European Monitoring Centre
for Drugs and Drug Addiction

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Contents

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 2019–21.

This is the first PD fully grounded in the EMCDDA Strategy 2025 that was unanimously adopted by our Management Board in December 2016; therefore, it sets a milestone in our strategic and operational planning framework.

At the same time, the document has been prepared at a moment of uncertainty about the conditions in which the agency will be operating in 2019–21.

A key influencing factor is the outcome of the fourth external evaluation of the EMCDDA, which has been carried out by the European Commission in 2018. The exercise may bring changes in the EMCDDA's remit, which we must be prepared to implement efficiently. For that purpose, a strategic analysis of potential consequences on the agency's mandate will be undertaken during this new programming period.

The EU multiannual financial framework for 2021–27 will also be decided in the next two years. This entails different possible scenarios for our available resources in the future, for which we will need to create the proper conditions to remain fully operational and effective. To that end, in 2019–21 we will consolidate our internal capabilities, in line with the action areas defined under the new strategic business drivers. Developing our human capital will be key to that. Furthermore, intelligent and timely investments in our information and communication technology will be necessary in order to support the agency's core business, in particular the drug information collection from the Member States, as well as the functioning of more efficient corporate processes and tools.

The most significant factor that shapes our work remains, however, the drug phenomenon, and this defines our activities under the two strategic goals, focused on health and security. The European drug situation is characterised by increasingly diverse consumption patterns and ever more sophisticated means of drug production and trafficking. The biggest challenge I see therefore is to safeguard the established EU drug monitoring system and further develop innovative data collection approaches, such as open source information, wastewater analysis or web surveys, as well as working more closely with European research networks and collaborations such as the European School Survey Project on Alcohol and Other Drugs (ESPAD) group, in order to keep pace with the evolving drug phenomenon, while resources are shrinking. In this context, a review of the existing tools will be carried out and a 'futures exercise' will take place for the first time, to identify future reporting needs.

An ongoing priority will be the implementation, together with our dedicated partners, of the EU Early Warning System on new psychoactive substances (EU EWS). In 2019–21 this will take place under the new legislative framework which was adopted in October 2017 and which will strengthen the role of the EMCDDA in the EWS and the risk assessment mechanism.

A comprehensive overview of new, changing or emerging threats will be provided by the third strategic analysis EU Drug Markets Report that will be launched jointly with Europol in 2019. This will be followed in 2020 by the second edition of Health and Social Responses to Drug Problems: a European Guide, providing a state-of-the-art overview of the responses to drug use and consequences across the EU and their effectiveness.

Maximising value from our cooperation with partners, especially with the Reitox network of national focal points (NFPs), our main data providers in the Member States, will be key to the successful delivery of our services in 2019–21. Two new frameworks will guide our work in this

area, namely the Reitox Development Framework, for our activities with the NFPs, and the new International Cooperation Framework, for our initiatives with third countries and international organisations.

I am fully confident that in 2019–21 the EMCDDA, guided by our Strategy 2025, will successfully rise to the challenges ahead, including the uncertainties in our external environment, by becoming a more efficient, innovation-driven, and overall robust organisation. This will allow us, with support from our partners, to maintain the EU drug information system fit for purpose and thereby to strengthen the national and EU preparedness and response to health and security challenges posed by drugs.

Alexis Goosdeel
Director, EMCDDA

List of abbreviations

AHCC	Authority authorised to conclude the contract
BCP	business continuity plan
BPP	Best Practice Portal
CA	contract agent
CADAP	Central Asia Drug Action Programme
CC	candidate countries
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
CND	Commission on Narcotics Drugs
COM	Communication Unit
COPOLAD	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
ECHA	European Chemicals Agency
EDMR	European Drug Markets Report
EDND	European Database on New Drugs
EDR	European Drug Report
EFSA	European Food Safety Authority
ELDD	European Legal Database on Drugs
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
EPSO	European Personnel Selection Office
ERISSP	European Reporting Instrument on Sites related to Synthetic Production
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EU4MD	EU 4 Monitoring Drugs project
Euro-DEN	European Drug Emergencies Network
EU-ANSA	EU Agencies Network on Scientific Advice
Eurojust	the European Union's Judicial Cooperation Unit
Europol	the European Union Agency for Law Enforcement Cooperation
EWS	Early Warning System
EXO	Executive Office
FG	function group
FRA	European Union Agency for Fundamental Rights
FTE	full-time equivalent
GPS	general population survey

HCV	hepatitis C virus
HCIN	Heads of Communication and Information Network
HDG	horizontal working party on drugs
HEA	Public Health Unit
HFP	heads of national focal points
HIV	human immunodeficiency virus
HR	human resources
IAS	Internal Audit Service
ICT	information and communications technology
ICTAC	Information and Communication Technologies Advisory Committee
IPA	Instrument for Pre-accession Assistance
JHA	Justice and Home Affairs
KI	key indicator
KPI	key performance indicator
MASP	multiannual strategic plan
MFF	multiannual financial framework
MIS	management information system
MoU	Memorandum of Understanding
NEWS	national early warning systems
NFP	national focal point
NPS	new psychoactive substances
OAP	operational action plan
OSI	open source information
PCC	potential candidate countries
PD	programming document
PDN	Performance Development Network
PDU	problem drug use (indicator)
PhV	pharmacovigilance
PM-P	project management programme
PWID	people who inject drugs
RA	risk assessment
RDF	Reitox Development Framework
Reitox	European Information Network on Drugs and Drug Addiction
SAS	Risks to Public Safety and Security Unit
SCORE	Sewage analysis CORe group Europe
SIENA	Secure Information Exchange Network Application
SNE	Seconded national expert
SOCTA	Serious and Organised Crime Threat Assessment
SR	Staff Regulations
SWP	standing working party
TA	temporary agent
TDI	treatment demand indicator
UK	United Kingdom
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
VAT	value added tax
WA	Working arrangement
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.

Building on the EMCDDA's founding regulation, which was recast in 2006, Strategy 2025 ([1]) defines the agency's current mission and vision statements.

Mission

The EMCDDA exists to support evidence-based decisions and actions at EU and national levels by providing factual, objective, reliable and comparable information concerning drugs and drug addiction, and their consequences. The EMCDDA's mission is therefore grounded in the consensus that sound information is a prerequisite for developing effective policies in the drugs area.

Vision

The EMCDDA's vision is a healthier and a more secure Europe, achieved through better informed drug policy and action.

To do this effectively we must constantly strive to respond to the needs of our key stakeholders, who can be defined as:

- EU institutions;
- national decision-makers/policymakers; and
- professionals working in the drugs field.

Beyond meeting the information needs of our key stakeholders, to address our mandate we also need to engage with other stakeholders, which include academic institutions and researchers; the general public, civil society and those affected by drug problems; and international organisations and third countries.

Values

The EMCDDA is committed to the EU and its values. Beyond these, we have identified a set of core values to inform all aspects of our work, inspire our staff in their professional performance, inform our future policies and guide our interactions with stakeholders and partners.

Our four core values are:

- scientific excellence;
- integrity and impartiality;
- customer focus and service orientation; and
- efficiency and sustainability.

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

Section I
General context

Responding to EU needs in 2019–21

Introduction

This programming document (PD) covers the period 2019–21. The document is fully aligned with the new EMCDDA Strategy 2025, which was adopted by the Management Board in December 2016.

This is reflected in the new structure of the PD: while the 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 European Commission (EC) in the guidelines for programming document for decentralised agencies, the presentation of the EMCDDA's main areas of work has been entirely reshaped to mirror the Strategy 2025 (see Section II, Multiannual programming).

The concrete priorities of work are defined every year within these main areas, and they are presented in the annual work programme, which is part of the PD. For PD 2019–21, this is the 2019 work programme, which is presented in Section III of the document.

These annual priorities are embedded in the overall priorities defined in the EMCDDA recast regulation, which form the bedrock of this PD 2019–21. These are as follows: (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 new psychoactive substances (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 EC to monitor and evaluate EU policies.

The role of the EMCDDA

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 European Commission) and the policymakers and practitioners in the Member States.

The ultimate purpose of the work performed by the EMCDDA is therefore 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 to tackle the drugs phenomenon effectively.

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

Developments that will shape our work

Dynamic drug phenomenon

As our analyses show, the drug phenomenon is constantly evolving. Increasing numbers of overdose deaths, the continued availability of NPS and the rising health threat of highly potent synthetic opioids are only a few of the issues of growing concern, as highlighted by the EMCDDA's most recent annual overview of the drug situation, *European Drug Report 2018: Trends and Developments* ([2]).

New psychoactive substances (NPS/'new drugs'), in particular, remain a considerable public health challenge in Europe. Not covered by international drug controls, they encompass a broad range of synthetic substances, including cannabinoids, cathinones, opioids and benzodiazepines. By the end of 2017, the EMCDDA was monitoring more than 670 NPS (compared with around 350 in 2013). In view of these developments, the role of the EMCDDA in coordinating the EU Early Warning System on NPS (EWS) has been strengthened through the application, from 23 November 2018, of the new NPS legislation (see the later section on 'Key institutional developments with an impact on the EMCDDA mandate').

Innovations in drugs production are occurring in parallel with increasing sophistication of drug markets. As shown in the

([2]) Available at http://www.emcdda.europa.eu/publications/edr/trends-developments/2018

second joint EMCDDA-Europol strategic analysis EU Drug Markets Report (EDMR) ([3]), which was published in 2016, these markets now represent one of the key threats to the security of the EU. Use of the internet in this context creates particular concern. It provides not only new ways to access customers and suppliers, but also opportunities to enhance the efficiency and security of offline criminal activities.

A growing issue with a potential impact on drug use in Europe is the increasing migration flow into the EU. As presented in the first edition of Health and Social Responses to Drug Problems: a European Guide ([4]), which was published by the EMCDDA in October 2017, many migrants have lower rates of substance use than their host communities, but some may be more vulnerable to substance misuse for reasons such as trauma, unemployment and poverty, loss of family and social support, and the move to a normatively lenient setting; furthermore, these factors can be more severe in women and girls, as a result of experiences during migration (violence, sexual exploitation, loss of family members). These groups may be at risk of developing drug problems. There is a need therefore to increase awareness of vulnerabilities and reduce social exclusion of these people. Monitoring drug use among migrant groups may also become necessary in the future, to understand the situation and support formulation of adequate responses.

As this example shows, the drug problems facing Europe are increasingly influenced by developments occurring internationally, which makes understanding of the global context critical for our strategic analyses of the EU drug situation. A further example is the changes in the regulatory framework for cannabis that are taking place in parts of the Americas, which have generated interest among policymakers and the public in Europe. The extent to which developments occurring elsewhere are directly transferable to the European context is unclear; however, the EU drug monitoring system must remain alert to these developments and anticipate possible future scenarios.

Within this complex environment, a core challenge for the EMCDDA is to ensure that its tools and methods remain fit for purpose in relation to the changing nature of the European drug phenomenon and accompanying information needs. This requires regular review and revision of existing instruments, as well as the development of new approaches. Anticipating future challenges, thereby allowing the agency to develop a long-term plan for instrument development, will require investment. The agency also needs to develop more complex reporting and analytical models that reflect drug problems defined by the consumption of multiple substances, including medicines and a rising number of NPS carrying potentially severe health risks. Furthermore, as mentioned above, the European drug problem is more and more linked to, and influenced by, global developments. Therefore, it will become increasingly important to identify trends and developments occurring in neighbouring countries, and internationally, which could have an impact on the European situation. In that regard, in 2019–21, the EMCDDA will enhance its activities with third countries which are a priority for the EU, namely in the framework of the European Enlargement and Neighbourhood policies, which will include scientific support and capacity-building activities.

To achieve this, maintaining, consolidating and further developing the quality and comparability of the data and information collected through the Reitox network of national focal points (NFPs) and other sources of information remains a central priority for our work. This work will be guided by the Reitox Development Framework adopted in December 2017, which sets the direction of travel for the Reitox network for the period up to 2025, and describes how this will contribute to the goals defined in the EMCDDA Strategy 2025. Furthermore, to keep pace with developments and the needs of our stakeholders, the EMCDDA is committed to identifying and using appropriate complementary sources of information to keep its knowledge base up to date.

EU drug policy context

The need for factual, objective, reliable and comparable information reflects a European consensus that, in a sensitive and complex policy area such as drugs, effective actions have to be based on evidence of the nature of the problem and what has been shown to work, rather than on moral or value judgements. Moreover, cooperation, coordination and common action are facilitated by comparing, contrasting and sharing national experiences.

The EMCDDA is committed to providing the information resources necessary to meet these objectives and we are proud that, over the past two decades, our work has both helped to support the development of a more rational and effective approach to drug problems across the EU and facilitated a more cohesive policy dialogue on this complex and important issue.

In 2019–21, 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. 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,

([3]) Available at http://www.emcdda.europa.eu/start/2016/drug-markets
([4]) Available at http://www.emcdda.europa.eu/responses-guide

as requested, for reflection on the EU strategy on drugs post 2013–20.

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 2016 United Nations General Assembly Special Session (UNGASS) on drugs and processes towards the 2019 global drug policy review, also in view of the relevant links with the UN Sustainable Development Goals and support to relevant World Health Organization (WHO) strategies in the areas of human immunodeficiency virus (HIV) and hepatitis.

In terms of security, the agency will also fulfil the obligations arising from the EU Agenda on Security 2015–20 and it will contribute, as required, to the EU policy cycle for organised and serious international crime 2018–2021, which represents the framework within which the EU Member States coordinate common priorities and operational action.

Other relevant EU developments

This new programming period will see a change of leadership at the level of the EU institutions. In 2019, a new European Parliament will be elected and the European Commission will also have a new composition. These changes may affect where the drug phenomenon is placed on the EU policy agenda.

Another key development is the negotiation for withdrawal of the United Kingdom (UK) from the European Union in March 2019. Although the possible consequences of this withdrawal are, to a large extent, currently unclear, some preliminary analysis carried out at the level of the agency suggests that, should the UK not retain its membership of the EMCDDA, our scientific work and operational capacity would undoubtedly be affected. The UK is a major contributor of data to the EMCDDA, and it also has a large pool of high-quality experts in areas relevant to our activities. Finally, the UK departure from the EU is expected to bring important financial implications (see the point on resources, below).

Key institutional developments with an impact on the EMCDDA mandate

In August 2016, the EC presented a legislative proposal for the amendment of the EMCDDA founding regulation to strengthen the EMCDDA's role, tasks and procedures for the information exchange, early warning system and risk assessment on new psychoactive substances (COM(2016) 547 final of 29 August 2016).

In November 2018, the resulting legislation — Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances — will apply, thus replacing Council Decision 2005/387/JHA. This new legislation will strengthen the EU Early Warning System on NPS and the risk assessment mechanism. In addition to new tasks, it will entail shorter deadlines for the completion of the core obligations. It will also require additional information and new working procedures in the operation of the EWS and the risk assessment mechanism.

A key development with a significant impact on this programming period is the fourth external evaluation of the EMCDDA, which has been carried out by the EC in 2018. The purpose of this exercise has been 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, and to formulate recommendations for the future. The outcome of this external evaluation will shape the medium- to long-term work of the EMCDDA, including any possible extension of the agency's mandate that may result from this important exercise.

Finally, a mid-term assessment of Strategy 2025 will take place in 2020. The exercise will measure the progress made by the EMCDDA in reaching the key milestones set up in Roadmap 2020, and determine if the agency is on track to achieve its long-term strategic objectives. The findings of this review will inform the new roadmap, to 2025, and reshape, as needed, our work during the last year of this new programming period.

Resources

A key element of the implementation of this three-year programming document will be the 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 until 2020. 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, at this stage it is estimated that by 2020 the EMCDDA will operate with an EU annual subsidy of around EUR 16 million.

The definition during the 2018–20 period of the next EU multiannual financial framework (MFF) for 2021–27 will affect the EMCDDA's resources and activities, as well as the operations required for planning and managing the resources

available. No clear picture of this new framework was available at the time of preparing this PD 2019–21. Planning for 2021, the last year of this multiannual programming document, and the first year to be covered by the new MFF, has therefore been undertaken assuming a relatively stable EU subsidy.

Nevertheless, there is increasing concern that resources at EU level, and implicitly the EMCDDA budget beyond 2020, could substantially decrease as a result of the UK's withdrawal from the EU. Should this scenario become reality, the EMCDDA would need to make important internal changes and significantly adjust its planning to cope with the situation.

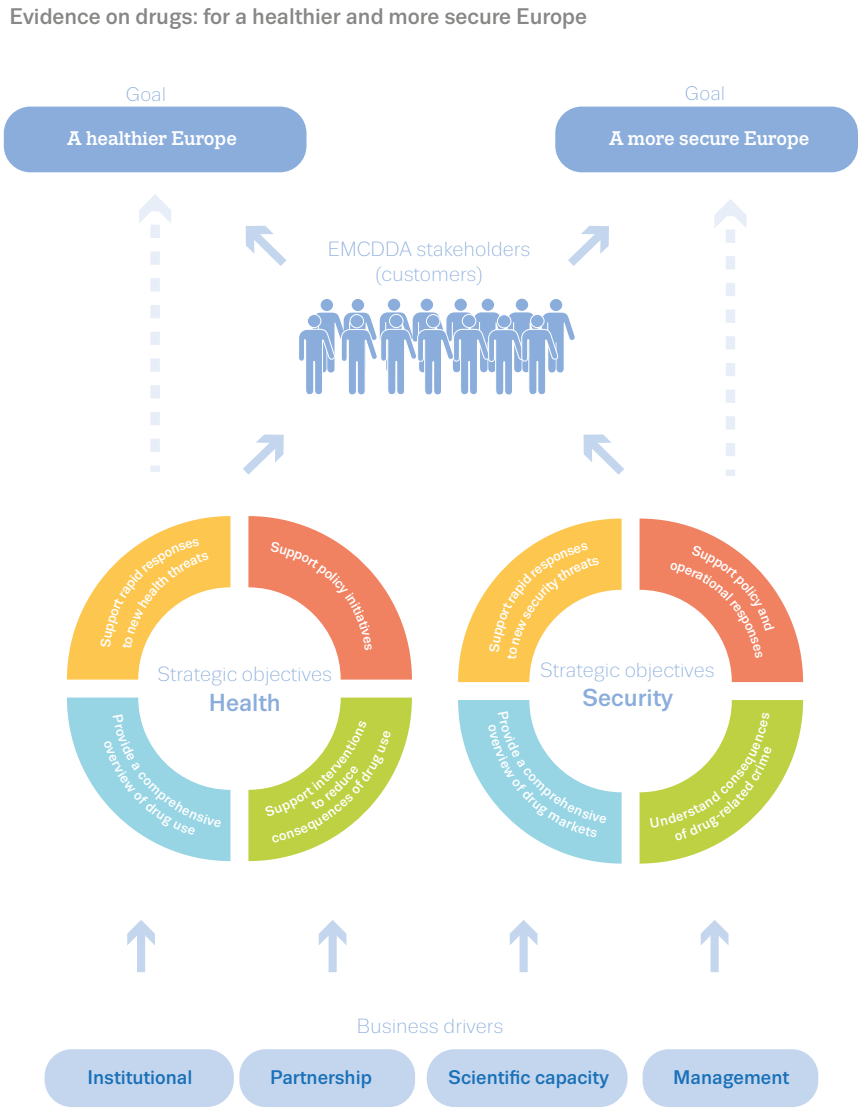
Section II
Multiannual programming 2019–21

Introduction: the EMCDDA's strategic approach to 2025

The EMCDDA Strategy 2025 defines two ambitious long-term goals: first, to contribute to a healthier Europe and, second, to contribute to a more secure Europe. These core goals naturally form the two pillars on which the strategy is built: 'health' and 'security'. They also define the two core areas of work of PD 2019–21.

Each of the two long-term goals is articulated through four strategic objectives (see Figure 1 and Section II, Multiannual objectives). These objectives identify at strategic level the main areas of focus for taking forward work in each pillar/main area of work. They were developed by bringing together an analysis of three key factors shaping the EMCDDA's future work: first, the changing nature of the drug phenomenon; second, the challenges that these changes bring to our current business model; and, third, the implications of these changes for the needs of our customers.

