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for Drugs and Drug Addiction

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Contents

Foreword by the EMCDDA Director

This is the fourth strategy and work programme since the EMCDDA's recast regulation in 2006. I am proud that we can launch a programme that remains forward-looking and that I believe will make an important contribution to more effective drug policies and practice.

I can make this commitment because this strategy is built on sound foundations. Over the last three years, the agency has improved the timeliness, quality and relevance of its work. This is evident in the increased interest and engagement we now see from our stakeholders and convinces me of the value of our work in contributing to a more secure and healthier Europe.

The expectations on our agency are therefore growing and this is what this new strategy and work programme addresses. There are three main challenges for our work over the coming period. We need to understand better the global dimension of the drug problem we face in Europe, we need to respond faster to emerging threats and challenges and we need to become more solution-oriented in our reporting. You will find all these elements are given increased emphasis in our new three-year programme.

To achieve this we recognise that a commitment to partnership and effective joint working will be essential and will remain a defining element of the EMCDDA approach. The work of the agency will therefore continue to be dependent on partnership with experts working across Europe, and in particular with the Reitox network of national focal points. Furthermore, our work benefits from active and ongoing cooperation with the European Commission, from a close working relationship with our sister European Union agencies and the partnerships existing with international organisations working in our area.

The success of this work programme is also ensured by a committed and highly competent staff team in Lisbon, an active and informed Management Board and a Scientific Committee comprising some of Europe's leading scientists working in the drugs area.

On a personal note, I am proud of the achievements that make this work programme possible. I feel great satisfaction that as I complete my mandate as Director of the EMCDDA the agency can look forward to a new work programme that continues to increase the scope and value of its activities.

Wolfgang Götz
Director, EMCDDA

Mission statement

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

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

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

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

The EMCDDA approaches the drug problem from a range of different disciplines and perspectives. This is necessary because the drug issue has an impact on society, public health, security and crime. This multidisciplinary and holistic approach is one of the core strengths of the agency's work. It also underpins the EMCDDA's **vision** for 2016–18, which is to **contribute to a more secure and a healthier Europe**. The agency's mandate, and the knowledge, expertise and strategic partnerships it has developed over the 20 years of its existence, place it in a privileged position to achieve this.

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

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

The specific business principles that sustain these values include:

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

General context: setting the scene

Continuity and change: building on past successes, looking towards new challenges

This is the fourth strategy and work programme since the EMCDDA's recast regulation in 2006. It capitalises on the core principles of the 2013–15 strategy and work programme and the successes achieved in implementing these core principles, which allow the EMCDDA to build further blocks towards accomplishing its ambitious vision to contribute to a more secure and a healthier Europe.

A necessary first step in conceptualising this strategy and work plan was therefore to take stock of the progress made to date and to scope out the medium- and long-term challenges we face.

In 2013–15, the agency increased the relevance and timeliness of its reporting system. In a joint effort with the Reitox network of NFPs the EMCDDA undertook a complex revision of the reporting tools and processes, which was successfully completed in 2014 and implementation began in 2015. The new national reporting system better addresses the information needs of European and national stakeholders while ensuring efficiency and reducing the reporting burden. This has enhanced the capacity of the EMCDDA and its partners to meet the information needs that the dynamic evolution of the drug phenomenon is likely to bring in 2016–18.

The EMCDDA has significantly improved its working practices. Quality assurance measures were strengthened across the entire core-business work, from data collection to scientific processes and production of outputs, and from there to dissemination of products and delivery of services. This assures the scientific rigour of the agency's work, which is a core element of its added value. Taken together, these successful endeavours ensure that the foundation of the EMCDDA is now stronger than ever and that the agency is prepared to reach out to its next challenges.

As an information agency, communication is at the heart of the EMCDDA's work. Quality data and efficient scientific processes bring value only when they are driven by focused and timely communication, which takes stock of the needs of the EMCDDA's audiences and works to fulfil them in the most effective manner. In 2013–15 the agency achieved further progress in streamlining the products range and tailoring its outputs to the changing needs of audiences, while rationalising production costs. The important investment that has been made in the EMCDDA's online communication channels — including the introduction of an increased number of interactive and user-friendly tools and products and a new website launched in 2015 — stands the agency in good stead for prompt, efficient and targeted communication activities in 2016–18.

Meeting the growing needs and expectations of key stakeholders and partners

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

Another benefit of pursuing a close collaborative approach is to be able to better understand the needs and expectations of our key stakeholders and partners. With this in mind, in order to shape its priorities for 2016–18, the EMCDDA launched a consultation exercise to which the Member States, the agency's Scientific Committee, EU bodies, international organisations and

third countries, together with the general public, were invited to provide their thoughts and ideas for what the focus of the agency's work should be during the forthcoming strategic programming period.

The outcome of the exercise was presented to the EMCDDA's Management Board in December 2014. Among the key findings were:

- the importance of further analysing the effectiveness of responses to drug use, including identifying and disseminating best practice;
- the need for the agency to allocate sufficient resources to the area of new drugs, which should be further expanded in order to allow a better understanding of the epidemiological aspects of consumption and the effectiveness of responses;
- the relevance for the Member States of appropriate tools for policy evaluation;
- the need to further develop the monitoring of polydrug use, including a framework for monitoring the misuse of medicines; and
- the provision of a review of the recent developments around cannabis legislation.

All of these valuable contributions have been taken on board and are reflected in this document. The intensity with which they will be implemented during this three-year work programme will depend on the available resources and on the annual implementation conditions and priorities.

Responding to EU needs in 2016–18

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

Building on this capacity, it has considerable potential to provide additional value to the future work of the European Commission, especially to the Directorate-General Migration and Home Affairs (DG HOME), the partner DG of the EMCDDA, and to the Directorate-General for Health and Food Safety (DG SANTÉ). Furthermore, by scaling up partnerships with other agencies and institutions, the EMCDDA's proven technical and analytical capacity can deliver new opportunities for European policy and interventions.

As highlighted in its mission statement, and making full use of the advantage brought by its multidisciplinary approach, in 2016–18 the EMCDDA will enhance its commitment to being a key contributor to a more secure and a healthier Europe. It will do this by being more proactive and giving greater emphasis to knowledge transfer, strategic analysis and threat assessment.

In terms of security, working closely with Europol, and where appropriate Eurojust and other Justice and Home Affairs (JHA) agencies, the EMCDDA will strive to strengthen and enhance its capacity for strategic analysis. The most representative example is the joint EMCDDA–Europol EU Drug Markets Report, which will offer a state-of-the-art strategic analysis of the illicit drug markets in the European Union. The second edition of this key report will be published in 2016 and the third edition will be prepared in 2018, for publication in 2019. In order to better understand the importance of this strategic output, it is worth mentioning that its first edition, published in 2013, has become a key reference document for policymakers in the EU. For example, it supported the Council Conclusions on improving the monitoring of the drug supply in the EU, adopted at the Economic and Financial Affairs Council meeting in November 2013 and it has been factored into the policy cycle priorities of the Council's Standing Committee on Operational Cooperation on Internal Security (COSI) and the corresponding Operational Action Plans (OAPs) 2014 and 2015 of the cocaine/heroin and synthetic drugs — and beyond (the

report was considered one of the most 'notable government documents of 2012' by the American Library Association).

Furthermore, as emerging threats are identified, rapid joint analyses with Europol will be conducted in order to enhance responses. Such threat assessments will be done both in the context of EMCDDA–Europol cooperation and through the Operational Action Plans of the Policy Cycle on Organised Crime of the COSI.

To this end, 2016–18 will be a key period in improving the monitoring of drug supply in the European Union in line with the EU drug strategy 2013–20, which sets a priority for the EU to 'work towards more effective policy in the field of drug supply reduction by reinforcing policy evaluation and analysis to improve the understanding of drug markets, drug-related crimes and effectiveness of drug-related law-enforcement responses'. EMCDDA expertise and analytical capacity can play a key role in meeting this challenge and our integrated information model can provide critical situation analysis and timely threat assessments informed by both supply- and demand-side data.

There is a need for a holistic approach as drug markets can only be properly understood if we look at drug-related crime in addition to drug use and drug-related harms. Through a combination of structured monitoring and analysis, the EMCDDA will provide a better understanding of the nature and scale of the online market and of new developments, both at consumer and at supply level, and will also provide early identification of new trends and threats.

As far as the security of the EU is concerned, there is an obvious link to the area of international cooperation. Here the EMCDDA has a long tradition in supporting the EC in implementing its technical assistance projects in priority third countries — especially candidate countries (CC), potential candidate countries (PCC) and countries of the European Neighbourhood Policy (ENP) area. In 2016, the agency will continue the implementation of two projects, namely the fifth Instrument for Pre-Accession Assistance (IPA) project with seven CC and PCC beneficiary countries, and the ENP project with another seven beneficiary countries. The agency brings to these countries the EU balanced approach and its knowledge about drug monitoring, which supports the improvement of national data, in line with our EU standards, and later integration of these data into EMCDDA analyses.

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

So the EMCDDA, with the help of its partners, will make a significant contribution to the security of EU citizens over the next few years. However, fulfilling the agency's vision for 2016–18 also means contributing to their health.

To this end, the agency will continue the successful collaboration with its partners in the prevention of infectious diseases amongst people who inject drugs, with a main focus on human immunodeficiency virus (HIV) and hepatitis C virus (HCV), which remain important public health concerns with a significant burden on the life of individuals and society overall. In 2013–15, the EMCDDA has strengthened its capacity in the harm reduction area, especially with regard to reacting promptly to emerging threats and providing its expert advice. The assessment missions carried out jointly with the European Centre for Disease Prevention and Control (ECDC) to support Member States are probably the best example in this area. These activities will continue in 2016–18 as part of the overall EMCDDA strategy to scale up the early warning and threat assessment component of its work (see Key area 2). Collaboration with other partners will also be pursued with a view to enhancing the measurement, understanding and responses to drug-related deaths, which claim the lives of thousands of people every year.

Activity in the prevention area will be stepped up in 2016–18. This is an important task for the agency as it allows the identification and promotion of factors that can potentially reduce drug uptake at an early stage, or at least reduce its intensification or prevent escalation into high-risk drug use. In addition to helping diminish other societal costs, there is an obvious link between drug prevention and crime prevention. With this in mind, a training programme for professionals will be developed and new evidence on effective prevention practice will be collected and disseminated through the EMCDDA's Best practice portal. Further analysis on contextual, cultural and systemic determinants of implementing drug prevention will also be produced.

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

One of the most rapidly growing threats for the health of EU citizens is posed by new psychoactive substances (NPS) (see Key area 2). Since 1997, the EMCDDA has played a central role in Europe's response to NPS. Its main responsibilities in this field are to operate the EU Early Warning System (EWS), with its partner Europol, and to undertake risk assessments of new substances when necessary. The EWS works by collecting information on the appearance and spread of new substances from the 30 national early warning systems reporting to the EMCDDA and then monitoring them for signals of harm, allowing the EU to respond rapidly to emerging threats. In the past few years the importance of this work has grown following a dramatic increase in the number, type and availability of NPS in Europe. A total of 101 NPS were detected on the EU drug market for the first time in 2014 (the last year for which complete data were available at the time of writing), which is almost 25 % of the total number of NPS monitored by the EWS since 1997. This brings the total number monitored by the EMCDDA to more than 450 — close to double the number of substances controlled under the United Nations international drug control conventions — with more than half of these being reported in the last three years alone.

The growth in the market is also responsible for the increase in serious harms reported to the EMCDDA in recent years. Most of these concern non-fatal intoxications and deaths, but they also include broader social harms, such as those caused by high-risk drug users switching from injecting heroin to synthetic cathinones. During 2014, serious harms that required urgent attention led to 16 public health-related alerts being issued by the EMCDDA, while six new substances required risk assessment by the EMCDDA's Scientific Committee at the request of the Council of the EU (twice as many as during the entire period 2010–13, and one-third of the total number of risk assessments ever conducted). Together, the six substances were associated with more than 200 deaths and more than 700 non-fatal intoxications in Europe.

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

The EMCDDA will make an important contribution to implementing EU policy objectives and provide ongoing high-quality expertise to its stakeholders, especially to the European Commission, other EU institutions, and the EU Member States (see Key area 1). This will be especially important in 2016–18 due to the fact that the period falls in a particularly important

phase in the field of drugs, which will shape the policy landscape around us and will bring new requirements, but also new opportunities, for the agency. At European level, the year 2016 is the end date of the current EU action plan (AP) 2013–16, and the EMCDDA will support the European Commission in reporting on its implementation. The agency may also be required to provide support to the EU Presidencies in the drafting of the new AP for 2017–20, as appropriate and upon request. Internationally, in 2016, the United Nations General Assembly Special Session (UNGASS) on drugs will review the world drug situation; in 2019, the United Nations (UN) Member States will review the achievements made by the implementation of the UN political declaration and plan of action on drugs adopted in 2009. It is likely that these events will generate increased attention on the drug situation in all regions of the world, including Europe, and will increase the number of requests to the EMCDDA for technical support.

A key element for the implementation of this three-year strategy and work programme will be the amount of resources available during this period. The Communication of the European Commission to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–20 (see COM (2013) 519 final of 10 July 2013) provided a first estimate of this amount. Pursuant to this information and without prejudice to the actual decision to be taken by the EU budget authority for the adoption of the EU annual subsidy to the EMCDDA and the establishment plan of the latter, it is estimated that by 2018 the EMCDDA would operate with an EU annual subsidy of MEUR 14.8. This would reflect a status quo compared to the amount of EU annual subsidy received in 2014 and 2015 (and a reduction of 5 % compared to 2013).

Finally, the fourth external evaluation of the EMCDDA is likely to be carried out by the European Commission during 2016–18. The exercise will evaluate the success of the implementation of this new three-year strategy and work programme, and of the previous strategy and work programme for 2013–15. This will be complemented by the annual monitoring effort, which will be set up by the EMCDDA in order to measure the progress achieved in the implementation of each of the upcoming annual work programmes, of which the first one will be for 2016 (see Annex II — Monitoring and evaluation).

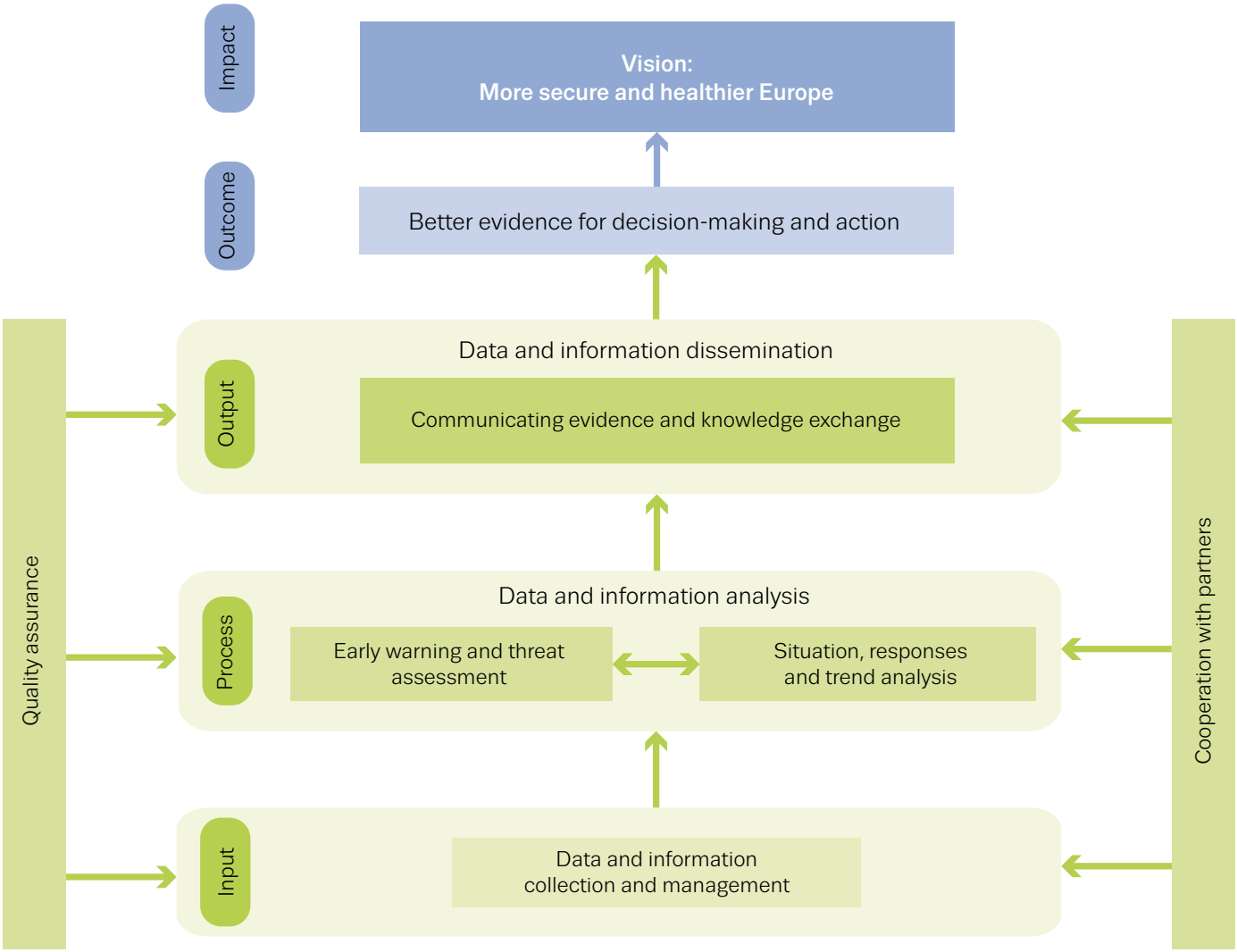
CHAPTER 1
2016–18 strategy and work programme

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

This strategy and work programme is built around six strategic action areas, composed of three key action areas (KA): communicating evidence and knowledge exchange; early warning and threat assessment; and situation, responses and trend analysis; plus three cross-cutting action areas (CA): information collection and management; quality assurance; and cooperation with partners. Together, these areas cover the agency's core tasks and form the conceptual building blocks needed to assemble a comprehensive understanding of the European drug phenomenon.

