European Monitoring Centre
for Drugs and Drug Addiction

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Annual Work Programme

2015

Contents

I. INTRODUCTION AND SUMMARY OF KEY OUTPUTS

Overview

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)'s annual work programme for 2015 will take forward the twin objectives of ensuring that the commitments detailed in the three-year strategy for the period 2013–15 are realised, whilst also laying the foundations for the agency to continue to successfully take forward its work in the 2016–18 period.

The financial resources required for this work programme will be provided by the EMCDDA budget allocation for 2015. The budget becomes definitive when adopted by the Management Board and after final adoption of the general budget of the European Union (EU), where the amount of the agency's subsidy will be detailed. For planning purposes the 2015 work programme has been drafted based on the parameters of the 2015 EMCDDA preliminary draft budget adopted by the Management Board in December 2013. This version of the budget foresaw a subsidy of EUR 15 447 000 for the EMCDDA. However, the final amount of the EU subsidy granted to the EMCDDA by the EU budget authority is EUR 14 794 000. The corresponding adjustments are made in the document, including the distribution of budget expenditure across the main areas of activities.

Furthermore, it is clear that the current three-year work programme has been implemented under challenging conditions. The financial situation has negatively impacted on data collection in some Member States and on the resources available to the Reitox network of national focal points (NFPs). The budget allocated to the agency in 2014 was also less than anticipated, at a time when the demands and expectations placed on the agency have been growing. The EMCDDA has had to review carefully its programming, and as a result some activities have necessarily become less ambitious, have been delayed or in some cases have been dropped. Staff resources have also been reduced, and some internal readjustment within the scientific division has been necessary to ensure a best match between resources and priority needs.

Despite this, however, the agency is pleased to note that the main commitments of the 2013–15 strategy have been safeguarded and that its core strategic objectives to improve the value and usefulness of its outputs remain on track. The agency therefore presents the 2015 work programme confident in the fact that it is both realistic and forward looking, and optimistic that it not only ensures the delivery of existing commitments but also lays the necessary groundwork for the agency to continue to improve its performance as the central reference point for drugs information within the EU.

Focusing on core tasks: Prioritising activities in 2015

Difficult times do require difficult choices to be made. The EMCDDA's mandate is a broad one and its work programmes have always been correspondingly ambitious. It must be recognised, however, that, given the increasing demands on the performance of the agency and the realities of the resources available, priority must be given to those activities that are core to the EMCDDA's mandate and provide most value for its stakeholders. A prioritisation exercise was carried out in 2014 to ensure that core tasks were protected. Some activities were scaled down or dropped and all areas included in the work programme were rated and given differential priority. This approach has been repeated during the preparation of the current work programme. Moreover, the total number of envisaged outputs has been reduced, to allow priority to be given to ensuring the quality of its core products.

The EMCDDA has been aided in this task by the fact that its current three-year strategy is firmly grounded in its Regulation, and this provides explicit clarity on the priorities for the agency to pursue. The current strategy is built around five thematic areas that reflect the main areas for data collection and reporting. Together, these cover the agency's core tasks and also provide the conceptual building blocks needed to assemble a comprehensive understanding of the European drug phenomenon. They directly reflect the priorities areas outlined in the EMCDDA's recast Regulation, which are:
a) monitoring the state of the drug 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 and maintaining a rapid information system; d) developing tools and instruments to help Member States to monitor and evaluate their national policies, and the European Commission (EC) to monitor and evaluate EU policies.

External evaluation and stakeholder consultation also support the wisdom of maintaining focus on these fundamental tasks. Two caveats are important here, however, as they require the EMCDDA to modify its vision in order to reflect contemporary needs. Supply reduction activities have always been an explicit part of the EMCDDA's historical mandate to comprehensively monitor the drug situation. However, the need to scale up the monitoring of supply-side issues has become increasingly recognised and this is reflected in the current triennial work programme.

The EMCDDA, together with Europol, is also entrusted with implementing the EU Early Warning System (EWS) on new psychoactive substances (NPS) and is obliged to respond to the emergence of potentially harmful substances. The importance of this work has been growing as the scale of the problem has increased. This is evidenced by the escalation in the past few years of the number of new drugs appearing on the market: 81 NPS were notified in 2013 (the last year for which complete data were available at the time of drafting this work programme), which is a 100 % increase compared to 2010 (when 41 NPS were notified). Alarmingly, in 2014 the Council of the European Union requested six risk assessments of new psychoactive substances, a record high. Should this trend continue, and in view of the investments already necessary for the adaptation of the EWS tools, especially the European Database on New Drugs (EDND), the agency might be at risk of not being able to comply with its legal obligations concerning the implementation of Council Decision 2005/387/JHA or of the new legislative framework replacing it, should this enter into force by the end of 2015.

Following the approach introduced in the 2014 work programme, in drawing up this work programme all proposed activities have been classified across three levels: L1, L2 and L3.

L1: These are defined as 'must do' tasks that are indispensable in order for the agency to fulfil its minimum institutional obligations. These are core tasks related to the annual production of its main outputs, legal obligations (such as those arising from the recast Regulation, Council Decision and the EU pharmacovigilance legislation) or tasks necessary to ensure that reporting tools and processes remain fit for purpose. L1 also applies to necessary institutional and support activities, including support to the EMCDDA's statutory bodies, and organisation of the statutory meetings, production of the institutional publications and management tasks.

L2: These are core tasks that are necessary to achieve key commitments set out in the three-year work programme. Most of these tasks are so integrated with L1 activities that separating them out would not make sense in terms of the costs versus benefits of pursuing them. An L2 grading is also given when activities commenced in previous years are so advanced that the bulk of resources required have already been invested and so it would not be cost effective to leave them uncompleted.

L3: These activities are important for the agency's mandate but in the event of further resource constraints they can potentially be removed, scaled down or postponed without significantly impacting on the agency delivering its minimum institutional obligations in 2015 (i.e. L1 activities).

The target for the EMCDDA is to achieve 100 % of the L1 activities, a minimum of 70 % of the L2 activities and a minimum of 40 % of the L3 activities (see Annex III, key performance indicator 10.2.1.).

Pursuing top-level commitments — highlights of the EMCDDA's work in 2015

The work of the EMCDDA in 2015 will continue to focus on ensuring maximum value is achieved from the investments made, and that the commitments set in the 2013–15 strategy and work programme are fulfilled.

A top-level commitment is to provide a relevant, timely and responsive analysis of the drug situation. Enhancing the coherence of the overall reporting system is key to achieving that. This is a major undertaking for the EMCDDA that started in 2011 with a top-level review of tools. A core component of the project is the revision of the national reporting system, in close coordination with the NFPs. The revision also needs to respond to the diminishing reporting capacity at Member State level, and reduced human and financial resources at the disposal of the EMCDDA. This became a critical issue in 2014 following the unexpected reduction in the EU subsidy to the EMCDDA by some 5 %. One of the consequences of this decrease was the reduction in the EMCDDA's co-financing of the Reitox NFPs. In view of these developments, the agency began to revise the national reporting system in collaboration with the NFPs, with the aim of improving the coherence of its data collection system. The implementation of the revised system will begin in 2015.

Another core component is developing the quality assurance framework for the processes and statistical procedures used. Work in this important area is carried out within a cross-unit project (CUP) set up in 2013. An important task will be the implementation of the EMCDDA's Statistics Code of Practice, further to its adoption by the Management Board in 2014.

In terms of timeliness, the release of the *European Drug Report* (EDR) package, comprising the publications *Trends and developments*, *Perspectives on drugs (PODs)*, *European Drug Report: Data and statistics (Statistical bulletin)* and

Country overviews — planned for the end of May 2015 — will ensure EMCDDA results are disseminated in a timely manner.

Responsiveness is key to the EMCDDA's work, and a core activity in this regard is the implementation of the EU Early Warning System on NPS. As has been mentioned, this area has witnessed an extremely dynamic evolution in recent years due to the huge increase in the number of new drugs appearing on the market; in addition, increased public health concerns have been generated by the NPS notified recently, which led to an increase in the number of risk assessment (RA) exercises that had to be carried out by the extended EMCDDA Scientific Committee (six RAs were carried out in 2014 alone, compared to three during the period 2010–13). In 2015 the EMCDDA will continue to implement the EWS in collaboration with its partners. A key element will be a redefinition of the EDND, a critically important tool that stores all the information concerning the NPS monitored to date. This will require important investments from the agency, which will be made depending on the resources available to the EMCDDA in 2015.

Responsiveness was also needed in the face of HIV outbreaks in Greece and Romania, which were documented in the joint EMCDDA–European Centre for Disease Prevention and Control (ECDC) RAs in 2011 and 2013. At the request of the national governments, the two agencies provided advice and support, in order to share best practice experiences on monitoring and responding to the risk of HIV among people who inject drugs (PWID). The EMCDDA will continue to provide up-to-date information and threat analyses of infectious disease amongst PWID and related responses in Europe based on the existing reporting tools and experts' networks, and in close collaboration with ECDC.

Identifying and reporting on emerging trends more rapidly is also part of this top-level commitment. A priority intervention in the 2013–15 work programme is exploring the potential of wastewater as an indicator to estimate population drug consumption. With the POD on wastewater released in 2014, the EMCDDA demonstrated that the tool has the potential to provide timely information in short time frames on geographical and temporal trends. In 2015 the agency will take forward the work in this area by further developing relations with the wastewater data providers and by finalising the technical proposal integrating wastewater analysis in routine drug monitoring. The EMCDDA will also publish an update of its 2008 Insights on assessing illicit drugs in wastewater. Given the rapid developments in the field, the updated Insights on wastewater will include the most recent contributions and findings published since 2007.

The EMCDDA is also highly committed to further increasing its efficiency. In an environment of fixed, or even declining, resources, this means that every aspect of its work has to be informed by a need to gain efficiency and derive maximum value from the efforts made.

A core element to achieving this top-level commitment is rationalising processes so that the most productive activities are given priority. Prioritisation has always been part of the EMCDDA planning; however, in 2014 it became increasingly visible in the agency's annual work programme, and this approach is being taken forward by this 2015 programming document.

Furthermore, building on the progress achieved in 2013 and 2014, the EMCDDA will implement an improved quality assurance framework for its key business processes. An important element will be the overall quality control framework for scientific publications; formalised in 2014, this will be fully operational in 2015. It sets out the procedures for internal coordination, quality control processes and internal and external peer-review mechanisms for products. Moreover, it is anticipated that a new model for total data quality assurance management will be completed in 2015 as part of the quality assurance CUP.

Ensuring maximum value obtained from the technical meetings held at the EMCDDA is another initiative intended to contribute to efficiency gains. As part of this initiative, implementation of a new concept for the annual key epidemiological indicators expert meetings began in 2013, and this will be fully operational in 2015. It promotes cross-indicator analysis, better integration of situation and responses, and identification of trends. Additionally, all the big scientific meetings held by the EMCDDA will be organised and assessed in line with a set of quality standards. This will contribute to increasing quality while making best use of resources invested.

Increasing the availability of tools and concepts to improve data collection mechanisms is also part of the effort to maximise the value of EU drug monitoring. This is a key element of the work carried out by the agency in the areas of drug markets, drug-related crime and drug supply reduction. Building on progress achieved in 2013–14, the EMCDDA will continue the activities in this area in consultation with Europol. Among other developments, this will lead to the finalisation of the revised reporting instruments on seizures and on drug law offences, followed by their submission for endorsement by the Member States (Reitox NFPs), and of the revised reporting instruments on drug production facilities, for piloting by Europol. Further progress is resource-dependent — although the agency is fully committed to scaling up the work in this area, the reduction in the subsidy to the EMCDDA in 2014 had a negative impact on the achievement of the results planned in the 2014 work programme, which will place a heavy burden on the accomplishment of the key results committed to in the 2013–15 work programme.

Another example of maximising value is the EMCDDA treatment strategy — following the integration of the tool into the 2014 data collection exercise, it is expected that in 2015 around half of the EMCDDA reporting countries (28 Member States, Norway and Turkey) will provide improved estimates of the total number of people in treatment. This will contribute to a better quality of information on the total number of drug users in treatment in Europe, which will support sound policy conclusions at both national and EU levels.

Also in the area of responses, and of equal importance, is the work to identify good practice and disseminate knowledge of effective actions so that maximum value can be derived from the existing European database. As has been mentioned, this is also a priority outlined in the EMCDDA's recast regulation. In 2015 the agency will continue to develop the Best practice portal (BPP), which is a key European resource tool created by the agency to disseminate the latest scientific evidence of high-quality interventions. This will include the addition of new reviews of evidence, and improvements to the tool's functionality and usability.

Pursuing partnerships and building synergies are key factors in maintaining efficiency. Institutional and technical cooperation will be further strengthened with EC services, and with other EU bodies.

Particularly relevant to this area is cooperation with the European Maritime Safety Agency (EMSA). Building on the agreement in force between the EMCDDA and EMSA to share the use of common areas in the building where the headquarters of the two agencies are situated, further opportunities for synergies have been developed in a common effort to proactively exploit the opportunities provided by geographical proximity, while safeguarding the autonomous legal personality and capacity assigned to each agency by the EU legislator. This development will continue in 2015, including joint procurement of shared services, organisation of staff training activities of common interest, and sharing some services/bodies. Further synergies are also planned in the area of ICT, including sharing infrastructures and costs for telecommunications and Internet-based services, and business continuity solutions.

Efficiency will also be pursued through developing the performance management system of the agency. As part of this system, key performance indicators (KPIs) have been defined for all the main areas of work and their achievement will be monitored during the year. In addition, the dedicated management information system whose development started in 2014 will now enter the implementation phase. This will also support financial planning, with a view to facilitating the effective implementation of the 2015 budget and maintaining the outstanding budget execution rates that the EMCDDA has managed to achieve over the past few years.

One of the most important top-level commitments of the agency for the current three-year work programme is to communication and a customer-oriented approach. This will be guided by the integrated communication strategy adopted in 2012. The key priority for 2013–15 in this area has been the development of the EMCDDA's website, including a comprehensive and integrated set of tools and resources. Work done over the past two years to overhaul the EMCDDA's online presence will deliver a more dynamic website with enhanced interlinking. Planned content developments include a rationalised set of country products and a significantly extended topics section. The *European Drug Report: Data and statistics (Statistical bulletin)* area will have an improved web interface and improved documentation of methods.

As an information agency, maximising the impact for its customers is the ultimate goal of the EMCDDA. A key element in 2015 will be the implementation of the EMCDDA's audience engagement strategy. Social media and targeted electronic updates will be used to enhance communication and dialogue with stakeholders and target groups.

Providing training is one way of informing experts at different levels of the agency's findings and results. In 2015 the EMCDDA will take forward its work on the implementation of its training strategy, building on the experiences acquired from academic training activities, capacity-building projects and other initiatives. E-learning and web-based training are also important elements in future knowledge translation activities, and in 2015 the EMCDDA will launch its first set of online training modules based on its new training strategy. These will allow the agency to build over time an online hub for knowledge transfer of main data collection areas and substantive themes covered by the EMCDDA's work. This will add value to training activities, ensure quality of delivery and avoid duplication of efforts, by grounding training around an integrated set of online tools and linked resources.

Activities in the area of international cooperation in 2015 will focus on two main components: making available the information on the drug situation in non-EU countries that has been produced by regional EU-funded cooperation programmes following EMCDDA standards and methodologies (Cooperation Programme between Latin America and the EU on Drugs Policies (COPOLAD), Central Asia Drug Action Programme (CADAP)); and developing expertise and monitoring capacity in candidate, potential candidate and neighbouring countries (through the Instrument for Pre-Accession Assistance (IPA) and the European Neighbourhood Policy (ENP) projects).

Engagement with the scientific community is an important task for the EMCDDA and the agency contributes as attendees at and on the organising committees (where appropriate and where resources are available) of various

major European and international scientific conferences and technical meetings. Participation is envisaged in a number of events in 2015, including conferences on the developments in drug treatment, NPS, and addiction sciences. One of these events will be the 2015 Lisbon Addictions conference, for which the EMCDDA will provide scientific support.

