



# Mid-Term Assessment of the EU Drugs Strategy 2013–2020 and Final Evaluation of the Action Plan on Drugs 2013–2016

Final report

December 2016

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**Mid-Term Assessment  
of the EU Drugs Strategy  
2013–2020 and Final  
Evaluation of the Action Plan  
on Drugs 2013–2016**

Final report

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## **Abstract**

The aim of the EU Drugs Strategy 2013–2020 is to contribute to a reduction in drug demand and drug supply within the EU. The Strategy has so far been implemented by an Action Plan covering the period 2013–2016. This report sets out the findings of an evaluation that assesses the degree of implementation of the Strategy and the Action Plan in terms of outputs and, to the extent possible, impacts. It looks at the extent to which the objectives of the Strategy have been achieved. The evaluation aims to provide evidence to support the Commission's decision about whether to propose a new Action Plan for the period 2017–2020, and if so, what changes would be needed compared to the current plan.

Through applying a mixed-methods approach, the evaluation examined the effectiveness, efficiency, relevance and coherence of the actions undertaken on the basis of the EU Drugs Strategy and the Action Plan as well as their EU added value. The evaluation makes 20 recommendations, addressed to the European Commission, Member States, the Council and other stakeholders. The key recommendation for the Commission is that it should propose a new Action Plan for the period 2017-2020. This should be an updated version of the current Action Plan, rather than taking a new approach or introducing more new actions.

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## LIST OF ACRONYMS

Acronym	Description
ACS	Alternatives to Coercive Sanctions
AIRCOP	Airport Communication Programme
ALICE RAP	Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Project
ASEAN	Association of Southeast Asian Nations
AU	African Union
BOMCA	Border Management Programme in Central Asia
BSEC	Black Sea Economic Cooperation
BSTF	Baltic Sea Task Force
CAAR	Consolidated Annual Activity Report
CADAP	Central Asia Drug Action Programme
CARICC	Central Asian Regional Information and Coordination Centre
CCWP	Customs Cooperation Working Party
CeCLAD-M	Anti-Drug Coordination Centre for the Mediterranean Sea
CELAC	Community of Latin American and Caribbean States
CEPOL	The European Union Agency for Law Enforcement Training
COEST	Council Working Party on Eastern Europe and Central Asia
COAFR	Council Africa Working Party
COASI	Council Asia-Oceania Working Party
COLAC	Council Working Party on Latin America and the Caribbean
COLAT	Council Working Party on Latin America
COREPER	Committee of Permanent Representatives
COWEB	Council Working Party on the Western Balkans Region
CND	Commission on Narcotic Drugs (of the UNODC)
COPOLAD	Cooperation Programme on Drugs Policies
CORMS	Cocaine Route Monitoring and Support
COSI	Standing Committee on Operational Cooperation on Internal Security
CSF	Civil Society Forum
CSO	Civil Society Organisation
CUG	Customs Union Group
DCI	Development Cooperation Instrument
DG DEVCO	Directorate-General for International Cooperation and Development, European Commission
DG HOME	Directorate-General for Home Affairs, European Commission
DG JUST	Directorate-General for Justice, European Commission
DG SANTE	Directorate-General for Health and Food Safety
DG TAXUD	Directorate-General for Taxation and Customs Union, European Commission
DG RTD	Directorate-General for Research and Innovation, European Commission
DPIP	Drug Prevention and Information Programme
EAP	Eastern Partnership
EAW	European Arrest Warrant
ECDC	European Centre for Disease Prevention and Control
ECOWAS	Economic Community Of West African States
EDDRA	Exchange on Drug Demand Reduction Action
EDR	European Drug Report
EEAS	European External Action Service
EIS	Europol Information System
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
ERANID	European Research Area Network on Illicit Drugs
ERA-NET	European Research Area Network
ESPAD	European School Survey Project on Alcohol and Other Drugs

EU	European Union
Euro-DEN	European Drug Emergencies Network
Eurojust	European Union Judicial Cooperation Unit
Europol	European Police Office
EWS	Early Warning System
FRA	European Union Agency for Fundamental Rights
GIZ	German Agency for International Development (Gesellschaft für Internationale Zusammenarbeit)
HBSC	Health Behaviour in School-aged Children
HDG	Horizontal Drugs Group of the Council of the European Union
IcSP	Instrument contributing to Stability and Peace
INCB	International Narcotics Control Board
I-TREND	Internet Tools for Research in Europe on New Drugs
iOCTA	Internet Organised Crime Threat Assessment
ISEC	Prevention of and Fight against Crime Programme
ISF	Internal Security Fund
IQR	Interquartile Range
J-CAT	Joint Cybercrime Action Taskforce
JIT	Joint Investigation Team
LAC	Latin America and the Caribbean
MAOC-N	Maritime Analysis and Operations Centre – Narcotics
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NDC	National Drug Coordinator
NPS	New Psychoactive Substances
OAS	Organization of American States
OCTA	Organised Crime Threat Assessment
OCRTIS	Central Office Against Illegal Narcotics Trafficking (France)
OLAF	European Anti-Fraud Office
OST	Opioid Substitution Treatment
PEN	Pre-Export Notification
PICS	Precursors Incident Communication System
PREDEM	Support to Drug Demand Reduction in the Andean Community
PWID	People Who Inject Drugs
Reitox	European Information Network on Drugs and Drug Addiction
SEACOP	Seaport Cooperation Programme
SIENA	Secure Information Exchange Network Application
TAIEX	Technical Assistance and Information Exchange
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	UN General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization
WDR	World Drugs Report
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

### **THE EU DRUGS STRATEGY AND ACTION PLAN**

The aim of the EU Drugs Strategy 2013–2020 is to contribute to a reduction in drug demand and drug supply within the EU. It is divided into two policy areas of demand reduction and supply reduction and has three cross-cutting themes of coordination, international cooperation, and information, research and evaluation.

Its five overarching objectives are to contribute to a measurable reduction of the demand for drugs, to contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs, to encourage coordination and strengthen cooperation in relation to drug policy (within the EU and internationally), and to contribute to better dissemination of monitoring, research and evaluation. The Strategy sets out 15 specific objectives (three in relation to each overarching objective) that are implemented by an Action Plan that has 54 actions and covers the period 2013–2016.

### **THE AIMS AND SCOPE OF THE EVALUATION**

This evaluation assesses the degree of implementation of the EU Drugs Strategy 2013–2020 and the Action Plan 2013–2016 in terms of outputs and, to the extent possible, impacts. It looks at the extent to which the objectives of the EU Drugs Strategy have been achieved, highlighting the areas where progress has been made and those where progress is lagging. In addition, the evaluation aims to provide evidence to support the Commission's decision about whether to propose a new Action Plan for the period 2017–2020, and if so, what changes would be needed compared to the current plan.

In accordance with the Better Regulation guidelines, the evaluation addresses 13 research questions that relate to the criteria of effectiveness, efficiency, relevance and coherence of the EU Drugs Strategy and the Action Plan as well as their EU added value. The evaluation addresses all parts of the Strategy; the two policy areas (or 'pillars') of drug demand and drug supply reduction, and the three cross-cutting themes of coordination, international cooperation, and information, research, monitoring and evaluation.

This summary describes how the data were collected for the evaluation (and the limitations to those data), sets out the main findings in relation to each of the 13 research questions and presents some cross-cutting conclusions which highlight key messages from across the evaluation criteria. Lastly, it lists the 20 recommendations made by the evaluation.

### **DATA COLLECTION APPROACH**

This study has applied a mixed-methods approach in order to address the evaluation questions and ensure that all relevant stakeholders have been consulted. The approach included an extensive review of relevant EU and Member State data and documents relating to drug markets, trends and Member States' drugs strategies; over 90 interviews (by telephone and in person) to gather input from representatives from all EU Member States, European institutions, EU agencies, third countries and other stakeholders; an online survey of European External Action Service (EEAS) representatives in third countries; an online public consultation; and a roundtable discussion with representatives from civil society organisations.

Information gathered from these sources was analysed to produce a 'traffic light' assessment of the implementation of the Action Plan and synthesised to answer the evaluation questions. On the whole the research team believes that the evaluation presents a coherent and robust set of answers to the evaluation questions. However, some limitations to the evaluation methods stem from data availability constraints. These include limited availability of baseline measures against which to compare changes in key outcomes over the period covered by the Drugs Strategy, the limited availability of systematically collected data relevant to the measurement of some indicators included in the Action Plan, and a time lag in the availability of statistics that cover the whole of the period of the current Strategy (much of the epidemiological data and data about

treatment programmes and prevention measures only cover the period up to 2013). There were also limitations to the representativeness of the respondents to the public consultation, and very few data available about national expenditure on drug policy.

To address these limitations the evaluation collected the best possible statistical data available (in terms of its relevance and timeliness, drawing in particular on data provided by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol to inform the evaluation), and interpreted this in light of the extensive qualitative data collected. Using evidence from different sources in this way provided opportunities to validate the information and build up a picture of the weight of evidence.

The evaluation approach was based on the recognition that it is very difficult to attribute observed trends and developments in the drugs situation to the Drugs Strategy and Action Plan. Similarly, the shape of Member State drug policy is driven by a range of national, EU-level and international factors. The aim of the evaluation was to understand the contribution that the Strategy and Action Plan made to developments in drug policy, in combination with other factors. Trends in the drug supply and demand situation provided an important context for the assessment of this contribution. However, the conclusions from the evaluation in relation to questions about the impact of the Drugs Strategy are necessarily tentative.

The evaluation's main conclusions over the five evaluation criteria are presented below.

## **THE EFFECTIVENESS OF THE EU DRUGS STRATEGY AND ACTION PLAN**

### ***To what extent have the objectives and actions of the EU Action Plan on Drugs 2013–2016 been implemented?***

The evaluation found that, overall, the majority of the actions in the Action Plan have been implemented and considerable progress has been made with regard to the 15 objectives. Eight out of 15 objectives were assessed as completed or on target in terms of implementation, with the remaining seven assessed as 'in progress, but behind plan'. The pillars of the drugs strategy focusing on coordination and information, research, monitoring and evaluation had relatively high proportions of actions on track or completed, while least progress in implementation had been made under the international cooperation and demand reduction pillars.

### ***What have been the results of the actions implemented in relation to the specific objectives of the EU Drugs Strategy and Action Plan? To what extent have the objectives of the Strategy been achieved and what have been the impacts of the Strategy and Action Plan?***

With regard to the results and achievements of the EU Drugs Strategy and Action Plan, the following key developments in each policy area were identified:

- **Drug demand reduction:** Overall, available data suggest a mixed picture, with the current Strategy and Action Plan coinciding with both improvements and some trends which suggest a worsening situation. The Strategy and Action Plan have coincided with some positive *demand-side trends*: the prevalence of recorded high-risk opioid use has stabilised and in some countries decreased, and the prevalence of infectious diseases has been decreasing, overall, since 2013. At the same time, there are more worrying trends: there appears to have been an increase in drug-related deaths since 2013, with no recorded decrease in the use of drugs. In relation to *treatment availability* the picture is positive: data from the EMCDDA indicate that more than half of problem drug users have access to treatment and that there are a range of treatment programmes available. Similarly, the *availability of prevention measures* has remained stable or improved over 2013–2014 and most Member States reported running *awareness-raising initiatives*. In relation to *treatment uptake*, the number of people entering treatment has remained stable since 2013, when the current Drugs Strategy was

adopted, but there has been a decrease in the number of first-time users seeking treatment.

- **Drug supply reduction:** In recent years there have been no signs of a reduction in the supply of drugs. The number of recorded seizures of illicit drugs did not change substantially in 2014 (the latest year for which data are available) compared to 2013, but the volume of drugs seized increased. The price and purity indicators reported in 2014 are generally similar to those from 2013, and the overall number of drug-related offences has continued an upward trend. Law enforcement cooperation in relation to tackling the supply of drugs is extensive in the EU, and evidence suggests it has increased.
- **Coordination:** The evaluation found that drug policy is increasingly coordinated at both EU and international levels, in line with the objectives of the EU Drugs Strategy. Stakeholders valued the ability of the EU to speak ‘with one voice’ in international fora, particularly evidenced in the relatively swift preparation and adoption of EU Common Position in preparation for the UN General Assembly Special Session (UNGASS) in 2016.
- **International cooperation:** In addition to contributing to the ability of the EU to speak ‘with one voice’ in international fora, a number of other measures in the field of international cooperation included in the Drugs Strategy and Action Plan have been implemented as planned. EU-funded projects aiming to reduce the supply of drugs (such as the Cocaine and Heroin Route Programmes and the Cooperation Programme on Drugs Policies – COPOLAD) have been implemented and resulted in significant activities in a number of third countries. There is no evidence that activities undertaken as part of these projects (or as a result of the EU Drugs Strategy or Action Plan) have affected the international supply of drugs. The current Strategy has coincided with some diverging trends in drug production and trafficking. For example, global production of heroin fell in 2014, but in the same year global production of cocaine rose by 38%. However, EU-funded projects continue to be key structures under which EU international cooperation in relation to drugs is undertaken and as part of which long-term relationships are maintained with third countries.
- **Information, research, monitoring and evaluation:** There has been progress in relation to a number of activities included in the Action Plan which aim to improve research and knowledge about drugs. For example, the EMCDDA and its network of Reitox focal points have made a significant contribution to better understanding all aspects of the drugs situation in the EU and trends in drug markets, as called for in the Action Plan. Similarly, Europol and the European Union Agency for Law Enforcement Training (CEPOL) have contributed to maintaining networking and cooperation within and across the EU’s knowledge infrastructure. The EU has also funded significant research projects in the drugs field. A particular challenge in relation to evaluation is the still limited understanding of the impact of law enforcement efforts on drug markets, a situation that persists despite ongoing work on, and progress in, developing supply-side indicators and continuing investment in monitoring and intelligence.

## **THE EFFICIENCY OF THE EU DRUGS STRATEGY AND ACTION PLAN**

### ***To what extent have the Strategy and Action Plan had an impact on Member States' budgetary resources?***

The assessment of efficiency was particularly affected by the lack of available data. No systematic or comparable information is available regarding the budgets for drug-related activities at Member State level. Spending at a national level does not appear to be influenced directly by the need to implement the EU Drugs Strategy and Action Plan, because priority is placed on the implementation of national objectives (most of which align with the Strategy). There appears to have been a reduction in the budget allocated to drug-related issues within a majority of Member States during the period of the current Strategy, due in part to the economic crisis and, in some instances, decisions to prioritise spending on policy areas other than drugs. This has impacted on the

implementation of several actions. Even in a climate of financial austerity, however, Member States have in some cases been able to implement national programmes that are in line with the Action Plan.

***Were sufficient resources allocated throughout the years 2013–2016 to fulfil the objectives of the EU Strategy and Action Plan?***

Overall, resources were considered to be sufficient for the EU Strategy and Action Plan, particularly with regard to drug demand and supply. Not surprisingly, stakeholders indicated that increasing resources would ensure better implementation of the actions in the Action Plan. Evidence on EU-funded projects and programmes demonstrated that drug-related expenditure at the EU level contributed to the implementation of the actions in the Action Plan.

***Will additional resources be necessary for the remaining years of the EU Drugs Strategy? If yes, where should these additional resources come from?***

The evaluation found that the level of resources available was, overall, considered to be sufficient, though the effectiveness of drug demand and supply reduction policies could be improved by increasing resources at the Member State level. Views on the areas where additional funding should be provided differed, depending on stakeholders' interests.

## **THE RELEVANCE OF THE EU DRUGS STRATEGY AND ACTION PLAN**

***To what extent has the EU Drugs Strategy been relevant in view of EU needs?***

The evaluation found that the EU Drugs Strategy and Action Plan were considered to be relevant to problems identified at the EU and national level at the time of their adoption.

Concerning demand reduction, the EU Strategy and Action Plan address the need for information-sharing at the EU level to support the evidence-base underpinning demand-side policies. At the national level, it was confirmed that the Action Plan was relevant to the need to continue to provide and expand a range of demand reduction activities. With regard to supply reduction, the priorities and actions set out in the Strategy and Action Plan were considered to be highly relevant. This view particularly related to their general focus on law enforcement and judicial cooperation and to responding to challenges related to the emergence, use and rapid distribution of New Psychoactive Substances (NPS) and the diversion of precursors (EU level), and their alignment with the diverse needs of Member States (national level). Similarly, the cross-cutting pillars were also considered to be highly relevant to needs at the EU level. In particular, the Strategy and Action Plan were seen as relevant to the need to improve international cooperation and as a guide for work with third countries. At the national level, the coordination pillar was relevant to the need recognised by national stakeholders to improve within-country coordination. Furthermore, with regard to the overall relevance of the Action Plan, the evaluation found that, while the Action Plan can be characterised as slightly more streamlined than its predecessors (it has fewer actions), its relevance and that of the Strategy can largely be attributed to their broad scope.

***Is the EU Drugs Strategy relevant in view of current needs?***

The evaluation found that the EU Drugs Strategy and Action Plan continue to address current problems in relation to drugs policy at the EU and national level. The evaluation could not identify areas that were no longer considered relevant. In many respects, the Strategy and Action Plan were conceived as a comprehensive 'wish list', rather than as a selective strategy focused on achieving a set of prioritised objectives within a given time span. As such, there is no widespread desire among stakeholders to decrease the number of objectives and actions in the Strategy and Action Plan. Stakeholders identified areas where greater focus could be placed moving forward (e.g. the adoption of legislation relating to NPS) or where new priorities could be considered (e.g. the fostering of a closer link between drug demand policy and overall social policy in Member States).

Some stakeholders also suggested a more fundamental change; that a future EU Drugs Strategy should be part of a pan-addiction strategy covering licit and illicit substances and addictive behaviours.

## **THE COHERENCE OF THE EU DRUGS STRATEGY AND ACTION PLAN**

### ***To what extent are the EU Drugs Strategy and Action Plan coherent with other EU policies, as well as with Member States' drugs policies?***

The evaluation concluded that, overall, the EU Drugs Strategy and Action Plan are aligned with the objectives set out in other relevant EU and Member State policies and strategies. In the field of internal security, however, the evaluation found that greater coherence and coordination could be achieved with regard to the working groups within the Council. Better cooperation between the Horizontal Drugs Group of the Council of the European Union (HDG) and the Standing Committee on Operational Cooperation on Internal Security (COSI) would help to ensure that the HDG can fulfil its role of monitoring the implementation of the EU Drugs Strategy and ensuring coherence between demand and supply reduction activities. Furthermore, although the EU Drugs Strategy is aligned with the fundamental objective of fostering good health, it does not take into account key aspects of the EU Health Strategy (e.g. the ageing population and emergency preparedness measures for drug-related epidemics). The EU Drugs Strategy and Action Plan are generally highly aligned with national strategies, action plans and other key policy documents.

### ***To what extent are the EU Drugs Strategy and Action Plan coherent with the developments in international fora and with EU external action?***

A key international actor in relation to global drugs policy is the UN, the strategic priorities of which have become increasingly aligned with the EU approach – a process in which the EU has played a role. More broadly, strategies elaborated by organisations such as the Organization of American States (OAS), the Association of Southeast Asian Nations (ASEAN) and the African Union (AU) follow a similar approach to the EU Drugs Strategy (based on demand and supply reduction pillars and cross-cutting actions such as awareness raising, cooperation and monitoring and research). However, the EU Strategy and Action Plan appear to be more advanced in terms of adopting a balanced health- and evidence-based approach.

### ***To what extent is EU cooperation with third countries and international organisations coherent with the objectives of the EU Drugs Strategy?***

The approach set out in the EU Drug Strategy and Action Plan has been integrated by the EU into its dialogue with third countries and regions. Particular priority is given to technical assistance projects in acceding and potential candidate countries. In line with the Strategy and Action Plan, the EU and its Member States also provide support and assistance to a wide range of drug-related initiatives in Latin America, the Caribbean and West Africa along the cocaine trafficking route, and in Afghanistan and Central Asia along the heroin route. This 'drugs route' approach has helped the EU to be particularly successful in dealing with the interplay between the drugs issues and organised crime. It was also found that the EU has generally maintained strong support for a balanced approach between supply and demand reduction measures.

Finally, EU cooperation with international organisations has been conducted in line with the EU Drugs Strategy and Action Plan. Since 2013, the EU has decisively contributed to shaping the international drugs policy agenda.

## **THE ADDED VALUE OF THE EU DRUGS STRATEGY AND ACTION PLAN**

### ***What is the additional value resulting from the EU Drugs Strategy and Action Plan, compared to what could be achieved by Member States at national and/or regional level?***

The Strategy and Action Plan provide added value to individual Member States (and other non-State actors) and their strategies by establishing a common EU-wide strategic framework and by institutionalising a process of consensus-building for increasingly complex and international issues. Moreover, the Strategy and Action Plan appear to add most value in newer Member States, which in the main did not have pre-existing, developed drugs policies prior to their EU accession. Beyond the EU, the Strategy and Action Plan add considerable value in terms of enhancing the voice of the EU in international fora and in relation to third countries. They provide an important source of guidance for candidate countries, and a framework for bilateral cooperation with third countries.

***Would a new Action Plan for the period 2017–2020, as foreseen in the EU Drugs Strategy, be useful and necessary? If so, is there anything to be changed (beyond the actual actions) in the new Action Plan compared to the current one? What would be the most urgent issues to be tackled by the new Action Plan?***

The evaluation found widespread agreement that there is a continued need for an Action Plan. An Action Plan was considered as a necessary operational translation of the EU Drugs Strategy since it allows for the community to set out more precise priorities and actions, as well as to assign responsibility and formulate specific and measurable indicators. The evaluation therefore recommends that the Commission should propose a new Action Plan for the period 2017–2020 in order to continue translating high-level objectives into concrete action. Very few stakeholders identified priorities that should no longer be included in the Action Plan. Instead they suggested continuing the emphasis on ongoing actions whilst further emphasising and developing certain priorities. The evaluation therefore recommends that the new Action Plan should be an updated version of the current one, rather than taking a new approach or introducing more actions.

### **CROSS-CUTTING CONCLUSIONS**

Looking across the answers to the 13 evaluation questions the following key, cross-cutting messages emerge.

The EU Drugs Strategy's horizontal pillars (coordination, international cooperation and information, monitoring, research and evaluation) have important institutional-level impacts. The Strategy encourages coordination of law enforcement activities and in relation to how the EU and Member States interact with third countries and international organisations. It also champions the value of data collection and research. In these ways, the Strategy adds value to the individual activities of Member States.

The EU Drugs Strategy articulates a consensus among Member States as to the key features of effective drugs policy. This consensus has been built up since the adoption of the EU Strategy in 2013. All Member States have some form of drugs strategy and most strategies are coherent with the five-pillar structure of the EU Drugs Strategy. The EU Strategy encourages rather than drives change in national drugs policies, but remains relevant to Member States by providing a 'wish list' of policy options that are considered as sensible, feasible and effective, and can guide new Member States and candidate countries that need to comply with the *acquis*.

The EU Drugs Strategy and Action Plan are comprehensive in identifying the relevant actors who play a role in a holistic and multidisciplinary approach to drug policy. There is a need to constantly review coordination mechanisms and processes to ensure that all relevant stakeholders are considered, and to keep pace with the ever-evolving institutional landscape and the changing nature of the drugs situation.

Overall, the evaluation finds that the EU Drugs Strategy covers the main issues that Member States want to tackle nationally across the five pillars, according to their national situation. There is appetite among all stakeholders for a new Action Plan to cover the period 2017–2020, and for that Action Plan to have a similar structure to the current one.

There are some issues on the horizon which might usefully be considered in the run-up to an EU Drugs Strategy for 2020 and beyond. These include changes in the types of NPS available, changing modes of trafficking drugs (including the Internet), the ongoing debates about cannabis reform, and a trend towards placing responses to drugs in the context of pan-addiction policies covering licit (such as tobacco, alcohol or prescription drugs) and illicit substances as well as non-drug-related addictive behaviours (such as gambling).

## RECOMMENDATIONS

The evaluation makes 20 recommendations, addressed to the European Commission, Member States, the Council and other stakeholders. These are listed below and in the Final Report, Annex J, which also shows the findings which prompted each recommendation.

The key recommendation for the Commission is that it should propose a new Action Plan for the period 2017–2020 in order to continue translating the objectives of Strategy into concrete operational steps and activities. It is further recommended that the new Action Plan should be an updated version of the current one, rather than taking a new approach or introducing many more actions.

Recommendations made by the evaluation:

1. Member States should focus on the design and implementation of evidence-based prevention and treatment programmes with the aim of addressing drug-related harms and decreasing the prevalence of drug use.
2. The next Action Plan should maintain the focus on improving the availability and quality of data about trends in use, the nature of drugs and the effectiveness of prevention and treatment. Key actors responsible for this are the EMCDDA and Member States.
3. There should be ongoing dialogue between the European Commission and the Council with civil society stakeholders to continue to involve them in the policymaking process.
4. There should be a continuation of efforts by Europol, Eurojust and the EMCDDA to enhance supply reduction activity indicators and data collection to inform those indicators. Data collection should be complemented with qualitative, contextual information to obtain a more comprehensive picture of the impact of supply reduction efforts.
5. A review of current coordination mechanisms between the HDG and the Standing Committee on Operational Cooperation on Internal Security (COSI) should be undertaken to identify opportunities for: the HDG to better monitor the implementation and impact of the supply reduction priorities of the Strategy; supply reduction activities as part of the Organised Crime Policy Cycle to be linked, when appropriate, to the objectives of the Strategy (and communicated accordingly); and synergies between supply reduction activities and other pillars of the Strategy to be identified. Greater communication between these working parties could be encouraged through: regular sharing by COSI of relevant reports with HDG on activities relating to the supply reduction priorities of Strategy and Action Plan (e.g. based on EMPACT reporting); regular (e.g. every six months) attendance by COSI (e.g. the COSI chair) at HDG meetings, in which, for example, a recurring agenda item on supply reduction is discussed, and vice versa. The European Commission could play a role in facilitating coordination, given its attendance at both the HDG and meetings related to the Organised Crime Policy Cycle.
6. The Commission should continue engaging with and providing support to the CSF, in particular in relation to its activities in countries with comparatively weaker civil society. Lessons from the evaluation of the Commission's Communication on Combatting HIV/AIDS in the EU<sup>1</sup>

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<sup>1</sup> Hofman, J., Exley, J., Bienkowska-Gibbs, T. et al. (2014) *Evaluation of the implementation of the Commission Communication 'Combating HIV/AIDS in the European Union and the neighbouring countries, 2009–2013.'* Santa Monica, CA: RAND Corporation.

showed that legitimacy conferred by EU institutions was one of the factors facilitating and strengthening the role of the HIV Civil Society Forum.

7. The Commission and Council should build on the momentum from the successful negotiation at UNGASS to continue to foster dialogue with the UN and identify opportunities for further dialogue through other international fora, in order to exert greater European influence on shared concerns in the area of the drugs phenomenon and to ensure coherence between the EU and international strategies in the coming years, and prepare for the 2019 Special Session.
8. Continue sustained work to promote the balanced approach in third countries. When the concept of harm reduction is not accepted by partners during negotiations and dialogues with third countries, the EU should strive as much as possible to ensure that practices and approaches encompassed under the concept are reflected.
9. The European Commission in partnership with the EEAS could take steps to increase and ensure a consistent level of knowledge among EU Delegations of the EU Drugs Strategy and Action Plan and provide guidance to EU Delegations as necessary. This could support the EU Delegations' role of analysing drug policy developments in third countries and reporting these developments back to the European Commission and EEAS.
10. The Commission should promote structured mechanisms to capture the impact of EU-funded projects. The results should be in turn used to inform the Annual Research Dialogue and the design of calls for research proposals.
11. The EMCDDA and Member States should ensure national and EU funding for the Reitox network is commensurate with the data and analytical outputs expected to be delivered by the network. Where it is not commensurate, formal prioritisation of monitoring and data collection activities may be necessary.
12. The five-pillar structure of the Strategy and Action Plan should be maintained to continue to address current needs.
13. The possibility of creating an EU pan-addiction strategy could be considered in the coming years, including both substances (illegal drugs, alcohol and tobacco, prescription medications, NPS) and behaviours (primarily gambling). A careful investigation should be conducted to consider: the advantages and disadvantages of such an approach; the extent to which there is support for this among stakeholders; and the key actors and institutions at the EU level with whom coordination would be needed to develop such a strategy.
14. A future Action Plan should continue to include actions to monitor NPS, to reduce demand for and supply of them, and to reduce harms associated with their consumption. A priority should be placed on adopting EU legislative measures to address the emergence, use and rapid spread of NPS as quickly as possible in 2016/7.
15. A future EU Action Plan should continue the focus on EU-level activities in relation to international cooperation.
16. The potential developments in cannabis policy, including decriminalisation and/or legalisation, as well as the potential consequences of this for other Member States and the EU should be considered, for example at the HDG meetings.
17. Coordination and cooperation should be enhanced at the EU level to ensure greater alignment between the objectives of the EU Drugs Strategy and the relevant objectives of the EU Health Strategy.
18. The ongoing dialogue with regions and third countries should be carried through into a future Strategy and Action Plan in order to ensure continued benefits resulting from these actions.
19. The Commission should propose a new Action Plan for the period 2017–2020 to continue to translate the Strategy into steps and activities that can be taken in relation to the drugs phenomenon.
20. The new Action Plan should be an updated version of the current Action Plan, rather than taking a new approach or introducing more actions.

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## 1. INTRODUCTION TO THE STUDY

On 7 December 2012 the Justice and Home Affairs Council of the European Union endorsed the EU Drugs Strategy 2013–2020. The current strategy ‘provides the overarching political framework and priorities for EU drugs policy identified by Member States and EU institutions’ and focuses on the areas of demand and supply reduction; EU- and Member State-level coordination and international cooperation in the field of drugs; and information, research, monitoring and evaluation of all aspects of the drugs phenomenon.<sup>2</sup> The Drugs Strategy serves as a basis for Action Plans covering two consecutive periods of four years and which include specific actions through which the Drugs Strategy’s priorities are reflected. They further include a timetable, responsible party, indicators and data collection or data assessment mechanisms for each action.<sup>3</sup> This document presents the mid-term evaluation of the EU Drugs Strategy 2013–2020 and the evaluation of the Action Plan on Drugs 2013–2016.

### 1.1. Background

#### 1.1.1. Why are drugs problematic in Europe?

Approximately 88 million adults in the EU, or almost one quarter of the adult population, are estimated to have tried illicit drugs in their lifetime.<sup>4</sup> The prevalence of ‘last-year drug use’ provides a good measure of recent drug use. In 2014, it was estimated that 17.8 million young adults (aged 15–34) had used drugs in the last year, with males outnumbering females by a factor of two.<sup>5</sup> Illicit drug use is recognised as an important contributor to the global burden of disease and it is associated with chronic and acute health problems.<sup>6</sup> Drug abuse is an important cause of preventable deaths among young people in Europe, both directly through drug overdoses and indirectly through drug-related diseases, accidents, violence and suicide.<sup>7</sup>

Since Europe is not only an important market but also a transport route and producing region for some illicit drugs,<sup>8</sup> the impacts go beyond the harms caused by drug use. United Nations Security Council and General Assembly resolutions have repeatedly highlighted the significant negative impact of illicit drugs – and the violence and corruption it generates – on peace, security and development.<sup>9</sup> Drug markets are one

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<sup>2</sup> OJ C 402, 29.12.2012.

<sup>3</sup> OJ C 351, 30.11.2013.

<sup>4</sup> EMCDDA (2016) *European Drug Report 2016: trends and developments*. As of 22 November 2016: <http://www.emcdda.europa.eu/system/files/publications/2637/TDAT16001ENN.pdf>.

<sup>5</sup> EMCDDA (2016) op. cit.

<sup>6</sup> EMCDDA (2016) op. cit.

<sup>7</sup> EMCDDA (2015) *European Drug Report 2015: trends and developments*. As of 22 November 2016: <http://www.emcdda.europa.eu/edr2015>.

<sup>8</sup> UNODC (2016) *World Drug Report 2016*. As of 1 November 2016: [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf).

<sup>9</sup> Felbab-Brown, V. (2012). How to solve the problem without generating even greater violence. *The World Today: Drugs Policy*, August & September 2012, p. 19.

of the most profitable areas for organised crime groups and EU citizens are estimated to spend between €21 billion and €31 billion on illicit drugs every year.<sup>10</sup> Drug trafficking is associated with different forms of organised crime, and, according to the UNODC<sup>11</sup> and the EU Drug Markets Report,<sup>12</sup> might play a connecting role between organised crime and terrorism. Other ramifications of the illicit drug markets in society may include: impacts on development and governance; environmental damage; impacts on businesses; and impacts on individuals, families and neighbourhoods. These impacts create demands for government expenditure – which many countries suffering these harms most acutely can ill afford.

Given the wide-ranging nature of these negative impacts, it is well established that tackling the drugs problem requires the involvement of different sectors, including public health, education, security, defence, economics and finance, social affairs and justice. And due to the inherently international nature of drug trafficking, it also requires cooperation between countries across the globe.<sup>13</sup>

### 1.1.2. The EU Drugs Strategy and its Action Plan

The aim of the EU Drugs Strategy 2013–2020 is to contribute to a reduction in drug demand and drug supply within the EU. It is divided into two policy areas of demand reduction and supply reduction and has three cross-cutting themes of coordination, international cooperation, and information, research and evaluation. Specifically, it has five overarching objectives:

1. To contribute to a measurable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms;
2. To contribute to a disruption of the illicit drugs market and a measurable reduction of the availability of illicit drugs;
3. To encourage coordination through active discourse and analysis of developments and challenges in the field of drugs at EU and international level;
4. To further strengthen dialogue and cooperation between the EU, third countries and international organisations on drug issues;
5. To contribute to better dissemination of monitoring, research and evaluation results and a better understanding of all aspects of the drugs phenomenon and of the impact of interventions in order to provide a sound and comprehensive evidence base for policies and actions.

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<sup>10</sup> EMCDDA-Europol (2016) *EU Drug Markets Report: in-depth analysis*. As of 22 November 2016: <http://www.emcdda.europa.eu/system/files/publications/2373/TD0216072ENN.PDF>.

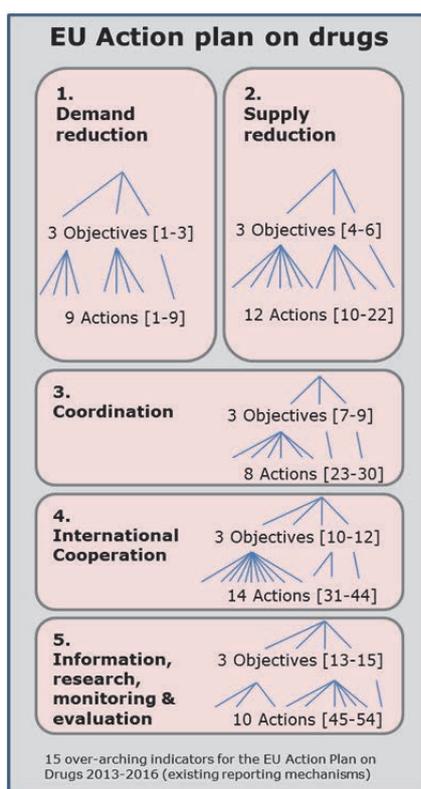
<sup>11</sup> UNODC (2015) *World Drug Report 2015*. As of 22 November 2016: <http://www.unodc.org/wdr2015/>

<sup>12</sup> EMCDDA-Europol (2016). *EU Drug Markets Report: in-depth analysis*. As of 22 November 2016: <http://www.emcdda.europa.eu/system/files/publications/2373/TD0216072ENN.PDF>

<sup>13</sup> Yorke, C. and Gomis, B. (2012). Changing the prescription. *The World Today: Drugs Policy*, August & September 2012, pp. 9-12.

The Strategy is implemented by an Action Plan that has 54 actions across the five overarching objectives and covers the period 2013–2016. Each action lists a set of indicators that can be used when monitoring progress or measuring the results of the individual actions. The actions also contain references to the relevant institutions responsible for their implementation. Finally, the Action Plan provides a set of 15 overarching indicators to aid assessment of the general state of play in European drug markets and the implementation of specific policies. The structure of the EU Action Plan is schematically illustrated in Figure 1.

**Figure 1. Schematic illustration of the structure of the EU Action Plan on Drugs**



### 1.1.3. The legal basis of the EU Drugs Strategy

Under the Treaty on the Functioning of the European Union (TFEU), the legal basis of the EU drugs policy is based on: 1) judicial cooperation in criminal matters (Articles 83 (1) and 84); and 2) public health (Article 168).

Article 83 (1) states that ‘the European Parliament and the Council may, by means of directives adopted in accordance with the ordinary legislative procedure, establish minimum rules concerning the definition of criminal offences and sanctions in the areas of particularly serious crime with a cross-border dimension resulting from the nature or impact of such offences or from a special need to combat them on a common basis’ – one of the areas of crime being illicit drug trafficking.

Article 84 states that ‘the European Parliament and the Council, acting in accordance with the ordinary legislative procedure, may establish measures to promote and support the action of Member States in the field of crime prevention, excluding any harmonisation of the laws and regulations of the Member States.’

Article 168 states that ‘the Union shall complement the Member States’ action in reducing drugs-related health damage including information and prevention.’

In this context, Member States have agreed several pieces of EU legislation related to illicit drugs at the EU level. In particular, new EU legislation entered into force in 2013 to strengthen existing controls over the trade in drug precursors both within the EU (Regulation (EU) No 1258/2013 amending Regulation (EC) No 273/2004)<sup>14</sup> and between the EU and third countries (Regulation (EU) No 1259/2013 amending Regulation (EC) No 111/2005).<sup>15</sup> The measures introduced included stricter controls on trade in acetic anhydride (a precursor of heroin), and ephedrine and pseudoephedrine (precursors of methamphetamine).<sup>16</sup>

In September 2013 the Commission adopted a legislative package on new psychoactive substances (NPS) and the Proposal for a Directive amending Council Framework Decision (2001/757/JHA of 25 October 2004).<sup>17</sup> The aim was to enable the EU to act swiftly and more effectively to address NPS. The European Parliament approved the legislative package in April 2015, but the Council did not adopt a general approach. A new proposal was adopted by the Commission in August 2016 for which inter-institutional negotiations started in September 2016.<sup>18</sup> However, there currently is adopted legislation in place in the European Union (EU) on some NPS, including Council decisions to ban 17 substances as of September 2016.<sup>19</sup>

#### **1.1.4. Results of the evaluation of the EU Drugs Strategy 2005–2012**

In 2012, the European Commission commissioned RAND Europe to conduct an independent evaluation of the EU Drugs Strategy 2005–2012 and its Action Plans and to provide recommendations for a potential successor strategy. In agreeing that the EU should adopt a Drugs Strategy 2013–2020, the Council of the European Union took into consideration the results of the evaluation of the EU Drugs Strategy 2005–2012 and its Action Plans.<sup>20</sup> The current strategy therefore builds on the evaluation and

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<sup>14</sup> Regulation (EU) No 1258/2013 of the European Parliament and of the Council of 20 November 2013 amending Regulation (EC) No 273/2004 on drug precursors. OJ L 330 p. 21.

<sup>15</sup> Regulation (EU) No 1259/2013 of the European Parliament and of the Council of 20 November 2013 amending Council Regulation (EC) No 111/2005 laying down rules for the monitoring of trade between the Community and third countries in drug precursors. OJ L 330 p.30

<sup>16</sup> EMCDDA (2015a). *European Drug Report 2015: Trends and developments*. As of 1 December 2016: <http://www.emcdda.europa.eu/edr2015>

<sup>17</sup> Laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking.

<sup>18</sup> Proposal for a Regulation of the European Parliament and of the Council amending Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on new psychoactive substances (COM(2016)547 final)).

<sup>19</sup> For a list of these Council decisions, see [http://ec.europa.eu/dgs/home-affairs/e-library/documents/policies/organized-crime-and-human-trafficking/drug-control/index\\_en.htm](http://ec.europa.eu/dgs/home-affairs/e-library/documents/policies/organized-crime-and-human-trafficking/drug-control/index_en.htm) [as of 23 November 2016].

<sup>20</sup> Council of the European Union, 2012. *Council conclusions on the new EU drugs strategy 3172nd Justice and Home Affairs Council meeting Luxembourg, 7 and 8 June 2012*. As of 1 December 2016: [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/jha/130718.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/jha/130718.pdf).

lessons learned of the EU Drugs Strategy 2005–2012.<sup>21</sup> Examples of recommendations that have been taken on board include: explicitly referring to and improving access to evidence-based harm reduction interventions; investing in the development and adoption of improved supply reduction indicators; and drawing attention to and improving understanding of concerning trends related to NPS (then referred to as 'legal highs').

## 1.2. The objectives and evaluation questions for this study

The aim of this evaluation is twofold:

1. To allow the assessment of the degree of implementation of the Drugs Strategy 2013–2020 as well as of the Action Plan 2013–2016 in terms of outputs and, to the extent possible, their impacts. The evaluation contributes to ensuring that the objectives of the EU Drugs Strategy are achieved by 2020, by highlighting the areas where progress has been achieved and those where progress is insufficient.
2. To support the Commission's decision on whether to propose a new Action Plan to cover the period 2017–2020 and explore what changes from the previous plan would be necessary.

In accordance with the Better Regulation guidelines,<sup>22</sup> the evaluation examines the **effectiveness, efficiency, relevance** and **coherence** of the EU Drugs Strategy and the Action Plan 2013–2016 as well as their **EU added value**. The evaluation addresses all main policy areas of the Drugs Strategy, including drug demand and drug supply reduction and the cross-cutting themes (coordination, coordination, international cooperation, and information, research and evaluation). These five criteria have been formulated into 13 evaluation questions and these are set out in Table 1.

The evaluation team used an evaluation framework to guide this study and for each evaluation question so-called 'evaluation grids' were created, and these are set out in Annex H. They provide an overview of the evaluation team's understanding of the questions, set out 'judgement criteria' to be used to answer each question, and identify the data needed to answer the questions and any indicators used. The evaluation grids were informed by the development of an 'intervention logic' at the outset of the evaluation, which sets out the links between the Drugs Strategy, Action Plan and its intended results and impacts. The intervention logic is set out in Annex I.

This evaluation was conducted between April and November 2016 and covers the period after implementation of the EU Drugs Strategy and Action Plan in 2013 up until September 2016, which is when most data collection was completed. The time frame for which evidence was available, however, varies across different data collection methods, as further described in Section 1.3. The geographical scope of the evaluation covers the EU both at Member State and at EU level. However, information was also

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<sup>21</sup> OJ C 402 p. 1

<sup>22</sup> See European Commission (2015) Better Regulation Guidelines – Commission Staff Working Document. COM(2015) 215 final. As of 29 September 2016: [http://ec.europa.eu/smart-regulation/guidelines/docs/swd\\_br\\_guidelines\\_en.pdf](http://ec.europa.eu/smart-regulation/guidelines/docs/swd_br_guidelines_en.pdf)

collected from third countries and in addition developments at global level were taken into account.

**Table 1. Evaluation questions**

Evaluation criterion	Evaluation questions	Section in the report
Effectiveness	1. To what extent have the objectives and actions of the EU Action Plan on Drugs 2013–2016 been implemented?	Section 2.1
	2. What have been the results of the actions implemented in relation to the specific objectives of the EU Drugs Strategy and Action Plan?	Section 2.2
	3. To what extent have the objectives of the EU Drugs Strategy been achieved and what have been the impacts of the EU Drugs Strategy and Action Plan?	Section 2.3
Efficiency	4. To what extent have the Strategy and Action Plan had an impact on the Member States' budgetary resources?	Section 3.1
	5. Were sufficient resources allocated throughout the years 2013-2016 for reaching the objectives of the EU Strategy and Action Plan?	Section 3.2
	6. Would additional resources be necessary for the remaining years of the EU Drugs Strategy? If yes, where should these additional resources come from?	Section 3.3
Relevance	7. To what extent has the EU Drugs Strategy been relevant in view of the EU needs?	Section 4.1
	8. Is the EU Drugs Strategy relevant in view of current needs?	Section 4.2
Coherence	9. To what extent are the EU Drugs Strategy and Action Plan coherent with other EU policies, as well as with Member States drugs policies?	Section 5.1
	10. To what extent are the EU Drugs Strategy and Action Plan coherent with the developments in the international fora and with the EU external action?	Section 5.2
	11. To what extent is the EU cooperation with third countries and international organisations coherent with the objectives of the EU Drugs Strategy?	Section 5.3
EU added value	12. What is the additional value resulting from the EU Drugs Strategy and Action Plan, compared to what could be achieved by Member States at national and/or regional level?	Section 6.1
	13. Would a new Action Plan for the period 2017–2020, as foreseen in the EU Drugs Strategy, be useful and necessary? If so, is there anything to be changed (beyond the actual actions) in the new Action Plan compared to the current one? What would be the most urgent issues to be tackled by the new Action Plan?	Section 6.2

The evaluation's results are expected to be used by the Commission, the Council, the European Parliament and Member States in the future decisionmaking process regarding drug policy and the allocation of resources in this area. Moreover, it is expected that members of civil society with an interest in drugs policy will be able to use the results of the evaluation for their future activity.

### 1.3. Methodology

This study applied a mixed-method approach in order to address the evaluation questions. This section describes the different methods applied and data sources used, as well as the limitations of each method (Sections 1.3.1-1.3.4). It then presents an overall summary of the robustness of this evaluation (Section 1.3.5).

