European Monitoring Centre
for Drugs and Drug Addiction

SINGLE PROGRAMMING DOCUMENT

Single programming document 2023–2025

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Foreword by the EMCDDA Director

I am proud to introduce the Single Programming Document (SPD) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for the period 2023–2025.

This period will see the transformation of the EMCDDA into the European Union Drugs Agency, one of the most exciting developments since the creation of the former almost 30 years ago. This will take place further to the entering into force, in 2024, of a new regulation that is intended to strengthen the role of the agency and allow it to best serve its main customers, the EU institutions and the drug policymakers and practitioners in the Member States.

At the same time, this new programming period will mark the end of the 2025 EMCDDA strategy, which has guided us since its adoption by our Management Board in 2016. At a time when Europe is facing ever increasing health and security threats, we will reflect on how the strategy has helped us deliver our ambitious vision to support the EU's response to those threats. And we will build on the customer-centric and digitally enabled new business model approach instilled by the strategy to design and deliver new products and services in line with our customers' evolving needs.

The period 2023–2025 will also see the end of key EU policy documents such as the EU drugs strategy and action plan 2021–2025, the EU security union strategy 2020–2025 and the EU strategy to tackle organised crime 2021–2025. It will be one of our key priorities to contribute, as requested, to the successful closure of these documents.

Among other things, we will continue to produce and publish the agency's flagship outputs in innovative formats. This includes the updating and enriching of the online modular version of the EMCDDA *Health and Social Responses to Drug Problems: A European Guide*, underpinning much of the agency's work undertaken in the area of health and social responses to drug-related problems, and the release in 2023 of new *EU Drug Markets Report* drug modules on new psychoactive substances, heroin and cannabis. In the same year we will launch a new online ecosystem concept for the full report.

We will also scale up our work on developing resources in the highly relevant area of cannabis interventions, and an EMCDDA support package will be implemented in 2023 to better assist policymakers and planners with cannabis policy development and evaluation in their countries.

The EU Early Warning System on new psychoactive substances, which recently celebrated its 25th anniversary, will continue to monitor and report on related threats to the EU. The system will serve as a model for developing new threat assessment and preparedness capabilities within the new mandate.

Following the successful completion of the technical cooperation projects with EU candidate and potential candidate countries (Instrument for Pre-accession Assistance (IPA 7)) and European Neighbourhood Policy countries (EU4MonitoringDrugs (EU4MD)) in 2022, in 2023 the agency will start the projects IPA 8 and EU4MD 2, with a higher level of funding to be provided by the European Commission. It will also continue to implement a bilateral project supporting Georgia on drug-related health and security threats (EMCDDA4GE) (until 2023) and a cooperative programme on drugs policy with Latin America and the Caribbean (COPOLAD II) (until 2024).

We are, however, mindful of the challenges ahead. We are navigating through a period of deep uncertainty and high volatility. More than ever before, we are operating in an external environment that is increasingly unstable and unpredictable. At the time of preparing this SPD, war is ravaging Ukraine on the EU's borders. In Europe and elsewhere, the economic recession is looming, threatening social and political stability. At the same time, COVID-19 remains a threat. Moreover, the pandemic has led to a deterioration in the drug situation in the EU, as innovation in the drug

supply side (including the exponential surge in the online market) coincided with increased vulnerability to consumption on the demand side.

Under these circumstances, and facing a period of significant change in the context of its upcoming new mandate, it is critical that the agency continues to build and maintain a solid, robust organisational basis. This resilience will allow us to prepare for, and later cope with, the challenges that are inherent to this level of growth (some 40 % increase in the number of staff and more than 80 % increase in the annual budget), while making sure that the risks of this accelerated growth having a negative impact on ongoing operations will be minimised and that core services and outputs will be maintained during the transition period. A sound change management programme will be paramount to this endeavour.

Building agility will be mandatory. As an organisation, we will need to be prepared to change gear smoothly but quickly, depending on the circumstances. This will encompass using technology to streamline our processes and, most of all, building a true innovation-driven culture. The new business model initiative, which started in 2021, has created a good base to develop from.

Strengthening our foresight capacity will be essential to our ability to navigate through uncertainty; importantly, it will also help us develop relevant predictions for the future of EU drug policy.

While enhancing our internal competences and capabilities is crucial, the successful preparation and later implementation of the new mandate will not be possible without working with our partners, old and new. Enhancing our partnerships, promoting co-production and pursuing stakeholder engagement are some of the aspects about which we are most enthusiastic for the future European Union Drugs Agency.

Although acknowledging the challenges ahead, I am fully confident of our capacity as a team to bring about this important change for our agency. In building its new identity, the organisation that I am honoured to lead will hold true to its core values: objectivity, scientific rigour and policy neutrality. These are embedded in our DNA, with over 25 years of service as the European Monitoring Centre for Drugs and Drug Addictions – the trustworthy drug information hub in the European Union.

Remaining authentic while managing organisational growth will help us in our important mission to develop and expand the EU's drug monitoring capacity, for better-informed policies; contribute actively to the EU preparedness, for better-informed actions; and lead the competence development, for stronger EU and Member State responses to the drug phenomenon.

This is our commitment for the 2023–2025 programming period, and my team and I, with support from our partners, will make every effort to fulfil it.

Alexis Goosdeel
Director, EMCDDA

List of abbreviations

BPP	Best Practice Portal
CA	contract agent
CADAP	Central Asia drug action programme
CEOS	Conditions of Employment of Other Servants of the European Union
CEPOL	European Union Agency for Law Enforcement Training
CERT-EU	Computer Emergency Response Team for the EU institutions, bodies and agencies
CND	United Nations Commission on Narcotic Drugs
COPOLAD	Cooperation programme between Latin America, the Caribbean and the European Union on drug policies
COVID-19	coronavirus disease 2019
DRD	drug-related deaths (indicator)
DRID	drug-related infectious diseases (indicator)
ECDC	European Centre for Disease Prevention and Control
ECHA	European Chemicals Agency
EDND	European Database on New Drugs
EEA	European Economic Area
EFSA	European Food Safety Authority
EFTA	European Free Trade Association
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMCDDA4GE	EMCDDA for Georgia project/bilateral project between the EMCDDA and Georgia
EMPACT	European Multidisciplinary Platform against Criminal Threats
EMSA	European Maritime Safety Agency
ENP	European Neighbourhood Policy
ESCAPE	European Syringe Collection and Analysis Project
EU	European Union
EU4MD	EU4Monitoring Drugs project
Euro-DEN	European Drug Emergencies Network
Eurojust	European Union Agency for Criminal Justice Cooperation
Europol	European Union Agency for Law Enforcement Cooperation
EWS	European Union Early Warning System on new psychoactive substances
FFR	framework financial regulation
FG	function group
Frontex	European Border and Coast Guard Agency
FTE	full-time equivalent
GPS	general population survey (indicator)
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HR	human resources
ICT	information and communications technology
IPA	Instrument for Pre-accession Assistance

IPA 8	Instrument for Pre-accession Assistance project 8
KPI	key performance indicator
NFP	national focal point
NPS	new psychoactive substances
O	official
OAP	operational action plan
OLAF	European Anti-Fraud Office
OSI	open-source information
PI	performance indicator
PDU	problem drug use (indicator)
PLATO	practice training platform
RDF	Reitox development framework
Reitox	European information network on drugs and drug addiction
SCORE	Sewage Analysis Core Group – Europe
SDG	sustainable development goal
SIENA	Secure Information Exchange Network Application
SNE	seconded national expert
SPD	Single Programming Document
TA	temporary agent
TDI	treatment demand indicator
TEDI	Trans European Drug information (network)
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
VAT	value added tax
WHO	World Health Organization

Mission statement

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

Building on the EMCDDA's founding regulation (Regulation (EC) No 1920/2006) as amended (Regulation (EU) 2017/2101, as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances), Strategy 2025 ([1]) defines the agency's current mission and vision statements.

Mission

The EMCDDA exists to support evidence-based decisions and actions at EU and national levels by providing factual, objective, reliable and comparable information concerning drugs and drug addiction, and their consequences. The EMCDDA's mission is therefore grounded in the consensus that sound information is a prerequisite for developing effective policies in the drugs area.

It is worth noting, however, that, at the time of drafting this document, a proposal for a new regulation to strengthen the current mandate of the EMCDDA, transforming it into the European Union Drugs Agency, was under negotiation following the EU's ordinary legislative procedure ([2]). The outcome of this procedure is likely to have reshaped the agency's mission statement by the end of the 2023–2025 programming period.

Vision

The EMCDDA's vision is a healthier and a more secure Europe, achieved through better-informed drug policy and action.

To do this effectively, we must constantly strive to respond to the needs of our key stakeholders, who can be defined as:

- the EU institutions
- national decision-makers / policymakers
- professionals working in the drugs field.

Beyond meeting the information needs of our key stakeholders, to address our mandate we also need to engage with other stakeholders, which include academic institutions and researchers; the general public, civil society and those affected by drug problems; and international organisations and third countries and/or regions.

Values

The EMCDDA is committed to the EU and its values. Beyond these, we have identified a set of core values to inform all aspects of our work, inspire our staff in their professional performance, inform our future policies and guide our interactions with stakeholders and partners.

Our four core values are scientific excellence; integrity and impartiality; customer focus and service orientation; and efficiency and sustainability.

([1]) Available on the EMCDDA website (http://www.emcdda.europa.eu/publications/work-programmes-and-strategies/strategy-2025_en).
([2]) https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=en&reference=2022/0009(OLP)

Section I
General context

Responding to EU needs in 2023–2025

Introduction

This Single Programming Document (SPD) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) covers 2023–2025. It is presented in line with guidelines for the SPDs and consolidated annual activity reports of decentralised agencies that were adopted by the European Commission on 20 April 2020 ([3]).

In this document, the substantive work is structured around the three main areas of work defined in the EMCDDA Strategy 2025, namely health, security and business drivers.

The priorities of the work are determined every year for each of these main areas, and they are presented in the annual work programme, which is part of the SPD. The 2023 work programme is presented in Section III of this document.

These annual priorities are embedded in the overall priorities defined in the recast EMCDDA regulation, which form the bedrock of this SPD 2023–2025. These 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 and providing information on best practices in the Member States and facilitating information exchange among them; (c) assessing the risks posed by new psychoactive substances (NPS) and maintaining a rapid information dissemination system; and (d) developing tools and instruments to help Member States to monitor and evaluate their national policies and help the European Commission to monitor and evaluate EU policies.

It is worth noting however that the European Commission proposed on 12 January 2022 ([4]) to strengthen the EMCDDA's mandate to ensure that the agency plays a more important role in identifying and addressing current and future challenges related to illicit drugs in the EU. The proposal for a regulation on the European Union Drugs Agency is currently under negotiation following the EU's ordinary legislative procedure, and any decision made in that regard will necessarily have an impact on the activities of the agency in the 2023–2025 programming period.

The role of the EMCDDA

As specified in the EMCDDA Strategy 2025, the agency's three main customer groups are the EU institutions (the European Parliament, the Council of the European Union and the European Commission); national decision-makers and policymakers; and professionals working in the drugs field.

The ultimate purpose of the work performed by the EMCDDA is therefore to inform sound decision-making in the field of drugs at EU and Member State levels. The results of the data collection, monitoring and analysis process provide the evidence that policymakers and professionals from across the EU need to tackle the drug phenomenon effectively.

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

In line with the proposal that was put forward by the European Commission on 12 January 2022, the expansion of the EMCDDA's mandate will give the agency a stronger role, and it will be called on to react effectively to new challenges, provide better support to Member States and play a stronger international role.

Developments that will shape our work

Bounce-back in drug supply and use after COVID-19 disruption

As our latest analyses show, the challenges we face in the drugs area continue to grow. The EMCDDA's most recent annual overview of the drug situation, the *European Drug*

([3]) Annex 1 to the communication from the Commission on the strengthening of the governance of Union bodies under Article 70 of the Financial Regulation 2018/1046 and on the guidelines for the single programming document and the consolidated annual activity report (C(2020) 2297).
([4]) https://ec.europa.eu/commission/presscorner/detail/en/ip_22_302

Report 2022: Trends and Developments ([5]), describes how Europe's drug problems continue to evolve and how innovation is driving the drug market. Drug availability remains at high levels across the EU (in some cases, such as cocaine, surpassing pre-pandemic levels) and potent and hazardous substances are still appearing. The report also reveals how cannabis products are becoming increasingly diverse and how the production of synthetic drugs in Europe is on the rise.

The latest data show that around 83 million or 28.9 % of adults (aged 15–64) in the EU are estimated to have used illicit drugs at least once in their lifetime. There are also signs of a return to pre-pandemic levels of drug use. Wastewater analysis reveals increases in the use of cocaine, crack, amphetamine and methamphetamine in some cities between 2020 and 2021. And, as COVID-19 restrictions have been relaxed across Europe, drug treatment and other services appear to have returned to 'business as usual', while maintaining some of the innovative practices adopted during lockdown (e-health services, telemedicine).

The recent analysis underlines the need to scale up treatment and harm reduction services in Europe for people who inject drugs. In 2020, only three Member States reported meeting the World Health Organization's (WHO) 2020 targets of providing 200 syringes per year to each person who injects drugs and having 40 % of the population of high-risk opioid users in opioid agonist treatment (OAT), which protects against drug overdose. In 2020, there were an estimated 1 million high-risk opioid users in the EU and 514 000 clients in OAT, suggesting an overall treatment coverage of 50 %. Large differences exist between Member States, however, and treatment provision still remains insufficient in many.

Injecting drug use is associated with serious health problems, such as infectious diseases, overdose and death. While heroin injecting is in decline, there are growing concerns around the injecting of a broader range of substances, including amphetamines, cocaine, synthetic cathinones, prescribed opioids and other medicines.

An estimated 5 800 overdose deaths, involving illicit drugs, occurred in the EU in 2020. Most of these fatalities were associated with polydrug toxicity, which typically involves combinations of illicit opioids, other illicit drugs, medicines and alcohol. Alongside high levels of cocaine availability in Europe, reports indicate that crack use may be increasing and is now being seen among vulnerable drug users in more cities and countries. Crack is usually smoked, but can also be injected, and is linked to a range of health and social harms (e.g. infectious diseases and violence). Long-term trends point to an estimated 7 000 clients entering drug treatment for crack problems in Europe in 2020, triple the number in 2016.

Moreover, NPS remain a considerable public health challenge in Europe. Not covered by international drug controls, they encompass a broad range of synthetic substances, including cannabinoids, cathinones, opioids and benzodiazepines. By 31 December 2021, the EMCDDA was monitoring more than 880 NPS that had appeared on Europe's drug market since monitoring began in 1997. This included 52 substances that were notified for the first time in 2021. Despite a decrease in the number of substances newly introduced to the European market each year, since 2015 approximately 400 previously reported NPS have been identified annually. This suggests that many substances remain in circulation, which increases the risk of their being sold either deliberately or accidentally as other drugs. In addition, the effect of the COVID-19 pandemic on the NPS market is likely to become increasingly important, as in 2021 countries in Europe continued to face challenges posed by the pandemic. Adding to the complexity of the NPS market, the pandemic and related response measures – such as the closure of public spaces and stay-at-home measures – bring new challenges as a result of the effects on existing drug markets, drug use and drug services and other response measures. These challenges are likely to have an impact, still difficult to predict, at the end of 2022 and in the years to come in the post-pandemic period.

Furthermore, the current opioid epidemic in the United States and Canada is largely driven by the use of synthetic opioids. While these substances currently represent a relatively small share of the drug market in Europe, they are of growing concern, with their use linked to poisonings and deaths. As only very small volumes are needed to produce many thousands of street doses, these substances are easy to conceal and transport, representing a challenge for law enforcement agencies and customs. Although they play a small role in Europe's drug market, new opioids pose a serious threat to individual and public health. These substances can be particularly potent, and minute quantities are capable of causing life-threatening poisoning from respiratory depression. Since 23 November 2018, the EU Early Warning System on new psychoactive substances (EWS) and the related risk assessment procedure have been operating under Regulation (EC) No 1920/2006, as amended by Regulation (EU) 2017/2101 ([6]). Under this legal framework, the role of the EMCDDA in coordinating and operating the EWS and risk assessment mechanism is strengthened. Since the beginning of the COVID-19 pandemic in March 2020, the EMCDDA has undertaken structured actions to support EWS stakeholders in

([5]) https://www.emcdda.europa.eu/publications/edr/trends-developments/2022_en

([6]) Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances was adopted on 24 October 2017 and replaces Council Decision 2005/387/JHA from November 2018.

their ongoing preparedness planning for and response to the public health and social threats caused by NPS in the context of the pandemic.

Innovations in drug production are occurring in parallel with the increasing sophistication of drug markets. These markets now represent one of the key threats to the security of the EU. The use of the internet in this context gives rise to particular concern. As shown in the third EMCDDA–European Union Agency for Law Enforcement Cooperation (Europol) strategic analysis, the *EU Drug Markets Report 2019* ([7]), the drug market is becoming ever more globally linked and digitally enabled, and consumers are increasingly able to access drugs through the surface web, darknet and social media applications. This is confirmed in the most recent analyses on the topics of cocaine and methamphetamine, which were released in 2022 as part of the new modular approach to the EMCDDA–Europol report *EU Drug Markets: In-depth Analysis* ([8]). Furthermore, innovations noted during the COVID-19 pandemic included the use of home deliveries, less reliance on cash as a form of payment, less face-to-face dealing and the potential for more individual drug transactions to take place online – on the darknet, on social media or using encrypted communications apps.

Since Russia's invasion of Ukraine on 24 February 2022, neighbouring EU Member States have ensured a rapid humanitarian response, providing urgent support to meet the health and social needs of those fleeing the country. In July 2022, the EMCDDA published the results of a rapid assessment exploring how these Member States are responding to the needs of displaced people who use drugs and how they can be better prepared for the future. The EMCDDA also translated evidence-based materials into Ukrainian to support service provision in the country.

It is estimated that around 8 million people have already fled the war in Ukraine, of which an unprecedented 5 million have crossed the borders into the EU. Of those fleeing the country, approximately 90 % are women, children and elderly citizens. The study found that, with the reported numbers of displaced people from Ukraine growing, 'EU Member States will need to be prepared for increased drug-related needs among this population.' This is particularly likely to be the case if the population dynamics change, resulting in more displaced men. More generally, more complex health needs may become apparent over time in both existing and future displaced people as a result of the trauma experienced by many of those fleeing the war. It is likely that, in some key locations, dedicated and culturally appropriate treatment, support and harm reduction services will be needed.

In addition, responding adequately and ensuring continuity of care is made more challenging by the pre-existing lack of OAT and harm reduction services in many of the countries bordering Ukraine. In these countries we see services that are already stretched having to respond to increased need.

The situation in Ukraine has exacerbated the growing humanitarian crisis associated with migration into the EU. Many migrants have lower rates of substance use than their host communities, but some may be more vulnerable to substance misuse for reasons such as trauma, unemployment and poverty, loss of family and social support, and the move to a normatively lenient setting. These groups may be at risk of developing drug problems. There is therefore a need to increase awareness of their vulnerability and reduce the social exclusion of these people. Many migrants are housed in transit camps and national reception centres, and frontline professionals concerned with their welfare will also need to develop competences in managing potential health and social issues related to drug use and associated harms. Monitoring drug use among migrant groups and supporting the development of targeted interventions for those in need, and capacity building for the professionals who support them, will be important future priorities.

As these examples show, the drug problem facing Europe is therefore increasingly influenced by developments occurring internationally, which makes an understanding of the global context critical for our strategic analyses of the EU drug situation. A further example is the changes in the regulatory framework for cannabis that are taking place in parts of the Americas and elsewhere, which have generated interest among policymakers and the public in Europe. The creation of legal recreational cannabis markets outside the EU is driving innovation in product development (e.g. e-liquids, edible products and concentrates), some of which are now appearing on the European market, where they pose a new challenge for drug detection and control.

The instability in the drug market caused by the COVID-19 pandemic has led to an increasingly volatile environment for criminal businesses along the supply chain in Europe and appears to have resulted in increased levels of violence among mid-level suppliers and distributors. In the post-pandemic period, it is likely that the volatility, competition and violence associated with the drug trade will continue and may even escalate. It is therefore more important than ever that the EU drug monitoring system remains alert to these developments and anticipates possible future scenarios. To this end, continued investment in networks supporting complementary methods and approaches capable of more sensitive and timely reporting, such as wastewater-based epidemiology, monitoring of hospital emergencies, web surveys, forensic analysis of drug composition and syringe residue analysis, will be important.

([7]) Available on the EMCDDA website (http://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019_en).
([8]) Available on the EMCDDA website (https://www.emcdda.europa.eu/publications/eu-drug-markets).

Maintaining, consolidating and developing further the quality and comparability of the data and information collected through the Reitox network of national focal points (NFPs) and other sources of information remains a central priority for our work in 2023–2025. This work will continue to be guided by the Reitox development framework (RDF), the strategic document that sets the direction of travel for the Reitox network for the period up to 2025 and describes how it will contribute to the goals set out in the EMCDDA Strategy 2025. The second RDF roadmap, for 2021–2025, was prepared by the EMCDDA jointly with the NFPs and endorsed by the EMCDDA Management Board in 2021. The document will steer work in this area during the programming period 2023–2025.

Furthermore, to keep pace with developments and the needs of our stakeholders, we are committed to identifying and using appropriate complementary sources of information to keep our knowledge base up to date. The piloting of online platforms to support networks providing the EMCDDA with complementary information is an example of the agency striving to enhance the cohesion of the networks, the collection and presentation of data and the interaction between the networks and the EMCDDA.

Anticipating future challenges, thereby allowing the agency to develop a long-term plan for developing instruments, will require investment. The agency also needs to develop more timely and complex reporting and analytical models that reflect drug problems characterised by the consumption of multiple substances, including medicines, and a rising number of NPS with potentially severe health risks. Furthermore, as mentioned above, the European drugs problem is increasingly linked to, and influenced by, global developments. Therefore, it will become increasingly important to identify trends and developments occurring in neighbouring countries, and internationally, that could have an impact on the European situation. This work will be guided by the EMCDDA International Cooperation Framework, which sets the direction of the EMCDDA's work with international partners and third countries. The EMCDDA will engage in particular in a new cycle of technical cooperation with the EU's top priority third countries, with the start of the IPA 8 and EU4MD 2 projects envisaged in early 2023, both having a longer duration (4 and 5 years, respectively) and more funding (EUR 1.5 million and EUR 4 million, respectively) than their respective previous projects. During the same period, the EMCDDA will also pursue the implementation and conclusion of the cooperation programme between Latin America, the Caribbean and the European Union on drug policies (COPOLAD) and finalise the implementation of the bilateral project supporting Georgia on drug-related health and security threats (EMCDDA4GE).

EU drug policy context

The need for factual, objective, reliable and comparable information reflects a European consensus that, in a sensitive and complex policy area such as drugs, effective actions have to be based on evidence about the nature of the problem and what measures have been shown to work, rather than on moral or value judgements. Moreover, cooperation, coordination and common action are facilitated by comparing, contrasting and sharing national experiences.

The EMCDDA is committed to providing the evidence and information resources necessary to meet these objectives, and we are proud that, over the past 25 years, our work has both helped to support the development of a more rational and effective approach to drug problems across the EU and facilitated a more cohesive policy dialogue on this complex and important issue.

In 2023–2025, the EMCDDA will make an important contribution to implementing EU policy objectives and providing ongoing high-quality expertise, products and services to its stakeholders, especially to the European Commission, the other EU institutions and the EU Member States.

In particular, the EMCDDA will be called on to contribute to the implementation of the EU drugs strategy and action plan 2021–2025, including support for the development of related performance indicators, and to the evaluation of these policy documents, to be carried out by the European Commission at the end of this programming period.

Furthermore, the EMCDDA will continue to support the EU in its policy dialogue with international bodies, third countries and regions, and, within its mandate and available resources, the agency will support European efforts to improve reporting at the global level.

The agency continues its close cooperation and partnership with the WHO and the European Centre for Disease Prevention and Control (ECDC), by providing data for policymaking and intervention planning in the field of prevention of infectious diseases among people who inject drugs, and will help the European Commission in its efforts to support the implementation of the Sustainable Development Goals, by monitoring, reporting and reviewing progress towards their delivery in the EU. The EMCDDA will support countries in reporting on their progress towards goals and targets for the health sector response to viral hepatitis in the WHO European Region.

In terms of security, the EMCDDA will contribute as required and fulfil the obligations arising from the EU drugs strategy 2021–2025 and the EU security union strategy 2020–2025 ([9]). The latter document recognises the threat posed by the production, trafficking and distribution of drugs to the internal

([9]) See European Commission, 'About the European security union' (https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/european-security-union-strategy_en).

security of the EU. In doing so, it draws on the evidence provided by the EMCDDA–Europol *EU Drug Markets Report 2019*. The EMCDDA will also contribute to the EU strategy to tackle organised crime 2021–2025 and the European Multidisciplinary Platform Against Criminal Threats (EMPACT) cycle 2022–2025, the security initiative driven by EU Member States to coordinate common priorities and operational actions, which collectively directly address and contextualise the drug phenomenon among the other security threats the EU faces. The agency will also contribute to the implementation of the counterterrorism action plan for Afghanistan ([10]), in which it is called to assess the implication of developments in Afghanistan on drug production and trafficking, contingent on the EMCDDA having a clear mandate and resources to do so.

The agency will also fulfil its obligations arising from the EU Western Balkans strategy and support the implementation of the related flagship initiatives to strengthen the rule of law and reinforce engagement on security and migration. It will also support the implementation of the renewed partnership with the Southern Neighbourhood, called 'A new agenda for the Mediterranean' ([11]), and of the Eastern Partnership policy beyond 2020, called 'Reinforcing resilience – an Eastern Partnership that delivers for all' ([12]).

Key institutional developments with an impact on the EMCDDA's future activities

This new programming period will run under new leadership at the level of the EU institutions. In 2024, a new European Parliament will be elected, and the European Commission will have a new composition. These changes may affect where the drug phenomenon is placed on the EU policy agenda for 2024 and beyond.

A key development with a significant impact on the 2023–2025 programming period is the fourth external evaluation of the EMCDDA, which was carried out by the European Commission in 2018 and concluded that the agency is performing very well, delivers excellent outputs and has a good reputation at both European and international levels. The outcome of this external evaluation will shape the medium- to long-term work of the EMCDDA. In that regard, on 12 January 2022, the Commission put forward a proposal to strengthen the EMCDDA's mandate, aiming to ensure that the agency plays a more important role in identifying and addressing current and future challenges related to illicit drugs in the EU. The proposal for a regulation on the European Union Drugs Agency is currently under negotiation following the EU's ordinary legislative procedure, and any decision made in that regard will necessarily have an impact on the agency's activities in the 2023–2025 programming period.

The work of the EMCDDA during this new programming period will also be guided by Roadmap 2021–2025. The document, which was adopted by the EMCDDA Management Board in June 2021, sets out the key milestones to be achieved by the end of the Strategy 2025 period.

Lastly, a review of the EMCDDA's business model took shape in 2021, with a view to ensuring that the agency is best prepared to meet the needs of its key customers, in the context of a rapidly changing external environment and informed by the ongoing discussions on the future mandate of the EMCDDA.