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

In addition, two corporate action areas — governance, and administration and ICT — present the management and support activities, which is key to ensuring that the work planned within the strategic areas can be successfully performed.



Key strategic action areas

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

Communicating evidence and knowledge exchange (Key area 1): This incorporates the key outputs (products and services) that the EMCDDA will provide to its customers (audiences) during 2016–18. This area also includes capacity building and training activities, which are an integral part of the knowledge transfer the agency instigates each year for the benefit of its customers: stakeholders and partners, as well as other audiences (such as academia).

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

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

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

Cross-cutting strategic action areas

Activities in these areas are of a horizontal nature in that they feed, thus significantly contribute to, the key action areas.

Information collection and management (Cross-cutting area A): This encompasses all the activities related to information collection and management at the EMCDDA. This is the entry point (input) into the EMCDDA's monitoring systems — for rapid (Key area 2) and core monitoring (Key area 3). This area includes both the tools for data collection and storing (Fonte, the data warehouse, the European Database on New Drugs — EDND) and the processes for managing these data (checking and validation). The management of the Reitox network of national focal points, the EMCDDA's main data providers, is also presented in this area.

Quality assurance (Cross-cutting area B): This contains all the activities that ensure that the agency's core business inputs, processes and outputs fulfil the quality standards in place at the EMCDDA. Activities related to the Scientific Committee and scientific coordination tasks are included in this area.

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

Corporate action areas

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

Administration and ICT: This corporate area contains the tasks related to the management of resources (human, financial, material) and the management of the information and communications technology (ICT) infrastructure.

Key strategic action area 1: communicating evidence and knowledge exchange

The ultimate purpose of the work performed by the EMCDDA is to inform sound decisions in the field of drugs at the level of the EU and its Member States. The complex processes related to the data collection, monitoring and analysis all have the unique purpose of producing the evidence that policymakers and professionals from across the EU need in order to efficiently tackle the drug phenomenon.

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

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

Underpinning activities in this key area is the EMCDDA's integrated communication strategy, which sets out fundamental principles for communicating the agency's knowledge and presents the tools and techniques available to serve, and nurture relations with, its audiences. Among others, the strategy promotes a more customer-oriented approach, via regularly analysing audience needs and preferences and ensuring that emphasis is shifted appropriately. A specific audience engagement strategy, developed in 2013–15, paves the way for targeted actions in 2016–18. EMCDDA stakeholder relations will be proactive and based on cooperation models aimed at generating mutual benefit. They will have their roots in the agency's communication core values, namely: relevance, quality, efficiency, transparency and consistency.

In 2013–15, the EMCDDA streamlined its product range with a view to improving timeliness and offering better access to higher-quality information while reducing production costs. This work will be taken forward in 2016–18 with developments in digital publishing taken on board when defining products and their formats.

The agency produces timely and high-quality data, together with strategic and situational analyses and threat assessments to inform policy and practice. A comprehensive annual situation assessment of trends and developments in drug use in Europe will continue to be provided by the European Drug Report (EDR) package, the annual flagship publication of the EMCDDA. In 2013–15, this key output was completely reshaped and redesigned to be more timely, interactive and interlinked. The package includes the multilingual Trends and Developments report, the Statistical Bulletin, Country Overviews and the focused online analyses Perspectives on Drugs (PODs). The Statistical Bulletin, one of the pillars of the EDR, underwent a major transformation in order to distinguish better between reported data and data analysed by the EMCDDA. The four main components of the Statistical Bulletin became: a) a data bank containing the data reported to the EMCDDA in an easy-access format; b) methods and definitions, harmonised where possible, and including general information related to the indicator and country-level information; c) factsheets providing short analyses of the data and supporting the content of the Trends and developments report; and d) data visualisation of the main data sets. The EDR package will be launched every year and its content and format will continue to be improved in order to meet the changing and growing needs of its audiences.

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

The first edition of the EU Drug Markets Report was launched in 2013. The document, produced at the request of the EU Commissioner for Home Affairs (at that time Cecilia Malmström), combines Europol's strategic and operational understanding of trends and developments with the EMCDDA's ongoing monitoring and analysis of the drug phenomenon. Following its publication, the report has become an essential reference tool for policymakers and law-enforcement professionals in the EU and beyond. The second edition of the EDMR is already raising high expectations from key stakeholders. It will be published by the two agencies in the first half of 2016, and the third edition of the EDMR is already planned for production in 2018 with publication in 2019.

The first European Drug Responses Report will be prepared in 2016 for publication in 2017. This new, comprehensive strategic analysis aims to provide a state-of-the-art overview of the responses to drug use across the EU and their effectiveness, as well as recommendations for actions. It will be designed as the 'health companion' to the European Drug Markets Report; together with the annual European Drug Report, these reports will provide the complete picture of the drug phenomenon and will represent the essential information and analysis package for policymakers in the EU and beyond. The periodicity of the EDRR is planned to coincide with the

beginning and the end of the new EU action plan 2017–20 (first edition in 2017 and second edition in 2020).

In addition to the three major outputs described above, in 2016–18 the EMCDDA will produce and publish smaller and focused strategic analyses based on emerging topics, geographical developments and the information needs of different stakeholder groups, and in keeping with policy requests.

Furthermore, in line with the agency's commitment to further develop its rapid monitoring system (see Key area 2), the EMCDDA will produce prompt and focused products to enable the immediate dissemination of critical information relevant to safeguarding public health and safety (threat assessment reports). This will include (as appropriate): joint analyses (with Europol, ECDC); trendspotting case studies/reports; and outputs related to the implementation of the applicable legal framework on NPS, in particular the EMCDDA–Europol Joint Reports and the EMCDDA risk assessments.

The agency will also publish thematic outputs on topical developments and emerging issues in all areas. Examples include analyses on treatment, prevention and legal systems in the EU; an overview of Internet-based interventions, polydrug analysis, etc. An important output will be the online EU Guidelines for the evaluation of national drug strategies, addressed to policymakers in the Member States, which is planned for release in 2016.

In 2016, the EMCDDA will publish for the first time, together with the European School Survey Project on Alcohol and Other Drugs (ESPAD), the 2015 ESPAD report. Other joint products will be produced, as appropriate, based on the most relevant topics and following a synergistic approach.

Online communication will remain the agency's privileged channel for disseminating up-to-date knowledge on all facets of the drug problem, with the EMCDDA's website at its core. A new website launched in 2015 offers the EMCDDA's audiences easier access to more interactive products, tools and multilingual elements. In 2016–18, the website will be regularly updated and further developed. Online top overviews and updates on emerging issues will be published for all the substantive areas. Furthermore, the EMCDDA will provide improved access to its data to interested third parties. This will include data on new drugs through the public access layer of the EDND and through improved presentation of the country data provided by the NFPs (see Cross-cutting area A). Social media and multi-media channels will be used to communicate events and findings and engage more actively with our audiences in real time.

At EU level, the agency will continue to support sound policymaking through its high-quality technical input. This will be particularly significant in 2016–18 due to the fact that the period covers an important policy phase in the field of drugs. The EMCDDA will support the European Commission to report on the implementation of the current EU AP, which ends in 2016, and will provide support to the EU Presidencies in the preparatory work for the new AP for 2017–20 (if requested). Internationally, in 2016 the UNGASS on drugs will review the world drug situation, and in 2019 the UN Member States will review achievements made through the implementation of the UN political declaration and plan of action on drugs adopted in 2009. As already pointed out by the EC in their input provided to the informal consultation on this three-year strategy, the EMCDDA must be prepared to offer the necessary technical support to the EU and its Member States to ensure follow-up on the conclusions of the 2016 UNGASS, and to the preparatory work for the 2019 assessment and political declaration.

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

Knowledge exchange will be an ongoing task in 2016–18. Among others, it will involve the dissemination of best practice, in line with needs and available resources, and the design and implementation of capacity building and training initiatives for our different audiences.

Identifying and disseminating information on best practice and the effectiveness of interventions across the EU and beyond is a key area for the EMCDDA — a task introduced into the agency's mandate by its recast regulation of 2006. The main dissemination channel is the Best practice portal (BPP), an essential tool that was revamped in 2014. Targeted at practitioners and professionals working in the drugs field, the portal is designed as a practical and reliable source of what works, and what does not, in the areas of drug-related prevention, treatment, harm reduction and social reintegration. In 2016–18, the new-look portal will continue to help users to: identify tried and tested interventions quickly; allocate resources to what is effective; evaluate and improve interventions, by applying practical tools, quality standards and guidelines; and take better decisions, gaining from experience and expertise across Europe. The existing modules will be updated regularly and new modules on emerging topics, such as responses to NPS and national strategy evaluations (including economic aspects), will be added.

Another effective means of disseminating best practice is through training activities. These will include Reitox

Academies for professionals in EU Member States and third countries, training activities carried out in cooperation with partners, such as institutional partners (e.g. CEPOL — European Police College) or academia. Depending on resources, an online training platform may also be developed.

As an information agency, a core aspect of the EMCDDA's work involves disseminating its knowledge in the field via face-to-face communication at institutional events, conferences, seminars and expert meetings, and by receiving visitors to the agency. These events allow focused messages to be delivered to a specialised audience; they also provide excellent multiplier potential. Measuring the impact of these activities will help the agency further prioritise and tailor its interventions in 2016–18.

The EMCDDA targets the media as a prime conduit of information to its target audiences and is committed to providing journalists with a high-quality, timely and balanced information service on drugs. Through its professional approach to media relations, the agency aims to increase its reputation and visibility, disseminate the results of its work and raise awareness among its key stakeholders. In 2016–18, continuous effort will be made to sustain strong and positive media relations with drug-specialised journalists in Europe who act as effective multipliers.

Strategic objective:
Provide policy and practice with better evidence for decision-making and action, and serve as the European central reference point for drug-related information and analysis

Actions	Key results
1.1. Inform policy and practice by providing timely and high-quality data, strategic and situational analyses and threat assessments	■ Comprehensive annual situation assessment of trends and developments in drug use in Europe: • European Drug Report (EDR) package ■ State-of-the-art strategic analyses of key issues and emerging challenges: • EU Drug Markets Report (EDMR): second edition published 2016; third edition drafted 2018 (for publication in 2019) • European Drug Responses Report (EDRR): first edition — first draft in 2016 and publication in late 2017 • Focused strategic analyses (short and policy-oriented, topics defined by need) ■ Risk and threat assessment reports (event generated): • EMCDDA–Europol Joint Reports on NPS • Risk assessments and corresponding reports on NPS • Joint threat assessments (with Europol, ECDC) • Trendspotter studies ■ Topic overviews of important established or emerging issues (developments in: prevention, treatment systems, e-health, responses to NPS, HCV, etc.) ■ EMCDDA–Europol Annual Report on the implementation of Council Decision 2005/387/JHA (or applicable legal framework) on NPS ■ Other joint publications: • 2015 ESPAD report, published in 2016 • Joint guidance with ECDC (as needed) ■ Scientific articles in high impact journals ■ On the web: online top-level overviews and updates on emerging issues (all areas)

Actions	Key results
1.2. Support services for relevant European and national level policy and technical activities and meetings (knowledge exchange, institutional support, technical backstopping) (on request and resource dependent)	■ Support for activities related to the work of the European Parliament, Council of the EU and European Commission, including: • EU drug strategy (2013–20) and APs (2013–16; 2017–20) • European Agenda on Security 2015–20 • Other relevant policy initiatives and action plans (e.g. Action plan on HIV/AIDS in the EU and neighbouring countries (2014–16) and other appropriate activities aimed at infectious diseases, HCV in particular; EU alcohol strategy, etc.) • Participation at key drug-related events • Activities with third countries • Data exchange and technical cooperation with the UN system ■ Support for EU-funded research (in areas relevant to the EMCDDA's mandate) ■ Support for EU Member States, including responding to information requests and providing technical input to national initiatives
1.3. Identify, promote and monitor best practice	■ Best practice portal kept up to date and usability enhanced ■ Knowledge base extended in areas that are not yet fully covered
1.4. Support to practice in the Member States and third countries that are a priority for the EU (based on needs and available resources)	■ Enhanced national capacity for drug monitoring and reporting, policy evaluation and early warning and threat assessment activities ■ Countries supported to implement effective interventions ■ Training initiatives (online resources, courses, input to activities with partners, e.g. academia or institutional partners, such as CEPOL)
1.5. Contribute to a better understanding of the European drug problem through engagement with policymakers, scientists, practitioners and civil society	■ Effective dissemination of EMCDDA knowledge base to target audiences ■ Increased use of social and multi-media communication channels for immediacy and wider reach ■ Stakeholders' satisfaction through better tailored products and services
1.6. Communicate successfully with media	■ High-quality news coverage of the EMCDDA's activities

Key strategic action area 2: early warning and threat assessment

Responding to NPS — the EU Early Warning System and risk assessment

Strengthening the EMCDDA's capacity to identify, assess, prioritise and respond to new threats as part of its core activity of monitoring emerging trends is the top priority for the 2016–18 programming period. Activities conducted in support of the EU mechanism to monitor and respond to NPS represent a key component in this area. This mechanism, established by the joint action from 1997 concerning information exchange, risk assessment and the control of new synthetic drugs and currently operating under the Council Decision 2005/387/JHA, provides Europe with an EU EWS. It is implemented by the EMCDDA and its partners in the Member States (the Reitox network) in cooperation with Europol, and with the active contribution of the European Medicines Agency (EMA) and the EC. The strength of the EWS is derived in part from the fact that the events-based data reported through the system sits within, and benefits from, the broader framework of indicator-based data that the agency has established.

Over the past few years, the importance of this work has grown following a dramatic increase in the number, type and availability of NPS in Europe. A total of 101 NPS were detected on the EU drug market for the first time in 2014, which is almost 25 % of the total number of NPS monitored by the EWS since 1997. Alongside information on the appearance of NPS on the market, a key function of the EWS is to identify signals of serious harms and respond as necessary. This requires monitoring each of the more than 450 substances that have been reported so far. A growing number of reports of serious harms, often related to acute toxicity leading to hospitalisation and deaths, have been processed by the EWS in recent years. Since 2005, the EMCDDA has issued 117 public health alerts, of which more than 70 % were in the last five years. Of great concern in this respect is that during 2014 a record number of six risk assessments (RAs) were requested by the Council of the EU (twice as many as during the entire period 2010–13 and one-third of the total number of RAs ever conducted). Together, the six substances were associated with more than 200 deaths and more than 700 non-fatal intoxications. However, currently there is no provision for the EMCDDA to commission experimental (in vitro or in vivo) studies that would greatly enhance the risk assessments.

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

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

The toxicovigilance component of the EWS is the mechanism that permits early detection of an emerging toxicological problem related to a new substance both at national and EU level. This allows public health alerts to be issued to the EWS network and the substance to be placed under intensive monitoring. In order for the EMCDDA to meet the increased needs and demands arising from the phenomenon both at national and EU level, identification, reporting and monitoring of serious adverse events needs to be scaled up. With this in mind, in 2013 the EMCDDA began to develop a framework to strengthen the toxicovigilance component of the EWS. The first European expert meeting took place in 2014 and work will be enhanced during the 2016–18 period. The system will facilitate the identification and reporting of serious events as well as optimise the reported data in order to best analyse these signals. It will be strengthened by drawing on data from the new systems being developed for monitoring OSI on serious adverse events (discussed above). Ultimately, this will allow the Member States and the EU to respond earlier to emerging harms.

Improving our understanding of the phenomenon also requires strengthening of the monitoring of new drug laws and policies and health and social responses to NPS, as well as developing and integrating epidemiological surveillance of NPS and other emerging drug trends into core monitoring procedures (see Key area 3).

In addition, a new legislative framework on new psychoactive substances is expected to enter into force during the course of this three-year work programme. The associated information exchange and risk assessment mechanism and related data collection tools and guidelines will need to be developed.

Reflecting the globalised nature of the NPS phenomenon, international cooperation with third countries will be strengthened (see also Cross-cutting area C). Among others, support will be provided to candidate and potential candidate countries (CC and PCC) in establishing and developing an

EWS at national level, as requested in Chapter 24 of the negotiation package to the enlargement.

Furthermore, cooperation with the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) will be stepped up in 2016–18 with a view to enhancing data sharing and exchange of experience in the field of NPS. This will contribute to a better understanding of the global phenomenon while avoiding double reporting by the Member States and will also ensure efficiency.

Emerging trends and threats

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

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

During 2016–18, the EMCDDA will build on past successes and improve the existing rapid information assessment tools. Using knowledge gained from previous trendspotter studies, the trendspotter methodology will be consolidated. Equally important is the close collaboration between the EMCDDA and ECDC on monitoring incoming information on the evolution and epidemiology of drug-related infectious diseases. Furthermore, existing expert networks will continue their role as alert-platforms for early warnings in the field of drug-related harm and related responses (infections, deaths and other acute problems).

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

The integration of new methods and tools into existing monitoring routines is of crucial importance here. One example is the need for rapid and efficient inclusion of new substances or new patterns of use in routine monitoring tools once their significance is established. This will be done based on an annual systematic review of new drugs and behaviours and an analysis of the implications for routine monitoring tools. In addition, new sensitive and timely monitoring tools need to be integrated into routine monitoring systems. Wastewater-based epidemiology, for example, has demonstrated its potential as an important complement to established monitoring tools and has moved from being an experimental technique to being a new method in the epidemiological toolkit. Another example is the development of hospital emergencies data as an instrument to be included in routine reporting. In addition, the EMCDDA will continue its support for innovative methods such as pooled urine analysis and analysis of syringes to improve timely identification and reporting of new trends.

