European Monitoring Centre
for Drugs and Drug Addiction

SINGLE PROGRAMMING DOCUMENT

Single programming document 2024–2026

2024
2025
2026

Contents

List of abbreviations

ACS	alternatives to coercive sanctions
BPP	Best Practice Portal
CA	contract agent
CDC	Centers for Diseases Control and Prevention (United States)
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
DCR	drug consumption room
DEA	United States Drug Enforcement Administration
ECDC	European Centre for Disease Prevention and Control
ECHA	European Chemicals Agency
ECID	Extranets, Collaboration, Intranet and Document Management
EDAS	European Drug Alert System
EDMR	European Drug Markets Report
EDND	European Database on New Drugs
EFSA	European Food Safety Authority
EMA	European Medicines Agency
EMAS	EU eco-management and audit scheme
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
ERG	European Responses Guide
ESCAPE	European Syringe Collection and Analysis Project
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU4MDII	EU4Monitoring Drugs II project
EUAA	European Union Agency for Asylum
EUDA	European Union Drugs Agency
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
Frontex	European Border and Coast Guard Agency
FTE	full-time equivalent
HCV	hepatitis C virus
HR	human resources
IAS	Internal Audit Service
ICT	information and communications technology
INCB	International Narcotics Control Board
IPA	Instrument for Pre-Accession Assistance
IPA 8	Instrument for Pre-Accession Assistance Project 8
IT	information technology
KPI	key performance indicator
LEEd	CEPOL training platform
NFP	national focal point
NPS	new psychoactive substances
NSO	new synthetic opioids
OAP	operational action plan

OLAF	European Anti-Fraud Office
OSI	open-source information
OSIMS	open-source information monitoring system
PI	performance indicator
PLATO	practice training PLATfOrm
RCS	Risk Communication System
RDF	Reitox development framework
Reitox	European information network on drugs and drug addiction
SCORE	Sewage analysis CORe group Europe
SDG	Sustainable Development Goal
SDRR	serious drug-related risk
SIENA	Secure Information Exchange Network Application
SMS	signal management system
SNE	seconded national expert
SOCRATES	Synthetic Opioids Comprehensive Response Toolkit for European Stakeholders
SPD	Single Programming Document
TA	temporary agent
TEDI	Trans European Drug Information network
ToV	toxicovigilance
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
VAT	value-added tax
WHO	World Health Organization

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 2024-2026.

This will be the last SPD of the EMCDDA, because from 2 July 2024 the new European Union Drugs Agency (EUDA) will succeed and replace the EMCDDA. It is therefore a milestone in the agency's life, and a special occasion for me, as the Director, to present this SPD. It marks the completion of 30 years of successful EU drug monitoring by the EMCDDA, and opens a new chapter, to be written by a stronger agency with an expanded and reinforced mandate — the EUDA.

At a time when innovation-driven drug markets make drugs available everywhere and to everyone, and when we are witnessing unprecedented drug-related violence in the European Union, we are fully aware of the importance of our new mission, which my staff and I are fully committed to accomplishing.

Strengthening our existing monitoring capacity and setting up and developing new capabilities for rapid response will be instrumental to achieving our new mission. The EU Early Warning System on New Psychoactive Substances will continue to play its critical role and will now be complemented by the European Drug Alert System, the foundations of which will be laid in 2024. A new network of forensic and toxicological laboratories will also be established to underpin the agency's work with real-time, evidence-based and analytically confirmed information. A stronger threat assessment capability will be developed, integrating public health and public safety and security dimensions. Another important task for the EUDA will be to put in place a new mechanism to collect and analyse information and data on drug precursors and their diversion and trafficking.

The information generated by these new systems and mechanisms will be triangulated with data produced by the other components of our monitoring system, including the novel data collection initiatives that we have developed with our partners in recent years and that we will further strengthen under the new mandate. We will also increase our focus on other innovative solutions, such as monitoring of the darknet.

Enhancing our research and innovation capacity will be vital in tackling a dynamic drug phenomenon where the resources employed by the criminals cannot be matched by the limited means we have at our disposal. To this end, in collaboration with the Commission's Joint Research Centre and other partners, we will develop new skills and competences, including for carrying out regular foresight exercises to inform our activities, and for using novel technology to increase our operational efficiency.

Within a new service delivery model, this expanded, more integrated and innovative information collection and analysis system will allow us to anticipate and alert our key customers to any major drug threats, providing them with expert advice to allow them to respond quickly. This will contribute directly to national and EU preparedness on drugs.

Recognising that in our ever more interconnected world, developments at global level influence those at local level, we will continue to monitor drug-related events taking place outside the European Union and factor them in to our analyses. Furthermore, we will place increased focus on international cooperation in drug policy, and we will develop a new International Cooperation Framework to guide our work.

When reconceiving our services, we acknowledge that the drugs problem can be tackled only through a joint effort by policymakers and professionals working in the field. Therefore, it will be paramount to our mission to reach frontline practitioners (in hospitals, emergency rooms, intensive care units), either directly, through effective knowledge sharing, or through the national alert and information networks. In this way, EUDA information and analyses will directly support these practitioners to save lives.

Core to reaching our different customer groups effectively will be a new communication strategy that we will put in place by 2025. This strategy will take forward our customer-centric and digitally enabled new business model approach, which, since its adoption in 2021, has driven the design and delivery of new

products and services, in line with our customers' changing needs. This model will now evolve in line with the new mandate of the agency.

At the foundation of our work lies the Reitox network of national focal points. A stronger EUDA necessarily means a stronger Reitox network. In this regard, as the current Reitox development framework comes to an end, a new Reitox Alliance will be built, in close cooperation with the network.

Halfway through this new programming period, key EU policy documents — such as the EU drugs strategy and action plan 2021-2025, the EU security union strategy 2020-2025 and the EU strategy to tackle organised crime 2021-2025 — will come to an end. It will be one of our key priorities to contribute, as requested, to the successful closure of these documents, as well as to support the preparation of any document that will replace them as of 2026.

While we are excited to live through this historic transformation of the EMCDDA into the EUDA, we are also aware of the challenges ahead of us.

Internally, we are facing the most important organisational change since the creation of the agency in 1993. This will bring significant operational growth (an increase of more than 80% in the annual budget), with the rapid recruitment and onboarding of a high number of new staff members (a 40% increase in the number of staff in total). We do not underestimate the importance of efficiently managing the change, while continuing to deliver on our existing commitments. It will by no means be an easy endeavour and we recognise the pressure that the change, combined with the temporary increase in workload, will place on many of our staff.

Externally, we will be acting in an increasingly volatile and unpredictable environment. Within the European Union, new elections will be held in 2024, while the Union's economic resilience is still being challenged post COVID-19. Outside the European Union, there is no end in sight for Russia's invasion of Ukraine, while a new conflict has emerged in the Middle East, with potential to become a regional conflict.

Against this uncertain background, while building on our strong foundation, our core values and our organisational resilience, we will adopt measures to strengthen the agency further and organise our work in a more agile way.

Recognising the value of our partnerships will be key to our success in this new programming period. In this regard, building further ties with our traditional EU and international partners, investing in our new or expanded networks, and pursuing new partnerships, including with civil society organisations, will be vital.

Importantly, we will work closely with the European Commission, the European Parliament and the Council, which have entrusted us with a new mandate, to ensure that our new services respond to their needs.

Last, but not least, I know that we can count on our ever-supportive Management Board and Scientific Committee to guide and advise the agency during this new journey.

Our efforts, combined with our partners' support, will ensure that the new EUDA delivers successfully on its important mission to increase EU preparedness on drugs.

This is our commitment for the programming period 2024-2026, and my team and I will be fully dedicated to accomplishing it.

Alexis Goosdeel
Director, EMCDDA

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.

On 1 July 2023 the new Regulation (EU) 2023/1322 ([2]) of the European Parliament and of the Council, on the European Union Drug Agency (EUDA) and repealing Regulation (EC) No 1920/2006, entered into force. The EMCDDA will become the EUDA on 2 July 2024, the day on which the regulation enters into application.

This set the EMCDDA on a 1-year transition course to prepare to implement the new mandate.

Mission

While under the new EUDA regulation this general objective is still valid and will be retained, the mandate of the agency will be expanded and strengthened. With a more proactive remit, adapted to the current reality, the new EUDA will be better equipped to support the European Union and its Member States in addressing emerging issues in this field. This will take place in three key areas: monitoring, leading to better-informed policies; preparedness, leading to better-informed actions; and competence development, leading to stronger Union and Member State responses to the drugs phenomenon.

Within these areas, the general tasks of the EUDA will be to:

a) provide the Union and the Member States with factual, objective, reliable and comparable information, early warning and risk assessment at Union level concerning drugs, drug use, drug use disorders and addictions, prevention, treatment, care, risk and harm reduction, rehabilitation, social reintegration, recovery, drug markets and supply, including illicit production and trafficking, and other relevant drug-related issues and their consequences;

b) recommend appropriate and concrete evidence-based actions on how to address, in an efficient and timely manner, the challenges relating to drugs, drug use, drug use disorders and addictions, prevention, treatment, care, risk and harm reduction, rehabilitation, social reintegration, recovery, drug markets and supply, including illicit production and trafficking, and other relevant drug-related issues and their consequences.

Vision

The vision of a healthier and a more secure Europe, achieved through better-informed drug policy and action, which has guided the EMCDDA, will now steer the work of the EUDA.

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

([1]) Available from the EMCDDA website (http://www.emcdda.europa.eu/publications/work-programmes-and-strategies/strategy-2025_en)
([2]) https://eur-lex.europa.eu/eli/reg/2023/1322

- the EU institutions and bodies, in particular the European Parliament, the Council of the European Union, the European Commission, and the External Action Service of the European Union;
- national decision-makers/policymakers;
- professionals working in the drugs field.

Beyond meeting the information needs of our key stakeholders, to address our new 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.

In that regard, engagement with international organisations and third countries and/or regions will continue to be pursued in line with the objectives of the EU Drugs Strategy and Action Plan 2021-2025 — in particular Strategic priority 9, Actions 57, 58, 60 and 62 where the EMCDDA is a responsible party — and the EU foreign policy objectives.

Values

The EMCDDA is committed to the European Union 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.

While they were defined as part of the EMCDDA Strategy 2025, these core values are embedded in the agency’s organisational culture and they will also guide the EUDA.

Section I – General context

Responding to European Union needs in 2024-2026

Introduction

This single programming document (SPD) covers the period 2024-2026. It is presented in line with guidelines for the SPD and the consolidated annual activity report of decentralised agencies that were adopted by the European Commission on 20 April 2020 ([3]).

Within this template, the substantive work is structured around the three main areas of work defined in the EMCDDA Strategy 2025 — still in place during the first 2 years of the new programming period — 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 2024-2026, this is the 2024 work programme, which is presented in Section III of this document.

These annual priorities are embedded in the tasks defined in the applicable regulation of the agency. Until 1 July 2024, this is the EMCDDA regulation (Regulation (EC) No 1920/2006); from 2 July 2024 onwards, that is repealed and replaced by Regulation (EU) 2023/1322 of the European Parliament and of the Council, on the European Union Drug Agency (EUDA).

Reflecting these developments, this SPD is naturally a transition document: it presents activities that build on the EMCDDA legacy while being fully anchored in the tasks defined by the new EUDA regulation.

Across the document, ‘the EMCDDA’ and ‘the EUDA’ will be used interchangeably as the name of the agency, with the understanding that the EUDA refers to all the activities that will be carried out from 2 July 2024.

The role of the EMCDDA/EUDA

The new mandate will bring a stronger role for the agency, which will be called upon to ‘react effectively to new challenges, provide better support to Member States, and play a stronger international role’.

The results of the data collection, monitoring, analysis, threat assessment, and recommendation formulation process will provide the evidence that policymakers and professionals from across the European Union need to tackle the drug phenomenon in a timely and effective way.

In this context, the agency will accelerate its evolution from an information provider to a service provider, with the purpose of helping to strengthen EU preparedness on drugs, which will eventually lead to a healthier and a more secure Europe — the ultimate vision of the EMCDDA, which will now be pursued by the EUDA.

([3]) Annex 1 to the communication from the Commission on the strengthening of the governance of Union bodies under Article 70 of Financial Regulation 2018/1046 and on the guidelines for the single programming document and the consolidated annual activity report (C(2020) 2297).

Organisational transformation

To succeed in this important endeavour, in 2024 the EMCDDA/EUDA will be engaged in planning for and preparing, in close cooperation with its stakeholders, a range of new competences, services and products. At the same time, during the transition period it will be necessary for the agency to continue to provide the high-quality services and competences that are found in the agency's current mandate and that are also found in the new regulation. This is a challenging task, both practically and methodologically, that has to be accomplished within tight deadlines.

The agency is confident it can meet this challenge, as recent developments in both management practices and technical processes mean it is well placed to continue to provide core services while at the same time successfully developing new competences and capacities.

The current strategy (EMCDDA Strategy 2025) and the new customer-centric business model adopted in December 2021 by the EMCDDA's Management Board have created an agency that is more agile, customer-focused and future-oriented. It has included foresight activities that have helped identify important knowledge gaps, such as the growing impact of digitalisation on drug markets and drug responses, and the policy challenges resulting from developments in the cannabis area, both internationally and within Europe. These findings, together with the agency's ongoing work in developing more timely data collection methods and new services for our customer base, provide us with the foundations necessary to 'hit the ground running' and permit the introduction of valuable new activities and services from day one of the implementation period.

The transformation from information provider to service provider makes it paramount that the agency keeps abreast of the evolving needs of its customers. Beyond the key existing customer groups of EU and national policymakers and practitioners in the drugs field, the agency will explore how to better address the needs of the scientific community, civil society organisations and people who use drugs, the additional interested groups highlighted in the agency's expanded mandate. To that end, the EUDA will develop and put in place a system to effectively involve its main customer groups in product and service design, with an emphasis on engagement and co-creation.

Ensuring quality and core services during the transition period

There is a risk during the transition period that the organisational and practical challenges of adapting the agency to the requirements of the new regulation could temporarily undermine ongoing activities that are important in informing policies and actions in the drugs area. This risk needs to be mitigated, and attention will be given to minimising disruption to ongoing work and maintaining our core services and outputs during the transition period. Nevertheless, some of the ongoing activities that are not critical for the delivery of the agency's mission may need to be scaled down or postponed, to give full priority and dedicate all the necessary resources to the new mandate (see also Annex XIV. Risk factors).

Developments that will shape our work

Greater diversity in drug availability and use is creating new health and policy challenges

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 2023* ([4]), describes how Europe's drug problems continue to evolve and how innovation is driving the drug market. The report shows that high drug availability has been accompanied by a greater diversity in the substances on the illicit drug market, exposing consumers to a wider range of psychoactive substances. These include various categories of new synthetic drugs, for which knowledge about the health risks is often limited. The

([4]) Available at https://www.emcdda.europa.eu/publications/european-drug-report/2023_en

report also reveals how people who use drugs may be at greater risk of adverse health outcomes, including poisonings and deaths, through consuming, possibly unknowingly, higher-potency and -purity or more-novel substances, or mixtures of substances where drug interactions may increase the potential health harms.

The latest data show that around 87.4 million or 31 % of adults (aged 15-64) in the European Union are estimated to have used illicit drugs at least once in their lifetime. Wastewater analysis shows a continuing trend of increasing use of cocaine and methamphetamine in particular in some cities between 2021 and 2022.

The recent analysis underlines the need to scale up treatment and harm reduction services in Europe for people who inject drugs. Injecting drug use is associated with serious health problems, such as infectious diseases, overdose and death. Historically, heroin has been the main drug associated with injecting in Europe, but this has been changing in recent years. Increasingly today, other drugs, including amphetamines, cocaine, synthetic cathinones, opioid agonist medications and other medicines, are also injected, either alone or in combination.

In 2021, only four Member States reported meeting the World Health Organization's (WHO) 2020 targets of providing 200 syringes per year per person who injects drugs and having 40 % of the population of high-risk opioid users in opioid agonist treatment (OAT), a protective factor against drug overdose. In 2021, there were an estimated 1 million high-risk opioid users in the European Union and 511 000 clients in OAT, suggesting an overall treatment coverage of 50 %. Large differences exist between countries, however, and treatment provision remains insufficient in many EU Member States.

An estimated 6 200 overdose deaths involving illicit drugs occurred in the European Union in 2021. Most of these fatalities were associated with polydrug toxicity, which typically involves combinations of illicit opioids, other illicit drugs, medicines and alcohol.

Cocaine is now the second most frequently reported drug, both by first-time treatment entrants and in the available data on acute drug toxicity presentations to sentinel hospital emergency departments. The increased availability of cocaine also appears to be associated with some signs of a possible diffusion of cocaine use into more marginalised groups, with cocaine injection and the use of crack cocaine reported in some countries. Crack cocaine is usually smoked, but can also be injected, and is linked to a range of health and social harms (e.g. infectious diseases and violence). Long-term trends point to an estimated 7 500 clients entering drug treatment for crack problems in Europe in 2021, triple the number in 2016.

New psychoactive substances: a growing public health concern

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.

New psychoactive substances (NPS) remain a 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 2022, the EMCDDA was monitoring more than 920 NPS that had appeared on Europe's drug market since monitoring began in 1997. This included 41 substances that had been notified for the first time in 2022. Despite a decrease in the number of substances newly introduced to the European market each year, since 2015 approximately 400 previously reported NPS have been identified annually. This suggests that many substances remain in circulation, which increases the risk of their being sold either deliberately or accidentally as other drugs. In

([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.

addition, the market in NPS has developed strong links with the market in established illicit drugs, with NPS commonly being used to adulterate established drugs, usually without the knowledge of consumers. Overall, these factors have created a resilient and highly dynamic NPS market. Monitoring and responding to public health, security and social threats caused by NPS requires effective early warning systems underpinned by strong laboratory capability. The information from early warning systems is key to strengthening situational awareness, for preparedness planning and to informing the need for response measures. These may include issuing targeted public health alerts on NPS, assessment of risks and restriction of availability.

Furthermore, the current opioid epidemic in the United States and Canada is driven largely by the use of synthetic opioids. While these substances currently represent a relatively 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. Concerningly, available information from seizures, toxicological findings and additional sources of information reported by the Baltic countries to the EWS suggests an increase in availability and harms (including drug-induced deaths) during 2022 in these countries, particularly related to benzimidazole opioids and the fentanyl derivative carfentanil. There is a need to strengthen preparedness and responses in Europe in this area.

Drug markets: a key threat to the security of the European Union

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 European Union. 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]) — the drug market is becoming ever more globally linked and digitally enabled, with consumers increasingly able to access drugs through the surface web, the darknet and social media applications. This is confirmed in the most recent analyses on the drug markets, which were released in 2022 and 2023 as part of the new modular approach for the *EU Drug Markets: In-depth analysis* ([7]). 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.

Impact of war and geopolitical instability

Since the Russian invasion of Ukraine on 24 February 2022, neighbouring EU countries have continued to provide health and social services to those who have fled the country and reside in EU countries. As of September 2023, 6.2 million refugees from Ukraine were recorded globally, including 5.8 million recorded in Europe. Of those who have fled the country, approximately 90 % are women, children and elderly citizens. Millions more are internally displaced within Ukraine.

Following a rapid assessment in 2022 ([8]) exploring how EU countries have been responding to the needs of displaced persons who use drugs, the EMCDDA has made available technical guidance and reports in Ukrainian to support service provision in the country, and has made available resources and links to other sources of support through an 'EMCDDA 4 Ukraine Health Preparedness Hub' on its institutional website.

The EMCDDA also continues to support training on prevention, using the European Prevention Curriculum, for Ukrainian policymakers and health professionals in the Ukrainian language. The expected learning

([6]) Available from the EMCDDA website (http://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-report-2019_en)
([7]) Available from the EMCDDA website (https://www.emcdda.europa.eu/publications/eu-drug-markets)
([8]) Available from the EMCDDA website (https://www.emcdda.europa.eu/publications/ad-hoc-publication/emcdda-trendspotter-briefing-ukraine_en)

outcome will be for Ukrainian policymakers and health professionals to be able to identify and support drug prevention interventions that are based on scientific evidence while recognising that people exposed to war-related trauma are particularly vulnerable to drug use.

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

The situation in Ukraine has exacerbated an already growing humanitarian crisis associated with migration flows into the European Union. 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, and loss of family and social support. These groups may be at risk of developing drug problems. There is therefore a need to increase awareness of vulnerabilities and reduce the social exclusion of these people. Many migrants are housed in transit camps and national reception centres, and frontline professionals concerned with their welfare will also need to develop competences in managing potential health and social issues related to drug use and associated harms. Monitoring drug use among migrant groups and supporting the development of targeted interventions for those in need, as well as capacity building for the professionals who support them, will be important future priorities. In that regard, the successful collaboration with the European Union Agency for Asylum (EUAA) will be further pursued.

International developments influencing the EU drug situation and responses

As these examples show, the drugs problem facing Europe is increasingly influenced by developments occurring internationally, which makes understanding the global context critical for our strategic analyses of the EU drug situation. In addition, reports such as *Drug-related health and security threats in the Western Balkans* and *Overview of drug markets in the European Neighbourhood Policy-East and Policy-South countries* ([9]) emphasise that drug markets in the non-EU countries significantly impact EU security.

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. In line with the provisions of the new EUDA regulation, the agency will prepare a new International Cooperation Framework for relations with third countries and/or regions and international organisations. This will set the direction of the agency's work with international partners and third countries and/or regions in the post-2024 period.

The EMCDDA/EUDA will also continue the implementation of the technical cooperation projects with the EU priority third countries, namely under the Instrument for Pre-Accession Assistance Project 8 (IPA 8) and the EU4Monitoring Drugs II project (EU4MDII), which started in 2023, for a duration of 4 and 5 years and funding of EUR 1.5 million and EUR 4 million, respectively. In addition, the grant agreement between the EMCDDA and the International Italian-Latin American Organization for implementing the Cooperation Programme between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD) III project will be completed in 2024.

Cannabis policies becoming increasingly complex

The scope of cannabis policies in Europe is gradually widening and, in addition to the control of illicit cannabis, now encompasses the regulation of cannabis for medical and other emerging uses and forms, including as ingredients in foodstuffs and cosmetics. These existing and new dimensions of cannabis policies in Europe are bringing with them a wider set of public health considerations. Some EU Member States have also started to change their policy approach to recreational cannabis use. In 2021 Malta legislated for home cultivation and private use, as well as for non-profit communal cannabis growing clubs. Luxembourg has had a new law in force since July 2023 allowing home cultivation and private use. The Netherlands is piloting a model for a closed cannabis supply chain for cannabis coffee shops. Germany

([9]) Available at: https://www.emcdda.europa.eu/publications-database_en?f%5B0%5D=main_subject%3A2693&f%5B1%5D=pub_date%3A2022

and Czechia are preparing laws to regulate the recreational use of cannabis. These existing and new dimensions of cannabis policies in Europe are bringing with them a wider set of public health and safety considerations.

In order to protect public health and to measure potential change in different domains (including prevalence, consequences and market dimensions), the impact of any regulatory changes in this area should be carefully monitored, and this requires good baseline data to support ongoing monitoring and evaluation.

The EMCDDA/EUDA will continue to disseminate findings on the medical use of controlled psychedelic substances. Fast-paced developments in this area have raised important questions around evidence of effectiveness for medical use, potential harms and policy responses. The agency's project in this area aims to improve understanding of the medical use of these drugs in the European Union, including their regulatory frameworks and the current state of research.

The EU drug monitoring system must continuously evolve

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 will be important in networks supporting complementary methods and approaches capable of more sensitive and timely reporting, such as wastewater epidemiology, monitoring of hospital emergencies, web surveys, forensic analysis of drug content and syringe residue analysis.

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 2024-2026. Regarding the Reitox network, since 2017 work has been 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. While this roadmap continues to be implemented until 2025, in 2024-2025 a new reference framework for the collaboration between the agency and the NFPs, the new Reitox Alliance, will be prepared. This will reflect the new extended mandate of the agency and the experience gained with the implementation of the current RDF and of its Roadmap 2025. The work on the Reitox Alliance will be carried out in close collaboration between the EMCDDA/EUDA and the Reitox network of NFPs and will be finalised by December 2025.

Further progress will also be pursued in the implementation of the Reitox certification process, which formally acknowledges the competence of an NFP and confirms that it meets the minimum criteria to fulfil the tasks of an NFP, as set out in the agency's regulation. It is also designed to increase the degree of assurance at EU level that the NFPs are fulfilling their role as national interfaces with the agency. Certification covers the institutional context, NFP mandate, data collection, analysis and interpretation, reporting and dissemination. The certification process will be increasingly important in the context of the EUDA regulation.

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

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 timely and complex reporting and analytical models that reflect drug problems characterised by the consumption of multiple substances, including medicines and a rising number of NPS carrying potentially severe health risks.

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

In 2024-2026, the EMCDDA/EUDA 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. This role will be strengthened by the new EUDA regulation.

In particular, the agency was called upon to contribute to the implementation of the EU drugs strategy and action plan on drugs 2021-2025, as well as to support the European Commission in its evaluation process, including through the provision of analyses based on the development of related performance indicators (PIs).

Furthermore, the EMCDDA/EUDA will continue to support the EU presidencies, in collaboration with the Commission and the Council Secretariat, by providing continued technical support to the presidency agenda. The EMCDDA will continue to support the European Union in its policy dialogue with international bodies, in particular at United Nations (UN) level, by providing the European Union with technical support at UN Commission on Narcotic Drugs (CND) events and supporting EU institutions through the mid-term assessment of the 2019 Ministerial Declaration in 2024. This service also includes support for the European Union in its policy dialogue with third countries and/or regions in relation to internal security issues and within the framework of the external action policy of the Union. In cooperation with the Commission and the European External Action Service, 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. Increased cooperation with international partners will allow the EUDA to further develop its geostrategic analysis of the global phenomenon and its possible impact on the EU situation.

The agency has a new role in the implementation of public health threat assessments, as laid out in Article 20 of the Regulation 2022/2371 on serious cross-border threats to health, which lies under the responsibility of the Directorate-General for Health and Food Safety. The agency may be called upon to engage in European assessments of a biological, chemical or environmental nature, under the coordination of the European Centre for Disease Prevention and Control (ECDC) and the European Chemicals Agency (ECHA), with whom working agreements are being developed.

Furthermore, the new mandate of the agency includes the production of threat assessments for a broader range of issues going beyond public health to also cover threats to public safety and security. The work in this area in 2024 will aim to launch a first few pilot experiences based on the preparatory work done in this area in 2023-2024.

The agency continues its close cooperation and partnership with the WHO and the ECDC by providing data for policymaking and intervention planning in the field of the prevention of infectious diseases among people who inject drugs. It will help the European Commission in its efforts to support the implementation of the UN Sustainable Development Goals (SDGs), by monitoring, reporting and reviewing progress

towards their delivery in the European Union. The EMCDDA/EUDA 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).

The agency is also engaging, alongside the European Commission and partners, in the US Global Commission on synthetic drugs. This includes engagement in global working groups and subgroups in the areas of drug supply, drug demand reduction, and new trends and the EWS.

As mentioned in above, developments outside the European Union influence the evolution of the domestic drug problem, and the next programming period will see an increased focus on international cooperation in drugs policy, in particular with countries of South and Central America.

In terms of security, the EMCDDA/EUDA will contribute as required and fulfil the obligations arising from the EU Drugs Strategy 2021-2025 and the EU Security Union Strategy 2020-2025 ([10]). The latter document recognises the threat posed by the production, trafficking and distribution of drugs to the internal security of the European Union. In doing so, it draws heavily on the evidence provided by the EMCDDA–Europol *EU Drug Markets Report 2019*, and the subsequent drug markets analyses. The EMCDDA/EUDA will also contribute to the EU Strategy to tackle Organised Crime 2021-2025, and to the European Multidisciplinary Platform Against Criminal Threats (EMPACT) cycle 2022-2025, 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 other security threats to the European Union. The agency will also contribute to the implementation of the Counter-Terrorism Action Plan for Afghanistan (Council of the European Union, 12315/21), where it is called upon to assess the implications of developments in Afghanistan on drug production and trafficking, contingent upon the agency 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 support the implementation of the renewed partnership with the Southern Neighbourhood, ‘A new agenda for the Mediterranean’, and of the Eastern Partnership policy beyond 2020, ‘Reinforcing Resilience – an Eastern Partnership that delivers for all’ ([11]).

In 2023, the agency was asked to assist the European Commission with the first thematic Schengen evaluation, on the topic of drug trafficking in ports. The agency was given observer status and provided support to the extent possible within existing resources. In 2024, the EMCDDA/EUDA will continue to support the ongoing Schengen thematic evaluation on drug trafficking to the European Union, in line with its mandate. This resulted in an evaluation report with best practices in 2023 and a proposal for Council recommendations in early 2024.

At the end of 2023, the European Commission proposed an EU roadmap ([12]) to fight drug trafficking and organised crime, recognising the scale and consequences of the serious threat and its worldwide reach. The roadmap sets out 17 actions, five of which mention the EMCDDA specifically, to be implemented in 2024 and 2025 in four priority areas: to strengthen the resilience of logistic hubs; to dismantle criminal networks; to increase prevention efforts; and to strengthen cooperation with international partners. These actions have provided additional guidance that was taken into account when planning the activities in this SPD. In addition, in its Communication to the European Parliament and the Council, the Commission highlighted the interconnectivity between security and health ‘to mitigate factors that encourage crime and recidivism, including efforts to prevent people from ending up in vulnerable situations that may lead them to criminal behaviour’.

([10]) 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).
([11]) Available from European Commission, https://ec.europa.eu/neighbourhood-enlargement/system/files/2020-03/joint_communication_on_the_eap_policy_beyond_2020.pdf
([12]) https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52023DC0641

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

As noted, the development with the most significant impact on this programming period will be the entering into application, on 2 July 2024, of the new regulation of the agency, which will bring about its transformation into the EUDA, with an expanded mandate and higher operating resources. The activities presented in this SPD reflect this development.

