European Monitoring Centre
for Drugs and Drug Addiction

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Contents

3 Foreword by the EMCDDA Director

4 Abbreviations

6 Mission statement

7 Section I

7 General context

7 Responding to EU needs in 2020-22

11 Section II

11 Multiannual programming 2020-22

11 Introduction: the EMCDDA's strategic approach to 2025

13 Multiannual objectives

14 Multiannual programme

14 Main area 1: Health

17 Main area 2: Security

19 Main area 3: Business drivers

23 Human and financial resources outlook for 2020-22

23 Overview of the past and current situation

23 Resources programming for 2020-22

27 Section III

27 EMCDDA work programme 2020

27 Executive summary

27 Activities

27 Main area 1: Health

36 Main area 2: Security

40 Main area 3: Business drivers

48 ANNEXES

48 Annex I. Estimated budget allocation for the implementation of the EMCDDA 2020 work programme

49 Annex II. Human and financial resources (tables 2020-22)

53 Annex III. Human resources outlook and staff evolution

55 Annex IV. Human resources policies

62 Annex V. Buildings

63 Annex VI. Privileges and immunities

64 Annex VII. Monitoring and evaluation

73 Annex VIII. Risk factors identified for delivery of the 2020 work programme

77 Annex IX. Procurement plan 2020

78 Annex X. Organisation chart 2020

79 Annex XI. List of the beneficiaries of Reitox grants (national focal points)

80 Annex XII. Technical assistance projects

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 2020-22.

The document, which translates the long-term priorities defined by the EMCDDA Strategy 2025 into short-term operational priorities, marks the end of the first strategic roadmap (towards 2020) and the beginning of the second roadmap (towards 2025). It will therefore bring a time for mid-term assessment of the progress made in fulfilling our ambitious goals and objectives, while reflecting on the way ahead and consequently defining our next key milestones, for 2021-25. This will coincide with the end of the current EU drug strategy (2013-20) and its second action plan (2017-20), and possibly preparation at the EU level of a new drug policy document, which will make our assessment and reflection even more relevant.

Among the many factors that will shape our work in the new programming period, the drug situation itself will play a critical role. Keeping pace with this increasingly sophisticated phenomenon, and remaining policy and practice relevant, will continue to be our focus in 2020-22. This will require ongoing review and further innovation around our information collection and analysis, in close collaboration with our networks, the Reitox network of national focal points in particular, and enriching our collaborations with other partners in the European Union and beyond. One example here is the EMCDDA's partnership with third countries for implementing two major projects: the Instrument for Pre-accession Assistance Project 7 and the EU4Monitoring Drugs project (in 2019-21).

Some of the key results of this sustained effort will be new editions of our leading publications, such as the second *Health and Social Responses to Drug Problems: a European Guide* (in 2021), the fourth EMCDDA-Europol EU Drug Markets Report (in 2022) and the annual European Drug Report package (in a reshaped format), which will be complemented by smaller, focused analyses on emerging topics.

In an era when digital transformation becomes vital for the ability of any organisation to deliver value to its stakeholders, we will continue to pursue the use of new technologies for business optimisation, in all areas, including our communication activities. This will use the results of ongoing initiatives, such as the 'Customers' needs' project, which will start bearing fruit from 2020 on.

However, although the EMCDDA has been receiving unanimous praise for its excellent work and its added value to the EU and its Member States, which have been fully acknowledged by our stakeholders, including in the fourth external evaluation carried out by the European Commission in 2018, the agency is facing a difficult financial prospect for the years ahead.

And while the new EU multiannual financial framework for 2021-27 is still to be defined, the EMCDDA plans to review its business model, in order to ensure that it can sustainably deliver on its strategic commitments, in line with the resources made available to it.

In 2020 we will be celebrating 25 years since the agency became operational in 1995, which we proudly call '25 years of drug monitoring'. At this important time in the life of the EMCDDA, and notwithstanding the challenges ahead, we aim to consolidate our position as the leading European source of information on drugs, and to continue playing a key role in supporting the EU in working with global partners, and transferring EU knowledge to priority third countries, thus supporting relevant EU policies in these areas.

Alexis Goosdeel
Director, EMCDDA

Abbreviations

AHCC	authority authorised to conclude the contract
BPP	Best Practice Portal
CA	contract agent
CC	candidate country
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
CND	Commission on Narcotic Drugs
COM	Communication Unit
COSI	Standing Committee on Operational Cooperation on Internal Security
DG	Directorate-General
DRD	drug-related deaths (indicator)
DRID	drug-related infectious diseases (indicator)
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
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
ERISSP	European Reporting Instrument on Sites related to Synthetic Production
ESCAPE	European Syringe Collection and Analysis Project Enterprise
EU	European Union
EU4MD	EU4Monitoring Drugs
Euro-DEN	European Drug Emergencies Network
Eurojust	the European Union's Judicial Cooperation Unit
Europol	European Union Agency for Law Enforcement Cooperation
EUPC	European Prevention Curriculum
EWS	Early Warning System
EXO	Executive Office
FG	function group
FRA	European Union Agency for Fundamental Rights
Frontex	European Border and Coast Guard Agency
FTE	full-time equivalent
GPS	general population survey
HCV	hepatitis C virus
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
ICJ	International Court of Justice
ICT	information and communications technology
IPA	Instrument for Pre-Accession Assistance
IPA 7	Instrument for Pre-Accession Assistance Project 7

JHA	Justice and Home Affairs
KI	key indicator
KPI	key performance indicator
logframe	logical framework
MASP	multiannual strategic plan
MFF	multiannual financial framework
NEWS	national early warning system
NFP	national focal point
NPS	new psychoactive substances
OAP	Operational Action Plan
OCG	organised crime group
OSI	open source information
PCC	potential candidate country
PD	programming document
PDU	problem drug use (indicator)
PI	performance indicator
PWID	people who inject drugs
RDF	Reitox development framework
Reitox	European Information Network on Drugs and Drug Addiction
SAS	Supply reduction and new drugs unit
SCORE	Sewage Analysis Core Group Europe
SMART	Synthetics Monitoring: Analyses, Reporting and Trends
SNE	Seconded national expert
SOCTA	Serious and Organised Crime Threat Assessment
SWP	standing working party
TA	temporary agent
TDI	treatment demand indicator
TEDI	Trans European Drug Information group
THC	tetrahydrocannabinol
UK	United Kingdom
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UNSCR	United Nations Security Council Resolution
WHO	World Health Organization

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 (Regulation (EC) No 1920/2006) as amended (Regulation (EU) 2017/2101, as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances), 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 primary customers, 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 primary customers, 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 2020-22

Introduction

This programming document (PD) covers the period 2020-22. It is structured around the three main areas of work defined in the EMCDDA Strategy 2025, namely health, security and business drivers.

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 2020-22, this is the 2020 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 2020-22. 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 European Commission to monitor and evaluate EU policies.

The role of the EMCDDA

As defined in the EMCDDA Strategy 2025, the agency's three main customer groups are the EU institutions (European Parliament, Council of the EU, European Commission); national decision-makers/policymakers; and professionals working in the drugs field.

The ultimate purpose of the work performed by the EMCDDA is therefore to inform sound decisions in the field of drugs, at the levels 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 drug 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 2019: Trends and Developments* ([2]).

NPS or '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 2018, the EMCDDA was monitoring more than 730 NPS (compared with around 350 in 2013). In view of these developments, the role of the EMCDDA in coordinating and operating the EU Early Warning System on new psychoactive substances (EWS) and risk assessment has been strengthened through new legislation that became applicable on 23 November 2018 (see a later section of this General context, on 'Key institutional developments with an impact on the EMCDDA's future work').

Innovations in drugs production are occurring in parallel with increasing sophistication of drug markets. 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. As shown in the third EMCDDA-Europol strategic analysis, *EU Drug Markets Report* (EDMR) ([3]), which was published on 26 November 2019, the drug market is becoming ever

([2]) Available at http://www.emcdda.europa.eu/publications/edr/trends-developments/2019_en
([3]) Available at http://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019_en

more globally linked and digitally enabled, with consumers increasingly able to access drugs through the surface web, the darknet and social media applications. Furthermore, the internet 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 migration flow into the EU. As presented in the first edition of the European guide *Health and Social Responses to Drug Problems* ([4]), which was published by the EMCDDA in 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. These groups may be at risk of developing drug problems. There is a need, therefore, to increase awareness of vulnerabilities and reduce the 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 and elsewhere, 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 not only alcohol but also 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. This work will be guided by the EMCDDA International Cooperation Framework adopted in December 2017 by the Management Board, which sets the direction for the EMCDDA's work with International partners and third countries.

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 is, however, resource dependent. 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 should continue to identify and use 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 evidence and 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 2020-22, 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 EU level, the EMCDDA will contribute to the implementation of the final year of the EU action plan 2017-20, as required. The agency is also providing support to the European Commission in the final evaluation of the EU drug strategy 2013-20. Technical support will be also provided, as requested, for reflection on the EU strategy on drugs after 2020.

([4]) Available at http://www.emcdda.europa.eu/responses-guide

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 of the annual report questionnaire revision process and the implementation of the multiannual work plan of the Commission on Narcotic Drugs (CND) implementing the 2019 Ministerial Declaration. Work also needs to consider the relevant links with the UN Sustainable Development Goals and support the global health sector strategies on human immunodeficiency virus (HIV) and viral hepatitis, endorsed by World Health Organization (WHO) Member States to guide actions over the period 2016-21.

The agency will continue its close cooperation and partnership with WHO and the European Centre for Disease Prevention and Control (ECDC) by providing data for policymaking and intervention planning in the field of prevention of infectious diseases among people who inject drugs (PWID) and 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. The EMCDDA will support countries in reporting on their progress towards goals and targets of the health sector's response to viral hepatitis in the WHO European Region (progress report 2022).

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 for 2018-21, which represents the framework within which the EU Member States coordinate common priorities and operational action.

The agency will also fulfil the obligations arising from the EU Western Balkans strategy and support the implementation of the related flagship initiatives to strengthen the rule of law and reinforce engagement on security and migration.

Other relevant EU developments

This new programming period will run under new leadership at the level of the EU institutions. In 2019, a new European Parliament was elected, and the European Commission now has a new composition. These changes may affect where the drug phenomenon is placed on the EU policy agenda for 2020 and beyond.

Another key development is the negotiation for withdrawal of the United Kingdom (UK) from the European Union, which has been now extended until 31 January 2020. 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's departure from the EU is expected to have important financial implications (see the point on resources below).

Key institutional developments with an impact on the EMCDDA's future work

In November 2018, new 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 — became applicable, thus replacing Council Decision 2005/387/JHA. This new legislation strengthens the EU Early Warning System on NPS and the risk assessment mechanism. In addition to new tasks, it entails shorter deadlines for the completion of core obligations. It also requires 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 was carried out by the European Commission 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.

Furthermore, 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 second half of this new programming period.

A strategic analysis will be carried out in the context of the preparation of Roadmap 2025, and a review of the EMCDDA business model will be also completed during this programming period. These exercises will be informed by, among other things, the outcome of the fourth external evaluation of the EMCDDA, the results of the evaluations of the EU Drug Strategy and Action Plans, and the Futures exercise (see Main area 1: Health, for details).

Resources

A key element of the implementation of this 3-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.

As presented in Section II.3, 'Human and financial resources outlook for 2020-22', in the past 6 years the EMCDDA has been confronted with a substantial reduction, in real terms, of the resources made available to it in order to perform its tasks.

During this time the agency, through the application of a series of measures that were meant to maximise the use of its reduced resources, has managed to successfully implement its work programmes and continue to deliver high-quality results (as evidenced by the last external evaluation, which was carried out by the European Commission in 2018). These measures, however, are no longer sufficient to ensure an adequate level of resourcing, particularly as far as the operational activities are concerned (i.e. the core business of the EMCDDA, namely the activities carried out within the scientific, communication and Reitox network management areas).

In this context, the EMCDDA has intensified its activities to communicate to its stakeholders the importance of the work carried out and the impact that insufficient funding of the agency will have on European drug monitoring.

However, despite the full support received from the European Commission, the level of the EU contribution to be provided to the EMCDDA in 2020 (EUR 16 288 600) will be significantly lower than that requested by the agency (EUR 17 839 040).

The definition 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 draft PD 2020-22.

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.

In the light of these developments, the main challenge for the EMCDDA is to remain sustainable in the long term. Work to be carried out in 2020-22 is presented in this programming document.

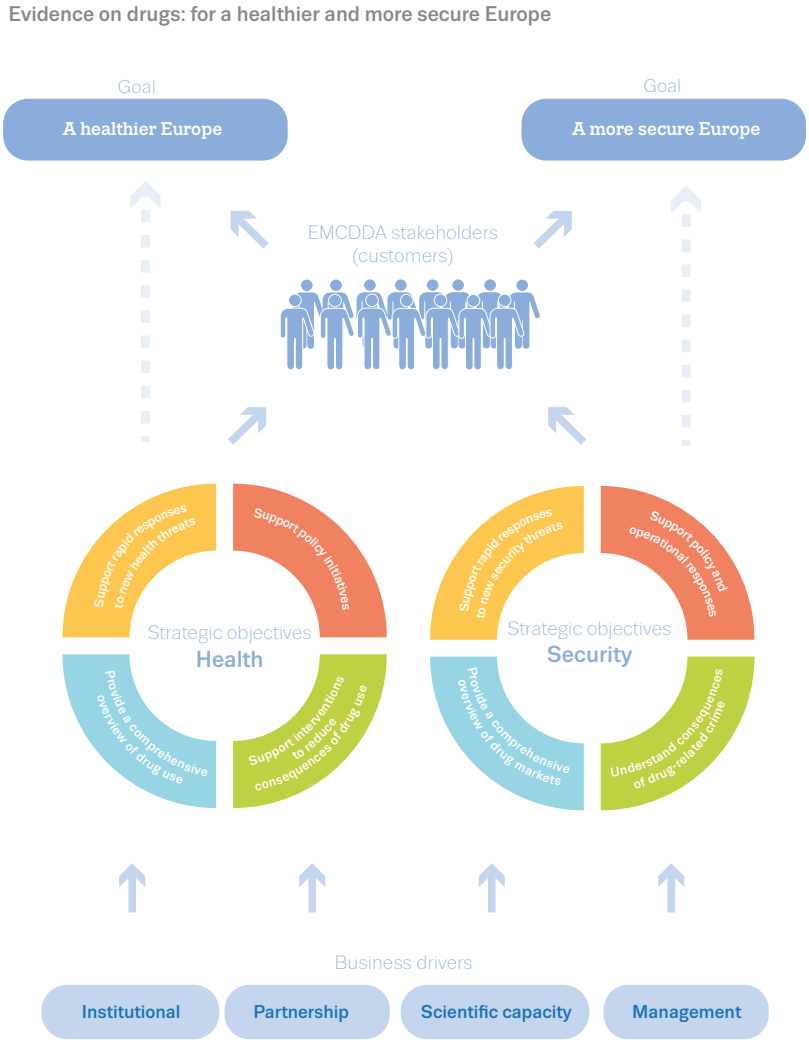
Section II
Multiannual programming 2020-22

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 2020-22.

Each of the two long-term goals is articulated through four strategic objectives (see Figure 1 and Section II.1, '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



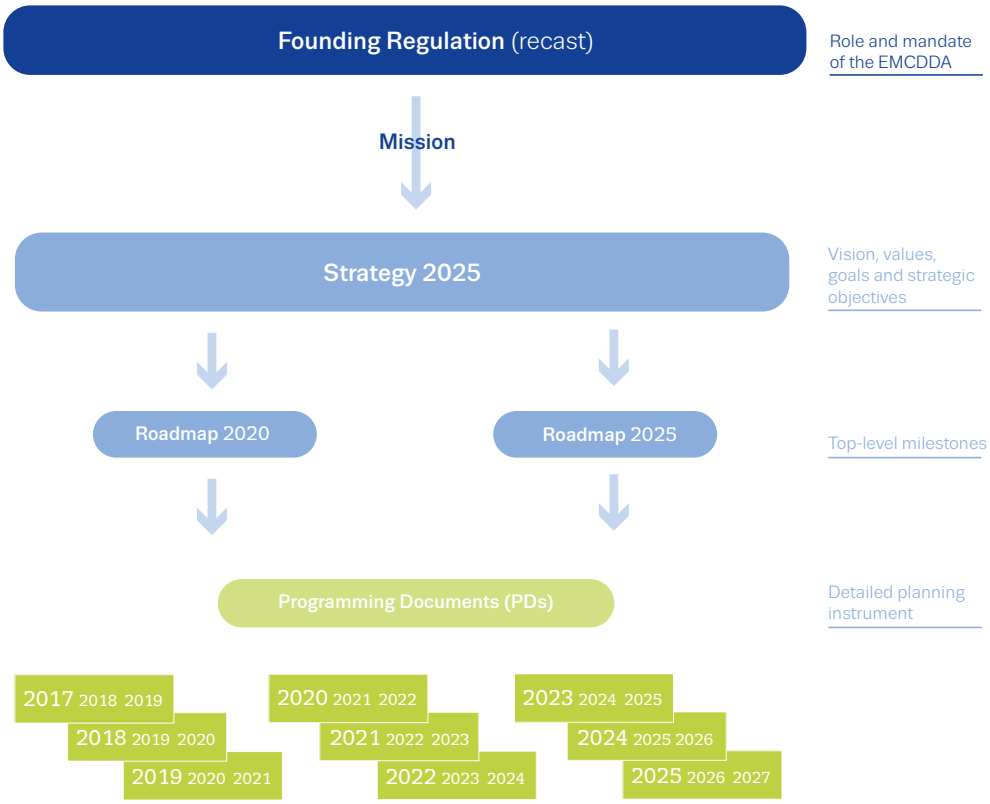
In addition, four business drivers, with their corresponding objectives, have been established in Strategy 2025 and now form the third main area of work of PD 2020-22. These business drivers define the resources and processes that the EMCDDA must have in place, and the conditions that the organisation 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 reach for the agency to accomplish its goals and objectives by 2025.