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

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

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

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

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

Actions	Key results
Responding to NPS — EU EWS and risk assessment	
2.1. Implement the provisions of the legislative framework on EWS and risk assessment in place in 2016–18	■ Operational EWS and information exchange mechanism: • NPS appearing on the EU market are detected, notified in a timely manner, systematically monitored, and action is taken as necessary (e.g. public health alerts are issued) • Joint Reports are prepared (as appropriate) • Structured data is collected periodically and NPS trends are identified and analysed • EWS network is operational and supported by the EMCDDA ■ EU-level risk assessment procedure is implemented, as required: scientific evidence on the health and social risks posed by the use of NPS provided to the Council and the Commission, on the basis of which further actions towards measures to control these substances at EU level may be taken ■ Improved knowledge of the NPS market ■ Strengthened capacity to identify emerging toxicological problems associated with the use of NPS (toxicovigilance) ■ Strengthened proactive approach to the early detection and response to emerging threats through the use of OSI monitoring and analysis ■ Guidelines, procedures, processes and tools adapted to the new legislative framework and implemented (as required)
2.2. Implement the provisions of Article 28c of the EU Pharmacovigilance (PhV) legislation	■ Effective information exchange with EMA and the EU PhV system
2.3. Support capacity development in the forensic science and toxicology area	■ Increased capacity and information sharing on forensic science data
2.4. Support the use of EU data and analysis on NPS in international level activities (in line with reporting obligations and existing Memorandums of Understanding — MoUs) and sustain third countries in building national EWS	■ Data exchange with international bodies (e.g. UNODC, WHO) to support prioritisation, scheduling discussions and information exchange activities ■ Increased capacity of third countries (mainly candidate and potential candidate countries) to design and operate an EWS at national level
Emerging trends and threats	
2.5. Timely identification of emerging threats through the use of rapid information assessment methods	■ Emerging trends and threats captured and reported in a timely manner: • Trendspotting methodology completed and published • Trendspotter forum, including online key informants network, up and running • Rapid and in-depth assessments of new threats, as required (Trendspotter studies) • Joint risk assessments on emerging threats (as required; e.g. with Europol and ECDC) • Further platforms and mechanisms for early warnings/threat assessments in the field of drug use (online or targeted surveys), harm (drug-related deaths — DRD, drug-related infectious diseases — DRID, emergencies) and responses (threat prevention, harm reduction) developed
2.6. Develop new methods and tools for timely identification and reporting	■ OSI systematically mined and integrated into EMCDDA analyses: • Internet monitoring tools in place for online markets and drug user forums • Development of OSI monitoring and analysis systems relevant for proactive early detection of new trends and threats of public health relevance • New online information data collection tools developed as appropriate (e.g. crowdsourcing)
2.7. Further develop and systematise existing timely and sensitive identification methods and tools	■ Wastewater findings and hospital emergencies data integrated into routine monitoring systems
2.8. Sensitise routine methods and tools	■ Rapid and efficient inclusion of new substances or new patterns of use in all routine monitoring tools (as appropriate)

Key strategic action area 3: situation, responses and trend analysis

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

The monitoring work is focused on two core dimensions: the drug situation and the responses to tackle it. Together they address both the demand for and the supply of drugs. These two comprehensive dimensions are interlinked and they feed complex multi-area and cross-indicator analyses. This integrated and holistic approach allows the agency to provide an accurate diagnosis of the drug phenomenon at EU level, together with a reliable assessment of the effectiveness of responses to the different forms of drug use and supply, and their consequences.

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

In terms of monitoring the demand side of the drug situation, the agency relies on its well-established key epidemiological indicators (KIs), which include: the prevalence and pattern of drug use in the general population (general population survey — GPS); the prevalence and patterns of high-risk drug use (problem drug use – PDU); the number and characteristics of drug users contacting drug services, in particular treatment services (treatment demand indicator — TDI); the number of drug-induced deaths and mortality among drug users (drug-related deaths — DRD); and the infectious diseases related to drug use (drug-related infectious diseases — DRID).These indicators are now conceptually stable and only limited methodological improvements will be needed in order to ensure they remain fit for purpose. This work will be steered by annual assessments, which will be complemented by a comprehensive triennial review planned for 2018.

As the drug situation evolves constantly, it is important that the methods and tools keep pace with developments. With this in mind, in 2016–18 the focus will be on increasing analysis and quality control, while expanding the range of sources and methods, including analysis of: the prevalence of different forms of drug use; the patterns of use (from experimental to recreational and to high-risk drug use); the characteristics and risk profiles of users (including injection, polydrug use including notably alcohol use, psychiatric co-morbidity and others); and the main measurable health and social consequences (acute and chronic). In parallel, it will be necessary to increase the quality and comparability of our information regarding the different types of responses that aim to prevent use, reduce harms, or treat and help the recovery and social reintegration of drug users with problems. Monitoring polydrug use, namely the consumption of illicit drugs in combination with licit substances or medication, is an area that requires further strengthening. Considerable policy concern exists in Europe and beyond in this area, especially as far as the interaction between alcohol and drug use is concerned.

As a step towards developing this part of its mandate, in 2013–15 the EMCDDA significantly enhanced its collaboration with ESPAD activities. ESPAD provides useful and harmonised information on long-term patterns of substance use, including polydrug use, in many EU countries and neighbouring countries. The EMCDDA Management Board, the Swedish Government and the European Commission have acknowledged that the agency is an appropriate institutional home for the study; hence, they have stressed the need for ESPAD, while maintaining its individual entity, to be progressively anchored in the EMCDDA. This successful collaboration will be taken forward in 2016–18 in the framework of the cooperation strategy developed by the two organisations. In 2015 the EMCDDA received the formal request from the Swedish Government to assume responsibility for the coordination of ESPAD. In 2016, the agency will perform the necessary coordination activities, and it will publish the 2015 ESPAD Report. Furthermore, in close cooperation with the European Commission, the EMCDDA will look at options to ensure that the other future ESPAD-related tasks can be assumed by the agency.

Furthermore, the developmental area of monitoring the misuse of medicines will be naturally linked and integrated with the activities related to polydrug use, as well as the implementation of the EWS and the monitoring of emerging trends (see Key area 2).

In 2016–18, the EMCDDA will seek to adopt and gradually implement the conceptual framework on monitoring the misuse of medicines completed in 2015, within the context provided by the EMCDDA regulation and mandate pertaining to this area. To this end, reaching a consensus with the NFPs on some critical aspects, such as the scope of the work (including definitions), the next steps in the implementation of the EMCDDA activities and their role in the process, will be

important. Building an expert network will be another important element during 2016–18; this will include closer collaboration with clinicians and practitioners who can share their expertise on issues such as the role of prescription practices and possible examples of best practice related to prescribing medicines. Multi-indicator analysis and literature reviews will provide the information for the case studies planned on the most relevant topics (examples may include fentanyl(s), pregabalin, ketamine, tramadol, etc.).

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

Improving the measurement of drug markets and the effectiveness of drug supply reduction responses requires enhanced supply indicators and data, for which modest but timely investment will be required. In line with Action 16 of the EU action plan 2013–16, and building on the progress achieved in the 2013–15 programming period, the EMCDDA will further develop and progressively implement key indicators on drug supply as outlined in the 2013 Council Conclusions on improving the monitoring of drug supply in the EU.

In 2016, the EMCDDA will take forward the work implemented during 2013–15 to improve the comparability and quality of data available, while in 2017 and 2018 attention will be given to full implementation of the supply indicators (drug seizures, drug-law offences, drug purity and tablet content, drug prices, dismantled drug production facilities, perceived availability of drugs, and market size estimates) and to an ongoing review and assessment of the relevance of these data sets/sub-indicators. Further indicators for monitoring drug supply reduction will be conceptualised, with the aim of identifying best practice examples. This will be part of the strategy for monitoring drug-related crime, including drug precursors, money laundering and trends in drug-law enforcement, which the EMCDDA is planning to develop progressively, in line with the available resources. To this end, an important element of EU-level drug-monitoring efforts is the collection and analysis of data on drug precursor seizures and stopped shipments by the European Commission. Although this information is not yet systematically analysed alongside the data collected by the EMCDDA from other areas, collaboration is already well underway and such pooling of knowledge will be a priority for cooperation with the Commission in the period 2016–18.

Central to the work of the EMCDDA in the area of drug supply and drug supply reduction is the EMCDDA European Reference Group on drug supply issues, which was established in 2013. The Reference Group is composed of representatives from each Member State, who ensure the link to national expertise. Key partners, the EC, Europol and Eurojust are also represented, enhancing coordination at EU level. Ensuring continuity and stability while improving efficiency will be essential for the functioning of the Reference Group in 2016–18.

The indicators to monitor drug markets and drug-related crime that have been presented above will provide information that is critical for a better understanding of supply in the EU. They have the particularity to be able to capture both the size of the demand, especially if this information is combined with data provided by other sources (such as epidemiological indicators, see above), and the scope of the law-enforcement responses.

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

In terms of health and social responses, continuity will be ensured in the implementation of the existing tools and methodologies while regular assessments will be carried out in order to ensure that they remain efficient and relevant.

A priority intervention in 2013–15 has been to implement the treatment strategy, which allows the national estimates of the total number of people in treatment to be improved, and ultimately the gaps in the coverage of the different treatment systems across the EU to be assessed.

This will be taken forward in 2016–18 with an analysis of low-threshold and specialised treatment agencies and primary care facilities (general practitioners) — facilities that, although they represent a very important element of the treatment systems, often escape routine monitoring.

Knowledge on the total number in treatment will also be improved by the implementation of other instruments developed in 2013–15, such as the TDI treatment prevalence and the European Facility Survey Questionnaire (EFSQ). The results will allow reliable information to be collected on the total treated population and, together with other tools, will help to provide a complete national picture of the treatment provision.

One important developmental area is the responses to NPS. This phenomenon has rapidly increased in recent years and, although a world-class early warning system mechanism has been implemented in order to monitor the growing number of NPS identified and their risks to users (see Key area 2), data on the responses to this dynamic phenomenon are still scarce

and difficult to obtain and use for meaningful analysis. There is a significant need, therefore (confirmed by the outcome of the external consultation exercise that was conducted to inform the preparation of this document), to develop this area, which has become increasingly important for policy and practice.

Some steps in this regard have already been taken in 2013–15; however, in this new three-year programming period these efforts will become more systematic. A methodological framework for monitoring health-related responses to NPS will be put in place, with a view to it being implemented as part of the EMCDDA's routine monitoring system by the end of 2018.

The Internet is a rapid and easy means for procuring information. In recent years, however, it has also become a convenient vehicle for the purchase and sale of drugs, which has motivated the EMCDDA to step up its monitoring (see Key area 2). The Internet is also a means of seeking and providing interventions on drug use. To this end, a methodological framework for monitoring Internet-based interventions will be developed and implemented.

Furthermore, in 2016–18 the EMCDDA will continue to monitor the core aspects of drug legislation that define and penalise offences relating to drug use and supply, including national approaches to legislation on NPS. This activity will be improved by combining more closely information from Reitox and other sources, verified by the Legal Correspondents (LC) network, with a view to moving towards more focused and rapidly updated online dissemination of current laws and trends. In line with recent events, there will be increased focus on collecting and disseminating legislation controlling cannabis and new psychoactive substances, while the agency will remain responsive to requests received from stakeholders.

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

Furthermore, the agency will increase its cross-indicator analysis, which will allow a better understanding of how laws are implemented, combining these with other datasets and innovative studies if required to fill information gaps. Closer cooperation with Eurojust will be pursued, to address challenges in controlling transnational drug supply.

Remembering that the ultimate aim of legislation is to affect behaviour, the EMCDDA will continue to collect and disseminate information on how legal changes seem to affect the behaviour of the users and traffickers targeted so as to inform policymakers on more efficient and effective drug legislation.

Strategic objective:
Provide a holistic picture of the drug phenomenon, through an integrated and coherent core monitoring system

Actions	Key results
3.1. State-of-the-art monitoring necessary for European level assessment of the drug situation (core trends and developments in use, consequences and responses)	■ Core data sets (qualitative and quantitative) analysed to inform EMCDDA product lines ■ Implementation of monitoring tools optimised through: • Regular assessment and supporting processes and tools • Methodologies reviewed to ensure relevance (redundant areas removed, critical information gaps addressed) ■ Improved understanding of country-level data (contextual factors, methodological issues, configuration of responses) ■ Multi indicator analysis to allow cross-checking of findings and more sensitive detection of trends ■ Improvements to quality and comparability of drug supply data ■ Better description of drug laws and policies, including information on evaluations and impact ■ Overview of EU-funded and national drug-related research ■ Maximum value obtained from expert meetings, through greater focus on surveillance, cross-indicator analysis and rationalisation of methodological and tool development activities ■ Knowledge exchange and improved data quality through the maintenance of expert networks ■ Integration of ESPAD into the EMCDDA's activities
3.2. Develop and implement new tools and processes for monitoring drug demand and supply: situation and responses/interventions (developmental areas)	■ Improved tools to facilitate reporting in the areas of: • Markets, crime and supply reduction • Health-related responses to NPS • Polydrug use (including alcohol and misuse of medicines) • Internet market and Internet-based interventions ■ Data from third countries better integrated into the EMCDDA's analyses

Cross-cutting strategic action area A: information collection and management

The annual information collection exercise

To fulfil its mandate, the EMCDDA has developed an integrated and detailed reporting system, based on information collection and management tools and processes. A main component of this system is a national reporting package developed and implemented in close collaboration with the NFPs. This reporting package provides data delivered through a set of standard instruments via Fonte (the online data collection system of the agency).

First, Fonte will be maintained and will continue to act as the principal data collection instrument and data repository for the EMCDDA during 2016–18. Second, new tools for constructing templates will be used with the aim of improving data collection. Work will also progress on the cleaning of data in the database as well as on rationalising and harmonising variable names. This can involve further investment in correcting or developing parts of the underlying software to redress existing problems. Third, in the longer term, forward planning will be undertaken to assess the future of Fonte and its supporting software.

During the 2013–15 period, the reporting package was thoroughly reviewed and revised to strengthen its overall coherence and efficiency; the workbooks as a key reporting tool were introduced and piloted. During 2016–18 the workbooks will become stable, with a core part of their content being agreed and mostly constant. The dialogue and working processes between the NFPs and the EMCDDA will be in place. The nature and form of a web-based output, and a method of extracting a core part of the information provided by the NFP to this output will be developed. At a broader level, the coordination between the various types of input information — quantitative, qualitative, rapid response, regular monitoring and ad hoc collection — will be improved.

An important component of the EMCDDA's information collection work is represented by the data collection mechanism that is carried out within the EU Early Warning System on new psychoactive substances (see Key area 2). The European Database on New Drugs (EDND) plays a critical role in this mechanism, by providing round-the-clock access for the EWS network to the latest information on new substances including chemistry, pharmacology, toxicity, law-enforcement seizures, epidemiology and legal status. Due to the huge increase in both the amount and types of data now being reported, the EDND needs significant investment. A core part of this work requires the development of a new infrastructure that will allow secure electronic submission of data through standard web-based structured forms as well as facilitate the central analysis of data and production of reports. Alongside being able to provide real-time information on a new drug (or a specific aspect of a new drug such as its detection in a particular 'legal high' product or reports of serious adverse events), the system should be able to provide an overview of the phenomenon as a whole to stakeholders. In addition, a new legal framework on NPS is expected to enter into force in 2016–18; the EDND will need to be aligned accordingly. The work started in 2013–15 will therefore continue in the new three-year programming period in order to ensure that the EDND can meet the needs of the EU both in the near future and in the longer term.

Management of the Reitox network of national focal points

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

The main priorities for the EMCDDA in its work with the Reitox network during this three-year work programme will be to:

a) Support the NFPs in the implementation of the new reporting package described above — this will be done by means of the Reitox Academy training programme (see Key area 1) and through ongoing technical support.
b) Strengthen the institutional capacity of the NFPs in order to enhance their performance, both as core data providers for the EMCDDA and as reference points on drugs at national level. This will involve consolidation of the Reitox grant system in order to ensure quality deliverables. Furthermore, an accreditation system for NFPs will be developed and implemented; first steps towards this have already been taken in 2013–15; however, the work had to be postponed for 2016–18 in order to give priority to the revision of the national reporting package. Work will now be resumed, in line with the updated needs of the network, and with a view to enhancing their added value both at national and at EU level.
c) Enhance knowledge exchange among the Reitox community and between Reitox and other partners, with a view to further developing synergies and improving overall communication. This will mainly be done by means of the annual meetings and the new online communication platform (forum) launched in 2015.

Strategic objective:
Ensure the validity, consistency and reliability of the EMCDDA reporting system

Actions	Key results
The annual information collection exercise	
A.1. Maintain and develop the computing tools to support the collection of data and information	■ Systems for data collection operational: • Fonte reporting system and data warehouse maintained and further developed • New tools to support workbook reporting system established and piloted (if appropriate and depending on available resources)
A.2. Maintain and develop the collection of data and information	■ New national reporting system consolidated and operational: • Workbook working process set up, revised and adapted where required • Structured Questionnaires and Standard Tables reviewed and updated in line with the information demands of the agency
A.3. Further develop and operationalise the EDND as the core monitoring tool of the EWS	■ EDND further developed (in line with the requirements of the new legislative framework on NPS), maintained, updated, and accessible to its different categories of users (in line with the applicable policy on access levels)
Management of the Reitox network of national focal points	
A.4. Support the NFPs in the implementation of the new reporting package	■ Quality data provided to the EMCDDA ■ New quality feedback system put in place (see also Cross-cutting area B)
A.5. Strengthen the institutional capacity of the NFPs	■ Reitox grant system fully operational: grant deliverables (financial and narrative reports) provided in line with the applicable rules and regulations ■ Reitox accreditation system adopted
A.6. Enhance knowledge exchange among the Reitox community and between Reitox and other partners	■ Maximum value obtained from the bi-annual meetings of the heads of national focal points through an increasingly interactive and focused approach for these meetings ■ Effective communication facilitated by the use of the online Reitox forum

Cross-cutting strategic action area B: quality assurance

An ongoing commitment to improving the scientific quality of our work is a prerequisite for fulfilling our role as a centre of excellence for the collection, analysis and dissemination of drug-related information. This is a process rather than an event. The pursuit of quality, and establishing systems and processes to ensure quality, are prominent features of the 2016–18 strategy and a range of initiatives will be undertaken.

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

An overall data quality framework will start to be implemented in 2016. By 2018, this framework should have been piloted, revised or updated where necessary, and included in the routine EMCDDA core data processes. The different elements of this framework will be developed under the relevant key and cross-cutting areas.