The agency's work will also continue to be guided by Roadmap 2021-2025, which sets out the key milestones to be achieved by the end of the Strategy 2025 period and which will still be relevant after the EMCDDA becomes the EUDA. This is explained by the fact that during the preparation in 2021 of the above-mentioned roadmap, the agency anticipated the potential implications of a new regulation, based on the recommendations formulated further to the fourth external evaluation of the EMCDDA that was carried out by the Commission in 2018. Roadmap 2025 also reflected the work to develop a new EMCDDA business model, which was 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 ongoing discussions on the future mandate of the EMCDDA. This work resulted in an implementation plan that was approved by the EMCDDA Management Board in December 2021.

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

Finally, at the end of 2025 a change in leadership will take place at the level of the agency, when the EMCDDA Director Alexis Goosdeel ends his second mandate at the agency's helm. The EUDA Management Board will be called upon to select a new Executive Director to take up post in January 2026.

Other relevant developments

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

Since establishing the EU Innovation Hub for Internal Security, the EMCDDA has been fully involved in developing the concept and the detailed work arrangements for the Hub Team. The agency provided its expertise in areas related to innovation and research in the drugs field through the regular meetings of the Hub Team, annual hub events and joint projects. For example, together with the European Commission's Joint Research Centre and Europol, the EMCDDA/EUDA will continue to implement a pilot project, EU-coordinated darknet monitoring to counter criminal activities, which aims to develop a flexible online multi-user software framework for monitoring darknet criminal activities, including the online drug markets. The work was initiated in 2021 and will be continued in 2024 with the aim of integrating the monitoring tool into EUDA surveillance work. It will be supported by the appointment of a permanent EUDA liaison officer to be based in Europol premises.

Work in this area will be strengthened in line with the EUDA regulation, which tasks the agency with cooperating closely with innovation actors at the EU level, such as the Innovation Hub.

In 2022, the European Union Agency for Law Enforcement Training (CEPOL) Management Board adopted the new Strategy 2023-2027 with the aim of becoming the EU hub for law enforcement training and fostering a common EU law enforcement culture via training. The strategy highlights close partnership with other Justice and Home Affairs agencies. At the same time, the new mandate sets a specific task for the EUDA to provide training in coordination with other Union bodies. In this regard, enhanced collaboration between the EUDA and CEPOL is anticipated in terms of delivering joint training activities as well as coordinating relevant actions.

Resources

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

Without prejudice to the decisions to be taken by the relevant EU authorities on the adoption of the relevant annual budgets, the resources available for the 2024-2026 programming period will be defined in accordance with the EU multiannual financial framework for 2021-2027 and the Commission's relevant financial programming elements. This will include the additional resources made available for the application, from July 2024, of the newly adopted regulation on the EUDA.

Section II – Multiannual programming 2024-2026

II.1. Multiannual work programme 2024-2026

II.1.1. Introduction – the EMCDDA's/EUDA's strategic approach

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 2024-2026 ([13]).

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 2024-2026'). 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 agency's future work: first, the changing nature of the drug phenomenon; second, the challenges that these changes pose to our current business model; and third, the implications of these changes for the needs of our customers.

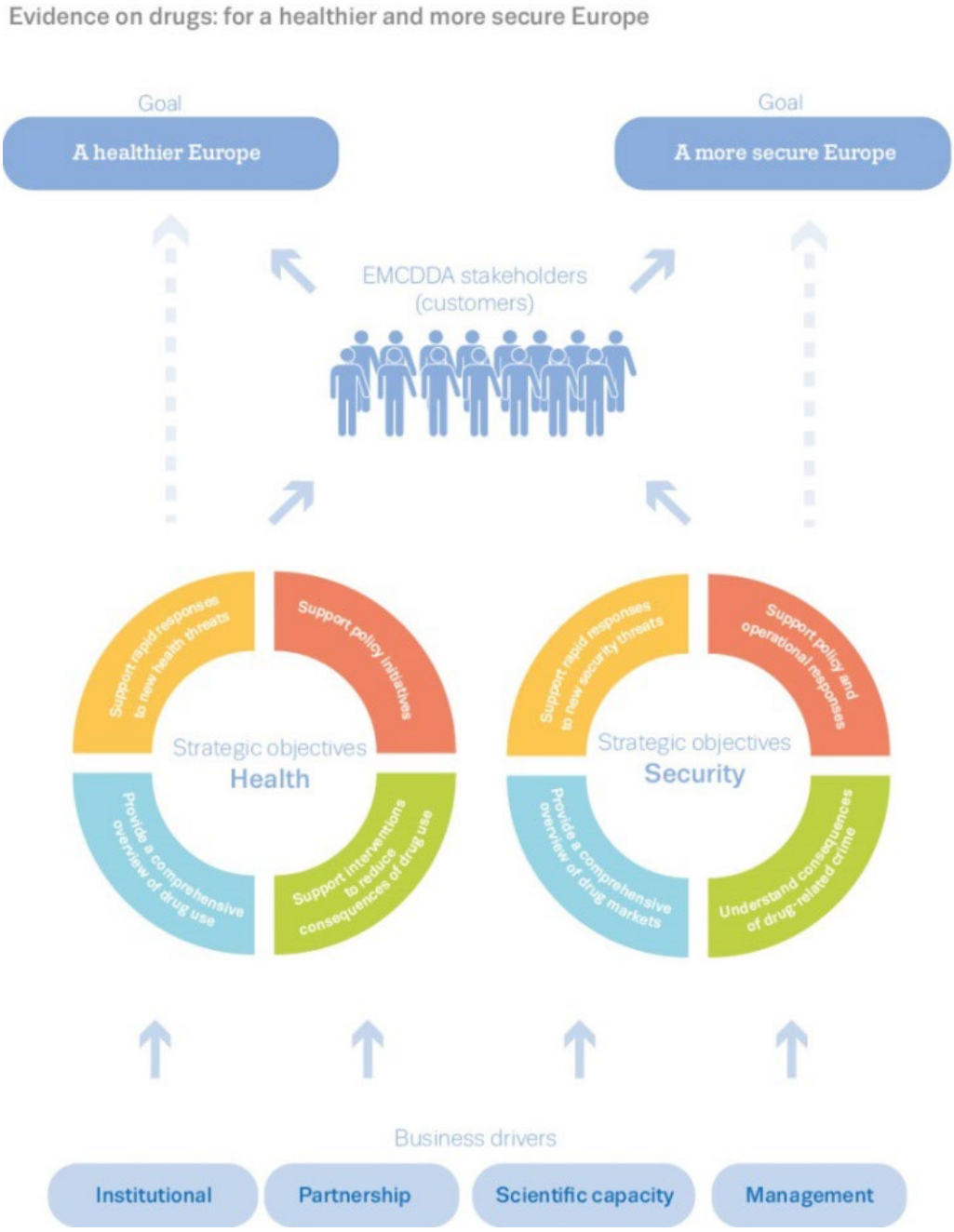
In addition, four business drivers, with their corresponding objectives, were established in Strategy 2025 and form the third main area of work of the SPD 2024-2026. These business drivers define the resources and processes that the EMCDDA/EUDA must have in place, and the conditions that the organisation has to meet, to achieve its strategic objectives and attain its long-term goals. They are therefore core elements of our strategic approach, because they pinpoint the key factors for successful delivery.

As noted, in the period 2024-2026, further to the entering into application of the new regulation as of July 2024, the EMCDDA will become the EUDA. This will be reflected in the activities to be carried out by the agency, as well as in the organisational drivers that contribute to implementing these activities successfully.

Therefore, while the EMCDDA Strategy 2025 remains in place until 2025, and the goals and strategic objectives defined are still valid and fully compatible with the new mandate, some adjustments are necessary to reflect the work (such as expanded tasks and new tasks) to be carried out under the new regulation.

([13]) While this programming period ends in 2026, the structure of the SPD is aligned with the EMCDDA Strategy 2025, which covers the first 2 years of this period, including the annual work programme for 2024, as presented in Section III.

FIGURE 1
The EMCDDA/EUDA strategic approach



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

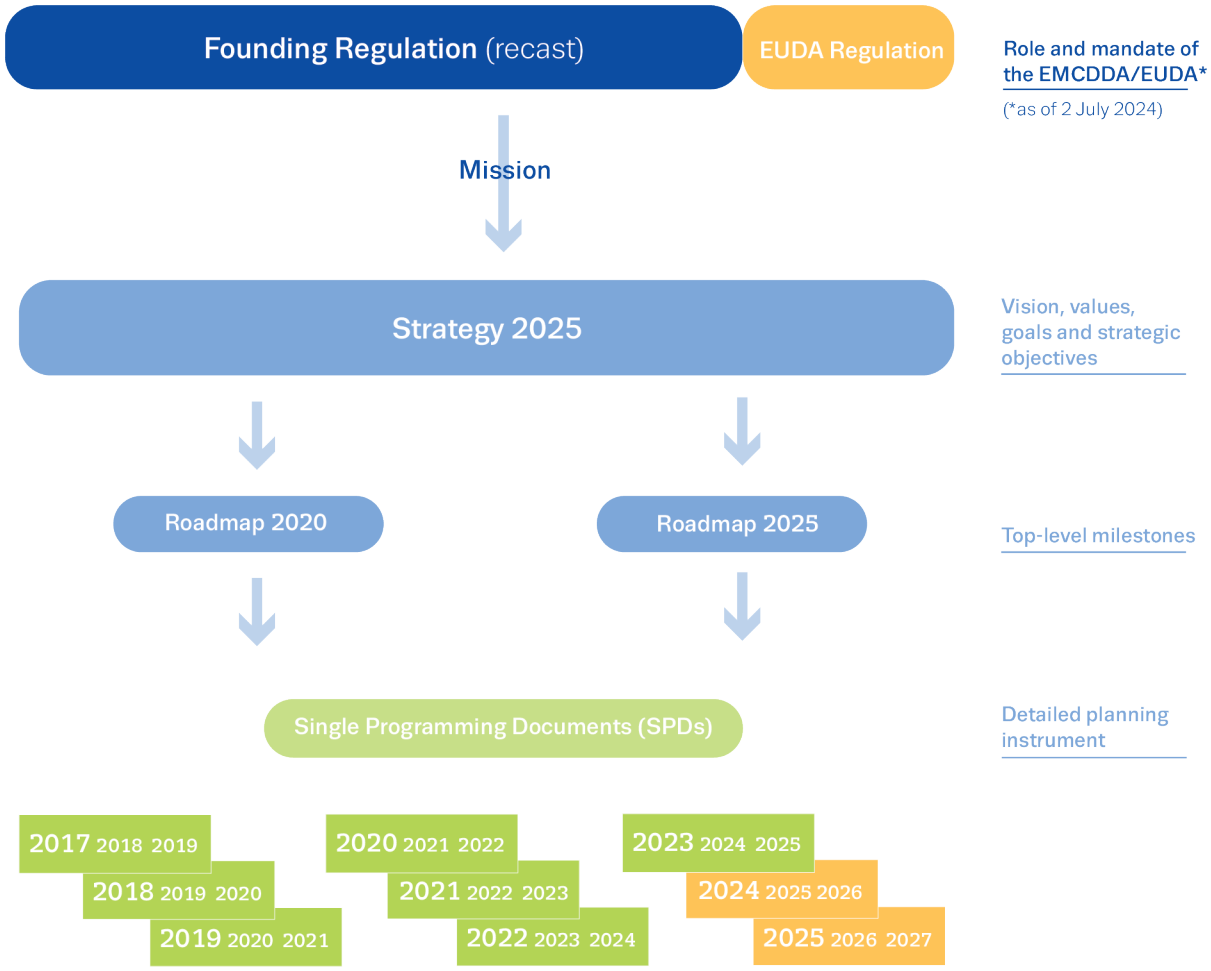
These SPDs are informed by the key milestones set out in the roadmaps that guide the medium-term planning efforts of the agency. In this regard, the SPD 2024-2026 has been informed by Roadmap 2025, which was adopted by the EMCDDA Management Board in June 2021. It establishes key milestones to be reached for the agency to accomplish its ambitious goals and objectives by 2025. Since this SPD covers a period that goes beyond 2025, the milestones defined in Roadmap 2025 have been complemented by additional key results for 2026.

These multiannual results have been revised in line with the needs of the new EUDA regulation, which will start being applied on 2 July 2024.

Together, the long-term strategy, with the roadmaps and the SPDs, constitutes the agency'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's reaching its established long-term organisational objectives.

FIGURE 2
The EMCDDA's/EUDA's integrated strategic and operational framework



Organisational transformation driven by a 'customer-first' approach

The period 2024-2026 will also see the continuation of the agency's transformation into a customer-centric, data-driven, learning and growing organisation.

Building on the foundations established in previous years, the agency will now complete the process by putting in place a novel approach for creating and delivering value to its primary customers: the EU institutions, national decision-makers and policymakers; and professionals working in the drugs field.

While this organisational change effort started in 2021 within the EMCDDA's business model transformation initiative, it will now gain a new focus, to ensure the alignment of the agency's people, culture, structure and technology with the needs of the new EUDA mandate (see Figure 3).

In the context of unparalleled technological disruption, which has been accelerated by the COVID-19 pandemic, this work will allow the agency to model its services in line with evolving, data-driven customer needs, thus increasing the value it brings to them.

FIGURE 3
The EMCDDA's/EUDA's drivers of work in 2024-2026

Overarching commitments

Over the period 2024-2026, the EMCDDA/EUDA will renew its commitment to contribute to ongoing EU initiatives that aim to make the European Union more sustainable, digital and inclusive. These initiatives include the European Green Deal, the policies for shaping Europe's digital future and the related accessibility directive (Directive (EU) 2016/2102).

II.1.2. Strategic objectives, actions and expected results 2024-2026

In line with the applicable SPD template ([14]), the following information is presented in Table 1: the medium-term strategic objectives and areas of work of the agency; what actions need to be taken to achieve the objectives (action areas); and how progress in the achievement of the objectives is monitored — i.e. key expected results and key performance indicators (KPIs) ([15]).

It is worth noting that a review of the existing EMCDDA performance model (KPIs) will be carried out in 2024-2025, with a view to aligning the system with the needs of the new mandate; the KPIs defined in Table 1 may therefore need to be adjusted to reflect the outcome of this review.

The key expected results defined in Table 1 have been informed by the key milestones that were established in Roadmap 2025, and by the EUDA mandate. A correspondence between the strategic objectives set out in Strategy 2025, and the general tasks defined in the new regulation — namely monitoring, preparedness and competence development – is presented in Table 1.

([14]) Annex 1 to the Communication from the Commission on the strengthening of the governance of Union bodies under Article 70 of Financial Regulation 2018/1046 and on the guidelines for the single programming document and the consolidated annual activity report (C(2020) 2297).
([15]) 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 2024-2026 and KPIs

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
	MAIN AREA 1: HEALTH			
MONITORING	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	— EUDA European drug data collection and reporting models reviewed and strengthened to respond to the needs emerging from the new EU drugs policy framework and to support health-related priorities as emerging from the new mandate of the agency and in line with the new business model (review completed by 2026) — Technical infrastructure capacity for data storage and retrieval upgraded, to reflect and be more responsive to evolving business needs (new business model and new mandate of the agency) and data quality management systems in place (2024-2026) (continuing in 2027) — Preparation for and implementation of the assessment of the national reporting capacity (2024-2026) — Rapid monitoring solutions and digital platforms developed to enhance data collection, triangulation and analysis as well as timeliness of reporting (2024-2026) — Dashboards available to support the evaluation of the EU drugs strategy and action plan 2021-2025 (2024) and to provide baselines for follow-up for the new EU drug policy framework (2025-2026) (continuing in 2027) — New monitoring frameworks in place to address drug use, drug-related harms and responses (2026) — Enhanced monitoring activities in established areas (e.g. high-risk drug use, drug-related deaths, and public attitudes to drug use) and new monitoring capacity developed in priority areas including polysubstance use and its consequences, gender and drugs, comorbidity, cannabis policies and cannabis-related harms (2024-2026) (continuing in 2027) — Regular reporting on the state of the drugs phenomenon and emerging trends (2024-2026) — Increased synergies with national reporting efforts and greater investment in providing EU data to international systems (2024-2026) — Analysis of drug-related health threats in the enlargement and neighbouring countries, as well as other EU priority countries, covered by EMCDDA-/EUDA-managed technical cooperation/assistance projects (2024-2026)	3. Implementation of the EMCDDA/EUDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
PREPAREDNESS	H2. Identify NPS-related health threats and support rapid responses from the European Union and its Member States	H2.1. Ensure the successful operation of the EWS H2.2. Ensure timely and high-quality implementation of the risk assessment on NPS	— EWS strengthened and implemented efficiently and effectively under Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101) — Strengthened event-based and aggregated reporting related to the detection of NPS and of serious adverse events, and the related public health, safety and security components of the EWS, to increase the responsiveness of the system and the preparedness at Member State and European level, including through the lessons learnt during the COVID-19 pandemic (2024-2026) — Digitally enabled 'all hazards' approach conceptualised and implemented, integrating the EWS signal management system, OSI monitoring, risk communication, the toxicovigilance (ToV) system and the European Database on New Drugs (EDND), tailored to different customers (work in progress 2024-2026, to be completed by 2027) — State-of-the-art risk communications; updates and issues in focus available and tailored for different customers, in accordance with priorities (2024-2026) — Risk assessment procedure implemented fully and robustly under the auspices of the EMCDDA/EUDA Scientific Committee under Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101) — List of experts established, to be used to extend the Scientific Committee for the purposes of risk assessment (2024)	3. Implementation of the EMCDDA/EUDA monitoring system 4. Implementation of the EWS and risk assessment mechanism on NPS 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
	H3. Strengthen national and EU resilience to cross-border drug-related threats by supporting preparedness and response activities with evidence-based information	H3.1. Ensure the successful establishment of the European Drug Alert System (EDAS) H3.2. Ensure the successful establishment of the European network of forensic and toxicological laboratories (PLANET) H3.3. Enhance the agency's threat assessment capacity and conduct threat assessments and rapid reporting exercises of new drug-related health threats, to facilitate appropriate responses (in collaboration with partners, as appropriate)	— EDAS established and operational (Article 13 of Regulation (EU) 2023/1322) — State-of-the-art alerts issued in a timely manner, tailored for different customers, in accordance with priorities (2024-2026) — European network of forensic and toxicological laboratories established and operational (Article 15 of Regulation (EU) 2023/1322) (2024-2025) — Competence of forensic drug and toxicology expertise in the EU enhanced; drug-related forensic and toxicological data generated in a timely manner and exchanged rapidly with key Member State partners, EU institutions and agencies, and priority third countries (2024-2026) — Quality assurance schemes implemented and data collection and analytical methods harmonised (2024-2026) — Strengthened situational awareness, preparedness and response to cross-border threats caused by synthetic opioids in Europe (2024-2026) — Prototype developed for integrated dashboard and rapid monitoring data collection mechanism to support analytic and threat assessment activities and complement real-time case-based surveillance (2024-2025) — Pilot for a real-time data collection exercise and corresponding threat assessment (2024-2025) — Regular threat assessments conducted, with reports and recommendations, in response to detection of threats or request from the European Commission or the Member States (2025-2026)	3. Implementation of the EMCDDA/EUDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
COMPETENCE DEVELOPMENT	H4. Support interventions to prevent and reduce drug use, drug-related morbidity and mortality, and other harms, and support recovery and social reintegration	H4.1. Follow developments from basic research, applied research and implementation science to maintain state-of-the-art understanding of what constitutes effective interventions to both established and emergent drug-related problems H4.2. 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 H4.3. Facilitate knowledge transfer, the adoption of best practice, and successful implementation, by developing state-of-the-art resources for professionals and supporting and developing training and capacity-building activities H4.4. 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 groups such as migrants and the homeless population), or where new evidence reviews have become available	— EMCDDA/EUDA portfolio of services to support practice developed and updated in line with the new business model and the EUDA mandate (2024-2026) — An interactive decision-making support ecosystem in development (2024-2026) — Digital outputs to support drug-related interventions, including modular format roll-out of the European Health and Social Responses miniguides (2024-2026) — Provision of awareness-raising, evidence and implementation materials for responding to priority topics, e.g. drug overdose prevention, cannabis-related problems, drugs and mental health, hepatitis C and prisons, drugs and festivals, with associated webinars and workshop as needed (2024-2026) — Provision of mechanisms and tools for implementation and evaluation of the quality of interventions at national level (2024-2026) — A set of EUDA guidance and recommendations available to support implementation of drug-related interventions (e.g. for people who inject drugs, harm reduction equipment, implementing quality standards) (by 2025) — An extended and tailored e-learning and virtual community of practice platform to support a wider range of professionals targeted in the agency's new mandate (crime prevention, treatment, harm reduction, social reintegration, migration support, etc.) (2024-2026) — A digital inventory of training materials available, adapted for the European audience (2024-2026)	3. Implementation of the EMCDDA/EUDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

COMPETENCE DEVELOPMENT	H5. Support the development, implementation, monitoring and assessment of policies aimed at addressing the health and social consequences of drug use	H5.1. Support, as requested, EU and national policy initiatives within the EMCDDA's/EUDA's areas of competence, with particular attention given to the implementation and evaluation of the EU drugs strategy and action plan H5.2. Monitor and report on key policy developments occurring nationally, at EU level and internationally, to facilitate an informed and up-to-date dialogue H5.3. 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 and action plan 2021-2025 (health area), in the light of priorities and available resources (2024-2025) — Contribution to the evaluation of the EU drugs strategy and action plan 2021-2025 (health area) (2024-2025) and, if requested, support for the development of new EU drug policies (2026 onwards) — Portfolio of tools and services scaled up, in line with EUDA mandate requirements, to support policy development, implementation and evaluation in EU Member States and third countries (2024-2026) — Protocol and standard operating procedures for the drug policy support scheme tested and revised (2024-2026) (cont. in 2027) — Platform available for regular updates and information exchange on key drug law and policy topics (between national authorities and experts) (Prototype 2025, established 2026) — Cannabis policy support toolkit rolled out in digital format, including tools to establish baseline measurements and to support the implementation of evidence-based decisions (2024-2026) — Targeted reporting on timely topics to policymakers, including on cannabis policies, medical use of psychedelics, and the impact of the economic cycle on the drug situation (2024-2026)	3. Implementation of the EMCDDA/EUDA monitoring system 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
	MAIN AREA 2: SECURITY			
MONITORING	S1. Provide a comprehensive, holistic and up-to-date understanding of the drug market in Europe	S1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes S1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis, and provide a cost-effective and practical solution to supplement existing core data collection systems in this area (e.g. OSI, 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 European Union 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	— Review and develop 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) and the security-related priorities emerging from the new mandate and in line with the new business model (2024-2027) — Provision of barometers to support the overarching indicators required for the EU drugs strategy and action plan 2021-2025 (security area) (2024) — EMCDDA–Europol *EU Drug Markets Report* (EDMR) final report launched (2024). Evaluation of the current EDMR model and rolling updates of EDMR digital modules and data assets (2024-2026) (continuing in 2027) — Develop technical capacity on drug precursors (staff recruitment and development of processes and procedures) to complement expertise on synthetic drug production and in support of the European Commission (in line with the new mandate) (2024-2025) — Analysis of drug-related security threats in enlargement and neighbouring countries, as well as other priority non-EU countries, covered by EMCDDA/EUDA-managed technical cooperation/assistance projects (2024-2026) — Increased understanding of the impact of drugs on the environment and climate change (2025-2026) — Develop a system for monitoring, analysis and data visualisation for drug production in the European Union (replacing current outdated tools and adding functionalities) (2024-2026) (continuing in 2027) — Research and development of innovative methods for monitoring drug-related activities using aerial surveillance, including satellite and high-altitude pseudo-satellite imagery (2025-2026) (continuing in 2027) — Develop and test a state-of-the-art secure web-based encrypted geographic information system platform to collect, share and analyse information related to significant drug seizures and drug-related incidents (2024-2026) (continuing in 2027) — System in development to monitor the situation regarding drug production in Afghanistan (heroin and methamphetamine) (2024-2026) (continuing in 2027) — Monitoring of developments related to the diversion and trafficking of drug precursors and contribution to the implementation of EU law on drug precursors (2025-2026) (continuing in 2027)	3. Implementation of the EMCDDA/EUDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
PREPAREDNESS	S2. Identify new drug-related security threats and support rapid responses from the European Union 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, including EMPACT, as appropriate) (2024-2026) — Information products for stakeholders based on the findings of forensic drug profiling projects (2025-2026) — Analysis of developments related to the NPS market in general, and in particular in relation to newly controlled NPS (2024-2026) — Implementation of innovative signal monitoring, signal management and RCS on drug markets based on OSI monitoring programme (surface web and darknet) and other key information sources, as a part of the EU Innovation Hub for Internal Security (2024-2026) — Real-time supply-side data collection exercise and corresponding threat assessment (2025-2026) — Showcase EU chemical profiling programmes for strategic drug market analysis in the European Union, and to boost strategic intelligence (2024-2026) — Implementation of tool for monitoring and analysis of darknet drug markets (EU DAMA) developed by the European Commission's Joint Research Centre on behalf of the Directorate-General for Migration and Home Affairs for EMCDDA and Europol (2024-2026) (as feasible and depending on the outcome of the discussions to host the tool by the EUDA) — Develop processes and procedures for monitoring, analysis and threat assessment of new and emerging drug precursors (2024-2025)	3. Implementation of the EMCDDA/EUDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
MONITORING	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	— Develop an overarching framework for monitoring drug-related crime, including drug-related violence, its wider impact and considerations on what constitutes effective countermeasures (2025-2026) (continuing in 2027) — Monitoring and analysis of the nature and scope of drug-related violence and homicide in the European Union (2024-2026) — In line with the new mandate, feasibility assessment of improving the systematic monitoring of aspects of the wider impacts of drug markets (2025-2026)	3. Implementation of the EMCDDA/EUDA monitoring system 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
COMPETENCE DEVELOPMENT	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 cycle priority areas on drugs and high-risk criminal networks (through threat assessments, provision of expertise, and training). A priority task for the agency is to maintain an overview of EU drug markets and 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)	— Full integration of EMCDDA/EUDA into EMPACT 2022-2025, in support of the EU Member States, the Council and the European Commission (2024-2026) (continuing in 2027) — Implementation of allocated actions in the EU drugs strategy and action plan 2021-2025 (security area), in the light of priorities and available resources (2024-2025) — Contribution to the evaluation of the EU drugs strategy and action plan 2021-2025 (security area) (2024-2025) — Contribution to the thematic evaluation of the Schengen mechanism on drug trafficking (2024) — Support to the EU Member States, on request, in the evaluation and drafting of security aspects of national drug policy (2024-2026) — Support for the implementation of the new EU security union strategy 2020-2025, where appropriate and within available resources (2024-2025) — Support for the implementation of the EU roadmap to fight drug trafficking and organised crime (2024-2025) — Capacities and role of the Reference Group on Drug Supply Indicators strengthened and developed in line with the new mandate (2024-2026) — Capacity to support the evaluation of drug supply reduction interventions developed in line with the new mandate (2024-2026) — Data-driven tool developed that identifies young people vulnerable for recruitment into drug markets and drug-related crime (2024-2026) — Data-driven programme developed to record, report and contribute to the reduction of drug-related intimidation and violence in the EU (2025-2026) (continuing in 2027)	9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers
	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 stakeholders' needs, in line with the new mandate	— The EMCDDA/EUDA business model transformation – action plan for 2024-2026 implemented — Governance measures to enable the successful implementation of the EUDA regulation taken as appropriate (2024-2026) — Management Board, Executive and Budget Committee meetings duly organised and decisions adopted (2024-2026) — More content available in multiple languages using new technologies in the translation field and a 'quality for purpose' approach implemented (2024-2026)	6. Organisational efficiency 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
		B1.3. Ensure preparation for and implementation of the new mandate	— Digital transformation of the EMCDDA/EUDA portfolio, in line with the new business model and reflecting the European Union'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 (2024-2026) — 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/EUDA's data in their own work (in line with the Directive (EU) 2019/1024 on open data and the reuse of public sector information) (2024-2026)	10. Uptake of EMCDDA/EUDA 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 and cooperation with third countries	B2.1. Prepare a new Reitox Alliance and support the implementation by the NFPs of the RDF B2.2. Strengthen and support the development of drug expert networks, as appropriate, to ensure the agency has sufficient expertise to accomplish the objectives of the EUDA regulation, while keeping the NFPs informed in a timely mannerB2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging stakeholders' needs	— Preparation and implementation of the new Reitox Alliance, as a reference framework for the collaboration between the agency and the NFPs, in close collaboration with the Reitox network (2024-2026), while the RDF runs in parallel until 2025 — Continuation of the Reitox certification programme, in line with the needs of the new regulation (2024-2026) — Support the NFPs with the implementation of the Reitox Alliance (2026) — Development and management of the agency's partners ecosystem, including civil society, to enhance value creation and delivery, in line with the EUDA regulation (2024-2026) — Preparation and implementation of a new International Cooperation Framework, in line with the EUDA regulation, with the EU drugs strategy and action plan 2021-2025, and with the EU foreign policy objectives (2024-2026) — Cooperation with EU and international partners (including EU agencies, international organisations and the UN system), implemented in line with the priorities set out in the EUDA regulation, the EU drugs strategy 2021-2025 and the wider EU policy framework (2024-2026) — Implementation of the action plan on the recommendations of the Internal Audit Service (IAS) on international cooperation (2024-2025) Contribution, as required, to the implementation of the EU drugs strategy and action plan 2021-2025, in relation to cooperation with external partners (2024-2025) and post-2025 (2026) — Services provided to EU institutions, in the context of their institutional tasks, namely to the rotating presidencies of the Union, the Commission, the secretariat of the	5. Implementation and management of the Reitox grant agreements 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
			Council, and other bodies, providing technical and knowledge support, in particular with information about drug-related threats and major drug policy developments, delivered on request, proactively and in line with the EUDA regulation (2024-2026) — Technical assistance projects with priority non-EU countries (IPA 8 and EU4MDII) successfully implemented (2024-2026) — Grant agreement to support the COPOLAD III project successfully implemented (2024)	
	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/EUDA'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/EUDA maintains a state-of-the-art understanding of developments in its areas of competence B3.4. Strengthen EUDA engagement with research and innovation	— Scientific quality assurance and coordination processes reviewed and extended to fully reflect the EUDA mandate (2024-2026) — Improve preparedness and provide a comprehensive set of future-oriented tools to support scientific publishing in areas related to the EUDA mandate, focusing on the needs of early career researchers and those from low- and middle-income countries (2024-2025) — Strengthen cooperation with international and European research groups to improve the EUDA's analytical insights on international and European scientific developments (2024-2026) — A stronger engagement and relationship with the scientific community by successfully co-organising the Lisbon Addictions 2024 and 2026 conferences (2024-2026) — Increased preparedness and organisational resilience through foresight exercises, deep-dive studies in areas of strategic importance (technology and cannabis), capacity building and networking with EU initiatives on futures (2024-2026) — Develop a research database and accompanying digital tools to support research networking, gap analysis and research audit (2024-2026) — Implementation of the EUDA innovations lab (working methods, digital tools and operating procedures) (2025-2026) — Recruit and establish a new Scientific Committee and an extended list of experts reflecting the technical and scientific needs of the EUDA (2024)	2. Staff capacity 6. Organisational efficiency 7. Work programme delivery 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers
	B4. MANAGEMENT Ensure that the organisational structure and supporting processes are optimal,	B4.1. Ensure effective measures are in place for the successful implementation of Strategy 2025 and the transition to the new mandate of the agency B4.2. Further improve cost-effectiveness and optimal allocation of resources,	— Implementation of Roadmap 2025 successfully completed and results assessed (2025) — Alignment of the EMCDDA's/EUDA's people, culture, structure and technology to meet the evolving needs and expectations of key customers; this includes measures to enhance the EMCDDA's/EUDA's digital maturity and enable the agency's business model transformation and implementation of the new mandate (2024-2026)	1. Budget execution 2. Staff capacity 6. Organisational efficiency

	STRATEGIC OBJECTIVES	ACTION AREAS	KEY EXPECTED RESULTS 2024-2026	KPI
	to deliver efficient and high-quality services	reflecting the priorities identified in Strategy 2025 and the new mandate 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/EUDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	— Review of the corporate strategic planning, monitoring and reporting activities to increase agility and support organisational alignment with the needs emerging from the new business model and the new mandate (by 2025) — Resource-related measures and decisions (namely for human resources (HR), budget and asset management) designed and prepared as required for implementation of the new EMCDDA mandate/regulation and the new business model (2024-2026) — Commitment of the EMCDDA/EUDA to sustainability / environment protection, in line with the European Green Deal; specifically, the agency's commitments are to achieve: o a reduction of waste-related CO_2 (2024) o a carbon-neutral office environment through offsetting the residual CO_2 footprint (2025) — Strengthened information and communications technology (ICT) governance, management and operation for the EUDA transition: o new projects to support the growing agency and ensure compliance and security, as appropriate (2024-2026) o increased maturity concerning information technology (IT) service management and data-related standards: service management processes adjusted to support increased organisational needs, such as communication, and an established data architecture (by 2026) o Business Enterprise Architecture project implemented and extended to cover new processes and architecture that will support the EUDA mandate (2024-2026) — Beyond a fully digital workplace for EUDA (2025-2026): o 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) o ICT architecture roadmap reviewed (2025-2026) and partly implemented (2025) to strengthen the digital workplace for the EUDA (implementation continuing in 2027)	7. Work programme delivery

II.2. Human and financial resources outlook for 2024-2026

II.2.1. Overview of the past and current situation

For a few years, to fulfil its mission, the EMCDDA has been operating within resource constraints that have required it to make significant efforts in order to continue to operate successfully and fulfil its mandate.