FIGURE 1
The EMCDDA strategic approach



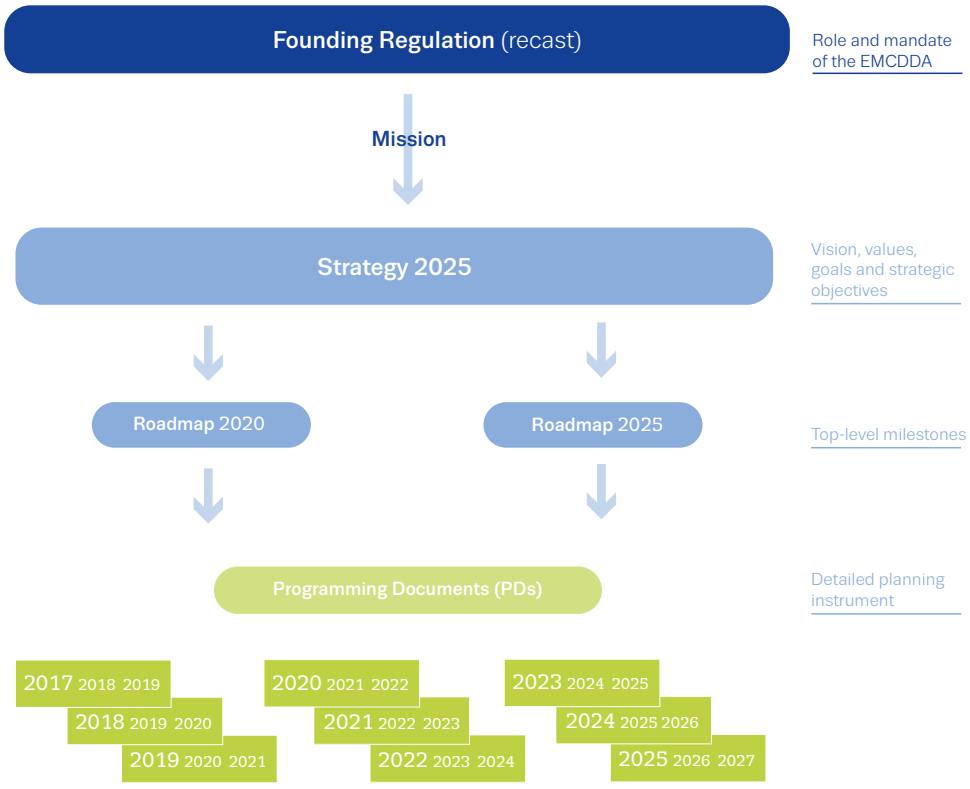
In addition, four business drivers, with their corresponding objectives, have been established in Strategy 2025 and now form the third main area of work of PD 2019–21. These business drivers define the resources and processes that the EMCDDA must have in place, and the conditions that the organisation has to meet, to achieve our strategic objectives and attain our long-term goals. They are therefore core elements of our strategic approach because they pinpoint the key factors for successful delivery.

The long-term strategic priorities are translated into programmatic, operational priorities by means of the EMCDDA programming documents, which are prepared by the agency and adopted by the EMCDDA Management Board every year.

These PDs are informed by the key milestones set up in Roadmap 2020, which guides the medium-term planning efforts of the agency. The next roadmap, for 2021–25, will be developed and submitted to the Management Board for adoption in 2020. By taking stock of the progress made in implementing Roadmap 2020, the new roadmap will define the remaining key milestones that are necessary to be reached for the agency to accomplish its goals and objectives by 2025.

Together, the long-term strategy with its roadmaps, together with the PDs, constitute the EMCDDA's integrated strategic and operational framework (see Figure 2). This architecture provides the Management Board with the assurance that the programming documents are fully grounded in the EMCDDA's mandate and that they contribute to reaching the agency's established long-term organisational objectives.

FIGURE 2
The EMCDDA's integrated strategic and operational framework



Multiannual objectives

Core areas	Strategic objectives
Health (H)	H1. Maintain a state-of-the-art understanding of the extent, patterns and trends in drug use, and their impact on public health
	H2. Identify new drug-related health threats and support rapid response from the EU and its Member States
	H3. Support interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms, and support recovery and social reintegration
	H4. Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use
Security (S)	S1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe
	S2. Identify new drug-related security threats and support a rapid response from the EU and its Member States
	S3. Improve understanding of the nature and consequences of drug-related crime
	S4 Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national level

Business drivers (B)	Business objectives
Institutional	B1. Anticipate, and respond promptly to, institutional developments and needs
Partnership	B2. Strengthen the European drug information system through effective and mutually beneficial partnerships and synergies with our data providers, communities of knowledge, and relevant European and international bodies
Scientific capacity	B3. Have in place the scientific capacity (resources, processes and tools) to meet current analytical needs, and innovate to keep pace with changes in the drug situation and the corresponding institutional needs
Management	B4. Ensure the optimal organisational structure and supporting processes, to deliver efficient and high-quality services

Multiannual programme

Main area 1: Health

Core monitoring

Monitoring work in the health area is focused on two core dimensions: the drug situation and the responses to tackle it. These two dimensions are interlinked and they feed multi-area and cross-indicator analyses. These dimensions are complemented by the rapid information collected and analysed as part of the early warning and health threat assessment component.

Routine monitoring of the drug situation is based on the five key epidemiological indicators (KIs): GPS describes prevalence and patterns of drug use among the general population; PDU focuses on prevalence and patterns of high-risk drug use; TDI is the treatment demand indicator; DRD describes drug-related deaths and mortality among drug users; and DRID describes drug-related infectious diseases. 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.

In the period 2019–21, analysis of the information collected systematically by the EMCDDA will be reinforced in the areas of both demand and demand reduction. A particular emphasis will be placed on multi-indicator analysis, building on the work carried out in previous years. The EMCDDA also envisages integrating new technologies (e.g. wastewater analysis, hospital emergency data, syringe residue analysis) into the framework of the general monitoring activities, with the purpose of making this monitoring more sensitive and timely.

The data collection efforts of the agency are supported by complex online instruments, namely Fonte, our main data collection tool; the data warehouse; and the European Database on New Drugs (EDND). Another information collection tool is the Reitox extranet, which supports the reporting by the NFPs of a structured commentary on the drug situation (the workbooks). In 2019–21, in addition to the ongoing work to maintain these critical instruments, the EMCDDA will also initiate a review of Fonte, to ensure that it is adapted to the growing demands of the EU drug monitoring system managed by the agency.

The EU Early Warning System and risk assessment of new psychoactive substances

The EMCDDA has been entrusted with a key role in monitoring and responding to NPS. In collaboration with our partners at national and EU level, the agency operates the EU Early Warning System on new psychoactive substances. This mechanism, established by the Joint Action from 1997 concerning the information exchange, risk assessment and the control of new synthetic drugs, will operate in 2019–21 under Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 ([5]) amending Regulation EC No 1920/2006. Further to its adoption by the European Parliament on 24 October 2017, this new legislative framework started being applied on 23 November 2018, when it replaced Council Decision 2005/387/JHA. The EWS will be 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), the European Chemicals Agency (ECHA), the European Food Safety Authority (EFSA), the European Centre for Disease Prevention and Control (ECDC) and the EC.

During 2019–21, in addition to undertaking the legal tasks assigned to the EMCDDA under the EU legal framework for NPS — which include 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:

- the European Database on New Drugs — a new electronic information, monitoring and reporting system;
- open source information (OSI) monitoring system — hundreds of multilingual sources;
- toxicovigilance system — detects serious adverse events;
- signal management system — prioritise; and
- risk communication system— strengthens national and EU preparedness and response.

New trends and health threats

More generally, threat assessment and rapid reporting are likely to play a greater role in our work, reflecting the dynamic nature of the modern drug problem and the accompanying need for rapid and targeted health responses. Areas of concern here include new risk behaviours, outbreaks of drug-related infectious diseases or other adverse health events, and new consumption patterns with implications for public health. Improving capacity in this area requires greater attention to be given to the development of multi-source analytical models

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

and to the use of innovative approaches to identify, track and monitor new drug trends. In 2019–21, a new integrated framework for threat identification and reporting will be put in place, including rapid information assessment tools and a communication model for threat identification and rapid reporting.

Drug interventions

The EMCDDA also has an important responsibility to act as a catalyst for improving the quality and delivery of responses to reduce the health and social consequences associated with drug use. This requires the agency to keep abreast of new prevention, treatment and harm reduction approaches, and quality standards for implementation, including improving methods for estimating the cost of interventions. To that end, in 2019–21 the agency will put a particular emphasis on work in the areas of prevention of drug use, infectious diseases associated with drug use and drug-related mortality. These areas have been identified as having a major impact on the health of people in the EU; hence, the EMCDDA is committed to scaling up its work, in line with its mandate and within the available resources.

In that regard, 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). A major focus will be maintained on human immunodeficiency virus (HIV) and hepatitis C and B viruses; these remain important public health concerns, which have significant effects on the lives of individuals and place a considerable burden on society overall. By providing data for policymaking and intervention planning in the field of prevention of infectious diseases among PWID, the EMCDDA will help the European Commission in its efforts to support implementation of the Sustainable Development Goals, by monitoring, reporting and reviewing progress towards their delivery in the EU.

Drug prevention is an important topic 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 to high-risk drug use. Activities in this area will be further developed in 2019–21. This includes providing support to the Member States (e.g. via capacity-building activities) and to key EU and international initiatives, and further analysis of the contextual, cultural and systemic determinants of implementing drug prevention. An important task will be the development of the databases on interventions in nightlife settings and evidence-based prevention programmes, as part of the EMCDDA Best Practice Portal (BPP).

Facilitating the identification and adoption of best practices in drug responses will be an overall priority, which will be pursued through the development of practice-focused outputs on important topics. The agency will also help to achieve this through an improved understanding of what is necessary for successful implementation in diverse national contexts and settings. In 2019–21, special attention will be given to developing resources in areas where drugs have a significant impact on European public health, such as hepatitis C and overdose deaths. An initiative to encourage the provision of hepatitis C testing in drug treatment services was initiated in 2018 and will be further implemented in 2019–2020. This includes elements of country-level problem mapping, provision of best practice models of care and knowledge development.

In 2020, the agency will publish the second edition of *Health and social responses to drug problems: a European guide* (the European Responses Guide). Like the first edition, launched in 2017, the report will provide a state-of-the-art overview of responses to drug use and consequences across the EU and their effectiveness, as well as implications for action.

Finally, 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.

Drug policy

A priority for the agency is to provide support to those who define policy at both EU and national levels. In 2019–21 the EMCDDA will contribute to the implementation of EU policy objectives and to providing ongoing high-quality expertise to its stakeholders, especially to the EC, other EU institutions, and the EU Member States.

With regard to the EC, this work will mainly involve providing support to the Directorate-General for Migration and Home Affairs (DG HOME) in the field covered by the agency's mandate, and in cooperation with other Directorates-General (DGs) as necessary (e.g. the Directorate-General for Health and Food Safety, DG SANTÉ, and the Directorate-General for Neighbourhood and Enlargement Negotiations, 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.).

The EMCDDA will contribute to the implementation of the EU Action Plan 2017–20, as appropriate. The agency is also available to provide support to the EC in the final evaluation of EU Drug Strategy 2013–20, as well as for reflection on the EU strategy on drugs post 2013–20. Another priority refers to the EU enlargement strategy and the transfer of EMCDDA know-how. The agency will also continue to contribute to the work of the Council's working groups, such as the horizontal working party on drugs (HDG) and support other relevant Council events where appropriate and required.

The EMCDDA, within its mandate and available resources, will support the European efforts to improve reporting at global level. Important developments in this area include the follow-up to the UNGASS 2016 and processes towards the 2019 global drug policy review, also in view of the relevant links with the UN Sustainable Development Goals, and support to relevant WHO strategies in the areas of HIV and hepatitis.

In 2019–2021, the EMCDDA will support policymakers in the development of evidence-based and effective drug policies through the provision of reliable and state-of-the-art drug policy analysis and the development of drug policy evaluation tools. This will include the production of briefings and guides focusing on cannabis policies, low-tetrahydrocannabinol (THC) cannabis products, drug consumption rooms and alternatives to coercive sanctions. The cannabis policy alert system and the web areas on drug laws and drug policies will also be further developed. Over this period, the EMCDDA will prepare an Insights publication addressing current and future challenges in the prison and drugs field.

The monitoring of national drug strategies, coordination mechanisms, public expenditures, policy evaluations, drug laws and the drugs and prison field will continue to be developed and the legal and policy correspondents network will be strengthened. The EMCDDA's policy evaluation support package will be further developed over the 2019–21 period and will be able to provide both reactive responses to specific requests and proactive capacity-building activities. This will include the provision of thematic workshops organised around emerging topics of relevance to drug policymakers and planners.

The national authorities of the EU will be also provided with information about the drugs situation in candidate and potential candidate countries (CC and PCC) and countries from the European Neighbourhood Policy (ENP) area. Data from these countries will be further integrated in some EMCDDA outputs and reports, to facilitate a holistic analysis and to identify and anticipate threats (see also the business driver 'Partnership' in the later section of this PD and the Annex XII).

Main area 2: Security

Drug markets monitoring and identification of new threats

The EMCDDA collects routine drug supply data through a set of indicators which cover the following areas: drug seizures, drug law offences, drug prices, drug purity/potency and contents of tablets, drug availability (from population surveys), market size estimates, and drug production facilities (data collected by Europol). In the previous programming periods, these indicators have been revised in line with the Council Conclusions on improving the monitoring of drug supply in the European Union, adopted in 2013. In 2019–21, the focus will be on the continuous improvement of the availability and quality of the data provided by the Member States and hence of our analysis. A key output will be the third edition of the EMCDDA-Europol EU Drug Markets Report (EDMR), which will be released in 2019.

Depending on the needs and resources, capacity-building activities will be implemented to support the Member States. Furthermore, a closer working relationship is envisaged between the core data providers — the NFPs — and the representatives of the EMCDDA reference group on drug supply. Good practices from the Member States in improving data availability, in line with the revised supply indicators, will be also identified and promoted within the Reitox network of NFPs.

In addition to the routine monitoring, and to increase the scope and coverage of its analysis, in 2019–21 the EMCDDA will further develop new and innovative data collection approaches (non-routine sources of data). This will include open source information — from both surface-web and darknet markets — and key periodical reports issued by the EU or internal partners; the results of wastewater analysis; drug-related homicide data; information exchange with expert groups or individual experts; and EMCDDA-commissioned research (e.g. web surveys).

Such monitoring will allow the early identification of emerging threats, which once identified will also be tracked closely so that an appropriate response can be developed, and we will work with our partner Europol on this.

Also under the 'security' pillar, the EMCDDA will enhance its activities with third countries which are a priority for the EU, namely in the framework of the European Enlargement and Neighbourhood policies (see also the business driver 'Partnership' in the later section of this PD and Annex XII).

Understanding the nature and consequences of drug-related crime

The trade in illicit drugs generates multibillion-euro profits for the groups involved in this criminal activity. The EU retail drug market is estimated to be worth at least EUR 24 billion a year. The immense profits generated from the trade in drugs fund various other criminal activities, allowing organised crime groups (OCGs) to thrive and develop their criminal enterprises at the expense of the health, prosperity and security of people living in the EU. The European security agenda highlights the need to understand the interactions that exist between drug-related crime and the operation of the drug market, on the one hand, and other areas of criminality, the activities of organised criminal groups and other serious security threats, on the other. This is a challenging area and one in which the EMCDDA needs to work closely with other European bodies with responsibilities in these areas, in particular Europol and Eurojust. Although some core monitoring tools exist, overall this remains a poorly developed area.

Improving performance in this field is important, however, and this was highlighted in the EMCDDA–Europol 2016 EU Drug Markets Report, which clearly suggests that threats in this area are increasing, in part due to the changing business models used by transnational organised crime groups. Europol estimates that some 65 % of OCGs involved in the drug trade are simultaneously involved in other criminal activities such as the trade in counterfeit goods, the trafficking of human beings and migrant smuggling. In addition to these major security threats, it is important to support the development of a broader understanding of the ramifications of the drug market, as these can represent significant hidden costs to society. In particular, monitoring tools focused on drug-related violence and acquisitive crime are needed.

Support EU responses to drug security challenges

One of the main contributions that the EMCDDA makes to a more secure Europe is that of supporting the EU policy cycle for organised and serious international crime. The second policy cycle runs from 2018 to 2021, and so this PD dovetails with this period. Therefore, in 2019–21, in line with the Council Conclusions on the continuation of the EU policy cycle for organised and serious international crime for the period 2018–21 (27 March 2017), and under the leadership of Europol, the EMCDDA will contribute as required to the following actions concerning the two priority areas addressing the drug threats identified by the Council of the EU's Standing Committee on Operational Cooperation on Internal Security (COSI) (cocaine, heroin and cannabis; and synthetic drugs and new psychoactive substances):

- provision of methodological, analytical and administrative support to the EC for the drafting of the next multiannual strategic plan (MASP) (2022–25) and the operational action plans (OAPs) for 2020, 2021 and 2022;
- implementation of the ongoing MASP 2018–21 and of the relevant OAPs (2019, 2020, 2021).

Furthermore, the EMCDDA will prepare and launch, jointly with Europol, the 2019 EU Drug Markets Report (EDMR). This new strategic analysis will provide a comprehensive overview of new, changing or emerging threats, paying particular attention to the EU crime priorities decided in 2017. The recommendations made in the 2019 EDMR will be acted upon in the period 2019–21, and they will inform the 2021 Serious Organised Crime Threat Assessment (SOCTA) and influence the EU's priorities in this area.

In 2019–21, the EMCDDA will also contribute as required to the EU Drug Strategy 2013–20 and its Action Plan 2017–20 (the actions related to the supply area), and it will fulfil its obligations arising from the EU Agenda on Security 2020.

Transversal work — health and security

While the EMCDDA has clear objectives and priorities in each of the two main work areas, health and security, it is important to note that the multifaceted nature of the drugs problem means that these areas are interlinked and mutually complementary.

The agency produces timely and high-quality information, together with strategic and situational analyses and threat assessments, to inform policy and practice.

In 2019–21 a review of the current European Drug Report (EDR) package will be carried out. In 2019 and 2020, the agency will work on an updated concept for reporting on trends and developments reflecting contemporary needs and digital developments. The EDR will be developed as primarily an online publication with greater linkage to supporting data tables in the Statistical Bulletin, online graphical elements, and other web resources and country data. The Statistical Bulletin will be revised to provide greater complementarity with the EDR and better access to its data. In 2021, this revised package will be launched allowing greater synergy between the EMCDDA main reporting tools and also improving multilingual access and user interactivity.

Smaller, focused analyses based on emerging topics and the information needs of various stakeholder groups will be also produced and published in 2019–21.

Furthermore, the EMCDDA will produce prompt and focused products to immediately disseminate critical information relevant to safeguarding public health and security (threat assessment reports). These will include (as appropriate)

outputs related to the implementation of the applicable legal framework on NPS, in particular the EMCDDA initial reports and risk assessments; trendspotting case studies/reports; and joint analyses (with Europol and the ECDC). Other joint products will be produced, as appropriate, based on the most relevant topics and exploiting synergies with partners.

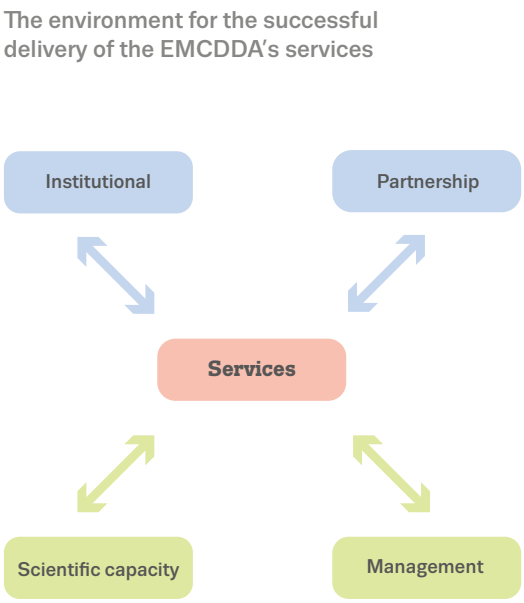
Main area 3: Business drivers

The success of the EMCDDA Strategy 2025 will rely on its capacity to provide stakeholders with services that match their evolving needs. This will be possible only if the agency is performing optimally, both substantively and operationally.

A set of four business drivers address external and internal factors critical for the EMCDDA's performance: the institutional framework, effective partnerships, scientific capacity and the agency's overall management capabilities.

These four business drivers are interlinked and jointly contribute to the successful delivery of our services (see Figure 3).

FIGURE 3
The EMCDDA's business drivers



Business driver 1 (BD 1): Institutional

The EMCDDA operates in a complex institutional environment and its capacity to respond promptly to changing developments and needs is therefore a critical requirement for optimal performance.

The agency's three main customer groups are: the EU institutions (European Parliament, Council of the EU, European Commission); national decision-/policymakers; professionals working in the drugs field.