Two core aspects are particularly important for the data quality assurance cross-cutting area: ensuring that the new reporting tool system is fit for purpose; and developing and piloting indicators for the principles set out in the *Internal statistical code of practice*.

At a broader level, a range of initiatives will be further documented and assessed, such as the coordination of inputs from the variety of data sources the EMCDDA relies on for quality data and information. Guidance for network development activities and the organisation of key meetings (see also Key area 3) will also be refined and implemented. Collaboration with Members States and international partners (including training activities covered under Key area 1 and relevant activities under the cross-cutting areas 'Data collection and management' and 'Cooperation with partners') will focus, respectively, on consolidating the current reporting system and on complying with EU standards for data collection and monitoring.

The national quality report provided to NFPs as part of the mutual obligations set out in the Reitox grant agreement will be adapted, taking into account the reorganisation of the national reporting package and its implementation for the first time in 2015–16, in order to better address the needs and potential challenges for national reporting.

The EMCDDA's integrated communication strategy privileges multidisciplinary work to ensure coordinated and efficient use of resources to produce pertinent and cost-effective results. A number of processes aimed at quality assurance in the definition and production of outputs support the overall framework set up in this area. This includes quality control in the content and production workflows for scientific publications and scientific content for the website.

Implementing the web governance strategy and quality assurance measures for online resources are important activities under this cross-cutting area.

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

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

Actions	Key results
B.1. Implement quality assurance mechanisms for EMCDDA core processes and outputs	■ Core activities are coordinated, resources are efficiently used, objectives are achieved and quality control of outputs is maintained
B.2. Coordinate, prepare and organise the meetings of the Scientific Committee, follow up on the conclusions and recommendations and provide support to their work	■ Further enhancement of the scientific quality of the EMCDDA's work through the support and guidance provided by the Scientific Committee
B.3. Implement and review data/information input quality assurance mechanisms	■ Quality standards for workbooks in the framework of the new reporting system are available ■ Reitox NFPs receive structured and comprehensive feedback through the new national quality reports and are provided with appropriate training on the new reporting system
B.4. Implement and review data/information processing quality assurance mechanisms	■ Data processing and analysis methods are documented ■ Data validation in interactive communication with NFP and national experts ■ Key meetings contribute to enhancing the quality of data/information analysis ■ Improved processes and tools for content production and publication
B.5. Implement and review data/information output quality assurance mechanisms	■ Production process for scientific publications, including scientific content for the website, is underpinned by a specific quality framework ■ Online resources comply with the defined web publishing quality standards
B.6. Implement and review the overall data quality assurance framework	■ Handling of statistical data from input to output is guided by a specific quality framework ■ EMCDDA core processes are planned, implemented and revised according to an overall data quality assurance framework

Cross-cutting strategic action area C: cooperation with partners

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

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

The EMCDDA works closely with the European Parliament, the Council of the EU and the European Commission within the context of its mandate to provide technical support, information and analysis. In 2016–18 the agency will further develop its role of service provider to EU institutions, through contribution to EU policy documents, key drug-related events, other activities and initiatives, as requested and in line with the available resources (for details, see Key area 1).

An example of the added value of such partnerships is the better understanding of strategic issues and concrete recommendations for action that have emerged from the closer collaboration between the EMCDDA and Europol. In 2016–18 existing synergies with other agencies will be strengthened and new ones pursued, delivering greater value from the work of all agencies involved and providing the European Commission with an invaluable holistic analysis of the complex and interlinked issues in this area. In line with the EMCDDA's vision to contribute to a more secure and a healthier Europe, this will mainly concern other EU agencies working in the Justice and Home Affairs (JHA) area (particularly Europol, Eurojust and CEPOL) and in the health field (namely the Consumers, Health, Agriculture and Food Executive Agency — CHAFEA, EMA and ECDC). The objective of the cooperation is to use the existing expertise and know-how of the agencies in order to provide operational and technical support to the Member States and the EU institutions, and deliver cross-agency and evidence-based input to the policy- and decision-making processes at EU level. Concrete areas for cooperation are identified within each of the relevant substantive areas of the work programme (namely KAs 1, 2 and 3).

Furthermore, in order to understand and forecast possible EU developments, it is necessary to put the European situation/responses/markets in a broader perspective. Therefore, in 2016–18 the EMCDDA will pay increased attention to monitoring international developments and trends, using a more integrated and focused approach.

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

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

An essential part of the EMCDDA's work in this area is its cooperation with countries representing a priority for the EU, namely the candidate and potential candidate countries (CC and PCC) and the countries from the European Neighbouring Policy (ENP). Transferring the agency's knowledge to these countries and in particular assisting them in setting up their national drug observatories based on the successful EU model of the Reitox national focal points, is one of the tasks defined in the EMCDDA's mandate. This task was also one of the eight priorities identified by the EC in its contribution to the informal external consultation exercise that has fed into this strategy and work programme.

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

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

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

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

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

Strategic objective:
Enhance and further increase the quality of the services provided to EU and Member State stakeholders through a better strategic understanding of the drug phenomenon, catalysed by strong partnership with key players at European and global level, and by knowledge transfer to EU priority third countries and regional programmes

Actions	Key results
C.1. Maintain and strengthen information and knowledge exchange with partners at European and global level (see Key area 1)	■ Enhanced capacity for strategic analysis and threat assessment through better capturing the global and multidisciplinary aspects of the drug phenomenon ■ Quality input to partners' work and follow-up to the implementation of relevant EU level policy/legal initiatives ■ Joint outputs ■ Contribution to key European and international drug events, expert meetings and technical/advisory groups
C.2. Support international monitoring and reporting systems and standards	EMCDDA's contribution to: ■ Improved quality and comparability of international data ■ Coherent and universally accepted international standards
C.3. Assist EU priority third countries (CC, PCC, ENP countries) in developing their drug monitoring systems, especially to establish and develop reporting capacity and national drug observatories	■ Enhanced capacity to address drug threats in EU priority third countries ■ Quality national data feed into EMCDDA's analysis and reporting, contributing to sound EU policies with third countries
C.4. Contribute EMCDDA's know-how to EU drug-related regional programmes (as requested and conditional upon resources)	■ Support for programme design, implementation and evaluation and the adoption of robust and standardised methods for data collection and reporting ■ Data and information feeds into the strategic analysis and threat assessments (on an ad hoc basis)
C.5. Pursue new partnerships	■ Further synergies and more comprehensive drug analysis through accessing new networks and data sources

Corporate action area: governance

The EMCDDA's overall strategic goal for the 2013–15 period was to attain good performance in carrying out the tasks set out in its regulation and in the achievement of its objectives. And the agency has indeed performed well. This is evidenced by the results tracked by our internal performance measurement system (which are presented in the EMCDDA's activity reports), by the increased number of demands for technical support from our stakeholders and by the higher number, and level, of partnerships that we have set up over this time.

While achieving this, the agency has been confronted with new and diverse challenges, including resources cuts and unprecedented escalations in the drug situation. These challenges imposed a high burden on our workforce, but did not prevent us from accomplishing our core objectives — which was possible because we continued to rationalise our processes, enhance our quality management and improve our overall organisational efficiency.

With the bar already so high, it would appear sufficient for us to secure the current processes and tools, in order to achieve the same level of service provision. However, our experience and our well-established monitoring systems have been warning us that over the next three years the EMCDDA is likely to be facing new and more demanding challenges; from the institutional perspective, the resources constraints are likely to continue; and the evolution of the drug phenomenon, in its turn, is becoming increasingly dynamic.

Furthermore, the EMCDDA will start its 2016–18 work programme with new leadership, both at the level of the Management Board, where a new Chair and Vice-Chair were elected at the end of 2015, and at the level of the agency's management, with a new Director selected in 2015.

In this context, the focus for the Governance area will be to set the necessary guidance and direction for the agency to continue performing the tasks set out in its regulation and achieve its objectives, but in an even more efficient way. To this end, a strategic thinking exercise will be launched in 2016 with a view to develop a long-term strategy (until 2025) for the EMCDDA.

At the operational level, the agency will focus on keeping its decision-making processes efficient, smooth and transparent. It will endeavour to improve its managerial capacity at middle-management level and take other necessary actions to keep the staff highly motivated and performing well.

Moreover, the commitment to efficiency will be stepped up. The process to rationalise work processes and tools initiated in 2013–15 will be continued with a view to maximising value from the investments made. Further efficiency gains will be pursued by creating new synergies for corporate services with our partners. This will build on the successful model already established with our neighbouring agency, the European Maritime Safety Agency (EMSA), and acknowledged as an example to follow by the European Commission. This will be continued and potentially developed to include other agencies, such as the European Fisheries Control Agency (EFCA), with which cooperation in the field of data protection started to be implemented in 2015. Finally, the EMCDDA will seek to find additional resources with a view to making full use of its potential to provide services to the EU and its Member States. All this must be done in line with the agency's values and business principles.

One key element for scaling up corporate performance is the existence of a reliable planning, performance measurement and reporting system. In 2013–15, the EMCDDA boosted its capacity in this area and managed to set up a more performance-based organisational culture. This was supported by the implementation of some core components, such as key performance indicators (KPIs) and more efficient tools for planning, monitoring and reporting, including the development of a pilot version of a management information system (MIS). The progress achieved will be taken forward in 2016–18 when work in this area will be focused around two main priorities: the improvement of the quality of the KPIs and of the monitoring and evaluation (M&E) plan which supports their measurement; and the development of the new MIS.

At overall planning level, the main priority will be the implementation of the single multi-annual programming document (SPD), pursuant to the entry into force, from 1 January 2016, of article 32 of the EMCDDA Financial Regulation, which mirrors the similar provision of the Framework Financial Regulation for EU agencies. In line with this new institutional requirement, the EMCDDA, similarly to the other EU agencies, will implement one single programming document that will integrate the information previously provided by four different institutional programming documents, as follows: the Multi-Annual Strategy and Work Programme (WP); the annual WP; the Multi-annual Staff Policy Plan; and the Financial Statement. Furthermore, the deadline for submitting the new SPD will be 31 January of each year.

This will require considerable planning efforts for the agency, which will need to align within a very short period of time all related business processes and timelines. It will bring opportunities, too, of which the most important one will be the improved integration of the existing planning processes, namely operational, financial and human resources (HR) planning. In the medium- to long-term this is expected to enhance efficiency in the allocation of resources and ultimately overall organisational performance.

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

Actions	Key results
GOV.1. Support the EMCDDA's Management Board in fulfilling its governance role	■ Sound strategic decisions at the level of the Management Board, informed by effective preparatory work carried out by the EMCDDA
GOV.2. Implement efficient management and leadership of the EMCDDA	■ EMCDDA long-term strategy (until 2025) developed, adopted by EMCDDA's Management Board and implementation ongoing ■ Good performance in the implementation of the agency's work programme (annual targets, as defined by the relevant KPI, reached) ■ Full compliance of EMCDDA operations with existing EU regulations and practices concerning data protection, internal control mechanisms and risk management ■ Further efficiency gains through improved internal processes and enhanced synergies with relevant partners
GOV.3. Further develop managerial capacity	■ Managerial performance increased through focused middle-management training and coaching (as appropriate)
GOV.4. Support sound organisational performance management through state-of-the-art corporate planning, performance measurement and reporting	■ Proficient planning of EMCDDA activities, based on an integrated and efficient allocation of resources ■ State-of-the-art performance management system in place to inform sound decision-making actions ■ General Report of Activities presented to key stakeholders and published in line with the recast regulation

Corporate action area: administration and ICT

Administration

In 2016–18, the EMCDDA administration function will continue to make a significant contribution to the overall organisational performance of the agency. The purpose of this function is to ensure that the implementation of activities planned across the different areas of this multi-annual work programme is supported by the effective and efficient management of available resources. At the same time, the administration function has the critical role of providing the actors of the EMCDDA's governance and executive management with appropriate information and instruments to support sound decisions.

At the heart of the EMCDDA's activities are its human resources. The agency employs some 101 staff from 17 EU countries (figures at the end of 2014) with a wide-ranging and highly qualified professional background. Ensuring that appropriate processes and tools are in place to allow the efficient management of these resources is therefore a key objective and will encompass the following priorities:

a) Ensure the smooth implementation of the relevant management processes (e.g. rules of employment, individual rights and obligations, recruitment and personnel planning, work-related entitlements).
b) implement effective measures for professional development of the staff, with a focus on enhancing managerial skills at middle-management level (see also corporate area Governance).
c) Streamline and optimise the HR management processes — depending on the resources available, this will involve maintaining and further developing appropriate ICT solutions.

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

Safety at work is paramount for staff wellbeing, and hence organisational performance. In 2016–18, the agency will implement further measures to ensure a safe work environment. Furthermore, efficient use of the EMCDDA infrastructure will continue to be a priority, with special attention paid to controlling utilities-related costs over the next three years. In line with the policy adopted in 2014, this will be complemented by environmentally friendly measures, including promoting the use of renewable energy.

Information and communication technology (ICT)

ICT programmes and services are planned to support the agency's core developmental objectives and to guarantee the smooth operation of all up-and-running services. In line with the overall EMCDDA strategic development framework for 2016–18, the priorities in the ICT area will be to:

a) Implement and support core business and corporate projects and processes: this component will support the core work processes of the agency, including data collection and analysis, development and dissemination of EMCDDA outputs, and corporate processes, including business planning and monitoring and other corporate support practices and tools.
b) Provide a continuously stable environment that supports existing basic and advanced services: ongoing service and infrastructure management, which ensures business continuity and allows the EMCDDA to operate in a stable and protected ICT environment.

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

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

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

Actions	Key results
Administration	
ADM.1. Human resources management	■ Human resources are properly managed, in compliance with the rules set out in the staff regulations and their implementing provisions, and in line with organisational needs ■ Managerial skills at senior and middle-management level further developed ■ Ongoing professional development of staff, through training and managerial support ■ Integrated and efficient electronic system for the management of staff (i.e. rights, entitlements, working time, etc.), though maintaining and improving the existing automated HR tools (HR database, e-recruitment) and developing new tools (working time management)
ADM.2. Financial and budget management and accounting	■ Sound management of the EMCDDA's financial resources, in compliance with applicable rules and procedures ■ Internal processes (procurement, payments, missions, meetings, contracts management) optimised, including through enhanced use of automatic tools and workflows ■ EMCDDA Draft Budget (DB) and Preliminary Draft Budget (PDB) adopted in a timely manner, further to effective preparation and submission for adoption of the appropriate budget planning instruments ■ High level of budget execution (commitment and payment appropriations), in line with annual targets ■ Effective follow-up on the recommendations from external audits performed at the EMCDDA
ADM.3. Infrastructure management and logistics	■ Safe and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources
Information and communication technology (ICT)	
ICT.1. Implement and support core business and corporate projects and processes	■ Infrastructure for the annual drugs data collection and analysis (Fonte, Data warehouse, EDND) functional and further developed, reflecting the developments around the national reporting system and the evolution of the drugs dataset ■ Web system functional and further developed (including online collaborative platforms) ■ Tools and processes developed to support efficient corporate planning and monitoring, and management of resources
ICT.2. Provide a continuously stable environment that supports existing basic and advanced services	■ Business continuity plan implemented ■ Services implemented in line with the adopted ICT service catalogue

CHAPTER 2
2016 annual work programme

Executive summary

This is the first of the three annual work programmes required to implement the actions and achieve the key results set out in the EMCDDA's new strategy and work programme for 2016–18 (see Chapter 1 — EMCDDA multi-annual programming 2016–18). It is therefore designed to pave the way for the new developments and performance improvements that the agency has committed itself to over this period, while building on the accomplishments and lessons learnt from the previous triennial strategic cycle.

The financial resources required for this work programme will be provided by the EMCDDA budget allocation for 2016. The budget becomes definitive when adopted by the Management Board and after final adoption of the general budget of the European Union (EU), where the amount of the agency's subsidy will be detailed. For planning purposes, the 2016 work programme has been drafted based on the parameters of the 2016 EMCDDA preliminary draft budget adopted by the Management Board in December 2014. This version of the budget foresaw a subsidy of EUR 15 447 000 for the EMCDDA. However, the final amount of the EU subsidy granted to the EMCDDA by the EU budget authority is EUR 14 794 000. The corresponding adjustments are made in the document, including the distribution of budget expenditure across the main areas of activities.

Moreover, due to the fact that this draft work programme is being prepared early in 2015, some revision of the activities may also be required prior to adoption in order to take into account changing circumstances. Furthermore, for the first time the EMCDDA is presenting an annual work programme together with its multi-annual strategy and work programme. The single document that integrates both programming parts was submitted to the Management Board for adoption in December 2015. Prior to that, at the Management Board meeting of July 2015 a discussion on the EMCDDA's strategic priorities defined in the present consultation draft took place.

A complex prioritisation approach for the activities in the annual work programme was introduced in 2014. This approach has been refined for the 2016 work programme, in line with the current needs of the agency and taking into account the lessons learnt from the implementation of the 2014 work programme, which was assessed in detail at the beginning of 2015. The improved prioritisation approach applied now maintains the three priority levels (level 1 — L1; level 2 — L2; level 3 — L3); however, their definitions have been streamlined as follows:

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

The target for the EMCDDA is to achieve 100 % of the L1 expected results, at least 80 % of the L2 expected results and a minimum of 50 % of the L3 results (see Annex II, key performance indicator GOV.2).

Key strategic action area 1: communicating evidence and knowledge exchange

In 2016, the EMCDDA will publish two key comprehensive analyses, the annual European Drug Report (EDR) package and the second, triennial EU Drug Markets Report (EDMR), produced jointly with Europol.

The 2016 EDR will include the now established Trends and Developments report, together with its data and analysis companion — the Statistical Bulletin — and the country data.

The second edition of the EMCDDA–Europol EU Drug Markets Report will be published in the first half of 2016. In addition to describing the main consumer drug markets, this second edition will bring a better understanding of the global dynamic and role that drugs play in the bigger picture of organised crime, terrorism and European security. Estimates of market size will be provided for the first time. Concrete action points will also be suggested for the areas where the current EU response to the drug market and its consequent harms may be improved.

Furthermore, the first strategic analysis, the European Drug Responses Report, will be prepared in 2016 for publication in 2017. This new strategic analysis will provide an overview of responses to drug use and drug-related problems across the EU and their effectiveness, together with recommendations for action.