Other relevant developments

How the COVID-19 situation evolves will have consequences that cannot be fully anticipated at this point. Since the WHO declared COVID-19 a pandemic on 11 March 2020, fundamental changes have been taking place in the lives of people around the world, with Europe being one of the most affected regions. At the time of drafting this SPD, the EMCDDA's operations were no longer running within the framework of the agency's business continuity plan; however, the pandemic was still unfolding and the consequences for the agency's activities in 2023–2025, including the effects on its main data providers in the Member States, could not be anticipated.

As already mentioned, the war in Ukraine has brought significant consequences – humanitarian, socioeconomic and political – in Europe and elsewhere. While at the time of drafting this SPD the development of the conflict provoked by Russia was uncertain, it is likely to continue to have an impact on the economy of the EU and its Member States, increasing the pressure on the resources available to effectively implement drug policies.

Finally, the withdrawal, from 1 January 2021, of the United Kingdom from the EU, will have implications for the work of the EMCDDA, because the United Kingdom was a major contributor of data to the EMCDDA, and it also has a large pool of high-quality experts in areas relevant to the agency's activities.

Resources

A key element of the implementation of this 3-year programming document will be the resources available to the EMCDDA during this period and to our national data providers in the Member States.

([10]) Council of the EU, 12315/21 (https://data.consilium.europa.eu/doc/document/ST-12315-2021-INIT/en/pdf).
([11]) https://ec.europa.eu/neighbourhood-enlargement/system/files/2020-03/joint_communication_on_the_eap_policy_beyond_2020.pdf.
([12]) https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=JOIN:2020:7:FIN.

The EU's multiannual financial framework for 2021–2027 will determine the EMCDDA's resources and activities in the years to come. Pursuant to the adopted 2021–2027 multiannual financial framework, the amount of the EU's annual contribution to the EMCDDA is expected to increase by about 4 % for each of the 7 years of the multiannual financial framework, without prejudice to the decisions to be taken by the relevant EU authorities on the adoption of the relevant annual budgets.

Without prejudice to any possible allocation of supplementary resources to cope with newly assigned tasks, the SPD 2023–2025, and in particular Section III, 'EMCDDA work programme 2023', has been prepared assuming that the EU contribution for 2023 will amount to EUR 17 641 938, as reflected in the proposal presented by the European Commission for the EU's 2023 budget and expected to be adopted by the EU budget authority.

This amount, however, is lower than the actual needs of the agency. Therefore, should these figures be confirmed in the final EMCDDA budget for 2023, the agency would have very limited capacity to ensure the effective execution of the operational activities aimed at implementing the EMCDDA 2023 work programme as well as the operations required to duly prepare the implementation of the expected deepening of the EMCDDA's mandate as from 2024, with negative consequences for the entire 2023–2025 programming period.

Lastly, as already mentioned, a proposal for a new mandate for the agency was put forward by the European Commission on 12 January 2022. The proposal for a regulation on the European Union Drugs Agency is currently under negotiation following the EU's ordinary legislative procedure, and any decision made in that regard will necessarily have an impact on the resources and activities of the agency in the 2023–2025 programming period.

Section II
Multiannual programming 2023–2025

Multiannual work programme 2023–2025

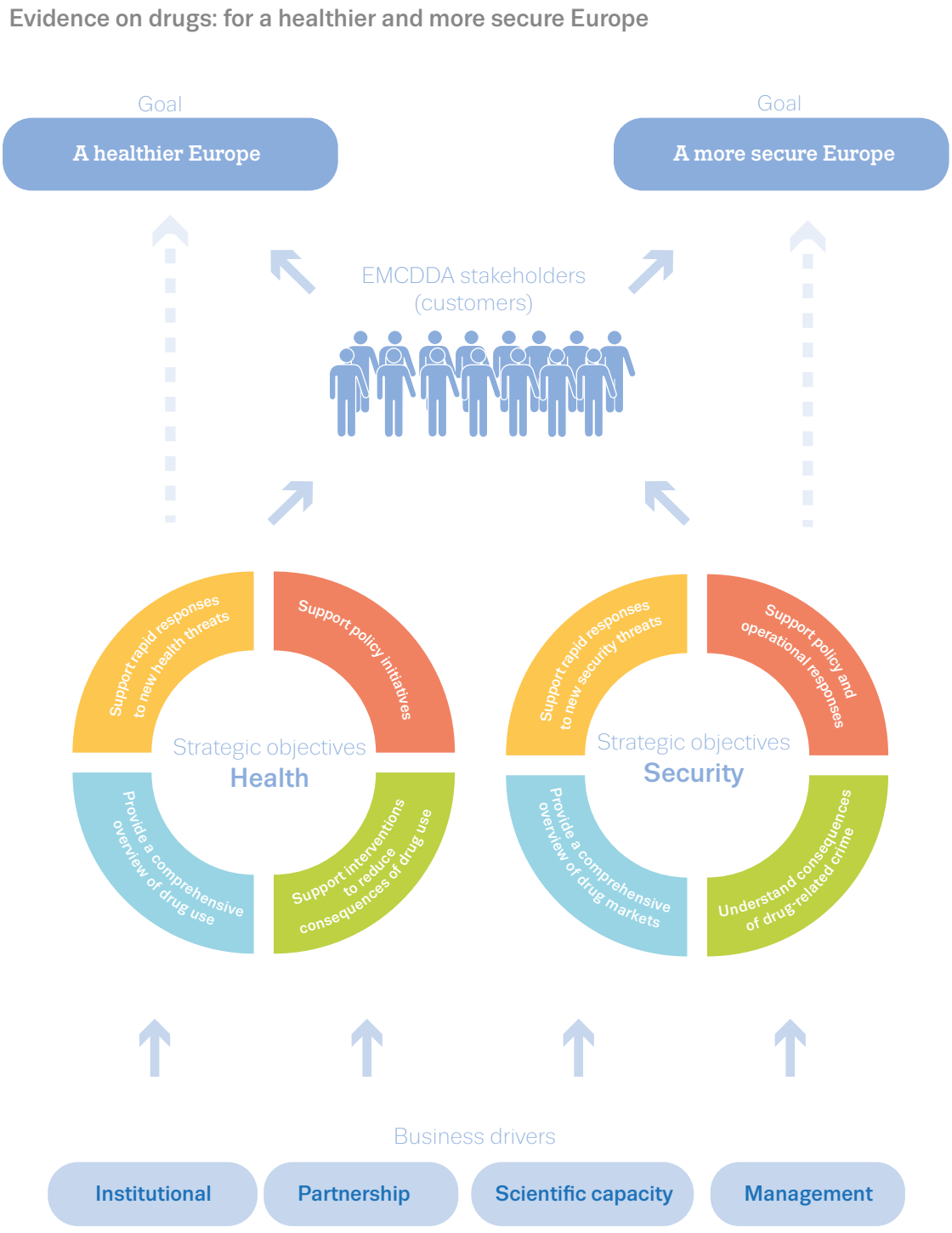
Introduction – the EMCDDA's strategic approach to 2025

The EMCDDA Strategy 2025 sets two ambitious long-term goals: first, to contribute to a healthier Europe; and, second, to contribute to a more secure Europe. These core goals naturally form the two pillars on which the strategy is built: health and security. They also define the two core areas of work of the SPD 2023–2025.

Each of the two long-term goals is articulated through four strategic objectives (see Figure 1 and 'Strategic objectives, actions, expected results 2023–2025'). These objectives identify at strategic level the main areas of focus for taking forward work in each pillar / main area of work. They were developed by bringing together an analysis of three key factors shaping the EMCDDA's future work: first, the changing nature of the drug phenomenon; second, the challenges that these changes pose to our current business model; and, third, the implications of these changes for the needs of our customers.

In addition, four business drivers, with their corresponding objectives, were established in Strategy 2025 and form the third main area of work of the SPD 2023–2025. These business drivers define the resources and processes that the EMCDDA must have in place and the conditions that the organisation has to meet to achieve its strategic objectives and attain its long-term goals. They are therefore core elements of our strategic approach, because they pinpoint the key factors for successful delivery.

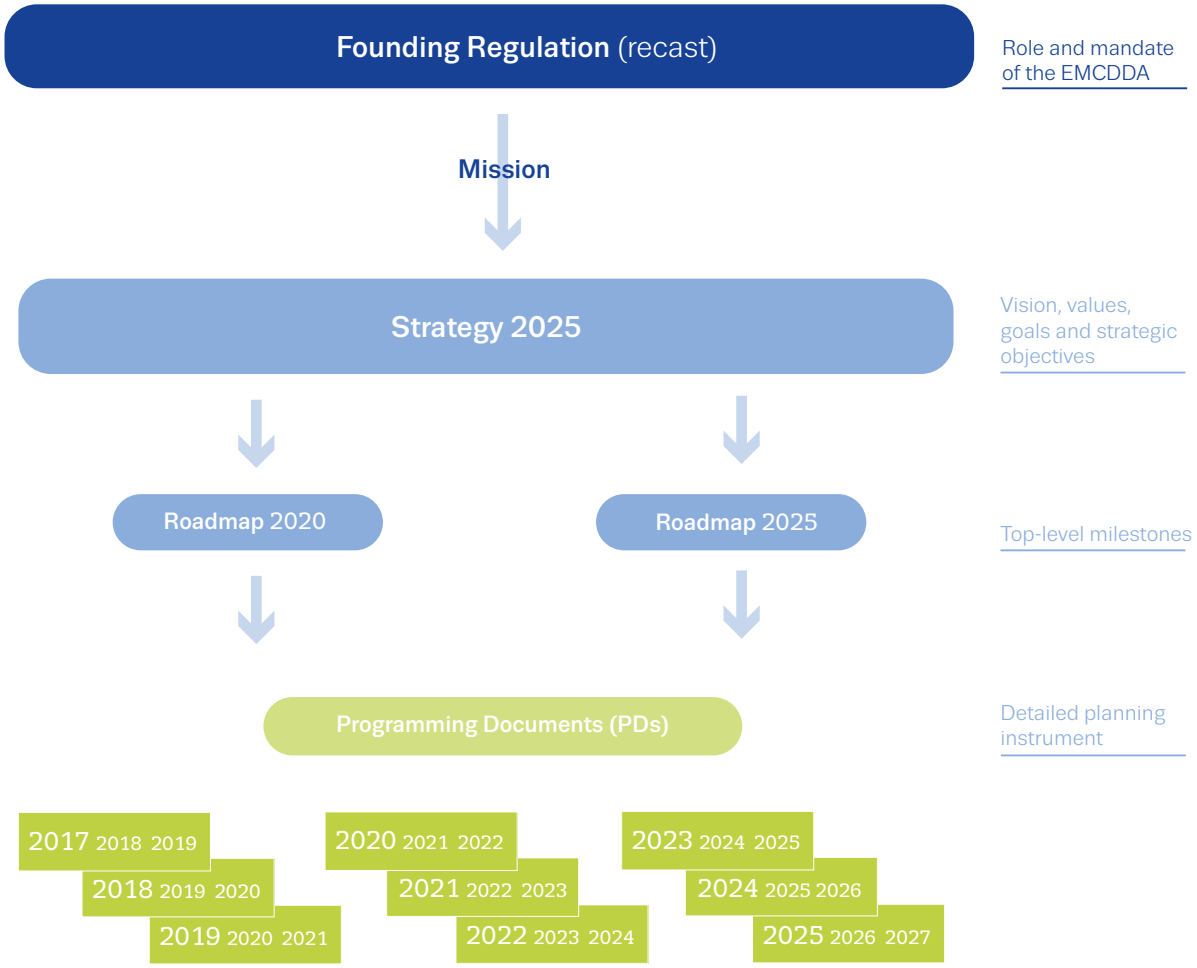
FIGURE 1
The EMCDDA strategic approach



The long-term strategic priorities are translated into programmatic, operational priorities by means of the EMCDDA SPDs, which are prepared by the agency and adopted by the EMCDDA Management Board every year.

These SPDs are informed by the key milestones set out in the roadmaps that guide the medium-term planning efforts of the agency. In this regard, the SPD 2023–2025 has been informed by Roadmap 2025, which was adopted by the EMCDDA Management Board in June 2021. By taking stock of the progress made in implementing Roadmap 2020, the new roadmap sets out the remaining key milestones that need to be reached for the agency to accomplish its ambitious goals and objectives by 2025. It is worth noting, however, that these results

FIGURE 2
The EMCDDA's integrated strategic and operational framework



will necessarily be reviewed to reflect the final outcome of the ongoing legislative procedure concerning the agency's new mandate, which at the time of drafting this SPD was still ongoing.

The long-term strategy, combined with the roadmaps and the SPDs, constitute the EMCDDA's integrated strategic and operational framework (see Figure 2). This architecture provides the EMCDDA Management Board with the assurance that the programming documents are fully grounded in the EMCDDA's mandate and that they contribute to the agency reaching its established long-term organisational objectives.

Strategic objectives, actions, expected results 2023–2025

In line with the applicable SPD template ([13]), the following information is presented in Table 1: the medium-term strategic objectives and areas of work of the agency; what actions need to be taken to achieve the objectives (action areas); and how progress in achieving the objectives is monitored – that is, key expected results and key performance indicators (KPIs) ([14]). The key expected results defined in Table 1 have been informed by the key milestones that were set out in Roadmap 2025. They are subject to review, as necessary, to ensure their alignment with the outcome of the revision of the EMCDDA's mandate.

([13]) Annex 1 to the communication from the Commission on the strengthening of the governance of Union bodies under Article 70 of the Financial Regulation 2018/1046 and on the guidelines for the single programming document and the consolidated annual activity report (C(2020) 2297).
([14]) More details on the KPIs are presented in Annex IX, 'Evaluations'.

TABLE 1

Overview of the main areas, strategic objectives, action areas, key expected results for 2023–2025 and KPIs

STRATEGIC OBJECTIVE	ACTION AREAS	KEY EXPECTED RESULTS 2023–2025	KPI
MAIN AREA 1: HEALTH			
H1. Maintain a state-of-the-art understanding of the extent, patterns and trends in drug use, their impact on public health	H1.1. Strengthen the core monitoring system: (a) critically review and develop, as needed, the data collection tools to ensure they remain fit for purpose; and (b) support the national reporting capacity necessary for routine reporting H1.2. Identify and develop new flexible and timely monitoring tools and approaches to ensure the monitoring system reflects contemporary drug patterns and their implications for public health H1.3. Better understand the implications for public health of the evolving international drug problem, with special attention to the countries bordering the European Union, and within the agency's mandate	▪ Review of the European data collection and reporting model to respond to the needs emerging from the new EU drugs policy framework and to support health-related priorities emerging from the agency's new mandate and in line with its new business model (review planned to be completed by 2025) ▪ Provision of barometers and analysis to support the overarching indicators required for the EU drugs strategy and action plan 2021–2025 (health area) (2024) ▪ Upgrading of the technical infrastructure capacity to reflect and be more responsive to EMCDDA business needs / new business model ▪ Production of analyses based on triangulation of existing and novel methodologies ▪ Annual EMCDDA state-of-the-art analysis of the EU drug situation and underlying data ▪ Analysis of drug-related health threats in the European Neighbourhood Policy and enlargement countries, and other EU priority countries, covered by EMCDDA-managed technical cooperation / assistance projects ▪ Implementation of the substantive and operational elements of the new regulation: drug monitoring, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers
H2. Identify new drug-related health threats and support rapid responses from the EU and its Member States	H2.1. Ensure the successful operation of the EU Early Warning System on new psychoactive substances (EWS) H2.2. Ensure timely and high-quality implementation of the risk assessment on new psychoactive substances H2.3. Conduct threat assessments of and rapid reporting exercises on new drug-related health threats in order to facilitate appropriate responses (in collaboration with partners, as appropriate)	▪ EU EWS implemented fully, efficiently and effectively under Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101) ▪ Strengthened event-based and aggregated reporting related to detection of NPS, serious adverse events, and the related public health, safety and security components of the EU EWS in order to increase the responsiveness of the system and the preparedness at Member State and European level during the COVID-19 pandemic and in a post-pandemic Europe (2021–2025) ▪ Digitally enabled 'all hazards' approach conceptualised and implemented, fully integrating the EWS signal management system, open-source information monitoring, risk communication, the toxicovigilance system and the European Database on New Drugs, tailored to different customers (by 2025) ▪ State-of-the-art risk communications, updates and issues in focus available and tailored for different customers, according to priorities (2021–2025) ▪ Risk assessment procedure implemented fully and robustly under the auspices of the EMCDDA Scientific Committee under Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101) ▪ Rapid assessments conducted in response to emerging threats (2021–2025): new COVID-19 variants, monkeypox, etc. ▪ Online rapid assessment methodology reviewed, revised and disseminated (2023) ▪ Integrated rapid monitoring approach prototyped, integrating new methods and rapid reporting (2023–2024) ▪ Concept and key elements of an integrated framework for threat identification and reporting further developed in the context of the new EMCDDA business model and of the revision of the EMCDDA regulation (planned to be completed by 2025) ▪ Implementation of the substantive and operational elements of the new regulation: preparedness, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 4. Implementation of the EWS and risk assessment mechanism on NPS 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers

STRATEGIC OBJECTIVE	ACTION AREAS	KEY EXPECTED RESULTS 2023–2025	KPI
H3. Support interventions to prevent and reduce drug use, drug-related morbidity and mortality, and other harms, and support recovery and social reintegration	H3.1. Follow developments from basic research, applied research and implementation science to maintain a state-of-the-art understanding of what constitutes effective interventions for both established and emergent drug-related problems H3.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions: (a) in established areas and settings; and (b) in new settings and developmental areas H3.3. Facilitate knowledge transfer, the adoption of best practice and successful implementation by developing state-of-the-art resources for professionals and supporting and developing training and capacity-building activities H3.4. Provide additional information resources to support decision-making and programme development in areas particularly important for public health, or in areas where innovations are becoming available or the knowledge base is rapidly changing (e.g. hepatitis C treatment, overdose prevention, new pharmacotherapies, e-health and interventions targeting hard-to-reach populations such as migrants and homeless people) or where new evidence reviews have become available	■ EMCDDA portfolio of services to support practice developed and updated in line with the new business model and the revision of the EMCDDA's mandate (2023–2025) ■ Digitally integrated package of health and social responses, the *European Responses Guide*, available online (2023) ■ Digitally assisted online training with certification available in prevention and treatment areas (by 2025) ■ Organisation of webinars and forums to stimulate conversation with EMCDDA stakeholders (2023–2025) ■ Digital outputs and training developed to support drug-related interventions with specific target populations (migrants, prisoners, women) (2023–2025) ■ Provision of evidence and practices packages for responding to cannabis-related problems (2024–2025) ■ EMCDDA guidance available to support quality assurance for the implementation of drug-related interventions (people who inject drugs, harm reduction equipment, implementing quality standards) (by 2025) ■ Facilitation of knowledge exchange through the availability of virtual communities of practice for an increasing variety of professional groups (2023–2025) ■ Provision of tools for implementing interventions and evaluating their quality (2023–2025) ■ Implementation of the substantive and operational elements of the new regulation: competence development, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers
H4. Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use	H4.1. Support as requested EU and national policy initiatives within the EMCDDA's areas of competence, with particular attention given to the implementation of the EU drugs strategy and action plan H4.2. Monitor and report on key policy developments – occurring nationally, at EU level and internationally – to facilitate an informed and up-to-date dialogue H4.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policymakers provided in the supply area)	■ Implementation of allocated actions in the EU drugs strategy action plan 2021–2025 (health area), in the light of priorities and available resources (2023–2025) ■ Contribution to the evaluation of the EU drugs strategy action plan 2021–2025 (health area) (2024) ■ Policy evaluation portfolio to support Member States becomes operational (2023) ■ Cannabis policy support toolkit rolled out in digital format (2023–2025) ■ EMCDDA portfolio of services (including support to policy development and evaluation) available to EU and national policymakers, in line with the new business model, ongoing developments in the drugs area and the revision of the EMCDDA's mandate (2024) ■ Implementation of the substantive and operational elements of the new regulation: competence development, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers

STRATEGIC OBJECTIVE	ACTION AREAS	KEY EXPECTED RESULTS 2023–2025	KPI
MAIN AREA 2: SECURITY			
S1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe	S1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes S1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis and provide a cost-effective and practical solutions to supplement existing core data collection systems in this area (e.g. open-source intelligence, internet monitoring and web surveys) S1.3. Improve understanding of the impact on the European drug market of developments in the international drug situation, with particular attention given to the countries bordering the EU S1.4. Support a better strategic understanding of the drivers of innovation in synthetic drug production and their impact, including routes of synthesis and source chemicals, and contribute to the European system on drug precursor monitoring, in collaboration with the European Commission and Europol	▪ Review of the European data collection and reporting model in order to fulfil the needs emerging from the new EU drugs policy framework (the EU security union strategy 2020–2025 and the EU drugs strategy and action plan 2021–2025), as well as the security-related priorities emerging from the new mandate and in line with the new business model (by 2025) ▪ Provision of barometers and analysis to support the overarching indicators required for the EU drugs strategy and action plan 2021–2025 (security area) (2024) ▪ Market size methodology improved and established in cooperation with Europol (2025) ▪ New digital ecosystem approach to and modular format of the EMCDDA–Europol *EU Drug Markets Report* launched progressively (2022–2023). Digitalisation of the report's communication assets (2023–2025) ▪ Develop EMCDDA knowledge, expertise and capacity on drug precursors to complement expertise on synthetic drug production and to support the European Commission (depending on precursors being included in the new EMCDDA mandate) (2025) ▪ Analysis of drug-related security threats in European Neighbourhood Policy and enlargement countries, and other EU priority countries, covered by EMCDDA-managed technical cooperation / assistance projects (2023–2025) ▪ Increase understanding of the impact of drugs on the environment and climate change (2023–2025) ▪ Implementation of the substantive and operational elements of the new regulation: drug monitoring, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers
S2. Identify new drug-related security threats and support rapid responses from the EU and its Member States	S2.1. Provide threat assessments related to transversal security threats linked to the production and supply of drugs S2.2. Identify and communicate the threats associated with NPS, with respect to sourcing, production, transit and marketing, and ensure vigilance on and follow-up of threats related to the emergence of newly controlled NPS on the drug market S2.3. Improve capacity to monitor innovation in the drug market and its impact, with special attention given to the development of online drug markets and darknet drug sales	▪ Threat assessments / briefings on new and emerging threats and trends related to drug markets (in cooperation with partners, as appropriate) ▪ Analysis of developments related to the NPS market in general, and in particular in relation to newly controlled NPS ▪ Implementation of an innovative signal monitoring, signal management and risk communication system on drug markets based on an open-source information monitoring programme (surface web and darknet) and other key information sources, as a part of the EU innovation hub for internal security (2024) ▪ Pilot of a real-time supply-side data collection exercise and corresponding threat assessment (2025) ▪ Showcase EU chemical profiling programmes for strategic drug market analysis in the EU, and boost strategic intelligence (2025) ▪ Implementation of the substantive and operational elements of the new regulation: preparedness, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers

STRATEGIC OBJECTIVE	ACTION AREAS	KEY EXPECTED RESULTS 2023–2025	KPI
S3. Improve understanding of the nature and consequences of drug-related crime	S3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact S3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats such as illegal financial flows, corruption, trafficking in other illicit cargoes and terrorism S3.3. Support the development of a broader conceptual framework on the wider societal impact of drug markets and drug-related crime, including environmental impact, implications for community safety and possible unintended negative consequences of interventions	▪ Overarching conceptual framework for monitoring drug-related crime, including drug-related violence (in cooperation with Europol) and its wider impact and consideration of what constitutes effective countermeasures (2024) ▪ Drug-related crime monitoring and analysis in line with the new mandate ▪ Work with partner Europol to address knowledge gaps in relation to emerging drug-related security threats and links with other serious related forms of criminality, such as drug-related violent crime, and trafficking in human beings ▪ Joint framework produced in cooperation with Europol for building knowledge on illicit financial flows related to drug markets and incorporating supply-side elements in the overall estimations of the EU drug market (2024–2025) ▪ In line with the new mandate, assess the feasibility of improving the systematic monitoring of aspects of the wider impacts of drug markets ▪ Drug-related homicide data collection implemented and the first report on drug-related homicide in the EU launched (2025) ▪ Implementation of the substantive and operational elements of the new regulation: drug monitoring, in line with the implementation plan adopted by the EMCDDA Management Board (until 2025)	3. Implementation of the EMCDDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers
S4. Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national levels	S4.1. Support the EMPACT (European Multidisciplinary Platform against Criminal Threats) cycle priority areas on drugs and high-risk criminal networks (through threat assessments, provision of expertise and training). A priority task for the EMCDDA is to maintain an overview of EU drug markets and their ramifications and responses to them S4.2. Increase the effectiveness and the impact of EU actions in the security area including through (a) strengthening/ establishing networks of field experts, academics, law enforcement officials, etc., and (b) defining criteria for identifying, understanding and prioritising emerging threats (including external, current and future threats) stemming from drug market activity, integrating uncertainty, projected trends and scenario planning S4.3. Develop capacity to support the evaluation, on request, of law enforcement responses to drug supply interventions (closely coordinated with policy support on health interventions)	▪ Full integration of the EMCDDA into the EMPACT cycle for 2022–2025, in support of the EU Member States, the Council and the European Commission (2025) ▪ Implementation of allocated actions in the EU drugs strategy action plan 2021–2025 (security area), in the light of priorities and available resources (2023–2025) ▪ Contribution to the evaluation of the EU drugs strategy action plan 2021–2025 (security area) (2024) ▪ Toolkit for the evaluation of drug supply interventions conceptualised and developed (2025) ▪ Support the implementation of the new EU security union strategy 2020–2025, where appropriate and within available resources ▪ Strengthen and develop the capacities and role of the Reference Group on Drug Supply Indicators, in line with the new mandate ▪ In line with the new mandate, develop capacity to support the evaluation of drug supply reduction interventions ▪ Implementation of the substantive and operational elements of the new Regulation – Competence development, in line with the Implementation Plan adopted by the EMCDDA Management Board (until 2025)	9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers

