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for Drugs and Drug Addiction

EMCDDA WORK PROGRAMME

2013

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for Drugs and Drug Addiction

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Contents

I. Introduction and summary of key outputs 7

Key outputs to be published in 2013 and their intended audience 12

II. Main areas of work in 2013 15

Core business: monitoring and reporting on the drugs problem in Europe 15

II.1. Data collection, analysis and quality assurance 15

II.2. Monitoring and understanding drug use and problems: key indicators and epidemiology 18

II.3. Monitoring demand reduction responses applied to drug-related problems 22

II.4. Monitoring drug supply and supply reduction interventions 25

II.5. Monitoring new trends and developments and assessing the risks of new substances 28

II.6. Improving Europe's capacity to monitor and evaluate policies 32

II.7. Scientific coordination, research and content support 35

Cooperation and collaboration with key partners 38

II.8. Cooperation and collaboration with key partners 38

Supporting the achievement of results 44

II.9. Communicating the EMCDDA's findings to external audiences 44

II.10. Governance, management and networks 49

II.11. Administration: supporting core business 55

II.12. Information and communication technology (ICT) 59

Annex I: Potential risk factors 63

Annex II: Estimated allocation/use of the appropriations provided under the EMCDDA 2013 budget for the implementation of the EMCDDA 2013 work programme 68

Annex III: List of the national focal points' beneficiaries of the Reitox grant 71

Annex IV: Template of the 2013 Reitox grant agreement 73

List of abbreviations and acronyms 74

2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017

I. Introduction and summary of key outputs

Introduction

This is the first of the three annual work programmes required to implement the activities and commitments set out in the EMCDDA's new strategy for the 2013–15 period ([1]). It is based on the fact that the agency needs not only to take forward those tasks necessary for the ongoing monitoring and reporting on the European drug situation, but also to pave the way for the new developments and performance improvements that we have committed ourselves to over this period.

The central challenge for the EMCDDA is to continue to deliver high-quality analyses on established topics at the same time as extending its work in less developed but strategically important areas. As the European drug problem evolves, the EMCDDA must also ensure that its tools and approaches keep pace with developments and remain fit for purpose. Moreover, information needs are changing greatly and to remain relevant and useful we must ensure our outputs are in a format that meets contemporary and future expectations.

This work programme is framed around the need to ensure continuity and protect core business while preparing for strategic changes and scaling up activities in some areas. This needs to be accomplished within static or contracting resources. In simple terms, over the next three years we must deliver more with the same resources. This can be achieved only by setting clear priorities, ensuring that all activities give maximum value, pursuing synergies, working efficiently and reducing investment in less productive areas. In order to ensure appropriate prioritisation of activities, the 2013 work programme has been informed by a comprehensive priority setting exercise conducted during the planning and preparatory phases, in line with the priorities defined in the 2013-15 EMCDDA strategy and work programme and taking into consideration the anticipated policy developments at the EU level (Drug Strategy 2013 – 2020 and Action Plans, and new legislation on new psychoactive substances). Furthermore, during the implementation of the work programme we will review our planning, as necessary, in order to allow reassignment of resources from less productive areas towards the critically important ones. Investments made in previous years in developing the EMCDDA's internal management, planning and assessment capacity mean the agency is better placed to make these efficiency gains. It is also important to note that progress in developing new areas will depend on resource availability and, equally importantly, the willingness and capacity of Member States to support national data collection activities. The EMCDDA's achievements are a shared accomplishment. We rely on the data that are collected by the Member States and subsequently analysed and transmitted to us by the Reitox network of national focal points. In this context, it must be acknowledged that the current situation in many parts of Europe is difficult. In summary: this annual work programme remains ambitious in its outlook but is necessarily informed by the need to adopt a realistic, pragmatic and developmental approach which is sensitive to the current challenges, both at the European level and within our Member States, of data collection and reporting capacities.

The resources required for implementing the 2013 work programme will be provided by the EMCDDA budget for 2013, as adopted by its Management Board, on the basis of the decision of the Budgetary Authority on the European Commission (EC) annual subsidy to the EMCDDA's budget. The EC annual subsidy on which the 2013 EMCDDA budget relies is expected to amount to EUR 15 550 000. This work programme has been drawn up on the basis of

([1]) EMCDDA strategy and work programme 2013–15 is available at: www.emcdda.europa.eu/publications/work-programmes/2013-15

this estimate. Changes in the amount would require us to adjust the activities proposed here.

2013: a strategically important year for reporting on drug use in Europe

The year 2013 is important for ensuring that the agency's work meets EU-level information needs. The EMCDDA's work is governed by its recast Regulation ([2]), but, within this context, activities are always made as relevant as possible to policy developments. The agency is recognised as an important information provider to support the information needs arising from EU-level coordination and cooperation activities. During 2012, the EU has been working on a new drugs strategy, and a new implementation plan is envisaged in 2013. The implications of the new plan for the work of the EMCDDA will become fully clear only when it is finalised. We expect, however, that current activities will need to be reviewed and adjusted to ensure work is in line with the needs of the new EU strategy. This requirement has been taken into consideration in this work programme.

The drugs strategy is not the only ongoing policy discussion that is likely to affect the work of the EMCDDA in 2013. Over the last few years, across Europe the sale of new uncontrolled psychoactive substances as replacement products for controlled drugs has become an issue of growing policy interest and concern. The Council Decision on new psychoactive substances provides the legal basis for the work conducted by the EMCDDA and Europol to implement the European early warning system, and this mechanism is currently under review. The European Commission assessed the mechanism in 2011, and discussions on its future development have continued during 2012. We expect a new legislative proposal to be put forward that will require adjustments to the agency's work in this area during 2013. We remain in close communication with the Commission on this issue. It is also important to note here that the obligations of the EMCDDA in respect to the current mechanisms appear to be growing. For planning purposes we can only anticipate what will be required in 2013. Should additional activities be necessary, either because a greater volume of substances is reported or because we need to conduct additional formal activities, such as risk assessment exercises, the current work programme will need to be reviewed. Should this be necessary, it could impact on other planned activities.

The EMCDDA was founded on the precept that a better understanding of the drug situation, in all its aspects, is needed for the development of effective policies and actions. The unique value of the analysis provided by the agency is that it brings together information from multiple sources and perspectives. Crucially, we offer an analysis that unites both demand- and supply-side data. We recognise, however, that supply-side data sources remain poorly developed at the European level. This limits our capacity to make comparative analyses and monitor important changes in drug availability and the functioning of the drug market over time. The EMCDDA has been working in close collaboration with the Commission and Europol to develop a proposal for European key indicators on drug supply and a roadmap for their implementation. This work will conclude in 2012 and follow-up activities are included in the 2013 work programme. We have planned activities within existing resources and with the expectation that the key indicator technical proposal will be endorsed. As supply reduction data remain an important topic on the policy agenda, and as discussions on the technical proposal and information needs in general will continue during 2013, the agency will monitor developments and review the work planned if necessary.

Highlights of the 2013 work programme

Three core principles drive progress and guide change in the three-year work programme. They are a commitment to providing a relevant, timely and responsive analysis of the drug situation; achieving efficiency and ensuring that maximum value is delivered from activities and investments; and enhancing communication and a customer-orientated approach. These overarching principles shape and

([2]) www.emcdda.europa.eu/html.cfm/index24213EN.html

focus our activities and are reflected in each of the substantive areas described below.

An exciting development in 2013 is that the EMCDDA will completely rethink the Annual report, one of its flagship products. Instead of producing it as a printed document, we will replace it with an integrated and comprehensive set of linked reporting products. These will reflect modern information needs and provide multiple entry points into the wealth of information and analysis available from the EMCDDA We will do this in stages to implement the improvements envisaged in the new communication strategy and three-year work programme.

The new Annual report package will exploit the benefits of online publishing. Reporting will be more timely and efficient, with a shorter, more strategic, summary report released in the first half of the year, accompanied by, and linked to, a more interactive detailed statistical bulletin. Additional elements will include a number of short interactive 'spotlights', highlighting important new analysis, findings and recent developments. These will increase the shelf life and value of the product, as they will grow over time to form an online archive and link to EMCDDA analysis and reports. There will also be a policy summary and press notes. These windows into the work of the EMCDDA will be designed to allow users to navigate easily to the information they require and access it in a form appropriate for their own needs. A priority for 2013 will be to redesign and improve the EMCDDA's web presence; the goal will be to launch the new web concept in 2014.

A commitment to quality runs through the new three-year strategy and work programme. Several quality assurance projects will address both substantive and process issues. Reflecting the importance of quality assurance, the EMCDDA will establish a new cross-unit project (CUP) to coordinate and oversee activities and monitor progress. Examples planned for 2013 include developing a new quality assurance framework for statistics; auditing key indicator implementation; improving the value of technical meetings; and grading information. We also intend to improve data submission processes. As some of these issues directly concern the focal points, and many important activities planned with the Reitox network in 2013 involve quality assurance, we are setting up a joint working group. These activities include following up the systemic review, revisiting and updating reporting tools and developing a model for focal point accreditation. We will also train and support members of Reitox in reporting to the EMCDDA and increasing the value and visibility of focal points at national level.

CUPs provide a flexible mechanism for driving complex activities that require working across units. The treatment CUP will be continued in 2013 but with a new objective of implementing the new treatment strategy and encouraging analysis on this topic across the scientific teams. New CUPs will also be launched to coordinate activities in two other areas. A CUP on trendspotting will bring together the different staff working on this issue across the EMCDDA, and help improve analysis and information sharing. In 2013 two trendspotting meetings are planned; the first of these will focus on changes in use and availability of methamphetamine. Also the CUP on misuse of medicines will initiate its work in 2013. The work of the CUP will be in full accordance with the EMCDDA mandate and support collaboration with the European Medicines Agency (EMA).

The new three-year strategy includes a small number of important major new scientific publications. These projects are planned for over the course of the three-year work programme, and 2013 will see the launch of the work necessary for major new reports on drug policy, the state of the art in drug prevention, drug overdose and hepatitis C. Among the products planned for release in 2013 are a new review of the treatment of cannabis-related disorders, an overview on therapeutic communities and an update to the existing insights on the evidence base about drugs and driving. A major new joint report with Europol will also be launched early in 2013, which will provide a strategic analysis of the European drug market. This document will bring together and add value to the information and knowledge held by both organisations and is intended to support discourse and policy formation on this important topic. A full list of major outputs can be found in the list of outputs presented below.

In the area of monitoring the drug situation, the new annual work programme sees a shift in emphasis towards analytical tasks for the EMCDDA's scientific teams. Transversal analysis, which brings together response and epidemiological data, will be given special emphasis, as will projects on the complex

issue of polydrug consumption. Some important developmental or methodological work will still be necessary, however; examples include work to improve the mapping of treatment availability, review the data collection strategy in the area of infectious diseases and develop options for better monitoring of drug-related emergencies. In the new drugs area the current database will be improved and the Internet monitoring strategy refined. The best practice portal will also be redesigned, in the context of our overall web development strategy, and with the aim of increasing the online dissemination of information relevant to improving practice. Developmental work will also concentrate on developing information sources and improving analysis in the area of supply reduction. We plan a number of important new studies for 2013; they are listed in Section II below. Among these are a new review of the typical penalties received for drug-trafficking offences and a new analysis of drug-injecting trends.

The ability to produce high-quality scientific outputs depends on an efficient and well-functioning administrative and technical infrastructure. The EMCDDA has been actively developing its internal systems for planning, monitoring, risk assessment and quality assurance. This work will continue in 2013. As in all EU agencies, we continually need to ensure that the agency's administrative processes reflect current EU regulations and recognised good practices. We do this proactively and are committed to remaining a leader in ensuring good governance. Moreover, technical and administrative tasks rely on fully functional internal information technology systems. Ensuring high-quality services in this area can be challenging for decentralised agencies, so the EMCDDA is particularly fortunate in its strong information technology support team. The team works closely with technical and administrative staff to ensure that it understands our information technology needs and provides appropriate solutions. In 2013, along with ongoing improvements and developments to the infrastructure, the team will work on improving web-based resources, to support the web changes discussed above.

Partnership and added value

The EMCDDA's results are possible only through partnership with national data providers and experts as well as with relevant EU bodies and international organisations. The Reitox network of national focal points (NFPs) provides most of the data for the agency's outputs, and our success depends on strong collaboration with them. The Reitox network is a unique feature of the European drug information system. It not only allows comparable data to be collected in all Member States but also provides feedback and helps ensure that the agency's analyses are grounded in an understanding of the unique national situations across the EU. The work of the NFPs is supported by a variety of expert networks, working both nationally and with the EMCDDA. Important examples of these include the key indicator working groups, the legal correspondents' network, the European school survey project on alcohol and other drugs (ESPAD) and the early warning system network. The Cochrane Group on Drugs and Alcohol and the European Society for Prevention Research are important contributors on the responses side. In 2013, it will be necessary to develop a network in the forensic science area and a reference group on supply reduction data.

The EMCDDA recognises the benefits and efficiency that come through joint work with other institutional partners. Added value at the EU level comes from joined-up working practices, and products can have additional authority and value when they are endorsed by the key institutions working in the area. In 2013, the EMCDDA will continue to prioritise working in partnership for operational analysis and to establish guidelines and standards with other relevant European agencies. We should mention in particular the joint analyses and information-sharing activities conducted with Europol, the European Centre for Disease Prevention and Control (ECDC) and the EMA. The drugs problem is ever more connected around the world, and the EMCDDA can provide European technical expertise and experience, so we will continue cooperating as appropriate with the international agencies working on drug issues, most importantly, but not limited to, the United Nations Office on Drugs and Crime (UNODC) and the World Health Organisation (WHO). We will also pursue technical and scientific partnerships. The EMCDDA has areas of common interest and collaborates with a number of national centres of excellence in drug monitoring and research, both within the EU and worldwide. In addition, we are looking for synergy and

appropriate collaboration with various European research initiatives.

Structure of the work programme

This work programme has been developed from a detailed planning exercise completed by each of the agency's units. The exercise has been informed by the requirements of the new three-year work programme and strategy (2013–15) and guided by the agency's recast Regulation. For each area, highlights of the work in 2013 are presented in the Overviews. In order to ensure coherence and allow proper monitoring of achievements over the next three years, specific objectives and priority interventions are defined for each of the main areas of work, mirroring the structure of the 2013–15 strategy and work programme. Priority interventions are accompanied by their related activities and expected outputs or results, which will help achieve the key expected results defined in the work programme. This structure reflects the ongoing rationalisation of planning processes and procedures taking place within the EMCDDA. It should be noted that some outcomes, especially those related to specific analyses, are indicative as they depend on the results of preliminary interrogation of data. Activities under the risk assessment of new psychoactive substances depend on actual need. For the reasons noted above, and because the EMCDDA has to respond to important ad hoc information requests and new developments, some flexibility is built into the planning process, along with regular reviews to ensure that we are using resources to the best advantage and meeting important information needs as they emerge.

Key outputs to be published in 2013 and their intended audience

Output	Policy	Other target audiences		
		Science	Practice	Citizen
Annual reporting				
Annual report package: strategic summary report (printed, 22 'EMCDDA' languages, plus 5 languages covering candidate and potential candidate countries), interactive statistical bulletin and topic-based 'spotlights', country overviews, policy summary and press notes	x	x	x	x
Technical publications				
EMCDDA Monographs • New groups of psychoactive substances in Europe (printed, PDF, EN)	x	x		
EMCDDA Insights • Treatment of cannabis-related disorders • Drugs and driving • Therapeutic communities (printed, PDF, EN)	x	x	x	
EMCDDA Manuals (Guidelines, standards and protocols) Technical guidelines: • Cannabis disorders estimation in general population surveys (GPS) • Revised problem drug use (PDU) • DRID Toolkit (3 modules) • Online surveys • Internet monitoring (online, PDF, EN)		x	x	
EMCDDA Papers Policy papers on: • Ireland • Drug policies of large cities • Trends in drug-related expenditure • Alternatives to punishment • Drug policy advocacy groups Technical papers on: • Environmental prevention • Residential care in Europe • Polydrug use in school and adult population • Mortality cohorts studies among drug users • Stimulant use and HIV risks in injectors and non-injectors • Injection trends • Interpolation of trends (online, PDF, EN)	x	x	x	

Output	Policy	Other target audiences		
		Science	Practice	Citizen
EMCDDA Online				
Ongoing development and content updating of the EMCDDA's public website. This includes regular and cyclical content updating including: • Statistical bulletin • Country overviews and other country data • Best practice portal (including EIB and EDDRA) • The European database on new drugs (EDND) (online, restricted) • News and events • Topical content areas (policy and law, health and social interventions, indicator resources pages, research, drug profiles, etc.) New content: • New drug profiles (if appropriate) • Data spotlights • New topic areas (online, EN, with some multilingual sections)	x	x	x	x
EMCDDA Reports (institutional and implementation reports and joint publications)				
• Joint EMCDDA–Europol publication — the EU report on drug markets: a strategic analysis (printed, EN)	x	x	x	
• ESPAD summary in Albanian and Croatian (PDF)	x	x	x	
• General report of activities 2012 (printed, EN)	x			x
• EMCDDA 2013 work programme (online, PDF, EN)	x			x
Outputs related to the implementation of the Council Decision 2005/387/JHA:				
• EMCDDA–Europol report on the implementation of the Decision (Article 10 report)	x	x		
• EMCDDA–Europol joint report and risk assessment (if necessary) (online, PDF, EN)	x	x		
EMCDDA Updates				
• Trendspotter case study (PDF, EN)	x	x	x	
Drugnet Europe newsletter (printed and online, EN, four issues)	x	x	x	x

II. Main areas of work in 2013

Core business: monitoring and reporting on the drugs problem in Europe

II.1. Data collection, analysis and quality assurance

Overview

The fundamental data collection tasks remain essential to the EMCDDA's mission. The purpose of the data collection is the aggregation and manipulation of data into tables, graphs and appropriate analyses for a range of both internal and external stakeholders. Internally the data are used to support reasoned descriptions of the drug situation in Europe, presented through the EMCDDA's Annual report and other publications. Externally, policymakers, researchers, the European civil service and the European public have access to reliable and valid data on the drug situation in each of the 27 Member States, Norway, Croatia and Turkey through the EMCDDA's publications and the online Statistical bulletin. The fundamental tasks of data collection and analyses will continue in 2013; however, they will be influenced by some important new developments.

The revised format of the Annual report and the subsequent emphasis on web-based products, the proposed changes to the Statistical bulletin and the movement towards a statistical quality framework are the main pillars of work for this area in 2013.

The new Annual report format will influence the data collection and analysis in 2013, and the data production process will be adapted to meet the demands of an earlier publication date and of the new concept of the EMCDDA flagship product. The shortened production schedule will require more rapid turnover of validations, and the new format will require new types of analyses, with an emphasis on incorporating information from more than one indicator.