Together, the long-term strategy with its roadmaps, together with the PDs, constitutes the EMCDDA's integrated strategic and operational framework (see Figure 2). This architecture provides the Management Board with the assurance that the PDs 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 of, and 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 levels

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 focuses on population-level surveillance of the drug situation and consequences of drug use alongside the monitoring of policy and practical responses implemented to tackle these issues, as well as their outcomes. These dimensions are interlinked and they feed multi-area and cross-indicator analyses. They 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), which aim to capture population-based factual and reliable information on key drug dimensions: 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. Key indicator data are complemented by information from other sources and using a range of methodologies. Important among these is the European School Survey Project on Alcohol and Other Drugs (ESPAD) as well as data from web surveys. Key contributions are also provided by expert networks working on wastewater epidemiology, hospital emergencies and syringe residue analysis. The combination of the core epidemiological monitoring and the complementary methods will continue to facilitate integrated public health overviews of the drug situation, providing a basis for implementation of appropriate policy and practice initiatives. In addition, the knowledge base provided by the KIs will be supported by the EMCDDA's Reitox NFPs alongside contributions from national experts in relevant fields.

In 2020-22, the iterative procedure of collecting, validating, analysing and reviewing the data for its quality and utility will continue. The information collected systematically by the EMCDDA will be consolidated in the areas of drug demand, consequences and demand reduction. Emphasis will be placed on multi-indicator analysis, both to triangulate information to establish robust evidence and as a method of validating individual data collections.

Building on changes initiated with the review of the EDR reporting package in 2019, during 2020-22 changes will be implemented to revise and improve the annual online presentation of data currently published in the EMCDDA's Statistical Bulletin.

Progress on the formal business needs analysis undertaken by an external contractor in 2019 will be tailored to the available human and financial resources. In 2020-22 this will be limited to work on the logic of data structures and developing the existing software tools to better meet the existing and developing needs of the monitoring activities of the agency. Implementation of changes to the monitoring software will be modest.

The EMCDDA has offered intensive support to the development and maintenance of the ESPAD school survey network. In line with resources, the ESPAD 2019 report will be published in 2020 and findings will be promoted via a range of channels in the period to 2022.

Building on work that started in earlier years, new technologies and settings (e.g. wastewater analysis, hospital emergency data, syringe residue analysis) alongside data collection from targeted locations (e.g. harm reduction facilities, drug-checking facilities) will be integrated 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, specifically 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 utilising a structured commentary on the drug situation (the Workbooks). In 2020-22, under the current budget scenarios, the information and communication technology (ICT) tools supporting the monitoring of the agency will be maintained at their current level. Work will be undertaken on defining the data structure to encompass existing and new methods in preparation for software developments in the future.

Information will continue to be collected about the drugs situation in candidate and potential candidate countries (CCs and PCCs), through Instrument for Pre-Accession Assistance Project 7 (IPA 7); countries from the European Neighbourhood Policy (ENP) area, through the project EU4Monitoring Drugs; and other third countries. It will continue to be integrated in some outputs and reports to facilitate a holistic analysis and to identify and anticipate health threats (see also Main area 2: Security, and Business driver 2: Partnership).

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 levels, the agency operates the EU Early

Warning System on new psychoactive substances. Originally established by the Joint Action from 1997 concerning the information exchange, risk assessment and the control of new synthetic drugs, this mechanism will operate in 2020-22 under Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 ([5]) amending Regulation (EC) No 1920/2006. This new legislative framework, adopted by the European Parliament on 24 October 2017, replaced Council Decision 2005/387/JHA as of 23 November 2018. 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 ECDC and the European Commission.

During 2020-22, 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 consolidation of the following components of the EWS in order to maintain the ability of the EMCDDA to detect, assess, and respond to public health and social threats caused by NPS: the European Database on New Drugs; open source information (OSI) monitoring; toxicovigilance; and risk communication.

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 and to the use of innovative approaches to identify, track and monitor new drug trends.

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. In 2020-22 the agency will continue to follow up work in the public health priority areas defined already in the previous two programming documents, namely drug prevention, the reduction of 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 continuing its work, in line with its mandate and within the available resources.

In 2021, 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. This leading publication will underpin much of the work in the health responses area up until 2022. The 2021 edition will incorporate a range of new topical analyses, an exploration of the important target groups and settings for responses, and an expanded focus on diagnosis and implementation issues. The format of the new report will be adapted in line with the conclusions of the internal review exercise and taking into account the resources available.

Identifying best practice and effectiveness of interventions across the EU and beyond is a key area for the EMCDDA, and the main dissemination channel for this is the EMCDDA's Best Practice Portal (BPP). In 2020-22, existing modules will be kept updated and new modules will be added (as feasible). In addition, the EMCDDA will continue to offer project-based support and guidance to Member States on the implementation of effective responses in specific areas, including prevention and harm reduction interventions.

In its work in this area, the agency will continue the successful collaboration with its partners on the prevention of infectious diseases among PWID, in particular with the ECDC, the Directorate-General (DG) for Health and Food Safety, WHO, the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA) and civil society. A major focus will be maintained on 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 tools for 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 consolidated in 2020-22. This

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

includes providing support to the Member States (e.g. through 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 maintaining the databases on interventions in nightlife settings and evidence-based prevention programmes with online training tools. Training and support within the prevention area will be given prominence by support for the roll-out of the implementation of the European Prevention Curriculum (EUPC) and training of trainers initiatives. Linked to this, during 2020-22, the agency will explore the options for certification of prevention programmes with a view to promoting high-quality practice in this area.

Facilitating the identification and adoption of best practices in drug responses remains an overall priority, which will be pursued through the development of practice-focused outputs on important topics. The agency will help to achieve this through an improved understanding of what is necessary for successful implementation in diverse national contexts and settings, with the help of experts from different disciplines. In 2020-22, special attention will continue to be given to developing resources in areas where drugs have a significant impact on European public health, such as prevention of drug use and reduction of drug-related infectious diseases and drug-related mortality. An initiative to encourage the provision of hepatitis C testing in drug treatment services was initiated in 2018 and will be further implemented in 2020. This includes elements of country-level problem mapping, provision of best practice models of care and knowledge development. An initiative focusing on the prevention of opioid-related deaths will continue throughout 2020, increasing preparedness at national level through enhanced epidemiological analyses and the assessment of barriers to and facilitators of the implementation of take-home naloxone programmes.

During this period, the EMCDDA will also continue to provide reliable and timely drug-related analyses for planners and practitioners through a range of outputs. The agency will produce practice-friendly briefings and guides focusing on a wide range of important topics, such as the implementation of quality standards and interventions to reduce health-related harms. Policymakers and professionals alike will also benefit from the new and regularly updated areas of the agency's website on prevention, treatment, harm reduction and prisons.

Finally, the EMCDDA will continue to fulfil its role as the repository of information on European and national research projects. Support 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

In 2020-22, 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.

The drug situation in Europe is increasingly influenced by developments occurring internationally, which makes the understanding of the global context critical to our strategic analyses. One key example is the changes in the regulatory framework for cannabis that are taking place in parts of the Americas and elsewhere, 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 will keep abreast of changes and anticipate possible future scenarios.

A priority for the agency is to support EU and national policy initiatives with timely information and services within the EMCDDA's areas of competence. In 2020-22, the EMCDDA will contribute to the implementation of EU policy objectives and will provide ongoing high-quality expertise to its stakeholders, especially to the European Commission, other EU institutions and the EU Member States.

With regard to the Commission, this work will mainly involve providing support to DG Migration and Home Affairs in the field covered by the agency's mandate, and in cooperation with other DGs as necessary (e.g. DG Health and Food Safety and DG Neighbourhood and Enlargement Negotiations), through proactive dissemination of relevant information (such as briefing notes and assessment reports on compliance with EU drug information standards), timely responses to requests, and participation in events and European Commission processes related to enlargement and neighbouring countries.

The EMCDDA will support EU institution-related activities in the area of drug policy, including the work of the EU Council's working groups — such as the horizontal working party on drugs (HDG) and the Standing Committee on Operational Cooperation on Internal Security (COSI) — and other relevant Council events where appropriate and required. The EMCDDA will support the final evaluation of the 2017-20 EU drug action plan and the 2013-20 EU drug strategy, and if requested will contribute to the reflection on a post-2020 EU strategy on drugs. Furthermore, the EMCDDA will continue to support the EU in its policy dialogue with international bodies and third countries.

The EMCDDA, within its mandate and available resources, will support European efforts to improve reporting at global level. Important developments in this area include support to

the United Nations Office on Drugs and Crime (UNODC) on the revision of the annual report questionnaire and follow-up to the implementation of the CND multiannual work plan implementing the 2019 Ministerial Declaration. It also needs to consider the relevant links with the UN Sustainable Development Goals and support the WHO regional action plan on hepatitis C elimination, which comes to an end in 2020.

During 2020-22, the EMCDDA will continue to provide reliable and timely drug policy analysis through a range of policy-relevant outputs. The agency will produce high-level briefings and guides aimed at answering a wide range of policy questions including a focus on cannabis policies and alternatives to coercive sanctions. Furthermore, the cannabis news alert initiative will continue to be produced over the period to better serve policymakers' needs. These news alerts provide policymakers with updates on cannabis policies and aim to provide accurate, objective short summaries of key events in the cannabis policy field. Policymakers and professionals alike will also benefit from the new and regularly updated web areas on drug laws and drug policies. In addition, in 2020 the EMCDDA will publish an Insights publication addressing current and future challenges in the prison and drugs field.

Over 2020-22, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms, public expenditures, policy evaluations, national research, drug laws and prison. The EMCDDA will consolidate its monitoring efforts in the drugs and prison field as an increasingly relevant area for policymaking. Ongoing monitoring will be carried out with a focus on emerging issues in order to facilitate the identification of new drug policy trends. Should resources allow, the EMCDDA's legal and policy correspondents network will continue its key role in sharing knowledge among Member States, and further possibilities to strengthen the network's role as timely information provider on drug laws and policies will be explored.

An equally important priority for the agency is to provide support to EU and national drug policy evaluations. Evaluation is essential for effective policymaking, helping ensure that policies and programmes have the desired effect, provide value for money and do not have negative unintended consequences. The EMCDDA's policy evaluation support package will be consolidated over 2020-22 and the agency will endeavour to provide both responses to specific requests and capacity-building activities. One of the priorities will be to provide targeted support to national requests for policy evaluation, building on experiences with several Member States in recent years.

As feasible, the EMCDDA also envisages developing tools to assess the costs of interventions, to support policymakers in their analysis of the responses to the drug phenomenon.

In terms of capacity-building activities, work in 2020-22 will depend on the resources available. As feasible, the EMCDDA will continue to offer thematic workshops organised around emerging topics of relevance to drug policymakers and planners, as well as leading policy evaluation workshops aimed at building knowledge and expertise of those engaged in managing and making use of drug policy evaluations.

Main area 2: Security

Drug markets monitoring and identification of new threats

The EMCDDA collects routine drug supply data through a set of indicators that 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 2020-22, a focus will be maintained on the continuous improvement of the availability and quality of the data provided by the Member States and hence of our analysis, building on the progress already made.

Depending on need and available resources, capacity-building activities will be implemented to support the Member States. In order to build upon the progress achieved, it is proposed to organise in 2020, in conjunction with the European Commission, the Third European Conference on Drug Supply Indicators (subject to agreement with the Commission and resources being made available). 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 Indicators. 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. Ongoing developmental work on the EU-wide monitoring of drug-related homicide will be continued.

In addition to routine monitoring, and to increase the scope, coverage and timeliness of its analysis, in 2020-22 the EMCDDA will further develop new and innovative data collection approaches (non-routine sources of data). These will include structured open source information monitoring; monitoring 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

cross-border drug-related 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.

In 2020-22, the EMCDDA will continue its security-related activities with third countries that are a priority for the EU, namely in the framework of the European Enlargement and Neighbourhood policies (see also Main area 1: Health, and Business driver 2: Partnership).

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 30 billion a year ([6]). 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 works closely with other European bodies with responsibilities in these areas, in particular Europol and the European Union's Judicial Cooperation Unit (Eurojust). Although some core monitoring tools exist, overall this remains a challenging area.

Improving performance in this field is important, however, and this was highlighted in the EMCDDA-Europol 2019 EDMR, which clearly suggests that threats in this area are increasing, in part because of the changing business models used by transnational organised crime groups. Europol estimates that more than 35 % of the 5 000 OCGs active in the EU are involved in the drug market ([7]) and 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.

([6]) http://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019_en

([7]) EU Serious and Organised Crime Threat Assessment (Europol, 2017), https://www.europol.europa.eu/activities-services/main-reports/european-union-serious-and-organised-crime-threat-assessment-2017.

Supporting 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, so this PD partly covers that period. Therefore, in 2020-22, 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 priority area addressing the drug threats identified by the Council of the EU's COSI: to disrupt the activities of OCGs involved in the wholesale trafficking of cannabis, cocaine and heroin to the EU; and to reduce the production of synthetic drugs and NPS in the EU and to dismantle OCGs involved in their production, trafficking and distribution. In addition, the EMCDDA will provide:

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

Furthermore, the EMCDDA will act on the findings of the 2019 EU EDMR. This strategic analysis, prepared jointly with Europol, provides 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 2020-22, will inform the 2021 Serious and Organised Crime Threat Assessment (SOCTA) and will influence the EU's priorities in this area. The fourth edition of the EDMR is expected in 2022, so the necessary preparatory work will happen in 2021. This includes the preparation of new/revised market size estimates.

In 2020-22, 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 2015-20.

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 2020-21 a review of the current European Drug Report (EDR) package will be carried out. During this review process, in 2020, a more top-level, trends-focused EDR will be released alongside the statistical bulletin. A new integrated EDR product focusing on data and analysis at both national and European levels will be prepared for launch in 2021. Furthermore, the production of the Country Drug Reports (CDRs) will be suspended in 2020, and a new approach for presenting country data, more integrated into the new EMCDDA digital communication model, will be launched in 2021.

Moreover, 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 and as possible) 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 (e.g. with Europol, the ECDC and the European Union Agency for Fundamental Rights — FRA). Other joint products will be produced, as appropriate, and in line with resources, based on the most relevant topics and exploiting synergies with partners.

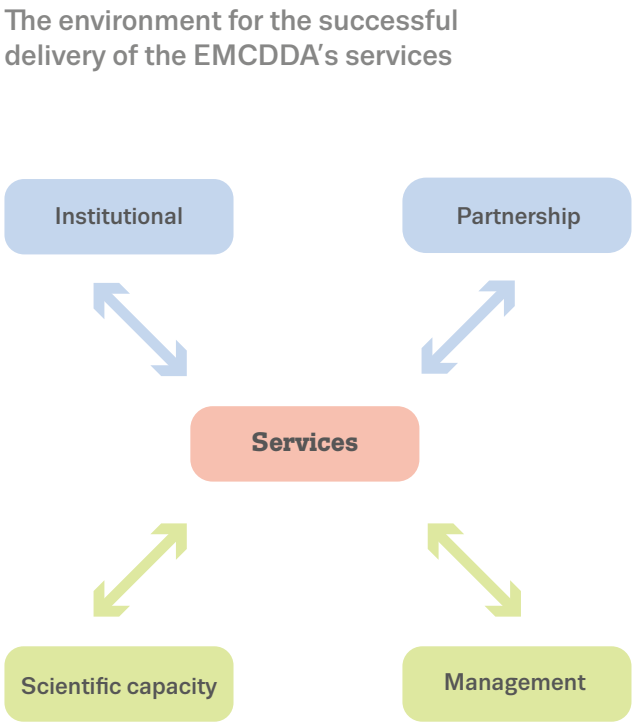
Main area 3: Business drivers

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: Institutional

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

The agency's three main customers groups are the EU institutions (European Parliament, Council of the EU, European Commission); national decision-/policymakers; and 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.