STRATEGIC OBJECTIVE	ACTION AREAS	KEY EXPECTED RESULTS 2023–2025	KPI
MAIN AREA 3: BUSINESS DRIVERS			
B1. INSTITUTIONAL Anticipate, and respond promptly to, institutional developments and needs	B1.1. Conduct ongoing analysis of the external environment and how it relates to current and future stakeholder needs B1.2. Configure services to ensure that they are timely and are delivered professionally and in a form that meets our stakeholders' needs, in line with the outcome of the EMCDDA business model transformation initiative B1.3. Prepare the agency for the revision of its mandate, in line with the recommendations of the external evaluation performed in 2018 and the conclusions of the evaluation of the EU drugs strategy and action plan	▪ The EMCDDA business model transformation – action plan for 2023–2025 implemented ▪ Preparation for and implementation of the new regulation: plan for 2023–2025 implemented ▪ More content available in multiple languages using new technologies in the translation field and a 'quality for purpose' approach implemented (2023–2025) ▪ Digital transformation of the EMCDDA portfolio, in line with the new business model and reflecting the EU's digital and green priorities (by 2025) ▪ Customers are systematically involved in the design of services and products, using design thinking methodologies and co-creation approaches (by 2025) ▪ A heightened level of interaction and engagement with customers achieved through a phased introduction of digital features that facilitate asking questions, giving feedback and discussion (2023–2025) ▪ Web products and services meet the requirements of the EU accessibility directive (Directive (EU) 2016/2102), specifically Web Content Accessibility Guidelines 2.1, level AA standard (by 2025) ▪ Implementation of open data principles for non-sensitive data, making it easier for our customers to find, use and reuse the EMCDDA's data in their own work (in line with Directive (EU) 2019/1024 on open data and the reuse of public sector information) (2023–2025)	6. Organisational efficiency 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers
B2. PARTNERSHIP Strengthen the European drug information system through effective and mutually beneficial partnerships and synergies with our data providers, communities of knowledge, and relevant European and international bodies	B2.1. Support the implementation by the NFPs of the Reitox development framework (RDF) B2.2. Strengthen national drug expert networks and develop, if necessary, and while keeping the NFPs informed in a timely manner, new networks to ensure that the agency has sufficient expertise to accomplish the strategy's objectives B2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging stakeholders' needs	▪ RDF Roadmap 2025 implemented by the EMCDDA and the NFPs (2023–2025), and new strategic priorities emerging from the new EMCDDA mandate discussed and adopted, as appropriate ▪ Cooperation with EU and international partners implemented in line with the priorities set out in the EMCDDA Strategy 2025 and Roadmap 2025, the new EMCDDA mandate and the related EMCDDA International Cooperation Framework (2024–2025) ▪ Contribution, as required, to the implementation of the EU drugs strategy and action plan 2021–2025, in relation to cooperation with external partners (2023–2025) ▪ Services to EU institutions, in particular providing information about drug-related threats and major drug policy developments in third countries, delivered proactively and in line with the new EMCDDA business model (2023–2025) ▪ Technical assistance projects with priority non-EU countries (Western Balkan partners under IPA 8, European Neighbourhood Policy partners under the project EU4MD2 and Georgia under the bilateral project with EMCDDA4GE) successfully implemented ▪ Grant agreement to support COPOLAD III successfully implemented and support to the Central Asia drug action programme (CADAP) delivered ▪ Development and management of the EMCDDA partners ecosystem to enhance value creation and delivery, in line with the new business model and the new EMCDDA mandate (2023–2025)	5. Implementation and management of the Reitox grant agreements 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers

STRATEGIC OBJECTIVE	ACTION AREAS	KEY EXPECTED RESULTS 2023–2025	KPI
B3. SCIENTIFIC CAPACITY **Have in place the scientific capacity (resources, processes and tools) to meet current analytical needs, and innovate to keep pace with changes in the drug situation and the corresponding institutional needs**	B3.1. Maintain and develop the EMCDDA's scientific capacity and ensure that it reflects the expertise required for the agency to fulfil its mandate B3.2. Optimise the allocation and use of scientific resources through clear prioritisation, adoption of more flexible working practices and the use of external resources, where cost-efficient B3.3. Strengthen dialogue and cooperation with the scientific community and centres of excellence in the drugs field to ensure that the EMCDDA maintains a state-of-the-art understanding of developments in its areas of competence	■ Scientific quality assurance and coordination processes are reviewed (by 2024) and revised as necessary to reflect the digital transformation / new business model and revision of the EMCDDA founding regulation (by 2025) ■ Online toolkit for Member States on foresight studies in the drugs area developed (2023) ■ Lisbon Addictions 2024 successfully co-organised (subject to agreement with partners and available resources)	2. Staff capacity 6. Organisational efficiency 7. Work programme delivery 9. Uptake of EMCDDA evidence/ knowledge through a number of channels 10. Uptake of EMCDDA evidence/ knowledge by policymakers
B4. MANAGEMENT **Ensure that the organisational structure and supporting processes are optimal, to deliver efficient and high-quality services**	B4.1. Ensure effective measures are in place for the successful implementation of Strategy 2025 B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025 B4.3. Strengthen performance management at all levels B4.4. Improve people management and implement a sustainable staff training and development programme to ensure that the EMCDDA has the committed, skilled and motivated staff it requires to achieve its long-term objectives	■ Successful implementation of Roadmap 2025 ■ Alignment of the EMCDDA's people, culture, structure and technology to meet the evolving needs and expectations of key customers; this includes measures to enhance the EMCDDA's digital maturity and enable the transformation of the agency's business model and preparation for and implementation of the new mandate (by 2025) ■ Review of the EMCDDA's strategic planning, monitoring and reporting activities to increase agility and support organisational alignment with the new business model and the new mandate; this encompasses the development of a new performance model which leverages the EMCDDA's digital transformation and explores novel solutions to elevate data-driven decision-making (by 2025) ■ Resource-related measures and decisions (namely for human resources (HR), budget and asset management) designed and prepared as required for the implementation of the new EMCDDA business model and for the revision of the EMCDDA mandate/ founding regulation (2023–2025) ■ Commitment to sustainability / environmental protection, in line with the European Green Deal. Specifically, the agency's commitments are to achieve: – a reduction in vehicle transport-related carbon dioxide (CO_2) emissions (2023) – a reduction in waste-related CO_2 emissions (2024) ■ Towards a fully digital workplace by 2025: – new working methods in place, reflecting digital transformation internally and customer-centric services externally (the extranets, collaboration, intranet and document management (ECID) project to be completed by 2025) – enhanced capacity to model business transformations – business enterprise architecture project implemented (2023)	1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery

Human and financial resources outlook for 2023–2025

Overview of the past and current situation

To fulfil its mission, the EMCDDA needs to stay abreast of the rapidly evolving drug phenomenon.

This requires the agency to increase its investment in acquiring complementary knowledge and new sources of information to keep pace with the innovations appearing constantly in an EU drug market with a retail value estimated to be at least EUR 30 billion a year ([15]).

Within this complex business environment, however, for a few years the agency has been operating with resources that are decreasing in real terms. In terms of the EMCDDA's financial resources, in line with the European Commission's communication to the European Parliament and the Council on the programming of human and financial resources for decentralised agencies for 2014–2020 (COM(2013) 519 of 10 July 2013), a significant reduction in its budget was instigated in 2014, when the EU contribution provided to the agency was cut by 5 %. This has had a direct impact on the EMCDDA's operations and also on the contribution the agency provides to its core data providers, the NFPs in the EU Member States, Norway and Türkiye.

This situation has negatively affected the operations of the EMCDDA and has obliged it to downsize or scale down some of its planned activities.

EMCDDA operations strongly rely on the expertise and capacity of its technical and scientific staff, in line with its mandate and the expectations of the EU Institutions and its other stakeholders. In this context, the EMCDDA's staff-related expenditure accounts for more than 70 % of the agency's budget appropriations. In a context in which adequate additional revenue has not been made available, this situation has exposed, and continues to expose, the EMCDDA to a reduction in real terms in the budget resources available, because of the automatic annual increase in its staff remuneration costs, pursuant to the annual adjustment required by EU staff regulations.

In terms of staffing, to comply with the above-mentioned Commission communication, the EMCDDA has reduced the number of posts in its establishment plan by 5 %, that is, from 80 posts authorised in 2015 to 76 posts authorised in 2021 and 2022.

([15]) EMCDDA and Europol, *EU Drug Markets Report 2019* (http://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019_en).

Outlook for 2023–2025

Further to the fourth external evaluation of the EMCDDA, which was carried out by the European Commission in 2018, on 12 January 2022 the latter put forward a proposal for the strengthening of the mandate of the agency, including new tasks ([16]).

The proposed changes aim to ensure that the agency plays a more important role in identifying and addressing current and future challenges related to illicit drugs in the EU.

While the EU legislative procedure was ongoing at the time of drafting this SPD, it is expected that the 2023–2025 programming period will see the transformation of the EMCDDA into the EUDA – the European Union Drugs Agency – further to the entering into force of the new regulation in 2024.

Accordingly, this period marks a key milestone for EU drug monitoring, and the agency, with support from its EU partners, will be required to put in place the necessary mechanisms to support the change.

To that end, the preparatory work that was initiated in 2022 will be carried out in full in 2023 across all areas of work to ensure organisational readiness for the new mandate.

In that regard, the agency has been initiating a series of measures aimed, among other things, at strengthening its capacity to make recruitment more effective and efficient; this is being complemented by an analysis of the existing EMCDDA headquarters to progressively accommodate new staff members as of 2024. This will be ongoing work to carried out in parallel with the agency's core tasks during the coming years.

New tasks

Potential new tasks for the EMCDDA will depend on the outcome of the process launched by the Commission to revise the EMCDDA's mandate.

In line with the Commission's proposal, the proposed changes would include the following activities.

- **Develop threat assessments** on new developments in relation to illicit drugs that could negatively affect public health, safety and security, helping to increase the EU's preparedness to react to new threats.

([16]) The main elements of this Commission proposal can be found on the European Commission website (https://ec.europa.eu/commission/presscorner/detail/en/ip_22_302).

- **Set up a European drug alert system, complementary to the EWS, and issue alerts** in the event that particularly dangerous substances become available on the market.
- **Monitor and address poly-substance use**, that is, the addictive use of other substances when linked to drug use, considering that poly-substance use is widespread among drug users and has a detrimental impact on public health.
- **Set up a network of forensic and toxicological laboratories**, bringing together national laboratories. The network will foster information exchange on new developments and trends and will support the training of forensic drug experts.
- **Develop EU-level prevention and awareness-raising campaigns** on illicit drugs, allowing the agency to act on the basis of the analysis it produces. The agency will also be able to support Member States in preparing national campaigns.
- Develop specific competence to assist the European Commission with monitoring developments in the **trafficking and diversion of drug precursors**.
- Provide research and support not only on health-related issues but also on **drug markets** and **drug supply**, thus addressing the drugs issue more comprehensively.
- **Play a stronger international role** and support the EU's leadership role on drug policy at multilateral level.
- Rely on a **stronger network of Reitox NFPs**, in charge of providing the agency with the relevant data.

This proposal, which is currently under negotiation following the EU's ordinary legislative procedure, would also provide new resources for the agency as of 2024 to allow it to fulfil its new tasks. Should this proposal be adopted, the financial outlook for the corresponding programming period will be updated accordingly.

Growth of existing tasks and additional tasks

As preparing for the implementation of the new regulation will require a substantial amount of work in all areas across the entire organisation, this will put a significant strain on the existing EMCDDA staff who will be required to carry out additional tasks in parallel with the already heavy workload. This will be particularly challenging during the preparatory phase in 2023 when the EMCDDA will operate with insufficient resources.

In the substantive areas of work, the growth in existing tasks continues to be expected in the area of monitoring and responding to NPS (for details, see 'Main area 1: Health). Most of this work is focused on the development, management and coordination of the EWS and risk assessment – legally required tasks for which the EMCDDA has been responsible since 1997. These two major activities, along with EU-level control measures, represent the pillars that underpin Europe's response to these new substances, allowing the EU and its Member States to rapidly detect, assess and respond to the public health and social harms that NPS can cause.

Since 2018 the EU EWS has been operating under Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances). As compared to the previous legal instrument, the deadlines imposed by the above-mentioned regulation are even stricter, and the times allowed for completing tasks have been reduced by more than half, that is, to 2 weeks for collecting data from the Reitox NFPs, to 5 weeks for drafting the initial report and to 6 weeks for preparing a request for a risk assessment.

Furthermore, this regulation requires the EMCDDA to collect additional information and to introduce new working procedures in the operation of the EWS and the risk assessment mechanism. On top of these additional tasks, further growth in existing tasks is expected in this area. This is due not only to the large number of NPS monitored but also to increased reports of the harms associated with them. Alongside providing information on the appearance of NPS on the market, another key function of the EWS implemented by the EMCDDA and its EU partners is to identify signals of serious harm and respond as necessary. This requires monitoring each of the more than 880 substances that have been reported so far.

Under this regulation, in 2021 52 NPS were notified for the first time in the EU, and two initial reports and two risk assessment reports were submitted to the Commission and to the Council.

Furthermore, a growing number of reports of serious harms, often related to acute toxicity and leading to hospitalisations and deaths, have been processed by the EWS in recent years. Since 2005, the EMCDDA has issued close to 170 public health-related alerts.

An increasing number of tasks will also be expected in other health-related areas and in the security area, as well as in the activities that require working with EU and international partners, in view of the continuous increase in the number of requests received from the EMCDDA's key institutional customers, drug policymakers and practitioners.

Programming resources for 2023–2025

Financial resources

The year 2023 will be the third year of the EU multiannual financial framework for 2021–2027, which will determine the level of resources to be made available to the EMCDDA for implementing its activities.

Without prejudice to the actual decision to be taken by the EU budget authority on the adoption of the EU contribution to the EMCDDA and the agency's establishment plan, or to the possible allocation of supplementary resources to cope with newly assigned tasks, the SPD 2023–2025, and in particular Section III, 'EMCDDA work programme 2023', has been prepared assuming that the EU contribution for 2023 will amount to EUR 17 641 938. The EMCDDA establishment plan for 2023 would in that case keep the same number of authorised posts as in 2022, that is, 76. These figures are in line with that proposed by the European Commission in the EU 2023 draft budget.

Should these figures be confirmed, the EMCDDA will have a very limited capacity to ensure the full and effective implementation of its 2023 planned activities (for details, see Section III), as well as the operations required to prepare for implementing the expected strengthening of its mandate as of 2024.

More detailed data are provided in the tables in Annexes II and III.

It is worth noting that the financial resources to be made available to the agency during this programming period are likely to be adjusted to reflect the outcome of the adoption by the European Parliament and the Council of the proposal put forward by the European Commission to strengthen the mandate of the agency.

Human resources

Developments in the EMCDDA's human resource needs during the period in question will depend on the resources available within the EU's adopted multiannual financial framework for 2021–2027 and on the revision of the EMCDDA's mandate following the results of its last external evaluation. Should the proposed regulation currently under negotiation following the EU's ordinary legislative procedure be approved, 34 news posts will be made available, together with further financial resources to enable the agency fulfil its new mandate.

Strategy for achieving efficiency gains

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

In this context, the EMCDDA has pursued action to further rationalise and reduce the running costs of its premises, namely through measures aimed at reducing energy consumption, to offset the impact of the extension of staff working time pursuant to the entry into force of the revised Staff Regulations of Officials (staff regulations) (e.g. by installing solar shading on glass, climate control switches on windows and an intelligent lighting system and by optimising heating and cooling cycles at the EMCDDA's premises). These measures resulted in a reduction in energy consumption of about 10 % in 2016 compared with previous years, which has been substantially maintained ever since.

Cooperation and synergies with the European Maritime Safety Agency (EMSA) have been intensified beyond those resulting from the implementation of the agreement in force between the EMCDDA and EMSA to share the use of common areas in the compound where their headquarters are seated (namely the canteen, underground parking and conference facilities). Further cooperation and synergies have been achieved, in a joint effort to exploit the opportunities provided by the proximity of the two agencies while safeguarding the autonomous legal personality and capacity assigned to each agency by the EU legislature. These developments particularly concern the joint procurement of shared services to increase critical mass and obtain better terms and conditions (e.g. for the canteen and cafeteria, cleaning and maintenance services, travel agency, interim staff and medical services), the joint organisation of training activities of common interest to the staff of both agencies and the sharing of some services/bodies, such as the EMCDDA's medical officer and the invalidity and disciplinary committees. Further synergies concern the information and communications technology (ICT) infrastructure and services, with special attention given to the sharing of common business continuity facilities. Following up on the economies achieved through common implementation of these facilities with EMSA in 2015–2020, the EMCDDA has extended the agreement beyond 2020.

Furthermore, as the new digital workplace programme proceeds, the EMCDDA will seek to exploit technological developments to achieve further economies by updating its current infrastructure architecture. However, progress in this area will depend on the availability of resources.

Negative priorities / decrease in existing tasks

The EMCDDA's activities are prioritised annually in the context of the planning exercise. This is based on the classification of activities in the work programme into three priority levels, from level 1 (L1), the highest priority ('must do'), to level 3 (L3), the lowest priority (see 'Executive summary', Figure 3). The work programme also sets targets for each level, as follows: 100 % for L1 outputs/results, 80 % for L2 and 50 % for L3.

Furthermore, and as recommended by the European Commission in its formal opinion on this SPD, the work programme for 2023 has been reviewed to take into account the preparatory activities that will be carried out to ensure that the agency is able to implement its new mandate once it enters into force (expected in 2024).

To that end, priority will be given to the implementation of the following: activities that are critical for the EMCDDA to deliver on its top-level commitments to key customers and to operate the EU drug monitoring system; and preparatory activities for the new and/or expanding tasks that will be entrusted to the agency through the new regulation.

The implementation of any other activity will be conditional on the availability of resources.

Section III
EMCDDA work programme 2023

Executive summary

This is the first annual work programme under the EMCDDA SPD 2023–2025. Its structure mirrors the architecture of the EMCDDA Strategy 2025, as explained in Section II.

The financial resources required for this work programme will be provided by the EMCDDA budget for 2023. In accordance with the relevant provisions, the EMCDDA budget becomes definitive when adopted by the Management Board and after final adoption of the general budget of the EU, in which the amount of the agency's contribution is fixed. For planning purposes, and without prejudice to the decisions to be taken by the relevant EU authorities, the 2023 work programme has been prepared assuming that the EU contribution to the EMCDDA for 2023 will amount to EUR 17 641 938, and the EMCDDA establishment plan for 2023 will count on the same number of authorised posts as in 2022 (76).

FIGURE 3
The EMCDDA prioritisation approach

L1	L1 tasks are 'must do' tasks, which are time bound and critical for the agency to fulfil its institutional obligations. These tasks cannot be scaled down, removed from the work programme or postponed to future years without compromising the core performance of the agency.
L2	L2 tasks are necessary to achieve the key commitments and fulfil the strategic objectives set out in its strategy for 2025. In the event of resource 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	L3 tasks 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 resource constraints, they could potentially be scaled down or postponed without 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.

NB: On 12 January 2022 the European Commission put forward a proposal to strengthen the mandate of the agency. At the time of preparing the final draft of this SPD, the proposal was under negotiation following the EU's ordinary legislative procedure. While in line with the recommendations of the European Commission in its formal opinion on the draft SPD 2023–2025, the document has since been revised to include preparatory activities for the future new tasks, and work programme 2023 may still need to be adapted to ensure that it is fully aligned with the outcome of the above-mentioned legislative procedure.

The 2023 work programme applies a prioritisation approach to the expected outputs/results, which is based on three levels (L1, L2, L3), as presented in Figure 3.

Activities

Main area 1: Health

Goal: Contribute to a healthier Europe

Core monitoring

Monitoring the drug situation in Europe with a view to providing timely information to support evidence-informed policymaking lies at the heart of the EMCDDA's mandate and operations. In 2023, a process will be initiated, in line with the new business model and new mandate (expected to enter into force in 2024), to review and revise the annual core data collection and its management. This will include the support provided, as required, to the main national data providers, the Reitox NFPs in the Member States, Norway and Türkiye.

From a public health perspective, the core monitoring of the drug situation covers the dimensions of prevalence and patterns of use in the general population and high-risk users, harms in the form of drug-related deaths and infectious disease, and the characteristics of those entering treatment for drug problems. Each of the dimensions is supported by a key indicator: GPS looks at the prevalence and patterns of drug use among the general population; PDU focuses on the prevalence and patterns of high-risk drug use; DRD provides information on drug-related deaths and mortality among drug users; DRID focuses on drug-related infectious diseases; and TDI is the treatment demand indicator. Coordination groups are responsible for the development of each key indicator, and they are regularly reviewed to ensure that they remain relevant and that the burden of reporting remains commensurate with the benefits. Drug use among school-aged children remains of interest to our customers, and the EMCDDA will support the European School Survey Project on Alcohol and Other Drugs in preparing the data collection for its 2025 report.

In addition to these core datasets, the EMCDDA has supported the development of a range of complementary datasets in order to provide timely, targeted information that enhances its

core monitoring and offers potentially faster threat assessment capabilities (see 'New trends and health threats' below). Work in this area in 2023 will include the further development of the EMCDDA's web survey activities and strengthening the relationships between the EMCDDA and networks of data-generating experts, such as the Sewage analysis CORe group — Europe (SCORE) for the analysis of wastewater; the European Drug Emergencies Network (Euro-DEN), a network of emergency rooms; the European Syringe Collection and Analysis Project (ESCAPE), focusing on syringe residue analysis, and the Trans European Drug Information (TEDI) network, engaged in the forensic analysis of the content of drugs.

Developmental work is planned on assessing the utility of incorporating new sources and approaches into the EMCDDA's epidemiological toolkit, including hair analysis as an adjunct to surveys, as well as data collection from networks of forensic toxicologists and harm reduction services. Emphasis will continue to be placed on multi-indicator analysis in order to triangulate information both for corroboration purposes and for complementarity.

It is intended that the integration of core epidemiological monitoring and complementary methodologies will facilitate the development of a reliable knowledge base to support evidence-informed public health policy development. This will include the development of targeted barometers and dashboards to support policymaking. Examples here include the EMCDDA viral hepatitis elimination barometer for assessing progress towards the UN sustainable development goals, in collaboration with ECDC, and for the development of dashboards to assist in measuring the progress made by the EU drugs strategy 2021–2025. Effective communication of the information held at the EMCDDA is central to meeting the needs of our key stakeholders: the EU institutions, national decision-makers / policymakers and practitioners in the drugs field.

To that end, in line with the new business model, in 2023 the utility of supporting networks through online platforms will be reviewed on the basis of pilot projects undertaken in 2022 with the ESCAPE network, the TEDI network, the SCORE wastewater network and a nascent network related to safe consumption rooms. The online platforms are built around three pillars: the collection of information, data visualisation and a virtual community of practice. They provide a forum for co-production between the EMCDDA and data providers. Further work in this area will be stepwise, incremental and based on evaluated feasibility studies.

The new business model envisages a new data ecosystem that will offer access to information in a range of formats and a sound foundation on which to build evidence-based outputs, and the online platforms are intended to be one component of the ecosystem. The new integrated *European Drug Report* model will continue to offer timely information on emerging threats, as well as interlinked access to digital data and graphics on core trends and developments, all linked to core digitalised data tables.

A transversal focus for 2023 will be the development of data and practical epidemiological tools for the monitoring of cannabis use and related harms and responses. In particular, work will progress on the development of policy-relevant indicators and toolkits in this area. In addition, collecting and analysing data on drugs and gender will be further prioritised and integrated into core monitoring and analysis.

The agency will continue to develop its database of up-to-date information on drug-related harms in 2023. More specifically, and following on from the impact of COVID-19, the agency's work to enhance its monitoring of comorbidity between drug dependence and mental health issues will be prioritised.

The monitoring of drug-related interventions will continue to be a focus, including development and consolidation of both face-to-face and online tools to monitor the availability of prevention, treatment and harm reduction interventions, including in prison settings. In the client-centric perspective envisaged by the new business model, options will be explored to ensure that monitoring results are available in interactive digital and user-friendly outputs that support decision-making at the local, national and European levels.

The ICT tools supporting the agency's monitoring work will be updated in line with the needs of the new business model, including a focus on data structures and new software, with a view to increasing the timeliness and reliability of outputs.

Cooperation with EU priority third countries will continue, mainly under the framework of technical assistance projects, namely the IPA 8 and the EU4MD 2 – which are due to start in 2023 – and the EMCDDA4GE, the bilateral project with Georgia, which will end in May 2023, as well as the grant agreement to support COPOLAD III. In addition, ad hoc support will be provided to Central Asian countries in the framework of CADAP (for details, see 'Main area 2: Security', and 'Main area 3: Business drivers', 'Business driver 2: Partnership').

The EU Early Warning System and risk assessment of new psychoactive substances

In 2023, the EMCDDA, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol, the European Medicines Agency (EMA), the European Chemicals Agency (ECHA), the European Food Safety Authority (EFSA) and ECDC will ensure continuous and robust implementation of the EWS and risk assessment of NPS as required by Regulation (EC) No 1920/2006 as regards

information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances (as amended by Regulation (EU) 2017/2101), and in accordance with EU drug policy priorities. This will ensure that the EU will maintain its world-leading capacity and capability to detect, assess and respond to public health and social threats caused by NPS. Overall, this work will support national and EU-level situational awareness, preparedness and responses to NPS by supporting interventions to prevent and reduce drug use, drug-related morbidity and mortality, and other harms.

Fuelled by globalisation, technologies such as the internet, and the increasing interconnectedness of the market in controlled drugs and various precursor chemicals, NPS continue to pose serious cross-border threats to health and security in Europe. During 2023, the EMCDDA will continue to develop and strengthen its 'all hazards' approach to early warning and response, allowing it, its partners and the EU to rapidly detect, assess and respond in a timely manner to both existing and new and emerging threats.

More generally, reflecting the complexity of the current situation and the specific threats posed by cross-border health threats such as the COVID-19 pandemic, the EMCDDA will assist the national early warning systems on NPS in their efforts to address the availability and use of NPS, as relevant to their country, region or even neighbourhood. This will require building further capacity to identify and respond to current and future threats, address vulnerabilities and provide options for selecting and implementing practical and actionable measures – in relation to prevention, health protection, treatment, supply reduction, and policy development and implementation.

To this end, the existing reporting and monitoring tools, the processes that are necessary for reporting event-based data within the information exchange mechanism, and key components of the EWS – such as toxicovigilance, open-source information monitoring, signal management and risk communication – will be developed further to strengthen the EMCDDA's capabilities in these areas. This will require the reporting and monitoring tools and processes to be dynamically adapted in line with the results obtained from quality assurance, performance monitoring, risk management and gap analysis, as relevant. New approaches and tools will also be explored based on strategic, functional and resource analysis. This will include a new framework for the strategic analysis of the NPS market (availability and accessibility) in Europe, taking into account the detection capacity in the Member States.

Related to this work, another key task in this area will be to maintain and further develop the new European Database on New Drugs (EDND) – Europe's information hub on NPS. Operational since 2019, the EDND is the information system of the EWS and forms the cornerstone of the EMCDDA's NPS monitoring and threat detection capabilities. The EDND allows secure electronic submission of data from the national early warning systems and provides data management and search functionalities to users. It also supports communication and information exchange with partners.

The provisions of Article 28(c) of the pharmacovigilance legislation will continue to be implemented in close cooperation with the EMA.

When requested, risk assessments on NPS will be conducted under the auspices of the EMCDDA's Scientific Committee. This activity carries important resource implications and therefore some risks associated with the shortage of such resources. In recent years, this concern has become more relevant as a result of the amount of information generated by both the increased number of substances monitored and the increased number of public health and social threats reported, especially those related to life-threatening poisonings. In addition, Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101) stipulates short deadlines, particularly for the risk assessment process. While short deadlines ensure fast responses to emerging NPS and the harms associated with them, they also create additional strain on the risk assessment process. Therefore, the EMCDDA will explore how, based on signals identified through the EWS, a more systematic process for prioritising the pharmacological characterisation of NPS might be developed to ensure that relevant core data are available for risk assessment.

EMCDDA risk assessments will continue to provide key evidence-based information to policymakers and to the scientific community and to be used as a basis for deciding on control measures in Europe and in the EU Member States.

As the leading regional system in the world with well-established and recognised high standards, the EMCDDA will continue to support the UN system, in particular, the United Nations Office on Drugs and Crime (UNODC) and the WHO Expert Committee on Drug Dependence with data and expertise from its early warning and risk assessment activities.

Technical assistance and support in establishing national early warning systems will continue to be provided to EU priority third countries in the framework of technical cooperation projects (see 'Main area 3: Business drivers', 'Business driver 2: Partnership').

In 2023, regular and ad hoc technical and scientific support in the area of NPS, EWS and risk assessment will continue to be provided to key partners: European, national and international policymakers, the Commission and EU agencies, law enforcement agencies (police, customs), forensic and toxicological laboratories, practitioners, researchers and the scientific community and, ultimately, journalists and citizens.