#### 1.3.1. Overview of the methods used in the evaluation

A mix of data collection and analysis methods were used, as presented in Table 2 below.

**Table 2. Overview of methods**

Method	Type of stakeholder	Sample	Further information
<b>Desk research</b>			
Review of contributions from EU agencies (and related documents) and Member State contributions to the 2015 Commission Progress Report	EU agencies Member States General drug market data and trends	n/a	Section 1.3.2  Annex A
Review of additional documentation	n/a	n/a	Section 1.3.2 Annex G
Review of Member States' drugs strategy documents	n/a	n/a	Section 1.3.2 Annex D
<b>Consultation of stakeholders</b>			
Stakeholder interviews	Representatives from: All EU Member States European institutions EU agencies EU-funded projects International organisations Third countries Civil society Chemical industry	91 interviews	Section 1.3.3 Annex G
Survey of European External Action Service (EEAS) representatives in third countries	Representatives of EU Delegations	Respondents from 16 Delegations (i.e. one per Delegation)	Section 1.3.3 Annex E
Roundtable discussion with and written contributions from members of Civil Society Forum	Members of the Core Group of the Civil Society Forum (meeting) Members of the Evaluation Working	8 members attended the meeting	Section 1.3.3

	Group of the Civil Society Forum (written response)		
Public consultation	Private individuals Organisations (Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs), academia, research, social partners, interest groups, consultancies, think-tanks, etc.) or private companies National public authorities International/inter-governmental/regional organisations	121 contributions received	Section 1.3.3
Consultation and workshop with expert advisors	Experts in the field of drugs and drug-related issues	Three experts	Section 1.3.3
<b>Analysis and synthesis of findings</b>			
'Traffic light' assessment of implementation of the Action Plan	n/a	n/a	Section 1.3.4 Annex A
Synthesis of data to apply other judgement criteria and answer evaluation questions	n/a	n/a	Section 1.3.4

### 1.3.2. Desk research

#### Review of contributions from EU agencies and Member States to the 2015 Commission Progress Report

**Objective:** To capture information about the implementation of the EU Action Plan that has already been collected. Information gathered through the review of contributions from EU agencies and Member States' submissions to the 2015 Commission Progress Report has been used primarily to answer questions pertaining to the effectiveness evaluation questions, although it has been used as appropriate in other sections as well. These data were also used to design interview topic guides.

**Execution:** The evaluation team reviewed data submitted for the 2015 Commission Progress Report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Europol, Eurojust, the European Union Agency for Law Enforcement Training (CEPOL) and from 28 individual Member States. In the report, these inputs are referred to as 'contributions'. Information provided by several EU agencies was integrated with the 2015 Commission Progress Report to provide a narrative and an assessment of the implementation of individual actions listed in the Action Plan as of

May 2015 according to the 'action-level indicators' and of trends in areas covered by the Strategy and Plan's 'overarching indicators' (both are set out in Annex A). The Progress Report was published by the Commission<sup>23</sup> in November 2015. Additionally, the evaluation team received a contribution from the EMCDDA (referred to as the 'EMCDDA contribution' in this report) giving an overview of relevant data for the indicators listed under each action as well as an overview of relevant data and (to some extent) trends for the overarching indicators. This EMCDDA report was updated in June 2016 and most data related to European drug markets referred to 2014 or before.

Limitations: The review of Member State and agency contributions is subject to several limitations:

- In some instances, there is no mechanism to collect data directly relevant for a given action-level indicator. Instead, other related data are used. For instance, overarching indicator 5 asks about trends in the age of first use. The European School Survey Project on Alcohol and Other Drugs (ESPAD) and Health Behaviour in School-aged Children (HBSC) surveys collect data on the lifetime prevalence of drug use at a particular age (usually 11, 13 and 15 years old) and on the mean age of first use among treatment seekers. Both types of information are valuable but neither precisely look at trends in the age of first use, as required by the overarching indicator.
- In some cases the available data do not allow for a measurement of a trend in a given indicator because there is only one data point available. For example, EMCDDA reports data on the availability of case management and mental health screening for 2013 only. In other cases, the baseline precedes the introduction of the current Strategy and Action Plan, which therefore precludes a trend assessment pertaining strictly to the reference period for this evaluation.
- Typically, the latest available epidemiological data and data about treatment programmes and prevention measures refer to 2013 (and as for coverage data on prevention measures, these are only available for 2013). This means that, where a 2013 baseline exists, the reference period spans only one year. This introduces the risk of assigning disproportionate importance to observed trends, particularly the case in instances where the observed change from 2013 to 2014 represents a reversal from a previous long-term trend, such as the number of new AIDS diagnoses.
- With some indicators, the available data did not allow for a conclusion on whether the observed trend represents an improvement or deterioration. This is due to the lack of indicators that accurately measure the phenomena of interest, and/or the absence of contextual information that would enable an identification of underlying drivers. For instance, trends in the number of drug seizures may reflect the volume of drug trafficking. However, they may also be a sign of changes in recording/law enforcement practices, etc.

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<sup>23</sup> Report from the Commission to the European Parliament and the Council on progress in the EU's 2013–2020 Drugs Strategy and 2013–2016 Action Plan on Drugs (COM(2015) 584 final).

- In the Member State responses to the 2015 Commission Progress Report, some stakeholders were not familiar with developments across all pillars, and did not provide information for some areas, such as supply reduction.

### **Review of additional documentation**

Objective: To fill gaps in the information provided by the 2015 Commission Progress Reports and the additional contributions by EU agencies. Information from the review of relevant available documentation was primarily used for an assessment of the effectiveness evaluation questions, although it has been used as appropriate in other sections as well.

Execution: Where gaps appeared in information provided by EU agencies, the evaluation team followed up with the relevant agency and also looked up references to other sources listed in the agencies' submissions and sources as mentioned in the Action Plan (see Annex G for a full list of documents consulted). Where appropriate, the information from these additional sources was then incorporated in Annex A (traffic light assessment).

Limitations: The review of additional documentation is subject to several limitations:

- The identification of documentation relevant for this evaluation did not involve a systematic search protocol. The implication may be that some literature potentially relevant for the assessment of judgement criteria has not been identified. Instead the identification of documentation was informed by those sources listed in the Action Plan and additional sources suggested by experts and stakeholders.
- Some sources identified as relevant appeared to be inaccessible. For instance, neither the evaluation of the European Multidisciplinary Platform Against Criminal Threats (EMPACT) nor the EMPACT Driver Reports were publicly available and therefore could not be consulted for this evaluation. The evaluation was bound by these limitations, but where possible, attempted to fill gaps via consultation with stakeholders.

### **Review of Member States' drugs strategies**

Objective: To provide background information to inform the interviews with Member State representatives and to provide information to populate a Member State fiche on implementation.

Execution: For all Member States a short Member State fiche was produced (see Annex D), including the following two sections:

- **Overall national drugs strategy:** This section is based on the description of national strategies presented on the website of the EMCDDA and where applicable is supplemented by national reports of the European Information Network on Drugs and Drug Addiction (Reitox). It provides an overview and a contextualisation of the national strategies and action plans, and relevant dates;
- **Implementation of the EU Drugs Strategy and Action Plan:** This section describes the status of implementation of the EU Drugs Strategy and Action Plan 2013–2016. The information is based on Member State responses for the 2015 Commission Progress Report as well as subsequent data gathered by the evaluation team through desk research and stakeholder interviews.

For ten Member States this evaluation produced a longer Member State fiche that includes two additional sections (see Annex D):

- **Member State specifics:** Based on the national strategies, action plans and stakeholder interviews, this section provides details of specific issues addressed, or new initiatives created, which could be useful for the development of future EU Drugs Strategies. It also includes 'best practice' examples (if identified), which could be used in future EU Drugs Strategies to provide guidance to other Member States.
- **Coherence between European and Member State strategy:** This section is based on a mapping of the national strategies and action plans against the EU Drugs Strategy and Action Plan. It provides information about the extent to which national strategies take the objectives of the EU Drugs Strategy into consideration and identifies specific emphases on particular objectives. It also records where the Member State strategy goes beyond the EU Drugs Strategy.

The ten longer case studies (Austria, Croatia, Finland, France, Germany, Latvia, the Netherlands, Romania, Portugal and the United Kingdom) were selected based on the following criteria (see Annex D for a description of the rationale behind selecting these countries):<sup>24</sup>

1. Length of EU membership;
2. Geographical cluster and geo-political location of importance;
3. Date of establishment of current national drugs strategy;
4. Inclusion of new issues in national strategy;
5. Coherence of EU Strategy and national strategy;
6. Other interesting aspects of the legislative, social care or policy framework: specific innovative interventions in Member States, notable shortages in provision of services, specific governance structures, cases with high prevalence of problematic drugs use, prevalence of new types of drugs and changes in drug trends, notably different legislative frameworks.

The Evaluation team sent the Member State fiches to Reitox focal points in each Member State for validation. A majority of fiches were validated through this exercise and any suggestions were incorporated in the fiches.<sup>25</sup>

Limitations: One of the limitations is the reliance on national documents posted on the EMCDDA website that may not capture the latest developments in each Member State (e.g. the 2014 Reitox reports). Interviews with Member State representatives helped

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<sup>24</sup> Information from EMCDDA country reports and Member States' national drugs strategies and action plans was used to apply these criteria.

<sup>25</sup> There were no responses received from the following countries: Hungary, Lithuania, Ireland, Bulgaria and Estonia.

to minimise this issue, although the extent to which this was possible depended on the level of knowledge of the interviewee on the topic. Furthermore, while we carefully selected ten Member States for the in-depth, longer country fiches by applying a variety of selection criteria, there might be other interesting developments in the remaining 18 Member States that have not been captured.

### 1.3.3. Consultation of stakeholders

#### Stakeholder interviews

Objective: To obtain views on the five evaluation criteria from a range of stakeholders involved in, or who might be impacted by, the implementation of the EU Drugs Strategy and Action Plan.

Execution: The evaluation team was provided with the contact details of different stakeholders to consult. Stakeholders were invited via email to take part in an interview and were sent a topic guide in advance. The topic guides were prepared based on the evaluation framework and on the gaps identified in the document review. In particular, interviews with Member States sought to collect updates for 2015–2016 in relation to data that had been submitted for the 2015 Commission Progress Report (which related to the period 2013–2014).

Stakeholders who did not respond to the initial invitation were sent up to three reminders. In a few instances stakeholders submitted their answers in writing. Most interviews were audio recorded and/or detailed notes were taken during each interview and documented subsequently. Audio files were accessible only to the evaluation team and destroyed after completion of the evaluation.

Table G2 in Annex G presents an overview of the different stakeholders consulted. At Member State level, there were three different types of interviewees (although not all of these stakeholders were available for an interview, and in some cases one individual represented more than one type of stakeholder group): National Drug Coordinator, Member State representative for the Horizontal Working Party on Drugs (HDG) and Reitox national focal point.

A total of 91 interviews were conducted (with some interviews consisting of multiple interviewees). In 29 instances no response was received or the interview was declined.

Limitations: The use of interviews to inform this evaluation is subject to several limitations:

- Interviews covered a breadth of topics and often interviewees discussed topics in broad terms. Although the evaluation team prompted interviewees on specific actions of the Action Plan where possible, interviewees tended to provide high-level information and did not often discuss specific actions in detail, which may have an impact on the quality and comprehensiveness of the data collected. To mitigate the fact that the requested data collection method of interviews could not generate systematic implementation data on all actions for all Member States, the evaluation team has collected documentation from the EMCDDA, Europol and other agencies (see Section 1.3.2 above and Annex G).
- There was variation between stakeholders in the extent to which they were familiar with the EU Drugs Strategy and the Action Plan. Also, most interviewees were mainly familiar with one particular part of the Strategy relevant to their work, for example an EU-funded project.

- Some stakeholders represented more than one group, for example both the National Drug Coordinator (NDC) and HDG. While this is not an issue per se, there were cases where it was not possible to ask all questions relating to several stakeholder groups during one interview due to time constraints.

### **Survey of EEAS representatives in third countries**

Objective: To solicit views of representatives of EU Delegations posted in third countries relevant for international cooperation in the field of illicit drugs. Information gathered through the EEAS survey is intended to inform the evaluation's findings primarily with respect to the domain of international cooperation.

Execution: The evaluation team, in coordination with DG Home Affairs (DG HOME) and EEAS, developed and piloted a questionnaire for EU Delegations. The EEAS agreed to be responsible for identifying contact information for respondents, inviting individual Delegations to the survey, and sending regular reminders. The final version of the survey was made available to the EEAS on 20 June 2016.

Initially, 34 countries were identified by the EEAS as potential relevant respondents for the survey. However, two Delegations informed the EEAS that the priority areas for cooperation between the EU and the countries they are posted to do not include illicit drugs. Accordingly, these two countries were removed from the list of potential respondents.

Analysis: The survey was open from 19 June until 14 September 2016, in order to allow opportunities for responses after the summer holiday period. The survey was accessed 64 times, of which 14 instances represent complete responses and two instances represent incomplete responses that could be used partially. Therefore, in total, the EEAS survey yielded responses from 16 Delegations that were included in the final analysis.

The responses received were cleaned and analysed by the evaluation team. The results were triangulated with other data collected on the topic of international cooperation to inform the relevant sections of answers to the evaluation questions. A quantitative overview of responses to closed questions is presented in Annex E.

Limitations: Given the relatively small number of respondents, the ability of the evaluation team to draw general conclusions on the EU's international cooperation in the field of illicit drugs on the basis of these responses was constrained. Several further factors should be borne in mind when interpreting the survey's results. The importance of illicit drugs for the agenda of individual Delegations is likely to vary, according to a small number of Delegations. By extension, the level of involvement and expertise in the field of illicit drugs of individual respondents also varied across Delegations, as evidenced by their self-reported level of familiarity with the EU Drugs Strategy.

### **Roundtable discussion with and written contributions from members of the Civil Society Forum**

Objective: To consult the Core Group and the Evaluation Working Group of the Civil Society Forum (CSF) on their views about the evaluation criteria.

Execution: Members of the evaluation team organised a meeting with the CSF Core Group on 24 May 2016. The two-hour meeting was held in the form of a roundtable discussion in order to gain all Core Group members' views on the EU Drugs Strategy and Action Plan. The discussion was divided into two parts – focusing on the EU level and the Member State level – in order to not only receive civil society input regarding the role of the CSF at EU level but also to gain the individual members' input on

developments in the implementation of the Strategy and Action Plan in relevant Member States.

In addition to the meeting with the CSF, members of the Evaluation Working Group provided a written response to a series of questions posed by the evaluation team, informing the judgement criteria.

Limitation: The evaluation team is aware that the views expressed by the CSF are not generalisable to other stakeholder groups. Similar to reporting on data from other interviews, this study clearly indicates when views from civil society are presented.

### **Public consultation**

Objective: To gather views from private individuals, non-profit/private organisations, industry and national/regional/local public administrations. The consultation covered all five objectives of the EU Drugs Strategy and corresponding actions of the Action Plan and all evaluation criteria and was conducted by the European Commission.

Execution: The evaluation team developed a framework for the analysis of responses to the consultation as conducted by the European Commission and applied this framework to the submissions received (121 responses in total). The results were summarised in a standalone report submitted to DG HOME.<sup>26</sup> The analysis involved triangulation of the publication consultation responses with other data collected for this evaluation.

Limitations: Responses received cannot be understood as representative of the views of any particular population or group of stakeholders. The questionnaire was publicly available on the Internet and no one was precluded from providing a response. Information on the demographic profile of respondents is based on self-reported values and the survey design did not allow for any verification of received data.

### **Consultation and workshop with expert advisors**

Throughout this evaluation, a panel consisting of three expert advisors was consulted for the purpose of reviewing the interim findings and recommendations obtained through this study. The experts were: Céline Bardet (independent criminal law expert), Victor Hogg (former UK Director of the National Drug Strategy, Director of Policing Policy and Operations and Director of the National Crime Agency Programme) and Giacomo Persi Paoli (Research Leader in the area of security, RAND Europe).

In addition to reviewing previous versions of this document, the experts participated in a workshop. In particular, the relevance, feasibility and acceptability of the findings and recommendations were discussed.

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26 Taylor, J., & S. Hoorens (2016) *Mid-Term Assessment of the EU Drugs Strategy 2013–2020 and Final Evaluation of the Action Plan on Drugs 2013–2016: Public consultation on the evaluation of the EU Drugs Strategy: Report of results*. Santa Monica, CA: RAND Corporation. RR-1730-EC.

#### **1.3.4. Analysis and synthesis of findings**

##### **Traffic light assessment of the implementation of the Action Plan**

Objective: To assess the extent to which the actions and objectives in the Action Plan have been implemented.

Execution: The assessments were developed using a traffic light system, as explained in Annex A. This system was applied at action level using the indicators in the Action Plan. The level of implementation of action was scored according to one of the following categories:

- **GREEN:** Completed, in progress or ongoing but on target
- **AMBER:** In progress or some progress, but behind plan
- **RED:** Deterioration, no progress, little progress or considerably behind plan

The assessment was based on the review of contributions from EU agencies and particularly the EMCDDA's contribution. These sources were complemented by and updated with findings from interviews and information from additional documentation. In particular, the interviews sought to collect updates for 2015–2016 in relation to data that had been submitted for the 2015 Commission Progress Report (which related to the period 2013–2014). Where information relating to the indicators was available, data from the survey of EEAS representatives and the public consultation were also incorporated.

Limitations: In some instances, the contributions from agencies were synthesised in the 2015 Commission Progress Report, for most actions providing information on the volume of activity (e.g. amount of training delivered). However, this may not be sufficient to provide an assessment of a given indicator. For instance, Eurojust is in a position to report only on cases that are referred to it, and these represent only a fraction of all drug trafficking cases in the Member States requiring judicial cooperation. From this perspective it is not possible to determine whether the indicators under Action 17 have been achieved at EU level or not.

##### **Synthesis of data to apply judgement criteria and answer evaluation questions**

Objective: To assess the judgement criteria identified in the evaluation framework and formulate answers to the evaluation questions.

Execution: The evaluation framework presented in Annex H was used to guide the assessment of judgement criteria. The data collection tasks described above targeted the sets of indicators for each of the judgement criteria.

The responses of the interviews with stakeholders were coded according to the evaluation framework. All individual responses related to a specific judgement criterion were collated in a spreadsheet and coded with metadata (including interviewer, date of interview, type of stakeholder, etc.). This approach allowed for a synthesis of findings for each judgement criterion across all interviews. The evaluation framework was completed with information from other data collection approaches (the survey of EEAS representatives, the public consultation and relevant documentation). The results from the various data collection approaches were subsequently triangulated and the findings synthesised, whilst taking account of the various sources.

With regard to the evaluation question on the coherence of the EU Drugs Strategy with Member States' drugs policies (EQ9), the evaluation team synthesised the

information collected for the Member State fiches (see Section 1.3.2) and assessed the extent to which each Member State's drugs strategy emphasises the individual pillars (demand reduction; supply reduction; coordination; international cooperation; and information, research, monitoring and evaluation). The assessment only considers the document(s) labelled as national strategy, and therefore does not take into account wider national drug policies or measures.

Limitations: The synthesis and triangulation of evidence to inform this evaluation are subject to some limitations:

- The judgement criteria were assessed on the basis of the available information. However, the data collected in the evaluation were not sufficient to populate all indicators in the evaluation framework. For some indicators, for reasons explained in the limitations to the data collection methods section above, the information was incomplete or not available. For example, data on the costs of implementing the actions in the Action Plan are scarce. Moreover, as reported by the EMCDDA,<sup>27</sup> information about Member States' drug-related expenditure is often limited, due to difficulties in attribution and inconsistent classification of expenses. In addition, data on drug-related expenditure is often out-dated (see Table F1 in Annex F). Therefore, the evaluation's findings on the evaluation questions, for example those linked to efficiency, are bound by these caveats, which were made explicit in this evaluation.
- The assessment of coherence compares the focus on the five pillars of national strategies against that of the EU Drugs strategy. It is based on the evaluation team's interpretation of the Member State fiches, and should therefore be used as indicative and illustrative.

### **1.3.5. The overall robustness of the evidence collected**

The evaluation team used different sources to validate and triangulate the findings. Triangulating the findings from each data source has contributed to the weight of evidence. While, for some research questions, the conclusions are more tentative (e.g. EQ3 on impact), on the whole the research team believes that the evaluation presents a coherent and robust set of answers to the evaluation questions.

As explained above, there are several noteworthy limitations to the evaluation methods due to data availability constraints, issues around the attribution of observed trends, and developments to the Strategy and the Action Plan. In reporting on the collected evidence, the evaluation team has made those caveats and limitations explicit. In drawing conclusions, the report has been cautious not to over-interpret the evidence. For some judgement criteria, the available data did not allow for any firm conclusions. For instance, as mentioned above, the available evidence for efficiency was limited and data were subject to considerable caveats. As there was no comprehensive and up-to-date overview of drug-related expenditure, the evaluation was not able to draw firm conclusions about the efficiency of the EU Drugs Strategy.

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<sup>27</sup> EMCDDA (2014) *Financing drug policy in Europe in the wake of the economic recession*. EMCDDA Papers, Lisbon, December 2014. As of 7 November 2016: <http://www.emcdda.europa.eu/publications/emcdda-papers/recession-and-drug-related-public-expenditure>

Instead, the available data and particularly the consultation of stakeholders provided indications of the extent to which the allocation of financial resources at EU and Member State level was sufficient.

#### **1.4. Structure of this report**

This report is divided into a further six chapters. Chapters 2 to 6 focus on the evaluation criteria of effectiveness (Chapter 2), efficiency (Chapter 3), relevance (Chapter 4), coherence (Chapter 5) and EU added value (Chapter 6). In these chapters we answer each of the research questions and identify recommendations, where pertinent and justified, based on the evidence provided and linked to individual findings.

Each of the chapters is split into sub-sections corresponding to the evaluation questions (EQs) set out above. In answering the evaluation questions, we make use of the judgement criteria identified in the evaluation framework (see Annex H). Each section within the chapters starts with a summary of the key findings and recommendations for the specific evaluation question and supporting analysis is elaborated in the remainder of the chapter. Our findings and recommendations are numbered and all the findings and conclusions are collected together in Annex J. Not all findings have a corresponding recommendation. In particular, the evaluation team did not identify any recommendations in relation to the efficiency criterion, since the assessment of efficiency was particularly affected by the lack of available data. Recommendations were formulated for the other criteria where the evidence suggested a clear and feasible course of action.

In the assessment we make use of the relevant indicators cited in the Action Plan. Each action lists a number of indicators that can be used to measure its progress. Annex A and sets out the evidence underpinning the traffic light assessment for the action-specific indicators. In addition, the Action Plan recognises a set of 15 overarching indicators that provide information about the overall situation and trends with regards to illicit drugs in the EU.

Chapter 7 summarises the answers to the evaluation and draws together some cross-cutting conclusions.

Finally, the annexes to the report provide further detail and supporting evidence:

- Annex A provides an assessment of the individual actions listed under the EU Action Plan (part A) as well as data available on the 15 overarching indicators specified in the Action Plan (part B). The assessment and data are primarily based on contributions to this evaluation from the EMCDDA.
- Annex B provides an overview of the international organisations involved in drug policy relevant to international cooperation within the context of the EU Drugs Strategy. The priorities of these international organisations are summarised.
- Annex C includes descriptions of seven EU-funded projects and programmes. Based on information gathered through the document review and interviews, the fiches describe the projects' aims and objectives and present the findings regarding their effectiveness, relevance and coherence.
- Annex D provides a summary of national-level drug policy and strategies and their coherence with the EU Drugs Strategy for each individual Member State. For ten selected Member States, there is a more detailed description.

- Annex E includes a quantitative overview of responses to the closed questions of the EEAS survey.
- Annex F presents an overview of information about the drug-related expenditure of Member States, collated by the EMCDDA.
- Annex G provides some further detail on the sources and stakeholders consulted.
- Annexes H and I include the complete evaluation framework and intervention logic prepared for this evaluation.
- Annex J provides a tabular overview of the findings and recommendations of this evaluation.

## 2. EVALUATION OF EFFECTIVENESS

According to the Better Regulation guidelines, effectiveness analysis should consider how successful an EU action has been in achieving or progressing towards its objectives. Consequently, this evaluation considers the progress made to date and the role of the EU Drugs Strategy and its Action Plan in delivering the observed changes. This chapter reports on the findings with regard to the evaluation questions referring to effectiveness:

- To what extent have the objectives and actions of the EU Action Plan on Drugs 2013–2016 been implemented? (Section 2.1)
- What have been the results of the actions implemented in relation to the specific objectives of the EU Drugs Strategy and Action Plan? (Section 2.2)
- To what extent have the objectives of the EU Drugs Strategy been achieved and what have been the impacts of the EU Drugs Strategy and Action Plan? (Section 2.3)

### 2.1. Implementation of the objectives and actions in the EU Action Plan on Drugs 2013–2016

The assessment of the Action Plan's objectives and actions was conducted in the form of a traffic light assessment. The evaluation team gathered evidence on the indicators listed in the Action Plan as well as the 15 overarching indicators. The detailed traffic light assessment and the underpinning evidence are presented in Annex A.

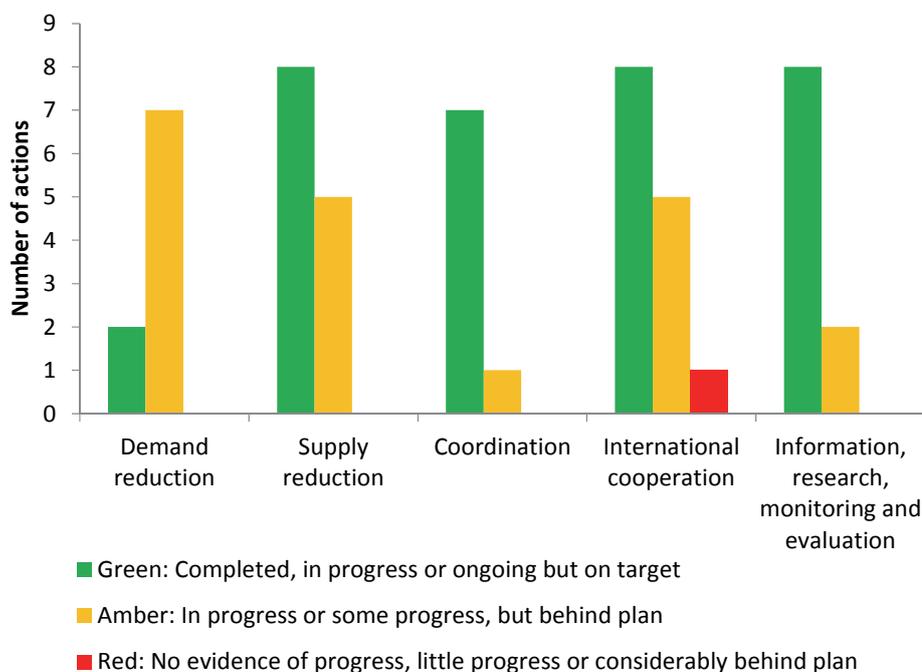
Overall, the majority of the actions in the Action Plan have been implemented and considerable progress has been made with regard to the 15 overarching objectives. A slight majority of objectives (8 out of 15) was assessed as 'green', i.e. either 'completed, in progress or ongoing but on target,' with the remaining seven objectives assessed as 'amber', i.e. 'in progress, but behind plan.' In terms of individual actions, 33 out of the total of 54 actions were assessed as 'green', 20 were assessed as amber, i.e. 'in progress, but behind plan', and finally 1 was assessed as 'red': i.e. 'little/no progress or considerably behind plan'.

The assessment for each pillar can be summarised as follows (see also Figure 2):

- The pillar of the Drugs Strategy focusing on **coordination** had the highest proportion of activities on track or completed (7 out of 8), with one action 'in progress.' Correspondingly, all three objectives under this pillar were assessed as 'green'.
- The **information, research, monitoring and evaluation** pillar also had a high proportion of actions on track or completed (8 out of 10), with the remaining two actions 'in progress'.
- Least progress had been made under the pillar **international cooperation**, with 5 out of 14 actions assessed as 'in progress but behind plan' and one action as 'considerably behind plan'. Two objectives under this pillar were assessed as 'green', while one was assessed as 'amber'.
- 8 out of 13 actions in the **supply reduction** pillar were assessed as 'completed, on track or ongoing but on target' and a further 5 were assessed as in progress. One objective was assessed as 'green' and two as 'amber.'
- While only 2 out of 10 actions in the **demand reduction** pillar were assessed as on track or in progress, there were no actions assessed as 'red'. In contrast

to the 'supply reduction' pillar, most actions were in progress but behind plan for a variety of reasons. Consequently, one objective was assessed as 'green' and two as 'amber'.

**Figure 2: Summary of traffic light assessment: number of actions implemented (per pillar)**



## 2.2. The results of the EU Drugs Strategy and Action Plan

This section presents our analysis of the extent to which the objectives of the EU Drugs Strategy have been achieved and of the results of the actions implemented. The findings are structured along the five pillars of the strategy: demand reduction, supply reduction, coordination, international cooperation, and information, research, monitoring and evaluation.

### 2.2.1. Demand reduction

This section presents the answers to the evaluation question relating to effectiveness in the field of demand reduction, by looking at the extent to which the implementation of the Strategy and Action Plan has contributed to: (a) preventing drug use and delaying the onset of drug use; (b) enhancing the effectiveness of drug treatment and rehabilitation; and (c) embedding coordinated, best practice and quality approaches in drug demand reduction.

Key findings from the evaluation are as follows:

- F2.** The Drugs Strategy and Action Plan have coincided with some positive trends and some that are more concerning: the prevalence of recorded high-risk opioid use has stabilised and in some countries improved, and the prevalence of infectious diseases has been decreasing, overall, since 2013. However, there appears to have been an increase in drug-related deaths since 2013, with no recorded decrease in the use of drugs. *This finding led to the elaboration of Recommendation 1.*

- F3.** There is, overall, widespread availability across all Member States of the range of types of prevention and treatment programmes mentioned in the Action Plan. While there is considerable variety between Member States, EMCDDA data indicate that more than half of problem drug users have access to treatment. The number of people entering treatment has remained stable between 2013 and 2014. *This finding also supports Recommendation 1.*
- F4.** However, there are significant data gaps regarding: whether the number and nature of prevention and treatment programmes available have changed since 2013; the effectiveness of these programmes (in terms of actually reducing the demand for drugs); and whether the Strategy or Action Plan contributed to this current level of implementation. While the evidence on the effectiveness of prevention programmes is limited, the EMCDDA has been effective in collating and promoting evidence-based practice. *This finding led to the elaboration of Recommendation 2.*
- F5.** Stakeholders from civil society expressed concerns about the extent and quality of harm reduction measures in Member States. *This finding led to the elaboration of Recommendation 3.*
- F6.** As required in the Action Plan, common European Minimum Quality Standards for drug demand reduction have been adopted.

Based on these findings, the following recommendations are proposed:

**Recommendation 1.** Member States should focus on the design and implementation of evidence-based prevention and treatment programmes with the aim of addressing drug-related harms and decreasing the prevalence of drug use.

**Recommendation 2.** The next Action Plan should maintain the focus on improving the availability and quality of data about trends in use, the nature of drugs and the effectiveness of prevention and treatment. Key actors responsible for this are the EMCDDA and Member States.

**Recommendation 3.** There should be ongoing dialogue between the European Commission and the Council with civil society stakeholders to continue to involve them in the policymaking process.

## **A. Preventing drug use and delaying the onset of drug use**

The extent to which the implementation of the Strategy and Action Plan has contributed to preventing drug use and delaying the onset of drug use has been addressed through four actions (from 1 to 4). It was found that there has been no recorded decrease in the proportion of the population using drugs but the data that are available have limitations (see Section 1.3). However, it is unclear how overarching trends are connected to the implementation of the Action Plan. Available evidence shows that there has been at least some progress in all actions aimed at preventing drug use and delaying the onset of drug use. Trends in drug demand reduction are further discussed in Section 2.3.

**As called for in Action 1 (improving the availability and effectiveness of prevention measures by taking into account different risk factors), all Member States reported implementing some prevention measures** and, according to the majority of Member States, the availability of such measures has remained stable or improved over 2013–2014.<sup>28</sup> Most Member States have implemented some universal and environmental prevention measures. However, the evidence base for the effectiveness of implemented measures is limited and key evidence-based elements of such programmes (such as social and personal skills training) are not widely available, according to data from the EMCDDA and 2015 Commission Progress Report. The evidence for whether the availability of universal measures has increased since 2013 is limited (lacking precise numbers).

There is extensive or full provision of targeted prevention measures for groups such as pupils with social and academic problems, young offenders and families – including in a range of settings – but no information is available on whether the provision of these services has increased since 2013. Data from the EMCDDA and 2015 Commission Progress Report, as set out in Annex A, indicate that information, awareness raising and counselling remain the most common prevention interventions used, rather than approaches with greater evidence of impact, such as those focusing on norm setting, environmental restructuring, motivation, skills and decisionmaking. As with universal measures, there is limited availability of evidence for their effectiveness.

There is extensive or full provision of indicated prevention measures in 12 Member States, but no information on whether this has improved since 2013. Indicated measures are those aimed at individuals who are exhibiting behaviours correlated with indicators on the risk of developing drug dependence.

**In line with data from the EMCDDA, interviewees provided several examples at the Member State level of the availability of prevention measures taking into account population risk factors** such as age and social factors, situational risk factors such as homelessness, and individual risk factors including mental health. Partners involved in these prevention measures ranged from schools, police, government and local NGOs to the private sector. Interviewees from two Member States explicitly noted that they valued the contribution of the EU Drugs Strategy in terms of quality standards for prevention programmes. One Member State stakeholder commented on problems at the national level around diversification of services and good geographical coverage, and further indicated that appropriate measures on NPS and recreational drug users should be identified. This is also broadly in line with the results from the public consultation where a slightly larger proportion of respondents replied that measures were implemented than those who did not in the domain of drug prevention for people with age, gender, cultural or social risk factors (47 vs 31%) and for people with situational risk factors (44 vs 35%). For individual risk factors, the proportions of positive and negative responses were identical (38% each). However, for all three types of prevention measures, less than 20% of respondents thought that their effectiveness had improved.

Similarly, coverage of prevention measures targeted at families with substance misuse problems, pupils with social and academic problems and young offenders (which aim

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<sup>28</sup> This assessment was contested by some NGOs consulted as part of the 2015 Commission Progress Report.

to delay the age of first use of illicit drugs, see Action 2) appeared to be relatively high. However, although there are some examples of evidence-based programmes, there is limited availability of such interventions across the board and there is no systematic information available on whether the situation has improved in this area since 2013. Some interviewees reported on the implementation of such measures. For instance, one Member State representative highlighted the availability of projects to prevent drug use amongst young people, including instruments to help parents better communicate with their children with improved information, and projects for schools offering better education programs. Another Member State respondent indicated that in the light of a possible shift towards decriminalising certain drugs, there was a need for additional funding of preventive programmes, particularly for first-time users. Similarly, public consultation respondents thought that measures had been implemented in this area, although did not think that their effectiveness had improved.

**A large majority of Member States and a majority of NGOs reported running awareness initiatives, as foreseen by Action 3, but there is no basis on which to assess their effectiveness.** The EMCDDA, in cooperation with other agencies, has produced numerous outputs aiming to raise awareness. However, there is no evidence available relating to awareness levels amongst general populations. Interviewees from several Member States and an EU institution commented on the availability of awareness initiatives about the risks and consequences associated with the use of illicit drugs and other psychoactive substances. This varied from specific (national) awareness campaigns to more ad hoc messages circulated through social media or press releases. Most initiatives solely aimed to raise awareness of NPS or illicit drugs, but some also included a drug-testing element. While most were aimed at young people who (might) use illicit drugs or NPS, there was one example of a campaign that aimed to familiarise media professionals with drugs issues. Despite the description of several initiatives aimed at raising awareness, as with the data from the EMCDDA, there were no details provided by stakeholders on the level of awareness that was generated by these initiatives (i.e. about their effectiveness). Public consultation respondents were almost evenly split on whether measures had been implemented to raise awareness on the misuse of and dependence on medicines. However, almost half of respondents (48%) indicated that measures had been implemented to delay the first use of drugs, while a quarter (26%) replied that no such measures had been implemented.

**In line with Action 4 of the Action Plan, which encourages enabling a more informed response to the misuse of prescribed and ‘over-the-counter’ opioids and other psychoactive medicines, the majority of Member States identified several categories of over-the-counter medicines that may be susceptible to misuse.** These included: opioid analgesics and anaesthetics (prescribed and over-the-counter, if applicable); medicines primarily prescribed for their psychoactive effects; and medicines used in the substitution treatment of addiction). These medicines were reported in the 2015 Commission Progress Report (see Annex A for details). The EMCDDA noted that every Member State now has in place a substitution register, which aims to prevent double prescribing in the event of patients visiting multiple prescribing doctors in parallel. Some Member States reported examples of interventions put in place to prevent misuse of over-the-counter medicine, but the 2015 Commission Progress Report concluded that data on the extent of ongoing misuse are sparse.

Few interviewees were able to comment on the misuse of prescribed and ‘over-the-counter’ opioids and other psychoactive medicines. One Member State indicated that even though the issue of prescribed medicines appeared to be relevant for only a few Member States, it was still thought by HDG members that action should be taken since this was required by the Action Plan. The stakeholder argued, however, that the Action Plan should allow more flexibility in these instances.

## **B. Enhancing the effectiveness of drugs treatment and rehabilitation**

In the field of drug treatment and rehabilitation, addressed through four actions (5–8) of the Action Plan, the trends in relevant variables of interest (e.g. drug-related deaths, high-risk opioid use, infectious diseases attributable to drugs, treatment uptake) appear mixed. Nevertheless, available evidence from the 2015 Commission Progress Report and interviews suggests that there has been some progress in enhancing the effectiveness of drug treatment and rehabilitation. Drug users in Europe are offered a wide range of services, although this varies by treatment type and context and stakeholders disagree about the recent trend in availability of these services.

**As called for by Action 5 (on the provision of integrated treatment), the EMCDDA contribution indicates that integrated treatment services are available in all Member States with good coverage in the majority of countries.** According to data provided by the EMCDDA, drug users in Europe are offered a wide range of services (full details are given in Annex A). Overall, the availability of treatment has been stable or expanded since 2013. Half of Member States reported no major change in the availability of treatment services in 2013–2014 in their country, but most of the remaining Member States reported that the availability of treatment services increased. However, many NGOs contributing to the 2015 Commission Progress Report said that the availability of treatment services in their country had declined due to budgetary cuts. With respect to data on treatment retention and outcomes, the EMCDDA points out that it currently does not monitor these variables in a systematic fashion. In an effort to explore and analyse options for best practice in the area of monitoring and knowledge exchange in treatment outcomes, the EMCDDA is working to establish an expert network.

With regard to the development and expansion of integrated treatment services, stakeholders from different Member States primarily pointed to the development of new initiatives or the desire to have these services, such as combining mental health and substance abuse laws, legislative proposals for syringes programmes, treatment programmes specifically aimed at young people and the provision of integrated treatment for HIV and opioid abuse (see Box 1 for a case study from Portugal). It was further commented that the emergence and spread of NPS use has increased the need to strengthen drug use prevention measures and accessibility to treatment. As for the provision of rehabilitation or recovery services (Action 6), it was found that those interviewees commenting on this Action indicated that the situation remained stable since 2015, and that no expansion has taken place to date.

Responses to the public consultation offered a largely negative picture, however. The largest groups of respondents did not think that measures had been implemented to improve the availability (41%) and accessibility (47%) of treatment and rehabilitation services. The corresponding shares of positive responses were 36 and 35%, respectively. Similar proportions of respondents indicated that the effectiveness of these measures had either remained the same (30%) or got worse (29%). Approximately a fifth of respondents (20%) thought that there had been an improvement.

### **Box 1. The Operational Plan of Integrated Responses in Portugal**

In 2006, Portugal launched the Operational Plan of Integrated Responses (PORI), an intervention framework that seeks to 'promote accurate assessments and the development of integrated interventions at local level'. PORI is implemented through the Integrated Responses Programmes (PRI), which are regional and local initiatives in the fields of harm reduction, prevention, treatment, and social reintegration, designed in accordance with a previous needs assessment. Within PORI, the most vulnerable territories are mapped in order to prioritise them for resource and intervention allocation, with the aim of ensuring that resources are allocated according to the

identified needs. Following a re-assessment of territories in 2012 whereby 163 territories were identified for the development of integrated intervention responses, PRIs were designed in 2013. As a result, a number of projects were implemented in the fields of prevention (16 in 2014, 8 in 2013), harm reduction (38 in 2014, 31 in 2013), treatment (2 in 2014, 1 in 2013), and social reintegration (21 in 2014, 5 in 2013), covering nearly 21,200 people in 2013 and 48,900 in 2014.

**In line with Action 7 (greater access to risk and harm reduction options), a large majority of Member States reported having taken specific measures to ensure availability of and access to evidence-based risk and harm reduction measures in 2013–2014.** As set out in Annex A, the 2015 Commission Progress Report outlined that these measures include low threshold testing, opioid substitution treatment (OST), outreach street work, counselling, distribution of condoms and kits with sterile material, naloxone distribution, programmes for reducing fatalities and disabilities linked to driving under the influence of drugs, monitoring and treatment of blood-borne infectious diseases, set up of mobile harm reduction teams, HIV testing, and ARV treatment. Information from interviews confirms the findings of the 2015 Commission Progress Report that needle exchange programmes are often provided by community-based agencies. One Member State representative commented that the provision of needle exchange programmes had expanded following increased funding through a foundation. A respondent from another Member State commented that the main driver behind the introduction of measures like needle exchange programmes were organisations that advocated a harm reduction approach. One Member State reported that after a period where the number of risk and harm reduction measures decreased, more resources have been allocated to this area following the adoption of the national Action Plan. As is the case with the provision of all prevention and treatment, interviewees from both older and newer Member States reported the lack of monitoring and evaluation of the effectiveness of prevention, risk and harm reduction programmes. Almost three-fifths of respondents (59%) to the public consultation replied that measures had been implemented to reduce drug-related risk and harm. This was by far the highest proportion among all types of drug demand reduction measures. Also, approximately a third of respondents (34%) indicated that the effectiveness of such measures had improved.

**As called for under Action 8, the availability of healthcare measures for incarcerated drug users, including the provision of OST, appears to be growing.** As detailed in Annex A, the 2015 Commission Progress Report noted that healthcare policies covering drug users during their incarceration had been implemented in most Member States. Of these countries, a majority reported planning to increase the scope of their measures by the end of 2016. Box 2 provides examples of in-prison programmes implemented in two Member States. Of those countries that did not have such policies in place, the majority intended to remedy the situation by the end of 2016. According to the 2016 European Drugs Report, 27 of the 30 countries monitored by the EMCDDA reported the availability of opioid substitution treatment in prison. In contrast, the availability of injecting equipment services is less common and does not appear to be growing. The evaluators note that the data lack clear baselines against which to measure growth in the availability of in-prison treatment.

#### **Box 2. Examples of in-prison programmes in the Netherlands and Romania**

##### **Netherlands**

Treatment in prison is ensured inter alia through the 'Safety Houses' programme, which involves police and probation workers, together with municipality authorities. Likewise, the adoption of a new set of acts regulating health and forensic care seeks to intensify forensic care. These in-prison measures are particularly relevant in the context of implementing alternatives to coercive sanctions, such as the diversion of offenders to care facilities.

### **Romania**

The 'Prevention of Drug Abuse and Trafficking in Prisons' project seeks to prevent drug use and trafficking by means of drawings and/or paintings done by the beneficiaries of treatment services in several institutions and prisons. The target group was formed by 20 professionals from the participating institutions and around 200 prisoners participated in the project. The programme included a conference on 'Mental Health and Addiction in Prisons' and an exhibition of the artistic works.

**Some Member States also provide aftercare on release from prison.** Several Member State interviewees indicated that they had current availability and coverage of healthcare measures in prisons like substitution treatment, yet most of them did not mention measures available after release. One country reported that the provision of services after release was hampered by a lack of capacity at treatment services in the community. A few Member States pointed to a diversity of initiatives across regions and local governments, which led to variation in service provision and created issues around the monitoring of these programmes. One country representative indicated that the EU Drugs Strategy had an influence on the country's increased focus on the provision of services for high-risk groups, like drug treatment programmes in prison.

### **C. Embedding coordinated, best practice and quality approaches**

As for the effectiveness of the Action Plan in terms of embedding quality approaches, as addressed through Action 9, it was found that such approaches had been adopted.

**In September 2015 minimum quality standards in drug demand reduction were adopted by the Council.** The adopted instrument includes 16 standards that serve as non-binding benchmarks for minimum quality requirements for interventions in the following areas: drug use prevention, risk and harm reduction, treatment, social integration and rehabilitation. The standards are communicated by the EMCDDA through its Best Practice Portal and are available for implementation by Member States. Box 3 illustrates how Croatia has incorporated the quality standards at the national level.

