European Monitoring Centre
for Drugs and Drug Addiction

SINGLE PROGRAMMING DOCUMENT

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Single programming document 2021–2023

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Foreword by the EMCDDA Director

I am proud to introduce the Single Programming Document (SPD) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for the period 2021–2023.

This new programming period starts amid major uncertainty. The year 2020 has been marked by the emergence of the COVID-19 pandemic and, when drafting this document, the impact of this global threat on the years to come is still unknown. Under these circumstances, the strength of an organisation lies not in its established planning capability – which as we have been witnessing this year can become largely irrelevant in times of crisis – but in its agility and capacity to rapidly adapt to the new reality.

In 2020, the EMCDDA has risen to these unexpected challenges and managed to deliver some of its most valuable services and outputs in recent years. The agency has proved its resilience. This effort will be capitalised upon in the period 2021–2023, when the EMCDDA will embark on a new phase of its development.

Firstly, a new business model will be designed to ensure that the EMCDDA is fit to perform in the ever more dynamic external environment, which is defined by Volatility, Uncertainty, Complexity, and Ambiguity (VUCA). This new model will be customer centric and have digital transformation at its core.

This will provide the means to ensure that the agency will successfully pursue the path defined by the new Roadmap which will guide our work until the end of the Strategy 2025.

Moreover, the period 2021–2023 will likely bring a revision of the EMCDDA's Regulation; the agency must therefore be prepared to embrace any upcoming opportunities.

Finally, the EU will have a new strategy on drugs and the EMCDDA will be ready to support the European Commission and the Member States in the implementation of this critically important policy document.

During this time, while innovating its business model, the EMCDDA will continue to release new editions of its 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 and timely analyses on emerging topics.

Developing and implementing the new business model will require a review and further innovation of our information collection and analysis, in close collaboration with our networks, the Reitox network of national focal points in particular, and will also require enriching our collaboration with other partners in the European Union and beyond.

I am thrilled to have the privilege to lead the EMCDDA through one of its most challenging, yet most promising, times since the creation of the agency 25 years ago. Together with my ever committed staff and our partners, we look forward to a new period in the life of the EMCDDA, which we trust will build on innovation to bring sustainable growth for the EU drug monitoring.

Alexis Goosdeel
Director, EMCDDA

List of abbreviations

BPP	Best practice portal
CA	contract agent
CADAP	Central Asia Drug Action Programme
CC	candidate countries
CEOS	Conditions of employment of other servants of the EU
CEPOL	European Union Agency for Law Enforcement Training
CHAFEA	Consumer, Health, Agriculture and Food Executive Agency
CICAD	Inter-American Drug Abuse Control Commission
CND	Commission on Narcotics Drugs
COM	Communication Unit
COPOLAD	Cooperation Programme between Latin America, the Caribbean and the EU on Drugs Policies
COSI	Standing Committee on Operational Cooperation on Internal Security
COVID-19	coronavirus disease
DCR	Drug consumption rooms
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
EEAS	European External Action Service
EFCA	European Fisheries Control Agency
EFSA	European Food Safety Authority
EFSQ	European facility survey questionnaire
EIGE	European Institute for Gender Equality
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
EMQ	European Model Questionnaire
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
EPSO	European Personnel Selection Office
ERISSP	European Reporting Instrument on Sites related to Synthetic Production
ERG	European Responses Guide
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EU-ANSA	EU Agencies Network on Scientific Advice
EU4MD	EU 4 Monitoring Drugs project
EUPC	European Prevention Curriculum
Eurojust	the European Union's Judicial Cooperation Unit
Euro-DEN	European Drug Emergencies Network
Europol	The European Union Agency for Law Enforcement Cooperation
EWS	Early Warning System
EXO	Executive Office
FG	function group
FRA	European Union Agency for Fundamental Rights
Frontex	The European Border and Coast Guard Agency
FTE	full-time equivalent

GPS	general population survey (indicator)
HDG	horizontal drugs group
HCIN	Heads of Communication and Information Network
HEA	Public Health Unit
HFP	heads of national focal points
HIV	human immunodeficiency virus
HR	human resources
IAS	Internal Audit Service
ICT	information and communications technology
ICTAC	Information and Communication Technologies Advisory Committee
IPA	Instrument for Pre-Accession Assistance
IPA 7	Instrument for Pre-Accession Assistance Project 7
JHA	Justice and Home Affairs
KI	key indicator
KPI	key performance indicator
M&E	monitoring and evaluation
MASP	Multiannual Strategic Plan
MFF	Multiannual Financial Framework
MIS	management information system
MoU	Memorandum of Understanding
NEWS	National early warning systems
NFP	national focal point
NPS	new psychoactive substances
OAP	Operational Action Plan
OCG	organised crime group
OSI	open-source information
PCC	potential candidate countries
SPD	Single programming document
PDN	Performance Development Network
PDU	problem drug use (indicator)
PhV	pharmacovigilance
PWID	people who inject drugs
RA	risk assessment
RDF	Reitox Development Framework
Reitox	European Information Network on Drugs and Drug Addiction
SAS	Risks to public safety and security unit
SCORE	Sewage analysis CORe group Europe
SIENA	Secure Information Exchange Network Application
SNE	Seconded national expert
SOCTA	Serious and Organised Crime Threat Assessment
SR	staff regulations
TA	temporary agent
TDI	treatment demand indicator
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
UPC	Universal Prevention Curriculum
VAT	value-added tax
WHO	World Health Organization
WA	Working Arrangements
WP	work programme

Mission statement

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

Building on the EMCDDA's Founding Regulation (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 key stakeholders, who can be defined as:

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

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

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 2021–2023

Introduction

This Single Programming Document (SPD) covers the period 2021–2023. 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 SPD. For SPD 2021–2023, this is the 2021 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 SPD 2021–2023. These are: (a) monitoring the state of the drugs problem, in particular using epidemiological indicators, and monitoring emerging trends; (b) monitoring the solutions applied to drug-related problems, providing information on best practices in the Member States and facilitating information exchange among them; (c) assessing the risks of 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, the European Commission); national decision-/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 level of the EU and its Member States. The results of the data collection, monitoring and analysis process provide the evidence that policymakers and professionals from across the EU need to tackle the drugs phenomenon effectively.

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

Developments that will shape our work

Dynamic drug phenomenon

As our latest analyses show, the challenges we face in the drugs area continue to grow. The EMCDDA's most recent annual overview of the drug situation, the 'European Drug Report 2020' ([2]), highlights the continuing high availability of most illicit substances. The latest data show that in Europe, over 1 million seizures of illicit drugs are reported annually. Around 96 million adults in the EU (15–64 years) have tried an illicit drug in their lifetime and an estimated 1.2 million people receive treatment each year for illicit drug use (EU-28).

In terms of consequences of drug use, there are signs that the increase in cocaine supply is associated with more reported health problems. Furthermore, heroin is still the most common illicit opioid on the drug market in Europe and is a major contributor to drug-related health and social costs. In that regard, while Europe aims to combat viral hepatitis as a public health threat in line with the global 2030 Agenda for Sustainable Development, providing people who inject heroin, or other drugs, with greater access to prevention, testing and treatment for hepatitis B and C virus (HBV and HVC) is central to achieving this objective, as they are the people with the highest burden of disease and at highest risk of transmission. To this end, the EMCDDA report highlights the need to scale up measures to address viral hepatitis, particularly in parts of Eastern Europe, and a new set of barometers and implementation tools have been developed by the EMCDDA to support European countries in these efforts.

([2]) Available at http://www.emcdda.europa.eu/publications/edr/trends-developments/2020

Furthermore, rapid studies published in spring 2020 ([3]), show that coronavirus disease (COVID-19) disruption to drug use and the market could have long-term implications for Europe's drug services and law enforcement agencies. It can be anticipated that innovative drug distribution models developed during lockdown, along with the economic impact of the pandemic on vulnerable communities, will add to the challenges already posed by an abundant supply of drugs.

Moreover, new psychoactive substances (NPS/'new drugs'), 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 31 December 2020, the EMCDDA was monitoring close to 830 new psychoactive substances that have appeared on Europe's drug market since monitoring began in 1997. This includes 47 substances that had been notified for the first time in 2020. Despite the decrease in the number of substances newly introduced to the European market each year, since 2015 approximately 400 previously reported new psychoactive substances have been identified each year. This suggests that many substances remain in circulation and can increase the risk of them being sold either deliberately or accidentally as other drugs. In addition, the effect of the COVID-19 pandemic on the NPS market is likely to become increasingly important as countries in Europe face the second wave of the outbreak during the autumn and winter of 2020 and into 2021. Adding to the complexity of the NPS market, the pandemic and related response measures – such as closure of public spaces and 'stay-at-home' measures – brings new challenges as a result of effects on the existing drug markets, drug use, and drug services and other response measures.

Furthermore, the current opioid epidemic in the United States and Canada is largely driven by the use of synthetic opioids, particularly fentanyl and its derivatives. While these substances currently represent only a small share of the drug market in Europe, they are a growing concern, with use linked to poisonings and deaths. With only very small volumes needed to produce many thousands of user doses, these substances are easy to conceal and transport, representing a challenge for law enforcement and customs. Although playing a small role in Europe's drug market, new opioids pose a serious threat to individual and public health. These substances can be particularly potent, with minute quantities capable of causing life-threatening poisoning from respiratory depression. Since 23 November 2018, the EU Early Warning System on New Psychoactive Substances (EWS) and risk assessment have been operating under 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 ([4]). Under this legal framework, the role of the EMCDDA in coordinating and operating the EU EWS and risk assessment mechanism has been strengthened. In 2020 the EMCDDA has undertaken structured actions to support the EWS stakeholders with their ongoing preparedness planning and response activities to public health and social threats caused by NPS within the context of the COVID-19 pandemic.

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) ([5]), which was published on 26 November 2019, the drug market is becoming ever more globally linked and digitally enabled with consumers increasingly able to access drugs through the surface web and darknet and social media applications. Furthermore, innovations noted during the COVID-19 pandemic included the use of home deliveries; less reliance on cash as a form of payment; less face-to-face dealing; and the potential for more individual drug transactions to take place online – on the darknet, on social media or using encrypted communications apps.

A growing issue with a potential impact on drug use in Europe is the increasing migration flow into the EU. 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 social exclusion of these people. Monitoring drug use among migrant groups and supporting the development of targeted interventions for those in need and the professionals who support them will be important future priorities.

As these examples show, 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 which are taking place in parts of the Americas and elsewhere, which have generated interest among policymakers and the public in Europe. The creation of

([3]) For more, see www.emcdda.europa.eu/topics/covid-19 and www.emcdda.europa.eu/publications/ad-hoc/covid-19-resources

([4]) 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

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

legal recreational cannabis markets outside the EU is driving innovation in product development (e.g. e-liquids, edible products and concentrates), some of which are now appearing on the European market where they pose a new challenge for drug detection and control.

The drug market instability caused by the COVID-19 pandemic has led to an increasingly volatile environment for criminal businesses along the supply chain in Europe and appears to have resulted in increased levels of violence in some locations among mid-level suppliers and distributors. In the context of the ongoing outbreaks and in the post-pandemic period, it is likely that the volatility, competition and violence associated with the drug trade will continue and may even escalate. It is therefore more important than ever that the EU drug monitoring system remains alert to these developments and anticipate possible future scenarios. To this end the continued investment in networks supporting complementary methods and approaches capable of more sensitive and timely reporting, such as wastewater epidemiology, hospital emergencies, web surveys and syringe residue analysis, will be important.

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 in 2021–2023. This work will continue to be guided by the Reitox Development Framework (RDF), the strategic document 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. The second Roadmap of the RDF, for 2021–2025, will be prepared by the EMCDDA jointly with the NFPs and put forward for adoption in 2021. The document will steer the work in the programming period 2021–2023.

Furthermore, to keep pace with developments and the needs of our stakeholders, the EMCDDA is committed to identifying and using appropriate complementary sources of information to keep its knowledge base up to date.

Anticipating future challenges, thereby allowing the agency to develop a long-term plan for instrument development, will require investment. The agency also needs to develop more complex reporting and analytical models that reflect drug problems defined by the consumption of multiple substances, including medicines and a rising number of NPS carrying potentially severe health risks. Furthermore, as mentioned above, the European drug problem is more and more linked to, and influenced by, global developments. Therefore, it will become increasingly important to identify trends and developments occurring in neighbouring countries, and internationally, which could have an impact on the European situation. This work will be guided by the EMCDDA International Cooperation Framework which sets the direction for the EMCDDA's work with International partners and third countries.

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 and half 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 2021–2023, 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.

Concretely, the EMCDDA will be called to contribute to the implementation of the forthcoming EU Drugs Strategy 2021–2025. The document, which at the time of finalising this SPD was being under discussion at the Council of the EU Horizontal Drugs Group, is likely to set out the political framework, priorities and actions for implementing EU drugs policy over the next 5 years. Much of the evidence which informed the preparation of the Strategy has been provided by the EMCDDA.

The new EU Drugs Strategy is expected to significantly contribute to the internal security of the EU, as defined in the new EU Security Union Strategy for 2020–2025 ([6]). The latter recognises the threat posed by the production, trafficking and distribution of drugs to the internal security of the EU. In doing so, it very much draws on the evidence provided by the EMCDDA – Europol EU Drug Markets Report 2019.

Furthermore, the EMCDDA will continue to support the EU in its policy dialogue with international bodies, third countries, and regions.

([6]) https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-security-union-strategy_en

The agency, within its mandate and available resources, will support the European efforts to improve reporting at global level. Important developments in this area include the follow-up of the Annual Report Questionnaire (ARQ) revision process and the implementation of the Commission on Narcotic Drugs (CND) Multiannual Work Plan implementing the 2019 Ministerial Declaration, also in view of the relevant links with the UN Sustainable Development Goals and support to the global health sector strategies on HIV and viral hepatitis, endorsed by WHO Member States to guide actions over the period 2016–2021.

The agency continues its close cooperation and partnership with WHO and 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 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 new EU Security Union Strategy 2020–2025, and it will contribute, as required, to the EU Policy Cycle on organised and serious international crime for 2018–2021 and 2022–2025, 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.

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

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 and whose conclusions were that the agency is performing very well, delivers excellent outputs and has a high reputation at both European and international levels. The outcome of this external evaluation will shape the medium- to long-term work of the EMCDDA. The European Commission developed an impact assessment in view of preparing a possible revision of the Centre's founding Regulation, as a follow-up to the external evaluation and the input received during the evaluation process. The main elements of a possible revision of the founding Regulation are set out in the Inception Impact Assessment ([7]).

The work of the EMCDDA during this new programming period will be guided by a new Roadmap, for 2021–2025. The document, under development at the moment of preparing this Single Programming Document, will define the key milestones to be achieved until the end of the Strategy 2025.

Furthermore, a strategic analysis will be carried out in the context of the preparation of the Roadmap 2025 and a review of the EMCDDA business model will also be completed by the end of 2021. Among others, these exercises will be informed by the outcome of the fourth external evaluation of the EMCDDA, the new EU Drugs Strategy 2025 and Action Plan, and the Futures exercise (see Business driver Scientific Capacity for details).

Other relevant developments

Another development, with future consequences which are not possible to estimate at this point, is the evolution of the COVID-19. Since the WHO declared COVID-19 a pandemic, on 11 March 2020, fundamental changes have been taking place in the life of people around the world, with Europe being one of the most affected regions. Until the moment of drafting this SPD the EMCDDA's operations have continued to run within the framework of the agency's business continuity plan; however, the consequences on the activities of the agency in 2021–2023, including the effect on its main data providers in the Member States, cannot yet be anticipated.

Finally, the withdrawal, from 1 January 2021, of the United Kingdom from the European Union, will have implications on the work of the EMCDDA, due to the fact that the United Kingdom is a major contributor of data to the EMCDDA, and it also has a large pool of high-quality experts in areas relevant to the agency's activities.

Resources

A key element of the implementation of this three-year single programming document will be the resources available to the EMCDDA during this period, and also to our national data providers in the Member States.

The EU Multiannual Financial Framework (MFF) for 2021–2027 defines the EMCDDA's resources and activities. The process for the adoption of this MFF has not yet been concluded at the moment of the preparation of this document.

([7]) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12432-Revision-of-the- mandate-of-the-European-Monitoring-Centre-for-Drugs-and-Drug-Addiction.

According to the current European Commission proposal for this MFF, the value of the EU annual contribution to the EMCDDA should increase by 2 % for each year of the period at stake.

Under these circumstances, we note that, in the absence of an adopted budget for 2021, all the forecasts related to the EU budget contribution in 2021, 2022 and 2023 can only be indicative and are without prejudice to the decisions to be taken as regards the annual budgetary procedure and the next Multiannual Financial Framework.

Therefore, without prejudice to the actual decision to be taken by the EU budget authority for the adoption of the EU contribution to the EMCDDA and the establishment plan of the latter, as well as to the possible allocation of supplementary resources to cope with potential new tasks, the SPD 2021–2023, and in particular its Section III – EMCDDA work programme 2021 – has been prepared assuming that the level of the EU contribution for 2021 would be equal to EUR 16 614 372, which is also the amount foreseen in the EMCDDA draft budget for 2021 (for details, see Section II – Multiannual programming 2021–2023: Human and financial resources outlook for 2021–2023).

Section II
Multiannual programming 2021–2023

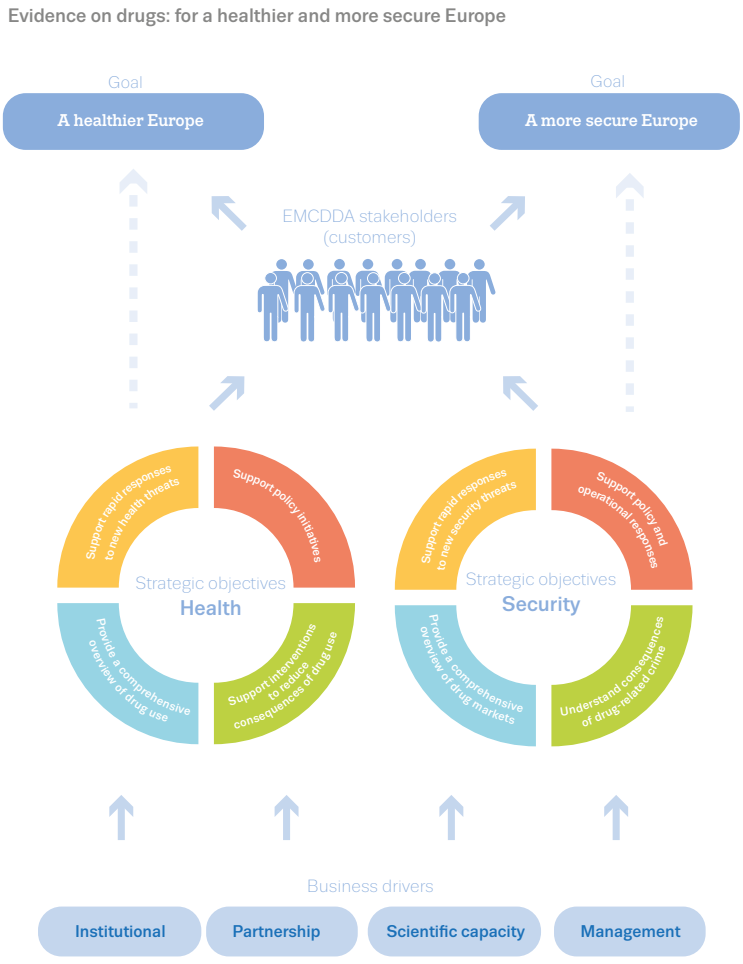
Introduction: the EMCDDA's strategic approach to 2025

The EMCDDA Strategy 2025 defines two ambitious long-term goals: firstly, to contribute to a healthier Europe and, secondly, 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 SPD 2021–2023.

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.

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 SPD 2021–2023. 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.

FIGURE 1
The EMCDDA strategic approach

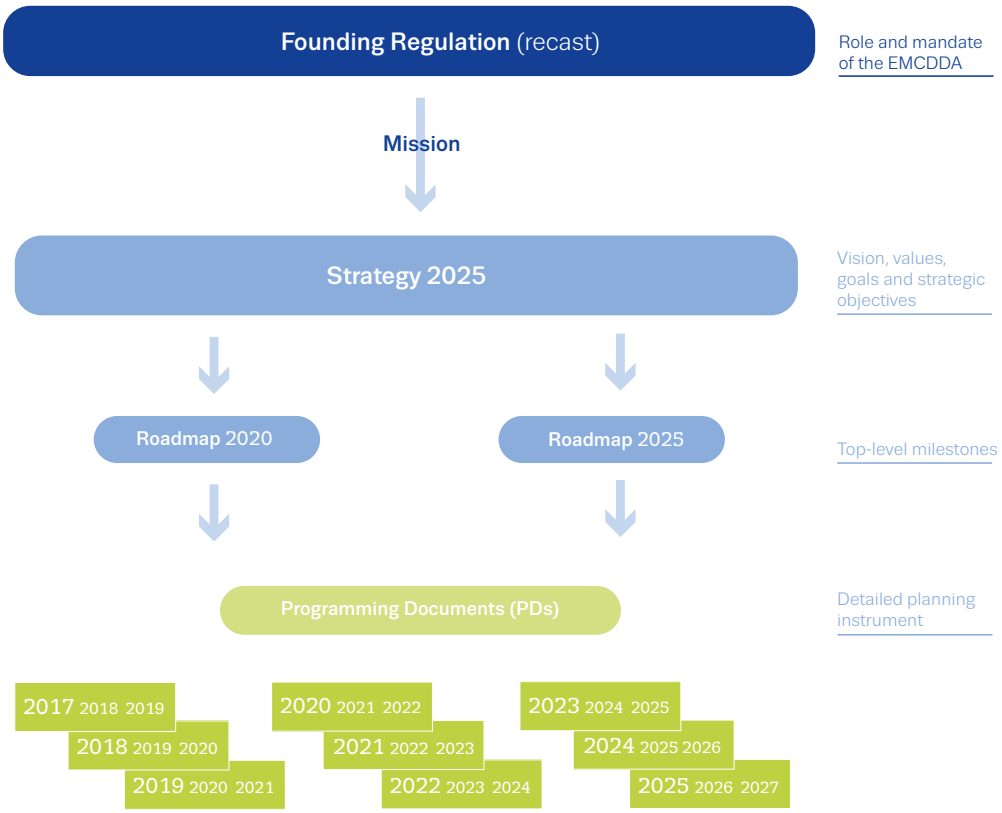


The long-term strategic priorities are translated into programmatic, operational priorities by means of the EMCDDA programming documents, which are prepared by the agency and adopted by the EMCDDA Management Board every year.