To ensure that the EMCDDA contributes to a healthier and more secure Europe, the agency's focus is on undertaking activities that add value to the work of drug policymakers and professionals. This involves scanning the external stakeholder environment, understanding context and finding out what customers need and to what extent the products and services we offer meet those needs. The agency's 'customer needs' project, identified in the EMCDDA Strategy 2025 and started

in 2019, will be continued in 2020 with a set of activities using different methods and tools, aiming at better understanding of the customer needs. Better segmentation of our customer groups will enable us to serve them more effectively. An EMCDDA framework for proactively identifying and responding to stakeholders' needs will be put in place by the end of 2020.

As a result of this work, projects to adapt the agencies' services and products will be carried out in 2020-22, as necessary, reflecting the customers' needs but maintaining high standards of reputation and brand management. Digital developments and how they have affected users' expectations will also be taken into account, ensuring that they keep pace with new trends and emerging disruptive challenges. An integrated content strategy, which engages the whole agency in working directly towards serving the needs and expectations identified, will be essential. This will include staff digital empowerment through training and guidelines. Aligning staff members with agency strategy by means of ambassadorial activities will continue to be developed in this period.

Making sure the agency leverages the full potential of communication channels (web, social media, audiovisual, face to face, media relations, etc.) to achieve its strategic goals is a priority. Engaging with national and regional influencers and multipliers (e.g. national policymakers and Reitox NFPs) to convey our message in a greater number of languages will help broaden our multilingual reach, without increasing the pressure on limited internal resources. To that end, the EMCDDA will work in close cooperation with NFPs in order to explore optimal approaches and channels for reaching policymakers and practitioners, strengthening the capacity of the EMCDDA (Centre and NFPs alike) to promote and support evidence-based decisions.

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

Importantly, a strategic analysis will be carried out in the context of the preparation of Roadmap 2025, and a review of the EMCDDA business model will also be completed during this programming period. The results of these exercises will be presented to the EMCDDA's Management Board in December 2021 for adoption. They will be informed by the outcome of the fourth external evaluation of the EMCDDA (carried out by the European Commission in 2018), the results of the evaluations of the EU drug strategy and action plans, and the Futures exercise, among others.

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) became applicable. This brings new responsibilities for the agency, which will have to be accompanied by appropriate resources.

Business driver 2: Partnership

The EMCDDA can be the leading EU provider of evidence on drugs if it develops its services in partnership with the national, European and international actors working in the drugs field. Consequently, in 2020-22 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 resources and 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 about roles and responsibilities, aiming to obtain mutual benefit and maximise 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 EU Member States, Norway and Turkey that provides a direct link to national data and expertise, which for more than 20 years has represented the backbone of the EMCDDA's core monitoring system. The main priorities of the network were defined in the Reitox Development Framework (RDF) 2018-25. The EU contribution planned for the EMCDDA in 2020 will allow the level of the Reitox grants to be maintained in 2020; however, if the EMCDDA's financing is reduced in the future, with consequences for the level of the Reitox grants, the implementation of the RDF will have to be reviewed accordingly. During 2020-22, the NFPs will work on the accomplishment of Roadmap 2020 and on the design/adoption of a new one (Roadmap 2025). This will include the last steps of implementing the former roadmap (in 2020), the assessment of its implementation (in 2021) and the preparation of a new Roadmap 2025 taking into account the achievements in the implementation of Roadmap 2020 (in 2021).

During 2020-22, the EMCDDA will continue to provide support to the EU institutions, namely to the Council of the European Union, the European Parliament and the European Commission. Furthermore, synergies with EU agencies will continue to be pursued, delivering greater value from the joint work and providing the Commission 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 health, such as the ECDC, EMA, ECHA, EFSA and CHAFEA; and in security, namely the agencies from the Justice and Home Affairs (JHA) cluster, such as Europol, Eurojust, the European Agency for Law Enforcement Training (CEPOL), FRA and the European Border and Coast Guard Agency (Frontex).

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

The work with external partners is also a key factor for the EMCDDA to increase its capacity to understand the external dimension of the drug phenomenon. In 2020-22, in line with resources, the EMCDDA will continue to develop partnerships and synergies with relevant international organisations and third countries. Its key activities will be guided by the EMCDDA International Cooperation Framework 2018-25 (adopted by the Management Board in December 2017). 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 European Commission in the accession process. The agency will continue to help CCs and PCCs — more particularly six countries of the Western Balkan region: Albania, Bosnia and Herzegovina, Kosovo ([8]), Montenegro, North Macedonia and Serbia — prepare for their future participation in the work of the agency, within the framework of the technical assistance project funded by the Commission through IPA 7. The EMCDDA will also fulfil its obligations under the strategy for a 'credible enlargement perspective for and enhanced EU engagement with the Western Balkans' ([9]) and the related flagship initiatives, as well as the EU global strategy for the EU's foreign and security policies.

Furthermore, the EMCDDA will continue implementing the 3-year-long project EU4Monitoring Drugs (EU4MD), launched in 2019, with a total budget of EUR 3 million, and covering 15 potential partner countries in the ENP policy regions. The potential partner countries are Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine ([10]) and Tunisia, from the Southern Partnership; and Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine, from the Eastern Partnership ([11]).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 the 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 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 (see also Main area 1: Health, and Main area 2: Security).

These activities are crucial and they allow the promotion of the EU's balanced and integrated approach and knowledge about drug monitoring among the EMCDDA's key external partners. The information collected from these countries will feed into the strategic and threats assessments produced by the EMCDDA. Moreover, the EU's experience in monitoring and responding to drugs is recognised worldwide, and the cooperation with the countries in the ENP area, and also Latin America, Central Asia and other emerging priority third countries for the EU, will be continued in 2020-22 through ad hoc support of EU-funded projects in these regions in line with the available human and financial resources, and taking into account the priority order of the EMCDDA's work with third countries, as established in the International Cooperation Framework (adopted in December 2017).

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. 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 continue to maintain an ongoing dialogue with the research and scientific community, in both the drugs area and related disciplines, such as addiction science and criminology. Among other activities, the EMCDDA will remain a main partner in the programme and organising committees of the Fourth European Conference on Addictive Behaviours and Dependencies, already announced for November 2021, and the Fifth European Conference on Addictive Behaviours

([8]) This designation is without prejudice to positions on status, and is in line with United Nations Security Council Resolution (UNSCR) 1244 and the International Court of Justice (ICJ) Opinion on the Kosovo declaration of independence.

([9]) https://op.europa.eu/en/publication-detail/-/publication/e3f0797b-28cb-11e8-b5fe-01aa75ed71a1

([10]) 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.

([11]) In July 2019 the competent authorities of Egypt wrote to the EMCDDA declining their participation in the project. While respecting the official position of Egypt in what regards activities to be carried out at national level, the EMCDDA will continue to seek the involvement of Egypt about the regional aspects of the project and strive to include the country in the regional data analysis activities.

and Dependencies, provisionally planned to take place in autumn 2023.

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. A new mandate for the Scientific Committee will start in 2020, after the Management Board appoints the new members of the Committee in December 2019. Additional support will be provided by the EMCDDA to ensure that the Committee's work and regular meetings are successful and efficient.

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 scientific quality management at the EMCDDA.

The work towards further strengthening the quality management of EMCDDA scientific activities will continue in 2020-22. This will be in line with the Roadmap 2020 milestones, the new strategic roadmap 2025 and the action plans to follow on the recommendations of the European Commission's Internal Audit Service (IAS) audits on the management of data collection, validation and quality assurance (2017) and on 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: Management, for details). To that end, the implementation of the PM^2 methodology, which has been gradually introduced starting from 2018, will continue in 2020-22.

Business driver 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 strategic priorities are properly resourced, and that these resources are used efficiently. To this end, in response to the decrease of the EMCDDA's resources that are available for implementing core business activities (as a result of the automatic increase in the agency's operating costs), the EMCDDA carried out an exercise to identify the actions to be implemented in order to mitigate the impact of the resource constraints, including some key outputs/results that will need to be suspended, delayed or scaled down to that end (for details, see Section II — Multiannual programming 2020-22).

In addition, the actions in this area 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 are transposed to the operational level. To that end, in 2020-22, the EMCDDA will continue to pursue the further development of the performance management system, ensuring that it provides senior management with sound and timely performance information and analysis. Among other things, this will involve the implementation by the agency of the Project Management Programme initiated in 2018. This includes the application of a project management methodology (namely PM^2, developed and promoted by the European Commission) for various areas of work, in line with the key milestones set up in Roadmap 2020, and the implementation of a management information system to enable more efficient planning, monitoring and reporting.

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

The definition 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's 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 agency's vision and mission. To further develop our human capital and maximise our staff's contribution to Strategy 2025, actions for staff development will continue to be implemented in 2020-22, on the basis of the available resources.

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).

ICT service delivery and service support are meant to promote the agency's core developmental objectives and to guarantee the smooth operation of all the services provided. 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 that supports existing basic and advanced services.

This is a key component of EMCDDA operations, which supports the fulfilment of the strategic and business objectives, from data collection and analysis, through dissemination, to business planning, monitoring, and other corporate support practices and tools, including requirements related to technical innovation and furthering of the EMCDDA Enterprise Architecture. ICT activities are also critical for ensuring business continuity and allowing the EMCDDA to operate in a stable and protected ICT environment.

Human and financial resources outlook for 2020-22

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 30 billion a year ([12]).

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 the EMCDDA's financial resources, in line with the European Commission 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 contribution provided to the agency was cut by 5 %. This has had a direct impact on the EMCDDA's operations, but also on the contribution 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 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 and 2019 respectively.

Resources programming for 2020-22

Financial resources

The outlook for the budget/financial resources over the relevant period is built mainly on the proposal presented by the European Commission for the EU's 2020 contribution to the EMCDDA, as endorsed by the two branches of the EU Budget Authority within the context of the EU 2020 budget procedure.

On this basis, the 2020 budget of the EMCDDA relies on 76 authorised posts in its establishment plan and on a total amount of EUR 16 288 600 for the EU's 2020 contribution to the EMCDDA budget. These appropriations will enable the functioning of the EMCDDA and the implementation of its 2020 work programme, as set out in this programming document. The EMCDDA will also be able to keep the maximum EMCDDA 2020 co-financing to the Reitox national focal points at the same level as in 2019.

However, the amount of the EU's 2020 subsidy only partially meets the EMCDDA's request for 2020. In this context, the EMCDDA will be able to cope with the expected 2020 automatic adjustment of its staff-related expenditure and with the increase in the rent for its premises, but it will be obliged to downsize some operational activities and publications initially planned for 2020, as presented in the later section 'Negative priorities/decrease of existing tasks'.

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

([12]) European Monitoring Centre for Drugs and Drug Addiction and Europol (2019), *EU Drug Markets Report 2019*, Publications Office of the European Union, Luxembourg, p.13.

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 detect, assess and respond 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 replaces Council Decision 2005/387/JHA 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, five weeks for drafting the initial report and six weeks for preparing a requested risk assessment.

The new regulation requires the EMCDDA to collect additional information and to introduce new working procedures in the operation of the EWS and risk assessments. Appropriate resources are therefore required in order to ensure full compliance with the new regulation and effective implementation of the EU EWS and risk assessment mechanism.

Growth of existing tasks and additional tasks

As presented above, new tasks have been introduced by the legislation in the NPS area. In addition, further growth of the existing tasks is expected to occur in this area. This is due not only to the large number of NPS monitored, but also to the increased reports of harms associated with them. Alongside information on the appearance of NPS on the market, a key function of the 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 more than 750 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 over 150 public health related alerts. Of great concern in this respect is that, between November 2015 and March 2018, a record number of 13 risk assessments were requested by the Council of the EU (40 % 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 has culminated in the 2019 data collection round, while the production of the subsequent ESPAD report is planned to take place in 2020, resources allowing; therefore, additional budget for the years to come will be required to successfully accomplish this important task.

Efficiency gains

As far as efficiency gains are concerned, and as they result from the EMCDDA's 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 (by about 10 % in 2016 compared with previous years), which has been maintained ever since.

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 legislature. 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. Following up on the economies achieved with the common implementation of a business continuity facility with EMSA, the EMCDDA is committed to extending the agreement.

As the new digital workplace programme develops, the EMCDDA will seek to match technological developments and the achievement of further economies by updating its current infrastructure architecture. Progress in this area will depend, however, on the availability of resources.

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.1 — 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.

As presented in the following section, 'Conclusions on evolution of resources compared to the Commission Communication 2014-2020', in the past 6 years the EMCDDA has been confronted with a substantial reduction, in real terms, of the resources available to it in order to perform its tasks.

During this time the agency, through the application of a series of measures that were meant to maximise the use of its reduced resources, has managed to successfully implement its work programmes and continue to deliver high-quality results (as evidenced by the last external evaluation, which was carried out by the European Commission in 2018). These measures, however, are no longer sufficient to ensure an adequate level of resourcing, particularly as far as the operational activities are concerned (i.e. the core business of the EMCDDA, namely the activities carried out within the scientific, communication and Reitox network management areas).

In this context, the EMCDDA has intensified its activities to communicate to its stakeholders the importance of the work carried out and the impact that insufficient funding of the agency will have on European drug monitoring. However, despite the full support received from the European Commission, the level of the EU contribution to be provided to the EMCDDA in 2020 (EUR 16 288 600) will be significantly lower than that requested by the agency (EUR 17 839 040). Furthermore, although the discussions on the new MFF, for 2021-27, were still ongoing at the time of preparation of this PD, it is likely that the level of the EU's contribution to the EMCDDA will not increase significantly (unless new tasks are formally established for the agency in the future), so it will not cover the automatic increase in the agency's costs, which will only increase the pressure on the core business deliveries.

The main challenge for the EMCDDA is therefore to remain sustainable in the long term. The years 2020 and 2021 will be particularly important in this context: a new roadmap (to 2025) will be defined in 2020 and work on developing a new EMCDDA business model is planned to be completed in 2021.

In addition, a series of actions will be implemented in 2020 with the objective of mitigating the impact of the resource constraints and allowing the agency to dedicate the required effort to the preparation of the key strategic initiatives described above.

In this regard, the EMCDDA will establish an internal developmental group to look at a set of digitally enabled and high-quality integrated outputs, in line with our stakeholders' evolving needs and the changing drug situation, and reflecting best practices in the modern communication world. As appropriate, the Reitox NFPs will take part in the reflection, as agreed at the meeting of the Reitox heads of national focal points that took place in November 2019.

Furthermore, a more top-level, trends-focused European Drug Report will be released in 2020. The production of the Country Drug Reports will be suspended in 2020, and a new approach for presenting country data, more integrated into the new EMCDDA digital communication model, will be launched in 2021.

In addition, the European Responses Guide, which had been initially planned for publication in 2020, will be reviewed in terms of content and format, and delayed to 2021.

Overall, the investments in studies will decrease, leading to the preparation of a smaller number of outputs.

The support to the ESPAD activities will be commensurate with resources.

In terms of drug-monitoring tools, while the EMCDDA will seek to protect developmental areas (i.e. new methods and data sources for drug monitoring), work on the established tools will mainly involve the maintenance of these tools. Naturally, the activities in this area will be closely coordinated with the national focal points, which are also experiencing cuts in their resources.

Although important progress has been made in the area of threat identification and reporting, considerable effort is still required in order to finalise and put in place a new integrated framework. Therefore, the completion of this key milestone will be taken over to Roadmap 2025.

Importantly, in 2020-22, under the current budget scenarios, the ICT tools supporting the monitoring of the agency will be maintained at their current level. Work will be undertaken on defining the data structure to encompass existing and new methods in preparation for software developments in the future.

Conclusions on evolution of resources compared to the Commission Communication 2014-2020

The EMCDDA has fully met the goals set in Commission Communication 2014-2020.

The agency has done its best, and will continue to 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.

