European Monitoring Centre
for Drugs and Drug Addiction

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Foreword by the EMCDDA Director

The document I present here is crucial for the life of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and it reflects the important changes that the organisation is undergoing. Not only is this the agency's first multiannual single programming document (SPD), it is also the first one to be implemented under the new long-term strategy that, at the start of my mandate as EMCDDA Director, I have committed myself to developing and implementing.

We have derived this new strategy and the SPD from the 2016–18 strategy and work programme, which was adopted in December 2016 and set out an ambitious vision for the EMCDDA: to contribute to a more secure and healthier Europe.

The document reflects our focus on becoming a valuable and reliable service provider to our customers, particularly policymakers within the EU institutions and the Member States. Our mission is to provide them with information and analysis that can make a difference to the drugs situation and can ultimately contribute to the security and the health of European citizens.

To this end, the solid core EU monitoring system that we have built up over the past 20 years will continue to play a key role in collecting the data we need, in close collaboration with our Reitox partners. However, as the drugs phenomenon is increasingly complex and its implications are global, greater emphasis will be placed on capturing information from new data sources, and on better linking EU findings with international developments. This forms part of our strategic analysis capability, one of the agency's main assets.

Our analysis is of little value, however, unless we deliver it in a timely manner using means that are most suitable for our customers. With this in mind, we will continue to refine our communication channels to provide faster and more targeted services. We aim not only to respond to demands, but also to anticipate them. As an EU agency with a monitoring system that is unique in the world, which includes complex networks of experts and partners, we are best placed to understand drug trends and advise our stakeholders promptly on the implications they may have.

At organisational level, during 2017–19 we will also develop a new internal structure; this structure will be designed to meet the needs of the long-term strategy and to ensure that its goals are fulfilled.

I could not conclude this first Foreword as EMCDDA Director without expressing my gratitude to our partners in the Member States, particularly to the Reitox network of national focal points, as well as to our EU and international partners, who, together with my staff, will make possible the successful implementation of this programming document.

Alexis Goosdeel
Director, EMCDDA

List of abbreviations

AHCC	authority authorised to conclude contracts
AP	action plan
BCP	Business continuity plan
BPP	Best practice portal
CA	Contract agent
CADAP	Central Asia Drug Action Programme
CARDS	Programme of Community assistance to the countries of South-Eastern Europe
CC	candidate countries
CCA	cross-cutting area
CEOS	Conditions of Employment of Other Servants of the EU
CEPOL	European Union Agency for Law Enforcement Training
CHAFEA	Consumer, Health, Agriculture and Food Executive Agency
CICAD	Inter-American Drug Abuse Control Commission
COM	Communication unit
COPOLAD II	Cooperation Programme between Latin America, the Caribbean and the EU on Drugs Policies
COSI	Standing Committee on Operational Cooperation on Internal Security
DG	Directorate-General
DG HOME	Directorate-General for Migration and Home Affairs
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DG SANTÉ	Directorate-General for Health and Food Safety
DRD	drug-related deaths
DRID	drug-related infectious diseases
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDMR	European Drug Markets Report
EDND	European Database on New Drugs
EDPQS	European Drug Prevention Quality Standards
EDR	European Drug Report
EDRR	European Drug Responses Report
EEAS	European External Action Service
EFCA	European Fisheries Control Agency
EFSQ	European facility survey questionnaire
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
EMQ	European Model Questionnaire
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
EPI	Prevalence, data management and content coordination unit
EPSO	European Personnel Selection Office
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EU-ANSA	EU Agencies Network for Scientific Advice
Euro-DEN	European Drug Emergencies Network
Eurojust	the European Union's Judicial Cooperation Unit
Europol	European Union's law enforcement agency
EWS	Early Warning System
FG	function group
FTE	full-time equivalent
GOV	Governance unit
GPS	general population survey(s)
HDG	Horizontal Drugs Group, Horizontal Working Party on Drugs
HFPs	heads of national focal points

HIV	human immunodeficiency virus
HR	human resources
IAJM	Inter-agency job market
IBS	Consequences, responses and best practices unit
ICT	information and communication technology
IPA	Instrument for Pre-Accession Assistance
JHA	Justice and Home Affairs
KA	key area
KI	key epidemiological indicator
KPI	key performance indicator
M&E	monitoring and evaluation
MIS	management information system
MoU	Memorandum of Understanding
MSPP	Multi-annual staff policy plan
NFP	national focal point
NPS	new psychoactive substances
OAP	operational action plan
OSI	open source information
PCC	potential candidate countries
PDU	problem drug use
PHARE	Programme of Community aid to the countries of Central and Eastern Europe
PhV	pharmacovigilance
POD	Perspectives on Drugs
PWID	people who inject drugs
RA	risk assessment
Reitox	European Information Network on Drugs and Drug Addiction
SAT	Supply reduction and new drugs unit
SCORE	Sewage Biomarker Analysis for Community Health Assessment
SDI	Scientific division
SNE	seconded national expert
SOCTA	Serious and Organised Crime Threat Assessment
SPD	Single Programming Document
SR	Staff regulations
SWP	strategy and work programme
TA	temporary agent
TAIEX	Technical Assistance and Information Exchange
TDI	treatment demand indicator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
VAT	Value-added tax
WHO	World Health Organization
WP	work programme

Mission statement

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

The agency's founding regulation was recast in 2006 and defined the role of the EMCDDA as being to provide the EU and its Member States with a factual overview of European drug problems and with a solid evidence base to support the drugs debate. The agency offers policymakers the data and analysis they need for drawing up informed drug laws and strategies, and it helps professionals and practitioners working in the field pinpoint best practice and new areas of research.

The priorities in the recast regulation, which form the bedrock of this new strategy and work programme, are (a) monitoring the state of the drugs problem, in particular using epidemiological indicators, and monitoring emerging trends; (b) monitoring the solutions applied to drug-related problems, providing information on best practices in the Member States and facilitating information exchange among them; (c) assessing the risks of new psychoactive substances and maintaining a rapid information system; and (d) developing tools and instruments to help Member States to monitor and evaluate their national policies, and the European Commission (EC) to monitor and evaluate EU policies.

In fulfilling its tasks, the agency relies on a large number of partners and, in particular, the European Information Network on Drugs and Drug Addiction — the Reitox network of national focal points (NFPs). The NFPs exercise the critical role of providing national data from the 30 countries that report to the EMCDDA, namely the 28 EU Member States, Norway and Turkey. Together with the information collected from other networks of experts and partners, these data feed the European and global analyses performed by the EMCDDA, thereby forming the basis of its world-renowned knowledge and its reputation as a centre of excellence on drugs in Europe.

The EMCDDA approaches the drugs problem from a range of different disciplines and perspectives. This is necessary because the drugs issue has an impact on society, public health, security and crime. This multidisciplinary and holistic approach is one of the core strengths of the agency's work. It also underpins the EMCDDA's long-term vision, which is to contribute to a more secure and healthier Europe. The agency's mandate, as well as its knowledge, expertise and the strategic partnerships it has developed over the 20 years of its existence, places it in a privileged position to achieve this.

As an organisation, the agency is guided by a core set of values to ensure that its work is of the highest standard. These values are:

- scientific rigour;
- neutrality and independence; and
- service orientation.

The specific business principles that sustain these values include:

- maintaining the relevance and timeliness of the reporting system to allow a responsive analysis of the drugs situation;
- capitalising on established partnerships and building new ones, with a view to further developing synergies;
- maximising the impact of communication activities: getting the right information to the right people at the right time using the right medium;
- implementing a state-of-the-art performance measurement system, to ensure that work is on track and that it delivers its intended outcome and meets the expectations of the agency's stakeholders.

SECTION I
General context

Continuity and change: building on the 2016–18 strategy and work programme, towards a more integrated programming approach

This is the first EMCDDA Single Programming Document (SPD) and it covers the period 2017–19. The document presents, for the first time under one umbrella, the agency's integrated multiannual strategic planning perspective. It links the core components of the planning process, namely the operational planning and the planning of resources (human and financial), within one common programming framework.

In compliance with the new timeline defined by the EMCDDA's Financial Regulation, the drafting of the SPD was carried out in parallel with the finalisation of the new three-year strategy and work programme (SWP) for 2016–18, which was adopted by the Management Board in December 2015. Therefore, the SPD is very much grounded in the SWP; it capitalises on its core principles, which allow the EMCDDA to build further blocks towards accomplishing its ambitious vision to contribute to a more secure and healthier Europe. It also follows the same structure (which has been adjusted to comply with the template imposed by the EC on the agencies) and a similar intervention logic.

Meeting the growing needs and expectations of key stakeholders and partners

The EMCDDA has always been in close contact with its key stakeholders and partners, especially with the EU institutions and the Member States, in particular with the Reitox network, but also with other EU agencies, international organisations active in the field of drugs and relevant third countries. This has allowed the agency to create and maximise synergies, to drive the exchange of knowledge on the drugs situation in Europe and to contribute to global developments.

Another benefit of pursuing a close collaborative approach is to be able to better understand the needs and expectations of our key stakeholders and partners.

We conducted an extensive external consultation exercise, which involved the Member States, the agency's Scientific Committee, EU bodies, international organisations and third countries, and the general public, prior to the preparation of the 2016–18 SWP, on which this document is based.

Furthermore, when drafting this SPD, we have taken into account the recommendations formulated by the EC and the Scientific Committee through their formal opinions on the 2016–18 SWP.

Further consultation of key stakeholders took place in 2016, when the EMCDDA was preparing its long-term strategy to 2025. One of the key priorities of the new strategy will be to serve the needs of the EMCDDA's primary stakeholders, which are the EU institutions, the national decision-/policymakers in the Member States and the professionals working in the drugs field.

Responding to EU needs in 2017–19

For more than 20 years now, the EMCDDA has demonstrated its ability to act as a catalyst for data collection and strategic analysis in a complex policy area that cuts across crime, health and security issues, both within European countries and in the international context. The agency is seen as a credible partner by the European institutions, national policymakers and experts working in its technical areas, and it is an internationally recognised centre of excellence.

This capacity for impartial scientific expertise provides additional value to the future work of the EC, especially to the Directorate-General for Migration and Home Affairs (DG HOME), the partner DG of the EMCDDA, to the Directorate-General for Health and Food Safety (DG SANTÉ) and to the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR). Furthermore, by scaling up partnerships with other agencies and institutions, the EMCDDA's proven technical and analytical capacity can deliver new opportunities for European policy and interventions.

In 2017–19, the EMCDDA will enhance its contribution to a more secure and healthier Europe, taking advantage of its evidence-based, multidisciplinary approach. It will do this by being more proactive and giving greater emphasis to knowledge transfer, strategic analysis and threat assessment.

In terms of security, the agency will fulfil the obligations arising from the EU Agenda on Security 2015–20. The EMCDDA will contribute its information and analysis to tackling the three priorities set up by the policy document, namely terrorism,

serious and organised cross-border crime, and cybercrime. The document highlights the weight of drug-related criminal activities within the overall EU security threats and states that 'organised crime also feeds terrorism and cybercrime through channels like the supply of weapons, financing through drug smuggling, and the infiltration of financial markets'. The document also notes that 'the market for illicit drugs remains the most dynamic of criminal markets, with a recent trend being the proliferation of the new psychoactive substances (NPS)'. Illicit online trade in drugs is also pointed out as one of the key components of the 'ever-growing threat' of cybercrime.

Cooperation with other EU agencies, in particular with the European Union's Law Enforcement Agency (Europol), the European Union Agency for Law Enforcement Training (CEPOL) and Eurojust, will be further strengthened in 2017–19, in order to contribute effectively to addressing the priorities of the EU Agenda on Security. This cooperation is already well established within the EU policy cycle for organised and serious international crime (the policy cycle), which represents the framework within which the EU Member States coordinate common priorities and operational action. The Standing Committee on Operational Cooperation on Internal Security (COSI) steers this process and brings together law enforcement officials from the Member States, the Commission and specialised EU agencies. Two of the priorities in the 2014–17 policy cycle specifically concern drugs: reducing the production and trafficking of cocaine/heroin; and synthetic drugs, including NPS. A new Serious and Organised Crime Threat Assessment (SOCTA) report will be published by Europol in 2017 as part of the EU policy cycle on organised and serious international crime. The SOCTA will define the main threats to the EU, and from among these, the Member States will define the priorities for 2018–19. It is fully expected that drugs will feature among these priorities and that the EMCDDA will have a more prominent role in contributing to the operational action plans, particularly in producing threat assessments, providing expertise and delivering training.

Furthermore, in 2017 the EMCDDA will take over the chairmanship of the Justice and Home Affairs Agencies Network (JHA network) from the EU Agency for Fundamental Rights (FRA). This will provide the EMCDDA with an opportunity to present and highlight its expertise, knowledge and competences in the EU security area and its complementarity with the activities and mandates of other JHA agencies.

To this end, working closely with Europol, and where appropriate Eurojust and other JHA agencies, the EMCDDA will strive to strengthen and enhance its capacity for strategic analysis. The most representative example is the joint EMCDDA–Europol European Drug Markets Report, which offers a state-of-the-art strategic analysis of the drug markets in the European Union. The second edition of this key report was published in 2016 and the third edition will be drafted in 2018, for publication in 2019. To better understand the importance of this strategic output, it is worth mentioning that its first edition, published in 2013, has become a key reference document for EU policymakers. For example, it supported the Council conclusions on improving the monitoring of drug supply in the EU, adopted at the Economic and Financial Affairs Council meeting in November 2013, and it was factored into the policy cycle priorities of the COSI and the corresponding operational action plans (OAPs) 2014 and 2015 of the cocaine/heroin and synthetic drugs priority areas.

Furthermore, as emerging threats and trends are identified, rapid joint analyses and more detailed threat assessments will be conducted with Europol in order to enhance responses. Such threat assessments will be done both in the context of the EMCDDA–Europol cooperation as well as through the OAPs when this approach is agreed by the Member States. Furthermore, the EMCDDA will focus on providing technical expertise in support of EU-wide capacity-building exercises for law enforcement, such as training activities organised by the CEPOL.

The period 2017–19 will be a time for bedding down and enhancing the monitoring of drug supply in the European Union, in line with the EU drug strategy 2013–20, which sets a priority for the EU to 'work towards more effective policy in the field of drug supply reduction by reinforcing policy evaluation and analysis to improve the understanding of drug markets, drug-related crimes and effectiveness of drug-related law enforcement responses'. The EMCDDA plays a key role in meeting this challenge; our information model, informed by both supply- and demand-side data, provides critical situation analysis and timely threat assessments. The agency will further develop and progressively implement key indicators (KIs) on drug supply and drug supply reduction as outlined in the 2013 Council conclusions on improving the monitoring of drug supply in the EU.

A holistic approach is needed, as drug markets can be properly understood only if we look at drug-related crime and drug supply reduction activities as well as drug use and drug-related harms. Through a combination of structured monitoring and analysis, the EMCDDA will provide a better understanding of the nature and scale of the online market and of new developments, at both consumer and supply levels, and also provide early identification of new trends and threats.

As far as security of the EU is concerned, there is an obvious link to the area of international cooperation. Here the EMCDDA has a long tradition in supporting the EC in implementing its technical assistance projects in priority third countries — especially candidate countries (CC), potential candidate

countries (PCC) and countries of the European Neighbourhood Policy (ENP) area. In 2017, the agency will complete the implementation of the fifth Instrument for Pre-Accession Assistance (IPA) project with seven beneficiary CC and PCC, which started in 2015. The sixth IPA, with the Western Balkans, may also start in 2017. Further to the successful completion of the first ENP project for seven beneficiary countries in 2016, the agency submitted to the EC a proposal to continue to provide technical assistance activities with ENP countries. The agency brings to these countries the EU's balanced approach to and knowledge about drug monitoring, which supports the improvement of national data, in line with EU standards and for later integration into EMCDDA analyses.

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

So the EMCDDA, with the help of its partners, will make a significant contribution to the security of EU citizens over the next few years. However, fulfilling the agency's vision for 2017–19 also means contributing to their health.

To this end, the agency will continue the successful collaboration with its partners, in particular with the European Centre for Disease Prevention and Control (ECDC), the World Health Organization (WHO) and the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA), in the prevention of infectious diseases among people who inject drugs (PWID), with a major focus on human immunodeficiency virus (HIV) and hepatitis C, which remain important public health concerns with a significant burden on the life of individuals and society overall. We have planned some new initiatives (joint events and publications) including the co-organisation of two major events in 2017, on hepatitis C and on prison, with the ECDC and the WHO respectively.

Furthermore, in recent years the EMCDDA has strengthened its capacity to react promptly to emerging threats and provide its expert advice. The assessment missions carried out jointly with the ECDC to support Member States are probably the best example in this area. These activities will continue in 2017–19 as part of the overall EMCDDA strategy to scale up the early warning and threat assessment component of its work (see Key area 2).

We will also pursue collaboration with other partners with a view to enhancing the measurement of, understanding of and responses to drug-related deaths, which claim the lives of thousands of people every year.

Activity in the prevention area will be further developed in 2017–19. This is an important task for the agency, as it allows the identification and promotion of factors that can potentially reduce drug uptake at an early stage, or at least reduce its intensification or prevent escalation into high-risk drug use. In addition to helping diminish other societal costs, there is an obvious link between drug prevention and crime prevention. With this in mind, we will pilot and gradually implement a training programme for professionals jointly with partners and we will collect new evidence on effective prevention practice and disseminate it through the EMCDDA's Best practice portal (BPP). We will also produce further analysis of contextual, cultural and systemic determinants of implementing drug prevention.

Within the framework of the recently adopted Council conclusions on the implementation of the EU Action Plan (AP) on Drugs 2013–16 regarding minimum quality standards in drug demand reduction in the EU (CORDROGUE 70 (SAN 279)), the EMCDDA will refine its approach to gathering evidence on effective interventions in the Member States, and it will promote this evidence to support EU decision-making.

Moreover, the agency will launch a new strategic analysis, the European Drug Responses Report. This report, the first edition of which will be published in 2017, aims to provide a state-of-the-art overview of the responses to drug use across the EU and their effectiveness as well as recommendations for action. It will serve as the 'companion' to the European Drug Markets Report. Together with the annual European Drug Report, these two reports will provide the complete picture of the drugs phenomenon and comprise the essential information and analysis package for policymakers from the EU and beyond (see Key area 1). The second edition of the Responses Report will be drafted in 2019, for publication in 2020.

NPS pose one of the most rapidly growing threats for the health and security of EU citizens (see Key area 2). Since 1997, the EMCDDA has played a central role in Europe's response to NPS. Its main responsibilities in this field are to operate the EU Early Warning System (EWS), with our partner Europol, and to undertake risk assessments of new substances when necessary. The EWS works by collecting information on the appearance and spread of new substances from the 30 national early warning systems reporting to the EMCDDA and then monitoring them for signals of harm, allowing the EU to respond rapidly to emerging threats. In the past few years, the importance of this work has grown following a dramatic increase in the number, type and availability of NPS in Europe.

In 2017, it is expected that the new proposed legislation (Regulation of the European Parliament and of the Council amending Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk

assessment procedure on new psychoactive substances (COM/2016/0547 final — 2016/0261 (COD)) will enter into force. This will entail new tasks for the EMCDDA, as well as shorter deadlines for the already existing ones (see Section II.3, 'Human and financial resources outlook for 2017–19').

There were 98 NPS detected on the EU drug market for the first time in 2015 (the last year for which complete data were available at the time of drafting this document); together with the NPS notified in 2014, this represents 40 % of the total number of NPS monitored by the EWS since 1997. This brings the total number monitored by the EMCDDA to more than 600 — more than double the number of substances controlled under the United Nations (UN) international drug control conventions — and more than half of these were reported in the last three years alone.

The growth in the market is also responsible for the increase in serious harms reported to the EMCDDA in recent years. Most of these concern non-fatal intoxications and deaths, but they also include broader social harms, such as those caused by high-risk drug users switching from injecting heroin to synthetic cathinones. Since 2014, serious harms that required urgent attention have led the EMCDDA to set up a signal management and a toxicovigilance system. This has resulted in more and better public health alerts being issued. Since 2014, eight new substances have required risk assessment by the EMCDDA's Scientific Committee at the request of the Council of the EU (almost three times as many as during the entire period 2010–13, and over one third of the total number of risk assessments ever conducted).

It is likely that the growth of the market in new psychoactive substances will continue to pose a range of challenges for public health and drug policy over the next few years. The major drivers of many of these are the speed at which they appear, their open sale, and the fact that there is little or no information on their effects and harms. There is a need, therefore, for a strong EU EWS, which is able to provide a timely response to protect public health. In this regard, the EMCDDA will continue to play a critical role, together with its partners, in ensuring that the EU EWS meets the growing challenges ahead and fulfils its critical role in protecting the health of EU citizens.

The EMCDDA will make an important contribution to implementing EU policy objectives and to providing ongoing high-quality expertise to its stakeholders, especially to the EC, other EU institutions, and the EU Member States (see Key area 1). This will be especially important in 2017–19 because the period falls in a particularly important phase in the field of drugs, which will shape the policy landscape around us and will bring new requirements, but also new opportunities, for the agency. At European level, 2017 is the starting date of the new EU AP 2017–20, and the EMCDDA will contribute to its implementation, as required. The agency may also be required to provide support to the EC in the final evaluation of the EU drug strategy 2013–20. Internationally, in 2016, the UN General Assembly Special Session (UNGASS) on drugs reviewed the world drug situation; in 2019, the UN Member States will review progress made through the implementation of the UN political declaration and plan of action on drugs adopted in 2009. It is likely that these events will generate increased attention on the drugs situation in all regions of the world, including Europe, and will increase the number of requests to the EMCDDA for technical support.

A key element for the implementation of this three-year programming document will be the amount of resources available to the EMCDDA during this period, and also to our national data providers in the Member States. The Communication of the European Commission to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–20 (COM (2013) 519 final of 10 July 2013) provided a first estimate of the EU subsidy planned for the EMCDDA. Pursuant to this information and without prejudice to the actual decision to be taken by the EU budget authority for the adoption of the EU annual subsidy to the EMCDDA and the establishment plan of the latter, it is estimated that by 2019 the EMCDDA will operate with an annual subsidy from the EU of EUR 15 *million*. Without prejudice to the possible allocation of supplementary resources to cope with new tasks, this would reflect the status quo compared with the amount of EU annual subsidy received in 2015 and 2016.

Finally, the fourth external evaluation of the EMCDDA will be carried out by the EC in 2018. The purpose of this exercise is to evaluate the agency's success in implementing the three-year strategy and work programme for 2016–18, as well as the previous strategy and work programme for 2013–15. This will be complemented by the EMCDDA's annual monitoring effort set up to measure progress achieved in the implementation of each of the upcoming annual work programmes derived from this SPD, of which the first one will be for 2017. Key performance indicators (KPIs) have been set up for each of the objectives defined in the 2017 work programme.

Structure of the document

This SPD has been prepared in line with the provisions of Article 32 of the EMCDDA Financial Regulation and in full compliance with the template provided by the EC ('the template') in the Guidelines for programming document for decentralised agencies (Communication from the Commission C(2014) 9641 final).

The document therefore incorporates the information contained in four different programming documents, which

used to be provided separately, as follows: the multiannual work programme, the relevant annual work programme, the applicable multiannual staff policy plan and the financial statement.

The SPD will need to be updated each year, on a rolling basis.

SECTION II
Multiannual programming 2017–19

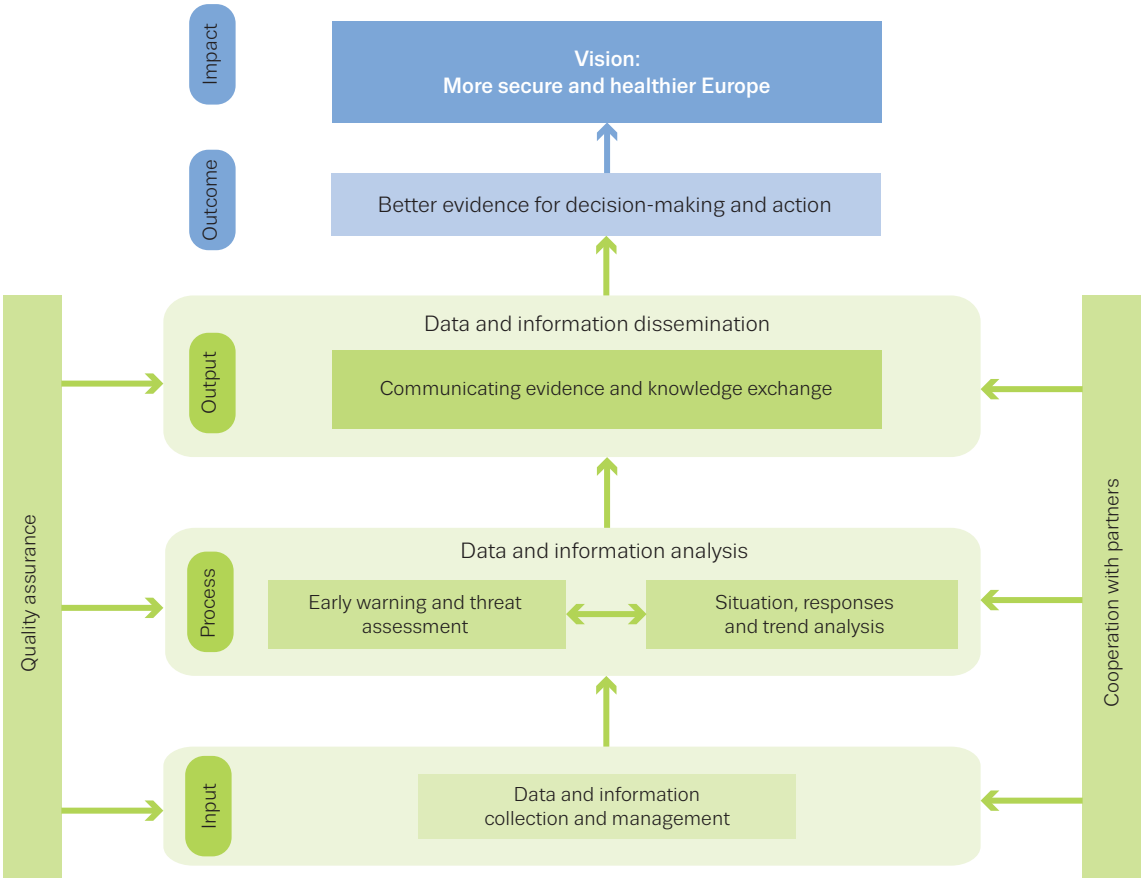
Introduction: the EMCDDA's value chain — transforming information into state-of-the-art analysis for decision-making

The substantive part of this SPD is structured around the areas defined in the recently adopted EMCDDA 2016–18 strategy and work programme. The document is built around six strategic areas. Three of them are key areas (KAs): communicating evidence and knowledge exchange; early warning and threat assessment; and situation, responses and trend analysis. The other three are cross-cutting areas (CCAs): information collection and management; quality assurance; and cooperation with partners. Together, these areas cover the agency's core tasks and form the conceptual building blocks needed to assemble a comprehensive understanding of the European drugs phenomenon.