Despite the adoption of minimum quality standards, representatives from civil society argued that the quality of drug use prevention programmes in all Member States could be improved. School- and family-based prevention programmes, for example, are available in all Member States but their quality differs across the EU. Civil society stakeholders reported that service providers in the field of drugs are mostly NGOs that have decreasing access to financial resources, as well as limited capacities and skills to implement quality standards. The Health Programme has funded several Joint Actions that focus on improving the quality of prevention for blood-borne infections related to drug-related harm: Quality Action (2012), HIV and Co-infection Prevention and Harm Reduction (HA-REACT)<sup>29</sup> and the new Joint Action 2016 LINKAGE2CARE,<sup>30</sup> all of them addressing people who inject drugs (PWID).<sup>31</sup>

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<sup>29</sup> The HA-REACT Joint Action on HIV and Co-infection Prevention and Harm Reduction addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis (TB) and viral hepatitis, among people who inject drugs (PWID). This three-year project was launched in late 2015 with core funding from the EU, and is being implemented by 23 partners in 18 EU Member States; 12 collaborating partners are contributing additional expertise, among

### **Box 3. Guidelines on prevention interventions in Croatia**

Croatia has incorporated the European Drug Prevention Quality Standards in a series of guidelines adopted at the national level. In this regard, the Reitox focal point National Report (2014) stated that guidelines to improve the quality of prevention interventions and treatment of drug addicts had been adopted in Croatia. These guidelines are the result of the programme 'Improvement of the quality of addiction prevention programmes, and rehabilitation and social reintegration programmes' and are based on best practice and scientific evidence. Furthermore, Croatia also adopted guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system in 2014, with the purpose of improving the quality of treatment and providing guidance to professionals in charge of treatment delivery.

#### **2.2.2. Supply reduction**

This section presents the answers to the evaluation question relating to effectiveness in the field of supply reduction, by looking at the extent to which the implementation of the Strategy and Action Plan has contributed to: (a) enhancing effective law enforcement coordination and cooperation within the EU; (b) enhancing effective judicial cooperation and legislation within the EU; and (c) effectively responding to current and emerging trends in illicit drug activity.

Key findings from the evaluation are as follows:

- F7.** Recorded seizures of illicit drugs have not changed substantially over 2013 to 2014 compared with the previous year, but the total volume of drugs seized increased. However, it is difficult to interpret what this implies for the drug situation in the EU: on the one hand, increases in the volume of seized drugs may reflect increased drug trafficking activity, but on the other hand they may be a sign of changes in reporting or law enforcement practices. *This finding led to the elaboration of Recommendation 4.*
- F8.** The evaluation has gathered evidence of extensive law enforcement cooperation in relation to tackling the supply of drugs, as well as some, limited, evidence that this has been 'enhanced' in the period 2013–2016. These activities are directly relevant to the actions in the EU Action Plan, but the driver seems more to be the EU Policy Cycle for serious international and organised crime 2013–2017 and the European Multidisciplinary Platform Against Criminal Threats (EMPACT), rather than the EU Drugs Strategy. *This finding led to the elaboration of Recommendation 5.*
- F9.** Challenges remain in relation to information-sharing between Member States and with third countries. While there is evidence that information exchange through Europol has been increasing in the period since 2013, interviewees

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them the ECDC and EMCDDA. As of 1 December 2016:  
<http://www.hareact.eu/en/HA-REACT-work-packages>

<sup>30</sup> The LINKAGE2CARE Joint Action is under preparation.

<sup>31</sup> Quality Action project case studies that focus on people who inject drugs:  
<http://www.qualityaction.eu/casestudies.php> [as of 1 December 2016].

noted that specific law enforcement cooperation platforms, and joint working in general, would be enhanced if there were additional information-sharing.

**F10.** New legislation has been approved during the period of the EU Drugs Strategy since 2013, including a Directive on freezing and confiscation of the proceeds of crime. Significant amendments were made to the two Regulations on drug precursors. There is limited information at this time on the implementation of these measures by Member States.<sup>32</sup>

**F11.** In relation to the role played by new communication technologies in the production, marketing, purchasing and distribution of illicit drugs, including controlled NPS, there is good evidence of activities to tackle this – both at Member State and EU level. However, it appears that while this work is aligned with the EU Drugs Strategy and Action 22 in the Action Plan, the driver is mainly the Organised Crime Policy Cycle.

**F12.** New indicators have been developed and existing ones refined relating to drug supply reduction monitoring. These are currently being piloted and are at various stages of development. *This finding also led to the elaboration of Recommendation 5.*

Based on these findings, the following recommendations are proposed:

**Recommendation 4.** There should be a continuation of efforts by Europol, Eurojust and the EMCDDA to enhance supply reduction activity indicators and data collection to inform those indicators. Data collection should be complemented with qualitative, contextual information to obtain a more comprehensive picture of the impact of supply reduction efforts.

**Recommendation 5.** A review of current coordination mechanisms between the HDG and the Standing Committee on Operational Cooperation on Internal Security (COSI) should be undertaken to identify opportunities for: the HDG to better monitor the implementation and impact of the supply reduction priorities of the Strategy; supply reduction activities as part of the Organised Crime Policy Cycle to be linked, when appropriate, to the objectives of the Strategy (and communicated accordingly); and synergies between supply reduction activities and other pillars of the Strategy to be identified. Greater communication between these working parties could be encouraged through: regular sharing by COSI of relevant reports with HDG on activities relating to the supply reduction priorities of Strategy and Action Plan (e.g. based on EMPACT reporting); regular (e.g. every six months) attendance by COSI (e.g. the COSI chair) at HDG meetings, in which, for example, a recurring agenda item on supply reduction is discussed, and vice versa. The European Commission could play a role in facilitating coordination, given its attendance at both the HDG and meetings related to the Organised Crime Policy Cycle.

#### **A. Enhancing effective law enforcement coordination and cooperation within the EU**

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<sup>32</sup> As of November 2016, there is limited information on the implementation of these measures by Member States since the time for transposition of these measures has recently expired.

The extent to which the implementation of the Strategy and Action Plan has contributed to enhancing effective law enforcement coordination and cooperation within the EU has been addressed through seven actions (10–16). Law enforcement coordination and cooperation in the field of drugs within the EU have certainly improved in recent years. While not necessarily accompanied by positive trends in relevant outcome indicators, progress has been made in implementing all seven actions in this area, five of which are assessed as being on target.

**Relevant to Action 10 (on intelligence and information-sharing), data from Europol and Eurojust demonstrate extensive operational activity to tackle organised drug trafficking and support Member State law enforcement agencies.** As presented in Annex A, the number of drug trafficking cases referred to Eurojust increased in 2014 and the organisation reported that it had improved its support for Joint Investigation Teams (JITs) (29 new JITs signed between 2013 and 2015) and judicial coordination (169 coordination meetings/centres organised). Europol provided data on the number of dumping and production sites dismantled with its support and the number of analysis reports produced. Interviewees from CEPOL, Eurojust and Europol reported, overall, that there were sufficient (or in some cases improved) levels of cooperation between these agencies, including involvement in strategic discussions on drugs. Stakeholders from the Commission, an EU agency and a small number of Member States reported on several activities in the field of intelligence and information-sharing, including activities under the EU Policy Cycle, use of the information-sharing networks of Europol and Interpol by Member States, and use of the Secure Information Exchange Network Application (SIENA) system. A stakeholder from an EU agency commented positively on the developments in the field of facilitating information exchange, such as strengthening of IT tools, and noted that there has been an increase in information flow on drug issues of 20% on an annual basis in recent years. It was further noted that the increase in remote users of the SIENA system has allowed for more investigators to exchange information and obtain instant responses. However, an obstacle in implementing this action was reported, relating to the agency's legal framework, which puts restrictions on data sharing. As a consequence, cooperation with third countries where there is no data-sharing agreement is difficult. It was, however, noted by a stakeholder from an EU agency that some changes would be effected by the new Europol Regulation, coming into force in 2017.

**Actions have been taken to improve information flows between relevant agencies and the coordination of their actions, resulting in measurable increases in the use and in the quality of existing mechanisms.** Also relevant to Action 10, Europol reported in its submission for the evaluation that it had made improvements in the quality of data covered by the Europol Information System (EIS) (see Action 10, Annex A). In addition, Europol reported on the positive results from EMPACT projects: both operational and in terms of improving networking opportunities between Member States, third countries and Europol. Supporting these data, stakeholders from the Commission, an EU agency and Member States also noted the existence of several activities in the field of intelligence and information-sharing, including some under the EU Policy Cycle (the EU Policy Cycle for serious international and organised crime 2013–2017 is in progress). As part of this Policy Cycle, the Justice and Home Affairs ministers adopted Council Conclusions on setting EU crime priorities on the basis of EU SOCTA recommendations, including priorities on fighting

organised crime networks engaged in the trafficking of cocaine, heroin and synthetic drugs (as foreseen in Action 11).<sup>33</sup>

**Relevant to Action 12 (on strengthening CEPOL's training), the priorities for CEPOL's training activities were developed in consultation with stakeholders and the number of courses offered and the number of attending participants increased from 2013 to 2014.** Box 4 below provides examples of training activities in 2015. There is no basis on which to assess whether these activities were effective in improving the knowledge and skills of law enforcement officers – no data are available on the number of officers effectively deployed as a result of CEPOL's activities (which is one of the action-specific indicators provided in the Action Plan). Reflecting on this, an interviewee from an EU agency noted that the satisfaction rates of those attending the training courses are high, but the stakeholder acknowledged that it was difficult to say to what extent the training led to a better understanding of the drugs phenomenon or improved skills. However, the interviewee noted that a test to measure impact of the courses will become available in 2017.

**While there are obstacles to delivering training related to drugs, there are anecdotal reports that training is more often explicitly part of the operational action plans developed as part of the Organised Crime Policy Cycle.** According to a stakeholder from an EU agency, the main obstacle mentioned in achieving Action 12 involved the lack of funding for specific courses. Furthermore, issues over cooperation with EMPACT had been present in the past, but this has now improved. The interviewee reported that training was now part of some operational actions, perhaps reflecting an increasing acknowledgment of the importance of training.

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<sup>33</sup> Council Conclusions on the EU's priorities for the fight against serious and organised crime between 2014 and 2017, Justice and Home Affairs Council meeting, of 6/7 June 2013. As of 1 December 2016:  
[http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/jha/137401.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/jha/137401.pdf)

**Box 4. Examples of drug-related training delivered by CEPOL in 2015**

**Number of participants and Member States involved in courses specifically around drugs in 2015:**

- Two courses on illicit labs: 30 participants from 24 Member States.
- One course on synthetic drugs: 31 participants from 24 Member States.
- One course on cocaine smuggling: 36 participants from 24 Member States.
- One course on heroin and the dark net: 20 participants from 19 Member States.

**Number of participants and Member States involved in training activities in 2015:**

- Money laundering: 29 participants from 25 Member States.
- Asset recovery: 31 participants from 23 Member States.
- Western Balkan organised crime: 33 participants from 17 Member States and 6 countries from the Western Balkans.
- Informant handling (provided together with Europol): 42 participants from 28 Member States.
- Undercover operations: 28 participants from 21 Member States.
- Witness protection (provided together with Europol): 41 participants from 20 Member States.
- Joint Investigation Team, Team leadership: 45 participants from 20 Member States.
- Joint Investigation Team, Team Implementation: 44 participants from 19 Member States.

In addition, CEPOL conducts an annual training needs assessment in order to ask the Member States to formulate their needs for training. CEPOL also consults with other agencies such as the EMCDDA (e.g. developing a curriculum for a course on the importance of strategic analysis in relation to planning strategies against drug crimes in 2017). A new development is the emphasis on cooperation with financial investigators. This could be proposed as a course in the future.

*Source: Submission by CEPOL to the evaluation team.*

**Challenges remain in relation to regional information-sharing and security platforms (Action 13).** Europol's contribution described a continuous effort to improve the exchange of information with regional platforms through regular engagement with the Maritime Analysis and Operations Centre – Narcotics (MAOC-N), Centre de Coordination de la Lutte Anti-drogue en Méditerranée (CeCLAD), Baltic Sea Task Force (BSTF) and others. A few stakeholders at Council and Member State level pointed to the existence of liaison officers who ensure close cooperation with neighbouring countries (both Schengen and non-Schengen) and who also act in international sharing platforms. MAOC-N continues to be seen as an effective platform and there are questions about whether MAOC-N, already strongly supported by the EU in financial terms, should be made an EU initiative and linked more closely to Europol. According to a stakeholder from the Council, MAOC-N is very effective and there is some interest in this idea. However, the interviewee noted that there was no agreement on this point. Europol noted that these platforms could be more effective if Member States shared more information.

**There are no data available to measure the number of intelligence-led activities leading to the disruption and suppression of drug trafficking routes.** This is included as an action-specific indicator in the Action Plan. Currently the EMCDDA does not have the means to measure activities leading to the suppression of drug trafficking routes. Europol's contribution did not provide information relevant to this area. However, the EMCDDA contribution explained that the EMCDDA has revised its seizure indicator to include information on trafficking routes (see Action 16). The tool was piloted in 2015 and enabled an EU-level analysis of trafficking routes and a

follow-up to data presented in publications such as the 2016 EU Drugs Market Report and the 2015 analysis of heroin trafficking routes to Europe.

**Activities forming part of EMPACT have covered issues related to precursors, as called for by Action 14** (as detailed in the contribution from Europol and described in Annex A). As part of EMPACT, Europol has provided analytical and forensic expertise to Member State investigations into the smuggling and diversion of precursors used in the manufacture of synthetic drugs. **Precursors intended for illicit use have continued to be seized by law enforcement authorities**, with a total of 846 cases (342 of scheduled and 504 of non-scheduled substances) of seizures and stopped shipments of drug precursors intended for illicit use in 2013 and 628 cases (461 scheduled and 167 non-scheduled substances) in 2014, according to the 2015 Commission Progress Report. In addition, the Commission engaged in a series of international meetings on precursors and the EU's law enforcement agencies have also been active in this area (see Annex A for details). The share of public consultation respondents who thought that measures to prevent the diversion and illicit use of precursors had been implemented and those who did not were very similar (26 and 25%, respectively). Only 9% of respondents thought that their effectiveness had improved.

**In 2013–2014, fewer than half of Member States had memoranda of understanding (MoUs) in force between law enforcement agencies and/or customs authorities and other bodies relevant for countering cross-border drug trafficking and for improving border security (Action 15)**. This was reported in the 2015 Commission Progress Report. Where such MoUs have been put in place, however, they were found to be very effective. Member State-level stakeholders interviewed for this evaluation anecdotally commented on the existence of MoUs with China and Western Balkan countries on organised crime, and were positive about initiatives such as the Seaport Cooperation Programme (SEACOP), the Heroin Route III Programme and the Cocaine Route Monitoring and Support Programme (CORMS). Some of the countries without MoUs stressed that nevertheless there was good cooperation between law enforcement units and relevant bodies.

**Data are not available on the trend in the number of joint operations and cross-border initiatives, but there is evidence of relevant activities and instances of intelligence and information-sharing**. The 2015 Commission Progress Report (see Annex A) noted that in 2013–2014 the majority of Member States put in place initiatives intended to improve intelligence and information-sharing on cross-border drug trafficking, including participation at Joint Action Days organised as part of EMPACT projects. There was limited information provided by interviewees in this area. An interviewee from an EU-funded project provided an example of a recently established MoU between the United Kingdom Border Force and Jamaica Customs Agency on collaboration in the field of cross-border illicit trading initiatives and transnational crime.<sup>34</sup> One country representative pointed to frequent communication between NDCs from bordering countries on specific drug issues faced by those countries. Two-fifths of public consultation respondents (40%) replied that measures had been implemented to counter cross-border drug trafficking through improvements

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<sup>34</sup> For more information see: <http://jis.gov.jm/jamaica-customs-uk-border-force-strengthens-partnerships-signing-memorandum-understanding/> [as of 3 November 2016].

in border security, while 22% of respondents did not. However, only 14% of respondents thought that the effectiveness of such measures had improved.

**In line with Action 16, methodological improvements have been made pertaining to drug supply reduction monitoring, covering all seven areas included in the 2013 Council conclusions on improving the monitoring of drug supply in the European Union.**<sup>35</sup> As described in Annex A, the EMCDDA has collaborated closely on this issue with Europol, Eurostat and the Reference Group on Drug Supply Indicators. New indicators relating to drug supply and reduction monitoring have been developed and existing ones refined. The new indicators are being piloted and are at various stages of development.

Questions were raised by some stakeholders about whether supply reduction activity indicators mentioned in the Action Plan are adequate. This is linked to the finding (outlined above) that it is difficult to interpret what trends in, for example, seizures mean for the drugs situation. To address this, the evaluation team suggest that one way to improve the indicators would be to improve the *qualitative, contextual* data collected about supply reduction. For instance, Eurojust collects data on the number of cases referred to the agency. However, without follow-up information on these cases and further contextual information it is impossible to use these data to determine the contribution of EU cooperation to improved judicial outcomes.

## **B. Enhancing effective judicial cooperation and legislation within the EU**

The extent to which the implementation of the Strategy and Action Plan has contributed to enhancing effective judicial cooperation and legislation within the EU has been addressed through five actions (17–21). Progress has been achieved in enhancing judicial cooperation and legislation within the EU in all areas covered by these five actions, in particular with respect to drug precursors and alternatives to coercive sanctions.

**Relevant to Action 17 (strengthening EU judicial cooperation in targeting cross-border drug trafficking, money laundering, and in the confiscation of the proceeds of drug-related organised crime), progress has been achieved in the area of EU legislation with the adoption of the Directive on the freezing and confiscation of the instrumentalities and proceeds of crime.**<sup>36</sup> The deadline for implementing the Directive on freezing and confiscation was October 2016, so information is not yet available about transposition. In addition, data either are not available or do not allow an assessment of whether judicial cooperation led to an increased number of investigations and confiscations and it is not known whether the response to mutual assistance requests has been timely or effective. About a third of public consultation respondents (32%) replied that measures had been implemented to increase legislative and judicial cooperation against cross-border illicit drug

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<sup>35</sup> Council of the EU (2013) Council conclusions on improving the monitoring of drug supply in the European Union. Economic and Financial Affairs Council meeting, 15 November 2013. As of 26 September 2016: [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/jha/139606.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/jha/139606.pdf)

<sup>36</sup> The Directive 2014/42/EU on the freezing and confiscation of the instrumentalities and proceeds of crime was adopted, with a deadline for transposition by Member States of October 2016

activities, while 19% indicated the opposite. Almost half of respondents (49%) did not have an opinion.

**Differences in substantive and procedural rules in the Member States constitute a major obstacle in investigations of drug trafficking and in the identification, tracing and recovery of assets.** This was one finding from a project undertaken by Eurojust in 2014 into Eurojust's coordination meetings involving drug trafficking, which, among other topics, covered asset freezing and confiscation. The project also found very limited use in drug trafficking cases of freezing and confiscation orders based on Council Framework Decision 2006/783/JHA of 6 October 2006 and Council Framework Decision 2003/577/JHA of 22 July 2003.

**In relation to Action 18 (introducing and adopting new EU legislation on NPS), a few Member States commenting on NPS legislation welcomed the development of EU legislation on NPS,<sup>37</sup>** and some noted that this would help develop their laws on NPS, as they had experienced difficulties or delays in developing the legal framework at the national level. Although EU legislation was welcomed, a few Member States indicated that this is a difficult issue given the ongoing development of new substances. One Member State noted that the EU Drugs Strategy had contributed to the development of this EU legislation.

Although not referring to Action 18 specifically, but speaking about different legal frameworks more broadly, one obstacle raised by a stakeholder from the Council related to the sharing of information on NPS when legislation of the issue is not harmonised across Member States. When, for example, NPS are legal in one Member State, law enforcement in that particular country is not allowed to cooperate in law enforcement requests from other countries on the issue. Half of public consultation respondents (50%) indicated that measures had been implemented to counter the emergence, use and spread of NPS. This was the largest proportion of all types of supply reduction measures. However, the largest group of respondents (37%) replied that the effectiveness of these measures had got worse. Only 12% of respondents indicated that there had been an improvement in their effectiveness.

**Interviewees suggested that amendments to Regulation 273/2004 and 111/2005 on drug precursors (as foreseen in Action 19)<sup>38</sup> had led to a quicker response to changes in patterns of diversion. Scheduling of new substances is now possible via a fast-track procedure involving delegated acts.** Stakeholders from EU institutions described how the amendment allows Member

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<sup>37</sup> This regards the proposal for a Regulation of the European Parliament and of the Council on new psychoactive substances (COM(2013)0619 final) and the proposal for a Directive of the European Parliament and of the Council amending Council Framework Decision 2004/757/JHA of 25 October 2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking, as regards the definition of drug (COM(2013)618 final). Since the Council did not adopt the general approach, however, a new proposal was brought forward in August 2016 for which inter-institutional negotiations commenced in September 2016: proposal for a Regulation of the European Parliament and of the Council amending Regulation (EC) No 1920/2006 as regards information exchange, early warning system and risk assessment procedure on new psychoactive substances (COM(2016)547 final).

<sup>38</sup> As of 1 December 2016: <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32004R0273>

States to seize non-scheduled substances if there is suspicion that the substances are being used for illegal purposes.

**There have been some relevant legislative developments that regulate active pharmacological substances since 2013, as called for by Action 20.** The 2015 Commission Progress Report mentioned new rules covering the importation of active substances that are part of the implementation for the Falsified Medicines Directive,<sup>39</sup> of the delegated Regulation on good manufacturing practices (2014),<sup>40</sup> and the guidelines for good distribution practice (2015).<sup>41</sup> Existing data collection systems, however, currently do not allow for systematic monitoring at the EU level of seizures of cutting agents, although the EMCDDA noted (see Annex A) progress in this area by providing Member States with the ability to report these as part of data on drug seizures.

**In line with Action 21, the Evaluation found that a 2016 study showed that all Member States have at least one available alternative sanction for drug-using offenders.** Box 5 outlines the main findings of the study, commissioned by DG HOME. In contrast, a slight majority of public consultation respondents (55%) replied that measures had not been implemented to develop sanctions other than detentions for drug-using offenders, while 28% of respondents offered a positive response. The largest group of respondents (31%) indicated that the effectiveness of implemented measures had got worse, followed by 26% of respondents who indicated that the situation had remained the same. Approximately a fifth of respondents (21%) replied that the effectiveness of implemented measures had improved.

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<sup>39</sup> Directive 2011/62/EU of the European Parliament and of the Council of 8 June 2011 amending Directive 2001/83/EC on the Community code relating to medicinal products for human use, as regards the prevention of the entry into the legal supply chain of falsified medicinal products OJ L174/74 of 01/07/2011.

<sup>40</sup> Commission Delegated Regulation (EU) No 1252/2014 of 28 May 2014 supplementing Directive 2001/83/EC of the European Parliament and of the Council with regard to principles and guidelines of good manufacturing practice for active substances for medicinal products for human use OJ L337/1 of 25/11/2014.

<sup>41</sup> Guidelines of 19 March 2015 on principles of Good Distribution Practice of active substances for medicinal products for human use OJ C95/1 of 21/03/2015.

**Box 5. Use of alternatives to coercive sanctions across the EU (Action 21)**

The conditions for applying alternatives to coercive sanctions (ACS) to drug-using offenders are mediated by a range of factors, including judicial discretion and broader policy (e.g. decriminalisation of drug use). Many countries mentioned that the alternatives were only possible when there is no suspicion of drug trafficking and mainly for minor offences. A few mentioned special provisions for young users/minors/juveniles. In most countries that mentioned a possible suspension of the sentence, this must be accompanied by an agreement of the person to undergo treatment.

A study commissioned by DG HOME provided a detailed overview of the ACS available in all Member States as of 2015, as well as an overview of how these have been implemented.<sup>42</sup> The study found that there was at least one alternative sanction for drug-using offenders available in all Member States, and most had more than one. The most commonly available sanctions were drug treatment and suspension of a sentence with a treatment option.

However, the research found that not all ACS were used in practice, indicating that ACS may not be a priority in some Member States. Data on how ACS were used in practice were limited and varied in quality, and there was a particular lack of data on completion rates and characteristics of the offence and offender. The 2016 study on alternatives to coercive sanctions also found that there was a need to improve the quality of monitoring data collected by Member States about ACS and to conduct good-quality research to develop the currently limited evidence base on the effectiveness of ACS.

**C. Effectively responding to current and emerging trends in illicit drug activity**

The extent to which the implementation of the Strategy and Action Plan has contributed to effectively responding to current and emerging trends in illicit drug activity has been addressed through Action 22. It was found that there are indications that the relevant law enforcement agencies have set up mechanisms to respond quickly to emerging developments.

**Responses to the new role of technology exist in the majority of Member States, according to the 2015 Commission Progress Report** (see Annex A). This observation was supported by interviewees from several Member States and one EU agency who mentioned specific steps taken by police and/or customs in different Member States to address this emerging issue. Initiatives undertaken have included training of professionals to equip them with the necessary skills for the collection of information on drug sales over the Internet, and participating in specific operational EMPACT actions that aim to strengthen the fight against drug trafficking on the dark net. In addition, the European Commission organised an expert meeting on online

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<sup>42</sup> Kruithof, K., Davies, M., Disley, E., et al. (2016) *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. Prepared for the European Commission, Directorate-General for Migration and Home Affairs, Unit D4 – Anti Drugs Policy. Luxembourg: Publications Office of the European Union. As of 1 December 2016: [http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs\\_final\\_report\\_new\\_ec\\_template\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf)

drug markets, which primarily focused on the scope of the problem, responses to these developments by Member States and other international actors, and options for future common action.<sup>43</sup> Despite several initiatives in this field, a study by RAND Europe identified several obstacles in tackling Internet-facilitated drugs trade, including a lack of resources and technical capabilities and issues around coordination between countries.<sup>44</sup>

**Also relevant to Action 22, Europol regularly produces its Internet Organised Crime Threat Assessment (iOCTA) and has undertaken specific operational actions as part of the EU Organised Crime Policy Cycle** (see Box 6). However, there is no publicly available information on the number of joint operations and cross-border cooperation initiatives in this area. The proportion of public consultation respondents who thought that measures were implemented to respond to the use of new technologies in illicit drug activities and of those who did not were relatively similar (31 and 36%, respectively). However, a greater proportion of respondents indicated that their effectiveness had got worse (31%) than those who thought there had been an improvement (13%).

#### **Box 6. Responses to new technologies in illicit drug activity**

As part of the Operational Action Plans drawn up under the EU Organised Crime Policy Cycle, the Netherlands led activity aiming to identify online shops selling NPS together with the associated distributors and provide Europol with the all relevant information. This Action has been continued into the current EMPACT Synthetics priority.

In November 2014, law enforcement and judicial agencies around the globe undertook a joint action (Operation Onymous) against dark markets on the Tor network. The effort, spearheaded from Europol's operational coordination centre and involving 16 European countries, Eurojust and the Joint Cybercrime Action Taskforce (J-CAT), brought down several online marketplaces. This resulted in 17 arrests of vendors and administrators running these online marketplaces and in the termination of more than 410 hidden services. Additionally, bitcoins worth approximately US\$1 million, €180,000 in cash, drugs, gold and silver were seized, alongside hardware and digital media devices.

### **2.2.3. Coordination**

This section presents the answers to the evaluation question relating to effectiveness in the field of coordination, by looking at the extent to which the implementation of the Strategy and Action Plan has contributed to: (a) encouraging effective EU coordination in the field of drugs; (b) encouraging effective coordination of drug-

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<sup>43</sup> The expert meeting (as organised by DG Migration and Home Affairs) on the Internet and drugs was held on 7–8 June 2016. For more information see:

[http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/docs/meeting\\_report\\_from\\_internet\\_drugs\\_expert\\_meeting\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/docs/meeting_report_from_internet_drugs_expert_meeting_en.pdf) and [http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/docs/background\\_document\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/docs/background_document_en.pdf) [both as of 1 November 2016].

<sup>44</sup> Kruithof, K., Aldridge, J., Décary Héту, D., Sim, M., Dujso, E., Hoorens, S. (2016) *Internet-facilitated drugs trade: An analysis of the size, scope and the role of the Netherlands*. RAND Europe.

related policy at the national level; and (c) encouraging the participation of civil society.

Key findings from the evaluation are as follows:

- F13.** Drug policy is increasingly coordinated at both EU and international levels, in line with the objectives of the EU Drugs Strategy.
- F14.** Nationally, all Member States have a drugs strategy (in some form) and have multidisciplinary or cross-departmental groups to support drug policymaking – although areas where coordination could be improved were mentioned by Member State representatives.
- F15.** The HDG is seen as an important forum for discussion of key issues (such as NPS) by all Member States. The adoption of a common position in advance of the UN General Assembly Special Session (UNGASS) was considered a significant success resulting from and providing evidence of strong European coordination, led by the HDG.
- F16.** Questions were raised about whether the HDG is genuinely horizontal, since its discussions tend to focus on demand reduction, rather than supply reduction. *This finding also led to the elaboration of Recommendation 5 (above).* There were also questions about whether the HDG focuses enough on the implementation of the Action Plan.
- F17.** There has been an increase in the activities and involvement of civil society in dialogue about drug policy at the EU level and within Member States. However, civil society actors would welcome further opportunities to be involved and thought there was scope for improvement in the mechanisms to facilitate this. *This finding led to the elaboration of Recommendation 6.*

Based on these findings, the following recommendation is proposed:

**Recommendation 6.** The Commission should continue engaging with and providing support to the CSF, in particular in relation to its activities in countries with comparatively weaker civil society. Lessons from the evaluation of the Commission's Communication on Combatting HIV/AIDS in the EU<sup>45</sup> showed that legitimacy conferred by EU institutions was one of the factors facilitating and strengthening the role of the HIV Civil Society Forum.

#### **A. Encouraging effective EU coordination in the drugs field**

The extent to which the implementation of the Strategy and Action Plan has contributed to encouraging effective EU coordination in the drugs field has been addressed through six actions (23–28). Progress has been achieved in all relevant areas related to EU coordination in the drugs field, as reflected in the analysis of the Strategy's results in Section 2.2. All actions in this category are assessed as on target with the exception of financial coordination.

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<sup>45</sup> Hofman, J., Exley, J., Bienkowska-Gibbs, T., et al. (2014) *Evaluation of the implementation of the Commission Communication 'Combating HIV/AIDS in the European Union and the neighbouring countries, 2009–2013.'* Santa Monica, CA: RAND Corporation.

**In its discussion of Action 23 (enhancing information-sharing between the HDG and other relevant Council working groups), the 2015 Commission Progress Report (see Annex A) listed a number of council working groups with which presidencies of the HDG had established closer links.** During interviews, however, it was thought by a few EU and national stakeholders that EU coordination could be improved through increased coordination between the chairs of different working groups. The chair of one council working party acknowledged that it could have done more to align its own action plan with the EU Action Plan.

In line with Action 24, National Drug Coordinators' meetings took place regularly (see Annex A), with positive feedback from a large majority of participants. Similarly, a number of interviewees from Member States explicitly stated that they valued the NDC meetings (mentioned in Action 24), in particular the opportunity to exchange information and views with other Member States. Possible areas for improvement mentioned by two Member States were more interactive debate during NDC meetings with fewer presentations.

**There were diverging views about whether the HDG had devoted enough time to discussions about the implementation of the Action Plan.** Several stakeholders from different Member States commented on the role of the HDG in facilitating the 'monitoring of the implementation of the Action Plan through thematic debates' and 'annual dialogue on the state of the drugs phenomenon in Europe' (Action 25). While some countries argued that the HDG had succeeded in these particular goals, or more broadly by providing a platform for Member States to exchange practices and develop common positions (e.g. in international fora), others thought that more attention and time should be devoted to discussing the implementation of the Action Plan during HDG meetings.

**A number of current and relevant issues were discussed at the HDG, as called for by Action 25.** As stated in the 2015 Commission Progress Report (see Annex A), in 2013–2014 the topics most often addressed at the HDG were new psychoactive substances, misuse of and dependence on prescribed medicines, development of drug supply indicators, developments of minimum quality standards in drug demand reduction, preparation for the Commission on Narcotic Drugs (CND) and UNGASS sessions, and cooperation with third countries. A dialogue on research was also held annually. Communication with the Commission confirms that these were also the key topics for discussion at HDG meetings in 2015 and 2016.

**Some Member States reported that the HDG primarily focused on demand reduction and indicated that supply reduction received little attention.** This view was also expressed by an interviewee from the Commission who reported that the HDG tended to focus on drug demand reduction and that it discussed supply mainly during specific presentations. It is for Member States to decide on which representatives to send to the HDG, but this interviewee explained that representatives were more often from a demand reduction background (for example from health ministries) and that experts in supply reduction were not so commonly or widely represented. While the interviewee did not think this necessarily undermined the balanced approach of the EU Drugs Strategy, it would have been preferable if law enforcement representatives were more often in attendance at HDG meetings.

One Member State stakeholder commented that although the HDG is primarily focused on the demand side, the overarching EU approach remains balanced since other groups, like COSI, address the supply side. As mentioned in regards to supply reduction measures, drivers for activities particularly in the area of supply reduction seem to be derived from the EU Policy Cycle for serious international and organised crime 2013–2017 and the European Multidisciplinary Platform Against Criminal Threats (EMPACT), rather than the EU Drugs Strategy. This evaluation, however acknowledges that the differences between the EU Policy Cycle and EMPACT on the one hand and the

EU Drugs Strategy and Action Plan on the other derive more from the operational (EU Policy Cycle and EMPACT) versus strategic (EU Drugs Strategy) nature of the documents than a lack of coherence (see also Chapter 5). As such, it was noted that there is scope for improvement, for example in the form of coordination between the HDG and COSI. Flexibility within the HDG regarding the representatives they send to HDG meetings was also suggested as a possible option to improve the balance between drug demand and supply reduction. In addition, it would be helpful for the HDG to receive the EMPACT monitoring and drivers reports.

These issues regarding the focus of the HDG are related to a broader theme evident from the interviews about the need for a balanced approach between demand and supply reduction.

**In line with Action 26, the rotating Council presidency reported that drug-related issues were discussed and coordinated among outgoing, current and incoming presidencies** (according to the 2015 Commission Progress Report). The EMCDDA noted that it had been supporting the rotating Council presidencies through the provision of expert advice, information on request and presentations on topics under discussion (see Annex A). However, information available from the 2015 Commission Progress Report and agency submissions on its own does not allow an assessment of the consistency and continuity of actions across the presidencies.

**Relevant to Action 27 (coordination of EU drugs policies and responses to support international cooperation between the EU, third countries and international organisations), increased cooperation has been reported between the HDG and the Working Party on Latin America and the Caribbean (COLAC), through EU external cooperation programmes** such as the Heroin and Cocaine Route Programmes, and through the ongoing work of the Cooperation Programme on Drugs Policies (COPOLAD) and the Central Asia Drug Action Programme (CADAP) (according to the Commission Progress Report – see Annex A). More detail on these and other EU-funded projects can be found in Annex C.

Other findings relating to EU- and Member State-level financial resources (Action 28) are covered in Sections 3.1 and 3.2.

## **B. Encouraging effective coordination of drug-related policy at the national level**

The extent to which the implementation of the Strategy and Action Plan has contributed to encouraging effective coordination in drug-related policy at the national level has been addressed through Action 29. It was found that coordinating mechanisms typically exist in and are routinely used by Member States.

**Data from the EMCDDA (see Annex A) suggests that, at the outset of the Drugs Strategy in 2013, the coordination and governance of drug policy at national and sub-national level was relatively well-developed, and most Member States have an inter-ministerial committee on drugs and a national body tasked with drug coordination.** Our review of Member State drugs strategies (see Annex D) confirms this by providing many examples of coordination bodies mentioned in national strategies involving representatives from different government departments, as well as civil society.

Broadly speaking, this picture was further corroborated by interview data. While Member State-level stakeholders mentioned some coordination challenges, for example around different responsibilities in drug policy at the national and local level and difficulties in cooperation between different treatment services, interviewees also described cross-cutting actions by and working groups with stakeholders from

different departments, agencies and sectors (e.g. health, police, education, voluntary sector) and coordination between national and regional levels.

Respondents to the public consultation seemed divided over this subject. The proportion of respondents who replied that measures had been implemented to coordinate drug policies and responses at the national level (35%) was broadly similar to those who did not (36%). Only a small proportion of respondents (11%) replied that the effectiveness of actions in this area had improved.

### **C. Encouraging the participation of civil society**

The extent to which the implementation of the Strategy and Action Plan has contributed to encouraging the participation of civil society has been addressed through Action 30. While Action 30 mentions both civil society and the scientific community, the overarching objective for this action only focuses on civil society. As such, the indicators in the Action Plan and as assessed for this evaluation primarily focus on civil society. It was found that civil society organisations are closely involved in drug policy dialogues both at national and EU level.

**Interviewees representing civil society positively commented on the role the EU Drugs Strategy and Action Plan played in encouraging the participation of civil society, as required in Action 30.** They noted that the Action Plan increased dialogue with civil society, which was, for example, facilitated by attending meetings of the HDG. According to civil society stakeholders, the European Commission plays a key role in helping the Civil Society Forum (CSF) to navigate dialogue with the HDG. According to these interviewees, attending the HDG meetings allowed the CSF to identify the right stakeholders representing the Member States at EU level. This can therefore assist civil society in entering into dialogue at the national level.

**Furthermore, civil society stakeholders positively commented on the ability to contribute to UNGASS discussions during HDG meetings,** and they thought that their recommendations were taken into account. These stakeholders indicated that they would prefer to attend all HDG meetings in the future, acting as an observer to ensure the transparency and accountability of EU decisionmaking procedures. It was further noted that the cooperation system with the Civil Society Forum was introduced during the Lithuanian presidency, and civil society representatives commented that the success of communication with the EU presidencies varies by presidency.

**All Member State representatives reported that civil society organisations were involved in the development, monitoring and/or evaluation of their national drugs policy in 2013–2014** (according to the 2015 Commission Progress Report, see Annex A). Our review of Member State drug strategies identified several instances where civil society organisations were closely involved in national policy dialogue. Box 7 provides an example of civil society involvement in Finnish drugs policy. At the European level, the ECDC has monitored the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia since 2007, and published a specific thematic report in 2015 on people injecting drugs,

including country data collected by the EMCDDA.<sup>46</sup> For these monitoring reports, the ECDC also consults civil society representatives.

With regard to engagement with the scientific community, the evaluation found that an annual research dialogue was organised by the HDG.

#### **Box 7. The role of civil society in Finnish drugs policy**

Finland has historically been marked by a close relationship between the state and civil society. This can also be observed in the country's drugs policy. Non-state actors play a critical role in the implementation of the drugs strategy, notably in the fields of prevention, treatment and harm reduction. Their specialisation and proximity to local conditions and actors, as well as relative ease of access to drug users, allows them to play a powerful role in delivering a wide range of services.

The principal coordinating body for drug policy is the national Drug Policy Coordination Group led by the Ministry of Social Affairs and Health. Civil society is also regularly consulted. A wide-ranging NGO consultation was recently held within the framework of the preparation of the future government drugs policy. However, the fragmented responsibility for drug policy implementation, particularly demand reduction, can make it difficult to coordinate amongst actors and ensure uniform standards according to stakeholders.

**A different picture of the level of involvement of civil society and scientific communities in the development and implementation of drug policy emerged from the public consultation. It was found that there are some measures available to engage civil society and scientific communities in the development and implementation of drug policy, but there is scope for further engagement.** Approximately a quarter (27%) of respondents to the public consultation indicated that measures had been implemented to involve civil society and the scientific community in the development and implementation of drug policy. One example of such a mechanism is the annual research dialogue that is organised by the HDG to facilitate communication with the scientific community. However, the largest group of respondents (36%) to the public consultation replied that the effectiveness of actions in this area had remained the same, followed by 27% who indicated that it had become worse. When asked what steps could be taken to improve drug demand reduction and drug supply reduction policies in the EU, in both instances stronger civil society and scientific involvement was mentioned most frequently by respondents.

#### **2.2.4. International cooperation**

This section presents the answers to the evaluation question relating to effectiveness in the field of international cooperation, by looking at the extent to which the implementation of the Strategy and Action Plan has contributed to: (a) integrating the EU Drugs Strategy within the overall foreign policy framework; (b) improving the EU's approach and visibility in the United Nations (UN) and strengthening EU coordination with international bodies related to the drugs field; and (c) enabling the EU to support

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<sup>46</sup> For more information see: <http://ecdc.europa.eu/en/publications/Publications/dublin-declaration-people-who-inject-drugs.pdf> [as of 1 November 2016].

the process for acceding and potential candidate countries to adapt and align with the EU acquis in the drugs field.

Key findings from the evaluation are as follows:

- F18.** The EU Strategy and Action Plan provided clear EU added value in terms of enhancing the 'voice' of the EU in international fora and in relation to third countries, providing an important source of guidance for candidate countries, and a framework for bilateral cooperation with third countries. *This finding led to the elaboration of Recommendation 7.*
- F19.** There are many clear and concrete examples where drug-related priorities have been incorporated into EU external policies, strategies and actions relating to third countries and regions – providing evidence of policy coherence and efforts to promote the balanced approach outlined in the Drugs Strategy. *This finding led to the elaboration of Recommendation 8.*
- F20.** A number of EU-funded projects – such as COPOLAD – continue to be key structures under which EU international cooperation in relation to drugs is undertaken and as part of which long-term relationships are maintained with third countries. *This finding also led to the elaboration of Recommendation 8.*
- F21.** It is possible to point to tangible outputs and results from international cooperation with third countries – such as training of law enforcement professionals and implementing alternative development programmes.
- F22.** EU projects and activities with third countries cover both supply and demand reduction, but there are slightly more activities in relation to supply reduction – for example, major initiatives such as the Heroin and Cocaine Route Programmes primarily focus on law enforcement. *This finding also led to the elaboration of Recommendation 8.*
- F23.** There is good evidence that the EU Drugs Strategy is effective in providing guidance to third countries seeking to develop a national strategy. There are many examples where the drugs strategies of third countries are in line with the EU Drugs Strategy. There is also evidence of some progress in the implementation of these strategies by third countries, particularly by candidate countries.
- F24.** In the view of the evaluation team, there is scope to improve the capacity of EU Delegations to engage in drugs issues – including improving knowledge of the EU Strategy and Action Plan – and regional networking among Delegations. *This finding led to the elaboration of Recommendation 9.*
- F25.** The EU Drugs Strategy and Action Plan support candidate and acceding countries by providing guidance for aligning with the EU acquis. It is possible to point to tangible outputs and results from activities undertaken by the Commission and EMCDDA with candidate, acceding and potential candidate countries, for example in developing drugs strategies and supporting their monitoring systems.
- F26.** The EU has been successful in promoting its approach to drugs policy and its priorities at international fora, exemplified by the inclusion of its positions in internationally adopted documents. Two areas where the EU has found the strongest opposition to the adoption of its approach are in relation to the death penalty and, to a lesser extent, harm reduction. *This finding also led to the elaboration of both Recommendations 7 and 8.*

Based on these findings, the following recommendations are proposed:

**Recommendation 7.** The Commission and Council should build on the momentum from the successful negotiation at UNGASS to continue to foster dialogue with the UN and identify opportunities for further dialogue through other international fora, in order to exert greater European influence on shared concerns in the area of the drugs phenomenon and to ensure coherence between the EU and international strategies in the coming years, and prepare for the 2019 Special Session.

**Recommendation 8.** Continue sustained work to promote the balanced approach in third countries. When the concept of harm reduction is not accepted by partners during negotiations and dialogues with third countries, the EU should strive as much as possible to ensure that practices and approaches encompassed under the concept are reflected.

**Recommendation 9.** The European Commission in partnership with the EEAS could take steps to increase and ensure a consistent level of knowledge among EU Delegations of the EU Drugs Strategy and Action Plan and provide guidance to EU Delegations as necessary. This could support the EU Delegations' role of analysing drug policy developments in third countries and reporting these developments back to the European Commission and EEAS.

#### **A. Integrating the EU Drugs Strategy within the overall foreign policy framework**

The extent to which the implementation of the Strategy and Action Plan has contributed to integrating the EU Drugs Strategy within the overall foreign policy framework has been addressed through eleven actions (31–41).

On the whole, the EU Drugs Strategy can be considered well integrated within the EU's overall foreign policy framework as part of a comprehensive approach. The EU has continued to use a range of policies and diplomatic, political and financial instruments, although some areas with room for improvement persist.

**There are many clear and concrete examples where drug-related priorities have been incorporated into EU external policies, strategies and actions relating to third countries and regions, as called for in Actions 31, 32 and 38.** This can be seen in a range of ways:

- Drugs issues are mentioned in **key policy documents** guiding EU external action, such as the Multi-Annual Programme of the Instrument contributing to Stability and Peace, or guiding activities in specific countries: survey respondents from EU Delegations noted that in some instances, drug-related priorities are explicitly mentioned in official documentation such as the EU's country strategies or partnership and strategy agreements.
- Drugs issues are included on the agenda of bilateral **dialogues** between the EU and partner countries from Latin America, the Caribbean and Central Asia at different levels (High Level Dialogues, ministerial level and possibly summit level). The EU has in place nine international dialogues on drugs (for further details, see Annex A). There were examples provided by survey responses from EU Delegations where drug issues were part of the agenda in cooperation mechanisms in other policy areas, such as dialogues on visa liberalisation. In this regard, two Delegations noted that international drug conventions fall under the remit of the GSP+ scheme, i.e. a primarily trade-oriented initiative.

- EU drugs priorities are reflected in the design of **bi-regional instruments** such as the Community of Latin America and Caribbean States (EU-CELAC) Partnership.
- Between 2013 and 2015 a number of **expert meetings on drugs** were organised with third countries, including the US, CELAC, Russia, Eastern Partnership countries, the Western Balkans, Central Asia and Brazil. These meetings are organised by the presidency.
- **Information meetings** with representatives of beneficiary states are regularly organized during missions in the field as well as in Brussels.