In a context where the EMCDDA has been able, with substantial efforts, to maximise the use of its limited resources and successfully perform its mission, as acknowledged by the relevant institutional stakeholders and confirmed by the outcome of its last external evaluation (in 2018), these elements should be taken into account:

- In 2014-20 the EU budget contribution to the EMCDDA was initially reduced by about 5 % (in 2014, compared with 2013) and the EMCDDA was required to further reduce by 10 % the posts authorised in its establishment plan (substantially exceeding the 5 % reduction required for each EU institution).
- In this context, during 2014-20 the EMCDDA budget needs for staff-related expenditure have increased by about 19 % compared with 2013. About two thirds of this increase has been determined by successive annual automatic adjustments required by the relevant EU legislation (EU staff regulations), in particular for staff's automatic progression to the next step and for the annual adjustment of the EU staff's remuneration (which encompasses the variation of the applicable correction coefficient).
- This increase, along with the automatic increase of budget needs for essential services and utilities to be contracted for the functioning of the EMCDDA premises and operations (as required by the applicable legislation and contracts), has entailed a substantial reduction, in real terms, of the resources available to the EMCDDA, namely for its operations.
- Despite the measures taken by the EMCDDA to develop its effectiveness and efficiency, this situation has critically affected its capacity to effectively operate and deliver in accordance with its mandate.
- This situation is likely to continue to affect the EMCDDA budget in the coming years and future exercises.
  Any possible intervention aimed at addressing the aforementioned constraints and risks should consistently take this perspective into account.

Section III
EMCDDA work programme 2020

Executive summary

This is the first annual work programme of the EMCDDA's PD for 2020-22. 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 2020. 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 contribution to the agency will be fixed. For planning purposes and without prejudice to the decisions to be taken by the relevant EU authorities, the 2020 work programme has been drafted based on the proposal presented by the European Commission for the EU's 2020 contribution to the EMCDDA, as endorsed by the two branches of the EU Budget Authority within the context of the EU's 2020 budget procedure.

In this context, the EMCDDA will rely on a 2020 contribution from the EU amounting to EUR 16 288 600 and on 76 authorised posts in its establishment plan for 2020.

The 2020 work programme applies a prioritisation approach for the expected outputs/results, which is based on three levels, 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 2020, 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 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. It is intended that the integration of core epidemiological monitoring and complementary methodologies (see below, 'New trends and health threats') will facilitate the development of a reliable knowledge basis to facilitate evidence-informed public health policy development. The EMCDDA's core monitoring in the responses area (prevention, treatment, harm reduction and prisons) will also be maintained and developed (within available resources).

The EMCDDA will implement a new conceptual framework for data collection in line with Roadmap 2020. This will be informed by the analysis of data received by the EMCDDA, results of the systemic review, the review of the performance of individual tools and the gap analysis, which are planned to be carried out by the end of 2020. A number of data collections in areas outside the key indicators, such as wastewater analysis, hospital emergencies, analysis of syringe residues, drug checking and drug consumption rooms, alongside the monitoring of drug-related interventions, will be incorporated into the new conceptual framework. Emphasis will be placed on multi-indicator analysis, both to triangulate information to establish robust evidence and as a method of validating individual data collections.

Analytical work will be further developed to inform key EMCDDA outputs, in particular the EDR package, which will be subject to review. In 2020, a more top-level, trends-focused EDR will be released alongside the statistical bulletin. Furthermore, because of the resource constraints and the need to review the use of the EDR and ensure better integration into the new EMCDDA digital communication model, the Country Drug Reports will be suspended in 2020, with a new approach to presenting country-specific data planned to be launched in 2021.

Following the 2019 ESPAD data collection and data validation, the preparation of the 2019 ESPAD report will start in early 2020, including analysis, drafting of the report, and the editorial and publication procedure, with a launch later in the year. The final format chosen for the report will depend on the availability of additional resources in the EMCDDA's budget for 2020. It is expected that the main ESPAD report launch will be accompanied or followed by a number of national reports and launches.

Support to EU priority third countries will continue under the framework of the technical assistance projects IPA 7 and EU4MD. For details, see also Main area: Security, and Business driver 2: Partnership.

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

In 2020, the EMCDDA, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol, 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 Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on NPS applicable as of 23 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 reporting event-based data within the information exchange mechanism, including the reporting forms, will be automated, interlinked and aligned. The standard operating procedures, and EWS and risk assessment (pilot phase) operating guidelines adapted to the new legislative instrument, will be implemented in 2020.

During 2020, key components of the EWS — such as toxicovigilance, open source information monitoring, signal management and risk communication — will be consolidated in order to maintain the EMCDDA's ability to detect, assess and respond to public health and social threats caused by NPS.

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 greater 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.

Another key task in this area will be to continue to maintain the next-generation replacement of the EDND, operational as of 2019. The EDND is the main information and monitoring system of the EWS and acts as Europe's information hub on NPS. It allows secure electronic submission of data by the national early warning systems (NEWS), and provides data management and search functionalities to users. It also supports communication and information exchange with partners.

Provisions of Article 28(c) of the pharmacovigilance legislation will continue to be implemented in close cooperation with the EMA.

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 2020, the agency will therefore strengthen its system for monitoring and understanding new and emerging trends in drug use, drug-related harms and drug markets.

To that end, the EMCDDA will continue key activities aimed at better integrating new methods and tools with existing monitoring routines and incorporate these methods into an overall conceptual framework for data collection. Subject to the availability of funding, this will include the publication of findings from a range of projects, such as Sewage Analysis Core Group Europe (SCORE) wastewater monitoring campaign and the European Syringe Collection and Analysis Project Enterprise (ESCAPE). The potential for OSI to generate useful and accessible information on key public health issues, including adverse health events such as drug-related deaths, will continue to be investigated.

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 if possible 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.

Trendspotter studies will continue to be undertaken on emerging trends and developments, and support offered to national capacity building and supervision. In tandem a communication model for rapid reporting will be piloted.

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

In 2020 a new edition of the European Responses Guide will be produced (for publication in 2021). This will continue to underpin much of the work undertaken in the area of health and social responses to drug-related problems. The format of the new report will be adapted taking into account the conclusions of the internal review of reporting tools and publications, and the resources available.

Identifying best practice and effectiveness of interventions across the EU and beyond is a key area for the EMCDDA. The main dissemination channel for this area is the BPP. In 2020, existing modules will be kept updated and new modules will be added, in parallel with the development of the 2021 European Responses Guide. 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. In line with resources, focused outputs will also be developed to support practice on key areas.

In the prevention area, the BPP 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. The BPP will be expanded to include local environmental prevention strategies and evidence-based harm reduction programmes in the areas of preventing the spread of drug-related infectious diseases and overdose deaths. Cooperation with essential networks will continue to be consolidated and formalised, as appropriate.

This area also encompasses capacity building and training; production of targeted outputs and tools; and knowledge sharing by means of conferences and other practice-oriented events. Training for professionals will include Reitox academies in EU Member States and third countries. In addition, the European Drugs Summer School will take place in 2020.

The European Prevention Curriculum will continue to be implemented in a number of countries through a 'training of trainers' system (initiated in 2019) and local translations of the Curriculum itself. The EMCDDA will support the development and implementation of online training of trainers modules.

In the treatment area, the agency will ensure that information about the evidence base for a range of interventions, including treatment for stimulant drugs, is regularly updated. Work will continue on the analysis of treatment outcomes for the improvement of quality and coverage of interventions. In addition, a toolkit supporting the estimates of the costs of treatment will be made available to support decision-makers with challenges related to allocation of resources.

In 2020, the EMCDDA will continue to promote good practices in harm reduction including the integration of evidence-based practices, interventions and policies into routine healthcare and public health settings. Dependent on resources, it will compile results on effectiveness and impact, equity, sustainability and transferability of interventions relevant to the core public health areas of the EMCDDA, and supplement them with real life implementation experiences. The web resources will continue to be developed in areas of particular importance for public health, such as hepatitis C and drug overdose prevention.

In 2020-22, the EMCDDA will support the evaluation of progress made at European level towards the elimination of viral hepatitis as a public health threat by 2030, by monitoring the achievement of PWID-specific 2020 targets in the first action plan for the health sector response to viral hepatitis in the WHO European Region. This includes the assessment of epidemiological trends (2015-20) and the evaluation of the results of EMCDDA's work on promoting of hepatitis C virus (HCV) testing in treatment settings; HCV capacity-building materials and experiences from implementation of national/regional/local training activities will be consolidated.

In the area of preventing drug-related deaths, work will continue to focus on overdose prevention, including the development of thematic training material. Based also on the topical analysis on take-home naloxone developed in 2019, a high-level thematic seminar/event targeting policymakers is envisaged, resources permitting.

Network building is important in this area, including partnerships with key scientific, professional and civil society networks to enable both the collection and the dissemination of EMCDDA best practice materials in the context of the expanded BPP and Xchange databases.

Drug policy

In 2020, the EMCDDA will continue to 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 policy evaluation tools.

The EMCDDA will also continue to contribute to the implementation of EU policy objectives and provide ongoing high-quality expertise to its key institutional customers: the EU institutions and the EU Member States.

At the level of the EU institutions, 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 Croatia and Germany, the hosts of the EU Presidency during 2020. Of particular importance is our responsibility with respect to the EU drug strategy. This is the final year of the EU drugs strategy 2013-20, and the EMCDDA will support the European Commission with the evaluation of the strategy, as well as with the reflection on the EU strategic framework on drugs after 2020 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 the CND and follow-up to the implementation of the CND multiannual work plan implementing the 2019 Ministerial Declaration).

In 2020, the EMCDDA will continue to provide reliable and timely drug policy analysis through a range of policy-relevant outputs, including a report on the sale of low-tetrahydrocannabinol (THC) cannabis products and a report on alternatives to coercive sanctions. The cannabis news alert aims to provide accurate, objective short summaries of key events in the cannabis policy field inside and outside the EU. In recent years news alerts have been sent out on legalisation of recreational cannabis use in the Americas, low-THC products being marketed in different EU Member States and new regulatory approaches in the EU. Developments in these fields will be closely followed and news updates prepared and published as appropriate.

Furthermore, the agency will continue to produce high-level briefings and guides aimed at answering policy-relevant questions in the fields of cannabis policy and alternatives to coercive sanctions. In addition, policymakers and professionals alike will benefit from the new and regularly updated web areas on prisons, drug laws and drug policies. The EMCDDA will also publish an Insights publication addressing current and future challenges in the prison and drugs field.

In 2020, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms, public expenditures, policy evaluations, drug-related national research and drug laws. Ongoing monitoring will be carried out with a focus on emerging issues, thereby enabling the agency to proactively identify emerging drug policy trends. The annual meeting of the legal and policy correspondents will be organised, as a 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, to maximise the practical value to the network as well as the agency.

In addition to the agency's support to the final evaluation of the EU drugs strategy, the EMCDDA will continue to provide support to national drug policy evaluations in 2020. The agency's policy evaluation package includes both reactive responses to specific requests and proactive capacity-building activities. In terms of the services provided to the Member States, one of the priorities will be to provide targeted support to national requests for policy evaluation.

Key resources for EU and national policymakers alike will be available on the agency's dedicated web area, which provides access to the EMCDDA's seven-step guide to support the commissioning and managing of drug policy evaluation. The EMCDDA also envisages developing tools to assess the costs of interventions, to support policymakers in their analysis of the responses to the drug phenomenon, as well as an in-depth review on current and future challenges in the prison and drugs field. In terms of capacity-building activities, within the available resources the EMCDDA will offer thematic workshops organised around emerging trends in drug policies and continue the policy evaluation workshops, started in 2018, aimed at building the knowledge of those engaged in managing and making use of drug policy evaluations.

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

Key performance indicators (KPIs) ([13])

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 2021 adopted by the NFPs (L1) – Established reporting tools maintained (L2) – Activities to support NFP data collection efforts, in line with the Reitox Development Framework, 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 2020 published (L1) – Statistical Bulletin 2020 published on the EMCDDA website (L1) – Analysis and reporting of 2019 ESPAD data collection — ESPAD report (activities dependent on the external deliveries and the available EMCDDA resources) (L2) – Proposal of a new conceptual framework for data collection, incorporating core monitoring, complementary data collections and new methods (L2) ■ Analysis and reporting on important developments in drug trends, practice and policies (L2 or L3 — to be defined in the internal management plan 2020): – 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) – Harms caused by or associated with the use of illicit drugs, and their public health impact at individual, community and population levels – Drug-related interventions in Europe, type of provision, availability and coverage (prevention, treatment, harm reduction) – Ongoing multi-source and transversal analyses conducted to support products and services, based on traditional and new epidemiological methods, on topics of public health relevance (e.g. opioid multi-indicator analysis, NPS epidemiology and others) – Data submission and analytical expert meetings organised in line with resources (L2) ■ Data management tools (Fonte, Data Warehouse) operational: – Fonte and drugs Data Warehouse maintained to support the annual drugs data collection and analysis (L1) – A proposal for data management, structure and storage to support the analysis of the data (L3)
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	■ Publish findings from the European Web Survey on Drugs project (EMCDDA Insights) (L2) ■ Review the existing web survey questionnaire and adapt for use in IPA 7 countries and other international projects (L3) ■ Ongoing analysis of the role of drug consumption rooms in monitoring drug use, risk behaviours and market changes (L3)

([13]) Full list of KPIs can be found in Annex 7.

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	■ IPA 7 project outputs (health area), in line with the project logical framework (logframe) (L2 or L3 — to be defined in the internal management plan 2020) ■ EU4Monitoring Drugs project outputs (health area), in line with the project logframe (L2 or L3 — to be defined in the internal management plan 2020) ■ Exchange of information on emerging drug issues maintained with monitoring centres outside the EU (L3)
H1.4. Identify future reporting needs through a 'futures exercise' and appropriate follow-up activities	■ Policy workshop involving main decision-makers from national, European and international levels (L2) ■ Futures exercise outputs to inform the second EMCDDA Strategy 2025 roadmap (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 ■ Maintain 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 2020: – 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 adapted to the new legislative framework and implemented (as required) (L1) – initial reports prepared as required (L1) – EDND maintained and regularly updated (L1) – EWS final reports (L2) ■ Annual meeting of the EWS Network organised (L2) ■ Toxicovigilance and risk communication implemented (L1) ■ Technical support to national early warning systems (NEWS) and forensic and toxicological networks (L2) ■ Maintain OSI monitoring for EWS purposes (L2) ■ Dissemination of knowledge on NPS through EWS updates and participation in scientific and technical events (L2) ■ EWS update (L2) ■ Data exchange with international bodies (UNODC/SMART and WHO Expert Committee on Drug Dependence) to support prioritisation, scheduling discussions and information exchange activities (L3) ■ Support to building EWS in priority third countries (projects IPA 7 and EU4MD, in line with resources) (L2)

