European Monitoring Centre
for Drugs and Drug Addiction

SINGLE PROGRAMMING DOCUMENT

Single programming document 2022–2024

2022
2023
2024

Contents

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 2022–24.

This new programming period starts at a time when the COVID-19 pandemic is still unfolding. And while the EMCDDA has given proof of its capacity to rapidly adapt to the new reality, uncertainty remains on how the possible new waves of the pandemic will impact on our work, the work of our partners, and indeed, on the needs of our customers.

At the same time, the pandemic has accelerated unprecedented digital disruption, and the adoption of new, and more agile, working approaches. The EMCDDA has positioned itself as a fast mover, and we have big, transformative plans for the future.

In this regard, the business model innovation initiative which kicked off in 2020 will reach key milestones during this new programming period. We will build a digital ecosystem which will leverage the EMCDDA internal capability and have data networks and partnerships at its core. This will entail a significant organisational change effort, towards aligning the EMCDDA people, culture, structure and technology, and will require important investments. It will also involve working closely with our key partners, the Reitox network of national focal points in particular. This will allow us to successfully perform in the volatile, uncertain, complex and ambiguous external environment, with the ultimate purpose of bringing augmented value to our customers – the very reason for pursuing this transformative effort.

This will be achieved in line with the action plan adopted by the Management Board in 2021, and the EMCDDA Roadmap 2025, which will be guiding our work until the end of the Strategy 2025.

Moreover, the period 2022–24 will bring a revision of the EMCDDA's Regulation; the agency must therefore be prepared to embrace any upcoming opportunities.

During this time, the EMCDDA will continue to release new editions of its leading publications. This includes the 2022 modules of the European Responses Guide, the launch of a new digital and modular format of the EMCDDA–Europol EU Drug Markets Report (in 2022–2023), and the annual European Drug Report package (in a transition model), which will be complemented by smaller, focused and timely analyses on emerging topics. This rich, and increasingly sophisticated, information and analysis production and delivery will be supported by the ongoing evolution of our established and new drug monitoring methods.

Particularly important will be the support provided to the European Commission and the Member States in the implementation of the EU Drugs Strategy and Action Plan 2021–2025.

My team and I are highly dedicated to increasing the value we bring to our customers at EU level and in the Member States. To this end, we are engaging in a transformative organisational endeavour which we are confident will contribute not only to a *healthier and more secure Europe*, but also to a European Union which is more sustainable, digital and inclusive.

This is our top commitment for the period 2022–2024 and we know that we can count on our European partners, to deliver on this ambitious promise.

Alexis Goosdeel
Director, EMCDDA

List of abbreviations

ACS	Alternatives to coercive sanctions
BPP	Best Practice Portal
CA	contract agent
CADAP	Central Asia Drug Action Programme
CC	candidate countries
CEOS	Conditions of Employment of Other Servants of the European Union
CEPOL	European Union Agency for Law Enforcement Training
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
EASO	The European Asylum Support Office
ECDC	European Centre for Disease Prevention and Control
ECHA	European Chemicals Agency
EDMR	European Drug Markets Report
EDND	European Database on New Drugs
EDR	European Drug Report
EEAS	European External Action Service
EFCA	European Fisheries Control Agency
EFSA	European Food Safety Authority
EFSQ	European facility survey questionnaire
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
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EU-ANSA	EU Agencies Network on Scientific Advice
EU4MD	EU4Monitoring Drugs project
Eu-LISA	The European Union Agency for the Operational Management of Large-Scale IT Systems in the Area of Freedom, Security and Justice
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
FG	function group
FRA	European Union Agency for Fundamental Rights
Frontex	European Border and Coast Guard Agency
FTE	full-time equivalent
GPS	general population survey
HDG	horizontal drugs group
HFP	heads of national focal points
HIV	human immunodeficiency virus
HR	human resources
IAS	Internal Audit Service
ICT	information and communications technology

IPA	Instrument for Pre-Accession Assistance
IPA7	Instrument for Pre-Accession Assistance Project 7
JHA	Justice and Home Affairs
KI	key indicator
KPI	key performance indicator
MFF	multiannual financial framework
MIS	management information system
MoU	Memorandum of Understanding
NEWS	National early warning systems
NFP	national focal point
NPS	new psychoactive substances
OAP	operational action plan
OLAF	European Anti-Fraud Office
PI	performance indicator
OSI	open-source information
PCC	potential candidate countries
PD SPD	Preliminary Draft Single Programming Document
PDU	problem drug use (indicator)
PhV	pharmacovigilance
PLATO	practice training PLATfOrm
PWID	people who inject drugs
RA	risk assessment
RDF	Reitox development framework
Reitox	European information network on drugs and drug addiction
SCORE	Sewage analysis CORe group Europe
SIENA	Secure Information Exchange Network Application
SNE	seconded national expert
SOCTA	Serious and Organised Crime Threat Assessment
SPD	single programming document
TA	temporary agent
TDI	treatment demand indicator
UK	United Kingdom
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UPC	Universal Prevention Curriculum
VAT	value added tax
WHO	World Health Organization
WP	work programme

Mission statement

Independent, science-based information is a vital resource to help Europe understand the nature of its drugs 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 European Union'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.

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 and;
- 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 from the EMCDDA website (http://www.emcdda.europa.eu/publications/work-programmes-and-strategies/strategy-2025_en)

Section I
General context

Responding to EU needs in 2022–2024

Introduction

This single programming document (SPD) covers the period 2022–2024. It is presented in line with guidelines for the single programming document and the consolidated annual activity report of decentralised agencies that were adopted by the European Commission on 20 April 2020 ([2]).

Within this template, 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 concrete priorities of 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. For the SPD 2022–2024, this is the 2022 work programme, which 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 2022–2024. These are: (a) monitoring the state of the drugs problem, in particular using epidemiological indicators, and monitoring emerging trends; (b) monitoring the solutions applied to drug-related problems, providing information on best practices in the Member States and facilitating information exchange among them; (c) assessing the risks posed by new psychoactive substances (NPS) and maintaining a rapid information system; and (d) developing tools and instruments to help Member States to monitor and evaluate their national policies, and the European Commission to monitor and evaluate EU policies.

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 decisions in the field of drugs, at the level of the EU and its Member States. The results of the data collection, monitoring and analysis process provide the evidence that policymakers and professionals from across the EU need 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 them. 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.

Developments that will shape our work

Dynamic drug phenomenon

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 Report 2021* ([3]), highlights the continuing high degree of availability of most illicit substances. The latest data show that in Europe over 1 million seizures of illicit drugs are reported annually, with cannabis products most often seized. Around 83 million or 28.9 % of adults (aged 15-64) in the European Union are estimated to have used illicit drugs at least once in their lifetime.

In terms of the consequences of drug use, there are signs that the increase in cocaine supply is associated with more reported health problems. Furthermore, heroin is still the most common illicit opioid on the drug market in Europe and is a major contributor to drug-related health and social costs. In that regard, while Europe aims to combat viral hepatitis as a public health threat, in line with the global 2030 Agenda for Sustainable Development, providing people who inject heroin, or other drugs, with greater access to prevention, testing and treatment for infections with the hepatitis B virus and the hepatitis C virus is central to achieving this objective, as they are the people with the highest burden of disease and at

([2]) 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).

([3]) Available from the EMCDDA website (https://www.emcdda.europa.eu/edr2021)

highest risk of transmission. To this end, the EMCDDA report highlights the need to scale up measures to address viral hepatitis, particularly in parts of eastern Europe, and a new set of barometers and implementation tools has been developed by the EMCDDA to support European countries in these efforts.

Furthermore, rapid studies published in 2020 and spring 2021 ([4]), show that disruption to drug use and the market resulting from the coronavirus disease 2019 (COVID-19) pandemic could have long-term implications for Europe's drug services and law enforcement agencies. It can be anticipated that innovative drug distribution models developed during lockdown, along with the potential longer-term impact on mental health and economic impact of the pandemic on vulnerable communities, will add to the challenges already posed by an abundant supply of drugs.

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 2020, the EMCDDA was monitoring close to 830 NPS that had appeared on Europe's drug market since monitoring began in 1997. This included 46 substances that had been notified for the first time in 2020. 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 each year. 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 closure of public spaces and stay-at-home measures – bring new challenges as a result of effects on the existing drug markets, drug use, and drug services and other response measures. These challenges are likely to have an impact, still difficult to predict, in 2022 and the years to come, during the post-COVID-19 era.

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 only a small share of the drug market in Europe, they are a growing concern, with use linked to poisonings and deaths. With only very small volumes needed to produce many thousands of street doses, these substances are easy to conceal and transport, representing a challenge for law enforcement 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, with minute quantities 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 regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances, as amended by Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 ([5]). Under this legal framework, the role of the EMCDDA in coordinating and operating the EWS and risk assessment mechanism has been strengthened. Since the beginning of the COVID-19 pandemic in March 2020, the EMCDDA has undertaken structured actions to support the EWS stakeholders in their ongoing preparedness planning and response activities in relation to public health and social threats caused by NPS in the context of the COVID-19 pandemic.

Innovations in drug production are occurring in parallel with increasing sophistication of drug markets. These markets now represent one of the key threats to the security of the EU. Use of the internet in this context creates particular concern. As shown in the third EMCDDA–European Union Agency for Law Enforcement Cooperation (Europol) strategic analysis, the *EU Drug Markets Report* ([6]), which was published on 26 November 2019, the drug market is becoming ever more globally linked and digitally enabled, with consumers increasingly able to access drugs through the surface web and darknet and social media applications. 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.

A growing issue with a potential impact on drug use in Europe is the increasing migration flow 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 a need therefore to increase awareness of vulnerabilities and reduce 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 competencies in managing potential health and

([4]) For more information, see 'COVID-19 and drugs' (www.emcdda.europa.eu/topics/covid-19) and 'COVID-19 resources page (www.emcdda.europa.eu/publications/ad-hoc/covid-19-resources)

([5]) 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.

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

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, as well as capacity building for the professionals who support them will be important future priorities.

As these examples show, the drugs problem facing Europe is therefore increasingly influenced by developments occurring internationally, which makes 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. From a public health perspective, the EMCDDA intends to prepare for potential increased interest in strategies to respond to cannabis-related issues with developmental initiatives in the areas of cannabis-related harms, harm reduction and treatment.

The drug market instability 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 epidemiology, monitoring of hospital emergencies, web surveys and syringe residue analysis, will be important.

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 2022–2024. 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 2022–2024.

Furthermore, to keep pace with developments and the needs of our stakeholders, the EMCDDA is committed to identifying and using appropriate complementary sources of information to keep its knowledge base up to date. Piloting online platforms to support the networks providing the EMCDDA with complementary information will help the sustainability of these important information sources.

Anticipating future challenges, thereby allowing the agency to develop a long-term plan for instrument development, will require investment. The agency also needs to develop more complex reporting and analytical models that reflect drug problems characterised by the consumption of multiple substances, including medicines and a rising number of NPS carrying potentially severe health risks. Furthermore, as mentioned above, the European drugs problem is more and more 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's international cooperation framework, which sets the direction of the EMCDDA's work with international partners and third countries.

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 of the nature of the problem and what has 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 twenty-five 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 2022–2024, 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 new EU Drugs Strategy and Action Plan on Drugs 2021–2025 including support with the development of related performance indicators.

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 global level.

The agency continues its close cooperation and partnership with the World Health Organization (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 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 (progress report 2022).

In terms of security, the EMCDDA will contribute as required and fulfil the obligations arising from the EU Drugs Strategy 2021–2025, and the new EU security union strategy for 2020–2025 ([7]). The document recognises the threat posed by the production, trafficking and distribution of drugs to the internal security of the EU. In doing so, it very much 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 EMPACT (European Multidisciplinary Platform Against Criminal Threats) cycle 2022–25, the security initiative driven by the EU Member States to coordinate common priorities and operational actions, which collectively address directly and contextualise the drug phenomenon among the other security threats to the EU. The agency will also contribute to the implementation of the Counter Terrorism Action Plan for Afghanistan (Council of the EU, 12315/21) where it is called to assess the implication of developments in Afghanistan on drugs production and trafficking, contingent upon the EMCDDA having a clear mandate and resources to do so.

The agency will also fulfil the 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' and of the Eastern Partnership policy beyond 2020 called 'Reinforcing Resilience - an Eastern Partnership that delivers for all' ([8]).

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

([8]) Availablefrom European Commission (https://ec.europa.eu/neighbourhood-enlargement/system/files/2020-03/joint_communication_on_the_eap_policy_beyond_2020.pdf)

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

A key development with a significant impact on this programming period is the fourth external evaluation of the EMCDDA, which was carried out by the European Commission in 2018 and the conclusions of which were that the agency is performing very well, delivers excellent outputs and has a high reputation at both European and international levels. The outcome of this external evaluation will shape the medium- to long-term work of the EMCDDA. The Commission has developed an impact assessment with a view to preparing a possible revision of the agency's founding regulation, as a follow-up to the external evaluation and the input received during the evaluation process. The main elements of this possible revision are set out in an inception impact assessment ([9]).

The work of the EMCDDA during this new programming period will be guided by a new roadmap, for 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.

Finally, a review of the EMCDDA's business model has also been carried out 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

A development with consequences that cannot be fully anticipated at this point is the evolution of the COVID-19 situation. 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 activities of the agency in 2022–2024, including the effects on its main data providers in the Member States, cannot yet be anticipated.

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 is a major contributor

([9]) Available from European Commission web page, 'Drugs and drug addiction – expanding the mandate of the European monitoring centre' (https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12432-Revision-of-the-mandate-of-the-European-Monitoring-Centre-for-Drugs-and-Drug-Addiction).

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 also to our national data providers in the Member States.

The EU's multiannual financial framework (MFF) for 2021–2027 will determine the EMCDDA's resources and activities in the years to come. Pursuant to the adopted 2021–2027 MFF the amount of the EU's annual contribution to the EMCDDA is expected to increase by 2 % for each year of the period referred to above, without prejudice to the decisions to be taken by the relevant EU authorities on the adoption of the relevant annual budgets. For the year 2022, this contribution will amount to EUR 16 946 659, as reflected in the EMCDDA draft budget for that year.

Section II
Multiannual programming 2022–2024

Multiannual work programme 2022–2024

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 2022–2024.