In 2024-2026, and without prejudice to the successful outcome of these efforts, the agency will focus on the effective use of the resources made available for the application, from mid-2024, of the recently adopted EUDA regulation (see next section).

II.2.2. Outlook for 2024-2026

On 30 June 2023, Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA) and repealing Regulation (EC) No 1920/2006 was published in the *Official Journal of the European Union* ([16]). This was the outcome of the EU ordinary legislative procedure that was carried out further to the proposal for the strengthening of the mandate of the agency, including new tasks, put forward by the European Commission on 12 January 2022.

The new regulation, which aims to ensure that the agency plays a more significant role in identifying and addressing current and future challenges related to illicit drugs in the European Union, entered into force on 1 July 2023 and will start being applied 1 year later, on 2 July 2024.

During this transition period, the efforts of the EMCDDA are being concentrated on preparing the organisation for this important change, while continuing to fulfil its current mandate and provide the required services to its key customers.

To that end, the preparatory work that started in 2022 and has been accelerated in 2023 will continue across all the areas of work, to ensure the organisational readiness for the new mandate as of 2024.

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

New tasks

The new EUDA regulation strengthens the mandate of the agency, bringing new tasks and an expansion of current tasks. As mentioned, it has its roots in a proposal from the European Commission, which called for a stronger role for the agency that would empower it to perform the tasks needed to address current and future challenges related to illicit drugs.

The collection, analysis and dissemination of data will continue to be a key task of the EUDA. The new agency will also:

([16]) https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2023.166.01.0006.01.ENG&toc=OJ%3AL%3A2023%3A166%3ATOC

- **develop threat assessment capabilities** in the areas of health and security, thereby increasing EU preparedness to identify and react to these new threats;
- **issue alerts**, via the new EDAS, when high-risk substances appear on the market (complementing national alert systems and the EWS);
- **monitor and address polysubstance use**, which is becoming increasingly common and may have detrimental health effects;
- **set up a network of forensic and toxicological laboratories** to foster information exchange on new trends and developments and train national forensic drug experts;
- **develop and promote evidence-based interventions and best practices**;
- **provide research and support**, both on health-related issues and on drug markets and drug supply;
- **recommend appropriate and concrete evidence-based actions** on how to address, in an efficient and timely manner, the challenges relating to drugs, drug use, drug use disorders and addictions;
- **support the independent evaluation and development of evidence-based policies**;
- **play a stronger international role** and support the European Union in drug policy at multilateral level;
- **reinforce the role of the NFPs** to ensure that Member States are able to provide relevant drug-related data to the agency;
- set up services to support countries in the **assessment of national measures**.

Growth of existing tasks and additional tasks

As mentioned, the work to prepare for the implementation of the new regulation will be substantial in all areas, across the entire organisation; consequently, it will involve a growth of existing tasks and will put significant strain on existing EMCDDA staff, who will be required to carry out additional tasks in parallel with the already heavy workload — a consequence of the lack of resources in recent years, which has not allowed for an increase in staff capacity.

While some of this preparatory work has taken place in 2023, the agency will undergo a significant organisational change throughout the programming period 2024-2026. This will include a review and adjustment of major business processes, the management of a large-scale recruitment programme and onboarding of around 40 new staff members by the various units, as well as the development and execution of high-value procurement operations.

This organisational change will involve the agency’s management and every staff member, in parallel with the implementation of the core business activities of the agency, which will also see an expansion, in line with the new mandate.

II.2.3. Programming resources for 2024-2026

Financial resources

The year 2024 will be the fourth 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/EUDA for implementing its activities.

Without prejudice to the actual decision to be taken by the EU budget authority on the adoption of the EU annual contribution to the EMCDDA/EUDA and the establishment plan of the agency, including the additional resources required to cope with newly assigned tasks, the SPD 2024-2026, and in particular Section III, 'EMCDDA work programme 2024', has been prepared in line with the EMCDDA Draft Budget for 2024, which was put forward for adoption by the EMCDDA Management Board in December 2023. (For details, see Section III.)

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

Human resources

Developments regarding the EUDA's human resource needs during the period in question will rely on the resources made available in accordance with the EU multiannual financial framework for 2021-2027 and the recently adopted EUDA regulation. Pursuant to the latter, the EUDA will be able to rely on about 40 additional staff over the 2024-2027 period.

II.2.4. 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 agency is committed to constantly improving the effectiveness and efficiency of its activities and to maximising the use of its resources.

In this context, the EMCDDA has pursued action to further rationalise and reduce the running costs of its premises, namely through measures aimed at reducing energy consumption, to offset the impact of the extension of staff working time pursuant to the entry into force of the revised Staff Regulations of Officials (staff regulations) (e.g. by installing solar shading on glass, climate control switches on windows and an intelligent lighting system, and by optimising heating and cooling cycles at the EMCDDA premises). These measures resulted in a reduction in energy consumption of about 10 % in 2016 compared with previous years, and this 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 located (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 economies of scale and gain 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, synergies for staff selection procedures, and the sharing of some services/bodies, such as the EMCDDA's medical officer and the invalidity and disciplinary committees. Further synergies relate to the 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 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/EUDA will seek to exploit technological developments to achieve further economies by updating its current infrastructure architecture, in line with the available resources.

II.2.5. Negative priorities / decrease in existing tasks

A prioritisation of the agency's 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 2024

III.1. Executive summary

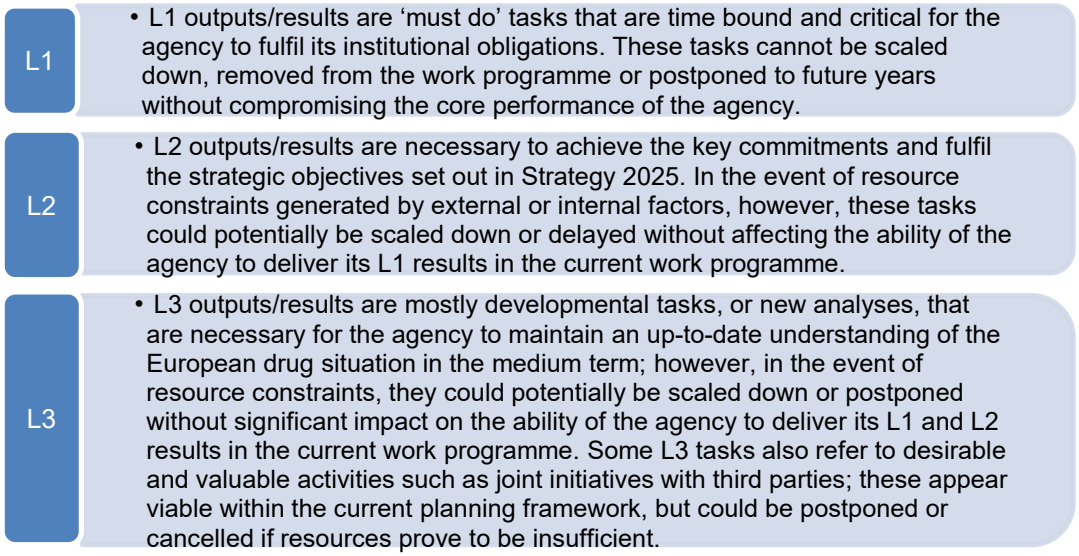
This is the first annual work programme under the EMCDDA SPD 2024-2026. Its structure mirrors the architecture of the EMCDDA Strategy 2025, as explained in Section II.

The financial resources required for this work programme will be provided by the EMCDDA budget for 2024. In accordance with the relevant provisions, the budget becomes definitive when adopted by the Management Board and following final adoption of the general budget of the European Union, in which the amount of the agency's contribution is fixed.

For planning purposes, and without prejudice to the decisions to be taken by the relevant EU authorities, the 2024 work programme has been prepared by assuming that the EU contribution to the EMCDDA for 2024 will amount to EUR 32 131 775 and the EMCDDA/EUDA establishment plan for 2024 will include 89 authorised posts. This is in line with the EMCDDA Draft Budget for 2024 and the application, from 2 July 2024, of the new EUDA regulation, which strengthens the mandate of the agency and provides for additional human and financial resources to implement it.

The 2024 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)), as presented in Figure 4.

FIGURE 4
The EMCDDA/EUDA prioritisation approach



III.2. Activities

III.2.1. Main area 1: Health

Goal: Contribute to a healthier Europe

Overview

MONITORING

Monitoring the drug situation in Europe with a view to providing timely information to support evidence-informed policymaking lies at the heart of the EMCDDA's/EUDA's new mandate and operations. In early 2024, in preparation for the new mandate, the plans for the process to review and revise the annual core data collection and its management will be presented. Importantly, this review will take the priorities of the agency and its customers in the period 2024-2030 as a starting point, be transversal in nature and integrate the range of areas covered in the future agency's knowledge and data foundation. In this context, the current statistical and qualitative reporting tools will be considered holistically and the main national data providers — the Reitox NFPs in the Member States, Norway and Türkiye — will be engaged in the process.

Data collection systems within the agency are to be reviewed, analysed and updated where necessary in the period 2024-2026. The review will include core national epidemiological data collection and sentinel city data. Although functioning, current systems are now relatively old and opportunities presented by new technology to enhance, harmonise and simplify the data collection will be pursued. The development or replacement of the Fonte data collection system will be investigated and existing data platforms reconsidered with the intention of incorporating both into an overall data collection system.

The goal will be to develop a modern integrated data collection system to improve existing information and meet the demands of the new mandate.

From a public health perspective, the core monitoring of the drug situation covers the dimensions of prevalence and patterns of use within the general population and among high-risk users, including people entering treatment. It also focuses on harms, primarily the areas of drug-related deaths and infectious diseases. While historically each of the dimensions has been supported by key indicators, in recent years new data sources have added to the available measures at our disposal. The 2024-2026 period and the new resources provided alongside the new mandate offer an opportunity to update our monitoring frameworks and ensure all data collections keep focusing on current policy priorities in the context of future-proofing and ensuring relevance to emerging trends and developments.

An in-depth understanding of drug consumption prevalence and patterns of use is first and foremost informed by data from general population surveys as well as school surveys, including the European School Survey Project on Alcohol and Other Drugs (ESPAD) and Health Behaviour in School-aged Children. Drug use among school-aged children remains of interest to our customers, and the agency will support ESPAD in preparing the data collection for its 2025 report. Wastewater epidemiology has provided important complementary data on substance use at a community level and can be used to both confirm survey findings and offer additional insights. In 2024, the agency will continue to ensure that a gender analysis is performed for all key data sets where this is feasible.

Ad hoc surveys among nightlife and recreational users offer some insight into patterns of drug use in these groups of young people, and are sometimes accompanied by forensic testing of hair and drug samples for confirmatory purposes. While not providing information on drug prevalence, the European Web Survey on Drugs is an important source of information on patterns of use among the recruited samples in over 24

countries, including frequency and amounts consumed and polydrug use patterns. A specific survey round is planned for early 2024 with a focused module on patterns of cannabis use. The information collected by the Trans European Drug Information (TEDI) drug checking network provides an insight into the substances being consumed by festival attendees, among others, and has an important early warning function for emerging health risks and trends.

High-risk drug use has historically been monitored through the use of surveys of specific opioid-, stimulant-using and injecting populations (capture–recapture, etc.), and the estimates provided have been complemented by data on treatment entry by defined groups. More recently, our understanding of injecting drug use has been enhanced by limited but increasing availability of data from analysis of syringe residues collected from harm reduction sites in specific cities. It is envisaged that in 2024, the city-level networks will continue to be supported and engaged as co-producers of data and analysis via the developing digital data platforms and networks planned in this area. This will also include input from harm reduction services such as drug consumption rooms (DCRs), where systematic data collection may also be triangulated with other sources of information on high-risk patterns of use.

In 2024, the agency will continue to plan for the expansion and increased coverage of its monitoring of drug-related harms. The agency has a long-established and well-developed approach to the monitoring of drug-related infectious diseases, especially in the areas of HIV and viral hepatitis, and this work will continue, in particular to support the monitoring of SDG 3.3. It is anticipated that developmental work will continue in order to ensure that up-to-date and relevant monitoring tools are available in this area, including focused work on drug use and hepatitis C virus (HCV) among prison populations. There will be an increasing focus on improving the monitoring of stimulant- and cannabis-related harms, and exploratory work will be undertaken in the context of new mandate planning around a wider drug-related harms framework, incorporating comorbidity, physical harms, road traffic accidents, etc. The agency will continue to develop its database of up-to-date information on drug-related harms in 2024. More specifically, and following up on the impact of COVID-19, as well as support provided to the Spanish Presidency of the European Union, the agency’s work to enhance the monitoring of comorbidity of drug dependence and mental health issues will be prioritised.

In recent years, the EMCDDA has increased the effort it puts into both consolidating established data collections and supporting the development of a range of complementary data sets in order to provide more timely, targeted information that enhances the core monitoring and offers potential for more rapid threat assessment capabilities (see ‘Preparedness’ below). Work in this area in 2024 will include the further co-production with NFP as well as expert networks, including the EMCDDA’s web survey activities and strengthening the relationships between the agency and networks of data-generating experts, such as the Sewage analysis CORe group Europe (SCORE) for the analysis of wastewater; the European Drug Emergencies Network (Euro-DEN), a network of emergency rooms; the European Syringe Collection and Analysis Project (ESCAPE), focusing on syringe residue analysis; and TEDI, engaged in the forensic analysis of the content of drugs. In the context of the new mandate, and the focus on anticipating emerging trends, tools for rapid monitoring and analysis will be developed, aligned with both the new drug alert system and support for the work of the EU threat assessment mechanism. In this context, additional monitoring sources will be investigated, including, for example, sentinel networks of key informants and city-level networks monitors.

Developmental work will continue on assessing the utility of incorporating new sources and approaches into the EMCDDA’s epidemiological toolkit, and an emphasis will continue to be placed on multi-indicator analysis, in order to triangulate information both for corroboration purposes and for complementarity.

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

The new business model envisages a new data ecosystem that will offer access to information in a range of formats and a sound foundation on which to build evidence-based outputs, and the online platforms are intended to be one component of the ecosystem. The new integrated *European Drug Report 2024* will continue to offer timely information on emerging threats, as well as interlinked access to digital data and graphics on core trends and developments, all linked to core digitalised data tables.

In line with the new business model, in 2024 the existing online data platforms will be maintained, new functionality introduced and a model for further platforms developed. The online platforms are built around three pillars: the collection of information, data visualisation and a virtual community of practice. They provide a forum for co-production between the agency and data providers. Further work in this area will be stepwise, incremental and based on evaluated feasibility studies. The ICT tools supporting the agency's monitoring work will be updated in line with the needs of the new business model, including a focus on data structures and new software, with a view to increasing the timeliness and reliability of outputs.

A transversal focus for 2024 will continue to be the development of data and practical epidemiological tools for the monitoring of cannabis use, related harms and responses. In particular, work will progress on the development of policy-useful indicators and toolkits in this area. In addition, data collection and analysis on drugs and gender will be further prioritised and integrated into the core monitoring and analysis.

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. Recent work to explore expert elicitation techniques will be broadened with a view to implementation in additional areas. In the client-centric perspective envisaged by the new business model, options will be explored to ensure monitoring results are focused on key stakeholder interest, areas of intervention, availability, coverage and effectiveness, and are available in interactive digital and user-friendly outputs that support decision-making at the local, national and European levels.

Support to EU priority third countries will continue, mainly under the framework of technical assistance projects, namely IPA 8 and EU4MDII, which started in January 2023, with a duration of 4 and 5 years, respectively. The agency will also continue to support COPOLAD III through the agreement signed with the International Italian-Latin American Organization in July 2022, to run until November 2024 (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').

PREPAREDNESS

The EU Early Warning System and risk assessment of new psychoactive substances ([17])

The agency has been responsible for monitoring and responding to NPS and related cross-border health threats in the European Union since 1997. The information exchange on and early warning system for NPS, including the initial report and the risk assessment of NPS, have recently been amended by Regulation (EC) No 1920/2006 (as amended by Regulation (EU) 2017/2101) and will remain unchanged in the new regulation on the EUDA.

The response on NPS led by the agency will continue to be instrumental in supporting evidence-informed legislation, policymaking and practice at EU and national levels. In 2024, the agency, together with its partners in the Member States (the Reitox network of EWS correspondents), Europol, the European Medicines Agency (EMA), the ECHA, the European Food Safety Authority (EFSA) and the ECDC, will continue to ensure robust implementation of the EWS and risk assessment of NPS. This will ensure that the European Union maintains its strong 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

([17]) Note: while presented under Preparedness, the work under the EWS will involve activities across all the three main tasks of the new regulation, namely Monitoring, Preparedness, and Competence development.

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 2024, the agency will continue to develop and strengthen its 'all hazards' approach to early warning and response, allowing it, its partners and the European Union to rapidly detect, assess and respond in a timely manner to both existing and new emerging threats. In 2024, the agency will aim to strengthen further the tools for monitoring and reporting both event-based and aggregated data.

Reflecting the complexity of the current situation and the specific threats posed by cross-border health threats, and building on the lessons learnt during the COVID-19 pandemic, the agency will assist and strengthen 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 of capacity to identify and respond to current and future threats, address vulnerabilities, and provide options for selecting and implementing practical and actionable measures in relation to prevention, health protection, treatment, supply reduction, and policy development and implementation.

To this end, existing reporting and monitoring tools and key components of the EWS — such as ToV, OSI monitoring, signal management and risk communication — will be further developed to strengthen the agency's capabilities in these areas. Existing, well-established components of the EWS will be integrated and interlinked with new systems and networks, such as the European Drug Alerts System, threat assessment capability, NPS precursors, and the network of forensic and toxicological laboratories. For that purpose, the EDND, Europe's information hub on NPS, will be integrated into an envisioned holistic expert system, on which work will start in 2024. Its components will allow the collection, validation, analysis, reporting, management, exchange and dissemination of EWS and risk assessment data in an automated manner. Other aspects to be considered will be defining access to third countries and key international organisations as well as to the public, and new functionalities addressed to serve forensic and toxicology laboratories. The final results of that integration are planned for 2026-2027.

The provisions of Article 28(c) of the pharmacovigilance legislation will continue to be implemented in close cooperation with the EMA. Additional cooperation with the EMA will be considered, for instance related to the EMCDDA/EUDA participation in the Opioid Task Force, the use of big data, and in the area of medicines misuse (including in polydrug use) and signal management.

When requested, risk assessments on NPS will be conducted under the auspices of the EMCDDA's/EUDA's Scientific Committee. This activity requires high-quality data, is resource intensive and is bound to tight deadlines.

A new list of experts to be used to extend the EUDA Scientific Committee for the purposes of the assessment of the risks posed by NPS will be established, in line with the new mandate.

The EMCDDA/EUDA will continue to use signals identified through the EWS to prioritise the pharmacological characterisation of NPS in order to ensure that relevant core data are available for risk assessment. This activity will also be supported by the network of forensic science and toxicology laboratories (see 'Preparedness – Laboratories Network (PLANET)' below).

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

The agency will build on the lessons learnt and mechanisms implemented to assess the risks of NPS to support strategic evidence-based multidisciplinary threat assessments (see 'Threat assessment' below).

The Risk Communication System (RCS) on NPS will be strengthened, broadened, and used for the development of the rapid EDAS (see 'European Drug Alert System' below), which will be complementary to the RCS of the EWS. Where relevant, participation will be open to third countries, for example IPA countries beneficiaries and Switzerland.

Building on the network of forensic science and toxicology laboratories that underpins the EWS, and with the support of key networks with which the agency actively collaborates in the area of NPS, within the new mandate the agency will set up a network of laboratories that can foster research and innovation, generate data and information exchange on new developments and trends, and have a regional role for competence development, capacity building, and harmonisation of data collection (see 'Preparedness – Laboratories Network (PLANET)'). The roles of this network will include assisting national laboratories in the timely elucidation and reporting of new NPS, determining purity, profiling, pharmacological profiling, and setting quality standards and criteria for analytical identification. The work of the network will be key to identifying emerging threats in a timely way and assessing these threats based on an evidence-based approach.

A key task that will be instrumental in developing the preparedness capability in that area will be to plan and select appropriate digital solutions that will complement existing information systems. The objective here is to enable the integration of all these tasks and allow near-real-time monitoring; the collection, validation, analysis, management and visualisation of data; and the dissemination of alerts. New digital solutions will have to be tailored to EUDA customers, from a range of national and EU partners, practitioners, law enforcement agencies, policymakers, third countries and international organisations, to — ultimately — people who use drugs and people who reside in Europe. In line with the new mandate, the reporting of forensic and toxicology data is part of the vision for a new digitally enabled, comprehensive expert system. Ultimately, it will allow more efficient implementation and improved communication with partners.

As the leading regional system in the world, with well-established and recognised high standards, the agency will continue to support the UN system, in particular the United Nations Office on Drugs and Crime (UNODC), and the WHO Expert Committee on Drug Dependence with data and expertise from its early warning and risk assessment activities. The EMCDDA/EUDA will submit relevant data related to NPS to the UNODC and the WHO, supporting prioritisation and scheduling discussions, with the objective of facilitating notifications and avoiding an unnecessary burden for Member States.

Competence development including — but not limited to — technical assistance and support in the establishment of national early warning systems will continue to be provided to EU Member States and EU priority third countries within IPA 8, EU4MDII and COPOLAD III.

In 2024, regular and ad hoc technical and scientific support in the area of NPS, EWS and risk assessment will continue to be provided to key partners: European, national and international policymakers, the Commission and EU agencies, law enforcement agencies (police, customs), forensic and toxicological laboratories, practitioners, researchers and the scientific community and, ultimately, journalists and citizens.

European Drug Alert System (EDAS)

Building on the experience from the EWS and complementary to it, in 2024 the EUDA will lay the foundations for EDAS. The aim of the new EDAS will be to strengthen national and EU resilience in relation to serious drug-related risks (SDRRs) by supporting preparedness and response activities through rapid information exchange and targeted rapid alerts and other risk communications to the relevant national authorities, including the NFPs. EDAS will use an integrated 'all hazards' approach to detect and respond to SDRRs, a multisource and multimethod approach to data, including event-based and indicator-based data. EDAS will be interlinked with other EUDA systems, including those related to the EWS, threat assessment, and the network of forensic and toxicological laboratories. Eventually, EDAS will aim to make sure that the available knowledge related to the risks associated with those substances reaches the field

level (hospitals, emergency rooms, intensive care units) through the intermediary of the national alert and information networks. By doing so, the information and analyses of the EUDA will provide direct support to practitioners to save lives.

Preparatory work initiated in 2023 with Reitox NFPs to achieve a shared understanding of key definitions of the system, to map national capacity and capability to report SDRRs, and to establish the requirements needed to implement drug alert systems at national level will continue in 2024. Key activities in this area will include the following:

- initiate the adaptation and development of existing EWS frameworks and tools — signal management system (SMS), ToV system, open-source information monitoring system (OSIMS), and the RCS — to EDAS;
- conceptualise an expert information system that allows the management of data, information exchange, signals and risk communications;
- lay the foundations of a drug emergencies and outbreak OSI monitoring surveillance system, considering the use of artificial intelligence;
- lay the foundations of an acute poisoning surveillance network that supports, in near real time, hospital emergency departments, clinical toxicology laboratories, and poison centres.

Preparedness – Laboratories Network (PLANET)

Under its new mandate, the EUDA has been formally tasked with establishing a **network of laboratories** that are particularly active in the **forensic and toxicological** investigation of drugs and drug-related harms.

In 2024, the EUDA will lay the foundations for a network of forensic and toxicological laboratories, Preparedness – Laboratories Network (PLANET). The work of this new network will underpin, with near-real-time, evidence-based, and analytically confirmed information, much of the agency's work, taking into account synergies and avoiding overlap with existing forensic and toxicology networks. This includes the Customs Laboratories European Network, the European Network of Forensic Science Institutes, the International Association of Forensic Toxicologists, and the European Association of Poison Centres and Clinical Toxicologists, which are intrinsically linked to some areas of work of the EMCDDA/EUDA. Where necessary, targeted research will also be commissioned with the participation of leading universities in the Member States. The network will engage and cooperate with relevant international partners such as the UNODC, the US Drug Enforcement Administration (DEA) and the US Centers for Diseases Control and Prevention (CDC).

In 2024, the agency will establish the network, recruit two new staff members competent in the areas of forensic science and forensic toxicology, and establish a competence centre within the existing structure of the EUDA. Member States will appoint up to three laboratories following the rules and procedures for appointment and replacement of laboratories adopted by the Management Board. The new rules and procedures for the definition and selection of work priorities and financing of projects will be developed in 2024.

In 2024, projects undertaken by PLANET will focus on two major cross-border health and security threats posed by methamphetamine and synthetic opioids in Europe. The following priority projects will be initiated:

- methamphetamine profiling (see Section III.2.2, 'Main area 2: Security')
- a project to strengthen European resilience to synthetic opioid threats (see the Synthetic Opioids Comprehensive Response Toolkit for European Stakeholders (SOCRATES) project below).

Importantly, acute poisoning surveillance network (see 'European Drug Alert System (EDAS)' above) will support the work of clinical toxicology and forensic toxicology laboratories. One of the key activities in this area will be to pilot the retrospective analysis of drug-related deaths.

The work of the network will be interlinked with the work of the EWS, risk assessment, EDAS and threat assessment. To this end, a complementary database/repository for the information and data collected or generated by the network will need to be created, with specifications to be defined in 2024 (see also the EDND and the EWS under the Action area H 2.1 'Ensure the successful operation of the EU Early Warning System on New Psychoactive Substances (EWS)').

Strengthened European resilience to synthetic opioid threats: anticipate, alert, respond, learn

While heroin was historically the most commonly used illicit opioid in the European Union, this may be changing as a range of highly potent new synthetic opioids (NSO) are now available on the European drugs market.