EMCDDA-stakeholder relations are proactive and based on cooperation models aimed at generating mutual benefit. They have their roots in the agency's core communication values, namely relevance, quality, efficiency, transparency and consistency. Understanding needs clearly, communicating effectively and using targeted delivery channels are central to serving our stakeholders successfully.

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 2019–21, with feedback taken on board from user satisfaction surveys and communication performance indicators.

Further exploration of the optimal approaches and channels for reaching policymakers 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.

Future reporting needs will be further identified through an EMCDDA 'futures exercise', which will lead to appropriate follow-up activities (for details, see Main area 1: Health).

As a result of this work, EMCDDA products and services will be analysed and adjusted as necessary to ensure that they are timely, delivered professionally, in line with the agency's corporate identity, and coherent with our stakeholders' needs. An EMCDDA framework for proactively identifying and responding to stakeholders' needs will be put in place by 2020.

Importantly, during 2019–21 a strategic analysis of potential future changes in the EMCDDA Regulation will be carried out. This will be informed by the outcome of the fourth external evaluation of the EMCDDA (conducted by the EC in 2018), as well as by the results of the evaluations of the EU drug strategy and action plans.

Furthermore, as of November 2018, the new NPS legislation (Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances) applies. This brings new responsibilities for the agency.

Business driver 2 (BD 2): Partnership

The EMCDDA can be the leading EU provider of evidence on drugs if we develop our services in partnership with the national, European and international actors working in the drugs field. Consequently, in 2019–21 the agency will further strengthen its cooperation with partners, based on a few guiding principles, as follows:

- The EMCDDA's work with partners will be guided by the priorities defined in Strategy 2025, and this work will be adjusted to reflect evolving EU priorities in the EMCDDA's policy areas and any future changes in the agency's mandate, as appropriate.
- In its work with partners, the EMCDDA will act in the spirit of transparency and clarity in respect of roles and responsibilities, aiming towards obtaining mutual benefit and maximising value from cooperation.
- Pursuing synergies and contributing to EU added value will remain a key driving factor in our activities with partners.

At national level, our key partners are the Reitox NFPs, an established network across the 28 EU Member States, Norway and Turkey that provides a direct link to national data and expertise, and which for more than 20 years has represented the backbone of the EMCDDA core monitoring system.

The main priorities of the network are being defined in the new Reitox Development Framework (RDF) 2018–25 (adopted by the heads of national focal points (HFPs) and presented to the EMCDDA Management Board at the end of 2017). The RDF will guide the network's future work, allowing the NFPs to maximise their contribution to Strategy 2025. The EMCDDA will support the implementation of the RDF, with the aim of strengthening the capacity of the NFPs and enhancing their performance, both as core data providers for the agency, but also as reference points on drugs at national level.

In addition to Reitox, the EMCDDA needs to work directly with a number of specialist data providers and research collaborations, such as the European School Survey Project on Alcohol and Other Drugs (ESPAD) group, the Sewage analysis CORe group Europe (SCORE), and the European Drug Emergencies Network (Euro-DEN) (see also Main area 1: Health).

During 2019–21, existing synergies with EU agencies will be further intensified and new ones explored, delivering greater value from the joint work and providing the EC with an invaluable holistic analysis of the complex and interlinked issues in this area. In line with the priorities defined under the two strategic pillars, our main partners here are the agencies that are active in the health field, such as the ECDC, EMA, ECHA, EFSA and CHAFEA; and in the security area, namely the agencies from the Justice and Home Affairs (JHA) cluster, such as Europol, Eurojust, the European Agency for Law Enforcement Training (CEPOL), the European Union Agency for Fundamental Rights (FRA) and Frontex.

The EMCDDA will continue to monitor international developments and trends, including through strengthening information and knowledge exchange with global partners, the UN family in particular.

As regards third countries, activities will be guided by the EMCDDA International Cooperation Framework (adopted by the Management Board in December 2017), which updates the EMCDDA Strategy for International Cooperation which had been in place since 2007. When engaging in activities outside the EU, the EMCDDA will also follow the EU's global strategy for the EU's foreign and security policy, 'Shared vision, common action: a stronger Europe'.

The EMCDDA has a long tradition of supporting the EC in implementing its technical assistance projects and develop capacity-building activities in priority third countries — especially CC, PCC and countries of the ENP area. During 2019–21, the agency will complete its sixth project with six CC and PCC beneficiary countries funded by the Instrument for Pre-accession Assistance (IPA) and will start the implementation of the seventh IPA project (planned to start in 2019, subject to its approval for funding by the EC). It will also fulfil its obligations from the strategy for a 'credible enlargement perspective for and enhanced EU engagement with the Western Balkans' and the related flagships initiatives, as well as the EU global strategy for the EU's foreign and security policies.

In the ENP area, the EMCDDA will implement its largest technical assistance project so far, EU 4 Monitoring Drugs (EU4MD), a major project funded by the EC, covering 15 third countries ([6]), with a duration of three years (to be possibly extended for one additional year) and a budget of EUR 3 million, which will start in 2019 (see also Main area 1 'Health', Main area 2 'Security' and Annex XII). The EU4MD project will focus on the areas where the agency's involvement can demonstrate significant added value, in particular: (1) to identify, analyse and report effectively on ongoing, emerging and future trends in the drug market and their implication for security and health; and (2) to increase monitoring and response capacity and enhance regional cooperation between ENP countries and between these and the EU. Focusing on both supply and health areas, the project will support improved monitoring of drug markets, the identification of new threats, the co-production of practical recommendations to respond

([6]) Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine (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) and Tunisia (Southern Partnership); and Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine (Eastern Partnership).

better to existing and emerging drug problems, and the wider dissemination of findings to support policies, practice and a more informed debate on drug problems in the participating countries.

The EMCDDA will also continue bilateral relations with partner countries with which the agency has signed Memoranda of Understanding (MoU) and working arrangements (WA). 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 the Cooperation Programme on Anti-Drugs Policies (COPOLAD) or the Central Asia Drug Action Programme (CADAP).

Business driver 3 (BD 3): Scientific capacity

The multifaceted nature of the drugs situation requires the EMCDDA to have both sufficient in-house expertise and access to experts working elsewhere to ensure adequate scientific capacity for this work. As the information needs of the agency are changing, this also implies that it must develop expertise in new areas that are required to fulfil its mandate. The agency will have to invest more in maintaining an ongoing dialogue with the research and scientific community, in both the drugs area and related disciplines, such as addiction science and criminology.

The EMCDDA's Scientific Committee is an important resource in this respect. 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 to ensure that the Committee's work and regular meetings are successful and efficient. Furthermore, in June 2018 the Management Board decided on the publication, in 2019, of a call for expression of interest in membership of the Scientific Committee for the mandate 2020–22 and to use the results of this call to appoint the new members of the Scientific Committee and to establish a reserve list.

Strengthening the quality management of the scientific activities is one of the action areas defined in Strategy 2025. The 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.

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 and integrating that data quality framework into the routine EMCDDA core data processes will continue in 2019–21. This will be in line with the action plan to follow on the recommendations of the EC's Internal Audit Service (IAS) audits on the management of data collection, validation and quality assurance (2017) and publications management (2018).

In addition, the development of a project management culture at the EMCDDA will ensure a more coordinated and efficient allocation and use of scientific resources to produce pertinent and cost-effective results (see Business driver 4 for details).

Over the 2019–21 period, the EMCDDA will further strengthen dialogue and cooperation with the scientific community and centres of excellence in the drugs field. The EMCDDA will remain a main partner in the programme and organising committees of the Third European Conference on Addictive Behaviours and Dependencies, to take place in October 2019, and the Fourth European Conference on Addictive Behaviours and Dependencies, provisionally planned to take place in autumn 2021.

Business driver 4 (BD 4): Management

Optimal performance can be achieved only if it is supported by a healthy work environment and by good governance. The EMCDDA Strategy 2025 defines the priority actions to be taken at a management level to ensure that the organisation has the capacity to deliver high-quality services to its stakeholders, thereby achieving its strategic objectives.

These actions are focused on ensuring that the new organisational structure which was put in place in 2017 is fully operational, that the priorities defined in Strategy 2025 are properly resourced, and that these resources are used efficiently. In addition, they aim to ensure that managerial performance is adequate at all levels, and that EMCDDA staff benefit from a sustainable training and development programme.

One crucial element for achieving corporate performance is the existence of a reliable planning and 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. To that end, in 2019–21, the EMCDDA will continue to pursue the further development of the performance management system, ensuring that it provides senior management with sound and more timely performance information and analysis. Among other things, this will involve the implementation by the agency of the project management programme (PM-P) initiated in 2018. This includes the application of a project management methodology for various areas of work, in line with the key

milestones set up in Roadmap 2020, and the implementation of a management information system (MIS) to enable more efficient planning, monitoring and reporting.

Corporate performance will also rely on effective and efficient management of available resources.

The expected definition during the 2019–21 period of the next EU MFF, for 2021–27, will influence the EMCDDA's resources and activities as well as the operations required for planning and managing available resources. Efficient allocation and use of these resources will therefore remain critical. From a financial perspective, the objective will be to continue to ensure effective and timely planning, monitoring and execution of the EMCDDA budget, in line with organisational priorities and existing and foreseeable constraints.

The EMCDDA human resources (HR) remain nonetheless the agency's main capital. The 100-plus staff members have a very rich professional and cultural background. The EMCDDA employs both recognised scientists and valuable specialists in various support areas, and all of them contribute to the accomplishment of the EMCDDA vision and mission. To further develop our human capital and maximise our staff's contribution to Strategy 2025, a staff development programme will continue to be implemented in 2019–21.

Ensuring a safe working environment and the efficient use of available facilities, equipment, infrastructure and utilities will continue to be priorities, with special attention given to possible further synergies with our neighbour, the European Maritime Safety Agency (EMSA).

In line with the multiannual investment plan approved by the internal ICT Steering Committee, the ICT programmes and services will be developed and delivered to implement and support core business and corporate projects and processes, and to provide a continuously stable environment which supports existing basic and advanced services.

This is a key component of EMCDDA operations and relies heavily on the capacity to collect data through complex online instruments, such as Fonte and the EDND, and to ensure secure storage of these data in our databases. The ICT function is also critical for corporate projects such as the management information system (MIS) and the HR applications, as well as for the overall business continuity of the agency.

Human and financial resources outlook for 2019–21

Overview of the past and current situation

To fulfil its mission, the EMCDDA needs to stay abreast of the rapidly evolving drug phenomenon.

This requires the agency to increase its investments in acquiring complementary knowledge and new sources of information to keep pace with the innovations appearing constantly on an EU drug market that is estimated to be worth at least EUR 24 billion a year.

Within this complex business environment, however, the agency has for a few years been operating with resources that are decreasing in real terms. In terms of EMCDDA financial resources, in line with 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 July 2013), a significant reduction in the budget was instigated in 2014, when the EU subsidy provided to the agency was cut by 5 %. This has had a direct impact on the EMCDDA's operations, but also on the subsidy provided by the agency to its core data providers, the NFPs in the 28 Member States, Norway and Turkey.

In terms of staff, to comply with the abovementioned EC Communication, the EMCDDA has reduced the number of posts in its establishment plan by 5 %, i.e. from 80 posts authorised in 2015 to 76 posts authorised in 2018.

Resources programming for 2019–21

Financial resources

The outlook for the budget/financial resources over the relevant period is built on 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 July 2013), without prejudice to the possible revision of this programming and to the need for supplementary resources as required to cope effectively with additional and new tasks (see below).

The EMCDDA 2019 preliminary draft budget (PDB), as adopted by the EMCDDA Management Board in December 2017, entered EUR 15 596 600 for the EU 2019 subsidy to the EMCDDA and provided for 76 authorised posts in the establishment plan for 2019. As a result, the EMCDDA 2019

PDB reflected an increase of EUR 151 188 in the EU subsidy compared to the EMCDDA 2018 budget. The aforementioned amount of the EU 2019 subsidy took into account the amount indicated for 2019 in the EC Communication COM (2013) 519 of 10 July 2013 (EUR 15 090 000), as increased (by EUR 196 600) in accordance with the financial statement of Regulation (EU) 2017/2101 of 15 November 2017 (which amended the EMCDDA founding regulation to strengthen the role and tasks of the latter for the information exchange, early warning system and risk assessment on new psychoactive substances). Furthermore this amount encompassed the supplementary resources required in 2019 to cope with the additional needs and workload entailed by the increased role of the EMCDDA for the coordination and the development of the activities of the European School Survey Project on Alcohol and Other Drugs — ESPAD (EUR 310 000).

In May 2018, within the context of the EU 2019 draft budget, the European Commission (EC) proposed an amount of EUR 15 286 600 for the EU 2019 subsidy to the EMCDDA, while proposing 76 authorised posts in the EMCDDA 2019 establishment plan (the same number as in 2018). This proposal entails a reduction by EUR 310 000 compared to the adopted EMCDDA 2019 PDB. This amount corresponds to the aforementioned supplementary resources required in 2019 to cope with the additional needs resulting from the increased role of the EMCDDA for the coordination and the development of ESPAD. Compared to the amount of the EU 2018 subsidy, the EC proposal for 2019 implies a reduction of EUR 159 000.

The two branches of the EU Budget Authority (Council and European Parliament) have endorsed the EC proposal, within the context of the EU 2019 budget procedure.

With regard to the above, and without prejudice to the final outcome of the EU 2019 budget procedure, the proposed EMCDDA 2019 budget enters EUR 15 286 600 for the EU 2019 subsidy to the EMCDDA and provides for 76 authorised posts in the EMCDDA establishment plan for 2019.

Pursuant to the decision already taken by the relevant EU authorities, in 2019 the EMCDDA will receive some additional funds from the EU budget to be exclusively earmarked (as assigned appropriations of the EMCDDA budget) for the execution of the 'EU 4 Monitoring Drugs project' (see Main area 3: Business driver 2 'Partnership' and annex XII 'Technical assistance projects'). The execution of the project is planned to start on 1 January 2019 and will cover a period of 36 months/3 years (to be possibly extended for one additional year). The appropriations allocated from the EU budget for the execution of the whole project amount to total EUR 3 000 000. They are going to be provided to the EMCDDA by annual instalments, in accordance with the financing agreement to be concluded between the EMCDDA and the EC for this purpose. The first instalment (concerning 2019) is expected to amount to EUR 1 197 414 and will be entered into the EMCDDA 2019 budget as assigned appropriations.

Pursuant to the decision already taken by the relevant EU authorities, it is expected that in 2019 the EMCDDA will receive some further supplementary appropriations from the EU budget to be exclusively allocated (as assigned appropriations of the EMCDDA budget) to the execution of a new project for technical assistance to the beneficiary countries of the EU Instrument for Pre-accession Assistance (IPA 7). The appropriations to be allocated from the EU budget for the execution of the whole project amount to EUR 550 000.

The planning for 2021, the last year of this multiannual programming document, and the first year to be covered by the new EU MFF expected to operate from 2021, has been undertaken assuming a relatively stable EU subsidy. Should this assumption not be confirmed, the EMCDDA will need to adjust its planning accordingly.

More detailed data are provided in the tables in Annexes I and II.

Human resources

New tasks

The most dynamic and rapidly growing area of work for the EMCDDA is monitoring and responding to NPS (for details, see Main area 1: Health). Most of this work is focused on the development, management and coordination of the EWS and risk assessments — legal tasks for which the EMCDDA has been responsible since 1997. These two major activities, along with EU-level control measures, represent the pillars that 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.

New legislation that strengthens the EWS and risk assessment (Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances) was adopted on 24 October 2017, and replaced Council Decision 2005/387/JHA starting from November 2018. The 2005 legal instrument set out well-defined and tight deadlines for all the tasks covered therein; the deadlines imposed by the new regulation are even stricter and the times allowed have been reduced by more than half, i.e. to two weeks for collecting data from the Reitox national

focal points, to five weeks for drafting the initial report and to six weeks for preparing a requested risk assessment.

The new regulation allows for the inclusion of a few other concrete new tasks, additional information and new working procedures in the operation of the EWS and risk assessments.

Growth of existing tasks and additional tasks

As presented above, new tasks have been introduced by the legislation now in force in the NPS area. In addition, further growth of the existing tasks is expected to occur in this area. This is due to the increase in the number and availability of NPS appearing on the market. Alongside information on the appearance of NPS on the market, a key function of the EU EWS on NPS implemented by the EMCDDA and its EU partners is to identify signals of serious harms and respond as necessary. This requires monitoring each of the 600-plus substances that have been reported so far. A growing number of reports of serious harms, often related to acute toxicity and leading to hospitalisation and deaths, have been processed by the EWS in recent years. Since 2005, the EMCDDA has issued more than 130 public health alerts, of which close to 75 % have been in the past six years. Of great concern in this respect is that, during the past two years (i.e. between November 2015 and November 2017), a record number of 11 risk assessments were requested by the Council of the EU (more than one third of the total number of risk assessments conducted).

Furthermore, in recent years the EMCDDA has scaled up its support to the ESPAD group. This is the largest cross-national research project on adolescent substance use in the world; it 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, 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 have the sustainable financial means to fulfil that role on a permanent basis.

Nevertheless, the EMCDDA budget for 2018 provided some additional resources for data collection in a number of participating countries as well as for coordination tasks to support the next ESPAD cycle. This cycle will culminate in the 2019 data collection round and the production of the subsequent 2020 ESPAD Report; therefore, additional budget for the years to come will be required to successfully accomplish this important task. However, since the extra budget obtained in 2018 for these activities was not provided in the EU subsidy for the EMCDDA in 2019, the EMCDDA will strive to preserve essential tasks, but will not be able to provide full support.

Efficiency gains

As far as efficiency gains are concerned, and as they result 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 has pursued action to further rationalise and reduce the running costs of its premises, namely through measures aimed at reducing energy consumption, to offset the impact of the extension of staff working time pursuant to the entry into force of the revised Staff Regulations (e.g. by installation of solar shading on glass areas, climate control switches on windows and an intelligent lighting system, or by optimisation of heating and cooling cycles at the EMCDDA premises). These measures have resulted in a substantial reduction in the energy consumption (of about 10 % in 2016 compared with previous years), which has been maintained.

Cooperation and synergies with EMSA have been intensified beyond those resulting from the implementation of the agreement in force between the EMCDDA and EMSA to share use of common areas in the compound where their headquarters are seated (namely the 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 obtain better conditions (e.g. for the canteen and cafeteria, travel agency, interim staff and 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 sharing 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 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 (see Section III, Executive summary). The work programme also sets different targets for these different levels: 100 % for L1 outputs/results; 80 % for L2; and 50 % for L3.

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. 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 2019

Executive summary

This is the first annual work programme of the EMCDDA's PD for 2019–21. Its structure mirrors the architecture of the EMCDDA Strategy 2025, as presented in Section II above.

The financial resources required for this work programme will be provided by the EMCDDA budget for 2019. 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 2019 work programme has been drafted based on the parameters of the 2019 EMCDDA draft budget, taking into account the expected outcome of the EU 2019 budget procedure. This budget foresees that the EMCDDA will receive an amount of EUR 15 286 600 from the EU budget in 2019, and 76 authorised posts are assumed in the establishment plan for 2019. Should these figures not be confirmed in the final EMCDDA budget 2019, adjustments will be required to the activities proposed here.

The 2019 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 Strategy 2025. In the event of resource 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 resource constraints, they could potentially be scaled down or postponed without 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.

Activities

Main area 1: Health

Goal: Contribute to a healthier Europe

Core monitoring

In 2019, ongoing work will be carried out to ensure annual core data collection and management activities. Key to achieving this will be the support provided, as required, to the main national data providers, the Reitox NFPs in the 28 Member States, Norway and Turkey. Central to this core monitoring are the five KIs (GPS, PDU, TDI, DRD, DRID). GPS describes prevalence and patterns of drug use among the general population; PDU focuses on prevalence and patterns of high-risk drug use; TDI is the treatment demand indicator; DRD describes drug-related deaths and mortality among drug users; and DRID describes drug-related infectious diseases.

At the same time, the EMCDDA will work towards a new conceptual framework for data collection, to be put in place by 2020, in line with the roadmap. This will be informed by the results of the systemic review, which in turn will be fed by the review of the performance of individual tools and the gap analysis, which are planned to be carried out during the year.

In this context, the future of Fonte, the main online data collection instrument of the EMCDDA, will also be examined and preparatory work for a position paper will be conducted.

Analytical work will be further developed to inform key EMCDDA outputs, in particular the European Drug Report (EDR) package. The 2019 EDR will include the Trends and Developments report and the Statistical Bulletin, the repository of data for the regular monitoring of illicit drugs. National data will be published in the form of 30 online CDRs. A review of the EDR package will run in parallel.