These SPDs are informed by the key milestones set up in Roadmaps which guide the medium-term planning efforts of the agency. Work during the 2021–2023 programming period will be guided by the Roadmap 2021–2025 which will be submitted to the EMCDDA Management Board for adoption in June 2021.

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

FIGURE 2
The EMCDDA's integrated strategic and operational framework



Multiannual objectives

Core areas	Strategic objectives
Health (H)	H.1. Maintain a state-of-the-art understanding of the extent, patterns and trends in drug use, and their impact on public health
	H.2. Identify new drug-related health threats and support rapid response from the EU and its Member States
	H. 3. Support interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms, and support recovery and social reintegration
	H.4. Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use
Security (S)	S.1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe
	S.2. Identify new drug-related security threats and support a rapid response from the EU and its Member States
	S.3. Improve understanding of the nature and consequences of drug-related crime
	S.4. Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national level

Business drivers (B)	Business objectives
Institutional	B.1. Anticipate, and respond promptly to, institutional developments and needs
Partnership	B.2. 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	B.3. 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	B.4. 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 public 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-thematic 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.

Drug situation

Monitoring key dimensions of the drug situation is based on five epidemiological indicators (KIs) that aim to capture population-based factual and reliable information on an annual basis utilising data provided by the Reitox network of National Focal Points (NFP). Prevalence and patterns of drug use among the general population is captured through national surveys and collected through the General Population Survey indicator (GPS); Prevalence and patterns of high-risk drug use are estimated using indirect statistical methods and collected through the Problem Drug Use indicator (PDU); the characteristics and trends of people who enter treatment for drug problems are captured through the Treatment Demand Indicator (TDI); data on mortality among drug users is gathered from mortality registries and cohort studies and collected through the Drug Related Deaths indicator (DRD); and the extent and characteristics of drug-related infectious diseases amongst people who inject drugs is captured primarily from sero-prevalence studies and collected through the Drug Related Infectious Diseases indicator (DRID).

Core monitoring of the drug situation is complemented by information from other sources using a range of quantitative and qualitative methodologies. Examples related to prevalence and patterns of use include survey data collected from specific populations, such as the ESPAD School Survey and the use of non-probabilistic web-based surveys of drug users to collect information on patterns of use. Data provided by wastewater analysis has provided valuable population level estimates of consumption for certain illicit substances. Insight into the harmful consequences of drug use has been enhanced by data on drug-related hospital emergencies collated from a network of sentinel sites, in addition to forensic toxicology investigations of drug-related deaths. The utility of the analysis of syringe residues and data from drug consumption rooms in monitoring drug use patterns amongst active high-risk users is currently being investigated. Drug checking within both drug consumption rooms and recreational drug use settings such as music festivals helps to improve understanding of the drugs in circulation and use, and importantly may offer an early indication of potential health-related risks and threats. During the 2021–2023 period a review will be produced bringing together the agency's experience and expertise on complementary methods and drug monitoring.

An important component of many of the complementary data collections is developing or accessing existing networks of experts who collect or generate drug related data. Working with these networks and developing links with the EMCDDA and the Reitox NFP will continue during 2021–2023. For example, the development of a network of forensic toxicology laboratories across Europe to better understand drug related deaths will be investigated.

Building on work from 2019 and 2020, in the period 2021–2023, both the core monitoring and the complementary data sets will continue to be developed within the framework of a coherent data collection model. The iterative procedure of collecting, validating, analysing and reviewing the core monitoring data for its quality and utility will continue. Complementary data sources and methods, such as those noted above, will be evaluated and developed to ensure ongoing provision of timely and targeted information.

The period 2021–2023 will see a continuation of monitoring health and social responses to the drug situation, including prevention, treatment and harm reduction responses, with a focus on monitoring provision and coverage of effective interventions across Europe. In this area, the collection of quantitative data is supplemented by qualitative information provided through annual country reporting from the Reitox NFP and expert meetings.

In terms of the analysis of the data, the triangulation of information to establish robust evidence will continue to be a priority for the agency. This will be supported within the EMCDDA through the interaction of the coordination groups linked to the key dimensions and indicators of the drug situation. In addition, the Trendspotter methodology will be used as a tried and tested model on which to build cross indicator analyses during this period. Further initiatives involving the combination of related indicators, such as the development of a composite of indicators into a dashboard for drug-related deaths and a barometer of progress towards the Hepatitis C elimination strategy amongst people who use drugs, will be pursued.

The combination of the core epidemiological monitoring, quantitative and qualitative, and the complementary methods will continue to be utilised to draft public health overviews on relevant and important drug-related topics, providing a basis for implementation of appropriate policy and practice in the area.

The 2021 European Drug Report (EDR) will be produced in a shorter format, structured to allow easy access to top level information. Conceptual development work will continue in the 2021–2023 period to ensure that the high-quality analysis provided by the EDR is further developed within the agency's ongoing commitment to digital transformation. This will include the exploration of improved methods of online presentation of data and metadata, with the initiative continuing through the 2021–2023 period.

The data collection efforts of the agency are supported by complex ICT instruments, specifically Fonte, the main data collection tool; the Data Warehouse, the repository of the core quantitative data collections; and the European Database on New Drugs (EDND), supporting the EMCDDA Early Warning System. Another information collection tool is the Reitox extranet, which supports the reporting by the NFPs of a structured commentary on the drug situation within each country (the country workbooks).

In the period 2021 to 2023, the ICT tools supporting the monitoring of the agency will be maintained. Work will be undertaken on defining the data structure to encompass existing and new methods in preparation for software developments in the future. In addition to the ongoing work to maintain these instruments, progress will be made in enhancing data management and ICT tools to meet the medium to long term needs of the EMCDDA. This will build on the recommendations of the Business Needs Analysis and systemic review of 2019/2020 and address the changing data collection, processing and dissemination needs of the Agency, taking into account available resources.

Information about the drugs situation in candidate and potential candidate countries (CC and PCC) – through the project IPA 7, countries from the European Neighbourhood Policy (ENP) area – through the project EU4 Monitoring Drugs and the first bilateral project with Georgia (EMCDDA4GE) – and other third countries will continue to be collected and 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 the 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 new psychoactive substances (NPS). In collaboration with our partners at national and EU level, the agency operates the EU Early Warning System (EWS) on NPS. The EU EWS will operate in 2021–23 under Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 ([8]) amending Regulation (EC) No 1920/2006. The EWS will be implemented by the EMCDDA and its partners in the Member States (the Reitox network) in cooperation with Europol and the European Medicines Agency (EMA), and with the active contribution of the European Chemicals Agency (ECHA), the European Food Safety Authority (EFSA), the European Centre for Disease Prevention and Control (ECDC) and the EC.

During 2021–2023, in addition to undertaking the 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 EU EWS in order to maintain preparedness at EU level and 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.

The COVID-19 pandemic has brought into sharp focus the need to strengthen health security, and the interconnected nature of health in the globalised world. As part of increasing preparedness, the EMCDDA EWS team will continue to support the EWS stakeholders with their reporting and response activities within the context of the COVID-19 pandemic.

Reflecting the world-leading expertise and role played by the EMCDDA in the NPS area, particularly in respect to early warning, the EMCDDA will continue to strengthen the cooperation with WHO and UNODC. In particular, this cooperation relates to the need to respond at international level to the harms caused by NPS. The EMCDDA will continue to support and assist the WHO Expert Committee on Drug Dependence (ECDD) with data for the prioritisation process and for the preparation of critical reviews on NPS, and to inform the agenda of the ECDD meeting. In addition, the EMCDDA will continue to provide European data on NPS to the UNODC Early Warning Advisory (EWA) thus relieving the reporting burden of the Member States.

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

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, the developing evidence base, as well as quality standards for implementation.

The update of the EMCDDA Health and social responses to drug problems: a European guide (the European Responses Guide), which will be launched in the course of 2021, will provide a framework for the EMCDDA's approach in the health responses area during this period. This will include state of the art information updates on drug-related responses (e.g. cannabis problems, opioids, NPS), responses in key settings (e.g. schools, community, prisons) and responding to the needs of important target groups (e.g. migrants, women, older drug users). The agency will evaluate the reception and use of the Guide by its target groups, in order to inform the planning of future products. New online formats and dissemination channels will also be explored.

In 2021–2023 the agency will continue to follow up on work in the public health priority areas of drug prevention, treatment for drug problems, 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 and are closely connected to United Nations 2030 Agenda for Sustainable Development ([9]), particularly with Target 3 which calls for specific action to ensure adequate coverage of drug treatment and to combat viral hepatitis ([10]).

([9]) United Nations General Assembly resolution A/RES/70/1 – Transforming our world: the 2030 Agenda for Sustainable Development

([10]) Sustainable Development Goals, target 3.3: 'By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable disease'.

Drug prevention is an important topic for the agency, as it allows the identification and promotion of responses that can potentially reduce drug uptake at an early stage, or at least reduce its intensification or prevent escalation to high-risk drug use. Activities in this area will be further developed in 2021–2023 including the provision of support to the Member States via capacity-building activities and further analysis of the contextual, cultural and systemic determinants of implementing drug prevention. An important task will be consolidation of EMCDDA online 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 via support for the roll out of the implementation of the European Prevention Curriculum (EUPC) and train the trainer initiatives. Linked to this, during the 2021–2023 period, the agency will continue to 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 expert groups from different disciplines. In 2021–2023 period, 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, and there will be an increased focus on ensuring the adequate provision of evidence-based treatment in the region.

The EMCDDA online Best Practice Portal will continue to provide core resources to professionals working in the health and social responses area through updated reviews of research and evidence, topical policy and practice, overviews, information and examples of successful programme implementation and tools to support evaluation and implementation of quality standards.

By providing data for policymaking and tools for intervention planning in the field of prevention of infectious diseases among people who inject drugs (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. In its work in this area, the agency will continue the successful collaboration with its partners, in particular with the European Centre for Disease Prevention and Control (ECDC), the European Commission, the World Health Organization (WHO), the Health, Agriculture and Food Executive Agency (CHAFEA), and civil society. A major focus will be on supporting national, European and global efforts

towards sustainable development in the area of health, namely the ending of the AIDS epidemic, the elimination of viral hepatitis as a public health threat, and the reduction of premature mortality due to drug overdose.

After the successful pilot phase of an initiative to encourage the provision of Hepatitis C testing in drug treatment services, which has been rolled out by the end of 2020, a second initiative to reduce the number of overdose deaths will start during this period and will continue to be implemented. With a view to optimising the use of the EMCDDA barometer and tools to identify barriers and opportunities for improving the response to drug-related infectious diseases and drug-related mortality, their diffusion and utilisation at national level will be documented and assessed.

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 risk messaging and e-health interventions.

During 2021–2023 the agency will further develop its work in the area of women using drugs. Women make up approximately a quarter of all people with serious drug problems, but large knowledge gaps exist around women's drug use, in particular on drug using women with special needs, such as women in prison, parenting women or women from ethnic minorities. In the 2021–2023 period, the agency will contribute to an improved understanding of substance use among women, which is necessary to understand the situation, to increase awareness of vulnerabilities and support the formulation of adequate responses.

Finally, the EMCDDA will continue to fulfil its role disseminating information and results of key European and national research projects, including the EU4Health programme and the Health Cluster of Horizon Europe as far as possible. The agency will strive for closer collaboration with the Commission in this area and look to enhance the sustainability of successful programmes where feasible and within priorities.

Links to research findings will be provided and overviews of EU-funded and national drug-related research will be made available. After more than 10 years of consolidating information on drug-related research in Europe, in 2021–2023 the EMCDDA will revise the current approach, based on assessment of the needs of the main stakeholders.

Drug policy

In 2021–2023, 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 drug policy evaluation tools.

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 the period 2021–2023 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 the Directorate-General for Migration and Home Affairs in the field covered by the agency's mandate, and in cooperation with other Directorates-General (DGs) as necessary (e.g. the Directorate-General for Health and Food Safety and the Directorate-General for 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 rotating presidency of the EU and of Council's working groups, such as the horizontal working party on drugs (HDG) and EU's Standing Committee on Operational Cooperation on Internal Security (COSI), and other relevant Council events where appropriate and required.

Of particular importance is our responsibility with respect to the EU Drugs Strategy 2025 and Action Plan 2021–2025. Furthermore, the EMCDDA will continue to support the EU in its policy dialogue with international bodies, third countries and regions.

The EMCDDA, within its mandate and available resources, will support the European efforts towards the EU representation at the Commission on Narcotic Drugs in the frame of the implementation of the 2019 UN Ministerial Declaration and to improve reporting at global level. Important developments in this area include the support to the UNODC on the revision of the Annual Report Questionnaire as part of the follow-up to the UNGASS 2016 and to the 2019 UN Ministerial Declaration, also in view of the relevant links with the UN Sustainable Development Goals and support to the new WHO Regional Action Plan on Hepatitis C elimination.

During 2021–2023, the EMCDDA will continue to provide reliable and timely drug policy analysis through a range of policy-relevant outputs.

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 ways in which some countries and jurisdictions outside Europe are now regulating the recreational use of cannabis. These developments have generated interest among policymakers and the public in Europe and discussions about alternatives to cannabis prohibition are becoming more mainstream. Questions on what constitutes an appropriate policy response to cannabis have become both topical and important.

In response, the EMCDDA has produced a wide range of targeted publications on cannabis policy topics in recent years and this portfolio will be further developed over the 2021–2023 period. These papers seek to explore, in an objective and neutral manner, some of the complex issues that exist in this area. They will be complemented by the EMCDDA's cannabis news alert, which provides policymakers with timely updates on cannabis policies. The news alert aims to provide accurate and objective short summaries of key events in the cannabis policy field. Policymakers and professionals alike will also benefit from the regularly updated web areas on drug laws and drug policies.

Over the 2021–2023 period, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms, public expenditures, policy evaluations, national research, drug laws and prison. Ongoing monitoring will be carried out with a focus on emerging issues in order to facilitate the identification of new drug policy trends. The EMCDDA's Legal and Policy Correspondents network will continue its key role in sharing knowledge among Member States, in particular on emerging topics of relevance to drug policymakers. Further possibilities to strengthen the network's role as timely information provider on drug laws and policies will be explored, in line with resources.

An equally important priority for the agency is to provide support to EU and national drug policy evaluations. The EMCDDA's policy evaluation support package will continue to provide both proactive capacity building activities and reactive responses to specific requests over the 2021–2023 period. An increasing number of requests for more practical support has led the EMCDDA to develop a more structured and pragmatic approach in this area, taking into consideration that Europe is diverse and countries have different contexts and problems which will affect all stages of drug strategy development and evaluation.

In addition, 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 2021–2023 will depend on the resources available. As feasible, the EMCDDA will continue to organise thematic workshops around emerging topics of relevance to drug policymakers and planners, focusing on drug policy topics 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 drug market-related data through a set of indicators which cover the following areas: drug seizures, drug law offences, drug prices, drug purity/potency and contents of tablets, and on drug production facilities (data collected by Europol and analysed jointly with EMCDDA). 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 2021–2023, 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, capacity-building activities will be implemented to support the Member States. In 2021, the EMCDDA and the European Commission will co-organise the 3rd European Conference on Drug Supply. The Conference will be a platform for further developing the EU monitoring capacity in the field of public safety and security. We will continue to foster a close working relationship between the core data providers – the NFPs – and the representatives of the EMCDDA Reference Group on drug supply and forge relations between all stockholders. Good practices from the Member States in improving data availability, in line with the reinvigorated set of drug market (from production to retail) indicators will also be identified and promoted within the Reitox network of NFPs. We will operationalise the monitoring of drug-related homicide in a selection of EU Member States (subject to resources). The EMCDDA will also endeavour to introduce progressively the indicators in priority partner countries in the Western Balkans.

In addition to routine monitoring, and to increase the scope, coverage and timeliness of its analysis, in 2021–2023 the EMCDDA will further develop new and innovative data collection approaches (non-routine data sources). These include: structured thematic open source information

monitoring; monitoring of drug supply on darknet markets; wastewater analysis related to the drug market; drug-related homicide data; information exchange with Europol and relevant JHA Agencies and the Member States in the framework of EMPACT; expert groups and individual experts; and EMCDDA-commissioned research (e.g. web surveys). The impact of drug markets on the environment, particularly as a result from illicit production, is currently not well understood and will one of the subjects explored in the 3rd European Conference on Drug Supply, in order to inform our work in the subsequent years.

The multi-faceted monitoring approach will allow the early identification of emerging cross-border, drug-related threats, which once identified will also be tracked closely so that an appropriate preparedness and response can be developed, in cooperation with close partners such as Europol. Furthermore, special attention will be given to understanding the longer-term implications of the ongoing COVID-19 pandemic and adapting the monitoring and threat assessment activities to the lessons learned.

In 2021–2023, the EMCDDA will continue its security-related activities with priority third countries, namely in the framework of the European Enlargement and Neighbourhood policies (see also Main area 1: Health, and the Business driver 2: Partnership).

Understanding the nature of drug-related crime, harms and other consequences

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 ([11]). These immense profits may be used to 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. There is a 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 Agencies with responsibilities in these areas, in particular Europol, Eurojust and Frontex. Although some core monitoring tools exist, overall this remains a challenging area.

Improving performance in this field is important, however, in view of the increased threats in this area, in part due to the changing business models used by transnational organised crime groups. Europol estimates that more than 35 % of the 5 000 organised crime groups active in the EU are involved in the drug market ([12]) and some 65 % of OCGs involved in the drug trade are also 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, particularly drug-related crime, harms and other consequences as these can represent significant hidden costs to society.

Support EU responses to drug-related security challenges

One of the main contributions that the EMCDDA makes to a more secure Europe is by supporting the EU policy cycle for organised and serious international crime. The second policy cycle runs from 2018 to 2021, and so this SPD partly covers this period. However, it should be noted that the EU Policy Cycle is subject to evaluation which may affect the activities in 2022–2023. As such, the activities beyond 2021 are necessarily indicative. In 2021, in close coordination and under the leadership of Europol, the EMCDDA will contribute to the actions concerning drug threats identified by the Council of the EU's Standing Committee on Operational Cooperation on Internal Security (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 new psychoactive substances (NPS) in the EU and to dismantle OCGs involved in their production, trafficking and distribution. In addition, the EMCDDA will provide:

- Methodological and analytical support to the European Commission for the preparation of the new Multiannual Strategic Plan (MASP) (2022–2025) and the Operational Action Plans (OAPs) for 2021, 2022 and 2023; and
- support the implementation of the ongoing MASP 2018–2021, the next MASP 2022–2025 and the relevant OAPs (2021, 2022 and 2023).

Furthermore, in the period 2021–2023, the EMCDDA will continue to act on the findings of the 2019 EU Drug Markets Report (EDMR) as updated in 2020 in view of the COVID-19 pandemic. This strategic analysis, prepared jointly with Europol, provides a comprehensive overview of new, changing or emerging threats. The recommendations made in the 2019 EDMR will be followed-up in the period 2021–2023; they will inform the 2021 Serious Organised Crime Threat Assessment (SOCTA) and assist the definition of the EU's priorities in this area. The fourth edition of the EU Drug Markets Report is anticipated in 2022, therefore the necessary preparatory work will be ongoing in 2021.

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

([12]) EU SOCTA (Europol, 2017)

In 2021–2023, the EMCDDA will also contribute to the EU's policy framework on drugs as required and will fulfil its obligations arising from the EU Security Union Strategy 2020–2025 and the EU Drugs Strategy 2025 and its Action Plan 2021–2025.

Transversal work – Health and Security

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

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

In 2019–2021 a review of the current European Drug Report (EDR) package will be carried out. In 2021, the agency will produce an updated concept for reporting on trends and developments reflecting contemporary needs and digital developments. It is envisaged that the EDR will be developed as primarily an online publication with greater linkage to supporting data tables in the Statistical Bulletin, online graphical elements, and other web resources and country data. The Statistical Bulletin will be revised to provide greater complementarity with the EDR and better access to its data. In 2021, this revised package will be launched allowing greater synergy between the EMCDDA main reporting tools and also improving multilingual access and user interactivity. A new approach for presenting country data, more integrated into the new EMCDDA digital communication model, will be developed in 2021–2023.

