European Monitoring Centre
for Drugs and Drug Addiction

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Foreword by the EMCDDA Director

I am proud to introduce the Programming Document (PD) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for the period 2018–20.

This period marks the final year of implementation of the EMCDDA Strategy 2016–18; it also coincides with the completion of the first Roadmap established under the new EMCDDA Strategy 2025. This document therefore falls at the crossroads of two consecutive EMCDDA strategies both of which have informed its content. Consequently, it plays a critical role in the planning of activities and resources over the last part of the transition period towards the full implementation of the new long-term direction of travel (by 2025) and the fulfilment of the key milestones defined in the Roadmap 2020.

During this time, we will continue to develop our monitoring system, which is the basis for the evidence we bring to our EU and national stakeholders. The core monitoring tools and processes will be improved, while novel sources and technologies will be increasingly integrated into the overall EMCDDA data collection, analysis and output production and dissemination system. In the context of limited resources, however, the challenge here remains the same: to ensure that an optimal balance is reached between investments in the established and the developmental areas, with the ultimate objective being to support a sustainable monitoring system which generates reliable information, while remaining fit for purpose to meet the needs of the evolving drugs phenomenon.

Some of the highlights include: the in-depth triennial assessment of the implementation of the key epidemiological indicators in the Member States, which will be carried out in 2018 in close collaboration with our Reitox partners; the scaling up of our support to ESPAD, which will include the preparation of the study's 2019 data collection round; the ongoing implementation of the new Regulation on new psychoactive substances (NPS) and the full adjustment of the necessary tools and processes, including of the European Database on New Drugs (EDND); the improvements to the format and content of the annual *European Drug Report*; and the release of the next editions of its triennial companions, namely the 2019 *EU Drug Markets Report*, jointly with Europol, and the 2020 *Health and Social Responses to Drug Problems: a European Guide*.

The period 2018–20 will also see the implementation of the new Reitox Development Framework, which is planned to be prepared in 2017 jointly with our main partners, the national focal points, and of the new EMCDDA International Cooperation Framework, which will replace the existing strategy from 2007.

Finally, in 2018 the fourth external evaluation of the EMCDDA will be carried out. We are confident that the outcome of this important exercise will reflect the excellent results achieved by the agency in the six years that have passed since the previous evaluation was conducted, and that it will provide us with the information needed to further improve our performance and successfully implement the Strategy 2025.

I conclude this Foreword by expressing my gratitude once again to our partners in the Member States, particularly to the Reitox network of national focal points, as well as to our EU and international partners, who, together with my staff, will make possible the successful implementation of this new Programming Document.

Alexis Goosdeel
Director, EMCDDA

List of abbreviations

AHCC	Authority authorised to conclude contracts
BCP	Business continuity plan
BPP	Best practice portal
CA	Contract agent
CADAP	Central Asia Drug Action Programme
CC	candidate countries
CA	Cross-cutting area
CEOS	Conditions of employment of other servants of the EU
CEPOL	European Union Agency for Law Enforcement Training
CHAFEA	Consumer, Health, Agriculture and Food Executive Agency
CICAD	Inter-American Drug Abuse Control Commission
COM	Communication unit
COPOLAD II	Cooperation Programme between Latin America, the Caribbean and the EU on Drugs Policies
COSI	Standing Committee on Operational Cooperation on Internal Security
DG	Directorate-General
DG HOME	Directorate-General for Migration and Home Affairs
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DG SANTÉ	Directorate-General for Health and Food Safety
DRD	drug-related deaths (indicator)
DRID	drug-related infectious diseases (indicator)
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDMR	European Drug Markets Report
EDND	European Database on New Drugs
EDPQS	European Drug Prevention Quality Standards
EDR	European Drug Report
EEAS	European External Action Service
EFCA	European Fisheries Control Agency
EFSQ	European facility survey questionnaire
EIGE	European Institute for Gender Equality
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
EMQ	European Model Questionnaire
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
EPSO	European personnel selection office
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EU–ANSA	EU Agencies Network for Scientific Advice
Eurojust	the European Union's Judicial Cooperation Unit
Euro-DEN	European Drug Emergencies Network
Europol	The European Union Agency for law enforcement cooperation
EWS	Early Warning System
EXO	Executive Office
FG	function group
FRA	Fundamental Rights Agency
FTE	Full time equivalent
GPS	general population survey(s)
HDG	Horizontal Drugs Group
HEA	Public Health Unit
HFPs	heads of national focal points
HIV	human immunodeficiency virus
HR	human resources

IAJM	Inter-agency job market
ICT	information and communications technology
IPA	Instrument for Pre-Accession Assistance
JHA	Justice and Home Affairs
KA	key area
KI	key indicator
KPI	key performance indicator
M&E	monitoring and evaluation
MIS	management information system
MoU	Memorandum of Understanding
MSPP	Multi-annual staff policy plan
NFP	national focal point
NPS	new psychoactive substances
OAP	operational action plan
OSI	open source information
PCC	potential candidate countries
PD	Programming Document
PDU	problem drug use (indicator)
PHARE	Programme of Community aid to the countries of Central and Eastern Europe
PhV	pharmacovigilance
POD	Perspectives on Drugs
PWID	people who inject drugs
RA	risk assessment
Reitox	European Information Network on Drugs and Drug Addiction
SAT	Supply reduction and new drugs unit
SCORE	Sewage analysis CORe group Europe
SDI	Scientific division
SNE	Seconded national expert
SOCTA	Serious and Organised Crime Threat Assessment
SR	Staff regulations
TA	Temporary agent
TAIEX	Technical Assistance and Information Exchange
TDI	treatment demand indicator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
UPC	Universal Prevention Curriculum
VAT	Value-added tax
WHO	World Health Organization
WP	work programme

Mission statement

Independent, science-based information is a vital resource to help Europe understand the nature of its drug problems and better respond to them. It was upon this premise, and in the face of an escalating drugs phenomenon, that the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was established in 1993. Inaugurated in Lisbon in 1995, it is one of the European Union's (EU's) decentralised agencies.

The agency's founding Regulation was recast in 2006 and it defined the role of the EMCDDA as being to provide the EU and its Member States with a factual overview of European drug problems and with a solid evidence base to support the drugs debate. The agency offers policymakers the data and analysis they need for drawing up informed drug laws and strategies, and it helps professionals and practitioners working in the field to pinpoint best practice and new areas of research.

The priorities in the recast Regulation, which form the bedrock of this PD 2018–20, are: (a) monitoring the state-of-the drugs problem, in particular using epidemiological indicators, and monitoring emerging trends; (b) monitoring the solutions applied to drug-related problems, providing information on best practices in the Member States and facilitating information exchange among them; (c) assessing the risks of NPS and maintaining a rapid information system; and (d) developing tools and instruments to help Member States to monitor and evaluate their national policies, and the European Commission (EC) to monitor and evaluate EU policies.

In fulfilling its tasks, the agency relies on a large number of partners and, in particular, the European Information Network on Drugs and Drug Addiction — the Reitox network of national focal points (NFPs). The NFPs exercise the critical role of providing national data from the 30 countries that report to the EMCDDA, namely the 28 EU Member States, Norway and Turkey. Together with the information collected from other networks of experts and partners, these data feed the European and global analyses performed by the EMCDDA, thereby forming the basis of its world-renowned knowledge and its reputation as a centre of excellence on drugs in Europe.

The EMCDDA approaches the drugs problem from a range of different disciplines and perspectives. This is necessary because the drugs issue has an impact on society, public health, security and crime. This multidisciplinary and holistic approach is one of the core strengths of the agency's work. It also underpins the EMCDDA's new vision and long-term goals, as defined in Strategy 2025 ([1]). The EMCDDA's vision is to be the EU leading provider of evidence for decision-making and action on drugs. This inspires the agency's long-term goals, which are to contribute to a healthier Europe and more secure Europe. The agency's mandate, as well as the knowledge, expertise and strategic partnerships it has developed over the 20 years of its existence, places it in a privileged position to achieve this.

Integral to this vision is the recognition that to be the leading provider of evidence in this area, the Agency must constantly strive to respond to the needs of its key stakeholders, who can be defined as: the EU Institutions; national decision/policymakers; and professionals working in the drugs field. The Agency also understands that to address its mandate it needs to engage with other stakeholders, which include: academic institutions and researchers; the general public and civil society; international bodies, third countries and other parties requiring access to European drug data.

The EMCDDA Strategy 2025 also defines the core set of values which guide the agency, to ensure that its work is of the highest standard. These values are:

- scientific excellence;
- integrity and impartiality;
- customer-focused and service-oriented; and
- efficiency and sustainability.

([1]) Available at: http://www.emcdda.europa.eu/publications/work-programmes-and-strategies/strategy-2025_en

SECTION I
General context

Continuity and change: building on the 2016–18 Strategy and work programme, towards the EMCDDA Strategy 2025

This second EMCDDA Programming Document (PD) covers the period 2018–20. Its timeframe falls within a transition period between the EMCDDA Strategy and work programme for 2016–18 and the new EMCDDA Strategy 2025, which was adopted by the Management Board in December 2016.

Therefore, while the PD 2018–20 is still built on the structure of the Strategy and work programme 2016–18, the document already reflects the vision, values, guiding principles and direction of travel of the long-term EMCDDA Strategy 2025.

Meeting the growing needs and expectations of key stakeholders and partners

The EMCDDA has always been in close contact with its key stakeholders and partners, especially with the EU institutions and the Member States, in particular with the Reitox network, but also with other EU agencies, international organisations active in the field of drugs and relevant third countries. This has allowed the agency to create and maximise synergies, to drive the exchange of knowledge on the drugs situation in Europe and to contribute to global developments.

Another benefit of pursuing a close collaborative approach is a better understanding of the needs and expectations of our key stakeholders and partners. To this end, a three-step external consultation exercise was conducted in 2016 within the framework of preparing the EMCDDA Strategy 2025. First, key EU and national stakeholders were interviewed, to inform the initial strategic thinking process. Secondly, the members of the EMCDDA Management Board were presented with the findings of the strategic analysis, and the preliminary highlights of the new document were discussed at their meeting in June 2016. The same approach was followed with the members of the EMCDDA Scientific Committee and with the Reitox network of national focal points. Finally, in October 2016 the first draft of the Strategy 2025 was sent for informal consultation to the members of the Management Board and Scientific Committee and to the Reitox network. This comprehensive consultation process has allowed the agency to gain valuable insights into the needs of its key stakeholders and their expectations from the EMCDDA in the years to come.

Furthermore, when drafting this second PD, we have taken into account the recommendations formulated by the EC and by the Scientific Committee in their formal opinions on the first PD 2017–19.

To this end, in line with its Strategy 2025, the EMCDDA will focus on providing its key stakeholders with tailored services that bring them maximum value. These services will help the agency's stakeholders to (a) have a strategic, situational and holistic understanding of the European drug situation and its implications for public health and safety; (b) identify and respond promptly to new threats; (c) adopt and implement effective interventions; and (d) build and evaluate national and European policies and strategies.

Responding to EU needs in 2018–20

For more than 20 years now, the EMCDDA has demonstrated its ability to act as a catalyst for data collection and strategic analysis in a complex policy area that cuts across crime, health and security issues, both within European countries and in the international context. The agency is seen as a credible partner by the European institutions, national policymakers and experts working in its technical areas, and it is an internationally recognised centre of excellence.

This capacity for impartial scientific expertise provides additional value to the future work of the EC, especially to the Directorate-General Migration and Home Affairs (DG HOME), the partner DG of the EMCDDA, as well as to the Directorate-General for Health and Food Safety (DG SANTÉ) and to the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR). Furthermore, by scaling up partnerships with other agencies and institutions, the EMCDDA's proven technical and analytical capacity can deliver new opportunities for European policy and interventions.

In 2018–20, following the direction already set up by the 2016–18 Strategy and work programme, and which was reinforced by the Strategy 2025, the EMCDDA will enhance its contribution to a healthier and more secure Europe, taking advantage of its evidence-based, multidisciplinary approach. It will do this by being more proactive and giving greater emphasis to knowledge transfer, strategic analysis and threat assessment.

In terms of security, the agency will fulfil the obligations arising from the EU Agenda on Security 2015–20. The EMCDDA will contribute its information and analysis to tackling the three priorities set up by the policy document, namely: 'terrorism'; 'serious and organised cross-border crime'; and 'cybercrime'. The document highlights the weight of drug-related criminal activities within the overall EU security threats and states that 'organised crime also feeds terrorism and cybercrime through channels like the supply of weapons, financing through drug smuggling, and the infiltration of financial markets'. The document also notes that 'the market for illicit drugs remains the most dynamic of criminal markets, with a recent trend being the proliferation of the new psychoactive substances (NPS)'. Illicit online trade in drugs is also pointed out as one of the key components of the 'ever-growing threat' of cybercrime.

Cooperation with other EU agencies, in particular with Europol, the European Union Agency for Law Enforcement Training (CEPOL) and Eurojust, will be further enhanced in 2018–20, in order to contribute effectively to addressing the priorities of this key EU policy document. This cooperation is already well established within the EU Policy Cycle on Organised and Serious International Crime (the policy cycle), which represents the framework within which the EU Member States coordinate common priorities and operational action. The Standing Committee on Operational Cooperation on Internal Security (COSI) steers this process and brings together law-enforcement officials from the Member States, the Commission and specialised EU agencies.

As part of the policy cycle, Europol published a new Serious and Organised Crime Threat Assessment Report (SOCTA) in 2017. The SOCTA defines the main threats to the EU, and from among these, the Member States will define in the Council of the EU the priorities for 2018–19. As expected, drugs are once again identified as a key security threat to the EU. Specifically, these threats will be tackled through two action plans, once focused on cocaine, heroin and cannabis and the other on synthetic drugs and new psychoactive substances (NPS). As well as supporting the drafting process, the EMCDDA has a more prominent role in contributing to the operational action plans, particularly in producing threat assessments, providing expertise and delivering training.

To this end, working closely with Europol, and where appropriate Eurojust and other Justice and Home Affairs (JHA) agencies, the EMCDDA will strengthen its capacity for strategic analysis. The most representative example is the joint EMCDDA–Europol *EU Drug Markets Report* (EDMR), which offers a state-of-the-art strategic analysis of the illicit drug markets in the European Union. The third edition of the EDMR will be drafted in 2018, for publication in 2019. Furthermore, as emerging threats and trends are identified, rapid joint analyses with Europol will be conducted in order to enhance responses. In addition, the EMCDDA will focus on providing technical expertise in support of EU-wide capacity-building exercises for law enforcement, such as training activities organised by CEPOL.

The period 2018–20 will be a time for further enhancing the monitoring of drug supply in the European Union, in line with the EU Drug Strategy 2013–20, which sets a priority for the EU to 'work towards a more effective policy in the field of drug supply reduction by reinforcing policy evaluation and analysis to improve the understanding of drug markets, drug-related crimes and effectiveness of drug-related law enforcement responses'. The EMCDDA plays a key role in meeting this challenge where our information model informed by both supply- and demand-side data provides critical situation analysis and timely threat assessments. In 2018–20, and following completion of the developmental phase for the key indicators on drug supply and drug supply reduction, the agency will progressively implement these indicators, while improving data quality and coverage in the Member States, as outlined in the 2013 Council Conclusions on improving the monitoring of drug supply in the EU.

As far as the security of the EU is concerned, there is an obvious link to the area of international cooperation. Here the EMCDDA has a long tradition of cooperating with third countries; this concerns in particular the support to the EC in implementing its technical assistance projects in priority third countries — especially candidate countries (CC), Potential Candidate Countries (PCC) and countries of the European Neighbourhood Policy (ENP) area. The agency will implement the sixth Instrument for Pre-Accession Assistance (IPA) project with six CC and PCC beneficiary countries. The second ENP project (EU4Monitoring Drugs) has been approved for funding by the EC, for implementation over a three-year period (with possibility to be extended for one more year), starting from 2018. The EMCDDA will also continue bilateral relations with partner countries with which the agency has signed Memoranda of Understanding. This will include exchanging information, best practice and expertise. Ad hoc cooperation with other regions such as Central Asia or Latin America and the Caribbean will also continue, mainly in the framework of EU-funded projects such as COPOLAD or CADAP.

The agency brings to these countries the EU's balanced approach to and knowledge about drug monitoring, which supports the improvement of national data in line with EU standards. These activities, together with data collected from other international partners, help improve our global understanding of the drugs phenomenon, which translates into a more complete perspective for our EU stakeholders providing them with better capacity to react to and even anticipate external threats. The Commission's global strategy for the EU's Foreign and Security Policy 'Shared vision, common action: a stronger Europe' will guide our activities when engaging in activities outside the EU.

The EMCDDA, with the help of its partners, will therefore make a significant contribution to the security of people living in the EU over the next few years. However, fulfilling the agency's long-term goals also means contributing to their health.

To this end, the agency will continue the successful collaboration with its partners, in particular with the European Centre for Disease Prevention and Control (ECDC), the World Health Organization (WHO), and the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA), in the prevention of infectious diseases among people who inject drugs (PWID), with a major focus on human immunodeficiency virus (HIV) and hepatitis C, which remain important public health concerns with a significant burden on the life of individuals and society overall. We have planned some new initiatives, including joint events and publications.

Furthermore, in recent years the EMCDDA has strengthened its capacity to react promptly to emerging threats and provide its expert advice. The assessment missions carried out jointly with the ECDC to support Member States are probably the best example in this area. These activities will continue in 2018–20 as part of the overall EMCDDA strategy to scale up the early warning and threat assessment component of its work (see KA 2).

Prevention will be one of the key priorities for the EMCDDA under the Health pillar of the Strategy 2025. To this end, activities in this area will be scaled up in 2018–20. This is an important task for the agency as it allows the identification and promotion of factors that can potentially reduce drug uptake at an early stage, or at least reduce its intensification or prevent escalation into high-risk drug use. Based on the result of the pilot project carried out in 2017, the EMCDDA will gradually implement a training programme for professionals jointly with partners and will collect new evidence on effective prevention practice and disseminate it through the EMCDDA's Best practice portal (BPP). We will also produce further analysis of contextual, cultural and systemic determinants of implementing drug prevention and provide support to initiatives carried out in Member States, in line with their requests and available resources.

Within the framework of the Council conclusions on the implementation of the EU Action Plan (AP) on Drugs 2013–16 regarding minimum quality standards in drug demand reduction in the EU (CORDROGUE 70 (SAN 279), the EMCDDA will refine its approach to gathering evidence on effective interventions in the Member States, and it will promote this evidence to support EU decision-making.

In 2020, the agency will also publish the second edition of *Health and Social Responses to Drug Problems: a European Guide*. This report aims to provide a state-of-the-art overview of the responses to drug use and consequences across the EU and their effectiveness as well as recommendations for action. This strategic analysis will serve as the 'companion' to the EU Drug Markets Report. Together with the annual European Drug Report, these two reports provide the complete picture of the drugs phenomenon and comprise the essential information and analysis package for policymakers from the EU and beyond (see KA 1).

NPS pose one of the most rapidly growing threats for the health and security of people living in the EU (see KA 2). Since 1997, the EMCDDA has played a central role in Europe's response to NPS. Our main responsibilities in this field are to operate the EU Early Warning System (EWS), with our partner Europol, and to undertake risk assessments of new substances when necessary. The EWS works by collecting information on the appearance and spread of new substances from the 30 national early warning systems reporting to the EMCDDA and then monitoring them for signals of harm, allowing the EU to respond rapidly to emerging threats. The new proposed legislation (Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 ([2]) amending Regulation of the European Parliament and the Council amending Regulation EC No 1920/2006) was adopted by the European Parliament on 24 October 2017. This will start being applied by the end of 2018, replacing the Council Decision 2005/387/JHA. The new regulation foresees new working procedures in the operation of the EWS and the Risk Assessment mechanism, with shorter deadlines for the completion of the core obligations, but also the inclusion of new tasks, additional information, and the active involvement of additional decentralised EU agencies. In this regard, in addition to exchanging information on NPS with Europol and the EMA, the new Regulation foresees cooperation with the European Chemicals Agency (ECHA), the European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC). To this end, working arrangements with these partners will be discussed in the future.

It is likely that the growth of the market in NPS will continue to pose a range of challenges for public health and drug policy over the next few years. The major drivers of many of these are the speed at which they appear, their open sale, and the fact that there is little or no information on their effects and harms. There is a need therefore for a strong EU EWS, which is able to provide a timely response to protect public health. In this regard, the EMCDDA will continue to play a critical role, together with its partners, in ensuring that the EU EWS meets the growing challenges ahead and fulfils its critical role in protecting the health of people living in the EU.

([2]) http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2017:305:FULL&from=EN

The EMCDDA will make an important contribution to implementing EU policy objectives and to providing ongoing high-quality expertise to its stakeholders, especially to the European Commission, other EU institutions, and the EU Member States (see KA 1). At European level, the EMCDDA will contribute to the implementation of the EU Action Plan 2017–20, as required. The agency is also available to provide support to the European Commission in the final evaluation of EU Drug Strategy 2013–20. Technical support will be also provided, as requested, for reflection on the EU strategy on drugs post 2013–20.

Internationally, in 2016, the United Nations General Assembly Special Session (UNGASS) on drugs reviewed the world drug situation; in 2019, the UN Member States (MS) will review progress made through the implementation of the UN political declaration and plan of action on drugs adopted in 2009. It is likely that these events will generate increased attention on the drug situation in all regions of the world, including Europe, and will increase the number of requests to the EMCDDA for technical support. The EMCDDA, within its mandate and available resources, will contribute to European efforts to improve reporting at international level. Important developments in this area include the follow-up to the current UNGASS, the pursuit of the UN Sustainable Development Goals and support to relevant WHO strategies in the areas of HIV and hepatitis.

A key element for the implementation of this three-year Programming Document will be the amount of resources available to the EMCDDA during this period, and also to our national data providers in the Member States. The Communication of the European Commission to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–20 (see COM (2013) 519 final of 10 July 2013) provided a first estimate of the EU subsidy planned for the EMCDDA. Pursuant to this information and without prejudice to the actual decision to be taken by the EU budget authority for the adoption of the EU annual subsidy to the EMCDDA and the establishment plan of the latter, as well as to the possible allocation of supplementary resources to cope with new tasks, it is estimated that by 2020 the EMCDDA will operate with an EU annual subsidy of around MEUR 15.5.

The definition of the next possible EU Multi Financial Framework during the 2018–20 period will affect the EMCDDA's resources and activities as well as the operations required for planning and managing the resources available.

Finally, the fourth external evaluation of the EMCDDA will be carried out by the EC in 2018. The purpose of this exercise is to evaluate the agency's success in implementing the three-year strategy and work programme for 2016–18, as well as the previous strategy and work programme for 2013–15. The recommendations arising from this important exercise will be factored into future planning of the EMCDDA's activities.

Structure of the document

This Programming Document has been prepared in line with the provisions of Article 32 of the EMCDDA Financial Regulation and in full compliance with the template provided by the EC ('the template') in the Guidelines for programming document for decentralised agencies (Communication from the Commission C (2014) 9641 final).

SECTION II
Multi-annual programming 2018–20

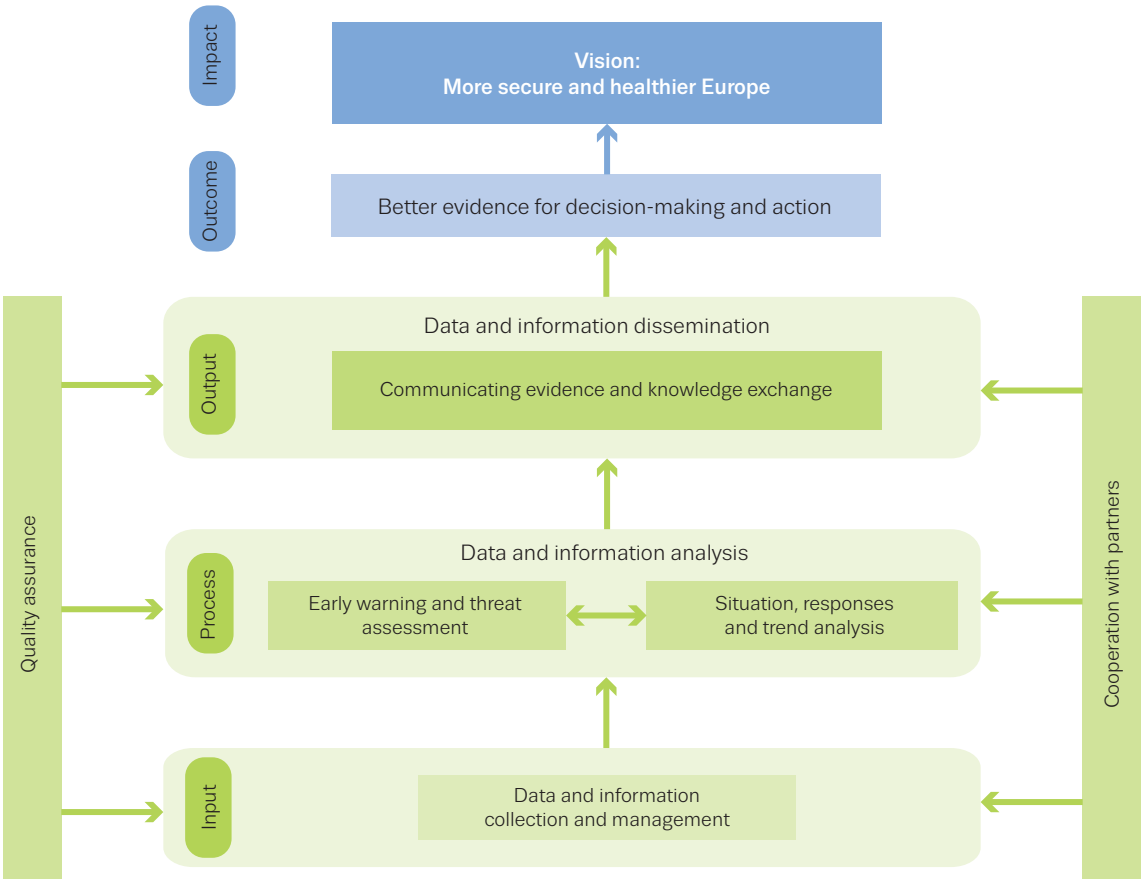
Introduction: the EMCDDA's value chain — transforming information into state-of-the-art analysis for decision-making

As already mentioned, this PD follows the structure of the EMCDDA 2016–18 Strategy and work programme. The substantive part of this Programming Document is structured around six strategic areas. Three of them are key areas (KAs): Communicating evidence and knowledge exchange; Early warning and threat assessment; and Situation, responses and trend analysis. The other three are cross-cutting areas (CA): Information collection and management; Quality assurance; and Cooperation with partners. Together, these areas cover the agency's core tasks and form the conceptual building blocks needed to assemble a comprehensive understanding of the European drugs phenomenon.

This structure reflects the EMCDDA's production flow as an information agency, from inputs to outputs, through monitoring and analysis processes.

In addition, two corporate areas — Governance, and Administration and information communication technology (ICT) — present the management and support activities which are key to ensuring that the work planned within the strategic areas can be successfully performed.

FIGURE 1
EMCDDA production flow



Key areas

These three areas are the pillars of the EMCDDA's information and analysis chain.

The first area, communicating evidence and knowledge exchange (KA 1), incorporates the key outputs (products and services) that the EMCDDA will provide to its customers (audiences) during 2018–20. This area also includes capacity-building and training activities, which are an integral part of the knowledge transfer that the agency instigates each year for the benefit of its customers: stakeholders and partners, as well as other audiences (such as academia).

However, these outputs are just the end result visible to our audiences and are derived from complex monitoring and analysis processes, which our highly specialised staff perform on a daily basis. These critical processes are presented in the other two key areas.

Early warning and threat assessment (KA 2) includes the rapid monitoring component of the EMCDDA's overall monitoring system. It is composed of two main parts: the EWS and the risk assessment of NPS; and emerging trends and threats. Both of these rapid-response components detect new trends in the drugs phenomenon, assess the threats and issue alerts in a timely manner. Because of the very dynamic nature of these emerging trends and their threats to people living in the EU, routine monitoring is not sufficient to capture, analyse and report on them quickly. Special rapid-response mechanisms are necessary and they are all included in this key area.