The changed timeline for the Annual report will also have an impact on the web-based data collection system Fonte and related processes. This will involve a revision of deadlines for the production of Fonte templates, from 1 February to 1 March, which has been agreed in consultation with the data providers, the NFPs. In addition, to allow earlier submission of data, and at the request of the NFPs, the opening date of Fonte for 2013 will be brought forward two months, to 2 March. Furthermore, Fonte software will be developed to allow data providers to view a summary of the reports they have submitted, along with each report's status.

Broader changes to data collection instruments will occur in the longer term within the framework of the systemic review of tools. In 2013, the revision work will include the data collection tools for the Treatment demand indicator (TDI), the voluntary behavioural data section of Drug-related infectious diseases (DRID), survey results from targeted groups and Problem drug use (PDU). Results of the pilot of the new TDI template will be analysed and any necessary changes made. The structured questionnaire 32 on drug policies will also undergo a small revision process in order to be adopted by the national focal points in late 2013 for a data collection exercise to be implemented in 2014.

Based on the new treatment and prison data collection strategies, instruments and data collection procedures will be revised, taking into account the changes necessary for the production of the new Annual report.

One of the main components of the Annual report package is the Statistical bulletin. Following the new concept for the Annual report, plans for a change in the structure of the Statistical bulletin will be developed during 2013, with implementation envisaged in 2014. The current Statistical bulletin contains both reported data and analyses. A structure will be sought to complement the emphasis on web products, to improve the documentation of analyses and to better serve the users of the product. Moreover, as the user-friendliness of the

online product has improved over the past few years, further efforts will be made to continue this trend in 2013.

Within the systemic review, overall issues of quality assurance of data have been considered, and an organising committee is to be established to oversee work in this area. Throughout, by the very nature of the available data on the drug situation, a balance has to be reached between statistical probity and the need for information through clear and visible documentation. As part of the data quality assurance process, cross-indicator tables, integrating data from different data sets, will be developed to help better validate and analyse data which come, for example, from epidemiology, health and social interventions, prevention, supply reduction and policy.

Furthermore, the format of the quality reports will be reviewed in 2013. Consolidation of quality and processes for data collection through the Reitox network will also include participation in internal working groups, as well as capacity development activities organised by the Reitox Academy.

The adoption of a statistical quality framework is anticipated over the 2013–15 period. In the first year, a suitable set of guiding principles, a plan for the implementation and some initial structures will be developed. Given that the EMCDDA is an EU agency, it will probably adopt a set of principles deriving from the European Statistics Code of Practice from Eurostat, or the appropriate components of it. Furthermore, existing practices will be reviewed in 2013 with support from an external contractor, with particular reference to documentation, grading of data and appropriateness of estimation.

Quantitative, full coverage information is often not available in Member States. Therefore, especially for the monitoring of interventions, expert ratings are used frequently. A study will help to further develop these instruments and the collection of qualitative data through structured questionnaires in general. The results of the study will inform future revisions of data collection tools and processes and will help to apply them in a more systematic way in all areas of data collection.

Goal 2013–15: A coherent, reliable and valid data collection system, underpinned by a quality assurance framework

Specific objective 1.1: Improve data collection instruments and processes

Priority interventions	Planned activities	Expected outputs/results
1.1.1. Revise the reporting system to improve coherence and efficiency	1.1.1.1. Launch the revision process of the national reporting package with NFPs	• Work plan for 2013 revision adopted at May NFP meeting and implemented
1.1.2. Implement new data collection exercises, based on revised tools	1.1.2.1. Implement the new data collection cycle, starting from 2013	• Revised data collection tools (standard tables/structured questionnaires) conceptualised
	1.1.2.2. Revise data collection tools in consultation with NFPs	• New TDI template • New standard table for reporting on surveys of targeted groups • New standard template 9 (ST9) part III • New PDU template • New structured questionnaire on drug policies
	1.1.2.3. Revise treatment data collection tools in line with the new treatment data collection and analysis strategy	• Treatment data collection tools revised and adapted
	1.1.2.4. Revise prison data collection tools in line with the new prison data collection and analysis strategy	• Prison data collection instruments reviewed

Priority interventions	Planned activities	Expected outputs/results
	1.1.2.5. Assist NFP for automatic submission of TDI to Fonte	• Five additional NFPs provided with support to submit their TDI Fonte templates automatically
1.1.3. Maintain and further develop (as required) the Fonte reporting system and data warehouse	1.1.3.1. Maintain and develop the Fonte system	• Systems for drug data collection operational • Software to include a summary of reports and their status by country developed, in line with NFP requests (based on available resources)
	1.1.3.2. Adapt existing work processes to reflect reporting needs	• Work processes aligned to the new Annual report production cycle

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

Priority interventions	Planned activities	Expected outputs/results
1.2.1. Develop a cross-indicator approach to improve data validation and analysis	1.2.1.1. Construct thematic data tables to improve data validation and analysis	• Thematic data tables available for analysis and coherence checking
1.2.2. Review, rationalise and develop existing quality assurance measures around data collection	1.2.2.1. Implement cross-checking of data between the National reports and the Statistical bulletin tables for a selected number of indicators	• Improved validity and reliability of the data received
	1.2.2.2. Carry out checks of EMCDDA data with data from external sources	• Data checks with external sources, in particular ECDC/WHO
	1.2.2.3. Monitor the quality of the data reported by the NFPs and provide feedback and support to improve the reporting	• 30 quality reports prepared and delivered to NFPs in May
	1.2.2.4. Review the format of the quality reports	• Proposal for a new quality reports format developed and adopted at the Heads of national focal points meeting in November
1.2.3. Develop a statistical quality framework for the analysis, manipulation and reporting of data within the EMCDDA	1.2.3.1. Develop set of principles to be adopted as part of the statistical quality framework	• Set of principles for a statistical quality framework developed and endorsed internally
	1.2.3.2. Review the documentation of results, the grading of data, and appropriateness of estimations (based on work started in 2012)	• Improved documentation; proposals for grading of data; improved methodology for estimations
	1.2.3.3. Produce the 2013 Statistical bulletin and review the structure of the product to complement the new Annual report concept and the increased emphasis on web products	• 2013 Statistical bulletin published online • Proposal for the new Statistical bulletin developed and endorsed internally (to be implemented from 2014)
	1.2.3.4. Conduct study to improve semi-structured qualitative information obtained through expert ratings	• Project report prepared, including recommendations and draft protocols

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

The epidemiological monitoring of drug use prevalence and patterns, as well as health and social consequences, is at the heart of the EMCDDA's work. It aims to facilitate a reliable diagnosis of the drug situation, which in turn is the basis for developing solutions and evaluating whether or not they work. Epidemiological indicators provide the long-term, standardised time series analysis that is an important part of the added value provided by the European monitoring system. We have developed standard methodologies to allow Member States to collect information in an increasingly sound and comparable way.

Our goal by the end of 2015 is to provide a further improved and insightful overview of the European drug situation, by enhancing analysis of the epidemiological information and key indicators. As 2013 is the first year within the 2013–15 strategy and work programme, it is an important year for both planning and substantive activities.

With the European drug problem constantly evolving, it is important that we ensure progress in the methodological development of the epidemiological key indicators and that our epidemiological approaches keep pace and remain fit for purpose. Among the new developments planned for 2013 are activities to explore how data on acute drug-related emergencies can be collected. In the area of general population surveys, we have planned to explore the use of computer-based and online methods and to evaluate the costs and benefits of these survey tools.

Adolescents are a key population regarding initiation and prevention of drug use and drug problems. The collaboration with the ESPAD schools project will be strengthened in 2013. Following a recent agreement to scale up cooperation, the EMCDDA will increase its support for ESPAD activities during the course of this work programme.

Reflecting the move towards increased online dissemination of information in all domains, the web-based epidemiological information will be rationalised and improved. This will require reviewing existing resources for reporting summary and national data, methodological information and analysis.

Health and drugs monitoring is necessarily a long-term and systematic endeavour. In 2013, the EMCDDA will continue its ongoing activities to assist the NFPs in the implementation of the key indicators. Once implementation needs have been identified, support programmes including training activities and on-site assistance will be developed.

At the same time, monitoring should be both followed up with and driven by analysis and understanding of the results of data collection. In this work programme we stress and reinforce the analytical activities, as a natural development after the long-term methodological work. We will improve the current expert meeting format to give more opportunity for discussion and analysis. As part of the commitments to quality assurance and efficiency, we will hold some expert meetings back-to-back to allow crossover sessions at which experts from different disciplines can work together. At the same time, as part of the commitment to timeliness, we will better capture the findings from the expert meetings and make them available more rapidly.

To reflect the objective of placing emphasis on analysis, we will also improve the exploitation of our data through cross-indicator analysis and validation. Efforts will be focused on moving from an individual indicator perspective to a multi-indicator one.

Polydrug use is now common across the EU and this has important implications for both the harms associated with different consumption patterns and the design of responses. Key indicator data from GPS, TDI and DRD (drug-related deaths) will be analysed in order to provide insights into the prevalence and patterns of polydrug use in the EU.

In addition, the analysis of key indicator data is an important contribution to rapid assessment ('trendspotting') activities. We will work to strengthen the integration of key indicator data with other data sources in order to ensure that the monitoring system remains relevant to European needs. An increased number of rapid data collection exercises may be needed in order to analyse emerging trends in the European drug situation or to address potential outbreaks of drug-related diseases or unusual clusters of drug-related deaths.

Another line of work for 2013 in this area is to promote harmonisation of national analysis to act as a catalyst for later multi-country analysis by the EMCDDA and the countries themselves. In 2013,

we will draft guidelines for the Member States to promote harmonised analysis of some key indicators at national level.

One of the main purposes of understanding patterns of drug use and their consequences is to facilitate the design and evaluation of interventions. To reflect this objective, many of the analysis we will undertake in 2013 integrate epidemiological and response indicators. The key indicators provide the empirical building blocks on which many of these complex analyses depend. One example of the integration of the epidemiological and response indicators can be found in the activity that will analyse the difference between out-of-treatment and in-treatment populations.

Goal 2013–15: Provide an integrated and insightful overview of the European drug situation by enhancing analysis of the epidemiological key indicators, including cross-indicator analysis and combined analysis with other sources of information, while ensuring the quality of the information collected by Member States and the EMCDDA

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

Priority interventions	Planned activities	Expected outputs/results
2.1.1. Maintain and further develop methodological tools for KI implementation	2.1.1.1. Develop guidelines for conducting and interpreting online surveys in GPS	• Final project report • Guidelines for online surveys published online
	2.1.1.2. Map 'new drug' questions used in GPS	• New European Model Questionnaire (EMQ) module on 'new drugs' developed • Expert meeting organised
	2.1.1.3. Carry out work on cannabis disorders estimation guidelines	• Guidelines on how to use scales in GPS published online • Expert meeting organised
	2.1.1.4. Finalise new indirect PDU guidelines	• Guidelines published online
	2.1.1.5. Explore feasibility of using hospital emergencies as information source on health consequences	• Internal strategy prepared
	2.1.1.6. Finalise DRID toolkit	• Three modules published online
	2.1.1.7. Conduct strategic review of progress in the area of DRID	• Internal strategy for collecting information on infectious diseases related to drug use developed
	2.1.1.8. Revise guidelines for data collection on treatment prevalence based on TDI data collection	• TDI prevalence module revised and improved • Expert meeting organised
2.1.2. Cooperate on methods and exchange information with other EU and international institutions (within mandate and where appropriate)	2.1.2.1. Collaborate with external partners and projects (see also objectives 8.1, 8.2 and 8.3)	• Improved collaboration and joint activities implemented
2.1.3. Scale up cooperation with ESPAD project	2.1.3.1. Develop joint work programme	• Joint EMCDDA–ESPAD work programme • Analysis plan prepared to initiate work on ESPAD database
2.1.4. Rationalise and improve web-based information on the drug situation	2.1.4.1. Update and develop the website information (public and restricted area)	• Integrated KI overviews • Increased quality and accessibility of online information on KIs (drug- and country-specific overviews)

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

Priority interventions	Planned activities	Expected outputs/results
2.2.1. Actively monitor implementation of KIs and identify implementation needs	2.2.1.1. Monitor the status of implementation of the five KIs (GPS, TDI, DRD, DRID, PDU) for each country	• Annual interim reports developed for all the five key indicators and follow-up implemented as needed
2.2.2. Provide expert advice and training to support the countries, as needed	2.2.2.1. Provide scientific and technical advice and support to national experts and the NFPs	• Training programmes developed and delivered as required, based on identified needs
2.2.3. Support key indicator implementation	2.2.3.1. Support countries in implementation of key epidemiological indicators	• Countries assisted as needed in the implementation of all key indicators (based on availability of resources) • Support for the implementation of new mortality cohorts, reporting of data from cohort studies and improved general mortality registers and special registers • TDI version 3.0 implemented at national level
2.2.4. Support the implementation of KIs in third countries and international efforts to improve reporting capacity (see objectives 8.4.1 and 8.4.2 for details)	2.2.4.1. Provide training and support (where appropriate and based on available resources)	• Training and advice activities conducted, materials produced and implementation supported

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

Priority interventions	Planned activities	Expected outputs/results
2.3.1. Organise European key indicator expert meetings	2.3.1.1. Organise the annual European expert meeting/conference for each key indicator (GPS, TDI, DRID, DRD, PDU)	• Annual European expert meetings organised for all five key indicators; documents, presentations, results available online and on the dedicated experts' extranet areas • New expert meeting concept developed • Improved methodological and analytical capacity of the EMCDDA and Member States
2.3.2. Improve exploitation of data through standalone and cross-indicator analysis	2.3.2.1. Prepare structured analysis plans to support the annual reporting packages analyses and other outputs	• Internal working document
	2.3.2.2. Prepare focused analyses for improved online dissemination of key indicators data	• Minimum of one focused analysis per indicator area published online (indicative topics: polydrug use and age; trends in treatment uptake; trends in PDU; new developments in estimating indirect drug deaths)

Priority interventions	Planned activities	Expected outputs/results
	2.3.2.3. Conduct advanced analysis of polydrug data	• Technical paper on polydrug use in school and adult population published online (based on ESPAD and GPS data)
	2.3.2.4. Finalise project to explore possible interpolation of trends based on routine data (PDU)	• Technical paper published online
	2.3.2.5. Organise data analysis workshop (data lab) to analyse and report new mortality cohorts and conduct multi-country pooled analysis	• Data lab organised • Technical paper published online
	2.3.2.6. Finalise project on stimulant use and HIV risks in injectors and non-injectors	• Technical paper published online
2.3.3 Develop guidelines for and promote analysis at national level	2.3.3.1. Develop and implement standard analysis plans to support NFPs to improve reporting and analysis at national level	• Standard models for analysis plans developed for the KIs and implemented during annual expert meetings
	2.3.3.2. Consolidate and expand European Surveys Harmonised Database project (adding at least two more countries)	• Decentralised European database to support cross-country analysis
2.3.4. Develop complex cross-epidemiological indicator analysis and analysis integrating epidemiological and response indicators	2.3.4.1. Conduct multi-indicator analysis on differences between out-of-treatment and in-treatment populations	• Project report prepared on the analytical potential of out-of treatment population studies • Expert meeting
	2.3.4.2. Conduct multi-indicator HIV outbreak assessment (if requested, e.g. from Romania)	• Technical report prepared
	2.3.4.3. Finalise integration of TDI prevalence module in the treatment system-based data collection and analysis strategy	• TDI prevalence module integrated in the treatment system-based data collection and analysis strategy
	2.3.4.4. Finalise analysis to estimate prevalence of drug injection based on TDI and PDU data	• Final report /technical paper on injection trend (PDU–TDI) published online
	2.3.4.5. Prepare in-depth topical review on psychiatric co-morbidities (EMCDDA Insights series)	• First draft prepared (publication in 2014)
	2.3.4.6. Disseminate key results	• Presentations delivered at scientific events and conferences

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

Overview

Describing the demand reduction measures that Member States take to address drug problems is a core aspect of the EMCDDA's work. These measures span prevention, treatment, harm reduction and social reintegration. Historically, the focus of our work in this area has been to provide a descriptive analysis of services available. We will now complement this approach by extending the analyses to cover the availability, coverage and quality of interventions delivered across Europe.

In 2013, we will place greater emphasis on analysing two relatively undeveloped areas that are likely to become important for future prevention work in Europe: environmental prevention and early intervention. The latest available information will be collected on these two areas and made available in print, as well as on our website, reflecting the move towards increased online dissemination.

For the prevention area, we will also initiate work on a new state-of-the-art scientific review on risk factors for drug problems and prevention interventions (EMCDDA Monograph). A considerable number of experts from different disciplines will contribute to this publication, in order to cover all areas in this field of research. This will include experts from basic research, epidemiology, prevention research and modelling. The final product is planned to be launched in 2014.

Monitoring demand reduction requires reporting on numbers of interventions, but also reporting on the availability, coverage and quality of interventions. Reporting on demand reduction is therefore based on analysis of data on numbers of interventions and estimates of needs as well as evidence of effectiveness. This information helps Member States to identify gaps in current service provision. It also facilitates better-informed choices between different types of interventions in a given situation. This approach enables us to monitor the availability and coverage of responses as part of an integrated model, thereby increasing its analytical value. Several activities in the 2013 work programme serve this purpose.

To increase online dissemination, thematic pages on treatment, harm reduction, social reintegration and prison will be added to the online integrated response profiles. Treatment system maps will be consolidated, aiming to provide a better understanding of national treatment systems and total numbers of persons reached.

In 2013, a target-and-indicator framework will be developed for monitoring the implementation of the joint ECDC–EMCDDA 'Guidance on the prevention of infectious diseases among people who inject drugs'. This target-and-indicator framework allows us to monitor how this guidance can improve practice.

We will continue to prioritise our work to identify effective practice and encourage the sharing of information on 'what works'. Ongoing dialogue with the scientific and practice community will ensure that we benefit from a state-of-the-art understanding of the available evidence for effectiveness. Our ongoing dialogue with the scientific community as well as experts working in the field will help us to choose the most relevant topics for our reviews of available evidence for effectiveness. This will be done in close collaboration with the Cochrane group and links with other international bodies will be further developed. Added value will be provided through inviting other appropriate networks to benefit from the EMCDDA's technical infrastructure, thereby facilitating their work and allowing the agency to act as a hub for debate and information exchange.

The Best practice portal will be redesigned, reflecting the move to increased online dissemination of our data. Knowledge translation has to use the different channels of information transmission for different target groups in the best way possible. While format and contents of papers and web pages providing guidance are further discussed and developed, a rational choice will be made on what to present where.

