European Monitoring Centre
for Drugs and Drug Addiction

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Work Programme

2014

Contents

I. INTRODUCTION AND SUMMARY OF KEY OUTPUTS

Overview

The 2014 Work Programme continues to implement the commitments set out in the EMCDDA's 2013–15 strategy and work programme. It builds on the achievements made in 2013 where measures were put in place to ensure that the EMCDDA's approach remains appropriate to the challenge of reporting on an evolving drug situation within the context of changing customer needs and expectations. Work for 2014 is underpinned by the core principles of the strategy which are to ensure: the relevance and timeliness of our reporting; that our working practices are efficient and maximise investments made; and that we remain communication and customer focused.

In 2014, work on a number of overarching areas will be taken forward. The new communication approach introduced in 2013 gives greater focus to integrated online information products. In the first phase, the European Drug Report package replaced the old Annual report format. In 2014, we will move to the second phase and overhaul our web content, beginning with the task of rationalising our reporting of national level data and continuing to concentrate on timeliness. In the context of diminishing resources, we give high priority to ensuring that the agency's reporting tools and processes remain efficient and fit for purpose. This is reflected in the introduction of new quality assurance procedures and more efficient working practices, as well as the scaling down of activities in some areas.

The financial resources required for implementing the 2014 Work Programme will be provided by the EMCDDA budget for 2014, as adopted by its Management Board. The budget becomes definitive after final adoption of the general budget of the European Union setting the amount of the subsidy. The 2014 draft EU budget envisages the amount of EUR 14 794 000 for the EMCDDA. This represents a reduction in the EU funding of almost 5 % compared to 2013. This work programme has been drawn up on the basis of this assumption. Changes in the amount of the subsidy would lead to further adjustments to the activities proposed here.

Prioritising work in 2014

While our vision remains set on further increasing the value of the agency's work to better support Europe in responding to its drug problems, our 2014 activities are framed within the context of the realities we face today which include a stable/diminishing reporting capacity at Member State level and reduced human and financial resources at our disposal. It has therefore proved necessary to review and remove, or downscale or postpone, some of the achievements envisaged in the three-year strategy (a list of the key outputs concerned is provided in the section 'Key outputs to be published in 2014 and their intended audience'). Moreover, to safeguard EMCDDA core tasks, and to allow the agency to respond appropriately to the impact of resource deficits as they become apparent, all activities listed here have been subject to a prioritisation exercise. When doing this we have focused on ensuring the agency's core obligations and efficient working practices. It has also been necessary to internalise scientific tasks as far as possible to ensure the budget for external studies is as low as possible. The budget line for studies available for scientific work is envisaged at around half the size of the 2012 allocation and this will be used to provide additional expertise in critical areas, which is essential for our work. The budget perspective also has an impact on human resources and has already resulted in the loss of expertise that is difficult to compensate in the short term and therefore some external input is necessary to assure core tasks. Difficult choices still have to be made and among these is a potential reduction of the financial support provided to support national data collection and reporting efforts. A reduction in this area, combined with the current pressures on national budgets across Europe, is likely to impact on national data collection and therefore have a knock-on effect on reporting to the EMCDDA. This has been anticipated in the 2014 Work Programme as far as is possible. The reporting burden placed on national focal points will be reviewed and the EMCDDA will continue to work on rationalising it so as to ensure that the overall system is cost efficient. A holistic approach is needed here and one of the implications is that not all reporting areas can be awarded the same priority.

Given that some important decisions that will impact on internal budget allocation are still awaited, the activities outlined and prioritised here may require further review. Whilst all activities envisaged by this work programme can be regarded as necessary for the EMCDDA to fulfil its mandate, they can be differentiated with regard to the extent to which they are critically essential in order for the agency to accomplish its core tasks. This allows us to build some flexibility into the planning exercise. Indispensable tasks can

be distinguished from activities which may be scaled down or delayed without preventing the agency from fulfilling its core mandate. It is also possible to identify important tasks that are so advanced or so closely integrated with indispensable activities that removing them would not be rational or cost efficient. Thus, in drawing up this work programme all proposed activities have been classified across three levels – L1, L2, L3.

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

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

L3 – These activities are important for the agency's mandate but in the event of further resource constraints they can be potentially removed, scaled down or postponed without significantly impacting on the agency delivering its minimum institutional obligations in 2014 (i.e. L1 activities).

The target for the EMCDDA is to achieve 100 % of the L1 activities, minimum 80 % of the L2 activities and minimum 50 % of the L3 activities (see Annex III, key performance indicator 10.2.1.)

Continuing to progress during a challenging period — activities in 2014

The agency's scientific work programme concentrates on providing a high-quality analysis of the European drug situation. For relatively well developed areas, the focus is on better exploiting the analytical potential of the considerable data resources now held by the EMCDDA. Thus emphasis is placed on multi-indicator analysis and bringing together responses and situation data sets. An example of this is the preparation of new analysis of HCV in Europe which explores both the scale of the problem and recent developments in treatment. To achieve more complex analysis, and to maximise the scientific capacities available within the EMCDDA, more flexible working practices are required within the scientific teams accompanied by a greater investment in transversal and joined-up working. This is supported by the introduction of the quality assurance framework, cross-unit projects (CUPs), a new planning approach to scientific meetings and a greater focus on shared outputs. Methodological and developmental activities are to a large extent restricted to ensuring that existing tools are appropriately configured to the contemporary drug problem. Examples of this include the launch of new problem drug use (PDU) guidelines, a review of the drug-related infectious diseases (DRID) indicator and pilot work to look at drug emergencies and non-opiate related mortality. The EMCDDA has to ensure that its reporting tools remain fit for purpose when measured against a more complex drug situation in which polydrug use patterns predominate. The agency will also release a publication on cannabis treatment (in its Insights series), reflecting the increased relative importance of cannabis within the overall European treatment picture.

Although the focus of this work programme is on analysis rather than methodological development, the area of supply reduction is an exception. Improving the quality of data in this area is one of the priorities of the three-year work programme and developmental activities are necessary. These activities include pilot work to improve the information available on the disruption of major cannabis cultivation and synthetic drug production sites. On the analytical side, supply and demand data will be used in exploratory work to provide a better estimate of the size of the European drug market. The demands on the EMCDDA in the area of new psychoactive substances continue to grow. The Early-warning system (EWS) is supported by an in-house database, the European database on new drugs (EDND), which lacks both the functionality and the capacity to meet current and future needs of the EWS. Improving the EDND is therefore a priority for 2014. The work programme also takes into account the need to reconfigure activities in support of EWS as a result of the Commission's proposal for changes to the legal basis for this work. Increased activities are an expected result of the scaled up cooperation with the ESPAD (European school survey project on alcohol and other drugs) group, where the EMCDDA is supporting coordination tasks and joint analysis of data. The agency will also continue the review of its responsibilities with regard to the new EU action plan on drugs, the European internal security strategy (COSI) and the European action plan for HIV/AIDS, in order to ensure that these are appropriately addressed.

A major task in 2014 is the second step to overhaul the agency's main reporting tools to make them more relevant to

the future needs, key partners and target audiences. The EMCDDA's web presence will be developed within a new integrated and thematic approach. The Statistical bulletin will be revised within the overall integrated framework and work will start on a new approach for presenting national data. This is a particularly timely development as it requires a close working partnership with the Reitox network. As the EMCDDA can only report the data it receives from Member States, the approach adopted will have to be informed by any changes in the system's capacity. It may also be possible to achieve efficiency savings by reviewing current reporting practices and reducing efforts in areas that have proved unproductive. The fact that the agency needs to do more to support the expert networks it depends on and engage more with the practice community is reflected in the 2014 tasks. A new community area will facilitate ongoing conversation with and between experts working on drug issues in Europe. The new web strategy will provide increased visibility and access to data on responses to the drugs programme. It will also allow the agency to give greater prominence to the work it does to identify and disseminate best practice, including further development of the Best practice portal. The successful partnership with the Cochrane collaboration will continue with two joint evidence reviews planned in 2014. The EMCDDA's support for European scientific studies, research networking and dissemination will also be further developed.

Focusing on efficiency

Ensuring that the agency's resources are used in the most efficient, effective and economical manner will be a priority for all areas of work. This is one of the EMCDDA's three top-level commitments for 2013–15, as emphasised in its three-year strategy and work programme. This becomes increasingly important for the implementation of the 2014 Work Programme, with the substantial budget cuts that the agency will probably face due to the significant decrease in the EU subsidy allocated.

In order to cope with this critical situation, the EMCDDA has already taken several important measures with regard to its operations in 2014. First of all, it has prioritised all planned activities as detailed earlier. Another measure planned for 2014 is to continue to rationalise the use of existing material resources through improved logistics and infrastructure management. A detailed plan of actions which continues the work carried out in 2013 will be further implemented, with the objective of reducing utility costs as much as possible by optimising the use of space and existing facilities. The target is to decrease these costs by a further 4 % in 2014.

To this end, an important contribution to achieving further efficiency gains will be brought by building synergies with other EU bodies. This is in accordance with the interinstitutional Joint Statement/Common approach on EU decentralised agencies as adopted in July 2012 by the European Parliament, the Council and the Commission. Fully in line with this document, the EMCDDA has recently stepped up its efforts to strengthen cooperation and build synergies with the European Maritime Safety Agency (EMSA), with a view to developing opportunities for increased effectiveness, efficiency gains and cost savings provided by the geographical proximity of the headquarters of the two agencies in Lisbon, while safeguarding the autonomous legal personality and capacity assigned to each agency by the EU legislator via the respective basic act. A number of areas for synergies were identified in 2013, namely human resources management, logistics and infrastructure management, and information and communication technologies. Following endorsement by the Directors, the concerned services of both agencies have already started implementing the required actions, and the process will be further developed and expanded throughout 2014.

Synergies with other agencies also include continuing the close collaboration and exchange of experience and good practices carried out in the context of the interagency networks, such as the Performance Development Network (PDN), the Inter Agency Legal Network (IALN), the network of accounting officers (IAAN), Heads of Communication and Information network (HCIN), etc.

Furthermore, the EMCDDA has started to develop its performance measuring system, which will also contribute to increasing effectiveness and efficiency in working practices and in the implementation of the agency's work programme. Key performance indicators (KPIs) for three areas are already in place for the 2014 Work Programme and KPIs for all areas are being developed.

These measures will be complemented by effective use of budget planning and management tools and the development of the activity-based budgeting approach to further improve efficient allocation and use of resources earmarked for the implementation of the work programme.

In the area of Information and communication technology (ICT), developing ICT governance will remain central to support the agency in implementing its work programme and achieving the expected results and targets set for 2014. Increased use of the ICT Steering Committee will be made in 2014, in order to guide investments in this key area.

Another area of importance in 2014 is business continuity, i.e. the process of preparing for either planned or unforeseen events that can cause interruption in the agency's activities. Not only because it makes good business sense, but also because it one of the Internal Control Standards (No 10) adopted by the EMCDDA's Management Board. To this end,

the Business continuity plan (BCP) adopted in July 2013 will be constantly updated to be coherent with the EMCDDA's structures, resources and workflows and all staff will be trained on the content of the BCP and their respective responsibilities. Training on the BCP will be included in the EMCDDA training annual framework, resources permitting.

Structure of the work programme

This work programme mirrors the structure of the EMCDDA 2013–15 strategy and work programme. For each of the 12 main areas, detailed activities and expected outputs/results were planned to contribute to the achievement of the specific objectives and goals set up by the three-year strategic document. This follows the approach introduced by the 2013 work programme and ensures continuity in the agency´s multi-annual planning and facilitates monitoring of results.

In addition, the 2014 Work Programme clearly defines several levels of priorities (see earlier section) corresponding to the planned activities. This responds to the need to adjust the work to potential further resources constraints and it is in line with the recommendations formulated by the EMCDDA´s Management Board and by the agency's Scientific Committee.

Furthermore, following the agency's strong commitment to developing its performance measurement system, for the first time, well-defined performance indicators are presented in the document (see Annex III). These indicators represent the first step in the implementation of the action plan endorsed by the Management Board, which aims to introduce performance indicators for all the areas of work, planned for completion in 2015.

The EMCDDA 2013–15 strategy and work programme envisages a number of key outputs which were planned to be published by the end of the 2015. This planning was based on the resources estimates that were available when preparing the document and has been reviewed in light of the current financial perspective.

As a consequence, the following key outputs will no longer be produced:

- In-depth topical review on drugs and prison (EMCDDA Insights series) and accompanying guidelines
- State-of-the-art scientific review on drug policy challenges for the twenty-first century (EMCDDA Monograph series)
- State-of-the-art scientific review on drug prevention (EMCDDA Monograph series).

Key outputs to be published in 2014 and their intended audience

Output:	Target audiences:			
	Policy	Science	Practice	Citizen
Annual reporting				
European Drug Report package: ▪ Trends and developments (printed, 23 languages) ▪ Perspectives on drugs (PODs) (online, EN) ▪ Statistical bulletin (online, EN) ▪ Country overviews (online, EN) ▪ Interactive application (app, EN) ▪ Press notes (23 languages)	✓	✓	✓	✓
EMCDDA online				
Ongoing development and content updating of the EMCDDA's public website. This includes regular and cyclical content updating including: ▪ Topical content areas (policy and law, health and social interventions, indicator resources pages, research, drug profiles, international cooperation, etc.) ▪ The European database on new drugs (EDND) (online, restricted) ▪ Best practice portal (including EIB and EDDRA) ▪ News and events (online, EN, with some multilingual sections)	✓	✓	✓	✓
Technical publications				
EMCDDA Insights ▪ Treatment of cannabis-related disorders (printed, PDF, EN)	✓	✓	✓	
EMCDDA Manuals (Guidelines, standards and protocols) Technical guidelines: ▪ PDU – revised guidelines (online, PDF, EN)		✓	✓	
EMCDDA Papers (online, PDF, EN) ▪ Drug trafficking penalties ▪ Drug policies of large cities ▪ Polydrug use: an analysis of drug combinations in school and adult populations ▪ New perspectives in environmental prevention ▪ National drug policy ▪ Drug supply and external security: EU policy overview ▪ Mortality among drug users in Europe; a combined multi-country analysis	✓	✓	✓	
EMCDDA Reports (institutional and implementation reports and joint publications)				
▪ General Report of Activities 2013 (printed, PDF, EN) ▪ EMCDDA 2014 Work Programme (online, PDF, EN) ▪ 2013: A year in review (printed, EN) Outputs related to the implementation of the Council Decision 2005/387/JHA: ▪ EMCDDA–Europol report on the implementation of the Decision (Article 10 report) ▪ EMCDDA–Europol Joint Report and risk assessment (if necessary) (online, PDF, EN)	✓ ✓ ✓ ✓	 ✓ ✓	 	✓ ✓
Drugnet Europe newsletter (printed, PDF, EN, four issues)	✓	✓	✓	✓

II. MAIN AREAS OF WORK IN 2014
Monitoring and reporting on the drugs problem in Europe

II.1 Data collection, analysis and quality assurance

Overview

The activities in 2014 continue earlier work to ensure a robust data collection system which is coherent and results in reliable and valid data. Monitoring the drug situation through the standardised collection of data is central to the work of the agency. The data collection and analysis, along with the associated tasks to ensure reliability, validity and transparency, are a resource for our external stakeholders and are the foundations on which the outputs of the agency are built.

