Use	-	4	4	4	2
Treatment Demand	-	1	4	6	3
Drug-related deaths	-	-	8	4	2
Infectious Diseases	-	2	8	4	-

Knowledge About the Centre's Activities. While the feed-back to the Centre on local conditions appears to be missing, the FP general knowledge about the Centre activities is acceptable even if somewhat improvable (tab.8.2). There is a group of some two-to-four FP that, depending on the various areas of activity, appear poorly informed about what is going on in the Centre. It can be noted that there is no core group of FPs complaining about lack of information in all areas of activity, but patterns of dissatisfaction are highly varied among FPs and complaints usually are very specific. This can be variously attributed to a FP own passive attitude, to personal factors, to a lack of informal relations with the Centre staff or to communication channels still somewhat insufficiently structured, as one third of FP would like to see better formalized procedures like a regular newsletter on the Centre's activities in place. Not surprisingly, the areas where information is really missing appear strategic planning and award of contracts.

In spite of their self-proclaimed strict relations with the MB representatives and the appointment of REITOX spoke-persons there still seems to be a vicious circle in how the information about strategic planning flows into the system. The same can be said about contract awards and related information on what kind of research is carried out where. Some seven FP do not seem even regularly informed about the research activities carried out by the Centre in their own Country. The matter is of concern for two reasons. First for the general working climate because this can be perceived as a certain lack of openness and transparency in awarding contracts[44]. It is true that these are contracts usually of such a small amount to make ridiculous the use of open

[44] In a similar vein, at least one third of Focal Points proved very poorly informed about support projects contractual awarding mechanisms.

procedures in the EU sense. But restricted tendering is such a small world as research on drugs is, can easily give rise to undue suspicions or misunderstandings. Second for the related loss of information, as there seems to be also limited knowledge about the results of these activities and FP are reportedly not put in a position to exploit the results.

Tab. 8.2 Degree of Satisfaction with Information about the Centre Activities (number of FPs)

	I do not know	Very Low	Low	Average	High	Very High
Strategic planning	2	4	2	3	1	3
P1 / Situation analysis	-	-	3	6	6	-
P2 / Responses analysis	-	1	3	7	4	-
P3 / Joint action on new synthetic drugs	-	-	2	6	4	3
P4 / Strategies and impact[45]	-	2	4	6	2	1
Reitox and Enlargement Unit	-	1	2	7	2	3
Information technology unit	-	1	7	5	2	-
Award of contracts	1	3	5	2	2	2

Source: Results from Questionnaires

REITOX-related Contractual Matters. The information flow appears significantly improved as respect previous years also as far as REITOX-related contractual matters are concerned. There no longer are no major complaints about the lack of guidelines or clear instructions on the activities to be carried out (tab. 8.3). Of course, there is still room for improvements but the present situation has substantially improved as compared with results from previous evaluations (Woodcock, Deloitte & Touche). Certain areas: prevalence in the general population, problematic drug use, treatment demand and demand reduction are substantially clear. A slightly more blurred picture can be found as far as the always controversial national report, drug-related deaths and the early warning system are concerned.

Tab. 8.3 Focal Point Own Assessment of the Quality of the Instructions/Guidelines Received for their Activities

	I do not know	Very Low	Low	Average	Good	Very Good
National Report	-	-	1	6	7	1
Prevalence in general population	-	-	1	4	7	3
Problematic Drug Use	-	-	-	4	8	3
Treatment Demand	-	-	-	2	9	4
Drug-related deaths	-	-	2	5	5	3
Drug-related infectious diseases	-	1	-	4	8	2
Demand Reduction	1	-	1	3	7	3
Early Warning System	-	-	1	5	8	1

[45] Just established and not included yet in the REITOX contract

Some minor problems do remain, especially in certain areas, in terms of informal communication. Although the frequency of these instances is reportedly very limited, a few focal points still have difficulties in receiving a feed-back on requests for information or clarification from the various areas of the Centre (tab. 8.4)

Tab. 8.4 FP Assessment of the Centre Effectiveness in Replying to Requests for Clarification

	I do not know	Very Low	Low	Average	Good	Very Good
National Report	-	-	-	5	6	4
Prevalence in general population	2	-	2	1	5	4
Problematic Drug Use	1	-	1	1	8	4
Treatment Demand	-	-	1	4	6	4
Drug-related deaths	-	-	1	4	5	4
Drug-related Infectious Diseases	-	-	2	3	6	4
Demand Reduction	-	-	2	2	6	4
Early Warning System	-	-	3	2	6	4

The real matter of contention in the information flow between the Centre and the FP is about the relevance of the information FP are requested to provide. The majority of FP are still persuaded that the information included in the National Report is hugely underused and complain about constantly receiving requests from the Centre on matters already included in the report. Also Demand Reduction and the Early Warning System, which are however the areas where clear political support was missing in certain Countries, are still considered as somewhat controversial, sometimes because of duplication of reporting procedures sometimes because of sheer disagreements on contents: “they keep asking us silly questions”. Not surprisingly these are also the areas where communication problems with the FP and difficulties in getting replies to requests for clarification are more frequently voiced within the Centre.

Tab. 8.5 FP Assessment of the Relevance of Requests They Receive from the Centre

	I do not know	Totally Irrelevant	Irrelevant	Average	Relevant	Fully Relevant
National Report	-	1	5	2	5	2
Prevalence in general population	-	-	-	3	5	7
Problematic Drug Use	-	-	-	5	6	4
Treatment Demand	-	-	-	4	7	4
Drug-related deaths	-	-	-	3	7	5
Drug-related Infectious Diseases	-	-	-	4	6	5
Demand Reduction	-	1	1	4	8	1
Early Warning System	-	-	2	4	4	5

What has been missing for long in the communication system between the Centre and the FP is a quality feed-back mechanism. It was only in 2001 that a first feed-back on the 2000 report was

provided and this innovation has been clearly appreciated by a majority of the interviewees. In other areas progress has been slower and more patchy. The five key epidemiological indicators were discussed above, the joint action program started sending quality feedbacks in Autumn 2001.

Language is no longer the communication barrier that used to be at the beginning of the Centre's activities. Nevertheless it is still considered as somewhat of a problem by as high as 40% of FP, either due to lack of linguistic skills among staff, or to the apparently never solved issue of terminology and linguistic equivalents in the drug field. Also English native speakers within FP are sometimes at odds in interacting with a working environment in the Centre mainly accustomed to speak French

The REITOX Website. So far the REITOX website has been poorly structured and hardly exploited as a communication tool. While only two FP appear as fully content with the quality of the services provided to them by the website, half of them openly voice their dissatisfaction and complaints were often heard about the site architecture, poor overall updating and lack of relevant information. The latter have a point as the REITOX website appears as only a part of the professional vortal it could be[46]. The update of the homepage (usually a must for portals and vortals) happens not very frequently and the look is rather "old". Sections on "Documents" and "What's new" are very basic lists of linked documents without a search tool but browsing. As of beginning of October in the "What's new" section there were only three documents, the most recent of which was dated May 2001, i.e. more than five months "old". The section on "Services" advertises many functions, but almost all of them are not operational. Focus groups (with the possible exception of that on demand reduction) are hardly used.

Many simple problems can cause disaffection among users and convey a feeling of neglect. Some simple tools as links with FPs are present, but they are not always updated as in the much better managed EMCDDA website[47]. As a result access into the FPs sites can be difficult. Moreover clicking on links does not allow to leave the REITOX site URL, and this procedure, on the other hand, does not allow the user to navigate in all parts of the FP sites. There has clearly been little consultation with the FP on how to structure the REITOX website, and as reported in Table 8.2 above, most of them know very little about the activities of the Information Unit within the Centre.

Other Services. Among the FP interested in this kind of activities there is an almost unanimous consensus that the documentation services they receive from the Centre (bibliographic searches, etc) are often late and only partial and that this function, which was one of the original objectives of the Centre, is currently seriously neglected and understaffed.

[46] An Internet site fully dedicated to interactive services for its users is called portal, when services are dealing with a very specific issue the portal is usually defined as Vortal. (Vertical portal). To become a portal a site would utilise some tools that allow users to use the internet connection to communicate in both directions (from site to users and the other way round), to download contents and software, or to put contents inside the site; in other words to interact: the bigger the part dedicated to these kind of services is, the broader and more relevant the contents provided on the site are, the more the term "portal" is appropriate, even if there are no clear rule. To evaluate a site the following criteria can be used: sites with contents to be seen or read by public, sites with contents to be seen or read by professional, sites with contents to be seen or read by both categories, interactive sites for public, interactive site for professional, vortal type site (site where more services are given and contents are provided also by third parties). Other categories include user-friendliness, pleasant for its view and in the use, and the fully operating services available.

[47] Links to NFP sites were updated as reported <Last update: 23/10/1998>, so some of them are not available (meanwhile are existing and working properly in the Agency site) or very slow and almost not useful; some links are not operating (Italy, Austria, Denmark and Ireland) being sites easily available even simply from links at the Agency site.

9. The Adequacy of the Focal Points' Capacity to Achieve New Goals

Main Evaluation Question and Related Key Issues. This chapter will deal with the fifth evaluation question, namely *the adequacy of the Focal Points' present capacity to achieve goals identified in the EMCDDA medium-term perspectives and work program for the period covering 2001 -2003.* It will be seen how the FP are equipped to cope with the new priorities in terms of motivation and existing skills. Major shortcomings will be highlighted in the light of lessons learnt in the past.

Structure of the Chapter. This chapter will be structured into two main parts. First a summary description of the new Center goals and of the 2001-2003 work-plan will be made. This will be accompanied by a review of other parallel reforms already in the pipeline. The second part will formulate a global assessment based on FP motivational factors, existing skills and human resources and financial constraints.

PART 1 DESCRIPTION OF THE SITUATION

9.1 The Centre's Restructuring and the Reform Ahead

Overview. Since year 2000 the Centre has undertaken a major restructuring process to respond to the observations of the first Centre's external overall evaluation and to adapt to the requirements of the EU 2000-2003 Action Plan on drugs. As far as internal management reform is concerned, the Centre is heading towards a total quality management approach. A new quality manager has been appointed and attached to the Director's staff. Among his responsibilities there is the definition of clearer job descriptions within the Centre and improved budgeting and management methodologies eventually leading to a full activity-based management and costing approach. A new information and dissemination strategy has been worked out with an aim at increasing the overall Centre's visibility and contribution to policymakers' activities. New areas of activity have been introduced, notably to allow the assessment of the EU Action Plan. Departments have been turned into programs and a specific strategies and impact department has been introduced with the task of monitoring EU and National strategies and policies on drugs and to work out performance indicators to evaluate the EU Action Plan.

The New 2001-2003 Work Program. A new work program for the 2001-2003 period has been approved with a notable change in the prioritisation of activities and the introduction of new research areas. Within this framework new preliminary orientations have been expressed for the Centre-REITOX relations. The new work program largely stems from the EU 2000-2004 Action Plan on drugs, which has *de facto* become the strategy reference document for the Centre's activities[48]. The Plan explicitly calls the EMCDDA to carry out various other activities including: 1)

[48] The policy objectives set in that document seem particularly ambitious, especially if considering that they have to be achieved in a five-year period:
to significantly reduce the prevalence of illicit drug use , as well as new recruitment to it, particularly among people under 18 years of age (otherwise defines as the young);
to substantially reduce the incidence of drug-related health damage (infectious diseases) and the number of drug-related death;
to substantially increase the number of successfully treated drug addicts;
to reduce the availability of illicit drugs;
to substantially reduce the number of drug-related crime
to substantially reduce money laundering and the traffic of precursors;

continued harmonisation of the five key epidemiological indicators and reporting to the Council about progresses achieved; 2) assistance to the Commission in carrying out studies and surveys; 3) developing new indicators in the new areas of interest, including emerging trends and patterns in drug abuse and poly-drug abuse and the associated risks. New working areas have been defined accordingly. A distinction between areas where the Centre will act as a primary source of information (demand and demand reduction and national and community strategies and policies) and areas where the Centre will be considered as a secondary user of information mainly produced elsewhere (international cooperation and geopolitics of supply, control of trade, implication of the drug phenomenon for producer, consumer and transit countries) has been made. Both the JA and the drafting of an annual report on the drug phenomenon in the EU and in the Member States have been confirmed as priority areas.

As a first result of this process a new program (department) has been introduced in the Centre's organization chart and an entire set of prospective new indicators has been defined. In particular, the program on analysis of responses has been given responsibility for supervising eight new sets of data and has been allocated accordingly as far as 33% of total resources available for the Centre's own activities. The new breakdown of available funds is reported in the table 9.1 below

Tab. 9.1 Breakdown for Centre' Funds by Program 2001-2003 in %

Program	**%**
Monitoring of the Situation	39
Monitoring of the Responses	33
Early Warning System and Risk Assessment	18
Monitoring National and Community Strategy	10
TOTAL	**100**

9.2 The New Areas of Activity

Monitoring of the Situation. While work on the five key epidemiological indicators will continue resources are being allocated to develop analysis on *emerging trends*. In particular, a prototype Emerging Trends bulletin is being tested with National Focal Points. Other new areas of activity include developing core data on drug-related petty crime and drug-related social exclusion. For the time being, no effort on developing secondary priorities such as global availability of drugs, availability of drugs at the street level, drug-related financial flows and flows of diverted chemical precursors will be made.

Monitoring of the Responses. This is the area where the major changes are anticipated. Together with continued work on the EDDRA database, six new sets of data on prevention in schools, prevention in the local communities, outreach work, needle exchange programs, early health responses, and availability of treatment facilities including substitution treatments and treatment in prisons will be developed. This will be accompanied by the development of two new sets of so-called social core data on prevention of drug-related crime and social rehabilitation and integration. Very few resources will be given to secondary priorities, such as interdiction responses, anti-money laundering responses and responses to the diversion of chemical precursors.