This structure reflects the EMCDDA's production flow as an information agency, from inputs to outputs, through monitoring and analysis processes (Figure 1).

In addition, two corporate areas — Governance, and Administration and information and communication technology (ICT) — present the management and support activities which are key to ensuring that the work planned within the strategic areas can be successfully performed.

FIGURE 1
EMCDDA production flow



Key areas

These three areas are the pillars of the EMCDDA's information and analysis chain.

The first area, communicating evidence and knowledge exchange (KA 1), incorporates the key outputs (products and services) that the EMCDDA will provide to its customers (audiences) during 2017–19. This area also includes capacity building and training activities, which are an integral part of the knowledge transfer that the agency instigates each year for the benefit of its customers: stakeholders and partners, as well as other audiences (such as academia and professionals).

However, these outputs are just the end result visible to our audiences and are derived from complex monitoring and analysis processes, which our highly specialised staff perform on a daily basis. These critical processes are presented in the other two key areas.

Early warning and threat assessment (KA 2) includes the rapid monitoring component of the EMCDDA's overall monitoring system. It is composed of two main parts: the EWS and the risk assessment of NPS; and emerging trends and threats. Both of these rapid-response components detect new trends in the drugs phenomenon, assess the threats and issue alerts in a timely manner. Because of the very dynamic nature of these emerging trends and their threats to EU citizens, routine monitoring is not sufficient to capture, analyse and report on them quickly. Special rapid-response mechanisms are necessary and they are all included in this key area.

Situation, responses and trend analysis (KA 3) encompasses the core monitoring and analysis activities of the EMCDDA, which provide an annual state-of-the-art overview of drug demand and supply, together with the responses to tackle them and the core trends in these domains. These activities are based on established tools and processes, which are regularly assessed to ensure that they are fit for purpose. These tools are complemented by the development of new ones that allow the monitoring of novel areas, as necessary. Together, these methodological activities ensure the relevance and efficiency of the EMCDDA's core monitoring system. Moreover, it is of utmost importance that this system provide valid, reliable and accurate information, to inform sound decisions for policy and practice.

Cross-cutting areas

Activities in these areas are horizontal in that they feed, and thus significantly contribute to, the key areas.

The first cross-cutting area (CCA A), information collection and management, encompasses all the activities related to data collection and management at the EMCDDA. This is the entry point (input) into the EMCDDA's monitoring systems, for rapid monitoring (KA 2) and for core monitoring (KA 3). This area includes both the tools for data collection and storing (Fonte, the agency's online data collection system; the Data warehouse; and the European Database on New Drugs, EDND) and the processes for managing these data (checking and validation). This area also includes management of the Reitox network of NFPs, the EMCDDA's main data providers.

The second cross-cutting area (CCA B), quality assurance, comprises all the activities which ensure that the agency's core business inputs, processes and outputs meet the quality standards in place at the EMCDDA. Activities related to the Scientific Committee and scientific coordination tasks are included in this area.

The third cross-cutting area (CCA C), cooperation with partners, presents the activities carried out by the EMCDDA together with and/or for the benefit of its key partners, at EU level (Member States, the institutions and other agencies) and at non-EU level (international organisations and third countries).

Corporate areas

The corporate area Governance encompasses the activities related to the EMCDDA's Management Board and to the overall management and leadership of the agency, including internal control, corporate planning and performance measurement.

The corporate area Administration and ICT comprises the tasks related to the management of resources (human, financial, material) and the management of the ICT services and infrastructure.

KPIs are defined within each area for each specific objective set up in the annual work programme (see Section III, 'EMCDDA work programme 2017'). These specific objectives are clearly linked to the strategic objectives presented above.

1. Multiannual objectives

Area	Strategic objective
KA 1: Communicating evidence and knowledge exchange	Serve as European central reference point for drug-related information and analysis, and by doing so provide policy and practice with better evidence for decision-making and action
KA 2: Early warning and threat assessment	Support rapid EU response to new threats by providing EU institutions and Member States with prompt and scientifically sound information for action on new psychoactive substances and emerging drug trends
KA 3: Situation, responses and trend analysis	Provide a holistic picture of the drugs phenomenon, through an integrated and coherent core monitoring system
CCA A: Information collection and management	Maintain the EMCDDA data collection and reporting system and ensure its validity, consistency, reliability and timeliness, including through the efficient management of, and support to, the Reitox network of NFPs
CCA B: Quality assurance	Ensure that the EMCDDA's tools, processes and outputs remain of high quality and fit for purpose through a process of continuous improvement and evaluation of efforts
CCA C: Cooperation with partners	Enhance the EMCDDA's strategic understanding of the drugs phenomenon, by maintaining and further developing our strong partnership with key players at European and global levels, as well as continuing our successful knowledge exchange with EU priority third countries and regional programmes. Ultimately, this will result in high-quality services (information and analysis) provided to EU and Member States stakeholders (see KA 1)
Corporate area Governance	Function as a modern, efficient and forward-looking EU administration, which is committed to providing high-quality services to its stakeholders and to the EU's citizens in general; in achieving this, the agency will be guided by good governance, steered by sound management and leadership and operated by a highly motivated and well-performing workforce
Corporate area Administration and ICT	Ensure sound allocation and management of financial and human resources and assets, and management of the ICT services and infrastructure, by further rationalising and automating relevant processes, enhancing efficiency and synergies, and developing the quality of services and support

2. Multiannual programme

2.1 Key area 1: Communicating evidence and knowledge exchange

The ultimate purpose of the work performed by the EMCDDA is to inform sound decisions in the field of drugs at the level of the EU and its Member States. The results of the data collection, monitoring and analysis process provide the evidence that policymakers and professionals from across the EU need in order to tackle the drugs phenomenon effectively.

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

The EMCDDA's main customers are its key stakeholders: the EU institutions (the European Parliament, the Council of the EU, the EC) and the European External Action Service, and the Member States. Key partners also include relevant EU agencies, as well as other international partners.

Furthermore, in line with the recommendations received from the EC and building on the work already started in 2015 with the publication of a report on drug policies at city level, the EMCDDA will explore expanding the exchange of information with local authorities, keeping the respective NFPs informed, as appropriate; this would allow the agency to gain a further insight into regional approaches to established and emerging drug problems and to improve its understanding of best practices at this level.

EMCDDA stakeholder relations will be proactive and based on cooperation models aimed at generating mutual benefit. They will have their roots in the agency's communication core values, namely relevance, quality, efficiency, transparency and consistency. This will be guided by the EMCDDA's new long-term strategy, which was developed in 2016. As part of this strategic exercise, the agency will seek to gain a better understanding of the needs of its key customers, namely the EU institutions and the Member States, and the most effective means to address these needs.

In recent years, the EMCDDA has streamlined its product range with a view to improving timeliness and offering better access to higher-quality information while reducing production costs. This work will be continued in 2017–19, taking on board developments in digital publishing when defining products and their formats.

The agency produces timely and high-quality information, together with strategic and situational analyses and threat assessments to inform policy and practice. A comprehensive annual situation assessment of trends and developments in drug use in Europe will continue to be provided by the European Drug Report (EDR) package, the annual flagship publication of the EMCDDA. The package includes the multilingual Trends and Developments report, the Statistical Bulletin and the new Country Drug Reports. The Statistical Bulletin, one of the pillars of the EDR, underwent a major transformation to distinguish better between reported data and data analysed by the EMCDDA. The main four components of the Statistical Bulletin were identified as (a) a data bank containing the data reported to the EMCDDA in an easy-access format; (b) methods and definitions, harmonised where possible, and including general information related to the indicator and country-level information; (c) factsheets, providing short analyses of the data and supporting the content of the Trends and Developments report; and (d) data visualisation of the main data sets. Work will continue within 2017–19 to develop and populate this structure. The EDR package will be launched every year and its content and format will continue to be improved to meet the changing and growing needs of its audiences.

The EDR will be complemented by two triennial state-of-the-art strategic analyses of established and emerging challenges. These are the European Drug Markets Report (EDMR), produced jointly with Europol, and the new European Drug Responses Report (EDRR).

The first two editions of the EDMR were launched in 2013 and 2016. The document combines the EMCDDA's ongoing monitoring and strategic analysis of the drugs phenomenon with Europol's operational understanding of trends and developments. Following its publication, the report has become an essential reference tool for policymakers and law enforcement professionals in the EU and beyond. The third edition of the EDMR is now planned for production in 2018 and publication in 2019.

The first EDRR will be published in 2017. This new comprehensive strategic analysis aims to provide a state-of-the-art overview of the responses to drug use across the EU and their effectiveness as well as implications for actions. It is designed as the companion to the EDMR; together with the annual EDR, these reports will provide the complete picture of the drugs phenomenon and will represent the essential information and analysis package for policymakers in the EU and beyond. The periodicity of the EDRR is planned to coincide with the beginning and end of the new EU action plan 2017–20 (first edition in 2017 and second edition in 2020).

In addition to the three major outputs described above, in 2017–19 the EMCDDA will produce and publish smaller and

focused strategic analyses based on emerging topics, geographical developments and the information needs of different stakeholder groups, in accordance with policy requests.

Furthermore, in line with the agency's commitment to further develop its rapid monitoring system (see KA 2), the EMCDDA will produce prompt and focused products to immediately disseminate critical information relevant to safeguarding public health and safety (threat assessment reports). They will include (as appropriate) outputs related to the implementation of the applicable legal framework on NPS, in particular the EMCDDA–Europol Joint Reports and the EMCDDA Risk Assessments; trendspotting case studies/reports; and joint analyses (with Europol and the ECDC). Other joint products will be produced, as appropriate, based on the most relevant topics and following a synergistic approach.

The agency will also publish thematic outputs on topical developments and emerging issues in all areas. Examples include analyses on specialised drug law enforcement, treatment, harm and harm reduction in the EU, emergency rooms and polydrug use (including the misuse of medicines).

Online communication will remain the agency's preferred channel for disseminating up-to-date knowledge on all facets of the drugs problem, with the EMCDDA's website at its core. A new website launched in 2016 offers the EMCDDA's audiences easier access to more interactive products, tools and multilingual elements. In 2017–19, the website will be regularly updated and further developed. Online top overviews and updates on emerging issues will be published for all the substantive areas. Furthermore, the EMCDDA will provide improved access to its data to interested third parties, mainly through improved presentation of the country data provided by the NFPs (see CCA A). Social media and multimedia channels will be used to communicate events and findings and engage more actively with our audiences in real time.

At EU level, the agency will continue to support sound policymaking through its high-quality technical input. As required, the EMCDDA will contribute to the implementation of the new EU AP that starts in 2017, and will provide support to the EC for the final evaluation of the EU drug strategy 2013–20. Furthermore, the agency will fulfil the obligations arising from the EU Agenda on Security 2015–20. Specifically, the EMCDDA will contribute its information and analysis to tackling the three priorities set up by the document, namely terrorism, serious and organised cross-border crime, and cybercrime (see Section I, 'General context').

Internationally, in 2016 the UNGASS on drugs reviewed the world drugs situation and in 2019 the UN Member States will review achievements made by implementing the UN political declaration and plan of action on drugs adopted in 2009.

Upon request, the EMCDDA must be prepared to offer the necessary technical support to the EU and its Member States to ensure follow-up on the conclusions of the 2016 UNGASS and in the preparatory work for the 2019 assessment of the political declaration.

The EMCDDA has extensive expertise in relations with third countries, especially those that are a priority for the EU, namely the CC and PCC and the neighbouring countries (see CCA C). The agency will continue to provide technical support to the EC in this area. Furthermore, the information collected from the partner countries in this cooperation will feed into the strategic and threat assessments produced by the EMCDDA.

Knowledge exchange will be an ongoing task in 2017–19. Among other work, it will involve the dissemination of best practice, in line with needs and available resources, as well as the design and implementation of capacity building and training activities.

Identifying and disseminating information on best practice and the effectiveness of interventions across the EU and beyond is a key area for the EMCDDA. The main dissemination channel is the BPP. Targeted at practitioners and professionals working in the drugs field, this essential tool is designed as a practical and reliable source of information on what works, and what does not, in the areas of drug-related prevention, treatment, harm reduction and social reintegration. In 2017–19, the new-look portal will continue to help users identify tried and tested interventions quickly; allocate resources to what is effective; evaluate and improve interventions, by applying practical tools, quality standards and guidelines; and make better decisions, gaining from experience and expertise across Europe. The existing modules will be updated regularly and new modules on emerging topics will be added (as appropriate).

Furthermore, the Council conclusions on the implementation of the EU AP on Drugs 2013–16 regarding minimum quality standards in drug demand reduction in the EU, which were issued in September 2015 (CORDROGUE 70 (SAN 279)), invite the agency to 'continue gathering evidence on effective interventions and services in drug demand reduction and provide Member States with technical support and expertise in the implementation of these standards, in line with available resources and information available from Member States'.

Another effective means of disseminating knowledge is training activities. In 2017–19, these activities will include training for professionals and law enforcement officers in the EU Member States and third countries, through Reitox Academy training programmes and other training initiatives carried out in cooperation with partners, such as JHA agencies or academia.

As the EMCDDA is an information agency, a core aspect of its work involves disseminating its knowledge in the field by face-to-face communication at institutional events, conferences, seminars and expert meetings as well as receiving visits to the agency. These events allow focused messages to be delivered to a specialised audience; they also provide excellent multiplier potential.

The EMCDDA targets the media as a prime conduit of information to its target audiences and is committed to providing journalists with a high-quality, timely and balanced information service about drugs. Through its professional approach to media relations, the agency aims to increase its reputation and visibility, disseminate the results of its work and raise awareness among its key stakeholders. In 2017–19, continuous effort will be made to sustain strong and positive media relations with drug-specialised journalists in Europe, who act as effective multipliers.

2.2 Key area 2: Early warning and threat assessment

Responding to NPS — EU EWS and risk assessment

Strengthening the EMCDDA's capacity to identify, assess, prioritise and respond to new threats as part of its core activity of monitoring emerging trends will continue as a top priority for the 2017–19 programming period. Activities conducted in support of the EU mechanism to monitor and respond to NPS represent a key component in this area. This mechanism, established by the Joint Action from 1997 concerning the information exchange, risk assessment and the control of new synthetic drugs, and currently operating under the Council Decision 2005/387/JHA, provides Europe with an EU EWS. In 2017, it is expected that the new proposed legislation (Regulation of the European Parliament and the Council amending Regulation EC No 1920/2006) will replace the Council Decision of 2005. Whereas the 2005 legal instrument entailed tight deadlines for all the tasks covered therein, the schedules stipulated by the proposed new regulation are no more than half as long.

The EWS is implemented by the EMCDDA and its partners in the Member States (the Reitox network) in cooperation with Europol, and with the active contribution of the European Medicines Agency (EMA) and the EC. The strength of the EWS is derived in part from the fact that the events-based data reported through the system sit within, and benefit from, the broader framework of indicator-based data that the agency has established.

Over the past few years, the importance of this work has grown following a dramatic increase in the number, type and availability of NPS in Europe. There were 98 NPS detected for the first time in 2015 (the last year for which complete data were available at the time of drafting this document). Together with the NPS notified in 2014, these represent 40 % of the total number of NPS monitored by the EWS since 1997. Alongside information on the appearance of NPS on the market, a key function of the EWS is to identify signals of serious harms and respond as necessary. This requires monitoring each of the over 600 substances that have been reported so far. A growing number of reports of serious harms, often related to acute toxicity leading to hospitalisation and deaths, have been processed by the EWS in recent years. Since 2005, the EMCDDA has issued over 130 public health alerts, of which close to 75 % were in the last six years. Of great concern in this respect is that during the past two years a record number of eight risk assessments (RAs) were requested by the Council of the EU (more than one third of the total number of RAs ever conducted). However, currently there is no provision for the EMCDDA to commission experimental (in vitro or in vivo) studies, which would greatly enhance the risk assessments.

The number and type of NPS reported each year is critical to understanding the development and growth of the market. These numbers, however, fail to convey the enormous amount of work undertaken in real time by the EWS network at national and EU levels. Furthermore, all the signs appear to indicate that future information needs in this area will increase; consequently, the demands placed on the EMCDDA in this respect are likely to grow.

It is clear from recent developments that the early identification of and response to emerging threats will increasingly benefit from more proactive data collection systems. As a result, the EMCDDA is working to improve the ability of the EWS to detect signals relevant to public health from open source information (OSI) by developing and implementing OSI monitoring and analysis systems that can provide new data on areas such as the online drug markets, epidemiology and reports of serious adverse events.

The toxicovigilance component of the EWS is the mechanism that permits early detection of an emerging toxicological problem related to a new substance at both national and EU levels. This allows public health alerts to be issued to the EWS network and the substance to be placed under intensive monitoring. For the EMCDDA to meet the increased needs and demands arising from the phenomenon at both national and EU levels, identification, reporting and monitoring of serious adverse events need to be scaled up. To this end, work started in previous years will be enhanced during the 2017–19 period, when a framework for strengthening the toxicovigilance component of the EWS will be gradually put in place. The system will facilitate the identification and reporting of serious events as well as optimise the reported data in order to best analyse these signals. It will be strengthened by drawing on

data from the new systems being developed for monitoring OSI on serious adverse events (mentioned above). Ultimately, this will allow the Member States and the EU to respond earlier to emerging harms.

As part of its EWS, the agency will also gradually develop and implement a technical and procedural framework for risk communication.

Improving our understanding of the phenomenon requires our monitoring of new drug laws and policies, and health and social responses to NPS to be strengthened. Epidemiological surveillance of NPS and other emerging drug trends also needs to be developed and integrated into core monitoring procedures (see KA 3).

In addition, a new legislative framework on new psychoactive substances is expected to enter into force. The associated information exchange and risk assessment mechanism and related data collection tools and guidelines will need to be developed.

Reflecting the globalised nature of the NPS phenomenon, international cooperation with third countries will be strengthened (see also CCA C). Among other work, support will be provided to CC and PCC in establishing and developing an EWS at national level, as requested in Chapter 24 of the negotiation package for enlargement.

Furthermore, cooperation with the United Nations Office on Drugs and Crime (UNODC) and the WHO will be stepped up in 2017–19 with a view to enhancing data sharing and exchange of experience in the field of NPS. This will contribute to a better understanding of the global phenomenon while avoiding double reporting by the Member States and will also ensure efficiency.

Emerging trends and threats

The dynamic nature of drug use requires an equally dynamic monitoring response. The detection and monitoring of new trends therefore remains one of our key tasks, of which the EWS is but one element. We will work, therefore, to strengthen the EMCDDA's system for monitoring and understanding new and emerging trends in drug use and drug markets. Cooperation with key partners such as Europol, ECDC and EMA will be enhanced.

The EMCDDA will follow a three-tiered approach for reaching the goals of this new strategy: (1) strengthen existing rapid information assessment tools, (2) integrate new methods and tools into existing monitoring routines and (3) explore new data sources for the timely identification of emerging threats.

During the 2017–19 period, the EMCDDA will build on past successes and improve the existing rapid information assessment tools. A Rapid Information Assessment manual will be prepared in order to improve analysis and assessment in this area (including systematised trendspotter methodology). Using knowledge gained from previous trendspotter studies, the trendspotter methodology will be piloted, completed and published. Equally important is the close collaboration between the EMCDDA and ECDC on monitoring incoming information on the evolution and epidemiology of drug-related infectious diseases. Furthermore, existing expert networks will continue their role as alert platforms for early warnings in the field of drug-related harm and related responses (infections, deaths and other acute problems).

As emerging threats in the supply area are identified, rapid joint analyses and more detailed threat assessments will be conducted with Europol in order to enhance law enforcement responses.

The integration of new methods and tools into existing monitoring routines is of crucial importance here. One example is the need for rapid and efficient inclusion of new substances or new patterns of use in routine monitoring tools once their significance is established. This will be done based on an annual systematic review of new drugs and behaviours and an analysis of the implications for routine monitoring tools. In addition, new sensitive and timely monitoring tools need to be integrated into routine monitoring systems. Wastewater-based epidemiology, for example, has demonstrated its potential as an important complement to established monitoring tools and has moved from being an experimental technique to being a new method in the epidemiological toolkit. Another example will be the use of hospital emergencies data as a new sensitive monitoring tool, the European Drug Emergencies Network (Euro-DEN) project (see KA 3). A project for the integration of data from wastewater and hospital emergencies in local and city-level monitoring will be set up. In addition, the EMCDDA will continue its support for innovative methods such as pooled urine analysis and analysis of syringes to improve timely identification and reporting of new trends.

Equally important for this area is the exploration of new data sources for timely identification and reporting on emerging threats. One example here is the development of systematic tools for monitoring online drug markets and drug user forums. The EMCDDA will also investigate the potential of innovative online information collection methods such as crowdsourcing.

Through a combination of structured monitoring and analysis of the internet, the EMCDDA will provide a better understanding of the nature and scale of the online market and of new developments, at both consumer and supply levels, as well as early identification of new trends and threats.

Identifying and responding to emerging trends in a timely fashion relies critically on event-based data. In recent years, the internet has become a vast source of such data. The EMCDDA will develop tools that allow OSI to be collected and analysed on a range of indicators from the internet on NPS use. This includes systems to monitor the online market, as well as other epidemiological indicators, and reports of serious adverse events.

The identification of new developments requires an appropriate dissemination approach. The EMCDDA will continue to issue alerts when these are required through the EU EWS network and other expert information networks and channels.

2.3 Key area 3: Situation, responses and trend analysis

Core monitoring activities provide the foundation for the EMCDDA's work. Throughout the more than 20 years of drug monitoring in Europe, this foundation has become more solid, as the number of tools developed by the agency with support from its networks has grown and their usefulness for collecting reliable and comparable data from across the EU has increased. It is worth noting that at present the EMCDDA's data on core monitoring accounts for most of the data available in Europe on the prevalence of drug use as well as on its health and social consequences.

The monitoring work is focused on two core dimensions: the drugs situation and the responses to tackle it. Together they address both the demand for and the supply of drugs. These two dimensions are interlinked and they feed multiarea and cross-indicator analyses. This integrated, holistic approach allows the agency to provide an accurate diagnosis of the drugs phenomenon at EU level, as well as — on the basis of the evidence drawn through scientific research and presented as best practice — the best possible assessment of the effectiveness of responses to the different forms of drug use and supply, and their consequences.

These dimensions are complemented by the rapid information collected and analysed as part of the early warning and threat assessment component (see KA 2). Together they form the basis of the comprehensive knowledge that the EMCDDA disseminates via state-of-the art outputs and high-quality services (see KA 1), as its critical contribution to informed and evidence-based action in drug policy and practice.

In terms of monitoring the demand side of the drugs situation, the agency relies on its well-established key epidemiological indicators (KIs), which include the prevalence and pattern of drug use in the general population (general population survey, GPS); the prevalence and patterns of high-risk drug use (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). Although these indicators are now conceptually stable, some further development and methodological improvements will be needed in order to ensure they remain fit for purpose.

This work will be steered by the findings of the last triennial assessment exercise, which was carried out in 2015 in all 30 countries reporting to the EMCDDA (the 28 EU Member States plus Norway and Turkey). Although the results of the assessment are generally positive and show that overall the European data set continues to progress, they do not provide grounds for complacency. In addition to specific problems related to the data available from some countries, the overall timeliness of reporting remains a general issue that needs addressing, especially given the increasingly dynamic nature of the contemporary drugs problem. The compatibility of data across countries is also a problem in some areas, particularly in the assessment of prevalence of PDU and in some other areas, such as parts of the data on DRD. Since the previous assessment was carried out (in 2012), worsening economic conditions appear to have become more evident in terms of their negative knock-on effect on data collection in some countries. Finally, there is a clear ongoing need to adjust guidelines and methods to reflect changing conditions.

To this end, measures to address the issues identified will be developed and implemented; work remains challenging, however, from both a resource and a technical perspective. The EMCDDA is committed to ensuring that the KIs remain fit for purpose, and at times this requires the introduction of new codes, methods and even data sources. With this in mind, a review of the medium-term and long-term strategy for the KIs within the overall framework of the EMCDDA's data collection activities is being planned. Reflections in this area will be extended to include how some of the ongoing work to develop rapid assessment and reporting methodologies can complement the KI approaches and how significant blind spots in the current reporting system — such as the lack information on acute drug-related harms — can be addressed.

Details will be provided in the annual work programmes (see Section III, 'EMCDDA work programme 2017'). Results will be monitored via annual assessments, and a new comprehensive triennial review is planned for 2018.

Furthermore, in 2017–19 the focus on increasing analysis and quality control will remain, while expanding the range of sources and methods. In parallel, it will be necessary to increase the quality and comparability of our information regarding the different types of responses that aim to prevent

use, reduce harms, or treat and help the recovery and social reintegration of drug users with problems. Monitoring polydrug use, namely the consumption of illicit drugs in combination with licit substances or medication, is an area that requires strengthening. Considerable policy concern exists in Europe and beyond in this area, especially with regard to the interaction between alcohol and drug use.

As a step towards developing this part of its mandate, the EMCDDA has significantly enhanced its collaboration with European School Survey Project on Alcohol and Other Drugs (ESPAD) activities. ESPAD provides useful and harmonised information on long-term patterns of substance use, including polydrug use, in many EU countries and neighbouring countries. The EMCDDA Management Board, the Swedish Government and the EC have acknowledged that the agency is an appropriate institutional home for the study; hence, they have stressed the need for ESPAD, while maintaining its individual entity, to be progressively anchored in the EMCDDA. Further to the formal request received from the Swedish Government in 2015, the EMCDDA, in close cooperation with the EC, will look for options to ensure that the other future ESPAD coordination tasks can be assumed fully by the agency. To this end, the EMCDDA provided the production support for the 2015 ESPAD report, expanding the website and supplementary materials, and has committed itself to supporting ESPAD through the next round of data collection in 2019, with the subsequent report in 2020.