Formalising quality assurance procedures and meeting the demands of a changing set of outputs are underlying themes of the work, though many activities are inter-related and address both issues.

On the technical side of the data collection, pending the allocation of funds, focus will be on making improvements with the resources available in-house. The evolution of Fonte will prioritise the demands made by the new TDI data collection to ensure functionality and continuity. In addition, the data flow within the EMCDDA will be addressed to better generate datasets that can be used for querying and analysis, which in turn will support the new products and improve efficiency.

The cyclical work of developing data collection tools and adjusting templates will concentrate on prisons and mortality cohorts during 2014, with reflection on the changes implemented for the 2013 data collection for problem drug use, the behavioural indicators related to drug-related infectious diseases and targeted surveys. Revision and development of the supply side indicators will require adjusting existing data collection tools. The revision of tools in the area of health and social responses will allow further implementation of the treatment data collection strategy.

The development of the European Drugs Report (EDR) package will continue, with delivery on the web being a central theme. The early production and analysis of the data will be maintained. Changes to both the content and presentation of the Statistical bulletin as a result of the 2013 review will be implemented. Given the calendar, the changes to the Statistical bulletin will become fully apparent in 2015. Furthermore, a process of review of the country overviews will commence as part of the wider consideration of country-level data (see Main area 9, priority intervention 9.2.2.).

Quality assurance is relevant to all aspects of the data management process and the analysis of data. Receiving particular attention is the better documentation of computations and of data limitations in the methods and definitions of the Statistical bulletin and the provision of more detail on simple analyses of the data. Both will be components of the Statistical bulletin review. Efforts will continue to formalise the data checks with other data sources, both internal and external, involving cooperation with UNODC, ECDC and WHO.

The first submission of data under the revision of the TDI occurs in 2014, and with it comes a range of both technical and analytic challenges. Work on Fonte is necessary to ensure that the data can be submitted and validated. The tables and graphs constructed in the Statistical bulletin will be reviewed and a new set of SQL programmes will be developed to extract the data necessary to construct basic tables and graphs for analysis. This work is essential to ensure the continued delivery of TDI.

Goal 2013–15

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

Specific objective 1.1: Improve data collection instruments and processes

Priority interventions	Planned activities	Expected outputs/results
1.1.1. Ensure the coherence, efficiency and quality of reporting tools and processes	1.1.1.1. Review and revise reporting package to ensure efficiency, and match priorities and resources (in coordination with national focal points (NFPs)) (L1)	▪ Streamlined reporting package developed and implemented ▪ Work plan and tools adopted for 2015
1.1.2. Annual data collection exercise	1.1.2.1. Implement annual reporting cycle (L1)	▪ NFPs supported in data submission (guidelines and tools) ▪ 2013–14 data cycle implemented ▪ 2014–15 data cycle launched
	1.1.2.2. Fonte maintenance and update: revise templates (as required) (L1)	▪ Standard tables updated as required ▪ Templates and processes adjusted to improve reporting of supply area ▪ Data collection tools revised to reflect developments in Treatment strategy
	1.1.2.3. Rationalise collection of 'quality of intervention' measures (L3)	▪ Small expert review meeting resulting in a rationalised SQ27 (part II) (integrating questions from SQ23–29) ▪ Streamlined approach to updating profile data ▪ Reduced reporting burden
	1.1.2.4. Feasibility test of using composite scores for prevention (L3)	▪ Consultation with NFPs
1.1.3. Maintain Fonte reporting system and data warehouse	1.1.3.1. Maintain databases and tools (L1)	▪ Systems for drug data collection operational ▪ Method for handling the new TDI template and validations within Fonte developed
	1.1.3.2. Improve automatic data submission tools and data extraction tools (L2)	▪ Improved functionality for NFPs ▪ TDI template to generate XML for direct input into Fonte ▪ Datasets that can be queried or analysed more easily
	1.1.3.3. Review and reconcile historical data sets in supply area (L2)	▪ Ongoing validation and update of historical data series (resource dependent)

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

Priority interventions	Planned activities	Expected outputs/results
1.2.1. Implement a cross-indicator methods for validation and analysis	1.2.1.1. Implement coherence checks, combined analysis and develop (where possible) indexes (L3)	▪ Internal working document(s) ▪ Improved multi-indicator analysis ▪ Improved modelling of service coverage
1.2.2. Review, rationalise and improve quality assurance measures for data collection	1.2.2.1. Implement cross-checking of data between the National reports and the Statistical bulletin tables (sub-set of indicators) (L2)	▪ Improved validity and reliability of the data received
	1.2.2.2. Monitor the quality of the data reported by NFPs and provide feedback (L2)	▪ Quality reports prepared for all NFPs
	1.2.2.3. Carry out (where possible) coherence checks with external data sources (L3)	▪ Coherence problems identified and rectified
1.2.3. Develop a statistical quality framework for the analysis, manipulation and reporting of data within the EMCDDA	1.2.3.1. Produce the 2014 Statistical bulletin (L1)	▪ 2014 Statistical bulletin published online
	1.2.3.2. Review the Statistical bulletin to better complement the new European Drug Report, increase web functionality, and improve access to national data (L1)	▪ Improvements to web functionality documentation introduced in 2014 ▪ New Statistical bulletin structure developed and pilot work conducted for implementation in 2015
	1.2.3.3. Implement improvements to the reporting of 'ratings' in structured questionnaires (L1)	▪ Framework for expert ratings introduced
	1.2.3.4. Implement framework for statistical quality assurance (L2)	▪ Data coherence group operational ▪ Increased oversight of information requests ▪ Improved documentation of methods and computations

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

Overview

An objective and reliable knowledge and understanding of the drug situation in terms of prevalence and patterns of use, risk factors and health and social consequences is a prerequisite for developing policies and interventions and for evaluating their outcomes and effectiveness. Therefore, the epidemiological monitoring of prevalence and patterns of drug use and of its health and social consequences has been at the heart of the EMCDDA´s work from its establishment.

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

Our goal for the 2013–15 work programme is to provide an improved overview of the European drug situation by enhancing analysis of the epidemiological information and of the corresponding key indicators. Work in 2014 will build on the activities started in 2013, with new analytical initiatives also being developed.

Considerable methodological progress has been attained in previous years, but to maintain the epidemiological key indicators fit for purpose and in line with evolving information needs, some methodological work remains necessary and some data collection tools (Standard Tables) need to be adapted.

Polydrug use is an increasingly common phenomenon across Europe, and it can lead to increased risks and harms and there is a need for appropriate specific responses. Analysis of polydrug use is therefore a priority, and in 2014 this will be improved and expanded, in particular in population survey data, both in adults and in school children (in cooperation with ESPAD). Improving cooperation with the ESPAD project is one of the objectives of the three-year work programme. During 2014 this cooperation will be maintained and reinforced, following the agreement to scale up cooperation between the project and EMCDDA.

The added value of the EMCDDA's epidemiological information is to a considerable extent based on the work of national focal points and the networks of national experts in the respective key indicators. An important task during the 2013–15 work programme is the ongoing maintenance, reinforcement and development of these networks. This is achieved through continuous contact with their members, giving them scientific advice and support, and by holding annual meetings of the expert networks. Furthermore, the quality and consistency of epidemiological monitoring at European level is based on implementation of the common EMCDDA standards and key indicators in Member States. This implementation needs the joint and continuous effort of NFPs, national experts and the EMCDDA and is an ongoing core task for them. Many third countries (e.g. candidate countries, neighbouring countries and others) are using the key indicators as models for developing their own drug monitoring strategies and the EMCDDA support provided is valuable to these countries.

The analysis of the data collected by Member States and reported to the EMCDDA will be reinforced during 2014. The annual key indicator expert meetings will play an important role in increasing the agency's analytical capacity. The meeting format will be further improved to allow more analysis within and across indicators and extended to include information on responses to drug problems. These meetings will aim to analyse existing national and European data series but also to identify the more recent trends in drug use and problems.

Promoting and facilitating harmonised analysis at national level facilitates and enhances common European analysis. During 2014, and building on work done in 2013, concise national plans of analysis will be developed. These plans will include basic common guidelines and outputs to be produced at national level, which can facilitate national outputs and collation of data at European level.

Psychiatric co-morbidity is an essential dimension for understanding drug problems, their evolution and the possible outcomes of treatment, including the chances of recovery. An in-depth analysis of this domain will be concluded in 2014, with the publication of an Insight in 2015.

Web resources have become an essential component for presenting and disseminating information. Improving the usefulness and accessibility of the epidemiological information and analysis will be a focus in 2014 within the overall framework of website developments.

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. Ensure key indicators methods and tools remain fit for purpose	2.1.1.1. Revise tools for data collection on treatment prevalence based on TDI data collection (L2)	▪ Treatment prevalence module finalised
	2.1.1.2. Review and revise if necessary monitoring approach to drug-related infectious diseases (DRID) to ensure they remain 'fit for purpose' (L2)	▪ DRID review exercise completed (internal working document) and tools revised (as required)
	2.1.1.3. Develop consensus with relevant partners on minimum core set of alcohol use variables to include in drug surveys (in the context of polydrug use) (L2)	▪ Set of core alcohol variables identified ▪ Consensus meeting organised as a satellite to GPS expert meeting
	2.1.1.4. Improve comparability of data available on drug use in prisons (L3)	▪ Common questions launched and available for piloting in interested countries
	2.1.1.5. Audit national survey data collected on new psychoactive drugs (L3)	▪ Analysis presented at the GPS annual expert meeting ▪ New questionnaire set established
2.1.2. Scale up cooperation with ESPAD project	2.1.2.1. Contribute to the launch of the 2015 ESPAD study and ensure ESPAD coordination (L2)	▪ EMCDDA support provided to coordination tasks, questionnaire development and preparatory activities for 2015
	2.1.2.2. Support analysis and dissemination (L2)	▪ Joint analysis on polydrug use with focus on alcohol and medicines ▪ Integration of ESPAD data into the EMCDDA website

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

Priority interventions	Planned activities	Expected outputs/results
2.2.1. Actively monitor implementation of KIs and identify implementation needs	2.2.1.1. Monitor the implementation status of KIs in all countries (L2)	▪ Annual review conducted 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 (L2)	▪ Training delivered as required, based on identified needs and availability of resources
2.2.3. Support key indicator implementation	2.2.3.1. Support countries in implementation of epidemiological key indicators, in particular for the implementation of the new TDI protocol (version 3.0) (L2)	▪ Assistance provided (based on availability of resources)
2.2.4. Support the implementation of KIs in third countries and international efforts to improve reporting capacity (see objectives 8.5.3 and 8.4.2 for details)	2.2.4.1. Provide training and support (where appropriate and based on available resources) (L3)	▪ Training and advice provided (see also activity 8.5.3.1 – Handbook II)

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. Develop analytical capacity, maintain KI expert networks, and introduce more integrated and efficient working practices	2.3.1.1. Carry out analysis of the European drug situation by using KI data and maintain expert networks, through meetings, networking and capacity building activities (L1)	▪ Annual European expert meetings organised and results disseminated ▪ Quality assurance guidelines for meetings implemented ▪ Cross-indicator analysis and networking supported (technical collaboration and online resources)
2.3.2. Improve exploitation of data through standalone, cross-indicator, and cross-area analysis	2.3.2.1. Conduct annual exercise to identify priority questions requiring analysis and task internal work group(s) (L1)	▪ Core analysis completed to inform EMCDDA outputs ▪ Cross-indicator and cross-area analysis ▪ Long-term trends analysis conducted
	2.3.2.2. Carry out analysis of harmonised national GPS databases (L2)	▪ New topic identified and exploratory analysis conducted
	2.3.2.3. Improve analytical value of existing PDU estimates (L2)	▪ Critical review and harmonisation exercise of estimates conducted
	2.3.2.4. Finalise analysis of trends in cannabis treatment demand (L2)	▪ Technical report on patterns and trends of cannabis clients
	2.3.2.5. Explore potential of wastewater analysis as an indicator to estimate population drug consumption (L2)	▪ Concept paper drafted (internal working document) ▪ Findings of 'Demonstration project' available online
	2.3.2.6. Prepare in-depth topical review on psychiatric co-morbidities (EMCDDA Insights series) (L2)	▪ EMCDDA Insights on psychiatric co-morbidities prepared
	2.3.2.7. Conduct selected cross-indicator analysis in different domains (L2)	▪ Update analysis on trends, patterns and prevalence of injection on TDI and PDU ▪ Technical report on estimation of HIV mortality attributable to drug injection
	2.3.2.8. Improve understanding of market size (L2)	▪ Multi-indicator model of market size developed and preliminary estimates calculated (selected drugs)
	2.3.2.9. Improve timeliness and access to information on drug injecting, health consequences and service development (with input from partners) (L3)	▪ Annual update on trends and developments (web based)
	2.3.2.10. Improve reporting capacity for non-fatal health consequences of drug use (L3)	▪ Pilot analysis of emergencies related to cannabis conducted (project report prepared) ▪ Methodological developments in drug-related emergencies followed and strategy paper finalised ▪ Thematic web area conceptualised and implemented
2.3.3. Support analytical capacity development at national level	2.3.3.1. Develop standard analysis plans to help NFPs improve reporting and analysis (L3)	▪ Analysis plans tested for selected indicators
2.3.4. Rationalise and improve web-based information on the drug situation	2.3.4.1. Map thematic areas and develop website content on key themes, methods and national data profiles in context of the integrated EMCDDA website framework (L1)	▪ Map exercise completed and thematic content developed in the EMCDDA website framework ▪ Prototype of national epidemiological profiles developed ▪ Quality assurance procedures introduced (updating and content) ▪ Expert users' area(s) launched

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 interventions span prevention, treatment, harm reduction and social reintegration.

Making the latest information in the demand reduction area available online is a core task for 2014, reflecting the move towards increased online dissemination. The health and social responses profiles, which have been a highly-valued interactive element on the EMCDDA website in 2013, will be updated and further developed. These country-by-country 'integrated response profiles' provide an overview of how countries in Europe are responding to drug use in the areas of treatment, harm reduction, social reintegration and the prison environment.

For the prevention area we will continue to invest in areas that are likely to become important for future prevention work in Europe. We will continue our work on environmental prevention and publish an EMCDDA paper on this topic. In addition, the latest information on early intervention and coordinated programming will be reviewed and made available online. Existing source material in the prevention area will be reviewed and options for updating EMCDDA resources will be explored.

Monitoring demand reduction requires not only reporting on numbers of interventions, but also reporting on the coverage and quality of interventions. This information helps Member States identify gaps in current service provision and contributes to an assessment of the national situation on the responses side. In 2014, we will further implement the new treatment data collection and analysis strategy. Treatment system maps will be consolidated, aiming to provide a better understanding of national treatment systems and the number of persons reached. Work on the target-and-indicator framework will continue in 2014 and as a pilot exercise we will monitor the implementation of the joint ECDC–EMCDDA 'Guidance on the prevention of infectious diseases among people who inject drugs'.