In addition to the three major outputs described above, in 2016, in line with policy requests, the EMCDDA may produce other smaller and focused strategic analyses based on emerging topics and geographical developments. Threat assessment reports, designed as rapid and focused products that provide immediate dissemination of critical information relevant to safeguarding public health and safety, will also be prepared. These will include (as appropriate): joint analyses (with Europol, ECDC), a trendspotting case study/report, and outputs related to the implementation of the applicable legal framework on NPS (see Key area 2).

In addition, the agency will produce thematic outputs on topical developments and emerging issues in all areas. Examples include: a comparative analysis of the treatment systems in the EU; a report on contextual, cultural and systemic determinants of drug prevention; a review of the misuse of benzodiazepines; and an overview of the different legal approaches in controlling NPS applied across the EU. Another output will be the EU Guidelines for the evaluation of national drug strategies, a manual that will support the design of evaluation exercises as requested by the EU action plan on drugs 2013–16.

The list of products also includes the joint publications with our partners. In addition to the joint EMCDDA–Europol EDMR presented above, in 2016 the EMCDDA will publish for the first time, together with ESPAD, the 2015 ESPAD report. The publication of this report is a milestone in the strategic collaboration between the EMCDDA and ESPAD.

Online updates on emerging issues will be published for all the substantive areas. Social and multi-media channels will be increasingly used to inform EMCDDA activities and results.

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

At EU level, in 2016 the agency will continue to support sound policymaking through its high-quality technical input. Concerning the European Commission, this will mainly involve providing support to DG HOME and DG SANTÉ in the field covered by the agency's mandate. According to the expectations outlined by the European Commission in its contribution to the informal consultation exercise for the 2016–18 strategy and work programme, highlights here include support for the mid-term assessment of the 2013–20 EU drug strategy and the assessment of its first action plan (AP) for 2013–16, and support for the joint action funded under the Health Programme 2014–20 on improving HIV and co-infection prevention and treatment in priority regions and groups in the EU, with a specific focus on harm reduction measures.

Technical input will also be provided to the EU Presidencies for the new AP 2017–20 (as required). The EMCDDA will also continue to actively contribute to the work of the Council's working groups, such as the Horizontal Drugs Group (HDG). Furthermore, the agency will fulfil the tasks assigned to it within the EU Agenda on Security 2015–20.

Another area where the EMCDDA has extensive expertise is in its relations with third countries, especially those that are a priority for the EU, namely the candidate and potential candidate countries and the neighbouring countries (see Cross-cutting area C). To this end, the agency will continue to provide its technical support to the EC as far as the relationship with these countries is concerned. This will include the implementation of two technical assistance projects funded by the European Commission through the Instrument for Pre-Accession Assistance (IPA 5) and the European Neighbourhood Policy Instrument (ENP) respectively (see the detailed annual implementation plans in Annex VII).

Enhancing knowledge exchange will be an ongoing task in 2016. Among others, it will involve the further dissemination of best practice, in line with needs and available resources, and the delivery of capacity building and training activities to our different audiences.

Identifying best practice and the effectiveness of interventions across the EU and beyond is a key area for the EMCDDA, the main dissemination channel of which is the Best practice portal (BPP). In 2016, existing modules will be updated regularly and new modules on environmental prevention and responses to NPS will be added.

The EU approach for drug monitoring and best practice dissemination will also continue to be effected through translating key EMCDDA methodological documents for non EU countries. Another effective means of disseminating best practice is through training activities. They will include Reitox Academies for professionals in EU Member States and third countries, training activities carried out in cooperation with partners, such as institutional partners (e.g. CEPOL) or academia. Furthermore, a European training module for prevention providers will be designed in collaboration with the European Drug Prevention Quality Standards (EDPQS) project, the UNODC and the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific.

In 2016, the EMCDDA will continue to disseminate its findings via a range of direct communication channels. This includes attendance at key events, such as conferences, technical meetings, professional networking events, etc.

Strategic objective:

Provide policy and practice with better evidence for decision-making and action, and serve as the European central reference point for drug-related information and analysis

Actions	Expected results
1.1. Inform policy and practice by providing timely and high-quality data, strategic and situational analyses and threat assessments	■ Comprehensive annual situation assessment of trends and developments in drug use in Europe: • 2016 European Drug Report package published (L1) ■ State-of-the-art strategic analyses of established and emerging challenges: • Second edition of the EU Drug Markets Report (EDMR) published (L1) • First edition of the European Drug Responses Report (EDRR) — first draft (for publication in late 2017) (L1) • Focused strategic analyses (short and policy-oriented, topics defined by need) (L2) ■ Threat assessment reports (event generated): • EMCDDA–Europol Joint Report(s) on NPS (L1) • Risk Assessment Report(s) on NPS (L1) • Joint threat assessments (e.g. with Europol, ECDC) (L2) • Trendspotting case study (L2) ■ Topic overviews on important established or emerging issues: • Prevention systems (L2) • Misuse of benzodiazepines within context of polydrug use (L2) • Legal approaches to controlling drugged driving, and their enforcement techniques (L2) • National treatment systems in Europe (comparative analysis) (L3) • Health responses to NPS (L3) ■ Online EU Guidelines for the evaluation of national drug strategies (L2) ■ Joint EMCDDA–Europol Annual Report on the implementation of Council Decision 2005/387/JHA (or applicable legal framework) on NPS (L1) ■ Other joint publications: • ESPAD 2015 Report, including interactive web resources (L1) • Joint EMCDDA–ECDC guidance (update on infectious diseases among people who inject drugs — if triggered and in line with available resources) (L3) ■ Scientific articles in high impact journals (L2) ■ On the web: online top-level overviews and updates on emerging issues (all areas) (L2) ■ Country Overviews for CC, PCC and ENP partner countries (L2)

Actions	Expected results
1.2. Support services for relevant European and national level policy and technical activities and meetings (knowledge exchange, institutional support, technical backstopping) (on request and resource dependent)	■ Support for EU institutions-related activities, including: • Assessment of the 2013–16 EU drug AP; the mid-term assessment of the 2013–20 EU drug strategy; and the preparation of the 2017–20 AP (technical support to the NL and SK Presidencies) (L1) • European Agenda on Security 2015–20 (L1) • Participation at key drug-related events (L2) • Activities with third countries (briefings, annual progress reports) (L2) • Other policy initiatives relevant to EMCDDA activities (e.g. infectious diseases including HIV/AIDS prevention, and regional reporting on HIV/AIDS (Dublin reporting); EU alcohol strategy, Joint Declaration on enhancing cooperation on drugs and renewing the commitments of the EU–Western Balkans Action Plan on Drugs 2009–13, etc.) (L2) • Support for EU-funded research (in areas relevant to the EMCDDA's mandate), including input to the Annual Dialogue on Research of the HDG and the dissemination of findings (L2) • Data exchange and technical cooperation with the UN System (L2) ■ Support for EU Member States, including information requests and technical input to national initiatives (L2)
1.3. Identify, promote and monitor best practice	■ Best practice portal kept up to date and usability enhanced (L1) ■ New modules of evidence on: environmental prevention; responses to NPS (L2) ■ Implementation of minimum quality standards in drugs demand reduction monitored (L2) (upon request) ■ Systematic review of global approaches to prevention interventions in the community (including law enforcement, health services providers and community actors) (L2)
1.4. Support for practice in the Member States and third countries that are a priority for the EU (based on needs and available resources)	■ Follow-up of the first quality feedback on the workbooks provided in 2015 and preparation of the second set of workbooks for implementation (L1) ■ National academies and workshops (L2) ■ Academies and workshops for third countries within the framework of the technical assistance projects (L2) ■ European training module for prevention providers developed (in cooperation with EDPQS, UNODC and Colombo Plan) (L3) ■ Input to activities with partners (e.g. with CEPOL) (L3)
1.5. Contribute to a better understanding of the European drug problem through engagement with policymakers, scientists, practitioners and civil society	■ Key events covered by EMCDDA presence (L2) ■ Increased use of social and multi-media communication channels for immediacy and wider reach (as compared to 2015) (L2) ■ Stakeholder engagement strategy — action plan for 2016 executed (L2) ■ Efficient public enquiry service (according to European Ombudsman guidelines) (L2) ■ Tailored information provided to visitors to the EMCDDA (L3)
1.6. Communicate successfully with media	■ Well-paced news products generating high-quality news coverage of the EMCDDA's activities (L2)

Key strategic action area 2: early warning and threat assessment

Responding to NPS — EU Early Warning System and risk assessment

In 2016, the EMCDDA, together with its partners in the Member States (the Reitox network of the EWS correspondents), Europol and the EMA, will continue to ensure continuous and robust implementation of the EWS as provided by Council Decision 2005/387/JHA or by the new legislative framework that is expected to replace it. Key outputs of the system will remain rapid notifications and public health alerts on NPS, the exchange of forensic and toxicological analytical data, longer-term monitoring and analysis of health and social risks, monitoring and analysis of illicit and 'legal highs' markets and a report of legal developments.

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

A key task will be to have an implemented and fully operational EMCDDA European Database on New Drugs (EDND), which is the main working tool of the EWS (see Cross-cutting area A). In 2016, the new framework to strengthen the toxicovigilance component of the EWS will be piloted. This allows both public health alerts and non-urgent information to be issued to the Early Warning System network, and also specific substances to be placed under intensive monitoring. In some cases this may also lead to formal action through a Joint Report and, where necessary, a risk assessment. In order for the EMCDDA to meet the increased needs and demands arising from the phenomenon, both at national and EU level, the identification, reporting and monitoring of serious adverse events will continue to be strengthened. This also entails full implementation of the Reporting Forms on suspected adverse events.

In addition, during 2016 the EMCDDA will develop and deploy open source information (OSI) monitoring and analysis systems relevant for proactive early detection of new trends and threats of public health relevance, including serious adverse events reported through the media, drug user forums, social media, and the scientific and medical literature.

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

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

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

In line with the Operational Action Plan (OAP) on synthetic drugs for 2014–15 of the COSI policy cycle on organised crime 2014–17, strengthening the coordination between the EWS and the forensic and toxicological laboratory networks will be further pursued in 2016, in order to enhance the sharing of information on NPS. Moreover, where possible, the active participation of the EMCDDA in EU-funded projects on NPS will ensure timely access to the results obtained by those projects.

The mainstreaming of NPS work within the overall reporting and analysis framework of the EMCDDA will continue in 2016. A priority here will be to follow up on epidemiological information on the use of NPS and developments in the responses area, including legal responses (see Key area 3). Some ongoing technical work will also be required in order to adjust current reporting tools to the demands of reporting on NPS topics.

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

Emerging trends and threats

In 2016, the EMCDDA's system for monitoring and understanding new and emerging trends in drug use and drug markets will be further developed. The trendspotter studies are one example of the EMCDDA's threat assessment tools and in 2016 the methodology will be systematised building on past experiences. Equally important are the EMCDDA's joint risk assessments on emerging threats, including the close collaboration between the agency, Europol and ECDC on the monitoring of all incoming information on the evolution and epidemiology of drug-related infectious diseases and outbreaks.

In 2016 the EMCDDA will put forward key actions for integrating new methods and tools within existing monitoring routines. New substances and new patterns will be systematically reviewed with the purpose of a rapid and efficient inclusion in routine monitoring tools once their significance is established. In 2016 the EMCDDA will continue the successful collaboration with the SCORE group (Sewage biomarker analysis for community health assessment) with the objective of strengthening the existing epidemiological toolkit by integrating wastewater analysis into the routine monitoring tools.

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

Strategic objective:

Support rapid EU response to new threats by providing EU institutions and Member States with prompt and scientifically sound information for action on new psychoactive substances and emerging drug trends

Actions	Expected results
Responding to NPS — EU EWS and risk assessment	
2.1. Implement the provisions of the legislative framework on EWS and risk assessment in place in 2016	■ Operational EWS and information exchange mechanism: • New psychoactive substances appearing on the EU market are detected, notified in a timely manner, systematically monitored, and action is taken as necessary (e.g. public health alerts are issued) (L1) • Joint Reports are prepared as appropriate (L1) • Structured data is collected periodically and NPS trends are identified and analysed (L1) • EWS network is operational and supported by the EMCDDA (L1) ■ EU level risk assessment procedure is implemented, as required: scientific evidence on the health and social risks posed by the use of NPS provided to the Council and the Commission, on the basis of which further action on measures to control these substances at EU level may be taken (L1) ■ Guidelines, procedures, processes and tools adapted to the new legislative framework and implemented (as required) (L1) ■ Strengthened capacity to identify emerging toxicological problems associated with the use of NPS (toxicovigilance) (L2) ■ Strengthened proactive approach to the early detection and response to emerging threats through the use of OSI monitoring and analysis (L2) ■ Improved knowledge of the NPS market (L2)
2.2. Implement the provisions of Article 28c of the EU pharmacovigilance (PhV) legislation	■ Effective information exchange with EMA and the EU PhV system (L1)
2.3. Support capacity development in the forensic science and toxicology area	■ Increased capacity and information sharing on forensic science data (L2)
2.4. Support the use of EU data and analysis on NPS in international-level activities (in line with reporting obligations and existing MoUs), and sustain third countries in building national EWS	■ Data exchange with international bodies (e.g. UNODC, WHO) to support prioritisation, scheduling discussions and information exchange activities (L3) ■ Support to third countries (mainly CC and PCC) to design and operate an EWS at national level (L3)

Actions	Expected results
Emerging trends and threats	
2.5. Timely identification of emerging threats through the use of rapid information assessment methods	■ Emerging trends and threats captured and reported in a timely manner: • Trendspotting methodology systematised (L2) • Rapid and in-depth assessment of new threats as required (Trendspotter study) (L2) • Joint risk assessments on emerging threats (as required; e.g. with ECDC, Europol) (L2) • Expert network platform for rapid information collection and exchange created (L3)
2.6. Develop new methods and tools for timely identification and reporting	■ Development of OSI monitoring and analysis systems for monitoring online markets and drug user forums (L2) ■ Online key informants network developed and maintained (L3) ■ New online information collection methods for identification and monitoring of new trends and developments explored (expert meeting) (L3)
2.7. Further develop and systematise existing timely and sensitive identification methods and tools	■ Findings from the 2015 wastewater monitoring campaign published in collaboration with the SCORE group (L2)
2.8. Sensitise routine methods and tools	■ Annual review of new drugs/new patterns of use behaviours/new analytical methods and implications for monitoring tools (L2)

Key strategic action area 3: situation, responses and trend analysis

Ongoing monitoring and analytical work will be carried out throughout the year and this will feed into the key outputs produced by the agency in 2016 (presented under Key area 1).

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

The monitoring, analysis and interpretation of these factors in an integrated way is a challenging but necessary task that will continue to be accomplished by the EMCDDA, as the centre of excellence for drugs in Europe.

As before, this will be supported by the EMCDDA's networks of experts who contribute their national expertise to the European drug information and analysis system of the agency. The interaction with these networks is ongoing, through regular contacts and technical support, and culminates in annual expert meetings that are organised by the agency at its premises in Lisbon. Defined quality criteria will be observed (see Cross-cutting area B) to ensure maximum value is obtained from these meetings.

In the area of responses, further steps will be made towards improving our understanding of the coverage of treatment services across the EU. As part of the treatment data collection strategy, this will include an analysis of low-threshold and specialised treatment agencies and a review of the European Facility Survey Questionnaire (EFSQ) piloted in 2015 (depending on resources). Also in line with resources, a model survey of prison health facilities will be piloted.

The Internet provides a convenient means for obtaining services. Following the publication in 2015 of a technical report on the evidence of Internet-based interventions, this rapidly developing area will be further explored with the support of a methodological framework for monitoring such interventions, which will be developed in 2016.

Another rapidly expanding area that requires the development of a systematic monitoring approach is new psychoactive substances. In 2016, this work will be taken forward with the definition of a methodological framework to monitor legal and health responses to NPS.

In the area of drug supply, a review of the data on drug seizures and on drug-law offences (in close collaboration with EC Eurostat) that were collected through the pilot exercises implemented in 2015 will be carried out, which will allow these instruments to be fine-tuned for full implementation in 2016.

Furthermore, the developmental work on the reporting instruments for drug prices and for drug purity and contents will be finalised, and the draft instruments will be subject to consultation with and endorsement by the Reference Group and subsequent adoption by the Reitox national focal points. Data collected by Europol on drug production facilities (synthetic drugs production sites, cannabis cultivation and cocaine secondary extraction labs) will be analysed and new instruments for monitoring drug crime will also be conceptualised.

A review of the functions and activities of the EMCDDA Reference Group on drug supply issues will be carried out and the fourth annual meeting will be organised.

Ongoing monitoring of drug laws will be carried out in 2016 with a focus on emerging issues (e.g. cannabis, NPS, etc.). A review describing the different legal approaches to controlling drugged driving, and their enforcement techniques, will be completed and published in 2016 (see Key area 1).

The annual meeting of the Legal Correspondents will be organised, as a means to further improve the sharing of knowledge and expertise among Member States.

With regard to monitoring the misuse of medicines, the conceptual framework finalised in 2015 will be discussed with the NFPs with a view to building consensus for progressively integrating this framework into national reporting within the context provided by the EMCDDA regulation and mandate for this area. This will depend, however, on the availability and the interest of the countries. A first technical meeting will take place in 2016 with selected NFPs, followed by a discussion with all the heads of focal points during their autumn meeting. A review of benzodiazepines will also be prepared and work on a case study will commence.