Building on the preparatory work carried out in 2018 in close collaboration with ESPAD principal investigators, in 2019 the agency will be required to coordinate the activities necessary for the next round of ESPAD, which is planned to take place

during that year. The preparation of the 2019 ESPAD Report will also start, for publication in 2020. In addition, the EMCDDA will continue to support the development of ESPAD's web presence. The scope of the agency's work in this area will be more limited than initially planned due to the lack of availability of additional resources.

Support to EU priority third countries will continue under the framework of the technical assistance projects IPA 6, IPA 7 and 'EU 4 Monitoring Drugs'. For details, see Main area 3: Business driver 2, 'Partnership'.

The EU Early Warning System and risk assessment of new psychoactive substances

In 2019, the EMCDDA, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol and the EMA, and new EWS partners the ECHA, EFSA and ECDC, will carry on ensuring continuous and robust implementation of the EWS as provided for by Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending the Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on NPS which applies as of November 2018. The shorter deadlines stipulated by this new legislation will ensure even faster responses to emerging NPS and the harms associated with them.

In accordance with 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 initial report, 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 EU and international organisations. Adaptation to the new legislative instrument will also entail revision of the standard operating procedures, including the EWS and risk assessment operating guidelines.

In 2019, the toxicovigilance system will be fully implemented and integrated into the early warning systems, including the EDND. Coupled with 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 addition, during 2019, the EMCDDA will implement and integrate the OSI monitoring and analysis system into the other EWS components 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. This activity carries important resource implications and risks associated with the lack of such resources. In recent years, this concern has become more relevant as a result of the related amount of information generated by both the increased number of substances monitored and 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, the system will be revised as appropriate, and implemented and integrated into the EWS during 2019.

Another key task in this area will be to continue to maintain and further develop the next-generation replacement of the EDND. 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. It also supports communication and information exchange with partners. Building on the work undertaken during previous years, by the end of 2019 it is expected that a series of new modules will be operational, providing advanced technical functionalities to the EDND.

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

New trends and health threats

To improve the timeliness of reporting, it is crucial that new and flexible monitoring tools complement the EMCDDA's core monitoring system. In 2019, the agency will therefore further develop and strengthen its system for monitoring and understanding new and emerging trends in drug use and drug markets.

To that end, the EMCDDA will continue key activities aimed at better integrating new methods and tools within existing monitoring routines. This will include the publication of findings from two innovative projects, namely the 2018 SCORE (Sewage analysis CORe group Europe) wastewater monitoring campaign and the 2018 ESCAPE syringes project.

Monitoring hospital emergencies data will also be further developed and the geographical coverage of the data will be improved. This will mainly involve consolidating and enlarging the sentinel European Drug Emergencies Network (Euro-DEN), making best use of the data provided by the workbooks, and carrying out cross-indicator analyses with the DRD indicator.

As regards the health threat assessment activities, rapid information assessment tools will be piloted and a communication model for health threat identification and rapid reporting will be conceptualised. These two elements will be part of the new integrated framework for threat identification and reporting, which is planned to be put in place by 2020.

Equally important are the EMCDDA's joint risk assessments on emerging threats, including close collaboration between the EMCDDA and ECDC on the monitoring of all incoming information on the evolution and epidemiology of drug-related infectious diseases and outbreaks.

Drug interventions

Together with drug policymakers, professionals working in the drugs field are key EMCDDA customers. Activities in this area will thus be directed towards this important group. They will include identification and dissemination of best practice, training, production of targeted outputs and tools, and knowledge sharing via conferences and other practice-oriented events.

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. In 2019, existing modules will be kept updated and new modules will be added, building on the thematic approach developed for the 2017 European Responses Guide. In addition, focused outputs will be developed to support practice on key areas. Better integration of criminal justice-related issues such as alternatives to coercive sanctions and responding to drug problems within a prison setting will be pursued, further to the conceptualisation exercise conducted in 2018. In the prevention area, the BPP platform is being extended to include identification of effective programme examples. To that end, the databases on interventions in nightlife settings (Healthy Nightlife Toolbox) and the Xchange registry on evidence-based prevention programmes will be maintained and updated with new entries.

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 adaptation of internationally developed training materials carried out in cooperation with other partners, e.g. in academia.

In 2019, the EMCDDA will continue to promote good practices in harm reduction including the integration of evidence-based practices, interventions and policies into routine health-care and public-health settings. Additional information resources will be developed and provided including practice-focused outputs on topics where innovations are becoming available or where the knowledge base is changing rapidly. The web resources will be further developed in areas of particular importance for public health, such as hepatitis C.

A significant effort will be invested in the preparation of the second edition of Health and Social Responses to Drug Problems: a European Guide, planned for publication in 2020.

Drug policy

The EMCDDA's main institutional customers are its key stakeholders: the EU institutions and the EU Member States. These EU and national policymakers will be provided with technical support in areas covering both health and security aspects of the drug policies and initiatives. These two elements, which define the core pillars of the EMCDDA Strategy 2025, are closely interlinked in all aspects of the drug phenomenon, particularly so where policy development is concerned. While the EMCDDA support provided to general and health-related policy issues is presented here, the support provided to the security aspects of drug policies is presented in Main area 2: Security — Strategic objective S4.

At the level of EU institutions, in 2019 the agency will further support 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 Romania and Finland, the hosts of the EU Presidency during 2019. Of particular importance is our responsibility with respect to the EU Drug Strategy and the Action Plan 2017–20 (an activity which is also important for the other pillar of our strategy). The EMCDDA will contribute to the implementation of the EU Action Plan 2017–20, as appropriate. The agency will be available in 2019 to provide support to the EC in the final evaluation of EU Drug Strategy 2013–20, as well as for reflection on the EU strategy on drugs post 2013–20, if requested.

The EMCDDA will also provide technical support, upon request, to the EU institutions and the Member States for their activities in international fora (e.g. at UNGASS and the CND). Important developments in this area include the follow-up to the UNGASS 2016 and the process leading up to the UN 2019 global policy review.

In 2019, the EMCDDA will continue to provide reliable and timely drug policy analysis through a range of policy-relevant outputs. The policy alerts system will be further developed to better meet policymakers' needs; as part of this system, the agency will continue to monitor news alerts related to policy-relevant cannabis topics, analyse them, and produce and publish targeted messages and brief objective summaries. Furthermore, the agency will continue to produce high-level briefings and guides aimed at answering a wide range of policy-relevant questions in the fields of cannabis regulatory models, low-THC products and drug consumption rooms. In addition, the EMCDDA will prepare an Insights publication on addressing current and future challenges in the prison and drugs field (for publication in 2020).

In 2019, the EMCDDA will continue to monitor national drug strategies, public expenditure, 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), allowing the agency to proactively identify emerging drug policy trends. This will feed the policy alerts system implemented to inform EU and national policymakers in a prompt manner.

The European Legal Database on Drugs (ELDD) will be regularly updated and the annual meeting of the legal and policy 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 the EMCDDA, so as to maximise the practical value to the network as well as the agency.

The EMCDDA will continue to provide support to national drug policy evaluations in 2019, including both reactive responses to specific requests and proactive capacity-building activities. Thematic workshops will be organised around important emerging policy trends and the policy evaluation workshops, started in 2018 will be followed up proactively.

Strategic objective H1:
Maintain a state-of-the-art understanding of the extent of drug use, its patterns and trends and their impact on public health

Expected outcomes

- Implementation of core monitoring tools optimised and new processes for monitoring drug demand developed, to respond to the needs of contemporary drug patterns
- Comprehensive understanding of the EU drug situation through improved quality and availability of data
- Improved ability to capture the developments in the international drug situation

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
8. Efficient implementation of the technical assistance projects with third countries
9. Uptake of the EMCDDA evidence (knowledge) through a number of channels
10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
H1.1. Strengthen the core monitoring system: (a) critically review and develop, as needed, the data collection tools to ensure they remain fit for purpose; (b) support national reporting capacity necessary for routine reporting	■ Annual core data available to inform analysis and outputs: – incoming data validated and processed in a timely manner (L1) – annual reporting package 2020 adopted by the NFPs (L1) – established reporting tools maintained and further developed (L2) – activities to support NFP data collection efforts, including quality assurance and appropriate follow-up to the 2018 five KI assessment exercise (L2) ■ Annual overview of the European drug situation – European Drug Report 2019 (L1) – Statistical Bulletin 2019 published on the EMCDDA website (L1) ■ 30 Country Drug Reports (web-based) (L2) ■ Review of performance of individual reporting tools and gaps analysis (L1) ■ Systemic review of tools (L1) ■ Analysis of patterns, trends and consequences of drug consumption in Europe and related outputs (L2 or L3, as appropriate): – prevalence, incidence, estimates and trends of different forms of drug use (including general population and high-risk use estimates, and drug use among different groups and in different settings) – reporting and analysis of the main harms caused by or associated with the use of illicit drugs, and their public health impact at individual, community and population levels – multi-source and transversal analysis conducted to support products and services – polydrug use integrated into routine analysis ■ Data submission and analytical expert meetings organised (L2) ■ ESPAD data collection implemented (activities resource dependent): – support to the creation of a unified dataset (dependent on the completion of national data collection) (L2) – support to the preparation of the ESPAD Report (release in 2020) (L2) ■ Data management tools (Fonte, data warehouse) operational: – Fonte and drugs data warehouse maintained to support the annual drugs data collection and analysis (L1) – preparatory work for a position paper on the future of Fonte (to be finalised in 2020) (L2)
H1.2. Identify and develop new flexible and timely monitoring tools and approaches to ensure the monitoring system reflects contemporary drug patterns and their implications for public health	■ Results from the European Web Survey on Drugs disseminated — EMCDDA Insights drafted (for publication in 2020) (L2) ■ Feasibility assessment of improving sensitivity and coverage of existing indicators (particularly DRID and DRD) in the context of changing patterns of drug use (L2) ■ Analysis of the role of drug consumption rooms in monitoring new risk behaviours and market changes (outcome of the 2018 EMCDDA expert meeting) (L2) ■ Feasibility assessment of extending monitoring activities to new settings or groups (e.g. cities, marginalised groups) (L3)

Action areas	Outputs/results
H1.3. Better understand the implications for public health of the developing international drug problem, with special attention to the countries bordering the European Union, and within the agency's mandate	■ National information maps of CC and PCC updated (L2) ■ Updated Country Drug Reports for interested CC and PCC (L3) ■ New datasets on drug-related issues produced in the CC and PCC (L3) ■ 'EU 4 Monitoring Drugs' project outputs (Health area), in line with project logframe (L2) ■ Exchange of information on emerging drug issues maintained and developed with monitoring centres outside the EU — topics here could include the resurgence of opioid misuse (prescription and other) and legislation on cannabis (L3)
H1.4. Identify future reporting needs through a 'futures exercise' and appropriate follow-up activities	■ Draft technical report and supporting materials available (L2) ■ Technical review at Lisbon Addictions 2019 (L2) ■ Preparatory work for the 2020 policy workshop (L2)

Strategic objective H2:

Identify new drug-related health threats and support rapid response from the EU and its Member States

Expected outcomes

- Effective implementation of the EU Early Warning System on new psychoactive substances (EWS) and the EU risk assessment mechanism on NPS
- Health-related emerging trends and threats captured and reported in a timely manner
- Increased capacity of the EU and its Member States to rapidly respond to new drug-related health threats

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
4. Implementation of the EWS and risk assessment mechanism on NPS
7. Work programme delivery
8. Efficient implementation of the technical assistance projects with third countries
9. Uptake of the EMCDDA evidence (knowledge) through a number of channels
10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
H2.1. Ensure the successful operation of the EU Early Warning System on new psychoactive substances (EWS)	■ EWS and information exchange mechanism (supporting tools, processes and activities) operating under the new legal basis in place in 2019: – ongoing management of the EWS and information exchange mechanism, in compliance with the provisions of the applicable legislative framework (L1) – guidelines (procedures, processes and tools) relative to the EWS progressively adapted to the new legislative framework and implemented (as required) (L1) – initial reports prepared as required (L1) – EDND maintained and regularly updated (L1) – EDND infrastructure upgraded to reflect new reporting needs (L1) – EWS progress and final reports (L2) ■ Annual meeting of the EWS network (L2) ■ Toxicovigilance system, signal management system, OSI monitoring system and risk communication system implemented and integrated into the EWS (L2) ■ Technical support to national early warning systems (NEWS) and forensic and toxicological networks (L2) ■ Further develop OSI monitoring for EWS purposes (L2) ■ Dissemination of knowledge on NPS, through publication of updates and issues in focus, organisation of, and participation in, scientific and technical events (L2) ■ Sixth International Conference on Novel Psychoactive Substances (L2) ■ Data exchange with international bodies (UNODC/SMART and WHO Expert Committee on Drug Dependence) to support prioritisation, scheduling discussions and information exchange activities (L2) ■ Support to building EWS in third countries: – national EWS assessed in interested CC and PCC (L2) – national EWS profiles of interested CC and PCC published (L3)

Action areas	Outputs/results
H2.2. Ensure timely and high-quality implementation of the risk assessment on NPS	▪ RA mechanisms (supporting tools, processes and activities) operating under the new legal basis in place in 2019: – risk assessment reports prepared as required (L1) – guidelines, procedures, processes and tools relative to the risk assessment progressively adapted to the new legislative framework and implemented (as required) (L1) ▪ Effective information exchange with EMA, including formal notifications and public health-related risk communications, and responses to formal information requests, in line with Article 28(c) of the EU pharmacovigilance legislation (L1)
H2.3. Develop innovative approaches to identifying and reporting on new trends, and enhance the EMCDDA's capacity for timely data collection and analysis	▪ Analysis of results of Euro-DEN network on hospital emergencies, focused on trends by substances, including NPS (L2) ▪ Findings from the 2018 SCORE wastewater monitoring campaign published (L2) ▪ Findings from the 2018 ESCAPE syringes project published (L2) ▪ Further integration of OSI data in core EMCDDA monitoring (L2) ▪ Feasibility studies of innovative future approaches for monitoring new drug trends (e.g. pill testing, hair testing) (L3)
H2.4. Conduct threat assessments and rapid reporting exercises of new drug-related health threats in order to facilitate appropriate responses (in collaboration with partners, as appropriate)	▪ New integrated framework for threat identification and reporting in place (health pillar elements): – EU trendspotter studies prepared and national trendspotter studies supported as required (L2) – communication model for threat and rapid reporting conceptualised (for finalisation in 2020) (L2) ▪ Cooperation with ECDC, including risk assessment country missions in the EU Member States, upon request (L2) ▪ In-depth assessment of drug-related harms and responses (based on needs and resources) (L2) ▪ Publish and channel results of threat assessments and rapid reporting on health threats to interested groups (e.g. through alert services) (L2)

Strategic objective H3:
Support interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms, and support recovery and social reintegration

Expected outcomes
▪ Optimisation of tools to monitor drug interventions (established and new) ▪ Better and more informed policy and practice on effectiveness of interventions in drug demand reduction within the EU ▪ Increased availability of effective interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
H3.1. Follow developments from basic research, applied research and implementation science to maintain state-of-the-art understanding of what constitutes effective interventions to both established and emergent drug-related problems	▪ BPP kept updated with new contents (L1) ▪ BPP — Evaluation Instruments Bank revamped and updated (L2) ▪ BPP — inventory of standards and guidelines revamped and updated (subject to resources) (L2) ▪ New toolbox introduced to support programme implementation for specific settings and target groups (L2) ▪ BPP interface improved to increase integration with other response topic areas and offer greater accessibility (L2) ▪ Tools for self-accreditation of quality standards collected (L2) ▪ Selected minimum quality standards operationalised (L2) ▪ Model approach for estimating the cost of providing drug-related health interventions, including European adaptation of toolkits for practice, developed (L2) ▪ Develop work in the area of treatment outcomes (L3)

Action areas	Outputs/results
H3.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions: a) in established areas and settings; b) in new settings and developmental areas	▪ Reporting tools maintained and developed, for established areas (see objective H1 — Action area H1.1) (L2) and for new settings and developmental areas (e.g. naloxone, hepatitis C treatment, work places) (L3)
	▪ Data analysis (state-of-the-art monitoring necessary for European-level assessment of the responses to the drug situation) (L2)
H3.3. Facilitate knowledge transfer, the adoption of best practice, and successful implementation, by developing state-of-the-art resources for professionals and supporting and developing training and capacity-building activities	▪ State-of-the-art review of new challenges and opportunities for responding to drug problems (second European Responses Guide) in preparation (for publication in 2020) (L1)
	▪ Reitox academies on selected practice topics implemented for the Reitox network and selected third countries, in line with resources (L2)
	▪ Capacity development activities implemented for 'EU 4 Monitoring Drugs' beneficiaries, in line with project logframe (L2)
	▪ European Drugs Summer School (L2)
	▪ Knowledge transfer activities (e.g. face-to face workshop, online webinars) for selected interventions (L2)
	▪ Appropriate follow-up of the Council Conclusions on minimum quality standards (L2)
	▪ Databases on interventions in nightlife settings (HNT), club health and the Xchange registry on evidence-based prevention programmes maintained and updated with new entries (L2)
	▪ EMCDDA contribution to key drug-related events to support practitioners (L2)
	▪ Implementation of the second year of the multiannual harm reduction initiative (L3)
	▪ Universal Prevention Curriculum adapted for European professionals in collaboration with key partners (L3)
	▪ Comparative analysis of access, quality and prevention of diversion of opioid substitution treatment in Europe (L3)
	▪ Analysis of practices of post-mortem toxicology of drug-related cases in Europe (L3)
H3.4. Provide additional information resources to support decision-making and programme development in areas particularly important for public health, or where innovations are becoming available or the knowledge base is rapidly changing (such as hepatitis C treatment, overdose prevention, new pharmacotherapies, e-health and interventions targeting hard-to-reach populations) or where new evidence reviews have become available	▪ Practice-focused outputs (L2 or L3, as appropriate)
	▪ EMCDDA hepatitis C resource web pages available and maintained (L2)
	▪ Existing and new consumer protection models (e.g. drug-checking models, their legal frameworks, risk communication strategies and protocols, or harm reduction models for cannabis users) identified and described (L2)
	▪ Web resources on drug-related research updated (L2)
	▪ Responses to emerging drug trends (e.g. NPS, chemsex) identified and communicated (L3)
	▪ New technologies in the field of healthcare provision to drug users, specialists and non-specialists (e.g. e-learning, m-health) identified and communicated (resource dependent) (L3)

Strategic objective H4:

Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use

Expected outcomes

- Optimisation of tools to monitor drug policies and legislation
- Increased capacity of EU and national policymakers to address the health and social consequences of drug use, with evidence provided by, and support from, the EMCDDA

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
9. Uptake of the EMCDDA evidence (knowledge) through a number of channels
10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
H4.1. Support as requested EU and national policy initiatives within the EMCDDA's areas of competence, with particular attention given to the implementation of the EU drug strategy and its action plans	▪ Input to EU institution-related activities within established priorities and available resources: – support EU institutions related activities in the area of drug policy (HDG — horizontal working party on drugs, NDC — national drug coordinators, etc.) (L1) – support the EU in is policy dialogue with international bodies and third countries (L1) – support the implementation of the 2017–2020 EU Drug Action Plan (L1) – support final evaluation of the EU Drug Strategy 2013–2020 (L1) – support other policy initiatives within areas relevant to the EMCDDA (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 States-related activities within established priorities and available resources (L1) ▪ EMCDDA contribution to key drug-related events to support policymakers (L2)
H4.2. Monitor and report on key policy developments, occurring nationally, at EU level and internationally, to facilitate an informed and up-to-date dialogue	▪ Data collection system in place to ensure optimum EMCDDA data available for reporting for evaluation of 2017–2020 EU Drug Action Plan and EU Drug Strategy 2013–2020 (L1) ▪ Reporting tools in the policy area maintained and further developed for established areas (legal framework, national drug strategies, evaluation, coordination, public expenditures, prisons) (L2) ▪ Reporting tools in the policy area set up and improved for developmental areas (e.g. alternatives to coercive sanctions) (L3) ▪ Policy and law web areas maintained and regularly updated (L2) ▪ Policy alert system further developed (L2) ▪ Q and A policy briefings and guides (L2 or L3, as appropriate) ▪ In-depth review on current and future challenges in the prison and drugs field (EMCDDA Insights) prepared (for publication in 2020) (L2) ▪ Annual meeting of the legal and policy correspondents organised (L2) ▪ Thematic workshops organised around emerging trends in drug policies (L3)
H4.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policy provided in the supply area)	▪ Portfolio of tools and services to support policy development, implementation and evaluation in the Member States and priority third countries: – support provided to national drug policy evaluations, if requested and within available resources (L2) – workshop organised for national policymakers and planners on policy evaluation approaches (L2)

Resources necessary for the implementation of the activities in this area ([7])

Budget (EUR)	Human resources (FTE)
5 190 688.51	37.4

([7]) This does not include the resources covered by the technical assistance projects with third countries (assigned appropriations).