New trends and health threats

To improve the timeliness of reporting, it is crucial that new and flexible monitoring tools complement the EMCDDA's core monitoring system. The agency will continue to strengthen its system for threat assessment linked to monitoring and understanding new and emerging trends in drug use, drug-related harms and drug markets.

New digital approaches to information gathering and assessment were developed in response to the COVID-19 pandemic in 2020/2021, applying modifications of the trendspotter methodology. In particular, online user and professional survey approaches were used alongside digital focus group and analytical methodologies. In a similar vein, recommendations from the data development project on integrating existing and complementary monitoring methods will inform the next steps in terms of an integrated approach to rapid monitoring and reporting. Combined, these will help support the goals of the new business model requiring more rapid, synthesised information to meet the needs of our key stakeholders.

In 2023, the utility of the complementary methods will be enhanced by expanding their geographical coverage. The adoption of activities such as the monitoring of hospital emergencies data and web surveys of drug users by additional Member States and EU priority third countries will be encouraged through the Reitox network and technical assistance projects. The analysis and timely reporting of these data in EMCDDA outputs will be a focus, although this will depend on the resources available.

In-depth monitoring of opioid use will continue to be important. Cooperation with international partners including the Organisation for Economic Co-operation and Development and the EMA will be continued to ensure that systems are in place to anticipate new developments and to ensure preparedness. Mechanisms to ensure that new and emerging health threats are rapidly identified and information disseminated will be a priority.

Subject to the availability of resources, in 2023 online and face-to-face trendspotter studies on emerging trends and developments will continue to be undertaken, and support will be offered in terms of national capacity building and supervision. In tandem, the development of an online sentinel network for rapid data collection will be explored. Again subject to the availability of resources, EMCDDA priority third countries will continue to be involved in the relevant European networks and also trendspotter studies to enhance knowledge exchange and ensure comprehensive analysis of emerging drug-related health and security threats at the EU's borders.

Equally important are the EMCDDA's joint risk assessments on emerging threats, involving close collaboration between the EMCDDA and ECDC on the monitoring of all incoming information on the epidemiology of drug-related infectious diseases and outbreaks.

Drug interventions

In 2023, the main contributions in the drug interventions area will be channelled through the *European Responses Guide* and the Best Practice Portal.

The online modular version of the EMCDDA *European Responses Guide* will continue to underpin much of the agency's work in the area of health and social responses to drug-related problems, and new miniguides and matching online content will be produced in 2023 on important topics, with existing modules updated as necessary. This state-of-the-art guide continues to offer a dynamic framework for interventions, based on a clear diagnosis of the problems to be addressed, the selection of evidence-based interventions and a focus on successful implementation. Policymakers, planners and professionals working in the field will continue to benefit from the updated online resources. New themes and topics will be supported by webinars to ensure broad dissemination and debate among European policymakers and professionals.

Identifying best practices and effective interventions across the EU and beyond is a key focus for the EMCDDA, and the main dissemination channel for this continues to be the BPP. In 2023, existing modules will be updated and new modules added with an increasing use of digital developments. This will include expanding the availability of models of care and tools for implementing evidence-based interventions in the areas of harm reduction, as well as preventing the spread of drug-related infectious diseases, including access to vaccination against hepatitis, prevention of drug overdose deaths and innovative approaches to drug treatment. Where possible, new developments will be coordinated with the best practice portal developed by the Commission's Directorate-General for Health and Food Safety and with the new 'Healthier Together – EU non-communicable diseases' initiative, especially considering work on mental health and health determinants.

Better integration of criminal justice-related programmes, including alternatives to coercive sanctions and interventions responding to drug problems in prison settings, will also be pursued. Focused outputs will be developed to support practice in priority areas, taking into account the resources available. In 2023, there will also be a focus on developing important new resources in the cannabis interventions area, including outputs related to the reduction of cannabis-related harms and work to improve understanding of the availability and effectiveness of cannabis treatment approaches, including online interventions. Simultaneously, work will progress on assessing the evidence and highlighting models of care in

the complex area of responding to problems associated with comorbid drug use and mental health disorders.

In the prevention area, the BPP databases on interventions in nightlife settings (the Healthy Nightlife Toolbox) and the Xchange registry of evidence-based prevention programmes will be maintained and updated with new entries, including local environmental prevention strategies. Cooperation with essential networks will continue to be consolidated and formalised, as appropriate. Development of new co-production opportunities in the harm reduction area will be pursued, in particular on establishing a registry of interventions, drawing on lessons learned with Xchange.

This area also encompasses capacity building and training, production of targeted outputs and tools, and knowledge sharing via conferences and other practice-oriented events. Training for professionals will include Reitox academies in EU Member States and priority third countries. Moreover, the European Drugs Winter and Summer Schools will take place in 2023. In addition, the EMCDDA will continue to offer regular webinars with the aim of sharing practice-based knowledge on services and systems for drug professionals and policymakers.

The European Prevention Curriculum will continue to be implemented in a number of European and EU priority third countries through a 'training of trainers' system and local translations of the curriculum. The EMCDDA will continue to support the development and implementation of these online training of trainers modules. In addition, in 2023 the EMCDDA, in collaboration with key partners, will continue to consolidate PLATO (the digital practice training platform), including a virtual community of practice and e-learning modules, that will be ready for extending to new areas such as harm reduction and treatment.

In the treatment area, the agency will ensure that information about the evidence base for a range of interventions, including treatment for stimulant drug problems, cannabis and e-health options, is regularly updated. In addition, work will continue on the analysis of treatment outcomes to improve the quality and coverage of interventions, including the roll-out of a guide to support monitoring opioid agonist treatment outcomes. The evidence base on cannabis-related harms will be extended and used to support developments in the area or interventions to reduce cannabis-related problems and harms.

In Europe the limited available data on the prevalence of mental health disorders among people who use drugs show higher prevalence rates than in the non-drug-using population. There is a growing recognition that the presence of psychiatric disorders associated with substance use represents a major challenge for public health responses. This concern has been accentuated during the COVID-19 pandemic. A general increase in mental health problems has been reported since the start of the pandemic, particularly affecting people with other social and health problems, including substance use disorders. In 2023, the EMCDDA will disseminate the findings from an in-depth study on psychiatric co-morbidities, including a focus on the impact of COVID-19 in this area.

In addition, the EMCDDA will continue disseminating the guide for decision-makers to support the implementation of quality standards and quality assurance mechanisms in demand reduction interventions ([17]). The guide will continue to be used as a basis for capacity building on the topic of quality standards and assurance in drug services and systems.

The EMCDDA will continue to promote good practices in harm reduction, including the integration of evidence-based practices, interventions and policies into routine healthcare and public health settings. Additional information resources will be developed and provided, including briefings on areas in which innovations are becoming available or the knowledge base is changing rapidly. Web resources on HCV and drug overdose prevention will continue to be developed in partnership with networks, and a focus on implementing good-quality harm reduction services with sufficient scale and coverage will be central. In addition, in 2023 the EMCDDA will explore, in collaboration with key partners, the development of virtual communities of practice to facilitate discussion, data and information exchange on important issues in this area, such as naloxone provision and drug consumption rooms. Options for novel harm reduction interventions in the online environment and digital marketplaces will also be explored, in collaboration with people with lived experiences and other stakeholders.

Improving the EMCDDA's monitoring of drug-related responses will continue to be prioritised in 2023, including developing new digital representations of key datasets to ensure that selected national monitoring information in the area of prevention, treatment and harm reduction are available in a reliable, useful and customer-friendly design.

In 2023 the EMCDDA will continue to support the evaluation of progress made at European level towards eliminating viral hepatitis as a public health threat by 2030, by monitoring the achievement of targets specifically relating to people who inject drugs for the health sector response to viral hepatitis in the WHO European Region. This includes the assessment of epidemiological trends and the evaluation of the results of the EMCDDA's work on promoting HCV testing in drug treatment settings and further dissemination of HCV capacity-building materials and sharing of national experiences. A key partner in this area is ECDC. The collaborative work around the proactive

([17]) EMCDDA, *Implementing quality standards for drug services and systems: a six-step guide to support quality assurance* (https://www.emcdda.europa.eu/publications/manuals/implementing-quality-standards-drug-services-and-systems-six-step-guide-support-quality-assurance_en).

development of information systems to support countries in monitoring their local situation (e.g. development of national estimates of HCV prevalence, monitoring progress towards viral hepatitis elimination targets) will continue in 2023.

Network building is important in this area, including partnerships with key scientific, professional and civil society networks to consolidate both the collection and the dissemination of EMCDDA best practice materials in the context of the expanded BPP and its database of evidence for interventions, the Xchange databases, and the development and maintenance of a virtual community of practice.

Based on the co-production model for training, piloted with the bilateral project with Georgia (EMCDDA4GE) the EMCDDA will continue the development of a treatment curriculum for health professionals that will include face-to-face and online sessions delivered through PLATO. Virtual communities of Practice will be developed, as far as feasible, for treatment and harm reduction professionals.

Drug policy

The EMCDDA will continue to support policymakers in the development of evidence-based and effective drug policies through the provision of reliable and state-of-the-art drug policy analysis and the development of policy evaluation tools. More specifically, this will involve the provision of customer-centric policy analysis through a range of products and services, including targeted briefings on timely topics, tailored online meetings and near-real-time information on various topics.

In 2023, the agency will continue to contribute to the implementation of EU policy objectives and provide ongoing high-quality expertise to its key institutional customers: the EU institutions and the EU Member States. At the level of the EU institutions, the agency will further support sound policymaking through high-quality technical input to requests, events, processes and relevant institutional meetings, as appropriate and when required. In particular, support will be provided to Sweden and Spain, the hosts of the Council presidency during 2023. Of particular importance is our responsibility with respect to the EU drugs strategy and action plan 2021–2025. The EMCDDA has been allocated the role of supporting the European Commission in monitoring and coordinating the implementation of the EU drugs strategy, as appropriate, and in 2023 this will include work to develop dashboards for the EU action plan performance indicators.

In addition, the EMCDDA will provide technical support, on request, to the EU institutions and the Member States for their activities in international forums (e.g. at the United Nations Commission on Narcotic Drugs (CND) and in relation to follow-up on the 2019 CND multiannual work plan).

In 2023 and beyond, the EMCDDA will scale up its focus on developing resources in the area of cannabis interventions as part of its horizon-scanning activities. In recent years, the cannabis market has been changing with cannabis products becoming increasingly diverse in Europe and new forms of cannabis and commercial products appearing. This includes low-strength herbal cannabis and oils that might not be controlled under drug laws in some countries.

These developments in the European cannabis market are taking place in a global context of countries increasingly exploring alternatives for prohibition and some moving towards regulated or legalised recreational cannabis markets. For Europe, this means that questions on what constitutes an appropriate policy response to cannabis have become both topical and important. Recent developments show that various options exist along the spectrum of cannabis policies, including systems with criminal penalties for users, systems tolerating some form of use / home production and systems with state-controlled or commercial production and sales.

The EMCDDA has a framework established, specifically to support national initiatives linked to cannabis policy development and evaluation, to accommodate the increasing number of requests for support from Member States. An EMCDDA support package will be implemented in 2023 to better assist policymakers and planners with cannabis policy development and evaluation in their countries. Among the outputs are a cannabis policy web page answering frequently asked questions on cannabis policy and an EMCDDA cannabis toolkit, which, among other outputs, will include examples of different cannabis policy monitoring and evaluation models. This work will be complemented by the enhanced cannabis news alert initiative. This initiative aims to provide timely, accurate, objective short summaries of key events in the cannabis policy field inside and outside the EU. Developments in these fields will be closely followed and news updates prepared and published as appropriate.

In the context of inter-agency collaboration, the EMCDDA will continue to meet representative of other agencies, including the EMA, EFSA and the Community Plant Variety Office, to discuss and exchange views on recent developments in the cannabis area and on where and how cannabis products have already featured in the agencies' work.

In 2023, the EMCDDA will disseminate findings from a recently launched initiative on the medical use of controlled psychedelic substances (e.g. LSD, psilocybin, DMT and MDMA). Fast-paced developments in this area have raised important questions around the evidence for their effectiveness for medical use, potential harms and policy responses. The EMCDDA has launched a project to improve understanding of the medical use of these drugs in the EU, including their regulatory frameworks and the current state of research.

In 2023, the EMCDDA will scale up its activities in the area of alternatives to coercive sanctions. Within the context of each country's unique legal system and drug situation, the EMCDDA will be available to support local and national policymakers with optimising the development and implementation of such alternatives. This activity will explore the range of models available in this area and will build on the 2022 EMCDDA guide on alternatives to coercive sanctions for drug-using offenders in the EU.

In 2023, the EMCDDA will further disseminate findings from the 2021 Insights publication addressing current and future challenges in the prison and drugs field, including capacity-building exercises with policymakers and practitioners working in that field.

In 2023, the EMCDDA will further develop its work on the impact of economic recession on the drug phenomenon, especially considering the possible impact on drug use and access to social and healthcare services. The COVID-19 pandemic is likely to have had a profound impact on the lives of people who use drugs and on services responding to their needs as a result of the extensive economic downturn that followed.

In 2023, the EMCDDA will continue to monitor national drug strategies, coordination mechanisms, public expenditure, policy evaluations, drug-related national research and drug laws. Ongoing monitoring will be carried out with a focus on emerging issues, thereby enabling the agency to proactively identify drug policy trends. The annual meeting of the legal and policy correspondents will be organised as a means of further improving the sharing of knowledge and expertise among Member States. This will be complemented by short online technical meetings to make information exchange between national correspondents timelier and improve the EMCDDA's understanding of new policy trends. Topics addressed during the meetings will be driven by the pertinent needs of Member States or the EMCDDA in order to maximise the practical value to the network as well as the agency. Resources permitting, the EMCDDA will offer thematic workshops on emerging trends in drug policies.

In addition, the EMCDDA will continue to provide support to national drug policy evaluations. The agency has developed a structured and pragmatic approach in this area to accommodate an increasing number of requests for support from Member States in relation to their national drug policy evaluations. In addition to reactive responses to specific requests, the EMCDDA will continue proactive capacity-building activities in the field of policy evaluation, by organising workshops aimed at increasing the knowledge of those engaged in managing and making use of drug policy evaluations.

STRATEGIC OBJECTIVE H1

Maintain a state-of-the-art understanding of the extent of drug use, its patterns and trends and their impact on public health

Expected outcomes

- Implementation of core monitoring tools optimised and new processes for monitoring drug demand developed to respond to the needs of contemporary drug patterns
- Comprehensive understanding of the EU drug situation through improved quality and availability of data
- Improved ability to capture developments in the international drug situation

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
8. Efficient implementation of technical assistance projects with third countries
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H1.1. Strengthen the core monitoring system: (a) critically review and develop, as needed, the data collection tools to ensure they remain fit for purpose; (b) support national reporting capacity necessary for routine reporting	Annual core national data submitted by the NFPs to the EMCDDA reviewed, validated and made available to inform analysis and outputs	L1
	Analysis of the drug situation and underlying data published	L1
	Planning initiated for data model review and revisions in line with the recommendations of the new business model and mandate	L1
	Existing national data collection tools and networks enhanced and supported	L2
	Activities to support NFP data collection efforts, in line with the Reitox development framework (RDF), including quality assurance (see also 'Main area 3: Business drivers', 'Business driver 2: Partnership')	L2
	Core web sections maintained and regularly updated	L2
	Drug-related harm reviews undertaken to inform core products	L2
H1.2. Identify and develop new flexible and timely monitoring tools and approaches to ensure that the monitoring system reflects contemporary drug patterns and their implications for public health	Construction of dashboards and barometers for the EU action plan performance indicators and to inform key policy topics (e.g. the UN sustainable development goals)	L1
	Ongoing data reporting from external networks (e.g. Euro-DEN on hospital emergencies, SCORE on wastewater, TEDI network on drug checking and ESCAPE on syringe residues) and from web surveys of drug users	L2
	Feasibility testing of online platforms to enhance data collection, visualisation and interaction with communities of practice through pilot projects	L2
H1.3. Better understand the implications for public health of the developing international drugs problem, with special attention to the countries bordering the European Union, and within the agency's mandate	Continued support for investigations of drug-related public health issues and data collections among technical support projects with third countries	L2
	Outputs (health-related) from technical assistance projects as well as from (other) agreements concluded by the EMCDDA in the framework of other EU-funded projects with third countries delivered in line with the projects' logical frameworks/specifications	L2

STRATEGIC OBJECTIVE H2

Identify new drug-related health threats and support rapid responses from the EU and its Member States

Expected outcomes

- Effective implementation of the EWS and the EU risk assessment mechanism on NPS in order to support and strengthen national and EU-level preparedness and responses
- Health-related emerging trends and threats captured and reported in a timely manner
- Capacity of the EU and its Member States to rapidly respond to new drug-related health threats maintained
- Strengthened event-based and aggregated reporting of detection of NPS and of serious adverse events, as well as the related public health, safety and security components of the EU EWS in order to increase the responsiveness of the system and the preparedness at national and European levels during the post-COVID-19 pandemic period in Europe

KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA monitoring system 4. Implementation of the EWS and risk assessment mechanism on NPS 7. Work programme delivery 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H2.1. Ensure the successful operation of the EU Early Warning System on new psychoactive substances (EWS)	EWS implemented fully and effectively, under Article 5(b) of Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101):	
	■ EWS guidelines, and procedures, processes and tools relating to the EWS implemented and developed further as necessary	L1
	■ Ongoing management of the EWS network and information exchange mechanism	L1
	■ NPS appearing in the EU market systematically monitored and action taken as necessary	L1
	■ Timely issue of formal notifications on NPS appearing in the EU market	L1
	■ Timely issue of public health-related alerts to the EWS network	L1
	■ Data collected for the preparation of an initial report, as required	L1
	■ Initial reports prepared as required	L1
	■ EDND maintained and regularly updated	L1
	■ EWS annual situation reports submitted	L2
	Preparatory work for contributing to data dashboards under the EU drugs action plan, as/if required	L2
	Provision of ongoing support to the European Commission and the Member States on scientific and technical matters, as required. Briefing notes and data provided, as required	L1
	Working arrangements with the EU partner agencies (Europol, EMA, ECHA, ECDC and EFSA) implemented	L1
	Production of the NPS module for the *EU Drug Markets Report*	L1
	Annual meeting of the EWS network organised	L2
	Strengthened all hazards approach integrating the signal management system, open-source information monitoring system, risk communication system, toxicovigilance system and the EDND, which is tailored to different customers:	
	■ Toxicovigilance and risk communication system implemented	L1
	■ Signal and substance review meetings conducted, as required	L2
	■ Signal management system implemented	L2
	■ Open-source information monitoring system implemented	L2
	■ Risk communication system implemented.	L2
	Technical support provided to national early warning systems on NPS and forensic and toxicological networks	L2
	Proactive engagement with forensic and toxicology networks and researchers; participation in international forensic and toxicology conferences, presenting EMCDDA analyses and contributing to the NPS debate	L2
	State-of-the-art updates and issues in focus available and tailored for different customers, according to priorities and resources if required	L2
	Data exchange with international organisations (UNODC Early Warning Advisory/ Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme and WHO, including the Expert Committee on Drug Dependence and WHO Geneva) to support prioritisation, scheduling discussions and information exchange activities	L2
	Support for early warning systems in EU priority third countries in the framework of EMCDDA technical cooperation projects	L2
	Preparatory work for the new tasks that will be entrusted to the agency through the new regulation, including health and security threat assessment and preparedness capability, a European drug alert and risk communication systems complementary to the EU EWS, and a network of forensic and toxicological laboratories (transversal activity, spanning the health and security areas)	L2

Action areas	Outputs/results	Priority
H2.2. Ensure timely and high-quality implementation of the risk assessment procedure for NPS	Risk assessment mechanism implemented fully and robustly, under Article 5(c) of Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101):	
	■ Risk assessment reports prepared as required	L1
	■ Technical reports prepared as required	L1
	■ Risk assessment meetings prepared as required	L1
	■ Risk assessment guidelines, and procedures, processes and tools relating to risk assessment, implemented	L1
	Effective information exchange with the EMA, including formal notifications and public health-related risk communications, and responses to formal information requests, in line with Article 28(c) of the EU pharmacovigilance legislation	L1
H2.3. Conduct threat assessments and rapid reporting exercises on new drug-related health threats in order to facilitate appropriate responses (in collaboration with partners, as appropriate)	Targeted rapid assessments produced using the trendspotter methodology, as required and depending on the availability of resources	L2
	Conceptualisation of both a threat assessment method and a risk communication / alerts system for the public in the context of the revision of the EMCDDA regulation (as appropriate)	L2
	Cooperation with ECDC, including risk assessment missions in the EU Member States, on request and depending on the availability of resources	L2
	Health-related threat assessments and studies undertaken as part of priority third countries projects	L2
	Collaboration with EU agencies, international organisations and practitioner networks to share data, and identify and analyse new trends	L3

STRATEGIC OBJECTIVE H3

Support interventions to prevent and reduce drug use, drug-related morbidity and mortality, and other harms, and support recovery and social reintegration

Expected outcomes

- Optimisation of tools to monitor drug interventions
- Better and more informed policy and practice on the effectiveness of interventions in drug demand reduction within the EU
- Availability of effective interventions to prevent and reduce drug use, drug-related morbidity and mortality, and other harms

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H3.1. Follow developments from basic research, applied research and implementation science to maintain state-of-the-art understanding of what constitutes effective interventions to both established and emergent drug-related problems	*European Responses Guide* (ERG) miniguides and associated web sources updated	L1
	New ERG miniguides produced	L2
	BPP kept up to date with new contents	L1
	Dissemination of guidance on opioid agonist treatment outcomes monitoring	L3
	Mechanisms for self-accreditation on prevention programmes under review	L3
	Dissemination of guidance on prevention of infectious disease among people who inject drugs	L3
	Outputs on prison and viral hepatitis produced with ECDC (resources permitting)	L3
H3.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions	Reporting tools in the practice area maintained and developed further for established areas (prevention, treatment and harm reduction)	L2

Action areas	Outputs/results	Priority
H3.3. Facilitate knowledge transfer, the adoption of best practice, and successful implementation, through development of state-of-the-art resources for professionals and supporting and developing training and capacity-building activities	Reporting tools in the practice area maintained and developed further for established areas (prevention, treatment and harm reduction)	L2
	Maintenance and updating of PLATO and virtual community of practice	L2
	Development of virtual community of practice spaces for other professional groups, e.g. drug consumption rooms explored	L3
	Provision of training to decision-makers and practitioners in new areas, e.g. crime prevention, prison and drugs, and migration and drugs explored	L3
	Capacity development activities (health-related) implemented for third countries covered by technical assistance projects and other EU-funded projects	L2
	Reitox academies in accordance with needs and resources (see also 'Main areas 3: Business drivers', 'Business driver 2: Partnership')	L2
	European drugs schools take place	L2
	Ongoing development of training modules for professionals on treatment of drug-related issues, quality standards and quality assurance mechanisms	L3
H3.4. Provide additional information resources to support decision-making and programme development in areas particularly important for public health, or where new evidence reviews have become available	Webinars held on key topics to support publications/outputs launches and to foster engagement and discussion with key stakeholders.	L2
	Joint EMCDDA–Correlation publication on drug consumption rooms disseminated	L3
	Digital outputs on cannabis responses developed	L2
	Existing and new consumer protection models identified and described (resource dependent)	L3

STRATEGIC OBJECTIVE H4

Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use

Expected outcomes

- Optimisation of tools to monitor drug policies and legislation
- Increased capacity of EU and national policymakers to address the health and social consequences of drug use, with evidence provided by, and support from, the EMCDDA

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H4.1. Support as requested EU and national policy initiatives within the EMCDDA's areas of competence, with particular attention given to the implementation of the EU drugs strategy and action plan	Input to EU institutions within established priorities and available resources:	
	■ Support the monitoring and implementation of the EU drugs strategy and action plan for 2021–2025 where appropriate and within available resources	L1
	■ Support other health policy initiatives in areas relevant to the EMCDDA	L2
	EMCDDA contributions to key drug-related events to support policymakers	L2
H4.2. Monitor and report on key policy developments – occurring nationally, at EU level and internationally – to facilitate an informed and up-to-date dialogue	Reporting tools in the policy area maintained and updated for established areas (legal frameworks, national drug strategies, evaluation, coordination, public expenditure, prisons)	L2
	Targeted reporting on timely topics to policymakers, including on cannabis policies, economic recession, gender and mental health	L2
	Annual meeting of the legal and policy correspondents organised	L2
	Thematic workshops on emerging trends in drug policies organised as far as feasible	L3

Action areas	Outputs/results	Priority
H4.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policymakers provided in the supply area)	Support provided to Member States with optimising the development and implementation of alternatives to coercive sanctions for drug-using offenders in the EU (resource dependent)	L2
	EMCDDA tools and services available to support national initiatives linked to cannabis policy development and evaluation	L2
	Capacity building for national policymakers and planners to support policy formulation and evaluation, dependent on resources	L2
	Support provided to national drug policy evaluations, if requested and within available resources	L2
	Portfolio of tools and services to support policy development, implementation and evaluation in the Member States and in third countries kept up to date, including online policy evaluation toolkit	L2

Resources necessary for the implementation of the activities in this area are presented in Annex II, 'Estimated resource allocation per activity, 2023–2025'.

Main area 2: Security

Goal: Contribute to a more secure Europe

Drug market monitoring and identification of new threats

The drug market in Europe is continuously evolving, and providing a comprehensive understanding of this market requires ongoing efforts to refine our monitoring system and data collection approaches.

The EMCDDA will support the Reitox NFPs in increasing their capacity to collect and analyse data on public safety and security by promoting and fostering partnerships between NFPs, Reference Group representatives and other experts at national level.

In 2021, the EMCDDA and Europol agreed that a new modular approach would be applied to the next edition of the EMCDDA–Europol *EU Drug Markets Report*, in order to enhance the strategic value of the analysis and to allow better resourcing of the product. In 2022, this was operationalised by the launch of the first two modules on cocaine and methamphetamine, providing comprehensive analyses of these topics, which are arguably the most pressing contemporary drug market challenges in Europe. These modules will be closely followed by other drug modules on NPS, heroin and cannabis, and the full report will move to an online ecosystem concept, to be launched in 2023, that will feature innovative communication of the outputs, including interactive visuals to support the analysis.

The EMCDDA will continue to monitor open-source information, where resources allow. Particular attention will be paid to the rapid identification of emerging drug supply-related threats to security and health in real time on the surface web and darknet. We will work closely with our partner Europol in this regard and provide support to EU-level initiatives on this topic. In particular, the EMCDDA will support the work being conducted by the European Commission Joint Research Centre to create a platform for monitoring criminal activities on darknet markets, initiated by a preparatory action from the European Parliament.

Identifying new drug-related security threats and transmitting this information rapidly so that appropriate responses can be developed is a key requirement if Europe is to keep pace with the growing security challenges emerging in this area. The experience of analysing the effects of the COVID-19 pandemic on drug markets has shown that it is possible to rapidly assess key market factors based on observation and expert opinion. Threat assessments and ad hoc briefings on emerging security topics will be conducted by the EMCDDA on its own or in close collaboration with Europol, as required. These may be initiated by either agency, at the request of our stakeholders or in the framework of the operational action plans implementing the EU's priorities for the fight against serious and organised crime for EMPACT in 2022–2025. Since, at the time of writing, the impacts of the COVID-19 pandemic were not yet fully known, this may have an impact on the work in this area in 2023–2025.