Goal 2013–15: To support high-quality service development by producing information and analysis on demand reduction interventions and best practices

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

Priority interventions	Planned activities	Expected outputs/results
3.1.1. Provide an ongoing overview of drug prevention provision	3.1.1.1. Analyse and report findings from drug prevention area	• Comprehensive web resources available and key analyses conducted
	3.1.1.2. Disseminate key results	• Presentations delivered at policy and scientific events and conferencess
3.1.2. Develop analysis on environmental prevention factors	3.1.2.1. Provide updated information on environmental prevention	• Concept developed and EMCDDA paper published
3.1.3. Provide updated information on early intervention	3.1.3.1. Follow-up to the expert meeting on experience and evidence of interventions and methodologies used (brief intervention and motivational interviewing)	• Meeting report and section on website developed
3.1.4. Develop information on coordinated programming	3.1.4.1. Organise expert meeting on situation analysis on model coordination	• Meeting documents and presentations, available online

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

Priority interventions	Planned activities	Expected outputs/results
3.2.1. Provide an ongoing overview of drug treatment, harm reduction and social reintegration	3.2.1.1. Analyse and report findings from responses area	• Comprehensive web resources available and key analyses conducted
	3.2.1.2. Develop thematic pages on treatment, harm reduction, social reintegration and prison responses (part of the Integrated response profiles)	• Up-to-date integrated response profiles
	3.2.1.3. Finalise and publish analysis on residential care in Europe	• Paper on residential care in Europe published
	3.2.1.4. Disseminate key results	• Presentations delivered at policy and scientific events and conferences
3.2.2. Implement the new treatment data collection and analysis strategy	3.2.2.1. Support the finalisation of a first set of consolidated 'national treatment system maps'	• New tool integrated into the reporting cycle
	3.2.2.2. Develop a 'European model treatment facility survey', based on outcomes from an expert meeting and consultations with international peer organisations	• Expert meeting and supporting documents • Model survey developed
3.2.4. Develop and test health and social responses target-and-indicator frameworks	3.2.4.1. Draw up a target-and-indicator framework template including process of consensus building on the targets	• Technical paper prepared, outlining common framework and process to produce target-and-indicator frameworks • Expert meeting organised

Priority interventions	Planned activities	Expected outputs/results
	3.2.4.2. Produce target-and-indicator framework for monitoring the implementation of the joint ECDC–EMCDDA guidance on the prevention of infectious diseases among people who inject drugs	• Target-and-indicator framework prepared in consultation with NFPs
3.2.5. Support the reporting on public health provision in Europe and assess gaps	3.2.5.1. Provide data on European response indicators and treatment systems	• Consolidated data for reporting on drug-related issues for Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia and contribution to other international projects and initiatives, such as WHO–UN/GARP (Global AIDS Response Progress)

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

Priority interventions	Planned activities	Expected outputs/results
3.3.1. Conduct state-of-the-art and evidence reviews	3.3.1.1. Finalise in-depth topical review on treatment of cannabis-related disorders	• In-depth topical review on treatment of cannabis-related disorders published (EMCDDA Insights series)
	3.3.1.2. Prepare in-depth topical review on hepatitis C treatment (EMCDDA Insights series)	• Project report (publication in 2014) • Accompanying guidelines for best practice on hepatitis C treatment (EMCDDA Manuals series) drafted
	3.3.1.3. Prepare guidelines on drugs and prison	• Project report (publication in 2014)
	3.3.1.4. Prepare state-of-the-art scientific review on drug prevention (EMCDDA Monograph series)	• Editorial group set up, outline defined, authors selected and contracted
	3.3.1.5. Conduct overviews of evidence (meta-analysis of review) on specific interventions, and target groups	• Dedicated modules developed and Best practice portal updated • Project report prepared
3.3.2. Further develop the Best practice portal	3.3.2.1. Revise the Best Practice Portal (BPP) website in line with the new communication strategy	• Concept for revised structure developed
	3.3.2.2. Collaborate with top-level researchers in the field of knowledge translation science: DECIDE project ([3])	• Concept for evidence-based selection and publication of best practice topics
3.3.3. Disseminate knowledge on best practice	3.3.3.1. Support development of guidelines in Member States and facilitate networking with relevant top-level organisations	• Support and contact provided to NFPs (on request)
	3.3.3.2. Implement best practice dissemination strategy	• Improved knowledge on best practices among NFPs and experts' networks • Knowledge on best practice disseminated through website, presentations at policy and scientific events and conferences
3.3.4. Conduct analysis to identify gaps in the evidence available for interventions	3.3.4.1. Conduct systematic reviews of evidence and consult stakeholders to identify the gaps in the field of treatment for drug dependence	• List of areas for further research developed

([3]) DECIDE: Developing and evaluating communication strategies for supporting informed decisions and practice based on evidence.

II.4. Monitoring drug supply and supply reduction interventions

Overview

The development of new indicators in the area of drug supply and supply reduction and the launch of the first strategic overview of drug markets in Europe will be the main highlights for our work in this area in 2013.

With a view to addressing the lack of comparable and reliable data on drug supply in general, and as a follow-up to the proposal prepared in 2012 and the subsequent political decision to develop three key indicators in the areas of drug markets, drug-related crime and drug supply reduction, in 2013 the EMCDDA will launch the development of sub-indicators (key composite indicators combining qualitative and quantitative data sets) covering drug seizures and drug production facilities. The process will start with a review of practices and proposals for improvements conducted with a limited group of experts and Europol. These two components have been prioritised because they are elements in both the key indicator on drug markets and the key indicator on drug supply reduction. Moreover, under the new policy cycle within the Standing Committee on Internal Security COSI) of the European Union, the EMCDDA has been tasked together with Europol to enhance the routine reporting system on seizures, and on dismantled illicit production sites in the field of synthetic drugs. Depending on the resources made available, it might be possible to launch the development of additional elements of the KIs, such as drug prices and drug purity and contents.

In addition, specific investments will be made in the area of drug supply reduction, where knowledge and indicator development is more limited. This will include the launch of a follow-up survey on 'drug squads' in Europe, and taking further steps to strengthen the collaboration with Eurojust and investigate potential synergies in relation to the judiciary field.

In their ongoing effort to develop a more integrated and holistic perspective on drugs and crime, the EMCDDA and Europol will jointly produce a strategic overview placing drugs within the larger context of illicit markets and organised crime. This evidence-based report will provide all relevant stakeholders in the policymaking, law enforcement, prevention and academic communities with a coherent overview of the dynamic drug markets in Europe and the factors that impact on them. The report will be launched in early 2013.

In parallel to this request, the EMCDDA has been given, jointly with Europol, the task of implementing activities under the operational action plan (OAP) for 2012–13 of the new policy cycle within the COSI of the European Union. The policy cycle is a structured priority-setting process for internal security. As long as internal security is a strategic priority of the European Union, drugs are, and are likely to remain, a key issue on the European security agenda. The EMCDDA will fulfil the tasks assigned to it under the OAP for 2013 in the field of synthetic drugs, and will take steps to participate in the definition of the priorities of the next policy cycle starting in 2014.

The main priorities outlined above call for the establishment of a sustainable European reference group of experts at national, European and international levels in the areas of drug supply and supply reduction. Particular efforts will need to be made to establish this group in 2013, taking into account that a broad range of expertise, together with flexible working modalities will be essential for the functioning of the group, in order to accommodate different objectives, including support to indicator development, contextualisation of routine data, updates on supply reduction interventions and identification of emerging trends. In addition, links with the law enforcement community will be reinforced through the EMCDDA's training activities implemented in partnership with Cepol.

Goal 2013–15: Provide the EC and the Member States with a comprehensive overview of the supply of illicit drugs into Europe and of the responses developed to respond to it

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

Priority interventions	Planned activities	Expected outputs/results
4.1.1. Launch the implementation of the key indicators in the areas of drug markets, drug-related crime and drug supply reduction (following the second supply reduction conference and subsequent political decision)	4.1.1.1. Launch development of a sub-indicator 'Drug seizures'	• Expert meeting organised and potential elements of a draft standard reviewed • Pilot study launched
	4.1.1.2. Launch the development of a sub-indicator 'Drug production facilities'	• Expert meeting organised and potential elements of a draft standard on cultivation sites reviewed • Pilot study on cultivation sites launched • Coordinated approach with Europol for reporting of synthetic drug production sites and data validation
	4.1.1.3. Launch the development of a sub-indicator 'Drug prices'	• Potential elements of a standard monitoring instrument defined (internal working document)
	4.1.1.4. Launch the development of a sub-indicator 'Drug purity and contents'	• Potential elements of a standard monitoring instrument defined (internal working document)
4.1.2. Map drug supply reduction activities, focusing on 'drug squads'	4.1.2.1. Finalise the report of the first survey (conducted in 2011–12)	• Final report published
	4.1.2.3. Conceptualise the follow-up survey, define and test a methodological approach, and launch the survey	• Follow-up survey launched
4.1.3. Develop understanding of the judiciary system as a data provider and an actor in drug supply reductio	4.1.3.1. Organise a working meeting with Eurojust to review potential synergies in the field of drug supply and supply reduction indicators	• Agreement on joint activities with Eurojust
4.1.4. Develop cooperation with external partners on supply indicators (EC, Europol, Eurojust, Interpol, WCO, CoE/PG, Cepol, UNODC, etc.)	4.1.4.1. Participate in institutional and technical meetings related to data collection, sources and indicators in the field of drug supply and drug supply reduction	• Coordination and data sharing on European indicators on drug supply

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

Priority interventions	Planned activities	Expected outputs/results
4.2.1. Establish a European expert reference group on drug supply issues	4.2.1.1. Organise meeting with stakeholders and experts from Member States to propose a model for the new reference group	• Objectives, organisation and membership of the reference group defined
4.2.2. Scale up training for the law enforcement community and promote exchanges	4.2.2.1. Organise training activities (including exchanges) for the law enforcement community together with Cepol	• Training activities delivered with Cepol, experts from the Member States and Europol

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

Priority interventions	Planned activities	Expected outputs/results
4.3.1. Strengthen capacity to report on international developments	4.3.1.1. Analyse EMCDDA needs in the field of drug supply and supply reduction, and propose a new tool to strengthen the EMCDDA's capacity to report on international developments	• Support tool conceptualised
4.3.2. Develop a data framework and input tools for drug seizures	4.3.2.1. Develop a conceptual framework and input into Fonte data on drug seizures by type of law enforcement agency	• Historical data reconstructed
4.3.3. Produce strategic overview of drug markets in Europe	4.3.3.1. Support the launch of the first strategic overview of drug markets in Europe	• Joint publication with Europol launched
4.3.4. Produce joint analyses	4.3.4.1. Initiate steps to develop joint products with Eurojust	• Joint work programme prepared

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

Priority interventions	Planned activities	Expected outputs/results
4.4.1. Carry out activities 1.5 and 1.6 under the OAP for the policy cycle 2012–13	4.4.1.1. Co-organise with Europol an expert meeting on the reporting of drug seizures (see also activity 4.1.1.1)	• Review of reporting methods and agreement on improvements to be made in the future
	4.4.1.2. Co-organise with Europol an expert meeting on the reporting of dismantled drug production laboratories and related sites	• Agreement with Europol on the respective responsibilities in relation to the reporting of synthetic drug production sites
4.4.2. Support the definition of the following policy cycle and implement the activities for which EMCDDA has taken responsibility	4.4.2.1. Participate in the definition of the following policy cycle starting 2014	• EMCDDA tasked within the OAP of the forthcoming policy cycle
4.4.3. Develop cooperation with EU and international partners in the fields of home affairs and justice	4.4.3.1. Develop cooperation with EU and international partners in the fields of home affairs and justice	• Coordination and information exchange

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

Overview

In 2013, the EMCDDA, together with its partners in the Member States — the Reitox network of the early warning system (EWS) correspondents — and Europol and EMA will ensure continuous and robust implementation of the EWS. Rapid notifications/warnings on new drugs, forensic and toxicological analytical data, longer-term monitoring and analysis of health and social risks, monitoring and analysis of illicit and 'legal highs' markets, as well as description of legal developments, will be key outputs of the system. As a main working tool of the EWS, the EMCDDA's European database on new drugs (EDND) will be updated and expanded in a timely way. Where merited, a risk assessment on a new psychoactive substance (NPAS) will be carried out under the auspices of the EMCDDA's Scientific Committee. The EMCDDA will strive to develop a greater capacity to identify, asses and share information on health and, where possible, social implications of the wide variety of new substances now becoming available. New data sources and techniques such as computational studies to explore the quantitative structure–activity relationships (QSAR) will be used to model the physico-chemical properties, pharmacology and toxicity of emerging NPAS which may pose concern at European level.

The EMCDDA in cooperation with the EMA will implement the exchange of data available through the Reitox EWS and the EU pharmacovigilance system, as set out in Article 28c of the new pharmacovigilance legislation. In consultation with the European Commission and in full compliance with the EMCDDA's mandate, a conceptual framework for monitoring the misuse of medicines will be finalised and the feasibility of its implementation assessed. The EMCDDA's monitoring of the misuse of medicines in the context of polydrug use will be taken forward through establishing a cross-unit project (CUP) resulting in a comprehensive conceptual framework and testing the feasibility of its implementation.

To build on the global leadership of the EMCDDA in the field of monitoring new psychoactive substances, the possibility of organising the 'Third International multidisciplinary forum on new drugs' will be explored, in cooperation with international partners (in the context of the annual EWS meeting).

In 2013, the Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances is likely to be replaced by a new legal instrument. Therefore the existing networks, reporting and monitoring tools and instruments necessary for the implementation of the information exchange and risk assessment — including the EMCDDA database on new drugs — will need to be rapidly adapted and subsequently implemented and operationalised. As a first step, a new reporting form on new psychoactive substances will be developed in cooperation with Europol, as appropriate, followed by draft new operating EWS guidelines in line with the new legal instrument. Furthermore, in 2013–14, the European database on new drugs will be reconceptualised and redesigned in order to reflect the new system and to incorporate the newly designed project for matching new psychoactive substances to products containing them: project Match-It ([4]). By routinely collecting and sharing information from a variety of sources, including test purchase projects in the Member States, project Match-It will attempt to address one of the most pressing challenges hampering responses in this area: the practical difficulties of rapidly identifying which NPAS are contained in different products at a given time and location. This will increase understanding of and knowledge on the dynamic European marketplace where neither buyer nor seller may be accurately aware of what substances, or mixtures of substances, are being sold or consumed. Law enforcement agencies will also benefit from the results of this project.

Furthermore, in 2013–14 better coordination will be established between the EWS and the forensic (and toxicological) laboratory networks in order to enhance sharing of information and potentially reference materials and NPAS samples. This will also

([4]) In the EMCDDA 2013–15 strategy and work programme this project was called project Match; however, it has been renamed in order to avoid confusion with other similar project names in related fields.

contribute towards achieving the relevant objective 'Synthetic drugs, including new psychoactive substances' of the OAP for 2012–13 of the new policy cycle within the COSI of the European Union (see also Main area 4: Monitoring drug supply and supply reduction interventions).

Finally, monitoring new developments will be further enhanced through a reconceptualisation of the Internet snapshots to establish the availability of NPAS and, to the extent possible, their use, as well as through the routine implementation and fine-tuning of the EMCDDA trendspotter methodology and through exploring the potential of existing city-level networks to help assess emerging trends and threats at local level.

Previous EMCDDA efforts to explore and develop the monitoring of drug residues in wastewater will be furthered in order to establish by 2015 an indicator to estimate drug consumption at population level and gain an insight into the potential of the new methodology to size drug markets. This will be kick-started during the first international multidisciplinary conference on illicit drugs and wastewater organised by the EMCDDA.

Risks and conditionality: The achievement of some of the objectives and related activities is conditioned and dependent on the timing and provisions of the new legal instrument replacing Council Decision 2005/387/JHA as well as on the demands and potential work load posed by any risk assessment exercise which may be launched in 2013.

Goal 2013–15: To provide a timely and sound information and analysis platform for identifying emerging trends and threats related to new psychoactive substances and their risks, new patterns of drug use and new developments in drug availability

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

Priority interventions	Planned activities	Expected outputs/results
5.1.1. Implement the provisions of the Council Decision 2005/387/JHA on the information exchange, risk-assessment and control of new psychoactive substances	5.1.1.1. Implement consistently the information exchange mechanism on new psychoactive substances (NPAS): the early warning system	• Timely notification of new psychoactive substances to the Member States, EC, Europol and EMA • Support (technical assistance, training, advice) provided to Member States, as needed • Public health-related warnings issued (if relevant) • Ad hoc additional data collection and analysis on new and established drugs of relevance • New substance profiles prepared for all notified substances • European database on new drugs (EDND) regularly updated • 3–5 computational quantitative structure–activity relationships (QSAR) models on selected NPAS
	5.1.1.2. Organise the annual meeting of the Reitox EWS network, with participation of Europol, EMA and the EC	• Meeting documents, presentations and results, available online
	5.1.1.3. Implement longer-term monitoring of developments in NPAS and 'legal highs' products	• EWS progress and final reports from the national EWS (Reitox) network of the Member States collected, analysed and stored in the EDND

Priority interventions	Planned activities	Expected outputs/results
	5.1.1.4. Produce the EMCDDA–Europol Annual report on the implementation of the Council Decision, based on collection and analysis of the 2012 data (Article 10 report)	• EMCDDA–Europol Annual report on the implementation results submitted to the Commission, Council and the Parliament and published
	5.1.1.5. Dynamically appraise all EDND information available and launch additional data collection on a NPAS (if appropriate)	• EMCDDA–Europol Joint reports on NPAS (if appropriate)
	5.1.1.6. Implement multidisciplinary, scientifically sound risk assessment procedure (if requested)	• Studies/technical reports on the risk assessment prepared • Risk assessment meeting of the Scientific Committee organised • Risk assessment report from the Scientific Committee sent to the Commission and the Council and published
	5.1.1.7. Consolidate existing EMCDDA online drug profiles	• Drug profiles consolidated and updated
	5.1.1.8. Explore possibilities to organise third international multidisciplinary forum on new drugs, to increase the understanding of NPAS phenomenon at global level and the visibility of EU actions in this field	• Follow up international multidisciplinary forum on new drugs (co-)organised with international partners (in the context of the annual meeting of the Reitox EWS network)
5.1.2. Implement the provisions of Article 28c of the EU Pharmacovigilance (PhV) legislation	5.1.2.1. Implement the provisions of Article 28c of the EU Pharmacovigilance (PhV) legislation	• Information exchanged with EMA and the EU PhV system on medicines and substances with medicinal properties • EDND (and if appropriate EudraVigilance) updated accordingly
5.1.3. Build up a formal forensic science and toxicology network (in line with OAP for 2012–13 of the new policy cycle within the COSI	5.1.3.1. Initiate the setting up of a formal forensic science and toxicology network	• New potential partners identified • Foundations of the network laid down
	5.1.3.2. Implement information exchange with the European Network of Forensic Science Institutes (ENFSI)	• Structured cooperation between EMCDDA and ENFSI
5.1.4. Help candidate and potential candidate countries prepare for future participation in the EWS and the Internet snapshot exercise	5.1.4.1. Provide training and support to selected countries for participating in the Internet snapshot exercise (within the instrument for pre-accession assistance IPA 4 project)	• Module on Internet snapshot delivered at the Intensive course on 'Looking at contemporary aspects of drug monitoring' (see priority intervention 8.5.4) • First Internet snapshot exercise in Balkan languages carried out
	5.1.4.2. Provide training and support to selected countries participating in the EWS (within IPA 4 project)	• Training organised for at least one IPA beneficiary country • One expert from each IPA 4 beneficiary participates in the meeting • Experience exchange among regional partners organised in the margins of the meeting
5.1.5. Consolidate and improve the methodology for monitoring the Internet	5.1.5.1. Implement and further develop Internet monitoring exercises	• Internet snapshots conducted, data analysed and results disseminated • Improved Internet monitoring methodology