**Cooperation with Latin America and the Caribbean through EU-CELAC and Central Asian countries through CADAP, which pre-date the current Drugs Strategy, are widely considered as continued successful examples of EU international cooperation.** Drugs are an important chapter of EU-CELAC relations and the biannual Action Plan. For example, CELAC embassy representatives take part in regular EU-CELAC meetings in Brussels, and these meetings were perceived by interviewees from third countries as an efficient and a useful mechanism for the exchange of information and best practices. The EU-CELAC dialogue enlarged the scope of collaboration with Caribbean countries (as part of COPOLAD II) (see Box 8).

#### **Box 8. EU-CELAC dialogue in the framework of COPOLAD II**

In relation to the fourth component of COPOLAD II (consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs), representatives from the Commission and from third countries in Latin America reported that the EU-CELAC dialogue in the framework of COPOLAD is a very useful cooperation mechanism. It was found that the mechanism allowed the building of trust and the exchange of best practices. Moreover, the inclusion of Caribbean countries in the second phase of COPOLAD has also been seen as a necessary step by representatives from both sides.

Moreover, the representative of the Commission reported that the alignment of the Latin American countries' positions with the EU position on drugs has become very evident during these high-level meetings.

Further details about COPOLAD can be found in Annex C.

Similarly, a Central Asian Delegation responding to the survey noted that drug issues are part of the High Level Political and Security Dialogue conducted by the EU with the countries in the region. Survey responses from Delegations to high-income countries suggest that, while still given mention in official documentation, drug issues may not represent as high-profile an item as in other contexts. This is perhaps not surprising as high-income countries do not receive any assistance from the EU (or vice versa) and cooperation is therefore limited to coordination at international fora.

**Specific examples of the implementation of and results from EU external action and cooperation with third countries in the area of drugs were provided by EU Delegations.** These examples of achievements in the area of international cooperation are described in Box 9.

Overall, the majority of survey respondents (6 out of 9) from EU Delegations thought that EU drug policies are well coordinated internally (i.e. within the EU) and consistent in their objectives (one Delegation offered the run-up to UNGASS as an example), although respondents from four Delegations indicated that the situation could be improved. One Delegation thought there had actually been a substantial improvement in coordination recently, with the international dimension of EU drug policy becoming increasingly important. In contrast, two respondents offered a negative assessment.

One Delegation indicated that more could be done to share information on the implementation of the EU Drugs Strategy and one thought that EU drugs policies had never been coordinated internally and their objectives were not consistent with global efforts, with very little attention in the EU Drugs Strategy actually paid to external cooperation (as opposed to the domestic dimension).

**Box 9. Examples of achievements in the area of international cooperation**

The achievements of EU cooperation with third countries, as reported by EU Delegations, took many forms. Three respondents mentioned that the EU provided support to their respective countries in developing or implementing their national strategies and action plans. The development and implementation of alternative development programmes was also mentioned by two Delegations. Training of local law enforcement officials was noted by two respondents, as was cooperation in the field of precursor control. In one instance, a survey respondent highlighted that police work in the country in question had become more centred on human rights, although they did not explicitly state whether this was a result of EU activities. Finally, one Delegation noted that recent penal reform in the country discontinued the mandatory use of the death penalty under specific conditions for drug trafficking offences. While not commenting on any EU contribution to this change, the respondent noted that the death penalty was a point of focus in the EU's cooperation with the country.

*Source: EEAS survey*

**The drugs strategies of a number of third countries are consistent with parts, but not all, of the EU Drugs Strategy.** One of the indicators included in the Action Plan for Action 32 is 'the number of third country national strategies and action plans that incorporate integrated drug policies'. The balanced approach promoted by the EU seems to have been very well received in some regions (e.g. CELAC countries). A majority of respondents to the EEAS survey reported that the national drugs strategy of the country in which they are based is consistent with the EU Drugs Strategy in some areas, and that this is at least partly a result of the EU Drugs Strategy and EU activities (see Annex E). Of the third country stakeholders interviewed (representing five third countries), three mentioned the existence of a national drugs strategy in their country that presented a balanced approach between drug demand and supply reduction.

**Interviews with some stakeholders from the HDG and NDCs at national level underlined that the EU Drugs Strategy and Action Plan are highly regarded and seen as a 'gold standard' for third countries and acceding and candidate countries in particular.**

**Where there was inconsistency between the drugs policies of third countries and the EU Drugs Strategy, it was because there was a greater focus on supply reduction.** When asked about areas of divergence between the EU Drugs Strategy and the national strategy, two EU Delegations responding to the survey stressed that the strategy or approach to drug policy in their respective countries focused predominantly on repression with little consideration of other EU priorities such as having an evidence-based and health-focused approach to people who use drugs (Annex E). In line with this, some interviewees from the Commission, EEAS and Member States who commented on the balanced approach of drug policies in third countries indicated that the focus of those countries was mainly on supply reduction. An interviewee from a Central Asian country noted that countries in the region still tend to address the drugs issue from a security perspective. As a consequence of this, the interviewee explained that while the Central Asian Drug Action Programme (CADAP) is concerned with demand reduction initiatives, some of the beneficiary countries are implementing it through law enforcement bodies. In spite of this, the representative from insisted on the importance of maintaining CADAP, as it ensured

that Central Asian countries continue to be exposed to balanced and evidence-based policies.

**The balanced approach between supply and demand reduction is broadly reflected in external action by individual Member States with third countries.**

Overall, as further described in Annex A, some Member States have implemented external assistance and technical cooperation projects in the field of drugs in line with the EU Drugs Strategy and Action Plan. However, the 2015 Commission Progress Report noted that when Member States did engage in such activities, policy options, programmes and external assistances were in line with the balanced approach between drug demand and drug supply reduction in 2013–2014 (further details are provided in Annex A).

**Key EU-funded projects focus on supply reduction, which led some respondents to question whether they were in line with the balanced approach.**

EU-funded projects such as the Cocaine and Heroin Route Programmes focus predominantly on supply reduction, which reflects the legal basis of the financing instrument underlying these projects, which is premised on security issues. However, as elaborated below, the evaluation team note that programmes such as CADAP also include demand reduction elements, and it is also noted that third countries might choose not to cooperate in demand reduction. An EEAS representative provided an example of a third country that focuses primarily on supply reduction and does not accept EU funds for drug demand-related programmes, the implication being that the EU's balanced approach does not work everywhere.

There is scope to improve the capacity of EU Delegations to engage in drugs issues, as called for by Action 33, as well as to encourage regional networking among Delegations. There is some, albeit limited, evidence of capacity building among EU Delegations. The 2015 Commission Progress Report provided specific examples of training being provided to some EU Delegations, but no information was available about the content of that training. While the majority of surveyed EU Delegations (57%) replied that the capacity of EU Delegations to engage on drug policy issues had increased (see Annex E), the survey data indicate that most of the EU Delegations have relatively limited knowledge of the EU Drugs Strategy and Action Plan. Only a quarter of responding Delegations (25%) indicated they were 'very familiar' with the Strategy, with the majority being 'somewhat familiar'. The Action Plan calls for enhanced regional networking among EU Delegations on drug issues, but there is no evidence that this has happened. Most surveyed Delegations (79%) replied that there had been no change to regional networking among Delegations on drug issues (see Annex E). Box 10 describes the implementation of EU Action Plan actions and barriers to greater effectiveness according to the EU Delegations that responded to the survey.

**Box 10. The implementation of EU Action Plan actions and barriers to greater effectiveness**

When asked about the extent to which the EU Drugs Strategy and Action Plan actions under the international cooperation pillar had been implemented, respondents offered a mixed picture. Out of eight respondents who commented on this question, four thought that the actions had been largely implemented, while the remainder replied that more could be done or that the implementation is still very much ongoing.

Several Delegations mentioned what they perceived to be limitations to more effective implementation. Unsurprisingly, one set of factors revolved around the approach of third country governments and their priorities. Three Delegations reported that drugs are not considered an important topic for mutual cooperation. Another pointed out that while the EU Drugs Strategy actions have been implemented by the EU, their achievements are limited because drugs are seen as an internal issue by the local government. Two Delegations noted difficulties in engaging civil society organisations in their respective countries and attributed this, at least partially, to the fact that

government and state structures were very dominant in the field of drugs, which in one instance was seen as a reflection of a security-oriented policy focus. On the other hand, one Delegation thought that a recent intensification of repressive policies in their country (the Philippines) contributed to highlighting the scale of drug issues and led the international community to increase its engagement with the country. Two Delegations, by contrast, reported improved responsiveness to engagement efforts by its partners. In one instance, the Delegation attributed this positive development to greater awareness of drug-related issues in the society.

In addition to external factors, several Delegations commented on the internal dimension of third country engagement. One replied that responsibility for drugs policy is scattered across EU agencies and Member States. Two Delegations lamented either the unavailability of or decrease in funding, and one called for better information-sharing within the EU system. Two Delegations expressed the desire for more training and expert support from the EEAS HQ, and finally one Delegation noted that regional networking (including among EU Delegations) remained weak.

Other suggestions put forward by surveyed Delegations to improve the effectiveness of EU Action included:

- Establishment of a specialised unit representing all relevant DGs and agencies and with contacts to Member States, with the possible involvement of civil society.
- Making information on EU practice and standards widely available in local languages and communicating these to targeted partners in third countries.
- Increased frequency in political dialogue and coordination with Member States.
- Communicate 'negative publicity' generated by stringent rules on drug trafficking.

*Source: EEAS survey*

**In line with Actions 34 and 35 (funding and implementation of alternative development), the EU provides funding for programmes in third countries that focus on or include measures to prevent illicit crop cultivation and encourage alternative development.** EU-funded programmes such as COPOLAD and the Cocaine Route Programme, as well as bi-lateral work with countries such as Bolivia and Peru, all include such measures. In the EEAS survey, four EU Delegations reported that the EU provides assistance in addressing and preventing illicit drug crop cultivation to their respective countries. Some 23 third countries reported to the 2015 UNODC World Drugs Report that they had implemented alternative development programmes between 2010 and 2013. Five more third countries noted they had plans to introduce alternative development activities, and at least 13 have expressly included alternative development in their policy strategy documents. While the number of countries undertaking such activities is included as an indicator in the Action Plan, their existence is not necessarily linked to the EU Drugs Strategy.

**The Action Plan also calls on Member States to fund these programmes, but available data indicate that only a small proportion of EU countries do so.** According to the 2015 Commission Progress Report, only a few Member States funded rural development projects and programmes in regions where illicit crop cultivation is taking place or in regions at risk of illicit crop cultivation in 2013–2014. There is no systematic data collection in this area by Member States, but interviewees' accounts confirm that Member States do not engage widely in such programmes. An example of the funding of alternative development by Germany is included in Box 11. It is noted here, with regard to Member State-level action in relation to international cooperation, that there was no annual dialogue on EU and Member State drug-related assistance to third countries in either 2014 or 2015 (as envisaged by Action 40).

**Box 11. Alternative development supported by Germany**

Alternative development is considered an important political priority in Germany, one that has been reflected in its external interventions. In spite of the apparent decrease of funds from 2009 to 2013 reported by a German representative, Germany has financially supported alternative development projects through both EU and national mechanisms. At the EU level, not only has Germany participated in the implementation of COPOLAD and CADAP, but it has also allocated €300,700 from 2011 to 2015, and €400,000 from 2016 to 2019, into EU alternative development projects in third countries. At the national level, the country has allocated €8 million (2015–2019) to this area and is co-financing projects in several countries (e.g. Myanmar, Bolivia, Peru, etc.). The key role of Germany in this field has also been evidenced by a representative of a third country, who claimed that the involvement of Germany in the EU-funded project CADAP was a positive element because it balanced the focus on law enforcement and security that the beneficiary countries have given to the programme.

**There is limited evidence of the success and impact of alternative development programmes funded by the EU or Member States.** The Action Plan suggests the use of Human Development Indicators to capture the effects of programmes on alternative development and illicit drug cultivation, but these are of limited utility. The evaluation team notes that these two indicators may be of only limited use to the assessment of this Action. This is because they are variables that may take a long time to change and these changes may not be easily attributable to the implementation of the Action Plan.

**In line with Action 36, the EU supports a number of demand reduction programmes in third countries, but it is hard to assess their results and impact in terms of a measurable reduction in drug demand. However, programmes have shown other types of impacts.** For example, impacts of COPOLAD, a programme that supported capacity building in the reduction of drug demand and also focused on drug supply, included introducing the acceptability of harm reduction approaches. Study visits and bilateral meetings with countries like Ukraine, Azerbaijan and Kazakhstan in 2015 and 2016 also included demand reduction. However, there is no information available on the overall number and quality of these initiatives (an indicator included in the Action Plan in relation to Action 36). Trends in the prevalence of drug-related harms worldwide (included as an indicator in the Action Plan) appear to have been stable in recent years, although there has been a slight increase in drug-related deaths. However, the evaluation team notes that this indicator may be of only limited value for an assessment of this action as changes in this area may be difficult to attribute to the implementation of the EU Action Plan. As with alternative development programmes, individual Member States did not typically provide support for demand reduction programmes in third countries.

**In line with Action 37, there are numerous mechanisms put in place through which the EU provides assistance to third countries to combat drug trafficking and drug-related organised crime.** As described in more detail in Annex A, these include regional programmes in Central and Latin America, Central Asia and the Eastern Partnership. In the EEAS survey, seven EU Delegations reported that the EU provided assistance in tackling drug-related organised crime, including drug trafficking, to their respective countries. There is no information available on the extent to which these activities may have affected the volume of drug trafficking, but specific tangible results from these activities can be evidenced in terms of seizures and training delivered to law enforcement. Box 12 describes some of the results from the Cocaine Route Programme, an EU-funded project which aims to address the challenges of organised crime by promoting regional and trans-regional cooperation in more than 40 countries in Africa (mainly West Africa), Latin America, the Caribbean and Europe.

**Box 12. Seizures under the Cocaine Route Programme**

According to a representative from the Commission, the implementation of the projects under the Cocaine Route Programme (which is described in detail in Annex C) is a lengthy process given the developing state of most of the regional police cooperation networks in some of the beneficiary regions. However, projects like AIRCOP (Airport Communication Programme to strengthen anti-drug capacities at selected airports in Africa, the Caribbean and Latin America) are proving to be effective to tackle proceeds from different organised-crime activities. In this regard, the interviewee reported seizures of cash, cocaine and other illicit products. Furthermore, 350 training sessions have been organised under the Cocaine Route Programme (8,000 people trained), and 30 joint designated units have been created.

With regard to the Dublin Group (Action 39) it was found that **there is some evidence, albeit limited, of the utilisation of the Dublin Group structures and of uptake of Dublin Group recommendations.** However, data remain very incomplete and the number of actual recommendations effectively implemented is not known.

**Within the period of the Drugs Strategy the Commission has developed toolkits and guidance to ensure that EU external cooperation programmes on drugs incorporate a clear human rights perspective.** In 2014 the Commission published a tool-box for a 'Rights-based Approach, encompassing all human rights for EU development cooperation', while in 2015 operational guidance was developed, aimed specifically at ensuring that human rights are taken into consideration in the design and implementation of the measures in the fight against organised crime, terrorism and cybercrime (references to these documents can be found in Annex A).

**Key policy documents state the importance of respect for human rights in any EU external action in relation to drugs.** Action 41 calls for human rights to be mainstreamed in EU external action related to drugs. The Drugs Strategy explicitly states the importance of human rights, and the inclusion of human rights as a guiding principle of the Strategy was explicitly noted in the EU Annual Report on Human Rights and Democracy in the World in 2014. At a more practical level, evidence of the implementation of mainstreaming can be found from specific examples relating to the death penalty: the 2015 Commission Progress Report, the EU Human Rights Report and a stakeholder from the European Commission describe how the EU has issued statements and communicated with foreign governments condemning the death penalty for drug offences in countries such as Iran, Indonesia, the Philippines and Singapore. A small number of interviewees from a third country and the Heroin Route Programme argued that the current EU Drugs Strategy does not sufficiently take human rights into account. While these interviewees represent a minority view and they did not go into further detail about what more they thought the EU should do, these views highlight that it is important to assess the integration of a human rights-based approach on a case-by-case basis. It is also noted that the promotion of a human rights-based approach was mentioned by interviewees as a key way in which the Strategy adds value (see Chapter 6).

**B. Improving the EU's approach and visibility in the United Nations (UN) and strengthening EU coordination with international bodies related to the drugs field**

The extent to which the implementation of the Strategy and Action Plan has contributed to improving the EU's approach and visibility in the United Nations (UN) and strengthening EU coordination with international bodies related to the drugs field has been addressed through two actions (42–43). There has been strong progress in the Action Plan's implementation in this area, with all relevant actions assessed as on target.

Action 42 calls for the EU and Member States to contribute to shaping the agenda on international drugs policy through various means. **The process leading up to and the outcome of the 2016 UN General Assembly Special Session on Drugs was seen as a significant success in relation to international cooperation**, both in terms of the effectiveness of coordinated EU external action (speaking with one voice) and in terms of influencing the outcome of the UNGASS – the final UNGASS 2016 outcome document also reflected the main elements of the EU common position, with the exception of the abolition of the death penalty. Box 13 provides further information about the contribution made by the EU in the CND during the preparation for UNGASS, and how the EU balanced approach was reflected in the outcome from UNGASS. There is good evidence of the effective promotion of EU policies in joint statements; CND documents indicate that all EU-sponsored resolutions were adopted by the CND, albeit some of them with modifications.

### **Box 13. EU participation in the CND and UNGASS**

The Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS) was held in New York on 19–21 April 2016. During the high-level conference, representatives from UN member countries discussed progress towards the goals set in the policy document adopted in 2009, ‘Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem’, as well as the next actions to be taken by the states’ parties. In March 2014, the UN General Assembly requested the Commission on Narcotic Drugs (CND), the main body responsible for drug control matters within the UN, to prepare the process towards the Special Session. The CND therefore held Special Segments during the 58th and the 59th sessions (2015 and 2016, respectively), where the state parties to the CND made contributions to and discussed the outcome document of these sessions, which was proposed for adoption and ultimately adopted at the UNGASS.

The EU prepared and presented EU positions for the meetings related to UNGASS 2016 preparation – the EU Joint Position Paper for the 2016 UNGASS was prepared by the Dutch presidency. The common position highlights general principles, namely an integrated, balanced and evidence-based approach to drugs policies in compliance with human rights recognised as such by international legal instruments. The common position also reaffirms support for the UN Drug Control Conventions, whilst recognising that there is sufficient scope and flexibility within the provisions of the UN Conventions to accommodate a wide range of approaches to drug policy.

The document goes on to highlight the following priorities:

- Human rights.
- The role of civil society in global drugs policy.
- Demand reduction and related measures, including prevention and treatment, as well as health-related issues.
- Access and availability of drug demand reduction measures.
- Availability of controlled substances for medical and scientific purposes.
- Supply reduction and related measures.
- Alternative development.
- Drugs policy and children, youth and women.
- New challenges, threats and realities in preventing and addressing the world drug problem.

As explained in the traffic light assessment (Annex A), EU common positions were overall very welcome during the preparation of the 2016 UNGASS. The Joint Ministerial Statement from the CND session and the outcome document of the Special Segment

on the preparation of UNGASS 2016 generally reflected all the EU benchmarks (reference to the three international drug conventions, human rights, international law, alternative development, civil society, evidence-based, balanced and comprehensive approach), with the exception of a reference to the death penalty. The final UNGASS 2016 outcome document also reflected the main elements of the EU common position, again with the exception of the abolition of the death penalty. Although the UNGASS outcome document invited national authorities to consider including measures to 'minimise the adverse health and social consequences of drug abuse', the EU regretted that the terms 'risk and harm reduction' were not used in the text.

Most of the members of the Council's HDG interviewed for this evaluation pointed to the 2016 UNGASS as a clear success of the EU Drugs Strategy, as it allowed the EU to speak with a single, strong voice.

*Source: Authors' elaboration on the EU Common Position for UNGASS 2016.*

**In relation to the parts of the EU common position not reflected in the Outcome Document from UNGASS and other CND resolutions, the EU was also able to speak with one voice.** The EU presented a statement urging the UN member states to respect the international minimum standards on the use of the death penalty and impose a moratorium on its use as a step towards its final abolition. The mid-term review of the 2009 UN Political Declaration and Action Plan on cooperation in relation to drugs stresses the importance of further developing a comprehensive, integrated and balanced approach to drug issues across regions. The review, mentioned expressly in the Action Plan under Action 42, was conducted by the CND during the 57th annual CND session in 2014. The document is built around three elements: demand reduction, supply reduction, and countering money laundering and promoting judicial cooperation. In the document, the CND welcomed the progress made by some states and acknowledged that global illicit supply and demand of drugs had remained stable over the previous five years, but noted that trends and developments were unequal across regions and that the emerging challenges (e.g. poly-drug use, shifting trafficking routes, the use of amphetamine-type stimulants, etc.) require a rapid and effective response. More information is provided in Annex A about the content and outcome of the review.

**The Action Plan requests that the frequency with which the EU speaks with a single effective voice is used as an indicator of Action 42, but quantitative data are not collected on this.** Based on interviews, this evaluation found no evidence of the EU failing to speak with a single voice. Importantly, in those instances of the EU speaking with one voice, interviewees thought that the EU Drugs Strategy had made an important contribution. This is further discussed in the Chapter 4 on the relevance of the Strategy.

**Relationships with international organisations such as the UNODC and other international and regional bodies, organisations and initiatives (as called for by Action 43) pre-date the current Drugs Strategy, but have remained strong throughout 2013–2016.** Stakeholder testimonies from the public consultation as well as some interviews (European Commission, an international organisation and a Member State) indicated that EU partnerships with international organisations are strong or in the process of being strengthened. Annex A provides evidence of the results of the EU relationship with such organisations (for example, the number of projects in which the EU engages, or contributions to debates), and Section 5.3 provides examples of how the EU currently works with the World Health Organization, Council of Europe and World Customs Organization. However, it is noted that the EU is not yet recognised as an official representative entity in the UN system, and negotiations on its status continue. In different international organisations the EU

position is coordinated through the presidency of the Council or through one of its Member States.

### **C. Enabling the EU to support the process for acceding and potential candidate countries to adapt and align with the EU acquis in the drugs field**

The extent to which the implementation of the Strategy and Action Plan has contributed to enabling the EU to support the process for acceding and potential candidate countries to adapt and align with the EU acquis in the drugs field has been addressed through Action 44. It was found that this action is on target, with EU and Member States providing assistance to candidate countries in order to facilitate their compliance with the EU acquis.

**A significant amount of activity has been undertaken by the Commission and the EEAS in the period of the Drugs Strategy with candidate and potential candidate countries (as called for by Action 44).** As described in detail in Annex A, the EMCDDA has produced progress reports on candidate and potential candidate countries' compliance with EU acquis, and implemented technical assistance projects to prepare countries to participate in the EMCDDA. The Commission has provided seminars, education and awareness initiatives, expert meetings and conferences (under the TAIEX and TWINNING Programmes). Eurojust has also undertaken activity relevant to Action 44, establishing judicial contact points in all candidate and potential candidate countries (with the exception of Kosovo) to facilitate operational cooperation. In the EEAS survey, three EU Delegations reported providing assistance in adapting and aligning with the EU acquis in the drugs field to their respective countries, although none of those was a candidate or a potential country.

As one representative from the EEAS pointed out, the Western Balkans is constituted of countries that are acceding, candidate or potential candidate countries to the EU, which means that they are obliged to align their policies with the EU acquis. Analysis carried out by the EMCDDA (described in Annex A) found that all drugs strategies recently developed in the Western Balkans were, broadly speaking, in line with the EU Drugs Strategy. Furthermore, there is evidence of some progress in the implementation of these strategies.

#### **2.2.5. Information, research, monitoring and evaluation**

This section presents the answers to the evaluation question relating to effectiveness in the field of information, research, monitoring and evaluation, by looking at the extent to which the implementation of the Strategy and Action Plan has contributed to: (a) ensuring adequate investment in research and data collection on all aspects of the drug phenomenon; (b) maintaining networking and cooperation and developed capacity within and across the EU's knowledge infrastructure; and (c) enhancing the dissemination of monitoring, research and evaluation results at the EU and national level.

Key findings from the evaluation are as follows:

**F27.** The EU has demonstrably supported a range of projects reflecting research priorities in the field of drugs, but there was no evidence available of the impact of EU-funded drugs research on policy and practice. *This finding led to the elaboration of Recommendation 10.*

**F28.** In procuring drug research, the EU makes use of a range of funding mechanisms that are run by a number of entities with differing priorities. Concerns were raised about whether this approach facilitated effective

dissemination and synergies across various projects, although no evidence of actual duplication or inefficient research procurement was identified.

**F29.** There appears to be a growing disconnect between the resources available to the Reitox network and the expectations placed on these focal points. While the breadth of its work has been expanding (with requirements to collect new kinds of data and undertake new analysis) the Reitox network has faced increasing financial constraints as a result of reductions in funding from national and EU levels. *This finding led to the elaboration of Recommendation 11.*

**F30.** The EMCDDA makes an indispensable contribution in monitoring and data collection at the EU level and plays an important role as a knowledge broker.

**F31.** The evaluation of national drugs strategies has become a common undertaking, with the majority of Member States having already conducted an evaluation of their strategy or planning to do so.

Based on these findings, the following recommendations are proposed:

**Recommendation 10.** The Commission should promote structured mechanisms to capture the impact of EU-funded projects. The results should be in turn used to inform the Annual Research Dialogue and the design of calls for research proposals.

**Recommendation 11.** The EMCDDA and Member States should ensure national and EU funding for the Reitox network is commensurate with the data and analytical outputs expected to be delivered by the network. Where it is not commensurate, formal prioritisation of monitoring and data collection activities may be necessary.

#### **A. Investment in research and data collection on all aspects of the drug phenomenon**

The extent to which the implementation of the Strategy and Action Plan has contributed to adequate investment in research and data collection has been addressed through three actions (45–47). Overall, there is progress in this area, with two actions being on target (45 and 47) and one with some progress (46).

**There are a number of mechanisms through which funding for drug-related research projects is allocated at the EU-level.** The different funding mechanisms were described in the 2015 Commission Progress Report and were confirmed by interviewees from EU projects and the European Commission. These mechanisms included funding from the FP7 research programme (as part of which approximately €60 million over the period 2007–2013 was spent on illicit drugs research) and Horizon 2020 (approximately €14 million was allocated to drug-related research).

**Action 45, which focuses on promoting appropriate financing of EU-level drug-related research and studies, does not specify what is meant by an ‘appropriate’ amount of financing.** The indicator included in the Action Plan for Action 45 relates to the ‘amount’ of funding, but does not specify a target. Compared to the FP7 funding programme, which closed in 2014, fewer resources are made available for research into drug-related issues under Horizon 2020. An interviewee from the European Commission indicated that an insufficient budget for drug-related research is currently available due to the decrease in resources under Horizon 2020, and an interviewee from an EU-funded project noted that it was necessary to supplement Horizon 2020 funding with internal resources (i.e. the contractor’s own resources), since that funding was insufficient.

**Funding has been assigned to multidisciplinary research, as required by Action 45, and can be considered appropriated.** This is particularly evidenced by the funding, via the FP7 programme, of the ALICE RAP research project (€10 million), which involved around 200 scientists from more than 25 countries and 29 different disciplines,<sup>47</sup> and the ERANID programme (€2 million), which explicitly aims to fund multidisciplinary research. Both projects explore the factors and consequences of addictive behaviours (ERANID focuses on illicit substances while ALICE RAP covers all addictions). Nearly half of public consultation respondents (48%) replied that measures had been implemented in the area of information, research, monitoring and evaluation related to the drug phenomenon. The proportion of respondents who indicated no such measures had been implemented was 31%.

Based on the amount of funding made available at the EU level, and the multidisciplinary way in which it was spent, in our traffic light assessment Action 45 was evaluated as 'green – on target'.

**As required in Action 46, mechanisms are in place to ensure that EU-funded research programmes are consistent with the priorities of the EU Drugs Strategy and Action Plan, but continued coordination between DG HOME and DG Research and Innovation (DG RTD) is needed to ensure this continues.** This consistency was outlined in the 2015 Commission Progress Report and confirmed by interviewees from EU-funded projects – one commented that the project in which they were involved was a mirror of the EU Drugs Strategy in terms of providing a balanced approach between drug demand and supply reduction. It was, however, noted by representatives from the Commission that coordination between DG HOME and DG RTD could be enhanced to ensure these priorities continue to be taken into account.

**EU-funded research has aimed to fill knowledge gaps and the information created has been used by policymakers.** The Euro-DEN and I-TREND projects sought to address gaps in information, as specified in Action 46, about acute toxicity of drugs and the online market of NPS, respectively. Both projects received a grant amounting to approximately €300,000. Euro-DEN data has been used by the EMCDDA to produce the report 'Hospital Emergency Presentations and Acute Drug Toxicity in Europe' and the four most common NPS identified by I-TREND have been proposed for the Early Warning System.

**There is a risk that the number of funding streams for drug-related research can create challenges in dissemination, identification of gaps and synergies.** It was noted by a representative of the Commission that the different funding streams and projects made it difficult to disseminate all projects widely to those for whom the results will be relevant. Similarly, another stakeholder from the Commission suggested that rather than investing in more funding for new research, information on the state of the art in research in the field of drugs should be gathered, to provide an overview of what research is out there. The evaluation team notes that there are existing mechanisms to coordinate the prioritisation of drug-related research, such as the HDG's Annual Dialogue on Drugs and Reitox annual forum on research, as well as portals that provide information on EU research (such as Cordis

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<sup>47</sup> ALICE RAP website: <http://www.alicerap.eu/about-alice-rap.html> [as of 1 December 2016].

and OpenAire), and that the EMCDDA undertakes some dissemination of research findings.

**It is hard to assess the impact of EU-funded drugs research on policy and practice.** One indicator in the Action Plan for Action 46 is the number of EU-funded drug-related articles and research reports published in peer-reviewed journals with high impact factors, and another indicator in the Action Plan for Action 46 mentions the 'impact' (generally) of research. ALICE RAP was the main project producing research outputs, with a total of 160 publications in peer-reviewed outlets. At the time of writing ERANID had not yet produced publications. Other drug-related FP7 projects produced 143 journal articles. However, according to representatives from the Commission, there was no system in place to measure the actual impact (other than bibliometric impact) of these projects, but they mentioned that an added value of the programmes is that they allow comparison of data across Member States. An interviewee from an EU-funded project indicated that its impact on drugs policy is still difficult to measure. Respondents to the public consultation were divided in opinion about the extent to which the effectiveness of EU investments in research and monitoring had changed: 33% indicated that it remained the same, and 26% indicated that it had got worse.

**This evaluation of the EU Drugs Strategy and Action Plan contributes to the implementation of Action 47 (promotion of scientific evaluations of policies and interventions at national, EU and international level).** One of the indicators included in the Action Plan in relation to Action 47 is that the mid-term assessment of the Action Plan is completed in 2016. Another indicator is that there should be a regular progress review to the Council and European Parliament on Strategy and Action Plan implementation. This was conducted by the Commission in 2015. A third specific evaluation mentioned in the Action Plan is that of the implementation of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence, which was completed and published in April 2013.<sup>48</sup>

**The EMCDDA is working to promote the evaluation of national drug strategies and the majority of Member States do conduct some form of evaluation of their strategy.** The EMCDDA launched a study in 2015 to design EU guidelines for the evaluation of national drug strategies and action plans. At the time of writing, the EMCDDA Scientific Committee is preparing a paper on the evaluation of national drug policies. According to the 2015 Commission Progress Report and EMCDDA's contribution, the majority of Member States had undertaken evaluations of their national drugs strategies, or were planning to do this.

## **B. Maintaining networking and cooperation and developed capacity within and across the EU's knowledge infrastructure**

The extent to which the implementation of the Strategy and Action Plan has contributed to maintaining networking and cooperation and developed capacity within and across the EU's knowledge infrastructure has been addressed through six actions (48–53). Overall it was found that different parties (Europol, EMCDDA and CEPOL) all

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<sup>48</sup> Council of the EU (2003) Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence. OJ L 165, 3.7.2003, pp. 31–33.

have contributed to maintaining networking and cooperation within and across the EU's knowledge infrastructure.

**The annual publication of the European Drugs Report and the EU Drug Market Report by the EMCDDA implements Action 48 (including analysis of the drugs situation) and Action 50 (enhancing data collection, research, analysis and reporting on different drug trends and issues).** There have been annual reports on the state of the drugs problem in Europe since 1995, and in 2013 the EMCDDA published a revised annual overview of the European drug situation, called the European Drug Report (EDR). The EDR package includes: a Trends and Developments Report; a new series of online analyses on specific topics called Perspectives on Drugs (PODs); Country Overviews of national data; a Statistical Bulletin; and profiles on health and social responses. The first EU Drug Market Report (EDMR) was jointly produced by the EMCDDA and Europol in 2013 and provided strategic analyses and a reference tool for law enforcement professionals, policymakers, academics and the general public. An indicator included in the Action Plan for Action 48 is the 'number of overviews and topic analyses on the drug situation'. Since the introduction of the revised version of the annual drug report in 2013, four EDRs have been published – the fourth was launched in May 2016, alongside a revised Statistical Bulletin and new PODs. Two EDMRs have been published, with the most recent report being launched in April 2016.

**Good use is made of available data and data collection is regularly reviewed to ensure new gaps are filled and emerging trends are explored.** One of the indicators included in the Action Plan for Action 48 is 'current deficits in the knowledge base established and an EU-level framework developed to maximise analyses from current data holdings'. The 2015 Commission Progress Report and the EMCDDA contribution stated that both the EDR and the EDMR drew heavily on the full range of data collected by the EMCDDA and the Reitox network. The data collection instruments are reviewed as necessary to respond to changes in drug use, and the responses from the Member States are collected and reviewed annually. This was confirmed through an interview where new data collection tools were developed by Europol and made available to Member States in order to respond to growing trends (e.g. increased cannabis use).

**Almost all Member States provide training to professionals in aspects of drug demand reduction and drug supply reduction, although there is considerable variation between countries.** According to the EMCDDA contribution, data collected by the EMCDDA in 2013 showed that at least 11 Member States report the availability of academic courses for problems related to substance abuse disorders. Some countries have dedicated courses, whereas others covered the subject as part of training courses for medical doctors, healthcare workers and social workers. Continuing education programmes or other forms of vocational training for those working in the field of substance-related disorders are available in 19 Member States. Ad hoc training events have been organised in eight Member States, for example for those working in the area of prevention. The 2015 Commission Progress Report stated that in 2013–2014 almost all Member States initiated or implemented initiatives to train professionals in aspects of drug demand and supply reduction. The training events covered a wide variety of topics and targeted a range of professionals active in

the field. For the period 2015–2016, the interviewees from Member States confirmed that the training sessions were still available.<sup>49</sup>

**Training in data collection and reporting is provided by the EMCDDA.** The Action Plan includes the following indicator for Action 49 (training for those involved in responding to the drugs phenomenon): ‘number of initiatives at Member State and EU level implemented to train professionals related to data collection and reporting of drug demand reduction and drug supply reduction’. According to the 2015 Commission Progress Report and the EMCDDA contribution, under the framework of the Reitox Academy training programme, the EMCDDA provided several residential courses related to data collection and reporting of drug demand reduction and drug supply reduction. Further details of the different training courses can be found in Annex A.

**Since 2013 the EMCDDA has made progress in developing indicators for drug supply reduction and enhanced data collection on drug demand reduction.** The creation of new supply-reduction indicators was described in relation to Action 16. In relation to demand reduction, the EMCDDA has improved reporting mechanisms and the harmonisation of existing data collection efforts (further details can be found in Annex A).

**Research and monitoring of emerging trends and diseases associated with drug use is led by the EMCDDA.** The EMCDDA offers a number of data sources and methods capable of identification and reporting on emerging trends (as described in Annex A). The indicator included in the Action Plan for Action 50 calls for Member States to conduct and initiate research into these issues. This is the case to the extent that the EMCDDA is provided with information by Member States through the Reitox network. Additionally, among interviewees from Member States who commented on this, most Member States published new studies in 2015 and 2016 on drug trends. Based on data from the 2015 Commission Progress Report, the amount of research on physical co-morbidity could be improved.

**The Action Plan specifically requires an EU-wide study to be carried out on drug-related community intimidation and its impact on individuals, families and communities.** There is no evidence indicating that this study has been conducted.

**Research into drug problems among prisoners is being conducted, but could be increased.** In its contribution, the EMCDDA indicated that the agency promotes a standardised approach to monitoring drug use and drug-related health responses in prison. Based on data from the EMCDDA, however, research on drug use among prisoners could be improved. The ECDC and EMCDDA have jointly undertaken research into prevention measures in prison.

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<sup>49</sup> The type of initiatives provided included: annual conferences on addiction prevention; quality circles and conferences on addiction treatment; webinars; distant learning in the framework of exchange programmes and international forums; national conferences; awareness raising; regional drug seminars on cannabis; yearly seminars on addiction medicine; yearly seminars on drugs for law enforcement; information sessions for foreign trainees; workshops with judicial academy; expert meetings on prevention education at schools; lectures; and training.

**The Euro-DEN research project made important advances in understanding the toxicology of NPS, but ongoing research is needed to fill persisting information gaps and look into new substances as they emerge.** Euro-DEN aimed to address the deficiencies in the information on acute harm related to recreational illicit and licit substances in order to provide a better picture on drug toxicity in Europe, as called for under Action 51. According to a representative from the project, although the data provided by the network of sentinel centres across European countries is addressing the gap in knowledge about toxicology of drugs and other licit substances, research in this area should be continued and expanded.

**Project I-TREND contributed to the implementation of Action 50 through the production of tools to measure the phenomenon of selling NPS online.** I-TREND was launched in 2013 and completed in 2015, and collected data about the most available and consumed NPS. Box 14 describes the findings from I-TREND on NPS.

#### **Box 14. I-TREND findings on NPS**

The information collected by the I-TREND research team on the supply and demand of NPS on online markets led to the following conclusions:

- Although a high number of NPS can be found online, the use of only a small portion of them is spread among experienced and inexperienced users.
- User groups can be modelled in concentric circles around a core of very experienced users ('psychonauts') that handle harm reduction advice correctly. The external circles are composed of less experienced users, usually not aware of harm reduction measures.
- A toxicological test of samples of these substances led to the discovery that more than 20% of NPS purchased online do not contain the alleged substance, a factor that increases the health risks, particularly among less experienced users.

**The EMCDDA has continued to lead on the provision of information about toxicology to Member States to minimise the harm from drugs, and NPS particularly, and to inform policymaking.** According to the EMCDDA contribution, in the period 2013–2015 the EMCDDA issued 330 risk communications to the EU Early Warning System (EWS) network and the EMCDDA and Europol produced ten Joint Reports on NPS with the aim of raising awareness at EU and national levels and to inform the EU's decisionmaking with respect to responding to these new substances. In this context, decisionmaking means that based on a Commission initiative, the Council adopts Council Implementing Decisions that submit NPS to control measures across the Union on the basis of Council Decision 2005/387.<sup>50</sup> The new EU legal framework on NPS, once adopted, will replace the Council Decision and aims to make the system speedier and more efficient. It was confirmed through interviews that Member States continue to implement and support the Early Warning Reports (this is relevant to Action 53 as well as 51).

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<sup>50</sup> Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances.

According to the EMCDDA's contribution, they also strengthened the toxicovigilance system of the EU EWS between 2013–2015, allowing it to detect and respond to serious adverse events in a more timely manner. This is relevant to Action 51 (improving the capacity to detect, assess and respond to NPS), and particularly the indicator included in the Action Plan: the 'extent of sharing by toxicology laboratories and by research institutes of toxicological and health data analyses on new psychoactive substances'. In further evidence of the implementation of this Action, the European Commission has undertaken actions to set up scientific and analytical support services to customs laboratories to help them identify NPS more quickly: in October 2014 an Administrative Arrangement was made for the EU's Joint Research Centre (DG JRC) to provide regular analytical support to the European customs laboratories, to build up a spectral repository of NPS, and to develop and establish harmonised analytical methods for the identification of NPS. Further details are provided in Annex A.

**A key challenge facing forensic science, customs and toxicology laboratories is the lack of timely access to reference standards for NPS.** Action 52 calls for the sharing of forensic science data. According to the EMCDDA, they continue to strengthen their collaboration with the European Network of Forensic Science Institutes and with informal forensic science and toxicology networks. In addition, the existence and operation of the EWS is a reflection of improved sharing of forensic and toxicological data at EU level in recent years. However, a key challenge, as explained by the EMCDDA in their contribution, is that reference standards are not available promptly for newly tested substances and, if available, they are usually very expensive.

**Regional risk assessments conducted by the EMCDDA into increases in HIV notifications in Greece and Romania in 2011 exemplify the implementation of Action 53 (improve the ability to identify, assess and respond at Member State and EU levels to behavioural changes in drug consumption and epidemic outbreaks).** The EMCDDA carried out a regional risk assessment in response to sharp increases in HIV notifications among people who inject drugs (PWID) in Greece (see Box 15) and Romania in 2011, with a subsequent update in 2013. Another example, as mentioned by interviewees from EU agencies, includes joint country visits undertaken by the EMCDDA, ECDC and WHO, for example the HIV mission to Latvia where harm reduction measures were assessed since these were not working well. This was followed by a joint report and Latvia changed relevant policy based on this report.

**Box 15. Case study: Greek response to HIV epidemic**

Between 2011 and 2013, Greece experienced a significant outbreak of HIV among people who inject drugs. The outbreak, concentrated predominantly in Athens, was driven by unsafe injecting practices among drug users (e.g. sharing injecting equipment), and a lack of preventive services. The epidemic also occurred in the context of an acute financial crisis, which had a significant social and health impact on the population of Greece in general, and Athens in particular (although it is unclear what exactly the impact of the financial crisis was on the outbreak).<sup>51</sup>

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<sup>51</sup> European Centre for Disease Prevention and Control. Joint technical mission: HIV in Greece 28–29 May 2012. Stockholm: ECDC; 2013. As of 1 December 2016:

In response to the epidemic, a series of measures was implemented by the Greek authorities. The outbreak was quickly recognised and reported to national and international stakeholders. The Greek organisation against drugs (OKANA) expanded the provision of opiate substitution treatment and needle and syringe programmes to prevent further transmission of HIV. The latter entailed partnership with non-governmental organisations and the Hellenic Centre for Disease Control and Prevention (KEELPNO), in order to increase the provision of harm reduction services.

The ECDC, EMCDDA, FRA and WHO Europe jointly called for the establishment of AIDS coordination bodies in order to maximise both the strategic and operational response to the HIV outbreak. The Greek National Strategy on Drugs and Action Plan in 2014 also aimed to include clear actions and activities to deal with the emergency, and to involve all relevant care organisations in harm reduction. In line with this, one interviewee reported that the Greek Strategy uses the 'direction' of the EU Drugs Strategy to fit the Greek conditions. This is an example of how the harm reduction pillar provided by the EU Drugs Strategy fed into the Greek strategy.

### **C. Enhancing the dissemination of monitoring, research and evaluation results at EU and national level**

The extent to which the implementation of the Strategy and Action Plan has contributed to enhancing the dissemination of monitoring, research and evaluation results at the EU and national level has been addressed through Action 54. According to available evidence, efforts to disseminate the results of monitoring, research and evaluation activities have continued to be implemented. Some results of EU-funded research projects are also available through open-access portals. However, budget constraints at the national level have reduced financial support for Reitox focal points, which may have had some negative implications on their operations and capability to deploy dissemination activities.

**Action 54 calls for Member States to support EU monitoring and to work with and provide funding for national focal points. Budget constraints at EU and national level have reduced financial support for Reitox focal points and this may have an impact on their ability to undertake monitoring and research.**

EU-level funding for the national focal points has been reduced during the period of the EU Drugs Strategy: EMCDDA's Management Board adopted measures in 2013 which included a reduction in the maximum amount available for EU Member States through the Grant Agreements as part of the co-financing system of the national focal points. The Grant Agreement funds tasks of the national focal points related to their role towards the EMCDDA, but not data collection, which is the responsibility of Member States. According to the EMCDDA and interviewees this had an impact on, for example, the numbers of staff in the focal points and the capacity to support the EMCDDA. The EMCDDA reported that some countries have suffered a budget cut at the national level. This point was also raised by six Member State representatives, of which three explicitly mentioned that both national- and EU-level resources impacted on the work of national focal points. Interviewees indicated, for instance, that national- and EU-level budget constraints have been weighing on monitoring and

evaluation (e.g. lack of investment in data collection). Another example of insufficient national budget hindering progress in implementing the EU Drugs Strategy and Action Plan is that there are fewer resources to carry out national surveys.

**National financial pressures have meant reorganisation in some focal points, for example moving into or merging with other institutions, and this can cause disruption to their activities.** According to the EMCDDA, the new situation might have a negative impact on the added value of the work of focal points in some countries and there could be a risk of taking a step backwards in the development of the European information system.

**Given financial pressures, a Member State representative questioned whether the data collection requirements on Member States are too demanding.** The stakeholder commented that budget constraints are weighing on monitoring and evaluation, but that the current level of data expected to be collected and analysed is too ambitious given available resources and is overburdening the EMCDDA and the Reitox focal points. Despite this, Member States continue to support the Reitox focal points and EU monitoring. Financial austerity is being faced across Europe and a range of public services in many Member States is facing budget restrictions.

