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Speech

Speaker	**Wolfgang Götz, EMCDDA Director**
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Members of the LIBE Committee,
Ladies and Gentlemen,

It is my great pleasure to present to you today some highlights from the **EMCDDA's 2015 work programme** which was adopted by our Management Board in December last year.

And I particularly welcome this opportunity, as 2015 represents an important milestone in the agency's work — when we complete our current three-year planning cycle and prepare the ground for the next one (2016–18). Thus, the work programme has been designed to build a solid bridge between the old and new strategic priorities of the EMCDDA.

It has a very difficult objective to fulfil: to ensure that our **key triennial commitments** are met despite the heavy burden placed on the agency by some **very challenging circumstances**.

- The agency's **resources have been cut**. In 2014, the EU subsidy was cut by 5% — against the opinion expressed by this very institution. The situation remains equally difficult in 2015.

- And yet the agency's **workload is growing**. Let's take, for example, the massive increase in the number of risk assessments for new psychoactive substances, which we carried out in 2014 at the request of the Council. There were six in total — that's twice the number of risk assessments requested during the entire preceding 4-year period (i.e. 2010–13). (This represents only a part of the agency's work to which a separate session is dedicated this afternoon.)

Nonetheless, the EMCDDA is, more than ever, committed to contributing to the **security and health of EU citizens**.

You may remember that in September last year I presented our very first thoughts on the EMCDDA's next three-year strategy and work programme (for 2016–18). And I told you then that work would be guided by our vision for a **more secure and a healthier Europe**.

Our mandate, as well as our **knowledge, expertise** and the **strategic partnerships** we have developed over the 20 years of our existence, place us in a privileged position to achieve this.

Let's look at what the EMCDDA can do for the security of EU citizens. I believe that we would all agree that security can only be assured if sound decisions are being made. And our role is to bring you,

and the other policymakers at EU and national level, strong evidence-based information to support these decisions.

This is why, in 2015:

- We will produce, jointly with one of our close partners, Europol, the **second strategic analysis on EU drug markets**. As you may know, the first edition of the ***EU drug markets report*****,** published two years ago, has become the key reference document for policymakers in the EU (for example, it supported the Council Conclusions on improving the monitoring of drug supply in the EU, adopted at the Economic and Financial Affairs Council meeting in November 2013 and it has been factored into the Operational Action Plans (OAPs) 2014 and 2015 of the cocaine/heroin and synthetic drug Policy Cycle priorities of the COSI, etc.) and beyond (the report was considered one of the most 'notable documents of the year' by the American Library Association).

  The second edition is already **generating high interest** from our main stakeholders. And, in order to meet expectations, it will seek to fill the knowledge gap on both drug market size and the scale of drug-related money laundering in the EU. The extensive work required on this report will be carried out during 2015 and we plan to launch in time for the 2016 (59th) Session of the Commission on Narcotic Drugs (CND) and for the conclusions of the 2016 UNGASS.

- In parallel, the EMCDDA will continue the activities assigned to it within the **2013–17 OAP of the new policy cycle within the COSI of the EU**. This includes analysis of the data collected by Europol on **synthetic drug production sites** (the EMCDDA's capacity for strategic analysis is one of our key assets, which we will aim to enhance in our next three-year strategy), and support for reporting on issues such as **cocaine production sites**.

- As far as **security of the EU** is concerned, another obvious link is to the area of international cooperation. Here the EMCDDA has a long tradition in **supporting 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. In 2015, the agency will complete a first project that aims to build capacity in 7 partner ENP countries and will begin implementing its fifth IPA project (Instrument for Pre-Accession Assistance) with another 7 CC and PCC beneficiary countries. We bring to these countries the EU balanced approach and our knowledge about drug monitoring, we help them improve their data, in line with our EU standards, and we integrate these data into our analyses.)

These activities, together with data collected from other international partners, help improve our **global perspective of the drug phenomenon**, which translates into a much more complete perspective for our EU stakeholders providing them with a better capacity to react to — and even anticipate — external threats.