Furthermore, the EMCDDA will produce prompt and focused products to immediately disseminate critical information relevant to safeguarding public health and security (briefings and 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; threat assessments; and joint analyses (e.g. with Europol, ECDC and Fundamental Rights Agency – 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.

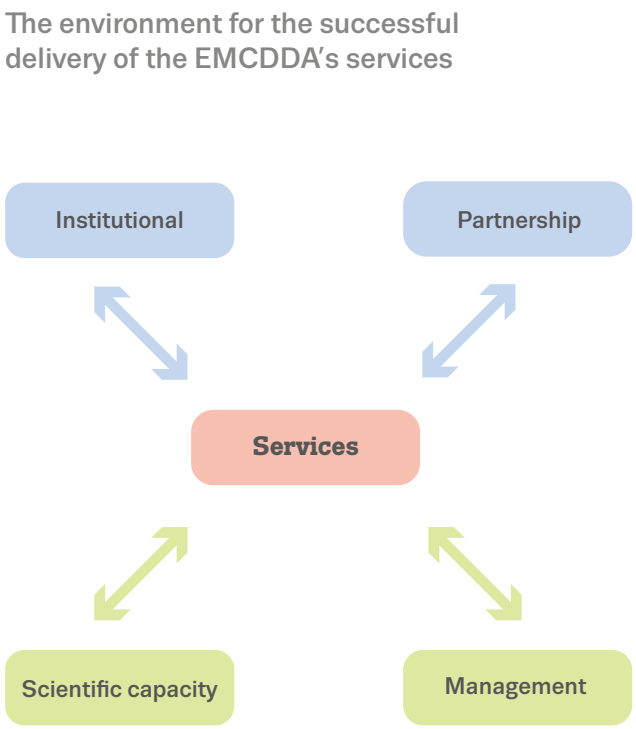
Main area 3: Business drivers

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 (BD 1): Institutional

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

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

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

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, conducted in 2018–2020 period, drew up a framework for identifying the needs of the three main customer groups. The implementation of the framework along with the business implementation plan will commence in 2021. The range of methods identified in the framework will be used to improve understanding of customer needs (e.g. qualitative audience research, focus groups, analysis of customer feedback as well as of web, media and social media metrics). Better segmentation of our customer groups will enable us to serve them more effectively. Ongoing work to shift the internal EMCDDA culture towards a more customer-oriented approach will continue and an integrated content strategy, which engages the whole agency in working directly towards serving the needs and expectations identified, will be rolled out. This will include digital empowerment of staff through training and guidelines and ambassadorial activities to align them with agency strategy.

A broader review of EMCDDA products will be conducted during this period in line with the future Roadmap 2025. Digital developments and how they have affected users' expectations will be a key consideration in ensuring that products and services keep apace of new trends and disruptive challenges. Products and services will be adapted accordingly, maintaining high standards of reputation and brand management and organisational identity. The need for new types of products for the developing area of implementation support (e.g. training courses, manuals, toolboxes, e-learning opportunities) will be assessed.

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 national focal points) 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 this end, the EMCDDA will work in close cooperation with NFPs in order to explore the best approaches and channels for reaching policymakers, thereby strengthening the capacity of the EMCDDA (Centre and NFPs alike) to promote and support evidence-based decisions.

Future reporting needs have been further identified through an EMCDDA 'Futures exercise' which has run until 2020. Follow-up activities which will result from this exercise will be implemented in 2021–2023 (for details, see Business driver 3: Scientific capacity).

A review of the EMCDDA business model, which has started in 2020, will be completed in 2021. The results will shape the work of the EMCDDA for the programming period 2021–2023 and beyond.

Business driver 2 (BD 2): Partnership

The EMCDDA can be the leading EU provider of evidence on drugs if we develop our services in partnership with the national, European and international actors working in the drugs field. Consequently, in 2021–2023 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 the Strategy 2025, and this work will be adjusted to reflect resources and evolving EU priorities in the EMCDDA's policy areas.
- In its work with partners, the EMCDDA will act in the spirit of transparency and clarity in respect of roles and responsibilities, aiming towards obtaining mutual benefit and maximising value from cooperation.
- Pursuing synergies and contributing to EU added value will remain a key driving factor in our activities with partners.

The EMCDDA will continue to give priority to supporting EU policy and institutional-related initiatives within its areas of competence, covering both health and security pillars. Particular attention will continue to be given to the EU key drug strategic documents and their implementing plans; to the Horizontal Drugs Group and to National Drugs Coordinators

meetings; as well to the EU policy dialogues with international bodies, third countries and regions.

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, and which for 25 years has represented the backbone of the EMCDDA core monitoring system. The main priorities of the network were defined in the Reitox Development Framework (RDF) 2018–2025; further to the completion of the first RDF Roadmap in 2020, a new Roadmap, for 2021–2025, will be defined, to guide the work of the network.

During 2021–2023, synergies with EU agencies will continue to be pursued, delivering greater value from the joint work and providing the EU institutions with an invaluable holistic analysis of the complex and interlinked issues in this area. In line with the priorities defined under the two strategic pillars, our main partners here are the agencies that are active in the Health field, such as the European Centre for Disease Prevention and Control (ECDC), European Medicines Agency (EMA), European Chemicals Agency (ECHA), European Food Safety Authority (EFSA) and the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA); and in the Security area, namely the agencies from the Justice and Home Affairs (JHA) cluster, such as Europol, Eurojust, the European Agency for Law Enforcement Training (CEPOL), FRA, the European Border and Coast Guard Agency (Frontex) and the European Asylum Support Office (EASO). The cooperation with other partners, such as the European Commission Joint Research Centre (JRC) could be further developed, in line with resources, to complement the Agency's monitoring and forecasting capabilities.

The EMCDDA will continue to monitor international developments and trends, including through strengthening information and knowledge exchange with global partners, the UN family in particular. The EMCDDA will continue dialogue and partnership with United Nations Office on Drugs and Crime (UNODC) on harmonisation and approximation of the monitoring systems. To that end, new international reporting tools and requirements will be in place, including the new Annual Reporting Questionnaire (ARQ) framework. In this context, the EMCDDA will assess the implications for the agency's work, including technical and capacity building activities which can contribute to improving reporting at international level. As such, the EMCDDA stays committed to providing an advisory role to the UN agencies in their effort to monitor drug situation globally.

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 2021–2023, the EMCDDA will continue to develop partnerships and synergies with relevant International organisations and third countries and its key activities will be guided by the EMCDDA International Cooperation Framework 2018–2025. As set in this guiding document, the EMCDDA cooperation with non-EU countries depends on the compatibility with the EU policies and instruments and with the decisions taken at European level regarding the establishment of cooperation with these countries in the area of drug monitoring. 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 will pursue its long tradition of supporting the European Commission in the accession process, by continuing supporting the preparation of six candidate and potential candidate countries ([13]) (CC and PCC) – more particularly six countries of the Western Balkan region – for their future participation in the work of the Agency. This will be done mainly within the framework of the technical assistance project funded by the EU through the Instrument for Pre-accession Assistance (IPA) project (IPA 7), which started in July 2019 and will finish in June 2022. Under this project, the EMCDDA will be able to offer strategic analysis on emerging health and security cross border threats in the Western Balkans and how this impacts on the European Union. Besides this technical assistance project, the EMCDDA will pursue its engagement with the six countries of the region on a bilateral basis, through the signature and implementation of working arrangements with each one of them. Finally, the EMCDDA will also fulfil its obligations from the European Commission Communication for a 'credible enlargement perspective for and enhanced EU engagement with the Western Balkans' and the related flagships initiatives, as well as the EU Global Strategy for the EU's foreign and Security policies.

Furthermore, the EU4Monitoring Drugs (EU4MD), a technical cooperation project aimed at cooperation with European Neighbourhood policy countries ([14]) ([15]) launched in 2019 with a total budget of EUR 3 million (see also Main area 1: Health and Main area 2: Security), will continue until mid 2022. The EU4MD project focuses on the areas where the Agency's involvement can demonstrate significant added value and 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

([13]) Albania, Bosnia and Herzegovina, North Macedonia, Kosovo* (*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence), Montenegro and Serbia

([14]) The potential partner countries are Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine** (**This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue) and Tunisia (Southern Partnership); and Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine (Eastern Partnership).

([15]) EU4MD website http://www.emcdda.europa.eu/activities/eu4md_en

cooperation between ENP countries and between these and the EU. Focusing to both, supply and health areas, the project supports 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 partner countries. It is expected that efforts invested to consolidate drug-monitoring and response capacities in the ENP partner countries, and benefits brought to the strategic analysis of the European Drug situation through this project will continue also beyond its timeframe, provided that additional resources will be made available by the EU.

Furthermore, in 2021 the EMCDDA will start a new format of technical cooperation project with the implementation of a bilateral project with Georgia (EMCDDA4GE). First bilateral project implemented by the EMCDDA, this cooperation will aim at contributing to enhancing national responses in Georgia to health and security threats posed by contemporary drug markets and related issues. During the 24 months during which this project will be implemented, the action will focus on: 1) to identify, monitor and report effectively on ongoing, emerging and future trends in the drug market and their implications for security and health; and 2) to contribute to enhancing the national capacity to respond to health and social drug related problems.

These activities are crucial, as they allow promoting 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 experience in monitoring and responding to drugs is recognised worldwide and the cooperation with the countries in the ENP area and also Latin-America and the Caribbean, Central Asia and other emerging priority third countries for the EU will be continued in 2021–2023 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 work with third countries, as established in the International cooperation framework (adopted in December 2017).

Business driver 3 (BD 3): Scientific capacity

The multifaceted nature of the drugs situation requires the EMCDDA to have both sufficient in-house expertise and access to experts working elsewhere to ensure adequate scientific capacity for this work. As the information needs of the agency are changing, this also implies that it must develop expertise in new areas that are required to fulfil its mandate.

The agency will 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 others, the EMCDDA will remain a main partner in the Programme and Organising Committees of the Fourth European Conference on Addictive Behaviours and Dependencies, announced for November 2022. The EMCDDA will also continue to provide scientific support to the international conference on NPS series.

The EMCDDA's Scientific Committee is an important resource in this respect. As guardian of the EMCDDA's scientific excellence, the Scientific Committee plays a key role in assuring and improving the quality of our work. Ongoing support will be provided by the 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. In addition, and as a follow-up to the EMCDDA Futures exercise 2017–2020, during the next programming period the EMCDDA will set up and develop an innovation framework which will provide an internal mechanism for coordination of research, innovation and futures studies. This will include support to horizon scanning activities which will be carried out to inform internal discussions on future needs, including those emerging from changes to the EMCDDA regulation, and will develop a capacity building component, including an EMCDDA toolbox to assist partners intending to do futures exercises in drugs area.

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 2021–2023, in line with the review of the EMCDDA business model and the new Roadmap 2025 milestones.

Steps will continue to be taken to further align IT tools with EMCDDA core business needs, in line with available resources. In addition, the EMCDDA will continue to be an active member of the EU Agencies Network for Scientific Advice (EU-ANSA), to profit from its rich pool of expertise on scientific matters, synergies between members' work and exchanges on ways to enhance the quality of the scientific advice provided by EU agencies.

Business driver 4 (BD 4): Management

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

These actions are focused on ensuring that the strategic priorities are properly resourced, and that these resources are used efficiently. In addition, they aim to ensure that managerial performance is adequate at all levels, and that EMCDDA staff benefit from a sustainable training and development programme.

One crucial element for achieving corporate performance is the existence of a reliable planning and performance measurement and reporting system. This function will continue to play the fundamental role of ensuring that the core elements of the strategy 2025 will be transposed to operational level. To that end, the planning of activities will be guided by the new Roadmap (2021–2025) which will be submitted to the EMCDDA's Management Board for adoption in June 2021.

Furthermore, in 2021–2023, 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. To that end, it is expected that the Project Management Programme (PM-P) which was initiated in 2018 will have reached maturity. This includes the application of a project management methodology (namely the project management squared – PM2 – methodology developed and promoted by the EC) for various areas of work, and the implementation of a management information system (MIS) to enable more efficient planning, monitoring and reporting.

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

The definition of the next EU Multiannual Financial Framework (MFF), for 2021–2027 (still being defined at the moment of drafting this SPD 2021–2023), will influence the EMCDDA's resources and activities as well as the operations required for planning and managing available resources. Efficient allocation and use of these resources will therefore remain critical. From a financial perspective, the objective will be to continue to ensure effective and timely planning, monitoring and execution of the EMCDDA budget, in line with organisational priorities and existing and foreseeable constraints.

The EMCDDA human resources (HR) remain nonetheless the agency's main capital. The 100-plus staff members have a very rich professional and cultural background. The EMCDDA employs both recognised scientists and valuable specialists in various support areas, and all of them contribute to the accomplishment of the EMCDDA Vision and Mission. To further develop our human capital and maximise our staff's contribution to Strategy 2025, actions for a staff development programme will continue to be implemented in 2021–2023, on the basis of the available resources. Following the staff engagement survey carried out in 2018, and having analysed the areas considered as priorities to be addressed, setting up of focus groups is envisaged, in order to work on the identified topics.

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 which supports existing basic and advanced services.

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

In 2021–2023, as much as the resources allow, the EMCDDA will strive to promote business innovation and sustainable work practices. In 2020, further to the emergence of the COVID-19 pandemic, the EMCDDA has accelerated the initiation of the EMCDDA workstation transformation programme which aims to create a modernised digital workplace which will enable the agency's staff to make full and efficient use of teleworking as an increasingly established work practice. Started in 2020, this is meant to be implemented over several years, based on availability of resources. Together with the agency's investments in novel data sources and new monitoring methods, this will ensure the EMCDDA's preparedness to successfully fulfil its tasks in the context of fast moving technological progress and the need to pursue environmental friendly measures in its activities.

Human and financial resources outlook for 2021–2023

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 whose retail value is estimated to be worth at least EUR 30 billion a year ([16]).

Within this complex business environment, however, the agency has for a few years been operating with resources that are decreasing in real terms. In terms of EMCDDA financial resources, in line with the European Commission Communication to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–2020 (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 European Commission 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, 2019 and 2020 respectively.

Resources programming for 2021–2023

Financial resources

The year 2021 will be the first one to be covered by the new EU Multiannual Financial Framework (MFF) for 2021–2027 which will define the level of the resources to be made available to the EMCDDA for implementing its activities. However, the process for the adoption of this MFF had not yet been concluded at the moment of the preparation of this SPD.

Under these circumstances, without prejudice to the actual decision to be taken by the EU budget authority for the adoption of the EU contribution to the EMCDDA and the establishment plan of the latter, as well as to the possible allocation of supplementary resources to cope with new tasks, the SPD 2021–2023, and in particular its Section III 'EMCDDA work programme 2021', has been prepared assuming that the level of the EU contribution for 2021 would be equal to EUR 16 614 372, and maintaining 76 authorised posts in the EMCDDA establishment plan for 2021, which are also the figures presented in the EMCDDA draft budget for 2021.

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

Human resources

New tasks

Potential new tasks for the EMCDDA will depend on the outcome of the process launched by the European Commission for the revision of the EMCDDA mandate. To that end, further to the fourth external evaluation of the EMCDDA, which was carried out by the Commission in 2018, the Commission has developed an impact assessment in view of preparing a possible revision of the Centre's founding Regulation, as a follow-up to the external evaluation and the input received during the evaluation process. The main elements of a possible revision of the founding Regulation are set out in the Inception Impact Assessment.

Growth of existing tasks and additional tasks

The most dynamic and rapidly growing area of work for the EMCDDA is monitoring and responding to NPS (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.

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

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

imposed by the above mentioned Regulation are even stricter and the times allowed have been reduced by more than half, i.e. to two weeks for collecting data from the Reitox national focal points, to five weeks for drafting the initial report and to six weeks for preparing a requested risk assessment.

Furthermore, this Regulation requires the EMCDDA to collect additional information and to introduce new working procedures in the operation of the EWS and risk assessments. On top of these additional tasks, 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 820 substances that have been reported so far.

From 2016 to 2019, 227 NPS were notified for the first time in the EU. During the same period, 14 Joint Reports and 10 Risk Assessment reports were prepared and submitted to the EU institutions, in compliance with the applicable legislation. These provided evidence and supported Council Implementing Decisions on control measures implemented at EU level – seven NPS were subjected to such control measures between 2016 and 2019.

In addition to these, in 2020, 47 NPS were notified for the first time in the EU, and three Initial Reports and three Risk Assessment reports were submitted to the Commission and to the Council in compliance with the Regulation.

Furthermore, 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 almost 160 public health related alerts.

In recent years the EMCDDA has also 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 and launch of the subsequent ESPAD Report took place in 2020; 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 past and present performance in the use of assigned resources, the EMCDDA is committed to constantly improving the effectiveness and efficiency of its activities and to maximising the use of its resources.

In this context, the EMCDDA has pursued action to further rationalise and reduce the running costs of its premises, namely through measures aimed at reducing energy consumption, to offset the impact of the extension of staff working time pursuant to the entry into force of the revised staff regulations (e.g. by installation of solar shading on glass areas, climate control switches on windows and an intelligent lighting system, or by optimisation of heating and cooling cycles at the EMCDDA premises). These measures have resulted in a substantial reduction in the energy consumption (of about 10 % in 2016 compared with previous years), which has been maintained 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 legislator. These developments concern in particular the joint procurement of shared services to increase critical mass and obtain better conditions (e.g. for the canteen and cafeteria, travel agency, interim staff and medical services), the joint organisation of training activities of common interest for the staff of both agencies, and the sharing of some services/bodies, such as the EMCDDA medical officer and the invalidity and disciplinary committees. Following-up on the economies achieved with a common implementation of a Business Continuity Facility (BCF) with EMSA in 2015–2020,

the EMCDDA has extended the agreement beyond 2020, working together to possibly re-host the BCF with another EU body or with a third party.

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. A major step was taken due to the COVID-19 situation, with a forced switch to telework as a default working method.

Negative priorities/decrease of existing tasks

A prioritisation of the EMCDDA activities takes place out annually in the context of the planning exercise. This is based on the classification of activities in the work programme across three priority levels, from level 1 (L1), the highest priority ('must do'), to level 3 (L3), the lowest priority (see Section III 'Executive summary'). The work programme also foresees different targets for these different levels, as follows: 100 % for L1 outputs/results; 80 % for L2; and 50 % for L3.

Depending on the evolution of the COVID-19 pandemic in 2021, some of these activities (e.g. missions and meetings) may require further review of their priority level.

Section III
EMCDDA work programme 2021

Executive summary

This is the first annual work programme of the EMCDDA's SPD for 2021–2023. 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 2021. In accordance with the relevant provisions, the EMCDDA budget becomes definitive when adopted by the Management Board and after final adoption of the general budget of the EU, in which the amount of the agency's contribution will be fixed. For planning purposes and without prejudice to the decisions to be taken by the relevant EU authorities, the 2021 work programme has been drafted based on the parameters of the 2021 EMCDDA's draft budget, submitted for adoption by the Management Board in December 2020. This budget foresees that the EMCDDA will receive an amount of EUR 16 614 372 from the EU contribution for 2021, and 76 authorised posts are assumed in the EMCDDA establishment plan for 2021.

The 2021 work programme applies a prioritisation approach for the expected outputs/results, which is based on three levels (level 1 – L1; level 2 – L2; level 3 – L3) presented below:

L1	L1 tasks are 'must do' tasks, which are time bound and critical for the agency to fulfil its institutional obligations. These tasks cannot be scaled down, removed from the work programme or postponed to future years without compromising the core performance of the agency.
L2	L2 tasks are necessary to achieve the key commitments and fulfil the strategic objectives set out in Strategy 2025. In the event of resource constraints generated by external or internal factors, however, these tasks could potentially be scaled down or delayed without affecting the ability of the agency to deliver its L1 results in the current work programme.
L3	L3 tasks are mostly developmental tasks, or new analyses, which are necessary for the agency to maintain an up-to-date understanding of the European drug situation in the medium term; however, in the event of resource constraints, they could potentially be scaled down or postponed without significant impact on the ability of the agency to deliver its L1 and L2 results in the current work programme. Some L3 tasks also refer to desirable and valuable activities such as joint initiatives with third parties; these appear viable within the current planning framework, but could be postponed or cancelled if resources prove to be insufficient.

The EMCDDA acknowledges that the programming of activities beyond 2020 is entirely indicative and is given only for illustrative purposes given that the discussions in the European Parliament and the Council on the Commission proposal for the Multiannual Financial Framework 2021–2027.

Furthermore, it is worth noting that while this work programme 2021 should have been developed based on the EMCDDA Roadmap 2021–2025, due to the very early planning process which is required for the preparation of the Single Programming Documents, at the moment of the drafting of this SPD, the work on developing the EMCDDA Roadmap 2021–2025 was being in progress (this work will be necessarily aligned with the provisions of the next EU Multiannual Financial Framework for 2021–2027). Therefore, the planning presented in this version of the document is subject to review and adjustments, as necessary, to align it with the above mentioned Roadmap and the actual level of the EU contribution to be provided to the EMCDDA.

Activities

Main area 1: Health

Goal: Contribute to a healthier Europe

Core monitoring

In 2021, work will continue to ensure the annual core data collection and its management. 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.