Priority interventions	Planned activities	Expected outputs/results
5.1.6. Support the consolidation of information on the content of products by implementing a tool that matches 'legal high' products to new psychoactive substances (project Match-It)	5.1.6.1. Develop the IT tool	• Tool in suitable form for operational use available and piloted
5.1.7. Pilot monitoring of misuse of medicines (in the context of polydrug use and PhV)	5.1.7.1. Finalise conceptual framework for monitoring misuse of medicines	• Comprehensive conceptual framework for monitoring misuse of medicines and testing the feasibility of its implementation

Specific objective 5.2: To adapt and implement the information exchange and risk assessment mechanism on new psychoactive substances to new legal and institutional requirements

Priority interventions	Planned activities	Expected outputs/results
5.2.1. Assist the Commission and the Council with the preparation of new legislation to replace the Council Decision (if requested)	5.2.1.1. Prepare technical reports and/or provide support (if requested)	• EMCDDA contribution to the preparation of new legislation: technical reports drafted and/or assistance (as requested)
5.2.2. Implement the new legal instrument and adapt the existing networks, reporting and monitoring tools and instruments to new legal and institutional requirements	5.2.2.1. Adapt the existing networks, reporting and monitoring tools and instruments necessary for the implementation of the information exchange mechanism to new legal and institutional requirements	• New EWS guidelines conceptualised • Structure of the EMCDDA–Europol Annual report, Reporting form on new psychoactive substances, EWS progress and final biannual reports, and Joint report questionnaire adapted • Extended network conceptualised; new potential partners identified; foundations of the network laid down
5.2.3. Develop and implement the new EDND adapted to new legal and institutional requirements	5.2.3.1. Develop the new EDND	• Draft concept and structure of the new database prepared

Specific objective 5.3: Facilitate the development of early responses to potential threats by strengthening the systems for identifying, tracking and understanding new and emerging trends in drug use, availability and adverse consequences

Priority interventions	Planned activities	Expected outputs/results
5.3.1. Improve monitoring of new drugs and links with epidemiology data sources and expert networks	5.3.1.1. Contribute to the development of the new drugs component in GPS and ESPAD (see activity 2.1.1.2.)	• Contribution to the new European Model Questionnaire (EMQ) module on 'new drugs'
5.3.2. Increase the capacity to monitor emerging trends	5.3.2.1. Improve and consolidate the trendspotter methodology	• Trendspotters meeting organised • Case study published (EMCDDA Updates)
	5.3.2.2. Develop a network of local, city-level monitoring	• City network that helps assess emerging trends and threats established
	5.3.2.3. Consolidate the rapid response team (RRT)	• EMCDDA rapid response team consolidated and operational • Rapid assessment and response (RAR) on key issue(s) conducted
5.3.3. Explore the potential of wastewater analysis as an indicator to estimate population drug consumption	5.3.3.1. Implement follow-up of meetings and studies	• The 'Testing the waters' conference organised • Conference documents and results available online

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

Overview

Since its creation, the EMCDDA has monitored various aspects of drug policies including drug laws, drug strategies and action plans, drug policy coordination bodies, drug policy evaluation mechanisms and drug-related public expenditure. A database (European legal database on drugs, ELDD) and network of legal correspondents constitute the main resources supporting the EMCDDA's reporting on drug laws.

The monitoring of national drug strategies and national coordination bodies has up to now relied exclusively on data collection activities with the national focal points but will now be enhanced, with the use of external experts and some small-scale studies planned. The evaluation of national drug strategies has relied both on data provided by the national focal points and on specialist information from two technical meetings organised in 2008 and 2010. Routine monitoring in this area shows a rapid increase in the number of EU Member States that now evaluate their strategy or action plan.

Over the last five years, the EMCDDA has invested in monitoring drug-related public expenditure. The data available are limited, however, and not sufficient to obtain a good European picture and make reliable comparisons between countries. As a consequence, we have developed a new, more delineated strategy whereby specific areas of expenditure will be identified and estimated separately.

In 2015, the EMCDDA will publish its first monograph on drug policies. Preparatory work in 2013 includes the development of an outline, the launch of a call for tender for an external editor, and the organisation of a first meeting to explore current drug policy typologies and classifications. The results of this meeting will feed into one of the chapters of the monograph. In addition, several studies will be conducted in 2013 in order to further explore different aspects of current drug policies. These studies include: a historical review of the national drug policy of Poland (as part of the series on national drug policy profiles); a study on typical trafficking penalties that will be complemented by a comparison of existing laws; a review and analysis of the drug policies of large European cities; and an exploration of trends in drug-related public expenditure following the economic recession and the associated budgetary cuts in some of the EU Member States.

A new EU drugs strategy (2013–20), complemented by two 4-year action plans, is due to be adopted in the coming months. As in the past, the EMCDDA will provide, on request, data and support for the progress reviews and evaluations of these drug policy documents. Member States increasingly request methodological support and expertise from the EMCDDA in the framework of evaluating their national drug strategies or action plans, the drafting of new laws or regulations or the estimation of drug-related expenditure at national level. The EMCDDA will continue to offer support in these areas by providing overviews of existing practices in Europe and abroad. A study on the costs of courts for drug law offenders might be conducted if the feasibility study conducted in 2012 suggests that it is possible to estimate costs in this area with a sufficient level of confidence.

Another development planned to improve the quality of data and analysis in the drug policy area will be to strengthen the existing standing expert networks. The scope of the legal correspondents' expert meeting will be enlarged to take in a broader policy agenda, covering legislative and strategic developments as well as public expenditure.

Goal 2013–15: Improve the understanding of European and global policy developments by providing relevant and timely drug policy data, analysis and expertise

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

Priority interventions	Planned activities	Expected outputs/results
6.1.1. Review current knowledge on key drug policy issues and challenges	6.1.1.1. Develop a state-of-the-art scientific review on drug policy challenges for the twenty-first century (EMCDDA Monograph series)	• Preparatory work conducted and call for tender launched
	6.1.1.2. Organise expert meeting on drug policy typologies and taxonomies	• Technical/scientific paper prepared • Meeting documents and results informing EMCDDA outputs (e.g. drug policy paper, scientific article, monograph chapter or website section) or activities (e.g. monitoring of drug strategies)
6.1.2. Examine different models of drug policy to provide a better understanding of current policy options and support decision-making processes	6.1.2.1. Conduct study on drug-trafficking penalties	• Project report prepared (EMCDDA publication in 2014)
	6.1.2.2. Develop drug policy profiles	• Drug policy profile on Ireland published • Drug policy profile on Poland prepared
6.1.3. Examine drug policies at the local level	6.1.3.1. Conduct analysis of city-level drug policies	• Drug policy paper on drug policies of large cities published
6.1.4. Analyse the impact of the economic recession on drug policies	6.1.4.1. Conduct analysis of trends in drug-related public expenditures	• Drug policy paper on trends in drug-related expenditure published
6.1.5. Provide data and expertise for the evaluation of the new EU drugs strategy and its action plans, and of other relevant EU legislation or activities	6.1.5.1. Support the EU in the follow-up and evaluation of its drug strategy, action plans and other initiatives (on request)	• Data and expertise in the areas of drug policy evaluation provided at EU level
6.1.6. Support Member States' activities in the area of drug policy evaluation	6.1.6.1. Support Member States when developing and implementing an evaluation of their national drug strategy and/or action plan (on request)	• Technical support provided on request and within available resources
	6.1.6.2. Support Member States when developing and implementing methods to estimate drug-related public expenditures (on request)	• Technical support provided on request and within available resources
	6.1.6.3. Provide Member States or EU institutions with an overview of drug laws or drug policies (on request)	• Technical support provided on request and within available resources
	6.1.6.4. Disseminate key results and technically support European policy debate on drug issues	• Presentations and technical contribution delivered at scientific congresses and institutional meetings

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

Priority interventions	Planned activities	Expected outputs/results
6.2.1. Strengthen network of legal and policy correspondents to improve data collection, data validation and data analysis in the drug policy area	6.2.1.1. Organise the legal and policy correspondents' meeting	• Improved quality of the data and analysis in the drug policy area, through enlarging participation of experts and increased focus on analysis • Meeting report and analysis available online

II.7. Scientific coordination, research and content support

Overview

An 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. It is therefore a primary objective for scientific management and coordination.

The agency's focus on quality assurance will require new internal mechanisms to ensure that scientific and methodological standards are defined and met. In 2013, we will initiate the work on a protocol for developing EMCDDA guidelines and handling requests for scientific advice. The main output of this work will be a declaration of methods adopted by the EMCDDA to ensure that the best and most systematic approach is used when EMCDDA guidelines are developed and/or recommendations in the drug addiction field are made.

In 2013, the EMCDDA will continue to formalise and develop its programme of training activities and related resources. Dissemination of information is at the core of the EMCDDA's functioning, and providing training is one way to inform experts at different levels about the EMCDDA's findings and results. Training activities developed at the EMCDDA cover a broad area of initiatives (from academic-orientated training and capacity-building projects to in-house traineeship opportunities). To ensure efficiency and minimise costs, an integrated approach is envisaged, with common materials developed for multiple purposes, and training activities linked where possible to expert meetings. While the capacities of the agency are limited in this area, collaboration with external providers of training can make the EMCDDA's input functional and effective.

A priority in 2013 will be the continuous development, quality and coherence of the EMCDDA's information collection and reporting system. We have recently reviewed this, and a number of improvements are planned to working practices. Given that the data collection capacity is finite and dependent on national activities, ongoing review of existing data demands and careful scrutiny of new requests are needed to ensure that demands upon the system do not exceed capacity.

The EMCDDA has a mission to provide its audiences with high-quality scientific work. This requires internal coordination and quality control processes, as well as external support, for both the scientific editing and the peer review of our products. The EMCDDA will also implement a new Annual report concept and web contents that will require new coordination and quality control processes. To increase our capacities in scientific coordination and content support, the EMCDDA will explore the possibility of working with scientists who can provide support for the editing of our publications. Another area of exploration will be the possibility to have a group of external peer reviewers to assess and improve the quality of our publications. A set of guidelines will be developed to allow these external partners to provide their peer review.

Transversal activities will be supported structurally by the creation of new CUPs (cross-unit projects). CUPs are established formally, have specific objectives and a timeframe, but provide a flexible mechanism for encouraging cross-unit work. The following CUPs are envisaged: CUP misuse of medicines, CUP trendspotting and CUP quality assurance. In addition to these new CUPs, in view of implementation of the new treatment data collection and monitoring strategy, it was decided to continue the work of the treatment CUP in 2013.

An active link with the scientific world outside the EMCDDA will be kept through many activities. Amongst them are the collaboration with studies in our field of responsibility, especially EU funded research such as ALICE-RAP and ERANID; monitoring of drug research in the Member States with the help of the Reitox national annual reports; providing input for a rational selection of research studies for funding; and publishing contributions of EMCDDA staff in scientific journals.

Goal 2013–15: To produce high-quality scientific work through efficient working practices

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

Priority interventions	Planned activities	Expected outputs/results
7.1.1. Improve handling of requests for scientific advice and opinion	7.1.1.1. Prepare methodological paper on procedure for developing EMCDDA guidelines and handling requests for scientific advice	• Methodological paper available on EMCDDA guidelines and handling requests for scientific advice (internal working document)
7.1.2. Develop EMCDDA strategy on training for external audiences and coordinate training activities	7.1.2.1. Analyse pilot solutions for developing an EMCDDA academic training framework	• Concept paper on options, models of organisation and financial implications
	7.1.2.2. Initiate work on development of integrated training strategy	• Concept paper on integrated training strategy
	7.1.2.3. Organise the 2013 Summer School: 'Drugs in Europe: supply, demand and public policies', in line with work on integrated training strategy	• Summer school organised and training material available
	7.1.2.4. Collaborate with and provide input into EC-funded and academic training projects	• EMCDDA contribution to European Master in Drug and Alcohol Studies (EMDAS), European Society for Prevention Research (EUSPR), Initial training network (ITN), Marie Curie fellowships
7.1.4. Ensure the coherence of the overall reporting system	7.1.4.1. Implement the follow-up action plan systemic review of tools	• Action plan for implementation of systemic review of tools operational
7.1.5. Support the production of high-quality scientific content	7.1.5.1. Provide scientific assistance and quality checks for selected EMCDDA publications	• Scientific aspects required for overall quality control framework developed and implemented • Strategy for supporting scientific publishing implemented • Support provided for content production (pre-editing), including developing pool of external scientific writers and provision of scientific writing for EMCDDA publications (articles, selected issues, the new Annual report)
	7.1.5.2. Implement peer review system (in consultation with Scientific Committee)	• External peer review team, and guidelines, developed • Increased number of publications peer reviewed
	7.1.5.3. Support production of publications in scientific journals	• Stable or increasing number of publications in journals
	7.1.5.4. Develop a concept paper on the ethical aspects related to monitoring drugs	• Concept paper prepared
7.1.6. Coordinate internal information exchange on new developmental areas and/or transversal projects	7.1.6.1. Set up CUPs (cross-unit projects) on misuse of medicines, trendspotting and quality assurance, and continue the treatment CUP	• New CUPs set up and operational; meetings organised and supporting documents available (see also priority interventions 2.3.4, 3.2.2, 5.1.7 and 5.3.2) • Coordinated work in the areas of misuse of medicines, trendspotting, quality assurance and treatment

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

Priority interventions	Planned activities	Expected outputs/results
7.2.1. Monitor and disseminate developments in drugs research	7.2.1.1. Update and improve public website and intranet research page	• Improved online access to EU-funded research findings • Annual audit of important research developments
7.2.2. Provide input to the development of the EC research agenda	7.2.2.1. Develop EMCDDA methodology for advising on research priorities, in respect of the priority-setting prerogatives of the EU Institutions	• Methodology endorsed by the Scientific Committee
	7.2.2.2. Support the European Research Area Network on Illicit Drugs (ERANID)	• EMCDDA input to ERANID
7.2.3. Further develop collaboration with the scientific community through dissemination of findings and increased contribution to relevant events	7.2.3.1. Organise the Scientific paper award	• Event organised; acknowledgement of scientific publishing in the drugs field; increased visibility of EMCDDA (as measured through media coverage)
	7.2.3.2. Increase collaboration with projects and initiatives developed by the scientific community: Addiction and Lifestyles in Contemporary Europe — Reframing Addictions Project (ALICE-RAP), ERANID, Links in the Chain (LINKSCH), EMDAS, European Federation of Addiction Societies (EUFAS), International Confederation of Alcohol, Tobacco and other Drugs Research Association (ICARA), EU universities	• Increased input, visibility and standing of EMCDDA outputs

Cooperation and collaboration with key partners

II.8. Cooperation and collaboration with key partners

Overview

Cooperation with key external partners, namely with EU institutions and bodies, national policymaking bodies, international organisations, civil society and third countries, is a cornerstone of the agency's mandate and will represent an important part of the EMCDDA's work over the next three years.

The 2013–15 strategy commits the agency to strengthening and enhancing cooperation with European, national and international partners. In line with one of the agency's top-level commitments and the new communication strategy, special focus will be given to improving the EMCDDA's service culture towards an even more customer-orientated approach. This involves becoming more proactive in order to better identify/review/update the needs of policymakers and other EMCDDA stakeholders and improving responsiveness (better-quality and more timely replies).

The objective of international cooperation activities is to provide support and EMCDDA expertise in drug-related fields. It is also to participate in international projects and have a coordinated and coherent approach to developments at global and regional level.

Resources are limited and the selection of partners, working areas and priorities need to be clearly defined. Work in 2013 will therefore be based on existing working arrangements and cooperation agreements, in order to ensure that the defined priorities are accomplished and that resources are invested soundly. At the same time, the drugs situation is constantly evolving so the agency remains open to new areas and cooperation arrangements, provided that these are in line with the EU priorities, the EMCDDA international cooperation strategy and the internal planning framework.

The agency's work with external partners is implemented in different areas and on various levels: institutional cooperation and content-related and core business-orientated activities.

At the institutional level, maintaining close cooperation and collaboration with the EU institutions, namely the European Parliament (EP), the Council of the EU and the European Commission (EC), remains one of our main priorities. The agency will continue to provide support, as required, and further consolidate its role as technical information provider at institutional meetings in the field of drugs, such as the Horizontal Drugs Group (HDG), the EU policy dialogues or the OAP within the EU internal security policy cycle. Exchange of views and information will be increasingly promoted through visits of members of the EP (MEPs) to the EMCDDA or meetings between the Director and MEPs in Brussels. As in previous years, the agency's Annual report will be presented to the Civil Liberties, Justice and Home Affairs Committee (LIBE) of the EP and to the Justice and Home Affairs (JHA) Council. Regarding the EC, coordination will be ensured through meetings and regular contacts with the parent Directorate-General (DG) and content-related DGs. The EMCDDA will continue to provide technical advice and support the transfer of knowledge to the EC for the planning, execution and dissemination of information related to EC-funded drug-related projects. Furthermore, participation of a high-level EC representative in the launch of the 2013 Annual report is envisaged.

The EMCDDA will continue to provide support to the implementation and/or monitoring of policy documents and initiatives in the drugs field. One of the highlights in this area is the new EU drugs strategy 2013–20, expected to be adopted by the end of 2012, and the preparation of its action plan 2013–16, for which the EMCDDA will provide support, as requested.

Another highlight is the work aiming to strengthen relations with the Member States, in particular with key national policymaking bodies. Building on the assessment of the status of cooperation with the Member States started in 2012, a cooperation/communication policy with key national policymakers will be defined, with support from the NFPs. The new policy should contribute to making the work of the agency and of the NFPs more visible and more relevant for national stakeholders, therefore confirming their added value and helping to maintain the overall funding of national drug information systems.