Early Warning System and Risk Assessment. A consolidation of existing processes has been envisaged. Some 40% of available funds to be spent on strengthening the existing REITOX early warning capacity including a REITOX intranet interface for information exchange and pilot

initiatives on data interface on chemical profiles. However, the bulk of resources will be spent on risk assessment analysis through strengthening of technical support to the Scientific Committee.

Monitoring National and Community Strategies. The newly-introduced program is articulated into two sub-priorities: the gathering of core data on national and Community strategies and policies, including data on public expenditure, and a set of core data for the evaluation of the EU action plan funded with the remaining 40%. The seeds of this evaluation process have already been sown, as it has been agreed that most of the EU performance indicators, but those for the sixth objective, will be based on either existing key epidemiological indicators or envisaged new core data. At any rate, ways are being found to ensure that 1999 baseline figures are available for those core data that have not been developed yet.

Dissemination and Communication Strategy. As part of the overall reform process, a new dissemination and communication strategy has been recently approved by the Centre. Its objectives are fairly ambitious[49] and imply a drastic redefinition of FP responsibilities. FP should become in a sense the representatives of the Centre in their Countries by adding a "European dimension" to their so far strictly national tasks. The strategy is inspired to a more proactive approach towards target groups, and in particular policymakers. The REITOX Network should become increasingly involved in a multilingual product dissemination policy. A move towards on-line publications, better use of electronic tools and even push technologies is also foreseen. The FP should also play a role in a more focused marketing strategy based on professional relations with the media at the National and Regional level and in the identification of "effective multipliers" among target policymakers able to spread knowledge about EMCDDA publications in their communities. FP should take part into publishing fairs and other communication events, and carry out promotional campaigns aimed at the national/regional governments and Parliaments. Improved collaboration in relations with the media and a pilot initiative for translation of EMCDDA products is also envisaged. Finally it is foreseen that FP actively promote distribution of the Centre publications in their own Countries.

PART 2 EVALUATION MAIN FINDINGS

9.3 Motivational Factors

General Ownership of Reform. The unclear role that FP currently have within the Centre as far as definition of priorities is concerned could not but result in a highly diverging feeling of ownership of the new reform. FP were extensively consulted during the reform preparation process, but this consultation is considered as totally insufficient and irrelevant by that one third of respondents who would have liked to have a more proactive role in the definition of priorities and not "just being informed from above of the developments". Another third of FP are, on the contrary fully satisfied with their involvement in strategy definition while the remaining third has a more neutral approach. One third of FP have radical reservations about the rationale behind the new proposed strategy, that is considered as totally unrealistic to the extent that real work on the previous priorities (basically the five key indicators) has just started and time is needed just to

[49] It is envisaged that the ex ante assessment of dissemination and marketing interest will become a pivotal component of the project planning strategy. A detailed implementation plan articulated over a three-year period and including ten different tasks has been recently worked out. Together with the carrying out of marketing and research studies on targeted groups, it includes the definition of corporate identity manual leading to a clear brand image, mechanisms to provide quick information replies to policymakers, a new information product *Talking Point* to be distributed in 12 languages to policymakers that will joint the existing Insight and DrugNet publications, a substantial improvement to present Websites (including REITOX), and the creation of a dedicated drug portal

obtain the first results. The clash of cultures between a Centre whose scientific departments are mainly involved in the development of new technical standards for data comparability and therefore need to find new areas of activity once the old ones have been defined, and FPs that feel differently responsible for a work of either direct data harmonization or, on the contrary, or mere promotion of technical standards could not emerge more clearly. In general, those FPs that conceive their role as mere facilitators of a data harmonization process, which however remains in their view a Member State responsibility to be concretely implemented by other Agencies, have limited objections to widening areas of activity. Those FPs that, on the contrary, are more directly involved in the day-to-day "dirty" job of harmonizing data cannot but see the reform process as totally pointless, as they directly realize how far they are from reaching comparability in the few areas already agreed upon. To them the reform simply represents an operational overstretching.

Another somewhat controversial area is the Centre's involvement in policy and evaluation activities. Some FP, mirroring broader national political worries, are concerned about the Centre's involvement in the evaluation of policies. Since these are mainly run at the National level, they think their evaluation should remain a national responsibility only. This does not mean that there is no interest in these activities. On the contrary interest can be there and usually is there (tab. 9.2), but it is the role of the Centre as such being specifically put into question. The possibility that this could become an increasingly contentious matter is considered as very likely by these FP, that therefore would prefer not getting involved in all related activities.

Political Support. As seen in previous chapters, the FP performance in the various areas of activities historically depended also on the different degree of real national political interest. Both demand reduction and the early warning system can be considered good cases in point. Whenever FP carry out activities deemed irrelevant and whose usefulness is poorly appreciated at the national level results are in general comparatively poor. Based on FPs' own assessment of the national situation some problems under this respect can be expected in future activities on outreach work, early health responses, drug-related petty crime and needle exchange (tab. 9.2).

Tab. 9.2 FPs Own Assessment of the Degree of Interest among National Policymakers of the New Areas Activities (number of FPs)

	Don't know	Very Low	Low	Average	High	Very High
Policy analysis and evaluation	-	1	-	3	4	7
Emerging trends	-	-	-	2	7	6
Drug-related petty crime	1	-	2	6	2	4
Drug-related social exclusion	-	-	-	7	6	2
Prevention in schools	-	-	1	5	3	6
Prevention in local communities	-	-	1	2	4	8
Outreach work	-	-	3	5	7	-
Needle exchange	1	-	2	6	5	1
Early health responses	2	-	1	4	6	2
Availability of treatment facil.	-	-	2	3	5	5
Prevention of drug-related crime	-	-	1	4	5	5
Social rehabilitaton	-	-	1	4	7	3

Operational Capacities. The present Centre strategy is bound to face operational constraints in its implementation mainly as far as crime-related research and FP direct involvement in marketing and communication activities on behalf of the Centre are concerned. In both these areas FPs appear to largely lack the required skills. Policy and evaluation-related activities deserve a more qualified assessment. When this evaluation was carried out activities in this field had just started, and some half of FPs had refused to co-operate because the subject had not been included in their contract. However, all FP had already been requested to carry out a first policy description in their 2000 national reports and this can be used as a first preliminary benchmark for related capacities. All in all, at present there are one third of FP whose available skills and expertise are not entirely up to the job. These are mainly strongly research-oriented institutions. However while there is broad consensus on the need to fill the gap in this area, not the same can be said of crime-related research and marketing and communication activities. Here not only most FPs presently lack skills (tab.9.3), but they also show a limited willingness to get involved in future pilot activities (tab. 9.4). This is far from surprising, if one considers that FPs (with some notable exceptions, e.g. Spain, Portugal and the UK) usually are health or social-affairs oriented institutions with little interest in criminology. The prevailing contractual approach and the lack of any real partnership with the Centre appear to be significant factors hindering the development of any serious collaboration in marketing and promotional activities.

Tab. 9.3 FP Self-Assessment of their Present Skills by New Areas of Activity (number of FPs)

	I do not know	Very Poor	Poor	Average	Good	Very Good
Policy analysis and evaluation	-	1	1	3	5	5
Emerging trends	-	-	1	4	7	3
Drug-related petty crime	-	1	5	4	5	-
Drug-related social exclusion	1	-	1	7	6	-
Prevention in schools	-	-	1	4	4	6
Prevention in local communities	1	-	1	2	6	5
Outreach work	-	-	2	4	6	3
Needle exchange	-	-	1	4	7	3
Early health responses	2	-	3	4	4	2
Availability of treatment facil.	-	-	-	2	7	6
Prevention of drug-related crime	-	1	6	5	3	-
Social rehabilitaton	1	-	1	5	7	1
Marketing of publications	2	1	1	6	3	2
Public relations and media		1	2	5	5	2

Tab. 9.4 FP Self-Declared Interest in Getting Involved in Pilot Activities By Area (number of FP).

	I do not know	Very Low	Low	Average	High	Very High
Policy analysis and evaluation	-	-	1	3	6	4
Emerging trends	-	-	1	-	8	5
Drug-related petty crime	1	2	5	2	1	2
Drug-related social exclusion	1	-	1	6	3	3
Prevention in schools	-	-	-	4	6	4
Prevention in local communities	-	1	-	2	7	4
Outreach work	1	-	-	5	6	2
Needle exchange	-	-	2	4	6	2
Early health responses	2	-	1	3	5	3
Availability of treatment facil.	-	-	2	5	4	3
Prevention of drug-related crime	1	1	3	2	6	1
Social rehabilitaton	1	-	-	4	8	1
Marketing of publications	1	5	1	3	1	3
Public relations and media	-	3	2	4	1	4

10. The Capacity to Cope with the EU Enlargement

Main Evaluation Question and Related Key Issues. This chapter will deal with the sixth specific evaluation question, namely the *potential of the REITOX network to cope effectively with the challenge of the EU enlargement, with special regard to formulation and application of the pre-accession strategy (including the adaptation of the working methods, operating mechanisms and internal communication*). It will be seen how the REITOX Network is presently coping with the enlargement process and major foreseeable difficulties in the light of lessons learnt in past experiences and other factors will be highlighted.

Structure of the Chapter. This chapter will be structured into two main parts. First the enlargement process will be briefly outlined and the preparation and pre-accession phases and the related arrangements described. The second part will assess the adequacy of the present approach its major shortcomings and the main possible consequences on the REITOX Network in terms of its operational mechanisms.

PART 1 DESCRIPTION OF THE SITUATION

The Enlargement Process. Within the framework of their gradual integration into the EU Institutions at the Luxembourg Council the Candidate Countries were invited to become members of the EMCDDA. In March 2001 the related negotiations were started by the Commission that had received the related mandate. A request of becoming EMCDDA member has also come from an EFTA Country Iceland, who follows Norway that has just entered EMCDDA. All in all fourteen different States are expected to become EMCDDA members in the next few years. The candidate countries differ in their familiarity with the EMCDDA activities and in the assistance received so far. CEEC Countries have already been exposed to a large Phare multiannual initiative, the so called Phare-Dis project and are receiving further technical assistance from the Centre within the framework of a recently-started biannual € 2 mn Phare project. On top of that some EU FPs are providing further technical support to CEEC candidate countries through twinning projects. CEEC Countries are also involved in another Phare multiannual PHARE project on new synthetic drugs of some relevance for their FP activities and in the 1997-1999 period were already involved in projects aimed at strengthening their demand reduction networks. It is unclear whether Cyprus, Malta and Turkey will also receive technical assistance either through twinning projects (Greece appears as a candidate for twinning with Cyprus) or within the framework a Centre-led initative. Iceland has no opportunity of receiving technical assistance in sight.

The Preparation and Preaccession Phases. A distinction between the preparation phase and the pre-accession phase must be made. The preparation phase includes the technical assistance provided to the prospective FP within the framework of EU programs (Phare, Meda). The pre-accession phase concerns FP participation to REITOX activities as full members (without voting rights) before their adhesion to the EU. In ordinary conditions until their membership is fully approved by the MB, prospective FP are allowed to take part to REITOX meetings as observers only. The situation can be summarized as follows:

- CEEC candidate countries are receiving technical assistance from the Centre within the framework of a Phare multiannual program as a preparation phase for their membership. All of them are involved in negotiations with the Commission. Some of them have already sent to the Centre an application to become Members (Slovenia, Bulgaria, Hungary, Cyprus). On top of that they are also receiving technical assistance through twinning projects with EU Focal Points. Spain has been particularly active in this field as the Spanish FP is involved in five twinning

exercises out of ten. The overlapping between the two assistance initiatives is due to bureaucratic delays. The Centre first had to be entitled to manage Phare funds and this requested an amendment in the EMCDDA regulation. No coordination mechanism between the two initiatives was originally envisaged and actual co-ordination is left to collaboration between task managers. Both technical assistance initiatives are due to end in 2002 when negotiations are also supposed to be completed. It is therefore expected that Candidate Countries will start their activities within REITOX by 2003-2004 at the latest. No provision has been made so far on how to bridge the possible gap between the end of the preparation phase and formal commencement of activities as REITOX members.

- According to the present regulations during the pre-accession phase until they become full EU members the new EMCDDA Member States will take part to the Centre's activities fully based on national funding only, as pre-accession Countries as non EU members are expected to contribute to both the Centre's and their FP activities. Unclear if and how the matter will be dealt with in the negotiation phase. It can be remarked how with the present provisions Candidate Countries as soon as they become EU Member States will no longer have to provide financing for the Centre and will receive financial contributions for their FP operations. It is evident that those Countries who think they have good chances of becoming EU members in 2004 are given little incentives to become EMCDDA members before that.

- The Centre Phare project also involves technical assistance to Albania, FYROM and Bosnia-Herzegovina who have not been invited to take part to EMCDDA activities and seem unlikely to submit an application in the near future, unless prompted by the Council. Unclear what provisions are being made to ensure continuation of technical assistance activities in these Countries in the future.

- A certain number of Candidate Countries (Cyprus, Malta, Turkey) has never been involved in any preparation activity so far, even if there is the concrete possibility of this happening in the near future. However they are also expected to become REITOX Members by 2003-2004. As soon as they send a application for membership they will be invited as observers to the REITOX meetings.

- Following the Norwegian example also Iceland should take some two to three year to have its application for membership approved, and therefore become a member by 2003-2004. There is no possible preparation strategy for Iceland.

The Preparation Strategy. In the CEEC Countries the Centre preparation strategy is mainly aimed at gradually involving the newly established FPs into the Centre's activities and at strengthening them at the national level. The latter part is also the main objective of the twinning projects. The strategy is articulated into two main components: - institution building and capacity building.

The institution building component is mainly aimed at raising awareness about FP future tasks, and promoting a multi-disciplinary approach to the drug phenomenon. Candidate countries are invited to establish their FP according to their institutional models and encouraged to promote networking as management tool. The Centre is to provide support in establishing contacts with the EU Focal Points and in liaising with EMCDDA department staff.