The core monitoring of the drug situation covers the dimensions of prevalence and patterns of use within the general population and high-risk users, harms in the form of drug-related deaths and infectious disease, and the characteristics of those entering treatment for drug problems. Each of the dimensions is supported by a key indicator (KI): GPS describes prevalence and patterns of drug use among the general population; PDU focuses on prevalence and patterns of high-risk drug use; DRD describes drug-related deaths and mortality among drug users; DRID describes drug-related

infectious diseases; and TDI is the treatment demand indicator. The key indicators are regularly reviewed to ensure that they remain relevant and that the burden of reporting remains commensurate with the benefits. A comprehensive triennial review of the implementation of the EMCDDA epidemiological indicators (KIs) in the reporting countries is planned to be conducted in 2021. This will assess the progress made since the previous review (2018) and will inform work priorities in this area for the following three-year period (2022–2024).

Work on developing complementary data collections to provide timely, targeted information that enhances the core monitoring will continue (see below 'New trends and health threats'), with for example further development of the EMCDDA web survey activities and strengthening of the relationship between the EMCDDA and networks of data generating experts, such as the SCORE group for the analysis of wastewater, Euro-DEN network of emergency rooms and the development of a network of forensic toxicologists.

It is intended that the integration of core epidemiological monitoring and complementary methodologies will facilitate the development of reliable knowledge basis to facilitate evidence-informed public health policy development. 2021 will see a scaling up and strengthening of the EMCDDA's core monitoring in the responses area (prevention, treatment, harm reduction and prisons), within available resources.

In 2021, the EMCDDA will implement a new conceptual framework for data collection, in close collaboration with the Reitox input of the NFPs. 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, carried out by the end of 2020. A data development project has been established within the Health Unit (HEA) with the aim or progressing the work on integrating the established and complementary monitoring methodologies and improving the epidemiological rapid reporting capabilities.

A number of data collections in areas outside of 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. A particular 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.

The ICT tools supporting the monitoring of the agency will be maintained. Work will be undertaken on defining the data structure to encompass existing and new methods in preparation for software developments in the future.

Analytical work will be further developed to inform key EMCDDA outputs, in particular the European Drug Report (EDR) package. In 2021, a revised EDR package will be launched along with a revision of the Statistical Bulletin. A new approach to present country specific data will also be launched.

Dissemination of the 2019 ESPAD Report, which was launched in 2020, will continue in 2021. A priority will also be given to supporting the use of ESPAD data for policy and planning purposes regarding adolescents' use of substances.

Support to EU priority third countries will continue under the framework of the technical assistance projects, namely the IPA7, the 'EU4Monitoring Drugs' projects and the bilateral project with Georgia (for details, see also Main area: Supply and Main area 3: Business driver 2 – Partnership).

The EU Early Warning System and Risk Assessment of new psychoactive substances

In 2021, the EMCDDA, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol and the EMA, and new EWS partners the ECHA, EFSA and ECDC, will carry on ensuring continuous and robust implementation of the EWS as provided for by Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending the Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on NPS applicable as of 23 November 2018. The shorter deadlines stipulated by this legislation will ensure even faster responses to emerging NPS and the harms associated with them.

In accordance with the EMCDDA legal framework, the reporting and monitoring tools and instruments necessary for reporting event-based data within the information exchange mechanism will continue to be implemented and trends analyses will be undertaken to inform the EU and international organisations. The standard operating procedures, and EWS and Risk Assessment operating guidelines adapted to the new legislative instrument will be fully implemented in 2021.

During 2021, 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.

Multiple data sources including new technologies will continue to be explored to understand and provide comprehensive analyses of the multifaceted phenomenon of new psychoactive substances (NPS). The Early Warning System builds on its

multidisciplinary network across the Member States, being its cornerstone the evidence generated by its forensic and toxicological laboratories on psychoactive substances which are not under international control. The sharing of forensic and toxicological data through the EWS will continue to be strengthened and best practices developed by competent organisations such as the EC's Joint Research Centre, the Drugs Working Group of the European Network of Forensic Science Institutes and the Customs Laboratories European Network will be shared with the Network.

The holistic approach used to monitor and respond to NPS in Europe will also encompass more systematic assessment of production facilities in the EU, trafficking routes and new trafficking methods – including through post and express services – for NPS and their precursors. In addition of monitoring signals from open information sources, the feasibility of monitoring signals from darknet markets will be explored, in close cooperation with law enforcement agencies.

The ability to identify, assess and respond to outbreaks as well as important behavioural changes in drug use and the consumption of NPS will continue to be strengthened. Targeted rapid risk communications will continue to be issued timely to the network and the dissemination to key non-European stakeholders and broader audiences will be assessed on a case-by-case basis. In addition of the notifications on the NPS detected in the EU, risk communications will also encompass advisories, briefings and, ultimately, alerts on outbreaks, cross-border threats, events involving substances of high concern, and other emerging threats appear on the market, prepared where relevant, in close cooperation with health and law enforcement agencies.

More generally, reflecting the complexity of the current situation and the specific threats posed by COVID-19 pandemic, the EMCDDA will assist the national EWS (NEWS) in their efforts to address the availability and use of new psychoactive substances, as relevant to their country, region, or even neighbourhood. This requires further building the capacity to identify and respond to current and future threats, address vulnerabilities, define and implement practical and actionable measures – whether this be prevention, health protection, treatment, supply reduction, or policy development and implementation.

Where requested, risk assessments on NPS will be conducted under the auspices of the EMCDDA's extended Scientific Committee. This activity carries important resource implications and risks associated with the lack of such resources. In recent years, this concern has become more relevant as a result of the related amount of information generated by both the increased number of substances monitored and the increased number of reported serious adverse events and other harms to health.

Another key task in this area will be to continue to maintain and develop the next-generation of the EDND, operational as of 2019. The EDND II is now the main information and monitoring system of the EU EWS – acting as Europe's information hub on NPS – that allows secure electronic submission of data by the national early warning systems 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 (PhV) legislation will continue to be implemented in close cooperation with the EMA.

Cooperation with international organisations such as UNODC and WHO will continue to be implemented in order to minimise double-reporting for the Member States.

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 2021, the agency will therefore strengthen its system for monitoring and understanding new and emerging trends in drug use, drug-related harms and drug markets.

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. A new area involving the analysis of drug residues in hair samples will be explored.

In early 2021, a trendspotter study will be initiated to follow up on the earlier impact studies of COVID-19 on drug use, harms, markets and services. Subject to resources, trendspotter studies will continue to be undertaken on emerging trends and developments and the support offered in terms of national capacity building and supervision. In tandem a communication model for rapid reporting will be operationalised (resource dependent).

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 2021, there will be a new edition of the European Responses Guide published and this will continue to underpin much of the work undertaken in the area of health and social responses to drug-related problems from 2021 onwards. This state of the art guide establishes a dynamic framework for interventions based on a clear diagnosis of problems to be addressed, selection of evidence-based interventions and a focus on successful implementation. Professionals and planners in the field will benefit from the updated resources and online thematic components presented. Based on the work of one of the data development projects, the online components will be better interlinked with the Best Practice Portal (BPP), and will be regularly updated, allowing the Responses Guide to stay up to date for its 3 to 4 years shelf-life.

Identifying best practice and effectiveness of interventions across the EU and beyond is a key area for the EMCDDA, the main dissemination channel of which is the Best Practice Portal whose most of the contents are already available in multiple languages. In 2021, existing modules will be updated and new modules will be added. This will include a focus on implementation and models of care in the areas of hepatitis C and preventing drug-related deaths. 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 Best Practice Portal will be expanded to include local environmental prevention strategies and evidence-based harm reduction programmes in the areas of prevention of 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 via conferences and other practice-oriented events. Training for professionals will include Reitox Academies in EU Member States and third countries. Furthermore, the European Drugs Summer School will take place in 2021. In addition, after the success of the 2020 online edition of the Summer School (due to the COVID-19 emergency), in 2021 an online Winter School will be prepared for early 2021.

The European Prevention Curriculum (EUPC) will continue to be implemented in a number of countries through a 'Training of Trainers' (ToT) system (initiated in 2019) and local translations of the curriculum itself. The EMCDDA will continue to support the development and implementation of online 'Train the Trainers' modules. Moreover, training will be offered via a newly developed online training platform (PLATO), which will host online training and a virtual community of practice (VPC). This will initially be hosting the prevention curriculum with a view to other areas as feasible.

The EMCDDA will develop work on new models of care in the area of e-health in 2021. 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. During 2021 work will progress on new guidance on treatment (OST) outcomes monitoring describing suggested consensus indicators and methods for implementing them.

In 2021, the EMCDDA toolkit supporting the estimates of the costs of drug treatment will be further developed. It will provide tools to estimate costs using 'bottom-up' approaches and reinforce EMCDDA's online presence as a provider of policy and practice friendly instruments and tools in the field of cost-effectiveness and policy evaluation.

The EMCDDA will also 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. Additional information resources will be developed and provided including briefings on topics where innovations are becoming available or where the knowledge base is changing rapidly. The web resources on hepatitis C and drug overdose prevention will continue to be developed in partnership with our networks, and a focus on successful implementation will be central. In addition, in 2021 the EMCDDA will continue exploring dissemination of materials for professionals on topics such as naloxone provision and drug consumption rooms.

In 2021, the EMCDDA will continue to 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 targets for the health sector response to viral hepatitis in the WHO European Region. This includes the assessment of epidemiological trends (2015–2020) and the evaluation of the results of EMCDDA's work on promoting of HCV testing in treatment settings; while HCV capacity building materials and experiences from implementation of national/regional/local training activities will be consolidated.

Network building is important in this area, including partnerships with key scientific, professional and civil society networks to consolidate both the collection and dissemination

of EMCDDA best practice materials in the context of the expanded BPP and Xchange databases.

Drug policy

In 2021, 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 continue to contribute in 2021 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 Portugal and Slovenia, the hosts of the EU Presidency during 2021. Of particular importance is our responsibility with respect to the EU Strategy and Action Plan on Drugs 2021–2025. 2021 is the first year of this new EU drugs policy document and the EMCDDA will be ready to support its implementation as requested.

Moreover, 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 Commission on Narcotic Drugs – CND and follow-up to the 2019 CND Multiannual Work plan).

In 2021, the EMCDDA will continue to provide reliable and timely drug policy analysis through a range of policy-relevant outputs. A data development project has been established with the aim or progressing the work on developing tools to assist policymakers in all areas of cannabis policy. The EMCDDA will prepare a briefing on cannabis policies, covering areas such as international and national regulatory frameworks of cannabis, penalties for cannabis related offences, etc., and results on optimising alternatives to coercive sanctions. These papers will be complemented by the cannabis news alert initiative. This initiative aims to provide timely, 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 and elsewhere, and on new regulatory approaches in the EU. Developments in these fields will be closely followed and news updates prepared and published as appropriate. In addition, policymakers and professionals alike will benefit from the new and regularly updated web areas on prisons, drug laws and drug policies.

In 2021, the Insights publication on prison and drugs in Europe will be disseminated to relevant target audiences, including to health professionals working in prison, prison staff and policymakers.

The EMCDDA will also 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 drug policy trends. The annual meeting of the Legal and Policy correspondents will be organised, as way of further improving the sharing of knowledge and expertise among Member States. Topics addressed during the meeting will be driven by the pertinent needs of Member States or the EMCDDA, so as to maximise the practical value to the network as well as the agency. Resources permitting, the EMCDDA will offer thematic workshops organised around emerging trends in drug policies.

In addition, the EMCDDA will provide support to national drug policy evaluations in 2021. An increasing number of requests for more practical support has led the EMCDDA to develop a more structured and pragmatic approach in this area, reflecting the fact that EU countries have different contexts and needs which will affect all stages of drug strategy development and evaluation. In addition to reactive responses to specific requests, the EMCDDA will continue proactive capacity-building activities in the field of policy evaluation, through the organisation of workshops aimed at building knowledge for those engaged in managing and making use of drug policy evaluations.

The EMCDDA also envisages developing tools to assess the costs of interventions.

Strategic objective H1:

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

Expected outcomes

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

KPIs

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

Action areas	Outputs/results
H 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	■ Annual core data available to inform analysis and outputs: – Incoming data validated and processed in a timely manner (L1) – Established reporting tools maintained (L2) – Activities to support NFP data collection efforts, in line with the Reitox Development Framework, including quality assurance and triennial assessment of the five key epidemiological indicators (KIs) (L2) ■ Annual overview of the European drug situation: – European Drug Report 2021 published (L1) – Statistical Bulletin 2021 published on the EMCDDA website (L1) – New approach to present country specific data drafted (L2) – Carry out work following on the 2019 ESPAD report (published in 2020) and database: further dissemination, analysis and outputs dependent on resources (L2) – Implement revised data collection model, including core, complementary, quantitative and qualitative data collections (L2) ■ Analysis and reporting on important developments in drug trends, practice and policies (L2 or L3 – to be defined in the internal Management Plan 2021): – 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 established and new epidemiological methods, on topics of public health relevance – Data submission and analytical expert meetings organised (L2) – Maintain collaboration with the ESPAD School Survey network (in line with resources) (L2) – Input to EMA Opioid Task Force provided, based on EMCDDA monitoring, including epidemiological and EWS data (L3) ■ Data management tools (Fonte, Data warehouse) operational: – Fonte and Drugs data warehouse maintained to support the annual drugs data collection and analysis (L1)

Action areas	Outputs/results
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	■ Develop further the European Web Survey on Drugs (L2) ■ Findings from the European Web Survey on drugs project delivered (L2) ■ Strengthen EMCDDA interaction with networks of complementary data providers (e.g. Wastewater, Hospital emergency rooms, Syringe residues, Drug checking) (L2) ■ Dependent on pilot scheme, develop the data collection from drug consumption rooms (L2) and forensic toxicology (L3) ■ Review of existing and complementary data collections (data development project) (L3)
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	■ 'EU4Monitoring Drugs' project outputs (Health area), in line with the project Logframe (L2 or L3 – to be defined in the internal Management Plan 2021) ■ 'IPA 7' project outputs (Health area), in line with the project Logframe (L2 or L3 – to be defined in the internal Management Plan 2021) ■ EMCDDA-Georgia project (EMCDDA4GE) outputs (health area), in line with the project logframe (L2 or L3 – to be defined in the internal Management Plan 2021) ■ Simplified multilingual tools in place for collection of specific drug-related data in the CC/PCC and Neighbouring countries (projects IPA7, EU4MD and EMCDDA4GE) (L3) ■ Exchange of information on emerging drug issues maintained with monitoring centres outside the EU (L3)

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, in order to support and strengthen national and EU-level preparedness and responses
- 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 EU EWS and risk assessment mechanism on NPS, including specific support to the NEWS in the context of COVID-19 pandemic
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 in full compliance with the provisions of the applicable legislative framework: – ongoing management of the EWS and information exchange mechanism (L1) – EWS guidelines, procedures, processes and tools relative to the EWS fully implemented (L1) – Initial Reports prepared as required (L1) – EDND maintained and regularly updated (L1) – EWS situation report, including COVID-19 related updates (L3) ■ Working arrangements with: Europol, EMA, ECHA, EFSA and ECDC fully implemented (L1) ■ Annual meeting of the EWS Network organised (L2) ■ Toxicovigilance and risk communication implemented (L1) ■ Technical support provided to NEWS, in particular in the context of COVID-19 related reporting and actions; and to forensic and toxicological networks (L2) ■ Maintain OSI monitoring for EWS purposes (L3) ■ Dissemination of knowledge on NPS through publication of updates and issues in focus, and participation in scientific and technical events (L2) ■ Data exchange with international bodies (UNODC/SMART and WHO Expert Committee on Drug Dependence) to support prioritisation, scheduling discussions and information exchange activities (L2) ■ Support to building EWS in priority third countries (projects IPA7, EU4MD and EMCDDA4GE) (L2)

Action areas	Outputs/results
H2.2. Ensure timely and high-quality implementation of the risk assessment (RA) on NPS	▪ RA mechanisms (supporting tools, processes and activities) operating in compliance with the provisions of the applicable legislative framework: – Risk assessment reports prepared as required (L1) – RA guidelines, procedures, processes and tools relative to the risk assessment fully implemented (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 2020 SCORE group wastewater monitoring campaign (L2) ▪ Publish online data and supporting analysis on the results of Euro-DEN network on hospital emergencies, focused on trends by substances (L2) ▪ Publish online data and supporting analysis from the 2020 ESCAPE project analysing syringe residues (L2) ▪ Publish online data and supporting analysis from drug-checking facilities across Europe within the TEDI group and beyond (L3) ▪ Preliminary results from the forensic toxicology network disseminated as appropriate (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 COVID-19 impact trendspotter study implemented and national trendspotter studies supported as resources permit (L2) ▪ Cooperation with ECDC including risk assessment country missions in the EU Member States, upon request (L2) ▪ In-depth assessment of drug-related harms and responses (based on needs and resources) (L2) ▪ IPA7 and EU4MD projects: drug-related health threat assessment and trendspotting analysis (upon request) (L2) ▪ Publish and channel results of threat assessments and rapid reporting on health threats to interested groups (L3) ▪ Continue collaboration with Correlation-European Harm Reduction Network (EHRN) on harm reduction monitoring to inform joint publications where appropriate (L3)

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
H.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	■ Best practice portal (BPP) kept updated with new contents (L1) ■ Publication of guide on implementation on quality standards (L2) ■ Revised Evaluation Instruments Bank kept up-to-date (L2) ■ Options for process for certification of prevention programmes followed up (L3) ■ Promotion and update of online resources to support the estimation of the cost of providing drug-related health interventions (L3) ■ Updated 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 operationalized (e.g. in the prevention and harm reduction areas) (L2) – Ongoing collection of tools for self-accreditation of quality standards (L2) – Capacity building linked to EMCDDA Guide for implementing standards (L3) – Reporting tools maintained for established areas (see objective H1 – Action area H1.1) (L2) and for new settings and developmental areas (e.g. prisons, naloxone, DCRs) (L3)
H.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	■ Data analysis (state-of-the-art monitoring necessary for European-level assessment of the responses to the drug situation) (L2) ■ Review of tools for monitoring responses (prevention, treatment, harm reduction and prisons) (L2) ■ Further develop monitoring and categorisation of e-health and m-health interventions (L3)
H.3.3. 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 (ERG) package published (L1) ■ Capacity building initiatives implemented, based on the ERG (L2) ■ Reitox academies to improve NFPs capacity to collect, analyse and report health data, implemented in line with needs identified, and resources (L2) ■ Capacity development activities for the EU4 Monitoring Drugs project partners, in line with the project Logframe (L2) ■ Capacity development activities for the IPA7 project partners, in line with the project Logframe (L2) ■ European Drugs Winter and Summer Schools (L2) ■ Databases on interventions in nightlife settings (HNT), club health and the Xchange registry on evidence-based prevention programmes maintained and updated with new entries (L2) ■ EMCDDA contribution to key drug-related events to support practitioners (L2) ■ Further implement the European Prevention Curriculum (EUPC) via training of the trainers (ToT) activities in Member States, and in priority third countries, as requested and in line with resources (L2) ■ Launching and piloting of the digital platform to support practice and research including support to EUPC e-learning and Virtual Community of Practice (project PLATO – Practice Training PLATfOrm) (L3) ■ Roll-out of the EMCDDA harm reduction initiative (L2) ■ Disseminate and further develop tools to estimate the costs of interventions (L3) ■ EMCDDA paper club series on new evidence developments (L3)
H.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 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 web pages (e.g. on hepatitis C, DRD) available and maintained (L2) ■ Existing and new consumer protection models (e.g. drug checking models, their legal frameworks risk communication, 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) identified and communicated (resource dependent) (L3) ■ Follow up on topics linked with public health and drug priorities in prison settings e.g. infectious diseases prevention, NPS-related problems, preventing overdose on release/transition management (L3) ■ Assessment of uptake, utility and relevance of the hepatitis C testing initiative (L3) ■ Follow up on topics linked with drugs, public health and specific groups e.g. women, migrants etc. (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
H.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	■ Input to EU institution-related activities within established priorities and available resources: – support the implementation of the EU Strategy and Action Plan on Drugs 2021–2025 as requested (L1) – support other policy initiatives within areas relevant to the EMCDDA (L2) – technical cooperation, including data exchange with the UN system (L2) – Input to Member States-related activities within established priorities and available resources (L1) ■ EMCDDA contribution to key drug-related events to support policymakers (L2)
H.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	■ Reporting tools in the policy area maintained and further developed for established areas (legal framework, national drug strategies, evaluation, coordination, public expenditures, prisons) (L2) ■ In-depth review on current and future challenges in the prison and drugs field (EMCDDA Insights) (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 laws web areas maintained and regularly updated (L2) ■ Cannabis news alert system further developed (L2) ■ Annual meeting of the Legal and Policy Correspondents organised (L2) ■ Thematic workshops organised around emerging trends in drug policies, as required (L3)
H.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)	■ 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) ■ Capacity-building for national policymakers and planners to support policy formulation and evaluation (L2) ■ Support provided to national drug policy evaluations, if requested and within available resources (L2)

Resources necessary for the implementation of the activities in this area

Budget (EUR) ([17])	Human resources (FTE- full time equivalent)
EMCDDA: 8 448 881	49.10
IPA 7	1
EU4MD	1
EMCDDA4GE	1

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. The 3rd European Conference on Drug Supply to be held in 2021 will result in a number of recommendations that will define the future work on indicators related to security and improve our understanding of the situation and threats.