The monitoring of the misuse of medicines is a developmental area for the EMCDDA, with tasks defined in Regulation 1920/2006 (the agency's recast Regulation), Council Decision 2005/387/JHA and Regulation 1235/2010. Work in this area will be linked and integrated with the other activities related to polydrug use, the work of the EU EWS and the monitoring of emerging trends (see KA 2). The aim of the EMCDDA will be to contribute to the protection of public health by reducing the risks to the citizens of the EU posed by the misuse of medicines. This will be achieved through fulfilment of the tasks defined in Regulation 1920/2006, Council Decision 2005/387/JHA and Regulation 1235/2010 (Pharmacovigilance) (see also KA 2).

In 2017–19, the EMCDDA will continue to provide technical support to the discussions held among the Member States within the framework of the HDG. The outcome of these discussions will inform the activities of the EMCDDA towards improving data collection in this area, in close cooperation with the Reitox partners. Using multi-indicator analysis and literature reviews, specific medicines will be identified as relevant topics that can also serve as case studies.

A complete picture of the drugs situation cannot be provided without appropriate monitoring of drug supply, as the demand and supply indicators together provide the building blocks necessary for describing the drugs situation and for tracking trends and developments.

Improving the measurement of drug markets and of the effectiveness of drug supply reduction responses requires enhanced supply indicators and data, for which timely investment will be required. In line with Action 16 of the EU action plan 2013–16, the EMCDDA will further develop and progressively implement KIs on drug supply and drug supply reduction as outlined in the 2013 Council conclusions on improving the monitoring of drug supply in the EU.

During 2017–19, work on the tools to improve the comparability and quality of data available will have reached maturity and the agency will now work towards the full implementation of the supply indicators (drug seizures, drug law offences, drug purity and tablet content, drug prices, dismantled drug production facilities, perceived availability of drugs in population surveys, and market size estimates); this will be complemented by an ongoing review and assessment of the relevance of these data sets/sub-indicators.
A framework for monitoring drug supply reduction will be conceptualised. Moreover, the EMCDDA is planning to develop the areas of monitoring drug-related crime and drug precursors, progressively and in line with available resources. To this end, an important element of EU-level drug-monitoring efforts is the collection and analysis of data on drug precursor seizures and stopped shipments by the EC. Although this information is not yet systematically analysed alongside the data collected by the EMCDDA from other areas, collaboration is already well under way and such pooling of knowledge will be a priority for cooperation with the Commission in the period 2017–19.

Central to the work of the EMCDDA in the area of drug supply and drug supply reduction is the EMCDDA Reference Group on drug supply indicators. This group is composed of representatives from each Member State, who ensure the link to national expertise in this field. Key partners such as the EC, Europol and Eurojust are also represented, enhancing coordination at EU level. Ensuring continuity and stability while improving efficiency will be essential for the functioning of the Reference Group in 2017–19.

The health and social responses dimension of drug monitoring completes the picture of the phenomenon. Data related to the range and coverage of interventions are naturally linked to information about the situation and trends in drug use and drug-related harm. These data are integrated and analysed together and the results of these analyses support sound assessment of the effectiveness of responses. Ultimately, this provides the evidence-based information, which supports sound actions in both policy and practice.

In this area, continuity will be ensured in implementing the existing tools and methodologies while regular assessments will be carried out to ensure that they remain efficient and relevant. In recent years, the completeness and internal consistency of the reported data and the level of comparability both between countries and over time have substantially improved; however, some important information gaps still exist and the level of data coverage is partial in some countries. Overall, a clearer picture of the drug treatment system is necessary to allow a better contextualisation of TDI data. Coverage issues exist in some countries and need addressing; this applies both to the number of centres reporting and in some cases where important types of treatment providers, such as general practitioners, are not covered. To this end, with a view to allow the national estimates of the total number of people in treatment to be improved, and ultimately the gaps in the coverage of the different treatment systems across the EU to be assessed, the analysis of the treatment facilities will continue in 2017–19. Particular attention will be given to primary care (general practitioners) and specialised treatment agencies, which, although representing a very important element of the treatment systems, often escape routine monitoring.

Knowledge on the total number in treatment and on the availability of interventions will be improved through the implementation of other instruments such as the European facility survey questionnaire (EFSQ) and the integration of the TDI Prevalence module. Based on needs, workshops with groups of countries will be run to support implementation. The results will allow collection of reliable information on the total treated population and, together with other tools, will help provide a complete national picture of the treatment provision.

Other measures aimed at supporting the treatment system-based monitoring in the Member States will include support for implementing treatment prevalence and estimation methods; consolidation of treatment system mapping for each country; and developing monitoring of treatment outcome as a means to inform policy measures to increase effectiveness of interventions. Cross-indicator analysis of data on treatment provision (TDI) and treatment needs (PDU, DRD, emergency cases) will be used to better understand accessibility of treatment for major user groups.

In the area of drug-related infectious diseases and harm reduction, monitoring the prevalence of HIV and hepatitis B and C among PWID will be further enhanced. Data collection in this area will be sustained through measures aiming mainly to support the monitoring capacity in the Member States. This sustainable approach will include maintaining the monitoring of behavioural/risk data (injecting, sharing) as well as supporting the national experts in critically assessing the notification data reported for their country.

Prevalence studies in PWID and drug users at risk of sexual transmission will also be promoted with Member States.

Furthermore, the EMCDDA will continue to contribute to European and international efforts in this area. Among other tasks, this will involve the co-organisation of the 'Drug-related infectious diseases — Hepatitis 2017' conference, jointly with ECDC.

Cooperation with other institutions will be pursued in the area of prison. This will include finalisation and dissemination of the data collection tools on drug use among prisoners and on drug services in prison with WHO, and of the first module of Prison guidance on communicable diseases, with ECDC.

Responding to EU needs, and to the extent that resources allow, the EMCDDA will continue to develop and/or refine its drug monitoring system. In 2017–19 the agency will review its approach to collecting information on effective interventions and services in drug demand reduction. This is to ensure that relevant information on EU minimum quality standards is included in its annual reporting exercise. This is in line with the Council conclusions on the implementation of the EU action plan on drugs 2013–16 regarding minimum quality standards in drug demand reduction in the European Union (see also KA 1).

One important developmental area is the responses to NPS. This phenomenon has rapidly increased in recent years and, even though a world-class EWS has been implemented to monitor the growing number of NPS identified and their risks to users (see KA 2), information on the responses to this dynamic phenomenon are still scarce. There is a significant need, therefore (confirmed by the outcome of the external consultation exercise which was conducted to inform this document), to develop this area, which has become increasingly important for policy and practice.

A methodological framework for monitoring health-related responses to NPS will be implemented, with a view to becoming part of the EMCDDA's routine monitoring system.

The internet is a rapid and easy means of procuring information. In recent years, however, it has also become a convenient vehicle for the purchase and sale of drugs, which has motivated the EMCDDA to monitor it (see KA 2). The internet is also a way to seek and provide interventions on drug use. A methodological framework for monitoring internet-based interventions will be implemented.

In 2017–19, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms and policy evaluations. In addition, the EMCDDA will monitor the core aspects of drug legislation that define and penalise offences relating to drug use and supply, including national approaches to legislation on NPS. This activity will be improved by

combining more closely information from Reitox and other sources, verified by the Legal Correspondents network, with a view to moving towards more focused and rapidly updated online dissemination of current laws and trends. In line with recent events, there will be increased focus on collecting and disseminating legislation controlling cannabis and NPS, while the agency will remain responsive to requests received from stakeholders.

Where possible, the EMCDDA will also continue to design and promote tools for comparing legislation applicable in third countries or regions, with the aim of building on exchange of information and good practice.

Moreover, the agency will increase its cross-indicator analysis, which will allow a better understanding of how laws are implemented, combining these analyses with other data sets and innovative studies if required to fill information gaps.

2.4 Cross-cutting area A: Information collection and management

To fulfil its mandate, the EMCDDA has developed an integrated and detailed reporting package. The reporting system consists of a range of different data inputs. A major component of this package is the reporting of primarily numeric data through Standard Tables and primarily textual data through Structured Questionnaires. Both these types of data are collected through a set of standard instruments via Fonte.

Firstly, Fonte will be maintained and will continue to act as the principal data collection instrument and data repository for the EMCDDA during 2017–19. Secondly, new tools for constructing templates will be used with the aim of improving the interface for data input, primarily to aid the NFPs. Work will also progress on the cleaning of data in the database as well as on rationalising and harmonising variable names. This may involve further investment into correcting or developing parts of the underlying software to redress existing problems. Thirdly, in the longer term (up to 2019), forward planning will be undertaken to assess the future of Fonte and its supporting software. This will imply developing a map of the underlying data structure and processes, including a mapping of the various data inputs. This will support the preparation for the replacement of Fonte and the development of a framework for a new data collection, storage and extraction system.

Furthermore, during the 2013–15 period the national reports, the second major information input to the agency, were thoroughly reviewed and revised to improve their utility. Workbooks were piloted and introduced as a key reporting tool. These new tools provide information that is complementary to the data collected via Fonte. In addition, there is scope for reducing the burden of reporting by further coordinating the Structured Questionnaires and the Workbooks. During 2017–19, priority will be given to ensuring the stability of the Workbooks, defining and producing web-based outputs, and developing an online Workbooks submission platform to support reporting from the countries (subject to resources). The dialogue and feedback processes between the NFPs and the EMCDDA will be put in place. At a broader level, the coordination between the various types of input information — quantitative, qualitative, rapid response, regular monitoring and ad hoc collection — will be improved. In addition to harmonising the data reported in Fonte and the Workbooks, the possibility of incorporating additional and more rapid sources of information into the system will be investigated.

A key output from the data collection activities is the Statistical Bulletin (see also KA 1). This essential product provides access to the data on the drugs situation collected by the EMCDDA. In addition, key information is presented in a graphical format and short analyses are provided as appropriate. In 2017–19 the Statistical Bulletin will be further developed to improve the data visualisation and the country-level methods. The possibility of including new data sets (e.g. on wastewater or hospital emergencies) will be explored. Links with other external data sources will be also developed.

An important component of the EMCDDA's information collection work is the data collection mechanism within the EU EWS on NPS (see KA 2). The EDND plays a critical role in this mechanism, by providing round-the-clock access to the latest information on new substances including chemistry, pharmacology, toxicity, law enforcement seizures, epidemiology and legal status to the EWS network. Given the huge increase in both the amount and the types of data now being reported, the EDND needs significant investment. A core part of this work requires the development of a new infrastructure that will allow secure electronic submission of data through standard web-based structured forms and that will facilitate the central analysis of data and production of reports. Alongside being able to provide real-time information on a new drug (or a specific aspect of a new drug such as its detection in a particular 'legal high' product or reports of serious adverse events), the system should be able to provide an overview of the phenomenon as a whole to stakeholders. In addition, a new legal framework on NPS is expected to enter into force in 2017; the EDND will need to be aligned accordingly. Work will therefore continue in this three-year programming period to ensure that the EDND can meet the needs of the EU in the near future as well as the longer term.

Management of the Reitox network of national focal points

The European information network on drugs and drug addiction (Reitox) is the main data provider of the EMCDDA. This network of 30 NFPs allows the agency to collect and analyse information on drugs and drug addiction, as well as on policies and solutions applied, bringing together experience and expertise from different sectors — health, justice, law enforcement — and from all EU countries, Norway and Turkey.

The main priorities for the EMCDDA in its work with the Reitox network during 2017–19 will be to:

a) Support the NFPs in the implementation of the new reporting package described above. This will be done by providing feedback and quality reports (see CCA area B), through the Reitox Academy training programme (see KA 1), as well as by ongoing technical support.

b) Strengthen the institutional capacity of the NFPs, in order to enhance their performance, both as core data providers for the EMCDDA but also as reference points on drugs at national level. This will involve consolidation of the Reitox grant system in order to ensure quality deliverables along with financial transparency of the EU funds used to that end. Furthermore, an accreditation system for NFPs will be developed and implemented; work started in previous years will be carried out in line with the needs of the network, and with a view to enhancing their added value at both national and EU levels.

c) Enhance knowledge exchange among the Reitox community and between Reitox and other partners, with a view to further developing synergies and improving overall communication. This will be done mainly by means of the annual meetings and the online communication platform (forum).

Guided by the EMCDDA Strategy 2025, a new Reitox Development Framework, which will define the main priorities for the network and guide its future work, will be developed by the EMCDDA jointly with the NFPs. Once it has been adopted, the EMCDDA will support the NFPs in its implementation.

2.5 Cross-cutting area B: Quality assurance

Ongoing commitment to improving the scientific quality of our work is a prerequisite for fulfilling our role as a centre of excellence for the collection, analysis and dissemination of drug-related information. This is a process rather than an event. The pursuit of quality, and establishing systems and processes to ensure quality, are prominent features of the 2017–19 strategy, and a range of initiatives will be undertaken.

The EMCDDA is an information-intensive organisation, which bases its core tasks on adding value to data through an information value chain. Data quality management at the EMCDDA follows this model. The approach encompasses the EMCDDA's raw material (the data that are collected from different information sources) and the way it is collected, stored, analysed and transformed for use in different types of information products (paper-based publications, web pages, reports, articles, presentations, etc.) for the different target groups defined in the agency's regulation.

The outcomes of an Internal Audit Service audit of data management at the EMCDDA in early 2017 will inform actions to ensure the continued quality of the data published by the EMCDDA. Measures to document and harmonise processes will continue in 2017–19.

The work towards implementing an overall data quality framework, including for non-statistical data, will continue in 2017–19 and be integrated into the routine EMCDDA core data processes. The different elements of this framework will be developed under the relevant key and cross-cutting areas.

Two main aspects are particularly important for the data quality assurance CCA: developing and piloting indicators for the principles set out in the Internal statistical code of practice and ensuring that data flow core processes, including for non-statistical data/information, are further systematised/standardised and documented.

Collaboration with Member States and international partners (including training activities covered under KA 1 and relevant activities under CCAs A and C) will focus, respectively, on consolidating the current reporting system and on complying with EMCDDA standards for data collection and monitoring.

The national quality report provided to NFPs as part of the mutual obligations set out in the Reitox grant agreement took into account the reorganisation of the national reporting package and its implementation for the first time in 2015–16. Quality feedback on the new national reporting package was piloted in 2016 and will be progressively adjusted and adapted, to better address the needs and potential challenges of national reporting.

The EMCDDA's integrated communication approach privileges multidisciplinary work to ensure coordinated and efficient use of resources to produce pertinent and cost-effective results. A number of processes aimed at quality assurance in the definition and production of outputs support the overall framework set up in this area. This includes the development of a staff handbook for production of scientific output, the documentation of core output processes, including content and production workflows for scientific publications and website content. A long-term digital content roadmap will be

drafted, training will be offered and an overall web governance mechanism will be further developed.

As guardian of the EMCDDA's scientific excellence, the Scientific Committee plays a key role in assuring and improving the quality of our work. Ongoing support will be provided by the agency in order to ensure that the Committee's work and regular meetings are successful and efficient.

2.6 Cross-cutting area C: Cooperation with partners

This area presents the activities to be carried out by the EMCDDA in order to strengthen its ongoing cooperation with key partners, as well as to develop new partnerships with a view to maximising opportunities for synergies and enhancing the value of these synergies. This area reflects one of the key business principles of the EMCDDA and has the ultimate aim of increasing the quality (relevance, timeliness) and broadening the scope of services provided to our European and national stakeholders (see KA 1).

During its more than 20 years of existence, the EMCDDA has built strong, collaborative relations with an array of EU and global partners. As the EMCDDA's objective is to provide information to the EU and its Member States, priority has been given to strengthening the partnership with EU institutions, with national policymakers in the Member States and with other EU agencies working in the drugs field. By further scaling up these partnerships, the EMCDDA's proven technical and analytical capacity can deliver new opportunities for informed European policy and interventions.

The EMCDDA has been working increasingly closely with the European Parliament, the Council of the EU and the EC within the context of its mandate to provide technical support, information and analysis. In 2017–19 the agency will further develop its role of service provider to EU institutions, through contributions to EU policy documents, key drug-related events, other activities and initiatives, as requested and in line with the available resources (for details, see KA 1).

Another highlight will be to work towards enhancing cooperation with the EU Member States and in particular with key national policymaking bodies, such as national parliaments and governments. The ultimate aim here is to improve the quality and relevance of EMCDDA service provision (information and analysis) to the national authorities, in close collaboration with the NFPs.

In 2017–19 existing synergies with other EU agencies will be strengthened and new ones pursued, delivering greater value from the work of all agencies involved and providing the EC with an invaluable holistic analysis of the complex and interlinked issues in this area. In line with the EMCDDA's vision to contribute to a more secure and healthier Europe, this will mainly concern other EU agencies working in the JHA area (particularly Europol, Eurojust and CEPOL) and in the health field (namely CHAFEA, EMA and the ECDC). The objective of the cooperation is to use the existing expertise and know-how of the agencies in order to provide operational and technical support to the Member States and the EU institutions, and deliver cross-agency and evidence-based input to the policy- and decision-making processes at EU level. Concrete areas for cooperation are identified within each of the concerned substantive areas of the work programme (namely KAs 1, 2 and 3). In addition, the EMCDDA will explore options to identify areas of strategic and common interest (e.g. money flows and migration) for collaboration and joint outputs with other agencies, such as FRA and the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union (Frontex).

The role of the EMCDDA within the JHA area will be strengthened, further to the chairing by the agency of the JHA network in 2017 (see details in Section III, 'EMCDDA work programme 2017').

To understand and forecast possible EU developments, it is necessary to put the European situation/responses/markets in a broader perspective. Therefore, in 2017–19 the EMCDDA will pay increased attention to monitoring international developments and trends, using a more integrated and focused approach.

Information and knowledge exchange with global partners (mainly the UN family — UNODC, WHO and the Joint United Nations Programme on HIV/AIDS, UNAIDS — but also other partners, such as the Pompidou Group) will be enhanced in line with, and guided by, the strategy for international cooperation adopted by the EMCDDA's Management Board in 2007. This cooperation will mainly involve providing data and sound analysis to the international reporting systems, and supporting the development of coherent information standards and data collection systems.

Furthermore, as a centre of excellence on drugs and a key partner worldwide, the EMCDDA will contribute with its know-how to important European and international events, publications and scientific initiatives in the drugs field (e.g. participating as keynote speaker in conferences, producing joint publications with partners, attending expert meetings and technical/advisory groups, organising external visits to the EMCDDA).

An essential part of the EMCDDA's work in this area is cooperation with non-EU countries that have been identified as a priority for the EU, namely the CC and PCC and the countries covered by the ENP. Transferring the agency's know-how to these countries, and in particular assisting them

in setting up their national drug observatories based on the successful EU model of the Reitox NFPs, is one of the tasks defined in the EMCDDA's mandate. This task was highlighted and the work of the EMCDDA greatly valued by the EC in its formal Opinion on the recently adopted 2016–18 strategy and work programme, which is the basis for this SPD.

During the 2017–19 period, the agency will continue to support the EC in preparing CC and PCC for their accession to the EU. By making use of dedicated IPA funds, the EMCDDA will build on its previous work to develop the capacity of these countries in the field of drug monitoring. The agency will successfully complete the implementation of its fifth IPA project, which started in 2015, and it will develop a new project proposal (IPA 6) to run until 2019. Furthermore, following the finalisation in 2016 of the first project addressed to seven ENP beneficiary countries, the EMCDDA submitted to the EC a proposal to continue to provide technical assistance activities to ENP countries.

This cooperation will promote the EU balanced approach and will ultimately contribute to:

- sound EU drug policies with third countries, including those in the EU Enlargement and European Neighbourhood programmes; and
- enhanced capacity to address drug threats in EU priority countries.

Together with the expected outcomes presented in the other strategic action areas of this document, this will be a key dimension of the EMCDDA's contribution to a more secure and healthier Europe.

Based on successful past experience, further input into EC regional programmes (e.g. the Cooperation Programme between Latin America, the Caribbean and the EU on Drugs Policies, COPOLAD II, and Central Asia Drug Action Programme, CADAP) will be provided on request and in line with our mandate, priorities and available resources. Data produced by these programmes will feed into the EMCDDA reporting and assessments on an ad hoc basis, depending on their quality and relevance.

Also subject to the availability of resources, new partnerships will be pursued. These will include sound information providers (organisations and networks) which could support the EMCDDA in providing a more comprehensive analysis of the drugs phenomenon. Participation in new networks and obtaining access to established complementary data sources in the agency's developmental areas of work (crime, supply, medicines, alcohol) will be particularly beneficial. Further cooperation with scientific and civil society networks will also be sought.

In addition, as recommended by the EC in its formal Opinion on the 2016–18 strategy and work programme, the EMCDDA will explore opportunities for cooperation with the Committee of the Regions and with local authorities, keeping the respective NFPs informed, as appropriate. This will allow the agency to gain further insight into regional approaches to drug problems (see also KA 1). On the technical side, work already started in 2015 with the release of a well-received publication on drug policies at city level. In 2017, a pilot project aimed at integrating data from wastewater and hospital emergencies in local and city-level monitoring will be implemented (see KA 2). This technical cooperation could be taken forward at institutional level, by creating/facilitating partnerships with/among cities confronted with drug problems with a view to enhancing exchange of knowledge and expertise and supporting a sustainable approach to tackling drugs.

2.7 Corporate area Governance

The period 2017–19 marks the first EMCDDA SPD three-year cycle. This will also be the first multiannual planning exercise to be implemented under the new EMCDDA long-term strategy to 2025 ('the strategy'). Hence, it is expected to bring some important changes for the agency, which will carry out its work under a new strategic direction.

The strategy to 2025 was developed throughout 2016, the first year under the leadership of the new EMCDDA Director, Alexis Goosdeel, for adoption by the Management Board in December 2016.

The effective implementation of the new strategy will require the setting up of a new organisational structure, which will improve how the agency allocates the available resources to enable it to better meet the needs of a modern organisation that needs to keep pace with the developments in the drugs phenomenon in Europe. This new organisational structure will enter into force from 1 January 2017.

On the basis of the available resources, and supported by the results of a competency-mapping exercise, a staff development programme will be designed and gradually implemented. This programme is aimed at strengthening potential staff weaknesses and filling possible skill gaps detected. Strengthening the managerial capacity at middle-management level will be of particular relevance and will constitute a priority for the new Director. Management training, together with appropriate internal communication measures and other supplementary actions intended to highly motivate the staff and increase their performance, will contribute to ensuring that the EMCDDA has the capacity to reach its long-term objectives, within the challenging context of an increasingly dynamic drugs situation and the resource constraints expected.

In addition, the commitment to efficiency will be stepped up. The process to rationalise work processes and tools initiated in previous years will be continued and strengthened with a view to maximising value from the investments made. Further efficiency gains will be pursued by searching for new synergies for corporate services with our partners. This will build on the successful model already established with our neighbouring agency the European Maritime Safety Agency (EMSA), acknowledged by the EC as an example to be followed. Last, but not least, the EMCDDA will seek to find additional resources with a view to making full use of its potential to provide services to the EU and its Member States. The agency's values and business principles will underpin this work.

One crucial element for scaling up corporate performance is the existence of a reliable planning, performance measurement and reporting system. This function will play the fundamental role of ensuring that the core elements of the new strategy will be implemented at operational level by fully aligning the programming documents to the new vision, mission, values and long-term goals. Documents such as the SPDs will serve as operational action plans for the strategy, allowing its concrete implementation and monitoring of results.

This is already partially reflected in this first SPD 2017–19; however, given the fact that the adoption of the new strategy by the EMCDDA Management Board took place in December 2016, at the same time as the adoption of the SPD 2017–19 and of the preliminary draft SPD 2018–20, there will be a transition period during which the programming documents will be gradually aligned with the Strategy 2025.

Further developing a sound performance management system will be another priority for the Governance area. The important steps made in previous years will be intensified in the period 2017–19. This will involve improvements to the quality of the KPIs and to the monitoring and evaluation (M&E) plan, which supports their measurement, and the development of the new management information system (MIS), among other actions. These actions will be complemented by the necessary enhancement of the agency's staff project management skills, including risk identification and management. It is expected that these coordinated measures will lead to improved timeliness and reliability of corporate performance information and analysis, with the ultimate purpose of supporting sound management decision-making for the agency.

Finally, the EMCDDA will continue to strengthen its internal control measures in line with the internal standards for effective management and control adopted by the Management Board in 2010.

The recommendations arising from the audits performed at the EMCDDA will be closely followed up on and implemented in line with the action plans adopted by the Management Board.

2.8 Corporate area Administration and ICT

Administration

In 2017–19 the EMCDDA administration function will continue to make a significant contribution to the overall organisational performance of the agency. The purpose of this function is to ensure that the implementation of activities planned across the different areas of this multiannual programming document is supported by effective and efficient management of available resources. At the same time, the administration function has the critical role of providing those involved in the EMCDDA's governance and executive management with appropriate information and instruments to support sound decisions. The better integration between operational and resource planning now facilitated by the SPD exercise will facilitate this.

At the heart of the EMCDDA's activities are its human resources. The agency employs some 100 staff from 16 EU countries with wide-ranging and highly qualified professional backgrounds. Ensuring that appropriate processes and tools are in place to allow efficient management of these resources is therefore a key objective and will encompass the following priorities:

a) Ensure the smooth implementation of the relevant management processes (e.g. rules of employment, individual rights and obligations, recruitment and personnel planning, work-related entitlements).

b) Implement effective measures for professional development of the staff, with a focus on enhancing managerial skills at middle-management level. In particular, these measures will be designed to support the implementation of the new EMCDDA long-term strategy (see also corporate area Governance).

c) Streamline and optimise the human resources (HR) management processes. Depending on the resources available, this will involve maintaining and further developing appropriate ICT solutions.

As far as the management of financial resources is concerned, the objective will be to ensure effective and timely planning, monitoring and execution of the EMCDDA budget, in line with the organisational priorities and the existing constraints, and pursuant to activity-based management (ABM) and activity-based budgeting (ABB) principles. A key target will be to maintain the excellent level of performance achieved in the budget execution in previous years, and improve it where still possible. Efficiency of all related processes will be pursued, namely by making increased use of digital solutions.