It is important for the agency to keep abreast of developments in the international drug situation through cooperation with international organisations, such as UNODC and the International Narcotics Control Board.

In terms of monitoring developments outside the EU, our work is guided by the EMCDDA International Cooperation Framework (see also 'Main area 3: Business drivers', 'Business driver 2: Partnership'). In 2023, subject to availability of resources, priority third countries will continue to be associated with the collection of relevant data and information on drug markets and emerging drug-related security threats in the Western Balkans and in the European Neighbourhood Policy

(ENP) regions. We aspire to integrate some drug market-related data from these countries into EMCDDA publications as the data quality improves.

Understanding the nature and consequences of drug-related crime

One of the strategic objectives of the EMCDDA is to improve understanding of drug-related crime. Routine monitoring in this area has been limited to drug law offences, so expansion to include other crimes related to drug markets is required. This is a developmental area, and progress will be dependent on the availability of resources. Building on work completed in 2021 and 2022, the agency will continue to develop the monitoring of violence associated with drug markets. Therefore, the drug-related homicide data monitor will be implemented in more countries, where this is possible. In addition, we will continue to strive to identify synergies with partners (e.g. Eurostat) to improve data collection linked to other types of drug-related crime, such as acquisitive crime, illicit firearms trafficking, migrant smuggling and the trafficking in human beings.

Supporting EU responses to drug security challenges

The EMCDDA will contribute to the EU's priorities for the fight against serious and organised crime for EMPACT in 2022–2025, in particular the priority areas addressing the key drug threats: to identify and target the criminal networks involved in drug trafficking, including trafficking and distribution of cannabis, cocaine, heroin, synthetic drugs and NPS. Furthermore, the EMCDDA will get involved for the first time in the priority aiming to identify and disrupt high-risk criminal networks active in the EU, with special emphasis on those using corruption, acts of violence, firearms and money laundering through parallel underground financial systems. In addition, the agency will provide technical expertise and support to the EMPACT stakeholders on the drafting of the operational action plan (OAP) for 2024 and will implement its tasks under the OAP for 2023.

The EMCDDA will also contribute, as required, to the EU drugs strategy 2021–2025, the EU security union strategy 2020–2025 and the EU strategy to tackle organised crime 2021–2025, which collectively directly address and contextualise the drug phenomenon among the other security threats to the EU.

In 2023, we will continue to deliver training for law enforcement officers in partnership with the European Union Agency for Law Enforcement Training (CEPOL) and Europol, in line with the findings of the EU Strategic Training Needs Assessment. This includes the flagship residential course for drug law enforcement and judicial decision-makers 'Drug crime and markets – strategic analysis', based on the *EU Drug Markets Report* (the course was certified to meet International Organization for Standardization standard ISO 29993:2017 in 2019). Knowledge transfer is a key part of the added value provided by the EMCDDA at EU level. In addition, the EMCDDA will continue its close cooperation with other EU decentralised agencies, in particular with Europol, CEPOL and the other Justice and Home Affairs agencies, including looking for synergies in the knowledge transfer and capacity-building areas.

In 2020 and 2021, to varying degrees, in response to the continuing COVID-19 pandemic, Europe has seen the introduction of restrictive measures unprecedented in peacetime, including closure of non-essential services, border closures and limitations on movement. This situation has had an immediate impact on many behaviours linked to drug supply and the operation of the drug market, as well as disrupting some healthcare provision and law enforcement activities. The EMCDDA adapted to the developing situation and, in a series of rapid studies, we reported on the impact of COVID-19 on the operation of the drug market; the situation requires regular monitoring and review. There will be important medium- and long-term implications for drug markets, and in 2023 we will continue to monitor how the drug market is affected and how responses are adapted, as appropriate. We will also consider what lessons can be learned from the pandemic in order to adapt monitoring, support decision-making and increase the resilience of policy responses in this area in future.

STRATEGIC OBJECTIVE S1

Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe

Expected outcomes

- Implementation of optimised supply-related monitoring tools and development of new processes for monitoring drug supply to respond to the needs of the contemporary drug market
- Comprehensive understanding of the EU drug market through improved quality and availability of data and analysis
- Improved ability to capture developments in the international drug situation

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
8. Efficient implementation of technical assistance projects with third countries
9. Uptake of EMCDDA evidence/through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
S1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes	Activities to support NFP drug supply data collection efforts, in line with the RDF, including quality assurance and capacity building, and identification and promotion of good practices (see also 'Main area 3: Business drivers', 'Business driver 2: Partnership')	L1
	Feedback provided to Member States after review of workbooks on markets and crime	L2
	Analysis on drug production available based on data from drug production (non-synthetic) tools and on European Commission precursor data	L2
	Support ad hoc data collection on drug-related violence, in particular on the subject of drug-related homicide in a limited number of Member States and partner countries (depending on Member States resources and capacities)	L2
S1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis, and provide a cost-effective and practical solution to supplement existing core data collection systems in this area (e.g. open-source intelligence, internet monitoring and web surveys)	Continued investment in capacities to monitor darknet markets (dependent on resources and contracts in place at the time)	L2
	Continued support to the European Commission Joint Research Centre and Europol on the development of a tool for monitoring the darknet (research and innovation)	L1
	Integration of data from open-source information monitoring into EMCDDA products (the *European Drug Report* and *EU Drug Markets Report* in particular)	L2
	Rapid detection of drug market changes using various tools and expert networks	L2
S1.3. Improve understanding of the impact on the European drug market of developments in the international drug situation, with particular attention given to the countries bordering the EU	Data collection in the Western Balkans (through IPA 8 project) and information gathering in Southern and Eastern ENP regions (through EU4MD 2)	L3
	Security-related activities focusing on third countries that are covered by technical assistance projects (namely IPA 8, EMCDDA4GE, EU4MD 2, COPOLAD III) in line with the projects' logical frameworks/specifications	L2
	Capacity development activities for third countries covered by technical assistance projects, (IPA 8, EU4MD 2, EMCDDA4GE and COPOLAD III) in line with the projects' logical frameworks	L2
	Analysis of periodical global drug trend and situation reports, illicit crop monitoring reports and drug precursor reports	L2
S1.4. Support a better strategic understanding of the drivers of innovation in synthetic drug production and their impact, including routes of synthesis and source chemicals, and contribute to the European system on drug precursor monitoring, together with the European Commission and Europol	Analysis of synthetic drug production derived from the European Reporting Instrument on Sites Related to Synthetic Production, data on seizures and stopped shipments of drug precursors from the European Commission and other relevant data sources and results integrated into EMCDDA products (the *European Drug Report* and *EU Drug Markets Report* in particular)	L1
	Information exchange and collaboration with partners (in particular Europol, the European Commission and the Pompidou Group of the Council of Europe) on drug precursors (and related substances)	L2
	Support provided for activities set out in the EMPACT OAP for 2023 related to synthetic drug production	L2

STRATEGIC OBJECTIVE S2

Identify new drug-related security threats and support rapid responses from the EU and its Member States

Expected outcomes

- Security-related emerging trends and threats captured and reported on in a timely manner
- Increased capacity of the EU and its Member States to rapidly respond to new and re-emerging drug-related security threats

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
8. Efficient implementation of technical assistance projects with third countries
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
S2.1. Provide threat assessments of transversal security threats linked to the production and supply of drugs	Provision of a comprehensive analysis of the EU drug market (launch of joint EMCDDA–Europol *EU Drug Markets Report* modules in 2022–2023)	L1
	On the basis of emerging need, threat assessments and briefings rapidly prepared on new and emerging drug-related security threats (with partners, e.g. Europol, the European Border and Coast Guard Agency (Frontex) and the European Union Agency for Criminal Justice Cooperation (Eurojust), as required). Specifically, monitor the impact of the conflict in Ukraine on drug trafficking routes (if data are available)	L2
S2.2. Identify and communicate the threats associated with NPS with respect to sourcing, production, transit and marketing, and ensure vigilance and follow-up on threats related to the emergence of newly controlled NPS on the drug market	Provision of drug market-related information to support the initial report phase of the EU EWS	L1
	Integration of EU EWS information on emerging drug market-related threats identified and discussed at signal review meetings	L2
	Support provided for operational activities related to NPS, as set out in the EMPACT OAP for 2023	L2
S2.3. Improve capacity to monitor innovation in the drug market and its impact, with special attention given to the development of online drug markets and darknet drug sales	Integration of darknet market drug information in EMCDDA products, in particular the EMCDDA–Europol *EU Drug Markets Report*	L2

STRATEGIC OBJECTIVE S3

Improve understanding of the nature and consequences of drug-related crime

Expected outcomes

- Better understanding of drug-related crime and its link with other serious crimes such as terrorism, illegal firearms trafficking and illegal migration
- Improved comprehension of the wider societal impact of drug markets and drug-related crime

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
8. Efficient implementation of technical assistance projects with third countries
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
S3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact	Analysis of data on violent drug-related crime in the EU included in the *EU Drug Markets Report* (data from the European drug-related homicide monitor or contracted studies)	L3
	Information exchange and engagement with EU-level and other international drug-related crime expert groups	L3
S3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats such as illegal financial flows, corruption, trafficking in other illicit cargoes and terrorism	Update knowledge of links between drug-related crime and other crimes such as corruption, illegal migration and trafficking in human beings and include in the EMCDDA–Europol *EU Drug Markets Report*	L3

Action areas	Outputs/results	Priority
S3.3. Support the development of a broader conceptual framework on the wider societal impact of drug markets and drug-related crime, including environmental impact, implications for community safety and possible unintended negative consequences of interventions	Activities will be developed starting from 2024 in the context of the new mandate	L3

STRATEGIC OBJECTIVE S4
Support policy and operational responses to the security challenges posed by drugs and drug markets at EU and national levels

Expected outcomes

- Improved law enforcement capacity to prevent and investigate drug-related crime, based on knowledge, skills and expertise acquired through training and sharing of best practices
- Enhanced capacity of policymakers at EU and national levels to combat drug-related security threats

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
7. Work programme delivery
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
S4.1. Support the EMPACT (European Multidisciplinary Platform against Criminal Threats) cycle drug priority areas and high-risk criminal networks (through threat assessments, provision of expertise, and training). A priority task for the EMCDDA is to maintain an overview of EU drug markets, their ramifications and responses	Expertise provided to assist in the implementation of the EU strategy and action plan on drugs for 2021–2025 (with regard to security-related actions) and the EU strategy to tackle organised crime for 2021–2025	L1
	Preparatory and substantive work on the construction of dashboards for the security components of the EU drugs action plan for 2021–2025	L1
	Support provided to the European Commission related to drug crime and markets, internet and precursors, on request. Briefing notes and data provided, as required.	L1
	Contribution to the drafting of the drug-related OAPs of the EMPACT cycle in 2024	L1
	Support provided for the operational activities set out in the drug area and high-risk criminal network OAPs of the EMPACT cycle for 2023. (Note that because of the preparations for the new mandate, the EMCDDA will not lead or co-lead new activities in 2023 OAPs)	L1
	Planned (or ad hoc) training delivered at law enforcement training events organised by CEPOL, Europol, Frontex, etc.	L2
	Delivery of accredited CEPOL–EMCDDA residential training course 'Drug markets and crime: strategic analysis'. Supporting the implementing of the working arrangement between CEPOL and EMCDDA	L2
S4.2. Increase the effectiveness and the impact of EU actions in the security area, including through (a) strengthening/establishing networks of field experts, academics, law enforcement officials, etc., and (b) defining criteria for identifying, understanding and prioritising emerging threats (including external, current and future threats) stemming from drug market activity, integrating uncertainty, projected trends and scenario planning	Promotion of the EMPACT cycle during EMCDDA activities, publications and events	L1
	Annual meeting and proceedings of the Reference Group on Drug Supply Indicators	L2
	Proactive engagement with expert networks of forensic scientists, law enforcement officials, judicial networks and academics for information gathering and checking knowledge, analysis and interpretation	L2
	Participation in international conferences, presenting EMCDDA analyses and contributing to the security and drug supply reduction debate. Supporting joint activities in the context of the Justice and Home Affairs Agencies' Network	L2
S4.3. Develop capacity to support the evaluation, upon request, of law enforcement responses to drug supply interventions (in close coordination with policy support on health interventions)	Activities will be developed in the context of the new mandate	L3

Resources necessary for the implementation of the activities in this area are presented in Annex II, 'Estimated resource allocation per activity, 2023–2025'.

Main area 3: Business drivers

Business driver 1: Institutional

In 2023, the top priority of the EMCDDA will be the implementation of the plan to prepare for the agency's new mandate, as approved by the Management Board in December 2022. This implementation and change management plan is based on an analysis of the regulation that identifies the activities necessary to implement the competences and capacities it sets out. These actions have then been assigned to portfolios of work, and additional portfolios of work have been defined that are necessary to deliver the organisational infrastructure needed to support developments in substantive areas. Lastly, these are all located within a strategic framework accompanied by the principles that will guide the implementation process. This approach has allowed the EMCDDA to identify realistic and time-bound actions that are firmly anchored in the tasks detailed in the text of the regulation and locate these in a practical implementation framework guided by accepted good practice principles for successful organisational change management.

The EMCDDA will also continue to implement the action plan to follow up on the recommendations of the fourth external evaluation of the agency, as adopted by the Management Board in 2019.

Work on conceptualising a new EMCDDA business model was carried out in 2021 (the EMCDDA business model transformation initiative), and a conceptual framework and implementation plan was adopted by the EMCDDA Management Board in December 2021. Together with Roadmap 2025, which was also adopted in 2021, this exercise will shape the work of the EMCDDA in the 2023–2025 programming period.

In this shifting institutional context, the agency will seek to improve its understanding of the evolving needs of its customers on its journey from information provider to service provider (Strategy 2025). The customer-focused approach to designing products and services – conceived and trialled under the customer needs project (2019–2020) and further developed in agency-wide strategic workshops (2021–2022) – will be applied in line with the new business model. With an emphasis on engagement, co-creation and networking, customers will be systematically involved in the design of products and services.

Translation is a key aspect of serving customers, and options for expanding the EMCDDA's multilingual offer, using new translation technology, will be further explored and tested in 2023, implementing a 'quality for purpose' approach. The need for translated materials for specific customer groups will be researched and satisfied as far as the budget permits.

The EMCDDA's portfolio of products and services will be progressively developed with a customer focus and an emphasis on digital transformation, and will be aligned with the EU's digital and green priorities (by 2025).

The EMCDDA public website will continue to be developed as a dynamic resource offering key content and materials. A heightened level of interaction and engagement with customers will be achieved through a phased introduction of new interactive products and digital features that facilitate asking questions, offering feedback and discussion. Web products and services will progressively meet the requirements of the EU accessibility directive (Directive (EU) 2016/2102), specifically Web Content Accessibility Guidelines 2.1, level AA standard (2025).

The open data principles for non-sensitive data will be implemented, making it easier for our customers to find, use and reuse the EMCDDA's data in their own work (in line with Directive (EU) 2019/1024 on open data and the reuse of public sector information).

The agency's digital communication strategy will ensure that the changes and opportunities provided by developing digital technologies are leveraged in a strategic and prioritised way. These developments in the communication area will be accompanied by a staff digital empowerment programme, including appropriate training and guidelines.

Preparatory activities for the introduction of the new mandate will also commence. These include aspects of corporate communication such as domain name registration and branding. Exploratory work will begin on a new communication strategy and on an analysis of new services and outputs required by the new tasks.

These interlinked and mutually reinforcing efforts will allow the EMCDDA to prepare for future scenarios and position itself as a leading provider of evidence-based information on drugs, for a healthier and a more secure Europe.

BUSINESS OBJECTIVE B1
Anticipate, and respond promptly to, institutional developments and needs

Expected outcomes

- Increased capacity of the EMCDDA to meet customers' and stakeholders' needs through tailored products, services and service products that are provided through optimised communication channels and customer networks
- The EMCDDA is organised to respond to the recommendations emerging from the fourth external evaluation of the agency and other relevant institutional and political developments

KPIs

1. Budget execution
2. Staff capacity
6. Organisational efficiency
7. Work programme delivery
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
B1.1. Conduct ongoing analysis of the external environment and how it relates to current and future stakeholder needs	Management Board, Executive Committee and Budget Committee meetings duly organised and decisions adopted	L1
	Preparatory work for the revision of the rules of procedure of the Management Board, in line with the new regulation	L1
	Analysis of stakeholder/customer needs generated via methods and tools in the EMCDDA customer needs framework	L2
B1.2. Configure services to ensure that they are timely and are delivered professionally and in a form that meets our stakeholders' needs, in line with the outcome of the EMCDDA business model transformation initiative	Work on the agency's new communication strategy and identity gets under way	L2
	More content is available in multiple languages using new translation technology, implementing a 'quality for purpose' approach	L2
	Web products and services further developed to meet the requirements of the EU accessibility directive (Directive (EU) 2016/2102), specifically Web Content Accessibility Guidelines 2.1, level AA standard	L2
	Further implementation of the open data principles for non-sensitive data, making it easier for our customers to find, use and reuse the EMCDDA's data in their own work (in line with Directive (EU) 2019/1024 on open data and the reuse of public sector information)	L2
	Communication and dissemination channels (including website, media relations, social media, audiovisual) are optimised and their effectiveness measured	L2
	Staff digital empowerment programme, including appropriate training and guidelines, implemented in line with the digital communication strategy	L2
	Further development of a cross-agency customer engagement model drawing on the customer needs project and business model innovation tracks	L2
	Co-creation approaches explored to involve customers in the design of products and services	L2
	The EMCDDA's publishing model moves away from the print paradigm to a digital-first model, reflecting the EU's digital and green priorities. More web-native content produced	L2
B1.3. Prepare the agency for the revision of its mandate, in line with the recommendations of the external evaluation performed in 2018 and the conclusions of the evaluation of the EU drugs strategy and action plan	Follow-up on the negotiations carried out for the revision of the EMCDDA's mandate	L1
	Action plan for the preparation of the new mandate implemented	L1
	Action plan to follow up on the recommendations of the fourth external evaluation of the EMCDDA implemented	L1

Business driver 2: Partnership

In line with its strategic priorities, in 2023 the EMCDDA will continue its information and knowledge exchange with its national, European and global partners.

The main partners of the EMCDDA in the EU Member States, Norway and Türkiye, and the agency's core data providers, are the Reitox NFPs. The substantive activities involving the contribution of the NFPs are presented in 'Main area 1: Health' and 'Main area 2: Security'.

As far as the management of the Reitox network is concerned, 2023 will see the implementation by the EMCDDA and NFPs of the second RDF roadmap (for 2021–2025). This new roadmap, informed by the results of the assessment of the previous roadmap (to 2020) which was completed in 2021, will aim to further enhance the usefulness of the NFPs at national level, and ultimately their sustainability as the backbone of the EU drug monitoring system.

The EMCDDA's certification of Reitox NFPs will continue in 2023. Interested NFPs will be further supported in the self-assessment and certification process, which has been implemented since 2018. In addition to its work with Reitox, the EMCDDA needs to work directly with a number of expert networks and with specialist data providers and research collaborations (for details, see 'Main area 1: Health' and 'Main area 2: Security').

The EMCDDA International Cooperation Framework will continue to guide the agency's activities with third countries and international organisations, in alignment with the EU drugs strategy 2021–2025 and with the EU external policy frameworks in force. Providing services to the EU institutions and maintaining and developing partnerships with EU agencies and regional and international organisations, as well as cooperating with third countries, will remain a key part of the EMCDDA's work in 2023.

The agency will continue to provide technical support to the EU and its Member States by participating in relevant institutional meetings, as appropriate and when required, as well as by further supporting sound policymaking through high-quality technical input to EU institutions' requests, events and processes. In particular, support will be provided to the Swedish and Spanish presidencies of the Council in 2023. This will include providing technical support to the EU enlargement process and the EU's external policies; assisting the European Commission, the European External Action Service and the EU delegations during dialogue with third countries; and negotiating working arrangements with interested partners. Upon request, the EMCDDA will support the EU institutions and the Member States in their activities in international forums (e.g. at the CND and in relation to follow-up to the 2019 CND multiannual work plan). The substantive activities involving support to EU institutions are presented in 'Main area 1: Health' and 'Main area 2: Security'.

During the year, the EMCDDA will also continue its cooperation with EU agencies working in the health area, such as ECDC and EMA, and with agencies active in the areas of Justice and Home Affairs, such as Europol, Eurojust, CEPOL, Frontex, the European Union Agency for the Operational Management of Large-Scale IT Systems in the Area of Freedom, Security and Justice (eu-LISA) and the European Union Agency for Asylum (EUAA). This will include participation in joint promotional and information campaigns, as well as the implementation of the recommendations arising from the 10-year assessment of the Justice and Home Affairs Agencies' Network.

The EMCDDA will continue to strengthen the EU drug information system through partnerships and synergies and by maintaining effective working arrangements with international organisations, especially UN organisations active in drug issues, but also other key regional partners such as the Pompidou Group of the Council of Europe and the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD).

The EMCDDA will also continue to improve knowledge on the drug situation in third countries in order to understand its implications for public health in the EU and its impact on the European drug market. This will be done by fostering regular dialogue and exchanging information with third countries, strengthening the capacities of the priority partners, developing networks and partnerships, and formalising working arrangements, within the resources available.

Cooperation with candidate countries and potential candidate countries will be carried out in the context of the EU enlargement framework. The EMCDDA will continue to provide technical support and assist the Commission services, the European External Action Service and the EU delegations, for example by producing roadmaps and assessments of national drug information systems in partner countries (subject to travel conditions). Cooperation with candidate and potential candidate countries will continue under a technical assistance project (IPA 8), which should start in January 2023 and have a duration of 4 years. It is envisaged that the project will serve to further enhance the capacity of the IPA beneficiaries to monitor drug markets and contribute to improving national and regional responses and cross-border analyses regarding both health and security threats.

The EMCDDA will continue its technical cooperation with ENP partner countries based on the implementation of technical assistance projects, namely under the EU4MD 2 project – a follow-up to the EU4MD project (which ended in 2022), as well

as under the EMCDDA–Georgia (EMCDDA4GE) project (which will end in May 2023).

In 2023 the EMCDDA will continue to implement the grant agreement to support the Latin American and Caribbean countries (COPOLAD III), which was signed in July 2022.

Lastly, within its available resources, the EMCDDA will continue cooperating with other third countries and regions in the framework of regional EU-funded programmes with Central Asian countries (CADAP) and on an ad hoc basis with other third countries.

BUSINESS OBJECTIVE B2

Strengthen the European drug information system through effective and mutually beneficial partnerships and synergies with our data providers, communities of knowledge and relevant European and international bodies and through cooperation with third countries

Expected outcomes

- Efficient coordination of the Reitox network to ensure the improved reporting capacity of the NFPs and good performance in the implementation of grant agreements
- Enhanced synergies with EU and international bodies working in drug-related areas
- Increased EU capacity to address drug threats in EU priority third countries

KPIs

1. Budget execution
2. Staff capacity
3. Implementation of the EMCDDA monitoring system
5. Implementation and management of the Reitox grant agreements
7. Work programme delivery
8. Efficient implementation of technical assistance projects with third countries
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
B2.1. Support the implementation by the NFPs of the Reitox development framework	Reitox network support and coordination:	
	■ NFPs supported in their submission of annual core national data to the EMCDDA	L1
	■ Annual reporting package for 2024 presented to the NFPs and adopted at the Heads of NFPs meeting	L1
	■ Heads of NFPs meetings efficiently organised	L1
	■ NFPs supported (at institutional and/or technical level) in the implementation of the RDF roadmap for 2021–2025, including addressing the impact for the network of a revision of the EMCDDA's mandate	L2
	■ Technical meetings efficiently organised	L2
	■ Countries/NFPs that have not yet done a self-assessment in the framework of the implementation of the Reitox certification system motivated and supported to do so, with a view to ensuring the transition to the assessment mechanism, which will possibly be set out under the revision of the EMCDDA's mandate; other quality assurance and control activities carried out as necessary (see also 'Main area 1: Health' and 'Main area 2: Security')	L2
	■ Reitox academies in line with the needs identified in the RDF roadmap for 2021–2025, or emerging from the adoption of the new regulation and the EMCDDA's implementation of the new business model, and available resources	L2
	Grant agreements management	
	■ 2023 Grant agreement deliverables (financial and narrative reports) provided in line with the applicable rules and regulations	L1
	■ 2022 Grant agreement final deliverables (financial and narrative reports) checked and final payments executed	L1
	■ 2022 Grant agreement audit reports prepared, further to the audit missions carried out in selected countries (in line with resources), and made available to the European Court of Auditors (upon request)	L2
	■ 2024 Grant agreement model and annexes (list of activities, list of meetings, list of deliverables) prepared and shared with the NFPs taking into account possible new tasks arising from the revision of the EMCDDA's mandate	L1

Action areas	Outputs/results	Priority
B2.2. Strengthen cooperation with EU and international partners in line with work priorities defined by the 2025 EMCDDA strategy and emerging stakeholder needs	EMCDDA International Cooperation Framework implemented in line with annual priorities, available resources and preparatory work for the new mandate	L2
	Relations with EU institutions:	
	■ Further build institutional relationships with the European Parliament (the Committee on Civil Liberties, Justice and Home Affairs – LIBE – and the Committee on the Environment, Public Health and Food Safety – ENVI)	L1
	■ Support EU institutions' activities in the area of drug policy (Council of the European Union: the Horizontal Working Party on Drugs, national drug coordinators, etc.) and Commission: Directorates-General for Migration and Home Affairs and for Health and Food Safety, etc.)	L1
	■ Support the EU in the implementation of its Enlargement and Neighbourhood policies and its cooperation with third countries	L1
	Horizontal cooperation with EU agencies and international organisations:	
	■ Close cooperation with external partners (EU agencies, international organisations, key networks) maintained and reinforced within existing working arrangements and joint work programmes and collaborations, cooperation with other EU agencies and international partners implemented and new opportunities for collaboration explored, as appropriate	L2
	Knowledge transfer to priority third countries:	
	■ IPA 8 project managed efficiently	L2
	■ EMCDDA4GE project managed and completed efficiently	L2
	■ EU4MD 2 project managed efficiently	L2
	■ Grant agreement to support COPOLAD III managed efficiently	L2
	■ Existing working arrangements with third countries implemented and new opportunities for collaboration explored with the Western Balkans or other priority partners, as appropriate	L2
	■ Support to the Commission (on request and coverage of expenses by EU programmes) in the implementation of EU drug-related regional programmes, such as the Central Asia drug action programme in the framework of the signed working arrangement between the EMCDDA and the International and Ibero-American Foundation for Administration and Public Policies (subject to approval by the EMCDDA Management Board in December 2022), COPOLAD III, the EU action against drugs and organised crime Cocaine Route Programme, the Euromed Police and Euromed Justice projects and other EU-funded projects for which the EMCDDA's support is requested	L2

Business driver 3: Scientific capacity

The expected entry into force of the regulation and new mandate of the European Union Drugs Agency (EUDA) in 2024 requires the EMCDDA to be ready to quickly respond to changing needs. In 2023, the EMCDDA will prioritise all preparatory activities for the new tasks that will be entrusted to the EMCDDA through the new regulation, so that the new EUDA mandate can be, as far as possible, implemented as soon as the regulation enters into force and is applicable.

To that end, the EMCDDA will review its scientific quality assurance and coordination processes and will continue to develop its innovation framework to provide internal mechanisms for the coordination of research, innovation and futures studies. This will include support for horizon-scanning activities to inform internal discussions on future needs in the area of scientific capacity.