It is expected that in 2021 the supply-side monitoring system will continue to be improved by focussing on the quality and availability of supply data, in close collaboration with the European Commission and our data providers at national level in the Reitox network, the Reference Group on drug supply indicators and our partner agencies, Europol and the European Border and Coast Guard Agency (Frontex). The EMCDDA will work to increase the capacity of the NFPs of the Reitox network to collect and analyse data on public safety and security by promoting and fostering the partnerships between NFPs and the Reference Group representatives at national level.

Also in 2021, in collaboration with our partner Europol, we will continue with our research activities aimed at filling the information gaps identified in the analysis reported in the third EMCDDA–Europol EU Drug Markets Report launched in 2019. This includes joint work on the improvement of European market size estimates.

The agency will continue to refine its open source information monitoring activities. Particular attention will be paid to improving the timeliness of data and the rapid identification of emerging drug market-related threats to security in real-time on the surface and dark web. We will work closely with partners such as Europol and European Commission Joint Research Centre (JRC).

Identifying new drug-related security threats and transmitting this information rapidly so that increased preparedness and 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 emerging security topics will be conducted by the EMCDDA and in close collaboration with Europol or in the framework of the EU policy cycle for organised and serious international crime.

It is increasingly important for the agency to keep abreast with developments in the international drug situation. Cooperation with international organisations, such as the UNODC and International Narcotics Control Board (INCB), will be necessary. In terms of monitoring developments outside the EU, our work is guided by the EMCDDA International Cooperation Framework (see also Main area 3: Business driver 2 – Partnership).

In 2021, the EMCDDA will enter the third year of the implementation of the project 'EU4Monitoring Drugs' (EU4MD), the capacity-building project which helps ENP partner countries identify, assess and respond to cross-border drug-related health and security threats. This complements the continuing work to support the transfer of its monitoring tools and methodologies to candidate and potential candidate countries in the framework of the IPA7 project funded by the EU. The IPA7 project will also finance specific studies which will contribute to the collection of additional data and information on drug production and trafficking in the Western Balkan region. We aspire to integrate some drug market-related data from these countries in EMCDDA publications, as data quality improves.

2021 will also be the first year of implementation of the bilateral technical assistance project with Georgia (see Main area Business drivers – Partnership). One of the objectives of the project will be to increase availability of data collection and reporting tools and knowledge in the drug market field in line with EU standards.

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 drug-related crime. Routine monitoring in this area has been limited to drug law offences, so expansion to include other crime areas related to the drugs

([17]) For the technical assistance projects with third countries (IPA 7, EU4MD, EMCDDA4GE), the budget is presented under Main area Business Drivers and in the Annex I). Staff presented here are scientific staff recruited to work for the projects, in the Health area.

trade are required. This is a developmental area, and progress is dependent on the availability of resources. In 2021, the agency will continue to expand the drug-related homicide data monitor based on data collection protocol published in 2020. In addition, we will intensify efforts to identify synergies with partners (e.g. Europol and Eurostat) to improve the knowledge position in relation to other crime types that may be linked to drug trafficking, such as illegal firearms trafficking, money laundering, trafficking in human beings and terrorism. The forthcoming SOCTA 2021 will serve as the main reference in relation to analysis on the involvement of Organised Crime Groups in the EU drug market.

Support EU responses to drug security challenges

The new EU Drugs Strategy is expected to significantly contribute to the internal security of the EU, as defined in the new EU Security Union Strategy for 2020–2025 ([18]). The latter recognises the threat posed by the production, trafficking and distribution of drugs to the internal security of the EU. In doing so, it very much draws on the evidence provided by the EMCDDA–Europol EU Drug Markets Report 2019.

In the EU policy area, the EMCDDA will contribute as required to the priority area addressing the drug threats identified by the Council of the EU's Standing Committee on Operational Cooperation on Internal Security (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 new psychoactive substances (NPS) in the EU and to dismantle OCGs involved in their production, trafficking and distribution. In addition, the agency will provide technical expertise and support to the European Commission for the drafting of the OAP for 2022, and will implement its tasks under the OAP 2021.

In 2021, we will continue to deliver training for law enforcement in partnership with CEPOL and Europol, in line with the EU Strategic Training Needs Assessment carried out by CEPOL and the available resources. This includes the flagship residential course for law enforcement decision-makers: 'Drug crime and markets – strategic analysis', based on the EU Drug Markets Report (the course was certified to ISO 29993:2017, in 2019). Knowledge transfer element is a key added value provided by the EMCDDA at EU level. In addition, the EMCDDA will continue close cooperation with other key EU Agencies active in the area of Justice and Home Affairs, in particular Europol, Eurojust and the European Border and Coast Guard Agency.

In 2020, to varying degrees, in response to the COVID-19 pandemic, Europe has seen the introduction of restrictive measures unprecedented in peace time, including closure of non-essential services, border closures and limitations on movement. This situation has had an immediate impact on many behaviours linked to drug supply and the operation of the drug market, as well as disrupting of some health provisions and law enforcement activities. The EMCDDA has adapted to the developing situation and in a series of rapid studies, we reported on the impact of COVID-19 on the operation of the drug market and the situation requires regular monitoring and review. There will be important medium and long-term implications for drug markets and in 2021 we will continue to monitor how the drug market is affected and how responses are adapted. We will also consider what lessons can be learnt from the pandemic in order to adapt monitoring, support decision-making and increase the resilience of policy responses in this area in future.

([18]) https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-security-union-strategy_en

Strategic objective S1:

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

Expected outcomes

- Implementation of optimised drug market-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, including the rapid changes occurring in the context of the ongoing COVID-19 pandemic, through improved timeliness, 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
S.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	■ Analysis and outputs based on the available drug market data (L2 or L3, as appropriate) ■ Review of workbooks on markets and crime and feedback provided to NFPs (L2) ■ Improved EU methodology to estimate the size of the European drug market (L2) ■ Support the NFPs' capacity to collect, analyse and report drug supply data, in line with the Reitox Development Framework and the available resources(L2) ■ Analysis of data on drug production collected by Europol (L2) ■ Studies commissioned to address information gaps identified in the 2019 EDMR, in preparation for EDMR 2022 (L3) ■ Organise the third EU Conference on Drug Supply jointly with the European Commission (L2)
S.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; web surveys)	■ Ongoing monitoring of drug supply on darknet markets implemented (subject to resources) (L2) ■ OSI monitoring further developed and outputs integrated into EMCDDA products (L3) ■ Increased cooperation with European Commission and Europol on links between drugs and other types of crime, such as trafficking in human beings (THB) (L3) ■ Increased cooperation with Frontex in relation to drug trafficking activities at the external borders of the EU (L3)
S.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	■ Strategic overview of the European and priority third countries' drug markets: outputs from projects EU4Monitoring Drugs (EU4MD), IPA7 and EMCDDA4GE, in line with the projects' Logframes (L2 or L3 – to be defined in the internal Management Plan 2021) ■ Analysis of OSI and darknet 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 (L3) ■ OSI and darknet markets analysis for the priority third countries (projects IPA7 and EU4MD) (L3) ■ Capacity development in priority third countries (projects IPA7, EU4MD and EMCDDA4GE) (L2) ■ Dissemination of EMCDDA analyses at events (L2)
S.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	■ Analysis of synthetic drug production derived (from the European Reporting Instrument on Sites related to Synthetic Production (ERISSP) data on seizures and stopped shipments of drug precursors from European Commission and other relevant data sources (L2) ■ Information exchange and collaboration with partners (in particular with Europol and the EC) on drug precursors, and contribute to key activities in the drug precursor area (L2) ■ Support EMPACT activities on synthetic drug production (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, in particular, in the context of the ongoing COVID-19 pandemic

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
S.2.1. Provide threat assessments related to transversal security threats linked to the production and supply of drugs	■ Joint threat assessment(s) with Europol (as appropriate) (L2) ■ Briefing notes on emerging threats provided to EU and national policymakers (as appropriate) (L2)
S.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	■ Results of monitoring of market-related information on NPS derived from the EU EWS analysed and integrated into EMCDDA outputs (L3) ■ Analysis of ERISSP data for NPS-related production activities in the EU (L3)
S.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	■ Threat identification and analysis based on the results of the darknet monitoring (L2) ■ Contribute to the EU-coordinated activity on the development of a platform for monitoring drug market transactions taking place on darknet markets, subject to resources (EP Preparatory Action) (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 trafficking in human beings (THB), 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
S.3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact	■ Workshop on drug-related crime and in particular violence held at the 3rd European Conference on Drug Supply (L2) ■ Information exchange and engagement with drug-related crime expert groups (L3)
S.3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats, such as illegal financial flows, corruption, trafficking in other illicit cargos and terrorism	■ Implementation of drug-related homicide monitoring (non-routine data) in a selected number of Member States (L3) ■ Analysis of links to other crime types through synergies with Europol and the European Commission (L3) ■ Topic based analyses within projects IPA 7 and EU4MD (L2) ■ Capacity development activities for the IPA7 project beneficiaries, in line with the project Logframe (L2)

Action areas	Outputs/results
S.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	■ Actions in this domain will be shaped by the outcome of the 3rd European Conference on drug supply to be held in 2021 (L3) ■ Topic based analyses within projects IPA 7 and EU4MD (L3)

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

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

Action areas	Outputs/results
S.4.1. Support the EU Policy Cycle on Serious Organised 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 EU Strategy and Action Plan on Drugs 2021–2025 (L1) ■ Expertise provided in support of the EU Security Union Strategy 2020–2025 (if relevant) (L1) ■ Support for the EU Policy Cycle on Organised and Serious International Crime, in particular through appropriate tasks with the multiannual strategic plans (MASPs), Operational Action Plans (OAP) on drug priorities and the development of multiannual strategic plans, as well as through contribution to the Serious Organised Crime Threat Assessment (L1) ■ Delivery of training by provision of expertise at events organised by CEPOL as agreed at OAP drafting (L2) ■ Participation in key events related to the EU Policy Cycle and SOCTA meetings (L2) ■ SIENA system continuous operations and update to support secure exchange of information with Europol (L1)
S.4.2. Increase the effectiveness and the impact of EU actions in the security area including by a) strengthening/establishing networks of field experts, academics, law-enforcement officials, etc. and b) defining criteria for identifying, understanding and prioritising emerging threats (including external, current and future) stemming from drug market activity, integrating uncertainty, projected trends, and scenario planning	■ Annual meeting and proceedings of the Reference Group on Drug Supply Indicators (L2) ■ Expert technical meetings held, building on network of supply experts and Reference Group subject to availability of resources (L3) ■ Participation at International conferences and contribute to the drug supply reduction debate (L2)
S.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)	■ Better understanding the impact of supply reduction (topic to be explored at the 3rd European Conference on Drug Supply Indicators) (L3)

Resources necessary for the implementation of the activities in this area

Budget (EUR) ([19])	Human resources (FTE)
EMCDDA: 3 357 183	19.51
IPA 7	1
EU4MD	2

Main area 3: Business drivers

Business driver 1: Institutional

In 2021, 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.

Furthermore, the European Commission developed an impact assessment in view of preparing a possible revision of the Centre's founding Regulation, as a follow-up to the external evaluation and the input received during the evaluation process. The main elements of a possible revision of the founding Regulation are set out in the Inception Impact Assessment (see also Section I. General context).

The review of the EMCDDA business model, which started in 2020, will be now completed and the new business model will be presented to the Management Board for adoption. Together with the Roadmap 2025, this exercise will shape the work of the EMCDDA in the 2021–2023 programming period.

In this complex institutional context, the agency will seek to improve its understanding of the evolving needs of its key stakeholders. To that end, 2021 will see the full implementation of the framework for identifying customers' needs which was developed in previous years as part of the customer needs project. It is envisaged to have customer/focus group meetings organised to assist design of key products and services, as well as user testing introduced into the workflow for all products and services. As a result, the EMCDDA portfolio of products and services will be analysed and adjusted as necessary, in line with the agency's corporate identity.

Communication and dissemination activities will be further optimised and measured for their effectiveness. Ongoing website developments will continue to offer the EMCDDA's audiences access to new interactive products and tools. A digital communication strategy will be in place, to ensure that the changes and opportunities provided by developing digital technologies are leveraged in a strategic and prioritised way.

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, trainings on crisis communication will be also provided to the agency's staff.

The agency will also endeavour to anticipate the developments in the EU drug situation, by making use of, and following up on the results of the Futures exercise completed in 2020 (see Business driver 3: Scientific capacity).

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.

([19]) For the technical assistance projects with third countries (IPA 7, EU4MD, EMCDDA4GE), the budget is presented under Main area Business Drivers and in the Annex I). Staff presented here are scientific staff recruited to work for the projects, in the Health area

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

Expected outcomes
■ Increased capacity of the EMCDDA to customers' meet stakeholders' needs through tailored products services and services products which are provided through optimised communication channels and customer networks ■ 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)
	■ Ongoing analysis of stakeholders/customer needs based on the framework put in place in 2020 (L2)
B1.2. Configure services to ensure they are timely and are delivered professionally and in a form coherent with our stakeholders' needs	■ Methods and instruments implemented to assist design of key products and services for drug professionals (e.g. stakeholder/focus group meetings; user testing) (L2)
	■ EMCDDA portfolio of products and services analysed and adjusted based on outcome of 'Customer needs' assessment project' (L2)
	■ User testing formally introduced into the workflow for all products and services (L2)
	■ Communication and dissemination activities (including through digital channels: website, social media, audiovisual) are optimised and measured for their effectiveness (L2)
	■ Web system functional and further developed as required (L2)
	■ Availability of multilingual products (subject to resources) (L2)
B1.3. Prepare the agency for ongoing and potential future revisions of its mandate, in line with the recommendations of the external evaluation to be performed in 2018, and the conclusions of the evaluation of EU Drugs Strategy and Action Plan	■ Action plan to follow up the recommendations arising from the fourth external evaluation of the EMCDDA ('follow-up action plan') implemented (L1)
	■ New EMCDDA business model presented to the Management Board for adoption (L1)

Business driver 2: Partnership

In line with its strategic priorities, in 2021 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, 2021 will see the adoption by the Heads of the national focal points (HNFPs) of the second Roadmap (for 2021–2025) of the Reitox Development Framework (RDF). This new Roadmap will aim at continuing to enhance the visibility, usefulness and ultimately the sustainability of the NFPs at national level, and as a network at European level. It will be informed by the results of the assessment of the previous Roadmap (until 2020) which is planned to be completed also in 2021.

The accreditation system initiative will further continue in 2021. The interested NFPs will be supported in the application of the self-assessment tool, which has been implemented since 2018 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 Justice and Home Affairs cluster, such as Europol, Eurojust, CEPOL,

Frontex and eu-LISA. This will include participation in joint promotional and information campaigns, as appropriate, as well as joint operational actions under EU Policy Cycle/ EMPACT. Collaboration with other relevant partners, such as Joint Research Centre (JRC), will be also strengthened.

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

In 2021, the cooperation for the preparation of CC and PCC for the EU accession will continue primarily through the IPA 7 technical assistance project, for six beneficiary CC and PCC countries (covering the period of July 2019–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 interesting countries, thus bringing them closer to the EMCDDA. It will as well serve to enhance the capacity of the IPA beneficiaries to monitor drug markets and contribute to improving national and regional responses cross-border analyses regarding both health and security threats. It is envisaged to present the results of the cross-border analyses for both health and security related matters at a scientific conference to take place by mid 2022.

As a result of COVID-19 prevention measures, the 'EU4Monitoring Drugs' project, initially scheduled to end in 2021, has been extended till mid 2022. This EU-funded project aims to enhance the capacity of ENP partner countries, to monitor drug markets and thereby contribute to improving national and regional responses to contemporary security and health threats in this countries/region. This project focuses on the areas where the EMCDDA's 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 these and the EU. To that end, 2021 will be a crucial year to consolidate the production of project products, which will be published in the first half of 2022.

Furthermore, in 2021 the EMCDDA will start a new format of technical cooperation project with the implementation of a bilateral project with Georgia (called EMCDDA4GE). First bilateral project implemented by the EMCDDA, this cooperation will aim at contributing to enhancing national responses in Georgia to health and security threats posed by contemporary drug markets and related issues. During its 24 months implementation period, the project will aim to: 1) identify, monitor and report effectively on ongoing, emerging and future trends in the drug market and their implications for security and health; and 2) contribute to enhancing the national capacity to respond to health and social drug related problems.

In 2021, within the available resources the EMCDDA will continue cooperating with other third countries and regions in the framework of regional EU funded programmes with Central Asian countries, and Latin American and Caribbean countries as well as on ad hoc basis with other third countries.

Business objective B2:

Strengthen the European Drug Information System through effective and mutually beneficial partnerships and synergies with our data providers, communities of knowledge and relevant European and international bodies and cooperation with third countries

Expected outcomes

- Efficient coordination of the Reitox network to ensure improved reporting capacity of the NFPs and good performance in the implementation of the grant agreements
- Enhanced synergies with EU and international bodies working in the drug-related areas
- Increased EU capacity to address drug threats in EU priority third countries

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
5. Implementation and management of the RTX 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
B.2.1. 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 – Annual Reporting Package 2022 adopted by the NFPs (L1) – 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 the available resources (L2) – Assessment of the RDF Roadmap 2020 completed and results used to inform the new Roadmap, for 2021–2025 (L2) – Biannual meetings of the HFPs (L1) – Technical meetings (as appropriate and in line with resources) (L2) – Countries supported in the implementation of the Reitox accreditation system (L2) – NFPs provided with quality feedback, technical assistance and institutional support (where required) (see also the main areas Health and Security) (L2) ■ Grant agreements management – 2021 Grant agreements deliverables (financial and narrative reports) provided in line with the applicable rules and regulations (L1) – 2020 Grant agreement final deliverables (financial and narrative reports) controlled and final payments executed (L1) – 2020 Grant agreement audit reports prepared, further to the audit missions carried out in selected countries (in line with resources), and made available to the European Court of Auditors (upon request) (L2) – 2022 grant agreements model and annexes (list of activities, list of meetings, list of deliverables) prepared and shared with the NFPs (L1)
B.2.2. 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 indicators areas and other data collection sources (e.g. ESPAD, SCORE, Euro-DEN, Xchange) (L2) ■ Experts from priority third countries associated and participating in relevant drug experts networks (projects IPA7, EU4MD and EMCDDA4GE) (L2) ■ Reference paper on the articulation of different networks at EU and national level implemented (update of the 'Charter of good communication between the EMCDDA, the NFPs and national experts' adopted by the Heads of National Focal Points in May 2010) (L3)
B.2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging needs of stakeholders	■ Support EU institution related activities in the area of drug policy (Horizontal Drugs Group – HDG, National Drugs Coordinators – NDC, etc.) (L1) ■ Support the EU in the implementation of its Enlargement and Neighbourhood policies and its cooperation with international bodies and third countries (L1) ■ 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 2021 (L2) ■ New working arrangements with partners, as appropriate (L2) ■ Efficient management of the IPA7 project (L2) ■ Efficient management of the project 'EU4Monitoring Drugs' (L2) ■ Efficient management of the bilateral project with (EMCDDA4GE) (L2) ■ Support to the European Commission (upon request and coverage of expenses by EU programmes) in the implementation of EU drug-related regional programmes, such as CADAP, COPOLAD, EU Act Cocaine route, Euromed Police and other EU-funded projects regarding which the EMCDDA support will be requested (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 2021, 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 and, where appropriate, in the framework of drug-related EC-funded projects).

The members of the Scientific Committee will adopt a formal opinion on the EMCDDA SPD 2022–24 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 2021, the EMCDDA will set up an innovation framework which will provide an internal mechanism for coordination of research, innovation and futures studies. This will include support to horizon scanning activities which will be carried out to inform internal discussions on future needs in the area of scientific capacity, while taking into consideration any changes to the EMCDDA regulation relevant to these topics.

The EMCDDA will continue to be an active member of the EU Agencies Network for Scientific Advice (EU-ANSA), to profit from its rich pool of expertise on scientific matters, synergies between members' work and exchanges on ways to enhance the quality of the scientific advice provided by EU agencies.

Last but not least, the EMCDDA will ensure the preparatory work on the scientific programme, as one of the main partners in the Programme and Organising Committees, for the Fourth European Conference on Addictive Behaviours and Dependencies, which was announced for November 2022.

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
B.3.1. 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)
	■ EMCDDA innovation framework to provide an internal framework for coordination of research, innovation and futures studies (L2)
	■ Scientific articles in high-impact journals (L2)
	■ Internal digital information service, updating on developments in the drugs field, in place (L2)
B.3.2. 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 B 3.3. have been merged into a single action)	■ Internal scientific coordination mechanisms in place and communication tools maintained (L2)
	■ Framework for standard products management implemented (L2)
	■ Quality assurance priorities for scientific activities implemented (L2)
	■ Maintain an active presence in EU-ANSA activities (L2)
B.3.3. 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	■ Lisbon Addictions 2022 preparatory work developed as necessary (L2)
	■ Facilitate knowledge transfer and promote the work of the EMCDDA by organising and/or contributing to scientific and technical events (resource dependent) (L2)
	■ Active contribution to relevant EU and international research, activities and projects by providing expertise in selection committees, advisory boards and meetings, and appropriate follow up activities (resource dependent) (L2)

Business driver 4 (B4): Management

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

In 2021, 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. This will be particularly important in 2021, in the context of the COVID-19 pandemic which has brought important changes in the organisation of work. While the evolution of the pandemic is uncertain at this point, it is likely that it will continue to affect many of the EMCDDA's organisational processes. In this context, priority will be given to transforming business operations and functions so that they leverage the use of digital technologies (the EMCDDA digital transformation). This will include the work on the new EMCDDA business model, as well as the gradual implementation of the EMCDDA workstation transformation programme (see later section in this Overview).