Situation, responses and trend analysis (KA 3) encompasses the core monitoring and analysis activities of the EMCDDA, which provide an annual state-of-the-art overview of drug demand and supply, together with the responses to tackle them and the core trends in these domains. These activities are based on established tools and processes, which are regularly assessed to ensure that they are fit for purpose. These tools are complemented by the development of new instruments that allow the monitoring of novel areas, as necessary. Together, these methodological activities ensure the relevance and efficiency of the EMCDDA's core monitoring system. Moreover, this system provides valid, reliable and accurate information, to inform sound decisions for policy and practice.

Cross-cutting areas

Activities in these areas are horizontal in that they feed, and thus significantly contribute to, the key areas.

The first cross-cutting area (CA A), Information collection and management, encompasses all the activities related to data collection and management at the EMCDDA. This is the entry point (input) into the EMCDDA's monitoring systems for rapid monitoring (KA 2) and for core monitoring (KA 3). This area includes both the tools for data collection and storing (Fonte, the agency's online data collection system; the drugs data warehouse, and the European Database on New Drugs (EDND) and the processes for managing these data (checking and validation). This area also includes management of the Reitox network of NFPs, the EMCDDA's main data providers.

The second cross-cutting area (CA B), Quality assurance, comprises all the activities which ensure that the agency's core business inputs, processes and outputs meet the quality standards in place at the EMCDDA. Activities related to the Scientific Committee and scientific coordination tasks are included in this area.

The third cross-cutting area (CA C), Cooperation with partners, presents the activities carried out by the EMCDDA together with and/or for the benefit of its key partners, at EU level (Member States, the Institutions and other agencies) and at non-EU level (international organisations and priority third countries).

Corporate areas

The corporate area Governance encompasses the activities related to the EMCDDA's Management Board and to the overall management and leadership of the agency, including internal control, corporate planning and performance measurement.

The corporate area Administration and ICT comprises the tasks related to the management of resources (human, financial, material) and the management of the ICT services and infrastructure.

1. Multi-annual objectives

Area	Strategic objective
Key area 1: Communicating evidence and knowledge exchange	Serve as European central reference point for drug-related information and analysis, and by doing so provide policy and practice with better evidence for decision-making and action
Key area 2: Early warning and threat assessment	Support rapid EU response to new threats by providing EU institutions and Member States with prompt and scientifically sound information for action on NPS and emerging drug trends
Key area 3: Situation, responses and trend analysis	Provide a holistic picture of the drugs phenomenon, through an integrated and coherent core monitoring system
Cross-cutting area A: Information collection and management	Maintain the EMCDDA data collection and reporting system and ensure its validity, consistency, reliability and timeliness, including through the efficient management of, and support to, the Reitox network of NFPs
Cross-cutting area B: Quality assurance	Ensure that the EMCDDA's tools, processes and outputs remain of high quality and fit for purpose through a process of continuous improvement and evaluation of efforts
Cross-cutting area C: Cooperation with partners	Enhance the EMCDDA's strategic understanding of the drugs phenomenon, by maintaining and further developing our strong partnership with key players at European and global levels, as well as continuing our successful knowledge exchange with EU priority third countries and regional programmes. Ultimately, this will result in high-quality services (information and analysis) provided to EU and Member States stakeholders (see KA 1)
Corporate area Governance	Function as a modern, efficient and forward-looking EU administration, which is committed to providing high-quality services to its stakeholders and to the EU's citizens in general; in achieving this, the agency will be guided by good governance, steered by sound management and leadership and operated by a highly motivated and well-performing workforce
Corporate area Administration and ICT	Ensure sound allocation and management of financial and human resources and assets, and management of the ICT services and infrastructure, by further rationalising and automating relevant processes, enhancing efficiency and synergies, and developing the quality of services and support

2. Multi-annual programme

2.1 Key area 1: Communicating evidence and knowledge exchange

The ultimate purpose of the work performed by the EMCDDA is to inform sound decisions in the field of drugs at the level of the EU and its Member States. The results of the data collection, monitoring and analysis process provide the evidence that policymakers and professionals from across the EU need in order to tackle the drugs phenomenon effectively.

This evidence is communicated by the EMCDDA through different means, depending on the needs of its customers. The most important means are the outputs — products and services — that the agency provides to them. These outputs are complemented by a range of knowledge exchange activities, which include the dissemination of best practice as well as capacity building and training initiatives.

As defined in the EMCDDA Strategy 2025, the agency's main customers are its key stakeholders: the EU institutions (the European Parliament, the Council of the EU, the EC) and the European External Action Service, and the policymakers and practitioners in the Member States.

EMCDDA stakeholder relations are proactive and based on cooperation models aimed at generating mutual benefit. They have their roots in the agency's communication core values, namely: relevance, quality, efficiency, transparency and consistency. This work will be guided by the EMCDDA's long-term Strategy 2025. Gaining a better understanding of the needs of its key customers, and the most effective way to address these needs is central to the implementation of the strategy.

In recent years, the EMCDDA has streamlined its product range with a view to improving timeliness and offering better access to more pertinent information. This work will be continued in 2018–20 based on the results of the 'Customers needs' assessment project' planned to start in 2018. Further exploration of the optimal approaches and channels to reach policymakers and professionals will be undertaken and will include adapting product formats, expanding digital publication options, building on the impact of our social media approach and implementing a revised language policy.

The agency produces timely and high-quality information, together with strategic and situational analyses and threat assessments to inform policy and practice. A comprehensive annual situation assessment of trends and developments in drug use in Europe will continue to be provided by the European Drug Report (EDR) package, the annual flagship publication of the EMCDDA. Currently included in the package are the multilingual Trends and Developments report and the Statistical Bulletin. The Statistical Bulletin will continue to be the main repository and source of data relating to the drug situation in Europe. Improvements have been made to the Bulletin in recent years, but a renewed effort to structure the Bulletin will be necessary (see CA A). The content and format of the EDR package will continue to be improved in order to meet the changing and growing needs of its audiences. To this end, a review of the package is planned in terms of its component parts, the online versus paper-based elements, the size of the package and the timing of the reporting. If required, the EDR package will be revamped during this period. Annually, national data will continue to be published in the form of 30 graphic-rich Country Drug Reports, which serve as the national companion to the Trends and Developments report. These will continue to be produced primarily as online products with a print-friendly version.

The EDR will be complemented by two triennial state-of-the-art strategic analyses of established and emerging challenges. These are the *EU Drug Markets Report* (EDMR) produced jointly with Europol, and *Health and Social Responses to Drug Problems: a European Guide*.

The first two editions of the EU Drug Markets Report were launched in 2013 and 2016. The document combines the EMCDDA's ongoing monitoring and strategic analysis of the drugs phenomenon with Europol's operational understanding of trends and developments. Following its publication, the report has become an essential reference tool for policymakers and law enforcement professionals in the EU and beyond. The third edition of the EDMR is planned for production in 2018 and publication in 2019.

The first European guide on Health and Social Responses to Drug Problems was published in 2017. This new comprehensive strategic analysis provides a state-of-the-art overview of the responses to drug use across the EU and their effectiveness as well as implications for actions. It is designed as the companion to the *EU Drug Markets Report*; together with the annual *European Drug Report*, these reports provide the complete picture of the drugs phenomenon and will represent the essential information and analysis package for policymakers in the EU and beyond. The periodicity of the European Responses Guide is planned to coincide with the beginning and end of the EU Action Plan 2017–20 (second edition in 2020).

In addition to the three major outputs described above, in 2018–20 the EMCDDA will produce and publish smaller, focused strategic analyses based on emerging topics, geographical developments and the information needs of different stakeholder groups, in accordance with policy requests.

Furthermore, in line with the agency's commitment to further develop its rapid monitoring system (see KA 2), the EMCDDA will produce timely and focused products to immediately disseminate critical information relevant to safeguarding public health and security (threat assessment reports). They will include (as appropriate): outputs related to the implementation of the applicable legal framework on NPS, in particular the EMCDDA–Europol Joint Reports and the EMCDDA Risk Assessments; trendspotting case studies/reports; and joint analyses (with Europol and the ECDC). Other joint products will be produced, if needed, based on the most relevant topics and in synergy with partners, as appropriate.

The agency will also publish thematic outputs on topical developments and emerging issues in all areas. Online communication will remain the agency's preferred channel for disseminating up-to-date knowledge on all facets of the drugs problem, with the EMCDDA's website at its core. Ongoing website developments will continue to offer the EMCDDA's audiences access to new interactive products and tools and more multilingual elements. In 2018–20, the website will be regularly updated and further developed. Online overviews and updates on emerging issues will be published for all the substantive areas. Furthermore, the EMCDDA will provide improved access to its data to interested third parties, mainly through improved presentation of the country data provided by the NFPs. We will build on the sound progress made with social media and multimedia channels to communicate findings and engage more actively with our audiences.

At EU level, the agency will continue to support sound policymaking through its high-quality technical input. As required, the EMCDDA will continue to contribute to the implementation of the EU Action Plan (2017–20) and will provide support to the EC for the final evaluation of EU Drug Strategy 2013–20. The end of the EU Agenda on Security 2015–20 will also coincide with the period covered by this PD. As stated in the document, 'the market for illicit drugs remains the most dynamic of criminal markets', and the EMCDDA's monitoring of drug markets validates this assertion, hence the focus will remain on the role of organised crime but we will also increasingly focus on the supply of drugs on the internet and investigate the links between drugs and terrorism in the EU and in neighbouring regions.

Furthermore, Europol published a new Serious Organised Crime Threat Assessment Report (SOCTA) in 2017 as part of the EU Policy Cycle on Organised and Serious International Crime. As expected, drugs are once again identified as a key security threat to the EU. Specifically, these threats will be tackled through two action plans, once focused on cocaine, heroin and cannabis and the other on synthetic drugs and NPS. As well as supporting the drafting process, the EMCDDA has a more prominent role in contributing to the operational action plans, particularly in producing threat assessments, providing expertise and delivering training.

Internationally, in 2016 the UNGASS on drugs reviewed the world drug situation and in 2019 the UN Member States will review achievements made through implementing the UN political declaration and plan of action on drugs adopted in 2009. Upon request, the EMCDDA will be prepared to offer the necessary technical support to the EU and its Member States to ensure follow-up on the conclusions of the 2016 UNGASS and for the preparatory work to assess the political declaration in 2019.

The EMCDDA has extensive expertise in relations with third countries, especially those that are a priority for the EU, namely the candidate and potential candidate countries and the neighbouring countries (see CA C). The agency will continue to provide technical support to the EC in this area. Furthermore, the information collected from the partner countries in the context of this cooperation will feed into the strategic and threat assessments produced by the EMCDDA.

A proactive approach will be taken to support the EU presidencies, including by providing ongoing technical support and by contributing to relevant events. The EMCDDA will also continue to provide its technical support to the discussions held among the Member States within the framework of the horizontal working party on drugs (HDG) and the work of the Informal Expert Group on Misuse of and Dependence on Prescribed Medicines. The outcomes of these discussions will inform the EMCDDA's activities towards improving data collection in this area, in close cooperation with the Reitox partners and competent EU agencies and international partners in this field.

In terms of the services provided to the Member States, as already mentioned, these will be addressed at national policymakers and professionals in the drug field. One of the priorities will be to provide support to national requests for policy evaluation, building on the successful experiences developed with a few Member States in recent years. Policymakers and professionals alike will also benefit from the new web area on drug policy evaluation, which was launched in 2017 to better inform and support drug policy evaluation. This new web area provides access to a wide range of materials, including the 7-step guide to support the commissioning and managing of drug policy evaluations, and the EMCDDA will regularly update and improve the web area over the 2018–20 period. Also the policy alert system which was launched in 2016 with a primary focus on changes in cannabis policies will be further developed to better meet policy makers' needs. A more proactive approach is envisaged for identifying the needs of our key stakeholders benefiting from the results of the 'Customer needs' assessment project' to be initiated in 2018.

Furthermore, in line with the recommendations received from the EC, the EMCDDA will explore expanding the exchange of information with local authorities over the 2018–20 period. The agency has been assessing the potential of new approaches to supplement its core data with new flexible and timely monitoring tools in order to rapidly report on emerging drug trends. In this respect the data collected at local and city level can act as 'alerts' for detecting new trends at local, national and European level (see KA 2). Strengthening relations with local authorities would allow the agency to gain further insight into the regional approaches to established and emerging drugs problems and to improve its understanding of best practices at this level.

Identifying and disseminating information on best practice and the effectiveness of interventions across the EU and beyond is a key area for the EMCDDA. Furthermore, the Council conclusions on the implementation of the EU Action Plan on drugs 2013–16 regarding minimum quality standards in drug demand reduction in the EU invite the agency to 'continue gathering evidence on effective interventions and services in drug demand reduction and provide Member States with technical support and expertise in the implementation of these standards, in line with available resources and information available from Member States (...)'.

The main dissemination channel for this is the Best practice portal (BPP). Targeted at practitioners and professionals working in the drugs field, this essential tool is designed as a practical and reliable source of what works, and what does not, in the areas of drug-related prevention, treatment, harm reduction and social reintegration. In 2018–20, the portal will continue to help users: identify tried and tested interventions quickly; allocate resources to what is effective; evaluate and improve interventions, by applying practical tools, quality standards and guidelines; and take better decisions, gaining from experience and expertise across Europe. The existing modules will be updated regularly and new modules on emerging topics will be added (as appropriate). In addition, responsive, interactive content will be available for mobile consultation and supported by innovative graphical presentation. In order to obtain better insights into users' needs, stakeholders will be consulted on the evidence gaps and how the EMCDDA could fill them.

Another effective means of disseminating knowledge is training activities. In 2018–20, these activities will include training for professionals and law-enforcement officers in the EU Member States and priority third countries, through Reitox Academy training programmes and other training initiatives carried out in cooperation with partners, such as CEPOL, or academia.

As the EMCDDA is an information agency, a core aspect its work involves disseminating its knowledge in the field by face-to-face communication at institutional events, conferences, seminars and expert meetings. These events allow focused messages to be delivered to a specialised audience; they also provide excellent multiplier potential. In this respect, the EMCDDA will remain a main partner in the Programme and Organising Committees of the Third European Conference on Addictive Behaviours and Dependencies, which will take place on 23–25 October 2019. Furthermore, the EMCDDA will continue to organise high-level visits to its premises, on demand or proactively, with a view to keeping our key stakeholders at the EU institutions informed on progress made in key activity areas.

The EMCDDA targets the media as a prime conduit of information to its target audiences and is committed to providing journalists with a high-quality, timely and balanced information service about drugs. Through its professional approach to media relations, the agency aims to increase its reputation and visibility, disseminate the results of its work and raise awareness among its key stakeholders. In 2018–20, continuous effort will be made to sustain strong and positive media relations with drug-specialised journalists in Europe, who act as effective multipliers.

2.2 Key area 2: Early warning and threat assessment

Responding to NPS — EU Early Warning System and risk assessment

Strengthening the EMCDDA's capacity to identify, assess, prioritise and respond to new threats as part of its core activity of monitoring emerging trends will continue as a top priority for the 2018–20 programming period. Activities conducted in support of the EU mechanism to monitor and respond to NPS represent a key component in this area. This mechanism, established by the Joint Action from 1997 concerning the information exchange, risk assessment and the control of new synthetic drugs and currently operating under the Council Decision 2005/387/JHA, provides Europe with an EU EWS. The new proposed legislation (Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation EC No 1920/2006) was adopted by the European Parliament on 24 October 2017. This will enter into force by the end of 2018, replacing the Council Decision of 2005, and this will have a significant impact on the activities carried out in 2018–20.

The EWS is implemented by the EMCDDA and its partners in the Member States (the Reitox network) in cooperation with Europol, and with the active contribution of the European Medicines Agency (EMA) and the EC. The strength of the EWS is derived in part from the fact that the events-based data reported through the system sit within, and benefit from, the

broader framework of indicator-based data that the agency has established.

Over the past few years, the importance of this work has grown following a dramatic increase in the number, type and availability of NPS in Europe. Alongside information on the appearance of NPS on the market, a key function of the EWS is to identify signals of serious harms and respond as necessary. This requires monitoring each of the over 600 substances that have been reported so far. A growing number of reports of serious harms, often related to acute toxicity leading to hospitalisation and deaths, have been processed by the EWS in recent years. Since 2005, the EMCDDA has issued over 130 public health alerts, of which close to 75% were in the last six years. Of great concern in this respect is that during the past two years a record number of eleven risk assessments (RAs) were requested by the Council of the EU (more than one third of the total number of RAs ever conducted).

Over the past few years, the huge growth in availability of NPS has driven greater complexity into the drugs problem. As a result, we are seeing major new challenges emerging that can rapidly threaten public health. Alongside an increase in the number of non-fatal and fatal poisonings being reported to the EMCDDA, a striking development is outbreaks of mass poisonings, which can involve hundreds of people over a short period of time and have the potential to overwhelm emergency medical services. Typically they are caused by commercial ready-to-use 'legal high' products containing synthetic cannabinoids; however during 2016, opioids, such as the derivatives of fentanyl, which are sold as 'legal' replacements to illicit opioids or passed off as heroin or cocaine, have become a serious concern due to the high death rate associated with these substances. Outbreaks of infectious diseases have also been reported.

Due to the unique dataset available to the EMCDDA and its world-leading expertise in this field, the agency was able to identify the potential for these changes early on, and began an ambitious work programme to strengthen the EU EWS with the objectives of supporting and strengthening early warning and response both at national and EU level. This includes work that will strengthen situational awareness, risk and crisis communication, planning as well as response and recovery activities (including emergency preparedness and crisis response). The overall aim is to help protect the health of people living in the EU.

During 2018–20, alongside ensuring the legal tasks assigned to the EMCDDA under the EU legal framework for NPS — which includes the operation of the EWS and undertaking risk assessments — the work programme includes the delivery and integration of the following major systems into the EWS:

- new electronic information, monitoring and reporting system — the European Database on New Drugs (EDND);
- open source information (OSI) monitoring system;
- toxicovigilance system;
- signal management system; and,
- risk communication system.

Together, this approach will strengthen our early warning activities by ensuring high-quality data. It will also allow us to use an integrated and all-hazards approach to identify, assess, understand, prioritise, and respond to signals of potential public health concern related to both NPS, illicit drugs, and other related substances of concern (such as counterfeit/ falsified medicines, impurities, adulterants, and cutting agents).

In 2017 the EMCDDA began implementation of its next-generation signal management system (SMS) for the EWS. The SMS allows the EMCDDA to systematically identify, assess, prioritise, and respond to signals of potential public health concern related to NPS, illicit drugs, and other substances of concern. The SMS uses data reported by the national early warning systems (NEWS), identified from OSI, as well as other data available to the EMCDDA. During 2018, the management of the SMS will be integrated into the EDND (see CA A).

The toxicovigilance system of the EWS allows early detection of an emerging toxicological problem — such as poisonings — related to a new substance at both national and EU levels. For the EMCDDA to meet the increased needs and demands arising from the NPS phenomenon, identification, reporting and monitoring of serious adverse events need to be scaled up. To this end, work started in previous years will be enhanced during the 2018–20 period, when the framework for strengthening the toxicovigilance component will be fully implemented and integrated into the other systems of the EWS including within the EDND. The system will facilitate the identification and reporting of serious events as well as optimise the reported data in order to best analyse these signals through the signal management system, and, where necessary, risk communications, such as an alert, may be issued through the risk communication system. It will be strengthened by drawing on data from the new systems being developed for monitoring OSI (mentioned above). Ultimately, this will allow the Member States and the EU to respond earlier to emerging harms.

During 2018–20, the agency will also implement and integrate a technical and procedural framework for risk communication (the risk communication system) into the other EWS systems which will strengthen situational awareness, planning, response and recovery to public health issues, including potential crisis situations such as mass poisonings.

Improving our understanding of the phenomenon requires our monitoring of new drug laws and policies, and health and social responses to NPS to be strengthened. Epidemiological surveillance of NPS and other emerging drug trends also needs to be developed and integrated into core monitoring procedures (see KA 3).

As mentioned above, the new legislative framework on NPS is expected to enter into force in 2018. The associated information exchange and risk assessment mechanism and related standard operating procedures, data collection tools and guidelines will need to be developed. The new legislation will also entail shorter deadlines compared to those in the current legislative framework. Furthermore, in addition to exchanging information on NPS with Europol and the EMA, the new Regulation foresees cooperation with the European Chemicals Agency, the European Food Safety Authority and the European Centre for Disease Prevention and Control.

Reflecting the globalised nature of the NPS phenomenon, international cooperation with third countries will be strengthened. Among others, support will be provided to CC and PCC in establishing and developing a EWS at national level, as requested in Chapter 24 of the negotiation package to enlargement.

Furthermore, cooperation with the United Nations Office on Drugs and Crime (UNODC) and the WHO will be stepped up in 2018–20 with a view to enhancing data sharing and exchange of experience in the field of NPS. This will contribute to a better understanding of the global phenomenon.

Emerging trends and threats

The EMCDDA's routine monitoring system needs to develop dynamic monitoring responses towards the ever-changing drug situation in Europe. In order to be sensitive towards emerging drug trends, the agency needs to supplement its core data with new flexible and timely monitoring tools to enhance understanding of the drug situation.

The detection and monitoring of new trends therefore remains one of our key tasks, of which the EWS is but one element. We will work, therefore, to strengthen the EMCDDA's system for monitoring and understanding new and emerging trends in drug use and drug markets. Cooperation with key partners such as Europol, ECDC and EMA will be enhanced and collaboration with new partners, such as ECHA and EFSA, will be developed.

The EMCDDA will follow a three-tiered approach for reaching its strategic objectives in this area: 1) strengthen existing rapid information assessment tools; 2) integrate new methods and tools into existing monitoring routines and 3) explore new data sources for the timely identification of emerging threats.

During the 2018–20 period, the EMCDDA will have available a rapid information assessment manual that includes the systematised trendspotter methodology, in order to improve analysis and assessment in this area for a better understanding of new and emerging trends. Using knowledge gained from previous trendspotter studies, the methodology will be piloted and refined during 2018–20. This manual will be used to train national experts for implementing trendspotter studies at regional level.

Equally important is the close collaboration between the EMCDDA and ECDC on monitoring incoming information on the evolution and epidemiology of drug-related infectious diseases such as HIV, hepatitis C and anthrax. Furthermore, existing expert networks will continue their role as alert platforms for early warnings in the field of drug-related harm and related responses (infections, deaths and other acute problems).

As emerging threats in the supply area are identified, rapid joint analyses with Europol will be conducted in order to enhance law-enforcement responses.

The routine monitoring tools will be reviewed annually to ensure they are clear and fit for purpose and will be complemented by additional data collection methods to respond to changing information needs.

New sensitive and timely monitoring tools need to be integrated into routine monitoring systems. Wastewater-based epidemiology, for example, has demonstrated its potential as an important complement to established monitoring tools and has moved from being an experimental technique to being a new method in the epidemiological toolkit. Since 2013, the EMCDDA has been reporting through its interactive online tool on near real-time trends in drug use in over 60 cities in Europe. During the 2018–20 period the EMCDDA will strengthen the integration of wastewater-based epidemiology (WBE) into its routine monitoring system, among others by the incorporation of the data in the EMCDDA's Statistical Bulletin. It is envisaged that technical developments in WBE, in particular efforts to integrate its findings with data from other (national and local/city level) monitoring tools, will make an update of the 2016 Insights publication on wastewater analysis much needed.

Another example will be the use of hospital emergencies data as a new sensitive monitoring tool (Euro-DEN project). The EMCDDA will also continue its support for innovative methods such as pooled urine analysis, pill testing and analysis of syringes to improve timely identification and reporting of new trends. A multi-city pilot project was set up in 2017 with the aim of collecting data from used syringes to obtain a better

geographical and temporal overview of substances injected. It can also reflect the reuse of syringes depending on the number of substances identified inside.

Another new tool that helps rapid reporting on new trends is the European Web Survey on Drugs, which was launched in six European countries in 2016. The data collected provided valuable information on the variation in quantities used per occasion by different user groups in different countries. It also demonstrated the potential of this approach for obtaining information from drug users in different countries in a quick and cost-effective manner, while highlighting areas for further development to improve the method for the future.

Equally important for this area is the exploration of new data sources for timely identification and reporting on emerging threats. One example here is the development of systematic tools for monitoring online drug markets and drug user forums. The EMCDDA will also investigate the potential of innovative online information collection methods such as crowdsourcing.

Through a combination of structured monitoring and analysis of the internet, the EMCDDA will provide a better understanding of the nature and scale of the online market and of new developments, at both consumer and supply levels as well as early identification of new trends and threats. Identifying and responding to emerging trends in a timely fashion relies critically on event-based data. In recent years, the internet has become a vast source of such data. The EMCDDA will develop tools that allow open source information to be collected and analysed from the internet on a range of indicators on NPS use. This includes systems to monitor the online market, as well as other epidemiological indicators, and reports of serious adverse events.

The identification of new developments requires an appropriate dissemination approach. The EMCDDA will continue to issue alerts when these are required through the EU EWS network and other expert information networks and channels.

2.3 Key area 3: Situation, responses and trend analysis

Core monitoring activities provide the foundation for the EMCDDA's work. Throughout the more than 20 years of drug monitoring in Europe, this foundation has become more solid, as the number of tools developed by the agency with support from its networks has grown and their usefulness for collecting reliable and comparable data from across the EU has increased. It is worth noting that at present the EMCDDA's data on core monitoring accounts for most of the data available in Europe on the prevalence of drug use as well as on its health and social consequences.

The monitoring work is focused on two core dimensions: the drug situation and the responses to tackle it. Together they address both the demand for and the supply of drugs. These two dimensions are interlinked and they feed multi-area and cross-indicator analyses. This integrated, holistic approach allows the agency to provide an accurate diagnosis of the drugs phenomenon at EU level, as well as — on the basis of the evidence drawn through scientific research and presented as best practice — the best possible assessment of the effectiveness of responses to the different forms of drug use and supply, and their consequences.

These dimensions are complemented by the rapid information collected and analysed as part of the early warning and threat assessment component (see KA 2). Together they form the basis of the comprehensive knowledge that the EMCDDA disseminates via state-of-the art outputs and high-quality services (see KA 1), as its critical contribution to informed and evidence-based action in drug policy and practice.

In the period 2018–20, the analysis of the information collected systematically by the EMCDDA will be reinforced both in the demand and the demand reduction area, and in the supply and supply reduction area. A particular emphasis will be placed on multi-indicator analysis, building on the work carried out in previous years. The EMCDDA also envisages integrating the new technologies (e.g. wastewater, hospital emergencies, syringe analysis) (see KA 2) into the framework of the general monitoring activities, with the purpose of making this monitoring more sensitive and timely.

Key epidemiological indicators (KIs)

In terms of monitoring the demand-side of the drug situation, the agency relies on its well-established key epidemiological indicators (KIs), which include: the prevalence and pattern of drug use in the general population (general population survey, GPS); the prevalence and patterns of high-risk drug use (problem drug use, PDU); the number and characteristics of drug users contacting drug services, in particular treatment services (treatment demand indicator, TDI); the number of drug-induced deaths and mortality among drug users (drug-related deaths, DRD); and the infectious diseases related to drug use (drug-related infectious diseases, DRID). Although these indicators are now established, minor further development and methodological improvement will be necessary in order to ensure they remain fit for purpose. Coverage, timeliness and comparability over time and across countries remain an issue in many cases. These aspects are particularly important because countries are increasingly developing and assessing their drug policies on the basis of these indicators. In 2018, the next triennial KIs implementation assessment will be carried out; this will review the progress made in 2016–18 in terms of implementation of the KIs by the

Member States, and will inform the measures to be taken for further developing the KIs in 2019–21.

Scientific work in the area of prevalence of drug use amongst a range of populations will continue, with efforts to better coordinate the work on different indicators stepped up. Data collections to complement the main monitoring activities and to improve the timeliness of reporting will be investigated, including further development of the web-based surveys targeted on drug users (see KA 2) and consideration of collecting information on geographic and other sub-populations.

Furthermore, in 2018–20 focus on increasing analysis and quality control will remain, while expanding the range of sources and methods. In parallel, it will be necessary to increase the quality and comparability of our information regarding the different types of responses that aim to prevent use, reduce harms, or treat and help the recovery and social reintegration of drug users with problems.