Safety at work is paramount for staff wellbeing, and hence organisational performance. In 2017–19 the agency will implement further measures to ensure a safe work environment. Furthermore, efficient use of the EMCDDA infrastructure will continue to be a priority, with special attention paid to controlling utilities-related costs over the next three years. In line with the policy in place at the EMCDDA, this will be complemented by environmentally friendly measures, including promoting the use of renewable energy.

Information and communication technology (ICT)

ICT programmes and services are planned to support the agency's core developmental objectives and to guarantee the smooth operation of all up-and-running services. In line with the overall EMCDDA strategic development framework for 2017–19, the priorities in the ICT area will be to:

a) Implement and support core business and corporate projects and processes: this component will support the core work processes of the agency, including data collection and analysis, development and dissemination of EMCDDA outputs, and corporate processes, including business planning and monitoring and other corporate support practices and tools.

b) Provide a continuously stable environment that supports existing basic and advanced services: ongoing service and infrastructure management which ensures business continuity and allows the EMCDDA to operate in a stable and protected ICT environment.

Applying best practice in management, including project management, and technology will be a transversal priority that will cut across the entire work carried out in this area.

In setting up annual priorities, work will be guided by the internal ICT Steering Committee, which fulfils the role of a governance mechanism for this important area.

3. Human and financial resources outlook for 2017–19

3.1 Overview of the past and current situation

Significant growth of some of the existing tasks can be expected in the three-year period concerned, particularly in the area of monitoring NPS (see KA 2). New tasks might be added, due to the formal request addressed by the Swedish Government to the EMCDDA in 2015 to fully assume the coordination of ESPAD (see KA 3).

Nevertheless, the EMCDDA has complied with the requested reduction of its staff as per its Establishment Plan, cutting one post from those authorised in the Establishment Plan 2016 (80 posts authorised in 2015, 79 posts in 2016). Pursuant to the decision of the EU budget authority, the posts authorised in the EMCDDA's Establishment Plan 2017 should be further reduced by two posts (i.e. from 79 to 77).

The EMCDDA has redeployed resources to adapt to the growing demand for additional tasks, although they have not been formalised in its founding regulation. This has been done to try to maximise the existing limited resources to provide the best output possible.

For further information on the allocation of human resources, please refer in particular to Table 1 in Annex II and to Table 1 in Annex III.

3.2 Resources programming for 2017–19

3.2.1 Financial resources

The outlook for the budget/financial resources over the period in question reflects, as a reference, the scenario resulting from the EC Communication to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–2020 (COM(2013) 519 of 10/07/2013). This is without prejudice to the possible needs for supplementary resources, as required to cope effectively with additional and new tasks (see below).

In this context, on 29 August 2016 the Commission adopted a proposal for a regulation which amends the founding regulation of the EMCDDA by introducing among its tasks the EWS and risk assessment on NPS. The proposal provides for the EMCDDA to receive the necessary financial and human

resources and in this context it envisages supplementary funding to the EMCDDA of about EUR 1 million over the 2017–20 period.

More detailed data can be found in the tables in Annex II.

3.2.2 Human resources

New tasks

An important development has been the scaling up of the support provided by the EMCDDA to the ESPAD group. This is the world's largest cross-national research project on adolescent substance use; it covers more than 40 European countries and provides a valuable source of longitudinal data on drug and alcohol trends. Following an agreement endorsed by the EMCDDA Management Board in December 2011, the agency has been hosting ESPAD coordination since January 2013 and a joint EMCDDA–ESPAD work programme was developed in 2014.

In 2015, however, the Swedish Government addressed a formal request to the EMCDDA to fully assume the coordination of the project. Although the EMCDDA Management Board and the EC have acknowledged that the agency is an appropriate institutional home for the study, the EMCDDA does not currently have the financial means to ensure that. In 2016, the agency could allocate resources only for the necessary coordination activities, for hosting the website and the database and for the publication of the 2015 ESPAD Report. The needs of ESPAD go far beyond that, however, particularly as far as the sustainability of the study is concerned; to this end, additional resources, both human and financial, are required in order to ensure coordination of the forthcoming ESPAD cycle, culminating in the 2019 data collection round and the production of the subsequent 2020 ESPAD report (see KA 3). Furthermore, there is a need to develop further analysis of both new and historical data, which is not yet fully exploited.

Growth of existing tasks and additional tasks

The most dynamic and rapidly growing area of work for the EMCDDA is monitoring and responding to new psychoactive substances (see KA 2 for details and most recent figures). Most of this work is focused on the development, management and coordination of the EU EWS and risk assessments — legal tasks which the EMCDDA has been responsible for since 1997. These two major activities, along with EU-level control measures, represent the three pillars (Council Decision 2005/387/JHA) which underpin Europe's response to these new substances, allowing the EU and the Member States to rapidly identify, understand, monitor, and react to the public health and social harms that they can cause.

The workload in this area has increased dramatically in the past few years due to the massive increase in the number and availability of new psychoactive substances appearing on the market. This has led to an increase in data being reported to the EMCDDA through the EU EWS and identified from OSI. This includes large increases in reports of seizures by law enforcement, and in acute poisonings, deaths and chronic harms reported by health agencies. As part of the EU EWS signal management system, these reports have to be collated, validated, assessed and prioritised in a timely manner, in order to produce a recommendation for action with respect to early warning activities, such as public health alerts and Joint Reports, as well as risk assessment.

It is important to note that preparation for a risk assessment of a new psychoactive substance has important financial and human resource implications, especially given the tight legal deadline of 12 weeks in which to complete this work. Given that the number of new substances requiring risk assessment is likely to continue to increase in the next few years, this may have implications in the near future, in particular where a lack of adequate resources would affect the EMCDDA's capacity to fully meet the abovementioned operational needs and obligations.

The EMCDDA is also likely to face additional pressure once the new legislative framework on NPS that replaces Council Decision 2005/387/JHA comes into force, particularly given the expected shorter deadlines and additional work required for risk assessments. To this end, it is expected that the new proposed legislation (Regulation of the European Parliament and of the Council amending Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on new psychoactive substances (COM/2016/0547 final — 2016/0261 (COD)) will enter into force, thus replacing Council Decision 2005/387/JHA. The 2005 legal instrument entails well-defined and tight deadlines for all the tasks covered therein. The legal deadlines stipulated by the proposed new regulation, however, are no more than half the length, e.g. two weeks for collecting data from the Reitox NFPs, five weeks for drafting the initial report and six weeks for preparing a requested risk assessment. In addition, the new regulation foresees the inclusion of new tasks, additional information and new working procedures in the operation of the EWS and RA.

Significant resources are also required to ensure the replacement of the ageing EDND — Europe's information hub on new substances (see CCA A) — with a next-generation information system that can meet the growing needs of the EU.

Last but not least, with the new Director taking up his post in 2016, the EMCDDA Management Board approved in December 2015 a temporary reorganisation. The Director wishes the agency to further develop the quality and efficiency of the services and information it delivers to its main stakeholders and partners, in order to be recognised as the 'EU's leading provider of evidence for decision-making and action on drugs'.

To this end, he presented for adoption to the Management Board in December 2016 a long-term strategy for EMCDDA activities and operations up until 2025 — EMCDDA Strategy 2025. The strategy will be based on an analysis of the information needs of two key groups of customers to be treated on an equal footing by the agency — the EU institutions and the national policymakers — while exploring how to better address the needs of professionals working in the field.

Together with the EMCDDA Strategy 2025, he presented a new organisational structure for the agency that will support the implementation of the strategy and ensure delivery of the expected results. To this end, the new organisational chart has been prepared with the objective of maximising the use of the agency's human and financial resources, while allowing economies of scale where possible.

Before the new EMCDDA strategy and organisational structure are adopted by the Management Board, and with a view to ensuring continuity of services while anticipating some potential changes, the Director Elect temporarily merged the former 'Governance' unit with the 'Reitox and international cooperation' unit under a new 'Reitox and external partners' unit with effect from 1 January 2016. The aim was to group under the same umbrella the activities related to relations between the EMCDDA and its external partners: the Reitox network, the EU institutions and agencies, international organisations and partner countries.

To support the Director in drafting and implementing the strategy, and in monitoring and reporting on the execution of the three-year and annual work programmes, including the key performance indicators, financial analysis and budgetary monitoring, the Director Elect created a small office, the 'Executive office'. This small team now coordinates and monitors the implementation of the agency's strategy in close cooperation with middle management, and reports directly to the Director.

The final organisational structure was defined in the second half of 2016 taking due account of the contribution of key stakeholders to the drafting of the EMCDDA Strategy 2025.

Efficiency gains

As far as efficiency gains are concerned, and based on the EMCDDA's past and present performance in the use of assigned resources, the EMCDDA is committed to constantly improving the effectiveness and efficiency of its activities and to maximising the use of its resources.

In this context the EMCDDA worked to further rationalise and reduce the running costs of its premises, namely by means of measures aimed at reducing energy consumption in order to offset the impact entailed by the extension of staff working time pursuant to the entry into force of the revised Staff regulations (e.g. installation of solar shading on glass areas; A/C switches in windows; intelligent lighting system; optimisation of heating and cooling cycles of EMCDDA premises). These measures have resulted in a reduction in consumption of about 10 % compared with previous years (at the end of 2015), which has entailed savings of about EUR 16 000 in utilities-related costs.

Furthermore, the optimisation of costs related to services (namely for security, maintenance and cleaning of shared premises) through joint tenders with EMSA allowed substantial efficiency gains and savings of about EUR 70 000 (in 2014).

The cooperation and synergies with EMSA have been intensified beyond those resulting from the implementation of the agreement in force between the EMCDDA and EMSA to share the use of common areas in the compound where their headquarters are seated (namely canteen, underground parking and conference facilities). Further cooperation and synergies have been developed, in a common effort to proactively exploit the opportunities provided by the geographical proximity of the two agencies, while safeguarding the autonomous legal personality and capacity assigned to each agency by the EU legislator. These developments concern in particular the joint procurement of shared services to increase critical mass and get better conditions (e.g. for canteen and cafeteria, travel agency, interim staff and medical services), the joint organisation of training activities of common interest for the staff of both agencies, and the sharing of some services/bodies, such as the EMCDDA medical officer and the invalidity and disciplinary committees.

Further EMCDDA–EMSA synergies have been put in place in the ICT area, namely to share infrastructures and costs for telecommunications and internet-based services. This has brought efficiency gains and savings of around EUR 35 000.

Negative priorities/decrease of existing tasks

Starting in its 2014 work programme, the EMCDDA has introduced a complex prioritisation exercise, which is carried out annually in the context of the planning exercise. This is based on the classification of activities in the work programme across three priority levels, from level 1 (L1), the highest priority ('must do'), to level 3 (L3), the lowest priority (see Section III.1, 'Executive summary'). The work programme also sets out different targets for these different levels, as follows: 100 % for L1 results, 80 % for L2 results and 50 % for L3 results.

Conclusion on changes in resources compared with the Commission Communication 2014–2020

The EMCDDA considers that it has fully met the goals set in the Commission Communication 2014–2020 (in line with the Budget circular 'Establishing the Draft Budget for 2017', BUDG A01/JB/D(2015)6341893).

The EMCDDA will do its best to deal with the growth of existing tasks and needs described above by maximising the use of available resources and by giving priority, as much as possible, to internal redeployment. Any possible request for supplementary resources will target needs that cannot be met through redeployment of existing resources.

SECTION III
Work programme 2017

1. Executive summary

This is the first annual work programme from the EMCDDA's SPD for 2017–19. This section mirrors the multiannual programme 2017–19; for each area of work, specific objectives which contribute to the achievement of the strategic multiannual objectives are set up; in line with the SPD template, expected outcomes/results, outputs and KPIs are defined to reflect and track progress in the attainment of these objectives.

The financial resources required for this work programme will be provided by the EMCDDA budget for 2017. In accordance with the relevant provisions the EMCDDA budget becomes definitive when adopted by the Management Board and after final adoption of the general budget of the EU, in which the amount of the agency's subsidy will be fixed. For planning purposes, the 2017 work programme has been drafted based on the parameters of the 2017 EMCDDA draft budget, as adopted by the Management Board in December 2016. This budget foresees an amount of EUR 15 135 600 for the EU 2017 subsidy to the EMCDDA.

The 2017 work programme applies the prioritisation approach based on three levels (L1, L2 and L3) that was first introduced in 2014 and was further refined for the 2016 work programme. The definitions for these priority levels are presented below:

- L1: These are 'must do' tasks which are time bound and critical for the agency to fulfil its institutional obligations. These tasks cannot be scaled down, removed from the work programme or postponed to future years without compromising the core performance of the agency.
- L2: These tasks are necessary to achieve the key commitments and fulfil the strategic objectives set out in the 2016–18 work programme. In the event of resources constraints generated by external or internal factors, however, these tasks could potentially be scaled down or delayed without affecting the ability of the agency to deliver its L1 results in the current work programme.
- L3: These are mostly developmental tasks, or new analyses, which are necessary for the agency to maintain an up-to date understanding of the European drugs situation in the medium term; however, in the event of resources constraints, they could potentially be scaled down or postponed without a significant impact on the ability of the agency to deliver its L1 and L2 results in the current work programme. Some L3 tasks also refer to desirable and valuable activities such as joint initiatives with third parties; these appear viable within the current planning framework, but could be postponed or cancelled if resources prove to be insufficient.

The target for the EMCDDA is to achieve 100 % of the L1 expected outputs/results, at least 80 % of the L2 expected outputs/results and a minimum of 50 % of the L3 expected outputs/results (see KPI GOV.2.1).

2. Activities

2.1 Key area 1: Communicating evidence and knowledge exchange

In 2017, the EMCDDA will publish two key comprehensive analyses, the annual EDR package and the first triennial EDRR.

The EMCDDA will publish the annual EDR package. The 2017 EDR will include the now established Trends and Developments report and the repository of data for the regular monitoring of illicit drugs, the Statistical Bulletin. 30 Country Drug Reports will be produced for the first time in 2017, to provide individual country information which forms the national companion to the Trends and Developments report. This new country product will be primarily a graphic-rich online output. Developed in collaboration with the NFPs, it will enhance the country-level information provided by the EMCDDA and contribute to the development of the EMCDDA website.

The first EDRR will provide an overview of responses to drug use and drug-related problems across the EU and their effectiveness, as well as implications for action based on identified examples of best practice. The multidisciplinary report will have a public health and intervention focus; hence it will be designed to complement the EDMR. It will cover key drug response topics (e.g. prevention, treatment, harm reduction, responses in prison); it will also explore new areas and look ahead to the new challenges in the responses field, such as responses to NPS. Potential contributions from partners will also be considered.

In addition to the major outputs described above, in 2017, in line with policy requests and needs, the EMCDDA may produce other smaller and focused strategic analyses based on emerging topics and geographical developments. Threat assessment reports and alerts, designed as rapid and focused products that provide immediate dissemination of critical information relevant to safeguarding public health and safety, will also be prepared. These will include (as appropriate) joint analyses (with Europol and/or the ECDC), an update on latest developments in infectious diseases and health risks through drug use, a trendspotting case study/report and outputs related to the implementation of the applicable legal framework on NPS (see KA 2).

In addition, the agency will produce thematic outputs on topical developments and emerging issues, and updates, in all areas (online or printed). Examples include overviews on internet-based interventions to drug use and harms; prison and drugs; prevention approaches; patterns in polydrug use; policy developments; and gender-oriented interventions (possibly in collaboration with partner agencies). In the field of drug supply reduction, in 2017 a report will be published on European specialist drug law enforcement, which will be the second analysis of its type (the first having been published in 2013). Furthermore, there will be a new joint EMCDDA–Europol publication on darknet and drugs.

Social and multimedia channels will be increasingly used for giving information on EMCDDA activities and results. As well as these, for the more sensitive areas of our work, restricted-circulation alerts and analyses will be produced for certain customer groups.

In terms of services, the main EMCDDA institutional customers are its key stakeholders and partners: EU Member States and the institutions (European Parliament, the Council of the EU and the EC), as well as relevant EU agencies, and other international partners.

At EU level, in 2017 the agency will continue to support sound policymaking through its high-quality technical input. Concerning the EC, this will mainly involve providing support to DG HOME and DG SANTÉ in the field covered by the agency's mandate. Highlights here include the contribution to the implementation of the new EU AP for 2017–20 (as required). The EMCDDA will continue to support the Policy Cycle on Organised Crime and provide expertise on the European Multidisciplinary Platform against Criminal Threats (EMPACT) drug priority areas as well as highlighting overlaps with other key areas such as migration and firearms.

The EMCDDA will continue to contribute to the work of the Council's working groups, such as the Horizontal Working Party on Drugs (HDG). Furthermore, the agency will fulfil the obligations arising from the EU Agenda on Security 2015–20.

Collaboration with local authorities will be strengthened. As a first step, the agency will seek to identify major cities in the EU facing different drug problems/conceptual problems (sharing best practices), with a view to initiating dialogue and improving knowledge exchange. Contingent on resources, a meeting on city-level policies will be organised and follow-up ensured as appropriate; as a next step, a draft concept paper will be prepared. Strengthening local capacity through facilitating knowledge exchange will ensure a sustainable approach to tackling drug issues at city level in the future (see also KA 2).

Another area where the EMCDDA has extensive expertise is in relations with third countries, especially those which are a priority for the EU, namely the CC, PCC and neighbouring countries (see CCA C). To this end, the agency will continue to provide its technical support to the EC as far as relations with these countries are concerned. This will include the successful completion of the technical assistance project funded by the EC through IPA 5. Further to the successful completion of the first ENP project for seven beneficiary countries in 2016, the agency has submitted to the EC a proposal for a project to continue providing technical assistance activities to ENP countries. The EMCDDA project entitled Inter-LINK aims to strengthen the capacity of these countries by creating an analysis and response platform to tackle the dynamic links between drugs, security and health threats. Furthermore, the agency will continue to support the EC (as requested) in the implementation of EU drug-related regional programmes, such as CADAP and COPOLAD II.

Enhancing knowledge exchange will be an ongoing task in 2017. Among other work, it will involve the further dissemination of best practice, in line with needs and available resources, and the delivery of capacity building and training activities to our different audiences.

Identifying best practice and effectiveness of interventions across the EU and beyond is a key area for the EMCDDA, the main dissemination channel of which is the BPP. In 2017, existing modules will be updated regularly and new modules will be added as appropriate (e.g. in the areas of drug testing in schools and law enforcement interventions in communities, schools and nightlife settings).

The EU's approach to drug monitoring and best practice dissemination will continue to be effected through translating key EMCDDA methodological documents for non-EU countries. Another effective means of disseminating best practice is through training activities. These will include courses for professionals, including Reitox Academies in EU Member States and third countries, and training activities carried out in cooperation with other partners, such as institutional partners, e.g. academia or CEPOL. To this end, an important task will be the contribution to the capacity-building

activities contained in the 2017 EMPACT Operational Action Plans.

Furthermore, a European training module for prevention providers developed in 2016 by a partnership involving the European Drug Prevention Quality Standards (EDPQS) project, the UNODC, the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific and the EMCDDA will be piloted in 2017 in nine countries, where training of trainers will be implemented.

In 2017, the EMCDDA will continue to disseminate its findings via a range of direct communication channels. This includes attendance at key events, such as conferences, technical meetings, professional networking events, on-demand external visits, etc.

Strategic objective:
Serve as European central reference point for drug-related information and analysis, and through doing so provide policy and practice with better evidence for decision-making and action

Specific objective 1.1:
Inform policy and practice by providing timely and high-quality data, strategic and situational analyses and threat assessments
Expected outcomes:
Better and more informed policy and practice through the provision of timely and high-quality data, strategic and situational analyses and threat assessments (L1)
Outputs/results:
Comprehensive annual situation assessment of trends and developments in drug use in Europe: 2017 EDR package: ▪ Trends and Developments Report published (L1) ▪ Statistical Bulletin published online (L1) 30 Country Drug Reports 2017 published (L2) State-of-the-art strategic analyses on established and emerging challenges: ▪ First edition of the EDRR published, integrating findings from topic overviews (L1) ▪ Focused strategic analyses (short and policy-oriented, topics defined by need) (L2) Threat assessment reports (event generated): ▪ EMCDDA–Europol Joint Report(s) on NPS (L1) ▪ Risk Assessment Report(s) on NPS (L1) ▪ Joint threat assessments and alerts (e.g. with Europol, ECDC) (L2) ▪ Trendspotting case study (L2) Topic overviews and updates on important established or emerging issues (online or printed), e.g.: ▪ Prison and drugs (L2) ▪ Misuse of benzodiazepines among high-risk drug users (L2) ▪ Methods to estimate the costs of drug treatment (L2) ▪ National drug strategies (L2) ▪ Prevention systems: drug specific and generic (L3) ▪ Specialised drug law enforcement (L3) ▪ Patterns of polydrug use (including alcohol and misuse of medicines) (L3) EMCDDA–Europol Annual Report on the implementation of Council Decision 2005/387/JHA (or applicable legal framework) on NPS (L1) Other joint publications (subject to agreement): ▪ EMCDDA–Europol joint publication on darknet and drugs (L2) ▪ Gender-sensitive interventions (with United Nations Interregional Crime and Justice Research Institute and/or UNODC) (L3) ▪ Cooperation with ECDC on guidance (drug-related communicable diseases in prison) (L3) Scientific articles in high-impact journals (L2) Country overviews for CC, PCC, ENP partner countries and other third countries depending upon availability of information and of resources (L2)

KPIs	Targets 2017
KPI 1.1.1. Timely production of major EMCDDA outputs	Launched as planned: ▪ 2017 EDR package ▪ First edition EDRR
KPI 1.1.2. Efficiency in delivering key outputs	Key milestones defined and used for monitoring and follow-up actions (as appropriate)
KPI 1.1.3. Publishing of scientific articles in peer-reviewed journals	Impact score 20 or higher (impact score = the journal impact factor × the number of scientific articles published in 2017)
KPI 1.1.4. Use of the EMCDDA's key online resources	Targets for accessing key resources set up based on 2016 baseline data, and met

Specific objective 1.2:	
Provide support for relevant European and national-level policy and technical activities and meetings (knowledge exchange, institutional support, technical backstopping) (request and resource dependent)	
Expected outcomes:	
EU institutions-related activities supported by the EMCDDA within the context of its mandate and available resources, including: ▪ Implementation of the 2017–20 EU drug AP (L1) ▪ European Agenda on Security 2015–20 (L1) ▪ Support for the EU Policy Cycle on Organised Crime, in particular through appropriate tasks with the Operational Action Plans on drug priorities and the development of multiannual strategic plans, as well as through contribution to the SOCTA (L2) ▪ Activities with third countries (L2) ▪ Other policy initiatives within areas relevant to the EMCDDA (e.g. infectious diseases including HIV/AIDS prevention, alcohol and behavioural addictions, misuse of medicines etc.) (L2) ▪ Support for EU-funded research including input to the Annual dialogue on research of the HDG and the dissemination of findings (L2) ▪ Data exchange and technical cooperation with the UN System and appropriate technical backstopping to support the EU in external dialogues with international bodies and third countries (L2) EU Member States supported by the EMCDDA within the context of its mandate and available resources (L1)	
Outputs/results:	
▪ Input to EU institutions-related activities (e.g. reports, briefings, analyses) (L1/L2 — depending on the policy area — see Outcomes above) ▪ Input to Member State-related activities (e.g. information requests and technical input to national initiatives) (L1) ▪ Presentations at and/or input to key drug-related events (L2)	
KPI	**Targets 2017**
KPI 1.2.1. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU institutions and Member States)	a) List of institutional meetings established and minimum 90 % of events attended
	b) 100 % of the requests for input/advice from key institutional stakeholders assessed and responded to within three weeks
	c) 100 % of the requests to visit the EMCDDA received from EU institutions and national authorities from EU Member States fulfilled

Specific objective 1.3:	
Identify, promote and monitor evidence-based responses and best practice	
Expected outcomes:	
Better and more informed policy and practice on effectiveness of interventions in drug demand reduction within the EU (L1)	
Outputs/results:	
▪ BPP kept up to date and enhanced with new modules introduced (as appropriate) (L1) ▪ Appropriate follow-up to Council conclusions on minimum quality standards in drug demand reduction in the EU endorsed in September 2015 (L2)	
KPI	**Target 2017**
KPI 1.3.1. Increase in the coverage of evidence provided by the BPP	BPP regularly updated in all the required areas and new modules introduced as appropriate

Specific objective 1.4:	
Provide training and support capacity-building activities in the Member States and priority third countries (needs based and resource dependent)	
Expected outcomes:	
▪ Increased capacity for drug monitoring in the Member States and priority third countries through high-quality training provided by the EMCDDA (L2)	
Outputs/results:	
▪ Reitox Academies and workshops with EU countries and third countries (within the framework of the technical assistance projects) (L2) ▪ European training module for prevention providers piloted in 9 countries (in cooperation with EDPQS, UNODC and Colombo Plan) (L3) ▪ Input on request to activities with partners (e.g. with CEPOL, WHO, Pompidou Group) (L3)	
KPI	**Target 2017**
KPI 1.4.1. Level of satisfaction with the training provided by the EMCDDA via Reitox Academies (average score calculated based on all the training evaluation reports)	Minimum 80 % satisfaction rate

Specific objective 1.5:	
Promote better understanding of and response to the European drugs problem through engagement with policymakers and practitioners, scientists and civil society	
Expected outcomes:	
Better and more informed audience through direct communication (e.g. presentations at scientific and technical events, visits to the EMCDDA, social media, public enquiries) (L2)	
Outputs/results:	
■ Presentations at scientific and technical events (L2) ■ Lisbon Addictions 2017, the major European-focused scientific conference in this area, including satellite events, successfully organised with support from the EMCDDA (L2) ■ European Drug Summer school organised in collaboration with the University Institute of Lisbon (L2) ■ Increased use of social and multimedia communication channels for immediacy and wider reach (compared with 2016) (L2) ■ Efficient public enquiry service (according to European Ombudsman guidelines) in the context of resource availability and operational priorities (L2) ■ Tailored information provided to visitors to the EMCDDA (L3)	
KPIs	**Targets 2017**
KPI 1.5.1. Contribution to major scientific and practice drug events	EMCDDA presentations delivered at minimum 70 % of the relevant events
KPI 1.5.2. Responsiveness to public requests	100 % of the public enquiries received are answered in line with the European Ombudsman guidelines
KPI 1.5.3. Audience reached through social and multimedia channels and products	a) Increased reach of multimedia products (e.g. videos) (compared with 2016)
	b) Increased social media reach (compared with 2016)

Specific objective 1.6:	
Communicate successfully with media	
Expected outcomes:	
Well-paced news products resulting in news coverage of the EMCDDA's activities and results (L2)	
Outputs/results:	
■ Responses to media enquiries (written and oral) (L2) ■ Articles in media citing the work of the agency for key product launches (L2)	
KPI	**Target 2017**
KPI 1.6.1. Responsiveness to media requests	100 % of media enquiries received responded to within 2 working days

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
3 904 752.55	23

2.2 Key area 2: Early warning and threat assessment

Responding to NPS — EU Early Warning System and risk assessment

In 2017 the EMCDDA, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol and the EMA, will carry on ensuring continuous and robust implementation of the EWS as provided for by Council Decision 2005/387/JHA or by the new legislative framework that is expected to replace it. Key outputs of the system will remain rapid notifications and public health alerts on NPS, 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 on legal developments.