To respond to these cross-border threats, the EMCDDA/EUDA will launch a multidisciplinary and multisectoral project that aims to strengthen European resilience to synthetic opioid threats and, ultimately, to save lives. The SOCRATES project will use an integrated 'all hazards' approach to anticipate, alert, respond and learn from health and security threats caused by the emergence of synthetic opioids. It will provide near-real-time situational awareness of the European opioid situation, building on the experience from the EWS, evidence-based preparedness and response measures to support national and EU resilience, and increased capability to respond to current and future drug-related threats.

Core project activities will be underpinned by the work of the EWS, EDAS, threat assessment, and the network of forensic and toxicological laboratories. Initial activities within the project will include:

- pharmacological profiling of NSO detected in Europe;
- increasing analytical capacity to detect NSO in Europe by, for example, generating and sharing up-to-date analytical libraries and/or providing reference standards of NSO to the network.

The agency will engage with key international partners including the UNODC, DEA and CDC.

Threat assessment

To improve the timeliness of reporting, it is crucial that new and flexible monitoring tools complement and dovetail with the EMCDDA's core monitoring system. The agency will continue to strengthen its system for public health and public safety and security threat assessment linked to monitoring and understanding new and emerging trends in drug use, drug-related harms and drug markets. This would necessarily draw on learning and experience from the epidemiological rapid monitoring approaches, from joint risk assessments with the ECDC and established trendspotter methodology, and from the EWS open-source monitoring and risk assessments of NPS.

Underpinning this, in 2024, the utility of the complementary methods will be enhanced through the expansion of their geographical coverage. The adoption of activities such as the monitoring of hospital emergencies data and web surveys of drug users by additional Member States and EU priority third countries will be encouraged through the Reitox network and technical assistance projects. The analysis and timely reporting of these data within EMCDDA/EUDA outputs will be a focus, although this will depend on the resources available.

New digital approaches to information gathering and assessment were developed in response to the COVID-19 pandemic, applying modifications of the trendspotter rapid assessment methodology. In particular, online user and professional survey approaches were utilised alongside digital focus group and analytical methodologies. In a similar vein, the recommendations of the data development project on the integration of existing and complementary monitoring methods will inform the next steps in terms of an integrated approach to rapid monitoring and reporting. These combined efforts will help support the goals

of the new business model requiring more rapid, synthesised information to meet the needs of our key stakeholders.

The agency will consider the feasibility of establishing digitally linked networks of key informants to underpin a new real-time monitoring of new health and supply threats across the European Union. In this context, options for an interactive data platform with both a collection and an analytical function will be explored, where enquiries can be launched and new threats reported. All of these new developments should mean that the EMCDDA/EUDA has a state-of-the-art and regularly updated knowledge foundation, a signal detection and rapid assessment arm that is able to communicate and respond with immediacy to concerns and requests from customers, such as an outbreak of drug-related deaths in a country, or monkeypox in an at-risk population.

Cooperation with international partners, including the Organisation for Economic Co-operation and Development, the CDC 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 2024, online and face-to-face trendspotter studies may be undertaken on important emerging trends and developments, and support will be offered in terms of national capacity building and supervision. As much as possible, EMCDDA/EUDA 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 European Union's borders.

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

COMPETENCE DEVELOPMENT

Practice support

In 2024, the main contributions in the drug interventions area will be channelled through the *European Responses Guide* (ERG) and the Best Practice Portal (BPP), while a new interactive interface is developed in the context of the new mandate. The digital version of the ERG will continue to underpin much of the agency's work in the area of health and social responses to drug-related problems, and new miniguides and mirrored online content will be produced in 2024 on important topics, with existing modules updated as necessary. This state-of-the-art guide continues to offer a dynamic framework for interventions, based on a clear diagnosis of the problems to be addressed, the selection of evidence-based interventions and a focus on successful implementation. Policymakers, planners and professionals working in the field will benefit from the tailored and regularly updated online resources with aids for decision-making. New themes and topics will be supported by webinars to ensure broad dissemination and debate among European policymakers and professionals.

Identifying best practices and effective interventions across the European Union and beyond is a key focus for the agency, and the main dissemination channel for this continues to be the BPP. In 2024, existing modules will be updated and new modules added with an increasing utilisation of digital developments. This will include expansion of the availability of models of care and tools for implementation for evidence-based interventions in the areas of harm reduction and consumer protection. New developments will be coordinated where possible with the BPP developed by the Commission's Directorate-General for Health and Food Safety, and the new 'Healthier Together – EU Non-Communicable diseases' initiative, especially considering work on mental health and health determinants.

In 2024, the BPP will continue to support the integration of criminal justice-related programmes, including alternatives to coercive sanctions (ACS) and interventions responding to drug problems in prison settings. Focused outputs will be developed to support practice in priority areas, taking into account the resources

available. Also in 2024, there will be a focus on developing important new resources in the cannabis interventions area, including outputs on the reduction of cannabis-related harms and work to improve understanding of the availability and effectiveness of cannabis treatment approaches, including online interventions.

In parallel, work will progress on assessing the evidence and highlighting models of care in the complex area of responding to problems associated with comorbidity of drug use and mental health disorders. In Europe, the limited available data on the prevalence of mental health disorders among people who use drugs show higher prevalence rates than in the non-drug-using population. There has been a growing recognition that the presence of psychiatric disorders associated with substance use represents a major challenge for public health responses. This concern was accentuated during the COVID-19 pandemic. A general increase in mental health problems has been reported since the start of the pandemic, affecting in particular people with other social and health problems, including substance use disorders.

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

This area also encompasses capacity building and training, production of targeted outputs and tools, and knowledge sharing via conferences and other practice-oriented events. Training for professionals will include Reitox academies in EU Member States and priority third countries. In addition, the European Drugs Winter and Summer Schools will take place in 2024. The agency will also continue to offer regular webinars with the aim of sharing practice-based knowledge on services and systems for drug professionals and policymakers. The European Prevention Curriculum will continue to be implemented in a number of European and neighbouring countries through a ‘training of trainers’ system and local translations of the curriculum itself. The EMCDDA/EUDA will continue to support the development and implementation of these online training of trainers modules. In addition, in 2024 the agency, in collaboration with key partners, will continue to consolidate PLATO (practice training PLATfOrm), including a virtual community of practice and e-learning modules, that will be ready for extending to new areas, including to frontline workers (EUPC-Politeia ([18])). Options for developing curricula for professional in parallel fields, such as harm reduction and treatment, will continue to be explored, via partnerships and through project activities.

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

In addition, the agency will continue disseminating the guide for decision-makers to support the implementation of quality standards and quality assurance mechanisms in demand reduction interventions. The guide will continue to be used as a basis for capacity building on the topic of quality standards and assurance in drug services and systems, and the agency will continue to cooperate with international partners to support the ongoing implementation of quality assurance systems.

The agency will continue to promote good practices in harm reduction, including the integration of evidence-based practices, interventions and policies into routine healthcare and public health settings. Additional information resources will be developed and provided, including briefings on areas in which innovations are becoming available or the knowledge base is changing rapidly. A revised and focused approach to harm reduction will be developed, with specific emphasis placed on quality and implementation. In addition, in 2024 the EMCDDA/EUDA will continue to explore, in collaboration with key

([18]) Frontline Politeia is ‘a practice application of established EU and international standards, evidence-based interventions (EBI) and policies for substance use prevention… [It] designs and tests training using the European Prevention Curriculum (EUPC) for frontline staff: teachers, police, streetworkers’ (https://www.frontline-politeia.eu/).

partners, the development of virtual communities of practice to facilitate discussion, data and information exchange on important issues in this area, such as naloxone provision and DCRs. Options for novel harm reduction interventions in the online environment and digital marketplaces will also be explored, in collaboration with people with lived experiences and other stakeholders.

Improving the agency's monitoring of drug-related responses will continue to be prioritised in 2024, including the development of new digital representations of key data sets to ensure that selected national monitoring information in the area of prevention, treatment and harm reduction is available in a reliable, useful and customer-friendly design.

In 2024, the EMCDDA/EUDA 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. A key partner in this area is the ECDC. The collaborative work around proactive development of information systems to support countries in the monitoring of their local situation (e.g. development of national estimates of HCV prevalence, monitoring progress towards viral hepatitis elimination targets) will continue in 2024.

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 best practice materials in the context of the expanded BPP and its database of evidence for interventions, the Xchange databases, and the development and maintenance of a virtual community of practice.

Based on the co-production model for training, piloted with the bilateral project with Georgia (EMCDDA4GE, concluded in 2023), the agency will continue the development of a treatment curriculum for health professionals that will include face-to-face and online sessions delivered through the EMCDDA's PLATO. Virtual communities of practice will be developed, where feasible, for treatment and harm reduction professionals.

Awareness-raising is an important activity in the EUDA mandate. The agency will start by considering at-risk situations and vulnerable groups for raising awareness of risks and prevention interventions. Big music festivals are organised throughout Europe, particularly in the warmer season. These are attended mainly by young people, who may experiment with legal and illegal substances in a poly-consuming way. The agency will set up expert groups to identify all the existing literature and practice knowledge on risks and responses to develop guidance aimed at festival organisers, attendees and community actors. A pilot project on music festivals such as Tomorrowland will be further explored in cooperation with Reitox NFPs and with organisations involved in prevention and harm reduction activities in such settings.

Policy support

The EMCDDA/EUDA 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. Our customer-centric policy support and analysis will be delivered through a range of products and services, including targeted briefings on timely topics, tailored online meetings and near-real-time information on various topics.

The EUDA mandate endorses and formalises ongoing support to policy evaluation activities. In 2024, the agency will review the policy evaluation portfolio of tools and resources to support Member States and take necessary steps to implement the EUDA mandate in this area. Standard operating procedures will be developed, and tools and resources to support policy development, implementation and evaluation will be prepared.

In 2024, the agency will continue to contribute to the implementation of EU drug 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 Belgium and Hungary, the hosts of the Council presidency during 2024. Of particular importance is our responsibility with respect to the EU drugs strategy and action plan 2021-2025 and their evaluation. The EMCDDA has been allocated the role of supporting the European Commission in monitoring the implementation of the EU drugs strategy, as appropriate, and in 2024 this will include reporting on the agency's action areas as well as delivery of dashboards for the EU action plan PIs.

In addition, the agency will provide technical support, upon request, to the EU institutions and the Member States in their activities in international forums (e.g. at the CND and in relation to the mid-term review of the follow-up to the 2019 Ministerial Declaration and related multi-year workplan).

In 2024 and beyond, the EMCDDA/EUDA will scale up its focus on developing resources in the area of cannabis policies and interventions as part of its horizon-scanning activities. In recent years, the cannabis market has been changing, with cannabis products becoming increasingly diverse in Europe and new forms of cannabis and commercial products appearing. This includes low-strength herbal cannabis and oils, which might not be controlled under drug laws in some countries.

These developments in the European cannabis market are taking place within a global context of countries increasingly exploring alternatives for prohibition and some moving towards regulated or legalised recreational cannabis markets. Some EU Member States have started to change their policy approach to recreational cannabis use. Malta passed a law in December 2021 to allow for home growing and non-profit clubs. Luxembourg followed in July 2023 and legislated to allow home growing and use in private. The Netherlands is piloting a model for a closed cannabis supply chain for its cannabis coffee shops. Germany and Czechia have also announced changes in their cannabis policies.

This means that questions on what constitutes an appropriate policy response to cannabis have become both topical and important. Recent developments show that different options exist, including systems with criminal penalties for users, systems with permissions for home growing and use in private, and systems with state-controlled or commercial production and sales.

In recent years, the EMCDDA has accommodated an increasing number of requests from Member States in this field, and has provided support to national initiatives, specifically with cannabis indicator development and monitoring of the impact of cannabis policy changes in this area. An appropriate data infrastructure and good baseline data are needed to monitor change and to estimate the impact of regulatory changes on public health and the illicit market.

The EMCDDA/EUDA will scale up this work in 2024 and beyond, by building the foundations for a cannabis policy toolkit, which will include practical tools to set up a robust baseline measurement as well as tools and resources to support policymakers with the implementation of evidence-based decisions in the cannabis policy field.

Among the 2024 outputs are a cannabis policy web page centred around frequently asked questions on cannabis policy and an update of the 2020 report *Monitoring and evaluating changes in cannabis policies: insights from the Americas*.

An EMCDDA/EUDA support package will be further disseminated in 2024 to better assist policymakers and planners with cannabis policy development and evaluation in their countries.

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

In 2024, the EMCDDA/EUDA will continue to disseminate findings in the medical use of controlled psychedelic substances (e.g. LSD (lysergic acid diethylamide), psilocybin, DMT (dimethyltryptamine) and

MDMA). This includes findings from a first exploration of settings (for example, legitimate, unlicensed and illegal settings) where psychedelics are purportedly provided for therapeutic purposes in the European Union. Fast-paced developments in this area have raised important questions around evidence of effectiveness for medical use, potential harms and policy responses. The EMCDDA project in this area aims to improve understanding of the medical use of these drugs in the European Union, including their regulatory frameworks and the current state of research.

In 2024, the agency will continue to support Member States in the area of ACS. Within the context of each country's own unique legal system and drug situation, the EMCDDA/EUDA will, depending on resources, continue to support policymakers with optimising the development and implementation of ACS. This activity will explore the range of models available in this area and will build on the EMCDDA guide on ACS for drug-using offenders in the European Union. The agency will also continue its capacity-building work with policymakers and practitioners engaged in the drugs and prison field.

The agency will further develop its work on the impact of economic recession on the drug phenomenon, especially considering the possible impact on drug use and access to social and health care services. The COVID-19 pandemic, the war in Ukraine, and the as-yet-unknown consequences of the more recent conflict in the Middle East are likely to have had a profound impact on the lives of people who use drugs and on services responding to their needs as a result of the extensive economic downturn that followed.

In 2024, the EMCDDA/EUDA 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, 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, where feasible, by short online technical meetings to make information exchange between national correspondents timelier and improve the agency's understanding of new policy trends. Topics addressed during the meetings will be driven by the needs of Member States and/or the EMCDDA/EUDA, to maximise the practical value to the network as well as the agency. Where possible, the agency will offer thematic workshops on emerging trends in drug policies, such as changes in cannabis policies.

In addition, the agency will continue to provide support to national resources for 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 agency 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.

Expected outputs/results

MONITORING

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/EUDA monitoring system 7. Work programme delivery 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H1.1. Strengthen the core monitoring system: a) critically review and develop, as needed, the data collection tools to ensure they remain fit for purpose; b) support national reporting capacity necessary for routine reporting	Annual core national data submitted by the NFPs to the EMCDDA/EUDA reviewed, validated and made available to inform analysis and outputs	L1
	Data quality assurance initiative, with a focus on documentation of processes and meta-data, and the development of a data collection framework in process	L2
	Review and fine tuning of the agency's data monitoring model and data collection tools, in line with the needs of the new mandate and business model	L1
	Existing platforms will be maintained and the DCR platform developed in line with the need for evaluation, data collection and network management	L2
	Input provided to support ICT development of specifications for technical infrastructure capacity upgrade, to reflect and be more responsive to evolving business needs	L1
	Planning activities to support the Reitox network's data collection efforts, in line with the RDF, including quality assurance (see also 'Business driver 2: Partnership')	L1
	Assessment of national reporting capacity and approach in preparation, in cooperation with the Reitox NFPs	L1
	Analysis of the drug situation and underlying data published	L1
	Core web sections maintained and regularly updated	L2

Action areas	Outputs/results	Priority
	New integrated frameworks for monitoring drug use, drug-related harms, drug markets and responses under development	L2
	Network-building activities and network meetings supported (key indicators)	L2
	Plans in development to develop improved monitoring capacity in selected priority areas (e.g. polydrug use, gender, cannabis developments and city-level drug use)	L2
	Planning undertaken for European-level survey, including on understanding public attitudes to drug policy issues	L2
	Studies commissioned to open up new contemporary priority areas for monitoring and developing new tools (e.g. comorbidity, overdose prevention, drugs and driving)	L2
	A reporting model under development, in close collaboration with relevant stakeholders, for improving synergies of EUDA data collection activities with international reporting obligations and reducing the burden on Member States	L3
	Timely analyses produced as required, based on studies, reviews and triangulation of monitoring data	L2
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	Production of dashboards for the EU action plan PIs and to inform key policy topics (e.g. SDGs)	L1
	Enhanced data reporting from external city networks (e.g. Euro-DEN on hospital emergencies, SCORE on wastewater, TEDI on drug checking, and ESCAPE on syringe residues), and from web surveys of drug users (to include new sites, substances, contextual variables and quality assurance mechanisms)	L2
	Prototype under development for integrated dashboard and rapid monitoring data collection mechanism	L2
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	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

PREPAREDNESS

Strategic objective H2:
Identify new NPS-related health threats and support rapid responses from the European Union 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

KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA/EUDA 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/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H2.1. Ensure the successful operation of the EWS	EWS implemented fully and effectively, under Article 5b of Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101):	
	— Ongoing management of the EWS network and information exchange mechanism	L1
	— Timely issue of formal notifications on NPS appearing in the EU market	L1
	— Timely issue of (public-health-related) alerts to the EWS network	L1
	— Initial reports prepared as required	L1
	— EDND maintained and regularly updated	L1
	— EWS annual situation reports submitted	L2
	Conceptualise the developmental work needed to implement new functionalities and further develop the EDND	L2
	Preparatory work for contributing to data dashboards for the evaluation of the EU Drugs Strategy and of the EU Drugs Action Plan 2021-2025	L1
	Provision of ongoing support to the European Commission, EU agencies (Europol, EMA, ECHA, EFSA, ECDC) and the Member States on scientific and technical matters, as required	L1
	Working arrangements with the EU partner agencies (Europol, EMA, ECHA, ECDC and EFSA) implemented	L1
	Annual meeting of the EWS network organised	L2
	Strengthened ‘all hazards’ approach, integrating the SMS, OSI monitoring system, open source information monitoring system, RCS, ToV system and the EDND, which is tailored to different customers	L1
	Technical support provided to national early warning systems on NPS and their forensic and toxicological networks	L2
	Proactive engagement with forensic and toxicology networks and researchers; participation in international forensic and toxicology conferences, presenting EMCDDA analyses and contributing to the NPS debate	L2
	State-of-the-art updates and issues in focus available and tailored for different customers, in accordance with priorities and resources (if required)	L3
	Data exchange with international organisations (UNODC Early Warning Advisory / Synthetics Monitoring: Analyses,	L1

Action areas	Outputs/results	Priority
	Reporting and Trends (SMART) programme and the WHO, including the Expert Committee on Drug Dependence and WHO Geneva) to support prioritisation, scheduling discussions and information exchange activities, with the objective of facilitating notifications and avoiding an unnecessary burden for Member States	
	Support for early warning systems in priority third countries (IPA 8 and EU4MDII)	L2
	Technical support to Community of Latin American and Caribbean States countries through COPOLAD III	L2
H2.2. Ensure timely and high-quality implementation of the risk assessment on NPS	Risk assessment mechanism implemented fully and robustly, under Article 5c of Regulation (EC) 1920/2006 (as amended by Regulation (EU) 2017/2101)	
	— risk assessment reports prepared as required	L1
	— technical reports prepared as required	L1
	— risk assessment meeting prepared as required	L1
	List of experts established, to be used to extend the Scientific Committee for the purposes of risk assessment	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

Strategic objective H3:

Strengthen national and EU resilience to cross-border drug-related threats by supporting preparedness and response activities with evidence-based information

Expected outcomes
— EDAS established to enhance EU capacity to respond to serious direct or indirect drug-related risks — Information exchange and targeted rapid alerts and other risk communications provided to the relevant national authorities, including the NFPs — Network of forensic and toxicological laboratories set up to provide the European Union with more and better-integrated evidence-based information on drugs — Health-related emerging trends and threats captured and reported in a timely manner — Strengthen capacity of the European Union and its Member States to rapidly respond to new drug-related health threats
KPIs
1. Budget execution 2. Staff capacity 3. Implementation of the EMCDDA/EUDA monitoring system 7. Work programme delivery 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	Outputs/results planned for 2024 (work programme 2024)	Priority
H3.1. Ensure the successful establishment of EDAS	Foundations of EDAS laid out	L1
	Adaptation and development of existing EWS frameworks and tools (SMS, ToV, OSIMS, RCS) for the purpose of EDAS	L1
	Initiate the conceptualisation of the OSI monitoring surveillance system further developed for drug emergencies and outbreaks	L1
	Inaugural meeting of EDAS organised	L2
	Key principles of an expert information system that allows the management of data, information exchange, signals, and risk communications conceptualised	L2
H3.2. Ensure the successful establishment of the European network of forensic and toxicological laboratories (PLANET)	Foundations of PLANET laid out	L1
	Laboratories of PLANET appointed by the Member States	L1
	Rules and procedures for the definition and selection of work priorities and financing of projects adopted by the Management Board	L1
	New staff recruited and competence centre established and operationalised	L1
	Inaugural meeting of the network organised	L2
	Project initiated to increase analytical capacity to detect NSO in Europe by generating and sharing up-to-date analytical libraries and/or providing reference standards of NSO with the network	L2
	Project initiated on pharmacological profiling on NSO identified in Europe	L2
	Project initiated on forensic profiling of methamphetamine	L2
	Specifications defined for a database/repository that allows reporting of forensic and toxicology data, complementary to other tools in the area of preparedness (see H3.1. and H2.1)	L2
H3.3. Enhance the agency's threat assessment capacity and conduct threat assessments and rapid reporting exercises of new drug-related health threats, to facilitate appropriate responses (in collaboration with partners, as appropriate)	Targeted analysis of identified topics produced, as required and depending on the availability of resources	L2
	EUDA health and security threat assessment standard operating procedures in development and scientific threat assessment methods proposed	L1
	EUDA health and security threat assessment reporting template drafted, including guidance on recommendations	L1
	Plans in place for a pilot threat assessment and first run as required	L1
	Cooperation agreements in place with the ECDC and ECHA on implementation of Article 20 of the cross-border health threats regulation	L2
	Threat assessments undertaken (in line with Article 20 of the new EUDA regulation) (on request)	L1

Action areas	Outputs/results planned for 2024 (work programme 2024)	Priority
	Bilateral cooperation with the 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 country projects	L2
	Collaboration with EU agencies, international organisations and practitioner networks to share data and identify and analyse new trends	L3

COMPETENCE DEVELOPMENT

Strategic objective H4:
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 European Union
- 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/EUDA monitoring system
7. Work programme delivery
9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels
10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	Outputs/results	Priority
H4.1. Follow developments from basic research, applied research and implementation science to maintain state-of-the-art understanding of what constitutes effective interventions to both established and emergent drug-related problems	ERG miniguides and associated web sources updated	L1
	New ERG miniguides produced	L2
	BPP kept up to date with new contents and digital features	L1
	Review and recommendation of digital responses outputs initiated, including ERG and BPP resources	L2
	Mechanisms for self-accreditation on prevention programmes under development	L3
	An interactive decision-making support ecosystem in planning	L2
	Systematic reviewing to feed the decision-making ecosystem in preparation	L2
	Evidence gap map under development	L2

Action areas	Outputs/results	Priority
H4.2. Strengthen, maintain and develop the monitoring tools required for describing the delivery of drug-related interventions	Reporting tools in the practice area maintained and developed further (utilising expert elicitation) for established areas (prevention)	L2
H4.3. Facilitate knowledge transfer, the adoption of best practice, and successful implementation, by developing state-of-the-art resources for professionals and supporting and developing training and capacity-building activities	Maintenance and updating of PLATO and virtual community of practice, as appropriate	L2
	Options explored for extension of e-learning and virtual community of practice platform to support the wider range of professionals targeted in the agency's new mandate (e.g. crime prevention, treatment, harm reduction, social reintegration, migration support)	L3
	Capacity development activities (health-related) implemented for third countries covered by technical assistance projects and other EU-funded projects	L2
	European Drugs Schools take place	L2
	Cultural adaptation and translation of the EMCDDA prevention training modules	L2
	Digitally assisted online training with certification provided in responses area (based on needs and resources)	L2
	Development of mechanisms and tools for implementation and evaluation of the quality of interventions at national level	L3
	A set of EUDA guidance and recommendations in development to support the implementation of drug-related interventions	L2
H4.4. 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 groups such as migrants and the homeless population), or where new evidence reviews have become available	Digital outputs on cannabis responses produced	L2
	Webinars held on key topics; to support publication/output launches; and to foster engagement and discussion with key stakeholders	L3
	Existing and new harm reduction / consumer protection models explored, including in festival settings (pilot project in one music festival)	L2
	Cultural adaptation and translation into Spanish of miniguides on health and social responses, and webinars targeted at Latin American and Caribbean countries	L2
	New resources and training in development to support professionals working in prisons, crime prevention, reception centres for migrants, etc.	L2

Strategic objective H5:
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/EUDA

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

Action areas	Outputs/results	Priority
H5.1. Support, as requested, EU and national policy initiatives within the EMCDDA's areas of competence, with particular attention given to the implementation and evaluation of the EU drugs strategy and action plan	Input to EU institutions within established priorities and available resources:	
	- Support the European Commission in the monitoring and implementation of the EU drugs strategy and action plan 2021-2025, where appropriate and within available resources	L1
	- Technical and knowledge support to the rotative 2024 EU presidencies, held by Belgium and Hungary respectively, the Council Secretariat, the European Commission and the European External Action Service, both for their tasks within the Council and for international events (e.g. Horizontal Drugs Group, National Drug Coordinators, CND)	L1
	- Support the implementation of the EU roadmap to prevent and fight drug trafficking and organised crime (health-related actions, as required)	L2
	- Support other health policy initiatives in areas relevant to the EMCDDA/EUDA	L2
	- EMCDDA/EUDA contributions to key drug-related events to support policymakers	L2
H5.2. 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
	Targeted reporting on timely topics to policymakers, including on cannabis policies, the medical use of psychedelics, economic recession, gender and mental health	L2
	Annual legal and policy correspondents meeting organised	L2
	Thematic workshops on emerging trends in drug policies organised, as feasible	L3
	Online bi-regional workshop with Latin American and Caribbean countries, focusing on different cannabis policy models, and implications for monitoring and evaluation	L2
	Technical study with an overview of the changes in cannabis policies in the Americas, implications for monitoring and the evidence emerging from evaluations of their impact	L2
H5.3. Maintain and develop resources to support policy formulation and evaluation (in close coordination with the support to policymakers provided in the supply area)	Support provided to Member States with optimising the development and implementation of ACS for drug-using offenders in the European Union	L2
	EMCDDA/EUDA tools and services available to support national initiatives linked to cannabis policy development and evaluation	L2
	Capacity building for national policymakers and planners to support policy formulation and evaluation, depending on resources	L2

Action areas	Outputs/results	Priority
	Support provided to national drug policy evaluations, if requested and within available resources	L2
	Portfolio of tools and services further scaled up to support policy development, implementation and evaluation in the Member States and in third countries; online policy evaluation toolkit enhanced and regularly updated	L2

III.2.2. Main area 2: Security

Goal: Contribute to a more secure Europe

Overview

MONITORING

The drug market in Europe is highly resilient and continuously evolving. Providing a comprehensive understanding of this market and timely data and information to support evidence-informed policymaking lies at the heart of the EMCDDA's/EUDA's new mandate and operations. In 2024, in preparation for the new mandate, the review and revision of the annual core data collections and their management will be stepped up. In order to accomplish some of the tasks, it will be necessary to identify, commission and conduct new research and monitoring studies — in particular feasibility studies — surveys and major pilot projects.

From a security perspective, the monitoring of drug markets and crime covers dimensions of all materials, means, processes and actors involved in drug production, trafficking and distribution to the consumer; importantly, this includes illicit drugs and NPS, precursors and (pre-)precursors. It also focuses on the drivers and facilitators of drug markets, such as globalisation and technology, as well as the impacts and consequences, such as wider criminal activities including corruption and violence. Some of the drug market dimensions are supported by standardised data collection, although in other areas, substantial further development is needed. In 2024, it will be necessary to investigate ways to modernise and automate the data and information collection in order to improve our understanding of the situation and the emerging threats.

The drug markets monitoring system will be improved and enlarged by focusing on the quality and availability of supply / market 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).

Particular attention will be paid to the routine and targeted monitoring of emerging drug supply-related threats to security and health in real time on the surface web and darknet. The agency will work closely with its partner Europol in this regard and provide support to EU-level initiatives on this topic. In particular, the agency will explore with the European Commission's Joint Research Centre the feasibility of hosting the platform for monitoring criminal activities on darknet markets in the future. Any action in this area will depend on the resources required and whether this is sustainable for the EUDA.

Furthermore, the EMCDDA/EUDA will aim to strengthen the cooperation with international organisations such as the UNODC and the International Narcotics Control Board (INCB) system and key international players, including the DEA.

In order to ensure improved comparability, objectivity and reliability of information and data at Union level, the agency, in cooperation with the NFPs, will work on security-related indicators and non-binding common standards, to ensure greater coherence between the methods used in the Member States and the EMCDDA/EUDA. The agency will support the NFPs of the Reitox network in increasing their capacity to collect and analyse data on public safety and security by promoting and fostering partnerships between NFPs, reference group representatives and other experts at national level.

In 2024, in consultation with the European Commission and the EU Member States, the EMCDDA/EUDA will prepare for the implementation of a mechanism for the collection and analysis of information and data

on drug precursors and their diversion and trafficking, which is an important task in the agency's new mandate. This monitoring will also include designer precursors and other ancillary chemicals associated with the production of drugs and NPS. The work on precursors will include setting up a system for performing threat assessments on emerging substances used for the production of illicit drugs, and procedures for supporting the Commission in relation to drug precursor legislation.