We will continue to prioritise our work to identify best practice in the drugs field and our ongoing dialogue with the scientific and practice community will ensure that we benefit from state-of-the-art understanding of the available evidence of effectiveness. Our successful collaboration with the Cochrane group will be continued in 2014 and the outcome of this project will allow the information provided through the Best practice portal to be expanded and updated. In addition, the Best practice portal will be revamped in order to improve its usability and functionality. We will also finalise the work on the in-depth topical review on hepatitis C treatment for publication in early 2015.

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 and develop thematic area within context of the integrated website framework (L1)	▪ Key analyses conducted and improved web resources developed, including up-to-date prevention profiles
3.1.2. Develop analysis on environmental prevention	3.1.2.1. Monitor developments in environmental prevention (L2)	▪ Expert meeting organised and report available ▪ EMCDDA Paper published
3.1.3. Provide updated information on early intervention	3.1.3.1. Review the evidence on brief interventions and motivational interviewing (L2)	▪ Feasibility report and evidence review (in collaboration with the International Network on Brief Interventions for Alcohol and Other Drugs)
3.1.4. Develop information on coordinated programming	3.1.4.1. Review multidimensional programmes and strategies across behavioural domains (L3)	▪ Technical review on programmes with multiple outcomes

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 and develop thematic area within context of the integrated website framework (L1)	▪ Key analysis conducted and improved web resources available, including online products on treatment, harm reduction and social reintegration
	3.2.1.2. Develop conceptual framework for a) monitoring the public health responses to new psychoactive substances; and b) Internet-based treatment (L3)	▪ Internal working document(s) available
3.2.2. Implement the new treatment data collection and analysis strategy	3.2.2.1. Improve estimates of treatment availability (L2)	▪ Feasibility test of facility survey questions ▪ Expert meeting
	3.2.2.2. Support countries in improving estimates of the total number of people in treatment (L2)	▪ Methodological toolkit adopted and available for use by countries
3.2.3. Conduct comparative analysis of drug treatment systems in Europe	3.2.3.1. Develop a conceptual framework for analysis of national treatment systems (L2)	▪ Expert meeting ▪ Preliminary analysis conducted
3.2.4. Develop and test health and social responses target-and-indicator frameworks	3.2.4.1. Refine target-and-indicator framework concept, using multiple-indicator approach (based on work from 2013) (L2)	▪ Technical paper: Target-and-indicator framework ▪ Pilot exercise conducted (infectious disease prevention)

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 hepatitis C treatment (L2)	▪ In-depth topical review on hepatitis C treatment prepared (EMCDDA Insights publication for 2015)
	3.3.1.2. Carry out evidence reviews in important intervention areas (in collaboration with the Cochrane Group) (L2)	▪ Review of treatment and pregnancy conducted, Best practice portal updated and paper submitted ▪ Review of Naloxone and overdose conducted, Best practice portal updated and paper submitted
	3.3.1.3. Update synthesis of evidence resources for demand reduction interventions in the Best practice portal (BPP) (L2)	▪ Modules updated ▪ New module, on psychiatric co-morbidity introduced
	3.3.1.4. Disseminate emerging evidence in the prevention area (L3)	▪ Existing source material reviewed, gaps identified and options for updating resources explored
	3.3.1.5. Conduct a literature review on the concept of route to recovery from drug dependence (L3)	▪ Technical paper prepared
	3.3.1.6. Conduct a meta-analysis of long-term observational studies to analyse survival rate and recovery rate of drug users (L3)	▪ Study protocol completed
3.3.2. Disseminate knowledge on best practice and improve functionality and usability of online tools	3.3.2.1. Revise the BPP website in line with the integrated website framework (L1)	▪ Redesigned BPP in line with the principles of the knowledge translation, enhancing the training issues: prototype ready
	3.3.2.2. Improve usability of BPP (L1)	▪ Interactive tool developed to map quality assurance approaches
	3.3.2.3. Support the European Union institutional activities to promote quality standards (L2)	▪ Standards available online ▪ Report prepared on adoption of standards at national level
	3.3.2.4. Create a new inventory of evidence-based projects and experience of implementation (L3)	▪ Prototype ready
	3.3.2.5. Conceptualise and evaluate long-term options for the dissemination of best practices (L3)	▪ Options strategy drafted
3.3.3. Conduct analysis to identify gaps in the evidence available for interventions	3.3.3.1. Finalise and disseminate the list of research questions resulting from the gap analysis conducted in 2013 (L2)	▪ List of research questions disseminated

II.4. Monitoring drug supply and supply reduction interventions

Overview

In 2014, the EMCDDA will primarily focus on the developmental work to improve tools and concepts for reporting on drug supply (drug markets, drug-related crime and drug supply reduction), with a particular focus on existing data sets at EU level. This supports Action 16 of the EU action plan on drugs (2013–16) which calls for the development and progressive implementation of key indicators on drug supply by standardising, improving and streamlining data collection in this field, building on currently available data, and is in line with the draft Council conclusions on improving the monitoring of drug supply in the European Union (2013).

With a view to addressing the lack of comparable and reliable data on drug supply in general, and as a follow-up of the 2012 proposal to develop three key indicators in the areas of drug markets, drug-related crime and drug supply reduction, and of the roadmap which prioritised existing data sets, the EMCDDA in consultation with Europol will scale up the work in this area. This will include the preparation of a draft proposal for a revised reporting instrument on drug seizures, as well as technical reviews in the areas of drug production facilities, drug prices and drug purity and contents, while synergies with Eurostat will be sought on the EU reporting on drug-law offences. In addition, specific investments will be continued in the area of drug supply reduction, where knowledge and indicator development is more limited, and the cooperation with Eurojust will be strengthened in order to produce a joint analysis of cross-border trafficking and judicial cooperation in the field of drugs in the EU.

The first EU drug markets report (2013) was widely recognised as providing a major contribution to both understanding drug supply and defining priorities for policymakers and law-enforcement officials at national and EU levels. In 2014, the EMCDDA will undertake preparatory work with Europol and the Member States for the second edition of the report. The analysis in the second report will be strengthened by the work on the multi-indicator model for market size estimates.

Central to the work of the EMCDDA in the area of drug supply and drug supply reduction, is the EU Reference Group on drug supply data. Following its constitution and the first meeting of this group in 2013, it will be essential in 2014 to ensure its continuity and sustainability. With a membership potentially large in terms of areas of expertise, and working modalities flexible to accommodate different objectives — including support to indicator development, contextualisation of routine data, updates on supply reduction interventions, and identification of emerging trends — particular care will be dedicated to making best use of it within a context of limited resources. One of the tasks of the group in 2014 will be to launch national consultations on the EMCDDA proposal for a revised reporting instrument on drug seizures at EU level.

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

In parallel to this, the EMCDDA will fulfil the tasks assigned to it in the Operational Action Plans (OAPs) within the EMPACT framework developed under the new EU policy cycle for organised and serious international crime 2013–17 within the Council's Standing Committee on operational cooperation on internal security (COSI) of the European Union. The EMCDDA will provide contributions in the field of synthetic drugs, cocaine and heroin; the agency will also provide support to Europol for the follow-up of activities initiated under the previous policy cycle (2012–13), in particular on the reporting of synthetic drugs production sites.

Goal 2013–15

Provide the European Commission (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. Improve the quality and comparability of data on drug supply (drug markets, drug-related crime and drug supply reduction)	4.1.1.1. Improve tools and concepts for reporting drug seizures (L1)	▪ Comparative analysis of reporting practices in Member States (based on the mapping carried out in 2013) ▪ Technical background paper available from pilot study to inform draft proposal for a revised reporting tool on drug seizures at EU level ▪ Consultation exercise with national data providers launched
	4.1.1.2. Improve tools and concepts for reporting on drug production facilities, through pilot work on cannabis cultivation (L2)	▪ Technical background paper available ▪ Conceptual overview and proposal for reporting framework developed ▪ Mapping exercise launched ▪ Review of enforcement strategies launched
	4.1.1.3. Improve tools and concepts for reporting on drug production facilities, through pilot work on synthetic drugs production sites with Europol (L1)	▪ Analytical queries developed
	4.1.1.4. Improve tools and concepts for reporting on drug prices (L3)	▪ Conceptual plan and proposal for reporting framework developed ▪ Expert meeting organised ▪ Mapping exercise launched
	4.1.1.5. Improve tools and concepts for reporting on drug purity and contents (L3)	▪ Conceptual plan and proposal for reporting framework developed ▪ Expert meeting organised ▪ Mapping exercise launched
	4.1.1.6. Launch the development of the sub-indicator drug-law offences (L3)	▪ Coordinated approach with Eurostat established ▪ Conceptual plan and proposal for reporting framework developed ▪ Expert meeting organised
4.1.2. Improve understanding of drug supply reduction activities	4.1.2.1. Update and report on drug squads at EU level (L3)	▪ Expert meeting organised
4.1.3. Develop cooperation with external partners on drug supply indicators	4.1.3.1. Cooperation with the EC on drug precursors monitoring (L3)	▪ Review of drug precursor monitoring (internal working document)
	4.1.3.2. Initiate discussion with Eurojust on potential drug supply reduction indicators in the judiciary field (L3)	▪ Session on drug supply reduction indicators organised during the strategic seminar on drug trafficking organised by Eurojust

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 the second meeting of national correspondents (L1)	▪ Second meeting of national correspondents organised
4.2.2. Provide training for the law enforcement community and promote information exchange	4.2.2.1. Provide evidence-based training on drug problems in Europe to senior law enforcement officers in cooperation with CEPOL (L2)	▪ Training activities delivered

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

Priority interventions	Planned activities	Expected outputs/results
4.3.1. Launch preparatory work for the second edition of the EU drug markets report	4.3.1.1. Initiate planning of the report with Europol: concepts, time schedule, working arrangements (L2)	▪ Agreement on concept and time schedule with Europol
	4.3.1.2. Launch collection of input from the Member States for analysis and drafting of the report (L2)	▪ Collection of input launched in the Member States
4.3.2. Improve strategic understanding of drug markets	4.3.2.1. Participate in expert forum, and review new grey literature and research (L2)	▪ Participation in meetings/forums ▪ Internal database of reference material ▪ Feasibility explored of short analysis paper with external partners
4.3.3. Produce joint analyses	4.3.3.1. Launch preparation of a joint publication with Eurojust (pending Eurojust approval) (L3)	▪ Data collection launched (Eurojust) and analysis performed
4.3.4. Provide accessible and high-quality online information on drug supply issues	4.3.4.1. Develop thematic area within context of the integrated website framework (L1)	▪ Updated web resources available

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

Priority interventions	Planned activities	Expected outputs/results
4.4.2. Support the EU policy cycle development and relevant actions	4.4.2.1. Support the implementation of relevant actions of the Operational Action Plans (OAPs) on heroin/ cocaine trafficking and synthetic drugs (L2)	▪ Support provided to Europol on reporting of synthetic drugs production sites (see also activity 4.1.1.3.) ▪ Support given to other areas (when defined by the OAPs)

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

Overview

In 2014, the EMCDDA together with its partners in the Member States — the Reitox network of the Early-warning system (EWS) correspondents — Europol and European Medicines Agency (EMA) will continue to ensure continuous and robust implementation of the EWS established under Council Decision 2005/387/JHA. Rapid notifications and 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 remain key outputs of the system.

The main working tool of the EWS, the European database on new drugs (EDND) will be redefined to include advanced technical functionalities and to reflect the provisions of the Commission's new legislative framework that replaces Council Decision 2005/387/JHA (where appropriate). This will entail technological redevelopment as well as conceptual adaptation of all the reporting and monitoring tools and instruments necessary for the implementation of the information exchange mechanism — including the reporting forms, the EWS progress and final reports, the Joint Report questionnaires — in cooperation with Europol, as appropriate. Tools will be automated and interlinked and the possibility of allowing secure electronic submission of information into the EDND by relevant expert users at national level will be explored. The current Internet monitoring exercise will also need to be redefined and redesigned in order to reflect the new system, in line with the new database and technological advances available.

Where requested, a risk assessment on a new psychoactive substance will be carried out under the auspices of the EMCDDA's Scientific Committee. The operating guidelines for risk assessments and EWS will be adapted in line with the proposed new legislative framework (if appropriate). The EMCDDA will strive to develop a greater capacity to identify, assess and share information on health and, where possible, social implications of the wide variety of new substances now becoming available.

Activities will be undertaken to increase the understanding and visibility of EU actions in the field of new psychoactive substances. The web pages related to the 'Action on new drugs' will be redesigned in order to provide customised information to the growing number of diverse stakeholders and the general public. The format and content of the EMCDDA–Europol Annual report on the implementation of the Council Decision 2005/387/JHA will be redesigned and (possibly) launched together with the European Drug Report 2014.

Provisions of Article 28c of the pharmacovigilance legislation will continue to be implemented in close cooperation with the European Medicines Agency. The information exchange and cooperation between the EMCDDA and EMA will be strengthened. This will include a more systematic monitoring of medicines under the EWS. For example, when a medicinal product is notified as a new psychoactive substance, a literature review to determine what is known about misuse, abuse as well as the suspected and confirmed adverse drug reactions is first conducted. Information will then be made available to EWS partners through the EDND (See Main area 7, cross-unit project on Medicines).

Transversal work will be further developed in 2014. This will involve improving the monitoring of new drugs and establishing links with epidemiology data sources and expert networks. The inclusion of a new drugs component in general population surveys and ESPAD will be developed, and data on fatalities and non-fatal intoxications associated with the use of new drugs will be collected and analysed.

In 2014, better coordination will be established between the EWS and the forensic (and toxicological) laboratory networks in order to enhance sharing of information on the availability and sources of reference materials and samples of new psychoactive substances. The need to systematically include essential data sources (hospital emergency data, customs, etc.) at national level will be examined.

The detection and monitoring of new trends will continue to be implemented through the EMCDDA trendspotter methodology and response to these will be given through the multidisciplinary EMCDDA rapid response team (See Main area 7 – cross-unit project on new trends).

The daily workload of 'Action on new drugs' has increased substantially over the past few years, not only because of the growing number, type and availability of the new drugs reported, but also because of the high visibility and policy relevance of the field. This results in a high number of requests by institutions, Member States, researchers, etc. Understanding new trends and providing timely information on them also entails understanding complex areas and establishing new projects, as relevant.