New products addressing critical aspects of the European drug situation will be released. Four Insights publications, in-depth topical reviews, will be published in 2015. An Insights publication on hepatitis C virus (HCV) treatment will review the evidence on HCV antiviral treatment as an effective approach to reducing the prevalence of HCV amongst PWID. A second Insights publication, on psychiatric co-morbidities, will provide an overview of the problem in European countries and a description of the most effective treatments and practices in treating patients. As previously mentioned, the EMCDDA will also publish an update of its 2008 Insights, 'Assessing illicit drugs in wastewater: potential and limitations of a new monitoring approach'. Finally, an Insights on 'Internet and drug markets' will be also launched in 2015. Following up on the trend-spotter meeting organised by the EMCDDA in October 2014, the new publication aims to increase understanding of the latest trends in the way the Internet is being used to facilitate the supply of illicit drugs, including the online sale of medicines and so-called legal highs. This is a rapidly growing area and is of high interest for the work of the EMCDDA (and whose strengthening was also recommended by key stakeholders and partners).

Work on another key publication, the second EMCDDA–Europol *EU drug markets report: a strategic analysis*, will also be carried out during 2015. The first report (published in 2013) was widely recognised as providing a major contribution both to understanding drug supply and to defining priorities for policymakers and law-enforcement officials at national and EU levels. Building on their previous successful collaboration, the EMCDDA and Europol will publish a new edition of the report in 2016.

The EMCDDA 2013–15 strategy and work programme anticipated that a number of key outputs/results would be achieved by the end of 2015. This plan was based on the resource estimates that were available when document was prepared, and it has been reviewed in the light of the current financial situation. As a consequence, as indicated in the 2014 work programme, several key outputs will no longer be produced, including one Insights on drugs and prison and accompanying guidelines, and two Monographs on drug policy and drug prevention.

This reduction in resources was accompanied by the need to increase investment in some critical and rapidly evolving areas, such as the monitoring of new drugs. Furthermore, the human resources constraints became even more significant in 2014 following the departure or temporary absence of some key staff. Consequently, work had to be scaled down in some areas, in order to accommodate these restrictions. One of the areas affected is prevention, where several key results will no longer be achieved.

Structure of the work programme

This work programme mirrors the structure of the EMCDDA 2013–15 strategy and work programme. For each of the twelve main areas, detailed activities and expected outputs/results are described that will contribute to the achievement of the specific objectives and goals listed in the three-year strategic document. This follows the approach introduced in the 2013 work programme, to ensure continuity in the agency's multi-annual planning and to facilitate the monitoring of results.

As with the previous work programme, activities are ranked across three priority levels (see above). This responds to the need to adjust the work to potential further resource constraints and is in line with the recommendations formulated by the EMCDDA's Management Board and by the agency's Scientific Committee. Furthermore, in line with the action plan endorsed by the Management Board in 2013, the 2015 work programme sets out key performance indicators (KPIs) for all the main areas of work (see Annex III).

Key outputs to be published in 2015 and their intended audience

Output	Target audiences			
	Policy	Science	Practice	Citizen
Annual reporting				
European Drug Report package: ■ *Trends and developments* (printed, PDF, 23 languages) ■ *Perspectives on drugs* (online, PDF, EN) ■ *European Drug Report: Data and statistics (Statistical bulletin)* (online, EN) ■ *Country overviews* (online, EN) ■ Interactive application (app, EN) ■ Press notes (23 languages)	✓	✓	✓	✓
EMCDDA online				
Ongoing development and updating content of the EMCDDA's public website. This comprises regular and cyclical content updating including: ■ Topical content areas (policy and law, health and social interventions, indicator resources pages, research, drug profiles, international cooperation, etc.) ■ The European Database on New Drugs (EDND) (online, restricted) ■ Best practice portal ■ Online training modules ■ News and events (online, EN, with some multilingual sections)	✓	✓	✓	✓
Technical publications				
■ *Hepatitis C treatment* (Insights series, printed, PDF, EN) ■ *Psychiatric comorbidities* (Insights series, printed, PDF, EN) ■ *Assessing illicit drugs in wastewater* (Insights series, printed, PDF, EN) ■ *Internet and drug markets* (Insights series, printed, PDF, EN) ■ *Drug policies of large cities* (EMCDDA Paper, online, PDF, EN) ■ *Joint Europol–EMCDDA threat assessment on methamphetamine* (Joint publications, online, PDF, EN) ■ Scientific articles in high-impact journals	✓	✓	✓	
EMCDDA reports (institutional and implementation reports and joint publications)				
■ *General Report of Activities, 2014* (printed, PDF, EN) ■ *EMCDDA 2015 work programme* (online, PDF, EN) ■ *2014: a year in review* (printed, EN)	✓			✓
Outputs related to the implementation of Council Decision 2005/387/JHA: ■ EMCDDA–Europol report on the implementation of the Decision (Article 10 report) ■ EMCDDA–Europol Joint Report and risk assessment (if necessary) (online, PDF, EN)	✓	✓		
Drugnet Europe newsletter (printed, PDF, EN, four issues)	✓	✓	✓	✓

II. MAIN AREAS OF WORK IN 2015
Monitoring and reporting on the drugs problem in Europe

II.1 Data collection, analysis and quality assurance

Overview

The effort to improve and enhance the validity and reliability of data collection and the relevance of the associated analysis is an ongoing process; though, as the end of the three-year work programme, 2015 is a natural milestone. A number of activities are expected to stabilise and become part of the established routines rather than being in development.

The new structure of the *European Drug Report: Data and statistics (Statistical bulletin)* web area will be in place, with a clearer distinction between data and analysis, an improved web interface, dedicated web pages and improved documentation of methods. Changing circumstances will prompt further development; however, this marks a transformation of one of the main pillars of the agency's work.

A number of activities falling within the commitment to highlight quality assurance will reach stability. The cross-checking of data, both between data sources received by the EMCDDA, and between the EMCDDA and external partners, will continue within the available resources and the results of those checks will be made available to the data providers and the scientific analysts. In parallel, duplication of data collections with external partners will be reduced where possible. ECDC data exchanges on notifications of HCV and human immunodeficiency virus (HIV) should be well established and stable, with the EMCDDA no longer collecting this data and thus reducing the burden of reporting on data providers.

The development of Fonte will continue. In the eight years since its inception, the initial problems relating to the interface have been resolved, followed by necessary adjustments to the underlying structure, largely hidden from the user but essential to ensure robustness. In the 2013–15 period, important improvements have been made in functionality for the user, such as alternative methods of data submission, improved navigation, country specific information on submission history, and accommodation of the new treatment demand indicator (TDI) data collection. In addition, efforts have been made to enhance the utility of the data extracted from Fonte, improving the form of the data output, making it easier to import the data into other software packages and to share the data. This provides the ground for automating standard parts of the production process for tables and graphs in the *European Drug Report: Data and statistics (Statistical bulletin)* web area, which was investigated in 2014.

The subject experts, focal points and scientific analysts will continue the process of adjusting data collection tools to accommodate changes in the drug situation and analysis needs, and the templates in Fonte will be constructed accordingly. The data collection for the new TDI will have been completed, and the new analysis in tables and graphs constructed for the *European Drug Report: Data and statistics (Statistical bulletin)* web area and the EDR. To reach that point, the extraction routines, programmes to construct the outputs, and documentation will be finalised and implemented. This again marks a milestone in the development of the information on the characteristics of individuals in treatment.

The work on supply (sub) indicators will require support, first in the construction of suitable data collection instruments, and second in the analysis of the data received, both for the regular EMCDDA outputs such as the *European Drug Report: Trends and developments* and *European Drug Report: Data and statistics (Statistical bulletin)*, and for the second *EU drug markets report*. The latter will require significant effort, in terms of both data analysis and writing, assuming a similar process to the first report. A particular input into this process will be the output of the project on estimating market size for a range of drugs (see main area 2).

Goal 2013–15

A coherent, reliable and valid data collection system, underpinned by a quality assurance framework

Specific objective 1.1: Improve data collection instruments and processes

Priority interventions	Planned activities	Expected outputs/results
1.1.1. Ensure the coherence, efficiency and quality of reporting tools and processes	1.1.1.1. Review and revise reporting package to ensure efficiency, and match priorities and resources (in coordination with NFPs) (L1)	▪ Streamlined reporting package developed and implemented ▪ Work plan and tools adopted for 2016
1.1.2. Annual data collection exercise	1.1.2.1. Implement annual reporting cycle (L1)	▪ NFPs supported in data submission (guidelines and tools) ▪ 2014–15 data cycle implemented ▪ 2015–16 data cycle launched
	1.1.2.2. Fonte maintenance and update: revise templates (as required) (L1)	▪ Templates and processes adjusted as required
1.1.3. Maintain Fonte reporting system and data warehouse	1.1.3.1. Maintain databases and tools (L1)	▪ Systems for drug data collection operational ▪ Review and cleaning of the database
	1.1.3.2. Improve automatic data submission tools and data extraction tools (L2)	▪ Improved functionality for NFPs ▪ Datasets that can more easily be queried or analysed in house
	1.1.3.3. Review and reconcile historical data sets in supply area (L2)	▪ Ongoing validation and update of historical data series (resource dependent)

Specific objective 1.2: Strengthen the quality assurance framework to support data collection, analysis and reporting

Priority interventions	Planned activities	Expected outputs/results
1.2.1. Implement a cross-indicator method for validation and analysis	1.2.1.1. Implement coherence checks and combined analysis (L3)	▪ Improved multi-indicator analysis
1.2.2. Review, rationalise and improve quality assurance measures for data collection	1.2.2.1. Monitor the quality of the data reported by NFPs and provide feedback (L2)	▪ Quality feedback provided to NFPs (in line with the developments concerning the revision of the national reporting system)
	1.2.2.2. Implement cross-checking of data between the different data collection tools (L2)	▪ Improved validity and reliability of the data received
	1.2.2.3. Carry out, where possible, coherence checks with external data sources (L3)	▪ Coherence problems identified and rectified
1.2.3. Develop a statistical quality framework for the analysis, manipulation and reporting of data within the EMCDDA	1.2.3.1. Produce the 2015 *European Drug Report: Data and statistics (Statistical bulletin)* (L1)	▪ 2015 *European Drug Report: Data and statistics (Statistical bulletin)* published online (new structure implemented)
	1.2.3.2. Implement framework for statistical quality assurance (L2)	▪ Statistics Code of Practice implemented ▪ Framework for expert ratings implemented

II.2 Monitoring and understanding drug use and problems: key indicators and epidemiology

Overview

The epidemiological monitoring of drug use prevalence and patterns, and the health and social consequences, are at the heart of the EMCDDA's work. It aims to facilitate a reliable diagnosis of the drug situation, which in turn is the basis for developing solutions and evaluating whether or not they work. The agency must ensure that its work is responsive to the challenges of monitoring the contemporary European drug situation at a time when the drug situation itself is evolving at considerable speed and new demands are being placed on the agency.

Epidemiological monitoring is based on a range of core indicators, called key epidemiological indicators (key indicators — KIs) that include: the prevalence and pattern of drug use in the general population (general population survey — GPS); the prevalence and patterns of problem drug use (PDU); the number and characteristics of drug users contacting drug services, in particular treatment services (treatment demand indicator — TDI); the number of drug-induced deaths and mortality among drug users (drug-related deaths — DRD); and the infectious diseases related to drug use (drug-related infectious diseases — DRID).

The EMCDDA's goal for the 2013–15 work programme is to provide an improved overview of the European drug situation by enhancing multi-indicator analysis. Work in 2015 will build on the activities started in previous years, with new cross-indicator analytical initiatives being developed. The agency will identify priority questions on the European drug situation and complete core analysis to inform key outputs.

Improving cooperation with the European School Survey Project on Alcohol and Other Drugs (ESPAD) group is one of the objectives of the three-year work programme. During 2015 the agency will further increase the collaboration and will contribute to the launch of the 2015 ESPAD study by providing support for ESPAD coordination tasks.

As part of the overall quality assurance framework for the key scientific meetings, a new concept for the annual key epidemiological indicators expert meetings started to be implemented in 2013; this was improved in 2014 and it will be fully operational in 2015. It promotes cross-indicator analysis, better integration of situation and responses and identification of trends. The meetings will be organised and assessed in line with a set of quality standards. This will contribute to increasing quality while making best use of resources invested.

The third triennial assessment of the implementation of the KIs in the EU Member States, Norway and Turkey will be carried out in close collaboration with the NFPs. The exercise is intended to document the progress made from the second assessment (2012) and formulate recommendations to support the further work of the NFPs.

Goal 2013–15

Provide an integrated and insightful overview of the European drug situation by enhancing analysis of the key epidemiological indicators, including cross-indicator analysis and combined analysis with other sources of information, while ensuring the quality of the information collected by Member States and the EMCDDA

Specific objective 2.1: Ensure progress in the methodological development of the key epidemiological indicators (KIs)

Priority interventions	Planned activities	Expected outputs/results
2.1.1. Ensure key indicator methods and tools remain fit for purpose	2.1.1.1. Revise tools for data collection on treatment prevalence based on TDI data collection (L2)	▪ Treatment prevalence module — tool for data collection developed, for implementation in 2016
	2.1.1.2. Revise the European Model Questionnaire (EMQ) on alcohol and medicines variables (in the context of polydrug use) (L2)	▪ EMQ module for alcohol revised ▪ Draft EMQ module on medicines items prepared
	2.1.1.3. Audit national survey data collected on new psychoactive drugs (L2)	▪ Analysis presented at the GPS annual expert meeting
2.1.2. Scale up cooperation with ESPAD project	2.1.2.1. Contribute to the launch of the 2015 ESPAD study and ensure ESPAD coordination and the preparatory work for the 2016 ESPAD report (L2)	▪ EMCDDA support provided for coordination tasks, ESPAD data collection and preliminary analysis ▪ Preparatory work for the 2016 ESPAD report undertaken
	2.1.2.2. Support analysis and dissemination (L2)	▪ Preparatory work for the ESPAD web presence (to be launched in 2016)

Specific objective 2.2: Support the implementation of the key indicators through ongoing monitoring and provision of technical guidance and training

Priority interventions	Planned activities	Expected outputs/results
2.2.1. Actively monitor the implementation of KIs and identify implementation needs	2.2.1.1. Monitor the implementation status of KIs in all countries (L2)	▪ Triennial review conducted and follow-up implemented as needed
2.2.2. Support KI implementation through expert advice and training, as needed	2.2.2.1. Support countries in implementation of key epidemiological indicators (L2)	▪ Training and assistance provided based on identified needs and availability of resources
2.2.3. Support KI implementation in third countries and international efforts to improve reporting capacity (see also objectives 8.4 and 8.5)	2.2.3.1. Provide training and support (where appropriate and based on available resources) (L3)	▪ Training and advice provided (see also activity 8.5.3.1.)

Specific objective 2.3: Maximise the value of key indicator information through analysis to provide a comprehensive, relevant and multi-source understanding of contemporary patterns of drug use, trends and related health and social consequences, and responses

Priority interventions	Planned activities	Expected outputs/results
2.3.1. Develop analytical capacity, maintain KI expert networks, and introduce more integrated and efficient working practices	2.3.1.1. Carry out analysis of the European drug situation by using KI data and maintain expert networks through meetings, networking and capacity building activities (L2)	▪ Annual European expert meetings organised and results disseminated ▪ Quality assurance guidelines for meetings implemented ▪ Cross-indicator analysis and networking supported (technical collaboration and online resources)
2.3.2. Improve exploitation of data through standalone, cross-indicator, and cross-area analysis	2.3.2.1. Identify priority questions requiring analysis and task internal work group(s) (L1)	▪ Core analysis completed to inform EMCDDA outputs
	2.3.2.2. Conduct selected cross-indicator analysis in different domains (L2)	▪ Analysis sheets in the *European Drug Report: Data and statistics (Statistical bulletin)* web area
	2.3.2.3. Carry out stand-alone analysis of KI data (L2)	▪ Analysis of harmonised GPS data ▪ Improved harmonisation of PDU estimates ▪ Analysis of polydrug use based on TDI data
	2.3.2.4. Explore potential of wastewater analysis as an indicator to estimate population drug consumption (L2)	▪ Technical proposal for wastewater monitoring ▪ In-depth topic review on wastewater published (EMCDDA Insights series)
	2.3.2.5. Publish in-depth topical review on psychiatric co-morbidities (EMCDDA Insights series) (L2)	▪ EMCDDA Insights on psychiatric comorbidities published
	2.3.2.6. Improve understanding of market size (L2)	▪ Multi-indicator model of market size developed
	2.3.2.7. Improve timeliness and access to information on drug injecting, health consequences and service development (with input from partners) (L3)	▪ Annual update on trends and developments (web based)
	2.3.2.8. Improve reporting capacity for non-fatal health consequences of drug use (L3)	▪ Analysis on emergencies related to cannabis published (dependent on outcome of the pilot study carried out in 2014)
2.3.3. Rationalise and improve web-based information on the drug situation	2.3.3.1. Further develop website content on key themes, methods and national data profiles in context of the integrated EMCDDA website framework (L2)	▪ National profiles ▪ Expert users' area(s) in place

II.3. Monitoring demand reduction responses applied to drug-related problems

Overview

The work of the EMCDDA to monitor demand reduction responses covers prevention, treatment, harm reduction and social reintegration. Further developing the online resources will remain a top priority in 2015 for these areas.