Details will be provided in the annual work programmes (see Section III of the 2018 work programme) and the results will be monitored via annual assessments.

Monitoring polydrug use

Monitoring polydrug use, including the consumption of illicit drugs in combination with licit substances or medication, is an area that requires strengthening. Considerable policy concern exists in Europe and beyond in this area, especially with regard to the interaction between alcohol and illicit drug use.

As a step towards developing this part of its mandate, the EMCDDA has significantly enhanced its collaboration with ESPAD activities. ESPAD provides useful and harmonised information on long-term patterns of substance use, including polydrug use, in many EU countries and neighbouring countries. After having provided support to the production of the 2015 ESPAD report in 2016, the EMCDDA has committed itself to supporting ESPAD through the next round of data collection in 2019, with the subsequent report in 2020. The preparatory work will be carried out in 2018, followed by the data collection, cleaning and validation in late 2019, and finally reporting and dissemination in 2020. This significant effort will need to be supported by appropriate resources, including for strengthening the analytical capacity of the ESPAD network.

The monitoring of the misuse of medicines in the context of polydrug use is a developmental area for the EMCDDA with tasks defined in Regulation 1920/2006 (the agency's recast Regulation), Council Decision 2005/387/JHA and Regulation 1235/2010 (Pharmacovigilance). In 2018–20, the EMCDDA will continue to provide technical support to the discussions held among the Member States within the framework of the HDG. The outcome of these discussions will inform the activities of the EMCDDA towards improving data collection in this area, in close cooperation with the Reitox partners. Using multi-indicator analysis and literature reviews, specific medicines will be identified as relevant topics that can also serve as case studies. Work in this area will be linked and integrated with the other activities related to polydrug use, the work of the EU EWS and the monitoring of emerging trends (see KA 2).

Drug supply indicators

A complete picture of the drug situation cannot be provided without appropriate monitoring of drug supply, as the demand and supply indicators together provide the building blocks necessary for describing the drug situation and for tracking trends and developments.

Improving the measurement of drug markets and effectiveness of drug supply reduction responses requires enhanced supply indicators and data. In line with Action 16 of the EU Action Plan 2013–16, and as outlined in the 2013 Council Conclusions on improving the monitoring of drug supply in the EU, in the past few years the EMCDDA, with support from its national and EU partners, has boosted its work to develop supply and supply reduction indicators (drug seizures, drug-law offences, drug purity and tablet content, drug prices, dismantled drug production facilities, perceived availability of drugs and market size estimates). The adoption stages of the revised suite of indicators were completed in 2017 and in 2018–20 work will continue to improve quality and coverage as more Member States implement the revised tools.

An important element of EU-level drug monitoring efforts is also the collection and analysis of data on drug precursor seizures and stopped shipments by the European Commission. Although this information is not yet systematically analysed alongside the data collected by the EMCDDA from other areas, collaboration is well underway and such pooling of knowledge will be a priority for cooperation with the Commission in the period 2018–20.

The EMCDDA will also work on the relevance of its data and analysis by a process of continuous improvement of the drug supply indicators in line with current research in the supply field. In order to fill many of the knowledge gaps identified in the EU Drug Markets Report 2016, for example the environmental impact of synthetic drug production in the EU, the agency will explore developing alternative means of data gathering, such as monitoring open source information, to supplement, in a judicious and cost-effective manner the existing core data collection system (see KA 2). This will involve building skills and investing in these essential improvements.

Monitoring health and social responses to drug use

The health and social responses dimension of drug monitoring completes the picture of the phenomenon. Data related to the range and coverage of interventions are naturally linked to information about the situation and trends in drug use and drug-related harm. These data are integrated and analysed together and the results of these analyses contribute to a comprehensive assessment of the coverage and effectiveness of responses. Ultimately, this provides evidence-based information, which supports sound actions in both policy and practice.

In this area, continuity will be ensured in implementing the existing tools and methodologies while regular assessments will be carried out in order to guarantee that they remain efficient and relevant. With a view to allowing the national estimates of the total number of people in treatment to be improved, and ultimately the gaps in coverage of the different treatment systems across the EU to be assessed, the analysis of drug treatment facilities will continue in 2018–20. Knowledge on the total number in treatment and on the availability of interventions will be improved through the implementation of other instruments such as the European Facility Survey Questionnaire (EFSQ) and the integration of the TDI Prevalence module. Based on needs, workshops with groups of countries will be continued to support implementation. The results will allow collection of reliable information on the total treated population and, together with other tools, will help provide a complete national picture of treatment provision.

In the area of drug-related infectious diseases and harm reduction, monitoring prevalence of HIV and hepatitis B and C among people who inject drugs (PWID) will be further enhanced. Facilitating the uptake of testing for infectious diseases in drug facilities will be a focus for the agency in 2018–20. Data collection will be sustained through measures aiming to support countries in their efforts to scale up activities, in particular through monitoring, dissemination of guidance and best practices to optimise prevention, screening and care, and through evaluation of the response capacity in the Member States. This sustainable approach will include maintaining the monitoring of behavioural /risk (injecting, needle sharing) data, as well as developing a standardised monitoring approach for interventions along the continuum of care. An analysis of the impact of the 2011 joint ECDC/EMCDDA guidance on prevention and control of infectious diseases among people who inject drugs will be conducted. Prevalence studies in PWID and drug users at risk of sexual transmission will also be encouraged to allow better estimation of injecting drug use trends at EU level. Furthermore, the EMCDDA will continue to contribute to European and international efforts in this area, working in partnership mainly with the ECDC and the WHO.

Cooperation with other institutions will also be pursued in the area of prison. The joint work with ECDC on guidance on the prevention of communicable diseases in prison settings will be finalised with the publication of further guidance modules. Collaboration with WHO's prison data collection and the network of prison researchers will be continued.

Developmental areas

One important developmental area is the responses to NPS. This phenomenon has rapidly increased in recent years and, while a world-class EWS has been implemented to monitor the growing number of NPS identified and their risks to users (see KA 2), information on the responses to this dynamic phenomenon are still scarce. There is a significant need therefore (confirmed by the outcome of the external consultation exercise which was conducted to inform this document) to develop this area, which has become increasingly important for policy and practice.

The internet is a rapid and easy means for procuring information. In recent years, however, it has also become a convenient vehicle for the purchase and sale of drugs, which has motivated the EMCDDA to monitor it (see KA 2). A consultant study to map e-health-based health and social responses to drug use was carried out in 2017 and the methodological framework for monitoring internet-based interventions will be implemented over the 2018–20 period in close collaboration with NFPs, depending on their needs and capacities.

The EMCDDA will continue to provide support to EU-funded research projects in areas relevant for its mandate. The EMCDDA's contributions are tailored to the needs and objectives of each project but often include guidance through participation in the project's advisory board (or equivalent scientific consultation body), provision of data, institutional support, dissemination of findings and promotion of knowledge exchange. Support to nationally-funded research projects will be also provided, upon request, if the aims and potential research findings are of clear European added value.

In 2018–20, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms and policy evaluations. In addition, the EMCDDA will monitor the core aspects of drug legislation that define and penalise offences relating to drug use and supply, including national approaches to legislation on NPS. This activity will be improved by combining more closely information from Reitox and other sources, verified by the Legal Correspondents network, with

a view to moving towards more focused and rapidly updated online dissemination of current laws and trends. In line with recent events, there will be increased focus on collecting and disseminating information and analyses of legislation controlling cannabis and NPS. Moreover, the agency will increase its cross-indicator analysis, which will allow a better understanding of how laws are implemented, combining these analyses with other datasets and innovative studies if required to fill information gaps.

Finally, the EMCDDA will continue to monitor important developments in cannabis legislation in third countries (see KA 1). Monitoring of drug legislation will also start to address the areas now highlighted in the UNGASS 2016 Outcome Document, such as drug policies respecting human rights, proportionate and effective policies and responses, use of the internet in relation to drug-related activities, NPS and the misuse of pharmaceuticals. The agency will remain responsive to requests received from stakeholders, whether on the situation in Europe or on new draft legislation.

2.4 Cross-cutting area A: Information collection and management

Collection, validation, and extraction of the data received by the EMCDDA from the NFPs for the Statistical Bulletin and the other publications of the EMCDDA will remain the main operational activity for this area during the period 2018–20. The continuous efforts to improve and standardise data collection tools and procedures will continue.

To fulfil its mandate, the EMCDDA has developed an integrated and detailed reporting package. The reporting system consists of a range of different data inputs. A main component of this package is the reporting of primarily numeric data through Standard Tables and contextual data through national Workbooks. Both these types of data are collected through a set of standard instruments via Fonte, which remains the primary data collection software within the agency. Annual efforts will continue to be made to improve the system where possible. A more thorough review of the Fonte system is foreseen to commence in 2020, based on the work on documentation of processes and structures related to data management (see CA B). The feasibility and utility of replacing or upgrading the system will be evaluated.

In 2015, the replacement of the National Reports (the second information input to the agency) with Workbooks as a standard reporting tool commenced. These new tools provide information that is complementary to the data collected via Fonte. During 2018–20, priority will be given to ensuring the stability of the Workbooks and to defining and producing web-based outputs. The dialogue and feedback processes between the NFPs and the EMCDDA will be ongoing. At a broader level, the coordination between the various types of input information — quantitative, qualitative, rapid response, regular monitoring and rapid information queries — will be improved. In addition to harmonising the data reported in Fonte and the Workbooks, the incorporation of additional and timely sources of information through the newly introduced system for collecting rapid information will continue.

A key output from data collection activities is the Statistical Bulletin (see also KA 1). This essential product will continue to be the main depository and source of data relating to the drug situation in Europe. Improvements have been made to the product in recent years, but a renewed effort to structure it to incorporate the outcomes of the 2017 external audit of data management will be necessary. This will include from 2018 onwards, a clearer presentation of meta-data to better inform users on particularities of the information.

One of the central components of the EMCDDA's data collection and analysis work is the data collection by the agency related to its task of operating the EWS and conducting risk assessments on NPS (see KA 2). The European Database on New Drugs (EDND) plays a main role in this mechanism, by acting as Europe's information hub on NPS. It provides round-the-clock access to the latest information on new substances including chemistry, pharmacology, toxicity, law-enforcement seizures, epidemiology and legal status to the EWS network. Due to the huge increase in both the amount and types of data now being reported, the EDND needs significant investment. A core part of this work requires the development of a new infrastructure that will allow secure electronic submission and management of data reported by the national early warning systems (NEWS) and identified by the EMCDDA from OSI as well as semi-automated analysis of data and production of reports. Alongside being able to provide real-time information on an NPS (or a specific aspect of an NPS such as its detection in a particular 'legal high' product or reports of serious adverse events), the system should be able to provide an overview of the phenomenon as a whole to stakeholders. In addition, as a new EU legal framework on NPS was adopted on 24 October 2017, the EDND will need to be aligned accordingly. Work will therefore continue in this 2018–20 programming period to ensure that the EDND can meet the needs of the EU both now and in the longer-term. Furthermore, during 2019 and 2020, the functionality of the EDND will be further enhanced through the development of an expert system which uses advanced data mining techniques to interrogate a large range of datasets in order to detect signals of potential public health relevance in near-real time.

Management of the Reitox network of national focal points

The European Information Network on Drugs and Drug Addiction (Reitox) is the main data provider of the EMCDDA. This network of 30 NFPs allows the agency to collect and analyse information on drugs and drug addiction, as well as on policies and solutions applied, bringing together experience and expertise from different sectors — health, justice, law enforcement — and from all EU countries, Norway and Turkey.

The following main priorities for the EMCDDA in its work with the Reitox network were defined in the 2016–18 Strategy and work programme :

a) Support the NFPs in the implementation of the reporting package described above. This will be done by means of providing feedback and quality reports (see CA B), through the Reitox Academy training programme (see KA 1), as well as through ongoing technical support.

b) Strengthen the institutional capacity of the NFPs, in order to enhance their performance, both as core data providers for the EMCDDA but also as reference points on drugs at national level. This will involve consolidation of the Reitox grant system in order to ensure quality deliverables along with financial transparency of the EU funds used to that end. The 'Accreditation' project, conceptualised in previous years, will continue in 2018–20 in line with the needs of the network and with a view to enhancing its added value both at national and at EU level.

c) Enhance knowledge exchange among the Reitox community and between Reitox and other partners, with a view to further developing synergies and improving overall communication. This will mainly be done by means of the annual meetings and the online communication platform (forum).

The EMCDDA will also support the NFPs to enhance their usefulness and visibility at national level, as a means to contributing to the sustainability of the NFPs and of the respective national monitoring systems. This will include providing guidance and support for developing/improving the communication activities of the NFPs (e.g. online communication, including social media), as well as preparing EMCDDA products presenting the respective national situation/information by country (e.g. the Country Drug Reports – see KA 1).

Furthermore, during the period 2018–20, the EMCDDA will support the implementation by the NFPs of the new Reitox Development Framework (for adoption by the Heads of the NFPs in November 2017). The Framework will define the main priorities for the network and guide its future work, in line with the EMCDDA Strategy 2025. At the time of drafting this PD, the Framework was being under development; the priorities presented above are likely to change, to reflect the document once it has been adopted by the EMCDDA Management Board.

2.5 Cross-cutting area B: Quality assurance

Ongoing commitment to improving the scientific quality of our work is a prerequisite for fulfilling our role as a centre of excellence for the collection, analysis and dissemination of drug-related information. Furthermore, strengthening the quality management of the scientific activities is one of the action areas defined in the Strategy 2025 (within the Business driver 'Scientific capacity') and consequently a range of initiatives will be undertaken.

The EMCDDA is an information-intensive organisation, which bases its core tasks on adding value to data through an information value chain. This value chain — the way raw data are collected from different information sources and how they are stored, analysed and transformed for use in different types of information products — forms the framework for data quality management at the EMCDDA.

The work towards further implementing an overall data quality framework, including for non-statistical data, will continue in 2018–20 and will increasingly be integrated into the routine EMCDDA core data processes under the relevant key and cross-cutting areas. The outcomes of an IAS audit on the management of data collection, validation and quality assurance at the EMCDDA, carried out in early 2017, will inform actions to ensure the continued quality of the data published by the EMCDDA. To this end, measures to document and harmonise processes, both in data management and in publications, will continue during 2018–20.

Collaboration with Member States and third countries (including training activities covered under KA 1 and other relevant activities under the CA A and C) will focus, respectively, on further consolidating the current reporting system and on complying with EMCDDA standards for data collection and monitoring. Work on the quality of data will be further developed, with the aim of applying the EMCDDA data control mechanisms, particularly for countries providing data to the EMCDDA under the IPA and ENP projects (see also CA C).

The national quality report provided to NFPs as part of the mutual obligations set out in the Reitox grant agreement was adjusted to take into account the reorganisation of the national reporting package and its implementation which took place in 2015–16. Quality feedback on the new national reporting package will continue to be progressively adjusted and adapted, to address the needs and potential challenges.

The EMCDDA's integrated communication approach privileges multidisciplinary work to ensure coordinated and efficient use of resources to produce pertinent and cost-effective results. A number of processes aimed at quality assurance in the definition and production of outputs support the overall framework set up in this area. This includes the documentation of core output processes, including the content and production workflows for scientific publications and website content as well as the availability of a staff handbook for production of scientific output. Work in this area will take into account recommendations emerging from the IAS publications audit which is planned for 2018. With regard to web products, a long-term digital content roadmap will be drafted, training will be offered and the overall web governance mechanism will be further developed.

As guardian of the EMCDDA's scientific excellence, the Scientific Committee plays a key role in assuring and improving the quality of our work. Ongoing support will be provided by the agency in order to ensure that the Committee's work and regular meetings are successful and efficient. The current Scientific Committee will end its mandate in 2019 and therefore a new call for expressions of interest in membership of the EMCDDA Scientific Committee 2020–22 may be launched in 2019 (subject to a decision of the Management Board to be taken in 2018).

2.6 Cross-cutting area C: Cooperation with partners

Capitalising on established partnerships and building new ones, with a view to further developing synergies, was defined as a business principle by the EMCDDA in its Strategy and work programme 2016–18. This is being taken forward in the Strategy 2025, which sets up two specific business drivers for developing its work with partners, as follows:

- Institutional, which aims to anticipate, and respond promptly to, institutional developments and needs); and
- Partnership, which aims at strengthening the European Drug Information System through effective and mutually beneficial partnerships and synergies with data providers, communities of knowledge, and relevant European and international bodies.

This area presents the activities to be carried out by the EMCDDA in order to strengthen its ongoing cooperation with key partners, with the ultimate aim of increasing the quality (relevance, timeliness) and broadening the scope of services provided to our European and national stakeholders (see KA 1).

In line with Strategy 2025, over the period 2018–20 the EMCDDA will further strengthen its proactive role as service provider to EU Institutions (European Parliament, the Council of the EU, European Commission, and the European External Action Service). Among others, this will include contributing to EU policy documents, key drug-related events as well as the provision of new services such as the 'Policy alerts system' (for details, see KA 1).

The EMCDDA will also increase its support to the Member States, in close collaboration with the national focal points. This will include the dissemination of outputs produced by the agency, as well as the promotion of evidence-based responses and best practices (see details in KA 1). Furthermore, building on the successful previous initiatives developed with several Member States, the EMCDDA will continue to support policymakers in the evaluation of their national drug strategies. The agency will also promote exchange of good practice in implementing local drug interventions, among city-level policymakers.

As regards third countries, especially those which are a priority for the EU, namely the candidate and potential candidate countries as well as the neighbouring countries, the EMCDDA will give priority to providing further technical support to the EC as far as relations with these countries are concerned. This will include the successful completion of the sixth technical assistance project funded by the European Commission under the Instrument for Pre-Accession Assistance (IPA 6), the start of its follow-up project, IPA 7, subject to the approval by the EC, and the implementation of the second technical assistance project in the European Neighbourhood Policy (ENP) South and East countries (the EU4Monitoring Drugs project). The agency will also increase its knowledge transfer to third countries through dissemination of EU best practice in drug monitoring and translation of key EMCDDA methodological documents and scientific outputs for non-EU countries. This cooperation will promote the EU balanced approach and will ultimately contribute to sound EU drug policies with third countries, including EU Enlargement and European Neighbouring programmes. Together with the expected outcomes presented in the other strategic action areas of this document, this will be a key aspect of the EMCDDA's contribution to a healthier and more secure Europe. The EMCDDA will continue to gradually integrate data/information from priority third countries in its products (see KA 1).

During 2018–20 existing synergies with other EU agencies will be further intensified and new ones explored, delivering greater value from the joint work and providing the European Commission with an invaluable holistic analysis of the complex and interlinked issues in this area. The EMCDDA's vision to contribute to healthier and more secure Europe, as reflected in its Strategy 2025, will naturally lead to enhancing cooperation with EU agencies working in the Justice and Home Affairs (JHA) area (particularly Europol, Eurojust and CEPOL) and in the health field (ECDC, EMA, and CHAFEA). In order to be ready to implement the new legislative framework on NPS,

the EMCDDA will revise the working arrangements it has with Europol, EMA and ECDC and conclude new ones with ECHA and EFSA. The role of the EMCDDA within the JHA area has been strengthened through its chairmanship of the JHA network in 2017. Further working arrangements with JHA agencies, such as CEPOL, will be explored as well as potential areas of strategic and common interest embarked upon, e.g. collaboration and joint outputs with other agencies, such as FRA and Frontex on topics of common interest (e.g. money flows, gender issues and migration).

The EMCDDA also cooperates with numerous international partners, often within the framework of formal cooperation agreements, which translate into practical joint work programmes. The overall objective of this cooperation is to develop a better understanding of the changing drugs phenomenon worldwide, but also the provision of data and sound analysis to the international reporting systems in order to support the development of coherent information standards and data collection systems. As a consequence, in 2018–20 the EMCDDA will continue monitoring international developments and trends as well as strengthening the information and knowledge exchange with global partners (mainly the UN family: UNODC, WHO, UNAIDS, but also other partners, such as the Pompidou Group). This work will be driven by the new EMCDDA International Cooperation Framework to be adopted in 2017.

Based on past success, further input into the EC regional programmes (e.g. COPOLAD, CADAP) will be provided on request and in line with the agency's mandate, priorities and available resources. Data produced by these programmes will feed into EMCDDA reporting and assessments on an ad hoc basis, according to their quality and relevance.

Subject to the availability of appropriate resources, new partnerships will also be pursued and further cooperation with scientific and civil society networks will be sought.

2.7 Corporate area Governance

The EMCDDA Strategy 2025 sets up the direction of travel for the agency in the long run. This high-level document also defines the priority actions to be taken at a management level in order to ensure that the organisation has the capacity to deliver quality services to its stakeholders, thereby achieving its strategic objectives.

These actions, which will be implemented under different areas of this PD (Governance, Quality assurance, Administration and ICT) belong to the Business driver 'Management', and they are focused on ensuring that:

- the new organisational structure put in place in 2017 becomes stable and that it functions at optimal level;
- the priorities defined in the Strategy 2025 are properly resourced and these resources are used efficiently;
- the managerial performance is adequate at all levels;
- the EMCDDA staff benefit from a sustainable training and development programme, which allows them to perform well and to be motivated and committed to contributing fully to the agency's long-term goals and objectives.

One crucial element for scaling up corporate performance is the existence of a reliable planning, performance measurement and reporting system. This function will continue to play the fundamental role of ensuring that the core elements of the new strategy will be transposed to operational level. This includes fully aligning the programming documents to the Roadmap 2020, in line with the EMCDDA integrated strategic and operational framework (ISOF) which is part of the Strategy.

Further developing a sound performance management system will be another priority for the Governance area. This will include necessary improvements to the quality of the Key performance indicators (KPIs – see Section III – EMCDDA work programme 2018), as well as the development of a project management culture at the EMCDDA. To this end, a new initiative – Project Management Programme (PM-P) – will be implemented by the agency, with the aim of ensuring that the EMCDDA reaches key milestones set out in the Roadmap 2020. The PM-P will include the setting up and implementation of a corporate project management methodology, supported by a management information system (MIS). After some exploratory work, the Project Management^2 (PM^2) methodology, which has been developed and is being used by the European Commission and by other EU Agencies, has been selected by the EMCDDA for its PM-P.

The fourth external evaluation of the EMCDDA will be carried out by the European Commission in 2018. An action plan to follow up on the recommendations arising from this important exercise will be prepared and submitted to the Management Board for adoption in 2019 and necessary measures will be implemented as appropriate.

Furthermore, the first Roadmap within the Strategy 2025 will come to an end in 2020; therefore, an assessment of the results achieved will be performed and the outcome will inform the preparation of the second Roadmap, for 2021–25.

Finally, the EMCDDA will continue to strengthen its internal control measures in line with the internal standards

for effective management and control adopted by the Management Board in 2010.

The recommendations arising from the audits performed at the EMCDDA will be closely followed up on and implemented in line with the action plans adopted by the Management Board.

2.8 Corporate area Administration and ICT

Administration

In 2018–20 the EMCDDA administration function will continue to make a significant contribution to the overall organisational performance of the agency. The purpose of this function is to ensure that the implementation of activities planned across the different areas of this multi-annual Programming Document is supported by effective and efficient management of available resources. At the same time, the administration function has the critical role of providing the actors of the EMCDDA's governance and executive management with appropriate information and instruments to support sound decisions. The better integration between the operational and resources planning in the PD exercise will facilitate this.

The definition during the 2018–20 period of the next possible EU Multi-annual Financial Framework will affect the EMCDDA's resources and activities as well as the operations required for planning and managing available resources.

At the heart of the EMCDDA's activities are its human resources. The agency employs some 100 staff from 17 EU countries with wide-ranging and highly qualified professional backgrounds. Ensuring that appropriate processes and tools are in place to allow efficient management of these resources is therefore a key objective and will continue to encompass the following priorities:

a) Ensure the smooth implementation of the relevant management processes (e.g. rules of employment, individual rights and obligations, recruitment and personnel planning, work-related entitlements);

b) Implement effective measures for professional development of the staff, with a focus on enhancing managerial skills at middle-management level; in particular, these measures will be designed to support the implementation of the new EMCDDA long-term strategy (see also Corporate area Governance);

c) Streamline and optimise the HR management processes. Depending on the resources available, this will involve maintaining and further developing appropriate ICT solutions.

As far as the management of budget is concerned, the objective will be to continue to ensure effective and timely planning, monitoring and execution of the EMCDDA budget, in line with the organisational priorities and the existing constraints, and pursuant to activity-based management and activity-based budgeting (ABM and ABB) principles. A key target will be to maintain the excellent level of performance achieved in the budget execution in previous years, and improve it where still possible. Efficiency of all related processes will be pursued, namely by making increased use of digital solutions.

Safety at work is paramount for staff wellbeing, and hence organisational performance. In 2018–20 the agency will implement further measures to ensure a safe work environment. Furthermore, efficient use of the EMCDDA infrastructure will continue to be a priority with special attention paid to controlling utilities-related costs over the next three years and to building possible further synergies with EMSA. In line with the policy in place at the EMCDDA, this will be complemented by environmentally friendly measures, including promoting the use of renewable energy.

Information and communication technology (ICT)

ICT programmes and services are planned to support the agency's core developmental objectives and to guarantee the smooth operation of all the services provided. In line with the overall EMCDDA strategic development framework for 2018–20, the priorities in the ICT area will be to:

a) Implement and support core business and corporate projects and processes: this component will support the core work processes of the agency, including data collection and analysis, development and dissemination of EMCDDA outputs, and corporate processes, including business planning and monitoring and other corporate support practices and tools.

b) Provide a continuously stable environment that supports existing basic and advanced services: ongoing service and infrastructure management, which ensures business continuity and allows the EMCDDA to operate in a stable and protected ICT environment.

c) Measures will be put in place to ensure compliance with best practice in project management, as well as to reduce ICT risks in terms of methodology, governance and technology, in line with the outcomes of the relevant audits carried out in previous years by the Internal Audit Service (IAS), namely the audit on ICT project management (2015) and the audit on Business Continuity (2016) respectively. To this end, applying best practice in management (including project management) and technologies will be a transversal priority that will cut across the work carried out in this area.

ICT will also provide support, as required, for any other activity that may be added to the planning as consequence of the development of EMCDDA activities. The internal ICT Steering Committee, which was formally introduced as a governance body for this important area, will define, prioritise and monitor the ICT work programmes, projects and service portfolios, as well as performance aspects, and will help define, prioritise and monitor regulatory compliance and the related risks.

3. Human and financial resources outlook for 2018–20

3.1 Overview of the past and current situation

Significant growth of some of the existing tasks can be anticipated in the three-year period concerned, particularly in the area of monitoring NPS (See KA 2). New tasks will be added, due to the formal request addressed by the Swedish Government to the EMCDDA in 2015 to fully assume the coordination of ESPAD (see KA 3).

Nevertheless, the EMCDDA has complied with the requested reduction of its staff as per its establishment plan reducing an additional post from the authorised establishment plan in 2016 (80 posts authorised in 2015, 79 posts in 2016), two additional posts in 2017 (77 posts authorised) and one more post in 2018 (76 posts authorised).

The EMCDDA has redeployed resources to adapt to the growing demand for additional tasks although they have not been formalised in its founding Regulation. This has been done in order to try to maximise the existing limited resources to provide the best output possible.

Further information on the allocation of human resources is provided in table 1 in Annex II, and in table 1 in Annex III.

3.2 Resources programming for 2018–20

3.2.1 Financial resources

The outlook for the budget/financial resources over the concerned period reflects, as a reference, the scenario resulting from the EC Communication to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–20 (COM(2013) 519 of 10/07/2013, without prejudice to the possible revision of this programming and to the needs for supplementary resources, as required to cope effectively with additional and new tasks (see here below).

More detailed data can be found in the tables in Annex II.

3.2.2 Human resources

New tasks

An important development has been the scaling up of the support provided by the EMCDDA to the ESPAD (European School Survey Project on Alcohol and Other Drugs) group. This is the largest cross-national research project on adolescent substance use in the world, which covers more than 40 European countries and provides a valuable source of longitudinal data on drug and alcohol trends. Following an agreement endorsed by the EMCDDA Management Board in December 2011, the agency has been hosting ESPAD coordination since January 2013 and a joint EMCDDA–ESPAD work programme was developed in 2014.