The EMCDDA/EUDA will continue to monitor emerging trends in the drugs phenomenon in the Union and internationally, as far as these impact on the Union. As well as trends in drug supply, including illicit production and trafficking, other drug-related crime trends and the use of new technologies will be monitored. When applicable, this will be done in cooperation with Europol and within the respective mandates of the two agencies.

As requested in the new mandate, in 2024 the agency will monitor the implementation of the applicable EU drug-related strategic documents, supporting the European Commission as needed. Furthermore, preparatory work will commence for the monitoring of evidence-based best practices and innovative responses in relation to safety and security.

The new modular approach agreed between the EMCDDA and Europol to move the analyses of drug markets to a fully digital format will be fully implemented. By 2024 the first full cycle of analysis will be completed, providing a comprehensive overview of the most important and pressing contemporary drug market challenges in Europe. This will be a good moment to assess the entire EDMR model, to learn the lessons from the experience and to establish how it will be integrated in the future in the new agency's services and products. The agency will explore how to develop a comprehensive online ecosystem supporting these drug market modules that could feature innovative communication of the outputs, including interactive visuals to support the analysis and the provision of data in a downloadable format to allow access to practitioners and researchers.

One of the strategic objectives of the agency is to improve understanding of drug-related crime. Routine monitoring in this area has been limited to drug law offences and, partially, drug-related homicides, so a substantial expansion to include other crimes related to drug markets is required. This is a developmental area, and progress will depend on the availability of resources at the agency and those in the EU Member States. For example, the drug-related homicide data monitor developed between 2021 and 2022, while ready for deployment, has not yet been taken up in the Member States.

The EMCDDA/EUDA will cooperate closely with the relevant EU bodies, offices and agencies and with international organisations and bodies, in particular Europol, the UNODC and the INCB, to develop mechanisms to facilitate reporting and minimise the unnecessary burden for Member States.

In terms of monitoring security-related developments outside the European Union, the agency 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 regions, through the respective technical assistance projects IPA 8 and EU4MDII. Attention will also be paid to monitoring the impact on the EU drug situation of important international developments, such as those in Ukraine, Afghanistan and Latin America.

PREPAREDNESS

We recognise that threats can emerge from both the health and the security areas, and efforts to address them must be transversal. Identifying new drug-related threats and analysing 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 health and security challenges emerging in the area of drug markets. The experience of analysing the effects of COVID-19 and the lessons learnt with respect to 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/EUDA on its own initiative or in close collaboration with Europol, or as requested by the European Commission. These may also be initiated at the request of the EU Member States or other stakeholders in the framework of the operational action plans (OAPs) implementing the European Union's drug-related priorities in EMPACT 2022-2025.

The EMCDDA/EUDA will continue to contribute to the European Union's priorities in 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 production, trafficking and distribution of cannabis, cocaine, heroin, synthetic drugs and NPS. The agency will also continue to support the priority that aims to identify and disrupt high-risk criminal networks active in the European Union, with special emphasis on those using corruption, acts of violence, firearms and money laundering through parallel underground financial systems. In 2023, the agency provided technical expertise and support to the EMPACT stakeholders on the drafting of the OAP for 2024-2025, and in 2024 and 2025 will implement the specific tasks defined under these OAPs. The threat assessments developed by the agency will be considered, together with other strategic products, to support the definition of priorities of the next EMPACT cycle (2026-2029).

At the end of 2023, the European Commission proposed an EU roadmap to fight drug trafficking and organised crime, recognising the scale and consequences of the serious threat and its worldwide reach. The roadmap sets out 17 actions, five of which mention the EMCDDA specifically, to be implemented in 2024 and 2025 in four priority areas: to strengthen the resilience of logistic hubs; to dismantle criminal networks; to increase prevention efforts; and to strengthen cooperation with international partners. These actions have provided additional guidance that was taken into account when preparing the activities detailed in this SPD.

In 2023, the agency was asked to assist the European Commission with the first thematic Schengen evaluation, on the topic of drug trafficking in ports. The agency was given observer status and provided support to the extent possible within existing resources. In 2024, the EMCDDA/EUDA will continue to support the ongoing Schengen thematic evaluation on drug trafficking to the European Union in line with its mandate. This resulted in an evaluation report with best practices in 2023 and a proposal for Council recommendations in early 2024.

In 2024, the agency will commence the development of a standard protocol for security threat assessment and preparedness. This protocol will allow the elaboration of a strategic evidence-based general security threat assessment capability, to rapidly identify new developments that have the potential to impact negatively on health, social aspects, safety or security in the European Union. This will increase the overall preparedness of stakeholders to respond to new threats in an efficient and timely manner. The threat assessments depend on a rapid evaluation of existing information and, where necessary, the collection of new information through the agency's information networks, and will be underpinned by a scientific rapid assessment method. The threat assessment method will be developed in such a way that it can apply to internal EU threats and those that emerge from outside but affect the European Union.

The agency will develop EDAS, based on the principles and complementing and enlarging the EWS (see also 'Main area 1: Health'). When operational, EDAS will be fed by the network of forensic and toxicological laboratories (see below) and by the NFPs in the EU Member States, in cooperation with a range of relevant national competent authorities. The agency may also use information obtained through its data collection tools and from open sources. The agency will commence the initial development of a mechanism to provide targeted rapid alert risk communications based on the information received to the relevant national authorities, including the NFPs. These risk communications may propose response options, which Member States may consider as part of their preparedness planning and national responses; the initial experience will be continuously assessed in order to adapt the approach.

As part of the new mandate, the agency will be required to assist the European Commission by monitoring developments related to the trafficking and diversion of drug precursors and contributing to the implementation of European drug precursors legislation. This implies a new data requirement and

engagement with the competent authorities and forensic services working on drug precursors in the EU Member States. Hence, in 2024 the agency will initiate engagement with those groups of key stakeholders and consult on how this new task will be efficiently and effectively implemented.

In 2024, the agency will establish a network of forensic and toxicological laboratories, PLANET. While the network will not implement regular reporting, its outputs will contribute with data and information as a key component of the agency's drug information system (see also 'Main area 1: Health' – 'Preparedness'). This will be achieved through the definition and financing of targeted projects and research studies to be implemented in the Member States. The laboratories in the network will be appointed by the EU Member States (up to three per country) and will include laboratories conducting analytical tests on illicit drugs, precursors, NPS and other related samples and generating information about drugs and drug-related harms. In 2024, the agency will launch the network and commence engagement with key experts active in the field. A set of priority projects has been identified, including drug profiling and, in the frame of the SOCRATES project (see Main area 'Health – Preparedness'), the provision of reference materials to assist Member States in the identification of NSO and other NPS, and pharmacological studies on NSO and other NPS. Improving the understanding of drug-related deaths through better forensic toxicology and pathology will be among the key priorities of the network.

The agency will also engage the European Commission's Joint Research Centre in the network. Where necessary, targeted research will be commissioned with the participation of leading universities in the Member States. Other important partners to be involved from the onset are the Customs Laboratories European Network, the European Network of Forensic Science Institutes, the UNODC and, where relevant, the special testing and pharmacological laboratories of the DEA.

The work of the network of laboratories requires new competence development at the EUDA. In 2024, the EMCDDA/EUDA will establish a competence centre for the efficient and effective implementation of the network, and develop the network's processes and procedures.

The agency will contribute to the preparedness of the European Union to cope with cross-border drug-related security threats by making its information and analyses available in general to the Union, the Member States and other interested parties, including as regards new developments and changing trends. Recipients of the agency's work will include the scientific community, civil society and the affected communities, including people who use drugs, excluding sensitive non-classified and classified data. In addition, targeted preparedness briefings will be delivered to key stakeholders at EU level and in the EU Member States, in cooperation with other Justice and Home Affairs agencies, where appropriate.

COMPETENCE DEVELOPMENT

Knowledge transfer is a key part of the added value provided by the agency at EU level. The EMCDDA/EUDA will participate in the research and innovation cycle and assist the Commission in identifying key research themes, including in the security area. An active contribution is also foreseen in the EU Innovation Hub for Internal Security, including seconding an EUDA staff member to the hub secretariat at Europol.

In 2024, the agency will continue to deliver training for law enforcement in partnership with CEPOL and Europol, in line with the findings of the EU Strategic Training Needs Assessment. This includes the flagship ISO-certified residential course for drug law enforcement and judicial decision-makers 'Drug crime and markets – strategic analysis', based on the joint EMCDDA–Europol analyses of EU drug markets, and piloting capacity-building activities on the organisational learning management platform provided under LEEd (CEPOL training platform).

In addition, the agency will continue its close cooperation with other EU decentralised agencies, in particular Europol, CEPOL and the other Justice and Home Affairs agencies.

A key dimension of the new mandate of the EMCDDA/EUDA is the focus on competence development. In the area of safety and security there are several new tasks in this field that will be incrementally developed

in line with the building of expertise in those areas. For example, there is a need for the agency to build its own capacity and methodologies for interventions and the provision of robust advice in relation to drug-related threats, such as reducing drug-related criminality and preventing the exploitation of vulnerable individuals within the drug market.

The new mandate places a responsibility on the EMCDDA/EUDA to provide specialised training, training-related tools and support systems to facilitate Union-wide knowledge exchange and assist Member States in organising training and capacity-building initiatives. In 2024, while maintaining the considerable ongoing training activities, the agency will assess how the new tasks can be most effectively delivered, in consultation with the Member States and other relevant EU agencies.

The competence development component of the work of the EUDA will also be delivered through PLANET in the EU Member States. The agency will consider how best to implement this, in consultation with its key partners and stakeholders.

Expected outputs/results

MONITORING

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 new processes for monitoring drug supply developed, 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/EUDA monitoring system 7. Work programme delivery 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	**Outputs/results**	**Priority**
S1.1. Strengthen the core monitoring system: improve quality and coverage in the implementation of supply and supply reduction indicators in the Member States and their supporting tools, networks and processes	Annual core national data submitted by the NFPs to the EMCDDA/EUDA reviewed, validated and made available to inform analysis and outputs	L1
	Analysis of the drug situation and underlying data published	L1
	Development of new data sources for the security area, in line with the new business model and mandate	L1
	Existing national data collection tools and networks enhanced and supported	L2

Action areas	Outputs/results	Priority
	Activities to support Reitox network data collection efforts, in line with the RDF (see 'Business driver 2: Partnership'), including quality assurance	L2
S1.2. Develop new and innovative data collection approaches to increase the scope and coverage of analysis, and provide a cost-effective and practical solution to supplement existing core data collection systems in this area (e.g. open-source intelligence, internet monitoring and web surveys)	Production of dashboards for the EU action plan PIs and to inform other key policy topics (e.g. SDGs)	L1
	Availability of tools for monitoring drug supply via darknet markets and OSI	L2
	Data from darknet markets and OSI available for analysis and outputs	L2
	Specifications for a system to collect data from open sources on significant drug market events such as large seizures, drug-related violence/homicides and outbreaks of poisonings (project European Drug-related Incidents Monitoring Platform, EDIMP) to be defined	L2
S1.3. Improve understanding of the impact on the European drug market of developments in the international drug situation, with particular attention given to the countries bordering the European Union	Security-related outputs for 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; these include IPA 8, EU4MDII and COPOLAD III	L2
	Continued support for investigations of drug-related security issues and data collections among technical support projects with third countries	L2
S1.4. Support a better strategic understanding of the drivers of innovation in synthetic drug production and their impact, including routes of synthesis and source chemicals, and contribute to the European system on drug precursor monitoring, together with the European Commission and Europol	Annual data collection on sites related to synthetic drug production submitted and reviewed, validated and made available to inform analysis and outputs	L1
	Specifications for a system to collect data from open sources on significant drug market events such as large seizures, drug-related violence/homicides and outbreaks of poisonings (project European Illicit Drug Production Information system, EIDPI) to be defined	L2
	Annual precursors data from European Commission validated and made available to inform analysis and outputs	L1
	Drug precursors function to be established at the EUDA (recruit staff), covering precursors for both controlled illicit drugs and NPS	L1
	Contract initiated to develop procedures and processes for activities related to drug precursors introduced by the new mandate	L1
	Information exchange and collaboration with partners (in particular Europol, the European Commission, the INCB and the Pompidou Group of the Council of Europe) on drug precursors (and related substances)	L3

PREPAREDNESS

Strategic objective S2: Identify new drug-related security threats and support a rapid response from the European Union and its Member States

Expected outcomes
- Security-related emerging trends and threats captured and reported in a timely manner - Increased capacity of the European Union 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/EUDA monitoring system 7. Work programme delivery 8. Efficient implementation of technical assistance projects with third countries 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	**Outputs/results**	**Priority**
S2.1. Provide threat assessments related to transversal security threats linked to the production and supply of drugs	Updates of selected aspects of EU drug markets (updating sections of the EMCDDA–Europol EU Drug Market modules produced in 2022-2023); prepare top-level key findings and recommendations based on EDMR modules	L1
	On the basis of emerging need, threat assessments and briefings rapidly prepared on new and emerging drug-related security threats (with partners, for example Europol, Frontex and Eurojust, as required)	L2
	Produce a threat assessment on ketamine in line with EMPACT OAP on synthetic drugs and NPS, to be completed in 2025	L2
S2.2. Identify and communicate the threats associated with NPS with respect to sourcing, production, transit and marketing, and ensure vigilance and follow-up on threats related to the emergence of newly controlled NPS on the drug market	Provision of drug market-related information to support the initial report phase of the EWS	L2
	Support operational activities set out in the EMPACT OAP for 2024-2025 related to NPS	L1
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	Availability of data on drug supply via online drug markets and integration of darknet market drug information in products	L2
	Ad hoc analyses of data, responding to the needs of stakeholders in EU institutions and the Member States	L2

MONITORING

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/EUDA monitoring system 7. Work programme delivery 9. Uptake of EMCDDA/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	**Outputs/results**	**Priority**
S3.1. Improve the monitoring of drug-related crime and associated responses and countermeasures and their impact	Initiation of collection and analysis of data on violent drug-related crime in selected EU Member States derived from data from the European drug-related homicide monitor (or contracted studies)	L2
	Information exchange and engagement with EU-level and other international drug-related crime expert groups	L2
	Explore the feasibility of monitoring selected dimensions of drug-related crime and responses	L3
S3.2. Contribute to an improved understanding of the links and interactions that exist between drugs and serious criminality, including security threats such as illegal financial flows, corruption, trafficking in other illicit cargoes and terrorism	Engage with law enforcement networks to explore links between drug-related crime and other crimes such as corruption, illegal migration and trafficking in human beings, and develop further conceptualisation and monitoring of organised crime groups, in cooperation with Europol	L2
	A conference, ‘Drug markets and violence’, will be held to explore links and ongoing developments in Europe on the topic	L2
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	Support the EU Member States to implement data collection on drug-related homicide	L3

COMPETENCE DEVELOPMENT

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 the sharing of best practices
- Enhanced capacity of policymakers at EU and national level to combat drug-related security threats

KPIs

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

Action areas	Outputs/results	Priority
S4.1. Support the EMPACT cycle priority areas on drugs and high-risk criminal networks (through threat assessments, provision of expertise, and training). A priority task for the EMCDDA is to maintain an overview of EU drug markets, their ramifications and responses	Expertise provided to assist in the implementation of the EU Drug Strategy and Action Plan 2021-2025 (with regard to security-related actions) and the EU strategy to tackle organised crime 2021-2025	L1
	Support the operational activities set out in the drug area and high-risk criminal network OAPs of the EMPACT cycle for 2024	L2
	Promotion of the EMPACT cycle during EMCDDA/EUDA activities, publications and events	L1
	Delivery of accredited CEPOL–EMCDDA residential training, ‘Drug crime and markets: strategic analysis’. Supporting the implementing of the working arrangement between CEPOL and the EMCDDA	L1
	Capacity-building activities implemented using the CEPOL-LEEd platform	L2
	Delivery of planned (or ad hoc) training at law enforcement training events organised by CEPOL, Europol, Frontex, etc.	L2
S4.2. Increase the effectiveness and 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	Annual meeting and proceedings of the Reference Group on Drug Supply Indicators	L1
	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
	Support the implementation of the EU roadmap to fight drug trafficking and organised crime	L2
	Laboratory network activities in the new mandate (see also ‘Main area 1: Health’ – ‘Preparedness’)	L2

Action areas	Outputs/results	Priority
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)	Provide support to Member States for conducting independent evaluations of national drug policies (on request)	L2
	Engagement with experts in policy/response evaluation to scope the possibility of developing a methodology for assessing drug supply interventions	L3

III.2.3. Main area 3: Business drivers

Business driver 1: Institutional

OVERVIEW

Focus on smooth transition and successful launch of the EUDA

In 2024, the agency will be fully immersed in finalising the 1-year transition period between the EMCDDA and the EUDA and will carry out the initial activities to implement the new mandate of the latter.

At governance level, a top priority will be to ensure that the revised rules of procedure of the EUDA Management Board are adopted by the latter at its constituent meeting, and that the new procedures/arrangements are implemented by the agency, to enable its efficient functioning from the outset of the new mandate.

Appropriate mechanisms will also be put in place at operational level to ensure a smooth transition and an efficient start for the work of the EUDA (see ‘Business driver 4: Management’).

Corporate communication

Corporate communication will play an important role in the successful transition towards the EUDA. This will include aspects such as developing the branding and identity of the new agency and drawing up a new communication strategy that reflects the needs of its broader set of tasks, stakeholders and customers, and networks. Communicating with stakeholders and customers, both old and new, about the transition and the EUDA’s enhanced role will be an important task, and launch events and campaigns that cater to the needs of the different groups are envisaged.

As the agency moves further with its digital transformation, creating further value from the many partners and networks it collaborates with will be key. Work will be undertaken to map existing and new partners and networks in order to build an alliance portfolio, with the objective of developing an ecosystem where these partners and the EUDA can interact — a space for increased sharing of information and co-creation of new products and services.

The agency will continue to improve its understanding of the evolving needs of its customers on its journey from information provider to service provider. Beyond the key existing priority customer groups of EU and national policymakers and practitioners in the drugs field, the mandate identifies the scientific community, civil society organisations and people who use drugs as additional groups for the agency to address. The agency needs now to analyse these groups and to establish who those new interlocutors are, what their needs are and what the opportunities are for the EUDA to address some of those needs. The customer-focused approach to designing products and services will be applied in line with the new business model, using the innovation forums already established for identifying and discussing customer needs, as well as other methods. As already set out in the EMCDDA Roadmap 2025, customers will be systematically involved in product and service design, with an emphasis on engagement and co-creation.

The media (print, online and broadcast) are an important channel for reaching our customers. A strong media relations support service will be needed to communicate on the agency’s new role, to promote its activities and work results, and to deal with the many enquiries expected in this initial set-up phase.

Translation is a key aspect in serving customers and the EUDA’s multilingual offer will continue to expand, using new technologies in the translation field and implementing a ‘quality for purpose’ approach. The need for translated materials for specific customer groups will be researched and satisfied, while the agency will explore new ways of making information available in plain English so that it is easily translatable by tools using artificial intelligence.

The public website will continue to be developed as a dynamic platform offering key content and materials to the full range of EUDA stakeholders and customers, with a specific emphasis on enhancing the customer experience. A heightened level of interaction and engagement with customers will be achieved through new interactive products, such as data explorers, as well as by introducing digital features that facilitate asking questions, receiving feedback and discussion. Developing the multilingual aspects of the website will be a key priority too, to bring it in line with the recommendations of the EU Ombudsman on multilingualism. Web products and services will progressively meet the requirements of the EU accessibility directive (Directive (EU) 2016/2102), specifically the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standard (by 2025).

The EUDA's portfolio of products and services will be developed in line with the tasks of the new mandate, with a customer focus and an emphasis on value creation and digital transformation, and will be aligned with the European Union's digital and green priorities (by 2025).

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

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 across the EUDA's channels (including social media, audiovisual and digital newsletters). These developments in the communication area will be accompanied in parallel by a staff digital empowerment programme, including appropriate training and guidelines.

The numerous changes taking place in the agency require a strong internal communication and change management strategy and action plan. A variety of channels will be used for this, in particular the agency's intranet platform, HumHub, including the newsletter space, StaffStuff.

Expected outputs/results

Business objective B1:
Anticipate, and respond promptly to, institutional developments and needs

Expected outcomes
- Increased capacity of the EMCDDA to meet stakeholders'/customers' needs through tailored products and services that are provided through optimised communication channels - The EMCDDA/EUDA is organised to respond to the demands of the new mandate 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/EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/EUDA evidence/knowledge by policymakers

Action areas	**Outputs/results**	**Priority**
B1.1. Conduct ongoing analysis of the external	Management Board, Executive Committee and Budget Committee meetings duly organised and decisions adopted	L1

Action areas	Outputs/results	Priority
environment and how it relates to current and future stakeholder needs	Adoption of revised rules of procedure of the EUDA Management Board by the latter and implementation of new procedures/arrangements	L1
	Ongoing analysis of evolving customer needs, in line with the enhanced mandate of the EMCDDA/EUDA	L2
B1.2. Configure services to ensure that they are timely and are delivered professionally and in a form that meets our stakeholders' needs, in line with the outcome of the EMCDDA/ EUDA business model transformation initiative	Core aspects of branding (including logo and domain name) in place and training/onboarding of staff on the new brand executed	L1
	Targeted launch events and campaigns organised and delivered	L2
	New communication strategy for the EUDA prepared	L2
	All existing and new partnerships and networks mapped to identify potential for collaboration and value creation	L2
	Website updated to reflect the EUDA identity and new activities	L1
	More multilingual content on the website, reflecting customer needs, through translation module and use of new translation technologies	L2
	Digitally improved approach for the *European Drug Report* and Statistical Bulletin in place	L2
	Content templates for new digital products and services created and piloted	L2
	Communication and dissemination channels (including website, media, social media, audiovisual) are optimised and measured for their effectiveness	L2
	Methodology and guidelines for creating customer-focused products and services developed	L2
	Service design training organised and delivered for staff and interested partners	L2
	Interactive features added to the website	L2
	Feedback from customers is analysed and integrated, where appropriate and feasible	L2
	All content developed for the website meets basic accessibility and mobile-friendly criteria	L2
	Data sets are made available on the public website in a format that can be easily reused and shared	L2
B1.3. Ensure the preparation for and implementation of the new mandate	Phased implementation of the actions to support the transition of the agency to the new mandate, in line with the plan adopted by the Management Board in December 2022	L1

Business driver 2: Partnership

OVERVIEW

Given the new mandate of the agency, which will enter into application on 1 July 2024, the EMCDDA will have to adapt its work with its national, European and international partners accordingly. This will include reviewing information and knowledge exchange arrangements, and services to provide to those partners, together with preparing for a revision of the strategic priorities of the agency.

The Reitox NFPs will remain the main partners of the EMCDDA in the EU Member States, Norway and Türkiye, and the agency's core data providers. 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'.

The agency will follow up on the nomination of the members of the EUDA Reitox network of NFPs (DEC/MB/23/06), which should be finalised by May 2024. The agency will continue the implementation of the second roadmap (for 2021-2025) of the RDF, while assessing it and preparing a new Reitox Alliance as a new reference framework for the collaboration between the agency and the NFPs, reflecting on how to further enhance the usefulness of the NFP as the backbone of the EU drug monitoring system, in the framework of the EUDA regulation.

The agency will further work on quality assurance mechanisms for the Reitox network, namely by continuing to implement the current NFP certification process, while preparing the new mechanism for the assessment of the NFPs (Article 35 of the EUDA regulation). The assessment of the NFPs will be one of the priorities to be developed within the period 2024-2026, as the EUDA regulation specifies that the first assessment of each NFP 'shall be carried out by the agency by 3 July 2026' and after that, will be conducted at regular intervals.

Similarly, a new International Cooperation Framework will need to be prepared, fully aligned with the EU drugs strategy 2021-2025 and with the EU external policy frameworks in force, to guide the activities of the agency with third countries and international organisations (Article 20 of the EUDA regulation). Service provision to the EU institutions, partnerships with EU agencies and international organisations, and cooperation with third countries will remain a key part of the agency's work in 2024, with the necessary adaptations entailed by the new regulation, and by the recommendations of the IAS audit report on international cooperation, which was produced in 2023.

The agency will continue to provide technical support to the European Union and its Member States by participating in relevant institutional meetings, as appropriate and when required, and 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 Belgian and Hungarian presidencies of the Council in 2024. This will also include providing technical support to the EU enlargement process and the European Union's external policies; assisting the European Commission, the European External Action Service and the EU delegations during dialogues with third countries, by preparing briefing notes; and negotiating working arrangements with interested partners. Upon request, the agency will support the EU institutions and the Member States in their activities in international forums (e.g. at the CND and in relation to the mid-term review of the 2019 Ministerial Declaration and its 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 agency will also continue its cooperation with EU agencies working in the health area, such as the ECDC and the EMA, and with agencies active in the areas of Justice and Home Affairs, such as Europol, Eurojust, CEPOL, Frontex, the European Union Agency for the Operational Management of Large-Scale IT Systems in the Area of Freedom, Security and Justice, the EUAA and the agency for Fundamental Rights.

The agency will also continue its cooperation in the area of NPS (see Section III.2.1). Monitoring the developments of the international drug phenomenon that may pose a threat or have an implication for the European Union will be ensured through partnerships and synergies and by maintaining effective working arrangements with international organisations, especially with UN organisations active in drug issues, but also with 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.

In 2024, the agency will start implementing Article 55 of the EUDA regulation involving relevant civil society organisations active in the field of drugs. A collaborative framework will be prepared to facilitate consultation, information exchange and knowledge sharing between the EUDA and civil society organisations.

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

Technical assistance to third countries will continue in line with the new International Cooperation Framework and the new EUDA regulation. The IPA 8 project with the candidate and potential candidate countries, the EU4MDII project with European neighbourhood countries and the COPOLAD III grant agreement with the Latin American and Caribbean countries will continue focusing on setting up or consolidating NFPs, national data collection systems and national early warning systems and on the promotion of best practices in the field of prevention, treatment, care, risk and harm reduction, rehabilitation, social reintegration and recovery. The projects will also further enhance the capacity of the partners to monitor drugs markets and contribute to improving national and regional responses and cross-border analyses regarding both health and security threats, when applicable.

Finally, within the available resources and in the framework of its revised legal framework, the agency 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), as well as on an ad hoc basis with other third countries. The working arrangement with the Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas defining EMCDDA support in the framework of the Central Asia Drug Action Programme project will allow Central Asian experts to participate in selected EMCDDA expert meetings as well as a couple of study visits.

Expected outputs/results

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 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 - Enhanced capacity of priority third countries to monitor and respond to the drug situation, through the sharing of EU/EMCDDA/EUDA expertise and tools

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

Action areas	Outputs/results	Priority
B2.1. Prepare a new Reitox Alliance and support the implementation by the NFPs of the RDF	**Reitox network support and coordination**	
	Implement the necessary procedures related to the change of status of the Reitox network in line with the new EUDA regulation	L1
	Annual reporting package for 2025 presented to and adopted by the NFPs	L1
	Heads of NFP meetings and Reitox technical meetings organised to enhance cooperation with the Reitox network	L1
	Assessment of the RDF roadmap for 2021-2025	L2
	New Reitox Alliance prepared as a new reference framework in cooperation with the NFPs and fully aligned with the conclusions of the working group on Reitox co-financing, with the EMCDDA Management Board (for adoption in 2025)	L1
	Implementation of the current certification process and preparation of the new Reitox assessment process and other quality assurance and control activities carried out	L1
	Reitox academies in line with the needs identified in the RDF roadmap for 2021-2025, and resulting from the entering into force of the EUDA regulation	L2
	Grant agreements management	
	2024 grant agreements countersigned, pre-financings paid and deliverables (financial and narrative interim reports) provided in line with the applicable rules and regulations	L1
	2023 grant agreement final deliverables (financial and narrative reports) checked and final payments executed	L1
	2025 grant agreements model and annexes prepared and shared with the NFPs in line with the EUDA regulation	L1
	2023 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
	Revision of the Operating Framework for the Reitox system as part of the new Reitox Alliance and in line with the Management Board working group on the Reitox co-	L1

Action areas	Outputs/results	Priority
	financing conclusions; including the preparation of the new activity reports template of the NFPs	
B2.2. Strengthen and support the development of drug expert networks, as appropriate, to ensure the agency has sufficient expertise to accomplish the objectives of the EUDA regulation, while keeping the NFPs informed in a timely manner	Mapping exercise for partner drug expert networks and their corresponding terms of reference, and identification of possible gaps in relation to the new regulation, as part of a future collaborative networks' communication framework	L2
	Consultation with relevant civil society organisations and stakeholders active in the field of drugs to prepare a collaborative framework for consultation, information exchange and knowledge sharing between the EUDA and civil society organisations	L2
B2.3. Strengthen cooperation with EU and international partners in line with work priorities defined by Strategy 2025 and emerging stakeholders' needs	New International Cooperation Framework developed in line with the EUDA regulation (Article 20), the EU drugs strategy and action plan 2021-2025, the EU foreign policy objectives, and the recommendations of the 2023 IAS audit report on EMCDDA – International cooperation	L1
	Implementation of the action plan for the recommendations of the 2023 IAS audit report on EMCDDA – International cooperation, in line with the agreed timetable	L2
	Relations with the EU institutions	
	Further promote the institutional relationship with the European Parliament (the Committee on Civil Liberties, Justice and Home Affairs and the Committee on the Environment, Public Health and Food Safety)	L1
	Institutional support provided to the Belgian and Hungarian presidencies, to Member States, to the Council Secretariat, the European Commission and the European External Action Service, both for their tasks within the Council and for international events (e.g. Horizontal Drugs Group, National Drug Coordinators, CND). Briefing notes to be provided as required	L1
	Support the European Union in the implementation of its foreign policies and its cooperation with third countries	L1
	Horizontal cooperation with EU agencies and international organisations	
	Close cooperation further developed and new opportunities for collaboration explored with external partners (EU agencies, international organisations such as the Pompidou Group, and key networks) to reflect the EUDA regulation	L2
	Explore collaboration with the Agency for Fundamental Rights on the human rights aspects that are relevant for the work of the EUDA	L2
	Knowledge exchange	
	Cooperation with candidates and potential candidates to the European Union strengthened through the efficient implementation and management of the IPA 8 project	L2
	Cooperation with neighbouring countries to the European Union strengthened through the efficient implementation and management of the EU4MDII project	L2
	Cooperation with Latin American and Caribbean countries strengthened through the efficient implementation and management of the COPOLAD III grant agreement	L2

Action areas	Outputs/results	Priority
	Support provided to ad hoc requests from third countries, in line with the EUDA mandate	L2
	Existing working arrangements with third countries implemented and new opportunities for collaboration explored with other partners, as appropriate	L2
	Support to the Commission (upon request and coverage of expenses by EU programmes) in the implementation of EU drug-related regional programmes	L2
	Organisational learning platform under CEPOL-LEEd is operational for the delivery of capacity building to law enforcement in the European Union and third countries, subject to available resources	L3

Business driver 3: Scientific capacity

OVERVIEW

The transition period faced by the EMCDDA in relation to the upcoming regulation of the new EUDA requires the EMCDDA to be ready to thoroughly review and adjust its scientific capacity, while continuing to quickly respond to changing information needs.