Action areas	Outputs/results
H2.2. Ensure timely and high-quality implementation of the risk assessment on NPS	■ Risk assessment mechanisms (supporting tools, processes and activities) operating under the new legal basis in place: – risk assessment reports prepared as required (L1) – guidelines, procedures, processes and tools relative to the risk assessment adapted to the new legislative framework and piloted (L1) – operating guidelines on risk assessment of NPS, in line with the new legislative framework, published (L1) ■ 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	■ Publish online data and supporting analysis from the 2019 SCORE group wastewater-monitoring campaign (L2) ■ Analyse and publish the results of Euro-DEN network on hospital emergencies (L2) ■ Publish online data and supporting analysis from the 2019 ESCAPE project analysing syringe residues (L2) ■ Continue to evaluate the ability of OSI to generate useful public health information e.g. on drug-related deaths (L3) ■ Publish online data and supporting analysis from drug-checking facilities across Europe within the Trans European Drug Information group (TEDI) and beyond (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)	■ EU trendspotter studies prepared and national trendspotter studies supported as resources permit (L2) ■ Communication model for threat and rapid reporting proposed (L3) ■ Cooperation with ECDC including risk assessment country missions in the EU Member States, upon request and depending on available resources (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 (L3) ■ A trendspotting methodology available for threat assessment in the priority third countries (in the framework of the EU4MD and IPA 7 projects (should the top-up proposal be approved by the European Commission), in line with the project logframes) (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
- Better and more informed policy and practice on effectiveness of interventions in drug demand reduction within the EU
- 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 constitute effective interventions to both established and emergent drug-related problems	■ BPP — kept updated with new contents (L1) ■ BPP — Inventory of European Guidelines and Standards kept up to date (L2) ■ BPP — Revised Evaluation Instruments Bank kept up to date (L2) ■ Ongoing provision of tools to support programme implementation (L2) ■ Options for process for certification of prevention programmes reviewed (L2) ■ Availability of a toolkit with guidelines for estimating the cost of providing drug-related health interventions (L3) ■ Development of a model to measure and benchmark treatment outcomes (L3) ■ Update the EMCDDA web page on national research (L3) ■ Appropriate follow-up of the Council Conclusions on Minimum Quality Standards: – Selected minimum quality standards continue to be operationalised e.g. in the prevention and harm reduction areas (L2) – Ongoing collection of tools for self-accreditation of quality standards (L2) – Guide for implementing standards published (L3)
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 for: – Established areas (see Action area H1.1) (L2) – New settings and developmental areas (e.g. prisons, naloxone, drug consumption rooms) (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	■ European Responses Guide package prepared (for publication in 2021) (L1) ■ Reitox academies to improve NFPs' capacity to collect, analyse and report health data, implemented in line with resources (L2) ■ Capacity development activities for the IPA 7 project beneficiaries, in line with the project logframe (L2) ■ Capacity development activities for the EU4Monitoring Drugs project partners, in line with the project logframe (L2) ■ European Drugs Summer School (L2) ■ Knowledge transfer activities (e.g. face-to-face workshop, online webinars) for selected interventions dependent on need and resources (L3) ■ Databases on interventions in nightlife settings (Healthy Nightlife Toolbox), club health and the Xchange registry on evidence-based prevention programmes maintained and updated with new entries (L2) ■ Expansion of Xchange database model in new areas e.g. harm reduction (L2) ■ EMCDDA contribution to key drug-related events to support practitioners (L2) ■ EUPC disseminated and training of trainers provided (in line with resources) (L2) ■ Comparative analysis of access, quality and prevention of diversion of opioid substitution treatment in Europe (L3) ■ Scientific support to knowledge transfer activities organised by countries (L3) ■ Development of the Costs of Treatment toolkit (L3) ■ Implementation of the third year of the multiannual harm reduction initiative (L3) ■ Ongoing implementation of the DRD prevention initiative (L3) ■ EMCDDA paper club series involving regular visiting experts exchanges with EMCDDA and non-EMCDDA staff on new evidence developments (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	■ EMCDDA hepatitis C resource web pages available and maintained (L2) ■ EMCDDA web pages on preventing DRD available and maintained (L2) ■ Joint ECDC/EMCDDA guidance on prevention and control of blood-borne viruses among PWID updated (for publication in 2021) (L3) ■ Existing and new consumer protection models (e.g. drug-checking models, harm reduction equipment) identified and described (resource dependent) (L3) ■ New technologies in the field of healthcare provision to drug users, specialists and non-specialists (e.g. e-learning, m-health) followed (resource dependent) (L3) ■ Follow-up on topics linked with public health and drug priorities in prison settings e.g. infectious disease prevention, NPS-related problems, preventing overdose on release (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 institution-related activities in the area of drug policy (HDG, national drugs coordinators, etc.) (L1) – support the EU in its policy dialogue with international bodies and third countries (L1) – support the implementation of the 2017-20 EU drug action plan (L1) – support final evaluation of the EU drug strategy 2013-20 (L1) – contribute to the reflection on an EU strategy on drugs after 2020, if requested (L1) – support other policy initiatives within areas relevant to the EMCDDA (L2) – technical cooperation with the UN system, including data validation and support to the revision of the annual report questionnaire, and support the EU in the implementation of CND multiannual work plan resulting from the 2019 Ministerial Declaration (L2) ■ Input to Member State-related activities within established priorities and available resources (L1) ■ EMCDDA contribution to key drug-related events to support policymakers, in line with resources (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	■ Reporting tools in the policy area maintained 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, cannabis regulatory frameworks) (L3) ■ Policy and law web areas maintained and regularly updated (L2) ■ Cannabis news alert system further developed (L2) ■ Low-THC cannabis products (L2) ■ In-depth review on current and future challenges in the prison and drugs field (EMCDDA Insights) published (L2) ■ Annual meeting of the legal and policy correspondents organised (L2) ■ Thematic workshops organised around emerging trends in drug policies, as required and in line with resources (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 — online policy evaluation toolkit maintained and regularly updated (L2) ■ Workshop organised for national policymakers and planners on policy evaluation approaches (L2) ■ Support provided to national drug policy evaluations, if requested and within available resources (L2) ■ Model for utilisation of epidemiological indicators to support cannabis policy evaluation under review (L3)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (full-time equivalent — FTE)
EMCDDA: 5 532 341	35.35
IPA 7 ([14])	1 ([15])
EU4MD ([16])	1 ([17])

Main area 2: Security

Goal: Contribute to a more secure Europe

Drug markets monitoring and identification of new threats

The drug 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 opium production in Afghanistan, which have a direct impact on the EU drug phenomenon.

To that end, in 2020, work on improving the quality and availability of supply data will continue, in close collaboration with our data providers at national level, the Reference Group on Drug Supply Indicators and our partner Europol.

Following the launch of the third EMCDDA-Europol EU Drug Markets Report in 2019, in 2020 we will focus on filling some of the information gaps identified in that analysis.

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

Concerning activities to monitor developments outside the EU, in 2020 the EMCDDA will enter the second year of the implementation of the project EU4Monitoring Drugs, the capacity-building project that helps 15 ENP potential partner countries ([18]) identify, assess and respond to cross-border drug-related health and security threats. 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 CCs and PCCs, on security-related issues, as well as the 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 IPA 7 technical assistance project funded by the European Commission, covering the period of July 2019 to June 2022 and in line with the EMCDDA's international cooperation framework adopted by the Management Board in December 2017 (see also Main area 1: Health, and 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 initiated by EMCDDA or Europol, 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. Routine monitoring in this area has been limited to drug law offences, so expansion to include other crimes related to the drugs trade is required. This is a developmental area, and progress will be incremental and dependent on the availability of resources. In 2020, in consultation with the NFPs, the agency will continue to develop the drug-related homicide data monitor based on the groundwork already completed. In addition, synergies will be pursued with partners (e.g. Eurostat) to improve our data collection linked to other types of drug-related crime, such as acquisitive crime, illegal firearms and terrorism.

Support EU responses to drug security challenges

In the EU policy area, the EMCDDA will contribute as required to the priority area addressing the drug threats identified by COSI: to disrupt the activities of OCGs involved in the wholesale trafficking of cannabis, cocaine and heroin to the

([14]) The budget is presented under Main area 3: Business drivers, and in Annex I.
([15]) This concerns the scientific staff recruited to work for the project, in the health area.
([16]) The budget is presented under Main area 3: Business drivers, and in Annex I.
([17]) This concerns the scientific staff recruited to work for the project, in the health area.

([18]) In July 2019 the competent authorities of Egypt wrote to the EMCDDA declining their participation in the project. While respecting the official position of Egypt in what regards activities to be carried out at national level, the EMCDDA will continue to seek the involvement of Egypt about the regional aspects of the project and strive to include the country in the regional data analysis activities.

EU; and to reduce the production of synthetic drugs and NPS in the EU and to dismantle OCGs involved in their production, trafficking and distribution. In addition, the agency will provide methodological, analytical and administrative support to the European Commission for the drafting of the OAP for 2021, and will implement its tasks under the OAP 2020.

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 (resource dependent). 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 JHA, 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 optimised supply-related monitoring tools 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	■ Analysis and outputs based on the available drug market data (e.g. on darknet marketplaces; drug-related homicide; trafficking in human beings; emerging drug supply models and associated violence and exploitation of vulnerable groups) (L2 or L3 — to be defined in the internal management plan 2020)
	■ Review of workbooks on markets and crime, and feedback provided to NFPs (L2)
	■ Support the NFPs' capacity to collect, analyse and report drug supply data, in line with the Reitox development framework and available resources (L2)
	■ Analysis of data on drug production — synthetic drugs (L2)
	■ Analysis of data on drug production — cannabis (L3)
	■ Analysis of data on drug production — cocaine (L3)
	■ Studies commissioned to address information gaps identified in the 2019 EDMR, in preparation for EDMR 2022 (subject to resources) (L3)
	■ Organise in conjunction with the European Commission, the third EU Conference on Drug Supply Indicators (subject to support being provided by the EC and to availability of resources) (L2)
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-monitoring tools (L2)
	■ OSI monitoring maintained (L2)
	■ Ongoing monitoring of drug supply on darknet markets implemented (subject to resources) (L2)

Action areas	Outputs/results
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 analysis of the Western Balkan countries' drug markets: outputs from project IPA 7, in line with the project logframe (L2 or L3 — to be defined in the internal management plan 2020)
	■ Strategic analysis of the European and neighbouring countries' drug markets: outputs from EU4Monitoring Drugs project, in line with the project logframe (L2 or L3 — to be defined in the internal management plan 2020)
	■ 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 (subject to resources) (L2)
	■ Dissemination of EMCDDA analyses at events (L2)
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) (L3)
	■ Information exchange and collaboration with partners (in particular with Europol and the European Commission) on drug precursors, and contribution to key activities in the drug precursor area (L3)

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 and re-emerging 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	■ Joint threat assessments with Europol (L2)
	■ Briefing notes on emerging threats provided to EU and national policymakers (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 (L3)
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 (L3)

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 (subject to resources)	■ Framework for monitoring drug-related acquisitive crime conceptualised (L3) ■ Analysis of responses to drug-related violent crime conducted (L3) ■ Information exchange and engagement with drug-related crime expert group (European Commission) (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 cargoes and terrorism	■ Data collection protocol on drug-related homicide monitoring (non-routine data) (L3) ■ Provision of training on drug markets, crime and supply reduction based on the 2019 EDMR (L2) ■ Capacity development activities for the IPA 7 project beneficiaries, in line with the project logframe (L2) ■ Capacity development activities for the EU4Monitoring Drugs project beneficiaries, in line with the project logframe (L2)
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	Note: this action area was covered by the work carried out to prepare the 2019 EU Drug Markets Report (see Action area S 1.1)

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 levels 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	■ Expertise provided 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 OAPs on drug priorities and the development of multiannual strategic plans, as well as through contribution to SOCTA (L1) ■ Delivery of training by provision of expertise at events organised by CEPOL (L2) ■ Participation in key events, such as the Europol Drug Programme Board and SOCTA meetings (L2) ■ EMCDDA Secure Information Exchange Network Application (SIENA) system continuous operations and update 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 organised (L2) ■ Expert technical meetings held, building on network of supply experts and the reference group subject to availability of resources (L3)
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)	■ Follow-up on the scoping exercise to better understand the impact of supply reduction (carried out in 2019) (L3) ■ Engagement with professionals working in wastewater monitoring for application in supply reduction measurement (L3)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
EMCDDA: 3 283 295	13.95
IPA 7 ([19])	1 ([20])
EU4MD ([21])	2 ([22])

Main area 3: Business drivers

Business driver 1: Institutional

During the year the EMCDDA will continue to implement the action plan to follow up on the recommendations of the fourth external evaluation of the agency, as adopted by the Management Board in 2019.

A strategic analysis will be carried out in the context of the preparation of Roadmap 2025 and a review of the EMCDDA business model will be also performed (for completion in 2021). These exercises will be informed by the outcome of the fourth external evaluation of the EMCDDA (carried out by the European Commission in 2018), and the results of the evaluations of the EU drug strategy and action plans and the Futures exercise, among other things.

In this complex institutional context, the agency will seek to improve its understanding of the evolving needs of its key stakeholders/customers. Further to the research and pilot activities undertaken in 2018 and 2019, work will be carried out in 2020 (activities using different methods to gather customers' feedback, mappings, persona development and customer journey activities following the service design approach). The main deliverable of the project, the framework for proactively identifying and responding to customers' needs, including a set of tools and methods, processes, recommendations and framework metrics, will be finalised by the end of 2020 (Roadmap 2020 deliverable).

On the basis of the outcome of this project, the EMCDDA portfolio of products and services will be analysed and suggestions will be made for adaptation according to the customers' needs. 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 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.

([19]) The budget is presented under Main area 3: Business drivers, and in Annex I.
([20]) This concerns the scientific staff recruited to work for the project, in the security area.
([21]) The budget is presented under Main area 3: Business drivers, and in Annex I.
([22]) This concerns the scientific staff recruited to work for the project, in the security area.

Furthermore, the agency will increase its work with drug specialised communicators (e.g. journalists, bloggers), and will target relevant portals (e.g. EU Health for uptake of EMCDDA evidence in the health field).

These developments in the communication area will be accompanied by a staff digital empowerment programme, including appropriate training and guidelines.

In line with the business continuity plan of the EMCDDA, training on crisis communication will also be provided to the agency's staff.

The agency will also endeavour to anticipate the developments in the EU drug situation, through 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)
	■ 2020 customer needs analysis conducted (follow-up to the project implemented in 2018-19) (L2)
B1.2. Configure services to ensure they are timely and are delivered professionally and in a form coherent with our stakeholders' needs	■ Framework and associated procedures for proactively identifying and responding to stakeholders' needs (processes, tools, recommendations, metrics) delivered by the end of 2020 (L2)
	■ Methods and instruments tested to better understand the needs of drug professionals (e.g. stakeholder/focus group meetings, user testing, surveys) (L2)
	■ EMCDDA portfolio of products and services analysed and adjusted based on outcome of customer needs assessment 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 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) implemented (L1)
	■ Strategic analysis and review of the EMCDDA business model (L1)

Business driver 2: Partnership

In line with its strategic priorities, in 2020 the EMCDDA will continue its 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 Reitox network management is concerned, 2020 will be very important because it will be the last year of Roadmap 2020, during which the Centre and the NFPs will take the last steps agreed in 2017 to enhance the visibility, usefulness and ultimately sustainability of the NFPs at national level, and as a network at European level.

The accreditation system initiative will be further reinforced in 2020. The interested NFPs will be supported in the application of the self-assessment tool, which was piloted in 2017 and implemented in 2019 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).

During the year the EMCDDA will also continue its cooperation with EU agencies working in the health area, such as the ECDC and EMA, as well as with agencies from the JHA cluster, such as Europol, Eurojust, CEPOL and Frontex.

Information and knowledge exchange will be also consolidated with global partners (mainly the UN family — the UNODC, 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, emerging annual priorities and available resources.

In 2020, the cooperation for the preparation of CCs and PCCs for EU accession will continue, for six beneficiary CCs and PCCs, primarily through the IPA 7 technical assistance project, which started in July 2019 and will last until June 2022. The activities planned will range from the day-to-day support for data collection and monitoring, through capacity building and direct support for specific studies, to negotiation of working arrangements with the interested countries, thus bringing them closer to the EMCDDA. It will also serve to enhance the capacity of the IPA 7 beneficiaries to monitor drug markets, and will contribute to improving national and regional responses to cross-border health and security threats.

It will also be the second year of implementation of the EU4Monitoring Drugs project, the largest technical assistance project ever implemented by the EMCDDA, and the second such project to be implemented by the EMCDDA in ENP-South and ENP-East countries. The EU-funded project aims to enhance the capacity of 15 ENP potential partner countries ([23]) to monitor drug markets and thereby contribute to improving national and regional responses to contemporary security and health threats in those countries/regions. The project will allow the EMCDDA to improve its knowledge base, by creating an analysis and response platform to tackle the dynamic links between drugs, security and health threats. This project focuses on the areas where EMCDDA involvement can demonstrate significant added value and in particular to (1) identify, analyse and report effectively on ongoing, emerging and future trends in the drug market and their implication for security and health; and (2) increase monitoring and response capacity and enhance regional cooperation between ENP countries and between them and the EU (see also Main area 1: Health, and Main area 2: Security).

In 2020, within the available resources the EMCDDA will continue cooperating with other third countries in the framework of regional EU-funded projects with Central Asian and Latin American countries, as well as on an ad hoc basis with other third countries.

([23]) In July 2019 the competent authorities of Egypt wrote to the EMCDDA declining their participation in the project. While respecting the official position of Egypt in what regards activities to be carried out at national level, the EMCDDA will continue to seek the involvement of Egypt about the regional aspects of the project and strive to include the country in the regional data analysis activities.

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 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 national focal points, 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 further support towards the implementation of the Reitox development framework 2018-25, namely to improve their capacity to report health and security data, in line with its respective roadmap for 2020 and the available resources (L2) – Preparatory work for the final assessment of Roadmap 2020 and definition of a possible Roadmap 2025 (L2) – Biannual meetings of the heads of national focal points (HFPs) (L1) – Technical meetings (as appropriate and in line with resources) (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 – 2020 grant agreement deliverables (financial and narrative reports) provided in line with the applicable rules and regulations (L2) – 2019 grant agreement final deliverables (financial and narrative reports) controlled and final payments executed (L2) – 2019 grant agreement audit reports prepared, further to the audit missions carried out in selected countries (depending on budget availability), and made available to the European Court of Auditors (upon request) (L2) – 2021 grant agreements and related documents prepared and updated (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, including in key indicator areas and other data collection sources (e.g. ESPAD, SCORE, Euro-DEN, Xchange) (L2) ■ Experts from priority third countries associated with and participating in relevant drug experts networks (projects IPA 7 and EU4MD) (L2) ■ Reference paper on the articulation of different networks at EU and national levels (update of the 'Charter of good communication between the EMCDDA, the NFPs and national experts' adopted by the HFPs in May 2010) (L3)
B2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging needs of stakeholders	■ International cooperation framework implemented in line with the defined annual priorities and the available resources (L2) ■ Joint work programmes with partner European and international organisations implemented in line with the EMCDDA strategic priorities for 2020 (L2) ■ New working arrangements with partners, as appropriate (L2) ■ Efficient management of the IPA 7 project (L2) ■ Efficient management of the project EU4Monitoring Drugs (L2) ■ Support to the European Commission (upon request and coverage of expenses by EU programmes, and available EMCDDA resources) in the implementation of EU drug-related regional programmes, such as CADAP, COPOLAD, EU Act project, Cocaine route project (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 2020, the agency will continue the ongoing dialogue with the research and scientific community, in both the drugs area and related disciplines, such as addiction science and criminology. As feasible, the EMCDDA will also provide expertise in further developing data collection mechanisms and guidance in steering committees and advisory boards of external scientific partners (e.g. WHO and UNODC coordination group on epidemiological data on drugs; the work of WHO Expert Committee on Drug Dependence; WHO-UNODC Expert Consultation on New Psychoactive Substances; ECDC Advisory Boards on HIV and hepatitis; or Europol Programme Board on drug supply reduction).