Strategic objective:
Provide a holistic picture of the drug phenomenon, through an integrated and coherent core monitoring system

Actions	Expected results
3.1. State-of-the-art monitoring necessary for European level assessment of the drug situation (core trends and developments in use, consequences and responses)	■ Quality monitoring and analytical work to inform key outputs (see Key area 1) (L1) ■ Consolidated European Model Questionnaire (EMQ), including new modules, where required (e.g. NPS) (L2) ■ Drug-related deaths (DRD) review (comparative analyses and risk assessment in selected countries) (L2) ■ Reporting instruments for drug seizures and drug-law offences reviewed and fine-tuned (L2) ■ Knowledge and expertise exchanged within the EMCDDA expert networks (L2) ■ Functions and activities of the EMCDDA Reference Group on Drug Supply reviewed to ensure they remain fit for purpose (L2) ■ ESPAD coordination necessary for the 2016 joint programme (L2) ■ European Facility Survey Questionnaire (EFSQ) reviewed to reflect results of the 2015 pilot exercise (L3) ■ Prison surveys (prisoner and health facilities) piloted (conditional upon resources) (L3) ■ Results from new GPS carried out in CC, PCC and ENP countries available (L3)
3.2. Develop new tools and processes for monitoring drug demand and supply: situation and responses/ interventions (developmental areas)	■ Revised reporting instruments on drug prices and on drug purity and contents completed and endorsed (L2) ■ Methodological framework for monitoring responses to new drugs conceptualised and implemented (L3) ■ Analysis of coverage provided by national drug treatment systems, with a focus on low-threshold and specialised treatment agencies (L3) ■ New instruments for monitoring drug crime area conceptualised (conditional upon resources) (L3) ■ Pilot project on market size estimation carried out with five countries (L3) ■ Consensus on the framework for monitoring misuse of medicines reached with the NFPs (L3) ■ Methodological framework for monitoring Internet-based interventions developed (L3)

Cross-cutting strategic action area A: information collection and management

The annual information collection exercise

A main component of the EMCDDA's reporting system is the national reporting package developed and implemented in close collaboration with the NFPs. This reporting package provides data delivered through a set of standard instruments via Fonte (the online data collection system of the agency).

In 2016, Fonte will continue to act as the principal data collection instrument and data repository for the EMCDDA, but efforts will be made to improve information collection and management via a number of initiatives. First, new tools for Fonte will be available in 2016 and these will be used to improve the format of the templates delivered to the NFPs, allowing sound principles of questionnaire design to be implemented. The new tools will also be used to start the process of rationalising variable names and improving the harmonisation of variable names across the data collections. Work will also progress on the cleaning of data in the database.

The reporting package was thoroughly revised to strengthen its overall coherence and efficiency; the workbooks as key reporting tool were introduced and piloted in 2015. The year 2016 will be the first in which the NFPs submit all workbooks, and sound working processes between the NFPs and the EMCDDA will be established around the workbook form. The workbooks and related processes will be reviewed at the end of 2016 and adapted as required. In 2016, work will commence on establishing the nature and form of a web-based output derived from the workbooks input. During the year, the prototypes will be developed and piloted.

Another key task in this area will be to further develop and maintain a fully operational EMCDDA European Database on New Drugs (EDND), which is the main working tool of the EU EWS (see Key area 2). The technological redevelopment of the EDND will be undertaken in different phases in order to include advanced technical functionalities and also to allow secure electronic submission of information by relevant expert users at national level.

Management of the Reitox network of national focal points

The activities in 2016 will follow the main priorities for the EMCDDA in its work with the Reitox network that were set up in the three-year work programme, namely to: a) support the NFPs in the implementation of the new reporting package; b) strengthen the institutional capacity of the NFPs, in order to enhance their performance; and c) enhance knowledge exchange among the Reitox community and between Reitox and other partners, with a view to further developing synergies and improving overall communication.

Strategic objective:

Ensure the validity, consistency and reliability of the EMCDDA reporting system

Actions	Expected results
The annual information collection exercise	
A.1. Maintain and develop the computing tools to support the collection of data and information	■ Systems for data collection operational: • Fonte reporting system and data warehouse maintained and further developed, including work on cleaning of the data and new tools for constructing templates (L1) • New tools to support workbook reporting system piloted (if appropriate and depending on available resources) (L2) • Prototypes piloted for deriving web-based output from the workbook input (L2)
A.2. Maintain and develop the collection of data and information	■ New national reporting system consolidated and operational: • 2015 workbook data collection evaluated and adapted for 2016 submission (L1) • Workbook working process set up and formalised, including the dialogue with NFPs (L1) • Structured Questionnaire on prevention reviewed (L2)
A.3. Further develop and operationalise the EDND, as the core monitoring tool of the EWS	■ Maintenance and regular update (L1) ■ Initiation of any necessary revision to ensure functionality is in line with the requirements of the new legislative framework on NPS (L1) ■ EDND ready for automatic/electronic data submission including the EWS progress and final reports (L2) ■ Accessibility options for different categories of users (in line with the applicable policy for access levels) (L2)
Management of the Reitox network of national focal points	
A.4. Support the NFPs in the implementation of the new reporting package	■ Data provided to the EMCDDA's 2016 reporting exercise (L1) ■ NFPs provided with technical assistance (e.g. Reitox Academies, see Key area 1) and institutional support (where required) (L2)
A.5. Strengthen the institutional capacity of the NFPs	■ 2016 grant deliverables (financial and narrative reports) provided in line with the applicable rules and regulations (L2) ■ Reitox accreditation system developed (phase one, for piloting in 2017) (L3)
A.6. Enhance knowledge exchange among the Reitox community and between Reitox and other partners	■ Bi-annual meetings of the heads of NFPs organised as platforms for knowledge exchange, with conclusions disseminated within four weeks (L1) ■ Online Reitox forum up and running (L2)

Cross-cutting strategic action area B: quality assurance

In 2016, the EMCDDA will continue to follow up on ways to improve the high quality of our analysis and outputs across all key areas of work. Efforts will focus on the quality aspects of the new reporting system. Feedback on the 2015 pilot will be prepared and provided to national focal points (see also cross-cutting area 'Information collection and management')

Work on the overall data quality framework (to be agreed in 2015) will start being implemented in 2016 and indicators for the *Internal statistics code of practice will be drafted*. The documentation around the data in the Statistical Bulletin will be improved and key meetings will be organised in line with the EMCDDA quality standards to help maximise the analytical value of expert networks. Ongoing cooperation with non-EU countries will continue to focus on working towards fuller compliance with EU standards for data collection and monitoring.

In 2016, further measures for quality control in content production will be introduced. This concerns in particular the generation of online content using the new content management tool and its integrated approval processes. Work in this area is underpinned by the EMCDDA's web governance and content strategy.

The EMCDDA Scientific Committee will complete the final year of its current mandate (2014–16) and the relevant procedures for extending its mandate or launching a new call for the 2017–19 period will need to be implemented. The members of the Scientific Committee will adopt a formal opinion on the EMCDDA's work programme for 2017 and continue to provide their input on the agency's main projects and scientific publications, in line with the guiding principles for the review of selected EMCDDA publications, which will be adopted in 2015. They will also continue to engage actively in the EMCDDA scientific paper award and contribute to the Horizontal Drugs Group's annual dialogue on research.

Strategic objective:

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

Actions	Expected results
B.1. Implement quality assurance mechanisms for EMCDDA core processes and outputs	■ Core activities are coordinated, resources are efficiently used, objectives are achieved and quality control of outputs is maintained (L1)
B.2. Coordinate, prepare and organise the meetings of the Scientific Committee, follow up on the conclusions and recommendations and provide support to their work	■ Further enhancement of the scientific quality of the EMCDDA's work through the provision of support and guidance by the Scientific Committee (L1)
B.3. Implement and review data/information input quality assurance mechanisms	■ Quality standards for workbooks in the framework of the new reporting system are available (L2) ■ Reitox NFPs receive structured feedback and appropriate training/support on the new reporting tools (L2)
B.4. Implement and review data/information processing quality assurance mechanisms	■ Data processing and analysis methods are documented (L2) ■ Key meetings contribute to enhancing the quality of data/information analysis, in particular through cross-indicator and cross-area analysis (L2) ■ Improved processes and tools for content production and publication (L2)
B.5. Implement and review data/information output quality assurance mechanisms	■ Production process for scientific publications, including scientific content for the website, are underpinned by a specific quality framework (L2) ■ Online resources comply with the defined web publishing quality standards (focused on accessibility of information and search engine optimisation) (L2)
B.6. Implement and review the overall data quality assurance framework	■ Handling of statistical data from input to output is guided by a specific quality framework (L2) ■ EMCDDA core processes are planned, implemented and revised according to an overall data quality assurance framework (L2)

Cross-cutting strategic action area C: cooperation with partners

In line with its strategic priorities, in 2016 the EMCDDA will enhance information and knowledge exchange with its European and global partners. Priority will be given to the activities concerning the provision of technical support to EU institutions and the Member States (for details, see Key area 1).

Other EU agencies, in particular the ones from the Justice and Home Affairs (JHA) cluster, ECDC and EMA, are key partners. In 2016, the successful collaboration developed in previous years will be continued and further developed. This will result in joint outputs, knowledge exchange through technical meetings and training initiatives and input to other joint activities. The EMCDDA will also continue to contribute actively to the discussion on issues of common interest to the agencies, within the framework of the EU agencies' network.

Cross-agency and evidence-based input to the policy and decision-making processes at EU level will also be provided within the context of the JHA agencies' network.

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

In terms of cooperation with third countries, the priority will be the effective implementation of the IPA 5 technical assistance project planned to run between 2015 and 2017, and the successful completion of the ENP technical assistance project, which started in 2014. Detailed implementation plans for the two projects are presented in Annex VII.

Strategic objective:
Enhance and further increase the quality of the services provided to EU and Member State stakeholders, through a better strategic understanding of the drug phenomenon, catalysed by strong partnership with key players at European and global level, and by knowledge transfer to EU priority third countries and regional programmes

Actions	Expected results
C.1. Maintain and strengthen information and knowledge exchange with partners at European and global level (see Key area 1)	■ Quality input to EU and global partners work (L2) ■ Joint outputs produced (L2) ■ Contribution to key European and international drug events, expert meetings and technical/advisory groups (L2)
C.2. Support international monitoring and reporting systems and standards	EMCDDA's contribution: ■ Contribution with EMCDDA data sets or expertise to other relevant regional/ global reporting activities (L2) ■ Validation of the European data sets for international partners (L3)
C.3. Assist EU priority countries (CC, PCC, ENP countries) in developing their drug monitoring systems, especially for the establishment and development of national drug observatories	■ IPA 5 project implemented in line with the defined implementation plan and the applicable KPI (KPI C.2) (L2) ■ ENP project implemented in line with the defined implementation plan and the applicable KPI (KPI C.3) (L2)
C.4. Contribute the EMCDDA's know-how to EU drug-related regional programmes (as requested and conditional upon resources)	■ EMCDDA's know-how supports programme design, implementation and evaluation (L3) ■ Contribution to Technical Assistance and Information Exchange (TAIEX) drug-related training activities (L3)
C.5. Pursue new partnerships	■ Further synergies and more comprehensive drug analysis through accessing new networks and data sources (L3)

Corporate action area: governance

In line with the elements described in detail in the strategic overview provided under Chapter 1, the priorities for this area in 2016 will be as follows: a) to create the conditions for a smooth and quick EMCDDA leadership transition both at the level of the Management Board (new Chair and Vice-Chair) and Director; b) to develop a new EMCDDA long-term strategy, until 2025; c) to further streamline and automate EMCDDA processes and tools; d) to ensure efficient implementation of the new single multi-annual programming document; e) to pursue the development of the performance management system, ensuring that it is fully operational and consistent; f) to secure and develop synergies with other EU bodies and agencies and in particular with EMSA. This will also include fully implementing a mechanism for exchange of information and expertise, and fostering cooperation in the field of data protection with the EFCA.

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

Actions	Expected results
GOV.1. Support the EMCDDA's Management Board in fulfilling its governance role	■ Management Board, Executive Committee and Budget Committee meetings duly organised and decisions adopted (L1) ■ Efficient transition between the current and the forthcoming chairmanship of the Management Board that will take over at the beginning of 2016 (L2)
GOV.2. Implement efficient management and leadership of the EMCDDA	■ EMCDDA long-term strategy (until 2025) developed and adopted by the Management Board (L1) ■ Full compliance of EMCDDA operations with the existing EU regulations and practices concerning data protection, internal control mechanisms and risk management (L1) ■ Further efficiency gains through measures to rationalise use of resources and improve organisational performance, and through enhanced synergies with relevant partners (L2)
GOV.3. Further develop the managerial capacity	■ Enhanced managerial skills at middle-management level (L2)
GOV.4. Support sound organisational performance management through state-of-the-art corporate planning, performance measurement and reporting	■ Single Multi-annual Programming Document (SPD) for 2017–19 adopted by the Management Board (L1) ■ SPD for 2018–20 drafted (L1) ■ General Report of Activities 2015 presented to key stakeholders and published in line with the recast regulation (L1) ■ Sound KPIs in place for all the areas (L2) ■ Management information system (MIS): concept developed and users requirements defined (L2)

Corporate action area: administration and ICT

Administration

In line with the strategic priorities for 2016–18 presented in Chapter 1, in 2016 the objective for this area will be to ensure that implementation of the activities planned across the different areas of the annual work programme are supported by effective and efficient management of the available resources.

Concerning HR management, this will encompass the sound management of existing processes, as required by the applicable staff regulations and their implementing rules. To the extent possible, these processes will be further optimised through developing digital solutions. Another priority will be the organisation of appropriate training for the agency's staff, in line with available resources. In this context, special attention will be given to enhancing managerial capacity at middle-management level.

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

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

Information and communications technology (ICT)

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

Concerning the support to core business areas, the following activities will be given priority in 2016:

- the maintenance and development of the established EMCDDA online data collection platforms, namely Fonte and the EDND (see also Cross-cutting area A), and the Data warehouse;
- technical support related to the implementation of the tools related to the new reporting system (the workbooks);
- further development of the EMCDDA's web system, including migrating and hosting the ESPAD website.

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

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

Strategic objective:

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

Actions	Expected results
Administration	
ADM.1. Human resources management	■ Human resources are properly managed, in compliance with the rules set out in the Staff regulations and its implementing provisions, and in line with organisational needs (L1) ■ 2016 training plan implemented (L2) ■ Existing digital tools (HR database, e-recruitment) maintained and improved; new tool for working time management in place (L2)
ADM.2. Financial and budget management and accounting	■ Updated procedures, manuals and templates produced and published, and relevant staff trained to implement them (L1) ■ 2016 procurement plan successfully implemented (L2) ■ Efficiency of the contracting and payment process, with special attention to the actual execution of payments due before the end of legal deadlines (L2) ■ EMCDDA 2017 draft budget and 2018 preliminary draft budget submitted on time for internal approval and for adoption by the Management Board (L1) ■ High rate of budget execution (at least 97 % for commitment appropriations and 93 % for payment appropriations; maximum 5 % for cancelled payment appropriations) (L1) ■ Effective follow-up to recommendations from external audits performed (L2) ■ Timely publication of the report on the EMCDDA's annual accounts for 2015 (L2) ■ Meeting-related expenditure on electronic workflow procedures conceptualised and developed (L3)

Actions	Expected results
ADM.3. Infrastructure management and logistics	■ Health and safety risks identified (L2) ■ Security risk assessment delivered (L2) ■ Measures to ensure efficient use of utilities (L2) ■ Environmental report delivered (L2) ■ Contribution to the Greening network (L3)
Information and communications technology	
ICT.1. Implement and support core business and corporate projects and processes	■ Infrastructure for the annual drugs data collection and analysis (Fonte, Data warehouse, EDND) functional and further developed (see also Cross-cutting area A) (L1) ■ Technical support for the implementation of the new reporting system (workbooks) (L1) ■ Web system functional and further developed (including collaborative platforms) (L2) ■ Tools and processes developed to support efficient corporate planning and monitoring, and management of resources: • MIS: IT platform ready and requirements for customisation defined (L2) • Leave management system in place (L2)
ICT.2. Provide a continuously stable environment that supports existing basic and advanced services	■ Business continuity plan implemented (L1) ■ Services implemented in line with the adopted ICT Service catalogue (L2)

ANNEX I

Estimated budget allocation for the implementation of the EMCDDA 2016 work programme

The initial presentation of 2016 budgetary resources and distribution per areas were based on the parameters from the EMCDDA 2016 Preliminary Draft Budget, adopted in December 2014. The budgetary procedure was at a very early stage at that period — both for the EMCDDA and the EU general budget. Therefore, the budgetary figures at that moment and the distribution per main areas were broadly indicative.

In the beginning of 2016, we are adjusting the parameters in accordance with the 2016 budget, as adopted by the EMCDDA Management Board in December 2015. The current distribution of the financial envelope across main areas is based on the keys and ratios elaborated with the Preliminary Draft Budget, which are applied over the final amount of 2016 financial resources.

According to the 2016 Budget, the 2016 budget will rely on the following revenue:

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

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

- EUR 210 000 to be provided by Turkey for its participation in the EMCDDA activities (third year).

The tables below present the estimated allocation of the EMCDDA's 2016 budget appropriations for the implementation of the EMCDDA's 2016 work programme.