Main area 2: Security

Goal: Contribute to a more secure Europe

Drug markets monitoring and identification of new threats

The drug-related market in Europe is continuously evolving, and providing a comprehensive understanding of this market requires ongoing effort to improve our core monitoring system, but also to modernise our data collection approaches. Importantly, the agency must keep abreast of developments in the international drug situation, for example cocaine production in Latin America, or heroin production and trafficking in Asia and in the Middle East, which have a direct impact on the EU drug phenomenon.

To that end, in 2019, work on improving the quality and availability of supply data will continue, in close collaboration with our data providers at national level and partner Europol.

A large amount of effort will go into preparing the launch of the third joint EMCDDA–Europol EU Drug Markets Report and its supporting digital information package. This will be a leading publication of the EMCDDA in 2019, building on the success of the previous two editions, published in 2013 and 2016.

In terms of new sources of data and innovative monitoring approaches, the agency will further develop its capacity for OSI monitoring, in particular of drug supply on the rapidly developing and dynamic darknet markets.

Concerning activities to monitor developments outside the EU, in 2019 the EMCDDA will enter the operational phase of the project 'EU 4 Monitoring Drugs', which aims to help 15 ENP countries identify external drug-related threats (details to be provided at a later stage). Furthermore, similar to the work carried out under the health pillar, the EMCDDA will continue to support the transfer of its monitoring tools and methodologies to CC and PCC, on security-related issues, as well as gradual integration of supply-related data from these countries in EMCDDA publications, as the quality improves. This knowledge transfer will be undertaken in the framework of the technical assistance projects funded by the EC (namely IPA 6 and IPA 7 — subject to the approval of funding) and in line with the EMCDDA International Cooperation Framework adopted by the Management Board in December 2017 (see also Main area 3: Business driver 2, 'Partnership').

Identifying new drug-related security threats and transmitting this information rapidly so that appropriate responses can be developed is a key requirement if Europe is to keep pace with the growing security challenges emerging in this area. Threat assessments and ad hoc briefings on important security topics will be conducted in close collaboration with Europol. These will be self-initiated, at the request of stakeholders, or in the framework of the EU policy cycle for organised and serious international crime.

Understanding the nature and consequences of drug-related crime

One of the strategic objectives of the EMCDDA in this area is to improve understanding of the drug-related crime phenomenon. This is a developmental area, and progress will be incremental and dependent on the availability of resources. In 2019, and following up on the knowledge gaps identified in the EU Drug Markets Report 2016, the agency will develop a framework for monitoring drug-related homicide and pursue synergies with partners (e.g. Eurostat) to improve our data collection in this area. The EMCDDA will also analyse links with other crime types, such as illegal firearms and terrorism, and study the societal impact of drug crime. The development of an EU-level model for estimating the costs associated with decontaminating the environment after the dumping of chemical waste from drug production activities is also foreseen.

Support EU responses to drug security challenges

In the EU policy area, the EMCDDA will contribute as required to the two priority areas addressing the drug threats set by the Standing Committee on Operational Cooperation on Internal Security of the Council: cocaine, heroin and cannabis; and synthetic drugs and new psychoactive substances. Specifically, the agency will provide methodological, analytical and administrative support to the EC for the drafting of the OAP for 2020, and will implement its tasks under the OAP 2019.

This contribution will include the delivery of training for law enforcement in partnership with CEPOL and Europol, in line with the EU Strategic Training Needs Assessment, carried out by CEPOL. This knowledge transfer element is a key added value at EU level. In addition, the EMCDDA will continue close cooperation with key EU agencies active in the area of Justice and Home Affairs, in particular Europol, Eurojust and Frontex.

Strategic objective S1:
Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe

Expected outcomes
■ Implementation of supply-related monitoring tools optimised and new processes for monitoring drug supply developed, to respond to the needs of the contemporary drug market ■ Comprehensive understanding of the EU drug market through improved quality and availability of data and analysis ■ Improved ability to capture the developments in the international drug situation
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
S1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes	■ Strategic overview of the European drug market: EU Drug Markets Report (EDMR) 2019 produced and launched jointly with Europol (L1)
	■ Analysis and outputs based on the available drug market data (L2 or L3, as appropriate)
	■ Activities to support NFP drug supply data collection efforts, in line with the Reitox Development Framework, including quality assurance and capacity building, and identification and promotion of good practices from/among the Member States (L2)
	■ Data on drug production — synthetic drugs and cannabis — available (tools revised as appropriate and training delivered with Europol and the European Multidisciplinary Platform against Criminal Threats (EMPACT)) (L2)
	■ Data on cocaine production (secondary extraction) available (tools revised as appropriate and training delivered with Europol and EMPACT) (L3)
	■ Work initiated for preparing the 2022 EDMR (planning of studies) (L3)
S1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis, and provide a cost-effective and practical solution to supplement existing core data collection systems in this area (e.g. open source intelligence; internet monitoring; web surveys)	■ Ongoing review of performance of individual drug supply reporting tools and gaps analysis (L2)
	■ Outputs of OSI monitoring integrated into EMCDDA analysis (L2)
	■ Ongoing monitoring of darknet implemented with the EC's Joint Research Centre (JRC) (subject to resources) (L3)
	■ Utility of results of wastewater monitoring for application in supply monitoring and supply reduction measurement assessed (L3)
S1.3. Improve understanding of the impact on the European drug market of developments in the international drug situation, with particular attention given to the countries bordering the EU	■ Strategic overview of the European and neighbouring countries' drug markets: outputs from project 'EU 4 Monitoring Drugs'; and capacity-building activities, in line with project logframe (L2)
	■ Analysis of OSI carried out to improve understanding of the impact of drugs produced in the EU on the rest of the world, and the impact on the EU of drugs produced and seized outside the EU and destined for sale on the EU market (L2)
	■ New dataset on drug-related issues produced in the CC and PCC following EMCDDA supply indicators (L3)
S1.4. Support a better strategic understanding of the drivers of innovation in synthetic drug production and their impact, including routes of synthesis and source chemicals, and contribute to the European system on drug-precursor monitoring, together with the European Commission and Europol	■ Analysis of synthetic drug production (from the European Reporting Instrument on Sites related to Synthetic Production (ERISSP) and seizures and stopped shipments of drug precursors) and results integrated into EMCDDA products (EDR and EDMR in particular) (L2)
	■ Information exchange and collaboration with partners (in particular with Europol and the EC) on drug precursors, and contribution to key activities in the drug precursor area, such as the synthetic drug production experts group established under EMPACT Synthetic Drugs and NPS priority (L2)

Strategic objective S2:
Identify new drug-related security threats and support a rapid response from the EU and its Member States

Expected outcomes
■ Security-related emerging trends and threats captured and reported in a timely manner ■ Increased capacity of the EU and its Member States to rapidly respond to new drug-related security threats
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	**Outputs/results**
S2.1. Provide threat assessments related to transversal security threats linked to the production and supply of drugs	■ Integrated framework for threat identification, assessment and reporting in place (security pillar elements): – threat assessment methodology/approach (developed by 2018 and tested by 2020) (L2) – communication model for threat and rapid reporting (2019-20) (L2) ■ Joint threat assessments with Europol (L2) ■ Briefing notes on emerging threats provided to European Commission services (as appropriate) (L2)
S2.2. Identify and communicate the threats associated with NPS with respect to sourcing, production, transit and marketing, and ensure vigilance and follow up on threats related to the emergence of newly controlled NPS on the drug market	■ Results of monitoring of market-related information on NPS derived from the EU EWS analysed and integrated into EMCDDA outputs (L2)
S2.3. Improve capacity to monitor innovation in the drug market and its impact, with special attention given to the development of online drug markets and darknet drug sales	■ Threat identification and analysis based on the results of the darknet monitoring (L2)

Strategic objective S3:
Improve understanding of the nature and consequences of drug-related crime

Expected outcomes
■ Better understanding of drug-related crime and its link with other serious crimes such as terrorism, illegal firearms trafficking and illegal migration ■ Improved comprehension of wider societal impact of drug markets and drug-related crime
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	**Outputs/results**
S3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact	■ Framework for monitoring drug-related homicide/serious violence developed and published (non-routine data from selected countries) (L2) ■ Information exchange with drug-related crime expert groups (L3) ■ Feasibility assessment of collecting data on drug-related acquisitive crime, through creating synergies with partners (e.g. Eurostat) (L3)
S3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats, such as illegal financial flows, corruption, trafficking in other illicit cargos and terrorism	■ First analysis of links to other crime types such as terrorism (L3)

Action areas	Outputs/results
S3.3. Support the development of a broader conceptual framework on the wider societal impact of drug markets and drug-related crime, including environmental impact, implications for community safety and possible unintended negative consequences of interventions	■ EU-level environmental cost estimation model developed based on findings of contract on synthetic drug production in the Netherlands and Belgium combined with data from ERISSP (L2) ■ Study on societal impact commissioned and results integrated in EMCDDA products (L3)

Strategic objective S4:
Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national levels

Expected outcomes
■ Improved law enforcement capacity to prevent and investigate drug-related crime, based on knowledge, skills and expertise acquired through training and sharing of best practices ■ Enhanced capacity of policymakers at EU and national level to combat drug-related security threats
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
S4.1. Support the EU policy cycle for organised and serious international crime and provide expertise on the EMPACT drug priority areas (through threat assessments, provision of expertise and training). A priority task for the EMCDDA is to maintain an overview of EU drug markets, their ramifications and responses	■ Support to the implementation of the 2017–20 EU Drug Action Plan (supply reduction actions) (L1) ■ Expertise provided in support of the European Agenda on Security 2015–20 (L1) ■ Support for the EU policy cycle for organised and serious international crime, in particular through appropriate tasks with the operational action plans on drug priorities and the development of multiannual strategic plans, as well as through contribution to the Serious Organised Crime Threat Assessment' (L1) ■ Delivery of training organised by CEPOL (L2) ■ Participation in key events, such as SOCTA meetings (L2) ■ EMCDDA SIENA system kept updated to support secure exchange of information with Europol (L2)
S4.2. Increase the effectiveness and the impact of EU actions in the security area including by a) strengthening/establishing networks of field experts, academics, law-enforcement officials, etc. and b) defining criteria for identifying, understanding and prioritising emerging threats (including external, current and future) stemming from drug market activity, integrating uncertainty, projected trends, and scenario planning	■ Annual meeting and proceedings of the reference group on drug supply indicators (L2) ■ Expert technical meetings held, building on network of supply experts and the reference group (subject to the availability of resources) (L2)
S4.3. Develop capacity for supporting the evaluation, upon request, of law enforcement responses to drug supply interventions (in close coordination with policy support provided to health interventions)	■ Scoping exercise for better understanding the impact of supply reduction interventions (L3) ■ Research on the utility of the results of wastewater monitoring for application in supply reduction measurement (L3)

Resources necessary for the implementation of the activities in this area ([8])

Budget (EUR)	Human resources (FTE)
3 080 533.93	13.35

([8]) This does not include the resources covered by the technical assistance projects with third countries (assigned appropriations).

Main area 3: Business drivers

Business driver 1: Institutional

The year 2019 will mark the first year after the implementation of the fourth external evaluation of the agency; hence, steered by the EMCDDA's Management Board and led by the Director, this will be a year of reflection and of reshaping our work in line with the outcome of this important exercise for the future of the EMCDDA.

It will be important, therefore, to align our efforts in all the areas, including core business and support activities, guided by Strategy 2025 and building on the solid organisational foundation established in 2017–18 via the internal reorganisation of the agency and the implementation of a new and stronger management structure.

To that end, a strategic analysis of consequences of potential future changes in the EMCDDA Regulation will be initiated (to be completed in 2020), to prepare the agency for ongoing and potential future revision of its mandate. This analysis will be carried out on the basis of the outcome of the fourth external evaluation of the EMCDDA, and it will be informed by the conclusions of the evaluations of the EU drug strategy and its action plans.

Furthermore, an action plan to follow up on the recommendations of the fourth external evaluation of the agency will be prepared and submitted to the Management Board for adoption in 2019, and necessary measures will start to be implemented, as appropriate.

The Regulation of the European Parliament and the Council amending Regulation EC No 1920/2006, which was adopted by the European Parliament on 24 October 2017, became applicable at the end of 2018, replacing Council Decision 2005/387/JHA. The new regulation sets out 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 allows for the inclusion of new tasks (see Main area 1: Health).

In this complex institutional context, the agency will seek to improve its understanding of the evolving needs of its key stakeholders. During the year, the agency's 'Customer needs project' will be implemented using a range of methods to gain an understanding of these needs (such as detailed qualitative audience research, focus groups and analysis of customer feedback as well as of media monitoring and web and social media metrics).

On the basis of the outcome of this project, the EMCDDA portfolio of products and services will be analysed and adjusted as necessary. Communication and dissemination activities will be further optimised and measured for their effectiveness. Ongoing website developments will continue to offer the EMCDDA's audiences access to new interactive products and tools. The agency's digital transformation project will ensure that the changes and opportunities provided by developing digital technologies are leveraged in a strategic and prioritised way.

The agency will also endeavour to anticipate the developments in the EU drug situation, via the 'futures exercise' planned to be completed in 2020 (see Main area 1: Health).

These interlinked and mutually reinforcing efforts will allow the EMCDDA to prepare for future scenarios and position itself as a leading provider of evidence on drugs, for a healthier and a more secure Europe.

Business objective B1:
Anticipate, and respond promptly to, institutional developments and needs

Expected outcomes
■ Increased capacity of the EMCDDA to meet stakeholders' needs through tailored products and services which are provided through optimised communication channels ■ The EMCDDA is organised to respond to the recommendations emerging from the fourth external evaluation of the agency and other relevant institutional and political developments
KPIs
1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	**Outputs/results**
B1.1. Continue to analyse the external environment and how it relates to current and future stakeholder needs	■ Efficient support provided to the EMCDDA Management Board in performing its governance role (L1)
	■ 'Customer needs project' implemented and emerging results used to inform the preparation of the EMCDDA framework for proactively identifying and responding to stakeholders' needs (to be put in place by 2020) (see B1.2) (L2)
B1.2. Configure services to ensure they are timely and are delivered professionally and in a form coherent with our stakeholders' needs	■ Draft framework and associated procedures for proactively identifying and responding to stakeholders' needs (governance, workflows, tools) developed (see B1.1) (L2)
	■ Methods and instruments implemented to better understand the needs of drug professionals (e.g. stakeholder/focus group meetings; user testing) (L2)
	■ EMCDDA portfolio of products and services analysed and adjusted based on outcome of 'Customer needs project' (L2)
	■ Communication and dissemination activities (including through digital channels: website, social media, audiovisual) are optimised and measured for their effectiveness (L2)
	■ Web system functional and further developed as required (L2)
	■ Availability of multilingual products (subject to resources) (L2)
B1.3. Prepare the agency for ongoing and potential future revisions of its mandate, in line with the recommendations of the external evaluation to be performed in 2018, and the conclusions of the evaluation of EU Drugs Strategy and Action Plan	■ Action plan to follow up on the recommendations arising from the fourth external evaluation of the EMCDDA ('follow-up action plan') developed and submitted to the Management Board for adoption (L1)
	■ Set of measures implemented in line with the follow-up action plan (as appropriate and depending on the timeline of adoption of the follow-up action plan) (L1)
	■ Strategic analysis of consequences of potential future changes in EMCDDA Regulation on the basis of EMCDDA and EU Strategy and Action Plans evaluations initiated (to be completed in 2020) (L1)
	■ Regulation of the European Parliament and the Council amending Regulation EC No 1920/2006 implemented (for substantive activities, see Main area 1: Health) (L1)

Business driver 2: Partnership

In line with its strategic priorities, in 2019 the EMCDDA will continue to enhance information and knowledge exchange with its European and global partners.

The main partners of the EMCDDA in the Member States, Norway and Turkey, and the agency's core data providers, are the Reitox NFPs. The substantive activities involving the contribution of the NFPs are presented in Main area 1: Health and Main area 2: Security.

As far as the network management is concerned, the work will be guided by the Reitox Development Framework 2018–25. The document, which was developed jointly by the EMCDDA and the NFPs was adopted by the HFPs and presented to the EMCDDA Management Board at the end of 2017. Its successful implementation by the NFPs, with support from the EMCDDA, will contribute to enhancing the visibility, usefulness and ultimately sustainability of the NFPs at national level, and as a network at European level. The annual planning of activities will be guided by the roadmap, which will be part of the document.

The accreditation system initiative will continue in 2019. The interested NFPs will be supported in the application of the self-assessment tool, which was piloted in 2017 through a collaborative effort coordinated by the EMCDDA, with input from the NFPs.

In addition to Reitox, the EMCDDA needs to work directly with a number of expert networks, as well as with specialist data providers and research collaborations (for details, see Main area 1: Health and Main area 2: Security). Furthermore, in 2019 the EMCDDA will continue to contribute to the international coordination of ESPAD, in line with the existing working arrangements and the available resources (see also Section II, Human and financial resources outlook for 2019–21).

During the year the EMCDDA will also further enhance its cooperation with EU agencies working in the health area, such as the ECDC and EMA, as well as with agencies from the Justice and Home Affairs cluster, such as Europol, Eurojust, CEPOL and Frontex (see Main area 1: Health and Main area 2: Security).

Information and knowledge exchange will be also strengthened with global partners (mainly the UN family — the United Nations Office on Drugs and Crime (UNODC), the WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) — but also other partners, such as the Pompidou Group), in line with the existing working arrangements and emerging annual priorities.

In 2019, the IPA 6 technical assistance project for six CC and PCC will be successfully completed, including the organisation of its closing conference and the dissemination of the final results. In parallel, the follow-up IPA 7 project proposal will be developed and submitted to the EC, and the project will start during the year (depending on the approval of funding by the EC).

The year 2019 will also mark the first year of implementation of the 'EU 4 Monitoring Drugs' project, the largest technical assistance project ever implemented by the EMCDDA, and the second such project in ENP-South and ENP-East countries. The EC-funded project (with a total budget of EUR 3 million for 2019–21) aims to strengthen the capacity of 15 ENP partner countries, as well as to improve the EMCDDA knowledge base, by creating an analysis and response platform to tackle the dynamic links between drugs, security and health threats (see also Main area 1: Health and Main area 2: Security).

Business objective B2:
Strengthen the European drug information system through effective and mutually beneficial partnerships and synergies with our data providers, communities of knowledge and relevant European and international bodies and cooperation with third countries

Expected outcomes
■ Efficient coordination of the Reitox network to ensure improved reporting capacity of the NFPs and good performance in the implementation of the grant agreements ■ Enhanced synergies with EU and international bodies working in the drug-related areas ■ Increased EU capacity to address drug threats in EU priority third countries
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 5. Implementation and management of the Reitox grant agreements 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
B2.1. Develop, jointly with the NFPs, and guided by EMCDDA Strategy 2025, the new Reitox Network Development Framework, and support its implementation by the NFPs	■ Reitox network support and coordination – NFPs provided with support towards the implementation of the Reitox Development Framework 2018–25, in line with its respective Roadmap for 2020, and the available resources (L2) – Biannual meetings of the HFPs (L1) – Technical meetings (as appropriate) (L2) – Interested countries supported in the implementation of the Reitox accreditation system (L2) – NFPs provided with quality feedback, technical assistance and institutional support (where required) (L2) ■ Grant agreements management – 2019 grant agreements deliverables (financial and narrative reports) provided in line with the applicable rules and regulations (L2) – 2018 grant agreement final deliverables (financial and narrative reports) controlled and final payments executed (L2) – 2018 grant agreement audit reports (two or three 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)
B2.2. Strengthen national drug expert networks and develop, if necessary, new networks to ensure that the agency has sufficient expertise to accomplish the strategy's objectives	■ Drug expert networks maintained and developed, including in key indicators areas and other data collection sources (e.g. ESPAD, SCORE, Euro-DEN, Xchange) (L2) ■ Reference paper on the articulation of different networks at EU and national level (update of the 'Charter of good communication between the EMCDDA, the NFPs and national experts' adopted by the heads of national focal points in May 2010) (L3)
B2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and the emerging needs of stakeholders	■ Joint work programmes with partner European and international organisations implemented in line with the EMCDDA strategic priorities for 2019 (L2) ■ New working arrangements (e.g. with CEPOL, Frontex or FRA), as appropriate (L2) ■ Active contribution to the work of the JHA network (L2) ■ Active contribution to the subnetworks set up under the EU Agencies' Network (EU AN) (e.g. the Performance Development network (PDN), the Heads of Communication and Information Network (HCIN), the Information and Communication Technologies Advisory Committee (ICTAC) (L2) ■ IPA 6 project successfully completed and final results disseminated (L2) ■ Efficient management of the project 'EU 4 Monitoring Drugs' (EU4MD) (overall administration and reporting, kick-off, steering committee and other meetings) (L2) ■ IPA 7 project proposal developed and project launched (L2) ■ Support to the EC (upon request and coverage of expenses by EU programmes) in the implementation of EU drug-related regional programmes, such as CADAP and COPOLAD (L2)

Business driver 3: Scientific capacity

The multifaceted nature of the drugs situation requires the EMCDDA to have both sufficient in-house expertise and access to experts working elsewhere to ensure adequate scientific capacity for this work. In 2019, the agency will strengthen the ongoing dialogue with the research and scientific community, in both the drugs area and related disciplines, such as addiction science and criminology.