On request and where resources allow, the EMCDDA will also provide technical and scientific input to support, in appropriate areas, EU high-level documents and processes, including guidance to steering committees and advisory boards of external scientific partners (e.g. the WHO–UNODC coordination group on epidemiological data on drugs, the WHO Expert Committee on Drug Dependence, the WHO–UNODC expert consultation on new psychoactive substances, ECDC advisory boards on HIV and hepatitis, the EU innovation hub for internal security and the Europol programme board on drug supply reduction), and, where relevant, in the framework of drug-related Commission-funded projects. Attention will continue to be given to continuing the dialogue with the UNODC and WHO on harmonising approaches to data collection, sharing of information and analysis, and developing synergies.

The agency, as far as possible within its current mandate and available resources, will strengthen its links with projects funded by the EU framework programmes for research and

innovation (such as the security and health clusters of Horizon Europe) and other European Commission funding programmes (such as the Internal Security Funds, the Asylum, Migration and Integration Funds and the EU4Health programme).

The members of the Scientific Committee will adopt a formal opinion on the EMCDDA SPD 2024–2026 and will continue to provide input on the agency's main projects and scientific publications, in line with the guiding principles for the review of selected EMCDDA publications. They will also contribute to the Horizontal Drugs Group's annual dialogue on research. During this period, the EMCDDA will implement all activities necessary for the selection of a new Scientific Committee in line with the requirements of the new regulation.

The EMCDDA will continue to be an active member of the EU Agencies Network on Scientific Advice (EU-ANSA) to profit from its rich pool of expertise on scientific matters, synergies between members' work and exchanges on ways to enhance the quality of the scientific advice provided by EU agencies.

Last but not least, the EMCDDA, as one of the main partners in the programme and organising committees, will ensure the preparatory work on the scientific programme for the fifth European Conference on Addictive Behaviours and Dependencies (Lisbon Addictions), which is planned to take place in autumn 2024.

BUSINESS OBJECTIVE B3

Have in place the scientific capacity (resources, processes and tools) to meet current analytical needs, and innovate to keep pace with changes in the drug situation and corresponding institutional needs

Expected outcomes

- Scientific capacity optimised through efficient use of resources and improved coordination of core activities
- Scientific quality of the EMCDDA's work consolidated through appropriate quality assurance measures, and provision of support and guidance by the Scientific Committee
- Communication and exchange with external monitoring and scientific bodies and centres of excellence further enhanced

KPIs

1. Budget execution
2. Staff capacity
6. Organisational efficiency
7. Work programme delivery
9. Uptake of EMCDDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
B3.1. Maintain and develop the EMCDDA's scientific capacity and ensure that it reflects the expertise required for the agency to fulfil its mandate	Efficient support provided to the EMCDDA Scientific Committee in performing its advisory role	L1
	Preparatory work necessary for the selection of a new Scientific Committee in line with the requirements of the new regulation completed	L1
	Internal mechanism for coordination of research, innovation and futures studies reviewed in view of the implementation of the agency's new mandate	L2
	Scientific articles published in high-impact journals	L2
	Internal digital information service, providing updates on developments in the drugs field, in place	L2
B.3.2. Strengthen the quality management of scientific activities by optimising the allocation and use of scientific resources through clear prioritisation, adoption of more flexible working practices and the use of external resources where cost-efficient	Internal scientific coordination in place and communication tools and mechanisms reviewed as necessary, in view of the implementation of the agency's new mandate	L2
B.3.3. Strengthen dialogue and cooperation with the scientific community and centres of excellence in the drugs field to ensure that the EMCDDA maintains a state-of-the-art understanding of developments in its areas of competence	Lisbon Addictions 2024 preparatory work developed as necessary	L2
	Knowledge transfer facilitated and the work of the EMCDDA promoted by organising and/or contributing to scientific and technical events (resource dependent)	L2
	Active contribution to relevant EU and international research, activities and projects by providing expertise to selection committees, advisory boards and meetings, and appropriate follow-up activities (resource dependent)	L2

Business driver 4: Management

The EMCDDA will ensure that the optimal organisational structure and supporting processes are in place and that their performance is regularly reviewed and they are developed to maintain a business environment corresponding to the long-term requirements of the EMCDDA Strategy 2025 and Roadmap 2025 and any changes that may result from the EMCDDA's new business model and the outcome of the adoption by the European Parliament and the Council of the proposal to strengthen the agency's mandate, which was put forward by the European Commission on 12 January 2022. In that regard, the year 2023 will be crucial for the preparation of the implementation of the new mandate, to support the smooth transition towards the new Regulation as soon as this enters into force and is applicable. This preparation will be carried out in line with the implementation plan adopted by the Management Board in December 2022.

A key objective of this business driver will be to ensure that this preparatory work, as well as all the activities planned across the different areas of the annual work programme, are supported by effective and efficient management of the available resources. The internal management mechanisms (e.g. the Strategic Committee, the heads of unit meetings, the Editorial Board and the ICT Steering Committee) will be maintained to enable sound decision-making on the EMCDDA's operational priorities and allocation of resources.

The EMCDDA will ensure the efficient implementation of the annual work programme, which is part of the SPD 2023–2025, and the timely delivery to the EMCDDA's stakeholders of the next SPDs: for 2024–2026 and for 2025–2027 (preliminary draft).

The performance management system will be maintained and developed further, based on the established set of KPIs. In 2023, a review of the existing system will be initiated to ensure that it meets the new organisational needs once the agency's extended mandate enters into force in 2024.

The performance in implementing the work programme for 2023 and the corresponding internal management plan will be assessed and discussed within the framework of performance reviews, which will be carried out every quarter with the support of the dedicated management information system (Matrix).

The EMCDDA will continue to strengthen its internal control measures in line with the applicable internal standards for effective management and control. Furthermore, the recommendations arising from previous audits of the EMCDDA, and from the fourth external evaluation, which was carried out in 2018, will be closely followed up on and implemented in line with the action plans adopted by the Management Board.

In 2023, budget- and financial management-related operations will continue to focus on effective and timely forecasting, planning, monitoring and use of the EMCDDA's resources and on optimising the relevant processes, with special attention given to the use of electronic tools for financial and procurement management. A key target will be to maintain as far as possible the excellent level of performance achieved in the agency's budget execution in previous years. Efficiency of processes will be pursued, in line with the relevant financial rules, to contribute to ensuring the sound implementation of the EMCDDA Strategy 2025 and its Roadmap 2025.

The management of human resources will encompass the sound management of existing processes, as required by the applicable staff regulations and their implementing rules. Subject to available resources, special attention will be paid to developing actions for staff training, to continue supporting the effective implementation of Roadmap 2025 and the new EMCDDA business model. Furthermore, the EMCDDA will start preparing and carrying out some of the recruitment processes likely to be required for the implementation of the expected new mandate.

Action will be pursued to ensure a safe working environment and to guarantee the efficient use of the EMCDDA's premises and infrastructure, with special attention paid to controlling utility costs and to possible synergies with EMSA, in particular for the management of the shared premises and services, including in the ICT area. Special attention will be paid to anticipating the adjustments that the EMCDDA's premises and infrastructure may require for the implementation of its expected new mandate.

ICT service delivery and service support will continue to promote the agency's core developmental objectives and to guarantee the smooth operation of all the services provided. In line with priorities set by the ICT Steering Committee, ICT programmes and services will be developed and delivered to implement and support core business and corporate projects and processes, guided by best practice and recommendations rooted in security-, privacy- and risk management-related principles.

For ICT, a new mandate's impact on resource needs goes beyond those corresponding to any particular new business product and the associated organisational and management change. With an expected increase in digital services as products in the new mandate, regardless of their exact nature, ICT should expect to be actively involved in planning and procuring such services, from providing technical expertise to aligning products and services with an ICT roadmap. In 2023, therefore, as part of the preparations, ICT will focus on developing governance; information technology (IT) management and standards for compliance in an extended work area, bearing in mind the upcoming EU cybersecurity regulation; IT procurement options for the future; and the IT infrastructure. The details of these developments have yet to be decided.

In 2023, as far as resources allow, the EMCDDA will strive to promote business innovation and enhanced user experience. Together with the agency's investment in novel data sources and repositories, monitoring methods and technology, this will ensure the EMCDDA's preparedness to successfully fulfil its tasks in the context of fast-moving technological progress and the need to pursue environmentally friendly measures in its activities.

BUSINESS OBJECTIVE B4

Ensure that the organisational structure and supporting processes are optimal, to deliver efficient and high-quality services

Expected outcomes

- Good performance by the EMCDDA in implementing the annual programming instrument
- Sound management of the EMCDDA's resources, in compliance with the applicable rules and procedures and in line with organisational needs
- Safe and environmentally friendly workplace, which prevents work accidents and incidents, promotes the use of renewable energy and avoids waste of resources
- Optimal level of operability of the EMCDDA's ICT systems and procedures

KPIs

1. Budget execution
2. Staff capacity
6. Organisational efficiency
7. Work programme delivery

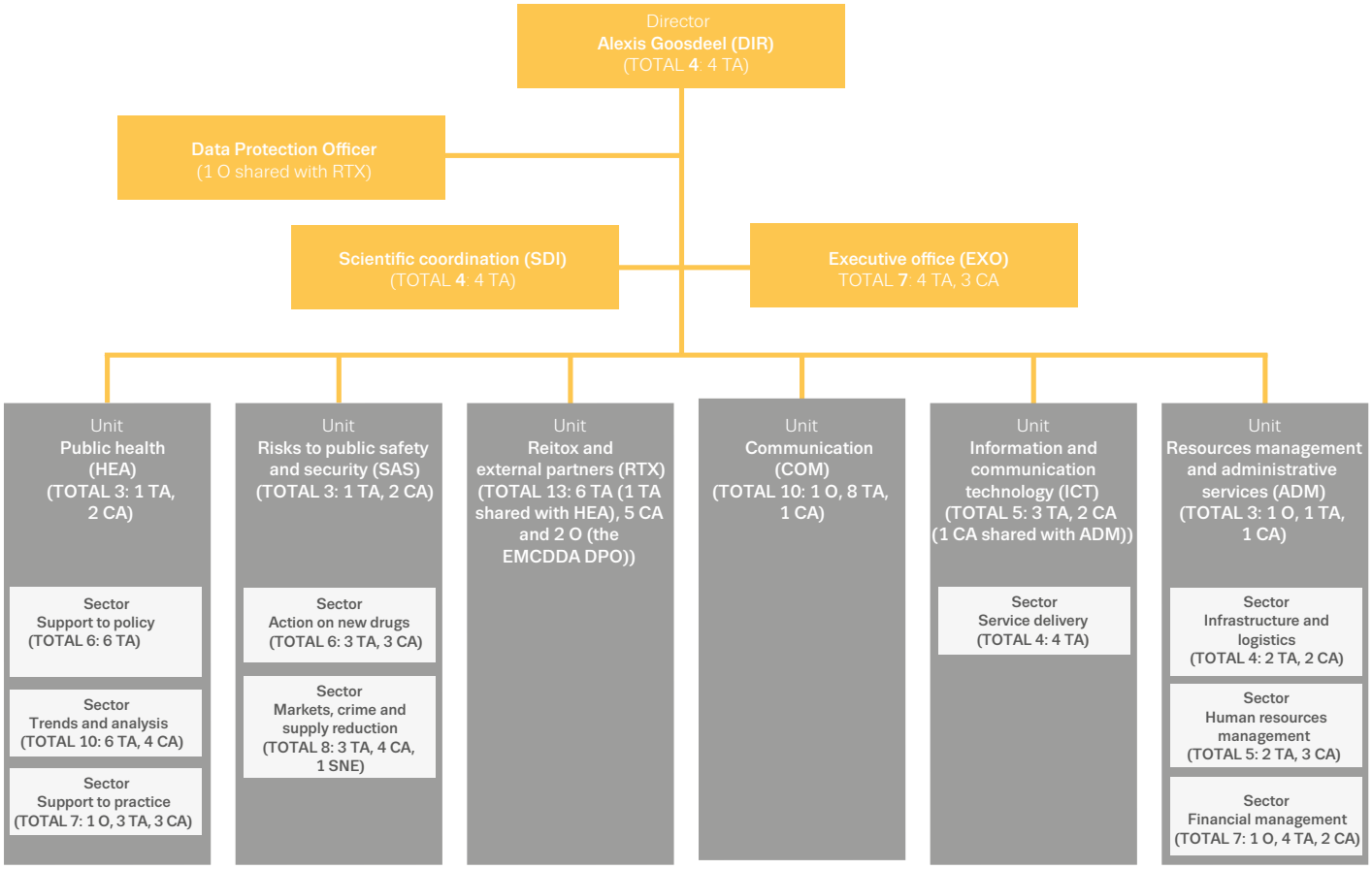
Action areas	Outputs/results	Priority
B4.1. Ensure effective measures are in place for the successful implementation of Strategy 2025	Management mechanisms (e.g. the Strategic Committee, the Heads of Unit meetings, the Editorial Board meeting and the ICT Steering Committee) operate efficiently to enable sound decision-making on the EMCDDA's operational priorities and allocation of resources	L2
	Measures taken to support the staged implementation of the new EMCDDA business model, in line with the relevant action plan	L2
	Optimal organisational structure and HR management measures in place as required to ensure the effective implementation of the revised EMCDDA business model and cope with the revision of the EMCDDA funding regulation, as appropriate.	L2
	Activities in the areas of data protection, public access to documents, internal control mechanisms and risk management implemented in line with the existing EU regulations and practices	L2
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	Planning instruments and processes:	
	■ SPD 2023–2025 published	L1
	■ Draft SPD 2024–26 finalised, taking into account the results of the consultation with key EMCDDA stakeholders and partners, and submitted to the Management Board for adoption	L1
	■ Preliminary draft SPD 2025–2027 prepared and submitted to the Management Board for adoption	L1
	■ EMCDDA 2024 draft budget and 2025 preliminary draft budget prepared in a timely manner and submitted to the Management Board for adoption	L1
	■ 2023 Management plan in place	L2
	■ Mid-term budgetary forecasts prepared	L2
	Financial resources management:	
	■ Sound management of the EMCDDA's financial resources, in compliance with applicable rules and procedures	L1
	■ Effective execution of accounting operations and timely preparation of the EMCDDA's annual accounts	L1
	■ Annual procurement plan prepared in a timely manner, successfully implemented and effectively monitored	L2
	■ Further efficiency of relevant procedures (namely for procurement, contracts and financial operations) achieved via the enhanced use of electronic tools and workflows and without prejudice to sound management of the available resources or compliance with applicable rules	L2
	Facilities support services:	
	■ Safe, secure and environmentally friendly workplace, which prevents work accidents, promotes the use of renewable energy and avoids waste of resources	L2
	■ Efficient use of available facilities, equipment, infrastructure and utilities, giving special attention to the anticipating the adjustments that the EMCDDA's premises and infrastructure may require in preparation for the implementation of its expected new mandate	L2

Action areas	Outputs/results	Priority
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	ICT services:	
	■ Activities undertaken in the area of ICT governance and strategy, in line with best practices and recommendations, and preparation to support the implementation of the new mandate: processes and standards, ICT strategy	L2
	■ Enterprise architecture implementation developed at the EMCDDA to support the implementation of the new EMCDDA business model and new mandate	L2
	Operability of core services maintained:	
	■ Drug data-related support services: support services related to restricted drugs data (Secure Information Exchange Network Application (SIENA)); EDND-related support services; online/website support services	L1
	■ Matrix and management software support services; administrative software support services	L2
	Activities in financial and contractual management and compliance, related to ICT equipment, licences and telecommunications, undertaken	L1
	ICT procurement and investment planning for the new mandate, subscriptions, equipment, consultancy and internal expertise	L1
	Lights on: system administration of production services and service support	L1
	ICT risk mitigation: activities in the area of business continuity, disaster recovery and mitigation of risks from legacy systems; and cybersecurity risk mitigation (in line with the requirements of the new information security regulation, including through improved operational cooperation with the Computer Emergency Response Team for the EU institutions, bodies and agencies (CERT-EU))	L1
	Preparation for compliance with the cybersecurity risk regulation	L1
	Plan and start implementing a future ICT architecture that can support the growth and scope of the future mandate	L2
	Review and update of software and hardware architecture components, as required	L2
	Innovative initiatives and projects to implement business requirements and processes undertaken	L2
	Supporting the implementation of the new EMCDDA business model, digital transformation and the new mandate, with priority given to the ongoing implementation of the ECID project and customer identity and access management	
	Identifying business requirements and developing solutions, planning and delivery of innovative technical services, processes and products, and testing architecture; and support for the 'Bring your own device' initiative	L3
	Synergies and efficiency gains:	
	■ Synergies with other EU bodies, including through participation in inter-agency networks and interinstitutional framework contracts, and sharing technical infrastructure and services (with EMSA in particular)	L2
	■ Further cooperation and coordination with EMSA on security and ICT matters	L2
B4.3. Strengthen performance management at all levels	*General Report of Activities 2022* prepared, submitted to the Management Board for adoption, and published online by 15 June 2023, in line with the recast EMCDDA regulation	L1
	Quarterly performance reviews carried out to inform sound management decisions	L2
	Budget executed in line with relevant annual KPIs	L2
	Timely and effective follow-up of observations/recommendations from external audits, as required	L2
	Timely reporting on measures taken in the light of the observations accompanying the annual discharge from the EU budget authority	L2
B4.4. Improve people management and implement a sustainable staff training and development programme to ensure that the EMCDDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	Sound management of EMCDDA human resources, in accordance with the applicable rules and organisational needs, with special attention given to the preparation of recruitment processes likely to be required for the implementation of the EMCDDA's expected new mandate	L2
	Staff development programme in place, including annual training plan and customised training courses, in line with the available resources and designed to meet the organisational needs arising from the new business model and the review of the EMCDDA regulation	L2

Resources necessary for the implementation of the activities in this area are presented in Annex II, 'Estimated resource allocation per activity, 2023–2025'.

ANNEXES

Annex I
Organisation chart



As of 31 December 2022.

Annex II
Estimated resource allocation per activity, 2023–2025

TABLE II.1

Estimated resource allocation per activity (i.e. main areas)

Main area	2022				2023				2024				2025			
	O	TA	CA and SNE (FTE)	Budget allocated	O	TA	CA and SNE (FTE)	Budget allocated	O	TA	CA and SNE (FTE)	Budget allocated	O	TA	CA and SNE (FTE)	Budget allocated
Health	2.15	30.10	13.75	8 416 240	2.15	30.10	13.75	8 413 356	2.15	30.10	13.75	8 582 097	2.15	30.10	13.75	8 754 214
Security	1.00	14.46	6.40	3 999 544	1.00	14.46	6.40	3 998 173	1.00	14.46	6.40	4 078 362	1.00	14.46	6.40	4 160 155
Business drivers	2.85	21.44	8.85	6 063 352	2.85	21.44	8.85	6 061 275	2.85	21.44	8.85	6 182 841	2.85	21.44	8.85	6 306 840
Total	**6**	**66**	**29**	**18 479 136**	**6**	**66**	**29**	**18 472 804**	**6**	**66**	**29**	**18 843 300**	**6**	**66**	**29**	**19 221 209**

NB: Table II.1. presents the full-time equivalent (FTE) posts corresponding to posts filled or engaged, as of 31 December 2022 (this does not include staff recruited for the technical assistance projects, or for the agreements concluded by the EMCDDA in the framework of other EU-funded projects – this category of personnel is presented in Table II.2 below).

TABLE II.2

Resource allocation for the implementation of technical assistance projects with third countries, and for agreements concluded by the EMCDDA in the framework of other third countries' projects, for the work programme for 2023

Project	Allocated human resources (HR) [a]					Allocated budget resources – assigned appropriations (EUR) [b]
	O	TA	CA	SNE	TOTAL HR	
EMCDDA4GE	–	–	2	–	2	–
COPOLAD III			2		2	360 000
IPA 8			3		3	1 500 000
EU4MD 2			4		4	912 514
Total	–	–	**11**	–	**11**	**2 772 514**

[a] Staff recruited to work on the projects and paid from the corresponding assigned appropriations.

[b] No budget appropriations are expected for 2023 for EMCDDA4GE.

Annex III
Financial resources

Tables for 2023–2025 (*N* + 1 to *N* + 3)

TABLE III.1
Revenue

General revenues

Revenues	2022	2023
	Revenues estimated by the agency	Budget forecast
EU contribution	17 646 659	17 641 938
Other revenue	832 477	830 866
Total revenues	**18 479 136**	**18 472 804**

Revenues	General revenues						
	Executed budget 2021 31.12.2021	Budget 2022	Draft budget 2023		VAR	Envisaged *N*+2 2024	Envisaged *N*+3 2025
			Agency request	Budget forecast	2022 /2021 (%)		
1 Revenue from fees and charges (including balancing reserve from previous year's surplus)							
2 EU contribution	16 614 372	17 646 659	17 641 938			17 994 775	18 354 672
- Of which assigned revenues deriving from previous years' surpluses	20 639	108 036					
3 Third countries' contribution (including EEA/EFTA and candidate countries)	765 200	831 947	830 866			848 525	866 537
- Of which EEA/EFTA (excluding Switzerland)	467 723	515 987	514 991			526 332	537 900
- Of which candidate countries	297 477	315 960	315 875			322 193	328 637
4 Other contributions							
5 Administrative operations		530					
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58), internal assigned revenue, etc.		530					
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
Total revenues	**17 379 572**	**18 479 136**	**18 472 804**			**18 843 300**	**19 221 209**

Additional EU funding: grant, contribution and service level agreements

Revenues	2022	2023
	Revenues estimated by the agency	Budget forecast
Total revenues	**360 000**	**2 772 514**

Revenues	Additional EU funding: ad hoc grants and delegation agreements						
	Executed budget 2021 31.12.2021	Budget 2022	Draft budget 2023		VAR	Envisaged *N*+2 2024	Envisaged *N*+3 2025
			Agency request	Budget forecast	2022 /2021 (%)		
Additional EU funding stemming from grant agreements (FFR Art. 7)	1 595 219	360 000	2 772 514			931 843	730 849
Additional EU funding stemming from contribution agreements (FFR Art. 7)							
Additional EU funding stemming from service level agreements (FFR Art. 43.2)							
Total	**1 595 219**	**360 000**	**2 772 514**			**931 843**	**730 849**

TABLE III.2

Expenditure

Expenditure	2022		2023	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 – Staff expenditure	12 499 857	12 499 857	13 585 255	13 585 255
Title 2 – Infrastructure and operating expenditure	2 250 733	2 250 733	2 104 388	2 104 388
Title 3 – Operational expenditure	3 728 546	3 728 546	2 783 161	2 783 161
Total expenditure	**18 479 136**	**18 479 136**	**18 472 804**	**18 472 804**

Expenditure	Commitment appropriations						
	Executed budget 2021	Budget 2022	Draft budget 2023		VAR	Envisaged *N*+2 2024	Envisaged *N*+3 2025
			Agency request	Budget forecast	2022/ 2021 (%)		
Title 1 – Staff expenditure	**11 426 087**	**12 499 857**	**13 585 255**			**14 158 313**	**14 722 246**
Salaries and allowances	11 396 095	12 425 357	13 525 255			14 098 313	14 662 246
- Of which establishment plan posts	9 804 162	10 693 259	11 560 284			12 000 694	12 480 722
- Of which external personnel	1 591 933	1 732 098	1 964 971			2 097 619	2 181 524
Expenditure relating to staff recruitment	3 000	24 500	10 000			10 000	10 000
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	26 992	50 000	50 000			50 000	50 000
External services							
Receptions, events and representation							

Expenditure	Commitment appropriations						
	Executed budget 2021	Budget 2022	Draft budget 2023		VAR	Envisaged *N*+2 2024	Envisaged *N*+3 2025
			Agency request	Budget forecast	2022/ 2021 (%)		
Social welfare							
Other staff related expenditure							
Title 2 – Infrastructure and operating expenditure	**2 428 514**	**2 250 733**	**2 104 388**			**2 124 706**	**2 181 536**
Rental of buildings and associated costs	1 435 449	1 408 164	1 413 228			1 433 546	1 476 552
Information, communication technology and data processing	717 357	655 888	518 500			518 500	528 870
Movable property and associated costs	176 176	60 405	59 000			59 000	60 180
Current administrative expenditure	37 879	41 318	32 660			32 660	33 313
Postage / Telecommunications	47 426	69 500	66 000			66 000	67 320
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	14 228	15 458	15 000			15 000	15 300
Title 3 – Operational expenditure	**3 524 971**	**3 728 546**	**2 783 161**			**2 560 281**	**2 317 428**
Information and publishing	411 792	504 090	376 250			301 000	217 967
Studies	823 109	997 223	339 364			271 491	203 618
Reitox	2 063 933	1 593 745	1 620 000			1 620 000	1 620 000
Mission expenses	14 586	160 943	119 192			95 354	71 516
Meeting expenses	210 951	469 795	325 855			270 436	202 827
Receptions and events	600	2 750	2 500			2 000	1 500
Total general expenditure	17 379 572	18 479 136	18 472 804			18 843 300	19 221 209
Expenditure related to IPA projects	576 908	–	1 500 000			–	–
Expenditure related to EU4MD projects	1 444 436	–	912 514			851 843	730 849
Expenditure related to EMCDDA4GE project	349 302	–	–			–	–
Expenditure related to COPOLAD	–	**360 000**	**360 000**			80 000	
TOTAL	**19 750 219**	**18 839 136**	**21 245 318**			**19 775 143**	**19 952 058**

Expenditure	Payment appropriations						
	Executed budget 2021	Budget 2022	Draft budget 2023		VAR	Envisaged *N*+2 2024	Envisaged *N*+3 2025
			Agency request	Budget forecast	2022/ 2021 (%)		
Title 1 – Staff expenditure	**11 426 087**	**12 499 857**	**13 585 255**			**14 158 313**	**14 722 246**
Salaries and allowances	11 396 095	12 425 357	13 525 255			14 098 313	14 662 246
- Of which establishment plan posts	9 804 162	10 693 259	11 560 284			12 000 694	12 480 722
- Of which external personnel	1 591 933	1 732 098	1 964 971			2 097 619	2 181 524
Expenditure relating to staff recruitment	3 000	24 500	10 000			10 000	10 000

Expenditure	Payment appropriations						
	Executed budget 2021	Budget 2022	Draft budget 2023		VAR	Envisaged *N*+2 2024	Envisaged *N*+3 2025
			Agency request	Budget forecast	2022/ 2021 (%)		
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	26 992	50 000	50 000			50 000	50 000
External services							
Receptions, events and representation							
Social welfare							
Other staff related expenditure							
Title 2 – Infrastructure and operating expenditure	**2 428 514**	**2 250 733**	**2 104 388**			**2 124 706**	**2 181 536**
Rental of buildings and associated costs	1 435 449	1 408 164	1 413 228			1 433 546	1 476 552
Information, communication technology and data processing	717 357	655 888	518 500			518 500	528 870
Movable property and associated costs	176 176	60 405	59 000			59 000	60 180
Current administrative expenditure	37 879	41 318	32 660			32 660	33 313
Postage / Telecommunications	47 426	69 500	66 000			66 000	67 320
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	14 228	15 458	15 000			15 000	15 300
Title 3 – Operational expenditure	**3 524 971**	**3 728 546**	**2 783 161**			**2 560 281**	**2 317 428**
Information and publishing	411 792	504 090	376 250			301 000	217 967
Studies	823 109	997 223	339 364			271 491	203 618
Reitox	2 063 933	1 593 745	1 620 000			1 620 000	1 620 000
Mission expenses	14 586	160 943	119 192			95 354	71 516
Meeting expenses	210 951	469 795	325 855			270 436	202 827
Receptions and events	600	2 750	2 500			2 000	1 500
Total general expenditure	17 379 572	18 479 136	18 472 804			18 843 300	19 221 209
Expenditure related to IPA projects	576 908	–	1 500 000			–	–
Expenditure related to EU4MD projects	1 444 436	–	912 514			851 843	730 849
Expenditure related to EMCDDA4GE project	349 302	–	–			–	–
Expenditure related to COPOLAD	–	360 000	360 000			80 000	
TOTAL	**19 750 219**	**18 839 136**	**21 245 318**			**19 775 143**	**19 952 058**

TABLE III.3

Budget outturn and cancellation of appropriations: 2018–2021 (*N* – 4 to *N* – 1)

Budget outturn	2018	2019	2020	2021
Reserve from the previous years' surplus (+)	189 764	22 251	20 639	108 036
Revenue actually received (+)	16 169 483	18 195 649	18 058 665	18 979 543
Payments made (–)	–16 009 622	–16 525 529	–16 972 131	–17 937 215
Carry-over of appropriations (–)	–455 152	–1 777 308	–2 494 470	–2 624 764
Cancellation of appropriations carried over (+)	27 093	12 561	23 407	9 701
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	292 360	115 167	1 494 794	1 687 750
Exchange rate differences (+/–)	–1 911	99	–2 229	–1 360
Adjustment for negative balance from previous year (–)	–189 764	–22 251	–20 639	–108 036
Total	**22 251**	**20 639**	**108 036**	**113 656**

NB: Note that, in accordance with the relevant accounting rules and procedures (and required reporting timeline), the reference reporting years in Table III.3 are as follows: *N* – 1 = 2021; *N* – 2 = 2020; *N* – 3 = 2019; *N* – 4 = 2018.