Each of the two long-term goals is articulated through four strategic objectives (see Figure 1 and Section II.1.2, 'Strategic objectives, actions, expected results 2022–2024'). 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, have been established in Strategy 2025 and now form the third main area of work of the SPD 2022–2024. 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 our strategic objectives and attain our 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

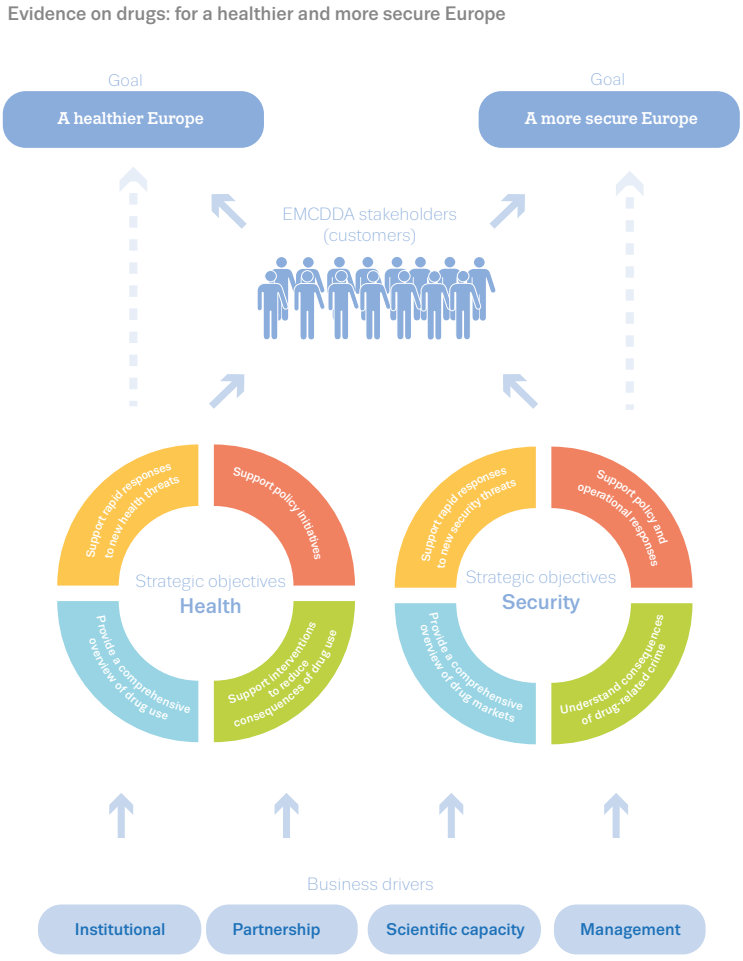
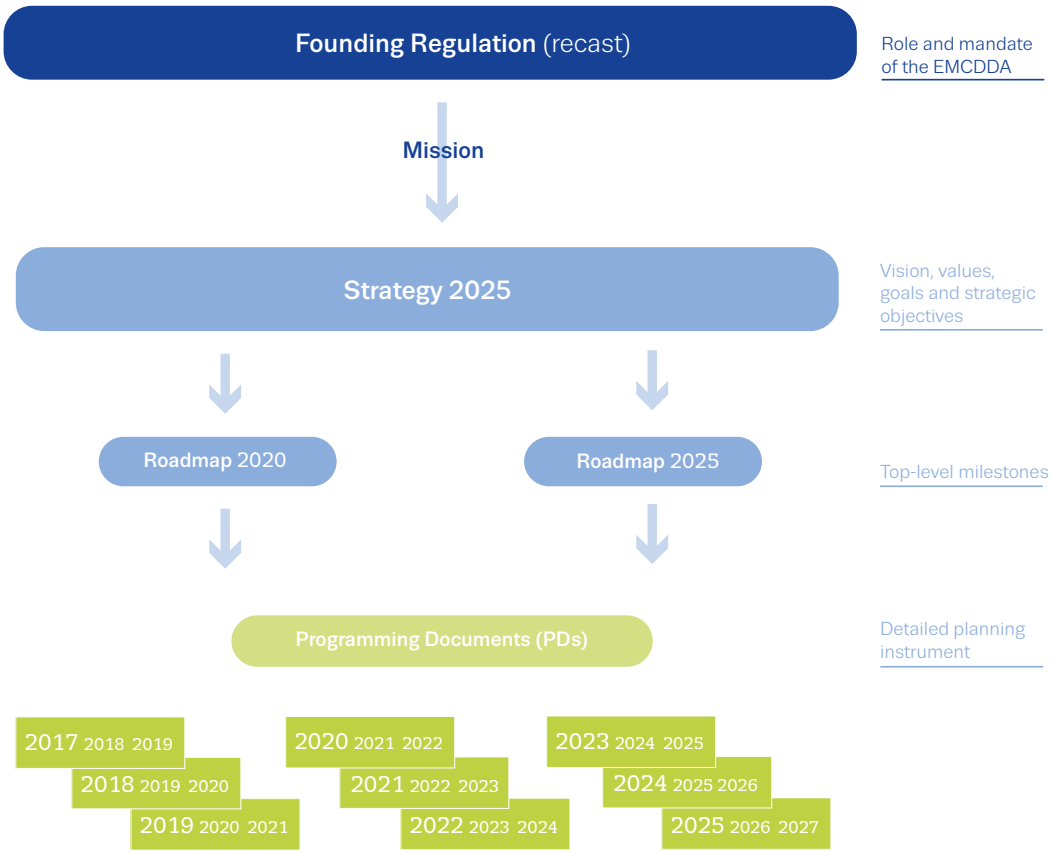


FIGURE 2
The EMCDDA's integrated strategic and operational framework



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 2022–2024 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 up the remaining key milestones that need to be reached for the agency to accomplish its ambitious goals and objectives by 2025.

Together, the long-term strategy, with the roadmaps and the SPDs, constitute the EMCDDA's integrated strategic and operational framework (see Figure 2). This architecture provides the 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 2022–2024

In line with the applicable SPD template ([10]), the following information is presented in the table below: the medium-term strategic objectives and areas of work of the agency; what actions need to be done to achieve the objectives (action areas); and how progress in the achievement of the objectives is monitored – i.e. key expected results and key performance indicators (KPIs) ([11]). The key expected results defined in Table 1 below have been informed by the key milestones which were set up in Roadmap 2025. They are subject to review, as necessary, to ensure alignment with the outcome of the expected revision of the EMCDDA mandate.

([10]) 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).
([11]) 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 2022–2024 and KPIs

Strategic objectives	Action areas	Key expected results 2022–2024	KPIs
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; b) support 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, in close collaboration with the Reitox national focal points, to respond to the needs emerging from the new EU drugs policy framework and to support health-related priorities in the new business model (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) ■ Technical infrastructure capacity upgraded, to reflect and be more responsive to EMCDDA business needs/new business model ■ Review and triangulation of existing and novel methodologies for focused analyses ■ EMCDDA state-of-the-art annual analysis of the EU drug situation and underlying data ■ Analysis of drug-related health threats in the Enlargement and Neighbouring countries, as well as other EU priority countries, covered by EMCDDA-managed technical cooperation/ assistance projects	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 (NPS) H2.3. Conduct threat assessments and rapid reporting exercises of new drug-related health threats in order to facilitate appropriate responses (in collaboration with partners, as appropriate)	■ EU Early Warning System on new psychoactive substances (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, of serious adverse events, and the related public health, safety and security components of the EU EWS, to increase the responsiveness of the system and the preparedness at Member States and European level during ongoing pandemic and in post-COVID-19 Europe (2021–2025) ■ Digitally enabled 'all hazards' approach conceptualised and implemented, fully integrating EWS signal management system, open-source information (OSI) monitoring, risk communication, 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, including on serious cross-border threats to health (2021–2025) ■ 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 the possible revision of the EMCDDA founding regulation (planned to be completed by 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 objectives	Action areas	Key expected results 2022–2024	KPIs
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 state-of-the-art understanding of what constitutes effective interventions to both established and emergent drug-related problem H3.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions: a) in established areas and settings; b) in new settings and developmental areas 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 H3.4. Provide additional information resources to support decision-making and programme development in areas particularly important for public health, or 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 – e.g. migrants, homeless population) 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 possible revision of the EMCDDA's mandate ■ Digital version of European Responses Guide (ERG) published in modular format (2021-2022) ■ Digitally integrated package of health and social responses available online (2023) ■ ERG: Assessment, intervention and implementation framework to support delivery of drug-related interventions operationalised (prevention area) (2023); and extended to new areas (treatment, harm reduction, and to groups of stakeholders including civil society and people with lived experiences) (by 2025) ■ Digitally assisted online training with certification available in prevention and treatment areas (by 2025) ■ Digital outputs and training developed to support drug-related interventions with specific target populations (e.g.migrants, prisoners, women) (2022-2024) ■ A set of EMCDDA guidance and tools available to support quality assurance around implementation of drug-related interventions (people who inject drugs (PWID), harm reduction equipment, implementing quality standards) (by 2025) ■ Digital outputs available to support harm reduction and treatment for people experiencing cannabis-related problems (2022-2024) ■ Facilitation of knowledge exchange through the availability of virtual communities of practice for various groups of professionals (2022-2024) ■ Webinars and online fora to facilitate dialogue with decision makers and professionals around key drugs and public health topics (2022-2024)	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 light of priorities and available resources (2021–2025) ■ Contribution to the evaluation of the EU Drugs Strategy Action Plan 2021–2025 (Health area) (2024) ■ Policy evaluation portfolio to support Member States operational (2023) ■ Cannabis policy support toolkit available in digital format (2023) ■ EMCDDA portfolio of services (including to support policy and 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 possible revision of the EMCDDA's mandate (2024)	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 objectives	Action areas	Key expected results 2022–2024	KPIs
Main area 2: Security			
S1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe 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 solution 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, together with the European Commission and Europol	▪ Third EU Conference on Drug Supply held in Brussels, with support of European Commission (2022); conclusions will inform EMCDDA and Europol work on drug markets, their drivers and facilitators, as well as impacts and consequences (2022) ▪ Review of the European data collection and reporting model, 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 on Drugs 2021–2025), the conclusions of the Third EU Conference on Drug Supply, planned to be organised jointly with the European Commission in 2022, and the security-related priorities in 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) ▪ Methodology for market size estimates from supply perspective improved and established in cooperation with Europol (2025) ▪ New digital ecosystem approach and modular format of the EMCDDA–Europol EU Drug Markets Report (EDMR) launched progressively (2022–2023). Digitalisation of EDMR communication assets (2022–2025) ▪ Develop knowledge, expertise and EMCDDA capacity on drug precursors to complement expertise on synthetic drug production and in support of the European Commission (depending on precursors being included in new EMCDDA mandate) (2025) ▪ Analysis of drug-related security threats in Enlargement and Neighbouring countries, as well as other EU priority countries, covered by EMCDDA-managed technical cooperation/ assistance projects (2021–2025) ▪ Increased understanding of the impact of drugs on the environment and climate change (2022–2025)	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 and follow-up on 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 ▪ Follow-up on recommendations of the Third European Conference on Drug Supply in relation to monitoring innovation in drug markets ▪ Implementation of innovative signal monitoring, signal management and risk communication system on drug markets based on OSI monitoring programme (surface, and darknet) and other key information sources, as a part of the EU Innovation Hub for internal security (2024)	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 objectives	Action areas	Key expected results 2022–2024	KPIs
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), its wider impact and considerations on what constitutes effective countermeasures (2024) ■ Drug-related crime monitoring and analysis in line with conclusions of the Third European Conference on Drug Supply ■ 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 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, produced together with Europol (2024-2025) ■ Based on the findings of the Third European Conference on Drug Supply, assess the feasibility of improving the systematic monitoring of aspects of the wider impacts of drug markets	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 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 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, upon request, of law enforcement responses to drug supply interventions (in close coordination with policy support on health interventions)	■ Implementation of allocated actions in the EU Drugs Strategy Action Plan 2021–2025 (Security area), in light of priorities and available resources (2021–2025) ■ Contribution to the evaluation of the EU Drugs Strategy Action Plan 2021–2025 (Security area) (2024) ■ Support the implementation of the new EU security union strategy 2020–2025, where appropriate and within available resources ■ Support the EMPACT cycle ■ Strengthen and develop the capacities and role of the Reference Group on Drug Supply Indicators, in line with the recommendations of the Third European Conference on Drug Supply ■ In line with the findings of the Third European Conference on Drug Supply, develop capacity to support the monitoring and evaluation of drug supply reduction interventions	9. Uptake of EMCDDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA evidence/knowledge by policymakers

Strategic objectives	Action areas	Key expected results 2022–2024	KPIs
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 ongoing and potential future revisions 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 2022–2024 implemented ■ More content available in multiple languages using new technologies in the translation field and a 'quality for purpose' approach: approach established (2022) and implemented (2022–2025) ■ 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 through a phased introduction of digital features that facilitate asking questions, giving feedback and discussion (2022–2025) ■ Web products and services meet the requirements of the EU Accessibility Directive (Directive (EU) 2016/2102), specifically Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standard (by 2025) ■ Implementation of the principles of open data 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 the Directive (EU) 2019/1024 on open data and the reuse of public sector information) (2021–2025) ■ Measures are in place to ensure efficient implementation of any decisions arising from the possible revision of the EMCDDA founding regulation (2024-2025)	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 Network Development B2.2. Strengthen national drug expert networks and develop, if necessary, new networks to ensure 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	■ Reitox Development Framework (RDF) Roadmap 2025 implemented by the EMCDDA and the NFPs (2021–2025) ■ Cooperation with EU and international partners implemented in line with the priorities for implementation set out in Roadmap 2025 under Strategy 2025, the international cooperation framework and any changes arising from the possible revision of the EMCDDA regulation ■ Contribution, as required, to the implementation of the EU Drugs Strategy and Action Plan 2021–2025, in relation to cooperation with external partners (2021–2025) ■ Services to EU institutions, in particular information about drug-related threats and major drug policy developments in third countries, delivered proactively and in line with the new EMCDDA business model (2021–2025) ■ Technical assistance projects with priority non-EU countries (Instrument for Pre-Accession Assistance Project 7 (IPA7), EU4Monitoring Drugs (EU4MD) and the bilateral project with Georgia EMCDDA4GE) successfully completed and continuation of cooperation beyond their completion explored (subject to available resources and agreement with the European Commission) ■ Grant agreement to support the COPOLAD III project implemented ■ Development and management of the EMCDDA partners ecosystem, to enhance value creation and delivery, in line with the new business model (2021–2025)	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 objectives	Action areas	Key expected results 2022–2024	KPIs
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 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: digital transformation/new business model and possible revision of the EMCDDA founding regulation (by 2025) ■ EMCDDA horizon-scanning framework established (2022) ■ Online toolkit for Member States on foresight in the drugs area developed (2023) ■ Lisbon Addictions 2022 and 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 human resources 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 evolving needs and expectations of key customers; this includes measures to enhance the EMCDDA's digital maturity and enable the agency's business model transformation (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; 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) ■ Resources-related measures and decisions (namely for HR, budget and assets management) designed and prepared as required for implementation of the new EMCDDA business model, and the possible revision of the EMCDDA mandate/founding regulation ■ The EMCDDA commits to sustainability/environment protection, in line with the European Green Deal. Specifically, the agency's commitments are to achieve: – an environmentally neutral electricity consumption (2021) – environmentally neutral air transport for missions by offsetting the CO2 produced (2022) – a reduction of vehicle transport-related CO2 (2023) – a reduction of waste-related CO2 (2024) Towards a fully digital workplace by 2025: ■ ICT workstation transformation programme completed by 2022 ■ Optimal mix of virtual/in-person meeting management approach in place (2022) ■ New work methods in place, reflecting digital transformation internally and customer-centric services externally (the Extranets, Collaboration, Intranet and Document Management (ECID) project completed by 2025) ■ Enhanced capacity to model business transformations – Business enterprise architecture (BEA) project implemented (2023)	1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery

Human and financial resources outlook for 2022–2024

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 investments in acquiring complementary knowledge and new sources of information to keep pace with the innovations appearing constantly in an EU drug market the retail value of which is estimated to be at least EUR 30 billion a year ([12]).