Depending on the entry into force of the new legal framework, the reporting and monitoring tools and instruments necessary for implementing the information exchange mechanism — including the Reporting Forms, the EWS progress and final reports, and the Joint Report questionnaires — will need to be automated, interlinked and aligned. This will involve close cooperation with Europol. As a result of having structured data available, new trends analyses will be undertaken to inform the community and, in particular, international organisations. Adaptation to the new legislative instrument will also entail adaptation of the risk assessment operating guidelines.

A key task will be to have an implemented and fully operational EMCDDA EDND, which is the main working tool of the EWS (see CCA A).

In 2017, a new framework to strengthen the toxicovigilance component of the EWS will be implemented. This allows both public health alerts and non-urgent information to be issued to the EWS network and specific substances to be placed under intensive monitoring. In some cases this may also lead to formal action through a Joint Report, and, where necessary a risk assessment. For the EMCDDA to meet the increased needs and demands arising from the phenomenon, at both national and EU levels, the identification, reporting and monitoring of serious adverse events will continue to be strengthened. This entails full implementation of the Reporting Forms on suspected adverse events.

In addition, building on the activities started in 2016, during 2017 the EMCDDA will pilot OSI monitoring and analysis systems relevant to proactive early detection of new trends and threats of public health relevance, including NPS markets, serious adverse events reported through the media, drug user forums, social media, and the scientific and medical literature.

Where requested, a risk assessment on a new psychoactive substance will be carried out under the auspices of the EMCDDA's Scientific Committee. This activity always carries resource implications and risks associated with the lack of such resources. This concern is becoming more relevant than ever with the growing amount of information and evidence gathered not only about the increased number of substances monitored, but also about the increased number of reported health harms.

A risk communication system to transmit public health-related information on NPS by the EMCDDA to the EU EWS Network and, where appropriate, to the public, will be piloted in 2017.

Further activities will be undertaken to improve the understanding and visibility of EU actions in the field of NPS. The web pages related to the EMCDDA's action on new drugs will be kept updated to provide customised information to the growing number of diverse stakeholders and the general public.

Provisions of Article 28c of the pharmacovigilance (PhV) 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.

The multiannual strategic plan of the COSI Policy cycle on organised crime 2014–17 identifies as a priority the production and trafficking of synthetic drugs (including NPS). In line with this plan, in 2017 the coordination between the EWS and the forensic and toxicological laboratory networks will be strengthened to increase sharing of information on NPS. A technical and procedural framework for sharing forensic data will be developed.

Where possible, active participation of the EMCDDA in EU-funded projects on NPS will ensure timely access to project results.

The mainstreaming of NPS work within the overall reporting and analysis framework of the EMCDDA will continue in 2017. 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 (see KA 3). 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 Council Decision 2005/387/JHA are subject to the publication/adoption of the proposed new legislative framework. Furthermore, some activities are conditional on the EMCDDA's legal obligations under the Council Decision, for example requirements to undertake Joint Reports and requests for risk assessments, the number of which cannot be foreseen.

Emerging trends and threats

In 2017, the EMCDDA's system for monitoring and understanding new and emerging trends in drug use and drug markets will be further developed, building on activities started in 2016. A Rapid Information Assessment manual will be drafted in order to improve analysis and assessment in this area (including systematised trendspotter methodology).

The trendspotter studies are one example of the EMCDDA's threat assessment tools. Equally important are the EMCDDA's joint risk assessments on emerging threats, including its close collaboration with Europol and with the ECDC on the monitoring of all incoming information on the evolution and epidemiology of drug-related infectious diseases and outbreaks.

In 2017, the EMCDDA will further develop the mechanisms for early warnings/threat assessments in the fields of drug use, harm reduction and responses. One example of these expert networks for rapid information collection and exchange is the trendspotter forum, which will be fully operational in 2017.

The EMCDDA will continue key activities for better integrating new methods and tools within existing monitoring routines. New substances and new patterns will be systematically reviewed with the purpose of rapidly and efficiently including them in routine monitoring tools once their significance is established. The EMCDDA will continue its successful collaboration with the Sewage Biomarker Analysis for Community Health Assessment (SCORE) group with the objective of strengthening the existing epidemiological toolkit by integrating wastewater analysis into routine monitoring tools.

Equally important is the exploration of new data sources for timely identification and reporting on emerging threats. One example here is the development of systematic tools for monitoring online drug markets and drug user websites. Through a combination of structured monitoring and analysis of the internet, the EMCDDA will provide a better understanding of the nature and scale of the online market and of new developments, at both consumer and supply levels, as well as providing early identification of new trends and threats.

Strategic objective:
Support a rapid EU response to new threats by providing EU institutions and Member States with prompt and scientifically sound information for action on NPS and emerging drug trends

Responding to NPS — EU Early Warning System and Risk assessment

Specific objective 2.1:
Implement the provisions of the legislative framework on EWS and Risk Assessment in place in 2017
Expected outcomes:

▪ Operational EWS and information exchange mechanism:
  • NPS appearing on the EU market are detected, notified in a timely manner and systematically monitored, and action is taken as necessary (e.g. public health alerts are issued) (L1)
  • NPS trends are identified and analysed (L1)
  • EWS network is operational and supported by the EMCDDA (L1)
▪ Scientific evidence on the health and social risks posed by the use of NPS provided to the Council and the Commission, on the basis of which further action on measures to control these substances at EU level may be taken (EU-level risk assessment procedure is implemented, as required) (L1)
▪ Strengthened capacity to identify emerging toxicological problems associated with the use of NPS (toxicovigilance) (L2)
▪ Signal identification and prioritisation: risk communication, including formal notifications, public health alerts, advisories and briefings (L2)
▪ Strengthened proactive approach to the early detection and response to emerging threats through the development of OSI monitoring and analysis capacity (L2)
▪ Improved knowledge of the NPS market (L2)

Outputs/results:
▪ EMCDDA–Europol Annual Report on the implementation of Council Decision 2005/387/JHA (or applicable legal framework) on NPS (L1) ▪ Joint Reports prepared as appropriate (L1) ▪ Risk Assessment Reports prepared as appropriate (L1) ▪ Annual meeting of the EWS network (L1) ▪ Guidelines, procedures, processes and tools progressively adapted to the new legislative framework and implemented (as required) (L1) ▪ EU EWS publication series (updates and issues in focus) (L2) ▪ Technical support to national early warning systems, forensic and toxicological networks (L2) ▪ Expert meetings in the area of NPS (if required) (L2) ▪ Framework documents (risk communication, toxicovigilance and open source monitoring) developed (L3) ▪ 5th International Conference on Novel Psychoactive Substances (L3)

KPIs	Targets 2017
KPI 2.1.1. Timely and high-quality implementation of the EWS and risk assessment mechanism on NPS, in line with the deadlines and quality criteria defined by Council Decision 2005/387/JHA (or applicable legal framework) and the applicable Standard Operating Procedures	a) Formal notifications on NPS and public health-related warnings issued to the EWS network
	b) Annual implementation reports submitted to the EP, the Council and the EC, and published
	c) Formal reports (EMCDDA–Europol Joint Reports on NPS, and Risk Assessment Reports) submitted to stakeholders (as appropriate)
KPI 2.1.2. Contribution of the EMCDDA to policy decisions with impact on the public health of EU citizens	Decisions concerning the control of NPS made by the Council of the EU in 2017 informed by the evidence provided by the EMCDDA

Specific objective 2.2:	
Implement the provisions of Article 28c of the EU PhV legislation	
Expected outcomes:	
Effective information exchange with EMA and the EU PhV system (L1) including timely identification and transmission of signals of public health relevance in response to NPS which are medicines (L1)	
Outputs/results:	
Formal notifications and public health-related risk communications (L1)	
KPI	**Target 2017**
KPI 2.2.1. Timely and quality implementation of the provisions of Article 28c of the EU PhV legislation	Timely issue of formal notifications and public health-related risk communications on NPS which are medicines

Specific objective 2.3:	
Support the use of EU data and analysis on NPS in activities at international level (in line with reporting obligations and existing Memoranda of Understanding, MoUs), and support third countries in building national EWS (contingent upon resources)	
Expected outcomes:	
▪ Synergies at international level and reduced reporting burden on the EU Member States (L3) ▪ Enhanced capacity of third countries (mainly CC and PCC) to design and operate an EWS at national level and to meet EU standards and requirements when applicable (L3)	
Outputs/results:	
▪ Data exchange with international bodies (e.g. UNODC, WHO Geneva) to support prioritisation, scheduling discussions and information exchange activities (L2) ▪ Technical support for third countries (L3)	
KPI	**Targets 2017**
2.3.1. Timely and quality contribution to the WHO and UNODC expert meetings and fora	a) WHO Geneva: data on serious adverse events and seizures made available to the WHO's Expert Committee on Drug Dependence annual risk assessment meeting
	b) UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends Programme: • List of newly notified NPS transmitted twice a year • Aggregated data on NPS seizures transmitted once a year

Emerging trends and threats

Specific objective 2.4:	
Timely identification of emerging threats through the use of rapid information assessment methods and systems	
Expected outcomes:	
Emerging trends and threats captured and reported in a timely matter: ▪ Rapid and in-depth assessment of new threats as required (trendspotter study) (L2) ▪ Targeted and joint risk assessments on emerging threats (as required; e.g. with ECDC, Europol) (L2) ▪ Improved rapid information collection and exchange in the field of drug use, harm and responses implemented (L3)	
Outputs/results:	
▪ Trendspotter forum, including online key informants, up and running (L3) ▪ Trendspotter studies prepared as required (L2) ▪ Rapid information assessment manual prepared (systematised trendspotter methodology) (L2) ▪ Joint risk assessments on emerging threats prepared as required (L2) ▪ Expert network platform for rapid information collection and exchange in place (L3)	
KPI	**Target 2017**
KPI 2.4.1. Timely identification and reporting of emerging trends and threats	Rapid assessment and communication of new threats (when triggered)

Specific objective 2.5:	
Develop and further systematise new methods and tools for timely and sensitive identification and reporting of new threats	
Expected outcomes:	
▪ Findings from wastewater analysis incorporated into EMCDDA reporting in collaboration with the SCORE group (L2) ▪ New patterns of use and new analytical methods better incorporated into routine data collection methods and tools (L2) ▪ Report from the pilot project 'European Web Survey on Drugs: patterns of use' (L2) ▪ Development of OSI monitoring and analysis systems for monitoring online markets and drug user forums (L3) ▪ New online information collection methods for identification and monitoring of new trends and developments explored (L3)	
Outputs/results:	
▪ Findings from the 2016 wastewater monitoring campaign published (if available) (L2) ▪ Pilot exercise for the integration of data from wastewater and hospital emergencies in local and city-level monitoring (L3) ▪ Expert meeting(s) on new monitoring methods (need and resource dependent) (L3)	
KPI	**Target 2017**
KPI 2.5.1. Availability of new methods and tools for rapid monitoring	Roadmap for improving sensitivity of reporting tools for new threats and developments implemented

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
1 340 468.69	8

2.3 Key area 3: Situation, responses and trend analysis

Ongoing monitoring and analytical work will be carried out throughout the year and this will feed into the key outputs produced by the agency in 2017 (presented under KA 1).

The EMCDDA has a distinctive, holistic and multidisciplinary approach to monitoring the drugs phenomenon. This includes the monitoring of drug demand (use in its different patterns) and of the harms associated with aspects of use, supply and availability, and also the monitoring of the measures taken to decrease demand and associated harms, as well as to reduce drug supply.

A comprehensive triennial review of the implementation of the EMCDDA epidemiological indicators (KIs) in the 30 reporting countries was conducted in 2015. The overall level of implementation was relatively high, although specific problems with data availability exist in some countries. In some areas, problems still exist with respect to comparability, which can limit the data's utility and result in considerable uncertainty, particularly when constructing numeric estimates at the European level. The timeliness of data remains a general problem, and one that is becoming more significant within the context of an increasingly dynamic situation.

These issues were discussed in 2016 with the networks of nominated national experts and focal points. Continuous support will be provided for all KIs in order to extend the data collection template to emerging areas (for GPS); increase the number of countries submitting individual estimates and improve comparability across countries, including the estimation of cannabis PDU; better integrate TDI data within an overall concept of treatment systems and capacity within Member States in order to address coverage issues still existing in some countries; support, where possible, the efforts of the national experts and focal points to address systematic under-reporting in some countries (DRD); and improve the availability and quality of estimates on prevalence of, incidence of and burden of disease resulting from HIV, hepatitis B virus and hepatitis C virus infection among problem drug users at national level (DRID).

As before, the knowledge base provided by the KIs will be supported by the EMCDDA's Reitox NFPs and other networks of experts that contribute their national expertise to the European drug information and analysis system of the agency. Interaction with these networks is ongoing, through regular collaboration, including annual expert meetings organised by the agency at its premises in Lisbon. Defined quality criteria will be observed (see CCA B) to ensure that maximum value is obtained from these meetings. Rapid communication outputs will be produced to disseminate results. Furthermore, based on the successful approach initiated in recent years, the agency will continue to explore ways to organise the annual expert meetings in conjunction with other major drug events (e.g. DRID expert meeting close to the 'Hepatitis 2017' conference, see below; to be confirmed). This will facilitate exchange of expertise while increasing efficiency.

In 2017, the EMCDDA will have the opportunity to join efforts with traditional EU and international partners to organise two major events for the area:

- 'Drug-related infectious diseases — Hepatitis 2017' joint event with ECDC. The event will bring together for the first time international experts from the EMCDDA DRID expert network and the ECDC hepatitis network.
- 'EMCDDA/WHO Health in Prisons Programme (HIPP)' conference. The conference will be held at the EMCDDA and will focus on drug addiction, with EMCDDA contributions addressing the data collection package and the joint ECDC–EMCDDA prison guidance.

Smaller technical meetings on established or developmental topics will take place (based on needs and resources).

Following the publication of the ESPAD study report in 2016, the EMCDDA will work closely with ESPAD principal investigators to exploit the current survey results and to coordinate the activities necessary in 2017 for the next round of ESPAD planned for 2019. The EMCDDA will continue to support the development of ESPAD's web presence. Activities envisaged in 2017 will include an initial review of the survey instruments and the establishment of a protocol for the new round of the study.

In the area of responses, further steps will be made towards improving our understanding of the coverage of treatment services across the EU. As part of the treatment data collection strategy, this will include an analysis of primary care (general practitioner) facilities and specialised treatment agencies, and implementation of the EFSQ, whose findings will be presented in a report.

In the prison area, the results of the pilot survey completed in 2016 will be disseminated and the use of the tool will be promoted among further countries. The second part of the data collection package, namely an adaptation of the EFSQ for prison health services, will be developed. Work on the joint prison guidance with ECDC will continue in 2017, including at a meeting of the expert panel to be hosted by the EMCDDA.

Depending on the most effective way of reaching our audiences, all these findings will be either integrated in the first EDRR (see KA 1) or presented as stand-alone outputs (online or printed).

The internet provides a convenient means for obtaining services. A mapping of e-health and m-health (mobile health) applications for social and health responses to drugs will be carried out, and a methodological framework for monitoring internet-based interventions will be developed in 2017, allowing collection of more systematic information on this rapidly developing area.

Another rapidly expanding area which requires the development of a systematic monitoring approach is NPS. Effort was invested in 2016 to improve monitoring; in 2017, a review and fine-tuning of the data collected will be carried out.

In the area of drug supply, full implementation of the reporting instruments on drug seizures and drug law offences is planned. A review of the data on drug purity, potency and tablet content as well as on drug prices, which were collected through the pilot exercises implemented in 2016, will be carried out, which will allow these instruments to be fine-tuned for full implementation in 2017.

The developmental work on the reporting instruments for drug availability will be finalised, and the draft instrument will be subject to consultation with and endorsement by the Reference Group and subsequent adoption by the Reitox focal points. The data collection on drug production facilities (synthetic drug production sites, cannabis cultivation and cocaine secondary extraction labs) will be reviewed and any process improvements will be implemented in consultation with Europol. The results of the conceptualisation exercise in the area of drug-related crime will also lead to actions in this area in 2017.

To support the EC and Europol, the EMCDDA will further enhance the joint analysis of existing data on drug precursors and will continue to include data on precursor seizures and stopped shipments in the agency's main publications such as the EDR. The EMCDDA will propose the establishment of a trilateral annual technical meeting to discuss the collection and exchange of data and to improve analysis and monitoring practices. Depending on the results of the 2016 pilot project on market size estimation, a proposal for a targeted web-based survey might be presented to the NFPs with the objective of broadening participation in the methodology within the following five years.

The recommendations arising from the review of the EMCDDA European Reference Group on drug supply indicators, completed in 2016, will be implemented and the annual meeting of the group convened.

Ongoing monitoring of drug laws will be carried out in 2017 with a focus on emerging issues (e.g. cannabis, NPS, etc.).

The European Legal Database on Drugs (ELDD) will be maintained and the annual meeting of the Legal Correspondents will be organised, as a way of further improving the sharing of knowledge and expertise among Member States.

In the area of monitoring the misuse of medicines in the context of polydrug use, progress will be achieved in cooperation with our Reitox partners, in line with the outcome of the discussions held among the Member States within the framework of the HDG and where necessary in consultation with EMA. Any follow-up work suggested in the review of benzodiazepines prepared in 2016 will be initiated. Furthermore, work will focus on a study examining the emerging concerns related to misuse of the prescribed opioid tramadol within the context of polydrug use. This will result in a technical report (for publication in 2018) and an expert meeting organised to discuss the findings of the study and methodological aspects related to monitoring and analysis of misuse of medicines. The collaboration between the EMCDDA and EMA may result in a joint publication on tramadol (depending on the agreement between the two agencies), and will inform future EMCDDA work in the area of misuse of medicines.

Monitoring emergency rooms data will also be developed. This will mainly involve the consolidation and enlargement of the sentinel network Euro-DEN; making best use of the data provided by the Workbooks; and carrying out cross-indicator analyses with DRD.

Strategic objective:

Provide a holistic picture of the drugs phenomenon, through an integrated and coherent core monitoring system

Specific objective 3.1:

Perform state-of-the-art monitoring necessary for European-level assessment of the drugs situation (core trends and developments in use, consequences and responses)

Expected outcomes:

- Data interrogation, taking into account relevant research and source material, to conduct situational and strategic analysis necessary for European-level assessment of the drugs situation (core trends and developments in use, consequences and responses) (L1)
- Improved understanding of country-level data (contextual factors, methodological issues, configuration of responses) (L2)
- Implementation of monitoring tools optimised (L2)
- Maximised value obtained from expert meetings, through greater focus on surveillance, cross-indicator analysis and rationalisation of methodological and tool development activities (L2)
- Knowledge exchange and improved data quality through the maintenance of expert networks (L2)
- Sustainability of the ESPAD study ensured; better understanding of and availability of data on long-term drug trends among European school students (L2)
- Improvements to quality, granularity and comparability of drug supply data (L2)
- Increasingly relevant description of drug laws and national and international policies, including information on evaluations and impact (L2)
- Data from third countries better integrated into the EMCDDA's analyses (L3)

Outputs/results:

- Quality monitoring and analytical work to inform key outputs (see KA 1) (L1)
- Results of Workbooks data collection and projects completed in 2016 disseminated (L2)
- Multi-indicator analysis to allow cross-checking of findings and more sensitive detection of trends (L2)
- Consolidated European Model Questionnaire (EMQ), including new modules, where required (L2)
- Incremental progress in implementing the reporting instruments on drug supply and supply reduction (L2):
  - Drug seizures and drug law offences fully implemented
  - Drug purity, potency and tablet content, and drug prices reporting instruments reviewed and fine-tuned
  - Drug production facilities dismantled (contingent upon the data provided by Europol) — synthetic drugs sites, cocaine secondary extraction labs and cannabis cultivation sites: analysis of the data collected by Europol through European Reporting on Illicit Synthetic Substances Production Sites and European Reporting Instrument for Cocaine Extraction Sites (contingent upon the data provided by Europol), pilot implementation of cannabis monitoring tool
- Results of the EMCDDA Reference Group on drug supply review implemented (L2)
- ESPAD website maintained, analysis of existing data undertaken, coordination activities (including meeting), list of preparatory activities necessary to support new data collection round developed and agreed (L2)
- Report on mapping of existing studies on Nightlife Settings. (L3)Expert meetings on established and developmental topics (resource dependent) (L3)
- Joint events and/or outputs with EU and international partners (e.g. ECDC, WHO) (resource dependent) (L3)
- EFSQ module for prison available for the Member States and IPA partner countries (L3)
- Analysis of coverage provided by national drug treatment systems, with a focus on primary care and specialised treatment agencies (L3)
- TDI Prevalence module in treatment coverage further developed and integrated (L3)

KPIs	Targets 2017
KPI 3.1.1. Relevance and consistency of reporting tools and instruments	Efficient follow-up of the review of the key epidemiological indicators (KIs) with the EMCDDA reporting countries (28 Member States, Norway and Turkey)
KPI 3.1.2. Level of progress in the implementation of supply indicators	Indicators on drug seizures and drug law offences fully implemented; indicators on drug purity, potency and tablet content, and drug prices ready for full implementation from 2018

Specific objective 3.2:	
Develop new tools and processes for drug demand and supply: situation and responses/interventions to ensure that monitoring capacity remains fit for purpose (developmental areas)	
Expected outcomes:	
▪ Improved reporting in the areas of: • Health-related responses to NPS (L2) • Internet market (L2) • Crime and supply reduction (L3) • Polydrug use (including misuse of medicines, alcohol) (L3)	
Outputs/results:	
▪ Methodological framework for monitoring internet-based interventions implemented (L2) ▪ Methodological framework for monitoring responses to NPS implemented (L2) ▪ Expert meetings on developmental topics (resource dependent) (L3) ▪ Conceptual framework for monitoring implementation of minimum quality standards (L3) ▪ Concepts on drug crime and supply reduction areas explored for potential routine monitoring (conditional upon resources) (L3) ▪ Proposal for a targeted web-based survey presented to the NFPs (contingent on outcome of 2016 pilot exercise) (L3) ▪ Framework for monitoring misuse of medicines in the context of polydrug use implemented (contingent on the outcome of the discussions within the HDG) (L3)	
KPI	**Target 2017**
KPI 3.2.1. Availability of new methods and tools to monitor drug areas where information is currently insufficient (e.g. health-related responses to NPS, internet)	New frameworks for drug monitoring implemented as required in the areas of responses to NPS, internet-based interventions and misuse of medicines (in the context of polydrug use)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
2 626 675.89	16.9

2.4 Cross-cutting area A: Information collection and management

The annual information collection exercise

A major component of the EMCDDA's reporting system is the national reporting package developed and implemented in close collaboration with the NFPs. This reporting package incorporates data delivered through a set of standard instruments (the Standard Tables and the Structured Questionnaires) reported via Fonte, the main online data collection system of the agency, and a structured commentary on the drugs situation (the Workbooks), reported via the Reitox Extranet.

In 2017, Fonte will continue to act as the principal data collection instrument and data repository for the EMCDDA, but efforts will be made to improve data collection and management. A map of the underlying structure and processes will start to be developed, with a view to preparing the ground for the later replacement of Fonte and a new data collection, storage and extraction system.

The reporting package was thoroughly revised to strengthen its overall coherence and efficiency; the Workbooks were introduced and piloted as a key reporting tool in 2015 and they were reviewed in 2016. In 2017, a review of the Workbook questions will be initiated, and the Workbooks and the structured questionnaires coordinated. This may extend into 2018, and an assessment of the Workbook review process will be implemented. The work on establishing the nature and form of a web-based output which commenced in 2016 will be continued.

Another key task in this area will be to further develop and maintain a fully operational EMCDDA EDND, which is the main working tool of the EU EWS (see KA 2). The technological redevelopment of the EDND is being undertaken in different phases in order to include advanced technical functionalities and to allow secure electronic submission of information by relevant expert users at national level. By the end of 2017, it is expected that both the event-based data which are routinely collected by the EMCDDA from the EWS network, the bi-annual progress reports and the final reports, and the Joint Report questionnaires will be submitted to the EMCDDA and validated by the agency through the secure electronic system. This system will allow implementation of an audit trail for the data along the entire submission chain; it will therefore minimise the risks of errors and will lead to significant improvements in the quality of data. At the same time, automatic data manipulation will support rationalisation of work procedures and processes, with an obvious decrease of the burden both at the level of the national data providers and at the level of the EMCDDA.

Ultimately, the more efficient and quality-assured data collection and management processes will result in better identification and prioritisation of the signals with a public health impact, more rapid and reliable information transmitted to decision-makers, and ultimately better health for EU citizens.

Management of the Reitox network of national focal points

The activities in 2017 will follow the main priorities for the EMCDDA in its work with the Reitox network which were set up in the three-year work programme, namely to (a) support the NFPs in the implementation of the new reporting package; (b) strengthen the institutional capacity of the NFPs, to enhance their performance; and (c) enhance knowledge exchange among the Reitox community and between Reitox and other partners, with a view to further developing synergies and improving overall communication. An important outcome in 2017 will be the adoption of a new Reitox Development Framework, defining the main priorities for the network and guiding its future work. This will be developed by the EMCDDA jointly with the NFPs in line with the EMCDDA Strategy 2025.