Cancellation of commitment appropriations

In 2021, commitment appropriations amounted to EUR 17 379 572 (commitment appropriations from the C1 fund source).

The EMCDDA was able to commit EUR 17 379 572 of these appropriations. The non-committed amount from the whole 2021 financial envelope is EUR 0.

Expressed in percentages, this means a 100.00 % implementation of commitment appropriations in 2021 and a cancellation rate of C1 commitments of 0.00 %.

Cancellation of payment appropriations

The payment appropriations for 2021 amounted to EUR 18 186 292, out of which:

- EUR 17 379 572 is from C1 fund sources;
- EUR 806 720 is from C8 fund sources (i.e. appropriations carried forward from 2020 in budget titles 1 and 2).

In line with the excellent performance of the previous years, the EMCDDA was able to use 99.38 % of these appropriations, i.e. EUR 18 073 020, as follows:

- EUR 16 745 421 from 2021 C1 fund sources for payments executed in 2021;
- EUR 797 019 from C8 fund sources (committed in 2020) for payments executed in 2021;
- EUR 530 580 carried forward to 2022 for payments to be executed in 2022.

The cancelled payment appropriations for 2020 are EUR 113 272 or 0.62 %, expressed as a share of total payment credits for 2021.

Cancellation of payment appropriations carried over

Without considering the assigned appropriations, no payment appropriations were carried over and cancelled.

Budget outturn

The amount of budget outturn was limited as a result of the very high rate of budget execution in 2021.

As indicated above, the amount of cancelled appropriations was residual as a result of the very good budget execution in 2021.

Annex IV
Human resources – quantitative

TABLE IV.1

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

A. Statutory staff and seconded national experts

Staff	Year *N* – 1 2021			Year *N* 2022	Year *N* + 1 2023	Year *N* + 2 2024	Year *N* + 3 2025
Establishment plan posts	**Authorised budget**	**Actually filled as of 31.12.*N* – 1**	**Occupancy rate (%)**	**Authorised staff**	**Envisaged staff**	**Envisaged staff**	**Envisaged staff**
Administrators (AD)	51	48	94.12	51	51	51	51
Assistants (AST)	25	25	100	25	25	25	25
Assistants/secretaries (AST/SC)	0	0		0	0	0	0
Total establishment plan posts	76	73	96.05	76	76	76	76
External staff	**FTE corresponding to the authorised budget**	**Executed FTE as of 31.12.*N* – 1**	**Execution rate (%)**	**Headcount as of 31.12.*N* – 1**	**FTE**	**76**	**76**
CAs (financed from annual EU subsidy)	28	27	96.43	28	28	28	28
CAs (financed from ad hoc grants, contributions or service level agreements)	11	10	90.91	12	11	9	7
SNEs	1	1	100	1	1	1	1
Total external staff	**40**	**38**	**95**	**41**	**40**	**38**	**36**
TOTAL STAFF	**116**	**109**	**93.97**	**117**	**116**	**114**	**112**

B. Additional external staff expected to be financed from ad hoc grants, contributions or service level agreements

Human resources	Year *N* 2022	Year *N* + 1 2023	Year *N* + 2 2024	Year *N* + 3 2025
	Envisaged FTE	**Envisaged FTE**	**Envisaged FTE**	**Envisaged FTE**
CAs	12	11	9	7
SNEs	1	1	1	1
Total	**13**	**12**	**10**	**8**

C. Other human resources

- Structural service providers

	Actually in place as of 31.12.*N* – 1
Security/receptionist	2.5
IT	
Other (specify) Maintenance staff	1.5

Service providers are contracted by a private company and carry out specialised outsourced tasks of a horizontal/support nature.

- Interim workers

	Total FTE in year *N* – 1 2021
Number	3

TABLE IV.2

Multiannual staff policy plan for the years *N* + 1, *N* + 2 and *N* + 3

	2021				2022		2023		2024		2025	
Function group and grade	Authorised budget		Actually filled as of 31.12.2021		Authorised budget		Envisaged		Envisaged		Envisaged	
	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts
AD 16												
AD 15		1		1		1		1		1		1
AD 14		1				1		2		2		2
AD 13	1	3	1	4	1	3	1	3	1	3	1	3
AD 12	3	8	1	5	3	8	3	7	3	7	3	7
AD 11	1	10		6	1	9	1	9	1	9	1	9
AD 10		11	1	7		10		10		10		10
AD 9		8	1	9		8		8		8		8
AD 8		3		6		5		5		5		5
AD 7		1		1		1		1		1		1
AD 6				5								
AD 5												
Total AD	5	46	4	44	5	46	5	46	5	46	5	46
AST 11		1		1		1		1		1		1
AST 10		2				2		2		2		2
AST 9	1	6		4	1	6	1	6	1	6	1	6
AST 8	1	6		3	1	5	1	5	1	5	1	5
AST 7		6		6		6		6		6		6
AST 6		2	1	6		3		3		3		3
AST 5				1								
AST 4				1								
AST 3			1									
AST 2				1								
AST 1												
Total AST	2	23	2	23	2	23	2	23	2	23	2	23
AST/SC 6												
AST/SC 5												
AST/SC 4												
AST/SC 3												
AST/SC 2												
AST/SC 1												
AST/SC total	**0**	**0**	**0**	**0**								
Total perm./temp. posts	**7**	**69**	**6**	**67**	**7**	**69**	**7**	**69**	**7**	**69**	**7**	**69**
GRAND TOTAL	**76**		**73**		**76**		**76**		**76**		**76**	

NB: perm., permanent; temp., temporary.

- External personnel

Contract agents

Contract agents (EU contribution)							
Contract agents	**FTE corresponding to the authorised budget *N* – 1 2021**	**Executed FTE as of 31.12.*N* – 1 2021**	**Headcount as of 31.12.*N* – 1 2021**	**FTE corresponding to the authorised budget *N* 2022**	**FTE corresponding to the authorised budget *N* + 1 2023**	**FTE corresponding to the authorised budget *N* + 2 2024**	**FTE corresponding to the authorised budget *N* + 3 2025**
Function group IV	4	3	3	4	4	4	4
Function group III	9	12	12	10	10	10	10
Function group II	12	11	11	12	12	12	12
Function group I	3	1	1	2	2	2	2
Total	**28**	**27**	**27**	**28**	**28**	**28**	**28**
Contract agents (financed from ad hoc grants, contributions or service level agreements)							
Contract agents	**FTE corresponding to the authorised budget *N* – 1 2021**	**Executed FTE as of 31.12.*N* – 1 2021**	**Headcount as of 31.12.*N* – 1 2021**	**FTE corresponding to the authorised budget *N* 2022**	**FTE corresponding to the authorised budget *N* + 1 2023**	**FTE corresponding to the authorised budget *N* + 2 2024**	**FTE corresponding to the authorised budget *N* + 3 2025**
Function group IV	7	7	7	8	8	6	5
Function group III		1	1		1	1	1
Function group II	4	2	2	4	2	2	1
Function group I							
Total	**11**	**10**	**10**	**12**	**11**	**9**	**7**
GRAND TOTAL	**39**	**37**	**37**	**40**	**39**	**37**	**35**

Seconded national experts

Seconded national experts	FTE corresponding to the authorised budget *N* – 1	Executed FTE as of 31.12.*N* – 1	Headcount as of 31.12.*N* – 1	FTE corresponding to the authorised budget *N*	FTE corresponding to the authorised budget *N* + 1	FTE corresponding to the authorised budget *N* + 2	FTE corresponding to the authorised budget *N* + 3
Total	**1**	**1**	**1**	**1**	**1**	**1**	**1**

TABLE IV.3

Recruitment forecasts for year *N* + 1 following retirement/mobility or new requested posts (information on the entry level for each type of posts: indicative table)

2023

Job title in the agency	Type of contract (official, TA or CA)		TA/official		CA
			Function group/grade of recruitment internal and external envisaged for publication		Recruitment function group (I, II, III and IV)
	Due to foreseen retirement/mobility	New post requested due to additional tasks	Internal	External	
Data protection officer	1 official		AD 5–AD 6	AD 6	
Scientific analyst: synthetic drugs production	1 TA		AD 5–AD 6	AD 6	
Head of sector: Trends and analysis	1 TA		AD 7–AD 8	AD 8	

Number of inter-agency staff moves in year *N* from and to the agency: 0.

Annex V
Human resources – qualitative

A. Recruitment policy

The selection procedures applied by the EMCDDA comply with the relevant EU provisions, namely Article 12 of the Conditions of Employment of Other Servants of the European Union (CEOS) for the recruitment of temporary and contract agents and the principles and standards laid down for officials in Annex III to the staff regulations.

The key phases of the selection procedure for the recruitment of temporary agents (TAs) and contract agents (CAs) can be summarised as follows.

- A vacancy notice is published on the EMCDDA website and on the European Personnel Selection Office website; a communication is sent to all other EU institutions and agencies, all Reitox NFPs, and all members of the EMCDDA Management Board and Scientific Committee; and, where appropriate, advertisements are placed in the local and specialised press and websites.
- The vacancy notice sets out eligibility and selection criteria, indicating the type and duration of contract and recruitment grade.
- A selection committee is appointed, usually composed of five members. The selection committee includes a representative from the EMCDDA Staff Committee and takes into account gender balance and broad geographical representation. External members are invited if specific expertise is required to carry out the selection process appropriately. The names of the selection committee members are now published in the vacancy notice in full respect of Regulation (EC) No 45/2001, as required by the European Ombudsman.
- Applicants are first screened on the basis of their application file (application form, CV and the further supporting documents required) to identify the candidates who best match the published requirements.
- The candidates selected are interviewed on the basis of predefined questions that are asked of all candidates interviewed. The procedure includes a compulsory written test. The interview and test cover the following: assessment of the specific competences and technical qualifications required for the selection process concerned; knowledge of the European institutions and particularly of the EMCDDA's activities; and the general skills and language abilities of the candidate.
- Given the ongoing pandemic during 2020, for the first time recruitment processes were carried out remotely. Interviews and written tests were successfully completed with internal resources only, requiring good teamwork between HR and ICT staff and the selection committees.
- The selection committee drafts a list of the most suitable candidates together with a possible proposal to the authority authorised to conclude the contract and/or to establish a reserve list for recruitment purposes.
- A reserve list may be established by the authorised authority, which can, prior to this, choose to hold a further round of interviews with the candidates concerned.
- The result of the selection process is communicated to the selected candidates.
- All steps of the procedure and all decisions made are reported and documented.

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

When recruiting officials, the EMCDDA complies with the relevant provisions of the staff regulations, namely with Article 29 and Annex III.

Other vacant EMCDDA posts for officials have been filled through interinstitutional transfer processes in accordance with the applicable provisions of the staff regulations.

The EMCDDA envisages that it will continue to draw on the assistance that the European Personnel Selection Office can provide in this field, including using its reserve lists, as required. This has already been implemented when hiring officials and contract agents.

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

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

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

Duration of employment

On recruitment, EMCDDA temporary and contract agents engaged to address long-term or permanent tasks are offered a contract of 5 years. In accordance with Articles 8 and 85 of the staff regulations, this contract may be renewed for a further 5 years. In the event of a second renewal, agents are engaged for an indefinite period.

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

The EMCDDA Director is employed as a temporary agent for a 5-year term, which is renewable. This is in accordance with the relevant provisions of the EMCDDA's founding regulation.

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

For the majority of its activities, the EMCDDA requires scientifically and/or technically qualified staff with highly specialised knowledge and extensive experience – particularly in those fields linked to its core activities. Specialisation is inherent to the agency. The EU skills base of available and competent staff is limited. In some areas of activity, only one staff member is involved in running the service.

Furthermore, given the ground-breaking nature of many of its activities, the agency needs to cultivate a workforce that combines sector knowledge and insight in its specialised field of expertise (drugs and drug addiction) with a track record of innovation, cooperation and knowledge transfer. Staff therefore need to be prepared to nurture agency-wide skills, and must possess the professional latitude and flexibility to work 'horizontally' on other projects that might benefit from their area of expertise.

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

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

The EMCDDA employs officials and temporary agents in the long term to carry out its scientific, technical and administrative tasks of a permanent or long-term nature. These tasks are, in summary:

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

Temporary agents in long-term employment are offered a 5-year contract at the time they are contracted. In accordance with Article 8 of the CEOS, this contract may be renewed for a further 5 years. In the event of a second renewal, agents are engaged for an indefinite period.

The employment of officials is necessary for a number of reasons.

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

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

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

The EMCDDA may also employ temporary agents on short-term contracts to fulfil specific scientific, technical and administrative operating needs for a limited duration. The

duration of the contract is determined by the limited duration of the tasks. In principle, the contract may be renewed just once for a definite period:

- to ensure the delivery of time-bound tasks, that is, for the execution of technical assistance projects financed by specific appropriations provided by European programmes (e.g. the IPA);
- to ensure the temporary replacement of staff in the case of medium- or long-term absence;
- to cope with temporary peaks in workload;
- to fulfil highly specific temporary operational needs requiring highly specific and high-level technical or scientific expertise.

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

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

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

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

Contract agents in long-term employment are offered a 5-year contract on recruitment. In accordance with Articles 8 and 85 of the CEOS, this contract may be renewed for further 5 years. In the event of a second renewal, agents are engaged for an indefinite period.

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

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

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

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

(e) Seconded national experts (SNEs)

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

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

Implementing rules in place:

		Yes	No	If no, which other implementing rules are in place
Engagement of CAs	Model Decision C(2019) 3016	x		
Engagement of TAs	Model Decision C(2015) 1509	x		
Middle management	Model Decision C(2018) 2542	x		
Type of posts	Model Decision C(2018) 8800		x	Commission Decision C(2013) 8979, of 16.12.2013, on types of post and post titles

B. Appraisal and reclassification/promotions

Implementing rules in place:

		Yes	No	If no, which other implementing rules are in place
Reclassification of TAs	Model Decision C(2015) 9560	x		
Reclassification of CAs	Model Decision C(2015) 9561	x		

TABLE V.1

Reclassification of temporary agents / promotion of officials

Average seniority in the grade among reclassified staff							
Grades	Year *N* – 4 2018	Year *N* – 3 2019	Year *N* – 2 2020	Year *N* – 1 2021	Year *N* 2022	Actual average over 5 years [a]	Average over 5 years (according to Decision C(2015) 9563)
AD 5		3				3.00	2.8
AD 6	3.5				3	1.75	2.8
AD 7		5.5	3.5	3		4.00	2.8
AD 8	3		3	4.6	3	3.53	3
AD 9		5.67	4.5	3.33	4.66	4.50	4
AD 10		9		3.25	3.5	6.13	4
AD 11	4			7	6	5.50	4
AD 12				7		7.00	6.7
AD 13					10.25		6.7
AST 1							3
AST 2	3						3
AST 3							3
AST 4				5	3		3
AST 5	5.5	8	4.5	5		5.00	4
AST 6	3	5	4.5	5		5.75	4
AST 7	4			3.5	5	4.17	4
AST 8			5		4	3.75	4
AST 9						5.00	N/A
AST 10 (Senior assistant)	5						5
AST/SC 1							4
AST/SC 2							5
AST/SC 3							5.9
AST/SC 4							6.7
AST/SC 5							8.3

[a] The average introduced here has been calculated over 4 years. The average for 5 years will only be possible to determinate after the result of the reclassification procedure of 2022.

TABLE V.2
Reclassification of contract staff

Function group	Grade	Staff in activity at 1.1.*N* – 2 2020	How many staff members were reclassified in year *N* – 1 2021	Average number of years in grade of reclassified staff members	Average number of years in grade of reclassified staff members according to Decision C(2015) 9561
CA IV	17				Between 6 and 10 years
	16	1			Between 5 and 7 years
	15	1			Between 4 and 6 years
	14	6	1	4.63	Between 3 and 5 years
	13				Between 3 and 5 years
CA III	11	2			Between 6 and 10 years
	10	2			Between 5 and 7 years
	9	1			Between 4 and 6 years
	8				Between 3 and 5 years
CA II	6	2			Between 6 and 10 years
	5	4	1	4.33	Between 5 and 7 years
	4				Between 3 and 5 years
CA I	2	2			Between 6 and 10 years
	1				Between 3 and 5 years

C. Gender representation

TABLE V.3
Data on 31.12.*N* – 1 statutory staff (only officials, temporary agents and contract agents), 2021

		Officials		Temporary staff		Contract agents		Grand total	
		No	%	No	%	No	%	No	%
Female	Administrator level			21	19.44				0.00
	Assistant level (AST and AST/SC)	2	1.85	11	10.19				0.00
	Contract agents FG IV					5	4.63		0.00
	Contract agents FG I–III					18	16.67		0.00
	Total	**2**	**1.85**	**32**	**29.63**	**23**	**21.30**	**57**	**52.78**
Male	Administrator level	4	3.70	22	20.37				0.00
	Assistant level (AST or AST/SC)			11	10.19				0.00
	Contract agents FG IV					5	4.63		0.00
	Contract agents FG I–III					9	8.33		0.00
	Total	**4**	**3.70**	**33**	**30.56**	**14**	**12.96**	**51**	**47.22**
Grand total		**6**	**5.56**	**65**	**60.19**	**37**	**34.26**	**108**	**100.00**

TABLE V.4
Data showing trends in gender over a 5-year period in middle and senior management [a]

	N – 5 2016		*N* – 1 2021	
	Number	%	Number	%
Female managers	1	10	2	22.3
Male managers	9	90	7	77.7

[a] Staff defined as middle managers by the applicable General Implementing provisions on middle management.

In case of significant continuous imbalance, please explain and detail action plan implemented in the agency.

The EMCDDA is committed to addressing the gender imbalance among its senior staff. This is enshrined in all the policies currently applicable at the agency. In particular, the agency's implementing rules on recruitment and the general guidelines on recruitment that are made available to the general public make clear that the EMCDDA encourages applications from women and express the agency's commitment to preventing any form of discrimination. Further action in this area could be taken pursuant to the outcome of the activities that are ongoing in the network of the EU agencies.

Mobility policy

(a) Mobility within the EMCDDA

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

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

(b) Mobility among EU agencies

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

Since 2014, and with the entry into force of the new staff regulations, the legal framework has changed. Owing to the introduction of a new category of temporary agents (under Article 2(f) of the CEOS) and the introduction of Article 55 of the CEOS, career continuity for temporary agents is ensured. The EMCDDA has already recruited its first temporary agent from another agency using the above-mentioned articles.

(c) Mobility between the EMCDDA and the EU institutions

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

- transfer of officials from the institutions to the EMCDDA (seven officials from the European Commission and one from the Council);
- transfer of officials from the EMCDDA to the EU institutions (six officials to the European Commission and one official to the Committee of the Regions);
- engagement as temporary agents of officials on secondment from EU institutions who have been successful in an EMCDDA selection process for temporary agents (12 officials from the European Commission and 2 officials from the European Parliament).

D. Geographical balance

TABLE V.5

Nationalities of staff (split by administrator / contract agent FG IV and assistant / contract agent FG I, II, III): data on 31.12.2021 for statutory staff only (officials, temporary agents and contract agents)

	AD + CA FG IV		AST/SC – AST + CA FG I / CA FG II / CA FG III		Total	
Nationality	Number	Percentage of total staff members in AD and FG IV categories	Number	Percentage of total staff members in AST SC/AST and FG I, II and III categories	Number	Percentage of total staff
BE	6	10.53	5	9.80	11	10.19
BG	2	3.51	1	1.96	3	2.78
CZ	1	1.75	0	0.00	1	0.93
DE	4	7.02	3	5.88	7	6.48
ES	3	5.26	4	7.84	7	6.48
FI	1	1.75	0	0.00	1	0.93

	AD + CA FG IV		AST/SC – AST + CA FG I / CA FG II / CA FG III		Total	
Nationality	Number	Percentage of total staff members in AD and FG IV categories	Number	Percentage of total staff members in AST SC/AST and FG I, II and III categories	Number	Percentage of total staff
FR	6	10.53	3	5.88	9	8.33
HU	1	1.75	0	0.00	1	0.93
IE	4	7.02	1	1.96	5	4.63
IT	6	10.53	4	7.84	10	9.26
LU	1	1.75	1	1.96	2	1.85
LV	1	1.75	0	0.00	1	0.93
NL	1	1.75	0	0.00	1	0.93
PL	2	3.51	2	3.92	4	3.70
PT	8	14.04	25	49.02	33	30.56
RO	3	5.26	1	1.96	4	3.70
UK	6	10.53	1	1.96	7	6.48
SW	1	1.75	0	0.00	1	0.93
Total	**57**		**51**		**108**	

TABLE V.6

Number and percentage of staff from the most represented nationality in the agency in 2016 and 2021

Most represented nationality	*N* – 5 2016		*N* – 1 2021	
	Number	%	Number	%
Portuguese	34	33.66	33	30.56

Schooling

Agreement in place with the European school(s): ongoing process				
Contribution agreements signed with the Commission on type I European schools	Yes		No	x
Contribution agreements signed with the Commission on type II European schools	Yes		No	x
Number of service contracts in place with international schools	5			

Description of any other solutions or actions in place: schooling services for the children of EMCDDA staff based on DEC/DIR/2011/17

Annex VI
Environmental management

Context of the agency and its environmental management strategy

The EMCDDA is part of the group of Justice and Home Affairs agencies under the Directorate-General for Migration and Home Affairs. Although the EMCDDA has no direct mandate related to the environment, the agency recognises that it, as a public institution, needs to actively monitor its environmental performance and implement appropriate measures to reduce its impact on the environment.

Following the adoption of the EMCDDA's environment policy, DEC/DIR/2014/08 ([18]), a yearly policy compliance report and a report on the progress on environmental measures will be produced as part of the annual work plan review process. Furthermore, the Working Group on Environment has been appointed by the agency's Director.

Environmental policy of the EMCDDA

The EMCDDA, in response to the growing need to preserve and improve the environment, and to the calls for its protection made by an increasingly environmentally aware and concerned society, is committed to reducing its negative environmental impact and to continually improving its environmental performance as an important part of the agency's operating methods.

The key principles and objectives of the EMCDDA's environmental policy are to:

- comply with or exceed the requirements of current environmental legislation, in particular the legislation applicable to the EMCDDA;
- minimise waste by evaluating operations and ensuring that they are as efficient as possible, and actively promote reuse or recycling internally, as well as among the agency's visitors and suppliers;
- encourage efficient use of energy, utilities and natural resources, especially where these are non-renewable;
- operate and maintain the vehicle(s) of the agency, adopt a travel policy with due regard to environmental issues, and encourage the use of alternative means of transport and car sharing as far as reasonably practicable;
- purchase and procure products that do the least damage to the environment, namely those with eco-labels or suppliers with environmental certificates, where possible, in order to minimise the environmental impact of production, distribution and consumption;
- promote environmentally conscious behaviour by the EMCDDA's staff and contribute to raising awareness among others by adding environmental statements to work emails and publications;
- establish procedures for the periodic review of environmental compliance, measures taken and goals achieved;
- be an environmentally responsible neighbour in the community where the agency operates, and seek to identify and correct incidents or conditions that endanger health, safety or the environment;
- participate in efforts to improve environmental protection and understanding, sharing appropriate pollution prevention technology, knowledge and methods with other European agencies;
- consider obtaining environmental certification for the EMCDDA in the long run, with due regard to the available resources.

Overview of the agency's environmental management system

The EMCDDA's environmental management system is loosely based on the EU eco-management and audit scheme (EMAS). The environment policy frames the intention of the agency and creates the legal framework defining the scope of the environmental management system. The Director appointed the Working Group on Environment with a mandate to review, communicate and propose measures related to the environmental performance of the agency. The main service providers in infrastructure, logistics and ICT plan, implement and improve the measures approved by the Director. There are two reporting lines in the environmental management system envisaged, which will include all mapped stakeholders. The environmental performance of the EMCDDA is reported in the annual work plan review process in the form of KPIs and through the annual publication of the EMCDDA's environmental report. The findings and targets set out in the environmental report are reviewed by the Working Group on Environment, which then issues recommendations. Environmental matters are promoted and published through the Working Group on Environment. The use of green public procurement is required.

Environmental aspects, indicators and targets

The EMCDDA's annual environmental report is produced by the infrastructure and logistics sector. It covers the following indicators that are usually key for public administrations working mostly in an office environment and are based on the

([18]) https://www.emcdda.europa.eu/publications/ad-hoc-publication/environmental-policy_en.

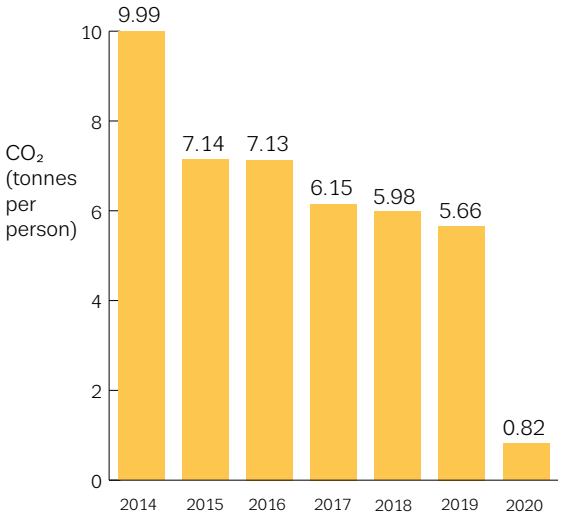
United Nations Framework Convention on Climate Change standard for the calculation of an organisation's carbon dioxide (CO_2) footprint:

- energy consumption
- water consumption
- paper consumption
- waste production and sorting
- canteen
- official vehicles
- staff transport to and from work
- missions
- CO_2 emissions.