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

Goal 2013–15

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. Ensure the implementation of an Early-warning system on new psychoactive substances	5.1.1.1. Implement the provisions of the Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances (NPS) (L1)	▪ Timely notification of NPS to the Member States, EC, Europol and EMA ▪ Support provided to Member States, as needed ▪ Public health-related warnings issued ▪ Ad hoc additional data collection (as required) ▪ New substance profiles prepared for all notified substances ▪ European database on new drugs (EDND) regularly updated
	5.1.1.2. Adapt tools and processes necessary for the implementation of new legal and institutional requirements (this integrates objective 5.2 from the 2013–15 work programme) (L1)	▪ Reporting tools and processes adapted to new legal requirements ▪ New draft guidelines prepared
	5.1.1.3. Maintain and strengthen the EWS network (L1)	▪ Annual meeting of the Reitox EWS network, with participation of Europol, EMA and the EC
	5.1.1.4. Produce the EMCDDA–Europol Annual report on the implementation of the Council Decision 2005/387/JHA (Article 10 report) (L1)	▪ Annual report in the new format submitted to the EU institutions and Member States, and published
5.1.1. Ensure the implementation of an Early-warning system on new psychoactive substances	5.1.1.5. Dynamically appraise all EDND information available and launch additional data collection on a NPS (if appropriate) (L1)	▪ EMCDDA–Europol Joint Reports on NPS (as required)
	5.1.1.6. Update the European database on new drugs to improve functionality, access and capacity (conditional upon the technical solutions and resources available) (L1)	▪ Database functionality and accessibility improved ▪ New topic and user areas developed ▪ Product-specific information available (project Match-it) ▪ Database prepared for future requirements
	5.1.1.7. Implement multidisciplinary, scientifically sound risk assessment procedure (where requested) (L1)	▪ Studies/technical reports on the risk assessment prepared ▪ Meeting of the Scientific Committee organised ▪ Risk Assessment Report submitted to the Commission and the Council ▪ Report on the risk assessment published
	5.1.1.8. Increase the understanding of NPS phenomenon and the visibility of EU actions in this area (L1)	▪ Thematic web pages (Action on new drugs) revised within the context of the new integrated EMCDDA website framework ▪ Participation in relevant international and European forums, the feasibility of (co-) organising the 4th International multidisciplinary forum on new drugs and the 3rd International conference of novel psychoactive substances explored
	5.1.1.9. Maintain the EMCDDA's online drug profiles series (L3)	▪ All drug profiles consolidated and updated (as required)
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 (L1)	▪ Information exchanged with EMA and the EU PhV system
5.1.3. Support capacity development in the forensic science and toxicology area	5.1.3.1. Support the formation of an informal forensic science and toxicology network (in line with OAP for 2012–13 of the new policy cycle within COSI) (see also priority intervention 4.2.1) (L2)	▪ Informal network of selected forensic, toxicology and law enforcement experts supported ▪ Cooperation between the EMCDDA and the European Network of Forensic Science Institutes (ENFSI) strengthened
5.1.4. Consolidate and improve the methodology for monitoring the Internet	5.1.4.1. Snapshot exercises conducted and methodology reviewed and updated (L2)	▪ Automated tools for monitoring the Internet evaluated ▪ Methodology for monitoring the Internet reviewed ▪ Internet snapshots conducted

Specific objective 5.2: 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
5.2.1. Improve monitoring of new drugs and links with epidemiology data sources and expert networks	5.2.1.1. Carry out an analysis of fatalities associated with the use of NPS, based on existing and newly collected data (L2)	▪ Pilot tool to monitor fatalities associated with new psychoactive substances integrated into the EDND and used for relevant new psychoactive substances
	5.2.1.2. Conduct a review on the monitoring of fatal and non-fatal intoxications associated with NPS and the inclusion of poison control centres and hospital emergency rooms (L3)	▪ Follow-up on conceptual paper developed in 2013, including piloting the use of selected key sentinel poison control centres for monitoring non-fatal intoxications associated with NPS, as appropriate
	5.2.1.3. Revise and amend the health consequences sections of existing EMCDDA drug profiles (L3)	▪ Relevant drug profiles updated on health consequences

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

Overview

In 2014, responding to the EU action plan on drugs (2013–16) overarching indicator number 14, work in this area will continue to monitor developments in legislation, national drug strategies, coordination mechanisms and public expenditure estimates in EU Member States. Over the next year, this will involve taking stock of current knowledge on drug policy and exploring different policy models.

Monitoring of drug policies will be advanced through an analysis of the presence and role of drug policies at the local level. Work in this area will also focus on supply reduction policies, while the publication of a composite index of drug legislation will allow a first view towards objective taxonomies. Responding to the need for public policies to be more cost efficient, analysis will begin on the concept of value for money in the treatment area, while the effects of the economic recession will continue to be followed closely. There will also be historical reviews of national drug policies in Poland and Austria, furthering our understanding of the diversity of national approaches in Europe.

Network building in this area will include the annual meeting of legal and policy correspondents and there will be continued improvement of the EMCDDA's online presence in this area. We will continue to provide Member States with support to their evaluation of drug policies on request.

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
6.1.2. Increase awareness of national and EU level policy developments	6.1.2.1. Finalise study on drug trafficking penalties (L2)	▪ EMCDDA Paper: Comparative analysis of trafficking penalties
	6.1.2.2. Review case studies of policy at the EU, national and local level (L2)	▪ EMCDDA Papers: – National policy profile – Supply and external security: an EU overview – Drug policies of large cities – Evolution of drug strategy in the EU (draft paper)
6.1.4. Monitor economic issues relevant to drug policy	6.1.4.1. Finalise analysis of developments in drug-related public expenditure (L2)	▪ Literature review and case studies conducted
	6.1.4.2. Scope options for economic analysis in the area of drug treatment (L3)	▪ Internal working document on options and utility of macro and micro level economic analysis and review in the area of drug treatment
6.1.5. Support the EU drug strategy and action plan(s)	6.1.5.1. Provide technical input to the EU in the follow-up and evaluation of its drug strategy and action plans (L2)	▪ Data and expertise provided for relevant areas of the action plans (within available resources) ▪ Technical input to meetings (on request)
6.1.6. Support Member States in developing and evaluating their national drug policies	6.1.6.1. Provide information available on: evaluation approaches, methods to estimate public expenditure and legal developments (on request) (L2)	▪ Technical support provided on request (resource dependent)
6.1.7. Provide online resources on drug policy	6.1.7.1. Maintain and revise the European legal database on drugs (ELDD) (L1)	▪ Web resources updated and revised
	6.1.7.2. Update web content for national drugs strategies and improve format (L1)	▪ Web resources updated and improved
	6.1.7.3. Revise online resources in the area of drug-related public expenditure (L1)	▪ Web resources revised

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

Priority interventions	Planned activities	Expected outputs/results
6.2.1. Maintain network of legal and policy correspondents	6.2.1.1. Organise the legal and policy correspondents' meeting (including thematic session on new psychoactive substances) (L1)	▪ Meeting report and thematic analysis ▪ Access channel to national level expertise available

II.7. Scientific coordination, research and content support

Overview

The scientific work of the EMCDDA covers a wide range of complex topics that require detailed knowledge and specialised expertise. An ongoing commitment to improving the scientific quality of our work is a prerequisite to 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.

In 2014, we will agree 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.

The EMCDDA will continue its collaboration with the EU Agencies Network of Scientific Advisors (EU ANSA) in order to further improve the quality of the agency's scientific work. In 2014, the EU ANSA network will place greater emphasis on dealing with uncertainties in scientific advice and peer review scientific quality activities.

Dissemination of information is at the core of the EMCDDA's functioning. Providing training is one way of informing experts at different levels on the agency's findings and results. In 2014, the EMCDDA will continue its work on the development of an integrated training strategy, building on the experiences acquired from academic training activities, capacity building projects and other initiatives. E-learning and web-based training are also important elements in future knowledge translation activities. A key priority in 2014 will be the improved quality and coherence of the EMCDDA's information collection and reporting system. Given that the data collection capacity at national level is limited, ongoing review of existing data demands and careful scrutiny of new requests are needed. A data coherence group will be set up in consultation with the focal points to ensure that demands upon the system do not exceed capacity.

The central challenge for the EMCDDA is to continue to deliver high-quality scientific work. In 2014 the EMCDDA's Editorial board and product management system will continue to support an integrated approach to output generation whereby scientific and communication issues are brought together, processes assured and quality control maintained. The overall quality control framework for scientific publications will be formalised and implemented in 2014, setting out the procedures for internal coordination, quality control processes as well as peer-review mechanisms for products. External support is required to increase our capacities in delivering high-quality scientific work. In particular it is needed to provide support for the scientific writing of EMCDDA publications and a group of external peer reviewers, in close collaboration with the EMCDDA´s Scientific Committee, will assess and improve the quality of our publications.

Transversal activities continue to be supported structurally by the cross-unit projects (CUPs) created in 2013: CUP Medicines (in the context of polydrug use), CUP Quality assurance, CUP New trends and CUP Treatment. CUPs are timebound, formal structures tasked with completing important transversal tasks.

In compliance with the EMCDDA's mandate, the feasibility of implementing a new conceptual framework for monitoring the misuse of medicines will be conducted within the CUP Medicines. Initial activities will focus on the misuse of psychoactive medicines used in drug treatment, trends in polydrug use and effective and efficient information exchange. Data on the misuse of medicines and substances with medicinal properties will be better integrated in EMCDDA reporting. The Quality assurance CUP will continue the consensus-building exercise initiated in 2013 around a top-level model for data quality assurance management and will define the implementations steps and follow-up mechanisms for quality assurance initiatives considered as priority in 2013. Key initiatives planned by the CUP New trends are the development of a new trends discussion forum, a review of data sources to improve timeliness and sensitiveness and the publication of a new trendspotter case study. The activities reflect an increasing recognition of the importance of facilitating the development of early responses to potential threats by strengthening the systems for identifying, tracking and understanding new and emerging trends in drug use, availability and adverse consequences.

An active link with the scientific world outside the EMCDDA will be kept through many activities and collaboration with ALICE-RAP ([1]), European Research Area Network on Illicit Drugs (ERANID) ([2]), EUFAS (European Federation of Addiction Societies), ISAJE (International Society of Addiction Journal Editors) and others will be continued. Publications of EMCDDA staff members in scientific journals are another important tool to inform science and research on EMCDDA results.

([1]) ALICE RAP — Addiction and Lifestyles in Contemporary Europe Reframing Addictions is a 5-year research project funded through the Socio-economic Sciences and Humanities (SSH) Theme of the Seventh Framework Programme for Research and Development (FP7): http://www.alicerap.eu/
([2]) ERANID — European Research Area Network on Illicit Drugs is an ERA-NET project funded through the SSH Theme of FP7: http://www.eranid.eu/

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. Finalise concepts paper on procedure for handling requests for scientific advice (L3)	▪ Guidelines prepared
7.1.2. Develop EMCDDA strategy on training for external audiences and coordinate training activities	7.1.2.1. Organise the 2014 Summer school, 'Drugs in Europe: supply, demand and public policies' (L2)	▪ 2014 Summer school organised and training material available
	7.1.2.2. Finalise options paper on integrated training strategy (including academic training) (L3)	▪ Integrated training strategy endorsed internally
	7.1.2.3. Collaborate with EU and academic training initiatives (where appropriate and within resources) (L3)	▪ EMCDDA contribution to European Master in Drug and Alcohol Studies (EMDAS), European Society for Prevention Research (EUSPR), Initial Training Network (ITN-SEWPROF), etc.
7.1.3. Support the production of high-quality scientific content	7.1.3.1. Coordinate scientific activities to ensure that resources are managed efficiently, that objectives are achieved and that quality control of outputs is assured (L1)	▪ Scientific coordination meetings, scientific division meetings and scientific unit meetings organised and internal communication tools maintained ▪ Improved coordination and planning of outputs (products database)
	7.1.3.2. Implement the EMCDDA overall quality control framework for scientific publications (L1)	▪ Scientific content of key EMCDDA publications checked and quality controlled ▪ Support provided for content production (pre-editing), and provision of scientific writing for EMCDDA publications ▪ External scientific writing support established and operational ▪ Peer-review system implemented (in consultation with Scientific Committee): guidelines for peer review finalised and key publications peer reviewed
	7.1.3.3. Scientific reputation maintained by publication in high-impact scientific journals (L2)	▪ Small number of articles published in high-impact scientific journals
	7.1.3.4. Disseminate key results and technically support European debate on drug issues (L2)	▪ Presentations and technical contribution delivered at relevant scientific and institutional meetings (resources dependent)
7.1.4. Coordinate internal information exchange on new developmental areas and/or transversal projects	7.1.4.1. Ensure the coherence of the overall reporting system, ensure efficiency of data collection requests and adjust requirements in context of changes in resource availability and institutional needs (L1)	▪ Follow-up action plan for systemic review of tools implemented ▪ Mechanism(s) for coherence, oversight and quality control established (Data coherence group) ▪ Revised national reporting package agreed with focal points
	7.1.4.2. CUP Quality assurance: develop a model and implementation strategy for data quality assurance management (L2)	▪ Framework document drafted ▪ Internal coordination mechanism established
	7.1.4.3. CUP New trends: coordination group to improve awareness on new developments and timeliness of reporting (L2)	▪ Online discussion forum developed and operational conceptual framework developed (Data review completed and recommendations developed) ▪ Rapid assessment and response (RAR) on key issue(s) conducted, including trendspotter study and ad hoc rapid assessments
	7.1.4.4. CUP Treatment: internal coordination to ensure coherence and dialogue across treatment area (L2)	▪ Improved communication channels and integrated outputs
	7.1.4.5. CUP Medicines (in the context of polydrug use): develop conceptual framework, thematic web resources and develop expertise (L2)	▪ Conceptual framework including options for monitoring drafted ▪ Thematic web page developed ▪ Database of articles and grey literature established

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 (L1)	▪ Updated research area on public website and intranet ▪ Input provided to Reitox Research Forum
	7.2.1.2. Update research country profiles within context of integrated website framework (L1)	▪ Updated web-based profiles available
7.2.2. Support the development of the EC research agenda	7.2.2.1. Provide input on research priorities at EU and Member State level (L2)	▪ Report submitted to the Horizontal Drugs Group (HDG) for the Annual Dialogue on Research (in collaboration with the Scientific Committee) ▪ Support provided to national initiatives (on request)
	7.2.2.2. Support the European Research Area Network on Illicit Drugs (ERANID) (L3)	▪ EMCDDA input to ERANID provided
7.2.3. Further develop collaboration with the scientific community through dissemination of findings and increased contribution to relevant events	7.2.3.1. Promote dissemination of significant research findings (L2)	▪ Improved awareness of significant research findings
	7.2.3.2. Increase collaboration with projects and initiatives developed by the scientific community (L2)	▪ Increased input, visibility and standing of EMCDDA outputs ▪ EMCDDA participation and input provided to relevant scientific meetings (resource dependent) ▪ Participation in EU ANSA

Cooperation and collaboration with key partners

II.8. Cooperation and collaboration with key partners

Overview

Cooperation with key external partners, namely with EU institutions and bodies, national policymaking bodies, international organisations, civil society and third countries, is a cornerstone of the agency's mandate. This represents an important part of the EMCDDA's work within the current three-year strategy and work programme which commits the agency to strengthening and enhancing cooperation with European, national and international partners.

Our work with key external partners is implemented in different areas and on various levels — institutional cooperation versus content-related and core business-oriented 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 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, the National Drug Coordinators (NDC) and the Standing Committee on Internal Security of the European Union (COSI). As in previous years, the agency's European Drug Report will be presented to EU institutions. Regarding the EC, coordination will be ensured through meetings and regular contacts with the parent Directorate-General (DG) and content-related DGs. Furthermore, 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 (e.g. COPOLAD and CADAP).