In 2024, the agency will start reviewing the internal mechanisms for the 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, taking into consideration any changes to the EMCDDA regulation relevant to these topics.

In line with the roadmap of the EMCDDA Strategy 2025, scientific quality assurance and coordination processes will be reviewed and revised as necessary to reflect the digital transformation / new business model and the EUDA's mandate. At the same time, the EMCDD/EUDA will continue to ensure the quality of its analyses and outputs across all key areas of work.

Upon request and where resources allow, the agency will continue to 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 NPS, 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. Priority will be given to continuing the dialogue with the UNODC and WHO on harmonising approaches to data collection, sharing information and analysis, and developing synergies.

At the request of the European Commission and respecting the new regulation, the agency, as far as possible within the available resources, will contribute to the development and implementation of the EU framework programmes for research and innovation (such as the Health and Security Clusters of Horizon Europe) and other European Commission funding programmes (such as EU4Health, the Internal Security Fund and the Migration Fund).

The agency will give special attention to supporting the European Commission and the EU Member States in identifying knowledge gaps and research priorities, conducting and commissioning studies to address critical knowledge gaps in the context of the EU strategic documents, and identifying and adopting

innovation in areas relevant to the agency's mandate. The agency will further contribute to the work of the EU Innovation Hub for Internal Security to strengthen the EU research and innovation agenda on drugs.

The agency will promote synergies and foster cooperation and networking among international and European research bodies to ensure the understanding of scientific developments relevant to the agency's work.

A new Scientific Committee will have to be appointed, in line with the EUDA regulation, and its responsibilities, rules of procedure and tasks will need to be reviewed and aligned to the new legal framework and corresponding needs.

The agency will continue to strengthen its dialogue with the scientific community by investing in submissions to learned and scientific journals and, where possible, supporting open access to papers reporting on the agency's work. The EMCDDA/EUDA will continue to be an active member of the EU Agencies Network on Scientific Advice, 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 agency, as one of the main partners in the programme and organising committees, will ensure the preparatory work on coordination of the scientific programme for the Fifth European Conference on Addictive Behaviours and Dependencies (Lisbon Addictions), which is planned to take place in the autumn of 2024.

Expected outputs/results

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 the efficient use of resources and improved coordination of core activities - Scientific quality of the EMCDDA's/EUDA's work is consolidated through appropriate quality assurance measures and the provision of support and guidance by the Scientific Committee - Communication and exchange with the scientific community, including research bodies and centres of excellence
KPIs
1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery 9. Uptake of EMCDDA/ EUDA evidence/knowledge through a number of channels 10. Uptake of EMCDDA/ EUDA evidence/knowledge by policymakers

Action areas	**Outputs/results**	**Priority**
B3.1. Maintain and develop the EMCDDA's/EUDA's scientific capacity and ensure it reflects the expertise required for the agency to fulfil its mandate	Appointment of a new Scientific Committee in accordance with the new EUDA mandate	L1
	Efficient support provided to the Scientific Committee in performing its advisory role	L1
	Scientific articles in high-impact journals	L2

Action areas	Outputs/results	Priority
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	Implementation of reviewed internal scientific coordination mechanisms in place	L2
B3.3. Strengthen dialogue and cooperation with the scientific community and centres of excellence in the drugs field to ensure that the EMCDDA/EUDA maintains a state-of-the-art understanding of developments in its areas of competence	Lisbon Addictions 2024 co-organised	L2
	Implementation of reviewed approach to knowledge transfer and of the contribution to scientific and technical projects and events in place	L2
B3.4. Strengthen EUDA engagement with research and innovation	Development of a research database and accompanying digital tools to support research networking, gap analysis and research audit	L2
	Development of internal mechanisms for the coordination of research, innovation and futures studies	L2
	Development of a comprehensive set of futures-oriented tools to support scientific publishing in areas related to the EUDA mandate, focusing on the needs of early career researchers and those from low- and middle-income countries	L2
	Implementation of foresight exercises, deep-dive studies in areas of strategic importance (technology and cannabis), capacity-building activities and networking with EU initiatives on futures	L2

Business driver 4: Management

OVERVIEW

As the agency embarks on a new phase in its development, it 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 the new regulation that enters into application in 2024. This will be the highest priority for the agency's management team in 2024.

Particular attention will be given to the management of the organisational change that will accompany the expansion of the agency's mandate. The transformation of the EMCDDA into the EUDA will imply not only a substantial increase in operations, but also a new organisational identity and expected cultural change (see also 'Business driver 1: Institutional').

For the ongoing operations, 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 quarterly performance review meetings of the heads of unit, the Editorial Board and the ICT Steering Committee) will be maintained to enable sound decision-making on the EMCDDA's/EUDA's operational priorities and allocation of resources. A review of the

business processes and systems is envisaged, and adjustments will be initiated to ensure that the agency is fit to operate under the new regulation.

The EMCDDA/EUDA will ensure the efficient implementation of the annual work programme, which is part of the SPD 2024-2026, and the timely delivery to the agency's stakeholders of the next SPDs, for 2025-2027 and 2026-2028 (preliminary draft).

Planning, and performance monitoring and reporting

As mentioned, in 2024, further to the entering into application of its new mandate, the EMCDDA will become the EUDA. This will bring a substantial change in the operations of the agency, which is set to grow by some 40 % in terms of staff members and by more than 80 % in terms of its annual budget. The portfolio of activities of the agency will expand at the fastest rate since its establishment in 1993. This will put significant pressure on the planning, monitoring and reporting area, which will be called upon to play a key role in the successful transition of the agency to the new mandate and the smooth implementation of the latter.

In that regard, options to increase agility in the strategic planning area will be explored, and, if feasible, applied for the finalisation of the SPD 2025-2027, which will be adopted by the Management Board in December 2024, and the preparation of the SPD 2026-2028, which will start during the year. The agency will also start implementing the provisions regarding the SPD that arise from the new EUDA regulation.

In terms of operational planning, the agency will need to efficiently manage the development and implementation of the internal management plan, which is expected to expand by at least 50 %. This includes investing additional planning efforts and ensuring the stability of the hosting IT solution (Matrix).

Furthermore, following the preparatory work carried out in 2023, in 2024 the agency will initiate a review of its performance measurement model, based on an updated set of KPIs. This new model aims to ensure that the new activities are incorporated and the system overall is brought up to date with developments (good practices and tools) in this area. This will help generate improved performance data for better-informed internal decision-making and ultimately increased value to the agency's key customers. The new system will be tested in 2025 and further refined, if necessary.

The year 2024 will see the publication of the *General Report of Activities* for 2023, further to its adoption by the Management Board. The agency will also prepare for the transition to the EUDA Consolidated Annual Activity Report, which will replace the *General Report of Activities* from 2025, in line with the new regulation.

Transparency, lawfulness and internal control

The new EUDA will maintain the EMCDDA's strong commitment to transparency and to securing its public image of a trustworthy and accountable organisation. This will be done, inter alia and where needed, by adopting the decisions and putting in place the mechanisms required by the EUDA regulation as regards compliance with the EU legal framework on the processing of personal data, as well as on the prevention of fraud, corruption and other illegal activities.

To the extent possible, and within the constraints and opportunities of the agency's full transition to the EUDA, the EUDA will preserve and extend the EMCDDA's 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 agency will be closely followed up and implemented in line with the action plans adopted by the Management Board.

Administration and resources management

Budget- and financial management-related operations will continue to focus on effective and timely forecasting, planning, monitoring and use of the EMCDDA's/EUDA's resources and on the optimisation of the relevant processes, with special attention on 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 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 and to cope with the needs entailed by the deepening of the agency's mandate, pursuant to the application, as from mid-2024, of the EUDA regulation.

The management of human resources will encompass the sound management of existing processes, as required by the applicable EU Staff Regulations and their implementing rules, as well as the execution of the operations (namely for recruitment and training) required to meet the needs entailed by the deepening of the EMCDDA mandate as from 2024, while supporting the effective implementation of the Roadmap 2025 and the new EMCDDA business model.

Action will be pursued to ensure a safe working environment and to guarantee the efficient use of 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. Special attention will be paid to the adjustments that the agency's premises and infrastructure may require to meet the needs entailed by the deepening of the EMCDDA mandate from 2024. Obtaining EU eco-management and audit scheme (EMAS) certification will assist in the above-mentioned efficiency optimisation and demonstrate the environmental commitment of the agency to the public.

Information and communication technology

Especially in the period of transition to the EUDA, ICT service delivery and service support must 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 and reflecting the concepts outlined in the new business model and aligned with the implementation of the new EMCDDA mandate, 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.

For ICT, a new mandate's impact on resource needs goes beyond those corresponding to any particular new business product and the organisational and management change. With an expected increase in digital services as products within the new mandate, independent of their exact nature, ICT needs to expect an active involvement in planning and procurement of such services, from providing technical expertise to aligning products and services with an ICT roadmap. Therefore, in 2024, as part of the preparations, ICT should continue as it started in 2023, to focus on developing governance, IT management and standards for compliance in an extended work area, bearing in mind the upcoming European cybersecurity regulation; IT procurement options for the future; and IT infrastructure. Exact details for these three topics have yet to be finally decided.

In 2024, as far as resources allow, preparing for the implementation of the new EUDA business model with expertise and tools will be an objective of IT. Together with the agency's investments in novel data sources and repositories, monitoring methods and technology, this will ensure the EMCDDA's/EUDA'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.

Expected outputs/results

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/EUDA in implementing the annual programming instrument - Sound management of the EMCDDA's/EUDA's resources, in compliance with applicable rules and procedures and in line with organisational needs - Safe and environmentally friendly workplace, which prevents work accidents, promotes the use of renewable energy and avoids waste of resources - Optimal level of operability of the EMCDDA's/EUDA's ICT systems
KPIs
1. Budget execution 2. Staff capacity 6. Organisational efficiency 7. Work programme delivery

Action areas	**Outputs/results**	**Priority**
B4.1. Ensure effective measures are in place for the successful implementation of Strategy 2025 and transition to the new mandate of the agency (see also action area B1.3.)	Management mechanisms in place to enable sound decision-making on the EMCDDA's/EUDA's operational priorities and allocation of resources in the context of the new mandate of the agency	L1
	Organisational change management: review and redesign (as appropriate) the agency's business systems and processes to ensure they meet the needs of the expanded mandate	L2
	Activities in the areas of data protection, public access to documents and prevention of fraud, implemented in line with the existing EU regulations and practices	L1
	Internal control mechanisms and risk management activities implemented in line with the existing EU regulations and practices	L2
	Launch of a project to incorporate a gender equality, diversity and inclusion perspectives at the agency, in preparation for the implementation of the new EUDA mandate (project GEDI)	L2
B4.2. Further improve cost-effectiveness and optimal allocation of resources, reflecting the priorities identified in Strategy 2025 and the new mandate	**Planning instruments and processes**	
	SPD 2024-2026 published	L1
	Draft SPD 2025-2027 finalised, taking into account the results of the consultation of key stakeholders and partners, and submitted to the Management Board for adoption	L1
	Preliminary draft SPD 2026-2028 prepared and submitted to the Management Board for adoption	L1
	2025 Draft Budget and 2026 Preliminary Draft Budget prepared in a timely manner and submitted for adoption by the Management Board	L1
	2024 management plan in place	L2

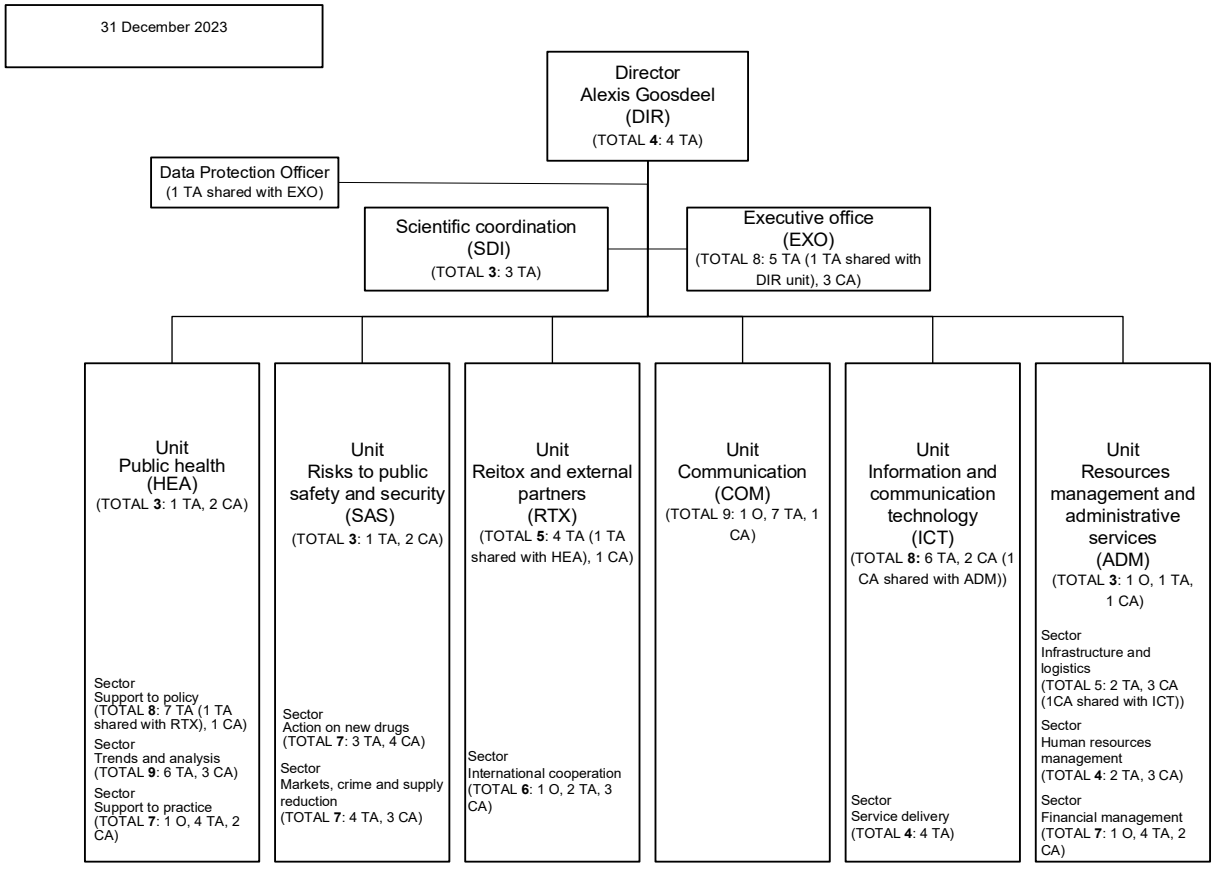
Action areas	Outputs/results	Priority
	Financial resources management	
	Sound management of the EMCDDA's/EUDA's financial resources, in compliance with applicable rules and procedures	L1
	Effective execution of financial operations and timely preparation of relevant reports	L1
	Annual procurement plan prepared in a timely manner, successfully implemented and effectively monitored	L2
	Development of financial and procurement-related electronic tools and workflows	L2
	Implementation, as required, of the expected transition to the announced new electronic system for budget and e financial and accounting management (SUMMA)	L2
	Facilities support services	
	Safe, secure and environmentally friendly workplace, which prevents work accidents, promotes the use of renewable energy and avoids waste of resources	L2
	Efficient use of available facilities, equipment, infrastructure and utilities, with special attention to the anticipation of the adjustments that the existing premises and infrastructure may require for the implementation of its expected new mandate	L2
	ICT support services	
	Activities in the area of ICT governance and strategy in line with best practices and recommendations: processes and standards, review ICT strategy, in particular to support the transition to the EUDA and organisational change	L2
	Apply and further develop enterprise architecture to support the implementation of the EUDA mandate	L2
	Implement future ICT architecture roadmap that can support the growth and scope of the EUDA mandate	L2
	ICT risk mitigation:	
	- Activities in the area of business continuity, disaster recovery and mitigation of risks from legacy systems; review business continuity / disaster recovery architecture	L1
	- Cybersecurity risk mitigation in line with the requirements of the information security regulation and best practice, including through improved operational cooperation with the Computer Emergency Response Team (CERT-EU)	L1
	- Work towards compliance with the EU cybersecurity regulation, as planned by 2024	L1
	Operability of core services maintained:	
	- Drug data-related support services: support services related to restricted drugs data (Secure Information Exchange Network Application (SIENA)); EDND-related support services; online/website support services	L1

Action areas	Outputs/results	Priority
	- Matrix and management software support services; administrative software support services	L1
	- Operability of digital extranet/intranet and community platform and applications	L1
	- Operability of priority new digital platforms and applications to support the EUDA mandate	L1
	Financial and contractual services in ICT:	
	- Activities in financial and contractual management and compliance, related to ICT equipment, licences, and telecommunications	L1
	- ICT procurement and investment planning for the EUDA mandate, subscriptions, equipment, consultancy, internal expertise and investments	L1
	- Special investments for the new mandate and institutional growth (subscription changes, end user equipment)	L1
	Lights on:	
	- Operability of technical infrastructure: servers, networks, security infrastructure, database, middleware and end user / endpoint services and system administration of production services	L1
	- Request and incident management in line with standard process	L1
	- Monitoring of service availability and security status	L1
	Review and update of software and hardware architecture components, as required, also in line with EUDA transition, in the area of technical infrastructure: servers, networks, security infrastructure, database, middleware and end user / endpoint services	L2
	Innovative initiatives and projects to implement business requirements and processes, in particular supporting the implementation of the EUDA mandate and digital transformation	L2
	Implement necessary review of HR-related solutions	L2
	Supporting the customer-centric model for the EMCDDA and EUDA, with the ongoing Extranets, Collaboration, Intranet and Document Management (ECID) project implementation and customer identity and access management; develop HumHub, Connect and Documenta	L2
	Identification and evolution of business requirements, planning and delivery of innovative technical services, processes and products and test architecture	L3
	Supporting the data foundation model for the EUDA with technical expertise, building the foundation to give freedom to operational units, building and delivering data fabric services	L1
	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). Possible adjustment of the service-level	L2

Action areas	Outputs/results	Priority
	agreement with EMSA as required to reflect the solutions adopted to meet the infrastructure-related needs entailed by the expected deepening of the EMCDDA/EUDA mandate	
	Further cooperation and coordination with EMSA on security and ICT matters	L2
B4.3. Strengthen performance management at all levels	Review of the agency's performance measurement model	L2
	General Report of Activities 2023 published	L1
	Timely and effective follow-up to observations/recommendations from external audits, as required and agreed	L2
	Timely report on measures taken in light of the observations accompanying the annual discharge from EU budget authority	L2
	Budget execution in line with relevant annual KPIs	L1
B4.4. Improve people management and implement a sustainable staff training and development programme to ensure that the EMCDDA/EUDA has the committed, skilled and motivated human resources it requires to achieve its long-term objectives	Sound management of EMCDDA/EUDA human resources, in accordance with the applicable rules and in line with organisational needs	L1
	Effectively recruit for positions required to execute the new mandate, while implementing a comprehensive transition plan for employees approaching retirement, in order to ensure seamless transition, business continuity, and retention of institutional knowledge	L1
	Start preparing a comprehensive competence mapping system throughout the EUDA to enhance various HR functions, including job descriptions, recruitment, training, and performance appraisal	L1
	Develop and execute a robust training plan aimed at enhancing and adapting internal competences to meet evolving needs, facilitating upskilling and reskilling opportunities	L1

Annexes

Annex I. Organisation chart



Annex II. Estimated resource allocation per activity 2024-2026

Table II.1: Estimated resource allocation per activity (i.e. Main areas)

	2023				2024				2025				2026			
	O	TA	CA and SNE (FTE)	Budget allocated (EUR)	O	TA	CA and SNE (FTE)	Budget allocated (EUR)	O	TA	CA and SNE (FTE)	Budget allocated (EUR)	O	TA	CA and SNE (FTE)	Budget allocated (EUR)
1.Health	2.15	30.10	13.75	8 815 626	2.05	31.60	15.20	8 602 759	2.05	31.60	15.20	8 775 290	2.05	31.60	15.20	8 951 272
2.Security	1.00	14.46	6.40	4 170 504	0.90	14.26	6.95	4 069 801	0.90	14.26	6.95	4 151 422	0.90	14.26	6.95	4 234 675
3.Business drivers	2.85	21.44	8.85	6 323 430	2.05	22.14	10.85	6 170 740	2.05	22.14	10.85	6 294 497	2.05	22.14	10.85	6 420 728
4.Total	6.00	66.00	29.00	19 309 560	5.00	68.00	33.00	18 843 300	5.00	68.00	33.00	19 221 209	5.00	68.00	33.00	19 606 675
5.Additional resources to implement the new mandate (all areas)	–	–	–	–	–	13.00	–	14 809 809	–	22.00	1.00	16 381 731	–	25.00	6.00	17 160 865
6.Grand total	6.00	66.00	29.00	19 309 560	5.00	81.00	33.00	33 653 109	5.00	90.00	34.00	35 602 940	–	93.00	39.00	36 767 540

This table (rows 1-4) presents the FTEs (full-time equivalents) corresponding to posts filled, or under recruitment, as of 31 December 2023 (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 Table II.2 below). The additional resources to implement the new mandate (row 5) reflect FTEs planned in accordance with the relevant legislative proposal.

Table II.2: Resource allocation for the implementation of technical assistance projects with third countries, and for agreements concluded by the EMCDDA in the framework of other third countries' projects, for the work programme for 2024

Project	Allocated human resources*					Allocated budget resources – assigned appropriations (EUR)
	O	TA	CA	SNE	TOTAL	
IPA 8			3		3	–
EU4MDII			4		4	851 843
COPOLAD III			2		2	80 000
Total	–	–	9	–	9	931 843

*Staff recruited to work on the projects and paid from the corresponding assigned appropriations.

Annex III: Financial resources for 2024-2026

All revenue values are given in euro

Table III.1: Revenue

General revenues

Revenues	2023	2024
	Revenues estimated by the agency	Budget forecast
EU contribution	18 352 938	32 131 775
Other revenue	866 840	1 521 334
Total revenues	**19 219 778**	**33 653 109**

Revenues	General revenues						
	Executed budget 2022	Budget 2023	Draft Budget 2024		VAR	Envisaged *N* + 2 2025	Envisaged *N* + 3 2026
			Agency request	Budget forecast			
1 Revenue from fees and charges (including balancing reserve from previous years' surpluses)							
2 EU contribution	17 646 659	18 352 938	32 131 775			33 988 672	35 097 765
- Of which assigned revenues deriving from previous years' surpluses	108 036	113 656					
3 Third countries contribution (incl. EEA/EFTA and candidate countries)	831 947	866 840	1 521 334			1 614 268	1 669 776
- Of which EEA/EFTA (excl. Switzerland)	515 987	538 234	946 021			1 005 707	1 041 357
- Of which candidate countries	315 960	328 606	575 313			608 561	628 419
4 Other contributions							
5 Administrative operations	81	89 782					
- 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	**18 478 687**	**19 309 560**	**33 653 109**			**35 602 940**	**36 767 541**

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

Revenues	2023	2024
	Revenues estimated by the agency	Budget forecast
Total revenues	**2 772 514**	**931 843**

Revenues	Additional EU funding: ad hoc grants and delegation agreements						
	Executed budget 2022	Budget 2023	Draft Budget 2024		VAR	Envisaged *N* + 2 2025	Envisaged *N* + 3 2026
			Agency request	Budget forecast			
Additional EU funding stemming from grant agreements (FFR Art. 7)	360 000	2 772 514	931 843			730 849	733 090
Additional EU funding stemming from contribution agreements (FFR Art. 7)							
Additional EU funding stemming from service-level agreements (FFR Art. 43.2)							
Total	**360 000**	**2 772 514**	**931 843**			**730 849**	**733 090**

Table III.2: Expenditure

Expenditure	2023		2024	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
Title 1 – Staff expenditure	13 489 860	13 489 860	16 005 715	16 005 715
Title 2 – Infrastructure and operating expenditure	2 652 728	2 652 728	5 085 543	5 085 543
Title 3 – Operational expenditure	3 166 972	3 166 972	12 561 851	12 561 851
Total expenditure	**19 309 560**	**19 309 560**	**33 653 109**	**33 653 109**

Expenditure	Commitment appropriations						
	Executed budget 2022	Budget 2023	Draft Budget 2024		VAR	Envisaged *N* + 2 2025	Envisaged *N* + 3 2026
			Agency request	Budget forecast			
Title 1 – Staff expenditure	**12 482 265**	**13 489 860**	**16 005 715**			**19 594 495**	**18 848 305**
Salaries and allowances	12 413 870	13 412 660	15 786 240			19 373 185	18 630 757
- Of which establishment plan posts	10 588 481	11 524 820	13 150 237			16 403 331	15 753 114
- Of which external personnel	1 825 389	1 887 840	2 636 003			2 969 854	2 877 643
Expenditure relating to staff recruitment	19 625	27 200	55 975			16 560	9 048
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	48 770	50 000	163 500			204 750	208 500
External services							
Receptions, events and representation							
Social welfare							
Other staff-related expenditure							
Title 2 – Infrastructure and operating expenditure	**2 379 348**	**2 652 728**	**5 085 543**			**4 341 314**	**4 328 897**
Rental of buildings and associated costs	1 379 850	1 423 499	1 897 503			1 767 114	2 120 992
Information, communication technology and data processing	773 536	1 041 705	2 799 000			2 197 440	1 726 098
Movable property and associated costs	105 541	69 177	158 740			136 490	212 999
Current administrative expenditure	36 012	35 812	41 000			43 200	49 448
Postage/telecommunications	68 026	60 800	123 000			127 410	148 826
Meeting expenses							
Running costs in connection with operational activities							
Information and publishing							

Studies							
Other infrastructure and operating expenditure	16 383	21 735	66 300			69 660	70 534
Title 3 – Operational expenditure	**3 392 496**	**3 166 972**	**12 561 851**			**11 667 131**	**13 590 338**
Information and publishing	445 228	484 905	1 512 000			1 234 000	1 324 000
Studies	792 209	464 012	6 916 361			6 145 151	8 073 371
Reitox	1 593 077	1 607 891	2 700 000			2 700 000	2 700 000
Mission expenses	140 337	179 675	330 450			359 100	388 275
Meeting expenses	420 584.32	427 989	1 100 040			1 225 880	1 101 692
Receptions and events	1 061	2 500	3 000			3 000	3 000
Total general expenditure	**18 254 109**	**19 309 560**	**33 653 109**			**35 602 940**	**36 767 540**
Expenditure related to IPA projects	387 496	1 500 000	–			–	–
Expenditure related to EU4MD projects	980 355	912 514	851 843			730 849	733 090
Expenditure related to Georgia project	501 764	–	–			–	–
Expenditure related to COPOLAD project	267 914	360 000	80 000			–	–
Expenditure additional EU funding projects	2 137 529	2 772 514	931 843			730 849	733 090
Total	**20 391 638**	**22 082 074**	**34 584 952**			**36 333 789**	**37 500 630**

EXPENDITURE	**Payment appropriations**						
	Executed budget 2022	**Budget 2023**	**Draft Budget 2024**		**VAR**	**Envisaged *N* + 2 2025**	**Envisaged *N* + 3 2026**
			Agency request	**Budget forecast**			
Title 1 – Staff expenditure	**12 454 556**	**13 489 860**	**16 005 715**			**19 594 495**	**18 848 305**
Salaries and allowances	12 413 870	13 412 660	15 786 240			19 373 185	18 630 757
- Of which establishment plan posts	10 588 481	11 524 820	13 150 237			16 403 331	15 753 114
- Of which external personnel	1 825 389	1 887 840	2 636 003			2 969 854	2 877 643
Expenditure relating to staff recruitment	3 652	27 200	55 975			16 560	9 048
Employer's pension contributions							
Mission expenses							
Socio-medical infrastructure							
Training	37 034	50 000	163 500			204 750	208 500
External services							
Receptions, events and representation							
Social welfare							
Other staff-related expenditure							
Title 2 – Infrastructure and operating expenditure	**1 938 530**	**2 652 728**	**5 085 543**			**4 341 314**	**4 328 897**
Rental of buildings and associated costs	1 290 363	1 423 499	1 897 503			1 767 114	2 120 992
Information, communication technology and data processing	513 890	1 041 705	2 799 000			2 197 440	1 726 098
Movable property and associated costs	39 116	69 177	158 740			136 490	212 999
Current administrative expenditure	34 822	35 812	41 000			43 200	49 448
Postage/telecommunications	47 155	60 800	123 000			127 410	148 826
Meeting expenses							

Running costs in connection with operational activities							
Information and publishing							
Studies							
Other infrastructure and operating expenditure	13 184	21 735	66 300			69 660	70 534
Title 3 – Operational expenditure	**3 466 123**	**3 166 972**	**12 561 851**			**11 667 131**	**13 590 338**
Information and publishing	396 517	484 905	1 512 000			1 234 000	1 324 000
Studies	806 632	464 012	6 916 361			6 145 151	8 073 371
Reitox	1 711 910	1 607 891	2 700 000			2 700 000	2 700 000
Mission expenses	127 719	179 675	330 450			359 100	388 275
Meeting expenses	422 284	427 989	1 100 040			1 225 880	1 101 692
Receptions and events	1 061	2 500	3 000			3 000	3 000
Total general expenditure	**17 859 209**	**19 309 560**	**33 653 109**			**35 602 940**	**36 767 540**
Expenditure related to IPA projects	281 137	1 500 000	–			–	–
Expenditure related to EU4MD projects	766 512	912 514	851 843			730 849	733 090
Expenditure related to Georgia project	413 181	–	–			–	–
Expenditure related to COPOLAD project	43 078	360 000	80 000			–	–
Expenditure additional EU funding projects	1 503 908	2 772 514	931 843			730 849	733 090
Total	**19 363 117**	**22 082 074**	**34 584 952**			**36 333 789**	**37 500 630**

Table III.3. Budget outturn and cancellation of appropriations: *N* − 4 to *N* − 2

Budget outturn	**2019**	**2020**	**2021**	**2022**
Reserve from the previous years' surpluses (+)	22 251	20 639	108 036	113 656
Revenue actually received (+)	18 195 649	18 058 665	18 979 543	18 859 198
Payments made (−)	−16 525 529	−16 972 131	−17 937 215	−19 385 462
Carry-over of appropriations (−)	−1 777 308	−2 494 470	−2 624 764	−1 567 846
Cancellation of appropriations carried over (+)	12 561	23 407	9 701	58 482
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	115 167	1 494 794	1 687 750	2 094 183
Exchange rate differences (+/−)	99	−2 229	−1 360	−317
Adjustment for negative balance from previous year (−)	−22 251	−20 639	−108 036	−113 656
Total	**20 639**	**108 036**	**113 656**	**58 239**

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 = 2022; *N* − 2 = 2021; *N* − 3 = 2020; *N* − 4 = 2019.