The Scientific Committee will start a new mandate in 2020 (2020-22). This will be the first full mandate of the Scientific Committee after the adoption of the new legal framework for information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances, which has implications for how risk assessments, one of the main formal tasks of the Scientific Committee, are implemented. To this end, a list of experts to extend the Scientific Committee for the purpose of risk assessments was established in 2019.

The members of the Scientific Committee will adopt a formal opinion on the EMCDDA PD 2021-23 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 contribute to the HDG's annual dialogue on research.

In 2020, the EMCDDA will continue to ensure 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 relevant IAS audits.

The allocation and use of scientific resources will be optimised, including through the progressive implementation of PM², the project management methodology selected for the EMCDDA, to key scientific projects (see Business driver 4: Management, for details).

Last but not least, the EMCDDA will start the preparatory work, as one of the main partners in the programme committee and organising committee, for the Fourth European Conference on Addictive Behaviours and Dependencies, already announced for November 2021.

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 consolidated 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
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 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)
	■ Scientific articles in high-impact journals (L2)
	■ Internal digital information service, updating on developments in the drugs field, in place (L2)

Action areas	Outputs/results
B3.2. Strengthen the quality management of scientific activities by optimising 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 (for the purpose of streamlining this area, the previous actions B3.2 and B3.3 have been merged into a single action)	■ Project management approach progressively implemented for selected projects in scientific areas (e.g. PM² methodology — see also Business driver 4) (L2) ■ Internal scientific coordination mechanisms in place and communication tools maintained (L2) ■ Framework for standard product management maintained and IAS publications management audit action plan implemented (L2) ■ Quality assurance priorities for scientific activities implemented (L2) ■ Facilitate the integration of relevant projects into the scientific work programme (e.g. IPA7, EU4MD) (L2) ■ Maintain an active presence in EU-ANSA activities (L2)
B3.3. 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	■ Preparatory work for Lisbon Addictions 2021 implemented as necessary (L2) ■ Support provided to the EU contribution to the revision and standardisation of reporting tools (L2) ■ Presentations and/or exhibition stands at scientific and technical events (L2) ■ Follow-up of EU-funded drug-related research where relevant (resource dependent), including the Scientific Committee's contribution to the HDG Annual Dialogue on Research (L2) ■ Participating and providing expertise in steering committees and advisory boards of external scientific partners (subject to resources) (L2) ■ 2020 edition of the EMCDDA Scientific Award organised (subject to resources) (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 to the long-term requirements of the EMCDDA Strategy 2025.

In 2020, 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, which will become critically important should the pessimistic budget scenario materialise.

The internal management mechanisms (e.g. the Strategic Committee, the Heads of Unit meetings, the Editorial Board, the ICT Steering Committee) will be maintained to enable sound decision-making on the EMCDDA's operational priorities and allocation of resources.

The EMCDDA will ensure the efficient implementation of the annual work programme, which is part of the PD 2020-22, and the timely delivery to the EMCDDA's stakeholders of the next PDs: for 2021-23 and for 2022-24 (preliminary draft).

The performance management system will be maintained and further developed. The two projects initiated in 2018 under the umbrella of the Project Management Programme, namely PM²@EMCDDA (development of the project management framework) and Matrix@EMCDDA (development of a management information system), will be implemented in line with their specific implementation plans and the available resources.

The first roadmap that was defined as part of Strategy 2025 will end in 2020; therefore, an assessment of the degree to which its key milestones have been achieved will be carried out, to support the mid-term review of the strategy. The results of this assessment will inform the preparation of the second roadmap, for the period 2021-25.

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 effectively support the business and contribute to ensuring the implementation of the EMCDDA Strategy 2025.

The EMCDDA will continue to strengthen its internal control measures in line with the applicable internal standards for effective management and control. In 2020, 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 implementation of the electronic tools put in place for staff appraisal and time management and to the development of actions for staff training, subject to available resources, to continue supporting the effective implementation of the EMCDDA's strategy.

Action will be pursued to ensure a safe working environment as well as to guarantee the efficient use of the EMCDDA's premises and infrastructure, with special attention paid to controlling utilities-related costs and to possible synergies with EMSA, in particular for the management of the shared premises and services, including in the ICT area.

ICT service delivery and service support will continue to promote the agency's core developmental objectives and to guarantee the design and smooth operation of all the services provided, in line with priorities set up by the ICT Steering Committee, and the principles of sound management of resources and risk. This area will, however, be severely affected in the event of diminishing resources.

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's operational priorities and allocation of resources (L1) ■ Activities in the areas of data protection, internal control mechanisms and risk management implemented in line with the existing EU regulations and practices (L2) ■ Roadmap 2020: evaluation of the implementation (L2) ■ Preparation of Roadmap 2025 (L1)
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	■ Planning instruments and processes – PD 2020-22 published (L1) – Draft PD 2021-23 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 2022-24 prepared and submitted to the Management Board for adoption (L1) – EMCDDA 2021 draft budget (DB) and 2022 preliminary draft budget (PDB) timely prepared and submitted for adoption by Management Board (L1) – 2020 management plan in place (L2) – PM²@EMCDDA project implemented in line with resources (L2) – EMCDDA corporate management information system (project Matrix@EMCDDA) implemented in line with the phased implementation plan, subject to resources (L2) ■ Financial resources management – Sound management of the EMCDDA's financial resources, in compliance with applicable rules and procedures (L1) – Effective execution of accounting operations and timely preparation of the EMCDDA's annual accounts (L1) – Annual procurement plan timely prepared, successfully implemented and effectively monitored (L2) – Further development of financial and procurement-related electronic workflows (L3)

Action areas	Outputs/results
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	■ 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
	– Operability of the EMCDDA's ICT systems and core services maintained (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 revolution 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)
B4.3. Strengthen performance management at all levels	■ General Report of Activities 2019 prepared, submitted to the Management Board for adoption and published online by 15 June 2020, in line with the recast EMCDDA Regulation (L1)
	■ Quarterly performance monitoring reviews carried out, to inform sound management decisions (L2)
	■ High level of budget execution (commitment and payment appropriations), in line with annual targets (L2)
	■ Mid-term budgetary forecasts prepared (L2)
	■ Timely and effective follow-up to observations/recommendations from external audits, as required and agreed (L2)
	■ Timely report on measures taken in the 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 2020 training plan (L2)
	■ Level of the vacancy rate below 5 % (in line with 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

Budget (EUR)	Human resources (FTE)
EMCDDA: 8 203 703	50.7
IPA 7: 345 464.49	1 ([24])
EU4MD: 1 007 366.56	2 ([25])

([24]) Non-scientific staff recruited for the project.
([25]) Non-scientific staff recruited for the project.

ANNEXES

Annex I
Estimated budget allocation for the implementation of the EMCDDA 2020 work programme

The amounts indicated below reflect the proposal presented by the European Commission for the EU's 2020 contribution to the EMCDDA, as endorsed by the two branches of the EU Budget Authority within the context of the EU's 2020 budget procedure. On this basis, the EMCDDA's 2020 budget relies on the following revenue:

- EUR 16 288 600.00 to be provided by the EU's 2020 contribution to the EMCDDA;
- EUR 439 095.00 to be provided by Norway for its participation in the EMCDDA activities.

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

- EUR 291 644.00 to be provided by Turkey for its participation in the EMCDDA activities.

Table A1 presents the estimated allocation of the EMCDDA's 2020 budget appropriations for the implementation of the EMCDDA's 2020 work programme.

Resources to implement the technical assistance projects with third countries (namely IPA 7 and EU4MD) are also indicated in Table A2.

TABLE A1
Main areas (MAs)

Work programme 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	HEA, SAS, SDI, RTX&EP, COM, ICT, DIR/EXO	2.65	23.20	9.50	0	35.35	5 532 341
MA 2: Security	SAS, SDI, HEA, RTX&EP, COM, ICT, DIR/EXO	0.60	9.95	2.40	1	13.95	3 283 295
MA 3: Business drivers	DIR/EXO, SDI, COM, RTX&EP, ADM, ICT, HEA, SAS	5.75	29.85	15.10	0	50.70	8 203 703
TOTAL		**9**	**63**	**27**	**1**	**100**	**17 019 339**

Note: This table presents the FTEs corresponding to posts filled or engaged, as of 31 December 2019.
Abbreviations: FTE, full-time equivalents; WP, work programme; O, officials; TA, temporary agents; CA, contract agents; SNE, seconded national experts; HR, human resources.

TABLE A2
Technical assistance projects with third countries: resources covered by the projects' budgets

Project	Allocated human resources [a]					Allocated budget resources — assigned appropriations (EUR)
	O	TA	CA	SNE	TOTAL HR	
IPA 7	-	-	3	-	3	1 000 000
EU4MD	-	-	5	-	5	3 000 000
TOTAL	**-**	**-**	**8**	**-**	**8**	**4 000 000**

Note: These are the total budgets of the projects, covering the entire duration of implementation of these projects, namely July 2019 to June 2022 for the IPA 7 project, and 1 January 2019 to 31 December 2021 for the EU4MD project.
[a] Only staff recruited for the projects and paid from the corresponding assigned appropriations.

Annex II
Human and financial resources (tables 2020-22)

TABLE A3
Expenditure

Expenditure	N (2019)		N+1 (2020)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1	10 809 640	10 809 640	11 470 017	11 470 017
Title 2	1 411 830	1 411 830	1 802 490	1 802 490
Title 3	3 746 831	3 746 831	3 746 832	3 746 832
Total expenditure	**15 968 302**	**15 968 302**	**17 019 339**	**17 019 339**

Expenditure	Commitment appropriations						
	Executed budget N–1 (2018)	Budget N (2019)	Draft budget N+1 (2020)		VAR N+1/N	Envisaged N+2 (2021)	Envisaged N+3 (2022)
			Agency request	Budget forecast			
Title 1 Staff expenditure	**10 414 513**	**10 809 640**	**11 470 017**			**12 242 037**	**12 727 172**
Salaries and allowances	10 319 714	10 761 140	11 425 017			12 128 037	12 613 172
- of which establishment plan posts	8 658 641	*9 142 725*	*9 853 243*			10 257 599	10 667 916
- of which external personnel	1 661 073	*1 618 415*	*1 571 774*			1 870 438	1 945 256
Expenditure relating to staff recruitment	17 447	3 500	0			14 000	14 000
Mission expenses							
Socio-medical infrastructure							
Training	77 352	45 000	45 000			100 000	100 000
External services							
Receptions and events							
Title 2 Infrastructure and operating expenditure	**1 379 759**	**1 411 830**	**1 802 490**			**2 300 811**	**2 306 889**
Rental of buildings and associated costs [a]	611 855	838 601	1 229 261			1 475 004	1 483 482
Information and communication technology	564 918	415 775	415 775			607 456	607 456
Movable property and associated costs	101 873	55 860	50860			96 360	96 360
Current administrative expenditure	77 478	85 964	85 964			85 806	85 806
Postage/ telecommunications	3 323	5 050	5 050			8 080	8 080
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							

Expenditure	Commitment appropriations						
	Executed budget N–1 (2018)	Budget N (2019)	Draft budget N+1 (2020)		VAR N+1/N	Envisaged N+2 (2021)	Envisaged N+3 (2022)
			Agency request	Budget forecast			
Other infrastructure and operational activities	20 312	10 580	15 580			28 105	28 105
Title 3 Operational expenditure	**4 340 249**	**3 746 832**	**3 746 832**			**4 403 004**	**4 403 004**
Information and publishing	551 482	430 000	430 000			580 000	580 000
Studies	749 233	387 844	387 844			675 784	675 784
Reitox grants	2 078 433	2 140 000	2 140 000			2 063 000	2 063 000
Mission expenses	313 947	260 000	260 000			318 220	318 220
Meeting expenses	645 447	525 487	525 487			762 500	762 500
Receptions and events	1 707	3 500	3 500			3 500	3 500
Total expenditure without IPA 7 and EU4MD (LIN) projects	16 134 521	15 968 302	17 019 339			18 945 852	19 437 065
Expenditure on IPA and EU4MD (LIN) projects, total		2 197 414	1 007 367			795 219	0.00
Expenditure related to IPA projects		1 000 000				0.00	0.00
Expenditure related to EU4MD (LIN) projects		1 197 414	1 007 367			795 219	0.00
TOTAL EXPENDITURE	**16 134 521**	**18 165 716**	**18 026 706**			**19 741 071**	**19 437 065**

(a) Including possible repayment of interest; detailed information as regards building policy provided in Table A13 in Annex V.

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	**10 380 355**	**10 809 640**	**11 470 017**			**12 242 037**	**12 727 172**
Salaries and allowances	10 312 751	10 761 140	11 425 017			12 128 037	12 613 172
- of which establishment plan posts	*8 658 642*	*9 142 725*	*9 853 243*			*10 257 599*	*10 667 916*
- of which external personnel	*1 654 109*	*1 618 415*	*1 571 774*			*1 870 438*	*1 945 256*
Expenditure relating to staff recruitment	10 151	3 500.00	0			14 000	14 000
Mission expenses							
Socio-medical infrastructure							
Training	57 453	45 000	45 000			100 000	100 000
External services							
Receptions and events							
Title 2 Infrastructure and operating expenditure	**1 093 716**	**1 411 830**	**1 802 490**			**2 300 811**	**2 306 889**
Rental of buildings and associated costs (a)	522 065	838 601	1 229 261			1 475 004	1 483 482
Information and communication technology	409 750	415 775	415 775			607 456	607 456

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			
Movable property and associated costs	70 281	55 860	50 860			96 360	96 360
Current administrative expenditure	72 646	85 964	85 964			85 806	85 806
Postage/ telecommunications	2 442	5 050	5 050			8 080	8 080
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operational activities	16 532	10 580	15 580			28 105	28 105
Title 3 Operational expenditure	**4 342 682**	**3 746 831**	**3 746 832**			**4 403 004**	**4 403 004**
Information and publishing	590 826	430 000.00	430 000			580 000	580 000
Studies	737 328	387 844	387 844			675 784	675 784
Reitox grants	2 087 040	2 140 000	2 140 000			2 063 000	2 063 000
Mission expenses	324 043	260 000	260 000			318 220	318 220
Meeting expenses	602 012	525 487	525 488			762 500	762 500
Receptions and events	1 433	3 500	3 500			3 500	3 500
Total expenditure without IPA 7 and EU4MD (LIN) projects	15 816 753	15 968 302	17 019 339			18 945 852	19 437 065
Expenditure on IPA and EU4MD (LIN) projects, total		2 197 414	1 007 367			795 219	0.00
Expenditure related to IPA projects		1 000 000				0.00	0.00
Expenditure related to EU4MD (LIN) projects		1 197 414	1 007 367			795 219	0.00
TOTAL EXPENDITURE	**15 816 753**	**18 165 716**	**18 026 706**			**19 741 071**	**19 437 065**

(a) Including possible repayment of interest; detailed information as regards building policy provided in Table A13 in Annex V.