The members of the Scientific Committee will adopt a formal opinion on the EMCDDA PD 2020–22 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. 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 will be launched in 2019. In addition, a call for expression of interest will be launched for the establishment of list of experts to extend the Scientific Committee for the purpose of risk assessments.

In 2019, the EMCDDA will continue to follow up on ways to further increase the quality of its analyses and outputs across all key areas of work. Efforts will focus on implementing the action plans that were put in place to address the recommendations of the IAS audits on the management of data collection, validation and quality assurance (2017) and publications management (2018).

The allocation and use of scientific resources will be optimised, including through the adoption of a project management approach for key scientific activities (see Business driver 4 for details).

During the year, the EMCDDA will also develop a framework to enhance cooperation with established scientific centres of excellence in the drugs field.

Last but not least, the EMCDDA will be one of the main partners in the programme and organising committees of the Third European Conference on Addictive Behaviours and Dependencies, which will take place from 23 to 25 October 2019.

Business objective B3:
Have in place the scientific capacity (resources, processes and tools) to meet current analytical needs, and innovate to keep pace with changes in the drug situation and the corresponding institutional needs

Expected outcomes
■ Scientific capacity optimised through efficient use of resources and improved coordination of core activities ■ The scientific quality of the EMCDDA's work is further enhanced through appropriate quality assurance measures, and provision of support and guidance by the Scientific Committee ■ Communication and exchange with external monitoring and scientific bodies and centres of excellence are strengthened
KPIs
1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery 9. Uptake of the EMCDDA evidence (knowledge) through a number of channels 10. Uptake of the EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results
B3.1. Maintain and develop the EMCDDA's scientific capacity and ensure that it reflects the expertise required for the agency to fulfil its mandate	■ Efficient support provided to the EMCDDA Scientific Committee in performing its advisory role (L1) ■ Internal digital information service, updating on developments in the drugs field, in place (L2) ■ Scientific articles in high-impact journals (L2)
B3.2. Optimise the allocation and use of scientific resources through clear prioritisation, adoption of more flexible working practices and the use of external resources where cost-efficient	■ Project management approach progressively implemented for selected projects in scientific areas (see also Business driver 4) (L2) ■ Internal scientific coordination mechanisms in place and communication tools maintained (L2) ■ Improved coordination and planning of outputs (framework for standard products management implemented, taking into account the recommendations following the IAS audit carried out in 2018) (L2)

Action areas	Outputs/results
B3.3. Strengthen the quality management of scientific activities	■ Quality assurance framework for scientific activities, including production of outputs, defined and implemented according to recommendations of audits (IAS audit follow-up action plans) where relevant (L2)
	■ Guiding principles for the drafting of EMCDDA scientific publications maintained and updated, as necessary (L2)
B3.4. Strengthen dialogue and cooperation with the scientific community and centres of excellence in the drugs field to ensure that the EMCDDA maintains a state-of-the-art understanding of developments in its areas of competence	■ Lisbon Addictions 2019 successfully co-organised (L2)
	■ Support to the EU contribution to the revision and standardisation of reporting tools provided (L2)
	■ Participating and providing expertise in steering committees and advisory boards of external scientific partners (L2)
	■ Presentations and/or exhibition stands at scientific and technical events (L2)
	■ Active contribution to and follow-up of EU-funded drug-related research projects where relevant (resource dependent), including the Scientific Committee's contribution to the HDG annual dialogue on research (L2)
	■ 2019 edition of the EMCDDA Scientific Award organised (L3)
	■ Development of a framework to enhance cooperation with established scientific centres of excellence in the drugs field (L3)

Business driver 4: Management

The EMCDDA will ensure that the optimal organisational structure and supporting processes are in place, and that their performance is regularly reviewed and developed to maintain a business environment corresponding with the long-term requirements of the EMCDDA Strategy 2025.

In 2019, one of the key objectives of this business driver will be to ensure that the implementation of the activities planned across the different areas of the annual work programme is supported by effective and efficient management of the available resources. The internal management mechanisms (e.g. the Strategic Committee, the Heads of Unit meetings, the Editorial Board meeting, the ICT Steering Committee) will be maintained to enable sound decision-making on the EMCDDA operational priorities and allocation of resources.

The EMCDDA will ensure the efficient implementation of the annual work programme, which is part of the PD 2019–21, and the timely delivery to the EMCDDA's stakeholders of the next PDs: for 2020–22, and for 2021–23 (preliminary draft).

The performance management system will be further developed through the implementation of the project management programme (PM-P), including the establishment and implementation of a unified corporate project management methodology, supported by a management information system. This will be implemented in line with the phased implementation plan and the available resources.

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. A key target will be to maintain the excellent level of performance achieved in the budget execution in previous years. Efficiency of all related processes will be pursued, namely by making increased use of digital solutions. Procedures and tools for sound management of financial resources will be adjusted in a timely fashion, in line with relevant financial rules, to contribute to ensuring the implementation of the EMCDDA Strategy 2025 and the operation of the organisational structure put in place in 2017.

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. In 2019, the recommendations arising from the audits performed at the EMCDDA as well as from the fourth external evaluation (carried out in 2018) will be closely followed up on and implemented in line with the action plans adopted by the Management Board.

The management of human resources will encompass the sound management of existing processes, as required by the applicable Staff Regulations and their implementing rules. Special attention will be paid to the organisation of appropriate training for the agency's staff to support the effective implementation of the EMCDDA Strategy 2025 and the achievement of the defined milestones.

In 2019, the agency will implement further measures to ensure a safe working environment as well as to guarantee the efficient use of the EMCDDA infrastructure, with special attention paid to controlling utilities-related costs 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 (an internal environmental report will be delivered in 2019).

ICT programmes and services will continue to guarantee the smooth operation of all the services provided, and to support the agency's core developmental objectives, in line with priorities set up by the ICT Steering Committee.

Synergies with EMSA will be further pursued in the areas related to staff training, infrastructure management and ICT.

Business objective B4:
Ensure that the organisational structure and supporting processes are optimal, to deliver efficient and high-quality services

Expected outcomes
■ Good performance by the EMCDDA in implementing the annual programming instrument ■ Sound management of the EMCDDA's resources, in compliance with applicable rules and procedures and in line with organisational needs ■ Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources ■ Optimal level of operability of the EMCDDA's ICT systems
KPIs
1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery

Action areas	Outputs/results
B4.1. Put in place the new organisational structure and other measures necessary for successful implementation of Strategy 2025	■ Management mechanisms (e.g. Strategic Committee, the Heads of Unit meetings, the Editorial Board meeting, the ICT Steering Committee) operational to enable sound decision-making on the EMCDDA operational priorities and allocation of resources (L2)
	■ Activities in the areas of data protection, internal control mechanisms and risk management implemented in line with the existing EU regulations and practices (L2)
	■ Preparatory work for the assessment of Roadmap 2020 (L2)
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	■ Planning instruments and processes
	– PD 2019–21 published (L1)
	– Draft PD 2020–22 finalised, taking into account the results of the consultation of key EMCDDA stakeholders and partners, and submitted to the Management Board for adoption (L1)
	– Preliminary PD document 2021–23 prepared and submitted to the Management Board for adoption (L1)
	– EMCDDA 2020 draft budget and 2021 preliminary draft budget prepared in a timely fashion and submitted for adoption by Management Board (L1)
	– 2019 management plan in place (L2)
	– Project management programme (PM-P) implemented in line with the phased implementation plan and available resources (L2)
	■ Financial resources management
	– Sound management of the EMCDDA's financial resources, in compliance with applicable rules and procedures (L1)
	– Timely publication of report on the EMCDDA's annual accounts (L1)
	– Annual procurement plan prepared in a timely fashion, successfully implemented and effectively monitored (L2)
	– Further development of financial and procurement-related electronic workflows (L3)
	■ Facilities support services
	– Efficiency in using available facilities, equipment, infrastructure and utilities (L2)
	– Provision of a safe, secure and environment-friendly working place, namely health and safety risks identified; security risk assessment delivered and followed up; and environmental report delivered (L2)
	■ ICT support services
	– Business continuity plan implemented (L1)
	– 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)
	– Steering identification and evolution of business requirements, planning and delivery of technical services, processes and products supporting the implementation of the EMCDDA's core objectives (L2)
	■ Synergies and efficiency gains
	– Synergies with other EU bodies, including through participation in interagency networks and interinstitutional framework contracts, and sharing technical services (with EMSA in particular) (L2)

Action areas	Outputs/results
B4.3. Strengthen performance management at all levels	■ General Report of Activities (GRA) 2018 prepared, submitted to the Management Board for adoption, and published online by 15 June 2019, in line with the recast EMCDDA regulation (L1)
	■ Corporate performance mid-year monitoring review carried out, and results presented to inform sound management decisions (L2)
	■ End-term monitoring report of the 2016–18 strategy and WP (L2)
	■ High level of budget execution (commitment and payment appropriations), in line with annual targets (L2)
	■ Timely and effective follow-up to observations/recommendations from external audits, as required and agreed (L2)
	■ Timely report on measures taken in light of the observations accompanying the annual discharge (L2)
B4.4. Improve people management and implement a sustainable staff training and development programme to ensure the EMCDDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	■ Sound management of EMCDDA human resources, in accordance with applicable rules and in line with organisational needs (L1)
	■ Staff development programme in place, including 2019 training plan (L2)
	■ Adjustment of staff performance appraisal and promotion procedures and tools, as appropriate (L2)
	■ Definition and implementation of solutions for staff career progression/mobility (L2)
	■ Level of the vacancy rate below 5 % (in line with the KPI 2: Staff capacity — performance indicator 2.1: Occupation rate (implementation of the establishment plan), and conditional upon resources (L2)

Resources necessary for the implementation of the activities in this area ([9])

Budget (EUR)	Human resources (FTE)
7 697 079.12	52.25

([9]) This does not include the resources covered by the technical assistance projects with third countries (assigned appropriations).

ANNEXES

Annex I
Estimated budget allocation for the implementation of the EMCDDA 2019 work programme

The amounts indicated in the table below are based on the parameters of the 2019 EMCDDA draft budget, by taking into account the expected outcome of the EU 2019 budget procedure.

With regard to the above and without prejudice to the final official outcome of the EU 2019 budget procedure, the EMCDDA 2019 budget should rely on the following revenue:

- EUR 15 286 600 to be provided by the EU subsidy to the EMCDDA;
- EUR 407 997.93 to be provided by Norway for its participation in EMCDDA activities.
- EUR 273 703.63 to be provided by Turkey for its participation in EMCDDA activities, pursuant to the agreement concluded between the European Union and Turkey for this participation.

The table below presents the estimated allocation of the EMCDDA's 2019 budget appropriations for the implementation of the agency's 2019 work programme.

Main areas (MAs)

WP 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	Total budget
MA 1: Health		2.55	23.1	11.75	0	37.4	5 190 688.51
MA 2: Security		0.5	8.9	2.95	1	13.35	3 080 533.93
MA 3: Business drivers		5.95	32	14.3	0	52.25	7 697 079.12
TOTAL		**9**	**64**	**29**	**1**	**103**	**15 968 301.56**

Abbreviations: FTE, full-time equivalents; WP, work programme; O, officials; TA, temporary agents; CA, contract agents; SNE, seconded national experts; HR, human resources.

Annex II
Human and financial resources (tables 2019–21)

TABLE A1
Expenditure

Expenditure	N (2018)		N+1 (2019)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1	10 359 903.62	10 359 903.62	10 809 640.41	10 809 640.41
Title 2	1 375 052.08	1 375 052.08	1 411 829.90	1 411 829.90
Title 3	4 436 437.63	4 436 437.63	3 746 831.25	3 746 831.25
Total expenditure	**16 171 393.33**	**16 171 393.33**	**15 968 301.56**	**15 968 301.56**

Expenditure	Commitment appropriations						
	Executed budget N–1 (2017)	Budget N (2018)	Draft budget N+1 (2019)		VAR N+1 / N	Envisaged N+2 (2020)	Envisaged N+3 (2021)
			Agency request	Budget forecast			
Title 1 Staff expenditure	**9 836 151.87**	**10 359 903.62**	**10 809 640.41**			**11 962 773.29**	**11 133 417.30**
11 Salaries and allowances	9 633 741.22	10 202 651.21	10 710 740.41			11 805 520.88	11 088 417.30
- of which establishment plan posts	8 236 131.12	8 629 739.94	9 142 725.13			10 151 140.94	9 562 346.69
- of which external personnel	1 397 610.10	1 572 911.27	1 568 015.28			1 654 379.94	1 526 070.61
12 Expenditure relating to staff recruitment	36 423.56	14 000.00	3 500.00			14 000.00	0.00
13 Mission expenses							
14 Socio-medical infrastructure							
15 Training	127 894.33	100 000.00	45 000.00			100 000.00	45 000.00
16 External services	38 092.76	43 252.00	50 400.00			43 252.00	0.00
17 Receptions and events							
Title 2 Infrastructure and operating expenditure	**1 598 977.28**	**1 375 052.08**	**1 411 829.90**			**2 202 878.61**	**1 802 693.42**
20 Rental of buildings and associated costs (1)	637 190.67	646 845.88	838 601.35			1 371 414.36	1 229 464.87
21 Information and communication technology	758 771.08	507 455.70	415 775.00			607 455.70	415 775.00
22 Movable property and associated costs	104 979.89	98 760.00	55 860.00			98 760.00	55 860.00
23 Current administrative expenditure	71 315.07	85 805.50	85 963.56			85 963.56	85 963.56
24 Postage/telecommunications	5 288.65	8 080.00	5 050.00			8 080.00	5 050.00
25 Meeting expenses							
26 Running costs in connection with operational activities							
27 Information and publishing							
28 Studies							
Other infrastructure and operational activities	21 432.92	28 105.00	10 580.00			28 105.00	10 580.00
Title 3 Operational expenditure	**4 376 715.25**	**4 436 437.63**	**3 746 831.25**			**4 480 004.26**	**3 693 291.11**
Information and publishing	636 437.26	580 000.00	430 000.00			580 000.00	430 000.00
Studies	647 550.19	675 784.23	387 844.34			675 784.23	383 485.94

Expenditure	Commitment appropriations						
	Executed budget N–1 (2017)	Budget N (2018)	Draft budget N+1 (2019)		VAR N+1 / N	Envisaged N+2 (2020)	Envisaged N+3 (2021)
			Agency request	Budget forecast			
Reitox grants	2 134 341.38	2 096 433.37	2 140 000.00			2 140 000.00	2 140 000.00
Mission expenses	293 227.08	318 220.03	260 000.00			318 220.03	240 000.00
Meeting expenses	662 595.65	762 500.00	525 486.91			762 500.00	496 305.17
Receptions and events	2 563.69	3 500.00	3 500.00			3 500.00	3 500.00
Expenditure IPA and LIN (2) projects, total	453 350.11	2 806.88	1 197 414.00			1 007 366.56	795 219.44
Expenditure related to IPA projects	453 350.11 (3)	2 806.88	0.00			0.00	0.00
Expenditure related to LIN (2) projects	0.00	0.00	1 197 414.00			1 007 366.56	795 219.44
TOTAL EXPENDITURE	**16 265 194.51**	**16 174 200.21**	**17 165 715.56**			**19 653 022.72**	**17 424 621.27**

(1) Including possible repayment of interest; detailed information as regards building policy provided in Table in Annex V.
(2) LIN stands for EU4MD.
(3) Includes IPA5 and IPA6 Projects and Commitment appropriations that were carried forward from 2016.

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	**9 768 601.63**	**10 359 903.62**	**10 809 640.41**			**11 962 773.29**	**11 133 417.30**
11 Salaries and allowances	9 633 741.22	10 202 651.21	10 710 740.41			11 805 520.88	11 088 417.30
- of which establishment plan posts	*8 236 131.12*	*8 629 739.94*	*9142 725.13*			*10 151 140.94*	*9 562 346.69*
- of which external personnel	*1 397 610.10*	*1 572 911.27*	*1 568 015.28*			*1 654 379.94*	*1 526 070.61*
12 Expenditure relating to staff recruitment	31 153.40	*14 000.00*	3 500			14 000.00	0.00
13 Mission expenses							
14 Socio-medical infrastructure							
15 Training	72 654.45	100 000.00	45 000.00			100 000.00	45 000.00
16 External Services	31 052.56	43 252.41	50 400.00			43 252.00	0.00
17 Receptions and events							
Title 2 Infrastructure and operating expenditure	**999 823.91**	**1 375 052.08**	**1 411 829.90**			**2 202 878.61**	**1 802 693.42**
20 Rental of buildings and associated costs (1)	507 001.96	646 845.88	838 601.35			1 371 414.36	1 229 464.87
21 Information and communication technology	332 120.85	507 455.70	415 775.00			607 455.70	415 775.00
22 Movable property and associated costs	69 606.01	98 760.00	55 860.00			98 760.00	55 860.00
23 Current administrative expenditure	67 028.94	85 805.50	85 963.56			85 963.56	85 963.56
24 Postage/telecommunications	4 682.68	8 080.00	5 050.00			8 080.00	5 050.00
25 Meeting expenses							
26 Running costs in connection with operational activities							
27 Information and publishing							
Other infrastructure and operational activities	19 383.47	28 105.00	10 580.00			28 105.00	10 580.00
28 Studies							
Title 3 Operational expenditure	**4 206 528.72**	**4 436 437.63**	**3 746 831.25**			**4 480 004.26**	**3 693 291.11**
Information and publishing	586 483.81	580 000.00	430 000.00			580 000.00	430 000.00

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			
Studies	644 735.19	675 784.23	387 844.34			675 784.23	383 485.94
Reitox grants	2 068 473.26	2 096 433.37	2 140 000.00			2 140 000.00	2 140 000.00
Mission expenses	275 972.63	318 220.03	260 000.00			318 220.03	240 000.00
Meeting expenses	627 908.49	762 500.00	525 486.91			762 500.00	496 305.17
Receptions and events	2 955.34	3 500.00	3 500.00			3 500.00	3 500.00
Expenditure IPA and LIN (2) projects, total	379 757.63 (3)	2 806 88	1 197 414.00			1 007 366.56	795 219.44
Expenditure related to IPA projects	379 757.63 (3)	2 806 88					
Expenditure related to LIN (2) projects	0.00	0.00	1 197 414.00			1 007 366.56	795 219.44
TOTAL EXPENDITURE	**15 354 711.89**	**16 174 200.21**	**17 165 715.56**			**19 653 022.72**	**17 424 621.27**

(1) Including possible repayment of interest; detailed information as regards building policy provided in Table in Annex V.
(2) LIN stands for EU4MD.
(3) Includes IPA5 and IPA6 Projects and Commitment appropriations that were carried forward from 2016

TABLE A2

Revenue

Revenues	N (2018)	N+1 (2019)
	Revenues estimated by the agency	Budget forecast
EU contribution	15 445 600.00	15 286 600.00
Other revenue	728 600.21	1 879 115.56
TOTAL REVENUES	**16 174 200.21**	**17 165 715.56**

Revenues	General revenues						
	Executed budget 2017	Budget 2018	Draft budget 2019		VAR 2019/ 2018 (%)	Envisaged in 2020	Envisaged in 2021
			Agency request	Budget forecast			
1 Revenue from fees and charges (including balancing reserve from previous years surplus)							
2 EU contribution	15 135 600.00	15 445 600.00	15 286 600.00			17 839 040.00	15 900 000.00
- Of which assigned revenues deriving from previous years' surpluses	*54 436.49*	*215 188.58*	*189 763.80*				
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	674 487.34	691 393.59	681 701.56			806 616.16	729 401.83
- Of which EEA/EFTA (excl. Switzerland)	*403 487.34*	*414 843.10*	*407 997.93*			*487 211.59*	*444 715.39*
- Of which candidate countries	*271 000.00*	*276 550.49*	*273 703.63*			*319 404.57*	*284 686.43*
4 Other contributions	340 000.00		1 197 414.00			1 007 366.56	795 219.44
5 Administrative operations	18 301.84	37 206.62					
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58), internal assigned revenue etc.	*1 757*	*2 807.34*					
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
TOTAL REVENUES	**16 168 389.18**	**16 174 200.21**	**17 165 715.56**			**19 653 022.72**	**17 424 621.27**