The EU action plan on drugs (2013–16) was adopted in June 2013. The EMCDDA is defined as reporting agency for 23 actions and as actors in 15 cases. The implementation of the activities that will take place in 2014 will be reported in the European Commission biennial progress report.

Also at the institutional level, the EMCDDA will further 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 interagency technical and coordination networks and clusters, to ensure synergies and promote a common EU approach.

At technical level, work in 2014 will be based on the already existing working arrangements and cooperation agreements and the activities and projects initiated in 2013 will be continued. In this respect the close collaboration with Europol, EMA, ECDC, Eurojust and CEPOL will be further strengthened. At the same time, within the available resources, the EMCDDA will continue to be responsive to the ad hoc requests for collaboration coming from established partners throughout the year. The agency remains open to new areas and arrangements for cooperation, provided that these are clearly in line with the EMCDDA's international cooperation strategy, the internal planning/priorities and the available resources.

At the international level, cooperation with some key partners will be maintained or further explored in particular with the UN bodies (UNODC, WHO, UNAIDS), with the Pompidou Group and CICAD, and specifically on the supply side with the WCO and Interpol.

With regard to cooperation with non-EU countries, in line with its mandate and consistent with the EMCDDA strategy for international cooperation, the EMCDDA's work is structured around three groups of countries: candidate and potential candidate countries to the EU ([3]), the European Neighbourhood Policy (ENP) countries ([4]) and 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

([3]) As of 1 September 2013, Candidate countries are: Former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey. Potential candidate countries: Albania, Bosnia and Herzegovina, Kosovo (This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo declaration of independence).

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

financial support of EC programmes such as the Technical Assistance and Information Exchange instrument (TAIEX).

For 2014, the main activities in order of priority are: 1) successful completion of the IPA 4 project which started in 2012, 2) implementation of a new EC-funded project with the ENP countries (Armenia, Azerbaijan, Georgia, Israel, Moldova, Morocco and Ukraine) aiming at strengthening the capacity of ENP partner countries to react to new challenges and developments on the drugs situation, 3) limited technical support and expertise to EC programmes such as COPOLAD and CADAP 6.

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 dialogue and deliberations	8.1.1.1. Provide expertise and technical information to the European Commission, Council and Parliament (L1)	▪ Support for the European Commission, Council and Parliament provided (as requested) ▪ 2014 European Drug Report presented to EU institutions
	8.1.1.2. Contribution to the implementation of the EU drugs strategy (2013–20) and the action plan (2013–16) as required (L1)	▪ Follow-up of EMCDDA indicated actions and reporting obligations
	8.1.1.3. Consolidate the EMCDDA's role of technical information provider in institutional drugs meetings (L2)	▪ EMCDDA technical backstopping and support to policy debate at HDG and in other appropriate forums (as requested)
	8.1.1.4. Provide support for the implementation and/or monitoring of other policy documents and initiatives in health and justice and home affairs areas (as requested) (L2)	▪ Technical reports, reviews, attendance to meetings and presentations, etc. (as requested)
8.1.2. Provide ad hoc technical and scientific support to EC regional programmes	8.1.2.1. Provide input for the EC regional projects (in line with the EMCDDA mandate and priorities in area of international cooperation, subject to resources) (L2)	▪ EMCDDA is represented in the COPOLAD and CADAP six steering committees ▪ Scientific and technical support provided to COPOLAD, CADAP, etc.
8.1.3. Ensure effective collaboration with other EU agencies	8.1.3.1. Cooperate with EU agencies, in order to define and/or implement common positions, policies and working methods and tools (L2)	▪ Participation in the Heads of Agencies meetings, in interagency networks, and in JHA agencies cluster
	8.1.3.2. Implement Memoranda of understanding (MoUs) and other working arrangements in force with Europol, CEPOL, Eurojust, ECDC, EMA (L2)	▪ Work programmes and cooperation agreements endorsed and implemented

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

Priority interventions	Planned activities	Expected outputs/results
8.2.1. Monitor key developments and improve information exchange with civil society partners	8.2.1.1. Engage in dialogue with civil society organisations operating in the field covered by the EMCDDA mandate (L3)	▪ Participation in the EU Civil society forum on drugs and HIV/AIDS ▪ Dissemination of the EMCDDA's expertise, findings and products
8.2.2. Improve understanding of information needs and identify effective communication channels with national policy bodies	8.2.2.1. Further strengthen relations with the EMCDDA Member States and in particular with the key national policymaking bodies, and the Portuguese authorities (L2)	▪ Specific action to be defined in close collaboration with the focal points as part of the Reitox development strategy (see also 10.5.2.2.) ▪ Collaboration with the hosting country authorities, namely with the Parliament, Government and Presidency of the Republic
8.2.3. Information exchange and identify synergies with appropriate technical and scientific bodies working in the drugs field	8.2.3.1. Conduct bilateral exchanges and explore opportunities for collaboration with scientific bodies (resources dependent) (L3)	▪ Improved dissemination and awareness raising of EMCDDA activities

Specific objective 8.3: Coordinate, cooperate and provide appropriate technical input to work conducted by international bodies in the drugs field ([5])

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 (L3)	▪ Input to reports, meetings, projects, training activities and seminars ▪ Strengthened cooperation with main external partners in technical cooperation projects
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 (L3)	▪ Contribution to expert groups on quality issues, to data validation exercises and to codes harmonisation where possible
8.3.3. Develop and implement joint work with key external partners	8.3.3.1. Implement existing arrangements and work programmes (L2)	▪ Joint work in the core scientific areas of EMCDDA work with international partners ensured and implemented

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 national focal points within CC and PCC	8.4.1.1. Perform IPA 4 project coordination activities and provide technical and administrative support for implementation of IPA 4 project-related national activities in CC and PCC (L1)	▪ Level of achievement of the project expected results. Target for 2014: 80 % expected results achieved ▪ Budget execution rate (commitment appropriations). Target for 2014: minimum 95 % ▪ Project activity reports
	8.4.1.2. Prepare IPA 5 technical proposal (depending on the EC decision on new IPA programme for agencies) (L2)	▪ IPA 5 project technical proposal prepared and sent to the relevant EC services
8.4.2. Foster scientific cooperation in relation to data collection, interpretation and analysis and accrue added value from cooperation activities	8.4.2.1. Enhance participation of CC and PCC in EMCDDA work and support CC and PCC in producing new information on drugs in their countries and disseminating the data (L2)	▪ Reitox Academies organised at regional and national level ▪ Data collection increasingly aligned with EU standards and better analysis of available data
	8.4.2.2. Provide EC services with regular information on the progress made by countries (L2)	▪ EC progress reports on CC and PCC informed by EMCDDA IPA 4 activities
	8.4.2.3. Prepare a first set of products presenting the drugs situation in the Balkan region (L3)	▪ Set of products defined and first products finalised and launched (IPA 4)

([5]) In particular UNODC, WHO UNAIDS, Pompidou Group and CICAD, Interpol and WCO.

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. Perform ENP project coordination and implementation activities (L1)	▪ Effective implementation of project activities, measured by the budget execution rate (commitment appropriations), target 2014: minimum 80 % ▪ ENP project reports ▪ Training provided ▪ Country overviews for the seven participating countries prepared or updated on the EMCDDA website
	8.5.1.2. Provide EC services with regular information on the progress made by countries, and on obstacles to project's implementation (L2)	▪ EC progress reports on ENP countries informed by EMCDDA project activities
	8.5.1.3. Strengthen the institutional relations and working arrangements with ENP countries (L2)	▪ MoU with Armenia signed by both parties ▪ Working programmes/frameworks for cooperation adopted/updated
	8.5.1.4. Promote the work in the area of international cooperation, in particular cooperation with ENP countries, and developments in international issues (L3)	▪ Concept for a new product on international issues developed
8.5.2. Exchange information, working practices and methodology on the identification of new psychoactive substances with other interested regional and national monitoring systems	8.5.2.1. Capacity building and information exchange on new psychoactive substances with ENP countries (L2)	▪ Internet snapshot exercise conducted ▪ Participation of ENP experts in EWS annual meeting ▪ Meeting on drug control options for NPS
	8.5.2.2. Extend functionality of EDND to disseminate appropriate information to ENP countries (L2)	▪ EDND communication functionality extended and ready to be implemented
8.5.3. Support technical capacity development for drug monitoring systems	8.5.3.1. Prepare training materials (Handbook II) and guidelines based on the European model to support capacity development work (L2)	▪ Handbook II concept developed
8.5.4. Promote EU model for NDOs and National Drug Information Systems	8.5.5.1. Organise third Reitox week with participation of EMCDDA Member States, CC and PCC, ENP countries and Russia (L2)	▪ Extended Reitox network meets once per year and contributes to the improvement of data collection in partner countries
	8.5.5.2. Disseminate EMCDDA knowledge in third countries (L3)	▪ Presentations and technical contribution delivered at conferences and events (based on resources)

Supporting the achievement of results

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

Overview

Communication is a core activity of the EMCDDA both in supporting its role as an information agency and in helping further its reputation as the 'reference point on drugs in Europe'. The integrated 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. An action plan, developed during 2013, details the follow-up work needed to implement the strategy. Activities in 2014 will be guided by this strategy and its action plan which aim 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.

Applying the integrated approach espoused by the new communication strategy requires significant changes to the way we work. In 2014, we will continue to develop the practices and workflows with the scientific units to enable the end product and its appropriate communication channel to be identified upstream.

The release of the European Drug Report package comprising the *Trends and developments report, Perspectives on drugs, Statistical bulletin* and *Country overviews* — planned for the end of May 2014 —demonstrates the agency's continued commitment to improving the timeliness of its reporting. Work processes will be refined to meet this deadline with all the necessary quality controls undertaken. Work will commence on redeveloping the Statistical bulletin with an increased level of interactivity. We will continue to make our results more accessible through data visualisations and audiovisual material, and across a variety of communication platforms.

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. Following on from the content review carried out in 2013, key content will be overhauled in 2014. Working in a web-focused environment implies a shift in language, style and technique. The communication team will work closely with colleagues responsible for developing content to help achieve the best quality of communication possible across channels and languages. An improved quality assurance system will be introduced to ensure that quality checks for data and language are as rigorous as for other EMCDDA outputs. We will begin the migration of web content into the new content management tool. We will also establish the internal guidelines and workflows to ensure a smooth flow of updated content. With the help of the new content management tool, we will develop a more dynamic and better interlinked website.

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 and some new tools and channels to convey results were identified in the 2013–15 work programme. In 2014, we will continue to adapt the EMCDDA product range in line with these findings and complete the implementation of the brand refresh that commenced in 2013.

Following the detailed mapping exercise of our stakeholders and target audiences carried out in collaboration with the scientific units in 2013, we will draw up an audience engagement strategy to be implemented in the coming years.

Media interest in EMCDDA results continues to grow. In 2014, 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 provision of audiovisual 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 and the increasing number of requests to translate EMCDDA outputs at national level will be better documented. We will collaborate with existing EU project networks who serve as multipliers for producing language outputs.

The channels at our disposal to promote EMCDDA work results include the web, publications and print products, events and conferences, media relations, 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 part of our commitment to efficiency, which requires us to further rationalise participation in external events, in line with the existing resources and priorities. The role of staff as ambassadors will be further developed via training and coaching in representation.

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

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 (L2)	▪ Improved planning and shaping of products upstream (see also priority intervention 9.2.1)
	9.1.1.2. Improve scheduling of outputs (L2)	▪ 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 (L2)	▪ A rationalised and balanced products mix with cost savings and efficiency gains
	9.1.2.2. Conclude work on brand refresh including redesign of publications (titles and series) (L2)	▪ Refreshed corporate identity for EMCDDA products
9.1.3. Implement revised linguistic policy	9.1.3.1. Apply new translation policy to EMCDDA products (L2)	▪ 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 (L2)	▪ 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 (L2)	▪ New terms with agreed and translated definitions uploaded to IATE (the EU's multilingual term base)
9.1.5. Engaging better with audiences	9.1.5.1. Develop an audience engagement strategy (based on mapping exercise completed in 2013) (L2)	▪ Audience engagement strategy
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 (L2)	▪ 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. Implement the internal communication strategy and action plan	9.1.7.1. Map and analyse procedures for communicating on specific content areas (L3)	▪ Action plan and procedures implemented
	9.1.7.2. Improve and develop internal communication channels (L3)	▪ 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 (L2)	▪ Planned products published, launched and disseminated (see list of outputs) ▪ Monthly Editorial board meetings held to prioritise products ▪ Monthly follow-up on products meetings held to plan resources and monitor production
	9.2.1.2. Improve quality control in the production process of EMCDDA products (L2)	▪ Clear procedures and workflows for content production and publication in place
9.2.2. Produce the European Drug Report package	9.2.2.1. Fine tune the European Drug Report package based on feedback from 2013 (L1)	▪ Improved, streamlined and electronically integrated European Drug Report package
	9.2.2.2. Draft, edit and produce the European Drug Report: Trends and developments (L1)	▪ Report successfully produced and launched
	9.2.2.3. Conceive and develop new set of PODs (Perspectives on drugs) with interactive features and update existing ones (L1)	▪ New and updated set of PODs online showcasing topical content
	9.2.2.4. Review the presentation of the Statistical bulletin (see also Main area 1) (L1)	▪ More accessible and interactive Statistical bulletin
	9.2.2.5. Prepare Country overviews in consultation with NFPs (L1)	▪ 30 Country overviews published online, as part of the European Drug Report package

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

Priority interventions	Planned activities	Expected outputs/results
9.3.1. Develop web content in line with integrated communication strategy	9.3.1.1. Work with scientific units to develop integrated web resources (see main areas 1–6 for details) (L1)	▪ Web resources revised for each area within a common structure and approach
9.3.2. Increase interactivity and targeted approach of the website	9.3.2.1. Continue to develop interactive products and improve findability of information (L1)	▪ Increased number of interactive products launched ▪ More possibilities for users to interact with information
9.3.3. Introduce new quality assurance system for web content	9.3.3.1. Implement web governance strategy (L1)	▪ Improved governance of EMCDDA web resources
	9.3.3.2. Implement new quality assurance measures (L2)	▪ Improved workflows for content sign-off, ensuring consistent approach for publishing content ▪ Quality threshold for various categories of information defined
9.3.4. Implement new content management tool and migrate content	9.3.4.1. Tailor new content management tool to defined needs and migrate relevant content (L1)	▪ Efficient and flexible tool that better meets agency's needs ▪ Relevant content migrated

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
9.4.2. Ensuring visibility of EMCDDA across multiple communication platforms	9.4.2.1. Ensure coordinated communication on key events and products (L2)	▪ Constant feed of news on EMCDDA activities and results
	9.4.2.2. Organise events/product launches and support EMCDDA's presence at conferences and technical meetings (as appropriate) (L2)	▪ Awareness raising and positioning of EMCDDA's work results and scientific expertise ▪ Increased EMCDDA visibility in scientific activities
	9.4.2.3. Organise European Drug Report launch (L2)	▪ Report successfully launched across multiple communication platforms
	9.4.2.4. Organise visits of external partners to EMCDDA (L2)	▪ Dissemination of knowledge and experience, increased visibility of EMCDDA among academic, policy and professional audiences
	9.4.2.5. Examine feasibility of European drugs conference (to be organised in 2015, depending on resources) (L3)	▪ Clear concept and milestones available
	9.4.2.6. Continue to develop EMCDDA social media presence (Twitter, Facebook, etc.) and audiovisual service (L2)	▪ Increased visibility for EMCDDA activities and products across social media and audiovisual channels

Priority interventions	Planned activities	Expected outputs/results
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. Revise media relations policy document and action points (L2)	▪ Action points for 2014 and 15 prepared and 2014 action points implemented
	9.4.3.2. Further develop contacts and relations with journalists and provide media-friendly information (L2)	▪ Interviews set up, catalogue of journalist groups further developed ▪ High-quality press products in accessible formats, including video footage
	9.4.3.3. Assess impact through monitoring and press reviews (L2)	▪ Clear view of return on investment from media activities through detailed press reviews and analyses
	9.4.3.4. Organise training and tools for EMCDDA staff and Reitox network (L3)	▪ Training organised, staff provided with improved communication skills and Reitox network with relevant tools
9.4.4. Public information service	9.4.4.1. Operate enquiry-answering service, produce website FAQs and other information (L2)	▪ Efficient public information desk operates in line with guidelines set by the European Ombudsman
9.4.5. 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 (L2)	▪ Information bulletins published at regular intervals; ad hoc alerts distributed on an individual basis; literature searching; reference database construction and maintenance; management of library services

II.10. Governance, management and networks

Overview

Work continues in 2014 to successfully implement the 2013–15 strategy and work programme. This is, however, a particularly challenging year, as the EMCDDA faces for the first time since its creation in 1993 substantial budget cuts owing to a significant decrease in the EU subsidy allocated to the agency. This will have a severe impact on the EMCDDA's operations, which will need to be mitigated through even stronger measures at governance and management levels.