In 2015 however, the Swedish Government addressed a formal request to the EMCDDA to fully assume the coordination of the project. Though the EMCDDA Management Board and the European Commission have acknowledged that the agency is an appropriate institutional home for the study, the EMCDDA does not currently have the financial means to ensure that role. In 2016, the agency could only allocate resources for the necessary coordination activities, for hosting the website and the database and for the publication of the 2015 ESPAD Report. In 2018, the increased role of the EMCDDA for the coordination and development of ESPAD activities is expected to require adequate supplementary resources to enable the EMCDDA to effectively cope with additional operating needs and workload. In particular 2018 will be a year of critical importance for the preparation and launch of the new ESPAD 2019 data collection round. For this purpose additional work and activities will be required: to review, test and develop the new data collection methods and instruments (questionnaire) to be applied; to put in place measures for quality assurance; to carry out capacity-building activities

in order to ensure effective and significant participation to the exercise. In this context the EMCDDA will also need to develop its internal capacity to better deal with remote data submission and analysis on polydrug use and alcohol. It is estimated that all these additional needs and workload will entail in 2018 supplementary budget needs for about EUR 310 000, which should be provided by the EU 2018 budget via a corresponding increase of the EU 2018 subsidy to the EMCDDA. In particular these supplementary resources should allow for the engagement of one additional contract agent and enable the EMCDDA to cope with the expected supplementary cost entailed by additional needs for technical meetings and surveys/studies (namely for provision of external expertise and support, as required).

Growth of existing tasks and additional tasks

The most dynamic and rapidly growing area of work for the EMCDDA is monitoring and responding to NPS (see KA 2 for details and most recent figures). Most of this work is focused on the development, management, and coordination of the EU EWS and risk assessments — legal tasks which the EMCDDA has been responsible for since 1997. These two major activities, along with EU-level control measures, represent the three pillars (Council Decision 2005/387/JHA) which underpin Europe's response to these new substances, allowing the EU and the Member States to rapidly identify, understand, monitor, and react to the public health and social harms that they can cause.

The workload in this area has increased dramatically in the past few years due to the massive increase in the number and availability of NPS appearing on the market. This has led to an increase in data being reported to the EMCDDA through the EU EWS and identified from open source information. This includes large increases in reports of seizures by law enforcement and acute poisonings, deaths, and chronic harms by health agencies. As part of the EU EWS signal management system, these reports have to be collated, validated, assessed, and prioritised in a timely manner, in order to produce a recommendation for action with respect to early warning activities, such as public health alerts and Joint Reports, as well as risk assessment.

The new proposed legislation (Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation EC No 1920/2006) was adopted on 24 October 2017 and it will replace the Council Decision 2005/387/JHA from 2018. The 2005 legal instrument entails well-defined and tight deadlines for all the tasks covered therein. The legal deadlines stipulated by the proposed new regulation however are at least twice as short, e.g. 2 weeks for collecting data from the Reitox national focal points, 5 weeks for drafting the initial report, 6 weeks for preparing a requested risk assessment. In addition, the new regulation foresees the inclusion of new tasks, additional information and new working procedures in the operation of the EWS and RA.

Significant resources are also required to ensure the replacement of the ageing European Database on New Drugs (EDND), Europe's information hub on new substances (see CA A), with a next-generation information system that can meet the growing needs of the EU.

The Director presented for adoption to the Management Board in December 2016 a long-term strategy for EMCDDA activities and operations up until 2025, 'EMCDDA Strategy 2025'. The strategy is based on an analysis of the information needs of two key groups of customers to be treated on an equal footing by the agency — the EU Institutions and the national policymakers — while exploring how to better address the needs of professionals working in the field.

Together with the EMCDDA Strategy 2025, a new organisational structure for the agency was adopted by the Management Board. This new organisational chart was prepared with the objective of maximising the use of the agency's human and financial resources, while allowing for economies of scale where possible. This is with a view to supporting the implementation of the new strategy and ensuring delivery of the expected results.

Efficiency gains

As far as efficiency gains are concerned, and as it results from the EMCDDA past and present performance in the use of assigned resources, the EMCDDA is committed to constantly improving the effectiveness and efficiency of its activities and to maximising the use of its resources.

In this context, the EMCDDA pursued its action to further rationalise and reduce the running costs of its premises, namely through measures aimed at reducing energy consumption in order to offset the impact of the extension of staff working time pursuant to the entry into force of the revised Staff regulations (e.g. installation of solar shading on glass areas; A/C switches in windows; intelligent lighting system; optimisation of heating and cooling cycles of EMCDDA premises). These measures have resulted in a reduction in the relevant consumption of about 10% compared to previous years (at the end of 2015), which has entailed savings of about EUR 16 000 in utilities-related costs.

The cooperation and synergies with EMSA have been intensified beyond the cooperation/synergies resulting from the implementation of the agreement in force between the EMCDDA and EMSA to share the use of common areas in the compound where their headquarters are seated (namely canteen, underground parking, and conference facilities). Further cooperation and synergies have been developed, in a common effort to proactively exploit the opportunities provided by the geographical proximity of the two agencies, while safeguarding the autonomous legal personality and capacity assigned to each agency by the EU legislator. These developments concern in particular the joint procurement of shared services to increase critical mass and get better conditions (e.g. for canteen and cafeteria, travel agency, interim staff, medical services), the joint organisation of training activities of common interest for the staff of both agencies, and the sharing of some services/bodies, such as the EMCDDA medical officer and the invalidity and disciplinary committees.

Further EMCDDA–EMSA synergies have been put in place in the ICT area, namely to share infrastructures and costs for telecommunications and internet-based services. This has brought efficiency gains and savings of around EUR 35 000 annually.

Negative priorities/decrease of existing tasks

Starting in its 2014 work programme, the EMCDDA has introduced a complex prioritisation exercise, which is carried out annually in the context of the planning exercise. This is based on the classification of activities in the work programme across three priority levels, from level 1 (L1), the highest priority ('must do') to level 3 (L3), the lowest priority respectively (see next section — Section III, 2018 WP: 'Executive summary'). The work programme also foresees different targets for these different levels, as follows: 100% for L1 outputs/results; 80% for L2 and 50% for L3 outputs/results.

Conclusion on evolution of resources compared to the Commission Communication 2014–2020

The EMCDDA considers that it has fully met the goals set in the Commission Communication 2014–2020.

The agency will do its best to deal with the growth of tasks and needs described above by maximising the use of existing resources and by giving priority, as much as possible, to internal redeployment. The request for necessary supplementary resources will target the residual supplementary needs that cannot be met through options for redeploying existing resources.

SECTION III
EMCDDA work programme 2018

1. Executive summary

This is the first annual work programme of the EMCDDA's PD for 2018–20. Due to the fact that 2018 is also the last year covered by the EMCDDA Strategy and work programme for 2016–18, this work programme maintains the architecture of the three-year strategic document, including the same areas of work and strategic and specific objectives.

The financial resources required for this work programme will be provided by the EMCDDA budget for 2018. In accordance with the relevant provisions, the EMCDDA budget becomes definitive when adopted by the Management Board and after final adoption of the general budget of the EU, in which the amount of the agency's subsidy will be fixed. For planning purposes, the 2018 work programme has been drafted based on the parameters of the 2018 EMCDDA preliminary draft budget, adopted by the Management Board in December 2016. This budget foresees a subsidy of EUR 15 445 600 for the EMCDDA. Should this forecast not be confirmed in the final EMCDDA budget 2018, adjustments will be required to the activities proposed here.

The 2018 work programme applies a prioritisation approach for the expected outputs/results, which is based on three levels (level 1 – L1; level 2 – L2; level 3 – L3) presented below:

L1	L1 tasks are 'must do' tasks which are time bound and critical for the agency to fulfil its institutional obligations. These tasks cannot be scaled down, removed from the work programme or postponed to future years without compromising the core performance of the agency.
L2	L2 tasks are necessary to achieve the key commitments and fulfil the strategic objectives set out in the 2016–18 work programme. In the event of resources constraints generated by external or internal factors however, these tasks could potentially be scaled down or delayed without affecting the ability of the agency to deliver its L1 results in the current work programme.
L3	L3 tasks are mostly developmental tasks, or new analyses, which are necessary for the agency to maintain an up-to date understanding of the European drug situation in the medium term; however, in the event of resources constraints, they could potentially be scaled down or postponed without a significant impact on the ability of the agency to deliver its L1 and L2 results in the current work programme. Some L3 tasks also refer to desirable and valuable activities such as joint initiatives with third parties; these appear viable within the current planning framework, but could be postponed or cancelled if resources prove to be insufficient.

2. Activities

2.1 Key area 1: Communicating evidence and knowledge exchange

The EMCDDA will continue to develop its monitoring of drug-related information, both quantitative and qualitative, to inform the analysis presented in its broad range of publications. Existing processes and collections will be reviewed and new methods investigated to ensure the EMCDDA can continue to provide timely, evidence-based analyses of the drug situation (presented under KA 2 and KA 3).

In 2018, the EMCDDA will publish the annual European Drug Report (EDR) package. The 2018 EDR will include the now established Trends and Developments report and the repository of data for the regular monitoring of illicit drugs, the Statistical Bulletin. National data will be published in the form of 30 Country Drug Reports, which serve as the national companion to the Trends and Developments report.

In addition, in 2018, in line with policy requests and needs, the EMCDDA will produce other smaller analyses based on emerging topics and geographical developments. Threat assessment reports and alerts, designed as rapid and focused products that provide immediate dissemination of critical information relevant to safeguarding public health and safety will also be prepared. These will include (as appropriate): joint analyses (with Europol and/or ECDC), an update on latest developments in infectious diseases and health risks through drug use; as well as outputs related to the implementation of the applicable legal framework on NPS (see KA 2).

The agency will also produce focused online analyses, thematic outputs and updates on topical developments and emerging issues. The 'Policy alerts system', which was launched in 2016, will be maintained; as part of this system, the agency will continue to monitor news alerts related to policy-relevant cannabis topics (legislation in Europe, models of supply, coordinating offices in third countries, evaluations of implemented systems), analyse them and produce targeted messages and brief objective summaries for the group of key policymakers who have subscribed to the system. The EMCDDA will also maintain the public web page with key outlines of EU and third country cannabis policies, hosting the summaries and links. Furthermore, policymakers and professionals alike will also benefit from the new web area on

drug policy evaluation, which was launched in 2017 to better inform and support drug policy evaluation. This new web area provides access to a wide range of materials, including the 7-step guide to support the commissioning and managing of evaluations. The web area, which links to additional resources, is targeted at EU and national drug policymakers and planners as well as researchers and professionals working in the drugs field.

Social and multimedia channels will be increasingly used for giving information on EMCDDA activities and results. For the more sensitive areas of our work, restricted circulation alerts and analyses will be produced for specific customer groups.

In terms of services, the main EMCDDA institutional customers are its key stakeholders: the EU institutions (European Parliament, the Council of the EU and the European Commission) and the EU Member States.

At the level of EU institutions, in 2018 the agency will increase its support to sound policymaking through high-quality technical input to requests, events, processes and relevant institutional meetings, as appropriate and when required. In particular, support will be provided to Bulgaria and Austria, the hosts of the EU Presidency during 2018. With regard to the EC, this work will mainly involve providing support to DG HOME in the field covered by the agency's mandate, and in cooperation with other DGs as necessary (e.g. DG SANTÉ and DG NEAR), through timely responses to requests and participation in events and EC processes (such as contributions to subcommittee meetings with third countries, EC conferences, steering groups, working groups, selection committees, contribution to the EU progress reports, etc.). Priorities here include providing support to the monitoring of the implementation of the EU Action Plan 2017–20, to the EU enlargement strategy and the transfer of the EMCDDA knowhow, as well as to consolidating the EU position for 2019 high-level political declaration (or UNGASS) and in UN fora, namely at the Commission on Narcotic Drugs (CND). The EMCDDA will continue to support the Policy cycle on organised crime and provide expertise on the European Multidisciplinary Platform against Criminal Threats (EMPACT) drug priority areas and obligations arising from the EU Agenda on Security 2015–20 and from the Global Strategy for the European Union's Foreign and Security Policy. The EMCDDA website will continue to include information on drugs policy covering national and European legislations, strategies and action plans, coordination mechanisms, evaluation processes and costs. The EMCDDA will also continue to contribute to the work of the Council's working groups, such as the horizontal working party on drugs (HDG).

At the level of EU Member States, the EMCDDA will endeavour to improve the countries' understanding of how their national situation fits in the EU context /situation (e.g. through the publication of the Country Drug Reports), as well as to use the information available at the agency on the national situation to anticipate the policy and technical support needs of the EU Member States and prepare in advance the provision of services to the respective national authorities. To this end, the EMCDDA will continue to support countries on the evaluation of their policy documents and transfer knowledge where appropriate, including in a training format. Finally, the national authorities of the EU will be provided with information about the drugs situation in CC and PCC, further integrating data from these countries in some EMCDDA outputs and reports, in order to facilitate a holistic analysis and identify and anticipate threats.

As regards third countries, especially the CC and PCC and the neighbouring (ENP) countries, the EMCDDA will continue to provide technical support to the EC as far as relations with these countries are concerned. This will include the successful implementation of the technical assistance projects funded by the EC (IPA 6 and ENP 2, subject to approval of funding by the EC). Furthermore, the agency will continue to support the EC (as requested) in the implementation of EU drug-related regional programmes, such as CADAP and COPOLAD II. The agency will also pursue the promotion of the EU approach for drug monitoring and best practice dissemination through translating key EMCDDA methodological documents for non-EU countries, through training activities and through translating EMCDDA publications in CC and PCC languages to increase visibility of EMCDDA activities in the region.

Enhancing knowledge exchange will be an ongoing task in 2018. Among others, it will involve the further dissemination of best practice, in line with needs and available resources as well as the delivery of capacity-building and training activities to our different audiences.

Identifying best practice and effectiveness of interventions across the EU and beyond is a key area for the EMCDDA, the main dissemination channel of which is the Best practice portal (BPP). In 2018, existing modules will be kept updated and new modules will be added building on the thematic approach developed for the 2017 European Responses Guide. A conceptualisation exercise will be conducted to allow the better integration of criminal justice related issues such as alternative to coercive sanctions, and responding to drug problems within the prison settings.

The EU's approach to drug monitoring and best practice dissemination will continue to be effected through translating key EMCDDA methodological documents for non-EU countries. Another effective means of disseminating best practice is through training activities. These will include training for professionals including Reitox Academies in EU Member States and third countries, and training carried out in cooperation with other partners, e.g. academia or CEPOL.

Regarding the latter, the EMCDDA will contribute to the capacity-building activities contained in the 2018 EMPACT Operational Action Plans. These include training on drug markets, based on the curricula developed jointly by the EMCDDA and CEPOL in 2017.

Furthermore, the EMCDDA will provide support to the implementation of a European training module for prevention providers (UPC_Adapt).

In 2018, the EMCDDA will continue to disseminate its findings via a range of direct communication channels. This includes attendance at key events, such as conferences, technical meetings, professional networking events, on-demand external visits, etc.

Strategic objective:

Serve as European central reference point for drug-related information and analysis, and through doing so provide policy and practice with better evidence for decision-making and action

Specific objective 1.1:

Inform policy and practice by providing timely and high-quality data, strategic and situational analyses and threat assessments

Expected outcome:

Better and more informed policy and practice through the provision of timely and high-quality data, strategic and situational analyses and threat assessments

Outputs/results:

Comprehensive annual situation assessment of trends and developments in drug use in Europe:
2018 European Drug Report (EDR) package:
- 2018 European Drug Report (EDR): Trends and Developments published (L1)
- 2018 Statistical Bulletin published online (L1)

30 2018 Country Drug Reports (CDRs) published (L2)

State-of-the-art strategic analyses on established and emerging challenges:
- Focused strategic analyses (short and policy-oriented, topics defined by need) (L2)

Threat assessment reports (event generated):
- EMCDDA–Europol Joint Report(s) on NPS (L1)
- Risk Assessment Report(s) on NPS (L1)
- Joint threat assessments and alerts (e.g. with Europol, ECDC) (L2)

Topic overviews and updates on important established or emerging issues (online or printed), e.g.
- Trendspotting case study and other rapid communications (L2)
- Policy alerts system (L2)
- Drug-related homicide in Europe (L2)
- Captagon report (L2)
- Patterns of polydrug use (including alcohol and misuse of medicines (L3)
- Prevention systems in Europe: drug specific and generic (L3)
- Comparative analysis of access, quality and prevention of diversion of opioid substitution treatment in Europe (L3)
- E-health and m-health interventions for reducing drug use and associated harms (L3)
- Analysis of practices of post mortem toxicology of drug-related deaths cases in Europe (L3)

EMCDDA–Europol Annual Report on the implementation of the applicable legal framework on NPS (L1)
EWS guidelines (L1)
EWS update 2017 (L2)

Other joint publications (subject to agreement):
- Cooperation with UNODC–WHO on standards field testing (L3)
- Cooperation with the Pompidou Group, on women (L3)
- Joint guidance with ECDC on the prevention of communicable diseases in prison settings (L3)
- Drug treatment systems in the Western Balkan region with UNODC and WHO (L3)

Scientific articles in high impact journals (L2)

KPIs	Targets 2018
KPI 1.1.1. Timely production of major EMCDDA outputs	2018 EDR package launched as planned Draft third edition of the *EU Drug Markets Report* (for publication in 2019) (see KA 3)
KPI 1.1.2. Efficiency in delivering key outputs	Key milestones defined and used for monitoring and follow-up actions (as appropriate)
KPI 1.1.3. Publishing of scientific articles in peer-reviewed journals	Impact score 20 or higher (impact score = the journal impact factor x the number of scientific articles published in 2018)
KPI 1.1.4. Use of the EMCDDA's key online resources	Targets for accessing key resources set up based on 2017 baseline data, and met

Specific objective 1.2:

Provide support for relevant European and national-level policy and technical activities and meetings (knowledge exchange, institutional support, technical backstopping) (request and resource dependent)

Expected outcomes:

- EU institutions-related activities supported by the EMCDDA within the context of its mandate and available resources
- EU Member States supported by the EMCDDA within the context of its mandate and available resources

Outputs/results:

- Input to EU institutions-related activities (e.g. reports, briefings, analyses), including:
  - Implementation of the 2017–20 EU Drug Action Plan (L1)
  - European Agenda on Security 2015–20 (L1)
  - Support for the EU Policy Cycle on Organised and Serious International Crime, in particular through appropriate tasks with the Operational Action Plans on drug priorities and the development of multi-annual strategic plans, as well as through contribution to the Serious Organised Crime Threat Assessment (L2)
  - Activities with third countries (L2)
  - Other policy initiatives within areas relevant to the EMCDDA (e.g. infectious diseases including HIV/AIDS prevention, alcohol and behavioural addictions, misuse of medicines etc.) (L2)
  - Support for EU-funded research including input to the Annual dialogue on research of the HDG and the dissemination of findings (L2)
  - Data exchange and technical cooperation with the UN System and appropriate technical backstopping to support the EU in external dialogues with international bodies and third countries (L2)
- Input to Member State-related activities (e.g. information requests and technical input to national initiatives) within established priorities and available resources (L1)
- Presentations at and/or input to key drug-related events (L2)

KPIs	Targets 2018
KPI 1.2.1. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU institutions and Member States)	a) List of institutional meetings established and minimum 90% of events attended
	b) 100% of the requests for input/advice from key institutional stakeholders assessed and responded to within three weeks
	c) 100% of the requests to visit the EMCDDA received from EU institutions and national authorities from EU Member States fulfilled

Specific objective 1.3:

Identify, promote and monitor evidence-based responses and best practice

Expected outcome:

Better and more informed policy and practice on effectiveness of interventions in drug demand reduction within the EU

Outputs/results:

- Best practice portal (BPP) kept up to date and enhanced with introduction of new modules (as appropriate) (L1)
- Appropriate follow-up to Council conclusions on minimum quality standards in drug demand reduction (L2)
- Interactive contents for mobile platforms (L3)
- Registry of evidence-based programmes and policies extended (L3)

KPIs	Targets 2018
KPI 1.3.1. Increase in the coverage of evidence provided by the BPP	BPP regularly updated in all the required areas and new modules introduced as appropriate

Specific objective 1.4:

Provide training and support capacity-building activities in the Member States and priority third countries (needs based and resource dependent)

Expected outcome:

Increased capacity for drug monitoring in the Member States and priority third countries through high-quality training provided by the EMCDDA

Outputs/results:

- Reitox Academies and workshops with EU countries and third countries (within the framework of the technical assistance projects) (L2)
- Training on strategic aspects of the European drug markets, for senior law enforcement professionals, in cooperation with CEPOL (L2)
- European drugs summer school in collaboration with the University Institute of Lisbon (ISCTE-IUL) (L2)
- Support to the implementation of a European training module for prevention providers (UPC_Adapt)(L3)
- Input on request to activities with partners (e.g. with WHO, Pompidou Group) (L3)

KPIs	Targets 2018
KPI 1.4.1. Level of satisfaction with the training provided by the EMCDDA via Reitox Academies (average score calculated based on all the training evaluation reports)	Minimum 80% satisfaction rate

Specific objective 1.5:	
Promote better understanding of and response to the European drugs problem through engagement with policymakers and practitioners, scientists and civil society	
Expected outcome:	
Better and more informed audience through direct communication (e.g. presentations at scientific and technical events, visits to the EMCDDA, social media, public enquiries)	
Outputs/results:	
■ Presentations at scientific and technical events (L2) ■ Increased use of social and multimedia communication channels for immediacy and wider reach (as compared to 2017) (L2) ■ Efficient public enquiry service (according to European Ombudsman guidelines) in the context of resource availability and operational priorities (L2) ■ Tailored information provided to visitors to the EMCDDA (L3)	
KPIs	**Targets 2018**
KPI 1.5.1. Contribution to major scientific and practice drug events	EMCDDA presentations delivered at minimum 70% of the relevant events
KPI 1.5.2. Responsiveness to public requests	100% of the public enquiries received are answered in line with the European Ombudsman guidelines
KPI 1.5.3. Audience reached through social and multimedia channels and products	a) Increased reach of audiovisual products (e.g. videos) (compared with 2017)
	b) Increased reach of social media channels (compared with 2017)

Specific objective 1.6:	
Communicate successfully with media	
Expected outcome:	
Well-paced news products resulting in news coverage of the EMCDDA's activities and results	
Outputs/results:	
■ Responses to media enquiries (written and oral) (L2) ■ Articles in media citing the work of the agency for key product launches (L2)	
KPIs	**Targets 2018**
KPI 1.6.1. Responsiveness to media requests	100% of media enquiries receive initial response within 2 working days

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
4 385 840.24	23.41

2.2 Key area 2: Early warning and threat assessment

Responding to NPS — EU Early Warning System and Risk assessment

In 2018 the EMCDDA, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol and the EMA, will carry on ensuring continuous and robust implementation of the EWS as provided for by the new proposed legislation Regulation of the European Parliament and by the Council amending Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on NPS (COM/2016/0547 final - 2016/0261 (COD)) which was adopted on 24 October 2017 and which will enter into force in 2018. The shorter deadlines stipulated by this new legislation will require even faster action to the emerging NPS and the harms associated to them. Key outputs of the system will remain rapid notifications and public health alerts on NPS, the exchange of forensic and toxicological analytical data, longer-term monitoring and analysis of health and social risks, monitoring and analysis of illicit and 'legal highs' markets, and a report on legal developments.

Further to the entry into force of the new legal framework, the reporting and monitoring tools and instruments necessary for implementing the information exchange mechanism including the Reporting Forms, the EWS progress and final reports, and the Joint Report questionnaires will need to be automated, interlinked and aligned. This will involve close cooperation with Europol. As a result of having structured data available, new trends analyses will be undertaken to inform the community and, in particular, international organisations. Adaptation to the new legislative instrument will also entail adaptation of all the standard operating procedures, including the risk assessment operating guidelines.

A key task in this area will be to continue to maintain and further develop the next-generation replacement of the EMCDDA European Database on New Drugs (EDND) which became operational at the end of 2016 (see CA A).

In 2018, the toxicovigilance system will be fully implemented and integrated into the EWS systems including the EDND. Coupled to the signal management system and risk communication system this will allow both public health alerts and non-urgent information to be issued to the EWS network and specific substances to be placed under intensive monitoring. In some cases this may also lead to formal action through a Joint Report, and, where necessary, a risk assessment. For the EMCDDA to meet the increased needs and demands arising from the phenomenon, at both national and EU levels, the identification, reporting and monitoring of serious adverse events will continue to be strengthened. This entails full implementation of electronic reporting and management of serious adverse events in the EDND.

In addition, building on activities carried out in 2016 and 2017, during 2018 the EMCDDA will implement and integrate into the other EWS systems its OSI monitoring and analysis system relevant to proactive early detection of signals of potential public health relevance, including data related to the NPS markets, serious adverse events reported through the media, drug user forums, social media, and the scientific and medical literature.

Where requested, risk assessments on NPS will be conducted under the auspices of the EMCDDA's extended Scientific Committee which includes also EU partners (Europol, EMA, the EC) and other experts. This activity always carries resource implications and risks associated with the lack of such resources. In recent years this concern has become more relevant due to the massive growth in availability of NPS in Europe and the related amount of information this generates both with respect to the increased number of substances monitored as well as the increased number of reported serious adverse events and other harms to health.

Based on the experiences gained during the pilot of the risk communication system during 2017 — which is used to transmit public health-related information on NPS, illicit drugs, and other substances of concern by the EMCDDA to the EU EWS Network and, where appropriate, to the public — the system will be revised as appropriate, and implemented and integrated into the EWS during 2018.

Further activities will be undertaken to improve the understanding and visibility of EU actions in the field of NPS.

Provisions of Article 28c of the pharmacovigilance (PhV) legislation will continue to be implemented in close cooperation with the EMA, and the information exchange and cooperation between the two agencies will be further strengthened in line with the working arrangements in place.

The multi-annual strategic plan of the COSI Policy cycle on organised crime 2014–17 identified as a priority the production and trafficking of synthetic drugs (including NPS). In line with this plan, in 2018 the coordination between the EWS and the forensic and toxicological laboratory networks will be strengthened to increase sharing of information on NPS. A technical and procedural framework for sharing forensic data will be developed.

Where possible, active participation of the EMCDDA in EU-funded projects on NPS will ensure timely access to project results.

The mainstreaming of the NPS work within the overall reporting and analysis framework of the EMCDDA will continue in 2018. A priority here will be to follow up on epidemiological information on the use of NPS and developments in the responses area, including legal responses (see KA 3). Some ongoing technical work will also be required in order to adjust current reporting tools to the demands of reporting on NPS topics.

The activities linked to the proposed new legislation that will replace Council Decision 2005/387/JHA are subject to the publication/adoption of the proposed new legislative framework. Furthermore, some activities are conditional on the EMCDDA's legal obligations under the Council Decision, for example requirements to undertake Joint Reports and requests for risk assessments, the number of which cannot be foreseen.

Emerging trends and threats

To improve the timeliness of reporting, it is of crucial importance that new and flexible monitoring tools complement the EMCDDA's core monitoring system. In 2018, the agency will therefore further develop and strengthen its system for monitoring and understanding new and emerging trends in drug use and drug markets.

A rapid information assessment manual will be available in order to improve analysis and assessment in this area (including systematised trendspotter methodology). This manual will be promoted in 2018 and used to train national experts for implementing trendspotter studies at regional level. Furthermore, the Trendspotter network, an expert network for rapid information collection and exchange, will be strengthened.

The trendspotter studies are one example of the EMCDDA's threat assessment tools. Equally important are the EMCDDA's joint risk assessments on emerging threats, including the close collaboration between EMCDDA and Europol as well as with the ECDC on the monitoring of all incoming information on the evolution and epidemiology of drug-related infectious diseases and outbreaks. In 2018, the EMCDDA will further develop the mechanisms for early warning/threat assessment in the fields of health consequences and responses by strengthening links with standing epidemiological networks. The agency will explore the use of innovative approaches to networking, including greater utilisation of online resources to facilitate communication and information exchange. In addition, options for strengthening surveillance capacity and increasing partnership with other expert networks relevant to monitoring the response to drugs problems (such as specialist hepatologist services, or relevant practitioner networks), will be reviewed to inform future developmental activities.