Within this complex business environment, however, the agency has for a few years 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 the 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, but also on the contribution provided by the agency to its core data providers, the NFPs in the EU Member States, Norway and Turkey.

In terms of staff, to comply with the abovementioned Commission communication, the EMCDDA has reduced the number of posts in its establishment plan by 5 %, i.e. from 80 posts authorised in 2015 to 76 posts authorised in 2018, 2019 and 2020 respectively.

Outlook for 2022–2024

New tasks

Potential new tasks for the EMCDDA will depend on the outcome of the process launched by the Commission for the revision of the EMCDDA mandate. To that end, further to the fourth external evaluation of the EMCDDA, which was carried out by the Commission in 2018, the Commission has developed an impact assessment with a view to preparing a possible revision of the agency's founding regulation, as a follow-up to the external evaluation and the input received during the evaluation process. The main elements of this possible revision are set out in an inception impact assessment.

Growth of existing tasks and additional tasks

The most dynamic and rapidly growing area of work for the EMCDDA is monitoring and responding to NPS (for details, see Section III.2.1, '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 the Member States to rapidly detect, assess and respond to the public health and social harms that they can cause.

The 2005 legal instrument set out well defined and tight deadlines for all the tasks covered therein; the deadlines imposed by the abovementioned regulation are even stricter, and the times allowed have been reduced by more than half, i.e. 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 requested 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 of the existing tasks is expected to occur in this area. This is due not only to the large number of NPS monitored but also to increased reports of 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 harms and respond as necessary. This requires monitoring each of close to 830 substances that have been reported so far.

Under this regulation, in 2020 46 NPS were notified for the first time in the EU, and three initial reports and three 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 more than 160 public health-related alerts.

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

Programming resources for 2022–2024

Financial resources

The year 2022 will be the second year of the new 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.

The SPD 2022–2024, and in particular its Section III, 'EMCDDA work programme 2022', has been prepared by assuming that the EU contribution to the EMCDDA for 2022 will amount to EUR 16 946 659 and the EMCDDA 2022 establishment plan will keep the same number of authorised posts as in 2021, i.e. 76. These figures reflect the expected outcome of the EU 2022 budget procedure and are in line with those presented in the EMCDDA draft budget for 2022.

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

Human resources

Developments with regard to the EMCDDA's human resource needs during the period in question will depend on the resources available within the adopted EU's multiannual financial framework for 2021–2027 as well as on the possible revision of the EMCDDA's mandate following the results of its last external evaluation.

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 its assigned resources, the EMCDDA is committed to constantly improving the effectiveness and efficiency of its activities and to maximising the use of its resources.

In this context, the EMCDDA 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 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 common effort to proactively exploit the opportunities provided by the geographical proximity of the two agencies while safeguarding the autonomous legal personality and capacity assigned to each agency by the EU legislature. These developments concern in particular the joint procurement of shared services to increase critical mass and obtain better 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 for 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 ICT infrastructure and services, with special attention 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, working together to possibly re-host the facilities with another EU body or with a third party.

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. Progress in this area will depend, however, on the availability of resources.

Negative priorities/decrease in existing tasks

A prioritisation of the EMCDDA activities takes place 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 Section III.1, 'Executive summary' – Figure 3). The work programme also sets different targets for these different levels, as follows: 100 % for L1 outputs/results, 80 % for L2 and 50 % for L3.

Section III
EMCDDA work programme 2022

Executive summary

This is the first annual work programme under the EMCDDA SPD 2022–2024. 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 2022. 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. In this regard, the EMCDDA work programme 2022 will be implemented assuming that the EU contribution to the EMCDDA for 2022 will amount to EUR 16 946 659 and the EMCDDA 2022 establishment plan will keep the same number of authorised posts as in 2021, i.e. 76. These figures reflect the expected outcome of the EU 2022 budget procedure and are in line with those presented in the EMCDDA draft budget for 2022.

The 2022 work programme applies a prioritisation approach to the expected outputs/results, which is based on three levels (level 1 (L1), level 2 (L2), level 3 (L3)), presented in Figure 3 below.

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 Strategy 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.

The EMCDDA acknowledges that the programming of activities beyond 2020 is entirely indicative and is given only for illustrative purposes given that the discussions in the European Parliament and the Council on the Commission proposal for the Multiannual Financial Framework 2021–2027.

Furthermore, it is worth noting that while this work programme 2021 should have been developed based on the EMCDDA Roadmap 2021–2025, due to the very early planning process which is required for the preparation of the Single Programming Documents, at the moment of the drafting of this SPD, the work on developing the EMCDDA Roadmap 2021–2025 was being in progress (this work will be necessarily aligned with the provisions of the next EU Multiannual Financial Framework for 2021–2027). Therefore, the planning presented in this version of the document is subject to review and adjustments, as necessary, to align it with the above mentioned Roadmap and the actual level of the EU contribution to be provided to the EMCDDA.

Activities

Main area 1: Health

Goal: Contribute to a healthier Europe

Core monitoring

In 2022, work will continue on the annual core data collection and its management. Key to this will be the support provided, as required, to the main national data providers, the Reitox NFPs in the Member States, Norway and Turkey.

The core monitoring of the drug situation covers the dimensions of prevalence and patterns of use within 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 prevalence and patterns of drug use among the general population; PDU focuses on 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.

Work on complementary data collections to provide timely, targeted information that enhances the core monitoring will continue (see 'New trends and health threats' below). Work in this area will include the further development of the EMCDDA's web survey activities and strengthening of 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 Trans European Drug Information network (TEDI), engaged in the forensic analysis of drug samples, and the European Syringe Collection and Analysis Project (ESCAPE), focusing on syringe residue analysis. 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, including drug consumption facilities. Emphasis will continue to be placed on the potential use of data collection platforms, multi-indicator analysis, both to triangulate information to establish robust evidence and as a method of validating individual data collections.

A new project will develop a range of analyses on gender and drugs and, depending on the results, a number of digital outputs will be proposed to highlight this important aspect of monitoring the drug problem, with a view to informing more targeted and appropriate policy and practice responses, and culminating in a side event at the Lisbon Addictions 2022 conference.

It is intended that the integration of core epidemiological monitoring and complementary methodologies will facilitate the development of a reliable knowledge base to facilitate evidence-informed public health policy development.

In 2022, the EMCDDA's conceptual framework for data collection will continue to roll out recommendations from data development projects on integration of methods and rapid reporting.

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.

The ICT tools supporting the agency's monitoring work will be maintained. Data structures defined in 2020/2021 will be used alongside new software to improve the production of content in terms of timeliness and reliability.

Further analytical work will be carried out to inform key EMCDDA outputs, in particular the *European Drug Report* package in line with the new business model and moves towards digitalisation. A stepwise and evolutionary approach will be introduced and in 2022, the first iteration of the revised model for the *European Drug Report* package will be launched. This will develop over time the integration of supporting statistical and other information, including for providing better access to country specific data. Future developments in this area will be informed by any implications of the possible revision of the EMCDDA regulation and over time create better linkage with the EU Drugs Strategy and its Action Plan 2021–2025.

Dissemination of the ESPAD Report 2019, published in 2020, will continue, and partnership will continue with the Pompidou Group on ensuring the results, including those with a focus on polydrug use, are utilised for improving prevention policy and practice. In addition, ongoing support will be provided, as feasible and appropriate, for data collection for the 2025 report.

Support to EU-priority third countries will continue, mainly under the framework of the technical assistance projects, namely IPA7, EU4MD, and EMCDDA4GE, the bilateral project with Georgia, and through the grant agreement with COPOLAD III. The first two projects are planned to end in 2022, while EMCDDA4GE will end in 2023 (for details, see Section III.2.2, 'Main area 2: Security', and Section III.2.3, 'Main area 3: Business drivers', 'Business driver 2 – Partnership').

The EU Early Warning System and Risk Assessment of new psychoactive substances

In 2022, 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 (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, applicable since 23 November 2018, 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 2022, 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 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 further building capacity to identify and respond to current and future threats, address vulnerabilities, and select and implement practical and actionable measures – in relation to prevention, health protection, treatment, supply reduction, and policy development and implementation. Situation reports will continue to be issued to strengthen situational awareness within the EU EWS Network, as well as to help the Network to prepare for, respond to, and recover from public health and social threats caused by NPS.

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 and capacities in these areas. This will require that the reporting and monitoring tools and processes 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 detection capacity in the Member States.

Related to this work, another key task in this area will be to maintain and develop further the 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 a cornerstone of the EMCDDA's NPS monitoring and threat detection capabilities. The EDND allows secure electronic submission of data by 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 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 (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 the prioritisation of the pharmacological characterisation of NPS might be developed in order to ensure that relevant core data are available for risk assessment.

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

As the leading regional system in the world with well-established and recognised high standards, the EMCDDA will continue to support the United Nations system, in particular, the 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 the establishment of national EWS will continue to be provided to EU-priority third countries within IPA7, EU4MD, and EMCDDA4GE projects.

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 monitoring and understanding new and emerging trends in drug use, drug-related harms and drug markets. In particular new forensic and online sources are being explored, and complemented by input from expert networks. In this area the use of data platforms will be tested for collection and analysis purposes. The ESCAPE platform will be trialled and

a roll-out undertaken with drug checking services linked to the TEDI network. Networking of drug consumption facilities alongside exploration of data collection potential will also be initiated.

In 2022, the recommendations of the data development project on integration of existing and complementary monitoring methods will inform the next steps in terms of an integrated approach to signal detection, rapid monitoring and reporting of emerging trends in illicit drug use and related harms. In this context, rapid reporting mechanisms – including, for example, online products and factsheets – will be prioritised.

The utility of the complementary methods will be enhanced through the expansion of their geographical coverage. The adoption and/or the development of activities such as the monitoring of hospital emergencies data, of drug residues in needles and syringes, of drug methabolites in wastewater 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 such as IPA7, EU4MD and EMCDDA4GE. The analysis and timely reporting of these data within EMCDDA outputs will be a focus, although this will depend on the resources available.

In-depth monitoring of patterns of opioid use and related problems will continue to be important. Co-operation with international partners including the Organisation for Economic Co-operation and Development (OECD) and 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 2022 online and face-to-face trendspotter studies will continue to be undertaken on emerging trends and developments, 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 associated with 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 trends in and epidemiology of drug-related infectious diseases and outbreaks.

Drug interventions

An innovative digital update of the European Responses Guide was published in 2021 in new modular format and new miniguides will continue to be published throughout 2022. This flagship publication continues to underpin much of the agency's work undertaken in the area of health and social responses to drug-related problems in 2022 and 2023. This state-of-the-art guide establishes 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 benefit from the updated online resources and will be consulted on how to better meet their needs, including on core topics such as responses for specific target groups (women, youth, communities, migrants, etc.) and new themes including interventions addressing homelessness and drugs and safe consumption facilities. A series of webinars will increase access to the content and ensure that the key themes from the miniguides are disseminated widely among European policymakers and professionals. The new edition includes evidence updates, is digitally improved and better integrated with the Best Practice Portal (BPP), based on the work of the development project that started to harmonise the guide and the BPP in 2020.

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 2022, existing modules will be updated and new modules added. This will include expansion to cover models of care for evidence-based harm reduction interventions in the areas of prevention of the spread of drug-related infectious diseases, prevention of drug overdose deaths and telemedicine approaches for drug treatment. 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 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.

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, Norway and Turkey and priority third countries.

Furthermore, the European Drugs Winter and Summer Schools will take place in 2022. In addition, the EMCDDA will continue to offer regular webinars with the aim of sharing and discussing 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 countries through a 'training of trainers' system and local translations of the curriculum itself. There will be a particular input from the EMCDDA4GE project in this area. The EMCDDA will continue to support the development and implementation of these online training of trainers modules. In addition, in 2022 the EMCDDA, in collaboration with key partners, will continue to develop the digital platform PLATO, that was pilot-tested in 2021, including a virtual community of practice and e-learning modules.

In the treatment area, the agency will ensure that information about the evidence base for a range of interventions, including treatment for cannabis problems, is regularly updated. In 2022, findings will be disseminated from a preliminary study on the use of telemedicine for drug-related problems. 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 monitoring opioid substitution treatment outcomes, describing suggested consensus indicators and methods for implementing them. Selected training modules on drug treatment will be developed in the context of EMCDDA4GE project.

The EMCDDA toolkit on estimating the costs of drug interventions will be developed further in 2022. It will provide tools for estimating costs and reinforce EMCDDA's online presence as a provider of policy- and practice-friendly instruments and tools in the field of cost-effectiveness and policy evaluation. In 2022, the EMCDDA will follow up on the publication of the 6-step guide for decision-makers to support the implementation of quality standards and quality assurance mechanisms in demand reduction interventions. The guide will 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. Co-production with civil society organisations will be a focus in the harm reduction area including on outputs linked to interventions such as drug consumption rooms and drug checking facilities. 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 hepatitis C will continue to be developed in partnership with our networks, and a focus on successful implementation will be central. In addition, in 2022 the EMCDDA will continue exploring dissemination of materials for professionals and policymakers on topics such as naloxone provision and drug consumption rooms.

In 2022, the EMCDDA will continue to support the evaluation of progress made at European level towards the elimination of 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 (2015–2020) and the evaluation of the results of the EMCDDA's work on promoting hepatitis C virus testing in treatment settings; hepatitis C virus capacity-building materials and experiences from the implementation of national, regional and local training activities will be consolidated.

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, the Xchange databases, and the development and maintenance of a virtual community of practice.

Drug policy

In 2022, 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.

The EMCDDA 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 France and Czechia, the hosts of the Council presidency during 2022. 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.

Moreover, the EMCDDA will also provide technical support, upon request, to the EU institutions and the Member States in 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).

The EMCDDA will continue to provide reliable and timely drug policy analysis through a range of policy-relevant outputs. In 2022, the EMCDDA will publish a guide on optimising the development and implementation of alternatives to coercive sanctions (ACS) for drug-using offenders in the EU. Answering the 2018 Council conclusions on the promotion of ACS and action 49 of the EU drugs action plan 2021-25, this guide aims to assist local and national policymakers to identify barriers in the implementation of ACS, offer potential solutions and good practices from other countries, taking into consideration each country's own unique legal system and context.