The Management Board will play an important steering role in 2014, in order to ensure that the EMCDDA achieves most of its strategic objectives despite the difficult financial perspective. As is customary, two meetings of the Management Board will be organised, in July and in December. Four meetings of the Executive Committee and four meetings of the Budget Committee will be held during the course of the year providing sound support for the important work of the Board.

The Scientific Committee is the guardian of the EMCDDA's scientific excellence. The Committee's involvement in the planning process, the regular feedback it provides to units and scientific staff, its input as peer reviewers and ongoing advice provided through the year are core for our quality of work. Following the selection procedure carried out in 2013, a new Scientific Committee will start work in 2014. All activities linked to the renewal will take place as decided by the Management Board and in accordance with the rules. Ongoing support will be provided so as to make the two regular meetings of this statutory body of the EMCDDA successful and efficient.

In the area of management, the focus will be on further improving the working structure, organisation and methods, to support efficient implementation of activities and deal with the significant reduction in the agency´s annual budget. Optimisation of internal processes will be further pursued, in order to ensure that the agency's resources are used in the most efficient, effective and economical manner. To this end, following the internal assessment completed in 2013, a list of concrete measures will be implemented with a view to rationalising use of resources and improving organisational performance.

The success of these sound leadership and management practices will ultimately be measured through the degree of achievement of the agency´s annual work programme, expected to reach 100 % for the activities listed as priority Level 1, 80 % for the Level 2 activities and 50 % for the Level 3 activities.

Improving performance measurement will be the main objective in the area of strategic planning, monitoring and reporting in 2014. A top priority in the EMCDDA's 2013–15 strategy and work programme, the development of the performance measurement system started in 2013 based on a gradual implementation plan adopted internally and endorsed by the EMCDDA Management Board. Building on progress achieved in 2013 in developing indicators for the support areas, in 2014 the definition of performance indicators will be completed for all areas of work. Furthermore, the main features of the IT tool necessary to support the implementation of the system will be conceptualised and tested.

Another important area of work is the preparation of documents related to the strategic planning cycle. This is an ongoing activity, carried out every year, the main outputs of which are the General Report of Activities (GRA) for the year N-1, the mid-year monitoring report for the year N and the annual work programme for the year N+1. However, in 2014 some new developments will take place, either emerging from the internal strategic planning cycle (such as the preparation of the new triennial work programme 2016–18), or due to external factors (such as the new Framework Financial Regulation). The main consequence will involve adjusting the internal strategic planning cycle, with earlier launch of the main programming exercises and submission of the documents to the agency's external stakeholders.

In the area of internal control system and risk management, an ongoing task will be the monitoring of the state of compliance with the EMCDDA internal control standards (ICS) for effective management and control, which will be documented in a regularly updated repository. This work will be combined with regular updates to the central risk register introduced in 2010 and will support risk managers on areas requiring risk-mitigating measures and/or upgrades of the key controls set in place.

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. In addition, as before, the agency will ensure appropriate implementation of recommendations addressed by the Internal Audit Service (IAS) and the European Court of Auditors (ECA) to the EMCDDA in accordance with suitably designed action plans.

Goal 2013–15

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

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

Priority interventions	Planned activities	Expected outputs/results
10.1.1. Implement strategic decision-making process at the level of the Management Board	10.1.1.1. Coordinate, prepare and organise follow-up of the meetings and decisions of the Management Board, of the Executive Committee and of the Budget Committee (L1)	▪ 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 ▪ 2015 Work Programme, 2015 budget, 2016 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 (L1)	▪ New Scientific Committee in place and fully operational ▪ Two Scientific Committee meetings organised and members provided with all the necessary documents and support to perform their duties ▪ Selected outputs peer reviewed by the Scientific Committee

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

Priority interventions	Planned activities	Expected outputs/results
10.2.1. Implement sound management organisation and practices	10.2.1.1. Optimise internal processes to ensure that the agency's resources are used in the most efficient, effective and economical manner (L1)	▪ Further measures to rationalise use of resources and improve organisational performance
	10.2.1.2. Ensure compliance with the data protection rules applicable to EU bodies, Regulation (EC) 45/2001 (L1)	▪ Data protection rules applicable to EU bodies (Regulation (EC) 45/2001) observed in all EMCDDA activities ▪ DPO activities report prepared and disseminated internally
	10.2.1.3. Perform top-level and middle-level managerial activities, organise regular Heads of unit (HoU) and Coordination group meetings and implement the decisions made (L2)	▪ Heads of unit meetings organised and decisions implemented ▪ Coordination group meetings organised, supporting the preparation of the HoU meetings

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. Finalise definition of performance indicators for all the main areas of work, in line with the goals and objectives of 2013–15 strategy and WP (L1)	▪ Performance indicators in place for all the main areas
	10.3.1.2. Develop the IT tool to support the performance measurement system (L2)	▪ IT tool conceptualised, main features defined and tested
10.3.2. Prepare the documents required by the strategic planning and programming cycle	10.3.2.1. Prepare the strategic planning and programming cycle documents (L1)	▪ 2013 General Report of Activities published online by 15 June ▪ 2015 annual work programme submitted to the Management Board for adoption ▪ Preparation of the EMCDDA's 2016–18 strategy and work programme started: informal consultation of key stakeholders and partners for collection of inputs/ideas; internal strategic reflection; concept for the document
	10.3.2.2. Prepare and conduct the internal 2014 mid-year monitoring exercise (L2)	▪ 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 (L1)	▪ 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. Perform ongoing monitoring of the state of implementation of the 16 EMCDDA internal control standards (ICS) for effective management and control (L2)	▪ Regular assessment of the quality of the EMCDDA internal control systems carried out and repository updated
	10.4.1.3. Update the central and sector risk registers as required under ICS 6 (L2)	▪ Identification and assessment of risks posed to EMCDDA activities and timely setting up of action plans to mitigate those risks
	10.4.1.4. Liaise effectively with the EMCDDA Internal Auditor (Internal Audit Service of the EC, IAS) with a view to taking stock of recommendations arising from audits in areas of strategic importance (L2)	▪ Proper implementation of recommendations addressed by the IAS to the EMCDDA in accordance with suitably designed action plans, leading to improvements in the internal controls object of recommendations

Reitox network

Overview

In 2010 and 2011 the EMCDDA launched a systemic review, both internally and in consultation with the Reitox focal points. This review addresses, among others, the national reporting system that is part of the Reitox Framework Agreement adopted by the EMCDDA Management Board in 2003. In 2013, this review process gained impetus influenced by two combined factors: the emergence of new reporting needs, for instance in the area of the supply indicators, and the growing pressure on budgetary resources at European and national level.

As a consequence, new options to adapt the reporting system to this challenging context have been developed, with view to a proposal being adopted by the end of 2013 by the EMCDDA, its Management Board and the Reitox focal points. The scope and importance of the decisions to be taken will have a direct impact on the activities in priority intervention 10.5.1. Therefore, the expected results presented at this stage are provisional, as they will depend on the nature and content of the final decision.

Reitox network coordination tasks will focus on four main priorities and challenges: (1) coordinating the implementation of the new national reporting package, both as a tool for data collection and as a product, and providing full support for the transition phase in 2014; (2) managing with the NFPs the possible negative consequences of the reduction of the budget of the Grant Agreement at national level; (3) adapting the Reitox development strategy to the new framework and further highlighting the added value of the work of NFPs at EU and national levels; and (4) further developing, in consultation with the Reitox NFPs, the initial reference model for accreditation of the NFPs, taking into account the redefinition of the role and obligations of the NFPs in the context of the revised grant agreement.

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 (L1)	▪ 3rd Reitox week and 50th Heads of focal points (HFPs) meeting organised (June) ▪ 51st Reitox HFP meeting organised (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 (L1)	▪ New guidelines adopted at the Heads of focal points meeting in November
	10.5.1.3. Organise the systematic consultation of NFPs for draft guidelines and for the periodical revision of tools before adoption at the Reitox meeting of November (L2)	▪ 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
	10.5.1.4. Implement the decision on the revision of the national reporting system (L1)	▪ Implementation plan adopted ▪ Intermediary steps foreseen for 2014 implemented according to schedule ▪ New support for national reporting (phase 1) delivered by EMCDDA according to deadline agreed in November 2013 ▪ New national reporting package (phase 1) delivered by NFPs end of September and end of October ▪ First draft template for new 2015 EMCDDA national reports
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 recommendations formulated in the quality reports (L2)	▪ Institutional visits to the countries organised, as needed, and based on available resources
	10.5.2.2. Further develop the Reitox development strategy (L2)	▪ Follow-up on the Reitox focus groups initiative (see also 8.2.2.1.)
	10.5.2.3. Support the NFPs in the further elaboration of a Reitox Accreditation System (L3)	▪ Concept for self-assessment tool developed (for discussion at the November HFP 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 (L3)	▪ National or regional Reitox Academies organised for EMCDDA Member States, upon request and availability of funds

Priority interventions	Planned activities	Expected outputs/results
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 (L1)	▪ 28 grant agreements signed and implemented ▪ NFPs better trained in EU financial regulation and consequent grant implementation ▪ 2-3 on-site audit visits and training support (as needed and in line with available resources)
	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 (L2)	▪ HERMES reports used to track the progress of implementation of the work programme

Support to operations

II.11. Administration: supporting core business

Overview

In line with the goals set for the 2013–15 programming period, enhancing efficiency, further developing sound management of available resources and providing service-oriented administrative support to the EMCDDA's operations will continue to be the main priorities within the administration area in 2014, along with the application of best practice. To this end, further synergies with the European Maritime Safety Agency (EMSA) will be promoted and developed.

Budget, financial management and accounting activities will focus on aligning the EMCDDA rules and processes to the revised EU financial regulation and the necessary training of the concerned actors, pursuant to the entry into force of the revised Framework Financial Regulation for EU Agencies. Furthermore, attention will be given to developing an ICT-based tool to improve effectiveness and efficiency of financial transactions and to developing and improving processes and tools for activity-based budgeting, monitoring and reporting, along with the accounting of assets.

Concerning human resources management, the focus will be on aligning EMCDDA rules, policies and processes to the expected reform of the EU staff regulations, as well as on further digitalising some of the HR processes.

In the area of logistics and infrastructure management, ensuring a healthy and safe working environment will remain a priority. Another priority is to reduce as much as possible utility costs by optimising the use of space and functioning of existing facilities. Special attention will be given to the development of solutions for business continuity.

The EMCDDA will continue its active cooperation with other EU agencies on administrative matters. This will include, among others, the representation of the EU Agencies' network in the EU interinstitutional administrative bodies where EMCDDA staff members have been formally appointed to represent all EU decentralised agencies.

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. Implement the revised EMCDDA financial rules (L1)	▪ Revised financial rules and updated procedures, manuals and templates applied ▪ 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

Priority interventions	Planned activities	Expected outputs/results
11.1.2. Further improve effectiveness and efficiency of financial transactions (payment process) and procurement processes	11.1.2.1. Carry out procurement activities and implement measures to rationalise and optimise tendering processes (L1)	▪ 2014 annual procurement plan in place and successfully executed
	11.1.2.2. Conduct annual assessment of EMCDDA's financial and administrative implementation of the budget and work programme (L2)	▪ Further measures to improve budget execution and use of work programme resources
	11.1.2.3. Implement digitalised tools and processes (based on available resources) (L3)	▪ Electronic workflow procedures conceptualised ▪ ICT-based tool for staff missions management developed and piloted
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 (L1)	▪ EMCDDA 2015 draft budget and 2016 preliminary draft budget
	11.1.3.2. Facilitate effective implementation of the 2014 budget (L1)	▪ High rate of budget execution (over 97 % in terms of commitment appropriations and over 93 % in payment appropriations)
	11.1.3.3. Prepare forecast analyses on impact of policy and operational issues on the budget, to support decision-making at management level (L2)	▪ Budgetary scenarios and progress reports submitted in appropriate format
	11.1.3.4. Further develop activity-based budgeting approach (L2)	▪ Financial resources assigned/allocated to the second level of the cost centres (based on defined methodology)
11.1.4. Develop customised reporting on budget execution	11.1.4.1. Structure the existing ABAC and financial data warehouse (L2)	▪ Improved reporting tool, with a more user-friendly orientation
	11.1.4.2. Prepare budgetary reports, including visualisation of main budgetary trends (L2)	▪ Regular statistical reports and customised reports on budget execution
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. Improve ISILOG assets management and business objects (L2)	▪ Current ISILOG system improved; more specific and regular reports developed

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 (L1)	▪ Revised rights and entitlements ▪ Employment contracts of temporary agents (TA) amended and signed (as needed, in line with the EU staff regulations) ▪ New recruitment templates in place
	11.2.1.2. Organise information sessions to staff (L2)	▪ Information sessions on the main aspects of the reform organised and staff appropriately informed of rights/entitlements and obligations
11.2.2. Further digitalise HR management processes through the development of ICT tools to increase efficiency and effectiveness	11.2.2.1. Develop further ICT tools to support HR management (L2)	▪ HR support application suite (see 12.1.1.6.)
11.2.3. Follow-up the outcome of the 2012 staff opinion survey	11.2.3.1. Implement action plan to follow-up the survey (L3)	▪ Action plan defined for 2014 implemented
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 (L2)	▪ Training plan in line with EMCDDA working priorities
	11.2.4.2. Organise further training activities to improve managerial capacity (L2)	▪ Training/coaching sessions provided to middle managers
11.2.5. Implement recruitment processes, where necessary, in line with the EMCDDA establishment plan and within the adopted budget	11.2.5.1. Carry out the necessary procedures for the recruitment, establishment and departure of statutory staff (officials, temporary agents, contract agents) and non-statutory staff (trainees, seconded national experts, interim, etc.) as requested to fulfil the establishment plan and the organisational needs (L1)	▪ Available positions are filled in accordance with the budget available and organisational needs ▪ Necessary recruitment, establishment and departure procedures carried out in accordance with the requirements of the Staff Regulation

Infrastructure and logistics

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

Priority interventions	Planned activities	Expected outputs/results
11.3.1. Ensure safety at work, sound environmental management and security in the buildings, including reducing utility costs and promoting use of renewable energy	11.3.1.1. Review annual security risk assessment of the EMCDDA to identify and evaluate risks, foresee new developments and propose mitigation measures to reduce impact and likelihood (L1)	▪ Business continuity plan (BCP) implemented ▪ Share best practice by participating in Security symposium and BCP seminar ▪ Risk assessment prepared
	11.3.1.2. Develop, put in place and promote an Environmental management system within the agency (L2)	▪ Environmental management system in place ▪ Contribution to the Greening network meeting
	11.3.1.3. Conduct training of staff and wardens on evacuation procedures (L2)	▪ Evacuation exercise carried out successfully
	11.3.1.4. Implement measures to rationalise cost for utilities and service contracts (L1)	▪ Further reduction in utility costs
11.3.2. Provide a suitable working environment and related services, and improve efficiency and effectiveness through promoting a customer-oriented 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 (L2)	▪ 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 2013)

II.12. Information and communication technology (ICT)

Overview

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

Developing ICT governance is central to helping the agency implement its work programme and carry out its mission, especially taking into account the anticipated financial constraints on the one hand, and increasing customer expectations and rapid technological developments on the other.