In parallel a capacity building component is envisaged to better clarify the FP future tasks, acquire a first comprehensive overview of the relevant sources of information already available in each Country, and work out a realistic work program for the future integration with the Centre

activities and to tackle data harmonisation major shortcomings. Additional activities include the definition of standard communication procedures in line with agreed formats and the establishment of data quality systems

After a first assessment is made of local conditions a National Action Plan is jointly agreed between the Centre and the FP, which defines actions urgently needed to better make the FP operational and clearly defines a time schedule for the FP involvement in the Centre core and new tasks and harmonization of data. Subsequently technical assistance will be provided to the FP through either national and/or cluster (multi-country) training activities, or the provision of short-term expertise. It is envisaged that training activities will include a key component on networking strategies.

In particular it is envisaged that the new FPs wil submit their national reports by end February 2002. These reports will be structured broadly in line with the current REITOX models but FPs will be directly involved in drafting guidelines for the key issues part (infectious diseases and evolution of treatment availability). FPs are also expected to play a proactive role in the identification of the FP training needs concerning the five key epidemiological indicators, while steps will be undertaken to make the FP familiar with joint action activities and the collection of legal information on drug policies in Europe. Both these activities strictly speaking concerns the EU as such (in particular the Council and the EU Action Plan), but prospective Member States will be required to appoint a JA and a legal correspondents as a first step to further integration into these systems through voluntary involvement.

In addition the EMCDDA will create a new homepage for the project in the *fad.phare.org/dis* website, which will remain separate from the Reitox website for the establishment of a permanent information flow between all partners. The access to this homepage will be restricted to the new FPs, the REITOX network, the Commission and the Centre.

PART 2 EVALUATION FINDINGS

10.1 Lessons Learnt from Past Experiences and Other Factors.

The Appointment Process. As already experienced within the REITOX Network, the FP appointment mechanisms has led also in Candidate Countries to some loss of expertise. The Centre has stuck with the consolidated REITOX approach that Governments are free to appoint the institutions they prefer as Focal Points. No set of minimum requirements was indicated or continuation with previous Phare-funded activities requested. In fact, in a number of cases the previous temporary focal points have not been confirmed and new institutions have been selected with totally new staff. However, this loss of expertise could be less of a problem than it might seem, as previous evaluation reports have reportedly indicated how the results of the Phare-DIS program had been somehow below expectations. There are preliminary indications that at least in some Candidate Countries some more stringent minimum requirements in terms of expertise of staff would not have been totally inappropriate.

Most candidate Countries appear as not perfectly aware of the future division of responsibilities between institutions sitting in the EMCDDA MB and those acting as FP. Therefore a high number of Government organizations have been appointed as FP as reported in the table 10.1 below. In most Countries the appointment process has been particularly lengthy and complex and several different institutions have been provisionally appointed. In a few cases this process has not

been completed yet. This has made possible a few instances of twinning projects not formally attached to the institution subsequently selected as a FP.

Tab. 10.1 Institutions Selected as FP in Candidate Countries (2001 provisional data)

COUNTRY	FOCAL POINT
Bulgaria	National Service for Countering Organised Crime
Czech	Drug Information Centre of the National Institute of Public Health (provisional)
Estonia	Ministry of Social Affairs / Estonian Foundation for the prevention of Drug Addiction
Hungary	Ministry of Health
Latvia	Ministry of Interior: State Narcology Centre
Lithuania	Governmental Drug Control Commission (provisional)
Poland	Buureau for Drug Addiction, Ministry of Health
Romania	Directorate for Countering of Organised Crime and Corruption, Ministry of Interior (provisional)
Slovakia	Central Node of the Drug Information System / Secretariat General of the Board of Ministers for Drug Addiction and Drug control
Slovenia	National Public Health Institute, Ministry of Public Health

The FP Mandate. The Centre has rightly chosen to complement its capacity building program with awareness raising and institution building activities. In some Candidate Countries there is a limited understanding of the Centre's mandate and of its main areas of activities. In fact, many Candidate Countries consider as priority issues in their drug strategies those problems of wholesale trafficking, precursors, and money laundering that the Centre itself considers as secondary priorities in its work-plan. It comes to little surprise that a number of CEEC Countries are naturally inclined to consider drug policy as a Ministry of Interior's affair and are reluctant to consider any other possible hierarchical relation with the Focal Points.

A further possible element of confusion is given by the parallel twining exercises that often have a broader mandate than the institution of a FP only in the EMCDDA sense. Some twinning projects have the broader objective of promoting certain institutional model for dealing with the drug problem, such as for instance the Spanish National Plan on Drugs encompassing together both supply and demand reduction activities. The subtle distinction between the two concepts is not always immediately clear to counterparts in Candidate Countries.

The Centre has maintained its traditional approach of making the FP responsible for future data harmonization activities. The fact that Government institutions have been generally appointed for the job could make life easier under this respect, however it should be considered that in some Candidate Countries there is a limited tradition of inter-ministerial co-ordination and this issue should be seriously considered in the further development of FP activities.

FP Operational Conditions. Candidate Countries highly vary in the level of scientific expertise available in the drug field and in quality and quantity of the information already collected. There are also huge variations in the availability of supporting institutions and in the overall level of funding of the drug information system. All these are factors bound to influence FP future effectiveness. However, there are two specific factors to take into consideration when it comes to future obstacles to data harmonization.

- in some Candidate Countries drug consumption is considered as a particularly serious criminal offence and practitioners are to report to the Police any demand for treatment they receive, without any consideration for traditional practitioners privileges. In reality, such provisions are differently enforced, but nevertheless they do represent a serious legal obstacle to the intrinsic reliability of sources of information the Centre usually relies upon and tends to take for granted.

- due to historical reasons most Candidate Countries have become particularly sensitive to privacy and personal data protection considerations. Although exceptions are usually foreseen for research activities or for encrypted data, the use of certain EMCDDA methodologies that require that individuals are tracked down for a certain period of time may become controversial if the issue is raised in Parliaments, reported in the press or otherwise reflected in the political debate. Therefore policymakers may become extremely cautious before adopting or endorsing the use of certain techniques.

In many cases also the establishment of networks in Countries lacking previous forms of informal collaboration does not seem an easy task and the definition of a clear legal basis seems a pre-requisite for starting activities. Other difficulties are related to the frequent existence of limited data, limited supporting institutions and an overall limited funding in the drug field.

The Staged Approach. The staged approach to familiarization with the Centre activities envisaged in the preparation strategy is particularly well-suited to FP needs and working conditions in Candidate Countries. Under this respect, it can be observed that the same approach could be easily followed also in the Pre-Accession period as the new FP, being out of any EU Financing, will not be bound by any contractual agreement with the Centre. A similar approach is being followed by Norway, who is autonomously setting its prioritization of activities to progressively cope with the Centre requirements. Ironically enough, it is only the achievement of a full accession into the EU that could somewhat force the FP to comply all of a sudden with all the Centre requirements at the same time.

The Learning Mechanisms. A number of learning mechanisms has been envisaged in the preparation strategy of both vertical and horizontal nature. FP personnel are to receive extensive training both in Lisbon by the so called REITOX academy and by other FP colleagues through the twinning covenants. Exposure to the activities of the Centre working groups is also being considered at least on a limited basis. However, the time distribution of these learning mechanisms is considerably skewed. The New FP are going to be exposed to intensive training from different sources in the next twelve months with possible risks of overlapping. On the contrary, the current system does not envisage any learning mechanism from 2002 till commencement of activities as REITOX members, as the FP will be given in that period the simple status of “observers”, and as such will not be directly involved into the Centre’ activities.

The possibility of implementing horizontal learning mechanisms is limited by the availability of EU FP staff. Already now, some half of FP maintain they do not have enough time or resources to devote to the horizontal co-operation activities with the Candidate Countries. This also reflects a broader lack of interest or insufficient motivation due to a number of possible institutional constraints, as these FP usually did not prove interested in getting involved in any remunerated twinning covenant. Also the possible implementation of joint projects faces the same obstacles.

10.2 The Consequences on REITOX

Based on a review of present operating conditions within REITOX, of lessons learnt from previous experiences and interviews with Centre and FP staff, the most likely consequences on REITOX future functioning appear the following:

- a crucial need of better adapting FP yearly programs of activities to local conditions. This is often perceived by the FP as a diminished importance of the REITOX meetings, as these could no longer represent the occasion where FP and the Centre confront on a common program of activities. The importance and the role of the pre-REITOX meetings will vary accordingly;

- the role of the Co-ordination unit will vary accordingly. For a certain period of time there will be proportionally less contracts to manage and more effort should be devoted to planning activities on a Country basis. This will require substantial reinforcement of feed-back mechanisms on content-related matters;

- cluster "meetings" will emerge as one of the prevailing horizontal channels to foster co-operation on specific projects. It seems important that a sheer geographical approach to group FP should be avoided and FP should be given the opportunity of exchanging experiences with as many counterparts in Europe as possible;

- again the role of the CU is expected to vary accordingly. Much more effort will be devoted to the organization of these meetings than to the organization of the traditional REITOX meetings.

- those EU FP that have had difficulties being involved in horizontal co-operation activities (support project, the preparation for the enlargement), will find themselves in a disadvantaged position and will face the risk of being cutting off from important parts of the Centre activities;

- in a similar vein information is bound to become less vertical and based on open mechanisms such as websites and focus groups. Point to point vertical communication from the Centre to the FP will prove increasingly ineffective in managing the system as the FP will not be in a position to assess each other progresses and consequently to agree on a subsequent program of differentiated activities;

- it will become extremely difficult for the MB to master the operational details of the progresses being achieved by the different Member States. This is bound to represent a further element for delegation of operational responsibilities and planning to the FPs.

11. The Minimal Requirements for the FP to Fulfil their Present and Future Tasks

11.1 Introduction

Main Evaluation Question and Related Key Issues. This section will deal with the final evaluation question, namely *the specification of the minimal requirements for the Focal Points to fulfill their present and future tasks, including their needs in terms of human and financial resources (co-financing mechanism).* From what reported in this evaluation report it easily appears how this question is distant from the rationale behind the establishment of the REITOX Network. Minimal requirements are generally used when there is a tendering procedure for the appointment of a FP and a well-defined list of tasks to be carried out and procedures to comply with is available. This never happened within REITOX where the definition of tasks has usually been a work in progress reflecting the various activities undertaken by the Centre and involving FP themselves in its definition. Differently from other EU Agencies, the EMCDDA is comparatively much more involved in setting common standards out of very different systems than in merely collecting data.

This is even more so if we consider the fulfillment of future tasks that have not been clearly defined yet. But even the understanding of present tasks cannot be considered as entirely straightforward especially as far as the harmonization of the five key indicators and the joint action are concerned. However with a certain degree of approximation the following features can be highlighted as a minimum set of requirements to be used in an ideal tendering procedure.

11.2 Preliminary Set of Minimum Requirements

- **Structure of the organization**

  It should be left basically free. There are no elements in this evaluation to conclude that a given structure is better than another. However structures exceedingly dispersed without a strong co-ordination unit should be avoided.

- **Organisation objectives and usual activities**

  Again it should be left basically free. There no strong conclusions for preferring research institutes to Government organizations. Both solutions have pros and cons. In retrospect, research institutes appear advantaged in terms of analysis and methodological skills. Government organizations are more policy-oriented and could be slightly preferable in terms of data harmonization implementation skills. However, given the present complex structure of FP tasks, scientific criteria alone are not a sufficient benchmark for appointing a FP.

  In retrospect the organization's degree of specialization in the drug field should be considered as a slight preference factor. Unclear whether this will remain valid in the light of future requirements.

- **Organisation's usual sources of finance**

  This could be an important point when it comes to real independence from Government. But the present REITOX functioning makes the point largely irrelevant. FP are now supposed to provide information officially considered as authoritative by their Governments.

- **Previous Experience of Working in the Drug Field**

  Apparently an important point. However results from this evaluation show that organizations established from scratch or without any previous experience in this field have managed to become very good performers. Therefore it should not be given a great importance.

- **Previous Experience of International Co-operation**

  A factor to be adequately considered and weighted. The performance of some FP especially at the beginning of the Centre's activities suffered from the previous limited exposition to international co-operation in general and from insufficient familiarity with European Union-related working practices in particular.

- **Understanding of Tasks**

  The prospective focal point should be able to describe in its national context the key issues about data collection and the related technical difficulties

- **Operational Approach**

  This is by far the most difficult point as a precise program of anticipated activities is not always made available by the Centre and operational patterns may vary in the different National contexts.

  However an indication should be given of an adequate number of partners for data collection and information analysis in the different fields. This could come relatively easy for the National Report and the EDDRA database, where it can be established that respectively at least some five to ten Universities/NGOs depending on Country's size are involved in report preparation and consultation activities and some ten to twenty institutions for demand reduction activities.

  Clear allocation of responsibilities for collecting data and information among the partners should be indicated and a preference should be given to partnership models based on mutual provision of services and involvement in PR activities.

  Formalised quality control mechanisms should be used in the various phases.

  A clear indication should be given of sub-contracted activities.

- **Staff available**

Present focal point minimum staff requirements roughly include:

- a general manager ½ full time equivalent;
- an epidemiologist ½ full time equivalent for quantitative analysis;
- one and a ½ full time equivalent sociologist or other social scientist for qualitative analysis;
- ¼ full time equivalent contribution from a toxicologist
- ¼ full time equivalent contribution from a statistician
- 1 full time equivalent secretarial with editing skills;

At least 50% of the personnel should have a certain degree of seniority and preferably clear scientific qualifications. All staff should be fully fluent in English as a working language.

Additional Centre requirements in the new areas of activity are likely to require at least:

- ½ full time equivalent criminologist;
- another ½ full time equivalent sociologist/ social scientist also familiar with qualitative techniques
- ½ full time policy analyst
- another ¼ full time epidemiologist
- ¼ full time expert in relations with the media and promotional activities.