A. Key strategic action areas (KAs)

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
KA 1: Communicating evidence and knowledge exchange	EPI, IBS, SAT, SDI, COM, RTX	1.75	17.6	3.5	0	22.85	2 391 056.99	1 498 283.69	3 889 340.68
KA 2: Early warning and threat assessment	SAT, EPI, IBS, COM	0	4.75	2	0	6.75	601 643.96	382 722.18	984 366.14
KA 3: Situation, responses and trend analysis	EPI, IBS, SAT, SDI, COM	2	12.15	1.75	1	16.9	1 564 538.19	1 051 770.33	2 616 308.52
Total		**3.75**	**34.5**	**7.25**	**1**	**46.5**	**4 557 239.15**	**2 932 776.20**	**7 490 015.34**

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

B. Cross-cutting strategic action areas (CAs)

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
CA A: Information collection and management	EPI, SAT, RTX	0.5	3.25	5.25	0	9	3 896 742.36	1 239 627.22	5 136 369.58
CA B: Quality assurance	SDI, EPI, COM, RTX	1.25	5.25	0.65	0	7.15	842 156.65	519 307.86	1 361 464.51
CA C: Cooperation with partners	RTX, SDI, DIR	1.3	2	0.75	0	4.05	424 697.07	294 521.22	719 218.29
Total		**3.05**	**10.5**	**6.65**	**0**	**20.2**	**5 163 596.08**	**2 053 456.30**	**7 217 052.38**

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

C. Corporate action area governance

WP action areas	Main actors for implementation/ cost objects	Allocated human resources (fte/year: full time equivalent per year)					Allocated budget resources — non-assigned appropriations (EUR)		
		Officials	Temporary agents	Contract agents	Seconded national experts	Total HR	For direct cost of operations (1)	For indirect cost of operations (2)	Total budget
Governance	EXO	2.2	5	2.6	0	9.8	317 606.27	369 288.65	686 894.92
Total		**2.2**	**5**	**2.6**	**0**	**9.8**	**317 606.27**	**369 288.65**	**686 894.92**

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

D. Support to operations — Corporate action areas administration and ICT (Overhead included in the tables A, B and C in the column presenting indirect cost of operations)

Action areas		Administration: supporting core business	ICT	Total
Main actors for implementation/cost objects		ADM (administration and resources/ assets management)	ICT (equipment and services)	
Allocated human resources (fte/year: full time equivalent per year)	Officials	3	0	**3**
	Temporary agents	11	8	**19**
	Contract agents	8	2.5	**10.5**
	Seconded national experts	0	0	**0**
	Total	22	10.5	**32.5**
Allocated budget resources for direct cost of supporting activities to be distributed to operations (1) (see above the column for indirect cost of operations) — non-assigned appropriations (EUR)		4 127 967.93	1 227 553.22	**5 355 521.15**

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

E. Summary of total allocations

Operations	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 (tables A+B+C)	9	50	16.5	1	76.5	10 038 441.49
For indirect cost of operations (i.e. direct costs of support activities — table D)	3	19	10.5	0	32.5	5 355 521.15
Total	**12**	**69**	**27**	**1**	**109**	**15 393 962.64**

ANNEX II
Monitoring and evaluation

Introduction

One of the key business principles of the EMCDDA for 2016–18 is to implement a state-of-the-art performance measurement system, to ensure that work is on track and that the agency delivers its intended outcome and meets the expectations of its stakeholders.

One of the core components of this system is the implementation of a set of sound key performance indicators (KPIs) that will support the EMCDDA to measure the achievement of its strategic objectives for 2016–18 and report the results to its stakeholders.

In order to accomplish that, a limited number of KPIs that are highly relevant for the triennial strategic objectives have been defined for each of the eight action areas of this three-year work programme. Progress in implementation will be tracked based on the yearly targets that are set up in the annual work programmes.

In defining these KPIs, the EMCDDA has taken stock of the existing practices established across EU agencies. This was facilitated by the use of the repository of KPIs built by the Performance Development Network of EU agencies, of which the EMCDDA is an active member. This will contribute to a harmonised approach and facilitate experience exchange and use of lessons learnt from across the agencies.

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

Furthermore, it is important to note the early submission of the consultation draft 2016–18 strategy and work programme (WP) and the 2016 WP, on 31 March 2015. Giving that 2015 is the first year for the agency of implementation of KPIs for all the areas of work, it serves as a testing year, when the methodologies for measuring the indicators are being further developed/improved and consolidated. This will feed the entire performance monitoring system that is being put in place by the EMCDDA; revisions of the methods of calculation and of the value of the targets set up in the 2016–18 WP are therefore to be expected as a natural development of the process. New KPIs might also need to be defined, if relevant for an efficient measurement of the EMCDDA's activities.

In addition, the fourth external evaluation of the EMCDDA is expected to take place during the 2016–18 programming period. This will provide the agency with an efficient opportunity to have higher-level results of its work measured. This includes the satisfaction of stakeholders with the EMCDDA's outputs (products and services), overall work relevance and added value and effectiveness in the implementation of its mandate.

In order to support the measurement of the KPIs, a detailed monitoring and evaluation (M&E) plan is being developed. For each indicator, the M&E plan includes information on the method of calculation, baseline, target, type of indicator, frequency of monitoring, reference documents and/or data sources, and responsibilities. This M&E plan will be updated every year in order to include and monitor new indicators and/or targets, as appropriate.

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

Key strategic action area 1: communicating evidence and knowledge exchange

Strategic objective:

Provide policy and practice with better evidence for decision-making and action and serve as the European central reference point for drug-related information and analysis

Key performance indicators	Target 2016	Target 2016–18
Outputs — products and online resources		
KPI 1.1.1. Timely production of major EMCDDA outputs (European Drug Report (EDR); EMCDDA–Europol EU Drug Markets Report (EDMR); European Drug Responses Report (EDRR); ESPAD report 2015)	Launched as planned: – 2016 EDR package – Second edition of EDMR – 2015 ESPAD report	Launched as planned: – 2016, 2017 and 2018 EDR packages – Second edition of EDMR – 2015 ESPAD report – First edition of EDRR
	Drafted (for publication in 2017): – First edition of EDRR	Drafted (for publication in 2019): – Third edition of EDMR
KPI 1.1.2. Efficiency in delivering key outputs	Efficient workflow ensured by setting up milestones for each key output in the products database, with remedial actions to address deviations taken within one month	Efficient workflow ensured by setting up milestones for each key output in the products database, with remedial actions to address deviations taken within one month
KPI 1.1.3. Publishing of scientific articles in peer-reviewed journals	Impact score 20 or higher (impact score = the journal impact factor X the number of scientific articles published in 2016)	Impact score 60 or higher (impact score = the journal impact factor X the number of scientific articles published in 2016–18) (cumulative)
KPI 1.1.4. Use of the EMCDDA's online resources	Minimum download targets for key resources set up and met	Minimum download targets for key resources met (figures related to number of downloads to be presented cumulative for 2016–18)
KPI 1.1.5. Increase in the coverage of evidence provided by the Best practice portal (BPP)	BPP updated in all the existing areas and extended to include evidence on the effectiveness of responses to NPS	BPP updated in all the existing areas and extended to include evidence on the effectiveness of responses to NPS and national strategies
Outputs — services		
KPI 1.1.6. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU institutions and Member States)	a) Core list of institutional meetings formally established and minimum 90 % of events attended	a) Minimum 90 % of the events established annually in the core list of institutional meetings attended
	b) 100 % of the requests for input/advice from key institutional stakeholders assessed and responded to within three weeks	b) 100 % of all the requests for input/advice from key institutional stakeholders received in 2016–18 assessed and responded to within three weeks
Training and capacity building		
KPI 1.1.7. Level of satisfaction with the training provided by the EMCDDA (average score calculated based on all the training evaluation reports)	Minimum 80 % satisfaction rate	Minimum 80 % satisfaction rate
Communicating with audiences		
KPI 1.1.8. Contribution to relevant scientific and practice drug events	EMCDDA presentations delivered at minimum 80 % of the identified major drug-related scientific and practice events in 2016	EMCDDA presentations delivered at minimum 80 % of the identified major drug-related scientific and practice events in 2016–18
KPI 1.1.9. Information and knowledge dissemination to agency's visitors	100 % of the requests to visit the EMCDDA received from EU institutions and national authorities from EU Member States fulfilled	100 % of the requests to visit the EMCDDA received in 2016–18 from EU institutions and national authorities from EU Member States fulfilled
KPI 1.1.10. Responsiveness to public requests	100 % of the public enquiries received are answered in line with the European Ombudsman guidelines	100 % of the public enquiries received in 2016–18 were answered in line with the European Ombudsman guidelines
KPI 1.1.11. Audience reached through social and multi-media channels and products	a) Increased number of views of multi-media products (videos, apps, etc.) (as compared to 2015)	a) Increased number of views of multi-media products (videos, apps, etc.) (across 2016, 2017 and 2018)
	b) Increased social media reach (number of unique people who saw social media content) (as compared to 2015)	b) Increased social media reach (number of unique people who saw social media content) (across 2016, 2017 and 2018)
KPI 1.1.12. Effectiveness of the EMCDDA in communicating with media	100 % of media enquiries received responded to within two working days	100 % of media enquiries received in 2016–18 responded to within two working days

Key strategic action area 2: early warning and threat assessment

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

Key performance indicators	Target 2016	Target 2016–18
Responding to NPS — EU EWS and risk assessment		
KPI 2.1.1. Timely, relevant and quality implementation of the information exchange and risk assessment mechanism on new psychoactive substances (NPS)	a) Timely issue of formal notifications on NPS and public health-related warnings to the EWS network	a) Timely issue of formal notifications on NPS and public health-related warnings to the EWS network
	b) Annual implementation report submitted to the EP, the Council and the EC and published	b) Annual implementation reports submitted to the EP, the Council and the EC and published
	c) Formal reports (EMCDDA–Europol Joint Reports on NPS, and Risk Assessment Reports) submitted to stakeholders within the stipulated deadline (as appropriate)	c) Formal reports (EMCDDA–Europol Joint Reports on NPS, and Risk Assessment Reports) submitted to stakeholders within the stipulated deadline (as appropriate)
KPI 2.1.2. Contribution of the EMCDDA to policy decisions with impact on the public health of EU citizens	Decisions concerning the control of NPS made by the Council of the EU and the EC are informed by the evidence provided by the EMCDDA	Decisions concerning the control of NPS made by the Council of the EU and the EC in 2016–18 are informed by the evidence provided by the EMCDDA
Emerging trends and threats		
KPI 2.1.3. Timely identification and reporting of emerging trends and threats	Rapid assessment and communication of new threats (when triggered)	Rapid assessment and communication of new threats (when triggered)
KPI 2.1.4. Availability of new methods and tools for rapid monitoring	Roadmap for improving sensitivity of reporting tools for new threats and developments developed and agreed	Internet monitoring tools in place Systems for monitoring and analysis of OSI developed

Key strategic action area 3: situation, responses and trend analysis

Strategic objective:
Provide a holistic picture of the drug phenomenon, through an integrated and coherent core monitoring system

Key performance indicators	Target 2016	Target 2016–18
KPI 3.1.1. Relevance and consistency of reporting tools and instruments	Efficient follow-up on the implementation of the recommendations from the 2015 triennial review of the key epidemiological indicators (KIs) with the EMCDDA reporting countries (28 Member States, Norway and Turkey)	2018 triennial review of all reporting tools carried out to ensure their relevance and consistency and the EMCDDA reporting countries provided with feedback to support further implementation at national level
KPI 3.1.2. Level of progress in the implementation of supply indicators	Drug seizures and drug-law offences indicators implemented as planned (the revised instruments are adopted by the Member States (Reitox NFPs) and are routinely implemented as of 2016); on drug production facilities (data collected by Europol)	Implementation as planned (in line with the Council Conclusions on improving the monitoring of drug supply in the European Union adopted in 2013) for the indicators on: drug seizures; drug-law offences; drug prices; drug purity and content; drug availability in population surveys; market size estimates; and drug production facilities (data collected by Europol)
KPI 3.1.3. Availability of new methods and tools to monitor drug areas where information is currently insufficient (e.g. health-related responses to NPS, Internet)	Roadmap for improving monitoring developed and agreed	Information gaps addressed

Cross-cutting area A: information collection and management

Strategic objective:
Ensure the validity, consistency and reliability of the EMCDDA reporting system

Key performance indicators	Target 2016	Target 2016–18
The annual information collection exercise		
KPI A.1. Level of implementation of the new reporting system (workbooks) in the 30 reporting countries	At least 80 % of the countries (i.e. 24) submit the five main workbooks and minimum 50 % of the countries (i.e. 15) submit all 10 workbooks	Minimum 90 % of the countries (i.e. 27) submit all workbooks
KPI A.2. Timeliness of the provision of annual data by the Reitox NFPs	At least 80 % of the countries submit 90 % of the requested ST and SQ by mid-October and 80 % of countries report their workbooks or equivalent by mid-November	At least 80 % of the countries submit 90 % of the requested ST and SQ by mid-October and 80 % of countries report their workbooks or equivalent by mid-November
Management of the Reitox network		
KPI A.3. Execution rate (commitments) of the grant agreements budget	95 % of the available funding is committed for NFPs grants	95 % of the available funding is committed for NFPs grants
KPI A.4. Timeliness of processing of the payment requests	85 % of the balance payment requests — submitted complete and on time — are successfully checked and paid by 30 June of year N+1	85 % of the balance payment requests — submitted complete and on time — are successfully checked and paid by 30 June of year N+1

Cross-cutting area B: quality assurance

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

Key performance indicators	Target 2016	Target 2016–18
KPI B.1. Implementation of quality mechanisms to support the scientific activities	Quality standards and guidelines in place for key scientific processes and outputs	Quality standards and guidelines in place for key scientific processes and outputs
KPI B.2. Provision of scientific input/advice (in the form of peer review, formal opinions, input to protocols, projects, products, etc.) by Scientific Committee members (as measured through percentage of requests met out of the total number of requests received by Scientific Committee members from the Director and the Management Board)	Minimum 70 %	Minimum 70 %
KPI B.3. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks	a) 100 % of the supporting documents uploaded on the Scientific Committee extranet at least two weeks before the Scientific Committee meetings (except for documents related to events occurring within this timeframe)	a) 100 % of the supporting documents uploaded on the Scientific Committee extranet at least two weeks before the Scientific Committee meetings (except for documents related to events occurring within this timeframe)
	b) Draft minutes of the Scientific Committee meetings sent to the Chair within two weeks of the close of the meetings	b) Draft minutes of the Scientific Committee meetings sent to the Chair within two weeks of the close of the meetings
KPI B.4. Efficient quality assurance feedback for the new reporting system	Quality feedback reports provided to Reitox NFPs on their contributions under the new reporting system	Quality standards implemented in 2018
KPI B.5. Level of progress in the implementation of the internal statistics code of practice	Indicators developed for a selection of principles in section Statistical Output in the internal statistics code of practice	Updated internal statistics code of practice with a selection of associated indicators adopted

Cross-cutting area C: cooperation with partners

Strategic objective:
Enhance and further increase the quality of the services provided to EU and MS stakeholders, through a better strategic understanding of the drug phenomenon, catalysed by strong partnerships with key players at European and global level, and by knowledge transfer to EU priority third countries and regional programmes

Key performance indicators	Target 2016	Target 2016–18
KPI C.1. Efficient implementation of MoUs and other working arrangements with key partners	Priority areas for joint work in the context of the 2016–18 strategy and work programme defined	Objectives in priority areas achieved
KPI C.2. Efficient implementation of the IPA 5 project	a) Minimum 80 % of the expected results for 2016 are achieved (in line with the commitments expressed by the partner countries)	a) Minimum 80 % of the project expected results are achieved (in line with the commitments expressed by the partner countries)
	b) Minimum 85 % of the overall annual budget committed	b) Minimum 85 % of the total budget committed
KPI C.3. Efficient implementation of the ENP project	Minimum 80 % of the expected results for 2016 are achieved (in line with the commitments expressed by the partner countries)	n.a.
	Minimum 85 % of the overall annual budget committed	n.a.

Corporate area: governance

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

Key performance indicators	Target 2016	Target 2016–18
KPI GOV.1. Effectiveness of the Director in providing support to the Management Board for performing its tasks	a) 100 % of the supporting documents uploaded on the Management Board extranet at least two weeks before the Management Board meetings (except for documents related to events occurring within this timeframe)	a) 100 % of the supporting documents uploaded on the Management Board extranet at least two weeks before the Management Board meetings (except for documents related to events occurring within this timeframe)
	b) Draft minutes of the Management Board meetings sent to the Chair within 20 working days of the close of the meetings	b) Draft minutes of the Management Board meetings sent to the Chair within 20 working days of the close of the meetings
KPI GOV.2. Degree of implementation of the 2016–18 work programme and of the 2016 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) achieved	Minimum 80 % of the key results defined in the 2016–18 work programme achieved
KPI GOV.3. Degree of implementation of the performance measurement system	a) KPIs for the 2016 work programme implemented and Monitoring and Evaluation Plan developed to track their progress	a) KPIs for the 2018 work programme implemented and Monitoring and Evaluation Plan developed to track their progress
	b) KPIs refined for the 2017 work programme (definitions improved, as appropriate, and targets defined)	b) KPIs defined for the 2019 work programme
	c) Management Information System piloted	c) Management Information System operational

Key performance indicators	Target 2016	Target 2016–18
KPI GOV.4. 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	All documents delivered within deadline
KPI GOV.5. Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline anticipated in the follow-up action plan endorsed by the Management Board	100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline anticipated in the follow-up action plan endorsed by the Management Board

Corporate area: administration and ICT

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

Key performance indicators	Target 2016	Target 2016–18
KPI ADM.1. Budget execution rate — commitment appropriations (without assigned appropriations)	Minimum 97 % of the total commitment appropriations	To be defined
KPI ADM.2. Budget execution rate — payment appropriations (without assigned appropriations)	Minimum 93 % of the total payment appropriations	To be defined
KPI ADM.3. 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)	To be defined
KPI ADM.4. Staff turnover	Maximum 4 % of staff leaving EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)	To be defined
KPI ADM.5. Average number of training days per staff member	Minimum of three days	To be defined
KPI ADM.6. Average time of recruitment processes	Maximum of four months from the expiry date of the vacancy notice to appointment decision	To be defined
KPI ADM.7. Number of accidents at workplace	No accidents	No accidents in 2016–18
KPI ADM.8. Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (as compared to 2015)	No increase in utility costs (as compared to 2017)
KPI ICT.1. Project management and implementation accountability (compliance with the EMCDDA's adopted ICT project management standard)	100 %	100 %
KPI ICT.2. Availability of the ICT systems	a) Office supporting infrastructure availability: system availability superior to 95 %, office hours (maximum of 103 hours of accumulated down time over the year)	a) Office supporting infrastructure availability: system availability superior to 95 %, office hours (maximum of 103 hours of accumulated down time over the year)
	b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24x7 basis with an overall availability annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time)	b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24x7 basis with an overall availability annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated down time)