Some new analyses in environmental prevention are also planned that will contribute to enhancing the available information in this area. In addition, the latest information on coordinated programming will be reviewed and made available online.

In the area of treatment, harm reduction and social reintegration, a key task will be to continue the implementation of the treatment data collection and analysis strategy adopted in 2012. This will support the EMCDDA and the 30 countries reporting to the agency (28 Member States, Norway and Turkey) in producing harmonised and comparable data on treatment systems in Europe, which will help to close information gaps and will enable policy conclusions to be drawn at both national and EU levels. National treatment system maps are a core component of the strategy and offer a generic framework for documenting treatment providers and the number of treatments delivered in a country. Following the integration of the tool into the 2014 data collection exercise, it is expected that around half of the 30 EMCDDA reporting countries will improve their current estimates of the total number of people in treatment. A target-and-indicator framework will be developed to assess and follow levels of achievement for critical key parameters of intervention.

Further progress is planned for 2015 in implementing the European Facility Survey Questionnaire (EFSQ). Building on the results of the pilot carried out in 2014 with a group of volunteer countries, additional countries are expected to integrate the EFSQ into their routine monitoring at the national level and thus be able to report the results to the EMCDDA.

The EMCDDA will continue to work with its partners at European and international levels and provide its expertise in the prevention of infectious disease amongst PWID, with a main focus on HIV and HCV. In this respect, close collaboration will be maintained with the EC (DG SANCO), the Consumers, Health and Food Executive Agency (Chafea) and ECDC. At the international level, the World Health Organization (WHO) Europe and the Joint United Nations Programme on HIV/AIDS (UNAIDS) remain the main partners. The objective of the collaboration is to standardise data collection processes, to share existing and country-based information and to promote best practice.

A new EMCDDA Insights on hepatitis C treatment will be published. This in-depth topical review aims to provide top-level guidance on the HCV treatment services provision for drug clients. The publication will also review existing national guidelines on HCV treatment for drug users and complement them with case examples from a select group of European countries. It will therefore potentially serve as a reference manual for treatment service development and delivery.

Furthermore, an overview of the rationale, history and current practice of naloxone take-home programmes will be carried out. These programmes combine overdose prevention education and first aid training for drug users, their family members or peers with information about how to administer the drug in order to reverse the effects of opioid overdose. Considering the burden of overdose deaths in Europe, this new publication (planned for release in 2016) aims to improve understanding on the perspectives for the prevention of these deaths brought by the naloxone take-home programmes.

Another important tool for disseminating information on effective interventions is the Best practice portal (BPP). In 2015 the EMCDDA will continue to develop the portal as a key European resource for evidence of high-quality interventions. The process to revamp the BPP and improve its functionality and usability will be completed and new options to match the existing evidence with real-world problems will be made available. Furthermore, the fruitful collaboration with the Cochrane Group will be continued; new reviews of evidence will be developed and the existing ones will be updated. Best practice promotion provides information seekers and EMCDDA stakeholders with an active role in developing a strategy for information, knowledge generation and dissemination. Training, either face-to-face or via the Internet, is a logical next step after providing evidence for best practice.

Goal 2013–15

Support high-quality service development by producing information and analysis on demand reduction interventions and best practices

Specific objective 3.1: Monitor prevention provision, implementation and outcomes and improve reporting on important areas where information resources are lacking

Priority interventions	Planned activities	Expected outputs/results
3.1.1. Provide an ongoing overview of drug prevention provision	3.1.1.1. Analyse and report findings from drug prevention area and develop thematic area within context of the integrated website framework (L2)	▪ Key analysis conducted and improved web resources available, including prevention profiles
3.1.2. Develop analysis on environmental prevention	3.1.2.1. Carry out new analyses and disseminate results (L3)	▪ Analysis and prevention profiles extended in the areas of parenting, school environment and alcohol
3.1.3. Develop information on coordinated programming	3.1.3.1. Review multidimensional programmes and strategies across behavioural domains (L3)	▪ Technical review of programmes with multiple outcomes

Specific objective 3.2: Improve the monitoring and analysis of treatment, harm reduction and social reintegration interventions and provide an integrated model for understanding service provision in Europe

Priority interventions	Planned activities	Expected outputs/results
3.2.1. Provide an ongoing overview of drug treatment, harm reduction and social reintegration	3.2.1.1. Analyse and report findings from responses area and develop thematic area within context of the integrated website framework (L2)	▪ Key analysis conducted and improved web resources available, including online products on treatment, harm reduction, social reintegration
	3.2.1.2. Improve understanding of responses to new psychoactive substances (L2)	▪ Expert meeting organised
3.2.2. Implement the new treatment data collection and analysis strategy	3.2.2.1. Support countries to implement the EFSQ (L2)	▪ Increased number of countries that report national EFSQ results in Structured Questionnaire 27 (SQ 27)
	3.2.2.2. Support countries in improving estimates of the total number of people in treatment (L2)	▪ Increased number of countries that are able to provide estimates on the total number of people in treatment
3.2.3. Conduct comparative analysis of drug treatment systems in Europe	3.2.3.1. Develop a conceptual framework for analysis of national treatment systems (L3)	▪ Technical paper 'Comparative analysis of national treatment systems in the EU' prepared
3.2.4. Develop and test health and social responses target-and-indicator frameworks	3.2.4.1. Develop and test model for a target-and-indicator framework in the treatment field, as policy tool, based on multiple-indicator set (L3)	▪ Target-and-indicator conceptual framework developed and model tested

Specific objective 3.3: Identify and support dissemination and knowledge exchange on best practices

Priority interventions	Planned activities	Expected outputs/results
3.3.1. Conduct state-of-the-art and evidence reviews	3.3.1.1. Publish in-depth topical review on hepatitis C treatment (L2)	▪ In-depth topical review on hepatitis C treatment published (EMCDDA Insights series)
	3.3.1.2. Prepare in-depth topical review on Naloxone, to reduce drug-related deaths (L2)	▪ In-depth topical review on Naloxone prepared (EMCDDA Insights series)
	3.3.1.3. Carry out a review of evidence on effectiveness of treatment approaches using contingency management interventions (L3)	▪ Technical paper prepared
	3.3.1.4. Conduct a meta-analysis of long-term observational studies to analyse survival rate and recovery rate of drug users (L3)	▪ Technical paper prepared
3.3.2. Disseminate knowledge on best practice and improve functionality and usability of online tools	3.3.2.1. Revise the BPP website and improve usability (L2)	▪ Redesigned and more interactive BPP ▪ Maps published on the quality assurance approaches that were adopted at national level
	3.3.2.2. Update synthesis of evidence resources for demand reduction interventions in the BPP (L2)	▪ Modules updated

II.4. Monitoring drug supply and supply reduction interventions

Overview

In 2015 the work of the EMCDDA will focus on two main topics: the development of reporting instruments on drug supply; and the drafting of the second *EU drug markets report*, jointly with Europol.

The agency will continue the developmental work to improve tools and concepts for reporting on drug supply (drug markets, drug-related crime and drug supply reduction), with a particular focus on existing data-sets at EU level. This supports Action 16 of the EU Action Plan on Drugs (2013–16), which calls for the development and progressive implementation of key indicators on drug supply by standardising, improving and streamlining data collection in this field, building on currently available data, and is in line with the Council conclusions on improving the monitoring of drug supply in the EU (2013).

Building on progress achieved in 2013–14, the EMCDDA will continue the work in this area in consultation with Europol. This will include: finalising the revised reporting instruments on seizures and on drug law offences (DLO), followed by their submission for endorsement by the Member States (Reitox NFPs), and finalising of the revised reporting instruments on drug production facilities, for piloting by Europol. Furthermore, a pilot data collection on drug law offences will be implemented in coordination with Eurostat and, depending on resources, work will be advanced in the area of drug purity and contents. In addition, specific investments will be continued in the area of drug supply reduction, where knowledge and indicator development is more limited.

The first *EU drug markets report* (2013) was widely recognised as providing a major contribution to both understanding drug supply and defining priorities for policymakers and law-enforcement officials at national and EU levels. In 2015 the EMCDDA will work jointly with Europol in order to produce the second edition of the report (for release in 2016). This will include completion of the data collection from the Member States and external partners, data analysis and drafting of the report and consultation with stakeholders, namely the EC, the EMCDDA's Scientific Committee and the NFPs. The analysis in this second report will be strengthened by the work on the multi-indicator model for estimating market sizes, launched in 2014 (see main area 2).

Central to the work of the EMCDDA in the area of drug supply and drug supply reduction is the EU Reference Group on drug supply data. Following its constitution in 2013, the third meeting of this group will be held in 2015. An important task will be the consultation on the revised reporting instruments.

In addition, links with the law-enforcement community will be further strengthened through the EMCDDA's training activities in partnership with the European Police College (CEPOL) (resource dependent). This will ensure that the European law-enforcement community has access to relevant EMCDDA expertise and products in order to support their work.

In parallel to this, the EMCDDA will fulfil the tasks assigned to it in the Operational Action Plans (OAPs) within the European Multidisciplinary Platform against Criminal Threats (EMPACT) framework developed under the new EU policy cycle for organised and serious international crime 2014–17 within the Council's Standing Committee on Operational Cooperation on Internal Security (COSI) of the EU. The EMCDDA will provide contributions in the fields of synthetic drugs, cocaine and heroin.

Goal 2013–15

Provide the EC and Member States with a comprehensive overview of the supply of illicit drugs into Europe and the responses developed to respond to it

Specific objective 4.1: Develop European key indicators and complementary information resources for understanding drug markets, drug-related crime and drug supply reduction

Priority interventions	Planned activities	Expected outputs/results
4.1.1. Improve the quality and comparability of data on drug supply (drug markets, drug-related crime and drug supply reduction)	4.1.1.1. Improve tools for reporting drug seizures (L1)	▪ Revised reporting instrument piloted, and endorsed by the Member States (Reitox NFPs) for routine implementation
	4.1.1.2. Improve tools and concepts for reporting on drug production facilities, through pilot work on cocaine secondary extraction labs and on cannabis cultivation sites (L2)	▪ Draft reporting instrument available for piloting by Europol
	4.1.1.3. Improve tools for reporting on drug production facilities, through pilot work on synthetic drugs production sites (L1)	▪ Analysis of data collected by Europol
	4.1.1.4. Improve tools and concepts for reporting on drug prices (L2)	▪ Mapping exercise launched
	4.1.1.5. Improve tools and concepts for reporting on drug purity and content (L2)	▪ Pilot study launched ▪ Technical background paper including a comparative analysis of reporting practices in Member States
	4.1.1.6. Pilot implementation of the reporting tool on drug-law offences, in coordination with Eurostat (L1)	▪ Pilot data collection implemented
4.1.2. Improve understanding of drug supply reduction activities	4.1.2.1. Update and report on drug squads at EU level (L3)	▪ Relevant parts of the database updated
4.1.3. Develop cooperation with external partners on drug supply indicators	4.1.3.1. Cooperate with EC on drug precursors monitoring (L1)	▪ Analysis of drug precursors production and trafficking in the EU

Specific objective 4.2: Establish networks in the area of drug supply and supply reduction

Priority interventions	Planned activities	Expected outputs/results
4.2.1. Consolidate and further operationalise the EMCDDA European expert reference group on drug supply issues	4.2.1.1. Organise the third meeting of national correspondents (L1)	▪ Third meeting of national correspondents, including consultation on reporting tools
4.2.2. Provide training for the law-enforcement community and promote information exchange	4.2.2.1. Provide evidence-based training on drug problems in Europe to senior law-enforcement officers in cooperation with CEPOL (L3)	▪ Training activities delivered

Specific objective 4.3: Produce a strategic analysis of drug supply and supply reduction in Europe

Priority interventions	Planned activities	Expected outputs/results
4.3.1. Improve strategic understanding of drug markets through developing strategic analysis of drug supply and supply reduction in Europe	4.3.1.1. Produce the second edition of the *EU drug markets report* with Europol (L1)	▪ Draft report prepared (for publication in 2016)
	4.3.1.2. Assess current developments/trends in the importation of heroin into the EU (L2)	▪ Analysis conducted to support relevant outputs
	4.3.1.3. Develop a conceptual framework of the business structures of criminal groups including their activities in legitimate and illegitimate markets to inform the *EU drug markets report* (L2)	▪ Short report prepared
4.3.2. Provide accessible and high-quality online information on drug supply issues	4.3.2.1. Further develop thematic area within context of the integrated website framework (L2)	▪ Updated web resources available

Specific objective 4.4: Support the EU Internal Security Strategy (COSI)

Priority interventions	Planned activities	Expected outputs/results
4.4.1. Support the EU policy cycle development and relevant actions	4.4.1.1. Fulfil the tasks assigned to the EMCDDA in the OAPs on heroin/cocaine trafficking and synthetic drugs (L2)	▪ Support provided to Europol on reporting of synthetic drugs production sites (see also activity 4.1.1.3.) ▪ Support provided to Europol on reporting on cocaine production sites ▪ Support provided in other areas (as defined by the 2015 OAPs)

II.5. Monitoring new trends and developments and assessing the risks of new substances

Overview

In 2015 the EMCDDA, together with its partners in the Member States (the Reitox network of the Early Warning System (EWS) correspondents), Europol and the European Medicines Agency (EMA), will continue to ensure continuous and robust implementation of the EWS as provided by Council Decision 2005/387/JHA or by the new legislative framework that is expected to replace it. Rapid notifications and public health warnings on new drugs, the exchange of forensic and toxicological analytical data, longer-term monitoring and analysis of health and social risks, monitoring and analysis of illicit and 'legal highs' markets and a report of legal developments will remain key outputs of the system.

A key task will be to fully align the reporting and monitoring tools and instruments necessary for the implementation of the information exchange mechanism — including the Reporting Forms, the EWS progress and final reports, the Joint Report questionnaires — to the new framework. This will involve close cooperation with Europol. An important element will be the redefinition of the EMCDDA's European Database on New Drugs (EDND), which is the main working tool of the EWS. In order to ensure full operationality, the EDND needs to include advanced technical functionalities. This will require important investments from the agency, which will be made depending on the availability of resources.

Where requested, a risk assessment on a new psychoactive substance will be carried out under the auspices of the EMCDDA's Scientific Committee. However, it is important to highlight the resource implications of this activity, and the risks associated with the lack of such resources. This becomes particularly relevant in the context of the evidence gathered for an increasing number of substances causing health concerns, and highlights the need to enhance the toxicovigilance component of the EWS.

Further activities will be undertaken to increase the understanding and visibility of EU actions in the field of new psychoactive substances. The web pages related to the EMCDDA's Action on new drugs will continue to be updated in order to provide customised information to the growing number of diverse stakeholders and the general public.

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

In line with the Operational Action Plan (OAP) on synthetic drugs for 2014–15 of the new policy cycle 2014–17 within COSI (see also main area 4), strengthening the coordination between the EWS and the forensic (and toxicological) laboratory networks will be further pursued in 2015, in order to enhance sharing of information on the availability and sources of reference materials and samples of new psychoactive substances. Moreover, following an initiative from the Joint Research Centre (JRC) of the European Commission, the EMCDDA will provide support to an expert meeting of the Customs Laboratories European Network (CLEN) which will be co-organised by the JRC and DG TAXUD in February in Lisbon. The EMCDDA will contribute its expertise and will support the participation of several additional experts.

The mainstreaming of new psychoactive substances (NPS) work within the overall reporting and analysis framework of the EMCDDA will continue in 2015. A priority here will be to follow up on epidemiological information on the use of NPS and developments in the responses area, including legal responses. Some ongoing technical work will also be required in order to adjust current reporting tools to the demands of reporting on NPS topics.

The activities linked to the proposed new legislation that will replace the Council Decision 2005/387/JHA are subject to the publication/adoption of the proposed new legislative framework. Furthermore, some activities may be conditional to the EMCDDA's legal obligations under the Decision, for example requirements to undertake Joint Reports and requests for risk assessments, the number of which cannot be anticipated. The full EDND development is conditional upon the technical solutions and resources available.