Same seniority, scientific and linguistic qualifications as above.

- **Financial Resources**

If present financial patterns are confirmed the new tasks could come at an approximate cost, all inclusive, of € 100,000, of which € 50,000 Centre's financing. This figure is broadly compatible with present total budget allocations to the REITOX Network (a total € 1,500,000 per year and without ay additional for support projects) if some savings are made on overheads (a 40% overheads/salaries ceiling rule is established), but above all if a clear distinction is made between what should be considered as FP task and as Member State responsibility in the implementation of the five key indicators.

12. Conclusions and Recommendations

12. 1 Introduction

This chapter summarizes the evaluation main conclusions and recommendations. It is structured broadly following the sequence of the evaluation questions reviewed in the previous chapters.

12.2 Summary of Conclusions and Recommendations

Overall Assessment. The REITOX Network has proved reasonably effective in contributing the achievement of the Centre's mandate, especially if one considers that EMCDDA activities have been defined through a long and sometimes complex process and that FP had to adapt consequently. Another important aspect to be considered is that in many Member States there were little drug information systems to speak of, and information had to be collected from scratch. The REITOX Focal Points have played a considerable in this process.

In particular there has been an overall improvement in effectiveness over the last few years once the system has stabilized, FP tasks have become somewhat clearer and better communication procedures have been established between the Centre and the Network. In all these areas marginal improvements are still possible.

Recommendation A substantial increase in effectiveness would require a radical reform in how the Centre-Network relations are managed, possibly including a revision of the existing regulatory framework. Such a radical reform is bound to produce serious tensions in the Network that for a certain period of time could affect operations and should be considered with caution and implemented accordingly. The opportunity and desirability of achieving increases in effectiveness ultimately depends on political feasibility considerations, as the present system is built on a delicate system of allocation of responsibilities between the Centre and the Member States.

The Regulatory Framework. REITOX has developed quite differently from what originally envisaged in the EMCDDA regulation and the related uncertainties have had an impact on overall effectiveness of activities.

Recommendation. The European Parliament, The Council and the Commission should consider whether the present operations of the REITOX Network are still in line with the original intentions of the legislator or amendments should be introduced, in particular with regard to the following aspects:

- a clearer definition of the Focal Point tasks and responsibilities as compared with those originally envisaged for the monitoring and specialization centers;
- consequently a revision of the appointment mechanism presently left to total Member State discretion and the possible introduction of sets of minimum requirements or FP appointment confirmation provisions for the Centre;
- a clearer definition of the rationale behind EU financial support to the Member State drug information systems in terms of subsidiarity and additionality;

- the nature of Member States obligations, if any, to the Centre activities;

- the present lack of any political counterpart to the Centre entrusted with committing Member States to implementing given activities;

- on top of that, a decision should be taken on whether to confirm the present non-binding nature of the Centre technical recommendations, as this seriously hinders the total possible effectiveness of REITOX operations as far as data comparability is concerned. There is a trade off between the possible degree of attainment of the objectives included in the Centre's mandate and broader political feasibility considerations linked to the level of real political interest, data harmonization cost factors and compatibility with national legal frameworks on personal data protection.

The Motivational System. The existing motivational system underlying the Centre-REITOX relations appears not entirely appropriate to manage relations mostly based on Member States willingness to co-operate considerations. The spurious introduction of a contract element between the Centre and the Focal Points as a way to define areas of activity has shifted the focus from the required partnership approach towards a service provider-client relation and fostered a working climate of mutual misunderstanding and mistrust. A lot of time and efforts have been spent spent on a contract whose contents the FP can hardly define and the Centre hardly enforce.

Although improved over time much of the Centre's management culture is still inspired to issuing "orders" justified by its paying for services, and as a reaction the FP have had on average quite a negative attitude towards any collaboration activity not strictly included among contractual provisions. The Centre has also made a very limited use of the reputation tool, as a motivational mechanisms and outputs produced by the FPs have been given a restricted circulation and have not been generally available to external scrutiny. Somewhat limited attention has also been devoted so far to the development of an alternative management style based on (admittedly time consuming) consensus-building, real sharing of priorities and mutual provision of services.

Recommendations.

- Unless the Centre has a role in the FP appointment mechanism and is given any real redressing powers vis-à-vis poorly performing FPs contractual relations between the Centre and the FP should be reduced as much as possible, and ideally discontinued as is the case in the European Environment Agency. The burden of financing ordinary Focal Point activities should be considered as a Member State responsibility.

- At any rate the present contract management system based on MB Representative approval of FP performance and activities should be discontinued, at least to the extent that it lends itself to obvious conflict of interest considerations when the two roles coincide into the same institution.

- On the contrary the FP should be given a much stronger role in the definition of operational activities and in the work-planning process and selected by Member States accordingly.

- The Centre should make a greater use of reputation-based motivational mechanisms. Outputs received from the FP should be made freely accessible to anybody. Regular information on the degree of progress of Member States towards the harmonization and comparability of data should be regularly produced and made available to the public.

Allocation of Responsibilities. There is a mismatch of responsibilities in the definition of the respective roles of FP and MB representatives with respect to the management of the Centre' activities. MB representatives are requested to make decisions also on operational details out of their control and FP are left with implementation responsibilities only. There is little mechanism in the present organizational framework to ensure exchange of information on operational aspects between the MB representatives and the FP. Relations are mainly based on personal contacts.

Recommendations.

- The involvement of Member States into the Centre planning of activities process should be streamlined and made more rational. MB representatives should concentrate their decision-making process on strategic priorities only and main budgetary decisions, while decisions with an operational content should be delegated to the FP. This delegation of powers process should contribute to create the establishment of sounder communication and information sharing mechanism between the FP and the MB Members.

The Scientific Committee has not played so far any significant role in REITOX activities and has remained largely detached from FP operations. The SC contribution to the FP quality control process envisaged in the 1998 MB decision has remained a dead letter. The nature of the SC as an autonomous body of independent experts has remained largely unexploited.

Recommendations.

- any regular involvement of SC Members in permanent quality control procedures or other similar mechanisms should be discouraged because hardly compatible with present organization of activities and limited time available and would result in a further burdening of procedures;

- on the contrary, once an opener attitude has been taken on circulation of data and information within the Centre, the SC expertise should be used to settle possible disputes between Centre scientific staff and FP on the reliability of specific data, methodological disagreements or the use of conflicting sources of information

Role of the National Focal Points. The role of the focal points is not well defined in the present regulatory framework, where a distinction is made between monitoring and specialised centres, with the first responsible for providing data and the latter for carrying out advanced research. It seems hardly expedient that the role of the FP could be limited to data provision only, as complementary analysis is also needed. However, this distinction can be better exploited, together with other possible mechanisms, for broadening the range of scientific contributions available in given areas in agreement with MS. It does not seem entirely appropriate that the FP are given a right to veto the use of information from other sources as presently envisaged in the MB decisions, unless a common assessment of reliability is made with the Centre.

A reasonable degree of stability of functions is a factor that can contribute to improve FP performance. However, as the motivational system in the present regulatory framework is heavily dependent on Member State support, this should be considered as a primary Member State responsibility and should not necessarily be achieved through multiannual contracts with the Centre.

Recommendations.

- the recourse to specialized centers as a way to broaden scientific expertise available in given areas should be considered

- the present FP formal powers of vetoing the use of information on a given Country should be abolished and replaced by joint consultation procedures.

- Member States should be encouraged, whenever appropriate to establish with their FP, multi annual framework agreements to ensure a certain stability of functions

The EC Focal Point and the Other International Organizations. There is little scope for involving international organizations into the activities of the REITOX Network, as this would introduce a further element of complexity in a system already difficult to manage. There is already among some REITOX players a limited understanding of the role of the EC Focal Point and the nature of its possible contributions.

Recommendations.

- Every possible future attempt at involving other international organizations into the REITOX network as originally envisaged in the EMCDDA regulation should be discouraged;

- The European Commission should continue to take part into REITOX activities, but its double role as a FP and as a representative of DG Justice and Home Affairs should be better clarified and possible contributions in the light of its limited (and partly not entirely clear) mandate should be better defined. The Commission can either take part as a simple observer without the need to have its fully-fledged Focal Point as the resources made presently available seem to indicate or should become a much more active player by agreeing its REITOX contributions with the other stakeholders. This would require that adequate resources should be devoted to FP tasks. In this case, the EC FP should be made subject to performance verification mechanisms, and make its contributions available to all FPs.

- Efforts at establishing common reporting formats and procedures with other international organizations should be continued in order to avoid present unnecessary duplications of activities.

The REITOX Coordination Unit. The Coordination Unit has played a considerable role in improving the overall working climate in the given operational framework and in making the REITOX system reasonably effective. However it has long remained understaffed and has mainly concentrated in administrative aspects, meeting organization and in the National Report production process. Much less time and effort have been devoted to supporting consensus-building activities in Member States and fostering horizontal co-operation and exchange of expertise among FPs. This is one of the few instances where the establishment of ordinary contractual relations can be deemed as appropriate.

Recommendations

- The REITOX CU should be adequately reinforced in terms of human resources and scientific expertise available;

- It should broaden its focus from the mere management of vertical relations between the Centre and the FP and related contractual aspects, and from activities related to REITOX meetings and National Reports only to a more proactive support of FP networking, promotional and cross-fertilization activities by involving relevant Centre staff and main stakeholders at the national level (and not only FP staff) in events such as national/international workshops, meetings, conferences.

- In a similar vein it should foster horizontal co-operation among FPs and between FPs and other institutions on specific projects.

- The reintroduction of a specific budget line for REITOX horizontal co-operation projects should be considered. However, the funds allocation process should be made more transparent and open also to collaboration from external sources.

- Ideally in a reformed Network, the REITOX Coordination Unit should move from its present mediation role between the Centre and the FP on contract definition and administrative compliance, to a mediation role between FP in the definition of the annual plan of activity in the light of the strategic priorities set by Centre. It should act as the neutral certification body of all actors' progresses towards achievement of pre-defined targets and provide related feed-backs into the system.

Networking. The REITOX Network still appears more as a group of, admittedly coordinated, vertical relations between the Centre and the various FPs rather than a real network based on horizontal co-operation and information exchanging mechanisms. FPs mainly operate as correspondents vis-à-vis the Centre. The different specializations of the various FPs have been exploited only to a limited extent. If the REITOX Network is to further contribute to fostering mutual knowledge and cross-fertilization of experiences across Europe, this networking dimension should be enhanced

Recommendations

- For the developments of new areas of activities the Centre and the FP should cautiously consider the partial reintroduction of work-sharing mechanisms like those experienced too early in the Centre's life in the 1996/97 and not dissimilar from the present Emerging Trend Initiative or from those envisaged for the management of the enlargement preparation phase;

- Team work and common projects involving different FPs should be encouraged and the different areas of specialization of the FPs exploited to appoint leading institutions as specialized centers in given areas;

- In a similar vein, the idea of developing standards through common FP projects as learning mechanisms should not be abandoned, with the specifications reported above on more transparency on allocation of funds.

The REITOX Meetings. The role of the REITOX Meetings depends on the prevailing motivational mechanisms. If it is going to remain contract-based only minor improvements are

possible. A shift to a partnership approach should make the meetings more strategic and content-oriented as well as an opportunity to provide the system with a feed-back on the progresses achieved. In this case the CU meeting preparation role should be substantially strengthened. Cluster meetings represent an opportunity to further develop horizontal co-operation.

- It is recommended that the REITOX Coordination Unit should further develop cluster meetings and refrain from a purely geographical approach in their organization. These meetings should be used as an opportunity to strengthen co-operation on matters with a direct operation content and specialized FP could be involved in their preparation.

Structures and Organizational Mechanisms. The Member States have used various tools to ensure that FP are given access to information from primary data sources. No clear preference can be expressed for the use of normative acts, vis-à-vis other more informal procedures. The various solutions mainly depend on the institutional system in place and Country-specific cultural factors, and have different degrees of effectiveness in the various contexts.

Recommendation

- No effort in the definition of a common normative framework for FP access to data should be made at the European level.

FP are so varied and different in their structures and organizations that little common factors can be found as affecting performance and effectiveness. FP have sometimes suffered from institutional changes, and in some of them organizational structures have been created according to which a formal and an operational head of FP co-exist. In some countries the issue of the double, policy and operational, FP has not been solved yet.

Recommendations

- Member States should refrain as much as possible from changing their FP too frequently. Ways should be found to avoid the related loss of expertise.

- Although this represents a minor obstacle to the information flow, it is recommended that the MS should appoint as its formal representative the individual actually responsible for coordinating FP activities.

- It is recommended that a common position should be found on the Policy FP and that division of responsibilities between policy FP and MB representatives in interacting with the FP should be clearly defined.

FP have differently centralized structures and different patterns of recourse to external expertise. A wide range of possibilities is compatible with smooth implementation of activities. However, structures almost fully relying on external consultants and without a minimum in-house co-ordination are problematic to manage.

Recommendation

- It is recommended that FP use an adequate number of in-house human resources to coordinate activities and not rely exceedingly on external expertise only

FP often face problems with high turnover of personnel and have to rely on exceedingly young staff. Salaries cap when existing discourage the recruitment of specialists in the field. This may lead to inefficient use of resources.

Recommendation

- Although this can be differently compatible with the various legal frameworks, institutions appointed as FP should consider reviewing, to the extent possible, their salary policies and obstacles to the hiring of senior and experienced staff should be removed.

Operations. Involvement of external expertise in the different areas of activity has been uneven. However, the establishment of ad hoc working groups under the responsibility of specialists can be considered as best practice. FP supervision of these expert activities has sometimes caused interference in the information flow with the Centre. The quality control mechanisms in place have been mostly rudimentary, poorly formalized and exceedingly focused on the report.

Recommendations

- It is recommended that the establishment of working groups with the involvement of external experts should be considered as best practice in all areas of activities.