Strategic objective:
Maintain the EMCDDA data collection and reporting system and ensure its validity, consistency, reliability and timeliness, including through the efficient management of, and support to, the Reitox network of NFPs

The annual information collection exercise

Specific objective A.1:	
Maintain and develop the computing tools to support the collection of data and information	
Expected outcomes:	
Systems for data collection operational (L1)	
Outputs/results:	
Fonte reporting system and Data warehouse maintained and further developed, including work on cleaning of the data and new tools for constructing templates (L1)	
KPI	**Targets 2017**
KPI A.1.1. Efficiency of the data flow processes	a) Collection of data provided by the NFPs into Fonte completed using current templates
	b) Transfer of data from Fonte to the Data warehouse completed
	c) Extraction of data to populate the Statistical Bulletin on the EMCDDA web page complete

Specific objective A.2:	
Maintain and develop the collection of data and information	
Expected outcomes:	
▪ National reporting package consolidated and operational (L1) ▪ Effective management of data received from the NFPs and support for its incorporation into the outputs of the EMCDDA (L1)	
Outputs/results:	
▪ Processing of the data into outputs (tables, graphs and infographics) to support EMCDDA publications and populate the main repository of monitoring data, the Statistical Bulletin (L1) ▪ Workbook data collection evaluated and adapted for next submission (L1) ▪ Web-based output from the Workbook input, including the Country Drug Reports (L2) ▪ Structured Questionnaires and Standard Tables reviewed and updated in line with the information demands of the agency (L2) ▪ Progressive review of Workbook questions initiated(L2) ▪ Assessment of the Workbook review process (L2) ▪ Analysis of the data collection needs of the agency in the medium term (L2)	
KPI	**Targets 2017**
KPI A.2.1. Effective revision of the data collection instruments	a) Consultations between EMCDDA and NFPs on the revision of the data collection instruments concluded
	b) Agreed changes implemented within the Fonte templates by April 2017, and within the Workbook templates by December 2017

Specific objective A.3:	
Further develop and operationalise the EDND as the core monitoring tool of the EWS	
Expected outcomes:	
▪ Strengthened capacity to identify and prioritise signals of harm of public health relevance to EU citizens (L1) ▪ Improved quality, integrity and management of the data (L1) ▪ Functionality aligned to the requirements of the new legislative framework on NPS (L1)	
Outputs/results:	
▪ EDND maintained and regularly updated (L1) ▪ EWS progress and final reports (L2)	
KPI	**Targets 2017**
KPI A.3.1. Functionality level of the EDND in line with the phased implementation of the project	a) Secure electronic submission and validation of the data through the system piloted, including: • Event-based data • Biannual and annual national reports • Joint Report questionnaires
	b) Access to core data through the information system of the database given to relevant stakeholders (in line with the applicable policy for access levels)

Management of the Reitox network of national focal points

Specific objective A.4:	
Support the NFPs in the implementation of the new reporting package and enhance knowledge exchange among the Reitox community and between Reitox and other partners	
Expected outcomes:	
▪ Improved reporting capacity of the Reitox NFPs (L1) ▪ Reitox NFPs benefiting from knowledge exchange activities coordinated by the EMCDDA (L2)	
Outputs/results:	
▪ Data provided to the EMCDDA's annual reporting exercise (L1) ▪ Biannual meetings of the HFPs (L1) ▪ Reitox Network Development Framework (L2) ▪ NFPs provided with technical assistance (e.g. Reitox Academies, see KA 1), quality feedback (see CCA B) and institutional support (where required) (L2) ▪ Technical meetings (as appropriate) (L2)	
KPIs	**Targets 2017**
KPI A.4.1. Implementation of the national reporting packages in the countries	a) Reminders to ensure the deliveries of the national reporting packages sent to the NFPs by the end of November 2017
	b) Annotated summary of the NFPs deliveries prepared for internal use
KPI A.4.2. Good quality organisation of the HFP meetings	Biannual meetings of the HFPs organised in line with the established quality standards (i.e. all meeting documents made available to the NFPs 2 weeks prior to the meetings, and conclusions disseminated within 4 weeks after the closing of the meetings)

Specific objective A.5:	
Strengthen the operational and budgetary capacity of the NFPs to implement the grant agreements	
Expected outcomes:	
▪ High level of performance in the implementation of the grant agreements (L2) ▪ On-site grant agreement audits performed as needed and in line with resources (L2) ▪ EMCDDA support to NFPs' sustainability, via meetings with national stakeholders and other initiatives, on demand and as appropriate (L2)	
Outputs/results:	
▪ 2017 grant deliverables (financial and narrative reports) provided in line with the applicable rules and regulations (L2) ▪ Grant agreement audit reports (2 or 3 reports, depending on budget availability) prepared further to the audit missions carried out in selected countries, and made available to the European Court of Auditors (upon request) (L2) ▪ Conclusions of support meetings with national stakeholders available (L2) ▪ Reitox accreditation tools and processes developed (L3)	
KPIs	**Targets 2017**
KPI A.5.1. Execution rate (commitments) of the grant agreements budget	95 % of the available funding is committed for NFP grants
KPI A.5.2. Timeliness of processing of the payment requests	85 % of the balance payment requests, submitted complete and on time, are successfully checked and paid by 30 June of year N+1

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
5 145 469.30	10

2.5 Cross-cutting area B: Quality assurance

In 2017, the EMCDDA will continue to follow up on ways to improve the high quality of our analysis and outputs across all key areas of work. Efforts will focus on implementing the feedback from the quality aspects of the reporting system (see also CCA A)

Work on the overall data quality framework and on the indicators for the Internal statistics code of practice will continue. The documentation around data/information flows and processes will be improved and key meetings will continue to be organised in line with the EMCDDA quality standards to help maximise the analytical value of expert networks. Ongoing cooperation with non-EU countries will continue to focus on working towards fuller compliance with EMCDDA standards for data collection and monitoring.

In 2017, measures for quality assurance in content production will be further developed. This concerns in particular the documentation of core processes and generation of online content using the new content management tool, Drupal, and its integrated approval processes. The roadmap with main milestones for the implementation of this new content management tool will continue to be developed. The core content coordination and scientific writing tasks will continue, providing supported for the drafting and development of key EMCDDA publications. A new handbook for EMCDDA staff focusing on drafting scientific publications will be piloted and revised in 2017. This will include guidance on publication planning, quality assurance processes and peer review.

The EMCDDA Scientific Committee will start a new mandate (2017–19). The members of the Scientific Committee will adopt a formal opinion on the EMCDDA SPD 2018–20 and will continue to provide input on the agency's main projects and scientific publications, in line with the guiding principles for the review of selected EMCDDA publications. They will also continue to engage actively in the EMCDDA Scientific Award and contribute to the HDG's annual dialogue on research.

Strategic objective:
Ensure that the EMCDDA's tools, processes and outputs remain of high quality and fit for purpose through a process of continuous improvement and evaluation of efforts

Specific objective B.1:	
Implement quality assurance mechanisms for EMCDDA core processes and outputs	
Expected outcomes:	
Core activities are coordinated, resources are efficiently used, objectives are achieved and quality control of outputs is maintained (L1)	
Outputs/results:	
▪ Internal scientific coordination meeting organised and communication tools maintained (L2) ▪ Improved coordination and planning of outputs (Products Database updated) (L2)	
KPI	**Target 2017**
KPI B.1.1. Implementation of quality mechanisms to support the scientific activities	Quality standards and guidelines in place for key scientific processes and outputs

Specific objective B.2:	
Coordinate, prepare and organise the meetings of the Scientific Committee, follow up on the conclusions and recommendations and provide support to its work	
Expected outcomes:	
Further enhancement of the scientific quality of the EMCDDA's work through the provision of support and guidance by the Scientific Committee (L1)	
Outputs/results:	
▪ Provision of scientific input/advice (in the form of peer review, formal opinions, input to protocols, projects, products, etc.) by the Scientific Committee members (L1) ▪ Agenda and minutes of Scientific Committee available on the public website; feedback on recommendations and follow-up provided at relevant meetings (L2)	
KPIs	**Targets 2017**
KPI B.2.1. Responsiveness of the Scientific Committee to the Director's and Management Board's requests	Minimum 70 % of the requests met, out of the total number of requests received by the Scientific Committee members from the Director and the Management Board
KPI B.2.2. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks	Meetings of the Scientific Committee organised in line with the established quality standards (i.e. 100 % of the supporting documents uploaded on the Scientific Committee extranet at least 2 weeks before the meetings (except for documents related to events occurring within this timeframe), and draft minutes of the meetings sent to the Chair within maximum 2 weeks of the close of the meetings)

Specific objective B.3:	
Implement and review data/information quality assurance mechanisms for input, processing and output	
Expected outcomes:	
Data/information quality assurance monitoring and review mechanisms are in place for all steps of the EMCDDA data/information lifecycle and underpinned by a data/information quality assurance framework (L2)	
Outputs/results:	
▪ Guiding principles for the review of selected EMCDDA publications maintained and updated when necessary (L1) ▪ Information/data quality management framework available (L2) ▪ Quality standards for Workbooks available (L2) ▪ Quality feedback on Workbooks provided to Reitox NFPs (L2) ▪ Documentation of data processing and analysis methods and of data flows available (L2) ▪ Reports from key meetings contributing to enhancing the quality of data/information analysis made available to the relevant audience(s) (L2) ▪ Up-to-date documentation for content production and sign-off (including online) available (L2) ▪ Web publishing quality standards in place and documented (L2) ▪ Indicators for data quality management framework available (L2)	
KPIs	**Targets 2017**
KPI B.3.1. Provision of quality assurance feedback for the reporting system	Quality feedback reports provided to Reitox NFPs on their contributions under the reporting system
KPI B.3.2. Level of progress in the implementation of the quality assurance framework	Measures to address recommendations from the 2017 audit's follow-up action plan implemented (as applicable)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
1 366 859.44	7.9

2.6 Cross-cutting area C: Cooperation with partners

In line with its strategic priorities, in 2017 the EMCDDA will enhance information and knowledge exchange with its European and global partners. Priority will be given to the activities concerning the provision of technical support to EU institutions and the EU Member States (for details, see KA 1). Actions in this area will be informed by the outcome of the strategic exercise carried out in 2016 with the objective of better identifying and efficiently addressing the needs of these two key groups of customers.

Other EU agencies, in particular those from the JHA cluster, as well as the ECDC and EMA, are key partners. In 2017, the successful collaboration developed in previous years will be continued and further developed. This will result in joint outputs, knowledge exchange through technical meetings and training initiatives, and input to other joint activities. Initiatives with the JHA cluster partners (especially with Europol, Eurojust and CEPOL) will be carried out, with the main objective being to support the implementation of the EU Agenda on Security 2015–20 and the priorities set up in the 2014–17 policy cycle of the COSI. Europol and EMA are also key partners in the implementation of the EWS on NPS (see KA 2).

From 1 January to 31 December 2017, the EMCDDA will chair the JHA network, which is composed of nine EU agencies ([1]). The network was established in 2006 to foster bilateral and multilateral cooperation between these JHA agencies, and to explore and develop synergies in areas of common interest such as strategic and operational work, training and external relations. Chairing the network will involve, among other tasks, organising the JHA agencies' directors' meeting, routine network meetings and other sub meetings and seminars according to the plans and priorities established by the network; preparing joint statements or common papers, when necessary; and presenting the work of the network to COSI and the Committee on Civil Liberties, Justice and Home Affairs (LIBE).

Other joint initiatives (subject to agreement and resources) will be the co-organisation of an international event on hepatitis with ECDC (see KA 3) and developing joint guidance on prison with ECDC.

The EMCDDA will also continue to contribute actively to the discussion on issues of common interest to the agencies, within the framework of the EU agencies' network. One of the highlights during the year will be the hosting by the EMCDDA of the 10th meeting of the EU Agencies Network for Scientific Advice (EU-ANSA). Cross-agency and evidence-based input to the policy- and decision-making processes at EU level will be provided within the framework of the JHA agencies' network.

Regarding our global partners, cooperation will be strengthened with international organisations, in particular those belonging to the UN family (UNODC, WHO, UNAIDS), as well as the Inter-American Drug Abuse Control Commission (part of the Organization of American States), and the Pompidou Group of the Council of Europe, with a view to maximising synergies and avoiding duplication of effort. Cooperation with the World Customs Organization and Interpol will be pursued in the area of drug supply and supply reduction.

In terms of cooperation with third countries, the priority will be the successful completion of the IPA 5 technical assistance project, which started in 2015, followed by a closing conference. A new project proposal (IPA 6) will be submitted to the EC with a view to continuing activities in this area. Further to the finalisation in 2016 of the first ENP technical assistance project, the agency has submitted to the EC an EMCDDA project for funding a second ENP project entitled 'Inter-LINK — Strengthening the capacity of ENP partner countries by creating an analysis and response platform to tackle the dynamic links between drugs, security and health threats'.

A detailed implementation plan for the IPA 5 project is presented in Annex XIII.

([1]) The European Union Agency for Law Enforcement Training (CEPOL), the European Asylum Support Office (EASO), the European Institute for Gender Equality (EIGE), Eurojust, Europol, FRA, the European Border and Coast Guard Agency – replacing Frontex as from 6 October 2016 — the European Agency for the Operational Management of Large-Scale IT Systems in the Area of Freedom, Security and Justice (eu-LISA) and the EMCDDA.

Strategic objective:
Enhance the EMCDDA's strategic understanding of the drugs phenomenon, by maintaining and further developing our strong partnership with key players at European and global levels, as well as by continuing our successful knowledge exchange with EU priority third countries and regional programmes. Ultimately, this will result in high-quality services (information and analysis) provided to EU and Member States stakeholders (see KA 1).

Specific objective C.1:
Maintain and strengthen information and knowledge exchange with partners at European and global levels and support international monitoring and reporting systems and standards
Expected outcomes:
▪ Enhanced capacity for strategic analysis and threat assessment through better capturing the global and multidisciplinary aspects of the drugs phenomenon (L2) ▪ EMCDDA's contribution to improved quality and comparability of international data (L2) ▪ Successful chairmanship of the JHA network, contributing to improved work coordination among the members of the network and increased visibility of the work of the network among key stakeholders (L2)
Outputs/results:
▪ High-quality input to partners' work, and joint outputs produced (as appropriate) (L2) ▪ Contribution to expert meetings and technical/advisory groups (L2) ▪ Contribution of EMCDDA data sets or expertise to other relevant regional/global reporting activities (L2) ▪ 10th meeting of EU-ANSA successfully organised (L2) ▪ Validation of European data sets for international partners (L3)

KPI	Target 2017
KPI C.1. Efficient implementation of MoUs and other working arrangements with key partners	Priority interventions for joint annual work implemented and objectives achieved

Specific objective C.2:
Assist EU priority countries (CC, PCC, ENP countries) in developing their drug-monitoring systems, especially for the establishment and development of national drug observatories and core data collection processes
Expected outcomes:
▪ Enhanced capacity to address drug threats in EU priority third countries (L2) ▪ High-quality national data fed into EMCDDA's analysis and reporting, contributing to sound EU policies with third countries (L2)
Outputs/results:
▪ IPA 5 project implemented in line with the defined implementation plan (see Annex XIII) and the applicable KPI (KPI C.2) (L2) ▪ IPA 5 final report (L2) ▪ IPA 6 project proposal (L2) ▪ Annual Reitox week (L2) ▪ IPA 5 closing conference (L2) ▪ Training and capacity building activities (see KA 1) (L2) ▪ Methodological tools (guidelines, questionnaires, protocols) translated into national languages (L3) ▪ Contribution to third countries' sub-committee meetings (on request) (L3)

KPI	Targets 2017
KPI C.2. Efficient implementation of the IPA 5 project	a) Minimum 80 % of the project's expected results achieved (in line with the commitments expressed by the partner countries)
	b) Minimum 85 % of the total budget committed

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
722 068.26	3.9

2.7 Corporate area Governance

In line with the elements described in detail in the strategic overview provided under Section II, the priorities for the Governance area in 2017 will be as follows:

a) To continue to support the Management Board in its governance function by ensuring ongoing assistance and providing timely high-quality documents for the meetings organised during the year.

b) To implement the new EMCDDA long-term strategy, until 2025. Among other tasks, this will involve the implementation of a new organisational structure and appropriate work processes. The activity will commence in 2016, when a new organigram will be developed in line with the outcome of the strategic thinking exercise and submitted for adoption to the Management Board. The first year of implementation of the new structure will be 2017. During the same year, much effort will have to be made to ensure a smooth and successful transition. Also in 2017, informed by the results of a competency-mapping exercise, a staff development programme will commence and will be gradually implemented over the following years in line with available budgetary resources.

Furthermore, for 2017, the new long-term strategy 2025 features the launch of an innovative project: a foresight exercise on the drugs situation with the horizon of 2030. This project will aim at identifying possible scenarios for the development of the drugs phenomenon in the EU by 2030. Building on the knowledge base that has been developed over the last 25 years and combining the data and analysis resulting from long-term monitoring with more recent work on emerging trends and risk assessments, this exercise will develop possible scenarios and explore the likely consequences for demand and for supply reduction. To achieve this, the EMCDDA will work in close cooperation with its Scientific Committee, bringing together the expertise of the Reitox network of NFPs and other networks of national experts, and the expertise from its international partners.

c) To ensure efficient implementation of the first EMCDDA SPD for 2017–19 and timely delivery of the next SPDs for 2018–20, and for 2019–20 (preliminary draft), in alignment, as much as possible, with the new long-term strategy. The objective is to design the future SPDs as operational action plans of the strategy. Their implementation will be supported by detailed annual management plans (starting with 2017).

d) To pursue the development of the performance management system, ensuring that it provides the agency's Director and middle management with sound performance information and analysis. In 2017, this will include refining the annual KPIs and developing the M&E plan, and progressing in the development of the MIS (in line with available resources). To prepare for the full implementation of the MIS, the training programme on project management which started in 2016 will be rolled out, targeting staff with relevant responsibilities across all units.

Strategic objective:
The EMCDDA functions as a modern, efficient and forward-looking EU administration, which is committed to providing high-quality services to its stakeholders and to the EU citizens in general; in achieving this, the agency will be guided by good governance, steered by sound management and leadership and operated by a highly motivated and well-performing workforce.

Specific objective GOV.1:	
Support the EMCDDA's Management Board in fulfilling its governance role	
Expected outcomes:	
Sound strategic decisions at the level of the Management Board, informed by effective preparatory work carried out by the EMCDDA (L1)	
Outputs/results:	
▪ Management Board, Executive Committee and Budget Committee meetings duly organised and decisions adopted (L1) ▪ Supporting documents prepared for relevant items on the agenda (L2)	
KPI	**Target 2017**
KPI GOV.1. Effectiveness of the Director in providing support to the Management Board for performing its tasks	Management Board meetings organised in line with the established quality standards (i.e. 100 % of the supporting documents uploaded on the Management Board extranet at least 2 weeks before the meetings (except for documents related to events occurring within this timeframe), and draft minutes sent to the Chair within a maximum of 20 working days from the close of the meetings

Specific objective GOV.2:	
Implement efficient management and leadership of the EMCDDA	
Expected outcomes:	
■ Good performance by the EMCDDA in implementing its long-term strategy and its work programmes (L1) ■ New organisational structure and adjusted work processes in place (L2) ■ Staff sharing ownership and engaged with the new strategy (L2)	
Outputs/results:	
■ Director's decisions (L1) ■ Management meetings documented by minutes which are made available to the staff (L2) ■ Training for middle management (L2) ■ Staff kept informed through regular communications and via the Staff Committee (L2)	
KPI	**Targets 2017**
KPI GOV.2.1. Degree of implementation of the 2017 work programme	100 % of the expected outputs/results listed as L1, 80 % of the expected outputs/results listed as L2 and 50 % of the expected outputs/results listed as L3 achieved
KPI GOV.2.2. Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline set out in the follow-up action plan endorsed by the Management Board
KPI GOV.2.3. Internal communication between Director and staff as an effective means to enhance transparency and address staff concerns	a) Three meetings held yearly between the Director and the staff committee b) Two general assemblies of staff convoked by the Director to inform staff of developments of general interest

Specific objective GOV.3:	
Support sound organisational performance management through state-of-the-art corporate planning, performance measurement and reporting	
Expected outcomes:	
■ Programming documents gradually aligned with the EMCDDA long-term strategy and adopted by the Management Board (L1) ■ Management provided with timely, relevant and reliable corporate performance information (L2)	
Outputs/results:	

■ Final draft SPD for 2018–20 submitted to the Management Board (L1)
■ Preliminary draft SPD for 2019–21 submitted to the Management Board (L1)
■ General Report of Activities 2016 presented to key stakeholders and published in line with the recast regulation (L1)
■ Mid-year monitoring report (L2)
■ Sound KPIs in place for all the areas (L2)
■ MIS:
  • Implementation of the first pilot phase (L2)
  • Project management training programme rolled out (L3)	

KPIs	**Targets 2017**
KPI GOV.3.1. Timely delivery of the documents supporting the strategic planning and programming cycle (SPDs and General Report of Activities) (as required by the recast EMCDDA founding regulation)	All documents delivered within deadline
KPI GOV.3.2. Degree of implementation of the performance measurement system	a) Annual M&E plan developed and implemented b) MIS project implemented in line with the agreed project plan

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
700 870.42	8.8

2.8 Corporate area Administration and ICT

Administration

In line with the strategic priorities for 2017–19 presented in Section I, in 2017 the objective for this area will be to ensure that implementation of the activities planned across the different areas of the annual work programme are supported by effective and efficient management of the available resources.

Concerning HR management, this will encompass the sound management of existing processes, as required by the applicable Staff regulations and their implementing rules. To the extent possible, these processes will be further optimised through developing digital solutions. Another priority will be the organisation of appropriate training for the agency's staff, to support the effective implementation of the new EMCDDA long-term strategy and in line with available resources. In this context, special attention will be given to enhancing managerial capacity at middle-management level. To this end, other measures to support smooth implementation of the new organisational structure which will enter into effect after its adoption by the Management Board in December 2016.

The priorities in the financial resources management area are effective and timely planning, monitoring and execution of the EMCDDA budget, and optimising all the related processes. These will be complemented by the efficient use of material resources.

Ensuring safety at work will continue to be a key objective for this important support area.

Information and communication technology

The ICT programmes and services will be developed and delivered in line with the triennial objectives, which are to implement and support core business and corporate projects and processes and to provide a continuously stable environment which supports existing basic and advanced services.

Concerning the support to core business areas, the following activities will be given priority in 2017:

- the maintenance and development of the established EMCDDA's online data collection platforms, namely Fonte and the EDND (see also CCA A), and the Drugs data warehouse;
- technical support related to implementation of the tools related to the new reporting system (the Workbooks).

Support will be also provided to the corporate areas, particularly to the planning and performance monitoring activities, as well as to the HR and financial management processes.

To ensure the most effective allocation of the limited resources in this area, the ICT Steering Committee will exercise the role of further refining these priorities and deciding on the intensity of work to be devoted to each activity, depending on the most critical organisational needs.

Strategic objective:
Ensure sound allocation and management of financial and human resources and assets, and the management of the ICT infrastructure and services, through further rationalising and automating relevant processes, enhancing efficiency and synergies, and developing the quality of services and support

Specific objective ADM.1:	
Maximise efficiency and effectiveness of HR management	
Expected outcomes:	
▪ Resources of the HR function properly managed, in compliance with the rules set out in the Staff regulations and their implementing provisions, and in line with organisational needs (L1) ▪ Ongoing professional development of staff, through training and managerial support (L2) ▪ Integrated and efficient electronic system for the management of staff (i.e. rights, entitlements, working time, etc.) (L2)	
Outputs/results:	
▪ Staff training, in line with the approved 2017 training plan (L2) ▪ Existing digital tools (HR database, E-recruitment, working time management) maintained and improved (as appropriate) (L2)	
KPIs	**Targets 2017**
KPI ADM.1.1. 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 ADM.1.2. Staff turnover	Maximum 4 % of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)
KPI ADM.1.3. Average number of training days per staff member	Minimum of 3 days
KPI ADM.1.4. Average time of recruitment processes	Maximum of 4 months from the expiry date of the vacancy notice to appointment decision

Specific objective ADM.2:	
Ensure efficiency in financial and budget management and accounting	
Expected outcomes:	
■ Sound management of the EMCDDA's financial resources, in compliance with applicable rules and procedures (L1) ■ EMCDDA 2018 draft budget and 2019 preliminary draft budget adopted by the Management Board (L1) ■ Internal processes (procurement, payments, missions, meetings, contracts management) optimised, including through enhanced use of electronic tools and workflows (L2) ■ High level of budget execution (commitment and payment appropriations), in line with annual targets (L2) ■ Effective follow-up on the recommendations from external audits performed at the EMCDDA (L2)	
Outputs/results:	
■ 2017 procurement plan successfully implemented (L2) ■ Efficiency of the contracting and payment process, with special attention to the actual execution of payments due before the end of legal deadlines (L2) ■ EMCDDA 2017 draft budget and 2018 preliminary draft budget finalised and submitted on time for internal approval and for adoption by the Management Board (L1) ■ Follow-up action plan to recommendations from external audits developed and implemented (L2) ■ Timely publication of the report on the EMCDDA's annual accounts for 2016 (L2) ■ Meeting-related expenditure electronic workflow procedures developed (L3)	
KPIs	**Targets 2017**
KPI ADM.2.1. Budget execution rate — commitment appropriations (without assigned appropriations)	Minimum 95 % of the total commitment appropriations
KPI ADM.2.2. Cancellation rate of payment appropriations	Maximum 5 % cancelled payment appropriations (the basis for calculation is available payment appropriations for the year and payment appropriations, carried forward from Title 1 and Title 2 of the 2016 budget)

Specific objective ADM.3:	
Ensure a healthy working environment and further optimise the use of the available facilities, equipment and infrastructure	
Expected outcomes:	
Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources (L2)	
Outputs/results:	
■ Health and safety risks identified (L2) ■ Security risk assessment delivered (L2) ■ Measures to ensure efficient use of utilities (L2) ■ Environmental report delivered (L2) ■ Contribution to the Greening network (L3)	
KPIs	**Targets 2017**
KPI ADM.3.1 Number of accidents at workplace	No accidents
KPI ADM.3.2 Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (compared with 2016)

Specific objective ICT.1:	
Implement and support core business and corporate projects and processes	
Expected outcomes:	
Core business and corporate projects and processes rely on efficient ICT services which help maximise corporate results (L2)	
Outputs/results:	
■ Infrastructure for the annual drugs data collection and analysis (Fonte, Data warehouse, EDND) functional and further developed (see also CCA A) (L1) ■ Web system functional and further developed (migration of special contents, plan, upgrade of Drupal architecture) (L2) ■ Tools and processes developed to support efficient corporate planning and monitoring, and management of resources: • MIS: software customised (L2) • Elements of HR management system reviewed, leave-management system up and running (L2) • E-recruitment upgrade planned in the context of the development of the HR management system, as adequate (L3)	
KPI	**Target 2017**
KPI ICT.1. Project management and implementation accountability (compliance with the EMCDDA's adopted ICT project management standard)	100 % compliance for the L1 and L2 priority projects

Specific objective ICT.2:	
Provide a continuously stable environment which supports existing basic and advanced services	
Expected outcomes:	
Optimal level of operability of the ICT systems (L2)	
Outputs/results:	
■ Business continuity plan implemented (L1) ■ Services implemented in line with the adopted ICT Service catalogue (L2)	
KPI	**Targets 2017**
KPI ICT.2. Availability of the ICT systems	a) Office supporting infrastructure availability: system availability superior to 95 %, office hours (maximum of 103 hours of accumulated down time over the year)
	b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24/7 basis with an overall annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time)

Resources necessary for the implementation of the activities in this area

Budget (EUR)	Human resources (FTE)
5 376 742.89	32.5

ANNEXES

ANNEX I
Estimated budget allocation for the implementation of the EMCDDA 2017 work programme

The amounts indicated in the table below are based on the parameters of the 2017 EMCDDA draft budget, as expected to be adopted by the EMCDDA Management Board in December 2016. This budget reflects the expected result of the EU 2017 budget procedure, which should provide EUR 15 135 600 for the EU's 2017 subsidy to the EMCDDA. Should this amount not be confirmed, adjustments will be required to the activities proposed.