**Evidence about dissemination of EU-funded studies and of information collected by focal points is patchy.** Two of the indicators included in the Action Plan relating to Action 54 are 'open-access outputs from EU-funded studies disseminated' and 'number and effectiveness of Reitox national focal points dissemination initiatives'. There is no systematic data collection in relation to either of these. There is some evidence of the utilisation of open-access platforms. ALICE RAP and project ADDICTION, for example, have several open-access publications (208 for ALICE RAP). In relation to EMCDDA dissemination activities, Reitox focal points can report this to the EMCDDA during twice-yearly national focal point meetings. One Member State-level initiative mentioned was the circulation of a quarterly Drugs Bulletin in Ireland each year, disseminated to a stakeholder list of 1,000 individuals. Two Member States positively commented on coordination between Reitox focal points, with examples including the 2015 Addictions Conference in Lisbon where five national focal points presented a paper on opioid substitution treatment, and the Drug Related Death Monitoring Project as undertaken by Nordic countries.

### **2.3. The outcomes and impacts of the EU Drugs Strategy and Action Plan**

This section discusses the overall effectiveness and impacts of the EU Drugs Strategy and Action Plan: to what extent have the objectives of the EU Drugs Strategy been achieved and what have been the impacts of the EU Drugs Strategy and Action Plan? Assessing effectiveness and impact is a complicated endeavour in this field. There is a wide body of literature examining the impacts of individual drug policies or interventions, and the evidence on individual prevention, treatment or harm reduction interventions is relatively well documented.<sup>52</sup> However, evidence for the impact of demand-side approaches at national level on the prevalence of drugs or the associated harms or risks is much less comprehensive. Similarly, on the supply-side, while there is little doubt that interventions aimed at production can affect where drugs are

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<sup>52</sup> See for instance, the EMCDDA Best Practice Portal: <http://www.emcdda.europa.eu/best-practice> [as of 1 December 2016].

produced, whether government interventions have been able to reduce total output is far less clear.<sup>53</sup> It is often impossible to attribute specific trends or developments to EU-level action – establishing causality is notoriously difficult in this field. Furthermore, drug policy measures require time to take effect, and for many actions it is too early to tell whether they have had any impact. Therefore, instead of assessing the impacts of demand- and supply-side interventions, this section discusses the trends at national and EU level in the demand and supply of drugs that have coincided with the implementation of the strategy.

The impacts of the horizontal pillars of coordination, international cooperation and information, monitoring, research and evaluation manifest themselves more at institutional level. They have been measured qualitatively in this evaluation, and are discussed below.

To address this evaluation question, the evaluation team examined the extent to which the implementation of the EU Drugs Strategy and Action Plan has contributed to a measurable improvement to the objectives in the five pillars of the strategy: (a) demand reduction; (b) supply reduction; (c) coordination; (d) international cooperation; and (e) information, research, monitoring and evaluation.

Key findings from the evaluation are as follows:

**F32.** Available data on trends described do not suggest a widespread and sustained improvement of the situation with regard to the demand for drugs, drug dependence and drug-related health and social risks and harms. *This finding also led to the elaboration of Recommendation 1 (above).*

**F33.** The number of people entering treatment has remained stable since 2013, but there has been a decrease in the number of first-time users seeking treatment. EMCDDA data indicate that more than half of problem drug users have access to treatment.

**F34.** It is impossible to isolate the causal effects of the EU Drugs Strategy and Action Plan on the relevant demand-side trends, which are affected by a complex interplay between a variety of factors.

**F35.** Individual measures, implemented in Member States, to ensure the availability of and access to evidence-based risk and harm reduction measures have had measurable positive effects. But there is room for improvement in implementation and access to these interventions across various Member States. *This finding also led to the elaboration of Recommendation 1 (above).*

**F36.** In recent years there have been no signs of a reduction in the availability of illicit substances. The number of recorded seizures of illicit drugs has not changed substantially in 2014 compared to 2013, but the volume of drugs

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<sup>53</sup> See, for example, Reuter, P.H., Trautmann, F., Liccardo Pacula, R., Kilmer, B., Gageldonk, A., & D. van der Gouwe (2009) *Assessing Changes in Global Drug Problems, 1998–2007*. Santa Monica, CA: RAND Corporation. TR-704-EC. As of 5 October 2016: [http://www.rand.org/pubs/technical\\_reports/TR704.html](http://www.rand.org/pubs/technical_reports/TR704.html)

seized increased. The price and purity indicators reported in 2014 are generally similar to those from 2013, and the overall number of drug-related offences has continued an upward trend.

- F37.** Law enforcement cooperation in relation to tackling the supply of drugs is extensive in the EU, and evidence suggests it has increased. However, in spite of or regardless of supply reduction efforts in the Strategy, the availability of illicit drugs has increased in recent years.
- F38.** Several positive observations can be associated with improved coordination, such as the EU's and Member States' consistent and recognisable balanced approach to drug policy, the ability of the EU to speak 'with one voice' in international fora, and the relatively swift preparation and adoption of the EU Joint Position Paper in preparation of UNGASS 2016. *This finding also led to the elaboration of Recommendation 7 (above).*
- F39.** There is no evidence suggesting that activities undertaken as part of the EU Drugs Strategy or Action Plan have affected international supply. The current Strategy has coincided with some diverging trends in drug production and trafficking. Global production of heroin has fallen notably in 2014, but global production of cocaine rose by 38% in 2014.
- F40.** The EMCDDA and its network of Reitox focal points have made a significant contribution to better understanding all aspects of the drugs situation in the EU and trends in drug markets. Europol and CEPOL have contributed to maintaining networking and cooperation within and across the EU's knowledge infrastructure.
- F41.** Despite ongoing work on supply-side indicators and continuing investment in monitoring and intelligence of supply reduction, there is still limited understanding of the impact of law enforcement efforts on drug markets. *This finding also led to the elaboration of Recommendation 4 (above).*
- F42.** Overall, resources for drug-related activities within Member States are sufficient to implement the Action Plan, but it is necessary to make compromises to ensure activities could be conducted within available resources. *This finding also led to the elaboration of Recommendation 11 (above).*

Recommendations related to these findings were outlined in the sections above.

## **A. Demand reduction**

**Recent survey data on drug consumption suggest that there has been no recorded decrease in the prevalence of drug use**, but the data that are available have limitations. The EMCDDA's 2016 European Drugs Report suggests that the proportion of the population who use drugs does not appear to have decreased. Where an assessment of recent trends is possible through national surveys conducted since 2013, available data show a mixed picture. In 2014, last-year prevalence of cocaine use among young adults (aged 18–35) increased in some Member States and decreased in others, while last-year prevalence of cannabis, amphetamines and MDMA more often increased than not. There are no aggregated EU-level trend data available, and these assessments on trends in use are based on a relatively incomplete dataset covering a very short period of time. In addition, the available data are subject to several methodological limitations, such as differences in national survey approaches, their reporting intervals and cultural contextual factors.

**Available data indicate that the trend in lifetime prevalence of illicit drug use among 15–16 year olds has slightly decreased recently.** According to the 2015 ESPAD survey, an average of 3% of students reported that they had first used cannabis at the age of 13 or younger (overarching indicator 5, see Annex A). The highest proportions in the EU were found in France (6%). These rates increased slightly until 2003 among girls and until 2007 among boys and stabilised thereafter. Rates of early onset of amphetamine/methamphetamine use were lower (ESPAD average: 1%), with the highest proportions in Bulgaria (3%) and Cyprus (2%). More generally, trends in lifetime prevalence of illicit drug use among 15–16 year olds have slightly decreased since 2003. More recent data are available from the HBSC study but these also do not allow an assessment of trends since 2013 because 2013/2014 is the latest year covered by the survey.

**Overall, levels of drug dependence in the EU seem to have stabilised and in some countries have improved recently.** As explained in overarching indicator 2 in Annex A, there appear to have been positive developments in the prevalence of high-risk opioid use and there are no reports of substantial increases in the number of injecting users. It is unknown, however, whether these trends also coincide with the period of the current Action Plan as they are based on measurements in 2008 and 2014. The EMCDDA and Europol also signal that NPS markets increasingly supply marginalised users. With increased availability, harms have increased, such as acute, sometimes fatal, poisonings and harms associated with injecting cathinones.

**The available data on drug-related health risks and harms show a mixed picture.** EMCDDA data show an increase in the estimated number of drug-related deaths in Europe between 2013 and 2014 (overarching indicator 3). Although a longer follow-up period is desirable to determine whether this is a part of a longer-term trend, it is a concerning development and trend-break with the years prior to the Strategy. On the other hand, the prevalence of infectious diseases attributable to drug use (such as HIV/AIDS) varies between Member States, but overall appears to be decreasing since 2013. This is not the case for viral hepatitis, where the majority of available trend data suggest a worsening of the situation (overarching indicator 4).

Data quality, comparability and coverage are insufficient to provide meaningful figures on levels of or trends in prevalence of drug use amongst prisoners since 2013 (overarching indicator 10).

**The number of people entering treatment has remained stable since 2013 but there has been a decrease in the number of first-time users seeking treatment.** Interpreting this trend is difficult without clear and robust contextual information. It is not known what the factors were behind the stable overall demand for treatment. Theoretically speaking, on one hand an increase in the overall number of people entering treatment may reflect an increase in the prevalence of drug use, but on the other hand it may also be a sign of improvements in the availability and accessibility of treatment services and users' willingness and ability to engage with them. Similarly, the decreasing share of first-time users as a proportion of the overall treatment population is not easy to interpret. On the one hand, it may reflect a decreasing ability for first-time users to engage with treatment services, but on the other hand an increasing share of returning people may be a sign of unsuccessful previous treatments (overarching indicator 6).

**While there is considerable variability between Member States, EMCDDA data indicate that more than half of problem drug users have access to treatment.** Some 16 Member States reported 100% coverage of syringe and needle programmes. Based on the EMCDDA contribution, and while historic data are unavailable, the EMCDDA's data on health and social responses suggest that a majority of Member States are offering interventions in the areas of prevention harm reduction, treatment

and social reintegration. However, data on the quality of these interventions are limited and most information dates back to 2014 or before (overarching indicator 11).

**The trends described above do not suggest a widespread and sustained improvement of the situation with regard to the demand for drugs, drug dependence and drug-related health and social risks and harms.** That is not to say that the EU Drugs Strategy has not been effective in this area. Drug policy (at EU level) is but one of the many levers and factors that manifest themselves in the development of drug demand and its risks and harms. It is impossible to isolate the actions in the EU Drugs Strategy from the wider interplay of factors and analyse their causal effects on the relevant demand-side trends.

However, as documented in the EMCDDA's Best Practice Portal, there are a large number of evidence-based interventions, guidelines and standards (overarching indicator 12). The evidence base for the effectiveness of prevention measures is limited, but over the period of the current strategy the Portal has continued to grow, particularly with interventions that work in treatment and harm reduction. **Although their combined impact on the demand-side situation at national or EU level has not been measurable, these interventions have had measurable positive effects at intervention level, particularly on reducing the harms and risks of drug use.** As such, although there is room for improvement in implementation and access to these interventions across various Member States, in stimulating adoption and implementation of these measures the Strategy has had a positive impact.

## **B. Supply reduction**

Findings from data collected demonstrate the following:

**The 2016 EMCDDA–Europol European Drug Markets Report explains that in recent years there have been no signs of a reduction in the availability of illicit substances.** Following a period of decline, there are recent signs of increasing availability of heroin that may signal increased harms. Most cocaine use occurs in Western and Southern Europe and has been fairly stable over recent years, although there are signs of increasing availability. Recent concerns include the availability of high-dose MDMA products. In addition, there are no signs of a slowdown in the development of NPS: 98 new substances were reported for the first time in 2015 and the EU Early Warning System is monitoring over 560.

**Recorded seizures of illicit drugs have not changed substantially in 2014 compared to 2013, but the amount of drugs seized increased** (overarching indicator 7). Based on data from the European Drug Report (presented in Annex A), while the number of drug seizures in the EU has not changed substantially since 2013,<sup>54</sup> the volume of seized drugs appears to have increased, particularly in the case of heroin and MDMA. However, it is difficult to interpret what this implies for the drug situation in the EU or for the Drugs Strategy: on the one hand, increases in the number of seizures and the volume of seized drugs may reflect increased drug trafficking activity, but on the other hand they may be a sign of changes in reporting or law enforcement practices.

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<sup>54</sup> With exception of amphetamines and MDMA, for which the number of seizures between 2013 and 2014 has increased by approximately 10 and 25%, respectively.

**The price and purity indicators reported in 2014 are generally similar to those from 2013, although some discernible changes can be identified.** These include an increase in the reported potency of cannabis (both resin and herbal), a decrease in the reported purity of heroin, and an increase in both the price and purity of amphetamines (overarching indicator 8). **The overall number of drug-related offences has continued an upward trend.** Since 2013, the number of offences has increased for both possession and supply for every drug type, with the exception of possession-related heroin offences. For supply-related MDMA offences, the recorded increase was particularly noteworthy (overarching indicator 9). However, as with drug seizures, it is difficult to interpret what this implies for the drug situation in the EU or for the Drugs Strategy.

The evaluation has found evidence of extensive law enforcement cooperation relating to tackling the supply of drugs, and some evidence that this has increased in the period 2013–2016. Europol and Eurojust show that the number of JITs, analysis reports, investigations, etc., have had tangible results and subsequently disrupted supply activities. Moreover, CEPOL has contributed to law enforcement capacity building across the EU. However, whether these activities translated into more effective law enforcement activity and therefore contributed to reducing the availability of illicit drugs remains unclear. **The availability of illicit drugs has increased in recent years in spite of or regardless of supply reduction efforts in the Strategy.**

### C. Coordination

Both the demand- and supply-side situation have not seen measurable improvements across the board. For neither of these areas has it been possible to isolate the causal effect of the EU Drugs Strategy and Action Plan on the developments in drug markets. The third pillar of the Drugs Strategy focuses on coordination in the field of drugs at the EU and national level, as well as in relation to civil society. The evidence collected in this evaluation, in particular via our review of Member State drugs strategies, and from interviews, suggests that **drug policy is increasingly coordinated at the EU level and between the EU and Member States** (see Section 2.2.3).

All Member States have national drug strategies in some form, either as part of a wider licit and illicit strategy or specifically focused on illicit drugs. All countries had also conducted a final evaluation of their national drugs strategy, or had been planning to do so (overarching indicator 14). This assessment, based on EMCDDA information (see Annex A), dates from 2013, but it is supported by the review of Member State drug strategies that was undertaken by the evaluators (presented in the Member State fiches in Annex D). All Member States' strategies are broadly consistent with the EU balanced approach. Some newer Member States noted that their national drugs strategy was directly based on the EU Strategy, providing evidence that the EU Drugs Strategy at least contributed to policy coordination. For other Member States, the national drug policy governance mechanisms pre-dated the current EU Strategy.

In addition to national strategies, the evaluation concluded that coordination has improved in the following areas (see also Section 2.2.3): the HDG facilitates a forum for discussion among Member States; the HDG has facilitated coordination with other council working groups; and the Commission facilitates a dialogue with civil society at EU level. There is still room for improvement though, for example in the form of coordination between HDG and COSI.

Improved coordination in the field of drugs at the EU level and between Member States and civil society has culminated from several EU Drugs Strategies, predating the current one. It is difficult to attribute which developments have been direct or indirect consequences of the current strategy. Nonetheless, it is safe to conclude that **several positive observations can be associated with improved coordination,**

**such as the EU's and its Member States' consistent and recognisable balanced approach to drug policy or the ability of the EU to speak 'with one voice' in international fora and the relatively swift preparation and adoption of EU Joint Position Paper in preparation of UNGASS 2016** (see Section 5.3).

#### **D. International cooperation**

The findings discussed in Section 2.2.4 explain how the implementation of the Drugs Strategy and Action Plan have contributed to strengthening dialogue and cooperation between the EU and third countries, international organisations and fora on drug issues: the EU is able to speak 'with one voice' in relation to international cooperation; drug-related priorities have been incorporated into EU external policies, strategies and actions relating to third countries and regions; EU-funded projects – such as COPOLAD – continue to be key structures under which EU international cooperation in the area of drugs is undertaken; results from international cooperation include training of law enforcement professionals and the implementation of alternative development programmes; the EU provides guidance to third countries seeking to develop a national strategy; and compliance with the EU *acquis* leads to tangible improvements in candidate, acceding and potential candidate countries.

**Whether the undertaken activities may have affected international drug demand and supply remains to be seen. The current Strategy has coincided with some diverging trends in drug production and trafficking.** The 2015 and 2016 World Drug Reports indicated that both the global cultivation of opium poppy and global production of heroin fell notably in 2015, after the highest-ever recorded values in 2014. In contrast, in 2014 global cultivation of coca increased by 10% and global production of cocaine rose by 38%, reversing previous decreases recorded since the late 2000s.

#### **E. Information, research, monitoring and evaluation**

The evidence collected for this evaluation has shown that Europol, the EMCDDA and CEPOL have all contributed to maintaining networking and cooperation within and across the EU's knowledge infrastructure. The EMCDDA has made considerable efforts towards enhancing data collection on various aspects of drugs and drug markets, for example on NPS. The existence and operation of the Early Warning System for NPS is a reflection of improved sharing of forensic and toxicological data at the EU level in recent years. This early warning activity seems to allow the EU to swiftly identify and assess changes in drug consumption.

**The EMCDDA continues to play a crucial role in the dissemination of monitoring, research and evaluation results at the EU level and plays an important role as a knowledge broker in harmonising data collection at the Member State level.** The EMCDDA and its network of Reitox focal points have made a significant contribution to better understanding all aspects of the drugs situation in the EU and trends in drug markets. The illicit drug trade is inherently international, and therefore, a pan-European perspective is indispensable. It would also be impossible to compare Member States or gather aggregate EU-level indicators without harmonised data collection methodologies and definitions.

**There are concerns, however, that budget constraints for the Reitox network are associated with negative impacts on its work.** While the breadth of its work has been expanding with novel data to be collected and analyses undertaken, its financial resources have been reduced.

The EMCDDA has contributed to a solid understanding of what works in the area of demand reduction. The evidence base for the effectiveness of prevention measures is limited, but in recent years the Best Practice Portal has grown with interventions that

work in treatment and harm reduction. However, **despite ongoing work on supply-side indicators and continuing investment in the monitoring and intelligence of supply reduction, there is still limited understanding of the impact of law enforcement efforts on drug markets.** While there is evidence that information exchange through Europol has increased since 2013, interviewees note law enforcement information-sharing at EU and Member State level could be improved.

### 3. EVALUATION OF EFFICIENCY

The aim of the efficiency criterion is to examine the costs and benefits of the EU Drugs Strategy and Action Plan. To do so, the change in resources allocated by the EU and Member States pre- and post-adoption of the Strategy and Action Plan must be examined. The evaluation also examines the sufficiency of the resources allocated to achieve the necessary results.

#### 3.1. The impact of the Strategy and Action Plan on Member States' budgetary resources

In this section we report on the extent to which: (a) Member States' budgetary resources have increased due to the need to implement the Strategy and Action Plan; and (b) Member States have prioritised resources in order to implement the Strategy and the Action Plan.

Key findings from the evaluation are as follows:

- F43.** No systematic or comparable information is available regarding budgets for drug-related activities at Member State level. Difficulties exist in identifying the resources allocated to addressing drugs issues within Member States due to the wide range of policy areas in which there is government spending relevant to drugs, as well as the diversity of possible funding sources at national and EU levels. This fragmentation of funding streams raises the possibility of identifying areas in which funding could be pooled or rationalised to prevent duplication and make best use of available resources.
- F44.** The level of budgetary resources among Member States is not influenced directly by the need to implement the Strategy and Action Plan, with Member States placing priority on the implementation of their own national objectives and priorities.
- F45.** There appears to be a decrease in budget allocations to drug-related issues in a majority of Member States due to the economic crisis and because priorities are placed on other policy areas. In at least some instances this decrease has impacted on the implementation of the Action Plan.
- F46.** Promising practices have been identified where Member States have been able to implement national programmes that are in line with the Action Plan, even in a climate of financial austerity.

The evaluation team has not identified any recommendations based on these findings.

#### Allocation of budgetary resources by Member States

**There is no evidence suggesting that Member States have increased the allocation of funding to drug-related activities as a result of the EU Drugs Strategy or Action Plan.** Since no systematically collected data exist about the resources spent by Member States on implementing actions that are in line with the EU Drugs Strategy, it is hard to assess whether the budgetary resources spent on drugs have increased (regardless of the EU Strategy). As at the EU level, drug-related expenditure is fragmented at Member State level (e.g. funding can be provided through different policy areas including health and law enforcement). This is echoed by the 2015 Commission Progress Report, which noted that just under half of Member States did not have specific funding for supply reduction and many did not have specific funding for demand reduction. Most respondents to the public consultation (nearly 70%) concurred that the EU Drugs Strategy did not facilitate the allocation of

a larger amount of national public resources to specific activities or initiatives in the drug field.<sup>55</sup> In many cases, drug-related spending is subsumed by budgets in other relevant spheres, rendering an estimation of drug-related expenditure difficult. Box 16 summarises the information available from the EMCDDA. The evaluation, therefore, looks to evidence from interviews to see whether spending on drug-related activities has increased or decreased. Unfortunately, this evidence is also limited: interviewees were invited to comment on the levels of, and trends in, drug-related expenditure in their Member State and whether more resources were required or provided specifically to implement the EU Drugs Strategy, but not all respondents were able to comment on these issues. Among those who did comment, the detail and amount of data do not allow firm conclusions to be drawn.

**Member State budgetary resources allocated to drug-related activities appear to have decreased and this affects their ability to implement the Strategy and Action Plan.** When interviewees from Member States commented on budgetary matters, most mentioned a decrease in the budget available and reported that this had had an impact on the implementation of the Strategy and Action Plan. For instance, in one Member State, the reduction of financial support between 2008/2009 and 2016 led to certain actions (i.e. care planning and management) not being undertaken or completed. An example provided related to a National Drugs Rehabilitation Framework that aims to track individuals and provide them with a recovery plan: this was reported to have not been fully implemented. The reduction in budgetary resources available for drugs policies was also reported by one Member State stakeholder as having an influence on balanced implementation between drug supply and demand, with resources being unevenly focused on drug supply reduction due to decreases in funding. Many NGOs contributing to the 2015 Commission Progress Report indicated that budgetary cuts in Member States led to the decline in availability of treatment services and this was confirmed through interviews with other respondents at Member State level. Financial constraints were also encountered by the national Reitox focal points, which faced cuts in funding both at the national and EU level. According to the EMCDDA, this has had a negative impact on their work (this is further discussed in Section 2.2.5).

Looking further into this anecdotal evidence of reduced expenditure, the EMCDDA has undertaken analysis of the effect of financial austerity on drug-related expenditure.<sup>56</sup> The agency's report concluded that the impact of austerity on drug policy might be more severe in the countries hardest hit by the economic crisis. But these conclusions were tentative, as differences in the scope and quality of the estimates make it difficult to compare drug-related public expenditure between countries.<sup>57</sup>

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<sup>55</sup> It should be noted that the vast majority of respondents to the public consultation consisted of private individuals or represented NGOs or private organisations.

<sup>56</sup> EMCDDA (2014) *Financing drug policy in Europe in the wake of the economic recession*. EMCDDA Papers, Lisbon, December 2014. As of 7 November 2016: <http://www.emcdda.europa.eu/publications/emcdda-papers/recession-and-drug-related-public-expenditure>

<sup>57</sup> The EMCDDA reports that 'the number of countries providing estimates for total drug-related expenditure on supply reduction initiatives is especially small, because these expenditures are mostly unlabelled, embedded in broader categories of public spending and therefore difficult to identify'. EMCDDA (2014) op. cit., p.19.

Nevertheless, in most European countries the public financing of specific drug policies has been reassessed and often adjusted according to the agency.

**Box 16. What do we know about national-level drug-related expenditure?**

As reported fully in Annex F, qualitative and quantitative information provided to the EMCDDA on drug-related expenditure by Member States remains very limited. This inhibits cross-country comparison and examination of trends over time. Estimates are available for 20 Member States (see Tables A.4 and F.1). Among these countries, drug-related public expenditure is estimated at between 0.01% (Latvia) and 0.5% (the Netherlands) of GDP. The estimates refer to a range of different years between 2002 and 2015. The EMCDDA contribution does not provide any indication of past trends in public expenditure on drugs and cautions that cross-national comparisons are hampered by differences in the scope and quality of national estimates. Moreover, the EMCDDA indicates that problems in comparing national expenses are also due to the differences in political structure and funding of drug-related services and activities.

**Even if budgets are decreasing (or stagnating), there are examples of Member States restructuring services with the aim of working more efficiently to implement measures that are in line with the strategy.** For example, Box 17 provides an example from Greece, reported by an interviewee, where developments in national drug policy have occurred despite reductions in national government spending, and this could potentially offer lessons to other Member States. The evaluation also found that some countries reported that sufficient resources were available (Box 18).

**Box 17. Efficiency in Greece**

A representative from Greece explained that the budget dedicated to care services has decreased since 2009 due to the economic crisis that the country is experiencing, even leading to a prohibition against the hiring of new personnel for these services. Paradoxically, the number of care services units has increased by 30% since 2013, as a result of a reform of the organisational network of care services.

**Box 18. Examples of Member States that reported sufficient resources**

Generally, northern EU countries did not report lack of funding as an obstacle to implementation of the EU Action Plan on Drugs. Representatives from two northern Member States considered that sufficient resources were allocated in the fields of drugs. However, better coordination at the national level could improve the level of efficiency.

Surprisingly, representatives from some southern countries indicated that although their national budgets have indeed decreased in the last couple of years, this has not affected the budget allocated to the field of drugs. In this context, one southern Member State stakeholder explained that drug-related proceeds confiscated by law enforcement bodies had been used to finance interventions to reduce the supply of and demand for drugs. Likewise, another southern Member State representative noted that austerity measures in the country had not affected the provision of services in relation to drugs.

**A. Member States' prioritisation of resources to implement the Strategy and Action Plan**

**Interviews suggest that national resource allocation appears to be primarily driven by national or regional priorities,** rather than by the need to implement the Strategy and Action Plan. An interviewee reported that in his Member State drugs are currently not regarded as a priority policy area, and that the national budget for drugs had decreased. However, the findings set out in Chapter 2 show that Member States have implemented activities that are in line with the Strategy and Action Plan.

Therefore, to this extent, Member States do appear to allocate resources to implement the Strategy.

Using estimates from the EMCDDA, the evaluation team assessed drug-related expenditure across all Member States. The data are of limited quality and are not comparable across Member States due to variable collection methods, covering different time periods. Moreover, the most recent estimates often pre-date the current EU Drugs Strategy (and some pre-date the EU Drugs Strategy 2005–2012), meaning that it is not possible to assess the contribution of the Strategy on drug-related public expenditure.

Table F1 in Annex F records total annual expenditure and proportion of GDP based on the most recent estimates for all Member States as gathered by the EMCDDA (where data were available). These data indicate the policy areas where expenditure was reported (proportions are indicated where data were available), and a summary of the data quality and summary details about trends are given (again subject to data availability).

The results suggest that, on average, total drug-related expenditure across all Member States accounted for approximately 0.1% – 0.2% of GDP from 2011 to 2014.<sup>58</sup> Expenditure appears to cover a broad range of policy areas across drug demand reduction and drug supply reduction (e.g. treatment programmes, prevention campaigns, law enforcement costs, judicial expenditure, etc.). From the information available, it appears that the largest share of drug-related public expenditure is allocated to drug supply reduction activities. Overall, where information on trends was provided, expenditure appeared to generally decline in the period between 2008 and 2010, and then either remained stable or increased thereafter (however, the aforementioned limitations to the data mean that these trends should be interpreted with caution).

### **3.2. The sufficiency of resources for reaching the objectives of the Strategy and Action Plan**

In this section we report on the extent to which resources were sufficient throughout the years 2013 to 2016 to support the implementation of the Action Plan: (a) at EU level; and (b) at Member State level. As such the findings touch upon the issue of whether the funds for addressing drug-related problems have been allocated efficiently. However, the limited available evidence does not allow the evaluation to draw any firm conclusions about efficiency.

Key findings from the evaluation are as follows:

- F47.** Drug-related expenditure at the EU level comes from a number of sources. While this provides a fragmented picture, there are data available on the spending of EU-funded projects and programmes. Based on the evidence for the results and impacts of these programmes – across the five pillars of the Strategy – it can be concluded that the expenditure contributed to the

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<sup>58</sup> The most recent estimates for the majority of Member States accounted for the years 2011 to 2014, with exception of Sweden (2002), the Netherlands (2003), Portugal (2005), Germany (2006), Slovakia (2006), Hungary (2007), Latvia (2008), Luxembourg (2009), Czech Republic (2010), the United Kingdom (2010), and Ireland (2015).

implementation of the actions in the Action Plan. However, it is beyond the scope of this evaluation to assess whether these resources were sufficient or efficiently spent.

**F48.** Overall, resources were considered to be sufficient for the Strategy and Action Plan, particularly with regard to drug demand and supply. Stakeholders consulted, however, acknowledged the benefit of increasing resources to ensure better implementation of the actions in the Action Plan (e.g. development of preventive measures at national level). (See also F44.)

**F49.** There is a need to ensure that EU agencies are provided with adequate resources to undertake work to implement the Strategy and Action Plan in addition to their core tasks, taking into account the increase in cases and training with regard to drugs issues.

**F50.** International development activities and cooperation with third countries were the aspects of the Strategy in relation to which resources were most often mentioned by interviewees to be insufficient. The need to ensure appropriate funding for alternative development was identified by stakeholders as there is increasingly a focus on such programmes in relation to international development.

**F51.** The resources allocated to the implementation of monitoring and evaluation were not considered to be sufficient in some Member States, thus impacting on the effective implementation of this pillar. The lack of resources at national level for evaluating existing policies can lead to the inefficient implementation of the measures overall.

**F52.** Overall, despite some recent decreases in budget allocations (see F28), resources for drug-related activities within most Member States are sufficient to implement the Action Plan, but it was necessary for Member States to make compromises and prioritise to ensure activities could be conducted within the limits of available resources (see F44).

The evaluation team has not identified any recommendations based on these findings.

## **A. EU-level resources**

**Drug-related expenditure at the EU level is fragmented and projects and programmes are funded through a series of different instruments.** Several funding streams are currently available or have been in the past: the Prevention of and Fight against Crime Programme (ISEC), the Drug Prevention and Information Programme (DPIP – this is now closed) and the Justice Programme (combined budget for drug-related activities €11 million in 2013–2014). The EU also provides funding to partner third countries, and drug-relevant mechanisms include COPOLAD (Latin America), CADAP (Central Asia), the Cocaine Route Programme, the Heroin Route Programme (each of these projects is described in Annex C), and ENP technical cooperation. While not mentioned explicitly by interviewees, the evaluation team notes that there is an inherent risk of duplication and thus inefficiency with the coexistence of so many funding streams. As an in-depth assessment of the collective efficiency of funding programmes was beyond the scope of this evaluation, the aforementioned hypothesis warrants further analysis of potential duplication and inefficiencies.

**Some data are available about EU-level expenditure on projects, programmes, international organisations and EU agencies.** These projects and programmes, their funding instruments and budgets over the Strategy period are summarised below. Table 3 lists examples of funding envelopes dedicated to drugs

under which projects can be allocated. Table 4 includes drug-related projects funded during the Strategy period under different EU programmes that are not strictly limited to illicit drugs. The EU also provides financial support to UNODC projects and programmes and provides funding for research and innovation related to drugs through the multi-annual framework programmes. The FP7 Socio-Economic Sciences and Humanities programme provided almost €10 million to two research projects (ALICE RAP and ERANID), although 23 other projects (total €50 million) touched upon issues related to drugs or addiction as well. See Annex C for a full list of FP7 and Horizon 2020 projects.

Although not explicitly attributed to the EU Drugs Strategy, a considerable proportion of the EMCDDA's activities contribute to the Strategy's objectives. Annual funding to the EMCDDA has been relatively stable at €14.8 million in recent years (2014–2016).<sup>59</sup>

According to the 2015 Commission Progress Report, about €70 million funding for drug-related activities relating to international cooperation were covered by the Development Cooperation Instrument (DCI), the Instrument contributing to Stability and Peace (IcSP), and other activities by the Drug Prevention and Information Programme (DPIP). Other EU-level drug-related expenditure included (but was not limited to): information and monitoring (EMCDDA), EU law enforcement cooperation (Europol), police capacity building (CEPOL), judicial cooperation (Eurojust), EU customs cooperation (CCWP), and horizontal coordination at the EU level in the area of drugs (HDG). Finally, the multi-annual framework programmes (FP7 and Horizon 2020) provided €10 million for two research projects (see Section 2.2.5).

**Table 3. Examples of EU funding envelopes dedicated to drugs under which projects can be allocated**

Title	Period	Budget (€)	Funding instrument
COPOLAD II	2016–2019	10,000,000	Development Cooperation Instrument (DCI)
CADAP 6	2013–2018	5,000,000	Development Cooperation Instrument (DCI)
Cocaine Route Programme Phase III	2009–2016	50,000,000	Instrument contributing to Stability and Peace (IcSP)
Heroin Route Programme	2012–2014	6,000,000 (with 4.5 million ring-fenced for heroin)	Instrument contributing to Stability and Peace (IcSP)

Source: See further information in Annex C.

<sup>59</sup> See:

<http://www.emcdda.europa.eu/system/files/publications/2026/2016%20EMCDDA%20budget.pdf>  
[as of 4 October 2016]

**Table 4. Examples of drug-related projects allocated under EU programmes**

Title	Period	Budget (€)	Funding instrument
I-TREND	2013–2015	512,401	Action Grant: Drug Prevention and Information (DPIP)
Euro-DEN	2013–2015	371,378	Operating Grant: Drug Prevention and Information (DPIP)
ALICE RAP	2011–2016	7,987,226 (EU contribution)	7th Framework Programme (FP7)
ERANID <sup>60</sup>	2013–2016	1,900,000 (EU contribution)	7th Framework Programme (FP7)

Source: European Commission (2016).

**Results and impacts of these projects and programmes and the outputs from international organisations and EU agencies were described in Chapter 2 on the effectiveness of the Strategy** (for example, results in relation to coordination, international cooperation and disrupting drugs markets). The existence of these results and impacts provides some evidence that the expenditure contributed to the implementation of the actions in the Action Plan. While it is beyond the scope of this evaluation to assess whether these resources were efficiently spent, the results do provide an indication of whether they were sufficient.

**Some interviewees argued that some European institutions may not allocate sufficient resources for implementation of the Strategy and Action Plan.** Within the European Commission, it was reported through interviews that resources were sufficient for the implementation of the Strategy and Action Plan. However, this was not a unanimous view, as some stakeholders considered that the resources at their own institutions were insufficient. It was reported that no specific resources for implementation of the Action Plan are allocated to EU agencies such as Eurojust and the EMA. In Eurojust, while some resources were dedicated to the Eurojust project team on drug trafficking matters (which includes in its objectives the implementation of the EU Drugs Strategy and Action Plan), all team members are also involved in case work and other activities not related to drugs. Similarly, for the EMA, the implementation of the Action Plan is undertaken as part of the agency's existing budget, with officials implementing the actions while also carrying out their core tasks. This again renders the quantification of resources committed to the implementation of the Strategy and Action Plan challenging.

<sup>60</sup> So far ERANID has funded three research projects: (i) ImagenPathways (Understanding the Interplay between Cultural, Biological and Subjective Factors in Drug Use Pathways); (ii) ATTUNE (Understanding Pathways to Stimulant use: a mixed-methods examination of the individual, social and cultural factors shaping illicit stimulant use across Europe); and (iii) ALAMA-nightlife (Understanding the dynamics and consequences of young adult substance use pathways, a longitudinal and momentary analysis in the European nightlife scene). A second call for proposals under this ERANET has been launched and is in progress. See: <http://www.eranid.eu/1st-call/projects-to-be-funded/> [as of 1 December 2016].

**Concerns were raised about balancing the allocation of resources at EU level, and whether more resources were available for demand reduction than supply reduction.** While it was reported by representatives of the European Commission that the resources at EU level were sufficient, it was considered by other stakeholders from Member States and international organisations that resources could be better allocated in a balanced way across the supply reduction and demand reduction pillars. The perceived focus in EU drugs policy on demand reduction led to some stakeholders considering that insufficient resources are devoted to supply reduction measures. Stakeholders suggested that insufficient resources had been allocated to contribute to a measurable reduction of the availability and supply of illicit drugs in the EU. A few interviewees from the Commission stated in particular that there was a lack of personnel at the European Commission working in this area. **At the same time, there was a perception among some that EU-funded projects focused on supply reduction rather than demand reduction.** It seems that there may be a gap between perceived and actual levels of resources for different elements of the Strategy. The range of activities and funding sources means it is difficult for any individual to have an overview of relative spending on different parts of the Strategy.

**Stakeholder interviewees suggested that insufficient resources had been allocated to international cooperation.** Of those who commented, the majority suggested that insufficient resources had been allocated throughout the years 2013–2016 to strengthen dialogue and cooperation between the EU, third countries and international organisations in a comprehensive and balanced manner. Some stakeholders at the European Commission stated that the funding had not been enough to effectively address international cooperation. During an interview with a Member State representative, the importance of EU funding for alternative development in Latin American countries was highlighted, with such funding considered to be very low (see Box 11 for the example of Germany, where alternative development is a political priority). According to a Member State representative, despite the growing demand for international cooperation and technical assistance, funding provided by OECD countries for alternative development decreased between 2009 and 2013 by US\$514 million (figures provided by the interviewee). In addition, an interviewee from the Commission questioned the efficiency and effectiveness of allocating resources on an ad hoc, project basis, rather than consolidating the fragmented approach across funding schemes and policy areas. Instead, the interviewee suggested that greater synergies between the operational and policy levels are necessary.

A specific example of where funding for international cooperation was said to be limited was in relation to COPOLAD. Although the number of beneficiary countries doubled between COPOLAD I and COPOLAD II, funding only increased from €6.6 million to €10 million. The increase in budget was deemed to be insufficient by the stakeholders who commented on COPOLAD.

There were, however, some dissenting views: as outlined in Chapter 4, some interviewees thought that, at the EU level, drugs policy activities had focused too much on the international dimension, to the detriment of the EU dimension.

**There was consensus among interviewees that it was important to make resources available for information, research, monitoring and evaluation** so that the drugs policy at the EU and Member State levels would be based on scientific evidence. The EU has invested in drug-related research – via ALICE RAP and other EU-funded projects – and to this extent has contributed to the implementation of the Strategy.

Interviewees from one Member State also stated that research collaboration between Member States could add value to Member States' actions. However, there was mixed

evidence of whether sufficient funds had been allocated to contribute to a better understanding of all aspects of the drugs phenomenon and the impact of measures, in order to provide sound and comprehensive evidence for policies and actions. Some Member State- and EU-level interviewees stated that there were sufficient financial resources for monitoring and research and that no additional resources were needed; on the other hand, other Member State interviewees stated that national- and EU-level resources were insufficient for carrying out the necessary work, with limited actions undertaken in this regard at national level.

**As explained in Section 2.2.5, there appears to be a growing disconnect between the resources dedicated to the Reitox network (which have been reduced at EU and Member State level) and the expectations placed on the focal points.** While the breadth of its work has been expanding with novel data to be collected and analyses undertaken, the Reitox network has faced increasing financial constraints with negative impacts on its work. In the view of the evaluation team, this may necessitate prioritisation of data collection, to ensure the quality and continuity of the most important information from Member States.

## **B. Resources at Member State level**

**Despite some recent decreases in budget allocations, resources for drug-related activities within most Member States are sufficient to implement the Action Plan, but it was necessary to make compromises to ensure that activities could be conducted within available resources.** While in some Member States a decrease in available budget may have had an impact on the implementation of the Action Plan, the majority of interviewees at Member State level stated that sufficient resources had been allocated for the implementation of the Action Plan – in relation to all five pillars of the Strategy. Most of them acknowledged, however, that more resources would be welcome and would allow a fuller and more thorough implementation. For example, one interviewee noted that Member State representatives sometimes avoided travelling for EU-level meetings due to the lack of resources. Some interviewees highlighted that resources had been sufficient despite the economic crisis and competing national priorities (other than drug issues). A minority of interviewees said that resources were not sufficient, and that parts of their national drugs strategy were not implemented because of resource constraints.

Respondents to the public consultation<sup>61</sup> suggested that allocation of additional financial resources might improve the effectiveness of drug demand reduction policies in the EU (62 respondents), and to a lesser extent drug supply reduction policies (38 respondents). Allocation of additional financial resources was the third most popular option for improving effectiveness in the area of demand reduction and the fourth for supply reduction. For demand reduction, most respondents suggested that additional resources should be allocated at the national level<sup>62</sup>

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<sup>61</sup> Taylor, J., & S. Hoorens (2016) *Mid-Term Assessment of the EU Drugs Strategy 2013–2020 and Final Evaluation of the Action Plan on Drugs 2013–2016: Public consultation on the evaluation of the EU Drugs Strategy: Report of results*. Santa Monica, CA: RAND Corporation. RR-1730-EC. As of 7 November 2016:  
[http://www.rand.org/pubs/research\\_reports/RR1730.html](http://www.rand.org/pubs/research_reports/RR1730.html)

<sup>62</sup> Of the 62 respondents who indicated that allocation of additional resources would improve the effectiveness of demand reduction policies, 54 selected Member State level as the source of this

Funding for the Reitox network has been reduced (both at EU and Member State level) to a level that is not sufficient to allow them to carry out all of their work. This is described further in Section 2.2.5.

While data are limited on the amount spent on drug-related activities, leaving it difficult to undertake an overall quantitative assessment of efficiency, three potential drivers of efficiency have been identified by the evaluation.

**Firstly, the EU Drugs Strategy and Action Plan have contributed to a high-level convergence of Member State policies in the field of drugs, as well as a convergence of EU activities around the Strategy and Action Plan.** This convergence no doubt has the capacity to create synergies between the individual actions of Member States and EU actors, all pursuing the same objectives. The manifestation of this effect may be clearest on the international stage. With all actors working towards the same objectives, the very limited amount of resources available can collectively be harnessed to achieve greater effect.

As already mentioned, however, the Strategy and Action Plan address a comprehensive array of areas, and specific priorities and actions are broad. The objectives also align with and focus on providing continued emphasis to ongoing processes and evolutions, rather than playing a role as a driving force behind the direction of EU drugs policy. In practice at national level, while the Strategy and Action Plan have influenced the elaboration of national strategies, especially in terms of the high-level objectives and pillar structure, the actions and priorities set often serve as a longlist from which Member States can select issues of relevance to them. The extent to which the Strategy and Action Plan have helped to align focus and resources at the operational level towards the common set of actions and priorities appears limited.

**Secondly, the EU Strategy and Action Plan can be seen to serve as a platform for the mainstreaming of best practice, drawing on the collective experience of all Member States.** This can lead to national authorities saving time and resources in developing effective and efficient policies. As new approaches and practices are identified at the national level, they can be included in the EU Drugs Strategy and Action Plan and thus generalised to all Member States. One example raised by an interviewee was the emergence of the culture of evaluation in some advanced Member States, for example fuelled by the establishment of the Better Regulation Executive in the United Kingdom.<sup>63</sup> Evaluation has now become an important element of drugs policy in almost all Member States. Particularly in newer Member States and candidate countries, the Strategy and Action Plan, as well as compliance with the *acquis* in a wide variety of policy areas associated with EU accession, provide a potentially effective delivery mechanism for public sector reform in the field of drugs policy.

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funding, while 44 selected EU level and 38 local level. Of the 38 respondents who indicated that allocation of additional resources would improve the effectiveness of supply reduction policies, 6 selected Member State level as the source of this funding, while 32 selected EU level, 22 local level and 30 selected 'for the benefit of third countries.' Multiple answers were possible for this question.

<sup>63</sup> House of Commons (2008) *Getting results: the Better Regulation Executive and the Impact of the Regulatory Reform Agenda*. Regulatory Reform Committee, London.

The findings presented in Section 2.2.5 demonstrate that at least some Member States expressed concerns that the funding for evaluation (an essential element of generating evidence about best practice) was not always sufficient and that there have been cuts to the funding for Reitox posts – which could have knock-on effects on the pan-European evidence base and on identifying and sharing good practice.

**Thirdly, for acceding, candidate and potential candidate countries that are working to adopt the EU acquis, the EU Drugs Strategy provides a comprehensive template that can be drawn upon to formulate national drug policy.** The existence of the acquis as a template for public sector reform and public policy development might reasonably be hypothesised to enhance the efficiency of policy development within acceding, candidate and potential candidate countries, compared to a situation where they might be starting from 'scratch' or had to review examples of policies from many different countries in order to find a suitable model.

### **3.3. Available resources for the remaining years of the EU Drugs Strategy**

This section discusses whether additional resources might be necessary for the next Action Plan period under the current EU Drugs Strategy.

Key findings from the evaluation are as follows:

**F53.** Overall, the evaluation found that stakeholders were positive about the availability of resources, although many respondents to the public consultation indicated that the effectiveness of drug demand and supply reduction policies could be improved in the EU by increasing resources at Member State level. There was consensus that increased resources should be ring-fenced to achieve the objectives set by the Strategy.