Also at the institutional level, the EMCDDA will strengthen cooperation with other EU agencies in order to define and implement common positions, policies and working methods and tools. This will include participation in and contribution to the Heads of Agencies and inter-agencies technical and coordination networks and clusters, to ensure synergies and promote a common EU approach.

At the technical level, some important areas of work with external partners will be developed in 2013, mainly with other EU agencies and international organisations. These include: harmonisation of data collection (e.g. prison and drug supply areas); development of quality standards and practice in collecting drug-related information (with UNODC, Inter-American Drug Abuse Control Committee (CICAD) and ECDC); joint work on guidelines and recommendations for interventions and responses in the drug field (mainly with ECDC, Europol and WHO); coherence between the EMCDDA's activities in non-EU countries and those implemented by other global players, such as WHO, UNODC and UNAIDS; other joint publications, projects and expert meetings, as required.

With regard to cooperation with non-EU countries, in line with its mandate and consistent with the EMCDDA strategy for international cooperation, the EMCDDA's work is structured around three groups of countries: acceding, candidate and potential candidate countries to the EU ([5]), the European Neighbourhood Policy (ENP) countries ([6]) and other third countries. Most of these activities are being developed in the context of EC-funded technical cooperation projects, such as the Instrument for Pre-Accession Assistance (IPA), or with the financial support of EC programmes such as the Technical Assistance and Information Exchange instrument (TAIEX), the Cooperation Programme between Latin America and the European Union on Drugs Policies (COPOLAD) and Central Asia Drug Action Programme (CADAP).

For 2013, the main activities in order of priority are: (1) to improve the data collection and the quality of the information provided by NFPs, (2) to further develop a reference document linking in practical terms monitoring and planning/organisation of services (using IPA funds), (3) to provide methodological support (upon request) to EU Member States that are drafting a new national strategy or that need support for evaluating their strategy/action plan, and (4) to share the EU experience and the EMCDDA know-how in this area in the EC-financed assistance programmes to non-EU countries (acceding, candidate and potential candidate countries, ENP, COPOLAD, CADAP).

([5]) Acceding country: Croatia; candidate countries: Former Yugoslav Republic of Macedonia, Montenegro, Turkey; potential candidate countries: Albania, Bosnia and Herzegovina, Kosovo (as of 1 September 2012). This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo declaration of independence.

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

Goal 2013–15: To support EU drug policy debate and effective actions and increased capacity for reporting on drug use in non-EU countries with an emphasis on countries which represent a priority for EU action in the drugs area

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

Priority interventions	Planned activities	Expected outputs/results
8.1.1. Provide technical support to EU policy deliberations	8.1.1.1. Provide expertise and technical information to the European Commission, Council and Parliament	• Support for the European Commission, Council and Parliament provided (as requested) • 2013 EMCDDA Annual report presented to EU institutions (the LIBE Committee of the European Parliament and the JHA Council)
	8.1.1.2. Consolidate the EMCDDA's role of technical information provider in institutional drugs meetings such as the Horizontal Drugs Group (HDG); political dialogues with third countries; National drug coordinators; EU Presidency events	• EMCDDA technical backstopping and support to policy debate at HDG and in other appropriate fora (as requested)
	8.1.1.3. Provide support to the EU drugs strategy 2013–20 and the preparation of its 2013–16 action plan (as requested)	• To be defined based on the adopted EU drugs strategy 2013–20
	8.1.1.4. Provide support for the implementation and/or monitoring of other policy documents and initiatives, such as the operational action plan (OAP) on synthetic drugs, EU HIV/AIDS action plan 2009–13, EU alcohol strategy (as regards polydrug use), ECDC advisory group on monitoring HIV responses in Europe, etc. (as requested)	• Technical reports, reviews, presentations, etc. (as requested)
8.1.2. Ensure effective collaboration with other EU agencies	8.1.2.1. Cooperate with other EU agencies, in order to define and implement common positions, policies and working methods and tools	• Participation in the Heads of Agencies meetings; follow-up to the implementation of joint statements of the EP, the Council of the EU and the EC on issues related to decentralised agencies; comments and written contributions to issues common to EU agencies • Participation in and contribution to inter-agency networks • Participation in and contribution to the work of JHA agencies cluster
	8.1.2.2. Implement Memoranda of understanding (MoUs) and other working arrangements in force, exchange information and develop joint projects and working synergies with Europol, CEPOL, Eurojust, ECDC, EMA	• Work programmes and cooperation agreements endorsed and implemented • EMCDDA–Europol multiannual work programme (2013–16) endorsed • Joint publications produced • Coordinated contribution to projects and initiatives in the drugs field • Joint meetings and events organised
	8.1.2.3. Explore areas for cooperation with other EU agencies	• Framework for cooperation with other EU agencies established and developed (where appropriate)

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

Priority interventions	Planned activities	Expected outputs/results
8.2.1. Monitor key developments and improve information exchange with civil society partners	8.2.1.1. Participate in the EU HIV/AIDS think tank meetings, the EU HIV/AIDS civil society forum and the Civil society forum on drugs	• Dissemination of the EMCDDA's expertise, findings and products, through presentations, inputs to technical meetings and discussions, invitations to civil society members to attend EMCDDA events
	8.2.1.2. Promote participation of civil society partners, including NGOs, in activities developed under the IPA 4 project	• Participation and contribution from civil society partners in project countries to IPA 4 technical meetings and publications
8.2.2. Improve understanding of information needs and identify effective communication channels with national policy bodies	8.2.2.1. Develop and implement actions to further strengthen relations with the EMCDDA Member States and in particular with the key national policymaking bodies, and the Portuguese authorities	• Report on the assessment of the status of cooperation with the Member States, with a view to better understanding the needs of national policymakers and what constitutes effective channels of communication for them • Cooperation/communication policy with the key policymakers in each Member State, such as national parliaments and governments, defined (with input/support from NFPs, as needed) • Ongoing collaboration with the hosting country authorities, namely with the Parliament, Government and Presidency of the Republic

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

Priority interventions	Planned activities	Expected outputs/results
8.3.1. Provide technical input and information to international activities (in line with mandate and strategy)	8.3.1.1. Contribute to reports, expert meetings, international projects, trainings and seminars and exchange information with international partners and regional bodies (including UNODC, UNAIDS, WHO, Interpol and WCO, Pompidou Group and CICAD)	• Input to reports, meetings, projects, training activities and seminars • Information exchange on trafficking routes and seizures with UNODC and other international organisations • Technical support provided to the Member States and EC; side events organised with international partners during the session of the Commission on Narcotic Drugs (CND) • Information exchange with international organisations in IPA 4 and ENP countries, ensuring that interventions are complementary and mutually reinforcing
8.3.2. Support the development of coherent information standards and information resources at international level	8.3.2.1. Cooperate with major European and global partners to increase quality, comparability and coherence of data in international reporting	• Input provided, contribution to expert groups on quality issues, data validation exercises conducted and codes harmonised (where possible) (see also priority interventions 1.2.2 and 3.2.5)

Priority interventions	Planned activities	Expected outputs/results
8.3.3. Develop and implement joint work with key external partners	8.3.3.1. Implement existing arrangements and work programmes (with UNODC, CICAD, Pompidou Group, WHO) and continue exchange of expertise, know-how and information	• Joint projects and activities implemented • Joint work with WHO Europe in prison area and in the area of drug-related infectious diseases and harmonisation of data collections • Joint article by EMCDDA and WHO Europe on coverage of harm reduction interventions in the EU Member States prepared
	8.3.3.2. Strengthen the institutional relations and working arrangements with other international organisations and bodies	• Cooperation agreement with UNAIDS endorsed

Specific objective 8.4: To support capacity development and enhance the scientific value of drug monitoring activities within candidate (CC) and potential candidate countries (PCC)

Priority interventions	Planned activities	Expected outputs/results
8.4.1. Consolidate institutionalisation of NFPs within CC and PCC	8.4.1.1. Support CC and PCC participating in IPA 4 in developing national action plans for drug information system	• National action plans for drug information system approved in all IPA 4 participating countries
	8.4.1.2. Carry out annual coordination activities to measure progress in the establishment of NFPs or operation of the existing focal points in the IPA 4 countries	• Progress reports and action plans
	8.4.1.3. Provide technical and administrative support for implementation of IPA 4 project-related national activities in CC and PCC	• Better understanding of applicable EU/financial regulation and effective implementation of activitiesc
8.4.2. Foster scientific cooperation in relation to data collection, interpretation and analysis and accrue added value from cooperation activities	8.4.2.1. Exchange practices and knowledge on a specific scientific/ data collection topic, of common interest for all IPA 4 beneficiary countries	• Reitox academy organised and 25 professionals from all IPA 4 countries trained
	8.4.2.2. Enhance participation of CC and PCC in the annual European expert meetings on key epidemiological indicators	• Data collection streamlined with EU standards and better analysis of available data
	8.4.2.3. Provide support to CC and PCC for preparing their 2013 national reports	• Data from CC and PCC integrated into the EMCDDA Annual Report package and other relevant publications (on ad hoc basis) • 8 national reports/updates produced by CC and PCC
	8.4.2.4. Share the EU experience and the EMCDDA know-how in monitoring and evaluation of national strategies in the EC-financed assistance programmes to non-EU countries	• Methodological support provided to countries developing new national strategies or evaluating their existing strategies/action plans (upon request, using IPA or ENP funds)
	8.4.2.5. Liaise with EC services on the progress made by countries, and on obstacles to project's implementation	• EC progress reports on CC and PCC informed by EMCDDA IPA 4 activities
	8.4.2.6. Prepare the first report on the Balkan region	• Report on Balkan region (IPA 4) prepared (publication in 2014)

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

Priority interventions	Planned activities	Expected outputs/results
8.5.1. Launch the EMCDDA technical cooperation with interested ENP partner countries and Russia to improve knowledge base	8.5.1.1. Further develop and consolidate the cooperation network with ENP countries and Russia	• Interested countries have appointed their official correspondent to the EMCDDA and participate in the Reitox Week
	8.5.1.2. Organise the first activities of the future cooperation project in the participating countries (subject to approval of the project by the EC)	• National kick-off meetings in participating countries, joint needs assessment reports
	8.5.1.3. Produce or update country profiles for selected ENP partner countries in close cooperation with the appointed national correspondents	• 6–8 country profiles produced/ updated on the EMCDDA website
	8.5.1.4. Organise seminars, with financial support from TAIEX, to increase knowledge about the EMCDDA and drug-related data collection in the EU, among experts in selected ENP countries	• Regional seminar organised (in Moldova) for 30 participants from East ENP countries • National seminar on the drug information systems organised (in Israel) for 20 national experts • Scientific support provided to experts from selected countries
8.5.2. Exchange information, working practices and methodology on the identification of new psychoactive substances with other interested regional and national monitoring systems	8.5.2.1. Exchange information, working practices and methodology on the identification of new psychoactive substances with other interested regional and national monitoring systems	• Comprehensive information package disseminated in ENP countries • Participation of selected countries in the Internet snapshot exercise
8.5.3. Provide ad hoc scientific support to ongoing EC regional programmes	8.5.3.1. Provide input for the CADAP 5 project, and drafting of CADAP 6 project (in line with the EMCDDA mandate and priorities in area of international cooperation)	• EMCDDA input for CADAP 5 acknowledged in the project evaluation report • The EMCDDA's role and expected contribution clearly defined in the CADAP 6 project document • Scientific support provided to COPOLAD, CADAP, etc. (subject to resources)
8.5.4. Develop training materials and training modules on EMCDDA standards	8.5.4.1. Organise an intensive course on contemporary issues in drug monitoring	• 5-module training package produced and training with participation of at least 30 participants from CC and PCC implemented
8.5.5. Promote EU model for NDOs and National Drug Information Systems	8.5.5.1. Further promote the role of European and National Drug Observatories as key information providers for policy planning, monitoring and evaluation	• A reference document explaining in practical terms how to link monitoring and planning/ organisation of services for EU and non-EU NFPS is prepared (contribution to Handbook II, to be published in 2014, with IPA funds)
	8.5.5.2. Organise second Reitox week with participation of EMCDDA Member States, CC and PCC, ENP countries and Russia	• Extended Reitox network meets once per year and contributes to the improvement of data collection in partner countries

Supporting the achievement of results

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

Overview

Communication is a core activity of the EMCDDA both in supporting its role as an information agency and in helping further its reputation as the 'reference point on drugs in Europe'. The updated communication strategy, adopted in 2012, sets out the fundamental principles for communicating our knowledge and presents the tools available to build and nurture relations with our stakeholders, target audiences and partners. Activities in 2013 will be guided by this strategy which aims to ensure that communication activities are not an isolated function at project-end, but an integral part of the agency's scientific and technical activity. At a time of heightened need for an efficient use of resources, this integrated and multidisciplinary approach pools scientific and technical expertise to produce pertinent and cost-efficient results.

An action plan, developed at the end of 2012, details the follow-up work needed to implement the strategy.

Applying an integrated approach espoused by the new communication strategy requires significant changes to the way we work. In 2013, we will develop the practices and workflows with the scientific units to enable the end product and its appropriate communication channel to be identified at an early stage.

We will also tackle timeliness, which is highlighted in the 2013–15 work programme as an area for focus. A clear definition of the product at the outset and increased dialogue throughout production will contribute to a faster turnaround of findings. However, the activity that will have the most significant impact here will be the release of our annual analysis on the state of the drugs problem five months earlier, in June instead of November. The reconfigured Annual reporting package will consist of a shorter trends report (printed and available in 22 languages) supported by online topic-based 'spotlights', a statistical bulletin and country overviews. Adapting work processes to meet this deadline and investing in the necessary design and technical developments to make these products dynamic and interactive will be a priority in 2013.

The EMCDDA website is the agency's primary means of communicating across all target audiences and is the key to reinforcing the agency's profile as the primary source of drug information in Europe. Some important parallel developments are planned for 2013. We will review all content on the public website, draw up an inventory and identify follow-up actions. Work will be undertaken to select a new content management tool and the migration of selected content will begin. An improved quality assurance system will be introduced to ensure that quality checks are as rigorous as for other EMCDDA products. We will develop a more dynamic website through increasing the number of interactive elements.

Keeping abreast of the needs of our customers requires a regular review of how we are serving them and by what means. The utility of the existing EMCDDA product types was analysed under the systemic review (conducted in 2012) and the 2013–15 work programme identifies some new tools needed to convey results. In 2013, we will adapt the EMCDDA product range in line with these findings and in the context of a general brand refresh.

In 2013, working closely with all units, we will complete a mapping exercise of our stakeholders and target audiences. The results of this exercise will provide the basis for drawing up audience engagement strategy to be implemented in the coming years.

Media interest in EMCDDA results continues to grow. In 2013, we will develop our 'heads up' approach (advance warning) so the media can plan the coverage of our work better. We will also develop our use of video materials.

The EMCDDA's linguistic policy is based on a thorough assessment of need, privileging quality over quantity. Guidelines and instruments will be developed to assist in making sound financial decisions that achieve maximum impact.

The products list for 2013 is comprehensive and innovative (new joint publication with Europol on EU drug markets). We will continue to use the Editorial Board to prioritise and pace the work, and the products follow-up meeting to plan resources and keep abreast of production.

The channels at our disposal to promote EMCDDA work results include the web, publications and print products, events and conferences, the media, audiovisual material and social media. These multiple, and often converging, information channels demand strong synergies between the different specialities in the communication team. Such cross-functional working allows the agency to shape and repurpose content efficiently and mobilise a mix of options, with the ultimate goal of maximising the impact for the customer. Exploring new dissemination options and tools is also part of our commitment to efficiency, which requires us to further rationalise participation in external events, in line with the existing resources and priorities.

We will continue to provide reliable and efficient information, library and documentation services supporting the research needs of the scientific staff.

We will use internal communication activities to support and develop the cross-unit collaboration that needs to take place for the communication strategy to be successful.

Goal 2013–15: EMCDDA information and analyses of high quality reach their intended audience in a timely and cost-efficient manner

Specific objective 9.1: Implement the integrated communication strategy and action plan (adopted in 2012)

Priority interventions	Planned activities	Expected outputs/results
9.1.1. Develop procedures to integrate communication perspective at product conception	9.1.1.1. Define practices and workflows with scientific units to ensure integrated approach to product conception	• Improved planning and shaping of products upstream (see also priority intervention 9.2.1)
	9.1.1.2. Improve scheduling of outputs	• Better-paced and better-targeted launches
9.1.2. Redesign product range to reflect new EMCDDA strategy and work programme (brand refresh)	9.1.2.1. Adapt product range to reflect systemic review findings and commitments set out in 2013–15 work programme	• A rationalised and balanced products mix with cost savings and efficiency gains
	9.1.2.2. Start work on brand refresh including redesign of publications (titles and series)	• Refreshed corporate identity for EMCDDA products
9.1.3. Implement revised linguistic policy	9.1.3.1. Apply new translation policy to EMCDDA products	• Procedures, guidelines and instruments developed to support translation management
	9.1.3.2. Conduct needs assessment to select products that represent good value for translation	• More strategic choices made to achieve maximum impact (taking into account new language groups, in line with the activities in the area of international cooperation — see also Main area 8)
	9.1.3.3. Continue to work with national focal points on the terminology/glossary project	• New terms with agreed and translated definitions uploaded to IATE (the EU's multilingual term base)
9.1.4. Revise media relations strategy in line with new communication strategy (see also priority intervention 9.4.3 below)	9.1.4.1. Revise media relations policy document and action points	• Action points for 2013–15 prepared and 2013 action points implemented

Priority interventions	Planned activities	Expected outputs/results
9.1.5. Engaging better with audiences	9.1.5.1. Integrated cross-unit consultations to identify key stakeholders and target groups	• Mapping exercise completed and analysed and planning prepared
	9.1.5.2. Start developing an audience engagement strategy	• Step 1 of strategy completed (identify, analyse, plan)
9.1.6. Monitor and evaluate the impact of communication activities	9.1.6.1. Continue routine work in the areas of dialogue and evaluation and begin to define indicators	• Better knowledge of outreach and impact gained in order to inform future EMCDDA strategies • Performance indicators defined to allow better measuring of the impact of communication activities
9.1.7. Develop an internal communication strategy and associated activities to underpin new strategy	9.1.7.1. Define procedures for communicating on specific content areas	• Action plan and procedures endorsed and implemented
	9.1.7.2. Improve and develop internal communication channels	• Improved knowledge-sharing tools available