Cancellation of commitment appropriations

In 2022 commitment appropriations amounted to a total of EUR 18 478 687 (commitment appropriations from the C1 fund source).

The EMCDDA was able to commit EUR 18 254 109 of these appropriations. The non-committed amount from the whole 2022 financial envelope is EUR 224 578. This corresponds to a rate of execution of commitment appropriations of 98.78 % and to a rate of cancellation of C1 commitments of 1.22 %.

The above-mentioned EUR 224 578 is expected to be carried over by decision of the EMCDDA

Management Board in accordance with Article 12 of the Financial Regulation applicable to the EMCDDA. As a result, the estimated rate of cancellation of C1 commitments for 2022 will amount to 0.00 %.

Cancellation of payment appropriations for the year

The payment appropriations for 2022 amounted to total EUR 19 009 267, out of which:
- EUR 18 478 687 is from C1 fund sources
- EUR 530 580 is from C8 fund sources (i.e. appropriations carried forward from 2021 in budget titles 1 and 2).

In line with the excellent performance of the previous years, the EMCDDA was able to use 98.90 % of these appropriations, i.e. EUR 18 799 834, as follows:
- EUR 17 859 209 from 2022 C1 fund sources for payments executed in 2022
- EUR 472 098 from C8 fund sources (committed in 2021) for payments executed in 2022
- EUR 468 526 carried forward to 2023 for payments to be executed in 2023.

In this context the 2022 payment appropriation non-consumed amounted to EUR 209 433 (1.10 % of total payment appropriations for 2022). Out of this amount, EUR 150 951 is expected to be carried over by decision of the EMCDDA Management Board in accordance with Article 12 of the Financial Regulation applicable to the EMCDDA. As a result, the 2022 payment appropriations cancelled amount to EUR 58 482, i.e. 0.31 % of total payment appropriations for 2022.

Cancellation of payment appropriations carried over
Without considering the assigned appropriations, no payment appropriations were carried over from 2021 to 2022 and cancelled.

Budget outturn
The amount of budget outturn was limited as a result of the very high rate of budget execution in 2022.

As indicated above, the amount of cancelled appropriations was residual as a result of the very good budget execution in 2022.

Annex IV: Human resources – quantitative

Table IV.1: Staff population and its evolution: overview of all categories of staff

A. Statutory staff and seconded national experts (SNEs)

Staff	Year *N* − 1 2022			Year *N* 2023	Year *N* + 1 2024	Year *N* + 2 2025	Year *N* + 3 2026
Establishment plan posts	**Authorised budget**	**Actually filled as of 31.12.*N* − 1**	**Occupancy rate %**	**Authorised staff**	**Envisaged staff**	**Envisaged staff**	**Envisaged staff**
Administrators (AD)	51	49	96.08	51	51	51	51
Assistants (AST)	25	25	100.00	25	25	25	25
Assistants/Secretaries (AST/SC)	0	0		0	0	0	0
Total establishment plan posts	**76**	**74**	**97.37**	**76**	**76**	**76**	**76**
Additional resources to implement the new mandate	–	–	–	–	13	22	25
Grand total establishment plan posts	**76**	**74**	**97.37**	**76**	**89**	**98**	**101**
External staff	**FTE corresponding to the authorised budget**	**Executed FTE as of 31.12.*N*−1**	**Execution rate %**	**Head count as of 31.12.*N*−1**	**FTE corresponding to the authorised budget**	**Envisaged FTE**	**Envisaged FTE**
Contract agents (CA)	40	36	90.00	39	43	41	42
Seconded national experts (SNEs)	1	0	0	1	1	1	1
Total external staff	**41**	**36**	**92.50**	**40**	**44**	**42**	**43**
Additional resources to implement the new mandate	–	–	–	–	0	1	5
Grand total external staff	**41**	**36**	**87.80**	**40**	**44**	**43**	**448**
Grand total staff	**117**	**110**	**94.02**	**116**	**133**	**141**	**149**

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

Human resources	Year *N* 2023	Year *N* + 1 2024	Year *N* + 2 2025	Year *N* + 3 2026
	Envisaged FTE	**Envisaged FTE**	**Envisaged FTE**	**Envisaged FTE**
Contract agents (CA)*	11	8	6	6
Seconded national experts (SNEs)	1	1	1	1
Total	12	9	7	7

C. Other human resources

- Structural service providers ([19])

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

- Interim workers

	Total FTEs in year *N*−1
Number	0

([19]) Service providers are contracted by a private company and carry out specialised outsourced tasks of a horizontal/support nature. At the Commission, 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.

Table IV.2: Multiannual staff policy plan Year *N* + 1, Year *N* + 2 and Year *N* + 3

Function group and grade	Year 2022				Year 2023		Year 2024		Year 2025		Year 2026	
	Authorised budget		Actually filled as of 31.12.2022		Authorised budget		Envisaged		Envisaged		Envisaged	
	Perm. Posts	Temp. posts	Perm. Posts	Temp. posts	Perm. Posts	Temp. posts	Perm. Posts	Temp. posts	Perm. Posts	Temp. posts	Perm. Posts	Temp. posts
AD 16												
AD 15		1		1		1		1		1		1
AD 14		1		1		2		2		2		2
AD 13	1	3	1	3	1	3	1	3	1	3	1	3
AD 12	3	8	1	6	3	7	3	7	3	7	3	7
AD 11	1	9		6	1	9	1	9	1	9	1	9
AD 10		10	2	9		10		10		10		10
AD 9		8		7		8		8		8		8
AD 8		5		5		5		5		5		5
AD 7		1		3		1		1		1		1
AD 6				4								
AD 5												
AD Total	**5**	**46**	**4**	**45**	**5**	**46**	**5**	**46**	**5**	**46**	**5**	**46**
AST 11		1		1		1		1		1		1
AST 10		2				2		2		2		2
AST 9	1	6		5	1	6	1	6	1	6	1	6
AST 8	1	5		3	1	5	1	5	1	5	1	5
AST 7		6		4		6		6		6		6
AST 6		3	1	6		3		3		3		3
AST 5				1								
AST 4			1	1								
AST 3												
AST 2				2								
AST 1												
AST TOTAL	**2**	**23**	**2**	**23**	**2**	**23**	**2**	**23**	**2**	**23**	**2**	**23**
AST/SC 6												
AST/SC 5												
AST/SC 4												
AST/SC 3												
AST/SC 2												
AST/SC 1												
AST/SC Total												
Total	**7**	**69**	**6**	**68**	**7**	**69**	**7**	**69**	**7**	**69**	**7**	**69**
Addit. resources to implement the new mandate	–	–	–	–	–	–	0	13	0	22	0	25
Grand total		**76**		**74**		**76**		**89**		**98**		**101**

- **External personnel**

Contract agents

Contract agents	FTE corresponding to the authorised budget *N* – 1 2022	Executed FTE as of 31.12.*N* – 1 2022	Headcount as of 31.12.*N* – 1 2022	FTE corresponding to the authorised budget *N* 2023	FTE corresponding to the authorised budget *N* + 1 2024	FTE corresponding to the authorised budget *N* + 2 2025	FTE corresponding to the authorised budget *N* + 3 2026
Function group IV	4	3	3	4	8	8	9
Function group III	10	12	12	10	11	11	11
Function group II	12	11	11	12	14	14	14
Function group I	2	1	1	2	2	2	2
Total	**28**	**27**	**27**	**28**	**35**	**35**	**36**
Addit. resources to implement the new mandate	–	–	–	–	0	1	5
Grand total	**28**	**27**	**27**	**28**	**35**	**36**	**41**

Contract agents (financed from ad hoc grants, contributions or service-level agreements)							
Contract agents	**FTE corresponding to the authorised budget *N* – 1 2022**	**Executed FTE as of 31.12.*N* – 1 2022**	**Headcount as of 31.12.*N* – 1 2022**	**FTE corresponding to the authorised budget *N* 2023**	**FTE corresponding to the authorised budget *N* + 1 2024**	**FTE corresponding to the authorised budget *N* + 2 2025**	**FTE corresponding to the authorised budget *N* + 3 2026**
Function group IV	8	7	7	8	6	5	5
Function group III		1	1	1	1	1	1
Function group II	4	1	1	2	1		0
Function group I							
Total	**12**	**9**	**9**	**11**	**8**	**6**	**6**
Grand total	**40**	**36**	**36**	**39**	**43**	**42**	**47**

Seconded national experts

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

Table IV.3: Recruitment forecasts for *N* + 1 following retirement/mobility or new requested posts (information on the entry level for each type of posts: indicative table)

2024

Job title in the agency	Type of contract (official, TA or CA)		TA/official		CA
			Function group/grade of recruitment internal and external 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)	
Head of ICT unit	1 TA		AD 9-AD 10	AD 10	
Head TAS sector HEA unit	1 TA			AD 8	

Number of inter-agency mobility in Year *N* from and to the agency: 0.

Annex V: Human resources – qualitative

A. Recruitment policy

The selection procedures applied by the EMCDDA comply with the relevant EU provisions, namely Article 12 of the Conditions of Employment of Other Servants of the European Union (CEOS) for the recruitment of TAs and CAs 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.

- **Publication of vacancy notice:** We announce job vacancies on both the EMCDDA website and the European Personnel Selection Office website. Additionally, we communicate these opportunities to all other EU institutions and agencies, Reitox NFPs, EMCDDA Management Board and Scientific Committee members, and, if necessary, through local and specialised media and websites.

- **Detailed vacancy notices:** Our notices define clearly the responsibilities, eligibility and selection criteria, recruitment process, contract type, duration and recruitment grade.

- **Formation of selection committees:** A selection committee is established, typically comprising between three and five members. This committee includes a representative from the EMCDDA Staff Committee and ensures gender balance and broad geographical representation. External experts may be invited when specialised knowledge is needed for the selection process. The full list of committee members is publicly disclosed in accordance with Regulation 45/2001, as required by the European Ombudsman.

- **Initial screening:** Applicants' application files (including application forms, CVs and required supporting documents) are screened to identify candidates who comply with the eligibility criteria and who best meet the stated requirements.

- **Structured interviews and tests:** Selected candidates undergo interviews with predefined questions that are consistent for all candidates to ensure a fair and objective process. A mandatory written test is also administered. These assessments cover specific competences, technical qualifications, knowledge of European institutions (with a focus on EMCDDA activities), general skills and language proficiency.

- **Candidate selection:** The selection committee compiles a list of the most suitable candidates and may propose contracts or establish a reserve list for future recruitment.

- **Establishment of reserve list:** The authorised authority has the option to create a reserve list and may opt to conduct additional interviews with shortlisted candidates beforehand.

- **Communication of results:** Selected candidates are promptly informed of the outcome of the selection process.

- **Transparency and documentation:** All stages of the procedure and decisions taken are thoroughly documented and reported.

The procedures described above comply with the implementing rules on the recruitment and use of TAs and CAs 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 CAs.

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

In accordance with the relevant provisions of the staff regulations and within the confines of the approved budget and establishment plan, the EMCDDA applies a grading system inspired by the rules employed by the European Commission for classifying officials, TAs and CAs. As a general practice, the EMCDDA recruits TAs within the Assistant (AST) function group at grades ranging from AST 1 to AST 4, and within the Administrator (AD) function group at grades AD 5 to AD 8.

However, recruitment at grades AD 9 to AD 11, and exceptionally at AD 12, is selectively reserved for the fulfilment of middle management roles or in unique scenarios where a higher grade is imperative to secure a candidate of exceptional quality. In the latter instance, the higher grade is substantiated by the elevated level of expertise demanded, specific labour market conditions, and/or the necessity of offering an attractive proposition to the targeted pool of potential candidates.

Duration of employment

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

EMCDDA TAs and CAs 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 in long-term employment (long-term staff)
The EMCDDA employs officials and TAs 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.

TAs 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 opportunities provided for TAs 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 TAs 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 TAs 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 the case of medium- or long-term absence;
- to cope with temporary peaks in workload;
- to fulfil highly specific temporary operational needs requiring highly specific and high-level technical or scientific expertise.

(c) Contract agents in long-term employment (long-term staff)
The EMCDDA employs CAs in 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 TAs 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.

CAs 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 a 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 CAs in the short term to cope with specific scientific, technical and administrative operating needs of a limited duration, as in the case of TAs 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 CAs in short-term employment, as detailed above.

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

The complete legal framework for recruitment of SNEs at the EMCDDA is to be found in the decision of the 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 published publicly on the EMCDDA job vacancies web page.

Implementing rules in place:

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

B. Appraisal and reclassification/promotions
Implementing rules in place:

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

Table V.1: Reclassification of temporary agents / promotion of officials

Average seniority in the grade among reclassified staff							
Grades	**Year *N* − 4 2019**	**Year *N* − 3 2020**	**Year *N* − 2 2021**	**Year *N* − 1 2022**	**Year *N* 2023**	**Actual average over 5 years ([20])**	**Average over 5 years (according to decision C(2015)9 563)**
AD 5							2.8
AD 6				3		0.6	2.8
AD 7	5.5	3.5	3		4.5	3.3	2.8
AD 8		3	4.66	3		2.13	3
AD 9	6.78	4.5	3.33	4.75	3	4.47	4
AD 10	9		3.25	2	3.5	3.55	4
AD 11			7	6	7	4	4
AD 12			7			1.4	6.7
AD 13				10.25	16	5.25	6.7
AST 1							3
AST 2							3
AST 3						0.8	3
AST 4			5	3		1	3
AST 5	8	4.5	5			3.2	4
AST 6	5	4.5	5		3.5	2.6	4
AST 7			3.5	5		1.8	4
AST 8		5		4		1.8	4
AST 9							N/A
AST 10 (Senior assistant)							5
AST/SC 1							4
AST/SC 2							5

Average seniority in the grade among reclassified staff							
AST/SC 3							5.9
AST/SC 4							6.7
AST/SC 5							8.3

Table V.2: Reclassification of contract staff

Function group	Grade	Staff in activity at 1.1.Year *N*−2 2021	How many staff members were reclassified in Year *N* − 1 2022	Average number of years in grade of reclassified staff members	Average number of years in grade of reclassified staff members according to Decision C(2015)9561
CA IV	17				Between 6 and 10 years
	16	1			Between 5 and 7 years
	15	2	1	4	Between 4 and 6 years
	14	5			Between 3 and 5 years
	13				Between 3 and 5 years
CA III	11	2			Between 6 and 10 years
	10	2			Between 5 and 7 years
	9	2			Between 4 and 6 years
	8				Between 3 and 5 years
CA II	6	3	1	10	Between 6 and 10 years
	5	2	1	5	Between 5 and 7 years
	4				Between 3 and 5 years
CA I	2				Between 6 and 10 years
	1				Between 3 and 5 years

C. Gender representation

Table V.3: Data on 31.12.*N* − 1 (statutory staff – only officials, AT and AC), 2022

		Official		Temporary		Contract agents		Grand total	
		Staff	**%**	**Staff**	**%**	**Staff**	**%**	**Staff**	**%**
Female	Administrator level			22	20.00				
	Assistant level (AST and AST/SC)	2	1.82	11	10.00				
	Contract agents FG IV					6	5.45		
	Contract agents FG I-III					17	15.45		
	Total	**2**	**1.82**	**33**	**30.00**	**23**	**20.91**	**58**	**52.73**
Male	Administrator level	4	3.64	23	20.91				
	Assistant level (AST or AST/SC)			12	10.91				
	Contract agents FG IV					4	3.64		
	Contract agents FG I-III					9	8.18		
	Total	**4**	**3.64**	**35**	**31.82**	**13**	**11.82**	**52**	**47.27**
Grand total		**6**	**5.45**	**68**	**61.82**	**36**	**32.73**	**110**	**100.00**

Table V.4 – Data on gender evolution in middle and senior management over a 5-year period

	N−5 2017		*N*−1 2022	
	Number	**%**	**Number**	**%**
Female managers	2	25	2	25
Male managers	6	75	6	75

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. Special attention will be given to this matter in the forthcoming process for the fulfilment of the additional positions made available for the application of the new regulation on the EUDA.

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 TAs, 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 TAs who were previously engaged by other EU agencies. Seven of the EMCDDA's former TAs 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 TAs (under Article 2f of the CEOS) and the introduction of Article 55 of the CEOS, career continuity for TAs is ensured. The EMCDDA has already recruited its first TA from another agency using the above-mentioned articles.

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

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

D. Geographical balance

Table **V.5: Explanatory figures to highlight nationalities of staff (split by Administrator/CA FG IV and Assistant/CA FG I, II, III) Data on 31.12.2022 for statutory staff only (officials, TAs and CAs)**

Nationality	AD + CA FG IV		AST/SC – AST+CA FG I / CA FG II / CA FG III		TOTAL	
	Number	Percentage of total staff members in AD and FG IV categories	Number	Percentage of total staff members in AST SC/AST and FG I, II and III categories	Number	Percentage of total staff
BE	6	10.17	5	9.80	11	10.00
BG	2	3.39	1	1.96	3	2.73
CZ	1	1.69		0.00	1	0.91
DE	4	6.78	3	5.88	7	6.36
ES	5	8.47	4	7.84	9	8.18
FI	1	1.69		0.00	1	0.91
FR	6	10.17	2	3.92	8	7.27
HU	1	1.69		0.00	1	0.91
IE	4	6.78	1	1.96	5	4.55
IT	6	10.17	4	7.84	10	9.09
LU	1	1.69	1	1.96	2	1.82
LV	1	1.69		0.00	1	0.91
NL	1	1.69		0.00	1	0.91
PL	2	3.39	2	3.92	4	3.64
PT	9	15.25	26	50.98	35	31.82
RO	2	3.39	1	1.96	3	2.73
UK	6	10.17	1	1.96	7	6.36
SW	1	1.69		0.00	1	0.91
Total	59	**100.00**	51	**100.00**	110	100.00

Table V.6: Evolution over 5 years of the most represented nationality in the agency

Most represented nationality	*N* − 5 2017		*N* − 1 2022	
	Number	%	Number	%
Portuguese	34	33.36	32	30.19

E. 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

1. 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 recognises that, as a public institution, it needs to actively monitor its environmental performance and implement appropriate measures to reduce its impact on the environment.

Strategy 2021-2025

The European Green Deal ([21]) establishes an ambitious target of net-zero greenhouse gas emissions in Europe by 2050. Furthermore, the European Commission aims to become carbon neutral by the end of 2030 ([22]). The EMCDDA is also reflecting on its longer-term environmental strategy with the goal of becoming a 'carbon-neutral administration' by 2026. Our action plan for 2021-2025 reflects this ambition.

The EMCDDA's environmental strategy 2021-2025 is based on a set of goals that aim to reduce the carbon footprint and offset the residual carbon sources by the end of 2025.

A. Instal photovoltaic solar panels on the roof of the EMCDDA no later than 2021. This measure accompanies the switch of the electricity provider to a 100 % renewable energy source (water and wind power) concluded in 2020.

B. Promote the use of private electric cars and bicycles by installing charging points in the garage in 2021.

C. Take the necessary measures to change the current internal combustion engine official cars of the EMCDDA to hybrid or electric cars in 2022.

D. Take the necessary measures to appoint a travel agency for missions and events that provides a carbon-offsetting programme in 2022 for 2023.

E. Implement the EMAS framework and obtain certification by the end of 2023.

F. Offset mission-related carbon emissions by 2023.

G. Take the necessary measures to reduce and finally offset transport-related carbon emissions in 2024.

H. Take the necessary measures to reduce and offset waste-related carbon emission in 2025.

In addition to the environmental strategy 2021-2025, which focuses on carbon emissions, the management process of the EMCDDA focuses on the efficiency of its premises management. One of the KPIs of the EMCDDA is the KPI to maintain utility costs at the same level as the previous year. During the pandemic, the KPI was adjusted to not exceed the pre-COVID-19 costs. This was done due to the expected rebound of consumption with the end of the COVID-19 lockdowns and the inflation-related increase in cost due to the war on Ukraine, starting from 2022. The EMCDDA follows a philosophy in its operations that not only focuses on growth but also values and promotes environmentally sustainable business practices.

Environmental policy

Following the adoption of the EMCDDA's environmental policy, DEC/DIR/2014/08 ([23]), a yearly policy compliance report and a report on the progress on environmental measures will be produced as part of the annual work plan review process. Furthermore, the Working Group on Environment has been appointed by

[21] https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/european-green-deal_en
[22] https://www.euractiv.com/section/energy/news/eu-commission-lays-out-plan-to-become-climate-neutral-by-2030/
[23] https://www.emcdda.europa.eu/publications/ad-hoc-publication/environmental-policy_en

the Director. After 9 years of being in place, the environmental policy was updated to reflect the EMAS registration of the EMCDDA (as adopted on 16.3.2023, Decision DEC/DIR/2023/007) ([24]).

The environmental policy sets out the EMCDDA's commitments, as follows.

In view of the European Union's commitment to the environment, notably through the European Green Deal, the EMCDDA has a special responsibility to avoid pollution and continually reduce the environmental impact of its own activities.

The EMCDDA will therefore apply an environmental management system to all its activities, in line with the European Union's EMAS regulation and ISO 14001, under which EMCDDA is committed to:

- preventing and minimising pollution and the environmental impact of everyday work;
- continuously improving the individual and collective environmental performance;
- establishing environmental objectives and tasks, defining clear responsibilities and openly providing information;
- complying with all environmentally relevant legislation and obligations, as well as with voluntarily assumed obligations, namely under the EMAS and ISO14001 frameworks.

More specifically, EMCDDA is committed to:

- minimising carbon dioxide emissions;
- promoting the efficient use of energy and minimising electricity consumption;
- applying environmental criteria in its public procurement procedures;
- minimising the use of paper;
- minimising the production of waste and optimally managing its waste;
- encouraging, training and involving staff to achieve these goals.

The EMCDDA undertakes to implement and pursue this environmental policy, in line with its environmental principles. The agency will regularly and transparently communicate this policy and measures to staff, contractors and any other interested parties.

Environmental commitments must translate into specific measures backed by the requisite human, material and financial resources. The environmental management system should be designed to be cost-effective.

This policy and the environmental management system shall apply to all EMCDDA's activities, premises and equipment in Lisbon.

As adopted on 16.3.23, Decision DEC/DIR/2023/007.

EMAS registration

In 2022, the Director decided to obtain EMAS and ISO 14001 certification. The EMCDDA undertakes to implement and pursue this environmental policy, in line with the principles listed above. The EMCDDA will regularly and transparently communicate this policy and its implementation to staff, stakeholders, contractors and any other interested parties.

[24] https://www.emcdda.europa.eu/system/files/publications/13385/Environmental%20Policy%20of%20the%20EMCDDA_2014.pdf

2. Overview of the agency's environmental management system

The EMCDDA's environmental management system is based on the EMAS system. The environmental 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. Two reporting lines are envisaged in the environmental management system, and these 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 and statement. The findings and targets set out in the environmental report are reviewed by the Working Group on Environment, which then issues recommendations. Environmental matters are promoted and published through the Working Group on Environment. The use of green public procurement is required. The EMCDDA is in the process of finalising its EMAS certification in 2023.

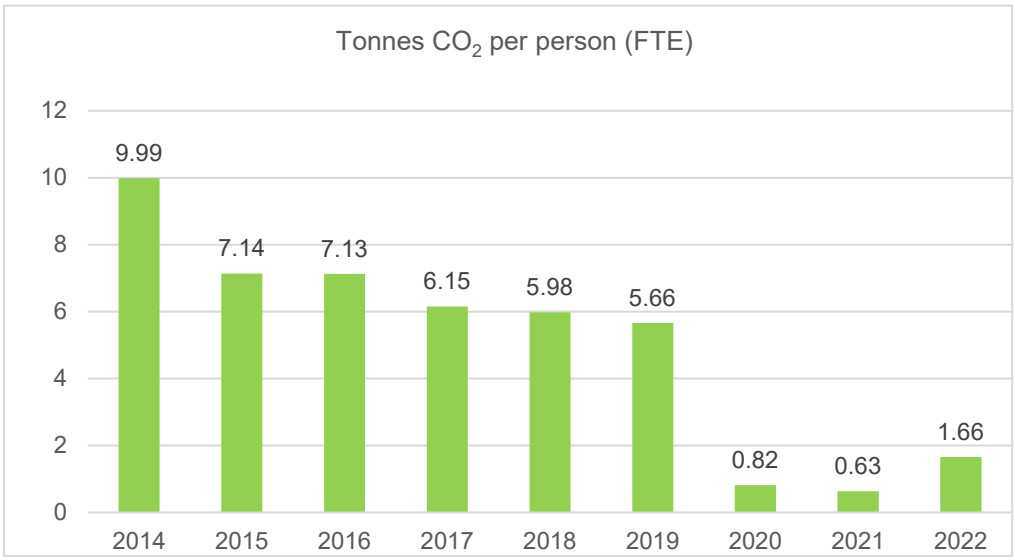
3. Environmental aspects, indicators and targets

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

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

The EMCDDA has been actively monitoring its environmental performance and CO_2 footprint since 2014. Continuous improvement cycles have reduced its CO_2 footprint over the years in comparison with the established baseline of 2014. The results shown in Figure 5 were published in 2022, using data from 2021.

FIGURE 5
Evolution of the EMCDDA's CO_2 footprint between 2014 and 2022



4. 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 (60 % renewable / 40 % non-renewable) 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 electric car and bike charging stations were implemented, to promote the purchase of electric cars and bicycles.

The EMAS registration will promote and visualise the environmental performance of the EMCDDA to its stakeholders and improve corrective measures and corporate follow-up on environmental matters.

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 had an initial duration of 5 years, which may be extended for a further period of 5 years. The current end date of this contract is 1 May 2026.

Future outlook

The EMCDDA is going to pay special attention to the adjustments that the EMCDDA's premises and infrastructure may require for the implementation of its expected new mandate. The new applicable rules on staff's teleworking and hybrid work should allow for some optimisation of the office space requirements and the corresponding adjustment of the relevant needs. Without prejudice to this, these needs require the use of the areas currently subleased to Bensaude S.A. in 2026 and the canteen areas shared with EMSA in 2024. The EMCDDA is in the process of negotiating with EMSA and Bensaude for the exclusive use of the Palacete Relogio Building.

The agency is in the process of acquiring an architect with the intention of developing a concept for both buildings that takes into account the impact of the teleworking policy on the optimisation of the office space requirements as well as the viability of implementing open space offices and the application of activity-based work space. The design concept is expected to be presented in 2024.

	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 1 167 324.44 for 2024, 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	1 167 324.44					

Building projects in the planning phase

An architect will be hired in 2024 to develop an office concept for both buildings, taking into account the future needs of the EUDA and its mandate. The viability of open space offices and activity-based work space within the existing two buildings is to be explored. Based on the outcome, potentially considerable licensing, certification and remodelling needs might be identified.

Building projects submitted to the European Parliament and the Council

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

Annex VIII. Privileges and immunities

Agency privileges	Privileges granted to staff	
	Protocol of privileges and immunities / diplomatic status	**Education / day care**
The Portuguese government granted the EMCDDA diplomatic status by means of the conclusion of a seat agreement on 26 June 1996 (Protocol between the Portuguese Government and the EMCDDA regarding the Functioning of the Agency in Portugal and the Installation of its Headquarters in Lisbon). Through this agreement, which entered into force in May 1998, the Portuguese government applies the Protocol on the Privileges and Immunities of the European Communities to the EMCDDA, exempting the agency from payment of all national, regional or municipal rates and taxes as regards the fixed assets it owns or rents, as well as from customs duties and from any other taxes, prohibitions or restrictions on goods of any kind which it imports or exports in the exercise of its official business (value-added tax (VAT), etc.).	The Protocol on the Privileges and Immunities of the European Communities is applicable to EMCDDA staff. The Protocol between the Portuguese Government and the EMCDDA regarding the Functioning of the Agency in Portugal and the Installation of its Headquarters in Lisbon grants 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 the EMCDDA) to find the best possible solution to providing schooling for the children of EMSA and EMCDDA staff. In this context, work is 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 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. This action plan has been periodically updated and used to inform the activities of the EMCDDA.