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 operational priorities and allocation of resources.

The EMCDDA will ensure the efficient implementation of the annual work programme, which is part of the SPD 2021–2023, and the timely delivery to the EMCDDA's stakeholders of the next SPDs: for 2022–2024, and for 2023–2025 (preliminary draft).

The performance management system will be maintained and further developed. This will be based on the established set of KPIs and on the key milestones which will be defined by the Roadmap 2021–2025.

Furthermore, 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, subject to the available resources.

The priorities concerning the budget and the financial management-related operations will focus on effective and timely planning, monitoring and execution of the EMCDDA budget, and on optimising all related processes. A key target will be to maintain the excellent level of performance achieved in the budget execution in previous years. Efficiency of all related processes will be pursued, namely by making increased use of digital solutions. Procedures and tools for sound management of financial resources will be adjusted in a timely fashion, in line with relevant financial rules, to 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. The recommendations arising from the audits performed at the EMCDDA, as well as from the fourth external evaluation which was carried out in 2018, will be closely followed up on and implemented in line with the action plans adopted by the Management Board.

In 2021, budget and financial management-related operations will continue focusing on effective and timely forecast, planning, monitoring and use EMCDDA's resources and on the optimisation of the relevant processes, with special attention to the use of electronic tools for financial and procurement management. A key target will be to maintain as much as possible the excellent level of performance achieved in the budget execution in previous years. Efficiency of processes will be pursued, in line with the new financial rules in force as from mid 2019, to contribute ensuring the sound implementation of the EMCDDA Strategy 2025.

The management of human resources will encompass the sound management of existing processes, as required by the applicable staff regulations and their implementing rules. Subject to available resources special attention will be paid to the development of actions for staff's training, subject to available resources, to continue supporting the effective implementation of the EMCDDA Strategy.

Action will be pursued to ensure a safe working environment, as well as to guarantee the efficient use of the EMCDDA 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 smooth operation of all the services provided. In line with priorities set up by the ICT Steering Committee, the ICT programmes and services will be developed and delivered to implement and support core business and corporate projects and processes, guided by Best Practice examples and recommendations rooted in Security, Privacy, and Risk Management-related principles.

In 2021, as much as the resources allow, the EMCDDA will strive to promote business innovation and sustainable work practices.

In 2020, further to the emergence of the COVID-19 pandemic, the EMCDDA has accelerated the initiation of the EMCDDA workstation transformation programme which aims to create a modernised digital workplace which will enable the agency's staff to make full and efficient use of teleworking as an increasingly established work practice. Started in 2020, this is meant to be implemented over several years, based on availability of resources. Together with the agency's investments in novel data sources and new monitoring methods, this will ensure the EMCDDA's preparedness to successfully fulfil its tasks in the context of fast moving technological progress and the need to pursue environmental friendly measures in its activities.

Business objective B4:

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

Expected outcomes

- Good performance by the EMCDDA in implementing the annual programming instrument
- Sound management of the EMCDDA's resources, in compliance with applicable rules and procedures and in line with organisational needs
- Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources
- Optimal level of operability of the EMCDDA's ICT systems

KPIs

1. Budget execution
2. Staff capacity
6. Organisational efficiency
7. Work programme delivery

Action areas	Outputs/results
B4.1. Put in place the new organisational structure and other measures necessary for successful implementation of Strategy 2025	■ Management mechanisms (e.g. Strategic Committee, the Heads of Unit meetings, the Editorial Board meeting, the ICT Steering Committee) operational to enable sound decision-making on the EMCDDA operational priorities and allocation of resources (L2)
	■ Activities in the areas of data protection, public access to documents, internal control mechanisms and risk management implemented in line with the existing EU regulations and practices (L2)
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	■ Planning instruments and processes
	– Roadmap 2021–2025 in place (L1)
	– SPD 2021–2023 published (L1)
	– Draft SPD 2022–2024 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 draft SPD 2023–2025 prepared and submitted to the Management Board for adoption (L1)
	– EMCDDA 2022 draft budget (DB) and 2023 preliminary draft budget (PDB) timely prepared and submitted for adoption by Management Board (L1)
	– 2021 Management plan in place (L2)
	– The PM²@EMCDDA project implemented (L2)
	– The EMCDDA corporate management information system (project Matrix@EMCDDA) implemented (L2)
	– Mid-term budgetary forecasts prepared (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)
	■ Facilities support services
	– Safe, secure and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources (L2)
	– Efficiency in using available facilities, equipment, infrastructure and utilities (L2)

Action areas	Outputs/results
	■ ICT support services
	– Activities in the area of ICT Governance and strategy in line with Best practices and recommendations: processes and standards; ICT Strategy and Enterprise architecture (L2)
	– Operability of core services maintained:
	o Drugs data-related support services; restricted Drugs data (Siena) -related support services; EDND-related support services; Online/websites support services (L1)
	o Matrix and Management software support services; Administrative software support services (L2)
	– Activities in financial and contractual management and compliance, related to ICT equipment, licenses, and Telecommunication (L1)
	– Lights on – System administration of production services and Service support (L1)
	– ICT Risk mitigation: activities in the area of Business Continuity, Disaster recovery, and mitigation of risks from legacy systems; and Cyber security risk mitigation (L1)
	– Review hardware and software architecture components, as required, with priority to the implementation of the EMCDDA workstation transformation programme (L2)
	– Innovative initiatives and projects to implement business requirements and processes, with priority to the implementation of the ECID project (L2)
	– Identification and evolution of business requirements, planning and delivery of innovative technical services, processes and products and test architecture; Bring Your Own Device support (L3)
	■ Synergies and efficiency gains
	– Synergies with other EU bodies, including through participation in interagency networks and inter-institutional framework contracts, and sharing technical services (with EMSA in particular) (L2)
	– Further joint procurement of shared services, sharing of training activities and some services/bodies, such as the medical officer and the invalidity and disciplinary committees, and cooperation and coordination with EMSA on security matters (L2)
B4.3. Strengthen performance management at all levels	■ General Report of Activities (GRA) 2020 prepared, submitted to the Management Board for adoption, and published online by 15 June 2021, in line with the recast EMCDDA Regulation (L1)
	■ Quarterly performance reviews carried out to inform sound management decisions (L2)
	■ High level of budget execution (commitment and payment appropriations), in line with annual targets (L2)
	■ Timely and effective follow-up to observations/recommendations from external audits, as required and agreed (L2)
	■ Timely report on measures taken in light of the observations accompanying the annual discharge (L2)
B4.4. Improve people management and implement a sustainable staff training and development programme to ensure the EMCDDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	■ Sound management of EMCDDA human resources, in accordance with applicable rules and in line with organisational needs (L1)
	■ Staff's development programme in place, including annual training plan and customised trainings, on the basis of available resources (L2)
	■ Level of the vacancy rate below 5 % (in line with the KPI 2: Staff capacity – performance indicator 2.1: Occupation rate (implementation of the establishment plan), and conditional upon resources (L2)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
EMCDDA: 5 573 508	32.39
IPA 7: n.a.	1 ([20])
EU4MD: 795 219	2 ([21])
EMCDDA4GE: 800 000	2 ([22])

([20]) Non-scientific staff recruited for the project
([21]) Non-scientific staff recruited for the project
([22]) Non-scientific staff recruited for the project

ANNEXES

Annex I
Estimated budget allocation for the implementation of the EMCDDA 2021 work programme

The amounts indicated in the table below reflects the figures of the adopted EMCDDA budget for 2021, which provides for 76 authorised posts in the establishment plan and enters the following main revenue:

- EUR 16 614 372 to be provided by the EU 2021 subsidy to the EMCDDA;
- EUR 467 723 to be provided by Norway for its 2021 contribution to the EMCDDA for its participation in the activities of the latter;
- EUR 297 477 to be provided by Turkey for its 2021 contribution to the EMCDDA for its participation in the activities of the latter.

The table below presents the allocation of the EMCDDA's 2021 budget appropriations for implementing the EMCDDA's 2021 work programme, as well as the resources earmarked to implement the technical assistance projects with third countries (namely IPA 7, EU4MD and EMCDDA4GE).

TABLE A1
Main areas (MAs)

WP areas	Main actors for implementation/ cost objects	Allocated human resources (FTE/year) ([23])					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	3.20	31.85	14.05	0	49.10	8 448 881
MA 2: Security	SAS, SDI, HEA, RTX&EP, COM, ICT, DIR/EXO	0.95	13.31	4.25	1	19.51	3 357 183
MA 3: Business drivers	DIR/EXO, SDI, COM, RTX&EP, ADM, ICT, HEA, SAS	2.85	20.84	8.70	0	32.39	5 573 508
TOTAL		**7**	**66**	**27**	**1**	**101**	**17 379 572**

TABLE A2
Technical assistance projects with third countries: resources covered by the projects' budgets ([24]):

Project	Allocated human resources ([25])					Allocated budget resources – assigned appropriations (EUR)
	O	TA	CA	SNE	TOTAL HR	
IPA 7	-	-	3	-	3	1 000 000
EU4Monitoring Drugs (EU4MD)	-	-	5	-	5	3 000 000
Georgia (EMCDDA4GE)			2		2	800.000
TOTAL	**-**	**-**	**10**	**-**	**10**	**4 800 000**

([23]) This table presents the FTEs (full time equivalent) corresponding to posts filled in or engaged, as of 31 December 2020 (without the staff recruited for the technical assistance projects and paid from the corresponding assigned appropriations)
([24]) These are the total budgets of the projects, covering the entire duration of implementation of these projects
([25]) Only staff recruited for the projects and paid from the corresponding assigned appropriations.

Annex II
Human and financial resources (tables 2021–2023)

TABLE A3
Expenditure

Expenditure	N (2020)		N+1 (2021)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1	11 470 017	11 470 017	12 187 037	12 187 037
Title 2	1 802 490	1 802 490	2 136 500	2 136 500
Title 3	3 746 832	3 746 832	3 056 035	3 056 035
Total expenditure	**17 019 339**	**17 019 339**	**17 379 572**	**17 379 572**

Expenditure	Commitment appropriations						
	Executed budget 2019	Budget 2020	Draft budget 2021		VAR	Envisaged N+2 2022	Envisaged N+3 2023
			Agency request	Budget forecast	2021/ 2020 (%)		
Title 1 – Staff expenditure	**10 756 058**	**11 470 017**	**12 187 037**			**12 601 522**	**12 981 915**
Salaries and allowances	10 713 687	11 415 017	12 119 537			12 487 522	12 867 915
- Of which establishment plan posts	9 098 093	9.720 289	10 373 899			10 656 464	10 983 502
- Of which external personnel	1 615 595	1 694 728	1 745 638			1 831 058	1 884 413
Expenditure relating to staff recruitment	1 672	10 000	22 500			14 000	14 000
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	40 698	45 000	45 000			100 000	100 000
External services							
Receptions, events and representation							
Social welfare							
Other staff related expenditure							
Title 2 – Infrastructure and operating expenditure	**1 464 422**	**1 802 490**	**2 136 500**			**2 321 570**	**2 329 025**
Rental of buildings and associated costs	858 882	1 229 261	1 447 955			1 491 021	1 498 476
Information, communication technology and data processing	467 351	415 775	537 645			613 199	613 199
Movable property and associated costs	57 078	50 860	50 500			111 000	111 000
Current administrative expenditure	26 889	27 964	29 900			34 350	34 350
Postage / Telecommunications	38 821	63 050	54 000			45 500	45 500
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	15 400	15 580	16 500			26 500	26 500

Expenditure	Commitment appropriations						
	Executed budget 2019	Budget 2020	Draft budget 2021		VAR	Envisaged N+2 2022	Envisaged N+3 2023
			Agency request	Budget forecast	2021/ 2020 (%)		
Title 3 – Operational expenditure	**3 749 939**	**3 746 832**	**3 056 035**			**4 403 004**	**4 403 004**
Information and publishing	495 354	430 000	376 250			706 714	706 714
Studies	451 942	387 844	339 364			890 000	890 000
Reitox	2 060 603	2 140 000	2 063 000			2 063 000	2 063 000
Mission expenses	238 385	260 000	91 000			238 610	238 610
Meeting expenses	501 180	525 488	183 921			501 180	501 180
Receptions and events	2 475	3 500	2 500			3 500	3 500
Total general expenditure	15 970 418	17 019 339	17 379 572			19 326 096	19 713 944
Expenditure related to IPA projects	147 405						
Expenditure related to EU4MD projects	927 737	1 007 367	795 219				
Expenditure related to EMCDDA4GE project	-	-	800 000				
Expenditure IPA and EU4MD projects	**1 075 142**	**1 007 367**	**1 595 219**				
TOTAL	**17 045 560**	**18 026 706**	**18 974 791**			**19 326 096**	**19 713 944**

Expenditure	Payment appropriations						
	Executed budget 2019	Budget 2020	Draft budget 2021		VAR	Envisaged N+2 2022	Envisaged N+3 2023
			Agency request	Budget forecast	2021/ 2020 (%)		
Title 1 – Staff expenditure	**10 733 754**	**11 470 017**	**12 187 037**			**12 601 522**	**12 981 915**
Salaries and allowances	10 706 962	11 415 017	12 119 537			12 487 522	12 867 915
- Of which establishment plan posts	9 098 093	9 720 289	10 373 899			10 656 464	10 983 502
- Of which external personnel	1 608 869	1 694 728	1 745 638			1 831 058	1 884 413
Expenditure relating to staff recruitment	1 672	10 000	22 500			14 000	14 000
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	25 120	45 000	45 000			100 000	100 000
External services							
Receptions, events and representation							
Social welfare							
Other staff related expenditure							
Title 2 – Infrastructure and operating expenditure	**1 212 472**	**1 802 490**	**2 136 500**			**2 321 570**	**2 329 025**
Rental of buildings and associated costs	794 271	1 229 261	1 447 955			1 491 021	1 498 476
Information, communication technology and data processing	308 953	415 775	537 645			613 199	613 199
Movable property and associated costs	31 913	50 860	50 500			111 000	111 000
Current administrative expenditure	24 671	27 964	29 900			34 350	34 350

Expenditure	Payment appropriations						
	Executed budget 2019	Budget 2020	Draft budget 2021		VAR	Envisaged N+2 2022	Envisaged N+3 2023
			Agency request	Budget forecast	2021/ 2020 (%)		
Postage / Telecommunications	38 821	63 050	54 000			45 500	45 500
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	13 843	15 580	16 500			26 500	26 500
Title 3 – Operational expenditure	**3 749 589**	**3 746 832**	**3 056 035**			**4 403 004**	**4 403 004**
Information and publishing	541 227	430 000	376 250			706 714	706 714
Studies	494 699	387 844	339 364			890 000	890 000
Reitox	1 996 893	2 140 000	2 063 000			2 063 000	2 063 000
Mission expenses	209 382	260 000	91 000			238 610	238 610
Meeting expenses	504 829	525 488	183 921			501 180	501 180
Receptions and events	2 559	3 500	2 500			3 500	3 500
Total general expenditure	15 695 815	17 019 339	17 379 572			19 326 096	19 713 944
Expenditure related to IPA projects	85 671						
Expenditure related to EU4MD projects	624 313	1 007 367	795 219				
Expenditure related to EMCDDA4GE project	-	-	800 000				
Expenditure IPA and EU4MD projects	709 985	1 007 367	1 595 219				
TOTAL	**16 405 800**	**18 026 706**	**18 974 791**			**19 326 096**	**19 713 944**

TABLE A4

Revenue

Revenues	N (2020)	N+1 (2021)
	Revenues estimated by the agency	Budget forecast
EU contribution	16 288 600	16 614 372
Other revenue	730 739	765 200
Total revenues	**17 019 339**	**17 379 572**

Revenues	General revenues						
	Executed budget 2019	Budget 2020	Draft budget 2021		VAR	Envisaged N+2 2022	Envisaged N+3 2023
			Agency request	Budget forecast	2021 /2020 (%)		
1 Revenue from fees and charges (including balancing reserve from previous years surplus)							
2 EU contribution	15 286 600	16 288 600	16 614 372			18 468 120	18 837 482
- Of which assigned revenues deriving from previous years' surpluses	189 764	22 251	20 639				

Revenues	General revenues						
	Executed budget 2019	Budget 2020	Draft budget 2021		VAR	Envisaged N+2 2022	Envisaged N+3 2023
			Agency request	Budget forecast	2021 /2020 (%)		
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	684 166	730 739	765 200			857 976	876 461
- of which EEA/EFTA (excl. Switzerland)	410 462	439 095	467 723			527 307	539 180
- Of which candidate countries	273 704	291 644	297 477			330 668	337 281
4 Other contributions	18 983						
5 Administrative operations	0						
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58), internal assigned revenue etc.	0						
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
Total revenues	**15 989 749**	**17 019 339**	**17 379 572**			**19 326 096**	**19 713 944**

TABLE A5

Budget outturn and cancellation of appropriations

Budget outturn	2017	2018	2019
Revenue actually received (+)	16 168 798	16 169 483	18 195 649
Payments made (-)	-15 370 324	-16 009 622	-16 525.529
Carry-over of appropriations (-)	-968 942	-455 152	-1 777 308
Cancellation of appropriations carried over (+)	18 246	27 093	12 561
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	342 258	292 360	115 167
Exchange rate differences (+ /-)	-272	-1 911	99
Total	**189 764**	**22 251**	**20 639**

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 in 31.12.2018	Authorised under EU Budget 2019	Actually filled at 31.12.2019 ([26])	Authorised under EU Budget 2020	Actually filled in 31.12.2020	In draft budget for year 2021	Envisaged in 2022	Envisaged in 2023
Officials	AD	6	6	6	6	5	5	5	5
	AST	3	4	3	4	2	2	2	2
	AST/SC	0	0	0	0	0	0	0	0
TA	AD	43	45	42	45	44	46	46	46
	AST	21	21	21	21	22	23	23	23
	AST/SC	0	0	0	0		0	0	0
Total		**73**	**76**	**72**	**76**	**73**	**76**	**76**	**76**
CA GF IV		8	8	8	9	8	10	10	4
CA GF III		9	9	8	9	8	9	9	9
CA GF II		14	14	15	15	15	16	16	12
CA GF I		3	3	3	3	3	3	3	3
Total CA		**34**	**34**	**34**	**36**	**34**	**38**	**38**	**28**
SNE		1	1	1	1	1	1	1	1
Structural service providers									
TOTAL		**108**	**111**	**107**	**113**	**108**	**115**	**115**	**105**
External staff for occasional replacement		4	4	2	2	2	2	2	2

([26]) Offer letters are counted as posts filled in.

TABLE A7

Multiannual staff policy plan 2021-2023

Category and grade	Establishment plan in EU Budget 2019		Filled as of 31.12.2019 ([27])		Modifications 2019 in application of flexibility rule		Establishment plan in voted EU Budget 2020		Modifications 2021 in application of flexibility rule ([28])		Establishment plan in Draft EU Budget 2021		Establishment plan 2022		Establishment plan 2023	
	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	3	1	3			1	3			1	3	1	3	1	3
AD 12	4	10	3	5	-1	-1	3	9		-1	3	8	3	8	3	8
AD 11	1	11		7		-1	1	10			1	10	1	9	1	9
AD 10		12	1	3	1	-1	1	11	-1			11		10		10
AD 9		7	1	8		1		8				8		8		8
AD 8				9		1		1		+2		3		5		5
AD 7				4		1		1				1		1		1
AD 6				2												
AD 5																
Total AD	**6**	**45**	**6**	**42**	**0**	**0**	**6**	**45**	**-1**	**+1**	**5**	**46**	**5**	**46**	**5**	**46**
AST 11	1	1		1			1	1	-1			1		1		1
AST 10		2						2				2		2		2
AST 9	1	7		3		-1	1	6			1	6	1	6	1	6
AST 8	2	7	1	2		-1	2	6	-1		1	6	1	5	1	5
AST 7		4		3		1		5		+1		6		6		6
AST 6			1	8		1		1		+1		2		3		3
AST 5				3												
AST 4				1												
AST 3			1													
AST 2																
AST 1																
Total AST	**4**	**21**	**3**	**21**	**0**	**0**	**4**	**21**	**-2**	**+2**	**2**	**23**	**2**	**23**	**2**	**23**
AST/SC 6																
AST/SC 5																
AST/SC 4																
AST/SC 3																
AST/SC 2																
AST/SC 1																
TOTAL	**10**	**66**	**9**	**63**	**0**	**0**	**10**	**66**	**-3**	**+3**	**7**	**69**	**7**	**69**	**7**	**69**

([27]) Offer letters are counted as posts filled in.

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

Annex IV
Human resources policies

Recruitment policy

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

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

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

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

When recruiting officials, the EMCDDA complies with the relevant provisions of the Staff regulations, namely with Article 29 and Annex III.

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

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

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

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

Recruitment at grades AD 9 to AD 11, and in exceptional cases at AD 12, is limited to filling middle management positions or to particular cases where a higher grade is essential to ensure a recruitment of high quality. In the latter case, the grade must be justified by the high level of expertise required, the specific conditions of the labour market concerned and/or by the fact that a lower grade would not be attractive for the target population of potential candidates.

Duration of employment

Upon recruitment, EMCDDA temporary and contract agents engaged to address long-term or permanent tasks are offered

a contract of five years. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for further five years. In case of second renewal, agents are engaged for an indefinite period.