According to the aforementioned draft budget, in 2017 the EMCDDA budget should rely on the following revenues:

- EUR 15 135 600 to be provided by the EU subsidy to the EMCDDA;
- EUR 400 564 to be provided by Norway for its participation in the EMCDDA activities.
- EUR 271 000 to be provided by Turkey for its participation in the EMCDDA activities, pursuant to the agreement in force between the EU and Turkey which defines the terms of this participation.

In this context, the tables below present the estimated allocation of the expected EMCDDA's 2017 budget appropriations for the implementation of the EMCDDA's 2017 work programme.

A. Key areas (KAs)

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
KA 1: Communicating evidence and knowledge exchange	EPI, IBS, SAT, SDI, COM, RTX	1.75	16.75	4.5	0	23	2 400 531.78	1 504 220.78	3 904 752.55
KA 2: Early warning and threat assessment	SAT, EPI, IBS, SDI, COM	0	5	3	0	8	956 229.41	384 238.75	1 340 468.16
KA 3: Situation, responses and trend analysis	EPI, IBS, SAT, SDI, COM	1	11.15	3.75	1	16.9	1 570 737.82	1 055 938.07	2 626 675.89
Total		**2.75**	**32.9**	**11.25**	**1**	**47.9**	**4 927 499.01**	**2 944 397.59**	**7 871 896.60**

CA, contract agent; COM, Communication unit; EPI, Prevalence, data management and content coordination unit; IBS, Consequences, responses and best practices unit; O, official; RTX, Reitox; SAT, Supply reduction and new drugs unit; SDI, Scientific division; SNE, seconded national expert; TA, temporary agent; WP, work programme.

B. Cross-cutting areas (CCA)

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
CCA A: Information collection and management	EPI, SAT, RTX	0.5	3.25	6.25	0	10	3 902 911.24	1 242 558.06	5 145 469.30
CCA B: Quality assurance	SDI, EPI, COM, RTX	1.25	5	1.65	0	7.9	845 493.77	521 365.67	1 366 859.44
CCA C: Cooperation with partners	RTX, DIR/EXO	1.3	1.85	0.75	0	3.9	426 379.97	295 688.29	722 068.26
Total		**3.05**	**10.1**	**8.65**	**0**	**21.8**	**5 174 784.98**	**2 059 612.02**	**7 234 397.00**

CCA, Cross-cutting area; COM, Communication unit; DIR/EXO Directorate/Executive office; EPI, Prevalence, data management and content coordination unit; SAT, Supply reduction and new drugs unit; SDI, Scientific division; SNE, seconded national expert; TA, temporary agent; WP, work programme.

C. Corporate area Governance

WP action area	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Governance	DIR/EXO	1.2	5	2.6	0	8.8	328 137.14	372 733.28	700 870.42
Total		**1.2**	**5**	**2.6**	**0**	**8.8**	**328 137.14**	**372 733.28**	**700 870.42**

CA, contract agent; SNE, seconded national expert; TA, temporary agent; WP, work programme.

D. Support to operations — corporate area Administration and ICT (Overhead included in Tables A, B and C in the column presenting indirect cost of operations)

Action areas		Administration: supporting core business	ICT	Total
Main actors for implementation/cost objects		Administration and resources/ assets management	ICT (equipment and services)	
Allocated human resources (fte/year: full time equivalent per year)	O	3	0	3
	TA	11	8	19
	CA	8	2.5	10.5
	SNE	0	0	0
	Total	22	10.5	32.5
Allocated budget resources for direct cost of supporting activities to be distributed to operations (2) (see the column 'For indirect cost of operations' above) — non-assigned appropriations (EUR)		4 144 325.38	1 232 417.51	5 376 742.89

CA, contract agent; SNE, seconded national expert; TA, temporary agent.

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 indirectly aim at implementing 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 of the human resources assigned for the implementation of these activities.

Summary of total allocations

Operations	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)
	O	TA	CA	SNE	Total HR	
For direct cost of operations (Tables A+B+C)	7	48	22.5	1	78.5	10 430 421.13
For indirect cost of operations (i.e. direct costs of support activities — Table D)	3	19	10.5	0	32.5	5 376 742.89
TOTAL	**10**	**67**	**33**	**1**	**111**	**15 807 164.02**

CA, contract agent; SNE, seconded national expert; TA, temporary agent.

ANNEX II
Human and financial resources (tables 2017–19)

TABLE 1
Expenditure

Expenditure	N (2016)		N+1 (2017)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1	9 321 199	9 321 199	10 128 023.17	10 128 023.17
Title 2	1 724 289	1 724 289	1 226 547.66	1 226 547.66
Title 3	4 348 475	4 348 475	4 452 593.19	4 452 593.19
Total expenditure	**15 393 963**	**15 393 963**	**15 807 164.02**	**15 807 164.02**

Expenditure	Commitment appropriations						
	Executed budget N–1	Budget N	Draft budget N+1		VAR N+1/N	Envisaged N+2	Envisaged N+3
			Agency request	Budget forecast			
Title 1 Staff expenditure	**9 159 160**	**9 321 199**	**10 128 023.17**			**10 465 237.30**	**10 565 237.30**
11 Salaries and allowances	9 024 996	9 204 199	10 000 423.17			10 337 637.30	10 427 637.30
- of which establishment plan posts	7 814 694	8 013 195	8 479 795.72			8 674 895.72	8 724 895.72
- of which external personnel	1 210 302	1 191 004	1 520 627.46			1 662 741.58	1 702 741.58
12 Expenditure relating to Staff recruitment	37 028	27 000	11 000.00			11 000.00	11 000.00
13 Mission expenses							
14 Socio-medical infrastructure							
15 Training	65 736	90 000	100 000.00			100 000.00	100 000.00
16 External Services	31 400	0	16 600.00			16 600.00	16 600.00
17 Receptions and events							
Title 2 Infrastructure and operating expenditure	**4 855 783**	**1 724 109**	**1 226 547.66**			**1 252 194.36**	**1 292 194.36**
20 Rental of buildings and associated costs (3)	4 018 350	949 132	578 674.58			600 193.26	640 193.26
21 Information and communication technology	575 683	458 571	408 475.00			409 475.00	409 475.00
22 Movable property and associated costs	134 713	119 960	104 972.48			109 360.00	109 360.00
23 Current administrative expenditure	100 005	148 953	97 250.00			95 805.50	95 805.50
24 Postage/telecommunications	4 982	10 400	8 000.00			8 080.00	8 080.00
25 Meeting expenses							
26 Running costs in connection with operational activities							
27 Information and publishing							
28 Studies							
Other infrastructure and operational activities	22 050	37 093	29 175.60			29 280.60	29 280.60
Title 3 Operational expenditure	**4 138 265**	**4 348 475**	**4 452 593.19**			**4 414 903.54**	**4 473 293.37**
Information and publishing	558 832	701 625	587 150.00			552 460.35	592 150.00
Studies	469 222	421 504	672 423.72			672 423.72	681 123.72
RTX grants	2 069 945	2 228 537	2 228 537.26			2 228 537.26	2 228 537.26

Expenditure	Commitment appropriations						
	Executed budget N–1	Budget N	Draft budget N+1		VAR N+1/N	Envisaged N+2	Envisaged N+3
			Agency request	Budget forecast			
Mission expenses	249 748	289 559	260 000.00			260 000.00	260 000.00
Meeting expenses	505 274	701 250	698 482.21			695 482.21	705 482.39
Receptions and events	1 490	6 000	6 000.00			6 000.00	6 000.00
Expenditure related to IPA and ENP projects, total	283 754						
Expenditure related to IPA projects	95 904						
Expenditure related to ENP projects	187 850						
TOTAL EXPENDITURE	**18 153 208**	**15 393 783**	**15 807 164.02**			**16 132 335.20**	**16 290 725.03**

([3]) Including possible repayment of interest; detailed information as regards building policy provided in Annex V.

Expenditure	Payment appropriations						
	Executed budget N–1	Budget N	Draft budget N+1		VAR N+1/N	Envisaged N+2	Envisaged N+3
			Agency request	Budget forecast			
Title 1 Staff expenditure	**9 096 519**	**9 321 199**	**10 128 023.17**			**10 465 237.30**	**10 565 237.30**
11 Salaries and allowances	9 022 497	9 204 199	10 000 423.17			10 337 637.30	10 427 637.30
- of which establishment plan posts	7 812 195	8 013 195	8 479 795.72			8 674 895.72	8 724 895.72
- of which external personnel	1 210 302	1 191 004	1 520 627.46			1 662 741.58	1 702 741.58
12 Expenditure relating to staff recruitment	24 865	27 000	11 000.00			11 000.00	11 000.00
13 Mission expenses							
14 Socio-medical infrastructure							
15 Training	48 337	90 000	100 000.00			100 000.00	100 000.00
16 External services	820	0	16 600.00			16 600.00	16 600.00
17 Receptions and events							
Title 2 Infrastructure and operating expenditure	**4 449 295**	**1 724 109**	**1 226 547.66**			**1 252 194.36**	**1 292 194.36**
20 Rental of buildings and associated costs ([3])	3 919 418	949 132	578 674.58			600 193.26	640 193.26
21 Information and communication technology	346 851	458 571	408 475.00			409 475.00	409 475.00
22 Movable property and associated costs	76 306	119 960	104 972.48			109 360.00	109 360.00
23 Current administrative expenditure	89 574	148 953	97 250.00			95 805.50	95 805.50
24 Postage/Telecommunications	4 761	10 400	8 000.00			8 080.00	8 080.00
25 Meeting expenses							
26 Running costs in connection with operational activities							
27 Information and publishing							
Other infrastructure and operational activities	22 050	37 093	29 175.60			29 280.60	29 280.60
28 Studies							
Title 3 Operational expenditure	**4 074 891**	**4 348 475**	**4 452 593.19**			**4 414 903.54**	**4 473 293.37**
Information and publishing	662 725	701 625	587 150.00			552 460.35	592 150.00

Expenditure	Payment appropriations						
	Executed budget N–1	Budget N	Draft budget N+1		VAR N+1/N	Envisaged N+2	Envisaged N+3
			Agency request	Budget forecast			
Studies	387 108	421 504	672 423.72			672 423.72	681 123.72
RTX grants	2 095 889	2 228 537	2 228 537.26			2 228 537.26	2 228 537.26
Mission expenses	256 991	289 559	260 000.00			260 000.00	260 000.00
Meeting expenses	470 877	701 250	698 482.21			695 482.21	705 482.39
Receptions and events	7 396	6 000	6 000.00			6 000.00	6 000.00
Expenditure related to IPA and ENP projects, total	193 905						
Expenditure related to IPA projects	83 513						
Expenditure related to ENP projects	110 392						
TOTAL EXPENDITURE	**17 620 705**	**15 393 963**	**15 807 164.02**			**16 132 335.20**	**16 290 725.03**

([3]) Including possible repayment of interest; detailed information as regards building policy provided in Annex V.

TABLE 2

Revenue

Revenues	N (2016)	N+1 (2017)
	Revenues estimated by the agency	Budget forecast
EU contribution	14 794 000	15 135 600
Other revenue	599 963	671 564.02
Total revenues	**15 393 963**	**15 807 164.02**

Revenues	General revenues						
	Executed budget 2015	Budget 2016	Draft budget 2017		VAR 2017/2016 (%)	Envisaged in 2018	Envisaged in 2019
			Agency request	Budget forecast			
1 Revenue from fees and charges (including balancing reserve from previous year's surplus)							
2 EU contribution	**14 794 000**	**14 794 000**	**15 081 600**			**15 445 600.00**	**15 596 600.00**
- of which assigned revenues deriving from previous years' surpluses	151 000	69 000	54 000				
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	**544 006**	**599 963**	**671 564.02**			**686 735.20**	**694 125.03**
- of which EEA/EFTA (excl. Switzerland)	394 006	389 963	400 564.02			410 184.71	414 870.91
- of which candidate countries	150 000	210 000	271 000			276 550.49	279 254.12
4 Other contributions							
5 Administrative operations	**2 581 837 ([4])**						
- of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58)	20 945						

Revenues	General revenues						
	Executed budget 2015	Budget 2016	Draft budget 2017		VAR 2017/2016 (%)	Envisaged in 2018	Envisaged in 2019
			Agency request	Budget forecast			
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
TOTAL REVENUES	**17 919 843**	**15 393 963**	**15 807 164.02**			**16 132 335.20**	**16 290 725.03**

([4]) Includes Income from sale of EMCDDA building (EUR 2 500 000), internal assigned revenue (EUR 19 278.58), interest generated by funds paid to EMCDDA (EUR 20 944.90) and misc. revenue (EUR 41 614).

TABLE 3

Budget outturn and cancellation of appropriations

Budget outturn	N–4*	N–3*	N–2*
Revenue actually received (+)	16 335 613	15 690 681	18 632 222
Payments made (–)	–15 904 033	–14 994 984	–17 626 446
Carry-over of appropriations (–)	–502 221	–893 022	–1 180 476
Cancellation of appropriations carried over (+)	29 846	8 622	38 712
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	198 497	262 589	188 102
Exchange rate differences (+/-)	–1 680	–1 272	4 976
Pro-rata Norway (2014, 2015, 2016) and Turkey (2015)	–4 936	–2 253	–2 654
Adjustment for negative balance from previous year (–)			
Total	**151 386**	**70 360**	**54 436**

*N – the year covered by the programming document drafted in N-1

ANNEX III
Human resources outlook and staff evolution

TABLE 1

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

Staff population		Actually filled on 31.12.2014	Authorised under EU Budget 2015	Actually filled on 31.12.2015 ([5])	Authorised under EU Budget 2016	Actually filled on 31.12.2016	In draft budget for year 2017	Envisaged in 2018	Envisaged in 2019
Officials	AD	7	8	6	7	6	6	6	6
	AST	5	5	4	5	3	4	4	4
	AST/SC	0	0	0	0	0	0	0	0
TA	AD	42	44	42	45	42	45	45	45
	AST	22	23	22	22	22	22	22	22
	AST/SC	0	0	0	0	0	0	0	0
Total		**76**	**80**	**74**	**79**	**73**	**77**	**77**	**77**
CA GF IV		0	2	2	2	3	7	7	7
CA GF III		8	9	8	9	9	10	10	10
CA GF II		13	13	12	13	13	13	13	13
CA GF I		3	3	3	3	3	3	3	3
Total CA		24	27	25	27	28	33	33	33
SNE		1	1	1	1	0	1	1	1
Structural service providers		0	0	0	0		0	0	0
TOTAL		**101**	**108**	**100**	**107**	**101**	**111**	**111**	**111**
External staff for occasional replacement									

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

TABLE 2

Multiannual staff policy plan 2017–19

Category and grade	Establishment plan in EU Budget 2015		Filled as of 31.12.2015 (5)		Modifications 2015 in application of flexibility rule		Establishment plan in voted EU Budget 2016		Modifications 2016 in application of flexibility rule(6)		Establishment plan in Draft EU Budget 2017		Establishment plan 2018		Establishment plan 2019	
	Officials	TA	Officials	TA	Officials	TA	Officials	TA	Officials	TA	Officials	TA	Officials	TA	Officials	TA
AD 16																
AD 15		1		1				1				1		1		1
AD 14		1						1				1		1		1
AD 13	1	2	1	3			1	2			1	2	1	2	1	2
AD 12	4	10	3	6		+1	4	11			4	11	4	11	4	11
AD 11	3	10		5			2	10	–1	+1	1	11	1	11	1	11
AD 10		15		3		–2		13				13		13		13
AD 9		5	1	3				7				6		6		6
AD 8			1	8												
AD 7				8												
AD 6				4												
AD 5				1												
Total AD	**8**	**44**	**6**	**42**			**7**	**45**			**6**	**45**	**6**	**45**	**6**	**45**
AST 11	1						1				1		1		1	
AST 10		2		1		+1		3				3		3		3
AST 9	1	8		3		–1	1	7			1	7	1	7	1	7
AST 8	2	7	1	1			2	7			2	7	2	7	2	7
AST 7	1	6	1	2		–1	1	5				5		5		5
AST 6				4												
AST 5			1	8												
AST 4				2												
AST 3				1												
AST 2			1													
AST 1																
Total AST	**5**	**23**	**4**	**22**			**5**	**22**			**4**	**22**	**4**	**22**	**4**	**22**
AST/SC 6																
AST/SC 5																
AST/SC 4																
AST/SC 3																
AST/SC 2																
AST/SC 1																
Total AST/SC							**0**	**0**			**0**	**0**	**0**	**0**	**0**	**0**
TOTAL	**13**	**67**	**10**	**64**			**12**	**67**			**10**	**67**	**10**	**67**	**10**	**67**

(5) Offer letters are counted as filled posts.

(6) Article 38 of the Framework Financial Regulation was applied following a screening exercise.

ANNEX IV
Human resources policies

A. Recruitment policy

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

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

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

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

When recruiting officials, the EMCDDA complies with the relevant provisions of the Staff regulations, namely with Article 29 and Annex III. The EMCDDA organised two internal competitions in 1999 and 2002. These competitions were carried out in cooperation with the EC.

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

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

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

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

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

Duration of employment

Upon recruitment, EMCDDA temporary and contract agents engaged to address long-term or permanent tasks are offered a contract of five years. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for further five years. In case of second renewal, agents are engaged for an indefinite period.

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

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

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

For the majority of its activities, the EMCDDA requires scientifically and/or technically qualified staff with highly specialised knowledge and extensive experience – particularly in those fields linked to its core activities. Specialisation is inherent to the agency. The EU skill base of available and competent staff is limited. In some areas of activity only one staff member is involved in running the service. Furthermore, given the ground-breaking nature of many of its activities, the agency needs to cultivate a workforce that combines sector knowledge and insight in its specialised field of expertise (drugs and drug addiction) with a track record of innovation, cooperation and knowledge transfer. Staff therefore need to be prepared to nurture agency-wide skills, and must possess the professional latitude and flexibility to work 'horizontally' on other projects that might benefit from their area of expertise.

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

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

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

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

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

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

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

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

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

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

- to ensure the delivery of time-bound tasks, that is, for the execution of technical assistance projects financed by specific appropriations provided by Community programmes (for example the Programme of Community aid to the countries of Central and Eastern Europe, PHARE; the Programme of Community assistance to the countries of South-Eastern Europe, CARDS; IPA);
- to ensure the temporary replacement of staff in cases of medium- or long-term absences;
- to cope with temporary peaks in workload;
- to fulfil highly specific temporary operational needs requiring highly specific and high-level technical or scientific expertise.

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

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

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

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

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

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

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

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

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

(e) Seconded national experts

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

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

B. Appraisal of performance and reclassifications/ promotions

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

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

- For staff appraisal: an annual exercise focusing on the staff member's performance. This includes dialogue between the actors involved, the possibility of appeal and definition of the staff member's training needs.
- For promotion of officials, for assignment of temporary agents to a post corresponding to a higher grade and for classification of contract agents in the next higher grade: a merit-based annual exercise with two years in the current grade as a minimum condition for eligibility. This includes a focus on the comparative assessment of the merits of eligible staff, mainly taking into account the result of the appraisal exercise.

The EMCDDA's rules and procedures in this field were revised in 2009, by decision of the EMCDDA Management Board and with the agreement of the EC, on the basis of common model decisions resulting from preparatory works carried out by the agencies and the EC. After the entry into force on 1 January 2014 of the latest reform of the Staff regulations/CEOS, the EMCDDA revised the appraisal of performance rules and procedures on the basis of common model decisions prepared by the standing working party set up for this purpose by the EC's relevant services and the network of the EU decentralised agencies. The EMCDDA Management Board adopted the rules that follow the model worked out by the standing working party that has been adopted by ex-ante agreement by the EC.

Taking into account the current policy at the EMCDDA for staff promotion and assignment to a higher grade (reclassification), the EMCDDA estimates a promotion and reclassification rate which is in line with Annex IB and Annex XIII of the Staff regulations. Regarding the legal framework for promotions and reclassification, the standing working party is finalising the work for proposing a model to all agencies. The EMCDDA will follow the ex-ante adoption of the rules by the EC as soon as the communication is received. The entry into force of the rules mentioned will also be 2016. In Tables 1 and 2 below, the actual figures on promotion/reclassification are presented for full information.

TABLE 1

Reclassification of temporary staff/promotion of officials

Category and grade	Staff in activity at 01.01.2014		How many staff members were promoted/ reclassified in 2015 (*)		Average no. of years in grade before reclassification/ promotion
	Officials	TA	Officials	TA	
AD 16					
AD 15		1			
AD 14					
AD 13		2	1	1	8
AD 12	5	8			
AD 11		4		2	6.5
AD 10		5			
AD 9	1	1		1	3.92
AD 8	1	5		5	3.55
AD 7		11		2	3.71
AD 6		5			
AD 5					
Total AD	**7**	**42**	**1**	**11**	
AST 11					
AST 10		1			
AST 9		2		1	6
AST 8	1	1	1	1	5
AST 7	2	3			
AST 6		2		2	5
AST 5	1	9		1	5
AST 4		3			
AST 3		1			
AST 2			1		
AST 1	1				
Total AST	**5**	**22**	**2**	**5**	
AST/SC 1					
AST/SC 2					
AST/SC 3					
AST/SC 4					
AST/SC 5					
AST/SC 6					
Total AST/SC	**0**	**0**	**0**	**0**	
TOTAL	**12**	**64**	**3**	**16**	

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

TABLE 2
Reclassification of contract staff

Function group	Grade	Staff in activity at 01.01.2014	How many staff members were reclassified in 2015 (*)	Average number of years in grade of reclassified staff members
CA IV	18			
	17			
	16			
	15			
	14			
	13			
CA III	12	1		
	11			
	10	4	1	5
	9	3		
	8			
CA II	7	5		
	6	3	3	7.5
	5	4		
	4	1		
CA I	3	3		
	2			
	1			
Total		**24**	**4**	

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

C. Mobility policy

(i) Mobility within the EMCDDA

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

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

(ii) Mobility among EU agencies

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

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

(iii) Mobility between the EMCDDA and the EU institutions

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

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

D. Gender and geographical balance

The gender balance among EMCDDA overall staff in 2015 was once again slightly in favour of women. The illustration below provides a visual representation of the number of female and male staff per contract type (officials/temporary agents/ contract agents) with an indication of the function group (AD/ AST). The same information is provided regarding seconded national experts.

Gender balance at 31 December 2015

Contract type	Function group	Female	Male	Total
Officials	AD		6	6
	AST	4		4
Sub-total		**4**	**6**	**10**
Temporary agents	AD	21	21	42
	AST	10	12	22
Sub-total		**31**	**33**	**64**
Contract agents	CA IV	2		2
	CA III	5	3	8
	CA II	11	1	12
	CA I		3	3
Sub-total		**18**	**7**	**25**
SNE			1	1
Sub-total		**0**	**1**	**1**
TOTAL		**53**	**47**	**100**

SNE, seconded national expert.

Geographical balance at 31 December 2015

Nationality	Officials		Temporary agents		SNE	Contract agents				Total	%
	AD	AST	AD	AST		CA I	CA II	CA III	CA IV		
Belgian	1		3	3			2			9	9
British			8	1					1	10	10
Bulgarian			3							3	3
Dutch			1							1	1
French			4	1			1			6	6
German	1		5	2						8	8
Greek		1						1		2	2
Irish			3	1						4	4
Italian	1		4	1				3		9	9
Latvian			1							1	1
Luxembourgish			1	1						2	2
Polish			1	1			1			3	3
Portuguese	1	3	5	9		3	8	4	1	34	34
Romanian			1							1	1
Spanish	2		2	2						6	6
Swedish					1					1	1
Total	**6**	**4**	**42**	**22**	**1**	**3**	**12**	**8**	**2**	**100**	

E. Schooling

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

It is evident that the staff of the EMCDDA are not treated equally to other EU personnel when one considers that (i) the staff members of EU institutions, including some agencies, enjoy free access to European Schools (school fees and transport included), where available, on condition that they have a contract of at least one year; (ii) the average annual costs covered by the EU budget per pupil attending a European School is approximately EUR 11 840 [2] while the maximum reimbursement for education allowance laid down by the Staff regulations for covering the costs of attendance of a pupil per year at any school, where no European School is available, is approximately EUR 5 953; and (iii) European Schools provide multilingual tuition in all languages of the EU-15 and most of the EU-27 and offer the European Baccalaureate, recognised in all Member States.

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

While awaiting a more structural solution resulting from the work performed by the management of the European Schools and in line with the 'Guidelines on staff policy in the European regulatory Agencies' as adopted by the EC on 16 December 2005 (C(2005)5304), since the school year 2009/10 the EMCDDA has negotiated and concluded agreements with educational establishments in the area of Lisbon to provide schooling services for the children of its staff and ensure the direct payment of the eligible costs for educational services as described in the Staff regulations.