Goal 2013–15

Provide a timely and sound information and analysis platform for identifying emerging trends and threats related to new psychoactive substances and their risks, new patterns of drug use and new developments in drug availability

Specific objective 5.1: Ensure that the information exchange and risk assessment mechanism on new psychoactive substances is of high quality and implemented in a timely and efficient manner

Priority interventions	Planned activities	Expected outputs/results
5.1.1. Ensure the implementation of an Early Warning System on new psychoactive substances (NPS) and required risk assessment procedure	5.1.1.1. Implement the provisions of Council Decision 2005/387/JHA on the information exchange, risk assessment and control of NPS or of the new legal instrument replacing it (L1)	▪ Operational Early Warning System and information exchange mechanism ▪ Strengthened toxicovigilance component of the EWS ▪ EMCDDA–Europol annual report on the implementation results submitted to the EU institutions and Member States, and published ▪ EMCDDA–Europol Joint Reports on NPS (as required) ▪ Multidisciplinary, scientifically sound risk assessment procedure implemented (if requested)
	5.1.1.2. Adapt tools and processes necessary for the implementation of new legal and institutional requirements (L1)	▪ Guidelines, procedures, processes and tools adapted and implemented (dependent on the timing of entering into force and the requirements of the new legislative framework)
	5.1.1.3. Maintain and strengthen the EWS network (L1)	▪ Annual meeting of the Reitox EWS network, with participation of Europol, EMA, the EC and EU funded projects ▪ Technical assistance to the network
	5.1.1.4. Update the European Database on New Drugs (EDND) to improve functionality, access and capacity (L1)	▪ EDND with improved functionalities implemented and operational (level of operationality conditional upon resources)
	5.1.1.5. Further develop the online resources on new drugs within the context of the integrated EMCDDA website framework (L2)	▪ Thematic (Action on new drugs) web pages further developed and updated
	5.1.1.6. Participate in relevant international and European forums, explore the feasibility of (co-) organising the 5th international multidisciplinary forum on new drugs and the 4th international conference on novel psychoactive substances (L3)	▪ Increased understanding of the NPS phenomenon and the visibility of EU actions in this area
5.1.2. Implement the provisions of Article 28c of the EU pharmacovigilance (PhV) legislation	5.1.2.1. Implement the provisions of Article 28c of the EU PhV legislation (L1)	▪ Information exchanged with EMA and the EU PhV system
5.1.3. Support capacity development in the forensic science and toxicology area	5.1.3.1. Support the formation of an informal forensic science and toxicology network (in line with OAP on synthetic drugs for 2014–15 of the new policy cycle 2014–17 within COSI) (see also priority intervention 4.4.1.) (L3)	▪ Informal network of selected forensic, toxicology and law enforcement experts supported ▪ Cooperation between the EMCDDA and the European Network of Forensic Science Institutes (ENFSI) strengthened ▪ Expert meeting on new drugs and on sub-indicator 'Drug purity and contents' (see also 4.1.1.5.)
	5.1.3.2. Support the organisation of the expert meeting of the Customs Laboratories European Network (L2)	▪ Strengthened cooperation with customs laboratories network
5.1.4. Consolidate and improve the methodology for monitoring the Internet	5.1.4.1. Monitoring open source information, including structured monitoring of the Internet (L3)	▪ Methodology reviewed, updated and implemented (conditional upon tools available to automate the methodology)
5.1.5. Maintain the EMCDDA's online Drug profiles series	5.1.5.1. Maintain and update the online Drug profiles (new drugs and old drugs) (L3)	▪ Drug profiles consolidated and updated (as required)

II.6. Improving Europe's capacity to monitor and evaluate policies

Overview

In 2015, responding to the EU Action Plan on Drugs (2013–16) overarching indicator number 14, work in this area will continue to monitor developments in legislation, national drug strategies, coordination mechanisms and public expenditure estimates in EU Member States. The EMCDDA will also continue to provide Member States with support in developing and evaluating their drug policies, on request.

One of the important aspects of the work of the agency in this area is monitoring and analysis of the EU-level policy developments in the drugs and drug-related fields. Monitoring of drug policies will be advanced through an analysis of the evolution of drug strategy in the EU; a paper on this will be published during the year. Web content will also be developed to provide further online resources on drug policy.

The EMCDDA will also contribute to the implementation and monitoring of various EU drug-related strategies and action plans. The agency will contribute to the tasks assigned to it in the EU Action Plan on Drugs (2013–16). The EMCDDA is defined as a reporting agency for 23 actions and as an actor in 15 cases. Furthermore, the agency will provide input to the biennial progress report developed by the EC. In addition, the Action Plan on HIV/AIDS in the EU and neighbouring countries 2014–16 and the new policy cycle 2014–17 within COSI (see main areas 4 and 5) both require that the EMCDDA supports the implementation of drug-related activities.

Furthermore, a new strategy for the justice and home affairs area was being discussed at EU level while this document was being drafted, and the future European agenda after the post-Stockholm period is expected to be adopted in 2014. As an implementer of EU home affairs policy, the EMCDDA is actively participating in the various consultative fora set up to contribute to the new process and will examine its possible role in future EU priorities in this field.

Network building in this area will include the annual meeting of legal and policy correspondents, which brings together representatives of the EMCDDA reporting countries, the EC and some EU agencies (e.g. Eurojust). An improved online presence in this area will also be pursued.

Goal 2013–15

Improve the understanding of European and global policy developments by providing relevant and timely drug policy data, analysis and expertise

Specific objective 6.1: Develop European and global drug policy monitoring and analysis

Priority interventions	Planned activities	Expected outputs/results
6.1.1. Increase awareness of national and EU-level policy developments	6.1.1.1. Review cases studies of policy at the EU, national and local level (L2)	▪ EMCDDA paper 'Evolution of drug strategy in the EU' prepared ▪ EMCDDA paper on drug policies of large cities prepared ▪ Overview on drug supply and external security ▪ Follow-up on key policy issues (as required) ▪ Report on cannabis legislation in Europe prepared
6.1.2. Monitor economic issues relevant to drug policy	6.1.2.1. Maintain reporting tools and carry out analysis of the developments in drug-related public expenditure (L2)	▪ EMCDDA web resources on drug-related public expenditure updated
6.1.3. Support the EU Drug Strategy and Action Plan(s)	6.1.3.1. Contribute to the EU Drug Strategy (2013–20) and the Action Plan (2013–16) (L1)	▪ Follow-up of EMCDDA-indicated actions and reporting obligations ▪ Input to the first biannual progress assessment of the Action Plan (2013–16)
6.1.4. Support Member States in developing and evaluating their national drug policies	6.1.4.1. Provide information available on: evaluation approaches, methods to estimate public expenditure and legal developments (on request) (L2)	▪ Technical support provided on request (resource dependent)
6.1.5. Provide online resources on drug policy	6.1.5.1. Update web content for policy areas (L2)	▪ Web resources updated

Specific objective 6.2: Strengthen European networks in drug law and drug policy analysis

Priority interventions	Planned activities	Expected outputs/results
6.2.1. Maintain network of legal and policy correspondents	6.2.1.1. Organise the legal and policy correspondents' meeting (L2)	▪ Meeting report and thematic analysis
	6.2.1.2. Maintain and revise the European Legal Database on Drugs (ELDD) (L2)	▪ Web resources updated

II.7. Scientific coordination, research and content support

Overview

In the area of scientific coordination, the 2015 work programme takes forward the activities begun in 2013 to implement the EMCDDA's three-year strategy. The commitment to quality that runs through the three-year strategy is implemented through a number of separate projects that address both substantive and process issues.

A key priority during the 2013–15 period is improving the efficiency of the reporting system. To achieve this key objective a data coherence group was set up in 2014 as a mechanism for quality control, oversight and coherence of the data collection tools. In 2015 the EMCDDA will take forward the work done in this area and will work in close collaboration with the national focal points to improve the quality and efficiency of the agency's information collection and reporting system.

The central challenge for the EMCDDA is to continue to deliver high-quality scientific work. The overall quality control framework for scientific publications was formalised in 2014 and will be fully operational in 2015. It sets out the procedures for internal coordination, quality control processes and internal and external peer-review mechanisms for products. External peer reviewers, in close collaboration with the EMCDDA's Scientific Committee, will assess and improve the quality of the agency's publications.

In 2015 the EMCDDA will also implement the protocol for handling requests for scientific advice. The main output of this work will be a declaration of methods adopted by the agency to ensure that the best and most systematic approach is used when recommendations in the drug addiction field are made.

Transversal activities continue to be supported structurally by the cross-unit projects (CUPs) created in 2013: CUP Medicines (in the context of polydrug use), CUP Quality Assurance, CUP New Trends and CUP Treatment. CUPs are established for a three-year period (2013–15) as formal structures tasked with completing important transversal work. In addition, a new CUP on the epidemiological key indicators was set up in 2014 with the objective of ensuring coordination and oversight of activities and to monitor progress in this important area.

In compliance with the EMCDDA's mandate, the conceptual framework for monitoring the misuse of medicines will be finalised within the CUP Medicines. Activities focus on the misuse of benzodiazepines, trends in polydrug use and effective and efficient information exchange. Data on the misuse of medicines and substances with medicinal properties will be better integrated in EMCDDA reporting and will be made available online. In 2015 the Quality Assurance CUP will finalise the consensus-building exercise around a top-level model for data quality assurance management and will follow up on quality assurance initiatives considered as a priority in 2013 and 2014. Key initiatives planned by the CUP New Trends are the development of the new trends discussion forum and the publication of a new trend-spotter case study. The activities reflect an increasing recognition of the importance of facilitating the development of early responses to potential threats by strengthening the systems for identifying, tracking and understanding new and emerging trends in drug use, availability and adverse consequences. In addition, following up on the trend-spotter meeting organised by the EMCDDA in October 2014, a new publication on the Internet and drug markets will be released in 2015. It aims to increase understanding of the latest trends in the way the Internet is being used to facilitate the supply of illicit drugs, including the online sale of medicines and so-called legal highs.

An active link with the scientific world will be maintained through many activities and collaboration with Addiction and Lifestyles in Contemporary Europe Reframing Addictions (ALICE-RAP) ([1]), the European Research Area Network on Illicit Drugs (ERANID) ([2]), the European Federation of Addiction Societies (EUFAS), the International Society of Addiction Journal Editors (ISAJE) and others. Articles written by EMCDDA staff members that are published in scientific journals are another important tool to inform science and research on EMCDDA results. The EMCDDA is also a collaborating partner in the Joint Action on Reducing Alcohol Related Harm project and a member of its advisory board.

([1]) ALICE-RAP is a five-year research project funded through the Socio-economic Sciences and Humanities (SSH) Theme of the Seventh Framework Programme for Research and Development (FP7) (www.alicerap.eu/).
([2]) ERANID is an ERA-NET project funded through the SSH Theme of FP7 (www.eranid.eu/).

Goal 2013–15

Produce high-quality scientific work through efficient working practices

Specific objective 7.1: Ensure the coordination of scientific activities so that resources are efficiently used, objectives are achieved and quality control of outputs is maintained

Priority interventions	Planned activities	Expected outputs/results
7.1.1. Improve handling of requests for scientific advice and opinion	7.1.1.1. Finalise concepts paper on procedure for handling requests for scientific advice (L3)	▪ Guidelines operational
7.1.2. Develop EMCDDA strategy on training for external audiences and coordinate training activities	7.1.2.1. Organise the 2015 summer school 'Drugs in Europe: supply, demand and public policies' (L2)	▪ 2015 summer school organised and training material available (subject to demand)
	7.1.2.2. Finalise options paper on integrated training strategy (including academic training) (L3)	▪ Integrated training strategy operational
	7.1.2.3. Collaborate with EU and academic training initiatives (where appropriate and within resources) (L3)	▪ EMCDDA contribution to European Master in Drug and Alcohol Studies (EMDAS), European Society for Prevention Research (EUSPR), Initial Training Network (ITN-SEWPROF), etc.
7.1.3. Support the production of high-quality scientific content	7.1.3.1. Coordinate scientific activities to ensure that resources are managed efficiently, that objectives are achieved and that quality control of outputs is assured (L1)	▪ Internal scientific coordination meeting organised and communication tools maintained ▪ Improved coordination and planning of outputs (products database)
	7.1.3.2. Implement the EMCDDA overall quality control framework for scientific publications (L1)	▪ Scientific content of key EMCDDA publications checked and quality controlled ▪ Support provided for content production (pre-editing), and provision of scientific writing for EMCDDA publications ▪ External scientific writing support operational ▪ Peer-review system operational (in consultation with Scientific Committee): key publications peer reviewed
	7.1.3.3. Publish scientific articles in high-impact scientific journals (L2)	▪ Small number of articles published in high-impact scientific journals
	7.1.3.4. Disseminate key results and technically support European debate on drug issues (L2)	▪ Presentations and technical contribution delivered at relevant scientific and institutional meetings (resources dependent)
7.1.4. Coordinate internal information exchange on new developmental areas and/or transversal projects	7.1.4.1. Ensure the coherence of the overall reporting system, ensure efficiency of data collection requests and adjust requirements in context of changes in resource availability and institutional needs (L1)	▪ Mechanism(s) for coherence, oversight and quality control operational (Data Coherence Group) ▪ Revised national reporting package implemented in collaboration with national focal points
	7.1.4.2. CUP Quality Assurance: develop a model and implementation strategy for data quality assurance management (L2)	▪ Final report available recommending a model for data quality assurance management at the EMCDDA
	7.1.4.3. CUP New Trends: coordination group to improve awareness of new developments and timeliness of reporting (L2)	▪ Online discussion forum developed ▪ Strategy in place ▪ Rapid assessment and response on key issue(s) conducted, including trend-spotter study and ad hoc rapid assessments (when required) ▪ In-depth topical review on Internet and drug markets published (EMCDDA Insights series)
	7.1.4.4. CUP Treatment: internal coordination to ensure coherence and dialogue across treatment area (L2)	▪ Improved communication channels and integrated outputs (see also main area 3)
	7.1.4.5. CUP Medicines (in the context of polydrug use): develop conceptual framework, thematic web resources and develop expertise (L2)	▪ Conceptual framework including options for monitoring finalised ▪ Thematic web page updated ▪ Database of articles and grey literature
	7.1.4.6. CUP key epidemiological indicators: ensure coordination and oversight of activities and monitor progress (L2)	▪ Improved communication channels, meetings planning and integrated analysis (see also main area 2)

Specific objective 7.2: Support drug-related research, audit key developments and promote the use of research findings

Priority interventions	Planned activities	Expected outputs/results
7.2.1. Monitor and disseminate developments in drugs research	7.2.1.1. Update and improve public website and intranet research page (L2)	▪ Updated research area on public website and intranet ▪ Input provided to Reitox Research Forum
	7.2.1.2. Maintain research country profiles within context of integrated website framework (L2)	▪ Web-based profiles available
7.2.2. Support the development of the EC research agenda	7.2.2.1. Provide input on research priorities at EU level (L1)	▪ Report submitted to the Horizontal Drugs Group (HDG) for the Annual Dialogue on Research (in collaboration with the Scientific Committee)
	7.2.2.2. Provide input on research priorities at Member State level (L3)	▪ Support provided to national initiatives (on request) ▪ EMCDDA input to ERANID provided
7.2.3. Further develop collaboration with the scientific community through dissemination of findings and increased contribution to relevant events	7.2.3.1. Promote dissemination of significant research findings (L2)	▪ Improved awareness of significant research findings
	7.2.3.2. Increase collaboration with projects and initiatives developed by the scientific community (L2)	▪ Increased input, visibility and standing of EMCDDA outputs ▪ EMCDDA participation and input provided to relevant scientific meetings (resource dependent) ▪ Support to the 2015 Lisbon Addictions Conference ▪ Participation in the EU Agencies Network of Scientific Advisors (EU ANSA)

Cooperation and collaboration with key partners

II.8. Cooperation and collaboration with key partners

Overview

Cooperation with key external partners, namely with EU institutions and bodies, national policymaking bodies, international organisations, civil society and third countries, is a cornerstone of the agency's mandate.

In this context, in line with the 2013–15 work programme, priority will be given to supporting the EU policy debate through close collaboration with EU institutions, namely the European Parliament, the Council of the European Union and the European Commission. Among others, the agency's *European Drug Report* will be presented to EU institutions. Another priority will be to further strengthen cooperation with other EU agencies, in particular with justice and home affairs (JHA) agencies (mainly with Europol, Eurojust, CEPOL, Fundamental Rights Agency), EMA and ECDC, in order to ensure synergies and to promote a common EU approach.