The EMCDDA will continue key activities for better integrating new methods and tools within existing monitoring routines. New substances and new patterns will be reviewed with the purpose of rapidly and efficiently including them in routine monitoring tools once their significance is established.

Wastewater-based epidemiology is one tool that can help achieve the EMCDDA's objective of improving the timeliness of reporting. The EMCDDA will therefore continue its successful collaboration with the Sewage analysis CORe group Europe (SCORE) group with the objective of strengthening the existing epidemiological toolkit by further integrating wastewater analysis into routine monitoring tools. This will be achieved among others by integrating data from wastewater analysis into the EMCDDA's Statistical Bulletin. The EMCDDA has been reporting on drug use in over 60 cities in Europe through wastewater-based epidemiology and efforts will be continued in 2018 to report, in a timely manner, trends in drug use based on wastewater monitoring campaigns.

Monitoring emergency room data will also be developed and the geographical coverage of the data will be improved. This will mainly involve consolidating and enlarging the sentinel network Euro-DEN; making best use of the data provided by the Workbooks; and carrying out cross-indicator analyses with DRD.

Another new tool that helps rapid reporting on new trends is the European Web Survey on Drugs. It is a useful tool for obtaining information from drug users in different countries in a quick and cost-effective manner, on amounts used as well as frequency of use and sources of supply. The pilot project that started in 2016–17 was evaluated in 2017 and is planned for further implementation in 2018.

In addition, the EMCDDA will continue its support for innovative methods for better monitoring new trends, including the analysis of syringe residues and pill testing. The two pilot projects in these areas, which both started in 2017, will be taken forward in 2018 to explore the potential of these tools to strengthen monitoring and to improve the timeliness of reporting on new trends. A multi-city pilot project was set up in 2017 with the aim of collecting data from used syringes to obtain a better geographical and temporal overview of substances injected. It can also reflect the reuse of syringes depending on the number of substances identified inside.

Furthermore, a meeting on drug consumption rooms (DCRs) will be organised in 2018 with a view to initiating dialogue and improving knowledge exchange. Multi-indicator data collected at local/city level, including the data from new tools such as wastewater and hospital emergencies, can pick up trends and provide useful information for timely reporting on new trends at European level.

Equally important is the exploration of new data sources for timely identification and reporting on emerging threats. One example here is the development of systematic tools for monitoring online drug markets and drug user websites. Through a combination of structured monitoring and analysis of the internet, the EMCDDA will provide a better understanding of the nature and scale of the online market and of new developments, at both consumer and supply levels, as well as providing early identification of new trends and threats. In 2018, two projects will be taken forward, including OSI monitoring in drug supply reduction (e.g. drug-related homicide) and the analysis of drug supply on darknet markets.

Strategic objective:
Support a rapid EU response to new threats by providing EU institutions and Member States with prompt and scientifically sound information for action on NPS and emerging drug trends

Responding to NPS — EU Early Warning System and Risk assessment

Specific objective 2.1:
Implement the provisions of the legislative framework on EWS and Risk Assessment in place in 2018
Expected outcomes:
■ Operational EWS and information exchange mechanism: ● NPS appearing on the EU drug market are detected, notified in a timely manner, systematically monitored, and action is taken as necessary (e.g. public health alerts are issued) ● NPS trends are identified and analysed ● EWS network is operational and supported by the EMCDDA ■ Scientific evidence on the health and social risks posed by the use of NPS provided to the Council and the Commission, on the basis of which further action on measures to control these substances at EU level may be taken (EU level risk assessment procedure is implemented, as required) ■ Strengthened early warning and response through an integrated and all-hazards approach to identifying, assessing, understanding, prioritising, and responding to signals of potential public health concern related to both NPS, illicit drugs, and other related substances of concern ■ Improved knowledge of the NPS market
Outputs/results:
■ Ongoing management of the EWS and information exchange mechanism, in compliance with the provisions of the legislative framework on EWS and Risk Assessment in place in 2018 (L1) ■ EMCDDA–Europol Annual Report on the implementation of the Regulation of the European Parliament and the Council amending Regulation EC No 1920/2016 which will replace the Council Decision 2005/387/JHA in 2018 (L1) ■ Joint Reports prepared as required (L1) ■ Risk Assessment Reports prepared as required (L1) ■ Annual meeting of the EWS Network (L1) ■ Guidelines, procedures, processes and tools progressively adapted to the new legislative framework and implemented (as required) (L1) ■ Toxicovigilance system, signal management system, open source monitoring system, and risk communication system implemented and integrated into the EWS (L2) ■ EU EWS publication series (updates and issues in focus) (L2) ■ Technical support to national early warning systems, forensic and toxicological networks (L2) ■ Expert meetings in the area of NPS (if required) (L2) ■ 6th International Conference on Novel Psychoactive Substances (L3)

KPIs	**Targets 2018**
KPI 2.1.1. Timely and quality implementation of the EWS and risk assessment mechanism on NPS, in line with the deadlines and quality criteria defined by Council Decision 2005/387/JHA (or applicable legal framework) and the applicable Standard Operating Procedures	a) Formal notifications on NPS and public health-related warnings issued to the EWS network
	b) Annual implementation reports submitted to the EP, the Council and the EC and published
	c) Formal reports (EMCDDA–Europol Joint Reports on NPS, and Risk Assessment Reports) submitted to stakeholders (as appropriate)
KPI 2.1.2. Contribution of the EMCDDA to policy decisions with impact on the public health of people living in the EU	All decisions concerning the control of NPS made by the Council of the EU and the EC in 2018 informed by the evidence provided by the EMCDDA

Specific objective 2.2:
Implement the provisions of Article 28c of the EU Pharmacovigilance (PhV) legislation
Expected outcome:
Effective information exchange with EMA and the EU PhV system including timely identification and transmission of signals of potential public health relevance in response to NPS which are medicines
Outputs/results:
■ Formal notifications and public health-related risk communications (L1) ■ Responses to formal information requests from the EMA (L1)

KPIs	**Targets 2018**
KPI 2.2.1. Timely and quality implementation of the provisions of Article 28c of the EU Pharmacovigilance (PhV) legislation	Information exchanges with the European Medicines Agency and issuing of formal notifications and public health-related risk communications on NPS that are medicines carried out in a timely manner according to relevant standard operating procedures and potential public health risks.

Specific objective 2.3:	
Support the use of EU data and analysis on NPS in activities at international level (in line with reporting obligations and existing Memoranda of Understanding), and support third countries in building national EWS (contingent upon resources)	
Expected outcomes:	
■ Synergies at international level and reduced reporting burden on the EU Member States ■ Enhanced capacity of priority third countries (mainly CC and PCC) to design and operate an EWS at national level and to meet EU standards and requirements when applicable	
Outputs/results:	
■ Data exchange with international bodies (e.g. UNODC, WHO Geneva) to support prioritisation, scheduling discussions and information exchange activities (L2) ■ Technical support for other third countries (L3)	
KPIs	**Targets 2018**
2.3.1. Timely and quality contribution to the WHO and UNODC expert meetings and fora	a) WHO Geneva: data for prioritisation on NPS for the WHO's Expert Committee on Drug Dependence annual risk assessment meeting (provided on request)
	b) UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme: ● List of newly notified NPS transmitted twice a year (on request) ● Aggregated data on NPS transmitted once a year (on request)

Emerging trends and threats

Specific objective 2.4:	
Timely identification of emerging threats through the use of rapid information assessment methods and systems	
Expected outcomes:	
Emerging trends and threats captured and reported in a timely manner: ■ Rapid and in-depth assessment of new threats as required ■ Improved rapid information collection and exchange in the field of drug use, harm and responses implemented	
Outputs/results:	
■ Trendspotter studies prepared as required (L2) ■ Rapid Information Assessment manual available (systematised trendspotter methodology) and regional trendspotter training undertaken (L2) ■ Joint threat and risk assessments and/or briefing notes on emerging threats prepared as required based on operational needs and requests of stakeholders (L2) ■ Trendspotter network, including online key informants, operational (L3)	
KPIs	**Targets 2018**
KPI 2.4.1. Timely identification and reporting of emerging trends and threats	Rapid assessment and communication of new threats (when triggered)

Specific objective 2.5:	
Develop and further systematise new methods and tools for timely and sensitive identification and reporting of new threats	
Expected outcomes:	
■ Findings from wastewater analysis incorporated into EMCDDA reporting in collaboration with the SCORE group ■ New patterns of use and new analytical methods better incorporated into routine data collection methods and tools ■ Improved understanding of drug supply on darknet markets ■ Increased surveillance capacity through strengthening links with specialist practitioner and technical expert networks	
Outputs/results:	
■ Findings from the 2017 wastewater monitoring campaign published (L2) ■ Conclusions of a second round of a web-based survey on the patterns of drug use (L2) ■ A new module of the web-based survey developed and implemented on the availability of drugs (L2) ■ Development of OSI monitoring, including in the EWS and other heath areas and in the drug supply reduction area (L3) ■ Results available from pilot exercise on syringe residues analysis (L3) ■ Expert meeting(s) on new monitoring methods (need and resource dependent) (L3)	
KPI	**Targets 2018**
KPI 2.5.1. Availability of new methods and tools for rapid monitoring	Internet monitoring tools in place Systems for monitoring and analysis of OSI developed

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
1 252 580.52	7.03

2.3 Key area 3: Situation, responses and trend analysis

Ongoing monitoring and analytical work will be carried out throughout the year and this will feed into the key outputs produced by the agency in 2018 (presented under the KA 1).

The EMCDDA has a distinctive, holistic and multidisciplinary approach to monitoring the drugs phenomenon. This includes the monitoring of drug demand (use in its different patterns) and of the harms associated with use, aspects of supply and availability, and also the monitoring of the measures taken to decrease demand and associated harms, as well as to reduce drug supply.

In 2018, continuous support will be provided for all KIs in order to: extend the data collection template to emerging areas (for GPS); increase the number of countries submitting individual estimates and improve comparability across countries, including the estimation of cannabis problem use (PDU); better integrate TDI data within an overall concept of treatment systems and capacity within Member States in order to address coverage issues still existing in some countries (TDI); support, where possible, the efforts of the national experts and focal points to address systematic under-reporting, coding and monitoring practice in some countries (DRD); and improve the availability and quality of estimates on prevalence, incidence and burden of disease of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) infection among problem drug users at national level (DRID), by working in close collaboration and pursuing synergies with ECDC.

A comprehensive triennial review of the implementation of the EMCDDA epidemiological indicators (KIs) in the 30 reporting countries will be conducted in 2018. This will assess the progress made since the previous review (2015) and will inform work priorities in this area for the following three-year period (2019–21).

As before, the knowledge base provided by the KIs will be supported by the EMCDDA's Reitox NFPs and other networks of experts that contribute their national expertise to the agency's European drug information and analysis system. Interaction with these networks is ongoing, through regular collaboration, including annual expert meetings organised by the agency at its premises in Lisbon. Defined quality criteria will be observed (see also CA B) to ensure that maximum value is obtained from these meetings. Rapid communication outputs will be produced to disseminate results.

Other smaller technical meetings on established or developmental topics will take place (based on needs and resources).

Following the publication of the ESPAD report in 2016, the EMCDDA will work closely with ESPAD principal investigators to exploit the current survey results and to coordinate the activities necessary for the next round of ESPAD planned for 2019. These will include: organising regional seminars; developing the questionnaire; and ensuring the production of national work plans. In addition, the EMCDDA will continue to support the development of ESPAD's web presence.

In the area of responses, further steps will be made towards improving our understanding of the coverage of treatment services across the EU. As part of the treatment data collection strategy, this will include cross-indicator analyses of access to drug treatment for specific sub-populations (e.g. opioid injectors) and its impact on health and social consequences (e.g. treatment outcomes, quality of treatment, diversion of medications). In the prison area, the adaptation of the European Facility Survey Questionnaire (EFSQ) for prison health services will be initiated in 2018 and the final modules of the joint guidance on the prevention of communicable diseases in prison settings (with ECDC) will be released (see KA 1). The internet provides a convenient means for obtaining services. Based on the results of the mapping of e-health and m-health applications for social and health responses to drugs, which was carried out in 2017, a methodological framework for monitoring internet-based interventions was developed; in 2018, this framework will be reviewed and fine-tuned to guide the future collection of more systematic information on this rapidly developing area.

Another rapidly-expanding area which requires the development of a systematic monitoring approach is responses to NPS. The methodological framework reviewed and fine-tuned in 2017 will now be implemented.

In the area of drug supply, full implementation of all the reporting instruments is planned and focus will be placed on improving the quality and coverage of data collected in the Member States.

In 2018, significant work will be carried out on the preparation of the third EU Drug Markets Report (for publication in 2019). Work on providing a second set of market size estimates for cannabis, cocaine, amphetamines, ecstasy and heroin will be also underway, for publication in 2019.

The EMCDDA will continue to fulfil its role as the repository of information on European and national research projects. Support to projects will be ensured (within the limitations of resources available), links to research findings will be provided and annually updated overviews of EU-funded and national drug-related research will be made available.

In 2018, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms and policy evaluations.

Ongoing monitoring of drug laws will be also carried out with a focus on emerging issues (e.g. cannabis, NPS, etc.). This will feed the Policy alerts system implemented to inform EU and national policymakers in a prompt manner (see KA 1).

The European Legal Database on Drugs (ELDD) will be maintained and the annual meeting of the Legal Correspondents will be organised, as way of further improving the sharing of knowledge and expertise among Member States. Topics addressed during the meeting will be driven by the pertinent needs of Member States or EMCDDA, in order to maximise the practical value to the network as well as the Agency.

In the area of monitoring the misuse of medicines in the context of polydrug use, progress will be achieved in cooperation with our Reitox partners, in line with the outcome of the discussions held among the Member States within the framework of the HDG and where necessary in consultation with the European Medicines Agency.

Strategic objective:

Provide a holistic picture of the drugs phenomenon, through an integrated and coherent core monitoring system

Specific objective 3.1:

Perform state-of-the-art monitoring necessary for European level assessment of the drug situation (core trends and developments in use, consequences and responses)

Expected outcomes:

- Data interrogation, taking into account relevant research and source material, to conduct situational and strategic analysis necessary for European-level assessment of the drug situation (core trends and developments in use, consequences and responses)
- Improved understanding of country-level data (contextual factors, methodological issues, configuration of responses)
- Implementation of monitoring tools optimised
- Maximised value obtained from expert meetings, through greater focus on surveillance, cross-indicator analysis and rationalisation of methodological and tool development activities
- Knowledge exchange and improved data quality through the maintenance of expert networks, including the participation of experts from third countries
- Improvements to quality, granularity and comparability of drug supply data
- Increasingly relevant description of drug laws and national and international policies, including information on evaluations and impact
- Data from third countries better integrated into the EMCDDA's analyses

Outputs/results:

- Quality monitoring and analytical work to inform key outputs (L1) and other EMCDDA outputs (L2/ or L3, depending on the outputs) (see also KA 1)
- Draft third edition of the *EU Drug Markets Report* (EDMR) (for publication in 2019) (L1)
- Implementation of the reporting instruments on drug supply and supply reduction:
  - Continuous improvement of data collection on drug seizures, drug-law offences and drug production indicators (L1)
  - Drug purity, potency and tablet content, and drug prices fully implemented (L1)
- EMCDDA Reference Group meeting organised (as appropriate) (L2)
- Annual meeting of the Legal Correspondents organised (L2)
- Analysis of drug supply and drug supply reduction data obtained from OSI (see KA 2) (L2)
- Triennial assessment of the implementation of the key epidemiological indicators in the Member States carried out (L2)
- Results of Workbooks data collection and projects completed in 2017 disseminated (L2)
- Multi-indicator analysis to allow cross-checking of findings and more sensitive detection of trends (L2)
- Preparatory work to support the ESPAD 2019 data collection round carried out (L2)
- ESPAD website maintained, analysis of existing data undertaken and coordination activities (including meeting) implemented (L2)
- Market size estimates revised for the 2019 EU Drug Markets Report (L2)
- Annual overview of EU-funded and national drug-related research consolidated with agreed website structure and country-level outputs (L2)
- Assessment of the implementation and results of the new EMQ modules (NPS, alcohol, medicines and perceived availability) (L2)
- Implementation of the first year (feasibility phase) of the multi-annual harm reduction initiative (L3)
- Expert meetings on established and developmental topics (resource dependent) (L3)
- Joint events and/or outputs with EU and international partners (e.g. ECDC, WHO) (resource dependent) (L3)

KPIs	Targets 2018
KPI 3.1.1. Relevance and consistency of reporting tools and instruments	2018 triennial review of all reporting tools carried out to ensure their relevance and consistency, and the EMCDDA reporting countries provided with feedback to support further implementation at national level
KPI 3.1.2. Level of progress in the implementation of supply indicators	Implementation as planned (in line with the Council conclusions on improving the monitoring of drug supply in the European Union adopted in 2013) for the indicators on: drug seizures; drug-law offences; drug prices; drug purity and content; drug availability in population surveys; market size estimates; and on drug production facilities (data collected by Europol)

Specific objective 3.2:	
Develop new tools and processes for drug demand and supply: situation and responses/interventions to ensure that monitoring capacity remains fit for purpose (developmental areas)	
Expected outcomes:	
■ Improved reporting in the areas of: ● Health-related responses to NPS ● Internet market ● Internet-based interventions ● Crime and supply reduction ● Polydrug use (including misuse of medicines, alcohol) ● Prisons	
Outputs/results:	
■ Methodological framework for monitoring internet-based interventions implemented (L3) ■ Methodological framework for monitoring responses to NPS implemented (L3) ■ Ongoing darknet markets monitoring (L2) ■ Expert meetings on developmental topics (resource dependent) (L3) ■ Framework for monitoring implementation of minimum quality standards operationalised (L3) ■ New analyses carried out to follow up on the recommendations of the 2016 EU Drug Markets Report (L3) ■ Framework for monitoring misuse of medicines in the context of polydrug use developed (contingent on the outcome of the discussions within the HDG) (L3)	
KPIs	**Targets 2018**
KPI 3.2.1. Availability of new methods and tools to monitor drug areas where information is currently insufficient (e.g. health-related responses to NPS, internet)	Information gaps addressed

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
3 019 730.33	16.84

2.4 Cross-cutting area A: Information collection and management

The annual information collection exercise

A major component of the EMCDDA's reporting system is the national reporting package developed and implemented in close collaboration with the NFPs. This reporting package incorporates data delivered through a set of standard instruments (the Standard Tables and the Structured Questionnaires) reported via Fonte, the main online data collection system of the agency, and a structured commentary on the drug situation (the Workbooks), reported via the Reitox extranet.

In 2018, Fonte will continue to act as the principal data collection instrument and data repository for the EMCDDA, but work will be carried out to prepare a major revision to the system, which is planned to commence in 2020.

Further progress will be made in coordinating the data received in the Workbooks with that received in the Structured Questionnaires and Standard Tables. Three years after their inception and having had two years with relatively minor changes to the structures of the Workbooks, in 2018 the workbook questions for delivery in 2019 will be reviewed to ensure they are fit for purpose. The work to establish the nature and form of a web-based output, which commenced in 2016, will be continued in 2018.

Another key task in this area will be to continue to maintain and further develop the next-generation replacement of the EDND which became operational at the end of 2016. The EDND is the main information and monitoring system of the EU EWS — acting as Europe's information hub on NPS — that allows secure electronic submission of data by the national early warning systems (NEWS) as well as advanced data management and search functionalities to users (see KA 2). Given the complexity of the system, the diverse data sources, and the need to integrate systems currently under development (the open source information monitoring system, toxicovigilance system, signal management system and risk communication system) the EDND is being developed and implemented using a phased approach. Building on the work undertaken during 2016 and 2017, by the end of 2018 it is expected that a series of modules will be operational, providing advanced technical functionalities to the EDND. This will include an advanced search module and query builder (a tool for building and automating search queries), report builder (a tool for automating production of data reports), and an electronic signal management system which integrates data reported from the NEWS and from OSI.

The EDND comprises a highly efficient and integrated approach to data collection, management, and use which in turn strengthens the EMCDDA's ability to manage signals of potential public health concern, providing the EU with real time and reliable situational awareness and early warning related to NPS and other substances of concern. In turn, this strengthens both preparedness and ability to respond at EU and national levels, and will help protect the health of people living in the EU.

Management of the Reitox network of national focal points

The main priorities for the EMCDDA in its work with the Reitox network were defined in the 2016–18 Strategy and work programme as follows:

a) Support the NFPs in the implementation of the annual reporting package. The NFPs will be associated to the annual update of the reporting tools and will be provided with feedback on the data delivered according to the quality criteria and quality assurance mechanisms (see CA B). The EMCDDA will look at helping the Reitox network to meet challenges related to data collection, control and analysis of data through the provision of scientific advice, technical support or training such as through the Academy training programme (see KA 1).

b) Strengthen the institutional capacity of the NFPs, in order to enhance their performance, both as core data providers for the EMCDDA and as reference points on drugs at national level. This will involve consolidation of the Reitox grant agreement system in order to ensure quality deliverables along with financial transparency of the EU funds used to that end. Furthermore, the implementation of the accreditation system for NFPs will help consolidate the work started in previous years. To this end, special training seminars on the accreditation tools will be implemented by the EMCDDA in 2018 for the interested NFPs who will be also provided with support for the first round of self-assessment activities.

c) Enhance knowledge exchange among the Reitox community and between Reitox and other partners, with a view to further developing synergies and improving overall communication. This will mainly be done by means of the annual meetings and the online communication platform (forum).

Furthermore, in 2018 the EMCDDA will support the implementation by the NFPs of the Reitox Network Development Framework (RDF) foreseen to be adopted by the heads of the national focal points in 2017. This RDF will contribute to enhancing the visibility, usefulness and ultimately sustainability of the NFPs at national level, and as a network at European level, and, as such, is likely to imply adaptations to the priorities identified previously in the 2016–18 Strategy and work programme.

Strategic objective:
Maintain the EMCDDA data collection and reporting system and ensure its validity, consistency, reliability and timeliness, including through the efficient management of, and support to, the Reitox network of national focal points

The annual information collection exercise

Specific objective A.1:	
Maintain and develop the computing tools to support the collection of data and information	
Expected outcome:	
Systems for data collection operational	
Outputs/results:	
■ Fonte reporting system and data warehouse maintained and further developed, including work on cleaning of the data and new tools for constructing templates (L1)	
KPIs	**Targets 2018**
KPI A.1.1. Efficiency of the data flow processes	a) Collection of data provided by the NFPs into Fonte completed using current templates
	b) Transfer of data from Fonte to the data warehouse completed
	c) Extraction of data to populate the Statistical Bulletin on the EMCDDA web page complete

Specific objective A.2:	
Maintain and develop the collection of data and information	
Expected outcomes:	
■ Effective management of the data received through Fonte from the NFPs, and support for its incorporation into EMCDDA outputs ■ National reporting package fit for purpose	
Outputs/results:	
■ Core monitoring data validated and processed into outputs (tables, graphs and infographics) to support EMCDDA publications, including the Statistical Bulletin (L1) ■ Workbook data collection evaluated and adapted for next submission (L1) ■ Workbook inputs adapted into appropriate EMCDDA outputs, including the Country Drug Reports (L2) ■ Structured Questionnaires and Standard Tables reviewed and updated in line with information demands of the agency (L2) ■ Progressive review of workbook questions ongoing (L2)	
KPIs	**Targets 2018**
KPI A.2.1. Effective revision of the data collection instruments	a) Consultations between EMCDDA and NFPs on the revision of the data collection instruments concluded
	b) Agreed changes implemented within the Fonte templates by April 2018, and within the Workbooks templates by December 2018

Specific objective A.3:	
Further develop and operationalise the EDND as the core monitoring tool of the EWS	
Expected outcomes:	
■ Strengthened capacity to identify and prioritise signals of harm of public health relevance to people living in the EU ■ Improved quality, integrity and management of the data ■ Functionality aligned to the requirements of the new legislative framework on NPS	
Outputs/results:	
■ EDND maintained and regularly updated (L1) ■ EDND further developed through additional functionality (L1) ■ EWS progress and final reports (L2)	
KPI	**Targets 2018**
KPI A.3.1. Functionality level of the EDND in line with the phased implementation of the project	a) Secure electronic submission and validation of the data through the system, including: • Event-based data • Biannual and annual national reports • Joint Report questionnaires
	b) Access to core data through the information system of the database given to relevant stakeholders (in line with the applicable policy for access levels)

Management of the Reitox network of national focal points

Specific objective A.4:	
Support the NFPs in the implementation of the annual reporting package and enhance knowledge exchange among the Reitox community and between Reitox and other partners	
Expected outcomes:	
■ Improved reporting capacity of the Reitox NFPs ■ Reitox NFPs benefiting from knowledge exchange activities coordinated by the EMCDDA	
Outputs/results:	
■ Core monitoring data provided to the EMCDDA's annual reporting exercise (L1) ■ Biannual meetings of the HFPs (L1) ■ NFPs provided with quality feedback (see CA B), technical assistance (e.g. Reitox Academies, see KA 1) and institutional support (where required) (L2) ■ Reitox Network Development Framework guided by the Strategy 2025 implemented in line with the established plan (L2) ■ Technical meetings (as appropriate) (L2)	
KPIs	**Targets 2018**
KPI A.4.1. Timely follow-up on the implementation of the national reporting packages in the countries	a) Reminders to ensure the deliveries of the national reporting packages sent to the NFPs a month before the deadline (i.e. 31 August for the ST and 30 September for the Workbooks), and within 2 weeks after these deadlines, in the event that the necessary deliverables have not been provided by NFPs
	b) Annotated summary of the NFPs deliveries prepared by 15 November for internal use
KPI A.4.2. Quality organisation of the HFP meetings	Biannual meetings of the HFPs organised in line with the established quality standards (i.e. all meeting documents made available to the NFPs two weeks prior to the meetings, and conclusions disseminated within four weeks after the closing of the meetings)

Specific objective A.5:	
Strengthen the operational and budgetary capacity of the NFPs to implement the grant agreements	
Expected outcomes:	
■ High level of performance in the implementation of the grant agreements ■ On-site grant agreement audits performed as needed and in line with resources, and bilateral feedback provided, with a view to ensuring compliance with the applicable EU financial rules and procedures ■ EMCDDA support to NFPs sustainability, via meetings with national stakeholders and other initiatives, on demand and as appropriate	
Outputs/results:	
■ 2018 grant deliverables (financial and narrative reports) provided in line with the applicable rules and regulations (L2) ■ Grant agreement audit reports (2 or 3 reports, depending on budget availability) prepared further to the audit missions carried out in selected countries, and made available to the European Court of Auditors (upon request) (L2) ■ Conclusions of support meetings with national stakeholders available (L2) ■ Reitox accreditation self-assessment tools made available to NFPs, for application on voluntary basis, with support from the EMCDDA (L2) ■ 28 bilateral feedback reports on the implementation of the 2017 financial year grants (L2) ■ 2018 grants contracts and related documents updated (L2)	
KPIs	**Targets 2018**
KPI A.5.1. Execution rate (commitments) of the grant agreements budget	95% of the available funding is committed for NFP grants
KPI A.5.2. Timeliness of processing of payment requests	85% of the balance payment requests, submitted complete and on time, are successfully checked and paid by 30 June of year N+1

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
4 267 500.47	14

2.5 Cross-cutting area B: Quality assurance

In 2018, the EMCDDA will continue to follow up on ways to improve the high quality of its analyses and outputs across all key areas of work. Efforts will focus on implementing the action plan which was put in place to address the recommendations from the 2017 IAS audit on the management of data collection, validation and quality assurance. Feedback on the information and data received in line with the annual reporting system will be provided to the NFPs and Workbooks will be reviewed to ensure that they remain fit for purpose (see also CA A).

Work on the overall data quality framework will be pursued and key meetings will continue to be organised in line with the EMCDDA quality standards to help maximise the analytical value of expert networks. Ongoing cooperation with non-EU countries will keep its focus on working towards ensuring compliance with EMCDDA standards for data collection and monitoring.

In 2018, measures for quality assurance in content production will be further developed and an IAS audit on publications management is planned to take place. The core content coordination and scientific writing tasks will continue, providing support for the drafting and development of key EMCDDA publications. A handbook for EMCDDA staff focusing on drafting scientific publications (piloted and revised in 2017) will strengthen the guidance on publication planning and quality assurance processes.