**F54.** While it was acknowledged that additional resources would provide added value and increase the implementation of priorities and actions, views on the areas where additional funding should be provided differed, depending on stakeholder interests.

The evaluation team have not identified any recommendations based on these findings.

**Overall, resources are adequate for the remaining period of the EU Drugs Strategy.** However, 'adequate' in this context includes a need to make decisions regarding prioritisation and the breadth and depth of implementation. The areas identified by interviewees as candidates for additional funding are broad and varied. All relate to funding to expand current activities, rather than maintain them. Some examples suggested by interviewees are listed here:

- An interviewee from an EU agency explained that additional resources are needed for CEPOL to organise additional training courses (Action 12), which should not only focus on well-established topics directly related to drugs but also on new trends and issues related to drugs and other organised crime – for instance, the dark net and cybercrime. The interviewee considered that additional resources are needed to handle the increasing number of courses that CEPOL offers.
- An EU agency interviewee commented on the overall increase in law enforcement activities related to drugs (also evidenced by data from Europol presented in Annex A), including an increase in the number of coordination meetings and Joint Investigation Teams (JITs). As such, it was mentioned by an interviewee from an EU agency that additional resources may be required in the future for EU agencies dealing with these meetings in order to ensure that

any increase in activities could be sustained, bearing in mind that drug activities within agencies do not receive specific funding, as outlined above.

- While interviews with national-level policymakers suggested that, overall, the resources in place were sufficient, it was generally agreed that additional resources would be helpful to assist in the increased implementation of the Strategy and Action Plan. In particular, several Member State interviewees stated that additional resources were required to address drug demand reduction. The availability, accessibility, coverage and quality of drug demand reduction programmes could be improved or needed improvement. Another national-level interviewee suggested that resources needed to be increased in order to meet new challenges and growing demand for services. For instance, additional resources are required to deal with the rise of NPS, in order to provide new treatment structures.

There was a mixed response regarding whether reallocation of resources was necessary at the EU level. One interviewee stated that resources should be reallocated to address emerging priorities, such as NPS. However, the question of focusing on specific priorities was considered to be a controversial issue among stakeholders overall, with many considering that the strength of the Strategy and Action Plan was its multidisciplinary nature, which requires a balanced approach to address all pillars. Few Member State stakeholders commented on whether reallocation of resources was necessary at the Member State level. One Member State representative noted that new priorities (for example, NPS) may require resources to be reallocated; another stated that the reallocation of resources may be desirable in order to enhance the impact of preventive and treatment programs.

In the public consultation respondents were asked whether the effectiveness of policies could be improved by allocating additional financial resources.<sup>64</sup> Some 62 respondents indicated that the effectiveness of drug demand reduction policies could be improved in the EU by increasing financial resources, whereas 38 respondents indicated that doing so would improve the effectiveness of drug supply reduction policies.

**There was no clear consensus on the sources of any additional funding**, which is considered, overall, to be a political decision, dependant on priorities, level of activities (e.g. EU vs national level) and budget availability. Of the 62 respondents to the public consultation who indicated that the effectiveness of drug demand reduction policies could be improved in the EU by increasing financial resources, 54 stated that this should be done at Member State level (versus 44 at EU level and 38 at local level). Of the 38 respondents who indicated that the effectiveness of drug supply reduction policies could be improved by increasing funding, 26 thought this should be done at Member State level (versus 32 at EU level, 22 at local level and 30 for the benefit of third countries).

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<sup>64</sup> Taylor & Hoorens (2016) op. cit.

#### 4. EVALUATION OF RELEVANCE

This section presents the answers to the evaluation questions relating to relevance. It examines the extent to which the EU Drugs Strategy and Action Plan were and remain aligned with the actual needs of Member States, as well as the EU as a whole.

##### 4.1. Relevance of the EU Drugs Strategy in view of EU needs

In this section we report on extent to which the Strategy: (a) addressed problems identified at EU level prior to its adoption; and (b) has aimed to address problems identified at national level prior to its adoption.

Key findings from the evaluation are as follows:

**F55.** Overall, the EU Drugs Strategy and Action Plan were considered to be relevant at the time of their adoption by stakeholders consulted through interviews at both EU and national level. Data about trends in the drug situation at national level at the time of the adoption of the Strategy and Action Plan generally confirm this feedback received through interviews.

**F56.** Whilst the Action Plan can be characterised as slightly more streamlined than its predecessors (it has fewer actions), its relevance and that of the Strategy can largely be attributed to their broad scope.

**F57.** Concerning demand reduction, the EU Strategy and Action Plan address the need, confirmed by all groups of stakeholders interviewed, for information-sharing at EU level to support the ongoing push towards evidence-based policymaking (e.g. sharing best practices, developing guidelines). However, the actions relating to drug demand reduction are principally implemented at Member State level. On this level too, both documentary data on national needs and challenges and feedback from interviewees confirmed that the Action Plan was relevant to the need to continue to provide and expand a range of demand reduction activities.

**F58.** With regard to supply reduction, the priorities and actions set out in the Strategy and Action Plan were considered to be highly relevant by stakeholders interviewed (law enforcement and judicial authorities at EU and national level). At EU level, the general focus on law enforcement and judicial cooperation, as well as specific objectives and actions relating to responding to challenges related to the emergence, use and rapid distribution of NPS and the diversion of precursors, were considered by interviewees to respond to well-identified needs. At the national level, the evaluation found that the EU Drugs Strategy and Action Plan can be considered to be broadly aligned to the diverse needs of Member States.

**F59.** Characterised by their continuity from the previous EU Drugs Strategy, the cross-cutting themes continued to be viewed as highly relevant to EU-level needs. In particular, the Strategy and Action Plan were seen as highly relevant at the EU level for improving international cooperation and as a guide for work with third countries. It appears that it is more the elaboration and existence of these strategic documents themselves rather than the inclusion of relevant objectives on international cooperation that ultimately underpin their relevance with regard to international cooperation. International cooperation does not appear to be as relevant at the national level – with these parts of the Action Plan being those most often not implemented nationally. At the national level, the coordination pillar was relevant to the need recognised by national stakeholders to improve within-country coordination.

There are no recommendations associated specifically with the findings about the relevance of the Strategy to the situation in 2013.

## **A. Addressing problems identified at EU level prior to the adoption of the EU Drugs Strategy and Action Plan**

### **Demand reduction**

In the area of drug demand reduction, many of the priorities and actions are intended to be implemented at national level, with relatively few EU stakeholders involved and a limited need for cooperation between Member States. EU-level actors (the European Commission, the EMCDDA and HDG) are listed as responsible parties for only three of the nine demand reduction actions in the Action Plan. However, a number of EU-level needs relating to demand reduction were identified.

*The need to exchange information and best practices:* Stakeholders interviewed at national level (NDC, Reitox) pointed to an important need for information-sharing at the EU level to support the push towards evidence-based policymaking in this area. In relation to this need, the EU Drugs Strategy and Action Plan can be seen as a relevant response to demand reduction needs at the EU level by generally emphasising the exchange of information and best practices regarding the type of demand reduction measures being undertaken in the Member States.

The development of evidence-based demand reduction interventions had become by 2012–2014 a primary drug policy objective at the national level across Europe.<sup>65</sup> The evaluation of the previous EU Drugs Strategy 2005–2012 identified that an emphasis was increasingly being placed by Member States, and at EU level, on evidence-based policies. Prior to the current Strategy and Action Plan, the promotion and exchange of best practice had already been recognised as an important route to improve the effectiveness of drug-related interventions and ensure the efficient use of limited resources. Already, a growing body of guidelines existed that decisionmakers could utilise, update and adapt to suit their own national contexts, rather than building their national programmes from the ground up. In relation to this need, based on documentary review of the guidelines and interviews with EU stakeholders and civil society, the current evaluation has found that the Strategy and Action Plan can be considered relevant as they took this trend into account and further developed the move towards an evidence-based approach, through the inclusion of specific priorities and actions.

For example, the information, research, monitoring and evaluation pillar of the Action Plan outlined a number of general actions aimed at promoting scientific evaluations of interventions (Action 47), enhanced data collection, research and analysis (Action 50) and enhanced monitoring and information exchange (Action 54). Such actions are specifically relevant to the development of an evidence-based approach.

Under the demand reduction pillar, a number of specific actions address needs that were confirmed during interviews with EU-level stakeholders, including enabling a more informed response to the challenge of the misuse of prescribed and ‘over-the-counter’ opioids and other psychoactive medicines (Action 4) and the development

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<sup>65</sup> For more information on national policies in this domain, please consult the country fiches in Annex D.

and implementation of EU minimum quality standards that help bridge the gap between science and practice for different demand reduction measures (Action 9).

### Supply reduction

*The need for a multinational coordinated approach:* Interviewees from Member States and EU agencies agreed that supply reduction efforts must be multinational and that they require high levels of coordination and cooperation, given the nature and complexity of drug markets. Production is carried out across (and outside) the EU and illicit drugs are trafficked across borders to reach consumers. The nature and scale of some drugs phenomena in particular means that they require a truly European framework to be effectively and efficiently addressed. This is the case for issues such as NPS or the diversion of precursors. The EU-level need to focus on supply reduction objectives can further be substantiated by the priorities identified in the Internal Security Strategy (ISS) and later the EU Agenda on Security, as further outlined in relation to coherence (see Chapter 5).

The supply reduction objectives of the EU Drugs Strategy can be considered relevant as the Strategy underlines the need to strengthen cooperation and coordination between law enforcement agencies at strategic and operational level and to reduce intra-EU and cross-border production, smuggling, trafficking, distribution and sale of illicit drugs. Within the Action Plan, a number of points respond to these needs, including greater efforts to enhance intelligence and information-sharing, including regional information-sharing and security-sharing platforms (Actions 10 and 13), identify and prioritise drug-related organised crime threats (Action 11), strengthen capacity building (Action 12), counter cross-border drug trafficking and improve border security (Action 15), and strengthen EU judicial cooperation (Action 17). Such needs were clearly identified when the 2012–2020 Drugs Strategy was being drafted, and in the EU Strategy that preceded it.

The evaluation found that the supply-reduction objectives of the Strategy and Action Plan were considered to be highly relevant by interviewees consulted. In particular, interviewees at the EU (Commission DGs) and agency level underlined the relevance of placing emphasis on judicial and law-enforcement cooperation to combat large-scale, cross-border and organised drug-related crime. Interviewees from EU agencies provided important insights into needs at the EU level (e.g. the need for additional training with regard to emerging trends) and confirmed the relevance of the objectives and priorities contained in the EU Drugs Strategy and Action Plan respectively. Interviewees from national levels also stressed the need for increased cooperation, information-sharing, capacity building and risk analysis, and recognised the role played by EU agencies such as Europol, Eurojust, CEPOL and the EMCDDA.

*The need to address issues related to precursors:* EU legislation on drug precursors<sup>66</sup> was substantially modified in 2013. These Regulations implement Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which covers substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and requires that countries apply

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<sup>66</sup> Regulation (EC) No 111/2005 on trade in drug precursors between EU and third countries, amended by Regulation (EU) No 1259/2013 and Regulation (EC) No 273/2004 on trade in drug precursors within the EU, amended by Regulation (EU) No 1258/2013.

measures to control and monitor the legitimate trade in drug precursors. In relation to this need, the EU Drugs Strategy and Action Plan can be considered relevant.

The EU Strategy identifies the 'need to prevent diversion of precursors, pre-precursors and other essential chemicals used in the illicit manufacture of drugs from legal trade to the illicit market and the diversion of certain chemicals used as cutting agents'. The Action Plan translates this through actions specifying measures to prevent the diversion of drug precursors and pre-precursors (Action 14) and by calling for the adoption of new EU legislative measures to address precursors (Action 19). The implementation of Action 19, via amendments to the EU Regulations on precursors in 2013, demonstrates its pertinence. EU officials as well as industry representatives agreed upon the relevance of priorities and actions relating to precursors in the Strategy and Action Plan, the relevance of framing this as an EU-wide challenge requiring a collective response, and the need to reinforce the EU's legislative framework.

*The need to respond to NPS:* The need to address the emergence and spread of NPS was identified as a new challenge in the 2013 EU Drugs Strategy. Previous EU-level policy in relation to NPS had focused on the use of the Early Warning System and information exchange and the submission of NPS to control measures.<sup>67</sup> Whilst this framework functioned well, it was seen by interviewed stakeholders at the EU and national level as being too slow in the context of the rapid emergence of NPS. The Strategy addresses this need through a specific Priority dedicated to improving the legislative framework (para 22.9); the Action Plan responds by calling for the introduction and adoption of new EU legislative measures to address the emergence, use and rapid spread of NPS (Action 18) and the development of strategic responses to address the role of new communication technologies in the production, marketing, purchasing and distribution of illicit drugs (Action 22). Stakeholders at EU level (agencies) and at national level agreed that the Strategy was relevant to address these priorities.

### **Cross-cutting themes**

The cross-cutting themes remained in line with those in the previous Strategy and Action Plan, reflecting a persistent need by those drafting the Strategy to bolster coordination, research, monitoring and evaluation and international cooperation.

#### Coordination

The evaluation found that the need to continue information-sharing, policy dialogue and monitoring in fora such as the HDG and NDC meetings (Actions 24–26) was recognised by Member State stakeholders participating in these meetings. National-level interviewees were also of the opinion that the need for horizontal integration of supply-side activities underlined the relevance of striving to achieve a higher level of coordination between all relevant Council working groups (Action 23). Strengthening links between civil society and policymakers at the EU level (Action 30), mirroring ongoing efforts at the national level in many Member States, was also seen to be a relevant action among representatives of the Civil Society Forum.

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<sup>67</sup> Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances.

### International cooperation

*The need to speak with a common voice in international fora:* The international cooperation pillar stood out particularly in terms of its relevance according to stakeholders at both national (HDG, NDC) and EU levels (Commission DGs), who underlined the need for Europe to speak with a common voice in order to find sustainable solutions to shared problems on the international stage in the long term. The evaluation found that stakeholders recognised the importance of priorities and actions relating to international cooperation in the Strategy and Action Plan, which helped to ensure a coordinated approach in order for the EU to contribute in a unified manner to shaping the agenda on international drugs policy and strengthening partnerships with key actors such as the WHO, UNODC or UNAIDS (Actions 42 and 43). The need to speak with a common voice was accentuated during the period of interest to this evaluation due to the Special Session of the UN General Assembly on the world drug problem.

*The need for coordinating drugs policy with broader EU external policy:* The international cooperation pillar also responded, in the views of interviewees (particularly at the EU level), to the need for a greater level of horizontal integration between drugs policy and external assistance at the EU level and for a higher level of coordination between Member States in their bilateral cooperation with third countries. Interviews with EU-level stakeholders (European Commission) confirmed the importance of promoting the balance between demand and supply reduction in the programming and implementation of external assistance (Action 32) and the implementation of the EU Approach to Alternative Development and the United Nations Guiding Principles on Alternative Development (2013) in the framework of cooperation with third countries (Action 35). A number of specific actions also sought a higher level of coordination between Member States in their bilateral cooperation with third countries in this field (Actions 34, 36 and 37). EU-level interviewees confirmed that there was a need to better coordinate in-country activities in third countries. In this respect, the objective of strengthening the capacity and role of EU Delegations to enable them to proactively engage on drugs policy issues (Action 33) can also be regarded as relevant.

*The need to work with acceding and candidate countries:* Specific mention may also be made to EU-level cooperation with acceding and candidate countries. Interviews with some HDG and NDC stakeholders at the national level underlined that the EU Drugs Strategy and Action Plan are highly regarded and seen as a 'gold standard' for third countries and acceding and candidate countries in particular. Stakeholders underlined the need to provide the necessary resources and expertise to assist these countries in aligning their national strategies with the EU drugs policy approach. The Action Plan reflects this priority, calling on the Commission and other actors to provide targeted technical assistance and other support to acceding, candidate and potential candidate countries (Actions 38 and 44).

### **Box 19. The importance of international cooperation as seen by EU Delegations**

Every respondent thought that international cooperation was a very important part of the EU Drugs Strategy. Three respondents stressed transnational criminal networks and the necessity for law enforcement coordination as reasons for including a pillar on international cooperation. Similarly, another respondent noted that by its very nature the global drug problem cannot be solved by one country alone and requires a coordinated approach. Two respondents noted the EU's contribution, as a major consumer, to the global drug problem and stressed the need to support the development of third countries that are hurt by illicit drugs cultivation or trafficking. On a related note, one respondent noted that drug production and trafficking worldwide has direct health and security impacts on EU citizens and should therefore

be tackled by the EU Drugs Strategy.

The evaluation team notes that all of these issues mentioned by the Delegations are included in the current Action Plan – indicating their current relevance as well as that they are areas for ongoing focus.

*Source: EEAS survey*

#### Information, research, monitoring and evaluation

*The need to ensure evidenced-based policymaking:* As discussed above (in the section on the EU-level relevance of demand reduction), information, research and evaluation was considered relevant at the EU level by interviewees because it responds to the need to bolster the effectiveness of policy and efficiency of interventions. A crucial need has been identified by the evaluation team to increase the level of robust evidence concerning drug demand reduction interventions. Although it is not necessarily always an indicator of relevance, the evaluation team considers that the relevance of this pillar is reflected in the fact that the majority of actions under Pillar V are considered in the traffic light assessment (Annex A) to be either on target or in progress.

### **B. Addressing problems identified at national level prior to the adoption of the EU Drugs Strategy and Action Plan**

In order to identify the problems identified at Member State level prior to the adoption of the Strategy, Box 20 sets out drug-related problems in 2013 (primarily based on data from 2011).

#### **Box 20. The picture of drug use in 2013**

The situation in 2013 during the elaboration and roll out of the current EU Drugs Strategy and Action Plan was characterised by relative stability in terms of trends over previous years, but also the lingering effects of the economic crisis in Europe and the corresponding erosion in social and economic conditions for vulnerable populations. At the same time, new trends emerging in recent years continued to take shape, including synthetic drugs and new patterns of use.

##### **Cannabis**

Cannabis use in Europe remained high by historical standards. However, an increasing diversity could be seen in the types of cannabis products available. Herbal cannabis (483 tonnes ↑)<sup>a</sup>, cannabis resin (92 tonnes ↓) and cannabis plants represented 80% of seizures in 2011. Cannabis remained the illicit drug most likely to be tried by European students according to the 2011 ESPAD surveys (→). In 2011 it was estimated that approximately 15.4 million young Europeans (→) had used cannabis in the last year. Moreover, data suggested that around 1% of adults reported using cannabis intensively. Cannabis remained the most frequently mentioned drug among those entering treatment for the first time. Whilst some countries continued to report consistently low and stable prevalence levels, the use of cannabis in many Central and Eastern European countries increased considerably during the 2000s.

##### **Cocaine**

Few countries reported problems with crack cocaine use. The use of powder cocaine remained more common, but tended to be concentrated in a relatively small number of Western European countries. Overall, both cocaine use and supply indicators had been trending downwards in recent years. Cocaine and crack represented 10% of seizures in 2011 (62 tonnes →). In 2011 it was estimated that about 2.5 million young Europeans had used cocaine in the last year. Relatively high levels of cocaine use among young adults (use in the last year) were reported by Denmark, Ireland, Spain and the United Kingdom. Cocaine was cited as the primary drug for 14% of all

reported clients entering specialised drug treatment in 2011.

### **Heroin and other opioids**

Against the background of an expansion in treatment availability, indicators suggested a downward trend in the use and availability of heroin. Heroin represented 4% of seizures in 2011 (4.1 tonnes ↓). The average prevalence of problem opioid use among adults was estimated at 0.41% (↓). Users of opioids (mainly heroin) represented 48% of all clients who entered specialised treatment in 2011 (↓). Some countries reported that heroin had been displaced from the market by other opioid drugs. Declines in heroin injection and the development of harm reduction interventions also contributed to a more general decline in the number of new HIV infections attributed to drug use. However, the use of opioids remained responsible for a disproportionately large share of the mortality and morbidity resulting from drug use in Europe.

### **Synthetic stimulants**

Amphetamine and ecstasy remained the most commonly used synthetic stimulants in Europe. An estimated 1.7 million young adults used amphetamines in 2011 (→), whereas an estimated 1.8 million young adults had used ecstasy (↓). Over the longer term, most amphetamine indicators had remained stable and evidence suggested a decline in the popularity of ecstasy. Whilst amphetamine had always been the more common drug in Europe, there were emerging signs of the increasing availability of methamphetamine. There were also signs that synthetic cathinones had begun to develop in the illicit stimulants market in some countries. Amphetamines represented 4% of seizures in 2011 (5.9 tonnes →), whereas ecstasy represented 1% the same year (4.3 million tablets ↓).

### **New psychoactive substances (NPS)**

An increasing number of NPS, often intended to mimic the effects of controlled drugs, were being identified in Europe. Developments continued to move rapidly in this area, with substances appearing at a fast rate. During 2012, 73 NPS were notified by the Member States (↑) for the first time through the EU Early Warning System. New reports had been dominated by the appearance of new synthetic cannabinoid receptor agonists, phenethylamines and cathinones. A recent development, however, was the increasing proportion of substances reported from less known and more obscure chemical groups. Many products contained mixtures of substances, and the lack of pharmacological and toxicological data made it difficult to speculate on long-term health implications. The European Commission was also preparing a new proposal for strengthening the EU response to NPS.

### **Trends in demand and supply reduction**

During 2012–2013, Member States continued to reinforce their demand and supply reduction activities to respond to new challenges. Increasing awareness of population, situational and individual risk factors, combined with greater acceptance of evidence-based approaches, continued to contribute to progress in more targeted and effective prevention strategies. Treatment capacity continued to expand and, in particular, diversify, to better adapt to needs: an estimated 1.2 million people received treatment for illicit drug use in 2011 (↑). Whilst most Member States had developed reintegration services, levels of provision remained generally insufficient in relation to needs. The development of harm reduction programmes remained politically sensitive, but continued to expand: the number of syringes distributed through specialised

programmes was 46.3 million in 2011 (↑). On the supply reduction side, a notable trend was the decline in specialised drugs units in favour of more comprehensive 'serious and organised crime' agencies, reflecting the increasing need for horizontal integration.

<sup>a</sup> ↑ increasing trend / → stable trend / ↓ decreasing trend compared with previous year

Source: EMCDDA<sup>68</sup>.

## Demand reduction

The Action Plan primarily assigns responsibility for the implementation of drug demand reduction objectives to Member States.

*The need to respond to trends in use of drugs as of 2012:* Box 20 summarises the key trends in drug use across Member States in 2013. Comparing the actions included in the 2013–2016 Action Plan with the trends in use at the time of the elaboration and roll out of the Strategy, the assessment of the evaluation team is that the Strategy addressed the need to **bolster measures in relation to illicit drugs (opioids, cocaine) and NPS. Moreover, the need to create a more integrated approach in order to ensure efficiency of services** was addressed through actions relating to drug demand.

*The need to continue to provide and expand a range of demand reduction activities:* Drawing on a growing evidence base for what works and what does not in the field of drug prevention, national authorities were continuing to develop prevention interventions in 2012–2013. Notable trends included more targeted interventions taking into account the social and emotional determinants of substance use and risk behaviour to complement traditional, school-based universal prevention interventions. The Strategy and Action Plan can be judged as relevant to the extent that they largely mirror these trends in the development and evolution of drug treatment and rehabilitation by:

- Seeking to improve the effectiveness of prevention interventions, taking into account specific population, situational and individual risk factors (Action 1).
- Strengthening and better targeting prevention and diversionary measures to delay the age of first use of illicit drugs (Action 2).
- Raising awareness of the risks and consequences associated with the use of illicit drugs and other psychoactive substances (Action 3).

The EMCDDA reported a major expansion of specialised outpatient services over the last 20 years. This represents a significant diversification in service providers and a trend towards spreading responsibility for the delivery of drug dependence treatment from a few specialist disciplines providing intensive, short-term interventions towards a multidisciplinary, integrated and longer-term approach. The traditional treatment focus on pharmacological and psychosocial outcomes was also evolving to include a

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<sup>68</sup> EMCDDA (2013) *European Drug Report Trends and Developments*. <http://www.emcdda.europa.eu/system/files/publications/964/TDAT13001ENN1.pdf> [as of 5 December 2016]

social dimension designed to help drug users become full members of society following treatment (housing, education, vocational training and employment). An example of moves to integrate housing with treatment is provided in Box 21 below.

**Box 21. The United Kingdom’s approach to the housing and employment needs of former and recovering drug addicts**

In order to aid the recovery and reinsertion into society of the recovering addict, the UK Drugs Strategy 2010 foresees measures seeking to ensure housing and employment for people in recovery programmes. It is considered that homelessness can constitute an obstacle to the good outcomes of recovery programmes. To avoid this, the UK Strategy stresses that it is of vital importance to support homelessness prevention initiatives led by local authorities, community groups, charities, the private sector, etc., for which it plans to allocate £400 million. It also announces the launch of a voluntary sector-led initiative (the Supporting People Programme) the goal of which is to provide housing to vulnerable populations. On the other hand, to ensure that recovering addicts can compete in the labour market, the Strategy claims that it is important to ensure that those addicts who are taking steps towards recovery are entitled to financial support (through the Employment Support Allowance) and to capacity building interventions (e.g. training, volunteering, work trials, etc.).

*Source: UK Drugs Strategy 2010*

The Strategy and Action Plan can be judged as relevant to the extent that they largely mirror these trends in the development and evolution of drug treatment and rehabilitation by calling for the development and expansion of the diversity, availability, coverage and accessibility of comprehensive and integrated treatment services (Action 5) and an expansion in the provision of rehabilitation/recovery services (Action 6).

Harm reduction was part of the mainstream policy response to drug use in Europe even before the roll-out of the current Strategy and Action Plan. Against the backdrop of a long-term decline in the number of new HIV, HVC and other diagnoses amongst drug users (particularly injectors), local outbreaks and new emerging challenges have kept harm reduction high on policymakers’ agendas. The Action Plan reflects this by pushing for the continued development of treatment and outreach services that incorporate greater access to risk and harm reduction options to lessen the negative consequences of drug use (Action 7).

There are questions, however, as to whether the relevance of the Strategy and Action Plan at Member State level is only achieved because both these documents set relatively broad agendas. Drug demand reduction activities ongoing at national level cover a wide range of specific, but mutually reinforcing measures, including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery. Interviews with national policymakers highlighted that the specific scope and objectives of these interventions varied considerably across Member States, reflecting variable contexts and challenges.

**Supply reduction**

Supply reduction objectives and actions are largely focused on collective challenges experienced by all Member States. Few actions included in the Action Plan were directed at what could be considered solely national-level needs. As law enforcement and judicial activities remain firmly within the sphere of national competency (more so than public health, which is relevant on the demand reduction side), the Strategy and Action Plan logically focus on those supply reduction areas in which there is a clear transnational component.

*The need for an EU-level approach:* Drug supply is inherently international. Interviews with national-level stakeholders confirmed the relevance of the supply reduction elements of the Strategy and Action Plan to Member States, since effective supply reduction actions rely heavily on effective pan-European cooperation and coordination. The focus of the Strategy and Action Plan on enhancing effective law enforcement and judicial coordination and cooperation within the EU was thus welcomed by stakeholders and considered to be closely aligned with national needs.

At the national level, at the time of the adoption of the Strategy and Action Plan, a need existed to ensure that supply reduction activities were kept up to date with emerging trends in illicit drug activity. Based on the document review (e.g. relevant EU policy documents, EMCDDA reports, Europol and Eurojust reporting), this included, inter alia, continually redeploying resources to respond to new trafficking routes and modes, understanding and countering the rapid emergence of NPS and other licit and illicit substances and of new communications technologies, managing the organisational implications of the increasingly horizontal nature of supply reduction (e.g. cross-fertilisation between law enforcement dealing with drugs, organised crime, financial crime, terrorism, etc.), and continually adapting the penal code and regulatory framework to be able to effectively and efficiently respond. These needs were addressed in the Action Plan through the following actions:

- Continually redeploying resources to respond to new trafficking routes and modes (Actions 10–12, 15, 17).
- Understanding and countering the rapid emergence of NPS and other licit and illicit substances (Actions 18–20).
- Understanding and responding to the rapid development of new communications technologies (Actions 12 and 22).
- Managing the organisational implications of the increasingly horizontal nature of supply reduction (Actions 10, 13, 15 and 16).
- Continually adapting the penal code and regulatory framework to be able to effectively and efficiently respond (Actions 18–21).

The interviewees consulted at national and EU level considered all actions to be relevant for national needs. One notable exception is the focus on developing alternatives to coercive sanctions for drug-using offenders (Action 21). Few interviewees identified this specific action to be relevant to national needs, but this can likely be explained by the fact that most interviewees commenting on supply reduction were from a justice or law enforcement background, whereas in many Member States it is the Department of Health that is responsible for alternative sanctions. As outlined in Box 5, all Member States have at least one alternative to coercive sanctions for drug users or those committing drug-related crimes, suggesting that they are, at least to some extent, relevant to Member States. However, recent research conducted by RAND Europe<sup>69</sup> found that these sanctions are not used in

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<sup>69</sup> Kruithof, K., Davies, M., Disley, E., et al. (2016) *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. Prepared for the European Commission, Directorate-General for Migration and Home Affairs, Unit D4 – Anti Drugs Policy. Luxembourg: Publications Office of the European Union. As of 1 December 2016:

practice as much as they could be. This does not necessarily indicate they are not relevant to Member States, but rather that there is scope to improve the awareness of these sanctions and for Member States to address the barriers to their use in practice (such as funding, availability and lack of confidence in these measures by sentencers).

### **Cross-cutting themes**

As previously mentioned, the cross-cutting themes remained in line with those in the previous Strategy and Action Plan, reflecting a continued need to strengthen coordination, research, monitoring and evaluation and international cooperation. Most of the specific objectives and actions falling under these pillars respond more to collective, EU-level needs and were thus addressed in the previous section. Nonetheless, a number of objectives and corresponding actions are focused more at the national level (aspects of Actions 47–54).

#### Coordination

Concerning the coordination pillar, the Strategy and Action Plan logically focus most of their attention on EU-level needs. However, they highlight the need to coordinate actions on drugs policy between government departments/ministries and relevant agencies at Member State level and ensure appropriate multidisciplinary representation on, or input to, HDG delegations (Action 29). This was considered to be particularly relevant by national stakeholders interviewed. As evidence presented in Annex A shows, virtually all Member States have put in place inter-ministerial coordination mechanisms for national drug policy. However, many Member State representatives identified the need for continued efforts to ensure an effective multidisciplinary approach to drugs policy and to overcome political tensions between competent authorities.

#### International cooperation

The international cooperation pillar addressed the needs to: ensure that the balance between demand and supply reduction are well reflected in policy options and in the programming and implementation of external assistance (Action 32); promote EU Strategy in this area in national programmes (Action 33); to support third countries in developing and implementing risk and harm reduction initiatives (Action 36); and tackle drug-related organised crime (Action 37) in the framework of bilateral cooperation programmes.

During interviews and through the traffic light assessment, it is apparent that many Member States do not place significant importance on international cooperation within their national policies (particularly Member States with relatively undeveloped external assistance/cooperation programmes). A small number of Member States undertake dialogue with third countries within the auspices of alternative development under their international development strategy. It is apparent that the pillar relating to international cooperation is considered to be more relevant at the EU level.

### Information, research, monitoring and evaluation

Objectives concerning research, monitoring and evaluation were considered to be highly relevant to national needs. As discussed in Chapter 6, a number of stakeholders noted that the inclusion of these priorities was important to providing the leverage to secure national funding for research and data collection. Many stakeholders, particularly the Reitox focal points, underlined that the move to evidence-based policymaking in the field of drugs is an ongoing process that will require continued investment and political commitment in the coming years. Stakeholders also noted that the ultimate success of the EU-level dimension of information, research, monitoring and evaluation (e.g. exchange of best practices, development of guidelines, etc.) relies on national investment in developing monitoring and evaluation capacity and generating robust knowledge. The Action Plan notably seeks to further develop the use of scientific evaluations of policies and interventions (Action 47) and to enhance data collection and research on a number of issues (Action 50).

The overall relevance to needs at both the EU and national level can be confirmed by the high proportion of actions that are considered either to have been implemented or in the progress of being implemented: the traffic light assessment shows that 61% of the actions were rated as either completed (2%) or on target (59%) and 37% of the actions were rated as in progress. While one action was rated as red in the Action Plan, factors relating to resources and the prioritisation of other actions can be considered to have played a part in their lack of implementation, rather than the absence of desire on the part of authorities to undertake them. This point is further elaborated in Chapter 6.

#### **4.2. Relevance of the EU Drugs Strategy in view of current needs**

In this section we report on the extent to which the Strategy continues to address current problems in relation to drugs policy at the EU and national level.

Key findings from the evaluation are as follows:

**F60.** The five-pillar structure of the Strategy and Action Plan continues overall to address most current needs in relation to drugs policy at the EU and national level. The evaluation identified no areas that were no longer considered to be relevant to the drugs phenomenon. *This finding led to the elaboration of Recommendation 12.*

**F61.** The evaluation found that there is not a widespread wish among stakeholders interviewed, particularly at the national level (e.g. HDG delegations, Reitox, etc.), to decrease the number of objectives and actions in the Strategy and Action Plan. Moreover, most stakeholders did not point to any pre-existing actions which they thought should be removed. However, a vocal minority of stakeholders (in particular at the EU level, but also amongst Member State stakeholders) did underline the need to better prioritise and streamline the Action Plan.

**F62.** Stakeholders identified areas where greater focus could be placed moving forward (e.g. adoption of legislation relating to NPS) or where new priorities could be considered (e.g. creating a closer link between drug demand policy and overall social policy in the Member States). Some stakeholders also suggested more fundamental changes to the EU Drugs Strategy, such as a future EU pan-addiction strategy covering licit and illicit substances and addictive behaviours. *This finding led to the elaboration of Recommendation 13.*

- F63.** New psychoactive substances are of particular concern – the evaluation found that continued efforts should be placed on implementing existing actions to gather information about the extent of these issues and on ensuring that legislation is adopted to address the issues relating to NPS at the national level. *This finding led to the elaboration of Recommendation 14.*
- F64.** A large number of ‘micro-adjustments’ were put forward by most stakeholders (EU and national level) consulted, even though many openly recognised that these related more to specific national-level challenges and needs rather than general trends across the EU. In many respects, the Strategy and Action Plan were conceived as a comprehensive ‘wish list’, rather than a selective Strategy focused on collectively achieving a limited number of objectives within a given time span.
- F65.** The priorities and actions relating to international cooperation were considered to be highly relevant at the EU level as a guide for the EU’s work with third countries and international organisations (allowing the EU to speak with ‘one voice’ – see Chapter 6 on EU added value) but were considered less relevant at the national level (and were less implemented than other actions). *This finding led to the elaboration of Recommendation 15.*
- F66.** International developments with regards to cannabis law reform have remained unaddressed by the EU Drugs Strategy and Action Plan. The evaluation found that this could diminish its relevance in light of the debate currently ongoing in some Member States and internationally. As changes in Member States’ cannabis policy regimes will have ramifications for other Member States, it will likely become an issue of importance in the coming Action Plan period or the next Strategy. *This finding led to the elaboration of Recommendation 16.*

Based on the above, the following recommendations have been proposed:

**Recommendation 12.** The five-pillar structure of the Strategy and Action Plan should be maintained to continue to address current needs.

**Recommendation 13.** The possibility of creating an EU pan-addiction strategy could be considered in the coming years, including both substances (illegal drugs, alcohol and tobacco, prescription medications, NPS) and behaviours (primarily gambling). A careful investigation should be conducted to consider: the advantages and disadvantages of such an approach; the extent to which there is support for this among stakeholders; and the key actors and institutions at the EU level with whom coordination would be needed to develop such a strategy.

**Recommendation 14.** A future Action Plan should continue to include actions to monitor NPS, to reduce demand for and supply of them, and to reduce harms associated with their consumption. A priority should be placed on adopting EU legislative measures to address the emergence, use and rapid spread of NPS as quickly as possible in 2016/7.

**Recommendation 15.** A future EU Action Plan should continue the focus on EU-level activities in relation to international cooperation.

**Recommendation 16.** The potential developments in cannabis policy, including decriminalisation and/or legalisation, as well as the potential consequences of this for other Member States and the EU should be considered, for example at the HDG meetings.

## **A. Addressing current problems in relation to drugs policy at the EU and national level**

This section is primarily based on data provided in the EMCDDA 2016 drugs report and the information in the traffic light assessment.

### **Demand reduction**

*The need to consider drugs as part of a wider frame of addictions:* Questions were raised throughout the evaluation during interviews with national level stakeholders, civil society and EU agencies as to whether a strategy focused only on drugs is relevant given some trends among policymakers and researchers to move towards embedding drugs policy within the wider framework of combatting addictive behaviour. This more comprehensive approach continues to gain momentum as an increasing number of Member States, particularly in Western and Northern Europe, attempt to create a more integrated approach.

During interviews, a relatively commonly cited 'new priority' by interviewees, primarily at national and civil society level, was the need to consider drug consumption in a broader policy framework of poly-consumption of licit and illicit substances and all addictive behaviours in general. To some extent, the EU Drugs Strategy and Action Plan recognises this: the Strategy mentions that it 'takes on board new approaches' (para 8), including the increasing trend towards poly-substance use (e.g. combination of licit substances, such as alcohol and prescribed controlled medication, and illicit substances). As a priority under the demand reduction pillar, the Strategy seeks to scale up and develop effective demand reduction measures to respond, inter alia, to poly-substance use, including the combined use of licit and illicit substances. Action 5 of the Action Plan makes reference within this context to poly-substance use.

Beyond a focus on poly-drug use, the evaluation identified a trend in some Member States towards a broader policy framework relating to addictions.<sup>70</sup> Two specific examples are included in Box 22 below.

#### **Box 22. France and Croatia's approach to addressing addiction**

**France's** national strategy for 2013–2017 is characterised by its multidimensionality. As an overarching principal, the strategy has underlined the need to put in place a more comprehensive response to drugs, recognising that the development of addictive behaviours is the result of multiple and complex interactions between exposure to drugs, as well as family, social and health problems and focuses on addictive behaviours as a whole. This is mirrored by the extensive remit of the inter-ministerial committee with responsibility for drugs policy. Decree no. 2014-322 of 11 March 2014 enlarged its mandate to addictive behaviours (tobacco, alcohol and addiction without substances) and refers to coordination competencies in the field of supply and demand reduction, as well as international action.

**Croatia** has applied a variety of universal, selective and indicated prevention measures targeting school-aged children and covering addiction to licit and illicit substances (tobacco, alcohol, drugs and inhalants) and other addictive behaviours (Action 1). In order to improve the quality of prevention measures in the country, the

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<sup>70</sup> See Chapter 5 and country fiches in Annex D for more information.

Office for Combatting Drug Abuse has created the Drug Addiction Prevention Programme Database and adopted guidelines for the improvement of the quality of addiction prevention, rehabilitation and social reintegration programmes, taking into account the European Drug Prevention Quality Standards. These guidelines dedicate one chapter to treatment in prisons.

Stakeholders at national and EU level and from civil society pointed out that a growing number of policymakers and experts are advocating for a more holistic approach that does not draw distinctions between licit and illicit substances. From a practical viewpoint, stakeholders also underlined that this approach provides for a more coherent framework and facilitates linkages with related policy areas (e.g. alcohol, tobacco, gambling, etc.) and better coordination between the competent authorities.

However, it is important to note that not all Member State stakeholders agreed with a 'pan-addiction' approach, depending very much on the policy and strategy in place in their Member State. Some Member State stakeholders indicated that they would not welcome such an approach in relation to EU drugs policy after 2020. Chapter 5 provides a detailed discussion of the different Member State policies on this issue.

*The need to address new trends in consumption:* When asked if there were issues not covered in the Strategy and Action plan that should be, a small number of stakeholders from Member States facing acute demographic challenges pointed to the need to focus attention on the implications of ageing drug users. This issue is emerging as a challenge given demographic trends in Europe, which is experiencing a pronounced ageing of its population. An expected quarter of the population will be aged 65 or over by 2050. Reflecting this general demographic trend, statistics published by the EMCDDA show that Europe's drug-using population is also ageing and that meeting the needs of older drug users is a growing issue for treatment services. This can particularly be seen in western countries, which saw the EU's first heroin epidemics in the 1980s and 1990s. While Action 1 of the Action Plan outlines the objective to improve the availability and effectiveness of preventive measures that take account of population risk factors such as age, these measures have in practice been implemented for younger populations. Moreover, challenges related to responding to older drug users usually relate to treatment and rehabilitation rather than prevention, according to the interviewees raising this issue.

*The need to address more specific, national-level challenges:* Other priorities cited by a minority of interviewees tended to reflect local challenges and contexts and the specific interests of particular organisations. A number of stakeholders, particularly from the Nordic countries, highlighted the need to create stronger links between demand reduction and public health and, more generally speaking, the wider concept of the promotion of well-being. In particular, it was seen as important to prioritise the need to integrate demand reduction with general mental health activities, which is referred to, in part, in Action 6 of the Action Plan (relating to expanding the provision of rehabilitation/recovery services with an emphasis on strengthening psychiatric treatment – although the action does not attempt to integrate measures with mental health activities). Countries experiencing high levels of refugee flows pointed to the need to address drug use amongst refugee populations. Others mentioned the need to develop even more targeted prevention interventions addressing specific situational/vulnerability factors referred to in the Action Plan. A greater focus on prevention with regard to the misuse of prescription drugs was also underlined. Action 4 of the Action Plan currently aims to 'enable a more informed response to the challenge of the misuse of prescribed and "over the counter" opioids and other psychoactive medicines'.

Finally, a small number of stakeholders pointed to the need to mainstream human rights by integrating them more widely within different aspects of the Strategy and Action Plan. While Action 35 of the Action Plan addresses the need to take into account human rights, this was not considered to be sufficient by the small number of interviewees who mentioned this issue. They called for more moves to ensure human rights issues are included in all aspects of the Strategy and Action Plan.

### Supply reduction

*The need to respond to challenges related to the emergence, use and rapid distribution of NPS:* Over the period under evaluation, Europe has continued to see an increase in the number, type and availability of NPS. However, as outlined in Annex A, the growing number of NPS recorded between 2009 and 2012 may have been in part the result of improvements in the detection process and mechanisms. The dynamic and constantly changing nature of the NPS market poses challenges for effective policy responses. Some 98 new substances were detected for the first time by the EMCDDA in 2015, bringing the total number of substances monitored to more than 560 (EMCDDA, 2016). Supply reduction efforts are being challenged by the fact that production of NPS is increasingly taking place in proximity to consumer markets in Europe by organised crime groups that see NPS as a flexible and low-risk product. Producers of NPS increasingly appear to be targeting the more chronic and problematic sectors of the drug market. The Internet has the potential to further develop as a source of supply for NPS. New technological developments may also drive demand (e.g. platforms for peer-to-peer exchange).<sup>71</sup> One respondent representing a Council work party highlighted the rise of fast couriers as a mode for drug trafficking as an important trend that is difficult for custom authorities to intercept.

Over two dozen respondents from 20 different Member States, international organisations and agencies cited the need to ensure continued prioritisation of actions relating to NPS moving forward. This issue is already relatively extensively addressed in the current Action Plan. Currently, four actions explicitly address NPS either directly or indirectly:

- Action 18 calls for the introduction and adoption of new EU legislative measures to address the emergence, use and rapid spread of new psychoactive substances.
- Action 22 underlines the need to identify strategic responses to address the role of new communication technologies and the hosting of associated websites, in the production, marketing, purchasing and distribution of illicit drugs.
- Action 51 outlines the need to improve the capacity to detect, assess and respond effectively to the emergence and use of new psychoactive substances and monitor the extent to which such new substances impact on the number and profile of users.

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<sup>71</sup> EMCDDA (2016) *The internet and drug markets*, EMCDDA, Lisbon; Kruithof, K., Aldridge, J., Décarry Héту, D., Sim, M., Dujso, E., Hoorens, S. (2016) *Internet-facilitated drugs trade: An analysis of the size, scope and the role of the Netherlands*. RAND Europe.

- Action 52 calls for the strengthening of efforts to share forensic science data by enhancing cooperation through existing networks.

The findings of the traffic light assessment are that the majority of actions covering NPS are considered to be on target, but Action 18 relating to the adoption of legislative measures continues to be in progress, with stakeholders at Member State level identifying the need to prioritise this. The evaluation has therefore found that the actions relating to NPS, while considered to be relevant and on target, should be continually prioritised in order to ensure that the detection of and response to NPS are considered as a priority by all stakeholders in the coming years. The example in Box 23 below describes Latvia's response to NPS.

### **Box 23. Latvia's response to NPS**

According to a Latvian representative, the country saw an increase in the supply and use of NPS in the last eight years. In fact, surveys conducted in 2013 indicated that 38% of respondents had bought NPS at least once in their life. Concerned about the high prevalence and the health risks caused by the consumption of NPS, the Latvian government sought to address this issue by scheduling most of these substances. However, the Latvian representative explained that this response proved to be ineffective as drug suppliers could easily circumvent the rules by slightly modifying the formula. In April 2013, the Latvian government changed the strategy by imposing a ban and a system of administrative fines for the manufacturing and storage of any NPS (scheduled or not). As this system proved to be ineffective as well, Latvian authorities raised this activity to a criminal offence in April 2014, which resulted in the closing of NPS selling points the following day. The Latvian representative claimed that while it is too early to draw firm conclusions, the measure seems to have been effective and should be considered as a 'best practice'.