The most important share of the ICT annual budget is needed to maintain the operational status of existing services; therefore investments in new projects, in terms of either human of financial resources, must be strictly aligned with the agency's top priorities.

Consistent with the overall approach applied to the agency's 2014 work programming exercise, a thorough prioritisation of projects and investments planned for the ICT area has been conducted. As a result, three levels of priority, as endorsed by the EMCDDA's ICT Steering Committee, have been included in this 2014 Work Programme. These levels are strictly aligned with the ones defined for the core business areas, and the other areas of work requiring ICT support.

In order to develop and maintain instruments for supporting core business, in 2014 top priority will be given to: developing and maintaining the infrastructure for the annual drugs data collection and analysis; the web presence review programme; and the development of the European database on new drugs (EDND). Investments will be also made in order to support corporate and administrative projects. Priority will be given to the development of a management information system (MIS) to support the new performance measuring system (see also Main area 10). Different options are currently being explored, including building on an existing internal application (HERMES, the grants management system), and the most cost-efficient one will be chosen by the end of 2013. Another priority will be the human resources support application, to allow the management of the modifications required by the new EU staff regulation.

Stepwise execution of the 'Business and information architecture management' programme encompasses the planning of business/IT architecture development and its technical implementation. The changing global landscape of ICT architectures and the related security and privacy threats require specific effort to maintain a balanced state and achieve controlled change and developments, something that is of concern in 2014.

The third priority intervention, to implement a 'Technical services management' programme, refers to the ongoing service management programme. This comprises most of the effort and resources dedicated to business-as-usual services; therefore, the majority of resources are earmarked for this area. The technical implementation of the Business architecture, addressed here, will lead to the planned replacement of central server components, network equipment and the standard software infrastructure. 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 and implementing best practice are also part of this intervention. A special focus for 2014 are the actions following the recommendations of the risk assessment carried out by the Internal Audit Service (IAS) and managing the risks included in the ICT section of the EMCDDA risk register, in particular in the area of security, project management and governance.

Goal 2013–15

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

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

Priority interventions	Planned activities	Expected outputs/results
12.1.1. Develop and maintain instruments for supporting business	12.1.1.1. Develop and maintain infrastructure for the annual drugs data collection and analysis, reflecting the evolution of the drugs data set and its protocols (L1)	▪ Fonte online data collection system set up for annual run; application updates performed during the year, as required ▪ Analytical drugs database updated for 2014; concept for drugs data warehouse phase II developed
	12.1.1.2. Support web content management and visualisation platform development (L1)	▪ Pilot installation and configuration, ready for content migration ▪ Major information systems and websites migrated ▪ Platform operational, replacing the existing one for EMCDDA public websites
	12.1.1.3. Develop EDND (L1)	▪ Strategic concept, analysis and design of the new EDND developed ▪ New software and web interface developed and first version ready for use: – data input functionality operational – end user access to the database accessible to external and internal users
	12.1.1.4. Implementation of networking tools and extranets support (L2)	▪ Reitox network forum or extranet review to include social networking functionalities; study and implementation (phase 1) ▪ Study the generalisation of the concept to support other extranets and expert networks
	12.1.1.5. Develop a management information system (MIS) to support the performance measurement system (see also 10.3.1.2.) or build on existing internal solutions (To be confirmed) (L2)	▪ Management information system designed ▪ Pilot implementation of the system
	12.1.1.6. Further develop the human resources support applications suite (L2)	▪ Application requirements document completed ▪ Partial analysis and design aiming at better estimating the investment required conducted
	12.1.1.7. Develop BPP information system (L3)	▪ Conceptualisation of new information system and technical requirements documents completed
	12.1.1.8. Provide support for business review of the 'monitoring the Internet' programme (L3)	▪ Functional analysis conducted and requirements identified ▪ Programme supporting instruments upgraded
	12.1.1.9. Mission management support application (L3)	▪ Analysis and design ▪ Pilot implementation
	12.1.1.10. Document management programme (L3)	▪ Programme approved ▪ Most urgent projects started (e.g. digitalisation of staff records, electronic workflow support, digital identity)

Priority interventions	Planned activities	Expected outputs/results
12.1.2. Implement Business and information architecture management programme	12.1.2.1. Business architecture programme (L2)	▪ Business and information/data architecture baselines defined
	12.1.2.2. Information, data and application development process (L2)	▪ Data architecture reviewed in light of changes in data and web publications ▪ Drugs data Extract Transfer Load (ETL) architecture reviewed to better support data analysis and dissemination of results ▪ Public key infrastructure (PKI), requirements and implementation plan ▪ Business continuity support further developed
	12.1.2.3. Security-related actions (L2)	▪ Analysis of security and privacy concerns in current and future architecture options ▪ Implementation and gradual adoption of strong authentication
12.1.3. Implement the technical services management programme	12.1.3.1. ICT services provision (L1)	▪ The service catalogue as the instrument to manage the delivery of ICT services established ▪ The required level of availability and stability of the technical infrastructure supporting services delivery ensured
	12.1.3.2. Implement ICT governance ensuring correct planning and management of ICT resources (L2)	▪ Project portfolio concept developed, in coordination with the ICT Steering Committee ▪ Project management principles further developed and applied, in line with the IAS recommendations ▪ Investments to maintain the technical infrastructure operating at the correct level of functionality and quality, minimising risks ▪ Continued and improved collaboration through institutional networks (e.g. ICTAC)
	12.1.3.3. Streamline ICT acquisition processes, using framework contracts and similar tools (L2)	▪ 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 identified for delivery of the 2014 Work Programme	Likelihood of risk and respective impact on the 2014 Work Programme
External risks with a direct link to specific fields of the annual work programme	
1. Substantial change from 2014 onwards to the amounts granted by the EC to the EMCDDA (when compared to amounts granted over the last years).	The 2014 Work Programme is drawn up on the basis of the value of financing foreseen for the budgetary year. The latest information available indicates that the amount of the EC grant for 2014 could be some EUR 756 000 lower than for 2013. It seems likely at this stage that the amount of revenue for 2014 will decrease some 5 % from 2013 values. Against this background, further savings in all budget titles need to be assessed, so that outputs and results under the 2014 Work Programme will not be significantly affected by renewed budget constraints.
2. Lack of sufficient funding for NFPs in the Member States, which might have a negative impact on their capacity to comply with reporting obligations towards the EMCDDA. This risk could be compounded by insufficient funding of information collection in Member States as a whole (see 5 below), which in itself would limit NFP capability in providing reliable information to the EMCDDA.	All core monitoring activities could be affected, notably the review of developments in drug use and responses in Europe. The high political visibility of the drug phenomenon renders unlikely sizeable and widespread cuts in NFP financing and acts as a mitigating risk factor. However, and as a consequence of the EMCDDA's own budget constraints, a decrease of its grants to the NFP is probable. Against this background, a review of the current national reporting package is underway, the aim of which is to lighten the burden on NFP resources, thereby ensuring sustainability of their work and quality of the core information provided. In view of the agency's budget constraints in the near and medium-term horizon, commissioning new tasks to NFP staff by the EMCDDA does not appear feasible.
3. 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 (contribution to the EU drugs strategy, implementation of the Council Decision on new psychoactive substances, support to the second progress report for implementing the Council recommendation of 18.6.2003, support to drug policy dialogue at the EU level by providing expertise and technical information to the European Parliament, the Council and the European Commission, amongst others) have been foreseen for 2014. Additional requests from EU institutions to provide technical support for implementing actions and programmes would require priorities to be reviewed ([6]) or supplementary resources to be 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, which would pose an additional burden on the work programme and the resources available.
4. 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).
5. Reduction of the reporting capacity of Member States as a whole due to lack of and/or reduced availability of core data with an adequate quality level.	Core activities should not in principle be severely affected. However, the quality of certain publications (for instance, Monographs and Insights series) could suffer should this risk materialise. Moreover, when compared with recent experience outputs could become less comprehensive regarding the issues covered. The likelihood of occurrence and the impact of this risk can be considered as medium, since it is more acute in 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.
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 258 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) suggests 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 in this sense was sent to APL in November 2010, followed by a reminder in July 2012.

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

Risk factors identified for delivery of the 2014 Work Programme	Likelihood of risk and respective impact on the 2014 Work Programme
6. Natural catastrophes: earthquakes (leading to possible tsunamis) or floods	Furthermore, a 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. 1. 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 background 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.
7.2. Social upheaval events acts of vandalism	The deterioration of the social situation in the country, notably as regards higher unemployment levels, could lead to riots potentially affecting the agency's activities, namely by rendering more difficult access of its stakeholders (notably, staff, service providers and visitors) to the Cais do Sodré facilities and/or by causing physical damage to the premises. The risk of minor acts of vandalism should be kept in mind, as they have occurred in the past. Emergence of more serious acts in this regard is possible, in view of both the social situation of the country and some of the clientele of Cais do Sodré. The permanent presence of guards and the existence of a video surveillance system mitigate this risk. The insurance policy for the EMCDDA building also covers these risks.
Internal risks	
8.1. Information Technology (IT) governance risks, notably linked to: a) suboptimal investment decisions in IT; b) certain weaknesses in the management of IT projects; and c) 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; elaboration of a detailed report on ICT activities for 2010 and 2011 and 2012; setting up of a project catalogue for ICT; creation of an ICT investments Steering Committee; implementation of a project portfolio management process; adoption of the 2013–15 ICT strategic plan; b) setting up of the ICT Advisory Committee; participation of the EMCDDA in interinstitutional Framework Contracts; adoption of a 'turn-key' approach to projects; definition and implementation of a project management methodology for ICT-managed projects; c) use of suitable supporting tools to manage desktop computer applications and configurations. A wide range of additional measures and actions is expected to further reduce existing risk levels to tolerable levels by mid-2014: a) to continue improving documentation of procedures and appropriate guidelines leading to sound decisions on IT investments; b) to foster implementation (on a pilot phase) of ICT projects in accordance with the new project management framework adopted in December 2012; 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. Information Technology (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) the setting up of an automatic monitoring system to deal with installed configurations; configuration audit exercises; implementation of technical tools addressing management of software configuration issues; conception of a 'documentation tree' as the basis 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 (thus also covering IT); hosting of the agency's portal in degraded mode at an alternate site; use of a Framework Contract for the backup consolidation project supporting business continuity; procurement of specialised assistance services in 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 additional measures has been foreseen in order to further reduce present risk levels: a) establishment of standard documentation on the EMCDDA ICT 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 Service Continuity and Disaster Recovery Plans; improvement of the existing documentation on dependencies amongst the components of the EMCDDA ICT infrastructure; further 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 EMCDDA core business (for example, public web sites and the Fonte data collection application).
9. Unexpected departure of key members of staff	Given the highly specialised and technical nature of much of the agency's work, finding suitable replacements can be a time-consuming task. Furthermore, redeployment (notably in certain scientific areas) could prove to be unfeasible as it would require the existence of a pool of staff members with very comprehensive skills and expertise in the areas concerned.

Risk management

The worst case scenario would be linked to a major earthquake leading to a tsunami. As stated above, an emergency/salvage plan to address the resulting damages would be needed. Even so, disruption of the EMCDDA activities would probably ensue, the respective duration being dependent on the severity of the catastrophe and of 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 belong to its owner, the APL, as stipulated under the leasing contract.

Regarding specifically the IT area linked risks, which have been the subject of particularly close scrutiny, the main consequences would be related to business continuity. As regards governance, comprehensive mitigating measures taken over the last years have decreased risks, notably as regards soundness of investment decisions and management of assets and IT projects. Further action has been planned in this regard, which, combined with projects and programmes already being implemented, should bring residual risks to nearly tolerable levels in 2014.

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 and/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 consistently improved the planning, monitoring, assessment and execution of its work programme and budget (activity planning and monitoring of work programmes have been assigned to the Director's Office since 2010). Moreover, close monitoring of the state of play of the EMCDDA 16 minimum 'Internal Control Standards for effective management' has been executed in the framework of the risk management exercise carried out at the agency, leading to a detailed repository on the respective state of implementation, to be regularly reviewed and updated.

ANNEX II

Estimated budget allocation for the implementation of the 2014 EMCDDA Work Programme

The amounts indicated in the table below are based on the parameters of the 2014 budget as they can be anticipated per 16 September 2013. The budgetary procedures are still ongoing — both for the EMCDDA and the EU general budget. Therefore the budgetary figures at that moment and the distribution per main activities should be considered as broadly indicative.

According to the latest information available and subject to endorsement by the EMCDDA Management Board, the 2014 budget will rely on the following revenues:

- EUR 14 794 000 to be provided by the EU subsidy to the EMCDDA;
- EUR 389 963 to be provided by Norway for its participation in the EMCDDA.

Furthermore, the 2014 budget enters as assigned appropriations a financing of EUR 200 000 from the IPA programme for the execution in 2014 of a project for technical assistance aimed at preparing IPA Beneficiaries for their participation in the EMCDDA (so called IPA 4 project – 3rd year of execution).