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

Priority interventions	Planned activities	Expected outputs/results
9.2.1. Assure publication, launch and dissemination of EMCDDA products	9.2.1.1. Deliver timely editing, production, dissemination and promotion services	• Planned products published, launched and disseminated (see list of outputs)
	9.2.1.2. Improve quality control in the production process of EMCDDA products	• Clear procedures and workflows for content production and publication in place
	9.2.1.3. Hold monthly follow-up on product meetingse	• Better planning of resources and monitoring of production • Monthly meetings organised and minutes disseminated internally
	9.2.1.4. Hold monthly editorial board meetings	• Better prioritisation of products and planning for release • Monthly meetings organised and minutes disseminated internally
9.2.2. Reconceive and reshape printed Annual report	9.2.2.1. Revise the set of Annual reporting products	• Streamlined and electronically integrated Annual report package
	9.2.2.2. Conceive, write, produce and launch concise Annual report concentrating on trends	• Annual report in new format successfully produced and launched in June
	9.2.2.3. Conceive set of online topic-based 'spotlights'	• Online product showcasing topical content
	9.2.2.4. Prepare Country overviews in consultation with NFPs	• 30 Country overviews published online, as part of the Annual report package

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

Priority interventions	Planned activities	Expected outputs/results
9.3.1. Develop web content in line with integrated communication strategy	9.3.1.1. Review all content on the public website	• Content inventory drawn up and appropriate follow-up action taken • Web resources revised for each area, and unit, and integrated into a new common module
9.3.2. Increase interactivity and targeted approach of the website	9.3.2.1. Develop products with increased level of interactivity	• New, more interactive products launched (e.g. Topic-based 'spotlights' produced as part of Annual report package, integrated responses profiles)
	9.3.2.2. Improve findability of information	• More possibilities for users to interact with information
9.3.3. Introduce new quality assurance system for web content	9.3.3.1. Finalise web governance strategy	• Web governance strategy prepared, endorsed internally and implemented
	9.3.3.2. Implement new quality assurance measures	• Improved workflows for content sign-off, ensuring consistent approach for publishing content • Quality threshold for various categories of information defined
9.3.4. Install new content management tool and migrate content	9.3.4.1. Select and tailor new content management tool	• Efficient and flexible tool that better meets agency's needs
	9.3.4.2. Select, migrate and enhance content	• Relevant content migrated • Improved linking and findability of content

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

Priority interventions	Planned activities	Expected outputs/results
9.4.1. Organise European drugs conference in 2015	9.4.1.1. Develop concept for conference	• Clear concept and milestones available
9.4.2. Ensuring visibility of EMCDDA across multiple communication platforms	9.4.2.1. Organise weekly events planning meetings to ensure coordinated communication on key events and products	• Constant feed of news on EMCDDA activities and results
	9.4.2.2. Participate in exhibitions and events	• Awareness raising and positioning of EMCDDA's work results and scientific expertise
	9.4.2.3. Co-organise launch of EU drug markets report with Europol	• Report successfully launched across multiple communication platforms
	9.4.2.4. Organise exhibitions and events	• The 'Testing the waters' conference organised • International drugs day event
	9.4.2.5. Organise Annual report launch	• Report successfully launched across multiple communication platforms
	9.4.2.6. Service meetings and conferences of scientific staff	• Ongoing support to scientific staff to EMCDDA visibility in technical activities
	9.4.2.7. Prepare communication tools to promote the EMCDDA´s achievements within a broader audience	• '2012: a year in review' prepared (based on the 2012 EMCDDA General report of activities) and published

Priority interventions	Planned activities	Expected outputs/results
	9.4.2.8. Organise visits of external partners to EMCDDA	• Dissemination of knowledge and experience, increased visibility of EMCDDA among academic, policy and professional audiences
9.4.3. Continue to build sound contacts and relations with journalists and provide media-friendly information with clearly defined messages	9.4.3.1. Further develop contacts and relations with journalists	• Interviews set up, catalogue of journalist groups further developed
	9.4.3.2. Provide media-friendly information	• High-quality press products in accessible formats, including video footage
	9.4.3.3. Assess impact through monitoring and press reviews	• Clear view of return on investment from media activities through detailed press reviews and analyses
	9.4.3.4. Organise training for EMCDDA staff and Reitox network	• Training organised, staff provided with improved communication skills
9.4.4. Public information service	9.4.4.1. Operate enquiry-answering service, produce website FAQs and other information	• Efficient public information desk operates in line with guidelines set by the European Ombudsman
9.4.5. Library and documentation services	9.4.5.1. Provide reliable and efficient information, library and documentation services supporting the research needs of the scientific staff	• Information bulletins published at regular intervals; ad hoc alerts distributed on an individual basis; literature searching; management of library services

II.10. Governance, management and networks

Overview

The year 2013, the first within the 2013–15 strategy is important for setting the scene for governance and management work in the medium term. Also, the third external evaluation of the agency was completed in 2012 and the recommendations arising from this exercise will begin to be implemented.

In the area of governance, the core objective in 2013 is to continue to provide the essential direction, resources and structure needed to ensure that the agency performs the tasks set out in its recast regulation and that it achieves its objectives. In order to accomplish this important goal, ongoing support will be provided to the Management Board (the governing body of the agency) in carrying out its mandate. This will include ongoing contact with the Board members, organisation of the statutory meetings and preparation of the documents to support their work. As is the case every year, two meetings of the Management Board will be organised, in July and in December. In addition, four meetings of the Executive Committee and four meetings of the Budget Committee will be held during the year to support the preparatory work.

The scientific work of the agency will continue to be guided by its Scientific Committee, which is the guardian of the EMCDDA's scientific excellence. The Committee's involvement in the planning process, the regular feedback provided to units and scientific staff, their input as peer reviewers and their advice throughout the year are central for the agency's quality of work. As is the case every year, two statutory meetings of the Scientific Committee will be organised in 2013, in May and November. Giving the increasing need to prioritise activities in the context of the foreseen resources constraints, the Scientific Committee will further support the EMCDDA in this process, by helping to develop, together with the staff of the Centre, a transparent and structured mechanism for priority setting. The topic will be developed during the Scientific Committee meeting in May. In addition, as the current Scientific Committee's mandate will expire in 2014, preparatory work for the renewal procedure will be carried out in 2013, in line with the existing rules and procedures.

In order to successfully implement the strategic decisions adopted by the Management Board, further ensuring strong leadership and management practices is a core objective in 2013. Given the foreseeable budget constraints, it is becoming increasingly challenging for the agency to match its growing workload and new tasks with existing resources. Therefore, throughout the year, focus will be placed on achieving efficiency gains and further rationalising use of resources, while ensuring the high quality of our work. Achieving efficiency gains is one of the top-level commitments 2013–15 and is in line with the recommendations from the recent external evaluation exercise. This involves ongoing analysis of working processes and outcomes, in light of the resources they consume. The assessment of internal processes started in 2012 will be now completed and concrete measures to further rationalise use of resources will be proposed and started to be implemented.

Existing internal coordination efforts will be pursued and improved and all major issues relating to the implementation of core activities, timely achievement of results and effective delivery of outputs will continue to be closely discussed and monitored, mainly through the regular monthly meetings between the Director and the Heads of unit. These will also benefit from the preparatory work carried out in the Coordination Group meetings that are held twice a month.

In addition, decision-making processes will be supported through the provision of more operational and financial information — a result of improved planning, monitoring and reporting in the two related areas (see also Main area 11 — Administration: supporting core business). To this end, in line with developments taking place across all EU institutions and agencies, the strategic planning function of the agency will increase its contribution to the management decision-making process by providing more reliable and timely information on progress of activities and level of achievement of results. In order to fulfil this need, the main objective for the next three years in this area will be the setting up of a new performance management system. In 2013, the features of the system will be defined, including the IT tool to support its functioning. Conceptual work

for the development of performance indicators will be conducted, in close collaboration with the internal actors concerned, and also making use of best practices implemented at EU level.

In the area of internal control system and risk management, an ongoing task will be to maintain an updated repository of the state of compliance with the EMCDDA Internal Control Standards (ICS) for effective management and control. This effort will be combined with regular updates of the central risk register introduced in 2010. Setting up the business continuity plan will be a priority, especially in the areas supporting the agency's core business. The thorough verification of financial transactions will continue, to ensure that they are carried out in accordance with the relevant regulatory requirements, including sound financial management.

A review of the document management processes and procedures will be conducted, to make sure that they are secure, efficient and comply with the applicable legislation (ICS no. 11).

Other highlights for this main area include the organisation in February of the first 2013 biannual meeting of the EU data protection officers (DPOs), with the participation of the EU data protection supervisor and DPOs from other EU agencies.

Goal 2013–15: The EMCDDA attains good performance in carrying out the tasks set out in its recast Regulation and achievement of its objectives. This will be accomplished through good governance and efficient management and leadership, supported by enhanced planning, monitoring and reporting and an effective internal control and risk management system.

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

Priority interventions	Planned activities	Expected outputs/results
10.1.1. Implement strategic decision-making process at the level of the Management Board	10.1.1.1. Coordinate, prepare and organise follow-up of the meetings and decisions of the Management Board, of the Executive Committee and of the Budget Committee	• Two Management Board meetings, four Executive Committee meetings and four Budget Committee meetings organised and members provided with all the necessary documents and support to perform their duties • 2014 work programme, 2014 budget, 2015 preliminary draft budget (PDB) and other statutory decisions adopted
10.1.2. Provision of support and guidance by the Scientific Committee, to further enhance the scientific quality of the EMCDDA's work	10.1.2.1. Coordinate, prepare and organise the meetings of the Scientific Committee and follow up on the conclusions and recommendations	• Two Scientific Committee meetings organised and members provided with all the necessary documents and support to perform their duties
	10.1.2.2. Prepare renewal of the Scientific Committee	• Call for expressions of interest in membership in the EMCDDA Scientific Committee published and selection procedure finalised

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

Priority interventions	Planned activities	Expected outputs/results
10.2.1. Implement sound management organisation and practices	10.2.1.1. Perform top-level and middle-level managerial activities, organise regular Heads of Unit (HoU) and Coordination Group meetings and implement the decisions made	• Further improved working structure, organisation and methods, to support efficient implementation of activities • Annual work programmes implemented as planned and/or measures to improve performance taken, when necessary • Heads of unit meetings organised and decision implemented • Coordination group meetings organised, supporting the preparation of the HoU meetings
	10.2.1.2. Finalise assessment of internal processes to ensure that the agency's resources are used in the most efficient, effective and economical manner	• Proposal to rationalise use of resources and improve performance prepared and endorsed internally and implementation of concrete measures started
	10.2.1.3. Review processes and procedures for document management	• Processes and procedures for document management reviewed and EMCDDA policy developed
	10.2.1.4. Ensure compliance with the data protection rules applicable to EU bodies, Regulation (EC) 45/2001	• Data protection rules applicable to EU bodies (Regulation (EC) 45/2001) observed in all EMCDDA activities • DPO activities report prepared and disseminated internally • First 2013 bi-annual meeting of the EU DPO Network meeting organised by the EMCDDA

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

Priority interventions	Planned activities	Expected outputs/results
10.3.1. Design and put in place an integrated performance measurement system to allow EMCDDA to better track progress of its achievements and detect implementation challenges in a timely way	10.3.1.1. Set up the performance measurement system	• Monitoring system designed • Performance indicators defined for the main areas of work
10.3.2. Prepare the documents required by the strategic planning and programming cycle	10.3.2.1. Prepare the 2012 General report of activities	• 2012 General report of activities published online by 15 June
	10.3.2.2. Prepare the end-term monitoring report of the 2010–12 EMCDDA strategy and work programme	• 2010–12 strategy and work programme end-term monitoring report presented to the Management Board
	10.3.2.3. Develop the 2014 annual work programme	• 2014 annual work programme submitted to the Management Board for adoption
	10.3.2.4. Prepare and conduct the 2013 mid-year monitoring exercise	• Mid-year monitoring report prepared and used to support internal decision-making and planning

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

Priority interventions	Planned activities	Expected outputs/results
10.4.1. Implement sound internal control system	10.4.1.1. Verify thoroughly the financial transactions, notably as regards legality and regularity of operations, ensuring that they are made in accordance with the relevant regulatory requirements, including sound financial management	• Ex-ante verification of all financial operations and corrections made where necessary • Recording of exceptions, particularly in cases of breaches of financial rules • Advice on best practices, notably as regards cost-effectiveness of operations, provided to internal actors
	10.4.1.2. Regularly update the repository on the state of implementation of the 16 EMCDDA Internal Control Standards (ICS) for effective management and control	• Regular assessment of the quality of the EMCDDA internal control systems to support risk managers on areas requiring risk-mitigating measures and/or upgrades of the key controls set in place
	10.4.1.3. Regularly update the central and sector risk registers as required under ICS 6	• Identification and assessment of risks posed to EMCDDA activities and timely setting up of action plans to mitigate those risks
	10.4.1.4. Liaise effectively with the EMCDDA Internal Auditor (Internal Audit Service of the EC, IAS) with a view to taking stock of recommendations arising from audits in areas of strategic importance	• Proper implementation of recommendations addressed by the IAS to the EMCDDA in accordance with suitably designed action plans, leading to improvements in the internal controls object of recommendations

Reitox network

The work to coordinate the Reitox network will focus on three main priorities and challenges: (1) providing support for the implementation of decisions linked to the systemic review, starting with the launch of the agency's new Annual report and the development of a quality assurance strategy, and by providing full support to the revision of reporting instruments; (2) moving forward the implementation of the Reitox development strategy with priority given to the added value of the work of NFPs at EU and national levels through the follow-up of the 'Reitox focus groups' initiative; and (3) starting to develop, in consultation with the Reitox NFPs, a reference model for the accreditation of the NFPs, in line with the recommendations of IAS and Court of Auditors.

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

Priority interventions	Planned activities	Expected outputs/results
10.5.1. Agree the annual reporting package and necessary developments to the overall reporting framework	10.5.1.1. Organise the Reitox Heads of focal point meetings	• Two Heads of focal points meetings organised, in May and November • Meeting documents, presentations and results available online
	10.5.1.2. Present to and agree with the Reitox NFPs the guidelines for national reporting	• New guidelines adopted at the Heads of focal points meeting in November
	10.5.1.3. Prepare and support the revision process of reporting instruments, in liaison with the Scientific Division	• Preparatory documents for each instrument to be revised in 2013 presented at the Reitox May meeting • First comprehensive proposals presented at Reitox technical meeting of September/October • Full package adopted at November Reitox meeting and integrated in the guidelines for reporting 2014
	10.5.1.4. Organise the systematic consultation of NFPs for draft guidelines and for the periodical revision of tools before adoption at the Reitox meeting of November	• Reitox technical meeting organised in September/October for analysis and discussion of first draft documents and agreement on way forward to prepare adoption at the November Reitox meeting
10.5.2. Strengthen the Reitox network at national level as a high-quality provider of information	10.5.2.1. Provide on-site institutional support, in line with the recommendations formulated in the quality reports	• Institutional visits organised to the countries, as needed, and based on available resources
	10.5.2.2. Support NFPs in conducting the focus groups with harm reduction service providers at national level	• Work plan for developing the added value of NFPs in the area of 'demand reduction, interventions and solutions' at national level, both for data collection and for knowledge dissemination, prepared and agreed with the NFPs
	10.5.2.3. Organise a Reitox Academy on misuse of medicines in the context of polydrug use	• 30 NFPs trained

Priority interventions	Planned activities	Expected outputs/results
	10.5.2.4. Define a reference framework in consultation with NFPs for the development of an accreditation process	• Technical meeting organised • One draft proposal presented at the Reitox Technical meeting of September/October 2013 • General proposal presented for adoption at the November meeting
10.5.3. Develop an integrated approach to capacity development and to quality assurance	10.5.3.1. Support organisation of national and regional Reitox Academies upon request and needs from the NFPs	• Two national or regional Reitox Academies on 5 KIs and two Reitox Academies on responses organised for EMCDDA Member States, upon request
10.5.4. Strengthen the management and organisational processes and procedures	10.5.4.1. Support NFPs in the management and implementation of their yearly grant agreement	• 27 Grant Agreements signed and implemented for the whole year, and one first Grant Agreement signed and implemented with Croatia for the second half of the year • A Reitox academy on grant management for at least ten representatives from selected EU Member States organised by mid-2013 • NFPs better trained in EU financial regulation and consequent grant implementation • 3 on-site audit visits and training support
	10.5.4.2. Implement further steps to ensure that the management information system (HERMES) developed for the technical cooperation activities and management of grants is fully operational	• HERMES reports used to track the progress of implementation of the work programme

II.11. Administration: supporting core business

Overview

The EMCDDA administration function is expected to contribute significantly to fulfilling one of the top-level commitments for the 2013–15 programming period, namely the commitment to efficiency and deriving maximum value from activities and investments. At the same time, through providing quality support services to core business, it will make an important contribution to achieving the other two top-level commitments that will drive the work of the EMCDDA over the next three years. Therefore, enhancing efficiency, further developing sound management of available resources and providing service-oriented administrative support to the EMCDDA's operations will represent main priorities across all the activities within the administration area.

In the financial management area, the focus will be on aligning the EMCDDA's financial rules and processes to the revised EU financial regulations and enhancing efficiency of relevant transactions, with special attention to procurements and staff missions. Aligning internal financial rules and procedures with the revised EU-applicable legislation will require revision of the current rules, together with updating of the internal procedures, manuals and templates and the provision of training to the internal actors involved. At the same time, further improving effectiveness and efficiency of financial transactions (payment process) is envisaged. This will be achieved by means of, among others, the 2013 annual assessment of the EMCDDA financial and administrative implementation of the budget and the work programme, followed by a proposal of measures to improve budget execution and the use of the earmarked resources. Implementation of digitalised tools and processes, such as electronic workflow for relevant financial transactions and a new ICT-based tool for staff missions' management will also contribute to this objective. A key intervention will be to rationalise and optimise tendering processes. This will involve defining and implementing the 2013 annual procurement plan, as an integral part of the agency's work programme implementation, as well as providing support to the staff concerned. As additional means to rationalise procurements, the increased use of framework contracts, long-term contracts and multiannual calls for tenders will be promoted, and training will be provided to project managers in the core business area, in order to make use of these options whenever possible. Furthermore, with a view to making use of common facilities and services and achieving economies of scale, we will continue to develop synergies with other EU bodies in general and with the ones based in Lisbon in particular.

Another important objective will be to ensure and further enhance effectiveness and efficiency in budget execution and management. This will involve timely preparation and use of budget planning and management tools (such as draft budget, amending budgets, budget transfers) in line with the EMCDDA priorities. Further development of the EMCDDA activity-based management (ABM) and activity-based budgeting (ABB) system, as well as implementation of improved reporting tools, will contribute to reaching this objective. One of the highlights for 2013 will be the contribution to the needs definition and resources required for the development of an IT tool to support integrated operational and financial planning within the new performance management system, to be put in place by the end of 2015 (see also Main area 10: Governance, management and networks).