At the international level, cooperation with some key partners will be maintained or further explored — in particular with the UN bodies (United Nations Office on Drugs and Crime, WHO, UNAIDS), with the Pompidou Group and the Inter-American Drug Abuse Control Commission (CICAD), and specifically on the supply side with the World Customs Organization and Interpol.

With regard to cooperation with non-EU countries, in line with its mandate and consistent with the EMCDDA strategy for international cooperation, the EMCDDA's work is structured around three groups of countries: candidate and potential candidate countries to the EU ([3]), the European Neighbourhood Policy (ENP) countries ([4]) and Russia, and other third countries. The priorities for 2015 will be the launch and implementation of a new technical assistance project funded from the Instrument for Pre-Accession Assistance 5 (IPA 5), which will run between 2015 and 2016, and the successful completion of the first ENP technical assistance project, started in 2014 ([5]). The EMCDDA has ongoing cooperation with the European External Action Service desk in Brussels, as well as with the EU Delegations in the partner third countries.

([3]) Candidate countries are: Former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey. Potential candidate countries are: Albania, Bosnia and Herzegovina, and Kosovo*. *This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo declaration of independence.

([4]) Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Occupied Palestinian Territory, Syria, Tunisia and Ukraine.

([5]) The ENP technical assistance project, 'Towards a gradual improvement of ENP partner countries' capacity to monitor and to meet drug-related challenges', has a total budget of EUR 450 000. It aims to strengthen the capacity of ENP partner countries (Armenia, Azerbaijan, Georgia, Israel, Moldova, Morocco and Ukraine) to react to new challenges and developments in the drugs situation.

Goal 2013–15

Support the EU drug policy debate and effective actions and increased capacity for reporting on drug use in non-EU countries with an emphasis on countries that represent a priority for EU action in the drugs area

Specific objective 8.1: Coordinate, cooperate and provide technical support at the EU level

Priority interventions	Planned activities	Expected outputs/results
8.1.1. Provide technical support to EU policy dialogue and deliberations	8.1.1.1. Provide expertise and technical information to the EU institutions, institutional drugs meetings and policy documents and initiatives (as requested) (L1)	▪ Support for the EU institutions ▪ Contribution to policy debate, technical reports, reviews, presentations
8.1.2. Provide ad hoc technical and scientific support to EC regional programmes	8.1.2.1. Provide input for the EC regional projects (in line with the EMCDDA mandate and priorities in the area of international cooperation, subject to resources) (L2)	▪ Support provided to COPOLAD, CADAP, etc.
8.1.3. Ensure effective collaboration with other EU agencies	8.1.3.1. Cooperate with EU agencies to define and/or implement common positions, policies and working methods and tools (L2)	▪ Participation in the Heads of Agencies meetings, in inter-agency networks, and in JHA agencies cluster ▪ Work programmes and cooperation agreements endorsed and implemented

Specific objective 8.2: Improve dialogue with policy audience, civil society and relevant technical and scientific bodies

Priority interventions	Planned activities	Expected outputs/results
8.2.1. Further develop information exchange with civil society partners and with technical and scientific bodies working in the drugs field	8.2.1.1. Engage in dialogue with civil society and technical and scientific organisations operating in the field covered by the EMCDDA mandate (resource dependent) (L3)	▪ Dissemination of the EMCDDA's expertise, findings and products
8.2.2. Improve understanding of information needs and identify effective communication channels with national policy bodies	8.2.2.1. Further strengthen relations with the Member States, in particular with their key national policymaking bodies, and with the Portuguese authorities (L2)	▪ Further improved communication channels with the Member States (see also main area 9) ▪ Collaboration with the hosting country authorities, namely with the Portuguese Parliament, Government and Presidency of the Republic

Specific objective 8.3: Coordinate, cooperate and provide appropriate technical input to work conducted by international bodies in the drugs field

Priority interventions	Planned activities	Expected outputs/results
8.3.1. Provide technical input and information to international activities (in line with mandate and strategy)	8.3.1.1. Contribute to reports, expert meetings, international projects, training and seminars and exchange information with international partners and regional bodies (L2)	▪ Existing arrangements and work programmes implemented ▪ Input to reports, meetings, expert groups, projects, training activities and seminars

Specific objective 8.4: Support capacity development and enhance the scientific value of drug monitoring activities within candidate countries (CCs) and potential candidate countries (PCCs)

Priority interventions	Planned activities	Expected outputs/results
8.4.1. Consolidate institutionalisation of national focal points within CCs and PCCs	8.4.1.1. Launch and implement IPA 5 project (L2)	▪ Level of achievement of the project's expected results. Target for 2015: 95 % of the results planned for the year achieved ▪ Budget execution rate. Target for 2015: minimum 80 % of the total commitment appropriations for year 1 ▪ Project activity reports
8.4.2. Foster scientific cooperation in relation to data collection, interpretation and analysis and accrue added value from cooperation activities	8.4.2.1. Enhance participation of CCs and PCCs in EMCDDA work, and support CCs and PCCs in producing new information on drugs in their country and disseminating the data (L2)	▪ Reitox Academies organised at regional and national levels ▪ Data collection increasingly aligned with EU standards and better analysis of available data
	8.4.2.2. Provide EC services with regular information on the progress made by countries (L2)	▪ EC progress reports on CC and PCC informed by EMCDDA IPA 5 activities
	8.4.2.3. Disseminate information on the drugs situation in the Balkan region (L3)	▪ Updated national information and Country overviews

Specific objective 8.5: Support capacity development, information availability and exchange with interested European Neighbourhood Policy (ENP) and other non-EU countries

Priority interventions	Planned activities	Expected outputs/results
8.5.1. Implement the EMCDDA's technical cooperation with interested ENP partner countries and Russia to improve knowledge base	8.5.1.1. Perform ENP project coordination and implementation activities (L1)	▪ Training provided ▪ Country overviews for the seven participating countries prepared or updated on the EMCDDA website ▪ Project reports
	8.5.1.2. Provide EC services with regular information on the progress made by countries, and on obstacles to the project's implementation (L2)	▪ EC progress reports on ENP countries informed by EMCDDA project activities
	8.5.1.3. Strengthen the institutional relations and working arrangements with ENP countries (L2)	▪ Working programmes/frameworks for cooperation adopted/updated
8.5.2. Exchange information, working practices and methodology on the identification of new psychoactive substances with other interested regional and national monitoring systems	8.5.2.1. Capacity building and information exchange on new psychoactive substances with ENP countries (L2)	▪ Participation of ENP experts in EWS annual meeting
	8.5.2.2. Extend functionality of EDND to disseminate appropriate information to ENP countries (L2)	▪ EDND communication functionality implemented (in line with resources available for the EDND project)
8.5.3. Support technical capacity development for drug monitoring systems	8.5.3.1. Prepare training materials and guidelines based on the European model to support capacity development work (L2)	▪ Online training modules
8.5.4. Promote EU model for National Drug Observatories (NDOs) and National Drug Information Systems	8.5.4.1. Disseminate EMCDDA knowledge in third countries (L2)	▪ Fourth Reitox week organised with participation of third countries ▪ Presentations and technical contribution at conferences and events (based on resources)

Supporting the achievement of results

II.9. Communicating the EMCDDA's findings to external audiences

Overview

Communication is a core activity of the EMCDDA, both in supporting its role as an information agency and in helping further its reputation as the 'reference point on drugs in Europe'. Work in 2015 will be guided by the integrated communication strategy, which aims to ensure that communication activities are not an isolated function at project-end but are an integral part of the agency's scientific and technical activity. At a time of heightened need for an efficient use of resources, this integrated and multidisciplinary approach pools scientific and technical expertise to produce pertinent and cost-efficient results.

The release of the *European Drug Report* package, comprising the publications *Trends and developments*, *Perspectives on drugs*, *European Drug Report: Data and statistics (Statistical bulletin)* and *Country overviews* — planned for the end of May 2015 — will ensure EMCDDA results are disseminated in a timely manner. The package will be enhanced with interactive and audio-visual elements to make the information more accessible to its audiences.

Work done over the past two years to overhaul the EMCDDA's online presence will deliver a more dynamic website with enhanced interlinking. Planned content developments include a rationalised set of country products and a significantly extended topics section. The new content management tool will enable the content production process to be further decentralised; facilitate quality control processes; and improve the efficiency of web publishing. Authors will be provided with continued training and support on preparing content for the web medium.

The EMCDDA will begin to implement an audience engagement strategy. Social media and targeted electronic updates will be used to enhance communication and dialogue with stakeholders and target groups. The agency will capitalise on the high level of media interest in the EMCDDA and use it to convey key results to all its audiences.

Adapting the EMCDDA product range to reflect the priority towards online dissemination and to seek the most cost-efficient solution will be continued. New dissemination options will be explored to further rationalise participation in external events, in line with existing resources and priorities. The EMCDDA's linguistic policy will incorporate the recommendations set out in the road map for EU agencies (depending on available resources). The agency will also collaborate with the Reitox national focal points and EU project networks, which serve as multipliers for producing language outputs.

Reliable and efficient information, library and documentation services that support the research needs of the scientific staff will be provided. Internal communication activities will support and develop the cross-unit collaboration necessary for efficient working practices.

Goal 2013–15

EMCDDA information and analyses of high quality reach their intended audience in a timely and cost-efficient manner

Specific objective 9.1: Implement the integrated communication strategy and action plan

Priority interventions	Planned activities	Expected outputs/results
9.1.1. Develop procedures to integrate communication perspective at product conception	9.1.1.1. Implement practices and workflows with scientific units to ensure an integrated approach to product conception and development (L2)	▪ Improved planning and shaping of products upstream (see also priority intervention 9.2.1.)
9.1.2. Continue to develop product range to reflect EMCDDA priorities and changing patterns of communication	9.1.2.1. Develop new products in line with audience needs and developments in the field (L2)	▪ A rationalised and balanced products mix with cost savings and efficiency gains
9.1.3. Implement revised linguistic policy	9.1.3.1. Translate selected products (L2)	▪ Multilingual products available, in line with audience needs and availability of resources
	9.1.3.2. Continue to work with national focal points on the terminology/glossary project (L2)	▪ New terms with agreed and translated definitions uploaded to IATE (the EU's multilingual term base)
9.1.4. Engaging better with audiences	9.1.4.1. Implement the new EMCDDA audience engagement strategy (L2)	▪ 2015 action plan implemented (see also priority intervention 8.2.2.)

Specific objective 9.2: Publish high-quality and timely products in line with targets committed to in the 2013–15 work programme

Priority interventions	Planned activities	Expected outputs/results
9.2.1. Assure publication, launch and dissemination of EMCDDA products	9.2.1.1. Deliver timely editing, production, dissemination and promotion services (L2)	▪ Planned products published, launched and disseminated (see list of key outputs)
	9.2.1.2. Improve quality control in the production process of EMCDDA products (L2)	▪ Clear procedures and workflows for content production and publication in place
9.2.2. Produce the *European Drug Report* package	9.2.2.1. Fine-tune the *European Drug Report* package based on feedback from 2014 (L1)	▪ Improved, streamlined and electronically integrated *European Drug Report* package
	9.2.2.2. Draft, edit and produce *Trends and developments*, part of the *European Drug Report* package (L1)	▪ Report successfully produced, promoted and disseminated
	9.2.2.3. Conceive and develop new set of *Perspectives on drugs* with interactive features, and update existing ones (L1)	▪ New and updated set of *Perspectives on drugs* online, showcasing topical content
	9.2.2.4. Fine-tune and publish the 2015 *European Drug Report: Data and statistics (Statistical bulletin)* web area (see also main area 1) (L1)	▪ More accessible and interactive *European Drug Report: Data and statistics (Statistical bulletin)* published online, as part of the *European Drug Report* package
	9.2.2.5. Prepare Country overviews in consultation with NFPs (L2)	▪ 30 Country overviews published online, as part of the *European Drug Report* package

Specific objective 9.3: Increase the relevance and impact of the EMCDDA's online presence

Priority interventions	Planned activities	Expected outputs/results
9.3.1. Develop web content in line with integrated communication strategy	9.3.1.1. Further develop integrated web resources in collaboration with the Scientific division (see main areas 1–7 for details) (L1)	▪ Web resources updated and further developed for each area
9.3.2. Increase interactivity and targeted approach of the website	9.3.2.1. Continue to develop interactive products and improve findability of information (L1)	▪ Increased number of interactive products launched ▪ More possibilities for users to interact with information
9.3.3. Continue to implement new content management tool, work flows and quality content	9.3.3.1. Implement web governance strategy (L1)	▪ Further improved governance of EMCDDA web resources
	9.3.3.2. Implement quality assurance measures (L2)	▪ Online resources comply with the defined web publishing quality standards

Specific objective 9.4: Enhance the EMCDDA's reputation and recognition as Europe's central reference point for drugs information

Priority interventions	Planned activities	Expected outputs/results
9.4.1. Ensure visibility of EMCDDA across multiple communication platforms	9.4.1.1. Ensure coordinated communication on key events and products (L2)	▪ Constant feed of news on EMCDDA activities and results
	9.4.1.2. Organise events/product launches and support EMCDDA's presence at conferences and technical meetings (as appropriate) (L2)	▪ Awareness raising and positioning of EMCDDA's work results and scientific expertise
	9.4.1.3. Organise *European Drug Report* launch (L2)	▪ Report successfully launched across multiple communication platforms
	9.4.1.4. Organise visits of external partners to EMCDDA (L2)	▪ Dissemination of knowledge and experience, increased visibility of EMCDDA among academic, policy and professional audiences
	9.4.1.5. Contribute to the organisation and delivery of major conferences and technical meetings in the EMCDDA's area of competence (where appropriate and resource dependent) (L3)	▪ Increased visibility and engagement with scientific community ▪ Wider dissemination and uptake of EMCDDA outputs
	9.4.1.6. Continue to develop EMCDDA presence in the areas of social media, audio-visual channels and mobile devices (L2)	▪ Increased visibility for EMCDDA activities and products across social media, audio-visual channels and mobile devices
9.4.2. Continue to build sound contacts and relations with journalists and provide media-friendly information with clearly defined messages	9.4.2.1. Further develop contacts and relations with journalists and provide media-friendly information (L2)	▪ Interviews set up, catalogue of journalist groups further developed ▪ High-quality press products in accessible formats
	9.4.2.2. Assess impact through monitoring and press reviews (L2)	▪ Clear view of return on investment from media activities through press reviews and analyses
9.4.3. Public information service	9.4.3.1. Operate enquiry-answering service, produce website FAQs and other information (L2)	▪ Efficient public information desk operates in line with guidelines set by the European Ombudsman
9.4.4. Library and documentation services	9.4.4.1. Provide reliable and efficient information, library and documentation services supporting the research needs of the scientific staff (L2)	▪ Information bulletins published at regular intervals; ad hoc alerts distributed on an individual basis; literature searching; reference database construction and maintenance; management of library services

II.10. Governance, management and networks

Overview

The year 2015 is the last of the EMCDDA's three-year strategy and work programme for 2013–15. It will therefore close a multi-annual planning cycle in the life of the EMCDDA when important projects that were designed to contribute to the triennial key expected results will be completed.

At the same time, 2015 will be a crucial year for shaping the future of the EMCDDA as it will see the adoption by the Management Board of the agency's new strategy and work programme for 2016–18. A key role will also be performed by the Scientific Committee, which is the guardian of the EMCDDA's scientific excellence. Ongoing support will be provided by the agency in order to ensure that the regular meetings of these two statutory bodies are successful and efficient.

The year 2015 will also bring a change in the leadership of the agency. The ten-year mandate of the EMCDDA Director, Mr Wolfgang Götz, will come to an end in April 2015, and the new Director will be appointed by the Management Board. Setting up the new organisational arrangements will therefore represent a main priority for management, in order to achieve smooth transition towards the new leadership while fully ensuring business continuity and successfully implementing the EMCDDA work programme.

In terms of degree of achievement of the agency's work programme, it is expected that it will reach 100 % for the activities listed as priority Level 1, 70 % for the Level 2 activities and 40 % for the Level 3 activities.

Measuring of the results will be supported by the new performance management system, which is expected to become fully operational in 2015. As part of this system, KPIs have been defined for all the main areas of work and their achievement will be monitored during the year. In addition, the dedicated management information system that started to be developed in 2014 will in 2015 enter its implementation phase.

Compliance with relevant regulatory requirements, including sound financial management, will be further achieved through consistent implementation of the internal control and risk management systems. As in previous years, this will imply, among others, ongoing monitoring of the state of compliance with the EMCDDA Internal Control Standards (ICS) for effective management and control, and thorough verification of all financial transactions. In addition, as before, the agency will ensure appropriate implementation of recommendations addressed to the EMCDDA by the European Court of Auditors and the Internal Audit Service (IAS) in accordance with suitably designed action plans endorsed by the Management Board.