In 2022, the first tools and products will be available from the data development project on cannabis policy. This will produce an EMCDDA framework to support national initiatives linked to cannabis policy development and evaluation. Among the outputs are a cannabis policy web page based on 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 further 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 addition, policymakers and professionals alike will benefit from new and regularly updated web sections on prisons, drug laws and drug policies.

In 2022, 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 field. This will complement the joint work with ECDC on updating and publishing guidance on the prevention of infectious diseases among PWID. Also in the infectious diseases arena, the EMCDDA will engage in partnership with ECDC on capacity development in prisons to support the hepatitis C elimination agenda. In addition, a range of outputs reviewing harm reduction equipment will be published in digital format in 2022.

Migration and drugs continues to be a central topic and following on from a joint initiative with EASO which started in 2021, the findings from a mapping of needs of professionals working with drug-related issues in reception centres will be made available and the potential for capacity development work in this area further explored.

In 2022, 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, 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.

The COVID-19 pandemic is likely to have 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 2022, the EMCDDA aims to publish its work on the impact of the economic recession on the drug phenomena, especially taking into account the possible impact on drug use and access to social and healthcare services.

Also as a follow-up to the potential impact of COVID-19, the EMCDDA will develop its work in the area of co-morbidity and drugs. In particular, the impact of the pandemic in the area of drugs and mental health will be explored utilising rapid assessment approaches, and examples of best practice and models of care will be identified.

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, through the organisation of workshops aimed at building knowledge for 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
H.1.1. 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
	Dashboards to support the performance indicators of the EU action plan, under development	L1
	Existing national data collection tools and networks enhanced and supported	L2
	Activities to support NFP data collection efforts, in line with the RDF, including quality assurance (see also 'Business driver 2: Partnership')	L2
	Core web sections maintained and regularly updated	L2
	Exploratory project on gender and drugs	L3
H.1.2. 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	Ongoing data reporting from targeted external networks (e.g. Euro-DEN on hospital emergencies, SCORE on wastewater, Trans-European Drug Information (TEDI) on drug checking, and ESCAPE on syringe residues), and from web surveys of drug users undertaken by NFPs	L2
	Piloting of online platforms to collect and visualise information and provide a forum for interaction within networks and between the networks (including ESCAPE, TEDI and a nascent network of supervised consumption rooms) and the EMCDDA	L2
	Assessment of the utility of and reporting from new sources of data on the drug situation (hair analysis, networks of harm reduction services and forensic toxicologists, etc.)	L3
H.1.3. 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

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
H.2.1. Ensure the successful operation of the EU Early Warning System on new psychoactive substances (EWS)	EWS and information exchange mechanism (supporting tools, processes and activities) operate in compliance with the provisions of the applicable legislative framework	
	– Ongoing management of the EWS and information exchange mechanism	L1
	– EWS guidelines, and procedures, processes and tools relating to the EWS, implemented and developed further as necessary	L1
	– Initial Reports prepared as required	L1
	– EDND maintained and regularly updated	L1
	– EWS Annual situation reports prepared	L2
	Working arrangements with the EU partner agencies (Europol, EMA, ECHA, ECDC and EFSA) implemented	L1
	Annual meeting of the EWS network organised	L2
	Toxicovigilance and risk communication implemented	L1
	Signal management system implemented	L2
	Open-source information monitoring system implemented	L2
	Technical support provided to national early warning systems on NPS and forensic and toxicological networks	L2
	Dissemination of knowledge on NPS, through publication of updates and issues in focus, and organisation of/participation in scientific and technical events	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) to support prioritisation, scheduling discussions and information exchange activities	L2
	Support for building early warning systems in priority third countries (IPA7, EU4MD and EMCDDA4GE)	L2
	Technical support to Community of Latin American and Caribbean States countries	L3
H.2.2. Ensure timely and high-quality implementation of the risk assessment procedure for NPS	Risk assessment mechanism (and supporting tools, processes and activities) operates in compliance with the provisions of the applicable legislative framework	
	– risk assessment reports prepared as required	L1
	– risk assessment guidelines, and procedures, processes and tools relating to risk assessment, implemented	L1
	Effective information exchange with 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
H.2.3. 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 analysis of identified topics produced, for example using the trendspotter methodology, as required and depending on the availability of resources	L2
	Cooperation with ECDC, including risk assessment country missions in the EU Member States, upon request and depending on the availability of resources	L2
	Health-related threat assessments and studies 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
H.3.1. 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 problem	New European Responses Guide modules launched on key topics	L1
	BPP kept updated with new content and usability improved, including an extended Xchange and mechanisms for self-accreditation on prevention programmes	L1
	Core responses web sections maintained and regularly updated, including information on European research calls	L2
	Capacity-building initiatives undertaken on quality standards and quality assurance	L3
	Implementation of guidance on monitoring opioid substitution treatment outcomes and a costs of treatment toolkit	L3
H.3.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions: a) in established areas and settings; b) in new settings and developmental areas	Implementation of the recommendations arising from the review of monitoring tools for drug-related interventions	L2
	Reporting tools in the practice area maintained and developed further for established areas (prevention, treatment and harm reduction)	L2
H.3.3. 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	Reitox academies in accordance with needs and resources (see also 'Business driver 2: Partnership')	L2
	Capacity development activities (health-related) for third countries covered by technical assistance projects implemented in line with the projects' logical frameworks	L2
	Ongoing dissemination of highlights from the European Responses Guide	L2
	EMCDDA contributions to key drug-related events to support professionals	L2
	European Drugs Winter and Summer Schools take place	L2
	Webinars to engage EMCDDA's customers in ongoing conversations on new and established topics are regularly organised	L3
	Maintenance, updating and review of PLATO (Practice Training PLATfOrm) digital platform, including support for European Prevention Curriculum e-learning and a virtual community of practice	L3
	Development of curriculum modules for professionals working in treatment of drug-related issues, as part of EMCDDA4GE project	L2
H.3.4. Provide additional information resources to support decision-making and programme development in areas particularly important for public health, or 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 – e.g. migrants, homeless population) or where new evidence reviews have become available	Reviews of new technologies, including telemedicine, in the field of healthcare provision to drug users disseminated	L2
	Support offered to countries wishing to implement the hepatitis C initiative	L3
	New resources developed focusing on responding to the needs of particular target groups (homeless, migrants, people with co-morbid mental health and drug dependence problems)	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
H.4.1. 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 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
H.4.2. 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 developed further for established areas (legal frameworks, national drug strategies, evaluation, coordination, public expenditure, prisons)	L2
	EMCDDA framework established to support national initiatives linked to cannabis policy development and evaluation	L2
	Rapid reporting to policymakers improved (e.g. cannabis news alert system further enhanced)	L2
	Guide published on optimising the development and implementation of alternatives to coercive sanctions (ACS) for drug-using offenders in the EU	L2
	Policy and law web sections maintained and regularly updated	L2
	Annual meeting of the legal and policy correspondents organised	L2
	Thematic workshops on emerging trends in drug policies organised as required	L3
	Resources made available on the impact of economic on the drug situation	L3
H.4.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policymakers provided in the supply area)	Portfolio of tools and services developed further to support policy development, implementation and evaluation in the Member States and in third countries; online policy evaluation toolkit enhanced and regularly updated	L2
	Capacity building for national policymakers and planners to support policy formulation and evaluation	L2
	Support provided to national drug policy evaluations, if requested and within available resources	L2

Resources necessary for the implementation of the activities in this area are presented in *Annex II. Estimated resource allocation per Activity, 2022–2024*

Main area 2: Security

Goal: Contribute to a more secure Europe

Drug markets monitoring and identification of new threats

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

The Third European Conference on Drug Supply that will be held in 2022 will result in a number of findings, recommendations and actions to modernise the data collection and improve our understanding of the situation and the threats. The initial actions will be implemented in 2022. It is expected that in 2022 the supply-side monitoring system will be improved by focusing on the quality and availability of supply data, in close collaboration with the European Commission, our data providers at national level in the Reitox network, the Reference Group on Drug Supply Indicators and our partner agencies: Europol, the European Union Agency for Criminal Justice Cooperation (Eurojust) and the European Border and Coast Guard Agency (Frontex).

The EMCDDA will support the NFPs of the Reitox network in increasing 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 will be 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 new psychoactive substances, heroin and cannabis and the full report will move to an online ecosystem concept, to be launched progressively in 2022–2023, that will feature innovative communication of the outputs, including interactive visuals to support the analysis.

The EMCDDA will continue to monitor open-source information. 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 and dark web. We will work closely with our partner Europol in this regard and provide support to EU-level initiatives on this topic.

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 COVID-19 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 2022–2025 (see below).

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 International Narcotics Control Board (INCB).

In terms of monitoring developments outside the EU, our work is guided by the EMCDDA's International Cooperation Framework (see also Section III.2.3, 'Main area 3: Business drivers', 'Business driver 2 – Partnership'). In 2022, 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 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 2020 and 2021, the agency will continue to develop the monitoring of violence associated with drug markets. Therefore, the drug-related homicide data monitor will be operationalised in some 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 trafficking in human beings.

Support 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 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 new psychoactive substances. 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 2023, and will implement its tasks under the OAP for 2022.

The EMCDDA will also contribute, as required, to the EU Drugs Strategy 2021–2025, the EU Security Union Strategy 2020–2025 and the the EU Strategy to tackle Organised Crime 2021–2025, which collectively address directly and contextualise the drug phenomenon among the other security threats to the EU.

In 2022, we will continue to deliver training for law enforcement 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 key EU agencies active in the area of Justice and Home Affairs, in particular Europol, Eurojust and Frontex.

In 2020, to varying degrees, in response to the 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 has 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 2022 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
S.1.1. 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 Reitox Development Framework, including quality assurance and capacity building, and identification and promotion of good practices (see also 'Business driver 2: Partnership')	L2
	Feedback provided to Member States after review of workbooks on markets and crime	L2
	Data on drug production available (tools revised as appropriate and training delivered with Europol, if needed)	L2
	Follow-up on conclusions of the Third European Conference on Drug Supply, organised jointly with the European Commission in 2022	L2
	Ad hoc data collection on drug-related violence, in particular on the subject of drug-related homicide in a limited number of Member States	L3
	Exploration of the potential to monitor aspects of drug-related crime, seeking synergies with partners if appropriate	L3
S.1.2. 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 development of capacities to monitor darknet markets (dependent on resources and contracts in place at the time)	L2
	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 expert networks (learning from experiences of monitoring during COVID-19)	L3
S.1.3. 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 and information gathering in southern and eastern ENP regions	L2
	Security-related outputs focusing on third countries that are covered by technical assistance projects, as well as from (other) agreements concluded by the EMCDDA in the framework of other EU-funded projects, in line with the projects' logical frameworks/specifications	L2
	Capacity development activities for third countries covered by technical assistance projects, 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
S.1.4. 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 (ERISSP), 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)	L2
	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), and contributions to key activities in the drug precursor area	L2
	Support provided for activities set out in the EMPACT OAP for 2022 related to synthetic drug production	L3

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
S.2.1. Provide threat assessments related to 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 2022-23*)	L1
	On the basis of emerging need, threat assessments/briefings on new and emerging drug-related threats and trends updated or produced (with partners, for example Europol, Frontex and Eurojust, as required)	L2
S.2.2. 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 Early Warning System	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 set out in the EMPACT OAP for 2022 related to NPS	L2
S.2.3. 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	Enhanced capabilities to monitor darknet markets, including through engagement with the private sector	L3
	Development of approaches to monitoring technology-enabled drug supply activity on social media, online communication channels/apps, surface websites, etc., with partners where necessary	L3
	Exploration of the possibility of exploiting cryptocurrency transactions to monitor drug sales on darknet markets (dependent on resources)	L3
	Exploration of the possibility of monitoring drugs seized from postal deliveries (mail and express services)	L3

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
S.3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact	Enhanced knowledge about violent drug-related crime in the EU, by analysis of data collected in the European drug-related homicide monitor	L2
	Overarching conceptual framework for monitoring drug-related crime, its wider impact and what constitutes effective countermeasures	L2
	Information exchange and engagement with drug-related crime expert groups	L3
S.3.2. 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	Continue to explore links between drug-related crime and other crimes such as corruption, illegal migration and trafficking in human beings	L2
	Explore the possibility to analyse drug-related money laundering investigations in order to gain insights into illicit financial flows, with partner Europol	L3
	Conceptualise methods to monitor drug-related environmental impacts	L3
S.3.3. 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	Actions in this domain will be shaped by the outcome of the Third European Conference on Drug Supply to be held in 2022	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
S.4.1. 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 2021–2025 (with regard to security-related actions)	L1
	Contribution to the drafting of the possible drug-related OAPs for 2023	L1
	Support provided for the operational activities set out in the drug-related OAP for 2022	L1
	Planned (or ad hoc) training delivered at law enforcement training events organised by CEPOL, Europol, Frontex, etc.	L2
S.4.2. 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	Annual meeting and proceedings of the Reference Group on Drug Supply Indicators	L2
	Increased capacity to identify, analyse and react to emerging cross-border drug-related threats, applying principles and procedures developed for the EU Early Warning System	L3
	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
	Enhanced preparedness through analysis and implementation of the lessons learned from the impact of the COVID-19 pandemic on drug markets	L2
	Promotion of the EMPACT cycle during the EMCDDA–CEPOL training course 'Drug markets and crime: strategic analysis'	L2
	Participation in international conferences contributing to the security and drug supply reduction debate	L2
S.4.3. 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)	Engagement with law enforcement, including our partner Europol, to assess the extent to which law enforcement responses can be evaluated	L3

Resources necessary for the implementation of the activities in this area are presented in *Annex II. Estimated resource allocation per Activity, 2022–2024*

Main area 3: Business drivers

Business driver 1: Institutional

In 2022, the EMCDDA will 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 has been carried out in 2021 (the EMCDDA Business model transformation initiative) and a conceptual framework and implementation plan were 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 2022–2024 programming period.

In this complex institutional context, the agency will seek to improve its understanding of the evolving needs of its key stakeholders and better serve them. The customer-focused approach to designing services and products, developed and trialled under the customer needs project, and developed further in agency-wide strategic workshops, will be rolled out in line with the orientation of the new business model. The emphasis will be on customer engagement, co-creation and networking. Translation is a key aspect in serving customers, and options for expanding the EMCDDA's multilingual offer will be explored. The EMCDDA's portfolio of services and products will be progressively developed to reflect this approach.

The need for translated materials for specific customer groups will be researched and satisfied as far as the budget permits. The website will continue to be developed as a dynamic resource offering the EMCDDA's audiences a one-stop shop for key content and materials, including new interactive products and features. The digital communication strategy in place 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.