*The need to address cannabis use:* While cannabis, along with other illicit substances, falls under the remit of the EU Drugs Strategy and its Action Plan, the documents do not make a reference to international developments in the regulation of cannabis consumption and production.<sup>72</sup> The omission of a discussion of recent trends in cannabis policy was noted by a number of Member State, civil society and EU-level interviewees and by respondents to the public consultation, and represents one of the most frequent items raised when exploring whether there are any issues not covered by the Strategy. As such, the (non-) inclusion of a discussion of cannabis policy is directly linked to any consideration of the Strategy's relevance.

To illustrate, seven Member State interviewees suggested that it would be useful to include cannabis-specific language in the next Action Plan or Strategy. Importantly, the reason for doing so is not necessarily to advocate for a particular policy position, although one interviewee explicitly called for the adoption of a common EU position on cannabis. The majority of interviewees who thought cannabis should be addressed

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<sup>72</sup> For discussions of some recent developments in cannabis regulation, see, for instance, Kilmer, B., Kruithof, K., Pardal, M., et al. (2013). *Multinational overview of cannabis production regimes*. Santa Monica, CA: RAND Corporation. RR-510-WODC; and Caulkins, J.P., Kilmer, B., Kleiman, M.A., et al. (2015) *Options and issues regarding marijuana legalization*. Santa Monica, CA: RAND Corporation. PE-149.

mentioned the need to focus on monitoring, information-sharing and research in the field. On the whole, interviewees also noted that the inclusion of cannabis would enable the Drugs Strategy to reflect new and emerging policy priorities and developments. In contrast, one Member State interviewee thought it was best to focus the EU Strategy on areas of common interest, in recognition of the heterogeneity between Member States.

The current exclusion of recent developments in cannabis policy was noted by four representatives of EU institutions and agencies, with three of them suggesting that it would be beneficial to address cannabis at the EU level in light of current and emerging trends. Again, however, these comments were made without preference for any particular position that may be taken in future policy documents.

Similarly, representatives of civil society thought that the EU Drugs Strategy and Action Plan cannot 'ignore the reality' and should reflect growing discussion about drug regulation approaches and strategies, which include, but are not necessarily limited to, cannabis. However, they acknowledged that this is a controversial matter, both within the civil society sector and across various stakeholder groups.

The issue of cannabis, in conjunction with decriminalisation and/or legalisation, was raised most forcefully by respondents to the public consultation.<sup>73</sup> Asked about the future focus of the EU's drugs policy, approximately half of respondents (61 out of 121) indicated that cannabis should be addressed at the EU level. In addition, among respondents who selected the 'other' option (n=18) in discussing future focus areas, half explicitly mentioned legalisation and/or decriminalisation of cannabis (and possibly other substances). However, this finding represents the views of the types of respondents to the survey – largely private individuals who may be committed to cannabis policy reform – and which are not necessarily generalisable to or shared by other stakeholder groups.

*The need to respond to the role of the Internet in drug distribution:* A wide range (in terms of number, type of stakeholder and geography) of national and EU-level stakeholders advocated for the need for a greater level of focus on the use of new communication technologies in illicit drug production and trafficking. The challenges posed by new communications technologies have continued to multiply since 2013, driven by a number of factors: secure encryption and web hosting and the move downwards from surface to deep websites; the emergence of new forms of payment; the tendency towards market decentralisation supported by evolving underlying technology; and the growth in drug advertising and exchange on social media. The use of the web for the sale of prescription drugs and NPS has received increasing attention in particular. Concerning the latter, the EMCDDA identified 651 websites selling 'legal highs' to Europeans in 2013. For law enforcement agencies, online monitoring is a new approach and they are progressively developing the expertise and legal frameworks to engage in covert operations to infiltrate online markets.

The emerging importance of the Internet as a tool for illicit drug trafficking was first recognised in the 2009–2012 Action Plan, although this priority was limited to monitoring and information gathering. The use of communications technologies (including the surface web) in illicit drug production and trafficking is explicitly

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<sup>73</sup> Taylor & Hoorens (2016) op. cit.

addressed under two actions of the current Action Plan: (i) Action 12 calls on the need for strengthened training of law enforcement to combat the use of new communication technologies in illicit drug production and trafficking; and (ii) Action 22 underlines the need to identify strategic responses to address the role of new communication technologies and the hosting of associated websites, in the production, marketing, purchasing and distribution of illicit drugs.

Therefore, similarly to NPS, this is an issue which is mentioned in the Drugs Strategy and which demonstrates that the Strategy is somewhat relevant to the issue.

### **Cross-cutting themes**

Relatively few new priorities were highlighted concerning the three cross-cutting themes. As explained in previous sections, these priorities correspond to relatively stable and long-term needs at the EU and national level. However, a number of stakeholders did point to the need to further refine priorities under the heading of international cooperation. These included closer collaboration with the WHO, third country participation in HDG meetings, cooperation with China on NPS, and anticipating the upcoming 2019 revision of the 2009 UN Political Declaration.

## 5. EVALUATION OF COHERENCE

The aim of the coherence criterion is to examine the extent to which the priorities and actions of the EU Strategy and Action Plan are articulated in an effective way with those of different types of actors, including Member States, acceding countries, third countries, international organisations and civil society.

### 5.1. Coherence with other EU policies and with Member States' drugs policies

In this section we report on the extent to which the objectives of the Strategy and Action Plan are: (a) aligned with those set out in other relevant EU policies; and (b) consistent with those of Member State policies and strategies.

Key findings from the evaluation are as follows:

**F67.** Overall, the EU Drugs Strategy is aligned with the fundamental objective of fostering good health. However, it does not take into account key aspects of the EU Health Strategy, resulting in a loss of synergies. Specifically, it does not take into account the challenges posed by the ageing of the population in Europe, does not address the potential impact of new technologies within the demand reduction pillar and does not make mention of emergency preparedness measures for drug-related epidemics. The complementarities between the EU Health Strategy and the EU Drugs Strategy and Action Plan also appear limited due to the focus of the latter on illicit substance abuse. *This finding led to the elaboration of Recommendation 17.*

**F68.** The priorities and actions in the Internal Security Strategy and the European Agenda on Security, specifically the emphasis on disrupting organised crime, are coherent with those in the EU Drugs Strategy. At an operational level, the EU Action Plan on Drugs can also be considered to be well aligned with the ISS and the Agenda on Security. For almost all specific actions set out in the Action Plan, the ISS and/or Agenda on Security included relevant strategic elements. In addition, DG TAXUD's Strategic Plan for 2016–2020 covers actions pertaining to drug precursors.

**F69.** While the evaluation considered the EU Drugs Strategy to be coherent with internal security overall, it found that greater coherence (and coordination) could occur with regard to the working groups within the Council. Member State representatives at the HDG generally focus on and have expertise in demand rather than supply reduction. Although coordination mechanisms exist between the HDG and COSI relating to drug supply reduction initiatives, stakeholders and the evaluation team have identified a need for further cooperation between these groups, so that the HDG can fulfil its role of monitoring the implementation of the EU Drugs Strategy and ensuring coherence between demand and supply reduction activities (and that relevant synergies are identified). *This finding also led to the elaboration of Recommendation 5.*

**F70.** The EU Drugs Strategy and Action Plan can be considered to be in line with the European Development Consensus. With regard to human rights and alternative development, strong coherence can also be noted with the Operational Human Rights Guidance for EU external cooperation actions addressing terrorism, organised crime and cyber security.

**F71.** With regard to national strategies, the mapping exercise found that the EU Strategy and Action Plan are generally highly aligned with national strategies, action plans and other key policy documents. Moreover, many Member State

strategies are aligned with the time frame and structure of the Strategy. However, many national strategies tend to place relatively more emphasis on issues such as prevention, harm reduction, treatment and reintegration. Another divergence that can be observed between EU and Member State strategies on the demand reduction side is that many of the latter focus more generally on addiction covering illicit and licit substances and other behavioural addictions.

The following recommendation has been proposed:

**Recommendation 17.** Coordination and cooperation should be enhanced at the EU level to ensure greater alignment between the objectives of the EU Drugs Strategy and the relevant objectives of the EU Health Strategy.

#### **A. Alignment of the objectives of the Strategy and Action Plan with those set out in other relevant EU policies**

##### **Drug demand reduction**

###### *Health policy*

The comprehensive EU strategy 'Together for Health' was adopted in 2007. While the Strategy is, at the time of writing, nearly 10 years old, an evaluation by the Commission in 2011 found that the principles and objectives identified in 2007 will remain valid for the next decade in the context of Europe 2020.

The EU Health Strategy underlined several challenges which require a new strategic approach, namely: (i) demographic changes including population ageing; (ii) pandemics, major physical and biological incidents and bioterrorism; and (iii) the rapid development of new technologies that are revolutionising the way we promote health and predict, prevent and treat illness. On this basis, the Strategy identified three objectives:

- Fostering good health in an ageing Europe.
- Protecting citizens from health threats.
- Supporting dynamic health systems and new technologies.

**Overall, the EU Drugs Strategy is aligned with the fundamental objective of fostering good health; however, it does not extensively take into account or focus on the three specific challenges identified in the Health Strategy, resulting in a loss of synergies.** Under objective 1, the Health Strategy seeks to support healthy aging by 'actions to promote health and prevent disease throughout the lifespan by tackling key issues including... drugs'. The EU Drugs Strategy contributes, generally, to promoting healthy lifestyles, reducing harmful behaviours and preventing specific diseases. Specifically (as discussed above in Chapter 4), Action 1 of the Action Plan mandates that preventative measures should take into account factors including age, but it does not specifically mention the challenges posed by the ageing of the population in Europe and Action 1 tends to be interpreted as relating to younger populations. As underlined by stakeholders interviewed for this evaluation, the prevalence of drug use amongst older persons cannot be ignored. Statistics compiled by the EMCDDA in 2010 show that Europe's drug-using population is ageing and that meeting the needs of older drug users is a growing issue for treatment services.

The EU Drugs Strategy and Action Plan include emphasis on the role of technology in marketing and distributing drugs, but not on delivering preventative interventions or

treatment services. As underlined by stakeholders interviewed for this evaluation, as well as the EU Health Strategy itself, new technologies have the potential to revolutionise healthcare and health systems and to contribute to their future sustainability and effectiveness. A 2016 report by the EMCDDA on the Internet and drug markets noted that online demand reduction interventions are becoming more common. According to the 2016 EMCDDA report there is also a need to identify ways in which the research and monitoring community and prevention and treatment agencies can harness social media to better understand drug use and to improve demand reduction responses. In recognition of this, some activities have already been conducted on this issue at an EU level. A meeting on the Internet and drugs organised by the Commission included a session on the Internet and prevention (in addition to supply reduction aspects).<sup>74</sup>

The EU Drugs Strategy makes reference to the need to ‘detect, assess and respond rapidly to’ epidemic outbreaks and Action 53 calls for improvement in the ability to ‘identify, assess and respond at MS and EU levels to (a) behavioural changes in drug consumption and (b) epidemic outbreaks’. The EMA is listed as one of the responsible parties for this Action, cooperating with the EMCDDA in relation to risk assessments of evolving substances.

**The scope of the Drugs Strategy also limits the opportunities for complementarities between the EU Health Strategy and the EU Drugs Strategy and Action Plan.** The Health Strategy underlined the need to tackle a number of different substance abuse issues that pose threats to healthy and productive lives, including alcohol and tobacco in addition to drugs. However, the demand reduction pillar of the EU Drugs Strategy and Action Plan has a more narrow scope, focusing on addictive behaviours as they relate to illicit drugs. This appears to result in lost synergies in terms of addressing addictive tendencies as they relate to licit or illicit substances. In some respects, this points to a *difference in scope*, rather than incoherence between the strategies. Box 24 below provides an overview of EU strategies relating to substance abuse.

#### **Box 24. EU strategies relating to substance abuse**

The EU has competence and responsibility to address public health problems such as harmful and hazardous alcohol and tobacco use by complementing Member State actions in this field.

- In 2006, the Commission published an **EU strategy to support Member States in reducing alcohol-related harm**. The strategy sets out five priority themes for EU action, including: (i) protect young people, children and the unborn child; (ii) reduce injuries and deaths from alcohol-related road traffic accidents; (iii) prevent alcohol-related harm among adults and reduce the negative impact on the workplace; (iv) inform, educate and raise awareness of the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns; and (v) develop, support and maintain a common evidence base. The strategy has some focus on awareness raising and prevention, but, as its title suggests, it focused more on harm reduction.

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<sup>74</sup> [http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/docs/meeting\\_report\\_from\\_internet\\_drugs\\_expert\\_meeting\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/docs/meeting_report_from_internet_drugs_expert_meeting_en.pdf) [as of 7 November 2016].

- The EU does not have a specific strategy for **tobacco**, but it is recognised as the single largest avoidable health risk in the EU. To address the situation, the EU and Member States have taken various tobacco control measures in the form of legislation, recommendations and information campaigns.

*Source: Authors' elaboration on European Commission (2006).<sup>75</sup>*

### **Drug supply reduction**

Both the EU Internal Security Strategy 2010–2014 (ISS) and the EU Agenda on Security were examined for the purposes of identifying coherence in relation to security and law enforcement.

- Adopted in 2010, the ISS outlined the challenges, principles and guidelines for dealing with security threats relating to organised crime, terrorism and natural and man-made disasters. It was based on five strategic objectives: (i) disrupt international criminal networks; (ii) prevent terrorism and address radicalisation and recruitment; (iii) raise levels of security for citizens and businesses in cyberspace; (iv) strengthen security through border management; and (v) increase Europe's resilience to crises and disasters.
- The EU Agenda on Security sets out measures for building on the range of legal, practical and support tools already in place to work better together on security (compliance with fundamental rights, transparency and accountability, application of existing legal instruments, inter-agency and cross-sectoral cooperation, etc.) and seeks to strengthen the pillars of EU action through better information exchange, increased operational cooperation and various supporting actions. The Agenda also sets out three specific priorities: (i) tackling terrorism and preventing radicalisation; (ii) disrupting organised crime; and (iii) fighting cybercrime.

### **Both the ISS and the Agenda on Security point to the key objective of dismantling organised crime networks, often involved in drug trafficking.**

Adopted prior to the EU Drugs Strategy and Action Plan in 2013, the ISS outlined as one of its main priorities the disruption of international criminal networks. The specific actions proposed in the ISS to address this priority include anti-money laundering legislation, setting up joint operations and joint investigations, use of the European Arrest Warrant, anti-corruption measures and confiscating criminal assets. The European Agenda on Security, adopted in 2015 subsequent to the adoption of the EU Drugs Strategy and Action Plan, places increased emphasis on emerging issues under drug supply reduction with greater focus placed on new methods of supplying illicit drugs (e.g. the dark net) and the emerging types of drugs on the market (e.g. NPS). The Agenda also stresses that the 'market for illicit drugs remains the most dynamic of criminal markets', highlighting the growing trend of NPS in particular. It also emphasises that 'the EU should continue to support Member States' activities in fighting illicit drugs, including prevention, using the expertise of Europol', with specific reference made to the EU Action Plan on Drugs.

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<sup>75</sup> Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions An EU strategy to support Member States in reducing alcohol related harm (COM(2006)0625 final).

**The priorities and actions in the ISS and European Agenda on Security are coherent with those in the EU Drugs Strategy.** When considering the objectives of the EU Drugs Strategy, some elements of coherence with the ISS and the Agenda on Security can be seen. The EU Drugs Strategy and Action Plan make numerous references to the necessity of disrupting illicit drug trafficking and the dismantling of organised crime groups that are involved in drug production and trafficking. To facilitate these activities, the Strategy in particular calls for strengthened cooperation, coordination and intelligence-sharing.

These priorities were subsequently translated into actions in the Action Plan, and below the most relevant actions are examined to assess their coherence with the ISS and the European Agenda on Security.

- **Action 11** of the Action Plan on Drugs calls for the increased use of intelligence and information-sharing and **Action 12** concerns the identification and prioritisation of threats associated with drug-related organised crime. The Agenda on Security specifically addresses these actions by calling for an intelligence-led approach to internal security based on joint threat assessments coordinated within Europol. This is realised through the EU Policy Cycle. The EU Policy Cycle targets available resources in view of immediate, mid-term and long-term security threats and risks and directs concrete law enforcement operations to tackle organised crime.

#### **Box 25. EU Policy Cycle for Serious and Organised Crime**

On the basis of the Serious and Organised Crime Threat Assessment developed by Europol, Multi-Annual Strategic Action Plans were developed for each priority threat and European Multidisciplinary Platform against Criminal Threats (EMPACT) projects were created to set out operational action plans to combat these priority threats. Of the nine EMPACT priorities, two focus on drugs supply reduction:

- Synthetic drugs: reduce the production of synthetic drugs in the EU and disrupt the organised crime groups involved in synthetic drugs trafficking.
- Cocaine and heroin: reduce cocaine and heroin trafficking to the EU and disrupt the organised crime groups facilitating distribution in the EU.

*Source: Council of the European Union<sup>76</sup>.*

- **Action 12** calls for strengthened training for law enforcement officers in relation to illicit drug production and trafficking, including in relation to: new communications technologies, asset confiscation, combatting money laundering and detecting illicit clandestine laboratories and cultivation sites. The Agenda on Security specifically underlined the role of CEPOL and identifies training as a key support action, noting that, 'training is essential to allow authorities on the ground to exploit the tools in an operational situation'. Moreover, the priorities identified for training by the Action Plan are congruent with the key tools for disrupting criminal networks set out by the ISS.

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<sup>76</sup> Council of the European Union (2014) *The EU Policy Cycle to Tackle Organised and Serious International Crime*. [http://www.consilium.europa.eu/en/documents-publications/publications/2015/pdf/qc0114638enn\\_pdf/](http://www.consilium.europa.eu/en/documents-publications/publications/2015/pdf/qc0114638enn_pdf/) [5 December 2016].

- **Action 13** aims to improve counter-narcotic activities by strengthening and monitoring the effectiveness of regional information-sharing platforms and regional security-sharing platforms. This is highly in line with the priority given in the Agenda on Security to improving the level of information-sharing using the wide range of existing instruments. The Agenda specifically mentions the soon-to-be-established Passenger Name Record (PNR) system in relation to combatting drug trafficking.
- **Action 15** concerns combatting cross-border drug trafficking and improving border security, notably at EU seaports, airports and land border crossing points, through intensified efforts. This action is coherent with both security strategies. The ISS sets out as one of its key priorities the strengthening of border management, whereas the focus shifts in the Agenda on Security to ensuring the proper implementation of existing legislation in this area and improving operational cooperation.
- **Action 17** aims to strengthen EU judicial cooperation in targeting cross-border drug trafficking and money laundering, and in the confiscation of the proceeds of drug-related organised crime. The ISS specifically mentions these tools under the organised crime heading. More generally, the Agenda on Security aims to improve operational cooperation and the use of existing cooperation instruments.
- **Action 18** seeks to introduce and adopt new EU legislative measures to address the emergence, use and rapid spread of NPS. The Agenda on Security makes specific mention of the emerging challenges of NPS.
- **Action 22** aims to identify strategic responses to address the role of new communication technologies in the production, marketing, purchasing and distribution of illicit drugs. Most of the cyber-criminality elements of the ISS and Agenda on Security do not address directly the role of new technologies in distributing illicit drugs; however, the Agenda on Security does make mention of this subject as an emerging challenge.
- **Action 38** aims to reinforce cooperation with third countries, whereas **Action 37** aims to provide support to third countries in tackling drug-related organised crime. The ISS underlines the international nature of organised crime; however, the Agenda on Security develops an emphasis on this subject, calling on the need to bring together the internal and external dimensions of security.

**On an operational level the EU Action Plan on Drugs can be considered to be well aligned with the ISS and the Agenda on Security.** For almost all specific actions set out in the Action Plan, the ISS and/or Agenda on Security included relevant strategic elements.

**Two Actions not covered by the ISS or the Agenda on Security concern drug precursors; however, this point is addressed in the DG TAXUD Strategic Plan for 2016–2020.** Action 14 aims to strengthen activities to prevent the diversion of drug precursors and pre-precursors for use in the illicit manufacture of drugs and Action 19 calls for strengthened EU legislation on drug precursors. Neither the ISS nor the Agenda on Security make reference to this topic. However, it is a specialised subject extensively covered by a specific control regime created by international convention. The authorities responsible for the implementation of this control regime are principally customs authorities. Reflecting this, DG TAXUD's Strategic Plan for 2016 notes that, 'TAXUD will also ensure the legal framework to fight terrorism, money laundering and other serious crime is strengthened and its implementation by customs is supported. This will include amongst others [...] and closely monitoring the implementation of the legislation on trade in drug precursors' (p. 15).

## International cooperation

### *Human rights and development*

The EU Drugs Strategy underlines the need to mainstream respect for human rights and dignity within the framework of international cooperation activities. Action 41 of the Action Plan also calls on the EU and Member States to ensure that the promotion and protection of human rights are fully integrated in political dialogues and in the planning and implementation of relevant drug-related programmes and projects.

**Overall, the evaluation found that the Strategy and Action Plan were in line with EU strategy and guidelines in the area of human rights.** Interviews with EU policymakers (Commission DGs) and some national policymakers (NDCs, Reitox, HDG) confirmed the coherence of the EU Strategy and Action Plan with EU policies in this area. EU policymakers particularly identified the coherence with guideline documents, such as the *Operational Human Rights Guidance for EU external cooperation actions addressing terrorism, organised crime and cyber security*,<sup>77</sup> the *Tool-box for a Rights-based Approach, encompassing all human rights, for EU development cooperation*,<sup>78</sup> as well as the *Human Rights Due Diligence for Drug Control: An Assessment Tool for Donors and Implementing Agencies* prepared by Harm Reduction International in 2012 with financial assistance from the EU.<sup>79</sup>

**More generally, the EU Drugs Strategy and Action Plan can be considered to be in line with the European Development Consensus.** Whilst not explicitly stated in the Strategy or Action Plan, the objectives are coherent with the people-centric approach set out in the European Development Consensus. The document underlines that ‘poverty relates to human capabilities such as consumption and food security, health, education, rights, the ability to be heard, human security especially for the poor, dignity and decent work. Therefore, combating poverty will only be successful if equal importance is given to investing in people [...]’ (p. 139).

## **B. Consistency of the objectives set out in the Strategy and the Action Plan with those of Member State policies and strategies**

In order to assess the coherence of the EU Strategy and Action Plan with strategies and policies in place at national level, a mapping was undertaken in each Member State. As explained in Section 1.3 and Annex D, the mapping primarily involved a review of Member States’ drugs strategy documents. Although the mapping was supplemented with insights from interviews, the limitation of this approach is that it does not capture drug-related issues contained in other policy documents, nor does it capture issues that are considered national priorities but are not stated to be so in the national drugs strategy document. It might be the case that transversal pillars of the

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<sup>77</sup> Operational Human Rights Guidance for EU external cooperation actions addressing Terrorism, Organised Crime and Cybersecurity: Integrating the Rights-Based Approach.

<sup>78</sup> <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%209489%202014%20INIT> [as of 8 Aug 2016]

<sup>79</sup> [https://www.hri.global/files/2012/06/01/Barrett\\_-\\_Human\\_Rights\\_Impact\\_Assessments.pdf](https://www.hri.global/files/2012/06/01/Barrett_-_Human_Rights_Impact_Assessments.pdf) [as of 8 Aug 2016]

EU Drugs Strategy, such as coordination, international cooperation and monitoring and evaluation, are covered in other policy documents nationally.

The table in Annex D provides a high-level overview of the results of the mapping, reflecting the assessment of the evaluation team. Results are described in more detail in the fiches for each Member State, also in Annex D.

Overall, the mapping exercise found that the EU Drugs Strategy and Action Plan are generally highly aligned with national strategies, action plans and other key policy documents. All Member States have adopted a balanced approach resting on both demand and supply reduction. In terms of content, Member States' strategies addressed the key issues included in the demand and supply pillars of the EU Action Plan, although with varying degrees of focus and depth. In addition, almost all Member States' strategies had dedicated pillars addressing coordination, international cooperation and monitoring and evaluation, or otherwise prioritised these topics in their strategy documents and/or action plans. Only the Bulgarian, Danish, Estonian and Latvian strategies/action plans did not make explicit reference to one or more of these transversal issues. However, interviews with Danish, Estonian and Latvian national stakeholders and a review of actions undertaken in these countries during the period under evaluation did not provide any grounds to conclude that these issues were not given due consideration in the framework of efforts to curb drugs and drug addiction. Only in Bulgaria did there appear to be an absence of focus on monitoring and evaluation in both strategic documents and in practice (i.e. there was no evaluation of existing policies).

Moreover, many Member State strategies are aligned with the EU strategic cycle for drugs in terms of timing and structure (e.g. a six-year strategy with three-year action plans). The strategic frameworks put in place by 'new' Member States in particular tend to be structured very similarly to the EU Drugs Strategy and Action Plan, with demand and supply reduction pillars and transversal pillars addressing coordination, international cooperation and monitoring and evaluation. The strategies of Cyprus, Romania, Slovakia and Slovenia are even identical in terms of structure to the EU Strategy and Action Plan and were all last updated in 2013/2014 in line with the strategic cycle at the EU level. EU-15 Member States are less likely to follow the recurring strategy/action plan approach and are more likely to depart from the structural paradigm of the EU Strategy and Action Plan. Member States such as Belgium, the Netherlands and Portugal, for example, have long-established strategies that have been progressively updated over the past two decades through action plans (Portugal) and other formal or informal policy documents (Belgium and the Netherlands).

However, many national strategies tend to place relatively more extensive emphasis on issues such as prevention, harm reduction, treatment and reintegration. The EU Strategy does make explicit reference to these concepts and a number of corresponding actions are included in the Action Plan, but they are bundled together under the demand reduction pillar rather than developed as strategic priorities/pillars in their own right. Indeed, a majority of Member States address prevention/demand reduction, treatment and reintegration and/or harm reduction through separate pillars or strategic headings or otherwise place more extensive emphasis on these ideas (AT, BE, HR, CZ, DK, EE, FI, FR, DE, HU, IE, IT, NL, PL, PT, ES, SE, UK). To give four examples:

- **France:** The Government Plan for Combating Drugs and Addictive Behaviours 2013–2017 addresses demand reduction aspects through a single area of action, but overall places more emphasis on demand reduction activities.
- **Poland:** The fourth National Programme for Counteracting Drug Addiction adopted in 2011 addresses demand reduction aspects through two separate

pillars: (i) prevention; and (ii) treatment, rehabilitation, harm reduction and social reintegration.

- **Czech Republic:** The National Drug Policy Strategy for 2010–2018 addressed demand reduction aspects through three different pillars: (i) prevention; (ii) treatment re-socialisation; and (iii) risk reduction.
- **Estonia:** The 2014 White Paper addresses demand reduction aspects through five separate pillars: (i) universal primary prevention; (ii) early detection and intervention; (iii) harm reduction; (iv) treatment and rehabilitation; and (v) re-socialisation.

Another significant divergence that can be observed between EU and Member State strategies on the demand reduction side is the focus more generally on addiction. A pan-addictive approach to combatting addictive behaviours is taken by Austria, Croatia, the Czech Republic, France, Germany and Luxembourg. These countries address a relatively wide array of addictive behaviours in their strategies, including non-substance abuse issues such as gambling. Others focus explicitly on a more limited set of commonly abused licit substances, such as alcohol and tobacco (CY, DK, IE, IT, LT, RO, SE). Finally, other Member States do not explicitly address other substances and addictive behaviours in their primary strategic documents, but there are strong interconnections with broader efforts to combat substance abuse and addictive behaviours. The Hungarian national strategy, for example, places special emphasis on the interrelation of the drugs problem with related policy strategies and programmes covering alcohol, medicines, behavioural addictions, mental health and crime prevention, and the different strategies are implemented in a coordinated manner.

Finally, a number of other unique priorities can be identified at the national level that are not emphasised in the EU-level strategic framework. These largely reflect the varying local contexts or approaches to specific issues.

- Luxembourg gives a more prominent place to risk, damage and nuisance reduction, considering it a horizontal issue in its own right (see Box 26).

#### **Box 26. Luxembourg's approach to risk, damage and nuisance reduction**

While the Luxembourg strategy mainly follows the structure of the EU Drugs Strategy, it gives a strengthened role to risk, damage and nuisance reduction. Contrary to the EU Drugs Strategy, which sees risk and harm reduction as one measure in the field of drug demand reduction, the Luxembourg strategy considers risk, damage and nuisance reduction to be a horizontal issue in its own right, which should be applied in both health related, demand-side responses and supply-side activities by judicial or law enforcement agencies.

- France, Italy and Malta have identified as an additional priority the development/improvement of legislative and judicial frameworks. For example, in France and Italy, an objective of their national strategy is to improve the application of law. In Malta, the national strategy includes an additional pillar relating to the legal and judicial framework and outlines the objectives of legislative review, seeking advice from practitioners, and improving the current legislative framework.

#### **5.2. Coherence with developments in international fora and with EU external action**

In this section we report on the extent to which the objectives set out in the Strategy and Action Plan: (a) are consistent with those of strategies at international level; and

(b) complement and/or reinforce external action and are consistent with EU external action.

Key findings from the evaluation are as follows:

**F72.** The strategic priorities at the UN level have evolved to become increasingly aligned with the EU approach. In this context, the EU Drugs Strategy has long been viewed as an important point of reference by those pushing for reform at the international level. The EU Strategy is generally coherent with the UN Strategy and has become increasingly so with the observed evolution of the UN strategy over the past decade. The 2016 UNGASS outcome document was largely coherent with the EU UNGASS position and the EU Strategy and Action Plan. The only issue in the EU position but absent from the EU Strategy and Action Plan was the availability of and access to controlled substances exclusively for medical and scientific purposes. *This finding also led to the elaboration of Recommendation 7 (above).*

**F73.** The EU Strategy and Action Plan tend to be somewhat more advanced than the strategies of other regional organisations in terms of adopting a balanced health and evidence-based approach. Another notable difference that can be identified in terms of strategic focus is the emphasis on institutional capacity building (e.g. strengthening the capacities of national drug authorities), which is evident in particular in the OAS Strategy and Action Plan.

#### **A. Consistency of the objectives set out in the Strategy and Action Plan with those of strategies at the international level**

The construction of an international legal framework on drug control has gone through several stages since its modern beginnings in 1909, when the International Opium Commission brought together twelve countries to discuss the opium trade. The first international Drug Convention, the International Opium Convention of The Hague, was subsequently signed in 1912. As of 1920, international drug control fell under the auspices of the League of Nations. Then, following World War II, multilateral drug control came under the auspices of the United Nations. A number of protocols to improve the control system were established and signed in the post-war years. The 1961 UN Single Convention on Narcotic Drugs replaced the previous international agreements that had been developing piecemeal since the early years. This was followed by other landmark agreements, such as the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Controls have been expanded from regulating trade in the beginning to cover the cultivation, manufacture and production of drugs and trafficking in drugs. The scope of controlled substances was also gradually expanded from opium and morphine to cocaine, cannabis, synthetic opiates, psychotropic substances and precursor chemicals. Whilst primarily seen as a 'national task' and overshadowed by the interests of the United States in particular during the post-war period, demand reduction has also been developed as an integral part of the international drug control system. The Convention on Psychotropic Substances, for example, states that, 'The Parties shall take all practicable measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved, and shall co-ordinate their efforts to these ends'.

Connected with drugs has also been the development of international cooperation in areas such as organised crime, terrorism and money laundering. Two conventions on corruption and transnational organised crime provide binding obligations on states to take action to control both the demand and supply sides of drug use (the 2000

Convention on Transnational Organized Crime and the 2003 Convention against Corruption).

Throughout the course of the elaboration of these legal instruments, a number of drug control bodies were established:

- The **United Nations** (UN) inherited responsibility for multilateral drug control from the defunct League of Nations following the Second World War. The **General Assembly** is the highest-level policymaking organ of the UN. At the request of its Member States, it convenes UN General Assembly Special Sessions (UNGASS) on specific issues. Four such UNGASS have been held on the world drug problem, the most recent being in 2016 at the 30th Special Session (previous UNGASS on drugs took place in 1998, 1990 and 1987).
- The **Commission on Narcotic Drugs** is one of the functional commissions of the United Nations Economic and Social Council (ECOSOC) and is the central drug policymaking body within the United Nations system. The Commission has power to influence drug control policy by advising other bodies and deciding how various substances will be controlled.
- The **International Narcotics Control Board** (INCB) is an independent, quasi-judicial expert body established by the Single Convention on Narcotic Drugs of 1961 (merging the Permanent Central Narcotics Board and the Drug Supervisory Body). INCB has 13 members elected by the Economic and Social Council.
- The **United Nations Office on Drugs and Crime** (UNODC) was established in 1997 with the merger of the United Nations International Drug Control Program and the Crime Prevention and Criminal Justice Division. The UNODC is mandated to assist Member States in their struggle against illicit drugs, crime and terrorism. The three main components of its work programme are: (i) field-based technical cooperation projects, (ii) research and analytical work, and (iii) normative work to assist States in the ratification and implementation of the relevant international treaties, the development of domestic legislation, and the provision of secretariat and substantive services to the treaty-based and governing bodies.

Other UN agencies also play a role in the international drugs control regime, either directly or indirectly. These notably include the World Health Organization and the Joint United Nations Programme on HIV/AIDS. Beyond the UN system, a number of other international organisations and multilateral bodies have played roles in international efforts to curb drugs and drug addictions. The evaluation has looked in particular at the strategies of other regional cooperation bodies, such as the Organisation of American States, the Association of Southeast Asian Nations, the African Union and the Council of Europe.

An overview of the strategic priorities of the most important and most relevant international-level actors is presented in Annex B to this report. From the documentary review conducted, the following findings have been drawn by the evaluation in relation to coherence with other international agencies.

**The UN has faced challenges in finding consensus between nations wanting to maintain the prohibition regime and those taking a more multifaceted, pragmatic approach.** The official positions taken by the UN have historically been strongly focused on supply reduction, with only small commitments to demand reduction. Meanwhile, most European countries did not follow the policies pursued by the United States and a number of countries in Latin America and Asia in the 1980s and 1990s focusing on the use of detection and repression to reduce supply (known

colloquially as the 'war on drugs'). As embodied in EU-level policy documents, European governments have long been more pragmatic and have prioritised a wide array of issues such as healthcare, harm reduction and human rights protection.

**Since 2009, however, UN positions have gradually yet markedly moved towards the more balanced approach embodied in the EU Strategy and Action Plan.** The 2009 Political Declaration represents the first attempt to put in place a balanced approach between demand and supply reduction. The 2015 draft outcome document adopted at UNGASS continues support for the existing international drug control regime, but saw the introduction and/or development of a number of issues called for by reform-minded countries and organisations. The priorities of the international community have thus shifted towards a more comprehensive, people-centred and evidence-based approach, whilst still resting on the historic foundations of the drug control regime put in place between 1962 and 1988.

**The strategic priorities of the UN have evolved to become increasingly aligned with the EU approach.** The EU strategy has long been viewed as an important point of reference by those pushing for reform at the international level. Interviewees from different UN agencies and other international fora unanimously underlined the importance of the EU example and voice over the past decade in encouraging changes to the official position. As underlined elsewhere in this report, the increasingly united 'European voice' in the international arena is also considered to have contributed to changes in the UN position.

**The official outcome of the 2016 UNGASS was largely in line with the EU Drugs Strategy and Action Plan, and was also in line with the evolution of UN strategy described above.** The only priority not explicitly covered by the EU Strategy and Action Plan that features in the UNGASS outcome was ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion. The UNGASS document also identified a number of emerging trends and challenges in the field of drugs, most of which are also addressed by the EU Strategy and Action Plan. These include NPS; amphetamine-type stimulants, including methamphetamine; the diversion of precursors and pre-precursors; the non-medical use and misuse of pharmaceuticals; and the use of the Internet for drug-related activities.

**A difference between the EU and the UN in how drugs are framed is in relation to organised crime.** Within the UN, the strong interconnections between drugs and money laundering and organised crime are addressed within a single strategic framework rather than separately. This is also reflected in the institutional architecture at the UN level; in 1997, the secretariats of the United Nations International Drug Control Program and the Centre for International Crime Prevention were merged to form the UNODC. The EU does not address drugs and organised crime problems through a unified strategic framework, the two being addressed separately in different strategic documents. As already noted, however, the coherence between the drugs and organised crimes strategies of the EU is strong, even if at an operational level the evaluation found that there was scope for greater coordination (see Chapter 5).

Beyond the UN system, a number of other international organisations have also become active in the fight against drugs and drug addiction, notably the principal regional cooperation organisations and the Organization of American States (OAS), Association of Southeast Asian Nations (ASEAN) and the African Union (AU). **A review of the strategies of these organisations found that the EU Strategy and Action Plan tend to put more emphasis on a balanced approach incorporating health and evidence-based approaches in addition to supply reduction** (particularly vis-à-vis strategies in the Americas and Asia). However, all of the strategies elaborated by these organisations follow a similar approach, based on demand and

supply reduction pillars along with cross-cutting actions, such as awareness raising, cooperation and monitoring and research.

**One notable difference that can be identified in terms of strategic focus is the emphasis on institutional capacity building** in the OAS and AU strategies and action plans. However, this can be explained by the relative immaturity of relevant institutions and agencies related to drug policy in these regions compared with Europe. The OAS action plan calls on member states to establish and/or strengthen national strategies, drug authorities and observatories on drugs, features which are already commonplace in the EU.

### **B. Consistency of the objectives set out in the Strategy and Action Plan with EU external action**

The European External Action Service relies on the priorities and actions of the EU Drugs Strategy and Action Plan to 'provide a common strategic framework for EU external action'.<sup>80</sup>

At a practical level, the evaluation found that the integration of the EU Strategy priorities into the programming and strategy documents of different countries or regions depends considerably on the region in question. Only eight respondents to the survey of EEAS representatives considered that EU drugs policies are integrated ('well' or 'very well') in the EU's programming and strategic documents for the country/region to which they were appointed, with eight respondents also considering that they were not very well or not at all integrated. A similar trend is seen with regard to the integration of EU drugs policies in the preparation and implementation of external assistance programmes: seven respondents considered that these were not very well or not at all integrated, while seven considered them to be well or very well integrated.

**Table 5. Survey responses relating to coordination of policies**

Thinking about EU's cooperation with the country you are appointed to, how well do the following statements capture the nature of the cooperation?	Not well at all	Not very well	Well	Very well	N
EU drugs policies are integrated in the EU's programming and strategy documents for the country/region you are appointed to	3 (19%)	5 (31%)	3 (19%)	5 (31%)	16
EU drugs policies are integrated in the preparation and implementation of the external assistance programmes	2 (14%)	5 (36%)	4 (29%)	3 (21%)	14

Concerning the extent to which the EU's balanced approach between supply and demand reduction is reflected in policy options and in the programming and implementation of external assistance in the countries to which EEAS delegates are

<sup>80</sup> [https://eeas.europa.eu/topics/drugs/407/eu-external-policy-on-drugs\\_en](https://eeas.europa.eu/topics/drugs/407/eu-external-policy-on-drugs_en) [as of 1 December 2016].

appointed, a majority of respondents considered the balanced approach to be reflected well or very well, with a small but significant majority considering that it was not well or not at all reflected.

With regard to the coherence of the EU Strategy with the national strategies of third countries, ten surveyed EU Delegations noted that the national drugs strategy of the country to which they were posted was consistent with the EU Strategy in all or most areas (one Delegation) or in some areas (nine Delegations). In seven instances, this consistency was seen at least partly as a result of the Strategy and other EU activities. Interviewees representing three other countries also noted that their national drug strategies or approaches to drug policy were largely consistent with the EU Strategy.

### **5.3. Coherence of the EU Drugs Strategy with EU cooperation with third countries and international organisations**

In this section we report on the extent to which EU cooperation with third countries and international organisations is coherent with the objectives of the EU Drugs Strategy by examining: (a) the extent to which the EU activities undertaken with third countries are aligned with the Strategy's objective to strengthen dialogue and cooperation on drugs issues; and (b) the extent to which the EU activities undertaken with international organisations are aligned with the Strategy's objective to strengthen dialogue and cooperation on drugs issues.

Key findings from the evaluation are as follows:

**F74.** The EU has identified the drugs problem, a key destabilising factor for states and societies around the world, as a priority in dialogue with international partners. The EU has well integrated the approach set out in the EU Drugs Strategy and Action Plan in its dialogue with third countries and regions. Particular priority is given to technical assistance projects in candidate and potential candidate countries. *This finding led to the elaboration of Recommendation 18.*

**F75.** In line with the Strategy and Action Plan, the EU and its Member States also provide support and assistance for a wide range of drug-related initiatives in Latin America, the Caribbean and West Africa along the cocaine trafficking route, and in Afghanistan and Central Asia along the heroin route. The drugs issue is also addressed through external assistance programmes at the EU and national level. *This finding also led to the elaboration of Recommendation 18.*

**F76.** EU cooperation with international organisations has been conducted in line with the EU Strategy and Action Plan on drugs. Since 2013, the EU has decisively contributed to shaping the international drugs policy agenda. The EU has also continued to strengthen long-established international institutional partners in the fight against drugs and drug addiction. *This finding also led to the elaboration of Recommendation 7 (above).*

**F77.** The EU has been particularly successful in dealing with the interplay between the drugs problem and organised crime in its cooperation with third countries due to its 'drugs route' approach. Nonetheless, a review of EU dialogues and programmes demonstrates that the EU has also generally maintained strong support for a balanced approach between supply and demand reduction measures.

Based on the above, the following recommendation has been proposed:

**Recommendation 18.** The ongoing dialogue with regions and third countries should be carried through into a future Strategy and Action Plan in order to ensure continued benefits resulting from these actions.

**A. Alignment of EU activities undertaken with third countries with the Strategy's objective to strengthen dialogue and cooperation on drugs issues**

The EU Drugs Strategy and Action Plan intend to provide the framework for a comprehensive approach that makes full use of the variety of policies and diplomatic, political and financial instruments at the EU's disposal in a coherent and coordinated manner. It seeks to fully integrate drugs issues within the political dialogues and framework agreements between the EU and its partners and the programming and implementation of external assistance and technical assistance. It also aims to improve the cohesiveness of the EU approach and EU visibility in the United Nations and other key international fora.

The EU has identified the drugs problem as a priority in dialogue with international partners. On the international stage, the EU has positioned itself as a reform-minded actor promoting a balanced, evidence-based approach to legislation and judicial practice.

**The EU's efforts to develop dialogue with third countries and regions are largely aligned with the objectives of the EU Strategy and Action Plan.** As a strategic framework for its international actions in relation to drugs and drug addiction, the EU uses the notion of 'drug routes' (particularly for cocaine and heroin). The logic of this approach is to more easily identify the needs in the EU fight against drugs, as well as the links between drugs and other forms of trafficking and crime that often follow the same routes. It also favours bi-regional dialogue and close cooperation with other regional organisations in line with the EU's foreign and security policy ('Shared Vision, Common Action: A Stronger Europe').

In this context (as described in Chapter 6), the EU has in place nine international dialogues on drugs. Four represent bi-regional initiatives (Latin America and the Caribbean, the Western Balkans, the Eastern Partnership and Central Asia) and five exist at the bilateral level (United States, Russia, Brazil, Bolivia and Peru). Furthermore, three of the bi-regional dialogues have been guided by an action plan document: the EU-CELAC Action Plan (adopted in 2013 and updated in 2015), the EU-Western Balkans Action Plan on Drugs (adopted in 2009 and renewed in 2013) and the EU-Central Asia Action Plan on Drugs (covering 2014–2020). Dialogue on drugs has also been a feature of the framework of the EU's neighbourhood policy and its Eastern Partnership in particular.

- Chapter VI of the **EU-CELAC Action Plan** is dedicated to drugs, the objective being to reinforce bi-regional dialogue and ensure the effectiveness of joint efforts to tackle the world drug problem as identified and developed in the framework of the EULAC Coordination and Cooperation Mechanism on Drugs. The EU Citizen Security Strategy in Central America and the Caribbean and its Action Plan adopted in June 2015 also aim to address drug trafficking in a balanced manner (supply and demand reduction), under a preventive, comprehensive approach with a focus on root causes.
- The **EU Central Asia Drug Action Plan** (2009–2013) was signed between the EU and the five states of Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and a new plan for 2014 to 2020 is also in place. The parties agreed among other things to strengthen their cooperation relating to the treatment and the prevention of drug addiction.

- The EU has undertaken active dialogue and cooperation with **Eastern Partnership** (EaP) countries in the field of drugs. Within the framework of ENP Action Plans (or Association Agendas) the fight against organised crime, including drugs, is covered by specific priorities elaborated in line with the local context. In 2013, Ministers responsible for Justice and Home Affairs of the EU and EaP countries reaffirmed their commitment to cooperation in the field of justice and home affairs, including efforts to tackle illicit drugs and psychoactive substances, 'taking a balanced and evidence-based approach'. Support to EaP countries is provided through different funds and programmes including TAIEX, the Heroin Route Programme (described in Annex C), the Eastern Partnership Cooperation Programme (2014–2018) and the IBM initiative.
- The **EU-Western Balkans Action Plan on Drugs** (2009–2013) was signed in 2008 and addressed a number of priorities, including: demand reduction, poly-drug use reduction, supply reduction, strengthening cooperation and monitoring and evaluation. In December 2013, Ministers of the Western Balkans and the EU renewed their commitment to implement the Action Plan, 'which will remain the reference for our cooperation in this area also in the future'. Mention was also made of the newly adopted EU Drugs Strategy 2013–2020.