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

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

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

For the majority of its activities, the EMCDDA requires scientifically and/or technically qualified staff with highly specialised knowledge and extensive experience – particularly in those fields linked to its core activities. Specialisation is inherent to the agency. The EU skill base of available and competent staff is limited. In some areas of activity only one staff member is involved in running the service.

Furthermore, given the ground-breaking nature of many of its activities, the agency needs to cultivate a workforce that combines sector knowledge and insight in its specialised field of expertise (drugs and drug addiction) with a track record of innovation, cooperation and knowledge transfer. Staff therefore need to be prepared to nurture agency-wide skills, and must possess the professional latitude and flexibility to work 'horizontally' on other projects that might benefit from their area of expertise.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) Seconded National Experts (SNEs)

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

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

Appraisal of performance and reclassifications/promotions

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

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

- for staff appraisal: an annual exercise focusing on the staff member's performance. This includes dialogue between the actors involved, possibility for appeal and definition of the staff member's training needs;

- for promotion of officials, for assignment of temporary agents to a post corresponding to a higher grade and for classification of contract agents in the subsequent higher grade: a merit-based annual exercise with two years in the current grade as a minimum condition for eligibility. This includes a focus on the comparative assessment of the merits of eligible staff, mainly taking into account the result of the appraisal exercise.

The EMCDDA's rules and procedures in this field were revised in 2009, by decision of the EMCDDA Management Board and with the agreement of the European Commission, on the basis of common model decisions resulting from preparatory works carried out by the agencies and the European Commission. After the entry into force on 1 January 2014 of the latest reform of the Staff Regulations/CEOS, the EMCDDA revised the appraisal of performance rules and procedures on the basis of common model decisions prepared by the Standing Working Party (SWP) set up for this purpose by the EC's relevant services and the network of the EU decentralised agencies. The EMCDDA Management Board adopted the rules that follow the model worked out by the SWP that has been adopted by ex-ante agreement by the 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 which is in line with Annex IB and Annex XIII of the Staff Regulations. Regarding the legal framework for promotions and reclassification, the SWP finalised the work and proposed a model to all Agencies. The EMCDDA adopted the rules proposed by the European Commission and started applying them for the 2017 exercise. Below, the actual figures on promotion/reclassification are presented for full information.

TABLE A8

Reclassification of temporary staff/promotion of officials

Category and Grade	Staff in activity at 01.01.2018		How many staff members were promoted/ reclassified in 2019 *		Average no. of years in grade before reclassification/ promotion
	officials	TA	officials	TA	
AD 16					
AD 15					
AD 14		1			
AD 13	1	3			
AD 12	3	5			
AD 11		7		1	9
AD 10	1	3	1	2	6.7
AD 9	1	8			
AD 8		9		2	5.5
AD 7		4			
AD 6		2		2	2.9
AD 5					
Total AD	**6**	**42**	**1**	**7**	
AST 11		1			
AST 10					
AST 9		3			
AST 8	1	2			
AST 7		3			
AST 6	1	8	1	1	6.5
AST 5		3			
AST 4		1			
AST 3	1				
AST 2					
AST 1					
Total AST	**3**	**21**	**1**	**1**	
AST/SC 1					
AST/SC 2					
AST/SC 3					
AST/SC 4					
AST/SC 5					
AST/SC 6					
Total AST/SC	**0**	**0**	**0**	**0**	
TOTAL	**9**	**63**	**2**	**8**	

* Number of staff reclassified/promoted at the new grade

TABLE A9
Reclassification of contract staff

Function group	Grade	Staff in activity at 01.01.2018	How many staff members were reclassified in 2019*	Average number of years in grade of reclassified staff members
CA IV	18	0		
	17	1		
	16	0		
	15	1		
	14	2		
	13	1		
CA III	12	1		
	11	4		
	10	1	1	3.2
	9	2		
	8	0		
CA II	7	6	2	4
	6	3	1	5
	5	2		
	4	1		
CA I	3	3		
	2	0		
	1	0		
Total		28	4	

* Number of staff reclassified at the new grade

Mobility policy

(i) Mobility within the EMCDDA

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

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

(ii) Mobility among EU agencies

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

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

(iii) Mobility between the EMCDDA and the EU institutions

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

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

Gender and geographical balance

The gender balance among EMCDDA overall staff in 2019 was once again slightly positive towards women. The illustration below provides a visual representation of the number of female and male staff per contract type (officials/temporary agents/contract agents) with an indication of the function group (AD/AST). The same information is provided regarding seconded national experts.

TABLE A10

Gender balance at 31 December 2019

		Female	Male	Total
Officials	AD	0	6	6
	AST	3	0	3
Subtotal		**3**	**6**	**9**
Temporary Agents	AD	22	20	42
	AST	10	11	21
Subtotal		**32**	**31**	**63**
Contract Agents	CAIV	5	3	8
	CAIII	5	3	8
	CAII	14	1	15
	CAI	0	3	3
Subtotal		**24**	**10**	**34**
SNE		0	1	1
Subtotal		**0**	**1**	**1**
TOTAL		**59**	**48**	**107**

TABLE A11

Management gender balance at 31 December 2019

Positions (HoU upward only)	Female	Male	% of female
Senior management (Director)	0	1	0 %
Middle management (Head of Units)	2	6	25 %

The EMCDDA is committed to address gender balance amongst its senior staff. This is enshrined in all the policies currently applicable at the EMCDDA. In particular, the agency's implementing rules on recruitment and the general guidelines on recruitment made available to the general public make clear that the EMCDDA encourages applications from women and express the agency's commitment against any form of discrimination.

TABLE A12

Geographical balance at 31 December 2019

	Officials		Temporary Agents		SNE	Contract Agents				Total		
Nationality	AD	AST	AD	AST		CAI	CAII	CAIII	CAIV	1	**Nationality**	**%**
Belgian	1		3	3			2		1	10	Belgian	9.3 %
British			6	1					1	8	British	7.5 %
Bulgarian			2				1			3	Bulgarian	2.8 %
Czech									1	1	Czech	0.9 %
Dutch			1							1	Dutch	0.9 %
Finnish									1	1	Finnish	0.9 %
French			5	1			1		1	8	French	7.5 %
German	1		4	2						7	German	6.5 %
Greek							1			1	Greek	0.9 %
Irish			4	1						5	Irish	4.7 %
Italian	1		5	1				4		11	Italian	10.3 %
Latvian			1							1	Latvian	0.9 %
Luxembourgish			1	1						2	Luxembourgish	1.9 %
Polish			1	1			1		1	4	Polish	3.7 %
Portuguese	1	3	6	8		3	9	4	1	35	Portuguese	32.7 %
Romanian			1		1				1	3	Romanian	2.8 %
Spanish	2		2	2						6	Spanish	5.6 %
Total	**6**	**3**	**42**	**21**	**1**	**3**	**15**	**8**	**8**	**107**		

Schooling

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

It is evident that the staff of the EMCDDA are not treated equally to other EU personnel when one considers that: (i) the staff members of EU institutions, including some agencies, enjoy free access to European Schools (school fees and transport included), where available, under the condition they have a contract of at least one year; (ii) the average annual costs covered by the EU budget per pupil attending a European school is approximately EUR 11 840 ([29]) while the maximum reimbursement for education allowance, foreseen by the Staff regulations for covering the costs of attendance of a pupil per year of any school where no European school is available, is approximately EUR 5 953; (iii) European Schools provide multilingual tuition in all languages of the EU 15 and most of the EU 27 and offer the European Baccalaureate recognised in all Member States.

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

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

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

([29]) 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	Pursuant to an agreement with the Portuguese State, in 2009 an area of 673.25 square metres (located in the Relogio building of the EMCDDA premises) was sublet to the latter for the use of the Jaques Delors European Information Centre (JDEIC since 2009). This sublease covered the period between May 2009 and March 2012, when the CIEJD left the areas occupied pursuant to the decision taken by the relevant Portuguese authorities. From 2012 to 2016 some private and public entities have expressed an interest for 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 five years, which may be extended for a further period of five years.
Surface area (in square metres) Of which office space Of which non-office space	6 520 + 61 parking spaces 5 846 674	643 square metres office space are subleased
Annual rent (in 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 589 689.96 for 2019 EUR 955 889.96 for 2020 EUR 1 072 089.96 from 2021 until the end of the 25 years lease contract in force 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	N.A.	
Other comment		

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

* See also Annex IV, Section – Schooling

Annex VII
Monitoring and evaluation

External evaluations

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

The fourth external evaluation of the EMCDDA was carried out by the European Commission during 2018. The exercise has evaluated the success of the implementation of the three-year strategy and work programme for 2016–2018, as well as of the previous strategy and work programme for 2013–2015. The Final report was presented to the EMCDDA Management Board in December 2018, further to which a follow-up action plan was approved by the Management Board in December 2019 (see also the Main area 3: Business Drivers – Institutional). This is being periodically updated and used to inform the activities of the EMCDDA.

Internal monitoring and evaluation system

The EMCDDA's performance framework (see Figure A1) identifies a limited number (ten) of key performance indicators (KPIs) which will be used to measure the effectiveness in delivering the desired outputs and the efficiency in using the resources allocated to that end.

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

In figure A1, this is reflected by means of the 'accountability ceiling', which shifts gradually from 'High' in the area of Inputs, Processes and Outputs, to 'Low', as we approach the 'Impact' area.

In order to measure the ten composite KPIs, smaller and more specific performance indicators (PI) and additional performance data (metrics) 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.

For a comprehensive picture, an overview of the main areas, strategic objectives, high-level expected results (Outcomes) and KPIs included in this Single Programming Document is provided in table A15.

FIGURE A1
The EMCDDA performance model

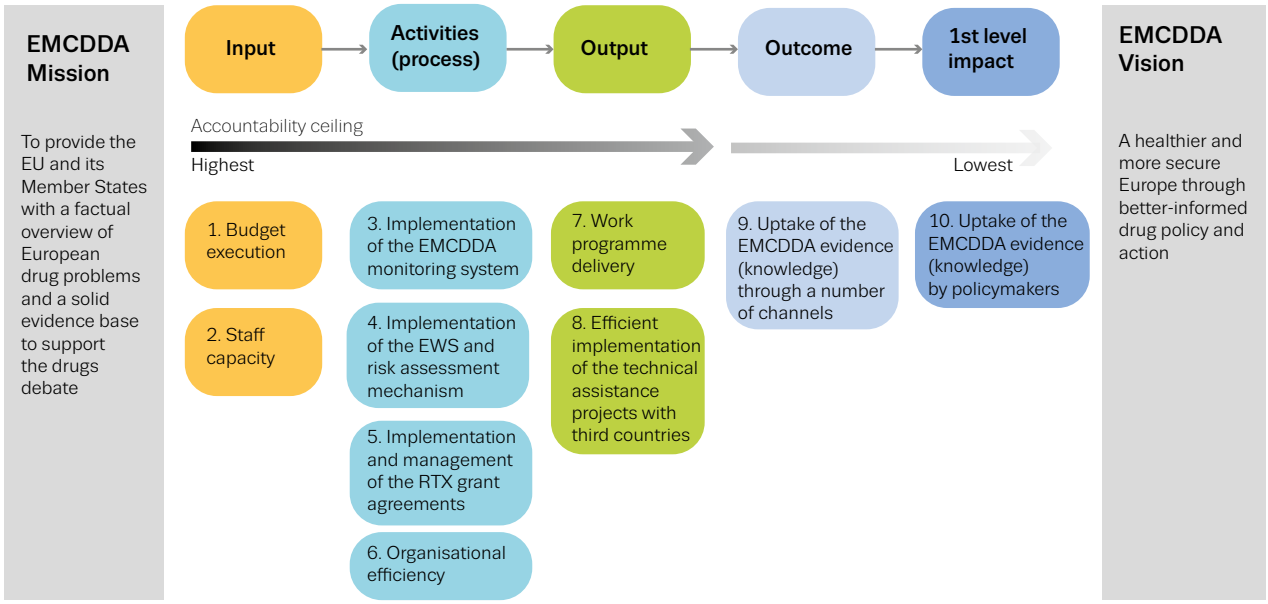


TABLE A15

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	0.1. 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 0.2. 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 0.3. 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	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**
1. Identify new drug-related health threats and support rapid response from the EU and its Member States	1.1. Ensure the successful operation of the EU Early Warning System on new psychoactive substances (EWS) 1.2. Ensure timely and high-quality implementation of the risk assessment (RA) on new psychoactive substances (NPS) 1.3. Develop innovative approaches to identifying and reporting on new trends, and enhance the EMCDDA's capacity for timely data collection and analysis 1.4. Conduct threat assessments and rapid reporting exercises of new drug-related health threats in order to facilitate appropriate responses (in collaboration with partners, as appropriate)	Effective implementation of the EU Early Warning System on new psychoactive substances (EWS) and the EU risk assessment mechanism on NPS, in order to support and strengthen national and EU-level preparedness and responses 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 health-related drug-related threats	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** **4. Implementation of the EU EWS and risk assessment mechanism on NPS, including specific support to the NEWS in the context of COVID-19 pandemic** 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. Support interventions to prevent and reduce drug use, drug-related morbidity, mortality and other harms, and support recovery and social reintegration	2.1. 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 2.2. 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 2.3. 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 2.4. 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	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	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
3. Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use	3.1. 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 3.2. Monitor and report on key policy developments, occurring nationally, at EU level and internationally, to facilitate an informed and up-to-date dialogue 3.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policy provided in the supply area)	Optimisation of tools to monitor drug policies and legislation Increased capacity of EU and national policymakers to address the health and social consequences of drug use, with evidence provided by, and support from, the EMCDDA	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
Main area 2: Security			
1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe	1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes 1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis, and provide a cost-effective and practical solution to supplement existing core data-collection systems in this area (e.g. open source intelligence; internet monitoring; 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 optimised drug market-related monitoring tools and new processes for monitoring drug supply developed, to respond to the needs of contemporary drug market Comprehensive understanding of the EU drug market, including the rapid changes occurring in the context of the ongoing COVID-19 pandemic, through improved timeliness, 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, in particular, in the context of the ongoing COVID-19 pandemic	1. Budget execution 2. Staff capacity **3. Implementation of the EMCDDA monitoring system** 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
3. Improve understanding of the nature and consequences of drug-related crime	3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact 3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats, such as illegal financial flows, corruption, trafficking in other illicit cargos and terrorism 3.3. Support the development of a broader conceptual framework on the wider societal impact of drug markets and drug-related crime, including environmental impact, implications for community safety and possible unintended negative consequences of interventions	Better understanding of drug-related crime and its link with other serious crimes such as trafficking in human beings (THB), terrorism, illegal firearms trafficking and illegal migration Improved comprehension of wider societal impact of drug markets and drug-related crime	1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery 8. Efficient implementation of the technical assistance projects with third countries **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
4. Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national levels	4.1. Support the EU policy cycle for organised and serious international crime and provide expertise on the EMPACT drug priority areas (through threat assessments, provision of expertise, and training). A priority task for the EMCDDA is to maintain an overview of EU drug markets, their ramifications and responses 4.2. Increase the effectiveness and the impact of EU actions in the security area including through: a) strengthening/establishing networks of field experts, academics, law-enforcement officials, etc.; and b) defining criteria for identifying, understanding and prioritising emerging threats (including external, current and future) stemming from drug market activity, integrating uncertainty, projected trends, and scenario planning 4.3. Develop capacity for supporting the evaluation upon request, of law-enforcement responses to drug supply interventions (in close coordination with policy support provided to health interventions)	Improved law enforcement capacity to prevent and investigate drug-related crime, based on knowledge, skills and expertise acquired through training and sharing of best practices Enhanced capacity of policymakers at EU and national level for combatting drug-related security threats	1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
Main area 3: Business drivers			
B1. INSTITUTIONAL Anticipate, and respond promptly to, institutional developments and needs	B1.1. Continue to analyse the external environment and how it relates to current and future stakeholder needs B1.2. Configure services to ensure they are timely, are delivered professionally and in a form coherent with our stakeholders' needs B1.3. Prepare the Agency for ongoing and potential future revisions of its mandate, in line with the recommendations of the external evaluation performed in 2018, and the conclusions of the evaluation of EU drugs Strategy and Action Plan	Increased capacity of the EMCDDA to customers' meet stakeholders' needs through tailored products services and services products which are provided through optimised communication channels and customer networks The EMCDDA is organised to respond to the recommendations emerging from the fourth external evaluation of the agency and other relevant institutional and political developments	1. Budget execution 2. Staff capacity **6. Organisational efficiency** 7. Work programme delivery **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**

Strategic objectives	Action areas	Outcomes	KPIs
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 and cooperation with third countries	B2.1. Develop, jointly with the national focal points, and guided by EMCDDA Strategy 2025, the new Reitox Network Development Framework, and support its implementation by the NFPs B2.2. Strengthen national drug expert networks and develop, if necessary, new networks to ensure the Agency has sufficient expertise to accomplish the Strategy's objectives B2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging needs of stakeholders	Efficient coordination of the Reitox network to ensure improved reporting capacity of the NFPs and good performance in the implementation of the grant agreements Enhanced synergies with EU and international bodies working in the drug-related areas Increased EU capacity to address drug threats in EU priority third countries	1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system **5. Implementation and management of the Reitox grant agreements** 7. Work programme delivery **8. Efficient implementation of the technical assistance projects with third countries** **9. Uptake of the EMCDDA evidence (knowledge) through a number of channels** **10. Uptake of the EMCDDA evidence/ knowledge by policymakers**
B3. SCIENTIFIC CAPACITY Have in place the scientific capacity (resources, processes and tools) to meet current analytical needs, and innovate to keep pace with changes in the drug situation and the corresponding institutional needs	B3.1. Maintain and develop the EMCDDA's scientific capacity and ensure it reflects the expertise required for the Agency to fulfil its mandate B2. 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 B 3.3. have been merged into a single action) 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.	Scientific capacity optimised through efficient use of resources and improved coordination of core activities The scientific quality of the EMCDDA's work is further enhanced through appropriate quality assurance measures, and provision of support and guidance by the Scientific Committee Communication and exchange with external monitoring and scientific bodies and centres of excellence	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 the Strategy 2025 B4.3. Strengthen performance management at all levels B4.4. Improve people management and implement a sustainable staff training and development programme to ensure the EMCDDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	Good performance by the EMCDDA in implementing the annual programming instrument Sound management of the EMCDDA's resources, in compliance with applicable rules and procedures and in line with organisational needs Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources Optimal level of operability of the EMCDDA's ICT systems	**1. Budget execution** **2. Staff capacity** **6. Organisational efficiency** **7. Work programme delivery**

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

TABLE A16
KPI architecture

Category	Key performance indicators (KPI)	Performance indicators (PI) And metrics	PI targets / Metrics definition	Strategic objectives
Input	**1. Budget execution**	1.1. Commitment appropriations	Minimum 95 % of the total commitment appropriations	All
		1.2. Cancellation rate of payment appropriations	Maximum 5 % cancelled payment appropriations	
	2. Staff capacity	2.1. Occupation rate (implementation of the establishment plan)	At least 95 % of the establishment plan posts (officials, temporary agents) filled at the end of the year (in line with resources)	All
		2.2. Staff turnover	Maximum 4 % of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)	
		2.3. Average number of training days per staff member	Minimum of three days	
Activities (process)	**3. Implementation of the EMCDDA monitoring system**	3.1. Input to the monitoring system via national reporting	National reporting guidelines agreed at the HFP meeting each autumn	H1, H2, H3, H4, S1, S2, S3, S4, B2
		3.2. Availability of statistical outputs	Statistical Bulletin published on the public website annually alongside the EDR	
		3.3. Feedback provided to NFPs on workbooks	Feedback by the HFP meeting in spring	
	4. Implementation of the EU EWS and risk assessment mechanism on NPS, including specific support to the NEWS in the context of COVID-19 pandemic	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 timeframe)	B2
			b) conclusions and action points disseminated within four weeks after the closing of the meetings	
		5.2. Execution rate (commitments) of the grant agreements budget	95 % of the available funding is committed for NFP grants	
		5.3. Timeliness of processing of the payment requests	85 % of the balance payment requests, submitted complete and on time, are successfully checked and paid by 30 June of year N+1	
	6. Organisational efficiency	6.1. Effectiveness of the Director in providing support to the Management Board (MB) for performing its tasks	a) 100 % of the supporting documents for the MB meetings uploaded on the MB extranet at least two weeks before the meetings (except for documents related to events occurring within this timeframe)	B1, B3, B4
			b) draft minutes sent to the Chair within a maximum of twenty working days from the close of the MB meetings	

Category	Key performance indicators (KPI)	Performance indicators (PI) And metrics	PI targets / Metrics definition	Strategic objectives
		6.2. Effectiveness of the Director in providing support to the Scientific Committee (SC) in performing its tasks	a) 100 % of the supporting documents for the SC meetings uploaded on the SC extranet at least two weeks before the meetings (except for documents related to events occurring within this timeframe),	
			b) draft minutes of the meetings sent to the Chair within maximum two weeks of the close of the meetings	
		6.3 Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline set out in the follow-up action plan endorsed by the Management Board	
		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 recast Regulation)	All documents delivered within deadline	
		6.5. Average time of recruitment processes	Maximum of four 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 (as compared to 2020)	
		6.8. Availability of the ICT systems	a) Office supporting infrastructure availability: system availability superior to 95 %, office hours (maximum of 103 hours of accumulated down time over the year)	
			b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24x7 basis with an overall availability annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time)	
		6.9. Efficiency in implementing ICT projects	Deviation between planned and consumed ICT resources (defined as FTEs of ICT staff) for core projects	
Output	**7. Work programme delivery**	7.1. Degree of implementation of the 2020 work programme	a) 100 % of the expected outputs/results listed as Level 1 priority (L1) achieved	All
			b) 80 % of the expected outputs/results listed as Level 2 priority (L2) achieved	
			c) 50 % of the expected outputs/results listed as Level 3 priority (L3) achieved	
	8. Efficient implementation of the technical assistance projects with third countries	8.1. Efficient implementation of the IPA 7 project (to be confirmed)	a) Minimum 80 % of the project expected results are achieved (in line with the commitments expressed by the partner countries)	B2, H1, H2, S1, S2, S3 H1, H2, S1, S2, S3, B2.
			b) Minimum 85 % of the total budget committed	
		8.2. Efficient implementation of the EU 4 Monitoring Drugs	a) Minimum 80 % of the annual milestones achieved	
			b) Minimum 70 % of the annual budget committed	

Category	Key performance indicators (KPI)	Performance indicators (PI) And metrics	PI targets / Metrics definition	Strategic objectives
Outcome	**9. Uptake of the EMCDDA evidence (knowledge) through a number of channels**	9.1. Audience reached through the website	Number of unique visitors	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		9.2. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU Institutions and Member States)	a) Number of institutional meetings attended
			b) Number of requests for input/advice from key institutional stakeholders responded to
			c) Number of the requests to visit the EMCDDA received from EU Institutions and national authorities from EU Member States fulfilled
		9.3. Contribution to major scientific and practice drug events	a) 100 % of the events attended (resource dependent)
			b) 75 % of presentations delivered
		9.4. Publishing of scientific articles in peer-reviewed journals	Impact score 30 or higher (impact score = the journal impact factor X the number of scientific articles published in 2020)
		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)
Impact	**10. Uptake of the EMCDDA evidence/knowledge by policymakers**	10.1. Council implementing decisions to subject NPS to control measures and criminal penalties throughout the EU (within the mechanism established by the Regulation EU 2017/2101)	Defined by needs	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		10.2. EU policy cycle for organised and serious international crime for the period 2018–2021: implementation of the EMCDDA's tasks under the OAP 2021 and support to the EC for the drafting of the OAP for 2022	Defined by needs	
		10.3. EU SOCTA informed by the EMCDDA (including through EDMR 2019)		
		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.