These interlinked and mutually reinforcing efforts will allow the EMCDDA to prepare for future scenarios and position itself as a leading provider of evidence 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 and services 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
B.1.1. 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
	Ongoing analysis of stakeholder/customer needs based on the framework developed in 2020	L2
B.1.2. 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 initiave	Methods and instruments implemented to assist in design of key services and products for EU and national policymakers and professionals	L2
	Customer-focused portfolio of services and products developed further	L2
	Customer engagement model developed	L2
	Communication and dissemination activities (including through digital channels – website, media relations, social media, audiovisual means) are optimised and measured for their effectiveness	L2
	Web system functional and developed further as required	L2
	Availability of multilingual products (subject to resources)	L2

Action areas	Outputs/results	Priority
B.1.3. Prepare the agency for ongoing and potential future revisions 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	Discussions with the Commission and the Management Board/Member States, and follow-up on decisions reached	L1
	Action plan to follow up on the recommendations of the fourth external evaluation of the EMCDDA implemented	L1

Business driver 2: Partnership

Overview

In line with its strategic priorities, in 2022 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 Turkey, and the agency's core data providers, are the Reitox national focal points (NFPs). The substantive activities involving the contribution of the NFPs are presented in Section III.2.1, 'Main area 1: Health', and Section III.2.2, 'Main area 2: Security'.

As far as the management of the Reitox network is concerned, 2022 will see the first full year of the implementation by the EMCDDA and NFPs of the second Roadmap (for 2021–2025) of the Reitox Development Framework (RDF) adopted in 2021. 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 2022. The 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, as well as with specialist data providers and research collaborations (for details, see Section III.2.1, 'Main area 1: Health', and Section III.2.2, 'Main area 2: Security').

The EMCDDA's International Cooperation Framework will continue to guide the activities of the agency with third countries and international organisations, in alignment with the EU Drugs Strategy 2021–2025 and with the EU external policy frameworks in force. The development of a Roadmap for the International cooperation framework will be launched in 2022. Service provision to the EU institutions, maintaining and developing existing partnerships and establishing new ones with EU agencies, and regional and international organisations, as appropriate, as well as cooperating with third countries, will remain a key part of the EMCDDA's work in 2022.

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 French and Czech presidencies of the Council in 2022. 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 dialogues 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 Section III.2.1, 'Main area 1: Health', and Section III.2.2, '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, as well as 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 Asylum Support Office (EASO). This will include participation in joint promotional and information campaigns.

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 regarding the drug situation in third countries, in order to understand the implications for public health in the EU and its impact on the European drug market. This will be done through fostering regular dialogues and exchanging information with third countries, strengthening the capacities of the priority partners, developing networks and partnerships, and formalising working arrangements.

Cooperation with candidate countries and potential candidates will be carried out in the context of the EU enlargement framework, and 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 assessment of national drug information systems in partner countries (only possible if travel is safely resumed). Cooperation will also continue through the IPA7 technical assistance project. The activities planned include day-to-day support for data collection and monitoring, capacity building and direct support for specific studies, thus bringing these countries closer to the EU Drug information system (the EMCDDA and its Reitox network). The project will also serve to 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. It is envisaged that the results of the cross-border analyses on both health- and security-related matters will be presented at a scientific conference by the end of 2022. Subject to final confirmation by the concerned EC services, a follow-up IPA8 project is planned to start in January 2023 for a total duration of 4 years, which will imply important preparatory work to be carried out in 2022.

The EMCDDA's technical cooperation with ENP partner countries will be deepened through two technical assistance projects: (a) the 'EU4Monitoring Drugs' (EU4MD) project, which focuses on the areas where the EMCDDA's involvement can demonstrate significant added value and in particular: (1) identifying, analysing and reporting effectively on ongoing, emerging and future trends in the drug market and their implications for security and health, and (2) increasing monitoring and response capacity and enhancing regional cooperation between ENP countries and between these and the EU; and (b) the EMCDDA for Georgia (EMCDDA4GE) project, the first EMCDDA technical assistance bilateral project, which aims to contribute to strengthening the capacities of the Georgian national drug observatory and improving national health and social responses to drug problems in the areas of prevention and treatment.

While the year 2022 will see the completion of the IPA7 and EU4MD technical cooperation projects, the production of outputs and the organisation of international gatherings focusing on drug-related health and security threats beyond the EU will mark this last year of project implementation. Where feasible and appropriate, continuation of cooperation activities with the priority third countries will be ensured through new processes (if funding allows). 2022 will also see the signature of a grant agreement to support the Latin American and Caribbean countries (the cooperation programme between Latin America, the Caribbean and the EU on drugs policies – COPOLAD III. Finally, within the 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 (the Central Asia drug action programme (CADAP)), as well as 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 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 the 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
B.2.1. Support the implementation by the NFPs of the Reitox Network Development Framework	**Reitox network support and coordination**	
	NFPs supported in the submission to the EMCDDA of annual core national data	L1
	Annual reporting package for 2023 presented to the NFPs and adopted at the HNFPs meeting	L1
	Heads of national focal points meetings efficiently organised	L1
	NFPs supported in the implementation of the Reitox Development Framework Roadmap for 2021–2025	L2
	Technical meetings efficiently organised	L2
	Countries supported in the implementation of the Reitox certification system	L2
	NFPs provided with quality feedback, technical assistance and institutional support, where required (see also Section III.2.1, 'Main area 1: Health', and Section III.2.2, 'Main area 2: Security')	L2
	Reitox Academies in line with the needs identified in the RDF Roadmap for 2021–2025 and available resources	L2
	Grant agreements management	
	2022 Grant agreement deliverables (financial and narrative reports) provided in line with the applicable rules and regulations	L1
	2021 Grant agreement final deliverables (financial and narrative reports) checked and final payments executed	L1
	2021 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
	2023 grant agreements model and annexes (list of activities, list of meetings, list of deliverables) prepared and shared with the NFPs	L1
B.2.2. Strengthen national drug expert networks and develop, if necessary, new networks to ensure that the agency has sufficient expertise to accomplish the strategy's objectives	Drug expert networks maintained and expanded to EU-priority third countries as feasible (resource dependent), including in relation to key indicator areas and other data collection sources (e.g. ESPAD, SCORE, Euro-DEN, Xchange)	L2
B.2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging stakeholder needs	International Cooperation Framework implemented in line with annual priorities and available resources	L2
	International Cooperation Framework roadmap developed	L2
	Relations with EU institutions	
	Further build the institutional relationship 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: the Horizontal Drugs Group, national drug coordinators, etc.; Commission: DG HOME, DG SANTÉ, 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, and with other EU agencies and international partners implemented and new opportunities for collaboration explored (e.g. with the European Fundamental Rights Agency), as appropriate	L2
	Knowledge transfer to priority third countries	
	IPA7 project managed and completed efficiently	L2
	EU4MD project managed and completed efficiently	L2
	EMCDDA4GE project managed efficiently	L2
	Agreement to support COPOLAD III project implemented efficiently	L2
	Existing working arrangements with third countries implemented and new opportunities for collaboration explored, as appropriate	L2

Business driver 3: Scientific capacity

The multifaceted nature of the drug situation requires the EMCDDA to be ready to quickly respond to changing information needs. In 2022, the EMCDDA will continue to develop its innovation framework to provide an internal mechanism for coordination of research, innovation and futures studies. This will include support for horizon-scanning activities that will be carried out to inform internal discussions on future needs in the area of scientific capacity, while taking into consideration any changes to the EMCDDA regulation relevant to these topics.

In line with the Roadmap 2025, scientific quality assurance and coordination processes will be reviewed and revised as necessary, to reflect the digital transformation/new business model and possible revision of the EMCDDA founding regulation.

Upon 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.

On request of the European Commission and respecting the existing mandate, the Centre, as far as possible within the 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 2023–2025 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.

In 2022, the EMCDDA will continue to ensure the quality of its analyses and outputs across all key areas of work. Efforts will focus on optimising the allocation and use of scientific resources, maintaining and developing further, as needed, internal scientific coordination communication tools and mechanisms, as well as quality guidelines and standards for scientific processes and outputs. The EMCDDA will continue to strengthen its dialogue with the scientific community through investing in submissions to scientific journals, where possible, supporting open access to papers reporting on the agency's work.

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 coordination of the scientific programme for the Fourth European Conference on Addictive Behaviours and Dependencies (Lisbon Addictions), planned to take place in November 2022.

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 the 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
B.3.1. 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
	Ongoing work on a framework to provide an internal mechanism for coordination of research, innovation and futures studies, including horizon scanning	L2
	Scientific articles 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 maintained and reviewed as necessary, to reflect the digital transformation/new business model and possible revision of the EMCDDA founding regulation	L2
	Quality guidelines and standards for scientific processes and outputs in place and and reviewed as necessary, to reflect the digital transformation/new business model and possible revision of the EMCDDA founding regulation	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 2022 successfully organised	L2
	Facilitate knowledge transfer and promote the work of the EMCDDA 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
	Increased options for scientific staff to acquire further competencies and experience, especially in new areas important to the EMCDDA's development or where current competencies are lacking, through training, further education and other appropriate learning opportunities, where possible	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 developed to maintain a business environment corresponding to the long-term requirements of the EMCDDA Strategy 2025/Roadmap 2025 and any changes that may result from the new EMCDDA business model and ongoing discussions on a new EMCDDA mandate.

In 2022, one of the key objectives of this business driver will be to ensure that the implementation of the activities planned across the different areas of the annual work programme is 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 2022–2024, and the timely delivery to the EMCDDA's stakeholders of the next SPDs: for 2023–2025, and for 2024–2026 (preliminary draft).

The performance management system will be maintained and developed further, including based on the established set of KPIs. The performance in implementing the work programme 2022 and the corresponding internal management plan will be assessed and discussed within the framework of the the performance reviews which will be carried out every quarter. The supporting management infomation system (Matrix) will be maintained and further developed, as necessary and in line with resources.

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 the previous audits performed at the EMCDDA, as well as 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 2022, budget and financial management-related operations will continue to focus on effective and timely forecast, planning, monitoring and use of the EMCDDA's resources and on the optimisation of 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 much as possible the excellent level of performance achieved in the 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 the development of actions for staff training, to continue supporting the effective implementation of Roadmap 2025 and the new EMCDDA business model.

Action will be pursued to ensure a safe working environment, as well as to guarantee the efficient use of the EMCDDA premises and infrastructure, with special attention paid to controlling utilities-related costs and to possible synergies with EMSA, in particular for the management of the shared premises and services, including in the ICT area.

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, the ICT programmes and services will be developed and delivered to implement and support core business and corporate projects and processes, guided by best practice examples and recommendations rooted in security-, privacy- and risk management-related principles.

In 2022, as far as resources allow, the EMCDDA will strive to promote business innovation. The EMCDDA workstation transformation programme, instigated to create a thoroughly modernised digital workplace, is intended to be completed and will be one of the foundations of a successful switch to a hybrid work mode, allowing staff to work from the office and from home or while travelling and thus take advantage of the lessons learned during the COVID-19 crisis. In this context, the EMCDDA will adjust its working methods and processes, as required by the possible outcome of the ongoing review of rules and procedures applicable to EU decentralised agencies on this matter.

Together with the agency's investments in novel data sources, 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
B.4.1. 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 meetings and the ICT Steering Committee) are operational 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
	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

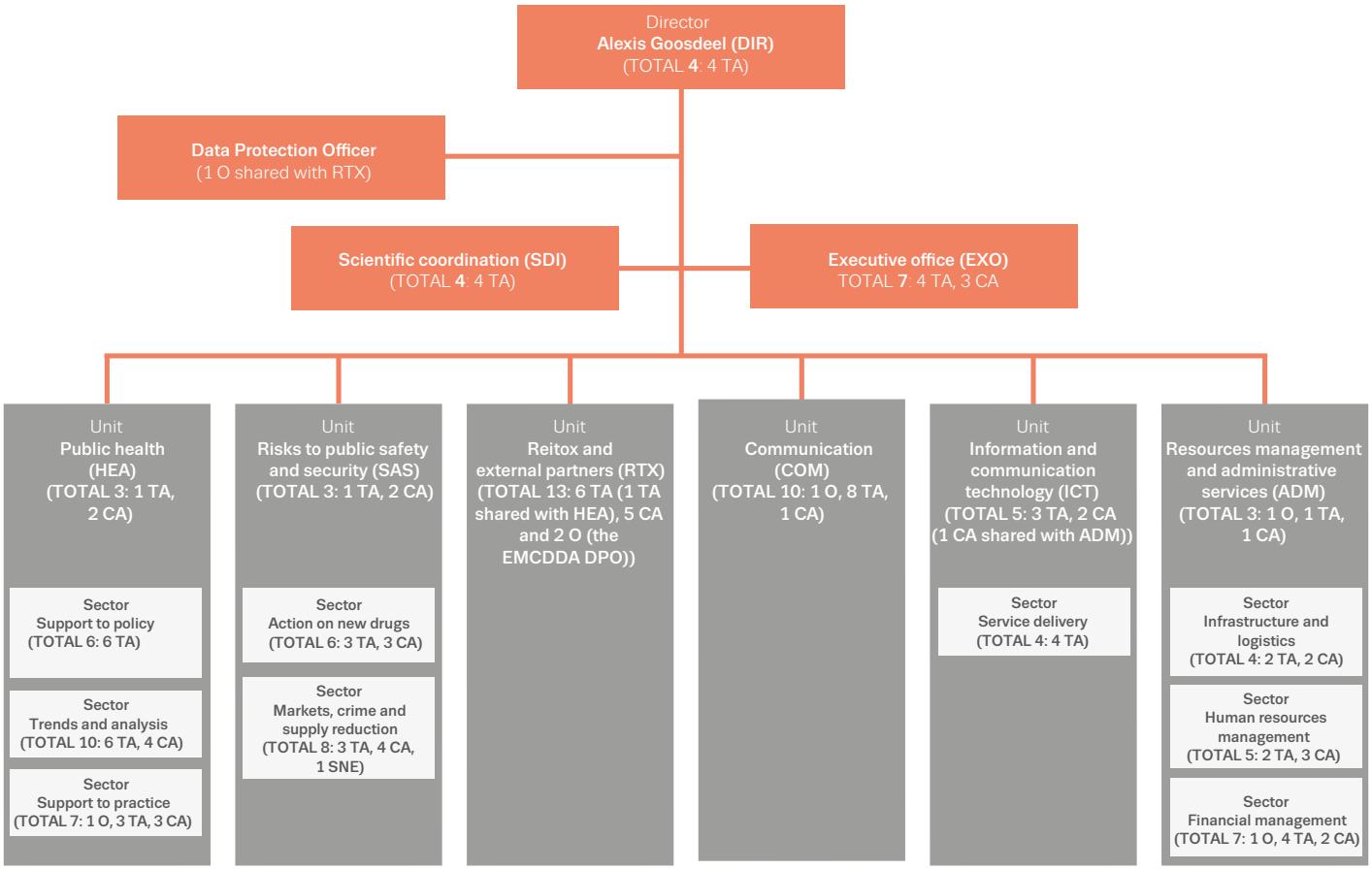
Action areas	Outputs/results	Priority
B.4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025	**Planning instruments and processes**	
	SPD 2022–2024 published	L1
	Draft SPD 2023–25 finalised, taking into account the results of the consultation of key EMCDDA stakeholders and partners, and submitted to the Management Board for adoption	L1
	Preliminary Draft SPD 2024–2026 prepared and submitted to the Management Board for adoption	L1
	EMCDDA 2023 draft budget and 2024 preliminary draft budget prepared in a timely manner and submitted to the Management Board for adoption	L1
	2022 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 annual accounts	L1
	Annual procurement plan prepared in a timely manner, successfully implemented and effectively monitored	L2
	Further development of financial and procurement-related electronic tools and workflows	L3
	Facilities support services	
	Safe, secure and environmentally friendly workplace, which prevents work accidents, promotes use of renewable energy and avoids waste of resources	L2
	Efficient use of available facilities, equipment, infrastructure and utilities	L2
	ICT services	
	Activities in the area of ICT governance and strategy in line with best practices and recommendations: processes and standards and ICT strategy	L2
	Develop Enterprise architecture implementation at the EMCDDA to support the implementation of the new EMCDDA business model	L2
	Operability of core services maintained	
	– Drug data-related support services: services related to restricted drugs data (Secure Information Exchange Network Application (SIENA)); EDND related services; online/website 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	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; cybersecurity risk mitigation (in line with the requirements from the new information security regulation, including through improved operational cooperation with CERT-EU)	L1
	Review and update of software and hardware architecture components, as required, including the continuous work on the EMCDDA workstation transformation programme	L2
	Innovative initiatives and projects to implement business requirements and processes, in particular supporting digital transformation, with priority given to the ongoing Extranets, Collaboration, Intranet and Document Management (ECID) project implementation (expected to end in 2025)	L2
	Identification and evolution of business requirements, planning and delivery of innovative technical services, processes and products and test architecture; Bring Your Own Device support	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