TABLE A4

Revenue

Revenues	N (2019)	N+1 (2020)
	Revenues estimated by the agency	Budget forecast
EU contribution	15 286 600	16 288 600
Other revenue	694 339	730 739
Total revenues	**15 980 939**	**17 019 339**

Revenues	General revenues						
	Executed budget 2018	Budget 2019	Draft budget 2020		VAR 2019/2018 (%)	Envisaged in 2021	Envisaged in 2022
			Agency request	Budget forecast			
1 Revenue from fees and charges (including balancing reserve from previous year's surplus)							
2 EU contribution	15 445 600	15 286 600	16 288 600			18 106 000	18 573 800
- Of which assigned revenues deriving from previous years' surpluses	*215 189*	*189 764*	*22 251*				
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	691 393	*684 166*	*730 739*			839 852	863 265
- Of which EEA/EFTA (excl. Switzerland)	*414 843*	*410 462*	*439 095*			*515 668*	*530 704*
- Of which candidate countries	*276 550*	*273 704*	*291 644*			*324 184*	*332 560*
4 Other contributions	34 399	10 173					
Ad hoc grants (Art. 7 FFR)							
Delegation agreements (Art. 8 FFR)							
5 Administrative operations	2 808						
- Of which interest generated by funds paid by the Commission by way of the EU contribution (Art. 58 FFR), internal assigned revenue etc.	*2 808*						
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
TOTAL REVENUES	**16 174 200**	**15 980 939**	**17 019 339**			**18 945 852**	**19 437 065**

TABLE A5

Budget outturn and cancellation of appropriations

Budget outturn	2016	2017	2018
Revenue actually received (+)	15 481 464.63	16 168 797.96	16 169 482.64
Payments made (–)	–15 090 448.03	–15 370 324.15	–16 009 621.65
Carry-over of appropriations (–)	–848 092.94	–968 942.02	–455 152.67
Cancellation of appropriations carried over (+)	18 278.73	18 245.88	27 093.70
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	651 383.96	342 257.97	292 360.54
Exchange rate differences (+/–)	2 602.23	–271.84	–1 911.27
Total	**215 188.58**	**189 763.80**	**22 251.29**

Annex III
Human resources outlook and staff evolution

TABLE A6

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

Staff population		Actually filled at 31.12.2017	Authorised under EU budget 2018	Actually filled at 31.12.2018 (a)	Authorised under EU budget 2019	Actually filled at 31.12.2019	In draft budget for 2020	Envisaged in 2021	Envisaged in 2022
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	43	45	42	45	45	45
	AST	21	21	21	21	21	21	21	21
	AST/SC	0	0	0	0	0	0	0	0
Total		**72**	**76**	**73**	**76**	**72**	**76**	**76**	**76**
CA GF IV		4	8	8	8	8	9	9	9
CA GF III		9	10	9	9	8	8	8	8
CA GF II		13	13	14	14	15	15	15	15
CA GF I		3	3	3	3	3	3	3	3
Total CA		**29**	**34**	**34**	**34**	**34**	**35**	**35**	**35**
SNE		1	1	1	1	1	1	1	1
Structural service providers									
TOTAL		**102**	**111**	**108**	**111**	**107**	**112**	**112**	**112**
External staff for occasional replacement		3	4	4	4	2	2	2	2

(a) Offer letters are counted as posts filled.
Note: AD: administrator; AST: assistant; CA: contract agent.

TABLE A7

Multiannual staff policy plan 2020-22

Category and grade	Establishment plan in EU budget 2018		Filled as of 31.12.2018 (a)		Modifications 2018 in application of flexibility rule		Establishment plan in voted EU budget 2019		Modifications 2020 in application of flexibility rule (b)		Establishment plan in draft EU budget 2020		Establishment plan 2021		Establishment plan 2022	
	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	1	3			1	3	1	3	1	3
AD 12	4	11	3	5		–1	4	10	–1	–1	3	9	3	9	3	9
AD 11	1	11		6			1	11		–1	1	10	1	10	1	10
AD 10		13		2		–1		12	1	–1	1	11	1	11	1	11
AD 9		6	2	10		1		7		1		8		8		8
AD 8				7						1		1		1		1
AD 7				7						1		1		1		1
AD 6																
AD 5				2												
Total AD	**6**	**45**	**6**	**43**	**0**	**0**	**6**	**45**	**0**	**0**	**6**	**45**	**6**	**45**	**6**	**45**
AST 11	1			1		1	1	1			1	1	1	1	1	1
AST 10		3				–1		2				2		2		2
AST 9	1	7		3			1	7		–1	1	6	1	4	1	4
AST 8	2	7	1	2			2	7		–1	2	6	2	4	2	4
AST 7		4		3				4		1		5		6		6
AST 6				7						1		1		4		4
AST 5			1	4												
AST 4				1												
AST 3			1													
AST 2																
AST 1																
Total AST	**4**	**21**	**3**	**21**	**0**	**0**	**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**	**66**	**9**	**64**	**0**	**0**	**10**	**66**	**0**	**0**	**10**	**66**	**10**	**66**	**10**	**66**

(a) Offer letters are counted as posts filled.
(b) 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 Conditions of employment of other servants of the EU (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 and on the European Personnel Selection Office website, and a communication is sent to all other EU institutions and agencies, to all focal points of the Reitox network and 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, curriculum vitae 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 predefined questions that are presented to all candidates interviewed. The procedure includes a compulsory written test. The interview and test cover assessment of the specific abilities and technical qualifications required for the selection process concerned; knowledge of EU 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 vacant posts for EMCDDA officials have been filled through interinstitutional transfer processes in accordance with the applicable provisions of the staff regulations.

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

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

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

Recruitment at grades AD 9 to AD 11, and in exceptional cases at AD 12, is limited to filling middle management positions or to particular cases where a higher grade is essential to ensure a recruitment of high quality. In the latter case, the grade must be justified by the high level of expertise required, the specific conditions of the labour market concerned and/or the fact that a lower grade would not be attractive to 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 5 years. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for a further 5 years. In the event of a 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 5-year term, this term being renewable. This is in accordance with the relevant provisions of the EMCDDA's 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's 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 5-year contract at the time they are contracted. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for a further 5 years. In the event of a 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 transfers of officials from other EU institutions and bodies, in order to fill posts of a sensitive character or requiring specific professional expertise that is available in these institutions and bodies. In particular, the option of officials 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 with other EU bodies: that is, the possibility of offering 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 carrying out 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 limited duration. The duration of the contract is determined by the limited duration of the tasks. In principle, the contract may be renewed just once for a definite period:

- to ensure the delivery of time-bound tasks, that is for the execution of technical assistance projects financed by specific appropriations provided by Community programmes (for example, PHARE, CARDS, IPA);
- to ensure the temporary replacement of staff in case of medium- 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 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 5-year contract upon recruitment. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for a further 5 years. In the event of a 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

The objective the EMCDDA follows with the recruitment of seconded national experts (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 for such a procedure are publicly published on 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, the possibility of 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 2 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 Commission's relevant services and the network of the decentralised EU agencies. The EMCDDA Management Board adopted rules that follow the model worked out by the SWP, which was adopted by *ex ante* agreement by the European Commission 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 that 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 European Commission and started applying them after the 2017 exercise. Table A8 presents the actual figures on promotion/reclassification for full information.

TABLE A8

Reclassification of temporary staff/promotion of officials

Category and grade	Staff in activity at 01.01.2017		How many staff members were promoted/ reclassified in 2018 (*)		Average number 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	4		1	4
AD 11		7			
AD 10		1			
AD 9	2	6		4	3
AD 8		11			
AD 7		5		1	3.5
AD 6		1			
AD 5		2			
Total AD	**6**	**41**	**0**	**6**	
AST 11				1	5
AST 10		1			
AST 9		3			
AST 8		1	1	1	4
AST 7	1	3		1	3
AST 6		6		2	5.5
AST 5	1	6			
AST 4		1			
AST 3			1		
AST 2	1				
AST 1					
Total AST	**3**	**21**	**2**	**5**	
AST/SC 1					
AST/SC 2					
AST/SC 3					
AST/SC 4					
AST/SC 5					
AST/SC 6					
Total AST/SC					
TOTAL	**9**	**62**	**2**	**11**	

(*) Number of staff reclassified/promoted to the new grade.

TABLE A9

Reclassification of contract staff

Function group	Grade	Staff in activity at 01.01.2017	How many staff members were reclassified in 2018 (*)	Average number of years in grade of reclassified staff members
CA IV	18			
	17	1		
	16			
	15		1	2.58
	14	2		
	13			
CA III	12	1		
	11	3	1	3
	10	2	1	4
	9	3		
	8			
CA II	7	6		
	6	3		
	5	2		
	4	1		
CA I	3	3		
	2			
	1			
Total		27	3	

(*) 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. Interagency mobility has to date been achieved by 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 other EU agencies.

As from 2014 and with the entry into force of the new staff regulations, the legal framework has changed. Because of the introduction of a new category of temporary agents (Article 2f 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 have been 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; 2 officials from the European Parliament).

Gender and geographical balance

The gender balance among EMCDDA staff overall in 2018 was once again slightly in favour of women. Table A10 below provides a visual representation of the numbers 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.

TABLE A10

Gender balance at 31 December 2018

Contract type	Function group	Female	Male	Total
Officials	AD	0	6	6
	AST	3	0	3
Subtotal		**3**	**6**	**9**
Temporary agents	AD	22	21	43
	AST	10	11	21
Subtotal		**32**	**32**	**64**
Contract agents	CA IV	4	1	5
	CA III	6	3	9
	CA II	11	1	12
	CA I	0	3	3
Subtotal		**21**	**8**	**29**
SNEs		0	1	1
Subtotal		**0**	**1**	**1**
TOTAL		**56**	**47**	**103**

TABLE A11

Management gender balance at 31 December 2018

Positions (HoU upwards only)	Female	Male	% female
Senior management (Director)	0	1	0
Middle management (heads of unit)	2	6	22

TABLE A12

Geographical balance at 31 December 2018

	Officials		Temporary agents		SNEs	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	9.71
British			7	1					1	9	British	8.74
Bulgarian			3				1			4	Bulgarian	3.88
Czech									1	1	Czech	0.97
Dutch			1							1	Dutch	0.97
French			5	1			1			7	French	6.80
German	1		4	2						7	German	6.80
Greek								1		1	Greek	0.97
Irish			4	1						5	Irish	4.85
Italian	1		4	1				4		10	Italian	9.71
Latvian			1							1	Latvian	0.97
Luxembourgish			1	1						2	Luxembourgish	1.94
Polish			1	1			1		1	4	Polish	3.88
Portuguese	1	3	6	8		3	7	4	1	33	Portuguese	32.04
Romanian			1		1					2	Romanian	1.94
Spanish	2		2	2						6	Spanish	5.83
Total	**6**	**3**	**43**	**21**	**1**	**3**	**12**	**9**	**5**	**103**		**100.00**

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, Portuguese and Spanish on a private basis, which is more expensive than the cost staff members can cover with the double education allowance laid down 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, on condition that they have a contract of at least 1 year; (ii) the average annual cost covered by the EU budget per pupil attending a European school is approximately EUR 11 840 ([26]) while the maximum reimbursement for education allowance, laid down 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 bring the working conditions to which the staff of the EMCDDA are subject into line with 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 2009/10 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.

A 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 when 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.

([26]) 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

TABLE A13
Current building(s)

	Name, location and type of building	Other comment
Type of building	Office building, rented EMCDDA headquarters: Praça Europa 1, Cais do Sodré, Lisbon	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 Jacques Delors European Information Centre (since 2009). This sublease covered the period between May 2009 and March 2012, when the Delors Centre left the areas occupied, pursuant to the decision taken by the relevant Portuguese authorities. Between 2012 and 2016 some private and public entities expressed an interest in the sublease but they were not able to present any offer. In early 2016 the company Bensaude S.A. concluded the contract for the sublease of parts of the Relogio building. The date of effect of this contract is 1 May 2016 and it has an initial duration of 5 years, which may be extended for a further period of 5 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 office space are subleased
Annual rent (EUR)	955 889.96	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 to be borne by the EMCDDA was adjusted as follows: 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-year lease contract in force without prejudice to the annual indexation of the rent as required by relevant legislation
Type and duration of rental contract	Rental 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

TABLE A14

Agency privileges

Agency privileges	Privileges granted to staff	
	Protocol of privileges and immunities/ diplomatic status	Education/day care (*)
The Portuguese Government granted the EMCDDA diplomatic status by means of the conclusion of a seat agreement on 26 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 that it imports or exports in the exercise of its official business (VAT, etc.).	The 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 in the implementation of this solution.

VAT, value added tax.
(*) See also 'Schooling' in Annex IV.

Annex VII
Monitoring and evaluation

External evaluations

In line with Article 23 of the EMCDDA's Founding Regulation recast, the European Commission shall initiate an external evaluation of the agency every 6 years and forward the evaluation report to the European Parliament, the Council and the Management Board of the EMCDDA.

The fourth external evaluation of the EMCDDA was carried out by the European Commission during 2018. The exercise evaluated the success of the implementation of the 3-year strategy and work programme for 2016-18, as well as of the previous strategy and work programme for 2013-15. The final report was presented to the EMCDDA Management Board in December 2018, further to which a follow-up action plan was developed by the agency in 2019 (see also Main area 3: Business driver 1, 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 Figure 2 above).

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 Strategy 2025. In this context, a review of the performance framework of the agency was initiated. The process benefited 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 (10) of KPIs, which will be used to measure effectiveness in delivering the desired outputs and efficiency in using the resources allocated to that end.

They are complemented by higher level KPIs, at outcome and impact levels. 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 areas of inputs, processes and outputs, to low, as we approach the impact area.

In order to measure the 10 composite KPIs, smaller and more specific performance indicators (PIs) and additional performance data (metrics) have been put in place (see Table A16). 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 2020-22 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 A15.

FIGURE A1
The EMCDDA performance model

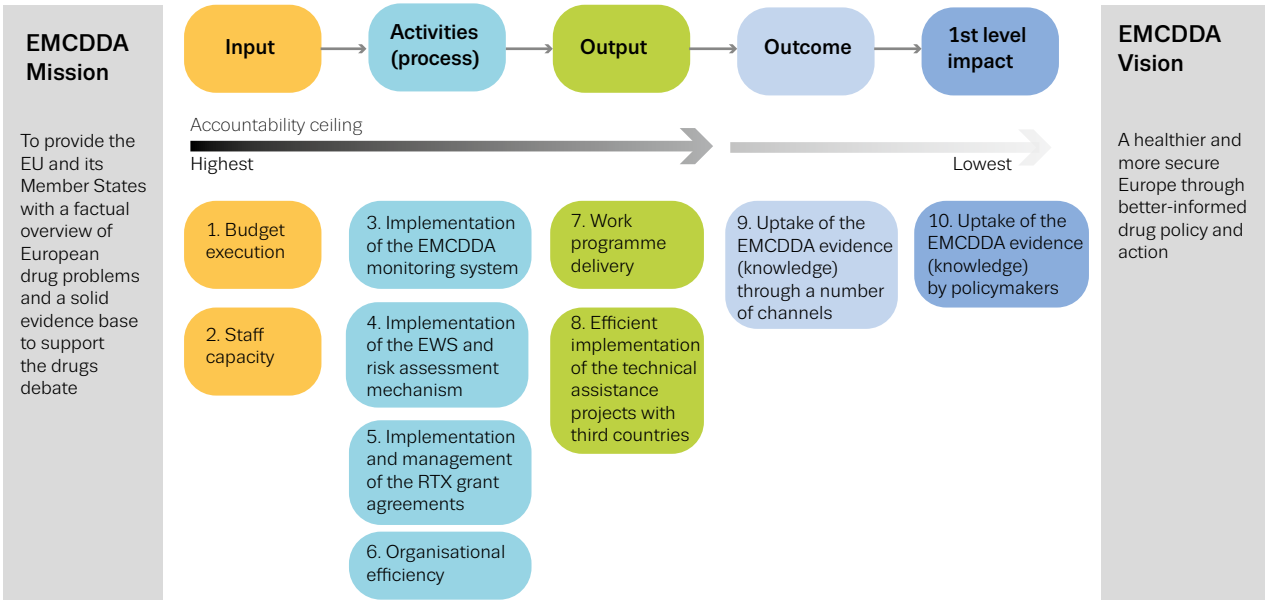


TABLE A15
Overview of the main areas, strategic objectives, high-level expected results (outcomes) and KPIs

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 EWS 2.2. Ensure timely and high-quality implementation of the risk assessment on 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 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 problems 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**
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**

Strategic objectives	Action areas	Outcomes	KPIs
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**
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 cargoes 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**

Strategic objectives	Action areas	Outcomes	KPIs
4. Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national levels	4.1. Support the EU policy cycle for organised and serious international crime and provide expertise on the European Multidisciplinary Platform against Criminal Threats 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 levels for combating 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**
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, and 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 performed in 2018, and the conclusions of the evaluation of the 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 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 stakeholders' emerging 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 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**

Strategic objectives	Action areas	Outcomes	KPIs
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 Scientific quality of the EMCDDA's work 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 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**
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 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 A16

KPI architecture

Category	Key performance indicators (KPI)	Performance indicators (PIs) 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 % of 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 3 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	

Category	Key performance indicators (KPI)	Performance indicators (PIs) and metrics	PI targets/ metrics definition	Strategic objectives
	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)		
	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 time frame)	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 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 time frame)	B1, B3, B4
			b) Draft minutes sent to the Chair within a maximum of 20 working days from the close of the MB meetings	
		6.2. Effectiveness of the Director in providing support to the 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 time frame)	
			b) Draft minutes of the meetings sent to the Chair within a maximum of two weeks from the close of the meetings	
		6.3 Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical' and 'very important') implemented by the deadline set out in the follow-up action plan endorsed by the MB	
		6.4. 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 Regulation Recast)	All documents delivered by deadline	
		6.5. Average time of recruitment processes	Maximum of 4 months from the expiry date of the vacancy notice to appointment decision	
		6.6. Number of accidents at workplace	No accidents	
		6.7. Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (compared with 2019)	
		6.8. Availability of the ICT systems	a) Office supporting infrastructure availability: system availability greater than 95 %, office hours (maximum of 103 hours of accumulated down time over the year)	
			b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24/7 basis with an overall availability annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time)	
		6.9. 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 (PIs) 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 L1 achieved	All
			b) 80 % of the expected outputs/results listed as L2 achieved	
			c) 50 % of the expected outputs/results listed as L3 achieved	
	8. Efficient implementation of the technical assistance projects with third countries	8.1. Efficient implementation of the IPA 7 project	a) Minimum 80 % of the project's expected results 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 EU4Monitoring Drugs project	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) Presentations delivered at 75 % of events	
		9.4. Publishing of scientific articles in peer-reviewed journals	Impact score 30 or higher (impact score = journal impact factor × number of scientific articles published in 2019)	
		9.5. Training provided by the EMCDDA	a) Number of people trained (by categories of training: Reitox academies; summer school; training with partners, e.g. CEPOL)	
			b) 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 (PIs) 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 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 European Commission and the Member States for formulating OAP 2020	Defined by needs	
		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	

Note: For efficiency reasons, when reporting to our stakeholders a selection of the most relevant PIs will be made, while the remaining PIs will be used for internal monitoring purposes only.
MB, Management Board; SC, Scientific Committee.