The tables below present the estimated allocation of the 2014 budget appropriations for the implementation of the 2014 Work Programme:

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

WP objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources – Non assigned appropriations (EUR)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Data collection, analysis and quality assurance	EPI + RTX	0.5	2.5	3	0	6	347 720.70	793 012.73	1 140 733.43
Monitoring and understanding drug use and problems: key indicators and epidemiology	EPI	0.5	5	1	0	6.5	208 788.75	534 313.96	743 102.70
Monitoring demand reduction responses applied to drug-related problems	IBS	1.7	4.7	0.7	0	7.1	99 148.99	336 767.81	435 916.80
Monitoring drug supply and supply reduction interventions	SAT	0	2.75	0.5	1	4.25	104 497.24	360 382.53	464 879.77
Monitoring new trends and developments and assessing the risks of new substances	SAT	0	3.25	1.5	0	4.75	104 497.24	411 831.87	516 329.11
Improving Europe's capacity to monitor and evaluate policies	POL	0	3	1	0	4	208 788.81	555 697.52	764 486.33
Scientific coordination, research and content support	SDI + IBS + POL	1	4.5	0	0	5.5	123 072.16	433 395.28	556 467.44
Total		**3.7**	**25.7**	**7.7**	**1**	**38.1**	**1 196 513.90**	**3 425 401.69**	**4 621 915.59**

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

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources – Non assigned appropriations (EUR)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Cooperation and collaboration with key partners	DIR + SDI + RTX	0.7	3.9	0	0	4.6	113 280.73	341 116.70	454 397.43
Total		**0.7**	**3.9**	**0**	**0**	**4.6**	**113 280.73**	**341 116.70**	**454 397.43**

C. Supporting the achievement of results (transversal operations)

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources – Non assigned appropriations (EUR)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Communicating the EMCDDA's findings to external audiences (including translation)	COM	1	8	2	0	11	404 853.88	1 475 955.19	1 880 809.07
Governance, management and networks (executive and corporate management + Governing bodies' activities)	DIR + IBS	3.3	5.3	2.3	0	10.9	298 269.62	1 001 965.05	1 300 234.67
	RTX + NFPs' co-financed activities	0.3	3.1	0	0	3.4	91 867.04	2 807 417.53	2 899 284.57
Total		**4.6**	**16.4**	**4.3**	**0**	**25.3**	**794 990.54**	**5 285 337.76**	**6 080 328.30**
Grand Total for Operations (A+B+C)		**9**	**46**	**12**	**1**	**68**	**2 104 785.17**	**9 051 856.16**	**11 156 641.32**

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

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources for direct cost of supporting activities to be distributed to operations (2) (see above) – Non assigned appropriations (EUR)
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	
Administration: supporting core business	ADM (administration and resources/ assets management)	3	11	7.5	0	21.5	2 954 104.75
Information and communication technology	ICT (equipment and services)	0	8	2.5	0	10.5	1 073 216.56
Total		**3**	**19**	**10**	**0**	**32**	**15 183 962.64**

E. Grand total for operations and support to operations

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources for direct cost of supporting activities to be distributed to operations (2) (see above) – Non assigned appropriations (EUR)
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	
Total		**12**	**65**	**22**	**1**	**100**	**15 183 962.64**

F. Special projects

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

Objectives and activities	Main actors for implementation/ cost objects	Allocated human resources (fte/year)					Allocated budget resources – Assigned appropriations (EUR)
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	
Preparation of IPA Beneficiaries Countries for their participation in the EMCDDA (IPA 4 project – 3rd year)	RTX	0	0	2	0	2	200 000

([1]) Appropriations for cost/expenditure for operational activities and staff directly involved in the implementation of the EMCDDA mission/task/WP.

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

ANNEX III
Key performance indicators (KPIs)

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

In line with the approach endorsed by the Management Board, the process is being developed in two phases. In the first phase, KPIs have been defined for the following areas: Main area 10, Governance, management and networks; Main area 11, Administration – supporting core business; and Main area 12, Information and communication technology.

These KPIs were designed to measure the yearly achievement of the specific objectives set up in the 2013–15 work programme, based on annual targets which are expected to be accomplished by the end of 2014. When defining the targets, an analysis of the baseline data (valid for 2012, the last completed year) was carried out first. In very few cases, the establishment of targets was not possible at this stage. This was due to either the need to obtain baseline data for 2013, when the 2012 data was not relevant for the exercise (KPI 10.1.4.), or to the need to complete the definition of internal service standards which will represent the basis for measuring the indicator (KPI 12.1.2.).

It is important to note that 2014 will be the first year of implementation of the KPIs. This will therefore be a test year, when the methodologies for measuring the indicators will be further developed/improved and consolidated. Revisions of the methods of calculation and of the value of the targets are hence to be expected, as a natural development of the process.

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

The process of developing KPIs will continue with the remaining areas, for which performance indicators will be defined for the 2015 work programme. This will allow more time to be dedicated to these areas using the lessons learned from the first phase. The system will be fully operational by the end of 2015, and its results will support the preparation of the end-term monitoring report of the 2013–15 work programme.

Main area 10: Governance, management and networks

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

Key performance indicators	Targets 2014
KPI 10.1.1. Effectiveness of the Management Board in performing its tasks, as stipulated by the EMCDDA's founding Regulation (recast) and the applicable rules and procedures	All (100 %) issues addressed and decisions made as required by the EMCDDA's founding Regulation (recast) and the applicable rules and procedures
KPI 10.1.2. Effectiveness of the Director in providing support to the Management Board (MB) for performing its tasks	a) 100 % of the supporting documents uploaded on the Management Board extranet at least two weeks before the MB meetings (except for documents related to events occurring within this timeframe)
	b) Draft minutes of the MB meetings sent to the Chair within a maximum of eight weeks from the close of the meetings
KPI 10.1.3. Compliance with procedures to identify and deal with conflicts of interest for the members of the Management Board and of the Scientific Committee	Procedure to identify and deal with conflicts of interest defined and in place
KPI 10.1.4. Provision of scientific input/advice (in the form of peer review, formal opinions, input to protocols, projects, products, etc.) by the Scientific Committee, measured as percentage of requests met out of the total number of requests for input/advice sent by the Director and/or the Management Board	To be defined by the end of 2013
KPI 10.1.5. Effectiveness of the Director in providing support to the Scientific Committee (SC) in performing its tasks	a) 100 % of the supporting documents uploaded on the Scientific Committee extranet at least two weeks before the SC meetings (except for documents related to events occurring within this timeframe)
	b) Draft minutes of the SC meetings sent to the Chair within maximum two weeks from the close of the meetings
KPI 10.1.6. Degree of implementation of the follow-up action plan to the 3rd external evaluation of the EMCDDA, adopted by the Management Board in July 2012	100 %

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

Key performance indicators	Targets 2014
KPI 10.2.1. Degree of implementation of the 2014 Work Programme	100 % of the expected outputs/results listed as level 1 priority (L1), 80 % of the expected outputs/results listed as level 2 priority (L2) and 50 % of the expected outputs/results listed as level 3 priority (L3) fully achieved

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

Key performance indicators	Targets 2014
KPI 10.3.1. Degree of implementation of the performance measurement system	a) Performance indicators defined for all main areas of work
	b) Tool to support planning, performance monitoring and reporting conceptualised and tested
KPI 10.3.2. Timely delivery of the documents supporting the strategic planning and programming cycle (three-year work programme, annual work programme, General Report of Activities) (as required by the EMCDDA founding recast Regulation)	All documents delivered within deadline

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

Key performance indicators	Targets 2014
KPI 10.4.1. Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical', 'very important' and 'important') implemented within the deadline foreseen in the follow-up action plan
KPI 10.4.2. Number of reservations in the General Report of Activities (Declaration of assurance by the EMCDDA Authorising Officer)	No reservation

Reitox network

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

Key performance indicators	Targets 2014
KPI 10.5.1. Execution rate (commitments) of the grant agreements budget	95 %
KPI 10.5.2. Timely processing of the payment requests	85 % of the balance payment requests submitted complete and on time are successfully checked and paid by 30 June of year N+1
KPI 10.5.3. Level of satisfaction with the Reitox training activities	90 % satisfaction rate (as measured by training evaluation surveys)

Main area 11: Administration – supporting core business

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

Key performance indicators	Targets 2014
KPI 11.1.1. Budget execution rate — commitment appropriations (without assigned appropriations)	Minimum 97 % of the total commitment appropriations
KPI 11.1.2. Budget execution rate — payment appropriations (without assigned appropriations)	Minimum 93 % of the total payment appropriations

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

Key performance indicators	Targets 2014
KPI 11.2.1. Occupation rate (implementation of the establishment plan)	94 % of the establishment plan posts (officials, temporary agents) filled at the end of the year (in line with resources)
KPI 11.2.2. Staff turnover	Maximum 4 % of the staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)
KPI 11.2.3. Average number of training days per staff member	three days
KPI 11.2.4. Average time of recruitment processes	Maximum four months from the expiry date of the vacancy notice to appointment decision

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

Key performance indicators	Targets 2014
KPI 11.3.1. Number of accidents at work place	No accident
KPI 11.3.2. Efficiency in using available facilities, equipment and infrastructure	Reduction by 4 % of the utility costs (as compared to 2013)

Main area 12: Information and communication technology

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

Key performance indicators	Targets 2014
KPI 12.1.1. Project management and implementation accountability (compliance with the EMCDDA's adopted ICT Project management standard)	100 %
KPI 12.1.2. Availability of the IT systems	To be defined, based on the relevant Service Level Agreement defined by the EMCDDA ICT service catalogue (under development)

ANNEX IV
List of procurements

Pursuant to the applicable financial regulation and in line with the recommendation formulated by the Internal Audit Service (IAS) in 2013, this annex should indicate the procurements for non-administrative activities envisaged for the implementation of the EMCDDA 2014 Work Programme and whose estimated value is equal or higher than EUR 60 000, to be covered by appropriations entered into Title 3 of the relevant EMCDDA budget.

No such procurements have been envisaged for the implementation of the 2014 Work Programme.

ANNEX V

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

- AUSTRIA: Gesundheit Österreich GmbH (Austrian Health Institute), Vienna.
- BELGIUM: Wetenschappelijk Instituut Volksgezondheid / Institut Scientifique de Santé Publique (Scientific Institute of Public Health) – Patrimoine (IPH-Patrimoine), Brussels.
- BULGARIA: National Centre for Addictions (NCA BG), Sofia.
- CROATIA: Vlada Republike Hrvatske – Ured za suzbijanje zlouporabe droga (Government of the Republic of Croatia – Office for Combating Narcotic Drugs Abuse), Zagreb.
- CYPRUS: Εθνικο Κεντρο Τεκμηριωσησ Και Πληροφορησησ Για Τα Ναρκωτικα (Cyprus National Monitoring Centre for Drugs and Drug Addiction – ΕΚΤΕΡΝ), Nicosia.
- CZECH REPUBLIC: Úřad vlády České republiky (Secretariat of the National Drug Commission – Office of the Government of the Czech Republic), Prague.
- DENMARK: Danish Health and Medicines Authority, Copenhagen.
- ESTONIA: Tervise Arengu Instituut (National Institute for Health Development - NIHD), Tallinn.
- FINLAND: Terveyden Ja Hyvinvoinnin Laitos (National Institute for Health and Welfare - THL), Helsinki.
- FRANCE: Observatoire Français des Drogues et des Toxicomanies (French Monitoring Centre for Drugs and Drug Addiction), Saint-Denis.
- GERMANY: Institut für Therapieforschung (Institute for Therapy Research), Munich.
- GREECE: Εθνικό Κέντρο Τεκμηρίωσης και Πληροφόρησης για τα Ναρκωτικά - ΕΚΤΕΠΝ (University Mental Health Research Institute), Athens.
- HUNGARY: Országos Epidemiológiai Központ (National Centre for Epidemiology), Budapest.
- IRELAND: Health Research Board (HRB) – Drugs Misuse Research Division, Dublin.
- ITALY: Presidenza del Consiglio dei Ministri – Dipartimento Politiche Antidroga (Presidency of the Council of Ministers – Department for Antidrug Policies), Rome.
- LATVIA: Slimību profilakses un kontroles centra (Centre for Disease Prevention and Control of Latvia), Riga.
- LITHUANIA: Narkotikų, Tabako ir Alkoholio Kontrolės Departhamentas (Drug, Tobacco and Alcohol Control Department), Vilnius.
- LUXEMBOURG: Centre de Recherche Public – Santé (CRP-Santé), Luxembourg.
- MALTA: Ministry of Justice, Dialogue and The Family, Valletta.
- NETHERLANDS: Stichting Trimbos Instituut, Utrecht.
- POLAND: Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (National Bureau for Drugs Prevention), Warsaw.
- PORTUGAL: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD), Lisbon.
- ROMANIA: Agenția Națională Antidrog (National Anti-drug Agency), Bucharest.
- SLOVAKIA: Ministerstvo zdravotníctva Slovenskej republiky (Ministry of Health of the Slovak Republic), Bratislava.
- SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije (Institute of Public Health of the Republic of Slovenia), Ljubljana.
- SPAIN: Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs), Madrid.
- SWEDEN: Statens Folkhälsoinstitut (National Institute of Public Health), Östersund.
- UNITED KINGDOM: Department of Health, London.

Full contact details are available under the following link: www.emcdda.europa.eu/about/partners/reitox-network

ANNEX VI

Template of the 2014 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
ABM	activity-based management
BCP	Business continuity plan
CADAP	The Central Asia Drug Action Programme
CEPOL	European Police College
CICAD	Inter-American Drug Abuse Control Commission
CoE / PG	Council of Europe / Pompidou Group
COPOLAD	Cooperation Programme between Latin America and the European Union on Drugs Policies
COSI	Standing Committee on Internal Security of the European Union
CUP	cross-unit project
DRD	drug-related deaths
DRID	drug-related infectious diseases
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDND	European database on new drugs
ELDD	European legal database on drugs
EMA	European Medicines Agency
EMDAS	European Master in Drug and Alcohol Studies
EMS	environmental management system
ENFSI	European Network of Forensic Science Institutes
ENP	European Neighbourhood Policy
ERANID	European Research Area Network on Illicit Drugs
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
EUFAS	European Federation of Addiction Societies
EUSPR	European Society for Prevention Research
EWS	Early-warning system
GPS	general population survey
HDG	Horizontal Drugs Group
HR	human resources
IAS	Internal Audit Service
ISAJE	International Society of Addiction Journal Editors
IPA	Instrument for Pre-Accession Assistance
ITN	initial training network
JHA	Justice and Home Affairs group, European Commission
KI	key indicator
NFP	national focal point
NPS	new psychoactive substance
OAP	Operational Action Plan
PCC	potential candidate countries
PDU	problem drug use
PhV	Pharmacovigilance
TDI	treatment demand indicator
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization
WHO	World Health Organization

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction is the hub of drug-related information in Europe. Its mission is to provide the European Union and its Member States with 'factual, objective, reliable and comparable information' on drugs and drug addiction and their consequences. Established in 1993, it opened its doors in Lisbon in 1995, and is one of the European Union's decentralised agencies. The Centre offers policymakers the evidence base they need for drawing up drug laws and strategies. It also helps professionals and researchers pinpoint best practice and new areas for analysis.

Related publications

EMCDDA

- 2013–15 work programme and strategy
- General Report of Activities 2012

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