This also concerns the documentation of core processes and generation of online content using the content management tool, Drupal, and its integrated approval processes. The roadmap with main milestones for the implementation of this new content management tool will continue to be developed.

The members of the Scientific Committee will adopt a formal opinion on the EMCDDA PD 2019–21 and will continue to provide input on the agency's main projects and scientific publications, in line with the guiding principles for the review of selected EMCDDA publications. They will also continue to engage actively in the EMCDDA Scientific Award and contribute to the HDG's annual dialogue on research.

Finally, in 2018, the EMCDDA will chair the EU Agencies' Network on Scientific Advice (EU-ANSA), which promotes the cooperation between agencies on issues of common interest related to the provision of scientific and technical advice and operates under the tutelage and in support of the network of Heads of EU Agencies.

Strategic objective:
Ensure that the EMCDDA's tools, processes and outputs remain of high quality and fit for purpose through a process of continuous improvement and evaluation of efforts

Specific objective B.1.:	
Implement quality assurance mechanisms for EMCDDA core processes and outputs	
Expected outcome:	
Core activities are coordinated, resources are efficiently used, objectives are achieved and quality control of outputs is maintained	
Outputs/results:	
■ Internal scientific coordination meeting organised and communication tools maintained (L2) ■ Improved coordination and planning of outputs (Products Database updated) (L2) ■ Active contribution to EU Agencies Network for Scientific Advice (EU-ANSA), including as chairs of the network (L2)	
KPI	**Target 2018**
KPI B.1.1. Implementation of quality mechanisms to support the scientific activities	Quality standards and guidelines in place for key scientific processes and outputs (handbook)

Specific objective B.2.:	
Coordinate, prepare and organise the meetings of the Scientific Committee, follow up on the conclusions and recommendations and provide support to its work	
Expected outcome:	
Further enhancement of the scientific quality of the EMCDDA's work through the provision of support and guidance by the Scientific Committee	
Outputs/results:	
■ Provision of scientific input/advice (in the form of peer review, formal opinions, input to protocols, projects, products, etc.) by the Scientific Committee members (L1) ■ Agenda and minutes of Scientific Committee available on the public website; feedback on recommendations and follow-up provided at relevant meetings (L2)	
KPIs	**Targets 2018**
KPI B.2.1. Responsiveness of the Scientific Committee to the Director's and Management Board's requests	Minimum 70% of the requests met, out of the total number of requests received by the Scientific Committee members from the Director and the Management Board
KPI B.2.2. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks	Meetings of the Scientific Committee organised in line with the established quality standards (i.e. 100% of the supporting documents uploaded on the Scientific Committee extranet at least two weeks before the meetings (except for documents related to events occurring within this timeframe), and draft minutes of the meetings sent to the Chair within maximum two weeks of the close of the meetings)

Specific objective B.3.:	
Implement and review data/information quality assurance mechanisms for input, processing and output	
Expected outcome:	
Data/information quality assurance monitoring and review mechanisms are in place for all steps of the EMCDDA data/information lifecycle and underpinned by a data/information quality assurance framework	
Outputs/results:	
■ An information/data quality management framework is maintained and updated, when necessary (L2) ■ Quality standards for Workbooks available and updated, as necessary (L2) ■ Quality feedback on Workbooks provided to Reitox NFPs (L2) ■ Follow-up action plan resulting from the 2017 IAS audit on data management implemented and updated, as necessary (L2) ■ Documentation of data processing and analysis methods and of data flows available and updated, as necessary (L2) ■ Reports from key meetings contributing to enhancing the quality of data/information analysis made available to the relevant audience(s) (L2) ■ Guiding principles for the drafting of EMCDDA scientific publications maintained and updated as necessary (L2) ■ Up-to-date documentation for content production and sign-off (including online) available and updated, as necessary(L2) ■ Web publishing quality standards in place and documented (L2)	
KPIs	**Targets 2018**
KPI B.3.1. Provision of quality assurance feedback for the reporting system	Quality feedback reports provided to Reitox NFPs on their contributions under the reporting system
KPI B.3.2. Level of progress in the implementation of the quality assurance framework	Measures to address recommendations from the 2018 audit's follow-up action plan implemented (as applicable)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
1 016 900.64	6.54

2.6 Cross-cutting area C: Cooperation with partners

In line with its strategic priorities, in 2018 the EMCDDA will continue to enhance information and knowledge exchange with its European and global partners. Priority will be given to activities concerning the provision of technical support to EU institutions and the EU Member States (for details, see KA 1).

The EMCDDA will further develop existing cooperation with EU agencies working in the related health area, such as the ECDC and EMA, as well as the agencies from the Justice and Home Affairs (JHA) cluster, through the production of joint outputs, knowledge exchange (technical meetings and training initiatives) and other joint activities. Initiatives with the JHA cluster partners (especially with Europol, Eurojust and CEPOL) will be carried out with the main objective being to support the implementation of the EU Agenda on Security 2015–20 and the priorities set up in the 2018–19 policy cycle of the COSI. Europol and EMA are also key partners in the implementation of the EWS on NPS. The framework for collaboration in this area will be defined by the Regulation on NPS, which is expected to enter into force in 2017 (see KA 2). The cooperation with CEPOL has been scaled up in recent years and the possibility of signing a working agreement between the two agencies will be examined. Areas of mutual interest also exist between the EMCDDA, FRA, EIGE and Frontex respectively, and possibilities for concrete cooperation will be explored.

The EMCDDA will provide technical assistance to the monitoring of the implementation of the EU Action Plan 2017–20 as well as to the preparation of negotiations at UNGASS 2019. In 2018, the EMCDDA will also conduct a 'mapping of engagement exercise' with major international partners in order to maximise synergies and avoid duplication of effort. Cooperation will be strengthened in particular with international organisations belonging to the UN family (UNODC, WHO, UNAIDS), as well as the Inter-American Drug Abuse Control Commission (part of the Organization of American States), and the Pompidou Group of the Council of Europe. In 2018, the EMCDDA will also explore possible working arrangements with international organisations active in drug supply areas, such as the World Customs Organization and Interpol.

In terms of cooperation with third countries, the priority in 2018 will be the successful implementation of the IPA 6 technical assistance project (expected to run from 2017–19), namely supporting CC and PCC in preparing/implementing surveys on prevalence of drug use, general population surveys or targeted surveys and strengthening the data exchange on NPS (via the EWS), as well as the implementation of the second ENP project EU4Monitoring Drugs (project Inter-LINK), which is expected to start in 2018, further to the recent approval of funding by the EC.

The activities in the area of international cooperation will be guided by the new EMCDDA International Cooperation Framework planned to be developed in 2017 and submitted for adoption to the Management Board. This will update the EMCDDA Strategy on international cooperation adopted in 2007.

Strategic objective:
Enhance the EMCDDA's strategic understanding of the drugs phenomenon, by maintaining and further developing our strong partnership with key players at European and global levels, as well as by continuing our successful knowledge exchange with EU priority third countries and regional programmes. Ultimately, this will result in high-quality services (information and analysis) provided to EU and Member States' stakeholders (see KA 1).

Specific objective C.1:	
Maintain and strengthen information and knowledge exchange with partners at European and global levels and support international monitoring and reporting systems and standards	
Expected outcomes:	
■ Enhanced capacity for strategic analysis and threat assessment through better capturing the global and multidisciplinary aspects of the drugs phenomenon ■ EMCDDA's contribution to improved quality and comparability of international data ■ Efficient collaboration with EU and international bodies working in the drug-related areas, by means of enhancing synergies and preventing duplication of efforts	
Outputs/results:	
■ High-quality input provided to partners' work, and joint outputs produced (as appropriate) (L2) ■ Contribution to expert meetings and technical/advisory groups (L2) ■ Contribution of EMCDDA data sets or expertise to other relevant regional/global reporting activities (L2) ■ EMCDDA International Cooperation Framework implemented (L2) ■ Validation of European data sets for international partners (L3)	
KPI	Target 2018
KPI C.1. Efficient implementation of MoUs and other working arrangements with key partners	Priority interventions for joint annual work implemented and objectives achieved

Specific objective C.2:	
Assist EU priority countries (CC, PCC, ENP countries) in developing their drug monitoring systems, especially for the establishment and development of national drug observatories and core data collection processes	
Expected outcomes:	
■ Enhanced capacity to address drug threats in EU priority third countries ■ High-quality national data feed into EMCDDA's analysis and reporting, contributing to sound EU policies with third countries	
Outputs/results:	
■ IPA 6 project implemented in line with the approved implementation plan (L2) ■ Support to CC and PCC in preparing/implementing surveys on prevalence of drug use, general population surveys or targeted surveys (L2) ■ Project EU4Monitoring Drugs (ENP II) implemented in line with the approved implementation plan (L2) ■ Annual Reitox week organised (as appropriate) (L2) ■ Training and other capacity-building activities in partner third countries, in particular for data collection and reporting (L2) ■ National Early Warning System profiles available for selected CC and PCC (L2) (see also KA 2) ■ Country Drug Reports for CC and PCC (L2) and selected ENP partner countries (L3) drafted (for publication in 2019) ■ Methodological tools (guidelines, questionnaires, protocols) translated into national languages (L3) ■ Contribution to third countries' sub-committee meetings (on request) (L3)	
KPIs	**Targets 2018**
KPI C.2. Efficient implementation of the IPA 6 project	a) Minimum 80% of the project's 2018 expected results achieved (in line with commitments expressed by the partner countries)
	b) Minimum 85% of the 2018 budget committed

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
798 809.01	5.08

2.7 Corporate area Governance

In line with the elements described in detail in the strategic overview provided under Section II, the priorities for the Governance area in 2018 will be as follows:

a) To continue to support the Management Board in its governance function by ensuring ongoing assistance and providing timely high-quality documents for the meetings organised during the year.

b) To implement the internal activities necessary for the fourth external evaluation of the EMCDDA, which will take place during the year.

c) To steer the implementation of the EMCDDA Strategy 2025. Among others, this will involve the smooth and successful implementation of the new organisational structure put in place in 2017, including the appropriate work processes. This will be supported by the activities planned for 2018 as part of the staff development programme also started in 2017.

d) To ensure efficient implementation of the PD for 2018–20 and timely delivery to the EMCDDA's stakeholders of the next PDs: for 2019–21, and for 2020–22 (preliminary draft) respectively. The PDs will be designed to serve as the operational plans of Strategy 2025; hence, they will be fully aligned with the Roadmap 2020. Their daily implementation will be supported by the detailed 2018 annual management plan.

e) To pursue the further development of the performance management system, ensuring that it provides the agency's Director and middle management with sound performance information and analysis. In 2018, this will include refining the annual KPIs and developing the Monitoring and Evaluation (M&E Plan). Furthermore, a project management programme will be developed at the EMCDDA. This will include the setting up of a corporate project management methodology, and progressing in the development of the supporting MIS (in line with available resources).

Strategic objective:
Function as a modern, efficient and forward-looking EU administration, which is committed to providing high-quality services to its stakeholders and to the EU citizens in general; in achieving this, the agency will be guided by good governance, steered by sound management and leadership and operated by a highly motivated and well-performing workforce.

Specific objective GOV.1:	
Support the EMCDDA's Management Board in fulfilling its governance role	
Expected outcome:	
Sound strategic decisions at the level of the Management Board, informed by effective preparatory work carried out by the EMCDDA	
Outputs/results:	
■ Management Board, Executive Committee and Budget Committee meetings duly organised and decisions adopted (L1) ■ Supporting documents prepared for relevant items on the agenda (L2) ■ Appropriate support provided by the EMCDDA's to the fourth external evaluation exercise (L1)	
KPIs	**Targets 2018**
KPI GOV.1. Effectiveness of the Director in providing support to the Management Board for performing its tasks	Management Board meetings organised in line with the established quality standards (i.e. 100% of the supporting documents uploaded on the Management Board extranet at least two weeks before the meetings (except for documents related to events occurring within this timeframe), and draft minutes sent to the Chair within a maximum of 20 working days from the close of the meetings

Specific objective GOV.2:	
Implement efficient management and leadership of the EMCDDA	
Expected outcomes:	
■ Good performance by the EMCDDA in implementing the annual programming instrument (PD 2018–20) ■ Optimal functioning of the organisational structure put in place in 2017, including through adjusted work processes	
Outputs/results:	
■ Director's Decisions (L1) ■ Activities in the areas of data protection, internal control mechanisms and risk management implemented in line with the existing EU regulations and practices (L1) ■ Management meetings documented by minutes which are made available to the staff (L2) ■ Training for middle management (L2) ■ Staff kept informed through regular communications and via the Staff Committee(L2)	
KPIs	**Targets 2018**
KPI GOV.2.1. Degree of implementation of the 2018 work programme, and of the 2016–18 Strategy and work programme	a) 100% of the expected outputs/results listed as Level 1 priority (L1), 80% of the expected outputs/results listed as Level 2 priority (L2) and 50% of the expected outputs/results listed as Level 3 priority (L3) achieved
KPI GOV.2.2. Degree of implementation of internal audit recommendations	100% of the internal audit recommendations ('critical' and 'very important') implemented within the deadline set out in the follow-up action plan endorsed by the Management Board
KPI GOV.2.3. Internal communication between Director and staff as an effective means to enhance transparency and address staff concerns	a) Three meetings held yearly between the Director and the Staff Committee b) Two general assemblies of staff convoked by the Director to inform staff of developments of general interest

Specific objective GOV.3:	
Support sound organisational performance management through state-of-the-art corporate planning, performance measurement and reporting	
Expected outcomes:	
■ New programming documents (PD 2019–21 and PD–PD 2020–22) aligned with the EMCDDA long-term strategy and adopted by the Management Board ■ Management provided with timely, relevant and reliable corporate performance information	
Outputs/results:	
■ PD for 2019–21 submitted to the Management Board (L1) ■ Preliminary draft PD for 2020–22 submitted to the Management Board (L1) ■ General Report of Activities 2017 presented to key stakeholders and published in line with the recast regulation (L1) ■ 2018 Management plan developed to support internal planning and monitoring of activities (L2) ■ Mid-year monitoring report (L2) ■ Sound KPIs in place for all areas (L2) ■ Project Management methodology developed (L2) ■ Management information system (MIS): project implemented based on the results of the pilot exercise (L2)	
KPIs	**Targets 2018**
KPI GOV.3.1. Timely delivery of the documents supporting the strategic planning and programming cycle (PDs and General Report of Activities) (as required by the EMCDDA recast regulation)	All documents delivered within deadline
KPI GOV.3.2. Degree of implementation of the performance measurement system	a) Annual Monitoring and Evaluation (M&E) Plan developed and implemented
	b) Project Management Programme implemented in line with the approved project plan

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
1 393 721.69	10

2.8 Corporate area Administration and ICT

Administration

In line with the multi-annual priorities for 2018–20, as presented in Section I, in 2018 the objective for this area will be to ensure that implementation of the activities planned across the different areas of the annual work programme are supported by effective and efficient management of the available resources.

Concerning HR management, this will encompass the sound management of existing processes, as required by the applicable Staff regulations and their implementing rules. To the extent possible, these processes will be further optimised through developing digital solutions. Another priority will be the organisation of appropriate training for the agency's staff, to support the effective implementation of the new EMCDDA long-term strategy and in line with available resources. In this context, special attention will be given to enhancing managerial capacity at middle-management level.

The priorities concerning the budget and the financial management-related operations will focus on effective and timely planning, monitoring and execution of the EMCDDA budget, and on optimising all related processes. These will be complemented by the efficient use of material resources.

Ensuring safety at work, and the efficient use of the infrastructure and material assets, will continue to be prioritised for this important support area.

Synergies with EMSA will be further pursued in the areas related to staff training and infrastructure management, as well as exchanging experience on matters of common interest.

Information and communication technology (ICT)

The ICT programmes and services will be developed and delivered in line with the triennial planned objectives, which are: to implement and support core business and corporate projects and processes; to provide a continuously stable environment which supports existing basic and advanced services. Furthermore, efforts will continue to be made towards applying good practices in project management and technology.

Concerning the support to core business areas, in 2018 priority will be given to the maintenance and development of the established EMCDDA online data collection platforms, namely Fonte, EDND, and the Drugs data warehouse.

Support will be also provided to the corporate areas, particularly to the planning and performance monitoring activities, as well as to the HR and financial management processes.

The organisation also envisages to further develop the concepts for applying an Enterprise Architecture.

To ensure the most effective allocation of the limited resources in this area, the ICT Steering Committee will exercise the role of further refining these priorities, and deciding on the intensity of work to be devoted to each activity, depending on the most critical organisational needs.

Strategic objective:

Ensure sound allocation and management of financial and human resources and assets, and the management of the ICT infrastructure and services, through further rationalising and automating relevant processes, enhancing efficiency and synergies, and developing the quality of services and support

Specific objective ADM.1:

Maximise efficiency and effectiveness of HR management

Expected outcomes:

- Human resources are properly managed, in compliance with the rules set out in the Staff regulations and their implementing provisions, and in line with organisational needs
- Ongoing professional development of staff, through training and managerial support, in line with EMCDDA Strategy 2025
- Integrated and efficient electronic system for the management of staff (i.e. rights, entitlements, working time, etc.)

Outputs/results:

- Ongoing HR management activities, in line with applicable rules and procedures (L1)
- Staff training, in line with the approved annual 2018 training plan (L2)
- Development of new digital tools (Appraisal form, digitalisation of personal files) and management and development/improvement of the existing ones (HR Database, E-recruitment, working time management), as appropriate) (L2)

KPIs	Targets 2018
KPI ADM.1.1. Occupation rate (implementation of the establishment plan)	95% of the establishment plan posts (officials, temporary agents) filled at the end of the year (in line with resources)
KPI ADM.1.2. Staff turnover	Maximum 4% of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)
KPI ADM.1.3. Average number of training days per staff member	Minimum of three days
KPI ADM.1.4. Average time of recruitment processes	Maximum of four months from the expiry date of the vacancy notice to appointment decision

Specific objective ADM.2:

Ensure efficiency in financial and budget management and accounting

Expected outcome:

- Sound management of the EMCDDA's financial resources, in compliance with applicable rules and procedures
- EMCDDA draft budget 2019 and preliminary draft budget 2020 adopted by the Management Board
- Internal processes (procurement, payments, missions, meetings, contracts management) further optimised, including through enhanced use of electronic tools and workflows
- High level of budget execution (commitment and payment appropriations), in line with annual targets
- Effective follow-up to recommendations from external audits

Outputs/results:

- EMCDDA 2019 draft budget and 2020 preliminary draft budget finalised and submitted on time for internal approval and for adoption by the Management Board (L1)
- 2018 procurement plan successfully implemented (L2)
- Efficient contracting and payment process, with special attention to the actual execution of payments due before the end of legal deadlines (L2)
- Follow-up action plan to recommendations from external audits developed and implemented (L2)
- Timely publication of report on the EMCDDA's annual accounts (L2)
- Assessment and definition of technical solutions for meeting-related expenditure on electronic workflow (L3)

KPIs	Targets 2018
KPI ADM.2.1. Budget execution rate – commitment appropriations (without assigned appropriations)	Minimum 95% of the total commitment appropriations
KPI ADM.2.2. Cancellation rate of payment appropriations	Maximum 5%* cancelled payment appropriations (*the basis for calculation is available payment appropriations for the year and payment appropriations, carried forward from T1 and T2 of the 2017 budget)

Specific objective ADM.3:	
Ensure a healthy working environment and further optimise use of the available facilities, equipment and infrastructure	
Expected outcome:	
Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources	
Outputs/results:	
■ Health and safety risks identified (L2) ■ Security risk assessment delivered (L2) ■ Measures to ensure efficient use of utilities (L2) ■ Environmental report delivered (L2) ■ Contribution to the Greening network (L3)	
KPIs	**Targets 2018**
KPI ADM.3.1 Number of accidents at workplace	No accidents
KPI ADM.3.2 Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (compared with 2017)

Specific objective ICT.1:	
Implement and support core business and corporate projects and processes	
Expected outcome:	
Core business and corporate projects and processes rely on efficient ICT services which help maximise corporate results	
Outputs/results:	
■ Infrastructure for the annual drugs data collection and analysis systems (Fonte, Data warehouse, EDND) functional and further developed (see also CA A) (L1) ■ Web system functional and further developed as required (L2) ■ Tools and processes developed to support efficient corporate planning and monitoring, and management of resources: ● MIS: Roll-out implementation of Management Information System initiated, based on the results of the pilot exercise (L2) ● Major review of the Human Resources Database (HRDB) concerning integration with other HR-related information systems, and related updates (L2) ● Leave management system integrated (L2) ● E-recruitment upgrade (continued from 2017) (L3)	
KPIs	**Targets 2018**
KPI ICT.1. Project management and implementation accountability (compliance with the EMCDDA's adopted ICT project management standard)	100% compliance for the L1 and L2 priority projects

Specific objective ICT.2:	
Provide a continuously stable environment which supports existing basic and advanced services	
Expected outcome:	
Optimal level of operability of the ICT systems	
Outputs/results:	
■ Business continuity plan implemented (L1) ■ Implementation of the relevant action plan on Project management and Business Continuity (L2) ■ Services provided in line with the adopted ICT Service catalogue (L2) ■ Technical changes implemented to provide a continuous stable environment and allow adequate reaction to risks and threats, in line with the approved ICT annual investment plan (L2)	
KPIs	**Targets 2018**
KPI ICT.2. Availability of the ICT systems	a) Office supporting infrastructure availability: system availability superior to 95%, office hours (maximum of 103 hours of accumulated down time over the year)
	b) Corporate supporting infrastructure availability (web sites, web applications, Fonte, databases, email, security): system runs on a 24/7 basis with an overall annual target of minimum 99% availability (maximum of 88 hours of annual accumulated down time)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
5 093 526.76	28.1

ANNEXES

ANNEX I
Estimated budget allocation for implementation of the EMCDDA 2018 work programme

The amounts indicated in the table below are based on the parameters of 2018 EMCDDA Preliminary Draft Budget. The budgetary procedures are at a very early stage — both for the EMCDDA and the EU general budget. Therefore the budgetary figures at that moment and the distribution per main areas should be considered as broadly indicative.

According to the 2018 Draft Budget expected to be adopted by the EMCDDA Management Board in December 2017, the 2018 budget will rely on the following revenue:

- EUR 15 445 600 to be provided by the EU subsidy to the EMCDDA;
- EUR 412 932.41 to be provided by Norway for its participation in the EMCDDA activities.

In addition, following the ratification of the Agreement between the European Community and Turkey, on the participation of the latter in the work of the EMCDDA (which entered into force on 1 June 2014):

- EUR 276 550.49 to be provided by Turkey for its participation in the EMCDDA activities.

The tables below present the estimated allocation of the EMCDDA's 2018 budget appropriations for the implementation of the EMCDDA's 2018 work programme.

A. Key areas (KAs)

WP areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
KA 1: Communicating evidence and knowledge exchange	DIR/EXO, SDI, HEA, SAT, RTX, COM, ICT	2.5	16.13	4.68	0.1	23.41	2 923 407.70	1 462 432.84	4 385 840.24
KA 2: Early warning and threat assessment	SDI, HEA, SAT, RTX	0.1	3.65	3.28	0	7.03	775 769.82	476 810.71	1 252 580.52
KA 3: Situation, responses and trend analysis	SDI, HEA, SAT, RTX, ICT	1	10.84	4.1	0.9	16.84	1 867 704.46	1 152 025.87	3 019 730.33
Total		**3.6**	**30.62**	**12.06**	**1**	**47.28**	**5 566 881.98**	**3 091 269.41**	**8 658 151.09**

B. Cross-cutting areas (CAs)

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources — non-assigned appropriations (EUR)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
CCA A: Information collection and management	SDI, HEA, SAT, RTX, ICT	1.1	6.6	6.3	0	14	3 489 636.85	777 863.62	4 267 500.47
CCA B: Quality assurance	SDI, HEA, RTX, COM, ICT	1.1	3.5	1.94	0	6.54	628 953.47	387 947.17	1 016 900.64
CCA C: Cooperation with partners	SDI, SAT, RTX, ICT	0.8	3.48	0,8	0	5,08	494 063.70	304 745.30	798 809.01
Total		**3**	**13.58**	**9.04**	**0**	**25.62**	**4 612 654.02**	**1 470 556.10**	**6 083 210.12**

C. Corporate area Governance

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources — non-assigned appropriations (EUR)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Governance	DIR/EXO, SDI, HEA, SAT, RTX, COM, ICT, ADM	1.6	5.8	2.6	0	10	862 017.44	531 704.25	1 393 721.69
Total		**1.6**	**5.8**	**2.6**	**0**	**10**	**862 017.44**	**531 704.25**	**1 393 721.69**

D. Support to operations — Corporate areas administration and ICT (Overhead included in the tables A, B and C in the column presenting indirect cost of operations)

Action areas		Administration: supporting core business	ICT	Total
Main actors for implementation/cost objects		ADM (administration and resources/assets management)	ICT (equipment and services)	
Allocated human resources (fte/year)	O	1.8	0	1.8
	TA	11.7	4.3	16
	CA	8	2.3	10.3
	SNE	0	0	0
	Total	21.5	6.6	28.1
Allocated budget resources for direct cost of supporting activities to be distributed to operations (2) (see above the column for indirect cost of operations) — non-assigned appropriations (EUR)		3 149 695.16	1 943 834.60	5 093 526.76

Summary of total allocations

Operations	Allocated human resources (fte/year)					Allocated budget resources — non-assigned appropriations (EUR)
	O	TA	CA	SNE	Total HR	
For direct cost of operations (tables A+B+C)	8.2	50	23.7	1	82.9	11 041 553.14
For indirect cost of operations (i.e. direct costs of support activities — table D)	1.8	16	10.3	0	28.1	5 093 529.76
TOTAL	**10**	**66**	**34**	**1**	**111**	**16 135 082.90**

Notes:

(1) Appropriations for cost/expenditure for operational activities and staff directly involved in the implementation of the EMCDDA mission/task/WP.

(2) Overheads, i.e. appropriations for cost/expenditure for activities, equipment, infrastructure and staff that indirectly aim at implementing the EMCDDA mission/task/WP, as their immediate aim is to support operational activities and staff. These overheads are distributed to operational activities in proportion of the human resources assigned for the implementation of these activities.