As of 2 July 2024, further to the entry into application of the EUDA regulation, which repels and replaces the EMCDDA's recast founding regulation, the external evaluations of the agency will be carried out in line with Article 51 – Evaluation and review – which states the following: '1. By 3 July 2029, and every five years thereafter, the Commission shall assess the Agency's performance in relation to its objectives, mandate, tasks and location in accordance with Commission guidelines.'

Internal monitoring and evaluation system

The EMCDDA's performance framework (see Figure 6) 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 6, 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 PIs and additional performance data (metrics) have been put in place (see Table IX.1). They will build on the experience and knowledge gained in implementing the EMCDDA performance framework to date and will be further refined in order to make sure they are fit for purpose in the new framework.

To respond to the needs emerging from the entering into force of the new regulation of the agency as of 2024, a review of the performance model will take place in 2024-2025. Among other things, this review will aim to define KPIs that can capture in a clearer manner the contribution of the new agency to the implementation of EU policies (while taking into account the 'accountability ceiling' described above). This review will also support the implementation of the new business model, which has customer-centricity at its core.

FIGURE 6
The EMCDDA performance model

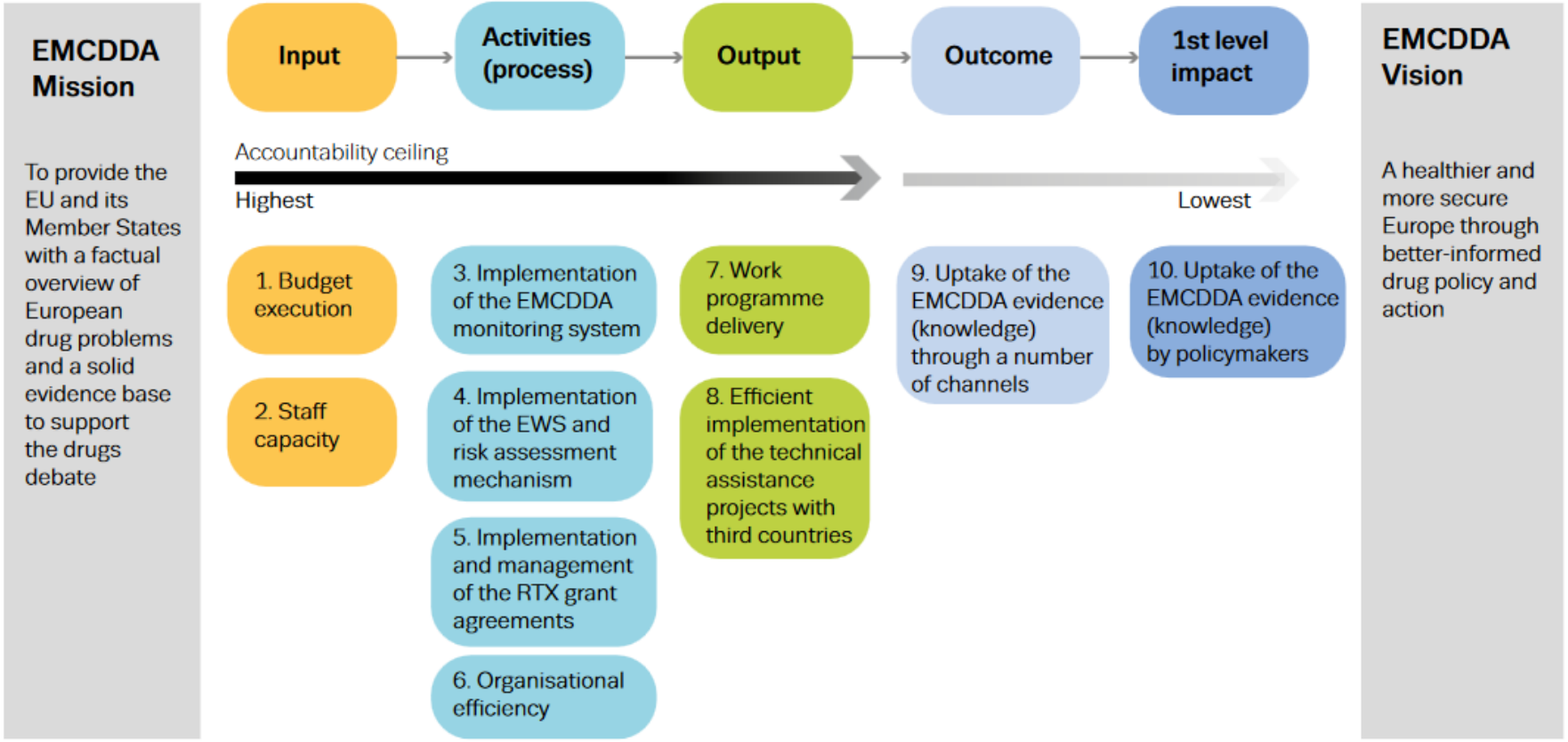


Table IX.1: KPI architecture

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, TAs) filled at the end of the year (if the required resources are available)	All
		2.2. Staff turnover	Maximum 4 % of staff leaving the EMCDDA during the year, out of the total number of staff (officials, TAs, CAs)	
		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 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)		
			(a) 100 % of the supporting documents made available to the NFPs 2 weeks prior to the meetings (except for	B2

	5. Implementation and management of the Reitox grant agreements	5.1. Quality of organisation of the heads of NFPs meetings	documents related to events occurring within this time frame)	
			(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	
		6.2. Effectiveness of the Director in providing support to the Scientific Committee in performing its tasks	(a) 100 % of the supporting documents for the Scientific Committee meetings uploaded to the Scientific Committee extranet at least 2 weeks before the meetings (except for documents related to events occurring within this time frame)	
			(b) Draft minutes of the meetings sent to the Chair within a maximum of 2 weeks of the close of the meetings	
		6.3. Degree of implementation of internal audit recommendations	100 % of the internal audit recommendations (‘critical’ and ‘very important’) implemented within the deadline set out in the follow-up action plan endorsed by the Management Board	
		6.4. Timely delivery of the documents supporting the strategic planning and programming cycle	All documents delivered within deadline	

		(programming documents and *General Report of Activities*) (as required by the EMCDDA's recast founding regulation)		
		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 the utility cost ratio (utility costs divided by exclusively used sqm compared to cost ratio of the previous year)	
		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 2024 work programme	(a) 100 % of the expected outputs/results listed as Level 1 priority achieved	All
			(b) 80 % of the expected outputs/results listed as Level 2 priority achieved	
			(c) 50 % of the expected outputs/results listed as Level 3 priority achieved	

	8. Efficient implementation of technical assistance projects with third countries	8.1. Efficient implementation of IPA 8	(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	H1, H2, S1, S2, S3, B2
		8.2. Efficient implementation of EU4MDII	(a) Minimum 80 % of the annual milestones achieved	
			(b) Minimum 70 % of the annual budget committed	
		8.3. 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. 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 2024)	
		9.4. 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	
		9.5. General public requests	Number of public enquiries answered	

		9.6. Audience reached through social media	(a) Followers growth rate: increased number of followers compared to the previous year (b) An average engagement rate equal to or higher than in the previous year	
		9.7. Audience reached through newsletters	(a) Increased number of subscribers compared to the previous year (b) An average opening and click rate above industry standard	
		9.8. Audience reached through videos	(a) At least a 5 % increase in subscribers (as compared to previous year) (b) Increase of 5 % in total video views (as compared to previous year)	
		9.9. Media reached	Number of media requests answered	
		9.10. Visitors to the EMCDDA	Number of visitors received (by categories: policy, practice, academia, general public)	
IMPACT	**10. Uptake of EMCDDA evidence/knowledge by policymakers**	10.1. Council implementing decisions to subject NPS to control measures and criminal penalties throughout the EU (within the mechanism established by Regulation (EU) 2017/2101)	Defined by need	H1, H2, H3, H4, S1, S2, S3, S4, B1, B2, B3
		10.2. EMPACT cycle for the period 2022-2025: implementation of the OAP for 2024 and support to the Commission and the Member States in formulating the OAP for 2025 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 45.2 of the Financial Regulation applicable to the EMCDDA, the EMCDDA Director, in his capacity as EMCDDA authorising officer, shall put in place the organisational structure and the internal control systems suited to the performance of his duties, in accordance with the minimum standards for effective management and control adopted by the Management Board, on the basis of equivalent standards laid down by the Commission, and having due regard for the risks associated with the management environment.

The Management Board's Decision DEC/MB/10/06 of 1 July 2010 adopted 16 internal control standards for effective management and control at the EMCDDA, based on the European Commission's Internal Control Standards, adopted in 2007.

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 five internal control components and 17 principles, based on the COSO 2013 internal control integrated framework. It was then 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). The implementation of this decision has been sought and monitored in a systematic manner since then.

b. Anti-fraud strategy

In 2011, the European Commission adopted its new anti-fraud strategy, aimed at improving the prevention, detection and conditions for the 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.

As a follow-up to the revision by the Commission of its anti-fraud strategy in 2019, the EMCDDA has reviewed and updated its own strategy, which was adopted by the Management Board in December 2021. Implementation of the respective action plan is regularly performed and the strategy is due for revision in 2024, with the entry into force of the EUDA regulation. By acceding on 31 May 1999 to the Interinstitutional Agreement of 25 May 1999 concerning internal investigations by OLAF and by adopting the appropriate provisions applicable to its employees, the agency is in line with the provisions on combating fraud of the new EUDA regulation.

c. Prevention of conflicts of interest

The Management Board adopted the revised EMCDDA policy for the prevention and management of conflicts of interest (DEC/MB/14/18) on 5 December 2014; it reflects the above-mentioned common approach endorsed by the European Parliament, the Council and the Commission in July 2012, calling for the development and application in all EU decentralised agencies of a coherent policy on preventing and managing conflicts of interest 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 IAS, 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 EMCDDA intends to revise the current EMCDDA policy for the prevention and management of conflicts of interest (DEC/MB/14/18) in the framework of the entry into application of the EUDA regulation.

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). This is covered by Section 3(c) of the EMCDDA's guidelines on the recruitment of EMCDDA staff, which was last updated in January 2021, together with the template for the declaration of absence of conflict of interest and of confidentiality.

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

	General Information					Financial and HR Impacts				
	Actual or expected date of signature	Total amount (EUR)	Duration	Counterpart	Short Description		2023	2024	2025	2026
Grant agreements										
GA.23.RTX.001 – Austria	13.4.2023	60 000	31.12.2023	Gesundheit Osterreich GmbH		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.002 – Belgium	3.5.2023	60 000	31.12.2023	Sciensano		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.003 – Bulgaria	20.4.2023	60 000	31.12.2023	National Center of Public Health and Analyses		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.004 – Cyprus	13.4.2023	60 000	31.12.2023	Cyprus National Addictions Authority		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.005 – Czechia	24.5.2023	60 000	31.12.2023	Česká Republika		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.006 – Denmark	3.5.2023	60 000	31.12.2023	Danish Health Authority		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.007 – Estonia	20.4.2023	60 000	31.12.2023	National Institute for Health Development		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.008 – Finland	13.4.2023	60 000	31.12.2023	Finnish Institute for Health and Welfare		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–

						Number of SNEs	–	–	–	–
GA.23.RTX.009 – France	20.4.2023	60 000	31.12.2023	Observatoire français des drogues et des toxicomanies		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.010 – Germany	22.5.2023	60 000	31.12.2023	Institute for Therapy Research		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.011 – Greece	3.5.2023	60 000	31.12.2023	University Mental Health, Neurosciences and Precision Medicine Research Institute Costas Stefanis		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.012 – Hungary	13.4.2023	60 000	31.12.2023	Magyarorszag		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.013 – Ireland	4.5.2023	60 000	31.12.2023	The Health Research Board		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.014 – Italy	13.4.2023	60 000	31.12.2023	Repubblica Italiana		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.015 – Latvia	3.5.2023	60 000	31.12.2023	Disease Prevention and Control Centre of Latvia		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.016 – Lithuania	20.4.2023	60 000	31.12.2023	Drug, Tobacco and Alcohol Control Department		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.017 – Luxembourg	20.4.2023	60 000	31.12.2023	Groussherzogtum vu Letzeburg (Grand Duchy of Luxembourg)		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–

						Number of SNEs	–	–	–	–
GA.23.RTX.018 – Malta	3.5.2023	47 891	31.12.2023	Repubblika ta Malta		Amount	47 891	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.019 – Netherlands	26.5.2023	60 000	31.12.2023	Stichting Trimbos-Instituut, Netherlands Institute of Mental Health and Addiction		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.020 – Poland	2.5.2023	60 000	31.12.2023	Krajowego Biura do Spraw Przeciwdzialania Narkomanii		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.021 – Portugal	13.4.2023	60 000	31.12.2023	General-Directorate for Intervention on Addictive Behaviour and Dependencies		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.022 – Romania	3.5.2023	60 000	31.12.2023	The National Anti-drug Agency		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.023 – Slovakia	20.4.2023	60 000	31.12.2023	Slovenska Republika		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.024 – Slovenia	2.5.2023	60 000	31.12.2023	National Institute of Public Health		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.025 – Spain	13.4.2023	60 000	31.12.2023	Reino de Espana		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.026 – Sweden	13.6.2023	60 000	31.12.2023	The Public Health Agency of Sweden		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	–	–
GA.23.RTX.028 – Croatia	13.4.2023	60 000	31.12.2023	Croatian National Institute of Public Health		Amount	60 000	100 000	100 000	100 000
						Number of CAs	–	–	–	–
						Number of SNEs	–	–	-	-
Total grant agreements						Amount	1 607 891	2 700 000	2 700 000	2 700 000
						Number of CAs				
						Number of SNEs				
Contribution agreements										
	21.12.2022	4 000 000	31.12.27	European Commission		Amount	912 514	851 843	730 849	733 090

NDICI-GEO-NEAR/2022/438-917						Number of CAs	4	4	4	4
						Number of SNEs				
2022/436-162	20.12.2022	1 500 000	31.12.26	European Commission		Amount	–	–	–	–
						Number of CAs	3	3	3	3
						Number of SNEs				
COPOLAD	15.7.22	800 000	3.11.24	Organizzazione Internazionale Italo-Latino Americana		Amount	80 000	–	–	–
						Number of CAs	2	–	–	–
						Number of SNEs				
Total contribution agreements						Amount	992 514	851 843	730 849	733 090
						Number of CAs				
						Number of SNE's				
Service-level agreements										
SLA-PMO		82 405.80		European Commission		Amount				
						Number of CAs				
						Number of SNEs				
SLA-DIGIT (hosting, procurement, e-Prior, RACHEL, etc.)		36 059.00		European Commission		Amount				
						Number of CAs				
						Number of SNEs				
SLA-DG BUDG (ABAC)		55 000.00		European Commission		Amount				
						Number of CAs				
						Number of SNEs				
SLA-Training		6 994.00		European Commission		Amount				
						Number of CAs				
						Number of SNEs				
Rent Joint Centre - SLA EMCDDA/EMSA Agreement		90 000.00		European Maritime Safety Agency		Amount				
						Number of CAs				
						Number of SNEs				
SLA ID Cards		1 000.00		European Commission		Amount				
						Number of CAs				
						Number of SNEs				
EMCDDA-EMSA Cooperation Agreement on ICT		26 008.80		European Maritime Safety Agency		Amount				
						Number of CAs				
						Number of SNEs				
SLA CERT-EU/EMCDDA 2020		25 978.37		European Commission		Amount				
						Number of CAs				
						Number of SNEs				
Total service-level agreements						Amount				

	Number of CAs				
	Number of SNE's				
TOTAL	Amount				
	Number of CAs				
	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 ([25]).

[25] https://www.emcdda.europa.eu/publications/work-programmes-and-strategies/international-cooperation-framework_en

Annex XIII. Procurement for non-administrative activities envisaged for 2024

In accordance with the applicable financial regulation, this annex presents the procurements for non-administrative activities for the implementation of the EMCDDA work programme for 2024, whose value is not lower than EUR 60 000 and whose execution relies on the appropriations earmarked for this purpose in the EMCDDA budget for 2024.

The preparation for the launch of the new agency and its activities will continue until June 2024. As a consequence, some changes are still possible. If needed, the Director will present a proposal for amending the budget at the Management Board meeting in July 2024.

Area	Scope / subject matter	Envisaged procurement procedure	Estimated cost for 2024 (EUR)
Main area 1: Health	Quality management system data	Service contract	150 000
Main area 1: Health	Digital platforms	Service contract	100 000
Main area 1: Health	Building the EUDA health and security threat assessment service and structure	Service contract	150 000
Main area 1: Health	Digital interface for rapid monitoring and threat assessment	Service contract	150 000
Main area 1: Health	Wastewater scale-up	Service contract	100 000
Main area 1: Health	Drug checking scale-up	Service contract	85 000
Main area 1: Health	Hospital emergency network scale-up	Service contract	230 000
Main area 1: Health	Harms framework, classification and digital records linkage	Service contract	140 000
Main area 1: Health	Overdose monitoring enhanced	Service contract	150 000
Main area 1: Health	Communicating risk on SDRRs to professionals and the public	Service contract	120 000
Main area 1: Health	Increase analytical capacity to detect drugs in Europe, with initial priority on synthetic opioids, by, for example, generating and sharing up-to-date analytical libraries and/or reference standards of NSO and other NPS (Project SOCRATES)	Service contract	140 000
Main area 1: Health	Pharmacological profiling of NSO and other NPS (Project SOCRATES)	Service contract	140 000
Main area 1: Health	Profiling of synthetic drugs, with initial priority on methamphetamine	Service contract	140 000
Main area 1: Health	Studies to support the work of the EWS 2024 or 2025: Study on new benzodiazepines	Service contract	60 000
Main area 1: Health	EUCOMP: European competence building materials on drug issues	Framework service contract	200 000
Main area 1: Health	PLATO scale-up	Framework service contract	170 000
Main area 1: Health	Decision-making supporting ecosystem (EU-DECIDE)	Framework service contract	552 000
Main area 1: Health	Supporting the development of quality management (E-QUALITY)	Framework service contract	300 000

Area	Scope / subject matter	Envisaged procurement procedure	Estimated cost for 2024 (EUR)
Main area 1: Health	CANNAPOL: Develop a 'toolkit' to support Member States in implementing evidence-informed decisions	Service contract	120 000
Main area 1: Health	POLDEV: Service to support Member States with the independent evaluation of drug policies as well as the development of evidence-based drug policies	Service contract	100 000
Main area 2: Security	Develop a data-driven tool that identifies young people vulnerable to recruitment into drug markets and drug-related crime (2024-2026)	Framework service contract	70 000
Main area 2: Security	Monitoring and analysis of the nature and scope of drug-related violence and homicide in the European Union	Service contract	70 000
Main area 2: Security	Implement a system to monitor the situation regarding drug production in Afghanistan (heroin and methamphetamine) (2024-2027)	Framework service contract	100 000
Main area 3: Business driver B1 (Institutional)	Lisbon Addictions	Service contract	60 000
Main area 3: Business driver B1 (Institutional)	EUDA branding and promotional items	Framework service contract	70 000
Main area 3: Business driver B1 (Institutional)	Digitalisation of publications area of premises	Service contract	140 000
Main area 3: Business driver B1 (Institutional)	Audiovisual development and strategy	Service contract	125 000
Main area 3: Business driver B1 (Institutional)	Corporate identity	Framework service contract	95 000
Main area 3: Business driver B3 (Scientific capacity)	Review of threats and opportunities resulting from the impact of the changing scientific international publishing landscape and digitalisation	Service contract	80 000
Main area 3: Business driver B3 (Scientific capacity)	Increased engagement with the scientific community (exploring opportunities provided by the Lisbon Addictions conference)	Service contract	83 000
Main area 3: Business driver B3 (Scientific capacity)	An operational model for identifying gaps and defining priorities on European research needs in scientific areas relevant to the EUDA mandate	Framework service contract	80 000
Main area 3: Business driver B3 (Scientific capacity)	Strengthening of tools and resources for addressing drug-related needs of migrants and 'transient' communities (incl. cooperation with the EUAA)	Service contract	60 000
Main area 3: Business driver B3 (Scientific capacity)	Increasing preparedness and organisational resilience through training and implementation of futures studies	Service contract	60 000
Main area 3: Business driver B3 (Scientific capacity)	Increasing preparedness through deep-dive study of future impact of emerging technologies on drug markets; delivery of health care services; surveillance and monitoring	Framework service contract	350 000
Main area 3: Business driver B4 (Management)	Review and redesign (as appropriate) the agency's business systems and processes to ensure that they meet the needs of the expanded mandate	Service contract	70 000

Area	Scope / subject matter	Envisaged procurement procedure	Estimated cost for 2024 (EUR)
Main area 3: Business driver B4 (Management)	Event organisation (additional big meetings related to the new mandate)	Framework service contract	500 000
Main area 3: Business driver B4 (Management)	Activities in the area of ICT governance and strategy in line with best practices and recommendations: processes and standards, review ICT strategy, in particular to support the transition to the EUDA and organisational change	Framework service contract	85 000
Main area 3: Business driver B4 (Management)	Apply and further develop enterprise architecture to support the implementation of the EUDA mandate	Framework service contract	70 000
Main area 3: Business driver B4 (Management)	ICT risk mitigation: • activities in the area of business continuity, disaster recovery and mitigation of risks from legacy systems; review BC/DR architecture • cybersecurity risk mitigation (in line with the requirements from the information security regulation and best practice, including through improved operational cooperation with CERT-EU) • work towards compliance with the EU cybersecurity regulation, as foreseen by 2024	Framework service contract	100 000
Main area 3: Business driver B4 (Management)	Drug data-related support services: support services related to restricted drugs data (SIENA); EDND-related support services; online/website support services	Framework service contract	100 000
Main area 3: Business driver B4 (Management)	Drug data-related support services: support services related to restricted drugs data (SIENA); EDND-related support services; online/website support services	Framework service contract	100 000
Main area 3: Business driver B4 (Management)	Drug data-related support services: support services related to restricted drugs data (SIENA); EDND-related support services; online/website support services	Framework service contract	200 000
Main area 3: Business driver B4 (Management)	Matrix and management software support services; administrative software support services (review of HRMS applications)	Framework service contract	125 000
Main area 3: Business driver B4 (Management)	Innovative initiatives and projects to implement business requirements and processes, in particular supporting the implementation of the EUDA mandate and digital transformation	Framework service contract	200 000
Main area 3: Business driver B4 (Management)	Supporting the customer-centric model for the EMCDDA and EUDA, with the ongoing Extranets, Collaboration, Intranet and Document Management (ECID) project implementation and Customer Identity and Access Management — develop HumHub, Connect and Documenta	Framework service contract	150 000
Main area 3: Business driver B4 (Management)	Supporting the data foundation model for the EUDA with technical expertise, building the foundation to give freedom to operational units, building and delivering data fabric services	Framework service contract	150 000
Note: The estimated cost for 2024 provides for the estimated amount of the contract envisaged for 2024, to be borne by the EMCDDA 2024 budget, without prejudice to the possible multiyear nature of the envisaged procurement.			

Annex XIV. Risk factors

A number of risk factors that may impact on the ability of the agency to implement the SPD 2024-2026 have been identified and are presented below.

I. External risks

Geopolitical dimension

At the time of drafting this SPD, there are a series of geopolitical developments occurring. The war caused by the Russian invasion of Ukraine, launched in February 2021, is still raging, with no end in sight. This may impact the agency directly — for instance in terms of services to be provided to Ukrainian migrants to the European Union, who are vulnerable to drug use — and indirectly — in terms of the economic consequences (with a potential shift in allocating resources at EU level) of the long-running war at the EU borders.

Since October 2023 another conflict has been unfolding in the Middle East, with unpredictable consequences for regional and global economic and political stability.

This changing geopolitical situation will necessarily have an impact on the global drug phenomenon in many unpredictable ways. The EMCDDA and subsequently the EUDA will have to adapt to these changes flexibly and promptly.

Political elections in 2024

The year 2024 will be marked by elections at EU level, bringing changes in the European landscape, the European Parliament and the European Commission. This may result in the redefinition of EU priorities, at a time when major policy documents, such as the EU drugs strategy and action plan for 2021-2025, are coming to an end.

Elections will also take place in the world's most influential democracy, the United States, with a potential impact on global developments, including in the European Union.

Member States' dimension

The new regulation specifies additional tasks to be agreed with the NFPs. In this exercise, there is a risk of a reduction in the NFP's capacity to comply with Member States' legal and contractual obligations to the EUDA, particularly in the framework of the implementation of the new tasks and activities included in the regulation, affecting the quality and/or quantity of the data reported by the network, as well as the capacity of the NFPs to support decision-making at national level.

This risk might relate to a lack of adequate funding of the NFPs by the national budgets due to the current distribution of the grants systems (decrease of the financing for one or more NFPs), or to transversal issues related to the implementation of the new EUDA regulation (such as the agreement on new reporting tasks, additional need for training / capacity development, need for additional resources).

II. Internal risks

Pressure on existing human resources capacity

We are mindful that there are risks that some of the activities in which we think we can make progress may be delayed or otherwise not delivered. Reasons for this can be manifold, but one of the most

important will be a lack of human resource capacity, so it will be essential to identify the areas where growth is needed and to recruit highly qualified staff into those posts efficiently.

While up to 40 new posts are planned to be gradually filled by 2027 (with 22 of these to be hired in 2024 or at the beginning of 2025), recruiting these new staff members, onboarding them and preparing them to lead important projects requires effort on the part of the already overloaded staff.

These existing staff members will be required to manage the transition to the new agency, while continuing to deliver on the core commitments of the agency and potentially learning to work in new areas, with more diverse customers groups to serve.

In this context, and with a view to ensuring that full priority is given to the new mandate and sufficient resources are allocated to it, some of the ongoing activities may need to be scaled down, discontinued or postponed, while guaranteeing that deliveries that are critical for the agency's mission during the transition period are protected and maintained.

Changes in leadership and senior management

In 2025, the Executive Director, Alexis Goosdeel, will end his second mandate at the helm of the agency. The procedure for selecting a new Director will be initiated by the European Commission in 2024 and the successful candidate is expected to take up their post in January 2026.

Furthermore, in 2024-2025, for reasons of retirement, two heads of unit and the Scientific Director will be leaving the agency and their replacements will have to be recruited.

These top-level changes will have an impact on some of the strategic and key operational decisions to be made by the new EUDA. The risk is also that some activities may be delayed during the period when the new managers are engaged.

Change management

The transformation of the EMCDDA into the EUDA in 2024 involves a significant organisational transformation and requires proper preparation. The agency will change not only its name, but also part of its identity and its culture. This will be accelerated by the significant growth in human resources, with many new colleagues expected to join and contribute their own footprint to the cultural change.

Furthermore, the shift from 'observatory' (EMCDDA) to 'agency' (EUDA), from monitoring to advice to action, will require transformation of work processes, adoption of new technology and overall increased organisational agility. This takes time and effort to adapt to and may bring the risk of resistance and inefficiencies if it is not properly managed.

III. Cross-cutting risks

High expectations on the part of stakeholders and customers

The 'transition' to a fully fledge EUDA has raised expectations regarding the kind of deliverables and outputs of the agency. This has already impacted the work of the agency, even before the entry into application of the EUDA regulation, by increasing the number of requests for all types of support and information from various stakeholders.

There is a reputational risk if the EMCDDA does not prepare the EUDA to fulfil the expectations of its stakeholders from day one. This risk might be manifested in several ways. For instance, there may be insufficient human resources available to prepare for and implement the new mandate, due to the fact that the agency is not sufficiently attractive for highly qualified candidates, or because the existing staff are totally taken up with delivering on the commitments of the current work programme. This situation

may be amplified by unrealistic expectations from customers that all services can be delivered at the usual intensity, from the very beginning of the new mandate.

Engagement with new stakeholder groups

The agency will have to adapt its way of communicating with its stakeholders and to step up its engagement with diversified customer groups, for example civil society and law enforcement practitioners. This will require the definition of a new stakeholder engagement strategy, aligned with the new mandate. Should this be delayed, it may affect the agency's ability to effectively collaborate with its new stakeholders, with consequent reputational risks.

Availability of qualified external expertise to support the new activities

In addition, past experience has shown that it is difficult to find good contractors to work in some highly specialised areas (e.g. security). Thus, although the EUDA budget available for contracts will increase significantly, finding the required external expertise will potentially be even more challenging. This will, however, be key to the successful implementation of the new activities.

It is also important to note that some of the improvements to the monitoring system require ICT infrastructure, and a lack of capacity, either in-house or via contractors, may influence the outcome of some of the developments.

Increased compliance requirements

An increased likelihood of assessments and audits will result from the new prominence for the EUDA as an agency, but also from formal regulations, in particular the upcoming European cybersecurity regulation, which will require separate plans and assessments on topics relating to cybersecurity and risk management to be repeated regularly.

Recommended citation

European Monitoring Centre for Drugs and Drug Addiction (2024), *EMCDDA Single Programming Document 2024–2026*, Publications Office of the European Union, Luxembourg.

About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For more than 25 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

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

Related publications

| EMCDDA Programming Document 2023–2025

These and all other EMCDDA publications are available from www.emcdda.europa.eu/publications

Luxembourg: Publications Office of the European Union, 2024
PDF: doi:10.2810/911803 I ISBN 978-92-9497-964-3 I ISSN 2443-8111 I TD-AX-24-001-EN-N

This publication is available only in electronic format.

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