Action areas	Outputs/results	Priority
B.4.3. Strengthen performance management at all levels	*General Report of Activities 2021* prepared, submitted to the Management Board for adoption, and published online by 15 June 2022, in line with the recast EMCDDA regulation	L1
	Quarterly performance reviews carried out to inform sound management decisions	L2
	Budget execution (commitment and payment appropriations) in line with annual targets	L2
	Timely and effective follow-up on 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
B.4.4. 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 the EMCDDA's human resources, in accordance with applicable rules and in line with organisational needs	L2
	Staff development programme in place, including annual training plan and customised training, on the basis of available resources	L2

Resources necessary for the implementation of the activities in this area are presented in *Annex II. Estimated resource allocation per activity, 2022–2024*

ANNEXES

Annex I
Organisation chart ([13])



([13]) As of 31 December 2021.

Annex II
Estimated resource allocation per activity, 2022–2024

TABLE II.1

Estimated resources allocation per activity (i.e. Main areas) (a)

	2021				2022				2023				2024			
	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	2.20	31.85	14.05	8 448 881	2.15	30.45	13.55	8 201 663	2.15	30.45	13.55	9 112 867	2.15	30.45	13.55	9 295 737
SECURITY	0.95	13.31	5.25	3 357 183	1.00	14.71	5.20	3 811 208	1.00	14.71	5.20	4 234 632	1.00	14.71	5.20	4 319 610
BUSINESS DRIVERS	2.85	20.84	8.70	5 573 508	2.85	21.84	8.25	5 729 858	2.85	21.84	8.25	6 366 444	2.85	21.84	8.25	6 494 201
TOTAL	**6**	**66**	**28**	**17 379 572**	**6**	**67**	**27**	**17 742 729**	**6**	**67**	**27**	**19 713 943**	**6**	**67**	**27**	**20 109 548**

(a) This table presents the FTEs (full time equivalents) corresponding to post filled in or engaged, as of 31 December 2021 (without the staff recruited for the technical assistance projects, as well as for agreements concluded by the EMCDDA in the framework of other EU-funded projects – this category of personnel is presented in the table II.2 below).

TABLE II.2

Resources allocation for the implementation of technical assistance projects with third countries, and for agreements concluded by the EMCDDA in the framework of other EU-funded projects (14)

Project	Allocated human resources (HR) (b)					Allocated budget resources – assigned appropriations (EUR) (c)
	O	TA	CA	SNE	TOTAL HR	
IPA 7	-	-	3	-	3	-
EU4MD	-	-	5	-	5	-
EMCDDA4GE			2		2	
TOTAL	**-**	**-**	**10**	**-**	**10**	**-**

(b) Staff recruited to work on the projects and paid from the corresponding assigned appropriations.
(c) No budget appropriations are expected for 2022.

(14) COPOLAD III was still to be confirmed at the moment of finalising this SPD; therefore the project was not included in the table II.2.

Annex III
Financial resources (tables)

2022–2024 (*N* + 1 – *N* + 3)

TABLE III.1
Revenue

General revenues

Revenues	2021	2022
	Revenues estimated by the Agency	Budget forecast
EU contribution	16 614 372	16 946 659
Other revenue	765 200	796 070
Total revenues	**17 379 572**	**17 742 729**

Revenues	General revenues						
	Executed budget 2020	Budget 2021	Draft budget 2022		VAR	Envisaged N+2 2023	Envisaged N+3 2024
			Agency request	Budget forecast	2021 /2020 (%)		
1 Revenue from fees and charges (including balancing reserve from previous years surplus)							
2 EU contribution	16 288 600	16 614 372	16 946 659			18 837 482	19 214 232
- Of which assigned revenues deriving from previous years' surpluses	22 251	20 639					
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	732 483	765 200	796 070			876 461	895 317
- of which EEA/EFTA (excl. Switzerland)	440 839	467 723	492 643			539 180	551 290
- Of which candidate countries	291 644	297 477	303 427			337 281	344 027
4 Other contributions							
5 Administrative operations							
- Of which interest generated by funds paid by the Commission by way of the EU contribution (FFR Art. 58), internal assigned revenue etc.							
6 Revenues from services rendered against payment							
7 Correction of budgetary imbalances							
Total revenues	**17 021 083**	**17 379 572**	**17 742 729**			**19 713 943**	**20 109 548**

Additional EU funding: grant, contribution and service-level agreements

Revenues	2021	2022
	Revenues estimated by the agency	Budget forecast
Total revenues	1 595 219	0

Revenues	Additional EU funding: ad hoc grants and delegation agreements				
	Executed budget 2020	Budget 2021	Draft budget 2022		VAR
			Agency request	Budget forecast	2022 /2021 (%)
Additional EU Funding stemming from grant agreements (FFR Art.7)					
Additional EU Funding stemming from contribuition agreements (FFR Art.7)	1 007 367	1 595 219	0		
Additional EU Funding stemming from service level agreements (FFR Art.43.2)					
Total	1 007 367	1 595 219	0		

TABLE III.2

Expenditure

Expenditure	2021		2022	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 - Staff expenditure	11 391 103	11 391 103	12 234 233	12 234 233
Title 2 - Infrastructure and operating expenditure	2 390 969	2 390 969	2 210 949	2 210 949
Title 3 - Operational expenditure	3 597 500	3 597 500	3 297 547	3 297 547
Total expenditure	17 379 572	17 379 572	17 742 729	17 742 729

Expenditure	Commitment appropriations						
	Executed budget 2020	Budget 2021	Draft budget 2022		VAR	Envisaged N+2 2023	Envisaged N+3 2024
			Agency request	Budget forecast	2021/ 2020 (%)		
Title 1 – Staff expenditure	11 093 153	11 391 103	12 234 233			12 712 435	13 359 468
Salaries and allowances	11 037 946	11 355 760	12 174 733			12 598 435	13 245 468
- Of which establishment plan posts	9 470 589	9 745 134	10 401 648			10 842 303	11 313 196
- Of which external personnel	1 567 357	1 610 626	1 773 085			1 756 132	1 932 272
Expenditure relating to staff recruitment	2 895	3 000	9 500			14 000	14 000
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	52 312	32 343	50 000			100 000	100 000
External services							
Receptions, events and representation							
Social welfare							
Other staff related expenditure							

Expenditure	Commitment appropriations						
	Executed budget 2020	Budget 2021	Draft budget 2022		VAR	Envisaged N+2 2023	Envisaged N+3 2024
			Agency request	Budget forecast	2021/ 2020 (%)		
Title 2 – Infrastructure and operating expenditure	**2 495 922**	**2 390 969**	**2 210 949**			**2 379 025**	**2 347 076**
Rental of buildings and associated costs	1 287 821	1 457 099	1 413 577			1 516 476	1 513 461
Information, communication technology and data processing	1 092 476	713 803	570 000			663 199	616 265
Movable property and associated costs	55 526	83 307	98 000			81 000	111 000
Current administrative expenditure	28 391	45 900	40 872			30 350	34 350
Postage / telecommunications	22 489	66 660	73 500			59 000	45 500
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	9 218	24 200	15 000			29 000	26 500
Title 3 – Operational expenditure	**3 431 971**	**3 597 500**	**3 297 547**			**4 622 483**	**4 403 004**
Information and publishing	413 885	376 250	440 000			816 193	706 714
Studies	804 906	869 367	790 000			1 000 000	890 000
Reitox	2 083 805	2 068 400	1 620 000			2 063 000	2 063 000
Mission expenses	45 592	48 650	119 192			238 610	238 610
Meeting expenses	82 858	233 333	325 855			501 180	501 180
Receptions and events	925	1 500	2 500			3 500	3 500
Total general expenditure	17 021 046	17 379 572	17 742 729			19 713 943	20 109 548
Expenditure related to IPA projects	276 914						
Expenditure related to EU4MD projects	868 169	795 219					
Expenditure related to Georgia Project		800 000					
Expenditure related to IPA and EU4MD projects	**1 145 083**	**1 595 219**					
TOTAL	**18 166 130**	**18 974 791**	**17 742 729**			**19 713 943**	**20 109 548**

Expenditure	Payment appropriations						
	Executed budget 2020	Budget 2021	Draft budget 2022		VAR	Envisaged N+2 2023	Envisaged N+3 2024
			Agency request	Budget forecast	2021/ 2020 (%)		
Title 1 – Staff expenditure	**11 054 791**	**11 391 103**	**12 234 233**			**12 712 435**	**13 359 468**
Salaries and allowances	11 011 051	11 355 760	12 174 733			12 598 435	13 245 468
- Of which establishment plan posts	9 470 474	9 745 134	10 401 648			10 842 303	11 313 196
- Of which external personnel	1 540 576	1 610 626	1 773 085			1 756 132	1 932 272
Expenditure relating to staff recruitment	2 892	3 000	9 500			14 000	14 000

Expenditure	Payment appropriations						
	Executed budget 2020	Budget 2021	Draft budget 2022		VAR	Envisaged N+2 2023	Envisaged N+3 2024
			Agency request	Budget forecast	2021/ 2020 (%)		
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	40 848	32 343	50 000			100 000	100 000
External services							
Receptions, events and representation							
Social welfare							
Other staff related expenditure							
Title 2 – Infrastructure and operating expenditure	**1 726 987**	**2 390 969**	**2 210 949**			**2 379 025**	**2 347 076**
Rental of buildings and associated costs	1 209 884	1 457 099	1 413 577			1 516 476	1 513 461
Information, communication technology and data processing	424 544	713 803	570 000			663 199	616 265
Movable property and associated costs	40 277	83 307	98 000			81 000	111 000
Current administrative expenditure	28 090	45 900	40 872			30 350	34 350
Postage / telecommunications	19 217	66 660	73 500			59 000	45 500
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	4 975	24 200	15 000			29 000	26 500
Title 3 – Operational expenditure	**3 342 875**	**3 597 500**	**3 297 547**			**4 622 483**	**4 403 004**
Information and publishing	353 204	376 250	440 000			816 193	706 714
Studies	639 292	869 367	790 000			1 000 000	890 000
Reitox	2 140 390	2 068 400	1 620 000			2 063 000	2 063 000
Mission expenses	77 364	48 650	119 192			238 610	238 610
Meeting expenses	131 780	233 333	325 855			501 180	501 180
Receptions and events	844	1 500	2 500			3 500	3 500
Total general expenditure	16 124 654	17 379 572	17 742 729			19 713 943	20 109 548
Expenditure related to IPA projects	199 423						
Expenditure related to EU4MD projects	623 308	795 219					
Expenditure related to Georgia Project		800 000					
Expenditure related to IPA and EU4MD projects	822 731	1 595 219					
TOTAL	**16 947 385**	**18 974 791**	**17 742 729**			**19 713 943**	**20 109 548**

TABLE III.3

Budget outturn and cancellation of appropriations: *N* – 4 – *N* – 2

Budget outturn	2017	2018	2019	2020
Reserve from the previous years' surplus (+)	215 189	189 764	22 251	20 639
Revenue actually received (+)	16 168 798	16 169 483	18 195 649	18 058 665
Payments made (-)	- 15 370 324	-16 009 622	-16 525 529	-16 972 131
Carry-over of appropriations (-)	- 968 942	-455 152	-1 777 308	-2 494 470
Cancellation of appropriations carried over (+)	18 246	27 093	12 561	23 407
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	342 258	292 360	115 167	1 494 794
Exchange rate differences (+ /-)	- 272	-1 911	99	-2 229
Adjustment for negative balance from previous year (-)	- 215 189	-189 764	-22 ,251	-20 639
Total	**189 764**	**22 251**	**20 639**	**108 036**

NB: Note that, in accordance with the relevant accounting rules and procedures (and required reporting timeline), the reference reporting years in Table 4 are as follows: N – 1 = 2020; *N* – 2 = 2019; *N* – 3 = 2018; *N* – 4 = 2017.

Cancellation of commitment appropriations

In 2020 commitment appropriations amounted to a total of EUR 17 021 083 (commitment appropriations from C1 fund source).

The EMCDDA was able to commit EUR 17 020 470 of these appropriations. The non-committed amount from the whole 2020 financial envelope is EUR 613. Expressed in percentages, this means 99.996 % implementation of commitment appropriations in 2020 and the rate of cancellation of C1 commitments: 0.004 %.

Cancellation of payment appropriations

The payment appropriations for 2020 amounted to a total of EUR 17 297 999, out of which:

- EUR 17 021 083 from C1 fund sources;
- EUR 276 916 from C8 fund sources (i.e. appropriations carried forward from 2019 in budget titles 1 and 2).

In line with the excellent performance of the previous years, the EMCDDA was able to use 99.35 % of these appropriations, i.e. EUR 17 184 883, as follows:

- EUR 16 124 654 from 2020 C1 and sources for payments executed in 2020;
- EUR 253 509 from C8 fund sources (committed in 2019) for payments executed in 2020;
- EUR 806 720 carried forward to 2021 for payments to be executed in 2021.