ANNEX II
Human and financial resources (tables 2018–20)

TABLE 1
Expenditure

Expenditure	N (2017)		N+1 (2018)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment Appropriations
Title 1	10 128 023.17	10 128 023.17	10 248 290.82	10 248 290.82
Title 2	1 226 547.66	1 226 547.66	1 351 209.00	1 351 209.00
Title 3	4 452 593.19	4 452 593.19	4 535 583.08	4 535 583.08
Total expenditure	**15 807 164.02**	**15 807 164.02**	**16 135 082.90**	**16 135 082.90**

Expenditure	Commitment appropriations						
	Executed Budget N-1 (2016)	Budget N (2017)	Draft Budget N+1 (2018)		VAR N+1 / N	Envisaged N+2 (2019)	Envisaged N+3 (2020)
			Agency request	Budget forecast			
Title 1 Staff expenditure	**9 265 867.47**	**10 128 023.17**	**10 248 290.82**			**10 531 138.41**	**11 210 362.20**
11 Salaries & allowances	9 147 230.69	10 000 423.17	10 091 038.41			10 372 138.41	11 056 762.20
- of which establishment plan posts	*7 911 682.36*	*8 479 795.72*	*8 518 127.13*			*8 739 227.14*	*9 144 020.62*
- of which external personnel	*1 235 548.33*	*1 520 627.46*	*1 572 911.27*			*1 632 911.27*	*1 912 741.58*
12 Expenditure relating to Staff recruitment	4 057.28	11 000.00	14 000.00			14 000.00	27 000.00
13 Mission expenses							
14 Socio-medical infrastructure							
15 Training	81 133.47	100 000.00	100 000.00			100 000.00	110 000.00
16 External services	33 446.03	16 600.00	43 252.41			45 000.00	16 600.00
17 Receptions and events							
Title 2 Infrastructure and operating expenditure	**1 844 412.44**	**1 226 547.66**	**1 351 209.01**			**1 573 518.01**	**1 732 571.39**
20 Rental of buildings and associated costs ([3])	1 103 383.59	578 674.58	625 402.81			878 211.81	1 103 571.39
21 Information and communication technology	493 127.71	408 475.00	507 455.70			486 455.70	400 000.00
22 Movable property and associated costs	108 078.67	104 972.48	96 360.00			89 360.00	100 000.00
23 Current administrative expenditure	111 672.45	97 250.00	85 805.50			85 805.50	91 920.00
24 Postage / Telecommunications	3 970.90	8 000.00	8 080.00			8 080.00	8 080.00
25 Meeting expenses							
26 Running costs in connection with operational activities							
27 Information and publishing							
28 Studies							
Other infrastructure and operational activities	24 179.12	29 175.60	28 105.00			25 605.00	29 000.00
Title 3 Operational expenditure	**4 808 171.98**	**4 452 593.19**	**4 535 583.08**			**4 188 816.32**	**3 664 571.11**
Information and Publishing	656 257.70	587 150.00	590 000			570 000.00	435 000.00

Expenditure	Commitment appropriations						
	Executed Budget N-1 (2016)	Budget N (2017)	Draft Budget N+1 (2018)		VAR N+1 / N	Envisaged N+2 (2019)	Envisaged N+3 (2020)
			Agency request	Budget forecast			
Studies	672 994.96	672 423.72	731 783.08			561 068.50	358 133.39
RTX Grants	2 119 715.50	2 228 537.26	2 140 000.00			2 140 000.00	2 228 537.26
Mission expenses	312 099.86	260 000.00	307 800.00			267 800.00	145 000.00
Meeting expenses	520 579.32	698 482.21	762 500.00			646 447.82	491 900.46
Receptions and events	2 218.48	6 000.00	3 500.00			3 500.00	6 000
Expenditure IPA and ENP projects, total	524 306.16						
Expenditure related to IPA projects	351 426.90						
Expenditure related to ENP projects	172 879.26						
TOTAL EXPENDITURE	**16 442 758.05**	**15 807 164.02**	**16 135 082.90**			**16 293 472.74**	**16 607 504.70**

([3]) Including possible repayment of interest; detailed information as regards building policy provided in Table in Annex III

Expenditure	Payment appropriations						
	Executed Budget N-1	Budget N	Draft Budget N+1		VAR N+1 / N	Envisaged N+2	Envisaged N+3
			Agency request	Budget forecast			
Title 1 Staff expenditure	**9 225 407.49**	**10 128 023.17**	**10 248 290.82**			**10 531 138.41**	**11 210 362.20**
11 Salaries & allowances	9 133 346.44	10 000 423.17	10 091 038.41			10 372 138.41	11 056 762.20
- of which establishment plan posts	*7 897 798.11*	*8 479 795.72*	*8 518 127.13*			*8 739 227.14*	*9 144 020.62*
- of which external personnel	*1 235 548.33*	*1 520 627.46*	*1 572 911.27*			*1 632 911.27*	*1 912 741.58*
12 Expenditure relating to Staff recruitment	2 536.75	11 000.00	14 000.00			14 000.00	27 000.00
13 Mission expenses							
14 Socio-medical infrastructure							
15 Training	62 639.07	100 000.00	100 000.00			100 000.00	110 000.00
16 External Services	26 885.23	16 600.00	43 252.41			45 000.00	16 600.00
17 Receptions and events							
Title 2 Infrastructure and operating expenditure	**1 418 749.54**	**1 226 547.66**	**1 351 209.01**			**1 573 518.01**	**1 732 571.39**
20 Rental of buildings and associated costs ([4])	817 025.59	578 674.58	625 402.81			878 211.81	1 103 571.39
21 Information and communication technology	406 546.29	408 475.00	507 455.70			486 455.70	400 000.00
22 Movable property and associated costs	62 357.13	104 972.48	96 360.00			89 360.00	100 000.00
23 Current administrative expenditure	106 455.99	97 250.00	85 805.50			85 805.50	91 920.00
24 Postage / Telecommunications	3 594.35	8 000.00	8 080.00			8 080.00	8 080.00
25 Meeting expenses							
26 Running costs in connection with operational activities							
27 Information and publishing							
Other infrastructure and operational activities	22 770.19	29 175.60	28 105.00			25 605.00	29 000.00
28 Studies							
Title 3 Operational expenditure	**4 436 446.18**	**4 452 593.19**	**4 535 583.08**			**4 188 816.32**	**3 664 571.11**

Expenditure	Payment appropriations						
	Executed Budget N-1	Budget N	Draft Budget N+1		VAR N+1 / N	Envisaged N+2	Envisaged N+3
			Agency request	Budget forecast			
Information and Publishing	575 265.67	587 150.00	590 000.00			570 000.00	435 000.00
Studies	629 530.30	672 423.72	731 783.08			561 068.50	358 133.39
RTX Grants	2 057 231.12	2 228 537.26	2 140 000.00			2 140 000.00	2 228 537.26
Mission expenses	293 115.08	260 000.00	307 800.00			267 800.00	145 000.00
Meeting expenses	529 276.77	698 482.21	762 500.00			646 447.82	491 900.46
Receptions and events	1 900.84	6 000.00	3 500.00			3 500.00	6 000
Expenditure IPA and ENP projects, total	350 126.40						
Expenditure related to IPA projects	177 247.14						
Expenditure related to ENP projects	172 879.26						
TOTAL EXPENDITURE	**15 430 729.61**	**15 807 164.02**	**16 135 082.90**			**16 293 472.74**	**16 607 504.70**

([4]) Including possible repayment of interest; detailed information as regards building policy provided in Table in Annex III

TABLE 2
Revenue

Revenues	N (2017)	N+1 (2018)
	Revenues estimated by the agency	Budget forecast
EU contribution	15 135 600.00	15 445 600.00
Other revenue	671 564.02	689 482.90
Total revenues	**15 807 164.02**	**16 135 082.90**

Revenues	General revenues						
	Executed Budget 2016	Budget 2017	Draft Budget 2018		VAR 2017/ 2016 (%)	Envisaged in 2019	Envisaged in 2020
			Agency request	Budget forecast			
1 Revenue from fees and charges (including balancing reserve from previous years surplus)							
2 EU contribution	**14 794 000**	**15 135 600**	**15 445 600**			**15 596 600**	**15 898 600**
- Of which assigned revenues deriving from previous years' surpluses	*70 000*	*54 000*	*215 000*				
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	**603 140.63**	**671 564.02**	**689 482.90**			**696 872.74**	**708 904.69**
- Of which EEA/EFTA (excl. Switzerland)	*393 140.63*	*400 564.02*	*412 932.41*			*417 618.62*	*424 243.33*
- Of which candidate countries	*210 000.00*	*271 000.00*	*276 550.49*			*279 254.12*	*284 661.37*
4 Other contributions							
5 Administrative operations							
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58), internal assigned revenue etc.	*24 216.98*						
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
TOTAL REVENUES	**15 421 357.61**	**15 807 164.02**	**16 135 082.90**			**16 293 472.74**	**16 607 504.69**

TABLE 3

Budget outturn and cancellation of appropriations

Budget outturn	N-4*	N-3*	N-2*
Revenue actually received (+)	15 690 681	18 632 222	15 481 465
Payments made (–)	–14 994 984	–17 626 446	–15 090 448
Carryover of appropriations (–)	–893 022	–1 180 476	–848 093
Cancellation of appropriations carried over (+)	8 622	38 712	18 279
Adjustment for carryover of assigned revenue appropriations from previous year (+)	260 335	185 448	651 384
Exchange rate differences (+/–)	–1 272	4 976	2 602
Total	**70 360**	**54 436**	**215 189**

*N – the year covered by the programming document drafted in N-1

ANNEX III
Human resources outlook and staff evolution

TABLE 1
Staff population and its evolution; overview of all categories of staff

Staff population		Actually filled in 31.12.2015	Authorised under EU Budget 2016	Actually filled at 31.12.2016 (5)	Authorised under EU Budget 2017	Actually filled in 31.12.2017	In draft budget for year 2018	Envisaged in 2019	Envisaged in 2020
Officials	AD	6	7	6	6	6	6	6	6
	AST	4	5	3	4	3	4	4	4
	AST/SC	0	0	0	0	0	0	0	0
TA	AD	42	45	42	45	42	45	45	45
	AST	22	22	22	22	21	21	21	21
	AST/SC	0	0	0	0	0	0	0	0
Total		**74**	**79**	**73**	**77**	**72**	**76**	**76**	**76**
CA GF IV		2	2	3	7	5	8	8	8
CA GF III		8	10	9	10	9	10	10	10
CA GF II		12	13	13	13	13	13	13	13
CA GF I		3	3	3	3	3	3	3	3
Total CA		**25**	**28**	**28**	**33**	**30**	**34**	**34**	**34**
SNE		1	1	0	1	1	1	1	1
Structural service providers		0	0	0	0	0	0	0	0
TOTAL		**100**	**108**	**101**	**111**	**103**	**111**	**111**	**111**
External staff for occasional replacement									

(5) Offer letters are counted as posts filled in.

TABLE 2
Multi-annual staff policy plan 2018-20

Category and grade	Establishment plan in EU Budget 2016		Filled as of 31.12.2016 (6)		Modifications 2016 in application of flexibility rule		Establishment plan in voted EU Budget 2017		Modifications 2017 in application of flexibility rule (7)		Establishment plan in Draft EU Budget 2018		Establishment plan 2019		Establishment plan 2020	
	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA	officials	TA
AD 16																
AD 15		1						1				1		1		1
AD 14		1		1				1				1		1		1
AD 13	1	2	1	3			1	2			1	2	1	2	1	2
AD 12	4	10	3	5			4	11			4	11	4	11	4	11
AD 11	2	10		6			1	11			1	11	1	11	1	11
AD 10		14		2				13				13		13		13
AD 9		7	1	5				6				6		6		6
AD 8			1	8												
AD 7				8												
AD 6				2												
AD 5				2												
Total AD	**7**	**45**	**6**	**42**	**0**	**0**	**6**	**45**	**0**	**0**	**6**	**45**	**6**	**45**	**6**	**45**
AST 11	1						1				1		1		1	
AST 10		2		1				3				3		3		3
AST 9	1	7		3			1	7			1	7	1	7	1	7
AST 8	2	7		1			2	7			2	7	2	7	2	7
AST 7	1	6	1	2				5				4		4		4
AST 6				8												
AST 5			1	6												
AST 4				1												
AST 3																
AST 2			1													
AST 1																
Total AST	**5**	**22**	**3**	**22**	**0**	**0**	**4**	**22**	**0**	**0**	**4**	**21**	**4**	**21**	**4**	**21**
AST/SC 6																
AST/SC 5																
AST/SC 4																
AST/SC 3																
AST/SC 2																
AST/SC 1																
Total AST/SC	**0**	**0**					**0**	**0**			**0**	**0**	**0**	**0**	**0**	**0**
TOTAL	**12**	**67**	**9**	**64**	**0**	**0**	**10**	**67**	**0**	**0**	**10**	**66**	**10**	**66**	**10**	**66**

(6) Offer letters are counted as posts filled in.

(7) The Article 38 of the Framework Financial regulation was applied following a screening exercise

ANNEX IV
Human resources policies

A. Recruitment policy

The selection procedures applied by the EMCDDA comply with the relevant EU provisions, namely Article 12 of the CEOS for the recruitment of temporary and contract agents and the principles and standards laid down for officials in Annex III of the Staff regulations.

The key phases of the selection procedure for the recruitment of temporary and contract agents can be summarised as follows:

- a vacancy notice is published on the EMCDDA website, on the EPSO website, and a communication is sent to all other EU institutions and Agencies, to all focal points of the Reitox network, to all members of the EMCDDA Management Board and Scientific Committee and, where appropriate, advertisements are placed in the local and specialised press and web pages;
- the vacancy notice sets out eligibility and selection criteria, indicating type and duration of contract and recruitment grade;
- a Selection Committee is appointed, usually composed of five members. The Selection Committee includes a representative from the EMCDDA Staff Committee and takes into account gender balance and broad geographical representation. External members are invited in cases where specific expertise is required to carry out the selection process appropriately. The names of the Selection Committee members are now published in the vacancy notice in full respect of regulation 45/2001 as requested by the European Ombudsman;
- applicants are first screened on the basis of their application file (application form, CV and the further supporting documents required) in order to identify the candidates who best match the published requirements;
- selected candidates are interviewed on the basis of pre-defined questions that are presented to all candidates interviewed. The procedure includes a compulsory written test. The interview and test cover: assessment of the specific competences and technical qualifications required for the selection process concerned; knowledge of European institutions and particularly of the EMCDDA's activities; general skills and language abilities of the candidate;
- the Selection Committee drafts a list of the most suitable candidates together with a possible proposal to the Authority authorised to conclude the contract (AHCC) and/or to establish a reserve list for recruitment purposes;
- a reserve list may be established by the AHCC who can, prior to this, choose to have a further interview with concerned candidates;
- the result of the selection process is communicated to the selected candidates;
- all steps of the procedure and all decisions made are reported and documented.

The procedures described above comply with the implementing rules on the recruitment and use of temporary and contract agents adopted by the EMCDDA with the agreement of the European Commission pursuant to Article 110 of the Staff regulations.

When recruiting officials, the EMCDDA complies with the relevant provisions of the Staff regulations, namely with Article 29 and Annex III. The EMCDDA organised two internal competitions in 1999 and 2002. These competitions were carried out in cooperation with the European Commission.

Other EMCDDA vacant posts for officials have been filled through inter-institutional transfer processes according to the applicable provisions of the Staff regulations.

The EMCDDA envisages that it will continue to draw on the assistance that the European Communities Personnel Selection Office (EPSO) can provide in this field, including using its reserve lists, as required. This has already been the case for hiring officials and contract agents.

Grade and function group corresponding to the tasks and level of the post

In line with the relevant provisions of the Staff regulations and CEOS and within the limits set by the budget adopted and the establishment plan, the EMCDDA applies by analogy the rules applied by the European Commission for the grading of officials, temporary agents and contract agents. The EMCDDA, as a basic rule, recruits temporary agents at grades ranging from AST 1 to AST 4 for function group AST and from AD 5 to AD 8 for function group AD.

Recruitment at grades AD 9 to AD 11, and in exceptional cases at AD 12, is limited to filling middle management positions or to particular cases where a higher grade is essential to ensure a recruitment of high quality. In the latter case, the grade must be justified by the high level of expertise required, the specific conditions of the labour market concerned and/or by the

fact that a lower grade would not be attractive for the target population of potential candidates.

Duration of employment

Upon recruitment, EMCDDA temporary and contract agents engaged to address long-term or permanent tasks are offered a contract of five years. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for further five years. In case of second renewal, agents are engaged for an indefinite period.

EMCDDA temporary and contract agents on short-term employment recruited to address time-bound tasks or temporary needs are engaged for the period required to fulfil the tasks concerned. In principle, the contract may be renewed just once for a definite period.

The EMCDDA Director is employed as a temporary agent for a five-year term, this term being renewable. This is in accordance with the relevant provisions of the EMCDDA founding Regulation.

Profile of staff, and type and duration of employment required to fulfil the agency's mission and tasks

For the majority of its activities, the EMCDDA requires scientifically and/or technically qualified staff with highly specialised knowledge and extensive experience — particularly in those fields linked to its core activities. Specialisation is inherent to the agency. The EU skill base of available and competent staff is limited. In some areas of activity only one staff member is involved in running the service. Furthermore, given the ground-breaking nature of many of its activities, the agency needs to cultivate a workforce that combines sector knowledge and insight in its specialised field of expertise (drugs and drug addiction) with a track record of innovation, cooperation and knowledge transfer. Staff therefore need to be prepared to nurture agency-wide skills, and must possess the professional latitude and flexibility to work 'horizontally' on other projects that might benefit from their area of expertise.

The EMCDDA's staff policy must therefore rise to the challenges faced by all 'centres of excellence': to attract strong talent, to build on strong previous work, to retain valued expertise and, ultimately, to ensure business continuity. A key aspect in meeting these challenges is that the agency must have at its disposal the means to offer staff appropriate job security and career prospects, with a long-term or permanent outlook.

(a) Officials and temporary agents on long-term employment (long-term staff)

The EMCDDA employs officials and temporary agents on long-term employment to carry out its scientific, technical and administrative tasks of a permanent or long-term nature. These tasks can be summarised as follows:

- tasks directly relating to the implementation of the EMCDDA's core activities as defined by its founding Regulation;
- tasks relating to the management and functioning of the EMCDDA, aimed at providing technical and administrative support to its core business.

Temporary agents on long-term employment are offered a five-year contract at the time they are contracted. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for further five years. In case of second renewal, agents are engaged for an indefinite period.

The use of officials is necessary for a number of reasons:

- retaining proven talent and enhancing career opportunities for EMCDDA temporary staff;
- sourcing skills from other EU bodies: enabling the possibility for transfers of officials from other EU institutions and bodies, in order to fill posts of a sensitive character or requiring specific professional expertise which is available in these institutions and bodies. In particular, the option of official is important for sourcing the scientific, technical and administrative skills common to all EU institutions and bodies; it is also useful to attract suitably qualified candidates who are on reserve lists following successful completion of competitions at other EU institutions;
- expertise exchange to other EU bodies: that is, the possibility to offer options for external mobility, by way of secondment or transfer. This option takes into account the limited possibilities provided for temporary agents in the context of their current fixed-term contracts, while providing incentives to younger staff who are given the chance to plan their career in the wider context of all EU institutions and bodies;
- maximising resources: to profit from the specific experience and knowledge acquired for executing highly-specialised tasks.

All posts for officials and temporary agents authorised in the EMCDDA's current establishment plan are posts of permanent or long-term nature (long-term employments), with the post of the Director being a specific case.

(b) Temporary agents on short-term employment (short-term staff)

The EMCDDA may also employ temporary agents on short-term employment to fulfil specific scientific, technical and administrative operating needs of a limited duration. The duration of the contract is determined by the limited duration of the tasks. In principle, the contract may be renewed just once for a definite period:

- to ensure the delivery of time-bound tasks, that is for the execution of technical assistance projects financed by specific appropriations provided by Community programmes (for example, PHARE, CARDS, IPA);
- to ensure the temporary replacement of staff in case of mid- or long-term absences;
- to cope with temporary peaks in workload;
- to fulfil highly specific temporary operational needs requiring highly specific and high-level technical or scientific expertise.

(c) Contract agents on long-term employment (long-term staff)

The EMCDDA employs contract agents on long-term employment for its scientific, technical and administrative tasks of a permanent or long-term nature. In accordance with the function groups (FGs) and grades defined by Article 80 of the CEOS, the EMCDDA's contract staff are typically assigned to tasks aimed at providing administrative, linguistic, scientific and drafting support to the work of officials or temporary agents within the FGs I, II and III. The use of contract staff in FG IV is limited to those situations where it is necessary to recruit very specific and high-level technical or scientific expertise.

Currently the tasks that EMCDDA contract staff are requested to carry out under the supervision of officials or temporary staff entail a lower level of responsibility. Some restrictions on contract staff have been established with regard to:

- functions and tasks relating to the execution of the EMCDDA budget, where a large measure of discretion implying strategic choices is involved;
- functions relating to the representation of the EMCDDA in institutional relations with its partners, such as EU institutions, national authorities and international organisations, in accordance with the regulation establishing the EMCDDA.

Contract agents on long-term employment are offered a five-year contract upon recruitment. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for further five years. In case of second renewal, agents are engaged for an indefinite period.

At the time of writing, all EMCDDA contract agent positions have been identified as long-term employment.

(d) Contract agents on short-term employment (short-term staff)

The EMCDDA may also employ contract agents on short-term employment to cope with specific scientific, technical and administrative operating needs of a limited duration, similar to the one assigned to temporary agents on short-term employment. In principle, the contract may be renewed just once for a definite period.

Some restrictions apply to the use and the nature of the duties of the contract agents on short-term employment as detailed above.

(e) Seconded National Experts (SNEs)

The objective the EMCDDA follows with the recruitment of SNEs is to benefit from the high level of their professional knowledge and experience, in particular in areas where such expertise is not readily available.

The complete legal framework for recruitment of SNEs at EMCDDA is to be found in the Decision of the Management Board of the EMCDDA on the adoption of rules on the secondment of national experts at the EMCDDA (DEC/MB/10/02) of 5 May 2010 (which adopts by analogy the European Commission Decision of 12 November 2008, laying down rules on the secondment to the Commission of national experts and national experts in professional training). SNEs are recruited following a similar procedure to the one used for the recruitment of temporary staff and the guidelines of such a procedure are publicly published in the EMCDDA job vacancies web page.

B. Appraisal of performance and reclassifications/ promotions

Since 1998, the EMCDDA has carried out annual exercises for staff appraisal, promotion of officials, assignment of temporary agents to a post corresponding to a higher grade, and classification of contract agents in the subsequent higher grade. The rules and procedures applied by the EMCDDA comply with the relevant provisions of the Staff regulations and the CEOS.

In this context, the EMCDDA applies tools and processes for its so-called long-term staff that reflect those applied by the European Commission. This means:

- for staff appraisal: an annual exercise focusing on the staff member's performance. This includes dialogue between the actors involved, possibility for appeal and definition of the staff member's training needs;
- for promotion of officials, for assignment of temporary agents to a post corresponding to a higher grade and for classification of contract agents in the subsequent higher grade: a merit-based annual exercise with two years in the current grade as a minimum condition for eligibility. This includes a focus on the comparative assessment of the merits of eligible staff, mainly taking into account the result of the appraisal exercise.

The EMCDDA's rules and procedures in this field were revised in 2009, by decision of the EMCDDA Management Board and with the agreement of the European Commission, on the basis of common model decisions resulting from preparatory works carried out by the agencies and the European Commission. After the entry into force on 1 January 2014 of the latest reform of the Staff Regulations/CEOS, the EMCDDA revised the appraisal of performance rules and procedures on the basis of common model decisions prepared by the Standing Working Party (SWP) set up for this purpose by the EC's relevant services and the network of the EU decentralised agencies. The EMCDDA Management Board adopted the rules that follow the model worked out by the SWP that has been adopted by ex-ante agreement by the EC and will enter into force for the first time in 2016.

Taking into account the current policy at the EMCDDA for staff promotion and assignment to a higher grade (reclassification), the EMCDDA estimates a promotion and reclassification rate which is in line with Annex IB and Annex XIII of the Staff Regulations. Regarding the legal framework for promotions and reclassification, the SWP finalised the work and proposed a model to all Agencies. The EMCDDA adopted the rules proposed by the EC. The entry into force of the rules mentioned will be in 2017. Below, the actual figures on promotion/reclassification are presented for full information.

TABLE 1
Reclassification of temporary staff/promotion of officials

Category and Grade	Staff in activity at 01.01.2015		How many staff members were promoted/ reclassified in 2016 *		Average no. of years in grade before reclassification/ promotion
	officials	TA	officials	TA	
AD 16					
AD 15		1			
AD 14					
AD 13	1	3			
AD 12	4	6			
AD 11		6		1	6
AD 10		3			
AD 9	1	2		2	4
AD 8	1	9		2	5.5
AD 7		8		2	5.8
AD 6		4			
AD 5					
Total AD	**7**	**42**	**0**	**7**	
AST 11					
AST 10		1			
AST 9		3			
AST 8	2	1			
AST 7	1	2			
AST 6		4		4	4.8
AST 5	1	8		2	3.8
AST 4		2		1	4
AST 3		1			
AST 2	1				
AST 1					
Total AST	**5**	**22**	**0**	**7**	
AST/SC 1					
AST/SC 2					
AST/SC 3					
AST/SC 4					
AST/SC 5					
AST/SC 6					
Total AST/SC	**0**	**0**	**0**	**0**	
TOTAL	**12**	**64**	**0**	**14**	

* n^{o} of staff reclassified/promoted at the new grade

TABLE 2
Reclassification of contract staff

Function group	Grade	Staff in activity at 01.01.2015	How many staff members were reclassified in 2016*	Average number of years in grade of reclassified staff members
CA IV	18			
	17			
	16	1		
	15			
	14			
	13			
CA III	12	1		
	11		2	6
	10	5	1	4.4
	9	2		
	8			
CA II	7	5		
	6	6		
	5	1		
	4	1		
CA I	3	3		
	2			
	1			
Total		25	3	

* nº of staff reclassified at the new grade

C. Mobility policy

(i) Mobility within the EMCDDA

So far, mobility of staff members within the EMCDDA has been achieved using the following:

- internal publication of calls for expression of interest;
- external publications of calls for selection which also welcome applications from internal candidates;
- redeployment or reassignment of staff in the interest of the service;
- mutual exchange of staff between different units, where there is agreement between the heads of unit concerned.

(ii) Mobility among EU agencies

Most of the EMCDDA's staff is composed of temporary agents, as is the case with the staff of most other EU agencies. Inter-agency mobility has to date been achieved via the recruitment of staff previously employed at other agencies by applying the standard selection procedures used for all candidates. So far, the EMCDDA has recruited seven temporary agents who were previously engaged by other EU agencies. Seven of the EMCDDA's former temporary agents have been engaged by another EU agency.

From 2014 and with the entry into force of the new Staff regulations the legal framework has changed. Due to the introduction of a new category of temporary agents (upon Article 2f of the Conditions of Employment of other servants of the EU (CEOS) and the introduction of Article 55 CEOS, the continuity of career for temporary agents is ensured. The EMCDDA has already recruited the first temporary agent from another agency using the abovementioned articles.

(iii) Mobility between the EMCDDA and the EU institutions

So far, mobility of staff members between the EMCDDA and the EU institutions has been achieved through:

- transfer of officials from the Institutions to the EMCDDA (seven officials from the European Commission and one from the Council were concerned so far);
- transfer of officials from the EMCDDA to the EU institutions (six officials to the European Commission and one official to the Committee of the Regions);
- engagement as temporary agents of officials on secondment from EU institutions who have been successful in an EMCDDA selection process for temporary agents (12 officials from the European Commission; two officials from European Parliament).

D. Gender and geographical balance

The gender balance among EMCDDA overall staff in 2016 was once again slightly positive towards women. The illustration below provides a visual representation of the number of female and male staff per contract type (officials/temporary agents/ contract agents) with an indication of the function group (AD/ AST). The same information is provided regarding seconded national experts.

Management gender balance at 31/12/2016

Position (HoU upward only)	Female		Male	
	Nr	%	Nr	%
Director	0	0%	1	10%
Heads of unit	1	10%	8	80%
Total	**1**	**10%**	**9**	**90%**

Gender balance at 31/12/2016

		Female	Male	Total
Officials	AD		6	6
	AST	3		3
Sub-total		**3**	**6**	**9**
Temporary Agents	AD	21	21	42
	AST	10	12	22
Sub-total		**31**	**33**	**64**
Contract Agents	CAIV	2	1	3
	CAIII	6	3	9
	CAII	12	1	13
	CAI		3	3
Sub-total		**20**	**8**	**28**
SNE				
Sub-total		**0**	**0**	**0**
TOTAL		**54**	**47**	**101**

Geographical balance at 31/12/2016

	Officials		Temporary Agents		SNE	Contract Agents				Total		
Nationality	AD	AST	AD	AST		CAI	CAII	CAIII	CAIV		Nationality	
Belgian	1		3	3			2		1	10	Belgian	10%
British			8	1					1	10	British	10%
Bulgarian			3				1			4	Bulgarian	4%
Dutch			1							1	Dutch	1%
French			5	1			1			7	French	7%
German	1		4	2						7	German	7%
Greek								1		1	Greek	1%
Irish			3	1						4	Irish	4%
Italian	1		4	1				4		10	Italian	10%
Latvian			1							1	Latvian	1%
Luxemburg			1	1						2	Luxemburg	2%
Polish			1	1			1			3	Polish	3%
Portuguese	1	3	5	9		3	8	4	1	34	Portuguese	34%
Romanian			1							1	Romanian	1%
Spanish	2		2	2						6	Spanish	6%
Total	**6**	**3**	**42**	**22**	**0**	**3**	**13**	**9**	**3**	**101**		

E. Schooling

There is no European or accredited school that can be attended free of charge in the area where the EMCDDA has its seat, and education is available only in English, French, German, Spanish and Portuguese on a private basis which is more expensive than the cost staff members can cover with the double education allowance foreseen under Annex VII of the Staff regulations. Because of this, staff members of the EMCDDA are penalised for not being able to give their children an education in their mother tongue.