Annex VIII
Risk factors identified for delivery of the 2020 work programme

Risk factors identified for delivery of the 2020 work programme	Likelihood of risk and respective impact on the 2020 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Insufficient funding of the 2020 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 was granted. Therefore, all in all, the value of the EU contribution for 2018 was EUR 105 000 lower than for 2013. Moreover, the amount of the EU contribution for 2019 was EUR 15 286 600, i.e. EUR 263 400 below the 2013 level. In line with the proposal presented by the European Commission (EC) for the EU's 2020 contribution to the EMCDDA, as endorsed by the two branches of the EU Budget Authority within the context of the EU's 2020 budget procedure, a contribution of EUR 16 288 600 will be provided to the EMCDDA for implementing its work programme 2020. This amount only partially meets the EMCDDA's request for 2020. In this context, the EMCDDA will be able to cope with the expected automatic adjustment of its staff-related expenditure in 2020 and with the increase in the rent for its premises, but it will be obliged to downsize some operational activities and publications initially planned for 2020, as reflected in this 2020–22 programming document. In this context, the amount of the EU's 2020 contribution will pose risks to resourcing some planned operational activities, such as those entailed by the required enhancement of the EMCDDA's role in the coordination and development of ESPAD. A high level of risk to the EMCDDA's activities exists, as it encompasses serious 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). Moreover, the looming end (in 2020) of the current building rental discounts may render the impact of this risk even more serious.
2. Lack of adequate resources for National Focal Points (NFPs) in the Member States, which will affect 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 in 2014. 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. A further cut, as discussed in the autumn of 2019, would require an assessment of its impact on the NFPs, and most likely the adoption of measures by the Centre, including adapting accordingly the national reporting package for the NFPs. The budgetary situation in certain Member States has also led to cuts in funding of their NFPs. In that regard, budget revisions were performed by certain national authorities in 2016 and they were maintained in 2017. While in the past 2 years some Member States have consistently increased or maintained their financial contributions, the risk of further budgetary constraints at national level still exists, in particular in certain Member States. Should this risk materialise in 2020, it could trigger corresponding reductions of the co-financing provided by the EMCDDA, which would have obvious negative consequences for the NFPs concerned. This risk can be therefore 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 have been unavailable, which has not allowed useful analysis at European level. Although the EMCDDA has introduced a code of statistical best practices, the impact of this risk can be considered 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. In addition, 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: key epidemiological indicators assessment with feedback to NFPs has been and will continue to be done every 3 tears. Finally, the evaluation of the reporting capacity of Member States could be included in systemic reviews, where advisable.

Risk factors identified for delivery of the 2020 work programme	Likelihood of risk and respective impact on the 2020 work programme
4. Supplementary specific requests from EU institutions to provide technical support for the implementation of European Commission 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. The additional work required by the above-mentioned new legislation on NPS has not been matched by a corresponding increase in the resources of the Centre; therefore, a significant risk exists that the relevant activities will not be sufficiently covered. Although not legally binding, concerns also exist about 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	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.
External events that might have an impact on the implementation of the annual work programme as a whole	
6. Natural catastrophes: earthquakes (leading to possible tsunamis), landslides or floods	The location of the EMCDDA facilities, bordering the Tagus river, raises a potential risk of being affected by any of these natural catastrophes. The likely consequences of a major earthquake are hardly predictable and appropriate measures would have to be taken in order to deal with the resulting damage. A collapse of the building caused by earthquakes, although not very likely, cannot be ruled out. As regards the 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 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. A business continuity plan for the agency as a whole was approved in 2013 and regularly updated ever since: this will help mitigate these risks and their consequences. Moreover, intensive 1-day earthquake emergency training was provided to security wardens; in addition, 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. Events in some European countries, although isolated, raise serious issues concerning possible collateral effects emerging from radicalisation of young people 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 has been 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 equipping 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 remains under consideration, in coordination with EMSA. All in all, the risk of terrorist attacks is presently assessed as low.

Risk factors identified for delivery of the 2020 work programme	Likelihood of risk and respective impact on the 2020 work programme
Internal risks	
8.1 ICT governance risks, notably linked to suboptimal licensing and assets management procedures	A large number of mitigating measures to deal with this risk have been implemented, namely the use of suitable tools in supporting sound asset management and reliability of licensing; implementation of the services catalogue on the basis of the new Services Request Management Tool; and automatic monitoring of installed software by means of central tools (Landesk and Nexthink). Some additional measures and actions are expected to further reduce the residual risk level, which is currently medium: completing the formalisation of services in the catalogue; and enhancing planning and control of license and asset utilisation. A serious constraint exists regarding the resources allocated for the ICT activities and investments. In this regard, a further reduction of the agency's budget due to the automatic increase of some expenditures could put at risk the smooth running, maintenance and update of the EMCDDA's ICT systems.
8.2 ICT 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) security violations, due to some lack of adequate procedures, policies and documentation in the ICT 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; conception of a 'documentation tree' as the basis in the production of a documentation set covering risk management, security and governance in ICT; and introduction of a ticketing tool, aimed at dealing with technical configuration issues; (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, indicating software versions in use and patches installed; 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; definition and practical application of specific guidelines and procedures for patching in servers; and carrying out of a comprehensive patching exercise in 2018; (c) 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; enhancement of the information security policy in key areas such as network security, change management and applications; penetration testing over the EDND, performed in 2018, with reassuring results; and introduction of a security incident management procedure. 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's technical ICT infrastructure; (b) alignment of software configurations and use of patching capabilities also on Citrix servers; and (c) contracting and carrying out telecom security-related services, as well as external audits on sensitive areas of the EMCDDA's core business (for instance Fonte data collection application), implementing further security best practices regarding, inter alia, diffusion of system administrator passwords, and, periodical review of user access rights and of all user generic accounts. In view of the above, these ICT technical risks are presently assessed as medium.
9. Unexpected departure of or increasing difficulties in attracting new staff, which could have a negative impact on the EMCDDA's capability to comply with its core objectives and mission	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 Coordination 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 contract with key staff, notably in scientific areas, has been pursued and ought to be reinforced. Notwithstanding the mitigation measures already taken and planned, the risk level has been assessed as medium. Bleak prospects for staff promotions and reclassifications, mostly due to constraints on the EMCDDA budget, will not help either.

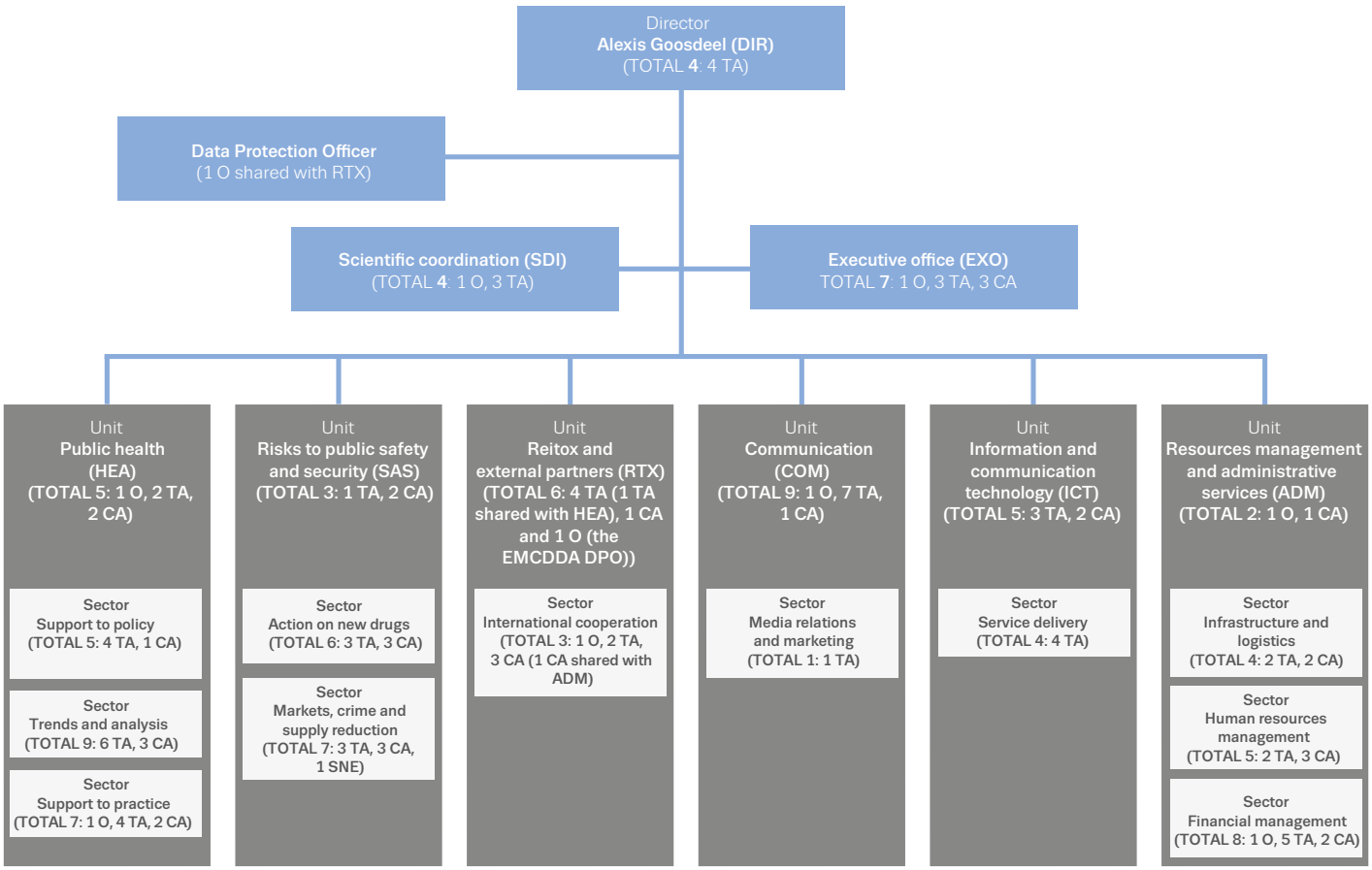
Risk factors identified for delivery of the 2020 work programme	Likelihood of risk and respective impact on the 2020 work programme
10. Delays in the implementation of Regulation (EU) 2018/1725 of the EP and of the Council of 23 October 2018, on the protection of natural persons with regard to personal data processing	Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018, on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC, represents the most important change in personal data protection in 20 years. Due to the extreme workload of the EMCDDA and the current budget and human resources limitations, the EMCDDA risks suffering some delays in the full implementation of the above-mentioned regulation across all areas. In order to cope with the risks mentioned, the EMCDDA intends to make an additional effort by devoting the needed resources and expertise to provide the data controllers with the necessary assistance to be fully compliant. Furthermore, the EMCDDA intends to engage in a series of training sessions, which already started to take place during 2018 using online tools, to develop the necessary internal know-how to take the measures to avoid suffering the imposition of heavy penalties that could further limit its already scarce resources.

Annex IX
Procurement plan 2020

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 2020 work programme the value of which is equal to or greater than EUR 60 000, to be covered by appropriations entered into Title 3 of the relevant EMCDDA budget.

No such procurements have been envisaged for the implementation of the 2020 work programme. In the event that such procurements are launched during 2020, the EMCDDA Management Board will be duly and promptly informed.

Annex X
Organisation chart 2020



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

- BELGIUM: Sciensano, Brussels
- BULGARIA: National Centre of Public Health and Analysis (NCPHA), Sofia
- CZECHIA: Úřad vlády České republiky (Office of the Government of the Czechia), Prague
- DENMARK: Danish Health Authority, Copenhagen
- GERMANY: Institut für Therapieforschung (Institute for Therapy Research), Munich
- IRELAND: Health Research Board (HRB), Dublin
- ESTONIA: Tervise Arengu Instituut (National Institute for Health Development — NIHD), Tallinn
- GREECE: Εθνικό Κέντρο Τεκμηρίωσης και Πληροφόρησης για τα Ναρκωτικά (University Mental Health Research Institute — ΕΚΤΕΠΝ), Athens
- SPAIN: Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs — GDNPD), Madrid
- FRANCE: Observatoire Français des Drogues et des Toxicomanies (French Monitoring Centre for Drugs and Drug Addiction), Saint-Denis
- CROATIA: Hrvatski Zavod Za Javno Zdravstvo (Croatian Institute of Public Health), Zagreb
- ITALY: Presidenza del Consiglio dei Ministri — Dipartimento per le Politiche Antidroga (Presidency of the Council of Ministers — Department for Antidrug Policies), Rome
- CYPRUS: Cyprus National Addictions Authority (CNAA), Nicosia
- 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
- HUNGARY: Emberi Erőforrások Minisztériuma (Ministry of Human Capacities — EMMI), Budapest
- MALTA: Ministry for the Family, Children's Rights and Social Solidarity (MFCS), Valletta
- NETHERLANDS: Stichting Trimbos Instituut, Utrecht
- AUSTRIA: Gesundheit Österreich GmbH (Austrian Public Health Institute), Vienna
- 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
- SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije (National Institute of Public Health of the Republic of Slovenia — NIJZ), Ljubljana
- SLOVAKIA: Ministerstvo zdravotníctva Slovenskej republiky (Ministry of Health of the Slovak Republic — MZ SR), Bratislava
- FINLAND: Terveyden Ja Hyvinvoinnin Laitos (Finnish Institute for Health and Welfare — THL), Helsinki
- SWEDEN: Folkhälsomyndigheten (Public Health Agency of Sweden), Östersund

Contact details of all national focal points are available at: www.emcdda.europa.eu/about/partners/reitox-network

Annex XII
Technical assistance projects

IPA 7 project (Albania, Bosnia and Herzegovina, Kosovo ([27]), Montenegro, North Macedonia and Serbia)

This project (identified as EMCDDA-IPA 7 project) aims to further integrate the IPA beneficiaries (Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia) into the activities of the EMCDDA and the Reitox network. The execution of the project started on 1 July 2019 and will cover an initial period of 24 months, with a probable extension of 12 months (to be updated once the European Commission has sent the contract addendum in October or November 2019). The appropriations allocated from the EU budget for the execution of the whole project will amount to in total EUR 550 000 (or EUR 1 000 000 if the 12-month extension is confirmed).

EU4Monitoring Drugs project (ENP South and East countries)

The EU4Monitoring Drugs project started on 1 January 2019 and runs for a period of 3 years (2019-21). The potential partner countries are 15 out of the 16 Eastern and Southern neighbourhood countries of the EU: Algeria, Armenia, Azerbaijan, Belarus, Egypt ([28]), Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestine ([29]), Tunisia, Ukraine. The project aims to enhance the capacity of the beneficiaries to monitor drug markets and thereby contribute to improving responses to contemporary security and health threats in the neighbourhood countries and in the EU. The total budget is EUR 3 million.

([27]) 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.

([28]) In July 2019 the competent authorities of Egypt wrote to the EMCDDA declining their participation in the project. While respecting the official position of Egypt in what regards activities to be carried out at national level, the EMCDDA will continue to seek the involvement of Egypt about the regional aspects of the project and strive to include the country in the regional data analysis activities.

([29]) 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 2019-21
- EMCDDA Strategy 2025

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