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

[2] Annual Report of the Secretary-General to the Board of Governors of the European Schools — Presented to the Board of Governors of the European Schools at its meeting 8, 9 and 10 April 2014, in Sofia. Ref.: 2014-01-D-23-fr-2.

ANNEX V
Buildings

5.1 Current building(s)

	Name, location and type of building	Other comment
Information to be provided per building:	Cais do Sodré, Lisbon, office building, rented	Pursuant to an agreement with the Portuguese State, in 2009 an area of 673.25 square metres (located in the so-called Relogio building of the EMCDDA premises) was sublet to the Portuguese State for the use of the Jacques Delors European Information Centre (JDEIC since 2009). This sublease covered the period between May 2009 and March 2012, when the CIEJD left the areas it had occupied pursuant to the decision taken by the relevant Portuguese authorities. Since 2012, some private and public entities have expressed an interest in the sublease but they were not able to present any offer. Finally in early 2016 the company Bensaude S.A. presented an offer for this sublease which would allow the EMCDDA to sublet the areas previously used by the CIEJD and neutralise the budget impact entailed by the departure of the latter. On this basis the EMCDDA and Bensaude concluded the contract for the sublease of these areas. The date of effect of this contract is 1 May 2016 and it will have an initial duration of five years, which may be extended for further period of five years.
Surface area (in square metres)	6 520 + 90 parking spaces planned, currently 61 rented	A supplementary area has been foreseen by the landlord.
Of which office space	5 846	
Of which non-office space	674	
Annual rent	EUR 272 085.96	Pursuant to the agreement reached in 2015 with the landlord for the payment of the rent for the lease of the current premises in the next years, the annual amount of this rent was adjusted as follows: EUR 272 085.96 for 2017 EUR 305 421.96 for 2018 EUR 589 689.96 for 2019 EUR 955 889.96 for 2020 EUR 1 072 089.96 from 2021 until the end of the 25-year lease contract in force.
Type and duration of rental contract	Rental for 25 years with option to buy	
Host country grant or support	The host country supported the installation by providing the office furniture for the headquarters	
Present value of the building	N.A.	

5.2 Building project in the planning phase

Currently no new building projects are foreseen. The EMCDDA sold its former Santa Apolonia premises in 2015. In May 2016, the so-called Relogio building of the current EMCDDA premises was sublet and occupied by the company Bensaude S.A.

5.3 Building projects submitted to the European Parliament and the Council

The EMCDDA submitted all concrete offers received for the rental or sale of the Santa Apolonia premises. One offer from a public organisation was received and presented to the EP at the end of 2014. The offer was for sale of the building for a value of EUR 2.5 million. The budget authority approved the operation, which was concluded in January 2015. In line with the project approved by the EU budget authority for the lease of the current EMCDDA headquarters, the proceeds of this operation were used to reschedule the payment of rent due according to the contract in force for the 25-year lease of these headquarters.

ANNEX VI
Privileges and immunities

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

VAT, value-added tax.

(*) See also Annex IV, Section E — Schooling

ANNEX VII
Evaluations

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

The last external evaluation of the agency was completed in June 2012. The main findings of this evaluation can be summarised as follows:

- As stated in the overall conclusions and recommendations, the EMCDDA has performed well during the 2007–12 period in its mission of providing the EU and Member States with factual, objective, reliable and comparable information at the European level on drugs and drug addiction and their consequences. This overall conclusion is supported by the evidence from a number of different sources including the survey work.

- In relation to the various tasks set out in the EMCDDA's 2006 recast regulation, the evaluation findings are generally positive. Firstly, in relation to its role of providing 'factual, objective, reliable and comparable information at the European level concerning drugs and drugs addiction, and their consequences', the EMCDDA has performed strongly. In addition to the demand side, progress was made on improving the understanding of the supply side of the drugs problem.

- The EMCDDA also performed well in relation to the second task defined for it in the 2006 regulation, namely to 'collect, register and analyse information on emerging trends'. During the period under review, the upward trend in NPS being detected has accelerated but the EMCDDA has kept pace with developments through its EWS and related activities, providing useful information to the Commission and Member States that has been used to shape policy responses. Feedback from the research on the EMCDDA's performance in relation to the third task set out in the recast regulation, 'identifying best practices in Member States and facilitating and exchange of such practices between them', is not as positive as for the other tasks. The EMCDDA's fourth task ('to promote cooperation with other European and international bodies and with third countries') has been successfully carried out.

The result of the aforementioned evaluation can be found at the following web link: http://www.emcdda.europa.eu/html.cfm/index184823EN.html

The final report contains 15 recommendations and the agency prepared an action plan to implement them. This action plan was adopted by the Management Board at its meeting of 5–6 July 2012.

With a view to monitoring the implementation of the follow-up action plan, an annual internal assessment exercise was put in place and the results were presented in the General Report of Activities for 2013 and 2014 (available at: http://www.emcdda.europa.eu/publications-database?f[0]=field_series_type%253Aname%3AGeneral%20report%20of%20activities).

Furthermore, in order to measure the progress achieved, a KPI was set up in the 2014 work programme, namely KPI 10.1.6: Degree of implementation of the follow-up action plan to the third external evaluation of the EMCDDA, adopted by the Management Board in July 2012.

At the end of 2014, this KPI shows a good level of implementation (100 %) for all the actions resulting from the 15 recommendations which have been under the control of the EMCDDA. The EMCDDA therefore concluded that all these recommendations could be closed. In this regard, a decision was adopted by the Management Board at its 51st meeting, which took place in September 2015.

The agency maintains, however, its commitment to ensuring that its future activities are aligned with these recommendations. This commitment is fully reflected in the EMCDDA's 2016–18 strategy and work programme, which was adopted by the Management Board at its 52nd meeting, in December 2015, as well as in this SPD for 2017–19.

In line with the information available at the time of the drafting of this SPD, the fourth external evaluation of the EMCDDA will be carried out by the EC during 2018. The exercise will evaluate the success of the implementation of the new three-year strategy and work programme for 2016–18, as well as of the previous strategy and work programme for 2013–15.

ANNEX VIII
Risks 2017

Risk factors identified for delivery of the 2017 work programme	Likelihood of risk and respective impact on the 2017 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Insufficient funding of the 2017 EMCDDA budget	The amount of the EU subsidy decreased some EUR 756 000 from 2013 to 2014 and has remained unchanged since then. This situation, if it continues, represents per se a medium- to high-level risk, as it encompasses an erosion in real terms of the nominal value of the EMCDDA budget and affects the capacity of the latter to effectively cope with the increasing operational needs and the resulting pressure on the agency's resources (see risks 2 to 5, below).
2. Lack of adequate resources for NFPs in the Member States, which may affect their capacity to comply with reporting obligations towards the EMCDDA. This risk could be compounded by insufficient funding of information collection in Member States (see 3, immediately below)	All core monitoring activities could be affected, with the following main consequences: (a) lessened capability to identify new drug threats and developments; (b) undermining of established and valid time series data; and (c) reduced ability to properly report to the EMCDDA's key partners. The EMCDDA's own budget constraints have led to a decrease in its grants to the NFPs. A review of the present national reporting package has been carried out and should continue, involving regular reviews of core data needs, timely feedback to the NFPs on their performance and compliance with reporting obligations towards the EMCDDA. The budgetary situation in certain Member States has also led to cuts in funding of the respective NFPs; this risk can therefore be assessed as medium to high. In particular, budget revisions performed by the national authorities during the last trimester may trigger corresponding reductions of the co-financing provided to the NFPs by the EMCDDA; this has obvious negative consequences for the NFPs in question; it may, however, also negatively affect the EMCDDA, which, at that late stage of the implementation of its work programme and execution of its budget, has limited options to rapidly reallocate the funds and spend them before the end of the year.
3. Reduction of the reporting capacity of Member States, due to either lacking or reduced availability of core data with adequate quality levels	The timeliness and comprehensiveness of reporting by Member States on new threats and drug developments have been affected; reporting on matters relating to the introduction of NPS has been missing or delayed. Some comparative data has been unavailable, which has not allowed useful analysis at European level. The impact of this risk can be considered as medium to high and should in principle be confined to some Member States. Closer attention to reporting biases and statistical approaches adopted across the Member States ought to be paid, in order to ensure the credibility of data received.
4. Supplementary specific requests from EU institutions to provide technical support for the implementation of EC programmes and actions, particularly regarding implementation of Council Decision 2005/387/JHA on NPS	Supporting drug policy and technical cooperation (with EU institutions) could be affected. The same applies regarding the undertaking of prompt action aimed at addressing issues arising from harmful NPS. In view of the high number of NPS appearing over a short time period, monitoring through the EWS and risk assessments has placed a disproportionate burden on the work programme. Legal obligations regarding performance of risk assessments along the lines established in Council Decision 2005/387/JHA need to be complied with. Similar concerns also exist for requests related to new activities in the field of Home Affairs. For this reason the risk level is within the medium to high range.
5. Supplementary requests from Member States and third parties to provide expertise in specific domains	Supporting drug policy and technical cooperation (with EU institutions) could be affected. It has been increasingly difficult to deal with the level of requests. Any increase in demand for this type of expertise would need additional scientific resources dedicated to it and to be considered in view of other priorities of the work programme; in this respect, there are serious concerns over the work overload being created in response to the number of requests addressed to the EMCDDA. The risk level is presently seen as medium although on the rise.

Risk factors identified for delivery of the 2017 work programme	Likelihood of risk and respective impact on the 2017 work programme
External events that might have an impact on the implementation of the annual work programme as a whole	
6. Natural catastrophes: earthquakes (leading to possible tsunamis), landslides or floods	The location of the EMCDDA facilities, bordering the Tagus river, raises a potential risk of being affected by any of these natural catastrophes. The likely consequences of a major earthquake are hardly predictable and appropriate measures would have to be taken in order to deal with the resulting damages. A landslide of the building caused by earthquakes, although not very likely, cannot be ruled out. As regards Tagus flooding, some information available leads us to believe that the potential risk here would be low. On the other hand, it is conceivable that a combination of heavy rain with Tagus high tides could cause flooding of the underground car park. Further mitigating measures to deal with this risk ought to be agreed with and taken by the Administration of the Port of Lisbon (APL), the entity that owns the Cais do Sodré building. Letters along these lines have been sent to the APL on multiple occasions and a meeting has been held, but so far without concrete results. 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 respective consequences.
7. Terrorist attacks	Any activity of the EMCDDA could be affected. Recent events in some European countries (notably the 13 November 2015 terrorist attacks in Paris), while isolated, raise serious issues concerning possible collateral effects of ISIS activities both in North Africa and the Middle East (notably, radicalisation of youngsters and further home-grown terrorism). A series of mitigating measures have been taken, notably adequate insurance policies of premises; reinforced building protection against bomb blasts and small calibre bullets; and scanning of suspicious mail. Moreover, the main entrances at the EMCDDA premises have been redesigned in order to create a second barrier to possible intruders; the immediate entrance area to the garage will be upgraded in order to prevent or deter entrance by a vehicle of would-be terrorists.
Internal risks	
8.1 Information Technology (IT) governance risks, notably linked to: a) suboptimal investment decisions in IT; b) certain weaknesses in the management of IT projects; and c) inadequate licensing and asset management procedures	A vast number of mitigating measures to deal with these risks have been implemented, namely: a) setting up of a register with a categorisation of ICT investments; elaboration of a detailed report on ICT activities from 2010 onwards; setting up of a project catalogue for ICT; creation of an ICT Investments Steering Committee which reviews and control investments in the area; implementation of a project portfolio management process; adoption of the 2013–15 ICT strategic plan; improved documentation of procedures leading to decisions taken on IT investments; and setting up of shared high-speed internet access (in cooperation with EMSA); b) setting up of the ICT Advisory Committee; participation of the EMCDDA in interinstitutional framework contracts; adoption of a 'turnkey' approach to projects; definition and implementation of a project management methodology for ICT managed projects; and implementation of a project management framework using an enhanced methodology; c) use of suitable tools in supporting sound asset management and reliability of licensing. A wide range of additional measures and actions is expected to further reduce existing risks levels to tolerable levels: (a) implementation of a framework targeting investment optimisation; (b) aligning of perspectives and strategy covering elements such as the 'cloud' with the overall strategy finalised in 2016; (c) enhancing planning and control of license and assets utilisation; and (d) setting up the ICT Services Catalogue on the basis of the new Service Request Management Tool.

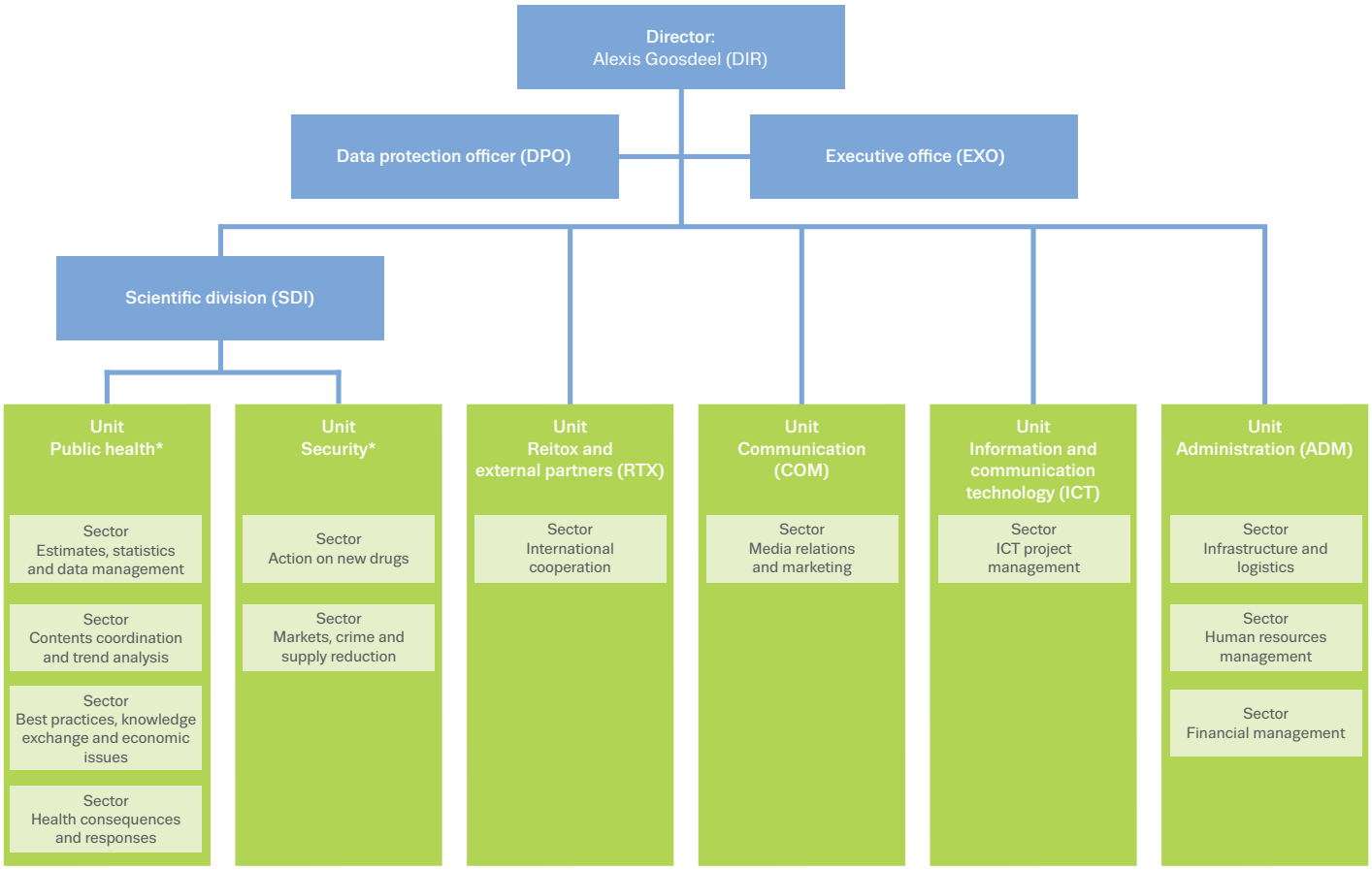
Risk factors identified for delivery of the 2017 work programme	Likelihood of risk and respective impact on the 2017 work programme
8.2 Information Technology (IT) technical risks, notably linked to: a) software configuration management problems resulting from installations of software not being properly planned; b) inconsistent application of patching procedures, compounded by insufficient documentation of interventions and system updates; c) difficulties in ensuring business continuity and swift recovery in cases of incidents or disasters, due to both governance-related and technical risks; and d) security violations, due to some lack of adequate procedures, policies and documentation in the IT area	Most relevant mitigating measures have already been implemented, such as: a) setting up of an automatic monitoring system to deal with installed configurations; configuration audit exercises; implementation of technical tools addressing management of software configuration issues; and conception of a 'documentation tree' as the basis for a future documentation set covering risk management, security and governance in IT; b) ad hoc testing of potential consequences emerging from patching procedural weaknesses and systematic registration of interventions performed; setting up of a Definitive Software Library (DSL), indicating software versions in use and patches installed; and extension of the scope of Windows 7 in order to include the configuration of patching capabilities; c) adoption of an EMCDDA BCP as a whole (thus also covering IT); initiation of service continuity and disaster recovery plans; implementation of an external facility for backup tape storage; use of a framework contract for the backup consolidation project supporting business continuity; procurement of specialised assistance services in cases of disaster; and documentation of key technical dependencies in ICT; d) installation of network management software combined with an update of the software version of Firewalls; introduction of modules for intrusion detection and prevention; and increased protection against malware and virus threats. Furthermore, a comprehensive set of additional measures has been planned in order to further reduce present risk levels: a) establishment of standard documentation on the EMCDDA ICT technical infrastructure; b) definition of specific guidelines for patching in servers; creation of documentation on processes used for patching of desktops; and alignment of software configurations and use of patching capabilities also on Citrix servers; c) finalisation of the work started in implementing the service continuity and disaster recovery plans, notably in view of the setting up of the future disaster recovery centre in Madrid; d) contracting and carrying out telecom security-related services, as well as external audits on sensitive areas of the EMCDDA core business (for instance public websites and the Fonte data collection application); and outsourcing of ex-post assessments on ICT security-related areas and ensuring follow-up of the respective recommendations. In view of the above, these IT technical risks are presently within the medium to high range.
9. Unexpected departure of key members of staff, which could have a negatively impact on the quality of the scientific output of the EMCDDA	Given the highly specialised and technical nature of much of the agency's work, finding suitable replacements can be a time-consuming task. Redeployment could prove to be unfeasible, as it would require the existence of a pool of staff members with very comprehensive skills and expertise in the areas at stake. The readjustment inside the Scientific Division has provided some backup arrangements for all staff concerned, while allowing a wider decentralisation of responsibilities in this key area. Even so, these might turn out to be insufficient, notably in the event of long-term absence of key staff, which could hinder the EMCDDA's core operations. Investment in human resources ensures that arising needs are treated with minimum delay in most cases; a recruitment tool was developed by the EMCDDA with a view to further accelerating recruitment procedures. Job profiles have been designed with a view to recruiting staff for transversal tasks and facilitating sharing of knowledge and expertise within small working groups. A stable contracts policy with key staff, notably in scientific areas, has been pursued and ought to be reinforced. In view of the mitigation measures already taken and planned the risk level can be assessed as low to medium.

ANNEX IX
Procurement plan 2017

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 2017 work programme the value of which is equal to or greater than EUR 60 000, to be covered by appropriations entered into Title 3 of the relevant EMCDDA budget.

No such procurements have been envisaged for the implementation of the 2017 work programme. In the event that such procurements are launched during 2017 the EMCDDA Management Board will be duly and promptly informed.

ANNEX X
Organisation chart 2017



*provisional unit name

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

- AUSTRIA: Gesundheit Österreich GmbH (Austrian Health Institute), Vienna.
- BELGIUM: 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 (Office for Combating Drugs Abuse of the Government of the Republic of Croatia), Zagreb.
- CYPRUS: Antinapκωτiko Συmβoυλio Κυπρoy (Cyprus Anti-Drugs Council — CAC), Nicosia.
- CZECH REPUBLIC: Úřad vlády České republiky (Office of the Government of the Czech Republic), Prague.
- DENMARK: Danish Health Authority, Copenhagen.
- ESTONIA: Tervise Arengu Instituut (National Institute for Health Development — NIHD), Tallinn.
- FINLAND: Terveyden Ja Hyvinvoinnin Laitos (National Institute for Health and Welfare — THL), Helsinki.
- FRANCE: Observatoire Français des Drogues et des Toxicomanies (French Monitoring Centre for Drugs and Drug Addiction), Saint-Denis.
- GERMANY: Institut für Therapieforschung (Institute for Therapy Research), Munich.
- GREECE: Εθνικό Κέντρο Τεκμηρίωσης και Πληροφόρησης για τα Ναρκωτικά — ΕΚΤΕΠΝ (University Mental Health Research Institute), Athens.
- HUNGARY: Nemzeti Egészségfejlesztési Intézet (National Institute for Health Development), Budapest.
- IRELAND: Health Research Board (HRB) — Drugs Misuse Research Division, Dublin.
- ITALY: Presidenza del Consiglio dei Ministri — Dipartimento per le Politiche Antidroga (Presidency of the Council of Ministers — Department for Antidrug Policies), Rome.
- LATVIA: Slimību profilakses un kontroles centra (Centre for Disease Prevention and Control of Latvia), Riga.
- LITHUANIA: Narkotikų, Tabako ir Alkoholio Kontrolės Departhamentas (Drug, Tobacco and Alcohol Control Department), Vilnius.
- LUXEMBOURG: Luxembourg Institute of Health (LIH), Luxembourg.
- MALTA: Ministry for the Family and Social Solidarity (MFSS), Valletta.
- NETHERLANDS: Stichting Trimbos Instituut, Utrecht.
- POLAND: Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (National Bureau for Drugs Prevention), Warsaw.
- PORTUGAL: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD), Lisbon.
- ROMANIA: Agenția Națională Antidrog (National Anti-drug Agency), Bucharest.
- SLOVAKIA: Ministerstvo zdravotníctva Slovenskej republiky — MZ SR (Ministry of Health of the Slovak Republic), Bratislava.
- SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije — NIJZ (National Institute of Public Health of the Republic of Slovenia), Ljubljana.
- SPAIN: Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs — GDNPD), Madrid.
- SWEDEN: Folkhälsomyndigheten (Public Health Agency of Sweden), Östersund.
- UNITED KINGDOM: Public Health England, Alcohol and Drug, London.

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

ANNEX XII
Template of the 2017 Reitox grant agreement

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

ANNEX XIII
Technical assistance projects — IPA 5 2017 implementation plan

In 2017, the EMCDDA will implement one technical assistance project for third countries, as follows:

- IPA 5 — the fifth project funded under the Instrument for Pre-Accession Assistance (IPA) started in 2015 and has a budget of EUR 600 000. It aims to further support IPA beneficiaries in their preparation for participation in the EMCDDA activities and in the Reitox network. The project will be finalised in June 2017.

The 2017 implementation plan for this project is presented below.

Depending on the date of the signature of the IPA 6 project, in 2017 the EMCDDA may also implement the first months of the IPA 6 project with the Western Balkans.

Interventions	Activities	Expected results
Specific objective 1. To consolidate the institutionalisation of the cooperation		
1.1. Support to NFP/National Drug Observatories (NDO) building	High-level visit to the EMCDDA National meetings with participation of the EMCDDA	Increased knowledge about the EMCDDA IPA beneficiary countries have improved their national drug monitoring systems institutional capacity
1.2. Strengthening of the EU and international partnerships	Ad hoc input/review project proposals Coordination and regular communication with international organisations, EU institutions and EU delegations Contribution to the 2017 progress reports on the 'enlargement package'	Support to strengthen National Drug Information Systems is coordinated among different players at EU and national levels
1.3. Fulfil the IPA 5 contractual commitments	Prepare final activity report	Final activity report drafted and delivered on time to the EC
1.4. Implement the EMCDDA's international cooperation strategy	Keep Management Board informed on the progress of implementation of the IPA 5 project	Management Board provided with updated progress information at the December meeting
Specific objective 2. To foster scientific cooperation in relation to data collection, analysis and interpretation		
2.1. Direct support for data collection and reporting	National data collection exercises in line with the EMCDDA guidelines (e.g. GPS in Montenegro — see 3.1 below)	Prevalence and patterns of drug use among the general population available for the first time from Montenegro and the former Yugoslav Republic of Macedonia New information on treatment systems and on the availability of services in the IPA beneficiaries New data sets available on drug seizures
2.2. Capacity development	Organise Reitox academies and provide ad hoc support activities (e.g. study visits, country visits, ad hoc participation of IPA national experts in EU expert groups, etc.)	Increased capacity at national level (heads of existing/future NFPs and their staff, and national experts) for analysis and interpretation (including data on NPS)
2.3. EU expert meetings	Ad hoc participation of IPA national experts in EU expert groups	Increased exchange of information on the drugs situation and related monitoring challenges between the EU Member States and CC and PCC
2.4. Support for development of national EWS	Training and meetings on building national EWS (at request)	Proposals for organisational structure of national EWS discussed in all countries which committed to establish a national EWS with support of the EMCDDA

Interventions	Activities	Expected results
Specific objective 3. To develop, increase and promote the added value of the cooperation		
3.1. Enhance the knowledge about the drugs situation in IPA beneficiaries	Disseminate the information and knowledge arising from the project (through outputs, online communication, presentations at national and international events)	Decision-makers at national and EU level are better informed on the drugs situation and on the need for interventions through the following project outputs: updated country overviews specific reports forwarded to EU sub-committees, EU political dialogue, etc. (upon request) GPS report of Montenegro (provided that the GPS is implemented in the country in 2016) promotion of the ESPAD results articles published in Drugnet —EMCDDA newsletter methodological tools translated into national languages Final IPA5 conference organised Regular updates through the EMCDDA website and social media
3.2. Support to national strategies and action plans	Share know-how on evaluation of national drug strategies (upon request) Provide information to decision-makers on demand reduction, treatment, supply reduction and legal practices at EU level (ad hoc and on demand)	Information collected and produced by EMCDDA and by IPA beneficiaries supports the implementation and evaluation of national strategies

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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

| 2016–18 strategy and work programme and 2016 annual work programme

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

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