It is evident that the staff of the EMCDDA are not treated equally to other EU personnel when one considers that: (i) the staff members of EU institutions, including some agencies, enjoy free access to European Schools (school fees and transport included), where available, under the condition they have a contract of at least one year; (ii) the average annual costs covered by the EU budget per pupil attending a European school is approximately EUR 11 840 ([8]) while the maximum reimbursement for education allowance, foreseen by the Staff regulations for covering the costs of attendance of a pupil per year of any school where no European school is available, is approximately EUR 5 953; (iii) European Schools provide multilingual tuition in all languages of the EU 15 and most of the EU 27 and offer the European Baccalaureate recognised in all Member States.

Given that the EMCDDA is called upon to recruit officials and temporary staff of the highest ability, efficiency and integrity from the broadest possible geographical basis among nationals of Member States, as laid down in Article 27 of the Staff regulations and Articles 12 and 82 of the Conditions of employment for temporary officials and contract staff, a measure is needed to match the unequal working conditions to which the staff of the EMCDDA are subject compared to other staff working for the European Union in a location where European Schools exist. Local solutions based on existing best practice should have been found to school staff children — solutions that reconcile the work and private life of EMCDDA staff by facilitating the schooling of their children.

While awaiting a more structural solution resulting from the work performed by the management of the European Schools and in line with the 'Guidelines on staff policy in the European regulatory Agencies' as adopted by the European Commission on 16 December 2005 (C(2005)5304), since the school year 2009/2010 the EMCDDA has negotiated and concluded agreements with educational establishments in the area of Lisbon to provide schooling services for the children of its staff and ensure the direct payment of the eligible costs for educational services as described in the Staff regulations.

The staff member who benefits from this system does not receive the education allowance provided for in Article 3 of Annex VII to the Staff regulations, and the relevant rights/entitlements are suspended for the period where he/she benefits from the system. The payment of expenses incurred by EMCDDA staff for the abovementioned eligible education costs is limited to a maximum ceiling of EUR 11 076 per child, per annum, which is, as mentioned above, the annual average cost covered by the EU budget per pupil attending a European school. The ceiling mentioned shall be revised annually pursuant to the relevant information provided by the Annual Report of the Secretary-General to the Board of Governors of the European Schools.

([8]) Annual Report of the Secretary-General to the Board of Governors of the European Schools — Presented to the Board of Governors of the European Schools at its meeting 8, 9 and 10 April 2014, in Sofia. Ref.: 2014-01-D-23-fr-2.

ANNEX V
Buildings

5.1 Current building(s)

	Name, location and type of building	Other comment
Information to be provided per building:	Cais do Sodré, Lisbon, office building, rented	Pursuant to an agreement with the Portuguese State, in 2009 an area of 673.25sqm (located in the so-called Relogio building of the EMCDDA premises) was sublet to the latter for the use of the Jaques Delors European Information Centre (JDEIC since 2009). This sublease covered the period between May 2009 and March 2012, when the CIEJD left the areas occupied pursuant to the decision taken by the relevant Portuguese authorities. Since 2012, some private and public entities have expressed an interest for the sublease but they were not able to present any offer. Finally in early 2016 the company Bensaude presented an offer for this sublease which would allow the EMCDDA to sublet the areas previously used by the CIEJD and neutralise the budget impact entailed by the departure of the latter. On this basis the EMCDDA and the company Bensaude S.A. concluded the contract for the sublease of these areas. The date of effect of this contract is 1st May 2016 and it will have an initial duration of five years, which may be extended for further period of five years.
Surface area (in square metres) Of which office space Of which non-office space	6 520 + 61 parking spaces 5 846 674	643 sqm office space subleased.
Annual rent (in EUR)	EUR 305 421.96	Pursuant to the agreement reached in 2015 with the landlord for the payment of the rent for the lease of the current premises in the following years, the annual amount of this rent was adjusted as follows: EUR 272 085.96 for 2017 EUR 305 421.96 for 2018 EUR 589 689.96 for 2019 EUR 955 889.96 for 2020 EUR 1 072 089.96 from 2021 until the end of the 25 years lease contract in force.
Type and duration of rental contract	Lease for 25 years with option to buy	
Host country grant or support	The Host county supported the installation by providing the office furniture for the headquarters	
Present value of the building	N.A.	

5.2 Building project in the planning phase

No new building projects have been planned.

5.3 Building projects submitted to the European Parliament and the Council

No further building projects have been submitted to the European Parliament and the Council.

ANNEX VI
Privileges and immunities

Agency privileges	Privileges granted to staff	
	Protocol of privileges and immunities/ diplomatic status	Education/day care*
The Portuguese Government granted the EMCDDA with diplomatic status by means of the conclusion of a seat agreement on 26th June 1996 (Protocol between the Portuguese Government and the EMCDDA regarding the functioning of the agency in Portugal and the installation of its headquarters in Lisbon). Through this Agreement, which entered into force in May 1998, the Portuguese Government applies the Protocol on the Privileges and Immunities of the European Communities to the EMCDDA, exempting the agency from payment of all national, regional or municipal rates and taxes as regards the fixed assets it owns or rents, as well as from customs duties and from any other taxes, prohibitions or restrictions on goods of any kind which it imports or exports in the exercise of its official business (VAT, etc.)	Protocol on the Privileges and Immunities of the European Communities is applicable to EMCDDA staff. The Protocol concluded between the Portuguese Government and the EMCDDA regarding the functioning of the agency in Portugal and the installation of its headquarters in Lisbon, grants the EMCDDA staff the privileges and immunities, exemptions and facilities recognised by the Portuguese State to members of a comparable category of the diplomatic corps in Portugal. As a consequence, EMCDDA staff members are entitled to purchase furniture and/or household aids VAT free. This exemption does not cover expenditure for food supplies and beverages, property works, including materials, water, gas, electricity, food and beverages services, hotels or similar services, fixed line telephone services. Limited exemption is granted from the payment of the Portuguese tax and VAT on the purchase and registration of vehicles.	There is no European or accredited school that can be attended free of charge in the area where the EMCDDA has its seat. As per the Memorandum of Understanding signed in 2004 by the Portuguese Government, the EMCDDA and EMSA concerning the common premises of the two agencies in Lisbon, the Portuguese Government committed itself to do its utmost (jointly with EMSA and EMCDDA) to find the best possible solution for providing schooling for the children of EMSA and EMCDDA staff. In this context it agreed to pursue either the establishment of a European School in Lisbon or the signature of partial agreements between the European School Board and the main international schools in the Lisbon area. However, difficulties have been encountered for the implementation of this solution.

* See also Annex IV, Section E - Schooling

ANNEX VII
Evaluations

In line with Article 23 of the EMCDDA founding Regulation recast, the European Commission shall initiate an external evaluation of the agency every six years and forward the evaluation report to the European Parliament, the Council and the Management Board of the EMCDDA.

The last external evaluation of the agency was completed in June 2012. The main findings of this evaluation can be summarised as follows:

- As stated in the overall conclusions and recommendations, the EMCDDA has performed well during the 2007–12 period in its mission of providing the EU and Member States with factual, objective, reliable and comparable information at the European level on drugs and drug addiction and their consequences. This overall conclusion is supported by the evidence from a number of different sources including the survey work.
- In relation to the various tasks set out in the EMCDDA's 2006 'recast' Regulation, the evaluation findings are generally positive. Firstly in relation to its role of providing 'factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction, and their consequences', the EMCDDA has performed strongly. In addition to the demand-side, progress was made on improving the understanding of the supply side of the drugs problem.
- The EMCDDA also performed well in relation to the second task defined for it in the 2006 Regulation, namely to 'collect, register and analyse information on emerging trends'. During the period under review, the upward trend in NPS being detected has accelerated but the EMCDDA has kept pace with developments through its Early Warning System and related activities, providing useful information to the Commission and Member States that has been used to shape policy responses. Feedback from the research on the EMCDDA's performance in relation to the third task set out in the recast Regulation, identifying best practices in Member States and facilitating and exchange of such practices between them' is not as positive as for the other tasks. The EMCDDA's fourth task ('to promote cooperation with other European and international bodies and with third countries') has been successfully promoted.

The result of the aforementioned evaluation can be found at the following web link: http://www.emcdda.europa.eu/html.cfm/index184823EN.html

The final report contains 15 recommendations and the agency prepared an action plan to implement them. This action plan was adopted by the Management Board at its meeting of 5–6 July 2012.

With a view to monitoring the implementation of the follow-up action plan, an annual internal assessment exercise was put in place and the results were presented in the General Report of Activities for 2013 and 2014 (available at: http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=w8).

Furthermore, in order to measure the progress achieved, a KPI was set up in the 2014 work programme, namely KPI 10.1.6.: Degree of implementation of the follow-up action plan to the third external evaluation of the EMCDDA, adopted by the Management Board in July 2012.

At the end of 2014, this KPI shows a good level of implementation (100%) for all the actions resulting from the 15 recommendations which have been under the control of the EMCDDA. The EMCDDA therefore concluded that all these recommendations could be subsequently closed. In this regard, a decision was adopted by the Management Board at its 51st meeting which took place in September 2015.

The agency maintains, however, its commitment to ensuring that its future activities are aligned with these recommendations. This commitment is fully reflected in the EMCDDA's 2016–18 strategy and work programme, which was adopted by the Management Board in December 2015, in the EMCDDA's Strategy 2025 which was adopted by the Management Board in December 2016, as well as in this PD for 2018–20.

The fourth external evaluation of the EMCDDA will be carried out by the European Commission during 2018. The exercise will evaluate the success of the implementation of the three-year strategy and work programme for 2016–18, as well as of the previous strategy and work programme for 2013–15.

ANNEX VIII
Risks 2018

Risk factors identified for delivery of the 2018 work programme	Likelihood of risk and respective impact on the 2018 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Lack of adequate resources for national focal points (NFPs) in the Member States, which will impact their capacity to comply with reporting obligations towards the EMCDDA. This risk could be compounded by insufficient funding for core data collection in Member States (see 3, immediately below)	All core monitoring activities could be affected with the following main consequences: (a) lessened capability to identify new drug threats and developments; (b) undermining of established and valid time series data; and (c) reduced ability to properly report to the EMCDDA's key partners. The EMCDDA's own budget constraints have led to a decrease in its grants to the NFPs. A review of the present national reporting package has been carried out and should continue, involving regular reviews of core data needs, timely feedback to the NFPs on their performance and compliance with reporting obligations towards the EMCDDA. The budgetary situation in certain Member States has also led to cuts in funding of the respective NFPs; this risk can therefore be assessed as medium to high, depending on the concrete situation in Member States. In particular, budget revisions performed by the national authorities during the last trimester may trigger corresponding reductions of the co-financing provided to the NFPs by the EMCDDA, which would have obvious negative consequences for the NFPs in question.
2. Reduction of the reporting capacity of Member States, due to either lacking or reduced availability of core data with adequate quality levels	The timeliness and comprehensiveness of reporting by Member States on new threats and drug developments have been affected; reporting on matters relating to the introduction of NPS has been missing or delayed. Some comparative data has been unavailable, which has not allowed useful analysis at European level. The impact of this risk can be considered as medium to high and should in principle be confined to some Member States. Closer attention to reporting biases and statistical approaches adopted across the Member States ought to be paid, in order to ensure the credibility of data received. Additionally, monitoring of and feedback to the Member States on their reporting performance is ongoing and should be further developed in order to allow corrective action to be taken, wherever required.
3. Supplementary specific requests from EU institutions to provide technical support for the implementation of EC programmes and actions, particularly regarding implementation of Council Decision 2005/387/JHA on NPS	Supporting drug policy and technical cooperation (with EU Institutions) could be affected. The same applies regarding the undertaking of prompt action aimed at addressing issues arising from harmful NPS. In view of the high number of NPS appearing over a short time period, monitoring through the EWS and risk assessments has placed a disproportionate burden on the work programme; yet, legal obligations regarding performance of risk assessments along the lines established in Council Decision 2005/387/JHA needs to be complied with. Similar concerns also exist for requests related to new activities in the field of Home Affairs. For the reasons above, the risk level is within the medium to high range.
4. Supplementary requests from Member States and third parties to provide expertise in specific domains	Supporting drug policy and technical cooperation (with EU Institutions) could be affected. IT has been increasingly difficult to deal with the level of requests. Any increase in demand for this type of expertise would need additional scientific resources dedicated to it and to be considered in view of other work programme priorities; in this respect, there are serious concerns over the work overload being created in response to the number of requests addressed to the EMCDDA. The risk level is presently seen as medium although on the rise.
External events that might have an impact on the implementation of the annual work programme as a whole	
5. Natural catastrophes: earthquakes (leading to possible tsunamis), landslides or floods	The location of the EMCDDA facilities, bordering the Tagus river, raises a potential risk of being affected by any of these natural catastrophes. The likely consequences of a major earthquake are hardly predictable and appropriate measures would have to be taken in order to deal with the resulting damages. A landslide of the building caused by earthquakes, although not very likely, cannot be ruled out. As regards Tagus flooding, some information available leads us to believe that the potential risk here would be low. On the other hand, it is conceivable that a combination of heavy rain with Tagus high tides could cause flooding of the underground car park. Further mitigating measures to deal with this risk ought to be agreed with and taken by the landlord of the EMCDDA buildings. A very comprehensive insurance contract covering, inter alia, adverse effects from earthquakes, landslides and floods has been signed. A Business Continuity Plan (BCP) for the agency as a whole was approved in 2013: this will help mitigate these risks and respective consequences.
6. Terrorist attacks	Any activity of the EMCDDA could be affected. Recent events in some European countries, while isolated, raise serious issues concerning possible collateral effects of ISIS activities both in North Africa and the Middle East (notably, radicalisation of youngsters and further home-grown terrorism). A series of mitigating measures have been taken, notably adequate insurance policies of premises; reinforced building protection against bomb blasts and small calibre bullets; and scanning of suspicious mail. Moreover, the main entrances at the EMCDDA premises have been redesigned in order to create a second barrier to possible intruders; the immediate entrance area to the garage has been upgraded in order to prevent or deter entrance by a vehicle of would-be terrorists. Further risk mitigation measures shall be implemented by the end of the first quarter of 2017, notably: an access card-based system allowing pre-selection of persons enabled to enter the buildings; the installation of bullet proof glass entrances; the equipment of outside windows with mirror film. All in all, the risk of terrorist attacks is presently assessed as medium.

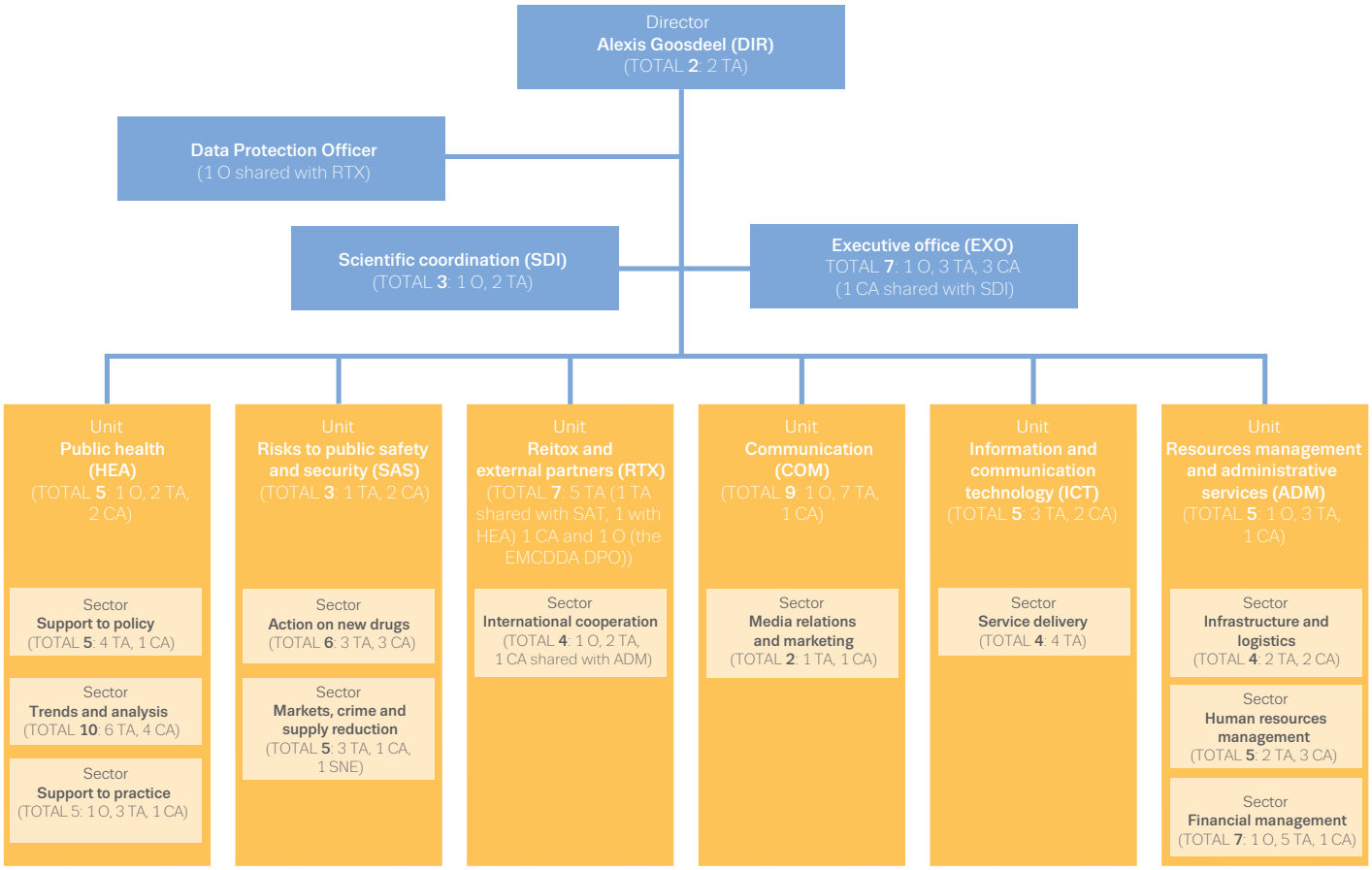
Risk factors identified for delivery of the 2018 work programme	Likelihood of risk and respective impact on the 2018 work programme
Internal risks	
7.1 Information Technology (IT) Governance risks, notably linked to: a) suboptimal investment decisions in IT; b) certain weaknesses in the management of IT projects; and c) suboptimal licensing and assets management procedures	A vast number of mitigating measures to deal with these risks have been implemented, namely: a) setting up of a register with a categorisation of ICT investments; elaboration of detailed reports on ICT activities from 2010 onwards; setting up of a project catalogue for ICT; creation of an ICT Investments Steering Committee which reviews and control investments in the area; implementation of a project portfolio management process; improved documentation of procedures leading to decisions taken on IT investments; coordinated set of actions to actively reduce the telecommunications costs; and, setting up of a shared high-speed internet access (in cooperation with EMSA). b) setting up of the ICT Advisory Committee; participation of the EMCDDA in inter-institutional Framework Contracts; adoption of a 'turn-key' approach to projects; definition of a fit-for -purpose project management methodology for ICT projects, allowing enhanced control of cost objectives and resources deployed. c) use of suitable tools in supporting sound assets' management and reliability of licensing; implementation of the Services Catalogue on the basis of the new Services Request Management Tool. A wide range of additional measures and actions is expected to further reduce the existing medium risk levels : (a) implementation of a framework targeting investment optimisation; (b) implementation of three framework contracts focusing on internet connectivity, SAP consultancy and on the 'cloud'; better alignment of IT projects with our core business needs; implementation of a fit-for-purpose project management methodology ; and c) to enhance planning and control of license and assets utilisation.
7.2 Information Technology (IT) Technical risks, notably linked to: a) software configuration management problems resulting from installations of software not being properly planned; b) inconsistent application of patching procedures, compounded by insufficient documentation of interventions and system updates; c) difficulties in ensuring business continuity and swift recovery in cases of incidents or disasters, due to both governance related and technical risks; and d) security violations, due to some lack of adequate procedures, policies and documentation in the IT area	Most relevant mitigating measures have already been implemented, such as: a) setting up of an automatic monitoring system to deal with installed configurations; configuration audit exercises; implementation of technical tools addressing management of software configuration issues; and, conception of a 'documentation tree' as the basis for a future documentation set covering risk management, security and governance in IT; b) 'ad hoc' testing of potential consequences emerging from patching procedural weaknesses and systematic registration of interventions performed; setting up of a Definitive Software Library (DSL), indicating software versions in use and patches installed; and, extension of the scope of Windows 7 in order to include the configuration of patching capabilities. Documentation of the processes used for patching in desktops has been produced; c) Adoption of an EMCDDA Business Continuity Plan (BCP) as a whole (thus also covering IT); ; implementation of an external facility for backup tape storage; use of a Framework Contract for the backup consolidation project supporting business continuity; procurement of specialised assistance services in cases of emergency or disaster; documentation of key technical dependencies in ICT; and, completion of the first phase of the setting up of the EMCDDA Business Continuity and Disaster Recovery (BCDR) in Madrid d) installation of network management software combined with an update of the software version of Firewalls; introduction of modules for intrusion detection and prevention; increased protection against malware and virus threats; and, definition of a process to control the creation, modification and revocation of user accounts and access profiles. Furthermore, a comprehensive set of additional measures has been planned in order to further reduce present risk levels: (a) establishment of standard documentation on the EMCDDA ICT technical infrastructure; (b) definition of specific guidelines for patching in servers; and, alignment of software configurations and use of patching capabilities also on Citrix servers; (c) finalisation of the work started in implementing the Service Continuity and Disaster Recovery Plans (BCDR centre in Madrid); to continue investment in documenting dependencies amongst key technical components of the EMCDDA ICT infrastructure; and (d) completion of an Information System Security Policy Framework, in order to articulate the different levels of regulation on information security (namely, standards, processes and guidelines); enhancement of the current information security policy in areas such as applications' security, network, change management, and identity and access management; contracting and carrying out telecom security related services, as well as external audits on sensitive areas of the EMCDDA's core business (for instance, Fonte data collection application); implementing further security best practices regarding, inter alia, diffusion of system administrator passwords; and, periodical review of user access rights. In view of the above, these IT technical risks are presently within the medium to high range.
8. Unexpected departure of key members of staff, which could have a negative impact on the quality of the scientific output of the EMCDDA	Given the highly specialised and technical nature of much of the agency's work, finding suitable replacements can be a time-consuming task. Redeployment could prove to be unfeasible, as it would require the existence of a pool of staff members with very comprehensive skills and expertise in the areas at stake. The present organisation of the Scientific Division has provided some back-up arrangements for all staff concerned, while allowing a wider decentralisation of responsibilities in this key area. Even so, these might turn out to be insufficient, notably in the event of long-term absence of key staff, which could hinder the EMCDDA's core operations. Investment in human resources ensures that arising needs are treated with minimum delay in most cases; a recruitment tool was developed by the EMCDDA with a view to further accelerating recruitment procedures. Job profiles have been designed with a view to recruiting staff for transversal tasks and facilitating sharing of knowledge and expertise within small working groups. A stable contracts policy with key staff, notably in scientific areas, has been pursued and ought to be reinforced. In view of the mitigation measures already taken and planned the risk level can be assessed as low to medium.

ANNEX IX
Procurement plan 2018

Pursuant to the applicable financial regulation, this annex indicates the procurements for non-administrative activities that have been envisaged for the implementation of the EMCDDA 2018 work programme the value of which is equal to or greater than EUR 60 000, to be covered by appropriations entered into Title 3 of the relevant EMCDDA budget.

No such procurements have been envisaged for the implementation of the 2018 work programme. In the event that such procurements are launched during 2018 the EMCDDA Management Board will be duly and promptly informed.

ANNEX X
Organisation chart 2018



ANNEX XI
List of the beneficiaries of Reitox grants (national focal points)

- AUSTRIA: Gesundheit Österreich GmbH (Austrian Public Health Institute), Vienna.
- BELGIUM: Institute of Public Health — (IPH-), Brussels.
- BULGARIA: National Centre for Addictions (NCA BG), Sofia.
- CROATIA: Vlada Republike Hrvatske — Ured za suzbijanje zlouporabe droga (Office for Combating Drugs Abuse of the Government of the Republic of Croatia), Zagreb.
- CYPRUS: ΑΝΤΙΝΑΡΚΩΤΙΚΟ ΣΥΜΒΟΥΛΙΟ ΚΥΠΡΟΥ (Cyprus Anti-Drugs Council — CAC), Nicosia.
- CZECH REPUBLIC: Úřad vlády České republiky (Office of the Government of the Czech Republic), Prague.
- DENMARK: Danish Health Authority, Copenhagen.
- ESTONIA: Tervise Arengu Instituut (National Institute for Health Development — NIHD), Tallinn.
- FINLAND: Terveyden Ja Hyvinvoinnin Laitos (National Institute for Health and Welfare — THL), Helsinki.
- FRANCE: Observatoire Français des Drogues et des Toxicomanies (French Monitoring Centre for Drugs and Drug Addiction), Saint-Denis.
- GERMANY: Institut für Therapieforschung (Institute for Therapy Research), Munich.
- GREECE: Εθνικό Κέντρο Τεκμηρίωσης και Πληροφόρησης για τα Ναρκωτικά — ΕΚΤΕΠΝ (University Mental Health Research Institute), Athens.
- HUNGARY: EMMI, Emberi Erőforrások Minisztériuma (Ministry of Human Capacities), Budapest.
- IRELAND: Health Research Board (HRB) —, Dublin.
- ITALY: Presidenza del Consiglio dei Ministri — Dipartimento per le Politiche Antidroga (Presidency of the Council of Ministers — Department for Antidrug Policies), Rome.
- LATVIA: Slimību profilakses un kontroles centra (Centre for Disease Prevention and Control of Latvia), Riga.
- LITHUANIA: Narkotikų, Tabako ir Alkoholio Kontrolės Departhamentas (Drug, Tobacco and Alcohol Control Department), Vilnius.
- LUXEMBOURG: Luxembourg Institute of Health (LIH), Luxembourg.
- MALTA: Ministry for the Family and Social Solidarity (MFSS), Valletta.
- NETHERLANDS: Stichting Trimbos Instituut, Utrecht.
- POLAND: Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (National Bureau for Drugs Prevention), Warsaw.
- PORTUGAL: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD), Lisbon.
- ROMANIA: Agenția Națională Antidrog (National Anti-drug Agency), Bucharest.
- SLOVAKIA: Ministerstvo zdravotníctva Slovenskej republiky — MZ SR (Ministry of Health of the Slovak Republic), Bratislava.
- SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije — NIJZ (National Institute of Public Health of the Republic of Slovenia), Ljubljana.
- SPAIN: Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs — GDNPD), Madrid.
- SWEDEN: Folkhälsomyndigheten (Public Health Agency of Sweden), Östersund.
- UNITED KINGDOM: Public Health England, Alcohol and Drug, London.

Full contact details are available at: www.emcdda.europa.eu/about/partners/reitox-network

ANNEX XII
Template of the 2018 Reitox grant agreement

The current grant agreement template is available at:
www.emcdda.europa.eu/about/partners/reitox-network

ANNEX XIII
Technical assistance projects

IPA 6 project (Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo (*), Montenegro and Serbia)

The contract for the IPA 6 technical project was signed on 30 June 2017 and the project started on 1 July 2017. It will run for a period of 24 months, i.e. until June 2019. The beneficiary countries are Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo*, Montenegro and Serbia. The total budget is 340 000 EUR.

EU4Monitoring Drugs project (European Neighbourhood Policy (ENP) South and East countries)

The EU4Monitoring Drugs project is planned to start by mid-2018 and runs for a period of 3 years. The beneficiary countries are 15 out of the 16 Eastern and Southern neighbours of the EU: Morocco, Algeria, Tunisia, Egypt, Lebanon, Jordan, Libya, Palestine (**), Israel, Armenia, Azerbaijan, Georgia, Ukraine, Belarus, Moldova. The respective technical proposal was being drafted at the moment of the preparation of this Programming Document; it be submitted to the EC (DG NEAR) in the first half of 2018.

(*) This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo declaration of independence. It applies to all mentions of Kosovo in this document.

(**) This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

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