But, as I mentioned before, the EMCDDA is not only concerned about the security of EU citizens — the agency's goal is to contribute also to their health.

The EMCDDA is at the crossroads of security and health, and is able to capture and provide both perspectives. This is what makes us such a unique feature of the EU landscape.

Sometimes these two important areas overlap.

To this end, in 2015:

- We will continue to enhance our **early-warning and threat assessment capacity** which will allow us to alert you promptly to the emerging risks posed by drugs for EU citizens. A core component of this capacity involves **managing the early warning system on new drugs (EWS).** We will go into detail on this in our dedicated session this afternoon — but here, I just wanted to stress again that this is a **key priority for the EMCDDA** to which a large part of the agency's resources have been allocated (there are, however, still not enough).

  We need to ensure that the system will be able to identify and monitor all the NPS appearing during the year (the number cannot be predicted but there were 101 of them in 2014…). To achieve this, it is essential that the **European Database on New Drugs (EDND)** — the only instrument in Europe that stores information on the (more than) 430 NPS identified and monitored to date — is fully operational. In 2014, substantial investment was made in this mission-critical EWS tool, and more needs to be done in 2015. Here, however, I need to alert you to the **lack of proper resources to complete the job**… Significant effort will also be required to adapt the EWS to the new legislative framework expected to replace the current Council Decision on NPS.

- Another important component of our work relates to **emerging trends**. The EMCDDA's objective is to remain **first in alerting on (and even anticipating) future trends**. In 2015, we will improve our **trendspotting methodology** and release an **in-depth analysis on Internet and drug markets**, which we expect will shed some light on the fast-moving and little-investigated darknet area that more and more serves as a vehicle for drug trafficking.

- In 2015, the EMCDDA has another important task, which is to contribute (as requested by the EC) to the **first bi-annual progress assessment of the EU Action Plan 2013–16 of the current EU Drug Strategy**. The EMCDDA has a key role both in implementing this Action Plan (18 of the 54 actions) and in reporting on its implementation (23 of the 54 actions). In addition, we will continue to provide **expertise and methodological support to Member States** for: evaluating their national strategies and action plans, methods to estimate public expenditure and legal developments. Keeping abreast of new policy developments, the agency will also carry out a review of current cannabis legislation in Europe.

In terms of **contributing to the health component of EU citizens' wellbeing**, in 2015:

- We will continue the **successful collaboration with our partners** (mainly ECDC, but also WHO) in the prevention of infectious diseases amongst people who inject drugs, with a main focus on HIV and hepatitis C.

- To this end, we will also release an **in-depth topical review on the treatment of hepatitis C** — one of the most burdensome drug-related harms. Another strategic publication will review the **psychiatric comorbidities** associated with drug use.

- Our recently revamped **Best practice portal** — an important tool for drug professionals — will continue to be developed with **new reviews of evidence** (the effectiveness of treatment in the EU being just one example).

Needless to say, we would not be able to achieve all of this without **ensuring that our monitoring system remains fit for purpose** and that **our internal processes are quality controlled and efficient**. To this end, the EMCDDA will continue to invest in improving its key epidemiological indicators.
On the **drug supply side**, the agency will achieve important progress in the development of the drug markets and drug-related crime indicators (as you may know, improving monitoring in this area has been a topic high on the EU policy agenda, to which the EMCDDA has given priority). Furthermore, in order to

keep pace with new developments, we are striving to develop some **novel approaches to drug monitoring** — in 2015 this will involve developing a **technical proposal for wastewater monitoring** (a field which is also very closely followed by the EC).

The third edition of our **European Drug Report package** will be launched in early June this year, and I will be most happy to present you highlights from this detailed overview of the trends and developments in the drug situation in Europe.

A complete picture of the drug phenomenon is continuously provided via our website.
Work done in the past two years to overhaul the EMCDDA's online presence will deliver in 2015 a more dynamic website with enhanced interlinking. I would strongly invite you to visit it.

Thank you for your attention.