TABLE A3

Budget outturn and cancellation of appropriations

Budget outturn	2015	2016	2017
Revenue actually received (+)	18 632 222.81	15 481 464.63	16 168 797.96
Payments made (–)	–17 626 446.15	–15 090 448.03	–15 370 324.15
Carry-over of appropriations (–)	–1 180 476.44	–848 092.94	–968 942.02
Cancellation of appropriations carried over (+)	38 712.08	18 278.73	18 245.88
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	185 447.51	651 383.96	342 257.97
Exchange rate differences (+/–)	4 976.68	2602.23	–271.84
TOTAL	**54 436.49**	**215 188.58**	**189 763.80**

Annex III
Human resources outlook and staff evolution

TABLE A4

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

Staff population		Actually filled in 31.12.2016	Authorised under EU Budget 2017	Actually filled at 31.12.2017 (1)	Authorised under EU Budget 2018	Actually filled in 31.12.2018	In draft budget for year 2019	Envisaged in 2020	Envisaged in 2021
Officials	AD	6	6	6	6	6	6	6	6
	AST	3	4	3	4	3	4	4	4
	AST/SC	0	0	0	0	0	0	0	0
TA	AD	42	45	42	45	43	45	45	45
	AST	22	22	21	21	21	21	21	21
	AST/SC	0	0	0	0	0	0	0	0
Total		**73**	**77**	**72**	**76**	**73**	**76**	**76**	**76**
CA GF IV		3	7	4	8	5	8	8	8
CA GF III		9	10	9	10	9	10	10	10
CA GF II		13	13	13	13	12	13	13	13
CA GF I		3	3	3	3	3	3	3	3
Total CA		**28**	**33**	**29**	**34**	**29**	**34**	**34**	**34**
SNE			1	1	1	1	1	1	1
Structural service providers		0	0	0	0	0	0	0	0
TOTAL		**101**	**111**	**102**	**111**	**103**	**111**	**111**	**111**
External staff for occasional replacement			3	3	4	4	4	2	2

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

TABLE A5

Multiannual staff policy plan 2019–21

Category and grade	Establishment plan in EU budget 2017		Filled as of 31.12.2017 (1)		Modifications 2017 in application of flexibility rule		Establishment plan in voted EU budget 2018		Modifications 2018 in application of flexibility rule (2)		Establishment plan in draft EU budget 2019		Establishment plan 2020		Establishment plan 2021	
	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	1	3	1	3	1	3
AD 12	4	11	3	4			4	11		–1	4	10	3	9	3	8
AD 11	1	11		7			1	11			1	11	1	10	1	9
AD 10		13		2				13		–1		12	1	11	1	9
AD 9		6	2	6				6		1		7		8		9
AD 8				11										1		3
AD 7				5										1		2
AD 6				1												
AD 5				2												
Total AD	**6**	**45**	**6**	**42**			**6**	**45**	**0**	**0**	**6**	**45**	**6**	**45**	**6**	**45**
AST 11	1						1			1	1	1	1	1	1	1
AST 10		3		1				3		–1		2		2		2
AST 9	1	7		3			1	7			1	7	1	6	1	5
AST 8	2	7		1			2	7			2	7	2	6	2	5
AST 7		5	1	3		–1		4				4		5		6
AST 6				6										1		2
AST 5			1	6												
AST 4				1												
AST 3																
AST 2			1													
AST 1																
Total AST	**4**	**22**	**3**	**21**		**–1**	**4**	**21**	**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																
TOTAL	**10**	**67**	**9**	**63**		**–1**	**10**	**66**	**0**	**0**	**10**	**66**	**10**	**66**	**10**	**66**

(1) Offer letters are counted as posts filled in.
(2) The Article 38 of the Framework Financial regulation was applied following a screening exercise.

Annex IV
Human resources policies

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 interinstitutional 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 as follows:

- from AST/SC 1 to AST/SC 2 for function group AST/SC;
- from AST 1 to AST 4 for function group AST;
- 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 EU programmes (for example, CARDS, IPA, ENI);
- 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 the 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.

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 '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 entered 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 and started applying them for the 2017 exercise. Below, the actual figures on promotion/ reclassification are presented for full information.

TABLE A6

Reclassification of temporary staff/promotion of officials

Category and grade	Staff in activity at 01.01.2016		How many staff members were promoted/ reclassified in 2017 (1)		Average no. of years in grade before reclassification/ promotion
	officials	TA	officials	TA	
AD 16					
AD 15					
AD 14		1			
AD 13	1	3			
AD 12	3	5			
AD 11		6		1	6
AD 10		2			
AD 9	1	5	1	1	5
AD 8	1	8		4	3.25
AD 7		8		1	4.5
AD 6		2			
AD 5		1			
Total AD	**6**	**41**	**1**	**7**	
AST 11					
AST 10		1			
AST 9		3			
AST 8	1	1			
AST 7	1	2		2	4
AST 6		8			
AST 5	1	6			
AST 4		1			
AST 3					
AST 2	1				
AST 1					
Total AST	**4**	**22**	**0**	**2**	
AST/SC 1					
AST/SC 2					
AST/SC 3					
AST/SC 4					
AST/SC 5					
AST/SC 6					
Total AST/SC					
TOTAL	**10**	**63**	**1**	**9**	

(1) Number of staff reclassified/promoted at the new grade.

TABLE A7
Reclassification of contract staff

Function group	Grade	Staff in activity at 01.01.2016	How many staff members were reclassified in 2017 (1)	Average number of years in grade of reclassified staff members
CA IV	18			
	17		1	2
	16	1		
	15			
	14	1		
	13			
CA III	12	1		
	11	2	1	5
	10	3		
	9	2		
	8			
CA II	7	5	2	4
	6	5		
	5	1	1	3.5
	4	1		
CA I	3	3		
	2			
	1			
TOTAL		25	5	

(1) Number of staff reclassified at the new grade.

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.

As 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).

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.

Gender balance at 31/12/2017

		Female	Male	Total
Officials	AD	0	6	6
	AST	3	0	3
Sub-total		**3**	**6**	**9**
Temporary agents	AD	21	21	42
	AST	10	11	21
Sub-total		**31**	**32**	**63**
Contract agents	CA IV	3	1	4
	CA III	6	3	9
	CA II	12	1	13
	CA I	0	3	3
Sub-total		**21**	**8**	**29**
SNE		0	1	1
Sub-total		**0**	**1**	**1**
TOTAL		**55**	**47**	**102**

Management gender balance at 31/12/2017

Positions (HoU upward only)	Female	Male	% of female
Senior management (Director)		1	-
Middle management (Heads of unit)	2	6	25 %

Geographical balance at 31/12/2017

	Officials		Temporary agents		SNE	Contract agents				Total		
Nationality	AD	AST	AD	AST		CA I	CA II	CA III	CA IV		**Nationality**	**%**
Belgian	1		3	3			2		1	10	Belgian	9.8 %
British			8	1					1	10	British	9.8 %
Bulgarian			3				1			4	Bulgarian	3.9 %
Dutch			1							1	Dutch	1.0 %
French			5	1			1			7	French	6.9 %
German	1		3	2						6	German	5.9 %
Greek								1		1	Greek	1.0 %
Irish			3	1						4	Irish	3.9 %
Italian	1		4	1				4		10	Italian	9.8 %
Latvian			1							1	Latvian	1.0 %
Luxembourgish			1	1						2	Luxembourgish	2.0 %
Polish			1	1			1		1	4	Polish	3.9 %
Portuguese	1	3	6	8		3	8	4	1	34	Portuguese	33.3 %
Romanian			1		1					2	Romanian	2.0 %
Spanish	2		2	2						6	Spanish	5.9 %
TOTAL	**6**	**3**	**42**	**21**	**1**	**3**	**13**	**9**	**4**	**102**		100 %

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 ([10]) 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.

([10]) 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

Current building(s)

EMCDDA headquarters: Praça Europa 1, Cais do Sodré, Lisbon

		Other comments
Type of building	Office building, rented	Pursuant to an agreement with the Portuguese State, in 2009 an area of 673.25 square metres (located in the '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 1 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 square metres of office space are subleased.
Annual rent (in 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	Not applicable	

Building project in the planning phase

No new building projects have been planned.

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 (1)
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.

(1) See also Annex IV, Section Schooling

Annex VII
Monitoring and evaluation

External 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 and the result can be found at the following web link: http://www.emcdda.europa.eu/html.cfm/index184823EN.html.

The final report contained 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).

All the actions which were under the control of the EMCDDA had been implemented by the end of 2014. On this ground, a decision was adopted by the Management Board in September 2015 to consequently close all these recommendations.

The fourth external evaluation of the EMCDDA has been carried out by the European Commission during 2018. The exercise has evaluated 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. The Final report will be presented to the EMCDDA Management Board in December 2018, further to which a follow-up action plan will be developed by the agency in 2019 (see also the Main area 3: Business Drivers, 'Institutional').

Internal monitoring and evaluation system

In 2017, the EMCDDA started an important exercise to align its strategic planning activities with the recently adopted Strategy 2025 and ensure they fit within the new integrated strategic and operational framework of the agency (see Section II, Multiannual programming 2019–21, Introduction: the EMCDDA's strategic approach to 2025, Figure 2).

As part of this process, a redefinition of the areas of work within the EMCDDA's Programming Document 2019–21 was performed, so that it reflects the structure of the Strategy 2025. In this context, a review of the performance framework of the agency was initiated. The process benefitted from an exchange of experience with Eurofound, an EU agency similar to the EMCDDA in terms of mandate and size of its operations.

As a result, and following the 'theory of change' approach, a new model has been designed (see Figure A1). It identifies a limited number (ten) of key performance indicators (KPIs) which will be used to measure the effectiveness in delivering the desired outputs and the efficiency in using the resources allocated to that end.

They will be complemented by higher level KPIs, at outcome and impact levels respectively. While the EMCDDA will ensure high-quality delivery of its products and services, in line with its mandate and resources, their uptake by the agency's key stakeholders (outcome) and any consequent changes to EU drug policies and legislation (first-level impact) are, however, beyond the control of the EMCDDA.

In Figure A1, this is reflected by means of the 'accountability ceiling', which shifts gradually from 'high' in the area of inputs, processes and outputs, to 'low', as we approach the 'impact' area.

In order to measure the ten composite KPIs, smaller and more specific performance indicators (PI) and additional performance data (metrics) will be put in place (see Table A9). They will build on the experience and knowledge gained in implementing the EMCDDA performance framework to date and will be further refined in order to make sure they are fit for purpose in the new framework.

Therefore, the framework presented in this PD 2019–21 represents work in progress and it will be further elaborated, fine-tuned and tested in 2019. For a comprehensive picture, an overview of the main areas, strategic objectives, high-level expected results (outcomes) and KPIs included in this programming document is provided in Table A8.

FIGURE A1

The new EMCDDA performance model

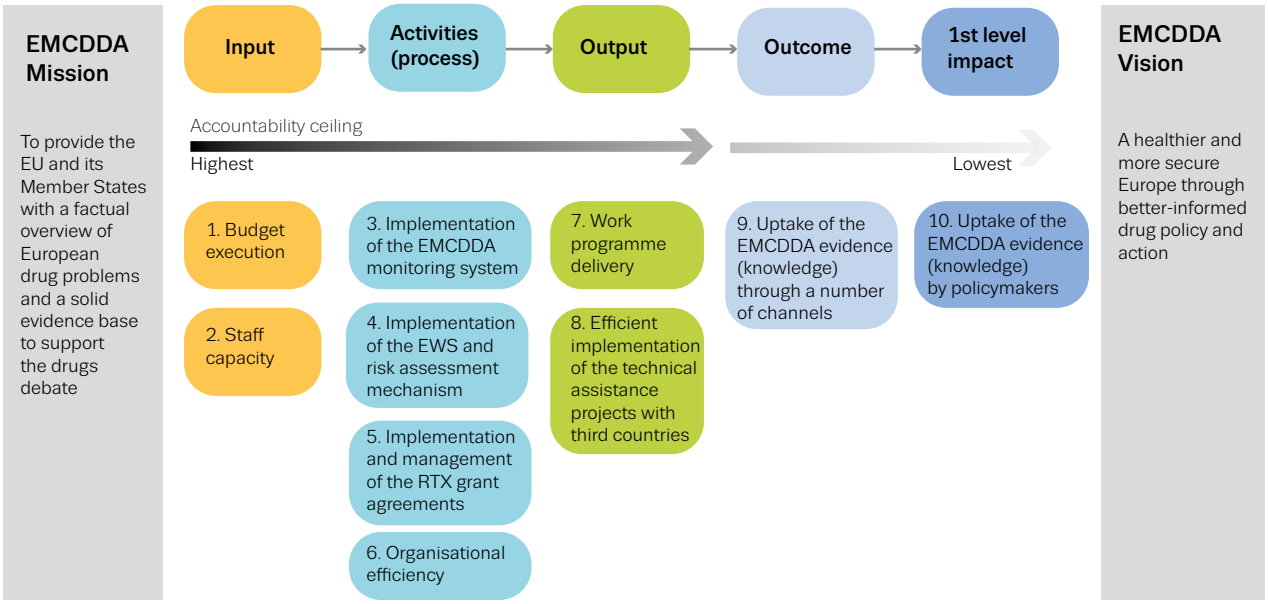


TABLE A8

Overview of the main areas, strategic objectives, high-level expected results (outcomes) and KPIs

Strategic objectives	Action areas	Outcomes	KPIs
Main area 1: Health			
1. Maintain a state-of-the-art understanding of the extent, patterns and trends in drug use, their impact on public health	1.1. Strengthen the core monitoring system: a) critically review and develop, as needed, the data collection tools to ensure they remain fit for purpose; b) support national reporting capacity necessary for routine reporting 1.2. Identify and develop new flexible and timely monitoring tools and approaches to ensure the monitoring system reflects contemporary drug patterns and their implications for public health 1.3. Better understand the implications for public health of the evolving international drug problem, with special attention to the countries bordering the European Union, and within the agency's mandate 1.4. Identify future reporting needs through a 'futures exercise' and appropriate follow-up activities	Implementation of core monitoring tools optimised and new processes for monitoring drug demand developed, to respond to the needs of contemporary drug patterns Comprehensive understanding of the EU drug situation through improved quality and availability of data Improved ability to capture the developments in the international drug situation	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
2. Identify new drug-related health threats and support rapid response from the EU and its Member States	2.1. Ensure the successful operation of the EU Early Warning System on new psychoactive substances (EWS) 2.2. Ensure timely and high-quality implementation of the risk assessment on new psychoactive substances (NPS) 2.3. Develop innovative approaches to identifying and reporting on new trends, and enhance the EMCDDA's capacity for timely data collection and analysis 2.4. Conduct threat assessments and rapid reporting exercises of new drug-related health threats in order to facilitate appropriate responses (in collaboration with partners, as appropriate)	Effective implementation of the EU Early Warning System on new psychoactive substances (EWS) and the EU risk assessment mechanism on NPS Health-related emerging trends and threats captured and reported in a timely manner Increased capacity of the EU and its Member States to rapidly respond to new health-related drug-related threats	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** **4. Implementation of the EWS and risk assessment mechanism on NPS** 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
3. Support interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms, and support recovery and social reintegration	3.1. Follow developments from basic research, applied research and implementation science to maintain state-of-the-art understanding of what constitutes effective interventions to both established and emergent drug-related problem 3.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions: a) in established areas and settings; b) in new settings and developmental areas 3.3. Facilitate knowledge transfer, the adoption of best practice, and successful implementation, through development of state-of-the-art resources for professionals and supporting and developing training and capacity-building activities 3.4. Provide additional information resources to support decision-making and programme development in areas particularly important for public health, or where innovations are becoming available or the knowledge base is rapidly changing (such as HCV treatment, overdose prevention, new pharmacotherapies, e-health and interventions targeting hard-to-reach populations) or where new evidence reviews have become available	Optimisation of tools to monitor drug interventions (established and new) Better and more informed policy and practice on effectiveness of interventions in drug demand reduction within the EU Increased availability of effective interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
4. Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use	4.1. Support as requested EU and national policy initiatives within the EMCDDA's areas of competence, with particular attention given to the implementation of the EU drug strategy and its action plans 4.2. Monitor and report on key policy developments, occurring nationally, at EU level and internationally, to facilitate an informed and up-to-date dialogue 4.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policy provided in the supply area)	Optimisation of tools to monitor drug policies and legislation Increased capacity of EU and national policymakers to address the health and social consequences of drug use, with evidence provided by, and support from, the EMCDDA	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
Main area 2: Security			
1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe	1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes 1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis, and provide a cost-effective and practical solution to supplement existing core data-collection systems in this area (e.g. open source intelligence, internet monitoring and web surveys) 1.3. Improve understanding of the impact on the European drug market of developments in the international drug situation, with particular attention given to the countries bordering the EU 1.4. Support a better strategic understanding of the drivers of innovation in synthetic drug production and their impact, including routes of synthesis and source chemicals, and contribute to the European system on drug-precursor monitoring, together with the European Commission and Europol	Implementation of supply-related monitoring tools optimised and new processes for monitoring drug supply developed, to respond to the needs of contemporary drug patterns Comprehensive understanding of the EU drug market through improved quality and availability of data and analysis Improved ability to capture the developments in the international drug situation	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
2. Identify new drug-related security threats and support a rapid response from the EU and its Member States	2.1. Provide threat assessments related to transversal security threats linked to the production and supply of drugs 2.2. Identify and communicate the threats associated with NPS with respect to sourcing, production, transit and marketing, and ensure vigilance and follow up on threats related to the emergence of newly controlled NPS on the drug market 2.3. Improve capacity to monitor innovation in the drug market and its impact, with special attention given to the development of online drug markets and darknet drug sales	Security-related emerging trends and threats captured and reported in a timely manner Increased capacity of the EU and its Member States to rapidly respond to new drug-related security threats	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
3. Improve understanding of the nature and consequences of drug-related crime	3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact 3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats, such as illegal financial flows, corruption, trafficking in other illicit cargos and terrorism 3.3. Support the development of a broader conceptual framework on the wider societal impact of drug markets and drug-related crime, including environmental impact, implications for community safety and possible unintended negative consequences of interventions	Better understanding of drug-related crime and its link with other serious crimes such as terrorism, illegal firearms trafficking and illegal migration Improved comprehension of wider societal impact of drug markets and drug-related crime	1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
4. Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national level	4.1. Support the EU policy cycle for organised and serious international crime and provide expertise on the EMPACT drug priority areas (through threat assessments, provision of expertise, and training). A priority task for the EMCDDA is to maintain an overview of EU drug markets, their ramifications and responses 4.2. Increase the effectiveness and the impact of EU actions in the security area including through: a) strengthening/establishing networks of field experts, academics, law-enforcement officials, etc.; and b) defining criteria for identifying, understanding and prioritising emerging threats (including external, current and future) stemming from drug market activity, integrating uncertainty, projected trends, and scenario planning 4.3. Develop capacity for supporting the evaluation upon request, of law-enforcement responses to drug supply interventions (in close coordination with policy support provided to health interventions)	Improved law enforcement capacity to prevent and investigate drug-related crime, based on knowledge, skills and expertise acquired through training and sharing of best practices Enhanced capacity of policymakers at EU and national level for combatting drug-related security threats	1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
Main area 3: Business drivers			
B1. INSTITUTIONAL **Anticipate, and respond promptly to, institutional developments and needs**	B1.1. Ongoing analysis of the external environment and how it relates to current and future stakeholder needs B1.2. Configure services to ensure they are timely, are delivered professionally and in a form coherent with our stakeholders' needs B1.3. Prepare the agency for ongoing and potential future revisions of its mandate, in line with the recommendations of the external evaluation to be performed in 2018, and the conclusions of the evaluation of EU drugs Strategy and Action Plan	Increased capacity of the EMCDDA to meet stakeholders' needs through tailored products and services which are provided through optimised communication channels The EMCDDA is organised to respond to the recommendations emerging from the fourth external evaluation of the agency and other relevant institutional and political developments	1. Budget execution 2. Staff capacity **6. Organisational efficiency** 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
B2. PARTNERSHIP **Strengthen the European drug information system through effective and mutually beneficial partnerships and synergies with our data providers, communities of knowledge, and relevant European and international bodies**	B2.1. Develop, jointly with the national focal points, and guided by EMCDDA Strategy 2025, the new Reitox Network Development Framework, and support its implementation by the NFPs B2.2. Strengthen national drug expert networks and develop, if necessary, new networks to ensure the agency has sufficient expertise to accomplish the strategy's objectives B2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging stakeholders' needs	Efficient coordination of the Reitox network to ensure improved reporting capacity of the NFPs and good performance in the implementation of the grant agreements Enhanced synergies with EU and international bodies working in the drug-related areas Increased EU capacity to address drug threats in EU priority third countries	1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system **5. Implementation and management of the Reitox grant agreements** 7. Work programme delivery **8. Efficient implementation of the technical assistance projects with third countries** **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
B3. SCIENTIFIC CAPACITY **Have in place the scientific capacity (resources, processes and tools) to meet current analytical needs, and innovate to keep pace with changes in the drug situation and the corresponding institutional needs**	B3.1. Maintain and develop the EMCDDA's scientific capacity and ensure it reflects the expertise required for the agency to fulfil its mandate B3.2. Optimise the allocation and use of scientific resources through clear prioritisation, adoption of more flexible working practices and the use of external resources where cost-efficient B3.3. Strengthen the quality management of scientific activities B3.4. Strengthen dialogue and cooperation with the scientific community and centres of excellence in the drugs field to ensure that the EMCDDA maintains a state-of-the-art understanding of developments in its areas of competence.	Scientific capacity optimised through efficient use of resources and improved coordination of core activities The scientific quality of the EMCDDA's work is further enhanced through appropriate quality assurance measures, and provision of support and guidance by the Scientific Committee Communication and exchange with external monitoring and scientific bodies and centres of excellence are strengthened	1. Budget execution **2. Staff capacity** **6. Organisational efficiency** **7. Work programme delivery** **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
B4. MANAGEMENT Ensure the optimal organisational structure and supporting processes, to deliver efficient and high-quality services	B4.1. Put in place the new organisational structure and other measures necessary for successful implementation of Strategy 2025 B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in the Strategy 2025 B4.3. Strengthen performance management at all levels B4.4. Improve people management and implement a sustainable staff training and development programme to ensure the EMCDDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	Good performance by the EMCDDA in implementing the annual programming instrument Sound management of the EMCDDA's resources, in compliance with applicable rules and procedures and in line with organisational needs Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources Optimal level of operability of the EMCDDA's ICT systems	**1. Budget execution** **2. Staff capacity** **6. Organisational efficiency** **7. Work programme delivery**