The EMCDDA has been actively monitoring its environmental performance and CO_2 footprint since 2014. Continuous improvement cycles have reduced its CO_2 footprint over the years in comparison with the established baseline of 2014. The results shown in Figure A1 were published in 2021, using data from 2020.

FIGURE A1

Trend in the EMCDDA's CO_2 footprint between 2014 and 2020



Actions to improve and communicate environmental performance

The Working Group on Environment has its own intranet page, providing information on its mandate and measures to be implemented. It posts the annual environmental report on this intranet page. Frequent awareness-raising communications promote environmentally friendly behaviour among staff.

Owing to the application of green public procurement measures, contract related to utilities and consumables have been replaced at renewal with more environmentally friendly solutions. For example, the agency's electricity provider now delivers electricity from 100 % renewable energy sources, compared with the 60–40 mix of the previous provider.

The Working Group on Environment recommended reducing electricity consumption and having solar power cells installed on the roof of the EMCDDA's premises. Furthermore, the installation of electrical car charging stations was recommended to promote the purchase of electric cars. Both projects were approved by the Director in 2019. The EMCDDA responded by following the recommendations and implementing the projects in 2020.

The environmental policy states that the EMCDDA is striving towards obtaining environmental certification in the long run, with due regard to the resources available. So far, the lack of a direct mandate and the size of the EMCDDA have prevented implementation, owing to a lack of financial and staff resources. The same lack of resources has prevented the EMCDDA from offsetting its CO_2 footprint in the past.

The EMCDDA will strive to become a carbon-neutral administration within the next 5 years. This aim is motivated by the Commission's stated intention to become a carbon-neutral administration by 2030.

Annex VII
Building policy

Since 2009, the EMCDDA has rented from the Lisbon Port Authority its main office building and a second office building, the Relogio Building, which is located next to the main building in the centre of Lisbon. Both buildings are part of a complex of four buildings that are interconnected by an underground car park, where the EMCDDA rents 61 parking spots. This complex is shared with EMSA. In early 2016, the company Bensaude SA concluded a contract to sublease parts of the Relogio Building. The date of effect of this contract is 1 May 2016 and it has an initial duration of 5 years, which may be extended for a further 5 years.

Future outlook

The EMCDDA is going to pay special attention to anticipate the adjustments that the EMCDDA's premises and infrastructure may require for the implementation of its expected new mandate. The intention to move to an updated teleworking policy, following a positive experience during the COVID-19 pandemic, would reduce the agency's office space requirements. The reduced need for office space could result in a renegotiation of the rental agreement in order to return the Relogio Building to the Lisbon Port Authority or to move to an alternative building.

	Building name and type	Location	Surface area (m²)			Rental contract					Host country (grant or support)
			Office space	Non-office	Total	Rent (EUR/year)	Duration of the contract	Type	Breakout clause Y/N	Conditions attached to the breakout clause (if applicable)	
1	Two office buildings, rented	Praça Europa 1, Cais do Sodré, 1249–289 Lisbon, Portugal	5 846	674	6 520	EUR 994 841.04 from 2021, without prejudice to the annual indexation of the rent as required by relevant legislation	25 years	Rental for 25 years with purchase option	Y	Force majeure	The host country supported the installation by providing the office furniture for the headquarters
Total			**5 846**	**674**	**6 520**	**994 841.04**					

Building projects in the planning phase

No new building projects have been planned.

Building projects submitted to the European Parliament and the Council

No further building projects have been submitted to the European Parliament and the Council.

Annex VIII
Privileges and immunities

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

Annex IX
Evaluations

External evaluations

In line with Article 23 of the EMCDDA's recast founding regulation, the European Commission initiates an external evaluation of the agency every 6 years and forwards the evaluation report to the European Parliament, the Council and the EMCDDA Management Board.

The fourth external evaluation of the EMCDDA was carried out by the European Commission during 2018. The exercise evaluated the success of the implementation of the 3-year strategy and work programme for 2016–2018 and of the previous strategy and work programme for 2013–2015. The final report was presented to the EMCDDA Management Board in December 2018, further to which a follow-up action plan was approved by the Management Board in December 2019 (see also 'Main area 3: Business drivers', 'Business driver 1: Institutional'). This action plan is periodically updated and used to inform the activities of the EMCDDA.

Internal monitoring and evaluation system

The EMCDDA's performance framework (see Figure A2) identifies a limited number (10) of KPIs that will be used to measure its effectiveness in delivering the desired outputs and its efficiency in using the resources allocated to that end.

They are complemented by higher level KPIs, at outcome and impact levels. While the EMCDDA will ensure high-quality delivery of its products and services, in line with its mandate and resources, their uptake by the agency's key stakeholders (outcome) and any consequent changes in EU drug policies and legislation (first-level impact) are, however, beyond the control of the EMCDDA.

In Figure A2, this is reflected by means of the 'accountability ceiling', which shifts gradually from high in the area of inputs, processes and outputs, to low as we approach the impact area.

In order to measure the 10 composite KPIs, smaller and more specific performance indicators (PIs) and additional performance data (metrics) have been put in place (see Table IX.1). They will build on the experience and knowledge gained in implementing the EMCDDA performance framework to date and will be further refined to make sure that they are fit for purpose in the new framework.

To respond to the needs that will emerge from the entering into force of the agency's new regulation o as of 2024, a review of the performance model is expected to take place in 2023. This will also support the implementation of the new business model, which has customer focus at its core.

FIGURE A2
The EMCDDA performance model

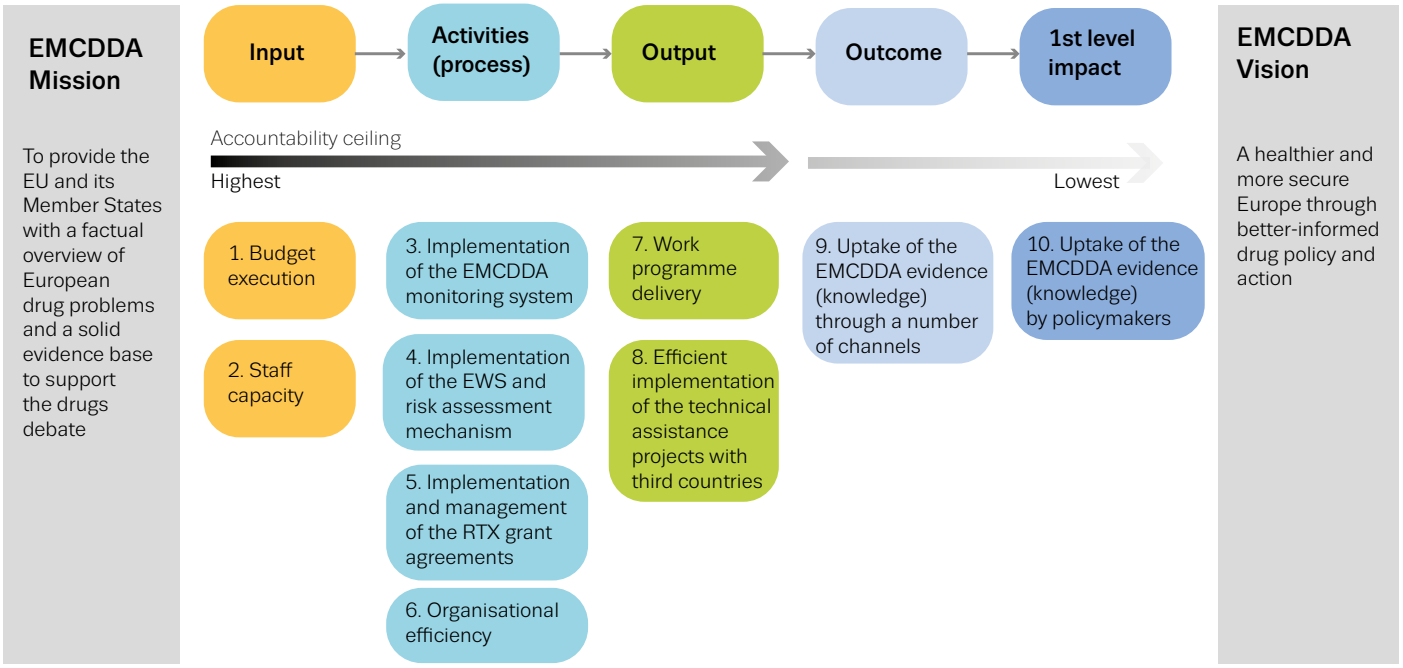


TABLE A16
KPI architecture

Category	Key performance indicators (KPI)	Performance indicators (PI) And metrics	PI targets / Metrics definition	Strategic objectives
Input	**1. Budget execution**	1.1. Commitment appropriations	Minimum 95 % of the total commitment appropriations	All
		1.2. Cancellation rate of payment appropriations	Maximum 5 % cancelled payment appropriations	
	2. Staff capacity	2.1. Occupation rate (implementation of the establishment plan)	At least 95 % of the establishment plan posts (officials, temporary agents) filled at the end of the year (if the required resources are available)	All
		2.2. Staff turnover	Maximum 4 % of staff leaving the EMCDDA during the year, out of the total number of staff (officials, temporary agents, contract agents)	
		2.3. Average number of training days per staff member	Minimum of 3 days	
Activities (process)	**3. Implementation of the EMCDDA monitoring system**	3.1. Input to the monitoring system via national reporting	National reporting guidelines agreed at the heads of NFPs meeting each autumn	H1, H2, H3, H4, S1, S2, S3, S4, B2
		3.2. Availability of statistical outputs	Statistical Bulletin published on the public website annually alongside the *European Drug Report*	
		3.3. Feedback provided to NFPs on workbooks	Feedback from the heads of NFPs meeting in spring	
	4. Implementation of the EWS and risk assessment mechanism on NPS	4.1. Formal notifications on NPS and public health-related warnings issued to the EWS network	In line with the deadlines and criteria specified in Regulation (EU) 2017/2101 (amending Regulation (EC) 1920/2006) and the applicable standard operating procedures	H2
		4.2. Formal reports (EMCDDA initial reports on NPS and risk assessment reports) submitted to stakeholders (as appropriate)		
	5. Implementation and management of the Reitox grant agreements	5.1. Quality of organisation of the heads of NFPs meetings	(a) 100 % of the supporting documents made available to the NFPs 2 weeks prior to the meetings (except for documents related to events occurring within this time frame)	B2
			(b) Conclusions and action points disseminated within 4 weeks from the close of the meetings	
		5.2. Execution rate (commitments) of the grant agreements budget	95 % of the available funding is committed for NFP grants	
		5.3. Timeliness of processing of 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	
	6. Organisational efficiency	6.1. Effectiveness of the Director in providing support to the Management Board in performing its tasks	(a) 100 % of the supporting documents for the Management Board meetings uploaded to the Management Board extranet at least 2 weeks before the meetings (except for documents related to events occurring within this time frame)	B1, B3, B4
			(b) Draft minutes sent to the Chair within a maximum of 20 working days from the close of Management Board meetings	

Category	Key performance indicators (KPI)	Performance indicators (PI) And metrics	PI targets / Metrics definition	Strategic objectives
Activities (process)	**6. Organisational efficiency**	6.2. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks	(a) 100 % of the supporting documents for the Scientific Committee meetings uploaded to the Scientific Committee extranet at least 2 weeks before the meetings (except for documents related to events occurring within this time frame)	
			(b) Draft minutes of the meetings sent to the Chair within a maximum of 2 weeks of the close of the meetings	
		6.3 Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations ('critical' and 'very important') implemented within the deadline set out in the follow-up action plan endorsed by the Management Board	
		6.4. Timely delivery of the documents supporting the strategic planning and programming cycle (programming documents and *General Report of Activities*) (as required by the EMCDDA's recast founding regulation)	All documents delivered within deadline	
		6.5. Average duration of recruitment processes	Maximum of 4 months from the expiry date of the vacancy notice to appointment decision	
		6.6. Number of accidents at workplace	No accidents	
		6.7. Efficiency in using available facilities, equipment and infrastructure	No increase in utility costs (compared with 2019, the last year with EMCDDA staff fully office based, before the COVID-19 pandemic)	
		6.8. Availability of ICT systems	(a) Office supporting infrastructure availability: system availability greater than 95 % in office hours (maximum of 103 hours of accumulated downtime per year)	
			(b) Corporate supporting infrastructure availability (websites, web applications, Fonte, databases, email, security): system runs on a 24/7 basis with an overall availability annual target of minimum 99 % availability (maximum of 88 hours of annual accumulated downtime per year)	
		6.9. Efficiency in implementing ICT projects	Deviation between planned and consumed ICT resources (defined as FTEs of ICT staff) for core projects	
Output	**7. Work programme delivery**	7.1. Degree of implementation of the 2023 work programme	(a) 100 % of the expected outputs/results listed as level 1 priority achieved	All
			(b) 80 % of the expected outputs/results listed as level 2 priority achieved	
			(c) 50 % of the expected outputs/results listed as level 3 priority achieved	
	8. Efficient implementation of technical assistance projects with third countries	8.1. Efficient implementation of IPA 8 (subject to approval of funding by the European Commission)	(a) Minimum 80 % of the project's expected results are achieved (in line with the commitments expressed by the partner countries)	B2, H1, H2, S1, S2, S3 H1, H2, S1, S2, S3, B2.
			b) Minimum 85 % of the total budget committed	
		8.2. Efficient implementation of EU4MD 2 (subject to approval of funding by the European Commission)	(a) Minimum 80 % of the annual milestones achieved	
			(b) Minimum 70 % of the annual budget committed	

Category	Key performance indicators (KPI)	Performance indicators (PI) And metrics	PI targets / Metrics definition	Strategic objectives
Outcome	**9. Uptake of EMCDDA evidence/knowledge through a number of channels**	9.1. Audience reached through the website	Number of unique visitors	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		9.2. Responsiveness of the EMCDDA to the needs of key institutional stakeholders (EU institutions and Member States)	(a) Number of institutional meetings attended
			(b) Number of requests for input/advice from key institutional stakeholders responded to
			(c) Number of requests to visit the EMCDDA received from EU institutions and national authorities of EU Member States fulfilled
		9.3. Contribution to major scientific and practice drug events	(a) 100 % of events attended (resource dependent)
			(b) 75 % of presentations delivered
		9.4. Publishing of scientific articles in peer-reviewed journals	Impact score 30 or higher (impact score = the journal impact factor × the number of scientific articles published in 2022)
		9.5. Training provided by the EMCDDA	(a) Number of people trained (by categories of training: Reitox academies, European drugs summer and winter schools, training with partners such as CEPOL)
			(b) Minimum 80 % satisfaction rate (average score calculated based on all the training evaluation reports) with the Reitox academies
		9.6. General public requests	Number of public enquiries answered
		9.7. Audience reached through social media	(a) Growth in followers: increased number of followers than the previous year
			(b) An average engagement rate equal to or higher than the previous year
		9.8 Audience reached through newsletters	(a) Increased number of subscribers compared with the previous year
			(b) An average opening and click rate above industry standard
		9.9 Audience reached through videos	(a) At least a 5 % increase in subscribers (compared with previous year)
			(b) Increase of 5 % in total video views (compared with previous year)
		9.10. Media reached	Number of media requests answered
		9.11. Visitors to the EMCDDA	Number of visitors received (by categories: policy, practice, academia, general public)
Impact	**10. Uptake of EMCDDA evidence/knowledge by policymakers**	10.1. Council implementing decisions to subject NPS to control measures and criminal penalties throughout the EU (within the mechanism established by Regulation (EU) 2017/2101)	Defined by need	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		10.2. EMPACT cycle for 2022–2025: implementation of the OAP for 2023 and support to the Commission and the Member States in formulating the OAP for 2024	Defined by need
		10.3. EU Serious and Organised Crime Threat Assessment informed by the EMCDDA (including through the *EU Drug Markets Report*)	Defined by need
		10.4. Other EU and national policies and legislation, and UN documents, informed by the evidence produced by the EMCDDA	Defined by need
		10.5. Other evidence of uptake of EMCDDA knowledge by policymakers (to be defined)	Defined by need

For efficiency reasons, when reporting to our stakeholders, a selection of the most relevant PIs is made, while the remaining PIs are used for internal monitoring purposes only.

Annex X
Strategy for organisational management and internal control systems

a. Internal control framework

Pursuant to Article 44.2 of the financial regulation applicable to the EMCDDA, the EMCDDA Director, in his capacity as EMCDDA authorising officer, is to put in place the structure and internal control systems suited to the performance of his duties, in accordance with the minimum standards for effective management and control adopted by the Management Board, on the basis of equivalent standards laid down by the Commission, and having due regard for the risks associated with the management environment.

The Management Board's Decision DEC/MB/10/06 of 1 July 2010 adopted 16 internal control standards for the effective management and control at the EMCDDA. The implementation of this decision has been sought and monitored in a systematic manner since then.

The communication to the European Commission from Commissioner Oettinger (C(2017) 2373 of 19 April 2017) set up a new internal control framework consisting of 5 internal control components and 17 principles, based on the 2013 internal control integrated framework. Thereafter, it was necessary and opportune for the EMCDDA Management Board to adopt a revised internal control framework for the EMCDDA, on the basis of the new internal control framework adopted by the European Commission and based on best international practices. On 15 December 2017, the EMCDDA Management Board adopted the revised EMCDDA internal control standards that are currently in place (DEC/MB/17/19).

b. Anti-fraud strategy

In 2011, the European Commission adopted its new anti-fraud strategy, aimed at improving the prevention, detection and conditions for investigation of fraud and improving the achievement of adequate reparation and deterrence. The action plan accompanying this document tasked the European Anti-Fraud Office (OLAF) with the provision of a methodology and guidance to help EU decentralised agencies to develop their own anti-fraud strategies (or update their existing ones) taking into account the principle of 'zero tolerance' of fraud and the specific context of the agencies, which are usually small entities.

In July 2012, the European Parliament, the Council and the European Commission agreed on a joint statement that included a common approach presenting 66 conclusions/statements that made up a common and legally non-binding approach concerning a series of issues relating to EU decentralised agencies. Conclusion/statement no 66 recommended that EU agencies be more active and communicate better in relation to fraud prevention.

With regard to the above, OLAF has drawn up the required methodology and guidance for EU agencies and has organised some workshops to support the latter in the design and implementation of their anti-fraud strategies. Relevant EMCDDA staff were able to attend one of these workshops in June 2015.

As indicated by OLAF itself, the use of the methodology was not compulsory, but it was intended to enable each agency to draw up a tailored anti-fraud strategy adapted to its specific context and risk profile and proportionate to it, having due regard to the costs and benefits of the measures to be implemented.

In June 2016, the EMCDDA's Management Board approved the anti-fraud strategy (DEC/MB/16/09), which reflected OLAF's methodology and guidance. It completed and developed the measures already taken by the EMCDDA on this matter, in particular rules on internal investigations by OLAF, initiatives for raising awareness of staff ethics, rules on gifts and hospitality offered by third parties, and guidelines on serious wrongdoing and whistleblowing. In this context, the strategy took into account the priorities set by the European Commission within the framework of the common approach to EU decentralised agencies, in particular the proper handling of conflicts of interest and the development of anti-fraud activities through prevention, detection, awareness-raising and closer cooperation with OLAF.

As a follow-up to the Commission's revision of its anti-fraud strategy in 2019, the EMCDDA has reviewed and updated its own strategy, which was adopted by the Management Board in December 2021.

c. Prevention of conflicts of interest

The Management Board adopted the revised EMCDDA policy for the prevention and management of conflicts of interest (DEC/MB/14/18) on 5 December 2014; it reflects the above-mentioned common approach endorsed by the European Parliament, the Council and the Commission in July 2012, calling for the development and application in all EU decentralised agencies of a coherent policy on preventing and managing conflicts of interest for the members of the Management Board, the members of the Scientific Committee and the agencies' directors.

The policy took into account the main recommendations addressed to agencies in this area by the European Parliament

(i.e. in the context of the discharge process), the European Court of Auditors (in its Special Report No 15/2012 on management of conflicts of interest in selected EU agencies), the European Ombudsman (on the occasion of visits to several agencies, as part of a programme launched in May 2011) and the Commission's Internal Audit Service, in its capacity as internal auditor of the agencies.

The Commission worked closely with the agencies to prepare the model for these guidelines. In particular, the Heads of EU Agencies Network contributed to this preparation by gathering information about agencies' experiences and best practices in this field.

The agency also has in place conflict of interest policies applicable to its statutory staff, who are bound by the staff regulations (e.g. at the moment of taking up duty, in relation to spouses' conflicts of interest, during recruitment processes). This is covered by Section 3(c) of the EMCDDA's guidelines on the recruitment of EMCDDA staff, which was last updated in January 2021, together with the templates for the declaration of absence of conflict of interest and of confidentiality.

Annex XI
Plan for grant, contribution or service level agreements

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount (EUR)	Duration	Counterpart	Short description		2022	2023	2024	2025
Grant agreements										
GA.21. RTX.001 – Austria	20.5.2021	79 590	31.12.2021	Gesundheit Osterreich GmbH		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.002 – Belgium	28.4.2021	79 590	31.12.2021	Sciensano		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.003 – Bulgaria	28.4.2021	79 590	31.12.2021	National Centre of Public Health and Analyses		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.004 – Cyprus	5.5.2021	79 590	31.12.2021	Cyprus National Addictions Authority		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.005 – Czechia	8.10.2021	79 590	31.12.2021	Česká Republika		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.006 – Denmark	7.7.2021	79 590	31.12.2021	Danish Health Authority		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.007 – Estonia	6.5.2021	79 000	31.12.2021	National Institute for Health Development		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.008 – Finland	6.5.2021	79 590	31.12.2021	Finnish Institute for Health and Welfare		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount (EUR)	Duration	Counterpart	Short description		2022	2023	2024	2025
GA.21. RTX.009 – France	19.5.2021	79 590	31.12.2021	Observatoire français des drogues et des toxicomanies		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.010 – Germany	5.5.2021	79 590	31.12.2021	Institute for Therapy Research		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.011 – Greece	4.5.2021	79 590	31.12.2021	University Mental Health, Neurosciences and Precision Medicine Research Institute Costas Stefanis		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.012 – Hungary	17.5.2021	79 590	31.12.2021	Magyarorszag		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.013 – Ireland	19.5.2021	79 590	31.12.2021	The Health Research Board		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.014 – Italy	6.5.2021	79 590	31.12.2021	Repubblica Italiana		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.015 – Latvia	6.7.2021	72 760	31.12.2021	Disease Prevention and Control Centre of Latvia		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.016 – Lithuania	6.5.2021	79 590	31.12.2021	Drug Tobacco and Alcohol Control Department		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.017 – Luxembourg	6.5.2021	79 590	31.12.2021	Groussher-zogtum vu Letzeburg Grand Duchy of Luxembourg		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount (EUR)	Duration	Counterpart	Short description		2022	2023	2024	2025
GA.21. RTX.018 – Malta	6.5.2021	53 770	31.12.2021	Repubblika ta Malta		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	-
GA.21. RTX.019 – Netherlands	12.5.2021	79 590	31.12.2021	Stichting Trimbos-Instituut, Netherlands Institute of Mental Health and Addiction		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.020 – Poland	16.6.2021	79 590	31.12.2021	Krajowego Biura do Spraw Przeciwdziala-nia Narkomanii		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.021 – Portugal	12.5.2021	79 590	31.12.2021	General Directorate for Intervention on Addictive Behaviours and Dependencies		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.022 – Romania	15.3.2021	79 590	31.12.2021	The National Anti-drug Agency		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.023 – Slovakia	16.6.2021	79 590	31.12.2021	Slovenská Republika		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.024 – Slovenia	12.5.2021	79 590	31.12.2021	National Institute of Public Health		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.025 – Spain	12.5.2021	79 590	31.12.2021	Reino de España		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.21. RTX.026 – Sweden	9.7.2021	79 590	31.12.2021	The Public Health Agency of Sweden		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount (EUR)	Duration	Counterpart	Short description		2022	2023	2024	2025
GA.21. RTX.028 – Croatia	12.5.2021	32 300	31.12.2021	Croatian National Institute of Public Health		Amount	60 000	60 000	60 000	60 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
Total grant agreements						**Amount**	**1 620 000**	**1 620 000**	**1 620 000**	**1 620 000**
						Number of CAs				
						Number of SNEs				
Contribution agreements										
Contract No 2019/406–479	1.7.2019	1 000 000	31.12.2022	European Commission		Amount	0	–	–	–
						Number of CAs	3	–	–	–
						Number of SNEs	0	–	–	–
ENI/2021/423–588	3.5.2021	800 000	2.5.2023	European Commission		Amount	0	–	–	–
						Number of CAs	2	2	–	–
						Number of SNEs	0	–	–	–
ENI/2018/401–149	1.1.2019	3 000 000	31.12.2022	European Commission		Amount	0	–	–	–
						Number of CAs	5	–	–	–
						Number of SNEs	0	–	–	–
COPOLAD	15.7.2022	800 000	30.11.2024	Organizzazione Internazionale Italo–Latino Americana		Amount	360 000	360 000	80 000	–
						Number of CAs	2	2	2	–
						Number of SNEs	0	0	0	–
IPA 8		1 500 000	30.11.2026	European Commission		Amount	–	1 500 000	–	–
						Number of CAs	–	3	3	3
						Number of SNEs	–	0	–	–
EU4MD 2		4 000 000	30.11.2027	European Commission		Amount	–	912 514	851 843	730 849
						Number of CAs	–	4	4	4
						Number of SNEs	–			
Total grant agreements						**Amount**	**360 000**	**2 772 514**	**931 843**	**730 849**
						Number of CAs	**12**	**11**	**9**	**7**
						Number of SNEs	**0**	**0**	**–**	**–**

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount (EUR)	Duration	Counterpart	Short descrip-tion		2022	2023	2024	2025
Service level agreements										
SLA-PMO				European Commission		Amount				
						Number of CAs				
						Number of SNEs				
SLA-DIGIT				European Commission		Amount				
						Number of CAs				
						Number of SNEs				
SLA-DG BUDG (ABAC)				European Commission		Amount				
						Number of CAs				
SLA-Training				European Commission		Amount				
						Number of CAs				
						Number of SNEs				
Rent Joint Centre – SLA EMCDDA/ EMSA Agreement				European Maritime Safety Agency		Amount				
						Number of CAs				
						Number of SNEs				
SLA ID Cards				European Commission		Amount				
						Number of CAs				
SLA EMCDDA – Europol SIENA (memorandum of understanding)				Europol		Amount				
						Number of CAs				
						Number of SNEs				
SLA CERT-EU/ EMCDDA 2020				European Commission		Amount				
						Number of CAs				
Total service level agreements						**Amount**				
						Number of CAs				
						Number of SNEs				
TOTAL						**Amount**				
						Number of CAs				
						Number of SNEs				

Annex XII
Strategy for cooperation with third countries and/or international organisations

The EMCDDA International Cooperation Framework was adopted by the Management Board in December 2017. The document can be found on the EMCDDA website (https://www.emcdda.europa.eu/publications/work-programmes-and-strategies/international-cooperation-framework_en).

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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 more than 25 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

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

Related publications

| EMCDDA Programming Document 2022–2024

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EMCDDA, Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal
Tel. (351) 211 21 02 00 | info@emcdda.europa.eu
emcdda.europa.eu | twitter.com/emcdda | facebook.com/emcdda

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