- It is recommended that related division of responsibilities between specialized experts and FP staff should be made clearly known to the Centre.

- It is recommended that quality control procedures jointly agreed by the FPs under the Centre supervision should be gradually introduced into main areas of activity.

There have been various approaches to data collection based on the different national institutional contexts. However, those purely based on secondary sources and institutional channels have generally been slightly more problematic than the others. Moreover there has been an uneven degree of involvement of civil society in FP activities.

Recommendations

- FP should be further encouraged to pursue active networking strategies in data collection and to use feed-back and reward mechanisms toward partners. Provision of services should be considered as best practice followed by involvement in PR and communication activities. Monetary incentives should be carefully reviewed in their pros and cons also depending on local cultural factors.

- It is recommended that not only institutional sources of information should be used for FP activities. A broader consultation process with the involvement of other stakeholders through seminars, working groups and other similar instruments should be reflected in the FP outputs.

Relevance. FP activities have generally been relevant to the Centre's mandate, although with different degrees, mainly because of the emphasis given to the various activities in the light of national interest considerations. In fact, the various Centre work-plans have reflected so far a heavy top—down approach and local interests and conditions have been taken into consideration only to a limited extent. This has been reflected in different levels of implementation of activities broadly mirroring national considerations and legal framework constraints.

Recommendation

- The FP should be increasingly involved in the definition of the plan of activities and provide their inputs on local feasibility and level of interest before these are approved. Ideally, they should become co-responsible for drafting the work-plans

Quality. The quality of FP outputs has been highly varied over time and in the different areas of activity depending on different factors. However, in the relations between the Centre and the REITOX Network there has been excessive reference to "quality" as an external abstract concept, and comparatively low reference to quality in concrete and subjective terms as compliance with agreed standards. While some progress has been achieved in the ex ante definition of guidelines in certain areas, so far provision of ex-post feed-backs on outputs has been fairly limited.

Recommendations

- It is recommended that guidelines should be constantly refined and updated and gradually extended to all areas of activity. Moreover a process of feed-back on quality should become standard practice and be extended to all areas of activity

- The REITOX Coordination unit should take the main responsibility for provision of quality feedback and liaise between inputs from the different scientific programs and the FP

The National Report. The National Report is conceived in such a way that only a very limited part of its contents are used for the Centre publications. Since the drug phenomenon does not change so fast as to require a fully-fledged analysis to be repeated on a yearly basis, a substantial duplication of interpretation of data and of entire report parts seems hardly avoidable. The distribution of the National Reports as stand-alone documents is not envisaged in the present Centre information dissemination policy but is being seriously considered by the EMCDDA and seems likely to take place from 2001 onwards.

The quality of the report substantially depends on Country-specific factors. However, the reports also intended for circulation among the national public tend to be more accurate

Recommendations.

- the overall national report exercise should be reconsidered and if the report has to remain an annual exercise as requested by the EMCDDA regulation it should be mostly made on a thematic basis with updates as annexes.

- the maximum circulation should be encouraged of the National Reports as an indirect incentive for quality improvement irrespective of resistances coming from FP already involved in drafting similar products at the national level.

The Five Key Indicators. In general terms, the direct implementation of data harmonization on the five key epidemiological indicators falls far outside the FP capacity, as it requires budgetary resources and political authority generally not available to the FP as such. Only those FP that are Government organizations or can rely on strong Government support have been in a position to play an effective role in this. The division of responsibilities between FP and other national Government institutions in this process has remained unclear so far with a different degree of involvement in the provision of technical assistance.

Recommendations

- real harmonization of the five key indicators faces such considerable obstacles across Europe to make necessary either a binding legal instrument at the EU level or the appointment of political authorities responsible for overall national coordination to achieve substantial progress;

- the role of the FP in this field should be more clearly defined and limited to consensus-building and promotional activity in the initial stages and in the provision of technical assistance in the preparatory phases. FP as a part of REITOX should not be involved in direct implementation activities.

Demand Reduction. After a period of difficulties, most FP have managed to win internal resistances to the use of the EDDRA database which has been increasingly appreciated and promoted across Europe.

Recommendation

- it is recommended that work on the EDDRA data-base should not lose momentum as a possible result of the Centre reform , as this would entail a considerable loss of expertise. The few FP who still have problems in achieving an acceptable performance should be encouraged to widen their networks and further promote the use of the instrument, i.e. basically to increase the amount of resources devoted to this task.

Joint Action. In a number of Countries the early warning system hardly works for a combination of lack of real political interest and legal constraints. Moreover, as far as information gathering is concerned, it is unclear whether the early warning system as it is conceived now in the Joint Action could represent the most expedient way to attain the related objective.

- it is recommended that the possible role of the FP in this field should be assessed within the framework of an overall evaluation of the joint action, as there is preliminary evidence of some structural flaws in the system deserving an overall reconsideration.

The Present Co-financing Mechanism. The present co-financing mechanism is the result of a political compromise and of the practical need to finance some underdeveloped national drug information systems but lacks a rigorous justification of its economic rationale in terms of subsidiarity or additionality. Moreover it is poorly transparent and lacks clear accountability criteria for the use of funds. The present parallel financing mechanism does not allow for any external checking of compliance with the 50% national contribution agreement, as this results from a simple declaration filled in by the FP without any justification or evidence shown . As it is now, the system is hardly auditable at all. The result is fairly chaotic and allows only a limited comprehension of how resources are used by FPs. There is no agreement on the cost items to be included in the co-financing and no limit to the allocation of resources. Moreover member States now include among REITOX tasks activities of a very different nature, especially as far as the five key indicators and the early warning system are considered. This also reflects the different financial constraints FP face in the implementation of their activities, which in turn reflect the different amount of funds allocated for the national drug information systems.

Recommendations

- If the present financing mechanism is maintained the compliance with the co-financing requirement should be made auditable for the EU Court of Auditors as is currently the case with the Structural Funds and a justification of total costs should be given, irrespective of sources of financing.

- The contract should include ceilings to certain cost items: overheads should not exceed a reasonable percentage share of salaries and separate reimbursement mechanism for certain costs - organization of meetings and conferences, travel costs and minimum thresholds - set accordingly. Moreover a mechanism for agreeing minimum allocation of funds to certain areas of activities should be found.

- if no clarification comes from the Commission or the European Parliament, an agreement should be found on the economic rationale behind EU co-financing of activities. In general, the justification for any EU financing of FP ordinary activities appear very weak, and is particularly so for the work on the implementation of the five key indicators or the joint action.

- EU financing should be more logically linked to the pilot phases on the development of new sets of data only. Extraordinary financing of the weakest Focal Points to allow them to fill particular information gaps could be considered as a form of political support only. A part of the REITOX budget can be distributed as a given proportion of parallel Member State financial efforts to achieve harmonization and be made conditional to the achievement of real progresses. This will create an incentive mechanism for those Countries who are willing to co-operate. One of the main drawback of such a mechanism is that is bound to lead to huge disparities as in the near future the FP with the hugest information gaps will not be apparently entitled to this kind of EU financing

The Information Flow. The information flow between the Centre, the REITOX Coordination Unit and the REITOX Network is still somewhat weak as far as strategic planning activities and award of contracts to external experts are concerned. Also the activities of the various departments/programs should be made better known to the FP. Moreover there is a need to substantially strengthen feedback information on local conditions and progresses achieved at the national level. The REITOX website, as it is now, can be considered as a hugely under-exploited communication tool.

Recommendations

- The REITOX Co-ordination unit should increase its efforts in keeping a mutual information flow running between the Centre and the FP through better formalized procedures and a more extensive use of existing internet facilities. More dedicated human resources should be assigned to this task.

- It is understood that a major reorganization of the REITOX website is in the making. However, its structure should be more considered as an open portal and gradually integrated into the EMCDDA website.

- In particular, the site could be made more open to NGOs, research groups, private institutions operating in this field. Obviously different users will be allowed different levels of utilisation of services but in principle access should be made available to FP national partners. This would allow some local information (i.e: new uses or new substances warning) collected from the local

partners to immediately reach the portal and, on the other side, some information made available from the Centre as reports or request of data could reach the most decentralised level immediately. Data quality control mechanism can be easily adopted. The portal could supply information collected also in other relevant institutions (UN, UE offices, etc.), and this flow would be able to supply details concerning laws, rules, chemical structures, biochemical effects, etc..

Capacity to Cope with Present and Future Requirements. At present, insufficient staff already appears among focal point structural weaknesses. It appears that a 4-6 core staff represent a very basic requirement for carrying out present activities. However, to cope with future requirements roughly over two third of FP would need additional expertise and human resources in criminology and PR relations to be able to cope with the new work plan. Another one third would also need additional expertise in policy analysis.

The present reform process is introducing several new tasks. This risks having serious consequences on the REITOX Network homogeneity. Focal points already differ in their capacity to provide required inputs to the Centre and relatively recent tasks score on average worse than the older ones. Therefore a certain bias in the provision of services already exists. If new activities are added to the FP tasks, a further widening of the gap between best performers and those lagging behind can be expected. This will make it increasingly difficult to manage relations with the FP on a common contractual basis.

Recommendations

- Since the contents of these new activities are still being defined it is not easy to make an estimate of the possible additional financial burden in terms of costs. If the Centre's own budgetary reallocations are used as benchmarks together with the FP own estimates, it can be found that on average some 1.5 to 2 more additional full time persons will be needed for a total – all inclusive- of € 80,000 - €100,000 or so.

- This figure is broadly compatible with present total budget allocations to the REITOX Network (a total € 1,500,000 per year and without ay additional for support projects) if some savings are made on overheads (a 40% overheads/salaries ceiling rule is established), if in some cases human resources are used a bit more efficiently (cap on salaries are removed and less recourse is made to exceedingly junior staff with the related problems of high turnover) , but above all if a clear distinction is made between what should be considered as FP task and as Member State responsibility in the implementation of the five key indicators.

- The reform process represents a further incentive to adopt a case-by-case approach in managing the relations between the Centre and the FP.

The Capacity to Cope with the Enlargement. The enlargement process is bound to represent a further element of heterogeneity in the Network. Most prospective members will be in a position to provide only some data on a very basic set of key epidemiological indicators when they enter the Centre. At that time the old members are expected to have completed their pilot phases on the new sets of core data. This is compounded by a fairly chaotic approach to the preparation phase and with overlapping of assistance programs in certain phases, and no programs at all in other, with Countries given different amounts of technical assistance with different timings. This is also due to a certain lack of co-ordination between the Centre and the various Commission technical assistance programs. In the pre-accession phase REITOX operations will require a more streamlined structure of representation and operational aspects will be increasingly be dealt with in cluster meetings.

Recommendations

- It recommended that a better co-ordination should be established between the Centre and Commission services as far the technical assistance programs available to new entrants and their timing is concerned. In particular a clear decision should be taken on the possibility that further technical assistance is needed to the new FPs after end 2002 and on the better ways of delivering it. The direct involvement of Candidate Countries in this decision-making process through either matching grant schemes or other consultation procedures should be considered as best practice and their opinions duly weighted.

- It is not easy to estimate the impact the enlargement will have on the REITOX Network in financial terms. However the increased heterogeneity of the system will require to the REITOX co-ordination unit an effort more than proportional to the number of new entrants, and therefore financial provisions should be made accordingly.

- The possibility of involving the other FPs in horizontal training and co-operation activities is bound to face financial constraints and will depend on the availability of an adequate budget for co-operation projects at both the EU level and at the Centre level.

ANNEX A

TERMS OF REFERENCE

EVALUATION OF THE FOCAL POINTS OF THE EUROPEAN INFORMATION NETWORK ON DRUGS AND DRUG ADDICTION (REITOX)

CT.O1.RTX.02

1. INTRODUCTION [1]:

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), based in Lisbon, was established in 1994 and became operational in 1995. The Centre's objective is to provide the Community and its Member States with objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences. The statistical, documentary and technical information processed and produced by the Centre is intended to help provide the Community and the Member States with an overall view of the drug and drug addiction situation when, in their respective areas of competence, they take measures or decide on action.

The basic regulation setting up the EMCDDA (Council Regulation (EEC) n° 302 OJEC L 36 of 12 February 1993) specifies five priority areas to which the information gathered by the Centre should relate. The Centre carries out its tasks progressively in the light of the objectives adopted in the three-year and annual work programmes and with due regard to the available resources.

An external evaluation of the EMCDDA has been carried out during the second half of 1999. The evaluation report, delivered in January 2000, made specific recommendations for the improvement of the organization, working methods and outputs of the EMCDDA, as well as regarding the REITOX network.

2. BACKGROUND FOR THE EVALUATION AND ITS OBJECTIVES [1] :

Article *5* of the above mentioned Council Regulation (EEC) n° 302/93 of 12 February 1993 stipulates that the EMCDDA *"shall have at its disposal the European Information. Network on Drugs and Drug Addiction (REITOX), a computer network forming the infrastructure for collecting and exchanging information and documentation; the network shall make use of, inter alia, an autonomous computer system linking the national drug information networks, the specialized centres in Member States and the information systems of the international and European organizations and bodies cooperating with the Centre"*. In this respect, the REITOX network contributes by aggregating and transmitting national data to the Centre - into the EMCDDA main objective, i.e. to provide the Community and the Member States with objective, reliable and comparable information at European level concerning drugs and Drug Addiction consequences.