In the accounting area, the objective will be to enhance the quality of the EMCDDA accounting management and reporting, through developing accounting of assets and further clarifying the conditions and requirements for effective accounting management. This will involve assessment of the solutions/tools to improve accounting of the agency's assets and better integration with existing SAP-based accounting system and implementation. The Charter of the EMCDDA Accounting Officer will be also adopted.

In the human resources (HR) management area a main priority will be to align the EMCDDA's HR processes and policies with the forthcoming reform of the EU staff regulations. This will require, among other things, preparing the agency's implementing rules and informing staff on the main aspects of the reform, concerning rights/entitlements and obligations. Another priority will be to further digitalise the HR management processes. This will

continue the projects developed in previous years and will contribute to increased efficiency and transparency. An important element for 2013 will be the follow-up to the staff opinion survey conducted in 2012. Based on the results of the study, career development-related policies might need to be reviewed. Further developing the capacity of the agency's staff through provision of training will be another key priority. The training plan will be updated during the year and a new system for assessing the effectiveness, quality and added value of the training will be implemented.

In the area of infrastructure and logistics, measures to ensure and develop effective and efficient management of the EMCDDA's premises, infrastructures and relevant services will be implemented. This will involve optimising the use of the available facilities, equipment and infrastructure, contributing to reducing utility costs and, more importantly, ensuring a healthy working environment for the agency's staff. Moreover, the efforts to find a suitable solution for renting or selling the premises which are currently not occupied will be further pursued. A key priority will be to ensure safety at work, sound environmental management and security in the buildings. This will be done by means of, among others, reviewing the Annual security risk assessment of the EMCDDA, in order to identify and evaluate risks, foresee new developments and propose mitigation measures to reduce impact and likeliness. Also, the Business Continuity Plan (BCP) will be further developed and an Environmental Management System (EMS) will be put in place. Regular training of staff and Wardens on evacuation procedures will be carried out.

Goal 2013–15: Ensure effective and efficient allocation and management of financial and human resources and assets, through further rationalising internal processes, while developing the quality of services and support provided.

Financial and budget management, and accounting

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

Priority interventions	Planned activities	Expected outputs/results
11.1.1. Align the EMCDDA's financial rules with the revised EU financial regulation and ensure their implementation	11.1.1.1. Adapt work processes in line with the revised EU financial regulation	• Updated procedures, manuals and templates in place
	11.1.1.2. Train relevant staff to apply the revised financial rules	• Financial and contractual support officers trained to ensure correct implementation of the revised rules • Financial actors trained to ensure correct implementation of the revised rules
11.1.2. Further improve effectiveness and efficiency of financial transactions (payment process) and procurement processes	11.1.2.1. Conduct annual assessment of EMCDDA's financial and administrative implementation of the budget and work programme	• Further measures to improve budget execution and use of work programme resources
	11.1.2.2. Implement digitalised tools and processes (based on available resources)	• Electronic workflow procedures conceptualised (e.g. pilot phase for commercial invoices) • ICT-based tool for staff missions management developed and piloted
	11.1.2.3. Revise travel forms to reduce the number of transactions for each mission	• Improved average timeframe for payments (as compared with 2011)

Priority interventions	Planned activities	Expected outputs/results
	11.1.2.4. Implement measures to rationalise and optimise tendering processes, resulting in timely and successful execution of procurements	• 2013 annual procurement plan in place • Training provided to all scientific project managers
11.1.3. Ensure effective and timely preparation and use of budget planning and management tools in line with EMCDDA priorities and constraints and in accordance with ABM/ABB principles	11.1.3.1. Prepare and submit for approval the budget-planning instruments in a timely manner	• EMCDDA 2014 draft budget (DB) and 2015 preliminary draft budget (PDB) adopted
	11.1.3.2. Prepare forecast analyses on impact of policy and operational issues on the budget, to support decision-making at management level	• Budgetary scenarios and progress reports submitted in appropriate format
	11.1.3.3. Facilitate effective use of the 2013 budget	• High rate of budget execution
	11.1.3.4. Further develop activity-based budgeting approach	• Options for further development identified and possible solutions chosen
11.1.4. Develop customised reporting on budget execution	11.1.4.1. Prepare budgetary reports, including visualisation of main budgetary trends	• Regular statistical reports and customised reports on budget execution
	11.1.4.2. Build new reporting tool to further match/liaise budget execution and accounting	• Increasing internal control between budget execution and accounting
11.1.5. Improve the accounting of EMCDDA assets, and further define the conditions and requirements for the function of accounting officer at the EMCDDA according to applicable financial rules	11.1.5.1. Assess and implement solutions/tools to improve accounting of EMCDDA assets and achieve better integration with existing SAP-based accounting system	• Optimal solution identified
	11.1.5.2. Develop charter of the EMCDDA accounting officer including clear definition of requirements, conditions and responsibilities for the function of accounting officer	• Charter of the EMCDDA accounting officer adopted

Human resources management

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

Priority interventions	Planned activities	Expected outputs/results
11.2.1. Align EMCDDA HR processes and policies with the forthcoming reform of the EU staff regulations	11.2.1.1. Revise HR processes and policies in line with the new rules	• Revised rights and entitlements • Employment contracts of temporary agents (TA) amended and signed • New recruitment templates in place
	11.2.1.2. Organise information sessions to staff	• Information sessions on the main aspects of the reform organised and staff properly informed of rights/entitlements and obligations
11.2.2. Further digitalise HR management processes through the development of ICT tools to increase their efficiency and effectiveness	11.2.2.1. Analyse and implement options to maximise use of the HR database	• Solutions to further improve use of the HR database identified and implemented • Integration of existing staff documents into the database to the best possible extent
	11.2.2.2. Develop ICT solution for leave management, integrated with the HR database	• Technical specifications developed

Priority interventions	Planned activities	Expected outputs/results
11.2.3. Follow up the outcome of the 2012 staff opinion survey	11.2.3.1. Develop action plan to follow up the survey	• Action plan developed and approved by the Director, as required
	11.2.3.2. Develop career paths by relying on the concept of 'job families' to define a clear framework for career development	• Feasibility study for definition of career path/job families at the EMCDDA
11.2.4. Further develop EMCDDA working and production capacity by maximising training opportunities for EMCDDA staff	11.2.4.1. Develop/update the training plan as required to match working priorities and needs, and the available resources	• Training plan in line with EMCDDA working priorities • New system for assessing training effectiveness, quality and added value introduced
	11.2.4.2. Organise further training activities to improve managerial capacity	• Training/coaching sessions provided to middle managers

Infrastructure and logistics

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

Priority interventions	Planned activities	Expected outputs/results
11.3.1. Ensure safety at work, sound environmental management and security in the buildings, including reducing utility costs and promoting use of renewable energy	11.3.1.1. Review 'Annual security risk assessment of the EMCDDA to identify and evaluate risks, foresee new developments and propose mitigation measures to reduce impact and likeliness	• Business continuity plan developed • Share best practice by participation in Security symposium and BCP seminar • Risk assessment prepared
	11.3.1.2. Develop, put in place and promote an Environmental Management System (EMS) within the Agency	• EMS in place • Contribution to the Greening network meeting
	11.3.1.3. Conduct training of staff and wardens on evacuation procedures	• Evacuation exercise carried out successfully
	11.3.1.4. Implement measures to rationalise cost for utilities and service contracts	• Reduction in utility costs as compared with 2012 benchmark
11.3.2. Provide a suitable working environment and related services, and improve efficiency and effectiveness through promoting a customer-orientated approach	11.3.2.1. Implement appropriate management of the premises and further improve access to logistics services, to provide optimal working conditions for EMCDDA staff	• Health and safety risks identified and addressed • Increased use of e-support tools for service requests through the Infrastructure and logistics intranet (in comparison to 2011)

II.12. Information and communication technology (ICT)

Overview

ICT programmes and services are planned to support the agency's core developmental objectives, and to guarantee the smooth operation of all running services, including office running support, corporate application hosting and management of the data centre.

In times of rapid technological development and increasing expectations from both external and internal agency stakeholders, developing ICT governance is key to helping the agency implement its work programme and achieve its mission.

Three overarching priorities were identified for the ICT area in the 2013–15 work programme and they guide the work in 2013. The main priorities are overseen by the agency's ICT Steering Committee, a core instrument of ICT governance, engaging the executive level of EMCDDA management in project (and activities) portfolio management.

The first priority intervention, to develop and maintain instruments for supporting core business, supports the pillar work processes of the agency, including data collection and analysis, development and dissemination of EMCDDA products, and governance processes. Within this intervention, the following priorities were identified and defined by the ICT Steering Committee: (1) web presence review programme; (2) support to the annual drugs data collection and analysis; and (3) collaborative content management.

The second priority intervention aims to implement a 'Business and information architecture management' programme. In its stepwise execution, it encompasses business/IT architecture development and its technical implementation. The main objective here will be to ensure well-planned maintenance and evolution of the EMCDDA's technical environment. In practical terms, this will lead to the planned replacement of central server components, network equipment and standard software. For 2013, on the technical side this mainly means to start the gradual replacement of the corporate T2000 servers that are reaching the end of their life, and making operating system (OS) upgrades to servers and end users' workstations. Conceptually, the data and ETL (extract transform load) architecture that supports the prioritised core business areas must be reviewed, and the first step towards defining a formal business architecture must be taken. A topic of special importance with regard to risk and compliance management is the development of the architectural pattern to support business continuity requirements.

The third priority intervention, to implement a 'Technical services management' programme, includes ongoing service management. This encompasses most of the effort and resources dedicated to business-as-usual services; therefore, the majority of resources are earmarked for this area. Formal procedures to ensure service availability and to leverage the advantages associated with any modifications will be promoted. Developing the role of the ICT Steering Committee, implementing best practice, and abiding by the recommendations of an IAS risk assessment and the EMCDDA risk register, is also part of this intervention.

Goal 2013–15: Support the agency in achieving its objectives by providing high-quality and efficient ICT services.

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

Priority interventions	Planned activities	Expected outputs/results
12.1.1. Develop and maintain instruments for supporting core business	12.1.1.1. Develop and maintain infrastructure for the annual drugs data collection and analysis, reflecting the evolution of the drugs data set and its protocols	• Fonte online data collection system set up for annual run; application updates performed during the year, as required • Analytical drugs database updated for 2013
	12.1.1.2. Develop new best practice portal information system	• Roadmap report • EDDRA review (analysis report)
	12.1.1.3. Provide support for business review of the 'monitoring the Internet' programme	• Roadmap report
	12.1.1.4. Support new information system in the area of EDND	• Roadmap report • Functional analysis conducted and requirements identified • Project Match-It, pilot version of the supporting application made available
	12.1.1.5. Support the development of a content lifecycle management approach	• Roadmap for the development of a collaborative content editing platform
	12.1.1.6. Develop strategy and roadmap for implementing a dynamic web presence capability	• Roadmap report
	12.1.1.7. Support new web content management and visualisation platform	• Roadmap report • Functional analysis conducted and requirements identified • Market solutions survey report • Design report • Tendering process (phase 1)
	12.1.1.8. Support business requirements in the corporate and administrative areas (see also Main areas 10 and 11)	• Technical solutions for the IT tool supporting the new performance management system identified (support as required) • Roadmap (continued) and roadmap implementation (phase 1 or small solution) for the missions management IT tool • Electronic workflow procedures conceptualised • Strategy for document management adopted and launched

Priority interventions	Planned activities	Expected outputs/results
12.1.2. Implement 'Business and information architecture management' programme	12.1.2.1. Set up 'Business architecture' programme	• Corporate architecture reviewed • Mission/vision for business architecture developed • Business requirements defined
	12.1.2.2. Develop information, application and data architecture, development process	• Software configuration and change management architecture reviewed • Business continuity architecture developed • Data architecture reviewed in light of changes in data and web publications • Security architecture reviewed • ETL architecture reviewed to support drugs data analysis and dissemination of results
12.1.3. Implement 'Technical services management' programme	12.1.3.1. Implement technical architecture development process	• Software licences maintained; servers and infrastructure functional • Corporate business architecture reviewed • Corporate servers replaced • Upgrades for corporate server; operating system (OS); corporate database; client OS; collaboration platform • Productivity software update finalised • Meeting room equipment: acquisition and installation phase • New laptops procured and installed
	12.1.3.2. Develop project portfolio concept in coordination with the ICT Steering Committee	• Improved planning and management of ICT resources
	12.1.3.3. Streamline ICT acquisition processes, using framework contracts and similar tools	• Procurement processes optimised through increased collaboration on specific subjects/dossiers with institutional networks, other agencies and European institutions

Annex I: Potential risk factors

Risk factors

During 2012, in line with the approach already followed throughout 2010 and 2011, and in the framework of a more systematic risk identification and assessment exercise, the EMCDDA has identified potential risk factors that could affect its planned deliveries. A fully fledged central risk register was set up in 2010, which has benefited from successive updates since then. The table below is based on that register; it lists the main potential risks that could negatively impact on the expected outputs and compliance with the EMCDDA's objectives for 2013. A brief assessment of the likelihood of occurrence and of potential impacts of the risks identified is also provided, along with a summary of the main mitigating measures already taken and planned to tackle risks identified (where applicable).

Risk factors identified for delivery of the 2013 work programme	Likelihood of risk and respective impact on the 2013 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Substantial change from 2013 onwards of the amounts granted by the EC to the EMCDDA (when compared with amounts granted over the 2010–12 period).	The 2013 work programme has been drawn up on the basis of the EMCDDA's draft budget for 2013, which relies on an expected EC funding of EUR 15 550 000 (the same value as for 2012). Any reduction in this sum could require processes and outputs to be reviewed.
2. Supplementary specific requests from EU institutions to provide technical support for the implementation of EC programmes and actions, in particular as regards implementation of the Council Decision on new psychoactive substances.	An extensive number of core tasks in support of the EU institutions have been foreseen for 2013, particularly involving, but not limited to, provision of expertise and technical information in the framework of the EU drugs strategy, the Council Decision on new psychoactive substances, the second progress report for implementing the Council Recommendation of 18.6.2003, the drug policy dialogue, the monitoring of supply and supply reduction interventions and the EU Framework for minimum quality standards and benchmarks in drug demand reduction (EQUS). However, additional requests from EU institutions to provide technical support for implementing actions and programmes could require priorities to be reviewed ([7]) or supplementary resources to be identified. Concerning, in particular, the implementation of the Council Decision on new psychoactive substances, and in view of the high number of psychoactive substances appearing over a short time period, a significant risk exists that multiple risk assessment exercises will be required on these, which would pose an additional burden on the work programme and budget resources available.
3. Supplementary requests from Member States and third parties to provide expertise in specific domains.	The current level of requests can be accommodated in routine work, but a significant increase in demand for this type of expertise would need additional scientific resources dedicated to it and would need to be balanced against other priorities of the work programme (see footnote 7).

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

Risk factors identified for delivery of the 2013 work programme	Likelihood of risk and respective impact on the 2013 work programme
4.1. Lack of appropriate funding for National Focal Points (NFP) in the Member States, which might negatively impact on their capacity to comply with reporting obligations towards the EMCDDA. This risk could be compounded by insufficient funding for information collection in Member States as a whole, which in itself would curtail the NFP capability to provide reliable information to the EMCDDA.	All core monitoring activities could be affected, notably the review of developments in drugs use and responses in Europe. However, the high political visibility of the drug phenomenon renders unlikely sizeable and widespread cuts in NFP financing and acts as a mitigating risk factor. In such an unfavourable scenario, priorities assigned to the NFP affected would have to be reviewed, in order to ensure availability of core information. Outsourcing by the EMCDDA of tasks to NFP staff could also be envisaged as a mitigating measure, should the necessary appropriations be available in the EMCDDA budget.
4.2. Lack of specific expertise in sensitive spots (such as prisons and hospitals) in Member States or of core information at the quality levels required for the production of certain products planned by the EMCDDA.	Core activities would not in principle be affected. However, the quality of certain publications (for instance, Monographs and Insights series) could suffer should this risk materialise. The likelihood of occurrence and impact of this risk can be considered as medium, since it is in principle confined to Member States experiencing a less favourable economic situation. Should this risk materialise, planning of publications would have to be adjusted in accordance with the quality of information and expertise available in the areas concerned; this would entail reallocation of planned publications to alternative products, where feasible.
5. Unauthorised use or misuse of EMCDDA products by external parties, notably for commercial or profit-making activities. Such abuses might entail reputation risks to the agency, notably if the contents of the original publications were to be modified, rendered incomplete or inaccurate and the EMCDDA be cited as the editorial source.	This risk materialised at the beginning of 2011, in that the copyrights of a number of EMCDDA publications have been violated. Although there is so far no evidence that the contents of its outputs have been substantially changed, the reputation risk remains since the agency does not have any control on the quality of products identifying it as the editor and sold illegally by a private company. Since this practice has affected a wide range of EU institutions and agencies, the EC Publications Office has requested the publisher in question to cease these activities. This situation has, however, persisted throughout 2012, which might mean that the publisher is making profits on the basis of these abuses; the possibility of setting up controls for downloading our external products ought therefore to be assessed, while keeping in mind that they should be made available to audiences as widely as possible. A legal 'class action' against the publisher has been envisaged and would require coordination with EU institutions and agencies also affected by this unlawful practice.

Risk factors identified for delivery of the 2013 work programme	Likelihood of risk and respective impact on the 2013 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) 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. The EMCDDA is presently located in an area of seismic activity. The likelihood of a tsunami comparable to the one that destroyed downtown Lisbon 255 years ago can be considered as very low, since it is clearly a rare phenomenon. A landslide of the building caused by earthquakes, although not very likely, cannot be ruled out. As regards Tagus flooding, some information available (notably a report issued by Unisys in 2008) leads us to believe that the potential risk here is 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. A letter to this effect was sent to APL in November 2010, followed by a reminder in July 2012. Furthermore, a very comprehensive insurance contract covering, *inter alia*, adverse effects from earthquakes, landslides and floods has been signed and would provide financial compensation should these events materialise.
7. Terrorist attacks	The new facilities, as they are more visible than before, could, at least in theory, attract the attention of terrorist groups. The likelihood of such an event is considered as low, mostly because Portugal has no serious recent history of this kind of attack. Moreover, if the target of such actions were to be the EU institutions or the like, there are far more visible and emblematic institutions in Europe, a fact that should decrease the potential risk faced by the EMCDDA in this respect. The insurance policy for the EMCDDA building covers, *inter alia*, this risk.
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; c) insufficient licensing and assets 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; development of a detailed report on ICT activities for 2010 and 2011; setting up of a project catalogue for ICT; creation of an ICT Investments Steering Committee; implementation of a project portfolio management process; (b) participation of the EMCDDA in inter-institutional framework contracts; adoption of a 'turn-key' approach to projects; (c) implementation of the I-Desk M2009 programme.