**In line with the Drugs Strategy, priority is given to technical assistance projects in candidate and potential candidate countries**, such as Turkey and the countries of the Western Balkans, to help prepare for their possible accession to the EU (as called for in Action 44 of the EU Action Plan on Drugs). The drug-related acquis is addressed within chapters 23 and 24 of accession negotiations.

The EMCDDA has been a key actor with respect to cooperation with candidate countries, having contributed to eight progress reports covering all such countries in 2013–2015 and having prepared an assessment of those countries' readiness to participate in the EMCDDA. Between 2013 and 2014, the EMCDDA successfully implemented four IPA technical assistance projects intended to provide capacity building and technical support to seven IPA beneficiary countries. General population surveys were carried out for the first time in Serbia, Albania and Kosovo and a pilot version was undertaken in Montenegro. With respect to strategy development, since 2013 four candidate or potential candidate countries adopted a new or an updated version of a national drugs strategy, namely: Turkey (2013–2018), Montenegro (2013–2020), FYROM (2014–2020) and Serbia (2014–2021).

**The EU and its Member States provide support and technical assistance for a wide range of drug-related initiatives in Latin America, the Caribbean and West Africa along the cocaine trafficking route, and in Afghanistan and Central Asia along the heroin route.** These programmes are well aligned with the abovementioned dialogues, and tend to have a specific focus on supply or demand, with anti-trafficking dimensions generally given greater emphasis. This reflects the EU's choice to structure its strategic approach to international partners through the

lens of 'drug routes' and the recognition of the inextricable relationship between drugs and organised crime. The following notable projects can be mentioned:<sup>81</sup>

- The **Cocaine Route Programme** is focused on supply reduction and combatting transnational organised crime, and is funded through the Instrument contributing to Stability and Peace. The programme consists of eight projects (of which two have been concluded) designed to promote the interception of drugs, support anti-money laundering activities and improve the exchange of information, analysis and intelligence. The Cocaine Route Programme is currently active in over 40 countries in West Africa, Latin America and the Caribbean. Further details about the programme can be found in Annex C.
- The **Heroin Route Programme** comprises two phases aimed at strengthening capacity and developing cooperation networks along the heroine route in relation to supply reduction. Heroin Route Phase I was implemented by a consortium headed by GIZ in cooperation with Interpol, the UNODC and the German Federal Criminal Police Office focusing on the ECO region. The specific objectives were to strengthen the capacity of the Drug and Organised Crime Coordination Unit in ECO as a regional coordination platform; to develop cooperation networks in the area of specialised container control border units; to improve regional law enforcement information exchange and cooperation; and to create a regional network of forensic laboratories. The Heroin Route Phase II programme aimed to reinforce trans-regional cooperation networks by expanding to other regional organisations along the heroin route, such as CARICC, and also expanded the support for container control border units in the Black Sea region. Further details about the programme can be found in Annex C.

### **Box 27. The Instrument contributing to Stability and Peace (IcSP)**

The abovementioned Cocaine and Heroin Route Programmes were financed via the IcSP or its predecessor the Instrument for Stability. The Regulation, Strategy Paper 2014–2020 and Multi-Annual Indicative Programme 2014–2017 of the IcSP include specific mention of trafficking in illicit drugs and trans-regional actions against illicit drugs and related organised crime.

Article 5.1(a) of the Instrument's Regulation addresses strengthening the capacity of law enforcement and judicial and civil authorities involved in the fight against terrorism, organised crime and all forms of illicit trafficking. In order to better focus resources, privilege is given in the IcSP Strategy to a few specific forms of organised crime-related activities, including the illicit trafficking of drugs.

The IcSP Strategy notes that its actions should be aligned with existing EU policies and strategies (drugs is mentioned specifically) and/or with relevant EU geographic strategies. In line with the wider EU strategic approach, the IcSP adopts a 'drugs route' framework for addressing drug trafficking, focusing in particular on the heroin and cocaine trafficking routes. Beyond supply reduction, the IcSP also states that 'due attention shall be given to international cooperation aimed at promoting best practices relating to the reduction of demand, production and harm'. Explicit reference is made

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<sup>81</sup> Further details of the Cocaine and Heroin Route Programmes can be found in Annex C.

to the EU Drugs Strategy and Action Plan.

*Source: IcSP Regulation, Strategy 2014–2020 and Multi-Annual Indicative Programme 2014–2017.*

- **The Central Asia Drug Action Programme (CADAP)**, a demand reduction initiative, was created to support the implementation of the EU Central Asia Drug Action Plan. It sought to promote the development of effective, comprehensive drug policies, based on scientific evidence and EU best practice. While regarded as a health programme by the EU, it was also considered to have an impact on security and was considered by beneficiary countries as also addressing security issues.
- The **Border Management Programme in Central Asia (BOMCA)** is a special programme developed by the EU in 2002 aimed at enhancing security, fighting against illegal trafficking and facilitating trade in Central Asia. Since 2003, the BOMCA programme has implemented phases targeting capacity building and institutional development, developing trade corridors, improving border management systems and eliminating drug trafficking across the Central Asia region.

Other notable projects financed through the EU's **external assistance programmes** in line with the EU Drugs Strategy and Action Plan include:

- **COPOLAD** is a partnership cooperation programme between the EU, Latin America and the Caribbean countries that aims to strengthen capacities and encourage the different stages of the drugs policies development process through: (i) consolidation of national observatories; (ii) capacity building in the reduction of demand; (iii) capacity building in the reduction of supply; and (iv) policy support and consolidation, notably through the Cooperation Mechanism on Drugs. A detailed description of the programme is provided in Annex C.
- **Response to Drugs and Related Organised Crime in Nigeria** is a 53-month (January 2013–May 2017) EU-funded (European Development Fund) project being implemented by the UNODC to support the Nigerian government in its efforts to fight illicit drug production, trafficking and use, and to curb related organized crime, including counterfeit narcotics and psychotropic substances.
- **Support to ECOWAS Regional Action Plan on illicit drug trafficking, related organised crime and drug abuse in West Africa** is an EDF-funded project aiming to contribute to a reduction of drug abuse, illicit drug trafficking and related organised crime in West Africa by reinforcing regional capacity within ECOWAS and empowering ECOWAS Member States to implement selected national components of the Regional Action Plan.

Other projects financed by the EU include: the Container Control Programme along the Heroin Route, the Regional Programme for Afghanistan and Neighbouring countries, the Alternative Development Programme (Lao PDR, Myanmar), Prevention of the Diversion of Drugs Precursors (Latin America and Caribbean region), Support to Drug Demand Reduction in the Andean Community (PREDEM) and AIRCOP (Air Communications, West Africa, Latin America Caribbean – cocaine route).

**In the fight against illicit drug trafficking, the EU supports international cooperation platforms along the main trafficking routes.** EU Member States work together, for example, with the United States and several other third countries to fight drug trafficking along the cocaine route in the Maritime Analysis and Operation Centre–Narcotics. Europol also plays a key role in facilitating information-sharing and operational cooperation between EU Member States and third countries in the fight

against drugs. Since 2013, Europol has concluded operational agreements with Albania, Serbia, Colombia, Liechtenstein, Moldova, Monaco, Montenegro and FYROM. The agency participates in the Paris Pact, especially in respect of heroin trafficking, and has also contributed to activities under Interpol's Operation Lionfish, targeting the illicit trafficking of drugs and firearms by OCGs across Central America and the Caribbean through the deployment of officers and a mobile office to Martinique. It is also a strategic partner to several EU external assistance programmes.

**Some Member States have implemented their own external assistance and technical cooperation projects in the field of drugs in line with the EU Drugs Strategy and Action Plan.** Some Member States fund third countries to support the fight against drugs, drug addiction and drug-related crime. Overall, half of Member States had entered into bilateral agreements, cooperation strategies and/or action plans with third countries that included cooperation in the field of drugs, according to the 2015 Commission Progress Report. Most of these bilateral cooperation agreements covered four areas of drug policy (coordination, drug demand reduction, drug supply reduction, information, evaluation, research and monitoring) or only drug supply reduction. The EU Drugs Strategy and Action Plan set out specific priorities for cooperation with third countries, such as alternative development (Action 35), combatting illicit crop cultivation (Action 34), harm reduction (Action 36) and assisting third countries in combatting drug-related organised crime (Action 37). According to the 2015 Commission Progress Report, only a few Member States funded rural development projects and programmes in regions where illicit crop cultivation is taking place or in regions at risk of illicit crop cultivation in 2013–2014. Also, less than half of the Member States supported third countries, including civil society in those countries, to develop and implement risk and harm reduction initiatives.

**The actions of the EU and Member States in relation to third country cooperation were generally well aligned with the EU Drugs Strategy and Action Plan.** Whilst the Strategy and Action Plans have evolved in recent decades, the consistency of key concepts has helped to strongly anchor them in EU foreign policy and consequently mobilise a panoply of different instruments in service of the Strategy and Action Plan. Due to the EU's 'drug routes' approach for both drugs and security-related activities, the EU has created an integrated approach between the drugs problem and organised crime in its cooperation with third countries (even if these matters are addressed in separate strategic documents which set out EU policy in different areas). Nonetheless, a review of EU dialogues and programmes demonstrates that the EU has also generally maintained strong support for a balanced approach between supply and demand reduction measures.

**At the Member State level, however, there is less evidence that the concepts expressed in the EU Drugs Strategy and Action Plan have permeated national strategies in the area of international cooperation.** Relatively few Member States have developed strong drugs dimensions to their external assistance strategies (which would be in line with the EU Drugs Strategy and Action Plan), even though the evaluation has found that some activities had been implemented to this end. This links to the finding in Chapter 4 that the pillar relating to international cooperation is considered to be more relevant overall at EU level than at Member State level.

#### **B. Alignment of EU activities with international organisations with the Strategy's objective to strengthen dialogue and cooperation on drugs issues**

**Beyond direct cooperation with third countries, the evaluation found that the EU cooperates with other international organisations working in the field of illicit drugs, in line with the EU Drugs Strategy and Action Plan.** Through this cooperation, the EU is able to support efforts to assist third countries (e.g. through technical cooperation programmes managed by international actors such as the

UNODC or WCO) and actively contribute to shaping the agenda on international drugs policy. Some of the key international partners of the EU include:

- **United Nations:** EU Delegations at the UN General Assembly and the Commission on Narcotic Drugs (CND) play an active role in supporting the 'EU approach' to drugs by coordinating amongst themselves and working to build coalitions with likeminded countries. Given that the EU is not an official member of the CND or the UN, the EU is represented by the EU Member States. Mechanisms are in place to ensure consultation and coordination between Member States within these key fora. The fact that the final outcome document from UNGASS 2016 reflects the main elements of the EU common position is evidence of its alignment with the objectives of the Drugs Strategy.
- The EU cooperates with the **International Narcotics Control Board (INCB)**. For example, the Commission uses the assessments conducted by the INCB to monitor the implementation of UN conventions by third countries. According to the Commission, there is scope for the INCB to share information more proactively about such matters.
- **United Nations Office on Drugs and Crime:** Over the past 10 years, the EU has provided funding of €351 million to the UNODC and in 2014 the EU was the second largest single donor. Together with funding direct from Member States, the EU provides around 37% of the UNODC's total funding. The EU and UNODC are currently cooperating on 24 ongoing projects. The two organisations work together to combat issues of common interest including the fight against organised crime, drug trafficking, corruption and firearms.
- The UNODC Executive Director regularly holds discussions with senior officials from EU Member States and the EU Permanent Mission in Vienna. An annual Senior Official Meeting is also held to provide a forum for strategic policy exchange. In addition, an annual Operational Exchange Meeting, led by the European Commission and DG DEVCO, provides the opportunity to discuss operational topics. At an operational level, EU Delegations cooperate frequently with UNODC field offices to deliver projects and programmes locally.
- The EMCDDA and the UNODC have signed a memorandum of understanding formally establishing cooperation between the two organisations. The MoU covers areas of shared interest, such as improving the collection and analysis of data, developing data comparison methods and enhancing the dissemination of data. The MoU was supplemented by practical joint work programmes signed in 2000 and 2007. The most recent work programme covers 2012–2014 and outlines strategic areas of work such as: the development of standards for data collection and data analysis, capacity building and the exchange of best practices.
- **World Health Organization:** Relations between the Commission and the WHO are governed by an exchange of letters of 14 December 2000, detailing objectives, priorities and areas of cooperation, as well as procedures, activities and practical arrangements. In September 2015, the Commission and the WHO Regional Office for Europe renewed their joint commitment to work together and outlined an updated set of specific priorities, including: innovation and health; health security; modernising and integrating the public health information system; health inequalities; strengthening health systems; and chronic diseases. At country level, EU Delegations cooperate with their counterparts in the WHO country offices concerning the delivery of health assistance projects. At an institutional level, DG DEVCO and DG ECHO provide the largest amount of funds to WHO projects. DG SANTE also collaborates directly with the WHO on a number of policy projects with funding from the EU

Health Programme. The EU participates as an observer in the annual meetings of the WHO Executive Board and the World Health Assembly and regular high-level exchanges take place between senior officials.

- **UNAIDS:** UNAIDS and the EU cooperate on an ad hoc basis, at both the EU and national level. UNAIDS has attended HDG meetings in the past, in order to discuss UNGASS 2016 and issues related to HIV. UNAIDS has also cooperated with Member States, for example with Greece regarding the outbreak of an HIV epidemic following the economic crisis (see Box 15).
- **Council of Europe:** EU Member States and the Commission take part in the Pompidou Group, a forum for debate and reflection on drugs policy. EU Member States participate actively in the work of this group, in which the Commission is also represented. A memorandum of understanding between the EMCDDA and the Pompidou Group was signed in 1999 and ensures active consultation on medium-term objectives. The EMCDDA participates as an observer in the Pompidou Group's Permanent Correspondents' meetings and the Pompidou Group is an observer at the meetings of the EMCDDA's Management Board. An updated memorandum of understanding was signed in 2010. The two organisations cooperate closely in the following areas: (i) ESPAD surveys; (ii) EMCDDA participation in Pompidou Group platforms; and (iii) coordination and cooperation with non-EU countries.
- **World Customs Organization:** The WCO plays an important role in promoting international customs cooperation and addressing new challenges for customs and trade. The European Commission formally joined the WCO in 2007 as a member. The EU and WCO cooperate in a number of different areas including: nomenclature and classification, origin of goods, customs value, simplification and harmonisation and trade facilitation, development of supply chain standards and IPR enforcement standards, capacity building, and Mutual Administrative Assistance or the prevention, investigation and repression of customs offences.
- In the field of illicit drugs, the WCO has developed the WCO Drugs Programme aimed at countering global illegal trade covering the cultivation, manufacturing, distribution and sale of substances which are subject to drug restriction and prohibition laws. The programme contributes to several initiatives such as the Container Control Programme, the AIRCOP project, the Global Forum on Combating Illicit Drug Trafficking and Related Threats, the Global Canine Fora and various other operational activities. More specifically, the European Commission launched the AIRCOP project in 2011 with the WCO, the UNODC, Canada and Interpol. The EU and Member States also participated in the first Global Forum on Combating Illicit Drug Trafficking and Related Threats, which was held in Brussels in 2012.

**EU cooperation with international organisations has been coherent with the EU Strategy and Action Plan.** Since 2013, the EU has contributed to shaping the agenda of international drugs policy. A key point raised across different stakeholder groups (the Commission, civil society and Member States) was the added value of the EU Drugs Strategy and Action Plan to speak with a common, strong EU voice in international fora. The cooperation between Member States and the Commission in the run-up to UNGASS 2016 in particular allowed Europe to 'speak with one voice'. More generally, the existence of (and act of regularly negotiating) an EU Drugs Strategy and Action Plan acts as a sort of European political doctrine and facilitates the emergence of a common European voice within the UN system and other key international fora. The EU has also continued to strengthen long-established international institutional partners in the fight against drugs and drug addiction.

## 6. EVALUATION OF EU ADDED VALUE

This section focuses on the ‘EU added value’ of the EU Drugs Strategy and Action Plan to drugs policy in Member States, as well as third countries. The EU added value criterion examines the extent to which the Strategy and its accompanying Action Plan have provided additional value that would not have been realised without the EU’s intervention.

### 6.1. EU added value of the EU Drugs Strategy compared to Member State or regional-level action

In this section we report on the extent to which the Strategy and the Action Plan have: (a) led to results which could not have been achieved by Member States or regions acting alone; (b) optimised the involvement of Member States in the reduction of drug demand and supply; (c) led to a cost-effective and coherent environment in relation to drugs policies; and (d) optimised cooperation at EU and international level.

Key findings from the evaluation are as follows:

**F78.** The EU Drugs Strategy and Action Plan provide added value to individual Member States (and other non-State actors) and their strategies by establishing a common EU-wide strategic framework and institutionalising a process of consensus-building for horizontal and increasingly complex and international issues. The Strategy and Action Plan add value as a common political declaration on drugs policy. Overall, the EU added value of the EU Strategy and Action Plan appears to be greatest in newer Member States, which for the most part did not have pre-existing, developed drugs policies at the moment of their accession almost a decade ago.

**F79.** Beyond the EU, the EU Strategy and Action Plan provide clear added value to what Member States are doing by themselves in terms of enhancing the ‘voice’ of the EU in international fora and in relation to third countries, providing an important source of guidance for candidate countries, and a framework for bilateral cooperation with third countries. *This finding also led to the elaboration of Recommendations 7 and 18.*

#### A. Optimisation of the involvement of Member States in the reduction of drug demand and supply

The evaluation found that the **most important EU added value provided by the EU Drugs Strategy and Action Plan is the establishment of a common strategic policy framework in which Member States develop and implement their drugs policies**. The creation of such a framework was identified by all groups of Member State stakeholders as being of particular added value, as the instruments broadly shape the actions of Member States and other actors whilst leaving the necessary margin for manoeuvre for adaptation to the local context. This was also confirmed by the public consultation, where respondents tended to agree that the Strategy adds value by supporting a consistent approach to drugs at the national level and by contributing to coherence between national/regional and European actions in the area of drugs. The Strategy and Action Plan do not impose legal obligations on EU Member States, but the evaluation found that they have been successful in broadly directing collective action in the field of drugs, both within the EU and at international level, and promoting a shared model with a culture of defining priorities, objectives, actions and indicators for measuring performance.

Evidence of this effect can be found in the fact that a number of interviewees from Member States that undertook an update of their national strategy during the period covered by the evaluation noted that they had drawn extensively on the EU Strategy

and Action Plan in the elaboration and structuring of their national policy. This finding was corroborated by our review of national drug strategies (Annex D), which identified a number of direct references in national strategies to the EU strategy, as well as similar structures and approaches, as outlined in Chapter 5.

By virtue of the relative levels of development of drugs policy in Member States, this effect was most pronounced in newer Member States. Whilst stakeholders in Western European Member States tended to see less EU added value in the Strategy and Action Plan due to the close resemblance of pre-existing national strategies, national authorities in newer Member States often saw the EU Strategy as the ultimate objective in a decade long process of 'catching up' within the field of drugs policy. The evaluation team also found that the EU added value appears more pronounced in terms of demand reduction activities where the Strategy provides guidance on evidenced-based approaches. However, in emerging areas of drugs policy, a more general added value can be seen. An example is international development cooperation, where actors from both new and old Member States recognised the added value of collectively setting a common strategic framework for actions at the EU level.

This finding is noteworthy as it does not fully reflect the commonly understood EU added value of developing and implementing an EU Strategy and Action Plan. **The principal source of EU added value of the EU Strategy and Action Plan does not appear to be, primarily, the mobilisation and alignment of resources around a fixed number of priorities, but rather to reach an agreement on and promote a shared general approach and strategic priorities.** In many respects, the EU Strategy and Action Plan are seen as much as a common political declaration on drugs policy as a strategy. This has important implications when assessing their ultimate effectiveness. If many specific priorities were not taken up in national strategies, this does not necessarily reflect a lack of effectiveness, but rather the fact that the Strategy and Action Plan are viewed more as a common framework from which authorities can select elements that fit with their local challenges and contexts.

**Another key aspect of EU added value was the ability of the Strategy and Action Plan to provide both institutional and non-governmental actors with important political leverage.** The fact that an action is included in the Action Plan can provide policymakers with leverage to ensure an issue is on the political agenda nationally and to secure funding for particular policies or approaches. Policymakers (HDG, NDC) and civil society actors noted that the EU Strategy and Action Plan allowed them to introduce or lobby for the inclusion of new priorities into national political agendas. This can particularly be seen among newer Member States in the area of demand reduction (e.g. syringe exchange facilities). This added value is made possible by a general recognition that the EU Strategy and Action Plan is a 'best practice reference' in the field of drugs policy. Politicians can thus be convinced to take steps that might not necessarily be aligned with their party's ideology in order to comply with best practices or simply yield to the demonstrated effectiveness of certain interventions.

At national level as well, the EU Strategy and Action Plan may improve coordination. For example, in countries like Belgium where responsibilities are devolved to local levels, the EU strategy was considered to serve as an inspiration and guide for internal coordination and cooperation.

## **B. Optimisation of cooperation at the EU and international level**

**The evaluation found that the Strategy and Action Plan served as a platform for coordination, particularly at the EU level, by defining common, high-level objectives and priorities and attributing responsibility.** The largest proportion of

respondents in the public consultation considered that the Strategy adds value by helping to raise important issues on drug policies on the international agenda.

National stakeholders interviewed pointed in particular to the usefulness of the Strategy and Action Plan as a coordination document for EU-level actors. This was corroborated to some extent by interviews with representatives from EU institutions and agencies. An interview with a CEPOL representative, for example, confirmed that the agency consulted these documents during the programming cycle to ensure the alignment of its activities. Many of the initiatives launched at EU level by the Commission and other actors are aligned with the EU Strategy and Action Plan. However, the evaluation found that key actors, such as Europol and Eurojust, are also driven by other strategic frameworks, such as the EU Policy Cycle for serious international and organised crime 2013–2017 (Section 2.2.2). In the case of Eurojust, however, the agency noted that the EU Drugs Strategy and its Action Plan are reference documents for all projects carried out by the agency. Further elaboration relating to the coherence of the EU Drugs Strategy with other policy documents can be found in Chapter 5.

**Beyond the EU, the Strategy and Action Plan demonstrate clear added value in the field of international cooperation and augment the EU's capacity to influence the strategies of partners and the global agenda on drugs.** The definition of a common position gives the EU greater leverage in international fora, such as at the 2016 UNGASS. The 'EU model' is recognised and widely respected within the international community and by many third countries, especially candidate and potential candidate countries. Beyond the EU's neighbourhood, the EU Strategy is seen as a 'gold standard' for progressive policymakers and other advocates of reform. An interviewee from the UNODC, for example, reported that the organisation often uses the Strategy when working with member countries and providing technical assistance.

**Beyond the existence of the Strategy and Action Plan, the process of elaborating these documents was seen as very valuable in itself.** According to stakeholders interviewed, the elaboration of the Strategy and Action Plan provided a forum and a decisionmaking process for consensus building and helped to develop a shared language and promote buy-in and national ownership of the Strategy. This facilitates the formulation of common positions in later negotiations. The same national representatives who worked together on the elaboration of the Strategy and Action Plan also negotiate common positions in the UN system, for example. In general, EU statements for the CND are prepared and negotiated by the EU Delegation in Vienna, often with the input of the HDG, and resolutions are drafted and/or discussed in the HDG prior to meetings of the Commission on Narcotic Drugs.

### **C. The Strategy and Action Plan led to results that could not have been achieved by Member States or regions acting alone**

**As a methodological note, it is important to bear in mind that this criterion is focused on examining the EU added value of the Strategy and Action Plan, rather than that generated by pre-existing and ongoing activities undertaken in the field of drugs policy.** This is not to deny that many pre-existing EU-level activities generate clear added value, such as the information-sharing facilitated by Europol, judicial cooperation facilitated by Eurojust, best practices shared during Council Meetings or knowledge and analysis generated by various EU-level actors. However, the evaluation team sought to isolate a clear contribution between EU added value generated and the actual Strategy and Action Plan.

From the discussion in the previous section, it can be concluded that the Strategy and Action Plan have contributed to some results that could not have been achieved by Member States acting alone or in cooperation at regional level.

**The Strategy and Action Plan have contributed to a process of high-level convergence between Member States' drug policies and the emergence of an 'EU model'.** As previously mentioned, a number of interviewed representatives from national authorities confirmed that the EU Strategy had been used as an important source of inspiration in the elaboration and/or update of their high-level objectives for their national strategies and action plans. As described in Chapter 5, the strategies of all Member States were generally well aligned with the objectives and content of the EU-level strategy. Moreover, many Member States have also adapted a similar structure for their national strategies. A few have even adopted the exact same structure as the EU Strategy and aligned their strategy cycles with the EU. It is thus possible to conclude that, without the existence of the Strategy and Action Plan, Member States would have not achieved the same level of convergence in their strategic approaches to the drug problem.

**In relation to external action by the EU, the Strategy has provided a ready-made 'position' for the EU in international fora.** This makes the process of consensus building in preparation of common positions in international fora much more efficient and effective. In this respect, the EU Strategy and Action Plan serve as a sort of EU political doctrine on drugs policy, in addition to being more operational documents. It also ensures a higher degree of coherence for EU common positions by providing clear guidance for EU Delegations and Council presidency teams.

**The existence of an EU Strategy and Action Plan provides greater visibility and weight to the EU approach at the international level and contributes to its capacity to influence drugs policy around the world.** The evaluation found that the 'EU model' is recognised and widely respected within the international community and articulating this in a single document may make this model more accessible. It is widely held up as an example by reform-minded actors and has been used by policymakers around the world for inspiration. Whilst many Member States have highly developed and effective drugs policies that may also have been used as inspiration around the world, the formulation of a common EU Strategy and Action Plan by a group of 28 countries representing nearly half a billion citizens has the added value of providing greater visibility and weight to EU drugs policies on the international stage.

**At an operational level within Member States, the contribution of the Strategy and Action Plan becomes more difficult to substantiate.** As underlined previously, the Strategy and Action Plan address a comprehensive array of areas, and specific objectives and actions generally remain quite broad. The objectives generally reflect principles and encourage processes that pre-date the Strategy and Action Plan, rather than driving change or innovation in EU drugs policy. Moreover, as underlined by interviewees at the national level, the EU Strategy and Action Plan do not have any earmarked resources, making it harder to spur the development of new activities at the national level.

It thus appears less likely that, at an operational level, the current Strategy and Action Plan have contributed to affecting major change in national activities. Many priorities, for example around law enforcement and judicial cooperation, preceded the Strategy, particularly in older Member States. The direct link with the Strategy and Action Plan in terms of EU added value generated through additional coordination is difficult to substantiate.

#### **D. Cost-effectiveness and coherent environment in relation to drugs policies**

The impact of the Strategy and Action Plan in terms of the cost-effectiveness of drugs policy in Europe is difficult to substantiate in quantitative terms. As explained in Chapter 5, there are limited data on the amount spent on drug-related activities and virtually no quantifiable information on the effects of those activities. Overall, our

findings in relation to the evaluation question ‘to what extent have the Strategy and Action Plan had an impact on the Member States’ budgetary resources?’ was that there were no direct, detectable impacts on Member States’ budgets, since spending is primarily driven by national priorities.

In relation to the evaluation question asking ‘were sufficient resources allocated throughout the years 2013–2016 for reaching the objectives of the EU Strategy and Action Plan?’ the evaluation noted that there are many different sources of EU funding for drug-related activities. Available data do not allow conclusions about whether this was efficiently spent, although the existence of a range of funding streams at least creates the potential for duplication. However, this risk is mitigated by the fact that a single actor (DG HOME) manages the Internal Security Fund – Police (ISF) and the drugs chapter of the Justice Programme, which together represent the majority of the funds on the EU level. The amount of funding coming from H2020 and the EU Health Programme is relatively small. This potential inefficiency does not stem from the Strategy and Action Plan, but neither does the Action Plan explicitly include any measures to ensure coherence between funding streams.

Three major drivers of ‘economy’ have been identified by the evaluation:

- The EU Drugs Strategy and Action Plan have contributed to a high-level convergence of Member State policies in the field of drugs, as well as a convergence of EU activities around the Strategy and Action Plan.
- The EU Strategy and Action Plan can be seen to serve as a platform for the mainstreaming of best practice drawing on the collective experience of all Member States.
- For acceding, candidate and potential candidate countries that are working to adopt the EU acquis, the EU Drugs Strategy provides a comprehensive template that can be drawn upon to formulate national drug policy.

## 6.2. New Action Plan for the period 2017–2020

In this section we report on the extent to which: (a) there is a need to ensure continuation of ongoing actions through further EU action; (b) priorities of the EU Strategy remain to be implemented by 2020; and (c) further refinements are needed to the Action Plan.

Key findings from the evaluation are as follows:

**F80.** Interviewees from all groups of stakeholders and respondents to the public consultation expressed widespread agreement that there is a continued need for an Action Plan. The instrument was considered to be a necessary operational translation of the EU Drugs Strategy and allows for the community to set out more precise priorities and actions, as well as to assign responsibility and formulate specific and measurable indicators.

**F81.** While monitoring of the implementation of actions and the achievement of objectives was underlined as a weak point, the Action Plan is still seen as a useful document for ensuring some level of follow up of the implementation of the Strategy. Through the elaboration of a number of actions relating to each principal objective, it is seen as a flexible tool due to its broad encompassing nature, enabling relevant stakeholders to refine the focus of priorities over the lifespan of the Strategy whilst still maintaining a reasonable degree of coherence. *This finding led to the elaboration of Recommendation 19.*

**F82.** Most stakeholders interviewed favoured the idea of updating the current Action Plan rather than going through the burdensome process of re-elaborating a new and different Action Plan. As underlined in Chapter 4, very few interviewed stakeholders identified priorities that should no longer be included in the Action Plan. Rather, most stakeholders underlined the need to continue to place emphasis on ongoing actions, whilst further emphasising and developing certain priorities. *This finding led to the elaboration of Recommendation 20.*

Based on these findings, the following recommendations are proposed:

**Recommendation 19.** The Commission should propose a new Action Plan for the period 2017–2020 to continue to translate the Strategy into steps and activities that can be taken in relation to the drugs phenomenon.

**Recommendation 20.** The new Action Plan should be an updated version of the current Action Plan, rather than taking a new approach or introducing more actions.

#### **A. Continuation of ongoing actions through further EU action**

**As outlined in the traffic light assessment,** only one of the 54 actions under the Action Plan is considered to be completed, with 61% of actions considered to be on target. Moreover, 37% of the actions are considered to still be in progress.

**As discussed in Chapter 4, the current objectives and priorities remain largely relevant for stakeholders.** No strong will exists amongst stakeholders at national and EU level to significantly streamline the number of actions set out in the Action Plan in order to focus on a more limited area. Many see the Action Plan as a ‘wish list’ and as a useful tool for garnering the political leverage to enact change at the national level in answer to specific priorities. They are aware of others’ interests in ensuring that certain issues are covered in the Action Plan, even if they are not considered to be of great relevance at a collective level or from a strategic point of view.

**Even measures that are widely adopted and accepted should continue to feature in the Action Plan.** This issue stretches back to previous Strategies and Action Plans. During the formulation of previous instruments, according to policymaker stakeholders at EU and national level, a decision was made that some existing practices should be incorporated into the Action Plans in order to maintain them on the political agenda and more formally embed them in an EU-wide agreement. According to stakeholders, there was a strong opinion that if they did not include them, it could send the ‘wrong political message’ and risk compromising political support or budget allocation. This logic has continued to result in a tendency to maintain legacy issues and more generally formulate broad objectives aimed at supporting existing trends and evolutions in drugs policy at the expense of a more dynamic and fluid approach.

#### **B. Priorities of the EU Drugs Strategy remain to be implemented**

The evaluation has found that the priorities of the EU Strategy remain to be implemented, as evidenced by gaps in the implementation of the Action Plan. One action was rated as red, and 20 actions were considered to be in progress, indicating work remains to be done in relation to achieving the objectives of the Action Plan.

With regard to the action assessed as red (Action 40: Hold an annual dialogue on EU and Member State drug-related assistance to third countries accompanied by a written update), this action was incomplete during the reporting period. But while it was

considered as unimplemented, this does not necessarily reflect a lack of interest or priority placed on this action.

With regard to the actions considered to be amber (in progress) and green (on target), ongoing efforts are needed to implement these and thus contribute to the achievement of the overall objectives of the Strategy. Actions rated amber in the traffic light assessment (where some progress has been undertaken) fall under all five pillars of the EU Strategy and Action Plan. The evaluation has found that many of the actions which have yet to be completed are considered to be priorities for the stakeholders concerned, as outlined in Chapter 4 (for example, activities falling under drug demand reduction and actions relating to NPS). The existence of ongoing actions provides evidence for the need to maintain progress through a new Action Plan.

### **C. Further refinements to the Action Plan**

Chapter 4 on relevance outlines issues that might be added to a future Action Plan to take into account changing needs at the EU and Member State levels:

- Questions about whether demographic trends in Europe required specific responses to ensure demand reduction initiatives remain relevant.
- NPS and the role of new communication technologies in illicit drug production and trafficking, although already covered in the Strategy, are issues of priority concern where interviewees indicated there was a need to further understand the nature of the issue and articulate effective policy responses.
- A wide range of actors noted that the Strategy is silent on issues relating to cannabis supply, in the face of discussion across Europe and internationally about legalisation and decriminalisation.
- Also related to cannabis, there were questions about the need to develop new, substance-specific priorities to address the rising levels of cannabis use and the changing nature of this substance.

Whilst the comprehensiveness of the Action Plan has ensured its widespread relevance at both EU and national levels, this means that it is not a document that prioritises action. This reflects not only the inherently large number of challenges and contextual factors that must be taken into account across the EU, but also the hybrid nature of the Strategy and Action Plan, which are seen as much as a common political document as a truly operational Strategy and plan designed to drive action. The Action Plan thus reads more like a reference document of good practice or even a 'wish list' of potential activities, rather than a document that aims to focus attention and resources on realising a limited number of concrete objectives within a given time span. The concept of a 'wish list' was confirmed by numerous Member State interviewees as well as civil society.

The trend since 2000 has clearly been towards leaner and more focused Action Plans. The current Action Plan contains 54 actions, compared with 72 for the Action Plan covering the period 2009–2012 and 86 for that covering the period 2005–2008. The 2000–2004 Action Plan did not include a concise list of individual actions as such, but was a rather lengthy and complex document.

While the trend has been to create a leaner instrument, overall the evaluation has found that the political appetite from Member State representatives consulted was to ensure a continuation of the existing Action Plan in order to ensure that activities that have been undertaken and are considered to be in progress continue over the coming years. The EU added value of the Action Plan has been identified as stemming from its

wide and encompassing scope, which should not be jeopardised when proposing a new instrument.

## **7. CROSS-CUTTING CONCLUSIONS**

This evaluation set out 13 questions linked to the five evaluation criteria prescribed by the Better Regulation guidelines. These questions have been addressed in the previous Chapters 2 to 6. In addition to summarising the answers to the evaluation, this chapter draws together some key, cross-cutting messages.

### **7.1. The current and future drugs situation**

While trends in drug use and the harms from use are an important part of the context of assessing the EU Drugs Strategy, they are not necessarily an indicator of the effectiveness of the Strategy. The evaluation has confirmed that just as it cannot be expected that the Drugs Strategy directly drives Member State drug policy, it is unlikely that the Strategy can directly affect the prevalence of drug use or size of the drugs market. Nonetheless, the value of monitoring trends in the drug situation is recognised as one of the major pillars of the Strategy and Action Plan, and this provides evidence to policy and decision makers. Despite limited funding, the Reitox network – the European network of national focal points for information on drugs and drug addiction, coordinated by the EMCDDA – is a crucial provider of national-level data, which allows the European drug situation to be monitored.

### **7.2. The impacts of the strategy are manifested primarily at the institutional level**

The trends described in this report do not suggest a widespread and sustained improvement of the situation with regard to the demand for drugs, drug dependence and drug-related health and social risks or harms since the advent of the current Strategy. Nor have there been signs in recent years of a reduction in the availability of illicit substances. The wider literature on drug policy converges around the limited impact of government attempts to reduce the consumption or availability of illicit substances. It is unlikely that the Strategy will have had much impact on these trends, but it is beyond doubt that the EU Drugs Strategy's support for evidence-based interventions will have positive outcomes in the long-term. Moreover, the evaluation shows that the impacts of the horizontal pillars of coordination, international cooperation and information, monitoring, research and evaluation manifest themselves more at the institutional level, and therefore demonstrate the added value of a strategy at the EU level.

Drug markets do not respect national borders. Hence, the role of an EU Strategy in coordinating law enforcement activities, dealing with third countries or international organisations or data collection and research adds value to whatever Member States are doing by themselves. Examples include the role of the HDG in allowing the EU and its Member States to speak with one voice at international fora, or the timely detection of new and potentially dangerous psychoactive substances through the pan-European Early Warning System for NPS.

### **7.3. A time of consensus on drugs policy in the EU**

This evaluation has found that there is a strong consensus among Member States as to the key features of effective drugs policy. All Member States have a drugs strategy of some form and most are coherent with the five-pillar structure of the EU Drugs Strategy (drug demand and supply reduction, cooperation, international coordination and information and monitoring). The evaluation of the previous Drugs Strategy found that some issues relating to harm reduction approaches to addressing illicit drug demand proved contentious and led to intense debate and negotiation in the process of developing that first Strategy. These issues appear to have more or less disappeared – at least within the EU. There is a shared understanding among Member

States and EU institutions and agencies that the problems associated with illicit drugs in Europe and elsewhere are best tackled through an evidence-based, balanced approach that consists of a combination of demand-side efforts aimed at prevention, treatment and reducing the associated social and health risks and harms as well as law enforcement efforts targeted at reducing the availability of drugs.

#### **7.4. The EU Drugs Strategy articulates the consensus that has been built**

The evaluation has found that the consensus that has been built since the adoption of the EU Strategy in 2013 has been used to add value to combatting drug-related problems, with the EU in a position to speak with one voice and provide a common position on drugs policy. Europe's evidence-based and balanced approach is a recognisable, coherent and consistent model for drug policy that can be used by acceding Member States, candidate and potential candidate countries, third countries and by the EU itself in its interactions with international organisations and regional cooperation fora. It can be adapted to many national and regional contexts and referred to as good practice in national-level policy development, and it provides a common frame of reference for negotiations on drugs issues in international fora. An example of the improved consensus is the ease with which a common EU position was agreed as an input to the UN Special Session of the General Assembly on drugs in 2016.

#### **7.5. The EU Strategy encourages rather than drives change in national drugs policy**

The operation of Member States' drugs policy is not, in general, directly shaped by the EU Drugs Strategy, or the Action Plan. Decisions about national policy are driven by national priorities, influenced by national politics and institutional structures. Member States tend not to decide to implement a particular form of prevention programme or participate in law enforcement cooperation because the EU Strategy states that they should. This does not, however, diminish the EU added value of the Strategy, nor does it suggest that it is not relevant to Member States. Rather, it indicates what the expectations of an effective drugs strategy should be: providing a 'wish list' of policy options for those that need it, with options that are considered to be sensible, feasible and effective, and guiding new Member States and candidate countries that need to comply with the *acquis*.

#### **7.6. Widespread universal and targeted prevention and treatment programmes**

Prevention and treatment for drug users is common and widespread across EU Member States. The evaluation has found that there is a consensus relating to the important role harm reduction can play as a central pillar of effective drugs policy. It is accepted that to be effective, treatment should be universal and targeted and accessible to a range of segments of the population and in different settings. While all Member States have at least one alternative to coercive sanctions such as prison for those using drugs or convicted of drug-related offences, and most of those involve some form of treatment, differences exist between the approaches in Member States and the acceptance of which approaches are the most effective. While Member States converge on the core responses to be undertaken (such as opioid substitution treatment, drug consumption rooms or needle and syringe programmes), significant differences in coverage still exist within and between Member States.

#### **7.7. Extensive activity on the international stage**

The evaluation concludes that the level of activity funded by the EU and implemented internationally is extensive. It relates largely to supply reduction activities and law

enforcement cooperation (such as the Heroin and Cocaine Route Programmes and COPOLAD). However, there are also important activities aiming to encourage alternative development, expand treatment provision and moderate the most repressive responses to drug use. It is possible to map the outputs from these activities – in terms of numbers of seizures, new cooperation agreements between countries, etc. – but it is difficult to assess the impact they have on illicit drugs markets or levels of illegal crop cultivation, or whether these investments represent cost-efficient spending.

It is possible to argue that, compared to the Member State level, these international activities are more driven by the EU Drugs Strategy (because they are actions taken at the EU level). While most of these actions would probably continue even without the Strategy, and indeed many of the activities pre-date the current strategy, the added value brought by the EU acting with one voice on such matters on an international stage has been recognised by the evaluation.

### **7.8. A constantly changing landscape of stakeholders**

As the EU's response to tackling the harms of drugs is multidisciplinary, international and addresses both supply and demand, it is to be expected that the landscape of stakeholders acting in this field – at the EU and Member State level – is complex. This is illustrated by the fact that as part of this evaluation, 91 interviews were conducted in order to fully consult all relevant organisations and bodies. Overall, the picture emerging from this evaluation is that the EU Drugs Strategy and Action Plan are comprehensive in identifying the relevant actors. However, due to the inherent complexity of engaging with such a range of groups, and the fact that the organisational and institutional landscape is continuously changing (e.g. due to the emergence of new technological challenges), there is a need to constantly review coordination mechanisms and processes to ensure that all relevant stakeholders are considered. The emergence of civil society's role in the area of drugs over recent years demonstrates the evolution of stakeholder involvement and the need to ensure continued updating. In 2012, at the time of publication of the evaluation of the previous Drugs Strategy, the newest group of stakeholders in the field was the COSI working group, and it was recommended that the HDG look at how coordination with this new group should work. At the time of writing in 2016, this evaluation still identifies scope to improve coordination with COSI, this time, however, adding the need to coordinate with the EU Organised Crime Policy Cycle (probably through COSI) – the latest addition to the list of stakeholders.

### **7.9. Issues on the horizon**

Overall, the evaluation finds that across the five pillars the EU Drugs Strategy covers the main issues that Member States want to tackle nationally, according to their national situation. There is appetite among all stakeholders for a new Action Plan to cover the period 2017–2020, and for that Action Plan to have a similar structure as the current one. However, there are some issues on the horizon which might usefully be considered in the run-up to thinking about a Drugs Strategy for 2020 and beyond.

Firstly, there is the need for any future strategy to keep up with changes in the kinds of drugs available and the ways in which drug markets operate. There is concern within Member States (in some more than in others) regarding the emergence and consumption of new psychoactive substances (NPS). This concern to a large extent is due to a lack of information about NPS: what they are (chemically), who is taking them, the extent to which they are harmful, and how many new forms will emerge. The current legislative landscape addressing NPS at national level is patchy and differs between Member States, and it has taken longer than expected to reach a consensus at the EU level about new legislation on NPS. NPS are mentioned in the current Action

Plan, but the level of concern about this phenomenon indicates that the next Action Plan should maintain, and even intensify, relevant actions.

Secondly, there is also concern among Member States about the changing modes of trafficking, such as the role of the Internet in facilitating drug markets and how this will change the ways in which users, retailers, wholesalers and traffickers buy, sell and distribute licit and illicit substances. While current evidence suggests that the online market is small in comparison to the 'real world' market, the trajectory is that of increased activity and Internet-facilitated trade has the potential to fuel offline markets.

Thirdly, there has been a shift in approach in a number of Member States towards having pan-addiction strategies, covering licit (such as tobacco, alcohol or prescription drugs) and illicit substances as well as non-drug-related addictive behaviours (such as gambling). The rationale behind this shift is that some individuals are more susceptible to addictive behaviour than others (regardless of the behaviour or substance), and that any effective response must recognise that and respond in a holistic way. At the EU level, a move to a pan-addiction strategy would be a significant change – given that there are currently, for example, separate drugs and alcohol strategies (and not to mention that EU competencies to respond could differ across the different forms of addiction). It could also risk a loss of focus on the specific policy measures unique to drugs and face challenges in securing consensus about the right policy response to such a range of problems. Finally, the health and societal harms related to illicit drugs are not limited to addictive behaviour, and not all illicit drugs are (equally) addictive. Focusing on addiction alone would ignore or downplay wider effects related to environmental damage or organised crime. However, we recommend that the EU (via the Commission) at least starts a debate about this and looks into the desirability, appetite and feasibility of such a change.

Finally, debates about cannabis reform remain highly topical internationally. The current Drugs Strategy and Action Plan do not acknowledge current debates within the EU and internationally related to cannabis policy reform, such as regimes regulating cannabis production or retail sales. There is a question whether cannabis policy reform *should* be discussed by policymakers at EU level given the controversy surrounding the topic and the level of attention it has received. A separate question, one on which it is considered more challenging to reach consensus, is whether a future strategy *could* mention this, given the strongly held, divergent views on the topic.

## **7.10. Summary of findings and recommendations**

Table J.1 in Annex J provides an overview of the recommendations outlined in Chapters 2 to 6 of this report. The recommendations focus on activities for improvement to ensure the effective implementation of the Strategy while also providing suggestions for a future Action Plan and the areas where focus should be placed. For each recommendation, the related finding of the evaluation is presented as well as the key actors responsible for implementing the recommendation.





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