The cancelled payment appropriations for 2020 are EUR 113 115 or 0.65 %, expressed as a share of total payment credits for 2020.

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 2020.

As indicated above, the amount of cancelled appropriations was residual as a result of the very good budget execution in 2020.

Annex IV
Human resources – quantitative

TABLE IV.1

Staff population and its evolution; Overview of all categories of staff

A. Statutory staff and SNEs

Staff	Year *N* – 1 2020			Year *N* 2021	Year *N* + 1 2022	Year *N* + 2 2023	Year *N* + 3 2024
ESTABLISHMENT PLAN POSTS	**Authorised budget**	**Actually filled as of 31.12.N – 1**	**Occupancy rate (%)**	**Authorised budget**	**Envisaged staff**	**Envisaged staff**	**Envisaged staff**
Administrators (AD)	51	48	94.12	51	51	51	51
Assistants (AST)	25	24	96.00	25	25	25	25
Assistants/ Secretaries (AST/SC)	0	0	0	0	0	0	0
TOTAL ESTABLISHMENT PLAN POSTS	76	72	94.74	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 corresponding to the authorised budget**	**Envisaged FTE**	**Envisaged FTE**
Contract agents (CA) (EU Contribution)	28	26	92.86	26	28	28	28
Contract agents (CA) (grant/contribution/SLA)	8	8	100	6	12	4	1
Seconded national experts (SNE)	1	1	100.00	1	1	1	1
TOTAL EXTERNAL STAFF	37	35	94.59	35	41	33	30
TOTAL STAFF	**113**	**107**	**94.69**	**111**	**117**	**109**	**106**

B. Additional external staff expected to be financed from ad-hoc grant, contribution or service-level agreements

Human resources	Year *N* 2021	Year *N* + 1 2022	Year *N* + 2 2023	Year *N* + 3 2024
	Envisaged FTE	**Envisaged FTE**	**Envisaged FTE**	**Envisaged FTE**
Contract agents (CA)*	11	12	4	1
Seconded national experts (SNE)	1	1	1	1
TOTAL	**12**	**13**	**5**	**2**

C. Other human resources

Structural service providers

	Actually in place as of 31.12.*N* – 1
Security	1 FTE receptionist
ICT	
Other (specify)	1.5 FTE maintenance staff

NB: Service providers are contracted by a private company and carry out specialised outsourced tasks of a horizontal/support nature. At the Commission, the following general criteria should be fulfilled: (1) no individual contract with the Commission, (2) on the Commission premises, usually with a PC and desk, (3) administratively followed by the Commission (badge etc.) and (4) contributing to the added value of the Commission.

Interim workers

	Total FTE in year N – 1 2020
Number	3

TABLE IV.2

Multiannual staff policy plan

Function group and grade	Year 2020				Year 2021		Year 2022		Year 2023		Year 2024	
	Authorised budget		Actually filled as of 31.12.2020		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
AD 14		1		1		1		1		1		1
AD 13	1	3	1	3	1	3	1	3	1	3	1	3
AD 12	3	9	2	5	3	8	3	8	3	8	3	8
AD 11	1	10		7	1	10	1	9	1	9	1	9
AD 10	1	11	1	5		11		10		10		10
AD 9		8	1	9		8		8		8		8
AD 8		1		8		3		5		5		5
AD 7		1		2		1		1		1		1
AD 6				3								
AD 5												
AD TOTAL	**6**	**45**	**5**	**43**	**5**	**46**	**5**	**46**	**5**	**46**	**5**	**46**
AST 11	1	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	2	6		1	1	6	1	5	1	5	1	5
AST 7		5		5		6		6		6		6
AST 6		1	1	8		2		3		3		3
AST 5				1								
AST 4				1								
AST 3			1									
AST 2				1								
AST 1												
AST TOTAL	4	21	2	22	2	23	2	23	2	23	2	23
AST/SC 1												
AST/SC TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	66	7	65	7	69	7	69	7	69	7	69
GRAND TOTAL		**76**		**72**		**76**		**76**		**76**		**76**

External personnel

Contract agents

Contract agents (EU Contribution)							
Contract agents	FTE corresponding to the authorised budget N – 1 2020	Executed FTE as of 31.12.N – 1 2020	Headcount as of 31.12.N – 1 2020	FTE corresponding to the authorised budget N 2021	FTE corresponding to the authorised budget N + 1 2022	FTE corresponding to the authorised budget N + 2 2023	FTE corresponding to the authorised budget N + 3 2024
Function Group IV	4	3	3	4	4	4	4
Function Group III	9	7	7	9	10	10	10
Function Group II	12	12	12	12	12	12	12
Function Group I	3	2	2	3	2	2	2
TOTAL	28	24	24	28	28	28	28
Contract agents (grant/contribution/SLA)							
Contract agents	FTE corresponding to the authorised budget N – 1 2020	Executed FTE as of 31.12.N – 1 2020	Headcount as of 31.12.N – 1 2020	FTE corresponding to the authorised budget N 2021	FTE corresponding to the authorised budget N + 1 2022	FTE corresponding to the authorised budget N + 2 2023	FTE corresponding to the authorised budget N + 3 2024
Function Group IV	5	5	5	7	8	3	1
Function Group III							
Function Group II	3	3	3	4	4	1	
Function Group I							
TOTAL	8	8	8	11	12	4	1
GRAND TOTAL	36	34	34	39	41	35	29

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 N + 1 following retirement/mobility or new requested posts (information on the entry level for each type of posts: indicative table), 2022

Job title in the agency	Type of contract (official, TA or CA)		TA/official		CA
			Function group/grade of recruitment internal (brackets) and external (single grade) foreseen for publication		Recruitment function group (I, II, III and IV)
	Due to foreseen retirement/mobility	New post requested due to additional tasks	Internal (brackets)	External (brackets)	
HR Officer	x		AST 3 – AST 5	AST 4	

Number of inter-agency mobility Year N from and to the Agency: 0

Annex V
Human resources – qualitative

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 focal points of the Reitox network, 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 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 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) in order to identify the candidates who best match the published requirements.
- Selected candidates are interviewed on the basis of predefined questions that are presented to all candidates interviewed. The procedure includes a compulsory written test. The interview and test cover: assessment of the specific competences and technical qualifications required for the selection process concerned; knowledge of the European institutions and particularly of the EMCDDA's activities; general skills and language abilities of the candidate.
- Giving 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 human resources (HR), ICT 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 EMCDDA vacant 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 the case 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 (FG) of assistants (AST) and from AD 5 to AD 8 for the function group of administrators (AD).

Recruitment at grades AD 9 to AD 11, and in exceptional cases at AD 12, is limited to filling middle management positions or to particular cases where a higher grade is essential to ensure a 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 and/or by the fact that a lower grade would not be attractive to the target population of potential candidates.

Duration of employment

Upon recruitment, EMCDDA temporary and contract agents engaged to address long-term or permanent tasks are offered a contract of 5 years. In accordance with Articles 8 and 85 of the staff regulations, this contract may be renewed 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, this term being renewable. This is in accordance with the relevant provisions of the EMCDDA's founding regulation.

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

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

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

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

The EMCDDA employs officials and temporary agents 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.

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

- to ensure the delivery of time-bound tasks, that is for the execution of technical assistance projects financed by specific appropriations provided by European programmes (e.g. the IPA);
- to ensure the temporary replacement of staff in 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 employment 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 FG I, FG II and FG III. The use of contract staff in FG IV is limited to those situations where it is necessary to recruit very specific and high-level technical or scientific expertise.

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

- functions and tasks relating to the execution of the EMCDDA budget, where a large measure of discretion 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 upon 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 of seconded national experts (SNEs) is to benefit from the high level of their professional knowledge and experience, in particular in areas where such expertise is not readily available.

The complete legal framework for recruitment of SNEs at the EMCDDA is to be found in the decision of the Management Board of the EMCDDA on the adoption of rules on the secondment of national experts to the EMCDDA (DEC/MB/10/02) of 5 May 2010 (which adopts, by analogy, the 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 similar procedure 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

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 2017	Year N - 3 2018	Year N - 2 2019	Year N - 1 2020	Year N 2021	Actual average over 5 years [a]	Average over 5 years (according to decision C(2015)9563)
AD05			3			3	2.8
AD06	4.5	3.5				4	2.8
AD07	3.25		5.5	3.5	3	4.08	2.8
AD08	3	3		3	4.6	3	3
AD09			5.67	4.5	3.33	5.09	4
AD10	6		9		3.25	7.5	4
AD11		4			7	4	4
AD12					7		6.7
AD13							6.7
AST1							3
AST2							3
AST3							3
AST4					5		3
AST5		5.5	8	4.5	5	6	4
AST6	4	3		4.5	5	3.83	4
AST7		4			3.5	4	4
AST8				5		5	4
AST9							N/A
AST10 (Senior assistant)		5				5	5
AST/SC1							4
AST/SC2							5
AST/SC3							5.9
AST/SC4							6.7
AST/SC5							8.3

[a] The average figures given here have been calculated over 4 years. It will not be possible to determine the averages over 5 years until after the results of the reclassification procedure of 2021 are known.

TABLE V.2

Reclassification of contract staff

Function group	Grade	Staff in activity at 1.01.Year N - 2 2019	Number of staff members reclassified in Year N - 1 2020	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	1			Between 6 and 10 years
	16				Between 5 and 7 years
	15	1			Between 4 and 6 years
	14	1			Between 3 and 5 years
	13	1	1	2.25	Between 3 and 5 years

Function group	Grade	Staff in activity at 1.01.Year N - 2 2019	Number of staff members reclassified in Year N - 1 2020	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 III	11	4	1	4	Between 6 and 10 years
	10	3			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	2			Between 5 and 7 years
	4				Between 3 and 5 years
CA I	2	3			Between 6 and 10 years
	1				Between 3 and 5 years

Gender representation

TABLE V.3

Data on 31.12.2020 (Year N – 1)/statutory staff (only officials, TA and CA)

		Officials		Temporary agents		Contract agents		Grand total	
		Staff	%	Staff	%	Staff	%	Staff	%
Female	Administrator level	0	0	22.00	21.78	0		22.00	21.78
	Assistant level (AST and AST/SC)	2	1.98	10.00	9.90	0		12.00	11.88
	Contract agents FG IV	0	0	0	0	4.00	3.96	4.00	3.96
	Contract agents FG I-III	0	0	0	0	18.00	17.82	18.00	17.82
	Total	**2.00**	**1.98**	**32.00**	**31.68**	**22.00**	**21.78**	**56.00**	
Male	Administrator level	5	4.95	20.00	19.80	0		25.00	24.75
	Assistant level (AST or AST/SC)	0	0	11.00	10.89	0		11.00	10.89
	Contract agents FG IV	0	0	0	0	4.00	3.96	4.00	3.96
	Contract agents FG I-III	0	0	0	0	5.00	4.95	5.00	4.95
	Total	**5**	**4.95**	**31.00**	**30.69**	**9.00**	**8.91**	**45.00**	**44.55**
Grand total		**7**	**6.93**	**63.00**	**62.38**	**31.00**	**30.69**	**101**	**100.00**

TABLE V.4

Data regarding gender evolution over 5 years of the middle and senior management (*)

	(N – 5) 2015		(N – 1) 2020	
	Number	%	Number	%
Female managers	1	10	2	22.22
Male managers	9	90	7	77.78

(*) Staff defined as middle managers by the applicable general implementing provisions on middle management.

The EMCDDA is committed to addressing the gender imbalance among its senior staff. This is enshrined in all the policies currently applicable at the EMCDDA. 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 within 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 with the staff of 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 2f 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 abovementioned 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 (twelve officials from the European Commission and two officials from the European Parliament).

Geographical balance

TABLE V.5

Explanatory figures to highlight nationalities of staff (split per Administrator/CA FG IV and Assistant/CA FG I, II, III) Table 1 – Data on 31/12/2020 – statutory staff only (officials, TA and CA)

31/12/2020 Nationality	AD + CA FG IV		AST/SC – AST + CA FG I / CA FG II / CA FG III		TOTAL	
	Number	Total staff members in AD and FG IV categories (%)	Number	Total staff members in AST SC/AST and FG I, II and III categories (%)	Number	Total staff (%)
BG	2	3.64	1	2.17	3	2.97
CZ	1	1.82			1	0.99
DE	5	9.09	2	4.35	7	6.93
ES	4	7.27	2	4.35	6	5.94

31/12/2020 Nationality	AD + CA FG IV		AST/SC – AST + CA FG I / CA FG II / CA FG III		TOTAL	
	Number	Total staff members in AD and FG IV categories (%)	Number	Total staff members in AST SC/AST and FG I, II and III categories (%)	Number	Total staff (%)
FI	1	1.82			1	0.99
FR	6	10.91	2	4.35	8	7.92
IE	4	7.27	1	2.17	5	4.95
IT	6	10.91	4	8.70	10	9.90
LU	1	1.82	1	2.17	2	1.98
LV	1	1.82			1	0.99
NL	1	1.82			1	0.99
PL	2	3.64	2	4.35	4	3.96
PT	7	12.73	25	54.35	32	31.68
RO	3	5.45	0		3	2.97
UK	6	10.91	1	2.17	7	6.93
TOTAL	**55**		**46**		**101**	

TABLE V.6

Evolution over 5 years of the most represented nationality in the agency

Most represented nationality	N – 5 2015		N – 1 2020	
	Number	%	Number	%
Portuguese	29	28.43	34	33.66

Schooling

Agreement in place with the European School(s): ongoing process				
Contribution agreements signed with the EC on type I European schools	Yes		No	x
Contribution agreements signed with the EC on type II European schools	Yes		No	x
Number of service contracts in place with international schools	5 agreements in place			
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
Environment 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. As such, the EMCDDA has no direct mandate related to the environment. The EMCDDA recognising 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 (https://www.emcdda.europa.eu/publications/ad-hoc-publication/environmental-policy_en), a yearly policy compliance report as well as 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 Director.