1. For further detailed information regarding the EMCDDA and / or referenced Council and evaluation documents, please consult the EMCDDA Internet web site at following URL: http://www.emcdda.org

The framework of the REITOX Focal Points' tasks are defined in the following documents[2]:

- 'Role and Financing of the Focal Points', adopted by the Management Board in 1998
- 'The EU Action Plan', adopted at the Sta. Maria do Feira European Council in June 2000
- 'The EMCDDA Medium-term Perspectives', approved by the Management Board in September 2000
- 'The EMCDDA three-year Work Programme' covering the period of 2001-2003. approved by the Management Board in January 2001

Presently, the REITOX Focal Points undertake the following core tasks, directly related to the EMCDDA work programme:

- Updating the national reports
- Updating the information Map on epidemiological and documentation sources
- Active contribution, at national level, into the Joint Action on new synthetic drugs
- Encouraging the implementation, at national level, at the 5 harmonised epidemiological key-indicators
- Active contribution to the European Drug Demand Reduction Activities (EDDRA)

From 2001 onwards, REITOX Focal Points are requested to participate, on a voluntarily basis, in the conceptualisation process with the EMCDDA on the following new targets:

- Reduction of negative impacts on health
- Youth prevalence
- Successful treatments
- Availability
- Drug-related crime (laundering/precursors)
- Implementation of policy and of demand reduction
- Implementation on of dissemination activity

REITOX Focal Points are also associated in the permanent animation of their national networks and participation in the global EU level networking, in close co-operation with the EMCDDA.

3. SCOPE OF THE EVALUATION

The measures covered by the evaluation are the Focal Points' activities, their products and their contribution to the EMCDDA results since the operational establishment of the network in 1995 up to mid-2001. The evaluation should also cover the operational effectiveness of the REITOX network as a whole, including the REITOX Co-ordination at the EMCDDA and the European Commission Focal Point.

All referred documents can be downloaded from the Centre's Internet web site at: http://www.emcdda.org

4. EVALUATION QUESTIONS

The external evaluation should focus on:

- The relevance and quality of the different methodological and organisational activities carried out and outputs produced by the Focal Points in the framework of their contribution to the EMCDDA work programme.

- The structures and mechanisms - including the horizontal co-operation with partners and other Focal Points and the relationship with the representatives at the EMCDDA

Management Board and Scientific Committee - for the collection, assessment, analysis and dissemination of information in the framework of the participation into the EMCDDA activities.

- An appraisal o-f the functioning of the Focal Points from the point of view of logistical and administrative efficiency as well as cost-effectiveness, including the use of both the Centre's financial support and Member States' financial and human support in the framework of their participation inn the EMCDDA work programme.

- An assessment of both quantitative and qualitative information flow between the Focal Points and the EMCDDA.

- The adequacy of the Focal Points' present capacity to achieve goals identified in the EMCDDA medium-term perspectives and work programme for the period covering 2001 - 2003.

- The potential of the REITOX network to cope effectively with the challenge of the EU enlargement, with special regard to formulation and application of the pro-accession strategy (including the adaptation of the working methods, operating mechanisms amid internal communication).

- The specification of the minimal requirements for the Focal Points to fulfil their present and future tasks, including their needs in terms of human and financial resources (co-financing mechanism).

5. METHODS AND DATA

The evaluation should be based on questionnaires and documentary analysis, covering the Focal Points' reports, products and other publications in the framework of their activity within the EMCDDA work programmes. This should be complemented with a limited amount of interviews with the Focal Points, other key operators and the involved EMCDDA staff. Complementary information may be gathered through a limited number of visits to the Focal Points.

There is a 500fl0 for the tenderer to elaborate on the methodology and to propose complementary techniques to be used in the evaluation.

6. ORGANISATION, TIMETABLE, REPORTING AND FINANCING

A specific steering group will be the *ad hoc* authority responsible for monitoring the evaluation. It will approve the consultant's detailed work plan, assist in access to relevant data and comment on and approve the interim and final evaluation reports.

The work should he completed within not more than six months from the signing of the contract. It should include the following stages:

- Immediately after signing of the contract, a meeting between the steering group and the contractor will be held, at which the evaluators will present a detailed methodology and the definitive work plan;

- two months after signing of the contract: presentation and discussion with the steering group of the interim evaluation report;

- four months after signing of the contract: presentation and discussion with the steering group of the final evaluation report.

After the approval of the final evaluation report, the evaluator is expected to give a seminar type presentation of the findings and conclusions of the evaluation at the EMCDDA Management Board meeting, which is expected to take place in September 2001.

The reports must he submitted in English, in both paper copy and in electronic form (technical aspects of that to be agreed upon with the steering group). The final report must include a separate summary of no more than five pages.

7. GENERAL TERMS AND CONDITIONS

The general provisions governing the tender and payment procedure are set out in the European Commission's "General terms and conditions applicable to contracts" (which can be downloaded from the EMCDDA internet web site at: http://www.emcdda.org). All references to time European Commission and/or European Communities are to be understood as reference to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

8. TENDER AND METHODS OF PAYMENT

a) Tenders must include a concise and detailed description of how the evaluation will be carried out, the technical means and methods that will be used and a plan for the visits required as part of the evaluation. In addition to the visits to the Focal Points and to the EMCDDA headquarters in Lisbon, a minimum of two visits to Brussels should be planned to meet the steering group. All the visits should be included in the tender price.

b) Prices must be expressed in Euro.

- Tenderers must specify the price of the tender: this price must be inclusive and should incorporate all administrative costs, including travelling and subsistence expenses (i.e. tickets issued in full economic rate and daily allowance of 150 Euro), which will be reimbursed against supporting documents. No requests for additional reimbursement of the costs of the evaluation will be accepted.

- Tenders must indicate the various elements of the costs, broken down as follows:

- the provisional fees, indicating the exact rate per individual per day and listing ongoing running costs separately

- the costs specific to the methods used

- all travelling expenses

- other running and administrative costs.

- Where the tenderer is subject to VAT and has to pay this tax, the relevant amounts inclusive and exclusive of VAT should be clearly indicated.

c) The maximum budget to be allocated for this evaluation is 60.000 Euro (sixty thousand).

d) Tenderers should confirm that they are not in any conflict of interest with regard to the subject of the contract and that they are not involved in any of the activities of the EMCDDA or the network supporting it.

e) The tender must indicate the persons who will carry out the work and the amount of time to he used by each of them.

9. AWARD CRITERIA

Tenders will he assessed on the basis of the following:

a) Quality of the tender:

- understanding of the nature and context of the tasks (25%)
- proposed methods and techniques to answer the evaluation questions (50%)
- quality of the work plan and structure of work within the team (25%)

b) Price

Tenderers must include in their bid all the information and documents needed to enable their tenders to be assessed on the basis of the selection criteria set out above.

10. VALIDITY OF THE BID

The bid submitted by the tenderer must remain valid at least six months from the date of the submission.

11. PUBLICATION

The EMCDDA retains all rights relating to the evaluation and to its reproduction and publication. Any document based in full or in part on the work carried out under this contract may be published only with the EMCDDA's written permission.

ANNEX B

LIST OF PEOPLE MET

- Maria Moreira - Portuguese Focal Point
- Camilo Vazquez Bello – Spanish Focal Point
- Ana Andres Ballestreros – Spanish Focal Point
- Kari Grasaasen – Danish Focal Point
- Hans Henrik Philipsen – Danish Focal Point
- Bertil Pettersson – Swedish Focal Point
- Ari Virtanen – Finnish Focal Point
- Odd Hordvin - Norwegian Focal Point
- József Lipták and staff – Hungarian Focal Point
- Akos Topolansky and staff – Hungarian Deputy State Secretary for the Co-ordination of Drug Affairs
- Franco Scarpino - Italian Focal Point
- Silvia Zanone - Italian Focal Point
- Carla Rossi - Italian Focal Point
- David Turner - CEIS – Italian Focal Point
- Manina Terzidou – Greek Focal Point
- Makis Diakoumakos - Greek Focal Point
- Sabine Haas - Austrian Focal Point
- Roland Simon – German Focal Point
- Denise Walckiers – Belgian Focal Point
- Mark Vanderverken – Belgian sub-Focal Point
- Fred Laudens – Belgian sub-Focal Point
- Sophie Köttgen – Belgian sub-Focal Point
- Fabienne Hariga - Belgian sub-Focal Point
- Jean-Michel Costes – French Focal Point

- Hamish Sinclair – Irish Focal Point
- Mary O'Brien – Irish Focal Point
- Alain Origer – Luxembourgian Focal Point
- Franz Trautmann – Dutch Focal Point
- Margriet W. van Laar - Dutch Focal Point
- Nicholas Dorn – UK Focal Point
- Stephane Aujan - UK Focal Point
- Jacques Deprez – EU Member of Parliament
- Maurizio Turco – EU Member of Parliament
- Timo Jetsu – EC Focal Point
- Michael Sorensen – Task Manager at the Enlargement DG of the EC
- Judith Novak – Task Manager at the Enlargement DG of the EC
- Georges Estievenart EMCDDA
- Wolfgang Götz EMCDDA
- Linda Montanari EMCDDA
- Frédéric Denecker EMCDDA
- Kathryn Robertson EMCDDA
- Rosemary De Sousa EMCDDA
- Gonçalo Felgueiras EMCDDA
- Arne Tvedt EMCDDA
- Jaume Bardolet EMCDDA
- Dante Storti EMCDDA
- Richard Hartnoll and team EMCDDA
- Alexis Goosdeel EMCDDA

- Roumen Sedefov EMCDDA
- Margareta Nilson and team EMCDDA
- Alain Wallon EMCDDA
- Lena Westberg EMCDDA
- Danilo Ballotta EMCDDA
- Philippe Roux EMCDDA
- Andrea Classen EMCDDA
- Manuel Carvalhosa EMCDDA
- Fernando Pires EMCDDA

ANNEX C

LIST OF SPECIFIC/SUPPORT PROJECTS

Year	Contract Title	Focal Point	Amount €
1998	Implementing phase for the "virtual library"	France	80.000
1998	Standards on treatment demand	Germany	40.000
1998	Standards on drug-related deaths indicators	Netherlands	40.000
1998	Developing linguistic equivalents	United Kingdom	30.000
1998	Developing the network in the field of DR activities	Sweden Austria Netherlands Ireland Spain	16.000 16.000 11.000 11.000 11.000
1998	Improving comparability of general population surveys	Amendment to 1998 REITOX "core tasks" contract of NL, GR, SW	79.831
1998	Technical development of DR EIB Database	Luxembourg	32.370
1998	Assistance in the implementation of EU Joint Action on NSD	Belgium	54.000
1998	Liaison EMCDDA - UNDCP and evaluation of epidemiological information in National Reports and Information Maps	Austria	60.000
1998	Setting-up the content related and technical part of the EMCDDA training information system	Netherlands	83.704
1998	Technical development and maintenance of the EDDRA system	Luxembourg	39.035
1999	Evaluation of the implementation of the EU joint action on new synthetic drugs	Belgium	87.500
1999	Implementing methods for estimating national prevalence at problem drug use in the EU Member States	Germany	30.240
1999	Training for DR Professionals	GR, B, P, DE, ES, A, NL Reitox Focal Pts (7 contracts)	24.500
1999	Co-ordination of implementation of guidelines on drug-related deaths indicator	Netherlands	46.779
1999	Co-ordination of implementation of EMCDDA/PG protocol on treatment demand indicator	Germany	47.130
1999	Technical development and maintenance of EDDRA system	Luxembourg	52.260
2000	Co-ordination of a new phase of imp. Of the key Epi. Ind. Drug treatment in EU	Germany	44,860
2000	Co-ordination of the imp. Of the EMCDDA standard guidelines on the drug-related deaths indicator in the EU	Netherlands	45.805
TOTAL			**938.198**

ANNEX D

COMPARISON BETWEEN REITOX AND OTHER EU AGENCIES MOTIVATIONAL MECHANISMS

The Focal Points (and other elements of the networks) – The Legal Basis

EMCDDA	EEA	OSHA	EUMC
It is stated (*whereas*) that "*there are already s national, European and international organizations and bodies supplying information on this kind, and whereas the Centre should be able to carry out its tasks in close cooperation with them*." The Agency has the task to "*establish and coordinate, in consultation and in cooperation with the competent authorities and organizations in the Member States, the network (…)*"	It is stated (*whereas*) that in the Community and the Member States there are already "*facilities*" providing information and services like "*collection, processing and analysis of environmental data at European level*". The Agency has the task to "*establish, in cooperation with the Member States, and co-ordinate the network*". "*The network shall comprise*": 1) the main component elements of the national information networks, 2) the national focal points, 3) the topic centres.	It is stated (*whereas*) that in the Community and the Member States there are already organizations which provide "*collection, treatment and analysis of detailed, reliable and objective scientific, technical and economic data*" on safety, hygiene and health at work. In order to obtain the maximum benefit from work already carried out "*it is appropriate to establish a network to form a European monitoring system for collecting information on health and safety at work, to be coordinated at Community level by a European Agency for Safety and Health at Work*." "*The Agency shall set up a network comprising*": 1) the main component elements of the national information networks, 2) the national focal points, 3) any future topic centres.	It is stated (*whereas*) that in the Member States there are "*numerous outstanding organizations which study racism and xenophobia*", that the "*coordination of research and the creation of a network of organizations will enhance*" usefulness and effectiveness of the Agency work. In order to accomplish its tasks, the Centre shall "*build up cooperation between the suppliers of information and develop a policy for concerted use of their databases*". It shall "*set up and coordinate a European Racism and Xenophobia Information Network (Raxen) consisting of the Centre's own central unit, which shall cooperate with national university research centres, nongovernmental organizations and specialist centres set up by organizations in the Member States or international organizations*"

Selection of the FPs: roles of the Members States and of the Agencies

EMCDDA	EEA	OSHA	EUMC
"*… the Member States shall (…) notify the Centre of the main elements of their national networks, including where appropriate the national monitoring centres (…) and name any specialized Centres which in their judgement could make a useful contribution to the Centre's work*."	Member States shall inform the Agency "*of the main component elements of their national (…) information networks, including any institutions which (…) could contribute to the work of the Agency*". "*Members States may in particular designate (…) a national focal point for coordinating and/or transmitting the information to be supplied at national level to the Agency (…)*". "*Member States shall, as appropriate, cooperate with the Agency and contribute to the work of the (…) network (…) by collecting, collating and analysing data nationwide*."	Member States shall inform the Agency "*of the main component elements of their national (…) information networks, including any institutions which (…) could contribute to the work of the Agency*". "*The competent national authorities or an institution designated by them shall coordinate and/or transmit the information to be supplied at national level to the Agency*". "*In the light of experience gained, the Agency shall periodically re-examine the main component elements of the network*" and "*shall make such changes as may be decided on by the Administrative Board, taking into account any new designations made by the Member States*."	The Members States "*shall forward to the Centre a list of the centres and organizations of which they are aware (…)*". Taking into account this list, the Centre's Management Board shall invite the competent organizations to be parties to the network (Raxen). The Centre may enter into contractual relations with these organizations. The Centre may enter into contractual relations with bodies which are not part of Raxen, on an ad hoc basis and for specific tasks.