Risk factors identified for delivery of the 2013 work programme	Likelihood of risk and respective impact on the 2013 work programme
	A wide range of additional measures and actions is expected to reduce existing risks to tolerable levels until the end of 2013 at the latest: (a) to further improve documentation of procedures and appropriate guidelines leading to sound decisions on IT investments; (b) to further develop the work of the ICT Steering Committee in order to ensure coherence in investments with core business needs; definition and implementation of a project management and execution methodology; (c) to enhance planning and control of license and assets utilisation; to set up the ICT Services Catalogue allowing stakeholders' needs for IT services to be better addressed.
8.2 IT — technical risks, notably linked to: a) software configuration management problems resulting from not properly planned installations of software; b) inconsistent application of patching procedures, compounded by insufficient documentation of interventions and systems updates; c) difficulties in ensuring business continuity and swift recovery in cases of incidents or disasters, due to both governance-related and technical risks; and d) security violations, due to some lack of adequate procedures 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; implementation of technical tools addressing management of software configuration issues; 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; (c) definition of standards for a Business Continuity Plan (BCP) of the EMCDDA as a whole; hosting of the agency portal in degraded mode at an alternate site; use of a framework contract for supporting business continuity; procurement of specialised assistance services in cases of disaster; documentation of key technical dependencies in ICT; and (d) installation of network management software combined with an update of the software version of Firewalls; introduction of modules for intrusion detection and prevention; increased protection against malware and virus threats. Furthermore, a comprehensive set of measures has been foreseen in order to further reduce risk levels: (a) establishment of standard documentation on the technical infrastructure and procedures to follow in operations; (b) definition of specific guidelines for patching in servers; (c) finalisation of the work started in implementing the business continuity and disaster recovery plans; improvement of the documentation on dependencies amongst the components of the EMCDDA ICT infrastructure; development of Santa Apolónia as the service continuity support site; accomplishment of a fully fledged BCP; and (d) to contract and carry out telecom security-related services, as well as external audits on sensitive areas of the EMCDDA core business (e.g. CMA and Fonte).

Risk factors identified for delivery of the 2013 work programme	Likelihood of risk and respective impact on the 2013 work programme
9. Unexpected departure of key members of staff	Given the highly specialised and technical nature of much of the agency's work, finding suitable replacements can be a time-consuming task. The EMCDDA 2010 reorganisation of scientific units provided sounder back-up arrangements for all staff concerned, whilst allowing a wider decentralisation of responsibilities in this key area. Investment in human resources ensures that arising needs can be acted upon with minimum delay in most cases. 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. Moreover, it has been planned to shorten the current delays for staff recruitment. A stable contracts policy with key staff, notably in scientific areas, has been pursued and ought to be reinforced.

Risk management

The worst-case scenario would be linked to a major earthquake leading to a tsunami. As hinted above, an emergency/salvage plan conceived to address the resulting damages would be needed. Even so, disruption of the EMCDDA's activities would probably ensue, the respective duration being dependent on the severity of the catastrophe and on the promptness of the aid received from public and/or private sources.

It is to be noted that a very comprehensive insurance contract covering, inter alia, adverse effects arising from earthquakes, landslides, floods and terrorist attacks has been in force since 2010 and would provide the necessary financial compensation should such events materialise. The responsibility for further measures aimed at mitigating the risk of floods at the building belongs to its owner, the APL, as stipulated under the leasing contract.

Regarding specifically the risks linked to the IT area, which have been subject to particularly close scrutiny, the main related consequences would be felt on business continuity and sound financial management, the latter to the extent that suboptimal investments in IT could ensue, in terms of both purchases made and value for money obtained thereby. It is to be noted, however, that extensive action has already been taken in these areas, particularly throughout the last two years; these, combined with those currently being implemented and planned for 2013, are expected to bring down these risks to tolerable levels by the end of 2013.

Apart from the situations mentioned in the paragraphs above, the main consequences that could arise from materialisation of the risks identified would sequentially be:

a) reduced activities in support of partners and for non-core tasks;

b) delay or postponement of necessary developmental work, support and capacity-building activities;

c) reduction in capacity for analytical work and transversal products;

d) reduction in the scope or quality of planned outputs.

Except for major catastrophes (notably tsunamis), should any of the above scenarios occur, a detailed assessment of their impact both in budgetary and operational terms would have to be conducted. The implications of this assessment would then need to be considered in terms of the overall priorities of the work programme.

In case of major catastrophes, further measures would of course be needed.

The EMCDDA has used and will further strengthen its internal capacity to prevent, manage and minimise the impact of the abovementioned risks. Further to the mitigating measures described above, it has improved the planning, monitoring, assessment and execution of its work programme and budget (activity planning and monitoring of work programmes have been assigned since 2010 to the Director's Office). Moreover, throughout 2012 a close monitoring of the state of implementation of the EMCDDA Internal Control Standards has been conducted in the framework of the risk management (namely, assessment of internal control systems) exercise carried out at the agency.

Annex II: Estimated allocation/use of the appropriations provided under the EMCDDA 2013 budget for the implementation of the EMCDDA 2013 work programme

The amounts indicated in the table below are based on the EMCDDA's budget for 2013 that the EMCDDA's Management Board should adopt in December 2012. This budget relies on the following revenues:

- EUR 15 550 000,00 to be provided by the EC subsidy to the EMCDDA;
- EUR 405 853,44 to be provided by Norway for its participation in the EMCDDA;
- EUR 100 000,00 to be provided by Turkey for its 1st year of participation in the EMCDDA, by assuming that the relevant agreement will enter into force on 1st Jan 2013;

Furthermore the EMCDDA's 2013 budget enters as assigned appropriations a financing of EUR 350.000 from the IPA programme for the execution in 2013 of a project for technical assistance aimed at preparing IPA Beneficiaries for their participation in the EMCDDA (so called IPA 4 project – 2nd year of execution).

The tables below present the estimated allocation of the EMCDDA's 2013 budget appropriations for the implementation of the EMCDDA's 2013 work programme.

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

WP objectives and activities	Main actors for implementation	Allocated human resources (fte/year)(1)					Allocated budget resources — Non assigned appropriations (€)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (2)	For indirect cost of operations (3)	Total budget
Data collection, analysis and quality assurance	EPI + IBS + RTX	0.5	2.5	3.5	0	6.5	457 447.80	641 893.64	1 099 341.45
Monitoring and understanding drug use and problems: key indicators and epidemiology	EPI	0.5	5	1	0	6.5	565 840.48	653 089.57	1 218 930.04
Monitoring demand reduction responses applied to drug-related problems	IBS	2	4.7	0.5	0	7.2	707 995.58	714 859.92	1 422 855.50
Monitoring drug supply and supply reduction interventions	SAT	0	2.5	1	1	4.5	381 623.64	326 866.56	708 490.20
Monitoring new trends and developments and assessing the risks of new substances	SAT	0	3.5	1	0	4.5	420 527.72	326 866.56	747 394.29
Improving Europe's capacity to monitor and evaluate policies	POL	0	4	1	0	5	434 595.88	457 162.84	891 758.72
Scientific coordination, research and content support	SDI + IBS + POL	1	4.5	0	0	5.5	585 629.98	549 849.79	1 135 479.77
Total		**4**	**26.7**	**8**	**1**	**39.7**	**3 553 661.08**	**3 670 588.89**	**7 224 249.97**

(1) Fte/year – full time equivalent per year; O – officials; TA – temporary agents; CA – contract agents; SNE – seconded national experts.
(2) Appropriations for cost/expenditure for operational activities and staff directly involved in the implementation of the EMCDDA mission/task/WP.
(3) 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.

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

WP objectives and activities	Main actors for implementation	Allocated human resources (fte/year)(1)					Allocated budget resources — Non assigned appropriations (€)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (2)	For indirect cost of operations (3)	Total budget
Cooperation with key partners: EU bodies, civil society and international organisations	DIR	0	0.5	0	0	0.5	114 471.80	93 298.50	207 770.30
	SDI	0	1	0	0	1	132 390.78	111 765.06	244 155.84
Cooperation with key partners: candidate and potential candidate countries and European Neighbourhood Policy countries and other non-EU countries	RTX	0.3	2.3	0	0	2.6	199 889.75	242 576.17	442 465.92
Total		**0.3**	**3.8**	**0**	**0**	**4.1**	**446 752.32**	**447 639.74**	**894 392.06**

(1) Fte/year – full time equivalent per year; O – officials; TA – temporary agents; CA – contract agents; SNE – seconded national experts.
(2) Appropriations for cost/expenditure for operational activities and staff directly involved in the implementation of the EMCDDA mission/task/WP.
(3) 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.

C. Supporting the achievement of results (transversal operations)

WP objectives and activities	Main actors for implementation	Allocated human resources (fte/year)(1)					Allocated budget resources — Non assigned appropriations (€)		
		O	TA	CA	SNE	Total HR	For direct cost of operations (2)	For indirect cost of operations (3)	Total budget
Communicating the EMCDDA's findings to external audiences (including translation)	COM	1	9	2	0	12	1 540 834.03	1 167 509.32	2 708 343.35
Governance, management and networks	Governing bodies + DIR + IBS	3	5.3	2	0	10.3	986 547.19	870 732.45	1 857 279.64
	RTX + NFPs' co-financed activities	0.7	2.2	1	0	3.9	3 043 177.72	328 410.72	3 371 588.44
Total		**4.7**	**16.5**	**5**	**0**	**26.2**	**5 570 558.94**	**2 366 652.48**	**7 937 211.42**
Grand Total for Operations (A+B+C)		**9**	**47**	**13**	**1**	**70**	**9 570 972.34**	**6 484 881.10**	**16 055 853.44**

(1) Fte/year – full time equivalent per year; O – officials; TA – temporary agents; CA – contract agents; SNE – seconded national experts.
(2) Appropriations for cost/expenditure for operational activities and staff directly involved in the implementation of the EMCDDA mission/task/WP.
(3) 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.

D. Support to operations under A, B and C above (overheads)

WP objectives and activities	Main actors for implementation	Allocated human resources (fte/year)(1)					Allocated budget resources for direct cost of supporting activities to be distributed to operations(3) (see above) — Non assigned appropriations (€)
		O	TA	CA	SNE	Total HR	
Administration supporting core business	ADM	3	13	7	0	23	3 124 051.76
Information and communication technology	ICT	0	8	2	0	10	1 134 957.75
	Total	**3**	**21**	**9**	**0**	**33**	**4 259 009.52**

(1) Fte/year – full time equivalent per year; O – officials; TA – temporary agents; CA – contract agents; SNE – seconded national experts.
(3) 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.

E. Special projects

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

WP objectives and activities	Main actors for implementation	Allocated human resources (fte/year)(1)					Allocated budget resources — Assigned appropriations (€)
		O	TA	CA	SNE	Total HR	
Preparation of IPA Beneficiaries Countries for their participation in the EMCDDA (IPA 4 project – 2nd year)	RTX	0	0	2	0	**2**	**350 000**

(1) Fte/year – full time equivalent per year; O – officials; TA – temporary agents; CA – contract agents; SNE – seconded national experts.

Annex III: List of the national focal points' beneficiaries of the Reitox grant

Beneficiaries for the 2013 EMCDDA grant agreement ([8])

Unless there would be a reorganisation within the national public administration of one of the beneficiaries (i.e. EU national focal points), the potential beneficiaries for 2013 are the following:

AUSTRIA: Gesundheit Österreich GmbH (Austrian Health Institute); Stubenring 6; 1010 Wien.

BELGIUM: Wetenschappelijk Instituut Volksgezondheid / Institut Scientifique de Santé Publique (Scientific Institute of Public Health) — Patrimoine (IPH - Patrimoine); Rue Juliette Wytsman 14; 1050 Brussels.

BULGARIA: National Centre for Addictions (NCA BG); Pirotska str. 117; 1303 Sofia.

CROATIA (from July 2013 onwards): Vlada Republike Hrvatske — Ured za suzbijanje zlouporabe droga (Government of the Republic of Croatia — Office for Combating Narcotic Drugs Abuse); Preobraženska 4/II; HR - 10 000 Zagreb.

CYPRUS: Cyprus National Monitoring Centre for Drugs and Drug Addiction — EKTEPN; Antidrugs Council; Magnolia Center — Offices 11-12; Strovolos Avenue 32; 2018 Nicosia.

CZECH REPUBLIC: Úřad vlády České republiky (Secretariat of the National Drug Commission — Office of the Government of the Czech Republic), Nabřeží Edvarda Beneše 4; 118 01 Praha 1 - Malá Strana.

DENMARK: Danish Health and Medicines Authority; Axel Heides Gade 1; DK- 2300, Copenhagen S. Sundhedsstyrelsen (National Board of Health); Islands Brygge 67; 2300 Copenhagen S.

ESTONIA: Tervise Arengu Instituut (National Institute for Health Development — NIHD); Hiiu 42; 11619 Tallinn.

FINLAND: Terveyden Ja Hyvinvoinnin Laitos (National Institute for Health and Welfare - THL), PO Box 30 - Mannerheimintie 166; 00271 Helsinki.

FRANCE: Observatoire Français des Drogues et des Toxicomanies (French Monitoring Centre for Drugs and Drug Addiction), Avenue du Stade de France 3; 93218 Saint Denis La Plaine Cedex.

GERMANY: Institut für Therapieforschung (Institute for Therapy Research); Parzivalstrasse 25; 80804 Munich.

GREECE: University Mental Health Research Institute — Greek Reitox Focal Point; Soranou tou Efesiou 2; Papagou; 115 27 Athens.

HUNGARY: Országos Epidemiológiai Központ (National Center for Epidemiology); Gyáli út 2-6; 1097 Budapest.

IRELAND: Health Research Board (HRB) — Drugs Misuse Research Division; Lower Baggot Street 73; Dublin 2.

ITALY: Presidenza del Consiglio dei Ministri — Dipartimento Politiche Antidroga (Presidency of the Council of Ministers - Department for Antidrug Policies); Via Po 16/A; 00198 Roma.

LATVIA: Slimību profilakses un kontroles centra (Centre for Disease Prevention and Control of Latvia); Duntes Street 22; LV-1005 Riga.

LITHUANIA: Narkotikų, Tabako ir Alkoholio Kontrolės Departhamentas (Drug, Tobacco and Alcohol Control Department); Šv. Stepono 27; 01312 Vilnius.

LUXEMBOURG: Centre de Recherche Public — Santé (CRP-Santé); Rue Dicks 18; 1417 Luxembourg.

MALTA: Ministry for Social Policy; Republic Street 310; Palazzo Ferreria; 2000 Valletta.

NETHERLANDS: Stichting Trimbos Instituut; Da Costakade 45; 3521 VS Utrecht.

POLAND: Krajowe Biuro Do Spraw Przeciwdzialania Narkomanii (National Bureau for Drugs Prevention); ul. Dereniowa 52-54; 02-776 Warsaw.

PORTUGAL: SICAD — Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências; Avenida da República n° 61 - 7°; 1050- 89 Lisboa.

([8]) Based on the decision of the EMCDDA Management Board of December 2007, the maximum amount of the grant receivable by the EU national focal points is indexed annually by 2%, in order to maintain the real value of the grant. Unless this decision is revised by the Board, the maximum EMCDDA contribution for each EU national focal point in the 2013 grant would be EUR 107 341.

ROMANIA: Agenția Națională Antidrog (National Anti-drug Agency); Unirii Boulevard 37; Bl. A4; 3rd district; 030823 Bucharest.

SLOVAKIA: Ministerstvo zdravotníctva Slovenskej republiky (Ministry of Health of the Slovak Republic); Limbová 2, P.O.Box 52, 837 52 Bratislava 37.

SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije (Institute of Public Health of the Republic of Slovenia); Trubarjeva 2; 1000 Ljubljana.

SPAIN: Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs); Calle Recoletos 22; 28001 Madrid.

SWEDEN: Statens Folkhälsoinstitut (National Institute of Public Health); SE 831 40 Östersund.

UNITED KINGDOM: Department of Health; Waterloo Road; Wellington House 133-155; London SE1 8UG.

Annex IV: Template of the 2013 Reitox grant agreement

The current grant agreement template is available under the following link:

www.emcdda.europa.eu/about/partners/reitox-network

List of abbreviations and acronyms

ABB	Activity-based budgeting	EU	European Union
ABM	Activity-based management	EUFAS	European Federation of Addiction Societies
BCB	Business continuity plan	EUSPR	European Society for Prevention Research
CADAP	The Central Asia Drug Action Programme	EWS	Early warning system
CEPOL	European Police College	EQUS	EU framework for minimum quality standards and benchmarks in drug demand reduction
CICAD	Inter-American Drug Abuse Control Commission	GARP	Global AIDS Response Progress
CoE / PG	Council of Europe / Pompidou Group	GPS	General population survey
COPOLAD	Cooperation Programme between Latin America and the European Union on Drugs Policies	HDG	Horizontal Drugs Group
COSI	Standing Committee on Internal Security of the European Union	HR	Human Resources
CUP	Cross unit project	IAS	Internal Audit Service
DRD	Drug-related deaths	ICARA	International Confederation of Alcohol, Tobacco and other Drugs Research Association
DRID	Drug-related infectious diseases	IPA	Instrument for Pre-Accession Assistance
EC	European Commission	ITN	Initial training network
ECDC	European Centre for Disease Prevention and Control	JHA	Justice and Home Affairs group, European Commission
EDND	European database on new drugs	KI	Key indicator
EDDRA	European drug demand reduction action	NFP	National focal point
EIB	Evaluation instruments bank	NPAS	New psychoactive substance
ELDD	European legal database on drugs	OAP	Operational action plan
EMA	European Medicines Agency	PCC	Potential candidate countries
EMDAS	European Master in Drug and Alcohol Studies	PDU	Problem drug use
EMQ	European Model Questionnaire	PhV	Pharmacovigilance
EMS	Environmental management system	QSAR	Quantitative structure-activity relationships
ENFSI	European Network of Forensic Science Institutes	TDI	Treatment demand indicator UNAIDS Joint United Nations Programme on HIV/AIDS
ENP	European neighbourhood policy	UNODC	United Nations Office on Drugs and Crime
ERANID	European Research Area Network on Illicit Drugs	WCO	World Customs Organization
ESPAD	European School Survey Project on Alcohol and other Drugs	WHO	World Health Organization

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is one of the European Union's decentralised agencies. Established in 1993 and based in Lisbon, it is the central source of comprehensive information on drugs and drug addiction in Europe.

The EMCDDA collects, analyses and disseminates factual, objective, reliable and comparable information on drugs and drug addiction. In doing so, it provides its audiences with an evidence-based picture of the drug phenomenon at European level.

The Agency's publications are a prime source of information for a wide range of audiences including policymakers and their advisers, professionals and researchers working in the field of drugs, and, more broadly, the media and general public.

The EMCDDA's annual work programme sets out the agency's objectives and expected results to be implemented according to the three-year work programme and strategy.

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