Goal 2013–15

The EMCDDA attains good performance in carrying out the tasks set out in its recast Regulation and achievement of its objectives through good governance and efficient management and leadership

Specific objective 10.1: Ensure good governance to provide the strategic guidance and direction for the work of the EMCDDA

Priority interventions	Planned activities	Expected outputs/results
10.1.1. Implement strategic decision-making process at the level of the Management Board	10.1.1.1. Coordinate, prepare and organise follow-up of the meetings and decisions of the Management Board, the Executive Committee and the Budget Committee (L1)	▪ Management Board, Executive Committee and Budget Committee meetings organised and statutory decisions adopted
10.1.2. Provision of support and guidance by the Scientific Committee to further enhance the scientific quality of the EMCDDA's work	10.1.2.1. Coordinate, prepare and organise the meetings of the Scientific Committee and follow up on the conclusions and recommendations (L1)	▪ Scientific Committee meetings organised ▪ Selected outputs peer reviewed by the Scientific Committee

Specific objective 10.2: Ensure efficient management and leadership to support achievement of results and efficient use of resources

Priority interventions	Planned activities	Expected outputs/results
10.2.1. Implement sound management organisation and practices	10.2.1.1. Optimise internal processes to ensure that the agency's resources are used in the most efficient, effective and economical manner (L2)	▪ Further measures to rationalise use of resources and improve organisational performance
	10.2.1.2. Ensure compliance with the data protection rules applicable to EU bodies, Regulation (EC) 45/2001 (L1)	▪ Data protection rules applicable to EU bodies (Regulation (EC) 45/2001) observed in all EMCDDA activities

Specific objective 10.3: Improve and implement the agency's strategic planning and programming cycle processes, to support timely delivery of results and sound decision-making concerning allocation of resources and actions to be taken to enhance performance

Priority interventions	Planned activities	Expected outputs/results
10.3.1. Design and put in place an integrated performance measurement system to allow the EMCDDA to better track progress of its achievements and detect implementation challenges in a timely way	10.3.1.1. Complete the development of the performance measurement system (L2)	▪ Performance indicators in place for all the main areas ▪ Development of the management information system completed and implementation phase started (resource dependent) ▪ Mid-year monitoring report prepared and used to support internal decision-making and planning
10.3.2. Prepare the documents required by the strategic planning and programming cycle	10.3.2.1. Prepare the strategic planning and programming cycle documents (L1)	▪ 2014 *General Report of Activities* published online by 15 June ▪ 2016–18 strategy and work programme and 2016 annual work programme submitted to the Management Board for adoption

Specific objective 10.4: Ensure effective internal control and risk management system

Priority interventions	Planned activities	Expected outputs/results
10.4.1. Implement sound internal control system, in accordance with the relevant regulatory requirements, including sound financial management	10.4.1.1. Verify thoroughly the financial transactions, notably as regards legality and regularity of operations (L2)	▪ Ex-ante verification of all financial operations and corrections made where necessary
	10.4.1.2. Monitor the state of implementation of the 16 EMCDDA ICS for effective management and control (L2)	▪ Regular assessment of the quality of the EMCDDA internal control systems carried out and repository updated
	10.4.1.3. Update the central and sector risk registers as required under ICS 6 (L2)	▪ Identification and assessment of risks posed to EMCDDA activities and timely setting up of action plans to mitigate those risks
	10.4.1.4. Liaise effectively with the EMCDDA Internal Auditor (Internal Audit Service — IAS) with a view to taking stock of recommendations arising from audits in areas of strategic importance (L2)	▪ Proper implementation of recommendations addressed by the IAS in accordance with suitably designed action plans, leading to improvements in internal controls

Reitox network

Overview

The new Reitox national reporting system (NRS) was agreed in principle with the Reitox national focal points in November 2013. It was translated into a concrete set of tools and guidelines for implementation, to be adopted at the Reitox Heads of Focal Points (HFP) meeting of November 2014. The final decision anticipates a stepwise implementation of the new system over a period of two years (to be finally adopted in November 2014).

Reitox network coordination tasks in 2015 will focus on four main priorities and challenges: (1) coordinating the implementation of the first phase of the new national reporting system; (2) providing adequate institutional and capacity development support to the NFPs; (3) developing and implementing, together with the Reitox NFPs, a new Reitox Quality Report in line with the new NRS and with the Reitox Development Strategy; and (4) further developing, in consultation with the Reitox NFPs, the initial reference model for accreditation of the NFPs, taking into account the redefinition of the role and obligations of the NFPs in the context of the revised grant agreement (postponed due to the necessary change of the NRS).

Specific objective 10.5: Ensure that the Reitox network is efficiently managed and structured to meet future needs and requirements

Priority interventions	Planned activities	Expected outputs/results
10.5.1. Agree the annual reporting package and necessary developments to the overall reporting framework	10.5.1.1. Implement the revised national reporting system (L1)	▪ First phase of the action plan implemented ▪ National summaries submitted to the EMCDDA in the new format
	10.5.1.2. Prepare and organise the Reitox HFP meetings (L1)	▪ 4th Reitox week, 52nd and 53rd HFP meetings organised ▪ New guidelines for national reporting adopted
	10.5.1.3. Carry out consultation of NFPs for guidelines and tools (L2)	▪ Reitox technical meeting organised for analysis and discussion of proposed instruments
10.5.2. Strengthen the Reitox network at national level as a high-quality provider of information	10.5.2.1. Provide institutional and technical support, in line with needs and available resources (L2)	▪ Institutional visits organised to the Member States ▪ National or regional Reitox Academies organised for Member States, on request
10.5.3. Strengthen the management and organisational processes and procedures	10.5.3.1. Support NFPs in the management and implementation of their yearly grant agreement (L1)	▪ 28 grant agreements signed and implemented ▪ On-site audit visits and training support (as needed and in line with available resources)
	10.5.3.2. Implement the management information system HERMES (L2)	▪ HERMES reports used to track the progress of implementation of the work programme

Support to operations

II.11. Administration: supporting core business

Overview

Ensuring efficient management of the EMCDDA's resources represents the main commitment for this area, and work in 2015 will be focused on implementing further actions towards achieving that. Building on the outstanding results achieved in previous years, additional measures will be taken in order to maintain and possibly further improve the very high budget execution rate attained in 2013 and 2014, continue to rationalise the tendering procedures and optimise timeframes for internal processes.

No work accident has been registered at the EMCDDA in the past few years and this is a result of the effort made to ensure a healthy working environment for the staff, which will be continued in 2015. Further measures to optimise the use of available facilities, equipment and infrastructure will be taken, with a view to maintaining the stability of utility costs. However, achieving this will depend on external factors such as market prices, which cannot be predicted at this point.

Efficiency gains will also be achieved by further developing synergies with EC services and with other EU bodies, in particular with EMSA. These will build on the agreement in force between the two agencies and on the joint initiatives already implemented in 2013 and 2014. In 2015 initiatives will include joint procurement of shared services (e.g. cleaning, maintenance, security, canteen and cafeteria, travel agency, interim staff, medical services), joint organisation of training activities of common interest for the staff of both agencies, and sharing of some services/bodies, such as the invalidity and disciplinary committees.

Goal 2013–15

Ensure effective and efficient allocation and management of financial and human resources and assets, through further rationalising internal processes, while developing the quality of services and support provided

Specific objective 11.1: Enhance effectiveness and efficiency in the execution of the budget and in the management and accounting of financial resources

Priority interventions	Planned activities	Expected outputs/results
11.1.1. Align the EMCDDA's financial rules with the revised EU financial regulation and ensure their implementation	11.1.1.1. Implement the EMCDDA financial rules (L1)	▪ Financial rules, and updated procedures, manuals and templates applied
11.1.2. Further improve effectiveness and efficiency of financial transactions (payment process) and procurement processes	11.1.2.1. Carry out procurement activities and implement measures to rationalise and optimise tendering and financial processes for the execution of the budget and work programme (L1)	▪ 2015 annual procurement plan in place and successfully executed
11.1.3. Ensure effective and timely preparation and use of budget planning and management and reporting tools in line with EMCDDA priorities and constraints and in accordance with activity-based management/activity-based budgeting principles	11.1.3.1. Prepare and submit for approval the budget-planning instruments in a timely manner (L1)	▪ EMCDDA 2016 draft budget and 2017 preliminary draft budget
	11.1.3.2. Facilitate effective implementation of the 2015 budget (L1)	▪ High rate of budget execution (over 97 % in commitment appropriations and over 93 % in payment appropriations)
	11.1.3.3. Effective and timely reporting on budget execution (L2)	▪ Regular and customised reports according to established schedule
11.1.4. Improve the accounting of EMCDDA assets, and further define the conditions and requirements for the function of accounting officer at the EMCDDA according to applicable financial rules	11.1.4.1. Review of relevant processes and tools (L2)	▪ Full alignment of relevant processes and tools to new financial rules

Specific objective 11.2: Maximise efficiency and effectiveness of human resources (HR) management at the EMCDDA

Priority interventions	Planned activities	Expected outputs/results
11.2.1. Align EMCDDA HR processes and policies to the revised EU staff regulations	11.2.1.1. Implement HR processes and policies in line with the new EU staff regulations (L1)	▪ Implementing rules to the staff regulations in place
11.2.2. Further develop EMCDDA working and production capacity by maximising training opportunities for EMCDDA staff	11.2.2.1. Develop/update and implement the training plan as required to match working priorities and needs, and the available resources(L2)	▪ Training plan developed and implemented in line with EMCDDA working priorities
11.2.3. Implement recruitment processes, where necessary, in line with the EMCDDA establishment plan and within the adopted budget	11.2.3.1. Carry out the necessary procedures for the recruitment, establishment and departure of statutory and non-statutory staff as requested to fulfil the establishment plan and the organisational needs (L1)	▪ Vacant positions are filled in accordance with the budget available and organisational needs

Specific objective 11.3: Ensure a healthy working environment and further reduce utility costs by optimising the use of the available facilities, equipment and infrastructure

Priority interventions	Planned activities	Expected outputs/results
11.3.1. Ensure safety at work, sound environmental management and security in the buildings, including reducing utility costs and promoting use of renewable energy	11.3.1.1. Review annual security risk assessment of the EMCDDA to identify and evaluate risks, anticipate new developments and propose mitigation measures to reduce impact and likelihood (L2)	▪ Business continuity plan (BCP) implemented ▪ Risk assessment prepared
	11.3.1.2. Develop, put in place and promote an environmental management system within the agency (L3)	▪ Environmental management system in place ▪ Contribution to the Greening Network meeting
	11.3.1.3. Implement appropriate management of the premises, to provide optimal working conditions for EMCDDA staff (L2)	▪ Health and safety risks identified and addressed ▪ Wardens trained and evacuation exercise carried out successfully
	11.3.1.4. Implement measures to rationalise cost of utilities and service contracts (L2)	▪ Maintain stable utility costs

II.12. Information and communication technology (ICT)

Overview

ICT programmes and services are planned to support the agency's core development objectives and to guarantee the smooth operation of all up-and-running services. These include ICT support for day-to-day work processes, maintenance of enterprise applications, hosting of enterprise applications and management of the data centre.

Projects to create, integrate or evolve ICT solutions, tools and work processes are managed as elements of a project portfolio. The ICT Steering Committee plays a leading role in project prioritisation according to business needs and expected costs and benefits, and it earmarks a project budget.

However, the greatest share of the ICT annual budget is needed to sustain the operational status of existing services. As a result of the important budget cut applied in 2014, further investments in this important area had to be put on hold. Only critical projects will be implemented; however, there are not enough resources in order to cover all existing needs of the critical projects.

ICT governance principles are applied and will be developed to make best use of available resources and new options, and to create a viable vision of the EMCDDA's future business and technical architecture, best suited to help the agency implement its work programme and carry out its mission, especially taking into account the anticipated financial constraints on the one hand, and increasing customer expectations and rapid technological developments on the other. With a view to ensuring synergies, collaboration through institutional networks (e.g. ICTAC), other agencies and the European institutions will be continued.

Goal 2013–15

Support the agency in achieving its objectives by providing high-quality and efficient ICT services

Specific objective 12.1: Develop and maintain ICT solutions and tools to support the EMCDDA's work processes, while applying best practices and standards of ICT governance, planning and service management

Priority interventions	Planned activities	Expected outputs/results
12.1.1. Develop and maintain instruments for supporting business	12.1.1.1. Develop and maintain infrastructure for the annual drugs data collection and analysis, reflecting the evolution of the drugs data-set and its protocols (L1)	▪ Fonte online data collection system and analytical drugs database set up for annual run; Fonte updates performed during the year, as required ▪ Drugs data warehouse phase II developed
	12.1.1.2. Support web content management and visualisation platform development (L1)	▪ Development and migration to new platform finalised (phase II)
	12.1.1.3. Develop EDND (L1)	▪ New data collection procedure designed; new software and web interface further developed; different access levels for different audiences established
	12.1.1.4. Implementation of networking tools and extranets support (L2)	▪ Concept study to support extranets and expert networks
	12.1.1.5. Develop a management information system to support the performance measurement system (see also 10.3.1.1.) (L2)	▪ Development completed and implementation started (resource dependent)
	12.1.1.6. Further develop a tool for electronic management of EMCDDA staff's working time (L2)	▪ Application requirements document completed ▪ Partial analysis and design aiming at better estimating the investment required conducted
	12.1.1.7. Implement other business projects as indicated by ICT Steering Committee (L3)	▪ Additional projects' products, as needed and based on resources ▪ Review and follow up as necessary on the ICT needs derived from the revision of the national reporting system
12.1.2. Implement business and information architecture management programme	12.1.2.1. Business architecture programme (L2)	▪ Definition or review of baselines and strategies for business and information/data architecture, and security and privacy, and for electronic identity and access management

Priority interventions	Planned activities	Expected outputs/results
12.1.3. Implement the technical services management programme	12.1.3.1. ICT services provision (L1)	▪ ICT service catalogue further developed ▪ Availability and stability of the technical infrastructure supporting services delivery
	12.1.3.2. Implement ICT governance, ensuring correct planning and management of ICT resources (L2)	▪ Project portfolio concept and project management principles developed, in coordination with the ICT Steering Committee, in line with IAS recommendations
	12.1.3.3. Run projects to renew the technical infrastructure (L2)	▪ Investments to maintain the technical infrastructure at the correct level of functionality and quality, minimising risks