Role and responsibility of the Focal Points

EMCDDA	EEA	OSHA	EUMC
The Legal basis does not spell out role and responsibility of the FPs.	National Focal Points are responsible for the coordination and transmission of the national information to the Agency. "*Member States shall, as appropriate, cooperate with the Agency and contribute to the work of the (…) network (…) by collecting, collating and analysing data nationwide*." The Agency will use "*as far as possible, information collected via the official Community statistical services*."	"*The competent national authorities or an institution designated by them shall coordinate and/or transmit the information to be supplied at national level to the Agency*." It is largely assumed that the "*competent national authorities or an institution designated by them*" indicate the Focal Points.	No specific provisions regarding role and responsibility of the FPs. The Centre shall build up cooperation "among *the suppliers of information and develop a policy for concerted use of their databases in order to foster (…) the wide distribution of their information*."

Financing of the activities of the Focal Points

EMCDDA	EEA	OSHA	EUMC
"*The Centre's expenditure shall include, inter alia:*" "*expenditure in support of the national information networks which form part of the Reitox network and expenditure relating to contracts with the specialized centres.*"	Not explicitly foreseen. "*The Agency may agree with the institutions or bodies which form part of the network (…) upon the necessary arrangements, in particular contracts, for successfully carrying out the tasks which it may entrust to them. A Member State may provide, as regards the national institutions or organizations in its territory, that such arrangements with the Agency shall be made in agreement with the national focal point.*"	Not foreseen. Foreseen for the Topic Centres: "*… the Agency may agree with* [the topic centres] *upon the necessary arrangements, in particular contracts, for successfullycarrying out the tasks which it may entrust to them. Member States may provide (…) that such arrangements with the Agency shall be made in agreement with the national focal point.*"	Foreseen. "*The Centre may enter into contractual relations, in particular subcontracting arrangements, with the organizations* [member of the Raxen network]*, in order to accomplish any tasks which it may entrust to them.*"

Comparative Analysis: Summary of Key Issues

	Structure of the network based on the Focal Points		
	Focal Points are not explicetely mentioned on the Legal Base	Focal Points are explicetely mentioned on the Legal Base	The structure based on FPs was adopted after a consultation process
EMCDDA	Yes	No	No
EEA	No	Yes	No
OSHA	No	Yes	No
EUMC	Yes	No	Yes

	Selection of Focal Points			Redressing powers in case of non satisfactory		
	Agency: powers to indicate minimum requirements for the FPs	Selection by MSs	Selection by open tender	None	Partial	Full
EMCDDA	No	Yes	No	Yes	No	No
EEA	No	Yes	No	Yes	No	No
OSHA	No	Yes	No	No	Yes	No
EUMC	Yes	No	Yes	No	No	Yes

	Data on national level collected by			Data on national level:			
	A plurality of subjects (national networks)	Member States	Statistical Institutes	Their collection is coordinated by FPs	Distributed to the Agency by the FPs	Distributed to the Agency by Member States	Collected from Statistical Institutes
EMCDDA	Yes	No	No	Yes	Yes	No	No
EEA	Yes	Yes	Yes	Yes (partially)	Yes	Yes	Yes
OSHA	Yes	No	No	Yes		No	No
EUMC	Yes	No	No	Yes	Yes	No	No

	Representativeness of the FPs		FPs' participation to the elaboration of the Work Programme of the Agency	
	FPs are official representatives of the Agency	FPs are initial contact points of the network	Explicit provision on the legal basis	De facto participation
EMCDDA	Yes	No	No	
EEA		No	No	No
OSHA	Yes	No	No	Yes
EUMC	No	Yes	No	No

	Presence of the FPs on the Management Board of the Agency			
	Foreseen by the Legal Base	Excluded by the Legal Base	De facto presence of some FPs on the MB	Some persons being both FPs representatives and MB Members
EMCDDA	No	No	Yes	
EEA	No	No		
OSHA	No	No	Yes	No
EUMC	No	No		

	Financing of the Focal Points by the Agency					
	Excluded by the Legal Base	Not foreseen by the Legal Base	Not explicetely foreseen by the Legal Base	Foreseen by the Legal Base	Lump-sum (co)financing	Ad-hoc (co)financing
EMCDDA	No	No	No	Yes	Yes	No
EEA	No	No	Yes	No		
OSHA	No	Yes	No	No		
EUMC	No	No	No	Yes		

ANNEX E

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Decision of the EMCDDA Management Board on the Role and the Financing of national Focal Point (23 October 1998)

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EMCDDA – Study on the relation between REITOX and the Current CEC Telematic Programmes.

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Shapiro M., The problems of independent agencies in the United States and the European Union, 4 JEPP 2, 276-291, 1997

Vos E., Institutional Frameworks of Community Health and Safety Regulation, Committees, Agencies and private Bodies, Hart Publishing, Oxford, 1999

Livre Blanc sur la Governance, Chantier n. 3 – Mieux exercer les responsabilités executives, Rapport du Groupe de Travail "Etablissement d'un cadre puor des agencies de regulation à vocation décisionnelle", June 2001

Stielstra H., L'expérience de l'Agence Européenne pour l'environnement, DG ENV, L. Laudati, Eurostat, February 12th 2001

Bart Kiewiet, L'expérience de l'office communautaire des variétés végétales (Angers), OCVV, March 26th 2001

Majone G., Réforme institutionnelle: agencies indépendantes, surveillance, coordination et contrôle procédural, Euroepan Istitute, Florence, February 27th 2001

Yataganas X., La place des agencies dans l'architecture institutionnelle de l'union. L'expérience du modèle américain, Juridical Service – Harvard University, March 12th 2001

Dehousse R., Les agences européennes comme animateurs de réseaux, IEP-Paris et Notre Europe, March 12th 2001

Relyea H. C., Les agences de régulation aux Etats-Unis, US Congress Research Office, march 27th 2001

ANNEX F

LIST OF DOCUMENTS PROVIDED BY THE FOCAL POINTS

GERMANY
Institute for Therapy Research – Munich

- "Reitox Project – Final Report" (November 1994) – DBDD
  (Roland Simon, Ralph Kutza, Michael Strobl).
- General overview of the national Reitox Focal Points
- Summary of the tasks carried out in the project
- Evaluation of results
- Future plans for the Focal Point
- "National Report on Drugs 1996"
  (Martin Tauscher, Roland Simon).
- National Policies: Legal and organizational framework
- Drug Monitoring and information systems
- "Report on the Drug Situation in Germany 1997"
- "Report on the Drug Situation in Germany 1998"
- "Report on the Drug Situation in Germany 1999"
  (Eva Hoch, Roland Simon, Rolf Hullinghorst, Guido Nocker).
  - National Policies: legal and organizational framework
  - Drug Monitoring systems and source of information
  - Epidemiological situation
  - Demand reduction interventions
  - Special topics
- "Report on the Drug Situation in Germany 2000" – prepared on behalf of the EMCDDA and the German Ministry for Health (BMG).
  (Eva Hoch, Roland Simon, Rolf Hullinghorst, Guido Nocker, Marc Peter Spahlinger).
- National Strategies: institutional and legal framework
- Epidemiological situation
- Demand reduction interventions
- Key issues
- Financial Statement and Account from 1995 to 2000
- Activity Report IFT 1973-1989 (Munich 1991).
- 25 Jahre IFT, 1973-1998 volume 1 e 2 (in German)

LUXEMBOURG
Direction de la Santé, EMCDDA Focal Point - Luxembourg

- Annual National Report on the Drug Situation 2000
- National and local policies and legal framework
- Epidemiological situation
- Demand reduction interventions
- Key issues
- "General Report of activities", 1999 - EMCDDA – The report provide a retrospective account of the EMCDDA's activities and accomplishments in 1999 at the mid-point of its second three-year work programme (1998-2000) and five years after its establishment in Lisbon.

- "Réseau national d'information sur les stupéfiants et les toxicomanies" (RELIS) Rapport 2000 (It is edited for national distribution to a broader general public; it describes the national drug situation and includes the annual activity report of the NFB).
  Annex 1: activities in the 1995-2001 period with an obvious focus on what was done for the ECDDMA (annual reports), but possibly also including an outline of overall activities as an institution (activity reports for every year from 1995 to date).
  Annex 2: balance sheets and financial information in general (sources of funds and expenses)

Annex 3: legal status (statute, etc.)
Annex 4: the organization scheme of institution, possibly clearly highlighting where the focal point is located within the hierarchy (an organigram, or any other similar document).
Annex 5: staff resource allocation schemes if available.

- "Comparative study on the drug population of Portugal and a representative sample of Portuguese drug addicts residents of the Grand Duchy of Luxembourg" Research Series 1999.(A comparison of core socio-demographic data that reveals important differences between the selected samples (Portuguese drug treatment demenders living in Luxembourg and finally a sample of Portuguese drug addicts treated in Portugal).

IRELAND

Drug Misuse Research Division Health Research Board - Dublin

- Annual Reports of Health Research Board from 1995 to 1999.
- "Overview of Drug Issues in Ireland", 1997 – A Resource Document –
  1. Main points:
     - Policy and practice have changed over the past ten years and harm reduction is now a key feature of Irish drug policy.
     - New national, regional and local structures were established in order to direct and co-ordinate drug policy.
     - The official response in the area of criminal justice is characterized by legislative changes.
     - There has been an expansion of drug treatment services in the Dublin area particularly.
     - A number of core information sources exists in Ireland to evaluate the drug situation and inform policy making.
  2. Most important trends and new developments.
  3. New information needs and priorities for the future.

- Drug Misuse Research Division Business Plan 2001.
- The Health Research Board (Establishment) Order 1986 – Statutory Instruments S.I. NO.279 of 1986.
- National Report on Drugs Issues in Ireland 1996.
- National Report on Drugs Issues in Ireland 1997.
- National Report on Drugs Issues in Ireland 1998.
- National Report on Drugs Issues in Ireland 1999.
- National Report on Drugs Issues in Ireland 2000.
- Annex: Drug Monitoring System and Sources of Information – New Development -

FRANCE

Observatoire français des drogues et des toxicomanies (OFDT) - Paris

- OFDT : "Rapport d'activité 1996 – 1997 – 1998 – 1999"
- OFDT : "Rapport d'activité 2000"
- 1. Orientations de travail 1999-2001 OFDT
  2. Principales publications de l'OFDT
  3. French scheme for continuos observation of recent trends in drug use
  4. Convention constitutive modifiée du 26/11/98 Groupement d'intérêt public
  5. Arreté du 1999 portant approbation des modifications de la convention constitutive du Groupement d'intérêt public. OFDT
  6. Comprende:
  - Organigramme 1996-1997-1998-1999-2000

- Grille des contractuels des services déconcentrés du Ministère de l'emploi et de la solidarité.
- Compte financier 2000 – Rapport de presentation de l'agent comptable
- Compte financier de l'exercice 2000 présenté par Jean Franka, Agent Comptable. Délibération du Conseil d'Administration du 27 avril 2001.
- Etat des lieux des études financées par l'OFDT depuis 1996.
- OFDT: «Regards sur la fin de l'adolescence». Consommations de produits psychoactif dans l'enquet ESCAPAD 2000 (Francois Beck, Stéphane Legleye, Patrick Peretti-Watel)
- OFDT: « Drugs and Drug Addictions» - Indicators and Trends 1999.

SPAIN

Delegaci n del Gobierno para el Plan Nacional sobre Drogas - Madrid

- Real decreto 1449/2000, de 28 de julio, de estructura orgánica básica del Ministerio del interior.
- Organigramma de la delegaci n del gobierno para el plan nacional sobre drogas.
- Ministerio del interior – Plan nacional sobre drogas.
- Informe nacional para el observatorio europeo de las drogas y las toxicomanias. Año 1997.
- Informe español sobre el estado del problema de las drogas – 1998.
- National report for the european monitoring centre of drugs and drugs abuse: Spain 1996.
- National report 1999 for the european monitoring centre of drugs and drugs abuse.
- National report 2000 for the european monitoring centre of drugs and drugs abuse.

NORWAY

National Institute for Alcohol and Drug Research (SIRUS) - Oslo

No reports on activities or financial information from previous years. Since Norway Focal Point is only a four months old organization and was officially member of the REITOX member this year.

- Organizational Hypothesis

BELGIUM
Institut scientifique de la santé publique - Bruxelles

- Reports of the activities of the programme of Department of Epidemiology from 1995 to 2000.
- The balance sheet for 2000
- The Legal Status
- The organization scheme of the institution
- The organization scheme of the BIRN network
- The networking agreements with Sub-Focal Points
- Copy of answers given to previous EMCDDA evaluation questionnaire

UNITED KINGDOM
DrugScope – London

- Report and financial statements for the financial year 1999
- Drugscope Projects (A list of the projects in which Drugscope is involved)
- Structure and functioning of the UK Operational Focal Point in three time periods: 1995-1998; 1998-2000 and present time.