ANNEX III
Potential risk factors

Risk factors identified for delivery of the 2016 work programme	Likelihood of risk and respective impact on the 2016 work programme
External risks with a direct link to specific fields of the annual work programme	
1. Insufficient funding of the 2016 EMCDDA budget.	The value of the EU subsidy decreased some EUR 756 000 from 2013 to 2014 and remained substantially unchanged in 2015. The expected maintenance, from 2016 to 2018, of the EU subsidy at 2014/5 levels would represent, per se, a medium- to high-level risk, in view of the erosion of its value in real terms and against a background of increasing pressure on the agency's resources (see risks 2 to 5, below).
2. Lack of adequate resources for NFPs in the Member States, which will impact their capacity to comply with reporting obligations towards the EMCDDA. This risk could be compounded by insufficient funding of information collection in Member States (see 3, immediately below).	All core monitoring activities could be affected, bringing along the following main consequences: a) lessened capability in identifying new drug threats and developments; b) undermining of established and valid time series data; and c) reduced ability to properly report to the EMCDDA key partners. The EMCDDA's own budget constraints have led to a decrease of its grants to the NFPs: a reviewing of the present national reporting package had to be done and should continue, involving regular reviews of core data needs and timely feedback to the NFPs on their performance and compliance with reporting obligations towards the EMCDDA. The budgetary situation in certain Member States has also led to cuts in funding of the respective NFPs; this risk can therefore be assessed as medium to high.
3. Reduction of the reporting capacity of Member States, due to either a lack of or reduced availability of core data with adequate quality levels.	The timeliness and comprehensiveness of reporting by Member States on new threats and drug developments have been affected; reporting on matters relating to the introduction of new psychoactive substances (NPS) has been missing or delayed. Some comparative data has been unavailable, which has not allowed useful analysis at European level. The impact of this risk can be considered as medium to high and should in principle be confined to some Member States.
4. Supplementary specific requests from EU institutions to provide technical support for the implementation of EC programmes and actions, particularly regarding implementation of Council Decision 2005/387/JHA on NPS.	Supporting Drug Policy and Technical Cooperation (with EU institutions) could be affected. The same applies regarding the undertaking of prompt action aimed at addressing issues arising from harmful NPS. In view of the high number of NPS appearing over a short time period, monitoring through the Early Warning System (EWS) and risk assessments has posed additional burdens on the work programme. Legal obligations regarding performance of risk assessments along the lines established in Council Decision 2005/387/JHA need to be complied with. For this reason, resources have been partially re-allocated. Similar concerns also exist for additional requests related to new activities in the field of Home Affairs. For these reason the risk level is within the medium to high range.
5. Supplementary requests from Member States and third parties to provide expertise in specific domains	Supporting Drug Policy and Technical Cooperation (with EU institutions) could be affected. The level of requests has been managed with increasing difficulty: any increase in demand for this type of expertise would need additional scientific resources dedicated to it and needs to be considered in view of other priorities of the work programme; in this respect, there are serious concerns over the work overload being created in response to a big number of requests addressed to the EMCDDA. The risk level is presently seen as medium, although on the increase.
External events that might have an impact on the implementation of the annual work programme as a whole	
6. Natural catastrophes: earthquakes (leading to possible tsunamis), landslides or floods	The location of the EMCDDA facilities, bordering the Tagus river, raises a potential risk of being affected by any of these natural catastrophes. The likely consequences of a major earthquake are hardly predictable and appropriate measures would have to be taken in order to deal with the resulting damage. A landslide of the building caused by earthquakes, although not very likely, cannot be ruled out. As regards the Tagus flooding, some information available suggests that the potential risk here would be low. On the other hand, it is conceivable that a combination of heavy rain and Tagus high tides could cause the flooding of the underground car park. Further mitigating measures to deal with this risk ought to be agreed with and taken by the Administration of the Port of Lisbon (APL), the entity that owns the Cais do Sodré building. Letters in this regard have been sent to the APL on multiple occasions. A very comprehensive insurance contract covering inter alia adverse effects from earthquakes, landslides and floods has been signed. A Business Continuity Plan (BCP) for the agency as a whole has been approved in 2013: this will help mitigate these risks and respective consequences.
7. Terrorist attacks	Any activity of the EMCDDA could be affected. Recent events in some European countries, while isolated, raise serious issues concerning possible collateral effects of ISIS activities both in North Africa and the Middle East (notably, radicalisation of youngsters and further home-grown terrorism). A series of mitigating measures have been taken, notably: adequate insurance policies of premises; reinforced building protection against bomb blasts and small-calibre bullets; and, scanning of suspicious mail. As regards further measures, the following is planned: to redesign the main entrances at the EMCDDA premises, in order to create a second barrier for possible intruders and enhance security at the working areas; to contact the Portuguese authorities, in order to re-evaluate the threat level posed to European agencies located in Lisbon, the main idea being to obtain a permanent police presence at the Praça Europa.

Risk factors identified for delivery of the 2016 work programme	Likelihood of risk and respective impact on the 2016 work programme
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 from 2010 onwards; setting up of a project catalogue for ICT; creation of an ICT Investments Steering Committee that reviews and control investments in the area; implementation of a project portfolio management process; adoption of the 2013–15 ICT strategic plan; and improved documentation of procedures leading to decisions taken on IT investments; b) setting up of the ICT Advisory Committee; participation of the EMCDDA in inter-institutional Framework Contracts; adoption of a 'turn-key' approach to projects; definition and implementation of a project management methodology for ICT-managed projects; and implementation of a project management framework using an enhanced methodology; c) the 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 risks levels to tolerable levels: a) implementation of a framework targeting investment optimisation; b) implementation of three Framework Contracts focused on Internet connectivity, SAP consultancy and the so-called 'cloud'; c) enhancing planning and control of licence and assets utilisation; setting up of the ICT Services Catalogue on the basis of the new Service Request Management Tool.
8.2 Information technology technical risks, notably linked to: a) software configuration management problems resulting from incorrectly 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, policies and documentation in the IT area.	Most relevant mitigating measures have already been implemented, such as: a) setting up of an automatic monitoring system to deal with installed configurations; configuration audit exercises; implementation of technical tools addressing management of software configuration issues; and conception of a 'documentation tree' as the basis for a future documentation set covering risk management, security and governance in IT; b) ad hoc testing of potential consequences emerging from patching procedural weaknesses and systematic registration of interventions performed; setting up of a Definitive Software Library (DSL), indicating software versions in use and patches installed; and extension of the scope of Windows 7 in order to include the configuration of patching capabilities; c) definition of standards for a Business Continuity Plan (BCP) of the EMCDDA as a whole (thus also covering IT); initiation of Service Continuity and Disaster Recovery Plans; implementation of an external facility for backup tape storage; use of a Framework Contract for the backup consolidation project supporting business continuity; procurement of specialised assistance services in cases of disaster; and documentation of key technical dependencies in ICT; d) installation of network management software combined with an update of the software version of Firewalls; introduction of modules for intrusion detection and prevention; 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; b) definition of specific guidelines for patching in servers; creation of documentation on processes used for patching of desktops; and, alignment of software configurations and use of patching capabilities also on Citrix servers; c) finalisation of the work started in implementing the Service Continuity and Disaster Recovery Plans; implementing business continuity in telephony services; and d) contracting and carrying out telecom security-related services and external audits on sensitive areas of the EMCDDA core business (for instance, public websites and the Fonte data collection application); outsourcing of ex-post assessments on ICT security-related areas.
9. Unexpected departure of key members of staff, which could negatively impact the quality of the scientific output of the EMCDDA.	Given the highly specialised and technical nature of much of the agency's work, finding suitable replacements can be a time-consuming task: redeployment could prove to be unfeasible as it would require the existence of a pool of staff members with very comprehensive skills and expertise in the areas at stake. The readjustment inside the Scientific Division has provided some backup arrangements for all staff concerned, whilst allowing a wider decentralisation of responsibilities in this key area. Even so, these might turn out to be insufficient, notably in the case of long-term absence of key staff, which could hinder the EMCDDA's core operations. Investment in human resources ensures that needs that arise are treated with the minimum delay in most cases; a recruitment tool was developed by the EMCDDA with a view to further accelerate recruitment procedures. Job profiles have been designed with a view to recruiting staff for transversal tasks and facilitating the sharing of knowledge and expertise within small working groups. A stable contracts policy with key staff, notably in scientific areas, has been pursued and ought to be reinforced. In view of the mitigation measures already taken and planned, the risk level can be assessed as low to medium.

ANNEX IV
List of procurements for the year 2016

Pursuant to the applicable financial regulation, this annex indicates the procurements for non-administrative activities that have been envisaged for the implementation of the EMCDDA 2016 work programme and whose estimated value is equal to or greater than EUR 60 000, to be covered by appropriations entered into Title 3 of the relevant EMCDDA budget.

No such procurements have been envisaged for the implementation of the 2016 work programme. In the event that such procurements are launched during 2016 the EMCDDA Management Board will be duly and promptly informed.

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

- AUSTRIA: Gesundheit Österreich GmbH (Austrian Health Institute), Vienna.
- BELGIUM: Institute of Public Health — Patrimoine (IPH-Patrimoine), Brussels.
- BULGARIA: National Centre for Addictions (NCA BG), Sofia.
- CROATIA: Vlada Republike Hrvatske — Ured za suzbijanje zlouporabe droga (Office for Combating Drugs Abuse of the Government of the Republic of Croatia), Zagreb.
- CYPRUS: ΑΝΤΙΝΑΡΚΩΤΙΚΟ ΣΥΜΒΟΥΛΙΟ ΚΥΠΡΟΥ (Cyprus Anti-Drugs Council — CAC), Nicosia.
- CZECH REPUBLIC: Úřad vlády České republiky (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 per le Politiche Antidroga (Presidency of the Council of Ministers — Department for Antidrug Policies), Rome.
- LATVIA: Slimību profilakses un kontroles centra (Centre for Disease Prevention and Control of Latvia), Riga.
- LITHUANIA: Narkotikų, Tabako ir Alkoholio Kontrolės Departhamentas (Drug, Tobacco and Alcohol Control Department), Vilnius.
- LUXEMBOURG: Luxembourg Institute of Health (LIH), Luxembourg.
- MALTA: Ministry for the Family and Social Solidarity (MFSS), Valletta.
- NETHERLANDS: Stichting Trimbos Instituut, Utrecht.
- POLAND: Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (National Bureau for Drugs Prevention), Warsaw.
- PORTUGAL: Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD), Lisbon.
- ROMANIA: Agenția Națională Antidrog (National Anti-drug Agency), Bucharest.
- SLOVAKIA: Ministerstvo zdravotníctva Slovenskej republiky — MZ SR (Ministry of Health of the Slovak Republic), Bratislava.
- SLOVENIA: Inštitut za Varovanje Zdravja Republike Slovenije — NIJZ (National Institute of Public Health of the Republic of Slovenia), Ljubljana.
- SPAIN: Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs — GDNPD), Madrid.
- SWEDEN: Folkhälsomyndigheten (Public Health Agency of Sweden), Östersund.
- UNITED KINGDOM: Public Health England, London.

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

ANNEX VI
Template of the 2016 Reitox grant agreement

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

ANNEX VII
Technical assistance projects — 2016 implementation plan

In 2016, the EMCDDA will implement two technical assistance projects for third countries, as follows:

- IPA 5 — the fifth project funded under the Instrument for Pre-Accession Assistance (IPA) started in 2015 and has a budget of EUR 600 000. It aims to further support IPA beneficiaries in their preparation for participation in the EMCDDA activities and in the Reitox network.
- ENP — the project 'Towards a gradual improvement of ENP partner countries' capacity to monitor and to meet drug-related challenges' started in 2014 and has a total budget of EUR 450 000. It aims to strengthen the capacity of ENP partner countries to react to new challenges and developments in the drug situation.

The 2016 implementation plans for the two projects are presented below.

I. IPA 5 project

Interventions	Activities	Expected results
Specific objective 1. To consolidate the institutionalisation of the cooperation		
1.1. Support to NFP/National Drug Observatories (NDO) building	Participation in the 2016 Reitox Week High-level visit to the EMCDDA National meetings with participation of the EMCDDA	Increased knowledge about the EMCDDA IPA beneficiary countries have improved their national drug monitoring systems institutional capacity
1.2. Strengthening of the EU and international partnerships	Ad hoc input/review project proposals Coordination and regular communication with international organisations, EU institutions and EU delegations Contribution to the 2016 progress reports on the 'enlargement package'	Support to strengthen National Drug Information Systems is coordinated among different players at EU and national levels
1.3. Fulfil the IPA 5 contractual commitments	Mid-term activity report delivered on time	Mid-term activity report drafted and reported to the European Commission
1.4. Implement the EMCDDA's international cooperation strategy	Progress report on IPA 5 implementation delivered once to the Management Board	Progress report on IPA 5 implementation delivered once to the Management Board
Specific objective 2. To foster scientific cooperation in relation to data collection, analysis and interpretation		
2.1. Direct support for data collection and reporting	National data collection exercises in line with the EMCDDA guidelines (e.g. GPS in Montenegro — see 3.1 below)	Increased availability of data on drugs in the IPA countries, as a result of financial support and knowledge transfer by project New data sets available on drug situation and supply
2.2. Capacity development	3 Reitox Academies	Increased capacity at national level (heads of existing/future NFPs and their staff, and national experts) for analysis, interpretation and implementation responses, as a result of the transfer of expertise through EMCDDA tools and methodologies; and best practices
2.3. EU expert meetings	Ad hoc participation of IPA national experts in EU expert groups	Increased exchange of information on the drug situation and related monitoring challenges between the EU Member States and CC and PCC
2.4. Support for development of national EWS	Training and meetings on building national EWS (at request)	Countries that committed to establish a national EWS as part of their national action plan/strategy are provided with technical assistance and support, as requested

Interventions	Activities	Expected results
Specific objective 3. To develop, increase and promote the added value of the cooperation		
3.1. Developing the knowledge about the drugs situation in IPA beneficiaries	Country Overviews are updated Specific reports to EU sub-committees, EU political dialogue etc. upon request Launch and publication of the GPS report of Montenegro (provided that the GPS is implemented in the country in 2016) Promotion of the ESPAD results 2 articles published in Drugnet (EMCDDA newsletter) EMCDDA key updated, methodological tools translated into national languages	Decision-makers at national and EU level are better informed on the drugs situation and on the need for interventions By end 2016 updated Country Overviews are available on EMCDDA website
3.2. Support to national strategies and action plans	Sharing 'know-how' on evaluation of national drug strategies (upon request) Ad hoc information to decision-makers on demand reduction, treatment, supply reduction and legal practices at EU level	Information collected and produced by EMCDDA and by IPA beneficiaries support the implementation and evaluation of national strategies
3.3. Promotion of the work of NFPs at national and European level	National websites and newsletters Regular updates through the EMCDDA website and social media	Increased visibility and usefulness of the cooperation, the partnership and of the results at national and European level
3.4. National events	Presentation of EMCDDA products and activities at national level	Increased visibility and usefulness of the cooperation, the partnership and of the results at national and European level

II. ENP project

Interventions	Activities	Expected results
Specific objective 1. To support partner countries to produce new information on their drug situation		
Update and extend Early Warning System (EWS) database	Re-structure, redesign and implement new functionalities in the EU Database on New Drugs (EDND) to make available analytical data, public health alerts and other relevant data on new psychoactive substances to ENP countries	The Early Warning System covers the new ENP partner countries for its ALERT component, which makes it more comprehensive and more accurate and enables effective exchange of information between EU Member States and ENP countries
Specific objective 2. To develop the capacity for monitoring and reporting		
Training and capacity development using the model of Reitox Academy regional and national levels	National Reitox Academies to facilitate the implementation of the EMCDDA data collection framework	Increased capacity for data collection, analysis and interpretation in the ENP countries, as a result of the knowledge transfer by the project
Regional events to consolidate existing monitoring	Meetings with regional stakeholders	
Specific objective 3. To strengthen the reporting and dissemination of the information		
Publications on the drug situation in the ENPs	Dissemination of new or updated Country Overviews/National reports if they exist Inclusion in EMCDDA products Publications in the Drugnet newsletter Translation reference of documents and new reports Regular updates through the EMCDDA website	Decision-makers at national and EU level are better informed on the drugs situation and on the needs for interventions
Developmental meetings	Participation/presentations in final project conference	ENP partners and other Reitox members have a better knowledge and understanding of the drug situation and of the role of drug monitoring
National events	Presentation of EMCDDA products and activities at national level Ad hoc information to decision-makers on demand reduction, treatment, supply reduction and legal practices at EU level	Increased visibility and usefulness of cooperation, partnership and results at national and European level
Fulfil the ENP contractual commitments	Drafting of the final report within 6 months of termination of the project	Final activity report drafted and submitted on time to the European Commission

ANNEX VIII
List of acronyms and abbreviations

BCP	Business Continuity Plan
BPP	Best practice portal
CADAP	Central Asia Drug Action Programme
CC	candidate countries
CEPOL	European Police College
CICAD	Inter-American Drug Abuse Control Commission
COPOLAD	Cooperation Programme on Drugs Policies between the EU and Latin America
COSI	Standing Committee on Operational Cooperation on Internal Security of the Council of the European Union
DG	Directorate-General
DG HOME	Directorate-General for Migration and Home Affairs
DG SANTÉ	Directorate-General for Health and Food Safety
DRD	drug-related deaths
DRID	drug-related infectious diseases
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDMR	EU Drug Markets Report
EDND	European Database on New Drugs
EDR	European Drug Report
EDRR	European Drug Responses Report
EEAS	European External Action Service
EFCA	European Fisheries Control Agency
EFSQ	European Facility Survey Questionnaire
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMQ	European Model Questionnaire
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
Eurojust	the European Union's judicial cooperation unit
EWS	Early Warning System
GPS	general population survey(s)
HDG	Horizontal Drugs Group
HFPs	heads of national focal points
HIV	human immunodeficiency virus
HR	human resources
ICT	information and communications technology
IPA	Instrument for Pre-Accession Assistance
JHA	Justice and Home Affairs
KPI	key performance indicator
M&E	monitoring and evaluation
MIS	management information system
MoU	Memorandum of Understanding
NFP	national focal point
NPS	new psychoactive substances
OAP	operational action plan
OSI	open source information
PCC	potential candidate countries
PDU	problem drug use
PhV	pharmacovigilance
POD	Perspectives on Drugs
PWID	people who inject drugs
RA	risk assessment
Reitox	European information network on drugs and drug addiction
SQ	Structured questionnaire
ST	Standard table
TAIEX	Technical Assistance and Information Exchange
TDI	treatment demand indicator
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	UN General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
WP	work programme

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About the EMCDDA

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

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

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