Annex VIII
Risks 2021

Risk factors identified for delivery of the 2021 work programme	Likelihood of risk and respective impact on the 2021 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Insufficient funding of the 2021 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 EUR 756 000 lower than for 2013. For 2017 and 2018, an aggregate increase of approximately EUR 651 000 was granted, meaning that, all in all, the value of the EU contribution for 2018 was still EUR 105 000 lower than for 2013. Moreover, the amount of the EU Contribution for 2019 was of EUR 15 286 600, i.e. EUR 263 400 below the 2013 level. The value of the EU contribution for 2020 was EUR 16 288 600, i.e. 1 550 440 EUR lower than the contribution requested by the EMCDDA in the Financial statement concerning the EU 2020 subsidy to the EMCDDA, as submitted at the end of January 2019 (namely EUR 17 839 040). This amount meets only partially the needs of the agency in 2020; in this sense, whilst the EMCDDA has been able to cope with the expected 2020 automatic adjustment of its staff-related expenditure and the increase in the rent for its premises, the agency will be obliged to downsize some operational activities and publications, or postpone them for 2021 and 2022, as already reflected in the 2020–2022 Programming Document. The 2021 work programme has been drafted based on the parameters of the 2021 EMCDDA draft budget (DB) adopted by the Management Board in December 2020. This budget foresees that the EMCDDA will receive an amount of EUR 16 614 372 from the EU contribution for 2021. A high-level of risk for the EMCDDA 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 end in 2020 of the past building rental discounts may render the impact of this risk even more serious. Last but not least, the COVID-19 outbreak has implied, and will foreseeably imply, considerable uncertainty as regards the implementation of the EMCDDA budget, both in its operational and financial dimensions (see paragraph 7 below).
2. Lack of adequate resources for National Focal Points (NFPs) in the Member States, which will impact their capacity to comply with reporting obligations towards the EMCDDA. This risk could be compounded by insufficient funding for core data collection in Member States (see 3, immediately below)	All core monitoring activities could be affected, with the following main consequences: (a) lessened capability to identify new drug threats and developments; (b) undermining of established and valid time series data; and (c) reduced ability to properly report to the EMCDDA's key partners. The budgetary situation in certain Member states has created difficulties of funding to the respective NFPs. Funding cuts have materialised in certain NFPs and have not been reversed: In particular, budget revisions performed by certain national authorities during the last quarter of 2016 and maintained in 2017 could trigger corresponding reductions of co-financing provided by the EMCDDA, which may imply negative consequences for the NFP involved. This situation has slightly progressed until 2019, as some Member States consistently maintained or increased their financial contribution. In view of the materialisation of this risk, a rationalisation of the present national reporting package has been done and should continue, involving notably: a) regular review of the availability of core data needs on the basis of soundly defined priorities; b) feedback to NFPs on their performance in respect of availability of core data and reporting obligations towards the EMCDDA; c) enhancement of coordination and of performance monitoring. As a consequence of the EMCDDA own budget constraints, a decrease of its grants to the NFP has also occurred in the past. It is possible that such cuts will not be reversed in a foreseeable future. Therefore, it can be reasonably assumed that the likelihood of occurrence of insufficient funding, notably in certain NFP, is now from medium to high.
3. Reduction of the reporting capacity of Member States, due to either lacking or reduced availability of core data with adequate quality levels	The timeliness and comprehensiveness of reporting by Member States on new threats and drug developments have been affected; moreover, some comparative data has been unavailable, which has not allowed useful analysis at European level. Whilst the EMCDDA has introduced a code of statistical best practices, the impact of this risk can be considered as medium to high and should in principle be confined to some Member States. Closer attention should to be paid to reporting biases and statistical approaches adopted across the Member States, in order to ensure the credibility of data received. Additionally, monitoring of and feedback to the Member States on their reporting performance is ongoing and should be further developed in order to allow corrective action to be taken, wherever required: key Epidemiological Indicators assessment with feedback to NFP has been and will continue to be done every three years.

Risk factors identified for delivery of the 2021 work programme	Likelihood of risk and respective impact on the 2021 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 NPS. In view of the high impact of harms related to NPS that may appear over a short time period, monitoring through the EWS and, in particular, risk assessments have placed a disproportionate burden on the work programme. This said, still legal obligations regarding performance of risk assessments needs to be complied with (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). The additional work required by the above mentioned legislation on NPS has not been matched by a corresponding increase in the resources of the Centre. Therefore, important risk exists that the relevant activities are not sufficiently covered. Although not legally binding, concerns also exist for requests related to new activities in the security area. For the reasons above, the risk level is within the medium to high range.
5. Supplementary requests from Member States and third parties to provide expertise in specific domains	The requests for the expertise of the EMCDDA both from MS and from third parties have increased. Further increase for this type of requests would need additional scientific resources dedicated to provide with appropriate replies while keeping a balance with the other priorities of the work programme. There is a serious concern due to the work overload being created by meeting the needs of the EMCDDA stakeholders. The risk level is presently seen as medium although constantly rising.
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 damages. A landslide of the building caused by earthquakes, although not very likely, cannot be ruled out. As regards Tagus flooding, some information available lead to believe that the potential risk would be low. Nevertheless, it is conceivable that a combination of heavy rain with Tagus high tides could cause flooding of the underground car park. Further mitigating measures to deal with this risk should 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 (BCP) for the agency as a whole was approved in 2013 and regularly updated ever since: this will help mitigate these risks and respective consequences. Moreover, intensive one day earthquake emergency training was provided to security wardens and staff have been informed on how to act in case of an earthquake occurs.
7. Outbreak of the new COVID-19 virus, which has gained pandemic dimensions	All activities of the EMCDDA have and will most likely be affected, though with different degrees of severity. Where justified, dedicated documented risk assessments will be conducted in areas of activity presenting particularly high or critical risks (such as, IPA7 and EU4MD). Since this risk has already materialised, the impact will depend of the duration and severity of the pandemics, of responses found by public authorities (and the behaviour of the population in general) to mitigate the expected negative effects, both on public health and on the economic environment as a whole. The mitigating factors defined internally have been comprehensive and thorough: staff have been informed of the issues and risks at stake, teleworking arrangements have been defined promptly and pre-emptive measures to keep in quarantine potentially infected staff have been taken. Critical functions were defined and ensured to the maximum extent possible, in the framework of a high number of staff in a teleworking regime. Frequent and regular updates of the situation and measures envisaged by management have been provided to staff. Further measures may be taken by management in order to deal with the situation should it deteriorate further. Business Continuity ought to be ensured on the basis of the BCP.

Risk factors identified for delivery of the 2021 work programme	Likelihood of risk and respective impact on the 2021 work programme
Internal risks	
8.1 Information Technology (IT) 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 assets' 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 existing medium residual risk level: to complete formalisation of services in the catalogue; to enhance planning and control of license and assets 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 expenditure could put at risk the smooth running, maintenance and update of the EMCDDA's ICT systems.
8.2 Information Technology (IT) technical risks, notably linked to: a) inconsistent application of patching procedures, compounded by insufficient documentation of interventions and system updates b) security violations, due to some lack of adequate procedures, policies and documentation in the IT area	Most relevant mitigating measures have already been implemented, such as: a) 'Ad hoc' testing of potential consequences emerging from patching procedural weaknesses and systematic registration of interventions performed; setting up of a Definitive Software Library (DSL), indicating software versions in use and patches installed; 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; carrying out of a comprehensive patching exercise in 2018. b) 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; a 'penetration testing' over EDND was performed in 2018, with reassuring results; and, introduction of a security incidents 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 ICT technical infrastructure; alignment of software configurations and use of patching capabilities also on Citrix servers; and (b) contracting and carrying out of telecom security related services, as well as external audits on sensitive areas of the EMCDDA's core business (for instance, Fonte data collection application); implementing further security best practices regarding, inter alia, diffusion of system administrator passwords; and, periodical review of user access rights and of all user generic accounts. In view of the above, these IT 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 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 concerned areas. 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 contracts policy with key staff, notably in scientific areas, has been pursued and should be reinforced. Austere perspectives for promotion and reclassification of staff, due to budgetary constraints could hinder staff retention.

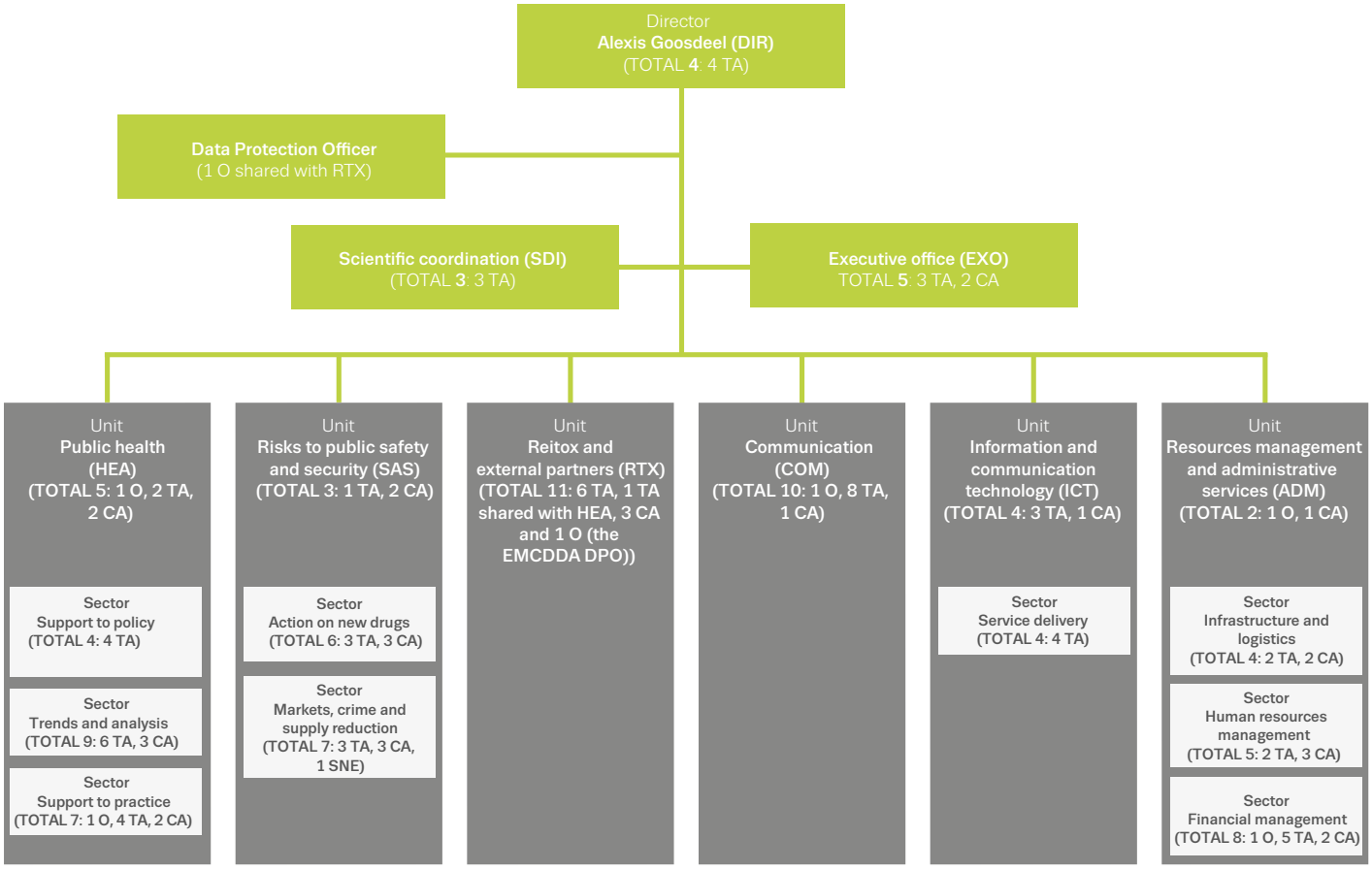
Risk factors identified for delivery of the 2021 work programme	Likelihood of risk and respective impact on the 2021 work programme
10. Delays in the Implementation of Regulation (EU) 2018/1725 of the EP and of the Council of 23 October 2018, on the protection of natural persons with regard to personal 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 resources limitations, the EMCDDA might risk to suffer some delays in the full implementation of the above-mentioned Regulation across all areas. In order to cope with the mentioned risks the EMCDDA increased the percentage of the time of the DPO to provide the data controllers with the necessary assistance to be fully compliant. Furthermore, the EMCDDA started to train its staff via online tools, aiming at reducing the risk to be imposed financial penalties that would further limit the already scarce existing resources.

Annex IX
Procurement plan 2021

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 2021 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 2021 work programme. In the event that such procurements are launched during 2021, the EMCDDA Management Board will be duly and promptly informed.

Annex X
Organisation chart 2021



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

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

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, North Macedonia, Kosovo * ([30]), Montenegro and Serbia)

This project (identified as EMCDDA–IPA7 project) aims at further integrating the IPA beneficiaries (Albania, Bosnia and Herzegovina, North Macedonia, Kosovo, Montenegro and Serbia) into the activities of the EMCDDA and the Reitox network. The execution of the project started on 1 July 2019 and will run until 30 June 2022, after the extension of the initial period of 24 months to 36 months. The appropriations allocated from the EU budget for the execution of the whole project amount to total EUR 1 000 000.

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

The EU4Monitoring Drugs project started on 1 January 2019 and has been extended for a total period of 3.5 years (2019–2022). The potential partner countries are 15 out of the 16 Eastern and Southern neighbourhood countries of the EU: Morocco, Algeria, Tunisia, Egypt ([31]), Lebanon, Jordan, Libya, Palestine* ([32]), Israel, Armenia, Azerbaijan, Georgia, Ukraine, Belarus, Moldova. 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.

Bilateral project with Georgia (EMCDDA4GE)

In 2021, the EMCDDA will start a new format of technical cooperation project with the implementation of a bilateral project with Georgia. First bilateral project implemented by the EMCDDA, this cooperation will aim at contributing to enhancing national responses in Georgia to health and security threats posed by contemporary drug markets and related issues. During its 24 months implementation period, the project will aim to: 1) identify, monitor and report effectively on ongoing, emerging and future trends in the drug market and their implications for security and health; and 2) contribute to enhancing the national capacity to respond to health and social drug related problems. The total budget is EUR 800 000.

([30]) * This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

([31]) 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 seeking the involvement of Egypt about the regional aspects of the project and strive including the country in the regional data analysis activities.

([32]) * 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.

Annex XIII
Strategy for the organisational management and internal control systems

Pursuant to Article 44.2 of the Financial regulation applicable to the EMCDDA, the EMCDDA Director, in his capacity as EMCDDA authorising officer, shall put in place the structure and internal control systems suited to the performance of his duties, in accordance with the minimum standards for effective management and control adopted by the Management Board, on the basis of equivalent standards laid down by the Commission, and having due regard for the risks associated with the management environment.

The Management Board's Decision DEC/MB/10/06 of 1 July 2010 adopted the 16 Internal Control Standards for effective management and control at the EMCDDA. The implementation of this decision has been sought and monitored in a systematic manner since then.

The Communication to the European Commission from Commissioner Oettinger (C(2017) 2373 of 19.04.2017) set up a new internal control Framework consisting of five internal control components and seventeen principles, based on the COSO 2013 Internal Control Integrated Framework. Then, it was necessary and opportune for the EMCDDA Management Board to adopt a revised internal control framework for the EMCDDA, on the basis of the new internal control Framework adopted by the European Commission and based on best international practices. On 15 December 2017 the EMCDDA Management Board adopted the revised EMCDDA Internal Control Standards that are currently in place (DEC/MB/17/19).

(a) Anti-fraud strategy

In 2011, the European Commission adopted its new Anti-Fraud Strategy aimed at improving the prevention, the detection and the conditions for investigations of fraud and the achievement of adequate reparation and deterrence. The action plan accompanying this document tasked the European Anti-Fraud Office (OLAF) with the provision of a methodology and guidance to help EU decentralised agencies to develop their own Anti-fraud strategy (or update the existing one) by taking into account the principle of 'zero tolerance' for fraud and the specific context of agencies, which are usually small entities.

In July 2012, the European Parliament, the Council and the European Commission agreed on a Joint Statement which included a Common Approach presenting 66 conclusions/statements that reflected a common and legally non-binding approach concerning a series of issues relating to EU decentralised agencies. The conclusion/statement no. 66 recommended EU agencies to be more active and to better communicate in relation to fraud prevention.

With regard to the above, OLAF has drawn up the required methodology and guidance for EU agencies and has organised some workshops to support the latter for the conception and implementation of their anti-fraud strategies. The EMCDDA staff was able to attend one of these workshops in June 2015.

As indicated by OLAF itself, the use of the methodology defined was not compulsory but it should have allowed each agency to draw up a tailored anti-fraud strategy adapted to its specific context and risk profile and proportionate to it, having due regard to the cost and benefit of the measures to be implemented.

In June 2016, the EMCDDA's Management Board approved the Anti-fraud Strategy (DEC/MB/16/09) which reflected OLAF's methodology and guidance. It completed and developed the measures already taken by the EMCDDA on this matter, in particular the rules on internal investigations by OLAF, the initiatives for awareness-raising on staff ethics, the rules on gifts and hospitality offered by third parties, the guidelines on serious wrongdoing and whistleblowing. In this context, the strategy took into account the priorities set by the European Commission within the framework of the Common Approach on EU decentralised agencies, especially: the proper handling of conflicts of interests and the development of anti-fraud activities through prevention, detection, awareness-raising and closer cooperation with OLAF.

The EMCDDA is currently starting the process of reviewing its Anti-fraud Strategy as a follow up to the revision performed by the European Commission of its own in 2019. The work is expected to be carried out over 2021.

(b) Prevention of conflict of interest

The Management Board adopted the revised EMCDDA policy for the prevention and management of conflicts of interest DEC/MB/14/18 on 5 December 2014, which reflects the above-mentioned Common Approach endorsed by the European Parliament, the Council and the Commission in July 2012, calling for the development and application in all EU decentralised agencies of a coherent policy on preventing and managing conflicts of interest concerning the members of the Management Board, the members of the Scientific Committee and the agencies' Directors.

The policy took into account the main recommendations addressed to agencies in this area by the European Parliament (namely in the framework of the discharge process), the European Court of Auditors (in its Special Report no. 15/2012 on 'Management of conflict of interest in EU selected agencies'), the EU Ombudsman (on the occasion of his visits to several agencies, as part of a programme launched in May 2011) and the Commission's Internal Audit Service, in its capacity of also internal auditor of the agencies.

The Commission worked closely with the agencies to prepare the model for these Guidelines. In particular, the network of the Heads of EU Agencies contributed to this preparation by gathering information about agencies' experiences and best practices in this field.

The Agency also have in place conflict-of-interest policies applicable to its statutory staff who is bound by the Staff Regulations (i.e. at the moment of taking up duty, conflict of interest of spouses, during recruitment processes, etc.).

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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 25 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

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

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