Environment 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, and 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 practical;
- 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 staff of the EMCDDA and contribute to raising awareness among others by adding environmental statements to work emails and publications;
- establish procedures for 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) system. 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 and logistics and in 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 (GPP) 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

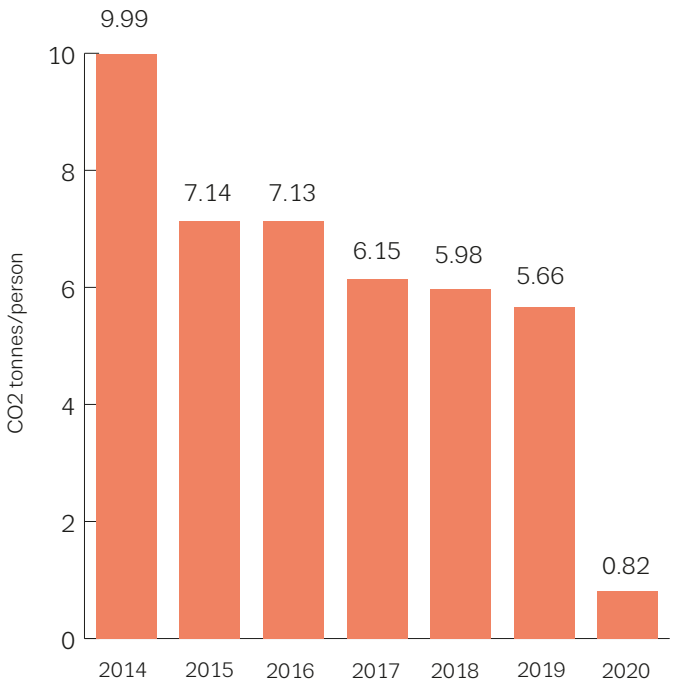
United Nations Framework Convention on Climate Change standard for the calculation of an organisation's carbon dioxide (CO_2) footprint:

- 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 the figure 4 below were published in 2021, using data from 2020.

FIGURE 4

Evolution of 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 with 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 renewals related to utilities and consumables have been replaced with more environmentally friendly solutions. For example, the 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 premises. Furthermore, the installation of electrical car charging stations was recommended, to promote the purchase of electrical cars. Both projects were approved by the Director in 2019. The EMCDDA responded by following the recommendations and implementing the projects in 2020.

The environment policy states that the EMCDDA is striving towards obtaining environmental certification in the long run, with due regard to the available resources. 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 prevents prevented the EMCDDA from offsetting its CO_2 footprint. in the past.

The EMCDDA will strive within the next 5 years to become a carbon neutral administration. This aim is motivated by the stated intention of the Commission 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 S.A. concluded a contract for the sublease of 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 period of 5 years.

Future outlook

The intention to move to an updated teleworking policy following a positive experience during the COVID-19 pandemic would allow for a reduction in 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 a move to an alternative building.

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.

	Building Name and Type	Location	Surface area (in 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 Lisboa, 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**					

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 the 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 the Portuguese tax and VAT on the purchase and registration of vehicles.	There is no European or accredited school that can be attended free of charge in the area where the EMCDDA has its seat. As per the 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, it agreed to pursue either the establishment of a European School in Lisbon or the signature of partial agreements between the European School Board and the main international schools in the Lisbon area. However, difficulties have been encountered with regard to the implementation of this solution. 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 Management Board of the EMCDDA.

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, as well as 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 Section III.2.3, '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 5) identifies a limited number (10) of KPIs that will be used to measure effectiveness in delivering the desired outputs and 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 to EU drug policies and legislation (first-level impact) are, however, beyond the control of the EMCDDA.

In Figure 5, 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 1). They will build on the experience and knowledge gained in implementing the EMCDDA performance framework to date and will be further refined in order to make sure they are fit for purpose in the new framework.

FIGURE 5
The EMCDDA performance model

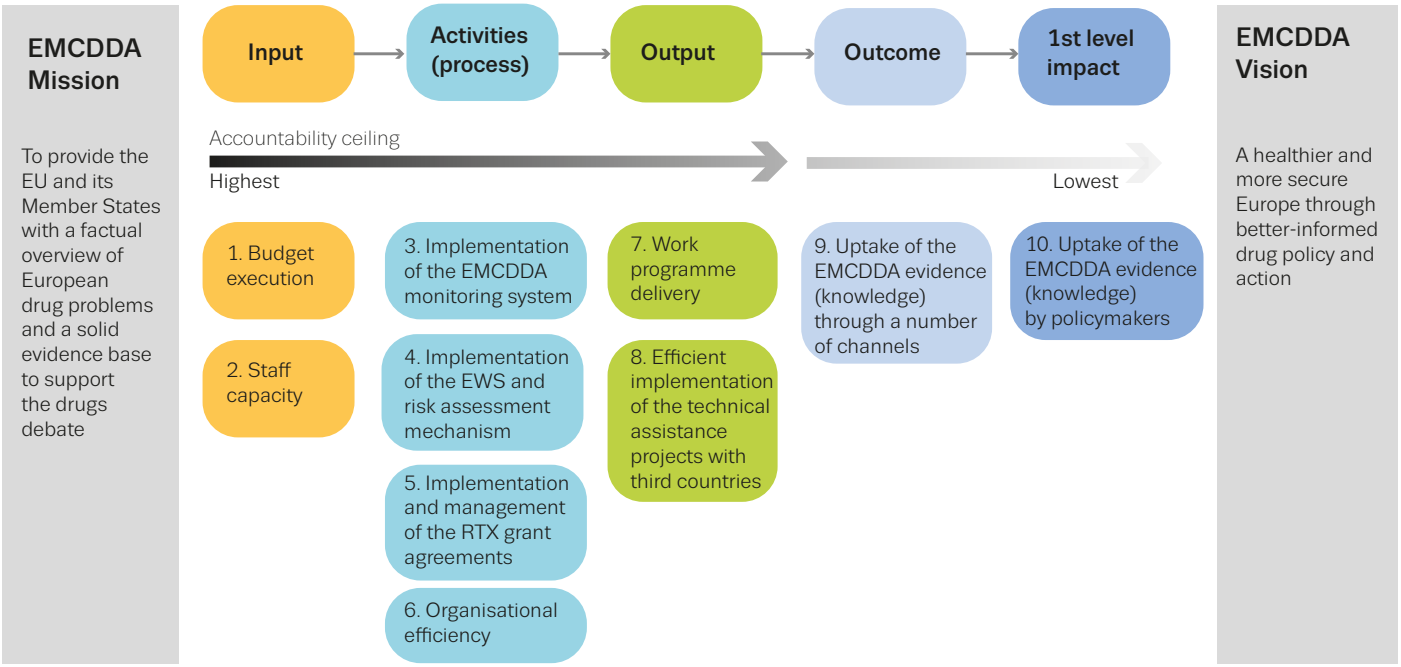


TABLE IX.1
KPI architecture

CATEGORY	KPIs	PIs 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 requires 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 timeframe)	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	KPIs	PIs 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),	B1, B3, B4
			(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 (as compared with 2019 – due to the fact that both the years 2020 and 2021 were under COVID-19 Homeworking regime, therefore the comparison is not relevant)	
		6.8. Availability of the ICT systems	(a) Office supporting infrastructure availability: system availability greater than 95 %, 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 2022 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 IPA7	(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
			(b) Minimum 85 % of the total budget committed	

CATEGORY	KPIs	PIs AND METRICS	PI TARGETS/ METRICS DEFINITION	STRATEGIC OBJECTIVES
OUTPUT		8.2. Efficient implementation of EU4MD	(a) Minimum 80 % of the annual milestones achieved (b) Minimum 70 % of the annual budget committed	H1, H2, S1, S2, S3, B2.
		8.3. Efficient implementation of EMCDDA4GE	(a) Minimum 80 % of the annual milestones achieved (b) Minimum 70 % of the annual budget committed	
		8.4. Efficient implementation of Grant Agreement for COPOLAD III project	(a) Minimum 80 % of the annual milestones achieved (b) Minimum 70 % of the annual budget committed	
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 (subject to the COVID-19 related travel conditions)	(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 School and Winter School, 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) At least a 5 % increase in social media followers (as compared to previous year) (b) An average engagement rate above the industry standard
		9.8 Audience reached through newsletters	(a) At least a 5 % increase in subscribers to email lists (as compared to 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 (as compared to previous year) (b) Audience retention rate above 50 % (c) Increase of 5 % in total video views (as compared to 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)

CATEGORY	KPIs	PIs AND METRICS	PI TARGETS/ METRICS DEFINITION	STRATEGIC OBJECTIVES
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 the period 2022–2025: implementation of the OAP for 2022 and support to the Commission and the Member States in formulating the OAP for 2023 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 the 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, shall 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 the 16 internal control standards for 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. Then 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, the detection and the conditions for investigation of fraud, and 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' for 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 awareness-raising on 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 on 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.

In 2021, the EMCDDA conducted an assessment on the achievements of the 2016 anti-fraud strategy to date and on the relevance of the risk factors identified in 2016, updating them only when necessary. Overall, the exercise concluded that the 2016 anti-fraud strategy remains relevant and effective in protecting the EMCDDA against fraud threats and very few new risks were identified. In view of the renewal and reinforcement of the EMCDDA's commitment to fighting against fraud, the anti-fraud strategy was revised and updated taking into consideration the risk profile, size and resources of the Agency. The the updated EMCDDA Anti-Fraud Strategy was subsequently 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 abovementioned 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 concerning 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 conflict of interest in EU selected agencies), the European Ombudsman (on the occasion of his 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 conflict of interest of spouses, during recruitment processes).

Annex XI
Plan for grant, contribution or service-level agreements

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount	Duration	Counterpart	Short description		2021	2022	2023	2024
Grant agreements										
GA.20.RTX.001 - Austria	01/06/2020	79 590	31/12/2020	Gesundheit Osterreich GMBH		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.002 - Belgium	01/06/2020	79 590	31/12/2020	SCIENSANO		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.003 - Bulgaria	01/06/2020	79 590	31/12/2020	National Center Of Public Health And Analyses NCPHA		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.004 - Cyprus	05/06/2020	79 590	31/12/2020	Cyprus National Addictions Authority		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.005 - Czechia		79 590	31/12/2020	Ceska Republika		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.006 - Denmark	01/06/2020	79 590	31/12/2020	Danish Health Authority		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.007 - Estonia	01/06/2020	79 000	31/12/2020	National Institute For Health Development		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.008 - Finland	20/06/2020	79 590	31/12/2020	Finnish Institute For Health And Welfare		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount	Duration	Counterpart	Short description		2021	2022	2023	2024
GA.20.RTX.009 - France	01/06/2020	79 590	31/12/2020	Observatoire Francais Des Drogues Et Des Toxicomanies GIP		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.010 - Germany	01/06/2020	79 590	31/12/2020	IFT Institute For Therapyresearch		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.011 - Greece	01/06/2020	79 590	31/12/2020	University Mental Health, Neurosciences And Precision Medicine Research Institute Costas Stefanis		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.012 - Hungary	20/07/2020	79 590	31/12/2020	Magyarorszag		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.013 - Ireland	01/06/2020	79 590	31/12/2020	The Health Research Board		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.014 - Italy	01/06/2020	79 590	31/12/2020	Repubblica Italiana		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.015 - Latvia	01/06/2020	72 760	31/12/2020	SPKC Disease Prevention And Control Centre Of Latvia		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.016 - Lithuania	01/06/2020	79 590	31/12/2020	Drug Tobacco And Alcohol Control Department NTAKD		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.017 - Luxembourg	01/06/2020	79 590	31/12/2020	Groussherzogtum Vu Letzeburg Grand Duchyof Luxembourg		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-

	General information					Financial and HR impacts				
	Actual or expected date of signature	Total amount	Duration	Counterpart	Short description		2021	2022	2023	2024
GA.20.RTX.018 - Malta	09/06/2020	55 375	31/12/2020	Repubblika Ta Malta		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.019 - Netherlands	01/06/2020	79 590	31/12/2020	Stichting Trimbos-Instituut, Netherlands Institute Of Mental Health And Addiction		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.020 - Poland	20/07/2020	79 590	31/12/2020	Krajowego Biura Do Spraw Przeciwdzialania Narkomanii		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.021 - Portugal	01/06/2020	79 590	31/12/2020	SICAD General Directorate Intervention Addictive Behavious Dependencie		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.022 - Romania	01/06/2020	79 590	31/12/2020	The National Anti Drug Agency		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.023 - Slovak Republic	09/10/2020	79 590	31/12/2020	Slovenska Republika		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.024 - Slovenia	01/06/2020	79 590	31/12/2020	National Institute Of Public Health		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.025 - Spain	07/09/2020	79 590	31/12/2020	Reino De Espana		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
GA.20.RTX.026 - Sweden	01/06/2020	79 590	31/12/2020	The Public Health Agency Of Sweden		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-

	General information					Financial and HR impacts				
	Actual or expected date of signature	**Total amount**	**Duration**	**Counterpart**	**Short description**		**2021**	**2022**	**2023**	**2024**
GA.20.RTX.028 - Croatia	01/06/2020	46 100	31.12.2020	Croatian National Institute Of Public Health		Amount	79 590	60 000	79 590	79 590
						Number of CA	-	-	-	-
						Number of SNE's	-	-	-	-
Total grant agreements	Amount	2 148 930	1 620 000	2 148 930	2 148 930					
	Number of CA									
	Number of SNE's									
Contract NO 2019/406-479	1.7.2019	1 000 000	31.12.2022	European Commission	Stepwise integration of the IPA beneficiaries in the activities of the EMCDDA	Amount	0	0	-	-
						Number of CAs	3	3	-	-
						Number of SNEs	-	-	-	-
ENI/2021/423-588	1.5.2021	800 000	31.12.2022	European Commission	Stepwise strengthening of the Georgian responses to health and security threats posed by contemporary drug markets	Amount	800 000	0	-	-
						Number of CAs	3	3	-	-
						Number of SNEs	-	-	-	-
Contribution agreements										
						Amount				
						Number of CA				
						Number of SNE's				
						Amount				
						Number of CA				
						Number of SNE's				
						Amount				
						Number of CA				
						Number of SNE's				
Total contribuition agreements	Amount									
	Number of CA									
	Number of SNE's									

	General information					Financial and HR impacts				
	Actual or expected date of signature	**Total amount**	**Duration**	**Counterpart**	**Short description**		**2021**	**2022**	**2023**	**2024**
Service-level agreements										
SLA-DIGIT				European Commission		Amount				
						Number of CA				
						Number of SNE's				
SLA-DG BUDG (ABAC)				European Commission		Amount				
						Number of CA				
						Number of SNE's				
SLA-Training				European Commission		Amount				
						Number of CA				
						Number of SNE's				
RENT JOINT CENTRE - SLA EMCDDA/EMSA AGREEMENT				European Maritime Safety Agency		Amount				
						Number of CA				
						Number of SNE's				
SLA ID CARDS				European Commission		Amount				
						Number of CA				
						Number of SNE's				
SLA EMCDDA - EUROPOL SIENA (MOU)				European Union Agency For Law Enforcement Cooperation (EUROPOL)		Amount				
						Number of CA				
						Number of SNE's				
SLA CERT-EU/ EMCDDA 2020				European Commission		Amount				
						Number of CA				
						Number of SNE's				
Total service-level agreements	Amount									
	Number of CA									
	Number of SNE's									
TOTAL	**Amount**									
	Number of CA									
	Number of SNE's									

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

The EMCDDA's 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 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 2021–2023

| EMCDDA Strategy 2025

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