- The Final Report to EMCDDA on 2000 Joint Action on NSD work (Dated 15/11/00)

PORTUGAL
Instituto Português da Droga e da Toxicodependência - Lisboa

- Programa Nacional de Prevenção da toxicodependência "Relatorio financeiro relativo ao contrato Reitox 1996 – 1997 – 1998
- Diario da Repubblica n. 115 e 30/99.
- Presidência de conselho de ministros "Regime geral das politicas de prevencao e reducao de riscos e minimizacao de danos".
- "Portuguese Drug Strategy" Eng. José Socrates (Minister attached to the Prime Minister).
- Gabinete de Planeamento e de Coordenação do Combate a Droga "A experiência Portuguesa: programa de estudos e resultados" Sob a direcção scientifica de Candido da Agra, 1997.
- IPDT Anuário 1999 "Instituiçoes con intervenção na area das toxicodependências" Presidencia do Conselho de ministros, Lisboa, 2000.
- ESPAD – Projecto Europeo para Estudo do Alcool e outras substancias em Meio Escolar – Inquérito a Alunos do Ensimo Secondario, Portugal, 1995:
- Gabinete de Planeamento e de Coordenação do Combate a Droga – Ministerio da Justiça, 1996 "Toxicodependência e Sida" – Bibliografias Temáticas 1 -
- Gabinete de Planeamento e de Coordenação do Combate a Droga - Ministerio da Justiça, 1997 "Terapias de manutençã " - Bibliografias Temáticas 3 -
- Gabinete de Planeamento e de Coordenação do Combate a Droga "Sumário de informação estatìstica do 1995, 1996, 1997, 1998, 1999.
- Gabinete de Planeamento e de Coordenação do Combate a Droga, Lisboa, 1996 "Termos de droga e Toxicodependência"
- National Report on the Drug situation 1996 – Portuguese REITOX Focal Point
- National Report on the Drug Situation 1997 - Portuguese REITOX Focal Point and Final Summery Report of the 1997 REITOX contract.
- National Report on the Drug Addiction 1998 - Portuguese Institute for Drug Addiction
- National Report on the Drug Addiction 1999 - Portuguese Institute for Drug Addiction
- Annual Report on the Drug Phenomena 2000 - Portuguese Institute for Drug Addiction
- 2000 REITOX Contract Final Report (Lisboa, 15/2/2001)
- Presentation of the Portuguese Focal Point in the Framework of the Evaluation of the Focal Points of the European Information Network on Drugs and Drug Addiction (REITOX) – CT.01.RTX.02 (Lisboa, 20/5/2001)

DENMARK
National Board of Health – Kobenhavn

- Implementing Key-Indicators – Progress Reports and workplans:
- Progress report on the implementation of key indicators in Denmark –december 1st 2000
- Progress report on infectious deseases June 2000
- National Working Plan for implementing key indicators in Denmark (Report in accordance with the contract running from 1.4.99 to 31.12.99)
- Status report on the implementation of key indicators in Denmark (Report in accordance with the contract running from 1.4.99 to 31.12.99)
- National Working Plan for implementing key indicators in Denmark (Report in accordance with the contract running from 1.2.2000 to 31.12.2000).
- National Working Plan for implementing key indicator: Infectious diseases in injecting drugs users (report in accordance with the contract running from 1.2.2000 to 31.12.2000.
- State of affairs on 25.5.2000 – Overview on Nationall Workplans, Progress Reports and Targets 2000 for the Drug – Related Deaths indicators.

- State of affairs on 1.7.2000.
- Comments on the recommendations for the two key-indicators: drug related and drug treatment demend (October 1998).

• EDDRA – Progress reports and workplans:

- Final report on the EDDRA training seminar in Denmark-Reitox Specific Project, Training for Drug Professionals in Denmark (june 30, 2000)
- Report on the implementation of EDDRA Activities (December, 2000)
- Annual Workplan for the Danish EDDRA Focal Point (February-December 2000)
- Report on the implementation of EDDRA information system on demand Reduction (November 1999)
- Report on the implementation of EDDRA information system on demand Reduction (February 1999)
- Annual Workplan for the EDDRA-project (from April to December 1999)
- Status of existing projects in EDDRA (November 1998)
- Report of the feasibility phase of EDDRA"Information System on Demand Reduction Activities", Kari Grasaasen, June 1998.

• Joint Action – Early Warning System – Progress reports and workplans:

- Final report of Denmark date 15.11.2000 – Period covered by the report: the whole year 2000.
- Progress report of Denmark 29.6.00
- Report on the implementation of Joint Action on New Synthetic Drugs in 1999 (December 1999).
- Joint Action on New Synthetic Drugs: a second progress report (November 1998)
- Joint Action on New Synthetic Drugs: a first concise progress report (November 1998)
- Early warning system in Denmark – How to organize and set up an early warning system in Denmark (December 1997).

• Questionnaires regarding different evaluations related to EMCDDA (Evaluation National Report, the EMCDDA, Joint Action – Early Warning System):

- Question from the Swedish and Danish Focal Point to the Reitox co-ordinator at EMCDDA related to article 2 on the RTX 19 agenda (Joint Action on NSD) (February 2000)
- 1998 Reitox "Specific Project" Contract – CT98.RTX.07 "Evaluation of the Quality of Epidemiological Information provided to the EMCDDA" (Information Maps and National Reports). Questionnaire for Focal Points.
- Deloitte & Touche « Evaluation of the European Monitoring Centre for Drugs and Drigs Addiction : Dreft Questionnaire to national focal points.

• Networking Agreements

• Organigrams of structure and national networking:

- Organization
- Danish focal point and national networking
- Early warning system
- Report on focal point Denmark and national central Actors (1994-1995)

• National Board of Health

- 3. Office prevention Workplans (materiale in lingua danese)

• National Reports:

- National report on drugs situation in Denmark
- Annual report on the state of the Drugs Problem in Denmark (December 1996)
- Annual report on the state of the Drugs Problem in Denmark (1997)
- National report on the state of the Drugs Problem in Denmark (1998)
- National report on the state of the Drugs Problem in Denmark (1999)
- National report on the state of the Drugs Problem in Denmark (2000)

GREECE
University Mental Health (UMHRI) – Research Institute - Athens

- **Folder 1: 1995-2001**
- Evaluation 2001 Phase 1
- 1.a Organigram of the University Mental Health Research
- 1.b UMHRI's Function and programs
- 1.c Educational Center for the Promotion of Health and the prevention of Drug Abuse
- 2.a Statute of the UMHRI
- 2.b Statute of the Greek Focal Point
- 3. Activity report 1995-2001
    a. Activities
    b. Publications
    c. Technical Infrastructure Report
- 4. Networking agreements: Activities subcontracted 1995-2001
- 5. Staff allocation schemes 1995-2000
- 6.a Balance sheets of the UMHRI 1995-2000
- 6.b Balance sheets of the Focal Point 1995-2000
- 6.c Funding sources of the UMHRI 1995-2000
- 7.a Analytical costs by type of expense
- 7.b Analytical costs by type of activity
- Folder 2: 1975-1999:
- Greek Bibliography on Drugs
- Assessment methods and instruments
- Epidemiology
- Psychosocial factors
- Policy-Attitudes
- Prevention
- Therapy
- Consequences
- Hiv
- Pharmacology Neurophysiology Biology
- Effects
- General-Literature

- Greek Reitox Focal Point: "Annual Report on the Drug Situation" – Submitted to the EMCDDA 1996-1997-1998-1999-2000
- Publications of the "Educational center for the promotion of health and the prevention of drug abuse"
- Greek High-School students: health, school and family – International survey on health behaviour in school-aged children (Ed. 2000)
- Statute of the Greek Focal Point (Government Official Gazete of the Hellenic Republic Bulletin B', issue n°291, 24/3/98)

AUSTRIA

Austrian Health Institute – OBIG - Wien

- Annual reports of the OBIG-Austrian Health Institute for the years 1995-1999 (in German).
- The financial statements concerning the Reitox Core Tasks Contract 1996.
- Financial Statement 1997, 1998, 1999, 2000.

- The request for Instalment concerning the Reitox Core Tasks Contract 1995.
- Draft Questionnaire to National Focal Points (Deloitte & Touche).
- Final Report REITOX Work Programme 1996.
- Final Report REITOX Work Programme 1997.
- Progress Report on the implementation of the Joint Action on new Synthetic Drugs, May 1998 and November 1998.
- Progress Report on the implementation of the Joint Action on new Synthetic Drugs, May 1999 and November 1999.
- Report on the implementation of the EDDRA Information System on Demand Reduction Activities, November 1999 and
- Networking in the Field of Demand Reduction, Austrian Report, March 1999.
- Epidemiological Key Indicators, Implementation Plan and Work Plan for 1999.
- Progress Report on the Implementation of the Epidemiological Key Indicators, November 1999.
- Progress Report on the Implementation of the Epidemiological Key Indicators, November 2000.
- Final Report on the Implementation of the 2000 REITOX "Core Tasks" Contract, December 2000.
- Early Warning System, Progress Report of Austria, period covered: January to June 2000.
- Early Warning System, Progress Report of Austria, period covered: the whole year 2000.

ITALY
Presidenza del Consiglio dei Ministri - Roma
Dipartimento degli Affari Sociali
Ufficio per il coordinamento delle attività di prevenzione e recupero delle tossicodipendenze

- Presidenza del Consiglio dei Ministri – Dipartimento per gli Affari Sociali - Tossicodipendenze: Relazione annuale al Parlamento sullo stato delle tossicodipendenze in Italia; anni: 1997, 1998,1999.
- Commenti del Punto Focale Italiano sul documento di riforma REITOX, Miglioramento delle relazione tra REITOX e l'OEDT:
- Missione condivisa dall'OEDT e dalla rete REITOX;
- Supporto degli Stati Membri;
- Priorità alla luce del Piano d'Azione Europeo;
- La rete REITOX come partner privilegiato dell'OEDT
- Associazione alle procedure di programmazione e agli obiettivi fissati dal Consiglio di Amministrazione;
- Negoziazione individuale
- Linee guida chiare e feedback permanenti;
- Stimolare la cooperazione verticale e orizzontale;
- Migliorare il coordinamento interno dell'OEDT in relazione all'attività dei Punti Focali;
- Ruolo dei Punti Focali Nazionali come rappresentanti del Centro nei loro paesi.
- Busta contenente materiale campagna informativa 2000 e valutazione della stessa.
- OIDT: EDDRA (Exchange Drug Demand Reduction Activities) – Sistema informativo sulle attività di Riduzione della domanda di Droghe in Europa –
- Istituto Superiore di Sanità – Ministero della Sanità – "Conoscere il cambiamento" – Progetto Nazionale Droghe Sintetiche – Rapporto curato da Teodora Macchia e Celeste Franco Giannotti.
- "Disposizioni normative per il Fondo Nazionale di intervento per la lotta alla droga e in materia di personale dei servizi per le tossicodipendenze" (Legge 18 febbraio 1999, n° 45 e provvedimenti attuativi) a cura dell'Ufficio "Coordinamento delle attività di prevenzione e recupero dalle tossicodipendenze", novembre 2000.
- Terza Conferenza Nazionale sui problemi connessi con la diffusione delle sostanze stupefacenti e psicotrope – Genova 28-30 novembre 2000 – "Documenti di sintesi delle sessioni di lavoro – Presidenza del Consiglio dei Ministri – Dipartimento per gli affari sociali.
- Nota descrittiva del Comitato Nazionale di coordinamento per l'azione antidroga, istituito presso la Presidenza del Consiglio dei Ministri dall'art.1, comma 1, del Decreto del Presidente della Repubblica n. 309 del 1990.

- Elenco di 20 progetti finanziati dal Fondo nazionale per la lotta alla droga negli anni 1997-2001 alle Amministrazioni centrali, attinenti alle attività del Punto Focale Italiano.

FINLAND
National Research and Development Centre for Welfare and Health – STAKES – Helsinki

- Report on activities related to EMCDDA agreement 1995
- Report on activities related to EMCDDA contract 1996
- Report on activities related to EMCDDA contract 1997
- Report on activities related to EMCDDA contract 1998
- Report on activities related to EMCDDA contract 1999
- Report on activities related to EMCDDA contract 2000

THE NETHERLANDS
Trimbos-Instituut
Netherlands Institute of Public Health and Addiction – Utrecht

- Organigram Trimbos Institute
- Articles of the association Trimbos Institute
- Overview figures project 2000
- Estimate for the costs 2001
- National Report: The Netherlands 2000
- National Report: The Netherlands 1999
- National Report: The Netherlands 1998
- National Report: The Netherlands 1997
- National Report: The Netherlands 1996
- Information Map: Dutch Focal Point
- The farmacotoxicology and neuropsychology of N-methy1-1-(1,3-benzodioxol-5-yl)-2-butanamine (MBDM)
- EDDRA Report Feasibility Phase II, June 1998

SWEDEN
National Institute of Public Health - Stockholm

- The annual Report of the Swedish National Institute of Public Health 1995/96
- The annual Report of the Swedish National Institute of Public Health 1997
- The annual Report of the Swedish National Institute of Public Health 1998
- The annual Report of the Swedish National Institute of Public Health 1999
- The annual Report of the Swedish National Institute of Public Health 2000
- Organization Scheme
- Document over the REITOX man-days year 2000
- “Bilaga” from 1 to 6

MAIN ABBREVIATIONS AND ACRONYMS

AP	Action Plan
CU	Coordinating Unit
DG	Directorate General
DIS	Drug Information Systems
EC	European Commission
EDDRA	European Database on Demand Reduction Activities
EU	European Union
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
FP	Focal Point
JA	Joint Action on New Synthetic Drugs
MB	EMCDDA Management Board
REITOX	European Information Network on Drugs and Drug Addicition
SC	EMCDDA Scientific Committee
UNDCP	United Nations Drug Control Program

SYMBOLS

-	Nihil
..	Not Available
n.a	Not Applicable

This report was prepared by a team comprising Alberto Bolognini (project co-ordinator), Marco Lorenzoni, Roberto Raggi and Veronica Magrini. External support in quality control was provided by Roberto Zavatta.