Note: the core KPIs for each strategic objective are presented in bold text

TABLE A9

KPI architecture

Category	Key performance indicators (KPI)	Performance indicators (PI) and metrics	PI targets / Metrics definition	Strategic objectives
Input	**1. Budget execution**	1.1. Commitment appropriations	Minimum 95 % of the total commitment appropriations	All
		1.2. Cancellation rate of payment appropriations	Maximum 5 % cancelled payment appropriations	
	2. Staff capacity	2.1. Occupation rate (implementation of the establishment plan)	At least 95 % of the establishment plan posts (officials, temporary agents) filled at the end of the year (in line with resources)	All
		2.2. Staff turnover	Maximum 4 % of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)	
		2.3. Average number of training days per staff member	Minimum of three days	
Activities (process)	**3. Implementation of the EMCDDA monitoring system**	3.1. Input to the monitoring system via national reporting	National reporting guidelines agreed at the HFP meeting each autumn	H1, H2, H3, H4, S1, S2, S3, S4, B2
		3.2. Availability of statistical outputs	Statistical Bulletin published on the public website annually alongside the EDR	
		3.3. Feedback provided to NFPs on workbooks	Feedback by the HFP meeting in spring	
Activities (process)	**4. Implementation of the EWS and risk assessment mechanism on NPS**	4.1. Formal notifications on NPS and public health related warnings issued to the EWS network	In line with the deadlines and criteria defined by Regulation EU 2017/2101 (amending Regulation EC 1920/2006) and the applicable standard operating procedures	H2
		4.2. Formal reports (EMCDDA initial reports on NPS, and risk assessment reports) submitted to stakeholders (as appropriate)		

Category	Key performance indicators (KPI)	Performance indicators (PI) and metrics	PI targets / Metrics definition	Strategic objectives
	5. Implementation and management of the Reitox grant agreements	5.1. Quality organisation of the HFP meetings	a) 100 % of the supporting documents made available to the NFPs two weeks prior to the meetings (except for documents related to events occurring within this timeframe)	B2
			b) Conclusions and action points disseminated within four weeks after the closing of the meetings	
		5.2. Execution rate (commitments) of the grant agreements budget	95 % of the available funding is committed for NFP grants	
		5.3. Timeliness of processing of the 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	
	6. Organisational efficiency	6.1. Effectiveness of the Director in providing support to the Management Board (MB) for performing its tasks	a) 100 % of the supporting documents for the MB meetings uploaded on the MB extranet at least two weeks before the meetings (except for documents related to events occurring within this timeframe)	B1, B3, B4
			b) Draft minutes sent to the Chair within a maximum of twenty working days from the close of the MB meetings	
		6.2. Effectiveness of the Director in providing support to the Scientific Committee (SC) in performing its tasks	a) 100 % of the supporting documents for the SC meetings uploaded on the SC extranet at least two weeks before the meetings (except for documents related to events occurring within this timeframe),	
			b) Draft minutes of the meetings sent to the Chair within maximum two weeks of the close of the meetings	
		6.3. Timely delivery of the documents supporting the strategic planning and programming cycle (programming documents and General Report of Activities) (as required by the EMCDDA founding recast Regulation)	All documents delivered within deadline	
		6.4. Average time of recruitment processes	Maximum of four months from the expiry date of the vacancy notice to appointment decision	
		6.5. Number of accidents at workplace	No accidents	
		6.6. Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (as compared to 2018)	
		6.7. 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 24x7 basis with an overall availability annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time)	
		6.8 Efficiency in implementing ICT projects	Deviation between planned and consumed ICT resources (defined as FTEs of ICT staff) for core projects	

Category	Key performance indicators (KPI)	Performance indicators (PI) and metrics	PI targets / Metrics definition	Strategic objectives
Output	**7. Work programme delivery**	7.1. Degree of implementation of the 2019 work programme	a) 100 % of the expected outputs/results listed as Level 1 priority (L1) achieved	All
			b) 80 % of the expected outputs/results listed as Level 2 priority (L2) achieved	
			c) 50 % of the expected outputs/results listed as Level 3 priority (L3) achieved	
	8. Efficient implementation of the technical assistance projects with third countries	8.1. Efficient implementation of the IPA 6 project	a) Minimum 80 % of the project expected results are achieved (in line with the commitments expressed by the partner countries)	B2, H1, H2, S1, S2, S3
			b) Minimum 85 % of the total budget committed	
		8.2. Efficient implementation of the EU 4 Monitoring Drugs	a) Minimum 80 % of the annual milestones achieved	H1, H2, S1, S2, S3, B2.
			b) Minimum 70 % of the annual budget committed	
Outcome	**9. Uptake of the EMCDDA evidence (knowledge) through a number of channels**	9.1. Audience reached through the website	Number of unique visitors	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		9.2. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU institutions and Member States)	a) Number of institutional meetings attended	
			b) Number of requests for input/advice from key institutional stakeholders responded to	
			c) Number of the requests to visit the EMCDDA received from EU institutions and national authorities from EU Member States fulfilled	
		9.3. Contribution to major scientific and practice drug events	a) 100 % of the events attended (resource dependent)	
			b) 75 % of presentations delivered	
		9.4. Publishing of scientific articles in peer-reviewed journals	Impact score 30 or higher (impact score = the journal impact factor X the number of scientific articles published in 2019)	
		9.5. Training provided by the EMCDDA	Number of people trained (by categories of training: Reitox academies; Summer school; training with partners – e.g. CEPOL)	
			Minimum 80 % satisfaction rate (average score calculated based on all the training evaluation reports) with the Reitox academies	
		9.6. General public requests	Number of public enquiries answered	
		9.7. Audience reached through social media	a) At least 5 % increase in social media followers	
			b) An average engagement rate above the industry standard	
		9.8 Audience reached through newsletters	a) At least 5 % increase in subscribers to email lists	
			b) An average opening and click rate above industry standard	
		9.9 Audience reached through videos:	a) At least 5 % increase in subscribers	
			b) Audience retention rate above 50 %	
			c) Increase of 5 % in total video views	
		9.10 Media reached	Number of media requests answered	
		9.11 Visitors at the EMCDDA	Number of visitors received (by categories: policy; practice; academia; general public)	

Category	Key performance indicators (KPI)	Performance indicators (PI) and metrics	PI targets / Metrics definition	Strategic objectives
Impact	**10. Uptake of the EMCDDA evidence/knowledge by policymakers**	10.1. Council implementing decisions to subject NPS to control measures and criminal penalties throughout the EU (within the mechanism established by the Regulation EU 2017/2101)	Defined by needs	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		10.2. EU policy cycle for organised and serious international crime for the period 2018–21: implementation OAP 2019; support to the EC and the Member States for formulating OAP 2020 10.3. EU SOCTA informed by the EMCDDA (including through EDMR 2019)	Defined by needs	
		10.4. Other EU and national policies and legislation, and UN documents, informed by the evidence produced by the EMCDDA	Defined by needs	
		10.5. Other evidence of uptake of the EMCDDA knowledge by policymakers (to be defined)	Defined by needs	

Annex VIII
Risks 2019

Risk factors identified for delivery of the 2019 work programme	Likelihood of risk and respective impact on the 2019 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Insufficient funding of the 2019 EMCDDA budget	Freezing of EU funding for the EMCDDA budget was implemented for 2014, 2015 and 2016, at the level of EUR 14 794 000; this amount was some EUR 756 000 lower than for 2013. For 2017 and 2018, an aggregate increase of around EUR 651 000 has been granted. Therefore, all in all, the value of the EU subsidy for 2018 is EUR 105 000 lower than for 2013. In line with the EMCDDA draft budget for 2019, the value of the EU subsidy for 2019 is EUR 15 286 600. Compared to the amount of the EU 2018 subsidy, the EC proposal for 2019 implies a reduction of EUR 159 000. The expected amount of the EU 2019 subsidy (which reflects a reduction by EUR 310 000 compared to the amount entered into the EMCDDA 2019 PDB) poses risks for resourcing some planned operational activities, such as the activities entailed by the required enhancement of the EMCDDA role for the coordination and development of ESPAD. The budgetary situation presents a medium to high level of risk to the EMCDDA's activities, as it encompasses an erosion in real terms of the value of its budget, thereby affecting the agency's capacity to cope effectively with the increasing operational needs and the resulting pressure on the agency's resources (see risks 2 to 5, below). This risk is compounded by the uncertainty surrounding the prospective UK withdrawal from the EU, in that the UK is an important net contributor for the EU budget.
2. 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. In particular, budget revisions performed by certain national authorities during the last quarter of 2016 and kept for 2017 could trigger corresponding reductions of the co-financing provided by the EMCDDA, which would have obvious negative consequences for the NFPs in question. This risk can therefore be assessed as medium to high, depending on the concrete situation in Member States.
3. 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; moreover, 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 ought to be paid to reporting biases and statistical approaches adopted across the Member States, 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.
4. 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 impact of harms related to NPS appearing over a short time period, monitoring through the EWS and, in particular, risk assessments have placed a disproportionate burden on the work programme; yet, legal obligations regarding performance of risk assessments along the lines established by Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances need to be complied with. Although not legally binding, concerns also exist for requests related to new activities in the security area. For the reasons above, the risk level is within the medium to high range.
5. 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 demanding to deal with the level of requests. Further 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 is a serious concern 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.

Risk factors identified for delivery of the 2019 work programme	Likelihood of risk and respective impact on the 2019 work programme
External events that might have an impact on the implementation of the annual work programme as a whole	
6. Natural disasters: 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 disasters. 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 and renewed in 2017. A business continuity plan (BCP) for the agency as a whole was approved in 2013 (latest update made in November 2017): this will help mitigate these risks and respective consequences. Moreover, intensive one-day earthquake emergency training was provided to security wardens; also, all staff have been informed on how to act if an earthquake were to occur.
7. 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 security level at the immediate entrance area to the garage was upgraded in order to prevent or deter entrance by a vehicle of would-be terrorists. Further risk mitigation measures were implemented in 2017, notably: setting up of an access card-based system allowing pre-selection of persons enabled to enter the buildings; installation of bullet-proof glass entrances; and, equipment of outside windows with mirror film. Installation of vehicle blockers or bollards at the entrances of 'Praça Europa', in order to prevent unverified access of vehicles, is currently under consideration. All in all, the risk of terrorist attacks is presently assessed as medium.
Internal risks	
8.1 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 large number of mitigating measures to deal with these risks have been implemented, namely: a) elaboration of the ICT Strategy 2025, fully aligned the EMCDDA 2025 Strategy; 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 and service catalogue for ICT; creation of an ICT investments steering committee, which reviews and controls investments in this 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) participation of the EMCDDA in interinstitutional framework contracts; adoption of a 'turn-key' approach to projects; selection of a suitable enterprise architecture for the EMCDDA; selection of a fit-for-purpose project management methodology; and, definition of business and technical requirements for a project management platform; 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 ongoing contracts focusing on specialised project management roles; better alignment, in the light of the ICT Strategy 2025, of IT projects with our core business needs; implementation of the selected fit-for-purpose project management methodology; adoption and design of an enterprise architecture management framework; definition of a process for requirements management; and (c) to enhance planning and control of license and assets utilisation.

Risk factors identified for delivery of the 2019 work programme	Likelihood of risk and respective impact on the 2019 work programme
8.2 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 (the second and final phase, dealing with the deployment of enterprise and corporate applications, is under way). d) installation of network management software combined with an update of the firewall software; introduction of modules for intrusion detection and prevention; increased protection against malware and virus threats; definition of a process to control the creation, modification and revocation of user accounts and access profiles; approval of an information system security policy framework aimed at articulating the different levels of regulation on information security; review of user generic accounts; and, enhancement of the information security policy in key areas such as network security, change management and applications. 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 business continuity and disaster recovery plans (BCDR centre in Madrid); to continue investment in documenting dependencies among key technical components of the EMCDDA ICT infrastructure; and (d) contracting and carrying out of 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.
9. 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 could be assessed as low to medium; however, this risk might be compounded by the prospective UK withdrawal from the EU, in that the UK is a relevant contributor for the agency staffing and 'in house' expertise.

Annex IX
Procurement plan 2019

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 2019 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.

Two procurements have been envisaged for the implementation of the 2019 work programme, as follows:

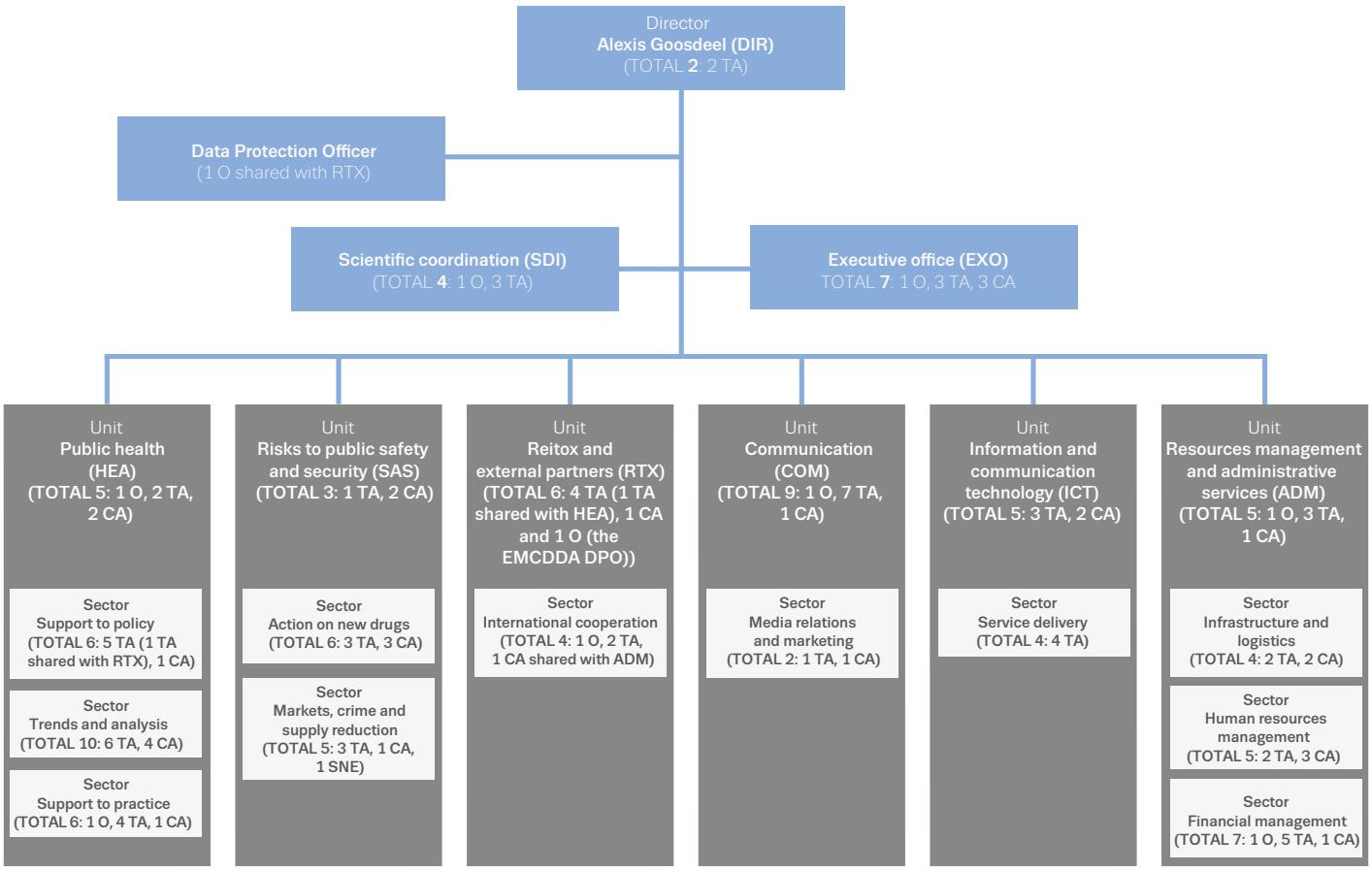
1) Framework service contract (open procedure) – Interpretation services:

Amount EUR 180 000 (4 years)
Budget line 3171-Statutory meetings
Contract to be signed in April 2019

2) External FRAMEWORK contract (specific contract under framework contract – European Parliament ITS14) - EDND II 'European database on new drugs':

Amount EUR 80 000
Budget line 3141-Studies-ICT
Contract to be signed in February 2019

Annex X
Organisation chart 2019



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: Cyprus National Addictions Authority— CNAA), 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: Ministère de la Santé, Direction de la Santé, Service Epidémiologie et Statistique, 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 (to be confirmed): Public Health England, Alcohol and Drug, London.

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

Annex XII
Technical assistance projects

IPA 6 project

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 Republic of North Macedonia, Kosovo*, Montenegro and Serbia. The total budget is EUR 340 000.

EU 4 Monitoring Drugs project (European Neighbourhood Policy (ENP) South and East countries)

The EU 4 Monitoring Drugs project will start in 2019 and run for a period of 3 years (2019–21). The beneficiary countries are 15 out of the 16 Eastern and Southern neighbourhood countries of the EU: Morocco, Algeria, Tunisia, Egypt, Lebanon, Jordan, Libya, Palestine (**), Israel, Armenia, Azerbaijan, Georgia, Ukraine, Belarus, Moldova. The grant agreement for implementation of the respective technical proposal is expected to be signed in the first half of 2019 (DG NEAR). The total budget is EUR 3 million.

Other projects

During 2019, the EMCDDA will submit to the European Commission a technical proposal for a new project to be funded through the EU Instrument for Pre-accession Assistance (IPA). This project (identified as EMCDDA-IPA7) aims at further integrating the IPA beneficiaries (Albania, Bosnia and Herzegovina, Republic of North Macedonia, Kosovo*, Montenegro and Serbia) into the activities of the EMCDDA and the Reitox network. It is estimated that the execution of the project will start on 1 July 2019 and will cover a period of 24 months. The appropriations to be allocated from the EU budget for the execution of the whole project amount to EUR 550 000.

(*) 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.

Related publications

| EMCDDA Programming document 2018-20

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