ANNEX I

Potential risk factors

Risk factors identified for delivery of the 2015 work programme	Likelihood of risk and respective impact on the 2015 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Decrease in the EU subsidy to the EMCDDA in 2015.	In June 2014, within the context of the EU 2015 draft budget, the EC proposed EUR 14 794 000 for the EU subsidy to the EMCDDA 2015 budget, which represents the same amount as for the EU subsidy allocated in 2014 (which was EUR 756 000 lower than in 2013). In October 2014 the European Parliament, in its position on the EU 2015 draft budget, decided that the amount of the 2015 EU subsidy to the EMCDDA should correspond to the amount and posts requested by the latter, as reflected in the 2015 EMCDDA preliminary draft budget adopted in December 2013. By 18 November 2014, the date of the submission of the final draft 2015 work programme (WP) to the Management Board, the budgetary conciliation procedure had not been finalised; should the proposal from the EC prevail, this would entail a consequent risk of underfunding the activities in the 2015 WP; a revision of these activities would therefore be necessary.
2. Lack of proper funding for NFPs in the Member States, which might negatively impact on their capacity to properly comply with reporting obligations to the EMCDDA. This risk could be compounded by insufficient funding of information collection in Member States as a whole (see point 3).	All core monitoring activities could be affected, notably the review of developments in drug use and responses in Europe. As a consequence of the EMCDDA's own budget constraints, the agency has reduced the level of grants it pays to NFPs. A review of the current national reporting package is therefore being undertaken in order to ensure the quality of the core information provided. In view of the financial constraints the EMCDDA is experiencing in the short and medium term, it is unlikely that the agency will be able to commission NFP staff to carry out additional tasks on its behalf.
3. Reduction of the reporting capacity of Member States as a whole, due either to a lack of or reduced availability of core data with adequate quality levels.	The quality of some important publications could suffer should this risk materialise. Moreover, published outputs could become less comprehensive. Reallocation of planned publications to alternative product formats could be considered, where feasible. The overall likelihood of this risk occurring, and its impact, is medium, since it is more acute in Member States experiencing a less favourable economic situation.
4. Supplementary specific requests from EU institutions to provide technical support for the implementation of EC programmes and actions.	Additional requests from EU institutions to provide technical support for implementing actions and programmes would require priorities to be reviewed ([6]) or supplementary resources to be provided. In particular, there has been a huge growth in the number, type and availability of NPS, which require increasing amounts of resources for monitoring through the Early Warning System and for risk assessment purposes. The implementation of Council Decision 2005/387/JHA therefore places an additional burden on the work programme and on the already reduced budgetary resources. Similar concerns exist for requests related to activities in the field of home affairs, such as the implementation of the Operational Action Plans (OAPs) under the COSI policy cycle.
5. Entering into force of new legislation on NPS.	It is possible that the proposed Regulation on NPS will be adopted and enter into force in 2015. Should this be the case, and depending on which point in the year it enters into force, the EMCDDA (EWS and Risk Assessment) will be required to re-prioritise resources, and provide additional resources, to ensure it meets the new legal obligations and the effective functioning of the Regulation. This will include mapping data requirements and availability, designing tools to collect additional data and its analysis, and working within shorter legally stipulated timescales.
6. Supplementary requests from Member States and third parties to provide expertise in specific domains.	The current level of requests can hardly be accommodated within routine work, and any increase in demand for this type of expertise would need additional scientific resources dedicated to it and must be considered in relation to other priorities of the work programme. In this respect, there are serious concerns about the work overload being created in response to a number of requests addressed to the EMCDDA concerning its responsibilities under Council Decision 2005/387/JHA and more generally about its work on new drugs.
External events that might have an impact on the implementation of the annual work programme as a whole	
7. Natural catastrophes: earthquakes (leading to possible tsunamis) 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 not predictable and appropriate measures would have to be taken in order to deal with the resulting damages. A landslide caused by earthquakes, although unlikely, cannot be ruled out. With regard to the Tagus flooding, some available information suggests that the potential risk to the EMCDDA would be low. However, it is conceivable that a combination of heavy rain with high tides in the Tagus could cause flooding in the underground car park. Further mitigating measures to deal with this risk should be agreed with and undertaken by the Administration of the Port of Lisbon (APL), the entity that owns the Cais do Sodré building. Letters about the issue have been sent to the APL on multiple occasions. A very comprehensive insurance contract covering 'inter alia' adverse effects from earthquakes, landslides and floods has been signed. A business continuity plan (BCP) for the agency as a whole was approved in 2013. This will help mitigate these risks and their respective consequences.

([6]) The process for reviewing priorities is as follows: identify projects/meetings/studies/recruitments that can be delayed, downsized or cancelled, and reassign resources appropriately.

Risk factors identified for delivery of the 2015 work programme	Likelihood of risk and respective impact on the 2015 work programme
Internal risks	
8.1. Information and communication technology (ICT) *governance risks*, notably linked to: a) sub-optimal investment decisions about ICT; b) specific weaknesses in the management of ICT projects; and c) insufficient licensing and assets management procedures.	A substantial number of mitigating measures to deal with these risks have been implemented, namely: a) a register that categorises ICT investments; a detailed report on ICT activities from 2010 onwards; a project catalogue for ICT; an ICT Investments Steering Committee that reviews and controls investments in the area; a project portfolio management process; adoption of the 2013–15 ICT strategic plan; b) the setting up of an ICT Advisory Committee; EMCDDA participation in inter-institutional Framework Contracts; a 'turn-key' approach to projects; definition and implementation of a project management methodology for ICT managed projects; c) use of suitable supporting tools to manage desktop computer applications and configurations. A wide range of additional measures and actions are expected to further reduce existing risks to tolerable levels by mid-2014: a) continuing improvement in the documentation of procedures and appropriate guidelines, leading to sound decisions on ICT investments; b) implementation (as a pilot phase) of ICT projects in accordance with the new project management framework adopted in December 2012; c) enhanced planning and control of license and asset utilisation; and the setting up of an ICT Services Catalogue to allow stakeholders' needs for ICT services to be better addressed.
8.2. Information and communication technology (ICT) *technical risks*, notably linked to: a) software configuration management problems resulting from inadequately planned software installations; b) inconsistent application of patching procedures, compounded by insufficient documentation of interventions and systems updates; c) difficulties in ensuring business continuity and swift recovery in cases of incidents or disasters, due to both governance-related and technical risks; and d) security violations, due to a lack of adequate procedures in the ICT area.	Most of the relevant mitigating measures have already been implemented, such as: a) an automatic monitoring system to deal with installed configurations; configuration audit exercises; technical tools to assist in the management of software configuration issues; a 'documentation tree' that will form the basis for a future documentation set covering risk management, security and governance in ICT; b) 'ad hoc' testing of potential consequences emerging from patching procedural weaknesses, and systematic registration of interventions; a Definitive Software Library (DSL), indicating the software versions in use and the patches installed; c) definition of standards for a BCP of the EMCDDA as a whole (thus also covering ICT); hosting of the agency portal in degraded mode at an alternate site; use of a framework contract for the backup consolidation project supporting business continuity; procurement of specialised assistance services in the case of disaster; documentation of key technical dependencies in ICT; and d) installation of network management software combined with an update of the software version of firewalls; modules for intrusion detection and prevention; increased protection against malware and virus threats. A comprehensive set of additional measures will also be undertaken to further reduce present risk levels, including: a) standard documentation on the EMCDDA ICT technical infrastructure and procedures to follow in operations; b) specific guidelines for patching in servers; c) finalisation of the work already begun to implement the service continuity and disaster recovery plans; improvement of existing documentation on dependencies amongst the components of the EMCDDA ICT infrastructure; further development of Santa Apolónia as the service continuity support site; completion of a fully-fledged BCP; and d) contract and carry out telecom security related services and external audits on sensitive areas of the EMCDDA's core business (for instance, public websites and the Fonte data collection application).
9. Unexpected departure of key members of staff.	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 relevant areas. Readjustment within the Scientific Division has provided some back-up arrangements for all relevant staff, whilst allowing a wider decentralisation of responsibilities in this key area. However, giving that at this point the in-house capacity to absorb any further workload increase is extremely limited, these arrangements might turn out to be insufficient, notably in cases of long-term absence of key staff, which could hinder the EMCDDA's core operations.

ANNEX II

Estimated budget allocation for the implementation of the 2015 EMCDDA Work Programme

The amounts indicated in the table below are based on the parameters of the EMCDDA's 2015 preliminary draft budget. The budgetary procedures are at a very early stage — both for the EMCDDA and the EU general budget. Therefore the budgetary figures and the distribution per main areas should be considered as broadly indicative.

According to the 2015 revised budget adopted by the EMCDDA Management Board on 12 January 2015, the 2015 budget will rely on the following revenue:

- EUR 14 794 000 to be provided by the EU subsidy to the EMCDDA;
- EUR 389 962.64 to be provided by Norway for its participation in the EMCDDA activities.

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

- EUR 150 000 to be provided by Turkey for its participation in EMCDDA activities.

Furthermore, the 2015 budget enters as assigned appropriations a figure of EUR 350 000 from the IPA programme for the execution in 2015 of a project for technical assistance aimed at preparing IPA beneficiaries for their participation in the EMCDDA (so-called IPA 5 project — first year of execution).

The tables below present the estimated allocation of the EMCDDA's 2015 budget appropriations for the implementation of its 2015 work programme.

A. Monitoring and reporting on the drugs problem in Europe (vertical operations)

WP objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (€)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Data collection, analysis and quality assurance	EPI + RTX	0.5	3	3.5	0	7	596 433.00	545 130.62	1 141 563.62
Monitoring and understanding drug use and problems: key indicators and epidemiology	EPI	0.5	3.5	0.5	0	4.5	624 776.09	509 994.38	1 134 770.47
Monitoring demand reduction responses applied to drug-related problems	IBS	2	6	0.5	0	8.5	641 369.28	269 711.76	911 081.04
Monitoring drug supply and supply reduction interventions	SAT	1	4	2	1	8	488 383.04	360 604.36	848 987.41
Monitoring new trends and developments and assessing the risks of new substances	SAT	0	4	3	0	7	583 311.82	385 658.43	968 970.25
Improving Europe's capacity to monitor and evaluate policies	EPI + IBS + SAT	0	2.5	0	0	2.5	244 585.90	194 619.78	439 205.68
Scientific coordination, research and content support	SDI + EPI	0.5	4	2.5	0	7	780 054.65	482 379.56	1 262 434.21
Total		**4.5**	**27**	**12**	**1**	**44.5**	**3 958 913.78**	**2 748 098.90**	**6 707 012.68**

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

B. Cooperation and collaboration with key partners (transversal operations)

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources — non-assigned appropriations (€)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Cooperation and collaboration with key partners	DIR + SDI + RTX	0.5	4	0.5	0	5	604 345.37	419 104.70	1 023 450.06

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

C. Supporting the achievement of results (transversal operations)

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources — non-assigned appropriations (€)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Communicating the EMCDDA's findings to external audiences (including translation)	COM	1	9	2	0	12	1 654 324.53	930 443.01	2 584 767.54
Governance, management and networks (executive and corporate management + governing bodies' activities)	DIR + SDI	3.5	5	2	0	10.5	1 221 884.49	920 774.54	2 142 659.03
	RTX + NFPs' co-financed activities	0.5	3	0.5	0	4	2 559 847.18	316 226.15	2 876 073.33
Total		**5**	**17**	**4.5**	**0**	**26.5**	**5 436 056.20**	**2 167 443.70**	**7 603 499.90**
Grand total for operations (A+B+C)		**10**	**48**	**17**	**1**	**76**	**9 999 315.34**	**5 334 647.30**	**15 333 962.64**

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

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

Objectives and activities		Main area 11: Administration: supporting core business	Main area 12: Information and communication technology (ICT)	Total
Main actors for implementation/cost objects		ADM (administration and resources/ assets management)	ICT (equipment and services)	
Allocated human resources (fte/year)	Officials	3	0	**3**
	Temporary agents	11	8	**19**
	Contract agents	7.5	2.5	**10**
	Seconded national experts	0	0	**0**
	Total	21.5	10.5	**32**
Allocated budget resources for direct cost of supporting activities to be distributed to operations (1) (*see above the column for indirect cost of operations*) — non-assigned appropriations (€)		4 111 878,63	1 222 768,67	**5 334 647,30**

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

E. Summary of total allocations

Operations	Allocated human resources (fte/year)					Allocated budget resources — non-assigned appropriations (€)
	Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	
For direct cost of operations (Tables A+B+C)	10	48	17	1	76	9 999 315.34
For indirect cost of operations (i.e. direct costs of support activities, Table D)	3	19	10	0	32	5 334 647,30
Total	**13**	**67**	**27**	**1**	**108**	**15 333 962.64**

F. Special projects (Funded by supplementary appropriations from EU budget on top of the EU regular annual subsidy to the EMCDDA)

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources — assigned appropriations (€)
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	
Preparation of IPA beneficiary countries for their participation in the EMCDDA (IPA 5 project — first year)	RTX			0.5		0.5	350 000.00
Total				**0.5 (1)**		**0.5**	**350 000.00**

Notes:
(1) These resources were allocated under main area 8: cooperation and collaboration with key partners (see Table B above).

ANNEX III

Key performance indicators (KPIs)

Attaining good performance is one of the EMCDDA's strategic goals for 2013–15. In order to measure the accomplishment of this goal, the agency has committed to improving its performance measurement system through developing, among others, key performance indicators for each main area of work.

In line with the two-step approach endorsed by the Management Board, the process started with the definition of KPIs for three areas in the 2014 WP, as follows: main area 10: governance, management and networks; main area 11: administration — supporting core business; and main area 12: information and communication technology. In the second phase, carried out in the framework of the preparation of the 2015 WP, KPIs have been developed for all the areas of work, as presented in detail below.

These KPIs were designed to measure the achievement of the specific objectives in the 2013–15 work programme, based on specific targets that are expected to be accomplished by the end of 2015. Where relevant, these targets are cumulative, i.e. they cover the entire 2013–15 period. This is the case for interventions with a multi-annual implementation timeframe (e.g. development of key indicators for the drug supply area, some outputs, etc.), where referring to annual targets is not useful for understanding the actual progress that has been achieved. For clarity, these situations are clearly identified in the document. For all the other cases the targets are annual and they serve as reference for the progress expected to be achieved in 2015 alone.

It should be noted that targets might need to be reviewed in order to take into account changing circumstances. One example is the new drugs area, where current targets are in line with the provisions of the Council Decision 2005/387/JHA, in place at the time of drafting this work programme. The entering into force of the new legal framework that is expected to replace the Council Decision 2005/387/JHA may require these targets to be revised.

In several cases, it was not possible to establish targets at this stage. This was due either to the need to obtain 2014 baseline data, which will only become available at the end of the year, or to the need to complete some important work that was in progress at the time the 2015 WP was being drafted, which then defines the milestones for 2015 (like the web developments). In a few other cases delivery will be based on demand and/or needs, and therefore setting specific targets is not appropriate.

Furthermore, it is important to note the early submission of the draft 2015 WP, on 31 March 2014. Due to the fact that 2014 is the first year of implementation of the KPIs (for the three areas defined in the 2014 WP — see above), it served as a testing year, when the methodologies for measuring the indicators were further developed/improved and consolidated. This will feed the entire performance monitoring system that is being put in place by the EMCDDA; revisions of the methods of calculation and of the value of the targets set up in the 2015 WP are therefore to be expected as a natural development of the process.

In addition, several EU initiatives were in progress at the time the draft 2015 WP was submitted. This includes the joint work for proposing harmonised KPIs across EU bodies, developed in the framework of the established inter-agencies networks, such as the Performance Development Network and the Heads of Communication Network. The outcome of this work, planned for completion in 2014, is expected to inform the work carried out by the EMCDDA to develop its KPIs. Some changes might therefore be required in the list of KPIs defined below, with a view to benefiting from the developments in this area and implementing common EU approaches.

In order to support the measurement of the KPIs, a detailed monitoring and evaluation (M&E) plan has been developed for internal use. For each indicator, the M&E plan includes information on the method of calculation, baseline, target, type of indicator, frequency of monitoring, reference documents and/or data sources, and responsibilities.

In addition to the implementation of the KPIs presented below, the agency will further develop its ongoing operational monitoring processes and continue to track the progress of all the activities planned in the 2015 work programme and the achievement of their expected outputs/results.

Main area 1: Data collection, analysis and quality assurance

Specific objective 1.1: Improve data collection instruments and processes

Key performance indicators	Targets 2015
KPI 1.1.1. Degree of implementation of the revised national reporting package	Phase 1 implemented

Specific objective 1.2: Strengthen the quality assurance framework to support data collection, analysis and reporting

Key performance indicators	Targets 2015
KPI 1.2.1. Level of progress in the development of the statistical quality framework at the EMCDDA	EMCDDA's Statistics Code of Practice implemented

Main area 2: Monitoring and understanding drug use and problems: key indicators and epidemiology

Specific objective 2.1: Ensure progress in the methodological development of the key epidemiological indicators (KIs)

Specific objective 2.2: Support the implementation of the key indicators through ongoing monitoring and provision of technical guidance and training

Key performance indicators	Targets 2015
KPI 2.1.1. Effective monitoring of the implementation of the key epidemiological indicators (KIs) in the EMCDDA reporting countries (28 Member States, Norway and Turkey)	Triennial review carried out and the 30 EMCDDA reporting countries provided with feedback to support further improvement of KI implementation at the national level

Specific objective 2.3: Maximise the value of key indicator information through analysis to provide a comprehensive, relevant and multi-source understanding of contemporary patterns of drug use, trends and related health and social consequences

Key performance indicators	Targets 2015
KPI 2.3.1. Compliance of the key epidemiological indicators annual expert meetings with the quality standards (guidelines) in place at the EMCDDA	100 %

Main area 3: Monitoring demand reduction responses applied to drug-related problems

Specific objective 3.1: Monitor prevention provision, implementation and outcomes and improve reporting on important areas where information resources are lacking

Key performance indicators	Targets 2015
KPI 3.1.1. Improvement of the online resources in the prevention area	Web resources updated

Specific objective 3.2: Improve the monitoring and analysis of treatment, harm reduction and social reintegration interventions and provide an integrated model for understanding service provision in Europe

Key performance indicators	Targets 2015
KPI 3.2.1. Availability of estimates of the total number of people in treatment at the national level	50 % of the countries reporting to the EMCDDA provide an estimate of the total number of people in treatment at the national level (i.e. 15 countries)

Specific objective 3.3: Identify and support dissemination and knowledge exchange on best practices

Key performance indicators	Targets 2015
KPI 3.3.1. Number of visitors/visits to the Best practice portal (BPP)	To be defined based on the 2014 baseline data

Main area 4: Monitoring drug supply and supply reduction interventions

Specific objective 4.1: Develop European key indicators and complementary information resources for understanding drug markets, drug-related crime and drug supply reduction

Key performance indicators	Targets 2015
KPI 4.1.1. Availability of tools to improve data collection mechanisms	■ Revised reporting instrument on drug seizures endorsed and ready for routine implementation ■ Draft reporting instruments on drug production facilities agreed with Europol and ready to be implemented

Specific objective 4.2: Establish networks in the area of drug supply and supply reduction

Key performance indicators	Targets 2015
KPI 4.2.1. Level of operationality (effectiveness) of the EMCDDA Reference Group on drug supply	Reference Group fully operational: agreement on the revised reporting instruments on drug seizures and on drug law offences; and consultation for the draft reporting instruments on drug production facilities (dismantled synthetic drugs, cocaine secondary extraction labs and cannabis cultivation)

Specific objective 4.3: Produce a strategic analysis of drug supply and supply reduction in Europe

Key performance indicators	Targets 2015
KPI 4.3.1. Number of strategic analyses produced jointly with Europol (cumulative 2013–15)	Two analyses (the first *EU drug markets report: a strategic analysis*, published in 2013; the second report in preparation in 2015, for publication in 2016)

Specific objective 4.4: Support the EU Internal Security Strategy (COSI)

Key performance indicators	Targets 2015
KPI 4.4.1. Degree of implementation of the activities assigned to the EMCDDA (cumulative 2014–15)	The tasks assigned to the EMCDDA in the Operational Action Plan (OAP) 2014–15 implemented

Main area 5: Monitoring new trends and developments and assessing the risks of new substances

Specific objective 5.1: Ensure that the information exchange and risk assessment mechanism on new psychoactive substances is of high quality and implemented in a timely and efficient manner

Key performance indicators	Targets 2015
KPI 5.1.1. Timely implementation of the information exchange and risk assessment mechanism on NPS	■ Timely issue of formal notifications on NPS and public health related warnings to the EWS network, EDND regularly updated, annual implementation report submitted to the European Parliament, the Council and the EC and published ■ EMCDDA–Europol Joint Reports on NPS submitted to the EC, the Council and the EMA within four weeks of the date the information is received from the EWS partners (as appropriate) ■ Risk Assessment reports submitted to the Council and the EC within 12 weeks of the date the request is received from the Council (as appropriate)

Main area 6: Improving Europe's capacity to monitor and evaluate policies

Specific objective 6.1: Develop European and global drug policy monitoring and analysis

Key performance indicators	Targets 2015
KPI 6.1.1. Number of policy analyses published by the EMCDDA (cumulative 2013–15)	A minimum of six policy analyses

Specific objective 6.2: Strengthen European networks in drug law and drug policy analysis

Key performance indicators	Targets 2015
KPI 6.2.1. Compliance of the legal correspondents meeting with the quality standards (guidelines) in place at the EMCDDA	15th meeting of the legal correspondents fulfils the quality standards

Main area 7: Scientific coordination, research and content support

Specific objective 7.1: Ensure the coordination of scientific activities so that resources are efficiently used, objectives are achieved and quality control of outputs is maintained

Key performance indicators	Targets 2015
KPI 7.1.1. Implementation of quality mechanisms to support the scientific activities	Quality standards and guidelines in place for key scientific processes
KPI 7.1.2. Publishing of scientific articles in peer-reviewed journals	Impact score 10 or higher (impact score = the journal impact factor X the number of scientific articles published in 2015)

Specific objective 7.2: Support drug-related research, audit key developments and promote the use of research findings

Key performance indicators	Targets 2015
KPI 7.2.1. Contribution to the development of the EU drug research agenda	Report with recommendations on research priorities at EU level submitted to the HDG for the Annual Dialogue of Research (in collaboration with the Scientific Committee)

Main area 8: Cooperation and collaboration with key partners

Specific objective 8.1: Coordinate, cooperate and provide technical support at the EU level

Specific objective 8.2: Improve dialogue with policy audience, civil society and relevant technical and scientific bodies

Specific objective 8.3: Coordinate, cooperate and provide appropriate technical input to work conducted by international bodies in the drugs field

Key performance indicators	Targets 2015
KPI 8.1.1. Percentage of requests from EU institutions (broken down by initiator) addressed by the EMCDDA	100 %
KPI 8.1.2. Number of joint initiatives/actions implemented with key partners (EU agencies, international organisations, civil society, other partners, broken down by type of partners)	Based on demand/needs

Specific objective 8.4: Support capacity development and enhance the scientific value of drug monitoring activities within candidate countries and potential candidate countries

Key performance indicators	Targets 2015
KPI 8.4.1. Level of achievement of the IPA 5 project expected results	95 % of results achieved (out of the total number of results planned by the end of 2015)
KPI 8.4.2. Budget execution rate (commitment appropriations)	Minimum 80 % of the total commitment appropriations for year 1

Specific objective 8.5: Support capacity development, information availability and exchange with interested European Neighbourhood Policy (ENP) and other non-EU countries

Key performance indicators	Targets 2015
KPI 8.5.1. Level of achievement of the ENP project expected results	95 % of results achieved (out of the total number of results planned by the end of 2015)
KPI 8.5.2. Budget execution rate (commitment appropriations)	Minimum 95 % of the total commitment appropriations

Main area 9: Communicating the EMCDDA's findings to external audiences

Specific objective 9.1: Implement the integrated communication strategy and action plan

Key performance indicators	Targets 2015
KPI 9.1.1. Level of implementation of the EMCDDA's stakeholders engagement strategy	Action plan for 2015 implemented 100 %

Specific objective 9.2: Publish high-quality and timely products in line with targets committed to in the 2013–15 work programme

Key performance indicators	Targets 2015
KPI 9.2.1. Timely production and publication of the *European Drug Report* (EDR) package	EDR package launched by 30 June 2015
KPI 9.2.2. Number of publications launched during the year	All products published from the list of key outputs of the work programme

Specific objective 9.3: Increase the relevance and impact of the EMCDDA's online presence

Key performance indicators	Targets 2015
KPI 9.3.1. Increase in the number of visits/unique visitors to the EMCDDA's website	To be defined based on the 2014 baseline data
KPI 9.3.2. Users' satisfaction with the EMCDDA's website (as measured through survey)	To be defined based on the 2014 baseline data

Specific objective 9.4: Enhance the EMCDDA's reputation and recognition as Europe's central reference point for drugs information

Key performance indicators	Targets 2015
KPI 9.4.1. Audience reached by the EMCDDA through participation in/organisation of scientific/institutional meetings, events, conferences, visits; broken down per type of audience (policy, science, practice, citizens/general public)	To be defined based on the 2014 baseline data
KPI 9.4.2. Representation in key events organised during the year in the drug field (as measured through percentage of events with EMCDDA attendance out of the total number of relevant events)	To be defined based on the 2014 baseline data

Main area 10: Governance, management and networks

Specific objective 10.1: Ensure good governance to provide strategic guidance and direction for the work of the EMCDDA

Key performance indicators	Targets 2015
KPI 10.1.1. Effectiveness of the Management Board in performing its tasks, as stipulated by the EMCDDA's founding Regulation (recast) and the applicable rules and procedures	100 % of issues addressed and decisions made as required by the EMCDDA's founding Regulation (recast) and the applicable rules and procedures
KPI 10.1.2. Effectiveness of the Director in providing support to the Management Board for performing its tasks	a) 100 % of the supporting documents uploaded on the Management Board extranet at least two weeks before the Management Board meetings (except for documents related to events occurring within this timeframe) b) Draft minutes of the Management Board meetings sent to the Chair within a maximum of eight weeks from the close of the meetings
KPI 10.1.3. Provision of scientific input/advice (in the form of peer review, formal opinions, input to protocols, projects, products, etc.) by the Scientific Committee members (as measured through percentage of requests met out of the total number of requests received by the Scientific Committee members from the Director and the Management Board)	Minimum 70 %
KPI 10.1.4. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks	a) 100 % of the supporting documents uploaded on the Scientific Committee extranet at least two weeks before the Scientific Committee meetings (except for documents related to events occurring within this timeframe) b) Draft minutes of the Scientific Committee meetings sent to the Chair within a maximum of two weeks from the close of the meetings

Specific objective 10.2: Ensure efficient management and leadership to support achievement of results and efficient use of resources

Key performance indicators	Targets 2015
KPI 10.2.1. Degree of implementation of the 2015 work programme	100 % of the expected outputs/results listed as Level 1 priority (L1), 70 % of the expected outputs/results listed as Level 2 priority (L2) and 40 % of the expected outputs/results listed as Level 3 priority (L3) fully achieved

Specific objective 10.3: Improve and implement the agency's strategic planning and programming cycle processes, to support timely delivery of results and sound decision-making concerning allocation of resources and actions to be taken to enhance performance

Key performance indicators	Targets 2015
KPI 10.3.1. Degree of implementation of the performance measurement system	▪ Performance indicators defined and in use for all the main areas of work ▪ Development of the tool to support planning, performance monitoring and reporting completed
KPI 10.3.2. Timely delivery of the documents supporting the strategic planning and programming cycle (three-year work programme, annual work programme, *General Report of Activities*) (as required by the EMCDDA founding recast Regulation)	All documents delivered within deadline

Specific objective 10.4: Ensure effective internal control and risk management system

Key performance indicators	Targets 2015
KPI 10.4.1. Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline anticipated in the follow-up action plan endorsed by the Management Board

Reitox network

Specific objective 10.5: Ensure that the Reitox network is efficiently managed and structured to meet future needs and requirements

Key performance indicators	Targets 2015
KPI 10.5.1. Execution rate (commitments) of the grant agreements budget	95 %
KPI 10.5.2. Timely 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
KPI 10.5.3. Level of satisfaction with the Reitox training activities	90 % satisfaction rate (as measured by training evaluation surveys)

Main area 11: Administration: supporting core business

Specific objective 11.1: Enhance effectiveness and efficiency in the execution of the budget and in the management and accounting of financial resources

Key performance indicators	Targets 2015
KPI 11.1.1. Budget execution rate — commitment appropriations (without assigned appropriations)	Minimum 97 % of the total commitment appropriations
KPI 11.1.2. Budget execution rate — payment appropriations (without assigned appropriations)	Minimum 93 % of the total payment appropriations

Specific objective 11.2: Maximise efficiency and effectiveness of human resources management at the EMCDDA

Key performance indicators	Targets 2015
KPI 11.2.1. Occupation rate (implementation of the establishment plan)	94 % of the establishment plan posts (officials, temporary agents) filled at the end of the year (in line with resources)
KPI 11.2.2. Staff turnover	Maximum 4 % of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)
KPI 11.2.3. Average number of training days per staff member	Minimum of three days
KPI 11.2.4. Average time of recruitment processes	Maximum of four months from the expiry date of the vacancy notice to appointment decision

Specific objective 11.3: Ensure a healthy working environment and further reduce utility costs by optimising the use of the available facilities, equipment and infrastructure

Key performance indicators	Targets 2015
KPI 11.3.1. Number of accidents at workplace	No accidents
KPI 11.3.2. Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (as compared to 2014)

Main area 12: Information and communication technology (ICT)

Specific objective 12.1: Develop and maintain ICT solutions and tools to support the EMCDDA's work, while applying best practices and standards of ICT governance, planning and service management

Key performance indicators	Targets 2015
KPI 12.1.1. Project management and implementation accountability (compliance with the EMCDDA's adopted ICT project management standard)	100 %
KPI 12.1.2. Availability of the ICT systems	▪ Office supporting infrastructure availability: system availability superior to 95 %, office hours (maximum of 103 hours of accumulated down time over the year) ▪ 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)

ANNEX IV
List of procurements

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 2015 WP and whose estimated value 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 2015 work programme. In the event that such procurements are launched during 2015 the EMCDDA Management Board will be duly and promptly informed.

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

- AUSTRIA: Gesundheit Österreich GmbH (Austrian Health Institute), Vienna.
- BELGIUM: Wetenschappelijk Instituut Volksgezondheid / Institut Scientifique de Santé Publique (Scientific Institute of Public Health) — Patrimoine (IPH-Patrimoine), Brussels.
- BULGARIA: National Centre for Addictions (NCA BG), Sofia.
- CROATIA: Vlada Republike Hrvatske — Ured za suzbijanje zlouporabe droga (Government of the Republic of Croatia — Office for Combating Narcotic Drugs Abuse), Zagreb.
- CYPRUS: Εθνικο Κεντρο Τεκμηριωσησ Και Πληροφορησησ Για Τα Ναρκωτικα (Cyprus National Monitoring Centre for Drugs and Drug Addiction — ΕΚΤΕΡΝ), Nicosia.
- CZECH REPUBLIC: Úřad vlády České republiky (Secretariat of the National Drug Commission — Office of the Government of the Czech Republic), Prague.
- DENMARK: Danish Health and Medicines Authority, Copenhagen.
- ESTONIA: Tervise Arengu Instituut (National Institute for Health Development — NIHD), Tallinn.
- FINLAND: Terveyden Ja Hyvinvoinnin Laitos (National Institute for Health and Welfare — THL), Helsinki.
- FRANCE: Observatoire Français des Drogues et des Toxicomanies (French Monitoring Centre for Drugs and Drug Addiction), Saint-Denis.
- GERMANY: Institut für Therapieforschung (Institute for Therapy Research), Munich.
- GREECE: Εθνικό Κέντρο Τεκμηρίωσης και Πληροφόρησης για τα Ναρκωτικά — ΕΚΤΕΠΝ (University Mental Health Research Institute), Athens.
- HUNGARY: Országos Epidemiológiai Központ (National Centre for Epidemiology), Budapest.
- IRELAND: Health Research Board (HRB) — Drugs Misuse Research Division, Dublin.
- ITALY: Presidenza del Consiglio dei Ministri — Dipartimento 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: Centre de Recherche Public — Santé (CRP-Santé), Luxembourg.
- MALTA: Ministry for the Family and Social Solidarity, 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 (Ministry of Health of the Slovak Republic), Bratislava.
- SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije (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), Madrid.
- SWEDEN: Statens Folkhälsoinstitut (Public Health Agency of Sweden), Östersund.
- UNITED KINGDOM: Public Health England, London.

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

ANNEX VI

Template of the 2015 Reitox grant agreement

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

List of abbreviations and acronyms

ALICE-RAP	Addiction and Lifestyles in Contemporary Europe Reframing Addictions
BCP	business continuity plan
BPP	Best practice portal
CADAP	Central Asia Drug Action Programme
CC	candidate countries
CEPOL	European Police College
Chafea	Consumers, Health and Food Executive Agency
CICAD	Inter-American Drug Abuse Control Commission
COPOLAD	Cooperation Programme between Latin America and the European Union on Drugs Policies
COSI	Standing Committee on Operational Cooperation on Internal Security
CUP	cross-unit project
DRD	drug-related deaths
DRID	drug-related infectious diseases
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDND	European Database on New Drugs
EDR	*European Drug Report*
EFSQ	European Facility Survey Questionnaire
ELDD	European Legal Database on Drugs
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMQ	European Model Questionnaire
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
ERANID	European Research Area Network on Illicit Drugs
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EWS	Early-warning system
GPS	general population survey
HCV	hepatitis C virus
HDG	Horizontal Drugs Group
HFP	Heads of national focal points
HIV	human immunodeficiency virus
HR	human resources
IAS	Internal Audit Service
ICS	International Control Standards
ICT	information and communication technology
IPA	Instrument for Pre-Accession Assistance
JHA	justice and home affairs
JRC	Joint Research Centre of the European Commission
KI	key indicator
KPI	key performance indicator
M&E	monitoring and evaluation
NFP	national focal point
NPS	new psychoactive substance
NRS	national reporting system
OAP	Operational Action Plan
PCC	potential candidate countries
PDU	problem drug use
PhV	pharmacovigilance
POD	*Perspectives on drugs*
PWID	people who inject drugs
RA	risk assessment
TDI	treatment demand indicator
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
WP	work programme

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About the EMCDDA

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

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

Related publications

EMCDDA

- 2013–15 work programme and strategy
- General Report of Activities 2013

These and all other EMCDDA publications are available from www.emcdda.europa.eu/publications

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